



**Asuris Medicare Script Enhanced (PDP)
Asuris Medicare Script Basic (PDP)
2014 Formulary
(List of Covered Drugs)**

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

Formulary File Submission ID 00014450, Version Number 22

This formulary was updated on 11/01/2014. For more recent information or other questions, please contact us, Asuris Medicare Script Enhanced and Asuris Medicare Script Basic's Customer Service, at 1 (800) 541-8981 or, for TTY users, 711, from 8:00 a.m. to 8:00 p.m., Monday through Friday (from October 1 through February 14, our telephone hours are 8:00 a.m. to 8:00 p.m., seven days a week) or visit www.asuris.com/medicare.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Asuris Northwest Health. When it refers to “plans” or “our plans,” it means Asuris Medicare Script Enhanced and Asuris Medicare Script Basic.

This document includes a list of the drugs (formulary) for our plans which is current as of 11/01/2014. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2015.

What is the Asuris Medicare Script Enhanced and Asuris Medicare Script Basic Formulary?

A formulary is a list of covered drugs selected by our plans in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2014 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2014 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 11/01/2014. To get updated information about the drugs covered by our plans, please contact us. Our contact information appears on the front and back cover pages. Periodically our formulary may change including changes to a medication’s cost sharing tier. When this results in a medication you take moving to a different cost share, we will notify you via mail or on your monthly EOB. We update our printed formularies each month and they are available on our website www.asuris.com/medicare.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 83. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plans cover both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plans require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plans limit the amount of the drug that we will cover. For example, we provide twelve tablets per prescription for *sumatriptan*. This may be in addition to a standard one-month or three-month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Asuris Medicare Script Enhanced and Asuris Medicare Script Basic Formulary?” on page III for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that our plans do not cover your drug, you have two options:

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

- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Asuris Medicare Script Enhanced and Asuris Medicare Script Basic Formulary?

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

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours 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 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For those members who have been in the plan for more than 90 days and have a level-of-care change from one treatment setting to another:

For these unplanned transitions, you can request an exception or appeal for continued coverage of your drug. In addition we will review requests for continuation of therapy on a case-by-case basis for members that have had a change in the level of care and are stabilized on drug regimens that if altered, are known to have risks.

Examples of level-of-care changes include:

- Discharge from a hospital to home;
- Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you now need to use your Part D plan;
- Changing from hospice status and reverting back to standard Medicare Part A and B coverage;
- Discharges from chronic psychiatric hospitals with highly individualized drug regimens;
- Ending an LTC facility stay and returning to the community.

For more information

For more detailed information about your Asuris Medicare Script Enhanced or Asuris Medicare Script Basic prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plans please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Our Plans' Formulary

The formulary below provides coverage information about the drugs covered by us. If you have trouble finding your drug in the list, turn to the Index that begins on page 83.

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

The information in the Requirements/Limits column tells you if our plans have any special requirements for coverage of your drug.

Tier Level Definitions and Copays

Asuris Medicare Script Enhanced - Plan Benefits				
Deductible: \$0				
Tier Name	Tier Level	Retail Cost Sharing (1-30 day supply)	Mail Order Cost Sharing	
			(1-30 day Supply)	(1-90 day Supply)
Preferred Generic	1	\$5	\$5	\$10
Non-Preferred Generic	2	\$33	\$33	\$66
Preferred Brand	3	\$40	\$40	\$100
Non-Preferred Brand	4	\$90	\$90	\$225
Specialty	5	33%	33%	N/A

Asuris Medicare Script Basic – Plan Benefits				
Deductible: \$200				
Tier Name	Tier Level	Retail Cost Sharing after deductible (1-30 day supply)	Mail Order Cost Sharing after deductible	
			(1-30 day Supply)	(1-90 day Supply)
Preferred Generic	1	\$7	\$7	\$14
Non-Preferred Generic	2	\$33	\$33	\$66
Preferred Brand	3	\$45	\$45	\$112.50
Non-Preferred Brand	4	\$90	\$90	\$225
Specialty	5	27%	27%	N/A

Note – Tier 5 may contain generic products. They are limited to a 30-day supply for retail and mail order (31-day supply for long-term care residents).

Requirements and Limits Legend

GC	Asuris Medicare Script Enhanced Gap Coverage Medications We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
HI	Home Infusion Therapy Medications This prescription drug may be covered under your medical benefit. For more information, call Asuris Medicare Script Enhanced and Asuris Medicare Script Basic's Customer Service at 1(800) 541-8981 from 8:00 a.m. to 8:00 p.m., Monday through Friday (from October 1 through February 14, our telephone hours are 8:00 a.m. to 8:00

Requirements and Limits Legend

	p.m., seven days a week). TTY users should call 711.
LA	<p>Limited Access Medications</p> <p>This prescription drug may be available only at certain pharmacies. For more Information, consult your Pharmacy Directory or call Asuris Medicare Script Enhanced and Asuris Medicare Script Basic’s Customer Service at 1(800) 541-8981 from 8:00 a.m. to 8:00 p.m., Monday through Friday (from October 1 through February 14, our telephone hours are 8:00 a.m. to 8:00 p.m., seven days a week). TTY users should call 711.</p>
MO	<p>Mail Order Medication</p> <p>This prescription drug is available through our mail order pharmacy services.</p>
PA	<p>Prior Authorization Medications</p> <p>Prior Authorization required for coverage. Refer to the Requirements and Limits section under your prescription drug for additional information.</p>
PA B/D	<p>Prior Authorization Medications – Part B or D</p> <p>This drug may be covered under Medicare Part B (medical) or D (prescription drug) depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.</p>
QL	<p>Quantity Level Limit Medications</p> <p>Quantity Level limits apply. Refer to the Requirements/Limits section under your prescription drug for additional information.</p>

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-Inflammatory Drugs		
<i>diclofenac potassium oral tablet</i>	Tier 1	MO; GC
<i>diclofenac sodium oral tablet extended release 24 hr</i>	Tier 1	MO; GC
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg</i>	Tier 1	MO; GC
<i>diflunisal oral tablet</i>	Tier 1	MO; GC
<i>etodolac oral capsule</i>	Tier 1	MO; GC
<i>etodolac oral tablet 500 mg</i>	Tier 1	MO; GC
<i>etodolac oral tablet extended release 24 hr</i>	Tier 1	MO; GC
<i>fenoprofen oral tablet</i>	Tier 1	MO; GC
<i>flurbiprofen oral tablet 50 mg</i>	Tier 1	MO; GC
<i>ibuprofen oral suspension</i>	Tier 1	MO; GC
<i>ibuprofen oral tablet 600 mg, 800 mg</i>	Tier 1	MO; GC
<i>indomethacin oral capsule 50 mg</i>	Tier 1	PA; MO; GC
<i>indomethacin oral capsule, extended release</i>	Tier 1	PA; MO; GC
<i>ketoprofen oral capsule 75 mg</i>	Tier 1	MO; GC
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier 1	MO; GC
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	PA; MO; GC; HI
<i>ketorolac oral tablet</i>	Tier 1	PA; MO; GC
<i>meclofenamate oral capsule 50 mg</i>	Tier 1	MO; GC
<i>mefenamic acid oral capsule</i>	Tier 1	MO; GC
<i>meloxicam oral suspension</i>	Tier 1	MO; GC
<i>meloxicam oral tablet 7.5 mg</i>	Tier 1	MO; GC
<i>nabumetone oral tablet 750 mg</i>	Tier 1	MO; GC
<i>naproxen oral suspension</i>	Tier 1	MO; GC
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 1	MO; GC
<i>naproxen oral tablet, delayed release (dr/ec)</i>	Tier 1	MO; GC
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>oxaprozin oral tablet</i>	Tier 1	MO; GC
<i>piroxicam oral capsule 20 mg</i>	Tier 1	MO; GC
<i>sulindac oral tablet 200 mg</i>	Tier 1	MO; GC
<i>tolmetin oral capsule</i>	Tier 1	MO; GC
<i>tolmetin oral tablet 600 mg</i>	Tier 1	MO; GC
Opioid Analgesics, Long-Acting		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	Tier 2	MO; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 75 mcg/hr</i>	Tier 2	MO
<i>hydromorphone oral tablet extended release 24 hr 12 mg</i>	Tier 2	MO; QL (150 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 16 mg</i>	Tier 2	MO; QL (120 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 8 mg</i>	Tier 2	MO; QL (240 EA per 30 days)
<i>morphine oral capsule, extend. release pellets 10 mg</i>	Tier 2	MO; QL (120 EA per 30 Days)
<i>morphine oral capsule, extend. release pellets 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 2	MO; QL (120 EA per 30 days)
<i>morphine oral tablet extended release</i>	Tier 1	MO; GC; QL (120 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	Tier 1	MO; GC
<i>tramadol oral tablet, er multiphase 24 hr 300 mg</i>	Tier 1	MO; GC
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier 1	MO; GC; QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet</i>	Tier 1	MO; GC; QL (390 EA per 30 days)
<i>ascomp with codeine oral capsule</i>	Tier 1	PA; MO; GC
<i>astramorph-pf injection solution</i>	Tier 1	MO; GC; GC
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA; MO; GC; QL (180 EA per 30 days)
<i>butorphanol tartrate injection solution</i>	Tier 1	MO; GC; HI
<i>butorphanol tartrate nasal spray, non-aerosol</i>	Tier 1	MO; GC; QL (25 ML per 30 days)
<i>codeine sulfate oral tablet</i>	Tier 1	MO; GC; QL (180 EA per 30 days)
<i>duramorph (pf) injection solution</i>	Tier 1	MO; GC
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	MO; GC; QL (360 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>endocet oral tablet 2.5-325 mg</i>	Tier 1	MO; GC; QL (360 EA per 30 days)
<i>endodan oral tablet</i>	Tier 1	MO; GC; QL (180 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 800 mcg</i>	Tier 5	PA; MO; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg, 600 mcg</i>	Tier 2	PA; MO; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	MO; GC; QL (5500 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	MO; GC; QL (390 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	MO; GC; QL (360 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-500 mg, 5-500 mg, 7.5-500 mg</i>	Tier 1	MO; GC; GC; QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-650 mg, 10-660 mg, 7.5-650 mg</i>	Tier 1	MO; GC; GC; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-750 mg, 7.5-750 mg</i>	Tier 1	MO; GC; GC; QL (160 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	MO; GC
<i>hydromorphone oral liquid</i>	Tier 2	MO
<i>hydromorphone oral tablet</i>	Tier 1	MO; GC
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	Tier 1	MO; GC
<i>ibuprofen-oxycodone oral tablet</i>	Tier 1	MO; GC
<i>levorphanol tartrate oral tablet</i>	Tier 1	MO; GC
<i>lorcet (hydrocodone) oral tablet</i>	Tier 1	MO; GC; QL (360 EA per 30 days)
<i>lorcet hd oral tablet</i>	Tier 1	MO; GC; QL (360 EA per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	Tier 1	MO; GC; QL (360 EA per 30 days)
<i>lortab 10-325 oral tablet</i>	Tier 1	MO; GC; QL (360 EA per 30 days)
<i>lortab 5-325 oral tablet</i>	Tier 1	MO; GC; QL (360 EA per 30 days)
<i>lortab 7.5-325 oral tablet</i>	Tier 1	MO; GC; QL (360 EA per 30 days)
<i>methadone injection solution</i>	Tier 2	MO; HI
<i>methadone oral concentrate</i>	Tier 1	MO; GC; QL (360 ML per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	MO; GC; QL (450 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	MO; GC; QL (3600 ML per 30 days)
<i>methadone oral tablet 10 mg</i>	Tier 1	MO; GC; QL (360 EA per 30 days)
<i>methadone oral tablet 5 mg</i>	Tier 1	MO; GC; QL (180 EA per 30 days)
<i>methadone intensol oral concentrate</i>	Tier 1	MO; GC; QL (360 ML per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	Tier 1	MO; GC; QL (1800 ML per 30 days)
<i>morphine oral solution 20 mg/5 ml</i>	Tier 1	MO; GC; QL (900 ML per 30 days)
<i>morphine oral tablet</i>	Tier 1	MO; GC; QL (240 EA per 30 days)
MORPHINE CONCENTRATE ORAL SOLUTION	Tier 3	MO; QL (1260 ML per 30 days)
<i>nalbuphine injection solution</i>	Tier 1	MO; GC; HI
<i>oxycodone oral capsule</i>	Tier 1	MO; GC; QL (180 EA per 30 days)
<i>oxycodone oral concentrate</i>	Tier 1	MO; GC; QL (270 ML per 30 days)
<i>oxycodone oral solution</i>	Tier 1	MO; GC
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg</i>	Tier 1	MO; GC; QL (180 EA per 30 days)
<i>oxycodone oral tablet 30 mg</i>	Tier 1	MO; GC
<i>oxycodone oral tablet 5 mg</i>	Tier 1	MO; GC; QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral capsule</i>	Tier 1	MO; GC; GC; QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	MO; GC; QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-650 mg</i>	Tier 1	MO; GC; GC; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-500 mg</i>	Tier 1	MO; GC; GC; QL (240 EA per 30 days)
<i>oxycodone-aspirin oral tablet</i>	Tier 1	MO; GC; QL (180 EA per 30 days)
<i>oxymorphone oral tablet</i>	Tier 1	MO; GC; QL (180 EA per 30 days)
<i>pentazocine-acetaminophen oral tablet</i>	Tier 1	PA; MO; GC; GC; QL (180 EA per 30 days)
<i>pentazocine-naloxone oral tablet</i>	Tier 1	PA; MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>roxicet oral solution</i>	Tier 1	MO; GC; QL (1850 ML per 30 days)
<i>stagesic oral capsule</i>	Tier 1	MO; GC; GC; QL (240 EA per 30 days)
TALWIN INJECTION SOLUTION	Tier 4	PA; MO
<i>tramadol oral tablet</i>	Tier 1	MO; GC
<i>tramadol-acetaminophen oral tablet</i>	Tier 1	MO; GC; QL (360 EA per 30 days)
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator</i>	Tier 1	MO; GC
<i>lidocaine topical adhesive patch,medicated</i>	Tier 2	MO; QL (90 EA per 30 Days)
<i>lidocaine topical ointment</i>	Tier 1	MO; GC
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</i>	Tier 1	MO; GC
<i>lidocaine hcl mucous membrane gel</i>	Tier 1	MO; GC
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 1	MO; GC
<i>lidocaine hcl mucous membrane solution</i>	Tier 1	MO; GC
<i>lidocaine viscous mucous membrane solution</i>	Tier 1	MO; GC
<i>lidocaine-prilocaine topical cream</i>	Tier 1	MO; GC
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED	Tier 4	MO; QL (90 EA per 30 days)
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING	Tier 4	MO
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/ Anti-Craving		
<i>acamprosate oral tablet,delayed release (dr/ec)</i>	Tier 2	MO
<i>disulfiram oral tablet</i>	Tier 1	MO; GC
<i>naltrexone oral tablet</i>	Tier 1	MO; GC
Vivitrol intramuscular suspension,extended rel recon	Tier 5	MO
Opioid Antagonists		
<i>buprenorphine hcl injection syringe</i>	Tier 1	MO; GC; HI
<i>buprenorphine hcl sublingual tablet</i>	Tier 2	MO
<i>naloxone injection syringe 1 mg/ml</i>	Tier 1	MO; GC; HI
SUBOXONE SUBLINGUAL FILM	Tier 3	MO
Smoking Cessation Agents		
CHANTIX ORAL TABLET	Tier 4	MO; QL (56 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
CHANTIX CONTINUING MONTH BOX ORAL TABLET	Tier 4	MO; QL (56 EA per 28 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	Tier 4	MO; QL (53 EA per 28 days)
NICOTROL INHALATION CARTRIDGE	Tier 4	MO
NICOTROL NS NASAL SPRAY,NON-AEROSOL	Tier 4	MO
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 ml</i>	Tier 1	MO; GC; HI
<i>gentak ophthalmic ointment</i>	Tier 1	MO; GC
<i>gentamicin injection solution 40 mg/ml</i>	Tier 1	MO; GC; HI
<i>gentamicin ophthalmic drops</i>	Tier 1	MO; GC
<i>gentamicin ophthalmic ointment</i>	Tier 1	MO; GC
<i>gentamicin topical cream</i>	Tier 1	MO; GC
<i>gentamicin topical ointment</i>	Tier 1	MO; GC
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	Tier 1	MO; GC; HI
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i>	Tier 1	MO; GC; HI
<i>neomycin oral tablet</i>	Tier 1	MO; GC
PAROMOMYCIN ORAL CAPSULE	Tier 4	MO
<i>streptomycin intramuscular recon soln</i>	Tier 1	MO; GC
TOBI INHALATION SOLUTION FOR NEBULIZATION	Tier 3	PA B/D; MO; QL (280 ML per 28 days)
TOBRADEX OPHTHALMIC OINTMENT	Tier 3	MO
<i>tobramycin ophthalmic drops</i>	Tier 1	MO; GC
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	Tier 2	PA B/D; MO; QL (280 ML per 28 Days)
<i>tobramycin in 0.9 % nacl intravenous piggyback 80 mg/100 ml</i>	Tier 1	MO; GC; HI
<i>tobramycin sulfate injection solution</i>	Tier 1	MO; GC; HI
TOBREX OPHTHALMIC OINTMENT	Tier 4	MO
ZANOSAR INTRAVENOUS RECON SOLN	Tier 3	MO; HI
Antibacterials, Other		
<i>acetic acid otic solution</i>	Tier 1	MO; GC
ALCOHOL SWABS TOPICAL PADS, MEDICATED	Tier 3	MO
ALTABAX TOPICAL OINTMENT	Tier 4	MO
<i>baciim intramuscular recon soln</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin intramuscular recon soln</i>	Tier 1	MO; GC
<i>bacitracin ophthalmic ointment</i>	Tier 1	MO; GC
BACTROBAN NASAL NASAL OINTMENT	Tier 3	MO
<i>chloramphenicol sod succinate intravenous recon soln</i>	Tier 1	MO; GC; HI
CLEOCIN VAGINAL SUPPOSITORY	Tier 4	MO
<i>clindacin etz topical swab</i>	Tier 1	MO; GC
<i>clindacin pac topical kit</i>	Tier 1	MO; GC
<i>clindamycin hcl oral capsule</i>	Tier 1	MO; GC
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	Tier 1	MO; GC; HI
<i>clindamycin pediatric oral recon soln</i>	Tier 1	MO; GC
<i>clindamycin phosphate injection solution</i>	Tier 1	MO; HI; GC; HI
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	Tier 1	MO; GC; HI
<i>clindamycin phosphate intravenous solution 900 mg/6 ml</i>	Tier 1	MO; HI; GC; HI
<i>clindamycin phosphate topical foam</i>	Tier 1	MO; GC
<i>clindamycin phosphate topical gel</i>	Tier 1	MO; GC
<i>clindamycin phosphate topical lotion</i>	Tier 1	MO; GC
<i>clindamycin phosphate topical solution</i>	Tier 1	MO; GC
<i>clindamycin phosphate topical swab</i>	Tier 1	MO; GC
<i>clindamycin phosphate vaginal cream</i>	Tier 1	MO; GC
<i>colistin (colistimethate na) injection recon soln</i>	Tier 1	MO; GC; HI
CUBICIN INTRAVENOUS RECON SOLN	Tier 3	MO; HI
FLAGYL ER ORAL TABLET EXTENDED RELEASE	Tier 4	MO
LINCOCIN INJECTION SOLUTION	Tier 4	MO; HI
<i>mafenide acetate topical packet</i>	Tier 2	MO
<i>methenamine hippurate oral tablet</i>	Tier 1	MO; GC
<i>metronidazole oral tablet</i>	Tier 1	MO; GC
<i>metronidazole topical cream</i>	Tier 1	MO; GC
<i>metronidazole topical gel 0.75 %</i>	Tier 1	MO; GC
<i>metronidazole topical gel 1 %</i>	Tier 2	MO
<i>metronidazole topical gel with pump</i>	Tier 2	MO
<i>metronidazole topical lotion</i>	Tier 1	MO; GC
<i>metronidazole vaginal gel</i>	Tier 1	MO; GC
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	Tier 1	MO; GC; HI
MONUROL ORAL PACKET	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>mupirocin topical ointment</i>	Tier 1	MO; GC
<i>mupirocin calcium topical cream</i>	Tier 1	MO; GC
<i>neomycin-polymyxin b gu irrigation solution</i>	Tier 1	MO; GC
<i>nitrofurantoin oral suspension</i>	Tier 1	MO; GC; QL (560 ML per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	Tier 1	MO; GC; QL (14 EA per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	Tier 1	MO; GC; QL (56 EA per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	Tier 1	MO; GC; QL (14 EA per 30 days)
<i>polymyxin b sulfate injection recon soln</i>	Tier 1	MO; GC; HI
SULFAMYLON TOPICAL CREAM	Tier 4	MO
SYNERCID INTRAVENOUS RECON SOLN	Tier 3	MO; HI
<i>trimethoprim oral tablet</i>	Tier 1	MO; GC
TYGACIL INTRAVENOUS RECON SOLN	Tier 4	MO; HI
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	Tier 1	PA B/D; MO; GC; HI
<i>vancomycin oral capsule</i>	Tier 1	MO; GC
<i>vandazole vaginal gel</i>	Tier 1	MO; GC
VIBATIV INTRAVENOUS RECON SOLN 250 MG	Tier 3	MO; HI
XIFAXAN ORAL TABLET 200 MG	Tier 4	MO
Xifaxan oral tablet 550 mg	Tier 5	MO
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	Tier 4	MO; HI
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	MO
ZYVOX ORAL TABLET	Tier 3	MO
Beta-Lactam, Cephalosporins		
CEDAX ORAL CAPSULE	Tier 4	MO
<i>cefaclor oral capsule</i>	Tier 1	MO; GC
<i>cefaclor oral tablet extended release 12 hr</i>	Tier 1	MO; GC
<i>cefadroxil oral capsule</i>	Tier 1	MO; GC
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	MO; GC
<i>cefadroxil oral tablet</i>	Tier 1	MO; GC
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	Tier 1	MO; GC; HI
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	Tier 1	MO; GC; HI
<i>cefdinir oral capsule</i>	Tier 1	MO; GC
<i>cefdinir oral suspension for reconstitution</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>cefepime injection recon soln</i>	Tier 1	MO; GC; HI
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	Tier 1	MO; GC; HI
<i>cefotaxime injection recon soln 10 gram</i>	Tier 1	MO; GC; HI
<i>cefotetan injection recon soln</i>	Tier 1	MO; GC; HI
<i>cefotetan intravenous recon soln</i>	Tier 1	MO; GC; HI
<i>cefoxitin intravenous recon soln</i>	Tier 1	MO; GC; HI
<i>cefoxitin in dextrose, iso-osm intravenous piggyback</i>	Tier 1	MO; GC; HI
<i>cefpodoxime oral suspension for reconstitution</i>	Tier 1	MO; GC
<i>cefpodoxime oral tablet</i>	Tier 1	MO; GC
<i>cefprozil oral suspension for reconstitution</i>	Tier 1	MO; GC
<i>cefprozil oral tablet</i>	Tier 1	MO; GC
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	Tier 1	MO; GC; HI
<i>ceftazidime in d5w intravenous piggyback</i>	Tier 1	MO; GC; HI
CEFTIBUTEN ORAL CAPSULE	Tier 4	MO
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION 125 MG/5 ML	Tier 4	MO
<i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>	Tier 1	MO; GC; HI
<i>ceftriaxone intravenous recon soln</i>	Tier 1	MO; GC; HI
<i>cefuroxime axetil oral tablet</i>	Tier 1	MO; GC
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>	Tier 1	MO; GC; HI
<i>cefuroxime sodium intravenous recon soln</i>	Tier 1	MO; GC; HI
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	MO; GC
<i>cephalexin oral suspension for reconstitution</i>	Tier 1	MO; GC
<i>cephalexin oral tablet</i>	Tier 1	MO; GC
CLAFORAN INTRAVENOUS RECON SOLN 1 GRAM	Tier 4	MO; HI
FORTAZ IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	Tier 4	MO; HI
FORTAZ IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	Tier 4	MO
SUPRAX ORAL CAPSULE	Tier 4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	Tier 4	MO
SUPRAX ORAL TABLET	Tier 4	MO
SUPRAX ORAL TABLET,CHEWABLE	Tier 4	MO
Beta-Lactam, Other		

Drug Name	Drug Tier	Requirements/Limits
AZACTAM INJECTION RECON SOLN 2 GRAM	Tier 3	MO; HI
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	Tier 3	MO; HI
<i>aztreonam injection recon soln 1 gram</i>	Tier 1	MO; GC; HI
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	Tier 3	MO; QL (84 ML per 30 days)
DORIBAX INTRAVENOUS RECON SOLN 500 MG	Tier 3	MO; HI
<i>imipenem-cilastatin intravenous recon soln</i>	Tier 1	MO; GC; HI
INVANZ INJECTION RECON SOLN	Tier 3	MO; HI
<i>meropenem intravenous recon soln 500 mg</i>	Tier 1	MO; GC; HI
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule</i>	Tier 1	MO; GC
<i>amoxicillin oral suspension for reconstitution</i>	Tier 1	MO; GC
<i>amoxicillin oral tablet</i>	Tier 1	MO; GC
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	MO; GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	Tier 1	MO; GC
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier 1	MO; GC
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	Tier 1	MO; GC
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	Tier 1	MO; GC
<i>ampicillin oral capsule</i>	Tier 1	MO; GC
<i>ampicillin oral suspension for reconstitution</i>	Tier 1	MO; GC
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	Tier 1	MO; GC; HI
<i>ampicillin-sulbactam injection recon soln 15 gram, 3 gram</i>	Tier 1	MO; GC; HI
BICILLIN C-R INTRAMUSCULAR SYRINGE	Tier 4	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE	Tier 4	MO
<i>dicloxacillin oral capsule</i>	Tier 1	MO; GC
<i>nafcillin injection recon soln 1 gram, 10 gram</i>	Tier 1	MO; GC; HI
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	Tier 1	MO; GC; HI
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	Tier 1	MO; GC; HI
<i>oxacillin in dextrose(iso-osm) intravenous piggyback</i>	Tier 1	MO; GC; HI
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	Tier 3	MO; HI

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g potassium injection recon soln 5 million unit</i>	Tier 1	MO; GC; HI
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	Tier 1	MO; GC
<i>penicillin g sodium injection recon soln</i>	Tier 1	MO; GC; HI
<i>penicillin v potassium oral recon soln</i>	Tier 1	MO; GC
<i>penicillin v potassium oral tablet</i>	Tier 1	MO; GC
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram</i>	Tier 1	MO; GC; HI
TIMENTIN INTRAVENOUS RECON SOLN 3.1 G	Tier 4	MO; HI
UNASYN INJECTION RECON SOLN 15 GRAM	Tier 4	MO; HI
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML	Tier 4	MO; HI
Macrolides		
AKNE-MYCIN TOPICAL OINTMENT	Tier 4	MO
AZASITE OPHTHALMIC DROPS	Tier 4	MO
<i>azithromycin intravenous recon soln</i>	Tier 1	MO; GC; HI
<i>azithromycin oral suspension for reconstitution</i>	Tier 1	MO; GC
<i>azithromycin oral tablet</i>	Tier 1	MO; GC
<i>clarithromycin oral suspension for reconstitution</i>	Tier 1	MO; GC
<i>clarithromycin oral tablet</i>	Tier 1	MO; GC
<i>clarithromycin oral tablet extended release 24 hr</i>	Tier 1	MO; GC
<i>ery pads topical swab</i>	Tier 1	MO; GC
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	Tier 4	MO
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	Tier 4	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	Tier 3	MO; HI
<i>erythrocine (as stearate) oral tablet 250 mg</i>	Tier 1	MO; GC
<i>erythromycin ophthalmic ointment</i>	Tier 1	MO; GC
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	Tier 1	MO; GC
<i>erythromycin oral tablet</i>	Tier 1	MO; GC
<i>erythromycin ethylsuccinate oral tablet</i>	Tier 1	MO; GC
<i>erythromycin with ethanol topical gel</i>	Tier 1	MO; GC
<i>erythromycin with ethanol topical solution</i>	Tier 1	MO; GC
KETEK ORAL TABLET	Tier 4	MO
Quinolones		

Drug Name	Drug Tier	Requirements/Limits
AVELOX ORAL TABLET	Tier 3	MO
BESIVANCE OPHTHALMIC DROPS,SUSPENSION	Tier 4	MO
<i>ciprofloxacin intravenous solution 400 mg/40 ml</i>	Tier 1	MO; GC; HI
<i>ciprofloxacin ophthalmic drops</i>	Tier 1	MO; GC
<i>ciprofloxacin oral suspension,microcapsule recon</i>	Tier 2	MO
<i>ciprofloxacin oral tablet</i>	Tier 1	MO; GC
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr</i>	Tier 1	MO; GC
<i>gatifloxacin ophthalmic drops</i>	Tier 2	MO
<i>levofloxacin intravenous solution</i>	Tier 1	MO; GC; HI
<i>levofloxacin ophthalmic drops</i>	Tier 1	MO; GC
<i>levofloxacin oral solution</i>	Tier 1	MO; GC
<i>levofloxacin oral tablet</i>	Tier 1	MO; GC
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml</i>	Tier 1	MO; GC; HI
<i>moxifloxacin oral tablet</i>	Tier 2	MO
NOROXIN ORAL TABLET	Tier 4	MO
<i>ofloxacin ophthalmic drops</i>	Tier 1	MO; GC
<i>ofloxacin oral tablet</i>	Tier 1	MO; GC
<i>ofloxacin otic drops</i>	Tier 1	MO; GC
Sulfonamides		
<i>silver sulfadiazine topical cream</i>	Tier 1	MO; GC
<i>ssd topical cream</i>	Tier 1	MO; GC
<i>sulfacetamide sodium ophthalmic drops</i>	Tier 1	MO; GC
<i>sulfacetamide sodium (acne) topical suspension</i>	Tier 1	MO; GC
<i>sulfadiazine oral tablet</i>	Tier 1	MO; GC
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	Tier 1	MO; GC; HI
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier 1	MO; GC
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier 1	MO; GC
Tetracyclines		
<i>demeclocycline oral tablet</i>	Tier 1	MO; GC
<i>doxy-100 intravenous recon soln</i>	Tier 1	MO; GC; HI
<i>doxycycline hyclate intravenous recon soln</i>	Tier 1	MO; GC; HI
<i>doxycycline hyclate oral capsule</i>	Tier 1	MO; GC
<i>doxycycline hyclate oral tablet</i>	Tier 1	MO; GC
<i>doxycycline hyclate oral tablet,delayed release (dr/ec)</i>	Tier 2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral capsule 75 mg</i>	Tier 1	MO; GC
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier 2	MO
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	Tier 1	MO; GC
<i>minocycline oral capsule</i>	Tier 1	MO; GC
<i>minocycline oral tablet</i>	Tier 1	MO; GC
<i>minocycline oral tablet extended release 24 hr</i>	Tier 2	MO; QL (30 EA per 30 days)
Anticonvulsants		
Anticonvulsants, Other		
APTIOM ORAL TABLET	Tier 4	MO
FYCOMPA ORAL TABLET	Tier 4	MO; QL (30 EA per 30 Days)
KEPPRA ORAL SOLUTION	Tier 4	MO
KEPPRA ORAL TABLET	Tier 4	MO
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR	Tier 4	MO
<i>levetiracetam intravenous solution</i>	Tier 1	MO; GC; HI
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1	MO; GC
<i>levetiracetam oral tablet</i>	Tier 1	MO; GC
<i>levetiracetam oral tablet extended release 24 hr</i>	Tier 2	MO
ONFI ORAL TABLET 10 MG, 5 MG	Tier 4	MO; QL (30 EA per 30 days)
ONFI ORAL TABLET 20 MG	Tier 4	MO; QL (60 EA per 30 days)
<i>phenobarbital oral elixir</i>	Tier 2	MO
<i>phenobarbital oral tablet 100 mg, 97.2 mg</i>	Tier 2	MO; QL (120 EA per 30 days)
<i>phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
Potiga oral tablet 200 mg	Tier 5	MO; QL (90 EA per 30 days)
POTIGA ORAL TABLET 300 MG, 400 MG, 50 MG	Tier 4	MO; QL (90 EA per 30 Days)
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE 300 MG	Tier 3	MO
<i>ethosuximide oral capsule</i>	Tier 1	MO; GC
<i>ethosuximide oral solution</i>	Tier 1	MO; GC
LYRICA ORAL CAPSULE 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Tier 4	PA; MO
LYRICA ORAL SOLUTION	Tier 4	PA; MO
<i>zonisamide oral capsule</i>	Tier 1	MO; GC
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
DEPACON INTRAVENOUS SOLUTION	Tier 4	MO; HI

Drug Name	Drug Tier	Requirements/Limits
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	Tier 4	MO
DEPAKOTE SPRINKLES ORAL CAPSULE, SPRINKLE	Tier 4	MO
<i>divalproex oral capsule, sprinkle</i>	Tier 1	MO; GC
<i>divalproex oral tablet extended release 24 hr</i>	Tier 1	MO; GC
<i>divalproex oral tablet, delayed release (dr/ec)</i>	Tier 1	MO; GC
<i>gabapentin oral capsule 100 mg</i>	Tier 1	MO; GC; QL (180 EA per 30 days)
<i>gabapentin oral capsule 300 mg, 400 mg</i>	Tier 1	MO; GC; QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	Tier 1	MO; GC
<i>gabapentin oral tablet 600 mg</i>	Tier 1	MO; GC; QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	Tier 1	MO; GC; QL (90 EA per 30 days)
GABITRIL ORAL TABLET 12 MG	Tier 3	MO; QL (120 EA per 30 days)
GABITRIL ORAL TABLET 16 MG	Tier 3	MO; QL (90 EA per 30 days)
Onfi oral suspension	Tier 5	MO
<i>primidone oral tablet</i>	Tier 1	MO; GC
Sabril oral powder in packet	Tier 5	LA; QL (180 EA per 30 days)
Sabril oral tablet	Tier 5	LA; QL (180 EA per 30 days)
<i>tiagabine oral tablet</i>	Tier 2	MO
<i>valproate sodium intravenous solution</i>	Tier 1	MO; GC; HI
<i>valproic acid oral capsule</i>	Tier 1	MO; GC
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	MO; GC
Glutamate Reducing Agents		
<i>felbamate oral suspension</i>	Tier 2	MO
<i>felbamate oral tablet</i>	Tier 2	MO
LAMICTAL ORAL TABLET	Tier 4	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	Tier 4	MO
LAMICTAL ODT ORAL TABLET, DISINTEGRATING	Tier 4	MO
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK	Tier 4	MO
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK	Tier 4	MO
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR	Tier 4	MO
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	Tier 4	MO
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	Tier 4	MO
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	Tier 4	MO
<i>lamotrigine oral tablet</i>	Tier 1	MO; GC
<i>lamotrigine oral tablet extended release 24hr</i>	Tier 2	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier 1	MO; GC
TOPAMAX ORAL CAPSULE, SPRINKLE	Tier 4	MO
TOPAMAX ORAL TABLET	Tier 4	MO
Sodium Channel Agents		
BANZEL ORAL SUSPENSION	Tier 4	MO
BANZEL ORAL TABLET	Tier 4	MO; QL (240 EA per 30 days)
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 1	MO; GC
<i>carbamazepine oral tablet</i>	Tier 1	MO; GC
<i>carbamazepine oral tablet extended release 12 hr</i>	Tier 2	MO
<i>carbamazepine oral tablet, chewable</i>	Tier 1	MO; GC
DILANTIN ORAL CAPSULE	Tier 3	MO
DILANTIN EXTENDED ORAL CAPSULE	Tier 3	MO
DILANTIN INFATABS ORAL TABLET,CHEWABLE	Tier 3	MO
DILANTIN-125 ORAL SUSPENSION	Tier 3	MO
<i>epitol oral tablet</i>	Tier 1	MO; GC
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	Tier 4	MO
<i>fosphenytoin injection solution 100 mg pe/2 ml</i>	Tier 1	MO; GC; HI
<i>oxcarbazepine oral suspension</i>	Tier 2	MO
<i>oxcarbazepine oral tablet</i>	Tier 2	MO
PEGANONE ORAL TABLET	Tier 4	MO
PHENYTEK ORAL CAPSULE	Tier 3	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	Tier 1	MO; GC
<i>phenytoin oral tablet, chewable</i>	Tier 1	MO; GC
<i>phenytoin sodium intravenous solution</i>	Tier 1	MO; GC; HI
<i>phenytoin sodium extended oral capsule</i>	Tier 1	MO; GC
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	Tier 4	MO
TRILEPTAL ORAL SUSPENSION	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
TRILEPTAL ORAL TABLET 150 MG	Tier 4	MO
VIMPAT INTRAVENOUS SOLUTION	Tier 4	MO; HI
VIMPAT ORAL SOLUTION	Tier 4	MO
VIMPAT ORAL TABLET	Tier 4	MO
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid oral tablet</i>	Tier 1	PA; MO; GC
Cholinesterase Inhibitors		
<i>donepezil oral tablet 10 mg</i>	Tier 1	MO; GC; QL (90 EA per 30 days)
<i>donepezil oral tablet 23 mg</i>	Tier 2	MO
<i>donepezil oral tablet 5 mg</i>	Tier 1	MO; GC; QL (180 EA per 30 days)
<i>donepezil oral tablet, disintegrating</i>	Tier 1	MO; GC; QL (30 EA per 30 days)
EXELON ORAL SOLUTION	Tier 3	MO; QL (240 ML per 30 days)
EXELON TRANSDERMAL PATCH 24 HOUR	Tier 3	MO; QL (30 EA per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>galantamine oral solution</i>	Tier 2	MO; QL (200 ML per 30 days)
<i>galantamine oral tablet</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
NAMENDA ORAL SOLUTION	Tier 4	PA; MO; QL (360 ML per 30 days)
NAMENDA ORAL TABLET 10 MG	Tier 4	PA; MO; QL (60 EA per 30 days)
NAMENDA ORAL TABLET 5 MG	Tier 4	PA; MO
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK	Tier 4	PA; MO; QL (98 EA per 30 days)
Antidepressants		
Antidepressants, Other		
BRINTELLIX ORAL TABLET	Tier 4	PA; MO
<i>budeprion sr oral tablet extended release</i>	Tier 1	MO; GC; QL (120 EA per 30 days)
<i>buproban oral tablet extended release</i>	Tier 1	MO; GC
<i>bupropion hcl oral tablet</i>	Tier 1	MO; GC
<i>bupropion hcl oral tablet extended release 100 mg, 150 mg</i>	Tier 1	MO; GC; QL (120 EA per 30 days)
<i>bupropion hcl oral tablet extended release 200 mg</i>	Tier 1	MO; GC
<i>bupropion hcl oral tablet extended release 24 hr</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>maprotiline oral tablet</i>	Tier 1	MO; GC
<i>mirtazapine oral tablet</i>	Tier 1	MO; GC
<i>mirtazapine oral tablet,disintegrating</i>	Tier 1	MO; GC
<i>nefazodone oral tablet</i>	Tier 1	MO; GC
<i>olanzapine-fluoxetine oral capsule</i>	Tier 2	MO
<i>trazodone oral tablet</i>	Tier 1	MO; GC
VIIBRYD ORAL TABLET	Tier 4	PA; MO
VIIBRYD ORAL TABLETS,DOSE PACK	Tier 4	PA; MO
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	Tier 4	MO; QL (30 EA per 30 days)
MARPLAN ORAL TABLET	Tier 4	MO
<i>phenelzine oral tablet</i>	Tier 1	MO; GC
<i>tranylcypromine oral tablet</i>	Tier 1	MO; GC
Serotonin/ Norepinephrine Reuptake Inhibitors		
<i>citalopram oral solution</i>	Tier 1	MO; GC
<i>citalopram oral tablet</i>	Tier 1	MO; GC
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	Tier 4	PA; MO; QL (60 EA per 30 days)
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60 MG	Tier 4	PA; MO; QL (60 EA per 30 Days)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg, 60 mg</i>	Tier 2	PA; MO; QL (60 EA per 30 Days)
<i>escitalopram oxalate oral solution</i>	Tier 2	MO
<i>escitalopram oxalate oral tablet</i>	Tier 2	MO
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	Tier 4	PA; MO
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	Tier 4	PA; MO
<i>fluoxetine oral capsule</i>	Tier 1	MO; GC
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	Tier 2	MO
<i>fluoxetine oral solution</i>	Tier 1	MO; GC
<i>fluoxetine oral tablet</i>	Tier 1	MO; GC
<i>fluvoxamine oral capsule,extended release 24hr</i>	Tier 2	MO; QL (60 EA per 30 Days)
<i>fluvoxamine oral tablet</i>	Tier 1	MO; GC
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR	Tier 4	PA; MO
<i>paroxetine hcl oral tablet</i>	Tier 1	MO; GC
<i>paroxetine hcl oral tablet extended release 24 hr</i>	Tier 1	MO; GC
PAXIL ORAL SUSPENSION	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR	Tier 4	PA; MO
<i>sertraline oral concentrate</i>	Tier 1	MO; GC
<i>sertraline oral tablet 25 mg, 50 mg</i>	Tier 1	MO; GC
<i>venlafaxine oral tablet</i>	Tier 1	MO; GC
<i>venlafaxine oral tablet extended release 24hr</i>	Tier 1	MO; GC
Tricyclics		
<i>amitriptyline oral tablet</i>	Tier 1	PA; MO; GC
<i>amoxapine oral tablet</i>	Tier 1	MO; GC
<i>clomipramine oral capsule</i>	Tier 1	PA; MO; GC
<i>desipramine oral tablet</i>	Tier 1	MO; GC
<i>doxepin oral capsule</i>	Tier 1	PA; MO; GC
<i>doxepin oral concentrate</i>	Tier 1	PA; MO; GC
<i>imipramine hcl oral tablet</i>	Tier 1	PA; MO; GC
<i>imipramine pamoate oral capsule</i>	Tier 1	PA; MO; GC
<i>nortriptyline oral capsule</i>	Tier 1	MO; GC
<i>nortriptyline oral solution</i>	Tier 1	MO; GC
<i>perphenazine-amitriptyline oral tablet</i>	Tier 1	PA; MO; GC
<i>protriptyline oral tablet</i>	Tier 1	MO; GC
<i>trimipramine oral capsule</i>	Tier 1	PA; MO; GC
Antiemetics		
Antiemetics, Other		
<i>chlorpromazine injection solution</i>	Tier 1	MO; GC; HI
<i>chlorpromazine oral tablet</i>	Tier 1	MO; GC
<i>compazine rectal suppository</i>	Tier 1	MO; GC
<i>compro rectal suppository</i>	Tier 1	MO; GC
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	MO; GC; HI
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	MO; GC
<i>metoclopramide hcl injection solution</i>	Tier 1	MO; GC; HI
<i>metoclopramide hcl oral solution</i>	Tier 1	MO; GC
<i>metoclopramide hcl oral tablet</i>	Tier 1	MO; GC
<i>perphenazine oral tablet</i>	Tier 1	MO; GC
<i>prochlorperazine rectal suppository</i>	Tier 1	MO; GC
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	Tier 1	MO; GC
<i>prochlorperazine maleate oral tablet</i>	Tier 1	MO; GC
Emetogenic Therapy Adjuncts		
ALOXI INTRAVENOUS SOLUTION	Tier 4	PA; MO; HI

Drug Name	Drug Tier	Requirements/Limits
ANZEMET INTRAVENOUS SOLUTION 100 MG/5 ML	Tier 4	MO; HI
ANZEMET ORAL TABLET	Tier 4	PA B/D; MO
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN	Tier 3	PA B/D; MO; HI
CESAMET ORAL CAPSULE	Tier 4	MO
<i>dronabinol oral capsule</i>	Tier 2	MO; QL (120 EA per 30 days)
EMEND ORAL CAPSULE 125 MG, 80 MG	Tier 3	PA B/D; MO
EMEND ORAL CAPSULE,DOSE PACK	Tier 3	PA B/D; MO
<i>granisetron intravenous solution 1 mg/ml (1 ml)</i>	Tier 1	MO; GC; HI
<i>granisetron oral tablet</i>	Tier 1	PA B/D; MO; GC
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	Tier 1	MO; GC; HI
<i>ondansetron oral tablet,disintegrating</i>	Tier 1	PA B/D; MO; GC
<i>ondansetron hcl oral solution</i>	Tier 1	PA B/D; MO; GC
<i>ondansetron hcl oral tablet</i>	Tier 1	PA B/D; MO; GC
<i>ondansetron hcl (pf) injection solution</i>	Tier 1	MO; GC; HI
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	Tier 4	MO; HI
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	Tier 4	MO; HI
<i>amphotericin b injection recon soln</i>	Tier 1	MO; GC; HI
CANCIDAS INTRAVENOUS RECON SOLN	Tier 3	MO; HI
<i>ciclopirox topical cream</i>	Tier 1	MO; GC
<i>ciclopirox topical gel</i>	Tier 1	MO; GC
<i>ciclopirox topical shampoo</i>	Tier 1	MO; GC
<i>ciclopirox topical solution</i>	Tier 1	MO; GC
<i>ciclopirox topical suspension</i>	Tier 1	MO; GC
<i>clotrimazole mucous membrane troche</i>	Tier 1	MO; GC
<i>clotrimazole topical cream</i>	Tier 1	MO; GC
<i>clotrimazole topical solution</i>	Tier 1	MO; GC
<i>econazole topical cream</i>	Tier 1	MO; GC
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	Tier 4	MO; HI
EXELDERM TOPICAL CREAM	Tier 4	MO
EXELDERM TOPICAL SOLUTION	Tier 4	MO
<i>fluconazole oral suspension for reconstitution</i>	Tier 1	MO; GC
<i>fluconazole oral tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in dextrose(iso-o) intravenous piggyback 400 mg/200 ml</i>	Tier 1	MO; GC; HI
<i>flucytosine oral capsule</i>	Tier 2	MO
<i>griseofulvin microsize oral suspension</i>	Tier 1	MO; GC
<i>griseofulvin microsize oral tablet</i>	Tier 2	MO
<i>griseofulvin ultramicrosize oral tablet</i>	Tier 2	MO
<i>itraconazole oral capsule</i>	Tier 1	MO; GC
<i>ketoconazole oral tablet</i>	Tier 1	MO; GC
<i>ketoconazole topical cream</i>	Tier 1	MO; GC
<i>ketoconazole topical foam</i>	Tier 2	MO
<i>ketoconazole topical shampoo</i>	Tier 1	MO; GC
<i>miconazole-3 vaginal suppository</i>	Tier 1	MO; GC
MYCAMINE INTRAVENOUS RECON SOLN	Tier 3	MO; HI
NAFTIN TOPICAL CREAM 1 %, 2 %	Tier 4	MO
NAFTIN TOPICAL GEL 1 %	Tier 4	MO
NATACYN OPHTHALMIC DROPS,SUSPENSION	Tier 3	MO
NOXAFIL ORAL SUSPENSION	Tier 4	MO; QL (840 ML per 28 days)
Noxafil oral tablet,delayed release (DR/EC)	Tier 5	MO
<i>nyamyc topical powder</i>	Tier 1	MO; GC
<i>nystatin oral suspension</i>	Tier 1	MO; GC
<i>nystatin oral tablet</i>	Tier 1	MO; GC
<i>nystatin topical cream</i>	Tier 1	MO; GC
<i>nystatin topical ointment</i>	Tier 1	MO; GC
<i>nystatin topical powder</i>	Tier 1	MO; GC
<i>nystop topical powder</i>	Tier 1	MO; GC
OXISTAT TOPICAL CREAM	Tier 4	MO
OXISTAT TOPICAL LOTION	Tier 4	MO
<i>pedi-dri topical powder</i>	Tier 1	MO; GC
<i>terbinafine hcl oral tablet</i>	Tier 1	MO; GC
<i>terconazole vaginal cream</i>	Tier 1	MO; GC
<i>terconazole vaginal suppository</i>	Tier 1	MO; GC
<i>voriconazole intravenous solution</i>	Tier 2	MO; HI
<i>voriconazole oral suspension for reconstitution</i>	Tier 2	MO; QL (450 ML per 30 Days)
voriconazole oral tablet 200 mg	Tier 5	MO; QL (120 EA per 30 days)
voriconazole oral tablet 50 mg	Tier 5	MO; QL (90 EA per 30 days)
<i>zazole vaginal cream</i>	Tier 1	MO; GC
Zolinza oral capsule	Tier 5	PA; MO; QL (120 EA per 30 days)
Antigout Agents		

Drug Name	Drug Tier	Requirements/Limits
Antigout Agents		
<i>allopurinol oral tablet</i>	Tier 1	MO; GC
<i>colchicine-probenecid oral tablet</i>	Tier 1	MO; GC
COLCRYS ORAL TABLET	Tier 3	MO
<i>probenecid oral tablet</i>	Tier 1	MO; GC
Anti-Inflammatory Agents		
Glucocorticoids		
<i>dexamethasone oral tablet 4 mg</i>	Tier 1	MO; GC
DEXPAK 13 DAY ORAL TABLETS,DOSE PACK	Tier 4	MO
<i>hydrocortisone oral tablet 5 mg</i>	Tier 1	MO; GC
<i>methylprednisolone oral tablet 4 mg</i>	Tier 1	MO; GC
<i>methylprednisolone oral tablets,dose pack</i>	Tier 1	MO; GC
<i>prednisone oral tablet 10 mg, 5 mg</i>	Tier 1	MO; GC
Nonsteroidal Anti-Inflammatory Drugs		
CELEBREX ORAL CAPSULE 100 MG, 200 MG	Tier 4	PA; MO; QL (60 EA per 30 days)
CELEBREX ORAL CAPSULE 400 MG, 50 MG	Tier 4	PA; MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	Tier 1	MO; GC
<i>diclofenac-misoprostol oral tablet,ir & delay rel,biphasic</i>	Tier 2	MO
<i>etodolac oral tablet 400 mg</i>	Tier 1	MO; GC
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	MO; GC
<i>ibuprofen oral tablet 400 mg</i>	Tier 1	MO; GC
<i>indomethacin oral capsule 25 mg</i>	Tier 1	PA; MO; GC
<i>ketoprofen oral capsule 50 mg</i>	Tier 1	MO; GC
<i>meclofenamate oral capsule 100 mg</i>	Tier 1	MO; GC
<i>meloxicam oral tablet 15 mg</i>	Tier 1	MO; GC
<i>nabumetone oral tablet 500 mg</i>	Tier 1	MO; GC
<i>naproxen oral tablet 500 mg</i>	Tier 1	MO; GC
<i>piroxicam oral capsule 10 mg</i>	Tier 1	MO; GC
<i>sulindac oral tablet 150 mg</i>	Tier 1	MO; GC
<i>tolmetin oral tablet 200 mg</i>	Tier 1	MO; GC
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine injection solution</i>	Tier 1	MO; GC
DIHYDROERGOTAMINE NASAL SPRAY, NON-AEROSOL	Tier 3	MO; QL (28 ML per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>migergot rectal suppository</i>	Tier 1	MO; GC
MIGRANAL NASAL SPRAY, NON-AEROSOL	Tier 3	MO; QL (28 ML per 28 Days)
Prophylactic		
<i>timolol maleate oral tablet</i>	Tier 1	MO; GC
<i>topiramate oral capsule, sprinkle</i>	Tier 1	MO; GC
<i>topiramate oral tablet</i>	Tier 1	MO; GC
Serotonin (5-Ht) 1B/1D Receptor Agonists		
<i>naratriptan oral tablet</i>	Tier 1	MO; GC; QL (12 EA per 30 days)
<i>rizatriptan oral tablet</i>	Tier 2	MO; QL (12 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating</i>	Tier 2	MO; QL (12 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol</i>	Tier 1	MO; GC; QL (6 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	Tier 1	MO; GC; QL (12 EA per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	Tier 1	MO; GC; QL (3 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	Tier 1	MO; GC; QL (8 ML per 30 Days)
<i>zolmitriptan oral tablet</i>	Tier 2	MO; QL (12 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating</i>	Tier 2	MO; QL (12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine oral tablet</i>	Tier 1	MO; GC
MESTINON ORAL SYRUP	Tier 4	MO
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE	Tier 4	MO
<i>pyridostigmine bromide oral tablet</i>	Tier 1	MO; GC
REGONOL INJECTION SOLUTION	Tier 4	MO; HI
Antimycobacterials		
Antimycobacterials, Other		
ACZONE TOPICAL GEL	Tier 4	MO
<i>dapsone oral tablet</i>	Tier 1	MO; GC
MYCOBUTIN ORAL CAPSULE	Tier 3	MO
<i>rifabutin oral capsule</i>	Tier 2	MO
Antituberculars		
CAPASTAT INJECTION RECON SOLN	Tier 4	MO; HI
<i>ethambutol oral tablet</i>	Tier 1	MO; GC
<i>isoniazid injection solution</i>	Tier 1	MO; GC
<i>isoniazid oral solution</i>	Tier 1	MO; GC
<i>isoniazid oral tablet</i>	Tier 1	MO; GC
PASER ORAL GRANULES DR FOR SUSP IN PACKET	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
PRIFTIN ORAL TABLET	Tier 4	MO
<i>pyrazinamide oral tablet</i>	Tier 2	MO
<i>rifampin intravenous recon soln</i>	Tier 1	MO; GC; HI
<i>rifampin oral capsule</i>	Tier 1	MO; GC
RIFATER ORAL TABLET	Tier 4	MO
TRECTOR ORAL TABLET	Tier 4	MO
Antineoplastics		
Alkylating Agents		
BICNU INTRAVENOUS RECON SOLN	Tier 3	MO; HI
BUSULFEX INTRAVENOUS SOLUTION	Tier 3	MO; HI
CARBOPLATIN INTRAVENOUS SOLUTION	Tier 3	MO; HI
CEENU ORAL CAPSULE 10 MG, 40 MG	Tier 3	MO
<i>cisplatin intravenous solution</i>	Tier 1	MO; GC; HI
<i>cyclophosphamide oral tablet</i>	Tier 1	PA B/D; MO; GC
<i>dacarbazine intravenous recon soln 200 mg</i>	Tier 1	MO; GC; HI
HEXALEN ORAL CAPSULE	Tier 3	MO
IFEX INTRAVENOUS RECON SOLN 3 GRAM	Tier 4	MO; HI
<i>ifosfamide intravenous recon soln 1 gram</i>	Tier 1	MO; GC; HI
LEUKERAN ORAL TABLET	Tier 3	MO
MATULANE ORAL CAPSULE	Tier 3	MO
<i>melphalan intravenous recon soln</i>	Tier 5	MO; HI
MUSTARGEN INJECTION RECON SOLN	Tier 3	MO; HI
<i>oxaliplatin intravenous solution 100 mg/20 mL</i>	Tier 5	MO; HI
<i>Treanda intravenous recon soln 100 mg</i>	Tier 5	MO; HI; QL (600 EA per 21 days)
<i>vinblastine intravenous solution</i>	Tier 1	PA B/D; MO; GC; HI
<i>vincasar pfs intravenous solution 1 mg/ml</i>	Tier 1	MO; GC; HI
<i>vincristine intravenous solution 1 mg/ml</i>	Tier 1	MO; GC; HI
Antiangiogenic Agents		
<i>Revlimid oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 5	PA; LA; QL (30 EA per 30 days)
<i>Revlimid oral capsule 2.5 mg, 20 mg</i>	Tier 5	PA; LA; QL (30 EA per 30 Days)
<i>Thalomid oral capsule</i>	Tier 5	MO; QL (60 EA per 30 days)
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	Tier 3	MO
FARESTON ORAL TABLET	Tier 3	MO; QL (30 EA per 30 days)
<i>Faslodex intramuscular syringe</i>	Tier 5	MO; QL (30 ML per 30 days)
SOLTAMOX ORAL SOLUTION	Tier 4	MO
<i>tamoxifen oral tablet</i>	Tier 1	MO; GC
Antimetabolites		

Drug Name	Drug Tier	Requirements/Limits
Alimta intravenous recon soln 100 mg	Tier 5	PA; MO; HI; HI
Alimta intravenous recon soln 500 mg	Tier 5	PA; MO; HI
ARRANON INTRAVENOUS SOLUTION	Tier 3	MO; HI
azacitidine injection recon soln	Tier 5	MO; HI
<i>cladribine intravenous solution</i>	Tier 1	PA B/D; MO; GC; HI
CLOLAR INTRAVENOUS SOLUTION	Tier 4	MO; HI
<i>cytarabine injection solution</i>	Tier 1	PA B/D; MO; GC; HI
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	Tier 1	PA B/D; MO; GC; HI
Dacogen intravenous recon soln	Tier 5	MO; HI
decitabine intravenous recon soln	Tier 5	MO; HI
Folotyn intravenous solution 40 mg/2 mL (20 mg/mL)	Tier 5	PA; MO; HI
<i>gemcitabine intravenous recon soln 1 gram</i>	Tier 1	MO; GC; HI
<i>hydroxyurea oral capsule</i>	Tier 1	MO; GC
Nipent intravenous recon soln	Tier 5	MO; HI
TABLOID ORAL TABLET	Tier 3	MO
Antineoplastics		
Kadcyla intravenous recon soln 100 mg, 160 mg	Tier 5	PA; MO
Pomalyst oral capsule	Tier 5	PA; MO; QL (21 EA per 28 days)
Antineoplastics, Other		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	Tier 4	MO; HI
<i>amifostine crystalline intravenous recon soln</i>	Tier 2	MO; HI
Beleodaq intravenous recon soln	Tier 5	PA; MO; HI
<i>bleomycin injection recon soln 30 unit</i>	Tier 1	MO; GC; HI
<i>daunorubicin intravenous recon soln</i>	Tier 1	MO; GC; HI
<i>daunorubicin intravenous solution</i>	Tier 1	MO; GC; HI
<i>dexrazoxane intravenous recon soln 250 mg</i>	Tier 2	MO; HI
Docefrez intravenous recon soln	Tier 5	MO; HI
docetaxel intravenous solution 80 mg/4 mL (20 mg/mL), 80 mg/8 mL (10 mg/mL)	Tier 5	MO; HI
DOXIL INTRAVENOUS SOLUTION	Tier 4	PA; MO; HI
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	Tier 1	PA B/D; MO; GC; HI
<i>doxorubicin, peg-liposomal intravenous solution</i>	Tier 2	PA; MO; HI
<i>epirubicin intravenous solution 200 mg/100 ml</i>	Tier 1	MO; GC; HI
<i>epirubicin intravenous solution 50 mg/25 ml</i>	Tier 1	MO; GC; HI
Erivedge oral capsule	Tier 5	PA; MO; QL (30 EA per 30 days)
Erwinaze intramuscular recon soln	Tier 5	PA; MO; HI

Drug Name	Drug Tier	Requirements/Limits
<i>fludarabine intravenous recon soln</i>	Tier 1	MO; GC; HI
FUSILEV INTRAVENOUS RECON SOLN	Tier 4	MO; HI
Gilotrif oral tablet	Tier 5	PA; MO; QL (30 EA per 30 Days)
Halaven intravenous solution	Tier 5	PA; MO; HI
<i>idarubicin intravenous solution</i>	Tier 1	MO; GC; HI
Imbruvica oral capsule	Tier 5	PA; MO; QL (120 EA per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	Tier 1	MO; GC; HI
<i>irinotecan intravenous solution 40 mg/2 ml</i>	Tier 1	MO; GC; HI
Istodax intravenous recon soln	Tier 5	PA; MO; HI
Ixempra intravenous recon soln 45 mg	Tier 5	MO; HI
Jevtana intravenous solution	Tier 5	PA; MO; HI
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	Tier 1	MO; GC; HI
<i>leucovorin calcium oral tablet</i>	Tier 1	MO; GC
<i>lipodox intravenous solution</i>	Tier 2	PA; MO; HI
<i>lipodox 50 intravenous solution</i>	Tier 2	PA; MO; HI
Mekinist oral tablet	Tier 5	PA; LA; QL (30 EA per 30 Days)
<i>mesna intravenous solution</i>	Tier 1	MO; GC; HI
MESNEX ORAL TABLET	Tier 3	MO
<i>mitomycin intravenous recon soln 20 mg</i>	Tier 1	MO; GC; HI
<i>mitoxantrone intravenous concentrate</i>	Tier 1	MO; GC; HI
Oncaspar injection solution	Tier 5	MO; HI
<i>paclitaxel intravenous concentrate</i>	Tier 1	MO; GC; HI
Sylatron subcutaneous kit	Tier 5	PA; MO; QL (2.8 EA per 30 days)
Synribo subcutaneous recon soln	Tier 5	PA; MO; HI
Tafinlar oral capsule	Tier 5	PA; LA; QL (120 EA per 30 Days)
TRISENOX INTRAVENOUS SOLUTION	Tier 3	MO; HI
VELCADE INJECTION RECON SOLN	Tier 3	PA; MO; HI
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	Tier 1	MO; GC; HI
Yervoy intravenous solution 50 mg/10 mL (5 mg/mL)	Tier 5	PA; MO; HI
Zaltrap intravenous solution 100 mg/4 mL (25 mg/mL)	Tier 5	PA; MO; HI
Zelboraf oral tablet	Tier 5	PA; MO; QL (240 EA per 30 days)
Zytiga oral tablet	Tier 5	PA; MO; QL (120 EA per 30 days)
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet</i>	Tier 1	MO; GC
<i>exemestane oral tablet</i>	Tier 2	MO
<i>letrozole oral tablet</i>	Tier 1	MO; GC; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Enzyme Inhibitors		
ETOPOPHOS INTRAVENOUS RECON SOLN	Tier 3	MO; HI
<i>etoposide intravenous solution</i>	Tier 1	MO; GC; HI
Jakafi oral tablet	Tier 5	PA; MO; QL (60 EA per 30 days)
<i>topotecan intravenous recon soln</i>	Tier 2	MO; HI
TOPOTECAN INTRAVENOUS SOLUTION	Tier 4	MO; HI
Zydelig oral tablet	Tier 5	PA; MO; QL (60 EA per 30 days)
Molecular Target Inhibitors		
Afinitor oral tablet 10 mg, 5 mg, 7.5 mg	Tier 5	PA; MO; QL (30 EA per 30 days)
Afinitor Disperz oral tablet for suspension	Tier 5	PA; MO; QL (30 EA per 30 Days)
Bosulif oral tablet 100 mg	Tier 5	PA; MO; QL (180 EA per 30 days)
Bosulif oral tablet 500 mg	Tier 5	PA; MO; QL (30 EA per 30 days)
Caprelsa oral tablet 100 mg	Tier 5	PA; MO; QL (90 EA per 30 days)
Caprelsa oral tablet 300 mg	Tier 5	PA; MO; QL (30 EA per 30 days)
Cometriq oral capsule 100 mg/day(80 mg[1]-20 mg[1])	Tier 5	PA; MO; QL (56 EA per 28 days)
Cometriq oral capsule 140 mg/day(80 mg[1]-20 mg[3])	Tier 5	PA; MO; QL (112 EA per 28 days)
Cometriq oral capsule 60 mg/day (20 mg [3]/day)	Tier 5	PA; MO; QL (84 EA per 28 days)
Gleevec oral tablet	Tier 5	PA; MO; QL (60 EA per 30 days)
Herceptin intravenous recon soln	Tier 5	PA; MO; HI
Iclusig oral tablet 15 mg	Tier 5	PA; MO; QL (90 EA per 30 days)
Iclusig oral tablet 45 mg	Tier 5	PA; MO; QL (30 EA per 30 days)
Inlyta oral tablet	Tier 5	PA; MO; QL (120 EA per 30 days)
Nexavar oral tablet	Tier 5	PA; MO; QL (120 EA per 30 days)
Sprycel oral tablet	Tier 5	PA; MO; QL (60 EA per 30 days)
Stivarga oral tablet	Tier 5	PA; MO; QL (84 EA per 28 days)
Sutent oral capsule 12.5 mg, 25 mg	Tier 5	PA; MO; QL (60 EA per 30 days)
Sutent oral capsule 37.5 mg, 50 mg	Tier 5	PA; MO; QL (30 EA per 30 days)
Tarceva oral tablet	Tier 5	PA; MO; QL (30 EA per 30 days)
Tasigna oral capsule	Tier 5	PA; MO; QL (120 EA per 30 days)
Tykerb oral tablet	Tier 5	PA; MO; QL (180 EA per 30 days)
Votrient oral tablet	Tier 5	PA; MO; QL (120 EA per 30 days)
Xalkori oral capsule	Tier 5	PA; MO; QL (60 EA per 30 days)
Zykadia oral capsule	Tier 5	PA; MO; QL (140 EA per 28 days)
Monoclonal Antibodies		
Arzerra intravenous solution 1,000 mg/50 mL	Tier 5	PA; MO; HI; HI
Arzerra intravenous solution 100 mg/5 mL	Tier 5	PA; MO; HI
Avastin intravenous solution	Tier 5	PA; MO; HI

Drug Name	Drug Tier	Requirements/Limits
Cyramza intravenous solution	Tier 5	PA; MO; HI
Erbix intravenous solution 100 mg/50 mL	Tier 5	PA; MO; HI
Gazyva intravenous solution	Tier 5	PA; MO; HI; QL (360 ML per 365 days)
Perjeta intravenous solution	Tier 5	PA; MO; HI
Rituxan intravenous concentrate	Tier 5	PA; MO; HI
Sylvant intravenous recon soln 100 mg	Tier 5	PA; MO; HI
Sylvant intravenous recon soln 400 mg	Tier 5	PA; MO; HI
Vectibix intravenous solution 100 mg/5 mL (20 mg/mL)	Tier 5	MO; HI
Retinoids		
ATRALIN TOPICAL GEL	Tier 4	PA; MO
PANRETIN TOPICAL GEL	Tier 4	MO
RETIN-A MICRO TOPICAL GEL	Tier 3	PA; MO
TARGRETIN ORAL CAPSULE	Tier 4	MO
TARGRETIN TOPICAL GEL	Tier 4	MO
TRETIN-X TOPICAL CREAM 0.0375 %	Tier 4	PA; MO
<i>tretinoin topical cream</i>	Tier 1	PA; MO; GC
<i>tretinoin topical gel</i>	Tier 1	PA; MO; GC
<i>tretinoin (chemotherapy) oral capsule</i>	Tier 1	MO; GC
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	Tier 2	PA; MO
<i>tretinoin microspheres topical gel with pump 0.1 %</i>	Tier 2	PA; MO
Antiparasitics		
Anthelmintics		
ALBENZA ORAL TABLET	Tier 3	MO
BILTRICIDE ORAL TABLET	Tier 3	MO
STROMECTOL ORAL TABLET	Tier 3	MO
Antiprotozoals		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	MO; QL (500 ML per 30 days)
ALINIA ORAL TABLET	Tier 3	MO; QL (20 EA per 30 days)
<i>atovaquone oral suspension</i>	Tier 2	MO
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	MO; GC
<i>chloroquine phosphate oral tablet</i>	Tier 1	MO; GC
COARTEM ORAL TABLET	Tier 3	MO
DARAPRIM ORAL TABLET	Tier 3	MO
<i>hydroxychloroquine oral tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>mefloquine oral tablet</i>	Tier 1	MO; GC
MEPRON ORAL SUSPENSION	Tier 3	MO
NEBUPENT INHALATION RECON SOLN	Tier 3	PA B/D; MO
PENTAM INJECTION RECON SOLN	Tier 4	MO; HI
PRIMAQUINE ORAL TABLET	Tier 3	MO
<i>quinine sulfate oral capsule</i>	Tier 2	PA; MO; QL (42 EA per 7 days)
<i>tinidazole oral tablet</i>	Tier 1	MO; GC
Pediculicides/ Scabicides		
EURAX TOPICAL CREAM	Tier 3	MO
EURAX TOPICAL LOTION	Tier 3	MO
<i>lindane topical lotion</i>	Tier 1	MO; GC
<i>lindane topical shampoo</i>	Tier 1	MO; GC
<i>malathion topical lotion</i>	Tier 1	MO; GC
<i>permethrin topical cream</i>	Tier 1	MO; GC
Antiparkinson Agents		
Anticholinergics		
<i>benztropine injection solution</i>	Tier 1	MO; GC; HI
<i>benztropine oral tablet</i>	Tier 1	PA; MO; GC
<i>trihexyphenidyl oral elixir</i>	Tier 1	PA; MO; GC
<i>trihexyphenidyl oral tablet</i>	Tier 1	PA; MO; GC
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule</i>	Tier 1	MO; GC
<i>amantadine hcl oral syrup</i>	Tier 1	MO; GC
<i>amantadine hcl oral tablet</i>	Tier 1	MO; GC
CARBIDOPA-LEVODOPA-ENTACAPONE ORAL TABLET	Tier 3	MO
<i>entacapone oral tablet</i>	Tier 2	MO
STALEVO 100 ORAL TABLET	Tier 3	MO
STALEVO 125 ORAL TABLET	Tier 3	MO
STALEVO 150 ORAL TABLET	Tier 3	MO
STALEVO 200 ORAL TABLET	Tier 3	MO
STALEVO 50 ORAL TABLET	Tier 3	MO
STALEVO 75 ORAL TABLET	Tier 3	MO
TASMAR ORAL TABLET 100 MG	Tier 4	MO
Dopamine Agonists		
APOKYN subcutaneous cartridge	Tier 5	MO
<i>bromocriptine oral capsule</i>	Tier 1	MO; GC
<i>bromocriptine oral tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR	Tier 4	MO
<i>pramipexole oral tablet</i>	Tier 1	MO; GC
<i>ropinirole oral tablet</i>	Tier 1	MO; GC
<i>ropinirole oral tablet extended release 24 hr 12 mg, 6 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 8 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa-levodopa oral tablet</i>	Tier 1	MO; GC
<i>carbidopa-levodopa oral tablet extended release</i>	Tier 1	MO; GC
<i>carbidopa-levodopa oral tablet, disintegrating</i>	Tier 1	MO; GC
Monoamine Oxidase B (Mao-B) Inhibitors		
AZILECT ORAL TABLET	Tier 3	MO; QL (30 EA per 30 days)
<i>selegiline hcl oral capsule</i>	Tier 1	MO; GC
<i>selegiline hcl oral tablet</i>	Tier 1	MO; GC
Antipsychotics		
1St Generation/ Typical		
<i>fluphenazine decanoate injection solution</i>	Tier 1	MO; GC
<i>fluphenazine hcl injection solution</i>	Tier 1	MO; GC
<i>fluphenazine hcl oral concentrate</i>	Tier 1	MO; GC
<i>fluphenazine hcl oral elixir</i>	Tier 1	MO; GC
<i>fluphenazine hcl oral tablet</i>	Tier 1	MO; GC
<i>haloperidol oral tablet</i>	Tier 1	MO; GC
<i>haloperidol decanoate intramuscular solution</i>	Tier 1	MO; GC
<i>haloperidol lactate injection solution</i>	Tier 1	MO; GC
<i>haloperidol lactate oral concentrate</i>	Tier 1	MO; GC
<i>loxapine succinate oral capsule</i>	Tier 1	MO; GC
ORAP ORAL TABLET	Tier 3	MO
<i>thioridazine oral tablet</i>	Tier 1	PA; MO; GC
<i>thiothixene oral capsule</i>	Tier 1	MO; GC
<i>trifluoperazine oral tablet</i>	Tier 1	MO; GC
2Nd Generation/ Atypical		
ABILIFY INTRAMUSCULAR SOLUTION	Tier 4	MO
ABILIFY ORAL SOLUTION	Tier 4	PA; MO
ABILIFY ORAL TABLET	Tier 4	PA; MO; QL (30 EA per 30 days)
ABILIFY DISCMELT ORAL TABLET, DISINTEGRATING	Tier 4	PA; MO; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Abilify Maintena intramuscular suspension,extended rel recon 300 mg	Tier 5	PA; MO; QL (1 EA per 30 days)
Abilify Maintena intramuscular suspension,extended rel recon 400 mg	Tier 5	PA; MO; QL (1 EA per 30 Days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG	Tier 4	PA; MO; QL (60 EA per 30 days)
FANAPT ORAL TABLET 2 MG, 4 MG, 6 MG, 8 MG	Tier 4	PA; MO
FANAPT ORAL TABLETS,DOSE PACK	Tier 4	PA; MO; QL (8 EA per 30 days)
GEODON INTRAMUSCULAR RECON SOLN	Tier 4	MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG	Tier 4	PA; MO; QL (30 EA per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	Tier 4	PA; MO; QL (60 EA per 30 days)
Invega Sustenna intramuscular syringe 117 mg/0.75 mL, 156 mg/mL, 234 mg/1.5 mL	Tier 5	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML	Tier 4	MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 80 MG	Tier 4	PA; MO; QL (30 EA per 30 days)
LATUDA ORAL TABLET 60 MG	Tier 4	PA; MO; QL (30 EA per 30 Days)
<i>olanzapine intramuscular recon soln</i>	Tier 1	MO; GC
<i>olanzapine oral tablet</i>	Tier 1	MO; GC
<i>olanzapine oral tablet,disintegrating</i>	Tier 1	MO; GC
<i>quetiapine oral tablet</i>	Tier 2	MO; QL (60 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE	Tier 4	MO
<i>risperidone oral solution</i>	Tier 1	MO; GC
<i>risperidone oral tablet</i>	Tier 1	MO; GC
<i>risperidone oral tablet,disintegrating</i>	Tier 1	MO; GC
<i>ziprasidone hcl oral capsule</i>	Tier 2	MO; QL (60 EA per 30 days)
Treatment-Resistant		
<i>clozapine oral tablet</i>	Tier 1	MO; GC
CLOZAPINE ORAL TABLET,DISINTEGRATING 100 MG, 25 MG	Tier 4	MO; QL (270 EA per 30 days)
CLOZAPINE ORAL TABLET,DISINTEGRATING 12.5 MG	Tier 4	MO; QL (90 EA per 30 days)
FAZACLO ORAL TABLET,DISINTEGRATING 100 MG, 25 MG	Tier 4	MO; QL (270 EA per 30 Days)
FAZACLO ORAL TABLET,DISINTEGRATING 12.5 MG	Tier 4	MO; QL (90 EA per 30 Days)

Drug Name	Drug Tier	Requirements/Limits
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG	Tier 4	MO; QL (180 EA per 30 Days)
FAZACLO ORAL TABLET,DISINTEGRATING 200 MG	Tier 4	MO; QL (120 EA per 30 Days)
Versacloz oral suspension	Tier 5	MO
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet</i>	Tier 1	MO; GC
<i>dantrolene oral capsule</i>	Tier 1	MO; GC
<i>tizanidine oral tablet</i>	Tier 1	MO; GC
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
cidofovir intravenous solution	Tier 5	MO; HI
<i>foscarnet intravenous solution</i>	Tier 1	MO; GC; HI
<i>ganciclovir sodium intravenous recon soln</i>	Tier 1	MO; GC; HI
VALCYTE ORAL RECON SOLN	Tier 3	MO
VALCYTE ORAL TABLET	Tier 3	MO
Antihepatitis Agents		
<i>adefovir oral tablet</i>	Tier 2	MO
BARACLUDE ORAL SOLUTION	Tier 3	MO; QL (600 ML per 30 days)
BARACLUDE ORAL TABLET	Tier 3	MO; QL (30 EA per 30 days)
entecavir oral tablet	Tier 5	MO; QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION	Tier 3	MO
EPIVIR HBV ORAL TABLET	Tier 3	MO
Incivek oral tablet	Tier 5	PA; MO; QL (180 EA per 30 days)
Infergen subcutaneous solution 15 mcg/0.5 mL, 9 mcg/0.3 mL	Tier 5	MO
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	Tier 4	MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	Tier 4	MO
<i>lamivudine oral tablet 100 mg</i>	Tier 2	MO
<i>moderiba oral tablet</i>	Tier 1	MO; GC; QL (168 EA per 28 Days)
<i>moderiba dose pack oral tablets,dose pack 200 mg (7)- 400 mg (7)</i>	Tier 1	MO; GC; QL (56 EA per 28 days)
<i>moderiba dose pack oral tablets,dose pack 400 mg (7)- 400 mg (7)</i>	Tier 1	MO; GC; QL (112 EA per 28 Days)
<i>moderiba dose pack oral tablets,dose pack 600 mg (7)- 400 mg (7)</i>	Tier 1	MO; GC; QL (112 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>moderiba dose pack oral tablets,dose pack 600 mg (7)- 600 mg (7)</i>	Tier 1	MO; GC; QL (56 EA per 28 Days)
Olysio oral capsule	Tier 5	PA; MO; QL (30 EA per 30 days)
Pegasys subcutaneous solution	Tier 5	PA; MO; QL (4 ML per 28 Days)
Pegasys subcutaneous syringe	Tier 5	PA; MO; QL (2 ML per 28 Days)
Pegasys ProClick subcutaneous pen injector 135 mcg/0.5 mL	Tier 5	PA; MO; QL (4 ML per 28 Days)
PegIntron subcutaneous kit 120 mcg/0.5 mL, 150 mcg/0.5 mL, 80 mcg/0.5 mL	Tier 5	PA; MO
PegIntron subcutaneous kit 50 mcg/0.5 mL	Tier 5	PA; MO; QL (2 EA per 30 days)
PegIntron Redipen subcutaneous pen injector kit	Tier 5	PA; MO
<i>ribapak dose pack oral tablets,dose pack 200 mg (28)- 400 mg (28)</i>	Tier 1	MO; GC; QL (56 EA per 28 days)
<i>ribapak dose pack oral tablets,dose pack 400-400 mg (28)-mg (28)</i>	Tier 1	MO; GC
<i>ribapak dose pack oral tablets,dose pack 600-400 mg (28)-mg (28)</i>	Tier 1	MO; GC; QL (112 EA per 28 days)
<i>ribapak dose pack oral tablets,dose pack 600-600 mg (28)-mg (28)</i>	Tier 1	MO; GC; QL (56 EA per 28 days)
<i>ribasphere oral capsule</i>	Tier 1	MO; GC; QL (168 EA per 28 days)
<i>ribasphere oral tablet 200 mg</i>	Tier 1	MO; GC; QL (168 EA per 28 days)
<i>ribasphere oral tablet 400 mg</i>	Tier 1	MO; GC; QL (112 EA per 28 days)
<i>ribasphere oral tablet 600 mg</i>	Tier 1	MO; GC
<i>ribavirin oral capsule</i>	Tier 1	MO; GC; QL (168 EA per 28 days)
<i>ribavirin oral tablet 200 mg</i>	Tier 1	MO; GC; QL (168 EA per 28 days)
Sovaldi oral tablet	Tier 5	PA; MO; QL (30 EA per 30 days)
Tyzeka oral tablet	Tier 5	MO; QL (30 EA per 30 days)
Victrelis oral capsule	Tier 5	PA; MO; QL (360 EA per 30 days)
VIREAD ORAL POWDER	Tier 3	MO
VIREAD ORAL TABLET	Tier 3	MO
Antitherpetic Agents		
<i>acyclovir oral capsule</i>	Tier 1	MO; GC
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	MO; GC
<i>acyclovir oral tablet</i>	Tier 1	MO; GC
<i>acyclovir topical ointment</i>	Tier 2	MO
<i>acyclovir sodium intravenous solution</i>	Tier 1	MO; GC; HI

Drug Name	Drug Tier	Requirements/Limits
DENAVIR TOPICAL CREAM	Tier 4	MO
<i>famciclovir oral tablet</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>trifluridine ophthalmic drops</i>	Tier 1	MO; GC
<i>valacyclovir oral tablet 1 gram</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors		
ATRIPLA oral tablet	Tier 5	MO
Edurant oral tablet	Tier 5	MO
Intelence oral tablet 100 mg	Tier 5	MO; QL (120 EA per 30 days)
Intelence oral tablet 200 mg	Tier 5	MO; QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	Tier 3	MO
NEVIRAPINE ORAL SUSPENSION	Tier 3	MO
<i>nevirapine oral tablet</i>	Tier 2	MO
<i>nevirapine oral tablet extended release 24 hr</i>	Tier 2	MO
RESCRIPTOR ORAL TABLET	Tier 3	MO
RESCRIPTOR ORAL TABLET, DISPERSIBLE	Tier 3	MO
Stribild oral tablet	Tier 5	MO
SUSTIVA ORAL CAPSULE	Tier 3	MO
SUSTIVA ORAL TABLET	Tier 3	MO
VIRAMUNE ORAL SUSPENSION	Tier 3	MO
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors		
<i>abacavir oral tablet</i>	Tier 2	MO
abacavir-lamivudine-zidovudine oral tablet	Tier 5	MO
Complera oral tablet	Tier 5	MO; QL (30 EA per 30 Days)
<i>didanosine oral capsule, delayed release(dr/ec)</i>	Tier 1	MO; GC
EMTRIVA ORAL CAPSULE	Tier 3	MO
EMTRIVA ORAL SOLUTION	Tier 3	MO
EPIVIR ORAL SOLUTION	Tier 3	MO
Epzicom oral tablet	Tier 5	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 2	MO
lamivudine-zidovudine oral tablet	Tier 5	MO
RETROVIR INTRAVENOUS SOLUTION	Tier 4	MO; HI
<i>stavudine oral capsule</i>	Tier 1	MO; GC
<i>stavudine oral recon soln</i>	Tier 1	MO; GC
Trizivir oral tablet	Tier 5	MO
Truvada oral tablet	Tier 5	MO

Drug Name	Drug Tier	Requirements/Limits
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN	Tier 3	MO
ZIAGEN ORAL SOLUTION	Tier 4	MO
<i>zidovudine oral capsule</i>	Tier 1	MO; GC
<i>zidovudine oral syrup</i>	Tier 1	MO; GC
<i>zidovudine oral tablet</i>	Tier 1	MO; GC
Anti-Hiv Agents, Other		
Fuzeon subcutaneous recon soln	Tier 5	MO; QL (60 EA per 30 days)
ISENTRESS ORAL POWDER IN PACKET	Tier 3	MO
Isentress oral tablet	Tier 5	MO; QL (120 EA per 30 Days)
ISENTRESS ORAL TABLET,CHEWABLE	Tier 3	MO
Selzentry oral tablet	Tier 5	MO; QL (120 EA per 30 days)
Tivicay oral tablet	Tier 5	MO
Anti-Hiv Agents, Protease Inhibitors		
Aptivus oral capsule	Tier 5	MO
APTIVUS ORAL SOLUTION	Tier 4	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier 3	MO
INVIRASE ORAL CAPSULE	Tier 3	MO
INVIRASE ORAL TABLET	Tier 3	MO
KALETRA ORAL SOLUTION	Tier 3	MO
KALETRA ORAL TABLET	Tier 3	MO
LEXIVA ORAL SUSPENSION	Tier 3	MO
Lexiva oral tablet	Tier 5	MO
NORVIR ORAL CAPSULE	Tier 3	MO
NORVIR ORAL SOLUTION	Tier 3	MO
NORVIR ORAL TABLET	Tier 3	MO
Prezista oral suspension	Tier 5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	Tier 3	MO
Prezista oral tablet 600 mg, 800 mg	Tier 5	MO
REYATAZ ORAL CAPSULE 100 MG, 150 MG	Tier 3	MO
Reyataz oral capsule 200 mg, 300 mg	Tier 5	MO
Viracept oral tablet	Tier 5	MO
Anti-Influenza Agents		
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	Tier 4	MO; QL (120 EA per 365 days)
<i>rimantadine oral tablet</i>	Tier 1	MO; GC
TAMIFLU ORAL CAPSULE 30 MG	Tier 3	MO; QL (168 EA per 365 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	Tier 3	MO; QL (84 EA per 365 days)

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	Tier 3	MO; QL (1080 ML per 365 days)
Anxiolytics		
Anxiolytics, Other		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	Tier 2	PA; MO
<i>alprazolam oral tablet 1 mg</i>	Tier 2	PA; MO; QL (90 EA per 30 days)
<i>bupirone oral tablet</i>	Tier 1	MO; GC
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	Tier 2	MO; QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	Tier 2	MO; QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	Tier 2	MO; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	Tier 2	MO; QL (90 EA per 90 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>diazepam oral solution 5 mg/5 ml</i>	Tier 2	MO; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	Tier 2	MO; QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg</i>	Tier 2	MO; QL (10 EA per 30 days)
<i>diazepam rectal kit 2.5 mg, 5-7.5-10 mg</i>	Tier 2	MO; QL (10 EA per 10 days)
<i>diazepam intensol oral concentrate</i>	Tier 2	MO; QL (240 ML per 30 days)
Ssris/ Snris		
<i>sertraline oral tablet 100 mg</i>	Tier 1	MO; GC
<i>venlafaxine oral capsule, extended release 24hr</i>	Tier 1	MO; GC
Bipolar Agents		
Bipolar Agents, Other		
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET	Tier 4	PA; MO; QL (60 EA per 30 days)
Mood Stabilizers		
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	Tier 2	MO
<i>lithium carbonate oral capsule</i>	Tier 1	MO; GC
<i>lithium carbonate oral tablet</i>	Tier 1	MO; GC
<i>lithium carbonate oral tablet extended release</i>	Tier 1	MO; GC
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	MO; GC
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet</i>	Tier 1	MO; GC
BYDUREON SUBCUTANEOUS PEN INJECTOR	Tier 3	PA; MO; QL (2.6 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON	Tier 3	PA; MO; QL (2.6 EA per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	Tier 3	PA; MO; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 3	PA; MO; QL (1.2 ML per 30 days)
<i>chlorpropamide oral tablet</i>	Tier 1	PA; MO; GC
CYCLOSET ORAL TABLET	Tier 4	PA; MO
<i>glimepiride oral tablet</i>	Tier 1	MO; GC
<i>glipizide oral tablet</i>	Tier 1	MO; GC
<i>glipizide oral tablet extended release 24hr</i>	Tier 1	MO; GC
<i>glipizide-metformin oral tablet</i>	Tier 1	MO; GC
<i>glyburide oral tablet</i>	Tier 1	PA; MO; GC
<i>glyburide micronized oral tablet</i>	Tier 1	PA; MO; GC
<i>glyburide-metformin oral tablet</i>	Tier 1	PA; MO; GC
GLYSET ORAL TABLET	Tier 4	MO
JANUMET ORAL TABLET	Tier 3	PA; MO; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	Tier 3	PA; MO; QL (30 EA per 30 days)
JANUVIA ORAL TABLET	Tier 3	PA; MO; QL (30 EA per 30 days)
<i>metformin oral tablet</i>	Tier 1	MO; GC
<i>metformin oral tablet extended release 24 hr</i>	Tier 1	MO; GC
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	Tier 1	MO; GC
<i>metformin oral tablet extended release 24hr 500 mg</i>	Tier 1	MO; GC
<i>nateglinide oral tablet</i>	Tier 1	MO; GC
<i>pioglitazone oral tablet</i>	Tier 2	MO
<i>pioglitazone-glimepiride oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet</i>	Tier 2	MO; QL (90 EA per 30 days)
PRANDIMET ORAL TABLET	Tier 4	MO
<i>repaglinide oral tablet</i>	Tier 2	MO
RIOMET ORAL SOLUTION	Tier 4	MO
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	Tier 4	MO; QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	Tier 4	MO; QL (6 ML per 30 days)
<i>tolazamide oral tablet</i>	Tier 1	MO; GC
<i>tolbutamide oral tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	Tier 4	PA; MO; QL (9 ML per 30 days)
WELCHOL ORAL POWDER IN PACKET	Tier 4	MO
WELCHOL ORAL TABLET	Tier 4	MO
Glycemic Agents		
GLUCAGEN HYPOKIT INJECTION RECON SOLN	Tier 3	MO
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT	Tier 3	MO
PROGLYCEM ORAL SUSPENSION	Tier 3	MO
Insulins		
GAUZE BANDAGE TOPICAL BANDAGE 2 X 2.5 "-YARD	Tier 3	MO
HUBER SAFETY NEEDLES (DISP.) NEEDLE	Tier 3	MO
HUMALOG SUBCUTANEOUS SOLUTION	Tier 3	MO; QL (240 ML per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN	Tier 3	MO; QL (240 ML per 30 days)
HUMALOG MIX 50-50 SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	Tier 3	MO
HUMALOG MIX 75-25 SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	Tier 3	MO
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS INSULIN PEN	Tier 3	MO
HUMULIN 70/30 PEN SUBCUTANEOUS INSULIN PEN	Tier 3	MO
HUMULIN N SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMULIN N KWIKPEN SUBCUTANEOUS INSULIN PEN	Tier 3	MO
HUMULIN N PEN SUBCUTANEOUS INSULIN PEN	Tier 3	MO
HUMULIN R INJECTION SOLUTION	Tier 3	MO
HUMULIN R U-500 "CONCENTRATED" SUBCUTANEOUS SOLUTION	Tier 3	MO
INSULIN PEN NEEDLE NEEDLE 31	Tier 3	MO
INSULIN SYRINGE SYRINGE 0.3 ML 29 X 1"	Tier 3	MO

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE NEEDLELESS SYRINGE	Tier 3	MO
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 30 X 1/2"	Tier 3	MO
LANTUS SUBCUTANEOUS SOLUTION	Tier 3	MO
LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN	Tier 3	MO
LEVEMIR SUBCUTANEOUS SOLUTION	Tier 3	MO
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN	Tier 3	MO
LEVEMIR FLEXTOUCH SUBCUTANEOUS INSULIN PEN	Tier 3	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	Tier 3	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION	Tier 3	MO
NOVOLIN R INJECTION SOLUTION	Tier 3	MO
NOVOLOG SUBCUTANEOUS SOLUTION	Tier 3	MO
NOVOLOG FLEXPEN SUBCUTANEOUS INSULIN PEN	Tier 3	MO
NOVOLOG MIX 70-30 SUBCUTANEOUS SOLUTION	Tier 3	MO
NOVOLOG MIX 70-30 FLEXPEN SUBCUTANEOUS INSULIN PEN	Tier 3	MO
Blood Products/ Modifiers/ Volume Expanders		
Anticoagulants		
COUMADIN INTRAVENOUS RECON SOLN	Tier 4	MO; HI
COUMADIN ORAL TABLET	Tier 4	MO
ELIQUIS ORAL TABLET	Tier 4	MO
<i>enoxaparin subcutaneous solution</i>	Tier 2	MO
<i>enoxaparin subcutaneous syringe 100 mg/mL, 120 mg/0.8 mL, 150 mg/mL</i>	Tier 5	MO
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	Tier 2	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 mL, 5 mg/0.4 mL, 7.5 mg/0.6 mL</i>	Tier 5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	Tier 2	MO
<i>heparin (porcine) injection solution 1,000 unit/ml</i>	Tier 1	MO; GC; HI
<i>heparin (porcine) injection solution 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	MO; GC
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	Tier 1	MO; GC; HI

Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	Tier 1	MO; GC; HI
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	Tier 1	MO; GC; HI
<i>jantoven oral tablet</i>	Tier 1	MO; GC
PRADAXA ORAL CAPSULE	Tier 3	MO
<i>warfarin oral tablet</i>	Tier 1	MO; GC
XARELTO ORAL TABLET	Tier 3	MO
XARELTO ORAL TABLETS,DOSE PACK	Tier 3	MO
Blood Formation Modifiers		
<i>anagrelide oral capsule</i>	Tier 1	MO; GC
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 3	PA B/D; MO
Aranesp (in polysorbate) injection solution 200 mcg/mL, 300 mcg/mL	Tier 5	PA B/D; MO
Aranesp (in polysorbate) injection syringe 100 mcg/0.5 mL, 150 mcg/0.3 mL, 200 mcg/0.4 mL, 300 mcg/0.6 mL, 500 mcg/mL	Tier 5	PA B/D; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 25 MCG/0.42 ML, 40 MCG/0.4 ML	Tier 3	PA B/D; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 60 MCG/0.3 ML	Tier 4	PA B/D; MO
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 3	PA B/D; MO
Leukine injection recon soln	Tier 5	MO; HI
Mozobil subcutaneous solution	Tier 5	MO; QL (8 ML per 30 days)
Neulasta subcutaneous syringe	Tier 5	MO
Neumega subcutaneous recon soln	Tier 5	MO
Neupogen injection solution 480 mcg/1.6 mL	Tier 5	MO
Neupogen injection syringe	Tier 5	MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 3	PA B/D; MO
Procrit injection solution 20,000 unit/mL, 40,000 unit/mL	Tier 5	PA B/D; MO
Promacta oral tablet 12.5 mg	Tier 5	PA; LA; QL (30 EA per 30 Days)
Promacta oral tablet 25 mg, 50 mg, 75 mg	Tier 5	PA; LA; QL (30 EA per 30 days)
Coagulants		
<i>aminocaproic acid oral solution</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>aminocaproic acid oral tablet 500 mg</i>	Tier 1	MO; GC
<i>tranexamic acid intravenous solution</i>	Tier 1	MO; GC; HI
Platelet Modifying Agents		
AGGRENOX ORAL CAPSULE, ER MULTIPHASE 12 HR	Tier 4	MO
<i>cilostazol oral tablet</i>	Tier 1	MO; GC
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	MO; GC
<i>dipyridamole oral tablet</i>	Tier 1	PA; MO; GC
<i>ticlopidine oral tablet</i>	Tier 1	PA; MO; GC
Blood Products/Modifiers/Volume Expanders		
Coagulants		
<i>tranexamic acid oral tablet</i>	Tier 1	MO; GC
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet</i>	Tier 1	MO; GC
<i>clorpres oral tablet</i>	Tier 1	MO; GC
<i>guanfacine oral tablet</i>	Tier 1	PA; MO; GC
<i>methyldopa oral tablet</i>	Tier 1	PA; MO; GC
<i>methyldopa-hydrochlorothiazide oral tablet</i>	Tier 1	PA; MO; GC
<i>methyldopate intravenous solution</i>	Tier 1	PA; MO; GC; HI
<i>midodrine oral tablet</i>	Tier 1	MO; GC
Alpha-Adrenergic Blocking Agents		
DIBENZYLINE ORAL CAPSULE	Tier 4	MO
<i>doxazosin oral tablet</i>	Tier 1	MO; GC
<i>prazosin oral capsule</i>	Tier 1	MO; GC
<i>terazosin oral capsule</i>	Tier 1	MO; GC
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet</i>	Tier 2	MO; QL (30 EA per 30 Days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>eprosartan oral tablet</i>	Tier 1	MO; GC
<i>irbesartan oral tablet</i>	Tier 1	MO; GC
<i>irbesartan-hydrochlorothiazide oral tablet</i>	Tier 1	MO; GC
<i>losartan oral tablet 100 mg, 25 mg</i>	Tier 1	MO; GC; QL (30 EA per 30 days)
<i>losartan oral tablet 50 mg</i>	Tier 1	MO; GC; QL (60 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet</i>	Tier 1	MO; GC; QL (30 EA per 30 days)
<i>telmisartan oral tablet</i>	Tier 2	MO; QL (30 EA per 30 Days)

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-amlodipine oral tablet</i>	Tier 2	MO; QL (30 EA per 30 Days)
<i>telmisartan-hydrochlorothiazid oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>valsartan oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet</i> 160-12.5 mg, 160-25 mg, 80-12.5 mg	Tier 2	MO; QL (60 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet</i> 320-12.5 mg, 320-25 mg	Tier 2	MO; QL (30 EA per 30 days)
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril oral tablet</i>	Tier 1	MO; GC
<i>benazepril-hydrochlorothiazide oral tablet</i>	Tier 1	MO; GC
<i>captopril oral tablet</i>	Tier 1	MO; GC
<i>captopril-hydrochlorothiazide oral tablet</i>	Tier 1	MO; GC
<i>enalapril maleate oral tablet</i>	Tier 1	MO; GC
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier 1	MO; GC
<i>fosinopril oral tablet</i>	Tier 1	MO; GC
<i>fosinopril-hydrochlorothiazide oral tablet</i>	Tier 1	MO; GC
<i>lisinopril oral tablet</i>	Tier 1	MO; GC
<i>lisinopril-hydrochlorothiazide oral tablet</i>	Tier 1	MO; GC
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	MO; GC
<i>moexipril-hydrochlorothiazide oral tablet</i>	Tier 1	MO; GC
<i>perindopril erbumine oral tablet</i>	Tier 1	MO; GC
<i>quinapril oral tablet</i>	Tier 1	MO; GC
<i>quinapril-hydrochlorothiazide oral tablet</i>	Tier 1	MO; GC
<i>ramipril oral capsule</i>	Tier 1	MO; GC
TARKA ORAL TABLET, ER MULTIPHASE 24 HR	Tier 4	MO
<i>trandolapril oral tablet</i>	Tier 1	MO; GC
Antiarrhythmics		
<i>amiodarone intravenous solution</i>	Tier 1	MO; GC; HI
<i>amiodarone oral tablet 100 mg</i>	Tier 1	MO; GC
<i>amiodarone oral tablet 200 mg, 400 mg</i>	Tier 1	MO; GC
<i>disopyramide phosphate oral capsule</i>	Tier 1	PA; MO; GC
<i>flecainide oral tablet</i>	Tier 1	MO; GC
<i>mexiletine oral capsule</i>	Tier 1	MO; GC
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	MO; GC
<i>procainamide injection solution</i>	Tier 1	MO; GC; HI
<i>propafenone oral capsule, extended release 12 hr</i>	Tier 1	MO; GC
<i>propafenone oral tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>quinidine gluconate injection solution</i>	Tier 1	MO; GC; HI
<i>quinidine gluconate oral tablet extended release</i>	Tier 1	MO; GC
<i>quinidine sulfate oral tablet</i>	Tier 1	MO; GC
<i>quinidine sulfate oral tablet extended release</i>	Tier 1	MO; GC
<i>sotalol intravenous solution</i>	Tier 1	MO; GC; HI
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	Tier 1	MO; GC
<i>sotalol af oral tablet 120 mg</i>	Tier 1	MO; GC
TIKOSYN ORAL CAPSULE 125 MCG	Tier 4	MO; QL (240 EA per 30 days)
TIKOSYN ORAL CAPSULE 250 MCG	Tier 4	MO; QL (120 EA per 30 days)
TIKOSYN ORAL CAPSULE 500 MCG	Tier 4	MO; QL (60 EA per 30 days)
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule</i>	Tier 1	MO; GC
<i>atenolol oral tablet</i>	Tier 1	MO; GC
<i>atenolol-chlorthalidone oral tablet</i>	Tier 1	MO; GC
<i>betaxolol oral tablet</i>	Tier 1	MO; GC
<i>bisoprolol fumarate oral tablet</i>	Tier 1	MO; GC
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	Tier 1	MO; GC
BYSTOLIC ORAL TABLET 10 MG, 20 MG	Tier 4	MO; QL (60 EA per 30 days)
BYSTOLIC ORAL TABLET 2.5 MG, 5 MG	Tier 4	MO
<i>carvedilol oral tablet</i>	Tier 1	MO; GC
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 40 MG	Tier 4	MO
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 20 MG, 80 MG	Tier 4	MO; QL (30 EA per 30 days)
<i>labetalol intravenous solution</i>	Tier 1	MO; GC; HI
<i>labetalol oral tablet</i>	Tier 1	MO; GC
<i>metoprolol succinate oral tablet extended release 24 hr</i>	Tier 1	MO; GC
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	Tier 1	MO; GC
<i>metoprolol tartrate intravenous solution</i>	Tier 1	MO; GC; HI
<i>metoprolol tartrate oral tablet</i>	Tier 1	MO; GC
<i>nadolol oral tablet</i>	Tier 1	MO; GC
<i>nadolol-bendroflumethiazide oral tablet</i>	Tier 1	MO; GC
<i>pindolol oral tablet</i>	Tier 1	MO; GC
<i>propranolol intravenous solution</i>	Tier 1	MO; GC; HI
<i>propranolol oral capsule, extended release 24 hr</i>	Tier 1	MO; GC
<i>propranolol oral solution</i>	Tier 1	MO; GC
<i>propranolol oral tablet</i>	Tier 1	MO; GC
<i>propranolol-hydrochlorothiazid oral tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
Calcium Channel Blocking Agents		
<i>amlodipine oral tablet</i>	Tier 1	MO; GC
<i>amlodipine-benazepril oral capsule</i>	Tier 2	MO
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	Tier 4	MO
<i>cartia xt oral capsule, extended release 24hr</i>	Tier 1	MO; GC
<i>dilt-cd oral capsule, extended release 24hr 300 mg</i>	Tier 1	MO; GC
<i>dilt-xr oral capsule, ext release degradable</i>	Tier 1	MO; GC
<i>diltiazem hcl intravenous recon soln</i>	Tier 1	MO; GC; HI
<i>diltiazem hcl intravenous solution</i>	Tier 1	MO; GC; HI
<i>diltiazem hcl oral capsule, extended release 120 mg, 240 mg, 300 mg</i>	Tier 1	MO; GC
<i>diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg</i>	Tier 1	MO; GC
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	Tier 1	MO; GC
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i>	Tier 1	MO; GC
<i>diltiazem hcl oral tablet</i>	Tier 1	MO; GC
<i>diltiazem hcl oral tablet extended release 24 hr</i>	Tier 1	MO; GC
<i>diltzac er oral capsule, extended release</i>	Tier 1	MO; GC
<i>felodipine oral tablet extended release 24 hr</i>	Tier 1	MO; GC
<i>isradipine oral capsule</i>	Tier 2	MO
<i>matzim la oral tablet extended release 24 hr</i>	Tier 1	MO; GC
<i>nicardipine intravenous solution</i>	Tier 1	MO; GC; HI
<i>nicardipine oral capsule</i>	Tier 1	MO; GC
<i>nifedical xl oral tablet extended release 24hr</i>	Tier 1	MO; GC
<i>nifedipine oral capsule</i>	Tier 1	PA; MO; GC
<i>nifedipine oral tablet extended release 24hr</i>	Tier 1	MO; GC
<i>nimodipine oral capsule</i>	Tier 1	MO; GC
<i>nisoldipine oral tablet extended release 24 hr</i>	Tier 2	MO
<i>taztia xt oral capsule, extended release</i>	Tier 1	MO; GC
<i>verapamil intravenous solution</i>	Tier 1	MO; GC; HI
<i>verapamil oral capsule, 24 hr er pellet ct</i>	Tier 1	MO; GC
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	MO; GC
<i>verapamil oral tablet</i>	Tier 1	MO; GC
<i>verapamil oral tablet extended release</i>	Tier 1	MO; GC
Cardiovascular Agents, Other		
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg</i>	Tier 2	MO; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
DEMSER ORAL CAPSULE	Tier 4	MO
<i>digox oral tablet 125 mcg</i>	Tier 1	MO; GC
<i>digox oral tablet 250 mcg</i>	Tier 1	PA; MO; GC
<i>digoxin injection solution</i>	Tier 1	PA; MO; GC; HI
<i>digoxin oral solution 50 mcg/ml</i>	Tier 1	PA; MO; GC
<i>digoxin oral tablet 125 mcg</i>	Tier 1	MO; GC
<i>digoxin oral tablet 250 mcg</i>	Tier 1	PA; MO; GC
Firazyr subcutaneous syringe	Tier 5	PA; MO; QL (9 ML per 30 days)
LANOXIN ORAL TABLET 125 MCG	Tier 4	MO
LANOXIN ORAL TABLET 250 MCG	Tier 4	PA; MO
<i>pentoxifylline oral tablet extended release</i>	Tier 1	MO; GC
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	Tier 4	MO
<i>reserpine oral tablet</i>	Tier 1	PA; MO; GC
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release</i>	Tier 1	MO; GC
<i>acetazolamide oral tablet</i>	Tier 1	MO; GC
<i>acetazolamide sodium injection recon soln</i>	Tier 1	MO; GC; HI
<i>methazolamide oral tablet</i>	Tier 1	MO; GC
Diuretics, Loop		
<i>bumetanide injection solution</i>	Tier 1	MO; GC; HI
<i>bumetanide oral tablet</i>	Tier 1	MO; GC
<i>furosemide injection solution</i>	Tier 1	MO; GC; HI
<i>furosemide injection syringe</i>	Tier 1	MO; GC; HI
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml</i>	Tier 1	MO; GC
<i>furosemide oral tablet</i>	Tier 1	MO; GC
<i>torseamide intravenous solution 20 mg/2 ml (10 mg/ml)</i>	Tier 1	MO; GC; HI
<i>torseamide oral tablet</i>	Tier 1	MO; GC
Diuretics, Potassium-Sparing		
ALDACTAZIDE ORAL TABLET 50-50 MG	Tier 4	MO
<i>amiloride oral tablet</i>	Tier 1	MO; GC
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier 1	MO; GC
DYRENIUM ORAL CAPSULE	Tier 4	MO
<i>eplerenone oral tablet</i>	Tier 1	MO; GC
<i>spironolacton-hydrochlorothiaz oral tablet</i>	Tier 1	MO; GC
<i>spironolactone oral tablet</i>	Tier 1	MO; GC
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene-hydrochlorothiazid oral tablet</i>	Tier 1	MO; GC
Diuretics, Thiazide		
<i>chlorothiazide oral tablet</i>	Tier 1	MO; GC
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	MO; GC
<i>hydrochlorothiazide oral capsule</i>	Tier 1	MO; GC
<i>hydrochlorothiazide oral tablet</i>	Tier 1	MO; GC
<i>indapamide oral tablet</i>	Tier 1	MO; GC
<i>methyclothiazide oral tablet</i>	Tier 1	MO; GC
<i>metolazone oral tablet</i>	Tier 1	MO; GC
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate oral tablet</i>	Tier 1	MO; GC
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	Tier 1	MO; GC; QL (30 EA per 30 Days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	MO; GC
<i>fenofibrate nanocrystallized oral tablet 145 mg</i>	Tier 1	MO; GC; QL (30 EA per 30 days)
<i>fenofibrate nanocrystallized oral tablet 48 mg</i>	Tier 1	MO; GC; QL (60 EA per 30 days)
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	Tier 1	MO; GC; QL (30 EA per 30 Days)
<i>gemfibrozil oral tablet</i>	Tier 1	MO; GC
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin oral tablet</i>	Tier 1	MO; GC; QL (30 EA per 30 days)
CRESTOR ORAL TABLET	Tier 3	MO
<i>fluvastatin oral capsule</i>	Tier 1	MO; GC
<i>lovastatin oral tablet</i>	Tier 1	MO; GC; QL (60 EA per 30 days)
<i>pravastatin oral tablet</i>	Tier 1	MO; GC; QL (30 EA per 30 days)
<i>simvastatin oral tablet</i>	Tier 1	MO; GC; QL (30 EA per 30 days)
Dyslipidemics, Other		
<i>cholestyramine light oral powder in packet</i>	Tier 1	MO; GC
<i>colestipol oral granules</i>	Tier 1	MO; GC
<i>colestipol oral tablet</i>	Tier 1	MO; GC
JUVISYNC ORAL TABLET	Tier 3	PA; MO; QL (30 EA per 30 days)
LOVAZA ORAL CAPSULE	Tier 4	MO; QL (120 EA per 30 days)
<i>niacin oral tablet extended release 24 hr</i>	Tier 2	MO
<i>omega-3 acid ethyl esters oral capsule</i>	Tier 2	MO; QL (120 EA per 30 days)
<i>prevalite oral powder</i>	Tier 1	MO; GC
ZETIA ORAL TABLET	Tier 4	MO; QL (30 EA per 30 days)
Vasodilators, Direct-Acting Arterial		
<i>hydralazine injection solution</i>	Tier 1	MO; GC; HI

Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine oral tablet</i>	Tier 1	MO; GC
<i>minoxidil oral tablet</i>	Tier 1	MO; GC
Vasodilators, Direct-Acting Arterial/ Venous		
<i>isosorbide dinitrate oral tablet</i>	Tier 1	MO; GC
<i>isosorbide dinitrate oral tablet extended release</i>	Tier 1	MO; GC
<i>isosorbide dinitrate sublingual tablet 2.5 mg</i>	Tier 1	MO; GC
<i>isosorbide mononitrate oral tablet</i>	Tier 1	MO; GC
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	Tier 1	MO; GC
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr</i>	Tier 1	MO; GC
<i>minitran transdermal patch 24 hour 0.6 mg/hr</i>	Tier 1	MO; GC; QL (30 EA per 30 days)
NITRO-BID TRANSDERMAL OINTMENT	Tier 4	MO
<i>nitroglycerin intravenous solution</i>	Tier 1	MO; GC; HI
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr</i>	Tier 1	MO; GC
<i>nitroglycerin transdermal patch 24 hour 0.6 mg/hr</i>	Tier 1	MO; GC; QL (30 EA per 30 days)
NITROGLYCERIN TRANSLINGUAL AEROSOL,SPRAY	Tier 4	MO
NITROMIST TRANSLINGUAL AEROSOL,SPRAY	Tier 4	MO
NITROSTAT SUBLINGUAL TABLET	Tier 4	MO
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine salt combo oral tablet</i>	Tier 1	MO; GC; QL (60 EA per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	Tier 1	MO; GC; QL (180 EA per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	Tier 1	MO; GC; QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>methamphetamine oral tablet</i>	Tier 1	MO; GC; QL (150 EA per 30 days)
VYVANSE ORAL CAPSULE	Tier 3	MO; QL (30 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	Tier 2	MO; QL (30 EA per 30 Days)
<i>dexmethylphenidate oral tablet 10 mg</i>	Tier 1	MO; GC; QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>	Tier 1	MO; GC; QL (90 EA per 30 days)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 25 MG, 35 MG, 5 MG	Tier 4	MO; QL (30 EA per 30 days)
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 3 MG, 4 MG	Tier 4	PA; MO; QL (30 EA per 30 days)
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 2 MG	Tier 4	PA; MO
METADATE ER ORAL TABLET EXTENDED RELEASE	Tier 4	MO; QL (90 EA per 30 days)
<i>methylin oral solution</i>	Tier 1	MO; GC; QL (900 ML per 30 Days)
<i>methylin oral tablet,chewable 10 mg</i>	Tier 1	MO; GC; QL (180 EA per 30 days)
<i>methylin oral tablet,chewable 2.5 mg, 5 mg</i>	Tier 1	MO; GC; QL (60 EA per 30 days)
<i>methylphenidate oral capsule, er biphasic 30-70 10 mg, 50 mg, 60 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>methylphenidate oral capsule, er biphasic 30-70 20 mg, 30 mg, 40 mg</i>	Tier 2	MO; QL (30 EA per 30 Days)
<i>methylphenidate oral capsule,er biphasic 50-50</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>methylphenidate oral solution</i>	Tier 1	MO; GC; QL (900 ML per 30 days)
<i>methylphenidate oral tablet 10 mg, 5 mg</i>	Tier 1	MO; GC; QL (60 EA per 30 days)
<i>methylphenidate oral tablet 20 mg</i>	Tier 1	MO; GC; QL (90 EA per 30 days)
<i>methylphenidate oral tablet extended release 20 mg</i>	Tier 1	MO; GC; QL (90 EA per 30 days)
<i>methylphenidate oral tablet extended release 24hr 18 mg</i>	Tier 2	MO
<i>methylphenidate oral tablet extended release 24hr 27 mg, 36 mg, 54 mg</i>	Tier 2	MO
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG	Tier 4	MO; QL (180 EA per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	Tier 4	MO; QL (60 EA per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	Tier 4	MO; QL (30 EA per 30 days)
Central Nervous System, Other		
NUEDEXTA ORAL CAPSULE	Tier 4	MO
<i>riluzole oral tablet</i>	Tier 2	MO
Xenazine oral tablet	Tier 5	PA; LA; QL (60 EA per 30 days)
Fibromyalgia Agents		
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Tier 4	PA; MO; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	Tier 2	PA; MO; QL (60 EA per 30 Days)
LYRICA ORAL CAPSULE 100 MG	Tier 4	PA; MO
Multiple Sclerosis Agents		
Ampyra oral tablet extended release 12 hr	Tier 5	PA; MO; QL (60 EA per 30 days)
Avonex intramuscular kit	Tier 5	MO
Avonex intramuscular syringe kit	Tier 5	MO
Copaxone subcutaneous syringe kit	Tier 5	MO; QL (30 EA per 30 days)
Extavia subcutaneous kit	Tier 5	PA; MO; QL (15 EA per 30 days)
Rebif (with albumin) subcutaneous syringe	Tier 5	MO; QL (12 ML per 30 days)
Rebif Titration Pack subcutaneous syringe	Tier 5	MO; QL (8.4 ML per 30 days)
Tysabri intravenous solution	Tier 5	PA; HI; LA
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline oral capsule</i>	Tier 2	MO
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	Tier 1	MO; GC
KEPIVANCE INTRAVENOUS RECON SOLN	Tier 4	MO; HI
<i>paroex oral rinse mucous membrane mouthwash</i>	Tier 1	MO; GC
<i>periogard mucous membrane mouthwash</i>	Tier 1	MO; GC
<i>pilocarpine hcl oral tablet</i>	Tier 1	MO; GC
<i>triamcinolone acetonide dental paste</i>	Tier 1	MO; GC
Dermatological Agents		
Dermatological Agents		
8-MOP ORAL CAPSULE	Tier 3	MO
ACANYA TOPICAL GEL	Tier 4	MO
acitretin oral capsule	Tier 5	MO
<i>adapalene topical cream</i>	Tier 1	MO; GC
<i>adapalene topical gel 0.1 %</i>	Tier 1	MO; GC
<i>adapalene topical gel 0.3 %</i>	Tier 2	MO
<i>ammonium lactate topical cream</i>	Tier 1	MO; GC
<i>ammonium lactate topical lotion</i>	Tier 1	MO; GC
<i>amneestem oral capsule</i>	Tier 1	MO; GC
AZELEX TOPICAL CREAM	Tier 3	MO
<i>betamethasone dipropionate topical lotion</i>	Tier 1	MO; GC
<i>calcipotriene topical cream</i>	Tier 2	MO; QL (120 GM per 30 days)
<i>calcipotriene topical ointment</i>	Tier 1	MO; GC; QL (120 GM per 30 days)
<i>calcipotriene topical solution</i>	Tier 1	MO; GC; QL (60 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene-betamethasone topical ointment</i>	Tier 2	MO
CALCITRENE TOPICAL OINTMENT	Tier 4	MO; QL (120 GM per 30 Days)
<i>calcitriol topical ointment</i>	Tier 2	MO
CARAC TOPICAL CREAM	Tier 3	MO
<i>claravis oral capsule</i>	Tier 1	MO; GC
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	Tier 1	MO; GC
<i>clotrimazole-betamethasone topical cream</i>	Tier 1	MO; GC
<i>clotrimazole-betamethasone topical lotion</i>	Tier 1	MO; GC
CONDYLOX TOPICAL GEL	Tier 4	MO
CORTISPORIN TOPICAL OINTMENT	Tier 4	MO
<i>diclofenac sodium topical gel</i>	Tier 2	MO
DIFFERIN TOPICAL GEL 0.3 %	Tier 3	MO
DIFFERIN TOPICAL LOTION	Tier 3	MO
ELIDEL TOPICAL CREAM	Tier 4	MO
EPIDUO TOPICAL GEL WITH PUMP	Tier 4	MO
<i>erythromycin-benzoyl peroxide topical gel</i>	Tier 1	MO; GC
FINACEA TOPICAL GEL	Tier 4	MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml</i>	Tier 1	PA B/D; MO; GC; HI
<i>fluorouracil topical cream 5 %</i>	Tier 1	MO; GC
<i>fluorouracil topical solution</i>	Tier 1	MO; GC
<i>imiquimod topical cream in packet</i>	Tier 1	MO; GC; QL (12 EA per 30 days)
<i>methoxsalen rapid oral capsule</i>	Tier 2	MO
<i>myorisan oral capsule</i>	Tier 1	MO; GC
<i>neuac topical gel</i>	Tier 1	MO; GC
<i>nystatin-triamcinolone topical cream</i>	Tier 1	MO; GC
<i>nystatin-triamcinolone topical ointment</i>	Tier 1	MO; GC
OXSORALEN TOPICAL LOTION	Tier 3	MO
OXSORALEN ULTRA ORAL CAPSULE	Tier 3	MO
PHISOHEX TOPICAL LIQUID	Tier 4	MO
<i>podofilox topical solution</i>	Tier 1	MO; GC
PROTOPIC TOPICAL OINTMENT	Tier 3	MO
PRUDOXIN TOPICAL CREAM	Tier 4	MO
SANTYL TOPICAL OINTMENT	Tier 4	MO
<i>selenium sulfide topical suspension 2.5 %</i>	Tier 1	MO; GC
SOLARAZE TOPICAL GEL	Tier 4	MO
Soriatane oral capsule 10 mg, 17.5 mg, 25 mg	Tier 5	MO
Stelara subcutaneous syringe	Tier 5	PA; MO; QL (1 ML per 84 days)
TACLONEX TOPICAL OINTMENT	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
TACLONEX TOPICAL SUSPENSION	Tier 4	MO
TAZORAC TOPICAL CREAM	Tier 3	MO
TAZORAC TOPICAL GEL	Tier 3	MO
UVADEX INJECTION SOLUTION	Tier 4	MO
VECTICAL TOPICAL OINTMENT	Tier 4	MO
VEREGEN TOPICAL OINTMENT	Tier 4	MO
VOLTAREN TOPICAL GEL	Tier 4	MO
<i>water for irrigation, sterile irrigation solution</i>	Tier 1	MO; GC
<i>zenatane oral capsule</i>	Tier 1	MO; GC
ZIANA TOPICAL GEL	Tier 4	MO
ZONALON TOPICAL CREAM	Tier 4	MO
Enzyme Replacement/ Modifiers		
Enzyme Replacement/ Modifiers		
Adagen intramuscular solution	Tier 5	LA
Aldurazyme intravenous solution	Tier 5	HI; LA
BUPHENYL ORAL TABLET	Tier 3	MO
Cerezyme intravenous recon soln 200 unit	Tier 5	PA; HI; LA
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	Tier 3	MO
CYSTADANE ORAL POWDER	Tier 3	MO
CYSTAGON ORAL CAPSULE	Tier 4	MO
Elaprase intravenous solution	Tier 5	HI; LA
Elitek intravenous recon soln 1.5 mg	Tier 5	MO; HI
Fabrazyme intravenous recon soln 35 mg	Tier 5	HI; LA
fomepizole intravenous solution	Tier 5	MO; HI
Kuvan oral tablet,soluble	Tier 5	MO
Myozyme intravenous recon soln	Tier 5	HI; LA
Naglazyme intravenous solution	Tier 5	MO; HI
Orfadin oral capsule	Tier 5	MO
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC)	Tier 3	MO
PANCRELIPASE 5000 ORAL CAPSULE,DELAYED RELEASE(DR/EC)	Tier 3	MO
<i>sodium phenylbutyrate oral powder</i>	Tier 1	MO; GC
SUCRAID ORAL SOLUTION	Tier 4	MO
Vimizim intravenous solution	Tier 5	MO
VPRIV intravenous recon soln	Tier 5	PA; MO; HI
Zavesca oral capsule	Tier 5	PA; MO; QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC)	Tier 3	MO
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	Tier 1	MO; GC; HI
CANTIL ORAL TABLET	Tier 4	MO
<i>dicyclomine oral capsule</i>	Tier 1	MO; GC
<i>dicyclomine oral solution</i>	Tier 1	MO; GC
<i>dicyclomine oral tablet</i>	Tier 1	MO; GC
<i>glycopyrrolate injection solution</i>	Tier 1	MO; GC
<i>glycopyrrolate oral tablet</i>	Tier 1	MO; GC
<i>methscopolamine oral tablet</i>	Tier 1	MO; GC
<i>propantheline oral tablet</i>	Tier 1	MO; GC
Gastrointestinal Agents, Other		
<i>amoxicil-clarithromy-lansopraz oral combo pack</i>	Tier 2	MO
<i>diphenoxylate-atropine oral liquid</i>	Tier 1	MO; GC
<i>diphenoxylate-atropine oral tablet</i>	Tier 1	MO; GC
<i>generlac oral solution</i>	Tier 1	MO; GC
KRISTALOSE ORAL PACKET	Tier 3	MO
<i>loperamide oral capsule</i>	Tier 1	MO; GC
MOTOFEN ORAL TABLET	Tier 4	MO
PYLERA ORAL CAPSULE	Tier 4	MO
RELISTOR SUBCUTANEOUS KIT	Tier 4	PA; MO
<i>ursodiol oral capsule</i>	Tier 1	MO; GC
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine oral tablet</i>	Tier 1	MO; GC
<i>cimetidine hcl oral solution</i>	Tier 1	MO; GC
<i>famotidine oral suspension</i>	Tier 1	MO; GC
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	MO; GC
<i>famotidine (pf) intravenous solution</i>	Tier 1	MO; GC; HI
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback</i>	Tier 1	MO; GC; HI
<i>nizatidine oral capsule</i>	Tier 1	MO; GC
<i>nizatidine oral solution</i>	Tier 1	MO; GC
<i>ranitidine hcl injection solution 25 mg/ml</i>	Tier 1	MO; GC; HI
<i>ranitidine hcl oral capsule</i>	Tier 1	MO; GC
<i>ranitidine hcl oral syrup</i>	Tier 1	MO; GC
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Tier 1	MO; GC
Irritable Bowel Syndrome Agents		

Drug Name	Drug Tier	Requirements/Limits
AMITIZA ORAL CAPSULE	Tier 4	MO
LOTRONEX ORAL TABLET	Tier 4	MO; QL (60 EA per 30 days)
Laxatives		
<i>constulose oral solution</i>	Tier 1	MO; GC
<i>enulose oral solution</i>	Tier 1	MO; GC
<i>gavilyte-c oral recon soln</i>	Tier 1	MO; GC
<i>gavilyte-g oral recon soln</i>	Tier 1	MO; GC
<i>gavilyte-n oral recon soln</i>	Tier 1	MO; GC
GOLYTELY ORAL POWDER IN PACKET	Tier 4	MO
HALFLYTELY-BISACODYL W-FLAV PK ORAL KIT	Tier 4	MO
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	MO; GC
MOVIPREP ORAL POWDER IN PACKET	Tier 4	MO
OSMOPREP ORAL TABLET	Tier 4	MO
<i>peg 3350-electrolytes oral recon soln</i>	Tier 1	MO; GC
<i>peg-3350 with flavor packs oral recon soln</i>	Tier 1	MO; GC
<i>polyethylene glycol 3350 oral powder</i>	Tier 1	MO; GC
SUPREP ORAL RECON SOLN	Tier 4	MO
<i>trilyte with flavor packets oral recon soln</i>	Tier 1	MO; GC
Protectants		
CARAFATE ORAL SUSPENSION	Tier 4	MO
<i>sucralfate oral tablet</i>	Tier 1	MO; GC
Proton Pump Inhibitors		
<i>esomeprazole sodium intravenous recon soln</i>	Tier 2	MO; HI
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	Tier 2	MO; QL (30 EA per 30 Days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	Tier 2	MO; QL (42 EA per 30 Days)
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	Tier 1	MO; GC
<i>pantoprazole intravenous recon soln</i>	Tier 1	MO; GC; HI
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	Tier 1	MO; GC; QL (120 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	Tier 1	MO; GC; QL (60 EA per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	Tier 2	MO; QL (30 EA per 30 Days)
Genitourinary Agents		
Antispasmodics, Urinary		
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR	Tier 4	MO; QL (30 EA per 30 days)
<i>flavoxate oral tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP	Tier 4	MO
GELNIQUE TRANSDERMAL GEL IN PACKET	Tier 4	MO; QL (30 GM per 30 days)
<i>oxybutynin chloride oral syrup</i>	Tier 1	MO; GC
<i>oxybutynin chloride oral tablet</i>	Tier 1	MO; GC
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i>	Tier 1	MO; GC; QL (30 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	Tier 1	MO; GC; QL (60 EA per 30 days)
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	Tier 4	MO; QL (30 EA per 30 days)
<i>tolterodine oral capsule,extended release 24hr 2 mg</i>	Tier 2	MO
<i>tolterodine oral capsule,extended release 24hr 4 mg</i>	Tier 2	MO; QL (30 EA per 30 Days)
<i>tolterodine oral tablet</i>	Tier 2	MO; QL (60 EA per 30 days)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	Tier 3	MO
<i>tropium oral capsule,extended release 24hr</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>tropium oral tablet</i>	Tier 2	MO
VESICARE ORAL TABLET	Tier 4	MO
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin oral tablet extended release 24 hr</i>	Tier 2	MO
AVODART ORAL CAPSULE	Tier 3	MO; QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	Tier 1	MO; GC; QL (30 EA per 30 days)
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR	Tier 3	MO; QL (60 EA per 30 days)
<i>tamsulosin oral capsule,extended release 24hr</i>	Tier 1	MO; GC; QL (60 EA per 30 days)
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet</i>	Tier 1	MO; GC
DEPEN TITRATABS ORAL TABLET	Tier 3	MO
ELMIRON ORAL CAPSULE	Tier 3	MO
<i>methylergonovine oral tablet</i>	Tier 1	MO; GC
Phosphate Binders		
<i>calcium acetate oral capsule</i>	Tier 1	MO; GC
FOSRENOL ORAL TABLET,CHEWABLE	Tier 4	MO
RENAGEL ORAL TABLET	Tier 4	MO
RENVELA ORAL POWDER IN PACKET 0.8 GRAM	Tier 4	MO; QL (540 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
REVELA ORAL POWDER IN PACKET 2.4 GRAM	Tier 4	MO; QL (180 EA per 30 days)
REVELA ORAL TABLET	Tier 4	MO; QL (540 EA per 30 days)
SEVELAMER CARBONATE ORAL TABLET	Tier 4	MO; QL (540 EA per 30 days)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Glucocorticoids/ Mineralocorticoids		
<i>a-hydrocort injection recon soln</i>	Tier 1	MO; GC
<i>ala-cort topical cream</i>	Tier 1	MO; GC
ALA-SCALP TOPICAL LOTION	Tier 4	MO
<i>alclometasone topical cream</i>	Tier 1	MO; GC
<i>alclometasone topical ointment</i>	Tier 1	MO; GC
<i>amcinonide topical cream</i>	Tier 1	MO; GC
<i>amcinonide topical lotion</i>	Tier 1	MO; GC
<i>amcinonide topical ointment</i>	Tier 1	MO; GC
<i>asmalpred plus oral solution</i>	Tier 1	MO; GC
<i>betamethasone dipropionate topical cream</i>	Tier 1	MO; GC
<i>betamethasone dipropionate topical ointment</i>	Tier 1	MO; GC
<i>betamethasone valerate topical cream</i>	Tier 1	MO; GC
<i>betamethasone valerate topical foam</i>	Tier 2	MO
<i>betamethasone valerate topical lotion</i>	Tier 1	MO; GC
<i>betamethasone valerate topical ointment</i>	Tier 1	MO; GC
<i>betamethasone, augmented topical cream</i>	Tier 1	MO; GC
<i>betamethasone, augmented topical gel</i>	Tier 1	MO; GC
<i>betamethasone, augmented topical lotion</i>	Tier 1	MO; GC
<i>betamethasone, augmented topical ointment</i>	Tier 1	MO; GC
CAPEX TOPICAL SHAMPOO	Tier 3	MO
<i>clobetasol topical foam</i>	Tier 2	MO
<i>clobetasol topical gel</i>	Tier 1	MO; GC
<i>clobetasol topical lotion</i>	Tier 2	MO
<i>clobetasol topical ointment</i>	Tier 1	MO; GC
<i>clobetasol topical shampoo</i>	Tier 2	MO
<i>clobetasol topical solution</i>	Tier 1	MO; GC
<i>clobetasol-emollient topical cream</i>	Tier 1	MO; GC
CLOBEX TOPICAL SPRAY, NON-AEROSOL	Tier 4	MO
<i>clodan topical shampoo</i>	Tier 2	MO
CLODERM TOPICAL CREAM	Tier 3	MO
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	Tier 3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>cortisone oral tablet</i>	Tier 1	MO; GC
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	Tier 4	MO
DESONATE TOPICAL GEL	Tier 4	MO
<i>desonide topical cream</i>	Tier 1	MO; GC
<i>desonide topical lotion</i>	Tier 1	MO; GC
<i>desonide topical ointment</i>	Tier 1	MO; GC
<i>desoximetasone topical cream</i>	Tier 1	MO; GC
<i>desoximetasone topical gel</i>	Tier 1	MO; GC
<i>desoximetasone topical ointment 0.25 %</i>	Tier 1	MO; GC
<i>dexamethasone oral elixir</i>	Tier 1	MO; GC
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 6 mg</i>	Tier 1	MO; GC
DEXAMETHASONE INTENSOL ORAL DROPS	Tier 3	MO
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	Tier 1	MO; GC
<i>diflorasone topical cream</i>	Tier 1	MO; GC
<i>diflorasone topical ointment</i>	Tier 1	MO; GC
<i>fludrocortisone oral tablet</i>	Tier 1	MO; GC
<i>fluocinolone topical cream</i>	Tier 1	MO; GC
<i>fluocinolone topical oil</i>	Tier 1	MO; GC
<i>fluocinolone topical ointment</i>	Tier 1	MO; GC
<i>fluocinolone topical solution</i>	Tier 1	MO; GC
<i>fluocinolone acetonide oil otic drops</i>	Tier 1	MO; GC
<i>fluocinolone-shower cap topical oil</i>	Tier 1	MO; GC
<i>fluocinonide topical cream 0.1 %</i>	Tier 1	MO; GC
<i>fluocinonide topical gel</i>	Tier 1	MO; GC
<i>fluocinonide topical ointment</i>	Tier 1	MO; GC
<i>fluocinonide topical solution</i>	Tier 1	MO; GC
<i>fluocinonide-e topical cream</i>	Tier 1	MO; GC
<i>fluticasone topical cream</i>	Tier 1	MO; GC
<i>fluticasone topical lotion</i>	Tier 1	MO; GC
<i>fluticasone topical ointment</i>	Tier 1	MO; GC
<i>halobetasol propionate topical cream</i>	Tier 1	MO; GC
<i>halobetasol propionate topical ointment</i>	Tier 1	MO; GC
HALOG TOPICAL CREAM	Tier 4	MO
HALOG TOPICAL OINTMENT	Tier 4	MO
<i>hydrocortisone oral tablet 10 mg, 20 mg</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	Tier 1	MO; GC
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	MO; GC
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	Tier 1	MO; GC
<i>hydrocortisone butyr-emollient topical cream</i>	Tier 2	MO
<i>hydrocortisone butyrate topical cream</i>	Tier 1	MO; GC
<i>hydrocortisone butyrate topical ointment</i>	Tier 1	MO; GC
<i>hydrocortisone butyrate topical solution</i>	Tier 1	MO; GC
<i>hydrocortisone valerate topical cream</i>	Tier 1	MO; GC
<i>hydrocortisone valerate topical ointment</i>	Tier 1	MO; GC
KENALOG TOPICAL AEROSOL	Tier 4	MO
LOCOID TOPICAL LOTION	Tier 4	MO
LOCOID LIPOCREAM TOPICAL CREAM	Tier 4	MO
<i>lokara topical lotion</i>	Tier 2	MO
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	Tier 1	MO; GC
<i>methylprednisolone acetate injection suspension</i>	Tier 1	MO; GC
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	Tier 1	MO; GC; HI
MILLIPRED ORAL TABLET	Tier 4	MO
<i>mometasone topical cream</i>	Tier 1	MO; GC
<i>mometasone topical ointment</i>	Tier 1	MO; GC
OLUX TOPICAL FOAM	Tier 4	MO
ORAPRED ODT ORAL TABLET,DISINTEGRATING 30 MG	Tier 4	MO
PANDEL TOPICAL CREAM	Tier 4	MO
<i>prednicarbate topical cream</i>	Tier 1	MO; GC
<i>prednicarbate topical ointment</i>	Tier 1	MO; GC
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml, 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	MO; GC
<i>prednisone oral solution</i>	Tier 1	MO; GC
<i>prednisone oral tablet 1 mg, 2.5 mg, 20 mg, 50 mg</i>	Tier 1	MO; GC
PREDNISON INTENSOL ORAL CONCENTRATE	Tier 3	MO
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML	Tier 3	MO
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	Tier 4	MO; HI
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML	Tier 4	MO; HI

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide topical cream</i>	Tier 1	MO; GC
<i>triamcinolone acetonide topical lotion</i>	Tier 1	MO; GC
<i>triamcinolone acetonide topical ointment 0.025 % , 0.1 % , 0.5 %</i>	Tier 1	MO; GC
<i>triderm topical cream</i>	Tier 1	MO; GC
U-CORT TOPICAL CREAM	Tier 4	MO
VANOS TOPICAL CREAM	Tier 4	MO
VERIPRED 20 ORAL SOLUTION	Tier 4	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>chorionic gonadotropin, human intramuscular recon soln</i>	Tier 1	PA; MO; GC
<i>desmopressin injection solution</i>	Tier 1	MO; GC; HI
<i>desmopressin nasal spray,non-aerosol</i>	Tier 1	MO; GC
<i>desmopressin oral tablet</i>	Tier 1	MO; GC
Genotropin subcutaneous cartridge	Tier 5	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	Tier 4	PA; MO
Genotropin MiniQuick subcutaneous syringe 0.4 mg/0.25 mL, 0.6 mg/0.25 mL, 0.8 mg/0.25 mL, 1 mg/0.25 mL, 1.2 mg/0.25 mL, 1.4 mg/0.25 mL, 1.6 mg/0.25 mL, 1.8 mg/0.25 mL, 2 mg/0.25 mL	Tier 5	PA; MO
Humatrope injection cartridge	Tier 5	PA; MO
Humatrope injection recon soln	Tier 5	PA; MO
Increlex subcutaneous solution	Tier 5	PA; LA
Norditropin FlexPro subcutaneous pen injector	Tier 5	PA; MO
Norditropin Nordiflex subcutaneous pen injector	Tier 5	PA; MO
Nutropin subcutaneous recon soln 10 mg	Tier 5	PA; MO
Nutropin AQ subcutaneous cartridge 10 mg/2 mL (5 mg/mL), 20 mg/2 mL (10 mg/mL)	Tier 5	PA; MO
Nutropin AQ Nuspin subcutaneous cartridge 10 mg/2 mL (5 mg/mL), 5 mg/2 mL (2.5 mg/mL)	Tier 5	PA; MO
OMNITROPE SUBCUTANEOUS CARTRIDGE	Tier 3	PA; MO
Omnitrope subcutaneous recon soln	Tier 5	PA; MO
<i>pregnyl intramuscular recon soln</i>	Tier 1	PA; MO; GC
Saizen subcutaneous recon soln 5 mg	Tier 5	PA; MO
Saizen click.easy subcutaneous cartridge	Tier 5	PA; MO
Serostim subcutaneous recon soln 4 mg, 5 mg, 6 mg	Tier 5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
STIMATE NASAL SPRAY, NON-AEROSOL	Tier 3	MO
Tev-Tropin subcutaneous recon soln	Tier 5	PA; MO
Zorbitive subcutaneous recon soln	Tier 5	PA; MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
<i>misoprostol oral tablet</i>	Tier 1	MO; GC
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
<i>oxandrolone oral tablet 10 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	Tier 2	MO; QL (120 EA per 30 days)
Androgens		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	Tier 3	MO; QL (150 GM per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	Tier 3	MO; QL (300 GM per 30 days)
ANDROXY ORAL TABLET	Tier 4	MO
<i>danazol oral capsule</i>	Tier 1	MO; GC
METHITEST ORAL TABLET	Tier 3	MO
TESTIM TRANSDERMAL GEL	Tier 4	PA; MO; QL (300 GM per 30 days)
<i>testosterone cypionate intramuscular oil</i>	Tier 1	MO; GC
<i>testosterone enanthate intramuscular oil</i>	Tier 1	MO; GC
TESTRED ORAL CAPSULE	Tier 3	MO
Estrogens		
ALORA TRANSDERMAL PATCH SEMI-WEEKLY	Tier 3	PA; MO; QL (8 EA per 28 days)
<i>alyacen 7/7/7 (28) oral tablet</i>	Tier 1	MO; GC
<i>amethia oral tablets, dose pack, 3 month</i>	Tier 1	MO; GC
<i>amethia lo oral tablets, dose pack, 3 month</i>	Tier 1	MO; GC
<i>amethyst oral tablet</i>	Tier 1	MO; GC
ANGELIQ ORAL TABLET 0.5-1 MG	Tier 4	PA; MO
<i>apri oral tablet</i>	Tier 1	MO; GC
<i>aubra oral tablet</i>	Tier 1	MO; GC
<i>azurette (28) oral tablet</i>	Tier 1	MO; GC
<i>briellyn oral tablet</i>	Tier 1	MO; GC
<i>camrese lo oral tablets, dose pack, 3 month</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>caziant (28) oral tablet</i>	Tier 1	MO; GC
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	Tier 4	PA; MO
<i>cryselles (28) oral tablet</i>	Tier 1	MO; GC
<i>dasetta 7/7/7 (28) oral tablet</i>	Tier 1	MO; GC
<i>daysee oral tablets,dose pack,3 month</i>	Tier 1	MO; GC
DEPO-ESTRADIOL INTRAMUSCULAR OIL	Tier 4	MO
<i>desog-e.estradiol/e.estradiol oral tablet</i>	Tier 1	MO; GC
<i>desogestrel-ethinyl estradiol oral tablet</i>	Tier 1	MO; GC
DIVIGEL TRANSDERMAL GEL IN PACKET 1 (0.1) MG (%)	Tier 3	PA; MO
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier 1	MO; GC
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP	Tier 4	PA; MO
<i>elinest oral tablet</i>	Tier 1	MO; GC
<i>emoquette oral tablet</i>	Tier 1	MO; GC
ENJUVIA ORAL TABLET	Tier 4	PA; MO
<i>enskyce oral tablet</i>	Tier 1	MO; GC
<i>estarylla oral tablet</i>	Tier 1	MO; GC
ESTRACE VAGINAL CREAM	Tier 4	MO
<i>estradiol oral tablet</i>	Tier 1	PA; MO; GC
<i>estradiol transdermal patch weekly</i>	Tier 1	PA; MO; GC; QL (4 EA per 28 Days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	Tier 1	MO; GC
<i>estradiol-norethindrone acet oral tablet</i>	Tier 1	PA; MO; GC
ESTRING VAGINAL RING	Tier 4	MO; QL (1 EA per 30 days)
<i>estropipate oral tablet</i>	Tier 1	PA; MO; GC
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL	Tier 4	PA; MO
<i>falmina (28) oral tablet</i>	Tier 1	MO; GC
FEMRING VAGINAL RING	Tier 4	MO; QL (1 EA per 90 days)
<i>gianvi (28) oral tablet</i>	Tier 1	MO; GC
<i>introvale oral tablets,dose pack,3 month</i>	Tier 1	MO; GC
<i>jinteli oral tablet</i>	Tier 1	PA; MO; GC
<i>jolessa oral tablets,dose pack,3 month</i>	Tier 1	MO; GC
<i>kariva (28) oral tablet</i>	Tier 1	MO; GC
<i>kelnor 1/35 (28) oral tablet</i>	Tier 1	MO; GC
<i>l norgest&e estradiol-e estrad oral tablets,dose pack,3 month</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>levonest (28) oral tablet</i>	Tier 1	MO; GC
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	Tier 1	MO; GC
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	Tier 1	MO; GC
<i>loryna (28) oral tablet</i>	Tier 1	MO; GC
<i>marlissa oral tablet</i>	Tier 1	MO; GC
MENEST ORAL TABLET	Tier 3	PA; MO
MENOSTAR TRANSDERMAL PATCH WEEKLY	Tier 4	PA; MO; QL (4 EA per 28 days)
<i>mimvey oral tablet</i>	Tier 1	PA; MO; GC
<i>mimvey lo oral tablet</i>	Tier 1	PA; MO; GC
<i>mono-linyah oral tablet</i>	Tier 1	MO; GC
<i>mononessa (28) oral tablet</i>	Tier 1	MO; GC
<i>myzilra oral tablet</i>	Tier 1	MO; GC
<i>nikki (28) oral tablet</i>	Tier 1	MO; GC
<i>norgestimate-ethinyl estradiol oral tablet</i>	Tier 1	MO; GC
NUVARING VAGINAL RING	Tier 4	MO; QL (1 EA per 28 Days)
<i>ocella oral tablet</i>	Tier 1	MO; GC
<i>ogestrel (28) oral tablet</i>	Tier 1	MO; GC
<i>orsythia oral tablet</i>	Tier 1	MO; GC
ORTHO TRI-CYCLEN LO (28) ORAL TABLET	Tier 3	MO
<i>pimtrea (28) oral tablet</i>	Tier 1	MO; GC
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>	Tier 1	MO; GC
PREFEST ORAL TABLET	Tier 4	PA; MO
PREMARIN INJECTION RECON SOLN	Tier 3	MO; HI
PREMARIN ORAL TABLET	Tier 3	PA; MO; QL (30 EA per 30 days)
PREMARIN VAGINAL CREAM	Tier 3	MO
PREMPHASE ORAL TABLET	Tier 3	PA; MO
PREMPRO ORAL TABLET	Tier 3	PA; MO
<i>previfem oral tablet</i>	Tier 1	MO; GC
<i>reclipsen (28) oral tablet</i>	Tier 1	MO; GC
<i>sprintec (28) oral tablet</i>	Tier 1	MO; GC
<i>tri-estarylla oral tablet</i>	Tier 1	MO; GC
<i>tri-linyah oral tablet</i>	Tier 1	MO; GC
<i>tri-previfem (28) oral tablet</i>	Tier 1	MO; GC
<i>tri-sprintec (28) oral tablet</i>	Tier 1	MO; GC
<i>trinessa (28) oral tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
VAGIFEM VAGINAL TABLET	Tier 3	MO
<i>velivet triphasic regimen (28) oral tablet</i>	Tier 1	MO; GC
<i>vestura (28) oral tablet</i>	Tier 1	MO; GC
<i>viorele (28) oral tablet</i>	Tier 1	MO; GC
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY	Tier 3	PA; MO; QL (8 EA per 28 days)
<i>vyfemla (28) oral tablet</i>	Tier 1	MO; GC
<i>zovia 1/35e (28) oral tablet</i>	Tier 1	MO; GC
<i>zovia 1/50e (28) oral tablet</i>	Tier 1	MO; GC
Progestins		
<i>altavera (28) oral tablet</i>	Tier 1	MO; GC
<i>aranelle (28) oral tablet</i>	Tier 1	MO; GC
<i>aviane oral tablet</i>	Tier 1	MO; GC
BALZIVA (28) ORAL TABLET	Tier 4	MO
<i>camila oral tablet</i>	Tier 1	MO; GC
<i>chateal oral tablet</i>	Tier 1	MO; GC; GC
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	Tier 4	PA; MO
CRINONE VAGINAL GEL	Tier 4	MO
<i>cyclafem 1/35 (28) oral tablet</i>	Tier 1	MO; GC
<i>cyclafem 7/7/7 (28) oral tablet</i>	Tier 1	MO; GC
<i>deblitane oral tablet</i>	Tier 1	MO; GC
<i>delyla (28) oral tablet</i>	Tier 1	MO; GC
DEPO-PROVERA INTRAMUSCULAR SOLUTION	Tier 4	MO; QL (12 ML per 30 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	Tier 4	MO
ELLA ORAL TABLET	Tier 4	MO
<i>enpresse oral tablet</i>	Tier 1	MO; GC
<i>errin oral tablet</i>	Tier 1	MO; GC
<i>gildagia oral tablet</i>	Tier 1	MO; GC
<i>gildess oral tablet 1-20 mg-mcg</i>	Tier 1	MO; GC
<i>gildess oral tablet 1.5-30 mg-mcg</i>	Tier 1	MO; GC
<i>gildess fe oral tablet</i>	Tier 1	MO; GC
<i>jencycla oral tablet</i>	Tier 1	MO; GC
<i>jolivette oral tablet</i>	Tier 1	MO; GC
<i>junel 1.5/30 (21) oral tablet</i>	Tier 1	MO; GC
<i>junel 1/20 (21) oral tablet</i>	Tier 1	MO; GC
<i>junel fe 1.5/30 (28) oral tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>junel fe 1/20 (28) oral tablet</i>	Tier 1	MO; GC
<i>kurvelo oral tablet</i>	Tier 1	MO; GC
<i>larin 1.5/30 (21) oral tablet</i>	Tier 1	MO; GC
<i>larin 1/20 (21) oral tablet</i>	Tier 1	MO; GC
<i>larin fe oral tablet</i>	Tier 1	MO; GC
<i>leena 28 oral tablet</i>	Tier 1	MO; GC
<i>lessina oral tablet</i>	Tier 1	MO; GC
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	Tier 1	MO; GC
<i>levora-28 oral tablet</i>	Tier 1	MO; GC
LOESTRIN 24 FE ORAL TABLET	Tier 3	MO
<i>lomedica 24 fe oral tablet</i>	Tier 1	MO; GC
<i>low-ogestrel (28) oral tablet</i>	Tier 1	MO; GC
<i>lutera (28) oral tablet</i>	Tier 1	MO; GC
<i>lyza oral tablet</i>	Tier 1	MO; GC
<i>medroxyprogesterone intramuscular suspension</i>	Tier 1	MO; GC; QL (1 ML per 90 days)
<i>medroxyprogesterone oral tablet</i>	Tier 1	MO; GC
MEGACE ES ORAL SUSPENSION	Tier 4	PA; MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	PA; MO; GC
<i>megestrol oral tablet</i>	Tier 1	PA; MO; GC
<i>microgestin 1.5/30 (21) oral tablet</i>	Tier 1	MO; GC
<i>microgestin 1/20 (21) oral tablet</i>	Tier 1	MO; GC
<i>microgestin fe 1.5/30 (28) oral tablet</i>	Tier 1	MO; GC
<i>microgestin fe 1/20 (28) oral tablet</i>	Tier 1	MO; GC
<i>necon 0.5/35 (28) oral tablet</i>	Tier 1	MO; GC
<i>necon 1/35 (28) oral tablet</i>	Tier 1	MO; GC
<i>necon 10/11 (28) oral tablet</i>	Tier 1	MO; GC
<i>necon 7/7/7 (28) oral tablet</i>	Tier 1	MO; GC
<i>nora-be oral tablet</i>	Tier 1	MO; GC
<i>norethindrone (contraceptive) oral tablet</i>	Tier 1	MO; GC
<i>norethindrone ac-eth estradiol oral tablet</i>	Tier 1	MO; GC
<i>norethindrone acetate oral tablet</i>	Tier 1	MO; GC
<i>norethindrone-e.estradiol-iron oral tablet</i>	Tier 1	MO; GC
<i>norlyroc oral tablet</i>	Tier 1	MO; GC
<i>nortrel 0.5/35 (28) oral tablet</i>	Tier 1	MO; GC
<i>nortrel 1/35 (21) oral tablet</i>	Tier 1	MO; GC
<i>nortrel 1/35 (28) oral tablet</i>	Tier 1	MO; GC
<i>nortrel 7/7/7 (28) oral tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
ORTHO EVRA TRANSDERMAL PATCH WEEKLY	Tier 3	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	Tier 1	MO; GC
<i>portia oral tablet</i>	Tier 1	MO; GC
<i>progesterone micronized oral capsule</i>	Tier 1	MO; GC
<i>quasense oral tablets,dose pack,3 month</i>	Tier 1	MO; GC
<i>sharobel oral tablet</i>	Tier 1	MO; GC
<i>sronyx oral tablet</i>	Tier 1	MO; GC
<i>tarina fe oral tablet</i>	Tier 1	MO; GC
<i>tri-legest fe oral tablet</i>	Tier 1	MO; GC
<i>trivora (28) oral tablet</i>	Tier 1	MO; GC
<i>wymzya fe oral tablet,chewable</i>	Tier 1	MO; GC
<i>xulane transdermal patch weekly</i>	Tier 2	MO
<i>zenchent (28) oral tablet</i>	Tier 1	MO; GC
<i>zenchent fe oral tablet,chewable</i>	Tier 1	MO; GC
Selective Estrogen Receptor Modifying Agents		
EVISTA ORAL TABLET	Tier 3	MO; QL (30 EA per 30 days)
<i>raloxifene oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>levothyroxine oral tablet</i>	Tier 1	MO; GC
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 3	MO
<i>liothyronine intravenous solution</i>	Tier 2	MO; HI
<i>liothyronine oral tablet</i>	Tier 1	MO; GC
SYNTHROID ORAL TABLET	Tier 3	MO
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	MO; GC
<i>unithroid oral tablet 137 mcg</i>	Tier 1	MO; GC
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET	Tier 3	MO
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR ORAL TABLET 30 MG, 60 MG	Tier 3	MO; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SENSIPAR ORAL TABLET 90 MG	Tier 3	MO; QL (120 EA per 30 days)
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet</i>	Tier 1	MO; GC
ELIGARD SUBCUTANEOUS SYRINGE	Tier 4	MO
Firmagon subcutaneous recon soln 120 mg	Tier 5	MO; QL (6 EA per 28 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 80 MG	Tier 4	MO; QL (4 EA per 28 days)
<i>leuprolide subcutaneous kit</i>	Tier 2	MO
Lupron Depot intramuscular syringe kit 3.75 mg	Tier 5	MO
Lupron Depot (3 Month) intramuscular syringe kit 22.5 mg	Tier 5	MO
Lupron Depot (4 Month) intramuscular syringe kit	Tier 5	MO
Lupron Depot (6 Month) intramuscular syringe kit	Tier 5	MO
Lupron Depot-Ped intramuscular kit	Tier 5	MO
Lupron Depot-Ped (3 Month) intramuscular syringe kit 11.25 mg	Tier 5	MO
octreotide acetate injection solution 1,000 mcg/mL, 500 mcg/mL	Tier 5	MO
octreotide acetate injection solution 100 mcg/mL, 200 mcg/mL	Tier 5	MO
<i>octreotide acetate injection solution 50 mcg/ml</i>	Tier 2	MO
Sandostatin LAR Depot intramuscular kit	Tier 5	MO
Somatuline Depot subcutaneous syringe 120 mg/0.5 mL	Tier 5	MO; QL (0.5 ML per 28 days)
Somatuline Depot subcutaneous syringe 60 mg/0.2 mL	Tier 5	MO; QL (0.2 ML per 28 days)
Somatuline Depot subcutaneous syringe 90 mg/0.3 mL	Tier 5	MO; QL (0.3 ML per 28 days)
Somavert subcutaneous recon soln 10 mg, 15 mg, 20 mg, 25 mg, 30 mg	Tier 5	MO
Synarel nasal spray, non-aerosol	Tier 5	MO
Trelstar intramuscular suspension for reconstitution	Tier 5	MO
Trelstar intramuscular syringe 11.25 mg/2 mL, 3.75 mg/2 mL	Tier 5	MO
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)		
Antiandrogens		
<i>bicalutamide oral tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>flutamide oral capsule</i>	Tier 1	MO; GC
NILANDRON ORAL TABLET	Tier 3	MO; QL (60 EA per 30 days)
Xtandi oral capsule	Tier 5	PA; MO; QL (120 EA per 30 days)
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	MO; GC
<i>propylthiouracil oral tablet</i>	Tier 1	MO; GC
Immunological Agents		
Immune Suppressants		
Afinitor oral tablet 2.5 mg	Tier 5	PA; MO; QL (30 EA per 30 days)
ATGAM INTRAVENOUS INJECTABLE	Tier 4	PA B/D; MO; HI
AZASAN ORAL TABLET	Tier 4	PA B/D; MO
<i>azathioprine oral tablet</i>	Tier 1	PA B/D; MO; GC
CELLCEPT ORAL CAPSULE	Tier 4	PA B/D; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	PA B/D; MO
CELLCEPT ORAL TABLET	Tier 4	PA B/D; MO
<i>cyclosporine intravenous solution</i>	Tier 1	PA B/D; MO; GC; HI
<i>cyclosporine oral capsule</i>	Tier 1	PA B/D; MO; GC
<i>cyclosporine modified oral capsule</i>	Tier 1	PA B/D; MO; GC
<i>cyclosporine modified oral solution</i>	Tier 1	PA B/D; MO; GC
Enbrel subcutaneous kit	Tier 5	PA; MO; QL (8 EA per 28 Days)
Enbrel subcutaneous syringe	Tier 5	PA; MO; QL (4 ML per 28 Days)
Enbrel SureClick subcutaneous pen injector	Tier 5	PA; MO; QL (4 ML per 28 days)
<i>gengraf oral capsule</i>	Tier 1	PA B/D; MO; GC
<i>gengraf oral solution</i>	Tier 1	PA B/D; MO; GC
<i>hecoria oral capsule</i>	Tier 1	PA B/D; MO; GC
Humira subcutaneous syringe kit 20 mg/0.4 mL	Tier 5	PA; MO; QL (1.6 EA per 30 days)
Humira subcutaneous syringe kit 40 mg/0.8 mL	Tier 5	PA; MO; QL (4.8 EA per 28 Days)
Humira Crohn's Dis Start Pck subcutaneous pen injector kit	Tier 5	PA; MO; QL (4.8 EA per 30 days)
Humira Ped Crohn's Starter Pk subcutaneous syringe kit	Tier 5	PA; MO; QL (4.8 EA per 28 days)
Kineret subcutaneous syringe	Tier 5	PA; MO; QL (20.1 ML per 30 days)
<i>mercaptopurine oral tablet</i>	Tier 1	MO; GC
<i>methotrexate sodium oral tablet</i>	Tier 1	MO; GC
<i>methotrexate sodium (pf) injection recon soln</i>	Tier 1	MO; GC; HI
<i>methotrexate sodium (pf) injection solution</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil oral capsule</i>	Tier 1	PA B/D; MO; GC
<i>mycophenolate mofetil oral tablet</i>	Tier 1	PA B/D; MO; GC
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	Tier 2	PA B/D; MO
NEORAL ORAL CAPSULE	Tier 4	PA B/D; MO
NEORAL ORAL SOLUTION	Tier 4	PA B/D; MO
Nulojix intravenous recon soln	Tier 5	PA B/D; MO; HI
Orencia subcutaneous syringe	Tier 5	PA; MO
Orencia (with maltose) intravenous recon soln	Tier 5	PA; MO; HI
PROGRAF INTRAVENOUS SOLUTION	Tier 4	PA B/D; MO; HI
PROGRAF ORAL CAPSULE	Tier 4	PA B/D; MO
Purixan oral suspension	Tier 5	MO
RAPAMUNE ORAL SOLUTION	Tier 3	PA B/D; MO
RAPAMUNE ORAL TABLET 1 MG, 2 MG	Tier 3	PA B/D; MO
Remicade intravenous recon soln	Tier 5	PA; MO; HI
RHEUMATREX ORAL TABLETS, DOSE PACK	Tier 4	MO
SANDIMMUNE INTRAVENOUS SOLUTION	Tier 4	PA B/D; MO
SANDIMMUNE ORAL SOLUTION	Tier 4	PA B/D; MO
Simponi subcutaneous pen injector 100 mg/mL	Tier 5	PA; MO; QL (1 ML per 30 days)
Simponi subcutaneous syringe	Tier 5	PA; MO; QL (1 ML per 30 Days)
Simponi ARIA intravenous solution	Tier 5	PA; MO; HI
Simulect intravenous recon soln 10 mg	Tier 5	MO; HI
Simulect intravenous recon soln 20 mg	Tier 5	MO; HI
<i>sirolimus oral tablet</i>	Tier 2	PA B/D; MO
<i>tacrolimus oral capsule</i>	Tier 1	PA B/D; MO; GC
Torisel intravenous recon soln	Tier 5	MO; HI; QL (100 ML per 28 days)
TREXALL ORAL TABLET	Tier 4	MO
ZORTRESS ORAL TABLET 0.25 MG	Tier 4	PA B/D; MO
Zortress oral tablet 0.5 mg, 0.75 mg	Tier 5	PA B/D; MO
Immunizing Agents, Passive		
Bivigam intravenous solution	Tier 5	PA; MO; HI
Carimune NF Nanofiltered intravenous recon soln 6 gram	Tier 5	PA; MO; HI
GAMASTAN S/D INTRAMUSCULAR SOLUTION	Tier 3	MO
Gammagard Liquid intravenous solution	Tier 5	PA; MO; HI
Gammaplex intravenous solution	Tier 5	PA; MO; HI

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	Tier 4	PA; MO; HI
Privigen intravenous solution 10 %	Tier 5	PA; MO; HI
Thymoglobulin intravenous recon soln	Tier 5	PA B/D; MO; HI
Immunomodulators		
Actemra intravenous solution 200 mg/10 mL (20 mg/mL)	Tier 5	PA; MO; HI
Actemra intravenous solution 400 mg/20 mL (20 mg/mL), 80 mg/4 mL (20 mg/mL)	Tier 5	PA; MO; HI; HI
Actimmune subcutaneous solution	Tier 5	MO
Arcalyst subcutaneous recon soln	Tier 5	PA; MO
<i>leflunomide oral tablet</i>	Tier 1	MO; GC; QL (30 EA per 30 days)
Proleukin intravenous recon soln	Tier 5	MO; HI
RIDAURA ORAL CAPSULE	Tier 3	MO
Synagis intramuscular solution 50 mg/0.5 mL	Tier 5	PA; MO
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	Tier 3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	Tier 3	MO
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	Tier 3	MO
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	Tier 3	MO
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE	Tier 3	MO
COMVAX (PF) INTRAMUSCULAR SUSPENSION	Tier 3	MO
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	Tier 3	MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	Tier 3	PA B/D; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION	Tier 3	PA B/D; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	Tier 3	PA B/D; MO
GARDASIL (PF) INTRAMUSCULAR SUSPENSION	Tier 3	MO; QL (1.5 ML per 365 days)
GARDASIL (PF) INTRAMUSCULAR SYRINGE	Tier 3	MO; QL (1.5 ML per 365 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	Tier 3	MO

Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	Tier 3	MO
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	Tier 3	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	Tier 3	MO
IPOL INJECTION SUSPENSION	Tier 3	MO
IXIARO (PF) INTRAMUSCULAR SYRINGE	Tier 3	MO
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	Tier 3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	Tier 3	MO
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN	Tier 3	MO
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	Tier 3	MO
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	Tier 3	MO
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	Tier 3	MO
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	Tier 3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	Tier 3	PA B/D; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	Tier 3	PA B/D; MO
ROTATEQ VACCINE ORAL SUSPENSION	Tier 3	MO
TETANUS TOXOID, ADSORBED (PF) INTRAMUSCULAR SUSPENSION	Tier 3	MO
TETANUS-DIPHThERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION	Tier 3	MO
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	Tier 3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	Tier 3	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	Tier 3	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	Tier 3	MO
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	Tier 3	MO
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	Tier 3	MO
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	Tier 3	MO; QL (1 EA per 365 days)

Drug Name	Drug Tier	Requirements/Limits
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	Tier 3	MO; QL (120 EA per 30 days)
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC)	Tier 3	MO
<i>balsalazide oral capsule</i>	Tier 1	MO; GC
CANASA RECTAL SUPPOSITORY	Tier 3	MO; QL (30 EA per 30 days)
DIPENTUM ORAL CAPSULE	Tier 3	MO
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC)	Tier 4	MO
<i>mesalamine with cleansing wipe rectal enema kit</i>	Tier 1	MO; GC
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	Tier 3	MO; QL (150 EA per 30 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	Tier 3	MO; QL (300 EA per 30 days)
Glucocorticoids		
<i>budesonide oral capsule,delayed,extend.release</i>	Tier 2	MO
<i>colocort rectal enema</i>	Tier 1	MO; GC
CORTIFOAM RECTAL FOAM	Tier 4	MO
<i>hydrocortisone rectal enema</i>	Tier 1	MO; GC
<i>procto-pak rectal cream</i>	Tier 1	MO; GC
<i>proctocream-hc rectal cream</i>	Tier 1	MO; GC
<i>proctosol hc rectal cream</i>	Tier 1	MO; GC
<i>proctozone-hc rectal cream</i>	Tier 1	MO; GC
Sulfonamides		
<i>sulfasalazine oral tablet</i>	Tier 1	MO; GC
<i>sulfazine ec oral tablet,delayed release (dr/ec)</i>	Tier 1	MO; GC
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
ACTONEL ORAL TABLET 150 MG	Tier 3	PA; MO; QL (2 EA per 30 days)
ACTONEL ORAL TABLET 30 MG, 5 MG	Tier 3	PA; MO; QL (30 EA per 30 days)
ACTONEL ORAL TABLET 35 MG	Tier 3	PA; MO; QL (4 EA per 28 days)
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	Tier 1	MO; GC; QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	Tier 1	MO; GC; QL (4 EA per 28 days)
ATEL VIA ORAL TABLET,DELAYED RELEASE (DR/EC)	Tier 3	PA; MO; QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	Tier 2	MO; QL (4 ML per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	Tier 1	PA B/D; MO; GC; HI
<i>calcitriol oral capsule</i>	Tier 1	PA B/D; MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol oral solution</i>	Tier 1	PA B/D; MO; GC
<i>doxercalciferol intravenous solution</i>	Tier 2	PA B/D; MO; HI
<i>doxercalciferol oral capsule</i>	Tier 2	PA B/D; MO
<i>etidronate disodium oral tablet</i>	Tier 1	MO; GC
Forteo subcutaneous pen injector	Tier 5	PA; MO; QL (2.4 ML per 28 Days)
FOSAMAX PLUS D ORAL TABLET	Tier 4	MO
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	Tier 4	PA B/D; MO; HI
HECTOROL ORAL CAPSULE	Tier 4	PA B/D; MO
<i>ibandronate oral tablet</i>	Tier 2	MO
MIACALCIN INJECTION SOLUTION	Tier 3	MO
<i>pamidronate intravenous solution</i>	Tier 1	MO; GC; HI
<i>paricalcitol oral capsule</i>	Tier 2	PA B/D; MO
<i>risedronate oral tablet</i>	Tier 2	PA; MO; QL (2 EA per 30 days)
Xgeva subcutaneous solution	Tier 5	PA; MO; QL (1.7 ML per 28 Days)
ZEMPLAR INTRAVENOUS SOLUTION	Tier 4	PA B/D; MO; HI
ZEMPLAR ORAL CAPSULE	Tier 4	PA B/D; MO
<i>zoledronic acid intravenous recon soln</i>	Tier 2	PA; MO; HI
<i>zoledronic acid intravenous solution</i>	Tier 2	PA; MO; HI
<i>zoledronic acid-mannitol-water intravenous solution</i>	Tier 2	PA; MO; HI
Zometa intravenous solution 4 mg/100 mL	Tier 5	PA; MO; HI
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>bacitracin-polymyxin b ophthalmic ointment</i>	Tier 1	MO; GC
BLEPHAMIDE OPHTHALMIC DROPS,SUSPENSION	Tier 4	MO
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	Tier 3	MO
LACRISERT OPHTHALMIC INSERT	Tier 4	MO
<i>naphazoline ophthalmic drops</i>	Tier 1	MO; GC
<i>neomycin-bacitracin-poly-hc ophthalmic ointment</i>	Tier 1	MO; GC
<i>neomycin-bacitracin-polymyxin ophthalmic ointment</i>	Tier 1	MO; GC
<i>neomycin-polymyxin-dexameth ophthalmic drops,suspension</i>	Tier 1	MO; GC
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-gramicidin ophthalmic drops</i>	Tier 1	MO; GC
<i>neomycin-polymyxin-hc ophthalmic drops,suspension</i>	Tier 1	MO; GC
<i>polymyxin b sulf-trimethoprim ophthalmic drops</i>	Tier 1	MO; GC
PRED-G OPHTHALMIC DROPS,SUSPENSION	Tier 4	MO
PRED-G S.O.P. OPHTHALMIC OINTMENT	Tier 4	MO
<i>proparacaine ophthalmic drops</i>	Tier 1	MO; GC
RESTASIS OPHTHALMIC DROPPERETTE	Tier 4	MO
<i>sulfacetamide sodium ophthalmic ointment</i>	Tier 1	MO; GC
<i>sulfacetamide-prednisolone ophthalmic drops</i>	Tier 1	MO; GC
TOBRADEX ST OPHTHALMIC DROPS,SUSPENSION	Tier 4	MO
<i>tobramycin-dexamethasone ophthalmic drops,suspension</i>	Tier 1	MO; GC
ZYLET OPHTHALMIC DROPS,SUSPENSION	Tier 4	MO
Ophthalmic Anti-Allergy Agents		
ALOCRIAL OPHTHALMIC DROPS	Tier 3	MO
ALOMIDE OPHTHALMIC DROPS	Tier 4	MO
<i>azelastine ophthalmic drops</i>	Tier 1	MO; GC
<i>cromolyn ophthalmic drops</i>	Tier 1	MO; GC
EMADINE OPHTHALMIC DROPS	Tier 4	MO
<i>epinastine ophthalmic drops</i>	Tier 2	MO
PATADAY OPHTHALMIC DROPS	Tier 3	MO
PATANOL OPHTHALMIC DROPS	Tier 3	MO
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P OPHTHALMIC DROPS	Tier 3	MO
<i>apraclonidine ophthalmic drops</i>	Tier 1	MO; GC
AZOPT OPHTHALMIC DROPS,SUSPENSION	Tier 3	MO
<i>betaxolol ophthalmic drops</i>	Tier 1	MO; GC
BETIMOL OPHTHALMIC DROPS	Tier 3	MO
BETOPTIC S OPHTHALMIC DROPS,SUSPENSION	Tier 3	MO
<i>brimonidine ophthalmic drops 0.2 %</i>	Tier 1	MO; GC
<i>carteolol ophthalmic drops</i>	Tier 1	MO; GC
COMBIGAN OPHTHALMIC DROPS	Tier 4	MO
<i>dorzolamide ophthalmic drops</i>	Tier 1	MO; GC
<i>dorzolamide-timolol ophthalmic drops</i>	Tier 1	MO; GC; QL (10 ML per 30 days)
IOPIDINE OPHTHALMIC DROPPERETTE	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
ISOPTO CARPINE OPHTHALMIC DROPS	Tier 3	MO
ISTALOL OPHTHALMIC DROPS, ONCE DAILY	Tier 4	MO
<i>levobunolol ophthalmic drops 0.5 %</i>	Tier 1	MO; GC
<i>metipranolol ophthalmic drops</i>	Tier 1	MO; GC
PHOSPHOLINE IODIDE OPHTHALMIC DROPS	Tier 4	MO
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	Tier 2	MO
<i>timolol maleate ophthalmic drops</i>	Tier 1	MO; GC
<i>timolol maleate ophthalmic gel forming solution</i>	Tier 1	MO; GC
TIMOPTIC OCUDOSE (PF) OPHTHALMIC DROPPERETTE	Tier 4	MO
Ophthalmic Anti-Inflammatories		
ALREX OPHTHALMIC DROPS,SUSPENSION	Tier 3	MO
<i>bromfenac ophthalmic drops</i>	Tier 2	MO
<i>dexamethasone sodium phosphate ophthalmic drops</i>	Tier 1	MO; GC
<i>diclofenac sodium ophthalmic drops</i>	Tier 1	MO; GC
DUREZOL OPHTHALMIC DROPS	Tier 4	MO
FLAREX OPHTHALMIC DROPS,SUSPENSION	Tier 4	MO
<i>flurbiprofen sodium ophthalmic drops</i>	Tier 1	MO; GC
FML FORTE OPHTHALMIC DROPS,SUSPENSION	Tier 4	MO
FML S.O.P. OPHTHALMIC OINTMENT	Tier 3	MO
<i>ketorolac ophthalmic drops</i>	Tier 1	MO; GC
LOTEMAX OPHTHALMIC DROPS,SUSPENSION	Tier 3	MO
LOTEMAX OPHTHALMIC OINTMENT	Tier 3	MO
MAXIDEX OPHTHALMIC DROPS,SUSPENSION	Tier 4	MO
MILLIPRED ORAL SOLUTION	Tier 4	MO
NEVANAC OPHTHALMIC DROPS,SUSPENSION	Tier 3	MO
ORAPRED ODT ORAL TABLET,DISINTEGRATING 15 MG	Tier 4	MO
PRED MILD OPHTHALMIC DROPS,SUSPENSION	Tier 3	MO
<i>prednisolone acetate ophthalmic drops,suspension</i>	Tier 1	MO; GC
<i>prednisolone sodium phosphate ophthalmic drops</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
VEXOL OPHTHALMIC DROPS,SUSPENSION	Tier 4	MO
Ophthalmic Prostaglandin And Prostanoid Analogs		
<i>latanoprost ophthalmic drops</i>	Tier 1	MO; GC; QL (2.5 ML per 25 days)
TRAVATAN Z OPHTHALMIC DROPS	Tier 3	MO; QL (5 ML per 30 days)
<i>travoprost (benzalkonium) ophthalmic drops</i>	Tier 2	MO; QL (5 ML per 30 days)
Otic Agents		
Otic Agents		
<i>acetazolamide otic drops</i>	Tier 1	MO; GC
COLY-MYCIN S OTIC DROPS,SUSPENSION	Tier 4	MO
CORTISPORIN-TC OTIC DROPS,SUSPENSION	Tier 4	MO
<i>hydrocortisone-acetic acid otic drops</i>	Tier 1	MO; GC
<i>neomycin-polymyxin-hc otic drops,suspension</i>	Tier 1	MO; GC
<i>neomycin-polymyxin-hc otic solution</i>	Tier 1	MO; GC
Respiratory Tract Agents		
Antihistamines		
<i>azelastine nasal aerosol,spray</i>	Tier 1	MO; GC
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	MO; GC
CLARINEX ORAL SYRUP	Tier 4	MO
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	Tier 4	MO
<i>cyproheptadine oral syrup</i>	Tier 2	MO
<i>cyproheptadine oral tablet</i>	Tier 2	MO
<i>desloratadine oral tablet</i>	Tier 2	MO
<i>desloratadine oral tablet,disintegrating</i>	Tier 2	MO
<i>levocetirizine oral solution</i>	Tier 1	MO; GC
<i>levocetirizine oral tablet</i>	Tier 1	MO; GC
PATANASE NASAL SPRAY,NON-AEROSOL	Tier 4	MO; QL (31.5 GM per 30 days)
SEMPREX-D ORAL CAPSULE	Tier 4	MO
Anti-Inflammatories, Inhaled Corticosteroids		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	Tier 3	MO; QL (18.3 GM per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 3	MO; QL (6.1 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED	Tier 3	MO; QL (2 EA per 30 Days)
<i>budesonide inhalation suspension for nebulization</i>	Tier 1	PA B/D; MO; GC

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	MO; QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	Tier 3	MO; QL (120 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACTUATION, 220 MCG/ACTUATION	Tier 3	MO; QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACTUATION	Tier 3	MO; QL (10.6 GM per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 1	MO; GC; QL (50 ML per 30 Days)
<i>fluticasone nasal spray,suspension</i>	Tier 1	MO; GC
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	Tier 3	PA B/D; MO
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED	Tier 3	MO
QVAR INHALATION AEROSOL 40 MCG/ACTUATION	Tier 3	MO; QL (34.8 GM per 30 days)
QVAR INHALATION AEROSOL 80 MCG/ACTUATION	Tier 3	MO; QL (26.1 GM per 30 days)
<i>triamcinolone acetonide nasal aerosol,spray</i>	Tier 2	MO
Antileukotrienes		
<i>montelukast oral granules in packet</i>	Tier 1	MO; GC; QL (30 EA per 30 days)
<i>montelukast oral tablet</i>	Tier 1	MO; GC; QL (30 EA per 30 days)
<i>montelukast oral tablet,chewable</i>	Tier 1	MO; GC; QL (30 EA per 30 days)
<i>zafirlukast oral tablet</i>	Tier 2	MO; QL (60 EA per 30 days)
ZYFLO CR ORAL TABLET, ER MULTIPHASE 12 HR	Tier 4	MO; QL (120 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION HFA AEROSOL INHALER	Tier 3	MO; QL (25.8 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST	Tier 3	MO; QL (8 GM per 30 days)
<i>ipratropium bromide inhalation solution</i>	Tier 1	PA B/D; MO; GC
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	Tier 1	MO; GC; QL (30 ML per 30 days)
<i>ipratropium bromide nasal spray,non-aerosol 0.06 %</i>	Tier 1	MO; GC; QL (45 ML per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization</i>	Tier 1	PA B/D; MO; GC
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	Tier 3	MO; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)		
<i>aminophylline intravenous solution 250 mg/10 ml</i>	Tier 1	MO; GC; HI
<i>elixophyllin oral elixir 80 mg/15 ml</i>	Tier 1	MO; GC
LUFYLLIN ORAL TABLET	Tier 4	MO
<i>theophylline oral tablet extended release</i>	Tier 1	MO; GC
<i>theophylline oral tablet extended release 12 hr</i>	Tier 1	MO; GC
Bronchodilators, Sympathomimetic		
ADRENALICK INJECTION AUTO-INJECTOR	Tier 3	MO
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	Tier 3	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER	Tier 3	MO; QL (12 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 5 mg/ml</i>	Tier 1	PA B/D; MO; GC
<i>albuterol sulfate oral syrup</i>	Tier 1	MO; GC
<i>albuterol sulfate oral tablet</i>	Tier 1	MO; GC
<i>albuterol sulfate oral tablet extended release 12 hr</i>	Tier 1	MO; GC
AUVI-Q INJECTION AUTO-INJECTOR	Tier 3	MO
BROVANA INHALATION SOLUTION FOR NEBULIZATION	Tier 4	PA B/D; MO; QL (120 ML per 30 days)
DULERA INHALATION HFA AEROSOL INHALER	Tier 3	MO
EPINEPHRINE INJECTION AUTO-INJECTOR	Tier 3	MO
EPIPEN 2-PAK INJECTION AUTO-INJECTOR	Tier 3	MO
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR	Tier 3	MO
FORADIL AEROLIZER INHALATION CAPSULE, W/INHALATION DEVICE	Tier 3	MO; QL (60 EA per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml</i>	Tier 1	PA B/D; MO; GC
<i>metaproterenol oral syrup</i>	Tier 1	MO; GC
<i>metaproterenol oral tablet</i>	Tier 1	MO; GC
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION	Tier 4	PA B/D; MO
PROAIR HFA INHALATION HFA AEROSOL INHALER	Tier 3	MO; QL (34 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PROVENTIL HFA INHALATION HFA AEROSOL INHALER	Tier 4	MO; QL (26.8 GM per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	Tier 3	MO; QL (60 EA per 30 days)
<i>terbutaline oral tablet</i>	Tier 1	MO; GC
<i>terbutaline subcutaneous solution</i>	Tier 1	MO; GC
VENTOLIN HFA INHALATION HFA AEROSOL INHALER	Tier 3	MO; QL (36 GM per 30 days)
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/3 ML	Tier 4	PA B/D; MO
XOPENEX HFA INHALATION HFA AEROSOL INHALER	Tier 4	MO
Mast Cell Stabilizers		
<i>cromolyn inhalation solution for nebulization</i>	Tier 1	PA B/D; MO; GC
<i>cromolyn oral solution</i>	Tier 2	MO
Pulmonary Antihypertensives		
Letairis oral tablet	Tier 5	PA; LA; QL (30 EA per 30 days)
Remodulin injection solution	Tier 5	PA; MO; HI
Revatio intravenous solution	Tier 5	PA; MO; HI
<i>sildenafil oral tablet</i>	Tier 2	PA; MO; QL (90 EA per 30 Days)
Tracleer oral tablet 125 mg	Tier 5	PA; LA; QL (60 EA per 30 days)
Tracleer oral tablet 62.5 mg	Tier 5	PA; LA; QL (60 EA per 30 Days)
Ventavis inhalation solution for nebulization 10 mcg/mL	Tier 5	PA; MO; QL (540 ML per 30 Days)
Ventavis inhalation solution for nebulization 20 mcg/mL	Tier 5	PA; MO; QL (540 ML per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine solution</i>	Tier 1	PA B/D; MO; GC
Aralast NP intravenous recon soln 500 mg	Tier 5	HI; LA
DALIRESP ORAL TABLET	Tier 4	PA; MO
Glassia intravenous solution	Tier 5	MO; HI
Kalydeco oral tablet	Tier 5	PA; MO; QL (60 EA per 30 days)
Prolastin-C intravenous recon soln	Tier 5	HI; LA
PULMOZYME INHALATION SOLUTION	Tier 3	PA B/D; MO; QL (150 ML per 30 days)
TYZINE NASAL DROPS 0.05 %	Tier 4	MO
Xolair subcutaneous recon soln	Tier 5	PA; LA; QL (6 EA per 28 Days)
Zemaira intravenous recon soln	Tier 5	MO; HI
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		

Drug Name	Drug Tier	Requirements/Limits
<i>chlorzoxazone oral tablet</i>	Tier 1	PA; MO; GC
<i>methocarbamol oral tablet</i>	Tier 1	PA; MO; GC
<i>orphenadrine citrate injection solution</i>	Tier 1	PA; MO; GC
<i>orphenadrine citrate oral tablet extended release</i>	Tier 1	PA; MO; GC
<i>tizanidine oral capsule</i>	Tier 2	MO
Sleep Disorder Agents		
Gaba Receptor Modulators		
<i>zaleplon oral capsule 10 mg</i>	Tier 1	MO; GC; QL (60 EA per 30 Days)
<i>zaleplon oral capsule 5 mg</i>	Tier 1	MO; GC; QL (30 EA per 30 Days)
<i>zolpidem oral tablet</i>	Tier 1	PA; MO; GC; QL (30 EA per 30 days)
<i>zolpidem oral tablet,ext release multiphase</i>	Tier 2	PA; MO; QL (30 EA per 30 days)
Sleep Disorders, Other		
<i>dextroamphetamine oral capsule, extended release 10 mg</i>	Tier 1	MO; GC; QL (90 EA per 30 Days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	Tier 1	MO; GC; QL (120 EA per 30 Days)
<i>dextroamphetamine oral capsule, extended release 5 mg</i>	Tier 1	MO; GC
<i>modafinil oral tablet 100 mg</i>	Tier 2	PA; MO; QL (60 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	Tier 2	PA; MO; QL (30 EA per 30 days)
XYREM ORAL SOLUTION	Tier 4	PA; LA; QL (540 ML per 30 days)
Therapeutic Nutrients/ Minerals/ Electrolytes		
Electrolyte/ Mineral Modifiers		
CHEMET ORAL CAPSULE	Tier 3	MO
Exjade oral tablet, dispersible	Tier 5	MO
<i>kionex oral powder</i>	Tier 1	MO; GC
Samsca oral tablet	Tier 5	MO; QL (60 EA per 30 days)
<i>sodium polystyrene (sorb free) oral suspension</i>	Tier 1	MO; GC
SYPRINE ORAL CAPSULE	Tier 3	MO
Electrolyte/ Mineral Replacement		
<i>amino acids 15 % intravenous parenteral solution</i>	Tier 2	PA B/D; MO; HI; HI
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
AMINOSYN 3.5 % INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
AMINOSYN 7 % INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
AMINOSYN II 7 % (OLD FORMULA) INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
AMINOSYN II 8.5 %(OLD FORMULA) INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
AMINOSYN-RF 5.2 %(OLD FORMULA) INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
<i>ammonium chloride intravenous solution</i>	Tier 1	MO; GC; HI
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
<i>d10 % & 0.45 % sodium chloride intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	Tier 1	MO; GC; HI
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
FREAMINE III 8.5 % INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI; HI
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI

Drug Name	Drug Tier	Requirements/Limits
INTRALIPID INTRAVENOUS EMULSION 20 % , 30 %	Tier 4	PA B/D; MO; HI
<i>ionosol-b in d5w intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>ionosol-mb in d5w intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>isolyte-p in 5 % dextrose intravenous parenteral solution</i>	Tier 1	MO; GC; HI
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	Tier 3	MO; HI
<i>klor-con 8 oral tablet extended release</i>	Tier 1	MO; GC
<i>klor-con m10 oral tablet,er particles/crystals</i>	Tier 1	MO; GC
<i>klor-con m15 oral tablet,er particles/crystals</i>	Tier 1	MO; GC
<i>klor-con m20 oral tablet,er particles/crystals</i>	Tier 1	MO; GC
<i>lactated ringers intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>lactated ringers irrigation solution</i>	Tier 1	MO; GC
<i>levocarnitine intravenous solution</i>	Tier 1	PA B/D; MO; GC; HI
<i>levocarnitine oral tablet</i>	Tier 1	PA B/D; MO; GC
<i>levocarnitine (with sugar) oral solution</i>	Tier 1	PA B/D; MO; GC
LIPOSYN II INTRAVENOUS EMULSION	Tier 4	PA B/D; MO; HI
LIPOSYN III INTRAVENOUS EMULSION 10 % , 20 %	Tier 4	PA B/D; MO; HI
<i>magnesium sulfate injection solution</i>	Tier 1	MO; GC; HI
<i>magnesium sulfate injection syringe</i>	Tier 1	MO; GC; HI
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
<i>normosol-m in 5 % dextrose intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>normosol-r in 5 % dextrose intravenous parenteral solution</i>	Tier 1	MO; GC; HI
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	Tier 3	MO; HI
<i>nutrilyte intravenous solution</i>	Tier 1	MO; GC; HI
<i>nutrilyte ii intravenous solution</i>	Tier 1	MO; GC; HI
<i>physiolyte irrigation solution</i>	Tier 1	MO; GC
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	Tier 4	MO
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	Tier 3	MO; HI
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	Tier 3	MO; HI

Drug Name	Drug Tier	Requirements/Limits
<i>plasma-lyte-56 in 5 % dextrose intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>potassium chloride intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 30 meq/100 ml, 40 meq/100 ml</i>	Tier 1	MO; GC; HI
<i>potassium chloride oral capsule, extended release</i>	Tier 1	MO; GC
<i>potassium chloride oral tablet extended release 20 meq</i>	Tier 1	MO; GC
<i>potassium chloride oral tablet,er particles/crystals</i>	Tier 1	MO; GC
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	Tier 1	MO; GC; HI
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	Tier 1	MO; GC; HI
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	Tier 1	MO; GC; HI
<i>potassium chloride-0.45 % nacl intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	Tier 1	MO; GC; HI
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	Tier 1	MO; GC; HI
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>potassium citrate oral tablet extended release 10 meq, 15 meq, 5 meq</i>	Tier 1	MO; GC
<i>premasol 10 % intravenous parenteral solution</i>	Tier 1	PA B/D; MO; GC; HI
<i>premasol 6 % intravenous parenteral solution</i>	Tier 1	PA B/D; MO; GC; HI
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
<i>ringers intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>ringers irrigation solution</i>	Tier 1	MO; GC
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	Tier 1	MO; GC; HI
<i>sodium chloride irrigation solution</i>	Tier 1	MO; GC
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	Tier 1	MO; GC; HI

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>sodium chloride 3 % intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>sodium chloride 5 % intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>sodium fluoride oral tablet</i>	Tier 1	MO; GC
<i>sodium lactate intravenous parenteral solution</i>	Tier 1	MO; GC; HI
<i>sodium lactate intravenous solution</i>	Tier 1	MO; GC; HI
<i>tpn electrolytes intravenous solution</i>	Tier 1	MO; GC; HI
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA B/D; MO; HI
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UROKIT-K 5 ORAL TABLET EXTENDED RELEASE	Tier 3	MO
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	29	CHANTIX	6	<i>clindamycin in 5 % dextrose</i>	7
<i>carbidopa-levodopa</i>	28	CHANTIX CONTINUING	6		7
	23	MONTH BOX	6	<i>clindamycin pediatric</i>	7
CARBIDOPA-LEVODOPA-ENT	43	CHANTIX STARTING MONTH	6		7
ACAPONE	33	BOX	61	<i>clindamycin phosphate</i>	7
CARBOPLATIN	43	<i>chateal</i>	77		7
	66	CHEMET	7	<i>clindamycin-benzoyl peroxide</i>	49
CARDIZEM LA	71	<i>chloramphenicol sod succinate</i>	48		49
	43	<i>chlorhexidine gluconate</i>	27	CLINIMIX 5%/D15W SULFITE	78
Carimune NF Nanofiltered	42	<i>chloroquine phosphate</i>	45	FREE	78
	10		18	CLINIMIX 5%/D25W	78
<i>carteolol</i>	59	<i>chlorpromazine</i>	36	SULFITE-FREE	78
<i>cartia xt</i>	8		45		78
<i>carvedilol</i>	23	<i>chlorpropamide</i>	77	CLINIMIX 2.75%/D5W SULFIT	78
CAYSTON	8		45	FREE	78
<i>caziant (28)</i>	8	<i>chlorthalidone</i>	45	CLINIMIX 4.25%/D10W SULF	78
CEDAX	23	<i>chlorzoxazone</i>	77	FREE	78
CEENU	8		45	CLINIMIX 4.25%/D5W SULFIT	78
<i>cefaclor</i>	8	<i>cholestyramine light</i>	45	FREE	78
<i>cefadroxil</i>	8		57	CLINIMIX 4.25%-D20W	78
<i>cefazolin</i>	8	<i>chorionic gonadotropin, human</i>	19	SULF-FREE	78
<i>cefazolin in dextrose (iso-os)</i>	8		31	CLINIMIX 4.25%-D25W	78
	8	<i>ciclopirox</i>	40	SULF-FREE	78
<i>cefdinir</i>	9	<i>cidofovir</i>	51	CLINIMIX	78
<i>cefepime</i>	9	<i>cilostazol</i>	51	5%-D20W(SULFITE-FREE)	78
<i>cefotaxime</i>	9	<i>cimetidine</i>	51		78
<i>cefotetan</i>	9	<i>cimetidine hcl</i>	51	CLINIMIX E 2.75%/D10W SUL	78
<i>cefoxitin</i>	9		12	FREE	78
<i>cefoxitin in dextrose, iso-osm</i>	9	<i>ciprofloxacin</i>	12	CLINIMIX E 2.75%/D5W SULF	79
	9			FREE	79
<i>cefpodoxime</i>	9			CLINIMIX E 4.25%/D10W SUL	79
<i>cefprozil</i>	9			FREE	79
<i>ceftazidime</i>	9			CLINIMIX E 4.25%/D25W SUL	79
<i>ceftazidime in d5w</i>	9			FREE	79

CLINIMIX E 4.25%/D5W SULF FREE	79	Copaxone	48	DARAPRIM	27
CLINIMIX E 5%/D15W SULFIT FREE	79	CORDRAN TAPE LARGE ROLL	54	<i>dasetta 7/7/7 (28)</i>	59
CLINIMIX E 5%/D20W SULFIT FREE	79	COREG CR	42	<i>daunorubicin</i>	24
CLINIMIX E 5%/D25W SULFIT FREE	79	CORTIFOAM	69	<i>daysee</i>	59
CLINISOL SF 15 %	79	<i>cortisone</i>	55	<i>deblitane</i>	61
<i>clobetasol</i>	54	CORTISPORIN	49	<i>decitabine</i>	24
<i>clobetasol-emollient</i>	54	CORTISPORIN-TC	73	<i>delyla (28)</i>	61
CLOBEX	54	COUMADIN	38	<i>demeclocycline</i>	12
<i>clodan</i>	54	CREON	50	DEMSEK	44
CLODERM	54	CRESTOR	45	DENAVIR	33
CLOLAR	24	CRINONE	61	DEPACON	13
<i>clomipramine</i>	18	CRIXIVAN	34	DEPAKOTE ER	14
<i>clonazepam</i>	35	<i>cromolyn</i>	71, 76	DEPAKOTE SPRINKLES	14
<i>clonidine hcl</i>	40	<i>cryselle (28)</i>	59	DEPEN TITRATABS	53
<i>clopidogrel</i>	40	CUBICIN	7	DEPO-ESTRADIOL	59
<i>clorazepate dipotassium</i>	35	<i>cyclafem 1/35 (28)</i>	61	DEPO-MEDROL	55
<i>clorpres</i>	40	<i>cyclafem 7/7/7 (28)</i>	61	DEPO-PROVERA	61
<i>clotrimazole</i>	19	<i>cyclophosphamide</i>	23	DEPO-SUBQ PROVERA 104	61
<i>clotrimazole-betamethasone</i>	49	CYCLOSET	36	<i>desipramine</i>	18
CLOZAPINE	30	<i>cyclosporine</i>	65	<i>desloratadine</i>	73
<i>clozapine</i>	30	<i>cyclosporine modified</i>	65	<i>desmopressin</i>	57
COARTEM	27	CYMBALTA	17, 47	<i>desog-e.estradiol/e.estradiol</i>	59
<i>codeine sulfate</i>	2	<i>cyproheptadine</i>	73	DESONATE	55
<i>colchicine-probenecid</i>	21	Cyramza	27	<i>desonide</i>	55
COLCRYS	21	CYSTADANE	50	<i>desoximetasone</i>	55
<i>colestipol</i>	45	CYSTAGON	50	<i>dexamethasone</i>	21, 55
<i>colistin (colistimethate na)</i>	7	cytarabine	24	DEXAMETHASONE INTENSOL	55
<i>colocort</i>	69	<i>cytarabine (pf)</i>	24	<i>dexamethasone sodium phosphate</i>	55, 72
COLY-MYCIN S	73	<i>d10 % & 0.45 % sodium chloride</i>	79	<i>dexamethylphenidate</i>	46, 47
COMBIGAN	71	<i>d2.5 %-0.45 % sodium chloride</i>	79	DEXPAK 13 DAY	21
COMBIPATCH	59	<i>d5 % and 0.9 % sodium chloride</i>	79	<i>dextrazoxane</i>	24
COMBIVENT RESPIMAT	74	<i>d5 %-0.45 % sodium chloride</i>	79	<i>dextroamphetamine</i>	46, 77
Cometriq	26	<i>dacarbazine</i>	23		
<i>compazine</i>	18	Dacogen	24		
Complera	33	DALIRESP	76		
<i>compro</i>	18	<i>danazol</i>	58		
COMVAX (PF)	67	<i>dantrolene</i>	31		
CONDYLOX	49	<i>dapsone</i>	22		
<i>constulose</i>	52	DAPTACEL (DTAP PEDIATRIC) (PF)	67		

<i>dextroamphetamine-amphetamine</i>	46	<i>disopyramide phosphate</i>	41	<i>enalapril-hydrochlorothiazide</i>	41
<i>dextrose 10 % and 0.2 % nacl</i>	79	<i>disulfiram</i>	5	Enbrel	65
<i>dextrose 10 % in water (d10w)</i>	79	<i>divalproex</i>	14	Enbrel SureClick	65
<i>dextrose 5 % in water (d5w)</i>	79	DIVIGEL	59	<i>endocet</i>	2, 3
<i>dextrose 5 %-lactated ringers</i>	79	Docefrez	24	<i>endodan</i>	3
<i>dextrose 5%-0.2 % sod chloride</i>	79	docetaxel	24	ENGERIX-B (PF)	67
<i>dextrose 5%-0.3 % sod.chloride</i>	79	<i>donepezil</i>	16	ENGERIX-B PEDIATRIC (PF)	67
<i>diazepam</i>	35	DORIBAX	10	ENJUVIA	59
<i>diazepam intensol</i>	35	<i>dorzolamide</i>	71	enoxaparin	38
DIBENZYLINE	40	<i>dorzolamide-timolol</i>	71	<i>enoxaparin</i>	38
<i>diclofenac potassium</i>	1	<i>doxazosin</i>	40	<i>enpresse</i>	61
<i>diclofenac sodium</i>	1, 21, 49, 72	<i>doxepin</i>	18	<i>enskyce</i>	59
<i>diclofenac-misoprostol</i>	21	<i>doxercalciferol</i>	70	<i>entacapone</i>	28
<i>dicloxacillin</i>	10	DOXIL	24	entecavir	31
<i>dicyclomine</i>	51	<i>doxorubicin</i>	24	<i>enulose</i>	52
<i>didanosine</i>	33	<i>doxorubicin, peg-liposomal</i>	24	EPIDUO	49
DIFFERIN	49	<i>doxy-100</i>	12	<i>epinastine</i>	71
<i>diflorasone</i>	55	<i>doxycycline hyclate</i>	12	EPINEPHRINE	75
<i>diflunisal</i>	1	<i>doxycycline monohydrate</i>	13	EPIPEN 2-PAK	75
<i>digox</i>	44	<i>dronabinol</i>	19	EPIPEN JR 2-PAK	75
<i>digoxin</i>	44	<i>drosiprenone-ethinyl estradiol</i>	59	<i>epirubicin</i>	24
DIHYDROERGOTAMINE	21	DULERA	75	<i>epitol</i>	15
<i>dihydroergotamine</i>	21	<i>duloxetine</i>	17, 48	EPIVIR	33
DILANTIN	15	<i>duramorph (pf)</i>	2	EPIVIR HBV	31
DILANTIN EXTENDED	15	DUREZOL	72	<i>eplerenone</i>	44
DILANTIN INFATABS	15	DYRENIUM	44	EPOGEN	39
DILANTIN-125	15	<i>econazole</i>	19	<i>eprosartan</i>	40
<i>dilt-cd</i>	43	Edurant	33	Epzicom	33
<i>diltiazem hcl</i>	43	Elaprase	50	EQUETRO	15
<i>dilt-xr</i>	43	ELESTRIN	59	ERAXIS(WATER DILUENT)	19
<i>diltzac er</i>	43	ELIDEL	49	Erbitux	27
DIPENTUM	69	ELIGARD	64	<i>ergoloid</i>	16
<i>diphenhydramine hcl</i>	18	<i>elinest</i>	59	Erivedge	24
<i>diphenoxylate-atropine</i>	51	ELIQUIS	38	<i>errin</i>	61
<i>dipyridamole</i>	40	Elitek	50	Erwinaze	24
		<i>elixophyllin</i>	75	<i>ery pads</i>	11
		ELLA	61	ERYPED 200	11
		ELMIRON	53	ERYPED 400	11
		EMADINE	71	ERYTHROCIN	11
		EMCYT	23		11
		EMEND	19	<i>erythrocin (as stearate)</i>	11
		<i>emoquette</i>	59	<i>erythromycin</i>	11
		EMSAM	17	<i>erythromycin ethylsuccinate</i>	11
		EMTRIVA	33		
		ENABLEX	52		
		<i>enalapril maleate</i>	41		

<i>erythromycin with ethanol</i>		<i>fenoprofen</i>	1	Folotylin	24
.....	11	<i>fentanyl</i>	2	fomepizole	50
<i>erythromycin-benzoyl peroxide</i>		fentanyl citrate		fondaparinux	38
.....	49	.....	3	<i>fondaparinux</i>	
<i>escitalopram oxalate</i>		<i>fentanyl citrate</i>		.....	38
.....	17	.....	3	FORADIL AEROLIZER	
<i>esomeprazole sodium</i>		FETZIMA	17	.....	75
.....	52	FINACEA	49	FORTAZ IN DEXTROSE 5 %	
<i>estarylla</i>	59	<i>finasteride</i>	53	.....	9
ESTRACE	59	Firazyr	44	Forteo	70
<i>estradiol</i>	59	Firmagon	64	FOSAMAX PLUS D	
<i>estradiol valerate</i>		FIRMAGON	64	.....	70
.....	59	FLAGYL ER	7	<i>foscarnet</i>	31
<i>estradiol-norethindrone acet</i>		FLAREX	72	<i>fosinopril</i>	41
.....	59	<i>flavoxate</i>	52	<i>fosinopril-hydrochlorothiazide</i>	
ESTRING	59	<i>flecainide</i>	41	.....	41
<i>estropipate</i>	59	FLOVENT DISKUS		<i>fospheintoin</i>	15
<i>ethambutol</i>	22	.....	74	FOSRENOL	53
<i>ethosuximide</i>	13	FLOVENT HFA		FREAMINE HBC 6.9 %	
<i>etidronate disodium</i>		.....	74	.....	79
.....	70	<i>fluconazole</i>	19	FREAMINE III 10 %	
<i>etodolac</i>	1, 21	<i>fluconazole in dextrose(iso-o)</i>		.....	79
ETOPOPHOS		.....	20	FREAMINE III 8.5 %	
.....	26	<i>flucytosine</i>	20	.....	79
<i>etoposide</i>	26	<i>fludarabine</i>	25	<i>furosemide</i>	44
EURAX	28	<i>fludrocortisone</i>		FUSILEV	25
EVAMIST	59	.....	55	Fuzeon	34
EVISTA	63	<i>flunisolide</i>	74	FYCOMPA	13
EXELDERM	19	<i>fluocinolone</i>	55	<i>gabapentin</i>	14
EXELON	16	<i>fluocinolone acetone oil</i>		GABITRIL	14
<i>exemestane</i>	25	.....	55	<i>galantamine</i>	16
Exjade	77	<i>fluocinolone-shower cap</i>		GAMASTAN S/D	
Extavia	48	.....	55	.....	66
Fabrazyme	50	<i>fluocinonide</i>	55	Gammagard Liquid	
<i>falmina (28)</i>	59	<i>fluocinonide-e</i>		.....	66
<i>famciclovir</i>	33	.....	55	Gammaplex	66
<i>famotidine</i>	51	<i>fluor-a-day</i>	82	GAMUNEX-C	
<i>famotidine (pf)</i>		<i>fluoritab</i>	82	.....	67
.....	51	<i>fluorouracil</i>	49	<i>ganciclovir sodium</i>	
<i>famotidine (pf)-nacl (iso-os)</i>		<i>fluoxetine</i>	17	.....	31
.....	51	<i>fluphenazine decanoate</i>		GARDASIL (PF)	
FANAPT	30	.....	29	.....	67
FARESTON	23	<i>fluphenazine hcl</i>		<i>gatifloxacin</i>	12
Faslodex	23	.....	29	GAUZE BANDAGE	
FAZACLO	30, 31	<i>flurbiprofen</i>	1, 21	.....	37
<i>felbamate</i>	14	<i>flurbiprofen sodium</i>		<i>gavilyte-c</i>	52
<i>felodipine</i>	43	.....	72	<i>gavilyte-g</i>	52
FEMRING	59	<i>flutamide</i>	65	<i>gavilyte-n</i>	52
<i>fenofibrate</i>	45	<i>fluticasone</i>	55, 74	Gazyva	27
<i>fenofibrate micronized</i>		<i>fluvastatin</i>	45	GELNIQUE	53
.....	45	<i>fluvoxamine</i>	17	<i>gemcitabine</i>	24
<i>fenofibrate nanocrystallized</i>		FML FORTE	72	<i>gemfibrozil</i>	45
.....	45	FML S.O.P.	72	<i>generlac</i>	51
<i>fenofibric acid (choline)</i>		FOCALIN XR		<i>gengraf</i>	65
.....	45	.....	47	Genotropin	57

GENOTROPIN MINIQUICK	<i>haloperidol lactate</i>	<i>hydrochlorothiazide</i>
..... 57	..... 29	..... 45
Genotropin MiniQuick	HAVRIX (PF)	<i>hydrocodone-acetaminophen</i>
..... 57	..... 67, 68	..... 3
<i>gentak</i>	<i>hecoria</i>	<i>hydrocodone-ibuprofen</i>
..... 6	..... 65	..... 3
<i>gentamicin</i>	HECTOROL	<i>hydrocortisone</i>
..... 6	..... 70	..... 21, 55, 56, 69
<i>gentamicin in nacl (iso-osm)</i>	<i>heparin (porcine)</i>	<i>hydrocortisone butyrate</i>
..... 6	..... 38	..... 56
<i>gentamicin sulfate (pf)</i>	<i>heparin (porcine) in 5 % dex</i>	<i>hydrocortisone butyr-emollient</i>
..... 6	..... 38	..... 56
GEODON	<i>heparin (porcine) in nacl (pf)</i>	<i>hydrocortisone valerate</i>
..... 30	..... 39	..... 56
<i>gianvi (28)</i>	<i>heparin(porcine) in 0.45% nacl</i>	<i>hydrocortisone-acetic acid</i>
..... 59	..... 39	..... 73
<i>gildagia</i>	HEPATAMINE 8%	<i>hydromorphone</i>
..... 61	..... 79	..... 2, 3
<i>gildess</i>	..... 26	<i>hydromorphone (pf)</i>
..... 61	HEXALEN	..... 3
<i>gildess fe</i>	..... 23	<i>hydroxychloroquine</i>
..... 61	HUBER SAFETY NEEDLES	..... 27
Gilotrif	(DISP.)	<i>hydroxyurea</i>
..... 25	..... 37	..... 70
Glassia	HUMALOG	<i>ibuprofen</i>
..... 76	..... 37	..... 1, 21
Gleevec	HUMALOG KWIKPEN	..... 3
..... 26	..... 37	<i>Iclusig</i>
<i>glimepiride</i>	HUMALOG MIX 50-50	..... 26
..... 36	..... 37	<i>idarubicin</i>
<i>glipizide</i>	HUMALOG MIX 50-50	..... 25
..... 36	KWIKPEN	IFEX
<i>glipizide-metformin</i>	..... 37	..... 23
..... 36	HUMALOG MIX 75-25	<i>ifosfamide</i>
GLUCAGEN HYPOKIT	..... 37	..... 23
..... 37	HUMALOG MIX 75-25	<i>Imbruvica</i>
GLUCAGON EMERGENCY KIT	KWIKPEN	<i>imipenem-cilastatin</i>
(HUMAN)	..... 37	..... 10
<i>glyburide</i>	HUMALOG MIX 75-25	<i>imipramine hcl</i>
..... 36	..... 37	..... 18
<i>glyburide micronized</i>	KWIKPEN	..... 18
..... 36	..... 37	<i>imiquimod</i>
<i>glyburide-metformin</i>	Humatrope	..... 49
..... 36	..... 57	IMOYAX RABIES VACCINE
<i>glycopyrrolate</i>	Humira	(PF)
..... 51	..... 65	..... 68
<i>glydo</i>	Humira Crohn's Dis Start Pck	<i>Incivek</i>
..... 5	..... 65	..... 31
GLYSET	Humira Ped Crohn's Starter Pk	<i>Increlex</i>
..... 36	..... 65	..... 57
GOLYTELY	HUMULIN 70/30	<i>indapamide</i>
..... 52	..... 37	..... 45
<i>granisetron</i>	HUMULIN 70/30 KWIKPEN	<i>indomethacin</i>
..... 19	..... 37	..... 1, 21
<i>granisetron (pf)</i>	HUMULIN 70/30 PEN	INFANRIX (DTAP) (PF)
..... 19	..... 37	..... 68
<i>griseofulvin microsize</i>	HUMULIN N	<i>Infergen</i>
..... 20	..... 37	..... 31
<i>griseofulvin ultramicrosize</i>	HUMULIN N KWIKPEN	<i>Inlyta</i>
..... 20	..... 37	..... 26
<i>guanfacine</i>	HUMULIN N PEN	INSULIN PEN NEEDLE
..... 40	..... 37	..... 37
<i>guanidine</i>	HUMULIN R	INSULIN SYRINGE
..... 22	..... 37	..... 37
Halaven	HUMULIN R U-500	..... 37
..... 25	"CONCENTRATED"	..... 37
HALFLYTELY-BISACODYL	..... 37	<i>hydralazine</i>
W-FLAV PK	..... 37	..... 45, 46
<i>halobetasol propionate</i>	HUMULIN R	
..... 55	..... 37	
HALOG	HUMULIN R U-500	
..... 55	"CONCENTRATED"	
<i>haloperidol</i>	..... 37	
..... 29	<i>hydralazine</i>	
<i>haloperidol decanoate</i>	..... 29	
..... 29		

INSULIN SYRINGE NEEDLELESS	38	JANUMET	36	LAMICTAL STARTER (BLUE) KIT	14
INSULIN SYRINGE-NEEDLE U-100	38	JANUMET XR	36	LAMICTAL STARTER (GREEN) KIT	14
Intelence	33	JANUVIA	36	LAMICTAL STARTER (ORANGE) KIT	14
INTELENCE	33	<i>jencycla</i>	61	LAMICTAL XR	15
INTRALIPID	80	Jevtana	25	LAMICTAL XR STARTER (BLUE)	15
INTRON A	31	<i>jinteli</i>	59	LAMICTAL XR STARTER (GREEN)	15
<i>introvale</i>	59	<i>jolessa</i>	59	LAMICTAL XR STARTER (ORANGE)	15
INTUNIV ER	47	<i>jolivette</i>	61	<i>lamivudine</i>	31, 33
INVANZ	10	<i>junel 1.5/30 (21)</i>	61	lamivudine-zidovudine	33
INVEGA	30	<i>junel 1/20 (21)</i>	61	<i>lamotrigine</i>	15
Invega Sustenna	30	<i>junel fe 1.5/30 (28)</i>	61	LANOXIN	44
INVEGA SUSTENNA	30	<i>junel fe 1/20 (28)</i>	62	<i>lansoprazole</i>	52
INVIRASE	34	JUVISYNC	45	LANTUS	38
<i>ionosol-b in d5w</i>	80	Kadcyla	24	LANTUS SOLOSTAR	38
<i>ionosol-mb in d5w</i>	80	KALETRA	34	<i>larin 1.5/30 (21)</i>	62
IOPIDINE	71	Kalydeco	76	<i>larin 1/20 (21)</i>	62
IPOL	68	<i>kariva (28)</i>	59	<i>larin fe</i>	62
<i>ipratropium bromide</i>	74	<i>kelnor 1/35 (28)</i>	59	<i>latanoprost</i>	73
<i>ipratropium-albuterol</i>	74	KENALOG	56	LATUDA	30
<i>irbesartan</i>	40	KEPIVANCE	48	<i>leena 28</i>	62
<i>irbesartan-hydrochlorothiazide</i>	40	KEPPRA	13	<i>leflunomide</i>	67
<i>irinotecan</i>	25	KEPPRA XR	13	<i>lessina</i>	62
ISENTRESS	34	KETEK	11	Letairis	76
Isentress	34	<i>ketoconazole</i>	20	<i>letrozole</i>	25
ISENTRESS	34	<i>ketoprofen</i>	1, 21	<i>leucovorin calcium</i>	25
<i>isolyte-p in 5 % dextrose</i>	80	<i>ketorolac</i>	1, 72	LEUKERAN	23
ISOLYTE-S	80	KHEDEZLA	17	Leukine	39
<i>isoniazid</i>	22	Kineret	65	<i>leuprolide</i>	64
ISOPTO CARPINE	72	<i>kionex</i>	77	<i>levalbuterol hcl</i>	75
<i>isosorbide dinitrate</i>	46	<i>klor-con 8</i>	80	LEVEMIR	38
<i>isosorbide mononitrate</i>	46	<i>klor-con m10</i>	80	LEVEMIR FLEXPEN	38
<i>isradipine</i>	43	<i>klor-con m15</i>	80	LEVEMIR FLEXTOUCH	38
ISTALOL	72	<i>klor-con m20</i>	80	<i>levetiracetam</i>	13
Istodax	25	KRISTALOSE	51	<i>levobunolol</i>	72
<i>itraconazole</i>	20	<i>kurvelo</i>	62	<i>levocarnitine</i>	80
Ixempra	25	Kuvan	50	<i>levocarnitine (with sugar)</i>	80
IXIARO (PF)	68	<i>l norgest&e estradiol-e estrad</i>	59		
Jakafi	26	<i>labetalol</i>	42		
JALYN	53	LACRISERT	70		
<i>jantoven</i>	39	<i>lactated ringers</i>	80		
		<i>lactulose</i>	52		
		LAMICTAL	14		
		LAMICTAL ODT	14		

<i>levocetirizine</i>		<i>lortab 5-325</i>	3	<i>meloxicam</i>	1, 21
.....	73	<i>lortab 7.5-325</i>	3	<i>melphalan</i>	23
<i>levofloxacin</i>	12	.....	3	MENACTRA (PF)	68
<i>levofloxacin in d5w</i>	12	<i>loryna (28)</i>	60	.....	68
.....	12	<i>losartan</i>	40	MENEST	60
<i>levonest (28)</i>	60	<i>losartan-hydrochlorothiazide</i>	40	MENOMUNE - A/C/Y/W-135	68
<i>levonorgestrel-ethinyl estrad</i>	60, 62	.....	40	(PF)	68
.....	60, 62	LOTEMAX	72	MENOSTAR	60
<i>levora-28</i>	62	LOTRONEX	52	MENVEO A-C-Y-W-135-DIP	68
<i>levorphanol tartrate</i>	3	<i>lovastatin</i>	45	(PF)	68
.....	3	LOVAZA	45	MEPRON	28
<i>levothyroxine</i>		<i>low-ogestrel (28)</i>	62	<i>mercaptapurine</i>	65
.....	63	.....	62	.....	65
LEVOXYL	63	<i>loxapine succinate</i>	29	<i>meropenem</i>	10
LEXIVA	34	.....	29	<i>mesalamine with cleansing wipe</i>	69
Lexiva	34	LUFYLLIN	75	.....	69
LIALDA	69	Lupron Depot	64	<i>mesna</i>	25
<i>lidocaine</i>	5	.....	64	MESNEX	25
<i>lidocaine (pf)</i>	5	Lupron Depot (3 Month)	64	MESTINON	22
.....	5	.....	64	MESTINON TIMESPAN	22
<i>lidocaine hcl</i>	5	Lupron Depot (4 Month)	64	.....	22
<i>lidocaine viscous</i>	5	.....	64	METADATE ER	47
.....	5	Lupron Depot (6 Month)	64	.....	47
<i>lidocaine-prilocaine</i>	5	.....	64	<i>metaproterenol</i>	75
.....	5	Lupron Depot-Ped	64	.....	75
LIDODERM	5	.....	64	<i>metformin</i>	36
LINCOCIN	7	Lupron Depot-Ped (3 Month)	64	<i>methadone</i>	3, 4
<i>lindane</i>	28	.....	64	<i>methadone intensol</i>	4
<i>liothyronine</i>	63	<i>luteru (28)</i>	62	.....	4
<i>lipodox</i>	25	LYRICA	13, 48	<i>methamphetamine</i>	46
<i>lipodox 50</i>	25	LYSODREN	63	.....	46
LIPOSYN II	80	<i>lyza</i>	62	<i>methazolamide</i>	44
LIPOSYN III	80	<i>mafenide acetate</i>	7	.....	44
<i>lisinopril</i>	41	.....	7	<i>methenamine hippurate</i>	7
<i>lisinopril-hydrochlorothiazide</i>	41	<i>magnesium sulfate</i>	80	.....	7
.....	41	.....	80	<i>methimazole</i>	65
<i>lithium carbonate</i>	35	<i>malathion</i>	28	METHITEST	58
.....	35	<i>maprotiline</i>	17	<i>methocarbamol</i>	77
<i>lithium citrate</i>	35	<i>marlissa</i>	60	.....	77
.....	35	MARPLAN	17	<i>methotrexate sodium</i>	65
LOCOID	56	MATULANE	23	.....	65
LOCOID LIPOCREAM	56	<i>matzim la</i>	43	<i>methotrexate sodium (pf)</i>	65
.....	56	MAXIDEX	72	.....	65
LOESTRIN 24 FE	62	<i>meclizine</i>	18	<i>methoxsalen rapid</i>	49
.....	62	<i>meclofenamate</i>	1, 21	.....	49
<i>lokara</i>	56	.....	1, 21	<i>methscopolamine</i>	51
<i>lomedica 24 fe</i>	62	<i>medroxyprogesterone</i>	62	.....	51
.....	62	.....	62	<i>methyclothiazide</i>	45
<i>loperamide</i>	51	<i>mefenamic acid</i>	1	.....	45
<i>lorcet (hydrocodone)</i>	3	.....	1	<i>methyl dopa</i>	40
.....	3	<i>mefloquine</i>	28	<i>methyl dopa-hydrochlorothiazide</i>	40
<i>lorcet hd</i>	3	MEGACE ES	62	.....	40
<i>lorcet plus</i>	3	.....	62	<i>methyl dopate</i>	40
<i>lortab 10-325</i>	3	<i>megestrol</i>	62	.....	40
.....	3	Mekinist	25		

<i>methylergonovine</i>		<i>modafinil</i>	77	NATACYN	20
.....	53	<i>moderiba</i>	31	<i>nateglinide</i>	36
<i>methylin</i>	47	<i>moderiba dose pack</i>		NEBUPENT	28
<i>methylphenidate</i>		.....	31, 32	<i>necon 0.5/35 (28)</i>	
.....	47	<i>moexipril</i>	41	.....	62
<i>methylprednisolone</i>		<i>moexipril-hydrochlorothiazide</i>		<i>necon 1/35 (28)</i>	
.....	21, 56	.....	41	.....	62
<i>methylprednisolone acetate</i>		<i>mometasone</i>	56	<i>necon 10/11 (28)</i>	
.....	56	<i>mono-lynyah</i>	60	.....	62
<i>methylprednisolone sodium succ</i>		<i>mononessa (28)</i>		<i>necon 7/7/7 (28)</i>	
.....	56	.....	60	.....	62
<i>metipranolol</i>	72	<i>montelukast</i>	74	<i>nefazodone</i>	17
<i>metoclopramide hcl</i>		MONUROL	7	<i>neomycin</i>	6
.....	18	<i>morphine</i>	2, 4	<i>neomycin-bacitracin-poly-hc</i>	
<i>metolazone</i>	45	MORPHINE CONCENTRATE		.....	70
<i>metoprolol succinate</i>		.....	4	<i>neomycin-bacitracin-polymyxin</i>	
.....	42	MOTOFEN	51	.....	70
<i>metoprolol ta-hydrochlorothiaz</i>		MOVIPREP	52	<i>neomycin-polymyxin b gu</i>	
.....	42	<i>moxifloxacin</i>	12	.....	8
<i>metoprolol tartrate</i>		Mozobil	39	<i>neomycin-polymyxin-dexameth</i>	
.....	42	<i>mupirocin</i>	8	.....	70
<i>metronidazole</i>		<i>mupirocin calcium</i>		<i>neomycin-polymyxin-gramicidin</i>	
.....	7	.....	8	.....	71
<i>metronidazole in nacl (iso-os)</i>		MUSTARGEN		<i>neomycin-polymyxin-hc</i>	
.....	7	.....	23	.....	71, 73
<i>mexiletine</i>	41	MYCAMINE	20	NEORAL	66
MIACALCIN		MYCOBUTIN		NEPHRAMINE 5.4 %	
.....	70	.....	22	.....	80
<i>miconazole-3</i>		<i>mycophenolate mofetil</i>		<i>neuac</i>	49
.....	20	.....	66	Neulasta	39
<i>microgestin 1.5/30 (21)</i>		<i>mycophenolate sodium</i>		Neumega	39
.....	62	.....	66	Neupogen	39
<i>microgestin 1/20 (21)</i>		<i>myorisan</i>	49	NEVANAC	72
.....	62	Myozyme	50	NEVIRAPINE	
<i>microgestin fe 1.5/30 (28)</i>		<i>myzilra</i>	60	.....	33
.....	62	<i>nabumetone</i>	1, 21	<i>nevirapine</i>	33
<i>microgestin fe 1/20 (28)</i>		<i>nadolol</i>	42	Nexavar	26
.....	62	<i>nadolol-bendroflumethiazide</i>		<i>niacin</i>	45
<i>midodrine</i>	40	.....	42	<i>nicardipine</i>	43
<i>migergot</i>	22	<i>nafacillin</i>	10	NICOTROL	6
MIGRANAL	22	<i>nafacillin in dextrose iso-osm</i>		NICOTROL NS	
MILLIPRED	56, 72	.....	10	.....	6
<i>mimvey</i>	60	NAFTIN	20	<i>nifedical xl</i>	43
<i>mimvey lo</i>	60	Naglazyme	50	<i>nifedipine</i>	43
<i>minitran</i>	46	<i>nalbuphine</i>	4	<i>nikki (28)</i>	60
<i>minocycline</i>	13	<i>naloxone</i>	5	NILANDRON	
<i>minoxidil</i>	46	<i>naltrexone</i>	5	.....	65
MIRAPEX ER		NAMENDA	16	<i>nimodipine</i>	43
.....	29	NAMENDA TITRATION PAK		Nipent	24
<i>mirtazapine</i>	17	.....	16	<i>nisoldipine</i>	43
<i>misoprostol</i>	58	<i>naphazoline</i>	70	NITRO-BID	46
<i>mitomycin</i>	25	<i>naproxen</i>	1, 21	<i>nitrofurantoin</i>	
<i>mitoxantrone</i>	25	<i>naproxen sodium</i>		.....	8
M-M-R II (PF)		.....	1	<i>nitrofurantoin macrocrystal</i>	
.....	68	<i>naratriptan</i>	22	.....	8

<i>nitrofurantoin monohyd/m-cryst</i>	Nulojix	66	<i>oxacillin in dextrose(iso-osm)</i>	10
..... 8	<i>nutrilyte</i>	80	..... 10	
NITROGLYCERIN	<i>nutrilyte ii</i>	80	oxaliplatin	23
..... 46	Nutropin	57	<i>oxandrolone</i>	58
<i>nitroglycerin</i>	Nutropin AQ	57	<i>oxaprozin</i>	2
NITROMIST	Nutropin AQ Nuspin	57	<i>oxcarbazepine</i>	15
..... 46	..... 57		OXISTAT	20
NITROSTAT	NUVARING	60	OXSORALEN	49
..... 46	<i>nyamyc</i>	20	..... 49	
<i>nizatidine</i>	<i>nystatin</i>	20	OXSORALEN ULTRA	49
<i>nora-be</i>	<i>nystatin-triamcinolone</i>	49	..... 49	
Norditropin FlexPro	..... 49		<i>oxybutynin chloride</i>	53
..... 57	<i>nystop</i>	20	..... 53	
Norditropin Nordiflex	<i>ocella</i>	60	<i>oxycodone</i>	4
..... 57	octreotide acetate	64	<i>oxycodone-acetaminophen</i>	4
<i>norethindrone (contraceptive)</i>	..... 64		..... 4	
..... 62	<i>octreotide acetate</i>	64	<i>oxycodone-aspirin</i>	4
<i>norethindrone acetate</i>	..... 64		..... 4	
..... 62	<i>ofloxacin</i>	12	<i>oxymorphone</i>	4
<i>norethindrone ac-eth estradiol</i>	<i>ogestrel (28)</i>	60	OXYTROL	53
..... 62	<i>olanzapine</i>	30	<i>pacerone</i>	41
<i>norethindrone-e.estradiol-iron</i>	<i>olanzapine-fluoxetine</i>	17	<i>paclitaxel</i>	25
..... 62	..... 17		<i>pamidronate</i>	70
<i>norgestimate-ethinyl estradiol</i>	OLUX	56	PANCREAZE	50
..... 60	Olysio	32	..... 50	
<i>norlyroc</i>	<i>omega-3 acid ethyl esters</i>	45	PANCRELIPASE 5000	50
<i>normosol-m in 5 % dextrose</i>	..... 45		..... 50	
..... 80	<i>omeprazole</i>	52	PANDEL	56
<i>normosol-r in 5 % dextrose</i>	OMNITROPE	57	..... 56	
..... 80	..... 57		PANRETIN	27
NORMOSOL-R PH 7.4	Omnitrope	57	<i>pantoprazole</i>	52
..... 80	Oncaspar	25	<i>paricalcitol</i>	70
NOROXIN	<i>ondansetron</i>	19	<i>paroex oral rinse</i>	48
<i>nortrel 0.5/35 (28)</i>	<i>ondansetron hcl</i>	19	..... 48	
..... 62	..... 19		PAROMOMYCIN	6
<i>nortrel 1/35 (21)</i>	<i>ondansetron hcl (pf)</i>	19	..... 6	
..... 62	..... 19		<i>paroxetine hcl</i>	17
<i>nortrel 1/35 (28)</i>	ONFI	13	..... 17	
..... 62	Onfi	14	PASER	22
<i>nortrel 7/7/7 (28)</i>	ORAP	29	PATADAY	71
..... 62	ORAPRED ODT	56, 72	PATANASE	73
<i>nortriptyline</i>	..... 56, 72		PATANOL	71
..... 18	Orencia	66	PAXIL	17
NORVIR	Orencia (with maltose)	66	<i>pedi-dri</i>	20
..... 34	..... 66		PEDVAX HIB (PF)	68
NOVOLIN 70/30	Orfadin	50	..... 68	
..... 38	<i>orphenadrine citrate</i>	77	<i>peg 3350-electrolytes</i>	52
NOVOLIN N	..... 77		..... 52	
..... 38	<i>orsythia</i>	60	<i>peg-3350 with flavor packs</i>	52
NOVOLIN R	..... 60		..... 52	
..... 38	ORTHO EVRA	63	PEGANONE	15
NOVOLOG	..... 63		Pegasys	32
..... 38	ORTHO TRI-CYCLEN LO (28)	60	Pegasy ProClick	32
NOVOLOG FLEXPEN	..... 60		..... 32	
..... 38	OSMOPREP	52		
NOVOLOG MIX 70-30	<i>oxacillin</i>	10		
..... 38	..... 10			
NOVOLOG MIX 70-30				
FLEXPEN				
..... 38				
NOXAFIL				
..... 20				
Noxafil				
..... 20				
NUEDEXTA				
..... 47				

PegIntron	32	<i>pioglitazone-metformin</i>	36	<i>prednisolone acetate</i>	72
PegIntron Redipen	32	<i>piperacillin-tazobactam</i>	11	<i>prednisolone sodium phosphate</i>	56, 72
PENICILLIN G POT IN	10	<i>pirmella</i>	60, 63	<i>prednisone</i>	21, 56
DEXTROSE	11	<i>piroxicam</i>	2, 21	PREDNISONE INTENSOL	56
<i>penicillin g potassium</i>	11	PLASMA-LYTE 148	80	PREFEST	60
<i>penicillin g procaine</i>	11	PLASMA-LYTE A	80	<i>pregnyl</i>	57
<i>penicillin g sodium</i>	11	<i>plasma-lyte-56 in 5 % dextrose</i>	81	PREMARIN	60
<i>penicillin v potassium</i>	11	<i>podofilox</i>	49	<i>premasol 10 %</i>	81
PENTAM	28	<i>polyethylene glycol 3350</i>	52	<i>premasol 6 %</i>	81
PENTASA	69	<i>polymyxin b sulfate</i>	8	PREMPHASE	60
<i>pentazocine-acetaminophen</i>	4	<i>polymyxin b sulf-trimethoprim</i>	71	PREMPRO	60
<i>pentazocine-naloxone</i>	4	Pomalyst	24	PRENATAL VITAMIN	82
<i>pentoxifylline</i>	44	<i>portia</i>	63	<i>prevalite</i>	45
PERFOROMIST	75	<i>potassium chlorid-d5-0.45%nacl</i>	81	<i>previfem</i>	60
<i>perindopril erbumine</i>	41	<i>potassium chloride</i>	81	Prezista	34
<i>periogard</i>	48	<i>potassium chloride in 0.9%nacl</i>	81	PREZISTA	34
Perjeta	27	<i>potassium chloride in 5 % dex</i>	81	Prezista	34
<i>permethrin</i>	28	<i>potassium chloride in lr-d5</i>	81	PRIFTIN	23
<i>perphenazine</i>	18	<i>potassium chloride-0.45 % nacl</i>	81	PRIMAQUINE	28
<i>perphenazine-amitriptyline</i>	18	<i>potassium chloride-d5-0.2%nacl</i>	81	<i>primidone</i>	14
<i>phenelzine</i>	17	<i>potassium chloride-d5-0.3%nacl</i>	81	PRISTIQ	18
<i>phenobarbital</i>	13	<i>potassium chloride-d5-0.9%nacl</i>	81	Privigen	67
PHENYTEK	15	<i>potassium citrate</i>	81	PROAIR HFA	75
<i>phenytoin</i>	15	Potiga	13	<i>probenecid</i>	21
<i>phenytoin sodium</i>	15	POTIGA	13	<i>procainamide</i>	41
<i>phenytoin sodium extended</i>	15	PRADAXA	39	PROCALAMINE 3%	81
PHISOHEX	49	<i>pramipexole</i>	29	<i>prochlorperazine</i>	18
PHOSPHOLINE IODIDE	72	PRANDIMET	36	<i>prochlorperazine edisylate</i>	18
<i>physiolyte</i>	80	<i>pravastatin</i>	45	<i>prochlorperazine maleate</i>	18
PHYSIOSOL IRRIGATION	80	<i>prazosin</i>	40	PROCRIT	39
<i>pilocarpine hcl</i>	48, 72	PRED MILD	72	Procrit	39
<i>pimtreea (28)</i>	60	PRED-G	71	<i>proctocream-hc</i>	69
<i>pindolol</i>	42	PRED-G S.O.P.	71	<i>procto-pak</i>	69
<i>pioglitazone</i>	36	<i>prednicarbate</i>	56	<i>proctosol hc</i>	69
<i>pioglitazone-glimepiride</i>	36			<i>proctozone-hc</i>	69
				<i>progesterone micronized</i>	63
				PROGLYCEM	37

PROGRAF	66	RAPAMUNE	66	<i>roxicet</i>	5
Prolastin-C	76	Rebif (with albumin)	48	Sabril	14
Proleukin	67	Rebif Titration Pack	48	Saizen	57
Promacta	39	reclipsen (28)	60	Saizen click.easy	57
<i>propafenone</i>	41	RECOMBIVAX HB (PF)	68	Samsca	77
<i>proprantheleine</i>	51	REGONOL	22	SANDIMMUNE	66
<i>propranacaine</i>	71	RELENZA DISKHALER	34	Sandostatin LAR Depot	64
<i>propranolol</i>	42	RELISTOR	51	SANTYL	49
<i>propranolol-hydrochlorothiazid</i>	42	Remicade	66	SAPHRIS (BLACK CHERRY)	35
<i>propylthiouracil</i>	65	Remodulin	76	<i>selegiline hcl</i>	29
PROQUAD (PF)	68	RENAGEL	53	<i>selenium sulfide</i>	49
PROSOL 20 %	81	REVELA	53, 54	Selzentry	34
PROTOPIC	49	<i>repaglinide</i>	36	SEMPREX-D	73
<i>protriptyline</i>	18	RESCRIPTOR	33	SENSIPAR	63, 64
PROVENTIL HFA	76	<i>reserpine</i>	44	SEREVENT DISKUS	76
PRUDOXIN	49	RESTASIS	71	Serostim	57
PULMICORT	74	RETIN-A MICRO	27	<i>sertraline</i>	18, 35
PULMICORT FLEXHALER	74	RETROVIR	33	SEVELAMER CARBONATE	54
PULMOZYME	76	Revatio	76	<i>sharobel</i>	63
Purixan	66	Revlimid	23	<i>sildenafil</i>	76
PYLERA	51	REYATAZ	34	<i>silver sulfadiazine</i>	12
<i>pyrazinamide</i>	23	Reyataz	34	Simponi	66
<i>pyridostigmine bromide</i>	22	RHEUMATREX	66	Simponi ARIA	66
<i>quasense</i>	63	<i>ribapak dose pack</i>	32	Simulect	66
<i>quetiapine</i>	30	<i>ribasphere</i>	32	<i>simvastatin</i>	45
<i>quinapril</i>	41	<i>ribavirin</i>	32	<i>sirolimus</i>	66
<i>quinapril-hydrochlorothiazide</i>	41	RIDAURA	67	<i>sodium chloride</i>	81
<i>quinidine gluconate</i>	42	<i>rifabutin</i>	22	<i>sodium chloride 0.45 %</i>	81
<i>quinidine sulfate</i>	42	<i>rifampin</i>	23	<i>sodium chloride 0.9 %</i>	82
<i>quinine sulfate</i>	28	RIFATER	23	<i>sodium chloride 3 %</i>	82
QVAR	74	<i>riluzole</i>	47	<i>sodium chloride 5 %</i>	82
RABAVERT (PF)	68	<i>rimantadine</i>	34	<i>sodium fluoride</i>	82
<i>rabeprazole</i>	52	<i>ringers</i>	81	<i>sodium lactate</i>	82
<i>raloxifene</i>	63	RIOMET	36	<i>sodium phenylbutyrate</i>	50
<i>ramipril</i>	41	<i>risedronate</i>	70	<i>sodium polystyrene (sorb free)</i>	77
RANEXA	44	RISPERDAL CONSTA	30	SOLARAZE	49
<i>ranitidine hcl</i>	51	<i>risperidone</i>	30		
		RITALIN LA	47		
		Rituxan	27		
		<i>rivastigmine tartrate</i>	16		
		<i>rizatriptan</i>	22		
		<i>ropinirole</i>	29		
		ROTATEQ VACCINE	68		

SOLTAMOX	23	<i>sulfacetamide-prednisolone</i>		<i>terazosin</i>	40
SOLU-CORTEF (PF)			71	<i>terbinafine hcl</i>	
	56	<i>sulfadiazine</i>	12		20
SOLU-MEDROL		<i>sulfamethoxazole-trimethoprim</i>	12	<i>terbutaline</i>	76
	56	SULFAMYLON		<i>terconazole</i>	20
SOLU-MEDROL (PF)			8	TESTIM	58
	56	<i>sulfasalazine</i>	69	<i>testosterone cypionate</i>	
Somatuline Depot		<i>sulfazine ec</i>	69		58
	64	<i>sulindac</i>	2, 21	<i>testosterone enanthate</i>	
Somavert	64	<i>sumatriptan</i>	22		58
Soriatane	49	<i>sumatriptan succinate</i>	22	TESTRED	58
<i>sotalol</i>	42		22	TETANUS	
<i>sotalol af</i>	42	SUPRAX	9	TOXOID, ADSORBED (PF)	
Sovaldi	32	SUPREP	52		68
SPIRIVA WITH HANDIHALER		SUSTIVA	33	TETANUS-DIPHTHERIA	
	74	Sutent	26	TOXOIDS-TD	
<i>spironolactone</i>		Sylatron	25		68
	44	Sylvant	27	Tev-Tropin	58
<i>spironolacton-hydrochlorothiaz</i>		SYMLINPEN 120		Thalomid	23
	44		36	<i>theophylline</i>	75
<i>sprintec (28)</i>	60	SYMLINPEN 60		<i>thioridazine</i>	29
Sprycel	26		36	<i>thiothixene</i>	29
<i>sronyx</i>	63	Synagis	67	Thymoglobulin	
<i>ssd</i>	12	Synarel	64		67
<i>stagesic</i>	5	SYNERA	5	<i>tiagabine</i>	14
STALEVO 100		SYNERCID	8	<i>ticlopidine</i>	40
	28	Synribo	25	TIKOSYN	42
STALEVO 125		SYNTHROID		TIMENTIN	11
	28		63	<i>timolol maleate</i>	
STALEVO 150		SYPRINE	77		22, 72
	28	TABLOID	24	TIMOPTIC OCUDOSE (PF)	
STALEVO 200		TACLONEX	49, 50		72
	28	<i>tacrolimus</i>	66	<i>tinidazole</i>	28
STALEVO 50		Tafinlar	25	Tivicay	34
	28	TALWIN	5	<i>tizanidine</i>	31, 77
STALEVO 75		TAMIFLU	34, 35	TOBI	6
	28	<i>tamoxifen</i>	23	TOBRADEX	6
<i>stavudine</i>	33	<i>tamsulosin</i>	53	TOBRADEX ST	
Stelara	49	Tarceva	26		71
STIMATE	58	TARGRETIN		<i>tobramycin</i>	6
Stivarga	26		27	<i>tobramycin in 0.225 % nacl</i>	
STRATTERA		<i>tarina fe</i>	63		6
	47	TARKA	41	<i>tobramycin in 0.9 % nacl</i>	
<i>streptomycin</i>	6	Tasigna	26		6
Stribild	33	TASMAR	28	<i>tobramycin sulfate</i>	
STROMECTOL		TAZORAC	50		6
	27	<i>taztia xt</i>	43	<i>tobramycin-dexamethasone</i>	
SUBOXONE	5	TEGRETOL XR			71
SUCRAID	50		15	TOBRESX	6
<i>sucrafate</i>	52	<i>telmisartan</i>	40	<i>tolazamide</i>	36
<i>sulfacetamide sodium</i>		<i>telmisartan-amlodipine</i>	41	<i>tolbutamide</i>	36
	12, 71		41	<i>tolmetin</i>	2, 21
<i>sulfacetamide sodium (acne)</i>		<i>telmisartan-hydrochlorothiazid</i>	41	<i>tolterodine</i>	53
	12		41	TOPAMAX	15
				<i>topiramate</i>	22

TOPOTECAN	26	TRISENOX	25	VERIPRED 20	57
<i>topotecan</i>	26	<i>tri-sprintec</i> (28)	60	Versacloz	31
Torisel	66	<i>trivora</i> (28)	63	VESICARE	53
<i>torseamide</i>	44	Trizivir	33	<i>vestura</i> (28)	61
TOVIAZ	53	TROPHAMINE 10 %	82	VEXOL	73
<i>tpn electrolytes</i>	82	TROPHAMINE 6%	82	VIBATIV	8
Tracleer	76	<i>trospium</i>	53	VICTOZA 3-PAK	37
<i>tramadol</i>	2, 5	Truvada	33	Victrelis	32
<i>tramadol-acetaminophen</i>	5	TWINRIX (PF)	68	VIDEX 2 GRAM PEDIATRIC	34
<i>trandolapril</i>	41	TYGACIL	8	VIIBRYD	17
<i>tranexamic acid</i>	40	Tykerb	26	Vimizim	50
<i>tranylcypromine</i>	17	TYPHIM VI	68	VIMPAT	16
TRAVASOL 10 %	82	Tysabri	48	<i>vinblastine</i>	23
TRAVATAN Z	73	Tyzeka	32	<i>vincasar pfs</i>	23
<i>travoprost (benzalkonium)</i>	73	TYZINE	76	<i>vincristine</i>	23
<i>trazodone</i>	17	U-CORT	57	<i>vinorelbine</i>	25
Treanda	23	UNASYN	11	<i>viorele</i> (28)	61
TRECTOR	23	<i>unithroid</i>	63	Viracept	34
Trelstar	64	UROCIT-K 10	82	VIRAMUNE	33
<i>tretinoin</i>	27	UROCIT-K 5	82	VIREAD	32
<i>tretinoin (chemotherapy)</i>	27	<i>ursodiol</i>	51	VIVELLE-DOT	61
<i>tretinoin microspheres</i>	27	UVADEX	50	Vivitrol	5
TRETIN-X	27	VAGIFEM	61	VOLTAREN	50
TREXALL	66	<i>valacyclovir</i>	33	voriconazole	20
<i>triamcinolone acetonide</i>	48, 57, 74	VALCYTE	31	<i>voriconazole</i>	20
<i>triamterene-hydrochlorothiazid</i>	44, 45	<i>valproate sodium</i>	14	Votrient	26
<i>triderm</i>	57	<i>valproic acid</i>	14	VPRIV	50
<i>tri-estarylla</i>	60	<i>valproic acid (as sodium salt)</i>	14	<i>vyfemla</i> (28)	61
<i>trifluoperazine</i>	29	<i>valsartan</i>	41	VYVANSE	46
<i>trifluridine</i>	33	<i>valsartan-hydrochlorothiazide</i>	41	<i>warfarin</i>	39
<i>trihexyphenidyl</i>	28	<i>vancomycin</i>	8	<i>water for irrigation, sterile</i>	50
<i>tri-legest fe</i>	63	<i>vandazole</i>	8	WELCHOL	37
TRILEPTAL	15, 16	VANOS	57	<i>wymzya fe</i>	63
<i>tri-lynyah</i>	60	VAQTA (PF)	68	Xalkori	26
<i>trilyte with flavor packets</i>	52	VARIVAX (PF)	68	XARELTO	39
<i>trimethoprim</i>	8	Vectibix	27	Xenazine	47
<i>trimipramine</i>	18	VECTICAL	50	Xgeva	70
<i>trinessa</i> (28)	60	VELCADE	25	XIFAXAN	8
<i>tri-previfem</i> (28)	60	<i>velivet triphasic regimen</i> (28)	61	Xifaxan	8
		<i>venlafaxine</i>	18, 35	Xolair	76
		Ventavis	76	XOPENEX	76
		VENTOLIN HFA	76	XOPENEX HFA	76
		<i>verapamil</i>	43	Xtandi	65
		VEREGEN	50	<i>xulane</i>	63
				XYREM	77
				Yervoy	25
				YF-VAX (PF)	68
				<i>zafirlukast</i>	74

<i>zaleplon</i>	77
Zaltrap	25
ZANOSAR	6
Zavesca	50
<i>zazole</i>	20
Zelboraf	25
Zemaira	76
ZEMPLAR	70
<i>zenatane</i>	50
<i>zenchent (28)</i>	63
<i>zenchent fe</i>	63
ZENPEP	51
ZETIA	45
ZIAGEN	34
ZIANA	50
<i>zidovudine</i>	34
<i>ziprasidone hcl</i>	30
<i>zoledronic acid</i>	70
<i>zoledronic acid-mannitol-water</i>	70
Zolinza	20
<i>zolmitriptan</i>	22
<i>zolpidem</i>	77
Zometa	70
ZONALON	50
<i>zonisamide</i>	13
Zorbtive	58
ZORTRESS	66
Zortress	66
ZOSTAVAX (PF)	68
ZOSYN IN DEXTROSE (ISO-OSM)	11
<i>zovia 1/35e (28)</i>	61
<i>zovia 1/50e (28)</i>	61
Zydelig	26
ZYFLO CR	74
Zykadia	26
ZYLET	71
Zytiga	25
ZYVOX	8

This formulary was updated on 11/01/2014. For more recent information or other questions, please contact us, Asuris Medicare Script Enhanced and Asuris Medicare Script Basic's Customer Service, at 1 (800) 541-8981 or, for TTY users, 711, from 8:00 a.m. to 8:00 p.m. Monday through Friday (from October 1 through February 14, our telephone hours are 8:00 a.m. to 8:00 p.m., seven days a week) or visit www.asuris.com/medicare.

Asuris Northwest Health is a PDP plan with a Medicare contract. Enrollment in Asuris Northwest Health depends on contract renewal.