

# TUFTS Health Plan Senior Care Options

65+ with MassHealth Standard

## Please Read

This document contains information about the drugs we cover in this plan.

**Note to existing members:** This formulary has changed since last year.



## Tufts Health Plan Senior Care Options (HMO SNP) **2014 Formulary** (List of Covered Drugs)

Please review this document to make sure that it still contains the drugs you take.

This formulary was updated on January 1, 2014. For more recent information or other questions, please contact Tufts Health Plan Senior Care Options (HMO SNP) Customer Relations at 1-855-670-5934 or, for TTY users, 1-855-670-5936, Monday - Friday 8:00 a.m. - 8:00 p.m. (from Oct. 1 - Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day. Or visit [thmp.org/sco](http://thmp.org/sco).

# **Tufts Health Plan Senior Care Options**

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## **2014 Formulary (List of Covered Drugs)**

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Tufts Health Plan.

When it refers to “plan” or “our plan,” it means Tufts Health Plan Senior Care Options.

This document includes a list of the drugs (formulary) for our plan, which is current as of January 1, 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 Tufts Health Plan Senior Care Options Formulary?**

A formulary is a list of covered drugs selected by Tufts Health Plan Senior Care Options 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. Tufts Health Plan Senior Care Options will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Tufts Health Plan Senior Care Options 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, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2014. To get updated information about the drugs covered by Tufts Health Plan Senior Care Options, please contact us. Our contact information appears on the front and back cover pages.

## How do I use the Formulary?

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

### **Medical Condition**

The formulary begins on page 2. 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 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 65. 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?

Tufts Health Plan Senior Care Options covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [thmp.org/sco](http://thmp.org/sco). Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Tufts Health Plan Senior Care Options 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 Tufts Health Plan Senior Care Options formulary?” below for information about how to request an exception.

## What if my drug is not on the Formulary?

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

If you learn that Tufts Health Plan Senior Care Options does not cover your drug, you have two options:

- You can ask Customer Relations for a list of similar drugs that are covered by Tufts Health Plan Senior Care Options. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Tufts Health Plan Senior Care Options.
- You can ask Tufts Health Plan Senior Care Options 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 Tufts Health Plan Senior Care Options Formulary?

You can ask Tufts Health Plan Senior Care Options 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, Tufts Health Plan Senior Care Options limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Tufts Health Plan Senior Care Options will only approve your request for an exception if the alternative drugs included on the plan’s formulary 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 or utilization restriction exception. **When you request a formulary 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 93-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.

As a current member, if you are admitted to or discharged from a long term facility and experience an unplanned drug change, you can request that we approve a one-time, temporary fill of the non-covered medication to allow you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously. The temporary “first fill” will generally be up to a 31-day supply, but may be extended to allow you and your physician time to manage the complexities of multiple medications or when special circumstances warrant. You can request a temporary prescription fill by calling the Tufts Health Plan Senior Care Options Customer Relations department.

## For more information

For more detailed information about your Tufts Health Plan Senior Care Options prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Tufts Health Plan Senior Care Options, 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](http://www.medicare.gov).

## Tufts Health Plan Senior Care Options' Formulary

The formulary 2 provides coverage information about some of the drugs covered by Tufts Health Plan Senior Care Options. If you have trouble finding your drug in the list, turn to the Index that begins on page 65.

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

The information in the Requirements/Limits column tells you if Tufts Health Plan Senior Care Options has any special requirements for coverage of your drug.

### **B/D: Medicare Part B or D**

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D.

### **QL: Quantity Limit Applies.**

Because of potential safety and utilization concerns, Tufts Health Plan Senior Care Options has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor can submit a request for coverage under the Medical Review Process. The Medical Review Process allows you or your doctor to ask Tufts Health Plan Senior Care Options to make an exception to our coverage rules. See the section, "How do I request an exception to the Tufts Health Plan Senior Care Options formulary?" on page III for information about how to request an exception.

### **HI: Home Infusion Drug.**

This prescription drug will be covered under your medical benefit (Medicare Part B). For more information, call Customer Relations at 1-855-670-5934, Monday-Friday 8:00 a.m. – 8:00 p.m. (From Oct. 1 – Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day. TTY users should call 1-855-670-5936.

### **LA: Limited Access Drug.**

This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Relations at 1-855-670-5934, Monday-Friday 8:00 a.m. – 8:00 p.m. (From Oct. 1 – Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call the on next business day. TTY users should call 1-855-670-5936.

**PA: Prior Authorization Required.**

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier co-payment. An appeal process exists for denied requests.

**STPA: Step Therapy Prior Authorization Applies.**

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Tufts Health Plan Senior Care Options for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process. The Medical Review Process allows you or your doctor to ask Tufts Health Plan Senior Care Options to make an exception to our coverage rules. See the section, "How do I request an exception to the Tufts Health Plan Senior Care Options formulary?" on page III for information about how to request an exception.

**Transplant:**

This drug is covered under Part B when used for a Medicare covered organ transplant.

**\* Part B Drug:**

No co-payment is required and the cost of the medication does not apply to your Part D benefit.

**2014 Tufts Health Plan  
Senior Care Options (HMO SNP)**

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**2014 Tufts Health Plan  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTI-INFECTIVES AND INFECTIOUS DISEASE</b>		
<b>ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL</b>		
ANCOBON	Tier-4	
<i>clotrimazole mucous membrane</i>	Tier-2	
<i>fluconazole oral suspension for reconstitution</i>	Tier-2	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	Tier-1	
<i>flucytosine</i>	Tier-2	
GRIS-PEG (ULTRAMICROSIZED)	Tier-3	
<i>griseofulvin microsize</i>	Tier-2	
<i>griseofulvin ultramicrosize</i>	Tier-2	
<i>itraconazole</i>	Tier-2	PA
<i>ketoconazole oral</i>	Tier-2	
<i>ketoconazole topical foam</i>	Tier-2	
LAMISIL ORAL GRANULES IN PACKET 125 MG	Tier-4	QL (56 EA per 30 days)
LAMISIL ORAL GRANULES IN PACKET 187.5 MG	Tier-4	QL (28 EA per 30 days)
NOXAFIL ORAL	Tier-4	
<i>nystatin oral tablet</i>	Tier-2	
<i>terbinafine hcl oral</i>	Tier-1	QL (42 EA per 42 days)
VFEND ORAL SUSPENSION FOR RECONSTITUTION	Tier-5	
<i>voriconazole oral suspension for reconstitution</i>	Tier-2	
<i>voriconazole oral tablet 200 mg</i>	Tier-2	QL (28 EA per 14 days)
<i>voriconazole oral tablet 50 mg</i>	Tier-2	QL (56 EA per 14 days)
<b>ANTI-INFECTIVES, MISCELLANEOUS</b>		
ALBENZA	Tier-3	
ALINIA	Tier-4	
BILTRICIDE	Tier-3	
<i>methenamine hippurate</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metronidazole oral</i>	Tier-2	
MONUROL	Tier-4	
<i>neomycin</i>	Tier-2	
PRIMSOL	Tier-3	
STROMEKTOL	Tier-3	
<i>trimethoprim</i>	Tier-2	
VANCOGIN	Tier-5	
<i>vancomycin oral capsule</i>	Tier-2	
XIFAXAN ORAL TABLET 200 MG	Tier-4	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier-4	PA; QL (60 EA per 30 days)
ZYVOX ORAL	Tier-5	
<b>ANTIMALARIALS AND ANTIPROTOZOALS</b>		
<i>atovaquone</i>	Tier-2	
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	Tier-2	
<i>chloroquine phosphate oral</i>	Tier-2	
COARTEM	Tier-3	QL (24 EA per 30 days)
<i>dapsone</i>	Tier-2	
DARAPRIM	Tier-3	
<i>hydroxychloroquine oral</i>	Tier-2	
<i>mefloquine</i>	Tier-2	
MEPRON	Tier-3	
NEBUPENT	Tier-4	
<i>paromomycin</i>	Tier-2	
PENTAM	Tier-3	
<i>primaquine</i>	Tier-2	
<i>quinine sulfate</i>	Tier-2	
<i>tinidazole</i>	Tier-2	
<b>ANTIVIRALS</b>		
<i>abacavir</i>	Tier-2	
<i>abacavir-lamivudine-zidovudine</i>	Tier-2	
<i>acyclovir oral capsule</i>	Tier-1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier-2	
<i>acyclovir oral tablet</i>	Tier-2	
<i>adefovir</i>	Tier-2	
<i>amantadine hcl oral</i>	Tier-2	
APTIVUS	Tier-3	
ATRIPLA	Tier-5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BARACLUDE	Tier-3	
COMPLERA	Tier-5	
COPEGUS	Tier-5	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier-3	
<i>didanosine</i>	Tier-2	
EDURANT	Tier-3	
EMTRIVA	Tier-3	
EPIVIR ORAL SOLUTION	Tier-3	
EPIVIR HBV	Tier-3	
EPZICOM	Tier-3	
<i>famciclovir</i>	Tier-2	
FUZEON SUBCUTANEOUS RECON SOLN	Tier-5	
HEPSERA	Tier-5	
INCIVEK	Tier-5	PA
INTELENCE	Tier-3	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	Tier-3	
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	Tier-3	
INTRON A SUBCUTANEOUS	Tier-3	
INVIRASE	Tier-3	
ISENTRESS ORAL POWDER IN PACKET	Tier-3	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET	Tier-5	QL (360 EA per 90 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	Tier-5	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	Tier-5	QL (720 EA per 30 days)
KALETRA	Tier-3	
<i>lamivudine</i>	Tier-2	
<i>lamivudine-zidovudine</i>	Tier-2	
LEXIVA	Tier-3	
<i>nevirapine</i>	Tier-2	
NORVIR	Tier-3	
OLYSIO	Tier-5	PA
PEGASYS SUBCUTANEOUS SOLUTION	Tier-5	PA; QL (4 ML per 28 Days)
PEGASYS SUBCUTANEOUS SYRINGE	Tier-5	PA; QL (4 ML per 30 Days)
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML	Tier-5	PA; QL (4 ML per 30 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	Tier-5	PA; QL (8 EA per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEGINTRON REDIPEN	Tier-5	PA; QL (4 EA per 30 days)
PREZISTA ORAL SUSPENSION	Tier-3	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Tier-3	
REBETOL ORAL SOLUTION	Tier-3	
RELENZA DISKHALER	Tier-3	QL (60 EA per 180 days)
RESCRIPTOR	Tier-3	
REYATAZ	Tier-3	
<i>ribapak dose pack oral tablets, dose pack 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	Tier-5	
<i>ribasphere</i>	Tier-2	
<i>ribavirin oral capsule</i>	Tier-2	
<i>ribavirin oral tablet 200 mg</i>	Tier-2	
<i>rimantadine</i>	Tier-2	
SELZENTRY ORAL TABLET 150 MG	Tier-5	QL (60 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	Tier-5	QL (120 EA per 30 days)
SOVALDI	Tier-5	PA
<i>stavudine</i>	Tier-2	
STRIBILD	Tier-3	
SUSTIVA	Tier-3	
TAMIFLU ORAL CAPSULE 30 MG	Tier-3	QL (56 EA per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	Tier-3	QL (28 EA per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	Tier-3	QL (360 ML per 180 days)
TIVICAY	Tier-5	
TRIZIVIR	Tier-3	
TRUVADA	Tier-3	
TYZEKA	Tier-3	QL (30 EA per 30 days)
<i>valacyclovir</i>	Tier-3	
VALCYTE	Tier-5	
VICTRELIS	Tier-5	PA
VIDEX 2 GRAM PEDIATRIC	Tier-3	
VIRACEPT ORAL TABLET	Tier-3	
VIRAMUNE ORAL SUSPENSION	Tier-3	
VIRAMUNE XR	Tier-3	
VIREAD	Tier-3	
ZERIT ORAL RECON SOLN	Tier-4	
ZIAGEN	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zidovudine</i>	Tier-2	
<b>BETA-LACTAM ANTIBIOTICS</b>		
<i>amoxicillin oral capsule</i>	Tier-1	
<i>amoxicillin oral suspension for reconstitution</i>	Tier-1	
<i>amoxicillin oral tablet</i>	Tier-1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier-1	
<i>amoxicillin-pot clavulanate</i>	Tier-2	
<i>ampicillin oral capsule</i>	Tier-1	
<i>ampicillin oral suspension for reconstitution</i>	Tier-2	
<b>BICILLIN C-R</b>	Tier-3	
<b>BICILLIN L-A</b>	Tier-3	
<b>CEDAX</b>	Tier-4	
<i>cefaclor oral capsule</i>	Tier-2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier-2	
<i>cefaclor oral tablet extended release 12 hr</i>	Tier-2	
<i>cefadroxil oral capsule</i>	Tier-2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier-2	
<i>cefadroxil oral tablet</i>	Tier-2	
<i>cefdinir</i>	Tier-2	
<i>cefepodoxime</i>	Tier-2	
<i>cefprozil</i>	Tier-2	
<i>cefuroxime axetil oral tablet</i>	Tier-2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier-2	
<i>cephalexin oral suspension for reconstitution</i>	Tier-2	
<i>cephalexin oral tablet</i>	Tier-2	
<i>dicloxacillin</i>	Tier-2	
<i>penicillin v potassium</i>	Tier-1	
<b>SPECTRACEF</b>	Tier-4	
<b>SUPRAX</b>	Tier-4	
<b>KETOLIDES</b>		
<b>KETEK</b>	Tier-3	
<b>MACROLIDES AND CLINDAMYCIN</b>		
<i>azithromycin oral</i>	Tier-2	
<i>clarithromycin</i>	Tier-2	
<i>clindamycin hcl</i>	Tier-2	
<i>clindamycin pediatric</i>	Tier-2	
<b>DIFICID</b>	Tier-5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>e.e.s. 400 oral tablet</i>	Tier-2	
E.E.S. GRANULES	Tier-4	
ERY-TAB	Tier-4	
<i>eryped 200</i>	Tier-2	
<i>eryped 400</i>	Tier-2	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	Tier-2	
<i>erythromycin oral tablet</i>	Tier-2	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier-2	
PCE	Tier-4	
ZMAX	Tier-4	
<b>MYCOBACTERIAL INFECTIONS-TUBERCULOSIS AND MYCOBACTERIUM AVIUM COMPLEX</b>		
<i>ethambutol</i>	Tier-2	
<i>isoniazid oral solution</i>	Tier-2	
<i>isoniazid oral tablet</i>	Tier-1	
MYCOBUTIN	Tier-3	
PASER	Tier-4	
PRIFTIN	Tier-3	
<i>pyrazinamide</i>	Tier-2	
RIFAMATE	Tier-4	
<i>rifampin intravenous</i>	Tier-2	
<i>rifampin oral</i>	Tier-2	
RIFATER	Tier-4	
SEROMYCIN	Tier-3	
TRECTOR	Tier-4	
<b>QUINOLONES</b>		
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	Tier-4	
<i>ciprofloxacin oral suspension,microcapsule recon</i>	Tier-2	
<i>ciprofloxacin oral tablet</i>	Tier-1	
<i>ciprofloxacin (mixture)</i>	Tier-2	
<i>levofloxacin oral</i>	Tier-3	
<i>moxifloxacin</i>	Tier-3	
NOROXIN	Tier-4	
<i>ofloxacin oral</i>	Tier-2	
<b>SULFONAMIDES</b>		
<i>sulfadiazine oral</i>	Tier-2	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier-1	
<b>TETRACYCLINES</b>		
<i>demeclocycline oral</i>	Tier-2	
<i>doxycycline hyclate oral capsule</i>	Tier-1	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier-1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	Tier-1	
<i>doxycycline monohydrate oral capsule 75 mg</i>	Tier-1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier-2	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	Tier-1	
<i>minocycline oral</i>	Tier-2	
<i>tetracycline</i>	Tier-1	
VIBRAMYCIN ORAL SYRUP	Tier-4	
<b>BLOOD THINNERS AND BLOOD MODIFYING AGENTS</b>		
<b>ANTIPLATELET THERAPY</b>		
AGGRENOX	Tier-4	
<i>clopidogrel</i>	Tier-2	
<i>dipyridamole oral</i>	Tier-2	
EFFIENT	Tier-4	
<b>BLOOD MODIFYING AGENTS</b>		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier-3	QL (4 ML per 30 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	Tier-3	QL (4 ML per 30 days)
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	QL (10 ML per 14 days)
GRANIX	Tier-5	QL (10 ML per 14 days)
LEUKINE INJECTION RECON SOLN	Tier-5	
MOZOBIL	Tier-3	PA
NEULASTA	Tier-5	QL (1 ML per 14 days)
NEUMEGA	Tier-5	
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	Tier-5	QL (10 ML per 14 days)
NEUPOGEN INJECTION SYRINGE	Tier-5	QL (10 ML per 14 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier-3	QL (10 ML per 14 days)
PROMACTA	Tier-5	PA; QL (30 EA per 30 days)
<b>BLOOD THINNERS</b>		
BRILINTA	Tier-4	
COUMADIN	Tier-4	
ELIQUIS	Tier-4	QL (60 EA per 30 days)
<i>enoxaparin</i>	Tier-2	
<i>fondaparinux</i>	Tier-2	
FRAGMIN SUBCUTANEOUS SOLUTION	Tier-3	
FRAGMIN SUBCUTANEOUS SYRINGE	Tier-3	
<i>jantoven</i>	Tier-1	
PRADAXA	Tier-4	
<i>warfarin</i>	Tier-1	
XARELTO ORAL TABLET 10 MG	Tier-4	QL (35 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 20 MG	Tier-4	
<b>BLOOD, MISCELLANEOUS</b>		
<i>anagrelide</i>	Tier-2	
<i>cilostazol</i>	Tier-2	
<i>pentoxifylline</i>	Tier-2	
STIMATE	Tier-4	
<i>ticlopidine</i>	Tier-2	
<i>tranexamic acid</i>	Tier-2	
<b>CANCER DRUGS</b>		
<b>INJECTABLE AGENTS</b>		
ABRAXANE	Tier-3	
ALIMTA INTRAVENOUS RECON SOLN 500 MG	Tier-3	
ALKERAN INTRAVENOUS	Tier-3	
<i>amifostine crystalline</i>	Tier-2	
ARRANON	Tier-3	
ARZERRA INTRAVENOUS SOLUTION 100 MG/5 ML	Tier-3	
AVASTIN	Tier-3	
<i>azacitidine</i>	Tier-2	
BELEODAQ	Tier-3	PA
BICNU	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bleomycin injection recon soln 30 unit</i>	Tier-2	
BUSULFEX	Tier-3	
CAMPATH	Tier-3	
<i>carboplatin intravenous solution</i>	Tier-2	
<i>cisplatin</i>	Tier-2	
<i>cladribine</i>	Tier-2	
CLOLAR	Tier-3	
COSMEGEN	Tier-3	
<i>cytarabine</i>	Tier-2	
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	Tier-2	
CYTOVENE	Tier-3	
<i>dacarbazine intravenous recon soln 200 mg</i>	Tier-2	
DACOGEN	Tier-3	
<i>daunorubicin intravenous solution</i>	Tier-2	
<i>decitabine</i>	Tier-2	
<i>dexrazoxane intravenous recon soln 250 mg</i>	Tier-2	
DOCEFREZ	Tier-3	
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	Tier-2	
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	Tier-2	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG	Tier-3	
ELLECE INTRAVENOUS SOLUTION 200 MG/100 ML	Tier-3	
<i>epirubicin intravenous solution 50 mg/25 ml</i>	Tier-2	
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	Tier-3	
ERWINAZE	Tier-5	
ETOPOPHOS	Tier-3	
<i>etoposide intravenous</i>	Tier-2	
FASLODEX	Tier-3	
<i>fludarabine intravenous recon soln</i>	Tier-2	
<i>gemcitabine intravenous recon soln 1 gram</i>	Tier-2	
HALAVEN	Tier-3	
HERCEPTIN	Tier-3	
<i>idarubicin</i>	Tier-2	
IFEX INTRAVENOUS RECON SOLN 3 GRAM	Tier-3	
<i>ifosfamide intravenous recon soln 1 gram</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>irinotecan intravenous solution 100 mg/5 ml</i>	Tier-2	
ISTODAX	Tier-3	
IXEMPRA INTRAVENOUS RECON SOLN 45 MG	Tier-3	
JEVTANA	Tier-3	
KADCYLA INTRAVENOUS RECON SOLN 100 MG	Tier-3	PA
<i>leuprolide</i>	Tier-2	
<i>melphalan</i>	Tier-2	
<i>mitomycin intravenous recon soln 20 mg</i>	Tier-2	
<i>mitoxantrone</i>	Tier-2	
MUSTARGEN	Tier-3	
ONCASPAR	Tier-3	
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	Tier-2	
<i>paclitaxel</i>	Tier-2	
PERJETA	Tier-3	PA
PROLEUKIN	Tier-3	
RITUXAN	Tier-3	PA
SYLATRON	Tier-5	PA; QL (4 EA per 28 days)
SYNRIBO	Tier-3	
TAXOTERE INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	Tier-3	
<i>toposar</i>	Tier-2	
<i>topotecan intravenous recon soln</i>	Tier-2	
TORISEL	Tier-3	
TREANDA INTRAVENOUS RECON SOLN 100 MG	Tier-3	
TRISENOX	Tier-3	
UVADEX	Tier-3	
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	Tier-3	
VELCADE	Tier-3	
VIDAZA	Tier-3	
<i>vinblastine intravenous solution</i>	Tier-2	
<i>vincasar pfs intravenous solution 1 mg/ml</i>	Tier-2	
<i>vincristine intravenous solution 1 mg/ml</i>	Tier-2	
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	Tier-2	
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	Tier-3	
ZANOSAR	Tier-3	
<b>ORAL AGENTS</b>		
8-MOP	Tier-3	
AFINITOR	Tier-5	PA; QL (30 EA per 30 days)
AFINITOR DISPERZ	Tier-5	PA; QL (60 EA per 30 Days)
<i>alkeran oral</i>	Tier-2	
<i>anastrozole</i>	Tier-2	
<i>bicalutamide</i>	Tier-2	
BOSULIF ORAL TABLET 100 MG	Tier-5	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 500 MG	Tier-5	PA; QL (30 EA per 30 days)
<i>capecitabine</i>	Tier-2	
CAPRELSA ORAL TABLET 100 MG	Tier-5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier-5	PA; QL (30 EA per 30 days)
CEENU ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier-3	
COMETRIQ	Tier-5	PA
CYCLOPHOSPHAMIDE ORAL CAPSULE	Tier-3	B/D
<i>cyclophosphamide oral tablet</i>	Tier-2	B/D
DROXIA	Tier-3	
EMCYT	Tier-3	
ERIVEDGE	Tier-5	PA
<i>exemestane</i>	Tier-2	
FARESTON	Tier-3	
<i>flutamide</i>	Tier-2	
GILOTRIF	Tier-5	PA
GLEEVEC	Tier-5	
HEXALEN	Tier-5	
<i>hydroxyurea</i>	Tier-2	
ICLUSIG	Tier-5	PA
IMBRUVICA	Tier-5	PA
INLYTA	Tier-5	PA
JAKAFI	Tier-5	PA
<i>letrozole</i>	Tier-2	
LEUKERAN	Tier-3	
<i>lomustine</i>	Tier-2	
LYSODREN	Tier-3	
MATULANE	Tier-5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>megestrol oral tablet</i>	Tier-1	
MEKINIST	Tier-5	PA
<i>mercaptopurine</i>	Tier-2	
<i>myleran</i>	Tier-3	
NEXAVAR	Tier-5	PA; QL (220 EA per 30 days)
NILANDRON	Tier-3	
POMALYST	Tier-5	PA; QL (21 EA per 21 Days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	Tier-5	PA; LA
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	Tier-5	PA
<i>soltamox</i>	Tier-3	
SPRYCEL ORAL TABLET 100 MG, 140 MG	Tier-5	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG	Tier-5	PA; QL (60 EA per 30 days)
STIVARGA	Tier-5	PA; QL (90 EA per 30 Days)
SUTENT	Tier-5	PA
TABLOID	Tier-3	
TAFINLAR	Tier-5	PA
<i>tamoxifen</i>	Tier-2	
TARCEVA ORAL TABLET 100 MG	Tier-5	QL (90 EA per 30 days)
TARCEVA ORAL TABLET 150 MG, 25 MG	Tier-5	QL (30 EA per 30 days)
TARGRETIN ORAL	Tier-5	
TASIGNA	Tier-5	PA
<i>temodar oral</i>	Tier-3	
THALOMID	Tier-5	
<i>tretinoin (chemotherapy)</i>	Tier-2	
TYKERB	Tier-5	PA; QL (180 EA per 30 days)
VOTRIENT	Tier-5	PA; QL (120 EA per 30 days)
XALKORI	Tier-5	PA
XELODA	Tier-3	
XTANDI	Tier-5	PA; QL (120 EA per 30 days)
ZELBORAF	Tier-5	PA
ZOLINZA	Tier-5	PA
ZYKADIA	Tier-5	PA
ZYTIGA	Tier-5	PA; QL (120 EA per 30 days)
<b>PROTECTIVE AGENTS</b>		
FUSILEV	Tier-3	
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>leucovorin calcium oral</i>	Tier-2	
<i>mesna</i>	Tier-2	
MESNEX ORAL	Tier-4	
VORAXAZE	Tier-3	
ZINECARD INTRAVENOUS RECON SOLN 250 MG	Tier-3	
<b>CARDIOVASCULAR AGENTS</b>		
<b>ACE INHIBITORS</b>		
<i>benazepril</i>	Tier-1	
<i>captopril</i>	Tier-1	
<i>enalapril maleate</i>	Tier-1	
EPANED	Tier-4	
<i>fosinopril</i>	Tier-1	
<i>lisinopril</i>	Tier-1	
<i>moexipril</i>	Tier-1	
<i>perindopril erbumine</i>	Tier-1	
<i>quinapril</i>	Tier-1	
<i>ramipril</i>	Tier-1	
<i>trandolapril</i>	Tier-1	
<b>ALPHA1 BLOCKERS</b>		
CARDURA XL	Tier-4	
<i>doxazosin</i>	Tier-1	
<i>prazosin oral</i>	Tier-1	
<i>terazosin</i>	Tier-1	
<b>ANGINA</b>		
<i>isosorbide dinitrate oral</i>	Tier-1	
<i>isosorbide dinitrate sublingual tablet 2.5 mg</i>	Tier-1	
<i>isosorbide mononitrate</i>	Tier-2	
NITRO-BID	Tier-4	
<i>nitroglycerin intravenous</i>	Tier-2	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier-2	
<i>nitroglycerin translingual spray,non-aerosol</i>	Tier-2	
NITROLINGUAL	Tier-4	
NITROMIST	Tier-4	
NITROSTAT	Tier-3	
RANEXA	Tier-3	
<b>ANGIOTENSIN II RECEPTOR BLOCKERS</b>		
BENICAR	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>candesartan</i>	Tier-1	
DIOVAN	Tier-3	
<i>eprosartan</i>	Tier-1	
<i>irbesartan</i>	Tier-1	
<i>losartan</i>	Tier-1	
<i>telmisartan</i>	Tier-1	
<i>valsartan</i>	Tier-1	
<b>ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES</b>		
<i>amiodarone oral tablet 200 mg, 400 mg</i>	Tier-2	
<i>digoxin injection solution</i>	Tier-1	
<i>digoxin oral solution 50 mcg/ml</i>	Tier-1	
<i>digoxin oral tablet</i>	Tier-1	
<i>disopyramide phosphate oral capsule</i>	Tier-2	
<i>flecainide</i>	Tier-2	
LANOXIN	Tier-4	
LANOXIN PEDIATRIC	Tier-4	
<i>mexiletine</i>	Tier-2	
MULTAQ	Tier-4	
NORPACE CR	Tier-4	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	Tier-4	
<i>propafenone</i>	Tier-2	
<i>quinidine gluconate oral</i>	Tier-2	
<i>quinidine sulfate</i>	Tier-2	
<i>sorine</i>	Tier-2	
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	Tier-1	
<i>sotalol af oral tablet 120 mg</i>	Tier-1	
TIKOSYN	Tier-3	
<b>ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS</b>		
<i>amlodipine-atorvastatin</i>	Tier-3	
<i>amlodipine-benazepril</i>	Tier-3	
AMTURNIDE	Tier-3	
<i>atenolol-chlorthalidone</i>	Tier-1	
AZOR	Tier-3	
<i>benazepril-hydrochlorothiazide</i>	Tier-1	
BENICAR HCT	Tier-3	
<i>bisoprolol-hydrochlorothiazide</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>candesartan-hydrochlorothiazid</i>	Tier-1	
<i>captopril-hydrochlorothiazide</i>	Tier-1	
<i>clorpres</i>	Tier-2	
DUTOPROL	Tier-4	
<i>enalapril-hydrochlorothiazide</i>	Tier-1	
EXFORGE	Tier-4	
EXFORGE HCT	Tier-4	
<i>fosinopril-hydrochlorothiazide</i>	Tier-1	
<i>irbesartan-hydrochlorothiazide</i>	Tier-1	
<i>lisinopril-hydrochlorothiazide</i>	Tier-1	
<i>losartan-hydrochlorothiazide</i>	Tier-1	
<i>methyldopa-hydrochlorothiazide</i>	Tier-2	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier-2	
<i>moexipril-hydrochlorothiazide</i>	Tier-1	
<i>nadolol-bendroflumethiazide</i>	Tier-2	
<i>propranolol-hydrochlorothiazid</i>	Tier-2	
<i>quinapril-hydrochlorothiazide</i>	Tier-1	
TARKA	Tier-4	
TEKAMLO	Tier-3	
TEKTURNA HCT	Tier-3	
<i>telmisartan-amlodipine</i>	Tier-1	
<i>telmisartan-hydrochlorothiazid</i>	Tier-1	
<i>valsartan-hydrochlorothiazide</i>	Tier-1	
<b>BETA AND ALPHA BLOCKERS</b>		
<i>carvedilol</i>	Tier-1	
COREG CR	Tier-4	
<i>labetalol intravenous solution</i>	Tier-2	
<i>labetalol oral</i>	Tier-2	
<b>BETA BLOCKERS</b>		
<i>acebutolol oral</i>	Tier-2	
<i>atenolol</i>	Tier-1	
<i>betaxolol oral</i>	Tier-2	
<i>bisoprolol fumarate</i>	Tier-2	
<i>metoprolol succinate</i>	Tier-2	
<i>metoprolol tartrate oral</i>	Tier-1	
<i>nadolol</i>	Tier-1	
<i>pindolol</i>	Tier-2	
<i>propranolol oral capsule,extended release 24 hr</i>	Tier-2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propranolol oral solution</i>	Tier-2	
<i>propranolol oral tablet</i>	Tier-1	
<i>timolol maleate oral</i>	Tier-2	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>afeditab cr</i>	Tier-2	
<i>amlodipine</i>	Tier-2	
CARDENE IV IN SODIUM CHLORIDE	Tier-4	
<i>cartia xt</i>	Tier-2	
<i>dilt-cd oral capsule,extended release 24hr 300 mg</i>	Tier-2	
<i>dilt-xr</i>	Tier-2	
<i>diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg</i>	Tier-2	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	Tier-2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i>	Tier-2	
<i>diltiazem hcl oral tablet</i>	Tier-1	
<i>felodipine</i>	Tier-2	
<i>isradipine</i>	Tier-2	
<i>matzim la</i>	Tier-2	
<i>nicardipine oral</i>	Tier-2	
<i>nifedical xl</i>	Tier-2	
<i>nifedipine oral capsule</i>	Tier-2	
<i>nifedipine oral tablet extended release 24hr</i>	Tier-2	
<i>nimodipine</i>	Tier-2	
<i>nisoldipine</i>	Tier-2	
<i>taztia xt</i>	Tier-2	
<i>verapamil oral</i>	Tier-1	
<b>CENTRALLY ACTING AGENTS</b>		
<i>clonidine</i>	Tier-2	
<i>clonidine hcl oral tablet</i>	Tier-1	
<i>guanfacine</i>	Tier-1	
<i>methyldopa</i>	Tier-2	
<i>reserpine</i>	Tier-2	
<b>DIRECT RENIN INHIBITORS</b>		
TEKTURNA	Tier-3	
<b>DIURETICS</b>		
<i>amiloride oral</i>	Tier-2	
<i>amiloride-hydrochlorothiazide</i>	Tier-1	
<i>bumetanide oral</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chlorothiazide</i>	Tier-2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier-1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml</i>	Tier-2	
<i>furosemide oral tablet</i>	Tier-1	
<i>hydrochlorothiazide</i>	Tier-1	
<i>indapamide</i>	Tier-1	
<i>methyclothiazide</i>	Tier-2	
<i>metolazone</i>	Tier-2	
<i>spironolacton-hydrochlorothiaz</i>	Tier-2	
<i>spironolactone oral tablet 100 mg, 25 mg</i>	Tier-1	
<i>torseamide intravenous solution 20 mg/2 ml (10 mg/ml)</i>	Tier-2	
<i>torseamide oral</i>	Tier-2	
<i>triamterene-hydrochlorothiazid</i>	Tier-1	
<b>LIPID LOWERING AGENTS</b>		
<i>atorvastatin</i>	Tier-2	
<i>cholestyramine light oral powder in packet</i>	Tier-2	
<i>colestipol oral granules</i>	Tier-2	
<i>colestipol oral tablet</i>	Tier-2	
<i>fenofibrate</i>	Tier-2	
<i>fenofibrate micronized</i>	Tier-2	
<i>fenofibrate nanocrystallized</i>	Tier-2	
<i>fenofibric acid (choline)</i>	Tier-2	
<i>fluvastatin</i>	Tier-1	
<i>gemfibrozil oral</i>	Tier-2	
<b>JUXTAPID</b>	Tier-5	PA
<b>KYNAMRO</b>	Tier-5	PA
<i>lovastatin</i>	Tier-1	
<b>LOVAZA</b>	Tier-3	
<i>niacin oral tablet extended release 24 hr</i>	Tier-3	
<i>niacor</i>	Tier-2	
<i>omega-3 acid ethyl esters</i>	Tier-3	
<i>pravastatin</i>	Tier-1	
<b>PREVALITE ORAL POWDER</b>	Tier-4	
<b>SIMCOR</b>	Tier-3	
<i>simvastatin</i>	Tier-1	
<b>VYTORIN 10-10</b>	Tier-4	
<b>VYTORIN 10-20</b>	Tier-4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VYTORIN 10-40	Tier-4	
VYTORIN 10-80	Tier-4	
WELCHOL	Tier-4	
ZETIA	Tier-3	
<b>POTASSIUM REPLACEMENT</b>		
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier-4	
<i>klor-con 8</i>	Tier-2	
<i>klor-con m10</i>	Tier-2	
KLOR-CON M15	Tier-4	
<i>klor-con m20</i>	Tier-2	
<i>potassium chloride oral capsule, extended release 10 meq</i>	Tier-1	
<i>potassium chloride oral capsule, extended release 8 meq</i>	Tier-2	
<i>potassium chloride oral tablet, er particles/crystals</i>	Tier-2	
<b>SELECTIVE ALDOSTERONE BLOCKER</b>		
<i>eplerenone</i>	Tier-2	STPA
<i>spironolactone oral tablet 50 mg</i>	Tier-1	
<b>VASODILATORS</b>		
BIDIL	Tier-3	
<i>hydralazine oral</i>	Tier-1	
<i>isosorbide dinitrate sublingual tablet 5 mg</i>	Tier-1	
<i>minoxidil oral</i>	Tier-2	
<b>DIABETES MELLITUS</b>		
<b>DIABETIC SUPPLIES</b>		
<i>accu-chek active test</i>	Tier-3	
<i>accu-chek aviva</i>	Tier-3	
<i>accu-chek aviva plus test strp</i>	Tier-3	
<i>accu-chek comfort curve test</i>	Tier-3	
<i>accu-chek compact test</i>	Tier-3	
<i>accu-chek smartview test strip</i>	Tier-3	
<i>alcohol swabs</i>	Tier-2	
<i>gauze bandage topical bandage 2 x 2.5 "-yard</i>	Tier-2	
<i>huber safety needles (disp.)</i>	Tier-2	
INSULIN PEN NEEDLE NEEDLE 31	Tier-3	
INSULIN SYRINGE SYRINGE 0.3 ML 29 X 1"	Tier-3	
INSULIN SYRINGE NEEDLELESS	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>insulin syringe-needle u-100 syringe 0.3 ml 30 x 1/2"</i>	Tier-2	
<i>one touch test</i>	Tier-3	
<i>one touch ultra test</i>	Tier-3	
<i>one touch verio</i>	Tier-3	
<b>GLUCOSE ELEVATING</b>		
GLUCAGEN HYPOKIT	Tier-3	
GLUCAGON EMERGENCY KIT (HUMAN)	Tier-3	
PROGLYCEM	Tier-4	
<b>INSULINS</b>		
HUMALOG SUBCUTANEOUS SOLUTION	Tier-3	
HUMALOG KWIKPEN	Tier-3	
HUMALOG MIX 50-50	Tier-3	
HUMALOG MIX 50-50 KWIKPEN	Tier-3	
HUMALOG MIX 75-25	Tier-3	
HUMALOG MIX 75-25 KWIKPEN	Tier-3	
HUMULIN 70/30	Tier-3	
HUMULIN 70/30 PEN	Tier-3	
HUMULIN N	Tier-3	
HUMULIN N PEN	Tier-3	
HUMULIN R	Tier-3	
HUMULIN R U-500 "CONCENTRATED"	Tier-3	
LANTUS	Tier-3	
LANTUS SOLOSTAR	Tier-3	
LEVEMIR	Tier-3	
LEVEMIR FLEXPEN	Tier-3	
NOVOLIN 70/30	Tier-3	
NOVOLIN N	Tier-3	
NOVOLIN R	Tier-3	
NOVOLOG	Tier-3	
NOVOLOG FLEXPEN	Tier-3	
NOVOLOG MIX 70-30	Tier-3	
NOVOLOG MIX 70-30 FLEXPEN	Tier-3	
<b>NON-INSULIN INJECTABLES</b>		
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON	Tier-3	
BYETTA	Tier-3	
SYMLINPEN 120	Tier-3	
SYMLINPEN 60	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VICTOZA 3-PAK	Tier-3	
<b>ORAL AGENTS</b>		
<i>acarbose</i>	Tier-1	
ACTOPLUS MET XR	Tier-4	
<i>chlorpropamide</i>	Tier-1	
FARXIGA	Tier-4	
<i>glimepiride</i>	Tier-1	
<i>glipizide</i>	Tier-1	
<i>glipizide-metformin</i>	Tier-1	
<i>glyburide</i>	Tier-1	
<i>glyburide micronized</i>	Tier-1	
<i>glyburide-metformin</i>	Tier-1	
INVOKANA	Tier-4	
JANUMET	Tier-3	
JANUMET XR	Tier-3	
JANUVIA	Tier-3	
JENTADUETO	Tier-3	
<i>metformin oral tablet</i>	Tier-1	
<i>metformin oral tablet extended release 24 hr</i>	Tier-1	
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	Tier-1	
<i>nateglinide</i>	Tier-1	
<i>pioglitazone</i>	Tier-3	
<i>pioglitazone-glimepiride</i>	Tier-2	
<i>pioglitazone-metformin</i>	Tier-2	
PRANDIMET	Tier-4	
PRANDIN	Tier-3	
<i>repaglinide</i>	Tier-1	
RIOMET	Tier-3	
<i>tolazamide</i>	Tier-1	
<i>tolbutamide</i>	Tier-1	
TRADJENTA	Tier-3	
<b>EAR, NOSE AND THROAT</b>		
<b>EAR</b>		
<i>acetazol hc</i>	Tier-2	
<i>acetic acid otic</i>	Tier-2	
CIPRO HC	Tier-3	
CIPRODEX	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COLY-MYCIN S	Tier-4	
CORTISPORIN-TC	Tier-4	
<i>fluocinolone acetonide oil</i>	Tier-2	
<i>hydrocortisone-acetic acid</i>	Tier-2	
<i>ofloxacin otic</i>	Tier-2	
<b>MOUTH AND THROAT</b>		
<i>cevimeline</i>	Tier-2	
<i>chlorhexidine gluconate mucous membrane</i>	Tier-1	
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier-1	
<i>periogard</i>	Tier-1	
<i>pilocarpine hcl oral</i>	Tier-2	
<i>sodium fluoride oral tablet</i>	Tier-2	
<i>triamcinolone acetonide dental</i>	Tier-2	
<b>NOSE</b>		
ASTEPRO NASAL SPRAY, NON-AEROSOL	Tier-3	QL (120 ML per 90 days)
<i>azelastine nasal</i>	Tier-2	QL (120 ML per 90 days)
BACTROBAN NASAL	Tier-4	
<i>budesonide nasal</i>	Tier-2	QL (68.8 GM per 90 days)
<i>ciproheptadine</i>	Tier-2	
<i>desloratadine</i>	Tier-2	
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	Tier-2	QL (150 ML per 90 Days)
<i>fluticasone nasal</i>	Tier-2	QL (48 GM per 90 days)
<i>hydroxyzine hcl intramuscular</i>	Tier-2	
<i>hydroxyzine hcl oral syrup 10 mg/5 ml</i>	Tier-2	
<i>hydroxyzine hcl oral tablet</i>	Tier-2	
<i>hydroxyzine pamoate</i>	Tier-2	
<i>ipratropium bromide nasal spray, non-aerosol 0.03 %</i>	Tier-2	QL (180 ML per 90 days)
<i>ipratropium bromide nasal spray, non-aerosol 0.06 %</i>	Tier-2	QL (90 ML per 90 days)
<i>levocetirizine</i>	Tier-2	
NASONEX	Tier-3	QL (102 GM per 90 days)
<i>triamcinolone acetonide nasal</i>	Tier-3	QL (49.5 GM per 90 days)
TYZINE NASAL DROPS 0.05 %	Tier-4	
<b>EYE</b>		
<b>ALLERGY</b>		
ALOCRIAL	Tier-4	
ALOMIDE	Tier-4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>azelastine ophthalmic</i>	Tier-2	
<i>cromolyn ophthalmic</i>	Tier-2	
EMADINE	Tier-4	
<i>epinastine</i>	Tier-2	
LASTACAFT	Tier-4	
<i>naphazoline</i>	Tier-2	
<b>ANTI-INFECTIVES</b>		
AZASITE	Tier-4	
<i>bacitracin ophthalmic</i>	Tier-2	
<i>bacitracin-polymyxin b ophthalmic</i>	Tier-2	
BESIVANCE	Tier-4	
BLEPHAMIDE	Tier-4	
BLEPHAMIDE S.O.P.	Tier-4	
<i>ciprofloxacin ophthalmic</i>	Tier-2	
<i>erythromycin ophthalmic</i>	Tier-2	
GARAMYCIN OPHTHALMIC DROPS	Tier-4	
<i>gatifloxacin</i>	Tier-2	
<i>gentak ophthalmic ointment</i>	Tier-1	
<i>gentamicin ophthalmic</i>	Tier-1	
<i>levofloxacin ophthalmic</i>	Tier-2	
MOXEZA	Tier-4	
<i>neomycin-bacitracin-poly-hc</i>	Tier-2	
<i>neomycin-bacitracin-polymyxin</i>	Tier-2	
<i>neomycin-polymyxin-hc otic drops,suspension</i>	Tier-2	
<i>ofloxacin ophthalmic</i>	Tier-2	
<i>polymyxin b sulf-trimethoprim</i>	Tier-1	
<i>sulfacetamide sodium ophthalmic</i>	Tier-2	
<i>sulfacetamide-prednisolone</i>	Tier-2	
TOBRADEX	Tier-4	
TOBRADEX ST	Tier-4	
<i>tobramycin</i>	Tier-2	
<i>tobramycin-dexamethasone</i>	Tier-2	
VIGAMOX	Tier-4	
<b>ANTI-INFLAMMATORIES</b>		
ALREX	Tier-4	
<i>bromfenac</i>	Tier-2	
<i>dexamethasone sodium phosphate ophthalmic</i>	Tier-2	
<i>diclofenac sodium ophthalmic</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLAREX	Tier-4	
<i>fluorometholone</i>	Tier-2	
<i>flurbiprofen sodium</i>	Tier-2	
FML FORTE	Tier-4	
FML S.O.P.	Tier-3	
<i>ketorolac ophthalmic</i>	Tier-2	
LOTEMAX OPHTHALMIC DROPS,SUSPENSION	Tier-4	
MAXIDEX	Tier-4	
<i>neomycin-polymyxin-dexameth</i>	Tier-2	
<i>neomycin-polymyxin-gramicidin</i>	Tier-2	
<i>neomycin-polymyxin-hc ophthalmic</i>	Tier-2	
<i>neomycin-polymyxin-hc otic solution</i>	Tier-2	
NEVANAC	Tier-4	
PRED MILD	Tier-3	
PRED-G	Tier-3	
PRED-G S.O.P.	Tier-3	
<i>prednisolone acetate</i>	Tier-2	
PROLENSA	Tier-4	
VEXOL	Tier-3	
ZYLET	Tier-4	
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	Tier-2	
ZIRGAN	Tier-4	
<b>GLAUCOMA</b>		
<i>acetazolamide oral</i>	Tier-2	
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	Tier-4	
<i>apraclonidine</i>	Tier-2	
AZOPT	Tier-3	
<i>betaxolol ophthalmic</i>	Tier-2	
BETIMOL	Tier-3	
BETOPTIC S	Tier-4	
<i>brimonidine</i>	Tier-2	
<i>carteolol</i>	Tier-2	
COMBIGAN	Tier-4	QL (10 ML per 30 days)
<i>dorzolamide</i>	Tier-2	
<i>dorzolamide-timolol</i>	Tier-2	
IOPIDINE	Tier-4	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>latanoprost</i>	Tier-2	
<i>levobunolol ophthalmic drops 0.5 %</i>	Tier-1	
LUMIGAN	Tier-4	STPA
<i>methazolamide oral</i>	Tier-2	
<i>metipranolol</i>	Tier-2	
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	Tier-2	
SIMBRINZA	Tier-4	
<i>timolol maleate ophthalmic drops</i>	Tier-1	
<i>timolol maleate ophthalmic gel forming solution</i>	Tier-2	
TRAVATAN Z	Tier-4	STPA
<i>travoprost (benzalkonium)</i>	Tier-2	
ZIOPTAN (PF)	Tier-4	STPA; QL (90 EA per 90 days)
<b>OPHTHALMIC DRUGS, MISCELLANEOUS</b>		
ALCAINE	Tier-4	
NATACYN	Tier-4	
RESTASIS	Tier-3	PA
<b>GASTROINTESTINAL DRUGS</b>		
<b>EMESIS</b>		
ALOXI	Tier-3	B/D; QL (5 ML per 7 days)
ANZEMET ORAL TABLET 100 MG	Tier-3	B/D; QL (5 EA per 7 days)
ANZEMET ORAL TABLET 50 MG	Tier-3	B/D; QL (3 EA per 7 days)
CESAMET	Tier-3	B/D; QL (30 EA per 7 days)
<i>compro</i>	Tier-2	
<i>dronabinol</i>	Tier-2	B/D; QL (21 EA per 7 Days)
EMEND ORAL CAPSULE 125 MG	Tier-3	B/D; QL (1 EA per 7 days)
EMEND ORAL CAPSULE 40 MG, 80 MG	Tier-3	B/D; QL (2 EA per 7 days)
EMEND ORAL CAPSULE,DOSE PACK	Tier-3	B/D; QL (3 EA per 7 days)
<i>granisetron oral</i>	Tier-2	B/D; QL (10 EA per 7 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier-2	
<i>metoclopramide hcl injection solution</i>	Tier-2	
<i>metoclopramide hcl oral</i>	Tier-2	
<i>ondansetron</i>	Tier-2	B/D; QL (12 EA per 7 days)
<i>ondansetron hcl oral solution</i>	Tier-2	B/D; QL (150 ML per 7 days)
<i>ondansetron hcl oral tablet 24 mg</i>	Tier-2	B/D; QL (4 EA per 7 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier-2	B/D; QL (12 EA per 7 days)
<i>prochlorperazine</i>	Tier-2	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prochlorperazine maleate oral</i>	Tier-2	
SANCUSO	Tier-4	B/D; QL (1 EA per 7 days)
TRANSDERM-SCOP	Tier-4	
<b>ENZYMES</b>		
BUPHENYL	Tier-5	
CARBAGLU	Tier-3	PA
CREON	Tier-3	
CYSTAGON	Tier-4	
PANCREAZE	Tier-4	
PERTZYE	Tier-4	
ULTRESA	Tier-4	
VIOKACE	Tier-4	
ZENPEP	Tier-4	
<b>GASTROINTESTINAL DRUGS, MISCELLANEOUS</b>		
CANTIL	Tier-4	
<i>constulose</i>	Tier-2	
<i>cromolyn oral</i>	Tier-2	
<i>dicyclomine oral capsule</i>	Tier-1	
<i>dicyclomine oral solution</i>	Tier-1	
<i>dicyclomine oral tablet</i>	Tier-1	
<i>enulose</i>	Tier-2	
GATTEX ONE-VIAL	Tier-5	PA
<i>generlac</i>	Tier-2	
<i>glycopyrrolate oral</i>	Tier-2	
HALFLYTELY-BISACODYL W-FLAV PK	Tier-3	
KRISTALOSE	Tier-3	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier-2	
<i>levocarnitine oral tablet</i>	Tier-2	
<i>levocarnitine (with sugar)</i>	Tier-2	
<i>loperamide oral capsule</i>	Tier-2	
LOTRONEX	Tier-3	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier-2	
MOVIPREP	Tier-4	
OSMOPREP	Tier-4	
<i>polyethylene glycol 3350 oral powder</i>	Tier-2	
<i>propantheline</i>	Tier-2	
SUCLEAR	Tier-4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUPREP	Tier-4	
<i>trilyte with flavor packets</i>	Tier-2	
<i>ursodiol</i>	Tier-2	
<b>GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)</b>		
<i>amoxicil-clarithromy-lansopraz</i>	Tier-2	
<i>cimetidine</i>	Tier-1	
<i>cimetidine hcl oral</i>	Tier-2	
<i>famotidine oral suspension</i>	Tier-2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier-1	
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	Tier-3	
<i>methscopolamine oral</i>	Tier-2	
<i>misoprostol</i>	Tier-2	
<i>nizatidine</i>	Tier-2	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	Tier-2	
<i>omeprazole-sodium bicarbonate</i>	Tier-2	
<i>pantoprazole oral</i>	Tier-2	
PREVPAC	Tier-4	
PYLERA	Tier-3	
<i>rabeprazole</i>	Tier-3	
<i>ranitidine hcl oral capsule</i>	Tier-1	
<i>ranitidine hcl oral syrup</i>	Tier-2	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Tier-1	
RELISTOR SUBCUTANEOUS KIT	Tier-3	
<i>sucralfate oral tablet</i>	Tier-2	
<b>INFLAMMATORY BOWEL DISEASE</b>		
AMITIZA	Tier-3	
APRISO	Tier-3	
ASACOL HD	Tier-3	
<i>balsalazide</i>	Tier-2	
<i>budesonide oral</i>	Tier-2	
CANASA	Tier-3	
<i>colocort</i>	Tier-2	
DELZICOL	Tier-3	
DIPENTUM	Tier-3	
ENTOCORT EC	Tier-4	
<i>hydrocortisone rectal enema</i>	Tier-2	
PENTASA	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SFROWASA	Tier-4	
<i>sulfasalazine oral tablet</i>	Tier-2	
<i>sulfazine ec</i>	Tier-2	
UCERIS	Tier-4	
<b>HOME INFUSION THERAPY</b>		
<b>ACUTE CARE DRUGS</b>		
ABELCET	Tier-3	
<i>acetazolamide sodium</i>	Tier-2	
<i>acyclovir sodium intravenous solution</i>	Tier-2	
AMBISOME	Tier-3	
<i>amikacin injection solution 500 mg/2 ml</i>	Tier-2	HI
<i>amphotericin b</i>	Tier-2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	Tier-2	HI
<i>ampicillin-sulbactam injection recon soln 15 gram, 3 gram</i>	Tier-2	HI
ANZEMET INTRAVENOUS SOLUTION 100 MG/5 ML	Tier-3	QL (10 ML per 7 days)
ARGATROBAN	Tier-4	
ARGATROBAN IN 0.9 % SOD CHLOR	Tier-4	
ATGAM	Tier-3	HI
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	Tier-2	
AVELOX IN NA CL (ISO-OSMOTIC)	Tier-3	HI
AZACTAM INJECTION RECON SOLN 2 GRAM	Tier-3	HI
AZACTAM IN DEXTROSE (ISO-OSM)	Tier-3	HI
<i>azithromycin intravenous</i>	Tier-2	HI
<i>aztreonam injection recon soln 1 gram</i>	Tier-2	HI
<i>benztropine injection</i>	Tier-2	
BONIVA INTRAVENOUS	Tier-3	PA
<i>bumetanide injection</i>	Tier-2	
<i>buprenorphine hcl injection syringe</i>	Tier-2	
<i>butorphanol tartrate injection</i>	Tier-2	
<i>calcitriol intravenous solution 1 mcg/ml</i>	Tier-2	
CANCIDAS	Tier-3	
CAPASTAT	Tier-3	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	Tier-2	HI
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	Tier-2	HI

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefepime</i>	Tier-2	HI
<i>cefotaxime injection recon soln 1 gram, 10 gram, 2 gram</i>	Tier-2	HI
<i>cefotaxime injection recon soln 500 mg</i>	Tier-2	
<i>cefotetan</i>	Tier-2	HI
<i>cefoxitin</i>	Tier-2	HI
<i>cefoxitin in dextrose, iso-osm</i>	Tier-2	HI
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	Tier-2	HI
<i>ceftazidime in d5w</i>	Tier-2	HI
<i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>	Tier-2	HI
<i>ceftriaxone intravenous recon soln</i>	Tier-2	HI
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>	Tier-2	HI
<i>cefuroxime sodium intravenous</i>	Tier-2	HI
<i>chloramphenicol sod succinate</i>	Tier-2	HI
<i>cidofovir</i>	Tier-2	
<i>ciprofloxacin intravenous solution 400 mg/40 ml</i>	Tier-2	HI
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	Tier-2	HI
CLEOCIN INJECTION	Tier-3	HI
CLEOCIN IN 5 % DEXTROSE	Tier-3	HI
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	Tier-2	HI
<i>colistin (colistimethate na)</i>	Tier-2	HI
CUBICIN	Tier-3	HI
<i>cyclosporine intravenous</i>	Tier-2	B/D
CYKLOKAPRON	Tier-3	
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	Tier-2	
<i>diltiazem hcl intravenous</i>	Tier-2	
DORIBAX INTRAVENOUS RECON SOLN 500 MG	Tier-3	HI
<i>duramorph (pf)</i>	Tier-2	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	Tier-3	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	Tier-3	HI
<i>esomeprazole sodium</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluconazole in dextrose(iso-o) intravenous piggyback 400 mg/200 ml</i>	Tier-2	HI
FORTAZ INJECTION RECON SOLN 2 GRAM, 6 GRAM	Tier-3	HI
FORTAZ IN DEXTROSE 5 %	Tier-3	HI
<i>foscarnet</i>	Tier-2	
<i>gentamicin injection solution 40 mg/ml</i>	Tier-2	HI
<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-2	HI
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i>	Tier-2	HI
<i>granisetron intravenous solution 1 mg/ml (1 ml)</i>	Tier-2	B/D; QL (40 ML per 7 days)
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	Tier-2	B/D; QL (40 ML per 7 days)
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	Tier-3	
<i>heparin (porcine) injection solution</i>	Tier-2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	Tier-2	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	Tier-2	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	Tier-2	
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	Tier-2	
<i>imipenem-cilastatin</i>	Tier-2	HI
INVANZ INJECTION	Tier-3	HI
<i>isoniazid injection</i>	Tier-2	
<i>kanamycin</i>	Tier-2	HI
<i>lactated ringers intravenous</i>	Tier-2	
<i>levocarnitine intravenous</i>	Tier-2	
<i>levofloxacin intravenous</i>	Tier-2	HI
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml</i>	Tier-2	HI
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</i>	Tier-2	
LINCOICIN	Tier-3	HI
<i>meropenem intravenous recon soln 500 mg</i>	Tier-2	HI
MERREM INTRAVENOUS RECON SOLN 500 MG	Tier-3	HI
<i>methadone injection</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methotrexate sodium (pf)</i>	Tier-2	
<i>metoprolol tartrate intravenous solution</i>	Tier-2	
<i>metronidazole in nacl (iso-os)</i>	Tier-2	HI
MYCAMINE	Tier-3	
<i>nafcillin injection recon soln 1 gram, 10 gram</i>	Tier-2	HI
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	Tier-2	HI
<i>ondansetron hcl (pf) injection solution</i>	Tier-2	B/D
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	Tier-2	HI
<i>oxacillin in dextrose(iso-osm)</i>	Tier-2	HI
<i>pamidronate intravenous solution</i>	Tier-2	
<i>pantoprazole intravenous</i>	Tier-2	
<i>penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i>	Tier-2	HI
<i>penicillin g potassium injection recon soln 5 million unit</i>	Tier-2	HI
<i>penicillin g sodium</i>	Tier-2	HI
PFIZERPEN-G INJECTION RECON SOLN 20 MILLION UNIT	Tier-3	HI
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram</i>	Tier-2	HI
<i>polymyxin b sulfite</i>	Tier-2	HI
<i>potassium chloride intravenous piggyback 20 meq/100 ml, 30 meq/100 ml</i>	Tier-2	
PRIMAXIN IV	Tier-3	HI
PROGRAF INTRAVENOUS	Tier-3	B/D
PROTONIX INTRAVENOUS	Tier-3	
RETROVIR INTRAVENOUS	Tier-3	
<i>streptomycin intramuscular</i>	Tier-2	HI
<i>sulfamethoxazole-trimethoprim intravenous</i>	Tier-2	
SYNERCID	Tier-3	HI
TEFLARO	Tier-3	HI
TIMENTIN INTRAVENOUS RECON SOLN 3.1 G	Tier-3	HI
<i>tobramycin in 0.9 % nacl intravenous piggyback 80 mg/100 ml</i>	Tier-2	HI
<i>tobramycin sulfate injection solution</i>	Tier-2	HI
TYGACIL	Tier-3	HI
<i>valproate sodium</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	Tier-2	HI
VFEND IV	Tier-3	
VIBATIV INTRAVENOUS RECON SOLN 250 MG	Tier-3	HI
VISTIDE	Tier-3	
<i>voriconazole intravenous</i>	Tier-2	
ZEMPLAR INTRAVENOUS	Tier-3	
ZINACEF IN DEXTROSE (ISO-OSM)	Tier-3	HI
ZINACEF IN STERILE WATER	Tier-3	HI
ZOSYN INTRAVENOUS RECON SOLN 3.375 GRAM	Tier-3	HI
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML	Tier-3	HI
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	Tier-3	HI
<b>ELECTROLYTES</b>		
<i>ammonium chloride</i>	Tier-2	
<i>d10 % &amp; 0.45 % sodium chloride</i>	Tier-2	
<i>d2.5 %-0.45 % sodium chloride</i>	Tier-2	
<i>d5 % and 0.9 % sodium chloride</i>	Tier-2	
<i>d5 %-0.45 % sodium chloride</i>	Tier-2	
<i>dextrose 10 % and 0.2 % nacl</i>	Tier-2	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	Tier-2	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	Tier-2	
<i>dextrose 5 %-lactated ringers</i>	Tier-2	
<i>dextrose 5%-0.2 % sod chloride</i>	Tier-2	
<i>dextrose 5%-0.3 % sod.chloride</i>	Tier-2	
IONOSOL-B IN D5W	Tier-3	
IONOSOL-MB IN D5W	Tier-3	
ISOLYTE S IN 5 % DEXTROSE	Tier-3	
ISOLYTE-H IN 5 % DEXTROSE	Tier-3	
ISOLYTE-P IN 5 % DEXTROSE	Tier-3	
ISOLYTE-S	Tier-3	
NORMOSOL-M IN 5 % DEXTROSE	Tier-3	
NORMOSOL-R IN 5 % DEXTROSE	Tier-3	
NORMOSOL-R PH 7.4	Tier-3	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PLASMA-LYTE 148	Tier-3	
PLASMA-LYTE A	Tier-3	
PLASMA-LYTE-56 IN 5 % DEXTROSE	Tier-3	
<i>potassium chlorid-d5-0.45%nacl</i>	Tier-2	
<i>potassium chloride intravenous parenteral solution</i>	Tier-2	
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 40 meq/100 ml</i>	Tier-2	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	Tier-2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	Tier-2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	Tier-2	
<i>potassium chloride-0.45 % nacl</i>	Tier-2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	Tier-2	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	Tier-2	
<i>potassium chloride-d5-0.9%nacl</i>	Tier-2	
<i>ringers intravenous</i>	Tier-2	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	Tier-2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	Tier-2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier-2	
<i>sodium chloride 3 %</i>	Tier-2	
<i>sodium chloride 5 %</i>	Tier-2	
<i>sodium lactate intravenous</i>	Tier-2	
<b>IV NUTRITION</b>		
AMINOSYN 8.5 %-ELECTROLYTES	Tier-3	B/D
AMINOSYN II 10 %	Tier-3	B/D
AMINOSYN II 15 %	Tier-3	B/D
AMINOSYN II 7 %	Tier-3	B/D
AMINOSYN II 8.5 %	Tier-3	B/D
AMINOSYN II 8.5 %-ELECTROLYTES	Tier-3	B/D
AMINOSYN M 3.5 %	Tier-3	B/D
AMINOSYN-HBC 7%	Tier-3	B/D
AMINOSYN-PF 10 %	Tier-3	B/D
AMINOSYN-PF 7 % (SULFITE-FREE)	Tier-3	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLINIMIX 5%/D15W SULFITE FREE	Tier-3	B/D
CLINIMIX 5%/D25W SULFITE-FREE	Tier-3	B/D
CLINIMIX 2.75%/D5W SULFIT FREE	Tier-3	B/D
CLINIMIX 4.25%-D20W SULF-FREE	Tier-3	B/D
CLINIMIX 4.25%-D25W SULF-FREE	Tier-3	B/D
CLINIMIX 4.25%/D10W SULF FREE	Tier-3	B/D
CLINIMIX 4.25%/D5W SULFIT FREE	Tier-3	B/D
CLINIMIX 5%-D20W(SULFITE-FREE)	Tier-3	B/D
CLINIMIX E 2.75%/D10W SUL FREE	Tier-3	B/D
CLINIMIX E 2.75%/D5W SULF FREE	Tier-3	B/D
CLINIMIX E 4.25%/D25W SUL FREE	Tier-3	B/D
CLINIMIX E 4.25%/D5W SULF FREE	Tier-3	B/D
CLINIMIX E 5%/D15W SULFIT FREE	Tier-3	B/D
CLINIMIX E 5%/D20W SULFIT FREE	Tier-3	B/D
CLINIMIX E 5%/D25W SULFIT FREE	Tier-3	B/D
CLINISOL SF 15 %	Tier-3	B/D
FREAMINE III 3 %-ELECTROLYTES	Tier-3	B/D
HEPATAMINE 8%	Tier-3	B/D
INTRALIPID INTRAVENOUS EMULSION 20 % , 30 %	Tier-3	B/D
NEPHRAMINE 5.4 %	Tier-3	B/D
PREMASOL 10 %	Tier-3	B/D
PREMASOL 6 %	Tier-3	B/D
PROCALAMINE 3%	Tier-3	B/D
PROSOL 20 %	Tier-3	B/D
<i>tpn electrolytes</i>	Tier-2	B/D
TRAVASOL 10 %	Tier-3	B/D
TROPHAMINE 10 %	Tier-3	B/D
TROPHAMINE 6%	Tier-3	B/D

## **HORMONES**

### **ADRENAL CORTICOSTEROIDS**

<i>a-hydrocort</i>	Tier-2	
<i>cortisone</i>	Tier-2	
DEPO-MEDROL	Tier-3	
<i>dexamethasone oral elixir</i>	Tier-2	
<i>dexamethasone oral tablet</i>	Tier-1	
<i>dexamethasone intensol</i>	Tier-2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexpak 13 day</i>	Tier-2	
<i>fludrocortisone</i>	Tier-2	
<i>hydrocortisone oral</i>	Tier-2	
<i>methylprednisolone</i>	Tier-2	Transplant
<i>methylprednisolone acetate</i>	Tier-2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	Tier-2	
<i>methylprednisolone sodium succ intravenous</i>	Tier-2	Transplant
MILLIPRED	Tier-4	Transplant
ORAPRED	Tier-4	Transplant
ORAPRED ODT ORAL TABLET,DISINTEGRATING 15 MG, 30 MG	Tier-4	Transplant
<i>prednisolone sodium phosphate ophthalmic</i>	Tier-2	
<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-2	Transplant
<i>prednisone oral solution</i>	Tier-2	Transplant
<i>prednisone oral tablet</i>	Tier-1	Transplant
PREDNISON INTENSOL	Tier-4	Transplant
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML	Tier-4	
SOLU-MEDROL (PF) INJECTION	Tier-4	Transplant
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML	Tier-4	Transplant
<i>triamcinolone acetonide injection</i>	Tier-2	
VERIPRED 20	Tier-4	Transplant
<b>ANDROGENS</b>		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	Tier-3	
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	Tier-3	
ANDROXY	Tier-4	
<i>danazol oral</i>	Tier-2	
DEPO-TESTOSTERONE	Tier-4	
METHITEST	Tier-4	
<i>oxandrolone</i>	Tier-2	
STRIANT	Tier-4	
<i>testosterone cypionate</i>	Tier-2	
<i>testosterone enanthate</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TESTRED	Tier-4	
<b>GONADOTROPIN RELEASING AGONISTS</b>		
ELIGARD	Tier-3	
FIRMAGON	Tier-3	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	Tier-3	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	Tier-3	
LUPRON DEPOT (4 MONTH)	Tier-3	
LUPRON DEPOT (6 MONTH)	Tier-3	
LUPRON DEPOT-PED	Tier-3	
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	Tier-3	
SYNAREL	Tier-3	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	Tier-3	
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 3.75 MG/2 ML	Tier-3	
<b>THYROID REPLACEMENT AND ANTITHYROID AGENTS</b>		
<i>levothyroxine intravenous recon soln 100 mcg</i>	Tier-2	
<i>levothyroxine oral</i>	Tier-1	
<i>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</i>	Tier-1	
<i>liothyronine oral</i>	Tier-2	
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier-2	
<i>propylthiouracil</i>	Tier-2	
SYNTHROID	Tier-4	
THYROLAR-1	Tier-4	
THYROLAR-1/2	Tier-4	
THYROLAR-1/4	Tier-4	
THYROLAR-2	Tier-4	
THYROLAR-3	Tier-4	
TIROSINT	Tier-4	
<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	
<b>IMMUNOLOGIC AGENTS</b>		
<b>IMMUNE STIMULANTS</b>		
ACTHIB (PF)	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACTIMMUNE	Tier-5	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	Tier-3	
ADAGEN	Tier-5	
<i>afluria 2011-2012</i>	Tier-3	
<i>afluria 2011-2012 (pf)</i>	Tier-3	
<i>bcg vaccine, live (pf)</i>	Tier-2	
BIVIGAM	Tier-3	PA
BOOSTRIX TDAP	Tier-3	
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	Tier-3	PA; HI
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE	Tier-3	
COMVAX (PF)	Tier-3	B/D
DAPTACEL (DTAP PEDIATRIC) (PF)	Tier-3	
DECAVAC (PF) INTRAMUSCULAR SYRINGE	Tier-3	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	Tier-3	B/D
ENGERIX-B PEDIATRIC (PF)	Tier-3	B/D
<i>fluarix 2011-2012 (pf)</i>	Tier-3	
<i>flulaval 2011-2012</i>	Tier-3	
<i>fluvirin 2011-2012</i>	Tier-3	
<i>fluvirin 2011-2012 (pf)</i>	Tier-3	
<i>fluzone 2011-2012</i>	Tier-3	
<i>fluzone 2011-2012 (pf)</i>	Tier-3	
<i>fluzone high-dose 2011-12 (pf)</i>	Tier-3	
<i>fluzone intraderm 2011-12 (pf)</i>	Tier-3	
GAMASTAN S/D	Tier-3	PA; HI
GAMMAGARD LIQUID	Tier-3	PA; HI
GAMMAPLEX	Tier-3	PA; HI
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	Tier-3	PA; HI
GARDASIL (PF)	Tier-3	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	Tier-3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	Tier-3	
<i>hiberix (pf)</i>	Tier-3	
IMOVAX RABIES VACCINE (PF)	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	Tier-3	
IPOL INJECTION SUSPENSION	Tier-3	
IXIARO (PF)	Tier-3	
M-M-R II (PF)	Tier-3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	Tier-3	
MENOMUNE - A/C/Y/W-135 (PF)	Tier-3	
MENVEO A-C-Y-W-135-DIP (PF)	Tier-3	
PEDVAX HIB (PF)	Tier-3	
<i>pneumovax 23 injection injectable</i>	Tier-3	
<i>prevnar 13 (pf)</i>	Tier-3	
PRIVIGEN	Tier-3	PA; HI
PROQUAD (PF)	Tier-3	
RABAVERT (PF)	Tier-3	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	Tier-3	B/D
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	Tier-3	B/D
ROTATEQ VACCINE	Tier-3	
<i>tetanus toxoid,adsorbed (pf)</i>	Tier-2	
<i>tetanus,diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml</i>	Tier-2	
<i>tetanus-diphtheria toxoids-td</i>	Tier-2	
THYMOGLOBULIN	Tier-3	PA; HI
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	Tier-3	
TYPHIM VI INTRAMUSCULAR SOLUTION	Tier-3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	Tier-3	
VAQTA (PF) INTRAMUSCULAR SYRINGE	Tier-3	
VARIVAX (PF)	Tier-3	
YF-VAX (PF)	Tier-3	
ZOSTAVAX (PF)	Tier-3	
<b>IMMUNOSUPPRESSIVES</b>		
ASTAGRAF XL	Tier-4	B/D
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	Tier-3	PA
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	Tier-4	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclosporine oral capsule</i>	Tier-2	B/D
<i>cyclosporine modified</i>	Tier-2	B/D
<i>gengraf</i>	Tier-2	B/D
ILARIS (PF)	Tier-3	PA
<i>mycophenolate mofetil</i>	Tier-2	B/D
<i>mycophenolate sodium</i>	Tier-2	B/D
MYFORTIC	Tier-4	B/D
NULOJIX	Tier-3	B/D
RAPAMUNE	Tier-3	B/D
SIMULECT INTRAVENOUS RECON SOLN 20 MG	Tier-5	B/D
<i>sirolimus</i>	Tier-2	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	Tier-2	B/D
<i>tacrolimus oral capsule 5 mg</i>	Tier-5	B/D
ZORTRESS	Tier-3	B/D; QL (180 EA per 90 days)
<b>MISCELLANEOUS DRUGS</b>		
<b>ACROMEGALY</b>		
<i>octreotide acetate injection solution</i>	Tier-2	
SANDOSTATIN	Tier-3	
SANDOSTATIN LAR DEPOT	Tier-5	
SOMATULINE DEPOT	Tier-3	
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG	Tier-5	PA
<b>AMYOTROPHIC LATERAL SCLEROSIS</b>		
RILUTEK	Tier-5	
<i>riluzole</i>	Tier-3	
<b>ANAPHYLAXIS EMERGENCY</b>		
AUVI-Q	Tier-3	QL (2 EA per 7 Days)
<i>epinephrine injection syringe 0.1 mg/ml (1:10,000)</i>	Tier-2	
EPIPEN 2-PAK	Tier-3	QL (2 EA per 7 days)
EPIPEN JR 2-PAK	Tier-3	QL (2 EA per 7 days)
<i>midodrine</i>	Tier-2	
TWINJECT AUTOINJECTOR	Tier-3	QL (2 EA per 7 Days)
<b>CASTLEMAN DISEASE</b>		
SYLVANT INTRAVENOUS RECON SOLN 100 MG	Tier-3	PA

Drug Name	Drug Tier	Requirements/Limits
<b>CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES</b>		
ARCALYST	Tier-3	PA
<b>CUSHING DISEASE</b>		
SIGNIFOR	Tier-5	PA; QL (60 ML per 30 days)
<b>CYSTIC FIBROSIS</b>		
BETHKIS	Tier-5	
CAYSTON	Tier-5	
KALYDECO	Tier-5	PA; QL (60 EA per 30 days)
PULMOZYME	Tier-5	
TOBI	Tier-5	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	Tier-5	
<i>tobramycin in 0.225 % nacl</i>	Tier-2	
<b>CYSTINURIA</b>		
CYSTADANE	Tier-3	
<b>DETOXIFICATION AGENTS</b>		
CHEMET	Tier-4	
EXJADE	Tier-3	
<b>FABRY DISEASE</b>		
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	Tier-3	PA
<b>GAUCHER DISEASE</b>		
CEREZYME INTRAVENOUS RECON SOLN 200 UNIT	Tier-3	PA
ELELYSO	Tier-3	PA
VPRIV	Tier-3	PA
ZAVESCA	Tier-5	PA
<b>GROWTH HORMONE DEFICIENCY</b>		
EGRIFTA SUBCUTANEOUS RECON SOLN 2 MG	Tier-5	PA
GENOTROPIN	Tier-3	PA
GENOTROPIN MINIQUICK	Tier-3	PA
HUMATROPE	Tier-3	PA
INCRELEX	Tier-5	PA
NORDITROPIN FLEXPPO	Tier-5	PA
NORDITROPIN NORDIFLEX	Tier-5	PA
NUTROPIN SUBCUTANEOUS RECON SOLN 10 MG	Tier-5	PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE	Tier-5	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS CARTRIDGE 5 MG/2 ML (2.5 MG/ML)	Tier-5	PA
OMNITROPE	Tier-3	PA
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG	Tier-5	PA
SAIZEN CLICK.EASY	Tier-5	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier-5	PA
TEV-TROPIN	Tier-5	PA
ZORBTIVE	Tier-5	PA
<b>HEREDITARY ANGIOEDEMA</b>		
CINRYZE	Tier-3	PA
FIRAZYR	Tier-5	PA; QL (3 ML per 7 days)
<b>HEREDITARY TYROSINEMIA TYPE 2</b>		
ORFADIN	Tier-5	PA
<b>HUNTINGTON DISEASE</b>		
XENAZINE ORAL TABLET 12.5 MG	Tier-5	PA; QL (90 EA per 30 days)
XENAZINE ORAL TABLET 25 MG	Tier-5	PA; QL (120 EA per 30 days)
<b>HYPERCALCEMIA</b>		
HECTOROL ORAL	Tier-3	
SENSIPAR	Tier-3	
<b>HYPERPARATHYROIDISM</b>		
<i>calcitriol oral</i>	Tier-2	
<i>doxercalciferol</i>	Tier-2	
<i>paricalcitol</i>	Tier-2	
ZEMPLAR ORAL	Tier-3	
<b>MUCOPOLYSACCHARIDOSIS</b>		
ALDURAZYME	Tier-3	
ELAPRASE	Tier-3	
LUMIZYME	Tier-3	
NAGLAZYME	Tier-3	
TYSABRI	Tier-5	PA; LA
<b>MULTIPLE SCLEROSIS</b>		
AMPYRA	Tier-3	PA; QL (60 EA per 30 days)
AUBAGIO	Tier-5	PA; QL (30 EA per 30 Days)
AVONEX INTRAMUSCULAR KIT	Tier-5	QL (4 EA per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	Tier-5	QL (4 EA per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BETASERON SUBCUTANEOUS KIT	Tier-5	QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE KIT	Tier-5	QL (30 EA per 30 Days)
EXTAVIA SUBCUTANEOUS KIT	Tier-5	QL (15 EA per 30 days)
GILENYA	Tier-5	PA; QL (30 EA per 30 Days)
REBIF (WITH ALBUMIN)	Tier-5	QL (11 ML per 30 days)
REBIF TITRATION PACK	Tier-5	QL (12 ML per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	Tier-5	PA; QL (60 EA per 30 Days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	Tier-5	PA
<b>MYASTHENIA GRAVIS</b>		
<i>guanidine</i>	Tier-2	
MESTINON ORAL SYRUP	Tier-4	
MESTINON TIMESPAN	Tier-3	
MYTELASE	Tier-4	
<i>pyridostigmine bromide</i>	Tier-2	
<b>PAGET'S DISEASE</b>		
<i>etidronate disodium</i>	Tier-2	
<b>PHENYLKETONURIA</b>		
KUVAN ORAL TABLET,SOLUBLE	Tier-5	PA
<b>PHOSPHATE BINDERS</b>		
<i>calcium acetate oral capsule</i>	Tier-2	
FOSRENOL	Tier-3	
PHOSLYRA	Tier-3	
RENAGEL	Tier-3	
REVELA	Tier-3	
VELPHORO	Tier-4	
<b>POMPE DISEASE</b>		
MYOZYME	Tier-3	
<b>POTASSIUM BINDER</b>		
<i>kionex oral powder</i>	Tier-2	
<i>sodium polystyrene (sorb free)</i>	Tier-2	
<b>PULMONARY HYPERTENSION</b>		
ADCIRCA	Tier-5	PA; QL (60 EA per 30 days)
ADEMPAS	Tier-5	PA
<i>epoprostenol (glycine)</i>	Tier-2	PA
FLOLAN	Tier-3	PA
LETAIRIS	Tier-5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OPSUMIT	Tier-5	PA
REMODULIN	Tier-3	PA
<i>revatio intravenous</i>	Tier-3	PA
SILDENAFIL	Tier-3	PA; QL (90 EA per 30 days)
TRACLEER	Tier-5	PA; LA
VELETRI	Tier-3	PA
<b>RESPIRATORY SYNCYTIAL VIRUS</b>		
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	Tier-3	
<b>SMOKING CESSATION</b>		
<i>buproban</i>	Tier-2	
CHANTIX	Tier-4	QL (60 EA per 30 days)
CHANTIX STARTING MONTH BOX	Tier-4	QL (53 EA per 30 days)
NICOTROL	Tier-3	
NICOTROL NS	Tier-4	
<b>SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin</i>	Tier-2	
AVODART	Tier-3	
CIALIS ORAL TABLET 2.5 MG, 5 MG	Tier-4	PA; QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	Tier-2	
JALYN	Tier-3	
<i>tamsulosin</i>	Tier-2	
<b>UROLOGIC DISORDERS</b>		
<i>bethanechol chloride</i>	Tier-2	
<i>desmopressin injection</i>	Tier-2	
<i>desmopressin nasal spray, non-aerosol</i>	Tier-2	
<i>desmopressin oral</i>	Tier-2	
DETROL LA	Tier-4	STPA
ELMIRON	Tier-4	
ENABLEX	Tier-4	STPA
<i>flavoxate</i>	Tier-2	
GELNIQUE	Tier-3	
MYRBETRIQ	Tier-4	STPA
<i>oxybutynin chloride oral syrup</i>	Tier-2	
<i>oxybutynin chloride oral tablet</i>	Tier-1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	Tier-2	
OXYTROL	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium citrate oral tablet extended release 10 meq, 5 meq</i>	Tier-2	
SAMSCA	Tier-4	
<i>tolterodine</i>	Tier-3	
<i>trospium oral capsule, extended release 24hr</i>	Tier-3	
<i>trospium oral tablet</i>	Tier-2	
UROCIT-K 10	Tier-4	
UROCIT-K 15	Tier-4	
UROCIT-K 5	Tier-4	
VESICARE	Tier-3	
<b>WILSON'S DISEASE</b>		
DEPEN TITRATABS	Tier-3	
SYPRINE	Tier-3	
<b>NEUROLOGICAL DRUGS</b>		
<b>ALZHEIMERS DISEASE</b>		
<i>donepezil</i>	Tier-2	
<i>ergoloid</i>	Tier-2	
EXELON TRANSDERMAL	Tier-4	
<i>galantamine</i>	Tier-2	
NAMENDA	Tier-3	
NAMENDA TITRATION PAK	Tier-3	
NAMENDA XR	Tier-3	
<i>rivastigmine tartrate</i>	Tier-2	
<b>MIGRAINE THERAPY</b>		
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier-2	QL (360 EA per 30 days)
<i>dihydroergotamine injection</i>	Tier-2	
MIGERGOT	Tier-3	
MIGRANAL	Tier-4	QL (12 ML per 30 Days)
<i>naratriptan</i>	Tier-2	QL (9 EA per 30 days)
<i>rizatriptan</i>	Tier-2	QL (12 EA per 30 Days)
<i>sumatriptan</i>	Tier-2	QL (8 EA per 30 days)
<i>sumatriptan succinate oral</i>	Tier-2	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	Tier-2	QL (4 ML per 30 Days)
<i>sumatriptan succinate subcutaneous solution</i>	Tier-2	QL (8 ML per 30 Days)
<i>zolmitriptan</i>	Tier-2	QL (6 EA per 30 days)
<b>PARKINSONS DISEASE</b>		
APOKYN	Tier-5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AZILECT	Tier-3	
<i>benztropine oral</i>	Tier-1	
<i>bromocriptine</i>	Tier-2	
<i>cabergoline</i>	Tier-2	
<i>carbidopa</i>	Tier-2	
<i>carbidopa-levodopa</i>	Tier-2	
CYCLOSET	Tier-3	
<i>entacapone</i>	Tier-2	
LODOSYN	Tier-3	
MIRAPEX ER	Tier-4	
NEUPRO	Tier-4	QL (30 EA per 30 days)
<i>pramipexole</i>	Tier-2	
<i>ropinirole</i>	Tier-2	
<i>selegiline hcl</i>	Tier-2	
STALEVO 100	Tier-3	
STALEVO 125	Tier-3	
STALEVO 150	Tier-3	
STALEVO 200	Tier-3	
STALEVO 50	Tier-3	
STALEVO 75	Tier-3	
TASMAR ORAL TABLET 100 MG	Tier-3	
<i>trihexyphenidyl</i>	Tier-1	
<b>PSEUDOBULBAR AFFECT</b>		
NUEDEXTA	Tier-3	PA
<b>SEIZURES</b>		
APTIOM	Tier-4	PA
BANZEL ORAL SUSPENSION	Tier-3	QL (2400 ML per 30 days)
BANZEL ORAL TABLET 200 MG	Tier-3	QL (1440 EA per 90 days)
BANZEL ORAL TABLET 400 MG	Tier-3	QL (720 EA per 90 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	Tier-2	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier-2	
<i>carbamazepine oral tablet</i>	Tier-1	
<i>carbamazepine oral tablet extended release 12 hr</i>	Tier-2	
<i>carbamazepine oral tablet, chewable</i>	Tier-2	
<i>carbidopa-levodopa-entacapone</i>	Tier-2	
CELONTIN ORAL CAPSULE 300 MG	Tier-4	
<i>clonazepam</i>	Tier-2	
<i>diazepam oral solution 5 mg/5 ml</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diazepam oral tablet</i>	Tier-2	
<i>diazepam rectal</i>	Tier-2	
<i>diazepam intensol</i>	Tier-2	
DILANTIN	Tier-3	
DILANTIN INFATABS	Tier-3	
<i>divalproex</i>	Tier-2	
<i>epitol</i>	Tier-1	
<i>ethosuximide</i>	Tier-2	
<i>felbamate</i>	Tier-2	
FYCOMPA	Tier-4	PA
<i>gabapentin oral capsule</i>	Tier-2	
<i>gabapentin oral solution 250 mg/5 ml</i>	Tier-2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier-2	
GABITRIL	Tier-3	
HORIZANT	Tier-4	QL (60 EA per 30 days)
LAMICTAL ODT	Tier-4	
<i>lamotrigine oral tablet</i>	Tier-2	
<i>lamotrigine oral tablet extended release 24hr</i>	Tier-3	
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier-2	
<i>levetiracetam intravenous</i>	Tier-2	
<i>levetiracetam oral solution 100 mg/ml</i>	Tier-2	
<i>levetiracetam oral tablet</i>	Tier-2	
<i>levetiracetam oral tablet extended release 24 hr</i>	Tier-2	
LYRICA	Tier-4	STPA
ONFI ORAL SUSPENSION	Tier-4	
ONFI ORAL TABLET 10 MG, 20 MG	Tier-4	QL (60 EA per 30 days)
<i>oxcarbazepine</i>	Tier-2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier-4	QL (30 EA per 30 Days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	Tier-4	QL (120 EA per 30 Days)
PEGANONE	Tier-4	
<i>phenobarbital</i>	Tier-2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	Tier-2	
<i>phenytoin oral tablet, chewable</i>	Tier-2	
<i>phenytoin sodium intravenous solution</i>	Tier-2	
<i>phenytoin sodium extended</i>	Tier-2	
POTIGA	Tier-4	PA
<i>primidone</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
QUDEXY XR	Tier-4	
SABRIL	Tier-5	
SAVELLA ORAL TABLET	Tier-3	STPA; QL (180 EA per 90 days)
STAVZOR	Tier-4	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	Tier-3	
<i>tiagabine</i>	Tier-2	
<i>topiramate oral capsule, sprinkle</i>	Tier-2	
<i>topiramate oral tablet</i>	Tier-2	
TROKENDI XR	Tier-4	
<i>valproic acid</i>	Tier-2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier-2	
VIMPAT INTRAVENOUS	Tier-4	
VIMPAT ORAL SOLUTION	Tier-4	PA; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET	Tier-4	PA; QL (180 EA per 90 days)
<i>zonisamide</i>	Tier-2	
<b>SPASTICITY</b>		
<i>baclofen</i>	Tier-1	
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	Tier-2	
<i>cyclobenzaprine oral tablet</i>	Tier-1	
<i>dantrolene</i>	Tier-2	
<i>tizanidine</i>	Tier-2	
<b>PAIN AND INFLAMMATORY DISEASES</b>		
<b>ARTHRITIS</b>		
ABILIFY INTRAMUSCULAR	Tier-3	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML)	Tier-3	PA
ACTEMRA SUBCUTANEOUS	Tier-3	PA
ARTHROTEC 50	Tier-4	
ARTHROTEC 75	Tier-4	
AZASAN	Tier-4	B/D
<i>azathioprine</i>	Tier-2	B/D
CELEBREX	Tier-4	PA
CIMZIA	Tier-5	PA; QL (2 EA per 30 days)
CIMZIA POWDER FOR RECONST	Tier-3	PA
<i>diclofenac potassium</i>	Tier-1	
<i>diclofenac sodium oral</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diclofenac sodium topical gel</i>	Tier-2	
<i>diclofenac-misoprostol</i>	Tier-2	
ENBREL SUBCUTANEOUS KIT	Tier-5	PA; QL (8 EA per 28 Days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	Tier-5	PA; QL (8.16 ML per 28 Days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	Tier-5	PA; QL (7.84 ML per 28 Days)
<i>fenoprofen oral tablet</i>	Tier-2	
<i>flurbiprofen</i>	Tier-2	
HUMIRA	Tier-5	PA; QL (6 EA per 30 days)
HUMIRA CROHN'S DIS START PCK	Tier-5	PA; QL (6 EA per 365 Days)
INDOCIN ORAL	Tier-4	
<i>indomethacin oral</i>	Tier-1	
KINERET	Tier-5	PA; QL (20.1 ML per 30 days)
<i>leflunomide</i>	Tier-2	
<i>meclofenamate oral</i>	Tier-2	
<i>meloxicam</i>	Tier-1	
<i>methotrexate sodium oral</i>	Tier-2	B/D
<i>nabumetone</i>	Tier-2	
NALFON	Tier-4	
ORENCIA	Tier-5	PA; QL (4 ML per 28 Days)
ORENCIA (WITH MALTOSE)	Tier-3	PA
OTREXUP (PF)	Tier-4	
PENNSAID	Tier-4	
<i>piroxicam</i>	Tier-2	
REMICADE	Tier-3	PA
RIDAURA	Tier-3	
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML	Tier-3	
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	Tier-5	PA; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	Tier-5	PA; QL (0.5 ML per 28 Days)
SIMPONI ARIA	Tier-5	PA
<i>sulindac oral</i>	Tier-2	
<i>tolmetin</i>	Tier-2	
TREXALL	Tier-4	B/D
VOLTAREN TOPICAL	Tier-4	
XELJANZ	Tier-5	PA; QL (60 EA per 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>GOUT</b>		
<i>allopurinol</i>	Tier-1	
<i>colchicine-probenecid</i>	Tier-2	
COLCRYS	Tier-3	QL (120 EA per 30 Days)
<i>probenecid</i>	Tier-2	
ULORIC	Tier-4	STPA
<b>PAIN, NSAID ANALGESICS</b>		
<i>diflunisal</i>	Tier-2	
<i>etodolac</i>	Tier-2	
<i>ibuprofen oral suspension</i>	Tier-2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier-1	
<i>ketoprofen oral capsule</i>	Tier-2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier-2	
<i>mefenamic acid</i>	Tier-2	
<i>naproxen oral suspension</i>	Tier-2	
<i>naproxen oral tablet</i>	Tier-1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	Tier-1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier-1	
<b>PAIN, OPIOID AND OTHER ANALGESICS</b>		
ABSTRAL	Tier-4	QL (32 EA per 30 days)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier-2	QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	Tier-2	QL (300 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	Tier-2	QL (400 EA per 30 days)
<i>butorphanol tartrate nasal</i>	Tier-2	QL (7.5 ML per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR	Tier-4	QL (4 EA per 28 Days)
<i>codeine sulfate oral tablet</i>	Tier-2	QL (180 EA per 30 days)
DILAUDID ORAL LIQUID	Tier-4	QL (1440 ML per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier-2	QL (360 EA per 30 days)
<i>endodan</i>	Tier-2	QL (360 EA per 30 days)
<i>fentanyl</i>	Tier-2	QL (10 EA per 30 days)
<i>fentanyl citrate</i>	Tier-2	QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier-2	QL (5540 ML per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier-2	QL (400 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier-2	QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier-2	QL (480 EA per 30 days)
<i>hydromorphone oral tablet</i>	Tier-2	QL (360 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	Tier-2	QL (30 EA per 30 days)
<i>ibuprofen-oxycodone</i>	Tier-2	QL (240 EA per 30 days)
LAZANDA	Tier-4	QL (30 EA per 30 Days)
<i>levorphanol tartrate</i>	Tier-2	QL (240 EA per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	Tier-2	QL (1800 ML per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	Tier-2	QL (3600 ML per 30 days)
<i>methadone oral tablet</i>	Tier-2	QL (120 EA per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	Tier-2	QL (90 EA per 30 days)
<i>morphine oral capsule, extend. release pellets</i>	Tier-2	QL (90 EA per 30 Days)
<i>morphine oral solution</i>	Tier-2	QL (480 ML per 30 Days)
<i>morphine oral tablet</i>	Tier-2	QL (180 EA per 30 days)
<i>morphine oral tablet extended release</i>	Tier-2	QL (90 EA per 30 days)
<i>morphine concentrate oral solution</i>	Tier-2	QL (480 ML per 30 Days)
<i>oxycodone oral capsule</i>	Tier-2	QL (360 EA per 30 days)
<i>oxycodone oral concentrate</i>	Tier-2	QL (120 ML per 30 days)
<i>oxycodone oral solution</i>	Tier-2	QL (2400 ML per 30 Days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	Tier-2	QL (180 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	Tier-2	QL (360 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-2	QL (360 EA per 30 days)
<i>oxycodone-aspirin</i>	Tier-2	QL (360 EA per 30 days)
OXYCONTIN	Tier-3	QL (120 EA per 30 days)
<i>oxymorphone oral tablet</i>	Tier-2	QL (180 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	Tier-2	QL (60 EA per 30 Days)
ROXICET ORAL SOLUTION	Tier-4	QL (1850 ML per 30 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	Tier-4	QL (120 EA per 30 days)
<i>tramadol oral tablet</i>	Tier-2	
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tramadol oral tablet, er multiphase 24 hr 300 mg</i>	Tier-2	
<i>tramadol-acetaminophen</i>	Tier-2	QL (360 EA per 30 days)
XARTEMIS XR	Tier-4	QL (120 EA per 30 days)
<b>PSYCHOSES</b>		
VERSACLOZ	Tier-4	
<b>PSYCHIATRIC</b>		
<b>ALCOHOL DETERRENTS</b>		
<i>acamprosate</i>	Tier-2	
CAMPRAL	Tier-3	
<i>disulfiram</i>	Tier-2	
<i>naltrexone oral</i>	Tier-2	
<b>ANXIETY</b>		
<i>alprazolam</i>	Tier-2	
<i>alprazolam intensol</i>	Tier-2	
<i>amitriptyline-chlordiazepoxide</i>	Tier-2	
<i>bupirone</i>	Tier-1	
<i>clorazepate dipotassium</i>	Tier-2	
<i>lorazepam oral tablet</i>	Tier-2	
<i>lorazepam intensol</i>	Tier-2	
<i>meprobamate</i>	Tier-2	
<i>oxazepam</i>	Tier-2	
<b>ATTENTION DEFICIT DISORDER</b>		
ADDERALL XR	Tier-4	STPA
<i>amphetamine salt combo</i>	Tier-2	
<i>clonidine hcl oral tablet extended release 12 hr</i>	Tier-2	
DAYTRANA	Tier-3	STPA
DESOXYN	Tier-4	
DEXEDRINE SPANSULE	Tier-4	
<i>dexmethylphenidate</i>	Tier-2	
<i>dextroamphetamine oral capsule, extended release</i>	Tier-2	
<i>dextroamphetamine oral tablet</i>	Tier-2	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	Tier-2	
FOCALIN XR	Tier-3	STPA
INTUNIV ER	Tier-4	QL (90 EA per 90 days)
METADATE CD	Tier-4	
METADATE ER	Tier-4	
<i>methamphetamine</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
METHYLIN ORAL SOLUTION	Tier-3	
METHYLIN ORAL TABLET,CHEWABLE	Tier-3	
<i>methylphenidate oral capsule, er biphasic 30-70 10 mg, 50 mg, 60 mg</i>	Tier-2	
<i>methylphenidate oral capsule,er biphasic 50-50</i>	Tier-2	
<i>methylphenidate oral solution</i>	Tier-2	
<i>methylphenidate oral tablet</i>	Tier-2	
<i>methylphenidate oral tablet extended release 20 mg</i>	Tier-2	
<i>methylphenidate oral tablet extended release 24hr</i>	Tier-2	
QUILLIVANT XR	Tier-4	STPA
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG	Tier-3	QL (60 EA per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 80 MG	Tier-3	QL (30 EA per 30 days)
VYVANSE	Tier-4	STPA
<b>BIPOLAR DISORDER</b>		
EQUETRO	Tier-4	
<i>lithium carbonate</i>	Tier-1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier-1	
<i>olanzapine-fluoxetine</i>	Tier-2	STPA
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 50 MG/2 ML	Tier-3	
<i>risperidone oral tablet,disintegrating</i>	Tier-2	
<b>DEPRESSION</b>		
<i>amitriptyline</i>	Tier-1	
<i>amoxapine</i>	Tier-2	
APLENZIN	Tier-4	STPA
BRINTELLIX	Tier-4	STPA
<i>budeprion sr oral tablet extended release 150 mg</i>	Tier-2	
<i>bupropion hcl</i>	Tier-2	
<i>citalopram</i>	Tier-1	
<i>clomipramine</i>	Tier-2	
CYMBALTA	Tier-4	STPA; QL (60 EA per 30 days)
<i>desipramine oral</i>	Tier-2	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	Tier-3	
<i>doxepin oral capsule</i>	Tier-1	
<i>doxepin oral concentrate</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	Tier-3	QL (60 EA per 30 Days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	Tier-3	QL (90 EA per 30 days)
EMSAM	Tier-4	STPA
<i>escitalopram oxalate</i>	Tier-2	
FETZIMA	Tier-4	STPA
<i>fluoxetine oral capsule</i>	Tier-1	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	Tier-1	
<i>fluoxetine oral solution</i>	Tier-2	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	Tier-1	
<i>fluoxetine oral tablet 60 mg</i>	Tier-2	
<i>fluvoxamine</i>	Tier-2	
<i>imipramine hcl</i>	Tier-2	
<i>imipramine pamoate</i>	Tier-2	
KHEDEZLA	Tier-4	STPA
LUVOX CR	Tier-4	STPA
<i>maprotiline</i>	Tier-2	
MARPLAN	Tier-4	
<i>mirtazapine</i>	Tier-2	
<i>nefazodone</i>	Tier-2	
<i>nortriptyline</i>	Tier-1	
OLEPTRO ER	Tier-4	STPA
<i>paroxetine hcl oral tablet</i>	Tier-1	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	Tier-1	
PAXIL ORAL SUSPENSION	Tier-4	
PEXEVA	Tier-4	STPA
<i>phenelzine</i>	Tier-2	
<i>protriptyline</i>	Tier-2	
<i>sertraline</i>	Tier-2	
<i>tranylcypromine</i>	Tier-2	
<i>trazodone</i>	Tier-1	
<i>trimipramine</i>	Tier-2	
<i>venlafaxine oral capsule, extended release 24hr</i>	Tier-2	
<i>venlafaxine oral tablet</i>	Tier-2	
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR	Tier-4	STPA
VIIBRYD	Tier-4	STPA
VIVACTIL	Tier-4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>INSOMNIA</b>		
<i>estazolam</i>	Tier-2	
<i>flurazepam</i>	Tier-2	
LUNESTA	Tier-4	STPA; QL (30 EA per 30 days)
ROZEREM	Tier-4	STPA; QL (30 EA per 30 days)
<i>temazepam</i>	Tier-2	
<i>triazolam</i>	Tier-2	
<i>zaleplon</i>	Tier-2	QL (30 EA per 30 days)
<i>zolpidem oral tablet</i>	Tier-2	QL (30 EA per 30 days)
<i>zolpidem oral tablet,ext release multiphase</i>	Tier-2	STPA; QL (30 EA per 30 days)
ZOLPIMIST	Tier-4	STPA
<b>NARCOLEPSY</b>		
<i>modafinil</i>	Tier-2	STPA
NUVIGIL ORAL TABLET 150 MG, 250 MG, 50 MG	Tier-4	STPA
XYREM	Tier-5	LA
<b>OPIOID ANTAGONISTS</b>		
<i>buprenorphine-naloxone</i>	Tier-2	PA; QL (90 EA per 30 days)
<i>naloxone injection syringe 1 mg/ml</i>	Tier-2	
SUBOXONE SUBLINGUAL FILM	Tier-4	PA; QL (90 EA per 30 days)
ZUBSOLV	Tier-4	PA; QL (90 EA per 30 days)
<b>PSYCHOSES</b>		
ABILIFY ORAL	Tier-4	STPA
ABILIFY DISCMELT	Tier-4	STPA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	Tier-3	
<i>chlorpromazine</i>	Tier-2	
<i>clozapine oral tablet</i>	Tier-2	
FANAPT	Tier-4	
FAZACLO	Tier-3	
<i>fluphenazine decanoate</i>	Tier-2	
<i>fluphenazine hcl</i>	Tier-2	
GEODON INTRAMUSCULAR	Tier-4	
<i>haloperidol</i>	Tier-1	
<i>haloperidol decanoate</i>	Tier-2	
<i>haloperidol lactate</i>	Tier-2	
INVEGA	Tier-4	STPA
INVEGA SUSTENNA	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LATUDA ORAL TABLET 120 MG, 60 MG	Tier-4	QL (30 EA per 30 Days)
LATUDA ORAL TABLET 20 MG, 40 MG	Tier-4	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier-4	QL (60 EA per 30 Days)
<i>loxapine succinate</i>	Tier-2	
<i>olanzapine intramuscular</i>	Tier-2	
<i>olanzapine oral</i>	Tier-2	STPA
ORAP	Tier-3	
<i>perphenazine</i>	Tier-2	
<i>perphenazine-amitriptyline</i>	Tier-2	
<i>quetiapine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier-2	STPA
<i>quetiapine oral tablet 25 mg, 50 mg</i>	Tier-2	STPA; QL (60 EA per 30 days)
<i>risperidone oral solution</i>	Tier-2	
<i>risperidone oral tablet</i>	Tier-2	
SAPHRIS (BLACK CHERRY)	Tier-4	
SEROQUEL XR	Tier-3	STPA
<i>thioridazine</i>	Tier-1	
<i>thiothixene</i>	Tier-1	
<i>trifluoperazine</i>	Tier-2	
<i>ziprasidone hcl</i>	Tier-2	STPA
ZYPREXA INTRAMUSCULAR	Tier-3	
<b>RESPIRATORY DRUGS</b>		
<b>ASTHMA</b>		
ADVAIR DISKUS	Tier-3	QL (180 EA per 90 days)
ADVAIR HFA	Tier-3	QL (72 GM per 90 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 %)</i>	Tier-2	QL (1080 ML per 90 days)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	Tier-2	QL (180 ML per 90 days)
<i>albuterol sulfate oral</i>	Tier-1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	Tier-4	QL (36.6 GM per 90 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier-4	QL (18.3 GM per 90 days)
<i>aminophylline intravenous solution 250 mg/10 ml</i>	Tier-2	
ANORO ELLIPTA	Tier-4	QL (180 EA per 90 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	Tier-3	QL (360 EA per 90 Days)
ATROVENT HFA	Tier-3	QL (77.4 GM per 90 days)
BREO ELLIPTA	Tier-4	QL (180 EA per 90 days)
BROVANA	Tier-4	QL (360 ML per 90 days)
<i>budesonide inhalation</i>	Tier-2	QL (720 ML per 90 days)
COMBIVENT RESPIMAT	Tier-3	QL (24 GM per 90 days)
<i>cromolyn inhalation</i>	Tier-2	QL (720 ML per 90 days)
<i>elixophyllin oral elixir 80 mg/15 ml</i>	Tier-2	
FLOVENT DISKUS	Tier-3	QL (360 EA per 90 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACTUATION, 220 MCG/ACTUATION	Tier-3	QL (72 GM per 90 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACTUATION	Tier-3	QL (63.6 GM per 90 days)
FORADIL AEROLIZER	Tier-4	QL (180 EA per 90 Days)
<i>ipratropium bromide inhalation</i>	Tier-2	QL (900 ML per 90 days)
<i>ipratropium-albuterol</i>	Tier-2	QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml</i>	Tier-2	QL (810 ML per 90 Days)
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	Tier-2	QL (270 EA per 90 days)
LUFYLLIN	Tier-4	
<i>metaproterenol oral</i>	Tier-2	
<i>montelukast</i>	Tier-2	
PERFOROMIST	Tier-3	QL (360 ML per 90 Days)
PROAIR HFA	Tier-3	QL (51 GM per 90 days)
PROVENTIL HFA	Tier-4	QL (40.2 GM per 90 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	Tier-4	QL (720 ML per 90 days)
PULMICORT FLEXHALER	Tier-4	QL (6 EA per 90 days)
QVAR	Tier-4	QL (52.2 GM per 90 days)
SEREVENT DISKUS	Tier-3	QL (180 EA per 90 days)
SPIRIVA WITH HANDIHALER	Tier-3	QL (90 EA per 90 days)
SYMBICORT	Tier-3	QL (30.6 GM per 90 Days)
<i>terbutaline oral</i>	Tier-2	
<i>theophylline oral tablet extended release</i>	Tier-2	
<i>theophylline oral tablet extended release 12 hr</i>	Tier-2	
TUDORZA PRESSAIR	Tier-4	QL (3 EA per 90 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VENTOLIN HFA	Tier-4	QL (108 GM per 90 days)
XOPENEX HFA	Tier-4	QL (90 GM per 90 days)
<i>zafirlukast</i>	Tier-2	
<b>PULMONARY HYPERTENSION</b>		
ORENITRAM	Tier-4	PA; QL (60 EA per 30 days)
TYVASO	Tier-3	PA
VENTAVIS	Tier-3	PA
<b>RESPIRATORY DRUGS, MISCELLANEOUS</b>		
<i>acetylcysteine solution</i>	Tier-2	
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	Tier-3	
DALIRESP	Tier-4	
GLASSIA	Tier-3	
PROLASTIN-C	Tier-3	
PROLIA	Tier-3	PA
XOLAIR	Tier-3	PA
ZEMAIRA	Tier-3	
<b>SKIN</b>		
<b>ACNE ROSACEA</b>		
FINACEA	Tier-3	
METROGEL TOPICAL GEL 1 %	Tier-4	
<i>metronidazole topical cream</i>	Tier-2	
<i>metronidazole topical gel</i>	Tier-2	
<i>metronidazole topical lotion</i>	Tier-2	
NORITATE	Tier-4	
<b>ACNE VULGARIS</b>		
<i>adapalene</i>	Tier-2	PA
<i>amnesteem</i>	Tier-2	
ATRALIN	Tier-4	PA
<i>avita</i>	Tier-2	PA
AZELEX	Tier-4	
<i>claravis</i>	Tier-2	
<i>clindamycin phosphate topical</i>	Tier-2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	Tier-2	
DIFFERIN TOPICAL GEL 0.3 %	Tier-4	PA
DIFFERIN TOPICAL LOTION	Tier-4	PA
<i>ery pads</i>	Tier-2	
<i>erythromycin with ethanol topical gel</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythromycin with ethanol topical solution</i>	Tier-2	
<i>erythromycin-benzoyl peroxide</i>	Tier-2	
FABIOR	Tier-4	PA
<i>neuac</i>	Tier-2	
RETIN-A	Tier-4	PA
RETIN-A MICRO	Tier-4	PA
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %	Tier-4	PA
TRETIN-X TOPICAL COMBO PACK	Tier-4	PA
TRETIN-X (GEL)	Tier-4	PA
<i>tretinoin topical</i>	Tier-2	PA
<b>BACTERIAL INFECTIONS, TOPICAL</b>		
ALTABAX	Tier-4	
CORTISPORIN TOPICAL	Tier-4	
<i>gentamicin topical</i>	Tier-1	
<i>mupirocin</i>	Tier-2	
<i>mupirocin calcium</i>	Tier-2	
<i>silver sulfadiazine</i>	Tier-2	
<i>ssd</i>	Tier-2	
<b>CORTICOSTEROIDS, TOPICAL</b>		
<i>ala-cort topical cream</i>	Tier-1	
ALA-SCALP	Tier-4	
<i>alclometasone</i>	Tier-2	
<i>amcinonide</i>	Tier-2	
<i>betamethasone dipropionate</i>	Tier-2	
<i>betamethasone valerate</i>	Tier-2	
<i>betamethasone, augmented</i>	Tier-2	
CAPEX	Tier-4	
<i>clobetasol topical foam</i>	Tier-2	
<i>clobetasol topical gel</i>	Tier-2	
<i>clobetasol topical lotion</i>	Tier-2	
<i>clobetasol topical ointment</i>	Tier-2	
<i>clobetasol topical shampoo</i>	Tier-2	
<i>clobetasol topical solution</i>	Tier-2	
<i>clobetasol-emollient topical cream</i>	Tier-2	
CLOBEX TOPICAL SPRAY, NON-AEROSOL	Tier-4	
<i>clodan</i>	Tier-2	
CLODERM	Tier-4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CORDRAN TOPICAL LOTION	Tier-4	
CORDRAN TAPE LARGE ROLL	Tier-4	
<i>desonide</i>	Tier-2	
<i>desoximetasone</i>	Tier-2	
<i>diflorasone</i>	Tier-2	
<i>fluocinolone</i>	Tier-1	
<i>fluocinonide topical cream 0.1 %</i>	Tier-1	
<i>fluocinonide topical gel</i>	Tier-1	
<i>fluocinonide topical ointment</i>	Tier-1	
<i>fluocinonide topical solution</i>	Tier-1	
<i>fluocinonide-e</i>	Tier-1	
<i>fluticasone topical</i>	Tier-2	
<i>halobetasol propionate</i>	Tier-2	
HALOG	Tier-4	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	Tier-1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier-1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	Tier-1	
<i>hydrocortisone butyr-emollient</i>	Tier-1	
<i>hydrocortisone butyrate</i>	Tier-1	
<i>hydrocortisone valerate</i>	Tier-1	
KENALOG TOPICAL	Tier-4	
<i>lokara</i>	Tier-2	
<i>mometasone</i>	Tier-2	
NEO-SYNALAR	Tier-4	
PANDEL	Tier-4	
<i>prednicarbate</i>	Tier-2	
<i>triamcinolone acetonide topical cream</i>	Tier-2	
<i>triamcinolone acetonide topical lotion</i>	Tier-2	
<i>triamcinolone acetonide topical ointment 0.025 % , 0.1 % , 0.5 %</i>	Tier-2	
<i>triderm topical cream</i>	Tier-2	
<i>u-cort</i>	Tier-1	
VANOS	Tier-4	
<b>FUNGAL INFECTIONS, TOPICAL</b>		
<i>ciclopirox</i>	Tier-2	
<i>clotrimazole topical</i>	Tier-2	
<i>clotrimazole-betamethasone</i>	Tier-2	
<i>econazole topical</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ERTACZO	Tier-4	
EXELDERM	Tier-4	
<i>ketoconazole topical cream</i>	Tier-2	
<i>ketoconazole topical shampoo</i>	Tier-2	
MENTAX	Tier-4	
NAFTIN	Tier-3	
<i>nyamyc</i>	Tier-2	
<i>nystatin oral suspension</i>	Tier-2	
<i>nystatin topical cream</i>	Tier-1	
<i>nystatin topical ointment</i>	Tier-2	
<i>nystatin topical powder</i>	Tier-2	
<i>nystatin-triamcinolone</i>	Tier-1	
<i>nystop</i>	Tier-2	
OXISTAT	Tier-3	
<i>pedi-dri</i>	Tier-2	
<b>PSORIASIS AND SEBORRHEA</b>		
<i>acitretin</i>	Tier-2	
<i>calcipotriene</i>	Tier-2	
<i>calcipotriene-betamethasone</i>	Tier-2	
<i>calcitriol topical</i>	Tier-2	
DOVONEX	Tier-3	
<i>methoxsalen rapid</i>	Tier-2	
OXSORALEN	Tier-3	
OXSORALEN ULTRA	Tier-3	
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	Tier-3	
STELARA SUBCUTANEOUS SYRINGE	Tier-3	PA
TAZORAC	Tier-3	PA
<b>SCABIES AND PEDICULOSIS</b>		
EURAX	Tier-3	
<i>lindane</i>	Tier-2	
<i>malathion</i>	Tier-2	
<i>permethrin topical cream</i>	Tier-2	
SKLICE	Tier-4	
ULESFIA	Tier-4	
<b>TOPICAL, MISCELLANEOUS</b>		
<i>ammonium lactate topical</i>	Tier-2	
ANUSOL-HC RECTAL CREAM	Tier-4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CARAC	Tier-3	
CORTIFOAM	Tier-4	
ELIDEL	Tier-4	STPA
FLUOROPLEX	Tier-3	
<i>fluorouracil intravenous solution 2.5 gram/50 ml</i>	Tier-2	
<i>fluorouracil topical</i>	Tier-2	
<i>laclotion</i>	Tier-2	
<i>lidocaine topical adhesive patch,medicated</i>	Tier-3	PA; QL (90 EA per 30 Days)
<i>lidocaine topical ointment</i>	Tier-2	
<i>lidocaine hcl mucous membrane</i>	Tier-2	
<i>lidocaine-prilocaine topical cream</i>	Tier-2	
LIDODERM	Tier-3	PA; QL (90 EA per 30 days)
<i>mafenide acetate</i>	Tier-2	
PANRETIN	Tier-5	
PICATO	Tier-4	
<i>proctocream-hc</i>	Tier-2	
<i>proctosol hc</i>	Tier-2	
PROTOPIC	Tier-4	STPA
<i>pradoxin</i>	Tier-2	
REGRANEX	Tier-3	
SANTYL	Tier-3	
<i>selenium sulfide topical suspension 2.5 %</i>	Tier-2	
<i>sodium chloride irrigation</i>	Tier-2	
SOLARAZE	Tier-3	
<i>sulfacetamide sodium (acne)</i>	Tier-2	
SULFAMYLON	Tier-4	
SYNERA	Tier-3	
TARGRETIN TOPICAL	Tier-5	
<i>water for irrigation, sterile</i>	Tier-2	
ZONALON	Tier-4	
<b>VIRAL INFECTIONS, TOPICAL</b>		
<i>acyclovir topical</i>	Tier-2	
CONDYLOX TOPICAL GEL	Tier-4	
DENAVIR	Tier-4	
<i>imiquimod</i>	Tier-2	
<i>podofilox</i>	Tier-2	
ZOVIRAX TOPICAL CREAM	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>WOMENS HEALTH</b>		
<b>CONTRACEPTIVES</b>		
<i>amethia</i>	Tier-2	
<i>amethyst</i>	Tier-2	
<i>apri</i>	Tier-2	
<i>aranelle (28)</i>	Tier-2	
<i>aubra</i>	Tier-2	
<i>aviane</i>	Tier-2	
<i>balziva (28)</i>	Tier-2	
<b>BEYAZ</b>	Tier-4	
<i>briellyn</i>	Tier-2	
<i>camila</i>	Tier-2	
<i>delyla (28)</i>	Tier-2	
<i>drospirenone-ethinyl estradiol</i>	Tier-2	
<b>ELLA</b>	Tier-4	QL (1 EA per 1 day)
<i>emoquette</i>	Tier-2	
<i>errin</i>	Tier-2	
<i>estradiol-norethindrone acet</i>	Tier-2	
<i>falmina (28)</i>	Tier-2	
<b>GENERESS FE</b>	Tier-4	
<i>gianvi (28)</i>	Tier-2	
<i>gildagia</i>	Tier-2	
<i>gildess oral tablet 1.5-30 mg-mcg</i>	Tier-2	
<i>introvale</i>	Tier-2	
<i>jinteli</i>	Tier-2	
<i>junel 1.5/30 (21)</i>	Tier-2	
<i>junel 1/20 (21)</i>	Tier-2	
<i>junel fe 1.5/30 (28)</i>	Tier-2	
<i>junel fe 1/20 (28)</i>	Tier-2	
<i>kariva (28)</i>	Tier-2	
<i>kelnor 1/35 (28)</i>	Tier-2	
<i>larin 1.5/30 (21)</i>	Tier-2	
<i>larin 1/20 (21)</i>	Tier-2	
<i>larin fe</i>	Tier-2	
<i>leena 28</i>	Tier-2	
<i>lessina</i>	Tier-2	
<i>levonest (28)</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	Tier-2	
<i>levora-28</i>	Tier-2	
LO LOESTRIN FE	Tier-4	
<i>low-ogestrel (28)</i>	Tier-2	
<i>marlissa</i>	Tier-2	
MINASTRIN 24 FE	Tier-3	
<i>necon 0.5/35 (28)</i>	Tier-2	
<i>necon 1/35 (28)</i>	Tier-2	
NECON 10/11 (28)	Tier-3	
<i>necon 7/7/7 (28)</i>	Tier-2	
<i>nora-be</i>	Tier-2	
<i>norlyroc</i>	Tier-2	
<i>nortrel 0.5/35 (28)</i>	Tier-2	
<i>nortrel 1/35 (21)</i>	Tier-2	
<i>nortrel 1/35 (28)</i>	Tier-2	
<i>nortrel 7/7/7 (28)</i>	Tier-2	
NUVARING	Tier-3	
<i>orsythia</i>	Tier-2	
ORTHO EVRA	Tier-4	
ORTHO TRI-CYCLEN (28)	Tier-4	
OVCON-50 (28)	Tier-4	
<i>portia</i>	Tier-2	
<i>quasense</i>	Tier-2	
SAFYRAL	Tier-4	
<i>tri-previfem (28)</i>	Tier-2	
<i>tri-sprintec (28)</i>	Tier-2	
<i>trinessa (28)</i>	Tier-2	
<i>trivora (28)</i>	Tier-2	
<i>velivet triphasic regimen (28)</i>	Tier-2	
<i>vyfemla (28)</i>	Tier-2	
ZENCHENT (28)	Tier-4	
ZENCHENT FE	Tier-4	
<i>zeosa</i>	Tier-2	
<i>zovia 1/35e (28)</i>	Tier-2	
<i>zovia 1/50e (28)</i>	Tier-2	
<b>MENOPAUSAL SYMPTOMS/OSTEOPOROSIS</b>		
ACTONEL	Tier-4	STPA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alendronate</i>	Tier-2	
ALORA	Tier-4	
ANGELIQ ORAL TABLET 0.5-1 MG	Tier-4	
<i>calcitonin (salmon)</i>	Tier-2	
CENESTIN	Tier-4	
CLIMARA PRO	Tier-4	
COMBIPATCH	Tier-4	
CRINONE VAGINAL GEL 8 %	Tier-3	
DELESTROGEN	Tier-4	
DEPO-ESTRADIOL	Tier-3	
DEPO-PROVERA INTRAMUSCULAR SOLUTION	Tier-3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	Tier-3	
DEPO-SUBQ PROVERA 104	Tier-3	
DIVIGEL TRANSDERMAL GEL IN PACKET 1 (0.1) MG (%)	Tier-4	
ELESTRIN	Tier-4	
ENJUVIA	Tier-4	
ESTRACE VAGINAL	Tier-3	
<i>estradiol oral</i>	Tier-1	
<i>estradiol transdermal</i>	Tier-3	
<i>estradiol valerate</i>	Tier-2	
ESTRING	Tier-3	
<i>estropipate</i>	Tier-2	
EVAMIST	Tier-4	
EVISTA	Tier-3	
FEMHRT 1/5	Tier-4	
FEMHRT LOW DOSE	Tier-4	
FEMRING	Tier-3	
FEMTRACE ORAL TABLET 0.45 MG, 0.9 MG	Tier-4	
FORTEO	Tier-5	PA
<i>fosamax oral solution</i>	Tier-3	
<i>ibandronate intravenous solution</i>	Tier-2	PA
<i>ibandronate oral</i>	Tier-3	STPA
<i>medroxyprogesterone oral</i>	Tier-1	
MENEST	Tier-4	
MENOSTAR	Tier-4	
<i>methylergonovine oral</i>	Tier-2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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MINIVELLE	Tier-4	
<i>norethindrone acetate</i>	Tier-2	
PREMARIN	Tier-4	
PREMPHASE	Tier-4	
PREMPRO	Tier-4	
<i>progesterone micronized</i>	Tier-2	
RECLAST	Tier-3	PA
<i>risedronate</i>	Tier-3	
VAGIFEM	Tier-3	
VIVELLE-DOT	Tier-3	
XGEVA	Tier-3	PA
<i>zoledronic acid intravenous solution</i>	Tier-2	PA
<i>zoledronic acid-mannitol-water intravenous solution</i>	Tier-2	PA
ZOMETA	Tier-3	PA
<b>PRENATAL VITAMINS</b>		
<i>prenatal vitamin oral tablet</i>	Tier-2	
<b>VAGINAL INFECTIONS</b>		
CLEOCIN VAGINAL SUPPOSITORY	Tier-4	
<i>clindamycin phosphate vaginal</i>	Tier-2	
<i>fluconazole oral tablet 150 mg</i>	Tier-1	
GYNAZOLE-1 VAGINAL CREAM	Tier-4	
<i>metronidazole vaginal</i>	Tier-2	
<i>miconazole-3 vaginal suppository</i>	Tier-2	
<i>terconazole</i>	Tier-2	
<i>vandazole</i>	Tier-2	
<i>zazole</i>	Tier-2	

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<i>dextrose 5 % in water (d5w)</i>	33	<i>dorzolamide</i>	25	<i>enoxaparin</i>	10
<i>dextrose 5 %-lactated ringers</i>	33	<i>dorzolamide-timolol</i>	25	<i>entacapone</i>	46
<i>dextrose 5%-0.2 % sod chloride</i>	33	DOVONEX	61	ENTOCORT EC	28
<i>dextrose 5%-0.3 % sod.chloride</i>	33	<i>doxazosin</i>	15	<i>enulose</i>	27
<i>diazepam</i>	46, 47	<i>doxepin</i>	53	EPANED	15
<i>diazepam intensol</i>	47	<i>doxercalciferol</i>	42	<i>epinastine</i>	24
<i>diclofenac potassium</i>	48, 49	<i>doxorubicin</i>	11	<i>epinephrine</i>	40
<i>diclofenac sodium</i>	24	<i>doxycycline hyclate</i>	9	EPIPEN 2-PAK	40
<i>diclofenac-misoprostol</i>	49	<i>doxycycline monohydrate</i>	9	EPIPEN JR 2-PAK	40
<i>dicloxacillin</i>	7	<i>dronabinol</i>	26	<i>epirubicin</i>	11
<i>dicyclomine</i>	27	<i>drosiprenone-ethinyl estradiol</i>	63	<i>epitol</i>	47
<i>didanosine</i>	5	DROXIA	13	EPIVIR	5
DIFFERIN	58	<i>duloxetine</i>	54	EPIVIR HBV	5
DIFICID	7	<i>duramorph (pf)</i>	30	<i>eplerenone</i>	20
<i>diflorasone</i>	60	DUTOPROL	17	EPOGEN	9
<i>diflunisal</i>	50	<i>e.e.s. 400</i>	8	<i>epoprostenol (glycine)</i>	43
<i>digoxin</i>	16	E.E.S. GRANULES	8	<i>eprosartan</i>	16
<i>dihydroergotamine</i>	45	<i>econazole</i>	60	EPZICOM	5
DILANTIN	47	EDURANT	5	EQUETRO	53
DILANTIN INFATABS	47	EFFIENT	9	ERAXIS(WATER DILUENT)	30
DILAUDID	50	EGRIFTA	41	ERBITUX	11
<i>dilt-cd</i>	18	ELAPRASE	42	<i>ergoloid</i>	45
<i>diltiazem hcl</i>	18	ELELYSO	41	ERIVEDGE	13
<i>dilt-xr</i>	18	ELESTRIN	65	<i>errin</i>	63
		ELIDEL	62	ERTACZO	61
		ELIGARD	37	ERWINAZE	11
		ELIQUIS	10	<i>ery pads</i>	58
		ELITEK	11	<i>eryped 200</i>	8
		<i>elixophyllin</i>	57	<i>eryped 400</i>	8
		ELLA	63	ERY-TAB	8
		ELLENCE	11	ERYTHROCIN	30
		ELMIRON	44	<i>erythrocin (as stearate)</i>	8
		EMADINE	24	<i>erythromycin</i>	8
		EMCYT	13		
		EMEND	26		
		<i>emoquette</i>	63		



<i>erythromycin ethylsuccinate</i>	FEMTRACE	65	<i>flurbiprofen sodium</i>	25
8	<i>fenofibrate</i>	19	.....	25
<i>erythromycin with ethanol</i>	<i>fenofibrate micronized</i>	19	<i>flutamide</i>	13
58, 59	.....	19	<i>fluticasone</i>	23
<i>erythromycin-benzoyl peroxide</i>	<i>fenofibrate nanocrystallized</i>	19	<i>fluvastatin</i>	19
59	.....	19	<i>fluvirin 2011-2012</i>	38
<i>escitalopram oxalate</i>	<i>fenofibric acid (choline)</i>	19	.....	38
54	.....	19	<i>fluvirin 2011-2012 (pf)</i>	38
<i>esomeprazole sodium</i>	<i>fenopropfen</i>	49	.....	38
30	<i>fentanyl</i>	50	<i>fluvoxamine</i>	54
<i>estazolam</i>	<i>fentanyl citrate</i>	50	<i>fluzone 2011-2012</i>	38
55	.....	50	.....	38
ESTRACE	FETZIMA	54	<i>fluzone 2011-2012 (pf)</i>	38
<i>estradiol</i>	FINACEA	58	.....	38
65	<i>finasteride</i>	44	<i>fluzone high-dose 2011-12 (pf)</i>	38
<i>estradiol valerate</i>	FIRAZYR	42	.....	38
65	FIRMAGON	37	<i>fluzone intraderm 2011-12 (pf)</i>	38
<i>estradiol-norethindrone acet</i>	FLAREX	25	.....	38
63	<i>flavoxate</i>	44	FML FORTE	25
ESTRING	<i>flecainide</i>	16	FML S.O.P.	25
65	FLOLAN	43	FOCALIN XR	52
<i>estropipate</i>	FLOVENT DISKUS	57	.....	52
65	.....	57	<i>fondaparinux</i>	10
<i>ethambutol</i>	FLOVENT HFA	57	.....	10
8	.....	57	FORADIL AEROLIZER	57
<i>ethosuximide</i>	<i>fluarix 2011-2012 (pf)</i>	38	.....	57
47	.....	38	FORTAZ	31
<i>etidronate disodium</i>	<i>fluconazole</i>	3	FORTAZ IN DEXTROSE 5 %	31
43	<i>fluconazole in dextrose(iso-o)</i>	31	.....	31
<i>etodolac</i>	.....	31	FORTEO	65
50	<i>flucytosine</i>	3	<i>fosamax</i>	65
ETOPOPHOS	<i>fludarabine</i>	11	<i>foscarnet</i>	31
11	<i>fludrocortisone</i>	36	<i>fosinopril</i>	15
<i>etoposide</i>	<i>flulaval 2011-2012</i>	38	<i>fosinopril-hydrochlorothiazide</i>	17
11	.....	38	.....	17
EURAX	<i>flunisolide</i>	23	FOSRENOL	43
61	<i>fluocinolone</i>	60	.....	43
EVAMIST	<i>fluocinolone acetonide oil</i>	23	FRAGMIN	10
65	.....	23	FREAMINE III 3	35
EVISTA	<i>fluocinonide</i>	60	%-ELECTROLYTES	35
65	<i>fluocinonide-e</i>	60	.....	35
EXELDERM	<i>fluorometholone</i>	25	<i>furosemide</i>	19
61	.....	25	.....	19
EXELON	FLUOROPLEX	62	FUSILEV	14
45	.....	62	.....	14
<i>exemestane</i>	<i>fluorouracil</i>	62	FUZEON	5
13	<i>fluoxetine</i>	54	.....	5
EXFORGE	<i>fluphenazine decanoate</i>	55	FYCOMPA	47
17	.....	55	.....	47
EXFORGE HCT	<i>fluphenazine hcl</i>	55	<i>gabapentin</i>	47
17	.....	55	.....	47
EXJADE	<i>flurazepam</i>	55	GABITRIL	47
41	<i>flurbiprofen</i>	49	.....	47
EXTAVIA	.....	49	<i>galantamine</i>	45
43	.....	49	GAMASTAN S/D	38
FABIOR	.....	49	.....	38
59	.....	49	GAMMAGARD LIQUID	38
FABRAZYME	.....	49	.....	38
41	.....	49	GAMMAPLEX	38
<i>falmina (28)</i>	.....	49	.....	38
63	.....	49	GAMUNEX-C	38
<i>famciclovir</i>	.....	49	.....	38
5	.....	49	.....	38
<i>famotidine</i>	.....	49	.....	38
28	.....	49	.....	38
FANAPT	.....	49	.....	38
55	.....	49	.....	38
FARESTON	.....	49	.....	38
13	.....	49	.....	38
FARXIGA	.....	49	.....	38
22	.....	49	.....	38
FASLODEX	.....	49	.....	38
11	.....	49	.....	38
FAZACLO	.....	49	.....	38
55	.....	49	.....	38
<i>felbamate</i>	.....	49	.....	38
47	.....	49	.....	38
<i>felodipine</i>	.....	49	.....	38
18	.....	49	.....	38
FEMHRT 1/5	.....	49	.....	38
65	.....	49	.....	38
FEMHRT LOW DOSE	.....	49	.....	38
65	.....	49	.....	38
FEMRING	.....	49	.....	38
65	.....	49	.....	38

GARAMYCIN		<i>griseofulvin ultramicrosize</i>		HUMULIN 70/30	
.....	24	.....	3	.....	21
GARDASIL (PF)		GRIS-PEG (ULTRAMICROSIZED)		HUMULIN 70/30 PEN	
.....	38	.....	3	.....	21
<i>gatifloxacin</i>	24	<i>guanfacine</i>	18	HUMULIN N	
GATTEX ONE-VIAL		<i>guanidine</i>	43	.....	21
.....	27	GYNAZOLE-1		HUMULIN N PEN	
<i>gauze bandage</i>		.....	66	.....	21
.....	20	HALAVEN	11	HUMULIN R	
GELNIQUE	44	HALFLYTELY-BISACODYL		.....	21
<i>gemcitabine</i>	11	W-FLAV PK	27	HUMULIN R U-500	
<i>gemfibrozil</i>	19	<i>halobetasol propionate</i>		"CONCENTRATED"	
GENERESS FE		.....	60	.....	21
.....	63	HALOG	60	<i>hydralazine</i>	20
<i>generlac</i>	27	<i>haloperidol</i>	55	<i>hydrochlorothiazide</i>	
<i>engraf</i>	40	<i>haloperidol decanoate</i>		.....	19
GENOTROPIN		.....	55	<i>hydrocodone-acetaminophen</i>	
.....	41	<i>haloperidol lactate</i>		.....	50, 51
GENOTROPIN MINIQUICK		.....	55	<i>hydrocodone-ibuprofen</i>	
.....	41	HAVRIX (PF)		.....	51
<i>gentak</i>	24	.....	38	<i>hydrocortisone</i>	
<i>gentamicin</i>	24	HECTOROL	31	.....	28
<i>gentamicin in nacl (iso-osm)</i>		<i>heparin (porcine)</i>		<i>hydrocortisone butyrate</i>	
.....	31	.....	31	.....	60
<i>gentamicin sulfate (pf)</i>		<i>heparin (porcine) in 5 % dex</i>		<i>hydrocortisone butyr-emollient</i>	
.....	31	.....	31	.....	60
GEODON	55	<i>heparin (porcine) in nacl (pf)</i>		<i>hydrocortisone valerate</i>	
<i>gianvi (28)</i>	63	.....	31	.....	60
<i>gildagia</i>	63	<i>heparin(porcine) in 0.45% nacl</i>		<i>hydrocortisone-acetic acid</i>	
<i>gildess</i>	63	.....	31	.....	23
GILENYA	43	HEPATAMINE 8%		<i>hydromorphone</i>	
GILOTRIF	13	.....	35	.....	51
GLASSIA	58	HEPSERA	5	<i>hydromorphone (pf)</i>	
GLEEVEC	13	HERCEPTIN	11	.....	31
<i>glimepiride</i>	22	HEXALEN	13	<i>hydroxychloroquine</i>	
<i>glipizide</i>	22	<i>hiberix (pf)</i>	38	.....	4
<i>glipizide-metformin</i>		HORIZANT	47	<i>hydroxyurea</i>	13
.....	22	<i>huber safety needles (disp.)</i>		<i>hydroxyzine hcl</i>	
GLUCAGEN HYPOKIT		.....	20	.....	23
.....	21	HUMALOG	21	<i>hydroxyzine pamoate</i>	
GLUCAGON EMERGENCY KIT		HUMALOG KWIKPEN		.....	23
(HUMAN)	21	.....	21	<i>ibandronate</i>	65
<i>glyburide</i>	22	HUMALOG MIX 50-50		<i>ibuprofen</i>	50
<i>glyburide micronized</i>		.....	21	<i>ibuprofen-oxycodone</i>	
.....	22	HUMALOG MIX 50-50		.....	51
<i>glyburide-metformin</i>		KWIKPEN	21	ICLUSIG	13
.....	22	HUMALOG MIX 75-25		<i>idarubicin</i>	11
<i>glycopyrrolate</i>		.....	21	IFEX	11
.....	27	HUMALOG MIX 75-25		<i>ifosfamide</i>	11
<i>granisetron</i>	26	KWIKPEN	21	ILARIS (PF)	40
<i>granisetron (pf)</i>		HUMATROPE		IMBRUVICA	
.....	31	.....	41	.....	13
GRANIX	9	HUMIRA	49	<i>imipenem-cilastatin</i>	
<i>griseofulvin microsize</i>		HUMIRA CROHN'S DIS START		.....	31
.....	3	PCK	49		



<i>imipramine hcl</i>	54	ISOLYTE-H IN 5 % DEXTROSE	33	KRISTALOSE	27
<i>imipramine pamoate</i>	54	ISOLYTE-P IN 5 % DEXTROSE	33	K-TAB	20
<i>imiquimod</i>	62	ISOLYTE-S	33	KUVAN	43
IMOVAX RABIES VACCINE (PF)	38	<i>isoniazid</i>	8	KYNAMRO	19
INCIVEK	5	<i>isosorbide dinitrate</i>	15	<i>labetalol</i>	17
INCRELEX	41	<i>isosorbide mononitrate</i>	15	<i>laclotion</i>	62
<i>indapamide</i>	19	<i>isradipine</i>	18	<i>lactated ringers</i>	31
INDOCIN	49	ISTODAX	12	<i>lactulose</i>	27
<i>indomethacin</i>	49	<i>itraconazole</i>	3	LAMICTAL ODT	47
INFANRIX (DTAP) (PF)	39	IXEMPRA	12	LAMISIL	3
INLYTA	13	IXIARO (PF)	39	<i>lamivudine</i>	5
INSULIN PEN NEEDLE	20	JAKAFI	13	<i>lamivudine-zidovudine</i>	5
INSULIN SYRINGE	20	JALYN	44	<i>lamotrigine</i>	47
INSULIN SYRINGE NEEDLELESS	20	<i>jantoven</i>	10	LANOXIN	16
<i>insulin syringe-needle u-100</i>	21	JANUMET	22	LANOXIN PEDIATRIC	16
INTELENCE	5	JANUMET XR	22	<i>lansoprazole</i>	28
INTRALIPID	35	JANUVIA	22	LANTUS	21
INTRON A	5	JENTADUETO	22	LANTUS SOLOSTAR	21
<i>introvale</i>	63	JEVTANA	12	<i>larin 1.5/30 (21)</i>	63
INTUNIV ER	52	<i>jinteli</i>	63	<i>larin 1/20 (21)</i>	63
INVANZ	31	<i>junel 1.5/30 (21)</i>	63	<i>larin fe</i>	63
INVEGA	55	<i>junel 1/20 (21)</i>	63	LASTACRAFT	24
INVEGA SUSTENNA	55	<i>junel fe 1.5/30 (28)</i>	63	<i>latanoprost</i>	26
INVIRASE	5	JUXTAPID	19	LATUDA	56
INVOKANA	22	KADCYLA	12	LAZANDA	51
IONOSOL-B IN D5W	33	KALETRA	5	<i>leena 28</i>	63
IONOSOL-MB IN D5W	33	KALYDECO	41	<i>leflunomide</i>	49
IOPIDINE	25	<i>kanamycin</i>	31	<i>lessina</i>	63
IPOL	39	<i>kariva (28)</i>	63	LETAIRIS	43
<i>ipratropium bromide</i>	23	<i>kelnor 1/35 (28)</i>	63	<i>letrozole</i>	13
<i>ipratropium-albuterol</i>	57	KENALOG	60	<i>leucovorin calcium</i>	14, 15
<i>irbesartan</i>	16	KETEK	7	LEUKERAN	13
<i>irbesartan-hydrochlorothiazide</i>	17	<i>ketoconazole</i>	3	LEUKINE	9
<i>irinotecan</i>	12	<i>ketoprofen</i>	50	<i>leuprolide</i>	12
ISENTRESS	5	<i>ketorolac</i>	25	<i>levabuterol hcl</i>	57
ISOLYTE S IN 5 % DEXTROSE	33	KHEDEZLA	54	LEVEMIR	21
		KINERET	49	LEVEMIR FLEXPEN	21
		<i>kionex</i>	43	<i>levetiracetam</i>	47
		<i>klor-con 8</i>	20	<i>levobunolol</i>	26
		<i>klor-con m10</i>	20	<i>levocarnitine</i>	27
		KLOR-CON M15	20	<i>levocarnitine (with sugar)</i>	27
		<i>klor-con m20</i>	20		

<i>levocetirizine</i>	23	LUNESTA	55	MESTINON	43
<i>levofloxacin</i>	8	LUPRON DEPOT	37	MESTINON TIMESPAN	43
<i>levofloxacin in d5w</i>	31	LUPRON DEPOT (3 MONTH)	37	METADATE CD	52
<i>levonest (28)</i>	63	LUPRON DEPOT (4 MONTH)	37	METADATE ER	52
<i>levonorgestrel-ethinyl estrad</i>	64	LUPRON DEPOT (6 MONTH)	37	<i>metaproterenol</i>	57
<i>levora-28</i>	64	LUPRON DEPOT-PED	37	<i>metformin</i>	22
<i>levorphanol tartrate</i>	51	LUPRON DEPOT-PED (3 MONTH)	37	<i>methadone</i>	31
<i>levothyroxine</i>	37	LUVOX CR	54	<i>methamphetamine</i>	52
<i>levoxyl</i>	37	LYRICA	47	<i>methazolamide</i>	26
LEXIVA	5	LYSODREN	13	<i>methenamine hippurate</i>	3
<i>lidocaine</i>	62	<i>mafenide acetate</i>	62	<i>methimazole</i>	37
<i>lidocaine (pf)</i>	31	<i>malathion</i>	61	METHITEST	36
<i>lidocaine hcl</i>	62	<i>maprotiline</i>	54	<i>methotrexate sodium</i>	49
<i>lidocaine-prilocaine</i>	62	<i>marlissa</i>	64	<i>methotrexate sodium (pf)</i>	32
LIDODERM	62	MARPLAN	54	<i>methoxsalen rapid</i>	61
LINCOCIN	31	MATULANE	13	<i>methscopolamine</i>	28
<i>lindane</i>	61	<i>matzim la</i>	18	<i>methyclothiazide</i>	19
<i>liothyronine</i>	37	MAXIDEX	25	<i>methyl dopa</i>	18
<i>lisinopril</i>	15	<i>meclizine</i>	26	<i>methyl dopa-hydrochlorothiazide</i>	17
<i>lisinopril-hydrochlorothiazide</i>	17	<i>meclofenamate</i>	49	<i>methylergonovine</i>	65
<i>lithium carbonate</i>	53	<i>medroxyprogesterone</i>	65	METHYLIN	53
<i>lithium citrate</i>	53	<i>mefenamic acid</i>	50	<i>methylphenidate</i>	53
LO LOESTRIN FE	64	<i>mefloquine</i>	4	<i>methylprednisolone</i>	36
LODOSYN	46	<i>megestrol</i>	14	<i>methylprednisolone acetate</i>	36
<i>lokara</i>	60	MEKINIST	14	<i>methylprednisolone sodium succ</i>	36
<i>lomustine</i>	13	<i>meloxicam</i>	49	<i>metipranolol</i>	26
<i>loperamide</i>	27	<i>melphalan</i>	12	<i>metoclopramide hcl</i>	26
<i>lorazepam</i>	52	MENACTRA (PF)	39	<i>metolazone</i>	19
<i>lorazepam intensol</i>	52	MENEST	65	<i>metoprolol succinate</i>	17
<i>losartan</i>	16	MENOMUNE - A/C/Y/W-135 (PF)	39	<i>metoprolol ta-hydrochlorothiaz</i>	17
<i>losartan-hydrochlorothiazide</i>	17	MENOSTAR	65	<i>metoprolol tartrate</i>	17
LOTEMAX	25	MENTAX	61	METROGEL	58
LOTRONEX	27	MENVEO A-C-Y-W-135-DIP (PF)	39		
<i>lovastatin</i>	19	<i>meprobamate</i>	52		
LOVAZA	19	MEPRON	4		
<i>low-ogestrel (28)</i>	64	<i>mercaptapurine</i>	14		
<i>loxapine succinate</i>	56	<i>meropenem</i>	31		
LUFYLLIN	57	MERREM	31		
LUMIGAN	26	<i>mesna</i>	15		
LUMIZYME	42	MESNEX	15		

<i>metronidazole</i>	4	MYOZYME	43	<i>neuac</i>	59
<i>metronidazole in nacl (iso-os)</i>	32	MYRBETRIQ	44	NEULASTA	9
<i>mexiletine</i>	16	MYTELASE	43	NEUMEGA	9
MIACALCIN	66	<i>nabumetone</i>	49	NEUPOGEN	9
<i>miconazole-3</i>	66	<i>nadolol</i>	17	NEUPRO	46
<i>midodrine</i>	40	<i>nadolol-bendroflumethiazide</i>	17	NEVANAC	25
MIGERGOT	45	<i>nafcillin</i>	32	<i>nevirapine</i>	5
MIGRANAL	45	<i>nafcillin in dextrose iso-osm</i>	32	NEXAVAR	14
MILLIPRED	36	NAFTIN	61	<i>niacin</i>	19
MINASTRIN 24 FE	64	NAGLAZYME	42	<i>niacor</i>	19
MINIVELLE	66	NALFON	49	<i>nicardipine</i>	18
<i>minocycline</i>	9	<i>naloxone</i>	55	NICOTROL	44
<i>minoxidil</i>	20	<i>naltrexone</i>	52	NICOTROL NS	44
MIRAPEX ER	46	NAMENDA	45	<i>nifedical xl</i>	18
<i>mirtazapine</i>	54	NAMENDA TITRATION PAK	45	<i>nifedipine</i>	18
<i>misoprostol</i>	28	NAMENDA XR	45	NILANDRON	14
<i>mitomycin</i>	12	<i>naphazoline</i>	24	<i>nimodipine</i>	18
<i>mitoxantrone</i>	12	<i>naproxen</i>	50	<i>nisoldipine</i>	18
M-M-R II (PF)	39	<i>naproxen sodium</i>	50	NITRO-BID	15
<i>modafinil</i>	55	<i>naratriptan</i>	45	<i>nitroglycerin</i>	15
<i>moexipril</i>	15	NASONEX	23	NITROLINGUAL	15
<i>moexipril-hydrochlorothiazide</i>	17	NATACYN	26		15
<i>mometasone</i>	60	<i>nateglinide</i>	22	NITROMIST	15
<i>montelukast</i>	57	NEBUPENT	4	NITROSTAT	15
MONUROL	4	<i>necon 0.5/35 (28)</i>	64	<i>nizatidine</i>	28
<i>morphine</i>	51	<i>necon 1/35 (28)</i>	64	<i>nora-be</i>	64
<i>morphine concentrate</i>	51	<i>necon 10/11 (28)</i>	64	NORDITROPIN FLEXPRO	41
MOVIPREP	27	<i>necon 7/7/7 (28)</i>	64	NORDITROPIN NORDIFLEX	41
MOXEZA	24	<i>nefazodone</i>	54	<i>norethindrone acetate</i>	66
<i>moxifloxacin</i>	8	<i>neomycin</i>	4	NORITATE	58
MOZOBIL	9	<i>neomycin-bacitracin-poly-hc</i>	24	<i>norlyroc</i>	64
MULTAQ	16	<i>neomycin-bacitracin-polymyxin</i>	24	NORMOSOL-M IN 5 %	33
<i>mupirocin</i>	59	<i>neomycin-polymyxin-dexameth</i>	25	DEXTROSE	33
<i>mupirocin calcium</i>	59	<i>neomycin-polymyxin-gramicidin</i>	25	NORMOSOL-R IN 5 %	33
MUSTARGEN	12	<i>neomycin-polymyxin-hc</i>	24	NORMOSOL-R PH 7.4	33
MYCAMINE	32	NEO-SYNALAR	60	NOROXIN	8
MYCOBUTIN	8	NEPHRAMINE 5.4 %	35	NORPACE CR	16
<i>mycophenolate mofetil</i>	40			<i>nortrel 0.5/35 (28)</i>	64
<i>mycophenolate sodium</i>	40			<i>nortrel 1/35 (21)</i>	64
MYFORTIC	40			<i>nortrel 1/35 (28)</i>	64
<i>myleran</i>	14			<i>nortrel 7/7/7 (28)</i>	64
				<i>nortriptyline</i>	54
				NORVIR	5

NOVOLIN 70/30	21	OPSUMIT	44	<i>pantoprazole</i>	28
NOVOLIN N	21	ORAP	56	<i>paricalcitol</i>	42
NOVOLIN R	21	ORAPRED	36	<i>paromomycin</i>	4
NOVOLOG	21	ORAPRED ODT	36	<i>paroxetine hcl</i>	54
NOVOLOG FLEXPEN	21	ORENCIA	49	PASER	8
NOVOLOG MIX 70-30	21	ORENCIA (WITH MALTOSE)	49	PAXIL	54
NOVOLOG MIX 70-30 FLEXPEN	21	ORENITRAM	58	PCE	8
NOXAFIL	3	ORFADIN	42	<i>pedi-dri</i>	61
NUEDEXTA	46	<i>orsythia</i>	64	PEDVAX HIB (PF)	39
NULOJIX	40	ORTHO EVRA	64	PEGANONE	47
NUTROPIN	41	ORTHO TRI-CYCLEN (28)	64	PEGASYS	5
NUTROPIN AQ	42	OSMOPREP	27	PEGASYS PROCLICK	5
NUTROPIN AQ NUSPIN	42	OTREXUP (PF)	49	PEGINTRON	5
NUVARING	64	OVCON-50 (28)	64	PEGINTRON REDIPEN	6
NUVIGIL	55	<i>oxacillin</i>	32	<i>penicillin g pot in dextrose</i>	32
<i>nyamyc</i>	61	<i>oxacillin in dextrose(iso-osm)</i>	32	<i>penicillin g potassium</i>	32
<i>nystatin</i>	3	<i>oxaliplatin</i>	12	<i>penicillin g sodium</i>	32
<i>nystatin-triamcinolone</i>	61	<i>oxandrolone</i>	36	<i>penicillin v potassium</i>	7
<i>nystop</i>	61	<i>oxazepam</i>	52	PENNSAID	49
<i>octreotide acetate</i>	40	<i>oxcarbazepine</i>	47	PENTAM	4
<i>ofloxacin</i>	8	OXISTAT	61	PENTASA	28
<i>olanzapine</i>	56	OXSORALEN	61	<i>pentoxifylline</i>	10
<i>olanzapine-fluoxetine</i>	53	OXSORALEN ULTRA	61	PERFOROMIST	57
OLEPTRO ER	54	OXTELLAR XR	47	<i>perindopril erbumine</i>	15
OLYSIO	5	<i>oxybutynin chloride</i>	44	<i>periogard</i>	23
<i>omega-3 acid ethyl esters</i>	19	<i>oxycodone</i>	51	PERJETA	12
<i>omeprazole</i>	28	<i>oxycodone-acetaminophen</i>	51	<i>permethrin</i>	61
<i>omeprazole-sodium bicarbonate</i>	28	<i>oxycodone-aspirin</i>	51	<i>perphenazine</i>	56
OMNITROPE	42	oxycontin	51	<i>perphenazine-amitriptyline</i>	56
ONCASPAR	12	OXYCONTIN	51	PERTZYE	27
<i>ondansetron</i>	26	<i>oxymorphone</i>	51	PEXEVA	54
<i>ondansetron hcl</i>	26	OXYTROL	44	PFIZERPEN-G	32
<i>ondansetron hcl (pf)</i>	32	PACERONE	16	<i>phenelzine</i>	54
<i>one touch test</i>	21	<i>paclitaxel</i>	12	<i>phenobarbital</i>	47
<i>one touch ultra test</i>	21	<i>pamidronate</i>	32	<i>phenytoin</i>	47
<i>one touch verio</i>	21	PANCREAZE	27	<i>phenytoin sodium</i>	47
ONFI	47	PANDEL	60	PANRETIN	62

<i>phenytoin sodium extended</i>	47	PRANDIMET	22	<i>progesterone micronized</i>	66
PHOSLYRA	43	PRANDIN	22	PROGLYCEM	21
PICATO	62	<i>pravastatin</i>	19	PROGRAF	32
<i>pilocarpine hcl</i>	23	<i>prazosin</i>	15	PROLASTIN-C	58
<i>pindolol</i>	17	PRED MILD	25	PROLENSA	25
<i>pioglitazone</i>	22	PRED-G	25	PROLEUKIN	12
<i>pioglitazone-glimepiride</i>	22	PRED-G S.O.P.	25	PROLIA	58
<i>pioglitazone-metformin</i>	22	<i>prednicarbate</i>	60	PROMACTA	10
<i>piperacillin-tazobactam</i>	32	<i>prednisolone acetate</i>	25	<i>propafenone</i>	16
<i>piroxicam</i>	49	<i>prednisolone sodium phosphate</i>	36	<i>propantheline</i>	27
PLASMA-LYTE 148	34	<i>prednisone</i>	36	<i>propranolol</i>	17, 18
PLASMA-LYTE A	34	PREDNISONONE INTENSOL	36	<i>propranolol-hydrochlorothiazid</i>	17
PLASMA-LYTE-56 IN 5 %	34	PREMARIN	66	<i>propylthiouracil</i>	37
DEXTROSE	34	PREMASOL 10 %	35	PROQUAD (PF)	39
<i>pneumovax 23</i>	39	PREMASOL 6 %	35	PROSOL 20 %	35
<i>podofilox</i>	62	PREMPHASE	66	PROTONIX	32
<i>polyethylene glycol 3350</i>	27	PREMPRO	66	PROTOPIC	62
<i>polymyxin b sulfate</i>	32	<i>prenatal vitamin</i>	66	<i>protriptyline</i>	54
<i>polymyxin b sulf-trimethoprim</i>	24	PREVALITE	19	PROVENTIL HFA	57
POMALYST	14	<i>prevnar 13 (pf)</i>	39	<i>prudoxin</i>	62
<i>portia</i>	64	PREVPAC	28	PULMICORT	57
<i>potassium chlorid-d5-0.45%nacl</i>	34	PREZISTA	6	PULMICORT FLEXHALER	57
<i>potassium chloride</i>	20	PRIFTIN	8	PULMOZYME	41
<i>potassium chloride in 0.9%nacl</i>	34	<i>primaquine</i>	4	PYLERA	28
<i>potassium chloride in 5 % dex</i>	34	PRIMAXIN IV	32	<i>pyrazinamide</i>	8
<i>potassium chloride in lr-d5</i>	34	<i>primidone</i>	47	<i>pyridostigmine bromide</i>	43
<i>potassium chloride-0.45 % nacl</i>	34	PRIMSOL	4	<i>quasense</i>	64
<i>potassium chloride-d5-0.2%nacl</i>	34	PRIVIGEN	39	QUDEXY XR	48
<i>potassium chloride-d5-0.3%nacl</i>	34	PROAIR HFA	57	<i>quetiapine</i>	56
<i>potassium chloride-d5-0.9%nacl</i>	34	<i>probenecid</i>	50	QUILLIVANT XR	53
<i>potassium citrate</i>	45	PROCALAMINE 3%	35	<i>quinapril</i>	15
POTIGA	47	<i>prochlorperazine</i>	26	<i>quinapril-hydrochlorothiazide</i>	17
PRADAXA	10	<i>prochlorperazine edisylate</i>	26	<i>quinidine gluconate</i>	16
<i>pramipexole</i>	46	<i>prochlorperazine maleate</i>	27	<i>quinidine sulfate</i>	16
		PROCRIT	10		
		<i>proctocream-hc</i>	62		
		<i>proctosol hc</i>	62		



<i>quinine sulfate</i>		<i>risedronate</i>	66	<i>sirolimus</i>	40
.....	4	RISPERDAL CONSTA	49	SKLICE	61
QVAR	57	.....	53	<i>sodium chloride</i>	34
RABAVERT (PF)	39	<i>risperidone</i>	12	.....	34
.....	28	RITUXAN	45	<i>sodium chloride 0.45 %</i>	34
<i>rabeprazole</i>	15	<i>rivastigmine tartrate</i>	45	.....	34
<i>ramipril</i>	15	<i>rizatriptan</i>	46	<i>sodium chloride 0.9 %</i>	34
RANEXA	28	<i>ropinirole</i>	39	.....	34
<i>ranitidine hcl</i>	40	ROTATEQ VACCINE	51	<i>sodium chloride 3 %</i>	34
.....	6	.....	55	.....	34
RAPAMUNE	43	ROXICET	48	<i>sodium chloride 5 %</i>	34
REBETOL	43	ROZEREM	64	.....	34
REBIF (WITH ALBUMIN)	43	SABRIL	42	<i>sodium fluoride</i>	23
.....	66	SAFYRAL	42	.....	34
RECLAST	39	SAIZEN	42	<i>sodium polystyrene (sorb free)</i>	43
RECOMBIVAX HB (PF)	62	SAIZEN CLICK.EASY	42	.....	43
.....	39	.....	45	SOLARAZE	62
REGRANEX	62	SAMSCA	27	<i>soltamox</i>	14
RELENZA DISKHALER	6	SANCUSO	40	SOLU-CORTEF (PF)	36
.....	28	SANDOSTATIN	40	.....	36
RELISTOR	49	SANDOSTATIN LAR DEPOT	62	SOLU-MEDROL (PF)	36
REMICADE	44	.....	56	SOMATULINE DEPOT	40
REMODULIN	43	SANTYL	48	.....	40
.....	22	SAPHRIS (BLACK CHERRY)	46	SOMAVERT	40
RENAGEL	6	.....	62	SORIATANE	61
REVELA	18	SAVELLA	6	.....	16
<i>repaglinide</i>	26	<i>selegiline hcl</i>	42	<i>sorine</i>	16
RESCRIPTOR	59	<i>selenium sulfide</i>	57	<i>sotalol</i>	16
.....	59	SELZENTRY	8	<i>sotalol af</i>	16
<i>reserpine</i>	32	.....	56	SOVALDI	6
RESTASIS	44	SENSIPAR	42	SPECTRACEF	7
RETIN-A	59	SEREVENT DISKUS	57	.....	7
RETIN-A MICRO	59	.....	57	SPIRIVA WITH HANDIHALER	57
.....	59	SEROMYCIN	8	.....	57
RETIN-A MICRO PUMP	32	.....	56	<i>spironolactone</i>	19
RETROVIR	44	SEROQUEL XR	42	.....	19
<i>revatio</i>	14	.....	54	<i>spironolacton-hydrochlorothiaz</i>	14
REVLIMID	6	SEROSTIM	29	.....	59
REYATAZ	6	<i>sertraline</i>	41	SPRYCEL	46
<i>ribapak dose pack</i>	6	SFROWASA	44	<i>ssd</i>	46
.....	6	SIGNIFOR	59	STALEVO 100	46
<i>ribasphere</i>	6	SILDENAFIL	44	.....	46
<i>ribavirin</i>	49	.....	44	STALEVO 125	46
RIDAURA	8	<i>silver sulfadiazine</i>	49	.....	46
RIFAMATE	8	.....	26	STALEVO 150	46
<i>rifampin</i>	8	SIMBRINZA	19	.....	46
RIFATER	40	SIMCOR	49	STALEVO 200	46
RILUTEK	40	SIMPONI	49	.....	46
<i>riluzole</i>	6	SIMPONI ARIA	49	STALEVO 50	46
<i>rimantadine</i>	34	.....	40	.....	46
<i>ringers</i>	22	SIMULECT	19	STALEVO 75	46
RIOMET		<i>simvastatin</i>		.....	46

<i>stavudine</i> .....	6	TAFINLAR .....	14	THYROLAR-1/2 .....	37
STAVZOR .....	48	TAMIFLU .....	6	THYROLAR-1/4 .....	37
STELARA .....	61	<i>tamoxifen</i> .....	14	THYROLAR-2 .....	37
STIMATE .....	10	<i>tamsulosin</i> .....	44	THYROLAR-3 .....	37
STIVARGA .....	14	TARCEVA .....	14	<i>tiagabine</i> .....	48
STRATTERA .....	53	TARGRETIN .....	14	<i>ticlopidine</i> .....	10
<i>streptomycin</i> .....	32	TARKA .....	17	TIKOSYN .....	16
STRIANT .....	36	TASIGNA .....	14	TIMENTIN .....	32
STRIBILD .....	6	TASMAR .....	46	<i>timolol maleate</i> .....	18
STROMECTOL .....	4	TAXOTERE .....	12	<i>tinidazole</i> .....	4
SUBOXONE .....	55	TAZORAC .....	61	TIROSINT .....	37
SUBSYS .....	51	<i>taztia xt</i> .....	18	TIVICAY .....	6
SUCLEAR .....	27	TECFIDERA .....	43	<i>tizanidine</i> .....	48
<i>sucralfate</i> .....	28	TEFLARO .....	32	TOBI .....	41
<i>sulfacetamide sodium</i> .....	24	TEGRETOL XR .....	48	TOBI PODHALER .....	41
<i>sulfacetamide sodium (acne)</i> .....	62	TEKAMLO .....	17	TOBRADEX .....	24
<i>sulfacetamide-prednisolone</i> .....	24	TEKTURNA .....	18	TOBRADEX ST .....	24
<i>sulfadiazine</i> .....	8	TEKTURNA HCT .....	17	<i>tobramycin</i> .....	24
<i>sulfamethoxazole-trimethoprim</i> .....	8, 9	<i>telmisartan</i> .....	16	<i>tobramycin in 0.225 % nacl</i> .....	41
SULFAMYLON .....	62	<i>telmisartan-amlodipine</i> .....	17	<i>tobramycin in 0.9 % nacl</i> .....	32
<i>sulfasalazine</i> .....	29	<i>telmisartan-hydrochlorothiazid</i> .....	17	<i>tobramycin sulfate</i> .....	32
<i>sulfazine ec</i> .....	29	<i>temazepam</i> .....	55	<i>tobramycin-dexamethasone</i> .....	24
<i>sulindac</i> .....	49	<i>temodar</i> .....	14	<i>tolazamide</i> .....	22
<i>sumatriptan</i> .....	45	<i>terazosin</i> .....	15	<i>tolbutamide</i> .....	22
<i>sumatriptan succinate</i> .....	45	<i>terbinafine hcl</i> .....	3	<i>tolmetin</i> .....	49
SUPRAX .....	7	<i>terbutaline</i> .....	57	<i>tolterodine</i> .....	45
SUPREP .....	28	<i>terconazole</i> .....	66	<i>topiramate</i> .....	48
SUSTIVA .....	6	<i>testosterone cypionate</i> .....	36	<i>toposar</i> .....	12
SUTENT .....	14	<i>testosterone enanthate</i> .....	36	<i>topotecan</i> .....	12
SYLATRON .....	12	TESTRED .....	37	TORISEL .....	12
SYLVANT .....	40	<i>tetanus toxoid,adsorbed (pf)</i> .....	39	<i>torsemide</i> .....	19
SYMBICORT .....	57	<i>tetanus,diphtheria tox ped(pf)</i> .....	39	<i>tpn electrolytes</i> .....	35
SYMLINPEN 120 .....	21	<i>tetanus-diphtheria toxoids-td</i> .....	39	TRACLEER .....	44
SYMLINPEN 60 .....	21	<i>tetracycline</i> .....	9	TRADJENTA .....	22
SYNAGIS .....	44	TEV-TROPIN .....	42	<i>tramadol</i> .....	51, 52
SYNAREL .....	37	THALOMID .....	14	<i>tramadol-acetaminophen</i> .....	52
SYNERA .....	62	<i>theophylline</i> .....	57	<i>trandolapril</i> .....	15
SYNERCID .....	32	<i>thioridazine</i> .....	56	<i>tranexamic acid</i> .....	10
SYNRIBO .....	12	<i>thiothixene</i> .....	56	TRANSDERM-SCOP .....	27
SYNTHROID .....	37	THYMOGLOBULIN .....	39		
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TABLOID .....	14				
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<i>tranylcypromine</i>		TWINRIX (PF)		VERSACLOZ	
.....	54	.....	39	.....	52
TRAVASOL 10 %		TYGACIL	32	VESICARE	45
.....	35	TYKERB	14	VEXOL	25
TRAVATAN Z		TYPHIM VI	39	VFEND	3
.....	26	TYSABRI	42	VFEND IV	33
<i>travoprost (benzalkonium)</i>		TYVASO	58	VIBATIV	33
.....	26	TYZEKA	6	VIBRAMYCIN	
<i>trazodone</i>	54	TYZINE	23	.....	9
TREANDA	12	UCERIS	29	VICTOZA 3-PAK	
TRECTOR	8	<i>u-cort</i>	60	.....	22
TRELSTAR	37	ULESFIA	61	VICTRELIS	6
<i>tretinoin</i>	59	ULORIC	50	VIDAZA	12
<i>tretinoin (chemotherapy)</i>		ULTRESA	27	VIDEX 2 GRAM PEDIATRIC	
.....	14	<i>unithroid</i>	37	.....	6
TRETIN-X	59	UROCIT-K 10		VIGAMOX	24
TRETIN-X (GEL)		.....	45	VIIBRYD	54
.....	59	UROCIT-K 15		VIMPAT	48
TREXALL	49	.....	45	<i>vinblastine</i>	12
<i>triamcinolone acetonide</i>		UROCIT-K 5	45	<i>vincasar pfs</i>	12
.....	23	<i>ursodiol</i>	28	<i>vincristine</i>	12
<i>triamterene-hydrochlorothiazid</i>		UVADEX	12	<i>vinorelbine</i>	12
.....	19	VAGIFEM	66	VIOKACE	27
<i>triazolam</i>	55	<i>valacyclovir</i>	6	VIRACEPT	6
<i>triderm</i>	60	VALCYTE	6	VIRAMUNE	6
<i>trifluoperazine</i>		<i>valproate sodium</i>		VIRAMUNE XR	
.....	56	.....	32, 33	.....	6
<i>trifluridine</i>	25	<i>valproic acid</i>	48	VIREAD	6
<i>trihexyphenidyl</i>		<i>valproic acid (as sodium salt)</i>		VISTIDE	33
.....	46	.....	48	VIVACTIL	54
<i>trilyte with flavor packets</i>		<i>valsartan</i>	16	VIVELLE-DOT	
.....	28	<i>valsartan-hydrochlorothiazide</i>		.....	66
<i>trimethoprim</i>	4	.....	17	VOLTAREN	49
<i>trimipramine</i>	54	VANCOCIN	4	VORAXAZE	15
<i>trinessa (28)</i>	64	<i>vancomycin</i>	4	<i>voriconazole</i>	3
<i>tri-previfem (28)</i>		<i>vandazole</i>	66	VOTRIENT	14
.....	64	VANOS	60	VPRIV	41
TRISENOX	12	VAQTA (PF)	39	<i>vyfemla (28)</i>	64
<i>tri-sprintec (28)</i>		VARIVAX (PF)		VYTORIN 10-10	
.....	64	.....	39	.....	19
<i>trivora (28)</i>	64	VECTIBIX	12	VYTORIN 10-20	
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.....	35	VELPHORO	43	.....	20
TROPHAMINE 6%		VENLAFAXINE		VYVANSE	53
.....	35	.....	54	<i>warfarin</i>	10
<i>tropium</i>	45	<i>venlafaxine</i>	54	<i>water for irrigation, sterile</i>	
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.....	57	.....	58	XALKORI	14
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.....	40	VERIPRED 20		XARTEMIS XR	
		.....	36	.....	52



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XELODA .....	14	ZOSTAVAX (PF)	
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.....	58	.....	64
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YERVOY .....	12	ZOVIRAX .....	62
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.....	39	ZYKADIA .....	14
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<i>zaleplon</i> .....	55	ZYPREXA .....	56
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ZANOSAR .....	13	ZYVOX .....	4
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.....	33		
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.....	26		
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.....	56		
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.....	66		
<i>zoledronic acid-mannitol-water</i>			
.....	66		
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<i>zolmitriptan</i> .....	45		
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Or visit our Web site at

**[www.thpmp.org/sco](http://www.thpmp.org/sco)**

This formulary was updated on January 1, 2014. For more recent information or other questions, please contact Tufts Health Plan Senior Care Options Customer Relations at 1-855-670-5934 or, for TTY users, 1-855-670-5936, Monday - Friday 8:00 a.m. - 8:00 p.m. (from Oct. 1 - Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day. Or visit [thpmp.org/sco](http://thpmp.org/sco).

Tufts Health Plan is an HMO plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in Tufts Health Plan depends on contract renewal.

Tufts Health Plan Senior Care Options is a voluntary MassHealth (Medicaid) benefit in association with the Executive Office of Health and Human Services (EOHHS) and the Centers for Medicare & Medicaid Services (CMS).

This information is available for free in other languages. Please call our Customer Relations number at 1-855-670-5934 or, for TTY users, 1-855-670-5936, Monday - Friday 8:00 a.m. - 8:00 p.m. (from Oct. 1 - Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.).

Esta información está disponible gratuitamente en otros idiomas. Sírvase llamar a nuestro número de Servicio al Cliente al 1-855-670-5934 o, para usuarios con problemas auditivos (TTY), al 1-855-670-5936, de lunes a viernes, desde las 8:00 a.m. hasta las 8:00 p.m. (desde el 1 de octubre hasta el 14 de febrero hay representantes disponibles los 7 días de la semana, desde las 8:00 a.m. hasta las 8:00 p.m.). Después del horario de atención y en días feriados, por favor deje un mensaje y un representante le devolverá su llamada el día laborable siguiente.

**TUFTS**  **Health Plan**  
**Senior Care Options**  

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**65+ with MassHealth Standard**