



Commercial Medication Formulary (List of Covered Medications)

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

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

Disclaimers:

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

FORMULARY INTRODUCTION

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

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

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

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

Are there any restrictions on my coverage?

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

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

You can find out if your medication has any additional requirements or limits by looking in the formulary. You can also get more information about the restrictions applied to specific covered medications by visiting our Web site www.fhcp.com. Our contact information, along with the date we last updated the formulary, appears on the front cover page.

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

What if my medication is not on the Formulary?

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

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

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

How do I request an exception to the Formulary?

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tier or utilization restriction exception. **When you request a formulary, tier or utilization restriction exception you must submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 14 days of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 14 days for a decision. If your request to expedite is granted, we must give you a decision no later than 24 to 72 hours after we get a supporting statement from your doctor or other prescriber.

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

As a new or continuing Member in our plan you may be taking medications that are not on our formulary. Or, you may be taking a medication that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate medication that we cover or request a formulary exception so

that we will cover the medication you take. While you talk to your doctor to determine the right course of action for you, we may cover your medication in certain cases during the first 90 days you are a Member of our plan. For each of your medications that is not on our formulary or if your ability to get your medications is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a FHCP pharmacy. After your first 30-day supply, we will not pay for these medications, even if you have been a Member of the plan less than 90-days.

Medication Transition Program for new FHCP Members.

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

How much will my prescriptions Cost?

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

- Tier 1 (1) – Formulary Preferred Generic
- Tier 2 (2) – Formulary Non-Preferred Generic
- Tier 3 (3) – Formulary Preferred Brand
- Tier 4 (4) – Formulary Non-Preferred Brand
- Tier 5 (5) – Specialty Medications
- Tier 6 (6) – Formulary Self-Injected Medications
- Tier 7 (7) – Formulary Preventive OTC Medications (ACA Compliant and “Non-grandfathered” plans*)

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

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

For more information

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

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

KEY FOR REQUIREMENTS/LIMITS COLUMN

AGE: Age Limit - Medication is covered only if member satisfies age requirements for coverage.

F: Female Only – Medication is covered for women only.

M: Male Only – Medication is covered for men only.

PA: Prior Authorization – Medication requires FHCP prior approval.

PREV: Preventive - \$0 Cost sharing to members in ACA compliant and “Non-Grandfathered” plans*.

QL: Quantity Limit –

RO: Retail Only – Available only through a retail pharmacy. Medication cannot be mailed.

SP: Specialty – Medications can only be obtained from FHCP network specialty pharmacies and clinics.

ST: Step Therapy – Medication requires use of another medication before it is covered.

Note: *ACA compliant and “Non-Grandfathered” plan means any health plan available to subscribers created by FHCP on or after March 23, 2010. For more information call Member Services at 1-877-615-4022, 7 days a week, 8 am – 8 pm. TTY users should call TRS Relay 711.

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



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

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

Click on Commercial Formulary

http://fm.formularynavigator.com/MemberPages/pdf/CommercialFormularyII_7900_Full_2131.pdf

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

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

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

Effective 1/1/2016

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

Medication Name	Medication Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
guanfacine hcl er oral tablet extended release 24 hr* 1 mg, 2 mg, 3 mg, 4 mg	2	PA; (INTUNIV); QL (31 EA per 31 days)
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	3	
*Amphetamine Mixtures***		
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG	2	QL (31 EA per 31 days)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG	2	QL (62 EA per 31 days)
*Amphetamines***		
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	2	(DEXEDRINE CR)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	(DEXTROSTAT)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	

Medication Name	Medication Tier	Requirements/Limits
*Stimulants - Misc.***		
methylphenidate hcl er (cd) oral capsule extended release* 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	2	(METADATE CD); QL (31 EA per 31 days)
methylphenidate hcl er oral tablet extended release 24 hr* 18 mg, 27 mg, 54 mg	2	(CONCERTA); QL (31 EA per 31 days)
methylphenidate hcl er oral tablet extended release 24 hr* 36 mg	2	(CONCERTA); QL (62 EA per 31 days)
methylphenidate hcl er oral tablet extended release* 20 mg	2	(RITALIN SR)
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	2	(METHYLIN)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	2	(RITALIN)
modafinil oral tablet 100 mg, 200 mg	2	PA; (PROVIGIL); QL (31 EA per 31 days)
AMINOGLYCOSIDES		
*Aminoglycosides***		
neomycin sulfate oral tablet 500 mg	2	(SERZONE)
paromomycin sulfate oral capsule 250 mg	3	(HUMATIN)
tobramycin inhalation nebulization solution 300 mg/5ml	5	PA; RO; (TOBI)
ANALGESICS - ANTI-INFLAMMATORY		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
XELJANZ ORAL TABLET 5 MG	5	PA; RO
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR* 11 MG	5	PA; RO
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
HUMIRA PEN SUBCUTANEOUS* 40 MG/0.8ML	5	PA; RO
HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS* 40 MG/0.8ML	5	PA; RO
HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS* 40 MG/0.8ML	5	PA; RO
HUMIRA SUBCUTANEOUS* 40 MG/0.8ML	5	PA; RO

Medication Name	Medication Tier	Requirements/Limits
*Interleukin-1 Blockers***		
ARCALYST SUBCUTANEOUS* SOLUTION RECONSTITUTED 220 MG	5	PA; SP
*Interleukin-1 Receptor Antagonist (IL-1Ra)***		
KINERET SUBCUTANEOUS* 100 MG/0.67ML	5	PA; RO
*Nonsteroidal Anti-Inflammatory Agents (Nsaid)***		
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	2	(VOLTAREN)
etodolac er oral tablet extended release 24 hr* 400 mg, 500 mg, 600 mg	2	(LODINE XL)
etodolac oral capsule 200 mg, 300 mg	2	(LODINE)
etodolac oral tablet 400 mg, 500 mg	2	(LODINE)
fenoprofen calcium oral tablet 600 mg	2	(NALFON)
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	(MOTRIN)
indomethacin er oral capsule extended release* 75 mg	2	(INDOCIN SR)
indomethacin oral capsule 25 mg, 50 mg	2	(INDOCIN)
ketoprofen oral capsule 50 mg, 75 mg	2	(ORUDIS)
ketorolac tromethamine oral tablet 10 mg	2	(TORADOL); QL (20 EA per 31 days)
meclofenamate sodium oral capsule 100 mg, 50 mg	2	(MECLOMEN)
meloxicam oral suspension 7.5 mg/5ml	2	(MOBIC)
meloxicam oral tablet 15 mg, 7.5 mg	1	(MOBIC)
nabumetone oral tablet 500 mg, 750 mg	2	(RELAFEN)
naproxen oral suspension 125 mg/5ml	2	RO; (NAPROSYN)
naproxen oral tablet 250 mg	2	(NAPROSYN)
naproxen oral tablet 375 mg, 500 mg	1	(NAPROSYN)
piroxicam oral capsule 10 mg, 20 mg	2	(FELDENE)
sulindac oral tablet 150 mg, 200 mg	2	(CLINORIL)
*Pyrimidine Synthesis Inhibitors***		
leflunomide oral tablet 10 mg, 20 mg	2	(ARAVA)
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL SUBCUTANEOUS* 25 MG/0.5ML, 50 MG/ML	5	PA; RO

Medication Name	Medication Tier	Requirements/Limits
ENBREL SUBCUTANEOUS* SOLUTION RECONSTITUTED 25 MG	5	PA
ENBREL SURECLICK SUBCUTANEOUS* 50 MG/ML	5	PA; RO
ANALGESICS - NONNARCOTIC		
*Analgesics-Sedatives***		
butalbital-apap-caffeine oral tablet 50-325-40 mg	2	(FIORICET)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	2	(FIORINAL)
*Salicylates***		
adult aspirin ec low strength oral tablet delayed release 81 mg	7	PREV; Max 79 Years
aspirin adult low strength oral tablet chewable 81 mg	7	PREV; Max 79 Years
salsalate oral tablet 500 mg, 750 mg	2	(DISALCID)
ANALGESICS - OPIOID		
*Codeine Combinations***		
acetaminophen-codeine #2 oral tablet 300-15 mg	2	(TYLENOL W/COD)
acetaminophen-codeine #3 oral tablet 300-30 mg	2	(TYLENOL W/COD)
acetaminophen-codeine #4 oral tablet 300-60 mg	2	(TYLENOL W/COD)
acetaminophen-codeine oral solution 120-12 mg/5ml	2	(TYLENOL W/COD); QL (473 ML per 3 days)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	2	(FIORINAL W/ COD)
*Hydrocodone Combinations***		
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	RO; QL (473 ML per 3 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	(NORCO)
*Opioid Agonists***		
codeine sulfate oral tablet 15 mg, 30 mg	2	
fentanyl transdermal patch 72 hr 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA; (DURAGESIC)
hydromorphone hcl oral liquid† 1 mg/ml	2	(DILAUDID)
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	2	(DILAUDID)

Medication Name	Medication Tier	Requirements/Limits
meperidine hcl oral tablet 100 mg, 50 mg	2	(DEMEROL)
methadone hcl oral solution 5 mg/5ml	2	(DOLOPHINE)
methadone hcl oral tablet 10 mg, 5 mg	2	(DOLOPHINE)
morphine sulfate (concentrate) oral solution 100 mg/5ml	2	(ROXANOL)
morphine sulfate er oral tablet extendedrelease* 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	2	(MS CONTIN)
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	2	(ROXANOL)
morphine sulfate oral tablet 15 mg, 30 mg	2	(MSIR)
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	2	(OXY IR)
tramadol hcl oral tablet 50 mg	2	(ULTRAM)
*Opioid Combinations***		
oxycodone-acetaminophen oral solution 5-325 mg/5ml	2	(ROXICET)
oxycodone-acetaminophen oral tablet 5-325 mg	2	(PERCOCET)
*Opioid Partial Agonists***		
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	2	PA; (SUBUTEX)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	2	PA; (SUBOXONE)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	4	PA
ANDROGENS-ANABOLIC		
*Anabolic Steroids***		
ANADROL-50 ORAL TABLET 50 MG	4	PA
oxandrolone oral tablet 10 mg, 2.5 mg	2	PA; (OXANDRIN)
*Androgens***		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	4	M; QL (150 GM per 30 days)
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%)	4	M; QL (75 GM per 30 days)
ANDROGEL TRANSDERMAL GEL 40.5 MG/2.5GM (1.62%)	4	M; QL (150 GM per 30 days)
ANDROXY ORAL TABLET 10 MG	2	(HALOTESTIN)
danazol oral capsule 100 mg, 200 mg, 50 mg	2	(DANOCRINE)

Medication Name	Medication Tier	Requirements/Limits
testosterone cypionate intramuscular* solution 100 mg/ml, 200 mg/ml	6	(DEPO-TESTOSTERONE)
testosterone enanthate intramuscular* solution 200 mg/ml	6	
ANORECTAL AGENTS		
*Intrarectal Steroids***		
hydrocortisone enema 100 mg/60ml	2	(CORTENEMA); QL (420 ML per 7 days)
*Rectal Steroids***		
hydrocortisone acetate suppository 25 mg	2	(ANUSOL-HC); QL (12 EA per 3 days)
PROCTOZONE-HC CREAM 2.5 %	2	(ANUSOL-HC); QL (30 GM per 30 days)
ANTHELMINTICS		
*Anthelmintics***		
ALBENZA ORAL TABLET 200 MG	4	QL (6 EA Max Qty Per Fill Retail)
ivermectin oral tablet 3 mg	2	(STROMEKTOL)
ANTIANGINAL AGENTS		
*Antianginals-Other***		
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR* 1000 MG, 500 MG	3	PA
*Nitrates***		
isosorbide dinitrate er oral tablet extended release* 40 mg	2	(ISORDIL)
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	(ISORDIL)
isosorbide mononitrate er oral tablet extended release 24 hr* 120 mg, 30 mg, 60 mg	2	(IMDUR)
NITRO-BID TRANSDERMAL OINTMENT 2 %	2	QL (30 GM per 30 days)
nitroglycerin er oral capsule extended release* 2.5 mg, 6.5 mg, 9 mg	2	
nitroglycerin transdermal patch 24 hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	2	(MINITRAN)
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG	3	

Medication Name	Medication Tier	Requirements/Limits
ANTIANKXIETY AGENTS		
*Antianxiety Agents - Misc.***		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg	2	(BUSPAR)
hydroxyzine hcl oral syrup 10 mg/5ml	2	RO; (ATARAX); QL (120 ML per 3 days)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	2	(ATARAX)
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	2	(VISTARIL)
meprobamate oral tablet 200 mg, 400 mg	2	(EQUANIL)
*Benzodiazepines***		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	(XANAX)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	2	(LIBRIUM)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	2	(TRANXENE)
diazepam oral solution 1 mg/ml	2	(VALIUM)
diazepam oral tablet 10 mg, 2 mg, 5 mg	2	(VALIUM)
lorazepam oral concentrate 2 mg/ml	2	(ATIVAN)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	2	(ATIVAN)
ANTIARRHYTHMICS		
*Antiarrhythmics Type I-A***		
disopyramide phosphate oral capsule 100 mg, 150 mg	2	(NORPACE)
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	4	
quinidine gluconate er oral tablet extendedrelease* 324 mg	2	(QUINAGLUTE)
quinidine sulfate er oral tablet extendedrelease* 300 mg	2	
quinidine sulfate oral tablet 200 mg, 300 mg	2	
*Antiarrhythmics Type I-B***		
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	2	(MEXITIL)

Medication Name	Medication Tier	Requirements/Limits
*Antiarrhythmics Type I-C***		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	2	(TAMBOCOR)
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	2	(RYTHMOL)
*Antiarrhythmics Type Iii***		
amiodarone hcl oral tablet 200 mg	2	(CORDARONE)
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	2	(TIKOSYN)
MULTAQ ORAL TABLET 400 MG	4	PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*5-Lipoxygenase Inhibitors***		
ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HR* 600 MG	4	
*Adrenergic Combinations***		
ADVAIR DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	4	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL† 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	4	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 62.5-25 MCG/INH	3	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	QL (60 EA per 30 days)
DULERA INHALATION AEROSOL† 100-5 MCG/ACT, 200-5 MCG/ACT	3	QL (13 GM per 30 days)
SYMBICORT INHALATION AEROSOL† 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	4	QL (10.2 GM per 30 days)
*Anti-Inflammatory Agents***		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	2	(INTAL); QL (1 BOX Max Qty Per Fill Retail)
*Beta Adrenergics***		
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%	2	(VENTOLIN); QL (1 BOX Max Qty Per Fill Retail)

Medication Name	Medication Tier	Requirements/Limits
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	2	PA; (ACCUNEb); QL (1 BOX Max Qty Per Fill Retail); Max 2 Years
albuterol sulfate oral syrup 2 mg/5ml	2	(VENTOLIN)
albuterol sulfate oral tablet 2 mg, 4 mg	2	(VENTOLIN)
metaproterenol sulfate oral syrup 10 mg/5ml	2	(ALUPENT)
metaproterenol sulfate oral tablet 10 mg, 20 mg	2	(ALUPENT)
SEREVENT DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 50 MCG/DOSE	3	QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL, SOLUTION 2.5 MCG/ACT	3	QL (4 GM per 30 days)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	2	(BRETHINE)
VENTOLIN HFA INHALATION AEROSOL, SOLUTION 108 (90 BASE) MCG/ACT	3	
*Bronchodilators - Anticholinergics***		
ATROVENT HFA INHALATION AEROSOL, SOLUTION 17 MCG/ACT	3	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 62.5 MCG/INH	3	QL (30 EA per 30 days)
ipratropium bromide inhalation solution 0.02 %	2	(ATROVENT); QL (1 BOX Max Qty Per Fill Retail)
*Leukotriene Receptor Antagonists***		
montelukast sodium oral packet 4 mg	2	(SINGULAIR)
montelukast sodium oral tablet 10 mg	2	(SINGULAIR)
montelukast sodium oral tablet chewable 4 mg, 5 mg	2	(SINGULAIR)
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
DALIRESP ORAL TABLET 500 MCG	3	PA
*Steroid Inhalants***		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	3	QL (30 EA per 30 days)
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 220 MCG/INH	3	QL (1 EA per 30 days)

Medication Name	Medication Tier	Requirements/Limits
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL† 100 MCG/ACT, 200 MCG/ACT	3	QL (13 GM per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	2	PA; (PULMICORT); QL (60 ML per 15 days); Min 6 Months and Max 8 Years
FLOVENT DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL† 110 MCG/ACT	3	QL (12 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL† 220 MCG/ACT	3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL† 44 MCG/ACT	3	QL (10.6 GM per 30 days)
*Xanthines***		
theophylline er oral tablet extended release 12 hr* 100 mg, 200 mg, 300 mg, 450 mg	2	(THEO-DUR)
theophylline er oral tablet extended release 24 hr* 400 mg, 600 mg	2	(UNIPHYL)
theophylline oral solution 80 mg/15ml	2	
ANTICOAGULANTS		
*Coumarin Anticoagulants***		
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	(COUMADIN)
*Direct Factor Xa Inhibitors***		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	
XARELTO STARTER PACK ORAL 15 & 20 MG	3	
*Low Molecular Weight Heparins***		
enoxaparin sodium subcutaneous* solution 100 mg/ml, 150 mg/ml	6	RO; (LOVENOX); QL (28 ML per 14 days)

Medication Name	Medication Tier	Requirements/Limits
enoxaparin sodium subcutaneous* solution 120 mg/0.8ml, 80 mg/0.8ml	6	RO; (LOVENOX); QL (22.4 ML per 14 days)
enoxaparin sodium subcutaneous* solution 30 mg/0.3ml	6	RO; (LOVENOX); QL (8.4 ML per 14 days)
enoxaparin sodium subcutaneous* solution 40 mg/0.4ml	6	RO; (LOVENOX); QL (11.2 ML per 14 days)
enoxaparin sodium subcutaneous* solution 60 mg/0.6ml	6	RO; (LOVENOX); QL (16.8 ML per 14 days)
*Synthetic Heparinoid-Like Agents***		
fondaparinux sodium subcutaneous* solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	6	PA; RO; (ARIXTRA)
*Thrombin Inhibitors - Selective Direct & Reversible***		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	3	
ANTICONVULSANTS		
*Ampa Glutamate Receptor Antagonists***		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA; RO
*Anticonvulsants - Benzodiazepines***		
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	2	(KLONOPIN)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg	2	(KLONOPIN)
diazepam gel 10 mg, 2.5 mg, 20 mg	4	RO; (DIASTAT); QL (1 EA per 15 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	4	PA
ONFI ORAL TABLET 10 MG, 20 MG	4	PA
*Anticonvulsants - Misc.***		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	4	PA
BANZEL ORAL SUSPENSION 40 MG/ML	4	PA
BANZEL ORAL TABLET 200 MG, 400 MG	4	PA
carbamazepine oral suspension 100 mg/5ml	2	(TEGRETOL)
carbamazepine oral tablet 200 mg	2	(TEGRETOL)
carbamazepine oral tablet chewable 100 mg	2	(TEGRETOL)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	2	(NEURONTIN)

Medication Name	Medication Tier	Requirements/Limits
gabapentin oral solution 250 mg/5ml	2	(NEURONTIN)
gabapentin oral tablet 600 mg, 800 mg	2	(NEURONTIN)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	2	(LAMICTAL)
lamotrigine oral tablet chewable 25 mg, 5 mg	2	(LAMICTAL)
levetiracetam er oral tablet extended release 24 hr* 500 mg, 750 mg	2	(KEPPRA XR)
levetiracetam oral solution 100 mg/ml	2	(KEPPRA)
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	2	(KEPPRA)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	4	ST; QL (93 EA per 31 days)
oxcarbazepine oral suspension 300 mg/5ml	2	(TRILEPTAL)
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	2	(TRILEPTAL)
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG	4	SP
primidone oral tablet 250 mg, 50 mg	2	(MYSOLINE)
topiramate oral capsule sprinkle 15 mg, 25 mg	2	(TOPAMAX)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	(TOPAMAX)
VIMPAT ORAL SOLUTION 10 MG/ML	4	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA
zonisamide oral capsule 100 mg, 25 mg, 50 mg	2	(ZONEGRAN)
*Carbamates***		
felbamate oral suspension 600 mg/5ml	2	(FELBATOL)
felbamate oral tablet 400 mg, 600 mg	2	(FELBATOL)
*Gaba Modulators***		
GABITRIL ORAL TABLET 16 MG	4	
SABRIL ORAL PACKET 500 MG	4	PA; SP
SABRIL ORAL TABLET 500 MG	4	PA; SP
tiagabine hcl oral tablet 2 mg, 4 mg	2	(GABITRIL)
*Hydantoins***		
DILANTIN ORAL CAPSULE 30 MG	3	
phenytoin oral suspension 125 mg/5ml	2	(DILANTIN)
phenytoin oral tablet chewable 50 mg	2	(DILANTIN)

Medication Name	Medication Tier	Requirements/Limits
phenytoin sodium extended oral capsule 100 mg	2	(DILANTIN)
*Succinimides***		
CELONTIN ORAL CAPSULE 300 MG	4	
ethosuximide oral capsule 250 mg	2	(ZARONTIN)
ethosuximide oral solution 250 mg/5ml	2	(ZARONTIN)
*Valproic Acid***		
divalproex sodium er oral tablet extended release 24 hr* 250 mg, 500 mg	2	(DEPAKOTE)
divalproex sodium oral 125 mg	2	(DEPAKOTE)
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	2	(DEPAKOTE)
valproate sodium oral syrup 250 mg/5ml	2	(DEPAKENE)
valproic acid oral capsule 250 mg	2	(DEPAKENE)
ANTIDEPRESSANTS		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	2	(REMERON)
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	2	(REMERON)
*Antidepressants - Misc.***		
bupropion hcl er (sr) oral tablet extended release 12 hr* 100 mg, 150 mg	2	(WELLBUTRIN SR)
bupropion hcl er (xl) oral tablet extended release 24 hr* 150 mg, 300 mg	2	(WELLBUTRIN XL)
bupropion hcl oral tablet 100 mg, 75 mg	2	(WELLBUTRIN)
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	2	(LUDIOMIL)
*Modified Cyclics***		
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	2	(SERZONE)
trazodone hcl oral tablet 100 mg, 50 mg	1	(DESYREL)
trazodone hcl oral tablet 150 mg	2	(DESYREL)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	

Medication Name	Medication Tier	Requirements/Limits
*Monoamine Oxidase Inhibitors (Maois)***		
EMSAM TRANSDERMAL PATCH 24 HR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	4	PA; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	
phenelzine sulfate oral tablet 15 mg	2	(NARDIL)
tranylcypromine sulfate oral tablet 10 mg	2	(PARNATE)
*Selective Serotonin Reuptake Inhibitors (Ssris)***		
citalopram hydrobromide oral solution 10 mg/5ml	1	(CELEXA)
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	(CELEXA)
escitalopram oxalate oral solution 5 mg/5ml	2	(LEXAPRO)
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	2	(LEXAPRO)
fluoxetine hcl oral capsule 10 mg, 20 mg	1	(PROZAC)
fluoxetine hcl oral solution 20 mg/5ml	2	(PROZAC)
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	2	(LUVOX)
paroxetine hcl er oral tablet extended release 24 hr* 12.5 mg, 25 mg, 37.5 mg	2	(PAXIL CR)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	2	(PAXIL)
PAXIL ORAL SUSPENSION 10 MG/5ML	4	
sertraline hcl oral concentrate 20 mg/ml	2	(ZOLOFT)
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	2	(ZOLOFT)
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
desvenlafaxine er oral tablet extended release 24 hr* 100 mg, 50 mg	2	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	(CYMBALTA)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR* 100 MG, 25 MG, 50 MG	3	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	2	(EFFEXOR XR)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	2	(EFFEXOR)

Medication Name	Medication Tier	Requirements/Limits
*Tricyclic Agents***		
amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	1	(ELAVIL)
amitriptyline hcl oral tablet 150 mg	2	(ELAVIL)
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	2	(ASENDIN)
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	2	(ANAFRANIL)
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	(NORPRAMIN)
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	(SINEQUAN)
doxepin hcl oral concentrate 10 mg/ml	2	(SINEQUAN)
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	2	(TOFRANIL)
nortriptyline hcl oral capsule 10 mg, 25 mg	1	(PAMELOR)
nortriptyline hcl oral capsule 50 mg, 75 mg	2	(PAMELOR)
nortriptyline hcl oral solution 10 mg/5ml	2	(PAMELOR)
protriptyline hcl oral tablet 10 mg, 5 mg	2	(VIVACTIL)
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	2	(SURMONTIL)
ANTIDIABETICS		
*Alpha-Glucosidase Inhibitors***		
acarbose oral tablet 100 mg, 25 mg, 50 mg	2	(PRECOSE)
*Antidiabetic - Amylin Analogs***		
SYMLINPEN 120 SUBCUTANEOUS* 2700 MCG/2.7ML	3	PA; RO
SYMLINPEN 60 SUBCUTANEOUS* 1500 MCG/1.5ML	3	PA; RO
*Biguanides***		
metformin hcl er oral tablet extended release 24 hr* 500 mg, 750 mg	2	(GLUCOPHAGE XR)
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	(GLUCOPHAGE)
*Diabetic Other***		
GLUCAGON EMERGENCY INJECTION KIT 1 MG	3	QL (1 EA per 15 days)
PROGLYCEM ORAL SUSPENSION 50 MG/ML	4	

Medication Name	Medication Tier	Requirements/Limits
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	4	PA; QL (31 EA per 31 days)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	4	PA; QL (31 EA per 31 days)
TRADJENTA ORAL TABLET 5 MG	3	ST
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	ST
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HR* 2.5-1000 MG, 5-1000 MG	3	ST
*Human Insulin***		
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS* SOLUTION 500 UNIT/ML	3	RO
LANTUS SUBCUTANEOUS* SOLUTION 100 UNIT/ML	4	RO
LEVEMIR FLEXTOUCH SUBCUTANEOUS* 100 UNIT/ML	3	Available ONLY at FHCP Pharmacies.
LEVEMIR SUBCUTANEOUS* SOLUTION 100 UNIT/ML	3	
NOVOLIN 70/30 SUBCUTANEOUS* SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN N SUBCUTANEOUS* SUSPENSION 100 UNIT/ML	3	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG FLEXPEN SUBCUTANEOUS* 100 UNIT/ML	3	Available ONLY at FHCP Pharmacies.
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS* (70-30) 100 UNIT/ML	3	Available ONLY at FHCP Pharmacies.
NOVOLOG MIX 70/30 SUBCUTANEOUS* SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG SUBCUTANEOUS* SOLUTION 100 UNIT/ML	3	
TRESIBA FLEXTOUCH SUBCUTANEOUS* 100 UNIT/ML, 200 UNIT/ML	3	Available ONLY at FHCP Pharmacies.

Medication Name	Medication Tier	Requirements/Limits
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
BYDUREON SUBCUTANEOUS* 2 MG	4	PA; RO
BYETTA 10 MCG PEN SUBCUTANEOUS* 10 MCG/0.04ML	4	PA; RO
BYETTA 5 MCG PEN SUBCUTANEOUS* 5 MCG/0.02ML	4	PA; RO
TANZEUM SUBCUTANEOUS* 30 MG, 50 MG	3	ST; RO
*Meglitinide Analogues***		
nateglinide oral tablet 120 mg, 60 mg	2	(STARLIX)
*Sodium-Glucose Co-Transporter 2 (Sgt2) Inhibitors***		
FARXIGA ORAL TABLET 10 MG, 5 MG	3	ST
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	ST
*Sulfonylureas***		
chlorpropamide oral tablet 100 mg, 250 mg	2	(DIABINESE)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	(AMARYL)
glipizide oral tablet 10 mg, 5 mg	1	(GLUCOTROL)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	2	(GLYNASE)
glyburide oral tablet 1.25 mg	2	(DIABETA)
glyburide oral tablet 2.5 mg, 5 mg	1	(DIABETA)
tolazamide oral tablet 250 mg, 500 mg	2	(TOLINASE)
tolbutamide oral tablet 500 mg	2	(ORINASE)
*Thiazolidinediones***		
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	2	(ACTOS)
ANTIDIARRHEALS		
*Antiperistaltic Agents***		
diphenoxylate-atropine oral liquid† 2.5-0.025 mg/5ml	2	(LOMOTIL)
diphenoxylate-atropine oral tablet 2.5-0.025 mg	2	(LOMOTIL)
loperamide hcl oral capsule 2 mg	2	(IMODIUM)

Medication Name	Medication Tier	Requirements/Limits
ANTIDOTES		
*Antidotes - Chelating Agents***		
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	5	PA; SP
*Opioid Antagonists***		
naltrexone hcl oral tablet 50 mg	2	(REVIA)
ANTIEMETICS		
*5-Ht3 Receptor Antagonists***		
ondansetron hcl oral solution 4 mg/5ml	2	(ZOFRAN); QL (50 ML per 3 days)
ondansetron hcl oral tablet 4 mg, 8 mg	2	(ZOFRAN); QL (9 EA per 3 days)
ondansetron oral tablet dispersible 4 mg, 8 mg	2	(ZOFRAN ODT); QL (10 EA per 3 days)
*Antiemetics - Anticholinergic***		
trimethobenzamide hcl oral capsule 300 mg	2	(TIGAN)
*Antiemetics - Miscellaneous***		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	2	PA; RO; (MARINOL); QL (60 EA per 30 days)
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 & 125 MG, 80 MG	4	PA; RO
ANTIFUNGALS		
*Antifungals***		
flucytosine oral capsule 250 mg, 500 mg	2	(ANCOBON)
griseofulvin microsize oral suspension 125 mg/5ml	2	RO; (GRIFULVIN V)
nystatin oral tablet 500000 unit	2	
terbinafine hcl oral tablet 250 mg	2	(LAMISIL)
*Imidazoles***		
ketoconazole oral tablet 200 mg	2	(NIZORAL)
*Triazoles***		
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	2	RO; (DIFLUCAN); QL (1 BTL Max Qty Per Fill Retail)
fluconazole oral tablet 100 mg, 200 mg, 50 mg	2	(DIFLUCAN)
fluconazole oral tablet 150 mg	2	(DIFLUCAN); QL (2 EA Max Qty Per Fill Retail)

Medication Name	Medication Tier	Requirements/Limits
itraconazole oral capsule 100 mg	2	PA; (SPORONOX)
voriconazole oral suspension reconstituted 40 mg/ml	2	PA; (VFEND)
voriconazole oral tablet 200 mg, 50 mg	5	PA; (VFEND)
ANTIHISTAMINES		
*Antihistamines - Non-Sedating***		
levocetirizine dihydrochloride oral tablet 5 mg	2	(XYZAL)
*Antihistamines - Phenothiazines***		
promethazine hcl oral syrup 6.25 mg/5ml	2	RO; (PHENERGAN); QL (120 ML per 3 days)
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	2	(PHENERGAN)
promethazine hcl suppository 12.5 mg, 25 mg, 50 mg	2	(PHENERGAN); QL (12 EA per 2 days)
*Antihistamines - Piperidines***		
cyproheptadine hcl oral syrup 2 mg/5ml	2	RO; (PERIACTIN); QL (120 ML per 3 days)
cyproheptadine hcl oral tablet 4 mg	2	(PERIACTIN)
ANTHYPERLIPIDEMICS		
*Antihyperlipidemics - Misc.***		
KYNAMRO SUBCUTANEOUS* 200 MG/ML	5	PA; SP
omega-3-acid ethyl esters oral capsule 1 gm	2	(LOVAZA)
*Bile Acid Sequestrants***		
cholestyramine light oral packet 4 gm	2	(QUESTRAN LIGHT)
cholestyramine light oral powder 4 gm/dose	2	(QUESTRAN LIGHT)
cholestyramine oral packet 4 gm	2	(QUESTRAN)
cholestyramine oral powder 4 gm/dose	2	(QUESTRAN)
WELCHOL ORAL PACKET 3.75 GM	4	PA
WELCHOL ORAL TABLET 625 MG	4	PA
*Fibric Acid Derivatives***		
fenofibrate oral tablet 145 mg, 48 mg	2	(TRICOR)
fenofibric acid oral capsule delayed release 135 mg, 45 mg	2	(TRILIPIX)
gemfibrozil oral tablet 600 mg	2	(LOPID)
*Hmg Coa Reductase Inhibitors***		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	2	(LIPITOR)

Medication Name	Medication Tier	Requirements/Limits
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	(MEVACOR)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	2	(PRAVACHOL)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	2	(CRESTOR)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	2	(ZOCOR)
*Intestinal Cholesterol Absorption Inhibitors***		
ZETIA ORAL TABLET 10 MG	2	
*Nicotinic Acid Derivatives***		
niacin er (antihyperlipidemic) oral tablet extended release* 1000 mg, 500 mg, 750 mg	2	(NIASPAN)
ANTIHYPERTENSIVES		
*Ace Inhibitors & Thiazide/Thiazide-Like***		
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	(ZESTORETIC)
*Ace Inhibitors***		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	(LOTENSIN)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	2	(VASOTEC)
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	2	(MONOPRIL)
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg	1	(ZESTRIL)
lisinopril oral tablet 30 mg	2	(ZESTRIL)
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	2	(ALTACE)
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***		
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	2	(HYZAAR)
*Angiotensin Ii Receptor Antagonists***		
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	2	(COZAAR)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	2	(MICARDIS)

Medication Name	Medication Tier	Requirements/Limits
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	2	(DIOVAN)
*Antiadrenergics - Centrally Acting***		
clonidine hcl oral tablet 0.1 mg, 0.2 mg	1	(CATAPRES)
clonidine hcl oral tablet 0.3 mg	2	(CATAPRES)
guanfacine hcl oral tablet 1 mg, 2 mg	2	(TENEX)
methyldopa oral tablet 250 mg, 500 mg	2	(ALDOMET)
*Antiadrenergics - Peripherally Acting***		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	2	(CARDURA)
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	2	(MINIPRESS)
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	(HYTRIN)
*Direct Renin Inhibitors***		
TEKTURNA ORAL TABLET 150 MG, 300 MG	4	ST
*Reserpine***		
reserpine oral tablet 0.1 mg, 0.25 mg	2	
*Selective Aldosterone Receptor Antagonists (Saras)***		
eplerenone oral tablet 25 mg, 50 mg	2	(INSPRA)
*Vasodilators***		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	(APRESOLINE)
minoxidil oral tablet 10 mg, 2.5 mg	2	(LONITEN)
ANTI-INFECTIVE AGENTS - MISC.		
*Anti-Infective Agents - Misc.***		
metronidazole oral tablet 250 mg, 500 mg	2	(FLAGYL)
trimethoprim oral tablet 100 mg	2	(TRIMPEX)
vancomycin hcl intravenous* solution reconstituted 1000 mg, 500 mg	2	
vancomycin hcl oral capsule 125 mg, 250 mg	5	PA; RO; (VANCOCIN)
*Anti-Infective Misc. - Combinations***		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	2	(SEPTRA)

Medication Name	Medication Tier	Requirements/Limits
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	2	(SEPTRA)
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	2	(SEPTRA DS)
*Antiprotozoal Agents***		
ALINIA ORAL TABLET 500 MG	3	
atovaquone oral suspension 750 mg/5ml	2	(MEPRON)
*Leprostatics***		
dapsone oral tablet 100 mg, 25 mg	4	
*Lincosamides***		
clindamycin hcl oral capsule 150 mg	2	(CLEOCIN)
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	2	RO; (CLEOCIN); QL (1 BTL Max Qty Per Fill Retail)
*Oxazolidinones***		
linezolid oral suspension reconstituted 100 mg/5ml	2	RO; (ZYVOX)
linezolid oral tablet 600 mg	2	(ZYVOX)
ANTIMALARIALS		
*Antimalarial Combinations***		
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	2	(MALARONE)
COARTEM ORAL TABLET 20-120 MG	4	
*Antimalarials***		
chloroquine phosphate oral tablet 250 mg, 500 mg	2	(ARALEN)
DARAPRIM ORAL TABLET 25 MG	4	
hydroxychloroquine sulfate oral tablet 200 mg	2	(PLAQUENIL)
mefloquine hcl oral tablet 250 mg	2	(LARIAM)
quinine sulfate oral capsule 324 mg	2	PA; (QUALAQUIN)
ANTIMYASTHENIC AGENTS		
*Antimyasthenic Agents***		
pyridostigmine bromide er oral tablet extendedrelease* 180 mg	2	(MESTINON TIMESPAN)
pyridostigmine bromide oral tablet 60 mg	2	(MESTINON)
ANTIMYCOBACTERIAL AGENTS		
*Antimycobacterial Agents***		
ethambutol hcl oral tablet 100 mg, 400 mg	2	(MYAMBUTAL)

Medication Name	Medication Tier	Requirements/Limits
isoniazid oral tablet 100 mg, 300 mg	2	
PASER ORAL PACKET 4 GM	4	
PRIFTIN ORAL TABLET 150 MG	4	
pyrazinamide oral tablet 500 mg	2	
rifabutin oral capsule 150 mg	2	(MYCOBUTIN)
rifampin oral capsule 150 mg, 300 mg	2	(RIFADIN)
SIRTURO ORAL TABLET 100 MG	4	
TRECTOR ORAL TABLET 250 MG	4	RO
*ANTINEOPLASTIC - BCL-2 INHIBITORS***		
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	5	PA
VENCLEXTA STARTING PACK ORAL 10 & 50 & 100 MG	5	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*Alkylating Agents***		
HEXALEN ORAL CAPSULE 50 MG	3	
*Androgen Biosynthesis Inhibitors***		
ZYTIGA ORAL TABLET 250 MG	5	PA; SP
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG	3	
*Antiandrogens***		
bicalutamide oral tablet 50 mg	2	(CASODEX)
flutamide oral capsule 125 mg	2	(EULEXIN)
NILANDRON ORAL TABLET 150 MG	3	
XTANDI ORAL CAPSULE 40 MG	5	PA; SP
*Antiestrogens***		
FARESTON ORAL TABLET 60 MG	5	RO
tamoxifen citrate oral tablet 10 mg, 20 mg	2	(NOLVADEX)
*Antimetabolites***		
capecitabine oral tablet 150 mg, 500 mg	5	(XELODA)
mercaptopurine oral tablet 50 mg	2	(EQUANIL)
methotrexate oral tablet 2.5 mg	2	(TREXALL)
methotrexate sodium injection solution 50 mg/2ml	6	

Medication Name	Medication Tier	Requirements/Limits
*Antineoplastic - Braf Kinase Inhibitors***		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; SP
ZELBORAF ORAL TABLET 240 MG	5	PA; SP
*Antineoplastic - Hedgehog Pathway Inhibitors***		
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; SP
ODOMZO ORAL CAPSULE 200 MG	5	PA; SP
*Antineoplastic - Histone Deacetylase Inhibitors***		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA; SP
ZOLINZA ORAL CAPSULE 100 MG	5	PA; SP
*Antineoplastic - Immunomodulators***		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; SP
*Antineoplastic - Mek Inhibitors***		
COTELLIC ORAL TABLET 20 MG	5	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA; SP
*Antineoplastic - Mtor Kinase Inhibitors***		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	5	RO
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	RO
*Antineoplastic - Multikinase Inhibitors***		
NEXAVAR ORAL TABLET 200 MG	5	SP
STIVARGA ORAL TABLET 40 MG	5	PA; SP
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA; RO
*Antineoplastic - Proteasome Inhibitors***		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; SP

Medication Name	Medication Tier	Requirements/Limits
*Antineoplastic - Tyrosine Kinase Inhibitors***		
BOSULIF ORAL TABLET 100 MG, 500 MG	5	PA; SP
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	SP
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	5	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	5	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; RO
ICLUSIG ORAL TABLET 15 MG, 45 MG	5	PA; SP
imatinib mesylate oral tablet 100 mg, 400 mg	5	RO; (GLEEVEC)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	5	SP
IRESSA ORAL TABLET 250 MG	5	PA; RO
LENVIMA 10 MG DAILY DOSE ORAL 10 MG	5	PA; SP
LENVIMA 14 MG DAILY DOSE ORAL 10 & 4 MG	5	PA; SP
LENVIMA 20 MG DAILY DOSE ORAL 10 (2) MG	5	PA; SP
LENVIMA 24 MG DAILY DOSE ORAL 10 (2) & 4 MG	5	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	SP
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA; RO
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	5	RO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; RO
TYKERB ORAL TABLET 250 MG	5	PA; SP
VOTRIENT ORAL TABLET 200 MG	5	SP
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; SP
ZYKADIA ORAL CAPSULE 150 MG	5	PA; SP

Medication Name	Medication Tier	Requirements/Limits
*Antineoplastic Combinations***		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA; SP
*Antineoplastics Misc.***		
ACTIMMUNE SUBCUTANEOUS* SOLUTION 2000000 UNIT/0.5ML	5	PA; SP
hydroxyurea oral capsule 500 mg	2	(HYDREA)
MATULANE ORAL CAPSULE 50 MG	3	
SYLATRON SUBCUTANEOUS* KIT 200 MCG, 300 MCG, 600 MCG	5	PA; RO
*Aromatase Inhibitors***		
anastrozole oral tablet 1 mg	2	(ARIMIDEX); F
exemestane oral tablet 25 mg	2	(AROMASIN); F
letrozole oral tablet 2.5 mg	2	(FEMARA); F
*Estrogens-Antineoplastic***		
EMCYT ORAL CAPSULE 140 MG	3	
*Folic Acid Antagonists Rescue Agents***		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	2	(WELLCOVORIN)
*Imidazotetrazines***		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	5	RO; (TEMODAR)
*Janus Associated Kinase (Jak) Inhibitors***		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; SP
*Mitotic Inhibitors***		
etoposide oral capsule 50 mg	5	RO; (VEPESID)
*Nitrogen Mustards***		
ALKERAN ORAL TABLET 2 MG	5	RO
cyclophosphamide oral capsule 25 mg, 50 mg	2	(CYTOXAN)
LEUKERAN ORAL TABLET 2 MG	3	
*Nitrosoureas***		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	5	RO

Medication Name	Medication Tier	Requirements/Limits
*Progestins-Antineoplastic***		
megestrol acetate oral suspension 40 mg/ml	2	(MEGACE)
megestrol acetate oral tablet 20 mg, 40 mg	2	(MEGACE)
*Retinoids***		
tretinoin oral capsule 10 mg	5	PA; RO; (VESANOID)
*Urinary Tract Protective Agents***		
MESNEX ORAL TABLET 400 MG	4	
ANTIPARKINSON AGENTS		
*Antiparkinson Anticholinergics***		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	2	(COGENTIN)
trihexyphenidyl hcl oral elixir 0.4 mg/ml	2	(ARTANE)
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	2	(ARTANE)
*Antiparkinson Dopaminergics***		
amantadine hcl oral capsule 100 mg	2	(SYMMETREL)
amantadine hcl oral syrup 50 mg/5ml	2	(SYMMETREL)
bromocriptine mesylate oral capsule 5 mg	2	(PARLODEL)
bromocriptine mesylate oral tablet 2.5 mg	2	(PARLODEL)
*Antiparkinson Monoamine Oxidase Inhibitors***		
AZILECT ORAL TABLET 0.5 MG, 1 MG	4	PA
selegiline hcl oral capsule 5 mg	2	(ELDEPRYL)
selegiline hcl oral tablet 5 mg	2	(ELDEPRYL)
*Levodopa Combinations***		
carbidopa-levodopa er oral tablet extended release* 25-100 mg, 50-200 mg	2	(SINEMET CR)
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	2	(SINEMET)
*Nonergoline Dopamine Receptor Agonists***		
NEUPRO TRANSDERMAL PATCH 24 HR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	PA
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	2	(MIRAPEX)
ropinirole hcl er oral tablet extended release 24 hr* 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	2	(REQUIP XL)

Medication Name	Medication Tier	Requirements/Limits
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	(REQUIP)
*Peripheral Comt Inhibitors***		
entacapone oral tablet 200 mg	2	(COMTAN)
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*Antimanic Agents***		
lithium carbonate er oral tablet extendedrelease* 300 mg	2	(LITHOBID)
lithium carbonate er oral tablet extendedrelease* 450 mg	2	(ESKALITH CR)
lithium carbonate oral capsule 150 mg	2	(ESKALITH)
lithium carbonate oral capsule 300 mg	1	(ESKALITH)
lithium oral solution 8 meq/5ml	2	
*Antipsychotics - Misc.***		
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	4	PA
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	2	(GEODON)
*Benzisoxazoles***		
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	PA; RO
paliperidone er oral tablet extended release 24 hr* 1.5 mg, 3 mg, 6 mg, 9 mg	2	(INVEGA)
risperidone oral solution 1 mg/ml	2	(RISPERDAL)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	(RISPERDAL)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	(RISPERDAL M)
*Butyrophenones***		
haloperidol lactate oral concentrate 2 mg/ml	2	(HALDOL)
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	2	(HALDOL)
*Dibenzodiazepines***		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	(CLOZARIL)

Medication Name	Medication Tier	Requirements/Limits
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	2	(FAZACLO)
*Dibenzo-Oxepino Pyrroles***		
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	4	PA
*Dibenzothiazepines***		
quetiapine fumarate er oral tablet extended release 24 hr* 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	2	PA; (SEROQUEL XR)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	2	(SEROQUEL)
*Dibenzoxazepines***		
loxapine succinate oral capsule 10 mg, 25 mg, 50 mg, 50 mg	2	(LOXITANE)
*Phenothiazines***		
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	2	(THORAZINE)
fluphenazine hcl oral concentrate 5 mg/ml	2	(PROLIXIN)
fluphenazine hcl oral elixir 2.5 mg/5ml	2	(PROLIXIN)
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	2	(PROLIXIN)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	2	(TRILAFON)
prochlorperazine maleate oral tablet 10 mg, 5 mg	2	(COMPAZINE)
prochlorperazine suppository 25 mg	2	(COMPAZINE); QL (12 EA per 3 days)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	(MELLARIL)
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	2	(STELAZINE)
*Quinolinone Derivatives***		
aripiprazole oral solution 1 mg/ml	2	PA; (ABILIFY)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	2	PA; (ABILIFY)
*Thienbenzodiazepines***		
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	2	(ZYPREXA)
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	2	(ZYPREXA ZYDIS)

Medication Name	Medication Tier	Requirements/Limits
*Thioxanthenes***		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	2	(NAVANE)
ANTIVIRALS		
*Antiretroviral Combinations***		
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	2	(TRIZIVIR)
ATRIPLA ORAL TABLET 600-200-300 MG	3	
COMPLERA ORAL TABLET 200-25-300 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	
EPZICOM ORAL TABLET 600-300 MG	3	
EVOTAZ ORAL TABLET 300-150 MG	3	
GENVOYA ORAL TABLET 150-150-200-10 MG	3	
KALETRA ORAL SOLUTION 400-100 MG/5ML	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	3	
lamivudine-zidovudine oral tablet 150-300 mg	2	(COMBIVIR)
ODEFSEY ORAL TABLET 200-25-25 MG	3	
PREZCOBIX ORAL TABLET 800-150 MG	3	
STRIBILD ORAL TABLET 150-150-200-300 MG	3	
TRIUMEQ ORAL TABLET 600-50-300 MG	3	
TRUVADA ORAL TABLET 200-300 MG	3	
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS* SOLUTION RECONSTITUTED 90 MG	3	RO
*Antiretrovirals - Integrase Inhibitors***		
ISENTRESS ORAL PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	3	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	3	
TIVICAY ORAL TABLET 50 MG	3	SP

Medication Name	Medication Tier	Requirements/Limits
VITEKTA ORAL TABLET 150 MG, 85 MG	3	
*Antiretrovirals - Protease Inhibitors***		
APTIVUS ORAL CAPSULE 250 MG	3	
APTIVUS ORAL SOLUTION 100 MG/ML	3	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	
INVIRASE ORAL CAPSULE 200 MG	3	
INVIRASE ORAL TABLET 500 MG	3	
LEXIVA ORAL SUSPENSION 50 MG/ML	3	
LEXIVA ORAL TABLET 700 MG	3	
NORVIR ORAL CAPSULE 100 MG	3	
NORVIR ORAL SOLUTION 80 MG/ML	3	
NORVIR ORAL TABLET 100 MG	3	
PREZISTA ORAL SUSPENSION 100 MG/ML	3	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	3	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	
REYATAZ ORAL PACKET 50 MG	3	
VIRACEPT ORAL TABLET 250 MG, 625 MG	3	
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT ORAL TABLET 25 MG	3	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	3	
nevirapine er oral tablet extended release 24 hr* 100 mg, 400 mg	2	(VIRAMUNE XR)
nevirapine oral suspension 50 mg/5ml	2	(VIRAMUNE)
nevirapine oral tablet 200 mg	2	(VIRAMUNE)
RESCRIPTOR ORAL TABLET 100 MG, 200 MG	3	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	3	
SUSTIVA ORAL TABLET 600 MG	3	
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
abacavir sulfate oral tablet 300 mg	2	(ZIAGEN)

Medication Name	Medication Tier	Requirements/Limits
didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg	2	(VIDEX)
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	3	
ZIAGEN ORAL SOLUTION 20 MG/ML	3	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
lamivudine oral solution 10 mg/ml	2	(EPIVIR)
lamivudine oral tablet 150 mg, 300 mg	2	(EPIVIR)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	2	(ZERIT)
stavudine oral solution reconstituted 1 mg/ml	2	(ZERIT)
zidovudine oral capsule 100 mg	2	(RETROVIR)
zidovudine oral syrup 50 mg/5ml	2	(RETROVIR)
zidovudine oral tablet 300 mg	2	(RETROVIR)
*Antiretrovirals - Rti-Nucleotide Analogues***		
VIREAD ORAL POWDER 40 MG/GM	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	3	
*Cmv Agents***		
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML	3	
valganciclovir hcl oral tablet 450 mg	2	(VALCYTE)
*Hepatitis B Agents***		
adefovir dipivoxil oral tablet 10 mg	5	(HEPSERA)
entecavir oral tablet 0.5 mg, 1 mg	2	(BARACLUDGE)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	3	
lamivudine oral tablet 100 mg	2	(EPIVIR HBV)
TYZEKA ORAL TABLET 600 MG	4	PA; SP
*Hepatitis C Agents***		
ribavirin oral capsule 200 mg	2	(REBETOL)
SOVALDI ORAL TABLET 400 MG	5	PA; SP

Medication Name	Medication Tier	Requirements/Limits
*Herpes Agents - Purine Analogues***		
acyclovir oral capsule 200 mg	2	(ZOVIRAX)
acyclovir oral suspension 200 mg/5ml	2	(ZOVIRAX)
acyclovir oral tablet 400 mg, 800 mg	2	(ZOVIRAX)
valacyclovir hcl oral tablet 1 gm, 500 mg	2	(VALTREX)
*Influenza Agents***		
rimantadine hcl oral tablet 100 mg	2	(FLUMADINE)
*Neuraminidase Inhibitors***		
RELENZA DISKHALER INHALATION AEROSOL POWDER, BREATH ACTIVATED 5 MG/BLISTER	4	
ASSORTED CLASSES		
*Antileptics***		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA; SP
*Cyclosporine Analogs***		
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	2	(NEORAL)
cyclosporine modified oral solution 100 mg/ml	2	(NEORAL)
cyclosporine oral capsule 100 mg, 25 mg	2	(SANDIMMUNE)
*Immunomodulators For Myelodysplastic Syndromes***		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; SP
*Inosine Monophosphate Dehydrogenase Inhibitors***		
mycophenolate mofetil oral capsule 250 mg	2	(CELLCEPT)
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	2	(CELLCEPT)
mycophenolate mofetil oral tablet 500 mg	2	(CELLCEPT)
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	2	(MYFORTIC)
*Irrigation Solutions***		
sterile water for irrigation irrigation solution	2	QL (1 BTL Max Qty Per Fill Retail)
*Macrolide Immunosuppressants***		
RAPAMUNE ORAL SOLUTION 1 MG/ML	5	RO
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	2	(RAPAMUNE)

Medication Name	Medication Tier	Requirements/Limits
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	2	(PROGRAF)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	5	PA; RO
*Potassium Removing Resins***		
KIONEX ORAL POWDER	2	(KAYEXALATE)
sodium polystyrene sulfonate oral suspension 15 gm/60ml	2	(KAYEXALATE)
*Purine Analogs***		
azathioprine oral tablet 50 mg	2	(IMURAN)
BETA BLOCKERS		
*Alpha-Beta Blockers***		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	(COREG)
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	2	(TRANDATE)
*Beta Blockers Cardio-Selective***		
acebutolol hcl oral capsule 200 mg, 400 mg	2	(SECTRAL)
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	(TENORMIN)
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	(LOPRESSOR)
*Beta Blockers Non-Selective***		
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	2	(INDERAL)
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2	(INDERAL)
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	2	(BETAPACE)
CALCIUM CHANNEL BLOCKERS		
*Calcium Channel Blockers***		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	(NORVASC)
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	(CARDIZEM CD)
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	2	(CARDIZEM)
nifedipine er oral tablet extended release 24 hr* 30 mg, 60 mg, 90 mg	2	(ADALAT CC)
nifedipine oral capsule 10 mg, 20 mg	2	(PROCARDIA)

Medication Name	Medication Tier	Requirements/Limits
nimodipine oral capsule 30 mg	4	(NIMOTOP)
verapamil hcl er oral tablet extendedrelease* 120 mg, 180 mg, 240 mg	2	(CALAN SR)
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	2	(CALAN)
CARDIOTONICS		
*Cardiac Glycosides***		
digoxin oral solution 0.05 mg/ml	2	(LANOXIN)
digoxin oral tablet 125 mcg, 250 mcg	2	(LANOXIN)
CARDIOVASCULAR AGENTS - MISC.		
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; SP
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
sildenafil citrate oral tablet 20 mg	2	PA; (REVATIO)
CEPHALOSPORINS		
*Cephalosporins - 1St Generation***		
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	2	RO; (DURICEF); QL (1 BTL Max Qty Per Fill Retail)
cephalexin oral capsule 250 mg, 500 mg	2	(KEFLEX)
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	RO; (KEFLEX); QL (1 BTL Max Qty Per Fill Retail)
*Cephalosporins - 2Nd Generation***		
cefaclor oral capsule 250 mg, 500 mg	2	(CECLCOR)
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	RO; (CEFZIL); QL (1 BTL Max Qty Per Fill Retail)
cefprozil oral tablet 250 mg, 500 mg	2	(CEFZIL)
cefuroxime axetil oral tablet 250 mg, 500 mg	2	(CEFTIN)
*Cephalosporins - 3Rd Generation***		
cefdinir oral capsule 300 mg	2	(OMNICEF)
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	RO; (OMNICEF); QL (1 BTL Max Qty Per Fill Retail)
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	2	RO; (SUPRAX); QL (1 BTL Max Qty Per Fill Retail)
SUPRAX ORAL CAPSULE 400 MG	4	

Medication Name	Medication Tier	Requirements/Limits
SUPRAX ORAL TABLET CHEWABLE 200 MG	4	
CHEMICALS		
*Bulk Chemicals - Te's***		
testosterone powder	2	
testosterone propionate powder	2	
*Solids***		
menthol crystals	2	
CONTRACEPTIVES		
*Biphasic Contraceptives - Oral***		
NECON 10/11 (28) ORAL TABLET 35 MCG	2	(ORTHO-NOVUM); PREV
*Combination Contraceptives - Oral***		
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	2	(LO/OVRAL); PREV
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	2	(DESOGEN); PREV
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	2	(YAZ); PREV
GILDESS FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	(LOESTRIN Fe); PREV
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	(LOESTRIN Fe); PREV
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	2	(DEMULEN); PREV
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	2	(ALESSE); PREV
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg	2	(NORDETTE); PREV
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	2	(LO/OVRAL); PREV
NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	(ORTHO-NOVUM); PREV
NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG	2	(ORTHO-NOVUM); PREV
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	2	(LOESTRIN Fe); PREV
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	2	(ORTHO-CYCLEN); PREV
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	(MODICON); PREV

Medication Name	Medication Tier	Requirements/Limits
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	(ORTHO NOVUM); PREV
OGESTREL ORAL TABLET 0.5-50 MG-MCG	2	(OVRAL); PREV
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	2	(DEMULEN); PREV
ZOVIA 1/50E (28) ORAL TABLET 1-50 MG-MCG	2	(DEMULEN); PREV
*Progestin Contraceptives - Oral***		
norethindrone oral tablet 0.35 mg	2	(MICRONOR); PREV
*Triphasic Contraceptives - Oral***		
levonorg-eth estrad triphasic oral tablet	2	(TRIPHASIL); PREV
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	2	(ORTHO TRI-CYCLEN); PREV
CORTICOSTEROIDS		
*Glucocorticosteroids***		
budesonide oral capsule delayed release particles 3 mg	2	PA; (ENTOCORT EC)
cortisone acetate oral tablet 25 mg	2	(CORTONE)
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	2	(DECADRON)
dexamethasone oral elixir 0.5 mg/5ml	2	(DECADRON)
dexamethasone oral solution 0.5 mg/5ml	2	(DECADRON)
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg, 6 mg	2	(DECADRON)
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	2	(CORTEF)
methylprednisolone oral 4 mg	2	(MEDROL PAK)
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	(MEDROL)
prednisolone oral solution 15 mg/5ml	2	(PRELONE)
prednisolone sodium phosphate oral solution 15 mg/5ml	2	(ORAPRED)
prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml	2	(PEDIAPRED)
prednisone oral solution 5 mg/5ml	2	(DELTASONE)
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	2	(DELTASONE)
*Mineralocorticoids***		
fludrocortisone acetate oral tablet 0.1 mg	2	(FLORINEF)

Medication Name	Medication Tier	Requirements/Limits
COUGH/COLD/ALLERGY		
*Antitussive - Nonnarcotic***		
benzonatate oral capsule 100 mg, 200 mg	2	(TESSALON PERLES)
*Antitussive - Opioid***		
hydrocodone-homatropine oral syrup 5-1.5 mg/5ml	2	RO; (HYCODAN); QL (120 ML per 3 days)
*Antitussive-Expectorant***		
guaifenesin-codeine oral solution 100-10 mg/5ml	2	RO; (ROBITUSSIN AC); QL (120 ML per 3 days)
*Antitussive-Expectorants-Decongestant***		
guaifenesin dac oral solution 30-10-100 mg/5ml	2	RO; (ROBITUSSIN DAC); QL (120 ML per 3 days)
*Decongestant & Antihistamine***		
promethazine vc plain oral syrup 6.25-5 mg/5ml	2	RO; (PHENERGAN VC); QL (120 ML per 3 days)
*Mucolytics***		
acetylcysteine inhalation solution 10 %, 20 %	2	(MUCOMYST)
*Non-Narc Antitussive-Antihistamine***		
promethazine-dm oral syrup 6.25-15 mg/5ml	2	RO; (PHENERGAN DM); QL (120 ML per 3 days)
*Opioid Antitussive-Antihistamine***		
promethazine-codeine oral syrup 6.25-10 mg/5ml	2	RO; (PHENERGAN W/COD); QL (120 ML per 3 days)
*Opioid Antitussive-Decongestant-Antihistamine**		
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	2	RO; (PHENERGAN VC W/COD); QL (120 ML per 3 days)
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***		
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; SP

Medication Name	Medication Tier	Requirements/Limits
DERMATOLOGICALS		
*Acne Antibiotics***		
clindamycin phosphate external swab 1 %	2	QL (60 EA per 30 days)
erythromycin external solution 2 %	2	RO; (A/T/S); QL (60 ML per 30 days)
*Acne Products***		
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	2	PA; RO; (RETIN-A); QL (20 GM per 30 days)
tretinoin external gel 0.01 %, 0.025 %	2	PA; RO; (RETIN-A); QL (15 GM per 30 days)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	5	PA; RO; (ACUTANE)
*Antibiotic Steroid Combinations - Topical***		
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5	3	RO; QL (15 GM per 7 days)
CORTISPORIN EXTERNAL OINTMENT 1 %	3	RO; QL (15 GM per 7 days)
*Antibiotics - Topical***		
gentamicin sulfate external cream 0.1 %	2	RO; (GARAMYCIN); QL (30 GM per 30 days)
gentamicin sulfate external ointment 0.1 %	2	RO; (GARAMYCIN); QL (30 GM per 30 days)
mupirocin calcium external cream 2 %	2	RO; (BACTROBAN); QL (30 GM per 30 days)
mupirocin external ointment 2 %	2	RO; (BACTROBAN); QL (22 GM per 30 days)
*Antifungals - Topical Combinations***		
clotrimazole-betamethasone external cream 1-0.05 %	2	RO; (LOTRISONE); QL (120 GM per 30 days)
clotrimazole-betamethasone external lotion 1-0.05 %	2	RO; (LOTRISONE); QL (60 ML per 30 days)
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	2	RO; (MYCOLOG); QL (120 GM per 30 days)
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	2	RO; (MYCOLOG); QL (120 GM per 30 days)
*Antifungals - Topical***		
ciclopirox external gel 0.77 %	2	RO; (LOPROX); QL (120 GM per 30 days)

Medication Name	Medication Tier	Requirements/Limits
ciclopirox external solution 8 %	2	RO; (PENLAC); QL (6.6 ML per 30 days)
ciclopirox olamine external cream 0.77 %	2	RO; (LOPROX); QL (120 GM per 30 days)
ciclopirox olamine external suspension 0.77 %	2	RO; (LOPROX); QL (60 ML per 30 days)
nystatin external cream 100000 unit/gm	2	RO; QL (120 GM per 30 days)
nystatin external ointment 100000 unit/gm	2	RO; QL (120 GM per 30 days)
*Anti-Inflammatory Agents - Topical***		
diclofenac sodium transdermal gel 1 %	2	PA; RO; (VOLTAREN)
*Antineoplastic Antimetabolites - Topical***		
fluorouracil external cream 5 %	2	RO; (EFUDEX); QL (40 GM per 15 days)
fluorouracil external solution 2 %, 5 %	2	RO; (EFUDEX); QL (60 ML per 30 days)
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***		
diclofenac sodium transdermal gel 3 %	2	PA; RO; (SOLARAZE); QL (100 GM per 30 days)
*Antineoplastic Retinoids - Topical***		
PANRETIN EXTERNAL GEL 0.1 %	3	SP
*Antipsoriatics - Systemic***		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	5	PA; RO; (SORIATANE)
methoxsalen rapid oral capsule 10 mg	5	(OXSORALEN ULTRA); QL (36 EA per 28 days)
*Antipsoriatics***		
calcipotriene external cream 0.005 %	2	RO; (DOVONEX); QL (60 GM per 30 days)
calcipotriene external ointment 0.005 %	2	RO; (DOVONEX); QL (60 GM per 30 days)
calcipotriene external solution 0.005 %	2	RO; (DOVONEX); QL (60 ML per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 %	4	PA; RO; QL (30 GM per 30 days)
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	4	PA; RO; QL (30 GM per 30 days)

Medication Name	Medication Tier	Requirements/Limits
*Antiseborrheic Products***		
selenium sulfide external lotion 2.5 %	2	RO; (SELSUN); QL (120 ML per 30 days)
*Antivirals - Topical***		
acyclovir external ointment 5 %	2	(ZOVIRAX); QL (30 GM per 3 days)
*Burn Products***		
silver sulfadiazine external cream 1 %	2	(SILVADENE)
*Corticosteroids - Topical***		
betamethasone dipropionate external cream 0.05 %	2	RO; (DIPROSONE); QL (120 GM per 30 days)
betamethasone dipropionate external lotion 0.05 %	2	RO; (DIPROSONE); QL (60 ML per 30 days)
betamethasone dipropionate external ointment 0.05 %	2	RO; (DIPROSONE); QL (120 GM per 30 days)
betamethasone valerate external cream 0.1 %	2	RO; (VALISONE); QL (120 GM per 30 days)
betamethasone valerate external lotion 0.1 %	2	RO; (VALISONE); QL (60 ML per 30 days)
betamethasone valerate external ointment 0.1 %	2	RO; (VALISONE); QL (120 GM per 30 days)
clobetasol propionate e external cream 0.05 %	2	RO; (TEMOVATE E); QL (120 GM per 30 days)
clobetasol propionate external cream 0.05 %	2	RO; (TEMOVATE); QL (120 GM per 30 days)
clobetasol propionate external gel 0.05 %	2	RO; (TEMOVATE); QL (120 GM per 30 days)
clobetasol propionate external lotion 0.05 %	2	RO; (CLOBEX); QL (60 ML per 30 days)
clobetasol propionate external ointment 0.05 %	2	RO; (TEMOVATE); QL (120 GM per 30 days)
clobetasol propionate external solution 0.05 %	2	RO; (TEMOVATE); QL (60 ML per 30 days)
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	3	QL (1 EA Max Qty Per Fill Retail)
desonide external cream 0.05 %	2	RO; (TRIDESILON); QL (120 GM per 30 days)
desonide external lotion 0.05 %	2	RO; (TRIDESILON); QL (60 ML per 30 days)
desonide external ointment 0.05 %	2	RO; (TRIDESILON); QL (120 GM per 30 days)

Medication Name	Medication Tier	Requirements/Limits
desoximetasone external cream 0.05 %, 0.25 %	2	RO; (TOPICORT); QL (120 GM per 30 days)
desoximetasone external gel 0.05 %	2	RO; (TOPICORT); QL (120 GM per 30 days)
desoximetasone external ointment 0.05 %, 0.25 %	2	RO; (TOPICORT); QL (120 GM per 30 days)
diflorasone diacetate external cream 0.05 %	2	RO; (MAXIFLOR); QL (120 GM per 30 days)
diflorasone diacetate external ointment 0.05 %	2	RO; (MAXIFLOR); QL (120 GM per 30 days)
fluocinolone acetonide external cream 0.01 %, 0.025 %	2	RO; (SYNALAR); QL (120 GM per 30 days)
fluocinolone acetonide external ointment 0.025 %	2	RO; (SYNALAR); QL (120 GM per 30 days)
fluocinolone acetonide external solution 0.01 %	2	RO; (SYNALAR); QL (60 ML per 30 days)
fluocinonide external cream 0.05 %	2	RO; (LIDEX); QL (120 GM per 30 days)
fluocinonide external gel 0.05 %	2	RO; (LIDEX); QL (120 GM per 30 days)
fluocinonide external ointment 0.05 %	2	RO; (LIDEX); QL (120 GM per 30 days)
fluocinonide external solution 0.05 %	2	RO; (LIDEX); QL (60 ML per 30 days)
fluocinonide-e external cream 0.05 %	2	RO; (LIDEX-E); QL (120 GM per 30 days)
fluticasone propionate external cream 0.05 %	2	RO; (CUTIVATE); QL (120 GM per 30 days)
fluticasone propionate external lotion 0.05 %	2	RO; (CUTIVATE); QL (60 ML per 30 days)
fluticasone propionate external ointment 0.005 %	2	RO; (CUTIVATE); QL (120 GM per 30 days)
hydrocortisone butyrate external cream 0.1 %	2	RO; (LOCOID); QL (120 GM per 30 days)
hydrocortisone butyrate external ointment 0.1 %	2	RO; (LOCOID); QL (120 GM per 30 days)
hydrocortisone butyrate external solution 0.1 %	2	RO; (LOCOID); QL (60 ML per 30 days)
hydrocortisone external cream 2.5 %	2	RO; (HYTONE); QL (120 GM per 30 days)
hydrocortisone external lotion 2.5 %	2	RO; (HYTONE); QL (60 ML per 30 days)

Medication Name	Medication Tier	Requirements/Limits
hydrocortisone external ointment 2.5 %	2	RO; (HYTONE); QL (120 GM per 30 days)
mometasone furoate external cream 0.1 %	2	RO; (ELOCON); QL (120 GM per 30 days)
mometasone furoate external ointment 0.1 %	2	RO; (ELOCON); QL (120 GM per 30 days)
mometasone furoate external solution 0.1 %	2	RO; (ELOCON); QL (60 ML per 30 days)
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	2	RO; (ARISTOCORT); QL (120 GM per 30 days)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	2	RO; (ARISTOCORT); QL (60 ML per 30 days)
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	RO; (ARISTOCORT); QL (120 GM per 30 days)
*Emollient/Keratolytic Agents***		
urea external cream 40 %	2	RO; (CARMOL); QL (30 GM per 30 days)
*Enzymes - Topical***		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	QL (30 GM per 30 days)
*Imidazole-Related Antifungals - Topical***		
econazole nitrate external cream 1 %	2	RO; (SPECTAZOLE); QL (120 GM per 30 days)
ketoconazole external cream 2 %	2	RO; (NIZORAL); QL (120 GM per 30 days)
*Immunomodulators Imidazoquinolinamines - Topical***		
imiquimod external cream 5 %	2	RO; (ALDARA); QL (12 EA Max Qty Per Fill Retail)
*Keratolytic/Antimitotic Agents***		
podofilox external solution 0.5 %	2	(CONDYLOX); QL (3.5 ML per 7 days)
salicylic acid powder	2	
*Local Anesthetics - Topical***		
lidocaine external ointment 5 %	2	RO; (XYLOCAINE); QL (35.44 GM per 2 days)
lidocaine external patch 5 %	2	PA; (LIDODERM)

Medication Name	Medication Tier	Requirements/Limits
*Macrolide Immunosuppressants - Topical***		
ELIDEL EXTERNAL CREAM 1 %	4	RO; QL (30 GM per 30 days)
*Rosacea Agents***		
metronidazole external cream 0.75 %	2	RO; (METROCREAM); QL (30 GM per 30 days)
metronidazole external gel 0.75 %, 1 %	2	RO; (METROGEL); QL (30 GM per 30 days)
metronidazole external lotion 0.75 %	2	RO; (METROLOTION); QL (60 ML per 30 days)
*Scabicides & Pediculicides***		
malathion external lotion 0.5 %	2	(OVIDE); QL (60 ML per 7 days)
permethrin external cream 5 %	2	RO; (ELIMITE); QL (60 GM per 7 days)
*Topical Anesthetic Combinations***		
lidocaine-prilocaine external cream 2.5-2.5 %	2	(EMLA); QL (30 GM per 1 day)
DIAGNOSTIC PRODUCTS		
*Diagnostic Tests***		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	2	PA
BAYER BREEZE 2 TEST IN VITRO DISK	2	
BAYER CONTOUR NEXT TEST IN VITRO STRIP	2	
BAYER CONTOUR TEST IN VITRO STRIP	2	
FREESTYLE LITE TEST IN VITRO STRIP	2	PA
FREESTYLE TEST IN VITRO STRIP	2	PA
NOVA MAX GLUCOSE TEST IN VITRO STRIP	2	PA
ONETOUCH ULTRA BLUE IN VITRO STRIP	2	PA
ONETOUCH VERIO IN VITRO STRIP	2	PA
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	2	PA

Medication Name	Medication Tier	Requirements/Limits
DIGESTIVE AIDS		
*Digestive Enzymes***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	3	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT	3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000 UNIT, 25000 UNIT, 3000-10000 UNIT, 40000 UNIT, 5000 UNIT	4	
DIURETICS		
*Carbonic Anhydrase Inhibitors***		
acetazolamide er oral capsule extended release 12 hour 500 mg	2	(DIAMOX SEQUELS)
acetazolamide oral tablet 125 mg, 250 mg	2	(DIAMOX)
methazolamide oral tablet 25 mg, 50 mg	2	(NEPTAZANE)
*Diuretic Combinations***		
spironolactone-hctz oral tablet 25-25 mg	2	(ALDACTAZIDE)
triamterene-hctz oral capsule 37.5-25 mg	2	(DYAZIDE)
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	(MAXZIDE)
*Loop Diuretics***		
bumetanide oral tablet 0.5 mg, 1 mg	1	(BUMEX)
bumetanide oral tablet 2 mg	2	(BUMEX)
EDECIN ORAL TABLET 25 MG	3	
furosemide oral solution 10 mg/ml, 8 mg/ml	2	(LASIX)
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	(LASIX)
*Potassium Sparing Diuretics***		
amiloride hcl oral tablet 5 mg	2	(MIDAMOR)
spironolactone oral tablet 25 mg, 50 mg	2	(ALDACTONE)
*Thiazides And Thiazide-Like Diuretics***		
chlorothiazide oral tablet 250 mg, 500 mg	2	(DIURIL)
chlorthalidone oral tablet 25 mg, 50 mg	2	(HYGROTON)
DIURIL ORAL SUSPENSION 250 MG/5ML	4	

Medication Name	Medication Tier	Requirements/Limits
hydrochlorothiazide oral tablet 25 mg, 50 mg	1	(HYDRODIURIL)
methyclothiazide oral tablet 5 mg	2	(ENDURON)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	2	(ZAROXOLYN)
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*Bisphosphonates***		
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg	2	(FOSAMAX)
alendronate sodium oral tablet 70 mg	1	(FOSAMAX)
*Calcimimetic Agents***		
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	3	PA
*Calcitonins***		
calcitonin (salmon) nasal solution 200 unit/act	2	RO; (MIACALCIN)
*Dopamine Receptor Agonists***		
cabergoline oral tablet 0.5 mg	2	(DOSTINEX)
*Growth Hormones***		
OMNITROPE SUBCUTANEOUS* SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	6	PA; RO
OMNITROPE SUBCUTANEOUS* SOLUTION RECONSTITUTED 5.8 MG	6	PA; RO
*Hyperparathyroid Treatment - Vitamin D Analogs***		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	2	(ROCALTROL)
calcitriol oral solution 1 mcg/ml	2	(ROCALTROL)
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	2	PA; (ZEMPLAR)
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX SUBCUTANEOUS* SOLUTION 40 MG/4ML	5	PA; RO
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
SYNAREL NASAL SOLUTION 2 MG/ML	4	PA
*Parathyroid Hormone And Derivatives***		
FORTEO SUBCUTANEOUS* SOLUTION 600 MCG/2.4ML	5	PA; RO

Medication Name	Medication Tier	Requirements/Limits
*Selective Estrogen Receptor Modulators (Serms)***		
raloxifene hcl oral tablet 60 mg	2	(EVISTA)
*Vasopressin***		
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	2	(DDAVP)
desmopressin acetate spray nasal solution 0.01 %	2	RO; (DDAVP)
STIMATE NASAL SOLUTION 1.5 MG/ML	3	RO
ESTROGENS		
*Estrogen & Androgen***		
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	2	(ESTRATEST HS)
est estrogens-methyltest oral tablet 1.25-2.5 mg	2	(ESTRATEST)
*Estrogen & Progestin***		
PREMPHASE ORAL TABLET 0.625-5 MG	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
*Estrogens***		
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	(ESTRACE)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	(CLIMARA)
estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg	2	(OGEN)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	4	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***		
*Estrogen-Selective Estrogen Receptor Modulator Comb***		
DUAVEE ORAL TABLET 0.45-20 MG	3	
FLUOROQUINOLONES		
*Fluoroquinolones***		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	2	(CIPRO)
levofloxacin oral solution 25 mg/ml	2	(LEVAQUIN)

Medication Name	Medication Tier	Requirements/Limits
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	2	(LEVAQUIN)
GASTROINTESTINAL AGENTS - MISC.		
*Gallstone Solubilizing Agents***		
ursodiol oral capsule 300 mg	2	(ACTIGALL)
*Gastrointestinal Antiallergy Agents***		
cromolyn sodium oral concentrate 100 mg/5ml	2	(GASTROCROM)
*Gastrointestinal Chloride Channel Activators***		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	4	PA
*Gastrointestinal Stimulants***		
metoclopramide hcl oral solution 5 mg/5ml	2	(REGLAN)
metoclopramide hcl oral tablet 10 mg	1	(REGLAN)
metoclopramide hcl oral tablet 5 mg	2	(REGLAN)
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	3	PA
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***		
alosetron hcl oral tablet 0.5 mg, 1 mg	2	PA; (LOTRONEX)
*Inflammatory Bowel Agents***		
balsalazide disodium oral capsule 750 mg	2	(COLAZAL)
CANASA SUPPOSITORY 1000 MG	3	QL (30 EA per 30 days)
DIPENTUM ORAL CAPSULE 250 MG	4	
mesalamine enema 4 gm	2	(ROWASA); QL (420 ML per 7 days)
mesalamine oral tablet delayed release 800 mg	2	(ASACOL HD)
sulfasalazine oral tablet 500 mg	2	(AZULFIDINE)
*Intestinal Acidifiers***		
lactulose encephalopathy oral solution 10 gm/15ml	2	(CEPHULAC); QL (473 ML per 3 days)
*Peripheral Opioid Receptor Antagonists***		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	PA

Medication Name	Medication Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS* SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	6	PA; RO
*Phosphate Binder Agents***		
calcium acetate (phos binder) oral capsule 667 mg	2	(PHOSLO)
FOSRENOL ORAL PACKET 1000 MG, 750 MG	4	PA
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	4	PA
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-Alpha Reductase Inhibitors***		
dutasteride oral capsule 0.5 mg	2	(AVODART)
finasteride oral tablet 5 mg	2	(PROPECIA)
*Alpha 1-Adrenoceptor Antagonists***		
alfuzosin hcl er oral tablet extended release 24 hr* 10 mg	2	(UROXATRAL)
tamsulosin hcl oral capsule 0.4 mg	2	(FLOMAX)
*Citrates***		
cytra k crystals oral packet 3300-1002 mg	2	
cytra-k oral solution 1100-334 mg/5ml	2	
potassium citrate er oral tablet extended release* 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	2	(UROKIT-K)
*Cystinosis Agents***		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	5	SP
*Genitourinary Irrigants***		
sodium chloride irrigation solution 0.9 %	2	QL (1 BTL Max Qty Per Fill Retail)
*Interstitial Cystitis Agents***		
ELMIRON ORAL CAPSULE 100 MG	4	PA
GOUT AGENTS		
*Gout Agent Combinations***		
colchicine-probenecid oral tablet 0.5-500 mg	2	(COLBENEMID)
*Gout Agents***		
allopurinol oral tablet 100 mg, 300 mg	1	(ZYLOPRIM)

Medication Name	Medication Tier	Requirements/Limits
colchicine oral tablet 0.6 mg	2	(COLCRYS); QL (124 EA per 31 days)
*Uricosurics***		
probenecid oral tablet 500 mg	2	(BENEMID)
HEMATOLOGICAL AGENTS - MISC.		
*Cyclopentyltriazolopyrimidine (Cptp) Derivatives***		
BRILINTA ORAL TABLET 60 MG, 90 MG	4	
*Hematorheologic Agents***		
pentoxifylline er oral tablet extendedrelease* 400 mg	2	(TRENAL)
*Phosphodiesterase Iii Inhibitors***		
cilostazol oral tablet 100 mg, 50 mg	2	(PLETAL)
*Platelet Aggregation Inhibitor Combinations***		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	2	(AGGRENOX)
*Platelet Aggregation Inhibitors***		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	2	(PERSANTINE)
*Quinazoline Agents***		
anagrelide hcl oral capsule 0.5 mg, 1 mg	2	(AGRYLIN)
*Thienopyridine Derivatives***		
clopidogrel bisulfate oral tablet 300 mg, 75 mg	2	(PLAVIX)
ticlopidine hcl oral tablet 250 mg	2	(TICLID)
HEMATOPOIETIC AGENTS		
*Cytotoxic Agents***		
DROXIA ORAL CAPSULE 200 MG	3	
*Erythropoietins***		
ARANESP (ALBUMIN FREE) INJECTION 100 MCG/0.5ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	6	PA; RO; Subject to post service review. Must meet CMS ESA criteria.
ARANESP (ALBUMIN FREE) INJECTION 150 MCG/0.3ML, 300 MCG/0.6ML, 500 MCG/ML	5	PA; RO; Subject to post service review. Must meet CMS ESA criteria.
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	6	PA; RO; Subject to post service review. Must meet CMS ESA criteria.

Medication Name	Medication Tier	Requirements/Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 300 MCG/ML	5	PA; RO; Subject to post service review. Must meet CMS ESA criteria.
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	6	PA; RO; Subject to post service review. Must meet CMS ESA criteria.
*Folic Acid/Folates***		
folic acid oral tablet 1 mg	2	
folic acid oral tablet 400 mcg, 800 mcg	7	F; PREV; Min 11 Years and Max 49 Years
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	RO
*Iron Combinations***		
ferocon oral capsule	2	
*Thrombopoietin (Tpo) Receptor Agonists***		
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; SP
HEMOSTATICS		
*Hemostatics - Systemic***		
aminocaproic acid oral syrup 25 %	2	(AMICAR)
aminocaproic acid oral tablet 1000 mg, 500 mg	2	(AMICAR)
tranexamic acid oral tablet 650 mg	2	(LYSTEDA)
*HEPATITIS C AGENT - COMBINATIONS***		
*Hepatitis C Agent - Combinations***		
TECHNIVIE ORAL TABLET 12.5-75-50 MG	5	PA; SP
VIEKIRA PAK ORAL 12.5-75-50	5	PA; RO
VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HR * 200-8.33-50- 33.33 MG	5	PA; RO
HYPNOTICS		
*Barbiturate Hypnotics***		
phenobarbital oral elixir 20 mg/5ml	2	
phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	2	

Medication Name	Medication Tier	Requirements/Limits
*Benzodiazepine Hypnotics***		
flurazepam hcl oral capsule 15 mg, 30 mg	2	(DALMANE)
temazepam oral capsule 15 mg, 30 mg	2	(RESTORIL)
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
zaleplon oral capsule 10 mg, 5 mg	2	(SONATA)
zolpidem tartrate oral tablet 10 mg, 5 mg	2	(AMBIEN)
*Selective Melatonin Receptor Agonists***		
ROZEREM ORAL TABLET 8 MG	4	PA
LAXATIVES		
*Bowel Evacuant Combinations***		
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	2	
*Laxatives - Miscellaneous***		
lactulose oral solution 10 gm/15ml	2	(CEPHULAC); QL (473 ML per 3 days)
MACROLIDES		
*Azithromycin***		
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	2	RO; (ZITHROMAX); QL (1 BTL Max Qty Per Fill Retail)
azithromycin oral tablet 250 mg, 500 mg, 600 mg	2	(ZITHROMAX)
*Clarithromycin***		
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	RO; (BIAXIN); QL (1 BTL Max Qty Per Fill Retail)
clarithromycin oral tablet 250 mg, 500 mg	2	(BIAXIN)
*Erythromycins***		
ERYTHROCIN STEARATE ORAL TABLET 250 MG	3	
erythromycin base oral capsule delayed release particles 250 mg	3	(ERYC)
erythromycin ethylsuccinate oral tablet 400 mg	3	(E.E.S)
MEDICAL DEVICES		
*Glucose Monitoring Test Supplies***		
ACCU-CHEK FASTCLIX LANCETS	2	PA
ACCU-CHEK MULTICLIX LANCETS	2	PA

Medication Name	Medication Tier	Requirements/Limits
lancets thin	2	
*Needles & Syringes***		
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML	3	
LEADER UNIFINE PENTIPS 31G X 5 MM	3	
pen needles 31g x 6 mm	3	
pen needles 5/16" 31g x 8 mm	3	
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	2	
MIGRAINE PRODUCTS		
*Ergot Combinations***		
MIGERGOT SUPPOSITORY 2-100 MG	2	(CAFERGOT); QL (12 EA per 14 days)
*Migraine Combinations***		
isometheptene-dichloral-apap oral capsule 65-100-325 mg	2	(MIDRIN)
*Selective Serotonin Agonists 5-Ht(1)***		
rizatriptan benzoate oral tablet 10 mg, 5 mg	2	(MAXALT); QL (18 EA per 31 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	2	(MAXALT MLT); QL (18 EA per 31 days)
sumatriptan nasal solution 20 mg/act, 5 mg/act	2	(IMITREX); QL (6 EA per 31 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	2	(IMITREX); QL (12 EA per 31 days)
sumatriptan succinate subcutaneous* 4 mg/0.5ml, 6 mg/0.5ml	2	(IMITREX); QL (4 ML per 31 days)
MINERALS & ELECTROLYTES		
*Fluoride***		
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	2	(LURIDE); PREV; Min 6 Months and Max 6 Years
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	2	(LURIDE); PREV; Min 6 Months and Max 6 Years

Medication Name	Medication Tier	Requirements/Limits
*Phosphate***		
K-PHOS ORAL TABLET 500 MG	4	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	2	
*Potassium***		
potassium bicarbonate oral tablet effervescent 25 meq	2	(EFFER-K)
potassium chloride er oral tablet extended release* 10 meq, 20 meq, 8 meq	2	(K-TAB)
potassium chloride oral packet 20 meq	2	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	2	
MOUTH/THROAT/DENTAL AGENTS		
*Anesthetics Topical Oral***		
lidocaine viscous mouth/throat solution 2 %	2	(XYLOCAINE); QL (100 ML Max Qty Per Fill Retail)
*Anti-Infectives - Throat***		
clotrimazole mouth/throat troche 10 mg	2	PA; (MYCELEX); QL (70 EA per 14 days)
nystatin mouth/throat suspension 100000 unit/ml	2	RO
*Antiseptics - Mouth/Throat***		
chlorhexidine gluconate mouth/throat solution 0.12 %	2	(PERIDEX); QL (1 BTL Max Qty Per Fill Retail)
*Fluoride Dental Products***		
sf dental gel 1.1 %	2	(PREVIDENT); QL (56 GM per 30 days)
*Saliva Stimulants***		
pilocarpine hcl oral tablet 5 mg	2	(SALAGEN)
*Steroids - Mouth/Throat***		
triamcinolone acetonide mouth/throat paste 0.1 %	2	RO; (KENALOG ORABASE); QL (5 GM per 30 days)
MULTIVITAMINS		
*Ped Multi Vitamins W/Fl & Fe***		
multi-vit/fluoride/iron oral solution 0.25-10 mg/ml	2	PREV; Max 12 Months

Medication Name	Medication Tier	Requirements/Limits
*Ped Mv W/ Fluoride***		
multi-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	2	PREV; Max 12 Months
multivitamin/fluoride oral tablet chewable 0.25 mg	2	PREV
*Prenatal Mv & Min W/Fe-Fa***		
pnv prenatal plus multivitamin oral tablet 27-1 mg	2	
TRINATE ORAL TABLET	2	
MUSCULOSKELETAL THERAPY AGENTS		
*Central Muscle Relaxants***		
baclofen oral tablet 10 mg, 20 mg	2	(LIORESAL)
carisoprodol oral tablet 350 mg	2	(SOMA)
cyclobenzaprine hcl oral tablet 10 mg	2	(FLEXERIL)
methocarbamol oral tablet 500 mg, 750 mg	2	(ROBAXIN)
tizanidine hcl oral tablet 2 mg, 4 mg	2	(ZANAFLEX)
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*Nasal Anticholinergics***		
ipratropium bromide nasal solution 0.03 %	2	(ATROVENT); QL (30 ML per 30 days)
ipratropium bromide nasal solution 0.06 %	2	(ATROVENT); QL (15 ML per 30 days)
*Nasal Antihistamines***		
azelastine hcl nasal solution 0.1 %	2	(ASTELIN); QL (30 ML per 30 days)
olopatadine hcl nasal solution 0.6 %	2	(PATANASE); QL (30.5 GM per 30 days)
*Nasal Steroids***		
flunisolide nasal solution 25 mcg/act (0.025%)	2	(NASALIDE); QL (25 ML per 25 days)
fluticasone propionate nasal suspension 50 mcg/act	2	(FLONASE); QL (16 GM per 30 days)
NEUROMUSCULAR AGENTS		
*Benzothiazoles***		
riluzole oral tablet 50 mg	2	PA; (RILUTEK)

Medication Name	Medication Tier	Requirements/Limits
OPHTHALMIC AGENTS		
*Beta-Blockers - Ophthalmic Combinations***		
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	2	(COSOPT); QL (10 ML per 30 days)
*Beta-Blockers - Ophthalmic***		
betaxolol hcl ophthalmic solution 0.5 %	2	(BETOPTIC)
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	3	QL (10 ML per 30 days)
carteolol hcl ophthalmic solution 1 %	2	(OCUPRESS); QL (10 ML per 30 days)
levobunolol hcl ophthalmic solution 0.5 %	1	(BETAGAN); QL (10 ML per 30 days)
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	(TIMOPTIC)
*Cycloplegic Mydriatics***		
atropine sulfate ophthalmic ointment 1 %	2	
atropine sulfate ophthalmic solution 1 %	2	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	3	
cyclopentolate hcl ophthalmic solution 1 %, 2 %	2	(CYCLOGYL)
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	2	(ISOPTO HOMATROPINE)
ISOPTO HOMATROPINE OPHTHALMIC SOLUTION 2 %	3	
tropicamide ophthalmic solution 0.5 %, 1 %	2	(MYDRIACYL)
*Miotics - Cholinesterase Inhibitors***		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	3	
*Miotics - Direct Acting***		
ISOPTO CARBACHOL OPHTHALMIC SOLUTION 1.5 %, 3 %	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	(ISOPTO CARPINE)
*Ophthalmic Antiallergic***		
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	3	
azelastine hcl ophthalmic solution 0.05 %	2	(OPTIVAR)

Medication Name	Medication Tier	Requirements/Limits
cromolyn sodium ophthalmic solution 4 %	2	(CROLOM)
*Ophthalmic Antibiotics***		
bacitracin ophthalmic ointment 500 unit/gm	2	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	3	QL (3.5 GM per 7 days)
ciprofloxacin hcl ophthalmic solution 0.3 %	2	(CILOXAN); QL (15 ML per 30 days)
erythromycin ophthalmic ointment 5 mg/gm	2	RO; (ILOTYCIN); QL (3.5 GM per 7 days)
gentamicin sulfate ophthalmic ointment 0.3 %	2	RO; (GARAMYCIN)
gentamicin sulfate ophthalmic solution 0.3 %	2	RO; (GARAMYCIN)
levofloxacin ophthalmic solution 0.5 %	2	(QUIXIN); QL (15 ML per 30 days)
MOXEZA OPHTHALMIC SOLUTION 0.5 %	3	QL (3 ML per 7 days)
ofloxacin ophthalmic solution 0.3 %	2	(OCUFLOX); QL (15 ML per 30 days)
tobramycin ophthalmic solution 0.3 %	2	(TOBREX)
TOBREX OPHTHALMIC OINTMENT 0.3 %	3	QL (3.5 GM per 7 days)
VIGAMOX OPHTHALMIC SOLUTION 0.5 %	3	QL (3 ML per 7 days)
*Ophthalmic Antifungal***		
NATACYN OPHTHALMIC SUSPENSION 5 %	3	
*Ophthalmic Anti-Infective Combinations***		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	(POLYSPORIN)
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	2	(NEOSPORIN)
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	2	(NEOSPORIN)
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	2	(POLYTRIM)
*Ophthalmic Antivirals***		
trifluridine ophthalmic solution 1 %	2	RO; (VIROPTIC); QL (7.5 ML per 3 days)
ZIRGAN OPHTHALMIC GEL 0.15 %	4	QL (5 GM per 7 days)

Medication Name	Medication Tier	Requirements/Limits
*Ophthalmic Carbonic Anhydrase Inhibitors***		
dorzolamide hcl ophthalmic solution 2 %	2	(TRUSOPT); QL (10 ML per 30 days)
*Ophthalmic Immunomodulators***		
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	QL (30 EA per 15 days)
*Ophthalmic Local Anesthetics***		
proparacaine hcl ophthalmic solution 0.5 %	2	(ALCAINE)
tetracaine hcl ophthalmic solution 0.5 %	2	(TETCAINE)
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
diclofenac sodium ophthalmic solution 0.1 %	2	(VOLTAREN); QL (5 ML per 14 days)
flurbiprofen sodium ophthalmic solution 0.03 %	2	(OCUFEN)
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	QL (1.7 ML per 14 days)
ketorolac tromethamine ophthalmic solution 0.4 %	2	(ACULAR LS); QL (5 ML per 3 days)
ketorolac tromethamine ophthalmic solution 0.5 %	2	(ACULAR); QL (5 ML per 3 days)
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	3	QL (3 ML per 14 days)
*Ophthalmic Selective Alpha Adrenergic Agonists***		
apraclonidine hcl ophthalmic solution 0.5 %	2	(IOPIDINE)
brimonidine tartrate ophthalmic solution 0.2 %	2	(ALPHAGAN); QL (10 ML per 30 days)
*Ophthalmic Steroid Combinations***		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	2	(NEOMYCIN)
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	3	QL (15 ML per 30 days)
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	3	QL (3.5 GM per 7 days)
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	2	(MAXITROL)
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2	(MAXITROL)

Medication Name	Medication Tier	Requirements/Limits
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	2	(CORTISPORIN)
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	3	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %	3	QL (3.5 GM per 7 days)
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	2	(VASOCIDIN); QL (15 ML per 30 days)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	3	QL (3.5 GM per 7 days)
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	2	(TOBRADEX)
*Ophthalmic Steroids***		
ALREX OPHTHALMIC SUSPENSION 0.2 %	4	QL (5 ML per 12 days)
dexamethasone sodium phosphate ophthalmic solution 0.1 %	2	(DECADRON)
fluorometholone ophthalmic suspension 0.1 %	2	(FML)
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	3	QL (10 ML per 16 days)
FML OPHTHALMIC OINTMENT 0.1 %	3	QL (10 GM per 7 days)
LOTEMAX OPHTHALMIC GEL 0.5 %	4	QL (5 GM per 3 days)
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	4	QL (3.5 GM per 3 days)
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	4	QL (15 ML per 30 days)
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	3	QL (10 ML per 15 days)
prednisolone acetate ophthalmic suspension 1 %	2	(PRED-FORTE)
prednisolone sodium phosphate ophthalmic solution 1 %	2	(INFLAMASE FORTE)
*Ophthalmic Sulfonamides***		
sulfacetamide sodium ophthalmic solution 10 %	2	(BLEPH-10); QL (15 ML per 30 days)
*Prostaglandins - Ophthalmic***		
latanoprost ophthalmic solution 0.005 %	2	(XALATAN); QL (2.5 ML per 25 days)
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	3	QL (2.5 ML per 25 days)

Medication Name	Medication Tier	Requirements/Limits
OTIC AGENTS		
*Otic Agents - Miscellaneous***		
acetic acid otic solution 2 %	2	(VOSOL)
acetic acid-aluminum acetate otic solution 2 %	2	(DOMEBORO OTIC)
*Otic Anti-Infectives***		
ofloxacin otic solution 0.3 %	2	(FLOXIN); QL (15 ML per 30 days)
*Otic Steroid-Anti-Infective Combinations***		
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	3	QL (7 ML per 7 days)
neomycin-polymyxin-hc otic solution 1 %	2	(CORTISPORIN)
neomycin-polymyxin-hc otic suspension 3.5-10000-1	2	(CORTISPORIN)
*Otic Steroids***		
fluocinolone acetonide otic oil 0.01 %	2	RO; (DERMOTIC); QL (20 ML per 14 days)
OXYTOCICS		
*Oxytocics***		
methylergonovine maleate oral tablet 0.2 mg	2	(METHERGINE)
PENICILLINS		
*Aminopenicillins***		
amoxicillin oral capsule 250 mg, 500 mg	2	(AMOXIL)
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	2	RO; (AMOXIL); QL (1 BTL Max Qty Per Fill Retail)
amoxicillin oral tablet 875 mg	2	(AMOXIL)
amoxicillin oral tablet chewable 125 mg, 250 mg	2	(AMOXIL)
ampicillin oral capsule 250 mg, 500 mg	2	(PRINCIPEN)
ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	RO; (PRINCIPEN); QL (1 BTL Max Qty Per Fill Retail)
*Natural Penicillins***		
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	2	RO; (PEN-VEE K); QL (1 BTL Max Qty Per Fill Retail)
penicillin v potassium oral tablet 250 mg, 500 mg	2	(PEN-VEE K)
*Penicillin Combinations***		
amoxicillin-pot clavulanate er oral tablet extended release 12 hr* 1000-62.5 mg	2	(AUGMENTIN XR)

Medication Name	Medication Tier	Requirements/Limits
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	2	RO; (AUGMENTIN); QL (1 BTL Max Qty Per Fill Retail)
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	2	(AUGMENTIN)
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	2	(AUGMENTIN)
*Penicillinase-Resistant Penicillins***		
dicloxacillin sodium oral capsule 250 mg, 500 mg	2	(DYCILL)
PHARMACEUTICAL ADJUVANTS		
*Oral Vehicles***		
simple syrup oral syrup	2	
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***		
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; RO
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**		
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**		
LYNPARZA ORAL CAPSULE 50 MG	5	PA; SP
*POTASSIUM REMOVING AGENTS***		
*Potassium Removing Agents***		
KIONEX ORAL POWDER	2	(KAYEXALATE)
sodium polystyrene sulfonate oral suspension 15 gm/60ml	2	(KAYEXALATE)
PROGESTINS		
*Progestins***		
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	(PROVERA)
norethindrone acetate oral tablet 5 mg	2	(AYGESTIN)

Medication Name	Medication Tier	Requirements/Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*Alcohol Deterrents***		
acamprosate calcium oral tablet delayed release 333 mg	2	(CAMPRAL)
disulfiram oral tablet 250 mg, 500 mg	2	(ANTABUSE)
*Anti-Cataleptic Agents***		
XYREM ORAL SOLUTION 500 MG/ML	5	PA; SP
*Cholinomimetics - Ache Inhibitors***		
donepezil hcl oral tablet 10 mg, 5 mg	2	(ARICEPT)
donepezil hcl oral tablet dispersible 10 mg, 5 mg	2	(ARICEPT ODT)
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	2	(RAZADYNE ER)
galantamine hydrobromide oral solution 4 mg/ml	2	(RAZADYNE)
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	2	(RAZADYNE)
*Fibromyalgia Agent - Snris***		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	
*Movement Disorder Drug Therapy***		
XENAZINE ORAL TABLET 12.5 MG, 25 MG	5	PA; SP
*Multiple Sclerosis Agents - Interferons***		
AVONEX INTRAMUSCULAR* KIT 30 MCG	5	RO
AVONEX PEN INTRAMUSCULAR* 30 MCG/0.5ML	5	RO
AVONEX PREFILLED INTRAMUSCULAR* 30 MCG/0.5ML	5	RO
BETASERON SUBCUTANEOUS* KIT 0.3 MG	5	RO
REBIF REBIDOSE SUBCUTANEOUS* 22 MCG/0.5ML, 44 MCG/0.5ML	5	RO
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS* 6X8.8 & 6X22 MCG	5	RO

Medication Name	Medication Tier	Requirements/Limits
REBIF SUBCUTANEOUS* 22 MCG/0.5ML, 44 MCG/0.5ML	5	RO
REBIF TITRATION PACK SUBCUTANEOUS* 6X8.8 & 6X22 MCG	5	RO
*Multiple Sclerosis Agents***		
GLATOPA SUBCUTANEOUS* 20 MG/ML	5	RO; (COPAXONE)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
memantine hcl oral solution 2 mg/ml	2	(NAMENDA)
memantine hcl oral tablet 10 mg, 5 mg	2	(NAMENDA)
*Pseudobulbar Affect Agent Combinations***		
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA
*Psychotherapeutic And Neurological Agents - Misc.***		
ergoloid mesylates oral tablet 1 mg	2	(HYDERGINE)
pimozide oral tablet 1 mg, 2 mg	2	(ORAP)
*Smoking Deterrents***		
bupropion hcl er (smoking det) oral tablet extended release 12 hr* 150 mg	2	(ZYBAN); PREV
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	4	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	4	
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	4	
NICOTROL INHALATION INHALER 10 MG	3	PA; QL (168 EA per 10 days)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
GILENYA ORAL CAPSULE 0.5 MG	5	PA; QL (28 EA per 28 days)
RESPIRATORY AGENTS - MISC.		
*Cftr Potentiators***		
KALYDECO ORAL TABLET 150 MG	5	PA; SP
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA; SP; QL (150 ML per 28 days)

Medication Name	Medication Tier	Requirements/Limits
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	ST
TETRACYCLINES		
*Tetracyclines***		
demeclocycline hcl oral tablet 150 mg, 300 mg	2	PA; (DECLOMYCIN)
doxycycline hyclate oral capsule 100 mg, 50 mg	2	(VIBRAMYCIN)
doxycycline hyclate oral tablet 100 mg	2	(VIBRA-TABS)
doxycycline hyclate oral tablet 20 mg	2	(PERIOSTAT)
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	(MONODOX)
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	2	(ADOXA)
minocycline hcl oral capsule 100 mg, 50 mg	2	(MINOCIN)
tetracycline hcl oral capsule 250 mg, 500 mg	2	(SUMYCIN)
THYROID AGENTS		
*Antithyroid Agents***		
methimazole oral tablet 10 mg, 5 mg	2	(TAPAZOLE)
propylthiouracil oral tablet 50 mg	2	(PTU)
*Thyroid Hormones***		
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	(SYNTHROID)
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	2	(CYTOMEL)
ULCER DRUGS		
*Anticholinergic Combinations***		
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	2	(LIBRAX)
*Antispasmodics***		
dicyclomine hcl oral capsule 10 mg	2	(BENTYL)
dicyclomine hcl oral solution 10 mg/5ml	2	(BENTYL)
dicyclomine hcl oral tablet 20 mg	2	(BENTYL)

Medication Name	Medication Tier	Requirements/Limits
*Belladonna Alkaloids***		
hyoscyamine sulfate er oral tablet extended release 12 hr* 0.375 mg	2	(LEVBID)
hyoscyamine sulfate oral elixir 0.125 mg/5ml	2	(LEVSIN)
hyoscyamine sulfate oral solution 0.125 mg/ml	2	(LEVSIN)
hyoscyamine sulfate oral tablet 0.125 mg	2	(LEVSIN)
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	2	(LEVSIN SL)
*H-2 Antagonists***		
cimetidine hcl oral solution 300 mg/5ml	2	(TAGAMET)
cimetidine oral tablet 300 mg, 400 mg, 800 mg	2	(TAGAMET)
ranitidine hcl oral syrup 15 mg/ml	2	(ZANTAC)
ranitidine hcl oral tablet 150 mg, 300 mg	1	(ZANTAC)
*Misc. Anti-Ulcer***		
CARAFATE ORAL SUSPENSION 1 GM/10ML	3	
sucralfate oral tablet 1 gm	2	(CARAFATE)
*Proton Pump Inhibitors***		
lansoprazole oral capsule delayed release 15 mg, 30 mg	2	(PREVACID)
omeprazole oral capsule delayed release 10 mg, 20 mg	2	(PRILOSEC)
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	2	(PROTONIX)
PROTONIX ORAL PACKET 40 MG	3	
*Quaternary Anticholinergics***		
glycopyrrolate oral tablet 1 mg, 2 mg	2	(ROBINUL)
propantheline bromide oral tablet 15 mg	2	(PRO-BANTHINE)
*Ulcer Drugs - Prostaglandins***		
misoprostol oral tablet 100 mcg, 200 mcg	2	(CYTOTEC)
URINARY ANTI-INFECTIVES		
*Methenamine Combos***		
UROQID #2 ORAL TABLET 500-500 MG	3	
*Urinary Anti-Infectives***		
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	2	(MACRODANTIN)
nitrofurantoin monohyd macro oral capsule 100 mg	2	(MACROBID)

Medication Name	Medication Tier	Requirements/Limits
URINARY ANTISPASMODICS		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR* 4 MG, 8 MG	3	
*Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New)		
oxybutynin chloride er oral tablet extended release 24 hr* 10 mg, 15 mg, 5 mg	2	PA; (DITROPAN XL)
oxybutynin chloride oral syrup 5 mg/5ml	2	(DITROPAN)
oxybutynin chloride oral tablet 5 mg	2	(DITROPAN)
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR* 25 MG, 50 MG	4	PA
*Urinary Antispasmodics - Cholinergic Agonists***		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	2	(URECHOLINE)
*Urinary Antispasmodics - Direct Muscle Relaxants***		
flavoxate hcl oral tablet 100 mg	2	(URISPAS)
VAGINAL PRODUCTS		
*Imidazole-Related Antifungals***		
terconazole vaginal cream 0.4 %, 0.8 %	2	(TERAZOL)
terconazole vaginal suppository 80 mg	2	(TERAZOL)
*Vaginal Anti-Infectives***		
clindamycin phosphate vaginal cream 2 %	2	(CLEOCIN)
metronidazole vaginal gel 0.75 %	2	(METROGEL)
*Vaginal Estrogens***		
ESTRACE VAGINAL CREAM 0.1 MG/GM	4	QL (42.5 GM per 28 days)
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	QL (42.5 GM per 28 days)
VASOPRESSORS		
*Anaphylaxis Therapy Agents***		
epinephrine injection 0.15 mg/0.15ml	6	(EPI-PEN Jr); QL (2 EA per 30 days)

Medication Name	Medication Tier	Requirements/Limits
epinephrine injection 0.3 mg/0.3ml	6	(EPI-PEN); QL (2 EA per 30 days)
*Vasopressors***		
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	2	(PRO-AMATINE)
VITAMINS		
*Vitamin D***		
vitamin d (ergocalciferol) oral capsule 50000 unit	2	
vitamin d-3 oral capsule 1000 unit	7	PREV; Min 65 Years
vitamin d3 oral capsule 400 unit	7	PREV; Min 65 Years
*Vitamin K***		
MEPHYTON ORAL TABLET 5 MG	3	

Medical Benefit

Medication Name	Medication Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR* SUSPENSION RECONSTITUTED 300 MG, 400 MG	6	PA; RO
ABRAXANE INTRAVENOUS* SUSPENSION RECONSTITUTED 100 MG	6	PA
acetazolamide sodium injection solution reconstituted 500 mg	6	
acetylcysteine intravenous* solution 200 mg/ml	6	
ACTIVASE INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG, 50 MG	6	
acyclovir sodium intravenous* solution 50 mg/ml	6	
adenosine intravenous* solution 12 mg/4ml	6	
ALIMTA INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG, 500 MG	6	
ALOXI INTRAVENOUS* SOLUTION 0.25 MG/5ML	6	PA
amikacin sulfate injection solution 500 mg/2ml	6	
aminophylline intravenous* solution 25 mg/ml	6	
amphotericin b injection solution reconstituted 50 mg	6	
ampicillin sodium injection solution reconstituted 1 gm, 10 gm, 125 mg, 2 gm, 250 mg, 500 mg	6	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	6	
ARRANON INTRAVENOUS* SOLUTION 5 MG/ML	6	
ARZERRA INTRAVENOUS* CONCENTRATE 100 MG/5ML, 1000 MG/50ML	6	
atropine sulfate injection solution 0.4 mg/ml	6	
AVASTIN INTRAVENOUS* SOLUTION 100 MG/4ML, 400 MG/16ML	6	PA; Prior Authorization not needed for Ophthalmology.
azacitidine injection suspension reconstituted 100 mg	6	(VIDAZA)
azithromycin intravenous* solution reconstituted 500 mg	6	
bal in oil intramuscular* solution 100 mg/ml	6	

Medication Name	Medication Tier	Requirements/Limits
benztropine mesylate injection solution 1 mg/ml	6	
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	6	(CELESTONE)
BICILLIN C-R 900/300 INTRAMUSCULAR* SUSPENSION 900000-300000 UNIT/2ML	6	
BICILLIN C-R INTRAMUSCULAR* SUSPENSION 1200000 UNIT/2ML	6	
BICILLIN L-A INTRAMUSCULAR* SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	6	
BICNU INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG	6	
bivalirudin intravenous* solution reconstituted 250 mg	6	
bleomycin sulfate injection solution reconstituted 15 unit, 30 unit	6	PA
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	6	PA; RO
buprenorphine hcl injection solution 0.3 mg/ml	6	
BUSULFEX INTRAVENOUS* SOLUTION 6 MG/ML	6	PA
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	6	
calcitriol intravenous* solution 1 mcg/ml	6	
calcium disodium versenate injection solution 1 gm/5ml	6	
calcium gluconate intravenous* solution 10 %	6	
CARBOCAINE INJECTION SOLUTION 1 %, 2 %	6	
carboplatin intravenous* solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml	6	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG	6	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	6	
cefepime hcl injection solution reconstituted 1 gm, 2 gm	6	(MAXIPIME)
cefotaxime sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg	6	(CLAFORAN)

Medication Name	Medication Tier	Requirements/Limits
cefoxitin sodium injection solution reconstituted 10 gm	6	(MEFOXIN)
cefoxitin sodium intravenous* solution reconstituted 1 gm, 2 gm	6	(MEFOXIN)
ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm	6	(FORTAZ)
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	6	(ROCEPHIN)
cefuroxime sodium injection solution reconstituted 1.5 gm, 7.5 gm, 750 mg	6	(ZINACEF)
cefuroxime sodium intravenous* solution reconstituted 1.5 gm	6	(ZINACEF)
CEPROTIN INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	6	
CEREZYME INTRAVENOUS* SOLUTION RECONSTITUTED 400 UNIT	5	PA; SP
chloramphenicol sod succinate intravenous* solution reconstituted 1 gm	6	(CHLOROMYCETIN)
chlorothiazide sodium intravenous* solution reconstituted 500 mg	6	(SODIUM DIURIL)
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	6	
cidofovir intravenous* solution 75 mg/ml	6	(VISTIDE)
ciprofloxacin intravenous* solution 200 mg/20ml, 400 mg/40ml	6	(CIPRO)
cisplatin intravenous* solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	6	
cladribine intravenous* solution 10 mg/10ml	6	
CLOLAR INTRAVENOUS* SOLUTION 1 MG/ML	6	
clonidine hcl (analgesia) epidural* solution 100 mcg/ml, 500 mcg/ml	6	(DURACLON)
colistimethate sodium injection solution reconstituted 150 mg	6	(COLY-MYCIN M)
COSMEGEN INTRAVENOUS* SOLUTION RECONSTITUTED 0.5 MG	6	
cosyntropin injection solution reconstituted 0.25 mg	6	(CORTROSYN)
CUBICIN INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG	6	PA
cyanocobalamin injection solution 1000 mcg/ml	6	

Medication Name	Medication Tier	Requirements/Limits
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	6	
cyclosporine intravenous* solution 50 mg/ml	6	(SANDIMMUNE)
CYRAMZA INTRAVENOUS* SOLUTION 100 MG/10ML	5	PA; SP
CYRAMZA INTRAVENOUS* SOLUTION 500 MG/50ML	5	PA
cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml	6	
CYTOGAM INTRAVENOUS* INJECTABLE 50 MG/ML	6	(CYTOGAM)
dacarbazine intravenous* solution reconstituted 100 mg, 200 mg	6	
daunorubicin hcl intravenous* injectable 5 mg/ml	6	
decitabine intravenous* solution reconstituted 50 mg	6	(DACOGEN)
deferoxamine mesylate injection solution reconstituted 500 mg	6	(DEFERAL)
DELESTROGEN INTRAMUSCULAR* OIL 10 MG/ML	6	
DEPOCYT INTRATHECAL* SUSPENSION 50 MG/5ML	6	
DEPO-ESTRADIOL INTRAMUSCULAR* OIL 5 MG/ML	6	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	6	
desmopressin acetate injection solution 4 mcg/ml	6	(DDAVP)
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	6	
dextrose intravenous* solution 5 %	6	
diazepam injection solution 5 mg/ml	6	
dicyclomine hcl intramuscular* solution 10 mg/ml	6	
digoxin injection solution 0.25 mg/ml	6	(LANOXIN)
dimenhydrinate injection solution 50 mg/ml	6	
diphenhydramine hcl injection solution 50 mg/ml	6	(BENADRYL)
DIPRIVAN INTRAVENOUS* EMULSION 100 MG/10ML	6	

Medication Name	Medication Tier	Requirements/Limits
dipyridamole intravenous* solution 5 mg/ml	6	
dobutamine hcl intravenous* solution 250 mg/20ml, 500 mg/40ml	6	
docetaxel intravenous* concentrate 20 mg/ml, 80 mg/4ml	6	(TAXOTERE)
dopamine hcl intravenous* solution 160 mg/ml, 40 mg/ml, 80 mg/ml	6	
DORIBAX INTRAVENOUS* SOLUTION RECONSTITUTED 250 MG, 500 MG	6	
doxercalciferol intravenous* solution 4 mcg/2ml	6	(HECTOROL)
doxorubicin hcl intravenous* solution 2 mg/ml	6	(ADRIAMYCIN)
doxorubicin hcl liposomal intravenous* injectable 2 mg/ml	6	(DOXIL)
ELIGARD SUBCUTANEOUS* KIT 22.5 MG, 7.5 MG	6	
EMEND INTRAVENOUS* SOLUTION RECONSTITUTED 150 MG	6	PA
epinephrine hcl injection solution 1 mg/ml	6	
epirubicin hcl intravenous* solution 200 mg/100ml, 50 mg/25ml	6	(ELLENCEN)
ERBITUX INTRAVENOUS* SOLUTION 100 MG/50ML, 200 MG/100ML	6	
ERYTHROCIN LACTOBIONATE INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG	6	
ETHAMOLIN INTRAVENOUS* SOLUTION 5 %	6	
etoposide intravenous* solution 1 gm/50ml, 100 mg/5ml	6	(TOPOSAR)
EUFLEXXA INTRA-ARTICULAR* 20 MG/2ML	6	PA; RO
EYLEA INTRAOCULAR SOLUTION 2 MG/0.05ML	6	PA
FASLODEX INTRAMUSCULAR* SOLUTION 250 MG/5ML	6	
fentanyl citrate (pf) injection solution 100 mcg/2ml, 250 mcg/5ml	6	(SUBLIMAZE)
FIRMAGON SUBCUTANEOUS* SOLUTION RECONSTITUTED 120 MG, 80 MG	6	

Medication Name	Medication Tier	Requirements/Limits
floxuridine injection solution reconstituted 0.5 gm	6	
fluconazole in dextrose intravenous* solution 200 mg/100ml, 400 mg/200ml	6	
fluconazole in sodium chloride intravenous* solution 100-0.9 mg/50ml-%, 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	6	
fludarabine phosphate intravenous* solution reconstituted 50 mg	6	(FLUDARA)
fluorouracil intravenous* solution 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	6	(ADRUCIL)
fluphenazine decanoate injection solution 25 mg/ml	6	
furosemide injection solution 10 mg/ml	6	(LASIX)
GABLOFEN INTRATHECAL* SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML	6	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	6	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	6	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	6	PA
ganciclovir sodium intravenous* solution reconstituted 500 mg	6	(CYTOVENE)
GAZYVA INTRAVENOUS* SOLUTION 1000 MG/40ML	6	
gemcitabine hcl intravenous* solution reconstituted 1 gm, 200 mg	6	(GEMZAR)
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml	6	
GEODON INTRAMUSCULAR* SOLUTION RECONSTITUTED 20 MG	6	PA
granisetron hcl intravenous* solution 0.1 mg/ml, 1 mg/ml	6	
GRANIX SUBCUTANEOUS* 300 MCG/0.5ML, 480 MCG/0.8ML	6	
HALAVEN INTRAVENOUS* SOLUTION 1 MG/2ML	6	

Medication Name	Medication Tier	Requirements/Limits
haloperidol decanoate intramuscular* solution 100 mg/ml, 50 mg/ml	6	(HALDOL)
haloperidol lactate injection solution 5 mg/ml	6	(HALDOL)
HEPAGAM B INJECTION SOLUTION	6	
HERCEPTIN INTRAVENOUS* SOLUTION RECONSTITUTED 440 MG	6	
HP ACTHAR INJECTION GEL 80 UNIT/ML	6	
HYALGAN INTRA-ARTICULAR* 20 MG/2ML	6	PA; RO
HYALGAN INTRA-ARTICULAR* SOLUTION 20 MG/2ML	6	PA
hydralazine hcl injection solution 20 mg/ml	6	
hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	6	(DILAUDID)
hydromorphone hcl pf injection solution 10 mg/ml	6	(DILAUDID)
hydroxyzine hcl intramuscular* solution 25 mg/ml, 50 mg/ml	6	
HYPERRHO S/D INTRAMUSCULAR* 1500 UNIT, 250 UNIT	6	
idarubicin hcl intravenous* solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml	6	(IDAMYCIN)
ifosfamide intravenous* solution reconstituted 1 gm, 3 gm	6	
imipenem-cilastatin intravenous* solution reconstituted 250 mg, 500 mg	6	(PRIMAXIN)
INFED INJECTION SOLUTION 50 MG/ML	6	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	6	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	6	
INVANZ INJECTION SOLUTION RECONSTITUTED 1 GM	6	
INVANZ INTRAVENOUS* SOLUTION RECONSTITUTED 1 GM	6	
INVEGA SUSTENNA INTRAMUSCULAR* SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	6	

Medication Name	Medication Tier	Requirements/Limits
irinotecan hcl intravenous* solution 100 mg/5ml, 40 mg/2ml	6	(CAMPTOSTAR)
JEVTANA INTRAVENOUS* SOLUTION 60 MG/1.5ML	6	
KADCYLA INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG, 160 MG	6	PA
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	6	
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	6	(TORADOL)
KEYTRUDA INTRAVENOUS* SOLUTION 100 MG/4ML	5	PA; SP
KEYTRUDA INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG	5	PA; SP
KINEVAC INJECTION SOLUTION RECONSTITUTED 5 MCG	6	
lactated ringers intravenous* solution	6	
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	6	
leuprolide acetate injection kit 1 mg/0.2ml	6	(LUPRON)
levetiracetam in nacl intravenous* solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	6	(KEPPRA)
levocarnitine intravenous* solution 200 mg/ml	6	(CARNITOR)
levofloxacin intravenous* solution 25 mg/ml	6	(LEVAQUIN)
LEVSIN INJECTION SOLUTION 0.5 MG/ML	6	
LEXISCAN INTRAVENOUS* SOLUTION 0.4 MG/5ML	6	
lincomycin hcl injection solution 300 mg/ml	6	(LINCOCIN)
linezolid intravenous* solution 600 mg/300ml	6	(ZYVOX)
lorazepam injection solution 2 mg/ml, 4 mg/ml	6	(ATIVAN)
LUPRON DEPOT INTRAMUSCULAR* KIT 11.25 MG, 22.5 MG, 3.75 MG, 7.5 MG	6	RO
LUPRON DEPOT-PED INTRAMUSCULAR* KIT 11.25 MG, 11.25 MG (PED), 15 MG, 30 MG (PED), 7.5 MG	6	RO
MACUGEN INTRAOCULAR SOLUTION 0.3 MG	6	PA
magnesium sulfate injection solution 50 %	6	

Medication Name	Medication Tier	Requirements/Limits
mannitol intravenous* solution 10 %, 15 %, 20 %, 25 %, 5 %	6	(OSMITROL)
medroxyprogesterone acetate intramuscular* suspension 150 mg/ml	6	(DEPO-PROVERA)
melfhalan hcl intravenous* solution reconstituted 50 mg	6	(ALKERAN)
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	6	(DEMEROL)
meropenem intravenous* solution reconstituted 1 gm, 500 mg	6	(MERREM)
mesna intravenous* solution 100 mg/ml	6	(MESNEX)
methadone hcl injection solution 10 mg/ml	6	
methocarbamol injection solution 1000 mg/10ml	6	(ROBAXIN)
methylergonovine maleate injection solution 0.2 mg/ml	6	(METHERGINE)
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	6	(DEPO-MEDROL)
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	6	(SOLU-MEDROL)
metoclopramide hcl injection solution 5 mg/ml	6	(REGLAN)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	6	
midazolam hcl injection solution 10 mg/2ml, 2 mg/2ml	6	(VERSED)
MIRCERA INJECTION 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	6	Subject to post service review. Must meet CMS ESA criteria.
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR	6	SP; PREV
mitomycin intravenous* solution reconstituted 20 mg, 40 mg, 5 mg	6	
mitoxantrone hcl intravenous* concentrate 20 mg/10ml	6	
morphine sulfate (pf) injection solution 1 mg/ml	6	(ASTROMORPH)
morphine sulfate intravenous* solution 50 mg/ml	6	
moxifloxacin hcl intravenous* solution 400 mg/250ml	6	(AVELOX)
MOZOBIL SUBCUTANEOUS* SOLUTION 24 MG/1.2ML	6	

Medication Name	Medication Tier	Requirements/Limits
MUSTARGEN INJECTION SOLUTION RECONSTITUTED 10 MG	6	
MYCAMINE INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG, 50 MG	6	
nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml	6	(NUBAIN)
naloxone hcl injection solution 0.4 mg/ml	6	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	6	
NEMBUTAL INJECTION SOLUTION 50 MG/ML	6	
NESACAINE INJECTION SOLUTION 1 %, 2 %	6	
NEULASTA SUBCUTANEOUS* 6 MG/0.6ML	5	SP; (MD Buy and Bill)
NEXPLANON SUBCUTANEOUS* IMPLANT 68 MG	6	SP; PREV
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	6	RO; (SANDOSTATIN)
octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml	5	RO; (SANDOSTATIN)
ondansetron hcl injection solution 4 mg/2ml	6	(ZOFRAN)
OPDIVO INTRAVENOUS* SOLUTION 100 MG/10ML, 40 MG/4ML	5	PA; SP
orphenadrine citrate injection solution 30 mg/ml	6	(NORFLEX)
ORTHO DIAPHRAGM COIL VAGINAL KIT 100 MM, 105 MM, 50 MM	6	RO; PREV
ORTHO DIAPHRAGM FLAT VAGINAL KIT 55 MM, 60 MM	6	RO; PREV
oxacillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm	6	
oxaliplatin intravenous* solution 100 mg/20ml, 50 mg/10ml	6	(ELOXATIN)
OZURDEX INTRAOCULAR IMPLANT 0.7 MG	6	
paclitaxel intravenous* concentrate 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	6	(ONXOL)
pamidronate disodium intravenous* solution reconstituted 30 mg, 90 mg	6	(AREDIA)

Medication Name	Medication Tier	Requirements/Limits
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	6	RO; PREV
paricalcitol intravenous* solution 2 mcg/ml, 5 mcg/ml	6	(ZEMPLAR)
penicillin g potassium injection solution reconstituted 2000000 unit, 5000000 unit	6	(PFIZERPEN)
penicillin g procaine intramuscular* suspension 600000 unit/ml	6	
PERJETA INTRAVENOUS* SOLUTION 420 MG/14ML	6	PA
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	6	(LUMINAL)
phenytoin sodium injection solution 50 mg/ml	6	
piperacillin sod-tazobactam so intravenous* solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	6	(ZOSYN)
potassium chloride intravenous* solution 2 meq/ml	6	
procainamide hcl injection solution 100 mg/ml, 500 mg/ml	6	
prochlorperazine edisylate injection solution 5 mg/ml	6	
progesterone intramuscular* oil 50 mg/ml	6	
PROLASTIN-C INTRAVENOUS* SOLUTION RECONSTITUTED 1000 MG	5	PA; SP
PROLIA SUBCUTANEOUS* SOLUTION 60 MG/ML	6	PA; SP
promethazine hcl injection solution 25 mg/ml	6	(PHENERGAN)
propranolol hcl intravenous* solution 1 mg/ml	6	
protamine sulfate intravenous* solution 10 mg/ml	6	
pyridoxine hcl injection solution 100 mg/ml	6	
REMICADE INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG	5	PA; SP
RETROVIR INTRAVENOUS* SOLUTION 10 MG/ML	6	
RHOPHYLAC INJECTION 1500 UNIT/2ML	6	
RIMSO-50 INTRAVESICAL SOLUTION 50 %	6	

Medication Name	Medication Tier	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR* SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG, 50 MG	6	RO
RITUXAN INTRAVENOUS* SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA; SP
ropivacaine hcl injection solution 10 mg/ml, 2 mg/ml, 5 mg/ml, 7.5 mg/ml	6	(NAROPIN)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR* KIT 10 MG, 20 MG, 30 MG	5	PA; SP
SIMULECT INTRAVENOUS* SOLUTION RECONSTITUTED 10 MG, 20 MG	6	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	6	SP; PREV
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	6	
SOMATULINE DEPOT SUBCUTANEOUS* SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	5	PA; RO
streptomycin sulfate intramuscular* solution reconstituted 1 gm	6	
SYNAGIS INTRAMUSCULAR* SOLUTION 100 MG/ML, 50 MG/0.5ML	5	PA; SP
SYNERCID INTRAVENOUS* SOLUTION RECONSTITUTED 150-350 MG	6	
SYNVISC INTRA-ARTICULAR* 16 MG/2ML	6	PA; RO
SYNVISC ONE INTRA-ARTICULAR* 48 MG/6ML	6	PA; RO
TECENTRIQ INTRAVENOUS* SOLUTION 1200 MG/20ML	5	PA
TEFLARO INTRAVENOUS* SOLUTION RECONSTITUTED 400 MG, 600 MG	6	
TEMODAR INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG	6	
terbutaline sulfate injection solution 1 mg/ml	6	(BRETHINE)
theophylline in d5w intravenous* solution 0.8-5 mg/ml-%	6	
THERACYS INTRAVESICAL SUSPENSION RECONSTITUTED 81 MG/VIAL	6	

Medication Name	Medication Tier	Requirements/Limits
thiamine hcl injection solution 100 mg/ml	6	
THYROGEN INTRAMUSCULAR* SOLUTION RECONSTITUTED 1.1 MG	6	PA
TIGAN INTRAMUSCULAR* SOLUTION 100 MG/ML	6	
tigecycline intravenous* solution reconstituted 50 mg	6	(TYGACIL)
TNKASE INTRAVENOUS* KIT 50 MG	6	
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	6	
tobramycin sulfate injection solution reconstituted 1.2 gm	6	
topotecan hcl intravenous* solution reconstituted 4 mg	6	(HYCAMTIN)
TREANDA INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG, 25 MG	5	SP
TRELSTAR MIXJECT INTRAMUSCULAR* SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	6	
TRIESENCE INTRAOCCULAR SUSPENSION 40 MG/ML	6	
TRISENOX INTRAVENOUS* SOLUTION 10 MG/10ML	6	
TYSABRI INTRAVENOUS* CONCENTRATE 300 MG/15ML	6	PA
vancomycin hcl intravenous* solution reconstituted 10 gm, 5000 mg, 750 mg	6	
VECTIBIX INTRAVENOUS* SOLUTION 100 MG/5ML	6	
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	6	PA
VENOFER INTRAVENOUS* SOLUTION 20 MG/ML	6	
vinblastine sulfate intravenous* solution 1 mg/ml	6	
vincristine sulfate intravenous* solution 1 mg/ml	6	(VINCASAR)
vinorelbine tartrate intravenous* solution 10 mg/ml	6	(NAVELBINE)
VISUDYNE INTRAVENOUS* SOLUTION RECONSTITUTED 15 MG	6	PA

Medication Name	Medication Tier	Requirements/Limits
vitamin k1 injection solution 1 mg/0.5ml	6	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML	6	
XEOMIN INTRAMUSCULAR* SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT	6	PA
XOLAIR SUBCUTANEOUS* SOLUTION RECONSTITUTED 150 MG	5	PA; SP
YERVOY INTRAVENOUS* SOLUTION 200 MG/40ML, 50 MG/10ML	5	PA; SP
ZANTAC INJECTION SOLUTION 50 MG/2ML	6	
ZOLADEX SUBCUTANEOUS* IMPLANT 10.8 MG, 3.6 MG	6	
zoledronic acid intravenous* concentrate 4 mg/5ml	6	(ZOMETA)
zoledronic acid intravenous* solution 5 mg/100ml	6	RO; (RECLAST)
ZYPREXA RELPREVV INTRAMUSCULAR* SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG	6	

Index

abacavir sulfate	36	aminophylline	74	AZILECT	32
abacavir-lamivudine-zidovudine	35	amiodarone hcl	13	azithromycin	57, 74
ABILIFY MAINTENA	74	AMITIZA	53	bacitracin	62
ABRAXANE	74	amitriptyline hcl	20	bacitracin-polymyxin b	62
acamprosate calcium	67	amlodipine besylate	39	bacitra-neomycin-polymyxin-hc	63
acarbose	20	amoxapine	20	.....	60
ACCU-CHEK AVIVA PLUS	49	amoxicillin	65	bal in oil	74
.....	49	amoxicillin-pot clavulanate	66	balsalazide disodium	53
ACCU-CHEK FASTCLIX		amoxicillin-pot clavulanate er	65	BANZEL	16
LANCETS	57	.....	65	BAYER BREEZE 2 TEST	49
ACCU-CHEK MULTICLIX		amphotericin b	74	BAYER CONTOUR NEXT	
LANCETS	57	ampicillin	65	TEST	49
acebutolol hcl	39	ampicillin sodium	74	BAYER CONTOUR TEST	49
acetaminophen-codeine	9	ampicillin-sulbactam sodium	74	BD SAFETY-LOK INSULIN	
acetaminophen-codeine #2	9	ANADROL-50	10	SYRINGE	58
acetaminophen-codeine #3	9	anagrelide hcl	55	benazepril hcl	25
acetaminophen-codeine #4	9	anastrozole	31	benzonatate	43
acetazolamide	50	ANDROGEL	10	benztropine mesylate	32, 75
acetazolamide er	50	ANDROGEL PUMP	10	betamethasone dipropionate	46
acetazolamide sodium	74	ANDROXY	10	betamethasone sod phos & acet	75
acetic acid	65	ANORO ELLIPTA	13	.....	46
acetic acid-aluminum acetate	65	apraclonidine hcl	63	BETASERON	67
acetylcysteine	43, 74	APTIOM	16	betaxolol hcl	61
acitretin	45	APTIVUS	36	bethanechol chloride	71
ACTIMMUNE	31	ARANESP (ALBUMIN FREE)	55, 56	BETOPTIC-S	61
ACTIVASE	74	.....	55, 56	bicalutamide	28
acyclovir	38, 46	ARCALYST	8	BICILLIN C-R	75
acyclovir sodium	74	aripiprazole	34	BICILLIN C-R 900/300	75
ADDERALL XR	6	ARNUITY ELLIPTA	14	BICILLIN L-A	75
adefovir dipivoxil	37	ARRANON	74	BICNU	75
adenosine	74	ARZERRA	74	bivalirudin	75
adult aspirin ec low strength	9	ASMANEX 120 METERED		bleomycin sulfate	75
ADVAIR DISKUS	13	DOSES	14	BLEPHAMIDE	63
ADVAIR HFA	13	ASMANEX 30 METERED		BLEPHAMIDE S.O.P.	63
AFINITOR	29	DOSES	15	BOSULIF	30
AFINITOR DISPERZ	29	ASMANEX 60 METERED		BOTOX	75
ALBENZA	11	DOSES	15	BREO ELLIPTA	13
albuterol sulfate	13, 14	ASMANEX HFA	15	BRILINTA	55
alendronate sodium	51	aspirin adult low strength	9	brimonidine tartrate	63
alfuzosin hcl er	54	aspirin-dipyridamole er	55	bromocriptine mesylate	32
ALIMTA	74	atenolol	39	budesonide	15, 42
ALINIA	27	atorvastatin calcium	24	bumetanide	50
ALKERAN	31	atovaquone	27	buprenorphine hcl	10, 75
allopurinol	54	atovaquone-proguanil hcl	27	.....	10
ALOMIDE	61	ATRIPLA	35	bupropion hcl	18
alosetron hcl	53	atropine sulfate	61, 74	bupropion hcl er (smoking det)	68
ALOXI	74	ATROVENT HFA	14	.....	68
alprazolam	12	AVASTIN	74	bupropion hcl er (sr)	18
ALREX	64	AVONEX	67	bupropion hcl er (xl)	18
amantadine hcl	32	AVONEX PEN	67	bupirone hcl	12
amikacin sulfate	74	AVONEX PREFILLED	67	BUSULFEX	75
amiloride hcl	50	azacitidine	74		
aminocaproic acid	56	azathioprine	39		
		azelastine hcl	60, 61		

butalbital-apap-caffeine.....	9	chloroquine phosphate.....	27	CREON.....	50
butalbital-asa-caff-codeine.....	9	chlorothiazide.....	50	CRIVAN.....	36
butalbital-aspirin-caffeine.....	9	chlorothiazide sodium.....	76	cromolyn sodium.....	13, 53, 62
butorphanol tartrate.....	75	chlorpromazine hcl.....	34, 76	CRYSSELLE-28.....	41
BYDUREON.....	22	chlorpropamide.....	22	CUBICIN.....	76
BYETTA 10 MCG PEN.....	22	chlorthalidone.....	50	cyanocobalamin.....	76
BYETTA 5 MCG PEN.....	22	cholestyramine.....	24	cyclobenzaprine hcl.....	60
cabergoline.....	51	cholestyramine light.....	24	CYCLOGYL.....	61
calcipotriene.....	45	ciclopirox.....	44, 45	cyclopentolate hcl.....	61
calcitonin (salmon).....	51	ciclopirox olamine.....	45	cyclophosphamide.....	31, 77
calcitriol.....	51, 75	cidofovir.....	76	cyclosporine.....	38, 77
calcium acetate (phos binder)		cilostazol.....	55	cyclosporine modified.....	38
.....	54	CILOXAN.....	62	cyproheptadine hcl.....	24
calcium disodium versenate.....	75	cimetidine.....	70	CYRAMZA.....	77
calcium gluconate.....	75	cimetidine hcl.....	70	CYSTAGON.....	54
CANASA.....	53	CIPRODEX.....	65	cytarabine (pf).....	77
capecitabine.....	28	ciprofloxacin.....	76	CYTOGAM.....	77
CAPRELSA.....	30	ciprofloxacin hcl.....	52, 62	cytra k crystals.....	54
CARAFATE.....	70	cisplatin.....	76	cytra-k.....	54
carbamazepine.....	16	citalopram hydrobromide.....	19	dacarbazine.....	77
carbidopa-levodopa.....	32	cladribine.....	76	DALIRESP.....	14
carbidopa-levodopa er.....	32	clarithromycin.....	57	danazol.....	10
CARBOCAINE.....	75	clindamycin hcl.....	27	dapsone.....	27
carboplatin.....	75	clindamycin palmitate hcl.....	27	DARAPRIM.....	27
carisoprodol.....	60	clindamycin phosphate.....	44, 71	daunorubicin hcl.....	77
carteolol hcl.....	61	clobetasol propionate.....	46	decitabine.....	77
carvedilol.....	39	clobetasol propionate e.....	46	deferoxamine mesylate.....	77
CATHFLO ACTIVASE.....	75	CLOLAR.....	76	DELESTROGEN.....	77
cefaclor.....	40	clomipramine hcl.....	20	demeclocycline hcl.....	69
cefadroxil.....	40	clonazepam.....	16	DEPOCYT.....	77
cefazolin sodium.....	75	clonidine hcl.....	26	DEPO-ESTRADIOL.....	77
cefdinir.....	40	clonidine hcl (analgesia).....	76	DEPO-MEDROL.....	77
cefepime hcl.....	75	clopidogrel bisulfate.....	55	DESCOVY.....	35
cefixime.....	40	clorazepate dipotassium.....	12	desipramine hcl.....	20
cefotaxime sodium.....	75	clotrimazole.....	59	desmopressin acetate.....	52, 77
cefoxitin sodium.....	76	clotrimazole-betamethasone.....	44	desmopressin acetate spray.....	52
cefprozil.....	40	clozapine.....	33, 34	desogestrel-ethinyl estradiol.....	41
ceftazidime.....	76	COARTEM.....	27	desonide.....	46
ceftriaxone sodium.....	76	codeine sulfate.....	9	desoximetasone.....	47
cefuroxime axetil.....	40	colchicine.....	55	desvenlafaxine er.....	19
cefuroxime sodium.....	76	colchicine-probenecid.....	54	dexamethasone.....	42
CELONTIN.....	18	colistimethate sodium.....	76	DEXAMETHASONE	
cephalexin.....	40	COMETRIQ (100 MG DAILY		INTENSOL.....	42
CEPROTIN.....	76	DOSE).....	30	dexamethasone sodium	
CEREZYME.....	76	COMETRIQ (140 MG DAILY		phosphate.....	64, 77
CHANTIX.....	68	DOSE).....	30	dextroamphetamine sulfate.....	6
CHANTIX CONTINUING		COMETRIQ (60 MG DAILY		dextroamphetamine sulfate er.....	6
MONTH PAK.....	68	DOSE).....	30	dextrose.....	77
CHANTIX STARTING		COMPLERA.....	35	diazepam.....	12, 16, 77
MONTH PAK.....	68	CORDRAN.....	46	diclofenac sodium.....	8, 45, 63
chloramphenicol sod succinate		cortisone acetate.....	42	dicloxacillin sodium.....	66
.....	76	CORTISPORIN.....	44	dicyclomine hcl.....	69, 77
chlordiazepoxide hcl.....	12	COSMEGEN.....	76	didanosine.....	37
chlordiazepoxide-clidinium.....	69	cosyntropin.....	76	diflorasone diacetate.....	47
chlorhexidine gluconate.....	59	COTELLIC.....	29	digoxin.....	40, 77

DILANTIN	17	epinephrine hcl	78	fluconazole in sodium chloride	79
diltiazem hcl	39	epirubicin hcl	78	flucytosine	23
diltiazem hcl er coated beads	39	EPIVIR HBV	37	fludarabine phosphate	79
dimenhydrinate	77	eplerenone	26	fludrocortisone acetate	42
DIPENTUM	53	EPZICOM	35	flunisolide	60
diphenhydramine hcl	77	ERBITUX	78	fluocinolone acetonide	47, 65
diphenoxylate-atropine	22	ERGOLOID MESYLATES	68	fluocinonide	47
DIPRIVAN	77	ERIVEDGE	29	fluocinonide-e	47
dipyridamole	55, 78	ERYTHROCIN	78	fluorometholone	64
disopyramide phosphate	12	LACTOBIONATE	78	fluorouracil	45, 79
disulfiram	67	ERYTHROCIN STEARATE	57	fluoxetine hcl	19
DIURIL	50	erythromycin	44, 62	fluphenazine decanoate	79
divalproex sodium	18	erythromycin base	57	fluphenazine hcl	34
divalproex sodium er	18	erythromycin ethylsuccinate	57	flurazepam hcl	57
dobutamine hcl	78	escitalopram oxalate	19	flurbiprofen sodium	63
docetaxel	78	est estrogens-methyltest	52	flutamide	28
dofetilide	13	est estrogens-methyltest hs	52	fluticasone propionate	47, 60
donepezil hcl	67	ESTRACE	71	fluvoxamine maleate	19
dopamine hcl	78	estradiol	52	FML	64
DORIBAX	78	estropipate	52	FML FORTE	64
dorzolamide hcl	63	ethambutol hcl	27	folic acid	56
dorzolamide hcl-timolol mal	61	ETHAMOLIN	78	fondaparinux sodium	16
doxazosin mesylate	26	ethosuximide	18	FORTEO	51
doxepin hcl	20	etodolac	8	fosinopril sodium	25
doxercalciferol	78	etodolac er	8	FOSRENOL	54
doxorubicin hcl	78	etoposide	31, 78	FREESTYLE LITE TEST	49
doxorubicin hcl liposomal	78	EUFLEXXA	78	FREESTYLE TEST	49
doxycycline hyclate	69	EVOTAZ	35	furosemide	50, 79
doxycycline monohydrate	69	exemestane	31	FUZEON	35
dronabinol	23	EXJADE	23	FYCOMPA	16
drosiprenone-ethinyl estradiol	41	EYLEA	78	gabapentin	16, 17
DROXIA	55	FANAPT	33	GABITRIL	17
DUAVEE	52	FANAPT TITRATION PACK	33	GABLOFEN	79
DULERA	13	FARESTON	28	galantamine hydrobromide	67
duloxetine hcl	19	FARXIGA	22	galantamine hydrobromide er	67
dutasteride	54	FARYDAK	29	GAMMAGARD	79
econazole nitrate	48	FASLODEX	78	GAMMAKED	79
EDECRIN	50	felbamate	17	GAMUNEX-C	79
EDURANT	36	fenofibrate	24	ganciclovir sodium	79
ELIDEL	49	fenofibric acid	24	GAZYVA	79
ELIGARD	78	fenopropfen calcium	8	gemcitabine hcl	79
ELIQUIS	15	fentanyl	9	gemfibrozil	24
ELMIRON	54	fentanyl citrate (pf)	78	gentamicin sulfate	44, 62, 79
EMCYT	31	ferocon	56	GENVOYA	35
EMEND	23, 78	finasteride	54	GEODON	79
EMSAM	19	FIRMAGON	78	GILDESS FE 1.5/30	41
EMTRIVA	37	flavoxate hcl	71	GILENYA	68
enalapril maleate	25	flecainide acetate	13	GILOTRIF	30
ENBREL	8, 9	FLOVENT DISKUS	15	GLATOPA	68
ENBREL SURECLICK	9	FLOVENT HFA	15	GLEOSTINE	31
enoxaparin sodium	15, 16	floxuridine	79	glimepiride	22
entacapone	33	fluconazole	23	glipizide	22
entecavir	37	fluconazole in dextrose	79		
epinephrine	71, 72				

GLUCAGON EMERGENCY	imipenem-cilastatin	80	lamivudine-zidovudine	35
glyburide	imipramine hcl	20	lamotrigine	17
glyburide micronized	imiquimod	48	lancets thin	58
glycopyrrolate	INCRELEX	51	lansoprazole	70
GOLYTELY	INCRUSE ELLIPTA	14	LANTUS	21
granisetron hcl	indomethacin	8	latanoprost	64
GRANIX	indomethacin er	8	LATUDA	33
griseofulvin microsize	INFED	80	LEADER UNIFINE PENTIPS	58
guaifenesin dac	INLYTA	30	leflunomide	8
guaifenesin-codeine	INTELENCE	36	LENVIMA 10 MG DAILY	30
guanfacine hcl	INTRON A	80	DOSE	30
guanfacine hcl er	INVANZ	80	LENVIMA 14 MG DAILY	30
HALAVEN	INVEGA SUSTENNA	80	DOSE	30
haloperidol	INVIRASE	36	LENVIMA 20 MG DAILY	30
haloperidol decanoate	ipratropium bromide	14, 60	DOSE	30
haloperidol lactate	IRESSA	30	LENVIMA 24 MG DAILY	30
HEPAGAM B	irinotecan hcl	81	DOSE	30
HERCEPTIN	ISENTRESS	35	letrozole	31
HEXALEN	isometheptene-dichloral-apap	58	leucovorin calcium	31, 81
HOMATROPAIRE	isoniazid	28	LEUKERAN	31
HP ACTHAR	ISOPTO CARBACHOL	61	leuprolide acetate	81
HUMIRA	ISOPTO HOMATROPINE	61	LEVEMIR	21
HUMIRA PEN	isosorbide dinitrate	11	LEVEMIR FLEXTOUCH	21
HUMIRA PEN-CROHNS	isosorbide dinitrate er	11	levetiracetam	17
STARTER	isosorbide mononitrate er	11	levetiracetam er	17
HUMIRA PEN-PSORIASIS	itraconazole	24	levetiracetam in nacl	81
STARTER	ivermectin	11	levobunolol hcl	61
HUMULIN R U-500	JAKAFI	31	levocarnitine	81
(CONCENTRATED)	JANUVIA	21	levocetirizine dihydrochloride	24
HYALGAN	JARDIANCE	22	levofloxacin	52, 53, 62, 81
hydralazine hcl	JENTADUETO	21	levonorgestrel-ethinyl estrad	41
hydrochlorothiazide	JENTADUETO XR	21	levonorg-eth estrad triphasic	42
hydrocodone-acetaminophen	JEVTANA	81	levothyroxine sodium	69
hydrocodone-homatropine	JUNEL FE 1.5/30	41	LEVSIN	81
hydrocortisone	KADCYLA	81	LEXISCAN	81
hydrocortisone acetate	KALETRA	35	LEXIVA	36
hydrocortisone butyrate	KALYDECO	68	lidocaine	48
hydromorphone hcl	KELNOR 1/35	41	lidocaine viscous	59
hydromorphone hcl pf	KENALOG	81	lidocaine-prilocaine	49
hydroxychloroquine sulfate	ketoconazole	23, 48	lincomycin hcl	81
hydroxyurea	ketoprofen	8	linezolid	27, 81
hydroxyzine hcl	ketorolac tromethamine	8, 63, 81	LINZESS	53
hydroxyzine pamoate	KEYTRUDA	81	liothyronine sodium	69
hyoscyamine sulfate	KINERET	8	lisinopril	25
hyoscyamine sulfate er	KINEVAC	81	lisinopril-hydrochlorothiazide	25
HYPERRHO S/D	KIONEX	39, 66	lithium	33
IBRANCE	K-PHOS	59	lithium carbonate	33
ibuprofen	KYNAMRO	24	lithium carbonate er	33
ICLUSIG	labetalol hcl	39	LONSURF	31
idarubicin hcl	lactated ringers	81	loperamide hcl	22
ifosfamide	lactulose	57	lorazepam	12, 81
ILEVRO	lactulose encephalopathy	53	losartan potassium	25
imatinib mesylate	lamivudine	37		
IMBRUVICA				

losartan potassium-hctz	25	methylprednisolone sodium succ	82	neomycin sulfate	7
LOTEMAX	64	metoclopramide hcl	53, 82	neomycin-bacitracin zn-polymyx	62
lovastatin	25	metolazone	51	neomycin-polymyxin-dexameth	63
LOW-OGESTREL	41	metoprolol tartrate	39	neomycin-polymyxin-gramicidin	62
loxapine succinate	34	metronidazole	26, 49, 71	neomycin-polymyxin-hc	64, 65
LUPRON DEPOT	81	mexiletine hcl	12	NESACAINE	83
LUPRON DEPOT-PED	81	MIACALCIN	82	NEULASTA	83
LYNPARZA	66	midazolam hcl	82	NEUPOGEN	56
LYRICA	17	midodrine hcl	72	NEUPRO	32
LYSODREN	28	MIGERGOT	58	NEVANAC	63
MACUGEN	81	minocycline hcl	69	nevirapine	36
magnesium sulfate	81	minoxidil	26	nevirapine er	36
malathion	49	MIRCERA	82	NEXAVAR	29
mannitol	82	MIRENA (52 MG)	82	NEXPLANON	83
maprotiline hcl	18	mirtazapine	18	niacin er (antihyperlipidemic)	25
MARPLAN	19	misoprostol	70	NICOTROL	68
MATULANE	31	mitomycin	82	nifedipine	39
meclofenamate sodium	8	mitoxantrone hcl	82	nifedipine er	39
medroxyprogesterone acetate	66, 82	modafinil	7	NILANDRON	28
mefloquine hcl	27	mometasone furoate	48	nimodipine	40
megestrol acetate	32	montelukast sodium	14	NINLARO	29
MEKINIST	29	morphine sulfate	10, 82	NITRO-BID	11
meloxicam	8	morphine sulfate (concentrate)	10	nitrofurantoin macrocrystal	70
melphalan hcl	82	morphine sulfate (pf)	82	nitrofurantoin monohyd macro	70
memantine hcl	68	morphine sulfate er	10	nitroglycerin	11
MENEST	52	MOVANTIK	53	nitroglycerin er	11
menthol	41	MOXEZA	62	NITROSTAT	11
meperidine hcl	10, 82	moxifloxacin hcl	82	norethin ace-eth estrad-fe	41
MEPHYTON	72	MOZOBIL	82	norethindrone	42
meprobamate	12	MULTAQ	13	norethindrone acetate	66
mercaptopurine	28	multi-vit/fluoride	60	norgestimate-eth estradiol	41
meropenem	82	multi-vit/fluoride/iron	59	norgestim-eth estrad triphasic	42
mesalamine	53	multivitamin/fluoride	60	NORPACE CR	12
mesna	82	mupirocin	44	NORTREL 0.5/35 (28)	41
MESNEX	32	mupirocin calcium	44	NORTREL 1/35 (28)	42
metaproterenol sulfate	14	MUSTARGEN	83	nortriptyline hcl	20
metformin hcl	20	MYCAMINE	83	NORVIR	36
metformin hcl er	20	mycophenolate mofetil	38	NOVA MAX GLUCOSE TEST	49
methadone hcl	10, 82	mycophenolate sodium	38	NOVOLIN 70/30	21
methazolamide	50	MYRBETRIQ	71	NOVOLIN N	21
methimazole	69	nabumetone	8	NOVOLIN R	21
methocarbamol	60, 82	nalbuphine hcl	83	NOVOLOG	21
methotrexate	28	naloxone hcl	83	NOVOLOG FLEXPEN	21
methotrexate sodium	28	naltrexone hcl	23	NOVOLOG MIX 70/30	21
methoxsalen rapid	45	naproxen	8	NOVOLOG MIX 70/30	21
methylclothiazide	51	NATACYN	62	FLEXPEN	21
methylidopa	26	nateglinide	22	NUEDEXTA	68
methylergonovine maleate	65, 82	NEBUPENT	83	nystatin	23, 45, 59
methylphenidate hcl	7	NECON 1/35 (28)	41		
methylphenidate hcl er	7	NECON 1/50 (28)	41		
methylphenidate hcl er (cd)	7	NECON 10/11 (28)	41		
methylprednisolone	42	nefazodone hcl	18		
methylprednisolone acetate	82	NEMBUTAL	83		

nystatin-triamcinolone	44	permethrin	49	progesterone	84
octreotide acetate	83	perphenazine	34	PROGLYCEM	20
ODEFSEY	35	phenelzine sulfate	19	PROLASTIN-C	84
ODOMZO	29	phenobarbital	56	PROLIA	84
ofloxacin	62, 65	phenobarbital sodium	84	PROMACTA	56
OGESTREL	42	phenytoin	17	promethazine hcl	24, 84
olanzapine	34	phenytoin sodium	84	promethazine vc plain	43
olopatadine hcl	60	phenytoin sodium extended	18	promethazine vc/codeine	43
omega-3-acid ethyl esters	24	PHOSPHA 250 NEUTRAL	59	promethazine-codeine	43
omeprazole	70	PHOSPHOLINE IODIDE	61	promethazine-dm	43
OMNITROPE	51	pilocarpine hcl	59, 61	propafenone hcl	13
ondansetron	23	pimozide	68	propantheline bromide	70
ondansetron hcl	23, 83	pioglitazone hcl	22	proparacaine hcl	63
ONETOUCH ULTRA BLUE	49	piperacillin sod-tazobactam so	84	propranolol hcl	39, 84
ONETOUCH VERIO	49	piroxicam	8	propylthiouracil	69
ONFI	16	pnv prenatal plus multivitamin	60	protamine sulfate	84
ONGLYZA	21	podofilox	48	PROTONIX	70
OPDIVO	83	polymyxin b-trimethoprim	62	protriptyline hcl	20
orphenadrine citrate	83	POMALYST	29	PULMOZYME	68
ORTHO DIAPHRAGM COIL	83	potassium bicarbonate	59	pyrazinamide	28
ORTHO DIAPHRAGM FLAT	83	potassium chloride	59, 84	pyridostigmine bromide	27
oxacillin sodium	83	potassium chloride er	59	pyridostigmine bromide er	27
oxaliplatin	83	potassium citrate er	54	pyridoxine hcl	84
oxandrolone	10	POTIGA	17	quetiapine fumarate	34
oxcarbazepine	17	PRADAXA	16	quetiapine fumarate er	34
oxybutynin chloride	71	pramipexole dihydrochloride	32	quinidine gluconate er	12
oxybutynin chloride er	71	pravastatin sodium	25	quinidine sulfate	12
oxycodone hcl	10	prazosin hcl	26	quinidine sulfate er	12
oxycodone-acetaminophen	10	PRED MILD	64	quinine sulfate	27
OZURDEX	83	PRED-G	64	raloxifene hcl	52
paclitaxel	83	PRED-G S.O.P.	64	ramipril	25
paliperidone er	33	prednisolone	42	RANEXA	11
pamidronate disodium	83	prednisolone acetate	64	ranitidine hcl	70
PANCREAZE	50	prednisolone sodium phosphate	42, 64	RAPAMUNE	38
PANRETIN	45	prednisone	42	REBIF	68
pantoprazole sodium	70	PREMARIN	52, 71	REBIF REBIDOSE	67
PARAGARD	84	PREMPHASE	52	REBIF REBIDOSE	67
INTRAUTERINE COPPER	84	PREMPRO	52	TITRATION PACK	67
paricalcitol	51, 84	PREZCOBIX	35	REBIF TITRATION PACK	68
paromomycin sulfate	7	PREZISTA	36	RELENZA DISKHALER	38
paroxetine hcl	19	PRIFTIN	28	RELISTOR	54
paroxetine hcl er	19	primidone	17	REMICADE	84
PASER	28	PRISTIQ	19	RESCRIPTOR	36
PAXIL	19	probenecid	55	reserpine	26
pen needles	58	procainamide hcl	84	RESTASIS	63
pen needles 5/16"	58	prochlorperazine	34	RETROVIR	84
penicillin g potassium	84	prochlorperazine edisylate	84	REVLIMID	38
penicillin g procaine	84	prochlorperazine maleate	34	REYATAZ	36
penicillin v potassium	65	PROCRIT	56	RHOPHYLAC	84
pentoxifylline er	55	PROCTOZONE-HC	11	ribavirin	37
PERJETA	84	PRODIGY NO CODING	49	rifabutin	28
		BLOOD GLUC	49	rifampin	28
				riluzole	60
				rimantadine hcl	38

RIMSO-50	84	sucralfate	70	thioridazine hcl	34
RISPERDAL CONSTA	85	sulfacetamide sodium	64	thiothixene	35
risperidone	33	sulfacetamide-prednisolone	64	THYROGEN	86
RITUXAN	85	sulfamethoxazole-trimethoprim	26, 27	tiagabine hcl	17
rizatriptan benzoate	58	.....	26, 27	ticlopidine hcl	55
ropinirole hcl	33	sulfasalazine	53	TIGAN	86
ropinirole hcl er	32	sulindac	8	tigecycline	86
ropivacaine hcl	85	sumatriptan	58	timolol maleate	61
rosuvastatin calcium	25	sumatriptan succinate	58	TIVICAY	35
ROZEREM	57	SUPRAX	40, 41	tizanidine hcl	60
SABRIL	17	SUSTIVA	36	TNKASE	86
salicylic acid	48	SUTENT	29	TOBRADEX	64
salsalate	9	SYLATRON	31	tobramycin	7, 62
SANDOSTATIN LAR DEPOT	85	SYMBICORT	13	tobramycin sulfate	86
.....	85	SYMLINPEN 120	20	tobramycin-dexamethasone	64
SANTYL	48	SYMLINPEN 60	20	TOBRESX	62
SAPHRIS	34	SYNAGIS	85	tolazamide	22
SAVELLA	67	SYNAREL	51	tolbutamide	22
SAVELLA TITRATION PACK	67	SYNERCID	85	topiramate	17
.....	67	SYNJARDY	69	topotecan hcl	86
selegiline hcl	32	SYNVISC	85	TOVIAZ	71
selenium sulfide	46	SYNVISC ONE	85	TRACLEER	40
SELZENTRY	35	tacrolimus	39	TRADJENTA	21
SENSIPAR	51	TAFINLAR	29	tramadol hcl	10
SEREVENT DISKUS	14	TAGRISSE	30	tranexamic acid	56
sertraline hcl	19	tamoxifen citrate	28	tranylcypromine sulfate	19
sf	59	tamsulosin hcl	54	TRAVATAN Z	64
sildenafil citrate	40	TANZEUM	22	trazodone hcl	18
silver sulfadiazine	46	TARCEVA	30	TREANDA	86
simple syrup	66	TASIGNA	30	TRECTOR	28
SIMULECT	85	TAZORAC	45	TRELSTAR MIXJECT	86
simvastatin	25	TECENTRIQ	85	TRESIBA FLEXTOUCH	21
sirolimus	38	TECHNIVIE	56	tretinoin	32, 44
SIRTURO	28	TEFLARO	85	triamcinolone acetonide	48, 59
SKYLA	85	TEKTURNA	26	triamterene-hctz	50
sodium chloride	54	telmisartan	25	TRIESENCE	86
sodium fluoride	58	temazepam	57	trifluoperazine hcl	34
sodium polystyrene sulfonate	39, 66	TEMODAR	85	trifluridine	62
.....	39, 66	temozolomide	31	trihexyphenidyl hcl	32
SOLU-CORTEF	85	terazosin hcl	26	trimethobenzamide hcl	23
SOMATULINE DEPOT	85	terbinafine hcl	23	trimethoprim	26
sotalol hcl	39	terbutaline sulfate	14, 85	trimipramine maleate	20
SOVALDI	37	terconazole	71	TRINATE	60
spironolactone	50	testosterone	41	TRINTELLIX	18
spironolactone-hctz	50	testosterone cypionate	11	TRISENOX	86
SPRYCEL	30	testosterone enanthate	11	TRIUMEQ	35
stavudine	37	testosterone propionate	41	tropicamide	61
sterile water for irrigation	38	tetracaine hcl	63	TRUVADA	35
STIMATE	52	tetracycline hcl	69	TYKERB	30
STIVARGA	29	THALOMID	38	TYSABRI	86
STRATTERA	6	theophylline	15	TYZEKA	37
streptomycin sulfate	85	theophylline er	15	ULTRA-THIN II INS SYR	58
STRIBILD	35	theophylline in d5w	85	SHORT	58
STRIVERDI RESPIMAT	14	THERACYS	85	ULTRA-THIN II INSULIN	58
SUBOXONE	10	thiamine hcl	86	SYRINGE	58

urea	48	YERVOY	87
UROQID #2	70	zaleplon	57
ursodiol	53	ZANTAC	87
valacyclovir hcl	38	ZELBORAF	29
VALCYTE	37	ZENATANE	44
valganciclovir hcl	37	ZENPEP	50
valproate sodium	18	ZETIA	25
valproic acid	18	ZIAGEN	37
valsartan	26	zidovudine	37
vancomycin hcl	26, 86	ziprasidone hcl	33
VECTIBIX	86	ZIRGAN	62
VELCADE	86	ZOLADEX	87
VENCLEXTA	28	zoledronic acid	87
VENCLEXTA STARTING PACK	28	ZOLINZA	29
venlafaxine hcl	19	zolpidem tartrate	57
venlafaxine hcl er	19	zonisamide	17
VENOFER	86	ZORTRESS	39
VENTOLIN HFA	14	ZOVIA 1/35E (28)	42
verapamil hcl	40	ZOVIA 1/50E (28)	42
verapamil hcl er	40	ZYDELIG	66
VIDEX	37	ZYFLO CR	13
VIEKIRA PAK	56	ZYKADIA	30
VIEKIRA XR	56	ZYPREXA RELPREVV	87
VIGAMOX	62	ZYTIGA	28
VIIBRYD	18		
VIMPAT	17		
vinblastine sulfate	86		
vincristine sulfate	86		
vinorelbine tartrate	86		
VIRACEPT	36		
VIREAD	37		
VISUDYNE	86		
vitamin d (ergocalciferol)	72		
vitamin d3	72		
vitamin d-3	72		
vitamin k1	87		
VITEKTA	36		
voriconazole	24		
VOTRIENT	30		
VYVANSE	6		
warfarin sodium	15		
WELCHOL	24		
WINRHO SDF	87		
XALKORI	30		
XARELTO	15		
XARELTO STARTER PACK	15		
XELJANZ	7		
XELJANZ XR	7		
XENAZINE	67		
XEOMIN	87		
XOLAIR	87		
XTANDI	28		
XYREM	67		