

2012 Formulary
(list of covered drugs)



Soundpath Health

2012 Formulary

(List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

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

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

Soundpath Health is a health plan with a Medicare contract.

We can also give you information in Braille, in large print, or other alternate formats if you need it. Please call Customer Service at 1-866-789-7747 (TTY/TDD) 1-866-264-4141 Hours are Monday through Friday from 8 am to 8 pm, and Saturday and Sunday from 8 am to 8 pm between October 15 and February 14.

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What is the Soundpath Health Formulary?

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

Can the Formulary change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of February 1, 2012. To get updated information about the drugs covered by Soundpath Health, please visit our website at www.soundpathhealth.com or call Customer Service at 1-866-789-7747. Our hours of operation are Monday through Friday from 8 am to 8 pm, and Saturday and Sunday from 8 am to 8 pm between October 15 and February 14. TTY/TDD users should call 1-866-264-4141.

In the event of mid-year non-maintenance formulary changes we will update this formulary with a future formulary change insert sent with your monthly Explanation of Benefit mailing.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 17. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Anti-Arrhythmic". If you know what your drug is used for, look for the category name in the list that begins on page number 17. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Soundpath Health requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Soundpath Health before you fill your prescriptions. If you don't get approval, Soundpath Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Soundpath Health limits the amount of the drug that Soundpath Health will cover. For example, Soundpath Health provides 9 tablets in 28 days per prescription for SUMATRIPTAN 50 MG ORAL TABLET. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Soundpath Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For

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example, if Drug A and Drug B both treat your medical condition, Soundpath Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Soundpath Health will then cover Drug B. You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 17. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.soundpathhealth.com.

You can ask Soundpath Health to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Soundpath Health's formulary?" on page five (5) for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Soundpath Health pays for certain OTC drugs.

COVERED OVER-THE-COUNTER (OTC) DRUGS

DRUG		Dosage Form
Generic Name	(Reference Brand Name)	
<i>cetirizine hydrochloride</i>	(Zyrtec)	Chewable Tablets, Solution, Tablets
<i>cetirizine hydrochloride/ pseudoephedrine hydrochloride</i>	(Zyrtec-D)	12 Hour Tablets
<i>loratadine</i>	(Claritin)	Dispersable Tablets, Solution, Syrup, Tablets
<i>loratadine/ pseudoephedrine sulfate</i>	(Claritin-D)	12 Hour Tablets 24 Hour Tablets
<i>ketotifen fumarate</i>	(Zaditor)	Drops, Solution

Soundpath Health will provide these OTC drugs at no cost to you. The cost to Soundpath Health of these OTC drugs will not count toward your total drug costs.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that Soundpath Health does not cover your drug, you have two options:

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- You can ask Customer Service for a list of similar drugs that are covered by Soundpath Health. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Soundpath Health.
- You can ask Soundpath Health to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Soundpath Health's Formulary?

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Soundpath Health may limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred/highest tier subject to the tiering exceptions process, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred/lowest tier subject to the tiering exceptions process instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the tier designated as the high-cost/unique drug tier.

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

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 93-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For each of the drugs that is not on our formulary or that has coverage restrictions or limits, we will cover a temporary 30-day supply (31-day supply for residence of a long termcare facility). After we cover the temporary supply, we generally will not pay for these drugs as part of our transition policy again. This policy only applies to "Part D Drugs" covered by a network pharmacist unless you qualify for out-of-network access. For the full transition policy see your Evidence of Coverage.

For more information

For more detailed information about your Soundpath Health prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Soundpath Health, please call Customer Service at 1-866-789-7747, Hours are Monday through Friday from 8 am to 8 pm, and Saturday and Sunday from 8 am to 8 pm between October 15 and February 14. TTY/TDD users should call 1-866-264-4141.) Or visit www.soundpathhealth.com.

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

Soundpath Health's Formulary

The formulary that begins on page 17 provides coverage information about some of the drugs covered by Soundpath Health. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

The information in the Requirements/Limits column tells you if Soundpath Health has any special requirements for coverage of your drug.

Drugs are grouped into one of five Tiers – 1, 2, 3, 4, or 5.

Tiers for Charter+Rx and Apex+Rx:

- Tier 1: Preferred Generic Drugs - \$6 copayment
- Tier 2: Non-Preferred Generic Drugs - \$18 copayment
- Tier 3: Preferred Brand Drugs - \$36 copayment
- Tier 4: Non-Preferred Brand Drugs - \$60 copayment
- Tier 5: Specialty Tier Drugs – 33% coinsurance

Tiers for Sound+Rx and Pinnacle+Rx:

- Tier 1: Preferred Generic Drugs - \$6 copayment
- Tier 2: Non-Preferred Generic Drugs - \$18 copayment
- Tier 3: Preferred Brand Drugs - \$36 copayment
- Tier 4: Non-Preferred Brand Drugs - \$60 copayment
- Tier 5: Specialty Tier Drugs - 25% coinsurance

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The following abbreviations may be found within the body of this document

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from Soundpath Health before you fill your prescription for this drug. Without prior approval, Soundpath Health may not cover this drug.
QL	Quantity Limit Restriction	Soundpath Health limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before Soundpath Health will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
Other Special Requirements for Coverage		
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-866-789-7747, Hours are Monday through Friday from 8 am to 8 pm, and Saturday and Sunday from 8 am to 8 pm between October 15 and February 14. TTY/TDD users should call 1-866-264-4141.
GC	Gap Coverage	We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

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STRENGTH AND DOSAGE FORM ABBREVIATIONS

ABBREVIATION	DESCRIPTION
adh. patch	adhesive patch
aer br act	aerosol, breath activated
aer pow	aerosol, powder
aer pow ba	aerosol powder, breath activated
aer refill	aerosol refill
aer w/adap	aerosol with adapter
ampul	ampule
blkbaginj	bulk bag injection
cap dr mp	capsule, delayed release multiphasic
cap ds pk	capsule, dose pack
cap er 12h	capsule, 12 hour extended release
cap er 24h	capsule, 24 hour extended release
cap er deg	capsule, extended release degradable
cap er pel	capsule, extended release pellets
cap mphase	capsule, multiphasic
cap.sa 24h	capsule, 24 hour sustained action
cap.sr 12h	capsule, 12 hour sustained release
cap.sr 24h	capsule, 24 hour sustained release
cap24h pct	capsule, 24 hour controlled-onset pellets
cap24h pel	capsule, 24 hour sustained release pellets
cap sprink	capsule, sprinkle
cap sr pel	capsule sustained release pellets
cap w/dev	capsule with device
capsule dr	capsule, delayed release
capsule er	capsule, extended release
capsule sa	capsule, sustained action
cmb cappad	combination: capsule, pad
cmb ont fm	combination: ointment, foam
cmb ont lt	combination: ointment, lotion
cmb tabpad	combination: tablet, pad
combo. pkg	combination package
cpmp 12hr	capsule, 12 hour multiphasic
cpmp 24hr	capsule, 24 hour multiphasic
cpmp 30-70	capsule, multiphasic, 30%-70%

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cpmp 50-50	capsule, multiphasic, 50%-50%
cream(g), cream(gm)	cream (grams)
cream(ml)	cream (milliliters)
cream/appl	cream with applicator
cream, er (g)	cream, extended release (grams)
cream pack	cream, package
dehp fr bg	di(2-ethylhexyl)phthalate free bag
dis needle	disposable needle
disk w/dev	disk with inhalation device
disp syrin	disposable syringe
drops susp	drops, suspension
drps hpvis	drops, hyperviscous
emul adhes	emulsion adhesive
emul packt	emulsion packet
emulsn(g)	emulsion (grams)
foam/appl.	foam with applicator
froz.piggy	frozen piggyback
g	gram
gel/pf app	gel with prefilled applicator
gel (gm)	gel (grams)
gel (ml)	gel (milliliters)
gel md pmp	gel in metered dose pump
gel w/appl	gel with applicator
gel w/pump	gel with pump
gran pack	granule pack
hfa aer ad	hfa aerosol adapter
infus. btl	infusion bottle
insuln pen	insulin pen
ip soln	intraperitoneal solution
irrig soln	irrigating solution
iv soln.	intravenous solution
jel	jelly
jelly/app	jelly with applicator
jel/pf app	jelly with pre-filled applicator
kit cl&crm	kit: cleasner and cream
kt crm le	kit: cream, lotion emollient
kt lotn ce	kit: lotion, cream emollient

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kt oint le	kit: ointment, lotion emollient
lotion, er	lotion, extended release
lozenge hd	lozenge handle
m.ht patch	medicated heated patch
ma buc tab	mucoadhesive buccal tablet
mcg	microgram
med. pad	medicated pad
med. swab	medicated swab
med. tape	medicated tape
mg	milligram
ml	milliliter
muc er 12h	mucoadhesive system, 12 hour extended release
ndl fr inj	needle for injection
nl fm susp	nail film suspension
oint. (g), oint.(gm)	ointment (grams)
oral conc	oral concentrate
oral susp	oral suspension
paste (g)	paste (grams)
patch td24	patch, 24 hour transdermal
patch td72	patch, 72 hour transdermal
patch tds	patch, biweekly transdermal
patch tdwk	patch, weekly transdermal
pca syring	patient-controlled analgesic syringe
pca vial	patient-controlled analgesic vial
pellet(ea)	pellet (each)
pen ij kit	pen injector kit
pen injctr	pen injector
pggybk btl	piggyback bottle
plast. bag	plastic bag
powd pack	powder pack
sol md pmp	solution with multi-dose pump
sol w/appl	solution with applicator
sol/pf app	solution with pre-filled applicator
sol-gel	solution, gel-forming
soln recon	solution, reconstituted
soln(gram)	solution (grams)
spray susp	spray, suspension

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spray/pump	spray with pump
stick(ea)	stick (each)
supp.rect	suppository, rectal
supp.vag	suppository, vaginal
suppos.	suppository
sus er 24h	suspension, 24 hour extended release
sus er rec	suspension, extended release reconstituted
sus mc rec	suspension, microcapsule reconstituted
suspdr pkt	suspension, delayed release packet
susp recon	suspension, reconstituted
syringekit	syringe kit
tab chew	tablet, chewable
tab er 12h	tablet, 12 hour extended release
tab er 24h	tablet, 24 hour extended release
tab er prt	tablet, extended release particles
tab er seq	tablet, extended release sequels
tab disper	tablet, dispersable
tab ds pk	tablet, dose pack
tab er 24	tablet, 24 hour extended release
tab mphase	tablet, multiphasic
tab part	tablet, particles
tab rap dr	tablet, rapid disintegrating delayed release
tab rapdis	tablet, rapid disintegrating
tab subl	tablet, sublingual
tab.sr 12h	tablet, 12 hour sustained release
tab.sr 24h	tablet, 24 hour sustained release
tabergr24hr	tablet, 24 hour gradual extended release
tablet dr	tablet, delayed release
tablet, er	tablet, extended release
tablet eff	tablet, effervescent
tablet sa	tablet, sustained action
tablet sol	tablet, soluble
tb er dspk	tablet, extended release dosepack
tb mp dspk	tablet, multiphasic dosepack
tb rd dspk	tablet, rapid disintegrating dosepack
tbdspk 3mo	tablet, 3-month dosepack
tbmp 12hr	tablet, 12 hour multiphasic

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tbmp 24hr	tablet, 24 hour multiphasic
u	unit
vag ring	vaginal ring
adh. patch	adhesive patch
aer br act	aerosol, breath activated
aer pow	aerosol, powder
aer pow ba	aerosol powder, breath activated
aer refill	aerosol refill
aer w/adap	aerosol with adapter
ampul	ampule
blkbaginj	bulk bag injection
cap dr mp	capsule, delayed release multiphasic
cap ds pk	capsule, dose pack
cap er 12h	capsule, 12 hour extended release
cap er 24h	capsule, 24 hour extended release
cap er deg	capsule, extended release degradable
cap er pel	capsule, extended release pellets
cap mphase	capsule, multiphasic
cap.sa 24h	capsule, 24 hour sustained action
cap.sr 12h	capsule, 12 hour sustained release
cap.sr 24h	capsule, 24 hour sustained release
cap24h pct	capsule, 24 hour controlled-onset pellets
cap24h pel	capsule, 24 hour sustained release pellets
cap sprink	capsule, sprinkle
cap sr pel	capsule sustained release pellets
cap w/dev	capsule with device
capsule dr	capsule, delayed release
capsule er	capsule, extended release
capsule sa	capsule, sustained action
cmb cappad	combination: capsule, pad
cmb ont fm	combination: ointment, foam
cmb ont lt	combination: ointment, lotion
cmb tabpad	combination: tablet, pad
combo. pkg	combination package
cpmp 12hr	capsule, 12 hour multiphasic
cpmp 24hr	capsule, 24 hour multiphasic
cpmp 30-70	capsule, multiphasic, 30%-70%

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cpmp 50-50	capsule, multiphasic, 50%-50%
cream(g), cream(gm)	cream (grams)
cream(ml)	cream (milliliters)
cream/appl	cream with applicator
cream, er (g)	cream, extended release (grams)
cream pack	cream, package
dehp fr bg	di(2-ethylhexyl)phthalate free bag
dis needle	disposable needle
disk w/dev	disk with inhalation device
disp syrin	disposable syringe
drops susp	drops, suspension
drps hpvis	drops, hyperviscous
emul adhes	emulsion adhesive
emul packt	emulsion packet
emulsn(g)	emulsion (grams)
foam/appl.	foam with applicator
froz.piggy	frozen piggyback
g	gram
gel/pf app	gel with prefilled applicator
gel (gm)	gel (grams)
gel (ml)	gel (milliliters)
gel md pmp	gel in metered dose pump
gel w/appl	gel with applicator
gel w/pump	gel with pump
gran pack	granule pack
hfa aer ad	hfa aerosol adapter
infus. btl	infusion bottle
insuln pen	insulin pen
ip soln	intraperitoneal solution
irrig soln	irrigating solution
iv soln.	intravenous solution
jel	jelly
jelly/app	jelly with applicator
jel/pf app	jelly with pre-filled applicator
kit cl&crm	kit: cleasner and cream
kt crm le	kit: cream, lotion emollient
kt lotn ce	kit: lotion, cream emollient

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kt oint le	kit: ointment, lotion emollient
lotion, er	lotion, extended release
lozenge hd	lozenge handle
m.ht patch	medicated heated patch
ma buc tab	mucoadhesive buccal tablet
mcg	microgram
med. pad	medicated pad
med. swab	medicated swab
med. tape	medicated tape
mg	milligram
ml	milliliter
muc er 12h	mucoadhesive system, 12 hour extended release
ndl fr inj	needle for injection
nl fm susp	nail film suspension
oint. (g), oint.(gm)	ointment (grams)
oral conc	oral concentrate
oral susp	oral suspension
paste (g)	paste (grams)
patch td24	patch, 24 hour transdermal
patch td72	patch, 72 hour transdermal
patch tds	patch, biweekly transdermal
patch tdwk	patch, weekly transdermal
pca syring	patient-controlled analgesic syringe
pca vial	patient-controlled analgesic vial
pellet(ea)	pellet (each)
pen ij kit	pen injector kit
pen injctr	pen injector
pggybk btl	piggyback bottle
plast. bag	plastic bag
powd pack	powder pack
sol md pmp	solution with multi-dose pump
sol w/appl	solution with applicator
sol/pf app	solution with pre-filled applicator
sol-gel	solution, gel-forming
soln recon	solution, reconstituted
soln(gram)	solution (grams)
spray susp	spray, suspension

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spray/pump	spray with pump
stick(ea)	stick (each)
supp.rect	suppository, rectal
supp.vag	suppository, vaginal
suppos.	suppository
sus er 24h	suspension, 24 hour extended release
sus er rec	suspension, extended release reconstituted
sus mc rec	suspension, microcapsule reconstituted
suspd r pkt	suspension, delayed release packet
susp recon	suspension, reconstituted
syringekit	syringe kit
tab chew	tablet, chewable
tab er 12h	tablet, 12 hour extended release
tab er 24h	tablet, 24 hour extended release
tab er prt	tablet, extended release particles
tab er seq	tablet, extended release sequels
tab disper	tablet, dispersable
tab ds pk	tablet, dose pack
tab er 24	tablet, 24 hour extended release
tab mphase	tablet, multiphasic
tab part	tablet, particles
tab rap dr	tablet, rapid disintegrating delayed release
tab rapdis	tablet, rapid disintegrating
tab subl	tablet, sublingual
tab.sr 12h	tablet, 12 hour sustained release
tab.sr 24h	tablet, 24 hour sustained release
tabergr24hr	tablet, 24 hour gradual extended release
tablet dr	tablet, delayed release
tablet, er	tablet, extended release
tablet eff	tablet, effervescent
tablet sa	tablet, sustained action
tablet sol	tablet, soluble
tb er dspk	tablet, extended release dosepack
tb mp dspk	tablet, multiphasic dosepack
tb rd dspk	tablet, rapid disintegrating dosepack
tbdspk 3mo	tablet, 3-month dosepack
tbmp 12hr	tablet, 12 hour multiphasic

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tbmp 24hr	tablet, 24 hour multiphasic
u	unit
vag ring	vaginal ring

Drug Name	Drug Tier	Requirements/Limits	
Acidifying and Alkalinizing Agents			
Acidifying and Alkalinizing Agents			
<i>ammonium chloride</i> (Ammonium Chloride)	1	GC	
<i>citric acid/sodium citrate</i> (Bicitra)	1	GC	
K-PHOS M.F.	3		
K-PHOS NO.2	3		
<i>phosphorus #1</i> (K-phos Neutral)	1	GC	
<i>potassium citrate</i> (Urocit-K)	1	GC	
<i>potassium citrate/citric acid</i> (Polycitra-k)	1	GC	
<i>sod/pot/k cit/sod cit/cit acid</i> (Polycitra-lc)	1	GC	
<i>sodium bicarbonate</i> (Sodium Bicarbonate)	1	GC	disp syrin: 0.5meq/ml; iv soln., vial
<i>sodium bicarbonate</i> (Sodium Bicarbonate)	1	GC	disp syrin: 0.9meq/ml, 1meq/ml
<i>sodium lactate</i> (Sodium Lactate)	1	GC	vial
Adrenals			
Adrenals			
ADVAIR DISKUS	3	QL: 62 in 31 days	
ADVAIR HFA	3	QL: 12 in 28 days	
<i>betamet acet/betamet na ph</i> (Celestone)	1	GC, PA	
<i>budesonide</i> (Entocort EC)	2	GC	capdr & er
<i>cortisone acetate</i> (Cortisone Acetate)	1	GC, PA	
DEPO-MEDROL	3	PA	vial: 20mg/ml
<i>dexamethasone sod phosphate</i> (Dexamethasone Sod Phosphate)	1	GC, PA	vial: 10mg/ml
<i>dexamethasone sod phosphate</i> (Dexamethasone Sod Phosphate)	1	GC, PA	vial: 4mg/ml
<i>dexamethasone</i> (Dexamethasone)	1	GC, PA	elixir, tablet
<i>dexamethasone</i> (Dexpak)	1	GC, PA	tab ds pk
DULERA	3	QL: 13 in 28 days	
ENTOCORT EC	3		
FLOVENT DISKUS	3	QL: 120 in 30 days	disk w/dev: 250mcg
FLOVENT DISKUS	3	QL: 60 in 30 days	disk w/dev: 50mcg, 100mcg

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA	3	QL: 12 in 28 days aer w/adap: 110mcg
FLOVENT HFA	3	QL: 21.2 in 28 days aer w/adap: 44mcg
FLOVENT HFA	3	QL: 24 in 28 days aer w/adap: 220mcg
<i>fludrocortisone acetate</i> (Florinef Acetate)	1	GC
<i>hydrocortisone sod succinate</i> (Hydrocortisone Sod Succinate)	1	GC, PA vial: 100mg
<i>hydrocortisone</i> (Cortef)	1	GC, PA
<i>methylprednisolone acetate</i> (Depo-medrol)	1	GC, PA
<i>methylprednisolone sod succ</i> (Solu-medrol)	1	GC, PA
<i>methylprednisolone</i> (Medrol)	1	GC, PA
<i>prednisolone acetate</i> (Prednisolone Acetate)	1	GC, PA
<i>prednisolone sod phosphate</i> (Orapred)	1	GC, PA
<i>prednisolone</i> (Prednisolone)	1	GC, PA
PREDNISON INTENSOL	4	PA
<i>prednisone</i> (Prednisone)	1	GC, PA solution, tablet
<i>prednisone</i> (Prednisone)	1	GC, PA tab ds pk
QVAR	3	QL: 17.4 in 25 days
SOLU-MEDROL	3	PA vial: 2g
SYMBICORT	3	QL: 11 in 25 days hfa aer ad: 80-4.5mcg, 160-4.5mcg
<i>triamcinolone acetonide</i> (Kenalog-40)	1	GC, PA
VERIPRED 20	1	GC, PA
Adrenocortical Insufficiency		
Adrenocortical Insufficiency		
ACTHAR H.P.	5	PA, QL: 45 in 28 days
Alpha-Adrenergic Blocking Agents		
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate</i> (Cardura)	1	GC
<i>prazosin hcl</i> (Minipress)	1	GC
<i>terazosin hcl</i> (Hytrin)	1	GC

Drug Name	Drug Tier	Requirements/Limits	
Ammonia Detoxicants			
Ammonia Detoxicants			
BUPHENYL	3		
CARBAGLU	5		
<i>lactulose</i> (Lactulose)	1	GC	solution
<i>lactulose</i> (Lactulose)	1	GC	syrup
LITHOSTAT	3		
Analgesics and Antipyretics			
Analgesics And Antipyretics, Miscellaneous			
<i>acetaminophen/phenyltolx</i> (Staflex) <i>cit</i>	1	GC	tablet: 500mg-30mg, 500mg-50mg, 650-50mg, 650mg-60mg
<i>mg sal/acetaminophn/p-tlox/caf</i> (Durabac Forte)	1	GC	
OFIRMEV	4		
<i>sal-amide/acetamin/p-tlox/caff</i> (Durabac)	1	GC	
<i>sal-amide/acetaminophn/p-tlox</i> (Asp)	1	GC	
<i>salicylamide/acetaminophen</i> (Salicylamide/acetaminophen)	1	GC	
Nonsteroidal Anti-inflammatory Agents			
<i>aspirin</i> (Easprin)	1	GC	
CALDOLOR	4		
CELEBREX	3	ST, QL: 62 in 31 days	
<i>choline sal/mag salicylate</i> (Choline Sal/mag Salicylate)	1	GC	
<i>diclofenac potassium</i> (Cataflam)	1	GC	
<i>diclofenac sodium</i> (Voltaren)	1	GC	
<i>diflunisal</i> (Diflunisal)	1	GC	
<i>etodolac</i> (Etodolac)	1	GC	capsule, tablet
<i>etodolac</i> (Etodolac)	2	GC	tab er 24h
<i>fenoprofen calcium</i> (Fenoprofen Calcium)	1	GC	
<i>flurbiprofen</i> (Ansaid)	1	GC	
<i>ibuprofen</i> (Motrin)	1	GC	
INDOCIN	3		oral susp
<i>indomethacin sodium trihydrate</i> (Indocin I.v.)	1	GC	
<i>indomethacin</i> (Indocin SR)	2	GC	capsule er
<i>indomethacin</i> (Indomethacin)	1	GC	capsule

Drug Name		Drug Tier	Requirements/Limits	
<i>ketoprofen</i>	(Ketoprofen)	1	GC	capsule
<i>ketoprofen</i>	(Ketoprofen)	2	GC	cap24h pel
<i>ketorolac tromethamine</i>	(Ketorolac Tromethamine)	1	GC, QL: 40 in 31 days	vial: 15mg/ml
<i>ketorolac tromethamine</i>	(Toradol)	1	GC, QL: 20 in 31 days	cartridge
<i>ketorolac tromethamine</i>	(Toradol)	1	GC, QL: 20 in 31 days	tablet, vial: 60mg/ 2ml
<i>magnesium salicylate</i>	(Novasal)	1	GC	
<i>meclofenamate sodium</i>	(Meclofenamate Sodium)	2	GC	
<i>mefenamic acid</i>	(Ponstel)	1	GC	
<i>meloxicam</i>	(Mobic)	1	GC	
<i>methyl salicylate</i>	(Methyl Salicylate)	1	GC	
<i>nabumetone</i>	(Relafen)	1	GC	
<i>naproxen sodium</i>	(Anaprox)	1	GC	
<i>naproxen</i>	(Naprosyn)	1	GC	oral susp, tablet: 250mg, 375mg; tablet dr
<i>naproxen</i>	(Naprosyn)	1	GC	tablet: 500mg
<i>oxaprozin</i>	(Daypro)	1	GC	
<i>phenylbutazone</i>	(Phenylbutazone)	1	GC	
<i>piroxicam</i>	(Feldene)	1	GC	
<i>salsalate</i>	(Salflex)	1	GC	
<i>sulindac</i>	(Clinoril)	1	GC	
<i>tolmetin sodium</i>	(Tolmetin Sodium)	2	GC	
VIMOVO		3	ST	
VOLTAREN		3	ST	gel (gram)
Opiate Agonists				
<i>acetaminophen with codeine</i>	(Tylenol-codeine No.3)	1	GC	tablet: 300mg- 15mg, 300mg- 30mg, 300mg-60mg
<i>acetaminophen with codeine</i>	(Tylenol-codeine No.3)	1	GC	tablet: 650mg- 30mg, 650mg-60mg
ASTRAMORPH-PF		1	GC	
<i>codeine phos/acetaminophen</i>	(Codeine Phos/acetaminophen)	1	GC	
<i>codeine phosphate</i>	(Codeine Phosphate)	1	GC	
<i>codeine sulf</i>	(Codeine Sulf)	1	GC	

Drug Name	Drug Tier	Requirements/Limits	
<i>codeine/butalbit/acetamin/caff</i> (Fioricet with Codeine)	1	GC	
<i>codeine/butalbital/asa/caffein</i> (Fiorinal with Codeine #3)	1	GC	
<i>dhcodeine bt/acetaminophn/caff</i> (Dhcodeine Bt/acetaminophn/caff)	1	GC	capsule
<i>dhcodeine bt/acetaminophn/caff</i> (Panlor SS)	1	GC	tablet
<i>fentanyl citrate</i> (Actiq)	5	PA, QL: 120 in 30 days	
<i>fentanyl</i> (Duragesic)	2	GC, PA, QL: 10 in 30 days	patch td72: 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr
<i>fentanyl</i> (Duragesic)	2	GC, PA, QL: 20 in 30 days	patch td72: 100mcg/hr
<i>hydrocodone bit/acetaminophen</i> (Vicodin)	1	GC	capsule, solution: 7.5-500/15; tablet
<i>hydrocodone bit/acetaminophen</i> (Zamicet)	1	GC	solution: 7.5-325/15, 10-300/15, 10-325/cup
<i>hydrocodone/ibuprofen</i> (Vicoprofen)	1	GC	
<i>hydromorphone hcl</i> (Dilaudid)	1	GC	tablet
<i>hydromorphone hcl</i> (Dilaudid)	2	GC	vial
<i>hydromorphone hcl/pf</i> (Dilaudid)	1	GC	ampul: 4mg/ml
<i>hydromorphone hcl/pf</i> (Dilaudid)	2	GC	ampul: 10mg/ml
<i>hydromorphone hcl/pf</i> (Hydromorphone HCl/PF)	2	GC	disp syrin
<i>ibuprofen/oxycodone hcl</i> (Combunox)	1	GC	
KADIAN	3	ST, QL: 60 in 30 days	cap er pel: 10mg, 20mg, 30mg, 50mg, 60mg, 80mg
KADIAN	5	ST, QL: 120 in 30 days	cap er pel: 200mg
KADIAN	5	ST, QL: 60 in 30 days	cap er pel: 100mg
<i>levorphanol tartrate</i> (Levo-dromoran)	2	GC	
<i>methadone hcl</i> (Methadose)	1	GC	oral conc, solution, tablet, vial
<i>methadone hcl</i> (Methadose)	1	GC	tablet sol

Drug Name		Drug Tier	Requirements/Limits
<i>morphine sulfate</i>	(Kadian)	2	GC, ST, QL: 60 in 30 days cap er pel: 20mg, 30mg, 50mg, 60mg, 80mg
<i>morphine sulfate</i>	(Kadian)	5	ST, QL: 60 in 30 days cap er pel: 100mg
<i>morphine sulfate</i>	(Morphine Sulfate)	1	GC ampul, disp syrin, pen injctr, supp.rect, vial
<i>morphine sulfate</i>	(MS Contin)	1	GC solution, tablet, tablet er
<i>morphine sulfate/normal saline</i>	(Morphine Sulfate/normal Saline)	1	GC
<i>morphine sulfate/pf</i>	(Morphine Sulfate/PF)	1	GC pca vial, vial: 0.5mg/ml, 1mg/ml
<i>morphine sulfate/pf</i>	(Morphine Sulfate/PF)	1	GC vial: 25mg/ml
NUCYNTA ER		3	QL: 60 in 30 days
NUCYNTA		3	QL: 181 in 30 days
<i>oxycodone hcl</i>	(Oxycodone HCl)	1	GC, QL: 124 in 31 days tab er 12h: 80mg
<i>oxycodone hcl</i>	(Oxycodone HCl)	1	GC, QL: 93 in 31 days tab er 12h: 10mg, 20mg, 40mg
<i>oxycodone hcl</i>	(Roxicodone)	1	GC capsule, oral conc, tablet: 5mg, 15mg, 30mg
<i>oxycodone hcl</i>	(Roxicodone)	1	GC solution, tablet: 10mg, 20mg
<i>oxycodone hcl/acetaminophen</i>	(Percocet)	1	GC
<i>oxycodone hcl/aspirin</i>	(Percodan)	1	GC
<i>oxycodone hcl/oxycodon ter/asa</i>	(Oxycodone HCl/oxycodon Ter/asa)	1	GC
OXYCONTIN		3	QL: 120 in 30 days tab er 12h: 60mg, 80mg
OXYCONTIN		3	QL: 60 in 30 days tab er 12h: 10mg, 15mg, 20mg, 30mg, 40mg

Drug Name		Drug Tier	Requirements/Limits	
<i>oxymorphone hcl</i>	(Opana ER)	2	GC	tab er 12h
<i>oxymorphone hcl</i>	(Opana)	2	GC	tablet
<i>tramadol hcl</i>	(Ultram ER)	1	GC	tab er 24h: 300mg
<i>tramadol hcl</i>	(Ultram)	1	GC	tab er 24h: 100mg, 200mg; tablet
<i>tramadol hcl/ acetaminophen</i>	(Ultracet)	1	GC	
Opiate Partial Agonists				
BUPRENEX		3		
<i>buprenorphine hcl</i>	(Subutex)	1	GC	
<i>butorphanol tartrate</i>	(Butorphanol Tartrate)	2	GC, QL: 5 in 28 days	spray
<i>butorphanol tartrate</i>	(Butorphanol Tartrate)	2	GC	disp syrin
<i>nalbuphine hcl</i>	(Nubain)	1	GC	
SUBOXONE		4		
Androgens				
Androgens				
ANADROL-50		5		
ANDRODERM		3	QL: 30 in 30 days	patch td24: 2mg/ 24hr, 4mg/24hr
ANDRODERM		3	QL: 30 in 30 days	patch td24: 5mg/ 24hr
ANDRODERM		3	QL: 60 in 30 days	patch td24: 2.5mg/ 24hr
ANDROGEL		3	QL: 300 in 30 days	
AXIRON		3	QL: 180 in 28 days	
<i>danazol</i>	(Danocrine)	2	GC	
<i>fluoxymesterone</i>	(Fluoxymesterone)	1	GC	
<i>oxandrolone</i>	(Oxandrin)	2	GC	
<i>testosterone cypionate</i>	(Depo-testosterone)	1	GC, PA, QL: 40 in 28 days	vial: 100mg/ml
<i>testosterone cypionate</i>	(Depo-testosterone)	1	GC, PA	vial: 200mg/ml
<i>testosterone enanthate</i>	(Delatestryl)	1	GC, PA, QL: 5 in 28 days	

Drug Name	Drug Tier	Requirements/Limits	
<i>testosterone</i> (Tesamone-100)	1	GC, PA, QL: 40 in 28 days	
Anorexigenics, Respiratory, Cerebral Stimulants			
Amphetamines			
<i>amphet asp/amphet/d-amphet</i> (Adderall XR)	2	GC, PA, QL: 30 in 30 days	cap er 24h
<i>amphet asp/amphet/d-amphet</i> (Adderall)	1	GC, PA, QL: 60 in 30 days	tablet
<i>dextroamphetamine sulfate</i> (Dexedrine)	1	GC, PA, QL: 120 in 30 days	capsule er
<i>dextroamphetamine sulfate</i> (Dextrostat)	1	GC, PA, QL: 180 in 30 days	tablet
<i>methamphetamine hcl</i> (Desoxyn)	1	GC, QL: 150 in 30 days	
Anorexigenics, Respiratory, Cerebral Stimulants, Miscellaneous			
<i>caffeine citrated</i> (Cafcit)	1	GC	
<i>caffeine/sodium benzoate</i> (Caffeine/sodium Benzoate)	1	GC	
CONCERTA	3	PA, QL: 31 in 31 days	
<i>dexmethylphenidate hcl</i> (Focalin)	1	GC, PA, QL: 60 in 30 days	
<i>methylphenidate hcl</i> (Concerta)	2	GC, PA, QL: 31 in 31 days	tab er 24
<i>methylphenidate hcl</i> (Methylin)	1	GC, PA, QL: 900 in 30 days	solution
<i>methylphenidate hcl</i> (Ritalin)	1	GC, PA, QL: 90 in 30 days	tablet, tablet er

Drug Name	Drug Tier	Requirements/Limits	
PROVIGIL	3	PA, QL: 62 in 31 days	
Anthelmintics			
Anthelmintics			
ALBENZA	3		
BILTRICIDE	3		
<i>mebendazole</i> (Mebendazole)	1	GC	
STROMEKTOL	3		
Antiallergic Agents			
Antiallergic Agents			
ALAMAST	3	ST	
ASTEPRO	3	QL: 30 in 25 days	
<i>azelastine hcl</i> (Astelin)	1	GC, QL: 30 in 25 days	spray/pump
<i>azelastine hcl</i> (Optivar)	2	GC	drops
<i>epinastine hcl</i> (Elestat)	2	GC	
PATADAY	4	ST	
Antibacterials			
Aminoglycosides			
<i>amikacin sulfate</i> (Amikacin Sulfate)	1	GC	
<i>gentamicin in saline, iso-osm</i> (Gentamicin In Saline, Iso-osm)	1	GC	piggyback: 100mg/ 50ml
<i>gentamicin in saline, iso-osm</i> (Gentamicin In Saline, Iso-osm)	1	GC	piggyback: 60mg/ 100ml, 70mg/50ml, 80mg/100ml, 80mg/ 50ml, 90mg/100ml, 100mg/0.1l, 120mg/ 0.1l
<i>gentamicin sulfate</i> (Garamycin)	1	GC	
<i>gentamicin sulfate/pf</i> (Gentamicin Sulfate/PF)	1	GC	
<i>kanamycin sulfate</i> (Kanamycin Sulfate)	1	GC	vial: 1g/3ml
<i>kanamycin sulfate</i> (Kanamycin Sulfate)	1	GC	vial: 500mg/2ml
<i>neomycin sulfate</i> (Neomycin Sulfate)	1	GC	solution
<i>neomycin sulfate</i> (Neomycin Sulfate)	1	GC	tablet
<i>streptomycin sulfate</i> (Streptomycin Sulfate)	2	GC	
TOBI	5	PA	
<i>tobramycin sulfate</i> (Nebcin)	1	GC	vial port
<i>tobramycin sulfate</i> (Nebcin)	2	GC	vial

Drug Name		Drug Tier	Requirements/Limits	
<i>tobramycin/sodium chloride</i>	(Tobramycin/sodium Chloride)	1	GC	
Antibacterials, Miscellaneous				
<i>bacitracin</i>	(Bacitracin)	1	GC	
<i>chloramphenicol na succ</i>	(Chloramphenicol Na Succ)	1	GC	
<i>clindamycin hcl</i>	(Cleocin HCl)	1	GC	capsule: 150mg, 300mg
<i>clindamycin hcl</i>	(Cleocin HCl)	1	GC	capsule: 75mg
<i>clindamycin palmitate hcl</i>	(Cleocin Palmitate)	1	GC	
<i>clindamycin phosphate</i>	(Cleocin Phosphate)	1	GC	
<i>colistin (colistimethate na)</i>	(Coly-mycin M Parenteral)	2	GC	
CUBICIN		5	PA	(PA for ESRD only)
<i>polymyxin b sulfate</i>	(Polymyxin B Sulfate)	1	GC	
SYNERCID		5		
VANCOCIN HCL		5		
<i>vancomycin hcl</i>	(Vancomycin HCl)	2	GC, PA	(PA for ESRD only)
<i>vancomycin hcl/d5w</i>	(Vancomycin HCl/D5W)	2	GC	
VANCOMYCIN HCL		4		
VIBATIV		3		
XIFAXAN		3	PA, QL: 60 in 30 days	tablet: 550mg
XIFAXAN		3	PA, QL: 9 in 30 days	tablet: 200mg
ZYVOX		5		
Cephalosporins				
<i>cefaclor</i>	(Ceclor)	1	GC	capsule, tab er 12h
<i>cefaclor</i>	(Ceclor)	1	GC	susp recon
<i>cefadroxil hydrate</i>	(Cefadroxil Hydrate)	1	GC	
<i>cefazolin sodium</i>	(Ancef)	1	GC	
<i>cefdinir</i>	(Omnicef)	2	GC	
<i>cefditoren pivoxil</i>	(Spectracef)	1	GC	
<i>cefepime hcl</i>	(Maxipime)	2	GC	
CEFEPIME		3		
CEFEPIME-DEXTROSE		3		
<i>cefotaxime sodium</i>	(Claforan)	1	GC	
<i>cefpodoxime proxetil</i>	(Cefpodoxime Proxetil)	1	GC	susp recon: 50mg/5ml
<i>cefpodoxime proxetil</i>	(Vantin)	2	GC	susp recon: 100mg/5ml; tablet
<i>cefprozil</i>	(Cefzil)	2	GC	

Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime pentahydrate</i> (Fortaz)	2	GC vial port: 1g
<i>ceftazidime pentahydrate</i> (Fortaz)	2	GC vial: 1g, 2g, 6g; vial port: 2g
<i>ceftazidime pentahydrate</i> (Fortaz)	3	vial: 2g
CEFTAZIDIME	2	GC
<i>ceftriaxone na/dextrose,iso</i> (Ceftriaxone Na/dextrose, Iso)	2	GC
<i>ceftriaxone sodium</i> (Rocephin)	2	GC
CEFTRIAZONE	2	GC
<i>cefuroxime axetil</i> (Ceftin)	1	GC
<i>cefuroxime sodium</i> (Zinacef)	1	GC vial: 7.5g
<i>cefuroxime sodium</i> (Zinacef)	2	GC vial: 1.5g, 750mg
<i>cefuroxime sodium/dextrose,iso</i> (Cefuroxime Sodium/dextrose, Iso)	1	GC
<i>cephalexin monohydrate</i> (Keflex)	1	GC
FORTAZ IN ISO-OSMOTIC DEXTROSE	3	
SUPRAX	4	tablet
TAZICEF IN DEXTROSE	3	
Macrolides		
<i>azithromycin hydrogen citrate</i> (Azithromycin Hydrogen Citrate)	1	GC
<i>azithromycin</i> (Zithromax)	1	GC packet
<i>azithromycin</i> (Zithromax)	1	GC susp recon, tablet, vial
<i>clarithromycin</i> (Biaxin XL)	2	GC susp recon, tab er 24h
<i>clarithromycin</i> (Biaxin)	1	GC tablet
DIFICID	5	QL: 20 in 10 days
<i>ery e-succ/sulfisoxazole</i> (Pediazole)	1	GC
ERY-TAB	1	GC
ERYTHROCIN LACTOBIONATE	3	vial
ERYTHROCIN LACTOBIONATE	3	vial port
<i>erythromycin base</i> (Eryc)	1	GC capsule dr
<i>erythromycin base</i> (Erythromycin Base)	1	GC tablet, tablet dr
<i>erythromycin ethylsuccinate</i> (Erythromycin Ethylsuccinate)	1	GC oral susp: 200mg/5ml

Drug Name		Drug Tier	Requirements/Limits	
<i>erythromycin ethylsuccinate</i>	(Erythromycin Ethylsuccinate)	1	GC	tablet
<i>erythromycin stearate</i>	(Erythromycin Stearate)	1	GC	tablet: 250mg
<i>erythromycin stearate</i>	(Erythromycin Stearate)	1	GC	tablet: 500mg
KETEK PAK		3	ST	
KETEK		3	ST	
ZMAX		3		
Miscellaneous B-lactam Antibiotics				
<i>aztreonam</i>	(Azactam)	1	GC	
CAYSTON		5	LA	
<i>cefotetan disod/dextrose,iso</i>	(Cefotetan Disod/dextrose, Iso)	1	GC	
<i>cefotetan disodium</i>	(Cefotetan Disodium)	1	GC	vial: 1g
<i>cefotetan disodium</i>	(Cefotetan Disodium)	2	GC	vial: 2g, 10g
<i>cefoxitin sodium</i>	(Mefoxin)	1	GC	vial: 10g
<i>cefoxitin sodium</i>	(Mefoxin)	2	GC	vial: 1g, 2g
<i>cefoxitin sodium/dextrose,iso</i>	(Cefoxitin Sodium/dextrose, Iso)	1	GC	
DORIBAX		3		
<i>imipenem/cilastatin sodium</i>	(Primaxin)	2	GC	
INVANZ		3		vial
INVANZ		3		vial port
<i>meropenem</i>	(Merrem)	1	GC	
PRIMAXIN I.M.		3		
PRIMAXIN		3		
Penicillins				
<i>amoxicillin</i>	(Amoxil)	1	GC	capsule, susp recon, tab chew: 125mg, 200mg, 250mg; tablet
<i>amoxicillin</i>	(Amoxil)	1	GC	tab chew: 400mg
<i>amoxicillin/potassium clav</i>	(Augmentin)	1	GC	
<i>ampicillin sodium</i>	(Totacillin-N)	1	GC	vial: 125mg
<i>ampicillin sodium</i>	(Totacillin-N)	2	GC	vial port: 2g
<i>ampicillin sodium</i>	(Totacillin-N)	2	GC	vial: 10g; vial port: 1g
<i>ampicillin sodium/sulbactam na</i>	(Unasyn)	1	GC	vial: 15g
<i>ampicillin sodium/sulbactam na</i>	(Unasyn)	2	GC	vial port

Drug Name		Drug Tier	Requirements/Limits
<i>ampicillin sodium/sulbactam na</i>	(Unasyn)	2	GC vial: 3g
<i>ampicillin trihydrate</i>	(Ampicillin Trihydrate)	1	GC
BICILLIN C-R		3	
BICILLIN L-A		3	
<i>dicloxacillin sodium</i>	(Dicloxacillin Sodium)	1	GC
<i>nafcillin sodium</i>	(Unipen)	2	GC vial
<i>nafcillin sodium</i>	(Unipen)	2	GC vial port
<i>oxacillin sodium</i>	(Oxacillin Sodium)	2	GC
<i>oxacillin sodium/dextrose, iso</i>	(Oxacillin Sodium/dextrose, Iso)	2	GC
<i>pen g pot/dextrose-water</i>	(Pen G Pot/dextrose-water)	2	GC froz.piggy: 1mm/50ml
<i>pen g pot/dextrose-water</i>	(Pen G Pot/dextrose-water)	2	GC froz.piggy: 2mm/50ml, 3mm/50ml
<i>penicillin g potassium</i>	(Penicillin G Potassium)	2	GC vial: 20mmunit
<i>penicillin g potassium</i>	(Penicillin G Potassium)	2	GC vial: 5mmunit
<i>penicillin g potassium/d5w</i>	(Penicillin G Potassium/D5W)	2	GC
<i>penicillin g procaine</i>	(Penicillin G Procaine)	2	GC disp syrin: 1.2mm/2ml
<i>penicillin g procaine</i>	(Penicillin G Procaine)	2	GC disp syrin: 600000/ml
PENICILLIN G SODIUM		2	GC
<i>penicillin v potassium</i>	(Veetids 500)	1	GC
<i>piperacillin sodium</i>	(Piperacillin Sodium)	2	GC
<i>piperacillin sodium/tazobactam</i>	(Zosyn)	2	GC
ZOSYN		4	froz.piggy
Quinolones			
AVELOX ABC PACK		3	
AVELOX IV		3	
AVELOX		3	
<i>ciprofloxacin hcl</i>	(Cipro)	1	GC
<i>ciprofloxacin lactate</i>	(Cipro I.V.)	1	GC
<i>ciprofloxacin lactate/d5w</i>	(Cipro I.V.)	1	GC
<i>ciprofloxacin/ciprofloxa hcl</i>	(Cipro XR)	1	GC
LEVAQUIN		3	piggyback
LEVAQUIN		3	solution, tablet, vial
<i>levofloxacin</i>	(Levaquin)	1	GC vial
<i>levofloxacin</i>	(Levaquin)	2	GC solution, tablet

Drug Name	Drug Tier	Requirements/Limits	
<i>levofloxacin/dextrose 5%- water</i> (Levaquin)	1	GC	
<i>nalidixic acid</i> (Nalidixic Acid)	1	GC	
<i>ofloxacin</i> (Floxin)	2	GC	
Sulfonamides (Systemic)			
<i>sulfadiazine</i> (Sulfadiazine)	2	GC	
<i>sulfamethoxazole/ trimethoprim</i> (Bactrim DS)	1	GC	
<i>sulfasalazine</i> (Azulfidine)	1	GC	
Tetracyclines			
<i>demeclocycline hcl</i> (Declomycin)	2	GC	
<i>doxycycline hyclate</i> (Morgidox)	1	GC	
<i>doxycycline monohydrate</i> (Adoxa)	1	GC	capsule: 75mg
<i>doxycycline monohydrate</i> (Adoxa)	1	GC	tablet
<i>doxycycline monohydrate</i> (Adoxa)	2	GC	capsule: 150mg
MINOCIN	5		vial
<i>minocycline hcl</i> (Dynacin)	1	GC	capsule
<i>minocycline hcl</i> (Dynacin)	2	GC	tab er 24h, tablet
<i>tetracycline hcl</i> (Ala-tet)	1	GC	capsule
<i>tetracycline hcl</i> (Tetracycline HCl)	1	GC	oral susp
TYGACIL	5		
VIBRAMYCIN	3		syrup
Anticholinergic Agents			
Antimuscarinics/Antispasmodics			
<i>atropine sulfate</i> (Atropine Sulfate)	1	GC	ampul, vial
<i>atropine sulfate</i> (Atropine Sulfate)	1	GC	disp syrin
ATROVENT HFA	3	QL: 25.8 in 28 days	
CANTIL	3		
<i>dicyclomine hcl</i> (Bentyl)	2	GC	capsule, syrup, tablet
<i>glycopyrrolate</i> (Robinul)	1	GC	vial
<i>glycopyrrolate</i> (Robinul)	2	GC	tablet
<i>isopropamide/ prochlorperazine</i> (Isopropamide/prochlorperazine)	1	GC	
<i>methscopolamine bromide</i> (Pamine)	1	GC	
SPIRIVA	3	QL: 30 in 30 days	
Anticonvulsants			
Anticonvulsants, Miscellaneous			
BANZEL	4	ST	

Drug Name		Drug Tier	Requirements/Limits	
<i>carbamazepine</i>	(Carbatrol)	2	GC	cpmp 12hr
<i>carbamazepine</i>	(Tegretol XR)	2	GC	oral susp, tab er 12h
<i>carbamazepine</i>	(Tegretol)	1	GC	tab chew, tablet
CARBATROL		3		
<i>divalproex sodium</i>	(Depakote ER)	2	GC	cap sprink, tab er 24h
<i>divalproex sodium</i>	(Depakote)	1	GC	tablet dr
<i>felbamate</i>	(Felbatol)	2	GC	
FELBATOL		3		
<i>gabapentin</i>	(Neurontin)	1	GC	capsule
<i>gabapentin</i>	(Neurontin)	2	GC	solution, tablet
GABITRIL		3		
<i>lamotrigine</i>	(Lamictal)	2	GC	tablet, tb chw dsp
<i>lamotrigine</i>	(Lamotrigine)	1	GC	tab ds pk: 25(84)-100
<i>lamotrigine</i>	(Lamotrigine)	2	GC	tab ds pk: 25(42)-100, 25mg(35)
<i>levetiracetam</i>	(Keppra XR)	2	GC	tab er 24h
<i>levetiracetam</i>	(Keppra)	1	GC	vial
<i>levetiracetam</i>	(Keppra)	2	GC	solution, tablet
LYRICA		3	QL: 93 in 31 days	
<i>magnesium chloride</i>	(Magnesium Chloride)	1	GC	
<i>magnesium sulfite</i>	(Magnesium Sulfate)	1	GC	disp syrin, infus. btl, piggyback
<i>magnesium sulfite</i>	(Magnesium Sulfate)	1	GC	vial
<i>magnesium sulfite/d5w</i>	(Magnesium Sulfate/D5W)	1	GC	piggyback
<i>magnesium sulfite/d5w</i>	(Magnesium Sulfate/D5W)	1	GC	plast. bag
<i>oxcarbazepine</i>	(Trileptal)	2	GC	
<i>primidone</i>	(Mysoline)	1	GC	
SABRIL		5		
TEGRETOL XR		3		tab er 12h: 100mg
<i>topiramate</i>	(Topamax)	1	GC	
<i>valproate sodium</i>	(Depakene)	1	GC	
<i>valproic acid</i>	(Depakene)	1	GC	
VIMPAT		4	ST, QL: 1200 in 30 days	solution
VIMPAT		4	ST, QL: 200 in 5 days	vial

Drug Name	Drug Tier	Requirements/Limits	
VIMPAT	4	ST, QL: 60 in 30 days	tablet
<i>zonisamide</i> (Zonegran)	1	GC	
Hydantoins			
DILANTIN	3		capsule: 30mg
DILANTIN	3		tab chew
<i>fosphenytoin sodium</i> (Cerebyx)	1	GC	
PEGANONE	3		
PHENYTEK	3		
<i>phenytoin sodium extended</i> (Dilantin)	1	GC	
<i>phenytoin sodium</i> (Phenytoin Sodium)	1	GC	
<i>phenytoin</i> (Dilantin-125)	1	GC	
Succinimides			
CELONTIN	3		
<i>ethosuximide</i> (Zarontin)	1	GC	syrup
<i>ethosuximide</i> (Zarontin)	2	GC	capsule
Antidiabetic Agents			
Antidiabetic Agents, Miscellaneous			
<i>acarbose</i> (Precose)	2	GC, QL: 90 in 30 days	
BYETTA	3	PA, QL: 1.2 in 28 days	pen injctr: 5mcg/ 0.02
BYETTA	3	PA, QL: 2.4 in 28 days	pen injctr: 10mcg/ 0.04
GLYSET	4	QL: 90 in 30 days	
JANUMET	3	ST, QL: 60 in 30 days	
JANUVIA	3	ST, QL: 30 in 30 days	
JUVISYNC	3	ST, QL: 30 in 30 days	

Drug Name	Drug Tier	Requirements/Limits	
KOMBIGLYZE XR	3	ST, QL: 30 in 30 days	
<i>metformin hcl</i> (Fortamet)	1	GC, QL: 60 in 30 days	tab er 24
<i>metformin hcl</i> (Glucophage)	1	GC, QL: 120 in 30 days	tab er 24h: 500mg; tablet: 500mg
<i>metformin hcl</i> (Glucophage)	1	GC, QL: 60 in 30 days	tablet: 1000mg
<i>metformin hcl</i> (Glucophage)	1	GC, QL: 90 in 30 days	tab er 24h: 750mg; tablet: 850mg
<i>nateglinide</i> (Starlix)	2	GC, QL: 90 in 30 days	
ONGLYZA	3	ST, QL: 30 in 30 days	
PRANDIMET	3	ST, QL: 150 in 30 days	
PRANDIN	3	ST, QL: 240 in 30 days	
SYMLIN	3	PA, QL: 20 in 28 days	
SYMLINPEN 120	3	PA, QL: 5.4 in 28 days	
SYMLINPEN 60	3	PA, QL: 3 in 28 days	
TRADJENTA	3	ST, QL: 30 in 30 days	
VICTOZA 3-PAK	3	PA, QL: 9 in 28 days	

Drug Name	Drug Tier	Requirements/Limits	
Insulins			
HUMALOG MIX 50-50	3	QL: 30 in 28 days	insuln pen
HUMALOG MIX 50-50	3	QL: 40 in 28 days	vial
HUMALOG MIX 75-25	3	QL: 30 in 28 days	insuln pen
HUMALOG MIX 75-25	3	QL: 40 in 28 days	vial
HUMALOG	3	QL: 30 in 28 days	insuln pen
HUMALOG	3	QL: 40 in 28 days	vial
HUMULIN 50-50	3	QL: 40 in 28 days	
HUMULIN 70-30	3	QL: 30 in 28 days	insuln pen
HUMULIN 70-30	3	QL: 40 in 28 days	vial
HUMULIN N	3	QL: 30 in 28 days	insuln pen
HUMULIN N	3	QL: 40 in 28 days	vial
HUMULIN R	3	QL: 40 in 28 days	
LANTUS SOLOSTAR	3	QL: 30 in 28 days	
LANTUS	3	QL: 40 in 28 days	
LEVEMIR	3	ST, QL: 30 in 28 days	insuln pen
LEVEMIR	3	ST, QL: 40 in 28 days	vial
NOVOLIN 70-30 INNOLET	3	QL: 30 in 28 days	
NOVOLIN 70-30	3	QL: 40 in 28 days	
NOVOLIN N INNOLET	3	QL: 30 in 28 days	

Drug Name	Drug Tier	Requirements/Limits	
NOVOLIN N	3	QL: 40 in 28 days	
NOVOLIN R	3	QL: 30 in 28 days	insuln pen
NOVOLIN R	3	QL: 40 in 28 days	vial
NOVOLOG MIX 70-30	3	QL: 30 in 28 days	insuln pen
NOVOLOG MIX 70-30	3	QL: 40 in 28 days	vial
NOVOLOG	3	QL: 30 in 28 days	insuln pen
NOVOLOG	3	QL: 40 in 28 days	vial
Sulfonylureas			
<i>glimepiride</i> (Amaryl)	1	GC, QL: 30 in 30 days	tablet: 1mg, 2mg
<i>glimepiride</i> (Amaryl)	1	GC, QL: 60 in 30 days	tablet: 4mg
<i>glipizide</i> (Glucotrol XL)	1	GC, QL: 30 in 30 days	tab er 24: 2.5mg, 5mg
<i>glipizide</i> (Glucotrol)	1	GC, QL: 120 in 30 days	tablet: 10mg
<i>glipizide</i> (Glucotrol)	1	GC, QL: 60 in 30 days	tab er 24: 10mg; tablet: 5mg
<i>glipizide/metformin hcl</i> (Metaglip)	2	GC, QL: 120 in 30 days	tablet: 2.5-500mg, 5mg-500mg
<i>glipizide/metformin hcl</i> (Metaglip)	2	GC, QL: 60 in 30 days	tablet: 2.5-250mg
<i>glyburide</i> (Micronase)	1	GC, QL: 120 in 30 days	tablet: 5mg
<i>glyburide</i> (Micronase)	1	GC, QL: 30 in 30 days	tablet: 1.25mg, 2.5mg

Drug Name	Drug Tier	Requirements/Limits	
<i>glyburide,micronized</i> (Glynase)	1	GC, QL: 30 in 30 days	tablet: 1.5mg, 3mg
<i>glyburide,micronized</i> (Glynase)	1	GC, QL: 60 in 30 days	tablet: 6mg
<i>glyburide/metformin hcl</i> (Glucovance)	1	GC, QL: 120 in 30 days	tablet: 2.5-500mg, 5mg-500mg
<i>glyburide/metformin hcl</i> (Glucovance)	1	GC, QL: 60 in 30 days	tablet: 1.25-250mg
<i>tolazamide</i> (Tolazamide)	1	GC, QL: 120 in 30 days	tablet: 250mg
<i>tolazamide</i> (Tolazamide)	1	GC, QL: 60 in 30 days	tablet: 500mg
<i>tolbutamide</i> (Tolbutamide)	1	GC, QL: 180 in 30 days	
Thiazolidinediones			
ACTOPLUS MET XR	3	ST, QL: 60 in 30 days	
ACTOPLUS MET	3	ST, QL: 90 in 30 days	
ACTOS	3	ST, QL: 30 in 30 days	
AVANDAMET	3	ST, QL: 60 in 30 days	
AVANDARYL	3	ST, QL: 30 in 30 days	
AVANDIA	3	ST, QL: 30 in 30 days	
DUETACT	3	ST, QL: 30 in 30 days	

Drug Name	Drug Tier	Requirements/Limits
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Antidiarrhea Agents

Antidiarrhea Agents		
<i>diphenoxylate hcl/atropine</i> (Lomotil)	1	GC
<i>loperamide hcl</i> (Loperamide HCl)	1	GC
<i>paregoric</i> (Paregoric)	2	GC

Antiemetics

5-ht3 Receptor Antagonists		
<i>granisetron hcl</i> (Kytril)	1	GC, PA solution
<i>granisetron hcl</i> (Kytril)	2	GC, PA tablet
<i>granisetron hcl</i> (Kytril)	2	GC vial
<i>granisetron hcl/pf</i> (Kytril)	1	GC
<i>ondansetron hcl</i> (Zofran)	2	GC, PA solution, tablet
<i>ondansetron hcl</i> (Zofran)	2	GC vial
<i>ondansetron</i> (Zofran Odt)	2	GC, PA
<i>ondansetron/sod cl/pf</i> (Ondansetron/sod Cl/PF)	2	GC

Antiemetics, Miscellaneous

CESAMET	4	
<i>dronabinol</i> (Marinol)	2	GC
EMEND	3	PA, QL: capsule: 40mg, 125mg 1 per fill
EMEND	3	PA, QL: capsule: 80mg 2 per fill
EMEND	3	PA, QL: cap ds pk 3 per fill
EMEND	3	QL: 2 in vial 28 days

Antihistamines (GI Drugs)

ANTIVERT	3	tablet: 50mg
<i>dimenhydrinate</i> (Dimenhydrinate)	1	GC
<i>meclizine hcl</i> (Antivert)	1	GC
<i>prochlorperazine edisylate</i> (Compazine)	1	GC
<i>prochlorperazine maleate</i> (Compazine)	1	GC

Antifungal (Systemic)

Antifungals, Miscellaneous		
ABELCET	5	PA
AMBISOME	3	PA
AMPHOTEC	3	PA
<i>amphotericin b</i> (Amphotericin B)	2	GC, PA
ANCOBON	5	
<i>flucytosine</i> (Ancobon)	5	
<i>griseofulvin, microsize</i> (Grifulvin V)	1	GC

Drug Name		Drug Tier	Requirements/Limits	
GRIS-PEG		4		
<i>nystatin</i>	(Nystatin)	1	GC	oral susp, tablet
<i>nystatin</i>	(Nystatin)	1	GC	powder
<i>terbinafine hcl</i>	(Lamisil)	1	GC	
<i>triacetin</i>	(Triacetin)	1	GC	
Azoles				
<i>fluconazole in saline, iso-osm</i>	(Diflucan in Saline)	1	GC	
<i>fluconazole</i>	(Diflucan)	1	GC	tablet
<i>fluconazole</i>	(Diflucan)	2	GC	susp recon
<i>itraconazole</i>	(Sporanox)	2	GC	
<i>ketoconazole</i>	(Nizoral)	1	GC	
NOXAFIL		5		
SPORANOX		3		solution
VFEND IV		3		
VFEND		5		susp recon
<i>voriconazole</i>	(Vfend)	5		
Echinocandins				
CANCIDAS		5		
ERAXIS (WATER DILUENT)		5		
Antiglaucoma Agents				
Antiglaucoma Agents				
<i>acetazolamide sodium</i>	(Acetazolamide Sodium)	1	GC	
<i>acetazolamide</i>	(Acetazolamide)	1	GC	tablet
<i>acetazolamide</i>	(Diamox Sequels)	2	GC	capsule er
ALPHAGAN P		3		drops: 0.1%
AZOPT		3		
<i>betaxolol hcl</i>	(Betaxolol HCl)	1	GC	
BETIMOL		3	ST	
<i>brimonidine tartrate</i>	(Alphagan P)	1	GC	drops: 0.15%
<i>brimonidine tartrate</i>	(Alphagan P)	1	GC	drops: 0.2%
COMBIGAN		3		
<i>dorzolamide hcl</i>	(Trusopt)	1	GC	
<i>dorzolamide hcl/timolol maleat</i>	(Cosopt)	1	GC	
ISOPTO CARPINE		3		drops: 8%
ISTALOL		3		
<i>latanoprost</i>	(Xalatan)	1	GC	
<i>levobunolol hcl</i>	(Betagan)	1	GC	

Drug Name	Drug Tier	Requirements/Limits
LUMIGAN	3	QL: 2.5 in 25 days
<i>methazolamide</i> (Neptazane)	1	GC
<i>metipranolol</i> (Optipranolol)	1	GC
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl</i> (Isopto Carpine)	1	GC
PILOPINE HS	4	
<i>timolol maleate</i> (Timoptic)	1	GC
TRAVATAN Z	3	QL: 2.5 in 25 days
Anti-infectives (EENT)		
Anti-infectives (EENT)		
<i>acetic acid</i> (Vosol)	1	GC
<i>acetic acid/aluminum acetate</i> (Domeboro)	1	GC
<i>acetic acid/hydrocortisone</i> (Vosol HC)	2	GC
<i>bacitracin</i> (Bacitracin)	1	GC
<i>bacitracin/polymyxin b sulfate</i> (Polycin-b)	1	GC
BLEPHAMIDE S.O.P.	3	
BLEPHAMIDE	3	
<i>chlorhexidine gluconate</i> (Peridex)	1	GC
CIPRO HC	3	
CIPRODEX	3	
<i>ciprofloxacin hcl</i> (Ciloxan)	1	GC
COLY-MYCIN S	3	
CORTISPORIN-TC	3	
<i>cresyl ace/ben alc/butanol/ipa</i> (Cresyl Ace/ben Alc/butanol/ipa)	1	GC
<i>doxycycline hyclate</i> (Periostat)	1	GC
<i>erythromycin base</i> (Ilotycin)	1	GC
<i>gentamicin sulfate</i> (Garamycin)	1	GC
<i>levofloxacin</i> (Quixin)	1	GC
MOXEZA	3	
NATACYN	3	
<i>neo/polymyx b sulf/dexameth</i> (Maxitrol)	1	GC
<i>neomy sulf/bacitra/polymyxin b</i> (Neo-polycin)	1	GC

Drug Name	Drug Tier	Requirements/Limits	
<i>neomy sulf/bacitrac zn/ poly/hc</i> (Triple Antibiotic HC)	1	GC	
<i>neomy sulf/polymyx b sulf/ hc</i> (Oticin HC)	1	GC	
<i>neomycin sulfate/dex na ph</i> (Neomycin Sulfate/dex Na Ph)	1	GC	
<i>neomycin/polymyxn b/ gramicidin</i> (Neosporin)	1	GC	
<i>ofloxacin</i> (Ocuflox)	1	GC	
<i>polymyxin b sulfate/tmp</i> (Polytrim)	1	GC	
POLY-PRED	3		
<i>sulfacetamide sodium</i> (Sulfac)	1	GC	drops
<i>sulfacetamide sodium</i> (Sulfacetamide Sodium)	1	GC	oint. (g)
<i>sulfacetm na/prednis sp</i> (Sulfacetm Na/prednis Sp)	1	GC	
<i>tobramycin sulf/ dexamethasone</i> (Tobradex)	1	GC	
<i>tobramycin sulfate</i> (Tobrex)	1	GC	
<i>trifluridine</i> (Viroptic)	2	GC	
VIGAMOX	3		
ZYLET	3		
ZYMAR	3		
ZYMAXID	3		
Anti-infectives (Skin and Mucous Membrane)			
Antibacterials (Skin and Mucous Membrane)			
<i>clindamycin phos/benzoyl perox</i> (Benzaclin)	1	GC	
<i>clindamycin phosphate</i> (Cleocin T)	1	GC	
<i>erythromycin base/benz per</i> (Benzamycin)	1	GC	
<i>erythromycin base/ethanol</i> (Emgel)	1	GC	
<i>gentamicin sulfate</i> (Gentamicin Sulfate)	1	GC	
<i>metronidazole</i> (Metrocream)	1	GC	
<i>mupirocin</i> (Bactroban)	1	GC	
<i>neomy sulf/polymyxin b sulfate</i> (Neosporin G.U. Irrigant)	1	GC	
Antifungals (Skin and Mucous Membrane)			
<i>ciclopirox olamine</i> (Loprox)	1	GC	suspension
<i>ciclopirox olamine</i> (Loprox)	2	GC	cream (g)
<i>ciclopirox</i> (Penlac)	2	GC	
<i>clotrimazole</i> (Mycelex)	1	GC	
<i>clotrimazole/betamet diprop</i> (Lotrisone)	1	GC	

Drug Name		Drug Tier	Requirements/Limits	
<i>econazole nitrate</i>	(Spectazole)	1	GC	
EXELDERM		3		
GYNAZOLE-1		3		
<i>ketoconazole</i>	(Extina)	2	GC	foam
<i>ketoconazole</i>	(Kuric)	1	GC	cream (g), shampoo
LAMISIL		3		
<i>miconazole nitrate</i>	(Monistat 3)	1	GC	
NAFTIN		3		
<i>nystatin</i>	(Mycostatin)	1	GC	cream (g), oint. (g), powder
<i>nystatin</i>	(Nystatin)	1	GC	tablet
<i>nystatin/triamcin</i>	(Mycogen II)	1	GC	
<i>sod propionate/inosi/aa14/urea</i>	(Sod Propionate/inosi/aa14/urea)	1	GC	
<i>sodium thiosulfate/sal acid</i>	(Sodium Thiosulfate/sal Acid)	1	GC	
<i>terconazole</i>	(Terazol 7)	1	GC	
Antivirals (Skin and Mucous Membrane)				
DENA VIR		3		
ZOVIRAX		3	QL: 10 per fill	cream (g)
ZOVIRAX		3	QL: 30 per fill	oint. (g)
Local Anti-infectives, Miscellaneous				
<i>acetic ac/ricinoleic/oxyquinol</i>	(Acetic Ac/ricinoleic/oxyquinol)	1	GC	
<i>alcohol antiseptic pads</i>	(Alcohol Antiseptic Pads)	1	GC	
AVC		3		
<i>selenium sulfide</i>	(Selenium Sulfide)	1	GC	suspension
<i>selenium sulfide</i>	(Selseb)	1	GC	shampoo
<i>silver nitrate</i>	(Silver Nitrate)	1	GC	
<i>silver sulfadiazine</i>	(Thermazene)	1	GC	cream (g): 1%
<i>sulfacetamide sodium</i>	(Klaron)	2	GC	
Scabicides and Pediculicides				
EURAX		3		
<i>lindane</i>	(Lindane)	2	GC	
<i>malathion</i>	(Ovide)	1	GC	
<i>permethrin</i>	(Elimite)	1	GC	
Anti-infectives (systemic), Miscellaneous				
Anti-infectives (systemic), Miscellaneous				
FUROXONE		3		

Drug Name	Drug Tier	Requirements/Limits	
Anti-inflammatory Agents (EENT)			
Anti-inflammatory Agents (EENT)			
ALREX	3		
BROMDAY	3		
<i>bromfenac sodium</i> (Bromfenac Sodium)	2	GC	
DERMOTIC	3		
<i>dexamethasone sod phosphate</i> (Ak-dex)	1	GC	
<i>diclofenac sodium</i> (Voltaren)	1	GC	
DUREZOL	3		
<i>flunisolide</i> (Nasarel)	1	GC, QL: 25 in 25 days	
<i>fluocinolone acetonide oil</i> (Dermotic)	1	GC	
<i>fluorometholone</i> (Fluorometholone)	1	GC	
<i>flurbiprofen sodium</i> (Ocufen)	1	GC	
<i>fluticasone propionate</i> (Flonase)	1	GC, QL: 16 in 30 days	
<i>ketorolac tromethamine</i> (Acular LS)	1	GC	drops: 0.5%
<i>ketorolac tromethamine</i> (Acular LS)	2	GC	drops: 0.4%
LOTEMAX	3		drops susp
LOTEMAX	3		oint. (g)
NASONEX	3	QL: 34 in 28 days	
NEVANAC	3		
<i>prednisolone acetate</i> (Pred Forte)	1	GC	
<i>prednisolone sod phosphate</i> (Prednisol)	1	GC	
RESTASIS	4	PA, QL: 64 in 31 days	
<i>triamcinolone acetonide</i> (Nasacort Aq)	2	GC, QL: 16.5 in 30 days	
Anti-inflammatory Agents (GI Drugs)			
Anti-inflammatory Agents (GI Drugs)			
APRISO	4		
ASACOL HD	3		
ASACOL	4		
<i>balsalazide disodium</i> (Colazal)	2	GC	
DIPENTUM	3		

Drug Name		Drug Tier	Requirements/Limits	
<i>mesalamine</i>	(Rowasa)	2	GC	
PENTASA		4		
Anti-inflammatory Agents (Respiratory)				
Anti-inflammatory Agents (Respiratory)				
<i>cromolyn sodium</i>	(Cromolyn Sodium)	1	GC	drops
<i>cromolyn sodium</i>	(Intal)	1	GC, PA	ampul-neb
GASTROCROM		4		
SINGULAIR		3		
<i>zafirlukast</i>	(Accolate)	1	GC	
ZYFLO CR		3		
ZYFLO		3		
Anti-inflammatory Agents (Skin and Mucous)				
Anti-inflammatory Agents (Skin and Mucous)				
<i>alclometasone dipropionate</i>	(Aclovate)	1	GC	
<i>amcinonide</i>	(Amcinonide)	1	GC	
APEXICON E		4		
<i>betamet diprop/prop gly</i>	(Diprolene AF)	1	GC	
<i>betamethasone dipropionate</i>	(Betamethasone Dipropionate)	1	GC	gel (gram)
<i>betamethasone dipropionate</i>	(Del-beta)	1	GC	cream (g), lotion, oint. (g)
<i>betamethasone valerate</i>	(Betamethasone Valerate)	1	GC	
<i>clobetasol propionate</i>	(Olux)	2	GC	foam
<i>clobetasol propionate</i>	(Temovate)	1	GC	cream (g), gel (gram), oint. (g), solution
CLODERM		4		
CORDRAN SP		4		
CORDRAN		4		lotion, med. tape
CORDRAN		4		oint. (g)
CUTIVATE		4		lotion
<i>desonide</i>	(Desowen)	1	GC	cream (g), lotion, oint. (g): 0.05%
<i>desoximetasone</i>	(Topicort)	2	GC	
<i>diflorasone diacetate</i>	(Psorcon)	1	GC	
<i>fluocinolone acetonide</i>	(Synalar)	1	GC	cream (g): 0.01%; oil
<i>fluocinolone acetonide</i>	(Synalar)	1	GC	cream (g): 0.025%; cream(gm), oint. (g), solution
<i>fluocinolone/shower cap</i>	(Derma-smoothe-fs)	1	GC	

Drug Name		Drug Tier	Requirements/Limits	
<i>fluocinonide</i>	(Lidex)	1	GC	
<i>fluticasone propionate</i>	(Cutivate)	1	GC	
<i>halobetasol propionate</i>	(Ultravate)	1	GC	
<i>hydrocortisone acetate</i>	(Hydrocortisone Acetate)	1	GC	
<i>hydrocortisone acetate/alo ver</i>	(Nuzon)	1	GC	
<i>hydrocortisone acetate/ urea</i>	(Carmol HC)	1	GC	
<i>hydrocortisone butyrate</i>	(Locoid)	1	GC	
<i>hydrocortisone valerate</i>	(Westcort)	1	GC	
<i>hydrocortisone</i>	(Anusol-HC)	1	GC	cream (g), lotion, oint. (g)
<i>hydrocortisone</i>	(Cortenema)	2	GC	enema
<i>mometasone furoate</i>	(Elocon)	1	GC	
<i>prednicarbate</i>	(Dermatop)	1	GC	
<i>triamcinolone acetonide</i>	(Triamcinolone Acetonide)	1	GC	cream
<i>triamcinolone acetonide</i>	(Triamcinolone Acetonide)	1	GC	cream (g), lotion, ointment (g), paste (g)
Antilipemic Agents				
Antilipemic Agents, Miscellaneous				
LOVAZA		3		
<i>niacin</i>	(Niacin)	1	GC	tablet: 500mg
NIASPAN		3		
ZETIA		4		
Bile Acid Sequestrants				
<i>cholestyramine (with sugar)</i>	(Questran)	2	GC	
<i>cholestyramine/aspartame</i>	(Questran Light)	2	GC	
<i>colestipol hcl</i>	(Colestid)	2	GC	
WELCHOL		3		
Fibric Acid Derivatives				
<i>fenofibrate</i>	(Lofibra)	1	GC	
<i>fenofibrate, micronized</i>	(Lofibra)	1	GC	
<i>fenofibric acid</i>	(Fibricor)	1	GC	
<i>gemfibrozil</i>	(Lopid)	1	GC	
LIPOFEN		3		
TRICOR		3		
TRILIPIX		3		
HMG-CoA Reductase Inhibitors				
<i>amlodipine/atorvastatin</i>	(Caduet)	2	GC	
CRESTOR		3		
LIPITOR		1	GC	

Drug Name		Drug Tier	Requirements/Limits	
<i>lovastatin</i>	(Mevacor)	1	GC	
<i>pravastatin sodium</i>	(Pravachol)	1	GC	
<i>simvastatin</i>	(Zocor)	1	GC	
Antimigraine Agents				
Selective Serotonin Agonists				
MAXALT MLT		3	ST, QL: 18 in 28 days	
MAXALT		3	ST, QL: 18 in 28 days	
<i>naratriptan hcl</i>	(Amerge)	1	GC, QL: 9 in 28 days	
RELPAK		4	ST, QL: 6 in 28 days	
<i>sumatriptan succinate</i>	(Imitrex)	1	GC, QL: 9 in 28 days	tablet
<i>sumatriptan succinate</i>	(Imitrex)	2	GC, QL: 4 in 28 days	cartridge
<i>sumatriptan succinate</i>	(Imitrex)	2	GC, QL: 4 in 28 days	vial
<i>sumatriptan</i>	(Imitrex)	2	GC, QL: 12 in 28 days	spray: 20mg
<i>sumatriptan</i>	(Imitrex)	2	GC, QL: 18 in 28 days	spray: 5mg
Antimycobacterials				
Antimycobacterials				
CAPASTAT SULFATE		3		
<i>cycloserine</i>	(Cycloserine)	4		
<i>dapsone</i>	(Dapsone)	1	GC	
<i>ethambutol hcl</i>	(Myambutol)	1	GC	
<i>isoniazid</i>	(Isoniazid)	1	GC	
MYCOBUTIN		3		
PASER		3		
PRIFTIN		3		

Drug Name		Drug Tier	Requirements/Limits	
<i>pyrazinamide</i>	(Pyrazinamide)	1	GC	
<i>rifampin</i>	(Rifadin)	2	GC	
<i>rifampin/isoniazid</i>	(Rifamate)	1	GC	
RIFATER		3		
SEROMYCIN		4		
TRECTOR		3		
Antineoplastic Agents				
Antineoplastic Agents				
ABRAXANE		3		
ADCETRIS		5		
AFINITOR		5		
ALIMTA		5		
<i>anastrozole</i>	(Arimidex)	1	GC, PA	
ARRANON		3		
ARZERRA		5	PA, QL: 80 in 30 days	
AVASTIN		5		
BEXXAR		3		
<i>bicalutamide</i>	(Casodex)	2	GC	
BICNU		3		
<i>bleomycin sulfate</i>	(Blenoxane)	1	GC, PA	
BUSULFEX		3		
CAMPATH		3		
CAPRELSA		5	PA, QL: 30 in 30 days	tablet: 300mg
CAPRELSA		5	PA, QL: 60 in 30 days	tablet: 100mg
<i>carboplatin</i>	(Paraplatin)	1	GC	
CEENU		3		
<i>cisplatin</i>	(Cisplatin)	1	GC	
<i>cladribine</i>	(Leustatin)	1	GC, PA	
CLOLAR		3		
<i>cyclophosphamide</i>	(Cytoxan)	2	GC, PA, ST	tablet
<i>cyclophosphamide</i>	(Cytoxan)	2	GC, PA	vial
<i>cytarabine/pf</i>	(Cytarabine/PF)	1	GC, PA	
<i>dacarbazine</i>	(Dtic-Dome IV)	1	GC	
DACOGEN		5		
<i>dactinomycin</i>	(Cosmegen)	1	GC	

Drug Name		Drug Tier	Requirements/Limits
<i>daunorubicin hcl</i>	(Cerubidine)	1	GC
DAUNOXOME		3	
DOCEFREZ		5	
<i>docetaxel</i>	(Taxotere)	5	vial: 20mg/2ml
<i>docetaxel</i>	(Taxotere)	5	vial: fnl20mg/2, 20mg/ml(1)
DOXIL		3	PA
<i>doxorubicin hcl</i>	(Adriamycin RDF)	1	GC, PA vial: 10mg
DROXIA		3	
ELIGARD		3	QL: 1 in 112 days disp syrin: 30mg
ELIGARD		3	QL: 1 in 28 days disp syrin: 7.5mg
ELIGARD		3	QL: 1 in 84 days disp syrin: 22.5mg
ELIGARD		5	QL: 1 in 168 days disp syrin: 45mg
ELSPAR		3	
EMCYT		3	
<i>epirubicin hcl</i>	(Ellence)	1	GC
ERBITUX		3	
ETOPOPHOS		3	
<i>etoposide</i>	(Etoposide)	2	GC
<i>exemestane</i>	(Aromasin)	2	GC, PA
FARESTON		3	
FASLODEX		5	disp syrin: 125mg/ 2.5
FASLODEX		5	disp syrin: 250mg/ 5ml
FIRMAGON		4	
<i>floxuridine</i>	(FUDR)	1	GC, PA
<i>fludarabine phosphate</i>	(Fludara)	5	
<i>fluorouracil</i>	(Fluorouracil)	2	GC, PA
<i>flutamide</i>	(Flutamide)	2	GC
FOLOTYN		5	
<i>gemcitabine hcl</i>	(Gemzar)	5	vial: 1g
<i>gemcitabine hcl</i>	(Gemzar)	5	vial: 1g/26.3ml
GLEEVEC		5	
HALAVEN		5	PA, QL: 6 in 28 days
HERCEPTIN		3	PA

Drug Name	Drug Tier	Requirements/Limits
HEXALEN	5	
<i>hydroxyurea</i> (Hydrea)	1	GC
<i>idarubicin hcl</i> (Idamycin Pfs)	1	GC
<i>ifosfamide</i> (Ifex)	1	GC, PA
<i>ifosfamide/mesna</i> (Ifex/mesnex)	1	GC, PA
IRESSA	5	PA, QL: 30 in 30 days
<i>irinotecan hcl</i> (Camptosar)	5	
ISTODAX	5	PA
IXEMPRA	5	
JEVTANA	5	
<i>letrozole</i> (Femara)	2	GC, PA
LEUKERAN	3	
<i>leuprolide acetate</i> (Lupron)	2	GC, QL: 2 in 28 days
LUPRON DEPOT	5	ST, QL: 1 in 112 days syringekit: 30mg
LUPRON DEPOT	5	ST, QL: 1 in 28 days syringekit: 3.75mg, 7.5mg
LUPRON DEPOT	5	ST, QL: 1 in 84 days syringekit: 11.25mg, 22.5mg
LUPRON DEPOT-PED	5	ST, QL: 1 in 28 days
LYSODREN	3	
MATULANE	5	
MEGACE ES	3	
<i>megestrol acetate</i> (Megace)	1	GC
<i>melphalan hcl</i> (Alkeran)	5	
<i>mercaptopurine</i> (Purinethol)	2	GC
<i>methotrexate sodium</i> (Methotrexate Sodium)	1	GC, PA, ST tablet
<i>methotrexate sodium</i> (Methotrexate Sodium)	1	GC, PA vial
<i>methotrexate sodium/pf</i> (Methotrexate Sodium/PF)	1	GC, PA
MITHRACIN	3	
<i>mitomycin</i> (Mutamycin)	1	GC, PA
<i>mitoxantrone hcl</i> (Novantrone)	1	GC

Drug Name	Drug Tier	Requirements/Limits
MUSTARGEN	3	
MYLOTARG	3	
NEXAVAR	5	
NILANDRON	3	
ONCASPAR	3	
ONTAK	3	
<i>oxaliplatin</i> (Oxaliplatin)	5	
<i>paclitaxel</i> (Taxol)	1	GC
<i>pentostatin</i> (Nipent)	5	
PHOTOFRIN	3	
PROLEUKIN	5	
RITUXAN	5	PA
SPRYCEL	5	
SUTENT	5	
TABLOID	3	
<i>tamoxifen citrate</i> (Nolvadex)	1	GC
TARCEVA	5	PA, QL: 30 in 30 days
TARGRETIN	5	
TASIGNA	5	capsule: 150mg
TASIGNA	5	capsule: 200mg
TAXOTERE	5	
<i>thiotepa</i> (Thiotepa)	2	GC
<i>topotecan hcl</i> (Hycamtin)	5	
TORISEL	5	PA
TREANDA	5	
TRELSTAR	5	ST, QL: 1 in 168 days vial
TRELSTAR	5	ST, QL: 1 in 28 days disp syrin: 3.75mg/ 2ml
TRELSTAR	5	ST, QL: 1 in 84 days disp syrin: 11.25/ 2ml
<i>tretinoin</i> (Tretinoin)	5	
TREXALL	3	PA, ST
TRISENOX	3	
TYKERB	5	
VALSTAR	3	

Drug Name	Drug Tier	Requirements/Limits
VANDETANIB	5	PA, QL: 30 in 30 days tablet: 300mg
VANDETANIB	5	PA, QL: 60 in 30 days tablet: 100mg
VECTIBIX	3	
VELCADE	5	
VIDAZA	5	
<i>vinblastine sulfate</i> (Vinblastine Sulfate)	1	GC, PA
<i>vincristine sulfate</i> (Vincristine Sulfate)	1	GC, PA
<i>vinorelbine tartrate</i> (Navelbine)	1	GC
VOTRIENT	5	
VUMON	3	
XALKORI	5	PA, QL: 60 in 30 days
YERVOY	5	PA, QL: 30 in 21 days
ZANOSAR	5	
ZELBORAF	5	PA, QL: 240 in 30 days
ZOLADEX	4	QL: 1 in 28 days implant: 3.6mg
ZOLADEX	4	QL: 1 in 84 days implant: 10.8mg
ZOLINZA	5	
ZYTIGA	5	PA, QL: 120 in 30 days
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl</i> (Amantadine HCl)	1	GC
APOKYN	5	
AZILECT	3	
<i>benztropine mesylate</i> (Benztropine Mesylate)	1	GC
<i>bromocriptine mesylate</i> (Parlodel)	2	GC
<i>cabergoline</i> (Cabergoline)	2	GC
<i>carbidopa/levodopa</i> (Sinemet 25-100)	1	GC
COMTAN	3	

Drug Name		Drug Tier	Requirements/Limits
<i>pramipexole di-hcl</i>	(Mirapex)	2	GC
<i>ropinirole hcl</i>	(Requip)	2	GC
<i>selegiline hcl</i>	(Eldepryl)	1	GC
STALEVO 100		3	
STALEVO 125		3	
STALEVO 150		3	
STALEVO 200		3	
STALEVO 50		3	
STALEVO 75		3	
TASMAR		3	
<i>trihexyphenidyl hcl</i>	(Trihexyphenidyl HCl)	1	GC
ZELAPAR		3	
Antiprotozoal Agents			
Antiprotozoal Agents			
ALINIA		4	
<i>atovaquone/proguanil hcl</i>	(Malarone)	2	GC
<i>chloroquine phosphate</i>	(Aralen Phosphate)	1	GC
COARTEM		4	
DARAPRIM		3	
HALFAN		3	
<i>hydroxychloroquine sulfate</i>	(Plaquenil)	1	GC
MALARONE		3	
<i>mefloquine hcl</i>	(Lariam)	1	GC
MEPRON		5	
<i>metronidazole</i>	(Flagyl)	1	GC
<i>metronidazole/sodium chloride</i>	(Metro IV)	1	GC
<i>paromomycin sulfate</i>	(Humatin)	1	GC
<i>pentamidine isethionate</i>	(Pentam 300)	1	GC
PRIMAQUINE		3	
QUALAQUIN		4	PA, QL: 42 in 30 days
YODOXIN		3	
Antipruritics and Local Anesthetics			
Antipruritics and Local Anesthetics			
AMERICAINE		3	
ANACAINE		3	
<i>lidocaine hcl</i>	(Xylocaine)	1	GC
<i>lidocaine/prilocaine</i>	(EMLA)	1	GC
LIDODERM		4	

Drug Name	Drug Tier	Requirements/Limits	
<i>phenazopyridine hcl</i> (Urodol)	1	GC	
Antiulcer Agents			
Antiulcer Agents			
<i>cimetidine hcl</i> (Cimetidine HCl)	1	GC	
<i>cimetidine hcl/normal saline</i> (Cimetidine HCl/normal Saline)	1	GC	
<i>cimetidine</i> (Tagamet)	1	GC	
DEXILANT	3	ST	
<i>famotidine in saline, iso-os/pf</i> (Pepcid)	1	GC	
<i>famotidine</i> (Pepcid)	1	GC	
<i>lansoprazole</i> (Prevacid)	2	GC, ST	
<i>misoprostol</i> (Cytotec)	1	GC	
<i>nizatidine</i> (Axid)	2	GC	
<i>omeprazole</i> (Prilosec)	1	GC	capsule dr: 10mg, 20mg, 40mg
<i>omeprazole/sodium bicarbonate</i> (Zegerid)	1	GC	
<i>pantoprazole sodium</i> (Protonix)	1	GC	
PROTONIX IV	4		
<i>ranitidine hcl</i> (Zantac)	1	GC	
<i>sucralfate</i> (Carafate)	1	GC	tablet
<i>sucralfate</i> (Sucralfate)	2	GC	oral susp
Antivirals (Systemic)			
Antiretrovirals			
APTIVUS	4		solution
APTIVUS	5		capsule
ATRIPLA	5		
COMBIVIR	5		
COMPLERA	5		
CRIXIVAN	3		
<i>didanosine</i> (Videx EC)	2	GC	
EDURANT	5		
EMTRIVA	3		
EPIVIR HBV	4		
EPIVIR	4		
EPZICOM	5		
FUZEON	5		
INTELENCE	5		
INVIRASE	5		
ISENTRESS	5		
KALETRA	3		tablet: 100mg-25mg

Drug Name	Drug Tier	Requirements/Limits
KALETRA	5	solution, tablet: 200mg-50mg
<i>lamivudine</i> (Epivir)	2	GC
LEXIVA	3	oral susp
LEXIVA	5	tablet
NORVIR	3	
PREZISTA	3	tablet: 75mg
PREZISTA	5	tablet: 150mg, 400mg, 600mg
RESCRIPTOR	4	
RETROVIR	3	vial
REYATAZ	3	capsule: 100mg
REYATAZ	5	capsule: 150mg, 200mg, 300mg
SELZENTRY	5	
<i>stavudine</i> (Zerit)	1	GC
<i>stavudine</i> (Zerit)	2	GC
SUSTIVA	4	capsule: 100mg
SUSTIVA	4	capsule: 50mg, 200mg; tablet
TRIZIVIR	5	
TRUVADA	5	
VIDEX	3	
VIRACEPT	4	
VIRAMUNE XR	4	
VIRAMUNE	3	
VIREAD	3	
ZIAGEN	4	
<i>zidovudine</i> (Retrovir)	1	GC
<i>zidovudine</i> (Retrovir)	2	GC
Antivirals, Miscellaneous		
<i>foscarnet sodium</i> (Foscavir)	1	GC, PA
INCIVEK	5	PA, QL: 168 in 28 days
RELENZA	4	
<i>rimantadine hcl</i> (Flumadine)	1	GC
SYNAGIS	4	
TAMIFLU	3	QL: 42 in 180 days

Drug Name	Drug Tier	Requirements/Limits	
TAMIFLU	3	QL: 48 in 180 days	capsule: 45mg
TAMIFLU	3	QL: 525 in 180 days	susp recon: 12mg/ml
TAMIFLU	3	QL: 540 in 180 days	susp recon: 6mg/ml
TAMIFLU	3	QL: 84 in 180 days	capsule: 30mg
VICTRELIS	5	PA, QL: 336 in 28 days	
Interferons			
ALFERON N	5		
INTRON A	3	PA	pen ij kit: 3mm/0.2ml; vial: 10mmunit
INTRON A	5	PA	pen ij kit: 5mm/0.2ml, 10mm/0.2ml; vial: 6mmunit/ml
INTRON A	5	PA	vial: 50mmunit
PEGASYS PROCLICK	5	PA	
PEGASYS	5	PA	
PEGINTRON REDIPEN	5	PA	
PEGINTRON	5	PA	kit: 50mcg/0.5
PEGINTRON	5	PA	kit: 80mcg/0.5, 120mcg/0.5, 150mcg/0.5
SYLATRON 4-PACK	5	PA, QL: 1 in 28 days	
Nucleosides and Nucleotides			
<i>acyclovir sodium</i> (Acyclovir Sodium)	1	GC, PA	
<i>acyclovir</i> (Zovirax)	1	GC	capsule, tablet
<i>acyclovir</i> (Zovirax)	2	GC	oral susp
BARACLUDE	4		solution
BARACLUDE	5		tablet
<i>famciclovir</i> (Famvir)	2	GC	
<i>ganciclovir sodium</i> (Cytovene)	1	GC, PA	
<i>ganciclovir</i> (Cytovene)	2	GC	capsule: 250mg
<i>ganciclovir</i> (Cytovene)	5		capsule: 500mg

Drug Name	Drug Tier	Requirements/Limits
HEPSERA	5	
REBETOL	3	solution
<i>ribavirin</i> (Rebetol)	2	GC capsule, tablet
<i>ribavirin</i> (Ribatab)	5	tab ds pk
TYZEKA	5	
<i>valacyclovir hcl</i> (Valtrex)	1	GC
VALCYTE	4	PA soln recon
VALCYTE	5	tablet
VISTIDE	5	
Anxiolytics, Sedatives and Hypnotics		
Anxiolytics, Sedatives and Hypnotics, Miscellaneous		
<i>bupirone hcl</i> (Buspar)	1	GC
<i>chloral hydrate</i> (Chloral Hydrate)	1	GC
<i>droperidol</i> (Inapsine)	1	GC
<i>glutethimide</i> (Glutethimide)	1	GC
<i>hydroxyzine hcl</i> (Hydroxyzine HCl)	1	GC
<i>hydroxyzine pamoate</i> (Vistaril)	1	GC
LUNESTA	3	
<i>zaleplon</i> (Sonata)	1	GC
<i>zolpidem tartrate</i> (Ambien CR)	2	GC tab mphase
<i>zolpidem tartrate</i> (Ambien)	1	GC tablet
Astringents		
Astringents		
<i>aluminum chloride</i> (Drysol)	1	GC
XERAC AC	3	
Beta-Adrenergic Blocking Agents		
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl</i> (Sectral)	1	GC
<i>atenolol</i> (Tenormin)	1	GC
<i>atenolol/chlorthalidone</i> (Tenoretic 100)	1	GC
<i>betaxolol hcl</i> (Kerlone)	1	GC
<i>bisoprolol fumarate</i> (Zebeta)	1	GC
<i>bisoprolol fumarate/hctz</i> (Ziac)	1	GC
BYSTOLIC	3	
<i>carvedilol</i> (Coreg)	1	GC
COREG CR	3	
<i>esmolol hcl</i> (Esmolol HCl)	1	GC, PA
<i>labetalol hcl</i> (Trandate)	1	GC
<i>metoprolol succinate</i> (Toprol XL)	1	GC
<i>metoprolol tartrate</i> (Lopressor)	1	GC

Drug Name		Drug Tier	Requirements/Limits
<i>metoprolol/ hydrochlorothiazide</i>	(Lopressor HCT)	1	GC
<i>nadolol</i>	(Corgard)	1	GC
<i>nadolol/ bendroflumethiazide</i>	(Corzide)	1	GC
<i>pindolol</i>	(Pindolol)	1	GC
<i>propranolol hcl</i>	(Inderal)	1	GC
<i>propranolol/ hydrochlorothiazid</i>	(Inderide-40/25)	1	GC
<i>sotalol hcl</i>	(Betapace)	1	GC
SOTALOL HCL		4	
<i>timolol maleate</i>	(Timolol Maleate)	1	GC
Blood Derivatives			
Blood Derivatives			
ALBUKED-25		3	
ALBUKED-5		3	
ALBUMARC		3	
ALBUMIN (HUMAN)		3	
ALBUMINAR-25		3	
ALBUMINAR-5		3	
ALBURX		3	
ALBUTEIN		3	
BUMINATE		3	
FLEXBUMIN		3	
PLASBUMIN-25		3	
PLASBUMIN-5		3	
STERILE DILUENT		3	
Calcium-Channel Blocking Agents			
Calcium-Channel Blocking Agents, Miscellaneous			
CARDIZEM CD		3	cap er 24h: 360mg
<i>diltiazem hcl</i>	(Cardizem CD)	1	GC various dosage and/or strengths are available
<i>diltiazem hcl</i>	(Dilacor XR)	1	GC cap er deg: 240mg
<i>verapamil hcl</i>	(Calan)	1	GC ampul, cap24h pct, cap24h pel: 120mg, 180mg, 240mg; tablet, tablet er
<i>verapamil hcl</i>	(Verelan)	1	GC cap24h pel: 360mg
Dihydropyridines			
<i>amlodipine besylate</i>	(Norvasc)	1	GC

Drug Name	Drug Tier	Requirements/Limits	
<i>amlodipine besylate/ benazepril</i> (Lotrel)	2	GC	
AZOR	4	ST	
CARDENE I.V.	4	piggyback	
CLEVIPREX	4		
EXFORGE HCT	3	ST	
EXFORGE	3	ST	
<i>felodipine</i> (Plendil)	2	GC	
<i>isradipine</i> (Dynacirc)	2	GC	
<i>nicardipine hcl</i> (Nicardipine HCl)	1	GC	
<i>nifedipine</i> (Procardia XL)	1	GC	
<i>nimodipine</i> (Nimotop)	2	GC	
<i>nisoldipine</i> (Sular)	2	GC	
Caloric Agents			
Caloric Agents			
AMINOSYN II 3.5% M-DEXTROSE 5%	3	PA	
AMINOSYN II 3.5%-DEXTROSE 25%	3	PA	
AMINOSYN II 3.5%-DEXTROSE 5%	3	PA	
AMINOSYN II 4.25% M-DEXT 10%	3	PA	
AMINOSYN II 4.25%-DEXTROSE 25%	3	PA	
AMINOSYN II 5% IN 25% DEXTROSE	3	PA	
AMINOSYN II IN DEXTROSE	3	PA	
AMINOSYN II with LYTES-CA-DW	3	PA	iv soln: 3.5%
AMINOSYN II with LYTES-CA-DW	3	PA	iv soln: 4.25%
AMINOSYN II	3	PA	iv soln: 10%
AMINOSYN II	3	PA	iv soln: 15%
AMINOSYN II	3	PA	iv soln: 7%
AMINOSYN II	3	PA	iv soln: 8.5%
AMINOSYN M	3	PA	
AMINOSYN with ELECTROLYTES	3	PA	
AMINOSYN	3	PA	iv soln: 10%
AMINOSYN	3	PA	iv soln: 3.5%

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN	3	PA iv soln: 5%
AMINOSYN	3	PA iv soln: 7%
AMINOSYN	3	PA iv soln: 8.5%
AMINOSYN-HBC	3	PA
AMINOSYN-HF	3	PA
AMINOSYN-PF	3	PA iv soln: 10%
AMINOSYN-PF	3	PA iv soln: 7%
AMINOSYN-RF	3	PA
BRANCHAMIN	3	PA
CLINIMIX E	3	PA iv soln: 2.75%
CLINIMIX E	3	PA iv soln: 4.25%
CLINIMIX E	3	PA iv soln: 5%
CLINIMIX	3	PA iv soln: 2.75%
CLINIMIX	3	PA iv soln: 4.25%
CLINIMIX	3	PA iv soln: 5%
CLINISOL	3	PA
<i>cysteine hcl</i> (Cysteine HCl)	1	GC, PA
<i>dextrose 10%-0.5 normal saline</i> (Dextrose 10%-0.5 Normal Saline)	1	GC
<i>dextrose 10%-1/4 normal saline</i> (Dextrose 10%-1/4 Normal Saline)	1	GC
<i>dextrose 10%-normal saline</i> (Dextrose 10%-normal Saline)	1	GC
<i>dextrose 10%-water</i> (Dextrose 10%-water)	1	GC, PA
<i>dextrose 2.5%-0.5normal saline</i> (Dextrose 2.5%-0.5 Normal Saline)	1	GC
<i>dextrose 2.5%-water</i> (Dextrose 2.5%-water)	1	GC, PA
<i>dextrose 20%-water</i> (Dextrose 20%-water)	1	GC, PA
<i>dextrose 25%-water</i> (Dextrose 25%-water)	1	GC, PA
<i>dextrose 40%-water</i> (Dextrose 40%-water)	1	GC, PA
<i>dextrose 5%-1/2 normal saline</i> (Dextrose 5%-1/2 Normal Saline)	1	GC
<i>dextrose 5%-1/3 normal saline</i> (Dextrose 5%-1/3 Normal Saline)	1	GC
<i>dextrose 5%-1/4 normal saline</i> (Dextrose 5%-1/4 Normal Saline)	1	GC
<i>dextrose 5%-normal saline</i> (Dextrose 5%-Normal Saline)	1	GC
<i>dextrose 5%-water</i> (Dextrose 5%-water)	1	GC
<i>dextrose 50%-water</i> (Dextrose 50%-water)	1	GC, PA
<i>dextrose 60%-water</i> (Dextrose 60%-water)	1	GC, PA
<i>dextrose 70%-water</i> (Dextrose 70%-water)	1	GC, PA

Drug Name	Drug Tier	Requirements/Limits	
<i>ethyl alcohol/d5w</i> (Ethyl Alcohol/D5W)	1	GC	
FREAMINE HBC	3	PA	
FREAMINE III with ELECTROLYTES	3	PA	
FREAMINE III	3	PA	iv soln: 10%
FREAMINE III	3	PA	iv soln: 8.5%
<i>fructose 10%</i> (Fructose 10%)	1	GC, PA	
HEPATAMINE	3	PA	
HEPATASOL	3	PA	
INTRALIPID	3	PA	emulsion: 10%
INTRALIPID	3	PA	emulsion: 20%, 30%
LIPOSYN II	3	PA	
LIPOSYN III	3	PA	
NEPHRAMINE	3	PA	
NOVAMINE	3	PA	
NUTRESTORE	3		
PREMASOL	3	PA	iv soln: 10%
PREMASOL	3	PA	iv soln: 6%
PROCALAMINE	3	PA	
PROSOL	3	PA	
QUICK MIX with LYTES	3	PA	
RENAMIN	3	PA	
TRAVAMULSION	3	PA	
TRAVASOL W/ ELECTROLYTES	3	PA	iv soln.: 5.5%
TRAVASOL W/ ELECTROLYTES	3	PA	iv soln.: 8.5%
TRAVASOL with DEXTROSE	3	PA	iv soln: 8.5%
TRAVASOL with ELECTROLYTES	3	PA	
TRAVASOL	3	PA	iv soln: 10%
TRAVASOL	3	PA	iv soln: 5.5%
TRAVASOL	3	PA	iv soln: 8.5%
TRAVERT IN NORMAL SALINE	3	PA	
TRAVERT	3	PA	iv soln: 10%
TRAVERT	3	PA	iv soln: 5%
TROPHAMINE	3	PA	iv soln: 10%
TROPHAMINE	3	PA	iv soln: 6%

Drug Name	Drug Tier	Requirements/Limits
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Cardiac Drugs

Antiarrhythmic Agents		
<i>amiodarone hcl</i> (Amiodarone HCl)	1	GC disp syrin
<i>amiodarone hcl</i> (Cordarone)	1	GC ampul, tablet
<i>disopyramide phosphate</i> (Norpace)	2	GC capsule
<i>disopyramide phosphate</i> (Norpace)	2	GC capsule er
<i>flecainide acetate</i> (Tambocor)	2	GC
<i>lidocaine hcl</i> (Lidocaine HCl)	1	GC
<i>lidocaine hcl/d5w/pf</i> (Lidocaine HCl/d5w/PF)	1	GC iv soln: 2mg/ml, 8mg/ml
<i>lidocaine hcl/d7.5w/pf</i> (Lidocaine HCl/d7.5w/PF)	1	GC
<i>lidocaine hcl/pf</i> (Lidocaine HCl)	1	GC
<i>mexiletine hcl</i> (Mexitil)	1	GC
MULTAQ	3	
<i>procainamide hcl</i> (Procainamide HCl)	1	GC capsule, tablet er, tablet sa
<i>procainamide hcl</i> (Procainamide HCl)	1	GC vial
PRONESTYL	3	
<i>propafenone hcl</i> (Rythmol)	2	GC
<i>quinidine gluconate</i> (Quinidine Gluconate)	1	GC
<i>quinidine sulfate</i> (Quinidine Sulfate)	1	GC
TIKOSYN	3	
Cardiac Drugs, Miscellaneous		
<i>digoxin</i> (Lanoxin)	1	GC
DIGOXIN	3	
<i>inamrinone lactate</i> (Inamrinone Lactate)	1	GC, PA
LANOXIN PEDIATRIC	3	
<i>milrinone lactate</i> (Milrinone Lactate)	5	PA
<i>milrinone lactate/d5w</i> (Primacor in 5% Dextrose)	5	PA
RANEXA	3	QL: 120 in 30 days tab er 12h: 500mg
RANEXA	3	QL: 60 in 30 days tab er 12h: 1000mg
Cathartics and Laxatives		
Cathartics and Laxatives		
AMITIZA	3	QL: 60 in 30 days
<i>peg 3350/na sulf,bicarb,cl/ kcl</i> (Colyte with Flavor Packets)	1	GC
<i>polyethylene glycol 3350</i> (Polyethylene Glycol 3350)	1	GC powd pack: 17g

Drug Name	Drug Tier	Requirements/Limits	
<i>sodium chloride/nahco3/ kcl/peg</i> (Nulytely)	1	GC	
Cell Stimulants and Proliferants			
Cell Stimulants and Proliferants			
KEPIVANCE	3		
<i>tretinoin</i> (Retin-A)	1	GC, PA	
Central Nervous System Agents, Miscellaneous			
Central Nervous System Agents, Miscellaneous			
CAMPRAL	3		tab ds pk
CAMPRAL	3		tablet dr
<i>flumazenil</i> (Romazicon)	1	GC	
<i>lithium carbonate</i> (Eskalith)	1	GC	
<i>lithium citrate</i> (Lithium Citrate)	1	GC	
LODOSYN	3		
NAMENDA	3	PA, QL: 360 in 30 days	solution
NAMENDA	3	PA, QL: 49 in 28 days	tab ds pk
NAMENDA	3	PA, QL: 62 in 31 days	tablet
RILUTEK	5		
SAVELLA	3	QL: 60 in 30 days	
STRATTERA	3		
XENAZINE	5	PA, QL: 112 in 28 days	
XYREM	5	LA	
Contraceptives			
Contraceptives			
<i>desogestrel-ethinyl estradiol</i> (Desogen)	1	GC	
<i>desog-et estra/ethin estra</i> (Mircette)	1	GC	
<i>ethinyl estradiol/ drospirenone</i> (Yaz)	1	GC	
<i>ethynodiol d-ethinyl estradiol</i> (Demulen 1-50-21)	1	GC	
<i>levonorgestrel</i> (Plan B)	1	GC	

Drug Name		Drug Tier	Requirements/Limits	
<i>levonorgestrel-eth estra</i>	(Lybrel)	1	GC	tablet: 0.1-0.02, 0.15-0.03, 6-5-10
<i>levonorgestrel-eth estra</i>	(Lybrel)	1	GC	tablet: 90-20mcg
<i>levonorgestrel-eth estra</i>	(Seasonale)	1	GC, QL: 91 in 84 days	tbdspk 3mo
<i>l-norgest-eth estr/ethin estra</i>	(Seasonique)	2	GC, QL: 91 in 84 days	
<i>noreth a-et estra/fe fumarate</i>	(Loestrin Fe)	1	GC	
<i>noreth-ethinyl estradiol/iron</i>	(Femcon Fe)	2	GC	
<i>norethindrone a-e estradiol</i>	(Loestrin)	1	GC	
<i>norethindrone</i>	(Nor-Q-D)	1	GC	
<i>norethindrone-ethinyl estrad</i>	(Ortho-novum)	1	GC	
<i>norethindrone-mestranol</i>	(Ortho-novum)	1	GC	
<i>norgestimate-ethinyl estradiol</i>	(Ortho-cyclen)	1	GC	
<i>norgestrel-ethinyl estradiol</i>	(Lo-ovral-28)	1	GC	
NUVARING		3	ST, QL: 1 in 28 days	
ORTHO EVRA		4	ST, QL: 3 in 28 days	
Devices				
Devices				
<i>needles, insulin disposable</i>	(Needles, Insulin Disposable)	1	GC	
<i>syring w-ndl,disp,insul,0.3ml</i>	(Syring W-ndl,disp,insul,0.3ml)	1	GC	
<i>syring w-ndl,disp,insul,0.5ml</i>	(Syring W-ndl,disp,insul,0.5ml)	1	GC	
<i>syringe & needle,insulin,1 ml</i>	(Syringe & Needle,insulin,1 MI)	1	GC	
Diuretics				
Diuretics, Miscellaneous				
<i>chlorthalidone</i>	(Chlorthalidone)	1	GC	
<i>indapamide</i>	(Lozol)	1	GC	

Drug Name		Drug Tier	Requirements/Limits	
<i>metolazone</i>	(Zaroxolyn)	1	GC	
SAMSCA		5	QL: 30 in 30 days	tablet: 15mg
SAMSCA		5	QL: 60 in 30 days	tablet: 30mg
Loop Diuretics				
<i>bumetanide</i>	(Bumex)	1	GC	
<i>furosemide</i>	(Furosemide)	1	GC	disp syrin
<i>furosemide</i>	(Lasix)	1	GC	solution, tablet, vial
<i>torseamide</i>	(Demadex)	1	GC	
Potassium-sparing Diuretics				
<i>amiloride hcl</i>	(Midamor)	1	GC	
<i>amiloride/ hydrochlorothiazide</i>	(Amiloride/hydrochlorothiazide)	1	GC	
DYRENIUM		4		
<i>triamterene/ hydrochlorothiazid</i>	(Maxzide-25mg)	1	GC	
Thiazide Diuretics				
<i>chlorothiazide</i>	(Chlorothiazide)	1	GC	
<i>hydrochlorothiazide</i>	(Hydrochlorothiazide)	1	GC	
<i>methyclothiazide</i>	(Methyclothiazide)	1	GC	
EENT Drugs, Miscellaneous				
EENT Drugs, Miscellaneous				
<i>apraclonidine hcl</i>	(Iopidine)	1	GC	
<i>carteolol hcl</i>	(Carteolol HCl)	1	GC	
<i>ipratropium bromide</i>	(Atrovent)	1	GC, QL: 15 in 10 days	spray: 42mcg
<i>ipratropium bromide</i>	(Atrovent)	1	GC, QL: 30 in 28 days	spray: 21mcg
LACRISERT		3		
<i>naphazoline hcl</i>	(Albalon)	1	GC	
<i>naphazoline hcl/antazoline</i>	(Naphazoline HCl/antazoline)	1	GC	
<i>phenylephrine hcl</i>	(Mydfrin)	1	GC	
TYZINE		3		
Enzymes				
Enzymes				
ADAGEN		5		
ALDURAZYME		5		
CEREDASE		5		
CEREZYME		5		

Drug Name	Drug Tier	Requirements/Limits	
ELAPRASE	5		
ELITEK	5		
FABRAZYME	5		
KRYSTEXXA	5		
LUMIZYME	5		
MYOZYME	5		
NAGLAZYME	5		
PULMOZYME	5	PA	
SUCRAID	3		
VPRIV	5		
XIAFLEX	5	PA, QL: 1 in 28 days	
Estrogens and Antiestrogens			
Estrogens and Antiestrogens			
COMBIPATCH	3	QL: 8 in 28 days	
ESTRACE	3		cream/appl
ESTRADERM	3	QL: 8 in 28 days	
<i>estradiol valerate</i> (Delestrogen)	1	GC	
<i>estradiol</i> (Climara)	1	GC, QL: 4 in 28 days	patch tdwk
<i>estradiol</i> (Estrace)	1	GC	tablet
<i>estradiol/noreth ac</i> (Activella)	1	GC	tablet: 1-0.5mg
<i>estradiol/noreth ac</i> (Activella)	2	GC	tablet: 0.5-0.1mg
ESTRASORB	4	QL: 97.44 in 28 days	
<i>estropipate</i> (Ogen)	1	GC	
EVISTA	3		
<i>norethind ac/ethinyl estradiol</i> (Femhrt)	2	GC	tablet: 1mg-5mcg
PREMARIN	3		
PREMPHASE	3		
PREMPRO	3		
VIVELLE-DOT	3	QL: 8 in 28 days	
First Generation Antihistamines			
First Generation Antihistamines			
<i>carbinoxamine maleate</i> (Palgic)	1	GC	

Drug Name	Drug Tier	Requirements/Limits	
<i>chlorpheniramine maleate</i> (Chlorpheniramine Maleate)	1	GC	
<i>clemastine fumarate</i> (Clemastine Fumarate)	1	GC	syrup, tablet: 2.68mg
<i>clemastine fumarate</i> (Clemastine Fumarate)	1	GC	tablet: 1.34mg
<i>diphenhydramine hcl</i> (Diphenhydramine HCl)	1	GC	capsule: 25mg; disp syrin
<i>diphenhydramine hcl</i> (Diphenhydramine HCl)	1	GC	capsule: 50mg; vial
<i>doxylamine succinate</i> (Doxylamine Succinate)	1	GC	
<i>p-epd tan/chlor-tan</i> (P-epd Tan/chlor-tan)	1	GC	
<i>phenyleph/acetaminop/p-tlox/cp</i> (Phenyleph/acetaminop/p-tlox/cp)	1	GC	
<i>phenylephrine/chlor-tan</i> (Rynatan)	1	GC	
<i>promethazine hcl</i> (Promethazine HCl)	1	GC	
<i>tripelennamine hcl</i> (Tripelennamine HCl)	1	GC	
Genitourinary Smooth Muscle Relaxants			
Genitourinary Smooth Muscle Relaxants			
DETROL LA	3		
DETROL	3		
<i>flavoxate hcl</i> (Urispas)	2	GC	
<i>oxybutynin chloride</i> (Ditropan)	1	GC	
TOVIAZ	3		
<i>trospium chloride</i> (Sanctura)	1	GC	
VESICARE	3		
GI Drugs, Miscellaneous			
GI Drugs, Miscellaneous			
CHENODAL	5	PA, QL: 120 in 30 days	
CIMZIA	5	PA, QL: 3 in 28 days	
CREON	3		capsule dr: 3-9.5- 15k
CREON	3		capsule dr: 6k-19k- 30k, 12k-38k-60, 24-76-120k
<i>lipase/protease/amylase</i> (Zenpep)	1	GC	
LOTRONEX	5		
<i>metoclopramide hcl</i> (Reglan)	1	GC	
RELISTOR	4	PA, QL: 28 in 28 days	

Drug Name	Drug Tier	Requirements/Limits	
<i>ursodiol</i> (Actigall)	2	GC	
ZENPEP	3		capsule dr: 3k-10k-16k, 25-85-136k
ZENPEP	3		capsule dr: 5k-17k-27k, 10-34-55k, 15-51-82k, 20-68-109k
Heavy Metal Antagonists			
Heavy Metal Antagonists			
BAL IN OIL	3		
CA-DTPA	3		
CALCIUM DISODIUM VERSENATE	3		
CHEMET	3		
CUPRIMINE	3		
<i>deferoxamine mesylate</i> (Desferal)	1	GC, PA	
DEPEN	3		
<i>edetate disodium</i> (Edetate Disodium)	1	GC	
ENDRATE	3		
EXJADE	3		tab disper: 125mg
EXJADE	5		tab disper: 250mg, 500mg
GALZIN	3		
<i>na nitrite/na thiosul/amyl nit</i> (Na Nitrite/na Thiosul/amyl Nit)	1	GC	
<i>sodium thiosulfate</i> (Sodium Thiosulfate)	1	GC	vial: 10%
<i>sodium thiosulfate</i> (Sodium Thiosulfate)	2	GC	vial: 25%
SYPRINE	3		
ZN-DTPA	3		
Hematologic Agents			
Anticoagulants			
ARIXTRA	3	PA, QL: 7 in 28 days	disp syrin: 2.5mg/ 0.5
ARIXTRA	5	PA, QL: 11.2 in 28 days	disp syrin: 10mg/ 0.8ml
ARIXTRA	5	PA, QL: 5.6 in 28 days	disp syrin: 5mg/ 0.4ml
ARIXTRA	5	PA, QL: 8.4 in 28 days	disp syrin: 7.5mg/ 0.6

Drug Name	Drug Tier	Requirements/Limits
CEPROTIN	5	
<i>citrate-phos-dex solution</i> (Citrate-phos-dex Solution)	1	GC
COUMADIN	3	vial
<i>enoxaparin sodium</i> (Lovenox)	2	GC, QL: 13.6 in 30 days disp syrin: 40mg/0.4ml
<i>enoxaparin sodium</i> (Lovenox)	2	GC, QL: 18 in 30 days disp syrin: 30mg/0.3ml
<i>enoxaparin sodium</i> (Lovenox)	2	GC, QL: 20.4 in 30 days disp syrin: 60mg/0.6ml
<i>enoxaparin sodium</i> (Lovenox)	5	QL: 27.2 in 30 days disp syrin: 80mg/0.8ml, 120mg/.8ml
<i>enoxaparin sodium</i> (Lovenox)	5	QL: 34 in 30 days disp syrin: 150mg/ml
<i>enoxaparin sodium</i> (Lovenox)	5	QL: 36 in 30 days disp syrin: 100mg/ml
<i>fondaparinux sodium</i> (Arixtra)	2	GC, QL: 11.2 in 28 days disp syrin: 10mg/0.8ml
<i>fondaparinux sodium</i> (Arixtra)	2	GC, QL: 5.6 in 28 days disp syrin: 5mg/0.4ml
<i>fondaparinux sodium</i> (Arixtra)	2	GC, QL: 7 in 28 days disp syrin: 2.5mg/0.5
<i>fondaparinux sodium</i> (Arixtra)	2	GC, QL: 8.4 in 28 days disp syrin: 7.5mg/0.6
FRAGMIN	3	PA, QL: 10.2 in 30 days disp syrin: 15000/0.6
FRAGMIN	3	PA, QL: 12 in 30 days disp syrin: 2500/0.2ml
FRAGMIN	3	PA, QL: 12.24 in 30 days disp syrin: 18000/0.72
FRAGMIN	3	PA, QL: 15.2 in 30 days vial

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN	3	PA, QL: 17 in 30 days disp syrin: 10000/ml
FRAGMIN	3	PA, QL: 5.1 in 30 days disp syrin: 7500/0.3ml
FRAGMIN	3	PA, QL: 6 in 30 days disp syrin: 5000/0.2ml
FRAGMIN	3	PA, QL: 8.5 in 30 days disp syrin: 12500/0.5
<i>heparin sodium,porcine</i> (Hep-lock)	1	GC, PA (PA for ESRD only)
<i>heparin sodium,porcine/d5w</i> (Heparin Sodium, porcine/D5W)	1	GC
<i>heparin sodium,porcine/ns/pf</i> (Heparin Sodium, porcine/ns/PF)	1	GC iv soln: 1000/500ml
<i>heparin sodium,porcine/ns/pf</i> (Heparin Sodium, porcine/ns/PF)	1	GC iv soln: 2k/1000ml
<i>heparin sodium,porcine/pf</i> (Hep-lock)	1	GC vial port: 10000/5ml
<i>heparin sodium,porcine/pf</i> (Hep-lock)	1	GC vial port: 25k/10ml
<i>heparin sodium,pork in 1/2 ns</i> (Heparin Sodium, pork in 1/2 NS)	1	GC
IPRIVASK	5	PA, QL: 24 in 28 days
LOVENOX	5	QL: 12 in 30 days vial
<i>warfarin sodium</i> (Coumadin)	1	GC
Hematologic Agents, Miscellaneous		
<i>aminocaproic acid</i> (Amicar)	2	GC solution, tablet
<i>aminocaproic acid</i> (Aminocaproic Acid)	1	GC vial
<i>anagrelide hcl</i> (Agrylin)	2	GC
CYKLOKAPRON	3	
LYSTEDA	4	QL: 30 in 30 days
<i>pentoxifylline</i> (Trental)	1	GC
<i>protamine sulfate</i> (Protamine Sulfate)	1	GC
<i>tranexamic acid</i> (Tranexamic Acid)	2	GC
Platelet-aggregation Inhibitors		
<i>cilostazol</i> (Pletal)	1	GC
EFFIENT	3	

Drug Name	Drug Tier	Requirements/Limits	
PLAVIX	3		
Hematopoietic Agents			
Hematopoietic Agents			
ARANESP	3	PA, QL: 1.6 in 28 days	disp syrin: 40mcg/ 0.4
ARANESP	3	PA, QL: 1.68 in 28 days	disp syrin: 25mcg/ 0.42
ARANESP	3	PA, QL: 4 in 28 days	vial: 25mcg/ml, 40mcg/ml
ARANESP	5	PA, QL: 1.2 in 28 days	disp syrin: 60mcg/ 0.3, 150mcg/0.3
ARANESP	5	PA, QL: 1.6 in 28 days	disp syrin: 200mcg/ 0.4
ARANESP	5	PA, QL: 2 in 28 days	disp syrin: 100mcg/ 0.5
ARANESP	5	PA, QL: 2.4 in 28 days	disp syrin: 300mcg/ 0.6
ARANESP	5	PA, QL: 4 in 28 days	disp syrin: 500mcg/ ml; vial: 60mcg/ml, 100mcg/ml, 150mcg/.75, 300mcg/ml
EPOGEN	3	PA, QL: 12 in 28 days	vial: 2000/ml, 3000/ ml, 4000/ml, 10000/ ml
EPOGEN	5	PA, QL: 12 in 28 days	vial: 20000/ml
EPOGEN	5	PA, QL: 6 in 28 days	vial: 40000/ml
LEUKINE	5		
MOZOBIL	5	PA, QL: 9.6 per fill	

Drug Name	Drug Tier	Requirements/Limits
NEULASTA	5	
NEUMEGA	5	
NEUPOGEN	5	
PROCRIT	3	PA, QL: vial: 2000/ml, 3000/ml, 4000/ml, 10000/ml 12 in 28 days
PROCRIT	5	PA, QL: vial: 20000/ml 12 in 28 days
PROCRIT	5	PA, QL: vial: 40000/ml 6 in 28 days
PROMACTA	5	PA, QL: 30 in 30 days
Hypotensive Agents		
Hypotensive Agents, Miscellaneous		
<i>clonidine hcl</i> (Catapres)	1	GC
<i>clonidine hcl/ chlorthalidone</i> (Clonidine HCl/chlorthalidone)	2	GC
<i>clonidine</i> (Catapres-TTS 3)	1	GC, QL: patch tdwk: 0.1mg/24hr, 0.2mg/24hr 4 in 28 days
<i>clonidine</i> (Catapres-TTS 3)	1	GC, QL: patch tdwk: 0.3mg/24hr 8 in 28 days
<i>fenoldopam mesylate</i> (Fenoldopam Mesylate)	1	GC, PA
<i>guanabenz acetate</i> (Guanabenz Acetate)	1	GC tablet: 4mg
<i>guanabenz acetate</i> (Guanabenz Acetate)	1	GC tablet: 8mg
<i>guanfacine hcl</i> (Tenex)	1	GC
<i>hydralazine hcl</i> (Apresoline)	1	GC
<i>hydralazine/ hydrochlorothiazid</i> (Hydralazine/ hydrochlorothiazid)	1	GC
<i>hydralazine/reserpin/hctz</i> (Hydralazine/reserpin/hctz)	1	GC
<i>minoxidil</i> (Minoxidil)	1	GC
PROGLYCEM	3	
<i>reserpine</i> (Reserpine)	1	GC
<i>reserpine/ hydrochlorothiazide</i> (Reserpine/hydrochlorothiazide)	1	GC
Ion-Removing Agents		
Ion-Removing Agents		
<i>calcium acetate</i> (Phoslo)	1	GC

Drug Name		Drug Tier	Requirements/Limits
<i>calcium carbonate/mag carb/fa</i>	(Calcium Carbonate/mag Carb/fa)	1	GC
PHOSLYRA		4	
RENAGEL		3	
REVELA		3	powd pack: 2.4g; tablet
<i>sodium polystyrene sulfonate</i>	(Sodium Polystyrene Sulfonate)	1	GC
Irrigating Solutions			
Irrigating Solutions			
<i>acetic acid</i>	(Acetic Acid)	1	GC
IRRIGATING SOLUTION G		3	
LACTATED RINGERS		3	
<i>mannitol/sorbitol solution</i>	(Mannitol/sorbitol Solution)	1	GC
<i>ringers solution</i>	(Tis-u-sol)	1	GC
<i>sod chloride 0.45% irrig. soln</i>	(Sod Chloride 0.45% Irrig. Soln)	1	GC
<i>sodium chloride irrig solution</i>	(Sodium Chloride Irrig Solution)	1	GC
<i>sorbitol solution</i>	(Sorbitol Solution)	1	GC
<i>urologic solution-g</i>	(Urologic Solution-g)	1	GC
<i>water for irrigation,sterile</i>	(Water for Irrigation, Sterile)	1	GC
Keratolytic Agents			
Keratolytic Agents			
<i>benzoyl peroxide microspheres</i>	(Neobenz Micro)	1	GC
<i>benzoyl peroxide&skin cleansr5</i>	(Brevoxyl-4)	1	GC
<i>benzoyl peroxide</i>	(Delos)	1	GC
<i>benzoyl peroxide/aloe vera</i>	(Benzoyl Peroxide/aloe Vera)	1	GC
<i>benzoyl peroxide/hydrocortison</i>	(Benzoyl Peroxide/hydrocortison)	1	GC
<i>benzoyl peroxide/skin clnsr7</i>	(Benzoyl Peroxide/skin Clnsr7)	1	GC
<i>benzoyl peroxide/urea</i>	(Zoderm)	1	GC
<i>potassium hydroxide</i>	(Potassium Hydroxide)	1	GC
<i>salicylic acid</i>	(Salex)	1	GC
<i>salicylic acid/ammon lact/aloe</i>	(Salkera)	1	GC

Drug Name	Drug Tier	Requirements/Limits	
<i>salicylic acid/ceramide cmb #1</i> (Salex)	1	GC	
<i>silver nitrate applicator</i> (Silver Nitrate Applicator)	1	GC	stick (ea): 75%-25%
<i>urea</i> (Umecta)	1	GC	foam: 35%
<i>urea</i> (Uramaxin)	2	GC	cream (g), foam: 40%; gel (ml), lotion, nl fm susp, oint. (g), sol/pf app, towelette
<i>urea/lactic ac/zn undecylenate</i> (Kerol)	2	GC	
<i>urea/lactic acid/salicyl acid</i> (Kerol)	2	GC	
Keratoplastic Agents			
Keratoplastic Agents			
CARMOL SCALP	3		
DRITHO-SCALP	3		
<i>sulfacetamide sodium/urea</i> (Rosula Ns)	1	GC	
Local Anesthetics			
Local Anesthetics			
<i>aa/antipyrn/bcaine/polico#1/al</i> (Auralgan)	1	GC	
<i>aa/antpy/bcaine/polico/al acet</i> (Aa/antpy/bcaine/polico/al Acet)	2	GC	
AKTEN	4		
<i>antipyrine/benzocaine/glycerin</i> (Otra Nr)	1	GC	
<i>benzocaine</i> (Omedia Otic)	1	GC	
<i>chloroprocaine hcl/pf</i> (Nesacaine-MPF)	1	GC	
<i>chloroxylonol/pramoxine hcl</i> (Oticin)	1	GC	
<i>cocaine hcl</i> (Cocaine HCl)	1	GC	
<i>lidocaine hcl</i> (Xylocaine)	1	GC	jel (ml), jel/pf app, solution, vial: 10mg/ml
<i>lidocaine hcl</i> (Xylocaine)	1	GC	vial: 20mg/ml
<i>lidocaine hcl/pf</i> (Xylocaine-MPF)	1	GC	ampul
<i>lidocaine hcl/pf</i> (Xylocaine-MPF)	1	GC	vial
<i>mepivacaine hcl/pf</i> (Mepivacaine HCl/PF)	1	GC	
NESACAINE	3		vial: 10mg/ml
<i>phenylephrine/antipy/b-caine</i> (Otogesic)	1	GC	

Drug Name	Drug Tier	Requirements/Limits
<i>proparacaine hcl</i> (Ophthalmic)	1	GC
<i>proparacaine/fluorescein sod</i> (Proparacaine/fluorescein Sod)	1	GC
<i>tetracaine hcl</i> (Pontocaine)	1	GC
<i>tetracaine hcl/pf</i> (Tetracaine HCl/PF)	1	GC
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTEMRA	5	PA, QL: 40 in 30 days
ACTIMMUNE	5	
ACTONEL with CALCIUM	3	ST, QL: 28 in 28 days
ACTONEL	3	ST, QL: 1 in 28 days tablet: 150mg
ACTONEL	3	ST, QL: 31 in 31 days tablet: 5mg, 30mg
ACTONEL	3	ST, QL: 4 in 28 days tablet: 35mg
<i>alendronate sodium</i> (Fosamax)	1	GC, QL: 4 in 28 days tablet: 35mg, 70mg
<i>alendronate sodium</i> (Fosamax)	1	GC tablet: 5mg, 10mg, 40mg
<i>allopurinol sodium</i> (Aloprim)	1	GC
<i>allopurinol</i> (Zyloprim)	1	GC
<i>amifostine crystalline</i> (Ethyol)	1	GC
AMPYRA	5	PA, QL: 60 in 30 days
ANTABUSE	3	
ARCALYST	5	
ATGAM	3	
AVODART	3	
AVONEX ADMINISTRATION PACK	5	
AVONEX	5	

Drug Name		Drug Tier	Requirements/Limits	
<i>azathioprine sodium</i>	(Azathioprine Sodium)	1	GC, PA	
<i>azathioprine</i>	(Imuran)	1	GC, PA	
BENLYSTA		5	PA, QL: 2 in 28 days	
BERINERT		5		
BETASERON		5	ST	
BONIVA		3	PA, ST, QL: 1 in 84 days	disp syrin, (PA for ESRD only)
BONIVA		3	ST, QL: 1 in 28 days	tablet: 150mg
BONIVA		3	ST, QL: 31 in 31 days	tablet: 2.5mg
BOTOX		3	PA, QL: 1 in 90 days	vial: 200unit
BOTOX		3	PA, QL: 3 in 90 days	vial: 100unit
CELLCEPT		4	PA	vial
CELLCEPT		5	PA	susp recon
CINRYZE		5	PA, QL: 20 in 28 days	
<i>colchicine/probenecid</i>	(Colchicine/probenecid)	1	GC	
COLCRYS		3		
COPAXONE		5		
<i>cyclosporine</i>	(Sandimmune)	1	GC, PA	capsule, vial
<i>cyclosporine</i>	(Sandimmune)	1	GC, PA	solution
<i>cyclosporine, modified</i>	(Neoral)	1	GC, PA	
CYSTADANE		4		
CYSTAGON		3		
<i>dexrazoxane</i>	(Totect)	1	GC	
<i>disulfiram</i>	(Antabuse)	2	GC	
DUODOTE		3		
DYSPORT		4	PA, QL: 2 in 90 days	
ELMIRON		3		

Drug Name	Drug Tier	Requirements/Limits
ENBREL	5	PA, QL: 7.84 in 28 days pen injctr
ENBREL	5	PA, QL: 8 in 28 days kit
ENBREL	5	PA, QL: 8.16 in 28 days disp syrin
<i>ergoloid mesylates</i> (Ergoloid Mesylates)	1	GC tab subl
<i>ergoloid mesylates</i> (Ergoloid Mesylates)	2	GC tablet
<i>etidronate disodium</i> (Didronel)	2	GC
EXTAVIA	5	ST
<i>finasteride</i> (Proscar)	2	GC
FIRAZYR	5	
FLUOR-A-DAY	4	drops
FLUOR-A-DAY	4	tab chew
FLUORITAB	4	
FLURA-DROPS	4	
<i>fomepizole</i> (Antizol)	5	
FOSAMAX	3	QL: 300 in 28 days solution
FUSILEV	5	
<i>gauze bandage</i> (Gauze Bandage)	1	GC
GILENYA	5	PA, QL: 28 in 28 days
GLUCAGEN	3	
GLUCAGON EMERGENCY KIT	3	
<i>gold sodium thiomalate</i> (Myochrysin)	1	GC
HUMIRA	5	PA, QL: 4 in 28 days kit, pen ij kit: 40mg/0.8ml
HUMIRA	5	PA, QL: 6 in 28 days pen ij kit: 40mg/0.8ml
ILARIS	5	
KALBITOR	5	

Drug Name	Drug Tier	Requirements/Limits
KINERET	5	PA, QL: 18.76 in 28 days
KUVAN	5	
<i>leflunomide</i> (Leflunomide)	2	GC
<i>leucovorin calcium</i> (Leucovorin Calcium)	1	GC
<i>levocarnitine (with sugar)</i> (Carnitor)	1	GC, PA (PA for ESRD only)
<i>levocarnitine</i> (Carnitor)	1	GC, PA (PA for ESRD only)
<i>mesna</i> (Mesnex)	1	GC
MESNEX	5	tablet
METHERGINE	4	tablet
<i>methylene blue</i> (Methylene Blue)	1	GC
<i>methylergonovine maleate</i> (Methergine)	1	GC
<i>mycophenolate mofetil</i> (Cellcept)	2	GC, PA
MYFORTIC	4	PA
MYOBLOC	4	PA, QL: 1 in 90 days
NPLATE	5	PA, QL: 8 in 28 days
NULOJIX	5	PA
<i>octreotide acetate</i> (Sandostatin)	2	GC vial: 50mcg/ml, 100mcg/ml, 200mcg/ml
<i>octreotide acetate</i> (Sandostatin)	5	ampul, vial: 1000mcg/ml
ORENCIA	5	PA, QL: 4 in 28 days disp syrin
ORENCIA	5	PA, QL: 4 in 28 days vial
ORFADIN	3	
ORTHOCLONE OKT-3	3	PA
<i>pamidronate disodium</i> (Aredia)	1	GC, PA vial: 60mg/10ml, 90mg, (PA for ESRD only)
<i>pamidronate disodium</i> (Aredia)	2	GC, PA vial: 30mg, (PA for ESRD only)
PRALIDOXIME CHLORIDE	3	

Drug Name	Drug Tier	Requirements/Limits	
<i>probenecid</i> (Probenecid)	1	GC	
PROGRAF	4	PA	ampul
PROLIA	4	PA, QL: 1 in 180 days	
PROTOPAM CHLORIDE	4		
RAPAMUNE	3	PA	solution, tablet: 0.5mg
RAPAMUNE	5	PA	tablet: 1mg, 2mg
REBIF	5		
RECLAST	4	QL: 100 in 300 days	
REMICADE	5	PA, QL: 35 in 150 days	
REVLIMID	5	LA, QL: 30 in 30 days	
RIDAURA	3		
SANDOSTATIN LAR	5		
SENSIPAR	3		tablet: 30mg
SENSIPAR	5		tablet: 60mg, 90mg
SIMPONI	5	PA, QL: 0.5 in 28 days	
SIMULECT	3	PA	
<i>sodium fluoride</i> (Sodium Fluoride)	4		drops, tab chew
SOLIRIS	5		
SOMATULINE DEPOT	5	QL: 1 in 28 days	
STELARA	5	PA, QL: 10 in 360 days	disp syrin: 45mg/ 0.5ml
STELARA	5	PA, QL: 10 in 360 days	vial
STELARA	5	PA, QL: 5 in 360 days	disp syrin: 90mg/ml
SUPPRELIN LA	5	QL: 1 in 360 days	

Drug Name	Drug Tier	Requirements/Limits
SUPPRELIN	3	
SYNAREL	5	
<i>tacrolimus</i> (Prograf)	2	GC, PA
THALOMID	5	QL: 60 in 30 days
THIOLA	3	
THYMOGLOBULIN	3	
TYSABRI	5	LA, PA, QL: 15 in 28 days
ULORIC	3	ST, QL: 31 in 31 days
VANTAS	4	QL: 1 in 360 days
XGEVA	5	PA, QL: 1.7 in 28 days
ZAVESCA	5	
ZOMETA	4	infus. btl
ZOMETA	4	vial
ZORTRESS	4	PA, QL: 60 in 30 days tablet: 0.25mg
ZORTRESS	5	PA, QL: 60 in 30 days tablet: 0.5mg, 0.75mg
Myasthenia Gravis		
Myasthenia Gravis		
ENLON-PLUS	3	
Mydriatics		
Mydriatics		
<i>atropine sulfate</i> (Isopto Atropine)	1	GC
CYCLOGYL	3	drops: 0.5%, 2%
<i>cyclopentolate hcl</i> (Cyclogyl)	1	GC
<i>homatropine hbr</i> (Isopto Homatropine)	1	GC
ISOPTO HOMATROPINE	3	drops: 2%
PROPINE	3	
<i>tropicamide</i> (Mydriacyl)	1	GC

Drug Name	Drug Tier	Requirements/Limits
Opiate Antagonists		
Opiate Antagonists		
<i>naloxone hcl</i> (Naloxone HCl)	1	GC disp syrin
<i>naloxone hcl</i> (Naloxone HCl)	1	GC vial
<i>naltrexone hcl</i> (Revia)	1	GC
Parasympathomimetics (Cholinergic Agents)		
Parasympathomimetics (Cholinergic Agents)		
ARICEPT	3	PA, QL: 31 in 31 days tablet: 23mg
<i>bethanechol chloride</i> (Urecholine)	2	GC
CHANTIX	4	PA, QL: 168 in 84 days tablet
CHANTIX	4	PA, QL: 53 in 28 days tab ds pk
<i>donepezil hcl</i> (Aricept Odt)	2	GC, QL: 31 in 31 days tab rapdis
<i>donepezil hcl</i> (Aricept)	1	GC, QL: 31 in 31 days tablet
EVOXAC	3	
EXELON	4	PA, QL: 30 in 30 days patch td24
EXELON	4	QL: 240 in 31 days solution
<i>galantamine hbr</i> (Razadyne ER)	2	GC, QL: 30 in 30 days cap24h pel
<i>galantamine hbr</i> (Razadyne)	2	GC, QL: 200 in 30 days solution
<i>galantamine hbr</i> (Razadyne)	2	GC, QL: 60 in 30 days tablet
<i>guanidine hcl</i> (Guanidine HCl)	1	GC
MESTINON	3	syrup, tablet er
MYTELASE	3	

Drug Name	Drug Tier	Requirements/Limits	
<i>neostigmine methylsulfate</i> (Neostigmine Methylsulfate)	1	GC	
NICOTROL	4	QL: 2016 in 365 days	
<i>physostigmine salicylate</i> (Physostigmine Salicylate)	1	GC	
<i>pilocarpine hcl</i> (Salagen)	2	GC	
PROSTIGMIN	3		
<i>pyridostigmine bromide</i> (Mestinon)	1	GC	
REGONOL	3		
<i>rivastigmine tartrate</i> (Exelon)	2	GC, QL: 62 in 31 days	
Parathyroid			
Parathyroid			
<i>calcitonin, salmon, syntheti c</i> (Miacalcin)	2	GC, QL: 3.7 in 28 days	
FORTEO	4	PA, QL: 3 in 28 days	
FORTICAL	3	QL: 3.7 in 28 days	
MIACALCIN	3	PA	vial, (PA for ESRD only)
Pituitary			
Pituitary			
DDAVP	3		ampul: 15mcg/ml
<i>desmopressin acetate</i> (DDAVP)	2	GC	tablet
<i>desmopressin acetate</i> (Desmopressin Acetate)	1	GC	vial
<i>desmopressin acetate</i> (Minirin)	1	GC, QL: 15 in 30 days	solution, spray/ pump
GENOTROPIN	3	PA, QL: 28 in 28 days	disp syrin: 0.2mg/ 0.25
GENOTROPIN	5	PA, QL: 28 in 28 days	various dosage and/ or strengths are available
GENOTROPIN	5	PA, QL: 5 in 28 days	cartridge

Drug Name	Drug Tier	Requirements/Limits	
HUMATROPE	5	PA, QL: 18 in 28 days	cartridge: 6mg
HUMATROPE	5	PA, QL: 25 in 28 days	vial
HUMATROPE	5	PA, QL: 5 in 28 days	cartridge: 24mg
HUMATROPE	5	PA, QL: 9 in 28 days	cartridge: 12mg
NORDITROPIN NORDIFLEX	5	PA, QL: 13 in 28 days	pen injctr: 15mg/ 1.5ml
NORDITROPIN NORDIFLEX	5	PA, QL: 15 in 28 days	pen injctr: 30mg/ 3ml
NORDITROPIN NORDIFLEX	5	PA, QL: 20 in 28 days	pen injctr: 10mg/ 1.5ml
NORDITROPIN NORDIFLEX	5	PA, QL: 39 in 28 days	pen injctr: 5mg/ 1.5ml
NORDITROPIN	5	PA, QL: 17 in 28 days	vial: 8mg
NORDITROPIN	5	PA, QL: 33 in 28 days	vial: 4mg
NOVAREL	4		
NUTROPIN AQ NUSPIN	5	PA, QL: 20 in 28 days	cartridge: 10mg/2ml
NUTROPIN AQ NUSPIN	5	PA, QL: 34 in 28 days	cartridge: 5mg/2ml
NUTROPIN AQ	5	PA, QL: 10 in 28 days	cartridge: 20mg/2ml
NUTROPIN AQ	5	PA, QL: 20 in 28 days	cartridge: 10mg/2ml

Drug Name	Drug Tier	Requirements/Limits	
NUTROPIN	5	PA, QL: 10 in 28 days	
OMNITROPE	3	PA, QL: 13.5 in 28 days	cartridge: 10mg/ 1.5ml
OMNITROPE	5	PA, QL: 22.5 in 28 days	cartridge: 5mg/ 1.5ml
OMNITROPE	5	PA, QL: 8 in 28 days	vial
SAIZEN	5	PA, QL: 3 in 28 days	cartridge
SAIZEN	5	PA, QL: 3 in 28 days	vial: 8.8mg
SAIZEN	5	PA, QL: 4 in 28 days	vial: 5mg
SEROSTIM	5	PA, QL: 28 in 28 days	
TEV-TROPIN	3	PA, QL: 17 in 28 days	
<i>vasopressin</i> (Pitressin)	1	GC	
ZORBTIVE	5	PA, QL: 28 in 28 days	
Progestins			
Progestins			
DEPO-PROVERA	3	QL: 10 in 28 days	vial: 400mg/ml
DEPO-SUBQ PROVERA 104	3	QL: 1 in 84 days	
<i>medroxyprogesterone acet</i> (Depo-provera)	1	GC, QL: 1 in 84 days	disp syrin

Drug Name	Drug Tier	Requirements/Limits	
<i>medroxyprogesterone acet</i> (Depo-provera)	1	GC, QL: 1 in 84 days	vial
<i>medroxyprogesterone acet</i> (Provera)	1	GC	tablet
<i>norethindrone acetate</i> (Aygestin)	1	GC	
<i>progesterone</i> (Progesterone In Oil)	1	GC	
PROMETRIUM	3		
Psychotherapeutic Agents			
Antidepressants			
<i>amitriptyline hcl</i> (Amitriptyline HCl)	1	GC	
<i>amoxapine</i> (Amoxapine)	1	GC	
<i>bupropion hcl</i> (Wellbutrin SR)	2	GC	tab er 24h, tablet er
<i>bupropion hcl</i> (Wellbutrin)	1	GC	tablet
<i>citalopram hydrobromide</i> (Celexa)	1	GC	
<i>clomipramine hcl</i> (Anafranil)	1	GC	
CYMBALTA	3	QL: 30 in 30 days	capsule dr: 30mg
CYMBALTA	3	QL: 60 in 30 days	capsule dr: 20mg, 60mg
<i>desipramine hcl</i> (Norpramin)	1	GC	
<i>doxepin hcl</i> (Doxepin HCl)	1	GC	
EMSAM	4	QL: 30 in 30 days	
<i>fluoxetine hcl</i> (Prozac)	1	GC	capsule, capsule dr, solution, tablet: 10mg, 20mg
<i>fluoxetine hcl</i> (Rapiflux)	1	GC	tablet: 60mg
<i>fluvoxamine maleate</i> (Fluvoxamine Maleate)	1	GC	
<i>imipramine hcl</i> (Tofranil)	1	GC	
<i>imipramine pamoate</i> (Tofranil-PM)	2	GC	
LEXAPRO	4	ST, QL: 31 in 31 days	tablet
LEXAPRO	4	ST, QL: 720 in 31 days	solution
LUVOX CR	4	ST, QL: 62 in 31 days	cap er 24h: 150mg
LUVOX CR	4	ST, QL: 93 in 31 days	cap er 24h: 100mg

Drug Name		Drug Tier	Requirements/Limits	
<i>maprotiline hcl</i>	(Maprotiline HCl)	1	GC	
MARPLAN		4		
<i>mirtazapine</i>	(Remeron)	1	GC	
<i>nefazodone hcl</i>	(Serzone)	1	GC	
<i>nortriptyline hcl</i>	(Pamelor)	1	GC	
<i>paroxetine hcl</i>	(Paxil)	1	GC	
<i>perphenazine/ amitriptyline hcl</i>	(Perphenazine/amitriptyline HCl)	1	GC	
<i>phenelzine sulfate</i>	(Nardil)	1	GC	
PRISTIQ ER		4	ST, QL: 31 in 31 days	
<i>protriptyline hcl</i>	(Vivactil)	2	GC	
<i>sertraline hcl</i>	(Zoloft)	1	GC	
SURMONTIL		4		capsule: 100mg
<i>tranlycypromine sulfate</i>	(Parnate)	2	GC	
<i>trazodone hcl</i>	(Desyrel)	1	GC	
<i>trimipramine maleate</i>	(Surmontil)	2	GC	
VENLAFAXINE HCL ER		2	GC	
<i>venlafaxine hcl</i>	(Effexor XR)	2	GC	
VIIBRYD		4	PA, QL: 30 in 30 days	
Antipsychotic Agents				
ABILIFY DISCMELT		3	QL: 62 in 31 days	tab rapdis: 15mg
ABILIFY DISCMELT		3	QL: 93 in 31 days	tab rapdis: 10mg
ABILIFY		3	QL: 161.2 in 28 days	vial
ABILIFY		3	QL: 31 in 31 days	tablet
ABILIFY		3	QL: 930 in 31 days	solution
<i>chlorpromazine hcl</i>	(Chlorpromazine HCl)	1	GC	ampul, tablet
<i>chlorpromazine hcl</i>	(Chlorpromazine HCl)	1	GC	oral conc.
<i>clozapine</i>	(Clozaril)	1	GC, QL: 140 in 31 days	tablet: 200mg

Drug Name		Drug Tier	Requirements/Limits
<i>clozapine</i>	(Clozaril)	1	GC, QL: 279 in 31 days tablet: 100mg
<i>clozapine</i>	(Clozaril)	1	GC, QL: 93 in 31 days tablet: 25mg, 50mg
FANAPT		4	ST, QL: 60 in 30 days tablet
FANAPT		4	ST, QL: 8 in 28 days tab ds pk
FAZACLO		4	ST, QL: 124 in 31 days tab rapdis: 200mg
FAZACLO		4	ST, QL: 186 in 31 days tab rapdis: 150mg
FAZACLO		4	ST, QL: 93 in 31 days tab rapdis: 12.5mg, 25mg, 100mg
<i>fluphenazine decanoate</i>	(Fluphenazine Decanoate)	1	GC
<i>fluphenazine hcl</i>	(Fluphenazine HCl)	1	GC
GEODON		4	QL: 6 in 28 days vial
GEODON		4	QL: 62 in 31 days capsule
HALDOL DECANOATE 100		4	
HALDOL DECANOATE 50		4	
HALDOL		4	
<i>haloperidol decanoate</i>	(Haloperidol Decanoate)	1	GC
<i>haloperidol lactate</i>	(Haloperidol Lactate)	1	GC
<i>haloperidol</i>	(Haloperidol)	1	GC
INVEGA SUSTENNA		3	QL: 0.25 in 28 days disp syrin: 39mg/0.25
INVEGA SUSTENNA		3	QL: 0.5 in 28 days disp syrin: 78mg/0.5ml

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA	5	QL: 0.75 in 28 days disp syrin: 117mg/0.75
INVEGA SUSTENNA	5	QL: 1 in 28 days disp syrin: 156mg/ml
INVEGA SUSTENNA	5	QL: 1.5 in 28 days disp syrin: 234mg/1.5
INVEGA	4	ST, QL: 31 in 31 days tab er 24: 1.5mg, 3mg, 9mg
INVEGA	4	ST, QL: 62 in 31 days tab er 24: 6mg
LATUDA	4	ST, QL: 30 in 30 days
<i>loxapine succinate</i> (Loxitane)	1	GC
MOBAN	4	
NAVANE	4	capsule: 20mg
<i>olanzapine</i> (Zyprexa)	2	GC, QL: 31 in 31 days
ORAP	4	
<i>perphenazine</i> (Perphenazine)	1	GC
RISPERDAL CONSTA	4	QL: 4 in 28 days
<i>risperidone</i> (Risperdal M-tab)	2	GC, QL: 124 in 31 days tab rapdis: 3mg, 4mg
<i>risperidone</i> (Risperdal)	2	GC, QL: 496 in 31 days solution
<i>risperidone</i> (Risperdal)	2	GC, QL: 62 in 31 days tab rapdis: 0.25mg, 0.5mg, 1mg, 2mg; tablet
SAPHRIS	4	ST, QL: 60 in 30 days
SEROQUEL XR	3	QL: 31 in 31 days tab er 24h: 200mg

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL XR	3	QL: 62 in 31 days tab er 24h: 50mg, 150mg, 300mg, 400mg
SEROQUEL	3	QL: 93 in 31 days
<i>thioridazine hcl</i> (Thioridazine HCl)	1	GC oral conc.
<i>thioridazine hcl</i> (Thioridazine HCl)	1	GC tablet
<i>thiothixene</i> (Navane)	1	GC
<i>trifluoperazine hcl</i> (Trifluoperazine HCl)	1	GC
ZYPREXA RELPREVV	5	QL: 2 in 28 days
ZYPREXA ZYDIS	3	QL: 31 in 31 days
ZYPREXA	3	QL: 31 in 31 days
Renin-Angiotensin-Aldosterone System Inhibitors		
Angiotensin II Receptor Antagonists		
BENICAR HCT	3	ST
BENICAR	3	ST
DIOVAN HCT	3	ST
DIOVAN	3	ST
<i>losartan potassium</i> (Cozaar)	1	GC
<i>losartan/ hydrochlorothiazide</i> (Hyzaar)	1	GC
TRIBENZOR	4	ST
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril hcl</i> (Lotensin)	1	GC
<i>benazepril/ hydrochlorothiazide</i> (Lotensin HCT)	1	GC
<i>captopril</i> (Capoten)	1	GC
<i>captopril/ hydrochlorothiazide</i> (Capozide)	1	GC
<i>enalapril maleate</i> (Vasotec)	1	GC
<i>enalapril/ hydrochlorothiazide</i> (Vaseretic)	1	GC
<i>enalaprilat dihydrate</i> (Enalaprilat Dihydrate)	1	GC
<i>fosinopril sodium</i> (Monopril)	1	GC
<i>fosinopril/ hydrochlorothiazide</i> (Monopril HCT)	1	GC
<i>lisinopril</i> (Zestril)	1	GC
<i>lisinopril/ hydrochlorothiazide</i> (Prinzide)	1	GC

Drug Name		Drug Tier	Requirements/Limits	
<i>moexipril hcl</i>	(Univasc)	1	GC	
<i>moexipril/ hydrochlorothiazide</i>	(Uniretic)	1	GC	
<i>perindopril erbumine</i>	(Aceon)	1	GC	
<i>quinapril hcl</i>	(Accupril)	1	GC	
<i>quinapril/ hydrochlorothiazide</i>	(Accuretic)	1	GC	
<i>ramipril</i>	(Altace)	1	GC	
<i>trandolapril</i>	(Mavik)	1	GC	
<i>trandolapril/verapamil hcl</i>	(Trandolapril/verapamil HCl)	1	GC	
Renin-Angiotensin-Aldosterone System Inhibitors				
<i>eplerenone</i>	(Inspra)	2	GC	
<i>spironolact/ hydrochlorothiazid</i>	(Aldactazide)	1	GC	
<i>spironolactone</i>	(Aldactone)	1	GC	
Replacement Preparations				
Replacement Preparations				
<i>calcium chloride</i>	(Calcium Chloride)	1	GC	
<i>calcium gluconate</i>	(Calcium Gluconate)	1	GC, PA	(PA for ESRD only)
<i>dex 2.5%-half str lact.ringers</i>	(Dex 2.5%-half Str Lact.ringers)	1	GC	
<i>dextrose 2.5% in half ringers</i>	(Dextrose 2.5% In Half Ringers)	1	GC	
<i>dextrose 5% in ringers</i>	(Dextrose 5% In Ringers)	1	GC	
<i>dextrose 5%-lactated ringers</i>	(Dextrose 5%-Lactated Ringers)	1	GC	
DEXTROSE W/ ELECTROLYTE A		3		
DEXTROSE W/ ELECTROLYTE B		3		
<i>electrolyte-48 solution/ d10w</i>	(Electrolyte-48 Solution/d10w)	1	GC	
<i>electrolyte-48 solution/ d5w</i>	(Electrolyte-48 Solution/D5W)	1	GC	
<i>electrolyte-48/fructose 10%</i>	(Electrolyte-48/fructose 10%)	1	GC	
<i>electrolyte-48/fructose 5%</i>	(Electrolyte-48/fructose 5%)	1	GC	
<i>electrolyte-75 solution/ d5w</i>	(Electrolyte-75 Solution/D5W)	1	GC	
<i>electrolyte-75/fructose 5%</i>	(Electrolyte-75/fructose 5%)	1	GC	
<i>electrolyte-r solution/d5w</i>	(Normosol-r and Dextrose)	1	GC	
HYPERLYTE CR		3		

Drug Name	Drug Tier	Requirements/Limits
HYPERLYTE R	3	
IONOSOL B with DEXTROSE 5%	3	
IONOSOL MB- DEXTROSE 5%	3	
IONOSOL T-DEXTROSE 5%	3	
ISOLYTE E	3	
ISOLYTE H W/ DEXTROSE	3	
ISOLYTE M W/ DEXTROSE	3	
ISOLYTE P with DEXTROSE	3	
ISOLYTE S with DEXTROSE	3	
ISOLYTE S	3	
LACTATED RINGERS	4	
<i>normal saline</i> (Normal Saline)	1	GC
NORMOSOL-M and DEXTROSE	3	
NORMOSOL-R PH 7.4	3	
NUTRILYTE II	3	
NUTRILYTE	3	
PLASMA-LYTE 148	3	
PLASMA-LYTE 56 IN DEXTROSE	3	
PLASMA-LYTE A PH 7.4	3	
PLASMA-LYTE M IN DEXTROSE	3	
<i>pot chloride/pot bicarb/cit ac</i> (K-lyte-cl)	1	GC
<i>potassium acetate</i> (Potassium Acetate)	1	GC
<i>potassium bicarbonate/cit ac</i> (K-lyte)	1	GC
<i>potassium chlorid/d10-0.2%nacl</i> (Potassium Chlorid/d10-0.2%NaCl)	1	GC
<i>potassium chloride in d5-1/2ns</i> (Potassium Chloride In D5-1/2ns)	1	GC
<i>potassium chloride in d5-1/3ns</i> (Potassium Chloride In D5-1/3ns)	1	GC

Drug Name		Drug Tier	Requirements/Limits	
<i>potassium chloride</i>	(Kaon-cl)	1	GC	liquid, packet
<i>potassium chloride</i>	(K-dur)	1	GC	capsule er, piggyback, tab er prt, tablet er, tablet sa, vial
<i>potassium chloride/d5-0.25ns</i>	(Potassium Chloride/D5-0.25 NS)	1	GC	iv soln, 10meq/l, 20meq/l, 40meq/l
<i>potassium chloride/d5-0.25ns</i>	(Potassium Chloride/D5-0.25 NS)	1	GC	iv soln., 30meq/l
<i>potassium chloride/d5lr</i>	(Potassium Chloride/D5 LR)	1	GC	
<i>potassium chloride/d5-ns</i>	(Potassium Chloride/D5-NS)	1	GC	
<i>potassium chloride/d5w</i>	(Potassium Chloride/D5W)	1	GC	
<i>potassium chloride/ns</i>	(Potassium Chloride/NS)	1	GC	
<i>potassium chloride-0.45% nacl</i>	(Potassium Chloride-0.45% NaCl)	1	GC	
<i>potassium gluconate</i>	(Potassium Gluconate)	1	GC	
<i>potassium phos,m-basic-d-basic</i>	(Potassium Phos,m-basic-d-basic)	1	GC	
<i>ringers solution</i>	(Ringers Solution)	1	GC	
<i>sodium acetate</i>	(Sodium Acetate)	1	GC	
<i>sodium chloride 0.45 %</i>	(Sodium Chloride 0.45 %)	1	GC	
<i>sodium chloride 3%</i>	(Sodium Chloride 3%)	1	GC	
<i>sodium chloride 5%</i>	(Sodium Chloride 5%)	1	GC	
<i>sodium chloride</i>	(Sodium Chloride)	1	GC	vial: 2.5meq/ml
<i>sodium chloride</i>	(Sodium Chloride)	1	GC	vial: 4meq/ml
<i>sodium phos,m-basic-d-basic</i>	(Sodium Phos,m-basic-d-basic)	1	GC	
TPN ELECTROLYTES		3		
TRAVERT-ELECTROLYTE NO.1		3		
TRAVERT-ELECTROLYTE NO.2		3		iv soln: 10%
TRAVERT-ELECTROLYTE NO.2		3		iv soln: 5%
TRAVERT-ELECTROLYTE NO.3		3		
TRAVERT-ELECTROLYTE NO.4		3		
Respiratory Tract Agents, Miscellaneous				
Respiratory Tract Agents, Miscellaneous				
<i>acetylcysteine</i>	(Acetylcysteine)	1	GC	
<i>aminophylline</i>	(Aminophylline)	1	GC	liquid

Drug Name		Drug Tier	Requirements/Limits	
<i>aminophylline</i>	(Aminophylline)	1	GC	tablet, vial
ARALAST NP		5		
DALIRESP		4	ST, QL: 30 in 30 days	
<i>guaifen/theop anhyd/p-ephed</i>	(Guaifen/theop Anhyd/p-ephed)	1	GC	
PROLASTIN C		5		
PROLASTIN		5		
<i>theophylline anhydrous</i>	(Theochron)	1	GC	elixir, tab er 12h: 100mg, 200mg, 300mg, 450mg; tablet er
<i>theophylline anhydrous</i>	(Theochron)	1	GC	solution, tab er 12h: 200mg
<i>theophylline/dextrose 5%-water</i>	(Theophylline/dextrose 5%-water)	1	GC	
XOLAIR		5	PA, QL: 6 in 28 days	
ZEMAIRA		5		
Sclectrosing Agents				
Sclectrosing Agents				
<i>ethanolamine oleate</i>	(Ethanolamine Oleate)	1	GC	
<i>sodium morrhuate</i>	(Sodium Morrhuate)	1	GC	
<i>sodium tetradecyl sulfate</i>	(Sodium Tetradecyl Sulfate)	1	GC	
<i>talc</i>	(Talc)	2	GC	
Second Generation Antihistamines				
Second Generation Antihistamines				
<i>fexofenadine hcl</i>	(Allegra)	1	GC	
<i>levocetirizine dihydrochloride</i>	(Xyzal)	2	GC	solution
<i>levocetirizine dihydrochloride</i>	(Xyzal)	2	GC	tablet
XYZAL		3		solution
Serums				
Serums				
ANASCORP		5		
ANTIVENIN LATRODECTUS MACTANS		3		

Drug Name	Drug Tier	Requirements/Limits
ANTIVENIN MICRURUS FULVIUS	5	
CARIMUNE NF NANOFILTERED	5	PA
CROFAB	5	
CYTOGAM	5	
DIGIBIND	3	
DIGIFAB	3	
FLEBOGAMMA DIF	5	PA
FLEBOGAMMA	5	PA
GAMASTAN S-D	3	PA
GAMMAGARD S-D	5	PA
GAMMAPLEX	5	PA
GAMUNEX	5	PA
HIZENTRA	5	PA
HYPERRAB S-D	3	
HYPERRHO S-D	3	
IMOGAM RABIES-HT	3	
MICRHOGAM PLUS	3	
OCTAGAM	5	PA
PRIVIGEN	5	PA
RHOGAM PLUS	3	
RHOPHYLAC	3	
VIVAGLOBIN	5	PA
WINRHO SDF	3	
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen</i> (Baclofen)	1	GC
<i>carisoprodol</i> (Soma)	1	GC, QL: tablet: 250mg 120 in 30 days
<i>carisoprodol</i> (Soma)	1	GC, QL: tablet: 350mg 120 in 30 days
<i>chlorzoxazone</i> (Parafon Forte DSC)	1	GC
<i>chlorzoxazone/acetaminophen</i> (Chlorzoxazone/acetaminophen)	1	GC
<i>cyclobenzaprine hcl</i> (Amrix)	2	GC cap er 24h
<i>cyclobenzaprine hcl</i> (Flexeril)	1	GC tablet: 5mg, 10mg
<i>dantrolene sodium</i> (Dantrium)	1	GC vial
<i>dantrolene sodium</i> (Dantrium)	2	GC capsule
<i>metaxalone</i> (Skelaxin)	1	GC

Drug Name	Drug Tier	Requirements/Limits	
<i>methocarbamol</i> (Robaxin-750)	1	GC	
<i>tizanidine hcl</i> (Zanaflex)	1	GC	
Skin and Mucous Membrane Agents, Miscellaneous			
Skin and Mucous Membrane Agents, Miscellaneous			
8-MOP	5		
<i>adapalene</i> (Differin)	1	GC	
AMEVIVE	5	PA, QL: 4 in 28 days	
<i>ammonium lactate</i> (Lac-hydrin)	1	GC	
<i>calcipotriene</i> (Dovonex)	1	GC	oint. (g)
<i>calcipotriene</i> (Dovonex)	2	GC	solution
CARAC	3		
CONDYLOX	4		gel (gram)
DOVONEX	3		cream
ELIDEL	3	PA	
FLUOROPLEX	3		
<i>fluorouracil</i> (Efudex)	2	GC	
<i>imiquimod</i> (Aldara)	2	GC, PA, QL: 24 in 30 days	
<i>isotretinoin</i> (Accutane)	2	GC	
LEVULAN	3		
METVIXIA	3		
OXSORALEN-ULTRA	5		
PANRETIN	5		
<i>podofilox</i> (Condylox)	2	GC	
<i>podophyllum resin</i> (Pododerm)	1	GC	
PROTOPIC	4	PA	
REGRANEX	3	PA, QL: 30 in 30 days	
SANTYL	3		
TARGRETIN	5		
TAZORAC	3		
UVADEX	3		
VECTICAL	4		
ZYCLARA	4	PA, QL: 28 in 28 days	

Drug Name	Drug Tier	Requirements/Limits
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Somatotropin Agonists and Antagonists

Somatotropin Agonists and Antagonists

INCRELEX	5	
SOMAVERT	5	

Sympatholytic Adrenergic Blocking Agents

Alpha-Adrenergic Blocking Agents

<i>alfuzosin hcl</i> (Uroxatral)	2	GC	
DIBENZYLINE	3		
<i>dihydroergotamine mesylate</i> (D.H.E. 45)	2	GC	
ERGOMAR	3		
<i>ergotamine tartrate/caffeine</i> (Ergotamine Tartrate/caffeine)	1	GC	
<i>phentolamine mesylate</i> (Phentolamine Mesylate)	2	GC, PA	
<i>tamsulosin hcl</i> (Flomax)	1	GC	

Sympathomimetic (Adrenergic) Agents

Sympathomimetic (Adrenergic) Agents

<i>albuterol sulfate</i> (Accuneb)	1	GC, PA	solution, vial-neb: 0.63mg/3ml, 1.25mg/3ml, 2.5mg/ 3ml
<i>albuterol sulfate</i> (Proventil)	1	GC	syrup, tablet
<i>albuterol sulfate</i> (Vospire ER)	2	GC	tab er 12h
<i>albuterol</i> (Albuterol)	1	GC	
COMBIVENT	3	QL: 29.4 in 30 days	
<i>dobutamine hcl</i> (Dobutamine HCl)	2	GC, PA	
<i>dobutamine hcl/d5w</i> (Dobutamine HCl/D5W)	1	GC, PA	
<i>dopamine hcl</i> (Dopamine HCl)	1	GC, PA	
<i>dopamine hcl/dextrose 5%-water</i> (Dopamine HCl/dextrose 5%-water)	1	GC, PA	
<i>ephedrine sulfate</i> (Ephedrine Sulfate)	1	GC	
<i>epinephrine</i> (Adrenaclick)	2	GC, QL: 2 in 30 days	pen injctr
<i>epinephrine</i> (Epinephrine)	1	GC	disp syrin
<i>epinephrine/pf</i> (Epinephrine/PF)	1	GC	
EPIPEN JR	4	QL: 2 in 30 days	
EPIPEN	4	QL: 2 in 30 days	

Drug Name	Drug Tier	Requirements/Limits
FORADIL	3	QL: 62 in 31 days
<i>isoproterenol hcl</i> (Isoproterenol HCl)	1	GC
<i>metaproterenol sulfate</i> (Metaproterenol Sulfate)	1	GC syrup, tablet
<i>midodrine hcl</i> (Proamatine)	2	GC
<i>norepinephrine bitartrate</i> (Norepinephrine Bitartrate)	1	GC, PA
<i>norepinephrine bitartrate/ns</i> (Norepinephrine Bitartrate/NS)	1	GC, PA
<i>phenylephrine hcl</i> (Phenylephrine HCl)	1	GC
<i>phenylephrine tannate</i> (Phenylephrine Tannate)	1	GC
PROAIR HFA	3	QL: 17 in 25 days
SEREVENT DISKUS	3	QL: 62 in 31 days
<i>terbutaline sulfate</i> (Brethine)	1	GC
Thyroid and Antithyroid Agents		
Thyroid and Antithyroid Agents		
ARMOUR THYROID	4	
<i>levothyroxine sodium</i> (Levothyroxine Sodium)	2	GC vial
<i>levothyroxine sodium</i> (Synthroid)	1	GC tablet
<i>liothyronine sodium</i> (Cytomel)	1	GC
<i>methimazole</i> (Tapazole)	1	GC tablet: 20mg
<i>methimazole</i> (Tapazole)	1	GC tablet: 5mg, 10mg
<i>propylthiouracil</i> (Propylthiouracil)	1	GC
<i>thyroid</i> (Thyroid)	1	GC
Toxoids		
Toxoids		
ADACEL	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHThERIA-TETANUS TOXOID	3	
INFANRIX	3	vial: 25-58-10
TE ANATOXAL BERNA	3	PA
TETANUS DIPHThERIA TOXOIDS	1	GC
TETANUS TOXOID ADSORBED	3	PA
TETANUS-DIPHThERIA-DECAVAC	3	
TRIHIBIT	3	
TRIPEDIA	3	

Drug Name	Drug Tier	Requirements/Limits	
Urinary Anti-infectives			
Urinary Anti-infectives			
<i>methen mand/naphos m-b m-h</i> (Methen Mand/naphos M-b M-h)	1	GC	
<i>methenamine hippurate</i> (Hiprex)	2	GC	
<i>methenamine mandelate</i> (Mandelamine)	1	GC	
MONUROL	3		
<i>nitrofurantoin macrocrystal</i> (Macrobid)	1	GC	
PRIMSOL	3		
<i>trimethoprim</i> (Trimethoprim)	1	GC	
Vaccines			
Vaccines			
ACTHIB	3		
ATTENUVAX VACCINE with DILUENT	3	PA	
BCG VACCINE (TICE STRAIN)	3	PA	
BIOTHRAX	3		
CERVARIX	4		
COMVAX	3		
ENGERIX-B	3	PA	disp syrin: 10mcg/0.5
ENGERIX-B	3	PA	disp syrin: 20mcg/ml; vial
GARDASIL	4		disp syrin
GARDASIL	4		vial
HAVRIX	3	PA	disp syrin
HAVRIX	3	PA	vial
HIBERIX	3		
IMOVAX RABIES VACCINE	3	PA	
IPOL	3		
IXIARO	3		
JE-VAX	3		
KINRIX	3		
MENACTRA	3		disp syrin
MENACTRA	3		vial
MENOMUNE-A-C-Y-W-135	3		

Drug Name	Drug Tier	Requirements/Limits	
MENVEO A-C-Y-W-135-DIP	3		
MERUVAX II VACCINE W-DILUENT	3		
M-M-R II VACCINE	3		
MUMPSVAX VACCINE W-DILUENT	3		
PEDIARIX	3		
PEDVAXHIB	3		
PENTACEL	3		
PROQUAD	4		
RABAVERT	3	PA	
RECOMBIVAX HB	3	PA	disp syrin
RECOMBIVAX HB	3	PA	vial
ROTARIX	3		
ROTATEQ	3		
THERACYS	3	PA	
TWINRIX	3		disp syrin
TWINRIX	3		vial
TYPHIM VI	3		
VAQTA	3	PA	disp syrin
VAQTA	3	PA	vial
VARIVAX VACCINE	3		
VIVOTIF BERNA	3		
YF-VAX	3		
ZOSTAVAX	3		
Vasodilating Agents			
Vasodilating Agents			
ADCIRCA	5	PA, QL: 60 in 30 days	
AGGRENOX	3	QL: 60 in 30 days	
<i>alprostadil</i> (Prostin Vr Pediatric)	1	GC, PA	
<i>amyl nitrite</i> (Amyl Nitrite)	1	GC	
<i>epoprostenol sodium</i> (Flolan) (glycine)	2	GC, PA	vial: 0.5mg
<i>epoprostenol sodium</i> (Flolan) (glycine)	5	PA	vial: 1.5mg
<i>isosorbide dinitrate</i> (Isordil)	1	GC	
<i>isosorbide mononitrate</i> (Imdur)	1	GC	
ISOVEX	3		

Drug Name	Drug Tier	Requirements/Limits
LETAIRIS	5	PA, QL: 30 in 30 days
NITRO-BID	3	
<i>nitroglycerin</i> (Nitro-dur)	1	GC, QL: 30 in 30 days patch td24: 0.1mg/ hr, 0.2mg/hr, 0.6mg/ hr
<i>nitroglycerin</i> (Nitro-dur)	1	GC, QL: 60 in 30 days patch td24: 0.4mg/ hr
<i>nitroglycerin</i> (Nitroglycerin)	1	GC vial
<i>nitroglycerin</i> (Nitrolingual)	2	GC spray
<i>nitroglycerin/d5w</i> (Nitroglycerin/D5W)	1	GC
NITROSTAT	3	
<i>nylidrin hcl</i> (Nylidrin HCl)	1	GC tablet: 12mg
<i>papaverine hcl</i> (Papaverine HCl)	1	GC, PA
REMODULIN	5	PA
REVATIO	5	PA, QL: 37.5 in 1 day vial
REVATIO	5	PA, QL: 90 in 30 days tablet
TRACLEER	5	LA, PA, QL: 60 in 30 days
Vitamins and Minerals		
Vitamins and Minerals		
<i>calcitriol</i> (Rocaltrol)	1	GC, PA (PA for ESRD only)
CYANOKIT	5	
FLUOR-A-DAY	4	
FLURA	4	
HECTOROL	3	PA (PA for ESRD only)
LOZI-FLUR	4	
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<i>peg 3350/na sulf,bicarb,cl/kcl</i>		<i>pilocarpine hcl</i>	39, 80	<i>potassium citrate/citric acid</i>	
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PEGANONE.....	32	<i>pindolol</i>	56	<i>potassium gluconate</i>	90
PEGASYS.....	54	<i>piperacillin sodium</i>	29	<i>potassium hydroxide</i>	71
PEGASYS PROCLICK.....	54	<i>piperacillin sodium/</i>		<i>potassium phos,m-basic-d-</i>	
PEGINTRON.....	54	<i>tazobactam</i>	29	<i>basic</i>	90
PEGINTRON REDIPEN ...	54	<i>piroxicam</i>	20	PRALIDOXIME	
<i>pen g pot/dextrose-water</i>	29	PLASBUMIN-25	56	CHLORIDE.....	76
<i>penicillin g potassium</i>	29	PLASBUMIN-5	56	<i>pramipexole di-hcl</i>	51
<i>penicillin g potassium/d5w</i>	29	PLASMA-LYTE 148	89	PRANDIMET	33
<i>penicillin g procaine</i>	29	PLASMA-LYTE 56 IN		PRANDIN	33
PENICILLIN G SODIUM. 29		DEXTROSE	89	<i>pravastatin sodium</i>	45
<i>penicillin v potassium</i>	29	PLASMA-LYTE A PH 7.4 89		<i>prazosin hcl</i>	18

<i>prednicarbate</i>	44	<i>propranolol hcl</i>	56	<i>reserpine</i>	70
<i>prednisolone</i>	18	<i>propranolol/</i>		<i>reserpine/hydrochlorothiazide</i>	
<i>prednisolone acetate</i>	18, 42	<i>hydrochlorothiazid</i>	56	70
<i>prednisolone sod phosphate</i>		<i>propylthiouracil</i>	95	RESTASIS.....	42
.....	18, 42	PROQUAD.....	97	RETROVIR	53
<i>prednisone</i>	18	PROSOL.....	59	REVATIO.....	98
PREDNISONO INTENSOL		PROSTIGMIN	80	REVLIMID.....	77
.....	18	<i>protamine sulfate</i>	68	REYATAZ.....	53
PREMARIN.....	64	PROTONIX IV	52	RHOGAM PLUS.....	92
PREMASOL.....	59	PROTOPAM CHLORIDE.....	77	RHOPHYLAC.....	92
PREMPHASE.....	64	PROTOPIC.....	93	<i>ribavirin</i>	55
PREMPRO.....	64	<i>protriptyline hcl</i>	84	RIDAURA.....	77
PREZISTA.....	53	PROVIGIL	25	<i>rifampin</i>	46
PRIFTIN	45	PULMOZYME.....	64	<i>rifampin/isoniazid</i>	46
PRIMAQUINE	51	<i>pyrazinamide</i>	46	RIFATER.....	46
PRIMAXIN.....	28	<i>pyridostigmine bromide</i>	80	RILUTEK	61
PRIMAXIN I.M.....	28	QUALAQUIN.....	51	<i>rimantadine hcl</i>	53
<i>primidone</i>	31	QUICK MIX with LYLES.....	59	<i>ringers solution</i>	71, 90
PRIMSOL	96	<i>quinapril hcl</i>	88	RISPERDAL CONSTA	86
PRISTIQ ER	84	<i>quinapril/hydrochlorothiazide</i>		<i>risperidone</i>	86
PRIVIGEN.....	92	88	RITUXAN	49
PROAIR HFA.....	95	<i>quinidine gluconate</i>	60	<i>rivastigmine tartrate</i>	80
<i>probenecid</i>	77	<i>quinidine sulfate</i>	60	<i>ropinirole hcl</i>	51
<i>procainamide hcl</i>	60	QVAR.....	18	ROTARIX	97
PROCALAMINE.....	59	RABAVERT	97	ROTATEQ.....	97
<i>prochlorperazine edisylate</i>	37	<i>ramipril</i>	88	SABRIL	31
<i>prochlorperazine maleate</i> ..	37	RANEXA	60	SAIZEN.....	82
PROCRIT.....	70	<i>ranitidine hcl</i>	52	<i>sal-amide/acetamin/p-tlox/</i>	
<i>progesterone</i>	83	RAPAMUNE	77	<i>caff</i>	19
PROGLYCEM.....	70	REBETOL.....	55	<i>sal-amide/acetaminophn/p-</i>	
PROGRAF	77	REBIF.....	77	<i>tlox</i>	19
PROLASTIN.....	91	RECLAST	77	<i>salicylamide/acetaminophen</i>	
PROLASTIN C.....	91	RECOMBIVAX HB	97	19
PROLEUKIN.....	49	REGONOL.....	80	<i>salicylic acid</i>	71
PROLIA	77	REGRANEX	93	<i>salicylic acid/ammon lact/</i>	
PROMACTA	70	RELENZA.....	53	<i>aloe</i>	71
<i>promethazine hcl</i>	65	RELISTOR.....	65	<i>salicylic acid/ceramide cmb</i>	
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<i>propafenone hcl</i>	60	REMODULIN.....	98	SAMSCA.....	63
<i>proparacaine hcl</i>	73	RENAGEL	71	SANDOSTATIN LAR	77
<i>proparacaine/fluorescein sod</i>		RENAMIN	59	SANTYL	93
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<i>selenium sulfide</i>	41	SOMAVERT	94	SYMLINPEN 120	33
SELZENTRY	53	<i>sorbitol solution</i>	71	SYMLINPEN 60	33
SENSIPAR.....	77	<i>sotalol hcl</i>	56	SYNAGIS	53
SEREVENT DISKUS.....	95	SOTALOL HCL.....	56	SYNAREL.....	78
SEROMYCIN	46	SPIRIVA	30	SYNERCID	26
SEROQUEL.....	87	<i>spironolact/</i>		SYPRINE.....	66
SEROQUEL XR	86, 87	<i>hydrochlorothiazid</i>	88	<i>syring w-ndl,disp,insul,0.3ml</i>	
SEROSTIM.....	82	<i>spironolactone</i>	88	62
<i>sertraline hcl</i>	84	SPORANOX	38	<i>syring w-ndl,disp,insul,0.5ml</i>	
<i>silver nitrate</i>	41	SPRYCEL	49	62
<i>silver nitrate applicator</i>	72	STALEVO 100.....	51	<i>syringe & needle,insulin,1 ml</i>	
<i>silver sulfadiazine</i>	41	STALEVO 125.....	51	62
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<i>sodium acetate</i>	90	STROMECTOL	25	TASMAR.....	51
<i>sodium bicarbonate</i>	17	SUBOXONE	23	TAXOTERE	49
<i>sodium chloride</i>	90	SUCRAID	64	TAZICEF IN DEXTROSE 27	
<i>sodium chloride 0.45 %</i>	90	<i>sucralfate</i>	52	TAZORAC	93
<i>sodium chloride 3%</i>	90	<i>sulfacetamide sodium</i> ...	40, 41	TE ANATOXAL BERNA. 95	
<i>sodium chloride 5%</i>	90	<i>sulfacetamide sodium/urea</i> .72		TEGRETOL XR	31
<i>sodium chloride irrig solution</i>		<i>sulfacetm na/prednis sp</i>	40	<i>terazosin hcl</i>	18
.....	71	<i>sulfadiazine</i>	30	<i>terbinafine hcl</i>	38
<i>sodium chloride/nahco3/kcl/</i>		<i>sulfamethoxazole/</i>		<i>terbutaline sulfate</i>	95
<i>peg</i>	61	<i>trimethoprim</i>	30	<i>terconazole</i>	41
<i>sodium fluoride</i>	77	<i>sulfasalazine</i>	30	<i>testosterone</i>	24
<i>sodium lactate</i>	17	<i>sulindac</i>	20	<i>testosterone cypionate</i>	23
<i>sodium morrhuate</i>	91	<i>sumatriptan</i>	45	<i>testosterone enanthate</i>	23
<i>sodium phos,m-basic-d-basic</i>		<i>sumatriptan succinate</i>	45	TETANUS DIPHTHERIA	
.....	90	SUPPRELIN.....	78	TOXOIDS.....	95
<i>sodium polystyrene sulfonate</i>		SUPPRELIN LA	77	TETANUS TOXOID	
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<i>sodium tetradecyl sulfate</i> ...	91	SURMONTIL.....	84	TETANUS-DIPHTERIA-	
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<i>thiotepa</i>	49	TRAVERT-ELECTROLYTE		<i>urea</i>	72
<i>thiothixene</i>	87	NO.1.....	90	<i>urea/lactic ac/zn</i>	
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<i>thyroid</i>	95	NO.2.....	90	<i>urea/lactic acid/salicyl acid</i>	72
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<i>timolol maleate</i>	39, 56	NO.3.....	90	<i>ursodiol</i>	66
<i>tizanidine hcl</i>	93	TRAVERT-ELECTROLYTE		UVADEX.....	93
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<i>tobramycin sulf/</i>		<i>trazodone hcl</i>	84	VALCYTE.....	55
<i>dexamethasone</i>	40	TREANDA.....	49	<i>valproate sodium</i>	31
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<i>tolmetin sodium</i>	20	<i>triamcinolone acetonide</i>	18,	<i>vancomycin hcl/d5w</i>	26
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TORISEL.....	49	<i>hydrochlorothiazid</i>	63	VAQTA.....	97
<i>toremide</i>	63	TRIBENZOR.....	87	VARIVAX VACCINE.....	97
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TPN ELECTROLYTES.....	90	<i>trifluoperazine hcl</i>	87	VECTIBIX.....	50
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TRADJENTA.....	33	<i>trihexyphenidyl hcl</i>	51	VELCADE.....	50
<i>tramadol hcl</i>	23	TRIHIBIT.....	95	<i>venlafaxine hcl</i>	84
<i>tramadol hcl/acetaminophen</i>		TRILIPIX.....	44	VENLAFAXINE HCL ER	84
.....	23	<i>trimethoprim</i>	96	<i>verapamil hcl</i>	56
<i>trandolapril</i>	88	<i>trimipramine maleate</i>	84	VERIPRED 20.....	18
<i>trandolapril/verapamil hcl</i>	88	TRIPEDIA.....	95	VESICARE.....	65
<i>tranexamic acid</i>	68	<i>tripelennamine hcl</i>	65	VFEND.....	38
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VIIBRYD	84	XENAZINE	61	ZOLADEX	50
VIMOVO	20	XERAC AC	55	ZOLINZA	50
VIMPAT	31, 32	XGEVA	78	<i>zolpidem tartrate</i>	55
<i>vinblastine sulfate</i>	50	XIAFLEX	64	ZOMETA	78
<i>vincristine sulfate</i>	50	XIFAXAN	26	<i>zonisamide</i>	32
<i>vinorelbine tartrate</i>	50	XOLAIR	91	ZORBTIVE	82
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VIRAMUNE	53	XYZAL	91	ZOSTAVAX	97
VIRAMUNE XR	53	YERVOY	50	ZOSYN	29
VIREAD	53	YF-VAX	97	ZOVIRAX	41
VISTIDE	55	YODOXIN	51	ZYCLARA	93
VIVAGLOBIN	92	<i>zafirlukast</i>	43	ZYFLO	43
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