



2012 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS COVERED BY 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.

Please note that “Plan” refers to **Medco Medicare Prescription Plan®** (PDP) for Seniors Choice Group Retiree Medical Plans throughout this formulary.

Customer Service department phone number1-866-544-6780
Customer Service TTY/TDD phone number.....1-800-716-3231
Customer Service days and hours of operation 24 hours a day, 7 days a week

Customer Service is available in English and other languages.

Websitewww.medco.com

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

A Medicare-approved Part D sponsor

This information is available for free in other languages. Please contact our Customer Service numbers at **1-866-544-6780** (TTY/TDD users only: **1-800-716-3231**) for additional information. Customer Service is available 24 hours a day, 7 days a week.

Esta información está disponible sin cargo en otros idiomas. Por favor comuníquese a los números de Servicio al cliente al **1-866-544-6780** (sólo los usuarios de TTY/TDD: **1-800-716-3231**) para obtener información adicional. El Servicio al cliente está disponible las 24 horas del día, los 7 días de la semana.

This document is available in braille. Please call the Customer Service numbers listed above if you need plan information in another format.

What is the plan Formulary?

A formulary is a list of covered Part D drugs selected by the **Plan** 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. The **Plan** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Summary of Benefits, Evidence of Coverage*, and other plan materials.

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 amount 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. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe, or if 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 are taking the drug. The enclosed formulary is current as of the date indicated on the front cover. **To get updated information about the drugs covered, please visit our website or call our Customer Service department using the information provided on the front cover of this formulary.** If there are additional changes made to the formulary that affect you and are not mentioned above, you will also be notified in writing of these changes within a reasonable period of time from when the changes are made.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular, Hypertension/Lipids."

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 26. 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 Drug Name column of the list.

What are generic drugs?

Both brand-name drugs and generic drugs are covered under this **Plan**. A generic drug is approved by the FDA as having the same active ingredients 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:** You or your physician is required to get prior authorization for certain drugs. This means that you will need to get approval from the **Plan** before you fill your prescriptions. If you don't get approval, the drugs may not be covered.
- **Quantity Limits:** For certain drugs, the amount of the drug that will be covered by the **Plan** is limited. For example, the **Plan** provides two inhalers (17 grams) for a 1-month supply per prescription for PROAIR® HFA. This may be in addition to a standard 1-month or 3-month supply.
- **Step Therapy:** In some cases, you are required to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.medco.com.

You can ask us to make an exception to these restrictions or limits. See the section "How do I request an exception to the Formulary?" below for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that your drug is not covered, you have two options:

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

How do I request an exception to the Formulary?

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

- You can ask us to cover 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, the amount of the drug that we will cover is limited. 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 Brand Drug Tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in our Preferred Brand Drug Tier 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 our Specialty Drug Tier.

Generally, your request for an exception will only be approved if the alternative drugs included in the plan formulary, the lower-tiered drugs, or the 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 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 prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believes 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 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 are taking. While you talk to your doctor to determine the right course of action for you, we may cover a temporary transition supply of 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 transition supply when you go to a network pharmacy. This temporary transition supply will be for a maximum of 31 days, or less if your prescription is written for fewer days. In that case, you will be allowed multiple fills to provide up to a total of a 31-day supply of the medication.

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.

Other times when we will cover a temporary 31-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you enter a long-term care facility
- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care
- When you are discharged from a psychiatric hospital with a medication regimen that is highly individualized

The **Plan** will send you a letter within 3 business days of your filling a temporary transition supply notifying you that this was a temporary supply and explaining your options.

For more information

For more detailed information about your prescription drug coverage and this plan's specific costs, please review your *Summary of Benefits, Evidence of Coverage*, and other plan materials.

If you need additional information on network pharmacies, filling prescriptions via mail order, or any other general questions, please call our Customer Service department using the information provided on the front cover of this formulary.

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.

Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by this **Plan**. If you have trouble finding your drug in the list, turn to the Index that begins on page 26.

The Drug Name column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., NEXIUM®) and generic drugs are listed in lowercase italics (e.g., *omeprazole*).

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

If you are not sure whether your drug is covered, please visit our website or call our Customer Service department using the information provided on the front cover of this formulary.

Your Costs

The amount you pay for a covered drug will depend on:

- **Your coverage stage.**
Medco Medicare Prescription Plan (PDP) plan has different stages of coverage. In each stage, the amount you pay for a drug may change.
- **The drug tier for your drug.**
Each covered drug is in one of four drug tiers. Each tier may have a different co-payment or coinsurance amount. The “Drug Tiers” chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.

The *Summary of Benefits* has more information about your plan’s coverage stages and lists the specific co-payment and coinsurance amounts for each tier.

If you qualify for Extra Help

If you qualify for Extra Help for your prescription drugs, your co-payments and coinsurance may be lower. Members who qualify for Extra Help will receive the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS Rider). Please read it to find out what your costs are. You can also contact Customer Service for more information.

Drug Tiers

Tier	Includes	Helpful tips
Tier 1: Generic Drugs	This tier includes many commonly prescribed low-cost drugs.	This tier includes commonly prescribed generic drugs and may include other low-cost drugs. Use Tier 1 drugs for the lowest co-payments/coinsurance.
Tier 2: Preferred Brand Drugs	This tier includes preferred brand-name drugs as well as some generic drugs.	Drugs in this tier will generally have lower co-payments than non-preferred drugs.
Tier 3: Non- Preferred Brand Drugs	This tier includes non-preferred brand-name drugs as well as some generic drugs.	Many non-preferred drugs have lower-cost alternatives in Tiers 1 and 2. Ask your doctor if switching to a lower-cost generic or preferred brand drug may be right for you.
Tier 4: Specialty Tier Drugs	This tier includes very high-cost drugs.	To learn more about medications in this tier, you may contact a Medco Specialist Pharmacist at the number listed on the cover of this document.

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

QL: Quantity Limit. For certain drugs, the **Plan** limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the **Plan** requires you to first try a certain drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

PA: Prior Authorization. The **Plan** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover this drug.

HI: Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Customer Service.

GC: Gap Coverage. We provide coverage of this prescription drug in the Coverage Gap. Please refer to your *Summary of Benefits and Evidence of Coverage* for more information about this coverage.

LA: Limited Availability. This prescription drug may be available only at certain pharmacies. For more information, call Customer Service.

ED: Enhanced Drug. This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs or total out-of-pocket costs (that is, the amount you pay does not help you qualify for Catastrophic Coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for this drug.

CB: Capped Benefit. This prescription drug has a capped benefit limit.

MO: Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

Commonly Prescribed Therapeutic Drug Categories

ANTI - INFECTIVES

ANTIFUNGAL AGENTS

Drug Name	Drug Tier	Requirements/ Limits
<i>amphotericin b</i>	1	GC PA MO
ANCOBON	2	MO
<i>clotrimazole troc</i>	1	GC MO
DIFLUCAN IN NAACL	2	
ERAXIS INJ 100MG	2	
<i>fluconazole in dextrose inj 0; 400mg/200ml</i>	1	GC
<i>fluconazole susr</i>	1	GC MO
<i>fluconazole tabs</i>	1	GC MO
GRIS-PEG	3	MO
<i>griseofulvin microsize</i>	1	GC MO
<i>itraconazole</i>	1	GC MO
<i>ketoconazole</i>	1	GC MO
NOXAFIL	2	MO
<i>nystatin susp</i>	1	GC MO
<i>nystatin tabs</i>	1	GC MO
ORAVIG	2	MO
SPORANOX ORAL SOLN	2	MO
<i>terbinafine tabs</i>	1	GC MO
VFEND IV	2	MO
VFEND SUSR	2	MO
<i>voriconazole</i>	1	GC MO

ANTIVIRALS

<i>acyclovir caps</i>	1	GC MO
<i>acyclovir inj 500mg</i>	1	GC MO
<i>acyclovir susp</i>	1	GC MO
<i>acyclovir tabs</i>	1	GC MO
<i>amantadine</i>	1	GC MO
APTIVUS CAPS	4	MO
APTIVUS ORAL SOLN	4	
ATRIPLA	4	MO
BARACLUDGE	2	MO
COMBIVIR	4	MO
CRIXIVAN CAPS 100MG	2	
CRIXIVAN CAPS 200MG, 400MG	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>didanosine</i>	1	GC MO
EDURANT	4	MO
EMTRIVA	2	MO
EPIVIR	2	MO
EPIVIR HBV	2	MO
EPZICOM	4	MO
<i>famciclovir</i>	1	GC MO
<i>foscarnet sodium</i>	1	GC PA MO
FUZEON	4	MO
<i>ganciclovir caps</i>	1	GC MO
HEPSERA	4	MO
INTELENCE	4	MO
INVIRASE CAPS	3	MO
INVIRASE TABS	4	MO
ISENTRESS	4	MO
KALETRA ORAL SOLN	4	MO
KALETRA TABS 200MG; 50MG	4	MO
KALETRA TABS 100MG; 25MG	2	MO
LEXIVA SUSP	2	MO
LEXIVA TABS	4	MO
NORVIR	2	MO
PREZISTA TABS 150MG	2	
PREZISTA TABS 75MG	2	MO
PREZISTA TABS 400MG, 600MG	4	MO
REBETOL ORAL SOLN	2	MO
RELENZA DISKHALER	2	MO
RESCRIPTOR	3	MO
RETROVIR IV INFUSION	2	MO
REYATAZ	2	MO
<i>ribapak</i>	4	MO
<i>ribasphere caps</i>	1	GC MO
<i>ribasphere tabs 200mg</i>	1	GC MO
<i>ribasphere tabs 400mg</i>	4	
<i>ribasphere tabs 600mg</i>	4	MO
<i>ribavirin</i>	1	GC
<i>rimantadine hcl</i>	1	GC MO
SELZENTRY	4	MO
<i>stavudine</i>	1	GC MO
SUSTIVA	2	MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TAMIFLU CAPS	2	MO	SUPRAX SUSR	3	MO
TAMIFLU SUSR 12MG/ML	2	MO	TAZICEF INJ 1GM, 2GM, 6GM	2	
TRIZIVIR	4	MO	TEFLARO	2	
TRUVADA	4	MO	ZINACEF IN ISO-OSMOTIC DEXTROSE	2	
TYZEKA	4	MO	ZINACEF IN ISO-OSMOTIC DILUENT	2	
<i>valacyclovir hcl</i>	1	GC MO	ZINACEF INJ 1.5GM, 750MG	2	
VALCYTE ORAL SOLN	4		ERYTHROMYCINS / OTHER MACROLIDES		
VALCYTE TABS	4	MO	<i>azithromycin inj 500mg</i>	1	GC MO
VIDEX PEDIATRIC ORAL SOLN 2GM	2	MO	<i>azithromycin susr</i>	1	GC MO
VIRACEPT POWD	2	MO	<i>azithromycin tabs</i>	1	GC MO
VIRACEPT TABS	4	MO	<i>clarithromycin</i>	1	GC MO
VIRAMUNE	2	MO	<i>clarithromycin er e.e.s. 400</i>	1	GC MO
VIREAD	2	MO	E.E.S. GRANULES	2	MO
ZIAGEN	2	MO	ERY-TAB TBEC 500MG	2	MO
<i>zidovudine</i>	1	GC MO	<i>ery-tab tbec 250mg, 333mg</i>	1	GC MO
CEPHALOSPORINS			ERYTHROCIN LACTOBIONATE INJ 500MG	2	
<i>cefaclor</i>	1	GC MO	<i>erythrocin stearate</i>	1	GC MO
<i>cefadroxil</i>	1	GC MO	ERYTHROMYCIN BASE	2	MO
<i>cefazolin inj 1gm; 5%, 20gm, 500mg</i>	1	GC	<i>erythromycin ethylsuccinate</i>	1	GC MO
<i>cefazolin inj 1gm</i>	1	GC MO	<i>erythromycin/sulfisoxazole</i>	1	GC MO
<i>cefdinir</i>	1	GC MO	ZMAX	2	MO
<i>cefepime inj 2gm</i>	1	GC	MISCELLANEOUS ANTIINFECTIVES		
<i>cefepime inj 1gm</i>	1	GC MO	ALBENZA	2	MO
<i>cefotaxime sodium inj 10gm, 1gm, 500mg</i>	1	GC	ALINIA	2	MO
<i>cefotaxime sodium inj 2gm</i>	1	GC MO	<i>amikacin sulfate inj 500mg/2ml</i>	1	GC
<i>cefoxitin sodium inj 10gm, 2gm</i>	1	GC	<i>amikacin sulfate inj 50mg/ml</i>	1	GC MO
<i>cefoxitin sodium inj 1gm</i>	1	GC MO	AZACTAM IN ISO-OSMOTIC DEXTROSE	2	
<i>cefpodoxime proxetil</i>	1	GC MO	AZACTAM INJ 2GM	2	MO
<i>ceftazidime inj 1gm, 6gm</i>	1	GC	<i>aztreonam inj 1gm</i>	1	GC MO
<i>ceftazidime inj 2gm</i>	1	GC MO	BILTRICIDE	2	MO
<i>ceftriaxone sodium inj 10gm</i>	1	GC	CAPASTAT SULFATE	3	
<i>ceftriaxone sodium inj 1gm, 250mg, 2gm, 500mg</i>	1	GC MO	CAYSTON	4	LA
<i>cefuroxime axetil</i>	1	GC MO	<i>chloroquine</i>	1	GC MO
<i>cefuroxime sodium inj 7.5gm</i>	1	GC	CLEOCIN GALAXY	2	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	1	GC MO	CLEOCIN PEDIATRIC GRANULES	2	MO
<i>cephalexin</i>	1	GC MO			
FORTAZ INJ 1GM/50ML; 5%, 2GM/50ML; 5%, 6GM	2				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl</i>	1	GC MO	STREPTOMYCIN SULFATE	2	MO
<i>clindamycin phosphate advantage</i>	1	GC MO	STROMEKTOL	2	MO
COARTEM	2	MO	TOBI	4	PA MO
<i>colistimethate sodium</i>	1	GC MO	<i>tobramycin inj 10mg/ml</i>	1	GC
CUBICIN	2	PA MO	<i>tobramycin inj 80mg/2ml</i>	1	GC MO
DAPSONE	2	MO	TOBRAMYCIN SULFATE / SODIUM CHLORIDE	2	
DARAPRIM	2	MO	TRECTOR	2	MO
<i>ethambutol tabs 400mg</i>	1	GC	TYGACIL	2	MO
<i>ethambutol tabs 100mg</i>	1	GC MO	XIFAXAN	2	MO
<i>gentamicin sulfate inj 10mg/ml</i>	1	GC	ZYVOX	2	MO
<i>gentamicin sulfate inj 40mg/ml</i>	1	GC MO			
<i>gentamicin sulfate/0.9% sodium chloride</i>	1	GC	PENICILLINS		
<i>gentamicin sulfate/sodium chloride inj 1.2mg/ml; 0.9% hydroxychloroquine</i>	1	GC	<i>amoxicillin</i>	1	GC MO
<i>isonarif</i>	1	GC MO	<i>amoxicillin/clavulanate potassium</i>	1	GC MO
ISONIAZID SYRP	2	MO	<i>amoxicillin/clavulanate potassium er</i>	1	GC MO
<i>isoniazid tabs</i>	1	GC MO	<i>amoxicillin/potassium clavulanate tabs</i>	1	GC MO
<i>isotonic gentamicin inj 0.6mg/ml; 0.9%, 0.8mg/ml; 0.9%</i>	1	GC	<i>ampicillin caps</i>	1	GC MO
KETEK	2	MO	<i>ampicillin inj 10gm, 1gm</i>	1	GC
MALARONE	2	MO	AMPICILLIN INJ 125MG	2	
<i>mebendazole</i>	1	GC MO	<i>ampicillin susr</i>	1	GC MO
<i>mefloquine hcl</i>	1	GC MO	<i>ampicillin-sulbactam inj 10gm; 5gm</i>	1	GC
MEPRON	4	MO	<i>ampicillin-sulbactam inj 2gm; 1gm</i>	1	GC MO
<i>meropenem inj 500mg</i>	1	GC MO	BICILLIN C-R	2	MO
<i>metronidazole</i>	1	GC MO	BICILLIN L-A	2	MO
<i>metronidazole in nacl 0.79%</i>	1	GC MO	<i>dicloxacillin sodium</i>	1	GC MO
MYCOBUTIN	2	MO	<i>naficillin sodium inj 10gm</i>	1	GC
NEBUPENT	2	PA MO	<i>naficillin sodium inj 1gm</i>	1	GC MO
<i>neomycin sulfate</i>	1	GC MO	NALLPEN/DEXTROSE INJ 0; 1GM/50ML	2	
<i>paromomycin</i>	1	GC MO	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	2	
PASER	2	MO	<i>penicillin g potassium inj 5mu</i>	1	GC
PRIMAQUINE	2	MO	PENICILLIN G PROCAINE	2	MO
PRIMAXIN I.M.	2	MO	PENICILLIN G SODIUM	2	
PRIMAXIN IV	2	MO	<i>penicillin v potassium</i>	1	GC MO
<i>pyrazinamide</i>	1	GC MO	<i>pfizerpen-g inj 20mu</i>	1	GC
QUALAQUIN	2	MO	<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm</i>	1	GC MO
<i>rifampin</i>	1	GC MO			
SEROMYCIN	2	MO			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML	2		<i>trimethoprim</i>	1	GC MO
QUINOLONES			VANCOMYCIN		
AVELOX ABC PACK	2	MO	VANCOCIN ORAL	2	MO
AVELOX INJ	2		<i>vancomycin inj 10gm, 500mg</i>	1	GC PA
AVELOX TABS	2	MO	<i>vancomycin inj 1000mg</i>	1	GC PA MO
CIPRO I.V.-IN D5W INJ 200MG; 5%	2	MO	VIBATIV INJ 250MG	2	
<i>ciprofloxacin inj 400mg/40ml</i>	1	GC	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>ciprofloxacin tabs</i>	1	GC MO	ADJUNCTIVE AGENTS		
LEVAQUIN INJ 5%; 750MG/150ML	3		<i>amifostine</i>	4	MO
LEVAQUIN INJ 25MG/ML	3	MO	<i>dexrazoxane inj 500mg</i>	1	GC MO
LEVAQUIN ORAL SOLN	3	MO	ELITEK INJ 1.5MG	4	
LEVAQUIN TABS	3	MO	<i>leucovorin calcium inj 100mg, 350mg</i>	1	GC MO
NOROXIN	3	MO	<i>leucovorin calcium tabs 25mg, 5mg</i>	1	GC MO
<i>ofloxacin</i>	1	GC MO	LEUCOVORIN CALCIUM TABS 10MG, 15MG	2	MO
SULFA'S / RELATED AGENTS			<i>mesna</i>	1	GC MO
<i>sulfadiazine</i>	1	GC MO	MESNEX TABS	2	MO
<i>sulfamethoxazole/trimethoprim</i>	1	GC MO	XGEVA	4	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	GC MO	ZINECARD INJ 250MG	2	MO
TETRACYCLINES			ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>demeclocycline hcl</i>	1	GC MO	ABRAXANE	3	MO
<i>doxycycline hyclate caps</i>	1	GC MO	<i>adriamycin inj 2mg/ml</i>	1	GC
<i>doxycycline hyclate inj</i>	1	GC MO	AFINITOR	4	MO
<i>doxycycline hyclate tabs</i>	1	GC MO	ALIMTA INJ 500MG	3	MO
<i>doxycycline hyclate tbc</i>	1	GC MO	ALKERAN INJ	3	
<i>doxycycline monohydrate tabs 150mg, 50mg, 75mg</i>	1	GC MO	<i>anastrozole</i>	1	GC MO
<i>minocycline hcl</i>	1	GC MO	ARRANON	3	
<i>minocycline hcl er</i>	1	GC MO	ARZERRA	2	MO
<i>tetracycline hcl</i>	1	GC MO	AVASTIN INJ 100MG/4ML	3	MO
VIBRAMYCIN SYRP	2	MO	<i>azathioprine</i>	1	GC PA MO
URINARY TRACT AGENTS			<i>azathioprine sodium</i>	1	GC PA MO
MACRODANTIN CAPS 25MG	2	MO	<i>bicalutamide</i>	1	GC MO
<i>methenamine hippurate</i>	1	GC MO	BICNU	3	MO
<i>nitrofurantoin</i>	1	GC MO	<i>bleomycin sulfate inj 30unit</i>	1	GC MO
<i>nitrofurantoin macrocrystalline caps 50mg</i>	1	GC MO	BUSULFEX	2	
<i>nitrofurantoin monohydrate</i>	1	GC MO	CAMPATH	3	
PRIMSOL	3	MO	<i>carboplatin inj 150mg/15ml</i>	1	GC MO
			CEENU	2	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CELLCEPT INTRAVENOUS	2		HALAVEN	4	MO
CELLCEPT SUSR	2	PA MO	HERCEPTIN	3	MO
<i>cisplatin inj 100mg/100ml</i>	1	GC MO	HEXALEN	4	MO
<i>cladribine</i>	1	GC MO	<i>hydroxyurea</i>	1	GC MO
CLOLAR	3		<i>idarubicin hcl inj 10mg/10ml</i>	1	GC
COSMEGEN	3	MO	IFEX INJ 3GM	3	MO
<i>cyclophosphamide tabs</i>	1	GC PA MO	<i>ifosfamide inj 1gm</i>	1	GC
<i>cyclosporine caps 100mg, 25mg</i>	1	GC PA MO	<i>ifosfamide/mesna</i>	4	
CYCLOSPORINE CAPS 50MG	2	PA	<i>irinotecan inj 100mg/5ml</i>	4	MO
<i>cyclosporine inj</i>	1	GC PA	ISTODAX	2	MO
<i>cyclosporine oral soln</i>	1	GC PA MO	IXEMPRA KIT INJ 45MG	4	MO
CYTARABINE AQUEOUS INJ 100MG/ML	2	MO	JEVTANA	4	MO
<i>cytarabine aqueous inj 20mg/ml</i>	1	GC MO	<i>letrozole</i>	1	GC MO
<i>cytarabine inj 500mg</i>	1	GC MO	LEUKERAN	2	MO
<i>dacarbazine inj 200mg</i>	1	GC MO	<i>leuprolide acetate</i>	1	GC MO
DACOGEN	2	MO	LUPRON DEPOT INJ 3.75MG	2	MO
<i>daunorubicin hcl inj 20mg</i>	1	GC	LUPRON DEPOT INJ 11.25MG, 22.5MG, 30MG, 7.5MG	4	MO
DAUNOXOME	3	MO	LUPRON DEPOT-PED INJ 11.25MG, 15MG	4	MO
DOCETAXEL INJ 80MG/8ML	2		LYSODREN	2	MO
DOXIL	2	MO	MATULANE	4	MO
<i>doxorubicin hcl inj 2mg/ml</i>	1	GC	MEGACE ES	2	MO
DROXIA	2	MO	<i>megestrol acetate</i>	1	GC MO
ELLENCEN INJ 200MG/100ML	3	MO	<i>melphalan hydrochloride</i>	1	GC
ELOXATIN INJ 100MG/20ML	3	MO	<i>mercaptopurine</i>	1	GC MO
ELSPAR	3	MO	<i>methotrexate</i>	1	GC PA MO
EMCYT	2	MO	<i>methotrexate sodium inj 25mg/ml</i>	1	GC MO
<i>epirubicin hcl inj 50mg/25ml</i>	1	GC	METHOTREXATE SODIUM INJ 1GM	3	
ERBITUX INJ 100MG/50ML	3	MO	<i>mitomycin inj 20mg</i>	1	GC MO
ETOPOPHOS	3	MO	<i>mitoxantrone hcl</i>	1	GC MO
<i>etoposide inj</i>	1	GC MO	MUSTARGEN	3	MO
<i>exemestane</i>	1	GC MO	<i>mycophenolate mofetil</i>	1	GC PA MO
FARESTON	3	MO	MYFORTIC	2	PA MO
FASLODEX	4	MO	NEORAL	2	PA MO
FIRMAGON INJ 120MG	4	MO	NEXAVAR	4	LA MO
FIRMAGON INJ 80MG	2	MO	NILANDRON	3	MO
<i>fludarabine phosphate inj 50mg</i>	1	GC MO	NIPENT	3	MO
<i>fluorouracil inj 500mg/10ml</i>	1	GC MO	<i>octreotide inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	GC MO
<i>flutamide</i>	1	GC MO	<i>octreotide inj 1000mcg/ml, 500mcg/ml</i>	4	MO
<i>gemcitabine hcl inj 1gm</i>	4	MO			
<i>gengraf</i>	1	GC PA MO			
GLEEVEC	4	MO			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONTAK	3		VIDAZA	4	MO
<i>oxaliplatin inj 100mg/20ml</i>	4		<i>vinblastine sulfate inj 10mg</i>	1	GC
<i>paclitaxel inj 300mg/50ml</i>	1	GC MO	<i>vincasar pfs</i>	1	GC MO
<i>pentostatin</i>	1	GC MO	<i>vincristine sulfate</i>	1	GC MO
PHOTOFRIN	3		<i>vinorelbine tartrate inj 50mg/5ml</i>	1	GC MO
PROGRAF INJ	2	PA	VOTRIENT	4	MO
RAPAMUNE	2	PA MO	ZANOSAR	3	MO
REVLIMID	4	LA MO	ZOLINZA	4	MO
RHEUMATREX	3	PA MO	ZORTRESS TABS 0.5MG, 0.75MG	4	PA MO
RITUXAN	2	MO	ZORTRESS TABS 0.25MG	2	PA MO
SANDIMMUNE CAPS	2	PA MO	ZYTIGA	4	MO
SANDIMMUNE INJ	2	PA	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
SANDIMMUNE ORAL SOLN	2	PA MO	ANTICONVULSANTS		
SANDOSTATIN LAR DEPOT	3	MO	BANZEL	2	MO
SIMULECT INJ 20MG	2	MO	<i>carbamazepine</i>	1	GC MO
SOMATULINE DEPOT	4	MO	<i>carbamazepine er tb12</i>	1	GC MO
SPRYCEL	4	MO	CARBATROL	2	MO
SUTENT	4	MO	CELONTIN	2	MO
TABLOID	2	MO	DILANTIN CAPS 30MG	2	MO
<i>tacrolimus</i>	1	GC PA MO	DILANTIN INFATABS	2	MO
<i>tamoxifen citrate</i>	1	GC MO	<i>divalproex sodium cpsp</i>	1	GC MO
TARCEVA	4	MO	<i>divalproex sodium er</i>	1	GC MO
TARGRETIN	2	MO	<i>divalproex sodium tbec</i>	1	GC MO
TASIGNA CAPS 200MG	4	MO	<i>epitol</i>	1	GC MO
TAXOTERE INJ 80MG/2ML	4		EQUETRO	2	MO
TAXOTERE INJ 80MG/4ML	4	MO	<i>ethosuximide</i>	1	GC MO
THALOMID	4	MO	FELBATOL	2	MO
<i>thiotepa</i>	1	GC MO	<i>gabapentin</i>	1	GC MO
<i>toposar</i>	1	GC MO	GABITRIL	2	MO
<i>topotecan hcl inj 4mg</i>	1	GC MO	LAMICTAL ODT TBDP	2	MO
TORISEL	4	MO	LAMICTAL XR KIT	2	MO
TREANDA INJ 100MG	4	MO	LAMICTAL XR TB24 100MG, 200MG, 25MG, 50MG	2	MO
TRELSTAR DEPOT MIXJECT	3	MO	<i>lamotrigine</i>	1	GC MO
TRELSTAR LA MIXJECT	3	MO	<i>levetiracetam inj</i>	1	GC
TRELSTAR MIXJECT	3		<i>levetiracetam oral soln</i>	1	GC MO
<i>tretinoin</i>	1	GC MO	<i>levetiracetam tabs</i>	1	GC MO
TRISENOX	2	MO	LYRICA	2	MO
TYKERB	4	LA MO	<i>oxcarbazepine</i>	1	GC MO
VANDETANIB	4				
VECTIBIX INJ 100MG/5ML	4	MO			
VELCADE	3	MO			

Drug Name	Drug Tier	Requirements/Limits
PEGANONE	2	MO
<i>phenytoin</i>	1	GC MO
PHENYTOIN SODIUM	2	
<i>phenytoin sodium extended</i>	1	GC MO
<i>primidone</i>	1	GC MO
SABRIL	2	MO
TEGRETOL-XR TB12 100MG	2	MO
<i>topiramate</i>	1	GC MO
<i>valproate sodium</i>	1	GC MO
<i>valproic acid</i>	1	GC MO
VIMPAT INJ	2	
VIMPAT ORAL SOLN	2	MO
VIMPAT TABS	2	MO
<i>zonisamide</i>	1	GC MO
ANTIPARKINSONISM AGENTS		
APOKYN	2	LA MO
AZILECT	2	MO
<i>benztropine mesylate inj</i>	1	GC
<i>benztropine mesylate tabs</i>	1	GC MO
<i>bromocriptine mesylate</i>	1	GC MO
<i>carbidopa / levodopa</i>	1	GC MO
<i>carbidopa/levodopa cr</i>	1	GC MO
<i>carbidopa/levodopa odt</i>	1	GC MO
<i>carbidopa/levodopa sr tbc 50mg; 200mg</i>	1	GC MO
COMTAN	2	MO
LODOSYN	2	MO
MIRAPEX ER TB24 0.375MG, 0.75MG, 1.5MG, 3MG, 4.5MG	2	MO
<i>pramipexole dihydrochloride</i>	1	GC MO
REQUIP XL	2	MO
<i>ropinirole</i>	1	GC MO
<i>selegiline</i>	1	GC MO
STALEVO 100	2	MO
STALEVO 125	2	MO
STALEVO 150	2	MO
STALEVO 200	2	MO
STALEVO 50	2	MO
STALEVO 75	2	MO
<i>trihexyphenidyl</i>	1	GC MO
ZELAPAR	2	MO

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE / CLUSTER HEADACHE THERAPY		
<i>dihydroergotamine mesylate</i>	1	GC MO
<i>ergotamine tartrate / caffeine</i>	1	GC MO
MAXALT	2	MO
MAXALT-MLT	2	MO
<i>migergot</i>	1	GC MO
MIGRANAL	3	MO
<i>naratriptan hcl</i>	1	GC MO
RELPAX	2	MO
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	GC MO
<i>sumatriptan succinate tabs</i>	1	GC MO
MISCELLANEOUS NEUROLOGICAL THERAPY		
ARICEPT ODT	2	MO
ARICEPT TABS 23MG	2	MO
COPAXONE	4	MO
<i>donepezil hcl</i>	1	GC MO
EXELON ORAL SOLN	2	MO
EXELON PT24	2	MO
<i>galantamine hydrobromide</i>	1	GC MO
GILENYA	4	MO
MYTELASE	2	MO
NAMENDA	2	MO
NAMENDA TITRATION PAK	2	MO
NUEDEXTA	2	MO
<i>rivastigmine tartrate</i>	1	GC MO
XENAZINE	4	LA MO
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen</i>	1	GC MO
<i>cyclobenzaprine hcl</i>	1	GC MO
<i>dantrolene sodium caps</i>	1	GC MO
MESTINON SYRP	2	MO
MESTINON TIMESPAN	2	MO
<i>pyridostigmine bromide</i>	1	GC MO
<i>regonol</i>	1	GC
<i>tizanidine hcl</i>	1	GC MO
NARCOTIC ANALGESICS		
<i>acetaminophen / codeine oral soln</i>	1	GC MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen / codeine tabs 300mg; 15mg</i>	1	GC MO	<i>morphine sulfate er</i>	1	GC MO
<i>acetaminophen/codeine #3</i>	1	GC MO	<i>morphine sulfate inj 0.5mg/ml</i>	1	GC
<i>acetaminophen/codeine #4</i>	1	GC MO	<i>morphine sulfate inj 1mg/ml</i>	1	GC MO
<i>ascomp/codeine</i>	1	GC MO	<i>morphine sulfate oral soln</i>	1	GC MO
BUPRENEX	2	MO	<i>morphine sulfate tabs</i>	1	GC MO
<i>buprenorphine hcl inj</i>	1	GC	ONSOLIS	2	
<i>buprenorphine hcl subl</i>	1	GC MO	OPANA ER	2	MO
<i>codeine sulfate</i>	1	GC MO	<i>oxycodone / acetaminophen caps</i>	1	GC MO
DILAUDID INJ	2	MO	<i>oxycodone / acetaminophen tabs 325mg; 5mg</i>	1	GC
DILAUDID-5	2	MO	<i>oxycodone / acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg, 500mg; 7.5mg, 650mg; 10mg</i>	1	GC MO
DILAUDID-HP INJ 10MG/ML	2		<i>oxycodone hcl caps</i>	1	GC MO
<i>duramorph</i>	1	GC MO	<i>oxycodone hcl conc</i>	1	GC MO
EMBEDA	3		<i>oxycodone hcl tabs 15mg, 30mg, 5mg</i>	1	GC MO
<i>endocet</i>	1	GC MO	<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	1	GC
EXALGO	3	MO	<i>oxycodone/aspirin tabs 325mg; 4.5mg; 0.38mg</i>	1	GC MO
<i>fentanyl citrate</i>	1	GC	OXYCONTIN	2	MO
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	1	GC MO	<i>oxymorphone hydrochloride</i>	1	GC MO
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	4	MO	<i>reprexain tabs 10mg; 200mg</i>	1	GC MO
<i>fentanyl patches</i>	1	GC MO	ROXICET ORAL SOLN	2	MO
<i>hydrocodone bitartrate/acetaminophen tabs</i>	1	GC MO	<i>roxicet tabs 325mg; 5mg</i>	1	GC MO
<i>hydrocodone/acetaminophen oral soln 500mg/15ml; 7.5mg/15ml</i>	1	GC MO	<i>stagesic</i>	1	GC MO
<i>hydrocodone/acetaminophen tabs</i>	1	GC MO	<i>zerlor</i>	1	GC MO
<i>hydrocodone/ibuprofen</i>	1	GC MO	NON-NARCOTIC ANALGESICS		
<i>hydromorphone hcl inj 10mg/ml</i>	1	GC MO	ARTHROTEC 50	3	MO
<i>hydromorphone hcl tabs</i>	1	GC MO	ARTHROTEC 75	3	MO
INFUMORPH 200	2	MO	<i>butorphanol tartrate nasal soln</i>	1	GC MO
INFUMORPH 500	2	MO	CELEBREX	2	MO
KADIAN	2	MO	<i>depade</i>	1	GC MO
<i>levorphanol tartrate</i>	1	GC MO	<i>diclofenac potassium</i>	1	GC MO
<i>margesic-h</i>	1	GC MO	<i>diclofenac sodium</i>	1	GC MO
<i>methadone hcl conc</i>	1	GC MO	<i>diclofenac sodium ec</i>	1	GC MO
<i>methadone hcl inj</i>	1	GC	<i>diclofenac sodium xr</i>	1	GC MO
<i>methadone hcl oral soln 5mg/5ml</i>	1	GC MO	<i>diflunisal</i>	1	GC MO
METHADONE HCL ORAL SOLN 10MG/5ML	2	MO	<i>etodolac</i>	1	GC MO
<i>methadone hcl tabs</i>	1	GC MO	<i>fenoprofen calcium</i>	1	GC MO
<i>methadose tabs</i>	1	GC MO	FLECTOR	3	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen</i>	1	GC MO	<i>clomipramine</i>	1	GC MO
<i>ibuprofen susp</i>	1	GC MO	<i>clozapine tabs 100mg, 25mg, 50mg</i>	1	GC
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	GC MO	CLOZAPINE TABS 200MG	2	
<i>indomethacin caps</i>	1	GC MO	CYMBALTA	2	MO
<i>indomethacin er</i>	1	GC MO	<i>desipramine</i>	1	GC MO
<i>ketoprofen</i>	1	GC MO	<i>dextroamphetamine sulfate</i>	1	GC MO
<i>ketoprofen er</i>	1	GC MO	<i>dextroamphetamine sulfate er</i>	1	GC MO
<i>meclofenamate sodium</i>	1	GC MO	<i>doxepin</i>	1	GC MO
<i>mefenamic acid</i>	1	GC MO	EMSAM	3	MO
<i>meloxicam</i>	1	GC MO	FANAPT	3	MO
<i>nabumetone</i>	1	GC MO	FANAPT TITRATION PACK	3	MO
<i>naloxone</i>	1	GC	FAZACLO	3	
<i>naltrexone</i>	1	GC MO	<i>fluoxetine</i>	1	GC MO
<i>naproxen sodium tabs 275mg, 550mg</i>	1	GC MO	<i>fluoxetine dr</i>	1	GC MO
<i>naproxen susp</i>	1	GC MO	<i>fluphenazine conc</i>	1	GC
<i>naproxen tabs 250mg, 375mg</i>	1	GC MO	<i>fluphenazine decanoate inj</i>	1	GC MO
<i>naproxen tbec</i>	1	GC MO	<i>fluphenazine elix</i>	1	GC MO
<i>oxaprozin</i>	1	GC MO	<i>fluphenazine inj</i>	1	GC MO
PENNSAID	2	MO	<i>fluphenazine tabs</i>	1	GC MO
<i>piroxicam</i>	1	GC MO	<i>fluvoxamine</i>	1	GC MO
SUBOXONE	2	MO	FOCALIN XR CP24 10MG, 15MG, 20MG, 30MG, 40MG, 5MG	2	MO
<i>sulindac</i>	1	GC MO	GEODON	2	MO
<i>tolmetin sodium</i>	1	GC MO	HALDOL	2	MO
<i>tramadol</i>	1	GC MO	HALDOL DECANOATE 100	2	MO
<i>tramadol hcl er</i>	1	GC MO	HALDOL DECANOATE 50	2	MO
VIMOVO	2	MO	<i>haloperidol</i>	1	GC MO
VOLTAREN GEL	2	MO	<i>haloperidol decanoate inj</i>	1	GC MO
PSYCHOTHERAPEUTIC DRUGS			<i>haloperidol lactate inj</i>	1	GC MO
ABILIFY	2	MO	<i>imipramine</i>	1	GC MO
ABILIFY DISCMELT	2	MO	<i>imipramine pamoate</i>	1	GC MO
<i>amitriptyline</i>	1	GC MO	INVEGA	2	MO
<i>amoxapine</i>	1	GC MO	INVEGA SUSTENNA	2	MO
<i>budeprion sr</i>	1	GC MO	LATUDA	2	MO
<i>budeprion xl</i>	1	GC MO	LEXAPRO	2	MO
<i>bupropion hcl</i>	1	GC MO	<i>lithium carbonate</i>	1	GC MO
<i>bupropion hcl sr</i>	1	GC MO	<i>lithium carbonate er</i>	1	GC MO
<i>buspironone hcl</i>	1	GC MO	<i>lithium citrate</i>	1	GC MO
<i>chlordiazepoxide/amitriptyline</i>	1	GC MO	<i>loxapine</i>	1	GC MO
<i>chlorpromazine</i>	1	GC MO	<i>maprotiline</i>	1	GC MO
<i>citalopram</i>	1	GC MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MARPLAN	2	MO	<i>zaleplon</i>	1	GC MO
METADATE CD CPR 20MG, 30MG, 40MG, 50MG, 60MG	3	MO	<i>zolpidem</i>	1	GC MO
<i>methylphenidate hcl tabs 20mg</i>	1	GC	<i>zolpidem tartrate er</i>	1	GC MO
<i>methylphenidate hcl tabs 10mg, 5mg</i>	1	GC MO	ZYPREXA	2	MO
<i>methylphenidate hydrochloride</i>	1	GC MO	ZYPREXA ZYDIS	2	MO
<i>mirtazapine</i>	1	GC MO	CARDIOVASCULAR, HYPERTENSION / LIPIDS		
<i>mirtazapine odt tbdp 30mg, 45mg</i>	1	GC MO	ANTIARRHYTHMIC AGENTS		
<i>nefazodone</i>	1	GC MO	<i>amiodarone inj 50mg/ml</i>	1	GC
<i>nortriptyline</i>	1	GC MO	<i>amiodarone tabs</i>	1	GC MO
ORAP	2	MO	<i>disopyramide phosphate</i>	1	GC MO
<i>paroxetine</i>	1	GC MO	<i>flecainide acetate</i>	1	GC MO
<i>paroxetine er</i>	1	GC MO	<i>mexiletine</i>	1	GC MO
PAXIL SUSP	2	MO	MULTAQ	2	MO
<i>perphenazine</i>	1	GC MO	NORPACE CR CP12 100MG	2	MO
<i>phenelzine sulfate</i>	1	GC MO	PACERONE TABS 100MG	2	MO
PRISTIQ	2	MO	<i>pacerone tabs 200mg</i>	1	GC MO
<i>protriptyline hcl</i>	1	GC MO	<i>procainamide</i>	1	GC
PROVIGIL	2	MO	<i>propafenone hcl</i>	1	GC MO
RISPERDAL CONSTA	2	MO	<i>propafenone hcl er</i>	1	GC MO
<i>risperidone</i>	1	GC MO	<i>quinidine gluconate er</i>	1	GC MO
<i>risperidone odt</i>	1	GC MO	<i>quinidine sulfate</i>	1	GC MO
RITALIN LA	3	MO	<i>quinidine sulfate er</i>	1	GC MO
ROZEREM	3	MO	<i>sorine tabs 240mg</i>	1	GC
SAPHRIS	2	MO	<i>sorine tabs 120mg, 160mg, 80mg</i>	1	GC MO
SEROQUEL	2	MO	<i>sotalol</i>	1	GC MO
SEROQUEL XR	2	MO	TIKOSYN	3	MO
<i>sertraline</i>	1	GC MO	ANTIHYPERTENSIVE THERAPY		
SILENOR	3	MO	<i>acebutolol</i>	1	GC MO
STRATTERA	2	MO	<i>afeditab cr</i>	1	GC MO
SURMONTIL	3	MO	<i>amiloride</i>	1	GC MO
SYMBYAX	3	MO	<i>amiloride/hydrochlorothiazide</i>	1	GC MO
<i>thioridazine</i>	1	GC MO	<i>amlodipine</i>	1	GC MO
<i>thiothixene</i>	1	GC MO	<i>amlodipine / benazepril</i>	1	GC MO
<i>tranlycypromine</i>	1	GC MO	AMTURNIDE	2	MO
<i>trazodone</i>	1	GC MO	<i>atenolol</i>	1	GC MO
<i>trifluoperazine</i>	1	GC MO	<i>atenolol / chlorthalidone</i>	1	GC MO
<i>venlafaxine hcl</i>	1	GC MO	<i>benazepril</i>	1	GC MO
<i>venlafaxine hcl er cp24</i>	1	GC MO	<i>benazepril / hydrochlorothiazide</i>	1	GC MO
VIIBRYD	3	MO	<i>betaxolol hcl</i>	1	GC MO
XYREM	4		BIDIL	2	MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bisoprolol fumarate</i>	1	GC MO	<i>furosemide oral soln 10mg/ml</i>	1	GC MO
<i>bisoprolol fumarate / hydrochlorothiazide</i>	1	GC MO	FUROSEMIDE ORAL SOLN 8MG/ML	2	MO
<i>bumetanide</i>	1	GC MO	<i>furosemide tabs</i>	1	GC MO
BYSTOLIC	2	MO	<i>guanfacine hcl</i>	1	GC MO
<i>captopril</i>	1	GC MO	<i>hydralazine</i>	1	GC MO
<i>captopril/hydrochlorothiazide</i>	1	GC MO	<i>hydrochlorothiazide</i>	1	GC MO
<i>cartia xt</i>	1	GC MO	<i>indapamide</i>	1	GC MO
<i>carvedilol</i>	1	GC MO	<i>isradipine</i>	1	GC MO
<i>chlorothiazide</i>	1	GC MO	<i>labetalol inj</i>	1	GC
<i>chlorothiazide sodium</i>	1	GC MO	<i>labetalol tabs</i>	1	GC MO
<i>chlorthalidone tabs 25mg, 50mg</i>	1	GC MO	<i>lisinopril</i>	1	GC MO
<i>clonidine ptwk</i>	1	GC MO	<i>lisinopril/hydrochlorothiazide</i>	1	GC MO
<i>clonidine tabs</i>	1	GC MO	<i>losartan potassium</i>	1	GC MO
COREG CR	2	MO	<i>losartan</i>	1	GC MO
DEMSEER	2	MO	<i>potassium/hydrochlorothiazide</i>		
DIBENZYLINE	3	MO	<i>matzim la</i>	1	GC MO
<i>dilt-cd cp24 120mg, 300mg</i>	1	GC MO	<i>methyclothiazide</i>	1	GC MO
<i>dilt-xr cp24 180mg, 240mg</i>	1	GC	<i>metolazone</i>	1	GC MO
<i>diltiazem cd cp24 120mg, 240mg, 300mg</i>	1	GC MO	<i>metoprolol succinate er</i>	1	GC
<i>diltiazem hcl er cp12</i>	1	GC MO	<i>metoprolol tartrate inj</i>	1	GC
<i>diltiazem hcl er cp24 360mg, 420mg</i>	1	GC MO	<i>metoprolol tartrate tabs</i>	1	GC MO
<i>diltiazem hcl inj 25mg/5ml</i>	1	GC	<i>metoprolol/hydrochlorothiazide</i>	1	GC MO
DILTIAZEM HCL INJ 100MG	2		MICARDIS	2	MO
<i>diltiazem hcl tabs</i>	1	GC MO	MICARDIS HCT	2	MO
<i>diltzac cp24 120mg, 180mg, 240mg, 300mg</i>	1	GC MO	<i>minoxidil tabs</i>	1	GC MO
DIOVAN	2	MO	<i>moexipril</i>	1	GC MO
DIOVAN HCT	2	MO	<i>moexipril/hydrochlorothiazide</i>	1	GC MO
<i>doxazosin</i>	1	GC MO	<i>nadolol</i>	1	GC MO
EDECIN	2	MO	<i>nadolol/bendroflumethiazide</i>	1	GC MO
<i>enalapril</i>	1	GC MO	<i>nicardipine caps</i>	1	GC MO
<i>enalapril / hydrochlorothiazide</i>	1	GC MO	<i>nifediac cc</i>	1	GC MO
<i>eplerenone</i>	1	GC MO	<i>nifedical xl</i>	1	GC MO
EXFORGE	2	MO	<i>nifedipine</i>	1	GC MO
EXFORGE HCT	2	MO	<i>nifedipine er tb24 30mg, 60mg</i>	1	GC
<i>felodipine er</i>	1	GC MO	<i>nifedipine er tb24 90mg</i>	1	GC MO
<i>fosinopril</i>	1	GC MO	<i>nimodipine</i>	1	GC MO
<i>fosinopril / hydrochlorothiazide</i>	1	GC MO	<i>nisoldipine</i>	1	GC MO
<i>furosemide inj</i>	1	GC MO	<i>nisoldipine er</i>	1	GC MO
			<i>perindopril erbumine</i>	1	GC MO
			<i>pindolol</i>	1	GC MO
			<i>prazosin</i>	1	GC MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl er</i>	1	GC MO	EFFIENT	2	MO
<i>propranolol hcl inj</i>	1	GC	<i>enoxaparin sodium inj</i>	1	GC MO
<i>propranolol hcl oral soln</i>	1	GC MO	<i>30mg/0.3ml, 40mg/0.4ml,</i>		
<i>propranolol hcl tabs</i>	1	GC MO	<i>60mg/0.6ml, 80mg/0.8ml</i>		
<i>propranolol/hydrochlorothiazide</i>	1	GC MO	<i>enoxaparin sodium inj 100mg/ml,</i>	4	MO
<i>quinapril</i>	1	GC MO	<i>120mg/0.8ml, 150mg/ml</i>		
<i>quinapril/hydrochlorothiazide</i>	1	GC MO	FRAGMIN	2	MO
<i>ramipril</i>	1	GC MO	HEPARIN SODIUM INJ	2	MO
REMODULIN	4	PA MO	2000UNIT/ML		
<i>reserpine</i>	1	GC MO	<i>heparin sodium inj 10000unit/ml,</i>	1	GC MO
SODIUM EDECRIN	2		<i>1000unit/ml, 20000unit/ml,</i>		
<i>spironolactone</i>	1	GC MO	<i>5000unit/ml</i>		
<i>spironolactone/hydrochlorothiazide</i>	1	GC MO	<i>heparin sodium/d5w inj 5%;</i>	1	GC
<i>taztia xt</i>	1	GC MO	<i>40unit/ml</i>		
TEKAMLO	2	MO	HEPARIN SODIUM/NACL	2	
TEKTURNA	2	MO	0.45%		
TEKTURNA HCT	2	MO	<i>heparin sodium/sodium chloride</i>	1	GC
<i>terazosin hcl</i>	1	GC MO	<i>0.9% premix</i>		
<i>timolol maleate</i>	1	GC MO	<i>jantoven</i>	1	GC MO
<i>torse mide tabs</i>	1	GC MO	LOVENOX INJ 300MG/3ML	2	MO
<i>trandolapril</i>	1	GC MO	<i>pentopak</i>	1	GC MO
<i>triamterene/hydrochlorothiazide</i>	1	GC MO	<i>pentoxifylline er</i>	1	GC MO
TWYNSTA	2	MO	PLAVIX	2	MO
VALTURNA	2	MO	PRADAXA	2	MO
<i>verapamil er cp24</i>	1	GC MO	PROMACTA	4	LA MO
<i>verapamil er tbc 120mg, 240mg</i>	1	GC	<i>ticlopidine hcl</i>	1	GC MO
<i>verapamil er tbc 180mg</i>	1	GC MO	<i>warfarin</i>	1	GC MO
<i>verapamil inj</i>	1	GC			
<i>verapamil tabs</i>	1	GC MO			
CARDIAC GLYCOSIDES			LIPID/CHOLESTEROL LOWERING AGENTS		
<i>digoxin inj</i>	1	GC	CADUET	2	MO
<i>digoxin oral soln</i>	1	GC MO	<i>cholestyramine light pack</i>	1	GC MO
<i>digoxin tabs</i>	1	GC MO	<i>colestipol</i>	1	GC MO
LANOXIN INJ	2		CRESTOR	2	MO
LANOXIN TABS	2	MO	<i>fenofibrate</i>	1	GC MO
COAGULATION THERAPY			<i>fenofibrate micronized</i>	1	GC MO
AGGRENOX	2	MO	<i>gemfibrozil</i>	1	GC MO
ARIXTRA	2	MO	LIPITOR	2	MO
<i>cilostazol</i>	1	GC MO	<i>lovastatin</i>	1	GC MO
CYKLOKAPRON	2	MO	LOVAZA	2	MO
			NIASPAN	2	MO
			<i>pravastatin</i>	1	GC MO
			<i>prevalite powd</i>	1	GC MO
			<i>simvastatin</i>	1	GC MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRICOR	2	MO	<i>fluorouracil crea</i>	1	GC MO
TRILIPIX	2	MO	<i>fluorouracil external soln</i>	1	GC MO
WELCHOL	2	MO	<i>imiquimod</i>	1	GC MO
ZETIA	2	MO	<i>laclotion</i>	1	GC MO
MISCELLANEOUS CARDIOVASCULAR AGENTS			OXSORALEN ULTRA	4	MO
RANEXA	2	MO	PANRETIN	2	MO
NITRATES			<i>podofilox</i>	1	GC MO
<i>isosorbide dinitrate</i>	1	GC MO	PROTOPIC	3	MO
<i>isosorbide dinitrate er</i>	1	GC MO	REGGRANEX	2	MO
<i>isosorbide mononitrate</i>	1	GC MO	SOLARAZE	2	MO
<i>isosorbide mononitrate er</i>	1	GC MO	UVADEX	3	
<i>nitro-bid</i>	1	GC MO	VEREGEN	3	MO
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	2	MO	ZONALON	2	MO
<i>nitroglycerin inj</i>	1	GC PA	THERAPY FOR ACNE		
<i>nitroglycerin pt24 0.2mg/hr, 0.6mg/hr</i>	1	GC	<i>adapalene</i>	1	GC
<i>nitroglycerin pt24 0.4mg/hr</i>	1	GC MO	<i>amnestem</i>	1	GC
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	1	GC MO	<i>avita crea</i>	1	GC MO
NITROLINGUAL PUMPSPRAY	2	MO	AZELEX	2	MO
NITROSTAT	2	MO	<i>claravis caps 10mg, 20mg, 40mg</i>	1	GC
DERMATOLOGICALS/TOPICAL THERAPY			<i>claravis caps 30mg</i>	4	
ANTIPSORIATIC / ANTISEBORRHEIC			<i>clindamycin phosphate external soln</i>	1	GC MO
<i>calcipotriene</i>	1	GC MO	<i>clindamycin phosphate foam</i>	1	GC MO
<i>selenium sulfide lotn 2.5%</i>	1	GC MO	<i>clindamycin phosphate gel</i>	1	GC MO
SORIATANE	2	MO	<i>clindamycin phosphate lotn</i>	1	GC MO
BURN THERAPY			<i>clindamycin phosphate swab</i>	1	GC MO
<i>silver sulfadiazine</i>	1	GC MO	<i>clindamycin/benzoyl peroxide</i>	1	GC MO
<i>ssd</i>	1	GC MO	DIFFERIN LOTN	2	MO
<i>thermazene</i>	1	GC MO	<i>ery</i>	1	GC MO
MISCELLANEOUS DERMATOLOGICALS			<i>erythromycin / benzoyl peroxide</i>	1	GC MO
8-MOP	2	MO	<i>erythromycin external soln</i>	1	GC MO
<i>ammonium lactate</i>	1	GC MO	<i>erythromycin gel</i>	1	GC MO
CARAC	2	MO	FINACEA	2	MO
CARMOL-HC	2	MO	METROGEL	2	MO
CONDYLOX GEL	2	MO	<i>metronidazole</i>	1	GC MO
ELIDEL	3	MO	<i>sotret</i>	1	GC
FLUOROPLEX	2	MO	TAZORAC	2	MO
			<i>tretinoin</i>	1	GC MO
			TOPICAL ANESTHETICS		
			<i>lidocaine / prilocaine crea</i>	1	GC MO
			<i>lidocaine external soln</i>	1	GC MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine gel</i>	1	GC MO	<i>augmented betamethasone dipropionate crea</i>	1	GC MO
<i>lidocaine inj 0.5%, 1%</i>	1	GC	<i>augmented betamethasone dipropionate lotn</i>	1	GC MO
<i>lidocaine oint</i>	1	GC MO	<i>augmented betamethasone dipropionate oint</i>	1	GC MO
<i>lidocaine viscous</i>	1	GC MO	<i>betamethasone dipropionate</i>	1	GC MO
LIDODERM	2	MO	<i>betamethasone valerate</i>	1	GC MO
TOPICAL ANTIBACTERIALS			CAPEX	2	MO
ALTABAX	2	MO	<i>clobetasol propionate crea</i>	1	GC MO
BACTROBAN CREA	2	MO	<i>clobetasol propionate external soln</i>	1	GC
<i>gentamicin sulfate crea</i>	1	GC MO	<i>clobetasol propionate gel</i>	1	GC MO
<i>gentamicin sulfate oint 0.1%</i>	1	GC MO	<i>clobetasol propionate oint</i>	1	GC MO
<i>mupirocin</i>	1	GC MO	CLOBEX LOTN	2	MO
PHISOHEX	2	MO	CLOBEX SHAM	2	MO
<i>sodium sulfacetamide</i>	1	GC MO	CORDRAN TAPE	2	MO
SULFAMYLON	2	MO	DERMA-SMOOTHIE / FS BODY OIL	2	MO
TOPICAL ANTIFUNGALS			<i>desonide</i>	1	GC MO
<i>ciclopirox</i>	1	GC MO	<i>desoximetasone</i>	1	GC MO
<i>ciclopirox nail lacquer</i>	1	GC MO	<i>diflorasone diacetate</i>	1	GC MO
<i>ciclopirox olamine</i>	1	GC MO	<i>fluocinolone acetonide</i>	1	GC MO
<i>clotrimazole / betamethasone</i>	1	GC MO	<i>fluocinonide emollient base</i>	1	GC
<i>clotrimazole external crea</i>	1	GC MO	<i>fluocinonide external soln</i>	1	GC MO
<i>clotrimazole external soln</i>	1	GC MO	<i>fluocinonide gel</i>	1	GC MO
<i>econazole nitrate</i>	1	GC MO	<i>fluocinonide oint</i>	1	GC MO
<i>ketoconazole</i>	1	GC MO	<i>fluticasone propionate</i>	1	GC MO
NAFTIN	2	MO	<i>halobetasol propionate</i>	1	GC MO
<i>nyamyc</i>	1	GC MO	<i>hydrocortisone butyrate</i>	1	GC MO
<i>nystatin / triamcinolone</i>	1	GC MO	<i>hydrocortisone crea 1%, 2.5%</i>	1	GC MO
<i>nystatin crea</i>	1	GC MO	<i>hydrocortisone lotn 2.5%</i>	1	GC MO
<i>nystatin external powd</i>	1	GC	<i>hydrocortisone oint 1%, 2.5%</i>	1	GC MO
<i>nystatin oint</i>	1	GC MO	<i>hydrocortisone valerate</i>	1	GC MO
<i>nystop</i>	1	GC MO	LOCOID LOTN	2	MO
<i>pedi-dri</i>	1	GC MO	LUXIQ	2	MO
TOPICAL ANTIVIRALS			<i>mometasone furoate</i>	1	GC MO
DENAVIR	2	MO	PANDEL	2	MO
ZOVIRAX CREA	3	MO	<i>prednicarbate</i>	1	GC MO
ZOVIRAX OINT	3	MO	<i>triamcinolone acetonide crea</i>	1	GC MO
TOPICAL CORTICOSTEROIDS			<i>triamcinolone acetonide lotn</i>	1	GC MO
<i>ala-cort crea</i>	1	GC MO	<i>triamcinolone acetonide oint</i>	1	GC MO
<i>alclometasone dipropionate</i>	1	GC MO	TRIDERM	1	GC MO
<i>amcinonide crea</i>	1	GC MO			
<i>amcinonide lotn</i>	1	GC MO			
<i>amcinonide oint</i>	1	GC			

Drug Name	Drug Tier	Requirements/ Limits
TOPICAL ENZYMES		
SANTYL	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>acticin</i>	1	GC MO
EURAX	2	MO
LINDANE	2	MO
<i>malathion</i>	1	GC MO
<i>permethrin crea</i>	1	GC MO
ULESFIA	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
ACTONEL	3	MO
ADAGEN	4	LA MO
<i>alendronate sodium</i>	1	GC MO
<i>anagrelide hydrochloride</i>	1	GC MO
ANTABUSE TABS 250MG	2	MO
ARALAST NP INJ 400MG	4	LA MO
BUPHENYL	2	MO
CAMPRAL	2	MO
CHEMET	2	MO
CLINIMIX / DEXTROSE	2	
DEXTROSE 10%/NACL 0.45%	2	
<i>dextrose 10% flex container</i>	1	GC
DEXTROSE 10%/NACL 0.2%	2	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	GC
<i>dextrose 5%</i>	1	GC MO
<i>dextrose 5%/nacl 0.2%</i>	1	GC
<i>dextrose 5%/nacl 0.225%</i>	1	GC
DEXTROSE 5%/NACL 0.33%	2	
<i>dextrose 5%/nacl 0.45%</i>	1	GC MO
<i>dextrose 5%/nacl 0.9%</i>	1	GC MO
<i>etidronate disodium</i>	1	GC MO
EVOXAC	3	MO
EXJADE TBSO 125MG	2	LA MO
EXJADE TBSO 250MG, 500MG	4	LA MO
FOSRENOL	2	MO
INCRELEX	4	LA MO
<i>kionex powd</i>	1	GC MO
<i>levocarnitine oral soln</i>	1	GC PA MO

Drug Name	Drug Tier	Requirements/ Limits
<i>levocarnitine tabs</i>	1	GC PA MO
<i>midodrine</i>	1	GC MO
ORFADIN	4	LA MO
<i>pilocarpine hcl tabs</i>	1	GC MO
PROLASTIN INJ 500MG	4	LA MO
PROLASTIN-C	4	LA
RENAGEL	2	MO
REVELA	2	MO
RILUTEK	4	MO
SKELID	3	MO
<i>sodium chloride 0.9%</i>	1	GC MO
<i>sodium chloride inj 0.9%</i>	1	GC MO
<i>sodium polystyrene sulfonate</i>	1	GC MO
SYPRINE	2	MO
SMOKING DETERRENTS		
<i>buproban</i>	1	GC MO
CHANTIX	2	MO
NICOTROL INHALER	3	MO
NICOTROL NASAL	3	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ASTEPRO	2	MO
<i>azelastine hcl</i>	1	GC MO
BACTROBAN NASAL	2	MO
<i>chlorhexidine gluconate oral rinse</i>	1	GC MO
<i>ipratropium bromide nasal soln</i>	1	GC MO
<i>perio gard</i>	1	GC MO
<i>triamcinolone in orabase</i>	1	GC MO
TYZINE	2	MO
TYZINE PEDIATRIC NASAL DROPS	2	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetazol hc</i>	1	GC MO
<i>acetic acid</i>	1	GC MO
DERMOTIC	2	MO
<i>hydrocortisone/acetic acid</i>	1	GC MO
<i>ofloxacin</i>	1	GC MO
OTIC STEROID / ANTIBIOTIC		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CIPRO HC	3	MO	<i>propylthiouracil</i>	1	GC MO
CIPRODEX	2	MO	DIABETES THERAPY		
COLY-MYCIN S	2	MO	<i>acarbose</i>	1	GC MO
CORTISPORIN-TC	2	MO	ACTOPLUS MET	2	MO
<i>cortomycin</i>	1	GC MO	ACTOS	2	MO
<i>neomycin/polymyxin/hc</i>	1	GC MO	ALCOHOL PREPS	2	
ENDOCRINE/DIABETES			AVANDAMET	2	MO
ADRENAL HORMONES			AVANDARYL	2	MO
<i>a-hydrocort</i>	1	GC MO	AVANDIA	2	MO
<i>a-methapred inj 40mg</i>	1	GC PA	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	MO
<i>a-methapred inj 125mg</i>	1	GC PA MO	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	MO
<i>cortisone acetate</i>	1	GC MO	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	MO
DEPO-MEDROL	2	PA MO	BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	MO
<i>dexamethasone elix</i>	1	GC MO	BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	2	MO
<i>dexamethasone inj 4mg/ml</i>	1	GC MO	BYETTA	3	MO
DEXAMETHASONE INTENSOL	2	MO	DUETACT	2	MO
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 4mg, 6mg</i>	1	GC MO	GAUZE PADS 2"X2"	2	MO
DEXAMETHASONE TABS 1MG, 2MG	2	MO	<i>glimepiride</i>	1	GC MO
<i>fludrocortisone acetate</i>	1	GC MO	<i>glipizide</i>	1	GC MO
<i>hydrocortisone tabs</i>	1	GC MO	<i>glipizide / metformin</i>	1	GC MO
<i>methylprednisolone acetate</i>	1	GC PA MO	<i>glipizide er</i>	1	GC
<i>methylprednisolone</i>	1	GC PA	GLUCAGEN HYPOKIT	2	MO
<i>sodiumsuccinate inj 125mg, 40mg</i>	1	GC PA	GLUCAGON EMERGENCY KIT	2	MO
METHYLPREDNISOLONE SODIUMSUCCINATE INJ 1000MG	2	PA MO	<i>glyburide</i>	1	GC MO
<i>methylprednisolone tabs 32mg</i>	1	GC PA	<i>glyburide / metformin</i>	1	GC MO
<i>methylprednisolone tabs 16mg, 4mg, 8mg</i>	1	GC PA MO	<i>glyburide micronized</i>	1	GC MO
<i>prednisolone sodium phosphate oral soln</i>	1	GC PA MO	<i>glycron tabs 1.5mg</i>	1	GC MO
<i>prednisone</i>	1	GC PA MO	GLYCRON TABS 4.5MG	2	
PREDNISONE INTENSOL	2	PA MO	HUMALOG	2	MO
SOLU-CORTEF INJ 100MG, 250MG	2	MO	HUMALOG KWIKPEN	2	MO
SOLU-MEDROL INJ 2GM	2	PA	HUMALOG MIX 50/50	2	MO
SOLU-MEDROL INJ 125MG, 40MG, 500MG	2	PA MO	HUMALOG MIX 50/50 KWIKPEN	2	MO
ANTITHYROID AGENTS			HUMALOG MIX 75/25	2	MO
<i>methimazole</i>	1	GC MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 75/25	2	MO	<i>danazol</i>	1	GC MO
KWIKPEN			<i>desmopressin acetate</i>	1	GC MO
HUMULIN 70/30	2	MO	FABRAZYME INJ 35MG	4	LA PA MO
HUMULIN 70/30 PEN	2	MO	<i>fortical</i>	1	GC MO
HUMULIN N	2	MO	KUVAN	4	LA MO
HUMULIN N U-100 PEN	2	MO	NAGLAZYME	4	LA MO
HUMULIN R	2	MO	<i>oxandrolone tabs 10mg</i>	4	MO
HUMULIN R U-500 (CONCENTRATED)	2	MO	<i>oxandrolone tabs 2.5mg</i>	1	GC MO
JANUMET	2	MO	SAMSCA	4	MO
JANUVIA	2	MO	SENSIPAR TABS 60MG, 90MG	4	MO
KOMBIGLYZE XR	2	MO	SENSIPAR TABS 30MG	2	MO
LANTUS	2	MO	SOMAVERT	2	MO
LANTUS SOLOSTAR	2	MO	STIMATE	2	MO
<i>metformin hcl</i>	1	GC MO	SYNAREL	3	MO
<i>metformin hcl er</i>	1	GC MO	<i>testosterone cypionate inj 100mg/ml</i>	1	GC MO
<i>nateglinide</i>	1	GC MO	<i>testosterone enanthate</i>	1	GC MO
NOVOLOG	2	MO	ZAVESCA	2	LA
NOVOLOG FLEXPEN	2	MO	ZEMPLAR	2	PA MO
NOVOLOG MIX 70/30	2	MO	ZOMETA	4	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	MO			
ONGLYZA	2	MO	THYROID HORMONES		
PRANDIN	2	MO	<i>levothyroxine tabs</i>	1	GC
PROGLYCEM	2	MO	<i>levoxyl</i>	1	GC MO
SYMLIN	3		<i>liothyronine sodium tabs</i>	1	GC MO
SYMLINPEN 120	3	MO	SYNTHROID	2	MO
SYMLINPEN 60	3	MO	<i>unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	GC MO
<i>tolazamide</i>	1	GC MO			
<i>tolbutamide</i>	1	GC MO	GASTROENTEROLOGY		
MISCELLANEOUS HORMONES			ANTIDIARRHEALS / ANTISPASMODICS		
ALDURAZYME	4	LA PA MO	<i>atropine sulfate inj 0.1mg/ml</i>	1	GC
ANADROL-50	3	MO	ATROPINE SULFATE INJ 0.05MG/ML	2	
ANDRODERM	2	MO	<i>dicyclomine hcl caps</i>	1	GC MO
ANDROGEL GEL 50MG/5GM	2	MO	<i>dicyclomine hcl inj</i>	1	GC
ANDROGEL PUMP GEL 1.62%	2	MO	<i>dicyclomine hcl oral soln</i>	1	GC MO
ANDROID	2	MO	<i>dicyclomine hcl tabs</i>	1	GC MO
<i>androxy</i>	1	GC MO	<i>glycopyrrolate</i>	1	GC MO
<i>cabergoline</i>	1	GC MO	<i>loperamide hcl caps</i>	1	GC MO
<i>calcitonin-salmon</i>	1	GC MO	<i>propantheline bromide</i>	1	GC MO
<i>calcitriol</i>	1	GC PA MO			
CEREZYME INJ 200UNIT	4	LA PA MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS GASTROINTESTINAL AGENTS			ULCER THERAPY		
AMITIZA	2	MO	<i>prochlorperazine edisylate</i>	1	GC MO
ASACOL	2	MO	<i>prochlorperazine maleate</i>	1	GC MO
ASACOL HD	2	MO	<i>procto-pak</i>	1	GC MO
<i>balsalazide</i>	1	GC MO	<i>proctosol hc</i>	1	GC MO
CANASA	2	MO	<i>proctozone-hc</i>	1	GC MO
CIMZIA	4	MO	RELISTOR	2	MO
<i>compro</i>	1	GC MO	REMICADE	4	MO
<i>constulose</i>	1	GC MO	SANCUSO	2	MO
CORTIFOAM	2	MO	<i>sulfasalazine tabs</i>	1	GC MO
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT; 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	MO	<i>sulfazine ec</i>	1	GC
CYSTADANE	2	MO	TRANSDERM-SCOP	3	MO
DIPENTUM	3	MO	<i>trilyte</i>	1	GC MO
<i>dronabinol</i>	1	GC PA MO	<i>ursodiol caps</i>	1	GC MO
EMEND CAPS	2	PA MO	<i>ursodiol tabs</i>	1	GC
ENTOCORT EC	2	MO	ZENPEP	2	MO
<i>enulose</i>	1	GC MO	ZUPLENZ	2	PA MO
GASTROCROM	2	MO	ULCER THERAPY		
<i>gavilyte-c</i>	1	GC MO	CARAFATE SUSP	2	MO
<i>gavilyte-g</i>	1	GC MO	DEXILANT	3	MO
<i>gavilyte-n/flavor pack</i>	1	GC MO	<i>famotidine inj</i>	1	GC MO
<i>granisetron inj 0.1mg/ml, 1mg/ml</i>	1	GC MO	<i>famotidine premixed</i>	1	GC
<i>granisetron tabs</i>	1	GC PA MO	<i>famotidine susr</i>	1	GC MO
<i>hydrocortisone enem</i>	1	GC	<i>famotidine tabs 20mg, 40mg</i>	1	GC MO
<i>lactulose</i>	1	GC MO	<i>lansoprazole</i>	1	GC MO
LOTRONEX	2	MO	<i>lansoprazole odt</i>	1	GC MO
<i>meclizine hcl</i>	1	GC MO	<i>misoprostol</i>	1	GC MO
<i>mesalamine enem</i>	1	GC MO	NEXIUM	2	MO
<i>metoclopramide</i>	1	GC MO	NEXIUM I.V. INJ 20MG	2	
<i>ondansetron hcl inj 4mg/2ml</i>	1	GC MO	NEXIUM I.V. INJ 40MG	2	MO
<i>ondansetron hcl oral soln</i>	1	GC PA MO	<i>nizatidine</i>	1	GC MO
<i>ondansetron hcl tabs 24mg</i>	1	GC PA	<i>omeprazole cpdr</i>	1	GC MO
<i>ondansetron hcl tabs 4mg, 8mg</i>	1	GC PA MO	<i>omeprazole/sodium bicarbonate</i>	1	GC MO
<i>ondansetron odt</i>	1	GC PA MO	PREVPAC	3	MO
PENTASA	2	MO	PYLERA	2	MO
<i>polyethylene glycol 3350 powd</i>	1	GC MO	<i>ranitidine hcl caps</i>	1	GC MO
<i>prochlorperazine</i>	1	GC	<i>ranitidine hcl syrup</i>	1	GC MO
			<i>ranitidine hcl tabs</i>	1	GC MO
			<i>sucralfate</i>	1	GC MO
			ZANTAC INJ 50MG/50ML; 0.45%	2	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY			VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
BIOTECHNOLOGY DRUGS					
ACTIMMUNE	4	LA MO	ACTHIB	2	
ARANESP INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 25MCG/0.42ML, 25MCG/ML, 300MCG/0.6ML, 300MCG/ML, 40MCG/0.4ML, 40MCG/ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	2	PA MO	ADACEL	2	MO
ARCALYST	4	LA MO	BOOSTRIX	2	MO
AVONEX	4	MO	CERVARIX	2	
BETASERON	4	MO	COMVAX	2	MO
EPOGEN	3	PA MO	DAPTACEL	2	MO
INTRON-A INJ 3MU/0.2ML	2		DECAVAC	2	MO
INTRON-A INJ 6000000UNIT/ML	2	MO	DIPHThERIA/TETANUS TOXOID PEDIATRIC	2	MO
INTRON-A INJ 10MU/0.2ML, 5MU/0.2ML	4		ENGERIX-B INJ 10MCG/0.5ML	2	PA
INTRON-A WITH DILUENT INJ 10MU	4	MO	ENGERIX-B INJ 20MCG/ML	2	PA MO
LEUKINE	4	MO	GARDASIL	2	MO
MOZOBIL	4	MO	HAVRIX INJ 720ELU/0.5ML	2	
NEULASTA	3	MO	HAVRIX INJ 1440ELU/ML	2	MO
NEUMEGA	4	MO	HIZENTRA INJ 1GM/5ML	4	PA MO
NEUPOGEN INJ 300MCG/0.5ML, 480MCG/0.8ML, 480MCG/1.6ML	4	MO	IMOVAX RABIES (H.D.C.V.)	2	
NORDITROPIN FLEXPRO	4	MO	INFANRIX	2	MO
NORDITROPIN NORDIFLEX PEN	4	MO	I POL INACTIVATED IPV	2	MO
<i>omnitrope inj 5mg/1.5ml</i>	1	GC MO	IXIARO	2	
PEG-INTRON INJ 50MCG/0.5ML	4	MO	JE-VAX	2	MO
PEG-INTRON REDIPEN	4	MO	M-M-R II W/DILUENT 10 DOSE	2	MO
PEGASYS	4	MO	MENACTRA	2	
PROCRIT	2	PA MO	MENOMUNE-A/C/Y/W-135	2	MO
PROLEUKIN	4	MO	MENVEO	2	
REBIF	4	MO	PEDVAX HIB	2	MO
REBIF TITRATION PACK	4	MO	PRIVIGEN INJ 20GM/200ML	4	PA MO
TEV-TROPIN	2	MO	PROQUAD	2	
			RABAVERT	2	MO
			RECOMBIVAX HB INJ 40MCG/ML	2	PA
			RECOMBIVAX HB INJ 10MCG/ML	2	PA MO
			ROTATEQ	2	
			TETANUS / DIPHThERIA TOXOIDS-ADSORBED ADULT	2	MO
			TETANUS TOXOID ADSORBED	2	
			THYMOGLOBULIN	2	PA
			TRIPEDIA	2	
			TWINRIX	2	PA MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI	2		DEPO-SUBQ PROVERA 104	3	MO
VAQTA	2	MO	DIVIGEL GEL 1MG/GM	2	MO
VARIVAX	2		<i>errin</i>	1	GC MO
VIVAGLOBIN	4	PA MO	ESTRADERM	2	MO
YF-VAX	2		<i>estradiol / norethindrone acetate tabs 1mg; 0.5mg</i>	1	GC MO
ZOSTAVAX	2		<i>estradiol ptwk</i>	1	GC
MUSCULOSKELETAL / RHEUMATOLOGY			<i>estradiol tabs</i>	1	GC MO
GOUT THERAPY			ESTRING	3	MO
<i>allopurinol tabs</i>	1	GC MO	<i>estropipate</i>	1	GC MO
COLCRYS	2	MO	<i>jinteli</i>	1	GC MO
<i>probenecid</i>	1	GC MO	<i>jolivette</i>	1	GC MO
<i>probenecid / colchicine</i>	1	GC MO	<i>medroxyprogesterone acetate</i>	1	GC MO
ULORIC	2	MO	MENOSTAR	3	MO
OSTEOPOROSIS THERAPY			<i>nora-be</i>	1	GC MO
ACTONEL	3	MO	<i>norethindrone tabs 5mg</i>	1	GC MO
<i>alendronate sodium</i>	1	GC MO	<i>ortho-est</i>	1	GC
BONIVA TABS	3	PA MO	PREFEST	3	MO
EVISTA	2	MO	PREMARIN TABS	2	MO
FORTEO	2	MO	PREMARIN W/APPLICATOR	2	MO
OTHER RHEUMATOLOGICALS			PREMPHASE	2	MO
CUPRIMINE	2	MO	PREMPRO	2	MO
DEPEN TITRATABS	2	MO	PROMETRIUM	2	MO
ENBREL	4	MO	VAGIFEM	2	MO
HUMIRA	4	MO	VIVELLE-DOT	2	MO
HUMIRA PEN-CROHNS DISEASE STARTER	4	MO	MISCELLANEOUS OB/GYN		
<i>leflunomide</i>	1	GC MO	CLEOCIN SUPP	2	MO
RIDAURA	3	MO	<i>clindamycin phosphate crea</i>	1	GC MO
SAVELLA	2	MO	GYNAZOLE-1	2	
SAVELLA TITRATION PACK	2	MO	LYSTEDA	3	MO
SIMPONI	4	MO	<i>metronidazole vaginal</i>	1	GC MO
OBSTETRICS / GYNECOLOGY			<i>miconazole 3</i>	1	GC MO
ESTROGENS / PROGESTINS			NUVARING	3	MO
ALORA	2	MO	ORTHO EVRA	3	MO
<i>camila</i>	1	GC MO	<i>terconazole</i>	1	GC MO
CLIMARA PRO	2	MO	<i>vandazole</i>	1	GC MO
COMBIPATCH	2	MO	<i>zazole crea 0.4%</i>	1	GC MO
CRINONE GEL 4%	2	MO	ORAL CONTRACEPTIVES / RELATED AGENTS		
CRINONE GEL 8%	2	PA MO	<i>apri</i>	1	GC MO
DEPO-PROVERA	2	MO	<i>aranelle</i>	1	GC MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>aviane</i>	1	GC MO	<i>sronyx</i>	1	GC MO
<i>balziva</i>	1	GC MO	<i>tri-legest fe</i>	1	GC MO
<i>cesia</i>	1	GC MO	<i>tri-previfem</i>	1	GC MO
<i>cryselle-28</i>	1	GC MO	<i>tri-sprintec</i>	1	GC MO
<i>cyclafem 1/35</i>	1	GC MO	<i>trinessa</i>	1	GC MO
<i>cyclafem 7/7/7</i>	1	GC MO	<i>trivora-28</i>	1	GC MO
ELLA	2		<i>velivet</i>	1	GC MO
<i>enpresse-28</i>	1	GC MO	<i>zeosa</i>	1	GC MO
<i>gianvi</i>	1	GC MO	<i>zovia 1/35e</i>	1	GC MO
<i>junel</i>	1	GC MO	<i>zovia 1/50e</i>	1	GC MO
<i>junel fe 1.5/30</i>	1	GC MO			
<i>junel fe 1/20</i>	1	GC MO	OXYTOCICS		
<i>kariva</i>	1	GC MO	METHERGINE TABS	2	
<i>kelnor 1/35</i>	1	GC MO	OPHTHALMOLOGY		
<i>leena</i>	1	GC MO	ANTIBIOTICS		
<i>lessina-28</i>	1	GC MO	<i>ak-tob</i>	1	GC
<i>levora</i>	1	GC MO	AZASITE	2	MO
<i>low-ogestrel</i>	1	GC MO	<i>bacitracin / polymyxin b</i>	1	GC MO
<i>lutera</i>	1	GC MO	<i>bacitracin ophthalmic oint</i>	1	GC MO
<i>microgestin 1.5/30</i>	1	GC MO	BESIVANCE	2	MO
<i>microgestin 1/20</i>	1	GC MO	CILOXAN OINT	2	MO
<i>microgestin fe</i>	1	GC MO	<i>ciprofloxacin ophthalmic soln</i>	1	GC MO
<i>microgestin fe 1.5/30</i>	1	GC MO	<i>erythromycin oint</i>	1	GC MO
<i>mononessa</i>	1	GC MO	<i>gentak</i>	1	GC MO
<i>necon 0.5/35-28</i>	1	GC MO	<i>gentamicin sulfate ophthalmic soln</i>	1	GC MO
<i>necon 1/35-28</i>	1	GC MO	<i>gentasol</i>	1	GC MO
<i>necon 10/11-28</i>	1	GC MO	<i>levofloxacin ophthalmic soln</i>	1	GC MO
<i>necon 7/7/7</i>	1	GC MO	MOXEZA	2	MO
<i>next choice</i>	1	GC	NATACYN	2	MO
<i>nortrel 0.5/35 (28)</i>	1	GC MO	<i>neomycin/bacitracin/polymyxin</i>	1	GC MO
<i>nortrel 1/35 (21)</i>	1	GC MO	<i>neomycin/polymyxin/gramicidin</i>	1	GC MO
<i>nortrel 1/35 (28)</i>	1	GC MO	<i>ofloxacin</i>	1	GC MO
<i>nortrel 7/7/7</i>	1	GC MO	<i>romycin</i>	1	GC MO
<i>ocella</i>	1	GC MO	<i>tobramycin ophthalmic soln</i>	1	GC MO
<i>ogestrel</i>	1	GC MO	<i>tobrasol</i>	1	GC
<i>portia-28</i>	1	GC MO	TOBREX OINT	2	MO
<i>previfem</i>	1	GC MO	<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	GC MO
<i>quasense</i>	1	GC MO	VIGAMOX	2	MO
<i>reclipsen</i>	1	GC MO	ZYMAR	2	MO
<i>solia</i>	1	GC MO	ZYMAXID	2	MO
<i>sprintec 28</i>	1	GC MO			

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
<i>trifluridine</i>	1	GC MO
ZIRGAN	3	MO
BETA-BLOCKERS		
<i>betaxolol hcl</i>	1	GC MO
BETOPTIC-S	2	MO
<i>carteolol hcl</i>	1	GC MO
ISTALOL	2	MO
<i>levobunolol hcl</i>	1	GC MO
<i>metipranolol</i>	1	GC MO
<i>timolol maleate</i>	1	GC MO
<i>timolol maleate ophthalmic gel forming</i>	1	GC MO
TIMOPTIC OCUDOSE	2	MO
CYCLOPLEGIC MYDRIATICS		
<i>tropicamide</i>	1	GC MO
DIRECT ACTING MIOTICS		
PILOPINE HS	2	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIAL	3	MO
<i>azelastine hcl</i>	1	GC MO
BEPREVE	2	MO
<i>cromolyn sodium ophthalmic soln</i>	1	GC MO
<i>epinastine hcl</i>	1	GC MO
LACRISERT	2	MO
PATADAY	2	MO
PATANOL	2	MO
RESTASIS	2	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL	2	MO
BROMDAY	2	MO
<i>bromfenac</i>	1	GC MO
<i>diclofenac sodium</i>	1	GC MO
<i>flurbiprofen sodium</i>	1	GC MO
<i>ketorolac tromethamine ophthalmic soln</i>	1	GC MO
NEVANAC	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	GC MO
<i>acetazolamide sodium</i>	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>methazolamide</i>	1	GC MO
OTHER GLAUCOMA DRUGS		
AZOPT	2	MO
COMBIGAN	2	MO
<i>dorzolamide hcl</i>	1	GC MO
<i>dorzolamide hcl/timolol maleate</i>	1	GC MO
<i>latanoprost</i>	1	GC MO
LUMIGAN	2	MO
TRAVATAN Z	2	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	GC MO
<i>neomycin/polymyxin/dexamethasone</i>	1	GC MO
<i>neomycin/polymyxin/hc</i>	1	GC MO
<i>poly-dex oint</i>	1	GC MO
<i>poly-dex susp</i>	1	GC
TOBRADEX OINT	2	MO
TOBRADEX ST	2	MO
<i>tobramycin/dexamethasone</i>	1	GC MO
ZYLET	2	MO
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide sodium / prednisolone sodium phosphate</i>	1	GC MO
STERIODS		
ALREX	2	MO
<i>dexamethasone ophthalmic soln</i>	1	GC MO
DUREZOL	2	MO
<i>fluorometholone</i>	1	GC MO
FML	2	MO
FML FORTE	2	MO
LOTEMAX SUSP	2	MO
<i>prednisolone acetate</i>	1	GC MO
<i>prednisolone sodium phosphate ophthalmic soln</i>	1	GC MO
SULFONAMIDES		
BLEPH-10	2	MO
<i>sodium sulfacetamide</i>	1	GC MO
SYMPATHOMIMETICS		
ALPHAGAN P	2	MO
<i>apraclonidine</i>	1	GC MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate ophthalmic soln 0.2%</i>	1	GC MO	<i>albuterol sulfate nebu</i>	1	GC PA MO
IOPIDINE OPHTHALMIC SOLN 1%	3	MO	<i>albuterol sulfate syrup</i>	1	GC MO
VASOCONSTRICTOR DECONGESTANTS			<i>albuterol sulfate tabs</i>	1	GC MO
<i>ak-con</i>	1	GC MO	<i>aminophylline inj</i>	1	GC
RESPIRATORY AND ALLERGY			<i>aminophylline tabs</i>	1	GC MO
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS			ASMANEX 120 METERED DOSES	2	MO
<i>carbinoxamine maleate</i>	1	GC MO	ASMANEX 14 METERED DOSES	2	MO
<i>cetirizine hcl syrup</i>	1	GC MO	ASMANEX 30 METERED DOSES	2	MO
CLARINEX	2	MO	ASMANEX 60 METERED DOSES	2	MO
CLARINEX REDITABS	2	MO	ATROVENT HFA	2	MO
CLARINEX-D 12 HOUR	2	MO	<i>budesonide susp</i>	1	GC PA MO
CLARINEX-D 24 HOUR	2	MO	COMBIVENT	2	MO
<i>clemastine fumarate syrup</i>	1	GC MO	<i>cromolyn sodium nebu</i>	1	GC PA MO
<i>clemastine fumarate tabs 2.68mg</i>	1	GC MO	DULERA	3	MO
<i>epinephrine hcl inj 0.1mg/ml</i>	1	GC	ELIXOPHYLLIN	3	MO
EPIPEN	2	MO	FLOVENT DISKUS	2	MO
EPIPEN-JR	2	MO	FLOVENT HFA	2	MO
<i>fexofenadine hcl</i>	1	GC	<i>flunisolide nasal soln 0.025%</i>	1	GC MO
<i>hydroxyzine hcl inj 25mg/ml</i>	1	GC	<i>fluticasone propionate</i>	1	GC MO
<i>hydroxyzine hcl inj 50mg/ml</i>	1	GC MO	FORADIL AEROLIZER	2	MO
<i>hydroxyzine hcl syrup</i>	1	GC MO	<i>ipratropium bromide inhalation soln</i>	1	GC PA MO
<i>hydroxyzine hcl tabs</i>	1	GC MO	<i>ipratropium bromide/albuterol sulfate</i>	1	GC PA MO
<i>levocetirizine dihydrochloride</i>	1	GC MO	LETAIRIS	4	LA MO
<i>palgic liqd</i>	1	GC MO	<i>metaproterenol sulfate</i>	1	GC MO
<i>phenadoz</i>	1	GC	NASONEX	2	MO
<i>promethazine hcl inj 25mg/ml</i>	1	GC	PERFOROMIST	2	PA MO
<i>promethazine hcl inj 50mg/ml</i>	1	GC MO	PROAIR HFA	2	MO
<i>promethazine hcl supp</i>	1	GC MO	PULMICORT SUSP 1MG/2ML	2	PA MO
<i>promethazine hcl syrup</i>	1	GC MO	PULMOZYME	4	PA MO
<i>promethazine hcl tabs</i>	1	GC MO	REVATIO	4	MO
<i>promethegan supp 25mg</i>	1	GC	SEREVENT DISKUS	2	MO
<i>promethegan supp 50mg</i>	1	GC MO	SINGULAIR	2	MO
TWINJECT	2	MO	SPIRIVA HANDIHALER	2	MO
PULMONARY AGENTS			SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	2	MO
<i>acetylcysteine</i>	1	GC PA MO	SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	2	MO
ADVAIR DISKUS	2	MO			
ADVAIR HFA	2	MO			
<i>albuterol sulfate er</i>	1	GC MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate</i>	1	GC MO	VITAMINS, HEMATINICS /		
THEO-24	3	MO	ELECTROLYTES		
<i>theochron tb12 300mg</i>	1	GC	ELECTROLYTES		
<i>theochron tb12 100mg</i>	1	GC MO	<i>calcium acetate</i>	1	GC MO
<i>theophylline er</i>	1	GC MO	<i>eliphos</i>	1	GC MO
TRACLEER	4	LA MO	K-TABS	3	MO
VENTOLIN HFA	2	MO	<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	GC
VERAMYST	2	MO	<i>kcl 0.15%/d5w/lr</i>	1	GC
XOLAIR	4	MO	KCL 0.15%/D5W/NACL 0.2%	2	
<i>zafirlukast</i>	1	GC MO	KCL 0.15%/D5W/NACL 0.225%	2	
ZYFLO CR	3	MO	<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	GC
UROLOGICALS			<i>kcl 0.3%/d5w/lr iv lac ring</i>	1	GC
ANTICHOLINERGICS /			KCL 0.3%/D5W/NACL 0.2%	2	
ANTISPASMODICS			<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	GC
DETROL	2	MO	<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	GC
DETROL LA	2	MO	<i>klor-con 10</i>	1	GC MO
ENABLEX	2	MO	<i>klor-con 8</i>	1	GC MO
<i>flavoxate hcl</i>	1	GC MO	KLOR-CON M15	3	MO
GELNIQUE	2	MO	<i>klor-con m20</i>	1	GC MO
<i>oxybutynin</i>	1	GC MO	LACTATED RINGERS	2	MO
<i>oxybutynin er</i>	1	GC MO	MAGNESIUM SULFATE IN	2	
OXYTROL	2	MO	D5W INJ 5%; 10MG/ML		
TOVIAZ	2	MO	MAGNESIUM SULFATE INJ	2	
<i>tropium chloride</i>	1	GC MO	NORMOSOL	2	
VESICARE	2	MO	POTASSIUM CHLORIDE	2	
BENIGN PROSTATIC			0.075%/D5W/NACL 0.225%		
HYPERPLASIA(BPH) THERAPY			POTASSIUM CHLORIDE 0.15%	2	
AVODART	2	MO	/NACL 0.45% VIAFLEX		
<i>finasteride</i>	1	GC MO	<i>potassium chloride 0.15%</i>	1	GC
JALYN	2	MO	<i>d5w/nacl 0.33%</i>		
RAPAFLO	2	MO	<i>potassium chloride 0.15%</i>	1	GC MO
<i>tamsulosin hcl</i>	1	GC MO	<i>d5w/nacl 0.45% viaflex</i>		
UROXATRAL	2	MO	<i>potassium chloride 0.15% nacl</i>	1	GC
CHOLINERGIC STIMULANTS			0.9%		
<i>bethanechol chloride</i>	1	GC MO	POTASSIUM CHLORIDE	2	
MISCELLANEOUS UROLOGICALS			0.15%/D5W		
CYSTAGON	2	LA	POTASSIUM CHLORIDE 0.22%	2	
ELMIRON	2	MO	D5W/NACL 0.45%		
<i>potassium citrate extended-release</i>	1	GC MO	<i>potassium chloride 0.224%/d5w</i>	1	GC
			POTASSIUM CHLORIDE 0.3%/	2	
			NACL 0.9%		
			<i>potassium chloride 0.3%/d5w</i>	1	GC
			<i>potassium chloride er cpcr</i>	1	GC MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er tbc</i> 10meq	1	GC	PREMASOL INJ 56MEQ/L;	2	
<i>potassium chloride er tbc</i> 20meq	1	GC MO	320MG/100ML; 730MG/100ML;		
<i>potassium chloride inj</i>	1	GC	190MG/100ML; 3MEQ/L;		
<i>10meq/100ml, 10meq/50ml,</i>			20MG/100ML; 300MG/100ML;		
<i>2meq/ml</i>			220MG/100ML; 290MG/100ML;		
POTASSIUM CHLORIDE INJ	2		490MG/100ML; 840MG/100ML;		
0.4MEQ/ML, 30MEQ/100ML			490MG/100ML; 200MG/100ML;		
<i>ringers injection</i>	1	GC	290MG/100ML; 410MG/100ML;		
<i>sodium bicarbonate inj 7.5%,</i>	1	GC	230MG/100ML; 5MEQ/L;		
<i>8.4%</i>			15MG/100ML; 250MG/100ML;		
<i>sodium chloride 0.45% viaflex</i>	1	GC MO	120MG/100ML; 140MG/100ML;		
<i>sodium chloride inj 3%, 5%</i>	1	GC	470MG/100ML		
<i>sodium chloride inj 2.5meq/ml</i>	1	GC MO	<i>premasol inj 52meq/l;</i>	1	GC
MISCELLANEOUS NUTRITION PRODUCTS			<i>1760mg/100ml; 880mg/100ml;</i>		
AMINOSYN	2		<i>34meq/l; 1760mg/100ml;</i>		
AMINOSYN II	2		<i>372mg/100ml; 406mg/100ml;</i>		
AMINOSYN II M	2		<i>526mg/100ml; 492mg/100ml;</i>		
AMINOSYN-HBC	2		<i>492mg/100ml; 526mg/100ml;</i>		
AMINOSYN-HF	2		<i>356mg/100ml; 356mg/100ml;</i>		
AMINOSYN-PF	2		<i>390mg/100ml; 34mg/100ml;</i>		
AMINOSYN-PF 7%	2		<i>152mg/100ml</i>		
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CLINISOL SF	2		TROPHAMINE	2	
DEXTROSE 5%	2		VITAMINS / HEMATINICS		
/ELECTROLYTE #48 VIAFLEX	2		<i>prenatal vitamins (generic)</i>	1	GC
FREAMINE III	2		<i>sodium fluoride tabs</i>	1	GC MO
HEPATAMINE	2				
HEPATASOL	2				
INTRALIPID INJ 1.7%; 30%	2				
<i>intralipid inj 2.25%; 20%</i>	1	GC			
IONOSOL	2				
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REMODULIN.....	12
RENAGEL	15
REVELA	15
<i>reprexain</i>	8
REQUIP XL	7
RESCRIPTOR.....	1
<i>reserpine</i>	12
RESTASIS	22
RETROVIR IV INFUSION	1
REVATIO	23
REVLIMID	6
REYATAZ.....	1
RHEUMATREX.....	6
<i>ribapak</i>	1
<i>ribasphere</i>	1
<i>ribavirin</i>	1
RIDAURA.....	20
<i>rifampin</i>	3
RILUTEK.....	15
<i>rimantadine hcl</i>	1
<i>ringers injection</i>	25

RISPERDAL CONSTA.....	10
<i>risperidone</i>	10
<i>risperidone odt</i>	10
RITALIN LA	10
RITUXAN.....	6
<i>rivastigmine tartrate</i>	7
<i>romycin</i>	21
<i>ropinirole</i>	7
ROTATEQ.....	19
ROXICET	8
ROZEREM	10

S

SABRIL	7
SAMSCA	17
SANCUSO.....	18
SANDIMMUNE.....	6
SANDOSTATIN LAR DEPOT.....	6
SANTYL.....	15
SAPHRIS	10
SAVELLA	20
SAVELLA TITRATION PACK	20
<i>selegiline</i>	7
<i>selenium sulfide</i>	13
SELZENTRY	1
SENSIPAR.....	17
SEREVENT DISKUS.....	23
SEROMYCIN	3
SEROQUEL.....	10
SEROQUEL XR.....	10
<i>sertraline</i>	10
SILENOR.....	10
<i>silver sulfadiazine</i>	13
SIMPONI	20
SIMULECT.....	6
<i>simvastatin</i>	12
SINGULAIR.....	23
SKELID	15
<i>sodium bicarbonate</i>	25
<i>sodium chloride</i>	15, 25
<i>sodium chloride 0.9%</i>	15
<i>sodium chloride 0.45% viaflex</i>	25
SODIUM EDECRIN	12

<i>sodium fluoride</i>	25	<i>sulindac</i>	9
<i>sodium polystyrene sulfonate</i>	15	<i>sumatriptan succinate</i>	7
<i>sodium sulfacetamide</i>	14, 22	SUPRAX.....	2
SOLARAZE.....	13	SURMONTIL.....	10
<i>solia</i>	21	SUSTIVA.....	1
SOLU-CORTEF.....	16	SUTENT.....	6
SOLU-MEDROL.....	16	SYMBICORT.....	23
SOMATULINE DEPOT.....	6	SYMBYAX.....	10
SOMAVERT.....	17	SYMLIN.....	17
SORIATANE.....	13	SYMLINPEN 120.....	17
<i>sorine</i>	10	SYMLINPEN 60.....	17
<i>sotalol</i>	10	SYNAREL.....	17
<i>sotret</i>	13	SYNTHROID.....	17
SPIRIVA HANDIHALER.....	23	SYPRINE.....	15
<i>spironolactone</i>	12	T	
<i>spironolactone/hydrochlorothiazide</i>	12	TABLOID.....	6
SPORANOX.....	1	<i>tacrolimus</i>	6
<i>sprintec 28</i>	21	TAMIFLU.....	2
SPRYCEL.....	6	<i>tamoxifen citrate</i>	6
<i>sronyx</i>	21	<i>tamsulosin hcl</i>	24
<i>ssd</i>	13	TARCEVA.....	6
<i>stagesic</i>	8	TARGRETIN.....	6
STALEVO 100.....	7	TASIGNA.....	6
STALEVO 125.....	7	TAXOTERE.....	6
STALEVO 150.....	7	TAZICEF.....	2
STALEVO 200.....	7	TAZORAC.....	13
STALEVO 50.....	7	<i>taztia xt</i>	12
STALEVO 75.....	7	TEFLARO.....	2
<i>stavudine</i>	1	TEGRETOL-XR.....	7
STIMATE.....	17	TEKAMLO.....	12
STRATTERA.....	10	TEKTURNA.....	12
STREPTOMYCIN SULFATE.....	3	TEKTURNA HCT.....	12
STROMECTOL.....	3	<i>terazosin hcl</i>	12
SUBOXONE.....	9	<i>terbinafine</i>	1
<i>sucralfate</i>	18	<i>terbutaline sulfate</i>	24
<i>sulfacetamide sodium / prednisolone sodium</i>		<i>terconazole</i>	20
<i>phospha</i>	22	<i>testosterone cypionate</i>	17
<i>sulfadiazine</i>	4	<i>testosterone enanthate</i>	17
<i>sulfamethoxazole/trimethoprim</i>	4	TETANUS / DIPHTHERIA TOXOIDS-	
<i>sulfamethoxazole/trimethoprim ds</i>	4	ADSORBED ADULT.....	19
SULFAMYLON.....	14	TETANUS TOXOID ADSORBED.....	19
<i>sulfasalazine</i>	18	<i>tetracycline hcl</i>	4
<i>sulfazine ec</i>	18		

TEV-TROPIN	19	TREANDA	6
THALOMID.....	6	TRECTOR	3
THEO-24.....	24	TRELSTAR DEPOT MIXJECT.....	6
<i>theochron</i>	24	TRELSTAR LA MIXJECT	6
<i>theophylline er</i>	24	TRELSTAR MIXJECT	6
<i>thermazene</i>	13	<i>tretinoin</i>	6, 13
<i>thioridazine</i>	10	<i>triamcinolone acetonide</i>	14
<i>thiotepa</i>	6	<i>triamcinolone in orabase</i>	15
<i>thiothixene</i>	10	<i>triamterene/hydrochlorothiazide</i>	12
THYMOGLOBULIN.....	19	TRICOR.....	13
<i>ticlopidine hcl</i>	12	<i>triderm</i>	14
TIKOSYN	10	<i>trifluoperazine</i>	10
<i>timolol maleate</i>	12, 22	<i>trifluridine</i>	22
<i>timolol maleate ophthalmic gel forming</i>	22	<i>trihexyphenidyl</i>	7
TIMOPTIC OCUDOSE.....	22	<i>tri-legest fe</i>	21
<i>tizanidine hcl</i>	7	TRILIPIX.....	13
TOBI.....	3	<i>trilyte</i>	18
TOBRADEX	22	<i>trimethoprim</i>	4
TOBRADEX ST	22	<i>trimethoprim sulfate/polymyxin b sulfate</i>	21
<i>tobramycin</i>	3, 21	<i>trinessa</i>	21
TOBRAMYCIN SULFATE / SODIUM		TRIPEDIA	19
CHLORIDE.....	3	<i>tri-previfem</i>	21
<i>tobramycin/dexamethasone</i>	22	TRISENOX.....	6
<i>tobrasol</i>	21	<i>tri-sprintec</i>	21
TOBREX.....	21	<i>trivora-28</i>	21
<i>tolazamide</i>	17	TRIZIVIR	2
<i>tolbutamide</i>	17	TROPHAMINE	25
<i>tolmetin sodium</i>	9	<i>tropicamide</i>	22
<i>topiramate</i>	7	<i>tropium chloride</i>	24
<i>toposar</i>	6	TRUVADA	2
<i>topotecan hcl</i>	6	TWINJECT.....	23
TORISEL	6	TWINRIX	19
<i>torseamide</i>	12	TWYNSTA.....	12
TOVIAZ.....	24	TYGACIL.....	3
TRACLEER	24	TYKERB.....	6
<i>tramadol</i>	9	TYPHIM VI.....	20
<i>tramadol hcl er</i>	9	TYZEKA.....	2
<i>trandolapril</i>	12	TYZINE	15
TRANSDERM-SCOP.....	18	TYZINE PEDIATRIC NASAL DROPS	15
<i>tranlycypromine</i>	10		
TRAVASOL.....	25	U	
TRAVATAN Z	22	ULESFIA	15
<i>trazodone</i>	10	ULORIC.....	20

<i>unithroid</i>	17
UROXATRAL.....	24
<i>ursodiol</i>	18
UVADEX.....	13
V	
VAGIFEM.....	20
<i>valacyclovir hcl</i>	2
VALCYTE.....	2
<i>valproate sodium</i>	7
<i>valproic acid</i>	7
VALTURNA.....	12
VANCOGIN ORAL.....	4
<i>vancomycin</i>	4
<i>vandazole</i>	20
VANDETANIB.....	6
VAQTA.....	20
VARIVAX.....	20
VECTIBIX.....	6
VELCADE.....	6
<i>velivet</i>	21
<i>venlafaxine hcl</i>	10
<i>venlafaxine hcl er</i>	10
VENTOLIN HFA.....	24
VERAMYST.....	24
<i>verapamil</i>	12
<i>verapamil er</i>	12
VEREGEN.....	13
VESICARE.....	24
VFEND.....	1
VFEND IV.....	1
VIBATIV.....	4
VIBRAMYCIN.....	4
VIDAZA.....	6
VIDEX PEDIATRIC.....	2
VIGAMOX.....	21
VIIBRYD.....	10
VIMOVO.....	9
VIMPAT.....	7
<i>vinblastine sulfate</i>	6
<i>vincasar pfs</i>	6
<i>vincristine sulfate</i>	6
<i>vinorelbine tartrate</i>	6

VIRACEPT.....	2
VIRAMUNE.....	2
VIREAD.....	2
VIVAGLOBIN.....	20
VIVELLE-DOT.....	20
VOLTAREN.....	9
<i>voriconazole</i>	1
VOTRIENT.....	6
W	
<i>warfarin</i>	12
WELCHOL.....	13
X	
XENAZINE.....	7
XGEVA.....	4
XIFAXAN.....	3
XOLAIR.....	24
XYREM.....	10
Y	
YF-VAX.....	20
Z	
<i>zafirlukast</i>	24
<i>zaleplon</i>	10
ZANOSAR.....	6
ZANTAC.....	18
ZAVESCA.....	17
<i>zazole</i>	20
ZELAPAR.....	7
ZEMPLAR.....	17
ZENPEP.....	18
<i>zeosa</i>	21
<i>zerlor</i>	8
ZETIA.....	13
ZIAGEN.....	2
<i>zidovudine</i>	2
ZINACEF.....	2
ZINACEF IN ISO-OSMOTIC DEXTROSE.....	2
ZINACEF IN ISO-OSMOTIC DILUENT.....	2
ZINECARD.....	4
ZIRGAN.....	22
ZMAX.....	2

ZOLINZA.....	6	ZOVIRAX.....	14
<i>zolpidem</i>	10	ZUPLENZ.....	18
<i>zolpidem tartrate er</i>	10	ZYFLO CR	24
ZOMETA	17	ZYLET	22
ZONALON.....	13	ZYMAR	21
<i>zonisamide</i>	7	ZYMAXID.....	21
ZORTRESS.....	6	ZYPREXA	10
ZOSTAVAX	20	ZYPREXA ZYDIS	10
ZOSYN.....	4	ZYTIGA.....	6
<i>zovia 1/35e</i>	21	ZYVOX.....	3
<i>zovia 1/50e</i>	21		

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