



AAA1 Vantage Value (HMO-POS) 2012 Formulary

(List of Covered Drugs)

Current as of April 1, 2012

**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 copayment/coinsurance may change on January 1, 2013.

Vantage Health Plan is a health plan with a Medicare contract. This document may be available in an alternate format such as a digital document. Please call Member Services at (888) 823-1910 to request the alternate format. TTY users should call (866) 524-5144.

**Vantage Medicare Advantage
AAA1 Value (HMO-POS) Plan
2012 Comprehensive Formulary**

What is the Vantage Medicare Advantage Formulary?

A formulary is a list of covered drugs selected by Vantage Medicare Advantage 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. Vantage Medicare Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Vantage Medicare Advantage 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, or add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of the date printed on the cover. To get updated information about the drugs covered by Vantage Medicare Advantage, please visit our website at www.vhp-medicare.com or call (888) 823-1910, 8 a.m. – 8 p.m., and seven days a week from October 15, 2011, through February 14, 2012. After February 14, 2012, Member Services may be reached from 8 a.m. – 8 p.m. Monday – Friday. TTY users should call (866) 524-5144.

In the event of mid-year non-maintenance formulary changes that are approved by CMS, Vantage Medicare Advantage will update the printed and web-based versions of the formulary. The updated version of the printed formulary will be available upon request, and the changes will be included in notices to members using the affected drug(s) no less than 60 days prior to the effective date of the change. The mid-year non-maintenance formulary changes will also be made to the CatalystRx searchable online formulary accessed via www.vhp-medicare.com/drugs/Drug_search.asp.

How do I use the Formulary?

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

Medical Condition The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 6. 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 found at the back of this book. 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?

Vantage Medicare Advantage 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:** Vantage Medicare Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Vantage Medicare Advantage before you fill your prescriptions. If you do not get approval, Vantage Medicare Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, Vantage Medicare Advantage limits the amount of the drug that Vantage Medicare Advantage will cover. For example, Vantage Medicare Advantage provides 30 or 90 tablets per prescription for Lipitor. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Vantage Medicare Advantage requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Vantage Medicare Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Vantage Medicare Advantage will then cover Drug B.
- **Generic Substitution:** When there is a generic version of a brand-name drug available, the Vantage Medicare Advantage network pharmacies will automatically give you the generic version.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.vhp-medicare.com.

You can ask Vantage Medicare Advantage to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Vantage Medicare Advantage Formulary?” below for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that Vantage Medicare Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Vantage Medicare Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Vantage Medicare Advantage.
- You can ask Vantage Medicare Advantage 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 Vantage Medicare Advantage Formulary?

You can ask Vantage Medicare Advantage 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, Vantage Medicare Advantage limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier (Tier 3), you can ask us to cover it at the cost-sharing amount that applies to the drugs in the preferred tier (Tier 2) 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 Specialty Drug tier (Tier 4).

Generally, Vantage Medicare Advantage 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 prescriber or 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 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 91-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Current enrollees with a level of care change (e.g., from a hospital to a long-term care facility) must follow standard Prior Authorization procedures during the transition period. Vantage Medicare Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Vantage Medicare Advantage before you fill your prescriptions during the transition period.

For more information

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

If you have questions about Vantage Medicare Advantage, please call Member Services at (888) 823-1910, 8 a.m. – 8 p.m., and seven days a week from October 15, 2011, through February 14, 2012. After February 14, 2012, Member Services may be reached from 8 a.m. – 8 p.m. Monday – Friday. TTY users should call (866) 524-5144. Or, visit www.vhp-medicare.com.

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

Vantage Medicare Advantage's Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Vantage Medicare Advantage. If you have trouble finding your drug in the list, turn to the Index at the back of the book.

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

The information in the Requirements/Limits column tells you if Vantage Medicare Advantage has any special requirements for coverage of your drug. The formulary includes drugs which may have a Quantity Limit (QL) for that particular drug, or which may require Prior Authorization (PA) from Vantage Medicare Advantage before receiving them. B versus D determination drugs require the plan to make a determination as to whether a drug is covered under the Medicare Part B or Part D benefits.

**Vantage Medicare Advantage
AAA1 Vantage Value (HMO-POS) Plan**

2012 Formulary

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Drug	Tier	Requirements/Limits
<i>oxymorphone Oral</i>	1	
<i>tramadol Oral</i>	1	
ULTRAM ER 24 HR TAB 300 mg	3	
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine Oral</i>	1	
ASCOMP W/CODEINE ORAL	1	
ASTRAMORPH-PF INJ	1	
<i>buprenorphine SL</i>	1	
<i>butorphanol tartrate Inj</i>	1	
<i>butorphanol tartrate Nasl</i>	1	QL (9 ML per 25 day(s))
CAPITAL WITH CODEINE ORAL	3	
<i>cod-butalbital-acetaminop-caf Oral</i>	1	
<i>codeine sulfate Oral</i>	1	
CO-GESIC ORAL	1	
<i>dihydrocode-acetaminophen-caff Oral</i>	1	
DILAUDID-5 ORAL	2	
DURAMORPH INJ	1	
ENDOCET ORAL	1	
<i>fentanyl citrate Bucl</i>	1	PA; QL (120 EA per 25 day(s))
<i>fentanyl citrate (PF) IV</i>	1	
FENTORA BUCL	4	PA; QL (120 EA per 25 day(s))
HYCET ORAL	3	
<i>hydrocodone-acetaminophen Oral</i>	1	
<i>hydrocodone-ibuprofen Oral</i>	1	
<i>hydromorphone Oral</i>	1	
<i>hydromorphone (PF) Inj</i>	1	
<i>ibuprofen-oxycodone Oral</i>	1	
INFUMORPH P/F INJ	3	
<i>levorphanol tartrate Oral</i>	1	
MAGNACET ORAL	3	

Drug	Tier	Requirements/Limits
MARGESIC-H ORAL	1	
<i>meperidine Oral</i>	1	PA
<i>meperidine (PF) Inj</i>	1	PA
<i>methadone Oral Concentrate</i>	1	
<i>methadone Oral Soln</i>	1	
<i>methadone Tab</i>	1	QL (240 EA per 25 day(s))
<i>methadone Inj</i>	3	
METHADOSE ORAL	1	QL (240 EA per 25 day(s))
<i>morphine Tab</i>	1	
<i>morphine (PF) Inj</i>	1	
<i>morphine concentrate Oral</i>	1	
<i>nalbuphine Inj</i>	1	
NUCYNTA ORAL	3	QL (180 EA per 30 day(s))
<i>oxycodone Tab</i>	1	
<i>oxycodone HCl-oxycodone-ASA Oral</i>	1	
<i>oxycodone-acetaminophen Oral</i>	1	
<i>oxycodone-aspirin Oral</i>	1	
<i>oxymorphone Oral</i>	1	
<i>pentazocine-acetaminophen Oral</i>	1	PA
<i>pentazocine-naloxone Oral</i>	1	
REPREXAIN TAB 10-200 mg	1	
REPREXAIN TAB 2.5-200 mg, 5-200 mg	3	
ROXICET TAB 5-325 mg	1	
ROXICET ORAL SOLN	2	
ROXICET TAB 5-500 mg	3	
STAGESIC ORAL	1	
SUBOXONE SL	2	
SYNALGOS-DC ORAL	3	
TALWIN INJ	3	PA
<i>tramadol Oral</i>	1	

Drug	Tier	Requirements/Limits
<i>tramadol-acetaminophen Oral</i>	1	
VICODIN HP ORAL	1	
ZAMICET ORAL	3	
ZERLOR ORAL	1	
ZYDONE ORAL	3	
Anesthetics		
Local Anesthetics		
<i>lidocaine (PF) Inj</i>	1	
<i>lidocaine HCl Inj</i>	1	
<i>lidocaine Mucosal Gel</i>	1	
<i>lidocaine Mucosal Soln</i>	1	
<i>lidocaine HCl Top</i>	1	BvD
<i>lidocaine-prilocaine Top</i>	1	BvD
LIDODERM TOP	2	PA
PARCAINE OPHT	1	
SYNERA TOP	3	BvD
XYLOCAINE INJ	3	
Antibacterials		
Amino Derivative Penicillins		
<i>amoxicillin Oral</i>	1	
<i>amoxicillin-pot clavulanate Oral</i>	1	
<i>ampicillin Oral</i>	1	
<i>ampicillin sodium Inj</i>	1	
<i>ampicillin-sulbactam Inj</i>	1	
UNASYN SOLUTION FOR INJECTION 15 gram	3	
Aminoglycosides		
<i>amikacin Inj</i>	1	
<i>gentamicin Inj</i>	1	
<i>gentamicin Ophth</i>	1	

Drug	Tier	Requirements/Limits
<i>gentamicin Top</i>	1	
<i>gentamicin in sodium chloride(iso-osmotic) IV Piggy Back 100 mg/100 mL, 60 mg/100 mL, 60 mg/50 mL, 80 mg/100 mL, 80 mg/50 mL</i>	1	
<i>gentamicin in sodium chloride(iso-osmotic) IV Piggy Back 70 mg/50 mL, 90 mg/100 mL</i>	3	
<i>gentamicin sulfate (PF) IV</i>	1	
<i>kanamycin Inj</i>	1	
<i>neomycin Oral</i>	1	
<i>paromomycin Oral</i>	1	
<i>streptomycin IM</i>	1	
TOBI INHL	4	
<i>tobramycin in NS IV</i>	3	
<i>tobramycin sulfate Inj</i>	1	
<i>tobramycin sulfate Opht</i>	1	
Antifolate Antibacterials		
PRIMSOL ORAL	3	
<i>trimethoprim Oral</i>	1	
Beta-Lactam, Other		
AZACTAM INJ	3	
AZACTAM-ISO-OSMOTIC DEXTROSE IV	3	
<i>aztreonam Inj</i>	1	
CAYSTON INHL	4	PA; QL (84 ML per 28 day(s))
DORIBAX IV	3	
<i>imipenem-cilastatin IV</i>	1	
INVANZ INJ	2	
PRIMAXIN IM IM	3	
PRIMAXIN IV IV SOLUTION 250 mg	2	
PRIMAXIN IV IV SOLUTION 500 mg	3	
Cephalosporin Antibacterials, 1St Generation		
<i>cefadroxil Oral</i>	1	

Drug	Tier	Requirements/Limits
<i>cefazolin Inj</i>	1	
<i>cefazolin in dextrose (iso-os) IV</i>	2	
<i>cephalexin Oral</i>	1	
Cephalosporin Antibacterials, 2Nd Generation		
<i>cefaclor Oral</i>	1	
<i>cefotetan Inj</i>	3	
<i>cefoxitin IV</i>	1	
<i>cefprozil Oral</i>	1	
<i>cefuroxime axetil Oral</i>	1	
<i>cefuroxime sodium Inj</i>	1	
<i>cefuroxime sodium IV</i>	1	
ZINACEF IV SOLUTION 7.5 gram	1	
ZINACEF IV SOLUTION 1.5 gram, 750 mg	3	
ZINACEF IN DEXTROSE (ISO-OSM) IV	3	
ZINACEF IN STERILE WATER IV	3	
Cephalosporin Antibacterials, 3Rd Generation		
<i>cefdinir Oral</i>	1	
<i>cefepime Inj</i>	1	
<i>cefotaxime Inj</i>	1	
<i>cefpodoxime Oral</i>	1	
<i>ceftazidime Solution for Injection 2 gram</i>	1	
<i>ceftazidime in D5W IV</i>	1	
<i>ceftriaxone Inj</i>	1	
<i>ceftriaxone IV</i>	1	
FORTAZ IN D5W IV	3	
SUPRAX ORAL	3	
TAZICEF INJ	1	
TAZICEF IV	1	
Extended Spectrum Penicillins		
<i>piperacillin-tazobactam IV</i>	1	

Drug	Tier	Requirements/Limits
TIMENTIN IV	3	
ZOSYN IN DEXTROSE (ISO-OSM) IV	2	
Glycopeptide Antibacterials		
VANCOCIN ORAL	4	
<i>vancomycin IV</i>	1	BvD
VIBATIV IV	2	BvD
Lincomycin Antibacterials		
CLEOCIN CAP 75 mg	2	
CLEOCIN ORAL SOLUTION	2	
CLEOCIN VAGINAL SUPPOSITORY	2	
CLEOCIN INJ	3	
CLEOCIN IN D5W IV	3	
<i>clindamycin HCl Oral</i>	1	
<i>clindamycin phosphate IV</i>	1	
<i>clindamycin phosphate Vagl</i>	1	
CLINDESSE VAGL	3	
LINCOCIN INJ	3	
Macrolides		
<i>azithromycin Oral</i>	1	
<i>azithromycin IV</i>	1	BvD
<i>clarithromycin Oral</i>	1	
DIFICID ORAL	4	PA
E.E.S. 400 ORAL	1	
E.E.S. GRANULES ORAL	3	
ERYPED 200 ORAL	3	
ERYPED 400 ORAL	3	
ERY-TAB ORAL	3	
ERYTHROCIN IV	2	
ERYTHROCIN STEARATE ORAL	1	
<i>erythromycin Opht</i>	1	

Drug	Tier	Requirements/Limits
<i>erythromycin Oral</i>	1	
<i>erythromycin ethylsuccinate Oral</i>	1	
<i>erythromycin-sulfisoxazole Oral</i>	1	
KETEK ORAL	3	QL (20 EA per 30 day(s))
ZMAX ORAL	3	
Miscellaneous Antibacterials		
<i>alcohol swabs Top</i>	2	
ALTABAX TOP	2	
BACIIM IM	1	
BACTROBAN TOPICAL CREAM	2	
BACTROBAN NASAL NASL	3	
<i>chloramphenicol sod succinate IV</i>	1	
<i>colistin (colistimethate Na) Inj</i>	1	BvD
CORTISPORIN TOP	3	
CUBICIN IV	4	BvD
FLAGYL ER ORAL	3	
<i>meropenem IV</i>	1	
<i>methenamine hippurate Oral</i>	1	
METROGEL TOP	2	
<i>metronidazole Oral</i>	1	
<i>metronidazole Top</i>	1	
<i>metronidazole Vagl</i>	1	
<i>metronidazole in NaCl (iso-os) IV</i>	1	
MONUROL ORAL	3	
<i>mupirocin Top</i>	1	
<i>neomycin-polymyxin B GU IR</i>	1	
<i>neomycin-polymyxin-HC Otic</i>	1	
NORITATE TOP	3	
PHISOHEX TOP	3	
<i>polymyxin B sulfate Inj</i>	1	

Drug	Tier	Requirements/Limits
PREVPAC ORAL	2	
<i>silver sulfadiazine Top</i>	1	
SSD TOP	1	
SULFAMYLON TOP	3	
SYNERCID IV	4	
TEFLARO IV	3	BvD
TYGACIL IV	3	
VANDAZOLE VAGL	1	
XIFAXAN TAB 200 mg	3	QL (9 EA per 30 day(s))
XIFAXAN TAB 550 mg	4	MO
Natural Penicillins		
BICILLIN C-R IM	2	
BICILLIN L-A IM	2	
<i>penicillin G pot in dextrose IV</i>	3	
<i>penicillin G potassium Inj</i>	1	
<i>penicillin G procaine IM</i>	2	
<i>penicillin G sodium Inj</i>	1	
<i>penicillin V potassium Oral</i>	1	
Nitrofurantoin Antibacterials		
MACRODANTIN CAP 25 mg	2	PA
MACRODANTIN CAP 100 mg	3	PA
<i>nitrofurantoin Oral</i>	1	
<i>nitrofurantoin macrocrystal Oral</i>	1	PA
<i>nitrofurantoin monohyd/m-cryst Oral</i>	1	PA
Oxazolidinone Antibacterials		
ZYVOX IV	4	
ZYVOX ORAL SUSP	4	QL (1800 ML per 30 day(s))
ZYVOX TAB	4	QL (56 EA per 30 day(s))
Penicillinase-Resistant Penicillins		
<i>dicloxacillin Oral</i>	1	

Drug	Tier	Requirements/Limits
<i>nafcillin Inj</i>	1	
<i>nafcillin in D2.4W IV</i>	3	
<i>oxacillin Inj</i>	1	
<i>oxacillin in dextrose, iso-osm IV</i>	3	
Quinolones		
AVELOX ORAL	2	
AVELOX ABC PACK ORAL	2	
AVELOX IN NAACL (ISO-OSMOTIC) IV	2	
CIPRO HC OTIC	3	
CIPRO IN D5W IV	2	
CIPRODEX OTIC	3	
<i>ciprofloxacin IV</i>	1	
<i>ciprofloxacin Opht</i>	1	
<i>ciprofloxacin Oral</i>	1	
<i>ciprofloxacin (mixture) Oral</i>	1	
LEVAQUIN IV	2	
LEVAQUIN ORAL	2	
LEVAQUIN IN D5W IV	2	
<i>levofloxacin IV</i>	1	
<i>levofloxacin Oral</i>	1	
<i>levofloxacin in D5W IV</i>	1	
NOROXIN ORAL	3	
<i>ofloxacin Opht</i>	1	
<i>ofloxacin Oral</i>	1	
<i>ofloxacin Otic</i>	1	
Sulfonamides		
<i>sulfacetamide sodium (acne) Top</i>	1	
<i>sulfacetamide-prednisolone Opht</i>	1	
<i>sulfadiazine Oral</i>	1	
<i>sulfamethoxazole-trimethoprim IV</i>	1	

Drug	Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim Oral</i>	1	
Tetracyclines		
<i>demeclocycline Oral</i>	1	
<i>doxycycline hyclate Cap</i>	1	
<i>doxycycline hyclate IV</i>	1	
<i>doxycycline hyclate Tab</i>	1	
<i>doxycycline hyclate Tab, Delayed Release</i>	1	
<i>doxycycline hyclate Cap, Delayed Release</i>	3	
<i>doxycycline monohydrate Oral</i>	1	
<i>minocycline Oral</i>	1	
ORACEA ORAL	2	
<i>tetracycline Oral</i>	1	
Anticonvulsants		
Anticonvulsants, Other		
BANZEL ORAL	3	MO
KEPPRA XR ORAL	3	MO
<i>levetiracetam IV</i>	1	
<i>levetiracetam Oral</i>	1	MO
Calcium Channel Modifying Agents		
CELONTIN ORAL	2	MO
<i>ethosuximide Oral</i>	1	MO
LYRICA CAP 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	2	MO; QL (120 EA per 25 day(s))
LYRICA CAP 300 mg	2	MO; QL (60 EA per 25 day(s))
<i>zonisamide Oral</i>	1	MO
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>divalproex Oral</i>	1	MO
<i>gabapentin Cap 100 mg</i>	1	MO; QL (1080 EA per 25 day(s))
<i>gabapentin Tab 800 mg</i>	1	MO; QL (120 EA per 25 day(s))
<i>gabapentin Tab 600 mg</i>	1	MO; QL (180 EA per 25 day(s))

Drug	Tier	Requirements/Limits
<i>gabapentin Oral Soln</i>	1	MO; QL (2350 ML per 25 day(s))
<i>gabapentin Cap 400 mg</i>	1	MO; QL (270 EA per 25 day(s))
<i>gabapentin Cap 300 mg</i>	1	MO; QL (360 EA per 25 day(s))
GABITRIL ORAL	2	MO
GRALISE ORAL	3	
GRALISE 30-DAY STARTER PACK ORAL	3	
<i>primidone Oral</i>	1	MO
SABRIL ORAL	4	MO
STAVZOR ORAL	3	MO
<i>valproate sodium IV</i>	1	
<i>valproic acid Oral</i>	1	MO
<i>valproic acid (as sodium salt) Oral</i>	1	MO
Glutamate Reducing Agents		
<i>felbamate Oral</i>	1	MO
FELBATOL ORAL	3	MO
LAMICTAL STARTER (BLUE) KIT ORAL	3	
LAMICTAL STARTER (GREEN) KIT ORAL	3	
LAMICTAL STARTER (ORANGE) KIT ORAL	3	
LAMICTAL XR ORAL	3	MO
LAMICTAL XR STARTER (BLUE) ORAL	3	
LAMICTAL XR STARTER (GREEN) ORAL	3	
LAMICTAL XR STARTER (ORANGE) ORAL	3	
<i>lamotrigine Oral</i>	1	MO
<i>topiramate Oral</i>	1	MO
Sodium Channel Inhibitors		
<i>carbamazepine Oral</i>	1	MO
CARBATROL ORAL	2	MO
DILANTIN ORAL	2	MO
DILANTIN EXTENDED ORAL	2	MO
DILANTIN INFATABS ORAL	2	MO

Drug	Tier	Requirements/Limits
DILANTIN-125 ORAL	2	MO
EPITOL ORAL	1	MO
<i>fosphenytoin Inj</i>	1	
<i>oxcarbazepine Oral</i>	1	MO
PEGANONE ORAL	2	MO
PHENYTEK ORAL	3	MO
<i>phenytoin Oral</i>	1	MO
<i>phenytoin sodium IV</i>	1	
<i>phenytoin sodium extended Oral</i>	1	MO
TEGRETOL ORAL	3	MO
TEGRETOL XR ORAL	2	MO
VIMPAT IV	3	
VIMPAT ORAL	3	MO
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid Oral</i>	1	PA; MO
Cholinesterase Inhibitors		
ARICEPT TAB 23 mg	2	MO
<i>donepezil Oral</i>	1	MO
EXELON ORAL SOLN	2	MO
EXELON TD	2	MO; QL (30 EA per 30 day(s))
<i>galantamine Oral Soln</i>	1	MO
<i>galantamine ER 24 hr Cap</i>	1	MO; QL (30 EA per 30 day(s))
<i>galantamine Tab</i>	1	MO; QL (60 EA per 30 day(s))
<i>rivastigmine Oral</i>	1	MO
Glutamate Pathway Modifiers		
NAMENDA ORAL SOLN	2	MO
NAMENDA TAB 10 mg	2	MO; QL (60 EA per 30 day(s))
NAMENDA TAB 5 mg	2	MO; QL (90 EA per 30 day(s))
NAMENDA TITRATION PAK ORAL	2	

Drug	Tier	Requirements/Limits
Antidepressants		
Antidepressants, Other		
BUDEPRION SR ORAL	1	MO; QL (60 EA per 30 day(s))
BUDEPRION XL 24 HR TAB 300 mg	1	MO; QL (30 EA per 30 day(s))
BUDEPRION XL 24 HR TAB 150 mg	1	MO; QL (90 EA per 30 day(s))
BUPROBAN ORAL	1	PA-NS; QL (62 EA per 31 day(s))
<i>bupropion HCl Tab</i>	1	MO
<i>bupropion HCl SR Tab 100 mg, 200 mg</i>	1	MO; QL (60 EA per 30 day(s))
<i>bupropion HCl SR Tab 150 mg</i>	1	MO; QL (62 EA per 31 day(s))
<i>maprotiline Oral</i>	1	MO
<i>mirtazapine Oral</i>	1	MO; QL (30 EA per 30 day(s))
<i>nefazodone Oral</i>	1	MO; QL (60 EA per 30 day(s))
<i>trazodone Oral</i>	1	MO
VIIBRYD ORAL	3	MO; QL (30 EA per 25 day(s))
Monoamine Oxidase Inhibitors		
EMSAM TD	2	MO; QL (30 EA per 30 day(s))
MARPLAN ORAL	2	MO
<i>phenelzine Oral</i>	1	MO
<i>tranylcypromine Oral</i>	1	MO
Serotonin/ Norepinephrine Reuptake Inhibitors		
CYMBALTA CAP 60 mg	2	MO; QL (30 EA per 30 day(s))
CYMBALTA CAP 20 mg, 30 mg	2	MO; QL (60 EA per 30 day(s))
PRISTIQ ORAL	2	MO; QL (30 EA per 30 day(s))
<i>venlafaxine ER 24 hr Cap</i>	1	MO
<i>venlafaxine ER 24 hr Tab 150 mg, 75 mg</i>	1	MO
<i>venlafaxine Tab</i>	1	MO; QL (90 EA per 30 day(s))
<i>venlafaxine ER 24 hr Tab 225 mg, 37.5 mg</i>	3	MO
Tricyclics		
<i>amitriptyline Oral</i>	1	MO
<i>amoxapine Oral</i>	1	MO

Drug	Tier	Requirements/Limits
<i>clomipramine Oral</i>	1	MO
<i>desipramine Oral</i>	1	MO
<i>doxepin Oral</i>	1	MO
<i>imipramine HCl Oral</i>	1	MO
<i>imipramine pamoate Oral</i>	1	MO
<i>nortriptyline Oral</i>	1	MO
<i>perphenazine-amitriptyline Oral</i>	1	MO
<i>protriptyline Oral</i>	1	MO
SURMONTIL CAP 100 mg	2	MO
SURMONTIL CAP 25 mg, 50 mg	3	MO
Antidotes, Deterrents, And Toxicologic Agents		
Alcohol Deterrents		
ANTABUSE TAB 250 mg	2	MO
ANTABUSE TAB 500 mg	3	MO
CAMPRAL DOSE PAK ORAL	2	MO; QL (180 EA per 30 day(s))
<i>disulfiram Oral</i>	1	MO
Antidotes		
<i>acetylcysteine Misc</i>	1	BvD
<i>amifostine crystalline IV</i>	1	
CHEMET ORAL	3	
EXJADE TAB 125 mg	3	MO
EXJADE TAB 250 mg, 500 mg	4	MO
FERRIPROX ORAL	2	
KIONEX ORAL	1	
<i>leucovorin calcium Inj</i>	1	
<i>leucovorin calcium Oral</i>	1	
<i>mesna IV</i>	1	
MESNEX ORAL	3	
<i>sodium polystyrene sulfonate Oral</i>	1	
SYPRINE ORAL	2	

Drug	Tier	Requirements/Limits
Opioid Antagonists		
<i>buprenorphine Inj</i>	1	
DEPADE ORAL	1	
<i>naloxone Inj</i>	1	
<i>naltrexone Oral</i>	1	
VIVITROL IM	4	
Smoking Cessation Agents		
CHANTIX ORAL	2	PA; QL (60 EA per 30 day(s))
CHANTIX STARTING MONTH PAK ORAL	2	PA; QL (53 EA per 28 day(s))
NICOTROL INHL	3	PA; QL (174 EA per 31 day(s))
NICOTROL NS NASL	3	PA; QL (30 ML per 30 day(s))
Antiemetics		
5-Hydroxytryptamine 3 (5-Ht3) Antagonists		
ALOXI IV	3	
ANZEMET IV	3	
ANZEMET ORAL	3	
<i>granisetron IV</i>	1	QL (14 ML per 30 day(s))
<i>granisetron Oral</i>	1	QL (60 EA per 30 day(s))
<i>granisetron (PF) IV</i>	1	
GRANISOL ORAL	1	
<i>ondansetron Oral</i>	1	QL (45 EA per 30 day(s))
<i>ondansetron HCl Oral Soln</i>	1	
<i>ondansetron HCl Tab 4 mg, 8 mg</i>	1	QL (45 EA per 30 day(s))
<i>ondansetron HCl Tab 24 mg</i>	1	QL (7 EA per 30 day(s))
<i>ondansetron HCl (PF) Inj</i>	1	
Antiemetics, Other		
ANTIVERT TAB 50 mg	2	
CESAMET ORAL	3	BvD; QL (60 EA per 25 day(s))
COMPRO RECT	1	
<i>dronabinol Oral</i>	1	BvD; QL (60 EA per 25 day(s))

Drug	Tier	Requirements/Limits
<i>meclizine Oral</i>	1	
<i>metoclopramide Inj</i>	1	
<i>metoclopramide Oral</i>	1	
METUZOLV ODT ORAL	2	
PHENADOZ RECT	1	PA
<i>prochlorperazine Rect</i>	1	
<i>prochlorperazine Edisylate Inj</i>	1	
<i>prochlorperazine maleate Oral</i>	1	MO
<i>promethazine Inj</i>	1	PA
<i>promethazine Oral</i>	1	PA
<i>promethazine Rect</i>	1	PA
PROMETHAZINE VC ORAL	1	PA
PROMETHEGAN RECT	1	PA
SANCUSO TD	3	QL (2 EA per 15 day(s))
TRANSDERM-SCOP TD	2	PA
<i>trimethobenzamide IM</i>	1	PA
<i>trimethobenzamide Oral</i>	1	PA
Neurokinin 1 (Nk1) Receptor Antagonists		
EMEND CAP 40 mg	2	QL (1 EA per 30 day(s))
EMEND CAPS IN DOSE PACK	2	QL (12 EA per 30 day(s))
EMEND CAP 125 mg	2	QL (2 EA per 25 day(s))
EMEND CAP 80 mg	2	QL (4 EA per 25 day(s))
Antifungals		
Allylamine Antifungals		
LAMISIL ORAL GRANULES IN PACKET	3	PA
NAFTIN TOP	3	
<i>terbinafine Oral</i>	1	PA
Antifungals (Other)		
ANCOBON ORAL	2	
<i>ciclopirox Top</i>	1	

Drug	Tier	Requirements/Limits
<i>flucytosine Oral</i>	1	
GRIFULVIN V ORAL	3	
<i>griseofulvin microsize Oral</i>	1	
GRIS-PEG ORAL	2	
MENTAX TOP	3	
Azole Antifungals		
<i>clotrimazole MM</i>	1	
<i>clotrimazole Top</i>	1	
<i>clotrimazole-betamethasone Top</i>	1	
DIFLUCAN IN NAACL (ISO-OSM) IV	3	
<i>econazole Top</i>	1	
ERTACZO TOP	3	
EXELDERM TOP	3	
EXTINA TOP	3	
<i>fluconazole Oral</i>	1	
<i>fluconazole in dextrose(iso-o) IV</i>	1	
GYNAZOLE-1 VAGL	3	
<i>itraconazole Oral</i>	1	PA
<i>ketoconazole Oral</i>	1	
<i>ketoconazole Top</i>	1	
MICONAZOLE-3 VAGL	1	
NOXAFIL ORAL	3	MO
OXISTAT TOP	3	
SPORANOX ORAL SOLN	3	
<i>terconazole Vagl</i>	1	
VFEND ORAL SUSP	4	
VFEND TAB 200 mg	4	
VFEND IV IV	3	
<i>voriconazole Tab 50 mg</i>	1	
<i>voriconazole Tab 200 mg</i>	4	

Drug	Tier	Requirements/Limits
ZAZOLE VAGL	1	
Echinocandin Antifungals		
ABELCET IV	3	
CANCIDAS IV	3	
ERAXIS(WATER DILUENT) IV	3	
MYCAMINE IV	3	
Polyene Antifungals		
AMBISOME IV	3	
AMPHOTEC IV	3	
<i>amphotericin B Inj</i>	1	BvD
NATACYN OPHT	2	
<i>nystatin Oral</i>	1	
<i>nystatin Top</i>	1	
<i>nystatin-triamcinolone Top</i>	1	
NYSTOP TOP	1	
PEDI-DRI TOP	1	
Antigout Agents		
Antigout Agents (Non-Renal Tubular Blocking Agents And Non-Xanthine Inhibitors)		
COLCRYS ORAL	2	QL (120 EA per 30 day(s))
Renal Tubular Blocking Agents		
<i>colchicine-probenecid Oral</i>	1	MO
<i>probenecid Oral</i>	1	MO
Xanthine Oxidase Inhibitors		
<i>allopurinol Oral</i>	1	MO
<i>allopurinol sodium IV</i>	1	
ULORIC ORAL	3	MO
Anti-Inflammatory Agents		
Nonsteroidal Anti-Inflammatory Drugs		
ARTHROTEC 50 ORAL	3	MO
ARTHROTEC 75 ORAL	3	MO

Drug	Tier	Requirements/Limits
CELEBREX ORAL	2	MO; QL (60 EA per 30 day(s))
<i>diclofenac potassium Oral</i>	1	MO
<i>diclofenac sodium Oral</i>	1	MO
<i>diflunisal Oral</i>	1	MO
<i>etodolac Oral</i>	1	MO
<i>fenoprofen Oral</i>	1	MO
<i>flurbiprofen Oral</i>	1	MO
<i>ibuprofen Oral</i>	1	
INDOCIN ORAL	2	MO
<i>indomethacin Oral</i>	1	MO
<i>ketoprofen Oral</i>	1	MO
<i>ketorolac Inj</i>	1	PA
<i>ketorolac Oral</i>	1	PA; QL (20 EA per 25 day(s))
<i>meclofenamate Oral</i>	1	MO
<i>mefenamic acid Oral</i>	1	MO
<i>meloxicam Oral</i>	1	MO
MOBIC ORAL SUSP	3	MO
<i>nabumetone Oral</i>	1	MO
NALFON ORAL	3	MO
NAPRELAN CR 24 HR TAB 375 mg, 500 mg	3	MO
NAPROSYN TAB 500 mg	3	MO
<i>naproxen Oral</i>	1	MO
<i>naproxen sodium Oral</i>	1	MO
<i>oxaprozin Oral</i>	1	MO
<i>piroxicam Oral</i>	1	MO
<i>sulindac Oral</i>	1	MO
<i>tolmetin Oral</i>	1	MO
VIMOVO ORAL	3	ST; MO; QL (60 EA per 30 day(s))
VOLTAREN TOP	2	

Antimigraine Agents

Drug	Tier	Requirements/Limits
Ergot Alkaloids		
<i>dihydroergotamine Inj</i>	1	
ERGOMAR SL	3	
<i>ergotamine-caffeine Oral</i>	1	
METHERGINE ORAL	3	
<i>methylergonovine Oral</i>	1	
MIGERGOT RECT	1	
MIGRANAL NASL	2	QL (8 ML per 25 day(s))
Triptans		
AXERT ORAL	3	QL (12 EA per 25 day(s))
FROVA ORAL	3	QL (18 EA per 25 day(s))
IMITREX NASL	3	QL (12 EA per 25 day(s))
IMITREX STATDOSE KIT REFILL SUBQ	3	QL (4 ML per 25 day(s))
MAXALT ORAL	3	QL (12 EA per 25 day(s))
MAXALT-MLT ORAL	3	QL (12 EA per 25 day(s))
<i>naratriptan Oral</i>	1	QL (9 EA per 25 day(s))
RELPAK ORAL	2	QL (12 EA per 25 day(s))
<i>sumatriptan Sub-Q Pen Injector</i>	1	
<i>sumatriptan Sub-Q 6 mg/0.5 mL</i>	1	QL (10 ML per 25 day(s))
<i>sumatriptan Sub-Q 4 mg/0.5 mL</i>	1	QL (4 ML per 25 day(s))
<i>sumatriptan succinate Oral</i>	1	QL (9 EA per 25 day(s))
TREXIMET ORAL	3	QL (9 EA per 25 day(s))
ZOMIG NASL	3	QL (12 EA per 25 day(s))
ZOMIG ORAL	3	QL (12 EA per 25 day(s))
ZOMIG ZMT ORAL	3	QL (12 EA per 25 day(s))
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine Oral</i>	2	
MESTINON SYRUP	2	
MESTINON TIMESPAN ORAL	2	

Drug	Tier	Requirements/Limits
MYTELASE ORAL	3	
<i>pyridostigmine bromide Oral</i>	1	
REGONOL INJ	2	
Antimycobacterials		
Antimycobacterials, Other		
ACZONE TOP	3	
<i>dapsone Oral</i>	1	MO
MYCOBUTIN ORAL	2	
Antituberculars		
CAPASTAT INJ	3	
<i>ethambutol Oral</i>	1	
ISONARIF ORAL	1	
<i>isoniazid Inj</i>	1	
<i>isoniazid Oral</i>	1	MO
PASER ORAL	3	
PRIFTIN ORAL	3	
<i>pyrazinamide Oral</i>	1	
<i>rifampin IV</i>	1	
<i>rifampin Oral</i>	1	
RIFATER ORAL	3	
SEROMYCIN ORAL	3	
TRECTOR ORAL	3	
Antineoplastics		
Alkylating Agents, Other		
<i>carboplatin IV</i>	1	
<i>cisplatin IV</i>	1	
<i>cyclophosphamide Oral</i>	1	BvD
<i>dacarbazine IV</i>	1	
IFEX IV	3	
<i>ifosfamide IV</i>	1	

Drug	Tier	Requirements/Limits
<i>ifosfamide-mesna IV</i>	4	
MATULANE ORAL	4	
<i>oxaliplatin IV</i>	4	
<i>thiotepa Inj</i>	1	
<i>vinblastine IV</i>	2	
<i>vincristine IV</i>	1	
Antiangiogenic Agents		
REVLIMID ORAL	4	PA-NS; LA
THALOMID ORAL	4	PA-NS; MO
Anti-Cd20 Antibodies		
ARZERRA IV	4	
AVASTIN IV	4	
CAMPATH IV	4	
ERBITUX IV	3	
RITUXAN IV	4	PA-NS
SIMULECT IV	4	
VECTIBIX IV	4	
Antimetabolites, Other		
ALIMTA IV	4	
DROXIA ORAL	2	MO
<i>fluorouracil IV</i>	1	
<i>hydroxyurea Oral</i>	1	
<i>idarubicin IV</i>	1	
Antineoplastics, Other		
ABRAXANE IV	4	
ADRIAMYCIN PFS IV	1	
<i>bleomycin Inj</i>	1	
COSMEGEN IV	4	
<i>daunorubicin IV</i>	1	
DAUNOXOME IV	3	

Drug	Tier	Requirements/Limits
DOCEFREZ IV	4	BvD
<i>docetaxel IV 80 mg/8 mL (10 mg/mL)</i>	1	BvD
<i>docetaxel IV 80 mg/4 mL (20 mg/mL)</i>	4	BvD
<i>doxorubicin IV</i>	1	
ELSPAR INJ	2	
<i>epirubicin IV</i>	1	
ETOPOPHOS IV	3	
<i>etoposide IV</i>	1	
HALAVEN IV	4	PA-NS
<i>irinotecan IV</i>	1	
ISTODAX IV	4	PA-NS
JAKAFI ORAL	4	PA-NS; MO
JEVTANA IV	4	PA-NS
LYSODREN ORAL	2	
<i>mitomycin IV</i>	1	
<i>mitoxantrone IV</i>	1	
ONTAK IV	4	
<i>paclitaxel IV</i>	1	
PANRETIN TOP	4	
PHOTOFRIN IV	4	
TAXOTERE IV	4	BvD
TOPOSAR IV	1	
<i>topotecan IV</i>	1	
TORISEL IV	4	
TRISENOX IV	2	
VELCADE IV	4	
<i>vinorelbine IV</i>	1	
ZANOSAR IV	3	
ZELBORAF ORAL	4	PA-NS; MO
ZOLINZA ORAL	4	

Drug	Tier	Requirements/Limits
ZYTIGA ORAL	4	PA-NS
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole Oral</i>	1	MO
<i>exemestane Oral</i>	1	MO
<i>letrozole Oral</i>	1	MO
Epidermal Growth Factor Receptor Tyrosine Kinase Inhibitors		
IRESSA ORAL	4	
TARCEVA TAB 100 mg, 150 mg	4	PA-NS; QL (31 EA per 31 day(s))
TARCEVA TAB 25 mg	4	PA-NS; QL (62 EA per 31 day(s))
Estrogen-Nitrosoureas		
EMCYT ORAL	2	
FASLODEX IM	4	
Ethylenimines/ Methylmelamines		
HEXALEN ORAL	4	
Multitargeted Kinase Inhibitors, Bcr-Abl/C-Kit Receptor Tyrosine Kinase Inhibitors		
GLEEVEC ORAL	4	
SPRYCEL TAB 20 mg	4	QL (120 EA per 30 day(s))
SPRYCEL TAB 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	4	QL (60 EA per 30 day(s))
TASIGNA ORAL	4	
<i>vandetanib Oral</i>	4	PA-NS; LA
Multitargeted Kinase Inhibitors, Her2 Receptor Tyrosine Kinase Inhibitors		
HERCEPTIN IV	4	
TYKERB ORAL	4	QL (180 EA per 30 day(s))
Multitargeted Kinase Inhibitors, Vascular Endothelial Growth Factor Receptor Tyrosine Kinase Inhib.		
AFINITOR TAB 2.5 mg, 5 mg	4	PA-NS; QL (31 EA per 31 day(s))
AFINITOR TAB 10 mg	4	PA-NS; QL (62 EA per 31 day(s))
CAPRELSA ORAL	4	PA-NS; LA
NEXAVAR ORAL	4	PA-NS; QL (124 EA per 31 day(s))
SUTENT CAP 12.5 mg	4	PA-NS; QL (124 EA per 31 day(s))

Drug	Tier	Requirements/Limits
SUTENT CAP 50 mg	4	PA-NS; QL (31 EA per 31 day(s))
SUTENT CAP 25 mg	4	PA-NS; QL (62 EA per 31 day(s))
VOTRIENT ORAL	4	
XALKORI ORAL	4	PA-NS; MO; QL (60 EA per 30 day(s))
ZORTRESS TAB 0.25 mg	3	PA-NS; MO
ZORTRESS TAB 0.5 mg, 0.75 mg	4	PA-NS; MO
Nitrogen Mustards		
LEUKERAN ORAL	2	
<i>melphalan IV</i>	4	
MUSTARGEN INJ	3	
Nitrosoureas		
BICNU IV	3	
CEENU ORAL	2	
Purine Analogs And Related Inhibitors		
ARRANON IV	3	
<i>cladribine IV</i>	4	
CLOLAR IV	3	
<i>cytarabine Inj</i>	1	
<i>cytarabine (PF) Inj</i>	1	
DACOGEN IV	4	BvD
<i>fludarabine IV</i>	1	
<i>gemcitabine IV</i>	4	BvD
<i>mercaptopurine Oral</i>	1	
<i>pentostatin IV</i>	4	
TABLOID ORAL	2	
VIDAZA SUBQ	4	QL (1400 EA per 30 day(s))
Retinoids		
TARGRETIN ORAL	4	
TARGRETIN TOP	4	

Drug	Tier	Requirements/Limits
<i>tretinoin (chemotherapy) Oral</i>	4	
Selective Estrogen Receptor Modulators, 1St Generation		
FARESTON ORAL	2	MO
<i>tamoxifen Oral</i>	1	MO
Antiparasitics		
Anthelmintics		
ALBENZA ORAL	2	
BILTRICIDE ORAL	3	
<i>mebendazole Oral</i>	1	
STROMEKTOL ORAL	3	
Antimalarials		
<i>atovaquone-proguanil Oral</i>	1	
<i>chloroquine phosphate Oral</i>	1	MO
COARTEM ORAL	2	QL (24 EA per 31 day(s))
DARAPRIM ORAL	2	
<i>hydroxychloroquine Oral</i>	1	MO
MALARONE ORAL	2	
<i>mefloquine Oral</i>	1	MO
<i>primaquine Oral</i>	3	
QUALAQUIN ORAL	2	
Antiprotozoals (Non-Antimalarials)		
ALINIA TAB	2	QL (12 EA per 25 day(s))
ALINIA ORAL SUSP	2	QL (180 ML per 25 day(s))
MEPRON ORAL	3	
NEBUPENT INHL	3	BvD
PENTAM INJ	3	
Pediculicides/ Scabicides		
ACTICIN TOP	1	
EURAX TOP	2	
<i>lindane Top</i>	1	

Drug	Tier	Requirements/Limits
<i>malathion Top</i>	1	
<i>permethrin Top</i>	1	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine Inj</i>	1	
<i>benztropine Oral</i>	1	MO
<i>trihexyphenidyl Oral</i>	1	MO
Antiparkinson Agents, Other		
<i>amantadine Oral</i>	1	MO
APOKYN SUBQ	4	
Catechol O-Methyltransferase (Comt) Inhibitors		
COMTAN ORAL	2	MO
TASMAR ORAL	3	MO
Dopamine Agonists, Ergot		
<i>bromocriptine Oral</i>	1	MO
<i>cabergoline Oral</i>	1	
Dopamine Agonists, Nonergot		
MIRAPEX ER ORAL	3	MO
<i>pramipexole Oral</i>	1	MO
REQUIP XL 24 HR TAB 6 mg	2	MO
REQUIP XL 24 HR TAB 12 mg, 2 mg, 4 mg, 8 mg	3	MO
<i>ropinirole Oral</i>	1	MO
Dopamine Precursors		
<i>carbidopa-levodopa Oral</i>	1	MO
LODOSYN ORAL	3	MO
STALEVO 100 ORAL	2	MO
STALEVO 125 ORAL	2	MO
STALEVO 150 ORAL	2	MO
STALEVO 200 ORAL	2	MO

Drug	Tier	Requirements/Limits
STALEVO 50 ORAL	2	MO
STALEVO 75 ORAL	2	MO
Monoamine Oxidase B (Mao-B) Inhibitors		
AZILECT ORAL	2	MO
<i>selegiline HCl Oral</i>	1	MO
Antipsychotics		
Atypicals		
ABILIFY IM	3	
ABILIFY ORAL SOLN	3	MO
ABILIFY TAB 2 mg, 20 mg, 30 mg, 5 mg	3	MO; QL (30 EA per 30 day(s))
ABILIFY TAB 15 mg	3	MO; QL (60 EA per 30 day(s))
ABILIFY TAB 10 mg	3	MO; QL (90 EA per 30 day(s))
ABILIFY DISCMELT 15 mg	3	MO; QL (60 EA per 30 day(s))
ABILIFY DISCMELT 10 mg	3	MO; QL (90 EA per 30 day(s))
<i>clozapine Oral</i>	1	
FANAPT TABS IN A DOSE PACK	3	ST-NS
FANAPT TAB ,	3	ST-NS; QL (30 EA per 30 day(s))
FAZACLO ORAL	2	
GEODON IM	2	
GEODON ORAL	2	MO; QL (60 EA per 30 day(s))
INVEGA 24 HR TAB 1.5 mg, 3 mg, 9 mg	3	MO; QL (30 EA per 30 day(s))
INVEGA 24 HR TAB 6 mg	3	MO; QL (60 EA per 30 day(s))
INVEGA SUSTENNA IM SYRINGE 39 mg/0.25 mL, 78 mg/0.5 mL	3	
INVEGA SUSTENNA IM SYRINGE 117 mg/0.75 mL, 156 mg/mL (1 mL), 234 mg/1.5 mL	4	
LATUDA TAB 80 mg	3	ST-NS; MO; QL (30 EA per 30 day(s))
LATUDA TAB 40 mg	3	ST-NS; MO; QL (90 EA per 30 day(s))
<i>olanzapine Oral</i>	1	MO

Drug	Tier	Requirements/Limits
RISPERDAL CONSTA IM SYRINGE 12.5 mg/2 mL, 25 mg/2 mL	2	
RISPERDAL CONSTA IM SYRINGE 37.5 mg/2 mL, 50 mg/2 mL	4	
<i>risperidone Oral Soln</i>	1	MO
<i>risperidone Tab</i>	1	MO; QL (60 EA per 30 day(s))
<i>risperidone Tab, Rapid Dissolve</i>	1	MO; QL (60 EA per 30 day(s))
SAPHRIS SL	3	MO; QL (62 EA per 31 day(s))
SEROQUEL TAB 25 mg, 300 mg, 400 mg	2	MO; QL (60 EA per 30 day(s))
SEROQUEL TAB 100 mg, 200 mg, 50 mg	2	MO; QL (90 EA per 30 day(s))
SEROQUEL XR 24 HR TAB 150 mg, 300 mg, 400 mg	2	MO; QL (60 EA per 30 day(s))
SEROQUEL XR 24 HR TAB 200 mg, 50 mg	2	MO; QL (90 EA per 30 day(s))
ZYPREXA IM	2	
ZYPREXA ORAL	2	MO; QL (30 EA per 30 day(s))
ZYPREXA ZYDIS ORAL	2	MO; QL (30 EA per 30 day(s))
Conventional		
<i>chlorpromazine Inj</i>	1	
<i>chlorpromazine Oral</i>	1	MO
<i>fluphenazine decanoate Inj</i>	1	
<i>fluphenazine HCl Inj</i>	1	
<i>fluphenazine HCl Oral</i>	1	MO
<i>haloperidol Oral</i>	1	MO
<i>haloperidol decanoate IM</i>	1	
<i>haloperidol lactate Inj</i>	1	
<i>haloperidol lactate Oral</i>	1	MO
<i>loxapine succinate Oral</i>	1	MO
ORAP ORAL	2	MO
<i>perphenazine Oral</i>	1	MO
<i>thioridazine Oral</i>	1	PA-NS; MO
<i>thiothixene Oral</i>	1	MO

Drug	Tier	Requirements/Limits
<i>trifluoperazine Oral</i>	1	MO
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen Oral</i>	1	MO
<i>dantrolene Oral</i>	1	
<i>tizanidine Oral</i>	1	MO
ZANAFLEX CAP	3	MO
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
<i>foscarnet IV</i>	1	BvD
<i>ganciclovir Cap 250 mg</i>	1	MO
<i>ganciclovir Cap 500 mg</i>	4	MO
VISTIDE IV	3	
Antihepatitis Agents		
BARACLUDE ORAL SOLN	2	MO; QL (630 ML per 30 day(s))
BARACLUDE TAB	4	MO; QL (30 EA per 30 day(s))
HEPSERA ORAL	4	MO; QL (30 EA per 30 day(s))
INCIVEK ORAL	4	PA
REBETOL ORAL SOLN	3	PA
RIBAPAK DOSE PACK ORAL	4	PA
RIBASPHERE CAP	1	PA
RIBASPHERE TAB 200 mg	1	PA
RIBASPHERE TAB 400 mg, 600 mg	4	PA
<i>ribavirin Oral</i>	1	PA
TYZEKA ORAL	2	MO
VIRAZOLE INHL	4	
Antitherpetic Agents		
<i>acyclovir Oral</i>	1	
<i>acyclovir sodium IV</i>	1	
DENAVIR TOP	2	

Drug	Tier	Requirements/Limits
<i>famciclovir Oral</i>	1	
<i>ganciclovir sodium IV</i>	1	
<i>valacyclovir Oral</i>	1	
VALCYTE ORAL	4	MO
ZOVIRAX TOP	2	
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors		
ATRIPLA ORAL	4	MO
COMPLERA ORAL	4	MO
EDURANT ORAL	2	MO
INTELENCE ORAL	4	MO
RESCRIPTOR ORAL	2	MO
SUSTIVA ORAL	2	MO
VIRAMUNE ORAL	2	MO
VIRAMUNE XR ORAL	2	MO
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors		
COMBIVIR ORAL	2	MO
<i>didanosine Oral</i>	1	MO
EMTRIVA ORAL	2	MO
EPIVIR ORAL	2	MO
EPIVIR HBV ORAL	2	MO
EPZICOM ORAL	2	MO
<i>lamivudine Oral</i>	1	MO
<i>lamivudine-zidovudine Oral</i>	1	
RETROVIR IV	2	
<i>stavudine Oral</i>	1	MO
TRIZIVIR ORAL	4	MO
TRUVADA ORAL	4	MO
VIDEX 2 GRAM PEDIATRIC ORAL	2	MO
VIREAD ORAL	4	MO
ZIAGEN ORAL	2	MO

Drug	Tier	Requirements/Limits
<i>zidovudine Oral</i>	1	MO
Anti-Hiv Agents, Other		
FUZEON SUBQ	4	MO
ISENTRESS ORAL	4	MO
SELZENTRY ORAL	4	MO
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL	2	MO
CRIXIVAN ORAL	2	MO
INVIRASE CAP	2	MO
INVIRASE TAB	4	MO
KALETRA TAB 100-25 mg	2	MO
KALETRA ORAL SOLN	4	MO
KALETRA TAB 200-50 mg	4	MO
LEXIVA ORAL	2	MO
NORVIR ORAL	2	MO
PREZISTA TAB 150 mg, 75 mg	2	MO
PREZISTA TAB 400 mg, 600 mg	4	MO
REYATAZ CAP 100 mg	2	MO
REYATAZ CAP 150 mg, 200 mg, 300 mg	4	MO
VIRACEPT ORAL POWDER	2	MO
VIRACEPT TAB 250 mg	2	MO
VIRACEPT TAB 625 mg	4	MO
Anti-Influenza Agents		
RELENZA DISKHALER INHL	3	
<i>rimantadine Oral</i>	1	
TAMIFLU ORAL SUSP 12 mg/mL	2	
TAMIFLU CAP 30 mg	2	QL (112 EA per 365 day(s))
TAMIFLU CAP 45 mg, 75 mg	2	QL (56 EA per 365 day(s))
TAMIFLU ORAL SUSP 6 mg/mL	3	QL (550 ML per 180 day(s))
Anxiolytics		

Drug	Tier	Requirements/Limits
Antidepressants		
<i>citalopram Oral Soln</i>	1	MO
<i>citalopram Tab 40 mg</i>	1	MO; QL (30 EA per 30 day(s))
<i>citalopram Tab 10 mg</i>	1	MO; QL (60 EA per 30 day(s))
<i>citalopram Tab 20 mg</i>	1	MO; QL (90 EA per 30 day(s))
<i>fluoxetine Oral Soln</i>	1	MO
<i>fluoxetine Cap 20 mg</i>	1	MO; QL (120 EA per 30 day(s))
<i>fluoxetine Tab 20 mg</i>	1	MO; QL (120 EA per 30 day(s))
<i>fluoxetine Cap 10 mg</i>	1	MO; QL (240 EA per 30 day(s))
<i>fluoxetine Tab 10 mg</i>	1	MO; QL (240 EA per 30 day(s))
<i>fluoxetine Cap, Delayed Release</i>	1	MO; QL (4 EA per 28 day(s))
<i>fluoxetine Cap 40 mg</i>	1	MO; QL (60 EA per 30 day(s))
<i>fluvoxamine Oral</i>	1	MO; QL (90 EA per 30 day(s))
LEXAPRO ORAL SOLN	2	MO
LEXAPRO TAB	2	MO; QL (30 EA per 30 day(s))
<i>paroxetine ER 24 hr Tab 37.5 mg</i>	1	MO
<i>paroxetine Oral Susp</i>	1	MO
<i>paroxetine Tab 10 mg</i>	1	MO
<i>paroxetine Tab 20 mg, 40 mg</i>	1	MO; QL (30 EA per 30 day(s))
<i>paroxetine ER 24 hr Tab 12.5 mg</i>	1	MO; QL (60 EA per 30 day(s))
<i>paroxetine Tab 30 mg</i>	1	MO; QL (60 EA per 30 day(s))
<i>paroxetine ER 24 hr Tab 25 mg</i>	1	MO; QL (90 EA per 30 day(s))
PEXEVA ORAL	3	MO
RAPIFLUX ORAL	3	
SARAFEM ORAL	3	MO
<i>sertraline Oral Concentrate</i>	1	MO
<i>sertraline Tab 100 mg, 25 mg</i>	1	MO; QL (60 EA per 30 day(s))
<i>sertraline Tab 50 mg</i>	1	MO; QL (90 EA per 30 day(s))
Anxiolytics, Other		
<i>amitriptyline-chlordiazepoxide Oral</i>	1	PA-NS; MO

Drug	Tier	Requirements/Limits
<i>bupirone Oral</i>	1	
<i>meprobamate Oral</i>	1	PA-NS
Bipolar Agents		
Bipolar Agents		
EQUETRO ORAL	3	MO
<i>lithium carbonate Oral</i>	1	MO
<i>lithium citrate Oral</i>	1	MO
SYMBYAX ORAL	3	MO; QL (30 EA per 30 day(s))
Blood Glucose Regulators		
Alpha Glucosidase Inhibitors		
<i>acarbose Tab 25 mg</i>	1	MO
<i>acarbose Tab 100 mg, 50 mg</i>	1	MO; QL (90 EA per 30 day(s))
GLYSET ORAL	3	MO
Amylinomimetics		
SYMLIN SUBQ	2	MO; QL (20 ML per 30 day(s))
SYMLINPEN 120 SUBQ	2	MO; QL (11 ML per 30 day(s))
SYMLINPEN 60 SUBQ	2	MO; QL (11 ML per 30 day(s))
Biguanides		
FORTAMET 24 HR TAB CTRL REL 500 mg	3	MO; QL (150 EA per 30 day(s))
FORTAMET 24 HR TAB CTRL REL 1,000 mg	3	MO; QL (60 EA per 30 day(s))
GLUMETZA ORAL	3	MO; QL (120 EA per 30 day(s))
<i>metformin ER 24 hr Tab 500 mg</i>	1	MO; QL (120 EA per 30 day(s))
<i>metformin Tab 500 mg</i>	1	MO; QL (150 EA per 30 day(s))
<i>metformin ER 24 hr Tab 750 mg</i>	1	MO; QL (60 EA per 30 day(s))
<i>metformin Tab 1,000 mg</i>	1	MO; QL (60 EA per 30 day(s))
<i>metformin Tab 850 mg</i>	1	MO; QL (90 EA per 30 day(s))
RIOMET ORAL	3	MO; QL (750 ML per 30 day(s))
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors		
JANUMET ORAL	2	MO; QL (60 EA per 30 day(s))
JANUVIA ORAL	2	MO; QL (30 EA per 30 day(s))

Drug	Tier	Requirements/Limits
ONGLYZA ORAL	2	MO; QL (30 EA per 30 day(s))
Glycemic Agents		
GLUCAGEN HYPOKIT INJ	2	
GLUCAGON EMERGENCY INJ	2	
Incretin Mimetics		
BYETTA SUBQ	2	MO; QL (2.4 ML per 30 day(s))
VICTOZA SUBQ	2	MO
Insulin Mixtures, Analogs		
CURITY GAUZE TOP	2	
HUMALOG MIX 50-50 SUBQ	2	MO
HUMALOG MIX 50-50 KWIKPEN SUBQ	2	MO
HUMALOG MIX 75-25 SUBQ	2	MO
HUMALOG MIX 75-25 KWIKPEN SUBQ	2	MO
INSULIN PEN NEEDLE MISC	2	
<i>insulin syringe-needle U-100 Misc</i>	2	
NOVOLOG MIX 70-30 SUBQ	2	MO
NOVOLOG MIX 70-30 FLEXPEN SUBQ	2	MO
<i>safety needles Misc</i>	2	
Insulin Mixtures, Short-Acting And Intermediate-Acting		
HUMULIN 70/30 SUBQ	2	MO
HUMULIN 70/30 PEN SUBQ	2	MO
NOVOLIN 70/30 SUBQ	2	MO
Insulin, Intermediate-Acting		
HUMULIN N SUBQ	2	MO
HUMULIN N PEN SUBQ	2	MO
NOVOLIN N SUBQ	2	MO
Insulin, Long-Acting		
LANTUS SUBQ	2	MO
LANTUS SOLOSTAR SUBQ	2	MO
LEVEMIR SUBQ	2	MO

Drug	Tier	Requirements/Limits
LEVEMIR FLEXPEN SUBQ	2	MO
Insulin, Rapid-Acting		
APIDRA SUBQ	2	MO
APIDRA SOLOSTAR SUBQ	2	MO
HUMALOG SUBQ	2	MO
HUMALOG KWIKPEN SUBQ	2	MO
NOVOLOG SUBQ	2	MO
NOVOLOG FLEXPEN SUBQ	2	MO
Insulin, Short-Acting		
HUMULIN R INJ	2	MO
HUMULIN R U-500 "CONCENTRATED" INJ	2	MO
NOVOLIN R INJ	2	MO
Meglitinides		
<i>nateglinide Oral</i>	1	MO; QL (90 EA per 30 day(s))
PRANDIMET ORAL	3	MO
PRANDIN TAB 0.5 mg, 1 mg	2	MO; QL (120 EA per 30 day(s))
PRANDIN TAB 2 mg	2	MO; QL (240 EA per 30 day(s))
Sulfonylureas		
<i>chlorpropamide Tab 100 mg</i>	1	PA; MO; QL (210 EA per 30 day(s))
<i>chlorpropamide Tab 250 mg</i>	1	PA; MO; QL (90 EA per 30 day(s))
<i>glimepiride Tab 2 mg</i>	1	MO; QL (120 EA per 30 day(s))
<i>glimepiride Tab 1 mg</i>	1	MO; QL (240 EA per 30 day(s))
<i>glimepiride Tab 4 mg</i>	1	MO; QL (60 EA per 30 day(s))
<i>glipizide ER 24 hour Tab 5 mg</i>	1	MO; QL (120 EA per 30 day(s))
<i>glipizide Tab 10 mg</i>	1	MO; QL (120 EA per 30 day(s))
<i>glipizide ER 24 hour Tab 2.5 mg</i>	1	MO; QL (240 EA per 30 day(s))
<i>glipizide Tab 5 mg</i>	1	MO; QL (240 EA per 30 day(s))
<i>glipizide ER 24 hour Tab 10 mg</i>	1	MO; QL (60 EA per 30 day(s))
<i>glipizide-metformin Tab 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 EA per 30 day(s))

Drug	Tier	Requirements/Limits
<i>glipizide-metformin Tab 2.5-250 mg</i>	1	MO; QL (240 EA per 30 day(s))
<i>glyburide Tab 5 mg</i>	1	MO; QL (120 EA per 30 day(s))
<i>glyburide Tab 2.5 mg</i>	1	MO; QL (240 EA per 30 day(s))
<i>glyburide Tab 1.25 mg</i>	1	MO; QL (480 EA per 30 day(s))
<i>glyburide micronized Tab 3 mg</i>	1	MO; QL (120 EA per 30 day(s))
<i>glyburide micronized Tab 1.5 mg</i>	1	MO; QL (240 EA per 30 day(s))
<i>glyburide micronized Tab 6 mg</i>	1	MO; QL (60 EA per 30 day(s))
<i>glyburide-metformin Tab 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 EA per 30 day(s))
<i>glyburide-metformin Tab 1.25-250 mg</i>	1	MO; QL (240 EA per 30 day(s))
GLYCRON TAB 3 mg	1	MO; QL (120 EA per 30 day(s))
GLYCRON TAB 1.5 mg	1	MO; QL (240 EA per 30 day(s))
GLYCRON TAB 6 mg	1	MO; QL (60 EA per 30 day(s))
GLYCRON TAB 4.5 mg	3	MO; QL (60 EA per 30 day(s))
<i>tolazamide Tab 500 mg</i>	1	MO; QL (180 EA per 30 day(s))
<i>tolazamide Tab 250 mg</i>	1	MO; QL (360 EA per 30 day(s))
<i>tolbutamide Oral</i>	1	MO; QL (180 EA per 30 day(s))
Thiazolidinediones		
ACTOPLUS MET ORAL	2	MO; QL (90 EA per 30 day(s))
ACTOPLUS MET XR ORAL	2	MO; QL (60 EA per 30 day(s))
ACTOS TAB 30 mg, 45 mg	2	MO; QL (30 EA per 30 day(s))
ACTOS TAB 15 mg	2	MO; QL (90 EA per 30 day(s))
AVANDAMET TAB 2-500 mg	2	MO; QL (120 EA per 30 day(s))
AVANDAMET TAB 2-1,000 mg, 4-1,000 mg, 4-500 mg	2	MO; QL (60 EA per 30 day(s))
AVANDARYL TAB 4-4 mg, 8-2 mg, 8-4 mg	2	MO; QL (30 EA per 30 day(s))
AVANDARYL TAB 4-1 mg, 4-2 mg	2	MO; QL (60 EA per 30 day(s))
AVANDIA TAB 2 mg	2	MO; QL (120 EA per 30 day(s))
AVANDIA TAB 8 mg	2	MO; QL (30 EA per 30 day(s))
AVANDIA TAB 4 mg	2	MO; QL (60 EA per 30 day(s))
DUETACT ORAL	2	MO; QL (30 EA per 30 day(s))

Drug	Tier	Requirements/Limits
Blood Products/Modifiers/ Volume Expanders		
Adenosine Diphosphate P2y12 Inhibitors		
EFFIENT TAB 10 mg	3	MO; QL (36 EA per 31 day(s))
EFFIENT TAB 5 mg	3	MO; QL (43 EA per 31 day(s))
PLAVIX ORAL	2	MO
<i>ticlopidine Oral</i>	1	MO
Anticoagulants, Oral		
COUMADIN ORAL	2	MO
COUMADIN IV	3	
JANTOVEN ORAL	1	MO
PRADAXA ORAL	2	PA; QL (60 EA per 30 day(s))
<i>warfarin Oral</i>	1	MO
XARELTO TAB 15 mg, 20 mg	3	MO
XARELTO TAB 10 mg	3	PA; QL (35 EA per 365 day(s))
Colony Stimulating Factors		
LEUKINE INJ	4	PA
MOZOBIL SUBQ	4	PA; QL (1.6 ML per 30 day(s))
NEULASTA SUBQ	4	PA; QL (1.2 ML per 30 day(s))
NEUPOGEN INJECTION	4	PA
NEUPOGEN SYRINGE 480 mcg/0.8 mL	4	PA
NEUPOGEN SYRINGE 300 mcg/0.5 mL	4	PA; QL (7 ML per 30 day(s))
Cyclic Adenosine Monophosphate Reuptake Inhibitors		
AGGRENOX ORAL	2	MO
<i>anagrelide Oral</i>	1	MO
BRILINTA ORAL	3	MO
<i>dipyridamole Oral</i>	1	PA; MO
Erythropoietins		
ARANESP (POLYSORBATE) SYRINGE 100 mcg/0.5 mL	3	PA; QL (2 ML per 30 day(s))
ARANESP (POLYSORBATE) SYRINGE 60 mcg/0.3 mL	3	PA; QL (2.4 ML per 30 day(s))

Drug	Tier	Requirements/Limits
ARANESP (POLYSORBATE) SYRINGE 40 mcg/0.4 mL	3	PA; QL (3.2 ML per 30 day(s))
ARANESP (POLYSORBATE) SYRINGE 25 mcg/0.42 mL	3	PA; QL (3.4 ML per 30 day(s))
ARANESP (POLYSORBATE) INJECTION 100 mcg/mL	3	PA; QL (4 ML per 30 day(s))
ARANESP (POLYSORBATE) INJECTION 25 mcg/mL, 40 mcg/mL, 60 mcg/mL	3	PA; QL (8 ML per 30 day(s))
ARANESP (POLYSORBATE) SYRINGE 500 mcg/mL	4	PA; QL (1 ML per 30 day(s))
ARANESP (POLYSORBATE) SYRINGE 150 mcg/0.3 mL	4	PA; QL (1.2 ML per 30 day(s))
ARANESP (POLYSORBATE) SYRINGE 200 mcg/0.4 mL	4	PA; QL (1.6 ML per 30 day(s))
ARANESP (POLYSORBATE) SYRINGE 300 mcg/0.6 mL	4	PA; QL (2.4 ML per 30 day(s))
ARANESP (POLYSORBATE) INJECTION 200 mcg/mL, 300 mcg/mL	4	PA; QL (4 ML per 30 day(s))
EPOGEN INJECTION 2,000 unit/mL, 20,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL	2	PA; QL (12 ML per 30 day(s))
EPOGEN INJECTION 20,000 unit/2 mL	3	PA; QL (12 ML per 30 day(s))
NEUMEGA SUBQ	4	PA; QL (21 EA per 30 day(s))
PROCRIT INJECTION 2,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL	2	PA; QL (12 ML per 30 day(s))
PROCRIT INJECTION 10,000 unit/mL	3	PA; QL (12 ML per 30 day(s))
PROCRIT INJECTION 20,000 unit/mL, 40,000 unit/mL	4	PA; QL (12 ML per 30 day(s))
PROMACTA TAB 75 mg	4	PA-NS; MO
PROMACTA TAB 50 mg	4	PA-NS; MO; QL (30 EA per 30 day(s))
PROMACTA TAB 25 mg	4	PA-NS; MO; QL (90 EA per 30 day(s))
PROMACTA TAB 12.5 mg	4	PA-NS; QL (30 EA per 30 day(s))
Factor Xa Inhibitors, Indirect		
ARIXTRA SUB-Q SYRINGE 2.5 mg/0.5 mL	3	

Drug	Tier	Requirements/Limits
ARIXTRA SUB-Q SYRINGE 10 mg/0.8 mL, 5 mg/0.4 mL, 7.5 mg/0.6 mL	4	
<i>fondaparinux SubQ</i>	1	
Low Molecular Weight Heparins		
<i>enoxaparin SubQ</i>	1	
FRAGMIN SUB-Q	3	
FRAGMIN SUB-Q SYRINGE 12,500 unit/0.5 mL, 15,000 unit/0.6 mL, 18,000 unit/0.72 mL, 2,500 unit/0.2 mL, 5,000 unit/0.2 mL	3	
FRAGMIN SUB-Q SYRINGE 10,000 unit/mL, 7,500 unit/0.3 mL	4	
<i>heparin (porcine) Inj</i>	1	BvD
<i>heparin (porcine) in D5W IV</i>	1	BvD
<i>heparin (porcine) in NaCl (PF) IV</i>	1	BvD
<i>heparin (porcine)-0.45% NaCl IV 25,000 unit/250 mL</i>	1	BvD
<i>heparin (porcine)-0.45% NaCl IV 25,000 unit/500 mL</i>	2	BvD
<i>heparin, porcine (PF) IV</i>	2	BvD
INNOHEP SUBQ	3	
LOVENOX SUB-Q	3	
Phosphodiesterase Iii/Adenosine Uptake Inhibitors		
<i>cilostazol Oral</i>	1	MO
Protease Inhibitors		
LYSTEDA ORAL	3	
<i>tranexamic acid IV</i>	1	
Cardiovascular Agents		
3-Hydroxy-3-Methylglutaryl Coenzyme A (Hmg Coa) Reductase Inhibitors		
ADVICOR ORAL	3	MO
ALTOPREV ORAL	3	MO
<i>atorvastatin Oral</i>	1	MO
CRESTOR ORAL	2	MO; QL (30 EA per 30 day(s))

Drug	Tier	Requirements/Limits
LESCOL ORAL	3	MO
LESCOL XL ORAL	3	MO
LIPITOR ORAL	2	MO; QL (30 EA per 30 day(s))
LIVALO ORAL	3	ST-NS; MO; QL (30 EA per 30 day(s))
<i>lovastatin Tab 10 mg</i>	1	MO; QL (30 EA per 30 day(s))
<i>lovastatin Tab 20 mg, 40 mg</i>	1	MO; QL (60 EA per 30 day(s))
<i>pravastatin Tab 10 mg, 20 mg, 80 mg</i>	1	MO; QL (30 EA per 30 day(s))
<i>pravastatin Tab 40 mg</i>	1	MO; QL (60 EA per 30 day(s))
SIMCOR 24 HR TAB 1,000-40 mg, 500-40 mg	2	MO
SIMCOR 24 HR TAB 500-20 mg, 750-20 mg	2	MO; QL (60 EA per 30 day(s))
<i>simvastatin Oral</i>	1	MO; QL (30 EA per 30 day(s))
VYTORIN 10-10 ORAL	3	MO
VYTORIN 10-20 ORAL	3	MO
VYTORIN 10-40 ORAL	3	MO
VYTORIN 10-80 ORAL	3	MO
Alpha-Adrenergic Agonists		
<i>clonidine Oral</i>	1	MO
<i>clonidine TD</i>	1	MO
CLORPRES ORAL	3	MO
<i>guanabenz Oral</i>	1	MO
<i>guanfacine Oral</i>	1	MO
<i>methyldopa Oral</i>	1	MO
<i>methyldopa-hydrochlorothiazide Oral</i>	1	MO
<i>methyldopate IV</i>	1	
<i>midodrine Oral</i>	1	
Alpha-Adrenergic Blocking Agents		
CARDURA XL ORAL	3	MO
DIBENZYLINE ORAL	3	
<i>doxazosin Oral</i>	1	MO; QL (60 EA per 30 day(s))

Drug	Tier	Requirements/Limits
<i>prazosin Oral</i>	1	MO; QL (120 EA per 30 day(s))
<i>terazosin Oral</i>	1	MO; QL (60 EA per 30 day(s))
Angiotensin II Receptor Antagonists		
BENICAR ORAL	3	MO
BENICAR HCT ORAL	3	MO
DIOVAN TAB 320 mg	2	MO; QL (30 EA per 30 day(s))
DIOVAN TAB 160 mg, 40 mg, 80 mg	2	MO; QL (60 EA per 30 day(s))
DIOVAN HCT ORAL	2	MO; QL (30 EA per 30 day(s))
<i>eprosartan Oral</i>	1	MO
<i>losartan Oral</i>	1	MO; QL (30 EA per 30 day(s))
<i>losartan-hydrochlorothiazide Oral</i>	1	MO; QL (30 EA per 30 day(s))
MICARDIS ORAL	3	MO; QL (30 EA per 30 day(s))
MICARDIS HCT ORAL	3	MO; QL (30 EA per 30 day(s))
Angiotensin-Converting Enzyme (Ace) Inhibitors		
AZOR ORAL	3	MO
<i>benazepril Oral</i>	1	MO
<i>benazepril-hydrochlorothiazide Tab 20-12.5 mg, 20-25 mg</i>	1	MO; QL (120 EA per 30 day(s))
<i>benazepril-hydrochlorothiazide Tab 10-12.5 mg</i>	1	MO; QL (240 EA per 30 day(s))
<i>benazepril-hydrochlorothiazide Tab 5-6.25 mg</i>	1	MO; QL (480 EA per 30 day(s))
<i>captopril Oral</i>	1	MO
<i>captopril-hydrochlorothiazide Tab 25-15 mg, 25-25 mg, 50-15 mg</i>	1	MO; QL (30 EA per 30 day(s))
<i>captopril-hydrochlorothiazide Tab 50-25 mg</i>	1	MO; QL (90 EA per 30 day(s))
<i>enalapril maleate Oral</i>	1	MO
<i>enalapril-hydrochlorothiazide Tab 5-12.5 mg</i>	1	MO; QL (30 EA per 30 day(s))
<i>enalapril-hydrochlorothiazide Tab 10-25 mg</i>	1	MO; QL (60 EA per 30 day(s))
EXFORGE ORAL	3	MO; QL (30 EA per 30 day(s))
<i>fosinopril Oral</i>	1	MO
<i>fosinopril-hydrochlorothiazide Tab 20-12.5 mg</i>	1	MO; QL (120 EA per 30 day(s))
<i>fosinopril-hydrochlorothiazide Tab 10-12.5 mg</i>	1	MO; QL (30 EA per 30 day(s))

Drug	Tier	Requirements/Limits
<i>lisinopril Oral</i>	1	MO
<i>lisinopril-hydrochlorothiazide Tab 20-25 mg</i>	1	MO; QL (120 EA per 30 day(s))
<i>lisinopril-hydrochlorothiazide Tab 10-12.5 mg, 20-12.5 mg</i>	1	MO; QL (30 EA per 30 day(s))
<i>moexipril Oral</i>	1	MO
<i>moexipril-hydrochlorothiazide Tab 15-12.5 mg, 7.5-12.5 mg</i>	1	MO; QL (30 EA per 30 day(s))
<i>moexipril-hydrochlorothiazide Tab 15-25 mg</i>	1	MO; QL (60 EA per 30 day(s))
<i>perindopril erbumine Oral</i>	1	MO
<i>quinapril Oral</i>	1	MO
<i>quinapril-hydrochlorothiazide Oral</i>	1	MO
<i>ramipril Oral</i>	1	MO
<i>trandolapril Oral</i>	1	MO
Antiarrhythmics - Class Ia/Ii/Iii/Iv		
<i>amiodarone IV</i>	1	
<i>amiodarone Oral</i>	1	MO
PACERONE TAB 200 mg	1	MO
PACERONE TAB 100 mg	2	MO
Antiarrhythmics - Class Ii		
<i>metoprolol tartrate IV</i>	1	
<i>propranolol IV</i>	1	
Antiarrhythmics - Class Ii/Iii		
<i>sotalol IV</i>	1	
<i>sotalol Oral</i>	1	MO
Antiarrhythmics - Class Iii		
TIKOSYN ORAL	2	MO
Antiarrhythmics - Class Iv		
<i>diltiazem IV</i>	1	
<i>diltiazem IV powder for Solution</i>	3	
<i>verapamil IV</i>	1	
Antiarrhythmics - Classes Ia, B, And C		

Drug	Tier	Requirements/Limits
<i>disopyramide Oral</i>	1	MO
<i>flecainide Oral</i>	1	MO
<i>mexiletine Oral</i>	1	MO
MULTAQ ORAL	2	MO
<i>propafenone Oral</i>	1	MO
<i>quinidine gluconate Oral</i>	1	MO
<i>quinidine gluconate Inj</i>	3	
<i>quinidine sulfate Oral</i>	1	MO
Beta-Adrenergic Blocking Agents With Vasodilating Properties		
BYSTOLIC ORAL	2	MO
<i>carvedilol Oral</i>	1	MO
COREG CR ORAL	2	MO
<i>labetalol IV</i>	1	
<i>labetalol Oral</i>	1	MO
Bile Acid Sequestrants		
CHOLESTYRAMINE LIGHT ORAL	1	MO
<i>colestipol Oral</i>	1	MO
PREVALITE ORAL	1	MO
QUESTRAN ORAL	3	MO
WELCHOL ORAL	2	MO
Calcium Channel Blocking Agents (Non-Dihydropyridines)		
CARDIZEM CD 24 HR CAP 360 mg	2	MO
CARDIZEM LA 24 HR TAB 120 mg	3	MO
CARTIA XT ORAL	1	MO
COVERA-HS ORAL	3	MO
<i>diltiazem HCl Oral</i>	1	MO
DILT-XR ORAL	1	MO
MATZIM LA ORAL	1	MO
TAZTIA XT ORAL	1	MO
<i>verapamil Oral</i>	1	MO

Drug	Tier	Requirements/Limits
VERELAN 24 HR CAP 360 mg	3	MO
Carbonic Anhydrase Inhibitors		
<i>acetazolamide Oral</i>	1	MO
<i>acetazolamide sodium Inj</i>	1	
<i>methazolamide Oral</i>	1	MO
Cardioselective Beta-Adrenergic Blocking Agents		
<i>acebutolol Oral</i>	1	MO
<i>atenolol Oral</i>	1	MO
<i>atenolol-chlorthalidone Oral</i>	1	MO
<i>betaxolol Oral</i>	1	MO
<i>bisoprolol fumarate Oral</i>	1	MO
<i>bisoprolol-hydrochlorothiazide Oral</i>	1	MO
<i>metoprolol succinate Oral</i>	1	MO
<i>metoprolol tartrate Oral</i>	1	MO
<i>metoprolol-hydrochlorothiazide Oral</i>	1	MO
Cardiovascular Agents, Other		
<i>dexrazoxane IV</i>	1	
<i>digoxin Inj</i>	1	
<i>digoxin Oral</i>	1	MO
FIRAZYR SUBQ	4	
LANOXIN ORAL	2	MO
LANOXIN INJ	3	
LANOXIN PEDIATRIC INJ	3	
RANEXA ORAL	2	MO
<i>reserpine Oral</i>	1	MO
SAMSCA ORAL	4	
ZINECARD IV	3	
Cholesterol Absorption Inhibitors		
ZETIA ORAL	2	MO; QL (30 EA per 30 day(s))
Dihydropyridines		

Drug	Tier	Requirements/Limits
AFEDITAB CR ORAL	1	MO
<i>amlodipine Oral</i>	1	MO
<i>amlodipine-benazepril Cap 10-40 mg, 5-40 mg</i>	1	MO
<i>amlodipine-benazepril Cap 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg</i>	1	MO; QL (30 EA per 30 day(s))
CADUET ORAL	3	MO; QL (30 EA per 30 day(s))
DYNACIRC CR ORAL	3	MO
EXFORGE HCT TAB 10-160-12.5 mg	2	MO; QL (90 EA per 90 day(s))
<i>felodipine Oral</i>	1	MO
<i>isradipine Oral</i>	1	MO
<i>nicardipine IV</i>	1	
<i>nicardipine Oral</i>	1	MO
NIFEDIAC CC ORAL	1	MO
NIFEDICAL XL ORAL	1	MO
<i>nifedipine ER 24 hr Tab</i>	1	MO
<i>nifedipine Cap 10 mg</i>	1	PA; MO
<i>nifedipine Cap 20 mg</i>	3	PA; MO
<i>nimodipine Oral</i>	1	MO
<i>nisoldipine Oral</i>	1	MO
TRIBENZOR ORAL	3	MO
TWYNSTA ORAL	3	MO; QL (30 EA per 30 day(s))
Direct Renin Inhibitors		
AMTURNIDE ORAL	3	MO; QL (30 EA per 30 day(s))
TEKAMLO ORAL	3	MO
TEKTURNA ORAL	2	MO; QL (30 EA per 30 day(s))
TEKTURNA HCT ORAL	2	MO; QL (30 EA per 30 day(s))
VALTURNA ORAL	3	MO; QL (30 EA per 30 day(s))
Fibrates		
ANTARA ORAL	3	MO
<i>fenofibrate Oral</i>	1	MO

Drug	Tier	Requirements/Limits
<i>fenofibrate micronized Oral</i>	1	MO
FENOGLIDE ORAL	3	MO
FIBRICOR ORAL	1	MO
<i>gemfibrozil Oral</i>	1	MO
LIPOFEN ORAL	3	MO
TRICOR ORAL	2	MO
TRIGLIDE ORAL	3	MO
Loop Diuretics		
<i>bumetanide Inj</i>	1	
<i>bumetanide Oral</i>	1	MO
EDECIN ORAL	3	MO
<i>furosemide Inj</i>	1	
<i>furosemide Oral</i>	1	MO
SODIUM EDECIN IV	3	
<i>toremide IV</i>	1	
<i>toremide Oral</i>	1	MO
Nicotinic Acid		
NIACOR ORAL	1	
NIASPAN EXTENDED-RELEASE ORAL	2	MO
Nonselective Beta-Adrenergic Blocking Agents		
INNOPRAN XL ORAL	3	MO
LEVATOL ORAL	3	MO
<i>nadolol Oral</i>	1	MO
<i>nadolol-bendroflumethiazide Oral</i>	1	MO
<i>pindolol Oral</i>	1	MO
<i>propranolol Oral</i>	1	MO
<i>propranolol-hydrochlorothiazid Oral</i>	1	MO
SORINE ORAL	1	MO
<i>timolol maleate Oral</i>	1	MO
Omega-3 Fatty Acids		

Drug	Tier	Requirements/Limits
LOVAZA ORAL	3	MO
Potassium-Sparing Diuretics		
ALDACTAZIDE TAB 50-50 mg	2	MO
<i>amiloride Oral</i>	1	MO
<i>amiloride-hydrochlorothiazide Oral</i>	1	MO
DYRENIUM ORAL	3	MO
<i>eplerenone Oral</i>	1	MO
<i>spironolactone Oral</i>	1	MO
<i>spironolacton-hydrochlorothiaz Oral</i>	1	MO
<i>triamterene-hydrochlorothiazid Oral</i>	1	MO
Thiazide Diuretics		
<i>chlorothiazide Oral</i>	1	MO
<i>chlorothiazide sodium IV</i>	1	
<i>chlorthalidone Oral</i>	1	MO
DIURIL ORAL	3	MO
<i>hydrochlorothiazide Oral</i>	1	MO
<i>indapamide Oral</i>	1	MO
<i>methyclothiazide Oral</i>	1	MO
<i>metolazone Oral</i>	1	MO
THALITONE ORAL	2	MO
Vasodilators, Direct-Acting Arterial		
<i>hydralazine Inj</i>	1	
<i>hydralazine Oral</i>	1	MO
<i>minoxidil Oral</i>	1	MO
Vasodilators, Direct-Acting Arterial/Venous		
BIDIL ORAL	2	MO; QL (180 EA per 30 day(s))
DILATRATE-SR ORAL	3	MO
ISOCHRON ORAL	1	MO
ISORDIL ORAL	2	MO
<i>isosorbide dinitrate Oral</i>	1	MO

Drug	Tier	Requirements/Limits
<i>isosorbide dinitrate SL</i>	1	MO
<i>isosorbide mononitrate Oral</i>	1	MO
NITRO-DUR TRANSDERM 24 HR PATCH 0.3 mg/hr, 0.8 mg/hr	2	MO
<i>nitroglycerin IV</i>	1	BvD
<i>nitroglycerin TD</i>	1	MO
NITROLINGUAL TL	2	MO
NITROMIST TL	2	MO
NITROSTAT SL	2	MO
PENTOPAK ORAL	1	MO
<i>pentoxifylline Oral</i>	1	MO
PROGLYCEM ORAL	2	MO
Central Nervous System Agents		
Amphetamines, Adhd		
ADDERALL XR ORAL	3	PA; MO
AMPHETAMINE SALT COMBO ORAL	1	PA; MO
<i>dextroamphetamine Oral</i>	1	PA; MO
VYVANSE CAP 30 mg, 50 mg, 70 mg	3	PA; MO
Non-Amphetamines, Adhd		
CONCERTA ORAL	3	PA; MO
DAYTRANA TD	3	PA; MO
<i>dexmethylphenidate Oral</i>	1	PA; MO
FOCALIN XR ORAL	3	PA; MO
METADATE CD ORAL	3	PA; MO
METADATE ER ORAL	1	PA; MO
<i>methamphetamine Oral</i>	1	PA; MO
METHYLIN TAB	1	PA; MO
METHYLIN CHEWABLE TAB	3	PA; MO
METHYLIN ER ORAL	1	PA; MO
<i>methylphenidate Oral</i>	1	PA; MO

Drug	Tier	Requirements/Limits
RITALIN LA ORAL	3	PA; MO
STRATTERA ORAL	2	PA; MO
Non-Amphetamines, Other		
AMPYRA ORAL	4	PA; MO; QL (60 EA per 30 day(s))
DEMSER ORAL	3	
GILENYA ORAL	4	PA; MO
NUDEXTA ORAL	3	PA; MO
NUVIGIL ORAL	2	PA; MO; QL (31 EA per 30 day(s))
PROVIGIL TAB 100 mg	2	PA; MO; QL (31 EA per 31 day(s))
PROVIGIL TAB 200 mg	3	PA; MO; QL (31 EA per 31 day(s))
RILUTEK ORAL	4	MO
XENAZINE ORAL	4	PA; MO
XYREM ORAL	4	LA
Dental And Oral Agents		
Dental And Oral Agents		
<i>chlorhexidine gluconate MM</i>	1	
CYKLOKAPRON IV	2	
EVOXAC ORAL	2	MO
KEPIVANCE IV	4	
PERIOGARD MM	1	
<i>pilocarpine HCl Oral</i>	1	MO
<i>triamcinolone acetonide Dent</i>	1	
Dermatological Agents		
Dermatological Acne Agents		
<i>adapalene Top</i>	1	PA
AKNE-MYCIN TOP	3	
AMNESTEEM ORAL	1	
ATRALIN TOP	3	PA
AVITA TOP	1	PA
AZELEX TOP	2	

Drug	Tier	Requirements/Limits
BENZACLIN PUMP TOP	3	
CLARAVIS ORAL	1	
CLINDAGEL TOP	3	
<i>clindamycin phosphate Top</i>	1	
<i>clindamycin-benzoyl peroxide Top</i>	1	
DIFFERIN LOTION	2	PA
DIFFERIN TOPICAL GEL 0.3 %	2	PA
ERY PADS TOP	1	
<i>erythromycin with ethanol Top</i>	1	
<i>erythromycin-benzoyl peroxide Top</i>	1	
FINACEA TOP	3	
RETIN-A MICRO TOP	3	PA
SOTRET ORAL	1	
TAZORAC TOP	3	
<i>tretinoin Top</i>	1	PA
ZIANA TOP	3	
Dermatological Anti-Inflammatory Agents		
SOLARAZE TOP	2	
Dermatological Antipruritic Agents		
ZONALON TOP	2	
Dermatological Calcineurin Inhibitors		
ELIDEL TOP	2	ST-NS
PROTOPIC TOP	2	ST-NS
Dermatological Caustic Agents		
CONDYLOX TOP	3	
<i>podofilox Top</i>	1	
Dermatological Emollients		
<i>ammonium lactate Top</i>	1	
LACLOTION TOP	1	
Dermatological Genital Wart Agents		

Drug	Tier	Requirements/Limits
<i>imiquimod Top</i>	1	
VEREGEN TOP	3	
Dermatological Mitotic Inhibitors		
<i>selenium sulfide Top</i>	1	
Dermatological Non-Melanoma Skin Cancer Agents		
CARAC TOP	2	
FLUOROPLEX TOP	2	
<i>fluorouracil Top</i>	1	
Dermatological Photochemotherapy Agents		
8-MOP ORAL	3	
OXSORALEN TOP	3	
OXSORALEN ULTRA ORAL	4	
UVADEX INJ	3	
Dermatological Psoriasis Agents		
AMEVIVE IM	4	
<i>calcipotriene Top</i>	1	
DOVONEX TOPICAL CREAM	2	
SORIATANE ORAL	4	
TACLONEX TOP	3	
TACLONEX SCALP TOP	3	
Dermatological Wound Care Agents		
REGRANEX TOP	4	PA
SANTYL TOP	2	
<i>water for irrigation, sterile IR</i>	1	
Enzyme Replacements/ Modifiers		
Anti-Cystine Agents		
CYSTAGON ORAL	2	
Fabry Disease Treatment		
FABRAZYME IV	4	BvD
Gaucher's Disease Treatment		

Drug	Tier	Requirements/Limits
CEREDASE IV	4	
CEREZYME IV	4	BvD
VPRIV IV	4	PA
Glucosylceramide Synthase Inhibitors		
ZAVESCA ORAL	4	MO
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment		
ORFADIN ORAL	4	MO
Hunter Syndrome Treatment		
ELAPRASE IV	4	
Mucopolysaccharidosis Disease Treatment		
ALDURAZYME IV	4	BvD
LUMIZYME IV	4	MO
NAGLAZYME IV	4	
Pancrelipase Replacement		
CREON ORAL	2	MO
PANCREAZE ORAL	2	MO
ZENPEP ORAL	2	MO
Phenylketonuria Treatment		
KUVAN ORAL	4	MO
Severe Combined Immunodeficiency Disease (Scid) Treatment		
ADAGEN IM	4	
Urea Cycle Disorder Treatment		
BUPHENYL ORAL	4	MO
CARBAGLU ORAL	4	PA; MO
ELITEK IV	4	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>atropine Inj</i>	1	PA
CANTIL ORAL	3	
<i>dicyclomine IM</i>	1	PA

Drug	Tier	Requirements/Limits
<i>dicyclomine Oral</i>	1	PA
<i>glycopyrrolate Inj</i>	1	
<i>glycopyrrolate Oral</i>	1	
<i>methscopolamine Oral</i>	1	
Gastrointestinal Agents, Other		
AMITIZA ORAL	2	MO
CONSTULOSE ORAL	1	MO
DIPENTUM ORAL	2	MO
<i>diphenoxylate-atropine Oral</i>	1	PA
ENULOSE ORAL	1	MO
GAVILYTE-C ORAL	1	
GAVILYTE-G ORAL	1	
GAVILYTE-N ORAL	1	
GOLYTELY PACKET	3	
HALFLYTELY-BISACODYL W-FLAV PK ORAL	2	
HELIDAC ORAL	3	
KRISTALOSE ORAL	3	MO
<i>lactulose Oral</i>	1	MO
<i>loperamide Oral</i>	1	
MOTOFEN ORAL	3	
MOVIPREP ORAL	3	
OSMOPREP ORAL	3	
<i>polyethylene glycol 3350 Oral</i>	1	
PYLERA ORAL	3	
RELISTOR SUBQ	2	
TRILYTE WITH FLAVOR PACKETS ORAL	1	
<i>ursodiol Oral</i>	1	MO
VISICOL ORAL	3	
Histamine2 (H2) Blocking Agents		

Drug	Tier	Requirements/Limits
<i>cimetidine Inj</i>	1	
<i>cimetidine Oral</i>	1	
<i>famotidine Oral</i>	1	MO
<i>famotidine (PF) IV</i>	1	
<i>famotidine (PF)-NaCl (iso-os) IV</i>	1	
<i>nizatidine Oral</i>	1	MO
<i>ranitidine HCl Inj</i>	1	
<i>ranitidine HCl Oral</i>	1	MO
ZANTAC 25 EFFERDOSE ORAL	3	MO
ZANTAC IN 1/2 NS IV	3	
Irritable Bowel Syndrome Agents		
<i>budesonide Oral</i>	1	
CIMZIA SUBQ	4	PA; MO
CIMZIA POWDER FOR RECONST SUBQ	4	PA
LOTRONEX ORAL	2	MO; QL (60 EA per 30 day(s))
Protectants		
CARAFATE ORAL SUSP	2	MO
<i>misoprostol Oral</i>	1	MO
<i>sucralfate Oral</i>	1	MO
Proton Pump Inhibitors		
<i>lansoprazole Rapid Dissolve Tab, Delayed Release</i>	1	MO
<i>lansoprazole Cap, Delayed Release</i>	1	MO; QL (60 EA per 30 day(s))
NEXIUM ORAL	3	ST-NS; MO; QL (31 EA per 31 day(s))
NEXIUM IV IV	3	
NEXIUM PACKET ORAL	3	ST-NS; MO; QL (31 EA per 31 day(s))
<i>omeprazole Cap, Delayed Release 20 mg</i>	1	MO
<i>omeprazole Cap, Delayed Release 40 mg</i>	1	MO; QL (30 EA per 30 day(s))
<i>omeprazole Cap, Delayed Release 10 mg</i>	1	MO; QL (60 EA per 30 day(s))

Drug	Tier	Requirements/Limits
<i>omeprazole-sodium bicarbonate Oral</i>	1	MO
<i>pantoprazole Oral</i>	1	MO
PROTONIX IV	3	
PROTONIX ORAL SUSP	3	MO
ZEGERID ORAL PACKET	3	MO
Genitourinary Agents		
5 Alpha-Reductase Inhibitors		
AVODART ORAL	2	MO; QL (30 EA per 30 day(s))
<i>finasteride Oral</i>	1	MO; QL (30 EA per 30 day(s))
JALYN ORAL	3	MO; QL (30 EA per 25 day(s))
Alpha 1-Adrenergic Blocking Agents		
<i>tamsulosin Oral</i>	1	MO; QL (60 EA per 30 day(s))
UROXATRAL ORAL	2	MO; QL (30 EA per 30 day(s))
Antispasmodics, Urinary		
DETROL ORAL	3	MO; QL (60 EA per 30 day(s))
DETROL LA ORAL	2	MO; QL (30 EA per 30 day(s))
ENABLEX ORAL	2	MO; QL (30 EA per 30 day(s))
<i>flavoxate Oral</i>	1	MO
<i>oxybutynin chloride Syrup</i>	1	MO
<i>oxybutynin chloride Tab</i>	1	MO
<i>oxybutynin chloride ER 24 hr Tab 5 mg</i>	1	MO; QL (30 EA per 30 day(s))
<i>oxybutynin chloride ER 24 hr Tab 10 mg, 15 mg</i>	1	MO; QL (60 EA per 30 day(s))
OXYTROL TD	2	MO
SANCTURA XR ORAL	2	MO
TOVIAZ ORAL	3	MO
<i>trospium Oral</i>	1	MO
VESICARE ORAL	2	MO
Genitourinary Agents, Other		
<i>bethanechol chloride Oral</i>	1	
ELMIRON ORAL	2	

Drug	Tier	Requirements/Limits
Phosphate Binders		
<i>calcium acetate Oral</i>	1	MO
FOSRENOL ORAL	3	MO
PHOSLYRA ORAL	3	
RENAGEL ORAL	2	MO
RENVELA ORAL	2	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Glucocorticoids-Systemic		
A-HYDROCORT INJ	1	
A-METHAPRED INJ	1	
CELESTONE ORAL	3	
<i>cortisone Oral</i>	1	
DEPO-MEDROL SUSP FOR INJECTION 20 mg/mL	3	
<i>dexamethasone Oral</i>	1	
DEXAMETHASONE INTENSOL ORAL	1	
<i>dexamethasone sodium phosphate Inj</i>	1	
DEXPAK ORAL	2	
<i>hydrocortisone Oral</i>	1	
<i>methylprednisolone Oral</i>	1	
<i>methylprednisolone acetate Inj</i>	1	
<i>methylprednisolone sodium succ Inj</i>	1	
<i>methylprednisolone sodium succ IV</i>	1	
MILLIPRED ORAL SOLN	3	
ORAPRED ODT ORAL	3	
<i>prednisolone sodium phosphate Oral</i>	1	
<i>prednisone Oral</i>	1	
PREDNISON INTENSOL ORAL	2	
SOLU-MEDROL IV	3	
SOLU-MEDROL (PF) IV	3	

Drug	Tier	Requirements/Limits
VERIPRED 20 ORAL	3	
Glucocorticoids-Topical-High Potency		
<i>amcinonide Top</i>	1	
<i>betamethasone valerate Top</i>	1	
DESOWEN TOP	3	
DESOWEN OINTMENT & LOTION TOP	2	
<i>desoximetasone Top</i>	1	
<i>fluocinolone Top</i>	1	
<i>fluocinonide Top</i>	1	
HALOG TOP	3	
KENALOG TOP	2	
LUXIQ TOP	3	
<i>triamcinolone acetonide Top</i>	1	
TRIDERM TOP	1	
Glucocorticoids-Topical-Low Potency		
ALA-CORT TOP	1	
ALA-SCALP TOP	3	
<i>alclometasone Top</i>	1	
CLODERM TOP	3	
COLOCORT RECT	1	
CORTIFOAM RECT	3	
DESONATE TOP	3	
<i>desonide Top</i>	1	
<i>hydrocortisone Rect</i>	1	
<i>hydrocortisone Top</i>	1	
LOKARA TOP	1	
PANDEL TOP	3	
PROCTOCREAM-HC RECT	1	
PROCTO-PAK RECT	1	
PROCTOSOL HC RECT	1	

Drug	Tier	Requirements/Limits
PROCTOZONE-HC RECT	1	
SOLU-CORTEF (PF) SOLUTION FOR INJECTION 250 mg/2 mL	2	
U-CORT TOP	1	
VERDESO TOP	3	
Glucocorticoids-Topical-Medium Potency		
<i>betamethasone dipropionate Top</i>	1	
<i>betamethasone valerate Top</i>	1	
CAPEX TOP	3	
CORDRAN TOP	3	
CORDRAN SP TOP	3	
CUTIVATE LOTION	3	
DERMA-SMOOTH/FS BODY OIL TOP	3	
<i>desoximetasone Top</i>	1	
<i>fluocinolone Top</i>	1	
<i>fluticasone Top</i>	1	
<i>hydrocortisone butyrate Top</i>	1	
<i>hydrocortisone valerate Top</i>	1	
LOCOID LOTION	3	
LOCOID LIPOCREAM TOP	3	
<i>mometasone Top</i>	1	
<i>prednicarbate Top</i>	1	
<i>triamcinolone acetonide Lotion</i>	1	
<i>triamcinolone acetonide Ointment 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide Topical Cream</i>	1	
<i>triamcinolone acetonide Ointment 0.05 %</i>	3	
Glucocorticoids-Topical-Very High Potency		
<i>betamethasone dipropionate Top</i>	1	
<i>betamethasone, augmented Top</i>	1	
<i>clobetasol Top</i>	1	

Drug	Tier	Requirements/Limits
<i>clobetasol-emollient Top</i>	1	
CLOBEX TOP	3	ST-NS
<i>diflorasone Top</i>	1	
FLUOCINONIDE-E TOP	1	
<i>halobetasol propionate Top</i>	1	
OLUX-E TOP	3	
VANOS TOP	3	
Mineralocorticoids		
<i>fludrocortisone Oral</i>	1	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Gonadotropins		
<i>chorionic gonadotropin, human IM</i>	1	BvD
NOVAREL IM	1	BvD
PREGNYL IM	1	BvD
Growth Hormone Analogs		
GENOTROPIN SUBQ	4	PA; MO
GENOTROPIN MINIQUICK SUB-Q SYRINGE 0.2 mg/0.25 mL	2	PA; MO
GENOTROPIN MINIQUICK SUB-Q SYRINGE 0.4 mg/0.25 mL, 0.6 mg/0.25 mL, 0.8 mg/0.25 mL, 1 mg/0.25 mL, 1.2 mg/0.25 mL, 1.4 mg/0.25 mL, 1.6 mg/0.25 mL, 1.8 mg/0.25 mL, 2 mg/0.25 mL	4	PA; MO
HUMATROPE INJECTION, CARTRIDGE 6 (18 unit) mg	3	PA; MO
HUMATROPE INJECTION, CARTRIDGE 12 (36 unit) mg, 24 (72 unit) mg	4	PA; MO
HUMATROPE SOLUTION FOR INJECTION	4	PA; MO
NORDITROPIN FLEXPRO SUBQ	4	PA; MO
NORDITROPIN NORDIFLEX SUBQ	4	PA; MO
NUTROPIN SUBQ	4	PA; MO
NUTROPIN AQ SUBQ	4	PA; MO

Drug	Tier	Requirements/Limits
NUTROPIN AQ NUSPIN SUBQ	3	PA; MO
SAIZEN SUBQ	4	PA; MO
SAIZEN CLICK.EASY SUBQ	4	PA; MO
SEROSTIM SUBQ	4	PA; MO
TEV-TROPIN SUBQ	3	PA; MO
ZORBTIVE SUBQ	4	PA; MO
Insulin-Like Growth Factor Analogs		
INCRELEX SUBQ	4	PA; MO
Vasopressin Analogs		
DDAVP NASAL SPRAY AEROSOL	3	MO
<i>desmopressin Inj</i>	1	
<i>desmopressin Nasl</i>	1	MO
<i>desmopressin Oral</i>	1	MO
STIMATE NASL	3	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
ANADROL-50 ORAL	3	
<i>oxandrolone Tab 2.5 mg</i>	1	PA
<i>oxandrolone Tab 10 mg</i>	4	PA
Androgens		
ANDROGEL TD	2	PA; MO
ANDROXY ORAL	3	MO
AXIRON TD	2	PA; MO
<i>danazol Oral</i>	1	
TESTIM TD	2	PA; MO
<i>testosterone cypionate IM</i>	1	PA-NS
<i>testosterone enanthate IM</i>	1	PA-NS
Estrogens		
ACTIVELLA TAB 0.5-0.1 mg	3	MO
ALORA TD	2	MO

Drug	Tier	Requirements/Limits
AMETHIA ORAL	1	MO
AMETHYST ORAL	1	MO
ANGELIQ ORAL	3	MO
APRI ORAL	1	MO
BRIELLYN ORAL	1	MO
CENESTIN ORAL	3	PA; MO
CESIA ORAL	1	MO
COMBIPATCH TD	2	MO
CRYSSELLE (28) ORAL	1	MO
DEPO-ESTRADIOL IM	3	
DIVIGEL TD	3	MO
ELESTRIN TD	3	MO
EMOQUETTE ORAL	1	MO
ENJUVIA ORAL	3	MO
ESTRACE VAGL	3	MO
ESTRADERM TD	2	MO
<i>estradiol Oral</i>	1	MO
<i>estradiol TD</i>	1	MO
<i>estradiol valerate IM</i>	1	
<i>estradiol-norethindrone acet Oral</i>	1	MO
ESTRING VAGL	3	MO
<i>estropipate Oral</i>	1	PA; MO
EVAMIST TD	3	MO
FEMHRT LOW DOSE ORAL	3	MO
FEMRING VAGL	3	MO
FEMTRACE ORAL	3	MO
GIANVI ORAL	1	MO
INTROVALE ORAL	1	MO
JINTELI ORAL	1	MO
KARIVA ORAL	1	MO

Drug	Tier	Requirements/Limits
KELNOR 1/35 (28) ORAL	1	MO
MENEST ORAL	3	PA; MO
MENOSTAR TD	3	MO
MONONESSA (28) ORAL	1	MO
NUVARING VAGL	2	MO
OCELLA ORAL	1	MO
OGESTREL (28) ORAL	1	MO
ORSYTHIA ORAL	1	MO
ORTHO TRI-CYCLEN (28) ORAL	2	
ORTHO TRI-CYCLEN LO ORAL	2	MO
ORTHO-EST 0.625 ORAL	1	PA; MO
ORTHO-EST 1.25 ORAL	1	PA; MO
PREFEST ORAL	3	MO
PREMARIN VAGL	2	MO
PREMARIN INJ	2	PA
PREMARIN ORAL	2	PA; MO
PREMPHASE ORAL	2	PA; MO
PREMPRO ORAL	2	PA; MO
PREVIFEM ORAL	1	MO
RECLIPSEN (28) ORAL	1	MO
SOLIA ORAL	1	MO
SPRINTEC (28) ORAL	1	MO
TRINESSA (28) ORAL	1	MO
TRI-PREVIFEM (28) ORAL	1	MO
TRI-SPRINTEC (28) ORAL	1	MO
VAGIFEM VAGL	2	MO
VELIVET ORAL	1	MO
VESTURA ORAL	1	
VIVELLE-DOT TD	2	MO
ZOVIA 1/35E (28) ORAL	1	MO

Drug	Tier	Requirements/Limits
ZOVIA 1/50E (28) ORAL	1	MO
Progestins		
ARANELLE (28) ORAL	1	MO
AVIANE ORAL	1	MO
BALZIVA (28) ORAL	1	MO
CAMILA ORAL	1	MO
CLIMARA PRO TD	2	MO
CRINONE VAGL	3	
CYCLAFEM 1/35 (28) ORAL	1	MO
CYCLAFEM 7/7/7 (28) ORAL	1	MO
DEPO-PROVERA IM	2	
DEPO-SUBQ PROVERA 104 SUBQ	3	
ENDOMETRIN VAGL	3	
ENPRESSE ORAL	1	MO
ERRIN ORAL	1	MO
JOLIVETTE ORAL	1	MO
JUNEL 1.5/30 (21) ORAL	1	MO
JUNEL 1/20 (21) ORAL	1	MO
JUNEL FE 1.5/30 (28) ORAL	1	MO
JUNEL FE 1/20 (28) ORAL	1	MO
LEENA 28 ORAL	1	MO
LESSINA ORAL	1	MO
LEVORA-28 ORAL	1	MO
LOESTRIN 24 FE ORAL	3	MO
LOSEASONIQUE ORAL	3	MO
LOW-OGESTREL (28) ORAL	1	MO
LUTERA (28) ORAL	1	MO
LYBREL ORAL	3	MO
<i>medroxyprogesterone IM</i>	1	
<i>medroxyprogesterone Oral</i>	1	MO

Drug	Tier	Requirements/Limits
MEGACE ES ORAL	3	MO
<i>megestrol Oral</i>	1	
MICROGESTIN 1.5/30 (21) ORAL	1	MO
MICROGESTIN 1/20 (21) ORAL	1	MO
MICROGESTIN FE 1.5/30 (28) ORAL	1	MO
MICROGESTIN FE 1/20 (28) ORAL	1	MO
NECON 0.5/35 (28) ORAL	1	MO
NECON 1/35 (28) ORAL	1	MO
NECON 10/11 (28) ORAL	2	MO
NECON 7/7/7 (28) ORAL	1	MO
NEXT CHOICE ORAL	1	
NORA-BE ORAL	1	MO
<i>norethindrone acetate Oral</i>	1	MO
NORTREL 0.5/35 (28) ORAL	1	MO
NORTREL 1/35 (21) ORAL	1	MO
NORTREL 1/35 (28) ORAL	1	MO
NORTREL 7/7/7 (28) ORAL	1	MO
ORTHO EVRA TD	2	MO
OVCON-50 (28) ORAL	3	MO
PORTIA ORAL	1	MO
PROMETRIUM ORAL	3	MO
QUASENSE ORAL	1	MO
SEASONIQUE ORAL	3	MO
SRONYX ORAL	1	MO
TRI-LEGEST FE ORAL	1	MO
TRIVORA (28) ORAL	1	MO
ZEOSA ORAL	1	MO
Selective Estrogen Receptor Modifying Agents		
EVISTA ORAL	2	MO; QL (30 EA per 30 day(s))

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

Drug	Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
LEVOTHROID ORAL	1	MO
<i>levothyroxine Oral</i>	1	MO
LEVOXYL ORAL	1	MO
<i>liothyronine IV</i>	1	
<i>liothyronine Oral</i>	1	MO
SYNTHROID ORAL	2	MO
THYROLAR-1 ORAL	3	MO
THYROLAR-1/4 ORAL	3	MO
THYROLAR-2 ORAL	3	MO
THYROLAR-3 ORAL	3	MO
TIROSINT ORAL	2	MO
UNITHROID ORAL	1	MO
Hormonal Agents, Suppressant (Parathyroid)		
Calcimimetics		
SENSIPAR TAB 30 mg	2	MO
SENSIPAR TAB 60 mg, 90 mg	4	MO
Hormonal Agents, Suppressant (Pituitary)		
Gonadotropin-Releasing Hormone Analogs		
ELIGARD SUB-Q SYRINGE 22.5 mg, 30 mg, 7.5 mg	3	BvD
ELIGARD SUB-Q SYRINGE 45 mg	4	BvD
<i>leuprolide SubQ</i>	1	BvD
LUPRON DEPOT IM	4	BvD
LUPRON DEPOT (3 MONTH) IM	4	BvD
LUPRON DEPOT (4 MONTH) IM	4	BvD
LUPRON DEPOT (6 MONTH) IM	4	BvD
LUPRON DEPOT-PED IM	4	
SYNAREL NASL	4	
TRELSTAR IM	4	BvD

Drug	Tier	Requirements/Limits
Growth Hormone Antagonists		
SOMAVERT SUBQ	4	PA; MO; QL (30 EA per 30 day(s))
Somatostatin Analogs		
<i>octreotide acetate Injection 100 mcg/mL, 200 mcg/mL, 50 mcg/mL</i>	1	PA; MO
<i>octreotide acetate Injection 1,000 mcg/mL, 500 mcg/mL</i>	4	PA; MO
SANDOSTATIN LAR DEPOT IM	4	PA
SOMATULINE DEPOT SUBQ	4	PA
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)		
Antiandrogens		
<i>bicalutamide Oral</i>	1	
<i>flutamide Oral</i>	1	
NILANDRON ORAL	2	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole Oral</i>	1	MO
<i>propylthiouracil Oral</i>	1	MO
Immunological Agents		
Immune Suppressants (Non-Tnf Inhibitors)		
ARCALYST SUBQ	4	PA; MO
AZASAN ORAL	2	BvD; MO
<i>azathioprine Oral</i>	1	BvD; MO
<i>azathioprine sodium Inj</i>	1	
CELLCEPT ORAL SUSP	2	BvD; MO
CELLCEPT INTRAVENOUS IV	3	BvD
CUPRIMINE ORAL	2	
<i>cyclosporine IV</i>	1	BvD
<i>cyclosporine Oral</i>	1	BvD; MO
<i>cyclosporine modified Cap 100 mg</i>	1	BvD; MO
<i>cyclosporine modified Oral Soln</i>	1	BvD; MO

Drug	Tier	Requirements/Limits
<i>cyclosporine modified Cap 50 mg</i>	3	BvD; MO
DEPEN TITRATABS ORAL	3	
GENGRAF ORAL	1	BvD; MO
<i>methotrexate sodium Inj</i>	1	
<i>methotrexate sodium Oral</i>	1	
<i>methotrexate sodium (PF) Inj</i>	1	
<i>mycophenolate mofetil Oral</i>	1	BvD; MO
MYFORTIC ORAL	3	BvD; MO
NEORAL ORAL	2	BvD; MO
NULOJIX IV	4	PA-NS; MO
ORENCIA IV	4	PA; MO
ORENCIA SUBQ	4	PA; MO
ORTHOCLONE OKT3 IV	4	
PROGRAF IV	3	BvD
RAPAMUNE ORAL	2	BvD; MO
RHEUMATREX ORAL	2	MO
SANDIMMUNE ORAL	2	BvD; MO
SANDIMMUNE IV	3	BvD
<i>tacrolimus Oral</i>	1	BvD; MO
TREXALL ORAL	3	BvD
Immunoglobulins		
ATGAM IV	4	
CARIMUNE NF NANOFILTERED IV	4	PA
GAMASTAN S/D IM	2	PA
GAMMAGARD LIQUID IV	4	PA
GAMMAPLEX IV	4	PA
GAMUNEX IV	4	PA
HIZENTRA SUBQ	4	PA
PRIVIGEN IV	4	PA
THYMOGLOBULIN IV	4	BvD

Drug	Tier	Requirements/Limits
VIVAGLOBIN SUBQ	4	PA
Immunomodulators, Other		
ACTEMRA IV	4	PA
BENLYSTA IV	4	PA; MO
CINRYZE IV	4	PA; MO
COPAXONE SUBQ	4	PA; MO; QL (30 EA per 30 day(s))
ILARIS (PF) SUBQ	4	PA; MO
KINERET SUBQ	4	PA; MO
<i>leflunomide Tab 20 mg</i>	1	MO
<i>leflunomide Tab 10 mg</i>	1	MO; QL (30 EA per 30 day(s))
PROLEUKIN IV	4	
RIDAURA ORAL	2	MO
STELARA SUBQ	4	PA; QL (1 ML per 28 day(s))
SYNAGIS IM	4	
YERVOY IV	4	PA-NS
Interferons, Alfa		
INFERGEN SUBQ	4	PA
INTRON A SUBQ PEN KIT 3 million unit /0.2 mL-6 doses	2	PA-NS; MO
INTRON A INJECTION	3	PA-NS; MO
INTRON A SOLUTION FOR INJECTION	4	PA-NS; MO
INTRON A SUBQ PEN KIT 10 million unit/0.2 mL, 5 million unit/0.2 mL	4	PA-NS; MO
PEGASYS SUBQ	4	PA-NS; QL (4 ML per 30 day(s))
PEGASYS CONVENIENCE PACK SUBQ	4	PA-NS; QL (2 EA per 28 day(s))
PEGASYS PROCLICK SUBQ	4	PA-NS; QL (4 ML per 30 day(s))
PEGINTRON SUBQ	4	PA-NS; QL (4 EA per 30 day(s))
PEGINTRON REDIPEN SUBQ	4	PA-NS; QL (4 EA per 30 day(s))
SYLATRON SUBQ	4	PA-NS; MO
Interferons, Beta		
AVONEX IM	4	PA-NS; MO

Drug	Tier	Requirements/Limits
AVONEX ADMINISTRATION PACK IM	4	PA; MO; QL (4 EA per 30 day(s))
BETASERON SUBQ	4	PA; MO; QL (15 EA per 30 day(s))
REBIF SUBQ	4	PA; MO; QL (6 ML per 30 day(s))
REBIF TITRATION PACK SUBQ	4	PA-NS; MO
Interferons, Gamma		
ACTIMMUNE SUBQ	4	MO
Tumor Necrosis Factor (Tnf) Inhibitors		
ENBREL SUBQ	4	PA; MO; QL (200 EA per 30 day(s))
HUMIRA SUB-Q KIT 20 mg/0.4 mL	4	PA; MO; QL (0.8 EA per 30 day(s))
HUMIRA SUB-Q KIT 40 mg/0.8 mL	4	PA; MO; QL (2.4 EA per 28 day(s))
HUMIRA CROHN'S DIS START PCK SUBQ	4	PA; MO
REMICADE IV	4	PA
Vaccines To Prevent Diphtheria		
ADACEL (ADOLESCENT & ADULT) IM	2	
BOOSTRIX IM	2	
DECAVAC IM	2	BvD
<i>tetanus, diphtheria toxid ped-PF IM</i>	2	BvD
Vaccines To Prevent Haemophilus Type B		
ACTHIB IM	2	
COMVAX IM	2	
PEDVAX HIB (PF) IM	2	
Vaccines To Prevent Hepatitis A		
HAVRIX (PF) IM	2	
TWINRIX (PF) IM	2	
VAQTA (PF) IM	2	
Vaccines To Prevent Hepatitis B		
ENGERIX-B (PF) IM	2	BvD
RECOMBIVAX HB (PF) IM	2	BvD

Drug	Tier	Requirements/Limits
Vaccines To Prevent Japanese Encephalitis		
IXIARO (PF) IM	2	
JE-VAX SUBQ	2	
Vaccines To Prevent Measles		
M-M-R II (PF) SUBQ	2	
Vaccines To Prevent Meningococcal Disease		
MENACTRA (PF) IM	2	
MENOMUNE - A/C/Y/W-135 (PF) SUBQ	2	
MENVEO A-C-Y-W-135-DIP (PF) IM	2	
Vaccines To Prevent Mumps		
PROQUAD SUBQ	2	
Vaccines To Prevent Papillomavirus Disease		
CERVARIX VACCINE IM	2	
GARDASIL IM	2	
Vaccines To Prevent Pertussis		
TRIPEDIA (PF) IM	2	
Vaccines To Prevent Poliovirus		
IPOL INJ	2	
Vaccines To Prevent Rabies		
IMOVAX RABIES VACCINE IM	2	
RABAVERT (PF) IM	2	
Vaccines To Prevent Rotavirus Disease		
ROTATEQ VACCINE ORAL	2	
Vaccines To Prevent Tetanus		
BOOSTRIX IM	2	
DAPTACEL (PEDIATRIC) (PF) IM	2	
INFANRIX (PF) IM	2	
<i>tetanus toxoid,adsorbed (PF) IM</i>	2	BvD
<i>tetanus-diphtheria toxoids-Td IM</i>	2	BvD
Vaccines To Prevent Typhoid		

Drug	Tier	Requirements/Limits
TYPHIM VI IM	2	
Vaccines To Prevent Varicella		
VARIVAX (PF) SUBQ	2	
Vaccines To Prevent Yellow Fever		
YF-VAX SUBQ	2	
Vaccines To Prevent Zoster		
ZOSTAVAX SUBQ	2	
Inflammatory Bowel Disease Agents		
Glucocorticoids		
ENTOCORT EC ORAL	2	
Salicylates		
APRISO ORAL	3	MO
ASACOL ORAL	3	MO
<i>balsalazide Oral</i>	1	
CANASA RECT	2	
LIALDA ORAL	3	
<i>mesalamine Rect</i>	1	
PENTASA ORAL	3	MO
ROWASA RECT	3	
Sulfonamides		
<i>sulfasalazine Oral</i>	1	MO
SULFAZINE EC ORAL	1	MO
Metabolic Bone Disease Agents		
Bisphosphonates, Oral		
ACTONEL ORAL	3	
<i>alendronate Oral</i>	1	
BONIVA ORAL	2	ST-NS; MO
<i>etidronate disodium Oral</i>	1	
SKELID ORAL	3	PA-NS; QL (62 EA per 31 day(s))
Bisphosphonates, Parenteral		

Drug	Tier	Requirements/Limits
AREDIA IV SOLUTION 30 mg	3	
AREDIA IV SOLUTION 90 mg	4	
BONIVA IV	3	
<i>pamidronate IV 30 mg/10 mL (3 mg/mL), 90 mg/10 mL (9 mg/mL)</i>	1	
<i>pamidronate IV 60 mg/10 mL (6 mg/mL)</i>	3	
RECLAST IV	3	BvD
ZOMETA IV	4	
Calcium Regulating Hormones		
<i>calcitonin (salmon) Nasl</i>	1	BvD; MO; QL (4 ML per 28 day(s))
FORTICAL NASL	1	BvD; MO; QL (4 ML per 28 day(s))
MIACALCIN INJ	2	BvD
Parathyroid Hormone Analogs		
FORTEO SUBQ	4	PA; MO; QL (2.4 ML per 30 day(s))
Vitamin D–Related Agents/Metabolic Bone Disease Agents		
<i>calcitriol IV</i>	1	BvD
<i>calcitriol Oral</i>	1	BvD; MO
CYSTADANE ORAL	2	MO
HECTOROL IV	2	BvD
HECTOROL ORAL	2	BvD; MO
PROLIA SUBQ	3	PA
XGEVA SUBQ	4	PA
ZELAPAR ORAL	3	MO
ZEMPLAR IV	3	BvD
ZEMPLAR ORAL	3	BvD; MO
Ophthalmic Agents		
Alpha-Adrenergic Agonists, Ophthalmic		
ALPHAGAN P OPHT	2	MO

Drug	Tier	Requirements/Limits
<i>apraclonidine Opht</i>	1	
<i>brimonidine Opht</i>	1	MO
IOPIDINE EYE DROPPERETTE	3	
PROPINE OPHT	3	MO
Beta-Adrenergic Blocking Agents, Ophthalmic		
<i>betaxolol Opht</i>	1	MO
BETIMOL OPHT	3	MO
BETOPTIC S OPHT	2	MO
<i>carteolol Opht</i>	1	MO
COMBIGAN OPHT	2	MO
<i>dorzolamide-timolol Opht</i>	1	MO
ISTALOL OPHT	3	MO
<i>levobunolol Opht</i>	1	MO
<i>metipranolol Opht</i>	1	MO
<i>timolol maleate Opht</i>	1	MO
TIMOPTIC OCUDOSE OPHT	3	MO
Carbonic Anhydrase Inhibitors, Ophthalmic		
AZOPT OPHT	2	MO
<i>dorzolamide Opht</i>	1	MO
Cholinergic Agonists, Ophthalmic		
ISOPTO CARPINE OPHT	2	MO
PHOSPHOLINE IODIDE OPHT	3	MO
PILOPINE HS OPHT	2	MO
Glucocorticoids, Ophthalmic		
<i>dexamethasone sodium phosphate Opht</i>	1	
FLAREX OPHT	3	
<i>fluorometholone Opht</i>	1	
FML FORTE OPHT	3	
FML S.O.P. OPHT	2	
LOTEMAX OPHT	3	

Drug	Tier	Requirements/Limits
MAXIDEX OPHT	3	
POLY-PRED OPHT	3	
PRED MILD OPHT	3	
PRED-G OPHT	3	
PRED-G S.O.P. OPHT	3	
<i>prednisolone acetate Opht</i>	1	
<i>prednisolone sodium phosphate Opht</i>	1	
VEXOL OPHT	3	
Nonsteroidal Anti-Inflammatory Drugs, Ophthalmic		
ACUVAIL OPHT	3	
BROMDAY OPHT	3	
<i>bromfenac Opht</i>	1	
<i>diclofenac sodium Opht</i>	1	
<i>flurbiprofen sodium Opht</i>	1	
<i>ketorolac Opht</i>	1	
NEVANAC OPHT	3	
Ophthalmic Agents, Other		
AK-CON OPHT	1	
AK-TOB OPHT	1	
AZASITE OPHT	3	
<i>bacitracin Opht</i>	1	
<i>bacitracin-polymyxin B Opht</i>	1	
BLEPHAMIDE OPHT	3	
BLEPHAMIDE S.O.P. OPHT	2	
CILOXAN EYE OINTMENT	2	
DUREZOL OPHT	3	
GENTAK OPHT	1	
GENTASOL OPHT	1	
IQUIX OPHT	3	
LACRISERT OPHT	2	

Drug	Tier	Requirements/Limits
<i>levofloxacin Opht</i>	1	
LOTEMAX OPHT	3	
MOXEZA OPHT	2	
<i>neomycin-bacitracin-poly-HC Opht</i>	1	
<i>neomycin-bacitracin-polymyxin Opht</i>	1	
<i>neomycin-polymyxin-dexameth Opht</i>	1	
<i>neomycin-polymyxin-gramicidin Opht</i>	1	
<i>neomycin-polymyxin-HC Opht</i>	1	
POLY-DEX OPHT	1	
<i>proparacaine Opht</i>	1	
RESTASIS OPHT	2	MO
ROMYCIN OPHT	1	
<i>sulfacetamide sodium Opht</i>	1	
TOBRADEX EYE OINTMENT	3	
<i>tobramycin-dexamethasone Opht</i>	1	
TOBRASOL OPHT	1	
TOBREX EYE OINTMENT	2	
<i>trifluridine Opht</i>	1	
<i>trimethoprim-polymyxin B Opht</i>	1	
<i>tropicamide Opht</i>	1	MO
VIGAMOX OPHT	2	
ZYLET OPHT	3	
ZYMAR OPHT	3	
ZYMAXID OPHT	3	
Ophthalmic Anti-Allergy Agents		
ALAMAST OPHT	3	
ALOCRIL OPHT	3	
ALOMIDE OPHT	3	
ALREX OPHT	2	
<i>azelastine Opht</i>	1	

Drug	Tier	Requirements/Limits
BEPREVE OPHT	3	
<i>cromolyn Oph</i>	1	
EMADINE OPHT	3	
<i>epinastine Oph</i>	1	
LASTACAFT OPHT	3	
PATADAY OPHT	2	
PATANOL OPHT	2	
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>latanoprost Oph</i>	1	MO
LUMIGAN OPHT	3	MO
TRAVATAN Z OPHT	2	MO
Otic Agents		
Otic Anti-Inflammatories		
ACETASOL HC OTIC	1	
<i>acetic acid Otic</i>	1	
COLY-MYCIN S OTIC	3	
CORTISPORIN-TC OTIC	3	
CORTOMYCIN OTIC	1	
DERMOTIC OIL OTIC	2	
<i>fluocinolone acetonide oil Otic</i>	1	
<i>hydrocortisone-acetic acid Otic</i>	1	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHL	2	MO; QL (60 EA per 25 day(s))
ADVAIR HFA INHL	2	MO; QL (12 GM per 25 day(s))
ALVESCO AEROSOL INHALER 160 mcg/actuation	3	MO; QL (13 GM per 25 day(s))
ALVESCO AEROSOL INHALER 80 mcg/actuation	3	MO; QL (24.4 GM per 25 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (30 doses)	2	MO; QL (15 GM per 25 day(s))

Drug	Tier	Requirements/Limits
ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (60 doses)	2	MO; QL (29 GM per 25 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 110 mcg (30 doses)	2	MO; QL (30 GM per 25 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (120 doses)	2	MO; QL (58 GM per 25 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (14 doses)	2	MO; QL (7 GM per 25 day(s))
BECONASE AQ NASL	3	QL (50 GM per 25 day(s))
<i>budesonide Inhl</i>	1	MO; QL (120 ML per 25 day(s))
DULERA INHL	3	MO; QL (13 GM per 30 day(s))
FLOVENT DISKUS INHL	2	MO; QL (120 EA per 25 day(s))
FLOVENT HFA INHL	2	MO; QL (24 GM per 25 day(s))
<i>flunisolide Nasl</i>	1	QL (50 ML per 25 day(s))
<i>fluticasone Nasl</i>	1	QL (16 GM per 25 day(s))
NASACORT AQ NASL	3	QL (17 GM per 25 day(s))
NASONEX NASL	2	QL (34 GM per 25 day(s))
OMNARIS NASL	3	QL (13 GM per 25 day(s))
PULMICORT NEB SUSPENSION 1 mg/2 mL	3	MO; QL (60 ML per 25 day(s))
PULMICORT FLEXHALER BREATH ACTIVATED 180 mcg/Inhalation	3	MO; QL (2 EA per 25 day(s))
PULMICORT FLEXHALER BREATH ACTIVATED 90 mcg/Inhalation	3	MO; QL (4 EA per 25 day(s))
QVAR INHL	2	MO; QL (24 GM per 25 day(s))
RHINOCORT AQUA NASL	3	QL (18 GM per 25 day(s))
SYMBICORT INHL	2	MO; QL (11 GM per 25 day(s))
<i>triamcinolone acetonide Nasl</i>	1	MO
VERAMYST NASL	3	QL (10 GM per 25 day(s))
Bronchodilators, Anticholinergic		
ATROVENT HFA INHL	2	MO; QL (26 GM per 25 day(s))
COMBIVENT INHL	2	MO; QL (30 GM per 25 day(s))
<i>ipratropium bromide Nasl</i>	1	MO

Drug	Tier	Requirements/Limits
<i>ipratropium bromide Inhl</i>	1	MO; QL (315 ML per 25 day(s))
<i>ipratropium-albuterol Inhl</i>	1	MO; QL (540 ML per 25 day(s))
SPIRIVA WITH HANDIHALER INHL	2	MO; QL (30 EA per 25 day(s))
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)		
<i>aminophylline IV</i>	1	
<i>aminophylline Oral</i>	1	MO
ELIXOPHYLLIN ORAL	2	MO
LUFYLLIN ORAL	3	MO
THEO-24 ORAL	2	MO
THEOCHRON ORAL	1	MO
<i>theophylline Oral</i>	1	MO
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate Oral</i>	1	MO
<i>albuterol sulfate Neb Solution 0.63 mg/3 mL, 1.25 mg/3 mL, 2.5 mg /3 mL (0.083 %)</i>	1	MO; QL (300 ML per 25 day(s))
<i>albuterol sulfate Neb Solution 5 mg/mL</i>	1	MO; QL (60 ML per 25 day(s))
ARCAPTA NEOHALER INHL	3	MO
BROVANA INHL	3	MO; QL (120 ML per 25 day(s))
<i>epinephrine HCl Inj</i>	1	
EPIPEN IM	2	
EPIPEN JR IM	2	
FORADIL AEROLIZER INHL	3	MO; QL (60 EA per 25 day(s))
<i>levalbuterol HCl Inhl</i>	1	MO; QL (180 EA per 25 day(s))
MAXAIR AUTOHALER INHL	3	QL (14 GM per 25 day(s))
<i>metaproterenol Oral</i>	1	MO
PERFOROMIST INHL	3	BvD; MO; QL (120 ML per 25 day(s))
PROAIR HFA INHL	2	MO; QL (18 GM per 25 day(s))
PROVENTIL HFA INHL	3	MO; QL (14 GM per 25 day(s))
SEREVENT DISKUS INHL	2	MO; QL (60 EA per 25 day(s))
<i>terbutaline SubQ</i>	1	

Drug	Tier	Requirements/Limits
<i>terbutaline Oral</i>	1	MO
TWINJECT AUTOINJECTOR IM	3	
VENTOLIN HFA INHL	3	MO; QL (36 GM per 25 day(s))
XOPENEX INHL	3	MO; QL (288 ML per 25 day(s))
XOPENEX HFA INHL	3	MO; QL (30 GM per 25 day(s))
H1 Blocking Agents, Sedating		
<i>carbinoxamine maleate Oral</i>	1	
<i>clemastine Oral</i>	1	
<i>cyproheptadine Oral</i>	1	PA
<i>dexchlorpheniramine maleate Oral</i>	1	PA
<i>diphenhydramine HCl Inj</i>	1	PA
<i>diphenhydramine HCl Oral</i>	1	PA
<i>hydroxyzine HCl IM</i>	1	PA
<i>hydroxyzine HCl Oral</i>	1	PA
<i>hydroxyzine pamoate Oral</i>	1	PA
Histamine1 (H1) Blocking Agents, Mildly/Non-Sedating		
ALLEGRA ORAL	3	
ASTEPRO NASL	2	QL (60 ML per 25 day(s))
<i>azelastine Nasl</i>	1	QL (60 ML per 25 day(s))
CLARINEX SYRUP	3	
CLARINEX TAB	3	QL (30 EA per 30 day(s))
CLARINEX TAB, RAPID DISSOLVE	3	QL (30 EA per 30 day(s))
CLARINEX-D 12 HOUR ORAL	3	QL (60 EA per 30 day(s))
CLARINEX-D 24 HOUR ORAL	3	QL (30 EA per 30 day(s))
<i>levocetirizine Oral</i>	1	
PATANASE NASL	3	
SEMPREX-D ORAL	3	
XYZAL ORAL SOLN	3	
Mast Cell Stabilizers		
<i>cromolyn Oral</i>	1	

Drug	Tier	Requirements/Limits
<i>cromolyn Inhl</i>	1	BvD; MO; QL (240 ML per 25 day(s))
GASTROCROM ORAL	2	MO
Pulmonary Antihypertensives		
LETAIRIS ORAL	4	MO; QL (30 EA per 30 day(s))
REMODULIN INJ	4	
REVATIO IV	4	PA
REVATIO ORAL	4	PA; MO; QL (90 EA per 30 day(s))
TRACLEER ORAL	4	LA; MO; QL (60 EA per 30 day(s))
VENTAVIS INHL	4	BvD; MO
Receptor Antagonists		
SINGULAIR ORAL	2	MO; QL (30 EA per 30 day(s))
<i>zafirlukast Oral</i>	1	MO
Respiratory Tract Agents, Other		
ARALAST NP IV	4	
DALIRESP ORAL	3	
GLASSIA IV	4	PA
MYOZYME IV	4	
PROLASTIN IV	4	
PROLASTIN C IV	4	
PULMOZYME INHL	4	BvD; MO
TYZINE NASL	2	
XOLAIR SUBQ	4	PA
ZEMAIRA IV	4	
Synthesis Inhibitors		
ZYFLO CR ORAL	3	MO; QL (120 EA per 30 day(s))
Sedatives/Hypnotics		
Sedatives/Hypnotics		
LUNESTA ORAL	3	
ROZEREM ORAL	3	MO

Drug	Tier	Requirements/Limits
SILENOR ORAL	3	MO; QL (31 EA per 31 day(s))
<i>zaleplon Oral</i>	1	
<i>zolpidem Oral</i>	1	
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
BOTOX INJ	3	
<i>carisoprodol Oral</i>	1	PA
<i>carisoprodol-ASA-codeine Oral</i>	1	
<i>carisoprodol-aspirin Oral</i>	1	PA
<i>chlorzoxazone Oral</i>	1	PA
<i>cyclobenzaprine Tab 7.5 mg</i>	1	
<i>cyclobenzaprine ER 24 hr Cap</i>	1	PA
<i>cyclobenzaprine Tab 10 mg, 5 mg</i>	1	PA
FEXMID ORAL	3	PA
<i>metaxalone Oral</i>	1	PA
<i>methocarbamol Oral</i>	1	PA
<i>orphenadrine citrate Inj</i>	1	PA
<i>orphenadrine citrate Oral</i>	1	PA
ORPHENADRINE COMPOUND ORAL	1	PA
ORPHENADRINE COMPOUND-DS ORAL	1	PA
ROBAXIN INJ	2	PA
SOMA TAB 250 mg	3	
Therapeutic Nutrients/Minerals/ Electrolytes		
Electrolytes/Minerals		
<i>0.45 % NaCl-potassium chloride IV</i>	1	
<i>0.9 % sodium chloride & potassium chloride IV 20 mEq/L</i>	1	
<i>0.9 % sodium chloride & potassium chloride IV 40 mEq/L</i>	2	
AMINOSYN 10 % IV	2	BvD
AMINOSYN 3.5 % IV	2	BvD

Drug	Tier	Requirements/Limits
AMINOSYN 5 % (SULFITE-FREE) IV	2	BvD
AMINOSYN 7 % IV	2	BvD
AMINOSYN 8.5 % IV	2	BvD
AMINOSYN 8.5 %-ELECTROLYTES IV	1	BvD
AMINOSYN II 10 % IV	2	BvD
AMINOSYN II 3.5 %/DEXTROSE 5 % IV	2	BvD
AMINOSYN II 3.5 %-DEXTROSE 25% IV	2	BvD
AMINOSYN II 3.5% M/DEXTROSE 5% IV	2	BvD
AMINOSYN II 3.5%-LYTES-CA-D25W IV	2	BvD
AMINOSYN II 4.25%/DEXTROSE 20% IV	2	BvD
AMINOSYN II 4.25%-DEXTROSE 10% IV	2	BvD
AMINOSYN II 4.25%-DEXTROSE 25% IV	2	BvD
AMINOSYN II 4.25%-LYTES-CA-D25 IV	2	BvD
AMINOSYN II 5%/DEXTROSE 25% IV	2	BvD
AMINOSYN II 7 % IV	2	BvD
AMINOSYN II 8.5 % IV	2	BvD
AMINOSYN II 8.5 %-ELECTROLYTES IV	1	BvD
AMINOSYN M 3.5 % IV	2	BvD
AMINOSYN-HBC 7% IV	2	BvD
AMINOSYN-HF 8 % IV	1	BvD
AMINOSYN-PF 10 % IV	2	BvD
AMINOSYN-PF 7 % (SULFITE-FREE) IV	2	BvD
<i>ammonium chloride IV</i>	3	
CLINIMIX 2.75%/D5 SULFITE FREE IV	2	BvD
CLINIMIX 4.25%/D5 SULFITE FREE IV	2	BvD
CLINIMIX 4.25/D10 SULFITE FREE IV	1	BvD
CLINIMIX 4.25/D20 SULFITE FREE IV	1	BvD
CLINIMIX 4.25/D25 SULFITE FREE IV	1	BvD
CLINIMIX 5%/D15 SULFITE FREE IV	2	BvD
CLINIMIX 5%/D20 SULFITE FREE IV	2	BvD

Drug	Tier	Requirements/Limits
CLINIMIX 5%/D25 SULFITE FREE IV	2	BvD
CLINIMIX E 2.75/D10 SULFITFREE IV	2	BvD
CLINIMIX E 2.75/D5 SULFITEFREE IV	2	BvD
CLINIMIX E 4.25/D25 SULFITFREE IV	2	BvD
CLINIMIX E 4.25/D5 SULFITEFREE IV	2	BvD
CLINIMIX E 5%/D15 SULFITE FREE IV	2	BvD
CLINIMIX E 5%/D20 SULFITE FREE IV	2	BvD
CLINIMIX E 5%/D25 SULFITE FREE IV	2	BvD
CLINISOL SF 15% IV	1	BvD
<i>D10 %-0.45 % sodium chloride IV</i>	1	
<i>D10-0.2 % NaCl & Potassium Cl IV</i>	2	
<i>D2.5 %-0.45 % sodium chloride IV</i>	1	
<i>D5 %-0.45 % sodium chloride IV</i>	1	
<i>D5 %-0.9 % sodium chloride IV</i>	1	
<i>D5 in 0.45%NaCl & potassium Cl IV</i>	1	
<i>D5-0.225 % NaCl and KCl IV</i>	1	
<i>D5-0.33 % NaCl & potassium chl IV</i>	1	
<i>D5 & 0.9 % sodium chloride with potassium chloride IV 20 mEq/L</i>	1	
<i>D5 & 0.9 % sodium chloride with potassium chloride IV 40 mEq/L</i>	2	
<i>D5-LR with potassium chloride IV</i>	2	
<i>D5W with potassium chloride IV 20 mEq/L, 30 mEq/L, 40 mEq/L</i>	1	
<i>D5W with potassium chloride IV 10 mEq/L</i>	2	
<i>dextrose 10 % & 0.225 % NaCl IV</i>	1	
<i>dextrose 10% in water (D10W) IV</i>	1	
<i>dextrose 5% in water (D5W) IV</i>	1	
<i>dextrose 5%-0.225 % NaCl IV</i>	1	
<i>dextrose 5%-0.33% sod.chloride IV</i>	1	
ED K+10 ORAL	1	MO

Drug	Tier	Requirements/Limits
<i>electrolyte-48 in D5W IV</i>	2	
FREAMINE III 3 %-ELECTROLYTES IV	2	BvD
FREAMINE III 8.5 % IV	1	BvD
HEPATAMINE 8% IV	1	BvD
HEPATASOL 8 % IV	2	BvD
INTRALIPID IV 20 %	1	BvD
IONOSOL-B IN D5W IV	2	
IONOSOL-MB IN D5W IV	2	
IONOSOL-T IN D5W IV	2	
ISOLYTE-H IN D5W IV	2	
ISOLYTE-M IN D5W IV	1	
ISOLYTE-P IN D5W IV	2	
ISOLYTE-S IV	2	
ISOLYTE-S IN D5W IV	2	
KLOR-CON ORAL	1	MO
KLOR-CON 10 ORAL	1	MO
KLOR-CON M15 ORAL	1	MO
KLOR-CON M20 ORAL	1	MO
<i>lactated ringers IR</i>	1	
<i>lactated ringers IV</i>	1	
<i>levocarnitine IV</i>	1	BvD
<i>levocarnitine Oral</i>	1	BvD; MO
<i>levocarnitine (with sugar) Oral</i>	1	BvD; MO
LIPOSYN II IV 10 %	3	BvD
LIPOSYN III IV 30 %	1	BvD
LIPOSYN III IV 10 %	3	BvD
<i>magnesium sulfat Inj</i>	1	
<i>magnesium sulfat IV</i>	3	
<i>magnesium sulfat in D5W IV</i>	2	
NEPHRAMINE 5.4 % IV	2	BvD

Drug	Tier	Requirements/Limits
NORMOSOL-M IN D5W IV	1	
NORMOSOL-R IN D5W IV	1	
NORMOSOL-R PH 7.4 IV	2	
PHYSIOLYTE IR	1	
PHYSIOSOL IRRIGATION IR	1	
PLASMA-LYTE 148 IV	2	
PLASMA-LYTE 148 IN D5W IV	2	
PLASMA-LYTE 56 IV	2	
PLASMA-LYTE A IV	2	
PLASMA-LYTE R IV	1	
PLASMA-LYTE-56 IN D5W IV	2	
<i>potassium chloride IV</i>	1	
<i>potassium chloride Oral</i>	1	MO
<i>potassium citrate Oral</i>	1	
PREMASOL 10 % IV	2	BvD
PREMASOL 6 % IV	1	BvD
PRENATABS OBN ORAL	1	
PROCALAMINE 3% IV	2	BvD
PROSOL 20% IV	2	BvD
<i>ringers IR</i>	1	
<i>ringers IV</i>	1	
<i>sodium bicarbonate IV</i>	1	
<i>sodium chloride IR</i>	1	
<i>sodium chloride IV</i>	1	
<i>sodium chloride 0.45 % IV</i>	1	
<i>sodium chloride 0.9 % IV</i>	1	
<i>sodium chloride 3 % IV</i>	1	
<i>sodium chloride 5 % IV</i>	1	
<i>sodium fluoride Oral</i>	1	
<i>sodium lactate IV</i>	1	

Drug	Tier	Requirements/Limits
TIS-U-SOL IR	1	
TPN ELECTROLYTES IV	1	
TRAVASOL 10 % IV	2	BvD
TROPHAMINE 10 % IV	2	BvD

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