



**State Health Plan  
Medicare Prescription Drug Program (Employer PDP),  
administered by Catamaran**

**2015 Comprehensive Formulary**

**(List of Covered Drugs)**

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

This formulary was updated on September 5, 2014 and is a complete list of drugs covered by our plan.

For a complete listing or other questions, please contact:

**Catamaran Member Services**

**Phone:** 1-855-902-7322

**TTY users call:** 711

**Hour of operation:** 24 hours a day, 7 days a week

**Website:** [www.myCatamaranRx.com](http://www.myCatamaranRx.com)

**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.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2016.

Catamaran is a Medicare approved Part D sponsor and administers this plan on behalf of your employer, union or trustees of a fund. If you need this information in another language or alternate format (Braille, large print, audio), please contact Catamaran Member Services at the number located on the back of your ID card.

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## **What is the Comprehensive Formulary?**

A formulary is a list of covered drugs selected by the State Health Plan in consultation with Catamaran and a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. The State Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Catamaran network pharmacy, and other plan rules are followed.

## **Can the Formulary (drug list) change?**

Generally, if you are taking a drug on our 2015 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2015 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 (as applicable), 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 September 5, 2014. To get updated information about the drugs covered, please contact Catamaran Member Services. Our contact information appears on the front and back cover pages.

If there is a mid-year non-maintenance formulary change (i.e. remove drugs from our formulary, add a prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier), we will update our formulary and post it on our Website. The updated formulary may be obtained from our Website at [www.myCatamaranRx.com](http://www.myCatamaranRx.com) or by calling Catamaran Member Services. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. We will notify beneficiaries in writing prior to making this type of change.

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 6. 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 that begins on page 182. 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?**

Our plan 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:** A prior authorization requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Catamaran before you fill your prescriptions. If you don't get approval, the drug may not be covered.
- **Quantity Limits:** For certain drugs, there is a limit on the amount of the drug that will be covered.
- **Step Therapy:** In some cases, it will be required that you first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. For more information, please call Catamaran Member Services. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You can ask Catamaran to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the formulary?" on page 4 for information about how to request an exception.

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

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

## How do I request an exception to the Formulary?

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

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

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

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 31-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.

If you are a current enrollee with a level of care change and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day transition supply (unless you

have a prescription written for fewer days), while you seek to obtain a formulary exception. If you are in the process of seeking an exception, we will consider allowing continued coverage until a decision is made.

## For more information

For more detailed information about your State Health Plan prescription drug coverage, please review your other plan materials. If you have questions about the Plan, please call Catamaran Member Services. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).

## Formulary

The formulary below provides coverage information about some of the drugs covered. If you have trouble finding your drug in the list, turn to the Index that begins on page 182. The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., COZAAR) and generic drugs are listed in lower-case italics (e.g., *atenolol*).

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

**B/D:** This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

**CB:** This prescription drug has a capped benefit limit.

**ED:** This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

**FF:** Free First Fill. This prescription drug will be provided at zero/reduced cost-sharing the first time you fill it.

**GC:** Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

**HI:** Home Infusion. This prescription drug may be covered under our medical benefit.

**LA:** Limited Availability. This prescription may be available only at certain pharmacies.

**MO:** Mail Order Drug. This prescription drug is available through a mail-order service.

**MW:** Medicaid Wrap for Dual Demonstration Plan. This prescription drug is covered under the Medicaid Wrap benefit for Dual Demonstration plan members.

**PA:** Prior Authorization. Our Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Catamaran before you fill your prescriptions. If you don't get approval, your drug may not be covered.

**QL:** Quantity Limit. For certain drugs, our Plan limits the amount of the drug that will be covered.

**ST:** Step Therapy. In some cases, our Plan 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, we may not cover drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<i>Analgesics</i>		
ALAGESIC LQ SOLN 325MG/15ML; 50MG/15ML; 40MG/15ML	3	
<i>biogesic tabs 500mg; 30mg</i>	1	
BIOREGESIC TABS 650MG; 50MG	3	
BUPAP TABS 300MG; 50MG	3	
<i>butal/asa/caff caps 325mg; 50mg; 40mg</i>	1	
<i>butalbital/acetaminophen/caffeine/codeine caps 300mg; 50mg; 40mg; 30mg</i>	1	
<i>butalbital/acetaminophen/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg</i>	1	
<i>butalbital/acetaminophen/caffeine caps 325mg; 50mg; 40mg</i>	1	
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	1	
<i>butalbital/acetaminophen/caffeine tabs 500mg; 50mg; 40mg</i>	1	
<i>butalbital/acetaminophen tabs 325mg; 50mg</i>	1	
<i>butalbital/apap/caffeine caps 300mg; 50mg; 40mg</i>	1	
<i>butalbital/asa/caffeine caps 325mg; 50mg; 40mg</i>	1	
<i>capacet caps 325mg; 50mg; 40mg</i>	1	
DOLGIC PLUS TABS 750MG; 50MG; 40MG	3	
<i>dologesic tabs 500mg; 30mg</i>	1	
<i>dologesic tabs 500mg; 30mg</i>	1	
ESGIC-PLUS CAPS 500MG; 50MG; 40MG	3	
ESGIC-PLUS TABS 500MG; 50MG; 40MG	3	
ESGIC CAPS 325MG; 50MG; 40MG	3	
ESGIC TABS 325MG; 50MG; 40MG	3	
FIORICET/CODEINE CAPS 300MG; 50MG; 40MG; 30MG	3	
FIORICET CAPS 300MG; 50MG; 40MG	3	
FIORINAL CAPS 325MG; 50MG; 40MG	3	
GRALISE STARTER MISC 0	3	QL (78 EA per 365 days)
GRALISE TABS 300MG	3	QL (180 EA per 30 days)
GRALISE TABS 600MG	3	QL (90 EA per 30 days)
<i>margesic caps 325mg; 50mg; 40mg</i>	1	
<i>marten-tab tabs 325mg; 50mg</i>	1	
OFIRMEV INJ 10MG/ML	3	
PHRENILIN FORTE CAPS 650MG; 50MG	3	
RELAGESIC TABS 650MG; 50MG	3	
<i>repan tabs 325mg; 50mg; 40mg</i>	1	
<i>rhinoflex-650 tabs 650mg; 50mg</i>	1	
<i>tencon tabs 325mg; 50mg</i>	1	
<i>tencon tabs 650mg; 50mg</i>	1	
<i>zebutal caps 325mg; 50mg; 40mg</i>	1	
<i>zebutal caps 500mg; 50mg; 40mg</i>	1	
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
ANAPROX DS TABS 550MG	3	
ANAPROX TABS 275MG	3	
ARTHROTEC 50 TBEC 50MG; 200MCG	3	
ARTHROTEC 75 TBEC 75MG; 200MCG	3	
CALDOLOR INJ 400MG/4ML	3	

Drug Name	Drug Tier	Requirements/Limits
CALDOLOR INJ 800MG/8ML	3	
CAMBIA PACK 50MG	3	
CATAFLAM TABS 50MG	3	
CELEBREX CAPS 100MG	2	QL (60 EA per 30 days) PA
CELEBREX CAPS 200MG	2	QL (60 EA per 30 days) PA
CELEBREX CAPS 400MG	2	QL (60 EA per 30 days) PA
CELEBREX CAPS 50MG	2	QL (60 EA per 30 days) PA
<i>choline magnesium trisalicylate liqd 500mg/5ml</i>	1	
DAYPRO TABS 600MG	3	
<i>diclofenac potassium tabs 50mg</i>	1	
<i>diclofenac sodium dr tbec 25mg</i>	1	
<i>diclofenac sodium dr tbec 50mg</i>	1	
<i>diclofenac sodium dr tbec 75mg</i>	1	
<i>diclofenac sodium er tb24 100mg</i>	1	
<i>diclofenac sodium/misoprostol tbec 50mg; 200mcg</i>	1	
<i>diclofenac sodium/misoprostol tbec 75mg; 200mcg</i>	1	
<i>diflunisal tabs 500mg</i>	1	
DUEXIS TABS 26.6MG; 800MG	3	
EC-NAPROSYN TBEC 375MG	3	
EC-NAPROSYN TBEC 500MG	3	
<i>etodolac er tb24 400mg</i>	1	
<i>etodolac er tb24 500mg</i>	1	
<i>etodolac er tb24 600mg</i>	1	
<i>etodolac caps 200mg</i>	1	
<i>etodolac caps 300mg</i>	1	
<i>etodolac tabs 400mg</i>	1	
<i>etodolac tabs 500mg</i>	1	
FELDENE CAPS 10MG	3	
FELDENE CAPS 20MG	3	
<i>fenoprofen calcium tabs 600mg</i>	1	
FLECTOR PTCH 1.3%	3	QL (28 EA per 14 days)
<i>flurbiprofen tabs 100mg</i>	1	
<i>flurbiprofen tabs 50mg</i>	1	
<i>ibuprofen susp 100mg/5ml</i>	1	
<i>ibuprofen tabs 400mg</i>	1	
<i>ibuprofen tabs 600mg</i>	1	
<i>ibuprofen tabs 800mg</i>	1	
INDOCIN IV INJ 1MG	3	
INDOCIN SUPP 50MG	3	
INDOCIN SUSP 25MG/5ML	3	
<i>indomethacin er cpcr 75mg</i>	1	
<i>indomethacin sodium inj 1mg</i>	1	
<i>indomethacin caps 25mg</i>	1	
<i>indomethacin caps 50mg</i>	1	
<i>indomethacin inj 1mg</i>	1	
<i>ketoprofen er cp24 200mg</i>	1	
<i>ketoprofen caps 50mg</i>	1	
<i>ketoprofen caps 75mg</i>	1	
<i>ketorolac tromethamine inj 15mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine inj 300mg/10ml</i>	1	
<i>ketorolac tromethamine inj 30mg/ml</i>	1	
<i>ketorolac tromethamine inj 30mg/ml</i>	1	
<i>ketorolac tromethamine inj 30mg/ml</i>	1	
<i>ketorolac tromethamine inj 30mg/ml</i>	1	
<i>ketorolac tromethamine inj 30mg/ml</i>	1	
<i>ketorolac tromethamine inj 30mg/ml</i>	1	
<i>ketorolac tromethamine inj 30mg/ml</i>	1	
<i>ketorolac tromethamine inj 60mg/2ml</i>	1	
<i>ketorolac tromethamine inj 60mg/2ml</i>	1	
<i>ketorolac tromethamine inj 60mg/2ml</i>	1	
<i>ketorolac tromethamine inj 60mg/2ml</i>	1	
<i>ketorolac tromethamine inj 60mg/2ml</i>	1	
<i>ketorolac tromethamine inj 60mg/2ml</i>	1	
<i>ketorolac tromethamine tabs 10mg</i>	1	QL (20 EA per 5 days)
<i>meclofenamate sodium caps 100mg</i>	1	
<i>meclofenamate sodium caps 50mg</i>	1	
<i>mefenamic acid caps 250mg</i>	1	
<i>meloxicam susp 7.5mg/5ml</i>	1	
<i>meloxicam tabs 15mg</i>	1	
<i>meloxicam tabs 7.5mg</i>	1	
MOBIC SUSP 7.5MG/5ML	3	
MOBIC TABS 15MG	3	
MOBIC TABS 7.5MG	3	
<i>mst 600 tabs 600mg</i>	1	
<i>nabumetone tabs 500mg</i>	1	
<i>nabumetone tabs 750mg</i>	1	
NALFON CAPS 400MG	3	
NAPRELAN TB24 375MG	3	
NAPRELAN TB24 500MG	3	
NAPRELAN TB24 750MG	3	
NAPROSYN SUSP 125MG/5ML	3	
NAPROSYN TABS 250MG	3	
NAPROSYN TABS 375MG	3	
NAPROSYN TABS 500MG	3	
<i>naproxen dr tbec 375mg</i>	1	
<i>naproxen dr tbec 500mg</i>	1	
<i>naproxen sodium tabs 275mg</i>	1	
<i>naproxen sodium tabs 550mg</i>	1	
<i>naproxen susp 125mg/5ml</i>	1	
<i>naproxen tabs 250mg</i>	1	
<i>naproxen tabs 375mg</i>	1	
<i>naproxen tabs 500mg</i>	1	
NEOPROFEN INJ 10MG/ML	3	
<i>oxaprozin tabs 600mg</i>	1	
<i>oxycodone/ibuprofen tabs 400mg; 5mg</i>	1	
<i>piroxicam caps 10mg</i>	1	
<i>piroxicam caps 20mg</i>	1	
PONSTEL CAPS 250MG	3	



Drug Name	Drug Tier	Requirements/Limits
<i>salsalate tabs 500mg</i>	1	
<i>salsalate tabs 750mg</i>	1	
SPRIX SOLN 15.75MG/SPRAY	3	QL (5 EA per 30 days)
<i>tolmetin sodium caps 400mg</i>	1	
<i>tolmetin sodium tabs 200mg</i>	1	
<i>tolmetin sodium tabs 600mg</i>	1	
VOLTAREN-XR TB24 100MG	3	
ZIPSOR CAPS 25MG	3	
ZORVOLEX CAPS 18MG	3	
ZORVOLEX CAPS 35MG	3	
<b><i>Opioid Analgesics, Long-acting</i></b>		
AVINZA CP24 120MG	3	QL (30 EA per 30 days)
AVINZA CP24 30MG	3	QL (30 EA per 30 days)
AVINZA CP24 45MG	3	QL (30 EA per 30 days)
AVINZA CP24 60MG	3	QL (30 EA per 30 days)
AVINZA CP24 75MG	3	QL (30 EA per 30 days)
AVINZA CP24 90MG	3	QL (30 EA per 30 days)
CONZIP CP24 100MG	3	QL (30 EA per 30 days)
CONZIP CP24 200MG	3	QL (30 EA per 30 days)
CONZIP CP24 300MG	3	QL (30 EA per 30 days)
DOLOPHINE HCL TABS 5MG	3	
DOLOPHINE TABS 10MG	3	
DURAGESIC PT72 100MCG/HR	3	QL (10 EA per 30 days)
DURAGESIC PT72 12MCG/HR	3	QL (10 EA per 30 days)
DURAGESIC PT72 25MCG/HR	3	QL (10 EA per 30 days)
DURAGESIC PT72 50MCG/HR	3	QL (10 EA per 30 days)
DURAGESIC PT72 75MCG/HR	3	QL (10 EA per 30 days)
EXALGO T24A 12MG	3	QL (150 EA per 30 days)
EXALGO T24A 16MG	3	QL (120 EA per 30 days)
EXALGO T24A 32MG	3	QL (60 EA per 30 days)
EXALGO T24A 8MG	3	QL (240 EA per 30 days)
<i>fentanyl pt72 100mcg/hr</i>	1	QL (10 EA per 30 days)
<i>fentanyl pt72 12mcg/hr</i>	1	QL (10 EA per 30 days)
<i>fentanyl pt72 25mcg/hr</i>	1	QL (10 EA per 30 days)
<i>fentanyl pt72 50mcg/hr</i>	1	QL (10 EA per 30 days)
<i>fentanyl pt72 75mcg/hr</i>	1	QL (10 EA per 30 days)
<i>hydromorphone hcl er t24a 12mg</i>	1	QL (150 EA per 30 days)
<i>hydromorphone hcl er t24a 16mg</i>	1	QL (120 EA per 30 days)
<i>hydromorphone hcl er t24a 32mg</i>	1	QL (60 EA per 30 days)
<i>hydromorphone hcl er t24a 8mg</i>	1	QL (240 EA per 30 days)
INFUMORPH 200 INJ 10MG/ML	3	
INFUMORPH 500 INJ 25MG/ML	3	
KADIAN CP24 100MG	3	QL (60 EA per 30 days)
KADIAN CP24 10MG	3	QL (60 EA per 30 days)
KADIAN CP24 130MG	3	QL (60 EA per 30 days)
KADIAN CP24 150MG	3	QL (60 EA per 30 days)
KADIAN CP24 200MG	3	QL (60 EA per 30 days)
KADIAN CP24 20MG	3	QL (60 EA per 30 days)
KADIAN CP24 30MG	3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
KADIAN CP24 40MG	3	QL (60 EA per 30 days)
KADIAN CP24 50MG	3	QL (60 EA per 30 days)
KADIAN CP24 60MG	3	QL (60 EA per 30 days)
KADIAN CP24 70MG	3	QL (60 EA per 30 days)
KADIAN CP24 80MG	3	QL (60 EA per 30 days)
levorphanol tartrate tabs 2mg	1	
methadone hcl intensol conc 10mg/ml	1	
methadone hcl conc 10mg/ml	1	
methadone hcl inj 10mg/ml	1	
methadone hcl soln 10mg/5ml	1	
methadone hcl soln 5mg/5ml	1	
methadone hcl tabs 10mg	1	
methadone hcl tabs 5mg	1	
methadone hcl tbso 40mg	1	
methadose sugar-free conc 10mg/ml	1	
methadose conc 10mg/ml	1	
methadose tbso 40mg	1	
morphine sulfate er cp24 100mg	1	QL (60 EA per 30 days)
morphine sulfate er cp24 10mg	1	QL (60 EA per 30 days)
morphine sulfate er cp24 120mg	1	QL (30 EA per 30 days)
morphine sulfate er cp24 20mg	1	QL (60 EA per 30 days)
morphine sulfate er cp24 30mg	1	QL (60 EA per 30 days)
morphine sulfate er cp24 30mg	1	QL (30 EA per 30 days)
morphine sulfate er cp24 45mg	1	QL (30 EA per 30 days)
morphine sulfate er cp24 50mg	1	QL (60 EA per 30 days)
morphine sulfate er cp24 60mg	1	QL (60 EA per 30 days)
morphine sulfate er cp24 60mg	1	QL (30 EA per 30 days)
morphine sulfate er cp24 75mg	1	QL (30 EA per 30 days)
morphine sulfate er cp24 80mg	1	QL (60 EA per 30 days)
morphine sulfate er cp24 90mg	1	QL (30 EA per 30 days)
morphine sulfate er tbcr 100mg	1	QL (60 EA per 30 days)
morphine sulfate er tbcr 15mg	1	QL (60 EA per 30 days)
morphine sulfate er tbcr 200mg	1	QL (60 EA per 30 days)
morphine sulfate er tbcr 30mg	1	QL (60 EA per 30 days)
morphine sulfate er tbcr 60mg	1	QL (60 EA per 30 days)
morphine sulfate in dextrose 5% inj 5%; 1mg/ml	1	
morphine sulfate inj 10mg/0.7ml	1	
morphine sulfate inj 8mg/ml	1	
morphine sulfate supp 10mg	1	
morphine sulfate supp 20mg	1	
morphine sulfate supp 30mg	1	
morphine sulfate supp 5mg	1	
morphine sulfate tabs 15mg	1	
morphine sulfate tabs 30mg	1	
MS CONTIN TBCR 100MG	3	QL (60 EA per 30 days)
MS CONTIN TBCR 15MG	3	QL (60 EA per 30 days)
MS CONTIN TBCR 200MG	3	QL (60 EA per 30 days)
MS CONTIN TBCR 30MG	3	QL (60 EA per 30 days)
MS CONTIN TBCR 60MG	3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER TB12 100MG	2	QL (60 EA per 30 days)
NUCYNTA ER TB12 150MG	2	QL (60 EA per 30 days)
NUCYNTA ER TB12 200MG	2	QL (60 EA per 30 days)
NUCYNTA ER TB12 250MG	2	QL (60 EA per 30 days)
NUCYNTA ER TB12 50MG	2	QL (60 EA per 30 days)
OPANA ER (CRUSH RESISTANT) T12A 10MG	2	QL (60 EA per 30 days)
OPANA ER (CRUSH RESISTANT) T12A 15MG	2	QL (60 EA per 30 days)
OPANA ER (CRUSH RESISTANT) T12A 20MG	2	QL (60 EA per 30 days)
OPANA ER (CRUSH RESISTANT) T12A 30MG	2	QL (60 EA per 30 days)
OPANA ER (CRUSH RESISTANT) T12A 40MG	2	QL (60 EA per 30 days)
OPANA ER (CRUSH RESISTANT) T12A 5MG	2	QL (60 EA per 30 days)
OPANA ER (CRUSH RESISTANT) T12A 7.5MG	2	QL (60 EA per 30 days)
OXYCONTIN T12A 10MG	2	QL (120 EA per 30 days)
OXYCONTIN T12A 15MG	2	QL (120 EA per 30 days)
OXYCONTIN T12A 20MG	2	QL (120 EA per 30 days)
OXYCONTIN T12A 30MG	2	QL (120 EA per 30 days)
OXYCONTIN T12A 40MG	2	QL (120 EA per 30 days)
OXYCONTIN T12A 60MG	2	QL (120 EA per 30 days)
OXYCONTIN T12A 80MG	2	QL (120 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 10mg</i>	1	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 15mg</i>	1	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 20mg</i>	1	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 30mg</i>	1	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 40mg</i>	1	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 5mg</i>	1	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 7.5mg</i>	1	QL (60 EA per 30 days)
<i>tramadol hcl er cp24 150mg</i>	1	QL (30 EA per 30 days)
<i>tramadol hcl er tb24 100mg</i>	1	QL (30 EA per 30 days)
<i>tramadol hcl er tb24 100mg</i>	1	QL (30 EA per 30 days)
<i>tramadol hcl er tb24 100mg</i>	1	QL (30 EA per 30 days)
<i>tramadol hcl er tb24 100mg</i>	1	QL (30 EA per 30 days)
<i>tramadol hcl er tb24 100mg</i>	1	QL (30 EA per 30 days)
<i>tramadol hcl er tb24 200mg</i>	1	QL (30 EA per 30 days)
<i>tramadol hcl er tb24 200mg</i>	1	QL (30 EA per 30 days)
<i>tramadol hcl er tb24 300mg</i>	1	QL (30 EA per 30 days)
<i>tramadol hcl er tb24 300mg</i>	1	QL (30 EA per 30 days)
<i>tramadol hcl er tb24 300mg</i>	1	QL (30 EA per 30 days)
<i>tramadol hcl er tb24 300mg</i>	1	QL (30 EA per 30 days)
<i>tramadol hcl er tb24 300mg</i>	1	QL (30 EA per 30 days)
<i>tramadol hcl er tb24 300mg</i>	1	QL (30 EA per 30 days)
ULTRAM ER TB24 100MG	3	QL (30 EA per 30 days)
ULTRAM ER TB24 200MG	3	QL (30 EA per 30 days)
ULTRAM ER TB24 300MG	3	QL (30 EA per 30 days)
XARTEMIS XR TBCR 325MG; 7.5MG	3	QL (120 EA per 30 days)
ZOHYDRO ER CP12 10MG	3	QL (60 EA per 30 days) PA
ZOHYDRO ER CP12 15MG	3	QL (60 EA per 30 days) PA
ZOHYDRO ER CP12 20MG	3	QL (60 EA per 30 days) PA
ZOHYDRO ER CP12 30MG	3	QL (60 EA per 30 days) PA
ZOHYDRO ER CP12 40MG	3	QL (60 EA per 30 days) PA
ZOHYDRO ER CP12 50MG	3	QL (120 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<b>Opioid Analgesics, Short-acting</b>		
ABSTRAL SUBL 100MCG	2	QL (120 EA per 30 days) PA
ABSTRAL SUBL 200MCG	2	QL (120 EA per 30 days) PA
ABSTRAL SUBL 300MCG	2	QL (120 EA per 30 days) PA
ABSTRAL SUBL 400MCG	2	QL (120 EA per 30 days) PA
ABSTRAL SUBL 600MCG	2	QL (120 EA per 30 days) PA
ABSTRAL SUBL 800MCG	2	QL (120 EA per 30 days) PA
<i>acetaminophen/caffeine/dihydrocodeine bitartrate tabs 712.8mg; 60mg; 32mg</i>	1	
<i>acetaminophen/codeine #3 tabs 300mg; 30mg</i>	1	
<i>acetaminophen/codeine soln 120mg/5ml; 12mg/5ml</i>	1	
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	1	
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	1	
ACTIQ LPOP 1200MCG	3	QL (120 EA per 30 days) PA
ACTIQ LPOP 1600MCG	3	QL (120 EA per 30 days) PA
ACTIQ LPOP 200MCG	3	QL (120 EA per 30 days) PA
ACTIQ LPOP 400MCG	3	QL (120 EA per 30 days) PA
ACTIQ LPOP 600MCG	3	QL (120 EA per 30 days) PA
ACTIQ LPOP 800MCG	3	QL (120 EA per 30 days) PA
ALFENTA INJ 500MCG/ML	3	
<i>alfentanil inj 500mcg/ml</i>	1	
<i>ascomp/codeine caps 325mg; 50mg; 40mg; 30mg</i>	1	
<i>aspirin-caffeine-dihydrocodeine caps 356.4mg; 30mg; 16mg</i>	1	
<i>astramorph inj 0.5mg/ml</i>	1	
<i>astramorph inj 1mg/ml</i>	1	
<i>butalbital/aspirin/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg</i>	1	
<i>butalbital/aspirin/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg</i>	1	
<i>butalbital/aspirin/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg</i>	1	
<i>butorphanol tartrate inj 1mg/ml</i>	1	
<i>butorphanol tartrate inj 2mg/ml</i>	1	
<i>butorphanol tartrate soln 10mg/ml</i>	1	QL (10 ML per 30 days)
CAPITAL/CODEINE SUSP 120MG/5ML; 12MG/5ML	3	
<i>carisoprodol/aspirin/codeine tabs 325mg; 200mg; 16mg</i>	1	
<i>codeine phosphate inj 15mg/ml</i>	1	
<i>codeine phosphate inj 30mg/ml</i>	1	
<i>codeine sulfate soln 30mg/5ml</i>	1	
<i>codeine sulfate tabs 15mg</i>	1	
<i>codeine sulfate tabs 30mg</i>	1	
<i>codeine sulfate tabs 60mg</i>	1	
DEMEROL INJ 100MG/2ML	3	
DEMEROL INJ 100MG/ML	3	
DEMEROL INJ 25MG/0.5ML	3	
DEMEROL INJ 25MG/ML	3	
DEMEROL INJ 50MG/ML	3	
DEMEROL INJ 75MG/1.5ML	3	
DEMEROL INJ 75MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
DEMEROL TABS 100MG	3	
DEMEROL TABS 50MG	3	
DILAUDID-HP INJ 10MG/ML	3	
DILAUDID-HP INJ 250MG	3	
DILAUDID INJ 1MG/ML	3	
DILAUDID INJ 2MG/ML	3	
DILAUDID INJ 4MG/ML	3	
DILAUDID LIQD 1MG/ML	3	
DILAUDID TABS 2MG	3	
DILAUDID TABS 4MG	3	
DILAUDID TABS 8MG	3	
<i>duramorph inj 0.5mg/ml</i>	1	
<i>duramorph inj 1mg/ml</i>	1	
<i>endocet tabs 325mg; 10mg</i>	1	
<i>endocet tabs 325mg; 5mg</i>	1	
<i>endocet tabs 325mg; 7.5mg</i>	1	
<i>endodan tabs 325mg; 4.835mg</i>	1	
<i>fentanyl citrate oral transmucosal lpop 1200mcg</i>	1	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 1600mcg</i>	1	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	1	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 400mcg</i>	1	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 600mcg</i>	1	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 800mcg</i>	1	QL (120 EA per 30 days) PA
<i>fentanyl citrate inj 0.05mg/ml</i>	1	
FENTORA TABS 100MCG	2	QL (112 EA per 28 days) PA
FENTORA TABS 200MCG	2	QL (112 EA per 28 days) PA
FENTORA TABS 400MCG	2	QL (112 EA per 28 days) PA
FENTORA TABS 600MCG	2	QL (112 EA per 28 days) PA
FENTORA TABS 800MCG	2	QL (112 EA per 28 days) PA
FIORINAL/CODEINE #3 CAPS 325MG; 50MG; 40MG; 30MG	3	
HYCET SOLN 325MG/15ML; 7.5MG/15ML	3	
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	1	
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg</i>	1	
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 5mg</i>	1	
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 7.5mg</i>	1	
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg</i>	1	
<i>hydrocodone bitartrate/acetaminophen tabs 750mg; 10mg</i>	1	
<i>hydrocodone/acetaminophen soln 500mg/15ml; 7.5mg/15ml</i>	1	
<i>hydrocodone/acetaminophen tabs 325mg; 10mg</i>	1	
<i>hydrocodone/acetaminophen tabs 325mg; 5mg</i>	1	
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	1	
<i>hydrocodone/acetaminophen tabs 500mg; 10mg</i>	1	
<i>hydrocodone/acetaminophen tabs 500mg; 5mg</i>	1	
<i>hydrocodone/acetaminophen tabs 500mg; 7.5mg</i>	1	
<i>hydrocodone/acetaminophen tabs 650mg; 10mg</i>	1	
<i>hydrocodone/acetaminophen tabs 650mg; 7.5mg</i>	1	
<i>hydrocodone/acetaminophen tabs 660mg; 10mg</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone/ibuprofen tabs 10mg; 200mg</i>	1	
<i>hydrocodone/ibuprofen tabs 2.5mg; 200mg</i>	1	
<i>hydrocodone/ibuprofen tabs 5mg; 200mg</i>	1	
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	1	
<i>hydromorphone hcl dosette inj 2mg/ml</i>	1	
<i>hydromorphone hcl inj 1mg/ml</i>	1	
<i>hydromorphone hcl inj 2mg/ml</i>	1	
<i>hydromorphone hcl inj 2mg/ml</i>	1	
<i>hydromorphone hcl inj 4mg/ml</i>	1	
<i>hydromorphone hcl inj 500mg/50ml</i>	1	
<i>hydromorphone hcl liqd 1mg/ml</i>	1	
<i>hydromorphone hcl supp 3mg</i>	1	
<i>hydromorphone hcl tabs 2mg</i>	1	
<i>hydromorphone hcl tabs 4mg</i>	1	
<i>hydromorphone hcl tabs 8mg</i>	1	
<i>ibudone tabs 10mg; 200mg</i>	1	
<i>ibudone tabs 5mg; 200mg</i>	1	
LAZANDA SOLN 100MCG/ACT	3	QL (30 EA per 30 days) PA
LAZANDA SOLN 400MCG/ACT	3	QL (1 EA per 4 days) PA
LIQUICET SOLN 500MG/15ML; 10MG/15ML	3	
LORCET 10/650 TABS 650MG; 10MG	3	
<i>lorcet hd tabs 325mg; 10mg</i>	1	
<i>lorcet plus tabs 325mg; 7.5mg</i>	1	
LORCET PLUS TABS 650MG; 7.5MG	3	
<i>lorcet tabs 325mg; 5mg</i>	1	
LORTAB ELIX 300MG/15ML; 10MG/15ML	3	
<i>lorTAB tabs 325mg; 10mg</i>	1	
<i>lorTAB tabs 325mg; 5mg</i>	1	
<i>lorTAB tabs 325mg; 7.5mg</i>	1	
MAGNACET TABS 400MG; 10MG	3	
MAGNACET TABS 400MG; 5MG	3	
MAGNACET TABS 400MG; 7.5MG	3	
MAXIDONE TABS 750MG; 10MG	3	
<i>meperidine hcl inj 100mg/ml</i>	1	
<i>meperidine hcl inj 10mg/ml</i>	1	
<i>meperidine hcl inj 25mg/ml</i>	1	
<i>meperidine hcl inj 50mg/ml</i>	1	
<i>meperidine hcl soln 50mg/5ml</i>	1	
<i>meperitab tabs 100mg</i>	1	
<i>meperitab tabs 50mg</i>	1	
<i>morphine sulfate add-vantage inj 25mg/ml</i>	1	
<i>morphine sulfate inj 0.5mg/ml</i>	1	
<i>morphine sulfate inj 10mg/ml</i>	1	
<i>morphine sulfate inj 10mg/ml</i>	1	
<i>morphine sulfate inj 150mg/30ml</i>	1	
<i>morphine sulfate inj 15mg/ml</i>	1	
<i>morphine sulfate inj 15mg/ml</i>	1	
<i>morphine sulfate inj 1mg/ml</i>	1	
<i>morphine sulfate inj 1mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate inj 25mg/ml</i>	1	
<i>morphine sulfate inj 2mg/ml</i>	1	
<i>morphine sulfate inj 2mg/ml</i>	1	
<i>morphine sulfate inj 4mg/ml</i>	1	
<i>morphine sulfate inj 4mg/ml</i>	1	
<i>morphine sulfate inj 50mg/ml</i>	1	
<i>morphine sulfate inj 5mg/ml</i>	1	
<i>morphine sulfate inj 8mg/ml</i>	1	
<i>morphine sulfate soln 10mg/5ml</i>	1	
<i>morphine sulfate soln 20mg/5ml</i>	1	
<i>morphine sulfate soln 20mg/ml</i>	1	
<i>nalbuphine hcl inj 10mg/ml</i>	1	
<i>nalbuphine hcl inj 20mg/ml</i>	1	
NORCO TABS 325MG; 10MG	3	
NORCO TABS 325MG; 5MG	3	
NORCO TABS 325MG; 7.5MG	3	
NUCYNTA TABS 100MG	2	QL (180 EA per 30 days)
NUCYNTA TABS 50MG	2	QL (180 EA per 30 days)
NUCYNTA TABS 75MG	2	QL (180 EA per 30 days)
OPANA INJ 1MG/ML	3	
OPANA TABS 10MG	3	
OPANA TABS 5MG	3	
<i>opium tincture tinc 1%</i>	1	
<i>opium tinc 1%</i>	1	
OXECTA TABA 5MG	3	
OXECTA TABA 7.5MG	3	
<i>oxycodone hcl caps 5mg</i>	1	
<i>oxycodone hcl conc 100mg/5ml</i>	1	
<i>oxycodone hcl soln 5mg/5ml</i>	1	
<i>oxycodone hcl tabs 10mg</i>	1	
<i>oxycodone hcl tabs 15mg</i>	1	
<i>oxycodone hcl tabs 20mg</i>	1	
<i>oxycodone hcl tabs 30mg</i>	1	
<i>oxycodone hcl tabs 5mg</i>	1	
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	1	
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg</i>	1	
<i>oxycodone/acetaminophen tabs 325mg; 5mg</i>	1	
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	1	
<i>oxycodone/acetaminophen tabs 500mg; 7.5mg</i>	1	
<i>oxycodone/acetaminophen tabs 650mg; 10mg</i>	1	
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	1	
<i>oxymorphone hydrochloride tabs 10mg</i>	1	
<i>oxymorphone hydrochloride tabs 5mg</i>	1	
<i>pentazocine/acetaminophen tabs 650mg; 25mg</i>	1	
<i>pentazocine/naloxone hcl tabs 0.5mg; 50mg</i>	1	
PERCOCET TABS 325MG; 10MG	3	
PERCOCET TABS 325MG; 2.5MG	3	
PERCOCET TABS 325MG; 5MG	3	
PERCOCET TABS 325MG; 7.5MG	3	

Drug Name	Drug Tier	Requirements/Limits
PERCOCET TABS 500MG; 7.5MG	3	
PERCOCET TABS 650MG; 10MG	3	
PERCODAN TABS 325MG; 4.835MG	3	
PRIMLEV TABS 300MG; 10MG	3	
PRIMLEV TABS 300MG; 5MG	3	
PRIMLEV TABS 300MG; 7.5MG	3	
<i>reprexain tabs 10mg; 200mg</i>	1	
REPREXAIN TABS 2.5MG; 200MG	3	
REPREXAIN TABS 5MG; 200MG	3	
ROXICET SOLN 325MG/5ML; 5MG/5ML	3	
<i>roxicet tabs 325mg; 5mg</i>	1	
<i>roxicet tabs 325mg; 5mg</i>	1	
<i>roxicet tabs 325mg; 5mg</i>	1	
ROXICODONE TABS 15MG	3	
ROXICODONE TABS 30MG	3	
ROXICODONE TABS 5MG	3	
<i>stagesic caps 500mg; 5mg</i>	1	
SUBLIMAZE INJ 0.05MG/ML	3	
SUBSYS LIQD 100MCG	3	QL (120 EA per 30 days) PA
SUBSYS LIQD 1200MCG	3	QL (120 EA per 30 days) PA
SUBSYS LIQD 1200MCG	3	QL (120 EA per 30 days) PA
SUBSYS LIQD 1600MCG	3	QL (720 EA per 30 days) PA
SUBSYS LIQD 1600MCG	3	QL (720 EA per 30 days) PA
SUBSYS LIQD 200MCG	3	QL (360 EA per 30 days) PA
SUBSYS LIQD 400MCG	3	QL (120 EA per 30 days) PA
SUBSYS LIQD 600MCG	3	QL (120 EA per 30 days) PA
SUBSYS LIQD 800MCG	3	QL (720 EA per 30 days) PA
SYNALGOS-DC CAPS 356.4MG; 30MG; 16MG	3	
TALWIN INJ 30MG/ML	3	
<i>tramadol hcl tabs 50mg</i>	1	QL (240 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg</i>	1	
<i>trezix caps 356.4mg; 30mg; 16mg</i>	1	
TYLENOL/CODEINE #3 TABS 300MG; 30MG	3	
TYLENOL/CODEINE #4 TABS 300MG; 60MG	3	
ULTRACET TABS 325MG; 37.5MG	3	
ULTRAM TABS 50MG	3	QL (240 EA per 30 days)
<i>vicodin es tabs 300mg; 7.5mg</i>	1	
<i>vicodin hp tabs 300mg; 10mg</i>	1	
<i>vicodin tabs 300mg; 5mg</i>	1	
VICOPROFEN TABS 7.5MG; 200MG	3	
XODOL TABS 300MG; 10MG	3	
XODOL TABS 300MG; 5MG	3	
XODOL TABS 300MG; 7.5MG	3	
XOLOX TABS 500MG; 10MG	3	
ZAMICET SOLN 325MG/15ML; 10MG/15ML	3	
ZYDONE TABS 400MG; 10MG	3	
ZYDONE TABS 400MG; 5MG	3	
ZYDONE TABS 400MG; 7.5MG	3	

## Anesthetics



Drug Name	Drug Tier	Requirements/Limits
<b>Local Anesthetics</b>		
<i>bupivacaine hcl inj 0.25%</i>	1	
<i>bupivacaine hcl inj 0.5%</i>	1	
<i>bupivacaine hcl inj 0.5%</i>	1	
<i>bupivacaine/epinephrine inj 0.25%; 1:200000</i>	1	
<i>bupivacaine/epinephrine inj 0.25%; 1:200000</i>	1	
<i>bupivacaine/epinephrine inj 0.5%; 1:200000</i>	1	
<i>bupivacaine/epinephrine inj 0.5%; 1:200000</i>	1	
CARBOCAINE INJ 1%	3	
CARBOCAINE INJ 1%	3	
CARBOCAINE INJ 1.5%	3	
CARBOCAINE INJ 2%	3	
CARBOCAINE INJ 2%	3	
<i>chloroprocaine hcl inj 2%</i>	1	
<i>chloroprocaine hcl inj 3%</i>	1	
COCAINE HCL SOLN 10%	3	
COCAINE HCL SOLN 4%	3	
DUOCAINE INJ 0.375%; 1%	3	
EMLA CREA 2.5%; 2.5%	3	
<i>lidocaine hcl jelly gel 2%</i>	1	
<i>lidocaine hcl jelly gel 2%</i>	1	
<i>lidocaine hcl jelly gel 2%</i>	1	
<i>lidocaine hcl/dextrose inj 7.5%; 5%</i>	1	
<i>lidocaine hcl gel 2%</i>	1	
<i>lidocaine hcl inj 0.5%</i>	1	
<i>lidocaine hcl inj 1%</i>	1	
<i>lidocaine hcl inj 1.5%</i>	1	
<i>lidocaine hcl inj 2%</i>	1	
<i>lidocaine hcl inj 2%</i>	1	
<i>lidocaine hcl inj 4%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	
<i>lidocaine viscous soln 2%</i>	1	
<i>lidocaine/epinephrine inj 1:100000; 1%</i>	1	
<i>lidocaine/epinephrine inj 1:100000; 2%</i>	1	
<i>lidocaine/epinephrine inj 1:200000; 0.5%</i>	1	
<i>lidocaine/epinephrine inj 1:200000; 1.5%</i>	1	
<i>lidocaine/epinephrine inj 1:200000; 2%</i>	1	
<i>lidocaine/epinephrine inj 1:50000; 2%</i>	1	
<i>lidocaine/prilocaine crea 2.5%; 2.5%</i>	1	
<i>lidocaine/prilocaine kit 2.5%; 2.5%</i>	1	
<i>lidocaine crea 3%</i>	1	
<i>lidocaine oint 5%</i>	1	
<i>lidocaine ptch 5%</i>	1	PA
LIDODERM PTCH 5%	3	PA
LIDORX GEL 3%	3	
LTA 360 KIT SOLN 4%	3	
MARCAINE/EPINEPHRINE INJ 0.25%; 1:200000	3	
MARCAINE/EPINEPHRINE INJ 0.25%; 1:200000	3	

Drug Name	Drug Tier	Requirements/Limits
MARCAINE/EPINEPHRINE INJ 0.5%; 1:200000	3	
MARCAINE/EPINEPHRINE INJ 0.5%; 1:200000	3	
MARCAINE INJ 0.25%	3	
MARCAINE INJ 0.5%	3	
MARCAINE INJ 0.5%	3	
<i>mepivacaine hcl inj 3%</i>	1	
NAROPIN INJ 10MG/ML	3	
NAROPIN INJ 2MG/ML	3	
NAROPIN INJ 5MG/ML	3	
NAROPIN INJ 7.5MG/ML	3	
NESACAINE-MPF INJ 2%	3	
NESACAINE-MPF INJ 3%	3	
NESACAINE INJ 2%	3	
PLIAGLIS CREA 7%; 7%	3	
<i>polocaine-mpf inj 1%</i>	1	
<i>polocaine-mpf inj 1.5%</i>	1	
<i>polocaine-mpf inj 2%</i>	1	
<i>polocaine inj 1%</i>	1	
<i>polocaine inj 2%</i>	1	
PONTOCAINE NIPHANOID INJ 20MG	3	
PONTOCAINE INJ 1%	3	
<i>sensorcaine-mpf/epinephrine inj 0.25%; 1:200000</i>	1	
<i>sensorcaine-mpf/epinephrine inj 0.5%; 1:200000</i>	1	
<i>sensorcaine-mpf inj 0.25%</i>	1	
<i>sensorcaine-mpf inj 0.5%</i>	1	
<i>sensorcaine/epinephrine inj 0.25%; 1:200000</i>	1	
<i>sensorcaine/epinephrine inj 0.5%; 1:200000</i>	1	
<i>sensorcaine inj 0.5%</i>	1	
SYNERA PTCH 70MG; 70MG	3	
<i>tetracaine hcl inj 1%</i>	1	
VEXA PTCH 2%; 4%; 30%	3	
<i>xylocaine dental inj 1:50000; 2%</i>	1	
XYLOCAINE-MPF/EPINEPHRINE INJ 1:200000; 1%	3	
XYLOCAINE-MPF/EPINEPHRINE INJ 1:200000; 1.5%	3	
XYLOCAINE-MPF/EPINEPHRINE INJ 1:200000; 2%	3	
XYLOCAINE-MPF INJ 0.5%	3	
XYLOCAINE-MPF INJ 1%	3	
XYLOCAINE-MPF INJ 1.5%	3	
XYLOCAINE-MPF INJ 2%	3	
XYLOCAINE-MPF INJ 4%	3	
XYLOCAINE/EPINEPHRINE INJ 1:100000; 1%	3	
XYLOCAINE/EPINEPHRINE INJ 1:100000; 2%	3	
XYLOCAINE/EPINEPHRINE INJ 1:200000; 0.5%	3	
XYLOCAINE INJ 0.5%	3	
XYLOCAINE INJ 1%	3	
XYLOCAINE INJ 2%	3	
XYLOCAINE SOLN 4%	3	

**Anti-Addiction/Substance Abuse Treatment Agents**

*Alcohol Deterrents/Anti-craving*

Drug Name	Drug Tier	Requirements/Limits
<i>acamprosate calcium dr tbec 333mg</i>	1	
ANTABUSE TABS 250MG	3	
ANTABUSE TABS 500MG	3	
CAMPRAL TBEC 333MG	2	
<i>disulfiram tabs 250mg</i>	1	
<i>disulfiram tabs 500mg</i>	1	
VIVITROL INJ 380MG	2	
<b>Opioid Dependence Treatments</b>		
BUPRENEX INJ 0.3MG/ML	3	
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	1	QL (360 EA per 30 days) PA
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	1	QL (90 EA per 30 days) PA
<i>buprenorphine hcl inj 0.3mg/ml</i>	1	
<i>buprenorphine hcl subl 2mg</i>	1	QL (240 EA per 30 days) PA
<i>buprenorphine hcl subl 8mg</i>	1	QL (90 EA per 30 days) PA
BUTRANS PTWK 10MCG/HR	2	QL (4 EA per 28 days) PA
BUTRANS PTWK 15MCG/HR	2	QL (4 EA per 28 days) PA
BUTRANS PTWK 20MCG/HR	2	QL (4 EA per 28 days) PA
BUTRANS PTWK 5MCG/HR	2	QL (4 EA per 28 days) PA
<i>naltrexone hcl tabs 50mg</i>	1	
REVIA TABS 50MG	3	
SUBOXONE FILM 12MG; 3MG	2	QL (60 EA per 30 days) PA
SUBOXONE FILM 2MG; 0.5MG	2	QL (360 EA per 30 days) PA
SUBOXONE FILM 4MG; 1MG	2	QL (180 EA per 30 days) PA
SUBOXONE FILM 8MG; 2MG	2	QL (90 EA per 30 days) PA
ZUBSOLV SUBL 1.4MG; 0.36MG	3	QL (360 EA per 30 days)
ZUBSOLV SUBL 5.7MG; 1.4MG	3	QL (90 EA per 30 days)
<b>Opioid Reversal Agents</b>		
EVZIO INJ 0.4MG/0.4ML	3	
<i>naloxone hcl inj 0.4mg/ml</i>	1	
<i>naloxone hcl inj 1mg/ml</i>	1	
<b>Smoking Cessation Agents</b>		
<i>buproban tb12 150mg</i>	1	QL (540 EA per 365 days)
<i>bupropion hcl sr tb12 150mg</i>	1	QL (540 EA per 365 days)
<i>bupropion hcl sr tb12 150mg</i>	1	QL (540 EA per 365 days)
<i>bupropion hcl sr tb12 150mg</i>	1	QL (540 EA per 365 days)
<i>bupropion hcl sr tb12 150mg</i>	1	QL (540 EA per 365 days)
CHANTIX CONTINUING MONTH PAK TABS 1MG	2	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK TABS 0	2	QL (159 EA per 365 days)
CHANTIX TABS 0.5MG	2	QL (504 EA per 365 days)
CHANTIX TABS 1MG	2	QL (504 EA per 365 days)
NICOTROL INHALER INHA 10MG	2	QL (2688 EA per 365 days)
NICOTROL NS SOLN 10MG/ML	2	QL (360 ML per 365 days)
ZYBAN TB12 150MG	3	QL (540 EA per 365 days)
<b>Anti-inflammatory Agents</b>		
<b>Glucocorticoids</b>		
EPIFOAM FOAM 1%; 1%	3	
PRAMOSONE CREA 1%; 1%	3	
PRAMOSONE CREA 1%; 1%	3	
PRAMOSONE LOTN 1%; 1%	3	

Drug Name	Drug Tier	Requirements/Limits
PRAMOSONE LOTN 1%; 1%	3	
PRAMOSONE LOTN 1%; 1%	3	
PRAMOSONE LOTN 2.5%; 1%	3	
PRAMOSONE LOTN 2.5%; 1%	3	
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
CLINORIL TABS 200MG	3	
<i>diclofenac sodium gel 3%</i>	1	
SOLARAZE GEL 3%	3	
<i>sulindac tabs 150mg</i>	1	
<i>sulindac tabs 200mg</i>	1	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate inj 1gm/4ml</i>	1	
<i>amikacin sulfate inj 1gm/4ml</i>	1	
<i>amikacin sulfate inj 1gm/4ml</i>	1	
<i>amikacin sulfate inj 1gm/4ml</i>	1	
<i>amikacin sulfate inj 1gm/4ml</i>	1	
<i>amikacin sulfate inj 500mg/2ml</i>	1	
<i>garamycin soln 0.3%</i>	1	
<i>gentak oint 0.3%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.4mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate crea 0.1%</i>	1	
<i>gentamicin sulfate inj 10mg/ml</i>	1	
<i>gentamicin sulfate inj 10mg/ml</i>	1	
<i>gentamicin sulfate inj 40mg/ml</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>gentamicin sulfate oint 0.3%</i>	1	
<i>gentamicin sulfate soln 0.3%</i>	1	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	
<i>isotonic gentamicin inj 1.2mg/ml; 0.9%</i>	1	
<i>isotonic gentamicin inj 2mg/ml; 0.9%</i>	1	
NEO-FRADIN SOLN 25MG/ML	3	
<i>neomycin sulfate tabs 500mg</i>	1	
<i>neomycin/polymyxin b sulfates soln 40mg/ml; 200000unit/ml</i>	1	
NEOSPORIN GU IRRIGANT SOLN 40MG/ML; 200000UNIT/ML	3	
<i>paromomycin sulfate caps 250mg</i>	1	
<i>streptomycin sulfate inj 1gm</i>	1	
<i>tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml</i>	1	
<i>tobramycin sulfate/sodium chloride inj 0.9%; 1.2mg/ml</i>	1	
<i>tobramycin sulfate inj 1.2gm/30ml</i>	1	
<i>tobramycin sulfate inj 1.2gm/30ml</i>	1	
<i>tobramycin sulfate inj 1.2gm/30ml</i>	1	
<i>tobramycin sulfate inj 1.2gm/30ml</i>	1	
<i>tobramycin sulfate inj 1.2gm</i>	1	
<i>tobramycin sulfate inj 1.2gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate inj 1.2gm</i>	1	
<i>tobramycin sulfate inj 1.2gm</i>	1	
<i>tobramycin sulfate inj 1.2gm</i>	1	
<i>tobramycin sulfate inj 1.2gm</i>	1	
<i>tobramycin sulfate inj 10mg/ml</i>	1	
<i>tobramycin sulfate inj 40mg/ml</i>	1	
<i>tobramycin sulfate inj 40mg/ml</i>	1	
<i>tobramycin sulfate inj 40mg/ml</i>	1	
<i>tobramycin sulfate inj 40mg/ml</i>	1	
<i>tobramycin sulfate inj 40mg/ml</i>	1	
<i>tobramycin sulfate inj 80mg/2ml</i>	1	
<i>tobramycin sulfate soln 0.3%</i>	1	
TOBREX OINT 0.3%	2	
TOBREX SOLN 0.3%	3	
ZYLET SUSP 0.5%; 0.3%	2	
<b>Antibacterials, Other</b>		
ALCOHOL PREPS PADS	2	
ALTABAX OINT 1%	3	
<i>baciim inj 50000unit</i>	1	
<i>bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm</i>	1	
<i>bacitracin inj 50000unit</i>	1	
<i>bacitracin oint 500unit/gm</i>	1	
BACTROBAN NASAL OINT 2%	3	
BACTROBAN CREA 2%	3	
BACTROBAN OINT 2%	3	
CENTANY AT KIT 2%	3	
CENTANY OINT 2%	3	
<i>chloramphenicol sodium succinate inj 1gm</i>	1	
CLEOCIN IN D5W INJ 300MG/50ML; 5%	3	
CLEOCIN IN D5W INJ 600MG/50ML; 5%	3	
CLEOCIN IN D5W INJ 900MG/50ML; 5%	3	
CLEOCIN PEDIATRIC GRANULES SOLR 75MG/5ML	3	
CLEOCIN PHOSPHATE INJ 150MG/ML	3	
CLEOCIN PHOSPHATE INJ 150MG/ML	3	
CLEOCIN PHOSPHATE INJ 300MG/2ML	3	
CLEOCIN PHOSPHATE INJ 300MG/2ML	3	
CLEOCIN PHOSPHATE INJ 300MG/2ML	3	
CLEOCIN PHOSPHATE INJ 300MG/2ML	3	
CLEOCIN PHOSPHATE INJ 300MG/2ML	3	
CLEOCIN PHOSPHATE INJ 600MG/4ML	3	
CLEOCIN PHOSPHATE INJ 600MG/4ML	3	
CLEOCIN PHOSPHATE INJ 600MG/4ML	3	
CLEOCIN PHOSPHATE INJ 600MG/4ML	3	
CLEOCIN PHOSPHATE INJ 600MG/4ML	3	
CLEOCIN PHOSPHATE INJ 600MG/4ML	3	
CLEOCIN PHOSPHATE INJ 600MG/4ML	3	
CLEOCIN PHOSPHATE INJ 600MG/4ML	3	
CLEOCIN PHOSPHATE INJ 600MG/4ML	3	
CLEOCIN PHOSPHATE INJ 900MG/6ML	3	
CLEOCIN PHOSPHATE INJ 9GM/60ML	3	
CLEOCIN PHOSPHATE INJ 9GM/60ML	3	
CLEOCIN CAPS 150MG	3	
CLEOCIN CAPS 300MG	3	

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN CAPS 75MG	3	
CLEOCIN CREA 2%	3	
CLEOCIN SUPP 100MG	3	
CLINDACIN PAC KIT 0; 1%	3	
<i>clindamycin hcl caps 150mg</i>	1	
<i>clindamycin hcl caps 300mg</i>	1	
<i>clindamycin hcl caps 75mg</i>	1	
<i>clindamycin palmitate hcl solr 75mg/5ml</i>	1	
<i>clindamycin phosphate add-vantage inj 150mg/ml</i>	1	
<i>clindamycin phosphate in d5w inj 300mg/50ml; 5%</i>	1	
<i>clindamycin phosphate in d5w inj 600mg/50ml; 5%</i>	1	
<i>clindamycin phosphate in d5w inj 900mg/50ml; 5%</i>	1	
<i>clindamycin phosphate crea 2%</i>	1	
CLINDESSE CREA 2%	3	
<i>colistimethate sodium inj 150mg</i>	1	B/D
COLY-MYCIN M INJ 150MG	3	B/D
CUBICIN INJ 500MG	3	
DALVANCE INJ 500MG	3	
DEBACTEROL SOLN 50%; 30%	3	
FLAGYL ER TB24 750MG	3	
FLAGYL CAPS 375MG	3	
FLAGYL TABS 250MG	3	
FLAGYL TABS 500MG	3	
FURADANTIN SUSP 25MG/5ML	3	
HIPREX TABS 1GM	3	
<i>lansoprazole/amoxicillin/clarithromycin misc 0; 0; 0</i>	1	
LINCOCIN INJ 300MG/ML	3	
MACROBID CAPS 100MG	3	
MACRODANTIN CAPS 100MG	3	
MACRODANTIN CAPS 25MG	2	
MACRODANTIN CAPS 50MG	3	
<i>mafenide acetate pack 5%</i>	1	
<i>methenamine hippurate tabs 1gm</i>	1	
<i>methenamine mandelate tabs 0.5gm</i>	1	
<i>methenamine mandelate tabs 1gm</i>	1	
<i>methenamine mandelate tabs 1gm</i>	1	
METRO IV INJ 500MG/100ML; 0.74%	3	
METROCREAM CREA 0.75%	3	
METROGEL-VAGINAL GEL 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOTN 0.75%	3	
<i>metronidazole in nacl 0.79% inj 500mg/100ml; 0.79%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>metronidazole caps 375mg</i>	1	
<i>metronidazole crea 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotn 0.75%</i>	1	
<i>metronidazole tabs 250mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole tabs 500mg</i>	1	
MONUROL PACK 5.631GM	3	
<i>mupirocin crea 2%</i>	1	
<i>mupirocin oint 2%</i>	1	
<i>neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/bacitracin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/gramicidin soln 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	1	
<i>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
NEOSPORIN SOLN 0.025MG/ML; 1.75MG/ML; 10000UNIT/ML	3	
<i>nitrofurantoin macrocrystals caps 100mg</i>	1	
<i>nitrofurantoin macrocrystals caps 100mg</i>	1	
<i>nitrofurantoin macrocrystals caps 100mg</i>	1	
<i>nitrofurantoin macrocrystals caps 100mg</i>	1	
<i>nitrofurantoin macrocrystals caps 100mg</i>	1	
<i>nitrofurantoin macrocrystals caps 100mg</i>	1	
<i>nitrofurantoin macrocrystals caps 100mg</i>	1	
<i>nitrofurantoin macrocrystals caps 100mg</i>	1	
<i>nitrofurantoin macrocrystals caps 100mg</i>	1	
<i>nitrofurantoin macrocrystals caps 100mg</i>	1	
<i>nitrofurantoin macrocrystals caps 50mg</i>	1	
<i>nitrofurantoin monohydrate caps 100mg</i>	1	
<i>nitrofurantoin susp 25mg/5ml</i>	1	
NORITATE CREA 1%	3	
<i>polycin b oint 500unit/gm; 10000unit/gm</i>	1	
<i>polycin oint 500unit/gm; 10000unit/gm</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%</i>	1	
<i>polymyxin b sulfate inj 500000unit</i>	1	
POLYTRIM SOLN 10000UNIT/ML; 0.1%	3	
PREVPAC MISC 500MG; 500MG; 30MG	3	
PRIMSOL SOLN 50MG/5ML	3	
ROSADAN KIT KIT 0.75%	3	
ROSADAN KIT KIT 0.75%	3	
<i>rosadan crea 0.75%</i>	1	
<i>rosadan gel 0.75%</i>	1	
SILVADENE CREA 1%	3	
<i>silver sulfadiazine crea 1%</i>	1	
<i>ssd crea 1%</i>	1	
SULFAMYLON CREA 85MG/GM	3	
SULFAMYLON PACK 5%	3	
SYNERCID INJ 350MG; 150MG	3	



Drug Name	Drug Tier	Requirements/Limits
<i>trimethoprim sulfate/polymyxin b sulfate soln 10000unit/ml; 0.1%</i>	1	
<i>trimethoprim tabs 100mg</i>	1	
TYGACIL INJ 50MG	2	
UREX TABS 1GM	3	
UROQID #2 TABS 500MG; 500MG	3	
VANCOCIN HCL CAPS 125MG	3	
VANCOCIN HCL CAPS 250MG	3	
<i>vancomycin hcl in dextrose inj 0; 1gm/200ml</i>	1	
<i>vancomycin hcl in dextrose inj 0; 500mg/100ml</i>	1	
<i>vancomycin hcl in dextrose inj 0; 750mg/150ml</i>	1	
<i>vancomycin hcl caps 125mg</i>	1	
<i>vancomycin hcl caps 250mg</i>	1	
<i>vancomycin hcl inj 1000mg</i>	1	
<i>vancomycin hcl inj 10gm</i>	1	
<i>vancomycin hcl inj 500mg</i>	1	
<i>vancomycin hcl inj 750mg</i>	1	
<i>vancomycin hcl inj 750mg</i>	1	
<i>vandazole gel 0.75%</i>	1	
VIBATIV INJ 250MG	2	
VIBATIV INJ 750MG	2	
XIFAXAN TABS 200MG	2	PA
XIFAXAN TABS 550MG	2	PA
ZYVOX INJ 2MG/ML	3	
ZYVOX SUSR 100MG/5ML	2	QL (2400 ML per 30 days)
ZYVOX TABS 600MG	2	QL (60 EA per 30 days)
<b>Beta-lactam, Cephalosporins</b>		
CEDAX CAPS 400MG	3	
CEDAX SUSR 180MG/5ML	3	
CEDAX SUSR 90MG/5ML	3	
<i>cefaclor er tb12 500mg</i>	1	
<i>cefaclor caps 250mg</i>	1	
<i>cefaclor caps 500mg</i>	1	
<i>cefaclor susr 125mg/5ml</i>	1	
<i>cefaclor susr 250mg/5ml</i>	1	
<i>cefaclor susr 375mg/5ml</i>	1	
<i>cefadroxil caps 500mg</i>	1	
<i>cefadroxil susr 250mg/5ml</i>	1	
<i>cefadroxil susr 500mg/5ml</i>	1	
<i>cefadroxil tabs 1gm</i>	1	
<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	1	
<i>cefazolin sodium inj 10gm</i>	1	
<i>cefazolin sodium inj 1gm</i>	1	
<i>cefazolin sodium inj 1gm; 5%</i>	1	
<i>cefazolin sodium inj 500mg</i>	1	
<i>cefdinir caps 300mg</i>	1	
<i>cefdinir susr 125mg/5ml</i>	1	
<i>cefdinir susr 250mg/5ml</i>	1	
<i>cefditoren pivoxil tabs 200mg</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<i>cefditoren pivoxil tabs 400mg</i>	1	
<i>cefepime inj 1gm/50ml</i>	1	
<i>cefepime inj 1gm/50ml; 5%</i>	1	
<i>cefepime inj 1gm</i>	1	
<i>cefepime inj 2gm/100ml</i>	1	
<i>cefepime inj 2gm/50ml; 5%</i>	1	
<i>cefepime inj 2gm</i>	1	
<i>cefotaxime sodium inj 10gm</i>	1	
<i>cefotaxime sodium inj 1gm</i>	1	
<i>cefotaxime sodium inj 2gm</i>	1	
<i>cefotaxime sodium inj 500mg</i>	1	
<i>cefotetan/dextrose inj 1gm; 3.58%</i>	1	
<i>cefotetan/dextrose inj 2gm; 2.08%</i>	1	
<i>cefoxitin sodium inj 10gm</i>	1	
<i>cefoxitin sodium inj 1gm</i>	1	
<i>cefoxitin sodium inj 1gm; 4%</i>	1	
<i>cefoxitin sodium inj 2gm</i>	1	
<i>cefoxitin sodium inj 2gm; 2.2%</i>	1	
<i>cefpodoxime proxetil susr 100mg/5ml</i>	1	
<i>cefpodoxime proxetil susr 50mg/5ml</i>	1	
<i>cefpodoxime proxetil tabs 100mg</i>	1	
<i>cefpodoxime proxetil tabs 200mg</i>	1	
<i>cefprozil susr 125mg/5ml</i>	1	
<i>cefprozil susr 250mg/5ml</i>	1	
<i>cefprozil tabs 250mg</i>	1	
<i>cefprozil tabs 500mg</i>	1	
<i>ceftazidime/dextrose inj 1gm/50ml; 5%</i>	1	
<i>ceftazidime/dextrose inj 2gm/50ml; 5%</i>	1	
<i>ceftazidime inj 100gm</i>	1	
<i>ceftazidime inj 1gm</i>	1	
<i>ceftazidime inj 2gm</i>	1	
<i>ceftazidime inj 6gm</i>	1	
<i>ceftibuten caps 400mg</i>	1	
<i>ceftibuten susr 180mg/5ml</i>	1	
CEFTIN SUSR 125MG/5ML	3	
CEFTIN SUSR 250MG/5ML	2	
CEFTIN TABS 250MG	3	
CEFTIN TABS 500MG	3	
<i>ceftriaxone sodium inj 10gm</i>	1	
<i>ceftriaxone sodium inj 1gm</i>	1	
<i>ceftriaxone sodium inj 250mg</i>	1	
<i>ceftriaxone sodium inj 2gm</i>	1	
<i>ceftriaxone sodium inj 500mg</i>	1	
<i>cefuroxime axetil susr 125mg/5ml</i>	1	
<i>cefuroxime axetil tabs 250mg</i>	1	
<i>cefuroxime axetil tabs 500mg</i>	1	
<i>cefuroxime sodium inj 1.5gm</i>	1	
<i>cefuroxime sodium inj 225gm</i>	1	
<i>cefuroxime sodium inj 7.5gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium inj 7.5gm</i>	1	
<i>cefuroxime sodium inj 750mg</i>	1	
<i>cefuroxime sodium inj 75gm</i>	1	
<i>cefuroxime/dextrose inj 1.5gm; 2.9%</i>	1	
<i>cefuroxime/dextrose inj 750mg; 4.1%</i>	1	
<i>cephalexin caps 250mg</i>	1	
<i>cephalexin caps 500mg</i>	1	
<i>cephalexin caps 750mg</i>	1	
<i>cephalexin susr 125mg/5ml</i>	1	
<i>cephalexin susr 250mg/5ml</i>	1	
<i>cephalexin tabs 250mg</i>	1	
<i>cephalexin tabs 500mg</i>	1	
CLAFORAN/D5W INJ 1GM/50ML; 5%	3	
CLAFORAN/D5W INJ 2GM/50ML; 5%	3	
CLAFORAN INJ 10GM	3	
CLAFORAN INJ 1GM	3	
CLAFORAN INJ 1GM	3	
CLAFORAN INJ 2GM	3	
CLAFORAN INJ 2GM	3	
CLAFORAN INJ 500MG	3	
FORTAZ INJ 1GM/50ML; 5%	2	
FORTAZ INJ 1GM	3	
FORTAZ INJ 1GM	3	
FORTAZ INJ 2GM/50ML; 5%	2	
FORTAZ INJ 2GM	3	
FORTAZ INJ 2GM	3	
FORTAZ INJ 500MG	3	
FORTAZ INJ 6GM	3	
KEFLEX CAPS 250MG	3	
KEFLEX CAPS 500MG	3	
KEFLEX CAPS 750MG	3	
MAXIPIME INJ 1GM	3	
MAXIPIME INJ 1GM	3	
MAXIPIME INJ 2GM	3	
MAXIPIME INJ 2GM	3	
MEFOXIN INJ 1GM/50ML; 2GM/50ML	3	
MEFOXIN INJ 2GM/50ML; 1.1GM/50ML	3	
ROCEPHIN INJ 1GM	3	
ROCEPHIN INJ 1GM	3	
ROCEPHIN INJ 500MG	3	
SPECTRACEF TABS 200MG	3	
SPECTRACEF TABS 400MG	3	
SUPRAX CAPS 400MG	3	
SUPRAX CHEW 100MG	3	
SUPRAX CHEW 200MG	3	
SUPRAX SUSR 100MG/5ML	3	
SUPRAX SUSR 200MG/5ML	3	
SUPRAX SUSR 500MG/5ML	3	
SUPRAX TABS 400MG	3	

Drug Name	Drug Tier	Requirements/Limits
TAZICEF INJ 1GM/50ML; 4.4%	3	
<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 2gm</i>	1	
<i>tazicef inj 2gm</i>	1	
<i>tazicef inj 6gm</i>	1	
TEFLARO INJ 400MG	3	
TEFLARO INJ 600MG	3	
ZINACEF INJ 1.5GM	3	
ZINACEF INJ 1.5GM	3	
ZINACEF INJ 1.5GM; 0	3	
ZINACEF INJ 7.5GM	3	
ZINACEF INJ 750MG	3	
ZINACEF INJ 750MG	3	
<b>Beta-lactam, Other</b>		
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 1GM; 0	3	
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 2GM; 0	3	
AZACTAM INJ 1GM	3	
AZACTAM INJ 2GM	3	
<i>aztreonam inj 1gm</i>	1	
<i>cefotetan inj 10gm</i>	1	
<i>cefotetan inj 1gm</i>	1	
<i>cefotetan inj 2gm</i>	1	
DORIBAX INJ 250MG	3	
DORIBAX INJ 500MG	3	
<i>imipenem/cilastatin inj 250mg; 250mg</i>	1	
<i>imipenem/cilastatin inj 500mg; 500mg</i>	1	
INVANZ INJ 1GM	3	
INVANZ INJ 1GM	3	
<i>meropenem inj 500mg</i>	1	
MERREM INJ 500MG	3	
PRIMAXIN IV INJ 250MG; 250MG	3	
PRIMAXIN IV INJ 500MG; 500MG	3	
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg</i>	1	
<i>amoxicillin/clavulanate potassium chew 200mg; 28.5mg</i>	1	
<i>amoxicillin/clavulanate potassium chew 400mg; 57mg</i>	1	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 400mg/5ml; 57mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 600mg/5ml; 42.9mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	1	
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg</i>	1	
<i>amoxicillin/clavulanate potassium tabs 875mg; 125mg</i>	1	
<i>amoxicillin caps 250mg</i>	1	
<i>amoxicillin caps 500mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin chew 125mg</i>	1	
<i>amoxicillin chew 250mg</i>	1	
<i>amoxicillin susr 125mg/5ml</i>	1	
<i>amoxicillin susr 200mg/5ml</i>	1	
<i>amoxicillin susr 250mg/5ml</i>	1	
<i>amoxicillin susr 400mg/5ml</i>	1	
<i>amoxicillin tabs 500mg</i>	1	
<i>amoxicillin tabs 875mg</i>	1	
<i>ampicillin sodium inj 10gm</i>	1	
<i>ampicillin sodium inj 125mg</i>	1	
<i>ampicillin sodium inj 1gm</i>	1	
<i>ampicillin sodium inj 2gm</i>	1	
<i>ampicillin sodium inj 2gm</i>	1	
<i>ampicillin sodium inj 2gm</i>	1	
<i>ampicillin sodium inj 2gm</i>	1	
<i>ampicillin-sulbactam inj 10gm; 5gm</i>	1	
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	1	
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	1	
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	1	
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	1	
<i>ampicillin caps 250mg</i>	1	
<i>ampicillin caps 500mg</i>	1	
<i>ampicillin susr 125mg/5ml</i>	1	
<i>ampicillin susr 250mg/5ml</i>	1	
AUGMENTIN ES-600 SUSR 600MG/5ML; 42.9MG/5ML	3	
AUGMENTIN XR TB12 1000MG; 62.5MG	3	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	3	
AUGMENTIN SUSR 250MG/5ML; 62.5MG/5ML	3	
AUGMENTIN TABS 500MG; 125MG	3	
AUGMENTIN TABS 875MG; 125MG	3	
BACTOCILL IN DEXTROSE INJ 0; 1GM/50ML	3	
BACTOCILL IN DEXTROSE INJ 0; 2GM/50ML	3	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML	3	
BICILLIN C-R INJ 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJ 1200000UNIT/2ML	3	
BICILLIN L-A INJ 2400000UNIT/4ML	3	
BICILLIN L-A INJ 600000UNIT/ML	3	
<i>dicloxacillin sodium caps 250mg</i>	1	
<i>dicloxacillin sodium caps 500mg</i>	1	
MOXATAG TB24 775MG	3	
<i>nafcillin sodium inj 10gm</i>	1	
<i>nafcillin sodium inj 1gm</i>	1	
<i>nafcillin sodium inj 1gm</i>	1	
<i>nafcillin sodium inj 1gm</i>	1	
<i>nafcillin sodium inj 1gm</i>	1	
<i>nafcillin sodium inj 1gm</i>	1	
<i>nafcillin sodium inj 1gm</i>	1	
<i>nafcillin sodium inj 2gm</i>	1	
<i>nafcillin sodium inj 2gm</i>	1	
<i>nafcillin sodium inj 2gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nafcillin sodium inj 2gm</i>	1	
<i>nafcillin sodium inj 2gm</i>	1	
NALLPEN/DEXTROSE INJ 0; 1GM/50ML	3	
<i>oxacillin sodium inj 10gm</i>	1	
<i>oxacillin sodium inj 1gm</i>	1	
<i>oxacillin sodium inj 2gm</i>	1	
<i>penicillin g potassium in iso-osmotic dextrose inj 0; 20000unit/ml</i>	1	
<i>penicillin g potassium in iso-osmotic dextrose inj 0; 40000unit/ml</i>	1	
<i>penicillin g potassium in iso-osmotic dextrose inj 0; 60000unit/ml</i>	1	
<i>penicillin g potassium inj 20000000unit</i>	1	
<i>penicillin g potassium inj 20000000unit</i>	1	
<i>penicillin g potassium inj 20000000unit</i>	1	
<i>penicillin g potassium inj 20mu</i>	1	
<i>penicillin g potassium inj 5mu</i>	1	
<i>penicillin g procaine inj 600000unit/ml</i>	1	
<i>penicillin g sodium inj 5000000unit</i>	1	
<i>penicillin v potassium solr 125mg/5ml</i>	1	
<i>penicillin v potassium solr 250mg/5ml</i>	1	
<i>penicillin v potassium tabs 250mg</i>	1	
<i>penicillin v potassium tabs 500mg</i>	1	
PFIZERPEN-G INJ 20MU	3	
PFIZERPEN-G INJ 5MU	3	
<i>piperacillin sodium/ tazobactam sodium inj 36gm; 4.5gm</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 4gm; 0.5gm</i>	1	
<i>piperacillin/tazobactam inj 2gm; 0.25gm</i>	1	
<i>piperacillin/tazobactam inj 2gm; 0.25gm</i>	1	
<i>piperacillin/tazobactam inj 2gm; 0.25gm</i>	1	
<i>piperacillin/tazobactam inj 2gm; 0.25gm</i>	1	
<i>piperacillin/tazobactam inj 36gm; 4.5gm</i>	1	
<i>piperacillin/tazobactam inj 36gm; 4.5gm</i>	1	
<i>piperacillin/tazobactam inj 4gm; 0.5gm</i>	1	
<i>piperacillin/tazobactam inj 4gm; 0.5gm</i>	1	
<i>piperacillin/tazobactam inj 4gm; 0.5gm</i>	1	
<i>piperacillin/tazobactam inj 4gm; 0.5gm</i>	1	
<i>piperacillin/tazobactam inj 4gm; 0.5gm</i>	1	
TIMENTIN INJ 0.1GM; 3GM	3	
UNASYN BULK PACK INJ 10GM; 5GM	3	
UNASYN INJ 2GM; 1GM	3	
ZOSYN INJ 2GM; 0.25GM	3	
ZOSYN INJ 2GM; 0.25GM	3	
ZOSYN INJ 2GM; 0.25GM	3	

Drug Name	Drug Tier	Requirements/Limits
ZOSYN INJ 2GM; 0.25GM	3	
ZOSYN INJ 2GM; 0.25GM	3	
ZOSYN INJ 2GM; 0.25GM	3	
ZOSYN INJ 2GM; 0.25GM	3	
ZOSYN INJ 36GM; 4.5GM	3	
ZOSYN INJ 36GM; 4.5GM	3	
ZOSYN INJ 36GM; 4.5GM	3	
ZOSYN INJ 3GM; 0.375GM	3	
ZOSYN INJ 4GM; 0.5GM	3	
ZOSYN INJ 4GM; 0.5GM	3	
ZOSYN INJ 4GM; 0.5GM	3	
ZOSYN INJ 4GM; 0.5GM	3	
ZOSYN INJ 4GM; 0.5GM	3	
ZOSYN INJ 4GM; 0.5GM	3	
ZOSYN INJ 4GM; 0.5GM	3	
ZOSYN INJ 4GM; 0.5GM	3	
ZOSYN INJ 4GM; 0.5GM	3	
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML	3	
ZOSYN INJ 5%; 3GM/50ML; 0.375GM/50ML	3	
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	2	
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	2	
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	2	
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	2	
<b>Macrolides</b>		
AKNE-MYCIN OINT 2%	3	
AZASITE SOLN 1%	2	
<i>azithromycin inj 500mg</i>	1	
<i>azithromycin pack 1gm</i>	1	
<i>azithromycin susr 100mg/5ml</i>	1	
<i>azithromycin susr 200mg/5ml</i>	1	
<i>azithromycin tabs 250mg</i>	1	
<i>azithromycin tabs 500mg</i>	1	
<i>azithromycin tabs 600mg</i>	1	
BIAXIN XL PAC TB24 500MG	3	
BIAXIN XL TB24 500MG	3	
BIAXIN SUSR 250MG/5ML	3	
BIAXIN TABS 250MG	3	
BIAXIN TABS 500MG	3	
<i>clarithromycin er tb24 500mg</i>	1	
<i>clarithromycin susr 125mg/5ml</i>	1	
<i>clarithromycin susr 250mg/5ml</i>	1	
<i>clarithromycin tabs 250mg</i>	1	
<i>clarithromycin tabs 500mg</i>	1	
DIFICID TABS 200MG	2	QL (20 EA per 10 days)
E.E.S. 400 TABS 400MG	3	
E.E.S. GRANULES SUSR 200MG/5ML	3	
<i>e.s.p. susr 200mg/5ml; 600mg/5ml</i>	1	
ERY-TAB TBEC 250MG	3	
ERY-TAB TBEC 333MG	3	
ERY-TAB TBEC 500MG	3	

Drug Name	Drug Tier	Requirements/Limits
ERYGEL GEL 2%	3	
<i>ery pads 2%</i>	1	
ERYPED 200 SUSR 200MG/5ML	3	
ERYPED 400 SUSR 400MG/5ML	3	
ERYTHROCIN LACTOBIONATE INJ 1000MG	2	
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
ERYTHROCIN STEARATE TABS 250MG	3	
<i>erythromycin base tabs 250mg</i>	1	
<i>erythromycin base tabs 500mg</i>	1	
<i>erythromycin ethylsuccinate tabs 400mg</i>	1	
<i>erythromycin/sulfisoxazole susr 200mg/5ml; 600mg/5ml</i>	1	
<i>erythromycin cpep 250mg</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
<i>ilotycin oint 5mg/gm</i>	1	
KETEK TABS 300MG	3	
KETEK TABS 400MG	3	
PCE TBEC 333MG	3	
PCE TBEC 500MG	3	
<i>romycin oint 5mg/gm</i>	1	
ZITHROMAX TRI-PAK TABS 500MG	3	
ZITHROMAX Z-PAK TABS 250MG	3	
ZITHROMAX INJ 500MG	3	
ZITHROMAX PACK 1GM	3	
ZITHROMAX SUSR 100MG/5ML	3	
ZITHROMAX SUSR 200MG/5ML	3	
ZITHROMAX TABS 250MG	3	
ZITHROMAX TABS 500MG	3	
ZITHROMAX TABS 600MG	3	
ZMAX SUSR 2GM	3	
<b>Quinolones</b>		
AVELOX ABC PACK TABS 400MG	3	
AVELOX INJ 400MG/250ML; 0.8%	2	
AVELOX TABS 400MG	3	
BESIVANCE SUSP 0.6%	2	
CETRAXAL SOLN 0.2%	3	
CILOXAN OINT 0.3%	2	
CILOXAN SOLN 0.3%	3	
CIPRO HC SUSP 0.2%; 1%	3	
CIPRO I.V.-IN D5W INJ 400MG/200ML; 5%	3	
CIPRO XR TB24 1000MG; 0	3	QL (14 EA per 14 days)
CIPRO XR TB24 500MG; 0	3	QL (3 EA per 3 days)
CIPRODEX SUSP 0.3%; 0.1%	2	
<i>ciprofloxacin er tb24 1000mg; 0</i>	1	QL (14 EA per 14 days)
<i>ciprofloxacin er tb24 500mg; 0</i>	1	QL (3 EA per 3 days)
<i>ciprofloxacin hcl soln 0.3%</i>	1	
<i>ciprofloxacin hcl tabs 100mg</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl tabs 250mg</i>	1	
<i>ciprofloxacin hcl tabs 500mg</i>	1	
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	1	
<i>ciprofloxacin inj 400mg/40ml</i>	1	
<i>ciprofloxacin soln 0.2%</i>	1	
<i>ciprofloxacin susr 250gm/5ml</i>	1	
<i>ciprofloxacin susr 500mg/5ml</i>	1	
CIPRO SUSR 500MG/5ML	3	
CIPRO SUSR 5GM/100ML	3	
CIPRO TABS 250MG	3	
CIPRO TABS 500MG	3	
FACTIVE TABS 320MG	3	
<i>gatifloxacin soln 0.5%</i>	1	
LEVAQUIN INJ 5%; 250MG/50ML	3	
LEVAQUIN INJ 5%; 500MG/100ML	3	
LEVAQUIN INJ 5%; 750MG/150ML	3	
LEVAQUIN SOLN 25MG/ML	3	
LEVAQUIN TABS 250MG	3	
LEVAQUIN TABS 500MG	3	
LEVAQUIN TABS 750MG	3	
<i>levofloxacin in d5w inj 5%; 500mg/100ml</i>	1	
<i>levofloxacin inj 25mg/ml</i>	1	
<i>levofloxacin soln 0.5%</i>	1	
<i>levofloxacin soln 25mg/ml</i>	1	
<i>levofloxacin tabs 250mg</i>	1	
<i>levofloxacin tabs 500mg</i>	1	
<i>levofloxacin tabs 750mg</i>	1	
MOXEZA SOLN 0.5%	2	
<i>moxifloxacin hcl tabs 400mg</i>	1	
NOROXIN TABS 400MG	3	
OCUFLOX SOLN 0.3%	3	
<i>ofloxacin soln 0.3%</i>	1	
<i>ofloxacin soln 0.3%</i>	1	
<i>ofloxacin tabs 200mg</i>	1	
<i>ofloxacin tabs 300mg</i>	1	
<i>ofloxacin tabs 400mg</i>	1	
VIGAMOX SOLN 0.5%	2	
ZYMAXID SOLN 0.5%	2	
<b>Sulfonamides</b>		
AVC CREA 15%	3	
BACTRIM DS TABS 800MG; 160MG	3	
BACTRIM TABS 400MG; 80MG	3	
BLEPH-10 SOLN 10%	3	
BLEPHAMIDE S.O.P. OINT 0.2%; 10%	2	
BLEPHAMIDE SUSP 0.2%; 10%	3	
<i>sodium sulfacetamide soln 10%</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium oint 10%</i>	1	
<i>sulfadiazine tabs 500mg</i>	1	
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim inj 400mg/5ml; 80mg/5ml</i>	1	
<i>sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml</i>	1	
<i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>	1	
<i>sulfatrim pediatric susp 200mg/5ml; 40mg/5ml</i>	1	
<b>Tetracyclines</b>		
ADOXA PAK 1/100 TABS 100MG	3	
ADOXA PAK 1/150 TABS 150MG	3	
ADOXA PAK 2/100 TABS 100MG	3	
ADOXA CAPS 150MG	3	
ADOXA TABS 100MG	3	
ADOXA TABS 50MG	3	
ADOXA TABS 75MG	3	
<i>avidoxy tabs 100mg</i>	1	
<i>demeclocycline hcl tabs 150mg</i>	1	
<i>demeclocycline hcl tabs 300mg</i>	1	
DORYX TBEC 150MG	3	
DORYX TBEC 200MG	3	
<i>doxy 100 inj 100mg</i>	1	
<i>doxycycline hyclate dr tbec 100mg</i>	1	
<i>doxycycline hyclate dr tbec 150mg</i>	1	
<i>doxycycline hyclate dr tbec 75mg</i>	1	
<i>doxycycline hyclate caps 100mg</i>	1	
<i>doxycycline hyclate caps 50mg</i>	1	
<i>doxycycline hyclate cpep 100mg</i>	1	
<i>doxycycline hyclate inj 100mg</i>	1	
<i>doxycycline hyclate tabs 100mg</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	1	
<i>doxycycline monohydrate caps 100mg</i>	1	
<i>doxycycline monohydrate caps 100mg</i>	1	
<i>doxycycline monohydrate caps 100mg</i>	1	
<i>doxycycline monohydrate caps 100mg</i>	1	
<i>doxycycline monohydrate caps 100mg</i>	1	
<i>doxycycline monohydrate caps 50mg</i>	1	
<i>doxycycline monohydrate caps 50mg</i>	1	
<i>doxycycline monohydrate tabs 100mg</i>	1	
<i>doxycycline monohydrate tabs 100mg</i>	1	
<i>doxycycline monohydrate tabs 100mg</i>	1	
<i>doxycycline monohydrate tabs 100mg</i>	1	
<i>doxycycline monohydrate tabs 100mg</i>	1	
<i>doxycycline monohydrate tabs 100mg</i>	1	
<i>doxycycline monohydrate tabs 100mg</i>	1	
<i>doxycycline monohydrate tabs 100mg</i>	1	
<i>doxycycline monohydrate tabs 100mg</i>	1	
<i>doxycycline monohydrate tabs 150mg</i>	1	
<i>doxycycline monohydrate tabs 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate tabs 75mg</i>	1	
<i>doxycycline caps 150mg</i>	1	
<i>doxycycline caps 75mg</i>	1	
<i>doxycycline susr 25mg/5ml</i>	1	
MINOCIN KIT KIT 100MG	3	
MINOCIN KIT KIT 50MG	3	
MINOCIN CAPS 100MG	3	
MINOCIN CAPS 100MG	3	
MINOCIN CAPS 100MG	3	
MINOCIN CAPS 50MG	3	
MINOCIN CAPS 75MG	3	
MINOCIN INJ 100MG	3	
<i>minocycline hcl er tb24 135mg</i>	1	
<i>minocycline hcl er tb24 45mg</i>	1	
<i>minocycline hcl er tb24 90mg</i>	1	
<i>minocycline hcl caps 100mg</i>	1	
<i>minocycline hcl caps 50mg</i>	1	
<i>minocycline hcl caps 75mg</i>	1	
<i>minocycline hcl tabs 100mg</i>	1	
<i>minocycline hcl tabs 50mg</i>	1	
<i>minocycline hcl tabs 75mg</i>	1	
MONODOX CAPS 100MG	3	
MONODOX CAPS 75MG	3	
<i>morgidox 1x100mg caps 100mg</i>	1	
MORGIDOX 1X100MG KIT 0; 100MG; 0	3	
<i>morgidox 2x100mg caps 100mg</i>	1	
MORGIDOX 2X100MG KIT 0; 100MG; 0	3	
OCUDOX KIT 50MG	3	
ORACEA CPDR 40MG	2	
SOLODYN TB24 105MG	3	
SOLODYN TB24 115MG	3	
SOLODYN TB24 55MG	3	
SOLODYN TB24 65MG	3	
SOLODYN TB24 80MG	3	
<i>tetracycline hcl caps 250mg</i>	1	
<i>tetracycline hcl caps 500mg</i>	1	
VIBRAMYCIN CAPS 100MG	3	
VIBRAMYCIN SUSR 25MG/5ML	3	
VIBRAMYCIN SYRP 50MG/5ML	3	

**Anticonvulsants**

*Anticonvulsants, Other*

APTiom TABS 200MG	3	
APTiom TABS 400MG	3	
APTiom TABS 600MG	3	
APTiom TABS 800MG	3	
FYCOMPA TABS 10MG	3	
FYCOMPA TABS 12MG	3	
FYCOMPA TABS 2MG	3	
FYCOMPA TABS 4MG	3	

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TABS 6MG	3	
FYCOMPA TABS 8MG	3	
KEPPRA XR TB24 500MG	3	
KEPPRA XR TB24 750MG	3	
KEPPRA INJ 500MG/5ML	3	
KEPPRA SOLN 100MG/ML	3	
KEPPRA TABS 1000MG	3	
KEPPRA TABS 250MG	3	
KEPPRA TABS 500MG	3	
KEPPRA TABS 750MG	3	
<i>levetiracetam er tb24 500mg</i>	1	
<i>levetiracetam er tb24 750mg</i>	1	
<i>levetiracetam inj 1000mg/100ml; 750mg/100ml</i>	1	
<i>levetiracetam inj 1500mg/100ml; 540mg/100ml</i>	1	
<i>levetiracetam inj 500mg/100ml; 820mg/100ml</i>	1	
<i>levetiracetam inj 500mg/5ml</i>	1	
<i>levetiracetam soln 100mg/ml</i>	1	
<i>levetiracetam tabs 1000mg</i>	1	
<i>levetiracetam tabs 250mg</i>	1	
<i>levetiracetam tabs 500mg</i>	1	
<i>levetiracetam tabs 750mg</i>	1	
<i>magnesium sulfate in d5w inj 5%; 10mg/ml</i>	1	
<i>magnesium sulfate in d5w inj 5%; 20mg/ml</i>	1	
NEMBUTAL SODIUM INJ 50MG/ML	3	
<i>phenobarbital elix 20mg/5ml</i>	1	
<i>phenobarbital tabs 100mg</i>	1	
<i>phenobarbital tabs 15mg</i>	1	
<i>phenobarbital tabs 16.2mg</i>	1	
<i>phenobarbital tabs 30mg</i>	1	
<i>phenobarbital tabs 32.4mg</i>	1	
<i>phenobarbital tabs 60mg</i>	1	
<i>phenobarbital tabs 64.8mg</i>	1	
<i>phenobarbital tabs 97.2mg</i>	1	
POTIGA TABS 200MG	2	
POTIGA TABS 300MG	2	
POTIGA TABS 400MG	2	
POTIGA TABS 50MG	2	
<b>Calcium Channel Modifying Agents</b>		
CELONTIN CAPS 300MG	2	
<i>ethosuximide caps 250mg</i>	1	
<i>ethosuximide soln 250mg/5ml</i>	1	
LYRICA CAPS 100MG	2	
LYRICA CAPS 150MG	2	
LYRICA CAPS 200MG	2	
LYRICA CAPS 225MG	2	
LYRICA CAPS 25MG	2	
LYRICA CAPS 300MG	2	
LYRICA CAPS 50MG	2	
LYRICA CAPS 75MG	2	

Drug Name	Drug Tier	Requirements/Limits
LYRICA SOLN 20MG/ML	2	
ZARONTIN CAPS 250MG	3	
ZARONTIN SOLN 250MG/5ML	3	
ZONEGRAN CAPS 100MG	3	
ZONEGRAN CAPS 25MG	3	
<i>zonisamide caps 100mg</i>	1	
<i>zonisamide caps 25mg</i>	1	
<i>zonisamide caps 50mg</i>	1	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
<i>clonazepam odt tbdp 0.125mg</i>	1	
<i>clonazepam odt tbdp 0.25mg</i>	1	
<i>clonazepam odt tbdp 0.5mg</i>	1	
<i>clonazepam odt tbdp 1mg</i>	1	
<i>clonazepam odt tbdp 2mg</i>	1	
<i>clonazepam tabs 0.5mg</i>	1	
<i>clonazepam tabs 1mg</i>	1	
<i>clonazepam tabs 2mg</i>	1	
DEPACON INJ 100MG/ML	3	
DEPAKENE SYRP 250MG/5ML	3	
DEPAKOTE ER TB24 250MG	3	
DEPAKOTE ER TB24 500MG	3	
DEPAKOTE SPRINKLES CPSP 125MG	3	
DEPAKOTE TBEC 125MG	3	
DEPAKOTE TBEC 250MG	3	
DEPAKOTE TBEC 500MG	3	
DIASTAT ACUDIAL GEL 10MG	3	
DIASTAT ACUDIAL GEL 20MG	3	
DIASTAT PEDIATRIC GEL 2.5MG	3	
<i>diazepam gel 10mg</i>	1	
<i>diazepam gel 2.5mg</i>	1	
<i>diazepam gel 20mg</i>	1	
<i>divalproex sodium dr tbec 125mg</i>	1	
<i>divalproex sodium dr tbec 250mg</i>	1	
<i>divalproex sodium dr tbec 500mg</i>	1	
<i>divalproex sodium er tb24 250mg</i>	1	
<i>divalproex sodium er tb24 500mg</i>	1	
<i>divalproex sodium cpsp 125mg</i>	1	
<i>gabapentin caps 100mg</i>	1	
<i>gabapentin caps 300mg</i>	1	
<i>gabapentin caps 400mg</i>	1	
<i>gabapentin soln 250mg/5ml</i>	1	
<i>gabapentin tabs 600mg</i>	1	
<i>gabapentin tabs 800mg</i>	1	
GABITRIL TABS 12MG	2	
GABITRIL TABS 16MG	2	
GABITRIL TABS 2MG	3	
GABITRIL TABS 4MG	3	
KLONOPIN TABS 0.5MG	3	
KLONOPIN TABS 1MG	3	

Drug Name	Drug Tier	Requirements/Limits
KLONOPIN TABS 2MG	3	
MYSOLINE TABS 250MG	3	
MYSOLINE TABS 50MG	3	
NEURONTIN CAPS 100MG	3	
NEURONTIN CAPS 300MG	3	
NEURONTIN CAPS 400MG	3	
NEURONTIN SOLN 250MG/5ML	3	
NEURONTIN TABS 600MG	3	
NEURONTIN TABS 800MG	3	
ONFI SUSP 2.5MG/ML	2	
ONFI TABS 10MG	2	
ONFI TABS 20MG	2	
ONFI TABS 5MG	2	
<i>primidone tabs 250mg</i>	1	
<i>primidone tabs 50mg</i>	1	
SABRIL PACK 500MG	3	
SABRIL TABS 500MG	3	
STAVZOR CPDR 125MG	3	
STAVZOR CPDR 250MG	3	
STAVZOR CPDR 500MG	3	
<i>tiagabine hydrochloride tabs 2mg</i>	1	
<i>tiagabine hydrochloride tabs 4mg</i>	1	
<i>valproate sodium inj 500mg/5ml</i>	1	
<i>valproic acid syrp 250mg/5ml</i>	1	
<b>Glutamate Reducing Agents</b>		
<i>felbamate susp 600mg/5ml</i>	1	
<i>felbamate tabs 400mg</i>	1	
<i>felbamate tabs 600mg</i>	1	
FELBATOL SUSP 600MG/5ML	3	
FELBATOL TABS 400MG	3	
FELBATOL TABS 600MG	3	
LAMICTAL CHEWABLE DISPERSIBLE CHEW 25MG	3	
LAMICTAL CHEWABLE DISPERSIBLE CHEW 5MG	3	
LAMICTAL ODT KIT 0	3	
LAMICTAL ODT KIT 0	3	
LAMICTAL ODT KIT 0	3	
LAMICTAL ODT TBDP 100MG	2	
LAMICTAL ODT TBDP 200MG	2	
LAMICTAL ODT TBDP 25MG	2	
LAMICTAL ODT TBDP 50MG	2	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT 0	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT 0	3	
LAMICTAL STARTER/TAKING VALPROATE KIT 25MG	3	
LAMICTAL XR KIT 0	3	
LAMICTAL XR KIT 0	3	
LAMICTAL XR KIT 0	3	
LAMICTAL XR TB24 100MG	3	

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL XR TB24 200MG	3	
LAMICTAL XR TB24 250MG	3	
LAMICTAL XR TB24 25MG	3	
LAMICTAL XR TB24 300MG	3	
LAMICTAL XR TB24 50MG	3	
LAMICTAL CHEW 2MG	3	
LAMICTAL TABS 100MG	3	
LAMICTAL TABS 150MG	3	
LAMICTAL TABS 200MG	3	
LAMICTAL TABS 25MG	3	
<i>lamotrigine er tb24 100mg</i>	1	
<i>lamotrigine er tb24 200mg</i>	1	
<i>lamotrigine er tb24 250mg</i>	1	
<i>lamotrigine er tb24 25mg</i>	1	
<i>lamotrigine er tb24 300mg</i>	1	
<i>lamotrigine er tb24 50mg</i>	1	
<i>lamotrigine chew 25mg</i>	1	
<i>lamotrigine chew 5mg</i>	1	
<i>lamotrigine tabs 100mg</i>	1	
<i>lamotrigine tabs 150mg</i>	1	
<i>lamotrigine tabs 200mg</i>	1	
<i>lamotrigine tabs 25mg</i>	1	
QUDEXY XR CS24 100MG	3	
QUDEXY XR CS24 150MG	3	
QUDEXY XR CS24 200MG	3	
QUDEXY XR CS24 25MG	3	
QUDEXY XR CS24 50MG	3	
TOPAMAX SPRINKLE CPSP 15MG	3	
TOPAMAX SPRINKLE CPSP 25MG	3	
TOPAMAX TABS 100MG	3	
TOPAMAX TABS 200MG	3	
TOPAMAX TABS 25MG	3	
TOPAMAX TABS 50MG	3	
<i>topiragen tabs 100mg</i>	1	
<i>topiragen tabs 200mg</i>	1	
<i>topiragen tabs 25mg</i>	1	
<i>topiragen tabs 50mg</i>	1	
<i>topiramate csp 15mg</i>	1	
<i>topiramate csp 25mg</i>	1	
<i>topiramate tabs 100mg</i>	1	
<i>topiramate tabs 200mg</i>	1	
<i>topiramate tabs 25mg</i>	1	
<i>topiramate tabs 50mg</i>	1	
TROKENDI XR CP24 100MG	3	
TROKENDI XR CP24 200MG	3	
TROKENDI XR CP24 25MG	3	
TROKENDI XR CP24 50MG	3	
<b>Sodium Channel Agents</b>		
BANZEL SUSP 40MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
BANZEL TABS 200MG	2	
BANZEL TABS 400MG	2	
<i>carbamazepine er cp12 100mg</i>	1	
<i>carbamazepine er cp12 200mg</i>	1	
<i>carbamazepine er cp12 300mg</i>	1	
<i>carbamazepine er tb12 200mg</i>	1	
<i>carbamazepine er tb12 400mg</i>	1	
<i>carbamazepine chew 100mg</i>	1	
<i>carbamazepine susp 100mg/5ml</i>	1	
<i>carbamazepine tabs 200mg</i>	1	
CARBATROL CP12 100MG	3	
CARBATROL CP12 200MG	3	
CARBATROL CP12 300MG	3	
CEREBYX INJ 100MG PE/2ML	3	
CEREBYX INJ 500MG PE/10ML	3	
DILANTIN INFATABS CHEW 50MG	3	
DILANTIN CAPS 100MG	3	
DILANTIN CAPS 30MG	2	
DILANTIN SUSP 125MG/5ML	3	
<i>epitol tabs 200mg</i>	1	
EQUETRO CP12 100MG	3	
EQUETRO CP12 200MG	3	
EQUETRO CP12 300MG	3	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	1	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	1	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	1	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	1	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	1	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	1	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	1	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	1	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	1	
<i>oxcarbazepine susp 300mg/5ml</i>	1	
<i>oxcarbazepine tabs 150mg</i>	1	
<i>oxcarbazepine tabs 300mg</i>	1	
<i>oxcarbazepine tabs 600mg</i>	1	
OXTELLAR XR TB24 150MG	3	
OXTELLAR XR TB24 300MG	3	
OXTELLAR XR TB24 600MG	3	
PEGANONE TABS 250MG	2	
PHENYTEK CAPS 200MG	3	
PHENYTEK CAPS 300MG	3	
<i>phenytoin sodium extended caps 100mg</i>	1	
<i>phenytoin sodium extended caps 200mg</i>	1	
<i>phenytoin sodium extended caps 300mg</i>	1	
<i>phenytoin sodium inj 50mg/ml</i>	1	
<i>phenytoin chew 50mg</i>	1	
<i>phenytoin susp 125mg/5ml</i>	1	
TEGRETOL-XR TB12 100MG	2	



Drug Name	Drug Tier	Requirements/Limits
TEGRETOL-XR TB12 200MG	3	
TEGRETOL-XR TB12 400MG	3	
TEGRETOL SUSP 100MG/5ML	3	
TEGRETOL TABS 200MG	3	
TRILEPTAL SUSP 300MG/5ML	3	
TRILEPTAL TABS 150MG	3	
TRILEPTAL TABS 300MG	3	
TRILEPTAL TABS 600MG	3	
VIMPAT INJ 200MG/20ML	3	
VIMPAT SOLN 10MG/ML	2	
VIMPAT TABS 100MG	2	
VIMPAT TABS 150MG	2	
VIMPAT TABS 200MG	2	
VIMPAT TABS 50MG	2	

### Antidementia Agents

#### *Antidementia Agents, Other*

*ergoloid mesylates tabs 1mg* 1

#### *Cholinesterase Inhibitors*

ARICEPT ODT TBDP 10MG 3

ARICEPT ODT TBDP 5MG 3

ARICEPT TABS 10MG 3

ARICEPT TABS 23MG 3

ARICEPT TABS 5MG 3

*donepezil hcl tabs 10mg* 1

*donepezil hcl tabs 23mg* 1

*donepezil hcl tabs 5mg* 1

*donepezil hcl tbdp 10mg* 1

*donepezil hcl tbdp 5mg* 1

EXELON CAPS 1.5MG 3

EXELON CAPS 3MG 3

EXELON CAPS 4.5MG 3

EXELON CAPS 6MG 3

EXELON PT24 13.3MG/24HR 2

EXELON PT24 4.6MG/24HR 2

EXELON PT24 9.5MG/24HR 2

EXELON SOLN 2MG/ML 2

*galantamine hydrobromide cp24 16mg* 1

*galantamine hydrobromide cp24 24mg* 1

*galantamine hydrobromide cp24 8mg* 1

*galantamine hydrobromide soln 4mg/ml* 1

*galantamine hydrobromide tabs 12mg* 1

*galantamine hydrobromide tabs 4mg* 1

*galantamine hydrobromide tabs 8mg* 1

RAZADYNE ER CP24 16MG 3

RAZADYNE ER CP24 24MG 3

RAZADYNE ER CP24 8MG 3

RAZADYNE SOLN 4MG/ML 3

RAZADYNE TABS 12MG 3

RAZADYNE TABS 4MG 3



Drug Name	Drug Tier	Requirements/Limits
RAZADYNE TABS 8MG	3	
<i>rivastigmine tartrate caps 1.5mg</i>	1	
<i>rivastigmine tartrate caps 3mg</i>	1	
<i>rivastigmine tartrate caps 4.5mg</i>	1	
<i>rivastigmine tartrate caps 6mg</i>	1	
<b><i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i></b>		
NAMENDA TITRATION PAK TABS 0	2	
NAMENDA XR TITRATION PACK CP24 0	2	QL (112 EA per 365 days)
NAMENDA XR CP24 14MG	2	QL (30 EA per 30 days)
NAMENDA XR CP24 21MG	2	QL (30 EA per 30 days)
NAMENDA XR CP24 28MG	2	QL (30 EA per 30 days)
NAMENDA XR CP24 7MG	2	QL (30 EA per 30 days)
NAMENDA SOLN 10MG/5ML	2	
NAMENDA TABS 10MG	2	
NAMENDA TABS 5MG	2	
<b>Antidepressants</b>		
<b><i>Antidepressants, Other</i></b>		
APLENZIN TB24 174MG	3	QL (30 EA per 30 days)
APLENZIN TB24 348MG	3	QL (30 EA per 30 days)
APLENZIN TB24 522MG	3	QL (30 EA per 30 days)
BRINTELLIX TABS 10MG	3	
BRINTELLIX TABS 20MG	3	
BRINTELLIX TABS 5MG	3	
<i>budeprion sr tb12 150mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl sr tb12 100mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl sr tb12 150mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl sr tb12 200mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl xl tb24 150mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl xl tb24 300mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl tabs 100mg</i>	1	
<i>bupropion hcl tabs 75mg</i>	1	
FORFIVO XL TB24 450MG	3	QL (30 EA per 30 days)
<i>maprotiline hcl tabs 25mg</i>	1	
<i>maprotiline hcl tabs 50mg</i>	1	
<i>maprotiline hcl tabs 75mg</i>	1	
<i>mirtazapine odt tbdp 30mg</i>	1	
<i>mirtazapine odt tbdp 45mg</i>	1	
<i>mirtazapine tabs 15mg</i>	1	
<i>mirtazapine tabs 30mg</i>	1	
<i>mirtazapine tabs 45mg</i>	1	
<i>mirtazapine tabs 7.5mg</i>	1	
<i>mirtazapine tbdp 15mg</i>	1	
<i>nefazodone hcl tabs 100mg</i>	1	
<i>nefazodone hcl tabs 150mg</i>	1	
<i>nefazodone hcl tabs 200mg</i>	1	
<i>nefazodone hcl tabs 250mg</i>	1	
<i>nefazodone hcl tabs 50mg</i>	1	
OLEPTRO TB24 150MG	3	
OLEPTRO TB24 300MG	3	

Drug Name	Drug Tier	Requirements/Limits
REMERON SOLTAB TBDP 15MG	3	
REMERON SOLTAB TBDP 30MG	3	
REMERON SOLTAB TBDP 45MG	3	
REMERON TABS 15MG	3	
REMERON TABS 30MG	3	
REMERON TABS 45MG	3	
<i>trazodone hcl tabs 100mg</i>	1	
<i>trazodone hcl tabs 150mg</i>	1	
<i>trazodone hcl tabs 300mg</i>	1	
<i>trazodone hcl tabs 50mg</i>	1	
WELLBUTRIN SR TB12 100MG	3	QL (60 EA per 30 days)
WELLBUTRIN SR TB12 150MG	3	QL (60 EA per 30 days)
WELLBUTRIN SR TB12 200MG	3	QL (60 EA per 30 days)
WELLBUTRIN XL TB24 150MG	3	QL (30 EA per 30 days)
WELLBUTRIN XL TB24 300MG	3	QL (30 EA per 30 days)
WELLBUTRIN TABS 100MG	3	
WELLBUTRIN TABS 75MG	3	
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM PT24 12MG/24HR	3	QL (30 EA per 30 days)
EMSAM PT24 6MG/24HR	3	QL (30 EA per 30 days)
EMSAM PT24 9MG/24HR	3	QL (30 EA per 30 days)
MARPLAN TABS 10MG	3	
NARDIL TABS 15MG	3	
PARNATE TABS 10MG	3	
<i>phenelzine sulfate tabs 15mg</i>	1	
<i>tranylcypromine sulfate tabs 10mg</i>	1	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</b>		
BRISDELLE CAPS 7.5MG	3	
CELEXA TABS 10MG	3	QL (45 EA per 30 days)
CELEXA TABS 20MG	3	QL (45 EA per 30 days)
CELEXA TABS 40MG	3	QL (30 EA per 30 days)
<i>citalopram hydrobromide soln 10mg/5ml</i>	1	QL (600 ML per 30 days)
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (45 EA per 30 days)
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (45 EA per 30 days)
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (30 EA per 30 days)
CYMBALTA CPEP 20MG	3	QL (60 EA per 30 days)
CYMBALTA CPEP 30MG	3	QL (90 EA per 30 days)
CYMBALTA CPEP 60MG	3	QL (60 EA per 30 days)
<i>desvenlafaxine er tb24 100mg</i>	1	QL (120 EA per 30 days)
DESVENLAFAXINE ER TB24 100MG	2	QL (120 EA per 30 days)
DESVENLAFAXINE ER TB24 100MG	2	QL (120 EA per 30 days)
<i>desvenlafaxine er tb24 50mg</i>	1	QL (120 EA per 30 days)
DESVENLAFAXINE ER TB24 50MG	2	QL (120 EA per 30 days)
DESVENLAFAXINE ER TB24 50MG	2	QL (120 EA per 30 days)
<i>duloxetine hcl cpep 20mg</i>	1	QL (60 EA per 30 days)
<i>duloxetine hcl cpep 30mg</i>	1	QL (90 EA per 30 days)
<i>duloxetine hcl cpep 60mg</i>	1	QL (60 EA per 30 days)
EFFEXOR XR CP24 150MG	3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
EFFEXOR XR CP24 37.5MG	3	QL (30 EA per 30 days)
EFFEXOR XR CP24 75MG	3	QL (90 EA per 30 days)
<i>escitalopram oxalate soln 5mg/5ml</i>	1	QL (600 ML per 30 days)
<i>escitalopram oxalate tabs 10mg</i>	1	QL (45 EA per 30 days)
<i>escitalopram oxalate tabs 20mg</i>	1	QL (30 EA per 30 days)
<i>escitalopram oxalate tabs 5mg</i>	1	QL (30 EA per 30 days)
FETZIMA TITRATION PACK C4PK 0	3	
FETZIMA CP24 120MG	3	
FETZIMA CP24 20MG	3	
FETZIMA CP24 40MG	3	
FETZIMA CP24 80MG	3	
<i>fluoxetine dr cpdr 90mg</i>	1	QL (4 EA per 28 days)
<i>fluoxetine hcl caps 10mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine hcl caps 20mg</i>	1	QL (120 EA per 30 days)
<i>fluoxetine hcl caps 40mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine hcl soln 20mg/5ml</i>	1	QL (600 ML per 30 days)
<i>fluoxetine hcl tabs 10mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine hcl tabs 20mg</i>	1	QL (120 EA per 30 days)
<i>fluoxetine hcl tabs 60mg</i>	1	QL (30 EA per 30 days)
<i>fluoxetine caps 10mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine caps 10mg</i>	1	QL (60 EA per 30 days)
<i>fluvoxamine maleate er cp24 100mg</i>	1	QL (60 EA per 30 days)
<i>fluvoxamine maleate er cp24 150mg</i>	1	QL (60 EA per 30 days)
<i>fluvoxamine maleate tabs 100mg</i>	1	QL (90 EA per 30 days)
<i>fluvoxamine maleate tabs 25mg</i>	1	QL (60 EA per 30 days)
<i>fluvoxamine maleate tabs 50mg</i>	1	QL (60 EA per 30 days)
KHEDEZLA TB24 100MG	3	QL (120 EA per 30 days)
KHEDEZLA TB24 50MG	3	QL (120 EA per 30 days)
LEXAPRO SOLN 5MG/5ML	3	QL (600 ML per 30 days)
LEXAPRO TABS 10MG	3	QL (45 EA per 30 days)
LEXAPRO TABS 20MG	3	QL (30 EA per 30 days)
LEXAPRO TABS 5MG	3	QL (30 EA per 30 days)
LUVOX CR CP24 100MG	3	QL (60 EA per 30 days) ST
LUVOX CR CP24 150MG	3	QL (60 EA per 30 days) ST
<i>olanzapine/fluoxetine caps 25mg; 12mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 3mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 6mg</i>	1	QL (90 EA per 30 days)
<i>olanzapine/fluoxetine caps 50mg; 12mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 50mg; 6mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl er tb24 12.5mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl er tb24 25mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl er tb24 37.5mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl tabs 10mg</i>	1	QL (45 EA per 30 days)
<i>paroxetine hcl tabs 20mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl tabs 30mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl tabs 40mg</i>	1	QL (30 EA per 30 days)
PAXIL CR TB24 12.5MG	3	QL (30 EA per 30 days)
PAXIL CR TB24 25MG	3	QL (60 EA per 30 days)
PAXIL CR TB24 37.5MG	3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PAXIL SUSP 10MG/5ML	2	QL (900 ML per 30 days)
PAXIL TABS 10MG	3	QL (45 EA per 30 days)
PAXIL TABS 20MG	3	QL (30 EA per 30 days)
PAXIL TABS 30MG	3	QL (60 EA per 30 days)
PAXIL TABS 40MG	3	QL (30 EA per 30 days)
PEXEVA TABS 10MG	3	QL (30 EA per 30 days)
PEXEVA TABS 20MG	3	QL (30 EA per 30 days)
PEXEVA TABS 30MG	3	QL (60 EA per 30 days)
PEXEVA TABS 40MG	3	QL (30 EA per 30 days)
PRISTIQ TB24 100MG	2	QL (120 EA per 30 days)
PRISTIQ TB24 50MG	2	QL (120 EA per 30 days)
PROZAC WEEKLY CPDR 90MG	3	QL (4 EA per 28 days)
PROZAC CAPS 10MG	3	QL (60 EA per 30 days)
PROZAC CAPS 20MG	3	QL (120 EA per 30 days)
PROZAC CAPS 40MG	3	QL (60 EA per 30 days)
SARAFEM TABS 10MG	3	QL (60 EA per 30 days)
SARAFEM TABS 20MG	3	QL (120 EA per 30 days)
<i>sertraline hcl conc 20mg/ml</i>	1	
<i>sertraline hcl tabs 100mg</i>	1	QL (60 EA per 30 days)
<i>sertraline hcl tabs 25mg</i>	1	QL (45 EA per 30 days)
<i>sertraline hcl tabs 50mg</i>	1	QL (45 EA per 30 days)
SYMBYAX CAPS 25MG; 12MG	3	QL (30 EA per 30 days)
SYMBYAX CAPS 25MG; 3MG	3	QL (30 EA per 30 days)
SYMBYAX CAPS 25MG; 6MG	3	QL (90 EA per 30 days)
SYMBYAX CAPS 50MG; 12MG	3	QL (30 EA per 30 days)
SYMBYAX CAPS 50MG; 6MG	3	QL (60 EA per 30 days)
<i>venlafaxine hcl er cp24 150mg</i>	1	QL (60 EA per 30 days)
<i>venlafaxine hcl er cp24 37.5mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine hcl er cp24 75mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine hcl er tb24 150mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine hcl er tb24 225mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine hcl er tb24 37.5mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine hcl er tb24 75mg</i>	1	
<i>venlafaxine hcl tabs 100mg</i>	1	QL (150 EA per 30 days)
<i>venlafaxine hcl tabs 25mg</i>	1	QL (150 EA per 30 days)
<i>venlafaxine hcl tabs 37.5mg</i>	1	QL (150 EA per 30 days)
<i>venlafaxine hcl tabs 50mg</i>	1	QL (150 EA per 30 days)
<i>venlafaxine hcl tabs 75mg</i>	1	QL (150 EA per 30 days)
VIIBRYD KIT 0	3	QL (30 EA per 30 days)
VIIBRYD TABS 10MG	3	QL (30 EA per 30 days)
VIIBRYD TABS 20MG	3	QL (30 EA per 30 days)
VIIBRYD TABS 40MG	3	QL (30 EA per 30 days)
ZOLOFT CONC 20MG/ML	3	
ZOLOFT TABS 100MG	3	QL (60 EA per 30 days)
ZOLOFT TABS 25MG	3	QL (45 EA per 30 days)
ZOLOFT TABS 50MG	3	QL (45 EA per 30 days)
<b>Tricyclics</b>		
<i>amitriptyline hcl tabs 100mg</i>	1	
<i>amitriptyline hcl tabs 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl tabs 150mg</i>	1	
<i>amitriptyline hcl tabs 25mg</i>	1	
<i>amitriptyline hcl tabs 50mg</i>	1	
<i>amitriptyline hcl tabs 75mg</i>	1	
<i>amoxapine tabs 100mg</i>	1	
<i>amoxapine tabs 150mg</i>	1	
<i>amoxapine tabs 25mg</i>	1	
<i>amoxapine tabs 50mg</i>	1	
ANAFRANIL CAPS 25MG	3	
ANAFRANIL CAPS 50MG	3	
ANAFRANIL CAPS 75MG	3	
<i>chlordiazepoxide/amitriptyline tabs 12.5mg; 5mg</i>	1	
<i>chlordiazepoxide/amitriptyline tabs 25mg; 10mg</i>	1	
<i>clomipramine hcl caps 25mg</i>	1	
<i>clomipramine hcl caps 50mg</i>	1	
<i>clomipramine hcl caps 75mg</i>	1	
<i>desipramine hcl tabs 100mg</i>	1	
<i>desipramine hcl tabs 10mg</i>	1	
<i>desipramine hcl tabs 150mg</i>	1	
<i>desipramine hcl tabs 25mg</i>	1	
<i>desipramine hcl tabs 50mg</i>	1	
<i>desipramine hcl tabs 75mg</i>	1	
<i>doxepin hcl caps 100mg</i>	1	
<i>doxepin hcl caps 10mg</i>	1	
<i>doxepin hcl caps 150mg</i>	1	
<i>doxepin hcl caps 25mg</i>	1	
<i>doxepin hcl caps 50mg</i>	1	
<i>doxepin hcl caps 75mg</i>	1	
<i>doxepin hcl conc 10mg/ml</i>	1	
<i>imipramine hcl tabs 10mg</i>	1	
<i>imipramine hcl tabs 25mg</i>	1	
<i>imipramine hcl tabs 50mg</i>	1	
<i>imipramine pamoate caps 100mg</i>	1	
<i>imipramine pamoate caps 125mg</i>	1	
<i>imipramine pamoate caps 150mg</i>	1	
<i>imipramine pamoate caps 75mg</i>	1	
NORPRAMIN TABS 100MG	3	
NORPRAMIN TABS 10MG	3	
NORPRAMIN TABS 150MG	3	
NORPRAMIN TABS 25MG	3	
NORPRAMIN TABS 50MG	3	
NORPRAMIN TABS 75MG	3	
<i>nortriptyline hcl caps 10mg</i>	1	
<i>nortriptyline hcl caps 25mg</i>	1	
<i>nortriptyline hcl caps 50mg</i>	1	
<i>nortriptyline hcl caps 75mg</i>	1	
<i>nortriptyline hcl soln 10mg/5ml</i>	1	
PAMELOR CAPS 10MG	3	
PAMELOR CAPS 25MG	3	

Drug Name	Drug Tier	Requirements/Limits
PAMELOR CAPS 50MG	3	
PAMELOR CAPS 75MG	3	
<i>perphenazine/amitriptyline tabs 10mg; 2mg</i>	1	
<i>perphenazine/amitriptyline tabs 10mg; 4mg</i>	1	
<i>perphenazine/amitriptyline tabs 25mg; 2mg</i>	1	
<i>perphenazine/amitriptyline tabs 25mg; 4mg</i>	1	
<i>perphenazine/amitriptyline tabs 50mg; 4mg</i>	1	
<i>protriptyline hcl tabs 10mg</i>	1	
<i>protriptyline hcl tabs 5mg</i>	1	
SURMONTIL CAPS 100MG	3	
SURMONTIL CAPS 25MG	3	
SURMONTIL CAPS 50MG	3	
TOFRANIL-PM CAPS 100MG	3	
TOFRANIL-PM CAPS 125MG	3	
TOFRANIL-PM CAPS 150MG	3	
TOFRANIL-PM CAPS 75MG	3	
TOFRANIL TABS 10MG	3	
TOFRANIL TABS 25MG	3	
TOFRANIL TABS 50MG	3	
VIVACTIL TABS 10MG	3	
VIVACTIL TABS 5MG	3	

## Antiemetics

### *Antiemetics, Other*

ANTIVERT TABS 12.5MG	3	
ANTIVERT TABS 25MG	3	
DICLEGIS TBEC 10MG; 10MG	3	
<i>dimenhydrinate inj 50mg/ml</i>	1	
<i>droperidol inj 2.5mg/ml</i>	1	
<i>meclizine hcl tabs 12.5mg</i>	1	
<i>meclizine hcl tabs 25mg</i>	1	
<i>phenadoz supp 12.5mg</i>	1	
<i>phenadoz supp 25mg</i>	1	
PHENERGAN INJ 25MG/ML	3	
PHENERGAN INJ 50MG/ML	3	
<i>promethazine hcl inj 25mg/ml</i>	1	
<i>promethazine hcl inj 50mg/ml</i>	1	
<i>promethazine hcl supp 12.5mg</i>	1	
<i>promethazine hcl supp 25mg</i>	1	
<i>promethazine hcl syrp 6.25mg/5ml</i>	1	
<i>promethazine hcl tabs 12.5mg</i>	1	
<i>promethazine hcl tabs 25mg</i>	1	
<i>promethazine hcl tabs 50mg</i>	1	
<i>promethegan supp 12.5mg</i>	1	
<i>promethegan supp 25mg</i>	1	
<i>promethegan supp 50mg</i>	1	
TIGAN CAPS 300MG	3	
TIGAN INJ 100MG/ML	3	
TRANSDERM-SCOP PT72 1.5MG	2	
<i>trimethobenzamide hcl caps 300mg</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<i>trimethobenzamide hcl inj 100mg/ml</i>	1	
<i>univert tabs 32mg</i>	1	
<b>Emetogenic Therapy Adjuncts</b>		
ALOXI INJ 0.25MG/5ML	3	
ANZEMET INJ 20MG/ML	3	
ANZEMET TABS 100MG	2	QL (5 EA per 30 days) B/D
ANZEMET TABS 50MG	2	QL (5 EA per 30 days) B/D
CESAMET CAPS 1MG	3	QL (60 EA per 30 days) PA
<i>dronabinol caps 10mg</i>	1	QL (60 EA per 30 days) PA
<i>dronabinol caps 2.5mg</i>	1	QL (60 EA per 30 days) PA
<i>dronabinol caps 5mg</i>	1	QL (60 EA per 30 days) PA
EMEND CAPS 0	2	QL (6 EA per 30 days) B/D
EMEND CAPS 125MG	2	QL (2 EA per 30 days) B/D
EMEND CAPS 40MG	2	QL (1 EA per 30 days) B/D
EMEND CAPS 80MG	2	QL (8 EA per 30 days) B/D
EMEND INJ 150MG	2	
<i>granisetron hcl inj 0.1mg/ml</i>	1	
<i>granisetron hcl inj 1mg/ml</i>	1	QL (60 ML per 30 days)
<i>granisetron hcl tabs 1mg</i>	1	QL (30 EA per 30 days) B/D
GRANISOL SOLN 2MG/10ML	3	QL (180 ML per 28 days) B/D
MARINOL CAPS 10MG	3	QL (60 EA per 30 days) PA
MARINOL CAPS 2.5MG	3	QL (60 EA per 30 days) PA
MARINOL CAPS 5MG	3	QL (60 EA per 30 days) PA
<i>ondansetron hcl inj 40mg/20ml</i>	1	
<i>ondansetron hcl inj 40mg/20ml</i>	1	
<i>ondansetron hcl inj 40mg/20ml</i>	1	
<i>ondansetron hcl inj 40mg/20ml</i>	1	
<i>ondansetron hcl inj 40mg/20ml</i>	1	
<i>ondansetron hcl inj 40mg/20ml</i>	1	
<i>ondansetron hcl inj 40mg/20ml</i>	1	
<i>ondansetron hcl inj 40mg/20ml</i>	1	
<i>ondansetron hcl inj 40mg/20ml</i>	1	
<i>ondansetron hcl inj 40mg/20ml</i>	1	
<i>ondansetron hcl inj 40mg/20ml</i>	1	
<i>ondansetron hcl inj 40mg/20ml</i>	1	
<i>ondansetron hcl inj 40mg/20ml</i>	1	
<i>ondansetron hcl inj 40mg/20ml</i>	1	
<i>ondansetron hcl inj 40mg/20ml</i>	1	
<i>ondansetron hcl inj 40mg/20ml</i>	1	
<i>ondansetron hcl inj 40mg/20ml</i>	1	
<i>ondansetron hcl inj 40mg/20ml</i>	1	
<i>ondansetron hcl inj 4mg/2ml</i>	1	
<i>ondansetron hcl soln 4mg/5ml</i>	1	QL (450 ML per 30 days) B/D
<i>ondansetron hcl tabs 24mg</i>	1	QL (14 EA per 28 days) B/D
<i>ondansetron hcl tabs 4mg</i>	1	QL (45 EA per 30 days) B/D
<i>ondansetron hcl tabs 8mg</i>	1	QL (45 EA per 30 days) B/D
<i>ondansetron odt tbdp 4mg</i>	1	QL (45 EA per 30 days) B/D
<i>ondansetron odt tbdp 8mg</i>	1	QL (45 EA per 30 days) B/D
SANCUSO PTCH 3.1MG/24HR	2	QL (4 EA per 30 days)



Drug Name	Drug Tier	Requirements/Limits
ZOFRAN ODT TBDP 4MG	3	QL (45 EA per 30 days) B/D
ZOFRAN ODT TBDP 8MG	3	QL (45 EA per 30 days) B/D
ZOFRAN INJ 40MG/20ML	3	
ZOFRAN SOLN 4MG/5ML	3	QL (450 ML per 30 days) B/D
ZOFRAN TABS 4MG	3	QL (45 EA per 30 days) B/D
ZOFRAN TABS 8MG	3	QL (45 EA per 30 days) B/D
ZUPLENZ FILM 4MG	3	
ZUPLENZ FILM 8MG	3	

## Antifungals

### Antifungals

ABELCET INJ 5MG/ML	3	B/D
AMBISOME INJ 50MG	3	B/D
AMPHOTEC INJ 100MG	3	B/D
AMPHOTEC INJ 50MG	3	B/D
<i>amphotericin b inj 50mg</i>	1	B/D
ANCOBON CAPS 250MG	3	
ANCOBON CAPS 500MG	3	
BIO-STATIN CAPS 1000000UNIT	3	
BIO-STATIN CAPS 500000UNIT	3	
CANCIDAS INJ 50MG	3	
CANCIDAS INJ 70MG	3	
CICLODAN CREAM KIT KIT 0.77%; 0; 0	3	
CICLODAN SOLUTION KIT KIT 0; 8%; 0	3	
<i>ciclodan crea 0.77%</i>	1	
<i>ciclodan soln 8%</i>	1	
<i>ciclopirox nail lacquer soln 8%</i>	1	
<i>ciclopirox olamine crea 0.77%</i>	1	
<i>ciclopirox topical solution kit kit 8%; 5%</i>	1	
<i>ciclopirox treatment kit 0; 8%; 0</i>	1	
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox sham 1%</i>	1	
<i>ciclopirox susp 0.77%</i>	1	
<i>clotrimazole crea 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	
<i>clotrimazole troc 10mg</i>	1	
DIFLUCAN SUSR 10MG/ML	3	
DIFLUCAN SUSR 40MG/ML	3	
DIFLUCAN TABS 100MG	3	
DIFLUCAN TABS 150MG	3	
DIFLUCAN TABS 200MG	3	
DIFLUCAN TABS 50MG	3	
<i>econazole nitrate crea 1%</i>	1	
ECOZA FOAM 1%	3	
ERAXIS INJ 100MG	3	
ERTACZO CREA 2%	3	
EXELDERM CREA 1%	2	
EXELDERM SOLN 1%	2	
EXODERM LOTN 1%; 25%	3	
EXTINA FOAM 2%	3	



Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin ultramicrosize tabs 250mg</i>	1	
GYNAZOLE-1 CREA 2%	2	
<i>itraconazole caps 100mg</i>	1	PA
JUBLIA SOLN 10%	3	
<i>ketoconazole crea 2%</i>	1	
<i>ketoconazole sham 2%</i>	1	
<i>ketoconazole tabs 200mg</i>	1	
KETODAN KIT KIT 2%; 0; 0	3	
LAMISIL SPRAY SOLN 1%	3	
LAMISIL PACK 125MG	2	
LAMISIL PACK 187.5MG	2	
LAMISIL TABS 250MG	3	QL (84 EA per 168 days)
LOPROX SHAMPOO SHAM 1%	3	
LOPROX GEL 0.77%	3	
LUZU CREA 1%	3	
MENTAX CREA 1%	2	
<i>miconazole 3 combo pack kit 0</i>	1	
<i>miconazole 3 supp 200mg</i>	1	
MYCAMINE INJ 100MG	3	
MYCAMINE INJ 50MG	3	
NAFTIN CREA 1%	3	
NAFTIN CREA 2%	3	
NAFTIN GEL 1%	3	
NAFTIN GEL 2%	3	
NATACYN SUSP 5%	2	
NIZORAL SHAM 2%	3	
NOXAFIL INJ 300MG/16.7ML	3	
NOXAFIL SUSP 40MG/ML	2	
NOXAFIL TBEC 100MG	3	
<i>nyamyc powd 100000unit/gm</i>	1	
<i>nystatin/triamcinolone crea 100000unit/gm; 0.1%</i>	1	
<i>nystatin/triamcinolone oint 100000unit/gm; 0.1%</i>	1	
<i>nystatin crea 100000unit/gm</i>	1	
<i>nystatin oint 100000unit/gm</i>	1	
<i>nystatin powd 100000unit/gm</i>	1	
<i>nystatin susp 100000unit/ml</i>	1	
<i>nystatin tabs 500000unit</i>	1	
<i>nystop powd 100000unit/gm</i>	1	
ONMEL TABS 200MG	3	
ORAVIG TABS 50MG	3	
OXISTAT CREA 1%	3	
OXISTAT LOTN 1%	3	
<i>pedi-dri powd 100000unit/gm</i>	1	
PEDIADERM AF COMPLETE KIT KIT 0; 100000UNIT/GM; 0	3	
PEDIPIROX-4 NAIL KIT 8%	3	
PENLAC NAIL LACQUER SOLN 8%	3	
SPORANOX PULSEPAK CAPS 100MG	3	PA
SPORANOX CAPS 100MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
SPORANOX SOLN 10MG/ML	2	PA
TERAZOL 3 CREA 0.8%	3	
TERAZOL 3 SUPP 80MG	3	
TERAZOL 7 CREA 0.4%	3	
<i>terbinafine hcl tabs 250mg</i>	1	QL (84 EA per 168 days)
TERBINEX KIT 1%; 250MG	3	
<i>terconazole crea 0.4%</i>	1	
<i>terconazole crea 0.8%</i>	1	
<i>terconazole supp 80mg</i>	1	
<i>versiclear lotn 1%; 25%</i>	1	
VFEND IV INJ 200MG	3	
VFEND SUSR 40MG/ML	3	
VFEND TABS 200MG	3	
VFEND TABS 50MG	3	
<i>voriconazole inj 200mg</i>	1	
<i>voriconazole susr 40mg/ml</i>	1	
<i>voriconazole tabs 200mg</i>	1	
<i>voriconazole tabs 50mg</i>	1	
VUSION OINT 0.25%; 81.35%; 15%	3	
XOLEGEL DUO/HEAD & SHOULDERS KIT 2%; 1%	3	
XOLEGEL DUO/XOLEX KIT 2%; 1%	3	
XOLEGEL GEL 2%	3	
<i>zazole crea 0.4%</i>	1	
<i>zazole crea 0.8%</i>	1	
<i>zazole supp 80mg</i>	1	

### Antigout Agents

#### Antigout Agents

<i>allopurinol sodium inj 500mg</i>	1	
<i>allopurinol tabs 100mg</i>	1	
<i>allopurinol tabs 300mg</i>	1	
ALOPRIM INJ 500MG	3	
COLCRYS TABS 0.6MG	2	
KRYSTEXXA INJ 8MG/ML	3	
<i>probenecid/colchicine tabs 0.5mg; 500mg</i>	1	
<i>probenecid tabs 500mg</i>	1	
ULORIC TABS 40MG	2	
ULORIC TABS 80MG	2	
ZYLOPRIM TABS 100MG	3	
ZYLOPRIM TABS 300MG	3	

### Antimigraine Agents

#### Antimigraine Agents

MIGRAL TABS 130MG	3	
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#### Ergot Alkaloids

CAFERGOT TABS 100MG; 1MG	3	
D.H.E. 45 INJ 1MG/ML	3	
<i>dihydroergotamine mesylate inj 1mg/ml</i>	1	
<i>dihydroergotamine mesylate soln 4mg/ml</i>	1	
ERGOMAR SUBL 2MG	2	
MIGERGOT SUPP 100MG; 2MG	3	

Drug Name	Drug Tier	Requirements/Limits
MIGRANAL SOLN 4MG/ML	3	
<b>Prophylactic</b>		
DEPAKENE CAPS 250MG	3	
<i>timolol maleate tabs 10mg</i>	1	
<i>timolol maleate tabs 20mg</i>	1	
<i>timolol maleate tabs 5mg</i>	1	
<i>valproic acid caps 250mg</i>	1	
<b>Serotonin (5-HT) 1b/1d Receptor Agonists</b>		
ALSUMA INJ 6MG/0.5ML	3	QL (8 ML per 30 days) ST
AMERGE TABS 1MG	3	QL (12 EA per 30 days)
AMERGE TABS 2.5MG	3	QL (9 EA per 30 days)
AXERT TABS 12.5MG	3	QL (12 EA per 30 days) ST
AXERT TABS 6.25MG	3	QL (12 EA per 30 days) ST
FROVA TABS 2.5MG	3	QL (12 EA per 30 days) ST
IMITREX STATDOSE REFILL INJ 4MG/0.5ML	3	QL (5 ML per 30 days)
IMITREX STATDOSE REFILL INJ 6MG/0.5ML	3	QL (8 ML per 30 days)
IMITREX STATDOSE SYSTEM INJ 4MG/0.5ML	3	QL (5 ML per 30 days)
IMITREX STATDOSE SYSTEM INJ 6MG/0.5ML	3	QL (8 ML per 30 days)
IMITREX INJ 6MG/0.5ML	3	QL (8 ML per 30 days)
IMITREX SOLN 20MG/ACT	3	QL (18 EA per 30 days)
IMITREX SOLN 5MG/ACT	3	QL (18 EA per 30 days)
IMITREX TABS 100MG	3	QL (18 EA per 30 days)
IMITREX TABS 25MG	3	QL (18 EA per 30 days)
IMITREX TABS 50MG	3	QL (18 EA per 30 days)
MAXALT-MLT TBDP 10MG	3	QL (18 EA per 30 days)
MAXALT-MLT TBDP 5MG	3	QL (18 EA per 30 days)
MAXALT TABS 10MG	3	QL (18 EA per 30 days)
MAXALT TABS 5MG	3	QL (18 EA per 30 days)
<i>naratriptan hcl tabs 1mg</i>	1	QL (12 EA per 30 days)
<i>naratriptan hcl tabs 2.5mg</i>	1	QL (9 EA per 30 days)
RELPAX TABS 20MG	2	QL (9 EA per 30 days)
RELPAX TABS 40MG	2	QL (9 EA per 30 days)
<i>rizatriptan benzoate odt tbdp 10mg</i>	1	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt tbdp 5mg</i>	1	QL (18 EA per 30 days)
<i>rizatriptan benzoate tabs 10mg</i>	1	QL (18 EA per 30 days)
<i>rizatriptan benzoate tabs 5mg</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	1	QL (5 ML per 30 days)
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	1	QL (8 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	1	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL (8 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL (8 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL (8 ML per 30 days)
<i>sumatriptan succinate tabs 100mg</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate tabs 25mg</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate tabs 50mg</i>	1	QL (18 EA per 30 days)
<i>sumatriptan soln 20mg/act</i>	1	QL (18 EA per 30 days)
<i>sumatriptan soln 5mg/act</i>	1	QL (18 EA per 30 days)
SUMAVEL DOSEPRO INJ 6MG/0.5ML	3	QL (6 ML per 30 days) ST
TREXIMET TABS 500MG; 85MG	3	QL (18 EA per 30 days) ST

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan odt tbdp 2.5mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 5mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan tabs 2.5mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan tabs 5mg</i>	1	QL (12 EA per 30 days)
ZOMIG NASAL SPRAY SOLN 5MG	2	QL (18 EA per 30 days)
ZOMIG ZMT TBDP 2.5MG	3	QL (12 EA per 30 days)
ZOMIG ZMT TBDP 5MG	3	QL (12 EA per 30 days)
ZOMIG SOLN 2.5MG	3	QL (18 EA per 30 days)
ZOMIG TABS 2.5MG	3	QL (12 EA per 30 days)
ZOMIG TABS 5MG	3	QL (12 EA per 30 days)

### Antimyasthenic Agents

#### Antimyasthenic Agents

BLOXIVERZ INJ 10MG/10ML	3	
BLOXIVERZ INJ 5MG/10ML	3	
ENLON INJ 10MG/ML	3	
<i>neostigmine methylsulfate inj 0.5mg/ml</i>	1	
<i>neostigmine methylsulfate inj 0.5mg/ml</i>	1	
<i>neostigmine methylsulfate inj 0.5mg/ml</i>	1	
<i>neostigmine methylsulfate inj 1mg/ml</i>	1	
<i>neostigmine methylsulfate inj 1mg/ml</i>	1	
<i>neostigmine methylsulfate inj 1mg/ml</i>	1	
<i>neostigmine methylsulfate inj 1mg/ml</i>	1	
<i>neostigmine methylsulfate inj 1mg/ml</i>	1	
PROSTIGMIN TABS 15MG	3	

#### Parasympathomimetics

<i>guanidine hcl tabs 125mg</i>	1	
MESTINON TIMESPAN TBCR 180MG	2	
MESTINON SYRP 60MG/5ML	2	
MESTINON TABS 60MG	3	
PROSTIGMIN INJ 0.5MG/ML	3	
<i>pyridostigmine bromide tabs 60mg</i>	1	
<i>regonol inj 5mg/ml</i>	1	

### Antimycobacterials

#### Antimycobacterials, Other

<i>dapsone tabs 100mg</i>	1	
<i>dapsone tabs 25mg</i>	1	
MYCOBUTIN CAPS 150MG	3	
<i>rifabutin caps 150mg</i>	1	

#### Antituberculars

CAPASTAT SULFATE INJ 1GM	3	
<i>cycloserine caps 250mg</i>	1	
<i>ethambutol hcl tabs 100mg</i>	1	
<i>ethambutol hcl tabs 400mg</i>	1	
<i>isoniazid inj 100mg/ml</i>	1	
<i>isoniazid syrp 50mg/5ml</i>	1	
<i>isoniazid tabs 100mg</i>	1	
<i>isoniazid tabs 300mg</i>	1	
MYAMBUTOL TABS 100MG	3	
MYAMBUTOL TABS 400MG	3	

Drug Name	Drug Tier	Requirements/Limits
PASER PACK 4GM	3	
PRIFTIN TABS 150MG	3	
<i>pyrazinamide tabs 500mg</i>	1	
RIFADIN CAPS 150MG	3	
RIFADIN CAPS 300MG	3	
RIFADIN INJ 600MG	3	
RIFAMATE CAPS 150MG; 300MG	3	
<i>rifampin caps 150mg</i>	1	
<i>rifampin caps 300mg</i>	1	
<i>rifampin inj 600mg</i>	1	
RIFATER TABS 50MG; 300MG; 120MG	3	
SIRTURO TABS 100MG	2	
TRECTOR TABS 250MG	3	
<b>Antineoplastics</b>		
<i>Alkylating Agents</i>		
ALKERAN INJ 50MG	3	
BICNU INJ 100MG	3	
BUSULFEX INJ 6MG/ML	2	
<i>cyclophosphamide caps 25mg</i>	1	B/D
<i>cyclophosphamide caps 50mg</i>	1	B/D
<i>cyclophosphamide inj 1gm</i>	1	
<i>cyclophosphamide inj 2gm</i>	1	
<i>cyclophosphamide inj 500mg</i>	1	
<i>cyclophosphamide tabs 25mg</i>	1	B/D
<i>cyclophosphamide tabs 50mg</i>	1	B/D
<i>dacarbazine inj 200mg</i>	1	
GLIADEL WAFER WAFR 0	2	
HEXALEN CAPS 50MG	2	
IFEX INJ 1GM	3	
IFEX INJ 3GM	2	
<i>ifosfamide/mesna inj 1gm; 1gm</i>	1	
<i>ifosfamide inj 1gm/20ml</i>	1	
<i>ifosfamide inj 1gm/20ml</i>	1	
<i>ifosfamide inj 1gm/20ml</i>	1	
<i>ifosfamide inj 1gm</i>	1	
<i>ifosfamide inj 3gm/60ml</i>	1	
<i>ifosfamide inj 3gm/60ml</i>	1	
<i>ifosfamide inj 3gm/60ml</i>	1	
<i>ifosfamide inj 3gm</i>	1	
<i>ifosfamide inj 3gm</i>	1	
LEUKERAN TABS 2MG	2	
<i>lomustine caps 100mg</i>	1	
<i>lomustine caps 10mg</i>	1	
<i>lomustine caps 40mg</i>	1	
MATULANE CAPS 50MG	2	
<i>melphalan hydrochloride inj 50mg</i>	1	
MUSTARGEN INJ 10MG	2	
TEMODAR INJ 100MG	2	
<i>thiotepa inj 15mg</i>	1	



Drug Name	Drug Tier	Requirements/Limits
TREANDA INJ 100MG	2	
ZANOSAR INJ 1GM	2	
<b>Antiandrogens</b>		
<i>bicalutamide tabs 50mg</i>	1	
CASODEX TABS 50MG	3	
<i>flutamide caps 125mg</i>	1	
NILANDRON TABS 150MG	2	
XTANDI CAPS 40MG	2	PA
ZYTIGA TABS 250MG	2	PA
<b>Antiangiogenic Agents</b>		
CAPRELSA TABS 100MG	2	PA
CAPRELSA TABS 300MG	2	PA
REVLIMID CAPS 10MG	2	PA
REVLIMID CAPS 15MG	2	PA
REVLIMID CAPS 2.5MG	2	PA
REVLIMID CAPS 20MG	2	PA
REVLIMID CAPS 25MG	2	PA
REVLIMID CAPS 5MG	2	PA
THALOMID CAPS 100MG	2	PA
THALOMID CAPS 150MG	2	PA
THALOMID CAPS 200MG	2	PA
THALOMID CAPS 50MG	2	PA
<b>Antiestrogens/Modifiers</b>		
EMCYT CAPS 140MG	2	
FARESTON TABS 60MG	2	
FASLODEX INJ 250MG/5ML	2	
SOLTAMOX SOLN 10MG/5ML	2	
<i>tamoxifen citrate tabs 10mg</i>	1	
<i>tamoxifen citrate tabs 20mg</i>	1	
<b>Antimetabolites</b>		
<i>adrucil inj 2.5gm/50ml</i>	1	B/D
<i>adrucil inj 2.5gm/50ml</i>	1	B/D
<i>adrucil inj 500mg/10ml</i>	1	B/D
<i>adrucil inj 500mg/10ml</i>	1	B/D
<i>adrucil inj 5gm/100ml</i>	1	B/D
<i>adrucil inj 5gm/100ml</i>	1	B/D
<i>cladribine inj 1mg/ml</i>	1	B/D
CLOLAR INJ 1MG/ML	2	
<i>cytarabine aqueous inj 100mg/ml</i>	1	B/D
<i>cytarabine aqueous inj 20mg/ml</i>	1	B/D
<i>cytarabine inj 500mg</i>	1	B/D
DEPOCYT INJ 50MG/5ML	2	
DROXIA CAPS 200MG	2	
DROXIA CAPS 300MG	2	
DROXIA CAPS 400MG	2	
ELITEK INJ 1.5MG	2	
<i>floxuridine inj 0.5gm</i>	1	
<i>fluorouracil inj 1gm/20ml</i>	1	B/D
<i>fluorouracil inj 1gm/20ml</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil inj 1gm/20ml</i>	1	B/D
<i>fluorouracil inj 1gm/20ml</i>	1	B/D
<i>fluorouracil inj 1gm/20ml</i>	1	B/D
<i>fluorouracil inj 1gm/20ml</i>	1	B/D
<i>fluorouracil inj 2.5gm/50ml</i>	1	B/D
<i>fluorouracil inj 500mg/10ml</i>	1	B/D
<i>fluorouracil inj 500mg/10ml</i>	1	B/D
<i>fluorouracil inj 500mg/10ml</i>	1	B/D
<i>fluorouracil inj 500mg/10ml</i>	1	B/D
<i>fluorouracil inj 500mg/10ml</i>	1	B/D
<i>fluorouracil inj 500mg/10ml</i>	1	B/D
<i>fluorouracil inj 500mg/10ml</i>	1	B/D
<i>fluorouracil inj 500mg/10ml</i>	1	B/D
<i>fluorouracil inj 5gm/100ml</i>	1	B/D
<i>fluorouracil inj 5gm/100ml</i>	1	B/D
<i>fluorouracil inj 5gm/100ml</i>	1	B/D
<i>fluorouracil inj 5gm/100ml</i>	1	B/D
<i>fluorouracil inj 5gm/100ml</i>	1	B/D
FOLOTYN INJ 40MG/2ML	2	
<i>gemcitabine hcl inj 1gm</i>	1	
<i>gemcitabine hcl inj 200mg</i>	1	
<i>gemcitabine hcl inj 200mg</i>	1	
<i>gemcitabine hcl inj 200mg</i>	1	
<i>gemcitabine hcl inj 200mg</i>	1	
<i>gemcitabine hcl inj 200mg</i>	1	
<i>gemcitabine hcl inj 200mg</i>	1	
<i>gemcitabine hcl inj 200mg</i>	1	
<i>gemcitabine hcl inj 200mg</i>	1	
<i>gemcitabine hcl inj 200mg</i>	1	
<i>gemcitabine hcl inj 200mg</i>	1	
<i>gemcitabine hcl inj 2gm</i>	1	
<i>gemcitabine hcl inj 2gm</i>	1	
<i>gemcitabine hcl inj 2gm</i>	1	
<i>gemcitabine hcl inj 2gm</i>	1	
<i>gemcitabine inj 1gm/26.3ml</i>	1	
<i>gemcitabine inj 1gm/26.3ml</i>	1	
<i>gemcitabine inj 200mg/5.26ml</i>	1	
<i>gemcitabine inj 200mg/5.26ml</i>	1	
<i>gemcitabine inj 2gm/52.6ml</i>	1	
<i>gemcitabine inj 2gm/52.6ml</i>	1	
GEMZAR INJ 1GM	3	
HYDREA CAPS 500MG	3	
<i>hydroxyurea caps 500mg</i>	1	
<i>mercaptopurine tabs 50mg</i>	1	
NIPENT INJ 10MG	3	
<i>pentostatin inj 10mg</i>	1	
PURINETHOL TABS 50MG	3	
PURIXAN SUSP 2000MG/100ML	3	
TABLOID TABS 40MG	2	
<b>Antineoplastics, Other</b>		
ABRAXANE INJ 900MG; 100MG	2	



Drug Name	Drug Tier	Requirements/Limits
DAUNOXOME INJ 2MG/ML	2	
<i>decitabine inj 50mg</i>	1	
<i>dexrazoxane inj 250mg</i>	1	
<i>dexrazoxane inj 500mg</i>	1	
<i>dexrazoxane inj 500mg</i>	1	
<i>dexrazoxane inj 500mg</i>	1	
DOCEFREZ INJ 20MG	2	
DOCEFREZ INJ 80MG	2	
<i>docetaxel inj 160mg/16ml</i>	1	
<i>docetaxel inj 160mg/16ml</i>	1	
<i>docetaxel inj 160mg/16ml</i>	1	
<i>docetaxel inj 20mg/0.5ml</i>	1	
<i>docetaxel inj 20mg/2ml</i>	1	
<i>docetaxel inj 20mg/2ml</i>	1	
<i>docetaxel inj 20mg/2ml</i>	1	
<i>docetaxel inj 20mg/2ml</i>	1	
<i>docetaxel inj 20mg/2ml</i>	1	
<i>docetaxel inj 80mg/2ml</i>	1	
<i>docetaxel inj 80mg/2ml</i>	1	
<i>docetaxel inj 80mg/4ml</i>	1	
<i>docetaxel inj 80mg/8ml</i>	1	
DOXIL INJ 2MG/ML	3	B/D
<i>doxorubicin hcl liposome inj 2mg/ml</i>	1	B/D
<i>doxorubicin hcl liposome inj 2mg/ml</i>	1	B/D
<i>doxorubicin hcl inj 10mg</i>	1	B/D
<i>doxorubicin hcl inj 2mg/ml</i>	1	B/D
<i>doxorubicin hcl inj 50mg</i>	1	B/D
ELLENCEN INJ 200MG/100ML	3	
ELOXATIN INJ 100MG/20ML	3	
ELSPAR INJ 10000UNIT	2	
<i>epirubicin hcl inj 200mg/100ml</i>	1	
<i>epirubicin hcl inj 200mg/100ml</i>	1	
<i>epirubicin hcl inj 200mg/100ml</i>	1	
<i>epirubicin hcl inj 200mg/100ml</i>	1	
<i>epirubicin hcl inj 200mg/100ml</i>	1	
<i>epirubicin hcl inj 200mg/100ml</i>	1	
<i>epirubicin hcl inj 200mg/100ml</i>	1	
<i>epirubicin hcl inj 200mg/100ml</i>	1	
<i>epirubicin hcl inj 200mg/100ml</i>	1	
<i>epirubicin hcl inj 200mg/100ml</i>	1	
<i>epirubicin hcl inj 50mg/25ml</i>	1	
<i>epirubicin hcl inj 50mg</i>	1	
ERIVEDGE CAPS 150MG	2	PA
ERWINAZE INJ 10000UNIT	3	PA
ETHYOL INJ 500MG	3	
<i>fludarabine phosphate inj 50mg</i>	1	
FLUDARA INJ 50MG	3	
FUSILEV INJ 50MG	2	
GILOTRIF TABS 20MG	2	
GILOTRIF TABS 30MG	2	
GILOTRIF TABS 40MG	2	



Drug Name	Drug Tier	Requirements/Limits
<i>mitoxantrone hcl inj 2mg/ml</i>	1	
<i>mitoxantrone hcl inj 2mg/ml</i>	1	
<i>mitoxantrone hcl inj 2mg/ml</i>	1	
NAVELBINE INJ 10MG/ML	3	
NAVELBINE INJ 50MG/5ML	3	
ONCASPAR INJ 750UNIT/ML	2	
<i>oxaliplatin inj 100mg/20ml</i>	1	
<i>oxaliplatin inj 100mg</i>	1	
<i>oxaliplatin inj 100mg</i>	1	
<i>oxaliplatin inj 100mg</i>	1	
<i>oxaliplatin inj 50mg</i>	1	
<i>oxaliplatin inj 50mg</i>	1	
<i>oxaliplatin inj 50mg</i>	1	
<i>paclitaxel inj 100mg/16.7ml</i>	1	
<i>paclitaxel inj 100mg/16.7ml</i>	1	
<i>paclitaxel inj 100mg/16.7ml</i>	1	
<i>paclitaxel inj 100mg/16.7ml</i>	1	
<i>paclitaxel inj 100mg/16.7ml</i>	1	
<i>paclitaxel inj 100mg/16.7ml</i>	1	
<i>paclitaxel inj 100mg/16.7ml</i>	1	
<i>paclitaxel inj 100mg/16.7ml</i>	1	
<i>paclitaxel inj 150mg/25ml</i>	1	
<i>paclitaxel inj 300mg/50ml</i>	1	
<i>paclitaxel inj 30mg/5ml</i>	1	
<i>paclitaxel inj 30mg/5ml</i>	1	
<i>paclitaxel inj 30mg/5ml</i>	1	
<i>paclitaxel inj 30mg/5ml</i>	1	
<i>paclitaxel inj 30mg/5ml</i>	1	
<i>paclitaxel inj 30mg/5ml</i>	1	
<i>paclitaxel inj 30mg/5ml</i>	1	
<i>paclitaxel inj 30mg/5ml</i>	1	
<i>paclitaxel inj 30mg/5ml</i>	1	
PHOTOFRIN INJ 75MG	2	
POMALYST CAPS 1MG	2	PA
POMALYST CAPS 2MG	2	PA
POMALYST CAPS 3MG	2	PA
POMALYST CAPS 4MG	2	PA
PROLEUKIN INJ 22000000UNIT	2	
SYLATRON INJ 296MCG	2	PA
SYLATRON INJ 444MCG	2	PA
SYLATRON INJ 888MCG	2	PA
SYNRIBO INJ 3.5MG	2	PA
TAFINLAR CAPS 50MG	2	PA
TAFINLAR CAPS 75MG	2	PA
TAXOTERE INJ 80MG/4ML	2	
<i>teniposide inj 10mg/ml</i>	1	
THERACYS INJ 81MG/VIAL	2	
TICE BCG INJ 50MG	2	
TOTECT INJ 500MG	2	
TRISENOX INJ 10MG/10ML	2	

Drug Name	Drug Tier	Requirements/Limits
VALSTAR INJ 40MG/ML	2	
VELCADE INJ 3.5MG	2	PA
VIDAZA INJ 100MG	2	PA
<i>vinblastine sulfate inj 1mg/ml</i>	1	B/D
<i>vincasar pfs inj 1mg/ml</i>	1	B/D
<i>vincristine sulfate inj 1mg/ml</i>	1	B/D
<i>vinorelbine tartrate inj 10mg/ml</i>	1	
<i>vinorelbine tartrate inj 10mg/ml</i>	1	
<i>vinorelbine tartrate inj 10mg/ml</i>	1	
<i>vinorelbine tartrate inj 10mg/ml</i>	1	
<i>vinorelbine tartrate inj 10mg/ml</i>	1	
<i>vinorelbine tartrate inj 10mg/ml</i>	1	
<i>vinorelbine tartrate inj 10mg/ml</i>	1	
<i>vinorelbine tartrate inj 10mg/ml</i>	1	
<i>vinorelbine tartrate inj 10mg/ml</i>	1	
<i>vinorelbine tartrate inj 10mg/ml</i>	1	
<i>vinorelbine tartrate inj 50mg/5ml</i>	1	
ZALTRAP INJ 100MG/4ML	2	PA
ZINECARD INJ 250MG	3	
ZOLINZA CAPS 100MG	2	PA
ZYKADIA CAPS 150MG	3	PA
<b>Antineoplastics</b>		
KYPROLIS INJ 60MG	3	PA
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole tabs 1mg</i>	1	
ARIMIDEX TABS 1MG	3	
AROMASIN TABS 25MG	3	
<i>exemestane tabs 25mg</i>	1	
FEMARA TABS 2.5MG	3	
<i>letrozole tabs 2.5mg</i>	1	
<b>Enzyme Inhibitors</b>		
ETOPOPHOS INJ 100MG	2	
<i>etoposide inj 100mg/5ml</i>	1	
<i>etoposide inj 100mg/5ml</i>	1	
<i>etoposide inj 100mg/5ml</i>	1	
<i>etoposide inj 1gm/50ml</i>	1	
<i>etoposide inj 500mg/25ml</i>	1	
HYCAMTIN INJ 4MG	3	
<i>toposar inj 1gm/50ml</i>	1	
<i>toposar inj 500mg/25ml</i>	1	
<i>topotecan hcl inj 4mg/4ml</i>	1	
<i>topotecan hcl inj 4mg/4ml</i>	1	
<i>topotecan hcl inj 4mg/4ml</i>	1	
<i>topotecan hcl inj 4mg/4ml</i>	1	
<i>topotecan hcl inj 4mg/4ml</i>	1	
<i>topotecan hcl inj 4mg</i>	1	
ZYDELIG TABS 100MG	3	PA
ZYDELIG TABS 150MG	3	PA
<b>Molecular Target Inhibitors</b>		
AFINITOR DISPERZ TBSO 2MG	2	PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AFINITOR DISPERZ TBSO 3MG	2	PA
AFINITOR DISPERZ TBSO 5MG	2	PA
AFINITOR TABS 10MG	2	PA
AFINITOR TABS 2.5MG	2	PA
AFINITOR TABS 5MG	2	PA
AFINITOR TABS 7.5MG	2	PA
BOSULIF TABS 100MG	2	PA
BOSULIF TABS 500MG	2	PA
GLEEVEC TABS 100MG	2	PA
GLEEVEC TABS 400MG	2	PA
ICLUSIG TABS 15MG	2	PA
ICLUSIG TABS 45MG	2	PA
IMBRUVICA CAPS 140MG	3	PA
INLYTA TABS 1MG	2	PA
INLYTA TABS 5MG	2	PA
NEXAVAR TABS 200MG	2	PA
SPRYCEL TABS 100MG	2	PA
SPRYCEL TABS 140MG	2	PA
SPRYCEL TABS 20MG	2	PA
SPRYCEL TABS 50MG	2	PA
SPRYCEL TABS 70MG	2	PA
SPRYCEL TABS 80MG	2	PA
STIVARGA TABS 40MG	2	PA
SUTENT CAPS 12.5MG	2	PA
SUTENT CAPS 25MG	2	PA
SUTENT CAPS 37.5MG	2	PA
SUTENT CAPS 50MG	2	PA
TARCEVA TABS 100MG	2	PA
TARCEVA TABS 150MG	2	PA
TARCEVA TABS 25MG	2	PA
TASIGNA CAPS 150MG	2	PA
TASIGNA CAPS 200MG	2	PA
TYKERB TABS 250MG	2	PA
VOTRIENT TABS 200MG	2	PA
XALKORI CAPS 200MG	2	PA
XALKORI CAPS 250MG	2	PA
ZELBORAF TABS 240MG	2	PA
<b><i>Monoclonal Antibodies</i></b>		
ADCETRIS INJ 50MG	2	
ARZERRA INJ 1000MG/50ML	2	
ARZERRA INJ 100MG/5ML	2	
AVASTIN INJ 100MG/4ML	2	
BEXXAR INJ 14MG/ML	2	
CYRAMZA INJ 100MG/10ML	3	PA
CYRAMZA INJ 500MG/50ML	3	PA
ERBITUX INJ 100MG/50ML	2	
HERCEPTIN INJ 440MG	2	PA
KADCYLA INJ 100MG	2	PA
PERJETA INJ 420MG/14ML	2	PA

Drug Name	Drug Tier	Requirements/Limits
RITUXAN INJ 10MG/ML	2	PA
SIVEXTRO INJ 200MG	3	
SIVEXTRO TABS 200MG	3	QL (6 EA per 30 days)
SYLVANT INJ 100MG	3	PA
SYLVANT INJ 400MG	3	PA
VECTIBIX INJ 100MG/5ML	2	
YERVOY INJ 50MG/10ML	2	PA
ZEVALIN Y-90 INJ 3.2MG/2ML	2	
<b>Retinoids</b>		
PANRETIN GEL 0.1%	2	
TARGRETIN CAPS 75MG	2	PA
TARGRETIN GEL 1%	3	PA
<i>tretinoin caps 10mg</i>	1	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
ALBENZA TABS 200MG	2	
BILTRICIDE TABS 600MG	2	
STROMECTOL TABS 3MG	2	
<b>Antiprotozoals</b>		
ALINIA SUSR 100MG/5ML	2	
ALINIA TABS 500MG	2	
ARALEN TABS 500MG	3	
<i>atovaquone/proguanil hcl tabs 250mg; 100mg</i>	1	
<i>atovaquone/proguanil hcl tabs 62.5mg; 25mg</i>	1	
<i>atovaquone susp 750mg/5ml</i>	1	
<i>chloroquine phosphate tabs 250mg</i>	1	
<i>chloroquine phosphate tabs 500mg</i>	1	
COARTEM TABS 20MG; 120MG	2	
DARAPRIM TABS 25MG	2	
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
MALARONE TABS 250MG; 100MG	3	
MALARONE TABS 62.5MG; 25MG	3	
<i>mefloquine hcl tabs 250mg</i>	1	
MEPRON SUSP 750MG/5ML	2	
NEBUPENT SOLR 300MG	2	B/D
NEUTREXIN INJ 25MG	3	
PENTAM 300 INJ 300MG	3	
PLAQUENIL TABS 200MG	3	
<i>primaquine phosphate tabs 26.3mg</i>	1	
<i>qualaquin caps 324mg</i>	1	
<i>quinine sulfate caps 324mg</i>	1	
TINDAMAX TABS 250MG	3	
TINDAMAX TABS 500MG	3	
<i>tinidazole tabs 250mg</i>	1	
<i>tinidazole tabs 500mg</i>	1	
YODOXIN TABS 210MG	2	
YODOXIN TABS 650MG	2	
<b>Pediculicides/Scabicides</b>		
<i>acticin crea 5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ELIMITE CREA 5%	3	
EURAX CREA 10%	2	
EURAX LOTN 10%	2	
<i>lindane lotn 1%</i>	1	
<i>lindane sham 1%</i>	1	
LYCELLE GEL	3	
<i>malathion lotn 0.5%</i>	1	
NATROBA SUSP 0.9%	3	
OVIDE LOTN 0.5%	3	
<i>permethrin crea 5%</i>	1	
SKLICE LOTN 0.5%	3	
<i>spinosad susp 0.9%</i>	1	
ULESFIA LOTN 5%	2	
<b>Antiparkinson Agents</b>		
<b><i>Anticholinergics</i></b>		
<i>benztropine mesylate inj 1mg/ml</i>	1	
<i>benztropine mesylate tabs 0.5mg</i>	1	
<i>benztropine mesylate tabs 1mg</i>	1	
<i>benztropine mesylate tabs 2mg</i>	1	
COGENTIN INJ 1MG/ML	3	
<i>trihexyphenidyl hcl elix 0.4mg/ml</i>	1	
<i>trihexyphenidyl hcl tabs 2mg</i>	1	
<i>trihexyphenidyl hcl tabs 5mg</i>	1	
<b><i>Antiparkinson Agents, Other</i></b>		
COMTAN TABS 200MG	3	
<i>entacapone tabs 200mg</i>	1	
NEUPRO PT24 1MG/24HR	3	
NEUPRO PT24 2MG/24HR	3	
NEUPRO PT24 3MG/24HR	3	
NEUPRO PT24 4MG/24HR	3	
NEUPRO PT24 6MG/24HR	3	
NEUPRO PT24 8MG/24HR	3	
TASMAR TABS 100MG	3	
<b><i>Dopamine Agonists</i></b>		
APOKYN INJ 10MG/ML	2	PA
<i>bromocriptine mesylate caps 5mg</i>	1	
<i>bromocriptine mesylate tabs 2.5mg</i>	1	
MIRAPEX ER TB24 0.375MG	2	
MIRAPEX ER TB24 0.75MG	2	
MIRAPEX ER TB24 1.5MG	2	
MIRAPEX ER TB24 2.25MG	2	
MIRAPEX ER TB24 3.75MG	2	
MIRAPEX ER TB24 3MG	2	
MIRAPEX ER TB24 4.5MG	2	
MIRAPEX TABS 0.125MG	3	
MIRAPEX TABS 0.25MG	3	
MIRAPEX TABS 0.5MG	3	
MIRAPEX TABS 0.75MG	3	
MIRAPEX TABS 1.5MG	3	

Drug Name	Drug Tier	Requirements/Limits
MIRAPEX TABS 1MG	3	
PARLODEL CAPS 5MG	3	
PARLODEL TABS 2.5MG	3	
<i>pramipexole dihydrochloride tabs 0.125mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.25mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.5mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.75mg</i>	1	
<i>pramipexole dihydrochloride tabs 1.5mg</i>	1	
<i>pramipexole dihydrochloride tabs 1mg</i>	1	
REQUIP XL TB24 12MG	3	
REQUIP XL TB24 2MG	3	
REQUIP XL TB24 4MG	3	
REQUIP XL TB24 6MG	3	
REQUIP XL TB24 8MG	3	
REQUIP TABS 0.25MG	3	
REQUIP TABS 0.5MG	3	
REQUIP TABS 1MG	3	
REQUIP TABS 2MG	3	
REQUIP TABS 3MG	3	
REQUIP TABS 4MG	3	
REQUIP TABS 5MG	3	
<i>ropinirole er tb24 12mg</i>	1	
<i>ropinirole er tb24 2mg</i>	1	
<i>ropinirole er tb24 4mg</i>	1	
<i>ropinirole er tb24 6mg</i>	1	
<i>ropinirole er tb24 8mg</i>	1	
<i>ropinirole hcl tabs 0.25mg</i>	1	
<i>ropinirole hcl tabs 0.5mg</i>	1	
<i>ropinirole hcl tabs 1mg</i>	1	
<i>ropinirole hcl tabs 2mg</i>	1	
<i>ropinirole hcl tabs 3mg</i>	1	
<i>ropinirole hcl tabs 4mg</i>	1	
<i>ropinirole hcl tabs 5mg</i>	1	
<b>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa/levodopa er tbc 25mg; 100mg</i>	1	
<i>carbidopa/levodopa er tbc 50mg; 200mg</i>	1	
<i>carbidopa/levodopa odt tbdp 10mg; 100mg</i>	1	
<i>carbidopa/levodopa odt tbdp 25mg; 100mg</i>	1	
<i>carbidopa/levodopa odt tbdp 25mg; 250mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 12.5mg; 200mg; 50mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 18.75mg; 200mg; 75mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 25mg; 200mg; 100mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 31.25mg; 200mg; 125mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 37.5mg; 200mg; 150mg</i>	1	
<i>carbidopa/levodopa/entacapone tabs 50mg; 200mg; 200mg</i>	1	
<i>carbidopa/levodopa tabs 10mg; 100mg</i>	1	
<i>carbidopa/levodopa tabs 25mg; 100mg</i>	1	
<i>carbidopa/levodopa tabs 25mg; 250mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa tabs 25mg</i>	1	
LODOSYN TABS 25MG	3	
PARCOPA TBDP 10MG; 100MG	3	
PARCOPA TBDP 25MG; 100MG	3	
PARCOPA TBDP 25MG; 250MG	3	
SINEMET CR TBCR 25MG; 100MG	3	
SINEMET CR TBCR 50MG; 200MG	3	
SINEMET TABS 10MG; 100MG	3	
SINEMET TABS 25MG; 100MG	3	
SINEMET TABS 25MG; 250MG	3	
STALEVO 100 TABS 25MG; 200MG; 100MG	3	
STALEVO 125 TABS 31.25MG; 200MG; 125MG	3	
STALEVO 150 TABS 37.5MG; 200MG; 150MG	3	
STALEVO 200 TABS 50MG; 200MG; 200MG	3	
STALEVO 50 TABS 12.5MG; 200MG; 50MG	3	
STALEVO 75 TABS 18.75MG; 200MG; 75MG	3	
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
AZILECT TABS 0.5MG	2	
AZILECT TABS 1MG	2	
ELDEPRYL CAPS 5MG	3	
<i>selegiline hcl caps 5mg</i>	1	
<i>selegiline hcl tabs 5mg</i>	1	
ZELAPAR TBDP 1.25MG	3	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
ADASUVE AEPB 10MG	3	
ADASUVE AEPB 10MG	3	
<i>chlorpromazine hcl inj 25mg/ml</i>	1	
<i>chlorpromazine hcl tabs 100mg</i>	1	
<i>chlorpromazine hcl tabs 10mg</i>	1	
<i>chlorpromazine hcl tabs 200mg</i>	1	
<i>chlorpromazine hcl tabs 25mg</i>	1	
<i>chlorpromazine hcl tabs 50mg</i>	1	
<i>compazine supp 25mg</i>	1	
COMPAZINE TABS 10MG	3	
COMPAZINE TABS 5MG	3	
<i>compro supp 25mg</i>	1	
<i>fluphenazine decanoate inj 25mg/ml</i>	1	
<i>fluphenazine hcl conc 5mg/ml</i>	1	
<i>fluphenazine hcl elix 2.5mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5mg/ml</i>	1	
<i>fluphenazine hcl tabs 10mg</i>	1	
<i>fluphenazine hcl tabs 1mg</i>	1	
<i>fluphenazine hcl tabs 2.5mg</i>	1	
<i>fluphenazine hcl tabs 5mg</i>	1	
HALDOL DECANOATE 100 INJ 100MG/ML	3	
HALDOL DECANOATE 50 INJ 50MG/ML	3	
HALDOL INJ 5MG/ML	3	
<i>haloperidol decanoate inj 100mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate inj 50mg/ml</i>	1	
<i>haloperidol lactate inj 5mg/ml</i>	1	
<i>haloperidol conc 2mg/ml</i>	1	
<i>haloperidol tabs 0.5mg</i>	1	
<i>haloperidol tabs 10mg</i>	1	
<i>haloperidol tabs 1mg</i>	1	
<i>haloperidol tabs 20mg</i>	1	
<i>haloperidol tabs 2mg</i>	1	
<i>haloperidol tabs 5mg</i>	1	
<i>loxapine succinate caps 10mg</i>	1	
<i>loxapine succinate caps 25mg</i>	1	
<i>loxapine succinate caps 50mg</i>	1	
<i>loxapine succinate caps 5mg</i>	1	
LOXITANE CAPS 5MG	3	
ORAP TABS 1MG	2	
ORAP TABS 2MG	2	
<i>perphenazine tabs 16mg</i>	1	
<i>perphenazine tabs 2mg</i>	1	
<i>perphenazine tabs 4mg</i>	1	
<i>perphenazine tabs 8mg</i>	1	
<i>prochlorperazine edisylate inj 5mg/ml</i>	1	
<i>prochlorperazine maleate tabs 10mg</i>	1	
<i>prochlorperazine maleate tabs 5mg</i>	1	
<i>prochlorperazine supp 25mg</i>	1	
<i>thioridazine hcl tabs 100mg</i>	1	
<i>thioridazine hcl tabs 10mg</i>	1	
<i>thioridazine hcl tabs 25mg</i>	1	
<i>thioridazine hcl tabs 50mg</i>	1	
<i>thiothixene caps 10mg</i>	1	
<i>thiothixene caps 1mg</i>	1	
<i>thiothixene caps 2mg</i>	1	
<i>thiothixene caps 5mg</i>	1	
<i>trifluoperazine hcl tabs 10mg</i>	1	
<i>trifluoperazine hcl tabs 1mg</i>	1	
<i>trifluoperazine hcl tabs 2mg</i>	1	
<i>trifluoperazine hcl tabs 5mg</i>	1	
<b>2nd Generation/Atypical</b>		
ABILIFY DISCMELT TBDP 10MG	2	QL (60 EA per 30 days)
ABILIFY DISCMELT TBDP 15MG	2	QL (60 EA per 30 days)
ABILIFY MAINTENA INJ 300MG	2	
ABILIFY INJ 9.75MG/1.3ML	2	
ABILIFY SOLN 1MG/ML	2	QL (900 ML per 30 days)
ABILIFY TABS 10MG	2	QL (30 EA per 30 days)
ABILIFY TABS 15MG	2	QL (30 EA per 30 days)
ABILIFY TABS 20MG	2	QL (30 EA per 30 days)
ABILIFY TABS 2MG	2	QL (60 EA per 30 days)
ABILIFY TABS 30MG	2	QL (30 EA per 30 days)
ABILIFY TABS 5MG	2	QL (60 EA per 30 days)
FANAPT TITRATION PACK TABS 0	3	QL (56 EA per 365 days) ST

Drug Name	Drug Tier	Requirements/Limits
FANAPT TABS 10MG	3	QL (60 EA per 30 days) ST
FANAPT TABS 12MG	3	QL (60 EA per 30 days) ST
FANAPT TABS 1MG	3	QL (60 EA per 30 days) ST
FANAPT TABS 2MG	3	QL (60 EA per 30 days) ST
FANAPT TABS 4MG	3	QL (60 EA per 30 days) ST
FANAPT TABS 6MG	3	QL (60 EA per 30 days) ST
FANAPT TABS 8MG	3	QL (60 EA per 30 days) ST
GEODON CAPS 20MG	3	QL (60 EA per 30 days)
GEODON CAPS 40MG	3	QL (60 EA per 30 days)
GEODON CAPS 60MG	3	QL (60 EA per 30 days)
GEODON CAPS 80MG	3	QL (60 EA per 30 days)
GEODON INJ 20MG	3	
INVEGA SUSTENNA INJ 117MG/0.75ML	3	
INVEGA SUSTENNA INJ 156MG/ML	3	
INVEGA SUSTENNA INJ 234MG/1.5ML	3	
INVEGA SUSTENNA INJ 39MG/0.25ML	3	
INVEGA SUSTENNA INJ 78MG/0.5ML	3	
INVEGA TB24 1.5MG	3	QL (30 EA per 30 days) ST
INVEGA TB24 3MG	3	QL (30 EA per 30 days) ST
INVEGA TB24 6MG	3	QL (60 EA per 30 days) ST
INVEGA TB24 9MG	3	QL (30 EA per 30 days) ST
LATUDA TABS 120MG	2	QL (30 EA per 30 days)
LATUDA TABS 20MG	2	QL (30 EA per 30 days)
LATUDA TABS 40MG	2	QL (30 EA per 30 days)
LATUDA TABS 60MG	2	QL (60 EA per 30 days)
LATUDA TABS 80MG	2	QL (60 EA per 30 days)
<i>olanzapine odt tbdp 10mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine odt tbdp 15mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine odt tbdp 20mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine odt tbdp 5mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine inj 10mg</i>	1	
<i>olanzapine tabs 10mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine tabs 15mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine tabs 2.5mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine tabs 20mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine tabs 5mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine tabs 7.5mg</i>	1	QL (30 EA per 30 days)
<i>quetiapine fumarate tabs 100mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 200mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 25mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine fumarate tabs 300mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 400mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 50mg</i>	1	QL (90 EA per 30 days)
RISPERDAL CONSTA INJ 12.5MG	3	
RISPERDAL CONSTA INJ 25MG	3	
RISPERDAL CONSTA INJ 37.5MG	3	
RISPERDAL CONSTA INJ 50MG	3	
RISPERDAL M-TAB TBDP 0.5MG	3	QL (60 EA per 30 days)
RISPERDAL M-TAB TBDP 1MG	3	QL (60 EA per 30 days)



Drug Name	Drug Tier	Requirements/Limits
RISPERDAL M-TAB TBDP 2MG	3	QL (60 EA per 30 days)
RISPERDAL M-TAB TBDP 3MG	3	QL (60 EA per 30 days)
RISPERDAL M-TAB TBDP 4MG	3	QL (60 EA per 30 days)
RISPERDAL SOLN 1MG/ML	3	QL (240 ML per 30 days)
RISPERDAL TABS 0.25MG	3	QL (60 EA per 30 days)
RISPERDAL TABS 0.5MG	3	QL (60 EA per 30 days)
RISPERDAL TABS 1MG	3	QL (60 EA per 30 days)
RISPERDAL TABS 2MG	3	QL (60 EA per 30 days)
RISPERDAL TABS 3MG	3	QL (60 EA per 30 days)
RISPERDAL TABS 4MG	3	QL (60 EA per 30 days)
<i>risperidone odt tbdp 0.25mg</i>	1	QL (60 EA per 30 days)
<i>risperidone odt tbdp 0.5mg</i>	1	QL (60 EA per 30 days)
<i>risperidone odt tbdp 1mg</i>	1	QL (60 EA per 30 days)
<i>risperidone odt tbdp 2mg</i>	1	QL (60 EA per 30 days)
<i>risperidone odt tbdp 3mg</i>	1	QL (60 EA per 30 days)
<i>risperidone odt tbdp 4mg</i>	1	QL (60 EA per 30 days)
<i>risperidone soln 1mg/ml</i>	1	QL (240 ML per 30 days)
<i>risperidone tabs 0.25mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 0.5mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 1mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 2mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 3mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 4mg</i>	1	QL (60 EA per 30 days)
SAPHRIS SUBL 10MG	3	QL (60 EA per 30 days)
SAPHRIS SUBL 5MG	3	QL (60 EA per 30 days)
SEROQUEL XR TB24 150MG	2	QL (30 EA per 30 days)
SEROQUEL XR TB24 200MG	2	QL (30 EA per 30 days)
SEROQUEL XR TB24 300MG	2	QL (60 EA per 30 days)
SEROQUEL XR TB24 400MG	2	QL (60 EA per 30 days)
SEROQUEL XR TB24 50MG	2	QL (30 EA per 30 days)
SEROQUEL TABS 100MG	3	QL (60 EA per 30 days)
SEROQUEL TABS 200MG	3	QL (60 EA per 30 days)
SEROQUEL TABS 25MG	3	QL (90 EA per 30 days)
SEROQUEL TABS 300MG	3	QL (60 EA per 30 days)
SEROQUEL TABS 400MG	3	QL (60 EA per 30 days)
SEROQUEL TABS 50MG	3	QL (90 EA per 30 days)
<i>ziprasidone hcl caps 20mg</i>	1	QL (60 EA per 30 days)
<i>ziprasidone hcl caps 40mg</i>	1	QL (60 EA per 30 days)
<i>ziprasidone hcl caps 60mg</i>	1	QL (60 EA per 30 days)
<i>ziprasidone hcl caps 80mg</i>	1	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJ 210MG	3	
ZYPREXA RELPREVV INJ 300MG	3	
ZYPREXA RELPREVV INJ 405MG	3	
ZYPREXA ZYDIS TBDP 10MG	3	QL (30 EA per 30 days)
ZYPREXA ZYDIS TBDP 15MG	3	QL (30 EA per 30 days)
ZYPREXA ZYDIS TBDP 20MG	3	QL (30 EA per 30 days)
ZYPREXA ZYDIS TBDP 5MG	3	QL (30 EA per 30 days)
ZYPREXA INJ 10MG	3	
ZYPREXA TABS 10MG	3	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA TABS 15MG	3	QL (30 EA per 30 days)
ZYPREXA TABS 2.5MG	3	QL (30 EA per 30 days)
ZYPREXA TABS 20MG	3	QL (30 EA per 30 days)
ZYPREXA TABS 5MG	3	QL (30 EA per 30 days)
ZYPREXA TABS 7.5MG	3	QL (30 EA per 30 days)
<b>Treatment-Resistant</b>		
<i>clozapine odt tbdp 100mg</i>	1	QL (270 EA per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	1	QL (90 EA per 30 days)
<i>clozapine odt tbdp 25mg</i>	1	QL (270 EA per 30 days)
<i>clozapine tabs 100mg</i>	1	QL (270 EA per 30 days)
<i>clozapine tabs 200mg</i>	1	QL (120 EA per 30 days)
<i>clozapine tabs 25mg</i>	1	QL (270 EA per 30 days)
<i>clozapine tabs 50mg</i>	1	QL (180 EA per 30 days)
CLOZARIL TABS 100MG	3	QL (270 EA per 30 days)
CLOZARIL TABS 25MG	3	QL (270 EA per 30 days)
FAZACLO TBDP 100MG	3	QL (270 EA per 30 days)
FAZACLO TBDP 12.5MG	3	QL (90 EA per 30 days)
FAZACLO TBDP 150MG	3	QL (180 EA per 30 days)
FAZACLO TBDP 200MG	3	QL (180 EA per 30 days)
FAZACLO TBDP 25MG	3	QL (270 EA per 30 days)
VERSACLOZ SUSP 50MG/ML	3	

### Antispasticity Agents

#### Antispasticity Agents

<i>baclofen tabs 10mg</i>	1	
<i>baclofen tabs 20mg</i>	1	
DANTRIUM CAPS 100MG	3	
DANTRIUM CAPS 25MG	3	
DANTRIUM CAPS 50MG	3	
<i>dantrolene sodium caps 100mg</i>	1	
<i>dantrolene sodium caps 25mg</i>	1	
<i>dantrolene sodium caps 50mg</i>	1	
GABLOFEN INJ 10000MCG/20ML	3	
GABLOFEN INJ 20000MCG/20ML	3	
GABLOFEN INJ 40000MCG/20ML	3	B/D
GABLOFEN INJ 50MCG/ML	3	
LIORESAL INTRATHECAL INJ 0.05MG/ML	3	B/D
LIORESAL INTRATHECAL INJ 10MG/20ML	3	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML	3	B/D
LIORESAL INTRATHECAL INJ 40MG/20ML	3	B/D
LIORESAL INTRATHECAL INJ 40MG/20ML	3	B/D
<i>tizanidine hcl caps 2mg</i>	1	
<i>tizanidine hcl caps 4mg</i>	1	
<i>tizanidine hcl caps 6mg</i>	1	
<i>tizanidine hcl tabs 2mg</i>	1	
<i>tizanidine hcl tabs 4mg</i>	1	
ZANAFLEX CAPS 2MG	3	
ZANAFLEX CAPS 4MG	3	
ZANAFLEX CAPS 6MG	3	
ZANAFLEX TABS 4MG	3	

Drug Name	Drug Tier	Requirements/Limits
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>cidofovir inj 75mg/ml</i>	1	
CYTOVENE INJ 500MG	3	B/D
<i>foscarnet sodium inj 24mg/ml</i>	1	B/D
<i>foscavir inj 24mg/ml</i>	3	B/D
<i>ganciclovir inj 500mg</i>	1	B/D
VALCYTE SOLR 50MG/ML	3	
VALCYTE TABS 450MG	2	
VISTIDE INJ 75MG/ML	3	
ZIRGAN GEL 0.15%	3	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil tabs 10mg</i>	1	PA
BARACLUDE SOLN 0.05MG/ML	2	PA
BARACLUDE TABS 0.5MG	2	PA
BARACLUDE TABS 1MG	2	PA
HEPSERA TABS 10MG	3	PA
INTRON-A W/DILUENT INJ 10MU	2	PA
INTRON-A W/DILUENT INJ 18MU	2	PA
INTRON-A W/DILUENT INJ 50MU	2	PA
INTRON-A INJ 6000000UNIT/ML	2	PA
TYZEKA TABS 600MG	3	PA
<b>Anti-hepatitis C (HCV) Agents</b>		
COPEGUS TABS 200MG	3	
INCIVEK TABS 375MG	2	PA
INFERGEN INJ 15MCG/0.5ML	3	
MODERIBA 1200 DOSE PACK TABS 600MG	2	
MODERIBA 800 DOSE PACK TABS 400MG	2	
MODERIBA MISC 0	2	
MODERIBA MISC 0	2	
<i>moderiba tabs 200mg</i>	1	
OLYSIO CAPS 150MG	3	PA
PEG-INTRON REDIPEN INJ 120MCG/0.5ML	2	PA
PEG-INTRON REDIPEN INJ 150MCG/0.5ML	2	PA
PEG-INTRON REDIPEN INJ 50MCG/0.5ML	2	PA
PEG-INTRON REDIPEN INJ 80MCG/0.5ML	2	PA
PEG-INTRON INJ 120MCG/0.5ML	2	PA
PEG-INTRON INJ 150MCG/0.5ML	2	PA
PEG-INTRON INJ 50MCG/0.5ML	2	PA
PEG-INTRON INJ 80MCG/0.5ML	2	PA
PEGASYS PROCLICK INJ 135MCG/0.5ML	2	PA
PEGASYS INJ 180MCG/0.5ML	2	PA
PEGASYS INJ 180MCG/ML	2	PA
REBETOL CAPS 200MG	3	
REBETOL SOLN 40MG/ML	3	
RIBASPHERE RIBAPAK TABS 0	3	
RIBASPHERE RIBAPAK TABS 0	3	
<i>ribasphere ribapak tabs 400mg</i>	1	
<i>ribasphere ribapak tabs 600mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ribasphere caps 200mg</i>	1	
<i>ribasphere tabs 200mg</i>	1	
<i>ribasphere tabs 400mg</i>	1	
<i>ribasphere tabs 600mg</i>	1	
<i>ribatab misc 0</i>	1	
<i>ribatab tabs 400mg</i>	1	
<i>ribavirin caps 200mg</i>	1	
<i>ribavirin tabs 200mg</i>	1	
SOVALDI TABS 400MG	3	PA
VICTRELIS CAPS 200MG	2	PA
VIRAZOLE SOLR 6GM	3	
<b><i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i></b>		
ATRIPLA TABS 600MG; 200MG; 300MG	2	
ISENTRESS CHEW 100MG	2	
ISENTRESS CHEW 25MG	2	
ISENTRESS PACK 100MG	2	
ISENTRESS TABS 400MG	2	
TIVICAY TABS 50MG	3	
<b><i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i></b>		
COMPLERA TABS 200MG; 25MG; 300MG	2	
EDURANT TABS 25MG	2	
INTELENCE TABS 100MG	2	
INTELENCE TABS 200MG	2	
INTELENCE TABS 25MG	2	
<i>nevirapine er tb24 400mg</i>	1	
<i>nevirapine susp 50mg/5ml</i>	1	
<i>nevirapine tabs 200mg</i>	1	
RESCRIPTOR TABS 100MG	2	
RESCRIPTOR TABS 200MG	2	
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	2	QL (30 EA per 30 days)
SUSTIVA CAPS 200MG	2	
SUSTIVA CAPS 50MG	2	
SUSTIVA TABS 600MG	2	
VIRAMUNE XR TB24 100MG	2	
VIRAMUNE XR TB24 400MG	2	
VIRAMUNE SUSP 50MG/5ML	2	
VIRAMUNE TABS 200MG	3	
<b><i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i></b>		
<i>abacavir sulfate/lamivudine/zidovudine tabs 300mg; 150mg; 300mg</i>	1	
<i>abacavir tabs 300mg</i>	1	
COMBIVIR TABS 150MG; 300MG	3	
<i>didanosine cpdr 125mg</i>	1	
<i>didanosine cpdr 200mg</i>	1	
<i>didanosine cpdr 250mg</i>	1	
<i>didanosine cpdr 400mg</i>	1	
EMTRIVA CAPS 200MG	2	

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA SOLN 10MG/ML	2	
EPIVIR HBV SOLN 5MG/ML	2	
EPIVIR HBV TABS 100MG	2	
EPIVIR SOLN 10MG/ML	2	
EPIVIR TABS 150MG	3	
EPIVIR TABS 300MG	3	
EPZICOM TABS 600MG; 300MG	2	
<i>lamivudine/zidovudine tabs 150mg; 300mg</i>	1	
<i>lamivudine tabs 100mg</i>	1	
<i>lamivudine tabs 150mg</i>	1	
<i>lamivudine tabs 300mg</i>	1	
RETROVIR IV INFUSION INJ 10MG/ML	2	
RETROVIR CAPS 100MG	3	
RETROVIR SYRP 50MG/5ML	3	
<i>stavudine caps 15mg</i>	1	
<i>stavudine caps 20mg</i>	1	
<i>stavudine caps 30mg</i>	1	
<i>stavudine caps 40mg</i>	1	
<i>stavudine solr 1mg/ml</i>	1	
TRIZIVIR TABS 300MG; 150MG; 300MG	2	
TRUVADA TABS 200MG; 300MG	2	
VIDEX EC CPDR 125MG	3	
VIDEX EC CPDR 200MG	3	
VIDEX EC CPDR 250MG	3	
VIDEX EC CPDR 400MG	3	
VIDEX PEDIATRIC SOLR 2GM	2	
VIDEX PEDIATRIC SOLR 4GM	2	
VIREAD POWD 40MG/GM	2	
VIREAD TABS 150MG	2	
VIREAD TABS 200MG	2	
VIREAD TABS 250MG	2	
VIREAD TABS 300MG	2	
ZERIT CAPS 15MG	3	
ZERIT CAPS 20MG	3	
ZERIT CAPS 30MG	3	
ZERIT CAPS 40MG	3	
ZERIT SOLR 1MG/ML	3	
ZIAGEN SOLN 20MG/ML	2	
ZIAGEN TABS 300MG	3	
<i>zidovudine caps 100mg</i>	1	
<i>zidovudine syrp 50mg/5ml</i>	1	
<i>zidovudine tabs 300mg</i>	1	
<b>Anti-HIV Agents, Other</b>		
FUZEON INJ 90MG	2	QL (60 EA per 30 days)
SELZENTRY TABS 150MG	2	
SELZENTRY TABS 300MG	2	
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS CAPS 250MG	2	
APTIVUS SOLN 100MG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
CRIXIVAN CAPS 200MG	2	
CRIXIVAN CAPS 400MG	2	
INVIRASE CAPS 200MG	2	
INVIRASE TABS 500MG	2	
KALETRA SOLN 400MG/5ML; 100MG/5ML	2	
KALETRA TABS 100MG; 25MG	2	
KALETRA TABS 200MG; 50MG	2	
LEXIVA SUSP 50MG/ML	2	
LEXIVA TABS 700MG	2	
NORVIR CAPS 100MG	2	
NORVIR SOLN 80MG/ML	2	
NORVIR TABS 100MG	2	
PREZISTA SUSP 100MG/ML	2	
PREZISTA TABS 150MG	2	
PREZISTA TABS 400MG	2	
PREZISTA TABS 600MG	2	
PREZISTA TABS 75MG	2	
PREZISTA TABS 800MG	2	
REYATAZ CAPS 150MG	2	
REYATAZ CAPS 200MG	2	
REYATAZ CAPS 300MG	2	
VIRACEPT TABS 250MG	2	
VIRACEPT TABS 625MG	2	
<b>Anti-influenza Agents</b>		
<i>amantadine hcl caps 100mg</i>	1	
<i>amantadine hcl syrp 50mg/5ml</i>	1	
<i>amantadine hcl tabs 100mg</i>	1	
FLUMADINE TABS 100MG	3	
RELENZA DISKHALER AEPB 5MG/BLISTER	2	QL (112 EA per 365 days)
<i>rimantadine hcl tabs 100mg</i>	1	
TAMIFLU CAPS 30MG	2	QL (112 EA per 365 days)
TAMIFLU CAPS 45MG	2	QL (56 EA per 365 days)
TAMIFLU CAPS 75MG	2	QL (112 EA per 365 days)
TAMIFLU SUSR 6MG/ML	2	QL (720 ML per 365 days)
<b>Antitherpetic Agents</b>		
<i>acyclovir sodium inj 50mg/ml</i>	1	B/D
<i>acyclovir caps 200mg</i>	1	
<i>acyclovir oint 5%</i>	1	
<i>acyclovir susp 200mg/5ml</i>	1	
<i>acyclovir tabs 400mg</i>	1	
<i>acyclovir tabs 800mg</i>	1	
DENAVIR CREA 1%	3	
<i>famciclovir tabs 125mg</i>	1	QL (60 EA per 30 days)
<i>famciclovir tabs 250mg</i>	1	QL (60 EA per 30 days)
<i>famciclovir tabs 500mg</i>	1	QL (21 EA per 30 days)
FAMVIR TABS 125MG	3	QL (60 EA per 30 days)
FAMVIR TABS 250MG	3	QL (60 EA per 30 days)
FAMVIR TABS 500MG	3	QL (21 EA per 30 days)
LIDOVIR OINT 4%; 4%	3	

Drug Name	Drug Tier	Requirements/Limits
SITAVIG TABS 50MG	3	QL (2 EA per 30 days)
<i>trifluridine soln 1%</i>	1	
<i>valacyclovir hcl tabs 1000mg</i>	1	QL (90 EA per 30 days)
<i>valacyclovir hcl tabs 500mg</i>	1	QL (60 EA per 30 days)
VALTREX TABS 1GM	3	QL (90 EA per 30 days)
VALTREX TABS 500MG	3	QL (60 EA per 30 days)
VIROPTIC SOLN 1%	3	
XERESE CREA 5%; 1%	3	
ZOVIRAX CAPS 200MG	3	
ZOVIRAX CREA 5%	2	
ZOVIRAX OINT 5%	3	
ZOVIRAX SUSP 200MG/5ML	3	
ZOVIRAX TABS 400MG	3	
ZOVIRAX TABS 800MG	3	

## Anxiolytics

### *Anxiolytics, Other*

<i>bupirone hcl tabs 10mg</i>	1	
<i>bupirone hcl tabs 15mg</i>	1	
<i>bupirone hcl tabs 30mg</i>	1	
<i>bupirone hcl tabs 5mg</i>	1	
<i>bupirone hcl tabs 7.5mg</i>	1	
EQUAGESIC TABS 325MG; 200MG	3	
<i>meprobamate tabs 200mg</i>	1	
<i>meprobamate tabs 400mg</i>	1	

### *Benzodiazepines*

<i>alprazolam er tb24 0.5mg</i>	1	
<i>alprazolam er tb24 1mg</i>	1	
<i>alprazolam er tb24 2mg</i>	1	
<i>alprazolam er tb24 3mg</i>	1	
ALPRAZOLAM INTENSOL CONC 1MG/ML	3	
<i>alprazolam odt tbdp 0.25mg</i>	1	
<i>alprazolam odt tbdp 0.5mg</i>	1	
<i>alprazolam odt tbdp 1mg</i>	1	
<i>alprazolam odt tbdp 2mg</i>	1	
<i>alprazolam xr tb24 0.5mg</i>	1	
<i>alprazolam xr tb24 1mg</i>	1	
<i>alprazolam xr tb24 2mg</i>	1	
<i>alprazolam xr tb24 3mg</i>	1	
<i>alprazolam tabs 0.25mg</i>	1	
<i>alprazolam tabs 0.5mg</i>	1	
<i>alprazolam tabs 1mg</i>	1	
<i>alprazolam tabs 2mg</i>	1	
ATIVAN INJ 2MG/ML	3	
ATIVAN INJ 4MG/ML	3	
ATIVAN TABS 0.5MG	3	
ATIVAN TABS 1MG	3	
ATIVAN TABS 2MG	3	
<i>chlordiazepoxide hcl caps 10mg</i>	1	
<i>chlordiazepoxide hcl caps 25mg</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl caps 5mg</i>	1	
<i>clorazepate dipotassium tabs 15mg</i>	1	
<i>clorazepate dipotassium tabs 3.75mg</i>	1	
<i>clorazepate dipotassium tabs 7.5mg</i>	1	
<i>diazepam intensol conc 5mg/ml</i>	1	
<i>diazepam inj 10mg/2ml</i>	1	
<i>diazepam inj 5mg/ml</i>	1	
<i>diazepam soln 1mg/ml</i>	1	
<i>diazepam tabs 10mg</i>	1	
<i>diazepam tabs 2mg</i>	1	
<i>diazepam tabs 5mg</i>	1	
DORAL TABS 15MG	3	
<i>estazolam tabs 1mg</i>	1	
<i>estazolam tabs 2mg</i>	1	
<i>flurazepam hcl caps 15mg</i>	1	
<i>flurazepam hcl caps 30mg</i>	1	
HALCION TABS 0.25MG	3	
<i>lorazepam intensol conc 2mg/ml</i>	1	
<i>lorazepam conc 2mg/ml</i>	1	
<i>lorazepam conc 2mg/ml</i>	1	
<i>lorazepam conc 2mg/ml</i>	1	
<i>lorazepam conc 2mg/ml</i>	1	
<i>lorazepam inj 2mg/ml</i>	1	
<i>lorazepam inj 4mg/ml</i>	1	
<i>lorazepam tabs 0.5mg</i>	1	
<i>lorazepam tabs 1mg</i>	1	
<i>lorazepam tabs 2mg</i>	1	
<i>midazolam hcl inj 10mg/10ml</i>	1	
<i>midazolam hcl inj 25mg/5ml</i>	1	
<i>midazolam hcl inj 2mg/2ml</i>	1	
<i>midazolam hcl inj 50mg/10ml</i>	1	
<i>midazolam hcl inj 5mg/5ml</i>	1	
<i>midazolam hcl inj 5mg/ml</i>	1	
<i>midazolam hcl inj 5mg/ml</i>	1	
<i>midazolam hcl syrp 2mg/ml</i>	1	
NIRAVAM TBDP 0.25MG	3	
NIRAVAM TBDP 0.5MG	3	
NIRAVAM TBDP 1MG	3	
NIRAVAM TBDP 2MG	3	
<i>oxazepam caps 10mg</i>	1	
<i>oxazepam caps 15mg</i>	1	
<i>oxazepam caps 30mg</i>	1	
<i>quazepam tabs 15mg</i>	1	
RESTORIL CAPS 15MG	3	
RESTORIL CAPS 22.5MG	3	
RESTORIL CAPS 30MG	3	
RESTORIL CAPS 7.5MG	3	
<i>temazepam caps 15mg</i>	1	
<i>temazepam caps 22.5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>temazepam caps 30mg</i>	1	
<i>temazepam caps 7.5mg</i>	1	
TRANXENE T TABS 15MG	3	
TRANXENE T TABS 3.75MG	3	
TRANXENE T TABS 7.5MG	3	
<i>triazolam tabs 0.125mg</i>	1	
<i>triazolam tabs 0.25mg</i>	1	
VALIUM TABS 10MG	3	
VALIUM TABS 2MG	3	
VALIUM TABS 5MG	3	
XANAX XR TB24 0.5MG	3	
XANAX XR TB24 1MG	3	
XANAX XR TB24 2MG	3	
XANAX XR TB24 3MG	3	
XANAX TABS 0.25MG	3	
XANAX TABS 0.5MG	3	
XANAX TABS 1MG	3	
XANAX TABS 2MG	3	
<b>Bipolar Agents</b>		
<i>Mood Stabilizers</i>		
<i>lithium carbonate er tbcr 300mg</i>	1	
<i>lithium carbonate er tbcr 450mg</i>	1	
<i>lithium carbonate caps 150mg</i>	1	
<i>lithium carbonate caps 300mg</i>	1	
<i>lithium carbonate caps 600mg</i>	1	
<i>lithium carbonate tabs 300mg</i>	1	
<i>lithium citrate soln 8meq/5ml</i>	1	
LITHOBID TBCR 300MG	3	
<b>Blood Glucose Regulators</b>		
<i>Antidiabetic Agents</i>		
<i>acarbose tabs 100mg</i>	1	
<i>acarbose tabs 25mg</i>	1	
<i>acarbose tabs 50mg</i>	1	
ACTOPLUS MET XR TB24 1000MG; 15MG	2	
ACTOPLUS MET XR TB24 1000MG; 30MG	2	
ACTOPLUS MET TABS 500MG; 15MG	3	
ACTOPLUS MET TABS 850MG; 15MG	3	
ACTOS TABS 15MG	3	
ACTOS TABS 30MG	3	
ACTOS TABS 45MG	3	
AMARYL TABS 1MG	3	
AMARYL TABS 2MG	3	
AMARYL TABS 4MG	3	
AVANDAMET TABS 1000MG; 2MG	3	
AVANDAMET TABS 1000MG; 4MG	3	
AVANDAMET TABS 500MG; 2MG	3	
AVANDAMET TABS 500MG; 4MG	3	
AVANDARYL TABS 1MG; 4MG	3	
AVANDARYL TABS 2MG; 4MG	3	

Drug Name	Drug Tier	Requirements/Limits
AVANDARYL TABS 2MG; 8MG	3	
AVANDARYL TABS 4MG; 4MG	3	
AVANDARYL TABS 4MG; 8MG	3	
AVANDIA TABS 2MG	3	
AVANDIA TABS 4MG	3	
AVANDIA TABS 8MG	3	
BYDUREON INJ 2MG	2	
BYDUREON INJ 2MG	2	
BYETTA INJ 10MCG/0.04ML	2	
BYETTA INJ 5MCG/0.02ML	2	
<i>chlorpropamide tabs 100mg</i>	1	
<i>chlorpropamide tabs 250mg</i>	1	
CYCLOSET TABS 0.8MG	3	
DIABETA TABS 1.25MG	3	
DIABETA TABS 2.5MG	3	
DIABETA TABS 5MG	3	
DUETACT TABS 2MG; 30MG	3	
DUETACT TABS 4MG; 30MG	3	
FARXIGA TABS 10MG	3	PA
FARXIGA TABS 5MG	3	PA
FORTAMET TB24 1000MG	3	
FORTAMET TB24 500MG	3	
<i>glimepiride tabs 1mg</i>	1	
<i>glimepiride tabs 2mg</i>	1	
<i>glimepiride tabs 4mg</i>	1	
<i>glipizide er tb24 10mg</i>	1	
<i>glipizide er tb24 2.5mg</i>	1	
<i>glipizide er tb24 5mg</i>	1	
<i>glipizide xl tb24 10mg</i>	1	
<i>glipizide xl tb24 10mg</i>	1	
<i>glipizide xl tb24 2.5mg</i>	1	
<i>glipizide xl tb24 5mg</i>	1	
<i>glipizide xl tb24 5mg</i>	1	
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	1	
<i>glipizide/metformin hcl tabs 2.5mg; 500mg</i>	1	
<i>glipizide/metformin hcl tabs 5mg; 500mg</i>	1	
<i>glipizide tabs 10mg</i>	1	
<i>glipizide tabs 5mg</i>	1	
GLUCOPHAGE XR TB24 500MG	3	
GLUCOPHAGE XR TB24 750MG	3	
GLUCOPHAGE TABS 1000MG	3	
GLUCOPHAGE TABS 500MG	3	
GLUCOPHAGE TABS 850MG	3	
GLUCOTROL XL TB24 10MG	3	
GLUCOTROL XL TB24 2.5MG	3	
GLUCOTROL XL TB24 5MG	3	
GLUCOTROL TABS 10MG	3	
GLUCOTROL TABS 5MG	3	
GLUCOVANCE TABS 1.25MG; 250MG	3	

Drug Name	Drug Tier	Requirements/Limits
GLUCOVANCE TABS 2.5MG; 500MG	3	
GLUCOVANCE TABS 5MG; 500MG	3	
GLUMETZA TB24 1000MG	3	
GLUMETZA TB24 500MG	3	
<i>glyburide micronized tabs 1.5mg</i>	1	
<i>glyburide micronized tabs 3mg</i>	1	
<i>glyburide micronized tabs 6mg</i>	1	
<i>glyburide/metformin hcl tabs 1.25mg; 250mg</i>	1	
<i>glyburide/metformin hcl tabs 2.5mg; 500mg</i>	1	
<i>glyburide/metformin hcl tabs 5mg; 500mg</i>	1	
<i>glyburide tabs 1.25mg</i>	1	
<i>glyburide tabs 2.5mg</i>	1	
<i>glyburide tabs 5mg</i>	1	
GLYNASE TABS 1.5MG	3	
GLYNASE TABS 3MG	3	
GLYNASE TABS 6MG	3	
GLYSET TABS 100MG	3	
GLYSET TABS 25MG	3	
GLYSET TABS 50MG	3	
INVOKANA TABS 100MG	3	
INVOKANA TABS 300MG	3	
JANUMET XR TB24 1000MG; 100MG	2	
JANUMET XR TB24 1000MG; 50MG	2	
JANUMET XR TB24 500MG; 50MG	2	
JANUMET TABS 1000MG; 50MG	2	
JANUMET TABS 500MG; 50MG	2	
JANUVIA TABS 100MG	2	
JANUVIA TABS 25MG	2	
JANUVIA TABS 50MG	2	
JENTADUETO TABS 2.5MG; 1000MG	3	
JENTADUETO TABS 2.5MG; 500MG	3	
JENTADUETO TABS 2.5MG; 850MG	3	
KAZANO TABS 12.5MG; 1000MG	3	
KAZANO TABS 12.5MG; 500MG	3	
KOMBIGLYZE XR TB24 1000MG; 2.5MG	2	
KOMBIGLYZE XR TB24 1000MG; 5MG	2	
KOMBIGLYZE XR TB24 500MG; 5MG	2	
METAGLIP TABS 2.5MG; 250MG	3	
<i>metformin hcl er tb24 1000mg</i>	1	
<i>metformin hcl er tb24 500mg</i>	1	
<i>metformin hcl er tb24 500mg</i>	1	
<i>metformin hcl er tb24 750mg</i>	1	
<i>metformin hcl tabs 1000mg</i>	1	
<i>metformin hcl tabs 500mg</i>	1	
<i>metformin hcl tabs 850mg</i>	1	
<i>nateglinide tabs 120mg</i>	1	
<i>nateglinide tabs 60mg</i>	1	
NESINA TABS 12.5MG	3	
NESINA TABS 25MG	3	

Drug Name	Drug Tier	Requirements/Limits
NESINA TABS 6.25MG	3	
ONGLYZA TABS 2.5MG	2	
ONGLYZA TABS 5MG	2	
OSENI TABS 12.5MG; 15MG	3	
OSENI TABS 12.5MG; 30MG	3	
OSENI TABS 12.5MG; 45MG	3	
OSENI TABS 25MG; 15MG	3	
OSENI TABS 25MG; 30MG	3	
OSENI TABS 25MG; 45MG	3	
<i>pioglitazone hcl-glimepiride tabs 2mg; 30mg</i>	1	
<i>pioglitazone hcl-glimepiride tabs 4mg; 30mg</i>	1	
<i>pioglitazone hcl/metformin hcl tabs 500mg; 15mg</i>	1	
<i>pioglitazone hcl/metformin hcl tabs 850mg; 15mg</i>	1	
<i>pioglitazone hcl tabs 15mg</i>	1	
<i>pioglitazone hcl tabs 30mg</i>	1	
<i>pioglitazone hcl tabs 45mg</i>	1	
PRANDIMET TABS 500MG; 1MG	2	
PRANDIMET TABS 500MG; 2MG	2	
PRANDIN TABS 0.5MG	3	
PRANDIN TABS 1MG	3	
PRANDIN TABS 2MG	3	
PRECOSE TABS 100MG	3	
PRECOSE TABS 25MG	3	
PRECOSE TABS 50MG	3	
<i>repaglinide tabs 0.5mg</i>	1	
<i>repaglinide tabs 1mg</i>	1	
<i>repaglinide tabs 2mg</i>	1	
RIOMET SOLN 500MG/5ML	2	
STARLIX TABS 120MG	3	
STARLIX TABS 60MG	3	
SYMLINPEN 120 INJ 2700MCG/2.7ML	2	
SYMLINPEN 60 INJ 1500MCG/1.5ML	2	
TANZEUM INJ 30MG	3	
TANZEUM INJ 50MG	3	
<i>tolazamide tabs 250mg</i>	1	
<i>tolazamide tabs 500mg</i>	1	
<i>tolbutamide tabs 500mg</i>	1	
TRADJENTA TABS 5MG	3	
VICTOZA INJ 18MG/3ML	2	
<b>Glycemic Agents</b>		
CLINIMIX 4.25%/DEXTROSE 20% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 20GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 5%/DEXTROSE 15% INJ 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX 5%/DEXTROSE 20% INJ 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX E 2.75%/DEXTROSE 10% INJ 570MG/100ML; 316MG/100ML; 33MG/100ML; 10GM/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5% INJ 570MG/100ML; 316MG/100ML; 33MG/100ML; 5GM/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 10GM/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX E 4.25%/DEXTROSE 25% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 25GM/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 4.25%/DEXTROSE 5% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 5GM/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX E 5%/DEXTROSE 15% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 15GM/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX E 5%/DEXTROSE 25% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 25GM/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
<i>dextrose 10%/nacl 0.45% inj 10%; 0.45%</i>	1	
<i>dextrose 2.5% inj 2.5%</i>	1	
<i>dextrose 10% flex container inj 10%</i>	1	
<i>dextrose 10%/nacl 0.2% inj 10%; 0.2%</i>	1	
<i>dextrose 10%/nacl 0.225% inj 10%; 0.225%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45% inj 2.5%; 0.45%</i>	1	
<i>dextrose 20% inj 20%</i>	1	
<i>dextrose 25% inj 250mg/ml</i>	1	
<i>dextrose 30% partial fill inj 30%</i>	1	
<i>dextrose 30% inj 30%</i>	1	
<i>dextrose 40% inj 40%</i>	1	
<i>dextrose 5%/nacl 0.2% inj 5%; 0.2%</i>	1	
<i>dextrose 5%/nacl 0.225% inj 5%; 0.225%</i>	1	
<i>dextrose 5%/nacl 0.3% inj 5%; 0.3%</i>	1	
<i>dextrose 5%/nacl 0.33% inj 5%; 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45% inj 5%; 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9% inj 5%; 0.9%</i>	1	
<i>dextrose 5%/ringers inj 4.5meq/l; 156meq/l; 5%; 4meq/l; 147meq/l</i>	1	
<i>dextrose 5% inj 5%</i>	1	
<i>dextrose 50% inj 50%</i>	1	
<i>dextrose 70% inj 70%</i>	1	
GLUCAGEN HYPOKIT INJ 1MG	3	
GLUCAGON EMERGENCY KIT INJ 1MG	2	



Drug Name	Drug Tier	Requirements/Limits
IONOSOL-B/DEXTROSE 5% INJ 49MEQ/L; 5%; 25MEQ/L; 5MEQ/L; 13MEQ/L; 25MEQ/L; 57MEQ/L	3	
IONOSOL-MB/DEXTROSE 5% INJ 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	3	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/ nacl 0.3% inj 5%; 20meq/l; 0.33%</i>	1	
<i>kcl 0.15%/d5w/ nacl 0.3% inj 5%; 20meq/l; 0.33%</i>	1	
<i>kcl 0.15%/d5w/lr inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	1	
<i>kcl 0.3%/d5w/lr iv lac ring inj 3meq/l; 149meq/l; 5%; 28meq/l; 44meq/l; 130meq/l</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	1	
NORMOSOL-R IN D5W INJ 27MEQ/L; 98MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
<i>potassium chloride 0.15% d5w/nacl 0.33% inj 5%; 20meq/l; 0.33%</i>	1	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex inj 5%; 20meq/l; 0.45%</i>	1	
<i>potassium chloride 0.15% d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	1	
<i>potassium chloride 0.22% d5w/nacl 0.45% inj 5%; 30meq/l; 0.45%</i>	1	
PROGLYCEM SUSP 50MG/ML	2	
<b>Insulins</b>		
APIDRA SOLOSTAR INJ 100UNIT/ML	3	
APIDRA INJ 100UNIT/ML	3	
HUMALOG KWIKPEN INJ 100UNIT/ML	2	
HUMALOG MIX 50/50 KWIKPEN INJ 50UNIT/ML; 50UNIT/ML	2	
HUMALOG MIX 50/50 INJ 50UNIT/ML; 50UNIT/ML	2	
HUMALOG MIX 75/25 KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	2	
HUMALOG MIX 75/25 INJ 25UNIT/ML; 75UNIT/ML	2	
HUMALOG INJ 100UNIT/ML	2	
HUMALOG INJ 100UNIT/ML	2	
HUMULIN 70/30 PEN INJ 30UNIT/ML; 70UNIT/ML	2	
HUMULIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	2	
HUMULIN N U-100 PEN INJ 100UNIT/ML	2	
HUMULIN N INJ 100UNIT/ML	2	
HUMULIN R U-500 (CONCENTRATED) INJ 500UNIT/ML	2	
HUMULIN R INJ 100UNIT/ML	2	
LANTUS SOLOSTAR INJ 100UNIT/ML	2	
LANTUS INJ 100UNIT/ML	2	
LEVEMIR FLEXPEN INJ 100UNIT/ML	3	
LEVEMIR FLEXTOUCH INJ 100UNIT/ML	3	

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR INJ 100UNIT/ML	3	
NOVOLIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	2	
NOVOLIN N INJ 100UNIT/ML	2	
NOVOLIN R INJ 100UNIT/ML	2	
NOVOLOG FLEXPEN INJ 100UNIT/ML	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	2	
NOVOLOG MIX 70/30 INJ 30UNIT/ML; 70UNIT/ML	2	
NOVOLOG PENFILL INJ 100UNIT/ML	2	
NOVOLOG INJ 100UNIT/ML	2	
<b>Blood Products/Modifiers/Volume Expanders</b>		
<i>Anticoagulants</i>		
ANGIOMAX INJ 250MG	3	
<i>argatroban inj 100mg/ml</i>	1	
<i>argatroban inj 50mg/50ml</i>	1	
ARIXTRA INJ 10MG/0.8ML	3	
ARIXTRA INJ 2.5MG/0.5ML	3	
ARIXTRA INJ 5MG/0.4ML	3	
ARIXTRA INJ 7.5MG/0.6ML	3	
COUMADIN INJ 5MG	3	
COUMADIN TABS 10MG	3	
COUMADIN TABS 1MG	3	
COUMADIN TABS 2.5MG	3	
COUMADIN TABS 2MG	3	
COUMADIN TABS 3MG	3	
COUMADIN TABS 4MG	3	
COUMADIN TABS 5MG	3	
COUMADIN TABS 6MG	3	
COUMADIN TABS 7.5MG	3	
ELIQUIS TABS 2.5MG	2	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	2	QL (60 EA per 30 days)
<i>enoxaparin sodium inj 100mg/ml</i>	1	
<i>enoxaparin sodium inj 120mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 150mg/ml</i>	1	
<i>enoxaparin sodium inj 300mg/3ml</i>	1	
<i>enoxaparin sodium inj 30mg/0.3ml</i>	1	
<i>enoxaparin sodium inj 40mg/0.4ml</i>	1	
<i>enoxaparin sodium inj 60mg/0.6ml</i>	1	
<i>enoxaparin sodium inj 80mg/0.8ml</i>	1	
<i>fondaparinux sodium inj 10mg/0.8ml</i>	1	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	1	
<i>fondaparinux sodium inj 5mg/0.4ml</i>	1	
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	1	
FRAGMIN INJ 10000UNIT/ML	3	
FRAGMIN INJ 12500UNIT/0.5ML	3	
FRAGMIN INJ 15000UNIT/0.6ML	3	
FRAGMIN INJ 18000UNT/0.72ML	3	
FRAGMIN INJ 25000UNIT/ML	3	
FRAGMIN INJ 2500UNIT/0.2ML	3	

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 5000UNIT/0.2ML	3	
FRAGMIN INJ 7500UNIT/0.3ML	3	
<i>heparin sodium/d5w inj 5%; 100unit/ml</i>	1	
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	1	
<i>heparin sodium/d5w inj 5%; 50unit/ml</i>	1	
<i>heparin sodium/nacl 0.45% inj 100unit/ml; 0.45%</i>	1	
<i>heparin sodium/nacl 0.45% inj 50unit/ml; 0.45%</i>	1	
<i>heparin sodium/nacl 0.9% inj 2unit/ml; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix inj 2unit/ml; 0.9%</i>	1	
<i>heparin sodium inj 10000unit/ml</i>	1	
<i>heparin sodium inj 1000unit/ml</i>	1	
<i>heparin sodium inj 20000unit/ml</i>	1	
<i>heparin sodium inj 2000unit/ml</i>	1	
<i>heparin sodium inj 2500unit/ml</i>	1	
<i>heparin sodium inj 5000unit/ml</i>	1	
IPRIVASK INJ 15MG	3	
<i>jantoven tabs 10mg</i>	1	
<i>jantoven tabs 1mg</i>	1	
<i>jantoven tabs 2.5mg</i>	1	
<i>jantoven tabs 2mg</i>	1	
<i>jantoven tabs 3mg</i>	1	
<i>jantoven tabs 4mg</i>	1	
<i>jantoven tabs 5mg</i>	1	
<i>jantoven tabs 6mg</i>	1	
<i>jantoven tabs 7.5mg</i>	1	
KINLYTIC INJ 250000UNIT	3	
LOVENOX INJ 100MG/ML	3	
LOVENOX INJ 120MG/0.8ML	3	
LOVENOX INJ 150MG/ML	3	
LOVENOX INJ 300MG/3ML	3	
LOVENOX INJ 30MG/0.3ML	3	
LOVENOX INJ 40MG/0.4ML	3	
LOVENOX INJ 60MG/0.6ML	3	
LOVENOX INJ 80MG/0.8ML	3	
PRADAXA CAPS 150MG	2	QL (60 EA per 30 days)
PRADAXA CAPS 75MG	2	QL (60 EA per 30 days)
TNKASE INJ 50MG	3	
<i>warfarin sodium tabs 10mg</i>	1	
<i>warfarin sodium tabs 1mg</i>	1	
<i>warfarin sodium tabs 2.5mg</i>	1	
<i>warfarin sodium tabs 2mg</i>	1	
<i>warfarin sodium tabs 3mg</i>	1	
<i>warfarin sodium tabs 4mg</i>	1	
<i>warfarin sodium tabs 5mg</i>	1	
<i>warfarin sodium tabs 6mg</i>	1	
<i>warfarin sodium tabs 7.5mg</i>	1	
XARELTO TABS 10MG	2	QL (35 EA per 90 days)
XARELTO TABS 15MG	2	QL (42 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XARELTO TABS 20MG	2	QL (30 EA per 30 days)
<b>Blood Formation Modifiers</b>		
AGRYLIN CAPS 0.5MG	3	
<i>anagrelide hydrochloride caps 0.5mg</i>	1	
<i>anagrelide hydrochloride caps 1mg</i>	1	
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	2	PA
ARANESP ALBUMIN FREE INJ 100MCG/ML	2	PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	2	PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	2	PA
ARANESP ALBUMIN FREE INJ 200MCG/ML	2	PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	2	PA
ARANESP ALBUMIN FREE INJ 25MCG/ML	2	PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	2	PA
ARANESP ALBUMIN FREE INJ 300MCG/ML	2	PA
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	2	PA
ARANESP ALBUMIN FREE INJ 40MCG/ML	2	PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	2	PA
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	2	PA
ARANESP ALBUMIN FREE INJ 60MCG/ML	2	PA
EPOGEN INJ 10000UNIT/ML	3	
EPOGEN INJ 20000UNIT/ML	3	
EPOGEN INJ 2000UNIT/ML	3	
EPOGEN INJ 3000UNIT/ML	3	
EPOGEN INJ 4000UNIT/ML	3	
GRANIX INJ 300MCG/0.5ML	3	PA
GRANIX INJ 480MCG/0.8ML	3	PA
LEUKINE INJ 250MCG	2	PA
LEUKINE INJ 500MCG/ML	2	PA
NEULASTA INJ 6MG/0.6ML	2	
NEUMEGA INJ 5MG	2	PA
NEUPOGEN INJ 300MCG/0.5ML	2	PA
NEUPOGEN INJ 300MCG/ML	2	PA
NEUPOGEN INJ 300MCG/ML	2	PA
NEUPOGEN INJ 480MCG/0.8ML	2	PA
NEUPOGEN INJ 480MCG/1.6ML	2	PA
NPLATE INJ 250MCG	3	
NPLATE INJ 500MCG	3	
OMONTYS INJ 10MG/ML	3	PA
OMONTYS INJ 20MG/2ML	3	PA
PROCRIT INJ 10000UNIT/ML	2	
PROCRIT INJ 20000UNIT/ML	2	
PROCRIT INJ 2000UNIT/ML	2	
PROCRIT INJ 3000UNIT/ML	2	
PROCRIT INJ 40000UNIT/ML	2	
PROCRIT INJ 4000UNIT/ML	2	
PROMACTA TABS 12.5MG	2	PA
PROMACTA TABS 25MG	2	PA
PROMACTA TABS 50MG	2	PA
PROMACTA TABS 75MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
<b>Blood Products/Modifiers/Volume Expanders</b>		
SOLIRIS INJ 10MG/ML	3	
<b>Coagulants</b>		
AMICAR SYRP 25%	3	
AMICAR TABS 1000MG	3	
AMICAR TABS 500MG	3	
<i>aminocaproic acid inj 250mg/ml</i>	1	
<i>aminocaproic acid syrp 25%</i>	1	
<i>aminocaproic acid tabs 1000mg</i>	1	
<i>aminocaproic acid tabs 500mg</i>	1	
<i>argatroban inj 125mg/125ml; 0.9%</i>	1	
CYKLOKAPRON INJ 100MG/ML	3	
LYSTEDA TABS 650MG	3	
<i>tranexamic acid inj 100mg/ml</i>	1	
<i>tranexamic acid tabs 650mg</i>	1	
TRASYLOL INJ 10000KIU/ML	3	
<b>Platelet Modifying Agents</b>		
AGGRENOX CP12 25MG; 200MG	2	
BRILINTA TABS 90MG	2	
<i>cilostazol tabs 100mg</i>	1	
<i>cilostazol tabs 50mg</i>	1	
<i>clopidogrel tabs 300mg</i>	1	
<i>clopidogrel tabs 75mg</i>	1	
<i>dipyridamole tabs 25mg</i>	1	
<i>dipyridamole tabs 50mg</i>	1	
<i>dipyridamole tabs 75mg</i>	1	
EFFIENT TABS 10MG	2	
EFFIENT TABS 5MG	2	
INTEGRILIN INJ 0.75MG/ML	3	
INTEGRILIN INJ 2MG/ML	3	
PERSANTINE TABS 25MG	3	
PERSANTINE TABS 50MG	3	
PERSANTINE TABS 75MG	3	
PLAVIX TABS 300MG	3	
PLAVIX TABS 75MG	3	
PLETAL TABS 100MG	3	
PLETAL TABS 50MG	3	
REOPRO INJ 2MG/ML	3	
<i>ticlopidine hcl tabs 250mg</i>	1	
ZONTIVITY TABS 2.08MG	3	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
CATAPRES-TTS-1 PTWK 0.1MG/24HR	3	
CATAPRES-TTS-2 PTWK 0.2MG/24HR	3	
CATAPRES-TTS-3 PTWK 0.3MG/24HR	3	
CATAPRES TABS 0.1MG	3	
CATAPRES TABS 0.2MG	3	
CATAPRES TABS 0.3MG	3	
<i>clonidine hcl er tb12 0.1mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl ptwk 0.1mg/24hr</i>	1	
<i>clonidine hcl ptwk 0.2mg/24hr</i>	1	
<i>clonidine hcl ptwk 0.3mg/24hr</i>	1	
<i>clonidine hcl tabs 0.1mg</i>	1	
<i>clonidine hcl tabs 0.2mg</i>	1	
<i>clonidine hcl tabs 0.3mg</i>	1	
CLOPRES TABS 15MG; 0.1MG	3	
CLOPRES TABS 15MG; 0.2MG	3	
CLOPRES TABS 15MG; 0.3MG	3	
<i>guanfacine hcl tabs 1mg</i>	1	
<i>guanfacine hcl tabs 2mg</i>	1	
KAPVAY DOSE PACK MISC 0	3	
KAPVAY TB12 0.1MG	3	
<i>methyldopa/hydrochlorothiazide tabs 15mg; 250mg</i>	1	
<i>methyldopa/hydrochlorothiazide tabs 25mg; 250mg</i>	1	
<i>methyldopa tabs 250mg</i>	1	
<i>methyldopa tabs 500mg</i>	1	
<i>methyldopate hcl inj 250mg/5ml</i>	1	
<i>midodrine hcl tabs 10mg</i>	1	
<i>midodrine hcl tabs 2.5mg</i>	1	
<i>midodrine hcl tabs 5mg</i>	1	
<i>phentolamine mesylate inj 5mg/ml</i>	1	
<i>phentolamine mesylate inj 5mg</i>	1	
<i>phenylephrine hcl inj 10mg/ml</i>	1	
TENEX TABS 1MG	3	
TENEX TABS 2MG	3	
<b>Alpha-adrenergic Blocking Agents</b>		
DIBENZYLINE CAPS 10MG	2	
MINIPRESS CAPS 1MG	3	
MINIPRESS CAPS 2MG	3	
MINIPRESS CAPS 5MG	3	
<i>prazosin hcl caps 1mg</i>	1	
<i>prazosin hcl caps 2mg</i>	1	
<i>prazosin hcl caps 5mg</i>	1	
<i>reserpine tabs 0.1mg</i>	1	QL (30 EA per 30 days)
<i>reserpine tabs 0.25mg</i>	1	
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND TABS 16MG	3	
ATACAND TABS 32MG	3	
ATACAND TABS 4MG	3	
ATACAND TABS 8MG	3	
AVALIDE TABS 12.5MG; 150MG	3	
AVALIDE TABS 12.5MG; 300MG	3	
AVAPRO TABS 150MG	3	
AVAPRO TABS 300MG	3	
AVAPRO TABS 75MG	3	
BENICAR HCT TABS 12.5MG; 20MG	2	
BENICAR HCT TABS 12.5MG; 40MG	2	
BENICAR HCT TABS 25MG; 40MG	2	

Drug Name	Drug Tier	Requirements/Limits
BENICAR TABS 20MG	2	
BENICAR TABS 40MG	2	
BENICAR TABS 5MG	2	
<i>candesartan cilexetil tabs 16mg</i>	1	
<i>candesartan cilexetil tabs 32mg</i>	1	
<i>candesartan cilexetil tabs 4mg</i>	1	
<i>candesartan cilexetil tabs 8mg</i>	1	
COZAAR TABS 100MG	3	
COZAAR TABS 25MG	3	
COZAAR TABS 50MG	3	
DIOVAN HCT TABS 12.5MG; 160MG	3	
DIOVAN HCT TABS 12.5MG; 320MG	3	
DIOVAN HCT TABS 12.5MG; 80MG	3	
DIOVAN HCT TABS 25MG; 160MG	3	
DIOVAN HCT TABS 25MG; 320MG	3	
DIOVAN TABS 160MG	3	
DIOVAN TABS 320MG	3	
DIOVAN TABS 40MG	3	
DIOVAN TABS 80MG	3	
EDARBI TABS 40MG	3	
EDARBI TABS 80MG	3	
EDARBYCLOR TABS 40MG; 12.5MG	3	
EDARBYCLOR TABS 40MG; 25MG	3	
<i>eprosartan mesylate tabs 600mg</i>	1	
HYZAAR TABS 12.5MG; 100MG	3	
HYZAAR TABS 12.5MG; 50MG	3	
HYZAAR TABS 25MG; 100MG	3	
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg</i>	1	
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg</i>	1	
<i>irbesartan tabs 150mg</i>	1	
<i>irbesartan tabs 300mg</i>	1	
<i>irbesartan tabs 75mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 25mg; 100mg</i>	1	
<i>losartan potassium tabs 100mg</i>	1	
<i>losartan potassium tabs 25mg</i>	1	
<i>losartan potassium tabs 50mg</i>	1	
MICARDIS HCT TABS 12.5MG; 40MG	3	
MICARDIS HCT TABS 12.5MG; 80MG	3	
MICARDIS HCT TABS 25MG; 80MG	3	
MICARDIS TABS 20MG	3	
MICARDIS TABS 40MG	3	
MICARDIS TABS 80MG	3	
<i>telmisartan/amlodipine tabs 10mg; 40mg</i>	1	
<i>telmisartan/amlodipine tabs 10mg; 80mg</i>	1	
<i>telmisartan/amlodipine tabs 5mg; 40mg</i>	1	
<i>telmisartan/amlodipine tabs 5mg; 80mg</i>	1	
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	
<i>telmisartan/hydrochloroth tabs 25mg; 80mg</i>	1	
<i>telmisartan tabs 20mg</i>	1	
<i>telmisartan tabs 40mg</i>	1	
<i>telmisartan tabs 80mg</i>	1	
TEVETEN HCT TABS 600MG; 12.5MG	3	
TEVETEN HCT TABS 600MG; 25MG	3	
TEVETEN TABS 600MG	3	
TWYNSTA TABS 10MG; 40MG	3	
TWYNSTA TABS 10MG; 80MG	3	
TWYNSTA TABS 5MG; 40MG	3	
TWYNSTA TABS 5MG; 80MG	3	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 160mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 320mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 25mg; 160mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 25mg; 320mg</i>	1	
<i>valsartan tabs 160mg</i>	1	
<i>valsartan tabs 320mg</i>	1	
<i>valsartan tabs 40mg</i>	1	
<i>valsartan tabs 80mg</i>	1	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
ACCUPRIL TABS 10MG	3	
ACCUPRIL TABS 20MG	3	
ACCUPRIL TABS 40MG	3	
ACCUPRIL TABS 5MG	3	
ACCURETIC TABS 12.5MG; 10MG	3	
ACCURETIC TABS 12.5MG; 20MG	3	
ACCURETIC TABS 25MG; 20MG	3	
ACEON TABS 4MG	3	
ACEON TABS 8MG	3	
ALTACE CAPS 1.25MG	3	
ALTACE CAPS 10MG	3	
ALTACE CAPS 2.5MG	3	
ALTACE CAPS 5MG	3	
<i>benazepril hcl/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 25mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	
<i>benazepril hcl tabs 10mg</i>	1	
<i>benazepril hcl tabs 20mg</i>	1	
<i>benazepril hcl tabs 40mg</i>	1	
<i>benazepril hcl tabs 5mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 25mg; 15mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 25mg; 25mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 50mg; 15mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 50mg; 25mg</i>	1	
<i>captopril tabs 100mg</i>	1	
<i>captopril tabs 12.5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>captopril tabs 25mg</i>	1	
<i>captopril tabs 50mg</i>	1	
<i>enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg</i>	1	
<i>enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg</i>	1	
<i>enalapril maleate tabs 10mg</i>	1	
<i>enalapril maleate tabs 2.5mg</i>	1	
<i>enalapril maleate tabs 20mg</i>	1	
<i>enalapril maleate tabs 5mg</i>	1	
<i>enalaprilat inj 1.25mg/ml</i>	1	
EPANED SOLR 1MG/ML	3	
<i>fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	
<i>fosinopril sodium/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	
<i>fosinopril sodium tabs 10mg</i>	1	
<i>fosinopril sodium tabs 20mg</i>	1	
<i>fosinopril sodium tabs 40mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	
<i>lisinopril tabs 10mg</i>	1	
<i>lisinopril tabs 2.5mg</i>	1	
<i>lisinopril tabs 20mg</i>	1	
<i>lisinopril tabs 30mg</i>	1	
<i>lisinopril tabs 40mg</i>	1	
<i>lisinopril tabs 5mg</i>	1	
LOTENSIN HCT TABS 10MG; 12.5MG	3	
LOTENSIN HCT TABS 20MG; 12.5MG	3	
LOTENSIN HCT TABS 20MG; 25MG	3	
LOTENSIN TABS 10MG	3	
LOTENSIN TABS 20MG	3	
LOTENSIN TABS 40MG	3	
MAVIK TABS 1MG	3	
MAVIK TABS 2MG	3	
MAVIK TABS 4MG	3	
<i>moexipril hcl tabs 15mg</i>	1	
<i>moexipril hcl tabs 7.5mg</i>	1	
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 15mg</i>	1	
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 7.5mg</i>	1	
<i>moexipril/hydrochlorothiazide tabs 25mg; 15mg</i>	1	
<i>perindopril erbumine tabs 2mg</i>	1	
<i>perindopril erbumine tabs 4mg</i>	1	
<i>perindopril erbumine tabs 8mg</i>	1	
PRINIVIL TABS 10MG	3	
PRINIVIL TABS 20MG	3	
PRINIVIL TABS 5MG	3	
<i>quinapril hcl tabs 10mg</i>	1	
<i>quinapril hcl tabs 20mg</i>	1	
<i>quinapril hcl tabs 40mg</i>	1	
<i>quinapril hcl tabs 5mg</i>	1	
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	
<i>quinapril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	
<i>ramipril caps 1.25mg</i>	1	
<i>ramipril caps 10mg</i>	1	
<i>ramipril caps 2.5mg</i>	1	
<i>ramipril caps 5mg</i>	1	
TARKA TBCR 1MG; 240MG	2	
TARKA TBCR 2MG; 180MG	2	
TARKA TBCR 2MG; 240MG	2	
TARKA TBCR 4MG; 240MG	2	
<i>trandolapril tabs 1mg</i>	1	
<i>trandolapril tabs 2mg</i>	1	
<i>trandolapril tabs 4mg</i>	1	
UNIRETIC TABS 12.5MG; 15MG	3	
UNIRETIC TABS 12.5MG; 7.5MG	3	
UNIVASC TABS 15MG	3	
UNIVASC TABS 7.5MG	3	
VASERETIC TABS 10MG; 25MG	3	
VASOTEC TABS 10MG	3	
VASOTEC TABS 2.5MG	3	
VASOTEC TABS 20MG	3	
VASOTEC TABS 5MG	3	
ZESTORETIC TABS 12.5MG; 10MG	3	
ZESTORETIC TABS 12.5MG; 20MG	3	
ZESTORETIC TABS 25MG; 20MG	3	
ZESTRIL TABS 10MG	3	
ZESTRIL TABS 2.5MG	3	
ZESTRIL TABS 20MG	3	
ZESTRIL TABS 30MG	3	
ZESTRIL TABS 40MG	3	
ZESTRIL TABS 5MG	3	
<b>Antiarrhythmics</b>		
ADENOCARD INJ 12MG/4ML	3	
<i>adenosine inj 12mg/4ml</i>	1	
<i>amiodarone hcl inj 50mg/ml</i>	1	
<i>amiodarone hcl inj 50mg/ml</i>	1	
<i>amiodarone hcl inj 50mg/ml</i>	1	
<i>amiodarone hcl inj 900mg/18ml</i>	1	
<i>amiodarone hcl tabs 100mg</i>	1	
<i>amiodarone hcl tabs 200mg</i>	1	
<i>amiodarone hcl tabs 400mg</i>	1	
BETAPACE AF TABS 120MG	3	
BETAPACE AF TABS 160MG	3	
BETAPACE AF TABS 80MG	3	
BETAPACE TABS 120MG	3	
BETAPACE TABS 160MG	3	
BETAPACE TABS 80MG	3	
CORDARONE TABS 200MG	3	
CORVERT INJ 1MG/10ML	3	

Drug Name	Drug Tier	Requirements/Limits
<i>disopyramide phosphate caps 100mg</i>	1	
<i>disopyramide phosphate caps 150mg</i>	1	
<i>flecainide acetate tabs 100mg</i>	1	
<i>flecainide acetate tabs 150mg</i>	1	
<i>flecainide acetate tabs 50mg</i>	1	
<i>ibutilide fumarate inj 1mg/10ml</i>	1	
<i>lidocaine hcl in d5w inj 5%; 4mg/ml</i>	1	
<i>lidocaine hcl in d5w inj 5%; 8mg/ml</i>	1	
<i>lidocaine hcl/dextrose inj 5%; 4mg/ml</i>	1	
<i>lidocaine hcl/dextrose inj 5%; 8mg/ml</i>	1	
<i>lidocaine hcl inj 10mg/ml</i>	1	
<i>lidocaine hcl inj 20mg/ml</i>	1	
<i>mexiletine hcl caps 150mg</i>	1	
<i>mexiletine hcl caps 200mg</i>	1	
<i>mexiletine hcl caps 250mg</i>	1	
MULTAQ TABS 400MG	3	
NEXTERONE INJ 150MG/100ML; 42.1MG/ML	3	
NEXTERONE INJ 360MG/200ML; 41.4MG/ML	3	
NORPACE CR CP12 100MG	3	
NORPACE CR CP12 150MG	3	
NORPACE CAPS 100MG	3	
NORPACE CAPS 150MG	3	
<i>pacerone tabs 100mg</i>	1	
<i>pacerone tabs 200mg</i>	1	
<i>pacerone tabs 400mg</i>	1	
<i>procainamide hcl inj 100mg/ml</i>	1	
<i>procainamide hcl inj 500mg/ml</i>	1	
<i>propafenone hcl er cp12 225mg</i>	1	
<i>propafenone hcl er cp12 325mg</i>	1	
<i>propafenone hcl er cp12 425mg</i>	1	
<i>propafenone hcl tabs 150mg</i>	1	
<i>propafenone hcl tabs 225mg</i>	1	
<i>propafenone hcl tabs 300mg</i>	1	
<i>quinidine gluconate cr tbcr 324mg</i>	1	
<i>quinidine gluconate er tbcr 324mg</i>	1	
<i>quinidine gluconate inj 80mg/ml</i>	1	
<i>quinidine sulfate er tbcr 300mg</i>	1	
<i>quinidine sulfate tabs 200mg</i>	1	
<i>quinidine sulfate tabs 300mg</i>	1	
RYTHMOL SR CP12 225MG	3	
RYTHMOL SR CP12 325MG	3	
RYTHMOL SR CP12 425MG	3	
RYTHMOL TABS 150MG	3	
RYTHMOL TABS 225MG	3	
<i>sorine tabs 120mg</i>	1	
<i>sorine tabs 160mg</i>	1	
<i>sorine tabs 240mg</i>	1	
<i>sorine tabs 80mg</i>	1	
<i>sotalol hcl (af) tabs 120mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl (af) tabs 160mg</i>	1	
<i>sotalol hcl (af) tabs 160mg</i>	1	
<i>sotalol hcl (af) tabs 160mg</i>	1	
<i>sotalol hcl (af) tabs 80mg</i>	1	
<i>sotalol hcl (af) tabs 80mg</i>	1	
<i>sotalol hcl (af) tabs 80mg</i>	1	
<i>sotalol hcl tabs 120mg</i>	1	
<i>sotalol hcl tabs 120mg</i>	1	
<i>sotalol hcl tabs 120mg</i>	1	
<i>sotalol hcl tabs 120mg</i>	1	
<i>sotalol hcl tabs 120mg</i>	1	
<i>sotalol hcl tabs 120mg</i>	1	
<i>sotalol hcl tabs 120mg</i>	1	
<i>sotalol hcl tabs 160mg</i>	1	
<i>sotalol hcl tabs 240mg</i>	1	
<i>sotalol hcl tabs 80mg</i>	1	
TIKOSYN CAPS 125MCG	2	
TIKOSYN CAPS 250MCG	2	
TIKOSYN CAPS 500MCG	2	
XYLOCAINE INJ 20MG/ML	3	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hcl caps 200mg</i>	1	
<i>acebutolol hcl caps 400mg</i>	1	
<i>atenolol/chlorthalidone tabs 100mg; 25mg</i>	1	
<i>atenolol/chlorthalidone tabs 50mg; 25mg</i>	1	
<i>atenolol tabs 100mg</i>	1	
<i>atenolol tabs 25mg</i>	1	
<i>atenolol tabs 50mg</i>	1	
<i>betaxolol hcl tabs 10mg</i>	1	
<i>betaxolol hcl tabs 20mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide tabs 2.5mg; 6.25mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	
<i>bisoprolol fumarate tabs 10mg</i>	1	
<i>bisoprolol fumarate tabs 5mg</i>	1	
BREVIBLOC INJ 10MG/ML	3	
BREVIBLOC INJ 10MG/ML; 5.9MG/ML	3	
BREVIBLOC INJ 20MG/ML; 4.1MG/ML	3	
BYSTOLIC TABS 10MG	2	
BYSTOLIC TABS 2.5MG	2	
BYSTOLIC TABS 20MG	2	
BYSTOLIC TABS 5MG	2	
<i>carvedilol tabs 12.5mg</i>	1	
<i>carvedilol tabs 25mg</i>	1	
<i>carvedilol tabs 3.125mg</i>	1	
<i>carvedilol tabs 6.25mg</i>	1	
COREG CR CP24 10MG	2	
COREG CR CP24 20MG	2	
COREG CR CP24 40MG	2	

Drug Name	Drug Tier	Requirements/Limits
COREG CR CP24 80MG	2	
COREG TABS 12.5MG	3	
COREG TABS 25MG	3	
COREG TABS 3.125MG	3	
COREG TABS 6.25MG	3	
CORGARD TABS 20MG	3	
CORGARD TABS 40MG	3	
CORGARD TABS 80MG	3	
CORZIDE TABS 5MG; 40MG	3	
CORZIDE TABS 5MG; 80MG	3	
DUTOPROL TB24 12.5MG; 100MG	3	
DUTOPROL TB24 12.5MG; 25MG	3	
DUTOPROL TB24 12.5MG; 50MG	3	
<i>esmolol hcl inj 10mg/ml</i>	1	
HEMANGEOL SOLN 4.28MG/ML	3	
INDERAL LA CP24 120MG	3	
INDERAL LA CP24 160MG	3	
INDERAL LA CP24 60MG	3	
INDERAL LA CP24 80MG	3	
INDERAL XL CP24 120MG	3	
INDERAL XL CP24 120MG	3	
INDERAL XL CP24 80MG	3	
INDERAL XL CP24 80MG	3	
INNOPRAN XL CP24 120MG	3	
INNOPRAN XL CP24 80MG	3	
KERLONE TABS 10MG	3	
KERLONE TABS 20MG	3	
<i>labetalol hcl inj 5mg/ml</i>	1	
<i>labetalol hcl tabs 100mg</i>	1	
<i>labetalol hcl tabs 200mg</i>	1	
<i>labetalol hcl tabs 300mg</i>	1	
LEVATOL TABS 20MG	3	
LOPRESSOR HCT TABS 25MG; 100MG	3	
LOPRESSOR HCT TABS 25MG; 50MG	3	
LOPRESSOR INJ 1MG/ML	3	
LOPRESSOR TABS 100MG	3	
LOPRESSOR TABS 50MG	3	
<i>metoprolol succinate er tb24 100mg</i>	1	
<i>metoprolol succinate er tb24 200mg</i>	1	
<i>metoprolol succinate er tb24 25mg</i>	1	
<i>metoprolol succinate er tb24 50mg</i>	1	
<i>metoprolol tartrate inj 1mg/ml</i>	1	
<i>metoprolol tartrate tabs 100mg</i>	1	
<i>metoprolol tartrate tabs 25mg</i>	1	
<i>metoprolol tartrate tabs 50mg</i>	1	
<i>metoprolol/hydrochlorothiazide tabs 25mg; 100mg</i>	1	
<i>metoprolol/hydrochlorothiazide tabs 25mg; 50mg</i>	1	
<i>metoprolol/hydrochlorothiazide tabs 50mg; 100mg</i>	1	
<i>nadolol/bendroflumethiazide tabs 5mg; 40mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nadolol/bendroflumethiazide tabs 5mg; 80mg</i>	1	
<i>nadolol tabs 20mg</i>	1	
<i>nadolol tabs 40mg</i>	1	
<i>nadolol tabs 80mg</i>	1	
<i>pindolol tabs 10mg</i>	1	
<i>pindolol tabs 5mg</i>	1	
<i>propranolol hcl er cp24 120mg</i>	1	
<i>propranolol hcl er cp24 160mg</i>	1	
<i>propranolol hcl er cp24 60mg</i>	1	
<i>propranolol hcl er cp24 80mg</i>	1	
<i>propranolol hcl inj 1mg/ml</i>	1	
<i>propranolol hcl soln 20mg/5ml</i>	1	
<i>propranolol hcl soln 40mg/5ml</i>	1	
<i>propranolol hcl tabs 10mg</i>	1	
<i>propranolol hcl tabs 20mg</i>	1	
<i>propranolol hcl tabs 40mg</i>	1	
<i>propranolol hcl tabs 60mg</i>	1	
<i>propranolol hcl tabs 80mg</i>	1	
<i>propranolol/hydrochlorothiazide tabs 25mg; 40mg</i>	1	
<i>propranolol/hydrochlorothiazide tabs 25mg; 80mg</i>	1	
SECTRAL CAPS 200MG	3	
SECTRAL CAPS 400MG	3	
TENORETIC 100 TABS 100MG; 25MG	3	
TENORETIC 50 TABS 50MG; 25MG	3	
TENORMIN TABS 100MG	3	
TENORMIN TABS 25MG	3	
TENORMIN TABS 50MG	3	
TOPROL XL TB24 100MG	3	
TOPROL XL TB24 200MG	3	
TOPROL XL TB24 25MG	3	
TOPROL XL TB24 50MG	3	
TRANDATE TABS 100MG	3	
TRANDATE TABS 200MG	3	
TRANDATE TABS 300MG	3	
ZEBETA TABS 10MG	3	
ZEBETA TABS 5MG	3	
ZIAC TABS 10MG; 6.25MG	3	
ZIAC TABS 2.5MG; 6.25MG	3	
ZIAC TABS 5MG; 6.25MG	3	
<b>Calcium Channel Blocking Agents</b>		
ADALAT CC TB24 30MG	3	
ADALAT CC TB24 60MG	3	
ADALAT CC TB24 90MG	3	
<i>afeditab cr tb24 30mg</i>	1	
<i>afeditab cr tb24 60mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 10mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 20mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 40mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 80mg</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 10mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 20mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 40mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 10mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 20mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 40mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 80mg</i>	1	
<i>amlodipine besylate/benazepril hcl caps 10mg; 40mg</i>	1	
<i>amlodipine besylate/benazepril hcl caps 5mg; 40mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 10mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 20mg</i>	1	
<i>amlodipine besylate tabs 10mg</i>	1	
<i>amlodipine besylate tabs 2.5mg</i>	1	
<i>amlodipine besylate tabs 5mg</i>	1	
AZOR TABS 10MG; 20MG	2	
AZOR TABS 10MG; 40MG	2	
AZOR TABS 5MG; 20MG	2	
AZOR TABS 5MG; 40MG	2	
CADUET TABS 10MG; 10MG	3	
CADUET TABS 10MG; 20MG	3	
CADUET TABS 10MG; 40MG	3	
CADUET TABS 10MG; 80MG	3	
CADUET TABS 2.5MG; 10MG	3	
CADUET TABS 2.5MG; 20MG	3	
CADUET TABS 2.5MG; 40MG	3	
CADUET TABS 5MG; 10MG	3	
CADUET TABS 5MG; 20MG	3	
CADUET TABS 5MG; 40MG	3	
CADUET TABS 5MG; 80MG	3	
CALAN SR TBCR 120MG	3	
CALAN SR TBCR 180MG	3	
CALAN SR TBCR 240MG	3	
CALAN TABS 120MG	3	
CALAN TABS 80MG	3	
CARDENE I.V. INJ 2.5MG/ML	3	
CARDENE IV INJ 20MG/200ML; 0.86%	3	
CARDENE IV INJ 4.8%; 20MG/200ML	3	
CARDENE IV INJ 40MG/200ML; 0.83%	3	
CARDENE IV INJ 5%; 40MG/200ML	3	
CARDENE SR CP12 30MG	3	
CARDENE SR CP12 60MG	3	
CARDIZEM CD CP24 120MG	3	
CARDIZEM CD CP24 180MG	3	

Drug Name	Drug Tier	Requirements/Limits
CARDIZEM CD CP24 240MG	3	
CARDIZEM CD CP24 300MG	3	
CARDIZEM CD CP24 360MG	3	
CARDIZEM LA TB24 120MG	2	
CARDIZEM LA TB24 180MG	3	
CARDIZEM LA TB24 240MG	3	
CARDIZEM LA TB24 300MG	3	
CARDIZEM LA TB24 360MG	3	
CARDIZEM LA TB24 420MG	3	
CARDIZEM TABS 120MG	3	
CARDIZEM TABS 30MG	3	
CARDIZEM TABS 60MG	3	
<i>cartia xt cp24 120mg</i>	1	
<i>cartia xt cp24 180mg</i>	1	
<i>cartia xt cp24 240mg</i>	1	
<i>cartia xt cp24 300mg</i>	1	
CLEVIPREX INJ 0.5MG/ML	3	
DILACOR XR CP24 240MG	3	
<i>dilt-cd cp24 300mg</i>	1	
<i>dilt-xr cp24 120mg</i>	1	
<i>dilt-xr cp24 180mg</i>	1	
<i>dilt-xr cp24 240mg</i>	1	
<i>diltiazem cd cp24 120mg</i>	1	
<i>diltiazem cd cp24 180mg</i>	1	
<i>diltiazem cd cp24 180mg</i>	1	
<i>diltiazem cd cp24 180mg</i>	1	
<i>diltiazem cd cp24 180mg</i>	1	
<i>diltiazem cd cp24 180mg</i>	1	
<i>diltiazem cd cp24 180mg</i>	1	
<i>diltiazem cd cp24 180mg</i>	1	
<i>diltiazem cd cp24 180mg</i>	1	
<i>diltiazem cd cp24 180mg</i>	1	
<i>diltiazem cd cp24 180mg</i>	1	
<i>diltiazem cd cp24 180mg</i>	1	
<i>diltiazem cd cp24 240mg</i>	1	
<i>diltiazem cd cp24 300mg</i>	1	
<i>diltiazem hcl cd cp24 360mg</i>	1	
<i>diltiazem hcl er cp12 120mg</i>	1	
<i>diltiazem hcl er cp12 60mg</i>	1	
<i>diltiazem hcl er cp12 90mg</i>	1	
<i>diltiazem hcl er cp24 120mg</i>	1	
<i>diltiazem hcl er cp24 120mg</i>	1	
<i>diltiazem hcl er cp24 120mg</i>	1	
<i>diltiazem hcl er cp24 120mg</i>	1	
<i>diltiazem hcl er cp24 120mg</i>	1	
<i>diltiazem hcl er cp24 120mg</i>	1	
<i>diltiazem hcl er cp24 120mg</i>	1	
<i>diltiazem hcl er cp24 120mg</i>	1	
<i>diltiazem hcl er cp24 120mg</i>	1	
<i>diltiazem hcl er cp24 120mg</i>	1	
<i>diltiazem hcl er cp24 120mg</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<i>diltzac cp24 240mg</i>	1	
<i>diltzac cp24 300mg</i>	1	
<i>diltzac cp24 360mg</i>	1	
EXFORGE HCT TABS 10MG; 12.5MG; 160MG	2	
EXFORGE HCT TABS 10MG; 25MG; 160MG	2	
EXFORGE HCT TABS 10MG; 25MG; 320MG	2	
EXFORGE HCT TABS 5MG; 12.5MG; 160MG	2	
EXFORGE HCT TABS 5MG; 25MG; 160MG	2	
EXFORGE TABS 10MG; 160MG	2	
EXFORGE TABS 10MG; 320MG	2	
EXFORGE TABS 5MG; 160MG	2	
EXFORGE TABS 5MG; 320MG	2	
<i>felodipine er tb24 10mg</i>	1	
<i>felodipine er tb24 2.5mg</i>	1	
<i>felodipine er tb24 5mg</i>	1	
ISOPTIN SR TBCR 120MG	3	
ISOPTIN SR TBCR 180MG	3	
ISOPTIN SR TBCR 240MG	3	
<i>isradipine caps 2.5mg</i>	1	
<i>isradipine caps 5mg</i>	1	
LOTREL CAPS 10MG; 20MG	3	
LOTREL CAPS 10MG; 40MG	3	
LOTREL CAPS 2.5MG; 10MG	3	
LOTREL CAPS 5MG; 10MG	3	
LOTREL CAPS 5MG; 20MG	3	
LOTREL CAPS 5MG; 40MG	3	
<i>matzim la tb24 180mg</i>	1	
<i>matzim la tb24 240mg</i>	1	
<i>matzim la tb24 300mg</i>	1	
<i>matzim la tb24 360mg</i>	1	
<i>matzim la tb24 420mg</i>	1	
<i>nicardipine hcl caps 20mg</i>	1	
<i>nicardipine hcl caps 30mg</i>	1	
<i>nicardipine hcl inj 2.5mg/ml</i>	1	
<i>nifediac cc tb24 30mg</i>	1	
<i>nifediac cc tb24 60mg</i>	1	
<i>nifediac cc tb24 90mg</i>	1	
<i>nifediac cc tb24 90mg</i>	1	
<i>nifedical xl tb24 30mg</i>	1	
<i>nifedical xl tb24 60mg</i>	1	
<i>nifedipine er tb24 30mg</i>	1	
<i>nifedipine er tb24 30mg</i>	1	
<i>nifedipine er tb24 30mg</i>	1	
<i>nifedipine er tb24 30mg</i>	1	
<i>nifedipine er tb24 30mg</i>	1	
<i>nifedipine er tb24 30mg</i>	1	
<i>nifedipine er tb24 30mg</i>	1	
<i>nifedipine er tb24 30mg</i>	1	
<i>nifedipine er tb24 30mg</i>	1	
<i>nifedipine er tb24 30mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine er tb24 30mg</i>	1	
<i>nifedipine er tb24 30mg</i>	1	
<i>nifedipine er tb24 30mg</i>	1	
<i>nifedipine er tb24 60mg</i>	1	
<i>nifedipine er tb24 60mg</i>	1	
<i>nifedipine er tb24 60mg</i>	1	
<i>nifedipine er tb24 60mg</i>	1	
<i>nifedipine er tb24 60mg</i>	1	
<i>nifedipine er tb24 60mg</i>	1	
<i>nifedipine er tb24 60mg</i>	1	
<i>nifedipine er tb24 60mg</i>	1	
<i>nifedipine er tb24 60mg</i>	1	
<i>nifedipine er tb24 60mg</i>	1	
<i>nifedipine er tb24 60mg</i>	1	
<i>nifedipine er tb24 60mg</i>	1	
<i>nifedipine er tb24 90mg</i>	1	
<i>nifedipine er tb24 90mg</i>	1	
<i>nifedipine er tb24 90mg</i>	1	
<i>nifedipine er tb24 90mg</i>	1	
<i>nifedipine er tb24 90mg</i>	1	
<i>nifedipine er tb24 90mg</i>	1	
<i>nifedipine caps 10mg</i>	1	
<i>nifedipine caps 20mg</i>	1	
<i>nimodipine caps 30mg</i>	1	
<i>nisoldipine er tb24 25.5mg</i>	1	
<i>nisoldipine tb24 17mg</i>	1	
<i>nisoldipine tb24 20mg</i>	1	
<i>nisoldipine tb24 30mg</i>	1	
<i>nisoldipine tb24 34mg</i>	1	
<i>nisoldipine tb24 40mg</i>	1	
<i>nisoldipine tb24 8.5mg</i>	1	
NORVASC TABS 10MG	3	
NORVASC TABS 2.5MG	3	
NORVASC TABS 5MG	3	
NYMALIZE SOLN 60MG/20ML	3	
PROCARDIA XL TB24 30MG	3	
PROCARDIA XL TB24 60MG	3	
PROCARDIA XL TB24 90MG	3	
PROCARDIA CAPS 10MG	3	
SULAR TB24 17MG	3	
SULAR TB24 34MG	3	
SULAR TB24 8.5MG	3	
<i>taztia xt cp24 120mg</i>	1	
<i>taztia xt cp24 180mg</i>	1	
<i>taztia xt cp24 240mg</i>	1	
<i>taztia xt cp24 300mg</i>	1	
<i>taztia xt cp24 360mg</i>	1	
TIAZAC CP24 120MG	3	
TIAZAC CP24 180MG	3	

Drug Name	Drug Tier	Requirements/Limits
TIAZAC CP24 240MG	3	
TIAZAC CP24 300MG	3	
TIAZAC CP24 360MG	3	
TIAZAC CP24 420MG	3	
TRIBENZOR TABS 10MG; 12.5MG; 40MG	2	
TRIBENZOR TABS 10MG; 25MG; 40MG	2	
TRIBENZOR TABS 5MG; 12.5MG; 20MG	2	
TRIBENZOR TABS 5MG; 12.5MG; 40MG	2	
TRIBENZOR TABS 5MG; 25MG; 40MG	2	
<i>verapamil hcl er cp24 100mg</i>	1	
<i>verapamil hcl er cp24 120mg</i>	1	
<i>verapamil hcl er cp24 180mg</i>	1	
<i>verapamil hcl er cp24 200mg</i>	1	
<i>verapamil hcl er cp24 240mg</i>	1	
<i>verapamil hcl er cp24 300mg</i>	1	
<i>verapamil hcl er tbc 120mg</i>	1	
<i>verapamil hcl er tbc 180mg</i>	1	
<i>verapamil hcl er tbc 240mg</i>	1	
<i>verapamil hcl sr cp24 360mg</i>	1	
<i>verapamil hcl inj 2.5mg/ml</i>	1	
<i>verapamil hcl tabs 120mg</i>	1	
<i>verapamil hcl tabs 40mg</i>	1	
<i>verapamil hcl tabs 80mg</i>	1	
VERELAN PM CP24 100MG	3	
VERELAN PM CP24 200MG	3	
VERELAN PM CP24 300MG	3	
VERELAN CP24 120MG	3	
VERELAN CP24 180MG	3	
VERELAN CP24 240MG	3	
VERELAN CP24 360MG	3	
<b>Cardiovascular Agents, Other</b>		
AMTURNIDE TABS 150MG; 5MG; 12.5MG	2	
AMTURNIDE TABS 300MG; 10MG; 12.5MG	2	
AMTURNIDE TABS 300MG; 10MG; 25MG	2	
AMTURNIDE TABS 300MG; 5MG; 12.5MG	2	
AMTURNIDE TABS 300MG; 5MG; 25MG	2	
ASCLERA INJ 0.5%	3	
ASCLERA INJ 1%	3	
DEMSER CAPS 250MG	2	
<i>digoxin inj 0.25mg/ml</i>	1	
<i>digoxin soln 0.05mg/ml</i>	1	
<i>digoxin tabs 125mcg</i>	1	
<i>digoxin tabs 250mcg</i>	1	
<i>digox tabs 125mcg</i>	1	
<i>digox tabs 250mcg</i>	1	
<i>dobutamine hcl/d5w inj 5%; 1mg/ml</i>	1	
<i>dobutamine hcl/d5w inj 5%; 2mg/ml</i>	1	
<i>dobutamine hcl/d5w inj 5%; 4mg/ml</i>	1	
<i>dobutamine hcl inj 250mg/20ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dobutamine/dextrose 5% inj 5%; 2mg/ml</i>	1	
<i>dobutamine/dextrose 5% inj 5%; 4mg/ml</i>	1	
<i>dopamine hcl-dextrose 5% inj 5%; 0.8mg/ml</i>	1	
<i>dopamine hcl/dextrose 5% inj 5%; 1.6mg/ml</i>	1	
<i>dopamine hcl inj 160mg/ml</i>	1	
<i>dopamine hcl inj 40mg/ml</i>	1	
<i>dopamine hcl inj 80mg/ml</i>	1	
<i>dopamine/d5w inj 5%; 0.8mg/ml</i>	1	
<i>dopamine/d5w inj 5%; 1.6mg/ml</i>	1	
<i>dopamine/d5w inj 5%; 3.2mg/ml</i>	1	
LANOXIN PEDIATRIC INJ 0.1MG/ML	3	
LANOXIN INJ 0.25MG/ML	3	
LANOXIN TABS 125MCG	3	
LANOXIN TABS 187.5MCG	3	
LANOXIN TABS 250MCG	3	
LANOXIN TABS 62.5MCG	3	
<i>mannitol inj 10%</i>	1	
<i>mannitol inj 15%</i>	1	
<i>mannitol inj 20%</i>	1	
<i>mannitol inj 25%</i>	1	
<i>mannitol inj 5%</i>	1	
<i>milrinone in dextrose inj 5%; 20mg/100ml</i>	1	
<i>milrinone in dextrose inj 5%; 40mg/200ml</i>	1	
NATRECOR INJ 1.5MG	3	
<i>osmitrol viaflex inj 10%</i>	1	
<i>osmitrol viaflex inj 15%</i>	1	
<i>osmitrol viaflex inj 20%</i>	1	
<i>osmitrol viaflex inj 5%</i>	1	
<i>pentoxifylline er tbc 400mg</i>	1	
RANEXA TB12 1000MG	2	
RANEXA TB12 500MG	2	
SOTRADECOL INJ 1%	3	
SOTRADECOL INJ 3%	3	
TEKAMLO TABS 150MG; 10MG	2	
TEKAMLO TABS 150MG; 5MG	2	
TEKAMLO TABS 300MG; 10MG	2	
TEKAMLO TABS 300MG; 5MG	2	
TEKTURNA HCT TABS 150MG; 12.5MG	2	
TEKTURNA HCT TABS 150MG; 25MG	2	
TEKTURNA HCT TABS 300MG; 12.5MG	2	
TEKTURNA HCT TABS 300MG; 25MG	2	
TEKTURNA TABS 150MG	2	
TEKTURNA TABS 300MG	2	
VECAMYL TABS 2.5MG	3	
<b>Cardiovascular Agents</b>		
LEVOPHED INJ 1MG/ML	3	
LEVOPHED INJ 1MG/ML	3	
<i>norepinephrine bitartrate inj 1mg/ml</i>	1	
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		



Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide sodium inj 500mg</i>	1	
<i>acetazolamide tabs 125mg</i>	1	
<i>acetazolamide tabs 250mg</i>	1	
<i>methazolamide tabs 25mg</i>	1	
<i>methazolamide tabs 50mg</i>	1	
NEPTAZANE TABS 25MG	3	
NEPTAZANE TABS 50MG	3	
<b>Diuretics, Loop</b>		
<i>bumetanide inj 0.25mg/ml</i>	1	
<i>bumetanide tabs 0.5mg</i>	1	
<i>bumetanide tabs 1mg</i>	1	
<i>bumetanide tabs 2mg</i>	1	
DEMADEX TABS 100MG	3	
DEMADEX TABS 10MG	3	
DEMADEX TABS 20MG	3	
DEMADEX TABS 5MG	3	
EDECRIN TABS 25MG	3	
<i>furosemide inj 10mg/ml</i>	1	
<i>furosemide soln 10mg/ml</i>	1	
<i>furosemide soln 8mg/ml</i>	1	
<i>furosemide tabs 20mg</i>	1	
<i>furosemide tabs 40mg</i>	1	
<i>furosemide tabs 80mg</i>	1	
LASIX TABS 20MG	3	
LASIX TABS 40MG	3	
LASIX TABS 80MG	3	
SODIUM EDECRIN INJ 50MG	3	
<i>toremide inj 20mg/2ml</i>	1	
<i>toremide tabs 100mg</i>	1	
<i>toremide tabs 10mg</i>	1	
<i>toremide tabs 20mg</i>	1	
<i>toremide tabs 5mg</i>	1	
<b>Diuretics, Potassium-sparing</b>		
ALDACTAZIDE TABS 25MG; 25MG	3	
ALDACTAZIDE TABS 50MG; 50MG	3	
ALDACTONE TABS 100MG	3	
ALDACTONE TABS 25MG	3	
ALDACTONE TABS 50MG	3	
<i>amiloride hcl tabs 5mg</i>	1	
<i>amiloride/hydrochlorothiazide tabs 5mg; 50mg</i>	1	
DYAZIDE CAPS 25MG; 37.5MG	3	
DYRENIUM CAPS 100MG	3	
DYRENIUM CAPS 50MG	3	
<i>eplerenone tabs 25mg</i>	1	
<i>eplerenone tabs 50mg</i>	1	
INSPIRA TABS 25MG	3	
INSPIRA TABS 50MG	3	
MAXZIDE-25 TABS 25MG; 37.5MG	3	
MAXZIDE TABS 50MG; 75MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone/hydrochlorothiazide tabs 25mg; 25mg</i>	1	
<i>spironolactone tabs 100mg</i>	1	
<i>spironolactone tabs 25mg</i>	1	
<i>spironolactone tabs 50mg</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 50mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs 50mg; 75mg</i>	1	
<b>Diuretics, Thiazide</b>		
ATACAND HCT TABS 16MG; 12.5MG	3	
ATACAND HCT TABS 32MG; 12.5MG	3	
ATACAND HCT TABS 32MG; 25MG	3	
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 25mg</i>	1	
<i>chlorothiazide sodium inj 500mg</i>	1	
<i>chlorothiazide tabs 250mg</i>	1	
<i>chlorothiazide tabs 500mg</i>	1	
<i>chlorthalidone tabs 25mg</i>	1	
<i>chlorthalidone tabs 50mg</i>	1	
DIURIL SUSP 250MG/5ML	3	
<i>hydrochlorothiazide caps 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 25mg</i>	1	
<i>hydrochlorothiazide tabs 50mg</i>	1	
<i>indapamide tabs 1.25mg</i>	1	
<i>indapamide tabs 2.5mg</i>	1	
<i>methyclothiazide tabs 5mg</i>	1	
<i>metolazone tabs 10mg</i>	1	
<i>metolazone tabs 2.5mg</i>	1	
<i>metolazone tabs 5mg</i>	1	
MICROZIDE CAPS 12.5MG	3	
SODIUM DIURIL INJ 500MG	3	
ZAROXOLYN TABS 2.5MG	3	
ZAROXOLYN TABS 5MG	3	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
ANTARA CAPS 130MG	3	
ANTARA CAPS 30MG	3	
ANTARA CAPS 43MG	3	
ANTARA CAPS 90MG	3	
<i>fenofibrate micronized caps 134mg</i>	1	
<i>fenofibrate micronized caps 200mg</i>	1	
<i>fenofibrate micronized caps 67mg</i>	1	
<i>fenofibrate caps 130mg</i>	1	
<i>fenofibrate caps 150mg</i>	1	
<i>fenofibrate caps 43mg</i>	1	
<i>fenofibrate caps 50mg</i>	1	
<i>fenofibrate tabs 145mg</i>	1	
<i>fenofibrate tabs 160mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate tabs 48mg</i>	1	
<i>fenofibrate tabs 54mg</i>	1	
<i>fenofibric acid dr cpdr 135mg</i>	1	
<i>fenofibric acid dr cpdr 45mg</i>	1	
<i>fenofibric acid tabs 105mg</i>	1	
<i>fenofibric acid tabs 35mg</i>	1	
FENOGLIDE TABS 120MG	2	
FENOGLIDE TABS 40MG	2	
FIBRICOR TABS 105MG	3	ST
FIBRICOR TABS 35MG	3	ST
<i>gemfibrozil tabs 600mg</i>	1	
LIPOFEN CAPS 150MG	3	
LIPOFEN CAPS 50MG	3	
LOFIBRA CAPS 134MG	3	
LOFIBRA CAPS 200MG	3	
LOFIBRA CAPS 67MG	3	
LOFIBRA TABS 160MG	3	
LOFIBRA TABS 54MG	3	
LOPID TABS 600MG	3	
TRICOR TABS 145MG	3	
TRICOR TABS 48MG	3	
TRIGLIDE TABS 160MG	3	
TRILIPIX CPDR 135MG	3	
TRILIPIX CPDR 45MG	3	
<b><i>Dyslipidemics, HMG CoA Reductase Inhibitors</i></b>		
ADVICOR TB24 20MG; 1000MG	3	
ADVICOR TB24 20MG; 500MG	3	
ADVICOR TB24 20MG; 750MG	3	
ADVICOR TB24 40MG; 1000MG	3	
ALTOPREV TB24 20MG	2	
ALTOPREV TB24 40MG	2	
ALTOPREV TB24 60MG	2	
<i>atorvastatin calcium tabs 10mg</i>	1	
<i>atorvastatin calcium tabs 20mg</i>	1	
<i>atorvastatin calcium tabs 40mg</i>	1	
<i>atorvastatin calcium tabs 80mg</i>	1	
CRESTOR TABS 10MG	2	
CRESTOR TABS 20MG	2	
CRESTOR TABS 40MG	2	
CRESTOR TABS 5MG	2	
<i>fluvastatin caps 20mg</i>	1	
<i>fluvastatin caps 40mg</i>	1	
LESCOL XL TB24 80MG	3	
LESCOL CAPS 20MG	3	
LESCOL CAPS 40MG	3	
LIPITOR TABS 10MG	3	
LIPITOR TABS 20MG	3	
LIPITOR TABS 40MG	3	
LIPITOR TABS 80MG	3	

Drug Name	Drug Tier	Requirements/Limits
LIPTRUZET TABS 10MG; 10MG	3	
LIPTRUZET TABS 20MG; 10MG	3	
LIPTRUZET TABS 40MG; 10MG	3	
LIPTRUZET TABS 80MG; 10MG	3	
LIVALO TABS 1MG	3	
LIVALO TABS 2MG	3	
LIVALO TABS 4MG	3	
<i>lovastatin tabs 10mg</i>	1	
<i>lovastatin tabs 20mg</i>	1	
<i>lovastatin tabs 40mg</i>	1	
MEVACOR TABS 20MG	3	
MEVACOR TABS 40MG	3	
PRAVACHOL TABS 20MG	3	
PRAVACHOL TABS 40MG	3	
PRAVACHOL TABS 80MG	3	
<i>pravastatin sodium tabs 10mg</i>	1	
<i>pravastatin sodium tabs 20mg</i>	1	
<i>pravastatin sodium tabs 40mg</i>	1	
<i>pravastatin sodium tabs 80mg</i>	1	
SIMCOR TB24 1000MG; 20MG	2	
SIMCOR TB24 1000MG; 40MG	2	
SIMCOR TB24 500MG; 20MG	2	
SIMCOR TB24 500MG; 40MG	2	
SIMCOR TB24 750MG; 20MG	2	
<i>simvastatin tabs 10mg</i>	1	
<i>simvastatin tabs 20mg</i>	1	
<i>simvastatin tabs 40mg</i>	1	
<i>simvastatin tabs 5mg</i>	1	
<i>simvastatin tabs 80mg</i>	1	
ZOCOR TABS 10MG	3	
ZOCOR TABS 20MG	3	
ZOCOR TABS 40MG	3	
ZOCOR TABS 5MG	3	
ZOCOR TABS 80MG	3	
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light pack 4gm</i>	1	
<i>cholestyramine light powd 4gm/dose</i>	1	
<i>cholestyramine light powd 4gm/dose</i>	1	
<i>cholestyramine powd 4gm/dose</i>	1	
<i>cholestyramine powd 4gm/dose</i>	1	
<i>cholestyramine powd 4gm/dose</i>	1	
COLESTID GRAN 5GM	3	
COLESTID TABS 1GM	3	
<i>colestipol hcl gran 5gm</i>	1	
<i>colestipol hcl tabs 1gm</i>	1	
JUXTAPID CAPS 10MG	2	PA
JUXTAPID CAPS 20MG	2	PA
JUXTAPID CAPS 5MG	2	PA
KYNAMRO INJ 200MG/ML	3	PA

Drug Name	Drug Tier	Requirements/Limits
LOVAZA CAPS 375MG; 465MG; 1GM	3	
<i>niacin er tbc 1000mg</i>	1	
<i>niacin er tbc 500mg</i>	1	
<i>niacin er tbc 750mg</i>	1	
<i>niacor tabs 500mg</i>	1	
NIASPAN TBCR 1000MG	3	
NIASPAN TBCR 500MG	3	
NIASPAN TBCR 750MG	3	
<i>omega-3-acid ethyl esters caps 375mg; 465mg; 1gm</i>	1	
<i>prevalite pack 4gm</i>	1	
<i>prevalite pack 4gm</i>	1	
<i>prevalite pack 4gm</i>	1	
<i>prevalite powd 4gm/dose</i>	1	
QUESTRAN LIGHT POWD 4GM/DOSE	3	
QUESTRAN PACK 4GM	3	
QUESTRAN POWD 4GM/DOSE	3	
VASCEPA CAPS 1GM	2	
VYTORIN TABS 10MG; 10MG	2	
VYTORIN TABS 10MG; 20MG	2	
VYTORIN TABS 10MG; 40MG	2	
VYTORIN TABS 10MG; 80MG	2	
WELCHOL PACK 3.75GM	2	
WELCHOL TABS 625MG	2	
ZETIA TABS 10MG	2	
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
BIDIL TABS 37.5MG; 20MG	2	
DILATRATE SR CPR 40MG	2	
IMDUR TB24 120MG	3	
IMDUR TB24 30MG	3	
IMDUR TB24 60MG	3	
<i>isoditrate er tbc 40mg</i>	1	
ISORDIL TITRADOSE TABS 40MG	3	
ISORDIL TITRADOSE TABS 5MG	3	
<i>isosorbide dinitrate er tbc 40mg</i>	1	
<i>isosorbide dinitrate tabs 10mg</i>	1	
<i>isosorbide dinitrate tabs 20mg</i>	1	
<i>isosorbide dinitrate tabs 30mg</i>	1	
<i>isosorbide dinitrate tabs 5mg</i>	1	
<i>isosorbide mononitrate er tb24 120mg</i>	1	
<i>isosorbide mononitrate er tb24 30mg</i>	1	
<i>isosorbide mononitrate er tb24 60mg</i>	1	
<i>isosorbide mononitrate tabs 10mg</i>	1	
<i>isosorbide mononitrate tabs 20mg</i>	1	
<i>minitran pt24 0.1mg/hr</i>	1	
<i>minitran pt24 0.2mg/hr</i>	1	
<i>minitran pt24 0.4mg/hr</i>	1	
<i>minitran pt24 0.6mg/hr</i>	1	
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 0.1MG/HR	3	

Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR PT24 0.2MG/HR	3	
NITRO-DUR PT24 0.3MG/HR	2	
NITRO-DUR PT24 0.4MG/HR	3	
NITRO-DUR PT24 0.6MG/HR	3	
NITRO-DUR PT24 0.8MG/HR	2	
<i>nitroglycerin in 5% dextrose inj 5%; 200mcg/ml</i>	1	
<i>nitroglycerin in 5% dextrose inj 5%; 400mcg/ml</i>	1	
<i>nitroglycerin in dextrose 5% inj 5%; 100mcg/ml</i>	1	
<i>nitroglycerin in dextrose 5% inj 5%; 200mcg/ml</i>	1	
<i>nitroglycerin in dextrose 5% inj 5%; 400mcg/ml</i>	1	
<i>nitroglycerin lingual aers 400mcg/spray</i>	1	
<i>nitroglycerin lingual soln 0.4mg/spray</i>	1	
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	1	
<i>nitroglycerin inj 5mg/ml</i>	1	
<i>nitroglycerin pt24 0.2mg/hr</i>	1	
<i>nitroglycerin pt24 0.4mg/hr</i>	1	
<i>nitroglycerin pt24 0.6mg/hr</i>	1	
NITROLINGUAL PUMPSPRAY SOLN 0.4MG/SPRAY	3	
NITROMIST AERS 400MCG/SPRAY	3	
NITRONAL INJ 1MG/ML	3	
NITRONAL INJ 1MG/ML	3	
NITROSTAT SUBL 0.3MG	2	
NITROSTAT SUBL 0.4MG	2	
NITROSTAT SUBL 0.6MG	2	
RECTIV OINT 0.4%	3	
<b><i>Vasodilators, Direct-acting Arterial</i></b>		
CORLOPAM INJ 10MG/ML	3	
CORLOPAM INJ 10MG/ML	3	
<i>fenoldopam mesylate inj 10mg/ml</i>	1	
<i>fenoldopam mesylate inj 10mg/ml</i>	1	
<i>hydralazine hcl inj 20mg/ml</i>	1	
<i>hydralazine hcl tabs 100mg</i>	1	
<i>hydralazine hcl tabs 10mg</i>	1	
<i>hydralazine hcl tabs 25mg</i>	1	
<i>hydralazine hcl tabs 50mg</i>	1	
<i>minoxidil tabs 10mg</i>	1	
<i>minoxidil tabs 2.5mg</i>	1	
NITROPRESS INJ 25MG/ML	3	
<b>Central Nervous System Agents</b>		
<b><i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i></b>		
ADDERALL XR CP24 1.25MG; 1.25MG; 1.25MG; 1.25MG	3	QL (30 EA per 30 days)
ADDERALL XR CP24 2.5MG; 2.5MG; 2.5MG; 2.5MG	3	QL (30 EA per 30 days)
ADDERALL XR CP24 3.75MG; 3.75MG; 3.75MG; 3.75MG	3	QL (30 EA per 30 days)
ADDERALL XR CP24 5MG; 5MG; 5MG; 5MG	3	QL (30 EA per 30 days)
ADDERALL XR CP24 6.25MG; 6.25MG; 6.25MG; 6.25MG	3	QL (30 EA per 30 days)
ADDERALL XR CP24 7.5MG; 7.5MG; 7.5MG; 7.5MG	3	QL (30 EA per 30 days)
ADDERALL TABS 1.25MG; 1.25MG; 1.25MG; 1.25MG	3	QL (60 EA per 30 days)
ADDERALL TABS 1.875MG; 1.875MG; 1.875MG; 1.875MG	3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ADDERALL TABS 2.5MG; 2.5MG; 2.5MG; 2.5MG	3	QL (60 EA per 30 days)
ADDERALL TABS 3.125MG; 3.125MG; 3.125MG; 3.125MG	3	QL (60 EA per 30 days)
ADDERALL TABS 3.75MG; 3.75MG; 3.75MG; 3.75MG	3	QL (60 EA per 30 days)
ADDERALL TABS 5MG; 5MG; 5MG; 5MG	3	QL (60 EA per 30 days)
ADDERALL TABS 7.5MG; 7.5MG; 7.5MG; 7.5MG	3	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	1	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	1	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	1	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg</i>	1	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	1	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	1	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	1	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	1	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	1	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	1	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	1	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg</i>	1	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	1	QL (60 EA per 30 days)
DESOXYN TABS 5MG	3	QL (150 EA per 30 days)
DEXEDRINE CP24 10MG	3	QL (180 EA per 30 days)
DEXEDRINE CP24 15MG	3	QL (120 EA per 30 days)
DEXEDRINE CP24 5MG	3	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 10mg</i>	1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 15mg</i>	1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 5mg</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	1	
<i>dextroamphetamine sulfate tabs 10mg</i>	1	
<i>dextroamphetamine sulfate tabs 5mg</i>	1	
<i>methamphetamine hcl tabs 5mg</i>	1	QL (150 EA per 30 days)
<i>procentra soln 5mg/5ml</i>	1	
VYVANSE CAPS 20MG	2	QL (30 EA per 30 days)
VYVANSE CAPS 30MG	2	QL (30 EA per 30 days)
VYVANSE CAPS 40MG	2	QL (30 EA per 30 days)
VYVANSE CAPS 50MG	2	QL (30 EA per 30 days)
VYVANSE CAPS 60MG	2	QL (30 EA per 30 days)
VYVANSE CAPS 70MG	2	QL (30 EA per 30 days)
<i>zenzedi tabs 10mg</i>	1	



Drug Name	Drug Tier	Requirements/Limits
ZENZEDI TABS 15MG	3	QL (90 EA per 30 days)
ZENZEDI TABS 2.5MG	3	QL (180 EA per 30 days)
ZENZEDI TABS 20MG	3	QL (60 EA per 30 days)
ZENZEDI TABS 30MG	3	QL (60 EA per 30 days)
<i>zenzedi tabs 5mg</i>	1	
ZENZEDI TABS 7.5MG	3	QL (180 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
CONCERTA TBCR 18MG	3	QL (120 EA per 30 days)
CONCERTA TBCR 27MG	3	QL (30 EA per 30 days)
CONCERTA TBCR 36MG	3	QL (60 EA per 30 days)
CONCERTA TBCR 54MG	3	QL (30 EA per 30 days)
DAYTRANA PTCH 10MG/9HR	2	QL (30 EA per 30 days)
DAYTRANA PTCH 15MG/9HR	2	QL (30 EA per 30 days)
DAYTRANA PTCH 20MG/9HR	2	QL (30 EA per 30 days)
DAYTRANA PTCH 30MG/9HR	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er cp24 15mg</i>	1	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er cp24 30mg</i>	1	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er cp24 40mg</i>	1	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl tabs 2.5mg</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl tabs 5mg</i>	1	QL (60 EA per 30 days)
FOCALIN XR CP24 10MG	3	QL (30 EA per 30 days)
FOCALIN XR CP24 15MG	3	QL (30 EA per 30 days)
FOCALIN XR CP24 20MG	3	QL (60 EA per 30 days)
FOCALIN XR CP24 25MG	3	QL (30 EA per 30 days)
FOCALIN XR CP24 30MG	3	QL (30 EA per 30 days)
FOCALIN XR CP24 35MG	3	QL (30 EA per 30 days)
FOCALIN XR CP24 40MG	3	QL (30 EA per 30 days)
FOCALIN XR CP24 5MG	3	QL (30 EA per 30 days)
FOCALIN TABS 10MG	3	QL (60 EA per 30 days)
FOCALIN TABS 2.5MG	3	QL (60 EA per 30 days)
FOCALIN TABS 5MG	3	QL (60 EA per 30 days)
INTUNIV TB24 1MG	2	
INTUNIV TB24 2MG	2	
INTUNIV TB24 3MG	2	
INTUNIV TB24 4MG	2	
METADATE CD CPR 10MG	3	QL (60 EA per 30 days)
METADATE CD CPR 20MG	3	QL (60 EA per 30 days)
METADATE CD CPR 30MG	3	QL (60 EA per 30 days)
METADATE CD CPR 40MG	3	QL (30 EA per 30 days)
METADATE CD CPR 50MG	3	QL (30 EA per 30 days)
METADATE CD CPR 60MG	3	QL (30 EA per 30 days)
<i>metadate er tbcR 20mg</i>	1	QL (90 EA per 30 days)
<i>methylin chew 10mg</i>	1	QL (180 EA per 30 days)
<i>methylin chew 2.5mg</i>	1	QL (720 EA per 30 days)
<i>methylin chew 5mg</i>	1	QL (360 EA per 30 days)
METHYLIN SOLN 10MG/5ML	3	
METHYLIN SOLN 5MG/5ML	3	

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cd cpr 10mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl cd cpr 20mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl cd cpr 20mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl cd cpr 30mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl cd cpr 30mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl cd cpr 40mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl cd cpr 40mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl cd cpr 50mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl cd cpr 60mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er cp24 20mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl er cp24 30mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl er cp24 40mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er tbc 10mg</i>	1	QL (180 EA per 30 days)
<i>methylphenidate hcl er tbc 18mg</i>	1	QL (120 EA per 30 days)
<i>methylphenidate hcl er tbc 20mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl er tbc 27mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er tbc 36mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl er tbc 54mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl tabs 10mg</i>	1	QL (180 EA per 30 days)
<i>methylphenidate hcl tabs 20mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl tabs 5mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride soln 10mg/5ml</i>	1	
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	1	
QUILLIVANT XR SUSR 25MG/5ML	3	QL (360 ML per 30 days)
RITALIN LA CP24 10MG	3	QL (180 EA per 30 days)
RITALIN LA CP24 20MG	3	QL (60 EA per 30 days)
RITALIN LA CP24 30MG	3	QL (60 EA per 30 days)
RITALIN LA CP24 40MG	3	QL (30 EA per 30 days)
RITALIN SR TBCR 20MG	3	QL (90 EA per 30 days)
RITALIN TABS 10MG	3	QL (180 EA per 30 days)
RITALIN TABS 20MG	3	QL (90 EA per 30 days)
RITALIN TABS 5MG	3	QL (90 EA per 30 days)
STRATTERA CAPS 100MG	2	QL (30 EA per 30 days)
STRATTERA CAPS 10MG	2	QL (30 EA per 30 days)
STRATTERA CAPS 18MG	2	QL (30 EA per 30 days)
STRATTERA CAPS 25MG	2	QL (30 EA per 30 days)
STRATTERA CAPS 40MG	2	QL (30 EA per 30 days)
STRATTERA CAPS 60MG	2	QL (30 EA per 30 days)
STRATTERA CAPS 80MG	2	QL (30 EA per 30 days)
<b>Central Nervous System Agents</b>		
LEVACET TABS 250MG; 500MG; 32.5MG; 150MG	3	
<b>Central Nervous System, Other</b>		
CAFCIT INJ 60MG/3ML	3	
CAFCIT SOLN 60MG/3ML	3	
<i>caffeine citrate inj 60mg/3ml</i>	1	
<i>caffeine citrate soln 20mg/ml</i>	1	
<i>caffeine/sodium benzoate inj 125mg/ml; 125mg/ml</i>	1	
<i>flumazenil inj 1mg/10ml</i>	1	
HETLIOZ CAPS 20MG	3	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
HORIZANT TB24 300MG	3	QL (60 EA per 30 days)
HORIZANT TB24 600MG	3	QL (60 EA per 30 days)
NUEDEXTA CAPS 20MG; 10MG	2	
RILUTEK TABS 50MG	3	
<i>riluzole tabs 50mg</i>	1	
XENAZINE TABS 12.5MG	2	PA
XENAZINE TABS 25MG	2	PA
<b>Fibromyalgia Agents</b>		
SAVELLA TITRATION PACK MISC 0	3	QL (55 EA per 365 days)
SAVELLA TABS 100MG	2	QL (60 EA per 30 days)
SAVELLA TABS 12.5MG	2	QL (60 EA per 30 days)
SAVELLA TABS 25MG	2	QL (60 EA per 30 days)
SAVELLA TABS 50MG	2	QL (60 EA per 30 days)
<b>Multiple Sclerosis Agents</b>		
AMPYRA TB12 10MG	2	
AUBAGIO TABS 14MG	3	PA
AUBAGIO TABS 7MG	3	PA
AVONEX INJ 30MCG/0.5ML	2	PA
AVONEX INJ 30MCG/VIAL	2	PA
BETASERON INJ 0.3MG	3	PA
COPAXONE INJ 20MG/ML	2	PA
COPAXONE INJ 40MG/ML	2	PA
EXTAVIA INJ 0.3MG	3	PA
GILENYA CAPS 0.5MG	3	PA
REBIF TITRATION PACK INJ 0	2	PA
REBIF INJ 22MCG/0.5ML	2	PA
REBIF INJ 44MCG/0.5ML	2	PA
TYSABRI INJ 300MG/15ML	3	PA
<b>Dental and Oral Agents</b>		
<b>Dental and Oral Agents</b>		
ARESTIN MISC 1MG	3	
<i>cevimeline hcl caps 30mg</i>	1	
<i>chlorhexidine gluconate oral rinse soln 0.12%</i>	1	
<i>easygel gel 0.4%</i>	1	
EVOXAC CAPS 30MG	3	
FIRST-BXN MOUTHWASH SUSP 0.2GM/237ML; 1.6GM/237ML; 1.6GM/237ML	3	
FIRST-DUKES MOUTHWASH SUSP 0.525GM/237ML; 0.06GM/237ML; 0.6GM/237ML	3	
FIRST-MARYS MOUTHWASH SUSP 0.45GM/237ML; 0.06GM/237ML; 1.2GM/237ML; 1.5GM/237ML	3	
FLUORIDEX DAILY DEFENSE SENSITIVITY RELIEF GEL 5%; 1.1%	3	
<i>fluoridex daily defense sensitivity relief pste 5%; 1.1%</i>	1	
GEL-KAM ORAL CARE RINSE CONC 0.63%	3	
KEPIVANCE INJ 6.25MG	2	
<i>oralone pste 0.1%</i>	1	
PERIDEX SOLN 0.12%	3	
<i>periogard soln 0.12%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl tabs 7.5mg</i>	1	
<i>pilocarpine hydrochloride tabs 5mg</i>	1	
PREVIDENT 5000 ENAMEL PROTECT PSTE 5%; 1.1%	3	
PREVIDENT 5000 SENSITIVE PSTE 5%; 1.1%	3	
SALAGEN TABS 5MG	3	
SALAGEN TABS 7.5MG	3	
<i>stannous fluoride oral rinse conc 0.63%</i>	1	
<i>topex topical anesthetic soln 20%</i>	1	
<i>triamcinolone in orabase pste 0.1%</i>	1	

### Dermatological Agents

#### *Dermatological Agents*

8-MOP CAPS 10MG	3	
ABSORICA CAPS 10MG	3	
ABSORICA CAPS 20MG	3	
ABSORICA CAPS 30MG	3	
ABSORICA CAPS 40MG	3	
ACANYA GEL 2.5%; 1.2%	2	
<i>acitretin caps 10mg</i>	1	
<i>acitretin caps 17.5mg</i>	1	
<i>acitretin caps 25mg</i>	1	
ACLOVATE CREA 0.05%	3	
ACZONE GEL 5%	3	
<i>adapalene crea 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA
<i>adapalene gel 0.3%</i>	1	PA
<i>ala cort crea 1%</i>	1	
ALA SCALP LOTN 2%	3	
<i>alclometasone dipropionate crea 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
ALDARA CREA 5%	3	
<i>aliclén sham 6%</i>	1	
<i>alphatrex gel 0.05%</i>	1	
<i>alphatrex gel 0.05%</i>	1	
<i>amcinonide crea 0.1%</i>	1	
<i>amcinonide lotn 0.1%</i>	1	
<i>amcinonide oint 0.1%</i>	1	
<i>ammonium lactate crea 12%</i>	1	
<i>ammonium lactate lotn 12%</i>	1	
<i>amnestem caps 10mg</i>	1	
<i>amnestem caps 20mg</i>	1	
<i>amnestem caps 40mg</i>	1	
ANACAINE OINT 10%	3	
APEXICON E CREA 0.05%	3	
<i>apexicon oint 0.05%</i>	1	
<i>apexicon oint 0.05%</i>	1	
ATRALIN GEL 0.05%	2	PA
<i>augmented betamethasone dipropionate crea 0.05%</i>	1	
<i>augmented betamethasone dipropionate gel 0.05%</i>	1	
<i>augmented betamethasone dipropionate lotn 0.05%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>augmented betamethasone dipropionate oint 0.05%</i>	1	
<i>avar cleanser emul 10%; 5%</i>	1	
AVAR LS CLEANSER LIQD 10%; 2%	3	
<i>avar-e emollient crea 10%; 5%</i>	1	
<i>avar-e green crea 10%; 5%</i>	1	
AVAR-E LS CREA 10%; 2%	3	
<i>avita crea 0.025%</i>	1	PA
<i>avita gel 0.025%</i>	1	PA
AZELEX CREA 20%	2	
BENSAL HP OINT 6%; 3%	3	
BENZAC AC WASH LIQD 5%	3	
BENZAC W WASH LIQD 5%	3	
BENZAACLIN WITH PUMP GEL 5%; 1%	3	
BENZAACLIN GEL 5%; 1%	3	
BENZAMYCIN GEL 5%; 3%	3	
BENZAMYCINPAK PACK 5%; 3%	3	
BENZEFOAM FOAM 5.3%	3	
BENZEFOAMULTRA FOAM 9.8%	3	
<i>benzepro short contact foam 9.8%</i>	1	
<i>benzepro foam 5.3%</i>	1	
BENZIQLS GEL 2.75%	3	
<i>benziq wash liqd 5.25%</i>	1	
BENZIQLS GEL 5.25%	3	
<i>benzoyl peroxide short contact foam 9.8%</i>	1	
<i>benzoyl peroxide wash acne treatment pack kit 0</i>	1	
<i>benzoyl peroxide foam 5.3%</i>	1	
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>betamethasone dipropionate crea 0.05%</i>	1	
<i>betamethasone dipropionate lotn 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>betamethasone valerate crea 0.1%</i>	1	
<i>betamethasone valerate foam 0.12%</i>	1	
<i>betamethasone valerate lotn 0.1%</i>	1	
<i>betamethasone valerate oint 0.1%</i>	1	
<i>bp 10-1 emul 10%; 1%</i>	1	
<i>bp cleansing wash emul 10%; 4%; 10%</i>	1	
<i>bp foam foam 5.3%</i>	1	
<i>bp foam foam 9.8%</i>	1	
<i>bp wash liqd 2.5%</i>	1	
<i>bp wash liqd 7%</i>	1	
<i>bpo 3% foaming cloths misc 3%</i>	1	
<i>bpo 6% foaming cloths misc 6%</i>	1	
<i>bpo 9% foaming cloths misc 9%</i>	1	
<i>bpo creamy wash complete pack kit 0</i>	1	
<i>bpo gel 4%</i>	1	
<i>bpo gel 8%</i>	1	
<i>calcipotriene/betamethasone dipropionate oint 0.064%; 0.005%</i>	1	QL (400 GM per 30 days)
<i>calcipotriene crea 0.005%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene oint 0.005%</i>	1	
<i>calcipotriene soln 0.005%</i>	1	
<i>calcitrene oint 0.005%</i>	1	
<i>calcitriol oint 3mcg/gm</i>	1	
CAPEX SHAM 0.01%	3	
CARAC CREA 0.5%	2	
CARMOL-HC CREA 1%; 10%	3	
<i>cerisa wash emul 10%; 1%</i>	1	
<i>claravis caps 10mg</i>	1	
<i>claravis caps 20mg</i>	1	
<i>claravis caps 30mg</i>	1	
<i>claravis caps 40mg</i>	1	
CLARIFOAM EF FOAM 10%; 5%	3	
<i>claris clarifying wash emul 10%; 4%; 0</i>	1	
<i>clearplex x gel 10%</i>	1	
CLEOCIN-T GEL 1%	3	
CLEOCIN-T LOTN 1%	3	
CLEOCIN-T SOLN 1%	3	
CLEOCIN-T SWAB 1%	3	
<i>clindacin etz pledgets swab 1%</i>	1	
CLINDACIN-P SWAB 1%	3	
CLINDAGEL GEL 1%	3	
<i>clindamax gel 1%</i>	1	
<i>clindamax gel 1%</i>	1	
<i>clindamax lotn 1%</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotn 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	1	
<i>clindamycin/benzoyl peroxide gel 5%; 1.2%</i>	1	
<i>clindamycin/benzoyl peroxide gel 5%; 1.2%</i>	1	
<i>clobetasol propionate e crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate lotn 0.05%</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate sham 0.05%</i>	1	
<i>clobetasol propionate soln 0.05%</i>	1	
CLOBEX LIQD 0.05%	2	
CLOBEX LOTN 0.05%	3	
CLOBEX SHAM 0.05%	3	
<i>clocortolone pivalate crea 0.1%</i>	1	
CLODAN KIT KIT 0.05%	3	
CLODERM PUMP CREA 0.1%	3	
CLODERM CREA 0.1%	3	
CLODERM CREA 0.1%	3	
CONDYLOX GEL 0.5%	2	
CONDYLOX SOLN 0.5%	3	
CORDRAN TAPE TAPE 4MCG/SQCM	2	
CORDRAN CREA 0.05%	2	
CORDRAN LOTN 0.05%	2	
<i>cormax scalp application soln 0.05%</i>	1	
<i>cortalo gel 0; 2%</i>	1	
CORTISPORIN CREA 0.5%; 0.5%; 10000UNIT/GM	3	
CORTISPORIN OINT 400UNIT/GM; 1%; 0.5%; 5000UNIT/GM	3	
CURITY GAUZE PADS 2"X2" PADS	3	
CUTIVATE CREA 0.05%	3	
CUTIVATE LOTN 0.05%	3	
CUTIVATE OINT 0.005%	3	
DERMA-SMOOTH/FS BODY OIL 0.01%	3	
DERMA-SMOOTH/FS SCALP OIL 0.01%	3	
DERMASORB TA KIT 0; 0; 0; 0.1%	3	
DERMATOP CREA 0.1%	3	
DERMATOP OINT 0.1%	3	
DESONATE GEL 0.05%	3	
<i>desonide crea 0.05%</i>	1	
<i>desonide lotn 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
DESOWEN CREA 0.05%	3	
DESOWEN LOTN 0.05%	3	
DESOWEN OINT 0.05%	3	
<i>desoximetasone crea 0.05%</i>	1	
<i>desoximetasone crea 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
<i>desoximetasone oint 0.05%</i>	1	
<i>desoximetasone oint 0.25%</i>	1	
<i>diclofenac sodium soln 1.5%</i>	1	
DIFFERIN CREA 0.1%	3	PA
DIFFERIN GEL 0.1%	3	PA
DIFFERIN GEL 0.3%	3	PA
DIFFERIN LOTN 0.1%	2	PA
<i>diflorasone diacetate crea 0.05%</i>	1	
<i>diflorasone diacetate oint 0.05%</i>	1	



Drug Name	Drug Tier	Requirements/Limits
DIPROLENE AF CREA 0.05%	3	
DIPROLENE LOTN 0.05%	3	
DIPROLENE OINT 0.05%	3	
DOVONEX CREA 0.005%	3	
<i>dritho-creme hp crea 1%</i>	1	
DRYSOL SOLN 20%	3	
DUAC GEL 5%; 1.2%	3	
EFUDEX CREA 5%	3	
ELIDEL CREA 1%	2	
ELOCON CREA 0.1%	3	
ELOCON LOTN 0.1%	3	
ELOCON OINT 0.1%	3	
EPIDUO GEL 0.1%; 2.5%	2	
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	1	
EVOCLIN FOAM 1%	3	
FABIOR FOAM 0.1%	3	
FINACEA GEL 15%	2	
FIRST-HYDROCORTISONE GEL 10%	3	
<i>fluocinolone acetonide body oil 0.01%</i>	1	
<i>fluocinolone acetonide scalp oil 0.01%</i>	1	
<i>fluocinolone acetonide scalp oil 0.01%</i>	1	
<i>fluocinolone acetonide scalp oil 0.01%</i>	1	
<i>fluocinolone acetonide crea 0.01%</i>	1	
<i>fluocinolone acetonide crea 0.025%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide-e crea 0.05%</i>	1	
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide crea 0.1%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
FLUROPLEX CREA 1%	3	
<i>fluorouracil crea 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate lotn 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halac kit 12%; 0.05%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate crea 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
HALOG CREA 0.1%	2	
HALOG OINT 0.1%	2	
<i>halonate pac kit 12%; 0.05%</i>	1	
HALONATE KIT 12%; 0.05%	3	
<i>hydrocortisone acetate/aloe gel 0; 2%</i>	1	
<i>hydrocortisone butyrate (lipid) crea 0.1%</i>	1	
<i>hydrocortisone butyrate (lipophilic) crea 0.1%</i>	1	
<i>hydrocortisone butyrate crea 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone valerate crea 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>hydrocortisone crea 1%</i>	1	
<i>hydrocortisone crea 2.5%</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hypercare soln 20%</i>	1	
<i>imiquimod crea 5%</i>	1	
INOVA 4/1 ACNE CONTROL THERAPY KIT 4%; 1%; 5%	3	
INOVA 8/2 ACNE CONTROL THERAPY KIT 8%; 2%; 5%	3	
INOVA KIT 4%; 5%	3	
INOVA KIT 8%; 5%	3	
KENALOG AERS 0	2	
KERALYT SCALP KIT 6%	3	
KERALYT GEL 6%	3	
KLARON LOTN 10%	3	
LAC-HYDRIN CREA 12%	3	
LAC-HYDRIN LOTN 12%	3	
<i>laclotion lotn 12%</i>	1	
<i>laclotion lotn 12%</i>	1	
<i>lactic acid lotn 10%</i>	1	
<i>lavoclen-4 acne wash kit kit 4%</i>	1	
<i>lavoclen-4 creamy wash liqd 4%</i>	1	
<i>lavoclen-8 acne wash kit kit 8%</i>	1	
<i>lavoclen-8 creamy wash liqd 8%</i>	1	
LOCOID LIPOCREAM CREA 0.1%	2	
LOCOID CREA 0.1%	2	
LOCOID CREA 0.1%	2	
LOCOID LOTN 0.1%	2	
LOCOID LOTN 0.1%	2	
LOCOID OINT 0.1%	3	
LOCOID OINT 0.1%	3	
LOCOID SOLN 0.1%	3	
<i>lokara lotn 0.05%</i>	1	
LUXIQ FOAM 0.12%	3	
<i>methoxsalen caps 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
METVIXIA CREA 16.8%	3	
<i>mexar wash liqd 10%</i>	1	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	1	
<i>myorisan caps 10mg</i>	1	
<i>myorisan caps 20mg</i>	1	
<i>myorisan caps 40mg</i>	1	
NUOX GEL 6%; 3%	3	
NUZON GEL 0; 2%	3	
OLUX FOAM 0.05%	3	
<i>oscion cleanser lotn 6%</i>	1	
OVACE PLUS WASH GEL 10%	3	
OVACE PLUS WASH LIQD 10%	3	
OVACE PLUS CREA 10%	3	
OVACE PLUS LOTN 9.8%	3	
OVACE PLUS SHAM 10%	3	
OVACE WASH LIQD 10%	3	
OXSORALEN ULTRA CAPS 10MG	3	
OXSORALEN LOTN 1%	2	
PANDEL CREA 0.1%	3	
PEDIADERM TA KIT 0; 0; 0; 0.1%	3	
PENNSAID SOLN 1.5%	3	
PENNSAID SOLN 2%	2	
PICATO GEL 0.015%	3	
PICATO GEL 0.05%	3	
PLEXION CLEANSER LIQD 9.8%; 4.8%	3	
PLEXION CLEANSING CLOTHS PADS 9.8%; 4.8%	3	
PLEXION CREA 9.8%; 4.8%	3	
PLEXION LOTN 9.8%; 4.8%	3	
<i>podocon 25 in benzoin tincture soln 25%</i>	1	
<i>podofilox soln 0.5%</i>	1	
PONTOCAINE SOLN 2%	3	
<i>pr benzoyl peroxide wash liqd 7%</i>	1	
<i>pramox gel gel 1%</i>	1	
<i>prascion fc pads 10%; 5%</i>	1	
<i>prascion ra with sunscreens crea 10%; 5%</i>	1	
<i>prascion emul 10%; 5%</i>	1	
<i>prednicarbate crea 0.1%</i>	1	
<i>prednicarbate oint 0.1%</i>	1	
PROTOPIC OINT 0.03%	2	
PROTOPIC OINT 0.1%	2	
<i>prudoxin crea 5%</i>	1	
<i>pyrogallic acid oint 2%; 25%</i>	1	
REGRANEX GEL 0.01%	3	
RETIN-A MICRO PUMP GEL 0.04%	3	PA
RETIN-A MICRO PUMP GEL 0.08%	3	PA
RETIN-A MICRO PUMP GEL 0.1%	3	PA
RETIN-A MICRO GEL 0.04%	3	PA

Drug Name	Drug Tier	Requirements/Limits
RETIN-A MICRO GEL 0.1%	3	PA
RETIN-A CREA 0.025%	3	PA
RETIN-A CREA 0.05%	3	PA
RETIN-A CREA 0.1%	3	PA
RETIN-A GEL 0.01%	3	PA
RETIN-A GEL 0.025%	3	PA
RIAX FOAM 5.5%	3	
RIAX FOAM 9.5%	3	
<i>rosanil cleanser emul 10%; 5%</i>	1	
ROSANIL KIT 10%; 5%	3	
<i>salacyn crea 6%</i>	1	
<i>salacyn lotn 6%</i>	1	
SALEX CREAM KIT 6%	3	
SALEX LOTION KIT 6%	3	
SALEX SHAM 6%	3	
<i>salicylic acid cream kit 6%</i>	1	
<i>salicylic acid in ammonium lactate vehicle foam 0; 6%</i>	1	
<i>salicylic acid lotion kit 6%</i>	1	
<i>salicylic acid wart remover liqd 27.5%</i>	1	
<i>salicylic acid crea 6%</i>	1	
<i>salicylic acid foam 6%</i>	1	
<i>salicylic acid gel 6%</i>	1	
<i>salicylic acid kit 6%</i>	1	
<i>salicylic acid liqd 26%</i>	1	
<i>salicylic acid lotn 6%</i>	1	
<i>salicylic acid sham 6%</i>	1	
SALKERA FOAM 0; 6%	3	
SALVAX DUO PLUS KIT 0; 6%; 35%	3	
SALVAX FOAM 6%	3	
SALVAX FOAM 6%	3	
SANTYL OINT 250UNIT/GM	2	
<i>scalacort lotn 2%</i>	1	
<i>se 10-5 ss crea 10%; 5%</i>	1	
<i>se bpo wash liqd 7%</i>	1	
<i>seb-prev wash liqd 10%</i>	1	
<i>seb-prev lotn 10%</i>	1	
<i>selenium sulfide lotn 2.5%</i>	1	
<i>selenium sulfide sham 0; 2.25%; 0</i>	1	
SELRX SHAM 0; 2.3%; 0	3	
SODIUM SULFACETAMIDE WASH LIQD 0.5%; 10%	3	
<i>sodium sulfacetamide wash liqd 10%</i>	1	
<i>sodium sulfacetamide/sulfur cleanser in urea emul 10%; 5%; 10%</i>	1	
<i>sodium sulfacetamide/sulfur cleanser emul 10%; 5%</i>	1	
<i>sodium sulfacetamide/sulfur cleansing cloths pads 10%; 5%</i>	1	
<i>sodium sulfacetamide/sulfur green crea 10%; 5%</i>	1	
<i>sodium sulfacetamide/sulfur in urea gel 10%; 5%; 10%</i>	1	
<i>sodium sulfacetamide/sulfur wash liqd 9%; 4%</i>	1	
<i>sodium sulfacetamide/sulfur wash liqd 9%; 4.5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium sulfacetamide/sulfur crea 10%; 2%</i>	1	
<i>sodium sulfacetamide/sulfur crea 10%; 5%</i>	1	
<i>sodium sulfacetamide/sulfur foam 10%; 5%</i>	1	
<i>sodium sulfacetamide/sulfur liqd 10%; 2%</i>	1	
<i>sodium sulfacetamide/sulfur lotn 10%; 5%</i>	1	
<i>sodium sulfacetamide/sulfur pads 10%; 4%</i>	1	
<i>sodium sulfacetamide/sulfur susp 10%; 5%</i>	1	
<i>sodium sulfacetamide/sulfur susp 8%; 4%</i>	1	
<i>sodium sulfacetamide/urea pads 10%; 0</i>	1	
<i>sodium sulfacetamide gel 10%</i>	1	
<i>sodium sulfacetamide sham 10%</i>	1	
SORIATANE CAPS 10MG	3	
SORIATANE CAPS 17.5MG	3	
SORIATANE CAPS 25MG	3	
SORILUX FOAM 0.005%	3	
<i>sss 10%-5% crea 10%; 5%</i>	1	
SSS 10-4 FOAM 10%; 4%	3	
<i>sss 10-5 foam 10%; 5%</i>	1	
STELARA INJ 45MG/0.5ML	3	PA
STELARA INJ 90MG/ML	3	PA
<i>sulfacetamide sodium/sulfur cleanser emul 10%; 5%</i>	1	
<i>sulfacetamide sodium susp 10%</i>	1	
<i>sulfacleanse 8/4 susp 8%; 4%</i>	1	
SULFOAM SHAM 2%	3	
SUMADAN WASH LIQD 9%; 4.5%	3	
SUMAXIN TS SUSP 8%; 4%	3	
SUMAXIN WASH LIQD 9%; 4%	3	
SUMAXIN PADS 10%; 4%	3	
SYNALAR CREAM KIT KIT 0.025%	3	
SYNALAR OINTMENT KIT KIT 0.025%	3	
SYNALAR TS KIT 0.01%	3	
SYNALAR CREA 0.025%	3	
SYNALAR OINT 0.025%	3	
SYNALAR SOLN 0.01%	3	
TACLONEX OINT 0.064%; 0.005%	3	QL (400 GM per 30 days)
TACLONEX SUSP 0.064%; 0.005%	2	QL (420 GM per 30 days)
TAZORAC CREA 0.05%	2	QL (100 GM per 30 days)
TAZORAC CREA 0.1%	2	QL (100 GM per 30 days)
TAZORAC GEL 0.05%	2	QL (100 GM per 30 days)
TAZORAC GEL 0.1%	2	QL (100 GM per 30 days)
TEMOVATE E CREA 0.05%	3	
TEMOVATE CREA 0.05%	3	
TEMOVATE GEL 0.05%	3	
TEMOVATE OINT 0.05%	3	
TEMOVATE SOLN 0.05%	3	
TERSI FOAM FOAM 2.25%	3	
TEXACORT SOLN 2.5%	3	
TOPICORT CREA 0.05%	3	
TOPICORT CREA 0.25%	3	

Drug Name	Drug Tier	Requirements/Limits
TOPICORT GEL 0.05%	3	
TOPICORT LIQD 0.25%	3	
TOPICORT OINT 0.05%	3	
TOPICORT OINT 0.25%	3	
TRETIN-X CREA 0.038%	3	PA
TRETIN-X CREA 0.075%	3	PA
TRETIN-X KIT 0; 0; 0; 0; 0.025%	3	PA
TRETIN-X KIT 0; 0; 0; 0; 0.05%	3	PA
TRETIN-X KIT 0; 0; 0; 0; 0.1%	3	PA
<i>tretinoin microsphere pump gel 0.04%</i>	1	PA
<i>tretinoin microsphere pump gel 0.1%</i>	1	PA
<i>tretinoin microsphere gel 0.04%</i>	1	PA
<i>tretinoin microsphere gel 0.1%</i>	1	PA
<i>tretinoin crea 0.025%</i>	1	PA
<i>tretinoin crea 0.05%</i>	1	PA
<i>tretinoin crea 0.1%</i>	1	PA
<i>tretinoin gel 0.01%</i>	1	PA
<i>tretinoin gel 0.025%</i>	1	PA
<i>triamcinolone acetonide crea 0.025%</i>	1	
<i>triamcinolone acetonide crea 0.1%</i>	1	
<i>triamcinolone acetonide crea 0.5%</i>	1	
<i>triamcinolone acetonide lotn 0.025%</i>	1	
<i>triamcinolone acetonide lotn 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>trianex oint 0.05%</i>	1	
<i>triderm crea 0.1%</i>	1	
<i>u-cort crea 1%; 10%</i>	1	
ULTRASAL-ER SOLN 28.5%	3	
ULTRAVATE PAC KIT 12%; 0.05%	3	
ULTRAVATE PAC KIT 12%; 0.05%	3	
ULTRAVATE X KIT 0.05%; 10%	3	
ULTRAVATE X KIT 0.05%; 10%	3	
ULTRAVATE CREA 0.05%	3	
ULTRAVATE OINT 0.05%	3	
UVADEX INJ 20MCG/ML	2	
VANOS CREA 0.1%	3	
VECTICAL OINT 3MCG/GM	3	
VELTIN GEL 1.2%; 0.025%	2	PA
VERDESO FOAM 0.05%	3	
VEREGEN OINT 15%	3	
VIRASAL LIQD 27.5%	3	
<i>virti-sulf crea 10%; 5%</i>	1	
VOLTAREN GEL 1%	2	
WESTCORT OINT 0.2%	3	
XERAC AC SOLN 6.25%	3	
ZACARE 4% KIT KIT 4%; 0.2%	3	
ZACARE 8% KIT KIT 8%; 0.2%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>zaclir cleansing lotn 8%</i>	1	
<i>zenatane caps 10mg</i>	1	
<i>zenatane caps 20mg</i>	1	
<i>zenatane caps 40mg</i>	1	
<i>zencia liqd 9%; 4%</i>	1	
ZIANA GEL 1.2%; 0.025%	3	PA
ZITHRANOL-RR CREA 1.2%	3	
ZITHRANOL SHAM 1%	3	
ZONALON CREA 5%	3	
ZYCLARA PUMP CREA 2.5%	3	
ZYCLARA CREA 3.75%	3	

### Enzyme Replacement/Modifiers

#### *Enzyme Replacement/Modifiers*

ADAGEN INJ 250UNIT/ML	2	PA
ALDURAZYME INJ 2.9MG/5ML	2	PA
BUPHENYL POWD 3GM/TSP	3	
BUPHENYL TABS 500MG	2	
CARBAGLU TABS 200MG	2	PA
CEREZYME INJ 200UNIT	2	PA
CEREZYME INJ 400UNIT	2	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT	2	
CREON CPEP 15000UNIT; 3000UNIT; 9500UNIT	2	
CREON CPEP 180000UNIT; 36000UNIT; 114000UNIT	2	
CREON CPEP 30000UNIT; 6000UNIT; 19000UNIT	2	
CREON CPEP 60000UNIT; 12000UNIT; 38000UNIT	2	
CYSTADANE POWD 0	2	
CYSTAGON CAPS 150MG	2	
CYSTAGON CAPS 50MG	2	
ELAPRASE INJ 6MG/3ML	2	PA
ELELYSO INJ 200UNIT	2	
FABRAZYME INJ 35MG	2	PA
KUVAN PACK 100MG	2	PA
KUVAN PACK 100MG	2	PA
KUVAN TBSO 100MG	2	PA
LUMIZYME INJ 50MG	2	
MYOZYME INJ 50MG	2	
NAGLAZYME INJ 1MG/ML	2	PA
PANCREAZE CPEP 17500UNIT; 4200UNIT; 10000UNIT	3	
PANCREAZE CPEP 43750UNIT; 10500UNIT; 25000UNIT	3	
PANCREAZE CPEP 61000UNIT; 21000UNIT; 37000UNIT	3	
PANCREAZE CPEP 70000UNIT; 16800UNIT; 40000UNIT	3	
<i>pancrelipase cpep 27000unit; 5000unit; 17000unit</i>	1	
PERTZYE CPEP 30250UNIT; 8000UNIT; 28750UNIT	3	
PERTZYE CPEP 60500UNIT; 16000UNIT; 57500UNIT	3	
RAVICTI LIQD 1.1GM/ML	3	
<i>sodium phenylbutyrate powd 3gm/tsp</i>	1	
SUCRAID SOLN 8500UNIT/ML	3	
ULTRESA CPEP 27600UNIT; 13800UNIT; 27600UNIT	3	
ULTRESA CPEP 41400UNIT; 20700UNIT; 41400UNIT	3	



Drug Name	Drug Tier	Requirements/Limits
ULTRESA CPEP 46000UNIT; 23000UNIT; 46000UNIT	3	
VIMIZIM INJ 5MG/5ML	3	PA
VIOKACE TABS 39150UNIT; 10440UNIT; 39150UNIT	3	
VIOKACE TABS 78300UNIT; 20880UNIT; 78300UNIT	3	
VPRIV INJ 400UNIT	2	
ZAVESCA CAPS 100MG	3	PA
ZENPEP CPEP 109000UNIT; 20000UNIT; 68000UNIT	2	
ZENPEP CPEP 136000UNIT; 25000UNIT; 85000UNIT	2	
ZENPEP CPEP 16000UNIT; 3000UNIT; 10000UNIT	2	
ZENPEP CPEP 27000UNIT; 5000UNIT; 17000UNIT	2	
ZENPEP CPEP 55000UNIT; 10000UNIT; 34000UNIT	2	
ZENPEP CPEP 82000UNIT; 15000UNIT; 51000UNIT	2	

## Gastrointestinal Agents

### Antispasmodics, Gastrointestinal

ANASPAZ TBDP 0.125MG	3	
ATROPEN INJ 0.25MG/0.3ML	3	
ATROPEN INJ 0.5MG/0.7ML	3	
ATROPEN INJ 1MG/0.7ML	3	
ATROPEN INJ 2MG/0.7ML	3	
<i>atropine sulfate inj 0.05mg/ml</i>	1	
<i>atropine sulfate inj 0.1mg/ml</i>	1	
<i>atropine sulfate inj 0.4mg/ml</i>	1	
<i>atropine sulfate inj 0.8mg/ml</i>	1	
<i>atropine sulfate inj 1mg/ml</i>	1	
<i>belladonna &amp; opium supp 16.2mg; 30mg</i>	1	
<i>belladonna alkaloids &amp; opium supp 16.2mg; 60mg</i>	1	
BENTYL CAPS 10MG	3	
BENTYL INJ 10MG/ML	3	
BENTYL TABS 20MG	3	
CANTIL TABS 25MG	3	
CUVPOSA SOLN 1MG/5ML	3	
<i>dicyclomine hcl caps 10mg</i>	1	
<i>dicyclomine hcl soln 10mg/5ml</i>	1	
<i>dicyclomine hcl tabs 20mg</i>	1	
<i>ed-spaz tbdp 0.125mg</i>	1	
ENTYVIO INJ 300MG	3	PA
<i>gastrinex nf caps 62.5mcg; 15mg</i>	1	
<i>glycopyrrolate inj 0.2mg/ml</i>	1	
<i>glycopyrrolate inj 0.2mg/ml</i>	1	
<i>glycopyrrolate inj 0.2mg/ml</i>	1	
<i>glycopyrrolate inj 0.2mg/ml</i>	1	
<i>glycopyrrolate inj 0.2mg/ml</i>	1	
<i>glycopyrrolate inj 0.4mg/2ml</i>	1	
<i>glycopyrrolate inj 0.4mg/2ml</i>	1	
<i>glycopyrrolate inj 0.4mg/2ml</i>	1	
<i>glycopyrrolate inj 1mg/5ml</i>	1	
<i>glycopyrrolate inj 1mg/5ml</i>	1	
<i>glycopyrrolate inj 1mg/5ml</i>	1	
<i>glycopyrrolate inj 4mg/20ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate tabs 1mg</i>	1	
<i>glycopyrrolate tabs 2mg</i>	1	
HELIDAC MISC 0; 0; 0	3	
<i>hyomax-sl subl 0.125mg</i>	1	
<i>hyoscyamine sulfate er tb12 0.375mg</i>	1	
<i>hyoscyamine sulfate odt tbdp 0.125mg</i>	1	
<i>hyoscyamine sulfate elix 0.125mg/5ml</i>	1	
<i>hyoscyamine sulfate soln 0.125mg/ml</i>	1	
<i>hyoscyamine sulfate subl 0.125mg</i>	1	
<i>hyoscyamine sulfate tabs 0.125mg</i>	1	
<i>hyoscyamine sulfate tbdp 0.125mg</i>	1	
<i>hyosyne elix 0.125mg/5ml</i>	1	
<i>hyosyne soln 0.125mg/ml</i>	1	
ISOPTO HYOSCINE SOLN 0.25%	3	
LEVBID TB12 0.375MG	3	
LEVSIN/SL SUBL 0.125MG	3	
LEVSIN TABS 0.125MG	3	
<i>methscopolamine bromide tabs 2.5mg</i>	1	
<i>methscopolamine bromide tabs 5mg</i>	1	
<i>nulev tbdp 0.125mg</i>	1	
<i>oscimin sr tb12 0.375mg</i>	1	
<i>oscimin subl 0.125mg</i>	1	
<i>oscimin tabs 0.125mg</i>	1	
<i>oscimin tbdp 0.125mg</i>	1	
PAMINE FORTE TABS 5MG	3	
PAMINE TABS 2.5MG	3	
<i>propantheline bromide tabs 15mg</i>	1	
ROBINUL FORTE TABS 2MG	3	
ROBINUL INJ 0.2MG/ML	3	
ROBINUL INJ 0.4MG/2ML	3	
ROBINUL INJ 1MG/5ML	3	
ROBINUL INJ 4MG/20ML	3	
ROBINUL TABS 1MG	3	
<i>scopolamine hydrobromide inj 0.4mg/ml</i>	1	
SYMAX DUOTAB TBCR 0.375MG	3	
<i>symax fastabs tbdp 0.125mg</i>	1	
<i>symax-sl subl 0.125mg</i>	1	
<i>symax-sr tb12 0.375mg</i>	1	
<b>Gastrointestinal Agents, Other</b>		
ACTIGALL CAPS 300MG	3	
CHENODAL TABS 250MG	3	
<i>cromolyn sodium conc 100mg/5ml</i>	1	
<i>diphenoxylate/atropine liqd 0.025mg/5ml; 2.5mg/5ml</i>	1	
<i>diphenoxylate/atropine tabs 0.025mg; 2.5mg</i>	1	
ENTEREG CAPS 12MG	3	
FULYZAQ TBEC 125MG	3	QL (60 EA per 30 days)
GASTROCROM CONC 100MG/5ML	3	
GATTEX INJ 5MG	3	PA
<i>hydrochloric acid inj 0.2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lofene tabs 0.025mg; 2.5mg</i>	1	
<i>lofene tabs 0.025mg; 2.5mg</i>	1	
LOMOTIL TABS 0.025MG; 2.5MG	3	
<i>lonox tabs 0.025mg; 2.5mg</i>	1	
<i>lonox tabs 0.025mg; 2.5mg</i>	1	
<i>lonox tabs 0.025mg; 2.5mg</i>	1	
<i>lonox tabs 0.025mg; 2.5mg</i>	1	
<i>loperamide hcl caps 2mg</i>	1	
<i>metoclopramide hcl inj 5mg/ml</i>	1	
<i>metoclopramide hcl soln 5mg/5ml</i>	1	
<i>metoclopramide hcl tabs 10mg</i>	1	
<i>metoclopramide hcl tabs 5mg</i>	1	
METOZOLV ODT TBDP 5MG	3	
MOTOFEN TABS 0.025MG; 1MG	2	
OMECLAMOX-PAK MISC 500MG; 500MG; 20MG	3	
<i>opium tincture (paregoric) tinc 2mg/5ml</i>	1	
OSMOPREP TABS 0.398GM; 1.102GM	3	
PYLERA CAPS 140MG; 125MG; 125MG	2	
REGLAN TABS 10MG	3	
REGLAN TABS 5MG	3	
RELISTOR INJ 12MG/0.6ML	2	
RELISTOR INJ 8MG/0.4ML	2	
SUCLEAR KIT 1.6GM/180ML; 210GM; 0.74GM; 3.13GM/180ML; 2.86GM; 5.6GM; 17.5GM/180ML	3	
URSO 250 TABS 250MG	3	
URSO FORTE TABS 500MG	3	
<i>ursodiol caps 300mg</i>	1	
<i>ursodiol tabs 250mg</i>	1	
<i>ursodiol tabs 500mg</i>	1	
<b><i>Histamine2 (H2) Receptor Antagonists</i></b>		
AXID CAPS 300MG	3	
AXID SOLN 15MG/ML	3	
<i>cimetidine hcl soln 300mg/5ml</i>	1	
<i>cimetidine tabs 200mg</i>	1	
<i>cimetidine tabs 300mg</i>	1	
<i>cimetidine tabs 400mg</i>	1	
<i>cimetidine tabs 800mg</i>	1	
<i>famotidine premixed inj 0.4mg/ml; 0.9%</i>	1	
<i>famotidine inj 200mg/20ml</i>	1	
<i>famotidine inj 200mg/20ml</i>	1	
<i>famotidine inj 200mg/20ml</i>	1	
<i>famotidine inj 200mg/20ml</i>	1	
<i>famotidine inj 200mg/20ml</i>	1	
<i>famotidine inj 200mg/20ml</i>	1	
<i>famotidine inj 20mg/2ml</i>	1	
<i>famotidine inj 40mg/4ml</i>	1	
<i>famotidine inj 40mg/4ml</i>	1	
<i>famotidine inj 40mg/4ml</i>	1	
<i>famotidine inj 40mg/4ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine inj 40mg/4ml</i>	1	
<i>famotidine inj 40mg/4ml</i>	1	
<i>famotidine inj 500mg/50ml</i>	1	
<i>famotidine susr 40mg/5ml</i>	1	
<i>famotidine tabs 20mg</i>	1	
<i>famotidine tabs 40mg</i>	1	
<i>nizatidine caps 150mg</i>	1	
<i>nizatidine caps 300mg</i>	1	
<i>nizatidine soln 15mg/ml</i>	1	
PEPCID SUSR 40MG/5ML	3	
PEPCID TABS 20MG	3	
PEPCID TABS 40MG	3	
<i>ranitidine hcl caps 150mg</i>	1	
<i>ranitidine hcl caps 300mg</i>	1	
<i>ranitidine hcl inj 150mg/6ml</i>	1	
<i>ranitidine hcl syrp 15mg/ml</i>	1	
<i>ranitidine hcl tabs 150mg</i>	1	
<i>ranitidine hcl tabs 300mg</i>	1	
ZANTAC INJ 25MG/ML	3	
ZANTAC INJ 25MG/ML	3	
ZANTAC TABS 150MG	3	
ZANTAC TABS 300MG	3	
<b><i>Irritable Bowel Syndrome Agents</i></b>		
AMITIZA CAPS 24MCG	2	QL (60 EA per 30 days)
AMITIZA CAPS 8MCG	2	QL (60 EA per 30 days)
LINZESS CAPS 145MCG	2	QL (30 EA per 30 days)
LINZESS CAPS 290MCG	2	QL (30 EA per 30 days)
LOTRONEX TABS 0.5MG	2	
LOTRONEX TABS 1MG	2	
<b><i>Laxatives</i></b>		
COLYTE-FLAVOR PACKS SOLR 240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	3	
<i>constulose soln 10gm/15ml</i>	1	
<i>enulose soln 10gm/15ml</i>	1	
<i>gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	
<i>gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	
<i>gavilyte-n/ flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>generlac soln 10gm/15ml</i>	1	
GOLYTELY SOLR 227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM	2	
GOLYTELY SOLR 236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	3	
KRISTALOSE PACK 10GM	2	
KRISTALOSE PACK 20GM	2	
<i>lactulose soln 10gm/15ml</i>	1	
<i>lactulose soln 10gm/15ml</i>	1	
MOVIPREP SOLR 4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	2	

Drug Name	Drug Tier	Requirements/Limits
NULYTELY/FLAVOR PACKS SOLR 420GM; 1.48GM; 5.72GM; 11.2GM	3	
<i>peg 3350/electrolytes solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	
<i>peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>pegylax powd 0</i>	1	
<i>polyethylene glycol 3350 pack 0</i>	1	
<i>polyethylene glycol 3350 powd 0</i>	1	
PREPOPIK PACK 12GM; 3.5GM; 10MG	3	
SUPREP BOWEL PREP SOLN 1.6GM/180ML; 3.13GM/180ML; 17.5GM/180ML	2	
<i>trilyte solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<b>Protectants</b>		
CARAFATE SUSP 1GM/10ML	2	
CARAFATE TABS 1GM	3	
CYTOTEC TABS 100MCG	3	
CYTOTEC TABS 200MCG	3	
<i>misoprostol tabs 100mcg</i>	1	
<i>misoprostol tabs 200mcg</i>	1	
<i>sucralfate tabs 1gm</i>	1	
<b>Proton Pump Inhibitors</b>		
ACIPHEX SPRINKLE CPSP 10MG	3	ST
ACIPHEX SPRINKLE CPSP 5MG	3	ST
ACIPHEX TBEC 20MG	3	ST
DEXILANT CPDR 30MG	3	QL (30 EA per 30 days) ST
DEXILANT CPDR 60MG	3	QL (30 EA per 30 days) ST
<i>esomeprazole sodium inj 20mg</i>	1	
<i>esomeprazole sodium inj 40mg</i>	1	
<i>esomeprazole strontium cpdr 24.65mg</i>	1	QL (30 EA per 30 days)
<i>esomeprazole strontium cpdr 49.3mg</i>	1	QL (30 EA per 30 days)
FIRST-LANSOPRAZOLE SUSP 3MG/ML	3	
<i>lansoprazole cpdr 15mg</i>	1	QL (30 EA per 30 days)
<i>lansoprazole cpdr 30mg</i>	1	QL (30 EA per 30 days)
NEXIUM I.V. INJ 20MG	2	
NEXIUM I.V. INJ 40MG	2	
NEXIUM CPDR 20MG	2	QL (30 EA per 30 days)
NEXIUM CPDR 40MG	2	QL (30 EA per 30 days)
NEXIUM PACK 10MG	2	QL (30 EA per 30 days)
NEXIUM PACK 2.5MG	2	QL (30 EA per 30 days)
NEXIUM PACK 20MG	2	QL (30 EA per 30 days)
NEXIUM PACK 40MG	2	QL (30 EA per 30 days)
NEXIUM PACK 5MG	2	QL (30 EA per 30 days)
<i>omeprazole/sodium bicarbonate caps 20mg; 1100mg</i>	1	QL (30 EA per 30 days)
<i>omeprazole/sodium bicarbonate caps 40mg; 1100mg</i>	1	QL (30 EA per 30 days)
<i>omeprazole cpdr 10mg</i>	1	QL (30 EA per 30 days)
<i>omeprazole cpdr 20mg</i>	1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole cpdr 40mg</i>	1	QL (30 EA per 30 days)
<i>pantoprazole sodium inj 40mg</i>	1	
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 EA per 30 days)
<i>pantoprazole sodium tbec 40mg</i>	1	QL (30 EA per 30 days)
PREVACID SOLUTAB TBDP 15MG	3	QL (30 EA per 30 days) ST
PREVACID SOLUTAB TBDP 30MG	3	QL (30 EA per 30 days) ST
PREVACID CPDR 15MG	3	QL (30 EA per 30 days)
PREVACID CPDR 30MG	3	QL (30 EA per 30 days)
PRILOSEC CPDR 10MG	3	QL (30 EA per 30 days)
PRILOSEC CPDR 20MG	3	QL (30 EA per 30 days)
PRILOSEC CPDR 40MG	3	QL (30 EA per 30 days)
PRILOSEC PACK 10MG	3	
PRILOSEC PACK 2.5MG	3	
PROTONIX INJ 40MG	3	
PROTONIX PACK 40MG	3	QL (30 EA per 30 days)
PROTONIX TBEC 20MG	3	QL (30 EA per 30 days)
PROTONIX TBEC 40MG	3	QL (30 EA per 30 days)
<i>rabeprazole sodium tbec 20mg</i>	1	
VIMOVO TBEC 20MG; 375MG	2	QL (60 EA per 30 days)
VIMOVO TBEC 20MG; 500MG	2	QL (60 EA per 30 days)
ZEGERID CAPS 20MG; 1100MG	3	QL (30 EA per 30 days)
ZEGERID CAPS 40MG; 1100MG	3	QL (30 EA per 30 days)
ZEGERID PACK 20MG; 1680MG	3	QL (30 EA per 30 days) ST
ZEGERID PACK 40MG; 1680MG	3	QL (30 EA per 30 days) ST

### Genitourinary Agents

#### Antispasmodics, Urinary

DETROL LA CP24 2MG	3	
DETROL LA CP24 4MG	3	
DETROL TABS 1MG	3	
DETROL TABS 2MG	3	
DITROPAN XL TB24 10MG	3	
DITROPAN XL TB24 15MG	3	
DITROPAN XL TB24 5MG	3	
ENABLEX TB24 15MG	3	
ENABLEX TB24 7.5MG	3	
<i>flavoxate hcl tabs 100mg</i>	1	
GELNIQUE GEL 10%	2	
GELNIQUE GEL 3%	2	
<i>hyophen tabs 9mg; 0.12mg; 81.6mg; 10.8mg; 36.2mg</i>	1	
MYRBETRIQ TB24 25MG	3	
MYRBETRIQ TB24 50MG	3	
<i>oxybutynin chloride er tb24 10mg</i>	1	
<i>oxybutynin chloride er tb24 15mg</i>	1	
<i>oxybutynin chloride er tb24 5mg</i>	1	
<i>oxybutynin chloride syrp 5mg/5ml</i>	1	
<i>oxybutynin chloride tabs 5mg</i>	1	
OXYTROL PTTW 3.9MG/24HR	2	QL (8 EA per 28 days)
<i>phosphasal tabs 0.12mg; 81.6mg; 10.8mg; 36.2mg; 40.8mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PROSED/DS TABS 9MG; 0.12MG; 81.6MG; 10.8MG; 36.2MG	3	
SANCTURA XR CP24 60MG	3	
SANCTURA TABS 20MG	3	
<i>tolterodine tartrate er cp24 2mg</i>	1	
<i>tolterodine tartrate er cp24 4mg</i>	1	
<i>tolterodine tartrate tabs 1mg</i>	1	
<i>tolterodine tartrate tabs 2mg</i>	1	
TOVIAZ TB24 4MG	2	
TOVIAZ TB24 8MG	2	
<i>tropium chloride er cp24 60mg</i>	1	
<i>tropium chloride tabs 20mg</i>	1	
<i>ur n-c tabs 0.12mg; 81.6mg; 10.8mg; 36.2mg; 40.8mg</i>	1	
URELLE TABS 0.12MG; 81MG; 10.8MG; 32.4MG; 40.8MG	3	
URETRON D/S TABS 0.12MG; 120MG; 10.8MG; 36.2MG; 40.8MG	3	
<i>uretron d/s tabs 0.12mg; 81.6mg; 10.8mg; 36.2mg; 40.8mg</i>	1	
URIBEL CAPS 0.12MG; 118MG; 10MG; 36MG; 40.8MG	3	
<i>urimar-t tabs 0.12mg; 120mg; 10.8mg; 36.2mg; 40.8mg</i>	1	
<i>urin d/s tabs 0.12mg; 81.6mg; 10.8mg; 36.2mg; 40.8mg</i>	1	
UROGESIC-BLUE TABS 0.12MG; 81.6MG; 10.8MG; 40.8MG	3	
<i>uryl tabs 0.12mg; 81.6mg; 10.8mg; 40.8mg</i>	1	
<i>ustell caps 0.12mg; 120mg; 10mg; 36mg; 40.8mg</i>	1	
<i>uta caps 0.12mg; 120mg; 10mg; 36mg; 40.8mg</i>	1	
<i>uticap caps 0.12mg; 120mg; 10mg; 36mg; 40.8mg</i>	1	
<i>utira-c tabs 0.12mg; 81.6mg; 10.8mg; 36.2mg; 40.8mg</i>	1	
<i>utrona-c tabs 0.12mg; 81.6mg; 10.8mg; 36.2mg; 40.8mg</i>	1	
VESICARE TABS 10MG	2	
VESICARE TABS 5MG	2	
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er tb24 10mg</i>	1	
AVODART CAPS 0.5MG	3	
CARDURA XL TB24 4MG	3	
CARDURA XL TB24 8MG	3	
CARDURA TABS 1MG	3	
CARDURA TABS 2MG	3	
CARDURA TABS 4MG	3	
CARDURA TABS 8MG	3	
<i>doxazosin mesylate tabs 1mg</i>	1	
<i>doxazosin mesylate tabs 2mg</i>	1	
<i>doxazosin mesylate tabs 4mg</i>	1	
<i>doxazosin mesylate tabs 8mg</i>	1	
<i>finasteride tabs 5mg</i>	1	
FLOMAX CAPS 0.4MG	3	
JALYN CAPS 0.5MG; 0.4MG	3	
PROSCAR TABS 5MG	3	
RAPAFLO CAPS 4MG	2	
RAPAFLO CAPS 8MG	2	



Drug Name	Drug Tier	Requirements/Limits
<i>tamsulosin hcl caps 0.4mg</i>	1	
<i>terazosin hcl caps 10mg</i>	1	
<i>terazosin hcl caps 1mg</i>	1	
<i>terazosin hcl caps 2mg</i>	1	
<i>terazosin hcl caps 5mg</i>	1	
UROXATRAL TB24 10MG	3	
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride tabs 10mg</i>	1	
<i>bethanechol chloride tabs 25mg</i>	1	
<i>bethanechol chloride tabs 50mg</i>	1	
<i>bethanechol chloride tabs 5mg</i>	1	
CIALIS TABS 2.5MG	2	QL (30 EA per 30 days) PA
CIALIS TABS 5MG	2	QL (30 EA per 30 days) PA
ELMIRON CAPS 100MG	2	
LITHOSTAT TABS 250MG	3	
<i>phenazopyridine hcl tabs 100mg</i>	1	
<i>phenazopyridine hcl tabs 200mg</i>	1	
<i>phenazo tabs 200mg</i>	1	
PYRIDIUM TABS 100MG	3	
PYRIDIUM TABS 200MG	3	
RIMSO-50 INJ 50%	3	
THIOLA TABS 100MG	3	
URECHOLINE TABS 10MG	3	
URECHOLINE TABS 25MG	3	
URECHOLINE TABS 50MG	3	
URECHOLINE TABS 5MG	3	
<b>Phosphate Binders</b>		
FOSRENOL CHEW 1000MG	2	
FOSRENOL CHEW 500MG	2	
FOSRENOL CHEW 750MG	2	
RENAGEL TABS 400MG	3	
RENAGEL TABS 800MG	3	
RENVELA PACK 0.8GM	2	
RENVELA PACK 2.4GM	2	
RENVELA TABS 800MG	2	
<i>sevelamer carbonate tabs 800mg</i>	1	
VELPHORO CHEW 500MG	3	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>a-hydrocort inj 100mg</i>	1	
<i>a-methapred inj 125mg</i>	1	
<i>a-methapred inj 40mg</i>	1	
<i>a-methapred inj 40mg</i>	1	
ANUSOL-HC CREA 2.5%	3	
ARISTOSPAN INTRA-ARTICULAR INJ 20MG/ML	3	
ARISTOSPAN INTRALESIONAL INJ 5MG/ML	3	
<i>asmalpred plus soln 15mg/5ml</i>	1	
<i>baycadron elix 0.5mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone sodium phosphate/betamethasone acetate inj 3mg/ml; 3mg/ml</i>	1	
CELESTONE-SOLUSPAN INJ 3MG/ML; 3MG/ML	3	
CELESTONE SOLN 0.6MG/5ML	3	
<i>clobetasol propionate emollient foam 0.05%</i>	1	
<i>clobetasol propionate emollient foam 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clotrimazole/betamethasone dipropionate crea 0.05%; 1%</i>	1	
<i>clotrimazole/betamethasone dipropionate lotn 0.05%; 1%</i>	1	
CORTEF TABS 10MG	3	
CORTEF TABS 20MG	3	
CORTEF TABS 5MG	3	
CORTIFOAM FOAM 90MG	2	
<i>cortisone acetate tabs 25mg</i>	1	
DEPO-MEDROL INJ 20MG/ML	3	
DEPO-MEDROL INJ 40MG/ML	3	
DEPO-MEDROL INJ 80MG/ML	3	
DERMOTIC OIL 0.01%	3	
DESOWEN OINTMENT/CETAPHIL LOTION KIT 0.05%	3	
<i>dexamethasone intensol conc 1mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 120mg/30ml</i>	1	
<i>dexamethasone elix 0.5mg/5ml</i>	1	
<i>dexamethasone soln 0.5mg/5ml</i>	1	
<i>dexamethasone soln 0.5mg/5ml</i>	1	
<i>dexamethasone tabs 0.5mg</i>	1	
<i>dexamethasone tabs 0.75mg</i>	1	
<i>dexamethasone tabs 1.5mg</i>	1	
<i>dexamethasone tabs 1mg</i>	1	
<i>dexamethasone tabs 2mg</i>	1	
<i>dexamethasone tabs 4mg</i>	1	
<i>dexamethasone tabs 6mg</i>	1	
DEXPAK 10 DAY TABS 1.5MG	3	
DEXPAK 13 DAY TABS 1.5MG	3	
DEXPAK 6 DAY TABS 1.5MG	3	
FLO-PRED SUSP 15MG/5ML	3	
<i>fludrocortisone acetate tabs 0.1mg</i>	1	
<i>fluocinolone acetonide ear drops oil 0.01%</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>hydrocortisone tabs 10mg</i>	1	
<i>hydrocortisone tabs 20mg</i>	1	
<i>hydrocortisone tabs 5mg</i>	1	
KENALOG-10 INJ 10MG/ML	3	
KENALOG-40 INJ 40MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl-hydrocortisone acetate with aloe gel 0.55%; 2.8%</i>	1	
<i>lidocaine hcl/hydrocortisone acetate kit 2%; 2%</i>	1	
LOTRISONE CREA 0.05%; 1%	3	
MEDROL DOSEPAK TABS 4MG	3	
MEDROL TABS 16MG	3	
MEDROL TABS 2MG	3	
MEDROL TABS 32MG	3	
MEDROL TABS 4MG	3	
MEDROL TABS 8MG	3	
<i>methylprednisolone acetate inj 40mg/ml</i>	1	
<i>methylprednisolone acetate inj 80mg/ml</i>	1	
<i>methylprednisolone dose pack tabs 4mg</i>	1	
<i>methylprednisolone sodiumsuccinate inj 125mg</i>	1	
<i>methylprednisolone sodiumsuccinate inj 40mg</i>	1	
<i>methylprednisolone tabs 16mg</i>	1	
<i>methylprednisolone tabs 32mg</i>	1	
<i>methylprednisolone tabs 4mg</i>	1	
<i>methylprednisolone tabs 8mg</i>	1	
MILLIPRED DP TABS 5MG	3	
MILLIPRED SOLN 10MG/5ML	3	
MILLIPRED TABS 5MG	3	
NUCORT LOTN 2%	3	
OLUX-E FOAM 0.05%	3	
OLUX-E FOAM 0.05%	3	
ORAPRED ODT TBDP 10MG	3	
ORAPRED ODT TBDP 15MG	3	
ORAPRED ODT TBDP 30MG	3	
ORAPRED SOLN 15MG/5ML	3	
PEDIADERM HC KIT 0; 2%; 0; 0	3	
PEDIAPRED SOLN 6.7MG/5ML	3	
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 25mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 5mg/5ml</i>	1	
<i>prednisolone soln 15mg/5ml</i>	1	
<i>prednisolone soln 15mg/5ml</i>	1	
<i>prednisolone soln 15mg/5ml</i>	1	
<i>prednisolone soln 15mg/5ml</i>	1	
<i>prednisolone soln 15mg/5ml</i>	1	
<i>prednisolone syrp 15mg/5ml</i>	1	
<i>prednisolone syrp 15mg/5ml</i>	1	
PREDNISON INTENSOL CONC 5MG/ML	3	
<i>prednisone soln 5mg/5ml</i>	1	
<i>prednisone tabs 10mg</i>	1	
<i>prednisone tabs 10mg</i>	1	
<i>prednisone tabs 1mg</i>	1	
<i>prednisone tabs 2.5mg</i>	1	
<i>prednisone tabs 20mg</i>	1	
<i>prednisone tabs 50mg</i>	1	
<i>prednisone tabs 5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tabs 5mg</i>	1	
<i>prednisone tabs 5mg</i>	1	
PRELONE SYRP 15MG/5ML	3	
<i>procto-pak crea 1%</i>	1	
PROCTOCORT CREA 1%	3	
<i>proctosol hc crea 2.5%</i>	1	
<i>proctozone-hc crea 2.5%</i>	1	
RAYOS TBEC 1MG	3	
RAYOS TBEC 2MG	3	
RAYOS TBEC 5MG	3	
SCALACORT DK KIT 2%; 2%; 2%	3	
SOLU-CORTEF INJ 100MG	3	
SOLU-CORTEF INJ 250MG	3	
SOLU-MEDROL INJ 125MG	3	
SOLU-MEDROL INJ 2GM	3	
SOLU-MEDROL INJ 40MG	3	
SOLU-MEDROL INJ 500MG	3	
<i>triamcinolone acetate inj 10mg/ml</i>	1	
<i>triamcinolone acetate inj 40mg/ml</i>	1	
VERIPRED 20 SOLN 20MG/5ML	3	
XOLEGEL COREPAK KIT 1%; 2%	3	

**Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)**

*Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)*

<i>chorionic gonadotropin inj 10000unit</i>	1	
DDAVP INJ 4MCG/ML	3	
DDAVP SOLN 0.01%	3	
DDAVP SOLN 0.01%	3	
DDAVP TABS 0.1MG	3	
DDAVP TABS 0.2MG	3	
<i>desmopressin acetate inj 4mcg/ml</i>	1	
<i>desmopressin acetate soln 0.01%</i>	1	
<i>desmopressin acetate soln 0.01%</i>	1	
<i>desmopressin acetate tabs 0.1mg</i>	1	
<i>desmopressin acetate tabs 0.2mg</i>	1	
EGRIFTA INJ 2MG	3	
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA
GENOTROPIN MINIQUICK INJ 0.4MG	3	PA
GENOTROPIN MINIQUICK INJ 0.6MG	3	PA
GENOTROPIN MINIQUICK INJ 0.8MG	3	PA
GENOTROPIN MINIQUICK INJ 1.2MG	3	PA
GENOTROPIN MINIQUICK INJ 1.4MG	3	PA
GENOTROPIN MINIQUICK INJ 1.6MG	3	PA
GENOTROPIN MINIQUICK INJ 1.8MG	3	PA
GENOTROPIN MINIQUICK INJ 1MG	3	PA
GENOTROPIN MINIQUICK INJ 2MG	3	PA
GENOTROPIN INJ 12MG	3	PA
GENOTROPIN INJ 5MG	3	PA
H.P. ACTHAR INJ 80UNIT/ML	2	PA
HUMATROPE COMBO PACK INJ 5MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
HUMATROPE INJ 12MG	3	PA
HUMATROPE INJ 24MG	3	PA
HUMATROPE INJ 6MG	3	PA
INCRELEX INJ 40MG/4ML	3	PA
NORDITROPIN FLEXPRO INJ 10MG/1.5ML	2	PA
NORDITROPIN FLEXPRO INJ 15MG/1.5ML	2	PA
NORDITROPIN FLEXPRO INJ 5MG/1.5ML	2	PA
NORDITROPIN NORDIFLEX PEN INJ 30MG/3ML	2	PA
<i>novarel inj 10000unit</i>	1	
NUTROPIN AQ NUSPIN 5 INJ 5MG/2ML	2	PA
NUTROPIN AQ PEN INJ 10MG/2ML	2	PA
NUTROPIN AQ PEN INJ 20MG/2ML	2	PA
OMNITROPE INJ 10MG/1.5ML	3	PA
OMNITROPE INJ 5.8MG	3	PA
OMNITROPE INJ 5MG/1.5ML	3	PA
PITRESSIN SYNTHETIC INJ 20UNIT/ML	3	
<i>pregnyl w/diluent benzyl alcohol/nacl inj 10000unit</i>	1	
SAIZEN CLICK.EASY INJ 8.8MG	3	PA
SAIZEN INJ 5MG	3	PA
SAIZEN INJ 8.8MG	3	PA
SEROSTIM INJ 4MG	3	PA
SEROSTIM INJ 5MG	3	PA
SEROSTIM INJ 6MG	3	PA
STIMATE SOLN 1.5MG/ML	2	
TEV-TROPIN INJ 5MG	3	PA
VAPRISOL INJ 20MG/100ML; 5%	3	
<i>vasopressin inj 20unit/ml</i>	1	
ZORBTIVE INJ 8.8MG	3	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
CERVIDIL INST 10MG	3	
HEMABATE INJ 250MCG/ML	3	
KORLYM TABS 300MG	3	PA
MIFEPREX TABS 200MG	3	
PREPIDIL GEL 0.5MG/3GM	3	
PROSTIN E2 SUPP 20MG	3	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<i>Anabolic Steroids</i>		
ANADROL-50 TABS 50MG	3	
OXANDRIN TABS 10MG	3	
OXANDRIN TABS 2.5MG	3	
<i>oxandrolone tabs 10mg</i>	1	
<i>oxandrolone tabs 2.5mg</i>	1	
<i>Androgens</i>		
ANDRODERM PT24 2MG/24HR	3	
ANDRODERM PT24 4MG/24HR	3	

Drug Name	Drug Tier	Requirements/Limits
ANDROGEL PUMP GEL 1%	2	
ANDROGEL PUMP GEL 1%	2	
ANDROGEL PUMP GEL 1.62%	2	
ANDROGEL GEL 50MG/5GM	2	
ANDROID CAPS 10MG	3	
ANDROXY TABS 10MG	2	
AVEED INJ 750MG/3ML	3	
AXIRON SOLN 30MG/ACT	2	
<i>danazol caps 100mg</i>	1	
<i>danazol caps 200mg</i>	1	
<i>danazol caps 50mg</i>	1	
DELATESTRYL INJ 200MG/ML	3	
DEPO-TESTOSTERONE INJ 100MG/ML	3	
DEPO-TESTOSTERONE INJ 200MG/ML	3	
FIRST-TESTOSTERONE OINT 2%	3	
FORTESTA GEL 10MG/ACT	2	
METHITEST TABS 10MG	2	
STRIANT MISC 30MG	3	
TESTIM GEL 1%	3	
<i>testosterone cypionate inj 100mg/ml</i>	1	
<i>testosterone cypionate inj 200mg/ml</i>	1	
<i>testosterone enanthate inj 200mg/ml</i>	1	
<i>testosterone gel 1%</i>	1	
TESTRED CAPS 10MG	3	
VOGELXO PUMP GEL 1%	3	
VOGELXO GEL 50MG/5GM	3	
<b>Estrogens</b>		
ACTIVELLA TABS 0.5MG; 0.1MG	3	
ACTIVELLA TABS 1MG; 0.5MG	3	
ALORA PTTW 0.025MG/24HR	3	
ALORA PTTW 0.05MG/24HR	3	
ALORA PTTW 0.075MG/24HR	3	
ALORA PTTW 0.1MG/24HR	3	
<i>altavera tabs 0.03mg; 0.15mg</i>	1	
<i>altavera tabs 0.03mg; 0.15mg</i>	1	
<i>altavera tabs 0.03mg; 0.15mg</i>	1	
<i>alyacen 1/35 tabs 35mcg; 1mg</i>	1	
<i>alyacen 7/7/7 tabs 0; 0</i>	1	
<i>amethia lo tabs 0; 0</i>	1	QL (91 EA per 91 days)
<i>amethia tabs 0; 0</i>	1	QL (91 EA per 91 days)
<i>amethyst tabs 20mcg; 90mcg</i>	1	
ANGELIQ TABS 0.25MG; 0.5MG	3	
ANGELIQ TABS 0.5MG; 1MG	3	
<i>apri tabs 0.15mg; 30mcg</i>	1	
<i>aranelle tabs 0; 0</i>	1	
<i>aubra tabs 20mcg; 0.1mg</i>	1	
<i>aviane tabs 20mcg; 0.1mg</i>	1	
<i>azurette tabs 0; 0</i>	1	
<i>balziva tabs 35mcg; 0.4mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
BEYAZ TABS 3MG; 0.02MG; 0.451MG	2	
BREVICON-28 TABS 35MCG; 0.5MG	3	
<i>briellyn tabs 35mcg; 0.4mg</i>	1	
<i>camrese lo tabs 0; 0</i>	1	QL (91 EA per 91 days)
<i>camrese tabs 0; 0</i>	1	QL (91 EA per 91 days)
<i>camrese tabs 0; 0</i>	1	QL (91 EA per 91 days)
<i>caziant tabs 0; 0</i>	1	
CENESTIN TABS 0.3MG	2	
CENESTIN TABS 0.45MG	2	
CENESTIN TABS 0.625MG	2	
CENESTIN TABS 0.9MG	2	
<i>cesia tabs 0; 0</i>	1	
<i>chateal tabs 0.03mg; 0.15mg</i>	1	
<i>chateal tabs 0.03mg; 0.15mg</i>	1	
<i>chateal tabs 0.03mg; 0.15mg</i>	1	
CLIMARA PRO PTWK 0.045MG/DAY; 0.015MG/DAY	3	
CLIMARA PTWK 0.025MG/24HR	3	
CLIMARA PTWK 0.05MG/24HR	3	
CLIMARA PTWK 0.06MG/24HR	3	
CLIMARA PTWK 0.075MG/24HR	3	
CLIMARA PTWK 0.1MG/24HR	3	
CLIMARA PTWK 37.5MCG/24HR	3	
COMBIPATCH PTTW 0.05MG/DAY; 0.14MG/DAY	2	
COMBIPATCH PTTW 0.05MG/DAY; 0.25MG/DAY	2	
<i>cryselle-28 tabs 30mcg; 0.3mg</i>	1	
<i>cyclafem 1/35 tabs 35mcg; 1mg</i>	1	
<i>cyclafem 7/7/7 tabs 0; 0</i>	1	
CYCLESSA TABS 0; 0	3	
<i>dasetta 1/35 tabs 35mcg; 1mg</i>	1	
<i>dasetta 1/35 tabs 35mcg; 1mg</i>	1	
<i>dasetta 7/7/7 tabs 0; 0</i>	1	
<i>daysee tabs 0; 0</i>	1	QL (91 EA per 91 days)
<i>daysee tabs 0; 0</i>	1	QL (91 EA per 91 days)
DELESTROGEN INJ 10MG/ML	3	
DELESTROGEN INJ 20MG/ML	3	
DELESTROGEN INJ 40MG/ML	3	
DEPO-ESTRADIOL INJ 5MG/ML	3	
DESOGEN TABS 0.15MG; 30MCG	3	
<i>desogestrel/ethinyl estradiol tabs 0.15mg; 30mcg</i>	1	
DIVIGEL GEL 0.25MG/0.25GM	2	
DIVIGEL GEL 0.5MG/0.5GM	2	
DIVIGEL GEL 1MG/GM	3	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	1	
ELESTRIN GEL 0.06%	3	
<i>elinest tabs 30mcg; 0.3mg</i>	1	
<i>elinest tabs 30mcg; 0.3mg</i>	1	
<i>emoquette tabs 0.15mg; 30mcg</i>	1	
ENJUVIA TABS 0.3MG	2	
ENJUVIA TABS 0.45MG	2	



Drug Name	Drug Tier	Requirements/Limits
ENJUVIA TABS 0.625MG	2	
ENJUVIA TABS 0.9MG	2	
ENJUVIA TABS 1.25MG	2	
<i>enpresse-28 tabs 0; 0</i>	1	
<i>enskyce tabs 0.15mg; 30mcg</i>	1	
<i>enskyce tabs 0.15mg; 30mcg</i>	1	
<i>estarylla tabs 35mcg; 0.25mg</i>	1	
ESTRACE CREA 0.1MG/GM	2	
ESTRACE TABS 0.5MG	3	
ESTRACE TABS 1MG	3	
ESTRACE TABS 2MG	3	
<i>estradiol valerate inj 10mg/ml</i>	1	
<i>estradiol valerate inj 20mg/ml</i>	1	
<i>estradiol valerate inj 40mg/ml</i>	1	
<i>estradiol/norethindrone acetate tabs 0.5mg; 0.1mg</i>	1	
<i>estradiol/norethindrone acetate tabs 1mg; 0.5mg</i>	1	
<i>estradiol ptwk 0.025mg/24hr</i>	1	
<i>estradiol ptwk 0.05mg/24hr</i>	1	
<i>estradiol ptwk 0.06mg/24hr</i>	1	
<i>estradiol ptwk 0.075mg/24hr</i>	1	
<i>estradiol ptwk 0.1mg/24hr</i>	1	
<i>estradiol ptwk 37.5mcg/24hr</i>	1	
<i>estradiol tabs 0.5mg</i>	1	
<i>estradiol tabs 1mg</i>	1	
<i>estradiol tabs 2mg</i>	1	
ESTRASORB EMUL 4.35MG/1.74GM	3	
ESTRING RING 2MG	2	QL (1 EA per 90 days)
ESTROGEL GEL 0.06%	3	
<i>estropipate tabs 0.75mg</i>	1	
<i>estropipate tabs 1.5mg</i>	1	
<i>estropipate tabs 3mg</i>	1	
ESTROSTEP FE TABS 0; 75MG; 1MG	3	
EVAMIST SOLN 1.53MG/SPRAY	2	
FALESSA KIT 20MCG; 1MG; 0.1MG	3	
<i>falmina tabs 20mcg; 0.1mg</i>	1	
<i>falmina tabs 20mcg; 0.1mg</i>	1	
<i>falmina tabs 20mcg; 0.1mg</i>	1	
FEMCON FE CHEW 35MCG; 0; 0.4MG	3	
FEMHRT LOW DOSE TABS 2.5MCG; 0.5MG	3	
FEMRING RING 0.05MG/24HR	3	QL (1 EA per 90 days)
FEMRING RING 0.1MG/24HR	3	QL (1 EA per 90 days)
GENERESS FE CHEW 25MCG; 75MG; 0.8MG	3	
<i>gianvi tabs 3mg; 0.02mg</i>	1	
<i>gildagia tabs 35mcg; 0.4mg</i>	1	
<i>gildess 1.5/30 tabs 30mcg; 1.5mg</i>	1	
<i>gildess 1.5/30 tabs 30mcg; 1.5mg</i>	1	
<i>gildess 1.5/30 tabs 30mcg; 1.5mg</i>	1	
<i>gildess 1/20 tabs 20mcg; 1mg</i>	1	
<i>gildess 1/20 tabs 20mcg; 1mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>gildess 1/20 tabs 20mcg; 1mg</i>	1	
<i>gildess fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>gildess fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	
<i>introvale tabs 0.03mg; 0.15mg</i>	1	QL (91 EA per 91 days)
<i>jinteli tabs 5mcg; 1mg</i>	1	
<i>jolessa tabs 0.03mg; 0.15mg</i>	1	QL (91 EA per 91 days)
<i>junel 1.5/30 tabs 30mcg; 1.5mg</i>	1	
<i>junel 1/20 tabs 20mcg; 1mg</i>	1	
<i>junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>junel fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	
<i>kariva tabs 0; 0</i>	1	
<i>kelnor 1/35 tabs 35mcg; 1mg</i>	1	
<i>kurvelo tabs 0.03mg; 0.15mg</i>	1	
<i>kurvelo tabs 0.03mg; 0.15mg</i>	1	
<i>larin 1/20 tabs 20mcg; 1mg</i>	1	
<i>larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>larin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	
<i>leena tabs 0; 0</i>	1	
<i>lessina tabs 20mcg; 0.1mg</i>	1	
<i>levonest tabs 0; 0</i>	1	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	1	QL (91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	1	QL (91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tabs 20mcg; 0.1mg</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 20mcg; 0.1mg</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 20mcg; 0.1mg</i>	1	
<i>levora 0.15/30-28 tabs 30mcg; 0.15mg</i>	1	
LO LOESTRIN FE TABS 10MCG; 75MG; 1MG	2	
LO MINASTRIN FE THPK 10MCG; 75MG; 1MG	3	
LOESTRIN 1.5/30-21 TABS 30MCG; 1.5MG	3	
LOESTRIN 1/20-21 TABS 20MCG; 1MG	3	
LOESTRIN FE 1.5/30 TABS 30MCG; 75MG; 1.5MG	3	
LOESTRIN FE 1/20 TABS 20MCG; 75MG; 1MG	3	
<i>lomedica 24 fe tabs 20mcg; 75mg; 1mg</i>	1	
<i>loryna tabs 3mg; 0.02mg</i>	1	
LOSEASONIQUE TABS 0; 0	3	QL (91 EA per 91 days)
<i>low-ogestrel tabs 30mcg; 0.3mg</i>	1	
<i>lutera tabs 20mcg; 0.1mg</i>	1	
<i>marlissa tabs 0.03mg; 0.15mg</i>	1	
MENOSTAR PTWK 14MCG/24HR	3	
<i>microgestin 1.5/30 tabs 30mcg; 1.5mg</i>	1	
<i>microgestin 1/20 tabs 20mcg; 1mg</i>	1	
<i>microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>microgestin fe tabs 20mcg; 75mg; 1mg</i>	1	
<i>mimvey lo tabs 0.5mg; 0.1mg</i>	1	
<i>mimvey tabs 1mg; 0.5mg</i>	1	
MINASTRIN 24 FE CHEW 20MCG; 75MG; 1MG	3	
MINIVELLE PTTW 0.0375MG/24HR	3	
MINIVELLE PTTW 0.05MG/24HR	3	

Drug Name	Drug Tier	Requirements/Limits
MINIVELLE PTTW 0.075MG/24HR	3	
MINIVELLE PTTW 0.1MG/24HR	3	
MIRCETTE TABS 0; 0	3	
MODICON TABS 35MCG; 0.5MG	3	
<i>mono-linyah tabs 35mcg; 0.25mg</i>	1	
<i>mononessa tabs 35mcg; 0.25mg</i>	1	
<i>myzilra tabs 0; 0</i>	1	
NATAZIA TABS 0; 0	3	
<i>necon 0.5/35-28 tabs 35mcg; 0.5mg</i>	1	
<i>necon 1/35 tabs 35mcg; 1mg</i>	1	
<i>necon 1/50-28 tabs 50mcg; 1mg</i>	1	
<i>necon 10/11-28 tabs 35mcg; 0</i>	1	
<i>necon 7/7/7 tabs 0; 0</i>	1	
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	1	
<i>norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg</i>	1	
NORINYL 1+35 TABS 35MCG; 1MG	3	
NORINYL 1+50 TABS 50MCG; 1MG	3	
<i>nortrel 0.5/35 (28) tabs 35mcg; 0.5mg</i>	1	
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	1	
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	1	
<i>nortrel 7/7/7 tabs 0; 0</i>	1	
NUVARING RING 0.015MG/24HR; 0.12MG/24HR	2	QL (1 EA per 28 days)
<i>ocella tabs 3mg; 0.03mg</i>	1	
<i>ogestrel tabs 50mcg; 0.5mg</i>	1	
<i>orsythia tabs 20mcg; 0.1mg</i>	1	
ORTHO EVRA PTWK 35MCG/24HR; 150MCG/24HR	3	
ORTHO TRI-CYCLEN LO TABS 0; 0	3	
ORTHO TRI-CYCLEN TABS 0; 0	3	
ORTHO-CEPT TABS 0.15MG; 30MCG	3	
ORTHO-CYCLEN TABS 35MCG; 0.25MG	3	
<i>ortho-est tabs 0.75mg</i>	1	
<i>ortho-est tabs 1.5mg</i>	1	
ORTHO-NOVUM 1/35 TABS 35MCG; 1MG	3	
ORTHO-NOVUM 7/7/7 TABS 0; 0	3	
OVCON-35 TABS 35MCG; 0.4MG	3	
<i>philith tabs 35mcg; 0.4mg</i>	1	
<i>philith tabs 35mcg; 0.4mg</i>	1	
<i>pimtrea tabs 0; 0</i>	1	
<i>pirmella 1/35 tabs 35mcg; 1mg</i>	1	
<i>pirmella 7/7/7 tabs 0; 0</i>	1	
<i>portia-28 tabs 0.03mg; 0.15mg</i>	1	
PREFEST TABS 0; 0	3	
PREMARIN CREA 0.625MG/GM	2	
PREMARIN INJ 25MG	3	
PREMARIN TABS 0.3MG	2	
PREMARIN TABS 0.45MG	2	
PREMARIN TABS 0.625MG	2	
PREMARIN TABS 0.9MG	2	
PREMARIN TABS 1.25MG	2	

Drug Name	Drug Tier	Requirements/Limits
PREMPHASE TABS 0.625MG; 5MG	2	
PREMPRO TABS 0.3MG; 1.5MG	2	
PREMPRO TABS 0.45MG; 1.5MG	2	
PREMPRO TABS 0.625MG; 2.5MG	2	
PREMPRO TABS 0.625MG; 5MG	2	
<i>previfem tabs 35mcg; 0.25mg</i>	1	
QUARTETTE TABS 0; 0	3	QL (91 EA per 91 days)
<i>quasense tabs 0.03mg; 0.15mg</i>	1	QL (91 EA per 91 days)
<i>reclipsen tabs 0.15mg; 30mcg</i>	1	
SAFYRAL TABS 3MG; 0.03MG; 0.451MG	2	
SEASONIQUE TABS 0; 0	3	QL (91 EA per 91 days)
<i>solia tabs 0.15mg; 30mcg</i>	1	
<i>sprintec 28 tabs 35mcg; 0.25mg</i>	1	
<i>sronyx tabs 20mcg; 0.1mg</i>	1	
<i>syeda tabs 3mg; 0.03mg</i>	1	
<i>tilia fe tabs 0; 75mg; 1mg</i>	1	
<i>tri-estarylla tabs 0; 0</i>	1	
<i>tri-legest fe tabs 0; 75mg; 1mg</i>	1	
<i>tri-linyah tabs 0; 0</i>	1	
TRI-NORINYL 28 TABS 0; 0	3	
<i>tri-previfem tabs 0; 0</i>	1	
<i>tri-sprintec tabs 0; 0</i>	1	
<i>trinessa tabs 0; 0</i>	1	
<i>trivora-28 tabs 0; 0</i>	1	
VAGIFEM TABS 10MCG	2	
<i>velivet tabs 0; 0</i>	1	
VESTURA TABS 3MG; 0.02MG	3	
<i>viorele tabs 0; 0</i>	1	
VIVELLE-DOT PTTW 0.025MG/24HR	2	
VIVELLE-DOT PTTW 0.0375MG/24HR	2	
VIVELLE-DOT PTTW 0.05MG/24HR	2	
VIVELLE-DOT PTTW 0.075MG/24HR	2	
VIVELLE-DOT PTTW 0.1MG/24HR	2	
<i>vyfemla tabs 35mcg; 0.4mg</i>	1	
<i>wera tabs 35mcg; 0.5mg</i>	1	
<i>wera tabs 35mcg; 0.5mg</i>	1	
<i>wymzya fe chew 35mcg; 0; 0.4mg</i>	1	
<i>xulane ptwk 35mcg/24hr; 150mcg/24hr</i>	1	
YASMIN 28 TABS 3MG; 0.03MG	3	
YAZ TABS 3MG; 0.02MG	3	
<i>zarah tabs 3mg; 0.03mg</i>	1	
<i>zenchent fe chew 35mcg; 0; 0.4mg</i>	1	
<i>zenchent tabs 35mcg; 0.4mg</i>	1	
<i>zeosa chew 35mcg; 0; 0.4mg</i>	1	
<i>zovia 1/35e tabs 35mcg; 1mg</i>	1	
<i>zovia 1/50e tabs 50mcg; 1mg</i>	1	
<b>Progestins</b>		
AYGESTIN TABS 5MG	3	
<i>camila tabs 0.35mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CRINONE GEL 4%	2	
CRINONE GEL 8%	2	
DEPO-PROVERA CONTRACEPTIVE INJ 150MG/ML	3	QL (1 ML per 90 days)
DEPO-PROVERA INJ 400MG/ML	2	
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	3	QL (0.65 ML per 84 days)
ELLA TABS 30MG	2	QL (4 EA per 365 days)
ENDOMETRIN INST 100MG	2	
<i>errin tabs 0.35mg</i>	1	
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT	3	
SUPP 100MG		
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT	3	
SUPP 200MG		
FIRST-PROGESTERONE VGS 25 COMPOUNDING KIT	3	
SUPP 25MG		
FIRST-PROGESTERONE VGS 400 COMPOUNDING KIT	3	
SUPP 400MG		
FIRST-PROGESTERONE VGS 50 COMPOUNDING KIT	3	
SUPP 50MG		
<i>heather tabs 0.35mg</i>	1	
<i>jencycla tabs 0.35mg</i>	1	
<i>jencycla tabs 0.35mg</i>	1	
<i>jolivette tabs 0.35mg</i>	1	
<i>levonorgestrel tabs 0.75mg</i>	1	
<i>lyza tabs 0.35mg</i>	1	
MAKENA INJ 250MG/ML	2	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	1	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate tabs 10mg</i>	1	
<i>medroxyprogesterone acetate tabs 2.5mg</i>	1	
<i>medroxyprogesterone acetate tabs 5mg</i>	1	
MEGACE ES SUSP 625MG/5ML	3	
MEGACE ORAL SUSP 40MG/ML	3	
<i>megestrol acetate susp 40mg/ml</i>	1	
<i>megestrol acetate tabs 20mg</i>	1	
<i>megestrol acetate tabs 40mg</i>	1	
NOR-QD TABS 0.35MG	3	
<i>nora-be tabs 0.35mg</i>	1	
<i>norethindrone acetate tabs 5mg</i>	1	
<i>norethindrone tabs 0.35mg</i>	1	
ORTHO MICRONOR TABS 0.35MG	3	
PLAN B TABS 0.75MG	3	
<i>progesterone caps 100mg</i>	1	
<i>progesterone caps 200mg</i>	1	
<i>progesterone inj 50mg/ml</i>	1	
PROMETRIUM CAPS 100MG	3	
PROMETRIUM CAPS 200MG	3	
PROVERA TABS 10MG	3	
PROVERA TABS 2.5MG	3	
PROVERA TABS 5MG	3	

**Selective Estrogen Receptor Modifying Agents**

Drug Name	Drug Tier	Requirements/Limits
DUAVEE TABS 20MG; 0.45MG	3	
EVISTA TABS 60MG	3	
<i>raloxifene hydrochloride tabs 60mg</i>	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
ARMOUR THYROID TABS 120MG	3	
ARMOUR THYROID TABS 15MG	3	
ARMOUR THYROID TABS 180MG	3	
ARMOUR THYROID TABS 240MG	3	
ARMOUR THYROID TABS 300MG	3	
ARMOUR THYROID TABS 30MG	3	
ARMOUR THYROID TABS 60MG	3	
ARMOUR THYROID TABS 90MG	3	
CYTOMEL TABS 25MCG	3	
CYTOMEL TABS 50MCG	3	
CYTOMEL TABS 5MCG	3	
<i>levothyroxine sodium inj 100mcg</i>	1	
<i>levothyroxine sodium inj 200mcg</i>	1	
<i>levothyroxine sodium inj 500mcg</i>	1	
<i>levothyroxine sodium tabs 100mcg</i>	1	
<i>levothyroxine sodium tabs 112mcg</i>	1	
<i>levothyroxine sodium tabs 125mcg</i>	1	
<i>levothyroxine sodium tabs 137mcg</i>	1	
<i>levothyroxine sodium tabs 150mcg</i>	1	
<i>levothyroxine sodium tabs 175mcg</i>	1	
<i>levothyroxine sodium tabs 200mcg</i>	1	
<i>levothyroxine sodium tabs 25mcg</i>	1	
<i>levothyroxine sodium tabs 300mcg</i>	1	
<i>levothyroxine sodium tabs 50mcg</i>	1	
<i>levothyroxine sodium tabs 75mcg</i>	1	
<i>levothyroxine sodium tabs 88mcg</i>	1	
<i>levoxyl tabs 100mcg</i>	1	
<i>levoxyl tabs 112mcg</i>	1	
<i>levoxyl tabs 125mcg</i>	1	
<i>levoxyl tabs 137mcg</i>	1	
<i>levoxyl tabs 150mcg</i>	1	
<i>levoxyl tabs 175mcg</i>	1	
<i>levoxyl tabs 200mcg</i>	1	
<i>levoxyl tabs 25mcg</i>	1	
<i>levoxyl tabs 50mcg</i>	1	
<i>levoxyl tabs 75mcg</i>	1	
<i>levoxyl tabs 88mcg</i>	1	
<i>liothyronine sodium inj 10mcg/ml</i>	1	
<i>liothyronine sodium tabs 25mcg</i>	1	
<i>liothyronine sodium tabs 50mcg</i>	1	
<i>liothyronine sodium tabs 5mcg</i>	1	
NATURE-THROID NT-2.5 TABS 162.5MG	3	
NATURE-THROID TABS 113.75MG	3	
NATURE-THROID TABS 130MG	3	

Drug Name	Drug Tier	Requirements/Limits
NATURE-THROID TABS 146.25MG	3	
NATURE-THROID TABS 16.25MG	3	
NATURE-THROID TABS 195MG	3	
NATURE-THROID TABS 260MG	3	
NATURE-THROID TABS 32.5MG	3	
NATURE-THROID TABS 325MG	3	
NATURE-THROID TABS 48.75MG	3	
NATURE-THROID TABS 65MG	3	
NATURE-THROID TABS 81.25MG	3	
NATURE-THROID TABS 97.5MG	3	
NP THYROID 30 TABS 30MG	3	
NP THYROID 60 TABS 60MG	3	
NP THYROID 90 TABS 90MG	3	
SYNTHROID TABS 100MCG	3	
SYNTHROID TABS 112MCG	3	
SYNTHROID TABS 125MCG	3	
SYNTHROID TABS 137MCG	3	
SYNTHROID TABS 150MCG	3	
SYNTHROID TABS 175MCG	3	
SYNTHROID TABS 200MCG	3	
SYNTHROID TABS 25MCG	3	
SYNTHROID TABS 300MCG	3	
SYNTHROID TABS 50MCG	3	
SYNTHROID TABS 75MCG	3	
SYNTHROID TABS 88MCG	3	
THYROLAR-1/2 TABS 30MG	3	
THYROLAR-1/4 TABS 15MG	3	
THYROLAR-1 TABS 60MG	3	
THYROLAR-2 TABS 120MG	3	
THYROLAR-3 TABS 180MG	3	
TIROSINT CAPS 100MCG	3	
TIROSINT CAPS 112MCG	3	
TIROSINT CAPS 125MCG	3	
TIROSINT CAPS 137MCG	3	
TIROSINT CAPS 13MCG	3	
TIROSINT CAPS 150MCG	3	
TIROSINT CAPS 25MCG	3	
TIROSINT CAPS 50MCG	3	
TIROSINT CAPS 75MCG	3	
TIROSINT CAPS 88MCG	3	
TRIOSTAT INJ 10MCG/ML	3	
<i>unithroid direct tabs 100mcg</i>	1	
<i>unithroid direct tabs 112mcg</i>	1	
<i>unithroid direct tabs 125mcg</i>	1	
<i>unithroid direct tabs 150mcg</i>	1	
<i>unithroid direct tabs 175mcg</i>	1	
<i>unithroid direct tabs 200mcg</i>	1	
<i>unithroid direct tabs 25mcg</i>	1	
<i>unithroid direct tabs 300mcg</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<i>unithroid direct tabs 50mcg</i>	1	
<i>unithroid direct tabs 75mcg</i>	1	
<i>unithroid direct tabs 88mcg</i>	1	
<i>unithroid tabs 100mcg</i>	1	
<i>unithroid tabs 112mcg</i>	1	
<i>unithroid tabs 125mcg</i>	1	
<i>unithroid tabs 137mcg</i>	1	
<i>unithroid tabs 150mcg</i>	1	
<i>unithroid tabs 175mcg</i>	1	
<i>unithroid tabs 200mcg</i>	1	
<i>unithroid tabs 25mcg</i>	1	
<i>unithroid tabs 300mcg</i>	1	
<i>unithroid tabs 50mcg</i>	1	
<i>unithroid tabs 75mcg</i>	1	
<i>unithroid tabs 88mcg</i>	1	
WESTHROID TABS 113.75MG	3	
WESTHROID TABS 130MG	3	
WESTHROID TABS 146.25MG	3	
WESTHROID TABS 16.25MG	3	
WESTHROID TABS 162.5MG	3	
WESTHROID TABS 195MG	3	
WESTHROID TABS 260MG	3	
WESTHROID TABS 32.5MG	3	
WESTHROID TABS 325MG	3	
WESTHROID TABS 48.75MG	3	
WESTHROID TABS 65MG	3	
WESTHROID TABS 81.25MG	3	
WESTHROID TABS 97.5MG	3	
WP THYROID TABS 130MG	3	
WP THYROID TABS 16.25MG	3	
WP THYROID TABS 32.5MG	3	
WP THYROID TABS 48.75MG	3	
WP THYROID TABS 65MG	3	
WP THYROID TABS 97.5MG	3	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN TABS 500MG	2	
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
<i>Hormonal Agents, Suppressant (Parathyroid)</i>		
SENSIPAR TABS 30MG	2	
SENSIPAR TABS 60MG	2	
SENSIPAR TABS 90MG	2	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline tabs 0.5mg</i>	1	
ELIGARD INJ 22.5MG	2	PA
ELIGARD INJ 30MG	2	PA
ELIGARD INJ 45MG	2	PA
ELIGARD INJ 7.5MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON INJ 120MG	2	PA
FIRMAGON INJ 80MG	2	QL (4 EA per 28 days) PA
<i>leuprolide acetate inj 1mg/0.2ml</i>	1	PA
LUPANETA PACK KIT 11.25MG; 5MG	3	QL (1 EA per 90 days) PA
LUPANETA PACK KIT 3.75MG; 5MG	3	QL (1 EA per 30 days) PA
LUPRON DEPOT-PED INJ 11.25MG	2	PA
LUPRON DEPOT-PED INJ 11.25MG	2	PA
LUPRON DEPOT-PED INJ 15MG	2	PA
LUPRON DEPOT-PED INJ 30MG	2	PA
LUPRON DEPOT-PED INJ 7.5MG	2	PA
LUPRON DEPOT INJ 11.25MG	2	PA
LUPRON DEPOT INJ 22.5MG	2	PA
LUPRON DEPOT INJ 3.75MG	2	PA
LUPRON DEPOT INJ 30MG	2	PA
LUPRON DEPOT INJ 45MG	2	PA
LUPRON DEPOT INJ 7.5MG	2	PA
<i>octreotide acetate inj 1000mcg/ml</i>	1	PA
<i>octreotide acetate inj 100mcg/ml</i>	1	PA
<i>octreotide acetate inj 200mcg/ml</i>	1	PA
<i>octreotide acetate inj 500mcg/ml</i>	1	PA
<i>octreotide acetate inj 50mcg/ml</i>	1	PA
SANDOSTATIN LAR DEPOT INJ 10MG	2	PA
SANDOSTATIN LAR DEPOT INJ 20MG	2	PA
SANDOSTATIN LAR DEPOT INJ 30MG	2	PA
SANDOSTATIN INJ 1000MCG/ML	3	PA
SANDOSTATIN INJ 100MCG/ML	3	PA
SANDOSTATIN INJ 200MCG/ML	3	PA
SANDOSTATIN INJ 500MCG/ML	3	PA
SANDOSTATIN INJ 50MCG/ML	3	PA
SIGNIFOR INJ 0.3MG/ML	2	PA
SIGNIFOR INJ 0.6MG/ML	2	PA
SIGNIFOR INJ 0.9MG/ML	2	PA
SOMATULINE DEPOT INJ 120MG/0.5ML	2	PA
SOMATULINE DEPOT INJ 60MG/0.2ML	2	PA
SOMATULINE DEPOT INJ 90MG/0.3ML	2	PA
SOMAVERT INJ 10MG	2	PA
SOMAVERT INJ 15MG	2	PA
SOMAVERT INJ 20MG	2	PA
SYNAREL SOLN 2MG/ML	2	
TRELSTAR DEPOT MIXJECT INJ 3.75MG	2	PA
TRELSTAR LA MIXJECT INJ 11.25MG	2	PA
TRELSTAR MIXJECT INJ 22.5MG	2	PA
ZOLADEX INJ 10.8MG	2	
ZOLADEX INJ 3.6MG	2	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg</i>	1	
<i>methimazole tabs 5mg</i>	1	
<i>propylthiouracil tabs 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TAPAZOLE TABS 10MG	3	
TAPAZOLE TABS 5MG	3	
<b>Immunological Agents</b>		
<i>Angioedema (HAE) Agents</i>		
BERINERT INJ 500UNIT	3	
CINRYZE INJ 500UNIT	3	PA
FIRAZYR INJ 30MG/3ML	3	
<i>Immune Suppressants</i>		
ASTAGRAF XL CP24 0.5MG	3	B/D
ASTAGRAF XL CP24 1MG	3	B/D
ASTAGRAF XL CP24 5MG	3	B/D
AZASAN TABS 100MG	2	B/D
AZASAN TABS 75MG	2	B/D
<i>azathioprine sodium inj 100mg</i>	1	
<i>azathioprine tabs 50mg</i>	1	B/D
BENLYSTA INJ 120MG	3	PA
CELLCEPT INTRAVENOUS INJ 500MG	3	B/D
CELLCEPT CAPS 250MG	3	B/D
CELLCEPT SUSR 200MG/ML	2	B/D
CELLCEPT TABS 500MG	3	B/D
CIMZIA INJ 200MG/ML	3	PA
CIMZIA INJ 200MG	3	PA
<i>cyclosporine modified caps 100mg</i>	1	B/D
<i>cyclosporine modified caps 25mg</i>	1	B/D
<i>cyclosporine modified caps 50mg</i>	1	B/D
<i>cyclosporine modified soln 100mg/ml</i>	1	B/D
<i>cyclosporine caps 100mg</i>	1	B/D
<i>cyclosporine caps 25mg</i>	1	B/D
<i>cyclosporine inj 50mg/ml</i>	1	B/D
ENBREL INJ 25MG/0.5ML	3	PA
ENBREL INJ 25MG	3	PA
ENBREL INJ 50MG/ML	3	PA
<i>engraf caps 100mg</i>	1	B/D
<i>engraf caps 25mg</i>	1	B/D
<i>engraf soln 100mg/ml</i>	1	B/D
<i>hecoria caps 0.5mg</i>	1	B/D
<i>hecoria caps 1mg</i>	1	B/D
<i>hecoria caps 5mg</i>	1	B/D
HUMIRA PEN-CROHNS DISEASESTARTER INJ 40MG/0.8ML	2	PA
HUMIRA INJ 20MG/0.4ML	2	PA
HUMIRA INJ 40MG/0.8ML	2	PA
IMURAN TABS 50MG	3	B/D
KINERET INJ 100MG/0.67ML	3	
<i>methotrexate sodium inj 1gm/40ml</i>	1	
<i>methotrexate sodium inj 1gm</i>	1	
<i>methotrexate sodium inj 25mg/ml</i>	1	
<i>methotrexate sodium inj 25mg/ml</i>	1	
<i>methotrexate sodium inj 25mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate tabs 2.5mg</i>	1	
<i>mycophenolate mofetil caps 250mg</i>	1	B/D
<i>mycophenolate mofetil tabs 500mg</i>	1	B/D
<i>mycophenolic acid dr tbec 180mg</i>	1	B/D
<i>mycophenolic acid dr tbec 360mg</i>	1	B/D
MYFORTIC TBEC 180MG	3	B/D
MYFORTIC TBEC 360MG	3	B/D
NEORAL CAPS 100MG	3	B/D
NEORAL CAPS 25MG	3	B/D
NEORAL SOLN 100MG/ML	3	B/D
NULOJIX INJ 250MG	3	PA
ORENCIA INJ 125MG/ML	3	PA
ORENCIA INJ 250MG	3	PA
OTREXUP INJ 10MG/0.4ML	3	QL (4 ML per 28 days)
OTREXUP INJ 15MG/0.4ML	3	QL (4 ML per 28 days)
OTREXUP INJ 20MG/0.4ML	3	QL (4 ML per 28 days)
OTREXUP INJ 25MG/0.4ML	3	QL (4 ML per 28 days)
PROGRAF CAPS 0.5MG	3	B/D
PROGRAF CAPS 1MG	3	B/D
PROGRAF CAPS 5MG	3	B/D
PROGRAF INJ 5MG/ML	3	B/D
RAPAMUNE SOLN 1MG/ML	2	B/D
RAPAMUNE TABS 0.5MG	2	B/D
RAPAMUNE TABS 1MG	2	B/D
RAPAMUNE TABS 2MG	2	B/D
REMICADE INJ 100MG	3	PA
RHEUMATREX TABS 2.5MG	3	
SANDIMMUNE CAPS 100MG	3	B/D
SANDIMMUNE CAPS 25MG	3	B/D
SANDIMMUNE INJ 50MG/ML	3	B/D
SANDIMMUNE SOLN 100MG/ML	2	B/D
SIMPONI ARIA INJ 50MG/4ML	3	PA
SIMPONI INJ 100MG/ML	3	PA
SIMPONI INJ 50MG/0.5ML	3	PA
<i>sirolimus tabs 0.5mg</i>	1	B/D
<i>tacrolimus caps 0.5mg</i>	1	B/D
<i>tacrolimus caps 1mg</i>	1	B/D
<i>tacrolimus caps 5mg</i>	1	B/D
TORISEL INJ 25MG/ML	2	PA
TREXALL TABS 10MG	2	
TREXALL TABS 15MG	2	
TREXALL TABS 5MG	2	
TREXALL TABS 7.5MG	2	
ZORTRESS TABS 0.25MG	3	PA
ZORTRESS TABS 0.5MG	3	PA
ZORTRESS TABS 0.75MG	3	PA
<b><i>Immunizing Agents, Passive</i></b>		
ATGAM INJ 50MG/ML	3	B/D
BIVIGAM INJ 10GM/100ML	2	PA

Drug Name	Drug Tier	Requirements/Limits
BIVIGAM INJ 5GM/50ML	2	PA
CARIMUNE NANOFILTERED INJ 3GM	2	PA
CYTOGAM INJ 50MG/ML	3	
FLEBOGAMMA DIF INJ 0.5GM/10ML	2	PA
FLEBOGAMMA DIF INJ 10%	2	PA
FLEBOGAMMA DIF INJ 10%	2	PA
FLEBOGAMMA DIF INJ 10%	2	PA
FLEBOGAMMA DIF INJ 20GM/400ML	2	PA
<i>flebogamma dif inj 5%</i>	2	PA
FLEBOGAMMA DIF INJ 5%	2	PA
FLEBOGAMMA DIF INJ 5%	2	PA
FLEBOGAMMA INJ 0.5GM/10ML	2	PA
GAMASTAN S/D INJ 0	2	PA
GAMMAGARD LIQUID INJ 0	2	PA
GAMMAKED INJ 10GM/100ML	2	PA
GAMMAKED INJ 1GM/10ML	2	PA
GAMMAKED INJ 2.5GM/25ML	2	PA
GAMMAKED INJ 20GM/200ML	2	PA
GAMMAKED INJ 5GM/50ML	2	PA
GAMMAPLEX INJ 10GM/200ML	2	PA
<i>gammaplex inj 2.5gm/50ml</i>	2	PA
GAMMAPLEX INJ 5GM/100ML	2	PA
GAMUNEX-C INJ 1GM/10ML	2	PA
HEPAGAM B INJ 0	3	
HIZENTRA INJ 10GM/50ML	2	B/D
HIZENTRA INJ 1GM/5ML	2	B/D
HIZENTRA INJ 2GM/10ML	2	B/D
HIZENTRA INJ 4GM/20ML	2	B/D
HYPERHEP B S/D INJ 0	3	
HYPERRAB S/D INJ 150UNIT/ML	3	
HYPERRHO S/D MINI-DOSE INJ 50MCG	3	
HYPERRHO S/D INJ 300MCG	3	
HYPERTET S/D INJ 250UNIT/ML	3	
IMOGAM RABIES-HT INJ 150UNIT/ML	3	
MICRHOGAM ULTRA-FILTERED PLUS INJ 50MCG	3	
NABI-HB INJ 0	3	
OCTAGAM INJ 10GM/200ML	2	PA
OCTAGAM INJ 1GM/20ML	2	PA
<i>octagam inj 2.5gm/50ml</i>	2	PA
OCTAGAM INJ 25GM/500ML	2	PA
OCTAGAM INJ 5GM/100ML	2	PA
PRIVIGEN INJ 20GM/200ML	2	PA
RHOGAM ULTRA-FILTERED PLUS INJ 300MCG	3	
RHOPHYLAC INJ 1500UNIT/2ML	3	
THYMOGLOBULIN INJ 25MG	3	B/D
VARIZIG INJ 125UNIT	3	
WINRHO SDF INJ 15000UNIT/13ML	3	
WINRHO SDF INJ 1500UNIT/1.3ML	3	
WINRHO SDF INJ 2500UNIT/2.2ML	3	

Drug Name	Drug Tier	Requirements/Limits
WINRHO SDF INJ 5000UNIT/4.4ML	3	
<b>Immunomodulators</b>		
ACTEMRA INJ 162MG/0.9ML	3	PA
ACTEMRA INJ 200MG/10ML	3	PA
ACTIMMUNE INJ 2000000UNIT/0.5ML	2	
ALFERON N INJ 5MU/ML	2	
ARAVA TABS 10MG	3	
ARAVA TABS 20MG	3	
ARCALYST INJ 220MG	2	PA
ILARIS INJ 180MG	3	
leflunomide tabs 10mg	1	
leflunomide tabs 20mg	1	
OTEZLA TABS 30MG	3	
OTEZLA TBPK 0	3	QL (54 EA per 365 days)
PROVENGE INJ 0	2	
RIDAURA CAPS 3MG	2	
SIMULECT INJ 20MG	3	B/D
SYNAGIS INJ 50MG/0.5ML	2	
TECFIDERA STARTER PACK MISC 0	2	PA
TECFIDERA CPDR 120MG	2	PA
TECFIDERA CPDR 240MG	2	PA
XELJANZ TABS 5MG	3	PA
<b>Vaccines</b>		
ACTHIB INJ 0	2	
ADACEL INJ 15.5MCG/0.5ML; 2LF/0.5ML; 5LF/0.5ML	2	
BCG VACCINE INJ 0	2	
BIOTHRAX INJ 0	2	
BOOSTRIX INJ 18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	2	
BOOSTRIX INJ 18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	2	
CERVARIX INJ 0	2	
COMVAX INJ 7.5MCG/0.5ML; 5MCG/0.5ML	2	
DAPTACEL INJ 10MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	2	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC INJ 25LFU/0.5ML; 5LFU/0.5ML	2	
ENGERIX-B INJ 10MCG/0.5ML	2	B/D
ENGERIX-B INJ 10MCG/0.5ML	2	B/D
ENGERIX-B INJ 10MCG/0.5ML	2	B/D
ENGERIX-B INJ 10MCG/0.5ML	2	B/D
ENGERIX-B INJ 10MCG/0.5ML	2	B/D
ENGERIX-B INJ 10MCG/0.5ML	2	B/D
ENGERIX-B INJ 10MCG/0.5ML	2	B/D
ENGERIX-B INJ 10MCG/0.5ML	2	B/D
ENGERIX-B INJ 20MCG/ML	2	B/D
ENGERIX-B INJ 20MCG/ML	2	B/D
ENGERIX-B INJ 20MCG/ML	2	B/D
GARDASIL INJ 0	2	
HAVRIX INJ 1440ELU/ML	2	
HAVRIX INJ 720ELU/0.5ML	2	

Drug Name	Drug Tier	Requirements/Limits
HIBERIX INJ 10MCG; 25MCG	2	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	2	B/D
INFANRIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 10LFU/0.5ML	2	
IPOL INACTIVATED IPV INJ 0	2	
IXIARO INJ 0	2	
KINRIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 0; 10LFU/0.5ML	2	
M-M-R II W/DILUENT 10 DOSE INJ 0; 0; 0	2	
MENACTRA INJ 0	2	
MENHIBRIX INJ 2.5MCG; 5MCG; 5MCG	2	
MENOMUNE-A/C/Y/W-135 INJ 0	2	
MENVEO INJ 0	2	
PEDIARIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 10MCG/0.5ML; 0; 10LFU/0.5ML	2	
PEDVAX HIB INJ 0	2	
PENTACEL INJ 48MCG/0.5ML; 15LFU/0.5ML; 0; 0; 5LFU/0.5ML	2	
PROQUAD INJ 0; 0; 0; 0	2	
RABAVERT INJ 0	2	B/D
RECOMBIVAX HB INJ 10MCG/ML	2	B/D
RECOMBIVAX HB INJ 40MCG/ML	2	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	2	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	2	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	2	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	2	B/D
ROTARIX SUSR 0	2	
ROTATEQ SOLN 0	2	
TENIVAC INJ 2LFU; 5LFU	2	
TETANUS TOXOID ADSORBED INJ 5LFU	2	B/D
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT INJ 2LF/0.5ML; 2LF/0.5ML	2	
TWINRIX INJ 720ELU/ML; 20MCG/ML	2	B/D
TYPHIM VI INJ 25MCG/0.5ML	2	
VAQTA INJ 25UNIT/0.5ML	2	
VAQTA INJ 50UNIT/ML	2	
VAQTA INJ 50UNIT/ML	2	
VAQTA INJ 50UNIT/ML	2	
VAQTA INJ 50UNIT/ML	2	
VAQTA INJ 50UNIT/ML	2	
VARIVAX INJ 1350PFU/0.5ML	2	
VIVOTIF BERNA CPDR 0	2	
YF-VAX INJ 0	2	
ZOSTAVAX INJ 19400UNT/0.65ML	2	

### Inflammatory Bowel Disease Agents

#### *Aminosalicylates*

APRISO CP24 0.375GM	3	
ASACOL HD TBEC 800MG	2	
<i>balsalazide disodium caps 750mg</i>	1	



Drug Name	Drug Tier	Requirements/Limits
CANASA SUPP 1000MG	2	
COLAZAL CAPS 750MG	3	
DELZICOL CPDR 400MG	3	
DIPENTUM CAPS 250MG	3	
GIAZO TABS 1.1GM	3	
LIALDA TBEC 1.2GM	2	
<i>mesalamine enem 4gm</i>	1	
<i>mesalamine enem 4gm</i>	1	
<i>mesalamine enem 4gm</i>	1	
<i>mesalamine kit 4gm</i>	1	
PENTASA CPCR 250MG	2	
PENTASA CPCR 500MG	2	
ROWASA KIT 4GM	3	
ROWASA KIT 4GM	3	
SFROWASA ENEM 4GM/60ML	3	
<b>Glucocorticoids</b>		
<i>budesonide cp24 3mg</i>	1	
<i>colocort enem 100mg/60ml</i>	1	
CORTENEMA ENEM 100MG/60ML	3	
ENTOCORT EC CP24 3MG	3	
<i>hydrocortisone enem 100mg/60ml</i>	1	
UCERIS TB24 9MG	2	
<b>Sulfonamides</b>		
AZULFIDINE EN-TABS TBEC 500MG	3	
AZULFIDINE TABS 500MG	3	
<i>sulfasalazine tabs 500mg</i>	1	
<i>sulfasalazine tbec 500mg</i>	1	
<i>sulfasalazine tbec 500mg</i>	1	
<i>sulfazine ec tbec 500mg</i>	1	
<i>sulfazine tabs 500mg</i>	1	
<i>sulfazine tabs 500mg</i>	1	
<i>sulfazine tabs 500mg</i>	1	
<i>sulfazine tabs 500mg</i>	1	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
ACTONEL TABS 150MG	3	QL (1 EA per 28 days) ST
ACTONEL TABS 30MG	2	ST
ACTONEL TABS 35MG	2	QL (4 EA per 28 days) ST
ACTONEL TABS 5MG	2	ST
<i>alendronate sodium soln 70mg/75ml</i>	1	
<i>alendronate sodium tabs 10mg</i>	1	
<i>alendronate sodium tabs 35mg</i>	1	QL (4 EA per 28 days)
<i>alendronate sodium tabs 40mg</i>	1	
<i>alendronate sodium tabs 5mg</i>	1	
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA per 28 days)
ATELVIA TBEC 35MG	2	QL (4 EA per 28 days) ST
BINOSTO TBEF 70MG	3	
BONIVA INJ 3MG/3ML	3	QL (3 ML per 90 days)
BONIVA TABS 150MG	3	QL (1 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin-salmon soln 200unit/act</i>	1	QL (3.7 ML per 30 days)
<i>calcitriol caps 0.25mcg</i>	1	
<i>calcitriol caps 0.5mcg</i>	1	
<i>calcitriol inj 1mcg/ml</i>	1	
<i>calcitriol soln 1mcg/ml</i>	1	
<i>doxercalciferol caps 0.5mcg</i>	1	
<i>doxercalciferol caps 1mcg</i>	1	
<i>doxercalciferol caps 2.5mcg</i>	1	
<i>doxercalciferol inj 4mcg/2ml</i>	1	
<i>etidronate disodium tabs 200mg</i>	1	
<i>etidronate disodium tabs 400mg</i>	1	
FORTEO INJ 600MCG/2.4ML	2	
<i>fortical soln 200unit/act</i>	1	QL (3.7 ML per 30 days)
FOSAMAX PLUS D TABS 70MG; 2800UNIT	3	QL (4 EA per 28 days)
FOSAMAX PLUS D TABS 70MG; 5600UNIT	3	QL (4 EA per 28 days)
FOSAMAX TABS 70MG	3	QL (4 EA per 28 days)
GANITE INJ 25MG/ML	3	
HECTOROL CAPS 0.5MCG	3	
HECTOROL CAPS 1MCG	3	
HECTOROL CAPS 2.5MCG	3	
HECTOROL INJ 4MCG/2ML	3	
<i>ibandronate sodium inj 3mg/3ml</i>	1	QL (3 ML per 90 days)
<i>ibandronate sodium tabs 150mg</i>	1	QL (1 EA per 28 days)
MIACALCIN INJ 200UNIT/ML	3	
MIACALCIN SOLN 200UNIT/ACT	3	QL (3.7 ML per 30 days)
<i>pamidronate disodium inj 30mg/10ml</i>	1	
<i>pamidronate disodium inj 30mg</i>	1	
<i>pamidronate disodium inj 30mg</i>	1	
<i>pamidronate disodium inj 30mg</i>	1	
<i>pamidronate disodium inj 30mg</i>	1	
<i>pamidronate disodium inj 30mg</i>	1	
<i>pamidronate disodium inj 6mg/ml</i>	1	
<i>pamidronate disodium inj 90mg/10ml</i>	1	
<i>pamidronate disodium inj 90mg</i>	1	
<i>pamidronate disodium inj 90mg</i>	1	
<i>pamidronate disodium inj 90mg</i>	1	
<i>paricalcitol caps 1mcg</i>	1	
<i>paricalcitol caps 2mcg</i>	1	
<i>paricalcitol caps 4mcg</i>	1	
PROLIA INJ 60MG/ML	3	
RECLAST INJ 5MG/100ML	3	
<i>risedronate sodium tabs 150mg</i>	1	QL (1 EA per 28 days)
ROCALTROL CAPS 0.25MCG	3	
ROCALTROL CAPS 0.5MCG	3	
ROCALTROL SOLN 1MCG/ML	3	
SKELID TABS 200MG	3	
XGEVA INJ 120MG/1.7ML	2	PA
ZEMPLAR CAPS 1MCG	3	
ZEMPLAR CAPS 2MCG	3	
ZEMPLAR CAPS 4MCG	3	

Drug Name	Drug Tier	Requirements/Limits
ZEMPLAR INJ 2MCG/ML	3	
ZEMPLAR INJ 5MCG/ML	3	
zoledronic acid inj 4mg/100ml	1	PA
zoledronic acid inj 4mg/5ml	1	PA
zoledronic acid inj 4mg	1	PA
zoledronic acid inj 5mg/100ml	1	
ZOMETA INJ 4MG/100ML	3	PA
ZOMETA INJ 4MG/5ML	3	PA
<b>Miscellaneous Therapeutic Agents</b>		
<i>Miscellaneous Therapeutic Agents</i>		
AMMONUL INJ 10%; 10%	3	
ANTIVENIN LATRODECTUS MACTANS INJ 0	3	
ANTIZOL INJ 1GM/ML	3	
argyle sterile saline 100ml soln 0.9%	1	
bd insulin syringe safetyglide/1ml/29g x 1/2" misc	1	QL (200 EA per 30 days)
bd insulin syringe ultrafine/0.3ml/31g x 5/16" misc	1	QL (200 EA per 30 days)
bd insulin syringe ultrafine/0.5ml/30g x 1/2" misc	1	QL (200 EA per 30 days)
bd insulin syringe ultrafine/1ml/31g x 5/16" misc	1	QL (200 EA per 30 days)
bd pen needle/ultrafine/29g x 12.7mm misc	1	QL (200 EA per 30 days)
BEXXAR 131 IODINE INJ 0.61MCI/ML	2	
BEXXAR 131 IODINE INJ 5.6MCI/ML	2	
BOTOX INJ 100UNIT	3	
BOTOX INJ 200UNIT	3	
CARNITOR INJ 200MG/ML	3	
CARNITOR SOLN 1GM/10ML	3	
CARNITOR TABS 330MG	3	
curity sterile saline soln 0.9%	1	
cysteine hcl inj 50mg/ml	1	
deferoxamine mesylate inj 2gm	1	
deferoxamine mesylate inj 500mg	1	
DESFERAL INJ 2GM	3	
DESFERAL INJ 500MG	3	
DUODOTE INJ 2.1MG/0.7ML; 600MG/2ML	3	
DYSPOIN INJ 300UNIT	3	
DYSPOIN INJ 500UNIT	3	
ENLON-PLUS INJ 0.14MG/ML; 10MG/ML	3	
FERRIPROX TABS 500MG	3	
fomepizole inj 1gm/ml	1	
GRASTEK SUBL 2800BAU	3	PA
humapen luxura hd devi	1	
INTRALIPID INJ 1.7%; 30%	3	B/D
INTRALIPID INJ 2.25%; 20%	3	B/D
KALBITOR INJ 10MG/ML	3	
l-cysteine hcl inj 50mg/ml	1	
lactated ringers irrigation soln 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l	1	
levocarnitine inj 200mg/ml	1	
levocarnitine soln 1gm/10ml	1	
levocarnitine tabs 330mg	1	

Drug Name	Drug Tier	Requirements/Limits
LIPOSYN III INJ 2.5%; 10%	2	B/D
LIPOSYN III INJ 2.5%; 20%	2	B/D
LIPOSYN III INJ 2.5%; 30%	2	B/D
LIPOSYN II INJ 2.5%; 10%; 10%	2	B/D
LIPOSYN II INJ 2.5%; 10%; 10%	2	B/D
METASTRON INJ 1MCI/ML	2	
<i>methylergonovine maleate inj 0.2mg/ml</i>	1	
<i>methylergonovine maleate tabs 0.2mg</i>	1	
MYALEPT INJ 11.3MG	3	PA
MYOBLOC INJ 10000UNIT/2ML	3	
MYOBLOC INJ 2500UNIT/0.5ML	3	
MYOBLOC INJ 5000UNIT/ML	3	
<i>n-acetyl-l-cysteine caps 600mg</i>	1	
NEEDLE-FREE SYRINGE KIT A KIT	3	
NEEDLE-FREE SYRINGE KIT B KIT	3	
NEEDLE-FREE SYRINGE KIT C KIT	3	
NITHIODOTE INJ 300MG/10ML; 12.5GM/50ML	3	
OMNIPOD STARTER KIT KIT	3	
ORALAIR SUBL 0; 0; 0; 0; 0	3	PA
ORFADIN CAPS 10MG	2	
ORFADIN CAPS 2MG	2	
ORFADIN CAPS 5MG	2	
<i>oxytocin inj 10unit/ml</i>	1	
<i>pentetate calcium trisodium soln 200mg/ml</i>	1	
<i>pentetate zinc trisodium soln 200mg/ml</i>	1	
<i>physiolyte soln 27meq/1000ml; 98meq/1000ml;</i>	1	
<i>23meq/1000ml; 3meq/1000ml; 5meq/1000ml; 140meq/1000ml</i>	1	
<i>physiosol irrigation soln 30mg/100ml; 37mg/100ml;</i>	1	
<i>222mg/100ml; 526mg/100ml; 502mg/100ml</i>	1	
<i>physostigmine salicylate inj 1mg/ml</i>	1	
PITOCIN INJ 10UNIT/ML	3	
<i>pralidoxime chloride inj 600mg/2ml</i>	1	
PROTOPAM CHLORIDE INJ 1GM	3	
QUADRAMET INJ 1850MBQ/ML	2	
RAGWITEK SUBL 12AMB A 1-U	3	PA
<i>ringers irrigation soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>sodium chloride 0.9% soln 0.9%</i>	1	
<i>sodium thiosulfate inj 10%</i>	1	
<i>sodium thiosulfate inj 25%</i>	1	
<i>staphage lysate i &amp; iii inj 0</i>	1	
<i>sterile water irrigation soln 0</i>	1	
<i>tis-u-sol soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VORAXAZE INJ 1000UNIT	2	
XEOMIN INJ 50UNIT	3	

### Ophthalmic Agents

#### Ophthalmic Prostaglandin and Prostanamide Analogs

Drug Name	Drug Tier	Requirements/Limits
COMBIGAN SOLN 0.2%; 0.5%	2	
<i>latanoprost soln 0.005%</i>	1	QL (2.5 ML per 25 days)
LUMIGAN SOLN 0.01%	3	QL (2.5 ML per 25 days) ST
RESCULA SOLN 0.15%	3	QL (7.5 ML per 25 days) ST
TRAVATAN Z SOLN 0.004%	2	QL (2.5 ML per 25 days)
<i>travoprost soln 0.004%</i>	1	QL (2.5 ML per 25 days)
XALATAN SOLN 0.005%	3	QL (2.5 ML per 25 days)
ZIOPTAN SOLN 0.015MG/ML	3	QL (60 EA per 30 days) ST
<b>Ophthalmic Agents, Other</b>		
ALCAINE SOLN 0.5%	3	
<i>altafrin soln 10%</i>	1	
<i>altafrin soln 2.5%</i>	1	
<i>atropine sulfate oint 1%</i>	1	
<i>atropine sulfate soln 1%</i>	1	
<i>atropine-care soln 1%</i>	1	
<i>balanced salt inj 0.048%; 0.03%; 0.075%; 0.39%; 0.64%; 0.17%</i>	1	
BSS PLUS INJ 3.85MG/ML; 23MG/ML; 4.6MG/ML; 2.19MG/ML; 5MG/ML; 0.395MG/ML; 2.19MG/ML; 7.44MG/ML; 0.433MG/ML	3	
<i>bss inj 0.048%; 0.03%; 0.075%; 0.39%; 0.49%; 0.17%</i>	1	
CYSTARAN SOLN 0.44%	2	
<i>homatropaire soln 5%</i>	1	
<i>homatropine hbr soln 5%</i>	1	
ISOPTO ATROPINE SOLN 1%	3	
ISOPTO HOMATROPINE SOLN 2%	3	
ISOPTO HOMATROPINE SOLN 5%	3	
JETREA INJ 0.5MG/0.2ML	3	
LACRISERT INST 5MG	2	
MYDFRIN SOLN 2.5%	3	
<i>mydral soln 0.5%</i>	1	
<i>mydral soln 1%</i>	1	
MYDRIACYL SOLN 1%	3	
<i>naphazoline hcl soln 0.1%</i>	1	
<i>neofrin soln 10%</i>	1	
<i>neofrin soln 2.5%</i>	1	
<i>parcaine soln 0.5%</i>	1	
<i>phenylephrine hcl soln 10%</i>	1	
<i>phenylephrine hcl soln 2.5%</i>	1	
PROCYSBI CPDR 25MG	3	
PROCYSBI CPDR 75MG	3	
<i>proparacaine hcl soln 0.5%</i>	1	
RESTASIS EMUL 0.05%	2	QL (60 EA per 30 days)
<i>tropicamide soln 0.5%</i>	1	
<i>tropicamide soln 1%</i>	1	
<b>Ophthalmic Anti-allergy Agents</b>		
ALOCRIAL SOLN 2%	3	
<i>azelastine hcl soln 0.05%</i>	1	
BEPREVE SOLN 1.5%	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium soln 4%</i>	1	
ELESTAT SOLN 0.05%	3	
EMADINE SOLN 0.05%	3	
<i>epinastine hcl soln 0.05%</i>	1	
LASTACAFT SOLN 0.25%	3	
OPTIVAR SOLN 0.05%	3	
PATADAY SOLN 0.2%	2	
PATANOL SOLN 0.1%	2	
<b>Ophthalmic Anti-inflammatories</b>		
ACULAR LS SOLN 0.4%	3	
ACULAR SOLN 0.5%	3	
ACUVAIL SOLN 0.45%	3	
ALOMIDE SOLN 0.1%	3	
ALREX SUSP 0.2%	2	
<i>bromfenac soln 0.09%</i>	1	
<i>bromfenac soln 0.09%</i>	1	
<i>bromfenac soln 0.09%</i>	1	
<i>dexamethasone sodium phosphate soln 0.1%</i>	1	
<i>diclofenac sodium soln 0.1%</i>	1	
DUREZOL EMUL 0.05%	2	
FLAREX SUSP 0.1%	3	
<i>fluorometholone susp 0.1%</i>	1	
<i>flurbiprofen sodium soln 0.03%</i>	1	
FML FORTE SUSP 0.25%	3	
FML LIQUIFILM SUSP 0.1%	3	
FML OINT 0.1%	2	
ILEVRO SUSP 0.3%	3	
<i>ketorolac tromethamine soln 0.4%</i>	1	
<i>ketorolac tromethamine soln 0.5%</i>	1	
LOTEMAX GEL 0.5%	2	QL (20 GM per 365 days)
LOTEMAX OINT 0.5%	2	
LOTEMAX SUSP 0.5%	2	
MAXIDEX SUSP 0.1%	3	
MAXITROL OINT 0.1%; 3.5MG/GM; 10000UNIT/GM	3	
MAXITROL SUSP 0.1%; 3.5MG/ML; 10000UNIT/ML	3	
<i>neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml</i>	1	
NEVANAC SUSP 0.1%	2	
OCUFEN SOLN 0.03%	3	
OMNIPRED SUSP 1%	3	
<i>poly-dex oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	1	
PRED FORTE SUSP 1%	3	
PRED MILD SUSP 0.12%	2	
PRED-G S.O.P. OINT 0.3%; 0.6%	3	
PRED-G SUSP 0.3%; 1%	3	
<i>prednisolone acetate susp 1%</i>	1	
<i>prednisolone sodium phosphate soln 1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PROLENSA SOLN 0.07%	2	QL (12 ML per 365 days)
TOBRADEX ST SUSP 0.05%; 0.3%	2	
TOBRADEX OINT 0.1%; 0.3%	2	
TOBRADEX SUSP 0.1%; 0.3%	3	
<i>tobramycin/dexamethasone susp 0.1%; 0.3%</i>	1	
VEXOL SUSP 1%	3	
<b>Ophthalmic Antiglaucoma Agents</b>		
<i>acetazolamide er cp12 500mg</i>	1	
ALPHAGAN P SOLN 0.1%	2	
ALPHAGAN P SOLN 0.15%	3	
<i>apraclonidine soln 0.5%</i>	1	
AZOPT SUSP 1%	3	
BETAGAN SOLN 0.5%	3	
<i>betaxolol hcl soln 0.5%</i>	1	
BETIMOL SOLN 0.25%	3	
BETIMOL SOLN 0.5%	3	
BETOPTIC-S SUSP 0.25%	2	
<i>brimonidine tartrate soln 0.15%</i>	1	
<i>brimonidine tartrate soln 0.2%</i>	1	
<i>carteolol hcl soln 1%</i>	1	
COSOPT PF SOLN 22.3MG/ML; 6.8MG/ML	3	
COSOPT PF SOLN 22.3MG/ML; 6.8MG/ML	3	
COSOPT PF SOLN 22.3MG/ML; 6.8MG/ML	3	
COSOPT SOLN 22.3MG/ML; 6.8MG/ML	3	
DIAMOX CP12 500MG	3	
<i>dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml</i>	1	
<i>dorzolamide hcl soln 2%</i>	1	
IOPIDINE SOLN 0.5%	3	
IOPIDINE SOLN 1%	3	
ISOPTO CARPINE SOLN 1%	3	
ISOPTO CARPINE SOLN 2%	3	
ISOPTO CARPINE SOLN 4%	3	
ISTALOL SOLN 0.5%	3	
<i>levobunolol hcl soln 0.25%</i>	1	
<i>levobunolol hcl soln 0.5%</i>	1	
<i>metipranolol soln 0.3%</i>	1	
MIRVASO GEL 0.33%	3	
OPTIPRANOLOL SOLN 0.3%	3	
PHOSPHOLINE IODIDE SOLR 0.125%	2	
<i>pilocarpine hcl soln 1%</i>	1	
<i>pilocarpine hcl soln 2%</i>	1	
<i>pilocarpine hcl soln 4%</i>	1	
PILOPINE HS GEL 4%	2	
SIMBRINZA SUSP 0.2%; 1%	3	
<i>timolol maleate ophthalmic gel forming solg 0.25%</i>	1	
<i>timolol maleate ophthalmic gel forming solg 0.5%</i>	1	
<i>timolol maleate soln 0.25%</i>	1	
<i>timolol maleate soln 0.5%</i>	1	
TIMOPTIC OCUDOSE SOLN 0.25%	3	



Drug Name	Drug Tier	Requirements/Limits
TIMOPTIC OCUDOSE SOLN 0.5%	3	
TIMOPTIC-XE SOLG 0.25%	3	
TIMOPTIC-XE SOLG 0.5%	3	
TIMOPTIC SOLN 0.25%	3	
TIMOPTIC SOLN 0.5%	3	
TIMOPTIC SOLN 0.5%	3	
TRUSOPT SOLN 2%	3	

## Otic Agents

### Otic Agents

<i>acetazol hc soln 2%; 1%</i>	1	
<i>acetic acid/aluminum acetate soln 2%; 0</i>	1	
<i>acetic acid soln 2%</i>	1	
<i>antipyrine/benzocaine soln 5.4%; 1.4%</i>	1	
<i>antipyrine/benzocaine soln 5.5%; 1.4%</i>	1	
AURALGAN SOLN 5.5%; 1.4%	3	
<i>aurodex soln 5.4%; 1.4%</i>	1	
COLY-MYCIN S SUSP 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	3	
CORTISPORIN-TC SUSP 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	3	
CORTISPORIN SOLN 1%; 3.5MG/ML; 10000UNIT/ML	3	
CRESYLATE SOLN 25%	3	
<i>hydrocortisone/acetic acid soln 2%; 1%</i>	1	
<i>myoxin susp 15mg/ml; 1mg/ml; 10mg/ml</i>	1	
<i>neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>otic care soln 5.4%; 1.4%; 0.01%</i>	1	
<i>oticin liqd 1mg/ml; 10mg/ml</i>	1	
<i>otozin liqd 54mg/ml; 10mg/ml; 20mg/ml; 10mg/ml</i>	1	
PINNACAINE OTIC SOLN 20%	3	
PRAMOTIC LIQD 0.1%; 1%	3	
TREAGAN OTIC SOLN 5.4%; 1.4%; 0.01%	3	
VOSOL HC SOLN 2%; 1%	3	

## Respiratory Tract/Pulmonary Agents

### Anti-inflammatories, Inhaled Corticosteroids

ADVAIR DISKUS AEPB 100MCG/DOSE; 50MCG/DOSE	3	QL (60 EA per 30 days)
ADVAIR DISKUS AEPB 250MCG/DOSE; 50MCG/DOSE	3	QL (60 EA per 30 days)
ADVAIR DISKUS AEPB 500MCG/DOSE; 50MCG/DOSE	3	QL (60 EA per 30 days)
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT	3	QL (12 GM per 30 days)
ADVAIR HFA AERO 230MCG/ACT; 21MCG/ACT	3	QL (12 GM per 30 days)
ADVAIR HFA AERO 45MCG/ACT; 21MCG/ACT	3	QL (12 GM per 30 days)
AEROSPAN AERS 80MCG/ACT	3	QL (17.8 GM per 30 days)
ALVESCO AERS 160MCG/ACT	3	QL (12.2 GM per 30 days)
ALVESCO AERS 80MCG/ACT	3	QL (12.2 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 30 ME TERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110MCG/INH	2	QL (2 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEPB 220MCG/INH	2	QL (2 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES AEPB 110MCG/INH	2	QL (2 EA per 30 days)
BECONASE AQ SUSP 42MCG/SPRAY	3	QL (50 GM per 30 days) ST
BREO ELLIPTA AEPB 100MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
<i>budesonide susp 0.25mg/2ml</i>	1	QL (120 ML per 30 days) B/D
<i>budesonide susp 0.5mg/2ml</i>	1	QL (120 ML per 30 days) B/D
<i>budesonide susp 32mcg/act</i>	1	QL (17.4 GM per 30 days)
DULERA AERO 5MCG/ACT; 100MCG/ACT	2	QL (13 GM per 30 days)
DULERA AERO 5MCG/ACT; 200MCG/ACT	2	QL (13 GM per 30 days)
FLONASE SUSP 50MCG/ACT	3	QL (16 GM per 30 days)
FLOVENT DISKUS AEPB 100MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT DISKUS AEPB 50MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT HFA AERO 110MCG/ACT	3	QL (24 GM per 30 days)
FLOVENT HFA AERO 220MCG/ACT	3	QL (24 GM per 30 days)
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days)
<i>flunisolide soln 0.025%</i>	1	QL (50 ML per 25 days)
<i>fluticasone propionate susp 50mcg/act</i>	1	QL (16 GM per 30 days)
NASACORT AQ AERS 55MCG/ACT	3	QL (16.5 GM per 30 days)
NASONEX SUSP 50MCG/ACT	2	QL (34 GM per 30 days)
OMNARIS SUSP 50MCG/ACT	3	QL (12.5 GM per 30 days) ST
PULMICORT FLEXHALER AEPB 180MCG/ACT	2	QL (1 EA per 30 days)
PULMICORT FLEXHALER AEPB 90MCG/ACT	2	QL (1 EA per 30 days)
PULMICORT SUSP 0.25MG/2ML	3	QL (120 ML per 30 days) B/D
PULMICORT SUSP 0.5MG/2ML	3	QL (120 ML per 30 days) B/D
PULMICORT SUSP 1MG/2ML	2	QL (120 ML per 30 days) B/D
QNASL AERS 80MCG/ACT	2	QL (8.7 GM per 30 days) ST
QVAR AERS 40MCG/ACT	2	QL (17.4 GM per 30 days)
QVAR AERS 80MCG/ACT	2	QL (17.4 GM per 30 days)
RHINOCORT AQUA SUSP 32MCG/ACT	3	QL (17.4 GM per 30 days) ST
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	2	QL (10.2 GM per 30 days)
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	2	QL (10.2 GM per 30 days)
<i>triamcinolone acetonide inha 55mcg/act</i>	1	QL (16.5 GM per 30 days)
VERAMYST SUSP 27.5MCG/SPRAY	3	QL (10 GM per 30 days) ST
ZETONNA AERS 37MCG/ACT	3	QL (6.1 GM per 30 days) ST
<b>Antihistamines</b>		
AHIST TABS 12MG	3	
<i>arbinoxa soln 4mg/5ml</i>	1	
<i>arbinoxa tabs 4mg</i>	1	
ASTELIN SOLN 137MCG/SPRAY	3	QL (60 ML per 30 days)
ASTEPRO SOLN 0.15%	3	QL (60 ML per 30 days)
<i>azelastine hcl soln 0.15%</i>	1	QL (60 ML per 30 days)
<i>azelastine hcl soln 137mcg/spray</i>	1	QL (60 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>brompheniramine tannate chew 12mg</i>	1	
<i>carbinoxamine maleate soln 4mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4mg</i>	1	
<i>cetirizine hcl syrp 1mg/ml</i>	1	
CLARINEX REDITABS TBDP 2.5MG	3	
CLARINEX REDITABS TBDP 5MG	3	
CLARINEX-D 12 HOUR TB12 2.5MG; 120MG	2	
CLARINEX-D 24 HOUR TB24 5MG; 240MG	2	
CLARINEX SYRP 0.5MG/ML	2	
CLARINEX TABS 5MG	3	
<i>clemastine fumarate syrp 0.67mg/5ml</i>	1	
<i>clemastine fumarate tabs 2.68mg</i>	1	
<i>cyproheptadine hcl syrp 2mg/5ml</i>	1	
<i>cyproheptadine hcl tabs 4mg</i>	1	
<i>desloratadine odt tbdp 2.5mg</i>	1	
<i>desloratadine odt tbdp 5mg</i>	1	
<i>desloratadine tabs 5mg</i>	1	
<i>dexchlorpheniramine maleate syrp 2mg/5ml</i>	1	
<i>diphenhydramine hcl elix 12.5mg/5ml</i>	1	
<i>diphenhydramine hcl inj 50mg/ml</i>	1	
DOXYTEX LIQD 2.5MG/2.5ML	3	
DYMISTA SUSP 137MCG/ACT; 50MCG/ACT	3	QL (23 GM per 30 days) ST
ED CHLORPED SUSP 2MG/ML	3	
ED-CHLOR-TAN TABS 8MG	3	
<i>hydroxyzine hcl inj 25mg/ml</i>	1	
<i>hydroxyzine hcl inj 50mg/ml</i>	1	
<i>hydroxyzine hcl soln 10mg/5ml</i>	1	
<i>hydroxyzine hcl tabs 10mg</i>	1	
<i>hydroxyzine hcl tabs 25mg</i>	1	
<i>hydroxyzine hcl tabs 50mg</i>	1	
<i>hydroxyzine pamoate caps 100mg</i>	1	
<i>hydroxyzine pamoate caps 25mg</i>	1	
<i>hydroxyzine pamoate caps 50mg</i>	1	
KARBINAL ER LQCR 4MG/5ML	3	
<i>levocetirizine dihydrochloride soln 2.5mg/5ml</i>	1	
<i>levocetirizine dihydrochloride tabs 5mg</i>	1	
PALGIC SOLN 4MG/5ML	3	
PALGIC TABS 4MG	3	
PATANASE SOLN 0.6%	3	QL (30.5 GM per 30 days)
<i>respa-br tb12 11mg</i>	1	
SEMPREX-D CAPS 8MG; 60MG	3	
VISTARIL CAPS 25MG	3	
VISTARIL CAPS 50MG	3	
VITUZ SOLN 4MG/5ML; 5MG/5ML	3	
XYZAL SOLN 2.5MG/5ML	3	
XYZAL TABS 5MG	3	
<b>Antileukotrienes</b>		
ACCOLATE TABS 10MG	3	
ACCOLATE TABS 20MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium chew 4mg</i>	1	
<i>montelukast sodium chew 5mg</i>	1	
<i>montelukast sodium pack 4mg</i>	1	
<i>montelukast sodium tabs 10mg</i>	1	
SINGULAIR CHEW 4MG	3	
SINGULAIR CHEW 5MG	3	
SINGULAIR PACK 4MG	3	
SINGULAIR TABS 10MG	3	
<i>zafirlukast tabs 10mg</i>	1	
<i>zafirlukast tabs 20mg</i>	1	
ZYFLO CR TB12 600MG	3	
ZYFLO TABS 600MG	3	
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA AERS 17MCG/ACT	2	QL (25.8 GM per 30 days)
ATROVENT SOLN 0.03%	3	QL (60 ML per 30 days)
ATROVENT SOLN 0.06%	3	QL (30 ML per 30 days)
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	2	QL (8 GM per 30 days)
DUONEB SOLN 2.5MG/3ML; 0.5MG/3ML	3	QL (540 ML per 30 days) B/D
<i>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</i>	1	QL (540 ML per 30 days) B/D
<i>ipratropium bromide soln 0.02%</i>	1	QL (312.5 ML per 30 days) B/D
<i>ipratropium bromide soln 0.03%</i>	1	QL (60 ML per 30 days)
<i>ipratropium bromide soln 0.06%</i>	1	QL (30 ML per 30 days)
SPIRIVA HANDIHALER CAPS 18MCG	2	QL (30 EA per 30 days)
TUDORZA PRESSAIR AEPB 400MCG/ACT	2	QL (60 EA per 30 days)
<b>Bronchodilators, Sympathomimetic</b>		
ACCUNEB NEBU 0.63MG/3ML	3	QL (375 ML per 30 days) B/D
ACCUNEB NEBU 1.25MG/3ML	3	QL (375 ML per 30 days) B/D
ADRENALCLICK INJ 0.15MG/0.15ML	3	
ADRENALCLICK INJ 0.3MG/0.3ML	3	
ADRENALIN INJ 1MG/ML	3	
ADRENALIN INJ 30MG/30ML	3	
<i>albuterol sulfate er tb12 4mg</i>	1	
<i>albuterol sulfate er tb12 8mg</i>	1	
<i>albuterol sulfate nebu 0.083%</i>	1	QL (525 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.5%</i>	1	QL (120 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.63mg/3ml</i>	1	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebu 1.25mg/3ml</i>	1	QL (375 ML per 30 days) B/D
<i>albuterol sulfate syrp 2mg/5ml</i>	1	
<i>albuterol sulfate tabs 2mg</i>	1	
<i>albuterol sulfate tabs 4mg</i>	1	
ANORO ELLIPTA AEPB 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
ARCAPTA NEOHALER CAPS 75MCG	3	QL (30 EA per 30 days)
AUVI-Q INJ 0.15MG/0.15ML	3	
AUVI-Q INJ 0.3MG/0.3ML	3	
BROVANA NEBU 15MCG/2ML	3	QL (120 ML per 30 days) B/D
<i>epinephrine hcl inj 0.1mg/ml</i>	1	
<i>epinephrine hcl inj 1mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine inj 0.15mg/0.15ml</i>	1	
<i>epinephrine inj 0.3mg/0.3ml</i>	1	
EIPEN 2-PAK INJ 0.3MG/0.3ML	2	
EIPEN-JR 2-PAK INJ 0.15MG/0.3ML	2	
FORADIL AEROLIZER CAPS 12MCG	2	QL (60 EA per 30 days)
ISUPREL INJ 0.2MG/ML	3	
ISUPREL INJ 0.2MG/ML	3	
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	1	QL (540 ML per 30 days) B/D
<i>levalbuterol hcl nebu 0.63mg/3ml</i>	1	QL (540 ML per 30 days) B/D
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	1	QL (270 ML per 30 days) B/D
<i>levalbuterol nebu 1.25mg/0.5ml</i>	1	QL (45 EA per 30 days) B/D
MAXAIR AUTOHALER AERB 200MCG/INH	3	QL (14 GM per 30 days)
<i>metaproterenol sulfate syrpf 10mg/5ml</i>	1	
<i>metaproterenol sulfate tabs 10mg</i>	1	
<i>metaproterenol sulfate tabs 20mg</i>	1	
PERFOROMIST NEBU 20MCG/2ML	2	QL (120 ML per 30 days) B/D
PROAIR HFA AERS 108MCG/ACT	2	QL (17 GM per 30 days)
PROVENTIL HFA AERS 108MCG/ACT	3	QL (13.4 GM per 30 days)
SEREVENT DISKUS AEPB 50MCG/DOSE	2	QL (60 EA per 30 days)
<i>terbutaline sulfate inj 1mg/ml</i>	1	
<i>terbutaline sulfate tabs 2.5mg</i>	1	
<i>terbutaline sulfate tabs 5mg</i>	1	
VENTOLIN HFA AERS 108MCG/ACT	3	QL (36 GM per 30 days)
VOSPIRE ER TB12 4MG	3	
VOSPIRE ER TB12 8MG	3	
XOPENEX CONCENTRATE NEBU 1.25MG/0.5ML	3	QL (45 EA per 30 days) B/D
XOPENEX HFA AERO 45MCG/ACT	3	QL (30 GM per 30 days)
XOPENEX NEBU 0.31MG/3ML	3	QL (540 ML per 30 days) B/D
XOPENEX NEBU 0.63MG/3ML	3	QL (540 ML per 30 days) B/D
XOPENEX NEBU 1.25MG/3ML	3	QL (270 ML per 30 days) B/D
<b>Cystic Fibrosis Agents</b>		
BETHKIS NEBU 300MG/4ML	2	PA
CAYSTON SOLR 75MG	2	PA
KALYDECO TABS 150MG	2	PA
PULMOZYME SOLN 1MG/ML	2	PA
TOBI PODHALER CAPS 28MG	2	PA
TOBI NEBU 300MG/5ML	2	PA
<i>tobramycin nebu 300mg/5ml</i>	1	PA
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	B/D
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>aminophylline inj 25mg/ml</i>	1	
DALIRESP TABS 500MCG	2	
ELIXOPHYLLIN ELIX 80MG/15ML	2	
LUFYLLIN TABS 200MG	3	
LUFYLLIN TABS 400MG	3	
THEO-24 CP24 100MG	3	
THEO-24 CP24 200MG	3	
THEO-24 CP24 300MG	3	

Drug Name	Drug Tier	Requirements/Limits
THEO-24 CP24 400MG	3	
<i>theochron tb12 100mg</i>	1	
<i>theochron tb12 200mg</i>	1	
<i>theochron tb12 300mg</i>	1	
<i>theophylline cr tb12 100mg</i>	1	
<i>theophylline cr tb12 200mg</i>	1	
<i>theophylline er tb12 100mg</i>	1	
<i>theophylline er tb12 200mg</i>	1	
<i>theophylline er tb12 300mg</i>	1	
<i>theophylline er tb12 450mg</i>	1	
<i>theophylline er tb24 400mg</i>	1	
<i>theophylline er tb24 600mg</i>	1	
<i>theophylline/d5w inj 5%; 0.8mg/ml</i>	1	
<i>theophylline/d5w inj 5%; 1.6mg/ml</i>	1	
<i>theophylline soln 80mg/15ml</i>	1	
<b>Pulmonary Antihypertensives</b>		
ADCIRCA TABS 20MG	2	PA
ADEMPAS TABS 0.5MG	3	QL (90 EA per 30 days) PA
ADEMPAS TABS 1.5MG	3	QL (90 EA per 30 days) PA
ADEMPAS TABS 1MG	3	QL (90 EA per 30 days) PA
ADEMPAS TABS 2.5MG	3	QL (90 EA per 30 days) PA
ADEMPAS TABS 2MG	3	QL (90 EA per 30 days) PA
<i>epoprostenol sodium inj 0.5mg</i>	1	
<i>epoprostenol sodium inj 1.5mg</i>	1	
FLOLAN INJ 0.5MG	3	
FLOLAN INJ 1.5MG	3	
LETAIRIS TABS 10MG	2	PA
LETAIRIS TABS 5MG	2	PA
OPSUMIT TABS 10MG	3	PA
ORENITRAM TBCR 0.125MG	3	
ORENITRAM TBCR 0.25MG	3	
ORENITRAM TBCR 1MG	3	
ORENITRAM TBCR 2.5MG	3	
REMODULIN INJ 10MG/ML	2	PA
REMODULIN INJ 1MG/ML	2	PA
REMODULIN INJ 2.5MG/ML	2	PA
REMODULIN INJ 5MG/ML	2	PA
REVATIO INJ 10MG/12.5ML	2	
REVATIO TABS 20MG	3	
<i>sildenafil tabs 20mg</i>	1	
TRACLEER TABS 125MG	2	PA
TRACLEER TABS 62.5MG	2	PA
TYVASO SOLN 0.6MG/ML	2	PA
VELETRI INJ 0.5MG	3	
VELETRI INJ 1.5MG	3	
VELETRI INJ 1.5MG	3	
VENTAVIS SOLN 10MCG/ML	2	PA
VENTAVIS SOLN 20MCG/ML	2	PA
<b>Respiratory Tract Agents, Other</b>		



Drug Name	Drug Tier	Requirements/Limits
ACETADOTE INJ 200MG/ML	3	
<i>acetylcysteine inj 200mg/ml</i>	1	
<i>acetylcysteine soln 10%</i>	1	B/D
<i>acetylcysteine soln 20%</i>	1	B/D
ARALAST NP INJ 400MG	2	PA
GLASSIA INJ 1000MG/50ML	3	PA
HYPER-SAL NEBU 7%	3	B/D
HYPERSAL NEBU 3.5%	3	B/D
HYPERSAL NEBU 7%	3	B/D
<i>nebusal nebu 3%</i>	1	B/D
NEBUSAL NEBU 6%	3	B/D
PROLASTIN-C INJ 1000MG	2	PA
<i>promethazine vc plain syrpf 5mg/5ml; 6.25mg/5ml</i>	1	
<i>sodium chloride nebu 0.9%</i>	1	B/D
<i>sodium chloride nebu 0.9%</i>	1	B/D
<i>sodium chloride nebu 10%</i>	1	B/D
<i>sodium chloride nebu 10%</i>	1	B/D
<i>sodium chloride nebu 3%</i>	1	B/D
<i>sodium chloride nebu 3%</i>	1	B/D
<i>sodium chloride nebu 7%</i>	1	B/D
<i>sodium chloride nebu 7%</i>	1	B/D
TYZINE PEDIATRIC NASAL DROPS SOLN 0.05%	3	
TYZINE SOLN 0.1%	3	
XOLAIR INJ 150MG	3	PA
ZEMAIRA INJ 1000MG	2	PA

### Skeletal Muscle Relaxants

#### *Skeletal Muscle Relaxants*

AMRIX CP24 15MG	3	
AMRIX CP24 30MG	3	
<i>carisoprodol/aspirin tabs 325mg; 200mg</i>	1	
<i>carisoprodol tabs 250mg</i>	1	
<i>carisoprodol tabs 350mg</i>	1	
<i>chlorzoxazone tabs 500mg</i>	1	
<i>cyclobenzaprine hcl tabs 10mg</i>	1	
<i>cyclobenzaprine hcl tabs 5mg</i>	1	
<i>cyclobenzaprine hcl tabs 7.5mg</i>	1	
FEXMID TABS 7.5MG	3	
LORZONE TABS 375MG	3	
LORZONE TABS 750MG	3	
<i>metaxalone tabs 800mg</i>	1	
<i>methocarbamol tabs 500mg</i>	1	
<i>methocarbamol tabs 750mg</i>	1	
NORFLEX INJ 30MG/ML	3	
<i>orphenadrine citrate er tb12 100mg</i>	1	
<i>orphenadrine citrate inj 30mg/ml</i>	1	
<i>orphenadrine/asa/caffeine tabs 385mg; 30mg; 25mg</i>	1	
PARAFON FORTE DSC TABS 500MG	3	
ROBAXIN-750 TABS 750MG	3	
ROBAXIN INJ 100MG/ML	3	



Drug Name	Drug Tier	Requirements/Limits
ROBAXIN TABS 500MG	3	
SKELAXIN TABS 800MG	3	
SOMA TABS 250MG	3	
SOMA TABS 350MG	3	
<b>Sleep Disorder Agents</b>		
<i>GABA Receptor Modulators</i>		
AMBIEN CR TBCR 12.5MG	3	QL (30 EA per 30 days)
AMBIEN CR TBCR 6.25MG	3	QL (30 EA per 30 days)
AMBIEN TABS 10MG	3	QL (30 EA per 30 days)
AMBIEN TABS 5MG	3	QL (30 EA per 30 days)
EDLUAR SUBL 10MG	3	QL (30 EA per 30 days)
EDLUAR SUBL 5MG	3	QL (30 EA per 30 days)
<i>eszopiclone tabs 1mg</i>	1	QL (30 EA per 30 days)
<i>eszopiclone tabs 2mg</i>	1	QL (30 EA per 30 days)
<i>eszopiclone tabs 3mg</i>	1	QL (30 EA per 30 days)
INTERMEZZO SUBL 1.75MG	3	QL (30 EA per 30 days)
INTERMEZZO SUBL 3.5MG	3	QL (30 EA per 30 days)
LUNESTA TABS 1MG	3	QL (30 EA per 30 days)
LUNESTA TABS 2MG	3	QL (30 EA per 30 days)
LUNESTA TABS 3MG	3	QL (30 EA per 30 days)
SONATA CAPS 10MG	3	QL (60 EA per 30 days)
SONATA CAPS 5MG	3	QL (30 EA per 30 days)
<i>zaleplon caps 10mg</i>	1	QL (60 EA per 30 days)
<i>zaleplon caps 5mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate er tbcr 12.5mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate er tbcr 6.25mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate tabs 10mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate tabs 5mg</i>	1	QL (30 EA per 30 days)
ZOLPIMIST SOLN 5MG/ACT	3	QL (7.7 ML per 30 days)
<i>Sleep Disorders, Other</i>		
BUTISOL SODIUM ELIX 30MG/5ML	3	
BUTISOL SODIUM TABS 30MG	3	
BUTISOL SODIUM TABS 50MG	3	
LUMINAL INJ 130MG/ML	3	
<i>modafinil tabs 100mg</i>	1	QL (30 EA per 30 days) PA
<i>modafinil tabs 200mg</i>	1	QL (30 EA per 30 days) PA
NUVIGIL TABS 150MG	3	QL (30 EA per 30 days) PA
NUVIGIL TABS 200MG	3	QL (30 EA per 30 days) PA
NUVIGIL TABS 250MG	3	QL (30 EA per 30 days) PA
NUVIGIL TABS 50MG	3	QL (60 EA per 30 days) PA
<i>phenobarbital sodium inj 130mg/ml</i>	1	
<i>phenobarbital sodium inj 65mg/ml</i>	1	
PROVIGIL TABS 100MG	3	QL (30 EA per 30 days) PA
PROVIGIL TABS 200MG	3	QL (30 EA per 30 days) PA
ROZEREM TABS 8MG	3	QL (30 EA per 30 days)
SECONAL CAPS 100MG	3	
SILENOR TABS 3MG	3	QL (30 EA per 30 days)
SILENOR TABS 6MG	3	QL (30 EA per 30 days)
XYREM SOLN 500MG/ML	2	PA

Drug Name	Drug Tier	Requirements/Limits
<b>Therapeutic Nutrients/Minerals/Electrolytes</b>		
<b><i>Electrolyte/Mineral Modifiers</i></b>		
<i>ammonium chloride inj 5meq/ml</i>	1	
CHEMET CAPS 100MG	2	
CUPRIMINE CAPS 250MG	3	
DEPEN TITRATABS TABS 250MG	2	
EXJADE TBSO 125MG	2	PA
EXJADE TBSO 250MG	2	PA
EXJADE TBSO 500MG	2	PA
KAYEXALATE POWD 0	3	
<i>kionex powd 0</i>	1	
<i>kionex susp 15gm/60ml</i>	1	
<i>kionex susp 15gm/60ml</i>	1	
NEUT INJ 4%	3	
SAMSCA TABS 15MG	2	
SAMSCA TABS 30MG	2	
<i>sodium acetate inj 2meq/ml</i>	1	
<i>sodium acetate inj 4meq/ml</i>	1	
<i>sodium bicarbonate partial fill inj 4.2%</i>	1	
<i>sodium bicarbonate inj 4.2%</i>	1	
<i>sodium bicarbonate inj 7.5%</i>	1	
<i>sodium bicarbonate inj 8.4%</i>	1	
<i>sodium lactate inj 167meq/l</i>	1	
<i>sodium lactate inj 5meq/ml</i>	1	
<i>sodium polystyrene sulfonate powd 0</i>	1	
<i>sodium polystyrene sulfonate powd 0</i>	1	
<i>sodium polystyrene sulfonate powd 0</i>	1	
<i>sodium polystyrene sulfonate powd 0</i>	1	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	1	
<i>sodium polystyrene sulfonate susp 30gm/120ml</i>	1	
<i>sodium polystyrene sulfonate susp 50gm/200ml</i>	1	
SYPRINE CAPS 250MG	3	
<b><i>Electrolyte/Mineral Replacement</i></b>		
<i>amino acids inj 151meq/l; 2170mg/100ml; 1470mg/100ml; 434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	1	B/D
AMINOSYN 7%/ELECTROLYTES INJ 124MEQ/L; 900MG/100ML; 690MG/100ML; 96MEQ/L; 900MG/100ML; 210MG/100ML; 510MG/100ML; 660MG/100ML; 510MG/100ML; 10MEQ/L; 280MG/100ML; 310MG/100ML; 30MMOLE/L; 65MEQ/L; 610MG/100ML; 300MG/100ML; 65MEQ/L; 370MG/100ML; 120MG/100ML; 44MG/100ML; 560MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
aminosyn 8.5%/electrolytes inj 142meq/l; 1100mg/100ml; 850mg/100ml; 98meq/l; 1100mg/100ml; 260mg/100ml; 620mg/100ml; 810mg/100ml; 624mg/100ml; 10meq/l; 340mg/100ml; 380mg/100ml; 30meq/l; 65meq/l; 750mg/100ml; 370mg/100ml; 65meq/l; 460mg/100ml; 150mg/100ml; 44mg/100ml; 680mg/100ml	1	B/D
aminosyn ii 8.5%/electrolytes inj 61meq/l; 844mg/100ml; 865mg/100ml; 595mg/100ml; 86meq/l; 627mg/100ml; 425mg/100ml; 255mg/100ml; 561mg/100ml; 850mg/100ml; 893mg/100ml; 10meq/l; 146mg/100ml; 253mg/100ml; 30mmole/l; 66meq/l; 614mg/100ml; 450mg/100ml; 80meq/l; 340mg/100ml; 170mg/100ml; 230mg/100ml; 425mg/100ml	1	B/D
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML	3	B/D
AMINOSYN II INJ 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML	3	B/D
AMINOSYN II INJ 61.1MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 146MG/100ML; 253MG/100ML; 614MG/100ML; 450MG/100ML; 33.3MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML	3	B/D
AMINOSYN II INJ 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 45.3MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	3	B/D
AMINOSYN M INJ 65MEQ/L; 448MG/100ML; 343MG/100ML; 40MEQ/L; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 3MEQ/L; 140MG/100ML; 154MG/100ML; 3.5MMOLE/L; 13MEQ/L; 300MG/100ML; 147MG/100ML; 40MEQ/L; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-HBC INJ 7.1MEQ/100ML; 660MG/100ML; 507MG/100ML; 4MEQ/100ML; 660MG/100ML; 154MG/100ML; 789MG/100ML; 1576MG/100ML; 265MG/100ML; 206MG/100ML; 1.12GM/100ML; 228MG/100ML; 448MG/100ML; 221MG/100ML; 272MG/100ML; 88MG/100ML; 33MG/100ML; 789MG/100ML	3	B/D
AMINOSYN-HF INJ 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 100MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	3	B/D
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	B/D
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	3	B/D
AMINOSYN-RF INJ 113MEQ/L; 600MG/100ML; 429MG/100ML; 462MG/100ML; 726MG/100ML; 535MG/100ML; 726MG/100ML; 726MG/100ML; 330MG/100ML; 165MG/100ML; 528MG/100ML	3	B/D
AMINOSYN INJ 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML	3	B/D
AMINOSYN INJ 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN INJ 51MEQ/L; 448MG/100ML; 343MG/100ML; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 140MG/100ML; 154MG/100ML; 300MG/100ML; 147MG/100ML; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML	3	B/D
AMINOSYN INJ 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	3	B/D
<i>calcium acetate caps 667mg</i>	1	
<i>calcium acetate tabs 667mg</i>	1	
<i>calcium chloride inj 10%</i>	1	
<i>calcium gluconate inj 10%</i>	1	
<i>cavarest gel 1.1%</i>	1	
<i>chloromag inj 200mg/ml</i>	1	
<i>citric acid/sodium citrate soln 334mg/5ml; 500mg/5ml</i>	1	
CITROLITH TABS 50MG; 950MG	3	
CLINIMIX 2.75%/DEXTROSE 5% INJ 24MEQ/1000ML; 570MG/100ML; 316MG/100ML; 11MEQ/1000ML; 5GM/100ML; 283MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 110MG/100ML; 154MG/100ML; 187MG/100ML; 138MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	3	B/D
CLINIMIX 4.25%/DEXTROSE 10% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX 4.25%/DEXTROSE 25% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 25GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 5%/DEXTROSE 25% INJ 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 25GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX E 5%/DEXTROSE 20% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 20GM/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
<i>clinisol sf 15% inj 151meq/l; 2170mg/100ml; 1470mg/100ml;</i> <i>434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml;</i> <i>749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml;</i> <i>1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml;</i> <i>250mg/100ml; 39mg/100ml; 960mg/100ml</i>	1	B/D
<i>clinpro 5000 pste 1.1%</i>	1	
<i>controlrx crea 1.1%</i>	1	
<i>controlrx pste 1.1%</i>	1	
<i>cytra k crystals pack 1002mg; 3300mg</i>	1	
<i>cytra-2 soln 334mg/5ml; 500mg/5ml</i>	1	
<i>cytra-3 syrp 334mg/5ml; 550mg/5ml; 500mg/5ml</i>	1	
<i>cytra-k soln 334mg/5ml; 1100mg/5ml</i>	1	
<i>denta 5000 plus crea 1.1%</i>	1	
<i>dentagel gel 1.1%</i>	1	
<i>dextrose 5%/electrolyte #48 viaflex inj 24meq/l; 5%;</i> <i>23meq/l; 3meq/l; 3meq/l; 20meq/l; 25meq/l</i>	1	
<i>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%;</i> <i>28meq/l; 4meq/l; 130meq/l</i>	1	
<i>dextrose 5%/potassium chloride 0.15% inj 5%; 20meq/l</i>	1	
EFFER-K TBEF 0.84GM; 1GM	3	
EFFER-K TBEF 1.68GM; 2GM	3	
<i>effer-k tbef 25meq</i>	1	
<i>effervescent pot chloride tbef 0.55gm; 0.91gm; 0.5gm; 1.5gm</i>	1	
<i>effervescent potassium/chloride tbef 0.55gm; 0.91gm; 0.5gm;</i> <i>1.5gm</i>	1	
<i>effervescent potassium tbef 2gm; 2.5gm</i>	1	
<i>eliphos tabs 667mg</i>	1	
FERIVA CAPS 152MG; 300MCG; 12MCG; 25MG; 0; 1MG; 3 75MG; 0	3	
FLUOR-A-DAY CHEW 0.25MG; 236.79MG	3	
FLUOR-A-DAY CHEW 0.5MG; 236.79MG	3	
FLUOR-A-DAY CHEW 1MG; 236.79MG	3	
FLUORABON SOLN 0.55MG/0.6ML	3	
<i>fluoridex daily defense enhanced whitening gel 1.1%</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<i>fluoridex daily defense gel 1.1%</i>	1	
<i>flura-drops soln 0.125mg/drop</i>	1	
<i>flura-drops soln 0.25mg/drop</i>	1	
FREAMINE HBC 6.9% INJ 59.3MEQ/L; 400MG/100ML; 580MG/100ML; 3MEQ/L; 14MG/100ML; 330MG/100ML; 160MG/100ML; 760MG/100ML; 1370MG/100ML; 410MG/100ML; 250MG/100ML; 320MG/100ML; 630MG/100ML; 330MG/100ML; 10MEQ/L; 200MG/100ML; 90MG/100ML; 880MG/100ML	3	B/D
FREAMINE III 3% INJ 44MEQ/L; 210MG/100ML; 290MG/100ML; 41MEQ/L; 20MG/100ML; 420MG/100ML; 85MG/100ML; 210MG/100ML; 270MG/100ML; 220MG/100ML; 5MEQ/L; 160MG/100ML; 170MG/100ML; 7MMOLE/L; 24.5MEQ/L; 340MG/100ML; 180MG/100ML; 35MEQ/L; 120MG/100ML; 46MG/100ML; 200MG/100ML	3	B/D
<i>freamine iii inj 72meq/l; 600mg/100ml; 810mg/100ml; 3meq/l; 14mg/100ml; 1190mg/100ml; 240mg/100ml; 590mg/100ml; 770mg/100ml; 620mg/100ml; 450mg/100ml; 480mg/100ml; 10mmole/l; 115mg/100ml; 950mg/100ml; 500mg/100ml; 10meq/l; 340mg/100ml; 130mg/100ml; 560mg/100ml</i>	1	B/D
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	3	B/D
HEPATAMINE INJ 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 100MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	3	B/D
HEPATASOL INJ 0.77GM/100ML; 0.6GM/100ML; 0.02GM/100ML; 0.9GM/100ML; 0.24GM/100ML; 0.9GM/100ML; 1.1GM/100ML; 0.61GM/100ML; 0.1GM/100ML; 0.1GM/100ML; 0.115GM/100ML; 0.8GM/100ML; 0.5GM/100ML; 0.45GM/100ML; 0.065GM/100ML; 0.84GM/100ML	3	B/D
<i>hyperlyte-cr inj 30meq/l; 5meq/l; 30meq/l; 5meq/l; 20meq/l; 25meq/l</i>	1	
<i>isolyte-m/dextrose 5% inj 20meq/l; 44meq/l; 5%; 15meq/l; 35meq/l; 38meq/l</i>	1	
ISOLYTE-P/DEXTROSE 5% INJ 23MEQ/L; 23MEQ/L; 5%; 3 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	3	
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 3 5MEQ/L; 140MEQ/L	3	



Drug Name	Drug Tier	Requirements/Limits
<i>k-effervescent tbe</i> 25meq	1	
K-LOR HOSPITAL PACK PACK 20MEQ	3	
K-PHOS NEUTRAL TABS 155MG; 852MG; 130MG	3	
K-PHOS NO 2 TABS 305MG; 700MG	3	
K-PHOS TABS 500MG	3	
<i>k-prime tbe</i> 25meq	1	
K-TAB TBCR 10MEQ	3	
K-TAB TBCR 20MEQ	3	
<i>k-vescent pack</i> 20meq	1	
<i>k-vescent tbe</i> 25meq	1	
karidium soln 0.125mg/drop	1	
karigel-n gel 1.1%	1	
karigel gel 1.1%	1	
<i>klor-con 10 tbc</i> 10meq	1	
KLOR-CON 25 PACK 25MEQ	3	
<i>klor-con 8 tbc</i> 8meq	1	
<i>klor-con m10 tbc</i> 10meq	1	
<i>klor-con m10 tbc</i> 10meq	1	
<i>klor-con m10 tbc</i> 10meq	1	
<i>klor-con m10 tbc</i> 10meq	1	
<i>klor-con m10 tbc</i> 10meq	1	
<i>klor-con m10 tbc</i> 10meq	1	
KLOR-CON M15 TBCR 15MEQ	3	
<i>klor-con m20 tbc</i> 20meq	1	
<i>klor-con/ef tbe</i> 25meq	1	
<i>klor-con pack</i> 20meq	1	
<i>lactated ringers dextrose 5% viaflex inj</i> 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l	1	
<i>lactated ringers viaflex inj</i> 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l	1	
<i>lozi-flur lozg</i> 1mg	1	
<i>ludent chew</i> 0.25mg	1	
<i>ludent chew</i> 0.5mg	1	
<i>ludent chew</i> 1mg	1	
LURIDE CHEW 0.25MG	3	
LURIDE CHEW 0.5MG	3	
LURIDE CHEW 1MG	3	
LURIDE SOLN 0.5MG/ML	3	
<i>magnesium chloride inj</i> 200mg/ml	1	
<i>magnesium sulfate inj</i> 40mg/ml	1	
<i>magnesium sulfate inj</i> 50%	1	
<i>magnesium sulfate inj</i> 80mg/ml	1	
MICRO-K CPCR 10MEQ	3	
MICRO-K CPCR 8MEQ	3	
<i>monoject pharma grade flush syringe inj</i> 0.9%	1	
<i>monoject sodium chloride flush inj</i> 0.9%	1	
MOZOBIL INJ 24MG/1.2ML	2	PA
NAFRINSE DAILY/ACIDULATED SOLR 0; 1MG/5ML	3	
NAFRINSE DAILY/NEUTRAL SOLR 0.05%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>nafrinse drops soln 0.125mg/drop</i>	1	
NAFRINSE WEEKLY SOLR 0.2%	3	
<i>nafrinse chew 2.2mg</i>	1	
NEPHRAMINE INJ 44MEQ/L; 20MG/100ML; 250MG/100ML; 560MG/100ML; 880MG/100ML; 640MG/100ML; 880MG/100ML; 880MG/100ML; 6MEQ/L; 400MG/100ML; 200MG/100ML; 640MG/100ML	3	B/D
<i>neutragard advanced gel 1.1%</i>	1	
NORMOSOL -R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	
NORMOSOL -R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	
<i>normosol-m in d5w inj 16meq/l; 40meq/l; 5%; 3meq/l; 13meq/l; 40meq/l</i>	1	
NORMOSOL-R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
<i>nutrilyte ii inj 1.475meq/ml; 0.225meq/ml; 1.75meq/ml; 0.25meq/ml; 1meq/ml; 1.75meq/ml</i>	1	
<i>nutrilyte inj 2.03meq/ml; 0.25meq/ml; 1.68meq/ml; 0.25meq/ml; 0.4meq/ml; 2.03meq/ml; 1.25meq/ml</i>	1	
ORACIT SOLN 640MG/5ML; 490MG/5ML	3	
<i>phos-flur gel 1.1%</i>	1	
PHOSLO CAPS 667MG	3	
PHOSLYRA SOLN 667MG/5ML	3	
<i>phospha 250 neutral tabs 155mg; 852mg; 130mg</i>	1	
PLASMA-LYTE A INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
PLASMA-LYTE-148 INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
PLASMA-LYTE-56/D5W INJ 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	3	
<i>potassium acetate inj 2meq/ml</i>	1	
<i>potassium acetate inj 4meq/ml</i>	1	
<i>potassium bicarbonate tbef 25meq</i>	1	
<i>potassium chloride 0.15% /nacl 0.45% viaflex inj 20meq/l; 0.45%</i>	1	
<i>potassium chloride 0.15% nacl 0.9% inj 20meq/l; 0.9%</i>	1	
<i>potassium chloride 0.15%/nacl 0.9% inj 20meq/l; 0.9%</i>	1	
<i>potassium chloride 0.3%/ nacl 0.9% inj 40meq/l; 0.9%</i>	1	
<i>potassium chloride 0.3%/d5w inj 5%; 40meq/l</i>	1	
<i>potassium chloride cr tbcr 10meq</i>	1	
<i>potassium chloride cr tbcr 10meq</i>	1	
<i>potassium chloride cr tbcr 10meq</i>	1	
<i>potassium chloride er cpcr 10meq</i>	1	
<i>potassium chloride er cpcr 8meq</i>	1	
<i>potassium chloride er tbcr 10meq</i>	1	
<i>potassium chloride er tbcr 10meq</i>	1	
<i>potassium chloride er tbcr 10meq</i>	1	
<i>potassium chloride er tbcr 10meq</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er tbc</i> 10meq	1	
<i>potassium chloride er tbc</i> 10meq	1	
<i>potassium chloride er tbc</i> 10meq	1	
<i>potassium chloride er tbc</i> 10meq	1	
<i>potassium chloride er tbc</i> 20meq	1	
<i>potassium chloride er tbc</i> 20meq	1	
<i>potassium chloride er tbc</i> 20meq	1	
<i>potassium chloride er tbc</i> 8meq	1	
<i>potassium chloride er tbc</i> 8meq	1	
<i>potassium chloride sr tbc</i> 8meq	1	
<i>potassium chloride sr tbc</i> 8meq	1	
<i>potassium chloride inj</i> 10meq/100ml	1	
<i>potassium chloride inj</i> 20meq/100ml	1	
<i>potassium chloride inj</i> 2meq/ml	1	
<i>potassium chloride inj</i> 30meq/100ml	1	
<i>potassium chloride inj</i> 40meq/100ml	1	
<i>potassium chloride liqd</i> 20%	1	
<i>potassium chloride pack</i> 20meq	1	
<i>potassium chloride soln</i> 10%	1	
<i>potassium citrate er tbc</i> 1080mg	1	
<i>potassium citrate er tbc</i> 15meq	1	
<i>potassium citrate er tbc</i> 540mg	1	
<i>potassium phosphate inj</i> 3mmole/ml	1	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
<i>premasol inj</i> 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml	1	B/D
PREVIDENT 5000 BOOSTER PLUS PSTE 1.1%	3	
PREVIDENT 5000 BOOSTER PSTE 1.1%	3	
PREVIDENT 5000 DRY MOUTH GEL 1.1%	3	
PREVIDENT 5000 PLUS CREA 1.1%	3	
PREVIDENT FLUORIDE GEL 1.1%	3	
PROCALAMINE INJ 47MEQ/L; 210MG/100ML; 290MG/100ML; 3MEQ/L; 41MEQ/L; 20MG/100ML; 420MG/100ML; 85MG/100ML; 210MG/100ML; 270MG/100ML; 220MG/100ML; 5MEQ/L; 160MG/100ML; 170MG/100ML; 7MMOLE/L; 24MEQ/L; 340MG/100ML; 180MG/100ML; 35MEQ/L; 120MG/100ML; 46MG/100ML; 200MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
PROSOL INJ 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	3	B/D
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>sf 5000 plus crea 1.1%</i>	1	
<i>sf gel 1.1%</i>	1	
SHOHL'S SOLUTION MODIFIED SOLN 334MG/5ML; 500MG/5ML	3	
<i>sodium chloride 0.45% viaflex inj 0.45%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 2.5meq/ml</i>	1	
<i>sodium chloride inj 3%</i>	1	
<i>sodium chloride inj 4meq/ml</i>	1	
<i>sodium chloride inj 5%</i>	1	
<i>sodium fluoride chew 1mg</i>	1	
<i>sodium fluoride chew 1mg</i>	1	
<i>sodium fluoride chew 1mg</i>	1	
<i>sodium fluoride chew 1mg</i>	1	
<i>sodium fluoride chew 1mg</i>	1	
<i>sodium fluoride chew 1mg</i>	1	
<i>sodium fluoride chew 2.2mg</i>	1	
<i>sodium fluoride chew 2.2mg</i>	1	
<i>sodium fluoride tabs 1mg</i>	1	
<i>sodium phosphate inj 3mmole/ml</i>	1	
<i>taron-crystals pack 1002mg; 3300mg</i>	1	
THERA-FLUR-N GEL 1.1%	3	
<i>tpn electrolytes ii inj 10.5meq/20ml; 4.5meq/20ml; 35meq/20ml; 5meq/20ml; 18meq/20ml; 18meq/20ml</i>	1	
<i>tpn electrolytes inj 29.5meq/20ml; 4.5meq/20ml; 35meq/20ml; 15meq/20ml; 20meq/20ml; 35meq/20ml</i>	1	
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
<i>tricitrates soln 334mg/5ml; 550mg/5ml; 500mg/5ml</i>	1	
TROPHAMINE INJ 0; 0.32GM/100ML; 0.73GM/100ML; 0.19GM/100ML; 0.014GM/100ML; 0.22GM/100ML; 0.29GM/100ML; 0.49GM/100ML; 0.3GM/100ML; 0.84GM/100ML; 0.49GM/100ML; 0.2GM/100ML; 0.29GM/100ML; 0.41GM/100ML; 0.23GM/100ML; 0.05GM/100ML; 0.015GM/100ML; 0.25GM/100ML; 0.12GM/100ML; 0.14GM/100ML; 0.47GM/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE INJ 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
UROCIT-K 10 TBCR 1080MG	3	
UROCIT-K 15 TBCR 15MEQ	2	
UROCIT-K 5 TBCR 540MG	3	
<b>Vitamins</b>		
CITRANATAL HARMONY CAPS 104MG; 400UNIT; 260MG; 50MG; 0; 1MG; 27MG; 0; 25MG; 30UNIT	3	
<i>dexpanthenol inj 250mg/ml</i>	1	
ESCAVITE D CHEW 100MG; 2500UNIT; 45MCG; 10MG; 600UNIT; 0; 2MG; 0; 400MCG; 6MCG; 6MG; 60MG; 20MG; 2MG; 1.7MG; 0.25MG; 1.5MG; 30UNIT; 15MG	3	
<i>escavite lq soln 35mg/ml; 400unit/ml; 0.9mg/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 7.5unit/ml; 1500unit/ml</i>	1	
ESCAVITE CHEW 100MG; 45MCG; 10MG; 400UNIT; 1MG; 9MCG; 7.5MG; 400MCG; 60MG; 20MG; 2MG; 1.7MG; 0.25MG; 1.5MG; 1000UNIT; 30UNIT; 7.5MG	3	
FOLET ONE CAPS 0; 18MG; 250UNIT; 15MCG; 225MG; 25MG; 0; 38MG; 0; 1MG; 15MG; 30MG; 15UNIT; 20MG	3	
FUSION PLUS CAPS 75MG; 270MCG; 12MCG; 65MG; 1250MCG; 0; 10MG; 10MG; 65MG; 10MG; 3MG; 2MG	3	
<i>multi-vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.5mg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 1.05mg; 2500unit; 15unit</i>	1	
<i>multi vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 15unit; 2500unit</i>	1	
<i>multi vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 15unit; 2500unit</i>	1	
<i>multi-vit/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i>	1	
<i>multi-vit/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i>	1	
<i>multi-vit/iron/fluoride soln 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i>	1	
<i>multi-vitamin/fluoride/iron soln 35mg/ml; 400unit/ml; 5unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 1500unit/ml</i>	1	
<i>multi-vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 15unit</i>	1	
<i>multi-vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 15unit</i>	1	

Drug Name	Drug Tier	Requirements/Limits
multi-vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 2500unit; 15unit	1	
multi-vitamin/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 5unit/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 1500unit/ml	1	
multi-vitamin/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 5unit/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 1500unit/ml	1	
multivitamin with fluoride chew 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 400unit; 15unit	1	
multivitamin with fluoride chew 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 400unit; 15unit	1	
multivitamin with fluoride chew 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 2500unit; 400unit; 15unit	1	
multivitamin/fluoride chew 60mg; 4.5mcg; 0.25mg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1.05mg; 2500unit; 400unit; 15unit	1	
multivitamin/fluoride chew 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 400unit; 15unit	1	
multivitamin/fluoride chew 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 2500unit; 400unit; 15unit	1	
multivitamins/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 15unit; 2500unit	1	
multivitamins/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 15unit; 2500unit	1	
multivitamins/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 15unit; 2500unit	1	
mvc-fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 15unit	1	
mvc-fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 15unit	1	
mvc-fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 2500unit; 15unit	1	
POLY-VI-FLOR/IRON SUSP 0; 7MG/ML; 200MCG/ML; 0; 0; 0; 0; 0.25MG/ML; 0; 0; 0; 0	3	
POLY-VI-FLOR SUSP 0; 200MCG/ML; 0; 0; 0; 0.25MG/ML; 0; 0; 0; 0	3	
PRENA1 CHEW CHEW 400UNIT; 1.4MG; 8MCG; 2MG; 1.7MG	3	
prenatabs obn tabs 120mg; 200mg; 400unit; 8mcg; 1mg; 29mg; 20mg; 150mcg; 3mg; 3mg; 3mg; 30unit; 15mg	1	
PRENATE DHA CAPS 600MCG; 90MG; 155MG; 400UNIT; 25MCG; 300MG; 18MG; 400MCG; 50MG; 26MG; 40UNIT	3	

Drug Name	Drug Tier	Requirements/Limits
PRENATE ELITE TABS 600MCG; 75MG; 2600UNIT; 330MCG; 155MG; 600UNIT; 1.5MG; 13MCG; 20MG; 400MCG; 25MG; 21MG; 150MCG; 21MG; 3.5MG; 3MG; 40UNIT; 15MG	3	
PRENATE STAR TABS 75MG; 3300UNIT; 330MCG; 155MG; 6MG; 450UNIT; 1.5MG; 12MCG; 20MG; 1MG; 25MG; 21MG; 150MCG; 21MG; 2MG; 1.5MG; 15MG	3	
SELECT-OB CHEW 60MG; 0; 400UNIT; 5MCG; 0.4MG; 0.6MG; 25MG; 15MG; 29MG; 2.5MG; 1.8MG; 0; 1.6MG; 30UNIT; 1700UNIT; 15MG	3	
TL-FLUORIVITE CHEW 100MG; 45MCG; 400UNIT; 1MG; 39MCG; 0.25MG; 400MCG; 7.5MG; 60MG; 20MG; 10MG; 2MG; 1.7MG; 1.5MG; 1000UNIT; 30UNIT; 7.5MG		
TRI-VI-FLORO SUSP 25MG/ML; 300UNIT/ML; 200MCG/ML; 0.25MG/ML; 1125UNIT/ML	3	
TRI-VI-FLORO SUSP 25MG/ML; 300UNIT/ML; 200MCG/ML; 0.5MG/ML; 1125UNIT/ML	3	
TRI-VI-FLOR SUSP 25MG/ML; 300UNIT/ML; 200MCG/ML; 0.25MG/ML; 1125UNIT/ML	3	
TRI-VI-FLOR SUSP 25MG/ML; 300UNIT/ML; 200MCG/ML; 0.5MG/ML; 1125UNIT/ML	3	
VITAFOL-NANO TABS 1000UNIT; 12MCG; 18MG; 0.4MG; 0.6MG; 150MCG; 2.5MG	3	
VITAMEDMD REDICHEW RX CHEW 400UNIT; 1.4MG; 8MCG; 2MG; 1.7MG	3	
VITAPEARL CPR 30MG; 300MCG; 10MG; 400UNIT; 8MCG; 200MG; 0; 1.4MG; 30MG; 20MG; 150MCG; 25MG; 2MG; 0; 1.7MG; 30UNIT; 7.5MG	3	



OTC products

Drug Name	Drug Tier	Requirements/Limits
<b>Blood Glucose Regulators</b>		
<i>Insulins</i>		
HUMULIN 70/30 KWIKPEN INJ 30UNIT/ML; 70UNIT/ML	2	
HUMULIN N KWIKPEN INJ 100UNIT/ML	2	
HUMULIN N KWIKPEN INJ 100UNIT/ML	2	
NOVOLIN 70/30 RELION INJ 30UNIT/ML; 70UNIT/ML	2	
NOVOLIN N RELION INJ 100UNIT/ML	2	
NOVOLIN R RELION INJ 100UNIT/ML	2	
<b>Dental and Oral Agents</b>		
<i>Dental and Oral Agents</i>		
<i>perio med conc 0.63%</i>	1	
<b>Miscellaneous Therapeutic Agents</b>		
<i>Miscellaneous Therapeutic Agents</i>		
<i>bd pen mini misc</i>	1	
<i>bd pen misc</i>	1	
EASY TOUCH 32GX6MM MISC	2	QL (200 EA per 30 days)
EASY TOUCH PEN NEEDLES 32GX1/4" MISC	2	QL (200 EA per 30 days)
INSUPEN SENSITIVE 32GX6MM MISC	2	QL (200 EA per 30 days)
<i>medi-jector vision misc</i>	1	
NOVOFINE 32GX6MM MISC	2	QL (200 EA per 30 days)
<i>novopen 3 insulin delivery system misc</i>	1	
<i>novopen 3 penmate misc</i>	1	
<i>novopen jr (green) misc</i>	1	
<i>novopen jr (yellow) misc</i>	1	

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This formulary was updated on September 5, 2014 and is a complete list of drugs covered by our plan.

For a complete listing or other questions, please contact:

**Catamaran Member Services**

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