

LIST OF COVERED DRUGS

2014

Member Formulary




GEISINGER
HEALTH OPTIONS®

General Formulary Information

This formulary is applicable to the Triple Choice and Traditional Prescription Medication Benefit plans offered by Geisinger Health Plan, Geisinger Choice PPO and Geisinger Health Options.

We offer two main prescription medication benefits: the “Triple Choice benefit” and the “Traditional benefit.” Depending on the specific plan chosen by you or your employer, additional Tiers may also apply. You are enrolled in only one plan. We encourage you to contact our Pharmacy Customer Service Team if you have any questions about this information or the type of benefit in which you are enrolled. Also, please refer to your benefit documents, as formulary exclusions may differ based on the specific benefit.

This formulary represents both the Triple Choice benefit and Traditional Prescription Medication benefit. This formulary was designed to be a useful tool if you have prescription medication coverage. It lists the medications covered by your plan. Medications are listed in this formulary by medication category; individual medications can be looked up by using the index at the back.

Please note that you can also view the formulary online at www.thehealthplan.com.

Pharmacy Customer Service Team Contact Information

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Triple Choice Benefit

The Triple Choice benefit assigns each prescription medication to one of three different tiers, each representing a set copay amount. The copay amount will depend on your prescription medication rider. Additional medications, other than those included in this formulary, may be covered under the Triple Choice benefit. The definitions of the copay levels are listed below:

- Tier 1—Includes most generic medications and has the lowest copayment. Prior authorization is usually not necessary for medications in this tier.
- Tier 2—Includes certain formulary brand name medications with no generic equivalent and select generic medications. Prior authorization may be necessary for medications in this tier.
- Tier 3—Includes certain formulary brand name medications, brand name medications with a generic equivalent (unless higher cost-sharing applies), and non-formulary brand name medications. Prior authorization may be necessary for medications in this tier.

The Plan maintains sole discretion of assigning medications to tiers and moving medications from one tier to another. Several factors are considered when assigning medications to tiers. These factors include but are not limited to:

- Availability of a generic equivalent
- Absolute cost of a medication
- Cost of the medication relative to other medications in the same therapeutic class
- Availability of over-the-counter alternatives
- Clinical and economic factors

Please note: A medication may change in tier status without notice due to immediate generic availability or changes in medication availability in the marketplace.

Traditional Benefit

The Traditional benefit has either a flat copayment/coinsurance, one copayment for generic and one copayment for brand, or assigns each prescription medication to one of two different tiers, each representing a set copayment amount. The copay amount will depend on your prescription medication rider. Additional medications, other than those included in this formulary, may be covered under the Traditional benefit. The definitions of the copay levels are listed below:

- Tier 1—Includes most generic medications and has the lowest copayment. Prior authorization is usually not necessary for medications in this tier.
- Tier 2—Includes certain formulary brand name medications with no generic equivalent and select generic medications. Prior authorization may be necessary for medications in this tier.

***** For the Traditional Benefit any drug (without a generic) listed at Tier 3 in this formulary will be covered at Tier 2 *****

The Plan maintains sole discretion of assigning medications to tiers and moving medications from one tier to another. Several factors are considered when assigning medications to tiers. These factors include but are not limited to:

- Availability of a generic equivalent
- Absolute cost of a medication
- Cost of the medication relative to other medications in the same therapeutic class
- Availability of over-the-counter alternatives
- Clinical and economic factors

Please note: A medication may change in tier status without notice due to immediate generic availability or changes in medication availability in the marketplace

Specialty Vendor Medication Program

Certain medications require the use of a contracted specialty pharmacy vendor for purchase. Please contact the Pharmacy Service Team for additional information on the program and a complete list of the medications included. Note that a maximum of a 34-day supply may be dispensed for specialty vendor medications unless a shorter duration is specified in the formulary or in your specific benefit documents.

A few things you should remember when using this formulary and your prescription benefit:

- All prescriptions must be filled at a participating pharmacy.
- You will pay the applicable copay, coinsurance, or deductible when you receive the prescription.
- Under the Triple Choice benefit, a brand name medication with a generic equivalent may require prior authorization and you could be required to pay the difference in cost between the brand and generic, otherwise it will be covered at the highest applicable copay. Under the Traditional benefit a brand name medication with a generic equivalent requires prior authorization.
- Some medications on the formulary require prior authorization or step therapy which your provider may request through our Pharmacy Customer Service Team.
- If you require medications not listed on this formulary, your provider may request an exception through our Pharmacy Customer Service Team. Those items listed as specific exclusions are not available through the exceptions process. Non-formulary medications not requiring prior authorization will be available at the highest copay level.
- Some medications and diabetic supplies may be restricted to a specific manufacturer, vendor or supplier and may be subject to quantity limits.
- Quantity limits may apply to certain medications.
- Brand and generic Triptan medications for migraines have a quantity limit of 16 units per 28 days across all products (sumatriptan, rizatriptan, naratriptan, almotriptan, frovatriptan, eletriptan, zolmitriptan, and sumatriptan/naproxen).
- Insulin syringes and lancets are covered at Tier 2.
- Non-prescription (over-the-counter) medications are not covered unless required by health care reform legislation.
- Note that if certain conditions are met, some medications may be covered with no copay/coinsurance due to health care reform legislation. Please contact the Pharmacy Customer Service Team for more information.

Using this formulary

- Please note: a percentage (%) copay applies for human growth hormone and is dependent upon your prescription medication rider.
- Medication names with QL in the Requirements/Limits column have quantity limits
- Medication names followed by PA in the Requirements/Limits column require prior authorization.
- Medication names followed by ST in the Requirements/Limits column have step therapy requirements.
- This formulary is accurate as of January 1, 2014, and is subject to change. Any additions or deletions to the formulary throughout the year may be found in the following quarterly publications: “Member Update” for members and “Briefly” for providers. The most up-to-date source for formulary information is the online formulary search available at www.thehealthplan.com.
- **Restrictions in medication availability may result from use of a formulary.**

Certain prescription medications listed in this formulary may not be covered for everyone. Your prescription medication benefits are dependent upon the coverage selected by you or your employer. Please be aware that if you choose to obtain a non-formulary medication, you may be required to pay the full price of that medication. For information about your specific prescription medication benefits, please contact the Pharmacy Customer Service Team.

Quantity Limits

- Quantity limits are listed in the Requirements/Limits Column
- Note that non-formulary medications in the same class/category as formulary drugs with quantity limits will have the same quantity limits applied.
- If not listed above the maximum days supply for specialty vendor medications is 34 days or as otherwise defined in the prescription medication benefit documents.

Step Therapy

For details regarding step therapy requirements please contact the Pharmacy Customer Service Team at (800) 988-4861 or (570) 271-5673.

What is a medication formulary?

A medication formulary is a continually updated list of prescription medications. It represents the medications currently covered based upon the clinical judgment of the Pharmacy and Therapeutics Committee, which is made up of pharmacists and physicians. (The formulary is continually updated due to the high number of medications currently on the market, as well as the continuous introduction of new medications.) This committee thoroughly reviews medical literature to first determine which medications are likely to produce the best results for patients. Then, if two or more medications produce the same clinical results, elements like cost and ease of use are considered.

A well-developed formulary enhances quality of patient care by encouraging physicians to prescribe medications that are safe, effective, and likely to achieve the best possible outcome for the patient. When you use a formulary medication, it is considered a “covered” medication and you pay your particular co-pay or coinsurance for that medication.

The Plan recognizes that, in some situations, you may not respond well to a given formulary medication, or may have an allergy or other condition that warrants the use of a non-formulary medication. An exception process exists for these special instances. Your physician may initiate a request for a formulary exception by contacting our Pharmacy Service Team. Your request will be reviewed, including review of pertinent medical records, treatment and laboratory data. We respond to such requests within 48 hours of receiving all necessary information. If an exception is approved under the Triple Choice benefit, you will be charged at the highest applicable copay level. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.

Formulary exclusions

There are certain medications that your plan will not cover under any circumstance. These are called exclusions.

Some examples of excluded medications include those that are:

- Available over-the-counter
- Used for experimental, investigational, or unproven therapies
- Used for weight loss and weight management
- Life-style medications
- Used for cosmetic purposes
- Used for erectile dysfunction

Other exclusions may apply and are subject to change so you should contact the Pharmacy Customer Service Team when you are unsure whether a medication is covered.

Formulary development

When deciding whether or not a medication should be included in the formulary, the Health Plan's Pharmacy and Therapeutics Committee carefully considers each medication for coverage or non-coverage in order to ensure safety and effectiveness in the medications being prescribed. This information is then shared with participating providers for review and feedback. Based upon the gathered information and provider feedback, the Pharmacy and Therapeutics Committee will determine a medication's inclusion or exclusion in the formulary. For the specific criteria used to determine a medication's inclusion or exclusion in this formulary, please contact the Pharmacy Customer Service Team.

What are generics?

When a company develops a new medication, it receives a patent that protects the medication company's right to be the only manufacturer of that medication for a certain period of time. This means that no generic can be manufactured during that time. After that patent expires, other companies can then make the same medication and sell it in its generic form. The generic form of a medication has the same active ingredients, the same strength, and the same dosage as the brand name medication. The inactive ingredients (which provide texture, shape and color) may be different, which is why a generic typically looks different than its brand name counterpart. Generic medications are usually less expensive than brand name medications, but are just as safe and effective. This is because generic manufacturers have lower advertising costs and greater competition from other generic manufacturers. Additionally, the U.S. Food and Drug Administration regulates all pharmaceuticals, including generics, to assure quality, strength, purity and potency.

Your prescription plan is based on coverage of generic medications. Whenever possible, you should use a cost-effective generic medication.

Notes for providers

Formulary review process: Medications selected for inclusion in the formulary are chosen in consideration of effectiveness, safety and overall value. Evaluation for formulary inclusion is based on formalized selection criteria to determine the most optimal benefit to members. These criteria include but are not limited to:

- Medication name/dosage form
- Medication class/pharmacology
- FDA-approved indications
- Adverse reactions
- Clinical evidence of safety and efficacy
- Recommendations of national agencies and organizations
- Therapeutic equivalence
- Cost analysis

The criteria are reviewed by the Health Plan Pharmacy and Therapeutics Committee, which is comprised of pharmacists and participating physicians in active clinical practice from various specialties. The medication is then reviewed and evaluated by clinicians in particular specialties for additional feedback. The feedback is discussed by the Pharmacy and Therapeutics Committee prior to finalizing a decision on formulary status. To be included, the medication must offer a distinct advantage over existing formulary medications in the same therapeutic class. Specifically, the medication must demonstrate such attributes as:

- A distinct or unique therapeutic feature
- Greater efficacy, proven in clinical trials, over other medications in the same therapeutic category
- An improved dosing schedule, safety profile or cost-effectiveness over existing formulary medications
- If there are comparable therapeutic agents, additional analysis may be considered. These factors include:
 - Member satisfaction
 - Cost analysis
 - Contract terms and conditions
 - Market share analysis
 - Patent life assessment
 - Utilization management
 - Consumer advertising
 - Per member per month costs

Generic substitution policy: The Health Plan prescription benefits are generically based. Generic substitution will occur for those medications included in the “Approved Medication Products with Therapeutic Equivalence Evaluations,” also known as “The Orange Book,” published by the U.S. Department of Health and Human Services. Generic medications, which have an equivalent rating by these standards, are generally provided under the member’s prescription medication benefit. The Health Plan may also elect to include only one brand-name medication in the formulary even if the medication is marketed by more than one company, or if the brand name medication does not significantly differ from the generic medication.

Prior authorization: To promote the most appropriate utilization, select medications may require prior authorization by the Health Plan to be eligible for coverage under the member’s prescription benefit. The Pharmacy and Therapeutics Committee determines prior authorization criteria. In order for a member to receive coverage for a medication requiring prior authorization, the prescribing physician must obtain prior authorization by contacting the Health Plan Pharmacy Department at the address, telephone, or fax number above. Submission of medical documentation is required.

Step Therapy: Some medications may require that other medications be tried prior to or concomitantly with the requested medication. The pharmacy claims system looks for a record of the required medications and if they are not found, medical documentation must be submitted showing use of these medications or rationale for skipping the step therapy medications.

Non-formulary medications: The formulary is designed to meet most therapeutic needs of the population served by the Health Plan. Occasionally, because of allergy, therapeutic failure, or a specific diagnostic-related need, formulary medications may not meet the special needs of an individual member. In these special instances, the prescribing physician may make requests to the Health Plan Pharmacy Department for non-formulary or restricted medications. The prescribing physician will receive written documentation and/or a verbal response from the Health Plan Pharmacy Department regarding the request.

Formulary addition requests: Requests for changes or additions, comments, and suggestions for the formulary are welcome and can be made by written request to the Health Plan Pharmacy Department.

Sources:

Academy of Managed Care Pharmacy (AMCP), "Formulary Management," "Formularies," www.amcp.org, November 2001.

Health Insurance Association of America (HIAA), "Guide to Managed Care: Choosing and Using a Health Plan." www.hiaa.org, November 2001.

National Consumers League (NCL), "Consumer Guide to Generic Medications," www.nclnet.org, November 2001.

"From the Pharmacist," www.cvs.com, November 2001.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen with codeine</i> (Tylenol-Codeine No.3)	1	solution, tablet: 300mg-15mg, 300mg-30mg, 300mg-60mg
<i>acetaminophen/caffeine/butalb</i> (Acetaminophen/Caffeine/Butalb)	1	
<i>acetaminophen/phenyltolx cit</i> (Dologesic)	1	tablet: 500-55mg, 500mg-50mg, 650mg-50mg
<i>butalb/acetaminophen/caffeine</i> (Fioricet)	1	
<i>butalbit/acetamin/caff/codeine</i> (Fioricet with Codeine)	1	
<i>butalbital/acetaminophen</i> (Tencon)	1	
<i>butorphanol tartrate</i> (Butorphanol Tartrate)	1	spray
<i>codeine sulfate</i> (Codeine Sulfate)	1	
CODEINE SULFATE	1	
<i>codeine/butalbital/asa/caffein</i> (Fiorinal with Codeine #3)	1	
<i>dhcodeine bt/acetaminophn/caff</i> (Dhcodeine Bt/Acetaminophn/Caff)	1	capsule, tablet: 32-713-60
<i>dihydrocodeine/aspirin/caffein</i> (Synalgos-Dc)	1	
<i>fentanyl citrate</i> (Actiq)	1	PA, QL: 136 in 34 days
<i>fentanyl</i> (Duragesic)	1	
<i>hydrocodone/acetaminophen</i> (Norco)	1	various dosage and/or strengths are available
<i>hydrocodone/ibuprofen</i> (Ibudone)	1	
<i>hydromorphone hcl</i> (Dilaudid)	1	tablet
<i>ibuprofen/oxycodone hcl</i> (Ibuprofen/Oxycodone HCl)	1	
<i>isomethepten/caf/acetaminophen</i> (Prodrin)	1	
<i>levorphanol tartrate</i> (Levo-Dromoran)	1	
<i>meperidine hcl</i> (Demerol)	1	solution, tablet
<i>methadone hcl</i> (Dolophine HCl)	1	oral conc, solution, tablet, tablet sol
<i>morphine sulfate</i> (Morphine Sulfate ER)	1	cap er pel, cpmp 24hr, solution, supp.rect, syringe: 20mg/ml; tablet er

Drug Name	Drug Tier	Requirements/Limits
MORPHINE SULFATE	1	
<i>opium/belladonna alkaloids</i> (B and O Suppnettes No.15-A)	1	
OXECTA	1	
<i>oxycodone hcl</i> (Roxicodone)	1	capsule, oral conc, solution, tablet
<i>oxycodone hcl/acetaminophen</i> (Oxycodone Hcl-Acetaminophen)	1	
<i>oxycodone hcl/aspirin</i> (Percodan)	1	
<i>oxymorphone hcl</i> (Opana)	1	tablet
<i>pentazocine hcl/acetaminophen</i> (Pentazocine HCl/Acetaminophen)	1	
<i>pentazocine hcl/naloxone hcl</i> (Pentazocine HCl/Naloxone HCl)	1	
ROXICODONE	1	tablet: 5mg
<i>sal-amide/acetaminophn/p-tlox</i> (Anabar)	1	capsule: 200-300-20; tablet
<i>tramadol hcl</i> (Ultram)	1	
<i>tramadol hcl/acetaminophen</i> (Ultracet)	1	
PHRENILIN FORTE	2	
ABSTRAL	3	PA, QL: 136 in 34 days
AVINZA	3	cpmp 24hr: 30mg, 60mg
BUTRANS	3	PA, QL: 4 in 28 days
FENTORA	3	PA
NUCYNTA ER	3	PA
NUCYNTA	3	PA
ONSOLIS	3	PA, QL: 136 in 34 days
OXYCONTIN	3	PA
SUBSYS	3	PA, QL: 136 in 34 days
Nonsteroidal Anti-Inflammatory Agents		
BUTALBITAL COMPOUND	1	
<i>butalbital/aspirin/caffeine</i> (Fiorinal)	1	capsule: 50-325-40

Drug Name	Drug Tier	Requirements/Limits
<i>choline sal/mag salicylate</i> (Choline Sal/Mag Salicylate)	1	liquid
COMFORT PAC-IBUPROFEN	1	
COMFORT PAC-MELOXICAM	1	
COMFORT PAC-NAPROXEN	1	
<i>diclofenac potassium</i> (Cataflam)	1	
<i>diclofenac sodium</i> (Diclofenac Sodium)	1	tab er 24h, tablet dr
<i>diclofenac sodium/misoprostol</i> (Arthrotec 75)	1	
<i>diflunisal</i> (Diflunisal)	1	
<i>etodolac</i> (Etodolac)	1	
<i>fenoprofen calcium</i> (Fenoprofen Calcium)	1	
<i>flurbiprofen</i> (Ansaid)	1	
<i>ibuprofen</i> (Motrin)	1	
<i>indomethacin</i> (Indocin SR)	1	
<i>ketoprofen</i> (Ketoprofen)	1	
<i>ketorolac tromethamine</i> (Toradol)	1	QL: 20 per fill tablet
<i>meclofenamate sodium</i> (Meclofenamate Sodium)	1	
<i>mefenamic acid</i> (Ponstel)	1	
<i>meloxicam</i> (Mobic)	1	
<i>methyl salicylate</i> (Methyl Salicylate)	1	
<i>nabumetone</i> (Relafen)	1	
<i>naproxen sodium</i> (Anaprox Ds)	1	tablet
<i>naproxen</i> (Naprosyn)	1	
<i>oxaprozin</i> (Daypro)	1	
<i>phenylbutazone</i> (Phenylbutazone)	1	
<i>piroxicam</i> (Feldene)	1	
<i>salsalate</i> (Salflex)	1	
<i>sulindac</i> (Sulindac)	1	
<i>tolmetin sodium</i> (Tolmetin Sodium)	1	
INDOCIN	2	oral susp
NALFON	2	
CELEBREX	3	
FLECTOR	3	PA
VIMOVO	3	PA
VOLTAREN	3	PA

Drug Name	Drug Tier	Requirements/Limits	
Anesthetics			
Local Anesthetics			
<i>aa/antipyrn/bcaine/ polico#1/al</i> (Auralgan)	1		
<i>antipyrine/benzocaine/ glycerin</i> (Otra Nr)	1		
<i>lidocaine hcl</i> (Lidocaine HCl)	1		jel (ml), jel/pf app, solution
<i>lidocaine</i> (Lidocaine)	1		oint. (g)
<i>lidocaine</i> (Lidoderm)	1	PA	adh. patch
<i>lidocaine/prilocaine</i> (EMLA)	1		
LIDODERM	3	PA	
Anti-Addiction/Substance Abuse Treatment Agents			
Anti-Addiction/Substance Abuse Treatment Agents			
<i>buprenorphine hcl</i> (Subutex)	1	PA	(QL: 34 days supply per fill)
<i>buprenorphine hcl/ naloxone hcl</i> (Suboxone)	1	PA	
<i>disulfiram</i> (Antabuse)	1		
<i>naltrexone hcl</i> (Revia)	1		
SUBOXONE	3	PA	film, (QL: 34 days supply per fill)
Antianxiety Agents			
Benzodiazepines			
<i>alprazolam</i> (Xanax)	1		
<i>chlordiazepoxide hcl</i> (Librium)	1		
<i>clonazepam</i> (Klonopin)	1		
<i>clorazepate dipotassium</i> (Tranxene T-Tab)	1		
<i>diazepam</i> (Valium)	1		kit, oral conc, solution, tablet
<i>estazolam</i> (Prosom)	1		
<i>flurazepam hcl</i> (Dalmane)	1		
<i>lorazepam</i> (Ativan)	1		oral conc, tablet
<i>midazolam hcl</i> (Midazolam HCl)	1		syrup
<i>oxazepam</i> (Oxazepam)	1		
<i>quazepam</i> (Doral)	1		
<i>temazepam</i> (Restoril)	1		
<i>triazolam</i> (Halcion)	1		
ALPRAZOLAM INTENSOL	2		
DIASTAT ACUDIAL	2		
ONFI	3	PA	

Drug Name	Drug Tier	Requirements/Limits	
Antibacterials			
Aminoglycosides			
<i>neomycin sulfate</i> (Neomycin Sulfate)	1		
BETHKIS	3	PA, QL: 224 in 56 days	
TOBI PODHALER	3	PA	
TOBI	3	PA	(QL: 34 days supply per fill)
<i>tobramycin in 0.225% nacl</i> (Tobi)	3	PA	
Antibacterials, Miscellaneous			
<i>clindamycin hcl</i> (Cleocin HCl)	1		
<i>clindamycin palmitate hcl</i> (Cleocin Palmitate)	1		
<i>methen/m-blue/sal/na phos/hyos</i> (Uta)	1		capsule: 120-0.12mg
<i>methenam/me blue/ba/salicy/hyo</i> (Methenam/Me Blue/Ba/Salicy/Hyo)	1		
<i>methenamine hippurate</i> (Hiprex)	1		
<i>methenamine mandelate</i> (Methenamine Mandelate)	1		
<i>nitrofurantoin macrocrystal</i> (Macrochantin)	1		
<i>nitrofurantoin monohyd/m-cryst</i> (Macrobid)	1		
<i>nitrofurantoin</i> (Furadantin)	1		
<i>trimethoprim</i> (Trimethoprim)	1		
<i>vancomycin hcl</i> (Vancocin HCl)	1		capsule
<i>methen/m-blue/sal/na phos/hyos</i> (Methen/M-Blue/Sal/Na Phos/Hyos)	2		tablet: 120-0.12mg
PHOSPHASAL	2		
URETRON D-S	2		
URIN D.S.	2		
ZYVOX	2	PA	
XIFAXAN	3	PA	
Cephalosporins			
<i>cefaclor</i> (Cefaclor)	1		
<i>cefadroxil</i> (Cefadroxil)	1		
<i>cefdinir</i> (Cefdinir)	1		
<i>cefditoren pivoxil</i> (Spectracef)	1		
<i>cefepodoxime proxetil</i> (Vantin)	1		
<i>cefprozil</i> (Cefzil)	1		
<i>cefuroxime axetil</i> (Ceftin)	1		

Drug Name	Drug Tier	Requirements/Limits
CEFUROXIME AXETIL	1	
<i>cephalexin monohydrate</i> (Cephalexin Monohydrate)	1	
<i>cephalexin</i> (Keflex)	1	capsule: 250mg, 500mg; susp recon, tablet
CEFTIN	2	susp recon
SUPRAX	2	
Macrolides		
<i>azithromycin</i> (Zithromax)	1	packet, susp recon, tablet
<i>clarithromycin</i> (Biaxin)	1	
<i>ery e-succ/sulfisoxazole</i> (Pediazole)	1	
ERY-TAB	1	
<i>erythromycin base</i> (Erythromycin Base)	1	
<i>erythromycin ethylsuccinate</i> (Erythromycin Ethylsuccinate)	1	
<i>erythromycin stearate</i> (Erythromycin Stearate)	1	tablet: 250mg
E.E.S. 200	2	
ERYPED 200	2	
ERYPED 400	2	
DIFICID	3	PA, QL: 20 per fill
Penicillins		
<i>amoxicillin</i> (Amoxil)	1	capsule: 250mg, 500mg; susp recon, tab chew, tablet
<i>amoxicillin/potassium clav</i> (Augmentin)	1	
<i>ampicillin trihydrate</i> (Ampicillin Trihydrate)	1	
<i>dicloxacillin sodium</i> (Dicloxacillin Sodium)	1	
<i>penicillin v potassium</i> (Veetids 250)	1	
AUGMENTIN	2	susp recon: 125-31.25/
BACTOCILL	2	
Quinolones		
<i>ciprofloxacin hcl</i> (Cipro)	1	
<i>ciprofloxacin/ciprofloxacin hcl</i> (Cipro XR)	1	
<i>levofloxacin</i> (Levaquin)	1	solution, tablet
<i>moxifloxacin hcl</i> (Avelox)	1	
<i>nalidixic acid</i> (Nalidixic Acid)	1	
<i>ofloxacin</i> (Ofloxacin)	1	
AVELOX ABC PACK	2	
AVELOX	2	
CIPRO	2	sus mc rec

Drug Name		Drug Tier	Requirements/Limits
Sulfonamides			
<i>sulfadiazine</i>	(Sulfadiazine)	1	
<i>sulfamethoxazole/trimethoprim</i>	(Bactrim DS)	1	oral susp, tablet
<i>sulfasalazine</i>	(Azulfidine)	1	
Tetracyclines			
<i>demeclocycline hcl</i>	(Demeclocycline HCl)	1	
<i>doxycycline hyclate</i>	(Vibramycin)	1	capsule, capsule dr, tablet, tablet dr
<i>doxycycline monohydrate</i>	(Avidoxy)	1	capsule, tablet
<i>minocycline hcl</i>	(Minocin)	1	
<i>tetracycline hcl</i>	(Ala-Tet)	1	
Anticancer Agents			
Anticancer Agents			
<i>anastrozole</i>	(Arimidex)	1	
<i>bicalutamide</i>	(Casodex)	1	
<i>capecitabine</i>	(Xeloda)	1	
<i>cyclophosphamide</i>	(Cyclophosphamide)	1	tablet
<i>etoposide</i>	(Etoposide)	1	capsule
<i>exemestane</i>	(Aromasin)	1	
<i>flutamide</i>	(Flutamide)	1	
<i>hydroxyurea</i>	(Hydrea)	1	
<i>letrozole</i>	(Femara)	1	Age must be ≥ 45
<i>leuprolide acetate</i>	(Leuprolide Acetate)	1	
<i>lomustine</i>	(Ceenu)	1	
<i>megestrol acetate</i>	(Megace)	1	
<i>mercaptopurine</i>	(Purinethol)	1	
<i>methotrexate sodium</i>	(Methotrexate Sodium)	1	
<i>tamoxifen citrate</i>	(Nolvadex)	1	
<i>temozolomide</i>	(Temodar)	1	
<i>tretinoin</i>	(Tretinoin)	1	
ALKERAN		2	tablet
CEENU		2	
EMCYT		2	
HEXALEN		2	
LEUKERAN		2	
LYSODREN		2	
MATULANE		2	
MYLERAN		2	
NILANDRON		2	
XELODA		2	

Drug Name	Drug Tier	Requirements/Limits	
AFINITOR	3	PA	(1 copay/coinsurance per 15 days supply)
AFINITOR	3	PA	(QL: 1 copay/coinsurance per 15 days supply)
AFINITOR	3	PA	(QL: 1 copay/coinsurance per 15 days supply)
BOSULIF	3	PA, QL: 136 in 34 days	tablet: 100mg
BOSULIF	3	PA, QL: 34 in 34 days	tablet: 500mg
CAPRELSA	3	PA	(QL: 34 days supply per fill)
COMETRIQ	3	PA	
ERIVEDGE	3	PA, QL: 30 in 30 days	
GLEEVEC	3		
HYCAMTIN	3		capsule
ICLUSIG	3	PA	
IMBRUVICA	3	PA, QL: 120 per fill	
INLYTA	3	PA	
JAKAFI	3	PA, QL: 60 in 30 days	
MEKINIST	3	PA, QL: 1 in 1 days	tablet: 2mg
MEKINIST	3	PA, QL: 3 in 1 days	tablet: 0.5mg
NEXAVAR	3	PA	(QL: 1 copay/coinsurance per 15 days supply)
POMALYST	3	PA, QL: 21 in 28 days	
REVLIMID	3	PA	
REVLIMID	3	PA	(QL: 34 days supply per fill)
SPRYCEL	3	PA	(QL: 1 copay/coinsurance per 15 days supply)
SPRYCEL	3	PA	(QL: 1 copay/coinsurance per 15 days supply)
STIVARGA	3	PA, QL: 136 per fill	

Drug Name	Drug Tier	Requirements/Limits	
SUTENT	3	PA	(QL: 1 copay/coinsurance per 15 days supply)
TAFINLAR	3	QL: 120 in 30 days	
TARCEVA	3	PA NSO	
TARGRETIN	3	PA	
TASIGNA	3	PA	(QL: 1 copay/coinsurance per 15 days supply)
TEMODAR	3		capsule
TYKERB	3	PA	(QL: 34 days supply per fill)
VOTRIENT	3	PA	(QL: 1 copay/coinsurance per 15 days supply; 4 tablets per day)
XALKORI	3	PA, QL: 60 in 30 days	
XTANDI	3	PA, QL: 120 in 30 days	
ZELBORAF	3	PA, QL: 240 in 30 days	
ZOLINZA	3	PA	(QL: 34 days supply per fill)
ZYTIGA	3	PA, QL: 120 in 30 days	

Anticholinergic Agents

Antimuscarinics/Antispasmodics

<i>chlordiazepoxide/ clidinium br</i>	(Librax)	1		
<i>hyoscyamine sulfate</i>	(Levbid)	1		tab er 12h: 0.375mg
<i>phenobarb/hyoscy/ atropine/scop</i>	(Phenobarb/Hyoscy/ Atropine/Scop)	1		elixir, tablet
<i>propantheline bromide</i>	(Propantheline Bromide)	1		

Anticonvulsants

Anticonvulsants

<i>carbamazepine</i>	(Tegretol)	1		
<i>divalproex sodium</i>	(Depakote ER)	1		
<i>ethosuximide</i>	(Zarontin)	1		
<i>felbamate</i>	(Felbatol)	1		
<i>gabapentin</i>	(Neurontin)	1		
<i>lamotrigine</i>	(Lamictal)	1		

Drug Name		Drug Tier	Requirements/Limits
<i>levetiracetam</i>	(Keppra)	1	solution, tab er 24h, tablet
<i>oxcarbazepine</i>	(Trileptal)	1	
<i>phenobarbital</i>	(Phenobarbital)	1	
<i>phenytoin sodium extended</i>	(Dilantin)	1	
<i>phenytoin</i>	(Dilantin)	1	
<i>primidone</i>	(Mysoline)	1	
<i>tiagabine hcl</i>	(Gabitril)	1	
<i>topiramate</i>	(Topamax)	1	
<i>valproic acid (as sodium salt)</i>	(Depakene)	1	solution
<i>valproic acid</i>	(Depakene)	1	
<i>zonisamide</i>	(Zonegran)	1	
DILANTIN		2	capsule: 30mg
DILANTIN		2	tab chew
GABITRIL		2	tablet: 12mg, 16mg
LYRICA		2	
PHENYTEK		2	
APTIOM		3	PA, QL: 1 in 1 days tablet: 200mg, 400mg, 800mg
APTIOM		3	PA, QL: 2 in 1 days tablet: 600mg
BANZEL		3	PA
FYCOMPA		3	PA, QL: 1 in 1 days
POTIGA		3	PA
SABRIL		3	PA
VIMPAT		3	PA solution, tablet
Antidementia Agents			
Antidementia Agents			
<i>donepezil hcl</i>	(Aricept)	1	
<i>galantamine hbr</i>	(Razadyne)	1	
<i>rivastigmine tartrate</i>	(Exelon)	1	
EXELON		2	solution
NAMENDA		2	solution, tablet
Antidepressants			
Antidepressants			
<i>amitrip hcl/ chlordiazepoxide</i>	(Limbitrol Ds)	1	
<i>amitriptyline hcl</i>	(Amitriptyline HCl)	1	
<i>amoxapine</i>	(Amoxapine)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl</i> (Wellbutrin XL)	1	tab er 24h, tablet, tablet er: 100mg, 150mg, 200mg
<i>citalopram hydrobromide</i> (Celexa)	1	
<i>clomipramine hcl</i> (Anafranil)	1	
<i>desipramine hcl</i> (Norpramin)	1	
<i>doxepin hcl</i> (Doxepin HCl)	1	
<i>duloxetine hcl</i> (Cymbalta)	1	
<i>escitalopram oxalate</i> (Lexapro)	1	
<i>fluoxetine hcl</i> (Prozac)	1	
<i>fluvoxamine maleate</i> (Fluvoxamine Maleate)	1	tablet
<i>imipramine hcl</i> (Tofranil)	1	
<i>imipramine pamoate</i> (Tofranil-Pm)	1	
<i>maprotiline hcl</i> (Maprotiline HCl)	1	
<i>mirtazapine</i> (Remeron)	1	
<i>nefazodone hcl</i> (Nefazodone HCl)	1	
<i>nortriptyline hcl</i> (Pamelor)	1	
<i>olanzapine/fluoxetine hcl</i> (Symbyax)	1	
<i>paroxetine hcl</i> (Paxil)	1	
<i>perphenazine/ amitriptyline hcl</i> (Perphenazine/ Amitriptyline HCl)	1	
<i>phenelzine sulfate</i> (Nardil)	1	
<i>protriptyline hcl</i> (Vivactil)	1	
<i>sertraline hcl</i> (Zoloft)	1	
<i>tranylcypromine sulfate</i> (Parnate)	1	
<i>trazodone hcl</i> (Trazodone HCl)	1	
<i>trimipramine maleate</i> (Trimipramine Maleate)	1	
VENLAFAXINE HCL ER	1	
<i>venlafaxine hcl</i> (Effexor XR)	1	
PAXIL	2	oral susp
APLENZIN	3	PA
CYMBALTA	3	
FETZIMA	3	PA
FORFIVO XL	3	PA, QL: 1 in 1 days
OLEPTRO ER	3	PA
PRISTIQ ER	3	PA
VIIBRYD	3	PA
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose</i> (Precose)	1	
<i>metformin hcl</i> (Glucophage)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nateglinide</i> (Starlix)	1	
<i>repaglinide</i> (Prandin)	1	
BYDUREON	2	ST
GLYSET	2	
JANUMET XR	2	
JANUMET	2	
JANUVIA	2	ST
PRANDIN	2	tablet: 1mg, 2mg
VICTOZA 3-PAK	2	ST
INVOKANA	3	PA, QL: 1 in 1 days
JENTADUETO	3	PA
JUVISYNC	3	PA
KAZANO	3	PA
KOMBIGLYZE XR	3	PA
KORLYM	3	PA, QL: 136 in 34 days
NESINA	3	PA
ONGLYZA	3	PA
OSENI	3	PA
SYMLIN	3	PA
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
TRADJENTA	3	PA
Insulins		
LANTUS SOLOSTAR	2	
LANTUS	2	
LEVEMIR FLEXPEN	2	(Vial, FlexPen)
LEVEMIR	2	(Vial, FlexPen)
NOVOLIN 70-30	2	
NOVOLIN N	2	
NOVOLIN R	2	
NOVOLOG FLEXPEN	2	(Vial, FlexPen)
NOVOLOG MIX 70-30 FLEXPEN	2	(Vial, FlexPen)
NOVOLOG MIX 70-30	2	(Vial, FlexPen)
NOVOLOG	2	(Vial, FlexPen)
APIDRA SOLOSTAR	3	PA
APIDRA	3	PA
HUMALOG MIX 50-50	3	PA
HUMALOG MIX 75-25	3	PA

Drug Name	Drug Tier	Requirements/Limits
HUMALOG	3	PA
HUMULIN 70/30 KWIKPEN	3	PA
HUMULIN 70-30	3	PA
HUMULIN N KWIKPEN	3	PA
HUMULIN N	3	PA
HUMULIN R	3	PA
Sulfonylureas		
<i>chlorpropamide</i> (Chlorpropamide)	1	
<i>glimepiride</i> (Amaryl)	1	
<i>glipizide</i> (Glucotrol)	1	
<i>glipizide/metformin hcl</i> (Metaglip)	1	
<i>glyburide</i> (Micronase)	1	
<i>glyburide,micronized</i> (Glynase)	1	
<i>glyburide/metformin hcl</i> (Glucovance)	1	
<i>tolazamide</i> (Tolazamide)	1	
<i>tolbutamide</i> (Tolbutamide)	1	
Thiazolidinediones		
<i>pioglitazone hcl</i> (Actos)	1	
<i>pioglitazone hcl/ glimepiride</i> (Duetact)	1	
<i>pioglitazone hcl/ metformin hcl</i> (Actoplus Met)	1	
Antifungals		
Antifungals		
<i>ciclopirox olamine</i> (Loprox)	1	
<i>ciclopirox</i> (Loprox)	1	gel (gram), shampoo
<i>clotrimazole</i> (Clotrimazole)	1	cream (g): 1%; solution: 1%; spray, troche
<i>clotrimazole/ betamethasone dip</i> (Lotrisone)	1	
<i>econazole nitrate</i> (Econazole Nitrate)	1	
<i>fluconazole</i> (Diflucan)	1	
<i>flucytosine</i> (Ancobon)	1	
<i>griseofulvin ultramicrosize</i> (Gris-Peg)	1	
<i>griseofulvin, microsize</i> (Griseofulvin, Microsize)	1	
<i>itraconazole</i> (Sporanox)	1	PA
<i>ketoconazole</i> (Kuric)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>nystatin</i>	(Nystatin)	1	cream (g), oint. (g), oral susp, powder: 100000/g; tablet
<i>nystatin/triamcin</i>	(Mycogen II)	1	
NYSTATIN		1	
<i>sodium thiosulfate/sal acid</i>	(Sodium Thiosulfate/Sal Acid)	1	lotion: 25-1%
<i>voriconazole</i>	(Vfend)	1	susp recon
<i>voriconazole</i>	(Vfend)	1	PA tablet, (QL: 34 days supply per fill)
FULVICIN U/F		2	
NAFTIN		2	
ANCOBON		3	(QL: 34 days supply per fill)
FIRST-BXN		3	
LAMISIL		3	gran pack
NOXAFIL		3	PA oral susp, tablet dr
NOXAFIL		3	PA oral susp, tablet dr, (QL: 34 days supply per fill)
SPORANOX		3	PA solution
VFEND		3	PA (QL: 34 days supply per fill)
Antihistamines			
Antihistamines			
<i>brompheniramine maleate</i>	(Brompheniramine Maleate)	1	drops: 1mg/ml; liquid, tab er 12h: 6mg
<i>carbinoxamine maleate</i>	(Palgic)	1	
<i>chlor-mal/phenyleph/methscop</i>	(Dallergy)	1	
<i>chlorpheniramine maleate</i>	(Chlorpheniramine Maleate)	1	
<i>chlorpheniramine/methscopolamn</i>	(Allerx Df)	1	
<i>clemastine fumarate</i>	(Clemastine Fumarate)	1	syrup, tablet: 1.34mg, 2.68mg
<i>cyproheptadine hcl</i>	(Cyproheptadine HCl)	1	
<i>desloratadine</i>	(Clarinx)	1	tablet
<i>dexchlorpheniramine maleate</i>	(Dexchlorpheniramine Maleate)	1	
<i>diphenhydramine hcl</i>	(Diphenhydramine HCl)	1	capsule: 50mg; elixir, liquid: 12.5mg/5ml
<i>doxylamine succinate</i>	(Doxylamine Succinate)	1	tab chew
<i>guaifen/theop anhyd/p-ephed</i>	(Guaifen/Theop Anhyd/P-Ephed)	1	

Drug Name	Drug Tier	Requirements/Limits
LOHIST 12D	1	
<i>p-epd tan/chlor-tan</i> (P-Epd Tan/Chlor-Tan)	1	
<i>p-ephed hcl/chlor-mal/bell alk</i> (P-Ephed HCl/Chlor-Mal/Bell Alk)	1	
<i>phenylephrine hcl/prometh hcl</i> (Phenylephrine HCl/Prometh HCl)	1	
<i>phenylephrine/brompheniramin</i> (Vazobid)	1	oral susp: 10mg-6mg/5
<i>phenylephrine/brompheniramine</i> (Tanabid SR)	1	liquid: 7.5-4mg/5; oral susp: 10mg-6mg/5; tab er 12h: 19mg-6mg
<i>phenylephrine/chlorpheniramine</i> (Dallergy)	1	capsule er, drops: 2mg-1mg/ml, 3.5-1mg/ml; syrup, tablet er
<i>phenylephrine/diphenhydramine</i> (Phenylephrine/Diphenhydramine)	1	liquid: 7.5-25mg/5; tab chew
<i>phenylephrine/p-tlox ci/cp</i> (Phenylephrine/P-Tlox Ci/Cp)	1	
<i>phenylephrine/pyril tan/cp</i> (Atrohist)	1	
<i>phenylephrine/pyrilamine ma/cp</i> (Poly Hist Forte)	1	liquid: 7.5-12.5-2, 10-10-2/5; tablet er
<i>phenylephrine/pyrilamine tan</i> (Phenylephrine/Pyrilamine Tan)	1	tablet
<i>promethazine hcl</i> (Promethazine HCl)	1	
<i>pseudoephed/chlorpheniramine</i> (Pseudoephed/Chlorpheniramine)	1	cap er 12h, drops: 9-0.8mg/ml; liquid: 30-2mg/5ml
<i>pseudoephedrine hcl/chlor-mal</i> (Pseudoephedrine HCl/Chlor-Mal)	1	
<i>pseudoephedrine/brompheniramin</i> (Pseudoephedrine/Brompheniramin)	1	capsule er, drops: 7.5-1mg/ml; liquid: 60-4mg/5ml; tab er 12h
<i>pseudoephedrine/cpm/methylscop</i> (Pseudoephedrine/Cpm/Methylscop)	1	
<i>pseudoephedrine/triprolidine</i> (Trip-Pse)	1	
RESPIVENT-D	1	
<i>tripelennamine hcl</i> (Tripeleppamine HCl)	1	
CLARINEX	3	syrup, tab rapdis
CLARINEX-D 12 HOUR	3	
CLARINEX-D 24 HOUR	3	
PATANASE	3	PA

Drug Name	Drug Tier	Requirements/Limits	
Anti-infectives (Skin and Mucous Membrane)			
Anti-infectives (Skin and Mucous Membrane)			
<i>clindamycin phosphate</i> (Cleocin)	1		
<i>metronidazole</i> (Metrogel-Vaginal)	1		
<i>miconazole nitrate</i> (Monistat 3)	1		
<i>terconazole</i> (Terazol 7)	1		
AVC	2		
CLEOCIN	2		supp.vag
CLINDESSE	2		
Antimigraine Agents			
Antimigraine Agents			
<i>dihydroergotamine mesylate</i> (D.H.E.45)	1		
<i>ergotamine tartrate/caffeine</i> (Ergotamine Tartrate/Caffeine)	1		
<i>isomethept/dichlphn/acetaminop</i> (Isomethept/Dichlphn/Acetaminop)	1		
<i>naratriptan hcl</i> (Amerge)	1	QL: 16 in 28 days	
<i>rizatriptan benzoate</i> (Maxalt Mlt)	1	QL: 16 in 28 days	(1 copay/coinsurance per 12 tablets)
<i>rizatriptan benzoate</i> (Maxalt)	1	QL: 16 in 28 days	
<i>sumatriptan succinate</i> (Imitrex)	1	QL: 16 in 28 days	cartridge: 6mg/0.5ml; tablet
<i>sumatriptan succinate</i> (Imitrex)	1	QL: 8 in 28 days	cartridge: 4mg/0.5ml; vial
<i>sumatriptan</i> (Imitrex)	1	QL: 16 in 28 days	
<i>sumatriptan</i> (Imitrex)	1	QL: 16 in 28 days	(QL: 1 copay/coinsurance per 6 units)
<i>zolmitriptan</i> (Zomig)	1	QL: 16 in 28 days	
AXERT	2	PA NSO, QL: 16 in 28 days	
AXERT	2	PA NSO, QL: 16 in 28 days	(QL: 1 copay/coinsurance per 6 tablets)
CAFERGOT	2		
MIGRANAL	2		

Drug Name	Drug Tier	Requirements/Limits	
FROVA	3	PA NSO, QL: 16 in 28 days	
RELPAK	3	PA NSO, QL: 16 in 28 days	
RELPAK	3	PA NSO, QL: 16 in 28 days	(QL: 1 copay/coinsurance per 6 tablets)
TREXIMET	3	PA, QL: 16 in 28 days	
ZOMIG	3	PA NSO, QL: 16 in 28 days	spray
Antimycobacterials			
Antimycobacterials			
<i>dapsone</i>	(Dapsone)	1	
<i>ethambutol hcl</i>	(Myambutol)	1	
<i>isoniazid</i>	(Isoniazid)	1	solution, tablet
<i>pyrazinamide</i>	(Pyrazinamide)	1	
<i>rifabutin</i>	(Mycobutin)	1	
<i>rifampin</i>	(Rifadin)	1	capsule
<i>rifampin/isoniazid</i>	(Rifampin/Isoniazid)	1	
RIFATER		2	
SIRTURO		3	PA
Antinausea Agents			
Antinausea Agents			
<i>dronabinol</i>	(Marinol)	1	
<i>granisetron hcl</i>	(Granisetron HCl)	1	tablet, (QL: 2 tablets per 1 fill)
<i>granisetron hcl</i>	(Granisetron HCl)	1	QL: 30 per fill solution
<i>meclizine hcl</i>	(Antivert)	1	
<i>ondansetron hcl</i>	(Zofran)	1	
<i>ondansetron</i>	(Zofran Odt)	1	
<i>prochlorperazine maleate</i>	(Compazine)	1	
<i>promethazine hcl</i>	(Promethazine HCl)	1	supp.rect, tablet
<i>trimethobenzamide hcl</i>	(Tigan)	1	capsule
COMPAZINE		2	syrup
TRANSDERM-SCOP		2	

Drug Name	Drug Tier	Requirements/Limits	
DICLEGIS	3	PA, QL: 4 in 1 days	
EMEND	3		cap ds pk, capsule
SANCUSO	3	PA	
Antiparasite Agents			
Antiparasite Agents			
<i>atovaquone</i> (Mepron)	1		
<i>atovaquone/proguanil hcl</i> (Malarone)	1		
<i>chloroquine phosphate</i> (Aralen Phosphate)	1		
<i>hydroxychloroquine sulfate</i> (Plaquenil)	1		
<i>mebendazole</i> (Mebendazole)	1		
<i>mefloquine hcl</i> (Lariam)	1		
<i>metronidazole</i> (Flagyl)	1		
<i>paromomycin sulfate</i> (Paromomycin Sulfate)	1		
<i>quinine sulfate</i> (Qualaquin)	1	PA	
<i>tinidazole</i> (Tindamax)	1		
ALINIA	2		
DARAPRIM	2		
NEBUPENT	2		
YODOXIN	2		
ALBENZA	3	QL: 4 per fill	
QUALAQUIN	3	PA	
STROMEKTOL	3		
Antiparkinsonian Agents			
Antiparkinsonian Agents			
<i>amantadine hcl</i> (Amantadine HCl)	1		
<i>benztropine mesylate</i> (Benztropine Mesylate)	1		tablet
<i>bromocriptine mesylate</i> (Bromocriptine Mesylate)	1		
<i>cabergoline</i> (Cabergoline)	1		
<i>carbidopa/levodopa</i> (Sinemet 25-100)	1		
<i>carbidopa/levodopa/entacapone</i> (Stalevo 200)	1		
<i>entacapone</i> (Comtan)	1		
<i>pramipexole di-hcl</i> (Mirapex)	1		
<i>ropinirole hcl</i> (Requip)	1		
<i>selegiline hcl</i> (Eldepryl)	1		
<i>trihexyphenidyl hcl</i> (Trihexyphenidyl HCl)	1		
AZILECT	2		
TASMAR	2		

Drug Name	Drug Tier	Requirements/Limits
APOKYN	3	
Antipsychotic Agents		
Antipsychotic Agents		
<i>chlorpromazine hcl</i> (Chlorpromazine HCl)	1	oral conc., tablet
<i>clozapine</i> (Clozaril)	1	
<i>fluphenazine decanoate</i> (Fluphenazine Decanoate)	1	
<i>fluphenazine hcl</i> (Fluphenazine HCl)	1	elixir, oral conc, tablet
<i>haloperidol decanoate</i> (Haloperidol Decanoate)	1	
<i>haloperidol lactate</i> (Haloperidol Lactate)	1	
<i>haloperidol</i> (Haloperidol)	1	
<i>loxapine succinate</i> (Loxitane)	1	
<i>olanzapine</i> (Zyprexa)	1	
<i>perphenazine</i> (Perphenazine)	1	
<i>quetiapine fumarate</i> (Seroquel)	1	
<i>risperidone</i> (Risperdal)	1	
<i>thioridazine hcl</i> (Thioridazine HCl)	1	
<i>thiothixene</i> (Navane)	1	
<i>trifluoperazine hcl</i> (Trifluoperazine HCl)	1	
<i>ziprasidone hcl</i> (Geodon)	1	
ABILIFY DISCMELT	2	
ABILIFY	2	solution, tablet
ORAP	2	
RISPERDAL CONSTA	2	
SEROQUEL XR	2	
FANAPT	3	PA
INVEGA	3	PA
LATUDA	3	PA
SAPHRIS	3	PA
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir sulfate</i> (Ziagen)	1	
<i>abacavir/lamivudine/zidovudine</i> (Trizivir)	1	
<i>didanosine</i> (Videx EC)	1	
<i>lamivudine</i> (Epivir Hbv)	1	
<i>lamivudine/zidovudine</i> (Combivir)	1	
<i>nevirapine</i> (Viramune)	1	
<i>stavudine</i> (Zerit)	1	
<i>zidovudine</i> (Retrovir)	1	
APTIVUS	2	capsule
APTIVUS	2	solution

Drug Name	Drug Tier	Requirements/Limits	
ATRIPLA	2		
COMPLERA	2		
CRIXIVAN	2		
EMTRIVA	2		
EPIVIR HBV	2		solution
EPIVIR	2		solution
EPZICOM	2		
INTELENCE	2		
INVIRASE	2		
ISENTRESS	2		
KALETRA	2		
LEXIVA	2		
NORVIR	2		
PREZISTA	2		
RESCRIPTOR	2		
REYATAZ	2		
SELZENTRY	2		
SUSTIVA	2		
TRUVADA	2		
VIRACEPT	2		
VIRAMUNE XR	2		tab er 24h: 100mg
VIREAD	2		tablet
ZIAGEN	2		solution
EDURANT	3	QL: 1 in 1 days	
FUZEON	3		
STRIBILD	3		
VIDEX	3		
Antivirals, Miscellaneous			
<i>rimantadine hcl</i> (Flumadine)	1		
RELENZA	2		(QL: 1 fill of Tamiflu or Relenza per season)
TAMIFLU	2	QL: 20 in 180 days	capsule, (QL: 1 fill of Tamiflu or Relenza per season)
TAMIFLU	2	QL: 250 in 180 days	susp recon: 6mg/ml, (QL: 1 fill of Tamiflu or Relenza per season)
Hcv Protease Inhibitors			
INCIVEK	2	PA, QL: 180 in 30 days	

Drug Name	Drug Tier	Requirements/Limits	
Interferons			
INTRON A	2		
INTRON A	2		(QL: 34 days supply per fill)
PEGASYS PROCLICK	2		(QL: 34 days supply per fill)
PEGASYS	2		(QL: 34 days supply per fill)
PEGINTRON REDIPEN	2		(QL: 34 days supply per fill)
PEGINTRON	2		(QL: 34 days supply per fill)
INFERGEN	3		(QL: 34 days supply per fill)
SYLATRON	3	PA, QL: 4 in 28 days	
Nucleosides And Nucleotides			
<i>acyclovir</i> (Zovirax)	1		
<i>adefovir dipivoxil</i> (Hepsera)	1		
<i>famciclovir</i> (Famvir)	1		
<i>ribavirin</i> (Ribasphere)	1		
<i>valacyclovir hcl</i> (Valtrex)	1		
BARACLUDE	2		
HEPSERA	2		
VALCYTE	2		(QL: 34 days supply per fill)
VIRAZOLE	2		
TYZEKA	3		
Blood Products/Modifiers/Volume Expanders			
Anticoagulants			
<i>enoxaparin sodium</i> (Lovenox)	1		(QL: 14 days supply per fill)
<i>fondaparinux sodium</i> (Arixtra)	1		(QL: 14 days supply per fill)
<i>heparin sodium, porcine</i> (Heparin Sodium, Porcine)	1		vial
<i>heparin sodium, porcine/ pf</i> (Monoject Prefill Advanced)	1		syringe: 5000/0.5ml; vial
<i>warfarin sodium</i> (Jantoven)	1		
ELIQUIS	2		
XARELTO	2		tablet: 15mg, 20mg
XARELTO	2	QL: 34 per fill	tablet: 10mg
ARIXTRA	3		(QL: 14 days supply per fill)
LOVENOX	3		(QL: 14 days supply per fill)
PRADAXA	3		
Blood Formation Modifiers			
ARANESP	2	PA	(QL: 34 days supply per fill)
EPOGEN	2	PA	
EPOGEN	2	PA	(QL: 34 days supply per fill)
LEUKINE	2	PA	(QL: 7 days supply per fill)

Drug Name	Drug Tier	Requirements/Limits	
NEULASTA	2	PA	(QL: 7 days supply per fill)
NEUMEGA	2	PA	
NEUPOGEN	2	PA	(QL: 7 days supply per fill)
PROCRIT	2	PA	(QL: 34 days supply per fill)
PROMACTA	3	PA	(QL: 34 days supply per fill)
Hematologic Agents, Miscellaneous			
<i>aminocaproic acid</i> (Amicar)	1		solution, tablet
<i>anagrelide hcl</i> (Agrylin)	1		
<i>tranexamic acid</i> (Lysteda)	1		tablet
ADVATE UH	3	PA, QL: 34 in 34 days	
ADVATE	3	PA	(QL: 34 days supply per fill)
ALPHANATE	3	PA	(QL: 34 days supply per fill)
BIOCLATE	3	PA	(QL: 34 days supply per fill)
FEIBA NF	3	PA	(QL: 34 days supply per fill)
FEIBA VH IMMUNO	3	PA	(QL: 34 days supply per fill)
HELIXATE FS	3	PA	(QL: 34 days supply per fill)
HEMOFIL M	3	PA	(QL: 34 days supply per fill)
HUMATE-P	3	PA	(QL: 34 days supply per fill)
KOATE-DVI	3	PA	(QL: 34 days supply per fill)
KOGENATE FS	3	PA	
KOGENATE FS	3	PA	(QL: 34 days supply per fill)
MONOCLATE-P	3	PA	(QL: 34 days supply per fill)
RECOMBINATE	3	PA	(QL: 34 days supply per fill)
WILATE	3	PA	(QL: 34 days supply per fill)
XYNTHA SOLOFUSE	3	PA	
XYNTHA SOLOFUSE	3	PA	(QL: 34 days supply per fill)
XYNTHA	3	PA	(QL: 34 days supply per fill)
Platelet-Aggregation Inhibitors			
<i>cilostazol</i> (Pletal)	1		
<i>clopidogrel bisulfate</i> (Plavix)	1		
<i>dipyridamole</i> (Persantine)	1		
<i>pentoxifylline</i> (Trental)	1		
<i>ticlopidine hcl</i> (Ticlid)	1		
AGGRENOX	2		
BRILINTA	3	PA	
EFFIENT	3	PA	
Caloric Agents			
Caloric Agents			
<i>levocarnitine</i> (Levocarnitine)	1		capsule
<i>dextrose</i> (Dextrose)	2		

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl</i> (Catapres)	1	
<i>clonidine hcl/ chlorthalidone</i> (Clonidine HCl/ Chlorthalidone)	1	
<i>clonidine</i> (Catapres-Tts 3)	1	
<i>doxazosin mesylate</i> (Cardura)	1	
<i>guanabenz acetate</i> (Guanabenz Acetate)	1	
<i>guanfacine hcl</i> (Tenex)	1	
<i>methyldopa</i> (Aldomet)	1	
<i>methyldopa/ hydrochlorothiazide</i> (Methyldopa/ Hydrochlorothiazide)	1	
<i>midodrine hcl</i> (Proamatine)	1	
<i>prazosin hcl</i> (Minipress)	1	
DIBENZYLINE	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i> (Atacand)	1	PA
<i>candesartan/ hydrochlorothiazid</i> (Atacand HCT)	1	PA
<i>eprosartan mesylate</i> (Teveten)	1	
<i>irbesartan</i> (Avapro)	1	
<i>irbesartan/ hydrochlorothiazide</i> (Avalide)	1	
<i>losartan potassium</i> (Cozaar)	1	
<i>losartan/ hydrochlorothiazide</i> (Hyzaar)	1	
<i>telmisartan</i> (Micardis)	1	PA
<i>telmisartan/ hydrochlorothiazid</i> (Micardis HCT)	1	PA
<i>valsartan/ hydrochlorothiazide</i> (Diovan HCT)	1	
ATACAND HCT	3	PA
ATACAND	3	PA
BENICAR HCT	3	PA
BENICAR	3	PA
DIOVAN HCT	3	PA
DIOVAN	3	PA
EDARBI	3	PA
EDARBYCLOR	3	PA
MICARDIS HCT	3	PA
MICARDIS	3	PA
TEVETEN HCT	3	PA

Drug Name		Drug Tier	Requirements/Limits	
TEVETEN		3	PA	tablet: 400mg
Angiotensin-Converting Enzyme Inhibitors				
<i>benazepril hcl</i>	(Lotensin)	1		
<i>benazepril/ hydrochlorothiazide</i>	(Lotensin HCT)	1		
<i>captopril</i>	(Capoten)	1		
<i>captopril/ hydrochlorothiazide</i>	(Capozide)	1		
<i>enalapril maleate</i>	(Vasotec)	1		
<i>enalapril/ hydrochlorothiazide</i>	(Vaseretic)	1		
<i>fosinopril sodium</i>	(Monopril)	1		
<i>fosinopril/ hydrochlorothiazide</i>	(Monopril HCT)	1		
<i>lisinopril</i>	(Zestril)	1		
<i>lisinopril/ hydrochlorothiazide</i>	(Zestoretic)	1		
<i>moexipril hcl</i>	(Univasc)	1		
<i>moexipril/ hydrochlorothiazide</i>	(Uniretic)	1		
<i>perindopril erbumine</i>	(Aceon)	1		
<i>quinapril hcl</i>	(Accupril)	1		
<i>quinapril/ hydrochlorothiazide</i>	(Accuretic)	1		
<i>ramipril</i>	(Altace)	1		
<i>trandolapril</i>	(Mavik)	1		
Antiarrhythmic Agents				
<i>amiodarone hcl</i>	(Cordarone)	1		tablet
<i>disopyramide phosphate</i>	(Norpace)	1		capsule
<i>flecainide acetate</i>	(Tambocor)	1		
<i>mexiletine hcl</i>	(Mexitil)	1		
<i>procainamide hcl</i>	(Procainamide HCl)	1		capsule, tablet sa
<i>propafenone hcl</i>	(Rythmol)	1		
<i>quinidine gluconate</i>	(Quinidine Gluconate)	1		tablet er
<i>quinidine sulfate</i>	(Quinidine Sulfate)	1		
MULTAQ		2		
NORPACE CR		2		
PRONESTYL		2		
TIKOSYN		2		
Beta-Adrenergic Blocking Agents				
<i>acebutolol hcl</i>	(Sectral)	1		
<i>atenolol</i>	(Tenormin)	1		

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol/chlorthalidone</i> (Tenoretic 50)	1	
<i>betaxolol hcl</i> (Kerlone)	1	
<i>bisoprolol fumarate</i> (Zebeta)	1	
<i>bisoprolol fumarate/hctz</i> (Ziac)	1	
<i>carvedilol</i> (Coreg)	1	
<i>labetalol hcl</i> (Trandate)	1	tablet
<i>metoprolol succinate</i> (Toprol XL)	1	
<i>metoprolol tartrate</i> (Lopressor)	1	tablet
<i>metoprolol/hydrochlorothiazide</i> (Lopressor HCT)	1	
<i>nadolol</i> (Corgard)	1	
<i>nadolol/bendroflumethiazide</i> (Corzide)	1	
<i>pindolol</i> (Pindolol)	1	
<i>propranolol hcl</i> (Propranolol HCl)	1	cap sa 24h, solution, tablet
<i>propranolol/hydrochlorothiazid</i> (Propranolol/Hydrochlorothiazid)	1	
<i>sotalol hcl</i> (Betapace AF)	1	
<i>timolol maleate</i> (Timolol Maleate)	1	tablet: 5mg, 10mg
INNOPRAN XL	2	
BYSTOLIC	3	PA
COREG CR	3	PA
Calcium-Channel Blocking Agents		
<i>diltiazem hcl</i> (Cardizem CD)	1	cap er 12h, cap er 24h, cap er deg, capsule er, tab er 24h, tablet
<i>verapamil hcl</i> (Calan SR)	1	cap24h pct, cap24h pel, tablet, tablet er
Cardiovascular Agents, Miscellaneous		
<i>digoxin</i> (Lanoxin)	1	tablet
DIGOXIN	1	
<i>epinephrine</i> (Adrenaclick)	1	auto injct, (QL: 2 kits per 1 fill)
<i>hydralazine hcl</i> (Apresoline)	1	tablet
<i>hydralazine/hydrochlorothiazid</i> (Hydralazine/Hydrochlorothiazid)	1	
<i>hydralazine/reserpin/hctz</i> (Hydralazine/Reserpin/Hctz)	1	
<i>isoxsuprine hcl</i> (Isoxsuprine HCl)	1	tablet: 20mg
<i>papaverine hcl</i> (Papaverine HCl)	1	capsule er, tablet
<i>reserpine</i> (Reserpine)	1	

Drug Name		Drug Tier	Requirements/Limits	
<i>reserpine/</i> <i>hydrochlorothiazide</i>	(Reserpine/ Hydrochlorothiazide)	1		
AUVI-Q		2	QL: 2 per fill	
EPIPEN 2-PAK		2		(QL: 2 kits per 1 fill)
EPIPEN JR 2-PAK		2		
FIRAZYR		3	PA, QL: 9 in 30 days	
RANEXA		3	PA	
Dihydropyridines				
<i>amlodipine besylate</i>	(Norvasc)	1		
<i>amlodipine besylate/</i> <i>benazepril</i>	(Lotrel)	1		
<i>felodipine</i>	(Plendil)	1		
<i>isradipine</i>	(Dynacirc)	1		
<i>nicardipine hcl</i>	(Nicardipine HCl)	1		capsule
<i>nifedipine</i>	(Procardia XL)	1		
<i>nimodipine</i>	(Nimotop)	1		
<i>nisoldipine</i>	(Sular)	1		
AZOR		3	PA	
EXFORGE HCT		3	PA	
EXFORGE		3	PA	
Diuretics				
<i>amiloride hcl</i>	(Midamor)	1		
<i>amiloride/</i> <i>hydrochlorothiazide</i>	(Amiloride/ Hydrochlorothiazide)	1		
<i>bumetanide</i>	(Bumex)	1		tablet
<i>chlorothiazide</i>	(Chlorothiazide)	1		
<i>chlorthalidone</i>	(Chlorthalidone)	1		
<i>furosemide</i>	(Lasix)	1		solution, tablet
<i>hydrochlorothiazide</i>	(Microzide)	1		
<i>indapamide</i>	(Lozol)	1		
<i>methyclothiazide</i>	(Methyclothiazide)	1		
<i>metolazone</i>	(Zaroxolyn)	1		
<i>torsemide</i>	(Demadex)	1		tablet
<i>triamterene/</i> <i>hydrochlorothiazid</i>	(Maxzide-25 Mg)	1		
DIURIL		2		
Dyslipidemics				
<i>amlodipine/atorvastatin</i>	(Caduet)	1		
<i>atorvastatin calcium</i>	(Lipitor)	1		

Drug Name		Drug Tier	Requirements/Limits	
<i>cholestyramine (with sugar)</i>	(Questran)	1		
<i>cholestyramine/aspartame</i>	(Questran Light)	1		
<i>colestipol hcl</i>	(Colestid)	1		
<i>fenofibrate nanocrystallized</i>	(Tricor)	1		
<i>fenofibrate</i>	(Lofibra)	1		
<i>fenofibrate, micronized</i>	(Antara)	1		
<i>fenofibric acid (choline)</i>	(Trilipix)	1		
<i>fenofibric acid</i>	(Fibricor)	1		
<i>fluvastatin sodium</i>	(Lescol)	1		
<i>gemfibrozil</i>	(Lopid)	1		
<i>lovastatin</i>	(Mevacor)	1		
<i>niacin</i>	(Niaspan)	1		tab er 24h
<i>omega-3 acid ethyl esters</i>	(Lovaza)	1		
<i>pravastatin sodium</i>	(Pravachol)	1		
<i>simvastatin</i>	(Zocor)	1		
CRESTOR		2	ST	
ZETIA		2		
ANTARA		3	PA	
JUXTAPID		3	PA, QL: 28 in 28 days	capsule: 5mg, 10mg
JUXTAPID		3	PA, QL: 84 in 28 days	capsule: 20mg
KYNAMRO		3	PA, QL: 4 in 28 days	
LESCOL XL		3	PA	
LIPTRUZET		3	PA	
LIVALO		3	PA	
VASCEPA		3	QL: 4 in 1 days	
VYTORIN		3	PA	
WELCHOL		3		
Renin-Angiotensin-Aldosterone System Inhibitors				
<i>eplerenone</i>	(Inspra)	1		
<i>spironolact/hydrochlorothiazid</i>	(Aldactazide)	1		
<i>spironolactone</i>	(Aldactone)	1		
AMTURNIDE		3	PA	

Drug Name		Drug Tier	Requirements/Limits	
TEKTURNA HCT		3	PA	
TEKTURNA		3	PA	
Vasodilators				
<i>isosorbide dinitrate</i>	(Isordil Titradose)	1		
<i>isosorbide mononitrate</i>	(Imdur)	1		
<i>minoxidil</i>	(Minoxidil)	1		
<i>nitroglycerin</i>	(Nitroglycerin Patch)	1		capsule er, patch td24, spray, tab subl
<i>nylidrin hcl</i>	(Nylidrin HCl)	1		
NITRO-BID		2		
NITRO-DUR		2		patch td24: 0.3mg/hr, 0.8mg/hr
NITROSTAT		2		
Central Nervous System Agents				
Central Nervous System Agents				
<i>caffeine citrated</i>	(Cafcit)	1		solution
<i>dexmethylphenidate hcl</i>	(Focalin XR)	1	PA	cpbp 50-50
<i>dexmethylphenidate hcl</i>	(Focalin)	1		tablet
<i>dextroamphetamine sulfate</i>	(Dextroamphetamine Sulfate)	1		capsule er, tablet: 5mg, 10mg
<i>dextroamphetamine/amphetamine</i>	(Adderall)	1		
<i>lithium carbonate</i>	(Eskalith)	1		
<i>lithium citrate</i>	(Lithium Citrate)	1		
<i>methamphetamine hcl</i>	(Desoxyn)	1		
<i>methylphenidate hcl</i>	(Concerta)	1		
<i>riluzole</i>	(Rilutek)	1	PA	
SAVELLA		2		
AMPYRA		3	PA	(QL: 34 days supply per fill)
DAYTRANA		3	PA	
FOCALIN XR		3	PA	cpbp 50-50: 5mg, 10mg, 15mg, 20mg, 30mg, 35mg, 40mg
INTUNIV		3	PA	
RILUTEK		3	PA	
RITALIN LA		3	PA	cpbp 50-50: 10mg
STRATTERA		3		
VYVANSE		3	PA	
XENAZINE		3	PA	
Contraceptives				

Drug Name	Drug Tier	Requirements/Limits
Contraceptives (E.G., Foams, Devices)		
Contraceptives (E.G., Foams, Devices)		
CONCEPTROL	0	
FC CONDOM, FEMALE	0	
FEMCAP	0	
GYNOL II	0	
<i>nonoxynol 9</i> (Nonoxynol 9)	0	
ORTHO ALL-FLEX	0	
TODAY CONTRACEPTIVE SPONGE	0	
VCF	0	
WIDE SEAL DIAPHRAGM	0	
Contraceptives		
AMETHYST	0	
BEYAZ	0	
<i>desog-e.estradiol/</i> <i>e.estradiol</i> (Mircette)	0	
<i>desogestrel-ethinyl</i> <i>estradiol</i> (Velivet)	0	
ELLA	0	
<i>ethinyl estradiol/</i> <i>drospirenone</i> (Yaz)	0	
<i>ethynodiol d-ethinyl</i> <i>estradiol</i> (Demulen 1-50-28)	0	
GENERESS FE	0	
IMPLANON	0	PA
<i>levonorgestrel</i> (Plan B One-Step)	0	
<i>levonorgestrel-ethin</i> <i>estradiol</i> (Nordette-28)	0	
<i>l-norgest-eth estr/ethin</i> <i>estra</i> (Seasonique)	0	
LO LOESTRIN FE	0	
LO MINASTRIN FE	0	
LOESTRIN 24 FE	0	
LYBREL	0	
MINASTRIN 24 FE	0	
NATAZIA	0	
NEXPLANON	0	
<i>norelgestromin/</i> <i>ethin.estradiol</i> (Ortho Evra)	0	

Drug Name	Drug Tier	Requirements/Limits
<i>noreth-ethinyl estradiol/iron</i> (Femcon Fe)	0	
<i>norethindrone ac-eth estradiol</i> (Loestrin)	0	
<i>norethindrone</i> (Micronor)	0	
<i>norethindrone-e.estradiol-iron</i> (Loestrin 24 Fe)	0	
<i>norethindrone-ethinyl estrad</i> (Ortho-Novum)	0	tablet: 0.4-0.035, 0.5-0.035, 1mg-35mcg, 7-9-5, 7daysx3, 10-11
<i>norethindrone-mestranol</i> (Norinyl 1+50)	0	
<i>norgestimate-ethinyl estradiol</i> (Ortho Tri-Cyclen)	0	
<i>norgestrel-ethinyl estradiol</i> (Lo-Ovral-8)	0	
NUVARING	0	
ORTHO TRI-CYCLEN LO	0	
OVCON-50	0	
QUARTETTE	0	
SAFYRAL	0	
CYCLESSA	3	
DEMULEN 1-50-21	3	
DESOGEN	3	
ESTROSTEP FE	3	
FEMCON FE	3	
LOESTRIN FE	3	
LOESTRIN	3	
LO-OVRAL-28	3	
LOSEASONIQUE	3	
MIRCETTE	3	
MODICON	3	
NORDETTE-28	3	
<i>norethindrone-ethinyl estrad</i> (Ortho-Novum)	3	tablet: 0.5-0.035, 1mg-35mcg
NORINYL 1+50	3	
NOR-Q-D	3	
ORTHO EVRA	3	
ORTHO MICRONOR	3	
ORTHO TRI-CYCLEN	3	
ORTHO-CEPT	3	
ORTHO-CYCLEN	3	

Drug Name	Drug Tier	Requirements/Limits	
ORTHO-NOVUM	3		
OVCON-35	3		
PLAN B ONE-STEP	3		
PLAN B	3		
SEASONALE	3		
SEASONIQUE	3		
TRI-NORINYL	3		
YASMIN 28	3		
YAZ	3		
Cough And Cold Products			
Cough And Cold Products			
<i>benzonatate</i>	(Tessalon)	1	
<i>bromphen mal/pe/ carbetapen cit</i>	(Bromphen Mal/Pe/ Carbetapen Cit)	1	liquid
<i>bromphenira/ pseudoephed/codein</i>	(Bromphenira/ Pseudoephed/Codein)	1	liquid: 1.3-10-6.3
<i>brompheniram/pe/ dihydrocodeine</i>	(Brompheniram/Pe/ Dihydrocodeine)	1	liquid: 4-7.5-3/5
<i>brompheniram/ phenylephrine/dm</i>	(Ala-Hist Dm)	1	liquid: 2-5-10mg/5, 4-10-20/ 5, 4-7.5-15/5
<i>brompheniram/pe/ codeine</i>	(Brompheniram/Pe/ Codeine)	1	liquid: 4-7.5-10/5
<i>bromphenrm/pseudoeph/ dihydrocd</i>	(Bromphenrm/ Pseudoeph/Dihydrocd)	1	
<i>car-b-pen ta/chlor-tan</i>	(Trionate)	1	
<i>car-b-pen ta/ phenylephrine/pyr</i>	(Tussi-12d)	1	tablet
<i>chlorpheniramine/ codeine phos</i>	(Notuss Ac)	1	liquid: 2mg-10mg/5
<i>dihydrocodeine/ guaifenesin</i>	(Dihydrocodeine/ Guaifenesin)	1	
<i>diphenhydramin/pe/ codeine phos</i>	(Diphenhydramin/Pe/ Codeine Phos)	1	
<i>dm/phenyleph/ chlorpheniramine</i>	(Accuhist Pdx)	1	various dosage and/or strengths are available
<i>d-methorp tan/p-epd tan/ d-cp</i>	(D-Methorp Tan/P-Epd Tan/D-Cp)	1	
<i>d-methorp tan/p-ephed tan/cp</i>	(D-Methorp Tan/P- Ephed Tan/Cp)	1	oral susp: 30-30-4/5
<i>d-methorphan hb/p-epd hcl/bpm</i>	(Neo Dm)	1	Age must be >= 60 liquid: 30-50-3mg

Drug Name	Drug Tier	Requirements/Limits
<i>d-methorphan hb/p-epd hcl/bpm</i> (Neo Dm)	1	drops: 4-15-1mg/1; liquid: 15-30-3/5, 20-20-4/5, 30-50-3mg; syrup: 30-60-4/5
<i>d-methorphan hb/p-ephed hcl/cp</i> (D-Methorphan Hb/P-Ephed HCl/Cp)	1	drops: 3-9-0.8/ml; syrup: 15-15-2/5
<i>d-methorphan hb/prometh hcl</i> (D-Methorphan Hb/Prometh HCl)	1	
<i>guaifen/dm hb/p-ephedrine/bpm</i> (Guaifen/Dm Hb/P-Ephedrine/Bpm)	1	
<i>guaifen/d-methorphan hb/pe/cp</i> (Donatussin)	1	
<i>guaifen/phenylephr/chlorphenir</i> (Guaifen/Phenylephr/Chlorphenir)	1	
<i>guaifenesin</i> (Robitussin Mucus-Chest Congest)	1	liquid: 100mg/5ml; tablet: 200mg
<i>guaifenesin/carbetapentane cit</i> (Guaifenesin/Carbetapentane Cit)	1	
<i>guaifenesin/codeine phosphate</i> (M-Clear Wc)	1	capsule, liquid: 100-10mg/5, 100-6.3/5, 200-10mg/5, 225-7.5/5, 300-10mg/5; tablet
<i>guaifenesin/dextromethorphan</i> (Robitussin-Dm Cough)	1	syrup: 100-10mg/5
<i>guaifenesin/dm/pseudoephedrine</i> (Tusnel Pediatric)	1	liquid: 150-15-30, 175-15-30, 200-15-32; solution, tablet: 400-15-45, 400-20-40, 400-20-60
<i>guaifenesin/d-methorphan hb/pe</i> (Deconex Dmx)	1	drops: 50-5-2.5/1; expect, liquid: 300-15-10; tablet: 380-15-10
<i>guaifenesin/p-ephed hcl/cod</i> (Guaifenesin/P-Ephed HCl/Cod)	1	
<i>guaifenesin/phenylephrine hcl</i> (Guaifenesin/Phenylephrine HCl)	1	drops, liquid: 200-7.5/5; syrup: 100-7.5/5, 200-5mg/5; tablet: 380mg-10mg
<i>guaifenesin/pseudoephedrine hcl</i> (Poly-Vent Ir)	1	tablet: 400mg-45mg, 400mg-60mg
<i>hydrocodone bit/homatrop me-br</i> (Hycodan)	1	
<i>hydrocodone/chlorphen polis</i> (Tussionex)	1	
<i>p-ephed hcl/codeine/guaifen</i> (Tusnel C)	1	syrup: 30-10-100

Drug Name		Drug Tier	Requirements/Limits	
<i>phenylephrine/</i> <i>carbetapentan/gg</i>	(Albatussin-Nn)	1		
<i>phenylephrine/dhcodeine</i> <i>bt/cp</i>	(Phenylephrine/ Dhcodeine Bt/Cp)	1		
<i>pot guaiaco/car-b-</i> <i>pentane/pe</i>	(Pot Guaiaco/Car-B- Pentane/Pe)	1		
<i>promethazine hcl/codeine</i>	(Promethazine HCl/ Codeine)	1		
<i>promethazine/phenyleph/</i> <i>codeine</i>	(Promethazine/ Phenyleph/Codeine)	1		
<i>pseudoephed/</i> <i>hydrocodone/cpm</i>	(Zutripro)	1		
<i>pyrilamine/pe/</i> <i>dextromethorphan</i>	(Pyrilamine/Pe/ Dextromethorphan)	1		liquid: 12.5-7.5/5
REZIRA		1		
VITUZ		1		
Dental And Oral Agents				
Dental And Oral Agents				
<i>chlorhexidine gluconate</i>	(Peridex)	1		
<i>pilocarpine hcl</i>	(Salagen)	1		
<i>sodium fluoride</i>	(Prevident 5000 Plus)	1		
<i>stannous fluoride</i>	(Gel-Kam)	1		
<i>triamcinolone acetamide</i>	(Triamcinolone Acetamide)	1		
Dermatological Agents				
Dermatological Agents, Other				
<i>acitretin</i>	(Soriatane)	1	PA	
<i>acyclovir</i>	(Zovirax)	1	PA	
<i>adapalene</i>	(Adapalene)	1		
<i>aluminum chloride</i>	(Drysol)	1		
<i>ammonium lactate</i>	(Lac-Hydrin)	1		cream (g): 12%; lotion: 12%
<i>benzoyl peroxide and skin</i> <i>cleansr5</i>	(Benzoyl Peroxide and Skin Cleansr5)	1		kit: 4%, 8%
<i>benzoyl peroxide</i> <i>microspheres</i>	(Benzoyl Peroxide Microspheres)	1		kit cl and crm
<i>benzoyl peroxide</i>	(Panoxyl)	1		various dosage and/or strengths are available
<i>benzoyl peroxide/aloe</i> <i>vera</i>	(Benzoyl Peroxide/Aloe Vera)	1		suspension
<i>benzoyl peroxide/urea</i>	(Zoderm)	1		med. pad: 4.5%-10%
BP WASH		1		
<i>calcipotriene</i>	(Dovonex)	1		

Drug Name		Drug Tier	Requirements/Limits
<i>calcitriol</i>	(Vectical)	1	
<i>emollient combination no.10</i>	(Emollient Combination No.10)	1	
<i>fluorouracil</i>	(Efudex)	1	
<i>imiquimod</i>	(Aldara)	1	
<i>iodine/potassium iodide</i>	(Iodine/Potassium Iodide)	1	solution: 5%-10%
<i>isotretinoin</i>	(Accutane)	1	
<i>isotretinoin</i>	(Accutane)	1	(QL: 34 days supply per fill)
<i>lactic acid</i>	(Lactic Acid)	1	
<i>lidocaine hcl</i>	(Lidamantle)	1	
<i>podofilox</i>	(Condylox)	1	
<i>potassium hydroxide</i>	(Potassium Hydroxide)	1	
<i>pramoxine hcl</i>	(Proctofoam)	1	foam
<i>salicylic acid</i>	(Salex)	1	cream (g), crm er (g), foam, gel (gram): 6%; liq-film, liquid: 26%; lotion: 6%; shampoo: 6%
<i>salicylic acid/ammon lact/aloe</i>	(Salkera)	1	
<i>salicylic acid/ceramide cmb #1</i>	(Salex)	1	
<i>sulfacet sod/sulfur/witch haz</i>	(Plexion Sct)	1	
<i>sulfacetamd/sulfr/sknclnsr10</i>	(Sulfacetamd/Sulfr/Sknclnsr10)	1	
<i>sulfacetamide sod/sulfur/urea</i>	(Claris)	1	cleanser: 10%-4%-10%
<i>sulfacetamide sodium</i>	(Ovace)	1	cleanser: 10%
<i>sulfacetamide sodium/sulfur</i>	(Avar LS)	1	various dosage and/or strengths are available
<i>sulfacetamide sodium/urea</i>	(Rosula Ns)	1	med. pad
<i>sulfacetm na/avobenzone/sulfur</i>	(Rosac)	1	
<i>trypsin/balsam peru/castor oil</i>	(Xenaderm)	1	oint. (g)
<i>urea</i>	(Aluvea)	1	cream (g): 40%, 45%, 50%; foam: 35%, 40%; gel (ml): 40%, 45%; lotion: 40%, 45%; sol/pf app

Drug Name	Drug Tier	Requirements/Limits	
<i>urea/hyaluronate sodium</i> (Urea/Hyaluronate Sodium)	1		
<i>urea/lactic ac/zn undecylenate</i> (Urea/Lactic Ac/Zn Undecylenate)	1		
<i>alcohol antiseptic pads</i> (Alcohol Antiseptic Pads)	2		
CONDYLOX	2		gel (gram)
DRITHOCREME HP	2		
SANTYL	2		
ABSORICA	3	PA	
DENAVIR	3	PA	(QL: 1 copay/coinsurance per tube)
FINACEA PLUS	3	PA	
FINACEA	3	PA	
MIRVASO	3	PA, QL: 30 per fill	
OXSORALEN	3	PA	(QL: 34 days supply per fill)
OXSORALEN-ULTRA	3	PA	(QL: 34 days supply per fill)
PICATO	3	PA, QL: 2 per fill	gel (ea): 0.05%
PICATO	3	PA, QL: 3 per fill	gel (ea): 0.015%
SORIATANE	3	PA	
VALCHLOR	3	PA	
VEREGEN	3	PA	
ZOVIRAX	3	PA	(QL: 1 copay/coinsurance per tube)
Dermatological Antibacterials			
<i>clindamycin phos/benzoyl perox</i> (Benzaclin)	1		
<i>clindamycin phosphate</i> (Cleocin T)	1		
<i>erythromycin base/ ethanol</i> (Emgel)	1		
<i>erythromycin/benzoyl peroxide</i> (Benzamycin)	1		
<i>gentamicin sulfate</i> (Gentamicin Sulfate)	1		
<i>metronidazole</i> (Metrogel)	1		
<i>mupirocin calcium</i> (Bactroban)	1		
<i>mupirocin</i> (Bactroban)	1		
<i>selenium sulfide</i> (Selenium Sulfide)	1		
<i>silver nitrate</i> (Silver Nitrate)	1		
<i>silver sulfadiazine</i> (Silvadene)	1		

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium</i> (Klaron)	1	
THERMAZENE	1	
BACTROBAN NASAL	2	
METROGEL	2	combo. pkg
METROGEL	2	gel (gram)
ALTABAX	3	PA
BACTROBAN	3	cream (g)
DUAC CS	3	PA
DUAC	3	PA
Dermatological Anti-Inflammatory Agents		
<i>alclometasone dipropionate</i> (Aclovate)	1	
<i>amcinonide</i> (Amcinonide)	1	
<i>betamethasone dipropionate</i> (Diprosone)	1	
<i>betamethasone valerate</i> (Betamethasone Valerate)	1	
<i>betamethasone/propylene glycol</i> (Diprolene AF)	1	
<i>clobetasol propionate</i> (Temovate)	1	
<i>desonide</i> (Desowen)	1	cream (g), lotion, oint. (g): 0.05%
<i>desoximetasone</i> (Topicort)	1	
<i>diflorasone diacetate</i> (Psorcon)	1	
<i>fluocinolone acetonide</i> (Synalar)	1	
<i>fluocinolone/shower cap</i> (Derma-Smoothe-Fs)	1	
<i>fluocinonide</i> (Vanos)	1	
<i>fluticasone propionate</i> (Cutivate)	1	
<i>halobetasol propionate</i> (Ultravate)	1	
<i>halobetasol/ammonium lactate</i> (Ultravate Pac)	1	
<i>hydrocort/lidocaine in coleus</i> (Hydrocort/Lidocaine In Coleus)	1	
<i>hydrocort/pramoxin/emol/pram#1</i> (Analpram E)	1	
<i>hydrocort/pramoxn/skn clnsr#16</i> (Hydrocort/Pramoxn/Skn Clnsr#16)	1	
<i>hydrocortisone ac/lidocaine</i> (Hydrocortisone Ac/Lidocaine)	1	
<i>hydrocortisone acetate</i> (Anusol-HC)	1	
<i>hydrocortisone acetate/aloe v</i> (Nuzon)	1	

Drug Name		Drug Tier	Requirements/Limits	
<i>hydrocortisone acetate/urea</i>	(Hydrocortisone Acetate/Urea)	1		
<i>hydrocortisone butyrate</i>	(Hydrocortisone Butyrate)	1		
<i>hydrocortisone valerate</i>	(Hydrocortisone Valerate)	1		
<i>hydrocortisone</i>	(Anusol-HC)	1		cream (g): 1%, 2.5%; cream(gm), cream/appl, enema, lotion, oint. (g): 1%, 2.5%
<i>hydrocortisone/iodoquinol</i>	(Hydrocortisone/Iodoquinol)	1		
<i>hydrocortisone/lidocaine/aloe</i>	(Hydrocortisone/Lidocaine/Aloe)	1		
<i>hydrocortisone/pramoxine</i>	(Analpram HC)	1		
<i>mometasone furoate</i>	(Elocon)	1		
<i>prednicarbate</i>	(Dermatop)	1		
<i>triamcinolone acetonide</i>	(Triamcinolone Acetonide)	1		
ELIDEL		2	PA	
KENALOG		2		aerosol
PROCTOFOAM-HC		2		
PROTOPIC		2	PA	
CORDRAN SP		3		
CORDRAN		3		
VERDESO		3	PA	
Dermatological Retinoids				
<i>adapalene</i>	(Differin)	1		
<i>tretinoin microspheres</i>	(Retin-A Micro)	1	Age must be <= 30	
<i>tretinoin</i>	(Retin-A)	1	Age must be <= 30	
<i>tretinoin/emollient base</i>	(Tretinoin/Emollient Base)	1	Age must be <= 30	cream (g): 0.05%
DIFFERIN		3		gel (gram): 0.3%; lotion, med. swab
FABIOR		3	PA	
RETIN-A MICRO		3	Age must be <= 30	
TARGRETIN		3	PA	
TAZORAC		3		

Drug Name	Drug Tier	Requirements/Limits
Scabicides And Pediculicides		
<i>lindane</i> (Lindane)	1	
<i>malathion</i> (Ovide)	1	
<i>permethrin</i> (Elimite)	1	
<i>spinosad</i> (Natroba)	1	
SKLICE	3	PA
Detergents		
Detergents		
TRITON X-100	0	
Devices		
Devices		
1ST CHOICE LANCETS	2	
1ST TIER UNILET COMFORTOUCH	2	
ORTHO ALL-FLEX	0	
ACCU-CHEK FASTCLIX	2	
ACCU-CHEK SAFE-T- PRO PLUS	2	
ACCU-CHEK SAFE-T- PRO	2	
ACCU-CHEK SOFTCLIX	2	
ACCU-CHEK	2	
ACTI-LANCE	2	
ADVANCED TRAVEL LANCETS	2	
ADVOCATE LANCET	2	
ADVOCATE LANCETS	2	
ALTERNATE SITE LANCETS	2	
ASSURE HAEMOLANCE PLUS	2	each: 18gauge, 21gauge, 25gauge, 28gauge
ASSURE LANCE	2	
AT-LAST LANCETS	2	
AURORA HEALTHCARE LANCETS	2	
AURORA SUPER THIN LANCETS	2	
BD GENIE LANCET	2	

Drug Name	Drug Tier	Requirements/Limits
BD MICROTAINER LANCETS	2	
BD ULTRA-FINE II	2	
BD ULTRA-FINE	2	
BULLSEYE MINI SAFETY LANCETS	2	
CAREONE	2	
CLEVER CHEK LANCETS	2	
COAGUCHEK	2	
COLOR LANCETS	2	
COMFORT EZ	2	
COMFORT LANCETS	2	
DROPLET LANCETS	2	
EASY COMFORT	2	
EASY TOUCH LANCETS	2	
EASY TOUCH	2	
EASY TWIST AND CAP LANCETS	2	
ECLIPSE LUER-LOK SYRINGE	2	
EMBRACE	2	
E-Z JECT LANCETS	2	
EZ SMART LANCETS	2	
E-ZJECT LANCETS	2	
FAST TAKE	2	(QL: 1 copay per 100 strips)
FIFTY50 SAFETY SEAL LANCETS	2	
FINE 30 UNIVERSAL LANCETS	2	
FINGERSTIX	2	
FORACARE LANCETS	2	
FREESTYLE LANCETS	2	
FREESTYLE UNISTIK 2	2	
GLUCOCOM LANCETS	2	
GLUCOCOM	2	
GLUCOSOURCE	2	
GMATE	2	
HAEMOLANCE PLUS	2	

Drug Name	Drug Tier	Requirements/Limits
HAEMOLANCE, RETRACTABLE	2	
HAEMOLANCE	2	
HEALTHY ACCENTS UNILET LANCET	2	
INCONTROL SUPER THIN LANCETS	2	
INCONTROL ULTRA THIN LANCETS	2	
INJECT EASE LANCETS	2	
INVACARE LANCETS	2	
KINNEY BRAND LANCETS	2	
LANCETS THIN	2	
LANCETS ULTRA THIN	2	
LANCETS	2	
LANCING DEVICE	2	
LITE TOUCH	2	
MEDI-LANCE	2	
MEDISENSE THIN LANCETS	2	
MEDLANCE PLUS	2	
MICRO THIN LANCETS	2	
MICROLET	2	
MICROTAINER LANCETS	2	
MINILET	2	
MONOLET LANCETS	2	
MONOLET THIN LANCETS	2	
MYGLUCOHEALTH LANCETS	2	
<i>needles, insulin disp., safety</i>	(Needles, Insulin Disp., Safety)	2
<i>needles, insulin disposable</i>	(Needles, Insulin Disposable)	2
NOVA SAFETY LANCETS	2	
NOVA SUREFLEX	2	

Drug Name	Drug Tier	Requirements/Limits
ON CALL LANCET	2	
ON CALL PLUS LANCET	2	
ONE TOUCH BASIC SYSTEM	2	
ONE TOUCH DELICA	2	each
ONE TOUCH DELICA	2	kit
ONE TOUCH GLUCOSE CONTROL SOLN	2	
ONE TOUCH LANCETS	2	
ONE TOUCH SURESOFT	2	
ONE TOUCH TEST STRIPS	2	(QL: 1 copay per 100 strips)
ONE TOUCH ULTRA 2	2	
ONE TOUCH ULTRA CONTROL SOLN	2	
ONE TOUCH ULTRA SMART	2	
ONE TOUCH ULTRA SYSTEM	2	
ONE TOUCH ULTRA TEST STRIPS	2	
ONE TOUCH ULTRA TEST STRIPS	2	(QL: 1 copay per 100 strips)
ONE TOUCH ULTRALINK	2	
ONE TOUCH ULTRAMINI	2	
ONE TOUCH VERIO IQ	2	
ONE TOUCH VERIO SYNC	2	
ONE TOUCH VERIO	2	each: n/a
ONE TOUCH VERIO	2	each: n/a
ONE TOUCH VERIO	2	strip
ONETOUCH FINEPOINT LANCETS	2	
ON-THE-GO	2	
OPTICHAMBER DIAMOND	2	
OPTICHAMBER	2	each

Drug Name	Drug Tier	Requirements/Limits
OPTICHAMBER	2	spacer
PEDIATRIC MASK	2	
PENLET PLUS BLOOD SAMPLER	2	
PRESSURE ACTIVATED LANCETS	2	
PRODIGY LANCETS	2	
PRODIGY TWIST TOP LANCET	2	
PUBLIX LANCET	2	
RELIAMED SAFETY SEAL LANCETS	2	
RELIAMED	2	
RELION THIN	2	
RENEW ADVANCED MICRO-LANCETS	2	
RIGHTEST GL300 LANCETS	2	
SAFETY LANCETS	2	
SAFETY SEAL LANCETS	2	
SAFETY-LET	2	
SINGLE-LET	2	
SMART SENSE LANCETS	2	
SMART SENSE	2	
SMARTDIABETES VANTAGE	2	
SMARTEST LANCET	2	
SOFT TOUCH	2	
SOFTCLIX	2	
SOLUS V2 LANCETS	2	
SOLUS V2	2	
STERILANCE TL	2	
SUPER THIN LANCETS	2	
SURE COMFORT LANCETS	2	
SURE-LANCE	2	
SURESTEP CONTROL SOLUTION	2	
SURESTEP PRO	2	each: n/a
SURESTEP PRO	2	each: n/a

Drug Name	Drug Tier	Requirements/Limits	
SURESTEP PRO	2	each: n/a	
SURESTEP PRO	2	kit	
SURESTEP PRO	2	strip, (QL: 1 copay per 100 strips)	
SURESTEP	2	kit	
SURESTEP	2	strip, (QL: 1 copay per 100 strips)	
SURE-TOUCH	2		
SURGILANCE LANCETS	2		
<i>syring w- ndl, disp, insul, 0.3ml</i>	(Syring W- Ndl, Disp, Insul, 0.3ml)	2	
<i>syring w- ndl, disp, insul, 0.5ml</i>	(Syring W- Ndl, Disp, Insul, 0.5ml)	2	
<i>syringe and needle, insulin, 1 ml</i>	(Syringe and Needle, Insulin, 1 MI)	2	
TECHLITE BLOOD LANCET	2		
TECHLITE LANCETS	2		
TECHLITE	2		
TELCARE	2		
THIN LANCETS	2		
TOPCARE UNIVERSAL1 THIN LANCET	2		
TRUEPLUS LANCETS	2		
ULTICARE	2		
ULTILET BASIC	2		
ULTILET CLASSIC	2		
ULTILET LANCETS	2		
ULTILET SAFETY	2		
ULTILET	2		
ULTRA THIN II	2		
ULTRA THIN LANCETS	2		
ULTRA THIN PLUS LANCETS	2		
ULTRA THIN PLUS	2		
ULTRALANCE	2		
ULTRA-THIN II LANCETS	2		
ULTRA-THIN II	2		

Drug Name	Drug Tier	Requirements/Limits	
ULTRATLC LANCETS	2		
UNILET COMFORTOUCH	2		
UNILET EXCELITE II	2		
UNILET EXCELITE	2		
UNILET GP LANCET	2		
UNILET LANCET	2		
UNILET LANCETS	2		
UNISTIK 3 EXTRA	2		
UNISTIK 3	2		
UNISTIK CZT	2		
UNIVERSAL 1	2		
VITALET PRO PLUS	2		
VITALET PRO	2		
VITALET	2		
Enzyme Replacement/Modifiers			
Enzyme Replacement/Modifiers			
<i>lipase/protease/amylase</i> (Zenpep)	1		
CREON	2		
CYSTAGON	2		
ZENPEP	2		capsule dr: 3k-10k-16k, 10-34-55k, 15-51-82k, 20-68-109k, 25-85-136k
CIMZIA	3	PA	syringekit, (QL: 34 days supply per fill)
GATTEX	3	PA, QL: 1 in 30 days	
KUVAN	3	PA	(QL: 34 days supply per fill)
LINZESS	3	Age must be >= 18, QL: 1 in 1 days	capsule: 145mcg
LINZESS	3	Age must be >= 18	capsule: 290mcg
LOTRONEX	3		
PERTZYE	3	PA	
PULMOZYME	3	PA	(QL: 34 days supply per fill)
SUCRAID	3	PA	
ULTRESA	3	PA	
VIOKACE	3	PA	
ZAVESCA	3	PA	(QL: 34 days supply per fill)

Drug Name	Drug Tier	Requirements/Limits
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid</i> (Vosol)	1	
<i>acetic acid/aluminum acetate</i> (Domeboro)	1	
<i>acetic acid/hydrocortisone</i> (Vosol HC)	1	
<i>bacitracin</i> (Bacitracin)	1	
<i>bacitracin/polymyxin b sulfate</i> (Bacitracin/Polymyxin B Sulfate)	1	
<i>ciprofloxacin hcl</i> (Ciloxan)	1	
<i>cresyl ace/ben alc/butanol/ipa</i> (Cresyl Ace/Ben Alc/Butanol/Ipa)	1	
<i>erythromycin base</i> (Ilotycin)	1	
<i>gentamicin sulfate</i> (Garamycin)	1	
<i>levofloxacin</i> (Quixin)	1	
<i>neo/polymyx b sulf/dexameth</i> (Maxitrol)	1	drops susp: 0.1%; oint. (g): 3.5-10k-1
<i>neomy sulf/bacitra/polymyxin b</i> (Triple Antibiotic)	1	
<i>neomy sulf/bacitrac zn/poly/hc</i> (Neomy Sulf/Bacitrac Zn/Poly/HC)	1	oint. (g): 3.5-10k-1
<i>neomycin sulfate/dex na ph</i> (Neomycin Sulfate/Dex Na Ph)	1	
<i>neomycin/polymyxin b sulf/hc</i> (Oticin HC)	1	drops susp, solution: 3.5-10k-1
<i>neomycin/polymyxn b/gramicidin</i> (Neosporin)	1	drops: 1.75mg-10k
<i>ofloxacin</i> (Ocuflox)	1	
<i>polymyxin b sulf/trimethoprim</i> (Polytrim)	1	
<i>sulfacetamide sodium</i> (Sulfac)	1	drops: 10%; oint. (g)
<i>sulfacetamide/prednisolone sp</i> (Sulfacetamide/Prednisolone Sp)	1	
<i>tobramycin</i> (Tobrex)	1	
<i>tobramycin/dexamethasone</i> (Tobradex)	1	
<i>trifluridine</i> (Viroptic)	1	
BLEPHAMIDE S.O.P.	2	
BLEPHAMIDE	2	
CILOXAN	2	oint. (g)
CIPRO HC	2	

Drug Name	Drug Tier	Requirements/Limits
CIPRODEX	2	
NATACYN	2	
PRED-G	2	drops susp
TOBRADEX	2	oint. (g)
AZASITE	3	
BESIVANCE	3	
VIGAMOX	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>bromfenac sodium</i> (Bromfenac Sodium)	1	
<i>dexamethasone sod phosphate</i> (Dexasol)	1	
<i>diclofenac sodium</i> (Diclofenac Sodium)	1	
<i>fluocinolone acetonide oil</i> (Dermotic)	1	
<i>fluorometholone</i> (FML)	1	
<i>flurbiprofen sodium</i> (Ocufen)	1	
<i>hc/pramoxine hcl/chloroxylenol</i> (Oticin HC)	1	drops: 10-10-1/ml; lotion
<i>ketorolac tromethamine</i> (Acular LS)	1	
<i>prednisolone acetate</i> (Pred Forte)	1	
<i>prednisolone sod phosphate</i> (Prednisol)	1	
DECADRON	2	
FML S.O.P.	2	
MAXIDEX	2	
BROMDAY	3	PA
FML	3	
RESTASIS	3	
Eye, Ear, Nose, Throat Drugs, Miscellaneous		
<i>apraclonidine hcl</i> (Iopidine)	1	
<i>atropine sulfate</i> (Isopto Atropine)	1	
<i>azelastine hcl</i> (Astepro)	1	
<i>balanced salt irrig soln no.2</i> (Bss)	1	
<i>carteolol hcl</i> (Carteolol HCl)	1	
<i>cromolyn sodium</i> (Cromolyn Sodium)	1	
<i>cyclopentolate hcl</i> (Cyclogyl)	1	drops: 1%, 2%
<i>epinastine hcl</i> (Elestat)	1	
<i>homatropine hbr</i> (Isopto Homatropine)	1	drops: 5%
<i>naphazoline hcl</i> (Albalon)	1	
<i>naphazoline hcl/antazoline</i> (Naphazoline HCl/Antazoline)	1	
<i>phenylephrine hcl</i> (Mydrin)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tropicamide</i> (Mydral)	1	
ISOPTO HOMATROPINE	2	drops: 2%
ISOPTO HYOSCINE	2	
PATADAY	2	
ALOMIDE	3	PA
ASTEPRO	3	PA
DYMISTA	3	PA
EMADINE	3	PA
LASTACAPT	3	PA
PATANOL	3	PA
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>cimetidine hcl</i> (Cimetidine HCl)	1	solution
<i>cimetidine</i> (Tagamet)	1	
<i>famotidine</i> (Pepcid)	1	oral susp, tablet
<i>lansoprazole</i> (Prevacid)	1	
<i>misoprostol</i> (Cytotec)	1	
<i>nizatidine</i> (Axid)	1	
<i>omeprazole</i> (Prilosec)	1	
<i>omeprazole/sodium bicarbonate</i> (Zegerid)	1	PA
<i>pantoprazole sodium</i> (Protonix)	1	tablet dr
<i>rabeprazole sodium</i> (Aciphex)	1	PA
<i>ranitidine hcl</i> (Zantac)	1	capsule, syrup, tablet
<i>sucralfate</i> (Carafate)	1	
FIRST- LANSOPRAZOLE	2	
FIRST-OMEPRAZOLE	2	
ACIPHEX	3	PA
DEXILANT	3	PA, QL: 34 in 34 days
NEXIUM	3	PA
ZEGERID	3	PA
Gastrointestinal Agents, Other		
<i>cromolyn sodium</i> (Gastrocrom)	1	
<i>dicyclomine hcl</i> (Bentyl)	1	capsule, solution, tablet
<i>diphenoxylate hcl/ atropine</i> (Lomotil)	1	
<i>glycopyrrolate</i> (Robinul)	1	tablet

Drug Name		Drug Tier	Requirements/Limits	
<i>hyoscyamine sulfate</i>	(Levsin-SI)	1		drops, elixir, tab rapdis, tab subl: 0.125mg; tablet: 0.125mg, 0.13mg
<i>isopropamide/ prochlorperazine</i>	(Isopropamide/ Prochlorperazine)	1		
<i>lactulose</i>	(Lactulose)	1		
<i>loperamide hcl</i>	(Loperamide HCl)	1		
<i>methscopolamine bromide</i>	(Pamine)	1		
<i>metoclopramide hcl</i>	(Reglan)	1		solution, tablet
<i>opium tincture</i>	(Opium Tincture)	1		
<i>paregoric</i>	(Paregoric)	1		
<i>propantheline/ phenobarbital</i>	(Propantheline/ Phenobarbital)	1		
<i>ursodiol</i>	(Actigall)	1		
KRISTALOSE		2		
AMITIZA		3	QL: 68 in 34 days	
FULYZAQ		3	PA	
RELISTOR		3	PA	
RELISTOR		3	PA	(QL: 14 days supply per fill)
Laxatives				
<i>peg 3350/na sulf,bicarb,cl/kcl</i>	(Golytely)	1		
PEG 3350-GRX		1		
<i>polyethylene glycol 3350</i>	(Polyethylene Glycol 3350)	1		
<i>sodium chloride/nahco3/ kcl/peg</i>	(Nulytely with Flavor Packs)	1		
GOLYTELY		2		powd pack
HALFLYTELY- BISACODYL		2		kit: 5mg-210g
MOVIPREP		3		
PREPOPIK		3		
SUCLEAR		3		
Phosphate Binders				
<i>calcium acetate</i>	(Phoslo)	1		
<i>sevelamer carbonate</i>	(Renvela)	1	PA	
<i>sodium polystyrene sulfonate</i>	(Sodium Polystyrene Sulfonate)	1		
FOSRENOL		2		
RENAGEL		3		

Drug Name	Drug Tier	Requirements/Limits	
RENVELA	3	PA	powd pack
Genitourinary Agents			
Antispasmodics, Urinary			
<i>flavoxate hcl</i> (Urispas)	1		
<i>oxybutynin chloride</i> (Ditropan)	1		
<i>tolterodine tartrate</i> (Detrol LA)	1	PA	cap er 24h
<i>tolterodine tartrate</i> (Detrol)	1		tablet
<i>tropium chloride</i> (Sanctura XR)	1	PA	cap er 24h
<i>tropium chloride</i> (Sanctura)	1		tablet
VESICARE	2		
DETROL LA	3	PA	
ENABLEX	3	PA	
GELNIQUE	3	PA	gel md pmp
GELNIQUE	3	PA	gel packet
MYRBETRIQ	3	PA	
OXYTROL	3	PA	
SANCTURA XR	3	PA	
TOVIAZ	3	PA	
Genitourinary Agents, Miscellaneous			
<i>phenazopyridine hcl</i> (Pyridium)	1		
Heavy Metal Antagonists			
Heavy Metal Antagonists			
DEPEN	2		
EXJADE	3	PA NSO	(QL: 1 copay/coinsurance per 15 days supply; 34 days per fill)
FERRIPROX	3	PA	
Hormonal Agents, Stimulant/Replacement/Modifying			
Androgens			
<i>danazol</i> (Danocrine)	1		
<i>estrogen, ester/me-testosterone</i> (Estrogen, Ester/Me-Testosterone)	1		
<i>fluoxymesterone</i> (Fluoxymesterone)	1		
<i>oxandrolone</i> (Oxandrin)	1		
<i>testosterone cypionate</i> (Depo-Testosterone)	1		
<i>testosterone enanthate</i> (Delatestryl)	1		
ANDRODERM	2		patch td24: 2mg/24hr, 4mg/24hr
ANDROGEL	3		
DELATESTRYL	3		
FIRST-TESTOSTERONE MC	3		

Drug Name	Drug Tier	Requirements/Limits
FIRST-TESTOSTERONE	3	
FORTESTA	3	PA
Estrogens and Antiestrogens		
<i>clomiphene citrate</i> (Clomiphene Citrate)	1	
<i>estradiol</i> (Estrace)	1	
<i>estradiol/norethindrone acet</i> (Activella)	1	
<i>estropiate</i> (Ogen)	1	
<i>norethindrone ac-eth estradiol</i> (Norethindrone Ac-Eth Estradiol)	1	tablet: 1mg-5mcg
<i>raloxifene hcl</i> (Evista)	1	
COMBIPATCH	2	
ESTRING	2	
PREMARIN	2	cream/appl, tablet
PREMPHASE	2	
PREMPRO	2	
VIVELLE-DOT	2	
DIVIGEL	3	
ELESTRIN	3	
ESTRACE	3	cream/appl
FEMHRT	3	tablet: 0.5mg-2.5
OSPHENA	3	PA, QL: 1 in 1 days
VAGIFEM	3	tablet: 10mcg
Glucocorticoids/Mineralocorticoids		
<i>cortisone acetate</i> (Cortisone Acetate)	1	
<i>dexamethasone</i> (Dexamethasone)	1	
<i>fludrocortisone acetate</i> (Fludrocortisone Acetate)	1	
<i>hydrocortisone</i> (Cortef)	1	
<i>methylprednisolone</i> (Medrol)	1	
<i>prednisolone sod phosphate</i> (Orapred)	1	
<i>prednisolone</i> (Prelone)	1	
<i>prednisone</i> (Prednisone)	1	
STERAPRED DS	1	tab ds pk: 10mg
VERIPRED 20	1	
Pituitary		
<i>desmopressin acetate</i> (DDAVP)	1	solution, spray/pump, tablet
<i>octreotide acetate</i> (Sandostatin)	1	

Drug Name	Drug Tier	Requirements/Limits	
CHORIONIC GONADOTROPIN	2		
STIMATE	2		
BRAVELLE	3	PA	
CETROTIDE	3	PA	
FOLLISTIM AQ	3		(QL: 34 days supply per fill)
GONAL-F RFF REDUJECT	3	PA	
GONAL-F RFF	3	PA	(QL: 34 days supply per fill)
GONAL-F	3	PA	(QL: 34 days supply per fill)
MENOPUR	3		(QL: 34 days supply per fill)
NOVAREL	3		(QL: 34 days supply per fill)
OVIDREL	3	PA	(QL: 34 days supply per fill)
PREGNYL	3		(QL: 34 days supply per fill)
REPRONEX	3		(QL: 34 days supply per fill)
SANDOSTATIN	3		
SOMATULINE DEPOT	3	PA	
SOMAVERT	3	PA	
GENOTROPIN	%	PA	(QL: 34 days supply per fill)
NORDITROPIN FLEXPRO	%	PA	
NORDITROPIN FLEXPRO	%	PA	(QL: 34 days supply per fill)
NORDITROPIN NORDIFLEX	%	PA	(QL: 34 days supply per fill)
NORDITROPIN	%	PA	(QL: 34 days supply per fill)
Progestins			
<i>medroxyprogesterone acet</i>	(Medroxyprogesterone Acet)	1	
<i>medroxyprogesterone acetate</i>	(Provera)	1	tablet
<i>norethindrone acetate</i>	(Aygestin)	1	
<i>progesterone</i>	(Progesterone In Oil)	1	
<i>progesterone, micronized</i>	(Prometrium)	1	
DEPO-SUBQ PROVERA 104		0	
<i>medroxyprogesterone acetate</i>	(Depo-Provera)	0	syringe, vial
CRINONE		3	
DEPO-PROVERA		3	
Thyroid and Antithyroid Agents			
<i>levothyroxine sodium</i>	(Synthroid)	1	tablet

Drug Name		Drug Tier	Requirements/Limits	
<i>liothyronine sodium</i>	(Cytomel)	1		tablet
<i>methimazole</i>	(Tapazole)	1		
<i>potassium iodide</i>	(Potassium Iodide)	1		
<i>potassium iodide/iodine</i>	(Potassium Iodide/ Iodine)	1		
<i>propylthiouracil</i>	(Propylthiouracil)	1		
<i>thyroid,pork</i>	(Thyroid,Pork)	1		tablet: 30mg, 60mg, 81.25mg, 90mg, 113.75mg
ARMOUR THYROID		3		tablet: 15mg, 120mg, 180mg, 240mg, 300mg
Immunological Agents				
Immunological Agents				
<i>azathioprine</i>	(Imuran)	1		
<i>cyclosporine</i>	(Sandimmune)	1		capsule, solution
<i>cyclosporine, modified</i>	(Neoral)	1		
<i>leflunomide</i>	(Arava)	1		
<i>mycophenolate mofetil</i>	(Cellcept)	1		
<i>mycophenolate sodium</i>	(Myfortic)	1		
<i>sirolimus</i>	(Rapamune)	1	PA	
<i>tacrolimus</i>	(Prograf)	1		
RIDAURA		2		
ARCALYST		3	PA	(QL: 34 days supply per fill)
AUBAGIO		3	PA, QL: 28 per fill	
CELLCEPT		3		susp recon
ENBREL		3	PA	(QL: 34 days supply per fill)
HUMIRA		3	PA	(QL: 34 days supply per fill)
KINERET		3	PA	(QL: 34 days supply per fill)
ORENCIA		3	PA, QL: 4 in 28 days	syringe
RAPAMUNE		3	PA	solution, tablet: 1mg, 2mg
ZORTRESS		3	PA	
Inflammatory Bowel Disease Agents				
Inflammatory Bowel Disease Agents				
<i>balsalazide disodium</i>	(Colazal)	1		
<i>budesonide</i>	(Entocort EC)	1		
<i>mesalamine</i>	(Sfrowasa)	1		
CANASA		2		
DIPENTUM		2		
LIALDA		2		
PENTASA		2		
APRISO		3	PA	

Drug Name	Drug Tier	Requirements/Limits	
ASACOL HD	3		
ASACOL	3		
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
<i>alendronate sodium</i> (Fosamax)	1		
<i>calcitonin, salmon, synthetic</i> (Miacalcin)	1		
<i>calcitriol</i> (Rocaltrol)	1		capsule, solution
<i>doxercalciferol</i> (Hectorol)	1		capsule
<i>etidronate disodium</i> (Didronel)	1		
<i>ibandronate sodium</i> (Boniva)	1		tablet
<i>paricalcitol</i> (Zemplar)	1		
ACTONEL	2		
FORTICAL	2		
FOSAMAX PLUS D	2		
MIACALCIN	2		vial
BINOSTO	3	PA	
FORTEO	3	PA	(QL: 34 days supply per fill)
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
<i>allopurinol</i> (Zyloprim)	1		
<i>bethanechol chloride</i> (Urecholine)	1		
<i>bupirone hcl</i> (Buspar)	1		
<i>chloral hydrate</i> (Chloral Hydrate)	1		capsule
<i>colchicine</i> (Colchicine)	1		
<i>colchicine/probenecid</i> (Colchicine/Probenecid)	1		
<i>ergoloid mesylates</i> (Ergoloid Mesylates)	1		
<i>finasteride</i> (Propecia)	1		tablet: 5mg
<i>glutethimide</i> (Glutethimide)	1		
<i>guanidine hcl</i> (Guanidine HCl)	1		
<i>hyaluronate sodium</i> (Hyaluronate Sodium)	1		gel (gram): 0.2%; suspension: 0.1%
<i>hydroxyzine hcl</i> (Hydroxyzine HCl)	1		syrup, tablet
<i>hydroxyzine pamoate</i> (Vistaril)	1		
<i>leucovorin calcium</i> (Leucovorin Calcium)	1		tablet
<i>levocarnitine (with sugar)</i> (Carnitor)	1		
<i>levocarnitine</i> (Carnitor)	1		tablet
<i>meprobamate</i> (Miltown)	1		
<i>methylergonovine maleate</i> (Methergine)	1		tablet
<i>probenecid</i> (Probenecid)	1		
<i>pyridostigmine bromide</i> (Mestinon)	1		

Drug Name	Drug Tier	Requirements/Limits	
AVODART	2		
BETASERON	2		(QL: 34 days supply per fill)
COLCRYS	2		
COPAXONE	2		syringekit, (QL: 34 days supply per fill)
COPAXONE	2	QL: 12 per fill	syringe
GANIRELIX ACETATE	2		
GILENYA	2		(QL: 34 days supply per fill)
GLUCAGEN	2		(QL: 2 kits per 1 fill)
GLUCAGON EMERGENCY KIT	2		(QL: 2 kits per 1 fill)
LITHOSTAT	2		
MESTINON	2		syrup, tablet er
PROSTIGMIN	2		
SYNAREL	2		
TECFIDERA	2		
THALOMID	2		
ACTEMRA	3	PA, QL: 3.6 per fill	syringe
ACTIMMUNE	3	PA	(QL: 34 days supply per fill)
AVONEX ADMINISTRATION PACK	3	PA	(QL: 34 days supply per fill)
AVONEX	3	PA	(QL: 34 days supply per fill)
ELMIRON	3	PA	
EXTAVIA	3	PA	
JALYN	3	PA	
MESNEX	3		tablet
REBIF REBIDOSE	3	PA	
REBIF	3	PA	(QL: 34 days supply per fill)
SENSIPAR	3		
SIGNIFOR	3	PA, QL: 60 in 30 days	
SIMPONI	3	PA	
SIMPONI	3	PA	(QL: 34 days supply per fill)
ULORIC	3	PA	
XELJANZ	3	PA, QL: 68 per fill	

Drug Name	Drug Tier	Requirements/Limits
Ocular Disorders		
Ocular Disorders		
<i>fluorescein sodium</i> (Fluorescein Sodium)	1	drops
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide</i> (Acetazolamide)	1	
<i>betaxolol hcl</i> (Betaxolol HCl)	1	
<i>brimonidine tartrate</i> (Alphagan P)	1	
<i>dorzolamide hcl</i> (Trusopt)	1	
<i>dorzolamide hcl/timolol maleat</i> (Cosopt)	1	
<i>latanoprost</i> (Xalatan)	1	
<i>levobunolol hcl</i> (Betagan)	1	
<i>methazolamide</i> (Neptazane)	1	
<i>metipranolol</i> (Metipranolol)	1	
<i>pilocarpine hcl</i> (Isopto Carpine)	1	
<i>timolol maleate</i> (Timoptic)	1	
<i>travoprost (benzalkonium)</i> (Travatan)	1	
ALPHAGAN P	2	drops: 0.1%
AZOPT	2	
BETOPTIC S	2	
PHOSPHOLINE IODIDE	2	
PILOPINE HS	2	
TRAVATAN Z	2	
ISOPTO CARPINE	3	drops: 8%
LUMIGAN	3	PA
RESCULA	3	PA
SIMBRINZA	3	
ZIOPTAN	3	PA
Replacement Preparations		
Replacement Preparations		
<i>citric acid/sodium citrate</i> (Bicitra)	1	
<i>phosphorus #1</i> (K-Phos Neutral)	1	tablet: 250mg
<i>pot chloride/pot bicarb/cit ac</i> (Pot Chloride/Pot Bicarb/Cit Ac)	1	
<i>potassium bicarbonate/cit ac</i> (Potassium Bicarbonate/Cit Ac)	1	tablet eff: 25meq
<i>potassium chloride</i> (K-Dur)	1	capsule er, liquid, packet: 20meq; tab er prt, tablet er, tablet sa

Drug Name	Drug Tier	Requirements/Limits	
<i>potassium citrate</i> (Urocit-K)	1		
<i>potassium citrate/citric acid</i> (Polycitra-K)	1		packet
<i>potassium gluconate</i> (Potassium Gluconate)	1		
SHOHL'S MODIFIED	1		
<i>sod/pot/k cit/sod cit/cit acid</i> (Polycitra-Lc)	1		
<i>sodium chloride for inhalation</i> (Hyper-Sal)	1		
<i>zinc sulfate</i> (Zinc Sulfate)	1		capsule: 220(50)mg
K-PHOS ORIGINAL	2		
ORACIT	2		
HYPER-SAL	3		vial-neb: 3.5%
NEBUSAL	3		
Respiratory Tract Agents			
Anti-Inflammatories, Inhaled Corticosteroids			
<i>budesonide</i> (Pulmicort)	1		
<i>flunisolide</i> (Nasarel)	1		
<i>fluticasone propionate</i> (Flonase)	1		
<i>triamcinolone acetonide</i> (Nasacort Aq)	1		
ADVAIR DISKUS	2		
ADVAIR HFA	2		
BREO ELLIPTA	2		
DULERA	2		
FLOVENT DISKUS	2		
FLOVENT HFA	2		
NASONEX	2		
PULMICORT FLEXHALER	2		
QVAR	2		
ASMANEX	3		
BECONASE AQ	3	PA	
OMNARIS	3	PA	
PULMICORT	3		ampul-neb: 1mg/2ml
QNASL	3	PA	
VERAMYST	3	PA	
ZETONNA	3	PA	
Antileukotrienes			
<i>montelukast sodium</i> (Singulair)	1		
<i>zafirlukast</i> (Accolate)	1		
Bronchodilators			
<i>albuterol sulfate</i> (Accuneb)	1		

Drug Name		Drug Tier	Requirements/Limits
<i>albuterol</i>	(Ventolin)	1	
<i>aminophylline</i>	(Aminophylline)	1	liquid, tablet
<i>ipratropium bromide</i>	(Ipratropium Bromide)	1	
<i>ipratropium/albuterol sulfate</i>	(Duoneb)	1	
<i>levalbuterol hcl</i>	(Xopenex)	1	
<i>metaproterenol sulfate</i>	(Metaproterenol Sulfate)	1	
<i>terbutaline sulfate</i>	(Brethine)	1	tablet
<i>theophylline anhydrous</i>	(Theochron)	1	
VENTOLIN HFA		1	
VENTOLIN		1	
ATROVENT HFA		2	
FORADIL		2	
SEREVENT DISKUS		2	
SPIRIVA		2	
TUDORZA PRESSAIR		2	
BROVANA		3	PA
COMBIVENT RESPIMAT		3	
COMBIVENT		3	
MAXAIR AUTOHALER		3	
PERFOROMIST		3	PA
THEO-24		3	
XOPENEX HFA		3	PA
Respiratory Tract Agents, Other			
<i>acetylcysteine</i>	(Acetadote)	1	vial: 100mg/ml, 200mg/ml
<i>cromolyn sodium</i>	(Intal)	1	
<i>guaifenesin/dyphylline</i>	(Dilex-G 400)	1	elixir, liquid, tablet: 200-200mg, 400-200mg
DALIRESP		3	PA
KALYDECO		3	PA, QL: 68 in 34 days
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
<i>baclofen</i>	(Baclofen)	1	
<i>carisoprodol</i>	(Soma)	1	
<i>carisoprodol/aspirin</i>	(Carisoprodol/Aspirin)	1	
<i>chlorzoxazone</i>	(Parafon Forte DSC)	1	
<i>chlorzoxazone/ acetaminophen</i>	(Chlorzoxazone/ Acetaminophen)	1	

Drug Name	Drug Tier	Requirements/Limits	
<i>codeine/carisoprodol/ aspirin</i> (Codeine/Carisoprodol/ Aspirin)	1		
COMFORT PAC-CYCLOBENZAPRINE	1		
COMFORT PAC-TIZANIDINE	1		
<i>cyclobenzaprine hcl</i> (Fexmid)	1		tablet
<i>dantrolene sodium</i> (Dantrium)	1		capsule
<i>metaxalone</i> (Skelaxin)	1		
<i>methocarbamol</i> (Robaxin-750)	1		
<i>orphenadrine citrate</i> (Norflex)	1		tablet er
<i>orphenadrine/aspirin/ caffeine</i> (Norgesic Forte)	1		
<i>tizanidine hcl</i> (Zanaflex)	1		
Sleep Disorder Agents			
Sleep Disorder Agents			
<i>eszopiclone</i> (Lunesta)	1	PA, QL: 15 per fill	
<i>modafinil</i> (Provigil)	1	PA	
<i>zaleplon</i> (Sonata)	1		(QL: 1 copay/coinsurance per 15 capsules)
<i>zolpidem tartrate</i> (Ambien)	1		tablet, (QL: 1 copay/coinsurance per 15 tablets)
<i>zolpidem tartrate</i> (Ambien CR)	2		tab mphase, (QL: 1 copay/coinsurance per 15 tablets)
INTERMEZZO	3	PA, QL: 15 per fill	(QL: 1 copay/coinsurance per 15 tablets)
LUNESTA	3	PA	(QL: 1 copay/coinsurance per 15 capsules)
NUVIGIL	3	PA	
ROZEREM	3	PA	(QL: 1 copay/coinsurance per 15 tablets)
XYREM	3	PA	(QL: 34 days supply per fill)
Sympatholytic Adrenergic Blocking Agents			
Alpha-Adrenergic Blocking Agents			
<i>alfuzosin hcl</i> (Uroxatral)	1		
<i>tamsulosin hcl</i> (Flomax)	1		
<i>terazosin hcl</i> (Hytrin)	1		
RAPAFLO	3	PA	

Drug Name	Drug Tier	Requirements/Limits	
Urine And Feces Contents			
Ketones			
KETOSTIX REAGENT	3	QL: 100 per fill	
Vasodilating Agents			
Vasodilating Agents			
<i>sildenafil citrate</i> (Revatio)	1	PA	
ADCIRCA	3	PA	(QL: 1 copay/coinsurance per 15 days supply)
LETAIRIS	3	PA	(QL: 1 copay/coinsurance per 17 days supply; 34 days per fill)
OPSUMIT	3	PA, QL: 34 per fill	
REVATIO	3	PA	tablet, (QL: 1 copay/coinsurance per 17 days supply; 34 days per fill)
TRACLEER	3		(QL: 1 copay/coinsurance per 17 days supply; 34 days per fill)
TYVASO	3	PA	ampul-neb: 1.74mg/2.9
TYVASO	3	PA	ampul-neb: 1.74mg/2.9
TYVASO	3	PA	ampul-neb: 1.74mg/2.9, (QL: 1 copay/coinsurance per 17 days supply; 34 days per fill)
VENTAVIS	3	PA	(QL: 1 copay/coinsurance per 17 days supply; 34 days per fill)
Vitamins and Minerals			
Vitamins and Minerals			
<i>cal carb/mgox/d3/b12/fa/b6/bor</i> (Cal Carb/Mgox/D3/B12/Fa/B6/Bor)	1		wafer: 500-300-1
<i>ergocalciferol (vitamin d2)</i> (Drisdol)	1		capsule
<i>fluoride/iron/vit a,c and d</i> (Fluoride/Iron/Vit A,C and D)	1		
<i>folic acid</i> (Folic Acid)	1		tablet: 1mg
LOZI-FLUR	1		
<i>multivitamin no.44/vit d3/k</i> (Multivitamin No.44/Vit D3/K)	1		

Drug Name	Drug Tier	Requirements/Limits	
<i>pedi mvi no.12/sodium fluoride</i> (Mvc-Fluoride)	1		
<i>pnv with ca,no.71/iron/fa</i> (Pnv with Ca,No.71/ Iron/Fa)	1		
<i>pnv119/iron fumarate/fa/dss</i> (Pnv119/Iron Fumarate/ Fa/Dss)	1		
<i>sodium fluoride</i> (Sodium Fluoride)	1		
DHT	2		
MEPHYTON	2		

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