



2015 Comprehensive Formulary

First Health Part D

(List of Covered Drugs)

Managed Standard

PLEASE READ: This document contains information about the drugs we cover in this plan

This formulary was updated on 10/1/2014.
For more recent information or other questions, please contact First Health Part D at **1-866-865-0662** or for **TTY: 711**, 24 hours a day, 7 days a week.

Formulary ID Number: 15041 Version 6



First Health Part D is a Medicare-approved Part D sponsor. Enrollment in First Health Part D depends upon contract renewal.

Mail Order Pharmacy

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program, which is called Express Scripts PharmacySM. Typically, mail-order drugs arrive within 7 to 11 days. You can call **1-866-865-0662 (TTY: 711)** if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery.

This information is available for free in other languages. Please call our customer service number at **1-866-865-0662 (TTY: 711)**, 24 hours a day, 7 days a week.

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con Servicios al Cliente al **1-866-865-0662 (TTY: 711)**. Horario de atención: las 24 horas del día, los 7 días a la semana.

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.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means First Health Life & Health Insurance Company. When it refers to “plan” or “our plan,” it means First Health Part D.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/1/2014. For a complete, updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply.

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

What is the First Health Part D Comprehensive Formulary?

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

Can the Formulary (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, 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 10/1/2014. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 8. 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 59. 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *candesartan*. This may be in addition to a standard one-month or three-month supply.
- **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.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by contacting us. Our contact information, along with the date we last updated the formulary, appears on the front and back pages.

You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us 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 First Health Part D's 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 First Health Part D and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

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

How do I request an exception to the First Health Part D's Formulary?

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

- You can ask us to cover 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, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception.

When you 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 at least 91 and up to a 98-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 experience a change in your setting of care (such as being discharged or admitted to a long term care facility), your physician or pharmacy can request a one-time prescription override.

This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

For more information

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

If you have questions about our plan, please contact us. 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 <http://www.medicare.gov>.

First Health Part D's Formulary

The comprehensive formulary that begins on page 8 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 59.

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

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. The following abbreviations are used:

QL	Quantity Limits
PA	Prior Authorization
ST	Step Therapy
LA	Limited Access
MO	Mail Order Delivery
B/D	Part B vs. D Prior Authorization

QL: Quantity Limits. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *candesartan*.

PA: Prior Authorization. Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

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.

LA: Limited Access. These prescriptions may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call First Health Part D at **1-866-865-0662 (TTY: 711)**, 24 hours a day, 7 days a week.

MO: Mail Order. For certain kinds of drugs, you can use Express Scripts PharmacySM. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as "**mail-order**" drugs in our Drug List or MO. For more information consult your Pharmacy Directory or call First Health Part D at **1-866-865-0662 (TTY: 711)**, 24 hours a day, 7 days a week.

B/D: Part B versus Part D. This prescription drug has a Part B versus Part 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.

Drug tier copay levels

This 2015 comprehensive formulary is a listing of brand name and generic drugs. First Health Part D's 2015 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by plan. Consult your plan's Summary of Benefits or Evidence of Coverage for your applicable copays and coinsurance amounts.

	Five Tier Plan
<i>Tier 1</i>	Preferred Generic Drugs
<i>Tier 2</i>	Non-Preferred Generic Drugs
<i>Tier 3</i>	Preferred Brand Drugs
<i>Tier 4</i>	Non-Preferred Brand Drugs
<i>Tier 5</i>	Specialty Tier Drugs

Our plan, in some instances, combines higher cost generic drugs on brand tiers. Refer to the drug list to determine the tier of coverage for each drug you take.

You Have Drug Coverage in the Coverage Gap Stage

There are four "drug payment stages" of a Medicare Prescription Drug Plan. How much you pay for a Part D drug depends on which drug payment stage you are in. Your plan includes supplemental coverage for all drugs during the Coverage Gap stage. Your Evidence of Coverage will tell you how much you will pay for covered drugs during each drug payment stage. If you need assistance finding this information, call the Customer Service number on your ID card.

Preferred Drug List

KEY*	Drug Tier	Requirements/Limits
Drug Name UPPERCASE = Brand name prescription drugs	1,2,3,4,5 = Copay tier level	QL = Quantity Limit ST = Step Therapy PA = Prior Authorization LA = Limited Access MO = Mail Order Delivery B/D = Part B vs. Part D
<i>Lower case italics</i> = Generic medications		

Drug Name	Drug Tier	Requirements/Limits
<u>Analgesics</u>		
<i>acetaminophen/codeine #3</i>	2	QL (390 EA per 30 days) MO
<i>acetaminophen/codeine soln</i>	2	QL (4500 ML per 30 days) MO
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 60mg</i>	2	QL (390 EA per 30 days) MO
<i>ascomp/codeine</i>	4	QL (180 EA per 30 days) PA
<i>butal/asa/caff</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine/codeine</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine caps</i>	4	QL (180 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/apap/caffeine</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine/codeine</i>	4	QL (180 EA per 30 days) PA MO
<i>capacet</i>	4	QL (180 EA per 30 days) PA
CELEBREX	4	MO
<i>codeine sulfate tabs</i>	4	QL (180 EA per 30 days) MO
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium dr</i>	2	MO
<i>diclofenac sodium er</i>	2	MO
<i>diclofenac sodium/misoprostol</i>	4	MO
<i>diflunisal tabs</i>	2	MO
<i>duramorph</i>	2	B/D
<i>endocet tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	4	QL (360 EA per 30 days)
<i>endodan</i>	4	QL (360 EA per 30 days)
<i>etodolac er</i>	2	MO
<i>etodolac caps 200mg</i>	2	
<i>etodolac caps 300mg</i>	2	MO
<i>etodolac tabs</i>	2	MO
<i>fenoprofen calcium tabs</i>	2	MO
<i>fentanyl patch</i>	4	QL (15 EA per 30 days) MO
<i>fentanyl citrate oral transmucosal</i>	5	QL (120 EA per 30 days) PA MO
<i>flurbiprofen tabs</i>	2	MO
<i>hydrocodone bitartrate/acetaminophen soln</i>	4	QL (5550 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg</i>	4	QL (360 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg</i>	4	QL (390 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	4	QL (360 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 2.5mg; 200mg</i>	4	QL (150 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 5mg; 200mg, 7.5mg; 200mg</i>	4	QL (150 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	4	QL (2400 ML per 30 days) MO
<i>hydromorphone hcl inj 1mg/ml, 2mg/ml, 4mg/ml, 500mg/50ml</i>	4	B/D MO
<i>hydromorphone hcl tabs 4mg, 8mg</i>	4	QL (240 EA per 30 days) MO
<i>hydromorphone hcl tabs 2mg</i>	4	QL (480 EA per 30 days) MO
<i>ibudone tabs 5mg; 200mg</i>	4	QL (150 EA per 30 days)
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	2	MO
<i>ketoprofen er</i>	4	MO
<i>ketoprofen caps</i>	2	MO
<i>lorcet</i>	4	QL (360 EA per 30 days)
<i>lorcet hd</i>	4	QL (360 EA per 30 days)
<i>lorcet plus tabs 325mg; 7.5mg</i>	4	QL (360 EA per 30 days)
<i>lortab tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	4	QL (360 EA per 30 days)
<i>margesic</i>	4	QL (180 EA per 30 days) PA MO
<i>meclofenamate sodium caps</i>	2	MO
<i>meloxicam susp, tabs</i>	2	MO
<i>methadone hcl inj</i>	2	
<i>methadone hcl tabs</i>	2	QL (240 EA per 30 days) MO
<i>methadone hcl oral soln</i>	2	QL (3000 ML per 30 days) MO
<i>methadone hcl conc</i>	2	QL (360 ML per 30 days) MO
<i>methadone hcl tbso</i>	2	QL (90 EA per 30 days)
<i>methadose sugar-free</i>	2	QL (360 ML per 30 days) MO
<i>methadose conc</i>	2	QL (360 ML per 30 days) MO
<i>methadose tbso</i>	2	QL (90 EA per 30 days)
<i>morphine sulfate er cp24 120mg</i>	4	QL (180 EA per 30 days) MO
<i>morphine sulfate er cp24 45mg, 75mg, 90mg</i>	4	QL (30 EA per 30 days) MO
<i>morphine sulfate er cp24 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	4	QL (60 EA per 30 days) MO
<i>morphine sulfate er tbc</i>	4	QL (90 EA per 30 days) MO
<i>morphine sulfate tabs</i>	2	QL (180 EA per 30 days) MO
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 150mg/30ml, 15mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 8mg/ml</i>	2	B/D
<i>morphine sulfate oral soln 20mg/5ml</i>	2	QL (1020 ML per 30 days) MO
<i>morphine sulfate oral soln 20mg/ml</i>	2	QL (180 ML per 30 days) MO
<i>morphine sulfate oral soln 10mg/5ml</i>	2	QL (1800 ML per 30 days) MO
<i>nabumetone</i>	2	MO
<i>nalbuphine hcl inj</i>	4	MO
<i>naproxen dr</i>	2	MO
<i>naproxen sodium tabs 275mg, 550mg</i>	2	MO
<i>naproxen susp, tabs</i>	2	MO
<i>oxaprozin</i>	2	MO
<i>oxycodone hcl conc</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hcl caps</i>	4	QL (360 EA per 30 days)
<i>oxycodone hcl soln</i>	4	QL (5400 ML per 30 days) MO
<i>oxycodone hcl tabs 10mg, 15mg, 20mg, 30mg</i>	4	QL (180 EA per 30 days) MO
<i>oxycodone hcl tabs 5mg</i>	4	QL (360 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	4	QL (360 EA per 30 days) MO
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	4	QL (360 EA per 30 days) MO
<i>oxycodone/ibuprofen</i>	4	QL (120 EA per 30 days) MO
<i>piroxicam caps</i>	2	MO
ROXICET SOLN	3	QL (1800 ML per 30 days) MO
<i>roxicet tabs 325mg; 5mg</i>	4	QL (360 EA per 30 days)
<i>sulindac tabs</i>	2	MO
<i>tolmetin sodium caps</i>	2	MO
<i>tolmetin sodium tabs 200mg</i>	2	
<i>tolmetin sodium tabs 600mg</i>	2	MO
<i>tramadol hcl immediate release tablets</i>	2	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	4	QL (240 EA per 30 days) MO
<i>vicodin es tabs 300mg; 7.5mg</i>	4	QL (390 EA per 30 days)
<i>vicodin hp tabs 300mg; 10mg</i>	4	QL (390 EA per 30 days)
<i>vicodin tabs 300mg; 5mg</i>	4	QL (390 EA per 30 days)
VIMOVO	3	MO
VOLTAREN GEL	3	QL (1020 GM per 30 days) MO
<i>zebutal caps 325mg; 50mg; 40mg</i>	4	QL (180 EA per 30 days) PA
<u>Anesthetics</u>		
<i>lidocaine hcl jelly gel 2%</i>	2	
<i>lidocaine hcl gel 2%</i>	2	
<i>lidocaine hcl mouth/throat soln</i>	2	
<i>lidocaine hcl external soln</i>	2	MO
<i>lidocaine hcl inj 0.5%, 1.5%</i>	2	
<i>lidocaine hcl inj 1%, 2%, 4%</i>	2	MO
<i>lidocaine viscous</i>	2	MO
<i>lidocaine/prilocaine kit</i>	2	
<i>lidocaine/prilocaine crea</i>	2	MO
<i>lidocaine oint</i>	2	MO
<i>lidocaine ptch</i>	2	QL (90 EA per 30 days) PA MO
<u>Anti-Addiction/Substance Abuse Treatment Agents</u>		
<i>acamprosate calcium dr</i>	4	MO
<i>buprenorphine hcl/naloxone hcl</i>	3	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl subl</i>	3	QL (90 EA per 30 days) PA MO
<i>buproban</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hcl sr tb12 150mg</i>	3	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	4	QL (336 EA per 365 days) MO
CHANTIX STARTING MONTH PAK	4	QL (106 EA per 365 days) MO
CHANTIX TABS 0.5MG, 1MG	4	QL (336 EA per 365 days) MO
<i>disulfiram tabs</i>	2	MO
<i>naloxone hcl inj</i>	2	
<i>naltrexone hcl tabs</i>	2	MO
NICOTROL NS	4	QL (40 ML per 30 days) MO
SUBOXONE FILM 12MG; 3MG	4	QL (60 EA per 30 days) PA MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	4	QL (90 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<u>Antibacterials</u>		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	2	MO
<i>amoxicillin/clavulanate potassium er</i>	2	MO
<i>amoxicillin/clavulanate potassium chew, tabs</i>	2	MO
<i>amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	MO
<i>amoxicillin chew 125mg, 250mg</i>	2	MO
<i>amoxicillin caps, susr, tabs</i>	2	MO
<i>ampicillin sodium inj 10gm, 125mg, 1gm for IV, 250mg, 2gm for IV</i>	2	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	2	MO
<i>ampicillin-sulbactam</i>	4	
<i>ampicillin susr</i>	2	
<i>ampicillin caps</i>	2	MO
<i>azithromycin pack</i>	2	
<i>azithromycin susr, tabs</i>	2	MO
<i>azithromycin inj 500mg</i>	2	MO
<i>aztreonam</i>	4	
<i>baciim</i>	4	
<i>bacitracin inj 50000unit</i>	4	MO
BACTOCILL IN DEXTROSE	4	
BICILLIN L-A	4	
<i>cefactor er</i>	2	MO
<i>cefactor caps</i>	2	MO
<i>cefactor susr 125mg/5ml, 375mg/5ml</i>	2	
<i>cefactor susr 250mg/5ml</i>	2	MO
<i>cefadroxil</i>	2	MO
<i>cefazolin sodium/dextrose</i>	4	
<i>cefazolin sodium inj 100gm, 1gm; 5%, 1gm for IV, 20gm</i>	4	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	4	MO
<i>cefdinir</i>	4	MO
<i>cefditoren pivoxil tabs 400mg</i>	4	
<i>cefepime inj 1gm/50ml; 5%, 1gm/50ml, 2gm/100ml, 2gm/50ml; 5%</i>	4	
<i>cefepime inj 1gm, 2gm</i>	4	MO
<i>cefotaxime sodium inj 10gm, 500mg</i>	4	
<i>cefotaxime sodium inj 1gm, 2gm</i>	4	MO
<i>cefotetan</i>	4	
<i>cefotetan/dextrose</i>	4	
<i>cefoxitin sodium inj 10gm, 1gm; 4%, 2gm; 2.2%</i>	4	
<i>cefoxitin sodium inj 1gm, 2gm</i>	4	MO
<i>cefpodoxime proxetil</i>	4	MO
<i>cefprozil</i>	4	MO
<i>ceftazidime/dextrose</i>	4	
<i>ceftazidime inj 6gm</i>	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime inj 1gm, 2gm</i>	4	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	4	
<i>ceftriaxone sodium i.v. 1gm</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	MO
<i>ceftriaxone/dextrose</i>	4	
<i>cefuroxime axetil susr</i>	2	
<i>cefuroxime axetil tabs</i>	2	MO
<i>cefuroxime sodium inj 1.5gm, 7.5gm</i>	4	
<i>cefuroxime sodium inj 750mg</i>	4	MO
<i>cefuroxime/dextrose inj 750mg; 4.1%</i>	4	
<i>cephalexin caps 750mg</i>	2	
<i>cephalexin caps 250mg, 500mg</i>	2	MO
<i>cephalexin susr, tabs</i>	2	MO
<i>chloramphenicol sodium succinate</i>	4	
<i>ciprofloxacin er</i>	2	MO
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	2	MO
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	2	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	2	MO
<i>ciprofloxacin susr</i>	2	
<i>ciprofloxacin inj 200mg/20ml, 400mg/40ml</i>	2	MO
<i>clarithromycin er</i>	2	MO
<i>clarithromycin susr, immediate release tabs</i>	2	MO
<i>clindamycin hcl caps</i>	2	MO
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate add-vantage</i>	4	
<i>clindamycin phosphate in d5w</i>	4	
<i>clindamycin phosphate crea 2%</i>	2	MO
<i>clindamycin phosphate inj 150mg/ml, 300mg/2ml, 900mg/60ml</i>	4	
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	4	MO
<i>colistimethate sodium</i>	4	PA MO
CUBICIN	5	
<i>dicloxacillin sodium</i>	2	MO
<i>doxy 100</i>	4	
<i>doxycycline hyclate dr</i>	4	MO
<i>doxycycline hyclate inj</i>	4	
<i>doxycycline hyclate caps, tabs</i>	4	MO
<i>doxycycline monohydrate</i>	4	MO
<i>doxycycline caps 75mg</i>	4	
<i>doxycycline caps 150mg</i>	4	MO
<i>doxycycline susr</i>	4	
E.E.S. 400	4	MO
E.E.S. GRANULES	4	MO
<i>e.s.p.</i>	2	MO
ERY-TAB	3	MO
ERYPED 200	4	MO
ERYPED 400	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN LACTOBIONATE INJ 500MG	4	
ERYTHROCIN STEARATE	4	MO
<i>erythromycin base tabs</i>	2	MO
<i>erythromycin ethylsuccinate tabs</i>	2	MO
<i>erythromycin/sulfisoxazole</i>	2	
<i>erythromycin cpep 250mg</i>	2	MO
<i>gentamicin sulfate pediatric</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%, 1.2mg/ml; 0.9%, 1.4mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 0.8mg/ml; 0.9%</i>	2	MO
<i>gentamicin sulfate inj 10mg/ml</i>	2	
<i>gentamicin sulfate inj 40mg/ml</i>	2	MO
<i>imipenem/cilastatin</i>	3	MO
INVANZ IV 1GM	4	
INVANZ INJ 1GM	4	MO
<i>isotonic gentamicin inj 1.2mg/ml; 0.9%, 2mg/ml; 0.9%</i>	2	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	2	MO
KETEK TABS 300MG	4	
KETEK TABS 400MG	4	MO
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin inj 25mg/ml</i>	2	
<i>levofloxacin oral soln 25mg/ml</i>	2	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	MO
<i>meropenem</i>	4	MO
<i>methenamine hippurate</i>	4	MO
METRO IV	4	
<i>metronidazole in nacl 0.79%</i>	4	MO
<i>metronidazole vaginal</i>	2	MO
<i>metronidazole caps 375mg</i>	2	MO
<i>metronidazole tabs 250mg, 500mg</i>	2	MO
<i>minocycline hcl caps</i>	2	MO
<i>morgidox 1x100mg caps</i>	4	
<i>morgidox 2x100mg caps</i>	4	
MOXATAG	4	
<i>nafcillin sodium</i>	4	
NALLPEN ISO-OSMOTIC IN DEXTROSE	4	
NALLPEN/DEXTROSE INJ 0; 1GM/50ML	4	
<i>neomycin sulfate tabs</i>	2	MO
<i>nitrofurantoin macrocrystals</i>	4	PA MO
<i>nitrofurantoin monohydrate</i>	4	PA MO
<i>nitrofurantoin susp</i>	4	PA
<i>ofloxacin tabs 200mg</i>	2	
<i>ofloxacin tabs 300mg, 400mg</i>	2	MO
<i>oxacillin sodium inj 10gm, 1gm</i>	4	
<i>oxacillin sodium inj 2gm</i>	4	MO
<i>paromomycin sulfate</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
PCE	4	MO
<i>penicillin g potassium inj 20000000unit, 5mu</i>	4	MO
<i>penicillin g procaine</i>	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	2	MO
<i>piperacillin sodium/ tazobactam sodium</i>	4	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm</i>	4	
<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm, 4gm; 0.5gm</i>	4	MO
<i>streptomycin sulfate inj</i>	4	MO
<i>sulfadiazine tabs</i>	2	MO
<i>sulfamethoxazole/trimethoprim</i>	2	MO
<i>sulfamethoxazole/trimethoprim ds</i>	2	MO
SUPRAX CHEW, TABS	4	
SUPRAX CAPS	4	MO
SUPRAX SUSR 100MG/5ML, 500MG/5ML	4	
SUPRAX SUSR 200MG/5ML	4	MO
SYNERCID	5	
<i>tazicef inj 1gm, 2gm, 6gm</i>	4	
TEFLARO	4	
<i>tetracycline hcl caps</i>	2	MO
TIMENTIN INJ 0.1GM; 3GM, 1GM; 30GM	4	
<i>tinidazole</i>	4	MO
<i>tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml</i>	2	
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml</i>	2	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	2	MO
<i>trimethoprim tabs</i>	2	MO
TYGACIL	3	
<i>vancomycin hcl in dextrose</i>	4	
<i>vancomycin hcl caps</i>	5	PA MO
<i>vancomycin hcl inj 1000mg, 10gm, 5000mg, 750mg</i>	4	
<i>vancomycin hcl inj 500mg</i>	4	MO
<i>vandazole</i>	2	MO
ZMAX	4	MO
ZYVOX INJ	5	PA
ZYVOX SUSR	5	QL (1800 ML per 28 days) PA MO
ZYVOX TABS	5	QL (56 EA per 28 days) PA MO
<u>Anticonvulsants</u>		
APTiom TABS 200MG, 400MG, 800MG	4	QL (30 EA per 30 days) PA
APTiom TABS 600MG	4	QL (60 EA per 30 days) PA
BANZEL TABS	4	PA
BANZEL SUSP	5	PA
<i>carbamazepine er tb12</i>	4	
<i>carbamazepine er cp12</i>	4	MO
<i>carbamazepine susp</i>	2	
<i>carbamazepine chew, tabs</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
CELONTIN	4	MO
<i>clonazepam odt tbdp 1mg</i>	4	QL (120 EA per 30 days) MO
<i>clonazepam odt tbdp 2mg</i>	4	QL (300 EA per 30 days) MO
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	4	QL (90 EA per 30 days) MO
<i>clonazepam tabs 1mg</i>	4	QL (120 EA per 30 days) MO
<i>clonazepam tabs 2mg</i>	4	QL (300 EA per 30 days) MO
<i>clonazepam tabs 0.5mg</i>	4	QL (90 EA per 30 days) MO
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	4	MO
DILANTIN CAPS 30MG	4	MO
<i>divalproex sodium</i>	4	MO
<i>divalproex sodium dr</i>	4	MO
<i>divalproex sodium er</i>	4	MO
<i>epitol</i>	2	
<i>ethosuximide caps</i>	4	
<i>ethosuximide soln</i>	4	MO
<i>felbamate</i>	4	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	4	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	4	MO
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	4	QL (30 EA per 30 days) PA
FYCOMPA TABS 2MG	4	QL (60 EA per 30 days) PA
<i>gabapentin caps, soln, tabs</i>	2	MO
GABITRIL TABS 12MG, 16MG	4	MO
<i>lamotrigine immediate release tablet, chew</i>	2	MO
<i>levetiracetam oral soln, immediate release tabs</i>	2	MO
<i>levetiracetam inj 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	4	
<i>levetiracetam inj 500mg/5ml</i>	4	MO
LYRICA SOLN	4	QL (900 ML per 30 days) PA MO
LYRICA CAPS 225MG, 300MG	4	QL (60 EA per 30 days) PA MO
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	4	QL (90 EA per 30 days) PA MO
ONFI SUSP	4	PA
ONFI TABS	4	QL (60 EA per 30 days) PA
<i>oxcarbazepine</i>	4	MO
PEGANONE	4	
<i>phenobarbital tabs</i>	4	QL (120 EA per 30 days) PA MO
<i>phenobarbital elix</i>	4	QL (1500 ML per 30 days) PA MO
<i>phenytoin sodium extended caps 200mg, 300mg</i>	2	
<i>phenytoin sodium extended caps 100mg</i>	2	MO
<i>phenytoin sodium inj</i>	4	
<i>phenytoin chew, susp</i>	2	MO
POTIGA TABS 50MG	4	QL (270 EA per 30 days) PA MO
POTIGA TABS 200MG, 300MG, 400MG	4	QL (90 EA per 30 days) PA MO
<i>primidone tabs</i>	2	MO
SABRIL	5	PA LA
TEGRETOL-XR TB12 100MG	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine hydrochloride</i>	4	
<i>topiramate csp, tabs</i>	4	MO
<i>valproate sodium inj</i>	4	MO
<i>valproic acid caps, syrp</i>	2	MO
VIMPAT INJ	4	
VIMPAT ORAL SOLN	4	MO
VIMPAT TABS 50MG	4	QL (180 EA per 30 days) MO
VIMPAT TABS 100MG, 150MG, 200MG	4	QL (60 EA per 30 days) MO
<i>zonisamide</i>	2	MO
<u>Antidementia Agents</u>		
<i>donepezil hcl tbdp</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 23mg, 5mg</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 10mg</i>	2	QL (60 EA per 30 days) MO
<i>ergoloid mesylates tabs</i>	3	PA
EXELON PT24	3	QL (30 EA per 30 days) MO
EXELON SOLN	4	QL (180 ML per 30 days) MO
<i>galantamine hydrobromide soln</i>	4	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide cp24</i>	4	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide tabs</i>	4	QL (60 EA per 30 days) MO
NAMENDA XR	3	QL (30 EA per 30 days) PA MO
NAMENDA XR TITRATION PACK	3	QL (30 EA per 30 days) PA MO
<i>rivastigmine tartrate</i>	2	QL (60 EA per 30 days) MO
<u>Antidepressants</u>		
<i>amitriptyline hcl tabs</i>	2	PA MO
<i>amoxapine</i>	2	MO
BRINTELLIX	4	QL (30 EA per 30 days) ST
<i>bupropion hcl er tb12 150mg</i>	3	QL (60 EA per 30 days)
<i>bupropion hcl er tb12 100mg, 200mg</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hcl sr tb12 150mg</i>	3	QL (60 EA per 30 days)
<i>bupropion hcl sr tb12 100mg, 200mg</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hcl xl</i>	3	QL (30 EA per 30 days) MO
<i>bupropion hcl tabs</i>	3	QL (180 EA per 30 days) MO
<i>chlordiazepoxide/amitriptyline</i>	4	MO
<i>citalopram hydrobromide soln</i>	2	QL (600 ML per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	2	QL (120 EA per 30 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	2	QL (30 EA per 30 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	2	QL (60 EA per 30 days) MO
<i>clomipramine hcl caps</i>	2	PA MO
<i>desipramine hcl tabs</i>	2	MO
<i>doxepin hcl caps, conc</i>	2	PA MO
<i>duloxetine hcl cpep 20mg, 60mg</i>	3	QL (60 EA per 30 days) MO
<i>duloxetine hcl cpep 30mg</i>	3	QL (90 EA per 30 days) MO
EMSAM	5	QL (30 EA per 30 days) ST MO
<i>escitalopram oxalate soln</i>	4	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	4	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	4	QL (45 EA per 30 days) MO
FETZIMA	4	QL (30 EA per 30 days) ST MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
FETZIMA TITRATION PACK	4	QL (30 EA per 30 days) ST MO
<i>fluoxetine dr</i>	4	QL (4 EA per 28 days)
<i>fluoxetine hcl caps, soln</i>	2	MO
<i>fluoxetine hcl tabs 60mg</i>	2	
<i>fluoxetine hcl tabs 10mg, 20mg</i>	2	MO
<i>fluvoxamine maleate tablet</i>	4	MO
<i>imipramine hcl tabs</i>	2	PA MO
KHEDEZLA	4	QL (30 EA per 30 days) ST
<i>maprotiline hcl</i>	2	MO
MARPLAN	4	MO
<i>mirtazapine odt tbdp 30mg, 45mg</i>	4	QL (30 EA per 30 days) MO
<i>mirtazapine tabs</i>	2	MO
<i>mirtazapine tbdp</i>	4	QL (30 EA per 30 days) MO
<i>nefazodone hcl</i>	4	MO
<i>nortriptyline hcl caps, soln</i>	2	MO
<i>olanzapine/fluoxetine</i>	4	QL (30 EA per 30 days) MO
<i>paroxetine hcl er tb24 37.5mg</i>	4	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	4	QL (90 EA per 30 days) MO
<i>paroxetine hcl tabs</i>	2	MO
PAXIL SUSP	4	
<i>perphenazine/amitriptyline</i>	4	MO
<i>phenelzine sulfate tabs</i>	3	
PRISTIQ	4	QL (30 EA per 30 days) ST MO
<i>protriptyline hcl</i>	4	MO
<i>sertraline hcl conc, tabs</i>	2	MO
SURMONTIL	4	PA
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl tabs</i>	2	MO
<i>venlafaxine hcl</i>	2	MO
<i>venlafaxine hcl er cp24 37.5mg, 75mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	2	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er tb24 225mg</i>	4	QL (30 EA per 30 days)
<i>venlafaxine hcl er tb24 37.5mg, 75mg</i>	4	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er tb24 150mg</i>	4	QL (60 EA per 30 days) MO
VIIBRYD TABS	4	QL (30 EA per 30 days) MO
VIIBRYD KIT	4	QL (30 EA per 365 days) MO

Antiemetics

<i>dronabinol caps 2.5mg, 5mg</i>	4	QL (60 EA per 30 days) PA MO
<i>dronabinol caps 10mg</i>	5	QL (60 EA per 30 days) PA MO
EMEND CAPS 40MG	4	QL (1 EA per 30 days) B/D MO
EMEND PAK, 125MG, 80MG	4	QL (6 EA per 30 days) B/D MO
<i>granisetron hcl tabs</i>	4	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tabs</i>	2	MO
<i>ondansetron hcl oral soln</i>	3	QL (900 ML per 30 days) B/D MO
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	3	MO
<i>ondansetron hcl tabs 4mg, 8mg</i>	3	B/D MO
<i>ondansetron odt</i>	3	B/D MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>phenadoz supp 25mg</i>	4	PA
<i>phenadoz supp 12.5mg</i>	4	PA MO
<i>promethazine hcl supp 12.5mg, 25mg</i>	4	PA MO
<i>promethegan supp 12.5mg, 25mg</i>	4	PA
<i>promethegan supp 50mg</i>	4	PA MO
TRANSDERM-SCOP	4	MO
<u>Antifungals</u>		
ABELCET	5	B/D
AMBISOME	5	B/D MO
<i>amphotericin b</i>	2	B/D MO
CANCIDAS INJ 50MG	5	
CANCIDAS INJ 70MG	5	MO
<i>ciclodan</i>	4	
<i>ciclopirox</i>	4	MO
<i>ciclopirox nail lacquer</i>	4	MO
<i>ciclopirox olamine crea</i>	4	MO
<i>clotrimazole/betamethasone dipropionate</i>	2	MO
<i>clotrimazole soln, troc</i>	2	MO
<i>econazole nitrate crea</i>	2	MO
ERAXIS	5	PA
EXELDERM	4	MO
<i>fluconazole in dextrose</i>	4	
<i>fluconazole in nacl</i>	4	
<i>fluconazole susr, tabs</i>	2	MO
<i>flucytosine</i>	5	
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole caps</i>	4	PA MO
<i>ketoconazole crea, sham, tabs</i>	2	MO
MENTAX	4	MO
NOXAFIL INJ	5	PA
NOXAFIL SUSP, TBEC	5	PA MO
<i>nyamyc</i>	2	
<i>nystatin/triamcinolone</i>	2	MO
<i>nystatin crea, oint, powd, susp, tabs</i>	2	MO
<i>nystop</i>	2	MO
OXISTAT	4	MO
<i>pedi-dri</i>	2	MO
SPORANOX SOLN	5	PA
<i>terbinafine hcl tabs</i>	2	MO
<i>terconazole supp</i>	2	
<i>terconazole crea</i>	2	MO
<i>voriconazole inj</i>	4	
<i>voriconazole susr, tabs</i>	5	MO
<u>Antigout Agents</u>		
<i>allopurinol tabs</i>	2	MO
COLCRYS	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>probenecid/colchicine</i>	2	MO
<i>probenecid tabs</i>	2	MO
<u>Antimigraine Agents</u>		
CAFERGOT	4	QL (40 EA per 28 days) MO
<i>dihydroergotamine mesylate inj</i>	3	MO
<i>dihydroergotamine mesylate nasal soln</i>	4	QL (8 ML per 28 days)
ERGOMAR	3	
MIGERGOT	4	QL (20 EA per 28 days) MO
MIGRANAL	4	QL (8 ML per 28 days) MO
<i>naratriptan hcl</i>	4	QL (9 EA per 30 days) MO
<i>rizatriptan benzoate</i>	4	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	4	QL (12 EA per 30 days) MO
<i>sumatriptan spray</i>	3	QL (6 EA per 30 days) MO
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	3	QL (9 EA per 30 days) MO
<i>sumatriptan succinate inj 6mg/0.5ml</i>	4	QL (4 ML per 30 days) MO
SUMAVEL DOSEPRO	4	QL (4 ML per 30 days) ST MO
<i>zolmitriptan odt</i>	4	QL (6 EA per 30 days) MO
<i>zolmitriptan tabs</i>	4	QL (6 EA per 30 days) MO
ZOMIG NASAL SPRAY 5MG	4	QL (6 EA per 30 days) ST MO
ZOMIG NASAL SPRAY 2.5MG	4	QL (6 EA per 30 days) ST
<u>Antimyasthenic Agents</u>		
<i>guanidine hcl</i>	4	
MESTINON TIMESPAN	4	MO
MESTINON SYRP	4	MO
<i>pyridostigmine bromide tabs</i>	3	MO
<u>Antimycobacterials</u>		
CAPASTAT SULFATE	4	
<i>cycloserine</i>	4	
<i>dapsone tabs</i>	3	
<i>ethambutol hcl tabs 100mg</i>	4	
<i>ethambutol hcl tabs 400mg</i>	4	MO
<i>isoniazid syrp</i>	2	
<i>isoniazid tabs</i>	2	MO
PASER	4	
PRIFTIN	4	MO
<i>pyrazinamide tabs</i>	4	
<i>rifabutin</i>	4	
<i>rifampin caps, inj</i>	4	MO
RIFATER	4	MO
SIRTURO	5	QL (188 EA per 365 days) PA LA
TRECTOR	4	MO
<u>Antineoplastics</u>		
ABRAXANE	5	
<i>adriamycin inj 10mg, 2mg/ml, 50mg</i>	4	B/D
<i>adrucil</i>	4	B/D
AFINITOR	5	QL (30 EA per 30 days) PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ	5	QL (60 EA per 30 days) PA
ALIMTA	5	PA
ALKERAN TABS	4	B/D
<i>amifostine</i>	5	
<i>anastrozole tabs</i>	2	MO
ARRANON	5	
ARZERRA	5	PA
AVASTIN	5	PA
<i>azacitidine</i>	5	PA
<i>bicalutamide</i>	2	MO
BICNU	4	
<i>bleomycin sulfate</i>	4	B/D
BOSULIF	5	PA
BUSULFEX	5	
CAPRELSA TABS 300MG	5	QL (30 EA per 30 days) PA LA
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA LA
<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	4	
<i>cisplatin</i>	4	
<i>cladribine</i>	2	B/D
CLOLAR	5	
COMETRIQ	5	PA
COSMEGEN	5	
<i>cyclophosphamide caps</i>	2	B/D
<i>cyclophosphamide tabs</i>	2	B/D MO
<i>cyclophosphamide inj</i>	4	
CYRAMZA	5	PA
<i>cytarabine aqueous</i>	2	B/D
<i>cytarabine inj 100mg, 1gm</i>	2	B/D
<i>dacarbazine inj</i>	2	
<i>daunorubicin hcl inj 5mg/ml</i>	2	
DAUNOXOME INJ 2MG/ML	5	
<i>decitabine</i>	4	
<i>dexrazoxane</i>	4	
DOCEFREZ	5	
<i>docetaxel inj 140mg/7ml, 160mg/16ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	5	
<i>doxorubicin hcl</i>	4	B/D
<i>doxorubicin hcl liposome inj 2mg/ml</i>	4	
DROXIA	4	MO
ELITEK	5	PA
EMCYT	4	MO
<i>epirubicin hcl inj 200mg/100ml, 50mg/25ml, 50mg</i>	4	
ERBITUX	5	PA
ERIVEDGE	5	QL (30 EA per 30 days) PA LA
ERWINAZE	5	PA
<i>etoposide inj</i>	3	

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>exemestane</i>	4	MO
FARESTON	5	MO
FASLODEX	5	PA
<i>floxuridine</i>	2	B/D
<i>fludarabine phosphate</i>	4	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	4	B/D
<i>flutamide</i>	4	MO
FOLOTYN	5	
FUSILEV	5	
GAZYVA	5	PA
<i>gemcitabine</i>	5	
<i>gemcitabine hcl</i>	5	
GILOTRIF	5	QL (30 EA per 30 days) PA
GLEEVEC TABS 400MG	5	QL (60 EA per 30 days) PA
GLEEVEC TABS 100MG	5	QL (90 EA per 30 days) PA
HALAVEN	5	PA
HERCEPTIN	5	PA
HEXALEN	5	
<i>hydroxyurea caps</i>	2	
ICLUSIG TABS 45MG	5	QL (30 EA per 30 days) PA
ICLUSIG TABS 15MG	5	QL (60 EA per 30 days) PA
<i>idarubicin hcl</i>	2	
<i>ifosfamide</i>	4	
<i>ifosfamide/mesna inj 1gm; 1gm</i>	2	
IMBRUVICA	5	QL (120 EA per 30 days) PA
INLYTA TABS 5MG	5	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	5	QL (240 EA per 30 days) PA LA
INTRON-A	5	PA
INTRON-A W/DILUENT	5	PA
<i>irinotecan</i>	4	
ISTODAX	5	PA
IXEMPRA KIT	5	PA
JAKAFI	5	QL (60 EA per 30 days) PA LA
JEVTANA	5	PA
KADCYLA	5	PA
<i>letrozole</i>	4	MO
<i>leucovorin calcium inj</i>	4	
<i>leucovorin calcium tabs</i>	4	MO
LEUKERAN	4	MO
<i>lomustine</i>	3	
MATULANE	5	
MEKINIST TABS 0.5MG	5	QL (120 EA per 30 days) PA
MEKINIST TABS 2MG	5	QL (30 EA per 30 days) PA
<i>melphalan hydrochloride</i>	5	
<i>mercaptopurine tabs</i>	4	MO
<i>mesna</i>	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
MESNEX TABS	4	
<i>mitomycin</i>	4	
<i>mitoxantrone hcl</i>	2	
MUSTARGEN	4	
NEXAVAR	5	QL (120 EA per 30 days) PA LA
NILANDRON	4	MO
NIPENT	5	
ONCASPAR	5	
<i>oxaliplatin</i>	5	
<i>paclitaxel</i>	4	
PANRETIN	5	
PERJETA	5	PA
POMALYST	5	QL (21 EA per 28 days) PA LA
PROLEUKIN	5	
REVLIMID	5	QL (30 EA per 30 days) PA LA
RITUXAN	5	PA
SOLTAMOX	4	PA
SPRYCEL TABS 100MG, 140MG	5	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG	5	QL (60 EA per 30 days) PA
STIVARGA	5	QL (120 EA per 30 days) PA LA
SUTENT CAPS 25MG, 50MG	5	QL (30 EA per 30 days) PA
SUTENT CAPS 12.5MG	5	QL (90 EA per 30 days) PA
SYLATRON INJ 296MCG, 444MCG, 888MCG	5	PA
SYLVANT	5	PA
SYNRIBO	5	PA
TABLOID	4	MO
TAFINLAR CAPS 75MG	5	QL (120 EA per 30 days) PA
TAFINLAR CAPS 50MG	5	QL (180 EA per 30 days) PA
<i>tamoxifen citrate tabs</i>	2	MO
TARCEVA TABS 25MG	5	QL (60 EA per 30 days) PA
TARCEVA TABS 100MG, 150MG	5	QL (90 EA per 30 days) PA
TARGRETIN	5	PA
TASIGNA	5	QL (120 EA per 30 days) PA
THALOMID CAPS 100MG, 150MG, 50MG	5	QL (28 EA per 28 days) PA
THALOMID CAPS 200MG	5	QL (56 EA per 28 days) PA
THERACYS	4	
TICE BCG	4	
<i>toposar</i>	3	
<i>topotecan hcl</i>	5	
TORISEL	5	
TREANDA	5	
<i>tretinoin caps 10mg</i>	5	MO
TRISENOX	4	PA
TYKERB	5	QL (180 EA per 30 days) PA LA
UVADEX	4	
VALCHLOR	5	PA
VALSTAR	5	

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
VECTIBIX	5	PA
VELCADE	5	PA
<i>vinblastine sulfate</i>	2	B/D
<i>vincasar pfs</i>	4	B/D
<i>vincristine sulfate</i>	4	B/D
<i>vinorelbine tartrate</i>	4	
VOTRIENT	5	QL (120 EA per 30 days) PA
XALKORI	5	QL (60 EA per 30 days) PA LA
XTANDI	5	QL (120 EA per 30 days) PA LA
YERVOY	5	PA
ZALTRAP	5	PA
ZANOSAR	4	
ZELBORAF	5	QL (240 EA per 30 days) PA LA
ZOLINZA	5	QL (120 EA per 30 days) PA
ZYKADIA	5	QL (150 EA per 30 days) PA
ZYTIGA	5	QL (120 EA per 30 days) PA
<u>Antiparasitics</u>		
ALBENZA	4	
ALINIA TABS	4	
ALINIA SUSR	4	MO
<i>atovaquone</i>	5	PA
<i>atovaquone/proguanil hcl tabs 62.5mg; 25mg</i>	4	
<i>atovaquone/proguanil hcl tabs 250mg; 100mg</i>	4	MO
BILTRICIDE	4	
<i>chloroquine phosphate tabs</i>	2	MO
COARTEM	4	MO
DARAPRIM	4	
<i>hydroxychloroquine sulfate tabs</i>	2	MO
<i>lindane lotn, sham</i>	4	
<i>malathion lotn</i>	4	
<i>mefloquine hcl</i>	2	MO
MEPRON	5	PA MO
NEBUPENT	4	B/D
PENTAM 300	4	
<i>permethrin crea</i>	2	MO
<i>primaquine phosphate tabs</i>	3	MO
<i>quinine sulfate</i>	4	PA MO
STROMECTOL	3	MO
<u>Antiparkinson Agents</u>		
<i>amantadine hcl caps, syrp, tabs</i>	3	MO
APOKYN	5	PA LA
AZILECT	4	QL (30 EA per 30 days)
<i>benztropine mesylate tabs</i>	2	PA MO
<i>benztropine mesylate inj</i>	4	PA
<i>bromocriptine mesylate caps, tabs</i>	2	MO
<i>carbidopa/levodopa</i>	2	MO
<i>carbidopa/levodopa er</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa odt</i>	2	MO
<i>carbidopa/levodopa/entacapone</i>	2	
<i>carbidopa tabs</i>	2	
<i>entacapone</i>	4	MO
MIRAPEX ER	3	QL (30 EA per 30 days) MO
NEUPRO	4	QL (30 EA per 30 days)
<i>pramipexole dihydrochloride</i>	2	MO
<i>ropinirole hcl immediate release tabs</i>	2	MO
<i>selegiline hcl caps</i>	3	
<i>selegiline hcl tabs</i>	3	MO
<i>trihexyphenidyl hcl</i>	2	PA MO
<u>Antipsychotics</u>		
ABILIFY DISCMELT	4	QL (60 EA per 30 days)
ABILIFY MAINTENA	4	
ABILIFY INJ	4	
ABILIFY TABS	4	QL (30 EA per 30 days) MO
ABILIFY ORAL SOLN	4	QL (900 ML per 30 days)
ADASUVE	4	
<i>chlorpromazine hcl inj, tabs</i>	4	MO
<i>clozapine</i>	3	
<i>clozapine odt</i>	3	
<i>compazine supp</i>	4	
<i>compro</i>	4	MO
FANAPT	4	QL (60 EA per 30 days) ST MO
FANAPT TITRATION PACK	4	QL (16 EA per 365 days) ST
FAZACLO	4	ST
<i>fluphenazine decanoate inj</i>	2	
<i>fluphenazine hcl inj</i>	2	
<i>fluphenazine hcl conc, elix, tabs</i>	2	MO
GEODON INJ	4	MO
<i>haloperidol decanoate</i>	4	MO
<i>haloperidol lactate</i>	4	MO
<i>haloperidol conc, tabs</i>	2	MO
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INJ 78MG/0.5ML	4	QL (0.5 ML per 28 days)
INVEGA SUSTENNA INJ 117MG/0.75ML	4	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INJ 156MG/ML	4	QL (1 ML per 28 days)
INVEGA SUSTENNA INJ 234MG/1.5ML	4	QL (1.5 ML per 28 days)
INVEGA TB24 1.5MG, 9MG	4	QL (30 EA per 30 days) ST
INVEGA TB24 3MG	4	QL (30 EA per 30 days) ST MO
INVEGA TB24 6MG	4	QL (60 EA per 30 days) ST MO
LATUDA	4	QL (30 EA per 30 days)
<i>loxapine succinate caps</i>	4	MO
<i>olanzapine odt</i>	4	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	4	MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	4	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg</i>	4	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
ORAP	4	
<i>perphenazine tabs</i>	4	MO
<i>prochlorperazine supp</i>	4	MO
<i>prochlorperazine edisylate inj</i>	2	MO
<i>prochlorperazine maleate tabs</i>	2	MO
<i>quetiapine fumarate tabs 200mg</i>	4	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	4	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	4	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 50mg</i>	4	QL (90 EA per 30 days) MO
RISPERDAL CONSTA	4	
<i>risperidone odt tbdp 4mg</i>	4	QL (120 EA per 30 days) MO
<i>risperidone odt tbdp 1mg, 2mg</i>	4	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg, 3mg</i>	4	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	2	MO
<i>risperidone tabs 4mg</i>	2	QL (120 EA per 30 days) MO
<i>risperidone tabs 1mg, 2mg</i>	2	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	2	QL (90 EA per 30 days) MO
SAPHRIS	4	QL (60 EA per 30 days) MO
SEROQUEL XR TB24 50MG	3	QL (180 EA per 30 days) MO
SEROQUEL XR TB24 150MG, 200MG	3	QL (30 EA per 30 days) MO
SEROQUEL XR TB24 300MG, 400MG	3	QL (60 EA per 30 days) MO
<i>thioridazine hcl tabs</i>	4	PA MO
<i>thiothixene caps</i>	2	MO
<i>trifluoperazine hcl tabs</i>	4	MO
VERSACLOZ	5	ST
<i>ziprasidone hcl</i>	4	QL (60 EA per 30 days) MO
ZYPREXA RELPREVV INJ 405MG	4	QL (1 EA per 28 days)
ZYPREXA RELPREVV INJ 210MG, 300MG	4	QL (2 EA per 28 days)
<u>Antispasticity Agents</u>		
<i>baclofen tabs</i>	2	MO
<i>dantrolene sodium caps</i>	4	MO
<i>tizanidine hcl tabs</i>	2	MO
<u>Antivirals</u>		
<i>abacavir</i>	4	MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	
<i>acyclovir sodium inj 1000mg, 50mg/ml</i>	2	B/D
<i>acyclovir caps, susp, tabs</i>	2	MO
<i>acyclovir oint</i>	4	MO
<i>adefovir dipivoxil</i>	2	QL (30 EA per 30 days) MO
APTIVUS SOLN	5	
APTIVUS CAPS	5	MO
ATRIPLA	5	QL (30 EA per 30 days) MO
BARACLUDGE SOLN	4	QL (630 ML per 30 days) MO
BARACLUDGE TABS	5	QL (30 EA per 30 days) MO
COMPLERA	5	QL (30 EA per 30 days)
CRIXIVAN CAPS 200MG, 400MG	3	MO
DENAVIR	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>didanosine</i>	4	MO
EDURANT	5	QL (30 EA per 30 days)
EMTRIVA SOLN	4	
EMTRIVA CAPS	4	MO
EPIVIR HBV SOLN	4	MO
EPIVIR SOLN	4	MO
EPZICOM	5	MO
<i>famciclovir tabs 125mg, 250mg</i>	4	QL (60 EA per 30 days) MO
<i>famciclovir tabs 500mg</i>	4	QL (90 EA per 30 days) MO
<i>foscarnet sodium</i>	4	B/D
FUZEON INJ 90MG	5	QL (60 EA per 30 days)
<i>ganciclovir inj</i>	2	B/D
INTELENCE TABS 25MG	4	QL (180 EA per 30 days)
INTELENCE TABS 100MG, 200MG	5	QL (60 EA per 30 days)
INVIRASE CAPS	4	MO
INVIRASE TABS	5	MO
ISENTRESS PACK	3	QL (60 EA per 30 days)
ISENTRESS TABS	5	QL (120 EA per 30 days) MO
ISENTRESS CHEW 25MG	3	QL (180 EA per 30 days) MO
ISENTRESS CHEW 100MG	5	QL (180 EA per 30 days) MO
KALETRA SOLN	5	QL (390 ML per 30 days) MO
KALETRA TABS 100MG; 25MG	4	QL (240 EA per 30 days) MO
KALETRA TABS 200MG; 50MG	5	QL (120 EA per 30 days) MO
<i>lamivudine</i>	3	MO
<i>lamivudine/zidovudine</i>	5	MO
LEXIVA SUSP	4	
LEXIVA TABS	5	MO
<i>moderiba tabs 200mg</i>	3	PA
<i>nevirapine</i>	4	MO
<i>nevirapine er</i>	4	
NORVIR	4	MO
OLYSIO	5	QL (30 EA per 30 days) PA
PEG-INTRON	5	PA
PEG-INTRON REDIPEN	5	PA
PREZISTA SUSP	5	
PREZISTA TABS 75MG	4	
PREZISTA TABS 150MG, 800MG	5	
PREZISTA TABS 600MG	5	MO
RELENZA DISKHALER	4	QL (120 EA per 365 days) MO
RESCRIPTOR	3	
RETROVIR IV INFUSION	4	
REYATAZ CAPS 150MG, 200MG, 300MG	5	MO
<i>ribasphere caps</i>	4	PA
<i>ribasphere tabs 200mg</i>	4	PA
<i>ribavirin</i>	3	PA
<i>rimantadine hcl</i>	2	MO
SELZENTRY TABS 300MG	5	QL (120 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TABS 150MG	5	QL (60 EA per 30 days) MO
SOVALDI	5	QL (28 EA per 28 days) PA
<i>stavudine</i>	4	MO
STRIBILD	5	QL (30 EA per 30 days)
SUSTIVA	4	MO
TAMIFLU CAPS 30MG	4	QL (168 EA per 365 days) MO
TAMIFLU CAPS 45MG, 75MG	4	QL (84 EA per 365 days) MO
TAMIFLU SUSR 6MG/ML	4	QL (1080 ML per 365 days) MO
TIVICAY	5	QL (60 EA per 30 days)
TRUVADA	5	QL (30 EA per 30 days) MO
TYZEKA	4	QL (30 EA per 30 days) MO
<i>valacyclovir hcl</i>	4	MO
VALCYTE	5	MO
VICTRELIS	5	QL (360 EA per 30 days) PA
VIDEX PEDIATRIC	4	MO
VIRACEPT TABS	5	
VIRAMUNE XR TB24 100MG	4	
VIRAMUNE SUSP	4	MO
VIRAZOLE	5	
VIREAD POWD	4	
VIREAD TABS 150MG, 200MG, 250MG	4	
VIREAD TABS 300MG	4	MO
ZIAGEN SOLN	4	
<i>zidovudine</i>	3	MO
<u>Anxiolytics</u>		
<i>alprazolam tabs 0.25mg, 0.5mg</i>	3	QL (120 EA per 30 days) MO
<i>alprazolam tabs 1mg, 2mg</i>	3	QL (150 EA per 30 days) MO
<i>bupirone hcl tabs</i>	2	MO
<i>clorazepate dipotassium tabs 15mg</i>	4	QL (180 EA per 30 days) MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	4	QL (90 EA per 30 days) MO
<i>diazepam intensol</i>	4	QL (240 ML per 30 days) PA MO
<i>diazepam inj 5mg/ml</i>	4	QL (240 ML per 30 days) PA MO
<i>diazepam oral soln 1mg/ml</i>	4	QL (1200 ML per 30 days) PA MO
<i>diazepam tabs 10mg, 2mg, 5mg</i>	4	QL (120 EA per 30 days) PA MO
<i>lorazepam intensol</i>	3	QL (150 ML per 30 days) MO
<i>lorazepam tabs</i>	3	QL (90 EA per 30 days) MO
<i>lorazepam inj 4mg/ml</i>	3	QL (120 ML per 30 days)
<i>lorazepam inj 2mg/ml</i>	3	QL (120 ML per 30 days) MO
<i>temazepam caps 15mg, 30mg</i>	2	QL (30 EA per 30 days) MO
<i>triazolam</i>	2	QL (60 EA per 30 days) MO
<u>Bipolar Agents</u>		
EQUETRO	4	MO
<i>lithium carbonate er</i>	2	MO
<i>lithium carbonate caps, tabs</i>	2	MO
<i>lithium citrate</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<u>Blood Glucose Regulators</u>		
<i>acarbose</i>	2	MO
AVANDAMET	4	QL (60 EA per 30 days)
AVANDARYL TABS 2MG; 8MG, 4MG; 4MG, 4MG; 8MG	4	QL (30 EA per 30 days)
AVANDARYL TABS 1MG; 4MG, 2MG; 4MG	4	QL (60 EA per 30 days)
AVANDIA TABS 8MG	4	QL (30 EA per 30 days) MO
AVANDIA TABS 2MG, 4MG	4	QL (60 EA per 30 days) MO
<i>glimepiride</i>	1	MO
<i>glipizide er</i>	1	MO
<i>glipizide xl</i>	1	
<i>glipizide/metformin hcl</i>	2	MO
<i>glipizide tabs</i>	1	MO
GLUCAGEN	3	QL (4 EA per 30 days)
GLUCAGEN HYPOKIT	3	QL (4 EA per 30 days) MO
GLUCAGON EMERGENCY KIT	3	QL (4 EA per 30 days) MO
<i>glyburide micronized</i>	4	PA MO
<i>glyburide/metformin hcl</i>	4	PA MO
<i>glyburide tabs</i>	4	PA MO
HUMALOG	4	ST MO
HUMALOG KWIKPEN	4	ST MO
HUMALOG MIX 50/50	4	ST MO
HUMALOG MIX 50/50 KWIKPEN	4	ST MO
HUMALOG MIX 75/25	4	ST MO
HUMALOG MIX 75/25 KWIKPEN	4	ST MO
HUMULIN 70/30	4	ST MO
HUMULIN 70/30 PEN	4	ST MO
HUMULIN N	4	ST MO
HUMULIN N U-100 PEN	4	ST MO
HUMULIN R	4	ST MO
HUMULIN R U-500 (CONCENTRATED)	4	ST MO
JANUMET	3	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	3	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA	3	QL (30 EA per 30 days) MO
JENTADUETO	3	MO
LANTUS	4	ST MO
LANTUS SOLOSTAR	4	ST MO
LEVEMIR	3	MO
LEVEMIR FLEXPEN	3	MO
<i>metformin hcl er</i>	1	MO
<i>metformin hcl tabs</i>	1	MO
<i>nateglinide</i>	2	MO
NOVOLIN 70/30	3	MO
NOVOLIN N	3	MO
NOVOLIN R	3	MO
NOVOLOG	3	MO
NOVOLOG FLEXPEN	3	MO

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	MO
NOVOLOG PENFILL	3	MO
<i>pioglitazone hcl</i>	2	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	2	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	2	QL (90 EA per 30 days) MO
PROGLYCEM	4	MO
<i>repaglinide tabs 0.5mg, 1mg</i>	2	QL (120 EA per 30 days) MO
<i>repaglinide tabs 2mg</i>	2	QL (240 EA per 30 days) MO
SYMLINPEN 120	4	QL (10.8 ML per 30 days) MO
SYMLINPEN 60	4	QL (6 ML per 30 days) MO
<i>tolazamide</i>	2	MO
<i>tolbutamide</i>	2	MO
TRADJENTA	3	MO
VICTOZA	3	QL (9 ML per 30 days) MO
<u>Blood Products/Modifiers/Volume Expanders</u>		
AGGRENOX	3	QL (60 EA per 30 days) MO
<i>anagrelide hydrochloride</i>	2	MO
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	3	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	3	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	3	QL (1.68 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	3	QL (2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/ML, 25MCG/ML, 40MCG/ML, 60MCG/ML	3	QL (4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	5	QL (1 ML per 21 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	5	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	5	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	5	QL (2.4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.75ML	5	QL (3 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/ML, 300MCG/ML	5	QL (4 ML per 28 days) PA
BRILINTA	3	QL (60 EA per 30 days) MO
<i>cilostazol</i>	2	MO
<i>clopidogrel tabs 300mg</i>	2	QL (2 EA per 365 days)
<i>clopidogrel tabs 75mg</i>	2	QL (30 EA per 30 days) MO
CYKLOKAPRON	3	
EFFIENT	3	QL (30 EA per 30 days) MO
<i>enoxaparin sodium</i>	4	MO
<i>fondaparinux sodium</i>	4	
FRAGMIN	4	
<i>heparin sodium/d5w</i>	4	
<i>heparin sodium/nacl 0.45%</i>	4	
<i>heparin sodium/nacl 0.9%</i>	4	
<i>heparin sodium/sodium chloride 0.9%</i>	4	
<i>heparin sodium/sodium chloride 0.9% premix</i>	4	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>jantoven</i>	2	
LEUKINE INJ 250MCG	5	PA
NEUMEGA	5	PA
NEUPOGEN	5	PA
PRADAXA	3	QL (60 EA per 30 days) MO
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	QL (12 ML per 28 days) PA
PROCRIT INJ 40000UNIT/ML	5	QL (8 ML per 28 days) PA
PROMACTA	5	QL (30 EA per 30 days) PA LA
<i>ticlopidine hcl</i>	4	PA MO
<i>tranexamic acid tabs</i>	3	QL (30 EA per 5 days) PA MO
<i>tranexamic acid inj</i>	4	
<i>warfarin sodium tabs</i>	2	MO
XARELTO TABS 10MG	3	QL (30 EA per 30 days)
XARELTO TABS 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABS 15MG	3	QL (60 EA per 30 days)
<u>Cardiovascular Agents</u>		
<i>acebutolol hcl caps</i>	2	MO
<i>acetazolamide er</i>	4	MO
<i>acetazolamide tabs</i>	3	MO
ADVICOR TB24 20MG; 500MG, 40MG; 1000MG	4	QL (30 EA per 30 days) MO
ADVICOR TB24 20MG; 1000MG, 20MG; 750MG	4	QL (60 EA per 30 days) MO
<i>afeditab cr</i>	2	
ALTOPREV	4	QL (30 EA per 30 days) ST
<i>amiloride hcl tabs</i>	2	MO
<i>amiloride/hydrochlorothiazide</i>	2	MO
<i>amiodarone hcl tabs 100mg, 400mg</i>	2	
<i>amiodarone hcl tabs 200mg</i>	2	MO
<i>amlodipine besylate/atorvastatin calcium</i>	4	MO
<i>amlodipine besylate/benazepril hcl</i>	2	QL (30 EA per 30 days) MO
<i>amlodipine besylate/benazepril hydrochloride</i>	2	QL (30 EA per 30 days) MO
<i>amlodipine besylate tabs</i>	2	MO
AMTURNIDE	3	QL (30 EA per 30 days) MO
ANTARA CAPS 30MG, 90MG	3	MO
ATACAND HCT TABS 32MG; 12.5MG, 32MG; 25MG	4	QL (30 EA per 30 days) MO
ATACAND HCT TABS 16MG; 12.5MG	4	QL (60 EA per 30 days) MO
<i>atenolol/chlorthalidone</i>	2	MO
<i>atenolol tabs</i>	2	MO
<i>atorvastatin calcium</i>	1	MO
<i>benazepril hcl/hydrochlorothiazide</i>	1	MO
<i>benazepril hcl tabs</i>	1	MO
BENICAR HCT	3	QL (30 EA per 30 days) MO
BENICAR TABS 20MG	3	QL (30 EA per 30 days)
BENICAR TABS 40MG, 5MG	3	QL (30 EA per 30 days) MO
<i>betaxolol hcl tabs 10mg, 20mg</i>	2	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide inj, tabs</i>	3	MO
<i>candesartan cilexetil</i>	2	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	2	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	2	QL (60 EA per 30 days) MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>captopril tabs</i>	1	MO
<i>cartia xt</i>	2	
<i>carvedilol</i>	2	MO
<i>chlorothiazide tabs</i>	2	MO
<i>chlorthalidone tabs 25mg, 50mg</i>	1	MO
<i>cholestyramine light</i>	2	MO
<i>cholestyramine pack, powd</i>	2	MO
<i>clonidine hcl tabs</i>	2	MO
<i>clonidine hcl ptwk</i>	4	QL (8 EA per 28 days) MO
CLOPRES	4	MO
<i>colestipol hcl</i>	1	MO
<i>colestipol hcl for oral suspension</i>	1	MO
COREG CR	4	QL (30 EA per 30 days) MO
CRESTOR	3	QL (30 EA per 30 days) MO
DEMSER	4	MO
DIBENZYLINE	3	
<i>digox</i>	2	
<i>digoxin oral soln, tabs</i>	2	MO
<i>digoxin inj</i>	4	MO
<i>dilt-cd</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem cd</i>	2	MO
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er tb24</i>	2	
<i>diltiazem hcl er cp12, cp24</i>	2	MO
<i>diltiazem hcl inj</i>	2	
<i>diltiazem hcl tabs</i>	2	MO
<i>diltzac</i>	2	
DIOVAN HCT	4	QL (30 EA per 30 days) MO
DIOVAN TABS 320MG	4	QL (30 EA per 30 days) MO
DIOVAN TABS 160MG, 40MG, 80MG	4	QL (60 EA per 30 days) MO
<i>disopyramide phosphate caps</i>	2	PA MO
<i>doxazosin mesylate</i>	2	MO
DYRENIUM	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate tabs</i>	1	MO
<i>eplerenone</i>	4	MO
<i>eprosartan mesylate</i>	1	QL (30 EA per 30 days) MO
EXFORGE	3	QL (30 EA per 30 days) MO
EXFORGE HCT	3	QL (30 EA per 30 days) MO
<i>felodipine er</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized</i>	1	MO
<i>fenofibrate caps 150mg, 50mg</i>	1	
<i>fenofibrate caps 130mg, 43mg</i>	1	MO
<i>fenofibrate tabs</i>	1	MO
<i>fenofibric acid</i>	1	
<i>fenofibric acid dr</i>	1	MO
FENOGLIDE	4	
<i>flecainide acetate</i>	2	MO
<i>fluvastatin</i>	4	MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>furosemide inj, oral soln, tabs</i>	2	MO
<i>gemfibrozil tabs</i>	1	MO
<i>hydralazine hcl inj, tabs</i>	2	MO
<i>hydrochlorothiazide caps, tabs</i>	1	MO
<i>indapamide tabs</i>	1	MO
INNOPRAN XL	4	MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide dinitrate tabs</i>	2	MO
<i>isosorbide mononitrate</i>	2	MO
<i>isosorbide mononitrate er</i>	2	MO
<i>isradipine</i>	4	MO
<i>labetalol hcl inj</i>	2	
<i>labetalol hcl tabs</i>	2	MO
LIPOFEN	3	
<i>lisinopril</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>lovastatin</i>	1	MO
LOVAZA	4	QL (120 EA per 30 days) MO
<i>matzim la</i>	2	
<i>methazolamide</i>	4	MO
<i>methyclothiazide tabs</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate er</i>	2	MO
<i>metoprolol tartrate inj, tabs</i>	2	MO
<i>metoprolol/hydrochlorothiazide</i>	2	MO
<i>mexiletine hcl</i>	4	MO
<i>micronized colestipol hcl</i>	1	
<i>midodrine hcl</i>	4	MO
<i>minitran</i>	2	
<i>minoxidil tabs</i>	2	MO
<i>moexipril hcl</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>moexipril/hydrochlorothiazide</i>	1	MO
MULTAQ	4	QL (60 EA per 30 days) MO
<i>nadolol/bendroflumethiazide</i>	2	MO
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	MO
<i>niacin er</i>	2	MO
<i>nicardipine hcl caps</i>	2	MO
<i>nifedical xl</i>	2	
<i>nifedipine er</i>	2	MO
<i>nimodipine caps</i>	4	MO
<i>nisoldipine</i>	4	MO
<i>nisoldipine er</i>	4	MO
<i>nitroglycerin lingual spray</i>	4	
<i>nitroglycerin transdermal pt24 0.1mg/hr, 0.6mg/hr</i>	2	MO
<i>nitroglycerin inj</i>	2	
<i>nitroglycerin pt24 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	2	MO
NITROMIST	4	MO
NITROSTAT	4	MO
NYMALIZE	5	PA
<i>omega-3-acid ethyl esters</i>	2	QL (120 EA per 30 days)
<i>pacerone</i>	2	
<i>pentoxifylline er</i>	2	MO
<i>perindopril erbumine</i>	2	MO
<i>pindolol</i>	2	MO
<i>pravastatin sodium</i>	1	MO
<i>prazosin hcl</i>	2	MO
<i>prevalite</i>	2	MO
<i>propafenone hcl</i>	4	MO
<i>propafenone hcl er cp12 225mg, 425mg</i>	4	
<i>propafenone hcl er cp12 325mg</i>	4	MO
<i>propranolol hcl er</i>	2	MO
<i>propranolol hcl inj</i>	2	
<i>propranolol hcl oral soln, tabs</i>	2	MO
<i>propranolol/hydrochlorothiazide</i>	2	MO
<i>quinapril hcl</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
<i>quinidine gluconate cr</i>	4	MO
<i>quinidine gluconate er</i>	4	MO
<i>quinidine sulfate</i>	2	MO
<i>quinidine sulfate er</i>	2	MO
<i>ramipril</i>	1	MO
RANEXA	4	QL (60 EA per 30 days) ST
<i>simvastatin tabs 10mg, 20mg, 40mg, 5mg</i>	1	MO
<i>simvastatin tabs 80mg</i>	1	QL (30 EA per 30 days) MO
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	MO
<i>sotalol hcl (af)</i>	2	MO
<i>spironolactone/hydrochlorothiazide</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone tabs</i>	2	MO
<i>taztia xt</i>	2	
TEKAMLO TABS 300MG; 10MG, 300MG; 5MG	3	QL (30 EA per 30 days) MO
TEKAMLO TABS 150MG; 10MG, 150MG; 5MG	3	QL (30 EA per 30 days) MO
TEKTURNA	3	QL (30 EA per 30 days) MO
TEKTURNA HCT TABS 150MG; 12.5MG, 300MG; 12.5MG, 300MG; 25MG	3	QL (30 EA per 30 days) MO
TEKTURNA HCT TABS 150MG; 25MG	3	QL (30 EA per 30 days) MO
<i>telmisartan</i>	2	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	2	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochloroth</i>	2	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO
<i>terazosin hcl</i>	2	MO
TIKOSYN	4	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO
TOPROL XL	4	MO
<i>toremide tabs</i>	3	MO
<i>trandolapril</i>	1	MO
<i>triamterene/hydrochlorothiazide</i>	2	MO
TRIGLIDE TABS 160MG	4	
<i>valsartan/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO
VASCEPA	4	QL (120 EA per 30 days)
<i>verapamil hcl er</i>	2	MO
<i>verapamil hcl sr cp24</i>	2	MO
<i>verapamil hcl sr tbc 240mg</i>	2	MO
<i>verapamil hcl inj, tabs</i>	2	MO
WELCHOL	3	MO
ZETIA	4	QL (30 EA per 30 days) MO
<u>Central Nervous System Agents</u>		
<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	3	QL (60 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tabs 20mg</i>	3	QL (90 EA per 30 days) PA MO
COPAXONE INJ 20MG/ML	5	QL (30 EA per 30 days) PA
<i>dexmethylphenidate hcl immediate release tabs</i>	2	QL (60 EA per 30 days) PA MO
<i>dextroamphetamine sulfate tabs</i>	4	QL (180 EA per 30 days) PA MO
<i>dextroamphetamine sulfate soln</i>	4	QL (1800 ML per 30 days) PA MO
EXTAVIA	5	QL (15 EA per 30 days) PA
INTUNIV	4	QL (30 EA per 30 days) PA
<i>metadate er</i>	4	QL (90 EA per 30 days) PA
<i>methylphenidate hcl er tbc 10mg, 20mg</i>	4	QL (90 EA per 30 days) PA MO
<i>methylphenidate hcl sr 20mg tab</i>	4	QL (90 EA per 30 days) PA MO
<i>methylphenidate hcl tabs 5mg, 10mg, 20mg</i>	2	QL (90 EA per 30 days) PA MO
NUEDEXTA	3	QL (60 EA per 30 days)
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (4.2 ML per 28 days) PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
REBIF TITRATION PACK	5	QL (4.2 ML per 28 days) PA
<i>riluzole</i>	5	MO
XENAZINE TABS 25MG	5	QL (120 EA per 30 days) PA LA
XENAZINE TABS 12.5MG	5	QL (90 EA per 30 days) PA LA
<u>Dental and Oral Agents</u>		
<i>cevimeline hcl</i>	2	MO
<i>chlorhexidine gluconate oral rinse</i>	2	MO
<i>oralone</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hcl</i>	2	MO
<i>pilocarpine hydrochloride</i>	2	MO
<i>triamcinolone acetonide pste 0.1%</i>	2	MO
<i>triamcinolone in orabase</i>	2	MO
<u>Dermatological Agents</u>		
8-MOP	4	
<i>acitretin</i>	5	PA MO
AKNE-MYCIN	4	MO
ALTABAX	4	MO
<i>ammonium lactate crea, lotn</i>	2	MO
<i>amnestem</i>	4	PA
<i>avita crea</i>	4	PA
<i>avita gel</i>	4	PA MO
AZELEX	4	MO
<i>calcipotriene oint</i>	4	
<i>calcipotriene crea, soln</i>	4	MO
<i>calcitrene</i>	4	
<i>claravis</i>	4	PA
<i>clindamycin phosphate foam 1%</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	MO
<i>clindamycin phosphate lotn 1%</i>	2	MO
<i>clindamycin phosphate external soln 1%</i>	2	MO
<i>clindamycin phosphate swab 1%</i>	2	MO
<i>clindamycin/benzoyl peroxide gel 5%; 1.2%</i>	4	
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	4	MO
ELIDEL	4	QL (60 GM per 30 days) ST MO
<i>ery acne pad</i>	2	
<i>erythromycin/benzoyl peroxide</i>	2	MO
<i>erythromycin gel 2%</i>	2	MO
<i>erythromycin pads 2%</i>	2	
<i>erythromycin soln 2%</i>	2	MO
<i>fluorouracil crea 5%</i>	4	MO
<i>fluorouracil external soln 2%, 5%</i>	4	
<i>gentamicin sulfate crea 0.1%</i>	2	MO
<i>gentamicin sulfate external oint 0.1%</i>	2	MO
<i>imiquimod crea</i>	4	MO
<i>methoxsalen caps</i>	5	
<i>metronidazole crea 0.75%</i>	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole gel 0.75%, 1%</i>	4	MO
<i>metronidazole lotn 0.75%</i>	4	MO
<i>mupirocin calcium cream</i>	4	
<i>mupirocin oint</i>	2	MO
<i>mupirocin crea</i>	4	
<i>myorisan</i>	4	PA
NORITATE	4	
OXSORALEN	4	MO
PICATO GEL 0.05%	3	QL (2 EA per 30 days)
PICATO GEL 0.015%	3	QL (3 EA per 30 days)
<i>podofilox soln</i>	4	MO
REGRANEX	5	QL (15 GM per 30 days) PA MO
<i>rosadan</i>	4	
SANTYL	3	MO
<i>selenium sulfide lotn</i>	2	
<i>silver sulfadiazine</i>	2	MO
<i>sodium sulfacetamide lotn 10%</i>	4	
<i>ssd</i>	2	
<i>sulfacetamide sodium susp 10%</i>	4	MO
SULFAMYLON CREAM	4	
TAZORAC	4	MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	4	PA MO
<i>tretinoin gel 0.01%</i>	4	PA
<i>tretinoin gel 0.025%</i>	4	PA MO
VEREGEN	4	MO
<i>zenatane</i>	4	PA
ZONALON	4	MO
<u>Enzyme Replacement/Modifiers</u>		
ADAGEN	5	PA LA
ALDURAZYME	5	PA LA
BUPHENYL TABS	5	PA
CEREZYME INJ 400UNIT	5	PA
CREON	3	MO
CYSTADANE	5	
CYSTAGON	4	PA
FABRAZYME	5	PA
KUVAN	5	PA
LUMIZYME	5	
NAGLAZYME	5	PA LA
ORFADIN	5	PA
<i>pancrelipase</i>	2	MO
<i>sodium phenylbutyrate powd</i>	5	PA
VPRIV	5	PA
ZAVESCA	5	PA LA
ZENPEP	3	MO
<u>Gastrointestinal Agents</u>		
AMITIZA	3	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
CANTIL	4	MO
<i>cimetidine hcl soln</i>	2	MO
<i>cimetidine tabs</i>	2	MO
<i>constulose</i>	2	
<i>cromolyn sodium conc 100mg/5ml</i>	2	MO
<i>dicyclomine hcl caps, soln, tabs</i>	4	PA MO
<i>enulose</i>	2	
<i>esomeprazole sodium inj</i>	3	
<i>famotidine premixed</i>	4	
<i>famotidine susr</i>	2	MO
<i>famotidine inj 20mg/2ml</i>	2	MO
<i>famotidine tabs 20mg, 40mg</i>	2	MO
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	2	
<i>glycopyrrolate inj, tabs</i>	4	MO
GOLYTELY SOLR 227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM	4	
GOLYTELY SOLR 236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	4	
KRISTALOSE PACK 10GM	4	
KRISTALOSE PACK 20GM	4	MO
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	2	
<i>lactulose soln 10gm/15ml</i>	2	MO
<i>lansoprazole cpdr</i>	3	QL (30 EA per 30 days) MO
<i>loperamide hcl caps</i>	2	MO
LOTRONEX	5	QL (60 EA per 30 days)
<i>methscopolamine bromide</i>	2	MO
<i>metoclopramide hcl inj, oral soln, tabs</i>	2	MO
<i>misoprostol tabs</i>	2	MO
MOTOFEN	4	PA MO
MOVIPREP	4	
<i>nizatidine</i>	2	MO
<i>omeprazole cpdr 20mg</i>	2	MO
<i>omeprazole cpdr 10mg</i>	2	QL (30 EA per 30 days) MO
<i>omeprazole cpdr 40mg</i>	2	QL (60 EA per 30 days) MO
OSMOPREP	4	
<i>pantoprazole sodium inj</i>	2	
<i>pantoprazole sodium tbec 20mg</i>	2	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tbec 40mg</i>	2	QL (60 EA per 30 days) MO
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	MO
<i>polyethylene glycol 3350 pack, powd</i>	2	MO
PREPOPIK	4	
<i>propantheline bromide</i>	2	PA MO
<i>ranitidine hcl caps, syr</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl inj 150mg/6ml, 50mg/2ml</i>	2	
<i>ranitidine hcl tabs 150mg, 300mg</i>	2	MO
RELISTOR	4	PA
SUCLEAR	4	
<i>sucralfate susp</i>	4	
<i>sucralfate tabs</i>	4	MO
SUPREP BOWEL PREP	4	
<i>trilyte</i>	2	
<i>ursodiol caps, tabs</i>	4	MO
<u>Genitourinary Agents</u>		
<i>alfuzosin hcl er</i>	2	QL (30 EA per 30 days) MO
AVODART	3	QL (30 EA per 30 days) MO
<i>bethanechol chloride tabs</i>	3	MO
<i>calcium acetate caps</i>	3	MO
<i>calcium acetate tabs 667mg</i>	3	MO
DETROL LA	4	QL (30 EA per 30 days) ST MO
<i>finasteride tabs 5mg</i>	2	MO
<i>flavoxate hcl</i>	2	MO
FOSRENOL	4	
JALYN	3	QL (30 EA per 30 days) MO
<i>methylergonovine maleate tabs</i>	4	MO
MYRBETRIQ	3	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	2	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	2	QL (60 EA per 30 days) MO
<i>oxybutynin chloride tabs</i>	2	QL (120 EA per 30 days) MO
<i>oxybutynin chloride syrp</i>	2	QL (600 ML per 30 days) MO
RAPAFLO	4	QL (30 EA per 30 days)
RENVELA	3	
<i>sevelamer carbonate</i>	3	MO
<i>sodium chloride 0.9%</i>	2	MO
<i>tamsulosin hcl</i>	2	MO
THIOLA	3	MO
<i>tolterodine tartrate</i>	2	QL (60 EA per 30 days) MO
<i>tolterodine tartrate er</i>	4	QL (30 EA per 30 days) MO
<i>trospium chloride</i>	2	QL (60 EA per 30 days) MO
<i>trospium chloride er</i>	2	QL (30 EA per 30 days) MO
VESICARE	3	QL (30 EA per 30 days) MO
<u>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</u>		
<i>a-hydrocort</i>	2	MO
<i>alclometasone dipropionate</i>	2	MO
<i>amcinonide</i>	2	MO
APEXICON E	4	
<i>augmented betamethasone dipropionate</i>	2	MO
<i>betamethasone dipropionate crea, lotn, oint</i>	2	MO
<i>betamethasone valerate foam</i>	2	
<i>betamethasone valerate crea, lotn, oint</i>	2	MO
<i>budesonide cp24 3mg</i>	5	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
CAPEX	3	MO
<i>clobetasol propionate e</i>	2	MO
<i>clobetasol propionate emollient foam</i>	2	
<i>clobetasol propionate crea, foam, gel, lotn, oint, sham, soln</i>	2	MO
CLOBEX SPRAY	4	MO
<i>colocort</i>	2	
CORDRAN TAPE	4	
<i>cormax scalp application</i>	2	
CORTIFOAM	3	
<i>cortisone acetate tabs</i>	2	MO
<i>desonide crea, lotn, oint</i>	2	MO
<i>desoximetasone crea 0.05%</i>	2	
<i>desoximetasone crea 0.25%</i>	2	MO
<i>desoximetasone gel</i>	2	
<i>desoximetasone oint 0.05%</i>	2	
<i>desoximetasone oint 0.25%</i>	2	MO
DEXAMETHASONE INTENSOL	3	MO
<i>dexamethasone sodium phosphate inj 10mg/ml, 120mg/30ml</i>	3	
<i>dexamethasone elix, soln, tabs</i>	3	MO
<i>diflorasone diacetate crea</i>	2	
<i>diflorasone diacetate oint</i>	2	MO
<i>fludrocortisone acetate tabs</i>	3	MO
<i>fluocinolone acetonide body</i>	2	MO
<i>fluocinolone acetonide scalp oil 0.01%</i>	2	MO
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	2	MO
<i>fluocinolone acetonide oint 0.025%</i>	2	MO
<i>fluocinolone acetonide soln 0.01%</i>	2	MO
<i>fluocinonide-e</i>	2	MO
<i>fluocinonide crea 0.1%</i>	2	
<i>fluocinonide crea 0.05%</i>	2	MO
<i>fluocinonide gel, oint, soln</i>	2	MO
<i>fluticasone propionate crea 0.05%</i>	2	MO
<i>fluticasone propionate lotn 0.05%</i>	2	MO
<i>fluticasone propionate oint 0.005%</i>	2	MO
<i>halobetasol propionate</i>	2	MO
HALOG	4	MO
<i>hydrocortisone butyrate (lipophilic)</i>	2	
<i>hydrocortisone butyrate oint, soln</i>	2	
<i>hydrocortisone butyrate crea</i>	2	MO
<i>hydrocortisone in absorbase</i>	2	
<i>hydrocortisone valerate oint</i>	2	
<i>hydrocortisone valerate crea</i>	2	MO
<i>hydrocortisone crea 2.5%</i>	2	MO
<i>hydrocortisone enem</i>	2	
<i>hydrocortisone tabs</i>	2	MO
<i>hydrocortisone lotn 2.5%</i>	2	MO
<i>hydrocortisone oint 1%, 2.5%</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone acetate inj</i>	4	MO
<i>methylprednisolone dose pack</i>	2	MO
<i>methylprednisolone sodiumsuccinate inj 1000mg, 1gm, 40mg</i>	4	
<i>methylprednisolone sodiumsuccinate inj 125mg</i>	4	MO
<i>methylprednisolone tabs 16mg, 32mg, 8mg</i>	2	
<i>methylprednisolone tabs 4mg</i>	2	MO
MILLIPRED	4	MO
MILLIPRED DP	4	MO
<i>mometasone furoate crea, oint, soln</i>	2	MO
<i>prednicarbate crea</i>	2	
<i>prednicarbate oint</i>	2	MO
<i>prednisolone sodium phosphate oral soln 25mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 5mg/5ml</i>	2	MO
<i>prednisolone soln, syrp</i>	2	MO
PREDNISON INTENSOL	4	MO
<i>prednisone soln, tabs</i>	2	MO
<i>proctozone-hc</i>	2	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	2	MO
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	2	MO
<i>triamcinolone acetonide oint 0.5%</i>	2	
<i>triamcinolone acetonide oint 0.025%, 0.1%</i>	2	MO
TRIANEX	4	MO
<i>triderm crea</i>	2	
<u>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</u>		
<i>desmopressin acetate inj, tabs</i>	2	MO
<i>desmopressin acetate nasal soln 0.01%</i>	2	
EGRIFTA INJ 2MG	5	QL (30 EA per 30 days) PA
INCRELEX	5	PA LA
NORDITROPIN FLEXPRO	5	PA
NORDITROPIN NORDIFLEX PEN INJ 30MG/3ML	5	PA
<u>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</u>		
<i>altavera</i>	4	
<i>alyacen 1/35</i>	4	
<i>alyacen 7/7/7</i>	4	
<i>amethia</i>	4	
<i>amethia lo</i>	4	
AMETHYST	4	
ANADROL-50	4	
ANDROGEL PUMP GEL 1.62%	3	PA MO
ANDROGEL PUMP GEL 1%	3	QL (300 GM per 30 days) PA
ANDROGEL GEL 20.25MG/1.25GM, 40.5MG/2.5GM	3	PA MO
ANDROGEL GEL 25MG/2.5GM, 50MG/5GM	3	QL (300 GM per 30 days) PA MO
ANDROXY	4	PA MO
<i>apri</i>	4	
<i>aranelle</i>	4	
<i>aubra</i>	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>aviane</i>	4	
<i>azurette</i>	4	
<i>balziva</i>	4	
<i>briellyn</i>	4	
<i>camila</i>	4	
<i>camrese</i>	4	
<i>camrese lo</i>	4	
<i>caziant</i>	4	
<i>chateal</i>	4	
<i>cryselle-28</i>	4	MO
<i>cyclafem 1/35</i>	4	MO
<i>cyclafem 7/7/7</i>	4	MO
<i>daysee</i>	4	
DEPO-ESTRADIOL	4	MO
DEPO-PROVERA 400MG/ML	4	MO
<i>desogestrel/ethinyl estradiol tabs 0.15mg; 30mcg</i>	4	MO
DIVIGEL	4	MO
<i>drospirenone/ethinyl estradiol</i>	4	
<i>elinest</i>	4	
ELLA	3	
<i>emoquette</i>	4	
<i>enpresse-28</i>	4	
<i>enskyce</i>	4	
<i>errin</i>	4	
<i>estarylla</i>	4	
ESTRACE CREA	4	MO
<i>estradiol/norethindrone acetate</i>	4	PA
<i>estradiol tabs</i>	2	PA MO
<i>estradiol ptwk</i>	2	QL (4 EA per 28 days) PA MO
ESTRASORB	4	PA MO
ESTRING	4	QL (1 EA per 90 days) MO
EVAMIST	4	QL (16.2 ML per 30 days)
<i>falmina</i>	4	
FEMHRT LOW DOSE	4	PA MO
FEMRING	4	QL (1 EA per 84 days) MO
<i>gianvi</i>	4	
<i>gildagia</i>	4	
<i>gildess 1.5/30</i>	4	MO
<i>gildess 1/20</i>	4	MO
<i>gildess fe 1.5/30</i>	4	
<i>gildess fe 1/20</i>	4	
<i>heather</i>	4	
<i>introvale</i>	4	
<i>jencycla</i>	4	
<i>jinteli</i>	4	PA MO
<i>jolessa</i>	4	
<i>jolivette</i>	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>junel 1.5/30</i>	4	
<i>junel 1/20</i>	4	
<i>junel fe 1.5/30</i>	4	MO
<i>junel fe 1/20</i>	4	MO
<i>kariva</i>	4	
<i>kelnor 1/35</i>	4	MO
<i>kurvelo</i>	4	
<i>larin 1/20</i>	4	
<i>larin fe 1.5/30</i>	4	
<i>larin fe 1/20</i>	4	
<i>leena</i>	4	
<i>lessina</i>	4	
<i>levonest</i>	4	
<i>levonorgestrel</i>	2	
<i>levonorgestrel and ethinyl estradiol</i>	4	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 20mcg; 0.1mg</i>	4	
<i>levora 0.15/30-28</i>	4	
LO LOESTRIN FE	4	MO
LOMEDIA 24 FE	4	
<i>loryna</i>	4	MO
<i>low-ogestrel</i>	4	
<i>lutra</i>	4	
<i>lyza</i>	4	
<i>marlissa</i>	4	
<i>medroxyprogesterone acetate tabs</i>	2	MO
<i>medroxyprogesterone acetate inj</i>	4	MO
<i>megestrol acetate susp, tabs</i>	3	PA MO
MENEST	4	PA
<i>microgestin 1.5/30</i>	4	
<i>microgestin 1/20</i>	4	
<i>microgestin fe</i>	4	
<i>microgestin fe 1.5/30</i>	4	
<i>mimvey</i>	4	PA MO
<i>mimvey lo</i>	4	PA
<i>mono-linyah</i>	4	
<i>mononessa</i>	4	
<i>my way</i>	2	
<i>myzilra</i>	4	MO
<i>necon 0.5/35-28</i>	4	
<i>necon 1/35</i>	4	
NECON 1/50-28	4	
NECON 10/11-28	4	
<i>necon 7/7/7</i>	4	
<i>next choice one dose</i>	2	
<i>nora-be</i>	4	
<i>norethindrone acetate tabs</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone tabs</i>	4	MO
<i>norgestimate/ethinyl estradiol</i>	4	
NORINYL 1+50	4	
<i>nortrel 0.5/35 (28)</i>	4	MO
<i>nortrel 1/35</i>	4	
<i>nortrel 7/7/7</i>	4	
<i>ocella</i>	4	
OGESTREL	4	
<i>orsythia</i>	4	
<i>oxandrolone tabs 2.5mg</i>	3	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	3	QL (60 EA per 30 days) PA MO
<i>pimtrea</i>	4	
<i>pirmella 1/35</i>	4	
<i>pirmella 7/7/7</i>	4	
<i>portia-28</i>	4	
PREMARIN CREA	3	MO
<i>previfem</i>	4	MO
<i>progesterone caps</i>	4	MO
<i>progesterone inj 50mg/ml</i>	4	MO
<i>quasense</i>	4	
<i>raloxifene hydrochloride</i>	1	MO
<i>reclipsen</i>	4	
<i>sprintec 28</i>	4	
<i>sronyx</i>	4	
<i>syeda</i>	4	
TESTIM	3	QL (300 GM per 30 days) PA MO
<i>testosterone cypionate inj</i>	4	PA MO
<i>testosterone enanthate inj</i>	4	PA MO
<i>tilia fe</i>	4	
<i>tri-estarylla</i>	4	
<i>tri-legest fe</i>	4	MO
<i>tri-linyah</i>	4	
<i>tri-previfem</i>	4	
<i>tri-sprintec</i>	4	MO
<i>trinessa</i>	4	
<i>trivora-28</i>	4	
VAGIFEM	3	MO
<i>velivet</i>	4	MO
<i>vestura</i>	4	
<i>viorele</i>	4	
<i>vyfemla</i>	4	
<i>wymzya fe</i>	4	
<i>xulane</i>	4	MO
<i>zarah</i>	4	
<i>zenchent</i>	4	
<i>zenchent fe</i>	4	
<i>zovia 1/35e</i>	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>zovia 1/50e</i>	4	
<u>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</u>		
<i>levothyroxine sodium tabs</i>	2	MO
<i>levoxyl</i>	2	
<i>liothyronine sodium tabs</i>	2	MO
SYNTHROID	3	MO
THYROLAR-1	4	MO
THYROLAR-1/2	4	MO
THYROLAR-1/4	4	MO
THYROLAR-2	4	MO
THYROLAR-3	4	MO
<i>unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	2	
<u>Hormonal Agents, Suppressant (Adrenal)</u>		
LYSODREN	3	MO
<u>Hormonal Agents, Suppressant (Parathyroid)</u>		
SENSIPAR TABS 30MG	3	QL (60 EA per 30 days)
SENSIPAR TABS 90MG	5	QL (120 EA per 30 days)
SENSIPAR TABS 60MG	5	QL (60 EA per 30 days)
<u>Hormonal Agents, Suppressant (Pituitary)</u>		
<i>cabergoline</i>	4	MO
FIRMAGON INJ 80MG	4	PA
FIRMAGON INJ 120MG	5	PA
<i>leuprolide acetate inj</i>	2	PA
LUPRON DEPOT	5	PA
LUPRON DEPOT-PED	5	PA
<i>octreotide acetate</i>	4	PA
SIGNIFOR	5	QL (60 ML per 30 days) PA
SOMATULINE DEPOT INJ 60MG/0.2ML	5	QL (0.2 ML per 28 days) PA
SOMATULINE DEPOT INJ 90MG/0.3ML	5	QL (0.3 ML per 28 days) PA
SOMATULINE DEPOT INJ 120MG/0.5ML	5	QL (0.5 ML per 28 days) PA
SOMAVERT	5	PA LA
SYNAREL	5	MO
TRELSTAR DEPOT MIXJECT	5	PA
TRELSTAR LA MIXJECT	5	PA
TRELSTAR MIXJECT	5	PA
<u>Hormonal Agents, Suppressant (Thyroid)</u>		
<i>methimazole tabs</i>	2	MO
<i>propylthiouracil tabs</i>	2	MO
<u>Immunological Agents</u>		
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	5	QL (40 ML per 28 days) PA
ACTHIB	4	
ACTIMMUNE	5	PA LA
ADACEL	4	
ARCALYST	5	PA
ATGAM	5	PA
<i>azathioprine tabs</i>	2	B/D MO

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Drug Name	Drug Tier	Requirements/Limits
<i>bcg vaccine</i>	2	
BENLYSTA	5	PA
BOOSTRIX	4	
CELLCEPT INTRAVENOUS	4	PA
CELLCEPT SUSR	5	PA MO
CERVARIX	4	
CIMZIA	5	QL (6 EA per 28 days) PA
CIMZIA STARTER KIT	5	QL (6 EA per 28 days) PA
CINRYZE	5	PA
COMVAX	4	
<i>cyclosporine modified</i>	2	PA MO
<i>cyclosporine caps</i>	2	PA
<i>cyclosporine inj</i>	4	PA
DAPTACEL	4	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	2	
ENGERIX-B INJ 10MCG/0.5ML, 20MCG/ML	3	B/D
FIRAZYR	5	QL (270 ML per 30 days) PA
GAMASTAN S/D	3	PA
GAMMAPLEX INJ 10GM/200ML, 2.5GM/50ML, 5GM/100ML	5	PA
GAMUNEX-C	5	PA
GARDASIL	4	MO
<i>gengraf caps</i>	2	PA
<i>gengraf soln</i>	2	PA MO
HAVRIX	4	B/D
<i>hecoria</i>	4	PA
HUMIRA PEN	5	QL (6 EA per 28 days) PA
HUMIRA PEN-CROHNS DISEASESTARTER	5	QL (6 EA per 28 days) PA
HUMIRA PEN-PSORIASIS STARTER	5	QL (6 EA per 28 days) PA
HUMIRA INJ 20MG/0.4ML	5	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA
ILARIS	5	QL (2 EA per 28 days) PA
IMOVAX RABIES (H.D.C.V.)	4	B/D
INFANRIX	4	
IPOL INACTIVATED IPV	3	
IXIARO	4	
KINRIX	4	
<i>leflunomide</i>	2	MO
M-M-R II W/DILUENT 10 DOSE	3	
MENACTRA	4	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	4	
<i>methotrexate sodium inj</i>	2	
<i>methotrexate tabs</i>	2	MO
<i>mycophenolate mofetil</i>	4	PA MO
NULOJIX	5	PA MO
PEDIARIX	4	

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Drug Name	Drug Tier	Requirements/Limits
PEDVAX HIB	4	
PENTACEL	4	
PROGRAF INJ	4	PA
PROQUAD	4	
RABAVERT	4	B/D
RAPAMUNE SOLN	4	PA MO
RAPAMUNE TABS 1MG, 2MG	4	PA MO
RECOMBIVAX HB INJ 5MCG/0.5ML	4	B/D
RECOMBIVAX HB INJ 10MCG/ML, 40MCG/ML	4	B/D
REMICADE	5	PA
RIDAURA	4	
ROTARIX	4	
ROTATEQ	3	
SANDIMMUNE SOLN	4	PA MO
SIMULECT	5	B/D
<i>sirolimus tabs</i>	4	PA
SYNAGIS	5	PA
<i>tacrolimus caps</i>	4	PA MO
TENIVAC INJ 2LFU; 5LFU	4	
<i>tetanus toxoid adsorbed</i>	3	B/D
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	3	
THYMOGLOBULIN	5	PA
TWINRIX	4	
TYPHIM VI	4	
VAQTA INJ 50UNIT/ML	4	B/D
VAQTA INJ 25UNIT/0.5ML	4	B/D
VARIVAX	3	
YF-VAX	3	
ZORTRESS TABS 0.25MG	4	PA MO
ZORTRESS TABS 0.5MG, 0.75MG	5	PA MO
ZOSTAVAX	4	QL (1 EA per 365 days)
<u>Inflammatory Bowel Disease Agents</u>		
APRISO	3	
ASACOL HD	4	MO
<i>balsalazide disodium</i>	2	MO
CANASA	4	
DELZICOL	4	MO
DIPENTUM	4	
LIALDA	4	
<i>mesalamine enem, kit</i>	2	
PENTASA	4	
<i>sulfasalazine tbec</i>	2	
<i>sulfasalazine tabs</i>	2	MO
<i>sulfazine</i>	2	
<i>sulfazine ec</i>	2	MO
<u>Metabolic Bone Disease Agents</u>		
ACTONEL TABS 150MG	4	QL (1 EA per 28 days) ST MO

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Drug Name	Drug Tier	Requirements/Limits
ACTONEL TABS 30MG, 5MG	4	QL (30 EA per 30 days) ST MO
ACTONEL TABS 35MG	4	QL (4 EA per 28 days) ST MO
<i>alendronate sodium soln</i>	1	
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<i>calcitonin-salmon</i>	2	MO
<i>calcitriol caps, oral soln</i>	2	MO
<i>calcitriol inj 1mcg/ml</i>	2	
<i>doxercalciferol caps</i>	4	MO
<i>etidronate disodium</i>	4	MO
FORTEO	5	QL (2.4 ML per 28 days) PA
FORTICAL	4	MO
<i>ibandronate sodium tabs</i>	1	QL (1 EA per 30 days) MO
<i>ibandronate sodium inj</i>	1	QL (3 ML per 90 days)
MIACALCIN INJ	4	MO
<i>pamidronate disodium inj 30mg, 6mg/ml, 90mg/10ml, 90mg</i>	4	
<i>pamidronate disodium inj 30mg/10ml</i>	4	MO
<i>paricalcitol</i>	2	MO
PROLIA	4	QL (1 ML per 180 days) PA
<i>risedronate sodium</i>	3	QL (1 EA per 28 days)
XGEVA	5	PA
<i>zoledronic acid inj 5mg/100ml</i>	4	
<i>zoledronic acid inj 4mg/5ml, 4mg</i>	5	
<u>Miscellaneous Therapeutic Agents</u>		
ALCOHOL PREPS	3	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	ST MO
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	3	ST MO
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	3	ST MO
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	ST MO
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	3	ST MO
BOTOX INJ 200UNIT	4	QL (2 EA per 84 days) PA
BOTOX INJ 100UNIT	4	QL (4 EA per 84 days) PA
CURITY GAUZE PADS 2"X2"	3	
V-GO 20	3	ST MO
V-GO 30	3	ST MO
V-GO 40	3	ST MO
<u>Ophthalmic Agents</u>		
ACUVAIL	4	MO
<i>ak-poly-bac</i>	2	
ALPHAGAN P SOLN 0.1%	3	MO
ALREX	3	MO
<i>apraclonidine</i>	2	MO
AZASITE	3	MO
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	
AZOPT	3	MO
<i>bacitracin/neomycin/polymyxin</i>	2	MO
<i>bacitracin/polymyxin b</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin oint 500unit/gm</i>	2	MO
BESIVANCE	4	MO
<i>betaxolol hcl soln 0.5%</i>	2	MO
BETIMOL	4	
BETOPTIC-S	4	MO
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>brimonidine tartrate soln 0.15%</i>	1	
<i>brimonidine tartrate soln 0.2%</i>	1	MO
<i>bromfenac</i>	4	MO
<i>carteolol hcl</i>	1	MO
CILOXAN OINT	4	MO
<i>ciprofloxacin hcl soln 0.3%</i>	2	MO
COMBIGAN	3	MO
<i>cromolyn sodium soln 4%</i>	2	MO
CYSTARAN	5	QL (60 ML per 28 days)
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	MO
<i>diclofenac sodium</i>	2	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
DUREZOL	4	MO
<i>epinastine hcl</i>	2	MO
<i>erythromycin oint 5mg/gm</i>	2	MO
FLAREX	4	MO
<i>fluorometholone</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
FML OINT	4	MO
FML FORTE	4	MO
<i>garamycin oint</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak</i>	2	MO
<i>gentamicin sulfate ophthalmic oint 0.3%</i>	2	MO
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	MO
ILEVRO	4	MO
ISOPTO CARPINE	4	MO
ISTALOL	3	MO
<i>ketorolac tromethamine</i>	2	MO
LACRISERT	4	MO
<i>latanoprost</i>	1	MO
<i>levobunolol hcl soln 0.25%</i>	1	
<i>levobunolol hcl soln 0.5%</i>	1	MO
<i>levofloxacin ophthalmic soln 0.5%</i>	2	MO
LOTEMAX	3	MO
LUMIGAN SOLN 0.01%	3	MO
MAXIDEX	3	MO
<i>metipranolol</i>	1	
MOXEZA	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>naphazoline hcl</i>	2	MO
NATACYN	3	MO
<i>neo-polycin</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	MO
<i>neomycin/polymyxin/dexamethasone</i>	2	MO
<i>neomycin/polymyxin/gramicidin</i>	2	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
NEVANAC	4	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	2	MO
PATADAY	4	MO
PATANOL	4	MO
PHOSPHOLINE IODIDE	4	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	MO
PRED MILD	4	MO
PRED-G	4	MO
PRED-G S.O.P.	4	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	MO
PROLENSA	4	MO
<i>proparacaine hcl</i>	2	MO
RESTASIS	3	MO
SIMBRINZA	4	MO
<i>sodium sulfacetamide soln 10%</i>	2	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
<i>sulfacetamide sodium oint 10%</i>	4	MO
<i>sulfacetamide sodium soln 10%</i>	2	MO
<i>timolol maleate ophthalmic gel forming</i>	1	MO
<i>timolol maleate soln 0.25%, 0.5%</i>	1	MO
TOBRADEX ST	4	MO
TOBRADEX OINT	4	MO
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	2	MO
<i>tobramycin/dexamethasone</i>	2	MO
TOBEX OINT	4	MO
TRAVATAN Z	4	MO
<i>travoprost</i>	4	
<i>trifluridine</i>	4	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	2	MO
VEXOL	4	MO
VIGAMOX	4	MO
ZIRGAN	4	MO
ZYLET	3	MO
<u>Otic Agents</u>		
<i>acetazol hc</i>	4	
<i>acetic acid</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid/aluminum acetate</i>	2	MO
CIPRO HC	4	MO
CIPRODEX	4	MO
COLY-MYCIN S	4	MO
<i>fluocinolone acetonide oil 0.01%</i>	2	MO
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	2	MO
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
<i>ofloxacin otic soln 0.3%</i>	2	MO
<u>Respiratory Tract/Pulmonary Agents</u>		
<i>acetylcysteine soln</i>	2	B/D MO
ADVAIR DISKUS	3	QL (60 EA per 30 days) MO
ADVAIR HFA	3	QL (12 GM per 30 days) MO
<i>albuterol sulfate er</i>	2	MO
<i>albuterol sulfate nebu</i>	2	B/D MO
<i>albuterol sulfate syrp, tabs</i>	2	MO
ALVESCO	4	QL (12.2 GM per 30 days)
<i>aminophylline inj</i>	2	MO
ARCAPTA NEOHALER	4	QL (30 EA per 30 days) MO
ASMANEX 120 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX 14 METERED DOSES	3	QL (2 EA per 28 days) MO
ASMANEX 30 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX 60 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX 7 METERED DOSES	3	QL (4 EA per 28 days)
ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
<i>azelastine hcl nasal soln 0.15%</i>	2	
<i>azelastine hcl nasal soln 137mcg/spray</i>	2	QL (30 ML per 25 days)
BECONASE AQ	4	QL (50 GM per 30 days) MO
BREO ELLIPTA	4	QL (60 EA per 30 days) MO
BROVANA	4	QL (120 ML per 30 days) B/D
<i>budesonide inhalation susp 0.25mg/2ml, 0.5mg/2ml</i>	4	B/D MO
<i>budesonide nasal susp 32mcg/act</i>	4	
CAYSTON	5	QL (84 ML per 56 days) LA
<i>clemastine fumarate syrp</i>	4	PA MO
<i>clemastine fumarate tabs 2.68mg</i>	4	PA MO
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days) MO
<i>cromolyn sodium nebu 20mg/2ml</i>	2	B/D MO
DALIRESP	4	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl elix</i>	2	PA
<i>diphenhydramine hcl inj</i>	2	PA MO
EPIPEN 2-PAK	3	QL (2 EA per 30 days)
EPIPEN-JR 2-PAK	3	QL (2 EA per 30 days)
<i>epoprostenol sodium</i>	3	PA
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days) MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (60 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) MO
<i>flunisolide soln 0.025%</i>	2	MO
<i>fluticasone propionate susp 50mcg/act</i>	2	MO
FORADIL AEROLIZER	3	QL (60 EA per 30 days) MO
<i>hydroxyzine hcl inj</i>	4	PA MO
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D MO
<i>ipratropium bromide inhalation soln</i>	2	B/D MO
<i>ipratropium bromide nasal soln</i>	2	MO
<i>levalbuterol hcl nebu</i>	4	B/D MO
<i>levalbuterol nebu</i>	4	B/D MO
<i>levocetirizine dihydrochloride tabs</i>	4	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride soln</i>	4	QL (300 ML per 30 days) MO
<i>metaproterenol sulfate tabs</i>	2	
<i>metaproterenol sulfate syrp</i>	2	MO
<i>montelukast sodium</i>	2	QL (30 EA per 30 days) MO
NASONEX	3	QL (34 GM per 30 days) MO
OMNARIS	4	QL (12.5 GM per 30 days)
OPSUMIT	5	QL (30 EA per 30 days) PA
PATANASE	4	QL (30.5 GM per 30 days) MO
PERFOROMIST	4	QL (120 ML per 30 days) B/D
PROAIR HFA	3	QL (17 GM per 30 days) MO
PROLASTIN-C	5	PA LA MO
PULMICORT FLEXHALER	4	QL (2 EA per 30 days) MO
PULMOZYME	5	B/D
QNASL	4	QL (8.7 GM per 30 days)
QVAR	3	QL (17.4 GM per 30 days)
RHINOCORT AQUA	4	QL (17.2 GM per 30 days) MO
SEREVENT DISKUS	4	QL (60 EA per 30 days) MO
<i>sildenafil</i>	5	QL (90 EA per 30 days) PA
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days) MO
SYMBICORT	3	QL (10.2 GM per 30 days) MO
<i>terbutaline sulfate tabs</i>	2	MO
THEO-24	4	
<i>theophylline cr tb12 100mg, 200mg</i>	2	MO
<i>theophylline er</i>	2	MO
<i>theophylline soln</i>	4	
<i>tobramycin nebu</i>	5	QL (280 ML per 56 days) B/D
TRACLEER	5	QL (60 EA per 30 days) PA LA
<i>triamcinolone acetanide inha 55mcg/act</i>	4	MO
TUDORZA PRESSAIR	3	QL (1 EA per 30 days) MO
TYZINE PEDIATRIC NASAL DROPS	4	
VENTAVIS	5	PA
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
XOLAIR	5	QL (6 EA per 28 days) PA LA
XOPENEX HFA	4	QL (30 GM per 30 days) ST
<i>zafirlukast</i>	4	QL (60 EA per 30 days)
ZETONNA	4	QL (6.1 GM per 30 days)

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
ZYFLO IMMEDIATE RELEASE TABLETS	5	QL (120 EA per 30 days) MO
<u>Skeletal Muscle Relaxants</u>		
<i>chlorzoxazone tabs</i>	4	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hcl tabs</i>	3	QL (90 EA per 30 days) PA MO
<u>Sleep Disorder Agents</u>		
<i>eszopiclone</i>	4	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 100mg</i>	3	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	3	QL (60 EA per 30 days) PA MO
ROZEREM	4	QL (30 EA per 30 days) MO
XYREM	5	QL (540 ML per 30 days) PA LA
<i>zaleplon caps 5mg</i>	2	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 10mg</i>	2	QL (60 EA per 30 days) PA MO
<i>zolpidem tartrate</i>	4	QL (30 EA per 30 days) PA MO
<u>Therapeutic Nutrients/Minerals/Electrolytes</u>		
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn 8.5%/electrolytes</i>	4	B/D
AMINOSYN II	4	B/D
<i>aminosyn ii 8.5%/electrolytes</i>	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-RF	4	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, 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	4	B/D
BAL-CARE DHA	4	MO
BAL-CARE DHA ESSENTIAL	4	
<i>cavan-ec sod dha</i>	4	MO
CITRANATAL 90 DHA MISC 120MG; 160MG; 400UNIT; 2MG; 300MG; 50MG; 0.75MG; 1MG; 90MG; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	4	MO
CITRANATAL ASSURE MISC 120MG; 125MG; 400UNIT; 2MG; 300MG; 50MG; 0.75MG; 1MG; 35MG; 20MG; 150MCG; 25MG; 3.4MG; 3MG; 30UNIT; 25MG	4	MO
CITRANATAL B-CALM MISC 120MG; 120MG; 400UNIT; 0; 1MG; 20MG; 0; 25MG	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL DHA MISC 120MG; 125MG; 400UNIT; 2MG; 250MG; 50MG; 0.625MG; 0; 1MG; 27MG; 0; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	4	
CITRANATAL HARMONY CAPS 650MG; 104MG; 400UNIT; 265MG; 50MG; 1MG; 29MG; 25MG; 30UNIT	4	
CITRANATAL RX TABS 120MG; 125MG; 400UNIT; 2MG; 30UNIT; 50MG; 1MG; 27MG; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 25MG	4	MO
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 20%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 5%/DEXTROSE 25%	4	B/D
<i>clinisol sf 15%</i>	4	B/D
<i>complete natal dha</i>	4	MO
<i>completenate</i>	4	MO
CONCEPT DHA	4	
CONCEPT OB	4	
CUPRIMINE	4	MO
DEPEN TITRATABS	4	MO
<i>dextrose 10%/nacl 0.45%</i>	2	
<i>dextrose 5% /electrolyte #48 viaflex</i>	2	
<i>dextrose 10% flex container</i>	2	B/D
<i>dextrose 10%/nacl 0.2%</i>	2	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2	
<i>dextrose 20%</i>	2	B/D
<i>dextrose 25%</i>	2	B/D
<i>dextrose 30%</i>	2	B/D
<i>dextrose 40%</i>	2	B/D
<i>dextrose 5%</i>	2	MO
<i>dextrose 5%/lactated ringers</i>	2	
<i>dextrose 5%/nacl 0.2%</i>	2	
<i>dextrose 5%/nacl 0.225%</i>	2	
<i>dextrose 5%/nacl 0.3%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5%/nacl 0.9%</i>	2	MO
<i>dextrose 5%/potassium chloride 0.15%</i>	2	
<i>dextrose 50%</i>	2	B/D
<i>dextrose 70%</i>	2	B/D
DUET DHA BALANCED MISC 120MG; 2840UNIT; 215MG; 840UNIT; 2MG; 12MCG; 0; 0; 0; 1MG; 210MCG; 26MG; 0; 25MG; 20MG; 278MG; 0; 50MG; 4MG; 0; 1.5MG; 2MG; 25MG	4	
EXJADE	5	PA LA
EXTRA-VIRT PLUS DHA	4	
<i>fluoritab chew 0.5mg, 1mg</i>	4	
FOCALGIN-B	4	
FOLCAL DHA	4	
FOLCAPS OMEGA 3	4	
FOLIVANE-OB	4	MO
FOLIVANE-PRX DHA NF	4	MO
<i>fomepizole</i>	5	
FREAMINE HBC 6.9%	4	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	4	B/D
HEMENATAL OB	4	
HEMENATAL OB + DHA	4	
<i>hepatamine</i>	4	B/D
<i>hepatasol</i>	4	B/D
<i>inatal advance</i>	4	
<i>inatal ultra</i>	4	
INTRALIPID INJ 1.7%; 30%	4	B/D
<i>intralipid inj 2.25%; 20%</i>	4	B/D
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/lr</i>	2	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.225%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	2	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	2	
<i>kionex powd</i>	4	
<i>kionex susp</i>	4	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON M15	4	MO
<i>klor-con m20</i>	2	MO
<i>lactated ringers dextrose 5% viaflex</i>	2	
<i>lactated ringers viaflex</i>	2	MO
<i>levocarnitine tabs</i>	3	
LIPOSYN III	4	B/D
<i>mult-vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.5mg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 1.05mg; 2500unit; 15unit</i>	4	
<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>	4	MO
<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>	4	MO
<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>	4	MO
<i>multi-vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 2500unit; 15unit</i>	4	MO
<i>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</i>	4	
<i>multivitamin with fluoride chew 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 400unit; 15unit</i>	4	
<i>multivitamin with fluoride chew 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 400unit; 15unit</i>	4	MO
<i>mvc-fluoride</i>	4	
NATACHEW CHEW 120MG; 2700UNIT; 400UNIT; 12MCG; 0; 0; 1MG; 28MG; 20MG; 10MG; 3MG; 0; 2MG; 20UNIT	4	
NATAFORT TABS 120MG; 400UNIT; 12MCG; 0; 1MG; 60MG; 0; 20MG; 10MG; 3MG; 2MG; 11UNIT	4	
NATAL-V RX	4	
NATALVIRT 90 DHA	4	
NATALVIRT CA	4	
NEPHRAMINE	4	B/D
NESTABS	4	
NESTABS DHA	4	
NEXA PLUS CAPS 28MG; 250MCG; 660MG; 160MG; 800UNIT; 350MG; 55MG; 29MG; 1.25MG; 25MG; 30UNIT	4	MO
O-CAL PRENATAL	4	MO
OB COMPLETE ONE	4	
OB COMPLETE PETITE	4	
OB COMPLETE PREMIER	4	
OB COMPLETE/DHA	4	

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Drug Name	Drug Tier	Requirements/Limits
PAIRE OB	4	MO
PNV FOLIC ACID + IRON MULTIVITAMIN	4	
PNV OB+DHA	4	
PNV PRENATAL PLUS MULTIVITAMIN	4	
<i>pnv-dha</i>	4	MO
PNV-FIRST	4	MO
<i>pnv-select</i>	4	MO
<i>poly-vitamin/fluoride soln 35mg/ml; 50mcg/ml; 2mcg/ml; 0.25mg/ml; 8mg/ml; 3mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 1500unit/ml; 400unit/ml; 5unit/ml</i>	4	
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	2	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	2	
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	2	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	2	
<i>potassium chloride 0.15% nacl 0.9%</i>	2	MO
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	2	
<i>potassium chloride 0.224%d5w/nacl 0.45% viaflex</i>	2	
<i>potassium chloride 0.3%/ nacl 0.9%</i>	2	
<i>potassium chloride 0.3%/d5w</i>	2	
<i>potassium chloride cr tbcr 10meq, 20meq</i>	2	MO
<i>potassium chloride er cpcr</i>	2	MO
<i>potassium chloride er tbcr 20meq</i>	2	
<i>potassium chloride er tbcr 10meq, 8meq</i>	2	MO
<i>potassium chloride sr tbcr 8meq</i>	2	MO
<i>potassium chloride inj 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	2	
<i>potassium chloride inj 0.4meq/ml, 10meq/100ml, 2meq/ml</i>	2	MO
<i>potassium citrate tbcr</i>	4	MO
<i>pr natal 400</i>	4	MO
<i>pr natal 400 ec</i>	4	MO
<i>pr natal 430</i>	4	MO
<i>pr natal 430 ec</i>	4	MO
PREFERA OB	4	
PREFERA OB + DHA MISC 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 200MG; 2.5MG; 1MG; 6MG; 0.5MG; 17MG; 203MG; 28MG; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 10UNIT; 4.5MG	4	
PREFERAOB ONE	4	
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	4	B/D

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>premasol inj 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</i>	4	B/D
PRENA1 CHEW/QUATREFOLIC	4	
PRENA1 PLUS/QUATREFOLIC	4	
PRENA1/QUATREFOLIC	4	
PRENAISSANCE	4	MO
PRENAISSANCE PLUS	4	MO
PRENATA	4	
<i>prenatabs fa</i>	4	
PRENATABS OBN	4	
<i>prenatal plus</i>	4	MO
<i>prenatal plus iron tabs 120mg; 0; 200mg; 400unit; 2mg; 12mcg; 1mg; 29mg; 20mg; 10mg; 3mg; 1.84mg; 22mg; 4000unit; 25mg</i>	4	
PRENATE AM	4	
PRENATE DHA CAPS 90MG; 145MG; 220UNIT; 13MCG; 300MG; 28MG; 400MCG; 600MCG; 50MG; 26MG; 10UNIT	4	
PRENATE ELITE TABS 75MG; 2600UNIT; 330MCG; 100MG; 6MG; 450UNIT; 1.5MG; 13MCG; 26MG; 400MCG; 150MCG; 600MCG; 25MG; 21MG; 21MG; 3.5MG; 3MG; 10UNIT; 15MG	4	
PRENATE ESSENTIAL CAPS 90MG; 280MCG; 145MG; 220UNIT; 13MCG; 300MG; 40MG; 29MG; 0; 400MCG; 600MCG; 50MG; 150MCG; 26MG; 10UNIT	4	
PRENATE MINI	4	
PREPLUS	4	
PREQUE 10 TABS 30MG; 1250UNIT; 0; 120UNIT; 50MG; 1MG; 1MCG; 15UNIT; 50MG; 25MG; 0.5MG; 15MG; 5MG; 10MG; 1.7MG; 0; 7.5MCG; 1MG; 12.5MG	4	
PROCALAMINE	4	B/D
PROSOL	4	B/D
PUREFE OB PLUS	4	
REAPHIRM	4	MO
RELNATE DHA	4	MO
<i>ringers injection</i>	2	
SAMSCA TABS 15MG	5	QL (30 EA per 30 days) PA
SAMSCA TABS 30MG	5	QL (60 EA per 30 days) PA
<i>se-natal 19</i>	4	MO
<i>se-tan dha</i>	4	MO
<i>seton et-ec</i>	4	MO
<i>setonet</i>	4	MO
<i>sodium chloride 0.45% viaflex</i>	2	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride chew 0.5mg, 1.1mg</i>	4	
<i>sodium polystyrene sulfonate rectal susp</i>	4	
<i>sodium polystyrene sulfonate powd, oral susp</i>	4	MO
SYPRINE	3	MO
TARON-PREX	4	MO
TL-CARE DHA	4	MO
TL-SELECT	4	MO
TL-SELECT DHA	4	MO
<i>tpn electrolytes</i>	4	
TRAVASOL	4	B/D
<i>tri-vit/fluoride</i>	4	MO
<i>tri-vit/fluoride/iron</i>	4	MO
<i>tri-vitamin/fluoride</i>	4	MO
<i>triadvance</i>	4	MO
TRICARE	4	
TRICARE PRENATAL COMPLEAT	4	
TRICARE PRENATAL DHA ONE	4	
TRINATAL GT	4	MO
<i>trinatal rx 1</i>	4	MO
<i>triple-vitamin/fluoride</i>	4	MO
TRIVEEN-DUO DHA	4	MO
TRIVEEN-PRX RNF	4	MO
TROPHAMINE	4	B/D
<i>ultimatecare one nf</i>	4	MO
VEMAVITE-PRX 2	4	MO
VENA-BAL DHA	4	MO
VIRT-PN	4	
VIRT-PN DHA	4	
VIRT-SELECT	4	
VITAFOL-ONE	4	MO
VITAFOL-PLUS	4	
VITAMEDMD ONE RX/QUATREFOLIC	4	MO
VITAMEDMD PLUS RX/QUATRE FOLIC	4	MO
VITAMEDMD REDICHEW RX/QUATREFOLIC	4	MO
<i>vitamins a/c/d/fluoride</i>	4	
VOL-NATE	4	MO
VOL-PLUS	4	MO
VP-CH-PNV	4	
VP-HEME OB	4	
VP-PNV-DHA	4	
ZATEAN-CH	4	MO
ZATEAN-PN	4	MO
ZATEAN-PN DHA	4	MO
ZATEAN-PN PLUS	4	MO
ZINGIBER	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

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<i>trimethoprim sulfate/polymyxin b sulfate</i>	49
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<i>trinessa</i>	43
<i>triple-vitamin/fluoride</i>	58
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<i>tri-sprintec</i>	43
TRIVEEN-DUO DHA	58
TRIVEEN-PRX RNF	58
<i>tri-vit/fluoride</i>	58
<i>tri-vit/fluoride/iron</i>	58
<i>tri-vitamin/fluoride</i>	58
<i>trivora-28</i>	43
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TYGACIL	14
TYKERB	22
TYPHIM VI	46
TYZEKA	27
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<i>ultimatecare one nf</i>	58
<i>unithroid</i>	44
<i>ursodiol</i>	38
UVADEX	22
VAGIFEM	43
<i>valacyclovir hcl</i>	27
VALCHLOR	22
VALCYTE	27
<i>valproate sodium</i>	16
<i>valproic acid</i>	16
<i>valsartan/hydrochlorothiazide</i>	34
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<i>vancomycin hcl</i>	14
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VECTIBIX	23
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VENA-BAL DHA	58
<i>venlafaxine hcl</i>	17
<i>venlafaxine hcl er</i>	17
VENTAVIS	51
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<i>verapamil hcl</i>	34
<i>verapamil hcl er</i>	34
<i>verapamil hcl sr</i>	34
VEREGEN	36
VERSACLOZ	25
VESICARE	38
<i>vestura</i>	43
VEXOL	49
V-GO 20	47
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<i>vicodin</i>	10
<i>vicodin es</i>	10
<i>vicodin hp</i>	10
VICTOZA	29
VICTRELIS	27
VIDEX PEDIATRIC	27
VIGAMOX	49
VIIBRYD	17
VIMOVO	10
VIMPAT	16
<i>vinblastine sulfate</i>	23
<i>vincasar pfs</i>	23
<i>vincristine sulfate</i>	23
<i>vinorelbine tartrate</i>	23
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VIRACEPT	27
VIRAMUNE	27
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VIREAD	27
VIRT-PN	58
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VIRT-SELECT	58
VITAFOL-ONE	58
VITAFOL-PLUS	58
VITAMEDMD ONE RX/QUATREFOLIC	58
VITAMEDMD PLUS RX/QUATRE FOLIC	58
VITAMEDMD REDICHEW RX/QUATREFOLIC	58
<i>vitamins a/c/d/fluoride</i>	58
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VOTRIENT	23
VP-CH-PNV	58
VP-HEME OB	58
VP-PNV-DHA	58
VPRIV	36
<i>vyfemla</i>	43
<i>warfarin sodium</i>	30
WELCHOL	34
<i>wymzya fe</i>	43
XALKORI	23
XARELTO	30
XENAZINE	35
XGEVA	47
XOLAIR	51
XOPENEX HFA	51
XTANDI	23
<i>xulane</i>	43
XYREM	52
YERVOY	23
YF-VAX	46
<i>zafirlukast</i>	51
<i>zaleplon</i>	52
ZALTRAP	23
ZANOSAR	23
<i>zarah</i>	43
ZATEAN-CH	58
ZATEAN-PN	58
ZATEAN-PN DHA	58
ZATEAN-PN PLUS	58
ZAVESCA	36
<i>zebutal</i>	10
ZELBORAF	23
<i>zenatane</i>	36
<i>zenchent</i>	43
<i>zenchent fe</i>	43
ZENPEP	36
ZETIA	34
ZETONNA	51
ZIAGEN	27
<i>zidovudine</i>	27
ZINGIBER	58
<i>ziprasidone hcl</i>	25
ZIRGAN	49
ZMAX	14
<i>zoledronic acid</i>	47
ZOLINZA	23
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ZOMIG	19
ZOMIG NASAL SPRAY	19
ZONALON	36
<i>zonisamide</i>	16
ZORTRESS	46
ZOSTAVAX	46
<i>zovia 1/35e</i>	43
<i>zovia 1/50e</i>	44
ZYFLO	52
ZYKADIA	23
ZYLET	49
ZYPREXA RELPREVV	25
ZYTIGA	23
ZYVOX	14

Enhanced Drug Benefit List

Your plan includes an “Enhanced Drug Benefit.” The enhanced drugs are listed in this guide by Enhanced Drug Benefit Categories. Please use the Enhanced Drug Benefit Chart at the back of your Comprehensive Formulary to determine which drugs are covered. For a complete, updated formulary, please call the toll free telephone number on the back of your First Health Part D identification card or customer service at **1-866-865-0662**. Representatives are available to assist you 24 hours a day, 7 days a week. For TTY assistance, please dial **711**.

<p>KEY*</p> <p>Drug Name UPPERCASE = Brand name prescription drugs</p> <p><i>Lower case italics</i> = Generic medications</p>	<p>Drug Tier 1,2,3 = Copay tier level</p>	<p>Requirements/Limits QL= Quantity Limit PA = Prior Authorization</p>
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Drug Name	Drug Tier	Requirements/Limits
<u>Genitourinary Agents</u>		
LEVITRA	3	QL (4 EA per 30 days) ED
<u>Therapeutic Nutrients/Minerals/Electrolytes</u>		
<i>folic acid tabs 1mg</i>	1	QL (30 EA per 30 days) ED
MEPHYTON	3	QL (10 EA per 30 days) ED
<i>vitamin d caps 50000unit</i>	1	ED

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

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This formulary was updated on 10/1/2014. For more recent information or other questions, please contact First Health Part D at **1-866-865-0662** or for **TTY: 711**, 24 hours a day, 7 days a week.