

# HealthNow New York, Inc.

## 2014 Formulary

### (List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00014527, Version Number 7

This formulary was updated on February 25, 2014. For more recent information or other questions, please contact HealthNow New York at 1-800-329-2792 (TTY 1-877-834-6918) or visit us at [www.healthnowny.com/medicareoptions](http://www.healthnowny.com/medicareoptions). We're available:

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October 1 - February 14 8 a.m. to 8 p.m., 7 days a week

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February 15 - September 30 8 a.m. to 8 p.m., Monday - Friday

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During non-business hours, your call will be answered by our automated phone system. A representative will return your call on the next business day.

HealthNow New York, Inc. is an HMO-POS and stand-alone PDP plan with a Medicare contract. Enrollment in HealthNow New York depends on contract renewal.

**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 HealthNow New York. When it refers to “plan” or “our plan,” it means SelectSaver HMO-POS or SmartSaver Rx PDP.

This document includes a list of the drugs (formulary) for our plan which is current as of July 9, 2013. For an 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.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2015.

### **What is the HealthNow New York Formulary?**

A formulary is a list of covered drugs selected by HealthNow New York 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. HealthNow New York will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a HealthNow New York 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 2014 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2014 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 July 9, 2013. To get updated information about the drugs covered by HealthNow New York, 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 2. 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, “Antihypertensive Therapy”. If you know what your drug is used for, look for the category name in the list that begins on 2. 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 41. 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?

HealthNow New York 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:** HealthNow New York requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from HealthNow New York before you fill your prescriptions. If you don't get approval, HealthNow New York may not cover the drug.
- **Quantity Limits:** For certain drugs, HealthNow New York limits the amount of the drug that HealthNow New York will cover. For example, HealthNow New York provides 30 tablets per 30 day prescription for atorvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, HealthNow New York 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, HealthNow New York may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthNow New York 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 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask HealthNow New York 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 HealthNow New York’s formulary?” on below for information about how to request an exception.

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

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that HealthNow New York does not cover your drug, you have two options:

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

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

If a member submits a prescription for a transition eligible drug and it is rejected at Point of Sale, a message will be relayed to the pharmacist to call for additional instructions if the member underwent a recent level of care change. After confirming the member had a level of care change, the pharmacist will be instructed to enter a series of override codes to allow the member to receive a one-time transition supply of his or her prescription. At that time, all transition supply procedures will apply including member notifications for transition supply fills.

### **For more information**

For more detailed information about your HealthNow New York prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about HealthNow New York, 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 [www.medicare.gov](http://www.medicare.gov).

## HealthNow New York's Formulary

The formulary that begins on the next page provides coverage information about <some of> the drugs covered by HealthNow New York. If you have trouble finding your drug in the list, turn to the Index that begins on page 41.

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

The information in the Requirements/Limits column tells you if HealthNow New York has any special requirements for coverage of your drug.

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

### **List of Abbreviations**

**B/D:** This prescription 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.

Information may need to be submitted describing the use and setting of the drug to make the determination. If it is determined that coverage for this drug falls under Medicare Part B, your cost will not be the tier co-pay in this drug list. Please refer to Chapter 4 of your evidence of coverage for the cost of Part B drugs or contact customer service.

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

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

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

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

**ST:** Step Therapy. In some cases, the **Plan** requires you to first try 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.



## Commonly Prescribed Therapeutic Drug Categories

### ANTI - INFECTIVES

#### ANTIFUNGAL AGENTS

Drug Name	Drug Tier	Requirements/ Limits
AMBISOME	5	B/D PA MO
<i>amphotericin b</i>	2	B/D PA MO
CANCIDAS	5	B/D PA MO
<i>clotrimazole troc</i>	2	MO
ERAXIS INJ 100MG	3	MO
<i>fluconazole</i>	1	MO
<i>fluconazole in dextrose inj 56mg/ml; 400mg/200ml</i>	2	
<i>flucytosine</i>	2	MO
<i>griseofulvin microsize</i>	2	MO
<i>griseofulvin ultramicrosize</i>	2	MO
<i>itraconazole</i>	2	MO
<i>ketoconazole</i>	2	MO
LAMISIL PACK	3	MO
NOXAFIL	3	MO
<i>nystatin susp</i>	1	MO
<i>nystatin tabs</i>	1	MO
SPORANOX ORAL SOLN	3	MO
<i>terbinafine hcl tabs</i>	1	MO
VFEND SUSR	3	MO
<i>voriconazole inj</i>	2	MO
<i>voriconazole susr</i>	5	MO
<i>voriconazole tabs</i>	2	MO

#### ANTIVIRALS

<i>abacavir</i>	2	MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	MO
<i>acyclovir caps</i>	1	MO
<i>acyclovir sodium inj 500mg</i>	1	B/D PA MO
<i>acyclovir susp</i>	1	MO
<i>acyclovir tabs</i>	1	MO
<i>adefovir dipivoxil</i>	5	MO
<i>amantadine hcl</i>	2	MO
APTIVUS CAPS	5	MO
APTIVUS ORAL SOLN	5	

Drug Name	Drug Tier	Requirements/ Limits
ATRIPLA	5	MO
BARACLUDE ORAL SOLN	3	MO
BARACLUDE TABS	5	MO
CIDOFOVIR	5	B/D PA MO
COMPLERA	5	MO
CRIXIVAN	3	MO
<i>didanosine</i>	2	MO
EDURANT	5	MO
EMTRIVA	3	MO
EPIVIR HBV	3	MO
EPIVIR ORAL SOLN	3	MO
EPZICOM	5	MO
<i>famciclovir</i>	2	MO
<i>foscarnet sodium</i>	2	B/D PA MO
FUZEON	5	MO
<i>ganciclovir</i>	2	MO
HEPSERA	5	MO
INCIVEK	5	PA QL(504 per 84 days) MO
INTELENCE TABS 100MG, 200MG	5	MO
INTELENCE TABS 25MG	3	
INVIRASE CAPS	3	MO
INVIRASE TABS	5	MO
ISENTRESS CHEW 100MG	5	MO
ISENTRESS CHEW 25MG	3	
ISENTRESS TABS	5	MO
KALETRA ORAL SOLN	5	MO
KALETRA TABS 200MG; 50MG	5	MO
KALETRA TABS 100MG; 25MG	3	MO
<i>lamivudine tabs 150mg, 300mg</i>	2	MO
<i>lamivudine/zidovudine</i>	2	MO
LEXIVA SUSP	3	MO
LEXIVA TABS	5	MO
<i>nevirapine tabs</i>	2	MO
NORVIR	3	MO
OLYSIO	5	PA MO
PREZISTA SUSP	5	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABS 600MG, 800MG	5	MO	VICTRELIS	5	PA QL(1008 per 84 days)
PREZISTA TABS 150MG, 75MG	3	MO			MO
REBETOL ORAL SOLN	3	MO	VIDEX PEDIATRIC ORAL	3	MO
RELENZA DISKHALER	3	QL(60 per 180 days)	SOLN 2GM		
		MO	VIRACEPT	5	MO
RESCRIPTOR	3	MO	VIRAMUNE SUSP	4	MO
RETROVIR IV INFUSION	3		VIRAMUNE XR	3	MO
REYATAZ CAPS 100MG	3	MO	VIRAZOLE	5	MO
REYATAZ CAPS 150MG, 200MG, 300MG	5	MO	VIREAD	5	MO
<i>ribapak tabs</i>	5	MO	ZERIT ORAL SOLN	4	MO
<i>ribasphere caps</i>	2	MO	ZIAGEN ORAL SOLN	3	MO
<i>ribasphere tabs 400mg</i>	2		<i>zidovudine</i>	2	MO
<i>ribasphere tabs 200mg</i>	2	MO	<b>CEPHALOSPORINS</b>		
<i>ribasphere tabs 600mg</i>	5	MO	<i>cefaclor caps</i>	2	MO
<i>ribavirin</i>	2	MO	<i>cefadroxil</i>	2	MO
<i>rimantadine hcl</i>	2	MO	<i>cefazolin sodium inj 10gm, 1gm; 5%, 500mg</i>	2	
SELZENTRY	5	MO	<i>cefazolin sodium inj 1gm</i>	2	MO
SOVALDI	5	PA MO	<i>cefdinir</i>	2	MO
<i>stavudine</i>	2	MO	<i>cefepime inj 1gm, 2gm</i>	2	MO
STRIBILD	5	MO	<i>cefotaxime sodium inj 1gm, 2gm, 500mg</i>	2	
SUSTIVA	3	MO	<i>cefotaxime sodium inj 10gm</i>	2	MO
SYNAGIS INJ 50MG/0.5ML	5	LA MO	<i>cefoxitin sodium inj 10gm, 2gm</i>	2	
TAMIFLU CAPS 45MG, 75MG	3	QL(42 per 180 days)	<i>cefoxitin sodium inj 1gm</i>	2	MO
		MO	<i>cefpodoxime proxetil</i>	2	MO
TAMIFLU CAPS 30MG	3	QL(84 per 180 days)	<i>ceftazidime inj 1gm, 6gm</i>	2	
		MO	<i>ceftazidime inj 2gm</i>	2	MO
TAMIFLU SUSR	3	QL(600 per 180 days)	<i>ceftriaxone sodium inj 10gm</i>	2	
		MO	<i>ceftriaxone sodium inj 1gm, 250mg, 2gm, 500mg</i>	2	MO
TIVICAY	5	MO	<i>cefuroxime axetil tabs</i>	2	MO
TRIZIVIR	5	MO	<i>cefuroxime sodium inj 7.5gm</i>	2	
TRUVADA	5	MO	<i>cefuroxime sodium inj 1.5gm, 750mg</i>	2	MO
TYZEKA	5	MO	<i>cephalexin caps 250mg, 500mg</i>	1	MO
<i>valacyclovir hcl</i>	2	QL(90 per 90 days)	<i>cephalexin susr</i>	1	MO
		MO	<i>cephalexin tabs</i>	1	MO
VALCYTE	5	MO	FORTAZ INJ 1GM/50ML; 5%, 2GM/50ML; 5%, 6GM	3	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SUPRAX CAPS	4		CLEOCIN IN D5W INJ	3	
SUPRAX SUSR 500MG/5ML	4		900MG/50ML; 5%		
SUPRAX SUSR 100MG/5ML, 200MG/5ML	4	MO	<i>clindamycin hcl</i>	2	MO
SUPRAX TABS	4	MO	<i>clindamycin palmitate hcl</i>	2	MO
TEFLARO	3	MO	<i>clindamycin phosphate advantage</i>	2	MO
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>			<i>clindamycin phosphate in d5w</i>	2	MO
<i>azithromycin inj 500mg</i>	2	MO	COARTEM	3	MO
<i>azithromycin susr</i>	2	MO	<i>colistimethate sodium</i>	2	MO
<i>azithromycin tabs</i>	2	MO	CUBICIN	5	B/D PA MO
<i>clarithromycin</i>	2	MO	DAPSONE	3	MO
<i>clarithromycin er</i>	2	MO	DARAPRIM	3	MO
DIFICID	3	QL(60 per 90 days)	<i>ethambutol hcl</i>	2	MO
<i>e.e.s. 400</i>	2	MO	<i>gentamicin sulfate inj</i>	2	MO
E.E.S. GRANULES	3	MO	<i>gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%, 1.4mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	2	
ERY-TAB TBEC 500MG	3	MO	<i>hydroxychloroquine sulfate</i>	2	MO
<i>ery-tab tbec 250mg, 333mg</i>	2	MO	<i>imipenem/cilastatin</i>	2	MO
ERYTHROCIN	3		<i>isoniazid syrup</i>	2	MO
LACTOBIONATE INJ 500MG			<i>isoniazid tabs</i>	1	MO
<i>erythrocin stearate</i>	1	MO	<i>isotonic gentamicin inj 0.8mg/ml; 0.9%, 1.2mg/ml; 0.9%</i>	2	
<i>erythromycin base</i>	2	MO	KETEK	3	MO
<i>erythromycin ethylsuccinate</i>	2	MO	<i>mefloquine hcl</i>	2	MO
ZMAX	3	MO	MEPRON	5	MO
<b>MISCELLANEOUS ANTIINFECTIVES</b>			<i>meropenem inj 500mg</i>	2	MO
ALBENZA	3	MO	<i>metronidazole in nacl 0.79%</i>	2	MO
ALINIA	3	MO	<i>metronidazole tabs</i>	1	MO
<i>amikacin sulfate inj 1gm/4ml, 50mg/ml</i>	2	MO	MYCOBUTIN	3	MO
<i>atovaquone/proguanil hcl tabs 250mg; 100mg</i>	2	MO	NEBUPENT	3	B/D PA MO
AZACTAM IN ISO-OSMOTIC DEXTROSE	3		<i>neomycin sulfate tabs</i>	2	MO
<i>aztreonam inj 1gm</i>	2	MO	<i>paromomycin sulfate</i>	2	MO
BILTRICIDE	3	MO	PASER	3	MO
CAPASTAT SULFATE	4		PENTAM 300	4	MO
CAYSTON	5	LA MO	PRIFTIN	3	MO
<i>chloramphenicol sodium succinate</i>	2		PRIMAQUINE PHOSPHATE	3	MO
<i>chloroquine phosphate</i>	2	MO	<i>pyrazinamide</i>	2	MO
			<i>quinine sulfate</i>	2	MO
			<i>rifampin</i>	2	MO
			SEROMYCIN	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SIRTURO	5	LA MO	<i>nafcillin sodium inj 10gm</i>	5	MO
STREPTOMYCIN SULFATE	3	MO	<i>nallpen/dextrose</i>	5	
STROMEKTOL	3	MO	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ	3	
<i>tinidazole</i>	2	MO	0; 40000UNIT/ML, 0; 60000UNIT/ML		
TOBI	5	B/D PA MO	<i>penicillin g potassium inj 5mu</i>	2	MO
TOBI PODHALER	5	QL(672 per 84 days) MO	<i>penicillin g procaine</i>	2	MO
<i>tobramycin</i>	2	B/D PA MO	<i>penicillin g sodium</i>	2	MO
<i>tobramycin sulfate inj 10mg/ml, 80mg/2ml</i>	1	MO	<i>penicillin v potassium</i>	1	MO
<i>tobramycin sulfate/sodium chloride</i>	2	MO	<i>pfizerpen-g inj 20mu</i>	2	MO
TRECTOR	3	MO	<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm, 4gm; 0.5gm</i>	2	MO
TYGACIL	3	MO	ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML	3	
XIFAXAN TABS 200MG	3	QL(9 per 30 days) MO	ZOSYN INJ 5%; 3GM/50ML; 0.375GM/50ML	3	MO
XIFAXAN TABS 550MG	3	QL(180 per 90 days) MO			
ZYVOX INJ	3	MO	<b>QUINOLONES</b>		
ZYVOX SUSR	3	QL(1800 per 30 days) MO	CIPRO SUSR	3	MO
ZYVOX TABS	3	QL(60 per 30 days) MO	<i>ciprofloxacin hcl</i>	1	MO
			<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	2	MO
			<i>ciprofloxacin inj 400mg/40ml</i>	1	
			<i>levofloxacin</i>	2	MO
			<i>levofloxacin in d5w inj 5%; 500mg/100ml</i>	2	
			NOROXIN	4	MO
			<i>ofloxacin</i>	2	MO
<b>PENICILLINS</b>			<b>SULFA'S / RELATED AGENTS</b>		
<i>amoxicillin</i>	1	MO	<i>sulfadiazine</i>	2	MO
<i>amoxicillin/clavulanate potassium</i>	2	MO	<i>sulfamethoxazole/trimethoprim</i>	1	MO
<i>amoxicillin/clavulanate potassium er</i>	2	MO	<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
<i>ampicillin</i>	2	MO	<b>TETRACYCLINES</b>		
<i>ampicillin sodium inj 1gm</i>	2		<i>demeclocycline hcl</i>	2	MO
<i>ampicillin sodium inj 10gm, 125mg</i>	2	MO	<i>doxycycline hyclate caps</i>	1	MO
<i>ampicillin-sulbactam inj 10gm; 5gm</i>	2		<i>doxycycline hyclate dr</i>	1	MO
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	2	MO	<i>doxycycline hyclate inj</i>	1	MO
BICILLIN C-R	3	MO	<i>doxycycline hyclate tabs</i>	1	MO
BICILLIN L-A	3	MO	<i>doxycycline monohydrate caps 75mg</i>	2	MO
<i>dicloxacillin sodium</i>	2	MO	<i>doxycycline monohydrate susr</i>	2	MO
<i>nafcillin sodium inj 1gm</i>	2	MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate tabs</i> 150mg, 50mg, 75mg	2	MO	AFINITOR TABS 10MG	5	PA QL(180 per 90 days)
<i>minocycline hcl</i>	2	MO	ALIMTA INJ 500MG	4	MO
<i>minocycline hcl er</i>	2	MO	<i>anastrozole</i>	2	MO
VIBRAMYCIN SYRP	3	MO	ARRANON	4	
<b>URINARY TRACT AGENTS</b>			ARZERRA INJ 100MG/5ML	5	MO
MACRODANTIN CAPS 25MG	3	MO	AVASTIN INJ 100MG/4ML	4	MO
<i>methenamine hippurate</i>	2	MO	<i>azacitidine</i>	5	MO
<i>nitrofurantoin macrocrystals caps</i> 50mg	2	MO	<i>azathioprine</i>	2	B/D PA MO
<i>nitrofurantoin monohydrate</i>	2	MO	<i>azathioprine sodium</i>	2	B/D PA MO
<i>nitrofurantoin susp</i>	2	MO	<i>bicalutamide</i>	2	MO
PRIMSOL	4	MO	BICNU	4	MO
<i>trimethoprim</i>	2	MO	<i>bleomycin sulfate inj 30unit</i>	2	MO
<b>VANCOMYCIN</b>			BOSULIF TABS 100MG	5	PA MO
<i>vancomycin hcl caps</i>	2	MO	BOSULIF TABS 500MG	5	PA QL(90 per 90 days) MO
<i>vancomycin hcl inj 1000mg,</i> 10gm, 500mg	2	B/D PA MO	BUSULFEX	5	
VIBATIV INJ 250MG	3		CAPRELSA TABS 100MG	5	MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>			CAPRELSA TABS 300MG	5	QL(90 per 90 days) MO
<b>ADJUNCTIVE AGENTS</b>			<i>carboplatin inj 150mg/15ml</i>	2	MO
<i>amifostine</i>	5	MO	CEENU	3	MO
<i>dexrazoxane inj 500mg</i>	5	MO	CELLCEPT INTRAVENOUS	3	B/D PA
ELITEK INJ 1.5MG	5		CELLCEPT SUSR	3	B/D PA MO
FUSILEV	5	MO	<i>cisplatin inj 100mg/100ml</i>	2	MO
<i>leucovorin calcium inj 100mg,</i> 350mg	2	MO	<i>cladribine</i>	5	MO
<i>leucovorin calcium tabs</i>	2	MO	CLOLAR	4	MO
<i>mesna</i>	2	MO	COMETRIQ	5	PA MO
MESNEX TABS	5	MO	<i>cyclophosphamide tabs</i>	2	B/D PA MO
XGEVA	5	PA MO	<i>cyclosporine caps</i>	2	B/D PA MO
ZINECARD INJ 250MG	3	MO	<i>cyclosporine inj</i>	2	B/D PA
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>			<i>cyclosporine modified</i>	2	B/D PA MO
ABRAXANE	4	MO	<i>cytarabine aqueous</i>	2	MO
<i>adriamycin inj 2mg/ml</i>	2	MO	<i>cytarabine inj 500mg</i>	2	MO
AFINITOR DISPERZ	5	PA MO	<i>dacarbazine inj 200mg</i>	2	MO
AFINITOR TABS 2.5MG, 5MG, 7.5MG	5	PA MO	DACOGEN	3	MO
			<i>daunorubicin hcl inj 5mg/ml</i>	2	
			<i>decitabine</i>	2	MO
			DOCEFREZ	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>docetaxel inj 80mg/8ml</i>	5		IMBRUVICA	5	QL(360 per 90 days)
<i>docetaxel inj 80mg/4ml</i>	5	MO			MO
<i>doxorubicin hcl inj 2mg/ml</i>	2	MO	INLYTA TABS 1MG	5	PA MO
DROXIA	3	MO	INLYTA TABS 5MG	5	PA QL(360 per 90 days)
ELLEENCE INJ 200MG/100ML	4	MO			MO
ELOXATIN INJ 100MG/20ML	4	MO	<i>irinotecan inj 100mg/5ml</i>	5	MO
EMCYT	3	MO	ISTODAX	5	MO
<i>epirubicin hcl inj 50mg/25ml</i>	2	MO	IXEMPRA KIT INJ 45MG	5	MO
ERBITUX INJ 100MG/50ML	4	MO	JAKAFI TABS 10MG, 15MG, 20MG, 5MG	5	PA MO
ERIVEDGE	5	PA MO	JAKAFI TABS 25MG	5	PA QL(180 per 90 days)
ETOPOPHOS	4	MO			MO
<i>etoposide inj 500mg/25ml</i>	2	MO	JEVTANA	5	MO
<i>exemestane</i>	2	MO	KADCYLA INJ 100MG	5	MO
FARESTON	3	MO	<i>letrozole</i>	2	MO
FASLODEX	5	MO	LEUKERAN	3	MO
FIRMAGON INJ 120MG	5	MO	<i>leuprolide acetate</i>	2	MO
FIRMAGON INJ 80MG	3	MO	LOMUSTINE	3	MO
<i>fludarabine phosphate inj 50mg</i>	2	MO	LUPRON DEPOT INJ 22.5MG, 3.75MG, 30MG, 45MG, 7.5MG	5	MO
<i>fluorouracil inj 2.5gm/50ml</i>	2	MO	LUPRON DEPOT-PED INJ 11.25MG, 15MG	5	MO
<i>flutamide</i>	2	MO	LYSODREN	3	MO
<i>gemcitabine hcl inj 1gm</i>	5	MO	MATULANE	5	MO
<i>gengraf</i>	2	B/D PA MO	MEGACE ES	3	MO
GILOTRIF TABS 40MG	5	PA QL(90 per 90 days)	<i>megestrol acetate</i>	1	MO
GILOTRIF TABS 30MG	5	PA QL(120 per 90 days)	MEKINIST TABS 2MG	5	PA QL(90 per 90 days)
GILOTRIF TABS 20MG	5	PA QL(180 per 90 days)			MO
GLEEVEC TABS 100MG	5	MO	MEKINIST TABS 0.5MG	5	PA QL(360 per 90 days)
GLEEVEC TABS 400MG	5	QL(180 per 90 days)			MO
HALAVEN	5	MO	<i>melphalan hydrochloride</i>	5	
HERCEPTIN	4	MO	<i>mercaptopurine</i>	2	MO
HEXALEN	5	MO	<i>methotrexate</i>	2	B/D PA MO
<i>hydroxyurea</i>	2	MO	<i>methotrexate sodium inj 1gm</i>	2	B/D PA
<i>idarubicin hcl inj 10mg/10ml</i>	2		<i>methotrexate sodium inj 25mg/ml</i>	2	B/D PA MO
IFEX INJ 3GM	4	MO	<i>mitomycin inj 20mg</i>	2	MO
<i>ifosfamide inj 1gm</i>	2	MO	<i>mitoxantrone hcl</i>	2	MO
			MUSTARGEN	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mycophenolate mofetil</i>	2	B/D PA MO	SUTENT CAPS 50MG	5	PA QL(90 per 90 days)
MYFORTIC	3	B/D PA MO			MO
NEORAL	3	B/D PA MO	SUTENT CAPS 25MG	5	PA QL(180 per 90 days)
NEXAVAR	5	LA PA MO			MO
NILANDRON	3	MO	SYNRIBO	5	PA MO
NIPENT	4	MO	TABLOID	3	MO
NULOJIX	5	B/D PA MO	<i>tacrolimus</i>	2	B/D PA MO
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	MO	TAFINLAR CAPS 75MG	5	PA QL(360 per 90 days)
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	2	MO			MO
ONTAK	4		TAFINLAR CAPS 50MG	5	PA QL(540 per 90 days)
<i>oxaliplatin inj 100mg/20ml</i>	5	MO			MO
<i>paclitaxel inj 300mg/50ml</i>	2	MO	<i>tamoxifen citrate</i>	2	MO
<i>pentostatin</i>	5	MO	TARCEVA	5	PA MO
PERJETA	5	PA MO	TARGRETIN	5	MO
POMALYST	5	MO	TASIGNA	5	PA QL(336 per 84 days)
PROGRAF INJ	3	B/D PA MO			MO
RAPAMUNE	3	B/D PA MO	THALOMID	5	PA MO
REVLIMID	5	LA MO	<i>thiotepa</i>	5	MO
RHEUMATREX	4	B/D PA MO	<i>toposar inj 1gm/50ml</i>	2	MO
RITUXAN	5	PA MO	<i>topotecan hcl inj 4mg</i>	5	MO
SANDIMMUNE CAPS	3	B/D PA MO	TORISEL	5	PA MO
SANDIMMUNE INJ	3	MO	TREANDA INJ 100MG	5	MO
SANDIMMUNE ORAL SOLN	3	B/D PA MO	TRELSTAR DEPOT MIXJECT	4	MO
SANDOSTATIN LAR DEPOT	4	MO	TRELSTAR LA MIXJECT	4	MO
SIGNIFOR	5	PA MO	TRELSTAR MIXJECT	4	MO
SIMULECT INJ 20MG	3	B/D PA MO	<i>tretinoin</i>	2	MO
SOLTAMOX	3	MO	TRISENOX	5	MO
SOMATULINE DEPOT	5	MO	TYKERB	5	LA PA
SPRYCEL TABS 100MG, 20MG, 50MG, 80MG	5	PA MO			QL(540 per 90 days)
SPRYCEL TABS 140MG	5	PA QL(90 per 90 days)			MO
		MO	VECTIBIX INJ 100MG/5ML	5	B/D PA MO
SPRYCEL TABS 70MG	5	PA QL(180 per 90 days)	VELCADE	4	MO
		MO	VIDAZA	5	MO
STIVARGA	5	PA QL(252 per 84 days)	<i>vinblastine sulfate inj 10mg</i>	2	MO
		MO	<i>vincasar pfs</i>	2	MO
SUTENT CAPS 12.5MG	5	PA MO	<i>vincristine sulfate</i>	2	MO
			<i>vinorelbine tartrate inj 50mg/5ml</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VOTRIENT	5	QL(360 per 90 days) MO	FYCOMPA TABS 2MG, 4MG, 6MG, 8MG	3	MO
XALKORI CAPS 200MG	5	PA MO	<i>gabapentin caps</i>	1	MO
XALKORI CAPS 250MG	5	PA QL(180 per 90 days) MO	<i>gabapentin oral soln</i>	2	MO
XTANDI	5	PA QL(360 per 90 days) MO	<i>gabapentin tabs</i>	1	MO
YERVOY INJ 50MG/10ML	5	PA MO	GABITRIL TABS 12MG, 16MG	3	MO
ZALTRAP INJ 100MG/4ML	5	PA MO	LAMICTAL ODT TBDP	3	MO
ZANOSAR	4	MO	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	3	MO
ZELBORAF	5	PA QL(720 per 90 days) MO	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	3	MO
ZOLINZA	5	MO	LAMICTAL STARTER/TAKING VALPROATE	3	MO
ZORTRESS TABS 0.5MG, 0.75MG	5	B/D PA MO	LAMICTAL XR KIT	3	MO
ZORTRESS TABS 0.25MG	3	B/D PA MO	<i>lamotrigine</i>	2	MO
ZYTIGA	5	PA QL(360 per 90 days) MO	<i>lamotrigine er</i>	2	MO
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>			<i>levetiracetam er</i>	2	MO
<b>ANTICONVULSANTS</b>			<i>levetiracetam inj 500mg/5ml</i>	2	MO
BANZEL	3	MO	<i>levetiracetam oral soln</i>	2	MO
<i>carbamazepine</i>	1	MO	<i>levetiracetam tabs</i>	2	MO
<i>carbamazepine er</i>	1	MO	LYRICA	3	MO
CELONTIN	3	MO	ONFI	3	MO
<i>clonazepam</i>	2	MO	<i>oxcarbazepine</i>	2	MO
<i>clonazepam odt</i>	2	MO	PEGANONE	3	MO
<i>diazepam gel</i>	2	MO	<i>phenobarbital</i>	2	MO
DILANTIN CAPS 30MG	3	MO	<i>phenytoin</i>	2	MO
<i>divalproex sodium</i>	2	MO	<i>phenytoin sodium</i>	2	MO
<i>divalproex sodium dr</i>	2	MO	<i>phenytoin sodium extended</i>	2	MO
<i>divalproex sodium er</i>	2	MO	POTIGA	3	MO
<i>epitol</i>	1	MO	<i>primidone</i>	2	MO
<i>ethosuximide</i>	2	MO	SABRIL	3	MO
<i>felbamate</i>	2	MO	TEGRETOL-XR TB12 100MG	3	MO
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	2	MO	<i>tiagabine hydrochloride</i>	2	MO
			<i>topiramate</i>	2	MO
			<i>valproate sodium</i>	2	MO
			<i>valproic acid</i>	2	MO
			VIMPAT INJ	3	
			VIMPAT ORAL SOLN	3	MO
			VIMPAT TABS	3	MO



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide</i>	2	MO	<i>sumatriptan succinate tabs 25mg, 50mg</i>	2	QL(54 per 90 days) MO
<b>ANTIPARKINSONISM AGENTS</b>			<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
APOKYN	5	LA MO	AMPYRA	5	LA PA MO
AZILECT	3	MO	COPAXONE INJ 20MG/ML	5	PA QL(90 per 90 days) MO
<i>benztropine mesylate inj</i>	1		<i>donepezil hcl tabs 10mg, 5mg</i>	2	MO
<i>benztropine mesylate tabs</i>	1	MO	<i>donepezil hcl tabs 23mg</i>	2	QL(90 per 90 days) MO
<i>bromocriptine mesylate</i>	2	MO	<i>donepezil hcl tbdp</i>	2	MO
<i>carbidopa/levodopa</i>	2	MO	EXELON ORAL SOLN	3	MO
<i>carbidopa/levodopa er</i>	2	MO	EXELON PT24	3	MO
<i>carbidopa/levodopa odt</i>	2	MO	<i>galantamine hydrobromide</i>	2	MO
<i>entacapone</i>	2	MO	GILENYA	5	PA MO
LODOSYN	3	MO	NAMENDA	3	MO
MIRAPEX ER	3	MO	NAMENDA TITRATION PAK	3	MO
<i>pramipexole dihydrochloride</i>	2	MO	NAMENDA XR	3	MO
<i>ropinirole er</i>	2	MO	NAMENDA XR TITRATION PAK	3	MO
<i>ropinirole hcl</i>	2	MO	NUEDEXTA	3	MO
<i>selegiline hcl</i>	2	MO	<i>rivastigmine tartrate</i>	2	QL(180 per 90 days) MO
<i>trihexyphenidyl hcl</i>	1	MO	TECFIDERA	5	PA MO
ZELAPAR	3	MO	TECFIDERA STARTER PACK	5	PA MO
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>			<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>dihydroergotamine mesylate inj</i>	2	MO	<i>baclofen</i>	1	MO
<i>migergot</i>	2	MO	<i>dantrolene sodium caps</i>	2	MO
MIGRANAL	4	MO	LIORESAL INTRATHECAL INJ 0.05MG/ML	3	B/D PA
<i>naratriptan hcl</i>	2	QL(54 per 84 days) MO	LIORESAL INTRATHECAL INJ 10MG/20ML, 10MG/5ML	3	B/D PA MO
RELPAK	3	QL(54 per 84 days) MO	MESTINON SYRP	3	MO
<i>rizatriptan benzoate</i>	2	QL(108 per 84 days) MO	MESTINON TIMESPAN	3	MO
<i>rizatriptan benzoate odt</i>	2	QL(108 per 84 days) MO	<i>pyridostigmine bromide</i>	2	MO
<i>sumatriptan succinate inj 6mg/0.5ml vial</i>	2	QL(48 per 84 days) MO	<i>regonol</i>	2	
<i>sumatriptan succinate tabs 100mg</i>	2	QL(54 per 84 days) MO			

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tizanidine hcl</i>	2	MO	<i>hydrocodone bitartrate/acetaminophen oral soln</i>	2	QL(5550 per 30 days) MO
<b>NARCOTIC ANALGESICS</b>			<i>hydrocodone bitartrate/acetaminophen tabs 750mg; 10mg</i>	2	QL(450 per 90 days) MO
<i>acetaminophen/codeine #3</i>	2	QL(1080 per 90 days) MO	<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg</i>	2	QL(1080 per 90 days) MO
<i>acetaminophen/codeine oral soln</i>	2	QL(4500 per 30 days)	<i>hydrocodone/acetaminophen oral soln</i>	2	QL(3600 per 30 days) MO
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	2	QL(540 per 90 days) MO	<i>hydrocodone/acetaminophen tabs 750mg; 7.5mg</i>	2	QL(450 per 90 days) MO
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	2	QL(1080 per 90 days) MO	<i>hydrocodone/acetaminophen tabs 650mg; 10mg, 650mg; 7.5mg, 660mg; 10mg</i>	2	QL(540 per 90 days) MO
<i>ascomp/codeine</i>	2	MO	<i>hydrocodone/acetaminophen tabs 500mg; 10mg, 500mg; 5mg, 500mg; 7.5mg</i>	2	QL(720 per 90 days) MO
<b>BUPRENEX</b>	3	MO	<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(1080 per 90 days) MO
<i>buprenorphine hcl inj</i>	2		<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	QL(150 per 90 days) MO
<i>buprenorphine hcl subl</i>	2	MO	<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	2	QL(150 per 90 days) MO
<i>codeine sulfate tabs</i>	2	QL(540 per 90 days) MO	<i>hydromorphone hcl inj 500mg/50ml</i>	2	
<i>duramorph inj 1mg/ml</i>	2		<i>hydromorphone hcl tabs</i>	2	QL(540 per 90 days) MO
<i>duramorph inj 0.5mg/ml</i>	2	MO	<b>LAZANDA</b>	5	LA PA QL(69 per 90 days) MO
<i>endocet</i>	2	QL(1080 per 90 days) MO	<i>levorphanol tartrate</i>	2	QL(360 per 90 days) MO
<i>fentanyl citrate oral transmucosal lpop 1600mcg</i>	5	PA QL(90 per 90 days) MO	<i>methadone hcl conc</i>	2	QL(270 per 90 days) MO
<i>fentanyl citrate oral transmucosal lpop 1200mcg</i>	5	PA QL(120 per 90 days) MO	<i>methadone hcl inj</i>	2	
<i>fentanyl citrate oral transmucosal lpop 800mcg</i>	5	PA QL(180 per 90 days) MO			
<i>fentanyl citrate oral transmucosal lpop 600mcg</i>	5	PA QL(240 per 90 days) MO			
<i>fentanyl citrate oral transmucosal lpop 200mcg, 400mcg</i>	5	PA QL(360 per 90 days) MO			
<i>fentanyl patches</i>	2	QL(30 per 90 days) MO			

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>methadone hcl oral soln</i>	2	QL(1350 per 90 days) MO	<i>oxycodone hcl caps</i>	2	QL(1080 per 90 days) MO
<i>methadone hcl tabs</i>	2	QL(270 per 90 days) MO	<i>oxycodone hcl conc</i>	2	QL(540 per 90 days) MO
<i>morphine sulfate er cp24 100mg</i>	2	QL(180 per 90 days) MO	<i>oxycodone hcl oral soln</i>	2	QL(3600 per 90 days) MO
<i>morphine sulfate er cp24 80mg</i>	2	QL(225 per 90 days) MO	<i>oxycodone hcl tabs 30mg</i>	2	QL(399 per 90 days) MO
<i>morphine sulfate er cp24 10mg, 20mg, 30mg, 50mg, 60mg</i>	2	QL(270 per 90 days) MO	<i>oxycodone hcl tabs 10mg, 15mg, 20mg</i>	2	QL(540 per 90 days) MO
<i>morphine sulfate er tbc 200mg</i>	2	QL(90 per 90 days) MO	<i>oxycodone hcl tabs 5mg</i>	2	QL(1080 per 90 days) MO
<i>morphine sulfate er tbc 100mg</i>	2	QL(180 per 90 days) MO	<i>oxycodone/acetaminophen caps</i>	2	QL(720 per 90 days) MO
<i>morphine sulfate er tbc 60mg</i>	2	QL(300 per 90 days) MO	<i>oxycodone/acetaminophen tabs 650mg; 10mg</i>	2	QL(540 per 90 days) MO
<i>morphine sulfate er tbc 15mg, 30mg</i>	2	QL(360 per 90 days) MO	<i>oxycodone/acetaminophen tabs 500mg; 7.5mg</i>	2	QL(720 per 90 days) MO
<i>morphine sulfate oral soln 20mg/ml</i>	2	QL(900 per 90 days) MO	<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(1080 per 90 days) MO
<i>morphine sulfate oral soln 10mg/5ml, 20mg/5ml</i>	2	QL(2700 per 90 days) MO	<i>oxycodone/aspirin</i>	2	QL(1080 per 90 days) MO
<i>morphine sulfate tabs</i>	2	QL(540 per 90 days) MO	<b>OXYCONTIN T12A 80MG</b>	3	QL(150 per 90 days) MO
<b>OPANA ER (CRUSH RESISTANT) T12A 40MG</b>	3	QL(150 per 90 days) MO	<b>OXYCONTIN T12A 60MG</b>	3	QL(201 per 90 days) MO
<b>OPANA ER (CRUSH RESISTANT) T12A 30MG</b>	3	QL(201 per 90 days) MO	<b>OXYCONTIN T12A 10MG, 15MG, 20MG, 30MG, 40MG</b>	3	QL(270 per 90 days) MO
<b>OPANA ER (CRUSH RESISTANT) T12A 10MG, 15MG, 20MG, 5MG, 7.5MG</b>	3	QL(270 per 90 days) MO	<i>oxymorphone hydrochloride er</i>	2	QL(270 per 90 days) MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxymorphone hydrochloride tabs 5mg</i>	2	QL(540 per 90 days) MO	<i>meclofenamate sodium</i>	2	MO
<i>oxymorphone hydrochloride tabs 10mg</i>	2	QL(600 per 90 days) MO	<i>mefenamic acid</i>	2	MO
<i>reprexain tabs 10mg; 200mg</i>	2	QL(150 per 90 days) MO	<i>meloxicam</i>	1	MO
ROXICET ORAL SOLN	3	QL(2400 per 90 days) MO	<i>nabumetone</i>	2	MO
<i>stagesic</i>	2	QL(720 per 90 days) MO	<i>naloxone hcl inj 1mg/ml</i>	2	MO
<i>vicodin</i>	2	QL(1080 per 90 days) MO	<i>naltrexone hcl</i>	2	MO
<i>vicodin es</i>	2	QL(1080 per 90 days) MO	<i>naproxen</i>	1	MO
<i>vicodin hp</i>	2	QL(1080 per 90 days) MO	<i>naproxen dr</i>	1	MO
<b>NON-NARCOTIC ANALGESICS</b>			<i>naproxen sodium tabs 275mg, 550mg</i>	2	MO
<i>buprenorphine hcl/naloxone hcl</i>	2	QL(270 per 90 days) MO	NUCYNTA	3	QL(543 per 90 days) MO
CELEBREX	3	PA MO	NUCYNTA ER	3	QL(180 per 90 days) MO
<i>diclofenac potassium</i>	2	MO	<i>oxaprozin</i>	2	MO
<i>diclofenac sodium dr</i>	1	MO	PENNSAID TRANSDERMAL SOLN 1.5%	3	MO
<i>diclofenac sodium er</i>	1	MO	<i>piroxicam</i>	1	MO
<i>diclofenac sodium/misoprostol</i>	2	MO	SUBOXONE	3	QL(270 per 90 days) MO
<i>diflunisal</i>	2	MO	<i>sulindac</i>	2	MO
<i>etodolac</i>	2	MO	<i>tolmetin sodium</i>	2	MO
<i>etodolac er</i>	2	MO	<i>tramadol hcl</i>	2	QL(720 per 90 days) MO
<i>fenoprofen calcium</i>	2	MO	<i>tramadol hcl er tb24 100mg, 200mg</i>	2	QL(90 per 90 days) MO
FLECTOR	4	MO	<i>tramadol hcl er tb24 300mg</i>	3	QL(90 per 90 days) MO
<i>flurbiprofen</i>	2	MO	VIMOVO	3	MO
<i>ibuprofen susp</i>	1	MO	VOLTAREN GEL	3	MO
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MO	<b>PSYCHOTHERAPEUTIC DRUGS</b>		
<i>ketoprofen</i>	2	MO	ABILIFY DISCMELT TBDP 15MG	3	QL(180 per 90 days) MO
<i>ketoprofen er</i>	2	MO	ABILIFY DISCMELT TBDP 10MG	3	QL(270 per 90 days) MO
			ABILIFY INJ	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
ABILIFY MAINTENA INJ 300MG	5	MO	<i>bupropion hcl sr tb12 100mg</i>	2	QL(360 per 90 days)
ABILIFY ORAL SOLN	3	MO			MO
ABILIFY TABS 30MG	3	QL(90 per 90 days) MO	<i>bupropion hcl xl tb24 300mg</i>	2	QL(180 per 90 days) MO
ABILIFY TABS 15MG, 20MG	3	QL(180 per 90 days) MO	<i>bupropion hcl xl tb24 150mg</i>	2	QL(270 per 90 days) MO
ABILIFY TABS 10MG	3	QL(270 per 90 days) MO	<i>bupropion hcl</i>	2	MO
ABILIFY TABS 5MG	3	QL(540 per 90 days) MO	<i>chlordiazepoxide/ amitriptyline</i>	2	MO
ABILIFY TABS 2MG	3	QL(1350 per 90 days) MO	<i>chlorpromazine hcl inj</i>	2	MO
<i>amitriptyline hcl</i>	1	MO	<i>chlorpromazine hcl tabs</i>	2	MO
<i>amoxapine</i>	2	MO	<i>citalopram hydrobromide oral soln</i>	1	MO
<i>amphetamine/dextroamphetamine cp24</i>	2	MO	<i>citalopram hydrobromide tabs 40mg</i>	1	QL(90 per 90 days) MO
BRINTELLIX TABS 20MG	3	QL(90 per 90 days) MO	<i>citalopram hydrobromide tabs 20mg</i>	1	QL(180 per 90 days) MO
BRINTELLIX TABS 10MG	3	QL(180 per 90 days) MO	<i>citalopram hydrobromide tabs 10mg</i>	1	QL(360 per 90 days) MO
BRINTELLIX TABS 5MG	3	QL(360 per 90 days) MO	<i>clomipramine hcl</i>	2	MO
<i>budeprion sr tb12 150mg</i>	2	QL(270 per 90 days) MO	<i>clorazepate dipotassium</i>	2	MO
<i>budeprion sr tb12 100mg</i>	2	QL(360 per 90 days) MO	<i>clozapine</i>	2	
<i>bupropion hcl</i>	2	MO	CYMBALTA CPEP 60MG	3	QL(180 per 90 days) MO
<i>bupropion hcl sr tb12 200mg</i>	2	QL(180 per 90 days) MO	CYMBALTA CPEP 30MG	3	QL(360 per 90 days) MO
<i>bupropion hcl sr tb12 150mg</i>	2	QL(270 per 90 days) MO	CYMBALTA CPEP 20MG	3	QL(540 per 90 days) MO
			<i>desipramine hcl</i>	2	MO
			<i>dexmethylphenidate hcl er</i>	2	MO
			<i>dextroamphetamine sulfate er</i>	2	MO
			<i>dextroamphetamine sulfate tabs</i>	2	MO
			<i>diazepam intensol</i>	2	MO
			<i>diazepam oral soln</i>	2	MO
			<i>diazepam tabs</i>	2	MO
			<i>doxepin hcl</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>duloxetine hcl cpep 60mg</i>	2	QL(180 per 90 days) MO	FETZIMA CP24 80MG	3	QL(135 per 90 days) MO
<i>duloxetine hcl cpep 30mg</i>	2	QL(360 per 90 days) MO	FETZIMA CP24 40MG	3	QL(270 per 90 days) MO
<i>duloxetine hcl cpep 20mg</i>	2	QL(540 per 90 days) MO	FETZIMA CP24 20MG	3	QL(540 per 90 days) MO
EMSAM	4	MO	FETZIMA TITRATION PACK	3	QL(28 per 90 days) MO
<i>escitalopram oxalate oral soln</i>	2	MO	<i>fluoxetine dr</i>	1	QL(12 per 90 days) MO
<i>escitalopram oxalate tabs 20mg</i>	2	QL(90 per 90 days) MO	<i>fluoxetine hcl caps 20mg</i>	1	MO
<i>escitalopram oxalate tabs 10mg</i>	2	QL(180 per 90 days) MO	<i>fluoxetine hcl caps 40mg</i>	1	QL(180 per 90 days) MO
<i>escitalopram oxalate tabs 5mg</i>	2	QL(360 per 90 days) MO	<i>fluoxetine hcl caps 10mg</i>	1	QL(720 per 90 days) MO
FANAPT TABS 12MG	4	QL(180 per 90 days) MO	<i>fluoxetine hcl oral soln</i>	1	MO
FANAPT TABS 10MG, 8MG	4	QL(270 per 90 days) MO	<i>fluoxetine hcl tabs 20mg</i>	1	MO
FANAPT TABS 6MG	4	QL(360 per 90 days) MO	<i>fluoxetine hcl tabs 10mg</i>	1	QL(720 per 90 days) MO
FANAPT TABS 4MG	4	QL(540 per 90 days) MO	<i>fluphenazine decanoate</i>	1	MO
FANAPT TABS 2MG	4	QL(1080 per 90 days) MO	<i>fluphenazine hcl</i>	1	MO
FANAPT TABS 1MG	4	QL(2160 per 90 days) MO	<i>fluvoxamine maleate er cp24 150mg</i>	2	QL(180 per 90 days) MO
FANAPT TITRATION PACK	4		<i>fluvoxamine maleate er cp24 100mg</i>	2	QL(270 per 90 days) MO
FAZACLO TBDP 12.5MG, 150MG, 200MG	4		<i>fluvoxamine maleate tabs 100mg</i>	2	QL(270 per 90 days) MO
FETZIMA CP24 120MG	3	QL(90 per 90 days) MO	<i>fluvoxamine maleate tabs 50mg</i>	2	QL(540 per 90 days) MO
			<i>fluvoxamine maleate tabs 25mg</i>	2	QL(1080 per 90 days) MO
			FOCALIN XR	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>forfivo xl</i>	4	QL(90 per 90 days) MO	LUNESTA	4	QL(90 per 90 days) MO
GEODON INJ	4	MO	<i>maprotiline hcl</i>	2	MO
<i>haloperidol conc</i>	2	MO	MARPLAN	3	MO
<i>haloperidol decanoate</i>	2	MO	<i>methylphenidate hcl</i>	2	MO
<i>haloperidol lactate</i>	2	MO	<i>methylphenidate hcl cd cpcr</i>	2	MO
<i>haloperidol tabs</i>	1	MO	50mg, 60mg		
<i>imipramine hcl</i>	2	MO	<i>methylphenidate hcl er cp24</i>	2	MO
<i>imipramine pamoate</i>	2	MO	<i>methylphenidate hcl er tbcr 18mg,</i>	2	MO
INTUNIV	4	MO	20mg, 27mg, 36mg, 54mg		
INVEGA SUSTENNA	3	MO	<i>methylphenidate hydrochloride</i>	2	MO
INVEGA TB24 9MG	4	QL(122 per 90 days) MO	<i>mirtazapine</i>	2	MO
INVEGA TB24 6MG	4	QL(180 per 90 days) MO	<i>mirtazapine odt tbdp 30mg, 45mg</i>	2	MO
INVEGA TB24 3MG	4	QL(360 per 90 days) MO	<i>modafinil</i>	2	PA QL(90 per 90 days) MO
INVEGA TB24 1.5MG	4	QL(720 per 90 days) MO	<i>nefazodone hcl</i>	2	MO
LATUDA TABS 120MG	3	QL(90 per 90 days) MO	<i>nortriptyline hcl</i>	1	MO
LATUDA TABS 60MG, 80MG	3	QL(180 per 90 days) MO	<i>olanzapine inj</i>	2	MO
LATUDA TABS 40MG	3	QL(360 per 90 days) MO	<i>olanzapine odt tbdp 20mg</i>	2	QL(90 per 90 days) MO
LATUDA TABS 20MG	3	QL(720 per 90 days) MO	<i>olanzapine odt tbdp 15mg</i>	2	QL(119 per 90 days) MO
<i>lithium carbonate</i>	1	MO	<i>olanzapine odt tbdp 10mg</i>	2	QL(180 per 90 days) MO
<i>lithium carbonate er</i>	1	MO	<i>olanzapine odt tbdp 5mg</i>	2	QL(360 per 90 days) MO
<i>lithium citrate</i>	2	MO	<i>olanzapine tabs 20mg</i>	2	QL(90 per 90 days) MO
<i>lorazepam intensol</i>	2	MO	<i>olanzapine tabs 15mg</i>	2	QL(119 per 90 days) MO
<i>lorazepam tabs</i>	2	MO	<i>olanzapine tabs 10mg</i>	2	QL(180 per 90 days) MO
<i>loxapine succinate</i>	2	MO	<i>olanzapine tabs 7.5mg</i>	2	QL(241 per 90 days) MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>olanzapine tabs 5mg</i>	2	QL(360 per 90 days) MO	<i>quetiapine fumarate tabs 300mg</i>	2	QL(241 per 90 days) MO
<i>olanzapine tabs 2.5mg</i>	2	QL(720 per 90 days) MO	<i>quetiapine fumarate tabs 200mg</i>	2	QL(360 per 90 days) MO
<i>olanzapine/fluoxetine</i>	2	MO	<i>quetiapine fumarate tabs 100mg</i>	2	QL(720 per 90 days) MO
ORAP	3	MO	<i>quetiapine fumarate tabs 50mg</i>	2	QL(1440 per 90 days) MO
<i>oxazepam</i>	2	MO	<i>quetiapine fumarate tabs 25mg</i>	2	QL(2705 per 90 days) MO
<i>paroxetine hcl er tb24 37.5mg</i>	1	QL(180 per 90 days) MO	RISPERDAL CONSTA	3	MO
<i>paroxetine hcl er tb24 25mg</i>	1	QL(270 per 90 days) MO	<i>risperidone odt tbdp 4mg</i>	2	QL(360 per 90 days) MO
<i>paroxetine hcl er tb24 12.5mg</i>	1	QL(540 per 90 days) MO	<i>risperidone odt tbdp 3mg</i>	2	QL(482 per 90 days) MO
<i>paroxetine hcl tabs 40mg</i>	1	QL(135 per 90 days) MO	<i>risperidone odt tbdp 2mg</i>	2	QL(720 per 90 days) MO
<i>paroxetine hcl tabs 30mg</i>	1	QL(180 per 90 days) MO	<i>risperidone odt tbdp 1mg</i>	2	QL(1440 per 90 days) MO
<i>paroxetine hcl tabs 20mg</i>	1	QL(270 per 90 days) MO	<i>risperidone odt tbdp 0.5mg</i>	2	QL(2880 per 90 days) MO
<i>paroxetine hcl tabs 10mg</i>	1	QL(540 per 90 days) MO	<i>risperidone odt tbdp 0.25mg</i>	2	QL(5760 per 90 days) MO
PAXIL SUSP	3	MO	<i>risperidone oral soln</i>	2	MO
<i>perphenazine</i>	2	MO	<i>risperidone tabs 4mg</i>	2	QL(360 per 90 days) MO
<i>phenelzine sulfate</i>	2	MO	<i>risperidone tabs 3mg</i>	2	QL(482 per 90 days) MO
PRISTIQ TB24 100MG	3	QL(360 per 90 days) MO	<i>risperidone tabs 2mg</i>	2	QL(720 per 90 days) MO
PRISTIQ TB24 50MG	3	QL(720 per 90 days) MO			
<i>procentra</i>	2	MO			
<i>protriptyline hcl</i>	2	MO			
<i>quetiapine fumarate tabs 400mg</i>	2	QL(180 per 90 days) MO			



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>risperidone tabs 1mg</i>	2	QL(1440 per 90 days) MO	STRATTERA	3	MO
<i>risperidone tabs 0.5mg</i>	2	QL(2880 per 90 days) MO	<i>temazepam</i>	2	MO
<i>risperidone tabs 0.25mg</i>	2	QL(5760 per 90 days) MO	<i>thioridazine hcl</i>	2	MO
ROZEREM	3	QL(90 per 90 days) MO	<i>thiothixene</i>	1	MO
SAPHRIS SUBL 10MG	3	QL(180 per 90 days) MO	<i>tranylcypromine sulfate</i>	2	MO
SAPHRIS SUBL 5MG	3	QL(360 per 90 days) MO	<i>trazodone hcl</i>	1	MO
SEROQUEL XR TB24 400MG	3	QL(180 per 90 days) MO	<i>trifluoperazine hcl</i>	2	MO
SEROQUEL XR TB24 300MG	3	QL(241 per 90 days) MO	<i>trimipramine maleate</i>	2	MO
SEROQUEL XR TB24 200MG	3	QL(360 per 90 days) MO	<i>venlafaxine hcl er cp24 150mg</i>	2	QL(180 per 90 days) MO
SEROQUEL XR TB24 150MG	3	QL(482 per 90 days) MO	<i>venlafaxine hcl er cp24 75mg</i>	2	QL(270 per 90 days) MO
SEROQUEL XR TB24 50MG	3	QL(1440 per 90 days) MO	<i>venlafaxine hcl er cp24 37.5mg</i>	2	QL(540 per 90 days) MO
<i>sertraline hcl conc</i>	2	MO	<i>venlafaxine hcl tabs 100mg, 75mg</i>	2	QL(270 per 90 days) MO
<i>sertraline hcl tabs 100mg</i>	1	QL(180 per 90 days) MO	<i>venlafaxine hcl tabs 50mg</i>	2	QL(450 per 90 days) MO
<i>sertraline hcl tabs 50mg</i>	1	QL(360 per 90 days) MO	<i>venlafaxine hcl tabs 37.5mg</i>	2	QL(540 per 90 days) MO
<i>sertraline hcl tabs 25mg</i>	1	QL(720 per 90 days) MO	<i>venlafaxine hcl tabs 25mg</i>	2	QL(810 per 90 days) MO
SILENOR	4	QL(90 per 90 days) MO	VERSACLOZ	5	LA
			VIIBRYD KIT	3	QL(90 per 90 days) MO
			VIIBRYD TABS 40MG	3	QL(90 per 90 days) MO
			VIIBRYD TABS 20MG	3	QL(180 per 90 days) MO
			VIIBRYD TABS 10MG	3	QL(360 per 90 days) MO
			XYREM	5	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zaleplon caps 5mg</i>	2	QL(90 per 90 days) MO	<i>sotalol hcl tabs 160mg, 240mg, 80mg</i>	1	MO
<i>zaleplon caps 10mg</i>	2	QL(180 per 90 days) MO	TIKOSYN	3	MO
<i>zenzedi tabs 10mg, 5mg</i>	2	MO	<b>ANTIHYPERTENSIVE THERAPY</b>		
<i>ziprasidone hcl caps 80mg</i>	2	QL(180 per 90 days) MO	<i>acebutolol hcl</i>	2	MO
<i>ziprasidone hcl caps 60mg</i>	2	QL(241 per 90 days) MO	<i>afeditab cr</i>	2	MO
<i>ziprasidone hcl caps 40mg</i>	2	QL(360 per 90 days) MO	<i>amiloride hcl</i>	2	MO
<i>ziprasidone hcl caps 20mg</i>	2	QL(720 per 90 days) MO	<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>zolpidem tartrate</i>	2	QL(90 per 90 days) MO	<i>amlodipine besylate</i>	1	MO
<i>zolpidem tartrate er</i>	2	QL(90 per 90 days) MO	<i>amlodipine besylate/benazepril hcl</i>	2	QL(90 per 90 days) MO
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>			<i>amlodipine besylate/benazepril hydrochloride</i>	2	QL(90 per 90 days) MO
<b>ANTIARRHYTHMIC AGENTS</b>			AMTURNIDE	3	MO
<i>amiodarone hcl inj 50mg/ml</i>	2	B/D PA MO	<i>atenolol</i>	1	MO
<i>amiodarone hcl tabs 200mg, 400mg</i>	2	MO	<i>atenolol/chlorthalidone</i>	1	MO
<i>flecainide acetate</i>	2	MO	<i>benazepril hcl</i>	1	MO
<i>mexiletine hcl</i>	2	MO	<i>benazepril hcl/hydrochlorothiazide</i>	1	MO
<i>pacerone tabs 100mg, 200mg</i>	2	MO	BENICAR	3	MO
<i>procainamide hcl inj 500mg/ml</i>	2	MO	BENICAR HCT	3	MO
<i>procainamide hcl inj 100mg/ml</i>	2	MO	<i>betaxolol hcl</i>	2	MO
<i>propafenone hcl</i>	2	MO	BIDIL	3	MO
<i>propafenone hcl er</i>	2	MO	<i>bisoprolol fumarate</i>	2	MO
<i>quinidine gluconate cr</i>	2	MO	<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO
<i>quinidine sulfate</i>	2	MO	<i>bumetanide</i>	1	MO
<i>quinidine sulfate er</i>	2	MO	BYSTOLIC	3	MO
<i>sorine</i>	1	MO	<i>candesartan cilexetil</i>	1	MO
<i>sotalol hcl (af) tabs 120mg</i>	1	MO	<i>candesartan cilexetil/hydrochlorothiazide</i>	1	MO
			<i>captopril</i>	1	MO
			<i>captopril/hydrochlorothiazide</i>	1	MO
			<i>cartia xt</i>	2	MO
			<i>carvedilol</i>	1	MO
			<i>chlorothiazide</i>	1	MO
			<i>chlorothiazide sodium</i>	2	MO
			<i>chlorthalidone tabs 25mg, 50mg</i>	1	MO
			<i>clonidine hcl ptwk</i>	2	MO
			<i>clonidine hcl tabs</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COREG CR	3	MO	<i>indapamide</i>	1	MO
DEMSEER	3	MO	<i>irbesartan</i>	1	QL(90 per 90 days)
DIBENZYLINE	4	MO			MO
<i>dilt-cd cp24 120mg, 300mg</i>	2	MO	<i>irbesartan/hydrochlorothiazide</i>	1	QL(90 per 90 days)
<i>dilt-xr cp24 180mg, 240mg</i>	2	MO			MO
<i>diltiazem cd cp24 120mg, 240mg, 300mg</i>	2	MO	<i>isradipine</i>	2	MO
<i>diltiazem hcl er cp12</i>	2	MO	<i>labetalol hcl</i>	2	MO
<i>diltiazem hcl er cp24 180mg, 360mg, 420mg</i>	2	MO	<i>lisinopril</i>	1	MO
<i>diltiazem hcl inj 100mg, 50mg/10ml</i>	2		<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>diltiazem hcl tabs</i>	1	MO	<i>losartan potassium tabs 100mg</i>	1	QL(90 per 90 days)
DIOVAN	3	MO			MO
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg</i>	1	QL(90 per 90 days)	<i>losartan potassium tabs 25mg, 50mg</i>	1	QL(180 per 90 days)
		MO			MO
<i>doxazosin mesylate tabs 8mg</i>	1	QL(180 per 90 days)	<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 25mg; 100mg</i>	1	QL(90 per 90 days)
		MO			MO
EDECIN	3	MO	<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	1	QL(180 per 90 days)
<i>enalapril maleate</i>	1	MO	<i>matzim la</i>	2	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO	<i>methyclothiazide</i>	2	MO
<i>eplerenone</i>	2	MO	<i>metolazone</i>	2	MO
<i>eprosartan mesylate</i>	1	MO	<i>metoprolol succinate er</i>	2	MO
EXFORGE	3	QL(90 per 90 days)	<i>metoprolol tartrate inj</i>	1	
		MO	<i>metoprolol tartrate tabs</i>	1	MO
EXFORGE HCT	3	QL(90 per 90 days)	<i>metoprolol/hydrochlorothiazide</i>	2	MO
		MO	MICARDIS	3	MO
<i>felodipine er</i>	2	MO	MICARDIS HCT	3	MO
<i>fosinopril sodium</i>	2	MO	<i>minoxidil tabs</i>	2	MO
<i>fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg</i>	2	QL(90 per 90 days)	<i>moexipril hcl</i>	2	MO
		MO	<i>moexipril/hydrochlorothiazide</i>	2	MO
<i>fosinopril sodium/hydrochlorothiazide tabs 20mg; 12.5mg</i>	2	QL(360 per 90 days)	<i>nadolol</i>	1	MO
		MO	<i>nadolol/bendroflumethiazide</i>	2	MO
<i>furosemide</i>	1	MO	<i>nicardipine hcl caps</i>	2	MO
<i>guanfacine hcl</i>	1	MO	<i>nifediac cc tb24 90mg</i>	2	MO
<i>hydralazine hcl</i>	1	MO	<i>nifedical xl</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO	<i>nifedipine er</i>	2	MO
			<i>nimodipine</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nisoldipine</i>	2	MO	<b>CARDIAC GLYCOSIDES</b>		
<i>nisoldipine er</i>	2	MO	<i>digoxin</i>	1	MO
<i>perindopril erbumine</i>	2	MO	LANOXIN INJ	3	MO
<i>pindolol</i>	1	MO	LANOXIN TABS 0.125MG, 0.25MG	3	MO
<i>prazosin hcl</i>	1	MO	<b>COAGULATION THERAPY</b>		
<i>propranolol hcl er</i>	1	MO	AGGRENOX	3	MO
<i>propranolol hcl inj</i>	1		BRILINTA	3	MO
<i>propranolol hcl oral soln</i>	1	MO	<i>cilostazol</i>	2	MO
<i>propranolol hcl tabs</i>	1	MO	<i>clopidogrel</i>	1	MO
<i>propranolol/hydrochlorothiazide</i>	1	MO	EFFIENT	3	MO
<i>quinapril hcl</i>	1	MO	ELIQUIS	3	MO
<i>quinapril/hydrochlorothiazide</i>	2	QL(90 per 90 days) MO	<i>enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	5	MO
<i>ramipril</i>	1	MO	<i>enoxaparin sodium inj 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	2	MO
REMODULIN	5	PA MO	<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	2	MO
<i>reserpine</i>	2	MO	<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	MO
<i>spironolactone</i>	1	MO	FRAGMIN	3	MO
<i>spironolactone/hydrochlorothiazide</i>	1	MO	<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	B/D PA MO
<i>taztia xt</i>	2	MO	<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	2	B/D PA
TEKAMLO	3	MO	<i>heparin sodium/nacl 0.45%</i>	2	B/D PA
TEKURNA	3	MO	<i>heparin sodium/sodium chloride 0.9% premix</i>	2	B/D PA
TEKURNA HCT	3	MO	<i>jantoven</i>	1	MO
<i>terazosin hcl caps 1mg, 2mg, 5mg</i>	1	QL(90 per 90 days) MO	<i>pentoxifylline er</i>	2	MO
<i>terazosin hcl caps 10mg</i>	1	QL(180 per 90 days) MO	PRADAXA	3	MO
<i>timolol maleate</i>	1	MO	PROMACTA	5	LA PA MO
<i>torse mide tabs</i>	2	MO	<i>tranexamic acid inj</i>	2	
<i>trandolapril</i>	2	MO	<i>warfarin sodium</i>	1	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO	XARELTO	3	MO
TWYNSTA	3	MO	<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>valsartan/hydrochlorothiazide</i>	1	QL(90 per 90 days) MO			
<i>verapamil hcl er</i>	1	MO			
<i>verapamil hcl inj</i>	1				
<i>verapamil hcl sr cp24 360mg</i>	1	MO			
<i>verapamil hcl tabs</i>	1	MO			

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atorvastatin calcium</i>	1	QL(90 per 90 days) MO	<i>isosorbide dinitrate</i>	1	MO
<i>cholestyramine light pack</i>	2	MO	<i>isosorbide dinitrate er</i>	1	MO
<i>colestipol hcl</i>	2	MO	<i>isosorbide mononitrate</i>	1	MO
CRESTOR	3	QL(90 per 90 days) MO	<i>isosorbide mononitrate er</i>	1	MO
<i>fenofibrate</i>	2	MO	<i>nitro-bid</i>	2	MO
<i>fenofibrate micronized</i>	2	MO	NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	3	MO
<i>fenofibric acid dr</i>	2	MO	<i>nitroglycerin inj</i>	2	B/D PA
<i>fluvastatin caps 20mg</i>	2	QL(90 per 90 days) MO	<i>nitroglycerin pt24</i>	2	MO
<i>fluvastatin caps 40mg</i>	2	QL(180 per 90 days) MO	<i>nitroglycerin transdermal pt24</i> <i>0.1mg/hr</i>	2	MO
<i>gemfibrozil</i>	2	MO	NITROSTAT	3	MO
JUXTAPID	5	LA MO	<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
LIPOFEN	3	MO	<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>lovastatin tabs 10mg</i>	1	QL(90 per 90 days) MO	<i>acitretin caps 10mg</i>	2	MO
<i>lovastatin tabs 20mg, 40mg</i>	1	QL(180 per 90 days) MO	<i>acitretin caps 17.5mg, 25mg</i>	5	MO
LOVAZA	3	MO	<i>calcipotriene</i>	2	MO
NIASPAN	3	MO	<i>selenium sulfide lotn</i>	1	MO
<i>pravastatin sodium</i>	1	QL(90 per 90 days) MO	SORIATANE	5	MO
<i>prevalite powd</i>	2	MO	<b>BURN THERAPY</b>		
<i>simvastatin</i>	1	QL(90 per 90 days) MO	<i>silver sulfadiazine</i>	2	MO
TRILIPIX	3	MO	<i>ssd</i>	2	MO
WELCHOL	3	MO	<b>MISCELLANEOUS DERMATOLOGICALS</b>		
ZETIA	3	QL(90 per 90 days) MO	8-MOP	3	MO
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>			<i>ammonium lactate</i>	2	MO
RANEXA	3	MO	CARAC	3	MO
<b>NITRATES</b>			CARMOL-HC	3	MO
			CONDYLOX GEL	3	MO
			<i>diclofenac sodium gel</i>	2	MO
			ELIDEL	4	MO
			<i>fluorouracil crea</i>	2	MO
			<i>fluorouracil external soln</i>	2	MO
			<i>imiquimod</i>	2	MO
			OXSORALEN ULTRA	5	MO
			PANRETIN	5	MO
			<i>podofilox</i>	2	MO
			PROTOPIC	3	MO
			<i>prudoxin</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REGRANEX	3	PA QL(45 per 90 days)	<i>lidocaine ptch</i>	2	PA MO
SOLARAZE	4	MO	<i>lidocaine viscous</i>	2	MO
UVADEX	4	MO	<i>lidocaine/prilocaine crea</i>	2	MO
VEREGEN	4	MO	LIDODERM	3	PA MO
<b>THERAPY FOR ACNE</b>			<b>TOPICAL ANTIBACTERIALS</b>		
<i>adapalene</i>	2	MO	ALTABAX	3	MO
<i>amnesteem</i>	2	MO	<i>gentamicin sulfate crea</i>	1	MO
<i>avita crea</i>	2	MO	<i>gentamicin sulfate oint</i>	1	MO
AZELEX	3	MO	<i>mafenide acetate</i>	2	MO
<i>claravis caps 10mg, 20mg, 40mg</i>	2	MO	<i>mupirocin</i>	2	MO
<i>claravis caps 30mg</i>	5	MO	PHISOHEX	3	MO
<i>clindamycin phosphate external soln</i>	2	MO	<i>sulfacetamide sodium susp</i>	2	MO
<i>clindamycin phosphate foam</i>	2	MO	SULFAMYLON	3	MO
<i>clindamycin phosphate gel</i>	2	MO	<b>TOPICAL ANTIFUNGALS</b>		
<i>clindamycin phosphate lotn</i>	2	MO	<i>ciclopirox</i>	2	MO
<i>clindamycin phosphate swab</i>	2	MO	<i>ciclopirox nail lacquer</i>	2	MO
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	2	MO	<i>ciclopirox olamine</i>	2	MO
DIFFERIN GEL 0.3%	3	MO	<i>clotrimazole external crea</i>	2	MO
DIFFERIN LOTN	3	MO	<i>clotrimazole external soln</i>	2	MO
<i>ery</i>	1	MO	<i>clotrimazole/betamethasone dipropionate</i>	2	MO
<i>erythromycin external soln</i>	1	MO	<i>econazole nitrate</i>	2	MO
<i>erythromycin gel</i>	1	MO	<i>ketconazole</i>	2	MO
<i>erythromycin/benzoyl peroxide</i>	2	MO	<i>ketodan kit</i>	2	MO
FINACEA	3	MO	NAFTIN CREA 1%	3	MO
METROGEL	3	MO	NAFTIN GEL	3	MO
<i>metronidazole crea</i>	1	MO	<i>nyamyc</i>	1	MO
<i>metronidazole gel</i>	1	MO	<i>nystatin crea</i>	1	MO
<i>metronidazole lotn</i>	1	MO	<i>nystatin oint</i>	1	MO
<i>myorisan caps 10mg, 20mg</i>	2	MO	<i>nystatin powd 100000unit/gm</i>	1	MO
<i>myorisan caps 40mg</i>	5	MO	<i>nystatin/triamcinolone</i>	1	MO
TAZORAC	3	MO	<i>nystop</i>	1	MO
<i>tretinoin</i>	2	MO	<i>pedi-dri</i>	1	MO
<b>TOPICAL ANESTHETICS</b>			<b>TOPICAL ANTIVIRALS</b>		
<i>lidocaine hcl external soln</i>	2	MO	<i>acyclovir oint</i>	2	MO
<i>lidocaine hcl inj 0.5%, 1%</i>	2	MO	DENAVIR	3	MO
<i>lidocaine hcl jelly</i>	2	MO	ZOVIRAX CREA	4	MO
<i>lidocaine oint</i>	2	MO	ZOVIRAX OINT	4	MO
			<b>TOPICAL CORTICOSTEROIDS</b>		
			<i>ala cort</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>alclometasone dipropionate</i>	2	MO	<i>mometasone furoate crea</i>	2	MO
<i>amcinonide</i>	2	MO	<i>mometasone furoate external soln</i>	2	MO
<i>augmented betamethasone dipropionate crea</i>	1	MO	<i>mometasone furoate oint</i>	2	MO
<i>augmented betamethasone dipropionate gel</i>	2	MO	PANDEL	3	MO
<i>augmented betamethasone dipropionate lotn</i>	2	MO	<i>prednicarbate</i>	2	MO
<i>augmented betamethasone dipropionate oint</i>	1	MO	<i>triamcinolone acetonide crea</i>	1	MO
<i>betamethasone dipropionate</i>	2	MO	<i>triamcinolone acetonide lotn</i>	1	MO
<i>betamethasone valerate</i>	1	MO	<i>triamcinolone acetonide oint</i>	1	MO
CAPEX	3	MO	<i>triderm</i>	1	MO
<i>clobetasol propionate e</i>	2	MO	<b>TOPICAL ENZYMES</b>		
<i>clobetasol propionate external soln</i>	2	MO	SANTYL	3	MO
<i>clobetasol propionate foam</i>	2	MO	<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>clobetasol propionate gel</i>	2	MO	EURAX	3	MO
<i>clobetasol propionate lotn</i>	2	MO	<i>lindane</i>	2	MO
<i>clobetasol propionate oint</i>	2	MO	<i>malathion</i>	2	MO
<i>clobetasol propionate sham</i>	2	MO	<i>permethrin crea</i>	2	MO
CORDRAN TAPE	3	MO	SKLICE	3	MO
<i>desonide</i>	2	MO	<i>spinosad</i>	2	MO
<i>desoximetasone</i>	2	MO	ULESFIA	4	MO
<i>diflorasone diacetate</i>	2	MO	<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<i>fluocinolone acetonide body</i>	1	MO	<b>MISCELLANEOUS AGENTS</b>		
<i>fluocinolone acetonide crea</i>	1	MO	<i>acamprosate calcium dr</i>	2	MO
<i>fluocinolone acetonide external soln</i>	1	MO	ACTONEL TABS 30MG	4	QL(60 per 120 days) MO
<i>fluocinolone acetonide oint</i>	1	MO	ADAGEN	5	LA MO
<i>fluocinonide external soln</i>	2	MO	<i>alendronate sodium tabs 40mg</i>	1	QL(90 per 90 days) MO
<i>fluocinonide gel</i>	2	MO	<i>anagrelide hydrochloride</i>	2	MO
<i>fluocinonide oint</i>	2	MO	ARALAST NP INJ 400MG	5	LA MO
<i>fluocinonide-e</i>	2	MO	BUPHENYL	5	MO
<i>fluticasone propionate</i>	2	MO	CAMPRAL	3	MO
<i>halobetasol propionate</i>	2	MO	CARBAGLU	5	LA MO
<i>hydrocortisone butyrate</i>	2	MO	<i>cevimeline hcl</i>	2	MO
<i>hydrocortisone crea 1%, 2.5%</i>	1	MO	CHEMET	3	MO
<i>hydrocortisone lotn 2.5%</i>	1	MO	CLINIMIX 4.25%/DEXTROSE 5%	3	
<i>hydrocortisone oint 1%, 2.5%</i>	1	MO	<i>dextrose 10%/nacl 0.45%</i>	2	
<i>hydrocortisone valerate</i>	2	MO	<i>dextrose 10% flex container</i>	2	
LOCOID LOTN	3	MO			

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextrose 10%/nacl 0.2%</i>	2		CHANTIX STARTING MONTH PAK	3	PA MO
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2		NICOTROL INHALER	4	PA MO
<i>dextrose 5%</i>	2	MO	NICOTROL NS	4	PA MO
<i>dextrose 5%/lactated ringers</i>	2	MO	<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<i>dextrose 5%/nacl 0.2%</i>	2		<b>MISCELLANEOUS AGENTS</b>		
<i>dextrose 5%/nacl 0.225%</i>	2		ASTEPRO	3	MO
<i>dextrose 5%/nacl 0.33%</i>	2		<i>azelastine hcl</i>	2	MO
<i>dextrose 5%/nacl 0.45%</i>	2	MO	BACTROBAN NASAL	3	MO
<i>dextrose 5%/nacl 0.9%</i>	2	MO	<i>chlorhexidine gluconate oral rinse</i>	1	MO
<i>disulfiram</i>	2	MO	<i>ipratropium bromide nasal soln</i>	1	MO
<i>etidronate disodium</i>	2	MO	<i>periogard</i>	1	MO
EXJADE TBSO 125MG	3	LA MO	<i>triamcinolone in orabase</i>	1	MO
EXJADE TBSO 250MG, 500MG	5	LA MO	TYZINE PEDIATRIC NASAL DROPS	3	MO
FERRIPROX	5	MO	<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
FOSRENOL	3	MO	<i>acetazol hc</i>	2	MO
INCRELEX	5	LA PA MO	<i>acetic acid otic soln</i>	2	MO
<i>kionex powd</i>	2	MO	<i>fluocinolone acetonide oil</i>	2	MO
<i>levocarnitine oral soln</i>	2	B/D PA MO	<i>hydrocortisone/acetic acid</i>	2	MO
<i>levocarnitine tabs</i>	2	B/D PA MO	<i>ofloxacin</i>	2	MO
<i>midodrine hcl</i>	2	MO	<b>OTIC STEROID / ANTIBIOTIC</b>		
ORFADIN	5	LA MO	CIPRO HC	4	MO
<i>pilocarpine hcl tabs</i>	2	MO	CIPRODEX	3	MO
<i>pilocarpine hydrochloride</i>	2	MO	COLY-MYCIN S	3	MO
PROLASTIN-C	5	LA MO	CORTISPORIN-TC	3	MO
RAVICTI	5	MO	<i>neomycin/polymyxin/hc</i>	2	MO
RECLAST	3	MO	<i>neomycin/polymyxin/hydrocortisone otic susp</i>	2	MO
RENVELA	3	MO	<b>ENDOCRINE/DIABETES</b>		
<i>riluzole</i>	5	MO	<b>ADRENAL HORMONES</b>		
SKELID	4	MO	<i>a-hydrocort</i>	2	MO
<i>sodium chloride 0.9%</i>	2	MO	ACTHAR HP	5	PA MO
<i>sodium chloride inj 0.9%</i>	2	MO	<i>cortisone acetate</i>	2	MO
<i>sodium phenylbutyrate</i>	5	MO	DEPO-MEDROL	3	MO
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	2	MO	<i>dexamethasone elix</i>	1	MO
SYPRINE	5	MO	<i>dexamethasone intensol</i>	2	MO
<i>zoledronic acid inj 5mg/100ml</i>	2	MO	<b>SMOKING DETERRENTS</b>		
<i>buproban</i>	2	PA MO			
CHANTIX	3	PA MO			



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<i>dexamethasone sodium phosphate inj 4mg/ml</i>	1	MO	AVANDIA TABS 8MG	3	QL(90 per 90 days)
<i>dexamethasone tabs</i>	1	MO			MO
<i>fludrocortisone acetate</i>	2	MO	AVANDIA TABS 2MG, 4MG	3	QL(180 per 90 days)
<i>hydrocortisone tabs</i>	1	MO			MO
<i>methylprednisolone</i>	1	B/D PA MO	BYDUREON	3	MO
<i>methylprednisolone acetate</i>	2	MO	BYETTA INJ 5MCG/0.02ML	3	QL(3.6 per 90 days)
<i>methylprednisolone dose pack</i>	1	MO			MO
<i>methylprednisolone</i>	2	MO	BYETTA INJ 10MCG/0.04ML	3	QL(7.2 per 90 days)
<i>sodiumsuccinate inj 125mg, 40mg</i>	2	B/D PA			MO
<i>prednisolone sodium phosphate oral soln 25mg/5ml</i>	2	B/D PA MO	CYCLOSET	4	QL(540 per 90 days)
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 5mg/5ml</i>	1	B/D PA MO			MO
<i>prednisone</i>	1	B/D PA MO	GAUZE PADS 2"X2"	3	MO
<i>prednisone intensol</i>	1	B/D PA MO	<i>glimepiride</i>	1	MO
SOLU-CORTEF INJ 100MG, 250MG	3	MO	<i>glipizide</i>	1	MO
SOLU-MEDROL INJ 2GM	3		<i>glipizide er</i>	1	MO
SOLU-MEDROL INJ 125MG, 40MG, 500MG	3	MO	<i>glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	2	QL(360 per 90 days)
<b>ANTITHYROID AGENTS</b>					MO
<i>methimazole</i>	2	MO	<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	2	QL(720 per 90 days)
<i>propylthiouracil</i>	1	MO			MO
<b>DIABETES THERAPY</b>			GLUCAGEN HYPOKIT	3	MO
<i>acarbose tabs 100mg</i>	2	QL(270 per 90 days)	GLUCAGON EMERGENCY KIT	3	MO
		MO	<i>glyburide</i>	1	MO
<i>acarbose tabs 50mg</i>	2	QL(540 per 90 days)	<i>glyburide micronized</i>	1	MO
		MO	<i>glyburide/metformin hcl tabs 1.25mg; 250mg, 2.5mg; 500mg</i>	2	QL(180 per 90 days)
<i>acarbose tabs 25mg</i>	2	QL(1080 per 90 days)			MO
		MO	<i>glyburide/metformin hcl tabs 5mg; 500mg</i>	2	QL(360 per 90 days)
<i>alcohol preps pads</i>	2	MO			MO
APIDRA	4	MO	HUMALOG	3	MO
APIDRA SOLOSTAR	4	MO	HUMALOG KWIKPEN	3	MO
AVANDAMET	3	QL(180 per 90 days)	HUMALOG MIX 50/50	3	MO
		MO	HUMALOG MIX 50/50	3	MO
AVANDARYL	3	QL(90 per 90 days)	KWIKPEN		
		MO	HUMALOG MIX 75/25	3	MO
			HUMALOG MIX 75/25	3	MO
			KWIKPEN		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
HUMULIN 70/30	3	MO	LANTUS SOLOSTAR	3	MO
HUMULIN 70/30 PEN	3	MO	LEVEMIR	3	MO
HUMULIN N	3	MO	LEVEMIR FLEXPEN	3	MO
HUMULIN N U-100 PEN	3	MO	<i>metformin hcl er tb24 1000mg, 750mg</i>	1	QL(225 per 90 days) MO
HUMULIN R	3	MO	<i>metformin hcl er tb24 500mg</i>	1	QL(360 per 90 days) MO
HUMULIN R U-500 (CONCENTRATED)	3	MO	<i>metformin hcl tabs 1000mg</i>	1	QL(180 per 90 days) MO
INSULIN PEN NEEDLE	3	MO	<i>metformin hcl tabs 850mg</i>	1	QL(270 per 90 days) MO
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	MO	<i>metformin hcl tabs 500mg</i>	1	QL(450 per 90 days) MO
INSULIN SYRINGE (DISP) U-100 1 ML	3	MO	<i>nateglinide</i>	1	QL(270 per 90 days) MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	MO	NEEDLES, INSULIN DISP., SAFETY	3	MO
INVOKANA TABS 300MG	3	QL(90 per 90 days) MO	NOVOLOG	3	MO
INVOKANA TABS 100MG	3	QL(270 per 90 days) MO	NOVOLOG FLEXPEN	3	MO
JANUMET	3	QL(180 per 90 days) MO	NOVOLOG MIX 70/30	3	MO
JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	3	QL(90 per 90 days) MO	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	MO
JANUMET XR TB24 1000MG; 50MG	3	QL(180 per 90 days) MO	ONGLYZA	3	QL(90 per 90 days) MO
JANUVIA	3	QL(90 per 90 days) MO	<i>pioglitazone hcl</i>	2	QL(90 per 90 days) MO
JUVISYNC TABS 10MG; 50MG, 20MG; 50MG, 40MG; 50MG	3	MO	<i>pioglitazone hcl-glimepiride</i>	2	QL(90 per 90 days) MO
JUVISYNC TABS 10MG; 100MG, 20MG; 100MG, 40MG; 100MG	3	QL(90 per 90 days) MO	<i>pioglitazone hcl/metformin hcl</i>	2	QL(270 per 90 days) MO
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	3	QL(90 per 90 days) MO	PRANDIN TABS 0.5MG, 1MG	3	QL(360 per 90 days) MO
KOMBIGLYZE XR TB24 1000MG; 2.5MG	3	QL(180 per 90 days) MO	PRANDIN TABS 2MG	3	QL(720 per 90 days) MO
LANTUS	3	MO			

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PROGLYCEM	3	MO	<i>pamidronate disodium inj</i>	2	MO
<i>repaglinide tabs 0.5mg, 1mg</i>	2	QL(360 per 90 days)	<i>30mg/10ml, 90mg/10ml</i>		
		MO	<i>paricalcitol</i>	2	B/D PA MO
<i>repaglinide tabs 2mg</i>	2	QL(720 per 90 days)	SAMSCA	5	QL(180 per 90 days)
		MO			MO
RIOMET	3	QL(2295 per 90 days)	SENSIPAR TABS 60MG, 90MG	5	MO
		MO	SENSIPAR TABS 30MG	3	MO
SYMLINPEN 120	4	QL(57 per 90 days)	SOMAVERT	5	PA MO
		MO	STIMATE	3	MO
SYMLINPEN 60	4	QL(32 per 90 days)	SYNAREL	4	MO
		MO	<i>testosterone cypionate</i>	2	PA MO
<i>tolazamide</i>	2	MO	<i>testosterone enanthate</i>	2	PA MO
<i>tolbutamide</i>	2	MO	ZAVESCA	5	LA MO
			ZEMPLAR	3	B/D PA MO
			<i>zoledronic acid inj 4mg/5ml</i>	2	MO
<b>MISCELLANEOUS HORMONES</b>			<b>THYROID HORMONES</b>		
ALDURAZYME	5	LA MO	<i>levothyroxine sodium tabs</i>	1	MO
ANDRODERM	3	PA MO	<i>levoxyl</i>	1	MO
ANDROGEL GEL 50MG/5GM	3	PA MO	<i>liothyronine sodium tabs</i>	2	MO
ANDROGEL PUMP GEL 1.62%	3	PA MO	SYNTHROID	3	MO
<i>androxy</i>	2	MO	<i>unithroid</i>	1	MO
<i>cabergoline</i>	2	MO	<b>GASTROENTEROLOGY</b>		
<i>calcitonin-salmon</i>	2	MO	<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
<i>calcitriol caps</i>	2	B/D PA MO	<i>atropine sulfate inj 0.05mg/ml, 0.1mg/ml</i>	2	
<i>calcitriol inj</i>	2	B/D PA MO	<i>glycopyrrolate inj 4mg/20ml</i>	2	MO
<i>calcitriol oral soln</i>	2	B/D PA MO	<i>glycopyrrolate tabs</i>	2	MO
CEREZYME INJ 200UNIT	5	LA MO	<i>loperamide hcl caps</i>	2	MO
<i>danazol</i>	2	MO	<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<i>desmopressin acetate</i>	2	MO	ALOXI	3	QL(30 per 90 days)
ELELYSO	5	MO			MO
FABRAZYME INJ 35MG	5	LA MO	AMITIZA	3	MO
<i>fortical</i>	2	MO	APRISO	3	MO
KUVAN	5	LA MO	ASACOL HD	3	MO
LUMIZYME	5	MO	<i>balsalazide disodium</i>	2	MO
MYOZYME	5	MO	<i>budesonide cp24</i>	2	MO
NAGLAZYME	5	LA MO	CANASA	3	MO
<i>oxandrolone tabs 10mg</i>	5	PA MO	CHENODAL	5	PA MO
<i>oxandrolone tabs 2.5mg</i>	2	PA MO			
<i>pamidronate disodium inj 6mg/ml</i>	2				

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CIMZIA	5	PA MO	PENTASA	3	MO
<i>compro</i>	2	MO	<i>polyethylene glycol 3350 powd</i>	2	MO
<i>constulose</i>	1	MO	<i>prochlorperazine</i>	2	MO
CORTIFOAM	3	MO	<i>prochlorperazine edisylate</i>	2	MO
CREON	3	MO	<i>prochlorperazine maleate</i>	1	MO
<i>cromolyn sodium conc</i>	2	MO	<i>procto-pak</i>	1	MO
CYSTADANE	3	MO	<i>proctozone-hc</i>	1	MO
DELZICOL	3	MO	RECTIV	3	MO
DIPENTUM	4	MO	RELISTOR INJ 12MG/0.6ML	3	MO
<i>dronabinol caps 10mg</i>	5	B/D PA MO	REMICADE	5	PA MO
<i>dronabinol caps 2.5mg, 5mg</i>	2	B/D PA MO	SANCUSO	3	MO
EMEND CAPS	3	B/D PA MO	SUCRAID	5	MO
<i>enulose</i>	1	MO	<i>sulfasalazine tabs</i>	2	MO
<i>gavilyte-c</i>	2	MO	<i>sulfazine ec</i>	2	MO
<i>gavilyte-g</i>	2	MO	TRANSDERM-SCOP	3	MO
<i>gavilyte-n/flavor pack</i>	2	MO	<i>trilyte</i>	2	MO
<i>generlac</i>	1	MO	UCERIS	5	MO
<i>granisetron hcl inj 0.1mg/ml</i>	2		<i>ursodiol</i>	2	MO
<i>granisetron hcl inj 1mg/ml</i>	2	MO	ZENPEP CPEP 109000UNIT;	3	MO
<i>granisetron hcl tabs</i>	2	B/D PA MO	20000UNIT; 68000UNIT;		
HALFLYTELY BOWEL PREP/FLAVOR PACKS	3	MO	136000UNIT; 25000UNIT;		
<i>hydrocortisone enem</i>	1	MO	85000UNIT, 16000UNIT;		
<i>lactulose</i>	1	MO	3000UNIT; 10000UNIT;		
LIALDA	3	MO	55000UNIT; 10000UNIT;		
LOTRONEX	5	MO	34000UNIT, 82000UNIT;		
<i>meclizine hcl tabs</i>	2	MO	15000UNIT; 51000UNIT		
<i>metoclopramide hcl</i>	1	MO	<b>ULCER THERAPY</b>		
MOVIPREP	4	MO	<i>carafate susp</i>	2	MO
<i>ondansetron hcl inj 40mg/20ml</i>	2	MO	<i>famotidine inj</i>	1	MO
<i>ondansetron hcl oral soln</i>	2	B/D PA MO	<i>famotidine premixed</i>	2	
<i>ondansetron hcl tabs 24mg</i>	2	B/D PA QL(45 per 90 days)	<i>famotidine susr</i>	1	MO
<i>ondansetron hcl tabs 4mg, 8mg</i>	2	B/D PA QL(135 per 90 days)	<i>famotidine tabs 20mg, 40mg</i>	1	MO
<i>ondansetron odt</i>	2	B/D PA QL(135 per 90 days) MO	<i>lansoprazole cpdr 15mg</i>	2	QL(90 per 90 days) MO
			<i>lansoprazole cpdr 30mg</i>	2	QL(180 per 90 days) MO
			<i>lansoprazole/amoxicillin/clarithro mycin</i>	2	MO
			<i>misoprostol</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEXIUM	3	QL(90 per 90 days) MO	ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	3	PA QL(10.08 per 90 days) MO
NEXIUM I.V. INJ 20MG	3		ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 300MCG/ML	3	PA QL(12 per 90 days) MO
NEXIUM I.V. INJ 40MG	3	MO	ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML, 60MCG/ML	3	PA QL(24 per 90 days) MO
<i>nizatidine</i>	2	MO	ARCALYST	5	LA MO
<i>omeprazole cpdr</i>	2	QL(90 per 90 days) MO	AVONEX	5	PA QL(12 per 90 days) MO
<i>pantoprazole sodium inj</i>	2	MO	BETASERON	5	PA QL(45 per 90 days) MO
<i>pantoprazole sodium tbec 20mg</i>	2	QL(90 per 90 days) MO	EPOGEN	4	PA MO
<i>pantoprazole sodium tbec 40mg</i>	2	QL(180 per 90 days) MO	ILARIS	5	PA MO
PREVPAC	4	MO	INTRON-A INJ 6000000UNIT/ML	3	PA MO
PYLERA	3	MO	INTRON-A W/DILUENT INJ 10MU	5	PA MO
<i>ranitidine hcl caps</i>	1	MO	LEUKINE	5	PA MO
<i>ranitidine hcl syrp</i>	1	MO	MOZOBIL	5	MO
<i>ranitidine hcl tabs 150mg, 300mg</i>	1	MO	NEULASTA	5	PA QL(6 per 90 days) MO
<i>sucrafate tabs</i>	2	MO	NEUMEGA	5	PA MO
<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>			NEUPOGEN INJ 300MCG/0.5ML, 480MCG/0.8ML, 480MCG/1.6ML	5	PA MO
<b>BIOTECHNOLOGY DRUGS</b>			NORDITROPIN FLEXPRO	5	PA MO
ACTIMMUNE	5	LA MO	NORDITROPIN NORDIFLEX PEN	5	PA MO
ARANESP ALBUMIN FREE INJ 500MCG/ML	3	PA QL(3 per 90 days) MO	OMNITROPE INJ 5MG/1.5ML	4	PA MO
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	3	PA QL(3.6 per 90 days) MO	PEG-INTRON INJ 50MCG/0.5ML	5	PA QL(12 per 90 days) MO
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	3	PA QL(4.8 per 90 days) MO	PEG-INTRON REDIPEN	5	PA QL(12 per 90 days) MO
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	3	PA QL(6 per 90 days) MO			
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML, 60MCG/0.3ML	3	PA QL(7.2 per 90 days) MO			
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	3	PA QL(9.6 per 90 days) MO			

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEGASYS	5	PA QL(12 per 84 days)	ROTATEQ	3	
PEGASYS PROCLICK INJ 135MCG/0.5ML	5	PA QL(12 per 90 days)	<i>tetanus toxoid adsorbed</i>	2	MO
PROCRIT	3	PA MO	TETANUS/DIPHThERIA	3	MO
PROLEUKIN	5	MO	TOXOIDS-ADSORBED ADULT		
REBIF	5	PA QL(18 per 84 days)	THYMOGLOBULIN	3	B/D PA
REBIF TITRATION PACK	5	PA MO	TWINRIX	3	MO
SYLATRON	5	PA MO	TYPHIM VI	3	
			VAQTA INJ 25UNIT/0.5ML	3	MO
			VARIVAX	3	MO
			YF-VAX	3	MO
			ZOSTAVAX	3	PA MO
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>			<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
ACTHIB	3	MO	<b>GOUT THERAPY</b>		
ADACEL	3	MO	<i>allopurinol</i>	1	MO
BCG VACCINE	3		COLCRYS	3	MO
BOOSTRIX	3	MO	<i>probenecid</i>	2	MO
BOTOX INJ 100UNIT	3	PA MO	<i>probenecid/colchicine</i>	2	MO
CERVARIX	3	PA MO	ULORIC	3	ST MO
COMVAX	3	MO	<b>OSTEOPOROSIS THERAPY</b>		
DAPTACEL	3	MO	ACTONEL TABS 150MG	4	QL(3 per 90 days) MO
ENGERIX-B	3	B/D PA MO	ACTONEL TABS 35MG	4	QL(13 per 90 days) MO
GARDASIL	3	PA MO	ACTONEL TABS 5MG	4	QL(90 per 90 days) MO
HAVRIX INJ 720ELU/0.5ML	3		<i>alendronate sodium oral soln</i>	2	QL(964 per 90 days) MO
HAVRIX INJ 1440ELU/ML	3	MO	<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL(13 per 90 days) MO
IMOVAX RABIES (H.D.C.V.)	3	MO	<i>alendronate sodium tabs 10mg, 5mg</i>	1	QL(90 per 90 days) MO
INFANRIX	3		EVISTA	3	MO
IPOL INACTIVATED IPV	3	MO	FORTEO	3	QL(9 per 84 days) MO
IXIARO	3	MO	<i>ibandronate sodium</i>	2	MO
M-M-R II W/DILUENT 10 DOSE	3	MO	PROLIA	4	PA MO
MENACTRA	3	MO			
MENOMUNE-A/C/Y/W-135	3	MO			
MENVEO	3	MO			
PEDVAX HIB	3	MO			
PRIVIGEN INJ 20GM/200ML	5	PA MO			
PROQUAD	3				
RABAVERT	3	MO			
RECOMBIVAX HB INJ 10MCG/ML, 40MCG/ML	3	B/D PA MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>OTHER RHEUMATOLOGICALS</b>			<b>MISCELLANEOUS OB/GYN</b>		
ACTEMRA INJ 162MG/0.9ML, 200MG/10ML	5	PA MO	DIVIGEL GEL 1MG/GM	3	MO
BENLYSTA INJ 120MG	3	MO	<i>errin</i>	2	MO
DEPEN TITRATABS	3	MO	ESTRACE CREA	3	MO
ENBREL	5	PA QL(26 per 90 days) MO	<i>estradiol ptwk</i>	1	QL(13 per 90 days) MO
HUMIRA	5	PA QL(13 per 90 days) MO	<i>estradiol tabs</i>	1	MO
HUMIRA PEN-CROHNS DISEASESTARTER	5	PA QL(6 per 180 days) MO	<i>estradiol valerate inj 20mg/ml, 40mg/ml</i>	2	MO
<i>leflunomide</i>	2	QL(90 per 90 days) MO	<i>estradiol/norethindrone acetate</i>	2	MO
ORENCIA INJ 125MG/ML	5	PA MO	ESTRASORB	4	QL(168 per 90 days) MO
RIDAURA	4	MO	ESTRING	4	MO
SAVELLA TABS 100MG	3	QL(180 per 90 days) MO	<i>estropipate</i>	1	MO
SAVELLA TABS 50MG	3	QL(360 per 90 days) MO	<i>jinteli</i>	2	MO
SAVELLA TABS 25MG	3	QL(720 per 90 days) MO	<i>jolivette</i>	2	MO
SAVELLA TABS 12.5MG	3	QL(1440 per 90 days) MO	<i>lyza</i>	2	MO
SAVELLA TITRATION PACK	3	MO	<i>medroxyprogesterone acetate</i>	1	MO
SIMPONI ARIA	5	PA MO	MENEST	4	MO
SIMPONI INJ 50MG/0.5ML	5	PA MO	<i>nora-be</i>	2	MO
XELJANZ	5	PA MO	<i>norethindrone</i>	2	MO
<b>OBSTETRICS / GYNECOLOGY</b>			<i>norethindrone acetate</i>	2	MO
<b>ESTROGENS / PROGESTINS</b>			PREFEST	4	MO
ALORA	3	MO	PREMARIN CREA	3	MO
<i>camila</i>	2	MO	PREMARIN TABS	3	MO
CLIMARA PRO	3	MO	PREMPHASE	3	MO
COMBIPATCH	3	MO	PREMPRO	3	MO
DEPO-PROVERA 400MG/ML	3	MO	<i>progesterone caps</i>	2	MO
DEPO-SUBQ PROVERA 104	4	MO	VAGIFEM	3	MO
			VIVELLE-DOT	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
vandazole	1	MO	mononessa	2	MO
zazole crea 0.4%	2		necon 0.5/35-28	2	MO
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>			necon 1/35	2	MO
amethia	2	MO	necon 10/11-28	2	MO
amethyst	2	MO	necon 7/7/7	2	MO
apri	2	MO	nortrel 0.5/35 (28)	2	MO
aranelle	2	MO	nortrel 1/35	2	MO
aviane	2	MO	nortrel 7/7/7	2	MO
balziva	2	MO	ocella	2	MO
briellyn	2	MO	ogestrel	2	MO
cryselle-28	2	MO	orsythia	2	MO
cyclafem 1/35	2	MO	pimtrea	2	MO
cyclafem 7/7/7	2	MO	pirmella 1/35	2	MO
drospirenone/ethinyl estradiol	2	MO	portia-28	2	MO
ELLA	3	MO	previfem	2	MO
emoquette	2	MO	quasense	2	MO
enpresse-28	2	MO	reclipsen	2	MO
gianvi	2	MO	sprintec 28	2	MO
gildagia	2	MO	sronyx	2	MO
introvale	2	MO	tri-legest fe	2	MO
junel 1.5/30	2	MO	tri-previfem	2	MO
junel 1/20	2	MO	tri-sprintec	2	MO
junel fe 1.5/30	2	MO	trinessa	2	MO
junel fe 1/20	2	MO	trivora-28	2	MO
kariva	2	MO	velivet	2	MO
kelnor 1/35	2	MO	vestura	2	MO
leena	2	MO	zenchent fe	2	MO
lessina	2	MO	zovia 1/35e	2	MO
levonest	2	MO	zovia 1/50e	2	MO
levonorgestrel/ethinyl estradiol	2	MO	<b>OXYTOCICS</b>		
tabs 0.03mg; 0.15mg			methylergonovine maleate tabs	2	MO
levora 0.15/30-28	2	MO	<b>OPHTHALMOLOGY</b>		
loryna	2	MO	<b>ANTIBIOTICS</b>		
low-ogestrel	2	MO	AZASITE	3	MO
lutera	2	MO	bacitracin ophthalmic oint	1	MO
marlissa	2	MO	bacitracin/polymyxin b	2	MO
microgestin 1.5/30	2	MO	BESIVANCE	3	MO
microgestin 1/20	2	MO	CILOXAN OINT	3	MO
microgestin fe	2	MO	ciprofloxacin hcl	1	MO
microgestin fe 1.5/30	2	MO	erythromycin oint	1	MO



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gatifloxacin</i>	2	MO	<i>epinastine hcl</i>	2	MO
<i>gentak</i>	1	MO	LACRISERT	3	MO
<i>gentamicin sulfate oint</i>	1	MO	PATADAY	3	MO
<i>gentamicin sulfate ophthalmic soln</i>	1	MO	PATANOL	3	MO
<i>levofloxacin</i>	2	MO	RESTASIS	3	MO
MOXEZA	3	MO	<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
NATACYN	3	MO	ACUVAIL	3	MO
<i>neomycin/bacitracin/polymyxin</i>	1	MO	<i>bromfenac</i>	2	MO
<i>neomycin/polymyxin/gramicidin</i>	2	MO	<i>diclofenac sodium ophthalmic soln</i>	1	MO
<i>ofloxacin</i>	2	MO	<i>flurbiprofen sodium</i>	2	MO
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO	<i>ketorolac tromethamine ophthalmic soln</i>	2	MO
<i>tobramycin sulfate ophthalmic soln</i>	1	MO	NEVANAC	3	MO
TOBEX OINT	3	MO	PROLENSA	3	MO
VIGAMOX	3	MO	<b>ORAL DRUGS FOR GLAUCOMA</b>		
ZYMAXID	3	MO	<i>acetazolamide</i>	2	MO
<b>ANTIVIRALS</b>			<i>acetazolamide er</i>	2	MO
<i>trifluridine</i>	2	MO	<i>acetazolamide sodium</i>	2	
ZIRGAN	4	MO	<i>methazolamide</i>	2	MO
<b>BETA-BLOCKERS</b>			<b>OTHER GLAUCOMA DRUGS</b>		
<i>betaxolol hcl</i>	2	MO	COMBIGAN	3	MO
BETOPTIC-S	3	MO	<i>dorzolamide hcl</i>	2	MO
<i>carteolol hcl</i>	1	MO	<i>dorzolamide hcl/timolol maleate</i>	2	MO
ISTALOL	3	MO	<i>latanoprost</i>	2	MO
<i>levobunolol hcl ophthalmic soln 0.5%</i>	1	MO	TRAVATAN Z	3	MO
<i>metipranolol</i>	2	MO	<i>travoprost</i>	2	MO
<i>timolol maleate</i>	1	MO	<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<i>timolol maleate ophthalmic gel forming</i>	1	MO	<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	MO
TIMOPTIC OCUDOSE	3	MO	<i>neomycin/polymyxin/dexamethasone</i>	1	MO
<b>DIRECT ACTING MIOTICS</b>			<i>neomycin/polymyxin/hydrocortisone ophthalmic susp</i>	2	MO
PILOPINE HS	3	MO	TOBRADEX OINT	3	MO
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>			TOBRADEX ST	3	MO
ALOCRIAL	4	MO	<i>tobramycin/dexamethasone</i>	2	MO
<i>azelastine hcl</i>	2	MO	ZYLET	3	MO
BEPREVE	3	MO	<b>STEROID-SULFONAMIDE COMBINATIONS</b>		
<i>cromolyn sodium ophthalmic soln</i>	2	MO			
CYSTARAN	5	MO			

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BLEPHAMIDE	4	MO	<i>desloratadine odt</i>	2	MO
BLEPHAMIDE S.O.P.	4	MO	EPIPEN 2-PAK	3	MO
<i>sulfacetamide</i>	2	MO	EPIPEN-JR 2-PAK	3	MO
<i>sodium/prednisolone sodium phosphate</i>			<i>hydroxyzine hcl</i>	2	MO
<b>STEROIDS</b>			<i>levocetirizine dihydrochloride oral soln</i>	2	MO
ALREX	3	MO	<i>levocetirizine dihydrochloride tabs</i>	2	QL(90 per 90 days) MO
<i>dexamethasone sodium phosphate ophthalmic soln</i>	1	MO	<i>palgic oral soln</i>	2	MO
DUREZOL	3	MO	<i>phenadoz</i>	2	MO
FML	3	MO	<i>promethazine hcl</i>	2	MO
FML FORTE	3	MO	<i>promethegan supp 25mg, 50mg</i>	2	MO
LOTEMAX	3	MO	<b>PULMONARY AGENTS</b>		
<i>prednisolone acetate</i>	2	MO	<i>acetylcysteine inhalation soln</i>	2	B/D PA MO
<i>prednisolone sodium phosphate ophthalmic soln</i>	2	MO	ADEMPAS	5	LA PA MO
<b>SULFONAMIDES</b>			ADVAIR DISKUS	3	QL(180 per 90 days) MO
BLEPH-10	3	MO	ADVAIR HFA	3	QL(36 per 90 days) MO
<i>sodium sulfacetamide ophthalmic soln</i>	1	MO	<i>albuterol sulfate er</i>	1	MO
<i>sulfacetamide sodium oint</i>	2	MO	<i>albuterol sulfate nebu</i>	1	B/D PA MO
<b>SYMPATHOMIMETICS</b>			<i>albuterol sulfate syrp</i>	1	MO
ALPHAGAN P OPHTHALMIC SOLN 0.1%	3	MO	<i>albuterol sulfate tabs</i>	1	MO
<i>apraclonidine</i>	2	MO	ALVESCO AERS 80MCG/ACT	4	QL(18.3 per 90 days) MO
<i>brimonidine tartrate</i>	1	MO	ALVESCO AERS 160MCG/ACT	4	QL(36.6 per 90 days) MO
IOPIDINE OPHTHALMIC SOLN 1%	4	MO	ARCAPTA NEOHALER	4	QL(90 per 90 days) MO
<b>VASOCONSTRICTOR DECONGESTANTS</b>			ASMANEX 120 METERED DOSES	3	QL(3 per 90 days) MO
<i>naphazoline hcl</i>	1	MO	ASMANEX 30 METERED DOSES	3	QL(3 per 90 days) MO
<b>RESPIRATORY AND ALLERGY</b>			ASMANEX 60 METERED DOSES	3	QL(3 per 90 days) MO
<b>ANTI-HISTAMINE / ANTIALLERGENIC AGENTS</b>			ATROVENT HFA	3	QL(77.4 per 90 days) MO
<i>adrenalin inj</i>	2	MO			
<i>carbinoxamine maleate</i>	2	MO			
<i>cetirizine hcl syrp</i>	2	MO			
<i>clemastine fumarate syrp</i>	2	MO			
<i>clemastine fumarate tabs 2.68mg</i>	2	MO			
<i>cyproheptadine hcl</i>	2	MO			
<i>desloratadine</i>	2	QL(90 per 90 days) MO			

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>budesonide susp</i>	2	B/D PA MO	PROAIR HFA	3	QL(51 per 90 days) MO
CINRYZE	5	LA PA MO	PULMICORT SUSP 1MG/2ML	3	B/D PA MO
COMBIVENT RESPIMAT	3	QL(24 per 90 days) MO	PULMOZYME	5	B/D PA MO
<i>cromolyn sodium nebu</i>	2	B/D PA MO	QVAR AERS 40MCG/ACT	3	QL(65.7 per 90 days) MO
DALIRESP	3	MO	QVAR AERS 80MCG/ACT	3	QL(78.3 per 90 days) MO
DULERA	4	QL(39 per 90 days) MO	REVATIO INJ	5	MO
ELIXOPHYLLIN	4	MO	SEREVENT DISKUS	3	QL(180 per 90 days) MO
FIRAZYR	5	MO	<i>sildenafil citrate</i>	2	PA QL(270 per 90 days) MO
FLOVENT DISKUS	3	QL(360 per 90 days) MO	SPIRIVA HANDIHALER	3	QL(180 per 90 days) MO
FLOVENT HFA AERO 44MCG/ACT	3	QL(31.8 per 90 days) MO	SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	3	QL(20.7 per 90 days) MO
FLOVENT HFA AERO 110MCG/ACT	3	QL(36 per 90 days) MO	SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	3	QL(30.6 per 90 days) MO
FLOVENT HFA AERO 220MCG/ACT	3	QL(72 per 90 days) MO	<i>terbutaline sulfat</i>	2	MO
<i>flunisolide nasal soln 29mcg/act</i>	2	MO	<i>theophylline cr</i>	2	MO
<i>fluticasone propionate</i>	2	MO	<i>theophylline er tb12 300mg, 450mg</i>	2	MO
FORADIL AEROLIZER	3	QL(180 per 90 days) MO	<i>theophylline er tb24</i>	2	MO
<i>ipratropium bromide inhalation soln</i>	1	B/D PA MO	TRACLEER	5	LA PA MO
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D PA MO	<i>triamcinolone acetonide inha</i>	2	MO
KALYDECO	5	PA MO	TYVASO	5	B/D PA MO
LETAIRIS	5	LA PA MO	XOLAIR	5	PA QL(18 per 84 days) MO
<i>levalbuterol</i>	2	B/D PA MO	XOPENEX HFA	3	QL(90 per 90 days) MO
<i>levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml</i>	2	B/D PA MO	<i>zafirlukast</i>	2	MO
<i>metaproterenol sulfate</i>	2	MO	ZYFLO	4	MO
<i>montelukast sodium</i>	2	MO			
NASONEX	3	MO			
OPSUMIT	5	LA PA MO			
PERFOROMIST	3	B/D PA MO			

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## UROLOGICALS

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>			<b>CHOLINERGIC STIMULANTS</b>		
<i>flavoxate hcl</i>	2	MO	<i>finasteride tabs 5mg</i>	2	QL(90 per 90 days) MO
GELNIQUE GEL 10%	3	QL(90 per 90 days) MO	JALYN	3	QL(90 per 90 days) MO
GELNIQUE GEL 3%	3	QL(552 per 90 days) MO	RAPAFLO	3	QL(90 per 90 days) MO
MYRBETRIQ	3	QL(90 per 90 days) MO	<i>tamsulosin hcl</i>	2	QL(180 per 90 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	1	QL(90 per 90 days) MO	<b>MISCELLANEOUS UROLOGICALS</b>		
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	1	QL(180 per 90 days) MO	<i>bethanechol chloride</i>	2	MO
<i>oxybutynin chloride syrj</i>	1	MO	CYSTAGON	3	LA MO
<i>oxybutynin chloride tabs</i>	1	QL(360 per 90 days) MO	ELMIRON	3	MO
OXYTROL	3	QL(24 per 84 days) MO	<i>potassium citrate tbcj</i>	2	MO
<i>tolterodine tartrate</i>	2	QL(180 per 90 days) MO	<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<i>tropium chloride</i>	2	QL(180 per 90 days) MO	<b>ELECTROLYTES</b>		
<i>tropium chloride er</i>	2	QL(90 per 90 days) MO	<i>calcium acetate caps</i>	2	MO
VESICARE	3	QL(90 per 90 days) MO	<i>dextrose 5%/potassium chloride 0.15%</i>	2	
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>			<i>eliphos</i>	2	MO
<i>alfuzosin hcl er</i>	2	QL(90 per 90 days) MO	K-TABS	4	MO
AVODART	3	QL(90 per 90 days) MO	<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
			<i>kcl 0.15%/d5w/lr</i>	2	MO
			<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	MO
			<i>kcl 0.15%/d5w/nacl 0.225%</i>	2	MO
			<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
			<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
			<i>kcl 0.3%/d5w/nacl 0.9%</i>	2	
			<i>klor-con 10</i>	1	MO
			<i>klor-con 8</i>	1	MO
			KLOR-CON M15	4	MO
			<i>klor-con m20</i>	1	MO
			<i>lactated ringers viaflex</i>	2	MO
			<i>magnesium sulfat inj 50%</i>	2	
			NORMOSOL-R IN D5W	3	
			PHOSLYRA	3	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	2		HEPATAMINE	3	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	2		HEPATASOL	3	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	2	MO	INTRALIPID INJ 1.7%; 30%	3	
<i>potassium chloride 0.15% nacl 0.9%</i>	2		<i>intralipid inj 2.25%; 20%</i>	2	MO
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	2		IONOSOL-B/DEXTROSE 5%	3	
<i>potassium chloride 0.3%/ nacl 0.9%</i>	2		IONOSOL-MB/DEXTROSE 5%	3	
<i>potassium chloride 0.3%/d5w</i>	2		ISOLYTE-P/DEXTROSE 5%	3	
<i>potassium chloride er cpcr</i>	1	MO	ISOLYTE-S	3	
<i>potassium chloride er tbcr 10meq, 20meq</i>	1	MO	<i>liposyn iii inj 2.5%; 10%</i>	2	
<i>potassium chloride inj 10meq/100ml, 20meq/100ml, 30meq/100ml, 40meq/100ml</i>	2		NEPHRAMINE	3	
<i>potassium chloride inj 2meq/ml</i>	2	MO	NORMOSOL-R	3	
<i>ringers injection</i>	2		PLASMA-LYTE A	3	
<i>sodium chloride 0.45% viaflex</i>	2	MO	PLASMA-LYTE-148	3	
<i>sodium chloride inj 2.5meq/ml, 3%, 5%</i>	2	MO	PLASMA-LYTE-56/D5W	3	
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>			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	3	
AMINOSYN II	3		<i>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</i>	2	
AMINOSYN II 8.5%/ELECTROLYTES	3		<i>travasol</i>	2	
AMINOSYN-HBC	3		TROPHAMINE	3	
AMINOSYN-PF	3		<b>VITAMINS / HEMATINICS</b>		
AMINOSYN-PF 7%	3		<i>prenatabs obn</i>	1	
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CLINIMIX 4.25%/DEXTROSE 20%	3				
CLINIMIX 4.25%/DEXTROSE 25%	3				
CLINIMIX 5%/DEXTROSE 15%	3				
CLINIMIX 5%/DEXTROSE 20%	3				
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