

## 2012 Platinum\_4T (JULY11)

Drug Name	Drug Requirements/ Tier	Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol</i> (generic of ZYLOPRIM)	1	
<i>allopurinol inj 500mg</i> (generic of ALOPRIM)	1	
<i>colchicine w/ probenecid</i>	1	
COLCRYS QL (60 tabs / 30 days)	2	QL
<i>probenecid</i>	1	
ULORIC	2	
<b>MISCELLANEOUS</b>		
ARTHROTEC 50	3	
ARTHROTEC 75	3	
VIMOVO	2	
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #3)	1	
<i>acetaminophen-caff-dihydrocod</i>	1	
<i>butalbital-acetaminophen-caff</i> <i>eine w/ codeine</i> (generic of FIORICET/CODEINE)	1	
<i>butalbital-aspirin-caffeine</i> <i>w/cod</i> (generic of FIORINAL/CODEINE #3)	1	
<i>butorphanol tartrate</i> 10mg/ml QL (3.6 bottles / 30 days)	1	QL
<i>butorphanol tartrate</i> 1mg/ml, 2mg/ml	1	
CAPITAL/CODEINE	3	
HYCET	3	
<i>hydrocodone-acetaminophen</i> (generic of ANEXSIA)	1	
<i>hydrocodone-ibuprofen</i> (generic of IBUDONE)	1	
REPREXAIN	3	
SYNALGOS-DC	3	
ZAMICET	3	
ZYDONE	3	
<b>NARCOTIC ANALGESICS, CII</b>		

Drug Name	Drug Requirements/ Tier	Limits
ABSTRAL QL (120 ea / 30 days)	4	QL NM PA
AVINZA QL (60 ea / 30 days)	3	QL
CODEINE SULFATE	1	
DILAUDID	3	B/D
DILAUDID-5	2	
EMBEDA QL (60 ea / 30 days)	3	QL
EXALGO QL (60 ea / 30 days)	2	QL
<i>fentanyl citrate</i> (generic of ACTIQ) 200mcg QL (120 lpop / 30 days)	1	QL PA
<i>fentanyl citrate</i> (generic of ACTIQ) 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg QL (120 lpop / 30 days)	4	QL NM PA
<i>fentanyl citrate inj 0.05 mg/ml</i>	1	B/D
<i>fentanyl patch</i> (generic of DURAGESIC) QL (10 ea / 30 days)	1	QL
FENTORA QL (120 tabs / 30 days)	4	QL NM PA
<i>hydromorphone hcl</i> (generic of DILAUDID-HP) 10mg/ml	1	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) 2mg, 4mg, 8mg	1	
INFUMORPH 200	3	B/D
INFUMORPH 500	3	B/D
KADIAN QL (60 ea / 30 days)	2	QL
LEVORPHANOL TARTRATE	1	
MAGNACET	3	
<i>methadone hcl</i> (generic of DOLOPHINE) 10mg, 5mg QL (240 tabs / 30 days)	1	QL
<i>methadone hcl</i> (generic of METHADONE HCL) 10mg/5ml, 10mg/ml, 5mg/5ml	1	
METHADONE HCL 10mg/ml	3	
MORPHINE SUL 20MG/ML ORAL SOL oral solution	1	
<i>morphine sulfate</i> .5mg/ml, 1mg/ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>morphine sulfate</i> (generic of MS CONTIN) 100mg, 15mg, 30mg, 60mg QL (90 ea / 30 days) ext rel	1	QL
<i>morphine sulfate</i> (generic of MS CONTIN) 200mg QL (60 ea / 30 days)	1	QL
MORPHINE SULFATE 15mg, 30mg	1	
MORPHINE SULFATE 10mg/5ml, 20mg/5ml oral solution	2	
NUCYNTA	3	
ONSOLIS QL (4 boxes / 30 days)	4	QL NM PA
OPANA ER QL (120 ea / 30 days)	3	QL
ORAMORPH SR QL (90 ea / 30 days)	3	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) 15mg, 30mg, 5mg	1	
OXYCODONE HCL 20mg/ml, 5mg	1	
<i>oxycodone w/ acetaminophen</i> (generic of PERCOCET)	1	
<i>oxycodone w/ aspirin</i> (generic of PERCODAN)	1	
<i>oxycodone-ibuprofen</i>	1	
OXYCONTIN QL (120 ea / 30 days)	2	QL
<i>oxymorphone hcl</i> (generic of OPANA)	1	
ROXICET	3	
ROXICET SOL 5-325/5	2	
<b>NON-NARCOTIC ANALGESICS</b>		
RYZOLT	3	
<i>tramadol hcl</i> (generic of ULTRAM ER)	1	
<i>tramadol hcl tab 50 mg</i> (generic of ULTRAM)	1	
<i>tramadol-acetaminophen</i> (generic of ULTRACET)	1	
ULTRAM ER	3	
<b>NSAIDS</b>		
CELEBREX	3	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>diclofenac potassium</i> (generic of CATAFLAM)	1	
<i>diclofenac sodium</i> (generic of VOLTAREN-XR)	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
FENOPROFEN CALCIUM	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen</i>	1	
INDOCIN suspension	2	
<i>indomethacin</i>	1	
<i>ketoprofen</i>	1	
<i>mefenamic acid</i> (generic of PONSTEL)	1	
<i>meloxicam</i> (generic of MOBIC)	1	
<i>nabumetone</i>	1	
NALFON	3	
NAPRELAN	3	
<i>naproxen</i> (generic of NAPROSYN)	1	
<i>naproxen sodium</i> (generic of ANAPROX)	1	
<i>oxaprozin</i> (generic of DAYPRO)	1	
<i>piroxicam</i> (generic of FELDENE)	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
ZIPSOR	3	
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE)	1	
<b>ANTI-INFECTIVES</b>		
<b>ANTIBACTERIALS</b>		
ADOXA PAK 1/100	3	
ADOXA PAK 2/100	3	
<i>amikacin sulfate</i>	1	
<i>amoxicillin</i>	1	
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN)	1	
<i>ampicillin</i>	1	
<i>ampicillin &amp; sulbactam sodium</i> (generic of UNASYN)	1	
<i>ampicillin sodium</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
AVELOX	2	
AVELOX ABC PACK	2	
<i>azithromycin</i> (generic of ZITHROMAX)	1	
BACTOCILL IN DEXTROSE	3	
BICILLIN C-R	2	
BICILLIN L-A	2	
CEDAX	3	
<i>cefaclor</i>	1	
CEFACTOR ER	2	
<i>cefadroxil</i>	1	
CEFAZOLIN INJ 1GM/50ML	2	
<i>cefazolin sodium</i>	1	
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1	
<i>cefotaxime sodium</i> (generic of CLAFORAN)	1	
CEFOTETAN	3	
<i>cefoxitin sodium</i> 10gm, 1gm, 2gm	1	
CEFOXITIN SODIUM	3	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i> (generic of FORTAZ)	1	
CEFTIN	3	
<i>ceftriaxone sodium</i>	1	
<i>cefuroxime axetil</i> (generic of CEFTIN)	1	
<i>cefuroxime sodium</i> (generic of ZINACEF)	1	
<i>cephalexin</i> 125mg/5ml, 250mg, 250mg/5ml, 500mg	1	
CEPHALEXIN 250mg, 500mg	1	
CIPRO suspension	2	
<i>cipro i.v.</i> (generic of CIPRO I.V.)	1	
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl</i>	1	
CLAFORAN	3	
<i>clarithromycin</i>	1	
<i>demeclocycline hcl</i>	1	
<i>dicloxacillin sodium</i>	1	
DORYX	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>doxycycline (monohydrate)</i> (generic of ADOXA PAK 1/150)	1	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) 100mg, 20mg, 50mg, 75mg	1	
DOXYCYCLINE HYCLATE 100mg, 75mg	3	
E.E.S. GRANULES	3	
ERY-TAB	3	
ERYPED 200	2	
ERYPED 400	3	
ERYTHROCIN LACTOBIONATE	2	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin stearate</i>	1	
FACTIVE	3	
FORTAZ	3	
<i>gentamicin in saline</i>	1	
<i>gentamicin sulfate</i>	1	
GENTAMICIN SULFATE/0.9% S	3	
KEFLEX	3	
LEVAQUIN	3	
<i>minocycline hcl</i> (generic of DYNACIN)	1	
MOXATAG	3	
<i>nafcillin sodium</i>	1	
NALLPEN/DEXTROSE	3	
<i>neomycin sulfate</i>	1	
NOROXIN	3	
OXACILLIN SODIUM	1	
<i>paromomycin sulfate</i>	1	
PCE	3	
<i>penicillin g potassium</i>	1	
PENICILLIN G POTASSIUM IN	3	
PENICILLIN G PROCAINE	2	
PENICILLIN G SODIUM	1	
<i>penicillin v potassium</i>	1	
PIPERACILLIN SODIUM	3	
<i>piperacillin sodium-tazobactam sodium</i> (generic of ZOSYN)	1	
PROQUIN XR	3	

Drug Name	Drug Requirements/ Tier	Limits
SOLODYN	3	
<i>streptomycin sulfate</i>	1	
SULFADIAZINE	2	
SUPRAX	3	
TEFLARO	3	
<i>tetracycline hcl</i>	1	
TIMENTIN	3	
<i>tobramycin sulfate</i>	1	
TOBRAMYCIN SULFATE/SODIUM	3	
UNASYN BULK PACK	3	
VIBRAMYCIN	3	
ZINACEF	3	
ZMAX	3	
ZOSYN	3	
<b>ANTIFUNGALS</b>		
ABELCET	3	B/D
AMBISOME	3	B/D
AMPHOTEC	3	B/D
<i>amphotericin b</i>	1	B/D
ANCOBON	2	
CANCIDAS	4	NM
<i>clotrimazole</i> (generic of MYCELEX)	1	
ERAXIS	3	
<i>fluconazole</i> (generic of DIFLUCAN)	1	
<i>fluconazole in dextrose</i>	1	
GRIFULVIN V	3	
GRIS-PEG	2	
<i>griseofulvin microsize</i>	1	
<i>itraconazole</i> (generic of SPORANOX)	1	PA
<i>ketoconazole</i>	1	
LAMISIL	3	
MYCAMINE	3	
NOXAFIL	4	NM
<i>nystatin</i>	1	
SPORANOX	4	NM
<i>terbinafine hcl</i> (generic of LAMISIL) QL (90 tabs / year)	1	QL
VFEND IV	2	
VFEND SUS 40MG/ML	4	NM
<i>voriconazole</i> (generic of VFEND)	4	NM

Drug Name	Drug Requirements/ Tier	Limits
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate</i>	1	
COARTEM	3	
DARAPRIM	2	
MALARONE	2	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE	3	
QUALAQUIN	3	
<b>ANTIRETROVIRAL AGENTS</b>		
APTIVUS	2	
ATRIPLA	4	NM
COMBIVIR	2	
CRIXIVAN	2	
<i>didanosine</i> (generic of VIDEX EC)	1	
EDURANT	4	NM
EMTRIVA	2	
EPIVIR	2	
EPZICOM	2	
FUZEON	4	NM
INTELENCE	2	
INVIRASE	2	
ISENTRESS	4	NM
KALETRA	2	
LEXIVA	2	
NORVIR	2	
PREZISTA 150mg, 75mg	2	
PREZISTA 400mg, 600mg	4	NM
RESCRIPTOR	2	
RETROVIR IV INFUSION	2	
REYATAZ	2	
SELZENTRY	4	NM
<i>stavudine</i> (generic of ZERIT)	1	
SUSTIVA	2	
TRIZIVIR	2	
TRUVADA	2	
VIDEX	2	
VIRACEPT	2	
VIRAMUNE	2	
VIRAMUNE XR	2	
VIREAD	2	
ZIAGEN	2	
<i>zidovudine</i> (generic of RETROVIR)	1	
<b>ANTITUBERCULAR AGENTS</b>		

Drug Name	Drug Requirements/ Tier	Limits
CAPASTAT SULFATE	3	
<i>ethambutol hcl</i> (generic of MYAMBUTOL)	1	
<i>isoniazid</i>	1	
<i>isoniazid &amp; rifampin</i> (generic of RIFAMATE)	1	
MYCOBUTIN	2	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifampin</i> (generic of RIFADIN)	1	
RIFATER	3	
SEROMYCIN	3	
TRECTOR	3	
<b>ANTIVIRALS</b>		
<i>acyclovir</i> (generic of ZOVIRAX)	1	
<i>acyclovir sodium</i>	1	
BARACLUDE .05mg/ml	2	
BARACLUDE .5mg, 1mg	4	NM
EPIVIR HBV	2	
<i>famciclovir</i> (generic of FAMVIR)	1	
FOSCARNET SODIUM	1	
<i>ganciclovir</i> 250mg	1	
<i>ganciclovir</i> 500mg	4	NM
<i>ganciclovir inj 500mg</i> (generic of CYTOVENE)	1	B/D
HEPSERA	4	NM PA
REBETOL	4	NM PA
RELENZA DISKHALER	2	
<i>ribapak pak</i>	4	NM PA
<i>ribasphere tab 400mg</i>	4	NM PA
<i>ribasphere tab 600mg</i>	4	NM PA
<i>ribavirin 200mg</i> (generic of COPEGUS)	1	NM PA
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	1	
TAMIFLU	2	
TYZEKA	4	NM PA
<i>valacyclovir hcl</i> (generic of VALTREX)	1	
VALCYTE	4	NM
VICTRELIS	4	NM PA
VIRAZOLE	4	NM
VISTIDE	3	

**MISCELLANEOUS**

Drug Name	Drug Requirements/ Tier	Limits
ALBENZA	2	
ALINIA 100mg/5ml QL (3 bottles / 30 days)	2	QL
ALINIA 500mg QL (12 tabs / 30 days)	2	QL
AZACTAM	3	
<i>aztreonam</i> (generic of AZACTAM)	1	
BILTRICIDE	3	
CLEOCIN	3	
CLEOCIN CAP 75MG	2	
CLEOCIN PED SOL 75MG/5ML	2	
<i>clindamycin hcl</i> (generic of CLEOCIN)	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE)	1	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M)	1	B/D
CUBICIN	4	B/D NM
<i>dapsone</i>	1	
DORIBAX	3	
<i>erythromycin-sulfisoxazole</i>	1	
FLAGYL ER	3	
INVANZ	2	
MACRODANTIN CAP 25MG	2	
<i>mebendazole</i>	1	
MEPRON	4	NM
<i>meropenem</i> (generic of MERREM)	1	
<i>methenamine hippurate</i> (generic of HIPREX)	1	
<i>metronidazole</i> (generic of FLAGYL)	1	
<i>metronidazole in nacl</i>	1	
NEBUPENT	3	B/D
<i>nitrofurantoin</i> (generic of FURADANTIN)	1	
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN)	1	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID)	1	
PENTAM 300	3	
<i>polymyxin b sulfate</i>	1	
PRIMAXIN	2	
PRIMSOL	3	

Drug Name	Drug Requirements/ Tier	Limits
STROMEKTOL	3	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim</i> (generic of BACTRIM)	1	
SYNERCID	4	NM
<i>trimethoprim</i>	1	
TYGACIL	3	
VANCOCIN HCL	4	NM
<i>vancomycin hcl</i>	1	B/D
VIBATIV	4	NM
XIFAXAN	3	
ZYVOX	4	NM
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BICNU	2	B/D
BUSULFEX	2	B/D
CEENU	2	
<i>cyclophosphamide</i>	1	B/D
<i>dacarbazine</i>	1	B/D
EMCYT	2	
HEXALEN	4	NM
IFEX	2	B/D
<i>ifosfamide</i> (generic of IFEX)	1	B/D
LEUKERAN	2	
<i>melphalan hcl</i> (generic of ALKERAN)	1	B/D
MUSTARGEN	2	B/D
THIOTEPA	3	B/D
TREANDA	4	B/D NM
ZANOSAR	3	B/D
<b>ANTHRACYCLINES</b>		
<i>daunorubicin hcl</i> (generic of CERUBIDINE)	1	B/D
DAUNOXOME	4	B/D NM
DOXIL	4	B/D NM
<i>doxorubicin hcl</i>	1	B/D
<i>epirubicin hcl</i> (generic of ELLENCE)	4	B/D NM
<i>idarubicin hcl</i> (generic of IDAMYCIN PFS)	1	B/D
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	1	B/D
COSMEGEN	2	B/D
<i>mitomycin</i>	1	B/D
<b>ANTIMETABOLITES</b>		
ALIMTA	4	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
ARRANON	3	B/D
CLOLAR	3	B/D
<i>cytarabine</i>	1	B/D
DACOGEN	3	B/D NM
<i>fluorouracil inj</i>	1	B/D
<i>gemcitabine hcl</i> (generic of GEMZAR)	4	B/D NM
<i>mercaptopurine</i> (generic of PURINETHOL)	1	
<i>methotrexate sodium</i>	1	B/D
<i>pentostatin</i> (generic of NIPENT)	1	B/D
TABLOID	2	
VIDAZA	4	B/D NM
<b>ANTIMITOTIC, TAXOIDS</b>		
ABRAXANE	4	B/D NM
<i>paclitaxel</i>	1	B/D
TAXOTERE	4	B/D NM
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
VINBLASTINE SULFATE	2	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i> (generic of NAVELBINE)	1	B/D
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN	4	B/D NM
CAMPATH	2	B/D
ERBITUX	4	B/D NM
HERCEPTIN	4	B/D NM
ISTODAX	4	B/D NM
ONTAK	2	B/D
PROLEUKIN	4	B/D NM
RITUXAN	4	NM PA
TORISEL	4	B/D NM
VECTIBIX	3	B/D NM
VELCADE	4	B/D NM
ZOLINZA	4	NM
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>anastrozole</i> (generic of ARIMIDEX)	1	
ARZERRA	4	B/D NM
<i>bicalutamide</i> (generic of CASODEX)	1	
DEPO-PROVERA INJ 400/ML	2	B/D
ELIGARD	3	B/D NM
<i>exemestane</i> (generic of AROMASIN)	1	
FARESTON	2	
FASLODEX	4	B/D NM

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    NM - Not available at mail-order    B/D - Covered under Medicare B or D    LA - Limited Access

Drug Name		Drug Requirements/ Tier	Limits
FIRMAGON		3	B/D NM
<i>flutamide</i>		1	
<i>letrozole</i> (generic of FEMARA)		1	
<i>leuprolide acetate</i>		1	NM PA
LUPRON DEPOT 11.25mg, 3.75mg		2	NM PA
LUPRON DEPOT 22.5mg, 30mg, 7.5mg		4	NM PA
LUPRON DEPOT-PED		4	NM PA
MEGACE ES		2	
<i>megestrol acetate</i>		1	
NILANDRON		2	
<i>tamoxifen citrate</i>		1	
TRELSTAR DEPOT MIXJECT		2	B/D NM
TRELSTAR LA MIXJECT		2	B/D NM
TRELSTAR MIXJECT		4	B/D NM
ZYTIGA		4	NM PA
<b>KINASE INHIBITORS</b>			
AFINITOR		4	NM
GLEEVEC		4	NM
IRESSA		4	NM
NEXAVAR		4	NM
SPRYCEL		4	NM
SUTENT		4	NM
TARCEVA		4	NM
TASIGNA		4	NM
TYKERB		4	NM
VANDETANIB		4	NM
VOTRIENT		4	NM
<b>MISCELLANEOUS</b>			
DROXIA		2	
ELSPAR		2	B/D NM
HALAVEN		4	B/D NM
<i>hydroxyurea</i> (generic of HYDREA)		1	
<i>irinotecan hcl</i> (generic of CAMPTOSAR)		4	B/D NM
IXEMPRA KIT		4	B/D NM
LYSODREN		4	NM
MATULANE		4	NM
<i>mitoxantrone hcl</i>		1	B/D NM
PHOTOFRIN		2	B/D
TARGRETIN 75mg		4	NM
TRETINOIN 10mg		4	NM
TRISENOX		2	B/D

Drug Name		Drug Requirements/ Tier	Limits
UVADEX		3	B/D
<b>NUCLEOSIDE ANALOGS</b>			
<i>cladribine</i> (generic of LEUSTATIN)		1	B/D
<i>fludarabine phosphate</i> (generic of FLUDARA)		4	B/D NM
<b>PLATINUM COORDINATION COMPLEX</b>			
<i>carboplatin</i>		1	B/D
<i>cisplatin</i>		1	B/D
<i>oxaliplatin</i> (generic of ELOXATIN)		4	B/D NM
<b>PROTECTIVE AGENTS</b>			
<i>amifostine crystalline</i> (generic of ETHYOL)		4	B/D NM
<i>dexrazoxane</i> (generic of ZINECARD)		1	B/D
ELITEK		4	B/D NM
<i>ifosfamide &amp; mesna</i>		1	B/D
KEPIVANCE		3	B/D
<i>leucovorin ca inj</i>		1	B/D
<i>leucovorin calcium</i> 25mg, 5mg		1	
LEUCOVORIN CALCIUM 10mg, 15mg		2	
<i>mesna</i> (generic of MESNEX)		1	B/D
MESNEX		4	NM
<b>TOPOISOMERASE INHIBITORS</b>			
ETOPOPHOS		3	B/D
<i>etoposide</i>		1	B/D
<i>topotecan hcl</i> (generic of HYCAMTIN)		4	B/D NM
<b>CARDIOVASCULAR ACE INHIBITOR COMBINATIONS</b>			
<i>amlodipine</i>		1	
<i>besylate-benazepril hcl</i> (generic of LOTREL)			
<i>benazepril &amp; hydrochlorothiazide</i> (generic of LOTENSIN HCT)		1	
<i>captopril &amp; hydrochlorothiazide</i>		1	
<i>enalapril maleate &amp; hydrochlorothiazide</i> (generic of VASERETIC)		1	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>		1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lisinopril &amp; hydrochlorothiazide</i> (generic of PRINZIDE)	1	
<i>moexipril-hydrochlorothiazide</i> (generic of UNIRETIC)	1	
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	1	
TARKA	3	
<b>ACE INHIBITORS</b>		
<i>benazepril hcl</i> (generic of LOTENSIN)	1	
<i>captopril</i>	1	
<i>enalapril maleate</i> (generic of VASOTEC)	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i> (generic of PRINIVIL)	1	
<i>moexipril hcl</i> (generic of UNIVASC)	1	
<i>perindopril erbumine</i> (generic of ACEON)	1	
<i>quinapril hcl</i> (generic of ACCUPRIL)	1	
<i>ramipril</i> (generic of ALTACE)	1	
<i>trandolapril</i> (generic of MAVIK)	1	
<b>ADRENOLYTICS, CENTRAL</b>		
<i>clonidine hcl</i> (generic of CATAPRES)	1	
GUANABENZ ACETATE	1	
<i>guanfacine hcl</i> (generic of TENEX)	1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i> (generic of INSPRA)	1	
<i>spironolactone</i> (generic of ALDACTONE)	1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i> (generic of CARDURA)	1	
<i>prazosin hcl</i> (generic of MINIPRESS)	1	
<i>terazosin hcl</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
ATACAND HCT	3	
AVALIDE	3	

Drug Name	Drug Requirements/ Tier	Limits
AZOR	2	
BENICAR HCT	2	
DIOVAN HCT	2	
EXFORGE	2	
EXFORGE HCT	2	
<i>losartan potassium &amp; hydrochlorothiazide</i> (generic of HYZAAR)	1	
MICARDIS HCT	3	
TEVETEN HCT	3	
TRIBENZOR	2	
TWYNSTA	3	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
ATACAND	3	
AVAPRO	3	
BENICAR	2	
DIOVAN	2	
EDARBI	3	
<i>losartan potassium</i> (generic of COZAAR)	1	
MICARDIS	3	
TEVETEN	3	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl</i> (generic of CORDARONE)	1	
<i>amiodarone inj 50mg/ml</i>	1	B/D
<i>disopyramide phosphate</i> (generic of NORPACE)	1	
<i>flecainide acetate</i> (generic of TAMBOCOR)	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NORPACE CR 100mg	2	
NORPACE CR 150mg	3	
PACERONE TAB 100MG	2	
<i>propafenone hcl</i> (generic of RYTHMOL)	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
<i>sotalol hcl</i> (generic of BETAPACE)	1	
TIKOSYN	2	NM
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS</b>		
ALTOPREV	3	

Drug Name	Drug Requirements/ Tier	Limits
CRESTOR	2	
LESCOL	3	
LESCOL XL	3	
LIPITOR	2	
LIVALO	3	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i> (generic of PRAVACHOL)	1	
<i>simvastatin</i> (generic of ZOCOR)	1	
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
ADVICOR	3	
ANTARA	2	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT)	1	
<i>colestipol hcl</i> (generic of COLESTID)	1	
<i>fenofibrate</i> (generic of LOFIBRA)	1	
<i>fenofibrate micronized</i> (generic of LOFIBRA)	1	
FENOGLIDE	3	
<i>gemfibrozil</i> (generic of LOPID)	1	
LIPOFEN	2	
LOVAZA	3	
<i>niacin</i>	1	
NIASPAN	2	
SIMCOR	3	
TRICOR	2	
TRIGLIDE	3	
TRILIPIX	2	
VYTORIN	3	
WELCHOL	2	
ZETIA	3	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone</i> (generic of TENORETIC 100)	1	
<i>bisoprolol &amp; hydrochlorothiazide</i> (generic of ZIAC)	1	
<i>metoprolol &amp; hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	1	
<i>nadolol &amp; bendroflumethiazide</i> (generic of CORZIDE)	1	

Drug Name	Drug Requirements/ Tier	Limits
PROPRANOLOL/HYDROCHLOROTH	1	
LOROTH		
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl</i> (generic of SECTRAL)	1	
<i>atenolol</i> (generic of TENORMIN)	1	
<i>betaxolol hcl</i> (generic of KERLONE)	1	
<i>bisoprolol fumarate</i> (generic of ZEBETA)	1	
BYSTOLIC	3	
<i>carvedilol</i> (generic of COREG)	1	
COREG CR	3	
<i>labetalol hcl</i> (generic of TRANDATE)	1	
LEVATOL	3	
<i>metoprolol succinate</i> (generic of TOPROL XL)	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR)	1	
<i>nadolol</i> (generic of CORGARD)	1	
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	
TIMOLOL MALEATE	1	
<b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS</b>		
CADUET	3	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i> (generic of NORVASC)	1	
CARDIZEM CD	2	
CARDIZEM LA	3	
COVERA-HS	3	
<i>diltiazem hcl</i> (generic of CARDIZEM) 120mg, 180mg, 240mg, 25mg/5ml, 30mg, 60mg, 90mg	1	
DILTIAZEM HCL 100mg	3	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD)	1	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC)	1	
DYNACIRC CR	3	
<i>felodipine</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>isradipine</i>	1	
<i>nicardipine hcl</i>	1	
<i>nifedipine</i> (generic of ADALAT CC)	1	
<i>nimodipine</i> (generic of NIMOTOP)	1	
<i>nisoldipine</i> (generic of SULAR)	1	
<i>verapamil hcl</i> (generic of VERELAN PM)	1	
<b><i>DIGITALIS GLYCOSIDES</i></b>		
<i>digoxin</i> (generic of LANOXIN)	1	
DIGOXIN SOL 50MCG/ML	1	
LANOXIN .125mg, .25mg	2	
LANOXIN .1mg/ml	3	
<b><i>DIRECT RENIN INHIBITORS/COMBINATIONS</i></b>		
AMTURNIDE	2	
TEKAMLO	2	
TEKTURNA	2	
TEKTURNA HCT	2	
VALTURNA	2	
<b><i>DIURETICS</i></b>		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	
ALDACTAZIDE	3	
<i>amiloride &amp; hydrochlorothiazide</i>	1	
<i>amiloride hcl</i> (generic of MIDAMOR)	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
DIURIL	3	
DYRENIUM	3	
EDECIN	3	
<i>furosemide</i> 10mg/ml, 20mg, 40mg, 80mg	1	
FUROSEMIDE 8mg/ml	3	
<i>hydrochlorothiazide</i> (generic of MICROZIDE)	1	
<i>indapamide</i>	1	
<i>methazolamide</i> (generic of NEPTAZANE)	1	
METHYLCLOTHIAZIDE	1	
<i>metolazone</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
SODIUM EDECIN	3	
<i>spironolactone &amp; hydrochlorothiazide</i> (generic of ALDACTAZIDE)	1	
THALITONE	3	
<i>torseamide</i> (generic of DEMADDEX) 100mg, 10mg, 20mg, 5mg	1	
TORSEMIDE 20mg/2ml	2	
<i>triamterene &amp; hydrochlorothiazide</i> (generic of DYAZIDE)	1	
<b><i>MISCELLANEOUS</i></b>		
BIDIL	2	
CLORPRES	1	
DEMSEER	3	
DIBENZYLIN	3	
<i>hydralazine hcl</i>	1	
<i>methyldopa</i>	1	
METHYLDOPA/HYDROCHL OROTHI	1	
<i>midodrine hcl</i>	1	
<i>minoxidil</i>	1	
RANEXA	2	
<b><i>NITRATES</i></b>		
DILATRATE SR	3	
ISORDIL TITRADOSE	2	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i> (generic of MONOKET)	1	
NITRO-BID	3	
NITRO-DUR 0.3mg, 0.8mg	2	
<i>nitroglycerin</i> (generic of NITRO-DUR) patch	1	
NITROLINGUAL PUMPSPRAY	2	
NITROMIST	3	
NITROSTAT	2	
<b><i>PULMONARY ARTERIAL HYPERTENSION</i></b>		
ADCIRCA	4	NM PA
LETAIRIS	4	NM PA
REMODULIN	4	B/D NM
REVATIO	4	NM PA
TRACLEER	4	NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
VENTAVIS	4	B/D NM
<b>CENTRAL NERVOUS SYSTEM ANTI-ANXIETY</b>		
<i>buspirone hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine tab 100mg</i>	1	
LUVOX CR	3	
<b>ANTICONVULSANTS</b>		
BANZEL	3	
<i>carbamazepine</i> (generic of TEGRETOL)	1	
CARBATROL	3	
CELONTIN	2	
DILANTIN	2	
DILANTIN INFATABS	2	
<i>divalproex sodium</i> (generic of DEPAKOTE)	1	
<i>ethosuximide</i> (generic of ZARONTIN)	1	
FELBATOL	3	
<i>gabapentin</i> (generic of NEURONTIN) 100mg QL (1080 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) 250mg/5ml QL (5 bottles / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) 300mg QL (360 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) 400mg QL (270 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) 800mg QL (120 tabs / 30 days)	1	QL
GABITRIL	3	
KEPPRA XR	3	
LAMICTAL ODT	3	
LAMICTAL STARTER/NOT TAKI	3	
LAMICTAL STARTER/TAKING C	3	
LAMICTAL STARTER/TAKING V	3	

Drug Name	Drug Requirements/ Tier	Limits
LAMICTAL XR	3	
<i>lamotrigine</i> (generic of LAMICTAL)	1	
<i>levetiracetam</i> (generic of KEPPRA)	1	
LYRICA 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg QL (120 caps / 30 days)	2	QL
LYRICA 300mg QL (60 caps / 30 days)	2	QL
MYSOLINE	3	
<i>oxcarbazepine</i> (generic of TRILEPTAL)	1	
PEGANONE	2	
<i>phenytoin</i> (generic of DILANTIN)	1	
<i>phenytoin inj 50mg/ml</i>	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN)	1	
<i>primidone</i> (generic of MYSOLINE)	1	
SABRIL	4	NM
STAVZOR	3	
TEGRETOL XR TAB 100MG	2	
<i>topiramate</i> (generic of TOPAMAX)	1	
<i>valproate sodium</i> (generic of DEPACON)	1	
<i>valproic acid</i> (generic of DEPAKENE)	1	
VIMPAT	2	
<i>zonisamide</i> (generic of ZONEGRAN)	1	
<b>ANTIDEMENTIA</b>		
ARICEPT	3	
<i>donepezil hydrochloride</i> (generic of ARICEPT)	1	
EXELON 2mg/ml soln	2	
EXELON 4.6mg/24hr, 9.5mg/24hr	2	
<i>galantamine hydrobromide</i> (generic of RAZADYNE)	1	
NAMENDA	2	
NAMENDA TITRATION PAK	2	
<i>rivastigmine tartrate</i> (generic of EXELON)	1	

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Drug Name	Drug Requirements/ Tier	Limits
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i>	1	
AMOXAPINE	2	
APLENZIN	3	
<i>bupropion hcl</i> (generic of WELLBUTRIN)	1	
<i>citalopram hydrobromide</i> (generic of CELEXA)	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL)	1	
CYMBALTA	2	
<i>desipramine hcl</i> (generic of NORPRAMIN)	1	
<i>doxepin hcl</i>	1	
EMSAM	2	
<i>fluoxetine hcl</i> (generic of PROZAC)	1	
<i>imipramine hcl</i> (generic of TOFRANIL)	1	
<i>imipramine pamoate</i> (generic of TOFRANIL-PM)	1	
LEXAPRO	3	
<i>maprotiline hcl</i>	1	
MARPLAN	2	
<i>mirtazapine</i> (generic of REMERON)	1	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl</i> (generic of PAMELOR)	1	
OLEPTRO	3	
<i>paroxetine hcl</i> (generic of PAXIL)	1	
PAXIL	3	
PEXEVA	3	
<i>phenelzine sulfate</i> (generic of NARDIL)	1	
PRISTIQ	3	
<i>protriptyline hcl</i> (generic of VIVACTIL)	1	
<i>sertraline hcl</i> (generic of ZOLOFT)	1	
SURMONTIL 100mg	2	
SURMONTIL 25mg, 50mg	3	
<i>tranylcypromine sulfate</i> (generic of PARNATE)	1	
<i>trazodone hcl</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>venlafaxine hcl</i> 100mg, 150mg, 25mg, 37.5mg, 50mg, 75mg	1	
<i>venlafaxine hcl</i> (generic of VENLAFAXINE HCL ER) 150mg, 37.5mg, 75mg	3	
VIIBRYD	3	
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i>	1	
APOKYN	4	NM
AZILECT	2	
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i> (generic of PARLODEL)	1	
<i>carbidopa-levodopa</i> (generic of PARCOPA)	1	
COMTAN	2	
LODOSYN	3	
MIRAPEX ER	3	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX)	1	
REQUIP XL	3	
<i>ropinirole hydrochloride</i> (generic of REQUIP)	1	
<i>selegiline hcl</i> (generic of ELDEPRYL)	1	
STALEVO 100	2	
STALEVO 125	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	
<i>trihexyphenidyl hcl</i>	1	
ZELAPAR	3	
<b>ANTIPSYCHOTICS</b>		
ABILIFY	3	
ABILIFY DISCMELT	3	
CHLORPROMAZ INJ 25MG/ML	2	
<i>chlorpromazine hcl</i>	1	
<i>clozapine</i> (generic of CLOZARIL)	1	
FANAPT	3	
FANAPT TITRATION PACK	3	
FAZACLO	3	
<i>fluphenazine decanoate</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>fluphenazine hcl</i>	1	
GEODON	3	
GEODON INJ	3	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100)	1	
<i>haloperidol lactate</i>	1	
INVEGA	3	
INVEGA SUSTENNA 39mg/0.25ml, 78mg/0.5ml	3	
INVEGA SUSTENNA 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	NM
LATUDA	3	
<i>loxapine succinate</i> (generic of LOXITANE)	1	
ORAP	2	
<i>perphenazine</i>	1	
RISPERDAL CONSTA 12.5mg, 25mg	2	
RISPERDAL CONSTA 37.5mg, 50mg	4	NM
<i>risperidone</i> (generic of RISPERDAL) .25mg, .5mg, 1mg, 1mg/ml, 2mg, 3mg, 4mg	1	
<i>risperidone</i> .25mg, .5mg, 1mg, 2mg, 3mg, 4mg ODT	1	
SAPHRIS	3	
SEROQUEL	2	
SEROQUEL XR	2	
<i>thioridazine hcl</i>	1	PA
<i>thiothixene</i> (generic of NAVANE)	1	
<i>trifluoperazine hcl</i>	1	
ZYPREXA	3	
ZYPREXA ZYDIS	3	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
ADDERALL XR	3	PA
<i>amphetamine-dextroampheta mine</i> (generic of ADDERALL)	1	PA
CONCERTA	3	PA
DAYTRANA	3	PA
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE)	1	PA

Drug Name	Drug Requirements/ Tier	Limits
INTUNIV	3	
METADATE CD	3	PA
METHYLIN	3	PA
<i>methylphenidate hcl</i> (generic of RITALIN) 10mg, 10mg/5ml, 20mg, 5mg, 5mg/5ml	1	PA
<i>methylphenidate hcl</i> 10mg, 20mg	1	
RITALIN LA	3	PA
STRATTERA	2	PA
VYVANSE	3	PA
<b>HYPNOTICS</b>		
EDLUAR QL (30 ea / 30 days)	3	QL
LUNESTA QL (30 tabs / 30 days)	3	QL
ROZEREM QL (30 tabs / 30 days)	3	QL
<i>zaleplon</i> (generic of SONATA) QL (30 caps / 30 days)	1	QL
<i>zolpidem tartrate</i> (generic of AMBIEN) 10mg, 5mg QL (30 tabs / 30 days)	1	QL
<i>zolpidem tartrate</i> (generic of AMBIEN CR) 12.5mg, 6.25mg QL (30 ea / 30 days)	1	QL
<b>MIGRAINE</b>		
AXERT QL (12 tabs / 30 days)	3	QL
<i>dihydroergotamine mesylate</i> (generic of D.H.E. 45)	1	
ERGOMAR	3	
<i>ergotamine w/ caffeine</i> (generic of CAFERGOT)	1	
FROVA QL (18 tabs / 30 days)	3	QL
MAXALT QL (12 tabs / 30 days)	2	QL
MAXALT-MLT QL (12 ea / 30 days)	2	QL
MIGERGOT	2	
MIGRANAL QL (8 bottles / 30 days)	3	QL
<i>naratriptan hcl</i> (generic of AMERGE) QL (9 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
RELPAK QL (12 tabs / 30 days)	3	QL
<i>sumatriptan succinate</i> (generic of IMITREX) 100mg, 25mg, 50mg QL (9 tabs / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) 4mg/0.5ml, 6mg/0.5ml QL (20 vials / 30 days)	1	QL
TREXIMET QL (9 tabs / 30 days)	3	QL
ZOMIG 2.5mg, 5mg QL (12 tabs / 30 days)	3	QL
ZOMIG 5mg QL (2 bottles / 30 days)	3	QL
ZOMIG ZMT QL (12 ea / 30 days)	3	QL
<b>MISCELLANEOUS</b>		
EQUETRO	3	
GUANIDINE HCL	2	
LITHIUM CARB TAB 300MG	1	
<i>lithium carbonate</i> (generic of LITHIUM CARBONATE)	1	
LITHIUM CITRATE	2	
MESTINON	2	
MESTINON TIMESPAN	2	
MYTELASE	3	
NUDEXTA	3	PA
<i>pyridostigmine bromide</i> (generic of MESTINON)	1	
REGONOL	2	
RILUTEK	4	NM
SAVELLA	3	
SAVELLA TITRATION PACK	3	
XENAZINE	4	NM PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	4	NM PA
AVONEX QL (4 syringes / 28 days)	4	QL NM PA
BETASERON QL (14 vials / 28 days)	4	QL NM PA
COPAXONE QL (30 syringes / 30 days)	4	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
EXTAVIA QL (14 syringes / 28 days)	4	QL NM PA
GILENYA	4	NM PA
REBIF QL (12 syringes / 28 days)	4	QL NM PA
REBIF TITRATION PACK QL (12 syringes / 28 days)	4	QL NM PA
TYSABRI	4	NM LA PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
AMRIX	3	PA
<i>baclofen</i>	1	
<i>carisoprodol</i> (generic of SOMA) QL (120 tabs / 30 days)	1	QL PA
<i>carisoprodol w/ aspirin</i> QL (240 tabs / 30 days)	1	QL PA
<i>carisoprodol w/ aspirin &amp; codeine</i> QL (240 tabs / 30 days)	1	QL PA
<i>chlorzoxazone</i> (generic of PARAFON FORTE DSC)	1	PA
<i>cyclobenzaprine hcl</i> (generic of FLEXERIL) 10mg, 5mg	1	PA
<i>cyclobenzaprine hcl</i> (generic of AMRIX) 15mg, 30mg	1	
<i>dantrolene sodium</i> (generic of DANTRIUM)	1	
FEXMID	3	PA
<i>metaxalone</i> (generic of SKELAXIN)	1	PA
<i>methocarbamol</i> (generic of ROBAXIN)	1	PA
<i>orphenadrine citrate</i>	1	PA
<i>orphenadrine w/ aspirin &amp; caff</i>	1	PA
ROBAXIN INJ 100MG/ML	2	
<i>tizanidine hcl</i>	1	
ZANAFLEX	3	
<b>NARCOLEPSY/CATAPLEXY</b>		
NUVIGIL	2	PA
PROVIGIL	3	PA
XYREM	4	NM LA PA
<b>PSYCHOTHERAPEUTIC-MISCELLANEOUS</b>		
ANTABUSE	2	

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<i>buprenorphine hcl</i> (generic of SUBUTEX)	1	PA
<i>bupropion hcl</i> (smoking deterrent) (generic of ZYBAN)	1	
CAMPRAL	2	PA
CHANTIX	3	PA
<i>fluoxetine hcl</i> (pmdd)	1	
<i>naloxone hcl</i>	1	
<i>naltrexone hcl</i> (generic of REVIA)	1	
NICOTROL INHALER	3	PA
NICOTROL NS	3	PA
<i>perphenazine-amitriptyline</i>	1	
SARAFEM	3	
SUBOXONE	3	PA
SUBOXONE SL FILM	2	PA
VIVITROL	4	NM
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
ANADROL-50	4	NM PA
ANDRODERM	2	PA
ANDROGEL QL (300 gm / 30 days)	2	QL PA
ANDROGEL PUMP QL (150 gm / 30 days)	2	QL PA
ANDROXY	2	PA
AXIRON	3	PA
FORTESTA	3	PA
<i>oxandrolone</i> (generic of OXANDRIN) 2.5mg	1	PA
<i>oxandrolone</i> (generic of OXANDRIN) 10mg	4	NM PA
STRIANT	3	PA
TESTIM QL (300 gm / 30 days)	3	QL PA
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE)	1	
<i>testosterone enanthate</i> (generic of DELATESTRYL)	1	
<b>ANTIDIABETICS, INJECTABLE</b>		
ALCOHOL PREPS	2	
APIDRA	2	
APIDRA SOLOSTAR	2	
BYETTA	2	PA
HUMALOG	2	
HUMALOG KWIKPEN	2	

Drug Name	Drug Requirements/ Tier	Limits
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 PEN	2	
HUMULIN N	2	
HUMULIN N U-100 PEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTR)	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILL	2	
SYMLIN	2	PA
SYMLINPEN 120	2	PA
SYMLINPEN 60	2	PA
VICTOZA QL (3 pens / 30 days)	2	QL
<b>ANTIDIABETICS, ORAL</b>		
<i>acarbose</i> (generic of PRECOSE)	1	
ACTOPLUS MET	2	
ACTOPLUS MET XR	3	
ACTOS 15mg QL (90 tabs / 30 days)	2	QL
ACTOS 30mg QL (45 tabs / 30 days)	2	QL
ACTOS 45mg QL (30 tabs / 30 days)	2	QL
DUETACT	2	
FORTAMET	3	
<i>glimepiride</i> (generic of AMARYL) 1mg QL (240 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>glimepiride</i> (generic of AMARYL) 2mg QL (120 tabs / 30 days)	1	QL
<i>glimepiride</i> (generic of AMARYL) 4mg QL (60 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL) 10mg QL (120 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) 2.5mg QL (240 ea / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL) 5mg QL (240 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) 5mg QL (120 ea / 30 days)	1	QL
<i>glipizide er tab 10mg</i> (generic of GLUCOTROL XL) QL (60 ea / 30 days)	1	QL
<i>glipizide-metformin hcl</i> (generic of METAGLIP) GLUMETZA	1 3	
<i>glyburide</i> 1.25mg QL (480 tabs / 30 days)	1	QL
<i>glyburide</i> 2.5mg QL (240 tabs / 30 days)	1	QL
<i>glyburide</i> 5mg QL (120 tabs / 30 days)	1	QL
<i>glyburide micronized</i> (generic of GLYNASE) 1.5mg QL (240 tabs / 30 days)	1	QL
<i>glyburide micronized</i> (generic of GLYNASE) 3mg QL (120 tabs / 30 days)	1	QL
<i>glyburide micronized</i> (generic of GLYNASE) 6mg QL (60 tabs / 30 days)	1	QL
<i>glyburide-metformin</i> (generic of GLUCOVANCE) GLYCRON	1 3	QL
GLYSET	3	
JANUMET	2	
JANUVIA	2	
KOMBIGLYZE XR	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>metformin hcl</i> (generic of GLUCOPHAGE) 1000mg, 850mg QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) 500mg QL (150 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE XR) 750mg QL (90 ea / 30 days)	1	QL
<i>metformin tab 500mg er</i> (generic of GLUCOPHAGE XR) QL (120 ea / 30 days)	1	QL
<i>nateglinide</i> (generic of STARLIX)	1	
ONGLYZA	2	
PRANDIMET	3	
PRANDIN	2	
RIOMET	3	
<b>BISPHOSPHONATES</b>		
ACTONEL	3	
<i>alendronate sodium</i> (generic of FOSAMAX)	1	
ATELVIA	3	
BONIVA 150mg	2	
BONIVA 3mg/3ml	2	B/D
FOSAMAX	3	
FOSAMAX PLUS D	3	
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	1	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
ZOMETA	4	B/D NM
<b>CALCITONINS</b>		
<i>calcitonin (salmon)</i> (generic of MIACALCIN)	1	
MIACALCIN	2	B/D
<b>CALCIUM RECEPTOR ANTAGONISTS</b>		
SENSIPAR 30mg	2	NM
SENSIPAR 60mg, 90mg	4	NM
<b>CHELATING AGENTS</b>		
CHEMET	3	
EXJADE 125mg	2	NM PA
EXJADE 250mg, 500mg	4	NM PA
<i>sodium polystyrene sulfonate</i> (generic of KAYEXALATE)	1	

Drug Name	Drug Requirements/ Tier	Limits
SYPRINE	2	
<b>CONTRACEPTIVES</b>		
BEYAZ	3	
DEPO-SUBQ PROVERA 104	3	
<i>desogestrel &amp; ethinyl estradiol</i> (generic of DESOGEN)	1	
<i>desogestrel-ethinyl estradiol</i> (triphasic) (generic of CYCLESSA)	1	
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	1	
<i>ethynodiol diacet &amp; eth estrad</i>	1	
<i>levonorgestrel &amp; eth estradiol</i> (generic of NORDETTE-28)	1	
<i>levonorgestrel (emergency oc)</i> (generic of PLAN B)	1	
<i>levonorgestrel-eth estradiol</i> (triphasic)	1	
<i>levonorgestrel-ethinyl estradiol (91-day)</i> (generic of SEASONALE)	1	
LOESTRIN 24 FE	3	
LOSEASONIQUE	3	
LYBREL	3	
<i>medroxyprogesterone acetate</i> (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV)	1	
NECON 10/11-28	2	
<i>norethin acet &amp; estrad-fe</i> (generic of LOESTRIN FE 1.5/30)	1	
<i>norethindrone &amp; eth estradiol</i> (generic of BREVICON-28)	1	
<i>norethindrone (contraceptive)</i> (generic of NOR-QD)	1	
<i>norethindrone acet &amp; eth estra</i> (generic of LOESTRIN 1.5/30-21)	1	
<i>norethindrone acetate-ethinyl estradiol-fe</i> (generic of ESTROSTEP FE)	1	
<i>norethindrone-eth estradiol</i> (triphasic) (generic of ORTHO-NOVUM 7/7/7)	1	
<i>norgestimate-ethinyl estradiol</i> (generic of ORTHO-CYCLEN)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>norgestimate-ethinyl estradiol</i> (triphasic) (generic of ORTHO TRI-CYCLEN)	1	
<i>norgestrel &amp; ethinyl estradiol</i> (generic of LO/OVRAL)	1	
NUVARING	2	
ORTHO EVRA	2	
ORTHO TRI-CYCLEN LO	2	
OVCON-50 28	3	
SEASONIQUE	3	
<i>zovia</i>	1	
<b>ENDOMETRIOSIS</b>		
<i>danazol</i>	1	
SYNAREL	2	
<b>ENZYME REPLACEMENTS</b>		
ADAGEN	4	NM PA
ALDURAZYME	4	NM PA
BUPHENYL	4	NM
CEREDASE	4	NM
CEREZYME	4	NM PA
CYSTADANE	4	NM
CYSTAGON	2	NM
ELAPRASE	4	NM PA
FABRAZYME	4	NM PA
KUVAN	4	NM PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR)	1	B/D
MYOZYME	4	NM PA
NAGLAZYME	4	NM PA
ORFADIN	4	NM PA
VPRIV	4	NM PA
ZAVESCA	4	NM PA
<b>ESTROGEN/PROGESTINS</b>		
ACTIVELLA	3	
CLIMARA PRO	3	
COMBIPATCH	3	
<i>estradiol &amp; norethindrone acetate</i> (generic of ACTIVELLA)	1	
FEMHRT LOW DOSE	3	
<i>norethindrone acetate-ethinyl estradiol</i> (generic of FEMHRT 1/5)	1	
PREFEST	3	
PREMPHASE	3	PA
PREMPRO	3	PA

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Drug Name	Drug Requirements/ Tier	Limits
<b>ESTROGENS</b>		
ALORA	3	
CENESTIN	3	PA
DELESTROGEN	3	
DEPO-ESTRADIOL	3	
DIVIGEL	3	
ELESTRIN	3	
ENJUVIA	3	PA
ESTRACE	3	
ESTRADERM	2	
<i>estradiol</i> (generic of CLIMARA)	1	
<i>estradiol valerate</i> (generic of DELESTROGEN)	1	
ESTRING	3	
<i>estropipate</i>	1	PA
EVAMIST	3	
FEMRING	3	
FEMTRACE	3	
MENEST	3	PA
MENOSTAR	3	
PREMARIN .3mg, .45mg, .625mg, .9mg, 1.25mg	3	PA
PREMARIN 25mg	3	
PREMARIN W/APPLICATOR	3	
VAGIFEM	3	
VIVELLE-DOT	2	
<b>GLUCOCORTICOIDS</b>		
CELESTONE	3	
<i>cortisone acetate</i>	1	
DEPO-MEDROL	3	
<i>dexamethasone</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone sodium phosphate</i>	1	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i> (generic of CORTEF)	1	
<i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF)	1	
<i>methylprednisolone</i> (generic of MEDROL)	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL)	1	
MILLIPRED	3	
ORAPRED ODT	3	
<i>prednisolone sodium phosphate</i> (generic of ORAPRED)	1	
<i>prednisone</i>	1	
PREDNISON INTENSOL	2	
SOLU-CORTEF	2	
SOLU-MEDROL	3	
VERIPRED 20	3	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	2	
<b>HUMAN GROWTH HORMONES</b>		
GENOTROPIN	4	NM PA
GENOTROPIN MINIQUICK .2mg	3	NM PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 1mg, 2mg	4	NM PA
HUMATROPE 6mg	3	NM PA
HUMATROPE 12mg, 24mg	4	NM PA
HUMATROPE COMBO PACK	4	NM PA
NORDITROPIN FLEXPOR	4	NM PA
NORDITROPIN NORDIFLEX PEN	4	NM PA
NUTROPIN	4	NM PA
NUTROPIN AQ PEN	4	NM PA
OMNITROPE	4	NM PA
SAIZEN	4	NM PA
SAIZEN CLICK.EASY	4	NM PA
SEROSTIM	4	NM PA
TEV-TROPIN	4	NM PA
ZORBTIVE	4	NM PA
<b>MISCELLANEOUS</b>		
<i>cabergoline</i>	1	
<i>chorionic gonadotropin</i>	1	NM PA
INCRELEX	4	NM PA
METHERGINE	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>octreotide acetate</i> (generic of SANDOSTATIN) 100mcg/ml, 200mcg/ml, 50mcg/ml	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 1000mcg/ml, 500mcg/ml	4	NM PA
PROLIA	3	NM PA
SAMSCA	4	NM PA
SANDOSTATIN LAR DEPOT	4	NM PA
SOMATULINE DEPOT	4	NM PA
SOMAVERT	4	NM PA
XGEVA	4	NM PA
<b>PARATHYROID HORMONES</b>		
FORTEO	4	NM PA
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO)	1	
ELIPHOS	3	
FOSRENOL	2	
PHOSLO	2	
RENAGEL	2	
REVELA	2	
<b>PROGESTINS</b>		
CRINONE	3	
ENDOMETRIN	3	
<i>medroxyprogesterone acetate</i> (generic of PROVERA)	1	
<i>norethindrone acetate</i> (generic of AYGESTIN)	1	
PROMETRIUM	3	
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS</b>		
EVISTA	2	
<b>THYROID AGENTS</b>		
<i>levothyroxine sodium</i> (generic of SYNTHROID)	1	
<i>liothyronine sodium</i> (generic of TRIOSTAT)	1	
<i>methimazole</i> (generic of TAPAZOLE)	1	
<i>propylthiouracil</i>	1	
SYNTHROID	2	
THYROLAR-1	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	

Drug Name	Drug Requirements/ Tier	Limits
TIROSINT	3	
<b>VASOPRESSINS</b>		
DDAVP	3	
<i>desmopressin acetate</i> (generic of DDAVP)	1	
<i>desmopressin acetate refrigerated</i> (generic of DDAVP)	1	
<i>desmopressin acetate spray refrigerated</i>	1	
STIMATE	3	NM
<b>GASTROINTESTINAL ANTIEMETICS</b>		
ALOXI	4	B/D NM
ANTIVERT	3	
CESAMET QL (60 caps / 30 days)	3	B/D QL
<i>dronabinol</i> (generic of MARINOL) 2.5mg, 5mg QL (60 caps / 30 days)	1	QL PA
<i>dronabinol</i> (generic of MARINOL) 10mg QL (60 caps / 30 days)	4	QL NM PA
EMEND 80mg QL (4 caps / 30 days)	2	B/D QL
EMEND 125mg QL (2 caps / 30 days)	2	B/D QL
EMEND 40mg	2	
<i>granisetron hcl</i>	1	B/D
GRANISOL	3	B/D
<i>meclizine hcl</i> (generic of ANTIVERT)	1	
<i>metoclopramide hcl</i> (generic of REGLAN)	1	
METOZOLV ODT	3	
<i>ondansetron</i> (generic of ZOFTRAN ODT)	1	B/D
<i>ondansetron hcl</i>	1	B/D
<i>ondansetron inj</i>	1	B/D
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl</i>	1	PA
<i>promethazine hcl inj</i> (generic of PHENERGAN)	1	
SANCUSO QL (4 ptch / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
TRANSDERM-SCOP QL (24 ea / year)	2	QL PA
<i>trimethobenzamide hcl</i> (generic of TIGAN)	1	PA
ZUPLENZ	3	B/D
<b>ANTISPASMODICS</b>		
<i>atropine sulfate .1mg/ml</i>	1	
ATROPINE SULFATE .05mg/ml	1	
BENTYL	3	
CANTIL	3	
<i>dicyclomine hcl</i> (generic of BENTYL)	1	PA
<i>dicyclomine inj</i>	1	
<i>glycopyrrolate</i> (generic of ROBINUL)	1	
<i>methscopolamine bromide</i> (generic of PAMINE)	1	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine</i>	1	
<i>cimetidine inj 150mg/ml</i>	1	
<i>cimetidine sol 300/5ml</i>	1	
<i>famotidine</i>	1	
<i>nizatidine</i> (generic of AXID)	1	
PEPCID I.V.	3	
<i>ranitidine hcl</i> (generic of ZANTAC)	1	
ZANTAC	3	
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO	2	
ASACOL	3	
ASACOL HD	3	
<i>balsalazide disodium</i> (generic of COLAZAL)	1	
CANASA	2	
CIMZIA	4	NM PA
DIPENTUM	3	
ENTOCORT EC	4	NM
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA)	1	
LIALDA	2	
<i>mesalamine</i>	1	
PENTASA	2	
<i>sulfasalazine</i> (generic of AZULFIDINE)	1	
<b>LAXATIVES</b>		

Drug Name	Drug Requirements/ Tier	Limits
GOLYTELY	3	
KRISTALOSE	3	
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
MOVIPREP	3	
OSMOPREP	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of COLYTE-FLAVOR PACKS)	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	1	
<i>polyethylene glycol 3350</i>	1	
RELISTOR	2	PA
SUPREP BOWEL PREP	3	
VISICOL	3	
<b>MISCELLANEOUS</b>		
AMITIZA	2	
CARAFATE	2	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL)	1	PA
GASTROCROM	4	NM
HELIDAC	3	
<i>loperamide hcl</i>	1	
LOTRONEX	2	
<i>misoprostol</i> (generic of CYTOTEC)	1	
MOTOFEN	3	PA
PYLERA	3	
<i>sucrafate</i> (generic of CARAFATE)	1	
<i>ursodiol</i> (generic of URSO 250)	1	
XIFAXAN TAB 550MG	4	NM PA
<b>PANCREATIC ENZYMES</b>		
CREON	3	ST
PANCREAZE	2	
ZENPEP	2	
<b>PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS</b>		
PREVPAC	2	
<b>PROTON PUMP INHIBITORS</b>		
ACIPHEX QL (30 ea / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
DEXILANT QL (30 ea / 30 days)	2	QL
<i>lansoprazole</i> (generic of PREVACID) QL (30 ea / 30 days)	1	QL
NEXIUM QL (30 ea / 30 days)	2	QL
NEXIUM GRANULES QL (30 / 30 days)	2	QL
NEXIUM I.V.	2	
<i>omeprazole</i> (generic of PRILOSEC) 10mg, 40mg QL (30 ea / year)	1	QL
<i>omeprazole</i> (generic of PRILOSEC) 20mg QL (60 ea / year)	1	QL
<i>pantoprazole sodium</i> (generic of PROTONIX) QL (30 ea / 30 days)	1	QL
PROTONIX 40mg	3	
PROTONIX 40mg QL (1 box / 30 days)	3	QL
ZEGERID QL (1 packet / 30 days)	3	QL
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
AVODART	3	
CARDURA XL	3	
<i>finasteride</i> (generic of PROSCAR)	1	
JALYN	3	
RAPAFLO	3	
<i>tamsulosin hcl</i> (generic of FLOMAX)	1	
UROXATRAL	2	
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride</i> (generic of URECHOLINE)	1	
ELMIRON	3	
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 10)	1	
<b>URINARY ANTISPASMODICS</b>		
DETROL	3	
DETROL LA	2	
ENABLEX	2	
GELNIQUE	2	
<i>oxybutynin chloride</i> (generic of DITROPAN XL)	1	

Drug Name	Drug Requirements/ Tier	Limits
OXYTROL	3	
SANCTURA XR	3	
TOVIAZ	3	
<i>trospium chloride</i> (generic of SANCTURA)	1	
VESICARE	2	
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN VAG SUPP 100MG	2	
<i>clindamycin cre 2% vag</i> (generic of CLEOCIN)	1	
CLINDESSE	3	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	1	
MICONAZOLE 3	1	
<i>terconazole vaginal</i> (generic of TERAZOL 7)	1	
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
ARIXTRA 2.5mg/0.5ml	2	
ARIXTRA 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	4	NM
COUMADIN 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	2	
COUMADIN 5mg	3	
<i>enoxaparin sodium</i> (generic of LOVENOX)	1	
FRAGMIN 25000unit/ml, 2500unit/0.2ml, 5000unit/0.2ml	2	
FRAGMIN 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 7500unit/0.3ml	4	NM
HEP SOD/NAACL INJ 25000	2	B/D
<i>heparin (porcine) in sodium chloride</i> (generic of HEPARIN SODIUM/SODIUM CHL)	1	B/D
<i>heparin sod (porcine) in d5w</i>	1	B/D
HEPARIN SOD INJ 2000/ML	2	B/D
<i>heparin sodium (porcine)</i>	1	B/D
INNOHEP	3	
LOVENOX	3	
PRADAXA	2	

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Drug Name	Drug Requirements/ Tier	Limits
<i>warfarin sodium</i> (generic of COUMADIN)	1	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP ALBUMIN FREE 25mcg/0.42ml, 25mcg/ml, 40mcg/0.4ml, 40mcg/ml, 60mcg/0.3ml, 60mcg/ml	2	NM PA
ARANESP ALBUMIN FREE 100mcg/0.5ml, 100mcg/ml, 150mcg/0.3ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/0.6ml, 300mcg/ml, 500mcg/ml	4	NM PA
EPOGEN	3	PA
LEUKINE	4	NM PA
MOZOBIL	4	NM PA
NEULASTA	4	NM PA
NEUPOGEN	4	NM PA
PROCRIT 10000unit/ml, 2000unit/ml, 3000unit/ml, 4000unit/ml	2	NM PA
PROCRIT 20000unit/ml, 40000unit/ml	4	NM PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl</i> (generic of AGRYLIN)	1	PA
<i>cilostazol</i> (generic of PLETAL)	1	
CYKLOKAPRON	2	
<i>pentoxifylline</i> (generic of TRENTAL)	1	
PROMACTA	4	NM PA
<b>PLATELET AGGREGATION INHIBITORS</b>		
AGGRENOLX	2	
<i>dipyridamole</i> (generic of PERSANTINE)	1	PA
EFFIENT	2	
PLAVIX	2	
<b>IMMUNOLOGIC AGENTS</b>		
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
ACTEMRA	4	NM PA
ENBREL	4	NM PA
HUMIRA	4	NM PA
HUMIRA PEN-CROHNS DISEASE	4	NM PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	1	
KINERET	4	NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>leflunomide</i> (generic of ARAVA)	1	
<i>methotrexate tab 2.5mg</i>	1	
ORENCIA	4	NM PA
REMICADE	4	NM PA
RHEUMATREX	2	
SIMPONI	4	NM PA
TREXALL	3	B/D
<b>IMMUNOGLOBULINS</b>		
CARIMUNE NANOFILTERED	4	NM PA
GAMASTAN S/D	2	B/D NM
GAMMAGARD LIQUID	4	NM PA
GAMMAPLEX	4	NM PA
GAMUNEX	4	NM PA
HIZENTRA	4	NM PA
VIVAGLOBIN	4	NM PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	4	NM PA
ARCALYST	4	NM PA
INFERGEN	4	NM PA
INTRON-A	4	B/D NM
INTRON-A W/DILUENT	4	B/D NM
PEG-INTRON	4	NM PA
PEG-INTRON REDIPEN	4	NM PA
PEGASYS	4	NM PA
REVLIMID	4	NM LA PA
THALOMID	4	NM PA
<b>IMMUNOSUPPRESSANTS</b>		
ATGAM	3	B/D
AZASAN	2	B/D
<i>azathioprine</i> (generic of IMURAN)	1	B/D
<i>azathioprine inj 100mg</i>	1	B/D
CELLCEPT	2	B/D
CELLCEPT INTRAVENOUS	3	B/D
<i>cyclosporine</i> (generic of SANDIMMUNE)	1	B/D
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL)	1	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT)	1	B/D
MYFORTIC	2	B/D
NEORAL	2	B/D
ORTHOCLONE OKT3	3	B/D
PROGRAF .5mg, 1mg	2	B/D
PROGRAF 5mg/ml	3	B/D
PROGRAF 5mg	4	B/D NM

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    NM - Not available at mail-order    B/D - Covered under Medicare B or D    LA - Limited Access

Drug Name	Drug Requirements/ Tier	Limits
RAPAMUNE	2	B/D
SANDIMMUNE	2	B/D
SIMULECT	3	B/D
<i>tacrolimus</i> (generic of PROGRAF) .5mg, 1mg	1	B/D
<i>tacrolimus</i> (generic of PROGRAF) 5mg	4	B/D NM
THYMOGLOBULIN	3	B/D
ZORTRESS .25mg, .5mg	2	B/D
ZORTRESS .75mg	4	B/D NM
<b>VACCINES</b>		
ACTHIB	2	
ADACEL	2	
BOOSTRIX	2	
CERVARIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	B/D
DIPHThERIA/TETANUS TOXOID	2	B/D
ENGERIX-B	2	B/D
GARDASIL	2	
HAVRIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
JE-VAX	2	
M-M-R II W/DILUENT 10 DOS	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D
ROTATEQ	2	
SYNAGIS	4	NM
TETANUS TOXOID ADSORBED	2	B/D
TETANUS/DIPHThERIA TOXOID	2	B/D
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	2	

Drug Name	Drug Requirements/ Tier	Limits
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	

### NUTRITIONAL/SUPPLEMENTS

#### ELECTROLYTES

AMMONIUM CHLORIDE	3	
KLOR-CON M15	2	
<i>magnesium sulfate</i> 50%	1	
MAGNESIUM SULFATE 40mg/ml, 80mg/ml	3	
<i>parenteral electrolytes</i>	1	B/D
<i>potassium chloride</i> (generic of K-TABS) 10meq, 2meq/ml, 8meq	1	
<i>potassium chloride microencapsulated crystals cr</i>	1	
<i>sodium chloride</i> 2.5meq/ml	1	

#### IV NUTRITION

<i>amino acid electrolyte infusion</i>	1	B/D
<i>amino acid infusion</i> (generic of AMINOSYN II)	1	B/D
AMINOSYN	2	B/D
AMINOSYN II	2	B/D
AMINOSYN II 3.5%/DEXTROSE	2	B/D
AMINOSYN II 3.5%/DEXTROSE	2	B/D
AMINOSYN II 4.25%/DEXTROSE	2	B/D
AMINOSYN II 5%/DEXTROSE 25	2	B/D
AMINOSYN II M 3.5%/DEXTRO	2	B/D
AMINOSYN M	2	B/D
AMINOSYN-HBC	2	B/D
AMINOSYN-PF	2	B/D
AMINOSYN-PF 7%	2	B/D
CLINIMIX 2.75%/DEXTROSE 5	2	B/D
CLINIMIX 4.25%/DEXTROSE 1	2	B/D
CLINIMIX 4.25%/DEXTROSE 2	2	B/D
CLINIMIX 4.25%/DEXTROSE 5	2	B/D
CLINIMIX 5%/DEXTROSE 15%	2	B/D

Drug Name	Drug Requirements/ Tier	Limits
CLINIMIX 5%/DEXTROSE 20%	2	B/D
CLINIMIX 5%/DEXTROSE 25%	2	B/D
CLINIMIX E 2.75%/DEXTROSE	2	B/D
CLINIMIX E 4.25%/DEXTROSE	2	B/D
CLINIMIX E 5%/DEXTROSE 15	2	B/D
CLINIMIX E 5%/DEXTROSE 20	2	B/D
CLINIMIX E 5%/DEXTROSE 25	2	B/D
<i>fat emulsion</i> (generic of INTRALIPID)	1	B/D
FREAMINE III 3%	2	B/D
HEPATASOL	2	B/D
INTRALIPID	2	B/D
LIPOSYN II	2	B/D
LIPOSYN III	2	B/D
NEPHRAMINE	2	B/D
PREMASOL	2	B/D
PROCALAMINE	2	B/D
PROSOL	2	B/D
TRAVASOL	2	B/D
TROPHAMINE	2	B/D
<b>IV REPLACEMENT SOLUTIONS</b>		
<i>dextrose</i>	1	
DEXTROSE 5%	2	
DEXTROSE 5%/POTASSIUM CHL	2	
<i>dextrose w/ sodium chloride</i>	1	
<i>electrolyte-m in dextrose</i>	1	
<i>electrolyte-r</i>	1	
<i>electrolyte-r in dextrose</i>	1	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
IONOSOL-T/DEXTROSE 5%	2	
ISOLYTE-H/DEXTROSE 5%	2	
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S/DEXTROSE 5%	2	
KCL 0.15%/D10W/NACL 0.2%	2	
KCL 0.15%/D5W/LR	2	

Drug Name	Drug Requirements/ Tier	Limits
KCL 0.15%/D5W/NACL 0.225%	2	
KCL 0.3%/D5W/NACL 0.9%	2	
<i>lactated ringer's</i>	1	
MAGNESIUM SULFATE IN D5W	2	
NORMOSOL-R	2	
PLASMA-LYTE 56	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PLASMA-LYTE-148/D5W	2	
PLASMA-LYTE-56/D5W	2	
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) .4meq/ml, 10meq/100ml, 10meq/50ml, 30meq/100ml	1	
POTASSIUM CHLORIDE 0.3%/	2	
<i>potassium chloride in d5w lactated ringers</i>	1	
<i>potassium chloride in dextrose</i>	1	
<i>potassium chloride in dextrose &amp; sodium chloride</i> (generic of KCL 0.15%/D5W/NACL 0.9%)	1	
<i>potassium chloride in nacl</i> (generic of POTASSIUM CHLORIDE 0.15%)	1	
<i>ringer's</i>	1	
<i>sodium chloride</i> .45%, .9%, 3%, 5%	1	
<b>VITAMINS</b>		
<i>calcitriol</i> (generic of ROCALTROL)	1	B/D
HECTOROL	3	B/D
ZEMPLAR	2	B/D
<b>OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-poly-neomycin-hc</i>	1	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	2	
<i>neomycin-polymy-dexameth</i> (generic of MAXITROL)	1	
<i>neomycin-polymyxin-hc</i> ( <i>ophth</i> )	1	
POLY-PRED	3	

Drug Name	Drug Requirements/ Tier Limits
<i>sulfacetamide sod-prednisolone</i>	1
TOBRADEX	3
TOBRADEX ST	3
<i>tobramycin-dexamethasone</i> (generic of TOBRADEX)	1
ZYLET	3
<b>ANTI-INFECTIVES</b>	
AZASITE	2
<i>bacitracin (ophthalmic)</i>	1
<i>bacitracin-polymyxin b (ophth)</i>	1
BESIVANCE	3
CILOXAN	2
<i>ciprofloxacin hcl (ophth)</i> (generic of CILOXAN)	1
<i>erythromycin (ophth)</i>	1
<i>gentamicin sulfate (ophth)</i> (generic of GARAMYCIN)	1
<i>levofloxacin (ophth)</i> (generic of QUIXIN)	1
NATACYN	2
<i>neomycin-bacitracin zn-polymyxin</i>	1
<i>neomycin-polymy-gramicid</i> (generic of NEOSPORIN)	1
<i>ofloxacin (ophth)</i> (generic of OCUFLOX)	1
<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	1
<i>sulfacetamide sodium (ophth)</i> (generic of BLEPH-10)	1
<i>tobramycin sulfate (ophth)</i> (generic of TOBEX)	1
TOBEX OINT 0.3%	2
<i>trifluridine</i> (generic of VIROPTIC)	1
VIGAMOX	2
ZIRGAN	3
ZYMAR	2
ZYMAXID	2
<b>ANTI-INFLAMMATORIES</b>	
ACUVAIL	3
BROMDAY	3
<i>bromfenac sodium (ophth)</i>	1
<i>dexamethasone sodium phosphate (ophth)</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>diclofenac sodium (ophth)</i> (generic of VOLTAREN)	1
DUREZOL	3
FLAREX	3
<i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM)	1
<i>flurbiprofen sodium</i> (generic of OCUFEN)	1
FML oint	2
FML FORTE	3
<i>ketorolac tromethamine</i> ( <i>ophth</i> ) (generic of ACULAR LS)	1
LOTEMAX	3
MAXIDEX	3
NEVANAC	3
OMNIPRED	3
PRED MILD	3
PRED-G	3
PRED-G S.O.P.	3
<i>prednisolone acetate (ophth)</i> (generic of OMNIPRED)	1
PREDNISOLONE SODIUM PHOSP	2
VEXOL	3
<b>ANTIALLERGICS</b>	
ALAMAST	3
ALOCRIAL	3
ALOMIDE	3
ALREX	2
<i>azelastine hcl (ophth)</i> (generic of OPTIVAR)	1
BEPREVE	3
<i>cromolyn sodium (ophth)</i>	1
EMADINE	3
<i>epinastine hcl (ophth)</i> (generic of ELESTAT)	1
LASTACAFT	3
PATADAY	2
PATANOL	2
<b>ANTIGLAUCOMA</b>	
ALPHAGAN P	2
AZOPT	2
<i>betaxolol hcl (ophth)</i>	1
BETIMOL	3

Drug Name	Drug Requirements/ Tier	Limits
BETOPTIC-S	2	
<i>brimonidine tartrate</i>	1	
<i>carteolol hcl (ophth)</i>	1	
COMBIGAN	2	
<i>dorzolamide hcl</i> (generic of TRUSOPT)	1	
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	1	
ISTALOL	3	
<i>latanoprost</i> (generic of XALATAN) QL (2.5ml / 30 days)	1	QL
<i>levobunolol hcl</i>	1	
LUMIGAN QL (2.5ml / 30 days)	2	QL
<i>metipranolol</i> (generic of OPTIPRANOLOL)	1	
PHOSPHOLINE IODIDE	3	
PILOPINE HS	2	
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC) .25%, .5%	1	
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC-XE) .25%, .5% gel	1	
TIMOPTIC OCUDOSE	3	
TRAVATAN Z QL (2.5ml / 30 days)	2	QL
<b>MISCELLANEOUS</b>		
BOTOX	4	NM PA
LACRISERT	2	
<i>naphazoline hcl</i>	1	
<i>proparacaine hcl</i> (generic of ALCAINE)	1	
RESTASIS	2	
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
COMBIVENT QL (2 inhalers / 30 days)	2	QL
<i>ipratropium-albuterol</i> (generic of DUONEB)	1	B/D
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA QL (2 inhalers / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>ipratropium bromide (nasal)</i> (generic of ATROVENT)	1	
<i>ipratropium sol inhal</i>	1	B/D
SPIRIVA HANDIHALER QL (30 caps / 30 days)	2	QL
<b>ANTIHISTAMINE/DECONGESTANT COMBINATIONS</b>		
CLARINEX-D 12 HOUR	3	
CLARINEX-D 24 HOUR	3	
<i>promethazine &amp; phenylephrine</i>	1	PA
SEMPREX-D	3	
<b>ANTIHISTAMINES</b>		
ASTEPRO QL (2 spray-bottles / 30 days)	2	QL
<i>azelastine hcl</i> (generic of ASTELIN) QL (2 bottles / 30 days)	1	QL
<i>carbinoxamine maleate</i> (generic of PALGIC)	1	
<i>cetirizine hcl</i>	1	
CLARINEX	3	
CLARINEX REDITABS	3	
<i>clemastine fumarate</i>	1	
<i>cyproheptadine hcl</i>	1	PA
DEXCHLORPHENIRAMINE MALEA	1	
<i>diphenhydramine hcl</i> (generic of BENADRYL)	1	
<i>fexofenadine hcl</i>	1	
<i>hydroxyzine hcl</i>	1	PA
<i>hydroxyzine hcl inj</i>	1	
<i>hydroxyzine pamoate</i>	1	PA
<i>levocetirizine tab 5 mg</i> (generic of XYZAL)	1	
PATANASE	3	
XYZAL	3	
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> .083%, .5%, .63mg/3ml, 1.25mg/3ml	1	B/D
<i>albuterol sulfate</i> 2mg, 2mg/5ml, 4mg, 8mg	1	
BROVANA	3	B/D
FORADIL AEROLIZER QL (60 caps / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>levalbuterol hcl</i> (generic of XOPENEX CONCENTRATE)	1	B/D
PERFOROMIST	3	B/D
PROAIR HFA QL (2 inhalers / 30 days)	2	QL
PROVENTIL HFA QL (2.09 inhalers / 30 days)	3	QL
SEREVENT DISKUS QL (1 inhaler / 30 days)	3	QL
<i>terbutaline sulfate</i>	1	
VENTOLIN HFA QL (2 inhalers / 30 days)	3	QL
XOPENEX	3	B/D
XOPENEX HFA QL (2 inhalers / 30 days)	3	QL
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
SINGULAIR	2	
<i>zafirlukast</i> (generic of ACCOLATE)	1	
ZYFLO CR	3	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium</i>	1	B/D
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i>	1	B/D
ARALAST NP	4	NM PA
CAYSTON	4	NM PA
<i>epinephrine hcl</i>	1	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
GLASSIA	4	NM PA
PROLASTIN	4	NM PA
PROLASTIN-C	4	NM PA
PULMOZYME	4	B/D NM
TOBI	4	B/D NM
TWINJECT	3	
TYZINE	3	
TYZINE PEDIATRIC NASAL DR	3	
XOLAIR	4	NM PA
ZEMAIRA	4	NM PA
<b>NASAL STEROIDS</b>		
BECONASE AQ QL (2 inhalers / 30 days)	3	QL
<i>flunisolide (nasal)</i> QL (2 bottles / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>fluticasone propionate (nasal)</i> (generic of FLONASE) QL (1 bottle / 30 days)	1	QL
NASACORT AQ QL (1 inhaler / 30 days)	2	QL
NASONEX QL (2 inhalers / 30 days)	3	QL
OMNARIS QL (1.04 inhalers / 30 days)	3	QL
RHINOCORT AQUA QL (2 inhalers / 30 days)	3	QL
VERAMYST QL (1 bottle / 30 days)	3	QL
<b>STEROID INHALANTS</b>		
ALVESCO QL (2.131 inhalers / 30 days)	3	QL
ASMANEX 120 METERED DOSES QL (2 inhalers / 30 days)	2	QL
ASMANEX 14 METERED DOSES QL (2 inhalers / 30 days)	2	QL
ASMANEX 30 METERED DOSES QL (2 inhalers / 30 days)	2	QL
ASMANEX 60 METERED DOSES QL (2 inhalers / 30 days)	2	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT)	1	B/D
FLOVENT DISKUS QL (2 inhalers / 30 days)	3	QL
FLOVENT HFA 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	3	QL
FLOVENT HFA 44mcg/act QL (2.264 inhalers / 30 days)	3	QL
PULMICORT	3	B/D
PULMICORT FLEXHALER 180mcg/act QL (2 inhalers / 30 days)	3	QL
PULMICORT FLEXHALER 90mcg/act QL (4 inhalers / 30 days)	3	QL
QVAR QL (3 inhalers / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKUS QL (1 kit / 30 days)	3	QL
ADVAIR HFA QL (1 inhaler / 30 days)	3	QL
DULERA QL (1 inhaler / 30 days)	2	QL
SYMBICORT QL (1 inhalers / 30 days)	2	QL
<b>XANTHINES</b>		
<i>aminophylline</i>	1	
ELIXOPHYLLIN	2	
LUFYLLIN	3	
THEO-24	2	
<i>theophylline</i>	1	
<b>TOPICAL DERMATOLOGY, ACNE</b>		
ACANYA	3	
<i>adapalene</i> (generic of DIFFERIN)	1	
AKNE-MYCIN	3	
ATRALIN	3	
AZELEX	3	
BENZAACLIN WITH PUMP	3	
<i>benzoyl peroxide-erythromycin</i> (generic of BENZAMYCIN)	1	
CLINDAGEL	3	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T)	1	
<i>clindamycin phosphate-benzoyl peroxide</i> (generic of BENZAACLIN)	1	
DIFFERIN	3	
EPIDUO	3	
<i>erythromycin (acne aid)</i>	1	
<i>isotretinoin cap 10 mg</i>	1	
RETIN-A MICRO	3	
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	1	
TRETIN-X	3	
<i>tretinoin</i> (generic of RETIN-A) .01%, .025%, .05%, .1%	1	
ZIANA	3	
<b>DERMATOLOGY, ACTINIC KERATOSIS</b>		

Drug Name	Drug Requirements/ Tier	Limits
CARAC	2	
FLUOROPLEX	3	
<i>fluorouracil (topical)</i>	1	
SOLARAZE	2	
<b>DERMATOLOGY, ANTIBIOTICS</b>		
ALTABAX	3	
BACTROBAN	2	
BACTROBAN NASAL	3	
CORTISPORIN	3	
<i>gentamicin sulfate (topical)</i>	1	
<i>mupirocin</i> (generic of BACTROBAN)	1	
PHISOHEX	3	
<i>silver sulfadiazine</i> (generic of SILVADENE)	1	
SULFAMYLON	3	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox</i> (generic of LOPROX)	1	
<i>ciclopirox olamine</i>	1	
<i>clotrimazole (topical)</i>	1	
<i>econazole nitrate</i>	1	
ERTACZO	3	
EXELDERM	3	
EXTINA	3	
<i>ketconazole (topical) 2%</i>	1	
MENTAX	3	
NAFTIN	3	
<i>nystatin (topical)</i>	1	
<i>nystatin pow 100000</i>	1	
OXISTAT	3	
<b>DERMATOLOGY, ANTIPRURITIC</b>		
CORTIFOAM	3	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) 2.5%	1	
ZONALON	2	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
8-MOP	3	
AMEVIVE	4	NM
<i>calcipotriene</i> (generic of DOVONEX)	1	
DOVONEX	2	
OXSORALEN ULTRA	4	NM PA
SORIATANE	4	NM PA

Drug Name	Drug Requirements/ Tier	Limits
STELARA	4	NM PA
TAZORAC	3	
VECTICAL	3	
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole (topical)</i> (generic of NIZORAL) 2%	1	
<i>selenium sulfide</i> (generic of SELSUN SHAMPOO)	1	
<b>DERMATOLOGY, ANTIVIRALS</b>		
DENAVIR	2	
ZOVIRAX cream, ointment	2	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>alclometasone dipropionate</i> (generic of ACLOVATE)	1	
<i>amcinonide</i> .1%	1	
AMCINONIDE .1%	1	
AMCINONIDE .1%	3	
<i>betamethasone dipropionate</i> (topical)	1	
<i>betamethasone dipropionate</i> <i>augmented</i> (generic of DIPROLENE)	1	
<i>betamethasone valerate</i>	1	
CAPEX	3	
<i>clobetasol propionate</i> (generic of TEMOVATE)	1	
<i>clobetasol propionate</i> <i>emollient base</i> (generic of TEMOVATE E)	1	
CLOBEX	3	
CLODERM	3	
CORDRAN	3	
CORDRAN SP	3	
CORDRAN TAPE	3	
CUTIVATE	3	
DERMA-SMOOTH/FS BODY OIL	2	
DESONATE	3	
<i>desonide</i> (generic of DESOWEN)	1	
DESOWEN LOTION/CETAPHIL C	3	
DESOWEN OINTMENT/CETAPHIL	3	
<i>desoximetasone</i> (generic of TOPICORT)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>diflorasone diacetate</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluticasone propionate</i> (generic of CUTIVATE)	1	
<i>halobetasol propionate</i> (generic of ULTRAVATE)	1	
HALOG	3	
<i>hydrocortisone (rectal)</i> (generic of PROCTOCORT) 1%	1	
<i>hydrocortisone (topical)</i>	1	
<i>hydrocortisone butyrate</i> (generic of LOCOID)	1	
<i>hydrocortisone valerate</i> (generic of WESTCORT)	1	
KENALOG	3	
LOCOID	3	
LOCOID LIPOCREAM	3	
LUXIQ	3	
<i>mometasone furoate</i> (generic of ELOCON)	1	
OLUX-E	3	
PANDEL	3	
<i>prednicarbate</i> (generic of DERMATOP)	1	
TACLONEX	3	
TACLONEX SCALP	3	
<i>triamcinolone acetonide</i> (topical)	1	
TRIAMCINOLONE ACETONIDE I	3	
<i>urea-hc acetate</i> (generic of CARMOL-HC)	1	
VANOS	3	
VERDESO	3	
<b>DERMATOLOGY, IMMUNOMODULATORS</b>		
ELIDEL	2	PA
PROTOPIC	2	PA
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine</i>	1	
<i>lidocaine hcl</i> (generic of XYLOCAINE JELLY)	1	
<i>lidocaine-prilocaine</i> (generic of EMLA)	1	
LIDODERM	2	PA

Drug Name	Drug Requirements/ Tier	Limits
SYNERA	3	
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>ammonium lactate</i> (generic of LAC-HYDRIN)	1	
CONDYLOX	3	
<i>imiquimod</i> (generic of ALDARA)	1	
<i>lactic acid (ammonium lactate)</i> (generic of LAC-HYDRIN)	1	
OXSORALEN	3	
PANRETIN	4	NM
PENNSAID	2	
<i>podofilox</i> (generic of CONDYLOX)	1	
TARGRETIN 1%	4	NM
VOLTAREN GEL 1%	2	
ZYCLARA	2	
<b>DERMATOLOGY, ROSACEA</b>		
FINACEA	3	
METROGEL	2	
<i>metronidazole (topical)</i> (generic of METROCREAM)	1	
NORITATE	3	
ORACEA	2	
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
EURAX	3	
<i>malathion</i> (generic of OVIDE)	1	
<i>permethrin</i>	1	
ULESFIA	3	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>neomycin/polymyxin b gu</i> (generic of NEOSPORIN GU IRRIGANT)	1	
REGRANEX	4	NM PA
SANTYL	2	
<i>sodium chloride (gu irrigant)</i>	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX)	1	
EVOXAC	2	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
ORAVIG	2	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN)	1	
<i>triamcinolone acetonide (mouth)</i>	1	
<b>OTIC</b>		
<i>acetic acid (otic)</i> (generic of VOSOL)	1	
<i>acetic acid sol/hc</i> (generic of VOSOL HC)	1	
CIPRO HC	3	
CIPRODEX	3	
COLY-MYCIN S	3	
CORTISPORIN-TC	3	
DERMOTIC	2	
<i>hydrocortisone w/acetic acid</i> (generic of VOSOL HC)	1	
<i>neomycin-polymyxin-hc (otic)</i> (generic of CORTISPORIN)	1	
<i>ofloxacin (otic)</i>	1	

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<i>fluorouracil (topical)</i> .....	28	<i>ganciclovir inj 500mg</i> .....	5	<i>glyburide-metformin</i> .....	16
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<i>fluticasone propionate</i> .....	29	GEMZAR		GRANISOL .....	19
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<i>fluvoxamine maleate</i> .....	11	GENOTROPIN MINIQUICK		GRIS-PEG .....	4
<i>fluvoxamine tab 100mg</i> .....	11	.....	18	GUANABENZ ACETATE....	8
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<i>haloperidol lactate</i> .....	13	HYDREA		.....	23
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.....	21	<i>hydrocodone-ibuprofen</i> .....	1	INDOCIN .....	2
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<i>chloride</i> .....	21	<i>hydrocortisone (intrarectal)</i>		INFANRIX.....	23
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HEPARIN SOD INJ 2000/ML		<i>hydrocortisone (topical)</i> .....	29	INFUMORPH 500.....	1
.....	21	<i>hydrocortisone butyrate</i> ....	29	INNOHEP .....	21
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KWIKPEN .....	15	<i>see</i>		5% .....	24
HUMALOG MIX 75/25 .....	15	<i>hydrocodone-ibuprofen</i> ...	1	IPOL INACTIVATED IPV ..	23
HUMALOG MIX 75/25		<i>ibuprofen</i> .....	2	<i>ipratropium bromide (nasal)</i>	
KWIKPEN .....	15	IDAMYCIN PFS		.....	26
HUMATROPE .....	18	<i>see idarubicin hcl</i> .....	6	<i>ipratropium sol inhal</i> .....	26
HUMATROPE COMBO		<i>idarubicin hcl</i> .....	6	<i>ipratropium-albuterol</i> .....	26
PACK .....	18	IFEX.....	6	IRESSA .....	7
HUMIRA.....	22	<i>see ifosfamide</i> .....	6	<i>irinotecan hcl</i> .....	7
HUMIRA PEN-CROHNS		<i>ifosfamide</i> .....	6	ISENTRESS .....	4
DISEASE .....	22	<i>ifosfamide &amp; mesna</i> .....	7	ISOLYTE-H/DEXTROSE 5%	
HUMULIN 70/30.....	15	<i>imipramine hcl</i> .....	12	.....	24
HUMULIN 70/30 PEN .....	15	<i>imipramine pamoate</i> .....	12	ISOLYTE-P/DEXTROSE 5%	
HUMULIN N .....	15	<i>imiquimod</i> .....	30	.....	24
HUMULIN N U-100 PEN...	15	IMITREX		ISOLYTE-S.....	24
HUMULIN R.....	15	<i>see sumatriptan succinate</i>		ISOLYTE-S/DEXTROSE 5%	
HUMULIN R U-500		.....	14	.....	24

<i>isoniazid</i> .....5	KLARON	LEUCOVORIN CALCIUM...7
<i>isoniazid &amp; rifampin</i> .....5	<i>see sulfacetamide sodium</i>	LEUKERAN .....6
ISORDIL TITRADOSE .....10	( <i>acne</i> ).....28	LEUKINE .....22
<i>isosorbide dinitrate</i> .....10	KLOR-CON M15.....23	<i>leuprolide acetate</i> .....7
<i>isosorbide mononitrate</i> .....10	KOMBIGLYZE XR .....16	LEUSTATIN
<i>isotretinoin cap 10 mg</i> .....28	KRISTALOSE .....20	<i>see cladribine</i> .....7
<i>isradipine</i> .....10	K-TABS	<i>levabuterol hcl</i> .....27
ISTALOL .....26	<i>see potassium chloride</i> ..23	LEVAQUIN .....3
ISTODAX .....6	KUVAN .....17	LEVATOL .....9
<i>itraconazole</i> .....4	<b>L</b>	LEVEMIR .....15
IXEMPRA KIT .....7		LEVEMIR FLEXPEN.....15
IXIARO .....23		<i>levetiracetam</i> .....11
<b>J</b>		<i>levobunolol hcl</i> .....26
JALYN.....21	<i>labetalol hcl</i> .....9	<i>levocarnitine (metabolic</i>
JANUMET .....16	LAC-HYDRIN	<i>modifiers)</i> .....17
JANUVIA.....16	<i>see ammonium lactate</i> ..30	<i>levocetirizine tab 5 mg</i> .....26
JE-VAX .....23	<i>see lactic acid (ammonium</i>	<i>levofloxacin (ophth)</i> .....25
<b>K</b>	<i>lactate)</i> .....30	<i>levonorgestrel &amp; eth estradiol</i>
KADIAN.....1	LACRISERT.....26	.....17
KALETRA.....4	<i>lactated ringer's</i> .....24	<i>levonorgestrel (emergency</i>
KAYEXALATE	<i>lactic acid (ammonium</i>	<i>oc)</i> .....17
<i>see sodium polystyrene</i>	<i>lactate)</i> .....30	<i>levonorgestrel-eth estradiol</i>
<i>sulfonate</i> .....16	<i>lactulose</i> .....20	( <i>triphasic</i> ).....17
KCL 0.15%/D10W/NACL	<i>lactulose (encephalopathy)</i>	<i>levonorgestrel-ethinyl</i>
0.2%.....24	.....20	<i>estradiol (91-day)</i> .....17
KCL 0.15%/D5W/LR .....24	LAMICTAL	LEVORPHANOL
KCL 0.15%/D5W/NACL	<i>see lamotrigine</i> .....11	TARTRATE.....1
0.225%.....24	LAMICTAL ODT.....11	<i>levothyroxine sodium</i> .....19
KCL 0.15%/D5W/NACL	LAMICTAL STARTER/NOT	LEXAPRO.....12
0.9%	TAKI.....11	LEXIVA .....4
<i>see potassium chloride in</i>	LAMICTAL	LIALDA .....20
<i>dextrose &amp; sodium</i>	STARTER/TAKING C .....11	<i>lidocaine</i> .....29
<i>chloride</i> .....24	LAMICTAL	<i>lidocaine hcl</i> .....29
KCL 0.3%/D5W/NACL 0.9%	STARTER/TAKING V .....11	<i>lidocaine hcl (local anesth.)</i> 2
.....24	LAMICTAL XR .....11	.....30
KEFLEX.....3	LAMISIL.....4	<i>lidocaine-prilocaine</i> .....29
KENALOG.....29	<i>see terbinafine hcl</i> .....4	LIDODERM.....29
KEPIVANCE .....7	<i>lamotrigine</i> .....11	<i>liothyronine sodium</i> .....19
KEPPRA	LANOXIN .....10	LIPITOR.....9
<i>see levetiracetam</i> .....11	<i>see digoxin</i> .....10	LIPOFEN .....9
KEPPRA XR .....11	<i>lansoprazole</i> .....21	LIPOSYN II .....24
KERLONE	LANTUS.....15	LIPOSYN III .....24
<i>see betaxolol hcl</i> .....9	LANTUS SOLOSTAR .....15	<i>lisinopril</i> .....8
<i>ketoconazole</i> .....4	LASTACAFT .....25	<i>lisinopril &amp;</i>
<i>ketoconazole (topical)</i> .28, 29	<i>latanoprost</i> .....26	<i>hydrochlorothiazide</i> .....8
<i>ketoprofen</i> .....2	LATUDA.....13	LITHIUM CARB TAB 300MG
<i>ketorolac tromethamine</i>	<i>leflunomide</i> .....22	.....14
( <i>ophth</i> ) .....25	LESCOL.....9	<i>lithium carbonate</i> .....14
KINERET .....22	LESCOL XL .....9	LITHIUM CARBONATE
	LETAIRIS.....10	
	<i>letrozole</i> .....7	
	<i>leucovor ca inj</i> .....7	
	<i>leucovorin calcium</i> .....7	

see <i>lithium carbonate</i> ....14	LOVAZA.....9	<i>medroxyprogesterone</i>
LITHIUM CITRATE .....14	LOVENOX .....21	<i>acetate</i> ..... 19
LIVALO .....9	see <i>enoxaparin sodium</i> .21	<i>medroxyprogesterone</i>
LO/OVRAL	<i>loxapine succinate</i> .....13	<i>acetate (contraceptive)</i> ..... 17
see <i>norgestrel &amp; ethinyl</i>	LOXITANE	<i>mefenamic acid</i> .....2
<i>estradiol</i> .....17	see <i>loxapine succinate</i> ..13	<i>mefloquine hcl</i> .....4
LOCOID .....29	LUFYLLIN .....28	MEGACE ES .....7
see <i>hydrocortisone</i>	LUMIGAN .....26	<i>megestrol acetate</i> .....7
<i>butyrate</i> .....29	LUNESTA .....13	<i>meloxicam</i> .....2
LOCOID LIPOCREAM .....29	LUPRON DEPOT .....7	<i>melfalan hcl</i> .....6
LODOSYN .....12	LUPRON DEPOT-PED .....7	MENACTRA .....23
LOESTRIN 1.5/30-21	LUVOX CR .....11	MENEST.....18
see <i>norethindrone acet &amp;</i>	LUXIQ.....29	MENOMUNE-A/C/Y/W-135
<i>eth estra</i> .....17	LYBREL.....17	.....23
LOESTRIN 24 FE .....17	LYRICA.....11	MENOSTAR .....18
LOESTRIN FE 1.5/30	LYSODREN .....7	MENTAX.....28
see <i>norethin acet &amp;</i>	<b>M</b>	MENVEO .....23
<i>estradiol</i> .....17	MACROBID	MEPRON.....5
LOFIBRA	see <i>nitrofurantoin</i>	<i>mercaptopurine</i> .....6
see <i>fenofibrate</i> .....9	<i>monohyd macro</i> .....5	<i>meropenem</i> .....5
see <i>fenofibrate micronized</i>	MACRODANTIN	MERREM
.....9	see <i>nitrofurantoin</i>	see <i>meropenem</i> .....5
LOMOTIL	<i>macrocrystal</i> .....5	<i>mesalamine</i> .....20
see <i>diphenoxylate w/</i>	MACRODANTIN CAP 25MG	<i>mesna</i> .....7
<i>atropine</i> .....20	.....5	MESNEX .....7
<i>loperamide hcl</i> .....20	MAGNACET .....1	see <i>mesna</i> .....7
LOPID	<i>magnesium sulfate</i> .....23	MESTINON.....14
see <i>gemfibrozil</i> .....9	MAGNESIUM SULFATE...23	see <i>pyridostigmine</i>
LOPRESSOR	MAGNESIUM SULFATE IN	<i>bromide</i> .....14
see <i>metoprolol tartrate</i> ....9	D5W .....24	MESTINON TIMESPAN ...14
LOPRESSOR HCT	MALARONE.....4	METADATE CD .....13
see <i>metoprolol &amp;</i>	<i>malathion</i> .....30	METAGLIP
<i>hydrochlorothiazide</i> .....9	<i>maprotiline hcl</i> .....12	see <i>glipizide-metformin hcl</i>
LOPROX	MARINOL	.....16
see <i>ciclopirox</i> .....28	see <i>dronabinol</i> .....19	<i>metaxalone</i> .....14
<i>losartan potassium</i> .....8	MARPLAN .....12	<i>metformin hcl</i> .....16
<i>losartan potassium &amp;</i>	MATULANE .....7	<i>metformin tab 500mg er</i> ... 16
<i>hydrochlorothiazide</i> .....8	MAVIK	<i>methadone hcl</i> .....1
LOSEASONIQUE .....17	see <i>trandolapril</i> .....8	METHADONE HCL.....1
LOTEMAX.....25	MAXALT .....13	see <i>methadone hcl</i> .....1
LOTENSIN	MAXALT-MLT .....13	<i>methazolamide</i> .....10
see <i>benazepril hcl</i> .....8	MAXIDEX.....25	<i>methenamine hippurate</i> .....5
LOTENSIN HCT	MAXITROL	METHERGINE.....18
see <i>benazepril &amp;</i>	see	<i>methimazole</i> .....19
<i>hydrochlorothiazide</i> .....7	<i>neomycin-polymy-dexamet</i>	<i>methocarbamol</i> .....14
LOTREL	<i>h</i> .....24	<i>methotrexate sodium</i> .....6
see <i>amlodipine</i>	<i>mebendazole</i> .....5	<i>methotrexate tab 2.5mg</i> ....22
<i>besylate-benazepril hcl</i> ...7	<i>meclizine hcl</i> .....19	<i>methscopolamine bromide</i> 20
LOTRONEX .....20	MEDROL	METHYCLOTHIAZIDE .....10
<i>lovastatin</i> .....9	see <i>methylprednisolone</i> 18	<i>methyldopa</i> .....10

METHYLDOPA/HYDROCHL	<i>mirtazapine</i> .....	12	<i>naloxone hcl</i> .....	15
OROTHI.....	<i>misoprostol</i> .....	20	<i>naltrexone hcl</i> .....	15
METHYLIN.....	<i>mitomycin</i> .....	6	NAMENDA.....	11
<i>methylphenidate hcl</i> .....	<i>mitoxantrone hcl</i> .....	7	NAMENDA TITRATION PAK	
<i>methylprednisolone</i> .....	M-M-R II W/DILUENT 10		.....	11
<i>methylprednisolone acetate</i>	DOS .....	23	<i>naphazoline hcl</i> .....	26
.....	MOBIC		NAPRELAN .....	2
<i>methylprednisolone sod succ</i>	<i>see meloxicam</i> .....	2	NAPROSYN	
.....	<i>moexipril hcl</i> .....	8	<i>see naproxen</i> .....	2
<i>metipranolol</i> .....	<i>moexipril-hydrochlorothiazid</i>		<i>naproxen</i> .....	2
.....	<i>e</i> .....	8	<i>naproxen sodium</i> .....	2
<i>metoclopramide hcl</i> .....	<i>mometasone furoate</i> .....	29	<i>naratriptan hcl</i> .....	13
<i>metolazone</i> .....	MONOKET		NARDIL	
<i>metoprolol &amp;</i>	<i>see isosorbide</i>		<i>see phenelzine sulfate</i> ..	12
<i>hydrochlorothiazide</i> .....	<i>mononitrate</i> .....	10	NASACORT AQ.....	27
<i>metoprolol succinate</i> .....	MORPHINE SUL 20MG/ML		NASONEX .....	27
.....	ORAL SOL.....	1	NATACYN .....	25
<i>metoprolol tartrate</i> .....	<i>morphine sulfate</i> .....	1, 2	<i>nateglinide</i> .....	16
METZOLV ODT.....	MORPHINE SULFATE .....	2	NAVANE	
METROCREAM	MOTOFEN.....	20	<i>see thiothixene</i> .....	13
<i>see metronidazole</i>	MOVIPREP.....	20	NAVELBINE	
( <i>topical</i> ).....	MOXATAG.....	3	<i>see vinorelbine tartrate</i> ....	6
METROGEL.....	MOZOBIL.....	22	NEBUPENT .....	5
METROGEL-VAGINAL	MS CONTIN		NECON 10/11-28.....	17
<i>see metronidazole vaginal</i>	<i>see morphine sulfate</i> .....	2	<i>nefazodone hcl</i> .....	12
.....	MULTAQ.....	8	<i>neomycin sulfate</i> .....	3
<i>metronidazole</i> .....	<i>mupirocin</i> .....	28	<i>neomycin/polymyxin b gu</i> .	30
<i>metronidazole (topical)</i> .....	MUSTARGEN.....	6	<i>neomycin-bacitracin</i>	
<i>metronidazole in nacl</i> .....	MYAMBUTOL		<i>zn-polymyxin</i> .....	25
<i>metronidazole vaginal</i> .....	<i>see ethambutol hcl</i> .....	5	<i>neomycin-polymy-dexameth</i>	
<i>mexiletine hcl</i> .....	MYCAMINE .....	4	.....	24
MIACALCIN .....	MYCELEX		<i>neomycin-polymy-gramicid</i>	
<i>see calcitonin (salmon)</i> ..	<i>see clotrimazole</i> .....	4	.....	25
MICARDIS .....	MYCOBUTIN .....	5	<i>neomycin-polymyxin-hc</i>	
MICARDIS HCT .....	<i>mycophenolate mofetil</i> .....	22	( <i>ophth</i> ) .....	24
MICONAZOLE 3 .....	MYFORTIC .....	22	<i>neomycin-polymyxin-hc (otic)</i>	
MICROZIDE	MYOZYME.....	17	.....	30
<i>see hydrochlorothiazide</i> 10	MYSOLINE .....	11	NEORAL.....	22
MIDAMOR	<i>see primidone</i> .....	11	<i>see cyclosporine modified</i>	
<i>see amiloride hcl</i> .....	MYTELEASE.....	14	( <i>for microemulsion</i> ) .....	22
<i>midodrine hcl</i> .....	N		NEOSPORIN	
MIGERGOT .....	<i>nabumetone</i> .....	2	<i>see</i>	
MIGRANAL .....	<i>nadolol</i> .....	9	<i>neomycin-polymy-gramicid</i>	
MILLIPRED.....	<i>nadolol &amp;</i>		.....	25
MINIPRESS	<i>bendroflumethiazide</i> .....	9	NEOSPORIN GU IRRIGANT	
<i>see prazosin hcl</i> .....	<i>nafcillin sodium</i> .....	3	<i>see neomycin/polymyxin b</i>	
<i>minocycline hcl</i> .....	NAFTIN.....	28	<i>gu</i> .....	30
<i>minoxidil</i> .....	NAGLAZYME.....	17	NEPHRAMINE.....	24
MIRAPEX	NALFON .....	2	NEPTAZANE	
<i>see pramipexole</i>	NALLPEN/DEXTROSE .....	3	<i>see methazolamide</i> .....	10
<i>dihydrochloride</i> .....				
MIRAPEX ER.....				

NEULASTA .....	22	<i>norethindrone acet &amp; eth</i>		NUVARING .....	17
NEUPOGEN .....	22	<i>estra</i> .....	17	NUVIGIL .....	14
NEURONTIN		<i>norethindrone acetate</i> .....	19	<i>nystatin</i> .....	4
<i>see gabapentin</i> .....	11	<i>norethindrone acetate-ethinyl</i>		<i>nystatin (mouth-throat)</i> .....	30
NEVANAC .....	25	<i>estradiol</i> .....	17	<i>nystatin (topical)</i> .....	28
NEXAVAR .....	7	<i>norethindrone acetate-ethinyl</i>		<i>nystatin pow 100000</i> .....	28
NEXIUM .....	21	<i>estradiol-fe</i> .....	17	<b>0</b>	
NEXIUM GRANULES .....	21	<i>norethindrone-eth estradiol</i>		<i>octreotide acetate</i> .....	19
NEXIUM I.V. ....	21	<i>(triphasic)</i> .....	17	OCUFEN	
<i>niacin</i> .....	9	<i>norgestimate-ethinyl</i>		<i>see flurbiprofen sodium</i> .....	25
NIASPAN .....	9	<i>estradiol</i> .....	17	OCUFLOX	
<i>nicardipine hcl</i> .....	10	<i>norgestimate-ethinyl</i>		<i>see ofloxacin (ophth)</i> .....	25
NICOTROL INHALER .....	15	<i>estradiol (triphasic)</i> .....	17	<i>ofloxacin (ophth)</i> .....	25
NICOTROL NS .....	15	<i>norgestrel &amp; ethinyl estradiol</i>		<i>ofloxacin (otic)</i> .....	30
<i>nifedipine</i> .....	10	.....	17	OLEPTRO .....	12
NILANDRON .....	7	NORITATE .....	30	OLUX-E .....	29
<i>nimodipine</i> .....	10	NORMOSOL-R .....	24	<i>omeprazole</i> .....	21
NIMOTOP		NOROXIN .....	3	OMNARIS .....	27
<i>see nimodipine</i> .....	10	NORPACE		OMNIPRED .....	25
NIPENT		<i>see disopyramide</i>		<i>see prednisolone acetate</i>	
<i>see pentostatin</i> .....	6	<i>phosphate</i> .....	8	<i>(ophth)</i> .....	25
<i>nisoldipine</i> .....	10	NORPACE CR .....	8	OMNITROPE .....	18
NITRO-BID .....	10	NORPRAMIN		<i>ondansetron</i> .....	19
NITRO-DUR .....	10	<i>see desipramine hcl</i> .....	12	<i>ondansetron hcl</i> .....	19
<i>see nitroglycerin</i> .....	10	NOR-QD		<i>ondansetron inj</i> .....	19
<i>nitrofurantoin</i> .....	5	<i>see norethindrone</i>		ONGLYZA .....	16
<i>nitrofurantoin macrocrystal</i> .....	5	<i>(contraceptive)</i> .....	17	ONSOLIS .....	2
<i>nitrofurantoin monohyd</i>		<i>nortriptyline hcl</i> .....	12	ONTAK .....	6
<i>macro</i> .....	5	NORVASC		OPANA	
<i>nitroglycerin</i> .....	10	<i>see amlodipine besylate</i> .....	9	<i>see oxymorphone hcl</i> .....	2
NITROLINGUAL		NORVIR .....	4	OPANA ER .....	2
PUMPSPRAY .....	10	NOVOLIN 70/30 .....	15	OPTIPRANOLOL	
NITROMIST .....	10	NOVOLIN N .....	15	<i>see metipranolol</i> .....	26
NITROSTAT .....	10	NOVOLIN R .....	15	OPTIVAR	
<i>nizatidine</i> .....	20	NOVOLOG .....	15	<i>see azelastine hcl (ophth)</i>	
NIZORAL		NOVOLOG FLEXPEN .....	15	.....	25
<i>see ketoconazole (topical)</i>		NOVOLOG MIX 70/30 .....	15	ORACEA .....	30
.....	29	NOVOLOG MIX 70/30		ORAMORPH SR .....	2
NORDETTE-28		PREFILL .....	15	ORAP .....	13
<i>see levonorgestrel &amp; eth</i>		NOXAFIL .....	4	ORAPRED	
<i>estradiol</i> .....	17	NUCYNTA .....	2	<i>see prednisolone sodium</i>	
NORDITROPIN FLEXPRO		NUDEXTA .....	14	<i>phosphate</i> .....	18
.....	18	NULYTELY/FLAVOR		ORAPRED ODT .....	18
NORDITROPIN		PACKS		ORAVIG .....	30
NORDIFLEX PEN .....	18	<i>see peg 3350-potassium</i>		ORENCIA .....	22
<i>norethin acet &amp; estrad-fe</i> .....	17	<i>chloride-sod</i>		ORFADIN .....	17
<i>norethindrone &amp; eth estradiol</i>		<i>bicarbonate-sod chloride</i>		<i>orphenadrine citrate</i> .....	14
.....	17	.....	20	<i>orphenadrine w/ aspirin &amp;</i>	
<i>norethindrone</i>		NUTROPIN .....	18	<i>caff</i> .....	14
<i>(contraceptive)</i> .....	17	NUTROPIN AQ PEN .....	18	ORTHO EVRA .....	17

ORTHO TRI-CYCLEN		PARDEL .....	29	PERFOROMIST .....	27
see <i>norgestimate-ethinyl</i>		PANRETIN.....	30	PERIDEX	
<i>estradiol (triphasic)</i> .....	17	<i>pantoprazole sodium</i> .....	21	see <i>chlorhexidine</i>	
ORTHO TRI-CYCLEN LO.17		PARAFON FORTE DSC		<i>gluconate (mouth-throat)</i>	
ORTHOCLONE OKT3 .....	22	see <i>chlorzoxazone</i> .....	14	.....	30
ORTHO-CYCLEN		PARCOPA		<i>perindopril erbumine</i> .....	8
see <i>norgestimate-ethinyl</i>		see <i>carbidopa-levodopa</i>	12	<i>permethrin</i> .....	30
<i>estradiol</i> .....	17	<i>parenteral electrolytes</i> .....	23	<i>perphenazine</i> .....	13
ORTHO-NOVUM 7/7/7		PARLODEL		<i>perphenazine-amitriptyline</i>	15
see <i>norethindrone-eth</i>		see <i>bromocriptine</i>		PERSANTINE	
<i>estradiol (triphasic)</i> .....	17	<i>mesylate</i> .....	12	see <i>dipyridamole</i> .....	22
OSMOPREP .....	20	PARNATE		PEXEVA .....	12
OVCON-50 28.....	17	see <i>tranylcypromine</i>		<i>phenelzine sulfate</i> .....	12
OVIDE		<i>sulfate</i> .....	12	PHENERGAN	
see <i>malathion</i> .....	30	<i>paromomycin sulfate</i> .....	3	see <i>promethazine hcl inj</i>	19
OXACILLIN SODIUM.....	3	<i>paroxetine hcl</i> .....	12	<i>phenytoin</i> .....	11
<i>oxaliplatin</i> .....	7	PASER.....	5	<i>phenytoin inj 50mg/ml</i> .....	11
OXANDRIN		PATADAY .....	25	<i>phenytoin sodium extended</i>	
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<i>vancomycin hcl</i> .....	6	VIREAD .....	4	<i>anesth.)</i> .....	2
VANDETANIB .....	7	VIROPTIC		XYLOCAINE JELLY	
VANOS .....	29	<i>see trifluridine</i> .....	25	<i>see lidocaine hcl</i> .....	29
VAQTA.....	23	VISICOL.....	20	XYREM.....	14
VARIVAX .....	23	VISTIDE.....	5	XYZAL .....	26
VASERETIC		VIVACTIL		<i>see levocetirizine tab 5 mg</i>	
<i>see enalapril maleate &amp;</i>		<i>see protriptyline hcl</i> .....	12	.....	26
<i>hydrochlorothiazide</i> .....	7	VIVAGLOBIN .....	22	<b>Y</b>	
VASOTEC		VIVELLE-DOT .....	18	YASMIN 28	
<i>see enalapril maleate</i> .....	8	VIVITROL .....	15	<i>see drospirenone-ethinyl</i>	
VECTIBIX.....	6	VOLTAREN		<i>estradiol</i> .....	17
VECTICAL .....	29	<i>see diclofenac sodium</i>		YF-VAX.....	23
VELCADE .....	6	( <i>ophth</i> ).....	25	<b>Z</b>	
<i>venlafaxine hcl</i> .....	12	VOLTAREN GEL 1%.....	30	<i>zafirlukast</i> .....	27
VENLAFAXINE HCL ER		VOLTAREN-XR		<i>zaleplon</i> .....	13
<i>see venlafaxine hcl</i> .....	12	<i>see diclofenac sodium</i> .....	2	ZAMICET .....	1
VENTAVIS .....	11	<i>voriconazole</i> .....	4	ZANAFLEX .....	14
VENTOLIN HFA.....	27	VOSOL		ZANOSAR .....	6
VERAMYST .....	27	<i>see acetic acid (otic)</i> .....	30	ZANTAC .....	20
<i>verapamil hcl</i> .....	10	VOSOL HC		<i>see ranitidine hcl</i> .....	20
VERDESO .....	29	<i>see acetic acid sol/hc</i> ....	30	ZARONTIN	
VERELAN PM		<i>see hydrocortisone</i>		<i>see ethosuximide</i> .....	11
<i>see verapamil hcl</i> .....	10	<i>w/acetic acid</i> .....	30	ZAVESCA.....	17
VERIPRED 20.....	18	VOTRIENT.....	7	ZEBETA	
VESICARE.....	21	VPRIV .....	17	<i>see bisoprolol fumarate</i> ...	9
VEXOL.....	25	VYTORIN.....	9	ZEGERID.....	21
VFEND		VYVANSE .....	13	ZELAPAR .....	12
<i>see voriconazole</i> .....	4	<b>W</b>		ZEMAIRA.....	27
VFEND IV .....	4	<i>warfarin sodium</i> .....	22	ZEMPLAR.....	24
VFEND SUS 40MG/ML.....	4	WELCHOL.....	9	ZENPEP .....	20
VIBATIV .....	6	WELLBUTRIN		ZERIT	
VIBRAMYCIN.....	4	<i>see bupropion hcl</i> .....	12	<i>see stavudine</i> .....	4
<i>see doxycycline hyclate</i> ...	3	WESTCORT		ZETIA .....	9
VICTOZA .....	15	<i>see hydrocortisone</i>		ZIAC	
VICTRELIS .....	5	<i>valerate</i> .....	29	<i>see bisoprolol &amp;</i>	
VIDAZA.....	6	<b>X</b>		<i>hydrochlorothiazide</i> .....	9
VIDEX .....	4	XALATAN		ZIAGEN .....	4
VIDEX EC		<i>see latanoprost</i> .....	26	ZIANA .....	28
<i>see didanosine</i> .....	4	XENAZINE .....	14	<i>zidovudine</i> .....	4
VIGAMOX .....	25	XGEVA .....	19	ZINACEF .....	4
VIIBRYD.....	12	XIFAXAN .....	6	<i>see cefuroxime sodium</i> ...	3
VIMOVO.....	1	XIFAXAN TAB 550MG.....	20	ZINECARD	
VIMPAT.....	11				

see <i>dexrazoxane</i> .....	7	ZOMIG ZMT .....	14	ZYBAN
ZIPSOR .....	2	ZONALON .....	28	see <i>bupropion hcl</i>
ZIRGAN .....	25	ZONEGRAN		( <i>smoking deterrent</i> ) .....
ZITHROMAX		see <i>zonisamide</i> .....	11	ZYCLARA .....
see <i>azithromycin</i> .....	3	<i>zonisamide</i> .....	11	ZYDONE .....
ZMAX .....	4	ZORBTIVE .....	18	ZYFLO CR .....
ZOCOR		ZORTRESS .....	23	ZYLET .....
see <i>simvastatin</i> .....	9	ZOSTAVAX .....	23	ZYLOPRIM
ZOFRAN ODT		ZOSYN .....	4	see <i>allopurinol</i> .....
see <i>ondansetron</i> .....	19	see <i>piperacillin</i>		ZYMAR .....
ZOLINZA .....	6	<i>sodium-tazobactam</i>		ZYMAXID .....
ZOLOFT		<i>sodium</i> .....	3	ZYPREXA .....
see <i>sertraline hcl</i> .....	12	<i>zovia</i> .....	17	ZYPREXA ZYDIS .....
<i>zolpidem tartrate</i> .....	13	ZOVIRAX .....	29	ZYTIGA .....
ZOMETA .....	16	see <i>acyclovir</i> .....	5	ZYVOX .....
ZOMIG .....	14	ZUPLENZ .....	20	