

ABBREVIATION	DEFINITION	DESCRIPTION
MO	MAIL ORDER	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).
B/D	MEDICARE B vs. D	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. The co-pay or coinsurance may vary depending on the benefit. Please refer to our Evidence of Coverage for more information.
GC	GAP COVERAGE	We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

ABBREVIATION	DEFINITION	DESCRIPTION
1	TIER 1	Preferred Generic drugs on the Touchstone Health Formulary. These medications are available to you at your lowest copayment.
2	TIER 2	Preferred Brand drugs on the Touchstone Health Formulary. These medications are available to you at your second lowest copayment.
3	TIER 3	Nonpreferred Generic or Brand drugs on the Touchstone Health Formulary. These medications are available to members with a 3-Tier benefit at their highest copayment.
4	SPECIALTY	High cost oral and injectable specialty drugs. These medications are available to you at a coinsurance level and are not eligible for exceptions for payment at a lower tier.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
Nonsteroidal Anti-inflammatory Drugs		
ARTHROTEC	3	ST; MO
CELEBREX	2	QL - 60 capsules per 30 days; ST; MO
<i>diclofenac potassium</i>	1	GC; MO
<i>diclofenac sodium</i>	1	GC; MO
<i>diclofenac sodium ec</i>	1	GC; MO
<i>diclofenac sodium xr</i>	1	GC; MO
<i>diflunisal</i>	1	GC; MO
<i>etodolac</i>	1	GC; MO
<i>etodolac er</i>	1	GC; MO
<i>fenoprofen calcium</i>	1	GC; MO
<i>flurbiprofen</i>	1	GC; MO
<i>ibuprofen</i>	1	GC; MO
INDOCIN	3	MO
<i>indomethacin</i>	1	GC; MO
<i>indomethacin er</i>	1	GC; MO
<i>ketoprofen</i>	1	GC; MO
<i>ketoprofen er</i>	1	GC; MO
<i>ketorolac tromethamine injectable</i>	1	BD; GC
<i>ketorolac tromethamine</i>	1	QL - 20 tablets per 30 days; GC
<i>meclofenamate sodium</i>	1	GC; MO
<i>mefenamic acid</i>	1	GC; MO
<i>meloxicam</i>	1	QL - 30 tablets per 30 days; 300ml per 30 days on suspension; GC; MO
MOBIC SUSPENSION	3	MO
<i>nabumetone</i>	1	GC; MO
NALFON	3	MO
NAPRELAN	3	MO
<i>naproxen</i>	1	GC; MO
<i>naproxen dr</i>	1	GC; MO
<i>naproxen sodium</i>	1	GC; MO
<i>oxaprozin</i>	1	GC; MO
<i>piroxicam</i>	1	GC; MO
<i>sulindac</i>	1	GC; MO
<i>tolmetin sodium</i>	1	GC; MO
ZIPSOR	3	
Opioid Analgesics		
<i>acetaminophen/caffeine/dihydrocodeine</i>	1	GC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>acetaminophen/ codeine</i>	1	QL - 400 tablets per 30 days; GC
<i>ascomp/ codeine</i>	1	GC
<i>astramorph injectable</i>	3	BD
AVINZA	3	QL - 30 capsules per 30 days; ST
<i>buprenorphine hcl injectable</i>	3	BD
<i>buprenorphine hcl</i>	1	GC
<i>butalbital/ acetaminophen/ caffeine/ codeine</i>	1	QL - 360 capsules per 30 days; GC
<i>butorphanol tartrate injectable</i>	1	BD; GC
<i>butorphanol tartrate</i>	1	QL - 10ml per 30 days; GC
<i>capital/ codeine</i>	2	
CODEINE SULFATE	1	GC
<i>co-gesic</i>	1	QL - 240 tablets per 30 days; GC
DILAUDID-5	3	
<i>duramorph injectable</i>	3	BD
EMBEDA	3	QL - 90 capsules per 30 days
<i>endocet</i>	1	QL - not to exceed 4,000mg of acetaminophen per day; GC
<i>endodan</i>	1	QL - 360 tablets per 30 days; GC
<i>fentanyl transdermal</i>	1	QL - 30 patches per 30 days; GC
<i>fentanyl citrate injectable</i>	1	BD; GC
<i>fentanyl citrate oral 1200mcg</i>	4	QL - 120 lozenges per 30 days
<i>fentanyl citrate oral 1600mcg, 400mcg, 600mcg, 800mcg</i>	4	QL - 120 lozenges per 30 days; PA
<i>fentanyl citrate oral 200mcg</i>	1	120 lozenges per 30 days; PA; GC
FENTORA	4	QL - 112 tablets per 28 days; PA
<i>hycet</i>	3	
<i>hydrocodone/ acetaminophen</i>	1	QL - not to exceed 4,000mg of acetaminophen per day; GC
<i>hydrocodone/ ibuprofen</i>	1	QL - 480 tablets per 30 days; GC
<i>hydromorphone hcl injectable</i>	1	GC
<i>hydromorphone hcl</i>	1	GC
INFUMORPH INJECTABLE	3	BD
KADIAN	3	QL - 60 capsules per 30 days; ST
<i>levorphanol tartrate</i>	1	GC
<i>magnacet</i>	3	
<i>margesic-b</i>	1	QL - 240 capsules per 30 days; GC
<i>methadone hcl</i>	1	GC
METHADONE HCL INJECTABLE	3	BD
<i>methadose</i>	1	GC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>morphine sulfate injectable 0.5mg/ ml</i>	1	BD; GC
<i>morphine sulfate injectable 1mg/ ml</i>	3	BD
<i>morphine sulfate</i>	1	GC
<i>morphine sulfate er</i>	1	QL - 120 tablets per 30 days; GC
<i>morphine sulfate er</i>	1	QL - 60 capsules per 30 days; GC
<i>nalbuphine hcl injectable</i>	3	BD
NUCYNTA	3	QL - 180 tablets per 30 days
ONSOLIS	4	QL - 120 per 30 days; LA
ORAMORPH SR	3	QL - 120 tablets per 30 days
<i>oxycodone hcl</i>	1	GC
<i>oxycodone/ acetaminophen</i>	1	QL - not to exceed 4,000mg of acetaminophen per day; GC
<i>oxycodone/ aspirin</i>	1	QL - 360 tablets per 30 days; GC
<i>oxycodone/ ibuprofen</i>	1	GC
OXYCONTIN	2	QL - 90 tablets per 30 days; ST
<i>oxymorphone er</i>	1	QL - 90 tablets per 30 days; GC
<i>reprexain</i>	1	GC
<i>roxicet</i>	1	QL - not to exceed 4,000mg of acetaminophen per day; GC
RYZOLT	3	QL - 30 tablets per 30 days
<i>stagesic</i>	1	QL - 240 capsules per 30 days; GC
SUBOXONE	3	QL - 90 per 30 days
SYNALGOS-DC	3	
<i>tramadol hcl</i>	1	QL - 240 tablets per 30 days; GC
<i>tramadol hcl er</i>	1	QL - 30 tablets per 30 days; GC
<i>tramadol hydrochloride/ acetaminophen</i>	1	QL - 240 tablets per 30 days; GC
ULTRAM ER	3	QL - 30 tablets per 30 days
<i>xodol</i>	3	
<i>zamicet</i>	1	GC
<i>zerlor</i>	3	
<i>zydone</i>	3	
ANESTHETICS		
Local Anesthetics		
<i>lidocaine hcl topical</i>	1	GC
<i>lidocaine hcl injectable</i>	1	BD; GC
<i>lidocaine hcl jelly topical</i>	1	GC
<i>lidocaine/ prilocaine topical</i>	1	GC
SYNERA TOPICAL	3	
ANTIBACTERIALS		
Aminoglycosides		

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ak-tob ophthalmic</i>	1	GC
<i>amikacin sulfate injectable</i>	1	BD; GC
<i>gentak ophthalmic</i>	1	GC
<i>gentamicin sulfate injectable</i>	1	BD; GC
<i>gentamicin sulfate topical</i>	1	GC
<i>gentamicin sulfate ophthalmic</i>	1	GC
<i>gentasol ophthalmic</i>	1	GC
<i>isotonic gentamicin injectable</i>	3	
<i>kanamycin sulfate injectable</i>	3	BD
<i>neomycin sulfate</i>	1	GC
<i>paromomycin sulfate</i>	1	GC
<i>streptomycin sulfate injectable</i>	2	BD
TOBI	4	PA
<i>tobramycin sulfate injectable</i>	3	BD
<i>tobramycin sulfate ophthalmic</i>	1	GC
<i>tobramycin sulfate/ sodium chloride injectable</i>	1	BD; GC
<i>tobrasol ophthalmic</i>	1	GC
TOBEX OPTHALMIC OINTMENT	3	
Antibacterials, Other		
ALTABAX TOPICAL	2	
<i>baciim injectable</i>	3	BD
<i>bacitracin ophthalmic</i>	1	GC
<i>bacitracin/ polymyxin b ophthalmic</i>	1	GC
BACTROBAN TOPICAL	3	
BACTROBAN NASAL	2	
<i>chloramphenicol injectable</i>	1	BD; GC
CLEOCIN	3	
CLEOCIN INJECTABLE	3	BD
CLEOCIN VAGINAL	3	
<i>clindamycin hcl</i>	1	GC
<i>clindamycin phosphate vaginal</i>	1	GC
<i>clindamycin phosphate topical</i>	1	GC
<i>clindamycin phosphate injectable</i>	3	
CLINDESSE VAGINAL	3	
<i>colistimethate sodium injectable</i>	3	BD
CORTISPORIN TOPICAL	3	
<i>erythromycin/ sulfisoxazole</i>	1	GC
LINCOCIN INJECTABLE	3	BD
<i>methenamine hippurate</i>	1	GC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
METROGEL 1% TOPICAL	2	
<i>metronidazole</i>	1	GC
<i>metronidazole topical</i>	1	GC
<i>metronidazole injectable</i>	1	GC
<i>metronidazole vaginal</i>	1	GC
MONUROL	2	
<i>mupirocin topical</i>	1	GC
<i>neomycin/ bacitracin/ polymyxin ophthalmic</i>	1	GC
<i>neomycin/ polymyxin/ gramicidin ophthalmic</i>	1	GC
<i>nitrofurantoin macrocrystalline</i>	1	GC
<i>nitrofurantoin monohydrate</i>	1	GC
<i>nitrofurantoin suspension</i>	1	GC
NORITATE TOPICAL	3	
<i>polymyxin b sulfate injectable</i>	1	GC
<i>primsol</i>	2	
SYNERCID INJECTABLE	4	BD
<i>trimethoprim</i>	1	GC
<i>trimethoprim sulfate/ polymyxin ophthalmic</i>	1	GC
TYGACIL INJECTABLE	3	PA
VANCOCIN HCL	4	PA
<i>vancomycin hcl injectable</i>	3	PA
<i>vandazole vaginal</i>	1	GC
VIBATIV INJECTABLE	3	
XIFAXAN	3	
ZYVOX INJECTABLE	4	PA
ZYVOX	4	QL - 28 tablets per 14 days; PA
Beta-lactam, cephalosporins		
CEDAX	3	
<i>cefaclor</i>	1	GC
<i>cefaclor er</i>	1	GC
<i>cefadroxil</i>	1	GC
<i>cefazolin sodium injectable</i>	3	BD
<i>cefdinir</i>	1	GC
<i>cefepime injectable</i>	1	BD; GC
<i>cefotaxime sodium injectable</i>	1	BD; GC
<i>cefotetan injectable</i>	1	BD; GC
<i>cefoxitin sodium injectable</i>	3	BD
<i>cefoxitin sodium/ dextrose injectable</i>	1	GC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefpodoxime proxetil</i>	1	GC
<i>cefprozil</i>	1	GC
<i>ceftazidime injectable</i>	1	GC
CEFTIN SUSPENSION	3	
<i>ceftriaxone sodium injectable 10gm, 250mg, 500mg</i>	3	BD
<i>ceftriaxone sodium injectable 1gm, 2gm</i>	1	GC
<i>cefuroxime axetil</i>	1	GC
<i>cefuroxime sodium injectable</i>	1	BD; GC
<i>cephalexin</i>	1	GC
CLAFORAN INJECTABLE	3	
FORTAZ INJECTABLE	2	BD
KEFLEX 750mg CAPSULES	3	
SUPRAX SUSPENSION	3	
<i>tazicef injectable</i>	3	
<i>zinacef injectable</i>	3	BD
Beta-lactam, Other		
AZACTAM INJECTABLE 1GM	3	PA
AZACTAM INJECTABLE 2GM	4	PA
DORIBAX INJECTABLE	3	PA
<i>imipenem/ cilastin</i>	1	GC
INVANZ INJECTABLE	3	PA
PRIMAXIN I.M.	3	PA
PRIMAXIN IV 250MG	2	
PRIMAXIN IV 500MG	3	
Beta-lactam, Penicillins		
<i>amoxicillin</i>	1	GC
<i>amoxicillin/ clavulanate</i>	1	GC
<i>ampicillin</i>	1	GC
<i>ampicillin sodium injectable</i>	3	BD
<i>ampicillin-sulbactam injectable</i>	3	BD
BACTOCILL IN DEXTROSE INJECTABLE 1GM	3	BD
BACTOCILL IN DEXTROSE INJECTABLE 2GM	4	BD
BICILLIN C-R INJECTABLE	2	
BICILLIN L-A INJECTABLE	2	
<i>dicloxacillin sodium</i>	1	GC
MOXATAG	3	
<i>nafcillin sodium injectable</i>	4	BD
NALLPEN/DEXTROSE	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INJECTABLE		
<i>oxacillin sodium injectable 10gm</i>	4	BD
<i>oxacillin sodium injectable 1gm</i>	1	GC
<i>penicillin g potassium injectable</i>	3	BD
<i>penicillin g procaine injectable</i>	3	BD
<i>penicillin g sodium injectable</i>	3	BD
<i>penicillin v potassium</i>	1	GC
<i>piperacillin sodium injectable</i>	3	BD
<i>piperacillin sodium/ tazobactam injectable</i>	1	GC
TIMENTIN INJECTABLE	2	
UNASYN BULK PACK INJECTABLE	3	
ZOSYN INJECTABLE	3	PA
Macrolides		
AKNE-MYCIN TOPICAL	3	
AZASITE OPHTHALMIC	2	
<i>azithromycin injectable</i>	3	BD
<i>azithromycin 600mg</i>	1	QL - 6 tablets per prescription; GC
<i>azithromycin suspension</i>	1	QL - 30ml per 5 days on 100mg/5ml; 90 ml per 5 days on 200mg/5ml; GC
<i>azithromycin tablets 250mg, 500mg</i>	1	QL - 6 tablets per 5 days; GC
<i>clarithromycin</i>	1	QL - 28 tablets per prescription; GC
<i>clarithromycin er</i>	1	QL - 28 tablets per prescription; GC
DIFICID	4	PA
<i>e.e.s. 400</i>	3	
E.E.S. GRANULES	3	
<i>ery topical</i>	1	GC
ERYPED	3	
<i>ery-tab</i>	1	GC
ERYTHROCIN LACTOBIONATE INJECTABLE	3	BD
<i>erythrocin stearate</i>	1	GC
<i>erythromycin topical</i>	1	GC
<i>erythromycin ophthalmic</i>	1	GC
<i>erythromycin base</i>	1	GC
KETEK	3	
PCE	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>romycin ophthalmic</i>	1	GC
ZMAX	3	QL - 60ml per prescription
Quinolones		
AVELOX INJECTABLE	3	BD
AVELOX	2	QL - 14 tablets per prescription
AVELOX ABC PACK	2	QL - 14 tablets per prescription
BESIVANCE OPHTHALMIC	3	
CILOXAN OPHTHALMIC	3	
CIPRO SUSPENSION	3	
<i>ciprofloxacin injectable</i>	1	GC
<i>ciprofloxacin er</i>	1	GC
<i>ciprofloxacin hcl ophthalmic</i>	1	GC
<i>ciprofloxacin hcl</i>	1	GC
FACTIVE	3	QL - 7 tablets per 7 days
IQUIX OPHTHALMIC	3	
<i>levofloxacin ophthalmic</i>	1	GC
<i>levofloxacin</i>	1	QL - 14 tablets per prescription; GC
<i>levofloxacin solution</i>	1	GC
NOROXIN	3	
<i>ofloxacin ophthalmic</i>	1	GC
<i>ofloxacin otic</i>	1	GC
<i>ofloxacin</i>	1	GC
PROQUIN XR	3	
VIGAMOX OPHTHALMIC	3	
ZYMAR OPHTHALMIC	3	
Sulfonamides		
<i>silver sulfadiazine topical</i>	1	GC
<i>sodium sulfacetamide ophthalmic</i>	1	GC
<i>sodium sulfacetamide topical</i>	1	GC
<i>ssd topical</i>	1	GC
<i>sulfadiazine</i>	1	GC
<i>sulfamethoxazole/ trimethoprim</i>	1	GC
<i>sulfamethoxazole/ trimethoprim injectable</i>	3	BD
SULFAMYLON TOPICAL	3	
<i>thermazene topical</i>	1	GC
Tetracyclines		
<i>demeclocycline hcl</i>	1	GC
DORYX	3	
<i>doxycycline hyclate</i>	1	GC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxycycline hyclate injectable</i>	3	
<i>doxycycline monohydrate</i>	1	GC
<i>minocycline hcl</i>	1	GC
<i>tetracycline hcl</i>	1	GC
VIBRAMYCIN	3	
ANTICONVULSANTS		
Anticonvulsants, Other		
BANZEL	3	QL - 240 tablets per 30 days; 2400ml per 30 days on suspension; MO
KEPPRA XR	3	QL - 180 tablets per 30 days on 500mg; 120 tablets per 30 days on 750mg; MO
<i>levetiracetam</i>	1	GC; MO
<i>levetiracetam er</i>	1	QL - 180 tablets per 30 days on 500mg; 120 tablets per 30 days on 750mg; MO
<i>levetiracetam injectable</i>	1	GC; MO
VIMPAT INJECTABLE	3	QL - 1200ml per 30 days
VIMPAT	3	QL - 60 tablets per 30 days; 1200ml per 30 days on solution; MO
Calcium Channel Modifying Agents		
CELONTIN	3	MO
<i>ethosuximide</i>	1	GC; MO
LYRICA	2	MO
<i>zonisamide</i>	1	GC; MO
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>divalproex sodium</i>	1	GC; MO
<i>gabapentin capsules</i>	1	QL - 360 capsules per 30 days on 100mg and 300mg; 270 capsules per 30 days on 400mg; GC; MO
<i>gabapentin solution</i>	1	GC; MO
<i>gabapentin tablets</i>	1	QL - 180 tablets per 30 days on 600mg; 120 tablets per 30 days on 800mg; GC; MO
GABITRIL	3	MO
<i>primidone</i>	1	GC; MO
SABRIL	4	QL - 180 per 30 days; LA; MO
STAVZOR	3	MO
<i>valproate sodium injectable</i>	3	MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>valproic acid</i>	1	GC; MO
Glutamate Reducing Agents		
<i>felbamate</i>	1	GC; MO
FELBATOL	3	MO
LAMICTAL ODT	3	MO
LAMICTAL STARTER	3	MO
LAMICTAL XR	3	MO
<i>lamotrigine</i>	1	GC; MO
<i>topiramate</i>	1	GC; MO
Sodium Channel Inhibitors		
<i>carbamazepine</i>	1	GC; MO
<i>carbamazepine er</i>	1	GC; MO
CARBATROL	3	MO
DILANTIN 30MG	2	MO
DILANTIN INFATABS	2	MO
<i>epitol</i>	1	GC; MO
<i>fospbentyoin sodium injectable</i>	3	BD; MO
<i>oxcarbazepine</i>	1	GC; MO
PEGANONE	3	MO
<i>phenytoin</i>	1	GC; MO
<i>phenytoin sodium injectable</i>	3	BD; MO
<i>phenytoin sodium extended release</i>	1	GC; MO
TEGRETOL-XR 100MG	2	MO
ANTIDEMENTIA AGENTS		
Cholinesterase Inhibitors		
<i>donepezil hcl</i>	1	QL - 30 tablets per 30 days; GC; MO
EXELON TRANSDERMAL	2	MO
EXELON SOLUTION	2	QL - 180ml per 30 days; MO
<i>galantamine hydrobromide</i>	1	QL - 180ml per 30 days on solution; GC; MO
<i>galantamine hydrobromide er</i>	1	QL - 30 capsules per 30 days; GC; MO
<i>rivastigmine tartrate</i>	1	QL - 60 capsules per 30 days; GC; MO
Glutamate Pathway Modifiers		
NAMENDA	2	QL - 60 tablets per 30 days; 360ml per 30 days on solution; MO
NAMENDA TITRATION PAK	2	QL - 60 tablets per 30 days
ANTIDEPRESSANTS		

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antidepressants, Other		
<i>amoxapine</i>	1	GC; MO
APLENZIN	3	QL - 30 tablets per 30 days; MO
<i>budeprion sr</i>	1	QL - 60 tablets per 30 days on 100mg; 90 tablets per 30 days on 150mg; GC; MO
<i>budeprion xl</i>	1	QL - 30 tablets per 30 days; GC; MO
<i>bupropion hcl</i>	1	QL - 120 tablets per 30 days on 100mg; 180 tablets per 30 days on 75mg; GC; MO
<i>bupropion hcl sr</i>	1	QL - 60 tablets per 30 days on 100mg; 90 tablets per 30 days on 150mg; 30 tablets per 30 days on 200mg; GC; MO
<i>maprotiline hcl</i>	1	GC; MO
<i>mirtazapine</i>	1	QL - 30 tablets per 30 days; GC; MO
<i>mirtazapine odt</i>	1	QL - 30 tablets per 30 days; GC; MO
<i>nefazodone hcl</i>	1	GC; MO
<i>perphenazine/ amitriptyline</i>	1	GC; MO
<i>trazodone hcl</i>	1	GC; MO
VIIBRYD	3	QL - 30 tablets per 30 days; MO
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL	3	QL - 30 patches per 30 days; MO
MARPLAN	3	MO
<i>phenelzine</i>	1	GC; MO
<i>tranylcypromine sulfate</i>	1	GC; MO
Serotonin/Norepinephrine Reuptake Inhibitors		
<i>citalopram hydrobromide</i>	1	QL - 30 tablets per 30 days; GC; MO
CYMBALTA	2	QL - 60 capsules per 30 days on 20mg; 30 capsules per 30 days on 30mg and 60mg; MO
<i>escitalopram</i>	1	QL - 30 tablets per 30 days; 620ml per 30 days on solution; GC; MO
<i>fluoxetine hcl capsules</i>	1	QL - 30 capsules per 30 days on 10mg; 60 capsules per 30 days on 40mg; GC; MO
<i>fluoxetine hcl solution</i>	1	GC; MO
<i>fluoxetine hcl tablets</i>	1	QL - 30 tablets per 30 days on

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
		10mg; GC; MO
<i>fluvoxamine maleate</i>	1	QL - 90 tablets per 30 days on 100mg; 45 tablets per 30 days on 25mg; 60 tablets per 30 days on 50mg; GC; MO
LEXAPRO	2	QL - 30 tablets per 30 days; 620ml per 30 days on solution; MO
LUVOX CR	3	QL - 60 capsules per 30 days; MO
<i>paroxetine hcl</i>	1	QL - 30 tablets per 30 days; 946ml per 30 days on suspension; GC; MO
<i>paroxetine hcl er</i>	1	QL - 150 tablets per 30 days on 12.5mg; 60 tablets per 30 days on 37.5mg; 90 tablets per 30 days on 25mg; GC; MO
PEXEVA	3	QL - 30 tablets per 30 days on 10mg and 40mg; 60 tablets per 30 days on 20mg and 30mg; MO
PRISTIQ	3	QL - 30 tablets per 30 days; MO
SARAFEM	3	QL - 35 tablets per 14 days on 10mg; 140 tablets per 14 days on 20mg; MO
<i>selfemra</i>	1	QL - 140 capsules per 14 days; GC; MO
<i>sertraline hcl</i>	1	QL - 60 tablets per 30 days on 100mg; 30 tablets per 30 days on 25mg and 50mg; 300ml per 30 days on solution; GC; MO
<i>venlafaxine hcl</i>	1	QL - 90 tablets per 30 days on 100mg, 25mg, 37.5mg and 50mg; 150 tablets per 30 days on 75mg; GC; MO
<i>venlafaxine hcl er capsules</i>	1	QL - 60 capsules per 30 days on 150mg; 180 capsules per 30 days on 37.5mg; 90 capsules per 30 days on 75mg; GC; MO
<i>venlafaxine hcl er tablets</i>	1	QL - 60 tablets per 30 days on 150mg; 30 tablets per 30 days on 225mg; 180 tablets per 30 days on 37.5mg; 90 tablets per 30 days on 75mg; GC; MO
Tricyclics		

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amitriptyline hcl</i>	1	GC; MO
<i>clomipramine hcl</i>	1	GC; MO
<i>desipramine hcl</i>	1	GC; MO
<i>doxepin hcl</i>	1	GC; MO
<i>imipramine hcl</i>	1	GC; MO
<i>imipramine pamoate</i>	1	GC; MO
<i>nortriptyline hcl</i>	1	GC; MO
<i>protriptyline hcl</i>	1	GC; MO
SURMONTIL	3	MO
ANTIDOTES, DETERRENTS, AND TOXICOLOGIC AGENTS		
Antidotes		
CHEMET	3	
CUPRIMINE	3	
DEPEN TITRATABS	3	
EXJADE 125MG	3	PA; LA
EXJADE 250MG, 500MG	4	PA; LA
<i>fomepizole injectable</i>	1	BD; GC
<i>kionex</i>	3	
<i>sodium polystyrene sulfonate</i>	1	GC
SYPRINE	3	
Deterrents		
<i>buproban</i>	1	QL - 90 tablets per 30 days; GC; MO
CAMPRAL	3	MO
CHANTIX	2	QL - 60 tablets per 30 days; PA; MO
NICOTROL INHALER	2	MO
NICOTROL NS	3	QL - 40ml per 30 days; MO
Toxicologic Agents		
<i>amifostine injectable</i>	4	BD
<i>depade</i>	1	GC
FUSILEV	3	BD
<i>leucovorin calcium injectable</i>	3	BD
<i>leucovorin calcium</i>	1	
MESNEX	3	
<i>naloxone hcl injectable</i>	3	BD
<i>naltrexone hcl</i>	1	GC
VIVITROL INJECTABLE	4	PA
ANTIEMETICS		
Antiemetics		

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ALOXI INJECTABLE	3	QL - 5ml per prescription; PA
ANTIVERT 50MG	3	
ANZEMET INJECTABLE	3	QL - 50ml per prescription; PA
ANZEMET	3	QL - 1 tablet per prescription; PA
CESAMET	4	QL - 30 capsules per 5 days
<i>chlorpromazine hcl injectable</i>	3	
<i>chlorpromazine hcl</i>	1	GC
<i>diphenhydramine hcl injectable</i>	1	BD; GC
<i>dronabinol 10mg</i>	4	
<i>dronabinol 2.5mg, 5mg</i>	1	GC
EMEND	2	QL - 1 capsule per prescription on 125mg and 40mg; 2 capsules per 2 days on 80mg; BD
EMEND PAK	2	QL - 3 capsules per 3 days; BD
<i>granisetron hcl injectable</i>	1	PA*; GC
<i>granisetron hcl</i>	1	QL - 2 tablets per prescription; PA*; GC
<i>meclizine hcl</i>	1	GC
<i>metoclopramide hcl injectable</i>	3	BD
<i>metoclopramide hcl</i>	1	GC
METOZOLV ODT	3	
<i>ondansetron hcl injectable</i>	1	PA*; GC
<i>ondansetron hcl</i>	1	QL - 1 tablet per prescription on 24mg; 150ml per 5 days on solution; 12 tablets per 5 days on 4mg and 8mg; PA*; GC
<i>ondansetron odt</i>	1	QL - 12 tablets per 5 days; PA*; GC
<i>perphenazine</i>	1	GC
<i>phenadoz rectal</i>	1	GC
<i>prochlorperazine edisylate injectable</i>	3	
<i>prochlorperazine maleate</i>	1	GC
<i>promethazine hcl injectable</i>	1	BD; GC
<i>promethazine hcl rectal</i>	1	GC
<i>promethegan rectal</i>	1	GC
SANCUSO TRANSDERMAL	4	QL - 1 patch per 7 days
<i>trimethobenzamide hcl injectable</i>	1	BD; GC
ANTIFUNGALS		
Antifungals		
ABELCET INJECTABLE	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AMBISOME INJECTABLE	4	PA
AMPHOTEC INJECTABLE	3	
<i>amphotericin b injectable</i>	3	PA
ANCOBON	4	
CANCIDAS INJECTABLE	4	BD
<i>ciclopirox topical</i>	1	GC
<i>ciclopirox nail lacquer topical</i>	1	GC
<i>ciclopirox olamine topical</i>	1	GC
<i>clotrimazole topical</i>	1	GC
<i>clotrimazole</i>	1	GC
<i>econazole nitrate topical</i>	1	GC
ERAXIS INJECTABLE	3	PA
ERTACZO TOPICAL	3	
EXELDERM TOPICAL	3	
EXTINA TOPICAL	3	
<i>fluconazole</i>	1	QL - 2 tablets per 7 days on 150mg; GC
<i>fluconazole in dextrose injectable</i>	1	GC
<i>griseofulvin microsize</i>	1	GC
GRIS-PEG	2	
GYNAZOLE-1 VAGINAL	3	
<i>itraconazole</i>	1	GC
<i>ketconazole topical</i>	1	GC
<i>ketconazole</i>	1	GC
LAMISIL	2	
MENTAX TOPICAL	3	
<i>miconazole 3 vaginal</i>	1	QL - 3 suppositories per 3 days; GC
MYCAMINE INJECTABLE	4	BD
NAFTIN TOPICAL	3	
NATACYN OPHTHALMIC	2	
NOXAFIL	4	
<i>nyamyc topical</i>	1	GC
<i>nystatin topical</i>	1	GC
<i>nystatin</i>	1	GC
<i>nystatin/ triamcinolone topical</i>	1	GC
<i>nystop topical</i>	1	GC
OXISTAT TOPICAL	3	
<i>pedi-dri topical</i>	1	GC
SPORANOX	2	
<i>terbinafine hcl</i>	1	GC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>terconazole vaginal</i>	1	QL - 45gm per 7 days on 0.4%; 20gm per 3 days on 0.8%; GC
<i>terconazole vaginal</i>	1	QL - 3 suppositories per 3 days; GC
VFEND	4	PA
VFEND IV	3	PA
<i>voriconazole</i>	4	PA
<i>zazole vaginal</i>	3	QL - 45gm per 7 days on 0.4%; 20gm per 3 days on 0.8%; GC
ANTIGOUT AGENTS		
Antigout Agents		
<i>allopurinol</i>	1	GC; MO
COLCRYS	3	QL - 120 tablets per 30 days; MO
<i>probenecid</i>	1	GC; MO
<i>probenecid/ colchicine</i>	1	GC; MO
ULORIC	2	QL - 30 tablets per 30 days; ST; MO
ANTI-INFLAMMATORY AGENTS		
Glucocorticoids		
<i>a-hydrocort injectable</i>	3	BD
<i>a-methapred injectable</i>	3	BD
<i>a-methapred injectable</i>	3	BD
CELESTONE	3	
<i>cortisone acetate</i>	1	GC
<i>dexamethasone</i>	1	GC
<i>dexamethasone intensol</i>	1	GC
<i>dexamethasone sodium phosphate injectable</i>	1	BD; GC
<i>hydrocortisone</i>	1	GC
<i>methylprednisolone</i>	1	GC
<i>methylprednisolone acetate injectable</i>	3	BD
<i>methylprednisolone sodium injectable</i>	3	BD
<i>millipred</i>	3	
ORAPRED ODT	3	
<i>prednisolone sodium phosphate</i>	1	GC
<i>prednisone</i>	1	GC
<i>prednisone intensol</i>	1	GC
SOLU-CORTEF INJECTABLE	3	
SOLU-MEDROL INJECTABLE	3	BD
<i>veripred 20</i>	1	GC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Non-steroidal Inflammatory Agents		
VOLTAREN TRANSDERMAL	2	MO
ANTIMIGRAINE AGENTS		
Abortive		
AXERT	3	QL - 12 tablets per 30 days
<i>dihydroergotamine mesylate injectable</i>	3	
<i>ergomar</i>	3	QL - 20 tablets per 28 days
<i>ergotamine tartrate/caffeine</i>	1	GC
FROVA	2	QL - 12 tablets per 30 days
MAXALT	2	QL - 12 tablets per 30 days
MAXALT-MLT	2	QL - 12 tablets per 30 days
<i>migergot rectal</i>	1	GC
MIGRANAL	2	QL - 16ml per 30 days
<i>naratriptan hcl</i>	1	QL - 9 tablets per 30 days; GC
RELPAK	3	QL - 6 tablets per 30 days
<i>sumatriptan succinate injectable</i>	1	QL - 6ml per 30 days; GC
<i>sumatriptan succinate</i>	1	QL - 9 tablets per 30 days; GC
ZOMIG	3	QL - 6 tablets per 30 days
ZOMIG SPRAY	3	QL - 6ml per 30 days
ZOMIG ZMT	3	QL - 6 tablets per 30 days
Prophylactic		
<i>divalproex sodium er</i>	1	GC; MO
<i>timolol maleate</i>	1	GC; MO
ANTIMYESTHENIC AGENTS		
Parasympathomimetics		
GUANIDINE HCL	2	
MESTINON	3	
MESTINON TIMESPAN	3	
MYTELASE	3	
<i>pyridostigmine bromide</i>	1	GC
REGONOL INJECTABLE	3	BD
ANTIMYCOBACTERIALS		
Antimycobacterials, Other		
<i>dapsone</i>	2	MO
MYCOBUTIN	3	
Antituberculars		
CAPASTAT SULFATE INJECTABLE	3	BD
<i>ethambutol hcl</i>	1	GC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>isonarif</i>	1	GC
<i>isoniazid injectable</i>	1	BD; GC
<i>isoniazid</i>	1	GC; MO
<i>paser</i>	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	GC
<i>rifampin</i>	1	GC
<i>rifampin injectable</i>	3	BD
RIFATER	3	
<i>seromycin</i>	3	
TRECATOR	3	
ANTINEOPLASTICS		
Alkylating Agents		
CEENU	3	
EMCYT	3	
HEXALEN	4	
LEUKERAN	2	
MATULANE	4	
MUSTARGEN INJECTABLE	2	PA*
Antiangiogenic Agents		
REVLIMID	4	LA
THALOMID	4	
Antiestrogens/Modifiers		
FARESTON	3	
<i>tamoxifen citrate</i>	1	GC
Antimetabolites		
DACOGEN INJECTABLE	4	BD
DROXIA	3	
GEMCITABINE	3	BD
<i>hydroxyurea</i>	1	GC
<i>mercaptopurine</i>	1	GC
TABLOID	3	
Antineoplastics, Other		
AFINITOR	4	QL - 60 tablets per 30 days
ALIMTA INJECTABLE	4	BD
<i>allopurinol sodium injectable</i>	1	PA*; GC
ARRANON INJECTABLE	4	
<i>cyclophosphamide</i>	1	GC
DAUNOXOME INJECTABLE	4	BD
DOCEFREZ	4	BD
<i>docetaxel</i>	1	BD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELITEK INJECTABLE	4	BD
ERWINAZE	4	BD
FASLODEX INJECTABLE	4	PA*
HALAVEN INJECTABLE	4	BD
ISTODAX INJECTABLE	4	BD
JAKAFI	4	QL - 60 tablets per 30 days
JEVTANA INJECTABLE	4	BD
<i>mitoxantrone hcl injectable</i>	2	BD
ONTAK INJECTABLE	4	BD
PROLEUKIN INJECTABLE	4	BD
TAXOTERE INJECTABLE	4	BD
<i>topotecan hcl</i>	4	BD
TYKERB	4	
VELCADE INJECTABLE	4	BD
VIDAZA INJECTABLE	4	BD
ZELBORAF	4	QL - 240 tablets per 30 days
ZOLINZA	4	
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole</i>	1	QL - 30 tablets per 30 days; GC
<i>exemestane</i>	1	GC
<i>letrozole</i>	1	GC
Molecular Target Inhibitors		
GLEEVEC	4	QL - 90 tablets per 30 days on 100mg; 60 tablets per 30 days on 400mg
INLYTA	4	QL - 180 tablets per 30 days on 1mg, 60 tablets per 30 days on 5mg
IRESSA	4	QL - 30 tablets per 30 days; LA
NEXAVAR	4	QL - 120 tablets per 30 days; LA
SPRYCEL	4	
SUTENT	4	
TARCEVA	4	
TASIGNA	4	
TORISEL INJECTABLE	4	
VANDETANIB	4	QL - 60 tablets per 30 days on 100mg; 30 tablets per 30 days on 300mg
VOTRIENT	4	
XALKORI	4	QL - 60 capsulese per 30 days
Monoclonal Antibodies		
ADCETRIS INJECTABLE	4	BD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARZERRA INJECTABLE	4	
AVASTIN INJECTABLE	4	BD
CAMPATH INJECTABLE	4	BD
ERIVEDGE	4	QL - 30 capsules per 30 days
HERCEPTIN INJECTABLE	4	BD
RITUXAN INJECTABLE	4	BD
YERVOY	4	BD
Retinoids		
PANRETIN TOPICAL	4	
TARGRETIN	4	
TARGRETIN TOPICAL	4	QL - 60gm per prescription
<i>tretinoin</i>	4	
ANTIPARASITICS		
Anthelmintics		
ALBENZA	2	
BILTRICIDE	3	
<i>mebendazole</i>	1	GC
STROMEKTOL	3	
Antiprotozoals		
ALINIA	2	
<i>atovaquone/ proguanil</i>	1	
<i>chloroquine phosphate</i>	1	GC
DARAPRIM	3	
<i>hydroxychloroquine sulfate</i>	1	GC
<i>mefloquine hcl</i>	1	GC
MEPRON	4	PA
NEBUPENT	3	BD
PENTAM 300 INJECTABLE	3	PA
PRIMAQUINE PHOSPHATE	3	
QUALAQUIN	2	
Pediculicides/Scabicides		
<i>acticin topical</i>	1	GC
EURAX TOPICAL	2	
<i>lindane topical</i>	1	GC
<i>malathion topical</i>	1	GC
<i>permethrin topical</i>	1	GC
ANTIPARKINSON AGENTS		
Antiparkinson Agents		

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amantadine hcl</i>	1	GC; MO
APOKYN INJECTABLE	4	PA; LA; MO
AZILECT	3	MO
<i>benztropine mesylate injectable</i>	1	GC; MO
<i>benztropine mesylate</i>	1	GC; MO
<i>bromocriptine mesylate</i>	1	GC; MO
<i>carbidopa/ levodopa</i>	1	GC; MO
<i>carbidopa/ levodopa cr</i>	1	GC; MO
<i>carbidopa/ levodopa odt</i>	1	GC; MO
<i>carbidopa/ levodopa sr</i>	1	GC; MO
COMTAN	2	QL - 240 tablets per 30 days; MO
LODOSYN	3	MO
<i>pramipexole</i>	1	QL - 90 tablets per 30 days; GC; MO
REQUIP XL	2	QL - 60 tablets per 30 days on 12mg; 360 tablets per 30 days on 2mg; 180 tablets per 30 days on 4mg; 90 tablets per 30 days on 8mg; MO
<i>ropinirole hcl</i>	1	GC; MO
<i>selegiline hcl</i>	1	GC; MO
STALEVO	2	MO
TASMAR	3	MO
<i>tribexyphenidyl hcl</i>	1	GC; MO
ZELAPAR	3	MO
ANTIPSYCHOTICS		
Atypicals		
ABILIFY INJECTABLE	2	BD
ABILIFY	2	QL - 30 tablets per 30 days; 900ml per 30 days on solution; MO
ABILIFY DISCMELT	2	QL - 60 tablets per 30 days; MO
<i>clozapine</i>	1	QL - 120 tablets per 30 days; GC; MO
FANAPT	3	QL - 60 tablets per 30 days; MO
FANAPT TITRATION PACK	3	QL - 60 tablets per 30 days
FAZACLO	3	QL - 270 tablets per 30 days on 100mg and 25mg; 90 tablets per 30 days on 12.5mg; 180 tablets per 30 days on 150mg; 120 tablets per 30 days on 200mg; MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GEODON	2	QL - 60 capsules per 30 days; MO
GEODON INJECTABLE	3	
INVEGA	3	QL - 60 tablets per 30 days on 1.5mg and 6mg; 30 tablets per 30 days on 3mg and 9mg; MO
INVEGA SUSTENNA INJECTABLE 117MG, 156MG, 234MG	4	
INVEGA SUSTENNA INJECTABLE 39MG, 78MG	3	
<i>olanzapine injectable</i>	1	QL - 30ml per 30 days; BD
<i>olanzapine</i>	1	QL - 30 tablets per 30 days; MO
<i>olanzapine odt</i>	1	QL - 30 tablets per 30 days; MO
LATUDA	3	QL - 30 tablets per 30 days; MO
<i>quetiapine</i>	1	QL - 120 tablets per 30 days on 100mg, 25mg, and 50mg; 90 tablets per 30 days on 200mg and 300mg; 60 tablets per 30 days on 400mg; MO
RISPERDAL CONSTA INJECTABLE 12.5MG, 25MG	3	
RISPERDAL CONSTA INJECTABLE 37.5MG, 50MG	4	
<i>risperidone</i>	1	QL - 60 tablets per 30 days; 120 tablets per 30 days on 4mg; 180ml per 30 days on solution; GC; MO
<i>risperidone odt</i>	1	QL - 60 tablets per 30 days; 120 tablets per 30 days on 4mg; GC; MO
SAPHRIS	3	QL - 60 tablets per 30 days; MO
SEROQUEL	2	QL - 120 tablets per 30 days on 100mg, 25mg, and 50mg; 90 tablets per 30 days on 200mg and 300mg; 60 tablets per 30 days on 400mg; MO
SEROQUEL XR	2	QL - 30 tablets per 30 days on 150mg and 200mg; 60 tablets per 30 days on 50mg, 300mg and 400mg; MO
SYMBYAX	2	QL - 30 capsules per 30 days; MO
ZYPREXA INJECTABLE	3	QL - 30ml per 30 days; BD
ZYPREXA	2	QL - 30 tablets per 30 days; MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZYPREXA ZYDIS	2	QL - 30 tablets per 30 days; MO
Conventional		
<i>compro rectal</i>	1	GC; MO
<i>fluphenazine decanoate injectable</i>	3	
<i>fluphenazine hcl</i>	1	GC
<i>fluphenazine hcl injectable</i>	3	
<i>haloperidol</i>	1	GC; MO
<i>haloperidol decanoate injectable</i>	3	BD
<i>haloperidol lactate injectable</i>	3	
<i>loxapine succinate</i>	1	GC; MO
ORAP	3	MO
<i>prochlorperazine rectal</i>	1	GC; MO
<i>thioridazine hcl</i>	1	GC; MO
<i>thiothixene</i>	1	GC; MO
<i>trifluoperazine hcl</i>	1	GC; MO
ANTISPASTICITY AGENTS		
Antispacity Agents		
<i>baclofen</i>	1	GC; MO
<i>dantrolene sodium</i>	1	GC
<i>tizanidine hcl</i>	1	GC; MO
ZANAFLEX	3	MO
ANTIVIRALS		
Anti-cytomegalovirus (CMV) Agents		
<i>foscarnet sodium injectable</i>	2	
<i>ganciclovir 250mg</i>	1	GC; MO
<i>ganciclovir 500mg</i>	4	
VALCYTE	4	MO
VISTIDE INJECTABLE	4	
Antihepatitis Agents		
BARACLUE	3	QL - 600ml per 30 days; PA; MO
BARACLUE	4	QL - 30 tablets per 30 days; PA; MO
HEPSERA	4	MO
INCIVEK	4	QL - 180 tablets per 30 days
REBETOL	3	
<i>ribapak</i>	4	
<i>ribasphere 200mg</i>	1	GC
<i>ribasphere 400mg, 600mg</i>	4	
<i>ribavirin</i>	1	GC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TYZEKA	3	MO
VIRAZOLE	2	
Antiherpetic Agents		
<i>acyclovir</i>	1	GC
<i>acyclovir sodium injectable</i>	1	GC
DENAVIR TOPICAL	3	QL - 1.5gm per 28 days
<i>famciclovir</i>	1	QL - 21 tablets per 10 days; 60 tablets per 30 days on 250mg; 21 tablets per 7 days on 500mg; GC
<i>trifluridine ophthalmic</i>	1	GC
<i>valacyclovir hcl</i>	1	QL - 30 tablets per 30 days; GC
ZOVIRAX TOPICAL	3	QL - 10gm per 30 days on cream; 30gm per 30 days on ointment
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors		
EDURANT	3	QL - 30 tablets per 30 days; MO
INTELENCE	4	QL - 120 tablets per 30 days on 100mg ; MO
RESCRIPTOR	3	MO
SUSTIVA	2	MO
VIRAMUNE	2	MO
VIRAMUNE XR	2	MO
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors		
ATRIPLA	4	MO
COMBIVIR	4	MO
COMPLERA	4	MO
<i>didanosine</i>	1	GC; MO
EMTRIVA	3	MO
EPIVIR	2	MO
EPIVIR HBV	2	MO
EPZICOM	4	MO
<i>lamivudine</i>	1	GC; MO
RETROVIR IV INFUSION	3	MO
<i>stavudine</i>	1	GC; MO
TRIZIVIR	4	MO
TRUVADA	4	MO
VIDEX	3	MO
VIREAD	3	MO
VIREAD	3	QL - 60 tablets per 30 days on 150mg, 30 tablets per 30 days on 200mg and 250mg; MO
ZIAGEN	2	MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zidovudine</i>	1	GC; MO
Anti-HIV Agents, Other		
FUZEON INJECTABLE	4	MO
ISENTRESS	4	MO
SELZENTRY	4	MO
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	4	QL - 300ml per 30 days on solution; MO
CRIXIVAN	3	MO
INVIRASE 200MG	3	MO
INVIRASE 500MG	4	MO
KALETRA SOLUTION, 200/50MG	4	MO
KALETRA 100/25MG	2	MO
LEXIVA SUSPENSION	3	MO
LEXIVA 700MG	4	MO
NORVIR 100MG	2	MO
NORVIR SOLUTION	3	MO
PREZISTA 150MG, 75MG	3	MO
PREZISTA 400MG, 600MG	4	MO
REYATAZ 100MG	3	MO
REYATAZ 150MG, 200MG, 300MG	4	MO
VIRACEPT	3	MO
Anti-influenza Agents		
RELENZA DISKHALER	3	QL - 3 inhalers per 180 days
<i>rimantadine hcl</i>	1	GC
TAMIFLU	2	QL - 84 capsules per 180 days on 30mg; 42 capsules per 180 days on 45mg and 75mg; 900ml per 180 days on suspension
ANXIOLYTICS		
Anxiolytics, Other		
<i>buspirone hcl</i>	1	GC
<i>meprobamate</i>	1	PA; GC
BIPOLAR AGENTS		
Bipolar Agents		
EQUETRO	3	MO
<i>lithium carbonate</i>	1	GC; MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lithium carbonate er</i>	1	GC; MO
LITHIUM CITRATE SYRUP	1	GC; MO
BLOOD GLUCOSE REGULATORS		
Antidiabetic Agents		
<i>acarbose</i>	1	GC; MO
ACTOPLUS MET	2	QL - 90 tablets per 30 days; ST; MO
ACTOS	2	QL - 30 tablets per 30 days; MO
BYETTA INJECTABLE	3	QL - 1 pen per 30 days on 10mcg; 2 pens per 30 days on 5mcg; ST; MO
DIABETA	3	QL - 480 tablets per 30 days on 1.25mg; 240 tablets per 30 days on 2.5mg; 120 tablets per 30 days on 5mg; MO
DUETACT	2	QL - 30 tablets per 30 days; ST; MO
FORTAMET	3	QL - 90 tablets per 30 days on 1000mg; 150 tablets per 30 days on 500mg; MO
<i>glimepiride</i>	1	QL - 60 tablets per 30 days; GC; MO
<i>glipizide</i>	1	QL - 120 tablets per 30 days on 10mg; 240 tablets per 30 days on 5mg; GC; MO
<i>glipizide er</i>	1	QL - 60 tablets per 30 days on 10mg; 240 tablets per 30 days on 2.5mg; 120 tablets per 30 days on 5mg; GC; MO
<i>glipizide/ metformin hcl</i>	1	QL - 240 tablets per 30 days on 2.5-250mg; 120 tablets per 30 days on 2.5-500mg and 5-500mg; GC; MO
GLUMETZA	3	MO
<i>glyburide</i>	1	QL - 480 tablets per 30 days on 1.25mg; 240 tablets per 30 days on 2.5mg; 120 tablets per 30 days on 5mg ; GC; MO
<i>glyburide micronized</i>	1	QL - 120 tablets per 30 days on 1.5mg; 60 tablets per 30 days on 3mg; 30 tablets per 30 days on

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
		6mg; GC ; MO
<i>glyburide/ metformin bcl</i>	1	QL - 240 tablets per 30 days on 1.25-250mg; 120 tablets per 30 days on 2.5-500mg and 5-500mg; GC; MO
<i>glycron</i>	1	QL - 240 tablets per 30 days on 1.5mg; 120 tablets per 30 days on 3mg; 90 tablets per 30 days on 4.5mg; 60 tablets per 30 days on 6mg; GC; MO
GLYSET	3	QL - 90 tablets per 30 days; MO
JANUMET	2	QL - 60 tablets per 30 days; ST; MO
JANUVIA	2	QL - 30 tablets per 30 days; MO
JUVISYNC	2	QL - 30 tablets per 30 days; MO
<i>metformin bcl</i>	1	QL - 150 tablets per 30 days on 500mg; 90 tablets per 30 days on 850mg and 1000mg; GC; MO
<i>metformin bcl er</i>	1	QL - 120 tablets per 30 days on 500mg; 90 tablets per 30 days on 750mg; GC; MO
<i>nateglinide</i>	1	QL - 90 tablets per 30 days; GC; MO
ONGLYZA	2	QL - 30 tablets per 30 days; ST; MO
PRANDIMET	3	QL - 150 tablets per 30 days; MO
PRANDIN	2	QL - 120 tablets per 30 days on 0.5mg and 1mg; 240 tablets per 30 days on 2mg; MO
RIOMET	2	MO
SYMLIN INJECTABLE	3	QL - 20ml per 30 days; MO
SYMLINPEN INJECTABLE	2	QL - 10.8ml per 30 days; MO
<i>tolazamide</i>	1	GC; MO
<i>tolbutamide</i>	1	GC; MO
VICTOZA INJECTABLE	3	QL - 9ml per 30 days; MO
Blood Glucose Regulators		
ALCOHOL PREPS	2	MO
GAUZE PADS	2	MO
INSULIN NEEDLES	2	MO
INSULIN PEN NEEDLES	2	MO
INSULIN SYRINGES	2	MO
Glycemic Agents		

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLUCAGEN INJECTABLE	3	QL - 2 kits per prescription
GLUCAGON EMERGENCY KIT INJECTABLE	3	QL - 2 kits per prescription
PROGLYCEM	2	MO
Insulins		
APIDRA INJECTABLE	3	QL - 30ml per 30 days; MO
APIDRA SOLOSTAR INJECTABLE	3	QL - 30ml per 30 days; MO
HUMALOG INJECTABLE	2	QL - 30ml per 30 days; MO
HUMALOG KWIKPEN INJECTABLE	2	QL - 30ml per 30 days; MO
HUMALOG MIX 50/50 INJECTABLE	2	QL - 30ml per 30 days; MO
HUMALOG MIX 50/50 KWIKPEN INJECTABLE	2	QL - 30ml per 30 days; MO
HUMALOG MIX 75/25 INJECTABLE	2	QL - 30ml per 30 days; MO
HUMALOG MIX 75/25 KWIKPEN INJECTABLE	2	QL - 30ml per 30 days; MO
HUMULIN 70/30 INJECTABLE	2	QL - 30ml per 30 days; MO
HUMULIN 70/30 PEN INJECTABLE	2	QL - 30ml per 30 days; MO
HUMULIN N INJECTABLE	2	QL - 30ml per 30 days; MO
HUMULIN N U-100 PEN INJECTABLE	2	QL - 30ml per 30 days; MO
HUMULIN R INJECTABLE	2	QL - 30ml per 30 days; MO
HUMULIN R U-500 INJECTABLE	2	QL - 30ml per 30 days; MO
LANTUS INJECTABLE	2	QL - 30ml per 30 days; MO
LANTUS SOLOSTAR INJECTABLE	2	QL - 30ml per 30 days; MO
LEVEMIR INJECTABLE	2	QL - 30ml per 30 days; MO
LEVEMIR FLEXPEN INJECTABLE	2	QL - 30ml per 30 days; MO
NOVOLIN 70/30 INJECTABLE	2	QL - 30ml per 30 days; MO
NOVOLIN N INJECTABLE	2	QL - 30ml per 30 days; MO
NOVOLIN R INJECTABLE	2	QL - 30ml per 30 days; MO
NOVOLOG INJECTABLE	2	QL - 30ml per 30 days; MO
NOVOLOG FLEXPEN INJECTABLE	2	QL - 30ml per 30 days; MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NOVOLOG MIX 70/30 INJECTABLE	2	QL - 30ml per 30 days; MO
NOVOLOG MIX 70/30 PREFILL INJECTABLE	2	QL - 30ml per 30 days; MO
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		
Anticoagulants		
ARIXTRA INJECTABLE	4	QL - 30 syringes per 30 days; PA
ARIXTRA INJECTABLE 2.5/0.5	3	2.5/0.5; QL - 30 syringes per 30 days; PA
COUMADIN	3	GC, MO
COUMADIN INJECTABLE	3	BD
<i>enoxaparin sodium injectable</i> 100mg/ml, 120/0.8ml, 150mg/ml	4	QL - 28 syringes per 30 days
<i>enoxaparin sodium injectable</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	3	QL - 28 syringes per 30 days
<i>fondaparinux</i>	1	QL - 30 syringes per 30 days; PA
FRAGMIN INJECTABLE 10000/ml, 12500 units, 15000 units, 18000 units, 7500/0.3ml	4	QL - 20ml per 30 days; PA
FRAGMIN INJECTABLE 2500/0.2ml, 25000/ml, 5000/0.2ml	3	QL - 20ml per 30 days; PA
<i>heparin sodium injectable</i>	3	BD
<i>heparin sodium/ d5w injectable</i>	1	BD; GC
INNOHEP INJECTABLE	3	QL - 20ml per 30 days; PA
<i>jantoven</i>	1	GC; MO
LOVENOX INJECTABLE 300MG/ML	3	300/3ml; QL - 28 syringes per 30 days; PA
PRADAXA	2	QL - 60 capsules per 30 days; MO
<i>warfarin sodium</i>	1	GC; MO
XARELTO	2	QL - 30 tablets per 30 days; MO
Blood Formation Products		
ARANESP ALBUMIN FREE INJECTABLE 100MCG, 25MCG, 40MCG, 60MCG	3	QL; PA
ARANESP ALBUMIN FREE INJECTABLE 150MCG, 200MCG, 300MCG, 500MCG	4	QL; PA
EPOGEN INJECTABLE 10000/ML, 20000/ML	3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EPOGEN INJECTABLE 2000/ML, 3000/ML, 4000/ML	3	QL - 12ml per 28 days; PA
LEUKINE INJECTABLE	4	PA
METHERGINE	3	
<i>methylergonovine</i>	1	
MOZOBIL INJECTABLE	4	
NEULASTA INJECTABLE	4	QL - 2ml per 30 days; PA
NEUMEGA INJECTABLE	4	QL - 21 per 21 days; PA
NEUPOGEN INJECTABLE	4	PA
PROCRIT INJECTABLE 10000/ML	2	PA
PROCRIT INJECTABLE 2000/ML, 3000/ML, 4000/ML	2	QL - 12ml per 28 days; PA
PROCRIT INJECTABLE 20000/ML, 40000/ML	4	20000/ml, 40000/ml; PA
PROMACTA	4	QL - 90 tablets per 30 days; PA; LA; MO
Coagulants		
CYKLOKAPRON INJECTABLE	2	
Platelet Aggregation Inhibitors		
AGGRENEX	2	MO
<i>anagrelide hydrochloride</i>	1	GC; MO
BRILINTA	2	QL - 60 tablets per 30 days; MO
<i>cilostazol</i>	1	GC; MO
EFFIENT	2	QL - 30 tablets per 30 days; MO
<i>pentopak</i>	1	GC; MO
<i>pentoxifylline er</i>	1	GC; MO
PLAVIX	2	QL - 30 tablets per 30 days; MO
<i>ticlopidine hcl</i>	1	GC; MO
CARDIOVASCULAR AGENTS		
Alpha-adrenergic Agonists		
<i>clonidine hcl transdermal</i>	1	QL - 4 patches per 28 days; GC; MO
<i>clonidine hcl</i>	1	GC; MO
<i>clorpres 0.3</i>	1	GC; MO
<i>clorpres 0.1, 0.2</i>	1	
DIBENZYLINE	2	
<i>guanabenz acetate</i>	1	GC; MO
<i>guanfacine hcl</i>	1	GC; MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methyldopa</i>	1	GC; MO
<i>methyldopa/ hydrochlorothiazide</i>	1	GC; MO
<i>methyldopate hcl injectable</i>	3	BD; MO
<i>midodrine hcl</i>	1	GC; MO
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate</i>	1	QL - 30 tablets per 30 days; 60 tablets per 30 days on 8mg; GC; MO
<i>prazosin hcl</i>	1	GC; MO
<i>reserpine</i>	1	GC; MO
<i>terazosin hcl</i>	1	QL - 30 capsules per 30 days; 60 capsules per 30 days on 10mg; GC; MO
Antiarrhythmics		
<i>acebutolol hcl</i>	1	GC
<i>amiodarone hcl injectable</i>	1	BD; GC
<i>amiodarone hcl</i>	1	GC; MO
CARDIZEM CD 360MG	3	MO
CARDIZEM LA 120MG	3	MO
<i>cartia xt</i>	1	GC; MO
COVERA-HS	3	MO
<i>dilt-cd</i>	1	GC; MO
<i>diltiazem cd</i>	1	GC; MO
<i>diltiazem hcl injectable</i>	1	BD; GC
<i>diltiazem hcl</i>	1	GC; MO
<i>diltiazem hcl er</i>	1	GC; MO
<i>dilt-xr</i>	1	GC; MO
<i>diltzac</i>	1	GC; MO
<i>flecainide acetate</i>	1	GC; MO
<i>mexiletine hcl</i>	1	GC; MO
MULTAQ	3	QL - 60 tablets per 30 days; ST; MO
<i>pacerone 100mg</i>	3	MO
<i>pacerone 200mg</i>	1	GC; MO
<i>procainamide hcl injectable 100mg/ ml</i>	3	BD
<i>procainamide hcl injectable 500mg/ ml</i>	1	GC
<i>propafenone hcl</i>	1	GC; MO
QUINIDINE GLUCONATE INJECTABLE	1	GC
<i>quinidine gluconate cr</i>	1	GC; MO
<i>quinidine sulfate</i>	1	GC; MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>quinidine sulfate er</i>	1	GC; MO
<i>sorine</i>	1	GC; MO
<i>sotalol hcl</i>	1	GC; MO
SOTALOL HYDROCHLORIDE INJECTABLE	3	
<i>taztia xt</i>	1	GC; MO
TIKOSYN	3	MO
<i>verapamil hcl injectable</i>	3	BD
<i>verapamil hcl</i>	1	GC; MO
<i>verapamil hcl er</i>	1	GC; MO
Beta-adrenergic Blocking Agents		
<i>atenolol</i>	1	GC; MO
<i>atenolol/ chlorthalidone</i>	1	GC; MO
AZOR	2	MO
<i>betaxolol hcl</i>	1	GC; MO
<i>bisoprolol fumarate</i>	1	GC; MO
<i>bisoprolol fumarate/ hydrochlorothiazide</i>	1	GC; MO
BYSTOLIC	2	MO
<i>carvedilol</i>	1	QL - 60 tablets per 30 days; GC; MO
COREG CR	2	QL - 30 capsules per 30 days; MO
EXFORGE	2	QL - 30 tablets per 30 days; ST; MO
EXFORGE HCT	2	QL - 30 tablets per 30 days; ST; MO
INNOPRAN XL	3	MO
<i>labetalol hcl injectable</i>	1	BD; GC
<i>labetalol hcl</i>	1	GC; MO
LEVATOL	3	MO
<i>metoprolol succinate er</i>	1	QL - 30 tablets per 30 days; 60 tablets per 30 days on 200mg; GC; MO
<i>metoprolol tartrate</i>	1	GC; MO
<i>metoprolol tartrate injectable</i>	3	BD
<i>metoprolol/ hydrochlorothiazide</i>	1	GC; MO
<i>nadolol</i>	1	GC; MO
<i>nadolol/ bendroflumethiazide</i>	1	GC; MO
<i>pindolol</i>	1	GC; MO
<i>propranolol hcl injectable</i>	3	BD
<i>propranolol hcl</i>	1	GC; MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>propranolol hcl er</i>	1	GC; MO
<i>propranolol/ hydrochlorothiazide</i>	1	GC; MO
Calcium Channel Blocking Agents		
<i>afeditab cr</i>	1	GC; MO
<i>amlodipine besylate</i>	1	QL - 30 tablets per 30 days; GC; MO
<i>amlodipine besylate/ benazepril</i>	1	QL - 30 capsules per 30 days; GC; MO
DYNACIRC CR	3	MO
<i>felodipine er</i>	1	GC; MO
<i>isradipine</i>	1	GC; MO
<i>nicardipine hcl</i>	1	GC; MO
<i>nicardipine hcl injectable</i>	1	GC
<i>nifediac cc</i>	1	GC; MO
<i>nifedical xl</i>	1	GC; MO
<i>nifedipine er</i>	1	GC; MO
<i>nimodipine</i>	1	GC; MO
<i>nisoldipine</i>	1	GC; MO
Cardiovascular Agents, Other		
DEMSER	2	
<i>digoxin injectable</i>	1	GC
DIGOXIN	1	GC; MO
<i>digoxin</i>	1	GC; MO
LANOXIN INJECTABLE	3	BD
RANEXA	2	QL - 120 tablets per 30 days; MO
TWYNSTA	3	MO
Diuretics		
<i>acetazolamide sodium injectable</i>	1	GC
ALDACTAZIDE	3	MO
<i>amiloride hcl</i>	1	GC; MO
<i>amiloride/ hydrochlorothiazide</i>	1	GC; MO
<i>bumetanide injectable</i>	1	BD; GC; MO
<i>bumetanide</i>	1	GC; MO
<i>chlorthiazide</i>	1	GC; MO
<i>chlorthiazide sodium injectable</i>	4	
<i>chlorthalidone</i>	1	GC; MO
DIURIL	3	MO
DYRENIUM	3	MO
EDECIN	3	MO
<i>eplerenone</i>	1	GC; MO
<i>furosemide injectable</i>	3	BD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>furosemide</i>	1	GC; MO
<i>hydrochlorothiazide</i>	1	GC; MO
<i>indapamide</i>	1	GC; MO
<i>methazolamide</i>	1	GC; MO
<i>methyclothiazide</i>	1	GC; MO
<i>metolazone</i>	1	GC; MO
SAMSCA	4	QL - 60 tablets per 30 days
SODIUM EDECRIN INJECTABLE	3	BD
<i>spironolactone</i>	1	GC; MO
<i>spironolactone/ hydrochlorothiazide</i>	1	GC; MO
THALITONE	3	MO
<i>toremide</i>	1	GC; MO
<i>triamterene/ hydrochlorothiazide</i>	1	GC; MO
Dyslipidemics		
ADVICOR	2	QL - 30 tablets per 30 days; MO
ALTOPREV	3	QL - 30 tablets per 30 days; MO
ANTARA	3	MO
<i>atorvastatin</i>	1	QL - 30 tablets per 30 days; GC; MO
<i>cholestyramine light</i>	1	GC; MO
<i>colestipol hcl</i>	1	GC; MO
CRESTOR	2	QL - 30 tablets per 30 days; ST; MO
<i>fenofibrate</i>	1	QL - 30 tablets per 30 days; GC; MO
<i>fenofibrate micronized</i>	1	QL - 30 capsules per 30 days; GC; MO
FENOGLIDE	3	MO
<i>gemfibrozil</i>	1	GC; MO
LESCOL	3	QL - 60 capsules per 30 days; ST; MO
LESCOL XL	3	QL - 30 tablets per 30 days; ST; MO
LIPITOR	3	QL - 30 tablets per 30 days; ST
LIPOFEN	3	MO
<i>lovastatin</i>	1	QL - 30 tablets per 30 days; 60 tablets per 30 days on 40mg; GC; MO
LOVAZA	3	MO
<i>niacor</i>	3	MO
NIASPAN	2	QL - 60 tablets per 30 days; MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pravastatin sodium</i>	1	QL - 30 tablets per 30 days; 60 tablets per 30 days on 40mg; GC; MO
<i>prevalite</i>	1	GC; MO
SIMCOR	2	QL - 60 tablets per 30 days; MO
<i>simvastatin</i>	1	QL - 30 tablets per 30 days; GC; MO
TRIGLIDE	3	MO
TRILIPIX	2	QL - 30 capsules per 30 days; ST; MO
VYTORIN	3	QL - 30 tablets per 30 days; ST; MO
WELCHOL	2	MO
WELCHOL TABLETS	3	
ZETIA	3	QL - 30 tablets per 30 days; ST; MO
Renin-angiotensin-aldosterone System Inhibitors		
<i>amlodipine besylate/ benazepril</i>	1	QL - 30 capsules per 30 days; GC; MO
AMTURNIDE	2	QL - 30 tablets per 30 days; MO
ATACAND	3	QL - 30 tablets per 30 days; ST; MO
ATACAND HCT	3	QL - 30 tablets per 30 days; ST; MO
<i>benazepril hcl</i>	1	GC; MO
<i>benazepril hcl/ hydrochlorothiazide</i>	1	GC; MO
BENICAR	2	QL - 30 tablets per 30 days; ST; MO
BENICAR HCT	2	QL - 30 tablets per 30 days; ST; MO
<i>captopril</i>	1	GC; MO
<i>captopril/ hydrochlorothiazide</i>	1	GC; MO
DIOVAN	2	QL - 30 tablets per 30 days; ST; MO
DIOVAN HCT	2	QL - 30 tablets per 30 days; ST; MO
<i>enalapril maleate</i>	1	GC; MO
<i>enalapril maleate/ hydrochlorothiazide</i>	1	GC; MO
<i>eprosartan</i>	1	GC; MO
<i>fosinopril sodium</i>	1	GC; MO
<i>fosinopril sodium/ hydrochlorothiazide</i>	1	GC; MO
<i>lisinopril</i>	1	GC; MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lisinopril/ hydrochlorothiazide</i>	1	GC; MO
<i>losartan potassium</i>	1	QL - 30 tablets per 30 days; GC; MO
<i>losartan potassium/ hydrochlorothiazide</i>	1	QL - 30 tablets per 30 days; GC; MO
<i>moexipril hcl</i>	1	GC; MO
<i>moexipril/ hydrochlorothiazide</i>	1	GC; MO
<i>perindopril erbumine</i>	1	GC; MO
<i>quinapril hcl</i>	1	GC; MO
<i>quinapril/ hydrochlorothiazide</i>	1	GC; MO
<i>ramipril</i>	1	QL - 30 capsules per 30 days; 60 capsules per 30 days on 10mg; GC; MO
TEKAMLO	2	QL - 30 tablets per 30 days; ST; MO
TEKTURNA	2	QL - 30 tablets per 30 days; ST; MO
TEKTURNA HCT	2	QL - 30 tablets per 30 days; ST; MO
TEVETEN	3	MO
TEVETEN HCT	3	MO
<i>trandolapril</i>	1	GC; MO
VALTURNA	2	QL - 30 tablets per 30 days; MO
Vasodilators		
BIDIL	3	PA; MO
DILATRATE SR	2	MO
<i>hydralazine hcl injectable</i>	3	BD
<i>hydralazine hcl</i>	1	GC; MO
<i>isochron</i>	1	MO
ISORDIL TITRADOSE	3	MO
<i>isosorbide dinitrate</i>	1	GC; MO
<i>isosorbide dinitrate er</i>	1	GC; MO
<i>isosorbide mononitrate</i>	1	GC; MO
<i>isosorbide mononitrate er</i>	1	GC; MO
LETAIRIS	4	PA; LA; MO
<i>minitran transdermal</i>	3	MO
<i>minoxidil</i>	1	GC; MO
NITRO-DUR TRANSDERMAL	3	MO
<i>nitroglycerin injectable</i>	3	BD
<i>nitroglycerin transdermal</i>	1	GC; MO
NITROLINGUAL PUMPSPRAY	3	MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NITROSTAT	2	MO
CENTRAL NERVOUS SYSTEM AGENTS		
Amphetamines, ADHD		
<i>amphetamine/ dextroamphetamine</i>	1	PA; GC; MO
VYVANSE	3	MO
Non-amphetamines, ADHD		
<i>methylin</i>	1	PA; GC; MO
<i>methylin er</i>	1	PA; GC; MO
<i>methyphenidate hcl</i>	1	PA; GC; MO
<i>methyphenidate hcl sr</i>	1	PA; GC; MO
<i>methyphenidate er capsule</i>	1	PA; GC; MO
STRATTERA	2	QL - 60 capsules per 30 days; MO
Non-amphetamines, Other		
INTUNIV	3	MO
NUVIGIL	3	MO
PROVIGIL	2	QL - 60 tablets per 30 days; MO
RILUTEK	4	PA
SAVELLA	2	QL - 60 tablets per 30 days; MO
SAVELLA TITRATION PACK	2	QL - 60 tablets per 30 days
XENAZINE	4	PA; LA; MO
XYREM	4	PA; LA
DENTAL AND ORAL AGENTS		
Dental and Oral Agents		
<i>chlorhexidine gluconate</i>	1	GC
EVOXAC	3	MO
KEPIVANCE INJECTABLE	4	BD
<i>lidocaine viscous</i>	1	GC
<i>periogard</i>	1	GC
<i>pilocarpine hcl</i>	1	GC; MO
<i>triamcinolone in orabase</i>	1	GC
DERMATOLOGICAL AGENTS		
Dermatological Agents		
8-MOP	4	PA
ACANYA TOPICAL	3	
<i>adapalene topical</i>	1	GC
AMEVIVE INJECTABLE	4	PA; LA
<i>ammonium lactate topical</i>	1	GC
<i>amnesteem</i>	1	GC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ATRALIN TOPICAL	3	
<i>avita topical</i>	3	
AZELEX TOPICAL	3	
BENZACLIN CARE KIT TOPICAL	3	
<i>calcipotriene topical</i>	1	GC
CARAC TOPICAL	3	
<i>claravis</i>	1	GC
<i>clindamycin/ benzoyl peroxide topical</i>	1	GC
<i>clotrimazole/ betamethasone topical</i>	1	GC
<i>colocort rectal</i>	3	
CONDYLOX TOPICAL	2	
DIFFERIN 0.3% GEL	3	PA
DOVONEX 0.005% CREAM	2	QL - 120gm per prescription
ELIDEL TOPICAL	3	QL - 30gm per prescription; PA; ST
EPIDUO TOPICAL	3	
<i>erythromycin/ benzoyl peroxide topical</i>	1	GC
FINACEA TOPICAL	2	
FLECTOR TRANSDERMAL	2	QL - 60 patches per 30 days
FLUOROPLEX TOPICAL	2	
<i>fluorouracil topical</i>	1	GC
<i>hydrocortisone rectal</i>	1	GC
<i>imiquimod topical</i>	1	GC
<i>laclotion topical</i>	3	
<i>lidocaine topical</i>	1	GC
LIDODERM TOPICAL	3	QL - 90 patches per 30 days
ORACEA	3	
OXSORALEN ULTRA	4	PA*
PHISOHEX TOPICAL	3	
<i>podofilox topical</i>	1	GC
<i>proctocream-hc rectal</i>	1	GC
<i>proctosol hc rectal</i>	1	GC
<i>proctozone-hc rectal</i>	1	GC
PROTOPIC TOPICAL	3	QL - 30gm per prescription; PA*; ST
REGRANEX TOPICAL	3	QL - 15gm per 30 days; PA
RETIN-A MICROGEL TOPICAL	3	
SANTYL TOPICAL	3	QL - 30gm per prescription
<i>selenium sulfide topical</i>	1	GC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SOLARAZE TRANSDERMAL	3	QL - 50gm per prescription; PA
<i>sotret</i>	1	GC
STELARA INJECTABLE	4	
TACLONEX TOPICAL	3	
TACLONEX SCALP TOPICAL	3	
TAZORAC TOPICAL	3	
<i>tretinoin topical</i>	1	GC
<i>tretin-x topical</i>	1	
<i>u-cort topical</i>	1	
ULESFIA TOPICAL	3	
VECTICAL TOPICAL	3	ST
VEREGEN TOPICAL	3	
ZIANA TOPICAL	3	
ZONALON TOPICAL	2	
ENZYME REPLACEMENTS/MODIFIERS		
Enzyme Replacements/ Modifiers		
ADAGEN INJECTABLE	4	PA; LA
ALDURAZYME INJECTABLE	4	PA; LA
BUPHENYL	4	MO
CEREDASE INJECTABLE	4	PA; LA
CEREZYME INJECTABLE	4	PA; LA
CREON	2	MO
CYSTADANE	3	
CYSTAGON	3	LA
ELAPRASE INJECTABLE	4	PA; LA
FABRAZYME INJECTABLE	4	PA; LA
KUVAN	4	PA; LA
<i>levocarnitine injectable</i>	1	BD; GC
<i>levocarnitine</i>	1	GC
MYOZYME INJECTABLE	4	PA; LA
NAGLAZYME INJECTABLE	4	PA; LA
ORFADIN	4	PA; LA; MO
ZAVESCA	4	LA; MO
ZENPEP	3	MO
GASTROINTESTINAL AGENTS		
Antispasmodics, Gastrointestinal		
<i>atropine sulfate injectable</i>	1	BD; GC
CANTIL	3	
<i>dicyclomine hcl</i>	1	GC
<i>glycopyrrolate injectable</i>	1	BD; GC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glycopyrrolate</i>	1	GC
<i>methscopolamine bromide</i>	1	GC
Gastrointestinal Agents, Other		
AMITIZA	2	QL - 60 capsules per 30 days; MO
<i>constulose</i>	1	GC; MO
<i>enulose</i>	1	GC; MO
GASTROCROM	3	MO
<i>gavilyte-c</i>	1	GC
<i>gavilyte-g</i>	1	GC
<i>gavilyte-n/ flavor pack</i>	1	GC
HALFLYTELY	3	
HELIDAC	3	
<i>kristalose</i>	3	MO
<i>lactulose</i>	1	GC; MO
<i>loperamide hcl</i>	1	GC
MOVIPREP	2	
OSMOPREP	2	
<i>polyethylene glycol 3350</i>	1	GC
PYLERA	2	
RELISTOR INJECTABLE	2	
<i>trilyte</i>	1	GC
<i>ursodiol</i>	1	GC; MO
VISICOL	2	
Histamine2 (H2) Blocking Agents		
<i>cimetidine hcl injectable</i>	1	BD; GC
<i>cimetidine hcl</i>	1	GC; MO
<i>famotidine injectable</i>	3	BD
<i>famotidine</i>	1	GC; MO
<i>famotidine premixed injectable</i>	3	BD
<i>nizatidine</i>	1	GC; MO
<i>ranitidine hcl</i>	1	GC; MO
<i>ranitidine hcl injectable</i>	3	BD
ZANTAC INJECTABLE	3	BD
ZANTAC 25MG EFFERVESCENT TABLET	3	MO
Irritable Bowel Syndrome Agents		
LOTRONEX	4	QL - 60 tablets per 30 days; MO
Protectants		
CARAFATE	2	MO
<i>misoprostol</i>	1	GC; MO
<i>sucralfate</i>	1	GC; MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Proton Pump Inhibitors		
ACIPHEX	3	QL - 30 tablets per 30 days; ST; MO
<i>lansoprazole</i>	1	QL - 30 capsules per 30 days; GC; MO
<i>lansoprazole odt</i>	1	QL - 30 tablets per 30 days; GC; MO
NEXIUM	2	QL - 30 per 30 days; ST; MO
NEXIUM I.V.	2	BD
<i>omeprazole</i>	1	QL - 60 capsules per 30 days on 10mg and 20mg; 30 capsules per 30 days on 40mg; GC; MO
<i>omeprazole/ sodium bicarbonate</i>	1	GC; MO
<i>pantoprazole sodium</i>	1	QL - 30 tablets per 30 days; GC; MO
PREVPAC	3	QL - 1 pack per 14 days
PROTONIX INJECTABLE	3	BD
PROTONIX PAK	3	; MO
ZEGERID	3	QL - 30 per 30 days; MO
GENITOURINARY AGENTS		
Antispasmodics, Urinary		
<i>bethanechol chloride</i>	1	GC
ENABLEX	2	QL - 30 tablets per 30 days; ST; MO
<i>flavoxate hcl</i>	1	GC; MO
GELNIQUE TRANSDERMAL	3	QL - 30gm per 30 days; MO
<i>oxybutynin chloride</i>	1	GC; MO
<i>oxybutynin chloride er</i>	1	QL - 90 tablets per 30 days on 10mg; 60 tablets per 30 days on 15mg; 180 tablets per 30 days on 5mg; GC; MO
OXYTROL TRANSDERMAL	3	QL - 8 patches per 28 days; ST; MO
TOVIAZ	3	QL - 30 tablets per 30 days; ST; MO
<i>trospium chloride</i>	1	QL - 60 tablets per 30 days; GC; MO
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin</i>	1	
AVODART	2	QL - 30 capsules per 30 days; ST;

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
		MO
CARDURA XL	3	QL - 30 tablets per 30 days; MO
<i>finasteride</i>	1	QL - 30 tablets per 30 days; GC; MO
JALYN	2	QL - 30 capsules per 30 days; ST; MO
RAPAFLO	3	MO
<i>tamsulosin hcl</i>	1	QL - 60 capsules per 30 days; GC; MO
Genitourinary Agents, Other		
ELMIRON	2	
<i>neomycin/polymyxin b</i>	1	GC
<i>sodium chloride 0.9%</i>	1	GC
Phosphate Binders		
<i>calcium acetate</i>	1	GC; MO
<i>eliphos</i>	1	GC; MO
FOSRENOL	3	MO
PHOSLYRA	3	QL - 1800mls per 30 days
RENAGEL	3	MO
RENVELA	3	MO
HORMONALAGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
Glucocorticoids/Mineralocorticoids		
<i>ala-cort topical</i>	1	GC
<i>alclometasone dipropionate topical</i>	1	GC
<i>amcinonide topical</i>	1	GC
<i>augmented betamethasone topical</i>	1	GC
<i>betamethasone dipropionate topical</i>	1	GC
<i>betamethasone valerate topical</i>	1	GC
CAPEX TOPICAL	3	
<i>clobetasol propionate topical</i>	1	GC
<i>clobetasol propionate e topical</i>	1	GC
CLOBEX TOPICAL	3	
CLODERM TOPICAL	3	
CORDRAN TOPICAL	3	
CORDRAN SP TOPICAL	3	
CORDRAN TAPE TOPICAL	3	
CUTIVATE TOPICAL	3	
DERMA-SMOOTHIE/FS BODY OIL TOPICAL	3	
DESONATE TOPICAL	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>desonide</i>	1	GC
<i>desowen lotion/ cetaphil c topical</i>	3	
<i>desowen ointment/ cetaphil topical</i>	3	
<i>desoximetasone topical</i>	1	GC
<i>diflorasone diacetate topical</i>	1	GC
<i>fludrocortisone acetate</i>	1	GC
<i>fluocinolone acetonide topical</i>	1	GC
<i>fluocinonide topical</i>	1	GC
<i>fluocinonide emollient base topical</i>	1	GC
<i>fluticasone propionate topical</i>	1	GC
<i>halobetasol propionate topical</i>	1	GC
HALOG TOPICAL	3	
<i>hydrocortisone topical</i>	1	GC
<i>hydrocortisone butyrate topical</i>	1	GC
<i>hydrocortisone valerate topical</i>	1	GC
KENALOG TOPICAL	3	
LOCOID TOPICAL	3	
LOCOID LIPOCREAM TOPICAL	3	
<i>lokara topical</i>	3	
LUXIQ TOPICAL	3	
<i>mometasone furoate topical</i>	1	GC
OLUX-E TOPICAL	3	
PANDEL TOPICAL	3	
<i>prednicarbate topical</i>	1	GC
<i>procto-pak rectal</i>	1	GC
<i>triamcinolone acetonide topical</i>	1	GC
<i>triderm topical</i>	1	GC
VANOS TOPICAL	3	
VERDESO TOPICAL	3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
ACTHAR	4	PA
<i>desmopressin acetate injectable</i>	3	BD
<i>desmopressin acetate</i>	1	GC; MO
GENOTROPIN INJECTABLE	4	PA; MO
GENOTROPIN MINIQUICK INJECTABLE	3	PA; MO
HUMATROPE INJECTABLE 12MG, 24MG	4	PA; MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMATROPE INJECTABLE 6MG	3	PA; MO
HUMATROPE COMBO PACK INJECTABLE	4	PA; MO
INCRELEX INJECTABLE	4	PA; LA; MO
NORDITROPIN NORDIFLEX PEN INJECTABLE	4	MO
NUTROPIN INJECTABLE	4	PA; MO
NUTROPIN AQ PEN INJECTABLE	4	MO
OMNITROPE INJECTABLE 10/1.5ML, 5/1.5ML	3	MO
OMNITROPE INJECTABLE 5.8MG	4	PA; MO
SAIZEN INJECTABLE	4	PA; MO
SAIZEN CLICK.EASY INJECTABLE	4	PA; MO
SEROSTIM INJECTABLE	4	PA; LA; MO
SOMATULINE DEPOT INJECTABLE	4	PA; MO
STIMATE	3	MO
TEV-TROPIN INJECTABLE	3	PA; MO
ZORBTIVE INJECTABLE	4	PA; LA; MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
Anabolic Steroids		
ANADROL-50	4	
<i>oxandrolone</i>	1	GC
Androgens		
ANDRODERM TRANSDERMAL	3	QL - 30 patches per 30 days; MO
ANDROGEL TRANSDERMAL	3	QL - 300gm per 30 days; MO
<i>androxy</i>	1	GC; MO
<i>danazol</i>	1	GC
STRIANT	3	PA; MO
TESTIM TRANSDERMAL	3	MO
<i>testosterone cypionate injectable</i>	1	BD; GC
<i>testosterone enanthate injectable</i>	3	BD
Estrogens		
ACTIVELLA 0.5/0.1	3	MO
ALORA TRANSDERMAL	3	QL - 8 patches per 28 days; MO
<i>amethyst</i>	1	GC; MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANGELIQ	3	MO
<i>apri</i>	1	GC; MO
<i>aranelle</i>	1	GC; MO
<i>aviane</i>	1	GC; MO
<i>balziva</i>	1	GC; MO
<i>cesia</i>	1	GC; MO
CLIMARA PRO TRANSDERMAL	2	QL - 4 patches per 28 days; MO
COMBIPATCH TRANSDERMAL	2	MO
<i>cryselle-28</i>	1	GC; MO
DIVIGEL TRANSDERMAL	3	QL - 30gm per 30 days; MO
ELESTRIN TRANSDERMAL	3	QL - 144gm per 30 days; MO
<i>enpresse-28</i>	1	GC; MO
ESTRACE VAGINAL	3	MO
ESTRADERM TRANSDERMAL	3	QL - 8 patches per 28 days; MO
<i>estradiol transdermal</i>	1	QL - 4 patches per 28 days; GC; MO
<i>estradiol</i>	1	GC; MO
<i>estradiol valerate injectable</i>	1	GC
<i>estradiol/ norethindrone</i>	1	GC; MO
ESTRING VAGINAL	3	QL - 1 ring per 90 days; MO
EVAMIST TRANSDERMAL	3	QL - 16ml per 30 days; MO
FEMHRT LOW DOSE	3	MO
FEMRING VAGINAL	3	MO
FEMTRACE	3	MO
<i>jinteli</i>	1	GC; MO
<i>junel 1.5/30</i>	1	GC; MO
<i>junel 1/20</i>	1	GC; MO
<i>junel fe 1.5/30</i>	1	GC; MO
<i>junel fe 1/20</i>	1	GC; MO
<i>kariva</i>	1	GC; MO
<i>kelnor 1/35</i>	1	GC; MO
<i>leena</i>	1	GC; MO
<i>lessina-28</i>	1	GC; MO
<i>levora 0.15/30-28</i>	1	GC; MO
LOESTRIN 24 FE	3	MO
<i>low-ogestrel</i>	1	GC; MO
<i>lutea</i>	1	GC; MO
LYBREL	3	MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>menest</i>	1	MO
MENOSTAR TRANSDERMAL	3	QL - 4 patches per 28 days; MO
<i>microgestin 1.5/30</i>	1	GC; MO
<i>microgestin 1/20</i>	1	GC; MO
<i>microgestin fe</i>	1	GC; MO
<i>microgestin fe 1.5/30</i>	1	GC; MO
<i>mononessa</i>	1	GC; MO
<i>necon 0.5/35-28</i>	1	GC; MO
<i>necon 1/35-28</i>	1	GC; MO
<i>necon 10/11-28</i>	1	GC; MO
<i>necon 7/7/7</i>	1	GC; MO
<i>nortrel 0.5/35 (28)</i>	1	GC; MO
<i>nortrel 1/35 (21)</i>	1	GC; MO
<i>nortrel 1/35 (28)</i>	1	GC; MO
<i>nortrel 7/7/7</i>	1	GC; MO
NUVARING VAGINAL	3	MO
<i>ocella</i>	1	GC; MO
<i>ogestrel</i>	1	GC; MO
ORTHO EVRA TRANSDERMAL	3	MO; MO
ORTHO TRI-CYCLEN LO	3	MO; MO
OVCON-50 28	3	MO; MO
<i>portia-28</i>	1	GC; MO
PREFEST	3	MO; MO
PREMARIN INJECTABLE	2	BD
PREMARIN	2	MO
PREMARIN W/APPLICATOR VAGINAL	2	MO
PREMPHASE	2	MO
PREMPRO	2	MO
<i>previfem</i>	1	GC; MO
<i>quasense</i>	1	GC; MO
<i>reclipsen</i>	1	GC; MO
SEASONIQUE	3	MO
<i>solia</i>	1	GC; MO
<i>sprintec 28</i>	1	GC; MO
<i>sronyx</i>	1	GC; MO
<i>tri-legest fe</i>	1	GC; MO
<i>trinessa</i>	1	GC; MO
<i>tri-previfem</i>	1	GC; MO
<i>tri-sprintec</i>	1	GC; MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trivora-28</i>	1	GC; MO
VAGIFEM VAGINAL	2	MO
<i>velivet</i>	1	GC; MO
VIVELLE-DOT TRANSDERMAL	3	QL - 8 patches per 28 days; MO
<i>zeosa</i>	1	GC; MO
<i>zovia 1/35e</i>	1	GC; MO
<i>zovia 1/50e</i>	1	GC; MO
Progestins		
<i>camila</i>	1	GC; MO
CRINONE VAGINAL	3	
DEPO-PROVERA	2	
DEPO-SUBQ PROVERA 104 INJECTABLE	3	QL - 1 injection per 90 days
<i>errin</i>	1	GC; MO
<i>jolivette</i>	1	GC; MO
<i>medroxyprogesterone acetate injectable</i>	3	QL - 1 injection per 90 days
<i>medroxyprogesterone acetate</i>	1	GC; MO
MEGACE ES SUSPENSION	3	MO
<i>megestrol acetate</i>	1	GC
<i>next choice</i>	1	GC
<i>nora-be</i>	1	GC; MO
<i>norethindrone acetate</i>	1	GC; MO
PROMETRIUM	3	MO
Selective Estrogen Receptor Modifying Agents		
EVISTA	2	QL - 30 tablets per 30 days; MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothroid</i>	1	GC; MO
<i>levothyroxine sodium</i>	1	GC; MO
<i>liothyronine sodium injectable</i>	1	BD; GC
<i>liothyronine sodium</i>	1	GC; MO
THYROLAR	2	MO
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)		
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR	2	MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	1	GC
ELIGARD INJECTABLE	2	PA
FIRMAGON INJECTABLE	4	QL - 2 per 30 days
<i>leuprolide acetate injectable</i>	3	
LUPRON DEPOT INJECTABLE	2	PA
LUPRON DEPOT INJECTABLE 7.5MG	4	
LUPRON DEPOT-PED INJECTABLE	4	PA
<i>octreotide acetate injectable 1000mcg, 500mcg</i>	4	PA
<i>octreotide acetate injectable 100mcg, 200mcg, 50mcg</i>	3	PA
SANDOSTATIN LAR DEPOT INJECTABLE 10MG, 30MG	4	QL - 1 kit per 28 days; PA
SANDOSTATIN LAR DEPOT INJECTABLE 20MG	4	QL - 2 kits per 28 days; PA
SOMAVERT INJECTABLE	4	PA; LA
SYNAREL	4	PA
TRELSTAR DEPOT MIXJECT INJECTABLE	4	
TRELSTAR LA MIXJECT INJECTABLE	4	
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)		
Antiandrogens		
<i>bicalutamide</i>	1	QL - 30 tablets per 30 days; GC
<i>flutamide</i>	1	GC
NILANDRON	3	
ZYTIGA	4	QL - 120 tablets per 30 days
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
Antithyroid Agents		
<i>methimazole</i>	1	GC; MO
<i>propylthiouracil</i>	1	GC; MO
IMMUNOLOGICAL AGENTS		
Immune Suppressants		
ACTEMRA INJECTABLE	4	
ARCALYST INJECTABLE	4	PA; LA; MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>azasan</i>	3	MO
<i>azathioprine</i>	1	GC; MO
<i>azathioprine sodium injectable</i>	1	PA*; GC; MO
CELLCEPT	4	BD; MO
CELLCEPT INTRAVENOUS	3	BD
CIMZIA INJECTABLE	4	MO
<i>cyclosporine</i>	1	BD; GC; MO
<i>cyclosporine injectable</i>	3	BD
<i>cyclosporine modified</i>	1	BD; GC; MO
ENBREL INJECTABLE	4	QL - 8ml per 28 days on 25mg/0.5ml and 50mg/ml; 16ml per 28 days on 25mg; PA; MO
<i>gengraf</i>	1	BD; GC; MO
HUMIRA INJECTABLE	4	QL - 8ml per 28 days; PA; MO
HUMIRA PEN-CROHNS DISEASE INJECTABLE	4	QL - 8ml per 28 days; PA; MO
<i>methotrexate</i>	1	GC
<i>methotrexate sodium injectable</i>	3	BD
<i>mycophenolate mofetil</i>	1	GC; MO
MYFORTIC	3	BD; MO
NULOJIX	4	BD
ORENCIA INJECTABLE	4	PA; MO
ORTHOCLONE OKT3 INJECTABLE	4	
PROGRAF INJECTABLE	3	BD
RAPAMUNE	3	BD; MO
REMICADE INJECTABLE	4	PA
RHEUMATREX	3	MO
SIMPONI INJECTABLE	4	
SIMULECT INJECTABLE	4	BD
<i>tacrolimus</i>	1	GC; MO
<i>tacrolimus 5mg</i>	4	MO
<i>trexall</i>	3	
ZORTRESS 0.25mg	3	QL - 60 tablets per 30 days; BD; MO
ZORTRESS 0.5MG, 0.75MG	4	QL - 60 tablets per 30 days; BD; MO
Immunizing Agents, Passive		
ATGAM INJECTABLE	4	PA
CARIMUNE NANOFILTERED INJECTABLE	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAMASTAN S/D INJECTABLE	3	PA
GAMMAGARD LIQUID INJECTABLE	4	PA
GAMUNEX INJECTABLE	4	PA
PRIVIGEN INJECTABLE	4	
THYMOGLOBULIN INJECTABLE	2	PA
VIVAGLOBIN INJECTABLE	4	PA
Immunomodulators		
ACTIMMUNE INJECTABLE	4	BD; LA; MO
AVONEX INJECTABLE	4	QL - 1 kit per 28 days; PA; MO
BETASERON INJECTABLE	4	QL - 15ml per 30 days; PA; MO
COPAXONE INJECTABLE	4	QL - 1 kit per 30 days; PA; MO
EXTAVIA INJECTABLE	4	QL - 15ml per 30 days; MO
INFERGEN INJECTABLE	4	PA
INTRON-A INJECTABLE 10MU PEN, 5MU PEN	4	MO
INTRON-A INJECTABLE 18MU, 3MU	3	MO
INTRON-A W/DILUENT INJECTABLE	3	MO
KINERET INJECTABLE	4	PA
<i>leflunomide</i>	1	QL - 30 tablets per 30 days; GC
PEGASYS INJECTABLE	4	QL - 1 kit per 28 days; PA
PEG-INTRON INJECTABLE	4	QL - 1 kit per 28 days; PA
PEG-INTRON REDIPEN INJECTABLE	4	QL - 1 kit per 28 days; PA
REBIF INJECTABLE	4	QL - 12ml per 30 days; PA; MO
REBIF TITRATION PACK INJECTABLE	4	QL - 6ml per 30 days; PA; MO
RIDAURA	3	MO
SYLATRON	4	QL - 1 injection per 28 days
SYNAGIS INJECTABLE	4	LA
TYSABRI INJECTABLE	4	PA; LA
Vaccines		
ACTHIB INJECTABLE	2	
ADACEL INJECTABLE	2	
BOOSTRIX INJECTABLE	3	
CERVARIX INJECTABLE	3	
COMVAX INJECTABLE	3	
DAPTACEL INJECTABLE	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DECAVAC INJECTABLE	3	
DIPHThERIA/TETANUS TOXOID INJECTABLE	3	
ENGERIX-B INJECTABLE	3	
GARDASIL INJECTABLE	3	PA
HAVRIX INJECTABLE	3	
IMOVAX RABIES INJECTABLE	3	
INFANRIX INJECTABLE	3	
IPOl INACTIVATED IPV INJECTABLE	3	
IXIARO INJECTABLE	3	
JE-VAX INJECTABLE	3	
MENACTRA INJECTABLE	3	
MENOMUNE-A/C/Y/W-135 INJECTABLE	3	
MENVEO INJECTABLE	3	
M-M-R II W/DILUENT INJECTABLE	3	
PEDVAX HIB INJECTABLE	3	
PROQUAD INJECTABLE	3	
RABAVERT INJECTABLE	3	
RECOMBIVAX HB INJECTABLE	3	
ROTATEQ	3	
TETANUS TOXOID ADSORBED INJECTABLE	2	
TETANUS/DIPHThERIA TOXOID INJECTABLE	3	
TRIPEDIA INJECTABLE	3	
TWINRIX INJECTABLE	3	
TYPHIM VI INJECTABLE	3	
VAQTA INJECTABLE	3	
VARIVAX INJECTABLE	3	
YF-VAX INJECTABLE	3	
ZOSTAVAX INJECTABLE	3	PA
INFLAMMATORY BOWEL DISEASE AGENTS		
Glucocorticoids		
<i>budesonide</i>	1	MO
ENTOCORT EC	3	MO
<i>prednisone</i>	1	GC
Salicylates		

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
APRISO	2	QL - 120 capsules per 30 days; MO
ASACOL	3	MO
ASACOL HD	3	QL - 180 tablets per 30 days; MO
<i>balsalazide disodium</i>	1	GC
CANASA RECTAL	3	
DIPENTUM	3	MO
LIALDA	3	
<i>mesalamine rectal</i>	1	GC
PENTASA	3	MO
Sulfonamides		
<i>sulfasalazine</i>	1	GC; MO
<i>sulfazine ec</i>	1	GC; MO
METABOLIC BONE DISEASE AGENTS		
Metabolic Bone Disease Agents		
ACTONEL	2	QL - 5 tablets per 30 days; 30 tablets per 30 days on 5mg; ST; MO
<i>alendronate sodium</i>	1	QL - 120 tablets per 30 days on 10mg; 5 tablets per 30 days on 35mg and 70mg; 30 tablets per 30 days on 40mg; 240 tablets per 30 days on 5mg; GC; MO
<i>calcitonin-salmon</i>	1	GC; MO
<i>calcitriol</i>	1	GC; MO
<i>calcitriol injectable</i>	3	BD
<i>etidronate disodium</i>	1	GC
FORTEO INJECTABLE	4	PA; MO
<i>fortical</i>	3	MO
FOSAMAX SOLUTION	3	QL - 300ml per 28 days; MO
FOSAMAX PLUS D	3	QL - 4 tablets per 28 days; MO
HECTOROL	3	MO
HECTOROL INJECTABLE	3	BD
<i>pamidronate disodium injectable</i>	3	BD
SKELID	3	
XGEVA	4	
ZEMPLAR	2	PA; MO
ZEMPLAR INJECTABLE	3	PA
ZOMETA INJECTABLE	4	BD
OPHTHALMIC AGENTS		
Ophthalmic Agents, Other		

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ak-con ophthalmic</i>	1	GC
BLEPHAMIDE OPHTHALMIC	3	
<i>blephamide s.o.p. ophthalmic</i>	3	
LACRISERT OPHTHALMIC	3	MO
<i>neomycin/ polymyxin/ bacitracin ophthalmic</i>	1	GC
<i>neomycin/ polymyxin/ dexamethasone ophthalmic</i>	1	GC
<i>neomycin/ polymyxin/ hydrocortisone ophthalmic</i>	1	GC
<i>parcaine ophthalmic</i>	1	GC
<i>poly-dex ophthalmic</i>	1	GC
POLY-PRED OPHTHALMIC	3	
PRED-G OPHTHALMIC	3	
PRED-G S.O.P. OPHTHALMIC	3	
<i>proparacaine hcl ophthalmic</i>	1	GC
RESTASIS OPHTHALMIC	3	QL - 60 per 30 days; PA
<i>sulfacetamide sodium/ prednisolone ophthalmic</i>	1	GC
TOBRADEX OPHTHALMIC OINTMENT	3	
<i>tobramycin/ dexamethasone ophthalmic</i>	1	GC
ZYLET OPHTHALMIC	2	
Ophthalmic Anti-allergy Agents		
ALAMAST OPHTHALMIC	3	
ALOCRILOPHTHALMIC	3	
ALOMIDE OPHTHALMIC	3	
<i>azelastine hcl ophthalmic</i>	1	GC
BEPREVE OPHTHALMIC	3	
<i>cromolyn sodium ophthalmic</i>	1	GC
EMADINE OPHTHALMIC	3	
<i>epinastine ophthalmic</i>	1	GC
PATANOL OPHTHALMIC	3	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide</i>	1	GC; MO
ALPHAGAN P OPHTHALMIC 0.1%	2	MO
<i>apraclonidine ophthalmic</i>	1	GC; MO
AZOPT OPHTHALMIC	3	MO
<i>betaxolol hcl ophthalmic</i>	1	GC; MO
BETIMOL OPHTHALMIC	3	MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BETOPTIC-S OPHTHALMIC	3	MO
<i>brimonidine tartrate ophthalmic</i>	1	GC; MO
<i>carteolol hcl ophthalmic</i>	1	GC; MO
COMBIGAN OPHTHALMIC	2	MO
<i>dorzolamide hcl ophthalmic</i>	1	GC; MO
<i>dorzolamide hcl/ timolol ophthalmic</i>	1	GC; MO
IOPIDINE OPHTHALMIC	3	MO
ISTALOL OPHTHALMIC	3	MO
<i>levobunolol hcl ophthalmic</i>	1	GC; MO
<i>metipranolol ophthalmic</i>	1	GC; MO
PHOSPHOLINE IODIDE OPHTHALMIC	3	MO
PILOPINE HS OPHTHALMIC	3	MO
PROPINE OPHTHALMIC	3	MO
<i>timolol maleate ophthalmic</i>	1	GC; MO
TIMOPTIC OCUDOSE OPHTHALMIC	3	MO
<i>tropicamide ophthalmic</i>	1	GC; MO
Ophthalmic Anti-inflammatories		
ALREX OPHTHALMIC	2	
BROMDAY	3	QL - 3.4ml per 30 days
<i>bromfenac</i>	1	
<i>dexamethasone sodium phosphate ophthalmic</i>	1	GC
<i>diclofenac sodium ophthalmic</i>	1	GC
DUREZOL OPHTHALMIC	3	QL - 10ml per 30 days
FLAREX OPHTHALMIC	3	
<i>fluorometholone ophthalmic</i>	1	GC
<i>flurbiprofen sodium ophthalmic</i>	1	GC
FML OPHTHALMIC	3	
FML FORTE OPHTHALMIC	3	
<i>ketorolac tromethamine ophthalmic</i>	1	GC
LOTEMAX OPHTHALMIC	3	
MAXIDEX OPHTHALMIC	3	
NEVANAC OPHTHALMIC	3	
PRED MILD OPHTHALMIC	3	
<i>prednisolone acetate ophthalmic</i>	1	GC
<i>prednisolone sodium phosphate ophthalmic</i>	1	GC
VEXOL OPHTHALMIC	3	
Ophthalmic Prostaglandin and Prostanoid Analogs		

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>latanaprost ophthalmic</i>	1	QL - 5ml per 30 days; GC; MO
LUMIGAN OPHTHALMIC	3	QL - 7.5ml per 30 days; MO
XALATAN OPHTHALMIC	3	QL - 5ml per 30 days; MO
OTIC AGENTS		
Otic Agents		
<i>acetazol hc otic</i>	1	GC
<i>acetic acid otic</i>	1	GC
<i>acetic acid/ hydrocortisone otic</i>	1	GC
CIPRO HC OTIC	3	
CIPRODEX OTIC	3	
COLY-MYCIN S OTIC	3	
CORTISPORIN-TC OTIC	3	
<i>cortomycin otic</i>	1	GC
DERMOTIC OTIC	3	
<i>neomycin/ polymyxin/ hc otic</i>	1	GC
RESPIRATORY TRACT AGENTS		
Antihistamines		
ALLEGRA SUSPENSION	3	
ASTEPRO	3	QL - 60ml per 30 days
<i>carbinoxamine maleate</i>	1	GC
<i>cetirizine hcl</i>	1	GC
CLARINEX	3	QL - 30 tablets per 30 days
CLARINEX REDITABS	3	QL - 30 tablets per 30 days
<i>clemastine fumarate</i>	1	GC
<i>fexofenadine hcl</i>	1	QL - 30 tablets per 30 days on 180mg; 60 tablets per 30 days on 30mg and 60mg; GC
<i>hydroxyzine hcl injectable</i>	3	BD
<i>levocetirizine</i>	1	QL - 30 tablets per 30 days
<i>levocetirizine solution</i>	1	GC
PATANASE	3	QL - 60ml per 30 days
XYZAL	2	
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO	3	QL - 4 inhalers per 30 days on 160mcg; 8 inhalers per 30 days on 80mcg; MO
ASMANEX 120 METERED DOSES	3	QL - 2 inhalers per 30 days; MO
ASMANEX 14 METERED DOSES	3	QL - 4 inhalers per 30 days; MO
ASMANEX 30 METERED	3	QL - 2 inhalers per 30 days; MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DOSES		
ASMANEX 60 METERED DOSES	3	QL - 2 inhalers per 30 days; MO
BECONASE AQ	3	QL - 2 inhalers per 30 days; ST
FLOVENT DISKUS	2	QL - 2 inhalers per 30 days; 5 inhalers per 30 days on 250mcg; MO
FLOVENT HFA	2	QL - 2 inhalers per 30 days; MO
<i>flunisolide</i>	1	QL - 1 inhaler per 30 days; GC
<i>fluticasone propionate</i>	1	QL - 1 inhaler per 30 days; GC
NASONEX	3	ST
OMNARIS	3	QL - 2 inhalers per 30 days
PULMICORT FLEXHALER	3	QL - 2 inhalers per 30 days; MO
QVAR	3	QL - 3 inhalers per 30 days; MO
RHINOCORT AQUA	3	QL - 2 inhalers per 30 days; ST
<i>triamcinolone</i>	1	QL - 2 inhalers per 30 days
VERAMYST	2	QL - 2 inhalers per 30 days
Antileukotrienes		
SINGULAIR	3	QL - 30 per 30 days; ST; MO
<i>zafirlukast</i>	1	QL - 60 tablets per 30 days; GC; MO
ZYFLO CR	3	QL - 120 tablets per 30 days; MO
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL - 2 inhalers per 30 days; MO
<i>ipratropium bromide nebulized</i>	1	GC; MO
<i>ipratropium bromide spray</i>	1	QL - 30ml per 30 days; GC; MO
SPIRIVA HANDIHALER	2	QL - 90 capsules per 30 days; MO
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)		
<i>aminophylline injectable</i>	1	BD; GC
<i>aminophylline</i>	1	GC; MO
<i>elixophyllin</i>	3	MO
<i>lufyllin</i>	3	MO
THEO-24	3	MO
<i>theochron</i>	1	GC; MO
<i>theophylline er</i>	1	GC; MO
Bronchodilators, Sympathomimetic		
ADVAIR DISKUS	2	QL - 1 inhaler per 30 days; MO
ADVAIR HFA	2	QL - 1 inhaler per 30 days; MO
<i>albuterol sulfate</i>	1	GC; MO
<i>albuterol sulfate er</i>	1	GC; MO
COMBIVENT	3	QL - 2 inhalers per 30 days; MO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>epinephrine hcl injectable</i>	3	
EPIPEN 2-PAK INJECTABLE	3	QL - 1 pack per prescription
EPIPEN-JR 2-PAK INJECTABLE	3	QL - 1 pack per prescription
FORADIL AEROLIZER	3	QL - 60 capsules per 30 days; MO
MAXAIR AUTOHALER	3	QL - 2 inhalers per 30 days; MO
<i>metaproterenol sulfate</i>	1	GC; MO
PROAIR HFA	2	QL - 2 inhalers per 30 days; MO
PROVENTIL HFA	3	QL - 2 inhalers per 30 days
SEREVENT DISKUS	2	QL - 1 inhaler per 30 days; MO
SYMBICORT	2	QL - 1 inhaler per 30 days; MO
<i>terbutaline sulfate injectable</i>	3	BD
<i>terbutaline sulfate</i>	1	GC; MO
TWINJECT INJECTABLE	3	QL - 2 packs per 2 days
VENTOLIN HFA	2	QL - 2 inhalers per 30 days; MO
<i>vospire er</i>	3	MO
XOPENEX HFA	3	QL - 2 inhalers per 30 days; MO
Mast Cell Stabilizers		
<i>cromolyn sodium</i>	1	BD; GC
Pulmonary Antihypertensives		
ADCIRCA	4	QL - 60 tablets per 30 days; MO
REVATIO INJECTABLE	4	
REVATIO	4	QL - 90 tablets per 30 days; PA; MO
TRACLEER	4	PA; LA; MO
Respiratory Tract Agents, Other		
<i>acetylcysteine</i>	1	BD; GC
ARALAST NP INJECTABLE	4	PA*; LA
ARCAPTA	2	QL - 30 capsules per 30 days
CLARINEX-D 12 HOUR	3	QL - 60 tablets per 30 days
CLARINEX-D 24 HOUR	3	QL - 30 tablets per 30 days
DALIRESP	3	QL - 30 tablets per 30 days
PROLASTIN INJECTABLE	4	LA
PULMOZYME	4	PA
REMODULIN INJECTABLE	4	PA; LA
SEMPREX-D	3	
<i>tyzine</i>	2	
<i>tyzine pediatric nasal</i>	2	
VENTAVIS	4	BD; MO
XOLAIR INJECTABLE	4	PA; LA
ZEMAIRA INJECTABLE	4	PA; LA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SEDATIVES/HYPNOTICS		
Sedatives/Hypnotics		
EDLUAR	3	QL - 30 tablets per 30 days; ST
LUNESTA	2	QL - 30 tablets per 30 days; ST
ROZEREM	2	QL - 30 tablets per 30 days; ST; MO
<i>zaleplon</i>	1	QL - 60 capsules per 30 days on 10mg; 30 capsules per 30 days on 5mg; GC
<i>zolpidem tartrate</i>	1	QL - 30 tablets per 30 days; GC
<i>zolpidem tartrate er</i>	1	QL - 30 tablets per 30 days; GC
SKELETAL MUSCLE RELAXANTS		
Skeletal Muscle Relaxants		
BOTOX INJECTABLE	2	
<i>cyclobenzaprine hcl</i>	1	GC
<i>cyclobenzaprine er</i>	1	GC
<i>orphenadrine citrate injectable</i>	1	BD; GC
ROBAXIN INJECTABLE	3	BD
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES		
Electrolytes/Minerals		
AMINOSYN INJECTABLE	3	BD
<i>aminosyn 8.5%/electrolyte injectable</i>	3	BD
AMINOSYN II INJECTABLE	3	BD
AMINOSYN II 3.5%/DEXTROSE INJECTABLE	3	BD
AMINOSYN II 4.25%/DEXTROSE INJECTABLE	3	BD
AMINOSYN II 5%/DEXTROSE 25 INJECTABLE	3	BD
<i>aminosyn ii 8.5%/electrolyte injectable</i>	3	BD
AMINOSYN II M 3.5%/DEXTROSE INJECTABLE	3	BD
AMINOSYN M INJECTABLE	3	BD
AMINOSYN-HBC INJECTABLE	3	BD
<i>aminosyn-hf injectable</i>	3	BD
AMINOSYN-PF INJECTABLE	3	BD
AMINOSYN-PF 7% INJECTABLE	3	BD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ammonium chloride injectable</i>	2	BD
CLINIMIX 2.75%/DEXTROSE INJECTABLE	2	BD
CLINIMIX 4.25%/DEXTROSE INJECTABLE	2	BD
CLINIMIX 5%/DEXTROSE INJECTABLE	2	BD
CLINIMIX E 2.75%/DEXTROSE INJECTABLE	2	BD
CLINIMIX E 4.25%/DEXTROSE INJECTABLE	2	BD
CLINIMIX E 5%/DEXTROSE INJECTABLE	2	BD
<i>clinisol sf 15%</i>	2	BD
DEXTROSE 10%/NAACL 0.45% INJECTABLE	3	BD
<i>dextrose 10% injectable</i>	3	BD
<i>dextrose 10%/ nacl 0.2% injectable</i>	3	BD
<i>dextrose 2.5%/ sodium chloride injectable</i>	3	BD
<i>dextrose 5% injectable</i>	3	
<i>dextrose 5%/ nacl 0.2% injectable</i>	3	BD
DEXTROSE 5%/NAACL 0.225% INJECTABLE	3	BD
<i>dextrose 5%/ nacl 0.33% injectable</i>	3	BD
<i>dextrose 5%/ nacl 0.45% injectable</i>	3	BD
<i>dextrose 5%/ nacl 0.9% injectable</i>	3	BD
DEXTROSE 5%/POTASSIUM CHL INJECTABLE	3	BD
FREAMINE III INJECTABLE	3	BD
FREAMINE III 3% INJECTABLE	3	BD
<i>hepatamine</i>	2	BD
HEPATASOL INJECTABLE	2	BD
<i>intralipid</i>	3	BD
IONOSOL-B/DEXTROSE 5% INJECTABLE	2	BD
IONOSOL-MB/DEXTROSE 5% INJECTABLE	2	BD
IONOSOL-T/DEXTROSE 5%	2	BD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INJECTABLE		
ISOLYTE-H/DEXTROSE 5% INJECTABLE	2	BD
<i>isolyte-m/dextrose 5% injectable</i>	2	BD
ISOLYTE-P/DEXTROSE 5% INJECTABLE	2	BD
ISOLYTE-S INJECTABLE	2	
ISOLYTE-S/DEXTROSE 5% INJECTABLE	2	BD
<i>kcl 0.075%/d5w/nacl 0.45% injectable</i>	3	BD
KCL 0.15%/D10W/NACL 0.2% INJECTABLE	3	BD
<i>kcl 0.15%/d5w/lr injectable</i>	3	BD
<i>kcl 0.15%/d5w/nacl 0.2% injectable</i>	3	BD
KCL 0.15%/D5W/NACL 0.225% INJECTABLE	3	BD
<i>kcl 0.15%/d5w/nacl 0.9% injectable</i>	1	BD; GC
<i>kcl 0.3%/d5w/lr injectable</i>	3	BD
<i>kcl 0.3%/d5w/nacl 0.2% injectable</i>	3	BD
<i>kcl 0.3%/d5w/nacl 0.45% injectable</i>	3	BD
<i>kcl 0.3%/d5w/nacl 0.9% injectable</i>	3	BD
<i>kelor-con</i>	1	GC
<i>lactated ringers injectable</i>	3	BD
<i>lactated ringers irrigation</i>	1	GC
<i>liposyn iii injectable</i>	1	GC
MAGNESIUM SULFATE INJECTABLE	3	BD
MAGNESIUM SULFATE IN D5W INJECTABLE	2	BD
NEPHRAMINE INJECTABLE	2	BD
<i>normosol-m in d5w injectable</i>	2	BD
NORMOSOL-R INJECTABLE	2	
<i>normosol-r in d5w injectable</i>	2	BD
<i>physiosol irrigation</i>	1	GC
PLASMA-LYTE 56 INJECTABLE	2	BD
PLASMA-LYTE A INJECTABLE	2	BD
PLASMA-LYTE-148 INJECTABLE	2	BD
PLASMA-LYTE-148/D5W	2	BD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INJECTABLE		
PLASMA-LYTE-56/D5W INJECTABLE	2	BD
<i>plasma-lyte-r injectable</i>	2	BD
<i>potassium chloride injectable 10meq, 30meq</i>	1	BD; GC
<i>potassium chloride injectable</i>	3	BD
<i>potassium chloride er</i>	1	GC
<i>potassium citrate extended release</i>	1	GC
<i>premasol</i>	2	BD
PROCALAMINE INJECTABLE	2	BD
PROSOL INJECTABLE	3	
<i>ringers injection injectable</i>	1	BD; GC
<i>ringers irrigation</i>	1	GC
<i>sodium bicarbonate injectable 7.5%</i>	3	BD
<i>sodium bicarbonate injectable 8.4%</i>	1	GC
<i>sodium chloride injectable</i>	3	BD
SODIUM LACTATE INJECTABLE	1	BD; GC
<i>tis-u-sol</i>	1	GC
<i>tpn electrolytes ftv injectable</i>	3	BD
TRAVASOL INJECTABLE	3	BD
TROPHAMINE INJECTABLE	3	BD
Vitamins		
<i>prenatabs obn</i>	1	GC; MO
<i>sodium fluoride</i>	1	GC; MO

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SODIUM EDECRIN	43	SURMONTIL.....	22
<i>sodium fluoride</i>	70	SUSTIVA.....	33
SODIUM LACTATE	70	SUTENT	28
<i>sodium polystyrene sulfonate</i>	22	SYLATRON.....	59
<i>sodium sulfacetamide</i>	17	SYMBICORT	66
SOLARAZE	48	SYMBYAX	31
<i>solia</i>	55	SYMLIN	36
SOLU-CORTEF.....	25	SYMLINPEN	36
SOLU-MEDROL	25	SYNAGIS.....	59
SOMATULINE DEPOT	53	SYNALGOS-DC.....	12
SOMAVERT	57	SYNAREL.....	57
<i>sorine</i>	41	SYNERA	12
<i>sotalol hcl</i>	41	SYNERCID.....	14

SYPRINE	22	THYMOGLOBULIN	59
TABLOID	27	THYROLAR	56
TACLONEX	48	<i>ticlopidine hcl</i>	39
TACLONEX SCALP	48	TIKOSYN.....	41
<i>tacrolimus</i>	58	TIMENTIN.....	16
TAMIFLU	34	<i>timolol maleate</i>	26, 63
<i>tamoxifen citrate</i>	27	TIMOPTIC OCUDOSE	63
<i>tamsulosin hcl</i>	51	<i>tis-u-sol</i>	70
TARCEVA	28	<i>tizanidine hcl</i>	32
TARGRETIN.....	29	TOBI	13
TASIGNA	28	TOBRADEX.....	62
TASMAR.....	30	<i>tobramycin sulfate</i>	13
TAXOTERE	28	<i>tobramycin sulfate/ sodium chloride</i>	13
<i>taxicef</i>	15	<i>tobramycin/ dexamethasone</i>	62
TAZORAC	48	<i>tobrasol</i>	13
<i>tazia xt</i>	41	TOBREX.....	13
TEGRETOL-XR.....	19	<i>tolazamide</i>	36
TEKAMLO	45	<i>tolbutamide</i>	36
TEKTURNA.....	45	<i>tolmetin sodium</i>	10
TEKTURNA HCT	45	<i>topiramate</i>	19
<i>terazosin hcl</i>	40	<i>topotecan hcl</i>	28
<i>terbinafine hcl</i>	24	TORISEL	28
<i>terbutaline sulfate</i>	66	<i>torseamide</i>	43
<i>terconazole</i>	25	TOVIAZ	50
TESTIM	53	Toxicologic Agents	22
<i>testosterone cypionate</i>	53	<i>tpn electrolytes fiv</i>	70
<i>testosterone enanthate</i>	53	TRACLEER	66
TETANUS TOXOID ADSORBED	60	<i>tramadol hcl</i>	12
TETANUS/DIPHThERIA TOXOID.....	60	<i>tramadol hcl er</i>	12
<i>tetracycline hcl</i>	18	<i>tramadol hydrochloride/ acetaminophen</i>	12
Tetracyclines	17	<i>trandolapril</i>	45
TEVETEN	45	<i>tranylcypromine sulfate</i>	20
TEVETEN HCT.....	45	TRAVASOL	70
TEV-TROPIN.....	53	<i>trazodone hcl</i>	20
THALITONE	43	TRECTOR.....	27
THALOMID	27	TRELSTAR DEPOT MIXJECT	57
THEO-24	65	TRELSTAR LA MIXJECT.....	57
<i>theochron</i>	65	<i>tretinoin</i>	29, 48
<i>theophylline er</i>	65	<i>tretin-x</i>	48
THERAPEUTIC		<i>trexall</i>	58
NUTRIENTS/MINERALS/ELECTR		<i>triamcinolone</i>	65
OLYTES	67	<i>triamcinolone acetonide</i>	52
<i>thermazene</i>	17	<i>triamcinolone in orabase</i>	46
<i>thioridazine hcl</i>	32	<i>triamterene/ hydrochlorothiazide</i>	43
<i>thiothixene</i>	32	Tricyclics	21

<i>triderm</i>	52	<i>vancomycin hcl</i>	14
<i>trifluoperazine hcl</i>	32	<i>vandazole</i>	14
<i>trifluridine</i>	33	VANDETANIB.....	28
TRIGLIDE.....	44	VANOS.....	52
<i>tribexyphenidyl hcl</i>	30	VAQTA.....	60
<i>tri-legest fe</i>	55	VARIVAX.....	60
TRILIPIX.....	44	Vasodilators	45
<i>trilyte</i>	49	VECTICAL.....	48
<i>trimethobenzamide hcl</i>	23	VELCADE.....	28
<i>trimethoprim</i>	14	<i>velivet</i>	56
<i>trimethoprim sulfate/polymyxin</i>	14	<i>venlafaxine hcl</i>	21
<i>trinessa</i>	55	<i>venlafaxine hcl er capsules</i>	21
TRIPEDIA.....	60	<i>venlafaxine hcl er tablets</i>	21
<i>tri-previfem</i>	55	VENTAVIS.....	66
<i>tri-sprintec</i>	55	VENTOLIN HFA.....	66
<i>trivora-28</i>	56	VERAMYST.....	65
TRIZIVIR.....	33	<i>verapamil hcl</i>	41
TROPHAMINE.....	70	<i>verapamil hcl er</i>	41
<i>tropicamide</i>	63	VERDESO.....	52
<i>trospium chloride</i>	50	VEREGEN.....	48
TRUVADA.....	33	<i>veripred 20</i>	25
TWINJECT.....	66	VEXOL.....	63
TWINRIX.....	60	VFEND.....	25
TWYNSTA.....	42	VFEND IV.....	25
TYGACIL.....	14	VIBATIV.....	14
TYKERB.....	28	VIBRAMYCIN.....	18
TYPHIM VI.....	60	VICTOZA.....	36
TYSABRI.....	59	VIDAZA.....	28
TYZEKA.....	33	VIDEX.....	33
<i>tyzine</i>	66	VIGAMOX.....	17
<i>tyzine pediatric nasal</i>	66	VIIBRYD.....	20
<i>u-cort</i>	48	VIMPAT.....	18
ULESFIA.....	48	VIRACEPT.....	34
ULORIC.....	25	VIRAMUNE.....	33
ULTRAM ER.....	12	VIRAMUNE XR.....	33
UNASYN BULK PACK.....	16	VIRAZOLE.....	33
<i>ursodiol</i>	49	VIREAD.....	33
Vaccines	59	VISICOL.....	49
VAGIFEM.....	56	VISTIDE.....	32
<i>valacyclovir hcl</i>	33	Vitamins	70
VALCYTE.....	32	VIVAGLOBIN.....	59
<i>valproate sodium</i>	18	VIVELLE-DOT.....	56
<i>valproic acid</i>	19	VIVITROL.....	22
VALTURNA.....	45	VOLTAREN.....	26
VANCOCIN HCL.....	14	<i>voriconazole</i>	25

<i>vospire er</i>	66	<i>zerlor</i>	12
VOTRIENT	28	ZETIA	44
VYTORIN	44	ZIAGEN	33
VYVANSE	46	ZIANA	48
<i>warfarin sodium</i>	38	<i>zidovudine</i>	34
WELCHOL	44	<i>zinacef</i>	15
XALATAN	64	ZIPSOR	10
XALKORI	28	ZMAX	17
XARELTO	38	ZOLINZA	28
XENAZINE	46	<i>zolpidem tartrate</i>	67
XGEVA	61	<i>zolpidem tartrate er</i>	67
XIFAXAN	14	ZOMETA	61
<i>xodol</i>	12	ZOMIG	26
XOLAIR	66	ZOMIG SPRAY	26
XOPENEX HFA	66	ZOMIG ZMT	26
XYREM	46	ZONALON	48
XYZAL	64	<i>zonisamide</i>	18
YERVOY	29	ZORBTIVE	53
YF-VAX	60	ZORTRESS	58
<i>zafirlukast</i>	65	ZOSTAVAX	60
<i>zaleplon</i>	67	ZOSYN	16
<i>zamicet</i>	12	<i>zovia 1/35e</i>	56
ZANAFLEX	32	<i>zovia 1/50e</i>	56
ZANTAC	49	ZOVIRAX	33
ZAVESCA	48	<i>zdone</i>	12
<i>zazole</i>	25	ZYFLO CR	65
ZEGERID	50	ZYLET	62
ZELAPAR	30	ZYMAR	17
ZELBORAF	28	ZYPREXA	31, 32
ZEMAIRA	66	ZYPREXA ZYDIS	32
ZEMPLAR	61	ZYTIGA	57
ZENPEP	48	ZYVOX	14
<i>zeosa</i>	56		

A continuación, se encuentra una lista de abreviaturas que pueden aparecer en las siguientes páginas en la columna Requisitos/límites, que le indican si existe algún requisito especial para la cobertura de su medicamento.

ABREVIATURA	DEFINICIÓN	DESCRIPCIÓN
LA	DISPONIBILIDAD LIMITADA	Es posible que este medicamento se encuentre disponible solo en ciertas farmacias. Para obtener más información, comuníquese con su Directorio de farmacias o llame al Servicio de atención al miembro al 1-888-777-0204, los 7 días de la semana, de 8 a. m. a 8 p. m. Los usuarios de TTY/TDD deben llamar al 1-877-867-5814
PA	AUTORIZACIÓN PREVIA	El Plan exige que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que usted deberá obtener aprobación antes de comprar sus recetas. Si no obtiene la autorización, es posible que no cubramos el medicamento.
PA*	AUTORIZACIÓN PREVIA - NUEVOS COMIENZOS	El Plan exige que usted o su médico obtengan autorización previa para este medicamento si el mismo es nuevo para usted.
ST	TERAPIA ESCALONADA	En algunos casos, el Plan exige que usted primero pruebe determinados medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si los medicamentos A y B se usan para tratar su enfermedad, es posible que no cubramos el medicamento B, a menos que pruebe el medicamento A primero.
QL	LÍMITE DE CANTIDAD	Para ciertos medicamentos, el Plan limita la cantidad de medicamento que cubrirá. Por ejemplo, el Plan proporciona 30 comprimidos por receta para LIPITOR.

ABREVIATURA	DEFINICIÓN	DESCRIPCIÓN
MO	PEDIDO POR CORREO	Este medicamento con receta está disponible mediante nuestro servicio de pedido por correo, como así también mediante nuestras farmacias de venta al público de la red. Tenga en cuenta utilizar el pedido por correo para sus medicamentos a largo plazo (mantenimiento), tales como los medicamentos para la presión arterial alta. Es posible que las farmacias de venta al público de la red sean más adecuadas para medicamentos recetados a corto plazo (tales como antibióticos).
B/D	MEDICARE B vs. D	Este medicamento puede estar cubierto conforme a la Parte B o D de Medicare, según las circunstancias. Es posible que se necesite enviar la información que describa el uso y el entorno del medicamento para tomar la determinación. El copago o coseguro pueden variar según el beneficio. Consulte nuestra Evidencia de cobertura para obtener más información.
GC	PERÍODO SIN COBERTURA	Proporcionamos cobertura adicional para estos medicamentos con receta en el período sin cobertura. Consulte nuestra Evidencia de cobertura para obtener más información acerca de esta cobertura.

ABREVIATURA	DEFINICIÓN	DESCRIPCIÓN
1	NIVEL 1	Medicamentos genéricos preferidos del formulario de Touchstone Health. Estos medicamentos están disponibles para usted a su copago más bajo.
2	NIVEL 2	Medicamentos de marca preferidos del formulario de Touchstone Health. Estos medicamentos están disponibles para usted a su segundo copago más bajo.
3	NIVEL 3	Medicamentos genéricos o de marca no preferidos del formulario de Touchstone Health. Estos medicamentos están disponibles para miembros con un beneficio del nivel 3 en su copago más alto.
4	ESPECIALIDAD	Medicamentos especializados inyectables y por vía oral de alto costo. Estos medicamentos están disponibles para usted a un nivel de coseguro y no son elegibles para excepciones de pago en un nivel inferior.

