

Senior Whole Health
2012 Formulary
(List of Covered Drugs)

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

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

Senior Whole Health is a Coordinated Care plan with a Medicare Advantage contract and a contract with the Commonwealth of Massachusetts/EOHHS MassHealth program.

Please call Senior Whole Health's Member Services at 1-888-794-7268, or TTY/ TTD 711 to receive material in alternate format or language.

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What is the Senior Whole Health Formulary?

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

Can the Formulary change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 12/16/2012. To get updated information about the drugs covered by Senior Whole Health, please visit our Web site at www.seniorwholehealth.com or call Member Services at 1-888-794-7268, Monday through Friday, from 8 A.M. to 8 P.M., and also on Saturdays and Sundays from October 15th to February 15th. Interpreter services and alternate format materials are available upon request. TTY/TDD users should call 711.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Medications. If you know what your drug is used for, look for the category name in the list that begins on page 7. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 73. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Senior Whole Health covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Senior Whole Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Senior Whole Health before you fill your prescriptions. If you don't get approval, Senior Whole Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Senior Whole Health limits the amount of the drug that Senior Whole Health will cover. For example, Senior Whole Health provides 34 tablets per prescription for Actos 15mg. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Senior Whole Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Senior Whole Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Senior Whole Health will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.seniorwholehealth.com.

You can ask Senior Whole Health to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Senior Whole Health's formulary?" on page 4 for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Senior Whole Health pays for certain OTC drugs. Senior Whole Health will provide these OTC drugs at no cost to you. The cost to Senior Whole Health of these OTC drugs will not count toward your total drug costs.

What if my drug is not on the Formulary?

If your drug is not included in this list of covered drugs, you should first contact Member Services and ask if your drug is covered. If you learn that Senior Whole Health does not cover your drug, you have two options:

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

How do I request an exception to the Senior Whole Health's Formulary?

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Senior Whole Health limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

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

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you are requesting a formulary, or utilization restriction exception you should submit a statement from your prescriber's or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For more information

For more detailed information about your Senior Whole Health prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Senior Whole Health, please call Member Services at 1-888-794-7268, Monday through Friday, from 8 A.M. to 8 P.M., and also on Saturdays and Sundays from October 15th to February 15th. Interpreter services and alternate format materials are available upon request. TTY/TDD users should call 711. Or visit www.seniorwholehealth.com.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Senior Whole Health's Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Senior Whole Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 73.

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

The information in the Requirements/Limits column tells you if Senior Whole Health has any special requirements for coverage of your drug.

- PAR: Prior Authorization
- QLL: Quantity Limit
- ST: Step Therapy
- LA: Lets you know that certain injectable, biotech, and/or biologic drugs may be filled through our Specialty Pharmacy.

The symbol [LA] next to a drug name indicates that the drug has been noted as being restricted to certain pharmacies by the Food and Drug Administration. These drugs can only be obtained at specialty designated pharmacies able to appropriately handle the drugs.

The symbol [PAR] in the Requirements/Limits column indicates that prior authorization may apply.

The symbol [QLL] in the Requirements/Limits column indicates that quantities dispensed may be limited.

The symbol [ST] in the Requirements/Limits column indicates that step therapy may apply.

OTC Drug Table

Drug	Generic	Tier	Requirements/Limits
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MEDICAL (MISCELLANEOUS) SUPPLIES

DIABETIC SUPPLIES

ACCU-CHEK ACTIVE		2	
ACCU-CHEK ACTIVE GLUCOSE SOL, - CMFRT CURVE SOLN, -COMPACT GLUCOSE SOL, -AVIVA SOLUTION, - ACTIVE CARE KIT, -ADVANTAGE KIT, -AVIVA MONITORING KIT, - COMPACT PLUS KIT		2	
ACCU-CHEK AVIVA		2	
ACCU-CHEK AVIVA PLUS		2	
ACCU-CHEK COMFORT CURVE		2	
ACCU-CHEK COMPACT		2	

General Drug Table

Drug	Generic	Tier	Requirements/Limits
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ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl injection</i>		1	
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TOPICAL ANESTHETICS

<i>lidocaine hcl cream, -jel, -lotion, - ointment, -solution non-oral</i>		1	
<i>lidocaine hcl viscous</i>		1	
<i>lidocaine-prilocaine</i>		1	
LIDODERM	<i>lidocaine</i>	2	
<i>pre-attached lta kit</i>		1	

ANTIINFECTIVES

AMEBICIDES

<i>paromomycin sulfate</i>		1	
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AMINOGLYCOSIDES

<i>amikacin sulfate 100 mg/2 ml, -500 mg/2 ml</i>		1	
<i>gentamicin sulfate injection</i>		1	
ISO GENTAMICIN 120 MG/100 ML	<i>gentamicin/sodium chloride</i>	2	
<i>isoton gentamicin 60 mg/100 ml, - 80 mg/ns 100 ml pb, -isoton gentamicin 80 mg/100 ml, -90 mg/ns 100 ml pb, -100 mg/ns 100 ml, -iso gentamicin 100 mg/100 ml, -60 mg/ns 50 ml pb, -isoton gentamicin 60 mg/50 ml, -70 mg/ns 50 ml pb, -80 mg/ns 50 ml pb, -isoton gentamicin 80 mg/50 ml</i>		1	
<i>kanamycin sulfate injection</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>neomycin sulfate tablet</i>		1	
TOBI	<i>tobramycin/sodium chloride</i>	2	[PAR][QLL, 56/28]
<i>tobramycin sulfate in ns</i>		1	
<i>tobramycin sulfate injection</i>		1	

ANTHELMINTICS

ALBENZA	<i>albendazole</i>	2	
<i>mebendazole tablet chewable</i>		1	
STROMECTOL	<i>ivermectin</i>	2	

ANTIINFECTIVES SPECIALIZED INDICATIONS

DAPSONE TABLET	<i>dapsone</i>	2	
<i>metronidazole capsule, -injection, -tablet</i>		1	

ANTIRETROVIRALS AND PROTEASE INH

APTIVUS	<i>tipranavir</i>	2	
ATRIPLA	<i>emtricitabine/tenofovir/efavir</i>	2	
COMBIVIR	<i>lamivudine/zidovudine</i>	2	
CRIXIVAN	<i>indinavir</i>	2	
<i>didanosine</i>		1	
EDURANT	<i>rilpivirine hydrochloride</i>	2	
EMTRIVA	<i>emtricitabine</i>	2	
EPIVIR	<i>lamivudine</i>	2	
EPZICOM	<i>abacavir sulfate/lamivudine</i>	2	
FUZEON	<i>enfuvirtide</i>	2	
INCIVEK	<i>telaprevir</i>	2	
INTELENCE	<i>etravirine</i>	2	
INVIRASE	<i>saquinavir mesylate</i>	2	
ISENTRESS	<i>raltegravir potassium</i>	2	
KALETRA	<i>ritonavir/lopinavir</i>	2	
<i>lamivudine</i>		1	
LEXIVA	<i>fosamprenavir calcium</i>	2	
NORVIR	<i>ritonavir</i>	2	
PREZISTA	<i>darunavir ethanolate</i>	2	
RESCRIPTOR	<i>delavirdine mesylate</i>	2	
RETROVIR INJECTION	<i>zidovudine</i>	2	

Drug	Generic	Tier	Requirements/Limits
REYATAZ	<i>atazanavir sulfate</i>	2	
SELZENTRY	<i>maraviroc</i>	2	
<i>stavudine</i>		1	
SUSTIVA	<i>efavirenz</i>	2	
TRIZIVIR	<i>zidovudine/lamivudine/abacavir</i>	2	
TRUVADA	<i>emtricitabine/tenofovir</i>	2	
VICTRELIS	<i>boceprevir</i>	2	
VIDEX	<i>didanosine</i>	2	
VIRACEPT	<i>nelfinavir mesylate</i>	2	
VIRAMUNE	<i>nevirapine</i>	2	
VIRAMUNE XR	<i>nevirapine</i>	2	
VIREAD	<i>tenofovir disproxil fumarate</i>	2	
ZIAGEN	<i>abacavir sulfate</i>	2	
<i>zidovudine</i>		1	

ANTITUBERCULOSIS DRUGS

CAPASTAT SULFATE	<i>capreomycin</i>	2	
<i>ethambutol hcl</i>		1	
<i>isonarif</i>		1	
<i>isoniazid injection, -syrup, -tablet</i>		1	
MYCOBUTIN	<i>rifabutin</i>	2	
PASER	<i>aminosalicylic acid</i>	2	
PRIFTIN	<i>rifapentine</i>	2	
<i>pyrazinamide</i>		1	
<i>rifampin capsule, -injection</i>		1	
SEROMYCIN	<i>cycloserine</i>	2	
<i>streptomycin sulfate injection</i>		1	
TRECTOR	<i>ethionamide</i>	2	

CEPHALOSPORINS

CEDAX CAPSULE, -180 MG/5 ML SUSPENSION	<i>ceftibuten</i>	2	
<i>cefaclor</i>		1	
<i>cefaclor er</i>		1	
<i>cefadroxil</i>		1	
<i>cefazolin sodium</i>		1	
<i>cefdinir</i>		1	
CEFEPIME HCL 1 GM VIAL	<i>cefepime</i>	2	

Drug	Generic	Tier	Requirements/Limits
<i>cefepime hcl 2 gram vial</i>		1	
<i>cefotaxime sodium</i>		1	
<i>cefotetan</i>		1	
<i>cefoxitin</i>		1	
<i>cefoxitin sodium</i>		1	
<i>cefpodoxime proxetil</i>		1	
<i>cefprozil</i>		1	
<i>ceftazidime 1 gm vial, -2 gm vial, -6 gm vial</i>		1	
<i>ceftriaxone</i>		1	
<i>cefuroxime</i>		1	
<i>cefuroxime axetil</i>		1	
<i>cefuroxime sodium</i>		1	
<i>cephalexin</i>		1	
SPECTRACEF	<i>cefditoren pivoxil</i>	2	
SUPRAX SUSPENSION	<i>cefixime</i>	2	

CHLORAMPHENICOLS

<i>chloramphenicol sod succinate</i>		1	
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CLINDAMYCINS

CLEOCIN PALMITATE	<i>clindamycin palmitate</i>	2	
<i>clindamycin hcl 150 mg caps, -300 mg capsule</i>		1	
<i>clindamycin palmitate hcl</i>		1	
<i>clindamycin phosphate injection</i>		1	

ERYTHROMYCINS

E.E.S. 200	<i>erythromycin ethylsuccinate</i>	2	
ERYPED 200	<i>erythromycin ethylsuccinate</i>	2	
ERYPED 400	<i>erythromycin ethylsuccinate</i>	2	
ERY-TAB	<i>erythromycin base</i>	2	
ERYTHROCIN LACTOBIONATE	<i>erythromycin lactobionate</i>	2	
<i>erythrocin stearate</i>		1	
<i>erythromycin capsule enteric coated, -tablet</i>		1	
<i>erythromycin ethylsuccinate tablet</i>		1	

Drug	Generic	Tier	Requirements/Limits
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KETOLIDES

KETEK	<i>telithromycin</i>	2	
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ORAL ANTIFUNGAL DRUGS

ANCOBON	<i>flucytosine</i>	2	
<i>clotrimazole troche</i>		1	
<i>fluconazole 150 mg tablet</i>		1	[QLL, 2/34]
<i>fluconazole suspension, -50 mg tablet, -100 mg tablet, -200 mg tablet</i>		1	
<i>flucytosine</i>		1	
GRIFULVIN V	<i>griseofulvin microsize</i>	2	
<i>griseofulvin suspension oral</i>		1	
GRIS-PEG	<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole capsule</i>		1	
<i>ketoconazole tablet</i>		1	
NOXAFIL	<i>posaconazole</i>	2	[PAR]
<i>nystatin suspension oral, -500,000 unit oral tab</i>		1	
<i>terbinafine hcl tablet</i>		1	
VFEND	<i>voriconazole</i>	2	
<i>voriconazole tablet</i>		1	

OTHER ANTIINFECTIVE DRUGS

ALINIA	<i>nitazoxanide</i>	2	
<i>aztreonam 1 gm vial</i>		1	
<i>baciim</i>		1	
<i>bacitracin injection</i>		1	
<i>colistimethate 150 mg vial</i>		1	
INVANZ 1 GM VIAL	<i>ertapenem sodium</i>	2	
MEPRON	<i>atovaquone</i>	2	
<i>meropenem</i>		1	
<i>polymyxin b sulfate injection</i>		1	
PRIMAXIN	<i>imipenem/cilastatin sodium</i>	2	
PRIMAXIN I.M.	<i>imipenem/cilastatin sodium</i>	2	
SYNERCID	<i>quinupristin/dalfopristin</i>	2	

Drug	Generic	Tier	Requirements/Limits
TYGACIL	<i>tigecycline</i>	2	
VANCOCIN HCL	<i>vancomycin</i>	2	
<i>vancomycin 1 gm vial, -10 gm vial</i>		1	[PAR]
<i>vancomycin hcl 1g/200 ml bag</i>		1	
VANCOMYCIN-D5W	<i>vancomycin</i>	2	
VIBATIV	<i>telavancin</i>	2	
XIFAXAN	<i>rifaximin</i>	2	
ZYVOX	<i>linezolid</i>	2	

OTHER ANTIVIRAL DRUGS

<i>acyclovir capsule, -suspension oral, -tablet</i>		1	
<i>acyclovir sodium</i>		1	
<i>amantadine</i>		1	
BARACLUDE	<i>entecavir</i>	2	
DENAVIR	<i>penciclovir</i>	2	
EPIVIR HBV	<i>lamivudine</i>	2	
<i>famciclovir 125 mg tablet</i>		1	[QLL, 21/10]
<i>famciclovir 250 mg tablet</i>		1	[QLL, 68/34]
<i>famciclovir 500 mg tablet</i>		1	[QLL, 21/7]
<i>foscarnet sodium</i>		1	
<i>ganciclovir</i>		1	
<i>ganciclovir sodium</i>		1	
HEPSERA	<i>adefovir dipivoxil</i>	2	
RIBAPAK	<i>ribavirin</i>	2	
RIBASPHERE	<i>ribavirin</i>	2	
RIBAVIRIN CAPSULE, -TABLET	<i>ribavirin</i>	2	
<i>rimantadine hcl</i>		1	
TAMIFLU 75 MG GELCAP, -SUSPENSION	<i>oseltamivir phosphate</i>	2	
TYZEKA	<i>telbivudine</i>	2	
<i>valacyclovir</i>		1	[QLL, 34/34]
VALCYTE	<i>valganciclovir</i>	2	
VIRAZOLE	<i>ribavirin</i>	2	
ZOVIRAX CREAM, -OINTMENT	<i>acyclovir</i>	2	

Drug	Generic	Tier	Requirements/Limits
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OTHER MACROLIDES

<i>azithromycin injection, -packet, -suspension, -tablet</i>		1	
<i>clarithromycin er</i>		1	
<i>clarithromycin suspension, -tablet</i>		1	

OTHER TOPICAL ANTIFUNGALS

<i>ciclodan 8% solution</i>		1	
<i>ciclopirox cream, -gel, -kit, -shampoo, -8% solution, -suspension topical</i>		1	
<i>clotrimazole 1% cream, -solution non-oral</i>		1	
<i>clotrimazole af 1% cream</i>		1	
<i>econazole nitrate cream</i>		1	
<i>ketoconazole cream, -shampoo</i>		1	
NAFTIN	<i>naftifine</i>	2	
<i>nyamyc</i>		1	
<i>nystatin cream, -ointment, -100,000 unit/gm powd</i>		1	
<i>nystop</i>		1	
<i>pedi-dri</i>		1	

PARENTERAL ANTIFUNGALS

ABELCET	<i>amphotericin b lipid complex</i>	2	
AMBISOME	<i>amphotericin b liposome</i>	2	
AMPHOTEC	<i>ampho b c-s</i>	2	
<i>amphotericin b injection</i>		1	
ERAXIS (WATER DILUENT)	<i>anidulafungin</i>	2	
<i>fluconazole in dextrose</i>		1	
VFEND IV	<i>voriconazole</i>	2	

PENICILLINS

<i>amox tr-potassium clavulanate</i>		1	
<i>amoxicillin</i>		1	
<i>amoxicillin-clavulanate er</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>ampicillin sodium</i>		1	
<i>ampicillin trihydrate</i>		1	
<i>ampicillin-sulbactam</i>		1	
BICILLIN LA 2,400,000 UNITS	<i>penicillin g benzathine</i>	2	
<i>dicloxacillin sodium</i>		1	
MOXATAG	<i>amoxicillin</i>	2	
<i>nafcillin</i>		1	
<i>nafcillin 1 gm vial, -10 gm bulk vial, -10 gm vial</i>		1	
<i>oxacillin</i>		1	
<i>oxacillin sodium</i>		1	
<i>pen g k 2 million unit/50 ml, -pen g k 3 million unit/50 ml</i>		1	
<i>penicillin g potassium</i>		1	
<i>penicillin g procaine</i>		1	
<i>penicillin g sodium</i>		1	
<i>penicillin v potassium</i>		1	
<i>piperacillin</i>		1	
<i>piperacillin-tazobactam</i>		1	
ZOSYN	<i>piperacillin/tazobactam sodium</i>	2	

PLASMODICIDES

<i>atovaquone-proguanil hcl</i>		1	
<i>chloroquine phosphate tablet</i>		1	
COARTEM	<i>artemether/lumefantrine</i>	2	
DARAPRIM	<i>pyrimethamine</i>	2	
<i>hydroxychloroquine sulfate tablet</i>		1	
MALARONE	<i>atovaquone/proguanil hcl</i>	2	
<i>mefloquine hcl</i>		1	
PRIMAQUINE	<i>primaquine</i>	2	
QUALAQUIN	<i>quinine sulfate</i>	2	

QUINOLONES

AVELOX	<i>moxifloxacin</i>	2	
AVELOX ABC PACK	<i>moxifloxacin</i>	2	
AVELOX IV	<i>moxifloxacin</i>	2	
CIPRO I.V.	<i>ciprofloxacin</i>	2	
<i>ciprofloxacin</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>ciprofloxacin er</i>		1	
<i>ciprofloxacin hcl tablet</i>		1	
FACTIVE	<i>gemifloxacin</i>	2	[QLL, 7/7]
LEVAQUIN	<i>levofloxacin</i>	2	
<i>levofloxacin solution, -tablet</i>		1	
NOROXIN	<i>norfloxacin</i>	2	
<i>ofloxacin tablet</i>		1	

SULFONAMIDES

<i>erythromycin-sulfisoxazole</i>		1	
<i>sulfadiazine tablet</i>		1	
<i>sulfamethoxazole-trimethoprim</i>		1	

TETRACYCLINES

<i>demeclocycline hcl</i>		1	
<i>doxycycline</i>		1	
<i>doxycycline hyclate capsule, -capsule enteric coated, -injection, -100 mg tab, -tablet enteric coated</i>		1	
<i>doxycycline mono 50 mg cap, -mono 100 mg cap, -tablet</i>		1	
<i>minocycline hcl capsule, -tablet, -tablet sustained release 24hr</i>		1	
<i>tetracycline hcl capsule</i>		1	

TOPICAL ANTIBACTERIAL DRUGS

BACTROBAN CREAM	<i>mupirocin calcium</i>	2	
BACTROBAN NASAL	<i>mupirocin calcium</i>	2	
CORTISPORIN OINTMENT	<i>neomycin/bacitracin/poly/hc</i>	2	
<i>gentamicin sulfate cream, -0.1% ointment</i>		1	
<i>mupirocin ointment</i>		1	
<i>silver sulfadiazine cream</i>		1	
<i>ssd</i>		1	
<i>ssd af</i>		1	
SULFAMYLON	<i>mafenide acetate</i>	2	
<i>thermazene</i>		1	

Drug	Generic	Tier	Requirements/Limits
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TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.

<i>clotrimazole-betamethasone</i>		1	
<i>nystatin-triamcinolone</i>		1	

URINARY ANTIINFECTIVES

<i>methenamine hippurate</i>		1	
MONUROL	<i>fosfomycin tromethamine</i>	2	
<i>nitrofurantoin macrocrystal capsule</i>		1	
<i>nitrofurantoin mono-macro</i>		1	
<i>nitrofurantoin suspension oral</i>		1	
PRIMSOL	<i>trimethoprim</i>	2	
<i>trimethoprim tablet</i>		1	

VAGINAL ANTIFUNGALS

<i>miconazole 3 suppository vaginal</i>		1	[QLL, 24/34]
<i>terconazole 0.4% cream</i>		1	[QLL, 45 gm/7]
<i>terconazole 0.8% cream</i>		1	[QLL, 20 gm/3]
<i>terconazole suppository vaginal</i>		1	[QLL, 3/3]

ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS

ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS

ABRAXANE	<i>paclitaxel</i>	2	
<i>adriamycin</i>		1	
AFINITOR	<i>everolimus</i>	2	
ALIMTA	<i>pemetrexed disodium</i>	2	
AMEVIVE [LA]	<i>alefacept</i>	2	
<i>amifostine</i>		1	
<i>anagrelide hcl</i>		1	
<i>anastrozole tablet</i>		1	
ARZERRA	<i>ofatumumab</i>	2	[PAR]
AVASTIN	<i>bevacizumab</i>	2	
AZASAN	<i>azathioprine</i>	2	[PAR]
<i>azathioprine sodium</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>azathioprine tablet</i>		1	[PAR]
<i>bicalutamide</i>		1	
BICNU	<i>carmustine</i>	2	
<i>bleomycin sulfate</i>		1	
BUSULFEX	<i>busulfan</i>	2	
CAMPATH	<i>alemtuzumab</i>	2	
CAPRELSA	<i>vandetanib</i>	2	
<i>carboplatin</i>		1	
CEENU	<i>lomustine</i>	2	
CELLCEPT CAPSULE, -SUSPENSION RECONSTITUTED ORAL, -TABLET	<i>mycophenolate mofetil</i>	2	[PAR]
CELLCEPT INJECTION	<i>mycophenolate mofetil</i>	2	
CIMZIA	<i>certolizumab pegol</i>	2	
<i>cisplatin</i>		1	
<i>cladribine</i>		1	
COSMEGEN	<i>dactinomycin</i>	2	
<i>cyclophosphamide tablet</i>		1	[PAR]
<i>cyclosporine capsule, -50 mg/ml amp, -solution</i>		1	[PAR]
<i>cyclosporine modified</i>		1	[PAR]
<i>cytarabine</i>		1	
<i>dacarbazine</i>		1	
DACOGEN	<i>decitabine</i>	2	
<i>daunorubicin hcl</i>		1	
DAUNOXOME	<i>daunorubicin liposome</i>	2	
DEPO-PROVERA 400 MG/ML VIAL	<i>medroxyprogesterone</i>	2	
<i>dexrazoxane</i>		1	
DOXIL	<i>doxorubicin hcl liposome</i>	2	
<i>doxorubicin hcl</i>		1	
DROXIA	<i>hydroxyurea</i>	2	
ELIGARD	<i>leuprolide</i>	2	[PAR]
ELITEK 1.5 MG VIAL	<i>rasburicase</i>	2	
ELLECE	<i>epirubicin hcl</i>	2	
ELOXATIN 100 MG/20 ML VIAL	<i>oxaliplatin</i>	2	
ELOXATIN 200 MG/40 ML VIAL	<i>oxaliplatin</i>	2	
ELSPAR	<i>asparaginase</i>	2	
EMCYT	<i>estramustine phosphate sodium</i>	2	
ENBREL	<i>etanercept</i>	2	
EPIRUBICIN HCL	<i>epirubicin hcl</i>	2	
ERBITUX 100 MG/50 ML VIAL	<i>cetuximab</i>	2	

Drug	Generic	Tier	Requirements/Limits
ERBITUX 200 MG/100 ML VIAL	<i>cetuximab</i>	2	
ETOPOPHOS	<i>etoposide phosphate</i>	2	
<i>etoposide injection</i>		1	
<i>exemestane</i>		1	
FARESTON	<i>toremifene</i>	2	
FASLODEX	<i>fulvestrant</i>	2	
FIRMAGON	<i>degarelix acetate</i>	2	
FLUDARABINE PHOSPHATE	<i>fludarabine phosphate</i>	2	
<i>fluorouracil injection</i>		1	
<i>flutamide</i>		1	
<i>gemcitabine hcl</i>		1	
<i>gengraf</i>		1	[PAR]
GLEEVEC	<i>imatinib mesylate</i>	2	
HERCEPTIN	<i>trastuzumab</i>	2	
HEXALEN	<i>altretamine</i>	2	
HUMIRA 20 MG/0.4 ML SYRINGE, - 40 MG/0.8 ML PEN, -CROHN'S STARTER PACK, -PSORIASIS STARTER PACK	<i>adalimumab</i>	2	
HUMIRA 40 MG/0.8 ML SYRINGE	<i>adalimumab</i>	2	[QLL, 8 syringes/28]
<i>hydroxyurea capsule</i>		1	
<i>idarubicin hcl</i>		1	
<i>ifosfamide</i>		1	
<i>ifosfamide-mesna</i>		1	
IRESSA [LA]	<i>gefitinib</i>	2	
<i>irinotecan hcl</i>		1	
ISTODAX	<i>romidepsin</i>	2	
<i>leflunomide</i>		1	[QLL, 34/34]
<i>letrozole</i>		1	
<i>leucovorin calcium injection, -tablet</i>		1	
LEUKERAN	<i>chlorambucil</i>	2	
LYSODREN	<i>mitotane</i>	2	
MATULANE	<i>procarbazine</i>	2	
MEGACE ES	<i>megestrol</i>	2	
<i>megestrol acetate suspension oral, -tablet</i>		1	
<i>melphalan hcl</i>		1	
<i>mercaptopurine tablet</i>		1	
MESNA	<i>mesna</i>	2	
MESNEX	<i>mesna</i>	2	

Drug	Generic	Tier	Requirements/Limits
<i>methotrexate injection</i>		1	
<i>methotrexate tablet</i>		1	[PAR]
<i>mitomycin injection</i>		1	
<i>mitoxantrone hcl</i>		1	
MUSTARGEN	<i>mechlorethamine</i>	2	
<i>mycophenolate mofetil</i>		1	[PAR]
MYFORTIC	<i>mycophenolate sodium</i>	2	[PAR]
NEXAVAR [LA]	<i>sorafenib tosylate</i>	2	
NILANDRON	<i>nilutamide</i>	2	
NIPENT	<i>pentostatin</i>	2	
OCTREOTIDE ACETATE	<i>octreotide</i>	2	
ONTAK	<i>denileukin diftitox</i>	2	
ORENCIA	<i>abatacept/maltose</i>	2	
<i>oxaliplatin</i>		1	
<i>paclitaxel</i>		1	
<i>pentostatin</i>		1	
PHOTOFRIN	<i>porfimer sodium</i>	2	
PROGRAF CAPSULE	<i>tacrolimus</i>	2	[PAR]
PROGRAF INJECTION	<i>tacrolimus</i>	2	
RAPAMUNE	<i>sirolimus</i>	2	[PAR]
REMICADE	<i>infliximab</i>	2	
REVLIMID [LA]	<i>lenalidomide</i>	2	
RITUXAN	<i>rituximab</i>	2	
SANDOSTATIN LAR	<i>octreotide</i>	2	
SIMPONI	<i>golimumab</i>	2	
SIMULECT	<i>basiliximab</i>	2	
SOMATULINE DEPOT	<i>lanreotide acetate</i>	2	
SPRYCEL	<i>dasatinib</i>	2	
STELARA	<i>ustekinumab</i>	2	
SUTENT	<i>sunitinib malate</i>	2	
TABLOID	<i>thioguanine</i>	2	
<i>tacrolimus 0.5 mg capsule, -1 mg capsule</i>		1	[PAR]
TACROLIMUS 5 MG CAPSULE	<i>tacrolimus</i>	2	[PAR]
<i>tamoxifen citrate tablet</i>		1	
TARCEVA	<i>erlotinib hcl</i>	2	
TARGRETIN	<i>bexarotene</i>	2	
TASIGNA	<i>nilotinib hydrochloride</i>	2	
TAXOTERE 20 MG/0.5 ML VIAL	<i>docetaxel</i>	2	
TAXOTERE 80 MG/2 ML VIAL	<i>docetaxel</i>	2	

Drug	Generic	Tier	Requirements/Limits
<i>thiotepa injection</i>		1	
<i>toposar</i>		1	
TOPOTECAN HCL	<i>topotecan</i>	2	
TREANDA 100 MG VIAL	<i>bendamustine hcl</i>	2	
TRELSTAR 22.5 MG SYRINGE, -22.5 MG VIAL	<i>triptorelin pamoate</i>	2	
TRELSTAR 3.75 MG SYRINGE, -11.25 MG SYRINGE [LA]	<i>triptorelin pamoate</i>	2	
TRELSTAR DEPOT	<i>triptorelin pamoate</i>	2	
TRELSTAR LA	<i>triptorelin pamoate</i>	2	
<i>tretinoin capsule</i>		1	
TRISENOX	<i>arsenic trioxide</i>	2	
TYKERB	<i>lapatinib ditosylate</i>	2	
VANDETANIB	<i>vandetanib</i>	2	
VECTIBIX 100 MG/5 ML VIAL	<i>panitumumab</i>	2	
VECTIBIX 400 MG/20 ML VIAL	<i>panitumumab</i>	2	
VELCADE	<i>bortezomib</i>	2	
VIDAZA	<i>azacitidine</i>	2	
<i>vinblastine sulfate</i>		1	
<i>vincristine sulfate</i>		1	
<i>vinorelbine tartrate</i>		1	
VOTRIENT	<i>pazopanib</i>	2	
ZANOSAR	<i>streptozocin</i>	2	
ZOLINZA	<i>vorinostat</i>	2	
ZORTRESS	<i>everolimus</i>	2	[PAR]
ZYTIGA	<i>abiraterone acetate</i>	2	[QLL, 120/30]

AUTONOMIC AND CNS MEDICATIONS

ANALGESICS

<i>acetaminophen-tramadol</i>		1	
<i>buprenorphine 0.3 mg/ml syrn</i>		1	
<i>butorphanol tartrate injection</i>		1	
<i>nalbuphine 100 mg/10 ml vial, -200 mg/10 ml vial</i>		1	
<i>novagesic</i>		1	
RYZOLT	<i>tramadol</i>	2	
<i>tramadol hcl tablet, -er 100 mg tablet, -er 200 mg tablet</i>		1	
<i>tramadol hcl-acetaminophen</i>		1	

Drug	Generic	Tier	Requirements/Limits
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ANTIDEMENTIA DRUGS

<i>donepezil hcl</i>		1	
EXELON	<i>rivastigmine tartrate</i>	2	
<i>galantamine hbr</i>		1	
<i>galantamine hydrobromide</i>		1	
NAMENDA	<i>memantine hcl</i>	2	
<i>rivastigmine</i>		1	

ANTIMANIA DRUGS

<i>lithium</i>		1	
<i>lithium carbonate capsule, -tablet, -tablet sustained action</i>		1	

ANTIPARKINSON ANTICHOLINERGIC DRUGS

<i>benztropine mesylate injection, -tablet</i>		1	
<i>trihexyphenidyl hcl</i>		1	

ANTIPSYCHOTIC DRUGS

ABILIFY DISCMELT	<i>aripiprazole</i>	2	[QLL, 68/34]
ABILIFY INJECTION, -SOLUTION	<i>aripiprazole</i>	2	
ABILIFY TABLET	<i>aripiprazole</i>	2	[QLL, 34/34]
<i>chlorpromazine hcl injection, -tablet</i>		1	
<i>clozapine</i>		1	
FANAPT TABLET	<i>iloperidone</i>	2	[PAR][QLL, 68/34]
FANAPT TABLET DOSE PACK	<i>iloperidone</i>	2	[PAR][QLL, 1/34]
FAZACLO	<i>clozapine</i>	2	
<i>fluphenazine decanoate injection</i>		1	
<i>fluphenazine hcl</i>		1	
GEODON CAPSULE	<i>ziprasidone</i>	2	[QLL, 68/34]
GEODON INJECTION	<i>ziprasidone</i>	2	
<i>haloperidol dec 50 mg/ml vial, -dec 100 mg/ml vial</i>		1	
<i>haloperidol lactate</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>haloperidol tablet</i>		1	
INVEGA ER 1.5 MG TABLET, -ER 3 MG TABLET, -ER 9 MG TABLET	<i>paliperidone</i>	2	[PAR][QLL, 34/34]
INVEGA ER 6 MG TABLET	<i>paliperidone</i>	2	[PAR][QLL, 68/34]
INVEGA SUSTENNA	<i>paliperidone</i>	2	[ST]
LATUDA	<i>lurasidone hcl</i>	2	[PAR][QLL, 34/34]
<i>loxapine</i>		1	
<i>olanzapine</i>		1	[QLL, 90/90]
ORAP	<i>pimozide</i>	2	
<i>perphenazine</i>		1	
RISPERDAL CONSTA 25 MG SYR, - 37.5 MG SYR, -50 MG SYR	<i>risperidone</i>	2	
RISPERDAL M-TAB 1 MG ODT	<i>risperidone</i>	2	
<i>risperidone 0.25 mg tablet, -0.5 mg tablet, -1 mg tablet, -2 mg tablet, -3 mg tablet</i>		1	[QLL, 102/34]
<i>risperidone 4 mg tablet</i>		1	[QLL, 136/34]
<i>risperidone m-tab</i>		1	
<i>risperidone odt</i>		1	[QLL, 68/34]
<i>risperidone solution</i>		1	[QLL, 300 ml/34]
SAPHRIS	<i>asenapine</i>	2	[PAR][QLL, 68/34]
SEROQUEL 25 MG TABLET, -50 MG TABLET, -100 MG TABLET, -200 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 102/34]
SEROQUEL 300 MG TABLET, -400 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 68/34]
SEROQUEL XR 150 MG TABLET, - 200 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 34/34]
SEROQUEL XR 50 MG TABLET, -300 MG TABLET, -400 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 68/34]
SYMBYAX	<i>olanzapine/fluoxetine hcl</i>	2	[ST]
<i>thioridazine hcl</i>		1	
<i>thiothixene</i>		1	
<i>trifluoperazine hcl</i>		1	
ZYPREXA INJECTION	<i>olanzapine</i>	2	
ZYPREXA TABLET	<i>olanzapine</i>	2	[QLL, 34/34]
ZYPREXA ZYDIS	<i>olanzapine</i>	2	[QLL, 34/34]

Drug	Generic	Tier	Requirements/Limits
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ANTIVERTIGO AND ANTIEMETIC DRUGS

ALOXI	<i>palonosetron hcl</i>	2	
<i>compro</i>		1	
<i>dronabinol</i>		1	[PAR]
EMEND 40 MG CAPSULE, -125 MG CAPSULE	<i>aprepitant</i>	2	[PAR][QLL, 1/1]
EMEND 80 MG CAPSULE	<i>aprepitant</i>	2	[PAR][QLL, 2/2]
<i>granisetron hcl injection</i>		1	
<i>granisetron hcl tablet</i>		1	[PAR]
<i>granisol</i>		1	[PAR]
<i>meclizine hcl tablet</i>		1	
<i>ondansetron hcl 24 mg tablet</i>		1	[PAR][QLL, 1/1]
<i>ondansetron hcl injection, - solution, -4 mg tablet, -8 mg tablet</i>		1	[PAR]
<i>ondansetron odt</i>		1	[PAR]
<i>phenadoz</i>		1	
<i>prochlorperazine edisylate injection</i>		1	
<i>prochlorperazine maleate suppository rectal, -tablet</i>		1	
<i>promethazine hcl suppository rectal</i>		1	
<i>promethegan</i>		1	
TRANSDERM-SCOP	<i>scopolamine</i>	2	
<i>trimethobenzamide hcl capsule, - injection</i>		1	

ANXIOLYTICS

<i>buspirone hcl tablet</i>		1	
<i>meprobamate</i>		1	

CARBAMAZEPINES

<i>carbamazepine capsule sustained action, -suspension oral, -tablet, -tablet chewable</i>		1	
<i>carbamazepine er</i>		1	
<i>carbamazepine xr</i>		1	
<i>epitol</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>oxcarbazepine</i>		1	
TEGRETOL XR 100 MG TABLET	<i>carbamazepine</i>	2	

CLASS II NARCOTICS

ABSTRAL	<i>fentanyl citrate</i>	2	[PAR][QLL, 120/30]
<i>codeine sulfate</i>		1	
<i>endocet</i>		1	
<i>fentanyl</i>		1	[ST]
<i>fentanyl citrate injection</i>		1	
<i>fentanyl citrate lozenge</i>		1	[PAR][QLL, 120/30]
FENTORA	<i>fentanyl citrate</i>	2	[PAR][QLL, 112/28]
<i>hydromorphone hcl 10 mg/ml amp, -suppository rectal, -tablet</i>		1	
<i>levorphanol tartrate tablet</i>		1	
<i>methadone hcl injection, -solution, -tablet, -tablet soluble</i>		1	
<i>methadone intensol</i>		1	
<i>methadose tablet, -tablet soluble</i>		1	
<i>morphine 0.5 mg/ml vial, -1 mg/ml vial p-f, -solution, -suppository rectal, -tablet, -tablet sustained action</i>		1	
ONSOLIS	<i>fentanyl citrate</i>	2	[PAR][QLL, 120/30]
<i>oxycodone concentrate</i>		1	
<i>oxycodone hcl</i>		1	
<i>oxycodone hcl-acetaminophen</i>		1	
<i>oxycodone hcl-aspirin</i>		1	
<i>oxycodone hcl-ibuprofen</i>		1	
<i>oxycodone-acetaminophen</i>		1	
<i>oxycodone-aspirin</i>		1	
OXYCONTIN	<i>oxycodone</i>	2	[QLL, 90/30]
<i>oxymorphone hcl tablet</i>		1	
<i>roxicet solution, -5-325 tablet</i>		1	
ROXICODONE	<i>oxycodone</i>	2	

CLASS III NARCOTICS

<i>acetaminoph-caff-dihydrocodein</i>		1	
<i>acetaminophen-codeine</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>buprenorphine hcl tablet sublingual</i>		1	
<i>co-gesic</i>		1	
<i>hydrocodone bit-ibuprofen</i>		1	
<i>hydrocodone-acetaminophen</i>		1	
<i>margesic h</i>		1	
<i>stagesic</i>		1	
SUBOXONE TABLET SUBLINGUAL	<i>buprenorphine/naloxone</i>	2	[QLL, 102/34]

CNS STIMULANT DRUGS

<i>amphetamine salt combo</i>		1	
<i>dexmethylphenidate hcl</i>		1	
<i>dextroamphetamine sulfate capsule sustained action, -tablet</i>		1	
<i>dextroamphetamine-amphetamine</i>		1	
METADATE CD	<i>methylphenidate</i>	2	
<i>metadate er</i>		1	
<i>methamphetamine hcl</i>		1	
<i>methylin er</i>		1	
<i>methylin tablet</i>		1	
<i>methylphenidate er</i>		1	
<i>methylphenidate hcl solution, -tablet</i>		1	
<i>methylphenidate sr</i>		1	
NUVIGIL	<i>armodafinil</i>	2	[PAR]
PROVIGIL	<i>modafinil</i>	2	[PAR]

DRUGS TO PREVENT AND TREAT HEADACHES

<i>ascomp with codeine</i>		1	
<i>butalb-caff-acetaminoph-codein</i>		1	
<i>butalbital compound-codeine</i>		1	
<i>butorphanol tartrate aerosol spray</i>		1	[QLL, 5 ml/3]
<i>dihydroergotamine mesylate injection</i>		1	
<i>ergotamine-caffeine</i>		1	
MAXALT MLT	<i>rizatriptan benzoate</i>	2	[QLL, 27/28][ST]
<i>migergot</i>		1	
<i>naratriptan hcl</i>		1	[QLL, 18/28]

Drug	Generic	Tier	Requirements/Limits
<i>sumatriptan 4 mg/0.5 ml vial, -6 mg/0.5 ml vial</i>		1	[QLL, 8 ml/28]
<i>sumatriptan 6 mg/0.5 ml inject</i>		1	
<i>sumatriptan succinate tablet</i>		1	[QLL, 18/28]

HYDANTOINS

DILANTIN	<i>phenytoin</i>	2	
<i>fosphephenytoin 100 mg pe/2 ml vl</i>		1	
PEGANONE	<i>ethotoin</i>	2	
PHENYTEK	<i>phenytoin sodium</i>	2	
<i>phenytoin sodium extended</i>		1	
<i>phenytoin sodium injection</i>		1	
<i>phenytoin suspension oral</i>		1	

MAO INHIBITORS

EMSAM	<i>selegiline</i>	2	[PAR]
MARPLAN	<i>isocarboxazid</i>	2	
<i>phenelzine sulfate tablet</i>		1	
<i>tranylcypromine sulfate</i>		1	

OTHER ANTICONVULSANTS

BANZEL	<i>rufinamide</i>	2	
<i>felbamate</i>		1	
FELBATOL	<i>felbamate</i>	2	
<i>gabapentin capsule, -solution, -tablet</i>		1	
GABITRIL	<i>tiagabine</i>	2	
KEPPRA XR 500 MG TABLET	<i>levetiracetam</i>	2	
LAMICTAL XR (BLUE)	<i>lamotrigine</i>	2	[PAR]
LAMICTAL XR (GREEN)	<i>lamotrigine</i>	2	[PAR]
LAMICTAL XR (ORANGE)	<i>lamotrigine</i>	2	[PAR]
LAMICTAL XR 25 MG TABLET, -50 MG TABLET, -100 MG TABLET, -200 MG TABLET	<i>lamotrigine</i>	2	[PAR]
<i>lamotrigine</i>		1	
<i>levetiracetam injection, -solution, -tablet, -er 500 mg tablet</i>		1	

Drug	Generic	Tier	Requirements/Limits
LYRICA	<i>pregabalin</i>	2	
MYSOLINE 50 MG TABLET	<i>primidone</i>	2	
<i>primidone tablet</i>		1	
SABRIL [LA]	<i>vigabatrin</i>	2	
<i>topiragen</i>		1	
<i>topiramate capsule sprinkle, -tablet</i>		1	
VIMPAT	<i>lacosamide</i>	2	
<i>zonisamide</i>		1	

OTHER ANTIDEPRESSANTS

<i>budeprion sr</i>		1	[QLL, 68/34]
<i>budeprion xl 150 mg tablet</i>		1	[QLL, 102/34]
<i>budeprion xl 300 mg tablet</i>		1	[QLL, 34/34]
<i>bupropion hcl 100 mg tablet</i>		1	[QLL, 68/34]
<i>bupropion hcl 75 mg tablet</i>		1	
<i>bupropion hcl sr 100 mg tablet</i>		1	[QLL, 136/34]
<i>bupropion sr 150 mg tablet, -200 mg tab</i>		1	[QLL, 68/34]
<i>bupropion xl</i>		1	
<i>chlordiazepoxide-amitriptyline</i>		1	
CYMBALTA 20 MG CAPSULE, -30 MG CAPSULE	<i>duloxetine</i>	2	[QLL, 68/34]
CYMBALTA 60 MG CAPSULE	<i>duloxetine</i>	2	[QLL, 34/34]
<i>maprotiline hcl</i>		1	
<i>mirtazapine</i>		1	
<i>nefazodone hcl</i>		1	
<i>perphenazine-amitriptyline</i>		1	
PRISTIQ ER	<i>desvenlafaxine succinate</i>	2	[ST]
SAVELLA TABLET	<i>milnacipran hcl</i>	2	[QLL, 68/34]
SAVELLA TABLET DOSE PACK	<i>milnacipran hcl</i>	2	[QLL, 1/34]
<i>trazodone hcl tablet</i>		1	
<i>venlafaxine hcl</i>		1	
<i>venlafaxine hcl er</i>		1	

OTHER ANTIPARKINSON DRUGS

APOKYN [LA]	<i>apomorphine hcl</i>	2	
<i>bromocriptine mesylate capsule, -tablet</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>carbidopa-levodopa</i>		1	
COMTAN	<i>entacapone</i>	2	
LODOSYN	<i>carbidopa</i>	2	
MIRAPEX 0.75 MG TABLET	<i>pramipexole</i>	2	
MIRAPEX ER	<i>pramipexole</i>	2	[PAR]
<i>pramipexole dihydrochloride</i>		1	
REQUIP XL	<i>ropinirole</i>	2	[PAR]
<i>ropinirole hcl</i>		1	
<i>selegiline hcl capsule, -tablet</i>		1	
STALEVO 100	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 125	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 150	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 200	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 50	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 75	<i>carbidopa/levodopa/entacap</i>	2	
TASMAR	<i>tolcapone</i>	2	

OTHER CNS/AUTONOMIC DRUGS

ANTABUSE	<i>disulfiram</i>	2	
<i>atropine sulfate injection</i>		1	
CAMPRAL	<i>acamprosate calcium</i>	2	
<i>depade</i>		1	
<i>disulfiram tablet</i>		1	
<i>guanidine hcl</i>		1	
MESTINON SYRUP, -TABLET SUSTAINED ACTION	<i>pyridostigmine</i>	2	
<i>naloxone hcl injection</i>		1	
<i>naltrexone hcl tablet</i>		1	
NUDEXTA	<i>dextromethorphan/quinidine</i>	2	
<i>pyridostigmine bromide tablet</i>		1	
STRATTERA	<i>atomoxetine</i>	2	
XENAZINE	<i>tetrabenazine</i>	2	
XYREM [LA]	<i>sodium oxybate</i>	2	[PAR]

SECONDARY AMINES

<i>amoxapine</i>		1	
<i>desipramine hcl tablet</i>		1	
<i>nortriptyline hcl capsule, -solution</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>protriptyline hcl</i>		1	

SEDATIVE/HYPNOTIC DRUGS

AMBIEN CR	<i>zolpidem</i>	2	[QLL, 34/34][ST]
ROZEREM	<i>ramelteon</i>	2	
<i>zaleplon</i>		1	
<i>zolpidem tartrate</i>		1	
<i>zolpidem tartrate er</i>		1	[QLL, 34/34]

SELECTIVE SEROTONIN REUPTAKE INHIBITORS

<i>citalopram</i>		1	
<i>citalopram hbr</i>		1	
<i>fluoxetine dr</i>		1	[QLL, 5/34]
<i>fluoxetine hcl capsule, -solution, -tablet</i>		1	
<i>fluvoxamine maleate 25 mg tab</i>		1	[QLL, 102/34]
<i>fluvoxamine maleate 50 mg tab, -100 mg tab</i>		1	
LEXAPRO SOLUTION	<i>escitalopram oxalate</i>	2	[ST]
LEXAPRO TABLET	<i>escitalopram oxalate</i>	2	[QLL, 34/34][ST]
<i>paroxetine cr 12.5 mg tablet, -cr 25 mg tablet</i>		1	[QLL, 102/34]
<i>paroxetine hcl suspension oral, -tablet, -cr 37.5 mg tablet, -er 37.5 mg tablet</i>		1	
<i>sertraline hcl solution, -tablet</i>		1	
VIIBRYD	<i>vilazodone hydrochloride</i>	2	[ST]

SMOKING CESSATION PRODUCTS

<i>buproban</i>		1	
CHANTIX	<i>varenicline tartrate</i>	2	
NICOTROL	<i>nicotine inhaler</i>	2	
NICOTROL NS	<i>nicotine ns</i>	2	

SUCCINIMIDES

CELONTIN	<i>methsuximide</i>	2	
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Drug	Generic	Tier	Requirements/Limits
<i>ethosuximide capsule, -syrup</i>		1	

TERTIARY AMINES

<i>amitriptyline hcl tablet</i>		1	
<i>clomipramine hcl capsule</i>		1	
<i>doxepin hcl capsule, -solution</i>		1	
<i>imipramine hcl tablet</i>		1	
<i>imipramine pamoate</i>		1	
SURMONTIL 100 MG CAPSULE	<i>trimipramine</i>	2	
<i>trimipramine maleate 100 mg cp</i>		1	

VALPROIC ACID AND DERIVATIVES

<i>divalproex sodium</i>		1	
<i>divalproex sodium er</i>		1	
<i>valproate sodium injection</i>		1	
<i>valproic acid capsule, -syrup</i>		1	

CARDIOVASCULAR MEDICATIONS

AMIODARONES

<i>amiodarone 150 mg/3 ml amp, - tablet</i>		1	
<i>pacerone 200 mg tablet</i>		1	

ANGIOTENSIN CONVERTING ENZYME INHIBITORS

<i>benazepril hcl</i>		1	
<i>captopril tablet</i>		1	
<i>enalapril maleate tablet</i>		1	
<i>fosinopril sodium</i>		1	
<i>lisinopril tablet</i>		1	
<i>moexipril hcl</i>		1	
<i>perindopril erbumine</i>		1	
<i>quinapril hcl</i>		1	
<i>ramipril</i>		1	
<i>trandolapril</i>		1	

Drug	Generic	Tier	Requirements/Limits
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ANGIOTENSIN II RECEPTOR ANTAGONISTS

ATACAND	<i>candesartan cilexetil</i>	3	[ST]
AVAPRO	<i>irbesartan</i>	3	[ST]
BENICAR	<i>olmesartan medoxomil</i>	3	[ST]
DIOVAN	<i>valsartan</i>	2	
EDARBI	<i>azilsartan medoxomil</i>	2	[ST]
<i>losartan potassium</i>		1	
MICARDIS	<i>telmisartan</i>	2	
TEVETEN	<i>eprosartan mesylate</i>	3	[ST]

ANTIDYSRHYTHMIC DRUGS

<i>flecainide acetate</i>		1	
<i>mexiletine hcl capsule</i>		1	
<i>procainamide hcl injection</i>		1	
<i>propafenone hcl</i>		1	
<i>quinidine gluconate</i>		1	
<i>quinidine sulfate tablet, -tablet sustained action</i>		1	

BETA-ADRENERGIC ANTAGONIST DRUGS

<i>acebutolol hcl capsule</i>		1	
<i>atenolol tablet</i>		1	
<i>betaxolol hcl tablet</i>		1	
<i>bisoprolol fumarate</i>		1	
BYSTOLIC	<i>nebivolol hcl</i>	2	
<i>carvedilol</i>		1	
COREG CR	<i>carvedilol</i>	2	[PAR]
INNOPRAN XL	<i>propranolol</i>	2	
<i>labetalol hcl 5 mg/ml vial, -tablet</i>		1	
<i>metoprolol succinate</i>		1	
<i>metoprolol tart 5 mg/5 ml vial, -tablet</i>		1	
<i>nadolol tablet</i>		1	
<i>pindolol</i>		1	
<i>propranolol hcl capsule sustained action, -injection, -solution, -tablet</i>		1	
<i>timolol maleate tablet</i>		1	

Drug	Generic	Tier	Requirements/Limits
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CALCIUM ANTAGONISTS

<i>afeditab cr</i>		1	
<i>amlodipine besylate tablet</i>		1	
<i>cartia xt</i>		1	
<i>dilt-cd</i>		1	
<i>diltiazem 24hr cd 120 mg cap, -120 mg cap, -24hr cd 180 mg cap, -180 mg cap, -24hr cd 240 mg cap, -240 mg cap, -24hr cd 300 mg cap, -300 mg cap, -tablet sustained release 24hr</i>		1	
<i>diltiazem er</i>		1	
<i>diltiazem hcl injection, -tablet</i>		1	
<i>dilt-xr</i>		1	
<i>diltzac er</i>		1	
<i>felodipine er</i>		1	
<i>isradipine</i>		1	
<i>matzim la</i>		1	
<i>nicardipine hcl capsule, -25 mg/10 ml vial</i>		1	
<i>nifediac cc</i>		1	
<i>nifedical xl</i>		1	
<i>nifedipine capsule</i>		1	
<i>nifedipine er</i>		1	
<i>nimodipine</i>		1	
<i>nisoldipine</i>		1	
<i>taztia xt</i>		1	
<i>verapamil er</i>		1	
<i>verapamil er pm</i>		1	
<i>verapamil hcl capsule 24hr sustained release pellets, -2.5 mg/ml ampul, -tablet, -tablet sustained action</i>		1	

CARDIAC GLYCOSIDES

<i>digoxin 0.25 mg/ml ampul, -solution, -tablet</i>		1	
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Drug	Generic	Tier	Requirements/Limits
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CENTRALLY ACTING ANTIHYPERTENSIVES

<i>clonidine</i>		1	[QLL, 5/35]
<i>clonidine hcl tablet</i>		1	
<i>guanabenz acetate tablet</i>		1	
<i>guanfacine hcl</i>		1	
<i>methyldopa</i>		1	
<i>methyldopate hcl</i>		1	
NEXICLON XR	<i>clonidine</i>	2	

DRUGS FOR PHEOCHROMOCYTOMA

DEMSEER	<i>metyrosine</i>	2	
DIBENZYLINE	<i>phenoxybenzamine</i>	2	

ENDOTHELIN RECPTR ANTAGONIST

LETAIRIS	<i>ambrisentan</i>	2	
TRACLEER [LA]	<i>bosentan</i>	2	

HMG-COA REDUCTASE INHIBITORS

ADVICOR 500 MG-20 MG TABLET	<i>lovastatin/niacin</i>	2	[QLL, 34/34]
ADVICOR 750 MG-20 MG TABLET, -1,000 MG-20 MG TABLET, -1,000 MG-40 MG TABLET	<i>lovastatin/niacin</i>	2	[QLL, 68/34]
<i>amlodipine-atorvastatin</i>		1	
<i>atorvastatin calcium</i>		1	
CADUET	<i>amlodipine/atorvast cal</i>	2	[PAR][QLL, 34/34]
CRESTOR	<i>rosuvastatin calcium</i>	2	[QLL, 34/34][ST]
LIPITOR	<i>atorvastatin calcium</i>	2	[QLL, 34/34][ST]
LIVALO	<i>pitavastatin calcium</i>	3	[QLL, 34/34][ST]
<i>lovastatin</i>		1	
<i>pravastatin sodium 10 mg tab, -20 mg tab, -40 mg tab</i>		1	
<i>pravastatin sodium 80 mg tab</i>		1	[QLL, 34/34]
SIMCOR	<i>niacin/simvastatin</i>	2	
<i>simvastatin 5 mg tablet, -10 mg tablet, -20 mg tablet, -40 mg tablet</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>simvastatin 80 mg tablet</i>		1	[PAR]
VYTORIN 10-10 MG TABLET, -10-20 MG TABLET, -10-40 MG TABLET	<i>ezetimibe/simvastatin</i>	3	[QLL, 34/34][ST]
VYTORIN 10-80 MG TABLET	<i>ezetimibe/simvastatin</i>	3	[PAR][QLL, 34/34][ST]

HYPOLIPOPROTEINEMICS

ANTARA	<i>fenofibrate</i>	2	[ST]
<i>cholestyramine</i>		1	
<i>cholestyramine light</i>		1	
<i>colestipol hcl</i>		1	
<i>fenofibrate</i>		1	
<i>gemfibrozil tablet</i>		1	
LIPOFEN	<i>fenofibrate</i>	2	[ST]
LOFIBRA	<i>fenofibrate</i>	2	[ST]
LOVAZA	<i>omega-3 acid ethyl esters</i>	2	
NIASPAN	<i>niacin</i>	2	
<i>prevalite</i>		1	
TRICOR	<i>fenofibrate</i>	2	[ST]
TRILIPIX	<i>fenofibric acid</i>	2	[ST]
WELCHOL	<i>colesevelam</i>	2	
ZETIA	<i>ezetimibe</i>	2	

LOOP DIURETICS

<i>bumetanide</i>		1	
<i>furosemide injection, -solution, -tablet</i>		1	
<i>toremide</i>		1	

NITRATES

<i>isoditrate</i>		1	
<i>isosorbide dinitrate</i>		1	
<i>isosorbide mononitrate</i>		1	
<i>isosorbide mononitrate er</i>		1	
<i>nitro-bid</i>		1	
NITRO-DUR 0.8 MG/HR PATCH	<i>nitroglycerin</i>	2	
<i>nitroglycerin injection</i>		1	
<i>nitroglycerin patch</i>		1	

Drug	Generic	Tier	Requirements/Limits
NITROLINGUAL	<i>nitroglycerin</i>	2	
NITROMIST	<i>nitroglycerin</i>	2	
NITROSTAT	<i>nitroglycerin</i>	2	

OTHER ANTIARRHYTHMICS

MULTAQ	<i>dronedarone</i>	2	[PAR]
<i>sorine</i>		1	
<i>sotalol</i>		1	
<i>sotalol af</i>		1	
SOTALOL HCL	<i>sotalol</i>	2	
TIKOSYN	<i>dofetilide</i>	2	

OTHER ANTIHYPERTENSIVES

<i>amlodipine besylate-benazepril</i>		1	
AMTURNIDE	<i>aliskiren/amlodipine/hctz</i>	2	[PAR]
ATACAND HCT	<i>candesartan cilexetil/hctz</i>	3	[ST]
<i>atenolol-chlorthalidone</i>		1	
AVALIDE	<i>irbesartan/hctz</i>	3	[ST]
AZOR	<i>amlodipine bes/olmesartan med</i>	2	[PAR]
<i>benazepril-hydrochlorothiazide</i>		1	
BENICAR HCT	<i>olmesartan medoxomil/hctz</i>	3	[ST]
<i>bisoprolol-hydrochlorothiazide</i>		1	
<i>captopril-hydrochlorothiazide</i>		1	
DIOVAN HCT	<i>hctz/valsartan</i>	2	
<i>enalapril-hydrochlorothiazide</i>		1	
EXFORGE	<i>amlodipine/valsartan</i>	2	[PAR]
EXFORGE HCT	<i>amlodipine/valsartan/hctz</i>	2	[PAR]
<i>fosinopril-hydrochlorothiazide</i>		1	
<i>lisinopril-hydrochlorothiazide</i>		1	
<i>losartan-hydrochlorothiazide</i>		1	
<i>methyldopa-hydrochlorothiazide</i>		1	
<i>metoprolol-hydrochlorothiazide</i>		1	
MICARDIS HCT	<i>telmisartan/hctz</i>	2	
<i>moexipril-hydrochlorothiazide</i>		1	
<i>nadolol-bendroflumethiazide</i>		1	
<i>propranolol-hydrochlorothiazid</i>		1	
<i>quinapril-hydrochlorothiazide</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>reserpine tablet</i>		1	
TEKAMLO	<i>aliskiren/amlodipine</i>	2	[PAR]
TEKTURNA	<i>aliskiren hemifumarate</i>	2	[ST]
TEKTURNA HCT	<i>aliskiren/hydrochlorothiazid</i>	2	[ST]
TEVETEN HCT	<i>eprosartan mesylate/hctz</i>	3	[ST]
TWYNSTA	<i>telmisartan/amlodipine</i>	2	[PAR]
VALTURNA	<i>aliskiren/valsartan</i>	2	[PAR]

OTHER CARDIOVASCULAR DRUGS

<i>midodrine hcl</i>		1	
<i>pentopak</i>		1	
<i>pentoxifylline tablet sustained action</i>		1	
RANEXA	<i>ranolazine</i>	2	

OTHER VASODILATING DRUGS

ADCIRCA	<i>adcirca (tadalafil)</i>	2	[PAR][QLL, 68/34]
REMODULIN 1 MG/ML VIAL	<i>treprostinil sodium</i>	2	
REVATIO INJECTION	<i>revatio (sildenafil citrate)</i>	2	
REVATIO TABLET	<i>revatio (sildenafil citrate)</i>	2	[QLL, 102/34]
VENTAVIS	<i>iloprost</i>	2	

POTASSIUM SPARING DIURETICS

<i>amiloride hcl tablet</i>		1	
<i>amiloride-hydrochlorothiazide</i>		1	
<i>eplerenone</i>		1	
<i>spironolactone tablet</i>		1	
<i>spironolactone-hctz</i>		1	
<i>triamterene-hctz</i>		1	
<i>triamterene-hydrochlorothiazid</i>		1	

THIAZIDE AND RELATED DRUGS

<i>chlorothiazide</i>		1	
<i>chlorothiazide sodium</i>		2	
<i>chlorthalidone</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>hydrochlorothiazide capsule, - tablet</i>		1	
<i>indapamide</i>		1	
<i>methyclothiazide</i>		1	
<i>metolazone</i>		1	

VASODILATOR ANTIHYPERTENSIVES

<i>doxazosin mesylate</i>		1	
<i>hydralazine hcl</i>		1	
<i>minoxidil tablet</i>		1	
<i>prazosin hcl</i>		1	
<i>terazosin hcl</i>		1	

DERMATOLOGICAL MEDICATIONS

ANTIACNE DRUGS

<i>adapalene</i>		1	
<i>clenia cleanser</i>		1	
<i>clindacin p</i>		1	
<i>clindacin pac</i>		1	
<i>clindamycin phosphate foam, -gel, -lotion, -solution non-oral, -swab medicated</i>		1	
<i>clindamycin-benzoyl peroxide</i>		1	
<i>ery</i>		1	
<i>erythromycin gel, -solution non- oral, -swab medicated</i>		1	
<i>erythromycin-benzoyl peroxide</i>		1	
<i>metronidazole cream, -gel, -lotion</i>		1	
<i>sodium sulfacetamide-sulfur lotion</i>		1	
<i>tretinoin 0.025% cream, -0.05% cream, -0.1% cream, -gel</i>		1	[PAR]
<i>vitazol</i>		1	

ANTIPRURITIC DRUGS

<i>hydroxyzine hcl injection, -syrup, - tablet</i>		1	
<i>hydroxyzine pamoate capsule</i>		1	

Drug	Generic	Tier	Requirements/Limits
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ANTIPSORIASIS AND ANTIECZEMA DRUGS

<i>calcipotriene</i>		1	
DOVONEX CREAM	<i>calcipotriene</i>	2	
<i>selenium sulfide shampoo, -2.5% lotion</i>		1	
SORIATANE	<i>acitretin</i>	2	
SORIATANE CK	<i>acitretin/emollient comb</i>	2	
<i>sulfacetamide sodium suspension topical</i>		1	
TAZORAC	<i>tazarotene</i>	2	[PAR]

KERATOLYTIC DRUGS

CONDYLOX GEL	<i>podofilox</i>	2	
<i>podofilox</i>		1	

ORAL DERMATOLOGICAL DRUGS

8-MOP	<i>methoxsalen</i>	2	
<i>amnestem</i>		1	
<i>claravis</i>		1	
OXSORALEN-ULTRA	<i>methoxsalen</i>	2	
<i>sotret</i>		1	

SCABICIDES

<i>acticin</i>		1	
EURAX	<i>crotamiton</i>	2	
LINDANE	<i>benzene hexachloride gamma</i>	2	
<i>malathion</i>		1	
<i>permethrin cream</i>		1	
ULESFIA	<i>benzyl alcohol</i>	2	

TOPICAL ANTI-INFLAMMATORY DRUGS

VOLTAREN GEL	<i>diclofenac sodium</i>	2	[PAR]
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Drug	Generic	Tier	Requirements/Limits
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TOPICAL CORTICOSTEROID DRUGS

<i>alclometasone dipropionate</i>		1	
<i>amcinonide</i>		1	
<i>betamethasone dipropionate cream, -gel, -lotion, -ointment</i>		1	
<i>betamethasone valerate cream, -lotion, -ointment</i>		1	
<i>clobetasol emollient</i>		1	
<i>clobetasol propionate cream, -foam, -gel, -ointment, -solution non-oral</i>		1	
<i>desonide cream, -lotion, -ointment</i>		1	
<i>desoximetasone cream, -gel, -ointment</i>		1	
<i>diflorasone diacetate</i>		1	
<i>fluocinolone acetonide cream, -ointment, -solution non-oral</i>		1	
<i>fluocinonide cream, -gel, -ointment, -solution non-oral</i>		1	
<i>fluocinonide emollient</i>		1	
<i>fluocinonide-e</i>		1	
<i>fluticasone propionate cream, -ointment</i>		1	
<i>halobetasol propionate</i>		1	
<i>halonate pac</i>		1	
<i>hydrocortisone 1% cream, -2.5% cream, -2.5% lotion, -1% absorbase, -1% oint, -1% ointment, -2.5% ointment</i>		1	
<i>hydrocortisone acetate</i>		1	
<i>hydrocortisone butyrate</i>		1	
<i>hydrocortisone plus 1% cream, --aloe 1% cream</i>		1	
<i>hydrocortisone valerate</i>		1	
<i>lidocaine-hc 3-1% cream kit</i>		1	
<i>lidocaine-hydrocortisone cream, -cream with applicator, -lotion</i>		1	
<i>mometasone furoate cream, -ointment, -solution non-oral</i>		1	
<i>prednicarbate</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>triamcinolone acetonide cream, -lotion, -ointment</i>		1	
<i>trianex</i>		1	
<i>triderm</i>		1	

TOPICAL DERMATOLOGICAL DRUGS

<i>ammonium lactate cream, -lotion</i>		1	
ELIDEL	<i>pimecrolimus</i>	2	[ST]
FLUOROPLEX	<i>fluorouracil</i>	2	
<i>fluorouracil cream, -solution non-oral</i>		1	
<i>imiquimod cream</i>		1	
PANRETIN	<i>alitretinoin</i>	2	
REGRANEX	<i>becaplermin</i>	2	[PAR][QLL, 30 gm/34]
SANTYL	<i>collagenase</i>	2	
SOLARAZE	<i>diclofenac sodium</i>	2	[PAR]
ZONALON	<i>doxepin</i>	2	

DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS

DIAGNOSTIC PRODUCTS

CHEMET	<i>succimer</i>	2	
EXJADE [LA]	<i>deferasirox</i>	2	

MISCELLANEOUS DRUGS

ADAGEN [LA]	<i>pegademase bovine</i>	2	
AMPYRA [LA]	<i>dalfampridine</i>	2	
BUPHENYL TABLET	<i>sodium phenylbutyrate</i>	2	
COPAXONE	<i>glatiramer acetate</i>	2	[QLL, 30 ml/30]
CYKLOKAPRON	<i>tranexamic acid</i>	2	
<i>ergoloid mesylates tablet</i>		1	
<i>fomepizole</i>		1	
GILENYA	<i>fingolimod hydrochloride</i>	2	
ORFADIN [LA]	<i>nitisinone</i>	2	
THALOMID	<i>thalidomide</i>	2	

Drug	Generic	Tier	Requirements/Limits
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EAR-NOSE-THROAT MEDICATIONS

DRUGS AFFECTING THE EAR

<i>acetazol hc</i>		1	
<i>acetic acid solution non-oral</i>		1	
<i>acetic acid-aluminum</i>		1	
<i>antipyrine-benzocaine</i>		1	
<i>aurodex</i>		1	
<i>auroguard</i>		1	
CETRAXAL	<i>ciprofloxacin</i>	2	
CIPRO HC	<i>ciprofloxacin/hc</i>	2	
CIPRODEX	<i>ciprofloxacin/dexameth</i>	2	
<i>cortomycin</i>		1	
DERMOTIC	<i>fluocinolone acetonide</i>	2	
<i>fluocinolone acetonide oil</i>		1	
<i>hydrocortisone-acetic acid</i>		1	
<i>neomycin-polymixin-hc ear susp, - ear susp</i>		1	
<i>neomycin-polymyxin-hydrocort</i>		1	
<i>ofloxacin 0.3% ear drops</i>		1	
<i>oticin hc</i>		1	

DRUGS AFFECTING THE NOSE

ASTEPRO	<i>azelastine hcl</i>	2	[QLL, 60 ml/34]
<i>azelastine hcl aerosol spray w/pump</i>		1	[QLL, 60 ml/34]
BECONASE AQ	<i>beclomethasone</i>	2	[QLL, 50 gm/34][ST]
<i>flunisolide 0.025% spray</i>		1	[QLL, 75 ml/34]
<i>flunisolide 29 mcg-0.025% spr</i>		1	
<i>fluticasone propionate nasal inhaled steroids</i>		1	[QLL, 32 gm/34]
<i>ipratropium 0.03% spray</i>		1	[QLL, 60 ml/34]
<i>ipratropium 0.06% spray</i>		1	[QLL, 30 ml/34]
NASACORT AQ	<i>triamcinolone acetonide</i>	2	[QLL, 33/34][ST]
NASONEX	<i>mometasone</i>	2	[QLL, 51 gm/34][ST]
OMNARIS	<i>ciclesonide</i>	2	[QLL, 25 gm/34][ST]
PATANASE	<i>olopatadine hcl</i>	2	
RHINOCORT AQUA	<i>budesonide</i>	2	[QLL, 26 gm/34][ST]

Drug	Generic	Tier	Requirements/Limits
<i>triamcinolone acetonide aerosol spray</i>		1	
TYZINE	<i>tetrahydrozoline</i>	2	
VERAMYST	<i>fluticasone furoate</i>	2	[QLL, 20 gm/34][ST]

DRUGS AFFECTING THE THROAT AND MOUTH

<i>chlorhexidine gluconate mouthwash</i>		1	
<i>doxycycline hyclate 20 mg tab</i>		1	
<i>periogard</i>		1	
<i>pilocarpine hcl tablet</i>		1	
<i>triamcinolone acetonide paste</i>		1	

ENDOCRINE MEDICATIONS

AMYLIN ANALOGUES

SYMLIN	<i>pramlintide acetate</i>	2	[PAR][QLL, 35 ml/34]
SYMLINPEN 120	<i>pramlintide acetate</i>	2	[PAR][QLL, 22 ml/34]
SYMLINPEN 60	<i>pramlintide acetate</i>	2	[PAR][QLL, 12 pens/34]

ANTITHYROID DRUGS

<i>methimazole tablet</i>		1	
<i>propylthiouracil tablet</i>		1	

DIPEPTIDYL PEPTIDASE-IV INHIB AND COMBOS

JANUMET	<i>sitagliptin phos/metformin hcl</i>	2	[QLL, 68/34]
JANUVIA	<i>sitagliptin phosphate</i>	2	[QLL, 34/34]
KOMBIGLYZE XR 2.5-1,000 MG TAB	<i>saxagliptin hcl/metformin hcl</i>	2	[QLL, 68/34]
KOMBIGLYZE XR 5-500 MG TABLET, -5-1,000 MG TAB	<i>saxagliptin hcl/metformin hcl</i>	2	[QLL, 34/34]
ONGLYZA	<i>saxagliptin hydrochloride</i>	2	[QLL, 34/34]
TRADJENTA	<i>linagliptin</i>	2	

GLUCOCORTICOID DRUGS

<i>baycadron</i>		1	
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Drug	Generic	Tier	Requirements/Limits
<i>cortisone acetate tablet</i>		1	
<i>dexamethasone elixir, -solution oral, -tablet</i>		1	
<i>dexamethasone intensol</i>		1	
<i>dexamethasone sodium phosphate injection</i>		1	
<i>hydrocortisone tablet</i>		1	
<i>methylprednisolone acetate injection</i>		1	
<i>methylprednisolone sod succ</i>		1	
<i>methylprednisolone tablet, -tablet dose pack</i>		1	
ORAPRED ODT 15 MG TABLET	<i>prednisolone sod phosphate</i>	2	
<i>prednisolone sodium phosphate solution</i>		1	
<i>prednisolone solution oral</i>		1	
<i>prednisone intensol</i>		1	
<i>prednisone solution, -tablet</i>		1	
<i>zema-pak</i>		1	

GLUCOSE ELEVATING DRUGS

GLUCAGON EMERGENCY KIT	<i>glucagon, human recombinant</i>	2	
PROGLYCEM	<i>diazoxide</i>	2	

HYPOGLYCEMIC DRUGS

BYETTA 5 MCG DOSE PEN INJ	<i>exenatide</i>	2	[QLL, 5/34]
VICTOZA 2-PAK	<i>liraglutide</i>	2	

INCRETIN MIMETICS

BYETTA 10 MCG DOSE PEN INJ	<i>exenatide</i>	2	[QLL, 5 ml/34]
VICTOZA 3-PAK	<i>liraglutide</i>	2	

INSULIN

APIDRA		3	[ST]
APIDRA SOLOSTAR		2	[ST]
HUMALOG		2	

Drug	Generic	Tier	Requirements/Limits
HUMALOG MIX 50-50		2	
HUMALOG MIX 75-25		2	
HUMULIN 70-30		2	
HUMULIN N		2	
HUMULIN R		2	
LANTUS		2	
LANTUS SOLOSTAR		2	
LEVEMIR		2	
NOVOLIN 70-30		2	
NOVOLIN N		2	
NOVOLIN R		2	
NOVOLOG		2	
NOVOLOG MIX 70-30		2	

MINERALOCORTICOID DRUGS

<i>fludrocortisone acetate tablet</i>		1	
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ORAL HYPOGLYCEMICS AND COMBOS

<i>acarbose</i>		1	
ACTOPLUS MET	<i>pioglitazone hcl/metformin hc</i>	2	[QLL, 102/34]
ACTOPLUS MET XR 15-1,000 MG TB	<i>pioglitazone hcl/metformin hc</i>	2	[QLL, 68/34]
ACTOPLUS MET XR 30-1,000 MG TB	<i>pioglitazone hcl/metformin hc</i>	2	[QLL, 34/34]
ACTOS	<i>pioglitazone hcl</i>	2	[QLL, 34/34]
AVANDAMET	<i>rosiglitazone/metformin hcl</i>	2	[QLL, 68/34][ST]
AVANDARYL 4 MG-1 MG TABLET, -4 MG-2 MG TABLET	<i>rosiglitazone maleate/glimepir</i>	2	[QLL, 68/34][ST]
AVANDARYL 4 MG-4 MG TABLET, -8 MG-2 MG TABLET, -8 MG-4 MG TABLET	<i>rosiglitazone maleate/glimepir</i>	2	[QLL, 34/34][ST]
AVANDIA 2 MG TABLET, -4 MG TABLET	<i>rosiglitazone maleate</i>	2	[QLL, 68/34][ST]
AVANDIA 8 MG TABLET	<i>rosiglitazone maleate</i>	2	[QLL, 34/34][ST]
DUETACT	<i>pioglitazone/glimepiride</i>	2	[QLL, 34/34]
<i>glimepiride</i>		1	
<i>glipizide er</i>		1	
<i>glipizide tablet</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>glipizide xl</i>		1	
<i>glipizide-metformin</i>		1	
<i>glyburide micronized</i>		1	
<i>glyburide tablet</i>		1	
<i>glyburide-metformin hcl</i>		1	
<i>glycron</i>		1	
GLYSET	<i>miglitol</i>	2	
<i>metformin hcl</i>		1	
<i>metformin hcl er tablet sustained release 24hr, -500 mg tablet</i>		1	
<i>nateglinide</i>		1	
PRANDIMET 1 MG-500 MG TABLET	<i>repaglinide/metformin hcl</i>	2	[QLL, 104/34]
PRANDIMET 2 MG-500 MG TABLET	<i>repaglinide/metformin hcl</i>	2	
PRANDIN	<i>repaglinide</i>	2	
<i>tolazamide</i>		1	
<i>tolbutamide</i>		1	

OTHER ENDOCRINE DRUGS

ACTONEL 150 MG TABLET	<i>risedronate</i>	2	[QLL, 1/34][ST]
ACTONEL 35 MG TABLET	<i>risedronate</i>	2	[QLL, 5/35][ST]
ACTONEL 5 MG TABLET, -30 MG TABLET	<i>risedronate</i>	2	[QLL, 34/34][ST]
ALDURAZYME [LA]	<i>laronidase</i>	2	
<i>alendronate sodium 35 mg tab, -70 mg tab</i>		1	[QLL, 5/35]
<i>alendronate sodium 5 mg tablet, -10 mg tab, -40 mg tab</i>		1	[QLL, 34/34]
BONIVA INJECTION	<i>ibandronate</i>	2	
BONIVA TABLET	<i>ibandronate</i>	2	[QLL, 1/28][ST]
<i>cabergoline</i>		1	[QLL, 16/28]
<i>calcitonin-salmon</i>		1	
CEREDASE [LA]	<i>alglucerase</i>	2	
CEREZYME [LA]	<i>imiglucerase</i>	2	[PAR]
<i>desmopressin acetate aerosol spray w/pump, -injection, -solution, -tablet</i>		1	
ELAPRASE [LA]	<i>idursulfase</i>	2	
<i>etidronate disodium</i>		1	
FABRAZYME [LA]	<i>agalsidase</i>	2	[PAR]

Drug	Generic	Tier	Requirements/Limits
FORTEO	<i>teriparatide</i>	2	[PAR]
<i>fortical</i>		1	
FOSAMAX PLUS D 70 MG-2,800 IU	<i>alendronate/vitamin d3</i>	2	[QLL, 5/34]
FOSAMAX SOLUTION	<i>alendronate</i>	2	[QLL, 375 ml/35]
KUVAN	<i>sapropterin dihydrochloride</i>	2	
MIACALCIN INJECTION	<i>calcitonin</i>	2	[PAR]
NAGLAZYME [LA]	<i>galsulfase</i>	2	
<i>pamidronate disodium</i>		1	[PAR]
SAMSCA	<i>tolvaptan</i>	2	[QLL, 68/34]
SENSIPAR	<i>cinacalcet hcl</i>	2	
SOMAVERT [LA]	<i>pegvisomant</i>	2	[PAR]
VPRIV	<i>velaglucerase alfa</i>	2	[PAR]
ZAVESCA [LA]	<i>miglustat</i>	2	
ZOMETA	<i>zoledronic acid</i>	2	

THYROID SUPPLEMENTS

<i>levothroid</i>		1	
<i>levothyroxine sodium tablet</i>		1	
<i>levoxyl</i>		1	
<i>liothyronine sodium injection, - tablet</i>		1	
THYROLAR-1	<i>liotrix</i>	2	
THYROLAR-1/2	<i>liotrix</i>	2	
THYROLAR-1/4	<i>liotrix</i>	2	
THYROLAR-2	<i>liotrix</i>	2	
THYROLAR-3	<i>liotrix</i>	2	
TIROSINT	<i>levothyroxine</i>	2	
<i>unithroid</i>		1	

GASTROINTESTINAL MEDICATIONS

ANTIDIARRHEAL DRUGS

<i>diphenoxylate-atropine</i>		1	
<i>loperamide capsule</i>		1	

ANTISPASMODICS/DRUGS AFFECT GI MOTILITY

<i>dicyclomine hcl capsule, -injection, -syrup, -tablet</i>		1	
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Drug	Generic	Tier	Requirements/Limits
<i>glycopyrrolate injection, -tablet</i>		1	
<i>hyoscyamine sulfate tablet, -tablet dispersible lingual, -tablet sublingual, -tablet sustained release 12hr</i>		1	
<i>methscopolamine bromide tablet</i>		1	
<i>metoclopramide 5 mg/ml vial, -solution oral, -tablet</i>		1	
<i>propantheline bromide tablet</i>		1	

ANTIULCER DRUGS

<i>famotidine injection, -suspension oral, -20 mg tablet, -40 mg tablet</i>		1	
<i>nizatidine</i>		1	
<i>ranitidine hcl capsule, -injection, -syrup, -150 mg tablet, -300 mg tablet</i>		1	

IRRITABLE BOWEL DRUGS

AMITIZA	<i>lubiprostone</i>	2	
LOTRONEX	<i>alosetron</i>	2	

LAXATIVES AND CATHARTICS

OSMOPREP	<i>sodium phosphate/na biphos</i>	2	
<i>polyethylene glycol 3350</i>		1	
VISICOL	<i>sodium phosphate/na biphos</i>	2	

OTHER ANTIULCER DRUGS

CARAFATE SUSPENSION ORAL	<i>sucralfate</i>	2	
<i>misoprostol</i>		1	
<i>sucralfate tablet</i>		1	

OTHER GI DRUGS

ASACOL	<i>mesalamine</i>	2	
ASACOL HD	<i>mesalamine</i>	2	

Drug	Generic	Tier	Requirements/Limits
<i>balsalazide disodium</i>		1	
<i>budesonide ec</i>		1	
CANASA	<i>mesalamine</i>	2	
CORTIFOAM	<i>hydrocortisone acetate</i>	2	
CREON	<i>amylase/lipase/protease</i>	2	
DIPENTUM	<i>olsalazine</i>	2	
ENTOCORT EC	<i>budesonide</i>	2	
<i>gavilyte-c</i>		1	
<i>gavilyte-g</i>		1	
<i>gavilyte-n</i>		1	
GOLYTELY	<i>electrolyte solution/peg's</i>	2	
<i>hydrocortisone enema</i>		1	
<i>mesalamine enema, -kit</i>		1	
MOVIPREP	<i>electrolyte solution/peg's</i>	2	
NULYTELY WITH FLAVOR PACKS	<i>electrolyte solution/peg's</i>	2	
PANCREAZE	<i>amylase/lipase/protease</i>	2	
<i>peg 3350-electrolyte</i>		1	
<i>peg-3350 and electrolytes</i>		1	
<i>peg-3350 with flavor packs</i>		1	
PENTASA	<i>mesalamine</i>	2	
PREVPAC	<i>lansoprazole/amox tr/clarith</i>	2	[QLL, 14/14]
<i>procto-pak</i>		1	
<i>proctosol-hc</i>		1	
<i>proctozone-hc</i>		1	
RELISTOR 12 MG/0.6 ML VIAL	<i>methylnaltrexone bromide</i>	2	[PAR]
<i>sulfasalazine dr</i>		1	
<i>sulfasalazine tablet</i>		1	
<i>sulfazine</i>		1	
<i>sulfazine ec</i>		1	
TRILYTE WITH FLAVOR PACKETS	<i>electrolyte solution/peg's</i>	2	
<i>ursodiol capsule, -tablet</i>		1	
ZENPEP	<i>amylase/lipase/protease</i>	2	

PROTON PUMP INHIBITORS

ACIPHEX	<i>rabeprazole sodium</i>	3	[ST]
<i>lansoprazole dr 15 mg capsule, -odt 15 mg tablet</i>		1	[QLL, 34/34]
<i>lansoprazole dr 30 mg capsule, -odt 30 mg tablet</i>		1	

Drug	Generic	Tier	Requirements/Limits
NEXIUM DR 20 MG CAPSULE, -DR 20 MG PACKET	<i>esomeprazole mag trihyd</i>	2	[QLL, 34/34][ST]
NEXIUM DR 40 MG CAPSULE, -DR 40 MG PACKET	<i>esomeprazole mag trihyd</i>	2	[ST]
NEXIUM I.V.	<i>esomeprazole mag trihyd</i>	2	
<i>omeprazole capsule enteric coated</i>		1	
<i>omeprazole-bicarb 20-1,100 cap</i>		1	[QLL, 90/90]
<i>omeprazole-bicarb 40-1,100 cap</i>		1	
<i>pantoprazole sod dr 20 mg tab</i>		1	[QLL, 68/34]
<i>pantoprazole sod dr 40 mg tab</i>		1	
PREVACID 15 MG SOLUTAB	<i>lansoprazole</i>	3	[QLL, 34/34][ST]
PREVACID 30 MG SOLUTAB	<i>lansoprazole</i>	3	[ST]
PROTONIX	<i>pantoprazole</i>	3	[ST]
PROTONIX IV	<i>pantoprazole</i>	2	
ZEGERID 20 MG CAPSULE, -20 MG PACKET	<i>omeprazole/sodium bicarbonat</i>	3	[QLL, 34/34][ST]
ZEGERID 40 MG CAPSULE, -40 MG PACKET	<i>omeprazole/sodium bicarbonat</i>	3	[ST]

IMMUNOLOGICALS AND VACCINES

ERYTHROID STIMULANTS

ARANESP	<i>darbepoetin alfa</i>	2	[PAR]
PROCRIT	<i>epoetin alfa</i>	2	[PAR]

GROWTH HORMONES AND RELATED DRUGS

NORDITROPIN	<i>somatropin</i>	2	[PAR]
NORDITROPIN NORDIFLEX	<i>somatropin</i>	2	[PAR]
SAIZEN	<i>somatropin</i>	2	[PAR]

HEMATOPOIETIC AGENTS

MOZOBIL	<i>plerixafor</i>	2	
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IMMUNOLOGICALS AND VACCINES

ACTHIB	<i>haemophilus b-tet toxoid</i>	2	
ADACEL	<i>diphther,pertuss,tetanus vac</i>	2	
ATGAM	<i>lymphocyte immune globulin</i>	2	

Drug	Generic	Tier	Requirements/Limits
BOOSTRIX	<i>diphther,pertuss,tetanus vac</i>	2	
CARIMUNE NF NANOFILTERED	<i>immune globulin - iv</i>	2	[PAR]
CERVARIX	<i>human papillomav vacc bival/pf</i>	2	
COMVAX	<i>hepatitis b/haemophilus b vacc</i>	2	
DAPTACEL	<i>diphther,pertuss,tetanus vac</i>	2	
DIPHTHERIA-TETANUS TOXOID	<i>tetanus,diphtheria toxoid</i>	2	
ENGERIX-B 10 MCG/0.5 ML PED VL, -10 MCG/0.5 ML SYRN, -20 MCG/ML SYRINGE, -20 MCG/ML VIAL	<i>hepatitis b virus vaccine</i>	2	
ENGERIX-B 10 MCG/0.5 ML PEDI	<i>hepatitis b virus vaccine</i>	2	
GAMASTAN S-D	<i>immune globulin - im</i>	2	[PAR]
GAMMAGARD LIQUID	<i>immune globulin - iv</i>	2	[PAR]
GAMUNEX	<i>immune globulin - iv</i>	2	[PAR]
GARDASIL VIAL	<i>human papillomavirus vacc</i>	2	
HAVRIX	<i>hepatatis a virus vaccine</i>	2	
HIZENTRA	<i>immune globulin- sq</i>	2	
IMOVAX RABIES VACCINE	<i>rabies vaccine,human diploid</i>	2	
INFANRIX	<i>diphther,pertuss,tetanus vac</i>	2	
IPOL	<i>poliomyelitis vac,killed</i>	2	
IXIARO	<i>japanese encephalitis vaccine</i>	2	
JE-VAX	<i>japanese encephalitis vaccine</i>	2	
KEPIVANCE [LA]	<i>palifermin</i>	2	
MENACTRA 4 MCG/0.5 ML SYRINGE	<i>meningococcal vac a,c,y,w-135</i>	2	
MENOMUNE-A-C-Y-W-135	<i>meningococcal vac a,c,y,w-135</i>	2	
MENVEO A-C-Y-W-135-DIP	<i>mening vac a,c,y,w-135 dip</i>	2	
M-M-R II VACCINE	<i>measles,mumps&rubella vaccine</i>	2	
PEDVAXHIB	<i>haemophilus b vaccine</i>	2	
PRIVIGEN	<i>immune globulin - iv</i>	2	[PAR]
PROQUAD	<i>measles,mumps,rub,varicella</i>	2	
RABAVERT	<i>rabies vac,pf chick-emb cell</i>	2	
RECOMBIVAX HB	<i>hepatitis b virus vaccine</i>	2	
ROTATEQ	<i>rotavirus vac, live pentav</i>	2	
TETANUS DIPHTHERIA TOXOIDS	<i>tetanus,diphtheria toxoid</i>	2	
<i>tetanus toxoid adsorbed</i>		1	
TETANUS-DIPHTERIA-DECAVAC	<i>tetanus,diphtheria toxoid</i>	2	
THYMOGLOBULIN	<i>lymphocyte immune globulin</i>	2	
TRIPEDIA	<i>diphther,pertuss,tetanus vac</i>	2	
TWINRIX VACCINE VIAL	<i>hep b vir recomb/hep a vir</i>	2	

Drug	Generic	Tier	Requirements/Limits
TYPHIM VI 25 MCG/0.5 ML VIAL	<i>typhoid vaccine</i>	2	
VAQTA 25 UNITS/0.5 ML VIAL	<i>hepatatis a virus vaccine</i>	2	
VARIVAX VACCINE	<i>varicella virus vaccine live</i>	2	
YF-VAX	<i>yellow fever vaccine</i>	2	
ZOSTAVAX	<i>varicella vacc/pf</i>	2	

INSULIN LIKE GROWTH FACTORS-1

INCRELEX [LA]	<i>mecasermin</i>	2	[PAR]
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INTERFERONS

ACTIMMUNE [LA]	<i>interferon gamma-1b, recomb.</i>	2	
AVONEX	<i>interferon beta-1a</i>	2	[QLL, 4 kits/28]
AVONEX ADMINISTRATION PACK	<i>interferon beta-1a</i>	2	[QLL, 4 kits/28]
BETASERON	<i>interferon beta-1b</i>	2	[QLL, 18/34]
EXTAVIA	<i>interferon beta-1b</i>	2	[QLL, 15 trays/30]
INFERGEN	<i>interferon alfacon-1</i>	2	
INTRON A	<i>interferon alfa-2b , recomb.</i>	2	
PEGASYS 180 MCG/0.5 ML SYRINGE	<i>peginterferon alfa-2a</i>	2	[QLL, 2 syringes/28]
PEGASYS 180 MCG/ML VIAL	<i>peginterferon alfa-2a</i>	2	[QLL, 4 vials/28]
PEGASYS PROCLICK	<i>peginterferon alfa-2a</i>	2	
REBIF 22 MCG/0.5 ML SYRINGE, - 44 MCG/0.5 ML SYRINGE	<i>interferon beta-1a/albumin</i>	2	[QLL, 8 syringes/35]
REBIF TITRATION PACK	<i>interferon beta-1a/albumin</i>	2	[QLL, 5 syringes/28]

INTERLEUKIN RECPTR ANTAGONIST

ACTEMRA	<i>tocilizumab</i>	2	
ARCALYST [LA]	<i>rilonacept</i>	2	
KINERET	<i>anakinra</i>	2	

INTERLEUKINS

NEUMEGA	<i>oprelvekin</i>	2	[QLL, 21 vials/21]
PROLEUKIN	<i>aldesleukin</i>	2	

Drug	Generic	Tier	Requirements/Limits
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MYELOID STIMULANTS

LEUKINE	<i>sargramostim</i>	2	
NEULASTA	<i>pegfilgrastim</i>	2	[PAR]
NEUPOGEN	<i>filgrastim</i>	2	[PAR]

THROMBOPOIETIC AGENTS

PROMACTA [LA]	<i>eltrombopag olamine</i>	2	
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MEDICAL (MISCELLANEOUS) SUPPLIES

DIABETIC SUPPLIES

1ST TIER UNIFINE PENTIPS PLUS		2	
ALCOHOL SWABS		2	
CURAD GAUZE PADS		2	
INSULIN SYRINGE		2	
<i>pen needle</i>		1	
TERUMO INSULIN SYRINGE		2	
ULTICARE INSUL SYR U100 0.3 ML, -INSUL SYR U100 0.5 ML, -INSULIN SYR U100 1 ML		2	
ULTILET INSULIN SYRINGE		2	
ULTRA COMFORT		2	

MUSCULOSKELETAL MEDICATIONS

CNS MUSCLE RELAXANTS

<i>carisoprodol 350 mg tablet</i>		1	
<i>carisoprodol compound</i>		1	
<i>carisoprodol compound-codeine</i>		1	
<i>carisoprodol-aspirin</i>		1	
<i>chlorzoxazone</i>		1	
<i>cyclobenzaprine 5 mg tablet, -10 mg tablet</i>		1	
<i>methocarbamol tablet</i>		1	
<i>orphenadrine citrate injection, - tablet sustained action</i>		1	
<i>orphenadrine compound</i>		1	
<i>orphenadrine compound forte</i>		1	

Drug	Generic	Tier	Requirements/Limits
RILUTEK	<i>riluzole</i>	2	

DIRECT MUSCLE RELAXANTS

<i>baclofen tablet</i>		1	
<i>dantrolene sodium capsule</i>		1	
<i>tizanidine hcl tablet</i>		1	

DRUGS TO PREVENT AND TREAT GOUT

<i>allopurinol sodium</i>		1	
<i>allopurinol tablet</i>		1	
COLCRYS	<i>colchicine</i>	2	
<i>probenecid</i>		1	
<i>probenecid-colchicine</i>		1	
ULORIC	<i>febuxostat</i>	2	[ST]

NON-STEROIDAL ANTIINFLAMMATORY AGENTS

CELEBREX 100 MG CAPSULE, -200 MG CAPSULE, -400 MG CAPSULE	<i>celecoxib</i>	2	
<i>diclofenac potassium</i>		1	
<i>diclofenac sodium tablet enteric coated, -tablet sustained release 24hr</i>		1	
<i>etodolac</i>		1	
<i>fenoprofen calcium tablet</i>		1	
<i>flurbiprofen tablet</i>		1	
<i>ibuprofen suspension oral, -400 mg tablet, -600 mg tablet, -800 mg tablet</i>		1	
<i>indomethacin capsule, -capsule sustained action</i>		1	
<i>ketoprofen capsule, -capsule 24hr sustained release pellets</i>		1	
<i>ketorolac tromethamine injection</i>		1	
<i>ketorolac tromethamine tablet</i>		1	[QLL, 20/5]
<i>meclofenamate sodium capsule</i>		1	
<i>mefenamic acid capsule</i>		1	
<i>meloxicam suspension oral, -tablet</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>nabumetone</i>		1	
<i>naproxen sodium 275 mg tab, -550 mg tab</i>		1	
<i>naproxen suspension oral, -tablet, -tablet enteric coated</i>		1	
<i>oxaprozin</i>		1	
<i>piroxicam capsule</i>		1	
<i>sulindac tablet</i>		1	
<i>tolmetin sodium</i>		1	

OTHER DRUGS FOR ARTHRITIS

CUPRIMINE	<i>penicillamine</i>	2	
RIDAURA	<i>auranofin</i>	2	
SYPRINE	<i>trientine</i>	2	

SALICYLATES AND RELATED DRUGS

<i>choline mag trisalicylate</i>		1	
<i>diflunisal tablet</i>		1	
<i>salsalate tablet</i>		1	

NUTRITION, BLOOD MODIFIERS, ELECTROLYTES

ANTIPLATELET DRUGS

AGGRENOX	<i>aspirin/dipyridamole</i>	2	
<i>cilostazol</i>		1	
<i>dipyridamole tablet</i>		1	
EFFIENT	<i>prasugrel</i>	2	
PLAVIX	<i>clopidogrel</i>	2	
<i>ticlopidine hcl</i>		1	

BLOOD DETOXICANTS

<i>constulose</i>		1	
<i>enulose</i>		1	
<i>generlac</i>		1	
KRISTALOSE	<i>lactulose</i>	2	
<i>lactulose</i>		1	
RENAGEL	<i>sevelamer</i>	2	

Drug	Generic	Tier	Requirements/Limits
REVELA	<i>sevelamer carbonate</i>	2	

ELECTROLYTES, IRRIGATING SOLUTIONS, ETC.

AMINOSYN	<i>amino acids</i>	2	
AMINOSYN II	<i>amino acids</i>	2	
AMINOSYN II 3.5% M-DEXTROSE 5%	<i>amino acids</i>	2	
AMINOSYN II 3.5%-DEXTROSE 25%	<i>amino acids</i>	2	
AMINOSYN II 3.5%-DEXTROSE 5%	<i>amino acids</i>	2	
AMINOSYN II 4.25% M-DEXT 10%	<i>amino acids</i>	2	
AMINOSYN II 4.25%-DEXTROSE 25%	<i>amino acids</i>	2	
AMINOSYN II 5% IN 25% DEXTROSE	<i>amino acids</i>	2	
AMINOSYN II IN DEXTROSE	<i>amino acids</i>	2	
AMINOSYN II WITH LYTES-CA-DW	<i>amino acids</i>	2	
AMINOSYN M	<i>amino acids</i>	2	
AMINOSYN WITH ELECTROLYTES	<i>amino acids</i>	2	
AMINOSYN-HBC	<i>amino acids</i>	2	
AMINOSYN-HF	<i>amino acids</i>	2	
AMINOSYN-PF	<i>amino acids</i>	2	
<i>ammonium chloride injection</i>		1	
CLINISOL	<i>amino acids</i>	2	
CYSTAGON	<i>cysteamine</i>	2	
<i>d5w/kcl 10 meq/l iv solution, -d5w-kcl 30 meq/l iv solution</i>		1	
<i>dextrose 10%-1/4ns</i>		1	
<i>dextrose 10%-1/4ns-kcl</i>		1	
<i>dextrose 5%-1/2ns-kcl</i>		1	
<i>dextrose 5%-1/3ns-kcl</i>		1	
<i>dextrose 5%-1/4ns-kcl</i>		1	
<i>dextrose 5%-electrolyte #48</i>		1	
<i>dextrose 5%-ns-kcl</i>		1	
<i>dextrose 5%-water iv soln, -10%-water iv solution</i>		1	
<i>dextrose with sodium chloride</i>		1	
FREAMINE III 8.5% IV SOLN.	<i>amino acids</i>	2	
HEPATAMINE	<i>amino acids</i>	2	
HEPATASOL	<i>amino acids</i>	2	
ISOLYTE H WITH DEXTROSE	<i>dextrose/electrolytes</i>	2	

Drug	Generic	Tier	Requirements/Limits
ISOLYTE M WITH DEXTROSE	<i>dextrose/electrolytes</i>	2	
ISOLYTE P WITH DEXTROSE	<i>dextrose/electrolytes</i>	2	
ISOLYTE S	<i>electrolyte solutions</i>	2	
ISOLYTE S WITH DEXTROSE	<i>dextrose/electrolytes</i>	2	
<i>lactated ringers</i>		1	
<i>magnesium sulf 4% iv soln, -sulf 8% iv soln, -50% syringe</i>		1	
<i>magnesium sulfate-d5w</i>		1	
NORMOSOL-M AND DEXTROSE	<i>dextrose/electrolytes</i>	2	
NORMOSOL-R	<i>electrolyte solutions</i>	2	
NORMOSOL-R AND DEXTROSE	<i>electrolyte solutions</i>	2	
NORMOSOL-R PH 7.4	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 148	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 148 IN DEXTROSE	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 56	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 56 IN DEXTROSE	<i>d5w/electrolyte-56 solution</i>	2	
PLASMA-LYTE A PH 7.4	<i>electrolyte solutions</i>	2	
PLASMA-LYTE R	<i>electrolyte solutions</i>	2	
<i>potassium chl-normal saline</i>		1	
<i>potassium chloride-nacl</i>		1	
PREMASOL	<i>amino acids</i>	2	
PROCALAMINE	<i>aa 3%/electrolyte-tpn/glycerin</i>	2	
PROSOL	<i>amino acids</i>	2	
<i>ringers injection</i>		1	
<i>ringers irrigation</i>		1	
<i>sodium bicarb 7.5% abboject, -7.5% syring, -bicarb 8.4% abboject, -bicarb 8.4% syringe, -8.4% syringe</i>		1	
<i>sodium chloride injection, -solution</i>		1	
<i>sodium lactate injection</i>		1	
<i>sterile water for irrigation</i>		1	
<i>tis-u-sol</i>		1	
TPN ELECTROLYTES	<i>electrolyte solutions</i>	2	
TRAVASOL	<i>amino acids</i>	2	
TROPHAMINE	<i>amino acids</i>	2	

FLUORIDE PRODUCTS

<i>denta 5000 plus</i>		1	
<i>dentagel</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>epiflur</i>		1	
<i>fluor-a-day tablet chewable</i>		1	
<i>fluoride</i>		1	
<i>fluoridex daily defense</i>		1	
<i>fluoritab tablet chewable</i>		1	
<i>lozi-flur</i>		1	
<i>ludent fluoride</i>		1	
<i>neutragard advanced</i>		1	
<i>sf</i>		1	
<i>sf 5000 plus</i>		1	
<i>sodiphluor</i>		1	
<i>sodium fluoride drops, -solution non-oral, -tablet, -tablet chewable</i>		1	

INJECTABLE ANTICOAGULANTS

ARIXTRA	<i>fondaparinux sodium</i>	2	
<i>enoxaparin sodium</i>		1	
<i>fondaparinux sodium</i>		1	
FRAGMIN	<i>dalteparin (porcine)</i>	2	
<i>heparin sod 1,000 unit/ml vial, -sod 2,000 unit/ml vial, -sod 5,000 unit/ml vial, -sod 10,000 unit/ml vl, -sod 20,000 unit/ml vl</i>		1	[PAR]
<i>heparin sodium in 0.45% nacl</i>		1	[PAR]
<i>heparin sodium in 5% dextrose</i>		1	[PAR]
<i>heparin-ns 1,000 unit/500 ml</i>		1	
<i>heparin-ns 2,000 unit/1,000 ml</i>		1	[PAR]

ORAL ANTICOAGULANTS, VITAMIN K

<i>jantoven</i>		1	
PRADAXA	<i>dabigatran etexilate mesylate</i>	2	
<i>warfarin sodium tablet</i>		1	

POTASSIUM REMOVING RESINS

<i>kionex</i>		1	
<i>sodium polystyrene sulfonate</i>		1	
<i>sps</i>		1	

Drug	Generic	Tier	Requirements/Limits
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POTASSIUM SUPPLEMENTS

<i>dextrose in lactated ringers</i>		1	
<i>ed k+10</i>		1	
<i>effer-k 25 meq tablet eff</i>		1	
<i>epiklor</i>		1	
<i>k effervescent</i>		1	
<i>kcl 20 meq in d5w solution, -kcl 40 meq in d5w solution</i>		1	
<i>klor-con 10</i>		1	
<i>klor-con 20 meq packet</i>		1	
<i>klor-con 8</i>		1	
<i>klor-con m10</i>		1	
<i>klor-con m15</i>		1	
<i>klor-con m20</i>		1	
<i>phospha 250 neutral</i>		1	
<i>potassium bicarbonate tablet effervescent</i>		1	
<i>potassium chloride capsule sustained action, -injection, -solution, -tablet effervescent, -tablet sust.releaseparticles/crystals, -tablet sustained action</i>		1	
<i>potassium chloride in d5lr</i>		1	

THERAPEUTIC VITAMINS AND MINERALS

<i>calcitriol capsule, -1 mcg/ml ampul, -solution</i>		1	[PAR]
<i>calcium acetate capsule</i>		1	
HECTOROL 2 MCG/ML VIAL, -4 MCG/2 ML VIAL	<i>doxercalciferol</i>	2	
HECTOROL CAPSULE, -4 MCG/2 ML AMPUL	<i>doxercalciferol</i>	2	[PAR]
<i>levocarnitine injection, -solution, -tablet</i>		1	[PAR]
ZEMPLAR	<i>paricalcitol</i>	2	

Drug	Generic	Tier	Requirements/Limits
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VITAMINS AND MINERALS AND RELATED PRODUCTS

INTRALIPID	<i>fat emulsions</i>	2	
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OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS

ANDROGEN DRUGS

ANADROL-50	<i>oxymetholone</i>	2	[PAR]
ANDRODERM	<i>testosterone</i>	2	
ANDROGEL	<i>testosterone</i>	2	
ANDROXY	<i>fluoxymesterone</i>	2	[PAR]
AXIRON	<i>testosterone</i>	2	
<i>danazol capsule</i>		1	
FORTESTA	<i>testosterone</i>	2	
<i>oxandrolone tablet</i>		1	[PAR]
STRIANT	<i>testosterone</i>	2	
TESTIM	<i>testosterone</i>	2	
<i>testosterone cypionate injection</i>		1	
<i>testosterone enanthate injection</i>		1	

CONTRACEPTIVES

<i>altavera</i>		1	
<i>amethyst</i>		1	
<i>apri</i>		1	
<i>aranelle</i>		1	
<i>aviane</i>		1	
<i>azurette</i>		1	
<i>balziva</i>		1	
<i>caziant</i>		1	
<i>cesia</i>		1	
<i>cryselle</i>		1	
<i>cyclafem</i>		1	
<i>emoquette</i>		1	
<i>enpresse</i>		1	
<i>gianvi</i>		1	
<i>gildess fe</i>		1	
<i>introvale</i>		1	
<i>junel</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>junel fe</i>		1	
<i>kariva</i>		1	
<i>kelnor 1-35</i>		1	
<i>leena</i>		1	
<i>lessina</i>		1	
<i>levonorgestrel</i>		1	
<i>levora-28</i>		1	
<i>loryna</i>		1	
<i>low-ogestrel</i>		1	
<i>lutra</i>		1	
<i>microgestin</i>		1	
<i>microgestin fe</i>		1	
<i>mononessa</i>		1	
<i>necon</i>		1	
<i>next choice</i>		1	
<i>norethindrone-ethin estradiol</i>		1	
<i>norgestimate-ethinyl estradiol</i>		1	
<i>norgestrel-ethiny estra</i>		1	
<i>nortrel</i>		1	
<i>ocella</i>		1	
<i>ogestrel</i>		1	
<i>orsythia</i>		1	
PLAN B ONE-STEP	<i>levonorgestrel</i>	2	
<i>portia</i>		1	
<i>previfem</i>		1	
<i>reclipsen</i>		1	
<i>solia</i>		1	
<i>sprintec</i>		1	
<i>syeda</i>		1	
<i>trinessa</i>		1	
<i>tri-previfem</i>		1	
<i>tri-sprintec</i>		1	
<i>trivora-28</i>		1	
<i>velivet</i>		1	
<i>zarah</i>		1	
<i>zenchent fe</i>		1	
<i>zeosa</i>		1	
<i>zovia 1-35e</i>		1	
<i>zovia 1-50e</i>		1	

Drug	Generic	Tier	Requirements/Limits
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ESTROGEN DRUGS

ESTRACE CREAM WITH APPLICATOR	<i>estradiol</i>	2	
<i>estradiol patch transdermal weekly</i>		1	[QLL, 5/35]
<i>estradiol tablet</i>		1	
<i>estradiol valerate injection</i>		1	
ESTRING	<i>estradiol</i>	2	
<i>estropipate</i>		1	
MENEST	<i>estrogens,esterified</i>	2	
PREMARIN CREAM WITH APPLICATOR	<i>estrogens,conjugated</i>	2	
VAGIFEM	<i>estradiol</i>	2	

ESTROGEN/PROGESTIN COMBINATIONS

<i>estradiol-noreth 1-0.5 mg tab</i>		1	
<i>jinteli</i>		1	
<i>mimvey</i>		1	
PREMPHASE	<i>estrogen/medroxyprogesterone</i>	2	
PREMPRO	<i>estrogen/medroxyprogesterone</i>	2	

OB/GYN TOPICAL ANTIINFECTIVES

CLEOCIN SUPPOSITORY VAGINAL	<i>clindamycin phosphate</i>	2	
<i>clindamycin phosphate cream with applicator</i>		1	
<i>metronidazole gel with applicator</i>		1	
<i>vandazole</i>		1	

OXYTOCICS

<i>methylergonovine maleate</i>		1	
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PRENATAL VITAMINS

<i>cavan one omega</i>		1	
<i>cavan-ec sod dha</i>		1	
<i>cavan-folate ob</i>		1	
<i>docosavit</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>dualvit ob</i>		1	
<i>folcaps omega-3</i>		1	
<i>folivane-ec calcium dha nf</i>		1	
<i>folivane-ob</i>		1	
<i>gentex ade</i>		1	
<i>inatal gt</i>		1	
<i>inatal ultra</i>		1	
<i>multi-nate 30 dha</i>		1	
<i>multi-nate dha extra</i>		1	
<i>mynatal</i>		1	
<i>mynatal advance</i>		1	
<i>mynatal plus</i>		1	
<i>mynatal-z</i>		1	
<i>ob + dha</i>		1	
<i>ob 90 + dha</i>		1	
<i>ob-natal one</i>		1	
<i>pnv-dha</i>		1	
<i>pnv-total</i>		1	
<i>pr natal 430</i>		1	
<i>pr natal 430 ec</i>		1	
<i>pr natal 440 ec</i>		1	
<i>prenacare</i>		1	
<i>prenafirst</i>		1	
<i>prenatabs fa</i>		1	
<i>prenatabs rx</i>		1	
<i>prenatal 19</i>		1	
<i>prenatal ad</i>		1	
<i>prenatal low iron</i>		1	
<i>prenatal plus</i>		1	
<i>prenatal-u</i>		1	
<i>re-nata 29 ob</i>		1	
<i>se-natal 19</i>		1	
<i>se-natal one</i>		1	
<i>se-tan dha</i>		1	
<i>setonet</i>		1	
<i>setonet-ec</i>		1	
<i>taron-bc</i>		1	
<i>taron-c dha</i>		1	
<i>tri rx</i>		1	
<i>trinate</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>triveen-one</i>		1	
<i>triveen-prx rnf</i>		1	
<i>triveen-u</i>		1	
<i>ultimatecare one</i>		1	
<i>vinacal</i>		1	
<i>vinate az</i>		1	
<i>vinate az extra</i>		1	
<i>vinate c</i>		1	
<i>vinate gt</i>		1	
<i>vinate ic</i>		1	
<i>vinate ii</i>		1	
<i>vinate one</i>		1	
<i>vinate ultra</i>		1	
<i>vitafol-ob</i>		1	
<i>vitafol-pn</i>		1	
<i>vol-nate</i>		1	
<i>zatean-ch</i>		1	
<i>zatean-pn dha</i>		1	

PROGESTIN DRUGS

<i>camila</i>		1	
<i>errin</i>		1	
<i>heather</i>		1	
<i>jolivette</i>		1	
<i>medroxyprogesterone acetate injection</i>		1	[QLL, 1 ml/34]
<i>medroxyprogesterone acetate tablet</i>		1	
<i>nora-be</i>		1	
<i>norethindrone</i>		1	
<i>norethindrone acetate tablet</i>		1	
PROMETRIUM	<i>progesterone</i>	2	

SELECTIVE ESTROGEN RECEPTOR MODULATOR

EVISTA	<i>raloxifene</i>	2	
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Drug	Generic	Tier	Requirements/Limits
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SPECIALIZED OB/GYN DRUGS

<i>chorionic gonadotropin injection</i>		1	
<i>leuprolide acetate injection</i>		1	
LUPRON DEPOT 3.75 MG KIT, -7.5 MG KIT, -11.25 MG 3MO KIT, -22.5 MG 3MO KIT, --4 MONTH KIT	<i>leuprolide</i>	2	[PAR]
LUPRON DEPOT-PED 11.25 MG KIT, -15 MG KIT	<i>leuprolide</i>	2	[PAR]
SYNAREL	<i>nafarelin</i>	2	

OPHTHALMIC MEDICATIONS

ANTIGLAUCOMA DRUGS

<i>acetazolamide capsule sustained action, -tablet</i>		1	
<i>acetazolamide sodium</i>		1	
ALPHAGAN P	<i>brimonidine tartrate</i>	2	
<i>apraclonidine hcl</i>		1	
AZOPT	<i>brinzolamide</i>	2	
<i>betaxolol hcl drops</i>		1	
BETIMOL	<i>timolol</i>	2	
BETOPTIC S	<i>betaxolol</i>	2	
<i>brimonidine tartrate</i>		1	
<i>carteolol hcl</i>		1	
COMBIGAN	<i>brimonidine tartrate/timolol</i>	2	
<i>dorzolamide hcl</i>		1	
<i>dorzolamide-timolol</i>		1	
IOPIDINE	<i>apraclonidine</i>	2	
ISTALOL	<i>timolol</i>	2	
<i>latanoprost</i>		1	
<i>levobunolol hcl</i>		1	
LUMIGAN	<i>bimatoprost</i>	2	
<i>methazolamide tablet</i>		1	
<i>metipranolol</i>		1	
PHOSPHOLINE IODIDE	<i>echothiophate iodide</i>	2	
<i>pilocarpine hcl drops</i>		1	
<i>timolol maleate drops, -gel-forming solution</i>		1	
TRAVATAN Z	<i>travoprost</i>	2	

Drug	Generic	Tier	Requirements/Limits
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OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS

BLEPHAMIDE	<i>sulfacetamide/prednisolone ac</i>	2	
BLEPHAMIDE S.O.P.	<i>sulfacetamide/prednisolone ac</i>	2	
<i>neomycin-bacitracin-poly-hc</i>		1	
<i>neomycin-poly-hc eye drops</i>		1	
<i>neomycin-polymyxin-dexameth</i>		1	
<i>poly-dex</i>		1	
<i>sulfacetamide-prednisolone</i>		1	
TOBRADEX OINTMENT	<i>tobramycin sulfate/dexameth</i>	2	
<i>tobramycin-dexamethasone</i>		1	
ZYLET	<i>tobramycin/lotepred etab</i>	2	

OPHTHALMIC CORTICOSTEROID DRUGS

ALREX	<i>loteprednol etabonate</i>	2	
<i>dexamethasone sodium phosphate drops</i>		1	
DUREZOL	<i>difluprednate</i>	2	
FLAREX	<i>fluorometholone</i>	2	
<i>fluorometholone suspension drops</i>		1	
FML FORTE	<i>fluorometholone</i>	2	
FML S.O.P.	<i>fluorometholone</i>	2	
LOTEMAX SUSPENSION DROPS	<i>loteprednol etabonate</i>	2	
MAXIDEX	<i>dexamethasone</i>	2	
PRED MILD	<i>prednisolone acetate</i>	2	
<i>prednisolone acetate suspension drops</i>		1	
<i>prednisolone sodium phosphate drops</i>		1	
VEXOL	<i>rimexolone</i>	2	

OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS

<i>ak-poly-bac</i>		1	
<i>aktob</i>		1	
AZASITE	<i>azithromycin</i>	2	
<i>bacitracin 500 unit/gm ointmnt</i>		1	
<i>bacitracin-polymyxin eye oint</i>		1	

Drug	Generic	Tier	Requirements/Limits
BESIVANCE	<i>besifloxacin</i>	2	
CILOXAN OINTMENT	<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl drops</i>		1	
<i>erythromycin ointment</i>		1	
<i>garamycin drops</i>		1	
<i>gentak</i>		1	
<i>gentamicin sulfate drops, -3 mg/gm eye oint</i>		1	
<i>gentasol</i>		1	
IQUIX	<i>levofloxacin</i>	2	
<i>levofloxacin drops</i>		1	
MOXEZA	<i>moxifloxacin</i>	2	
<i>neomycin-bacitracin-polymyxin</i>		1	
<i>neomycin-polymyxin-gramicidin</i>		1	
<i>ofloxacin 0.3% eye drops</i>		1	
<i>polycin-b</i>		1	
<i>polymyxin b sul-trimethoprim</i>		1	
<i>romycin</i>		1	
<i>sulfacetamide sodium drops</i>		1	
<i>sulfamide</i>		1	
<i>tobramycin sulfate drops</i>		1	
<i>tobrasol</i>		1	
TOBREX OINTMENT	<i>tobramycin</i>	2	
VIGAMOX	<i>moxifloxacin</i>	2	
ZYMAR	<i>gatifloxacin</i>	2	
ZYMAXID	<i>gatifloxacin</i>	2	

OPHTHALMIC TOPICAL ANTIVIRAL DRUGS

<i>trifluridine drops</i>		1	
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OTHER OPHTHALMIC DRUGS

ACUVAIL	<i>ketorolac</i>	2	
<i>ak-con</i>		1	
<i>ak-pentolate</i>		1	
ALAMAST	<i>pemirolast potassium</i>	2	
ALOCRIAL	<i>nedocromil</i>	2	
ALOMIDE	<i>lodoxamide</i>	2	
<i>atropine care</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>atropine sulfate drops, -ointment</i>		1	
<i>azelastine hcl drops</i>		1	
BEPREVE	<i>bepotastine besilate</i>	2	
BOTOX	<i>botulinum toxin a</i>	2	[PAR]
BROMDAY	<i>bromfenac</i>	2	
<i>bromfenac sodium</i>		1	
<i>cromolyn sodium drops</i>		1	
CYCLOGYL 2% EYE DROPS	<i>cyclopentolate</i>	2	
<i>cyclopentolate hcl drops</i>		1	
<i>cylate</i>		1	
<i>diclofenac sodium drops</i>		1	
EMADINE	<i>emedastine difumarate</i>	2	
<i>epinastine hcl</i>		1	
<i>flurbiprofen sodium</i>		1	
ISOPTO HYOSCINE	<i>scopolamine</i>	2	
<i>ketorolac tromethamine drops</i>		1	
LACRISERT	<i>hydroxypropylmethylcellulose</i>	2	
<i>mydral 1% eye drops</i>		1	
NATACYN	<i>natamycin</i>	2	
NEVANAC	<i>nepafenac</i>	2	
<i>parcaine</i>		1	
PATADAY	<i>olopatadine hcl</i>	2	
PATANOL	<i>olopatadine hcl</i>	2	
<i>proparacaine hcl drops</i>		1	
RESTASIS	<i>cyclosporine</i>	2	[QLL, 68 vials/34]
<i>tropicacyl</i>		1	
<i>tropicamide drops</i>		1	
XIBROM	<i>bromfenac</i>	2	
ZIRGAN	<i>ganciclovir</i>	2	

RESPIRATORY MEDICATIONS

ANTIHISTAMINE/DECONGESTANT COMBINATIONS

<i>fexofenadine-pse er tablet sustained release 12hr</i>		1	
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ANTIHISTAMINES

<i>arbinoxa</i>		1	
<i>carbinoxamine maleate</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>cetirizine hcl 1 mg/1 ml soln, -1 mg/ml soln</i>		1	
<i>cetirizine hcl 1 mg/ml syrup, -5 mg/5 ml syrup</i>		1	
<i>clemastine fumarate syrup, -fum 2.68 mg tab</i>		1	
<i>cyproheptadine hcl syrup, -tablet</i>		1	
<i>dexchlorpheniramine maleate</i>		1	
<i>diphenhydramine 50 mg capsule, -elixir, -injection</i>		1	
<i>fexofenadine hcl</i>		1	
<i>levocetirizine dihydrochloride tablet</i>		1	[QLL, 34/34]
<i>promethazine hcl injection, -syrup, -tablet</i>		1	

BETA-2 ADRENERGIC DRUGS

<i>albuterol sulfate nebs, -solution non-oral, -syrup, -tablet, -tablet sustained release 12hr, -vial nebulizer</i>		1	
FORADIL	<i>formoterol fumarate</i>	2	[QLL, 120/34]
<i>levalbuterol concentrate</i>		1	
<i>metaproterenol sulfate syrup, -tablet</i>		1	
PERFOROMIST	<i>formoterol fumarate</i>	2	
PROAIR HFA	<i>albuterol</i>	2	[QLL, 26 gm/34]
PROVENTIL HFA	<i>albuterol</i>	2	[QLL, 24 gm/34]
SEREVENT DISKUS	<i>salmeterol</i>	2	[QLL, 120 doses/34]
<i>terbutaline sulfate injection, -tablet</i>		1	
VENTOLIN HFA	<i>albuterol</i>	2	[QLL, 54 gm/34]
XOPENEX	<i>levalbuterol</i>	2	
XOPENEX CONCENTRATE	<i>levalbuterol</i>	2	
XOPENEX HFA	<i>levalbuterol</i>	2	

LEUKOTRIENE MODIFIERS

SINGULAIR	<i>montelukast sodium</i>	2	
<i>zafirlukast</i>		1	

Drug	Generic	Tier	Requirements/Limits
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METHYL XANTHINE DRUGS

<i>aminophylline injection, -tablet</i>		1	
<i>theochron</i>		1	
<i>theophylline</i>		1	
<i>theophylline anhydrous tablet sustained release 12hr</i>		1	

OTHER DRUGS FOR ASTHMA

<i>acetylcysteine vial</i>		1	
ADVAIR DISKUS	<i>salmeterol/fluticasone</i>	2	[QLL, 120 doses/34]
ADVAIR HFA	<i>salmeterol/fluticasone</i>	2	[QLL, 24 gm/34]
ATROVENT HFA	<i>ipratropium</i>	2	[QLL, 39 gm/34]
<i>budesonide ampul for nebulization</i>		1	
COMBIVENT	<i>albuterol sulfate/ipratropium</i>	2	[QLL, 44 gm/34]
<i>cromolyn sodium ampul for nebulization</i>		1	
DALIRESP	<i>roflumilast</i>	2	[QLL, 30/30]
DULERA	<i>mometasone/formoterol</i>	2	[QLL, 26 gm/34]
<i>epinephrine injection</i>		1	
EPIPEN	<i>epinephrine hcl</i>	2	[QLL, 4 pens/34]
EPIPEN JR	<i>epinephrine hcl</i>	2	[QLL, 4 pens/34]
FLOVENT 100 MCG DISKUS	<i>fluticasone propionate</i>	2	[QLL, 660 doses/34]
FLOVENT 250 MCG DISKUS	<i>fluticasone propionate</i>	2	[QLL, 300 doses/34]
FLOVENT 50 MCG DISKUS	<i>fluticasone propionate</i>	2	[QLL, 120 doses/34]
FLOVENT HFA	<i>fluticasone propionate</i>	2	
GASTROCROM	<i>cromolyn</i>	2	
<i>ipratropium bromide solution non-oral</i>		1	
<i>ipratropium-albuterol</i>		1	
PULMICORT 1 MG/2 ML RESPULE	<i>budesonide</i>	2	
QVAR	<i>beclomethasone</i>	2	[QLL, 24/34]
SPIRIVA	<i>tiotropium bromide</i>	2	[QLL, 60 capsules/34]
SYMBICORT	<i>budesonide/formoterol fum</i>	2	[QLL, 20 gm/34]
TWINJECT	<i>epinephrine hcl</i>	2	[QLL, 4 pens/2]
XOLAIR [LA]	<i>omalizumab</i>	2	[PAR]

Drug	Generic	Tier	Requirements/Limits
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OTHER RESPIRATORY DRUGS

ARALAST NP 1,000 MG VIAL	<i>alpha-1-proteinase inhibitor</i>	2	
ARALAST NP 500 MG VIAL [LA]	<i>alpha-1-proteinase inhibitor</i>	2	
PROLASTIN 1,000 MG VIAL	<i>alpha-1-proteinase inhibitor</i>	2	
PROLASTIN 500 MG VIAL [LA]	<i>alpha-1-proteinase inhibitor</i>	2	
PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	2	
PULMOZYME	<i>deoxyribonuclease</i>	2	[PAR]

UROLOGICAL MEDICATIONS

ANTICHOLINERGIC ANTISPASMODICS

DETROL	<i>tolterodine tartrate</i>	2	[ST]
DETROL LA	<i>tolterodine tartrate</i>	2	[ST]
ENABLEX	<i>darifenacin hydrobromide</i>	2	[ST]
<i>flavoxate hcl</i>		1	
<i>oxybutynin chloride er</i>		1	
<i>oxybutynin chloride syrup, -tablet</i>		1	
OXYTROL	<i>oxybutynin</i>	2	[ST]
SANCTURA XR	<i>trospium chloride</i>	2	[ST]
<i>trospium chloride</i>		1	
VESICARE	<i>solifenacin succinate</i>	2	[ST]

CHOLINERGIC STIMULANTS

<i>bethanechol chloride tablet</i>		1	
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OTHER GENITOURINARY PRODUCTS

<i>acetic acid 0.25% irrig soln</i>		1	
<i>alfuzosin hcl</i>		1	
AVODART	<i>dutasteride</i>	2	
CYSTADANE	<i>betaine hcl</i>	2	
<i>cytra-k</i>		1	
ELMIRON	<i>pentosan polysulfate sodium</i>	2	
<i>finasteride tablet</i>		1	
JALYN	<i>dutasteride/tamsulosin hcl</i>	2	
<i>neomy-polymyxin b 40 mg/ml amp</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>potassium citrate TABLET SUSTAINED ACTION</i>		1	
<i>potassium citrate-citric acid</i>		1	
<i>tamsulosin hcl</i>		1	
<i>taron-crystals</i>		1	
UROXATRAL	<i>alfuzosin hcl</i>	2	

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