Health Net Medicare Part D

2013 Employer Group 5-Tier Formulary

(List of Covered Drugs)

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

The enclosed formulary was last updated on September 1, 2013 for the 2013 benefit year. Drugs listed in this formulary are subject to marketplace availability. To get updated information about the drugs we cover, please visit our website at www.healthnet.com/medicare.

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, 2014.

This information is available for free in other languages. Please contact our Customer Service department at the toll-free number listed at the beginning of this booklet.

Esta información está disponible en forma gratuita en otros idiomas. Comuníquese con nuestro departamento de Servicio al Cliente al número de teléfono gratuito que aparece al comienzo de este folleto.

本資訊備有其他語言版本，可免費提供。請撥打本冊子開頭所列的免付費電話，聯絡我們的客戶服務部。

Health Net is a Medicare Advantage organization with a Medicare contract.

Health Net is a Coordinated Care plan with a Medicare contract and a contract with the California and Arizona Medicaid programs.

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Health Net®
MEDICARE PROGRAMS

If you would like to contact Health Net, please find the contact information for your state below:

Arizona

Health Net
Attn: Arizona Medicare Program
P.O. Box 10420
Van Nuys, CA 91410-0420
Fax- 1-866-214-1992
Hours are: 8:00 a.m. - 8:00 p.m., seven days a week.

All Medical Plans
1-800-977-7522, TTY 1-800-977-6757

California

Health Net
P.O. Box 10198
Van Nuys, CA 91410-0198
Fax- 1-866-214-1992
Hours are: 8:00 a.m. - 8:00 p.m., seven days a week.

All Medical Plans
1-800-275-4737, TTY 1-800-929-9955

Welcome to Health Net. We are glad you have chosen our plan for your prescription needs. This easy-to-read formulary provides you with valuable information about the formulary (also known as a "drug list") that applies to your benefit, the prescription drugs we cover, copayment or coinsurance levels and how to use your benefit. To quickly find your drug, turn to the index at the end of this booklet. For detailed information on how to read the formulary, turn to page ix.

What is the Health Net Medicare Part D formulary?

This formulary represents the entire list of Part D drugs covered by Health Net. A formulary is a list of covered drugs selected by Health Net 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. Health Net will generally cover the drugs listed on the formulary as long as the drug is medically necessary, the prescription is filled at a Health Net network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage (EOC).

Can the formulary change?

Generally, if you are taking a drug on our 2013 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during 2013 **except** when a new, less expensive generic drug becomes available and is offered at a lower tier or lower cost to you, or when new information about the safety or effectiveness of a drug is released.

In most cases, formulary changes such as applying a new or revised restriction to a drug, adding a quantity limit to a drug, moving a drug to a more expensive tier or removing a drug from the formulary, will not affect you if you are currently taking the drug. The drug will remain available at the same cost for the remainder of the year.

However, in some cases, these types of formulary changes may affect you. If a formulary change will affect you, we must notify you in advance of the change. You will receive notification at least 60 days before the change becomes effective. If we make any non-maintenance formulary changes during the year, you will be notified via mail and the changes will be posted on our website.

If the United States Food and Drug Administration (FDA) deems a drug on the formulary to be unsafe or if the manufacturer of the drug removes the drug from the market, we will immediately remove the drug from the formulary and provide notice to you if you are currently receiving the drug.

To get the most up-to-date information about the drugs covered by Health Net, please visit our website at www.healthnet.com/medicare where you may view and print a formulary. You may also call our Customer Service department at the toll-free number listed at the beginning of this booklet.

What if my drug is not on the formulary?

If your drug is not included on the formulary, you should first contact Customer Service and ask if your drug is covered. If you learn that Health Net does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Health Net. When you receive the list, show it to your doctor or other prescriber and ask him or her to prescribe a similar drug that is covered by Health Net.
- You can ask Health Net to make an exception and cover your drug. See "How do I request an exception to the Health Net Medicare Part D formulary?" for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs and are not normally covered by a Medicare Prescription Drug Plan. The only OTC drugs covered under Medicare Part D are some insulins and insulin supplies. Certain drugs are available both in a prescription form and in an OTC form. Other than some insulins and insulin supplies, only prescription drugs are covered by Health Net Medicare Part D plans.

Are there any restrictions on my coverage?

Some drugs may have additional requirements or limits on coverage. You can find out if your drug has any restrictions or limits by looking in the Limits column on the formulary.

The table below provides a description of abbreviations that may appear in the Limits column on the formulary:

Abbreviation	*Definition*	*Description*
AL	Age Limit	Some drugs may require prior authorization if your age does not meet manufacturer, FDA, or clinical recommendations.
B	Medicare Part B	Some drugs listed on the formulary are only covered under Medicare Part B. In some cases, these drugs may be obtained at a pharmacy if you have Part B coverage through Health Net. Please refer to your plan documents for the appropriate copayment or coinsurance.
B/D	Medicare Part B vs. Part D	Some drugs require prior authorization to determine coverage under the Medicare Part B or Part D benefit, according to Medicare guidelines. Your doctor or other prescriber may need to supply additional information, which will allow Health Net to make the coverage determination.
GL	Gender Limit	Some drugs are only covered for males or females based on manufacturer, FDA, or clinical recommendations.
LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at one or a limited number of pharmacies. Limited access may be due to the following reasons: • The FDA has restricted distribution of a drug to certain facilities, pharmacies or prescribers, or • Certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. You should talk to your doctor, or other prescriber, or pharmacist for details about getting limited access drugs.
MO	Mail Order	These drugs are available at Health Net's network mail order pharmacy in addition to other network pharmacies.

Abbreviation	*Definition*	*Description*
NT	Non-TrOOP	Health Net covers some drugs that the Centers for Medicare and Medicaid Services (CMS) excludes from coverage under Part D. The amount paid for these drugs will not count toward your true out-of-pocket costs (TrOOP) or Initial Coverage Limit.
PA	Prior Authorization	Some drugs require prior authorization for coverage, effectiveness, or safety reasons. This means that you, your doctor or other prescriber must request approval from Health Net before the drug will be covered.
QL	Quantity Limit	For certain drugs, Health Net limits the amount of the drug that Health Net will cover. For example, Health Net provides 2 each per day per prescription for ZOCOR *(simvastatin)* 40MG. This may be in addition to a standard one month or three month supply.
RX/OTC	Prescription & Over-The-Counter	Certain drugs are available both in a prescription form and in an OTC form. Other than some insulins and insulin supplies, only prescription drugs are covered by Health Net Medicare Part D plans.
ST	Step Therapy	In some cases, Health Net requires you to first try certain drugs to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Health Net may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health Net will then cover Drug B.

You can ask Health Net to make an exception to these restrictions or limits.
See the next section.

How do I request an exception to the Health Net Medicare Part D formulary?

You can ask Health Net 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 the formulary.
  - If we grant your request to cover a drug that is not on the formulary, the drug will be available for the Tier 3 (non-preferred brand drugs) copayment or coinsurance. The drug is not eligible for an exception for payment at a lower tier.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Health Net may limit the amount of the drug that will be covered. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to make an exception and cover your drug at a lower tier.
  - If your drug is on Tier 3 (non-preferred brand drugs) or Tier 4 (injectable drugs), you can ask us for an exception to cover it for the Tier 2 (preferred brand drugs) copayment or coinsurance.
  - Drugs on Tier 2 (preferred brand drugs) and Tier 5 (specialty tier) are not eligible for an exception for payment at a lower tier.

Generally, Health Net will only approve your request for an exception if alternative drugs or utilization restrictions would not be as effective in treating your condition or would cause you to have harmful medical effects.

You may contact us to request an exception. When requesting an exception, we require a statement from your doctor or other prescriber supporting your request. Generally, we must make our decision within 72 hours of receiving your doctor or other prescriber's supporting statement. You, your doctor or other prescriber may request an expedited (fast) exception if you, your doctor or other prescriber 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 receive your doctor or other prescriber's supporting statement.

Formulary tier descriptions

To figure out how much you will pay for a drug, the abbreviations in the table below appear in the Brand Tier and Generic Tier columns on the formulary. The copayment or coinsurance level you will pay is shown in the Copayment/Coinsurance column. If you do not know your copayment or coinsurance for each tier, please refer to your Summary of Benefits or EOC.

Abbreviation	*Copayment/ Coinsurance*	*Description*
1	Tier 1 copayment or coinsurance	Preferred generic drugs. All covered preferred generic drugs (both Part D and non-Part D)
2	Tier 2 copayment or coinsurance	Preferred brand drugs. All covered preferred brand drugs (both Part D and non-Part D). Drugs on this tier are not eligible for exceptions for payment at a lower tier.
3	Tier 3 copayment or coinsurance	Non-preferred brand drugs. All covered non-preferred brand drugs (both Part D and non-Part D).
4	Tier 4 copayment or coinsurance	Injectable drugs. Includes injectable drugs that do not meet the CMS minimum cost threshold required to be placed on Tier 5 (specialty tier). All covered drugs (both Part D and non-Part D).
5	Tier 5 copayment or coinsurance	Specialty tier. Includes high cost drugs. All covered specialty tier drugs (both Part D and non-Part D). Drugs on this tier are not eligible for exceptions for payment at a lower tier.
NF	Non-formulary – If Health Net approves an exception request for a non-formulary drug, the non-preferred brand tier (Tier 3) copayment or coinsurance will apply.	Drugs not covered on Health Net's Medicare Part D formulary. You may request an exception from Health Net to cover these drugs. For information on how to request an exception, see the section, "How do I request an exception to the Health Net Medicare Part D formulary?"

How do I use the formulary?

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

Medical condition

The formulary begins on page 1. 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 depression are listed under the category, ANTIDEPRESSANTS.

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the index at the end of this booklet. 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.

How do I read the formulary?

If you have trouble finding a drug, turn to the index at the end of this booklet.

Brand and generic drugs

Health Net 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.

The name of each drug can be found in the first column. Brand name drugs are in uppercase (example: ZOCOR) and generic drugs are in lowercase (example: *simvastatin).* When there is a brand name drug with a generic equivalent available, the drugs will be listed on the same line with the generic drug in parentheses, for example: ZOCOR *(simvastatin).*

Tier status

The tier status is shown to the right of the drug name. Generally, when there is a brand name drug with a generic equivalent available, the brand name drug may be on the non-preferred tier or may not be on the formulary.

Limits

The information in the Limits column tells you if there are any limits or restrictions on a drug. For a complete description of abbreviations found in the Limits column, please refer to the Abbreviations table beginning on page v.

Note: Example only

BRAND DRUG *(generic drug)*	Brand Tier	Generic Tier	Limits
Therapeutic Category Name			
Therapeutic Class Name -			
Brand name *(generic name)*	3	1	B/D, MO, PA, QL
Brand name	2		LA, ST

Sample of abbreviations; Turn to pages v - vi for a complete description of abbreviations

Brand drug only; generic not available

Health Net's transition program

Under Health Net's transition program, members are given access to non-formulary drugs. This includes Part D drugs that are not on the Health Net Medicare Part D formulary, as well as drugs that are on the formulary with a limit or restriction (not based on safety). The transition program is designed to ensure continuity of care for new members, existing members who may be subject to formulary changes, and members who experience a level of care change. The program also allows members in long-term care facilities access to a temporary transition supply of drugs.

Initial and renewing eligibility

If you are a new member, you may be taking drugs that are not on the formulary or you may be taking drugs that are on the formulary but have restrictions or limits. For example, you may need a prior authorization from us before your prescription can be filled. In these cases, you should talk to your doctor or other prescriber to decide if you should change to drugs that we cover or request an exception so we will cover the drugs you take. While you talk to your doctor or other prescriber to determine the right course of action for you, we may cover your drugs in certain cases during the first 90 days you are a member of our plan. We will cover a one-time temporary 30-day transition supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. If your prescription is written for less than a 30-day transition supply, refills for up to a total of a 30-day supply will be covered. This may also apply if you are a renewing member and experience a change in the formulary at the beginning of the contract year.

If you are a new member and are a resident of a long-term care facility, we will cover a temporary 34-day transition supply (unless you have a prescription written for fewer days). We will allow you

to refill your prescription until we have provided you with a 102-day transition supply (unless you have a prescription written for fewer days).

Emergency supply

If you are a resident of a long-term care facility and past the first 90 days of membership in our plan and you need drugs that are not on the formulary or are on the formulary with certain limits or restrictions (not based on safety), we will cover up to a 34-day emergency supply of your drugs (unless you have a prescription written for fewer days) while you seek an exception. If your prescription is written for less than a 34-day transition supply, refills for up to a total of a 34-day supply will be covered.

Level of care changes

If you experience a change in level of care, we will cover a transition supply of your drugs. A level of care change occurs when you are discharged from a hospital or moved to or from a long-term care facility.

- If you move home from a long-term care facility or hospital and need a transition supply, we will cover one 30-day supply. If your prescription is written for fewer days, we will allow multiple fills to provide up to a total of a 30-day supply.
- If you move from home or a hospital to a long-term care facility and need a transition supply, we will cover one 34-day supply. If your prescription is written for fewer days, we will allow multiple fills to provide up to a total of a 34-day supply.

We understand that there are other circumstances when an override may be granted. These situations are managed on a case-by-case basis through communication between the dispensing pharmacy and Health Net.

For more information

For more detailed information about your Health Net prescription drug coverage, please review your EOC and other plan materials.

If you have questions about Health Net, please call Customer Service at the toll-free number listed at the beginning of this booklet, or visit www.healthnet.com/medicare.

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.

DRUG NAME	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
adderall (use amphetamine-dextroamphetamine)	1	MO
ADDERALL XR (*Use Amphetamine-Dextroamphetamine*)	3	MO
amphetamine-dextroamphetamine	1	MO
DEXEDRINE (*Use Dextroamphetamine Sulfate*)	3	MO
dextroamphetamine sulfate	1	MO
DEXTROSTAT (*Use Dextroamphetamine Sulfate*)	3	MO
procentra	1	MO
VYVANSE 20 MG	3	QL(3 ea daily); MO
VYVANSE 30 MG	3	QL(2 ea daily); MO
VYVANSE 40 MG, 50 MG, 60 MG, 70 MG	3	QL(1 ea daily); MO
zenzedi	1	
Anti-Obesity Agents		
XENICAL	3	PA; MO
Attention-Deficit/Hyperactivity Disorder		
INTUNIV	3	AL; MO
STRATTERA 10 MG	2	QL(10 ea daily); MO
STRATTERA 100 MG, 60 MG, 80 MG	2	QL(1 ea daily); MO
STRATTERA 18 MG	2	QL(5 ea daily); MO
STRATTERA 25 MG	2	QL(4 ea daily); MO
STRATTERA 40 MG	2	QL(2 ea daily); MO

DRUG NAME	Drug Tier	Requirements/ Limits
Stimulants - Misc.		
CONCERTA (*Use Methylphenidate HCl*)	3	MO
DAYTRANA	3	MO
dexmethylphenidate hcl	1	MO
FOCALIN (*Use Dexmethylphenidate HCl*)	3	MO
FOCALIN XR	3	MO
METADATE CD (*Use Methylphenidate HCl*)	3	MO
METHYLIN CHEW 10 MG, 2.5 MG, 5 MG	2	MO
methylin er	1	MO
METHYLIN SOLN 10 MG/5ML, 5 MG/5ML (*Use Methylphenidate HCl*)	3	MO
methylphenidate hcl	1	MO
methylphenidate hcl er	1	MO
modafinil 100 mg	1	PA; MO
modafinil 200 mg	5	PA; MO
NUVIGIL	2	PA; MO
PROVIGIL 100 MG (*Use Modafinil*)	3	PA; MO
PROVIGIL 200 MG (*Use Modafinil*)	5	PA; MO
QUILLIVANT XR	3	MO
RITALIN (*Use Methylphenidate HCl*)	3	MO
RITALIN LA (*Use Methylphenidate HCl*)	3	MO
RITALIN SR (*Use Methylphenidate HCl*)	3	MO
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
amikacin sulfate 1 gm/4ml, 500 mg/2ml	4	MO

Please refer to pages v - vi for a complete description of abbreviations.
AL=Age Limit B=Medicare Part B B/D=Medicare Part B vs. Part D GL=Gender Limit
LA=Limited Access MO=Available at Mail Order NT=Non-TrOOP PA=Prior Authorization
QL=Quantity Limit RX/OTC=Prescription & Over-The-Counter ST=Step Therapy

DRUG NAME	Drug Tier	Requirements/ Limits
amikacin sulfate 50 mg/ml	4	
gentamicin in saline 0.8-0.9 %, mg/ml	4	MO
gentamicin in saline 0.9-1 %, mg/ml, 0.9-1.2 %, mg/ml, 0.9-1.6 %, mg/ml	4	
gentamicin sulfate soln ij 10 mg/ml, 40 mg/ml	4	MO
gentamicin sulfate soln iv 10 mg/ml	4	
gentamicin sulfate/0.9% sodium chloride	4	
HUMATIN (*Use Paromomycin Sulfate*)	3	MO
isotonic gentamicin	4	
kanamycin sulfate	4	MO
neomycin sulfate	1	MO
paromomycin sulfate	1	MO
streptomycin sulfate	4	MO
TOBI	5	B/D
TOBI PODHALER	5	
tobramycin sulfate soln 1.2 gm/30ml, 40 mg/ml, 80 mg/2ml	4	MO
tobramycin sulfate soln 10 mg/ml, 40 mg/ml	4	
tobramycin sulfate solr 1.2 gm	4	
tobramycin sulfate/sodium chloride	4	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonoal Antibodies		
HUMIRA	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN-CROHNS DISEASESTARTER	5	PA
HUMIRA PEN-PSORIASIS STARTER	5	PA
SIMPONI	5	PA
Antirheumatic - Enzyme Inhibitors		
XELJANZ	5	PA
Antirheumatic Antimetabolites		
RHEUMATREX	2	MO
Interleukin-1 Blockers		
ARCALYST	5	LA
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET	5	PA
Interleukin-1beta Blockers		
ILARIS	5	LA
Interleukin-6 Receptor Inhibitors		
ACTEMRA	5	PA
Nonsteroidal Anti-inflammatory Agents		
ANAPROX (*Use Naproxen Sodium*)	3	MO
ANAPROX DS (*Use Naproxen Sodium*)	3	MO
ARTHROTEC 50 (*Use Diclofenac w/ Misoprostol*)	3	MO
ARTHROTEC 75 (*Use Diclofenac w/ Misoprostol*)	3	MO
CATAFLAM (*Use Diclofenac Potassium*)	3	MO
CELEBREX	2	MO
CLINORIL (*Use Sulindac*)	3	MO
DAYPRO (*Use Oxaprozin*)	3	MO
diclofenac potassium	1	MO
diclofenac sodium	1	MO

DRUG NAME	Drug Tier	Requirements/ Limits
diclofenac w/ misoprostol	1	MO
DUEXIS	3	MO
EC-NAPROSYN (*Use Naproxen*)	3	MO
etodolac	1	MO
FELDENE (*Use Piroxicam*)	3	MO
fenoprofen calcium	1	MO
flurbiprofen	1	MO
ibuprofen susp 100 mg/5ml	1	RX/OTC; MO
ibuprofen tabs 400 mg	1	QL(8 ea daily); MO
ibuprofen tabs 600 mg	1	QL(5 ea daily); MO
ibuprofen tabs 800 mg	1	QL(4 ea daily); MO
INDOCIN	2	MO
indomethacin	1	MO
ketoprofen	1	MO
ketoprofen er	1	MO
ketorolac tromethamine soln ij 15 mg/ml, 30 mg/ml	4	PA; AL; MO
ketorolac tromethamine soln ij 300 mg/10ml	4	AL
ketorolac tromethamine soln im 30 mg/ml	4	PA; AL; MO
ketorolac tromethamine soln im 30 mg/ml, 60 mg/2ml	4	PA; AL; MO
ketorolac tromethamine tabs or 10 mg	1	PA; AL; MO
meclofenamate sodium	1	MO
mefenamic acid	1	MO
meloxicam	1	MO
MOBIC (*Use Meloxicam*)	3	MO
MOTRIN 400 MG (*Use Ibuprofen*)	3	QL(8 ea daily); MO
MOTRIN 600 MG (*Use Ibuprofen*)	3	QL(5 ea daily); MO
MOTRIN 800 MG (*Use Ibuprofen*)	3	QL(4 ea daily); MO
nabumetone	1	MO
NALFON	3	
NAPRELAN	3	500 MG & 750 MG Pack
NAPRELAN 375 MG	2	MO
NAPRELAN 500 MG, 750 MG (*Use Naproxen Sodium*)	3	MO
NAPROSYN (*Use Naproxen*)	3	MO
naproxen	1	MO
naproxen sodium	1	MO
oxaprozin	1	MO
piroxicam	1	MO
PONSTEL (*Use Mefenamic Acid*)	3	MO
RELAFEN (*Use Nabumetone*)	3	MO
SPRIX	3	PA; AL; MO
sulindac	1	MO
tolmetin sodium	1	MO
TORADOL ORAL (*Use Ketorolac Tromethamine*)	3	PA; AL; MO
VIMOVO	3	MO
VOLTAREN (*Use Diclofenac Sodium*)	3	MO
VOLTAREN-XR (*Use Diclofenac Sodium*)	3	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
ZIPSOR	3	MO
Pyrimidine Synthesis Inhibitors		
ARAVA (*Use Leflunomide*)	3	MO
leflunomide	1	MO
Selective Costimulation Modulators		
ORENCIA	5	PA
Soluble Tumor Necrosis Factor Receptor		
ENBREL	5	PA
ENBREL SURECLICK	5	PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesics Other		
clonidine hcl (analgesia) 100 mcg/ml	4	MO
clonidine hcl (analgesia) 500 mcg/ml	4	
DURACLON 100 MCG/ML (*Use Clonidine HCl (Analgesia*))	4	MO
DURACLON 500 MCG/ML (*Use Clonidine HCl (Analgesia*))	4	
Analgesics-Peptide Channel Blockers		
PRIALT	5	
Salicylates		
diflunisal	1	MO
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ABSTRAL 100 MCG	3	QL(6 ea daily)
ABSTRAL 200 MCG	5	QL(6 ea daily)
ABSTRAL 300 MCG, 400 MCG, 600 MCG, 800 MCG	5	QL(4 ea daily)
ACTIQ 1200 MCG, 1600 MCG, 400 MCG, 600 MCG (*Use Fentanyl Citrate*)	5	PA; QL(4 ea daily); MO
ACTIQ 200 MCG (*Use Fentanyl Citrate*)	5	PA; QL(6 ea daily); MO
ACTIQ 800 MCG (*Use Fentanyl Citrate*)	3	PA; QL(4 ea daily); MO
AVINZA 120 MG	2	QL(13 ea daily); MO
AVINZA 30 MG	2	QL(53 ea daily); MO
AVINZA 45 MG	2	QL(35 ea daily); MO
AVINZA 60 MG	2	QL(26 ea daily); MO
AVINZA 75 MG	2	QL(21 ea daily); MO
AVINZA 90 MG	2	QL(17 ea daily); MO
codeine sulfate	1	MO
DEMEROL	4	
DILAUDID SOLN IJ 1 MG/ML, 2 MG/ML (*Use Hydromorphone HCl*)	4	MO
DILAUDID SOLN IJ 4 MG/ML (*Use Hydromorphone HCl*)	4	
DILAUDID TABS OR 2 MG, 4 MG, 8 MG (*Use Hydromorphone HCl*)	3	MO
DILAUDID-5 (*Use Hydromorphone HCl*)	2	MO
DILAUDID-HP SOLN 10 MG/ML (*Use Hydromorphone HCl*)	4	MO
DILAUDID-HP SOLR 250 MG	4	
DOLOPHINE (*Use Methadone HCl*)	3	MO
DOLOPHINE HCL (*Use Methadone HCl*)	3	MO
DURAGESIC (*Use Fentanyl*)	3	QL(0.67 ea daily); MO
EXALGO	3	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
fentanyl	1	QL(0.67 ea daily); MO
fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 400 mcg, 600 mcg	5	PA; QL(4 ea daily); MO
fentanyl citrate lpop bu 200 mcg	5	PA; QL(6 ea daily); MO
fentanyl citrate lpop bu 800 mcg	1	PA; QL(4 ea daily); MO
fentanyl citrate soln ij 0.05 mg/ml	4	MO
FENTORA 100 MCG, 200 MCG	5	PA; QL(6 ea daily); MO
FENTORA 400 MCG, 600 MCG, 800 MCG	5	PA; QL(4 ea daily); MO
hydromorphone hcl liqd or 1 mg/ml	1	MO
hydromorphone hcl soln ij 1 mg/ml, 10 mg/ml, 2 mg/ml, 50 mg/5ml, 500 mg/50ml	4	MO
hydromorphone hcl soln ij 10 mg/ml, 4 mg/ml, 50 mg/5ml	4	
hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg	1	MO
INFUMORPH 200	4	MO
INFUMORPH 500	4	MO
KADIAN 10 MG, 200 MG (*Use Morphine Sulfate*)	2	MO
KADIAN 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG (*Use Morphine Sulfate*)	3	MO
KADIAN 130 MG, 150 MG	3	PA
KADIAN 40 MG, 70 MG	3	PA; MO
LAZANDA 100 MCG/ACT	5	PA; MO
LAZANDA 400 MCG/ACT	5	PA
LEVO-DROMORAN (*Use Levorphanol Tartrate*)	3	MO
levorphanol tartrate	1	MO
methadone hcl conc or 10 mg/ml	1	MO
methadone hcl intensol	1	MO
METHADONE HCL SOLN IJ 10 MG/ML	4	
methadone hcl soln or 10 mg/5ml, 5 mg/5ml	1	MO
methadone hcl soln or 10 mg/5ml, 5 mg/5ml (use methadone hcl)	1	MO
methadone hcl tabs or 10 mg, 5 mg	1	MO
methadone hcl tbso or 40 mg	1	
methadose (use methadone hcl)	1	MO
methadose sugar-free (use methadone hcl)	1	MO
morphine sulfate cp24 or 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	MO
morphine sulfate soln ij 0.5 mg/ml, 1 mg/ml	4	
MORPHINE SULFATE SOLN IJ 2 MG/ML	4	MO
morphine sulfate soln iv 1 mg/ml	4	
MORPHINE SULFATE SOLN IV 10 MG/ML, 15 MG/ML, 150 MG/30ML, 2 MG/ML, 4 MG/ML, 8 MG/ML	4	
morphine sulfate soln or 10 mg/5ml, 100 mg/5ml, 20 mg/5ml, 20 mg/ml	1	MO
MORPHINE SULFATE SOLN OR 10 MG/5ML, 20 MG/10ML	2	MO
morphine sulfate soln or 20 mg/ml	1	MO
morphine sulfate tabs or 15 mg, 30 mg	1	MO
morphine sulfate tbcr or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	MO
MS CONTIN (*Use Morphine Sulfate*)	3	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
NUCYNTA	2	MO
NUCYNTA ER	2	MO
ONSOLIS 1200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL(4 ea daily); LA
ONSOLIS 200 MCG	5	PA; QL(6 ea daily); LA
OPANA ER	2	MO
OPANA ER (*CRUSH RESISTANT*) 10 MG, 20 MG, 30 MG, 40 MG, 5 MG	2	MO
OPANA ER (*CRUSH RESISTANT*) 15 MG, 7.5 MG	2	
OPANA SOLN IJ 1 MG/ML	4	
OPANA TABS OR 10 MG, 5 MG (*Use Oxymorphone HCl*)	3	MO
ORAMORPH SR	3	MO
OXECTA	3	MO
oxycodone hcl	1	MO
oxycodone hcl (use oxycodone hcl)	1	MO
OXYCODONE HCL CR	2	MO
OXYCONTIN	2	MO
oxymorphone hcl	1	MO
OXYMORPHONE HYDROCHLORIDE ER	2	MO
ROXICODONE 15 MG, 30 MG (*Use Oxycodone HCl*)	3	MO
ROXICODONE 5 MG (*Use Oxycodone HCl*)	NF	MO
RYBIX ODT	3	
RYZOLT (*Use Tramadol HCl*)	3	MO
SUBLIMAZE (*Use Fentanyl Citrate*)	4	MO
SUBSYS 100 MCG, 1200 MCG, 1600 MCG, 600 MCG	5	PA
SUBSYS 200 MCG, 400 MCG, 800 MCG	5	PA; MO
tramadol hcl tabs 50 mg	1	QL(8 ea daily); MO
tramadol hcl tb24 100 mg, 200 mg, 300 mg	1	MO
ULTRAM (*Use Tramadol HCl*)	3	QL(8 ea daily); MO
ULTRAM ER (*Use Tramadol HCl*)	3	MO
Opioid Combinations		
acetaminophen w/ codeine soln 6.65-12-120 %, mg/5ml, 7-12-120 %, mg/5ml, 7.4-12-120 %, mg/5ml	1	QL(166 ml daily); MO
acetaminophen w/ codeine tabs 15-300 mg, 30-300 mg, 60-300 mg	1	QL(13 ea daily); MO
acetaminophen-caff-dihydrocod	1	QL(5 ea daily); MO
acetaminophen/caffeine/dihydrocodeine bitartrate	1	QL(5 ea daily); MO
ANEXSIA (*Use Hydrocodone-Acetaminophen*)	3	QL(6 ea daily); MO
ASPIRIN-CAFFEINE-DIHYDROCODEINE	3	MO
BANCAP-HC (*Use Hydrocodone-Acetaminophen*)	3	QL(8 ea daily); MO
butalbital-acetaminophen-caffeine w/ codeine	1	QL(12 ea daily); MO
butalbital-aspirin-caffeine w/cod	1	MO
capital/codeine	1	QL(166 ml daily); MO
cocet	1	QL(6 ea daily)
cocet plus	1	QL(6 ea daily)
COMBUNOX (*Use Oxycodone-Ibuprofen*)	3	MO

DRUG NAME	Drug Tier	Requirements/ Limits
FIORICET/CODEINE (*Use Butalbital-Acetaminophen-Caffeine w/ Codeine*)	3	QL(12 ea daily); MO
FIORINAL/CODEINE #3 (*Use Butalbital-Aspirin-Caffeine w/Cod*)	3	MO
hycet (use hydrocodone-acetaminophen)	1	QL(184 ml daily); MO
hydrocodone bitartrate/acetaminophen	1	QL(12 ea daily)
hydrocodone-acetaminophen caps 5-500 mg	1	QL(8 ea daily); MO
hydrocodone-acetaminophen soln 7-7.5-325 %, mg/15ml, 7.5-8.6-325 %, mg/15ml	1	QL(184 ml daily); MO
hydrocodone-acetaminophen soln 7-7.5-500 %, mg/15ml, 7.5-500 mg/15ml	1	QL(120 ml daily); MO
hydrocodone-acetaminophen tabs 10-300 mg, 5-300 mg, 7.5-300 mg	1	QL(13 ea daily); MO
hydrocodone-acetaminophen tabs 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL(12 ea daily); MO
hydrocodone-acetaminophen tabs 10-500 mg, 2.5-500 mg, 5-500 mg, 7.5-500 mg	1	QL(8 ea daily); MO
hydrocodone-acetaminophen tabs 10-650 mg, 10-660 mg, 7.5-650 mg (use hydrocodone-acetaminophen)	1	QL(6 ea daily); MO
hydrocodone-acetaminophen tabs 10-750 mg, 7.5-750 mg	1	QL(5 ea daily); MO
hydrocodone-ibuprofen	1	MO
hydrocodone/acetaminophen	1	QL(184 ml daily); MO
ibudone (use hydrocodone-ibuprofen)	1	MO

DRUG NAME	Drug Tier	Requirements/ Limits
LORCET 10/650 (*Use Hydrocodone-Acetaminophen*)	3	QL(6 ea daily); MO
lortab elix 7-7.5-500 %, mg/15ml (use hydrocodone-acetaminophen)	1	QL(120 ml daily); MO
lortab tabs 10-500 mg, 5-500 mg, 7.5-500 mg (use hydrocodone-acetaminophen)	1	QL(8 ea daily); MO
LORTAB TABS 2.5-500 MG (*Use Hydrocodone-Acetaminophen*)	3	QL(8 ea daily); MO
MAGNACET 10-400 MG	3	QL(10 ea daily); MO
magnacet 5-400 mg	1	QL(10 ea daily); MO
magnacet 7.5-400 mg	1	QL(10 ea daily)
maxidone (use hydrocodone-acetaminophen)	1	QL(5 ea daily); MO
norco (use hydrocodone-acetaminophen)	1	QL(12 ea daily); MO
oxycodone w/ acetaminophen caps 5-500 mg	1	QL(8 ea daily); MO
oxycodone w/ acetaminophen tabs 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL(12 ea daily); MO
oxycodone w/ acetaminophen tabs 10-400 mg	1	QL(10 ea daily); MO
oxycodone w/ acetaminophen tabs 10-650 mg	1	QL(6 ea daily); MO
oxycodone w/ acetaminophen tabs 7.5-500 mg	1	QL(8 ea daily); MO
oxycodone-aspirin	1	MO
oxycodone-ibuprofen	1	MO
panlor ss (use acetaminophen-caff-dihydrocod)	1	QL(5 ea daily); MO

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DRUG NAME	Drug Tier	Requirements/ Limits
percocet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (use oxycodone w/ acetaminophen)	1	QL(12 ea daily); MO
percocet 10-650 mg (use oxycodone w/ acetaminophen)	1	QL(6 ea daily); MO
percocet 7.5-500 mg (use oxycodone w/ acetaminophen)	1	QL(8 ea daily); MO
PERCODAN (*Use Oxycodone-Aspirin*)	3	MO
primlev	1	QL(13 ea daily); MO
reprexain (use hydrocodone-ibuprofen)	1	MO
roxicet soln 5-325 mg/5ml	1	QL(61 ml daily); MO
roxicet tabs 5-500 mg	1	QL(8 ea daily)
SYNALGOS-DC	3	MO
tramadol-acetaminophen	1	QL(12 ea daily); MO
trezix	1	QL(11 ea daily); MO
tylenol/codeine #3 (use acetaminophen w/ codeine)	1	QL(13 ea daily); MO
tylenol/codeine #4 (use acetaminophen w/ codeine)	1	QL(13 ea daily); MO
tylox (use oxycodone w/ acetaminophen)	1	QL(8 ea daily); MO
ULTRACET (*Use Tramadol-Acetaminophen*)	3	QL(12 ea daily); MO
vicodin (use hydrocodone-acetaminophen)	1	QL(8 ea daily); MO
vicodin es (use hydrocodone-acetaminophen)	1	QL(5 ea daily); MO
VICOPROFEN (*Use Hydrocodone-Ibuprofen*)	3	MO
xodol (use hydrocodone-acetaminophen)	1	QL(13 ea daily); MO
zamicet	1	QL(184 ml daily); MO
zolvit	1	QL(200 ml daily); MO
zydone	1	QL(10 ea daily); MO
Opioid Partial Agonists		
BUPRENEX (*Use Buprenorphine HCl*)	4	MO
buprenorphine hcl soln ij 0.3 mg/ml	4	MO
buprenorphine hcl subl sl 2 mg, 8 mg	1	PA; MO
buprenorphine hcl-naloxone hcl dihydrate	1	PA; MO
butorphanol tartrate ij 1 mg/ml, 2 mg/ml	4	MO
butorphanol tartrate na 10 mg/ml	1	MO
BUTRANS 10 MCG/HR	2	QL(0.29 ea daily); MO
BUTRANS 20 MCG/HR	2	QL(0.14 ea daily); MO
BUTRANS 5 MCG/HR	2	QL(0.58 ea daily); MO
nalbuphine hcl	4	MO
NUBAIN (*Use Nalbuphine HCl*)	4	MO
STADOL (*Use Butorphanol Tartrate*)	4	MO
SUBOXONE (*Use Buprenorphine HCl-Naloxone HCl Dihydrate*)	3	PA; MO
SUBUTEX (*Use Buprenorphine HCl*)	3	PA; MO
TALWIN	4	AL
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
OXANDRIN (*Use Oxandrolone*)	3	MO
oxandrolone	1	MO
Androgens		
ANDRODERM 2 MG/24HR, 4 MG/24HR, 5 MG/24HR	2	GL; MO

DRUG NAME	Drug Tier	Requirements/ Limits
ANDRODERM 2.5 MG/24HR	2	GL
ANDROGEL	2	GL; MO
ANDROGEL PUMP	2	GL; MO
androxy	1	MO
AXIRON	3	GL; MO
danazol	1	MO
DELATESTRYL (*Use Testosterone Enanthate*)	4	MO
depo-testosterone (use testosterone cypionate)	4	MO
FORTESTA	3	GL; MO
STRIANT	3	GL; MO
TESTIM	2	GL; MO
testopel	1	GL
testosterone cypionate	4	MO
testosterone enanthate	4	MO
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA (*Use Hydrocortisone (Intrarectal)*)	NF	MO
CORTIFOAM	3	MO
hydrocortisone (intrarectal)	1	MO
Rectal Combinations		
proctofoam hc	1	MO
Rectal Steroids		
anusol-hc (use hydrocortisone (rectal))	1	MO
hydrocortisone (rectal)	1	MO
PROCTOCORT (*Use Hydrocortisone (Rectal)*)	3	MO
Vasodilating Agents		
RECTIV	2	MO
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
ALBENZA	3	MO
BILTRICIDE	2	MO
mebendazole	1	
MEBENDAZOLE (*Use Mebendazole*)	NF	
STROMECTOL	3	MO
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AZACTAM 1 GM (*Use Aztreonam*)	4	MO
AZACTAM 2 GM (*Use Aztreonam*)	4	
AZACTAM IN DEXTROSE	4	
AZACTAMIN ISO-OSMOTIC DEXTROSE	4	
aztreonam 1 gm	4	MO
aztreonam 2 gm	4	
CAYSTON	5	LA
colistimethate sodium	4	MO
COLY-MYCIN M (*Use Colistimethate Sodium*)	4	MO
COLY-MYCIN-M (*Use Colistimethate Sodium*)	4	MO
FLAGYL CAPS 375 MG (*Use Metronidazole*)	3	QL(10 ea daily); MO
FLAGYL ER	3	MO

DRUG NAME	Drug Tier	Requirements/ Limits
FLAGYL TABS 250 MG (*Use Metronidazole*)	3	QL(16 ea daily); MO
FLAGYL TABS 500 MG (*Use Metronidazole*)	3	QL(8 ea daily); MO
METRO IV	4	
metronidazole caps 375 mg	1	QL(10 ea daily); MO
metronidazole in nacl	4	MO
metronidazole tabs 250 mg	1	QL(16 ea daily); MO
metronidazole tabs 500 mg	1	QL(8 ea daily); MO
NEBUPENT	2	MO; B/D
PENTAM 300	4	MO
pentamidine isethionate	4	MO
PRIMSOL	2	MO
tinidazole	1	MO
trimethoprim	1	MO
VANCOCIN HCL (*Use Vancomycin HCl*)	5	PA; MO
vancomycin hcl caps or 125 mg, 250 mg	5	PA; MO
VANCOMYCIN HCL IN DEXTROSE	4	B/D
vancomycin hcl solr iv 10 gm, 5000 mg	4	B/D
vancomycin hcl solr iv 1000 mg, 500 mg	4	MO; B/D
vancomycin hcl solr iv 750 mg	4	B/D
XIFAXAN 200 MG	3	MO
XIFAXAN 550 MG	5	MO
Anti-infective Misc. - Combinations		
BACTRIM (*Use Sulfamethoxazole-Trimethoprim*)	3	MO
BACTRIM DS (*Use Sulfamethoxazole-Trimethoprim*)	3	MO
SEPTRA (*Use Sulfamethoxazole-Trimethoprim*)	3	MO
SEPTRA DS (*Use Sulfamethoxazole-Trimethoprim*)	3	MO
sulfamethoxazole-trimethoprim soln iv 80-400 mg/5ml	4	MO
sulfamethoxazole-trimethoprim susp or 0.04-160-800 %, mg/20ml, 0.04-40-200 %, mg/5ml, 0.1-0.1-0.26-40-200 %, mg/5ml, 0.1-0.1-0.5-40-200 %, mg/5ml, 40-200 mg/5ml	1	MO
sulfamethoxazole-trimethoprim tabs or 160-800 mg, 80-400 mg	1	MO
sulfamethoxazole/trimethoprim	4	MO
Antiprotozoal Agents		
ALINIA	3	MO
MEPRON	5	MO
Carbapenems		
DORIBAX 250 MG	5	
DORIBAX 500 MG	4	
imipenem-cilastatin (use imipenem-cilastatin)	1	MO
INVANZ IJ	4	MO
INVANZ IV	4	
meropenem	4	MO
MERREM (*Use Meropenem*)	4	MO
PRIMAXIN IV (*Use Imipenem-Cilastatin*)	3	MO
Chloramphenicols		

DRUG NAME	Drug Tier	Requirements/ Limits
chloramphenicol sodium succinate	4	
Cyclic Lipopeptides		
CUBICIN	5	MO; B/D
Glycylcyclines		
TYGACIL	4	
Leprostatics		
dapsone	1	MO
Lincosamides		
CLEOCIN (*Use Clindamycin HCl*)	3	MO
CLEOCIN IN D5W (*Use Clindamycin Phosphate in D5W*)	4	
cleocin pediatric granules (use clindamycin palmitate hydrochloride)	1	MO
CLEOCIN PHOSPHATE IJ 150 MG/ML, 300 MG/2ML, 9 GM/60ML (*Use Clindamycin Phosphate*)	4	
CLEOCIN PHOSPHATE IJ 600 MG/4ML, 900 MG/6ML (*Use Clindamycin Phosphate*)	4	MO
CLEOCIN PHOSPHATE IV 150 MG/ML, 600 MG/4ML (*Use Clindamycin Phosphate*)	4	
clindamycin hcl	1	MO
clindamycin palmitate hydrochloride	1	MO
clindamycin phosphate ij 150 mg/ml, 300 mg/2ml, 9000 mg/60ml	4	
clindamycin phosphate ij 600 mg/4ml, 900 mg/6ml	4	MO
clindamycin phosphate in d5w	4	
clindamycin phosphate iv 150 mg/ml	4	

DRUG NAME	Drug Tier	Requirements/ Limits
LINCOCIN	4	MO
Oxazolidinones		
ZYVOX SOLN IV 2 MG/ML	5	
ZYVOX SUSR OR 100 MG/5ML	5	MO
ZYVOX TABS OR 600 MG	5	MO
Polymyxins		
polymyxin b sulfate	4	
Streptogramins		
SYNERCID	4	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA	3	PA; MO
Nitrates		
DILATRATE SR	2	MO
IMDUR (*Use Isosorbide Mononitrate*)	3	MO
ISORDIL TITRADOSE 40 MG	2	MO
ISORDIL TITRADOSE 5 MG (*Use Isosorbide Dinitrate*)	3	MO
isosorbide dinitrate subl sl 2.5 mg, 5 mg	1	
isosorbide dinitrate tabs or 10 mg, 20 mg, 30 mg, 5 mg	1	MO
isosorbide dinitrate tbcr or 40 mg	1	MO
isosorbide mononitrate (use isosorbide mononitrate)	1	MO
MONOKET (*Use Isosorbide Mononitrate*)	3	MO
nitro-bid	1	MO

DRUG NAME	Drug Tier	Requirements/ Limits
NITRO-DUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (*Use Nitroglycerin*)	3	MO
NITRO-DUR 0.3 MG/HR, 0.8 MG/HR	2	MO
nitroglycerin in d5w	4	
NITROGLYCERIN IN DEXTROSE 5% (*Use Nitroglycerin in D5W*)	4	
NITROGLYCERIN LINGUAL	2	MO
nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	MO
nitroglycerin soln iv 5 mg/ml	4	
nitroglycerin soln tl 0.4 mg/spray	1	MO
NITROLINGUAL PUMPSPRAY	3	MO
NITROLINGUAL PUMPSPRAY DUO PACK	3	MO
NITROMIST	2	MO
NITROSTAT	2	MO
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
ATARAX (*Use Hydroxyzine HCl*)	3	PA; AL; MO
BUSPAR (*Use Buspirone HCl*)	3	MO
buspirone hcl	1	MO
hydroxyzine hcl soln im 25 mg/ml	4	MO
hydroxyzine hcl soln im 50 mg/ml	4	MO
hydroxyzine hcl soln or 10 mg/5ml	1	PA; AL; MO
hydroxyzine hcl syrp or 10 mg/5ml	1	PA; AL; MO
hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg	1	PA; AL; MO
hydroxyzine pamoate	1	PA; AL; MO
meprobamate	1	PA; AL; MO
VANSPAR (*Use Buspirone HCl*)	3	MO
VISTARIL (*Use Hydroxyzine Pamoate*)	3	PA; AL; MO
Benzodiazepines		
alprazolam	1	MO
alprazolam intensol	1	MO
ATIVAN SOLN IJ 2 MG/ML (*Use Lorazepam*)	3	MO
ATIVAN SOLN IJ 4 MG/ML (*Use Lorazepam*)	3	
ATIVAN TABS OR 0.5 MG, 1 MG, 2 MG (*Use Lorazepam*)	3	MO
clorazepate dipotassium	1	MO
diazepam intensol	1	MO
diazepam soln ij 5 mg/ml	1	MO
diazepam soln or 1 mg/ml	1	MO
diazepam tabs or 10 mg, 2 mg, 5 mg	1	MO
lorazepam conc or 2 mg/ml	1	MO
lorazepam intensol (use lorazepam)	1	MO
lorazepam soln ij 2 mg/ml, 20 mg/10ml	1	MO
lorazepam soln ij 4 mg/ml	1	
lorazepam tabs or 0.5 mg, 1 mg, 2 mg	1	MO
NIRAVAM (*Use Alprazolam*)	3	MO
TRANXENE T (*Use Clorazepate Dipotassium*)	3	MO
VALIUM (*Use Diazepam*)	3	MO
XANAX (*Use Alprazolam*)	3	MO

DRUG NAME	Drug Tier	Requirements/ Limits
XANAX XR (*Use Alprazolam*)	3	MO
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics - Misc.		
ADENOCARD (*Use Adenosine*)	4	MO
adenosine	4	MO
Antiarrhythmics Type I-A		
disopyramide phosphate	1	MO
NORPACE (*Use Disopyramide Phosphate*)	3	MO
NORPACE CR	3	MO
quinidine gluconate	1	MO
quinidine sulfate	1	MO
quinidine sulfate er	1	MO
Antiarrhythmics Type I-B		
lidocaine hcl (cardiac)	4	MO
lidocaine hcl soln iv 10 mg/ml	4	MO
lidocaine in d5w	4	
mexiletine hcl	1	MO
XYLOCAINE IV 20 MG/ML (*Use Lidocaine HCl (Cardiac)*)	4	MO
Antiarrhythmics Type I-C		
flecainide acetate 100 mg	1	QL(3 ea daily); MO
flecainide acetate 150 mg	1	QL(2 ea daily); MO
flecainide acetate 50 mg	1	QL(6 ea daily); MO
propafenone hcl	1	MO
RYTHMOL (*Use Propafenone HCl*)	3	MO
RYTHMOL SR (*Use Propafenone HCl*)	3	MO
TAMBOCOR 100 MG (*Use Flecainide Acetate*)	3	QL(3 ea daily); MO
TAMBOCOR 150 MG (*Use Flecainide Acetate*)	3	QL(2 ea daily); MO
TAMBOCOR 50 MG (*Use Flecainide Acetate*)	3	QL(6 ea daily); MO
Antiarrhythmics Type III		
amiodarone hcl soln iv 150 mg/3ml, 50 mg/ml	4	
amiodarone hcl soln iv 900 mg/18ml	4	
amiodarone hcl tabs or 200 mg, 400 mg	1	MO
CORDARONE (*Use Amiodarone HCl*)	3	MO
MULTAQ	2	MO
pacerone (use amiodarone hcl)	1	MO
TIKOSYN	3	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
cromolyn sodium	1	MO; B/D
INTAL (*Use Cromolyn Sodium*)	3	MO; B/D
Antiasthmatic - Monoclonal Antibodies		
XOLAIR	5	PA; LA
Bronchodilators - Anticholinergics		
ATROVENT HFA	3	QL(0.86 gm daily); MO
ipratropium bromide	1	MO; B/D
SPIRIVA HANDIHALER	2	QL(1 ea daily); MO
TUDORZA PRESSAIR	2	QL(0.04 ea daily); MO
Leukotriene Modulators		
ACCOLATE (*Use Zafirlukast*)	3	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
montelukast sodium	1	QL(1 ea daily); MO
SINGULAIR (*Use Montelukast Sodium*)	2	QL(1 ea daily); MO
zafirlukast	1	MO
ZYFLO CR	3	MO
Selective Phosphodiesterase 4 (PDE4)		
DALIRESP	3	MO
Steroid Inhalants		
ALVESCO	3	MO
ASMANEX 120 METERED DOSES	2	QL(0.04 ea daily); MO
ASMANEX 14 METERED DOSES	2	QL(0.29 ea daily); MO
ASMANEX 30 METERED DOSES 110 MCG/INH	2	QL(0.04 ea daily); MO
ASMANEX 30 METERED DOSES 220 MCG/INH	2	QL(0.14 ea daily); MO
ASMANEX 60 METERED DOSES	2	QL(0.07 ea daily); MO
ASMANEX 7 METERED DOSES	2	QL(0.14 ea daily); MO
budesonide (inhalation) 0.25 mg/2ml	1	QL(8 ml daily); MO; B/D
budesonide (inhalation) 0.5 mg/2ml	1	QL(4 ml daily); MO; B/D
FLOVENT DISKUS 100 MCG/BLIST	2	QL(20 ea daily); MO
FLOVENT DISKUS 250 MCG/BLIST	2	QL(8 ea daily); MO
FLOVENT DISKUS 50 MCG/BLIST	2	QL(40 ea daily); MO
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	2	QL(0.8 gm daily); MO
FLOVENT HFA 44 MCG/ACT	2	QL(0.36 gm daily); MO
PULMICORT 0.25 MG/2ML (*Use Budesonide (Inhalation)*)	3	QL(8 ml daily); MO; B/D
PULMICORT 0.5 MG/2ML (*Use Budesonide (Inhalation)*)	3	QL(4 ml daily); MO; B/D
PULMICORT 1 MG/2ML	2	QL(2 ml daily); MO; B/D
PULMICORT FLEXHALER 180 MCG/ACT	3	QL(0.07 ea daily); MO
PULMICORT FLEXHALER 90 MCG/ACT	3	QL(0.27 ea daily); MO
QVAR	2	QL(0.87 gm daily); MO
Sympathomimetics		
ACCUNEB (*Use Albuterol Sulfate*)	3	MO; B/D
ADVAIR DISKUS	2	MO
ADVAIR HFA	2	QL(4 gm daily); MO
albuterol sulfate nebu in 0.083 %, 0.5 %, 0.63 mg/3ml, 0.83 %, 1.25 mg/3ml	1	MO; B/D
albuterol sulfate syrp or 2 mg/5ml	1	MO
albuterol sulfate tabs or 2 mg, 4 mg	1	MO
albuterol sulfate tb12 or 4 mg, 8 mg	1	MO
ARCAPTA NEOHALER	3	QL(1 ea daily); MO
BRETHINE SOLN IJ 1 MG/ML (*Use Terbutaline Sulfate*)	4	
BRETHINE TABS OR 2.5 MG, 5 MG (*Use Terbutaline Sulfate*)	3	MO
BROVANA	3	MO; B/D
COMBIVENT	3	MO
COMBIVENT RESPIMAT	3	QL(0.2 gm daily); MO
DULERA	2	QL(4 gm daily); MO
DUONEB (*Use Ipratropium-Albuterol*)	3	MO; B/D
epinephrine hcl	4	MO
FORADIL AEROLIZER	2	QL(2 ea daily); MO

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DRUG NAME	Drug Tier	Requirements/ Limits
ipratropium-albuterol	1	MO; B/D
ISUPREL	4	MO
levalbuterol hcl	1	MO; B/D
MAXAIR AUTOHALER	2	MO
metaproterenol sulfate	1	MO
PERFOROMIST	3	QL(4 ml daily); MO; B/D
PROAIR HFA	2	MO
PROVENTIL (*Use Albuterol Sulfate*)	3	MO; B/D
PROVENTIL HFA	2	MO
SEREVENT DISKUS	2	QL(2 ea daily); MO
SYMBICORT	3	QL(4 gm daily); MO
terbutaline sulfate soln ij 1 mg/ml	4	
terbutaline sulfate tabs or 2.5 mg, 5 mg	1	MO
VENTOLIN HFA	3	MO
vospire er (use albuterol sulfate)	1	MO
XOPENEX (*Use Levalbuterol HCl*)	3	MO; B/D
XOPENEX CONCENTRATE (*Use Levalbuterol HCl*)	3	MO; B/D
XOPENEX HFA	3	MO
Xanthines		
aminophylline	4	MO
elixophyllin	1	MO
LUFYLLIN	3	MO
QUIBRON-T/SR (*Use Theophylline*)	3	MO
theophylline	1	MO
theophylline er	1	MO
theophylline in dextrose	4	
THEOPHYLLINE/D5W (*Use Theophylline in Dextrose*)	4	
uniphyl (use theophylline)	1	MO
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN SOLR IV 5 MG	4	MO
COUMADIN TABS OR 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (*Use Warfarin Sodium*)	3	MO
warfarin sodium	1	MO
Direct Factor Xa Inhibitors		
ELIQUIS	3	MO
XARELTO	2	MO
Heparins And Heparinoid-Like Agents		
ARIXTRA (*Use Fondaparinux Sodium*)	4	MO
enoxaparin sodium	4	MO
fondaparinux sodium	4	MO
FRAGMIN	4	MO
heparin (porcine) in sodium chloride	4	B/D
heparin sod (porcine) in d5w	4	B/D
HEPARIN SODIUM	4	B/D
heparin sodium (porcine)	4	MO; B/D
HEPARIN SODIUM/D5W (*Use Heparin Sod (Porcine*) in D5W)	4	B/D

DRUG NAME	Drug Tier	Requirements/ Limits
HEPARIN SODIUM/NACL 0.45%	4	B/D
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% (*Use Heparin (Porcine*) in Sodium Chloride)	4	B/D
LOVENOX (*Use Enoxaparin Sodium*)	4	MO
Thrombin Inhibitors		
argatroban	5	MO
PRADAXA	2	MO
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
clonazepam tabs 0.5 mg	1	QL(40 ea daily); MO
clonazepam tabs 1 mg	1	QL(20 ea daily); MO
clonazepam tabs 2 mg	1	QL(10 ea daily); MO
clonazepam tbdp 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	MO
DIASTAT ACUDIAL	3	MO
DIASTAT ADULT	3	MO
DIASTAT PEDIATRIC	3	MO
DIASTAT UNIVERSAL	3	MO
DIAZEPAM GEL RE 10 MG, 2.5 MG, 20 MG	3	MO
KLONOPIN 0.5 MG (*Use Clonazepam*)	3	QL(40 ea daily); MO
KLONOPIN 1 MG (*Use Clonazepam*)	3	QL(20 ea daily); MO
KLONOPIN 2 MG (*Use Clonazepam*)	3	QL(10 ea daily); MO
KLONOPIN WAFERS (*Use Clonazepam*)	3	MO
ONFI	3	MO
Anticonvulsants - Misc.		

DRUG NAME	Drug Tier	Requirements/ Limits
BANZEL	2	MO
carbamazepine	1	MO
CARBATROL (*Use Carbamazepine*)	3	MO
gabapentin	1	MO
KEPPRA SOLN IV 500 MG/5ML (*Use Levetiracetam*)	4	MO
KEPPRA SOLN OR 100 MG/ML (*Use Levetiracetam*)	3	MO
KEPPRA TABS OR 1000 MG, 250 MG, 500 MG, 750 MG (*Use Levetiracetam*)	3	MO
KEPPRA XR (*Use Levetiracetam*)	3	MO
LAMICTAL (*Use Lamotrigine*)	3	MO
LAMICTAL CHEWABLE DISPERSIBLE (*Use Lamotrigine*)	3	MO
LAMICTAL ODT	3	MO
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	3	MO
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE (*Use Lamotrigine*)	3	MO
LAMICTAL STARTER/TAKING VALPROATE	3	MO
LAMICTAL XR (*Use Lamotrigine*)	3	MO
lamotrigine	1	MO
levetiracetam soln iv 500 mg/5ml	4	MO
LEVETIRACETAM SOLN IV 500-820 MG/100ML, 540-1500 MG/100ML, 750-1000 MG/100ML	4	

DRUG NAME	Drug Tier	Requirements/ Limits
levetiracetam soln or 100 mg/ml, 500 mg/5ml	1	MO
levetiracetam tabs or 1000 mg, 250 mg, 500 mg, 750 mg	1	MO
levetiracetam tb24 or 500 mg, 750 mg	1	MO
LYRICA CAPS 100 MG	2	QL(6 ea daily); MO
LYRICA CAPS 150 MG	2	QL(4 ea daily); MO
LYRICA CAPS 200 MG	2	QL(3 ea daily); MO
LYRICA CAPS 225 MG, 300 MG	2	QL(2 ea daily); MO
LYRICA CAPS 25 MG	2	QL(24 ea daily); MO
LYRICA CAPS 50 MG	2	QL(12 ea daily); MO
LYRICA CAPS 75 MG	2	QL(8 ea daily); MO
LYRICA SOLN 20 MG/ML	2	QL(30 ml daily); MO
MYSOLINE (*Use Primidone*)	3	MO
NEURONTIN (*Use Gabapentin*)	3	MO
oxcarbazepine	1	MO
POTIGA 200 MG	5	QL(6 ea daily); MO
POTIGA 300 MG	5	QL(4 ea daily); MO
POTIGA 400 MG	5	QL(3 ea daily)
POTIGA 50 MG	5	QL(24 ea daily); MO
primidone	1	MO
TEGRETOL (*Use Carbamazepine*)	3	MO
TEGRETOL-XR 100 MG	2	MO
TEGRETOL-XR 200 MG, 400 MG (*Use Carbamazepine*)	3	MO
TOPAMAX (*Use Topiramate*)	3	MO
TOPAMAX SPRINKLE (*Use Topiramate*)	3	MO
topiramate	1	MO
TRILEPTAL (*Use Oxcarbazepine*)	3	MO
VIMPAT SOLN IV 200 MG/20ML	4	
VIMPAT SOLN OR 10 MG/ML	2	MO
VIMPAT TABS OR 100 MG, 150 MG, 200 MG, 50 MG	2	MO
ZONEGRAN (*Use Zonisamide*)	3	MO
zonisamide	1	MO
Carbamates		
felbamate	1	MO
FELBATOL (*Use Felbamate*)	3	MO
GABA Modulators		
GABITRIL (*Use Tiagabine HCl*)	3	MO
SABRIL	5	LA
tiagabine hcl	1	MO
Hydantoins		
CEREBYX (*Use Fosphenytoin Sodium*)	4	
dilantin caps 100 mg, 30 mg (use phenytoin sodium extended)	1	MO
dilantin infatabs (use phenytoin)	1	MO
DILANTIN SUSP 125 MG/5ML (*Use Phenytoin*)	3	MO
fosphenytoin sodium 100 mg pe/2ml	4	
fosphenytoin sodium 500 mg pe/10ml	4	MO

DRUG NAME	Drug Tier	Requirements/ Limits
PEGANONE	3	MO
phenytek (use phenytoin sodium extended)	1	MO
phenytoin	1	MO
phenytoin sodium	4	
phenytoin sodium extended	1	MO
Succinimides		
CELONTIN	3	MO
ethosuximide	1	MO
ZARONTIN CAPS 250 MG (*Use Ethosuximide*)	3	MO
zarontin soln 250 mg/5ml (use ethosuximide)	1	MO
Valproic Acid		
DEPACON (*Use Valproate Sodium*)	4	MO
DEPAKENE (*Use Valproate Sodium*)	3	MO
DEPAKENE (*Use Valproic Acid*)	3	MO
DEPAKOTE (*Use Divalproex Sodium*)	3	MO
DEPAKOTE ER (*Use Divalproex Sodium*)	3	MO
DEPAKOTE SPRINKLES (*Use Divalproex Sodium*)	3	MO
divalproex sodium	1	MO
STAVZOR	3	MO
valproate sodium soln iv 100 mg/ml, 500 mg/5ml	4	MO
valproate sodium soln or 250 mg/5ml	1	MO
valproate sodium syrp or 250 mg/5ml	1	MO
valproic acid	1	MO
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine	1	MO
REMERON (*Use Mirtazapine*)	3	MO
REMERON SOLTAB (*Use Mirtazapine*)	3	MO
Antidepressants - Misc.		
APLENZIN 174 MG	3	QL(3 ea daily); MO
APLENZIN 348 MG, 522 MG	3	QL(1 ea daily); MO
bupropion hcl tabs 100 mg	1	QL(4.5 ea daily); MO
bupropion hcl tabs 75 mg	1	QL(6 ea daily); MO
bupropion hcl tb12 100 mg	1	QL(4 ea daily); MO
bupropion hcl tb12 150 mg, 200 mg	1	QL(2 ea daily); MO
bupropion hcl tb24 150 mg	1	QL(3 ea daily); MO
bupropion hcl tb24 300 mg	1	QL(1 ea daily); MO
FORFIVO XL	3	QL(1 ea daily); MO
maprotiline hcl	1	MO
WELLBUTRIN 100 MG (*Use Bupropion HCl*)	3	QL(4.5 ea daily); MO
WELLBUTRIN 75 MG (*Use Bupropion HCl*)	3	QL(6 ea daily); MO
WELLBUTRIN SR 100 MG (*Use Bupropion HCl*)	3	QL(4 ea daily); MO
WELLBUTRIN SR 150 MG, 200 MG (*Use Bupropion HCl*)	3	QL(2 ea daily); MO
WELLBUTRIN XL 150 MG (*Use Bupropion HCl*)	3	QL(3 ea daily); MO
WELLBUTRIN XL 300 MG (*Use Bupropion HCl*)	3	QL(1 ea daily); MO
Modified Cyclics		
DESYREL (*Use Trazodone HCl*)	3	MO
nefazodone hcl	1	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
OLEPTRO	3	MO
trazodone hcl	1	MO
VIIBRYD	3	MO
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	MO
MARPLAN	3	MO
NARDIL (*Use Phenelzine Sulfate*)	3	MO
PARNATE (*Use Tranylcypromine Sulfate*)	3	MO
phenelzine sulfate	1	MO
tranylcypromine sulfate	1	MO
Selective Serotonin Reuptake Inhibitors		
CELEXA SOLN 10 MG/5ML (*Use Citalopram Hydrobromide*)	3	QL(20 ml daily); MO
CELEXA TABS 10 MG (*Use Citalopram Hydrobromide*)	3	QL(4 ea daily); MO
CELEXA TABS 20 MG (*Use Citalopram Hydrobromide*)	3	QL(2 ea daily); MO
CELEXA TABS 40 MG (*Use Citalopram Hydrobromide*)	3	QL(1 ea daily); MO
citalopram hydrobromide soln 10 mg/5ml	1	QL(20 ml daily); MO
citalopram hydrobromide tabs 10 mg	1	QL(4 ea daily); MO
citalopram hydrobromide tabs 20 mg	1	QL(2 ea daily); MO
citalopram hydrobromide tabs 40 mg	1	QL(1 ea daily); MO
escitalopram oxalate	1	MO
fluoxetine hcl caps 10 mg, 20 mg, 40 mg	1	MO
fluoxetine hcl cpdr 90 mg	1	MO
fluoxetine hcl soln 20 mg/5ml	1	MO
fluoxetine hcl tabs 10 mg, 20 mg	1	MO
FLUOXETINE HCL TABS 60 MG	3	MO
fluvoxamine maleate	1	MO
LEXAPRO (*Use Escitalopram Oxalate*)	3	MO
LUVOX CR (*Use Fluvoxamine Maleate*)	3	MO
paroxetine hcl	1	MO
PAXIL (*Use Paroxetine HCl*)	3	MO
PAXIL CR (*Use Paroxetine HCl*)	3	MO
PEXEVA	3	MO
PROZAC (*Use Fluoxetine HCl*)	3	MO
PROZAC WEEKLY (*Use Fluoxetine HCl*)	3	MO
RAPIFLUX (*Use Fluoxetine HCl*)	3	MO
sertraline hcl	1	MO
ZOLOFT (*Use Sertraline HCl*)	3	MO
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA	2	MO
DESVENLAFAXINE ER	3	MO
EFFEXOR 100 MG (*Use Venlafaxine HCl*)	3	QL(3.5 ea daily); MO
EFFEXOR 25 MG (*Use Venlafaxine HCl*)	3	QL(15 ea daily); MO
EFFEXOR 37.5 MG (*Use Venlafaxine HCl*)	3	QL(10 ea daily); MO
EFFEXOR 50 MG (*Use Venlafaxine HCl*)	3	QL(7.5 ea daily); MO
EFFEXOR 75 MG (*Use Venlafaxine HCl*)	3	QL(5 ea daily); MO
EFFEXOR XR 150 MG (*Use Venlafaxine HCl*)	3	QL(1 ea daily); MO

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DRUG NAME	Drug Tier	Requirements/ Limits
EFFEXOR XR 37.5 MG (*Use Venlafaxine HCl*)	3	QL(6 ea daily); MO
EFFEXOR XR 75 MG (*Use Venlafaxine HCl*)	3	QL(3 ea daily); MO
PRISTIQ	3	MO
venlafaxine hcl cp24 150 mg	1	QL(1 ea daily); MO
venlafaxine hcl cp24 37.5 mg	1	QL(6 ea daily); MO
venlafaxine hcl cp24 75 mg	1	QL(3 ea daily); MO
VENLAFAXINE HCL ER 150 MG (*Use Venlafaxine HCl*)	3	QL(1 ea daily); MO
venlafaxine hcl er 225 mg	1	QL(1 ea daily); MO
venlafaxine hcl er 37.5 mg (use venlafaxine hcl)	1	QL(6 ea daily); MO
venlafaxine hcl er 75 mg (use venlafaxine hcl)	1	QL(3 ea daily); MO
venlafaxine hcl tabs 100 mg	1	QL(3.5 ea daily); MO
venlafaxine hcl tabs 25 mg	1	QL(15 ea daily); MO
venlafaxine hcl tabs 37.5 mg	1	QL(10 ea daily); MO
venlafaxine hcl tabs 50 mg	1	QL(7.5 ea daily); MO
venlafaxine hcl tabs 75 mg	1	QL(5 ea daily); MO
venlafaxine hcl tb24 150 mg	1	QL(1 ea daily); MO
venlafaxine hcl tb24 37.5 mg	1	QL(6 ea daily); MO
venlafaxine hcl tb24 75 mg	1	QL(3 ea daily); MO
Tricyclic Agents		
amitriptyline hcl	1	MO
amoxapine	1	MO
ANAFRANIL (*Use Clomipramine HCl*)	3	AL; MO
clomipramine hcl	1	AL; MO
desipramine hcl	1	MO
doxepin hcl	1	MO
imipramine hcl	1	AL; MO
imipramine pamoate	1	AL; MO
NORPRAMIN (*Use Desipramine HCl*)	3	MO
nortriptyline hcl	1	MO
PAMELOR (*Use Nortriptyline HCl*)	3	MO
protriptyline hcl (use protriptyline hcl)	1	MO
SINEQUAN (*Use Doxepin HCl*)	3	MO
SURMONTIL (*Use Trimipramine Maleate*)	3	AL; MO
tofranil (use imipramine hcl)	1	AL; MO
TOFRANIL-PM (*Use Imipramine Pamoate*)	3	AL; MO
trimipramine maleate	1	AL; MO
VIVACTIL	3	MO
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	1	QL(3 ea daily); MO
GLYSET	3	QL(3 ea daily); MO
PRECOSE (*Use Acarbose*)	3	QL(3 ea daily); MO
Antidiabetic - Amylin Analogs		
SYMLINPEN 120	4	QL(0.4 ml daily); MO
SYMLINPEN 60	4	QL(0.4 ml daily); MO
Antidiabetic Combinations		
ACTOPLUS MET (*Use Pioglitazone HCl-Metformin HCl*)	2	QL(3 ea daily); MO

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DRUG NAME	Drug Tier	Requirements/ Limits
ACTOPLUS MET XR 15-1000 MG	2	QL(2 ea daily); MO
ACTOPLUS MET XR 30-1000 MG	2	QL(1 ea daily); MO
DUETACT (*Use Pioglitazone HCl-Glimepiride*)	2	QL(1 ea daily); MO
glipizide-metformin hcl 2.5-250 mg	1	QL(8 ea daily); MO
glipizide-metformin hcl 2.5-500 mg	1	QL(5 ea daily); MO
glipizide-metformin hcl 2.5-500 mg, 5-500 mg	1	QL(4 ea daily); MO
GLUCOVANCE (*Use Glyburide-Metformin*)	3	AL; MO
glyburide-metformin	1	AL; MO
JANUMET	2	QL(2 ea daily); MO
JANUMET XR 100-1000 MG	2	QL(1 ea daily); MO
JANUMET XR 50-1000 MG, 50-500 MG	2	QL(2 ea daily); MO
JENTADUETO	2	QL(2 ea daily); MO
JUVISYNC 10-100 MG, 20-100 MG, 40-100 MG	2	QL(1 ea daily); MO
JUVISYNC 10-50 MG, 20-50 MG	2	QL(2 ea daily)
JUVISYNC 40-50 MG	2	QL(1 ea daily)
KAZANO	2	QL(2 ea daily); MO
KOMBIGLYZE XR 2.5-1000 MG	2	QL(2 ea daily); MO
KOMBIGLYZE XR 5-1000 MG, 5-500 MG	2	QL(1 ea daily); MO
METAGLIP (*Use Glipizide-Metformin HCl*)	3	QL(8 ea daily); MO
OSENI 12.5-15 MG, 12.5-30 MG, 12.5-45 MG	2	QL(2 ea daily); MO
OSENI 15-25 MG, 25-30 MG, 25-45 MG	2	QL(1 ea daily); MO
pioglitazone hcl-glimepiride	1	QL(1 ea daily); MO
pioglitazone hcl-metformin hcl	1	QL(3 ea daily); MO
PRANDIMET	3	QL(5 ea daily); MO
Biguanides		
FORTAMET 1000 MG (*Use Metformin HCl*)	3	QL(2 ea daily); MO
FORTAMET 500 MG (*Use Metformin HCl*)	3	QL(5 ea daily); MO; Osmotic
GLUCOPHAGE 1000 MG (*Use Metformin HCl*)	3	QL(2.5 ea daily); MO
GLUCOPHAGE 500 MG (*Use Metformin HCl*)	3	QL(5 ea daily); MO
GLUCOPHAGE 850 MG (*Use Metformin HCl*)	3	QL(3 ea daily); MO
GLUCOPHAGE XR 500 MG (*Use Metformin HCl*)	3	QL(4 ea daily); MO
GLUCOPHAGE XR 750 MG (*Use Metformin HCl*)	3	QL(2 ea daily); MO
GLUMETZA 1000 MG	3	QL(2 ea daily); MO
GLUMETZA 500 MG	3	QL(4 ea daily); MO
metformin hcl tabs 1000 mg	1	QL(2.5 ea daily); MO
metformin hcl tabs 500 mg	1	QL(5 ea daily); MO
metformin hcl tabs 850 mg	1	QL(3 ea daily); MO
metformin hcl tb24 1000 mg, 750 mg	1	QL(2 ea daily); MO
metformin hcl tb24 500 mg	1	QL(5 ea daily); MO; Osmotic
metformin hcl tb24 500 mg	1	QL(4 ea daily); MO
RIOMET	2	QL(25.5 ml daily); MO
Diabetic Other		
GLUCAGEN	2	MO
GLUCAGEN HYPOKIT	2	MO
glucagon emergency kit	1	MO
KORLYM	5	PA; QL(4 ea daily)

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DRUG NAME	Drug Tier	Requirements/ Limits
PROGLYCEM	3	MO
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
JANUVIA 100 MG	2	QL(1 ea daily); MO
JANUVIA 25 MG	2	QL(4 ea daily); MO
JANUVIA 50 MG	2	QL(2 ea daily); MO
NESINA	2	QL(1 ea daily); MO
ONGLYZA 2.5 MG	2	QL(2 ea daily); MO
ONGLYZA 5 MG	2	QL(1 ea daily); MO
TRADJENTA	2	QL(1 ea daily); MO
Incretin Mimetic Agents (GLP-1 Receptor		
BYDUREON	4	PA; QL(0.15 ea daily); MO
BYETTA 10 MCG/0.04ML	4	PA; QL(4.8 ml daily); MO
BYETTA 5 MCG/0.02ML	4	PA; QL(2.4 ml daily); MO
VICTOZA	4	PA; QL(0.3 ml daily); MO
Insulin Sensitizing Agents		
ACTOS (*Use Pioglitazone HCl*)	2	QL(1 ea daily); MO
pioglitazone hcl	1	QL(1 ea daily); MO
Insulin		
APIDRA	3	QL(1.5 ml daily); MO
APIDRA SOLOSTAR	3	QL(1.5 ml daily); MO
HUMALOG	2	QL(1.5 ml daily); MO
HUMALOG KWIKPEN	2	QL(1.5 ml daily); MO
HUMALOG MIX 50/50	2	QL(1.5 ml daily); MO
HUMALOG MIX 50/50 KWIKPEN	2	QL(1.5 ml daily); MO

DRUG NAME	Drug Tier	Requirements/ Limits
HUMALOG MIX 50/50 PEN	2	QL(1.5 ml daily); MO
HUMALOG MIX 75/25	2	QL(1.5 ml daily); MO
HUMALOG MIX 75/25 KWIKPEN	2	QL(1.5 ml daily); MO
HUMALOG MIX 75/25 PEN	2	QL(1.5 ml daily); MO
HUMALOG PEN	2	QL(1.5 ml daily); MO
HUMULIN 70/30	2	QL(1.5 ml daily); MO
HUMULIN 70/30 PEN	2	QL(1.5 ml daily); MO
HUMULIN N	2	QL(1.5 ml daily); MO
HUMULIN N U-100 PEN	2	QL(1.5 ml daily); MO
HUMULIN R	2	QL(1.5 ml daily); MO
HUMULIN R U-500 (*CONCENTRATED*)	2	QL(1.5 ml daily); MO
LANTUS	2	QL(1.5 ml daily); MO
LANTUS FOR OPTICLIK	2	QL(1.5 ml daily); MO
LANTUS SOLOSTAR	2	QL(1.5 ml daily); MO
LEVEMIR	2	QL(1.5 ml daily); MO
LEVEMIR FLEXPEN	2	QL(1.5 ml daily); MO
NOVOLIN 70/30	3	QL(1.5 ml daily); MO
NOVOLIN 70/30 RELION	3	QL(1.5 ml daily); MO
NOVOLIN N	3	QL(1.5 ml daily); MO
NOVOLIN N RELION	3	QL(1.5 ml daily); MO
NOVOLIN R	3	QL(1.5 ml daily); MO
NOVOLIN R RELION	3	QL(1.5 ml daily); MO
NOVOLOG	3	QL(1.5 ml daily); MO

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DRUG NAME	Drug Tier	Requirements/ Limits
NOVOLOG FLEXPEN	3	QL(1.5 ml daily); MO
NOVOLOG MIX 70/30	3	QL(1.5 ml daily); MO
NOVOLOG MIX 70/30 PENFILL	3	QL(1.5 ml daily); MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	QL(1.5 ml daily); MO
NOVOLOG PENFILL	3	QL(1.5 ml daily); MO
Meglitinide Analogues		
nateglinide	1	QL(3 ea daily); MO
PRANDIN 0.5 MG, 1 MG (*Use Repaglinide*)	2	QL(4 ea daily); MO
PRANDIN 2 MG (*Use Repaglinide*)	2	QL(8 ea daily); MO
repaglinide 1 mg	1	QL(4 ea daily); MO
repaglinide 2 mg	1	QL(8 ea daily); MO
STARLIX (*Use Nateglinide*)	3	QL(3 ea daily); MO
Sulfonylureas		
AMARYL (*Use Glimepiride*)	3	QL(2 ea daily); MO
chlorpropamide	1	PA; QL(2 ea daily); AL; MO
DIABETA	3	AL; MO
glimepiride	1	QL(2 ea daily); MO
glipizide tabs 10 mg, 5 mg	1	QL(4 ea daily); MO
glipizide tb24 10 mg, 2.5 mg, 5 mg	1	QL(2 ea daily); MO
GLUCOTROL (*Use Glipizide*)	3	QL(4 ea daily); MO
GLUCOTROL XL (*Use Glipizide*)	3	QL(2 ea daily); MO
glyburide	1	AL; MO
glyburide micronized	1	AL; MO
GLYNASE (*Use Glyburide Micronized*)	3	AL; MO
tolazamide	1	MO
tolbutamide	1	MO
ANTIDIARRHEALS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
FULYZAQ	3	PA; QL(2 ea daily)
Antiperistaltic Agents		
diphenoxylate w/ atropine	1	MO
diphenoxylate/atropine	1	MO
LOMOTIL (*Use Diphenoxylate w/ Atropine*)	3	MO
loperamide hcl	1	RX/OTC; MO
MOTOFEN	3	MO
ANTIDOTES - Drugs to Treat Overdose or Toxicity		
Antidotes - Chelating Agents		
CHEMET	3	MO
EXJADE 125 MG	3	LA
EXJADE 250 MG, 500 MG	5	LA
FERRIPROX	5	PA; LA
Antidotes		
acetylcysteine (antidote)	1	
ANTIZOL (*Use Fomepizole*)	4	
deferoxamine mesylate	5	B/D
DESFERAL (*Use Deferoxamine Mesylate*)	5	B/D
fomepizole	4	
Benzodiazepine Antagonists		
flumazenil	4	

DRUG NAME	Drug Tier	Requirements/ Limits
ROMAZICON (*Use Flumazenil*)	4	
Opioid Antagonists		
naloxone hcl	4	
naltrexone hcl	1	MO
revia (use naltrexone hcl)	1	MO
VIVITROL	5	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ALOXI	4	MO
granisetron hcl soln iv 0.1 mg/ml, 1 mg/ml, 4 mg/4ml	4	MO
granisetron hcl soln or 2 mg/10ml	1	MO; B/D
granisetron hcl tabs or 1 mg	1	MO; B/D
KYTRIL SOLN IV 0.1 MG/ML, 1 MG/ML (*Use Granisetron HCl*)	4	MO
KYTRIL SOLN OR 2 MG/10ML (*Use Granisetron HCl*)	3	MO; B/D
KYTRIL TABS OR 1 MG (*Use Granisetron HCl*)	3	MO; B/D
ondansetron	1	MO; B/D
ondansetron hcl and dextrose	4	
ondansetron hcl soln ij 4 mg/2ml, 40 mg/20ml	4	MO
ONDANSETRON HCL SOLN IV 32-450 MG/50ML	4	
ondansetron hcl soln or 4 mg/5ml	1	MO; B/D
ondansetron hcl tabs or 24 mg, 4 mg, 8 mg	1	MO; B/D
ONDANSETRON HCL/DEXTROSE	4	
SANCUSO	3	MO

DRUG NAME	Drug Tier	Requirements/ Limits
ZOFRAN ODT (*Use Ondansetron*)	3	MO; B/D
ZOFRAN SOLN IJ 4 MG/2ML, 40 MG/20ML (*Use Ondansetron HCl*)	4	MO
ZOFRAN SOLN OR 4 MG/5ML (*Use Ondansetron HCl*)	3	MO; B/D
ZOFRAN TABS OR 24 MG, 4 MG, 8 MG (*Use Ondansetron HCl*)	3	MO; B/D
ZUPLENZ 4 MG	3	B/D
ZUPLENZ 8 MG	3	MO; B/D
Antiemetics - Anticholinergic		
ANTIVERT 12.5 MG, 25 MG (*Use Meclizine HCl*)	3	RX/OTC; MO
ANTIVERT 50 MG	3	
dimenhydrinate	4	
meclizine hcl	1	RX/OTC; MO
TIGAN CAPS OR 300 MG (*Use Trimethobenzamide HCl*)	3	PA; AL; MO
TIGAN SOLN IM 100 MG/ML (*Use Trimethobenzamide HCl*)	4	MO
trimethobenzamide hcl caps or 300 mg	1	PA; AL; MO
trimethobenzamide hcl soln im 100 mg/ml	4	MO
Antiemetics - Miscellaneous		
CESAMET	3	MO; B/D
dronabinol	1	MO; B/D
MARINOL (*Use Dronabinol*)	3	MO; B/D
Substance P/Neurokinin 1 (NK1) Receptor		
EMEND CAPS OR , 125 MG, 80 MG	3	MO; B/D
EMEND CAPS OR 40 MG	3	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
EMEND SOLR IV 150 MG	4	MO
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS	5	
ERAXIS	4	
MYCAMINE	5	MO
Antifungals		
ABELCET	5	
AMBISOME	5	MO
AMPHOTEC	4	
AMPHOTERICIN B	4	MO
amphotericin b	4	MO
ANCOBON 250 MG (*Use Flucytosine*)	3	
ANCOBON 500 MG (*Use Flucytosine*)	3	MO
flucytosine 250 mg	1	
flucytosine 500 mg	1	MO
grifulvin v (use griseofulvin microsize)	1	MO
GRIS-PEG (*Use Griseofulvin Ultramicrosize*)	2	MO
griseofulvin microsize	1	MO
griseofulvin ultramicrosize	1	MO
LAMISIL PACK 125 MG, 187.5 MG	2	PA; MO
LAMISIL TABS 250 MG (*Use Terbinafine HCl*)	3	PA; MO
nystatin	1	MO
terbinafine hcl	1	PA; MO
Imidazole-Related Antifungals		
DIFLUCAN (*Use Fluconazole*)	3	MO
DIFLUCAN IN NACL 0.9-200 %, MG/100ML (*Use Fluconazole in NaCl*)	4	
DIFLUCAN IN NACL 0.9-400 %, MG/200ML (*Use Fluconazole in NaCl*)	4	MO
fluconazole	1	MO
fluconazole in dextrose	4	
fluconazole in nacl 0.9-100 %, mg/50ml	4	
fluconazole in nacl 0.9-200 %, mg/100ml	4	
fluconazole in nacl 0.9-400 %, mg/200ml	4	MO
itraconazole	1	MO
ketoconazole	1	MO
NOXAFIL	5	MO
ONMEL	3	MO
SPORANOX (*Use Itraconazole*)	3	MO
SPORANOX PULSEPAK (*Use Itraconazole*)	3	MO
VFEND (*Use Voriconazole*)	5	MO
VFEND IV (*Use Voriconazole*)	4	
voriconazole solr iv 200 mg	4	
voriconazole tabs or 200 mg, 50 mg	5	MO
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
BENADRYL (*Use Diphenhydramine HCl*)	4	MO
carbinoxamine maleate liqd 4 mg/5ml (use carbinoxamine maleate)	1	AL; MO

DRUG NAME	Drug Tier	Requirements/ Limits
carbinoxamine maleate tabs 4 mg	1	MO
clemastine fumarate	1	AL; MO
diphenhydramine hcl caps or 50 mg	1	PA; AL; RX/OTC; MO
diphenhydramine hcl elix or 12.5 mg/5ml	1	RX/OTC
diphenhydramine hcl soln ij 50 mg/ml	4	MO
HISTEX PD (*Use Carbinoxamine Maleate*)	3	AL; MO
palgic (use carbinoxamine maleate)	1	AL; MO
Antihistamines - Non-Sedating		
cetirizine hcl	1	RX/OTC; MO
CLARINEX (*Use Desloratadine*)	3	MO
CLARINEX REDITABS (*Use Desloratadine*)	3	MO
desloratadine	1	MO
levocetirizine dihydrochloride	1	MO
XYZAL (*Use Levocetirizine Dihydrochloride*)	3	MO
ZYRTEC	3	RX/OTC; MO
Antihistamines - Phenothiazines		
phenergan soln ij 25 mg/ml, 50 mg/ml (use promethazine hcl)	4	MO
PHENERGAN SUPP RE 12 MG, 25 MG (*Use Promethazine HCl*)	3	PA; AL; MO
promethazine hcl soln ij 25 mg/ml, 50 mg/ml	4	MO
promethazine hcl soln or 6.25 mg/5ml	1	PA; AL; MO
promethazine hcl supp re 12.5 mg, 25 mg, 50 mg	1	PA; AL; MO
promethazine hcl syrp or 6.25 mg/5ml	1	PA; AL; MO
promethazine hcl tabs or 12.5 mg, 25 mg, 50 mg	1	PA; AL; MO
promethegan	1	PA; AL; MO
Antihistamines - Piperidines		
cyproheptadine hcl	1	PA; AL; MO
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
LIPTRUZET	2	MO
VYTORIN 10-10 MG	2	QL(8 ea daily); MO
VYTORIN 10-20 MG	2	QL(4 ea daily); MO
VYTORIN 10-40 MG	2	QL(2 ea daily); MO
VYTORIN 10-80 MG	2	PA; QL(1 ea daily); MO
Antihyperlipidemics - Misc.		
KYNAMRO	5	PA
LOVAZA	2	MO
VASCEPA	3	MO
Bile Acid Sequestrants		
cholestyramine light	1	MO
cholestyramine pack 4 gm	1	MO
cholestyramine powd 4 gm/dose	1	MO; Powder Canister
COLESTID (*Use Colestipol HCl*)	3	MO
COLESTID FLAVORED (*Use Colestipol HCl*)	3	MO
colestipol hcl	1	MO
questran light (use cholestyramine light)	1	MO
questran pack 4 gm (use cholestyramine)	1	MO
questran powd 4 gm/dose (use cholestyramine)	1	MO; Powder Canister
WELCHOL	3	MO

DRUG NAME	Drug Tier	Requirements/ Limits
Fibric Acid Derivatives		
ANTARA (*Use Fenofibrate Micronized*)	3	MO
choline fenofibrate	1	MO
fenofibrate (use fenofibrate)	1	MO
fenofibrate micronized	1	MO
fenofibric acid	1	MO
FENOGLIDE	3	MO
FIBRICOR	3	MO
gemfibrozil	1	MO
LIPOFEN	3	MO
lofibra (use fenofibrate micronized)	1	MO
lofibra (use fenofibrate)	1	MO
LOPID (*Use Gemfibrozil*)	3	MO
TRICOR (*Use Fenofibrate*)	2	MO
TRIGLIDE 160 MG	3	MO
TRIGLIDE 50 MG	3	
TRILIPIX (*Use Choline Fenofibrate*)	2	MO
HMG CoA Reductase Inhibitors		
ADVICOR	3	MO
ALTOPREV	3	MO
atorvastatin calcium	1	MO
CRESTOR	3	ST; MO
fluvastatin sodium	1	MO
LESCOL (*Use Fluvastatin Sodium*)	3	MO
LESCOL XL	3	MO

DRUG NAME	Drug Tier	Requirements/ Limits
LIPITOR (*Use Atorvastatin Calcium*)	3	MO
LIVALO	3	MO
lovastatin	1	MO
MEVACOR (*Use Lovastatin*)	3	MO
PRAVACHOL (*Use Pravastatin Sodium*)	3	MO
pravastatin sodium	1	MO
SIMCOR 20-1000 MG, 20-500 MG, 20-750 MG	2	QL(2 ea daily); MO
SIMCOR 40-1000 MG, 40-500 MG	2	QL(1 ea daily); MO
simvastatin 10 mg	1	QL(8 ea daily); MO
simvastatin 20 mg	1	QL(4 ea daily); MO
simvastatin 40 mg	1	QL(2 ea daily); MO
simvastatin 5 mg	1	QL(16 ea daily); MO
simvastatin 80 mg	1	QL(1 ea daily); MO
ZOCOR 10 MG (*Use Simvastatin*)	3	QL(8 ea daily); MO
ZOCOR 20 MG (*Use Simvastatin*)	3	QL(4 ea daily); MO
ZOCOR 40 MG (*Use Simvastatin*)	3	QL(2 ea daily); MO
ZOCOR 5 MG (*Use Simvastatin*)	3	QL(16 ea daily); MO
ZOCOR 80 MG (*Use Simvastatin*)	3	QL(1 ea daily); MO
Intestinal Cholesterol Absorption Inhibitors		
ZETIA	2	MO
Microsomal Triglyceride Transfer Protein		
JUXTAPID 10 MG	5	PA; QL(6 ea daily)
JUXTAPID 20 MG	5	PA; QL(3 ea daily)
JUXTAPID 5 MG	5	PA; QL(12 ea daily)

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DRUG NAME	Drug Tier	Requirements/ Limits
Nicotinic Acid Derivatives		
niacor	1	MO
NIASPAN	2	MO
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (*Use Quinapril HCl*)	3	MO
ACEON 2 MG (*Use Perindopril Erbumine*)	3	QL(8 ea daily); MO
ACEON 4 MG (*Use Perindopril Erbumine*)	3	QL(4 ea daily); MO
ACEON 8 MG (*Use Perindopril Erbumine*)	3	QL(2 ea daily); MO
ALTACE (*Use Ramipril*)	3	MO
benazepril hcl	1	MO
CAPOTEN (*Use Captopril*)	3	MO
captopril	1	MO
enalapril maleate 10 mg	1	QL(4 ea daily); MO
enalapril maleate 2.5 mg	1	QL(16 ea daily); MO
enalapril maleate 20 mg	1	QL(2 ea daily); MO
enalapril maleate 5 mg	1	QL(8 ea daily); MO
enalaprilat	4	
fosinopril sodium	1	MO
lisinopril	1	MO
LOTENSIN (*Use Benazepril HCl*)	3	MO
MAVIK (*Use Trandolapril*)	3	MO
moexipril hcl	1	MO
MONOPRIL (*Use Fosinopril Sodium*)	3	MO

DRUG NAME	Drug Tier	Requirements/ Limits
perindopril erbumine 2 mg	1	QL(8 ea daily); MO
perindopril erbumine 4 mg	1	QL(4 ea daily); MO
perindopril erbumine 8 mg	1	QL(2 ea daily); MO
PRINIVIL (*Use Lisinopril*)	3	MO
quinapril hcl	1	MO
ramipril	1	MO
trandolapril	1	MO
UNIVASC (*Use Moexipril HCl*)	3	MO
VASOTEC 10 MG (*Use Enalapril Maleate*)	3	QL(4 ea daily); MO
VASOTEC 2.5 MG (*Use Enalapril Maleate*)	3	QL(16 ea daily); MO
VASOTEC 20 MG (*Use Enalapril Maleate*)	3	QL(2 ea daily); MO
VASOTEC 5 MG (*Use Enalapril Maleate*)	3	QL(8 ea daily); MO
ZESTRIL (*Use Lisinopril*)	3	MO
Agents for Pheochromocytoma		
DEMSER	5	MO
DIBENZYLINE	3	MO
PHENTOLAMINE MESYLATE SOLN 5 MG/ML	4	
phentolamine mesylate solr 5 mg	4	MO
Angiotensin II Receptor Antagonists		
ATACAND (*Use Candesartan Cilexetil*)	3	MO
AVAPRO (*Use Irbesartan*)	3	MO
BENICAR	2	MO
candesartan cilexetil	1	MO
COZAAR (*Use Losartan Potassium*)	3	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
DIOVAN	2	MO
EDARBI	3	MO
eprosartan mesylate	1	MO
irbesartan	1	MO
losartan potassium	1	MO
MICARDIS	3	MO
TEVETEN (*Use Eprosartan Mesylate*)	3	MO
Antiadrenergic Antihypertensives		
CARDURA (*Use Doxazosin Mesylate*)	3	MO
CATAPRES (*Use Clonidine HCl*)	3	MO
CATAPRES-TTS-1 (*Use Clonidine HCl*)	3	MO
CATAPRES-TTS-2 (*Use Clonidine HCl*)	3	MO
CATAPRES-TTS-3 (*Use Clonidine HCl*)	3	MO
clonidine hcl	1	MO
doxazosin mesylate	1	MO
guanfacine hcl	1	AL; MO
methyldopa	1	MO
methyldopate hcl	4	
MINIPRESS (*Use Prazosin HCl*)	3	MO
prazosin hcl	1	MO
reserpine	1	MO
TENEX (*Use Guanfacine HCl*)	3	AL; MO
terazosin hcl	1	MO
Antihypertensive Combinations		
ACCURETIC (*Use Quinapril-Hydrochlorothiazide*)	3	MO
amlodipine besylate-benazepril hcl	1	MO
AMTURNIDE	2	MO
ATACAND HCT (*Use Candesartan Cilexetil-Hydrochlorothiazide*)	3	MO
atenolol & chlorthalidone	1	MO
AVALIDE 12.5-150 MG, 12.5-300 MG (*Use Irbesartan-Hydrochlorothiazide*)	3	MO
AVALIDE 25-300 MG	3	
AZOR	2	MO
benazepril & hydrochlorothiazide	1	MO
BENICAR HCT	2	MO
bisoprolol & hydrochlorothiazide	1	MO
candesartan cilexetil-hydrochlorothiazide	1	MO
captopril & hydrochlorothiazide	1	MO
captopril/hydrochlorothiazide	1	MO
clorpres	1	MO
CORZIDE (*Use Nadolol & Bendroflumethiazide*)	3	MO
DIOVAN HCT (*Use Valsartan-Hydrochlorothiazide*)	2	MO
DUTOPROL	3	MO
EDARBYCLOR	3	MO
enalapril maleate & hydrochlorothiazide	1	MO
EXFORGE	2	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
EXFORGE HCT	2	MO
fosinopril sodium & hydrochlorothiazide	1	MO
HYZAAR (*Use Losartan Potassium & Hydrochlorothiazide*)	3	MO
INDERIDE 40/25 (*Use Propranolol & Hydrochlorothiazide*)	3	MO
irbesartan-hydrochlorothiazide	1	MO
lisinopril & hydrochlorothiazide	1	MO
LOPRESSOR HCT (*Use Metoprolol & Hydrochlorothiazide*)	3	MO
losartan potassium & hydrochlorothiazide	1	MO
LOTENSIN HCT (*Use Benazepril & Hydrochlorothiazide*)	3	MO
LOTREL (*Use Amlodipine Besylate-Benazepril HCl*)	3	MO
methyldopa/hydrochlorothiazide	1	MO
metoprolol & hydrochlorothiazide	1	MO
MICARDIS HCT	3	MO
moexipril-hydrochlorothiazide	1	MO
MONOPRIL HCT (*Use Fosinopril Sodium & Hydrochlorothiazide*)	3	MO
nadolol & bendroflumethiazide	1	MO
PRINZIDE (*Use Lisinopril & Hydrochlorothiazide*)	3	MO
propranolol & hydrochlorothiazide	1	MO
propranolol/hydrochlorothiazide	1	MO
quinapril-hydrochlorothiazide	1	MO
TARKA	3	MO
TEKAMLO	2	MO
TEKTURNA HCT	2	MO
TENORETIC 100 (*Use Atenolol & Chlorthalidone*)	3	MO
TENORETIC 50 (*Use Atenolol & Chlorthalidone*)	3	MO
TEVETEN HCT	3	MO
trandolapril-verapamil hcl	1	MO
TRIBENZOR	2	MO
TWYNSTA	3	MO
UNIRETIC (*Use Moexipril-Hydrochlorothiazide*)	3	MO
valsartan-hydrochlorothiazide	1	MO
VALTURNA	2	
VASERETIC (*Use Enalapril Maleate & Hydrochlorothiazide*)	3	MO
ZESTORETIC (*Use Lisinopril & Hydrochlorothiazide*)	3	MO
ZIAC (*Use Bisoprolol & Hydrochlorothiazide*)	3	MO
Direct Renin Inhibitors		
TEKTURNA	2	MO
Selective Aldosterone Receptor Antagonists		
eplerenone	1	MO
INSPRA (*Use Eplerenone*)	3	MO
Vasodilators		
hydralazine hcl soln ij 20 mg/ml	4	
hydralazine hcl tabs or 10 mg, 100 mg, 25 mg, 50 mg	1	MO
minoxidil	1	MO
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		

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DRUG NAME	Drug Tier	Requirements/ Limits
Antimalarial Combinations		
atovaquone-proguanil hcl	1	MO
ATOVAQUONE/PROGUANIL HCL	3	MO
COARTEM	2	MO
MALARONE (*Use Atovaquone-Proguanil HCl*)	3	MO
Antimalarials		
ARALEN (*Use Chloroquine Phosphate*)	NF	MO
chloroquine phosphate	1	MO
DARAPRIM	2	MO
hydroxychloroquine sulfate	1	MO
mefloquine hcl	1	MO
PLAQUENIL (*Use Hydroxychloroquine Sulfate*)	3	MO
primaquine phosphate	1	MO
QUALAQUIN (*Use Quinine Sulfate*)	2	PA; MO
quinine sulfate	1	PA; MO
ANTIMYASTHENIC AGENTS - Drugs to Treat Myasthenia Gravis (Muscle Disorder and Weakness)		
Antimyasthenic Agents		
MESTINON SYRP 60 MG/5ML	2	MO
MESTINON TABS 60 MG (*Use Pyridostigmine Bromide*)	3	MO
MESTINON TIMESPAN	2	MO
MYTELASE	2	
pyridostigmine bromide	1	MO
REGONOL	4	

DRUG NAME	Drug Tier	Requirements/ Limits
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
isoniazid & rifampin	1	MO
rifamate	1	MO
RIFATER	3	MO
Antimycobacterial Agents		
CAPASTAT SULFATE	4	
cycloserine	1	MO
ethambutol hcl	1	MO
isoniazid soln ij 100 mg/ml	4	
isoniazid syrp or 50 mg/5ml	1	MO
isoniazid tabs or 100 mg, 300 mg	1	MO
MYAMBUTOL 100 MG (*Use Ethambutol HCl*)	NF	MO
MYAMBUTOL 400 MG (*Use Ethambutol HCl*)	3	MO
MYCOBUTIN	3	MO
NYDRAZID (*Use Isoniazid*)	4	
paser	1	MO
PRIFTIN	3	MO
pyrazinamide	1	MO
rifadin caps or 150 mg (use rifampin)	1	QL(8 ea daily); MO
RIFADIN CAPS OR 300 MG (*Use Rifampin*)	3	QL(4 ea daily); MO
RIFADIN SOLR IV 600 MG (*Use Rifampin*)	4	MO
rifampin caps or 150 mg	1	QL(8 ea daily); MO
rifampin caps or 300 mg	1	QL(4 ea daily); MO

DRUG NAME	Drug Tier	Requirements/ Limits
rifampin solr iv 600 mg	4	MO
seromycin	1	MO
TRECATOR	3	MO
TRECATOR-SC	3	MO
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (*Use Melphalan HCl*)	4	
BICNU	4	
BUSULFEX	4	
carboplatin soln 150 mg/15ml, 600 mg/60ml	1	
carboplatin soln 450 mg/45ml	1	MO
carboplatin soln 50 mg/5ml	4	MO
carboplatin solr 150 mg	4	
CEENU (*Use Lomustine*)	2	MO
cisplatin	4	
cyclophosphamide solr ij 1 gm, 500 mg	4	MO
cyclophosphamide solr ij 2 gm	4	
cyclophosphamide tabs or 25 mg, 50 mg	1	MO; B/D
CYTOXAN (*Use Cyclophosphamide*)	3	MO; B/D
ELOXATIN 100 MG/20ML, 50 MG/10ML (*Use Oxaliplatin*)	5	MO
ELOXATIN 200 MG/40ML	5	
HEXALEN	5	MO
IFEX (*Use Ifosfamide*)	4	
IFOSFAMIDE	4	

DRUG NAME	Drug Tier	Requirements/ Limits
ifosfamide	4	
ifosfamide (use ifosfamide)	4	
LEUKERAN	2	MO
lomustine	1	MO
melphalan hcl	4	
MUSTARGEN	4	
oxaliplatin soln 100 mg/20ml, 50 mg/10ml	5	MO
oxaliplatin solr 100 mg, 50 mg	4	
TEMODAR	5	
thiotepa	4	MO
TREANDA	5	
ZANOSAR	4	MO
Antimetabolites		
ALIMTA 100 MG	5	
ALIMTA 500 MG	5	MO
ARRANON	5	
cladribine	4	MO
CLOLAR	4	
cytarabine soln 100 mg/ml	4	
cytarabine soln 20 mg/ml	4	MO
CYTARABINE SOLR 1 GM	4	
cytarabine solr 1 gm, 500 mg	4	
cytarabine solr 100 mg	4	MO
CYTARABINEAQUEOUS	4	MO
DACOGEN (*Use Decitabine*)	5	

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DRUG NAME	Drug Tier	Requirements/ Limits
decitabine	5	
FLUDARA (*Use Fludarabine Phosphate*)	4	MO
fludarabine phosphate soln 50 mg/2ml	4	
fludarabine phosphate soln 50 mg/2ml (use fludarabine phosphate)	4	
fludarabine phosphate solr 50 mg	1	MO
fluorouracil 1 gm/20ml	4	
fluorouracil 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	4	MO
FLUOROURACIL 500 MG/10ML (*Use Fluorouracil*)	4	MO
FOLOTYN	5	
GEMCITABINE	5	
gemcitabine hcl 1 gm, 200 mg	5	MO
gemcitabine hcl 2 gm	5	
GEMZAR (*Use Gemcitabine HCl*)	5	MO
LEUSTATIN (*Use Cladribine*)	4	MO
mercaptopurine	1	MO
methotrexate sodium soln ij 1 gm/40ml, 100 mg/4ml, 200 mg/8ml, 25 mg/ml, 250 mg/10ml, 50 mg/2ml	4	MO
methotrexate sodium solr ij 1 gm	4	MO
methotrexate sodium tabs or 10 mg, 15 mg, 2.5 mg	1	MO
PURINETHOL (*Use Mercaptopurine*)	3	MO
TABLOID	2	MO
TREXALL 10 MG, 15 MG	3	MO
trexall 5 mg, 7.5 mg	1	MO

DRUG NAME	Drug Tier	Requirements/ Limits
VIDAZA	5	
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN	5	
ZALTRAP	5	
Antineoplastic - Antibodies		
ARZERRA	5	
CAMPATH	5	
ERBITUX	5	
HERCEPTIN	5	
KADCYLA	5	
PERJETA	5	
RITUXAN	5	
VECTIBIX	5	
YERVOY	5	
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE	5	LA
Antineoplastic - Hormonal and Related Agents		
anastrozole	1	MO
ARIMIDEX (*Use Anastrozole*)	3	MO
AROMASIN (*Use Exemestane*)	3	MO
bicalutamide	1	MO
CASODEX (*Use Bicalutamide*)	3	MO
DEPO-PROVERA	4	MO
ELIGARD	4	
EMCYT	3	MO
exemestane	1	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
FARESTON	2	MO
FASLODEX	5	MO
FEMARA (*Use Letrozole*)	3	MO
FIRMAGON 120 MG	5	
FIRMAGON 80 MG	4	
flutamide	1	MO
letrozole	1	MO
leuprolide acetate	4	
LUPRON DEPOT 11.25 MG, 22.5 MG	5	
LUPRON DEPOT 3.75 MG	4	
LUPRON DEPOT 30 MG	5	
LUPRON DEPOT 45 MG	5	
LUPRON DEPOT 7.5 MG	5	
LYSODREN	2	MO
MEGACE ORAL (*Use Megestrol Acetate*)	3	AL; MO
megestrol acetate susp 40 mg/ml, 400 mg/10ml	1	AL; MO
megestrol acetate tabs 20 mg, 40 mg	1	MO
NILANDRON	3	MO
SOLTAMOX	3	
tamoxifen citrate	1	MO
TRELSTAR DEPOT	4	
TRELSTAR DEPOT MIXJECT	4	
TRELSTAR LA	4	
TRELSTAR LA MIXJECT	4	
TRELSTAR MIXJECT	5	
VANTAS	5	
XTANDI	5	PA
ZOLADEX 10.8 MG	5	
ZOLADEX 3.6 MG	4	
ZYTIGA	5	
Antineoplastic - Immunomodulators		
POMALYST	5	
Antineoplastic Antibiotics		
adriamycin	4	
bleomycin sulfate 15 unit	4	MO
bleomycin sulfate 30 unit	4	
cerubidine (use daunorubicin hcl)	4	
COSMEGEN (*Use Dactinomycin*)	4	MO
dactinomycin	4	MO
daunorubicin hcl	4	
DAUNOXOME	4	
DOXIL (*Use Doxorubicin HCl Liposomal*)	5	
doxorubicin hcl liposomal	5	
doxorubicin hcl soln 2 mg/ml	4	MO
doxorubicin hcl solr 10 mg	4	
doxorubicin hcl solr 50 mg	4	MO
ELLENCE (*Use Epirubicin HCl*)	4	MO
epirubicin hcl soln 10 mg/5ml, 150 mg/75ml	4	
epirubicin hcl soln 200 mg/100ml, 50 mg/25ml	4	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
EPIRUBICIN HCL SOLR 50 MG	4	
IDAMYCIN PFS (*Use Idarubicin HCl*)	4	
idarubicin hcl	4	
mitomycin	4	MO
mitoxantrone hcl 2 mg/ml	1	
mitoxantrone hcl 2 mg/ml, 30 mg/15ml	4	
NOVANTRONE (*Use Mitoxantrone HCl*)	4	
Antineoplastic Enzyme Inhibitors		
AFINITOR	5	
AFINITOR DISPERZ	5	
BOSULIF	5	PA
CAPRELSA	5	
COMETRIQ	5	
GLEEVEC	2	
ICLUSIG	5	
INLYTA	5	PA; LA
IRESSA	2	LA; MO
ISTODAX	5	
JAKAFI	5	LA
MEKINIST	5	PA
NEXAVAR	5	LA
SPRYCEL	5	
STIVARGA	5	PA
SUTENT	5	
TAFINLAR	5	PA

DRUG NAME	Drug Tier	Requirements/ Limits
TARCEVA	2	
TASIGNA	5	
TORISEL	5	
TYKERB	5	
VANDETANIB	5	
VELCADE	5	
VOTRIENT	5	
XALKORI	5	
ZELBORAF	5	LA
ZOLINZA	5	
Antineoplastic Enzymes		
ELSPAR	4	
ONCASPAR	4	
Antineoplastics Misc.		
ACTIMMUNE	5	LA
dacarbazine	4	MO
HYDREA (*Use Hydroxyurea*)	3	MO
hydroxyurea	1	MO
INTRON-A KIT SC 10 MU/0.2ML, 3 MU/0.2ML	4	
INTRON-A KIT SC 5 MU/0.2ML	5	
INTRON-A SOLN IJ 10 MU/ML	5	
INTRON-A SOLN IJ 3000000 UNIT/0.5ML, 6000000 UNIT/ML	4	
INTRON-A W/DILUENT 10 MU	4	
INTRON-A W/DILUENT 18 MU, 50 MU	5	

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DRUG NAME	Drug Tier	Requirements/ Limits
MATULANE	5	
NIPENT (*Use Pentostatin*)	4	
ONTAK	4	
pentostatin	4	
PHOTOFRIN	5	
PROLEUKIN	5	
SYLATRON	5	
SYNRIBO	5	
TARGRETIN	5	
THERACYS	4	MO
TICE BCG	4	MO
tretinoin (chemotherapy)	5	MO
TRISENOX	4	MO
UVADEX	4	
Chemotherapy Adjuncts		
ELITEK	5	
KEPIVANCE	5	MO
Chemotherapy Rescue/Antidote Agents		
amifostine crystalline	1	MO
dexrazoxane	4	
ETHYOL (*Use Amifostine Crystalline*)	4	MO
FUSILEV	4	
leucovorin calcium soln iv 10 mg/ml	4	MO
leucovorin calcium solr ij 100 mg, 200 mg, 350 mg	4	MO

DRUG NAME	Drug Tier	Requirements/ Limits
LEUCOVORIN CALCIUM SOLR IJ 350 MG (*Use Leucovorin Calcium*)	4	MO
leucovorin calcium solr ij 50 mg	4	
leucovorin calcium solr ij 500 mg	4	
leucovorin calcium tabs or 10 mg, 15 mg	1	MO
leucovorin calcium tabs or 25 mg, 5 mg	1	MO
mesna	4	MO
MESNEX SOLN IV 100 MG/ML (*Use Mesna*)	4	MO
MESNEX TABS OR 400 MG	2	MO
TOTECT	4	
VORAXAZE	5	
ZINECARD (*Use Dexrazoxane*)	4	
Mitotic Inhibitors		
ABRAXANE	5	MO
DOCEFREZ	5	
DOCETAXEL CONC 140 MG/7ML, 20 MG/ML, 80 MG/4ML	5	
DOCETAXEL CONC 20 MG/0.5ML, 80 MG/2ML	5	MO
DOCETAXEL SOLN 160 MG/16ML, 20 MG/2ML, 80 MG/8ML	5	
ETOPOPHOS	4	MO
etoposide	1	MO
HALAVEN	5	
IXEMPRA KIT	5	
JEVTANA	5	
paclitaxel 100 mg/16.7ml, 30 mg/5ml, 300 mg/50ml	4	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
paclitaxel 150 mg/25ml	4	
TAXOTERE 20 MG/0.5ML, 80 MG/2ML	5	MO
TAXOTERE 20 MG/ML, 80 MG/4ML	5	
vinblastine sulfate soln 1 mg/ml	4	MO
vinblastine sulfate solr 10 mg	4	
vincristine sulfate	4	MO
vinorelbine tartrate	4	MO
Topoisomerase I Inhibitors		
CAMPTOSAR 100 MG/5ML, 40 MG/2ML (*Use Irinotecan HCl*)	4	MO
CAMPTOSAR 300 MG/15ML	4	
HYCAMTIN (*Use Topotecan HCl*)	5	MO
irinotecan hcl 100 mg/5ml, 40 mg/2ml	4	MO
irinotecan hcl 500 mg/25ml	4	
TOPOTECAN HCL SOLN 4 MG/4ML	5	
topotecan hcl solr 4 mg	5	MO
ANTIPARKINSON AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
LODOSYN	3	MO
Antiparkinson Anticholinergics		
benztropine mesylate soln ij 1 mg/ml	4	MO
benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg	1	AL; MO
COGENTIN (*Use Benztropine Mesylate*)	4	MO
trihexyphenidyl hcl	1	AL; MO
Antiparkinson COMT Inhibitors		
COMTAN (*Use Entacapone*)	2	QL(8 ea daily); MO
entacapone	1	QL(8 ea daily); MO
Antiparkinson Dopaminergics		
amantadine hcl	1	MO
APOKYN	5	LA
bromocriptine mesylate	1	MO
carbidopa-levodopa	1	MO
CARBIDOPA/LEVODOPA/ ENTACAPONE	2	MO
MIRAPEX (*Use Pramipexole Dihydrochloride*)	3	MO
MIRAPEX ER	3	MO
NEUPRO	3	MO
parcopa (use carbidopa-levodopa)	1	MO
PARLODEL (*Use Bromocriptine Mesylate*)	3	MO
pramipexole dihydrochloride	1	MO
REQUIP (*Use Ropinirole Hydrochloride*)	3	MO
REQUIP XL (*Use Ropinirole Hydrochloride*)	3	MO
ropinirole hydrochloride	1	MO
SINEMET (*Use Carbidopa-Levodopa*)	3	MO
SINEMET CR (*Use Carbidopa-Levodopa*)	3	MO
STALEVO 100	2	MO
STALEVO 125	2	MO
STALEVO 150	2	MO
STALEVO 200	2	MO
STALEVO 50	2	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
STALEVO 75	2	MO
SYMMETREL (*Use Amantadine HCl*)	3	MO
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT	2	MO
ELDEPRYL (*Use Selegiline HCl*)	3	MO
selegiline hcl	1	MO
ZELAPAR	3	MO
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
ESKALITH (*Use Lithium Carbonate*)	3	MO
ESKALITH CR (*Use Lithium Carbonate*)	3	MO
LITHIUM CARBONATE CAPS 150 MG (*Use Lithium Carbonate*)	3	MO
lithium carbonate caps 150 mg, 300 mg, 600 mg	1	MO
lithium carbonate caps 600 mg (use lithium carbonate)	1	MO
lithium carbonate tabs 300 mg	1	MO
lithium carbonate tbcr 300 mg, 450 mg	1	MO
lithium citrate	1	MO
LITHOBID (*Use Lithium Carbonate*)	3	MO
Antipsychotics - Misc.		
EQUETRO	3	MO
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (*Use Ziprasidone HCl*)	3	MO
GEODON SOLR IM 20 MG	4	MO
LATUDA 120 MG	3	QL(1 ea daily); MO
LATUDA 20 MG	3	QL(8 ea daily); MO
LATUDA 40 MG	3	QL(4 ea daily); MO
LATUDA 80 MG	3	QL(2 ea daily); MO
ziprasidone hcl	1	MO
Benzisoxazoles		
FANAPT	3	MO
FANAPT TITRATION PACK	3	
INVEGA 1.5 MG	3	QL(8 ea daily); MO
INVEGA 3 MG	3	QL(4 ea daily); MO
INVEGA 6 MG	3	QL(2 ea daily); MO
INVEGA 9 MG	3	QL(1 ea daily); MO
INVEGA SUSTENNA	4	MO
RISPERDAL (*Use Risperidone*)	3	MO
RISPERDAL CONSTA 12.5 MG	4	QL(0.29 ea daily); MO
RISPERDAL CONSTA 25 MG	4	QL(0.15 ea daily); MO
RISPERDAL CONSTA 37.5 MG, 50 MG	5	QL(0.08 ea daily); MO
RISPERDAL M-TAB (*Use Risperidone*)	3	MO
risperidone	1	MO
Butyrophenones		
HALDOL (*Use Haloperidol Lactate*)	4	MO
HALDOL DECANOATE 100 (*Use Haloperidol Decanoate*)	4	MO
HALDOL DECANOATE 50 (*Use Haloperidol Decanoate*)	4	MO

DRUG NAME	Drug Tier	Requirements/ Limits
HALDOL DECANOATE-100 (*Use Haloperidol Decanoate*)	4	MO
HALDOL DECANOATE-50 (*Use Haloperidol Decanoate*)	4	MO
haloperidol	1	MO
haloperidol decanoate	4	MO
haloperidol lactate conc or 2 mg/ml	1	MO
haloperidol lactate soln ij 5 mg/ml	4	MO
Dibenzapines		
clozapine 100 mg, 200 mg, 25 mg, 50 mg	1	
CLOZAPINE 200 MG	3	
CLOZAPINE ODT	3	
CLOZARIL (*Use Clozapine*)	3	
FAZACLO	3	
loxapine succinate	1	MO
loxitane (use loxapine succinate)	1	MO
olanzapine solr im 10 mg	4	MO
olanzapine tabs or 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	MO
olanzapine tbdp or 10 mg, 15 mg, 20 mg, 5 mg	1	MO
quetiapine fumarate	1	MO
SAPHRIS 10 MG	3	QL(2 ea daily); MO
SAPHRIS 5 MG	3	QL(4 ea daily); MO
SEROQUEL (*Use Quetiapine Fumarate*)	3	MO
SEROQUEL XR	3	MO
ZYPREXA SOLR IM 10 MG (*Use Olanzapine*)	4	MO
ZYPREXA TABS OR 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (*Use Olanzapine*)	3	MO
ZYPREXA ZYDIS (*Use Olanzapine*)	3	MO
Phenothiazines		
chlorpromazine hcl soln ij 25 mg/ml	4	MO
chlorpromazine hcl tabs or 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	MO
fluphenazine decanoate	4	MO
fluphenazine hcl conc or 5 mg/ml	1	MO
fluphenazine hcl elix or 2.5 mg/5ml	1	MO
fluphenazine hcl soln ij 2.5 mg/ml	4	MO
fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg	1	MO
perphenazine	1	MO
prochlorperazine	1	MO
prochlorperazine edisylate	4	MO
prochlorperazine maleate	1	MO
thioridazine hcl	1	PA; AL; MO
THORAZINE (*Use Chlorpromazine HCl*)	3	MO
trifluoperazine hcl	1	MO
Quinolinone Derivatives		
ABILIFY DISCMELT 10 MG	3	QL(3 ea daily); MO
ABILIFY DISCMELT 15 MG	3	QL(2 ea daily); MO
ABILIFY MAINTENA	5	MO
ABILIFY SOLN IM 9.75 MG/1.3ML	4	QL(4 ml daily); MO

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DRUG NAME	Drug Tier	Requirements/ Limits
ABILIFY SOLN OR 1 MG/ML	3	QL(30 ml daily); MO
ABILIFY TABS OR 10 MG	3	QL(3 ea daily); MO
ABILIFY TABS OR 15 MG	3	QL(2 ea daily); MO
ABILIFY TABS OR 2 MG	3	QL(15 ea daily); MO
ABILIFY TABS OR 20 MG, 30 MG	3	QL(1 ea daily); MO
ABILIFY TABS OR 5 MG	3	QL(6 ea daily); MO
Thioxanthenes		
NAVANE (*Use Thiothixene*)	3	MO
thiothixene	1	MO
ANTISEPTICS & DISINFECTANTS - Drugs to Prevent Bacterial Skin Infections		
Chlorine Antiseptics		
PHISOHEX	2	MO
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate	1	MO
APTIVUS CAPS 250 MG	2	MO
APTIVUS SOLN 100 MG/ML	2	
ATRIPLA	2	MO
COMBIVIR (*Use Lamivudine-Zidovudine*)	5	MO
COMPLERA	5	MO
CRIXIVAN 100 MG	2	
CRIXIVAN 200 MG, 400 MG	2	MO
didanosine	1	MO
EDURANT	5	MO

DRUG NAME	Drug Tier	Requirements/ Limits
EMTRIVA	2	MO
EPIVIR HBV	2	MO
EPIVIR SOLN 10 MG/ML	2	MO
EPIVIR TABS 150 MG, 300 MG (*Use Lamivudine*)	3	MO
EPZICOM	5	MO
FUZEON	5	
INTELENCE 100 MG	2	MO
INTELENCE 200 MG	5	MO
INTELENCE 25 MG	2	
INVIRASE CAPS 200 MG	3	MO
INVIRASE TABS 500 MG	5	MO
ISENTRESS CHEW 100 MG	3	QL(6 ea daily); MO
ISENTRESS CHEW 25 MG	3	QL(24 ea daily); MO
ISENTRESS TABS 400 MG	5	MO
KALETRA SOLN 42.4-100-400 %, MG/5ML	2	MO
KALETRA TABS 25-100 MG	3	MO
KALETRA TABS 50-200 MG	2	MO
lamivudine	1	MO
lamivudine-zidovudine	5	MO
LEXIVA SUSP 50 MG/ML	2	MO
LEXIVA TABS 700 MG	5	MO
NEVIRAPINE SUSP 50 MG/5ML	2	MO
nevirapine tabs 200 mg	1	MO
NORVIR	2	MO

DRUG NAME	Drug Tier	Requirements/ Limits
PREZISTA SUSP 100 MG/ML	5	MO
PREZISTA TABS 150 MG, 600 MG, 800 MG	5	MO
PREZISTA TABS 400 MG	5	
PREZISTA TABS 75 MG	2	
RESCRIPTOR	2	MO
RETROVIR (*Use Zidovudine*)	3	MO
RETROVIR IV INFUSION	4	
REYATAZ 100 MG	2	
REYATAZ 150 MG, 200 MG, 300 MG	5	MO
SELZENTRY	2	MO
stavudine	1	MO
STRIBILD	5	MO
SUSTIVA	2	MO
TRIZIVIR	5	MO
TRUVADA	2	MO
VIDEX EC (*Use Didanosine*)	3	MO
VIDEXPEDIATRIC	2	MO
VIRACEPT POWD 50 MG/GM	2	MO
VIRACEPT TABS 250 MG, 625 MG	5	MO
VIRAMUNE SUSP 50 MG/5ML	2	MO
VIRAMUNE TABS 200 MG (*Use Nevirapine*)	3	MO
VIRAMUNE XR 100 MG	3	
VIRAMUNE XR 400 MG	3	MO
VIREAD POWD 40 MG/GM	5	MO
VIREAD TABS 150 MG, 300 MG	5	MO
VIREAD TABS 200 MG, 250 MG	5	
ZERIT (*Use Stavudine*)	3	MO
ZIAGEN (*Use Abacavir Sulfate*)	2	MO
zidovudine	1	MO
CMV Agents		
cidofovir	5	
CYTOVENE CAPS OR (*Use Ganciclovir*)	5	
CYTOVENE SOLR IV (*Use Ganciclovir Sodium*)	4	MO
foscarnet sodium	4	
ganciclovir 250 mg	1	
ganciclovir 500 mg	5	
ganciclovir sodium	4	MO
VALCYTE	5	MO
VISTIDE (*Use Cidofovir*)	5	
Hepatitis Agents		
BARACLUDE	2	MO
COPEGUS (*Use Ribavirin (Hepatitis C)*)	3	
HEPSERA	5	MO
INCIVEK	5	PA
INFERGEN	5	PA
PEG-INTRON	5	
PEG-INTRON REDIPEN	5	
PEG-INTRON REDIPEN PAK 4	5	
PEGASYS	5	

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DRUG NAME	Drug Tier	Requirements/ Limits
PEGASYS PROCLICK	5	
REBETOL CAPS 200 MG (*Use Ribavirin (Hepatitis C)*)	5	
REBETOL SOLN 40 MG/ML	2	
ribavirin (hepatitis c)	1	
TYZEKA	5	MO
VICTRELIS	5	PA
Herpes Agents		
acyclovir	1	MO
acyclovir sodium soln 50 mg/ml	4	
acyclovir sodium solr 1000 mg	4	
acyclovir sodium solr 500 mg	4	MO
famciclovir	1	MO
FAMVIR (*Use Famciclovir*)	3	MO
valacyclovir hcl	1	MO
VALTREX (*Use Valacyclovir HCl*)	3	MO
ZOVIRAX CAPS OR 200 MG (*Use Acyclovir*)	3	MO
ZOVIRAX SUSP OR 200 MG/5ML (*Use Acyclovir*)	3	MO
ZOVIRAX TABS OR 400 MG, 800 MG (*Use Acyclovir*)	3	MO
Influenza Agents		
FLUMADINE (*Use Rimantadine Hydrochloride*)	3	MO
RELENZA DISKHALER	3	MO
rimantadine hydrochloride	1	MO
TAMIFLU CAPS 30 MG, 45 MG	3	MO
TAMIFLU CAPS 75 MG	2	MO
TAMIFLU SUSR 6 MG/ML	3	MO
ASSORTED CLASSES - Miscellaneous Drugs		
Chelating Agents		
DEPEN TITRATABS	3	MO
SYPRINE	5	MO
Enzymes		
XIAFLEX	5	
Immunomodulators		
REVLIMID 10 MG, 15 MG, 25 MG, 5 MG	5	LA
REVLIMID 2.5 MG	5	
THALOMID	2	
Immunosuppressive Agents		
ATGAM	4	B/D
azasan	1	MO; B/D
azathioprine	1	MO; B/D
azathioprine sodium	4	B/D
CELLCEPT CAPS 250 MG (*Use Mycophenolate Mofetil*)	3	MO; B/D
CELLCEPT INTRAVENOUS	4	B/D
CELLCEPT SUSR 200 MG/ML	2	MO; B/D
CELLCEPT TABS 500 MG (*Use Mycophenolate Mofetil*)	3	MO; B/D
cyclosporine caps or 100 mg, 25 mg	1	MO; B/D
cyclosporine modified	1	MO; B/D
cyclosporine modified (for microemulsion)	1	MO; B/D

DRUG NAME	Drug Tier	Requirements/ Limits
cyclosporine soln iv 50 mg/ml	4	B/D
cyclosporine soln or 100 mg/ml	1	MO; B/D
IMURAN (*Use Azathioprine*)	3	MO; B/D
mycophenolate mofetil	1	MO; B/D
MYFORTIC	3	MO; B/D
NEORAL (*Use Cyclosporine Modified (For Microemulsion*))	3	MO; B/D
NULOJIX	5	MO; B/D
ORTHOCLONE OKT3	5	B/D
PROGRAF CAPS OR 0.5 MG, 1 MG (*Use Tacrolimus*)	3	MO; B/D
PROGRAF CAPS OR 5 MG (*Use Tacrolimus*)	5	MO; B/D
PROGRAF SOLN IV 5 MG/ML	4	B/D
RAPAMUNE SOLN 1 MG/ML	2	QL(40 ml daily); MO; B/D
RAPAMUNE TABS 0.5 MG	2	QL(80 ea daily); MO; B/D
RAPAMUNE TABS 1 MG	2	QL(40 ea daily); MO; B/D
RAPAMUNE TABS 2 MG	2	QL(20 ea daily); MO; B/D
SANDIMMUNE CAPS OR 100 MG, 25 MG (*Use Cyclosporine*)	3	MO; B/D
SANDIMMUNE SOLN IV 50 MG/ML (*Use Cyclosporine*)	4	B/D
SANDIMMUNE SOLN OR 100 MG/ML	3	MO; B/D
SIMULECT	5	B/D
tacrolimus 0.5 mg, 1 mg	1	MO; B/D
tacrolimus 5 mg	5	MO; B/D
THYMOGLOBULIN	2	B/D
ZORTRESS 0.25 MG	2	MO; B/D
ZORTRESS 0.5 MG, 0.75 MG	5	MO; B/D
Irrigation Solutions		
irrigation solutions, physiological	1	
lactated ringer's (irrigation)	1	
PHYSIOSOL IRRIGATION PH 7.4	3	
ringer's irrigation	1	
water for irrigation, sterile	1	MO
Peritoneal Dialysis Solutions		
DIANEAL PD-2/1.5% DEXTROSE	5	B/D
DIANEAL PD-2/2.5% DEXTROSE	5	B/D
DIANEAL PD-2/4.25% DEXTROSE	5	B/D
Potassium Removing Resins		
KAYEXALATE (*Use Sodium Polystyrene Sulfonate*)	3	MO
sodium polystyrene sulfonate	1	MO
sps (use sodium polystyrene sulfonate)	1	MO
Systemic Lupus Erythematosus Agents		
BENLYSTA	5	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol 12.5 mg	1	QL(4 ea daily); MO
carvedilol 25 mg	1	QL(2 ea daily); MO
carvedilol 3.125 mg	1	QL(16 ea daily); MO
carvedilol 6.25 mg	1	QL(8 ea daily); MO

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DRUG NAME	Drug Tier	Requirements/ Limits
COREG 12.5 MG (*Use Carvedilol*)	3	QL(4 ea daily); MO
COREG 25 MG (*Use Carvedilol*)	3	QL(2 ea daily); MO
COREG 3.125 MG (*Use Carvedilol*)	3	QL(16 ea daily); MO
COREG 6.25 MG (*Use Carvedilol*)	3	QL(8 ea daily); MO
COREG CR 10 MG	3	QL(8 ea daily); MO
COREG CR 20 MG	3	QL(4 ea daily); MO
COREG CR 40 MG	3	QL(2 ea daily); MO
COREG CR 80 MG	3	QL(1 ea daily); MO
labetalol hcl soln iv 5 mg/ml	4	
labetalol hcl tabs or 100 mg, 200 mg, 300 mg	1	MO
TRANDATE (*Use Labetalol HCl*)	3	MO
Beta Blockers Cardio-Selective		
acebutolol hcl	1	MO
atenolol	1	MO
betaxolol hcl	1	MO
bisoprolol fumarate	1	MO
BYSTOLIC	3	MO
KERLONE (*Use Betaxolol HCl*)	3	MO
LOPRESSOR SOLN IV 1 MG/ML (*Use Metoprolol Tartrate*)	4	MO
LOPRESSOR TABS OR 100 MG, 50 MG (*Use Metoprolol Tartrate*)	3	MO
metoprolol succinate	1	MO
metoprolol tartrate soln iv 1 mg/ml, 5 mg/5ml	4	MO
metoprolol tartrate tabs or 100 mg, 25 mg, 50 mg	1	MO

DRUG NAME	Drug Tier	Requirements/ Limits
SECTRAL (*Use Acebutolol HCl*)	3	MO
TENORMIN (*Use Atenolol*)	3	MO
TOPROL XL (*Use Metoprolol Succinate*)	3	MO
ZEBETA (*Use Bisoprolol Fumarate*)	3	MO
Beta Blockers Non-Selective		
BETAPACE (*Use Sotalol HCl*)	3	MO
BETAPACE AF (*Use Sotalol HCl (AFIB/AFL)*)	3	MO
CORGARD (*Use Nadolol*)	3	MO
INDERAL LA (*Use Propranolol HCl*)	3	MO
LEVATOL	3	MO
nadolol	1	MO
pindolol	1	MO
propranolol hcl cp24 or 120 mg, 160 mg, 60 mg, 80 mg	1	MO
propranolol hcl soln iv 1 mg/ml	4	
PROPRANOLOL HCL SOLN IV 1 MG/ML (*Use Propranolol HCl*)	4	
propranolol hcl soln or 20 mg/5ml, 40 mg/5ml	1	MO
propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	MO
sotalol hcl	1	MO
sotalol hcl (afib/afl)	1	MO
timolol maleate 10 mg	1	QL(6 ea daily); MO
timolol maleate 20 mg	1	QL(3 ea daily); MO
timolol maleate 5 mg	1	QL(12 ea daily); MO
BIOLOGICALS MISC - Drugs to Treat Low Enzymes		

DRUG NAME	Drug Tier	Requirements/ Limits
Biologicals Misc		
ADAGEN	5	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC (*Use Nifedipine*)	3	MO
amlodipine besylate 10 mg	1	QL(1 ea daily); MO
amlodipine besylate 2.5 mg	1	QL(4 ea daily); MO
amlodipine besylate 5 mg	1	QL(2 ea daily); MO
CALAN (*Use Verapamil HCl*)	3	MO
CALAN SR (*Use Verapamil HCl*)	3	MO
CARDENE I.V. (*Use Nicardipine HCl*)	4	
CARDENE SR	3	MO
CARDIZEM (*Use Diltiazem HCl*)	3	MO
CARDIZEM CD (*Use Diltiazem HCl Coated Beads*)	3	MO
CARDIZEM LA 120 MG	2	MO
CARDIZEM LA 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*Use Diltiazem HCl Coated Beads*)	3	MO
COVERA-HS	3	
dilacor xr (use diltiazem hcl)	1	MO
diltiazem hcl coated beads	1	MO
diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg	1	MO
diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg	1	MO
diltiazem hcl extended release beads	1	MO
diltiazem hcl soln iv 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	4	
diltiazem hcl solr iv 100 mg	4	
diltiazem hcl tabs or 120 mg, 30 mg, 60 mg, 90 mg	1	MO
DYNACIRC CR	3	
DYNACIRC-CR	3	
felodipine	1	MO
ISOPTIN SR (*Use Verapamil HCl*)	3	MO
isradipine	1	MO
nicardipine hcl caps or 20 mg, 30 mg	1	MO
nicardipine hcl soln iv 2.5 mg/ml	4	
nifedipine	1	MO
nimodipine	1	MO
NIMOTOP (*Use Nimodipine*)	3	MO
nisoldipine	1	MO
NORVASC 10 MG (*Use Amlodipine Besylate*)	3	QL(1 ea daily); MO
NORVASC 2.5 MG (*Use Amlodipine Besylate*)	3	QL(4 ea daily); MO
NORVASC 5 MG (*Use Amlodipine Besylate*)	3	QL(2 ea daily); MO
PROCARDIA XL (*Use Nifedipine*)	3	MO
SULAR (*Use Nisoldipine*)	3	MO
TIAZAC (*Use Diltiazem HCl Extended Release Beads*)	3	MO
verapamil hcl cp24 or 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	MO
verapamil hcl soln iv 2 mg/ml, 2.5 mg/ml	4	MO

DRUG NAME	Drug Tier	Requirements/ Limits
verapamil hcl tabs or 120 mg, 80 mg	1	MO
verapamil hcl tabs or 40 mg	1	MO
verapamil hcl tbcr or 120 mg, 180 mg, 240 mg	1	MO
VERELAN (*Use Verapamil HCl*)	3	MO
VERELAN PM (*Use Verapamil HCl*)	3	MO
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin soln ij 0.25 mg/ml	4	MO
digoxin soln or 0.05 mg/ml	1	MO
digoxin tabs or 0.125 mg, 0.25 mg	1	MO
LANOXIN PEDIATRIC	4	
LANOXIN SOLN IJ 0.25 MG/ML (*Use Digoxin*)	4	MO
LANOXIN TABS OR 0.125 MG, 0.25 MG (*Use Digoxin*)	3	MO
Phosphodiesterase Inhibitors		
milrinone lactate	4	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	3	MO
BIDIL	3	MO
CADUET	3	MO
Impotence Agents		
CIALIS	3	MO
Prostaglandin Vasodilators		
epoprostenol sodium	5	B/D
FLOLAN (*Use Epoprostenol Sodium*)	5	B/D
REMODULIN	5	LA; B/D
TYVASO	5	B/D
TYVASO REFILL	5	B/D
TYVASO STARTER	5	B/D
VELETRI	5	B/D
VENTAVIS 10 MCG/ML	2	LA; B/D
VENTAVIS 20 MCG/ML	2	B/D
Pulmonary Hypertension - Endothelin		
LETAIRIS	5	LA
TRACLEER	5	LA
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA	5	
REVATIO (*Use Sildenafil Citrate (Pulmonary Hypertension)*)	5	PA
sildenafil citrate (pulmonary hypertension)	5	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil	1	MO
cefazolin sodium soln iv 1-5 %, gm	4	
cefazolin sodium solr ij 1 gm, 10 gm, 500 mg	4	MO
cefazolin sodium solr ij 20 gm	4	
cefazolin sodium solr iv 1 gm	4	
CEFAZOLIN SODIUM/DEXTROSE	4	
cephalexin	1	MO

DRUG NAME	Drug Tier	Requirements/ Limits
KEFLEX (*Use Cephalexin*)	3	MO
Cephalosporins - 2nd Generation		
cefaclor caps 250 mg, 500 mg	1	MO
cefaclor er	1	MO
cefaclor monohydrate	1	MO
cefaclor susr 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	1	
cefotetan	4	
CEFOTETAN/DEXTROSE	4	
cefoxitin sodium ij 10 gm	4	
cefoxitin sodium iv 1 gm, 2 gm	4	MO
CEFOXITIN SODIUM IV 1-4 %, GM, 2-2.2 %, GM	4	
cefprozil	1	MO
CEFTIN (*Use Cefuroxime Axetil*)	3	MO
cefuroxime axetil	1	MO
cefuroxime sodium ij 1.5 gm, 7.5 gm	4	
cefuroxime sodium ij 750 mg	4	MO
cefuroxime sodium iv 1.5 gm	4	
cefuroxime sodium iv 7.5 gm	4	
CEFUROXIME/DEXTROSE	4	
mefoxin	5	
ZINACEF IJ 1.5 GM, 7.5 GM (*Use Cefuroxime Sodium*)	4	
ZINACEF IJ 750 MG (*Use Cefuroxime Sodium*)	4	MO
ZINACEF IV 1.5 GM, 750 MG (*Use Cefuroxime Sodium*)	4	

DRUG NAME	Drug Tier	Requirements/ Limits
ZINACEF/D5W	4	
ZINACEFIN ISO-OSMOTIC DEXTROSE	4	
ZINACEFIN ISO-OSMOTIC DILUENT	4	
Cephalosporins - 3rd Generation		
CEDAX CAPS 400 MG	3	QL(1 ea daily); MO
CEDAX SUSR 180 MG/5ML	3	QL(11 ml daily); MO
CEDAX SUSR 90 MG/5ML	3	QL(22 ml daily)
cefdinir	1	MO
cefotaxime sodium ij 1 gm, 10 gm, 2 gm	4	MO
cefotaxime sodium ij 500 mg	4	
cefotaxime sodium iv 1 gm, 2 gm	4	
cefpodoxime proxetil	1	MO
ceftazidime ij 1 gm, 2 gm, 500 mg	4	MO
ceftazidime ij 6 gm	4	
ceftazidime iv 1 gm, 2 gm	4	
CEFTAZIDIME/DEXTROSE	4	
ceftriaxone in iso-osmotic dextrose 20 mg/ml	4	QL(200 ml daily)
ceftriaxone in iso-osmotic dextrose 40 mg/ml	4	QL(100 ml daily)
ceftriaxone sodium ij 1 gm	4	QL(4 ea daily); MO
ceftriaxone sodium ij 2 gm	1	QL(2 ea daily); MO
ceftriaxone sodium ij 250 mg	4	QL(16 ea daily); MO
ceftriaxone sodium ij 500 mg	4	QL(8 ea daily); MO
ceftriaxone sodium iv 1 gm	4	QL(4 ea daily)
ceftriaxone sodium iv 10 gm	4	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
ceftriaxone sodium iv 2 gm	4	QL(2 ea daily); MO
CEFTRIAXONE/DEXTROSE 1-3.74 %, GM	4	QL(4 ea daily)
CEFTRIAXONE/DEXTROSE 2-2.22 %, GM	4	QL(2 ea daily)
CLAFORAN IJ 1 GM, 10 GM, 2 GM (*Use Cefotaxime Sodium*)	4	MO
CLAFORAN IJ 500 MG (*Use Cefotaxime Sodium*)	4	
CLAFORAN IV 1 GM, 2 GM	4	
CLAFORAN/D5W	4	
FORTAZ SOLN IV 1-5 %, GM/50ML, 2-5 %, GM/50ML	4	
FORTAZ SOLR IJ 1 GM, 2 GM, 500 MG (*Use Ceftazidime*)	4	MO
FORTAZ SOLR IJ 6 GM (*Use Ceftazidime*)	4	
FORTAZ SOLR IV 1 GM, 2 GM (*Use Ceftazidime*)	4	
rocephin 1 gm (use ceftriaxone sodium)	4	QL(4 ea daily); MO
rocephin 500 mg (use ceftriaxone sodium)	4	QL(8 ea daily); MO
suprax susr 100 mg/5ml, 200 mg/5ml	1	MO
SUPRAX SUSR 500 MG/5ML	3	
suprax tabs 400 mg	1	MO
VANTIN (*Use Cefpodoxime Proxetil*)	3	MO
Cephalosporins - 4th Generation		
CEFEPIME	4	
cefepime hcl	4	MO
MAXIPIME (*Use Cefepime HCl*)	4	MO
Cephalosporins - 5th Generation		
TEFLARO	4	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BEYAZ	3	MO
BREVICON-28 (*Use Norethindrone & Eth Estradiol*)	3	MO
CYCLESSA (*Use Desogestrel-Ethinyl Estradiol (Triphasic*))	3	MO
DEMULEN 1/35-28 (*Use Ethynodiol Diacet & Eth Estrad*)	3	MO
DESOGEN (*Use Desogestrel & Ethinyl Estradiol*)	3	MO
desogestrel & ethinyl estradiol	1	MO
desogestrel-ethinyl estradiol (biphasic)	1	MO
desogestrel-ethinyl estradiol (triphasic)	1	MO
drospirenone-ethinyl estradiol	1	MO
ESTROSTEP FE (*Use Norethindrone Acetate-Ethinyl Estradiol-Fe*)	3	MO
ethynodiol diacet & eth estrad	1	MO
FEMCON FE (*Use Norethindrone & Ethinyl Estradiol-Fe*)	3	MO
GENERESS FE	3	MO
levonorgestrel & eth estradiol	1	MO
levonorgestrel-eth estradiol (triphasic)	1	MO
levonorgestrel-ethinyl estradiol (91-day)	1	MO
levonorgestrel-ethinyl estradiol (continuous)	1	MO
LO LOESTRIN FE	3	MO

DRUG NAME	Drug Tier	Requirements/ Limits
LO/OVRAL-28 (*Use Norgestrel & Ethinyl Estradiol*)	3	MO
loestrin 1.5/30-21 (use norethindrone acet & eth estra)	1	MO
loestrin 1/20-21 (use norethindrone acet & eth estra)	1	MO
LOESTRIN 24 FE	3	MO
LOESTRIN FE 1.5/30 (*Use Norethin Acet & Estrad-Fe*)	3	MO
loestrin fe 1/20 (use norethin acet & estrad-fe)	1	MO
LOSEASONIQUE (*Use Levonorgestrel-Ethinyl Estradiol (91-Day*))	3	MO
LYBREL (*Use Levonorgestrel-Ethinyl Estradiol (Continuous*))	3	MO
mircette (use desogestrel-ethinyl estradiol (biphasic))	1	MO
MODICON (*Use Norethindrone & Eth Estradiol*)	3	MO
MODICON-28 (*Use Norethindrone & Eth Estradiol*)	3	MO
NATAZIA	3	MO
necon 10/11-28	1	MO
NORDETTE-28 (*Use Levonorgestrel & Eth Estradiol*)	3	MO
norethin acet & estrad-fe (use norethin acet & estrad-fe)	1	MO
norethindrone & eth estradiol	1	MO
norethindrone & ethinyl estradiol-fe	1	MO
norethindrone & mestranol	1	MO
norethindrone acet & eth estra	1	MO
norethindrone acetate-ethinyl estradiol-fe	1	MO
norethindrone-eth estradiol (triphasic)	1	MO
norgestimate-ethinyl estradiol	1	MO
norgestimate-ethinyl estradiol (triphasic)	1	MO
norgestrel & ethinyl estradiol	1	MO
NORINYL 1+35 (*Use Norethindrone & Eth Estradiol*)	3	MO
NORINYL 1+50	3	MO
ogestrel	1	MO
ORTHO TRI-CYCLEN (*Use Norgestimate-Ethinyl Estradiol (Triphasic*))	3	MO
ORTHO TRI-CYCLEN LO	2	MO
ORTHO-CEPT (*Use Desogestrel & Ethinyl Estradiol*)	3	MO
ORTHO-CEPT-28 (*Use Desogestrel & Ethinyl Estradiol*)	3	MO
ORTHO-CYCLEN (*Use Norgestimate-Ethinyl Estradiol*)	3	MO
ORTHO-CYCLEN-28 (*Use Norgestimate-Ethinyl Estradiol*)	3	MO
ORTHO-NOVUM 1/35 (*Use Norethindrone & Eth Estradiol*)	3	MO
ORTHO-NOVUM 1/35-28 (*Use Norethindrone & Eth Estradiol*)	3	MO
ORTHO-NOVUM 7/7/7 (*Use Norethindrone-Eth Estradiol (Triphasic*))	3	MO
ORTHO-NOVUM 7/7/7-28 (*Use Norethindrone-Eth Estradiol (Triphasic*))	3	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
ovcon-35 (use norethindrone & eth estradiol)	1	MO
OVCON-50 28	2	
QUARTETTE	3	
SAFYRAL	3	MO
SEASONALE (*Use Levonorgestrel-Ethinyl Estradiol (91-Day)*)	3	MO
SEASONIQUE (*Use Levonorgestrel-Ethinyl Estradiol (91-Day)*)	3	MO
TRI-NORINYL 28 (*Use Norethindrone-Eth Estradiol (Triphasic)*)	3	MO
YASMIN 28 (*Use Drospirenone-Ethinyl Estradiol*)	3	MO
YAZ (*Use Drospirenone-Ethinyl Estradiol*)	3	MO
zovia 1/50e	1	MO
Combination Contraceptives - Transdermal		
ORTHO EVRA	2	MO
Combination Contraceptives - Vaginal		
NUVARING	2	MO
Emergency Contraceptives		
ELLA	3	
levonorgestrel (emergency oc) 0.75 mg	1	
levonorgestrel (emergency oc) 1.5 mg	1	RX/OTC
PLAN B (*Use Levonorgestrel (Emergency OC)*)	3	
PLAN B ONE-STEP (*Use Levonorgestrel (Emergency OC)*)	3	RX/OTC
Progestin Contraceptives - Implants		
IMPLANON	4	
NEXPLANON	4	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE (*Use Medroxyprogesterone Acetate (Contraceptive)*)	4	MO
DEPO-SUBQ PROVERA 104	4	MO
medroxyprogesterone acetate (contraceptive)	4	MO
Progestin Contraceptives - Oral		
NOR-QD (*Use Norethindrone (Contraceptive)*)	3	MO
norethindrone (contraceptive)	1	MO
ORTHO MICRONOR (*Use Norethindrone (Contraceptive)*)	3	MO
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
ARISTOSPAN INTRA-ARTICULAR	2	MO
betamethasone sod phosphate & acetate	4	MO
budesonide	1	MO
CELESTONE	3	
CELESTONE-SOLUSPAN (*Use Betamethasone Sod Phosphate & Acetate*)	4	MO
CORTEF (*Use Hydrocortisone*)	3	MO
cortisone acetate	1	MO
DEPO-MEDROL (*Use Methylprednisolone Acetate*)	4	MO
dexamethasone	1	MO
dexamethasone intensol	1	MO

DRUG NAME	Drug Tier	Requirements/ Limits
dexamethasone sodium phosphate	4	MO
dexpak 10 day	1	MO
dexpak 13 day	1	MO
dexpak 6 day	1	MO
ENTOCORT EC (*Use Budesonide*)	3	MO
FLO-PRED	3	MO
hydrocortisone	1	MO
hydrocortisone sod succinate 100 mg	4	MO
hydrocortisone sod succinate 500 mg	4	
KENALOG-10	4	MO
KENALOG-40	4	MO
MEDROL 16 MG, 32 MG, 4 MG, 8 MG (*Use Methylprednisolone*)	3	MO
MEDROL 2 MG	2	MO
MEDROL DOSEPAK (*Use Methylprednisolone*)	3	MO
methylprednisolone	1	MO
methylprednisolone acetate	4	MO
methylprednisolone sod succ	4	MO
millipred	1	MO
millipred dp	1	MO
ORAPRED (*Use Prednisolone Sodium Phosphate*)	3	MO
ORAPRED ODT	3	MO
PEDIAPRED (*Use Prednisolone Sodium Phosphate*)	3	MO
prednisolone	1	MO
prednisolone sodium phosphate or 15 mg/5ml, 5 mg/5ml, 6.7 mg/5ml (use prednisolone sodium phosphate)	1	MO
prednisolone sodium phosphate or 25 mg/5ml	1	
prednisone	1	MO
prednisone intensol	1	MO
RAYOS	3	MO
SOLU-CORTEF 100 MG, 250 MG (*Use Hydrocortisone Sod Succinate*)	4	MO
SOLU-CORTEF 1000 MG, 500 MG	4	
SOLU-MEDROL 1 GM, 1000 MG, 125 MG, 40 MG, 500 MG (*Use Methylprednisolone Sod Succ*)	4	MO
SOLU-MEDROL 2 GM	4	
triamcinolone acetonide susp ij 10 mg/ml, 40 mg/ml	4	MO
UCERIS	5	MO
veripred 20	1	MO
Mineralocorticoids		
fludrocortisone acetate	1	MO
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate	1	MO; NT
TESSALON (*Use Benzonatate*)	NF	MO; NT
TESSALON PERLES (*Use Benzonatate*)	3	MO; NT
Cough/Cold/Allergy Combinations		
CLARINEX-D 12 HOUR	3	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
CLARINEX-D 24 HOUR	3	
hydrocodone polistirex-chlorpheniramine polistirex	1	MO; NT
phenyleph-promethazine w/ cod	1	MO; NT
promethazine & phenylephrine	1	PA; AL; MO
SEMPREX-D	3	MO
TUSSIONEX PENNKINETIC EXTENDED RELEASE (*Use Hydrocodone Polistirex-Chlorpheniramine Polistirex*)	3	MO; NT
ZUTRIPRO	3	MO; NT
Mucolytics		
acetylcysteine	1	MO; B/D
MUCOMYST-10 (*Use Acetylcysteine*)	3	MO; B/D
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA	3	
ACANYA	3	MO
ACCUTANE (*Use Isotretinoin*)	3	
adapalene	1	MO
AKNE-MYCIN	3	MO
ATRALIN	3	MO
AZELEX	3	MO
BENZACLIN (*Use Clindamycin Phosphate-Benzoyl Peroxide*)	3	MO
BENZACLIN WITH PUMP (*Use Clindamycin Phosphate-Benzoyl Peroxide*)	3	MO
BENZAMYCIN (*Use Benzoyl Peroxide-Erythromycin*)	3	MO
benzoyl peroxide-erythromycin	1	MO
CLEOCIN-T (*Use Clindamycin Phosphate (Topical)*)	3	MO
CLINDAGEL	3	MO
clindamycin phosphate (topical)	1	MO
clindamycin phosphate-benzoyl peroxide	1	MO
clindamycin phosphate-benzoyl peroxide (refrigerate)	1	MO
DIFFERIN (*Use Adapalene*)	3	MO
DUAC (*Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)*)	3	MO
EPIDUO	3	MO
erythromycin (acne aid)	1	MO
erythromycin gel ex 2 %	1	MO
EVOCLIN (*Use Clindamycin Phosphate (Topical)*)	3	MO
isotretinoin	1	
KLARON (*Use Sulfacetamide Sodium (Acne)*)	3	MO
RETIN-A (*Use Tretinoin*)	3	MO
RETIN-A MICRO (*Use Tretinoin Microsphere*)	3	MO
RETIN-A MICRO PUMP (*Use Tretinoin Microsphere*)	3	MO
sulfacetamide sodium (acne)	1	MO
tretinoin	1	MO

DRUG NAME	Drug Tier	Requirements/ Limits
TRETINOIN MICROSPHERE 0.04 %	3	MO
tretinoin microsphere 0.1 %	1	MO
TRETINOIN MICROSPHERE PUMP	3	MO
VELTIN	3	MO
ZIANA	3	MO
Anti-inflammatory Agents - Topical		
PENNSAID	3	MO
VOLTAREN	3	MO
Antibiotics - Topical		
ALTABAX	3	MO
BACTROBAN (*Use Mupirocin Calcium (Topical*))	3	MO
BACTROBAN (*Use Mupirocin*)	3	MO
CORTISPORIN CREA EX 0.5-0.5-10000 %, UNIT/GM	2	MO
CORTISPORIN OINT EX 0.5-1-400-5000 %, UNIT/GM	2	MO
gentamicin sulfate (topical)	1	MO
gentamicin sulfate crea ex 0.1 %	1	MO
gentamicin sulfate oint ex 0.1 %	1	MO
mupirocin	1	MO
mupirocin calcium (topical)	1	MO
Antifungals - Topical		
ciclopirox	1	MO
ciclopirox olamine	1	MO
clotrimazole (topical)	1	RX/OTC; MO
econazole nitrate	1	MO

DRUG NAME	Drug Tier	Requirements/ Limits
ERTACZO	3	MO
EXELDERM	3	MO
EXTINA (*Use Ketoconazole (Topical*))	3	MO
ketoconazole (topical)	1	MO
LOPROX (*Use Ciclopirox Olamine*)	3	MO
LOPROX (*Use Ciclopirox*)	3	MO
LOPROX SHAMPOO (*Use Ciclopirox*)	3	MO
MENTAX	2	RX/OTC; MO
MYCOSTATIN (*Use Nystatin (Topical*))	3	MO
NAFTIN	3	MO
NAFTIN-MP	3	MO
NIZORAL (*Use Ketoconazole (Topical*))	3	MO
nystatin (topical)	1	MO
nystatin-triamcinolone	1	MO
nystatin/triamcinolone	1	MO
OXISTAT	3	MO
SPECTAZOLE (*Use Econazole Nitrate*)	3	MO
VUSION	3	MO
XOLEGEL	3	MO
Antineoplastic or Premalignant Lesion Agents		
CARAC	2	MO
EFUDEX (*Use Fluorouracil (Topical*))	3	MO
FLUOROPLEX	2	MO
fluorouracil (topical)	1	MO

DRUG NAME	Drug Tier	Requirements/ Limits
PANRETIN	2	MO
PICATO	5	MO
SOLARAZE	2	MO
TARGRETIN	5	
Antipruritics - Topical		
PRUDOXIN	3	MO
ZONALON (*Use Doxepin HCl (Antipruritic*))	3	MO
Antipsoriatics		
8-MOP	2	
acitretin	5	MO
calcipotriene	1	MO
CALCITRIOL OINT EX 3 MCG/GM	2	MO
DOVONEX CREA (*Use Calcipotriene*)	2	MO
DOVONEX OINT	2	MO
DOVONEX SCALP (*Use Calcipotriene*)	3	MO
DOVONEX SOLN (*Use Calcipotriene*)	3	MO
OXSORALEN ULTRA	2	MO
SORIATANE (*Use Acitretin*)	5	MO
SORILUX	3	MO
STELARA	5	PA
TAZORAC	2	MO
VECTICAL	2	MO
Antiseborrheic Products		
selenium sulfide	1	MO
SELSUN SHAMPOO (*Use Selenium Sulfide*)	3	MO

DRUG NAME	Drug Tier	Requirements/ Limits
Antivirals - Topical		
acyclovir topical	1	MO
DENAVIR	2	MO
XERESE	3	MO
ZOVIRAX CREA EX 5 %	2	MO
ZOVIRAX OINT EX 5 % (*Use Acyclovir Topical*)	2	MO
Burn Products		
mafenide acetate	1	MO
SILVADENE (*Use Silver Sulfadiazine*)	3	MO
silver sulfadiazine	1	MO
SULFAMYLON (*Use Mafenide Acetate*)	3	MO
Corticosteroids - Topical		
aclovate (use alclometasone dipropionate)	1	MO
ala scalp (use hydrocortisone (topical))	1	MO
alclometasone dipropionate	1	MO
amcinonide	1	MO
apexicon e	1	MO
ARISTOCORT A (*Use Triamcinolone Acetonide (Topical*))	3	MO
betamethasone dipropionate (topical)	1	MO
betamethasone dipropionate augmented	1	MO
betamethasone valerate	1	MO
CAPEX	3	MO
carmol-hc (use urea-hc acetate)	1	MO
clobetasol propionate	1	MO

DRUG NAME	Drug Tier	Requirements/ Limits
clobetasol propionate emollient base	1	MO
CLOBEX (*Use Clobetasol Propionate*)	3	MO
CLODERM	3	MO
CLODERM PUMP	3	MO
CORDRAN	3	MO
CORDRAN SP	3	MO
CORDRAN TAPE	3	MO
CUTIVATE (*Use Fluticasone Propionate*)	3	MO
CYCLOCORT (*Use Amcinonide*)	3	MO
DERMA-SMOOTHE/FS BODY (*Use Fluocinolone Acetonide*)	3	MO
DERMA-SMOOTHE/FS BODY OIL (*Use Fluocinolone Acetonide*)	3	MO
DERMA-SMOOTHE/FS SCALP (*Use Fluocinolone Acetonide*)	3	MO
DERMA-SMOOTHE/FS SCALP OIL (*Use Fluocinolone Acetonide*)	3	MO
DERMATOP (*Use Prednicarbate*)	3	MO
DESONATE	3	MO
desonide	1	MO
DESOWEN CREA (*Use Desonide*)	3	MO
desowen lotn (use desonide)	1	MO
desowen oint (use desonide)	1	MO
desoximetasone crea 0.05 %	1	MO
desoximetasone crea 0.25 %	1	MO
desoximetasone gel 0.05 %	1	MO

DRUG NAME	Drug Tier	Requirements/ Limits
DESOXIMETASONE OINT 0.05 %	3	MO
desoximetasone oint 0.25 %	1	MO
diflorasone diacetate	1	MO
DIPROLENE (*Use Betamethasone Dipropionate Augmented*)	3	MO
DIPROLENE AF (*Use Betamethasone Dipropionate Augmented*)	3	MO
ELOCON (*Use Mometasone Furoate*)	3	MO
epifoam	1	MO
fluocinolone acetonide	1	MO
fluocinonide	1	MO
fluocinonide emulsified base	1	MO
fluticasone propionate (use fluticasone propionate)	1	MO
halobetasol propionate	1	MO
halobetasol propionate & ammonium lactate	1	MO
HALOG	3	MO
hydrocortisone (topical) crea 1 %	1	RX/OTC; MO
hydrocortisone (topical) crea 2.5 %	1	MO
hydrocortisone (topical) lotn 2 %, 2.5 %	1	MO
hydrocortisone (topical) oint 1 %	1	RX/OTC; MO
hydrocortisone (topical) oint 2.5 %	1	MO
hydrocortisone (topical) soln 2.5 %	1	MO
hydrocortisone butyrate	1	MO
hydrocortisone valerate	1	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
HYTONE (*Use Hydrocortisone (Topical*))	3	MO
KENALOG AERS	2	MO
KENALOG CREA 0.1 %, 0.5 % (*Use Triamcinolone Acetonide (Topical*))	3	MO
KENALOG LOTN 0.1 % (*Use Triamcinolone Acetonide (Topical*))	3	MO
KENALOG OINT 0.1 % (*Use Triamcinolone Acetonide (Topical*))	3	MO
LIDEX (*Use Fluocinonide*)	3	MO
LIDEX-E (*Use Fluocinonide Emulsified Base*)	3	MO
LOCOID (*Use Hydrocortisone Butyrate*)	3	MO
LOCOID LIPOCREAM	2	MO
LUXIQ (*Use Betamethasone Valerate*)	3	MO
MAXIFLOR (*Use Diflorasone Diacetate*)	3	MO
mometasone furoate	1	MO
OLUX (*Use Clobetasol Propionate*)	3	MO
PANDEL	3	MO
pramosone (use pramoxine-hc)	1	MO
prednicarbate	1	MO
synalar crea 0.025 % (use fluocinolone acetonide)	1	MO
synalar oint 0.025 % (use fluocinolone acetonide)	1	MO
SYNALAR SOLN 0.01 % (*Use Fluocinolone Acetonide*)	3	MO
TACLONEX	3	MO
TACLONEX SCALP	3	MO
TEMOVATE (*Use Clobetasol Propionate*)	3	MO
TEMOVATE E (*Use Clobetasol Propionate Emollient Base*)	3	MO
TEXACORT	3	MO
topicort crea 0.05 %, 0.25 % (use desoximetasone)	1	MO
topicort gel 0.05 % (use desoximetasone)	1	MO
TOPICORT LIQD 0.25 %	3	MO
TOPICORT OINT 0.05 %	3	MO
topicort oint 0.25 % (use desoximetasone)	1	MO
triamcinolone acetonide (topical)	1	MO
triamcinolone acetonide in absorbase	1	MO
triamcinolone acetonide oint ex 0.5 %	1	MO
trianex	1	MO
TRIDESILON (*Use Desonide*)	3	MO
ULTRAVATE (*Use Halobetasol Propionate*)	3	MO
ULTRAVATE PAC	3	Cream
ULTRAVATE PAC (*Use Halobetasol Propionate & Ammonium Lactate*)	3	MO
urea-hc acetate	1	MO
VANOS	3	MO
VERDESO	3	MO
WESTCORT (*Use Hydrocortisone Valerate*)	3	MO
Emollients		
LAC-HYDRIN (*Use Lactic Acid (Ammonium Lactate*))	3	RX/OTC; MO
lactic acid (ammonium lactate)	1	RX/OTC; MO

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DRUG NAME	Drug Tier	Requirements/ Limits
Enzymes - Topical		
SANTYL	2	MO
Immunomodulating Agents - Topical		
ALDARA (*Use Imiquimod*)	3	MO
imiquimod	1	MO
ZYCLARA	3	MO
ZYCLARA PUMP	3	MO
Immunosuppressive Agents - Topical		
ELIDEL	3	MO
PROTOPIC	2	MO
Keratolytic/Antimitotic Agents		
CONDYLOX GEL	2	MO
CONDYLOX SOLN (*Use Podofilox*)	3	MO
CONDYLOXW/APPLICATORS (*Use Podofilox*)	3	MO
podofilox	1	MO
Local Anesthetics - Topical		
EMLA (*Use Lidocaine-Prilocaine*)	3	MO; B/D
lidocaine	1	MO
lidocaine hcl gel ex 2 %	1	RX/OTC; MO
lidocaine hcl soln ex 4 %	1	MO
lidocaine-prilocaine	1	MO; B/D
LIDODERM	2	MO
SYNERA	3	MO
XYLOCAINE EX 4 % (*Use Lidocaine HCl*)	3	MO
XYLOCAINE JELLY (*Use Lidocaine HCl*)	3	RX/OTC; MO
Pigmenting-Depigmenting Agents		
OXSORALEN	3	MO
Rosacea Agents		
FINACEA	3	MO
METROCREAM (*Use Metronidazole (Topical*))	3	MO
METROGEL 0.5 %	3	MO
METROGEL 1 % (*Use Metronidazole (Topical*))	2	MO
METROLOTION (*Use Metronidazole (Topical*))	3	MO
metronidazole (topical)	1	MO
ORACEA	3	MO
Scabicides & Pediculicides		
elimite (use permethrin)	1	MO
EURAX	2	MO
malathion	1	MO
OVIDE (*Use Malathion*)	3	MO
permethrin	1	MO
SKLICE	3	MO
ULESFIA	3	MO
Wound Care Products		
REGRANEX	5	MO
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
ADVANCED DNA MEDICATED COLLECTION	2	B;NT
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON	2	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
PANCREAZE	2	MO
PANCRELIPASE	2	MO
PERTZYE	3	MO
SUCRAID	2	LA
ULTRESA	3	MO
VIOKACE	3	MO
ZENPEP	2	MO
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide	1	MO
acetazolamide sodium	4	
DIAMOX (*Use Acetazolamide*)	3	MO
methazolamide	1	MO
neptazane (use methazolamide)	1	MO
Diuretic Combinations		
ALDACTAZIDE 25-25 MG (*Use Spironolactone & Hydrochlorothiazide*)	3	MO
ALDACTAZIDE 50-50 MG	2	MO
amiloride & hydrochlorothiazide	1	MO
DYAZIDE (*Use Triamterene & Hydrochlorothiazide*)	3	MO
MAXZIDE (*Use Triamterene & Hydrochlorothiazide*)	3	MO
MAXZIDE-25 (*Use Triamterene & Hydrochlorothiazide*)	3	MO
spironolactone & hydrochlorothiazide	1	MO
triamterene & hydrochlorothiazide caps 25-37.5 mg	1	MO
triamterene & hydrochlorothiazide caps 25-50 mg	1	
triamterene & hydrochlorothiazide tabs 25-37.5 mg, 50-75 mg	1	MO
Loop Diuretics		
bumetanide soln ij 0.25 mg/ml, 0.5 mg/ml	4	
bumetanide tabs or 0.5 mg, 1 mg, 2 mg	1	MO
DEMADEX (*Use Torsemide*)	3	MO
EDECRIN	3	MO
furosemide soln ij 10 mg/ml	4	MO
furosemide soln or 10 mg/ml	1	MO
furosemide soln or 8 mg/ml	1	MO
furosemide tabs or 20 mg, 40 mg, 80 mg	1	MO
LASIX (*Use Furosemide*)	3	MO
torsemide soln iv 20 mg/2ml, 50 mg/5ml	4	
torsemide tabs or 10 mg, 100 mg, 20 mg, 5 mg	1	MO
Osmotic Diuretics		
mannitol	4	MO
Potassium Sparing Diuretics		
ALDACTONE (*Use Spironolactone*)	3	MO
amiloride hcl	1	MO
DYRENIUM	3	MO
MIDAMOR (*Use Amiloride HCl*)	3	MO
spironolactone	1	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
Thiazides and Thiazide-Like Diuretics		
chlorothiazide	1	MO
chlorothiazide sodium	4	
chlorthalidone	1	MO
DIURIL	2	MO
DIURIL IV	4	
hydrochlorothiazide	1	MO
indapamide	1	MO
LOZOL (*Use Indapamide*)	3	MO
methyclothiazide	1	MO
metolazone	1	MO
MICROZIDE (*Use Hydrochlorothiazide*)	3	MO
SODIUM DIURIL (*Use Chlorothiazide Sodium*)	4	
THALITONE	2	
ZAROXOLYN (*Use Metolazone*)	3	MO
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL 150 MG	2	QL(0.04 ea daily,93 day(s) limit); MO
ACTONEL 30 MG, 5 MG	2	QL(1 ea daily); MO
ACTONEL 35 MG	2	QL(0.15 ea daily); MO
alendronate sodium 10 mg, 5 mg	1	QL(1 ea daily); MO
alendronate sodium 35 mg, 70 mg	1	QL(0.15 ea daily); MO
alendronate sodium 40 mg	1	QL(1 ea daily); MO

DRUG NAME	Drug Tier	Requirements/ Limits
AREDIA (*Use Pamidronate Disodium*)	4	MO; B/D
ATELVIA	2	QL(0.15 ea daily); MO
BINOSTO	3	MO
BONIVA SOLN IV 3 MG/3ML	4	QL(0.04 ml daily,90 day(s) limit); MO; B/D
BONIVA TABS OR 150 MG (*Use Ibandronate Sodium*)	3	QL(0.034 ea daily,90 day(s) limit); MO; B/D
calcitonin (salmon)	1	MO
FORTEO	2	QL(0.11 ml daily)
FORTICAL	3	MO
FOSAMAX 10 MG, 5 MG (*Use Alendronate Sodium*)	3	QL(1 ea daily); MO
FOSAMAX 35 MG, 70 MG (*Use Alendronate Sodium*)	3	QL(0.15 ea daily); MO
FOSAMAX PLUS D	3	QL(0.15 ea daily); MO
ibandronate sodium	1	QL(0.034 ea daily,90 day(s) limit); MO; B/D
MIACALCIN IJ 200 UNIT/ML	4	MO; B/D
MIACALCIN NA 200 UNIT/ACT (*Use Calcitonin (Salmon)*)	3	MO
pamidronate disodium	4	MO; B/D
PAMIDRONATE DISODIUM (*Use Pamidronate Disodium*)	4	MO; B/D
PROLIA	4	
RECLAST (*Use Zoledronic Acid*)	4	QL(0.28 ml daily,365 day(s) limit)
XGEVA	5	QL(0.061 ml daily)
zoledronic acid conc 4 mg/5ml	5	

DRUG NAME	Drug Tier	Requirements/ Limits
zoledronic acid soln 4 mg/100ml	5	
zoledronic acid soln 5 mg/100ml	4	QL(0.28 ml daily,365 day(s) limit)
ZOLEDRONIC ACID SOLR 4 MG	5	
ZOMETA (*Use Zoledronic Acid*)	5	
Corticotropin		
ACTHAR HP	5	
Fertility Regulators		
chorionic gonadotropin	4	
Growth Hormone Receptor Antagonists		
SOMAVERT	5	LA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA	5	
Growth Hormones		
GENOTROPIN 12 MG	5	
GENOTROPIN 5 MG	4	
GENOTROPIN MINIQUICK 0.2 MG, 0.4 MG, 0.6 MG	4	
GENOTROPIN MINIQUICK 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5	
HUMATROPE 12 MG, 24 MG, 5 MG	5	
HUMATROPE 6 MG	4	
HUMATROPE COMBO PACK	5	
NORDITROPIN CARTRIDGE 15 MG/1.5ML	5	
NORDITROPIN CARTRIDGE 5 MG/1.5ML	4	
NORDITROPIN FLEXPRO 10 MG/1.5ML, 5 MG/1.5ML	4	
NORDITROPIN FLEXPRO 15 MG/1.5ML	5	
NORDITROPIN NORDIFLEX PEN 10 MG/1.5ML, 5 MG/1.5ML	4	
NORDITROPIN NORDIFLEX PEN 15 MG/1.5ML, 30 MG/3ML	5	
NUTROPIN 10 MG	5	
NUTROPIN 5 MG	4	
NUTROPIN AQ	5	
NUTROPIN AQ NUSPIN 10	5	
NUTROPIN AQ NUSPIN 20	5	
NUTROPIN AQ PEN	5	
OMNITROPE SOLN 10 MG/1.5ML, 5 MG/1.5ML	4	
OMNITROPE SOLR 5.8 MG	5	
SAIZEN	5	
SAIZEN CLICK.EASY	5	
SEROSTIM	5	
TEV-TROPIN	4	
ZORBTIVE	5	LA
Hormone Receptor Modulators		
EVISTA	2	QL(1 ea daily); MO
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	LA
LHRH/GnRH Agonist Analog Pituitary		
LUPRON DEPOT-PED 11.25 MG, 15 MG	4	
LUPRON DEPOT-PED 11.25 MG, 30 MG	5	3 Month Kit
LUPRON DEPOT-PED 7.5 MG	5	

DRUG NAME	Drug Tier	Requirements/ Limits
SYNAREL	5	MO
Metabolic Modifiers		
ALDURAZYME	5	LA
BUPHENYL (*Use Sodium Phenylbutyrate*)	5	
CALCIJEX (*Use Calcitriol*)	4	B/D
calcitriol caps or 0.25 mcg, 0.5 mcg	1	MO; B/D
calcitriol soln iv 1 mcg/ml	4	B/D
calcitriol soln or 1 mcg/ml	1	MO; B/D
CARNITOR SF (*Use Levocarnitine (Metabolic Modifiers*))	3	MO; B/D
CARNITOR SOLN IV 200 MG/ML (*Use Levocarnitine (Metabolic Modifiers*))	4	MO; B/D
CARNITOR SOLN OR 1 GM/10ML (*Use Levocarnitine (Metabolic Modifiers*))	3	MO; B/D
CARNITOR TABS OR 330 MG (*Use Levocarnitine (Metabolic Modifiers*))	3	MO; B/D
CYSTADANE	3	
ELAPRASE	5	LA
FABRAZYME 35 MG	5	LA
FABRAZYME 5 MG	5	
HECTOROL CAPS OR 0.5 MCG, 1 MCG, 2.5 MCG	3	MO; B/D
HECTOROL SOLN IV 2 MCG/ML, 4 MCG/2ML	4	MO; B/D
KUVAN	5	LA
levocarnitine (metabolic modifiers) soln iv 200 mg/ml	4	MO; B/D
levocarnitine (metabolic modifiers) soln or 1 gm/10ml	1	MO; B/D
levocarnitine (metabolic modifiers) tabs or 330 mg	1	MO; B/D
LUMIZYME	5	LA
MYOZYME	5	LA
NAGLAZYME	5	LA
ORFADIN	2	LA
ROCALTROL (*Use Calcitriol*)	3	MO; B/D
SENSIPAR	2	
sodium phenylbutyrate	5	
ZEMPLAR CAPS OR 1 MCG, 2 MCG, 4 MCG	2	MO; B/D
ZEMPLAR SOLN IV 2 MCG/ML, 5 MCG/ML	4	MO; B/D
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (*Use Desmopressin Acetate*)	4	MO
DDAVP SOLN NA 0.01 % (*Use Desmopressin Acetate Refrigerated*)	3	MO
DDAVP SOLN NA 0.01 % (*Use Desmopressin Acetate Spray*)	3	MO
DDAVP TABS OR 0.1 MG, 0.2 MG (*Use Desmopressin Acetate*)	3	MO
desmopressin acetate refrigerated	1	MO
desmopressin acetate soln ij 4 mcg/ml	4	MO
desmopressin acetate spray	1	MO
desmopressin acetate spray refrigerated	1	MO
desmopressin acetate tabs or 0.1 mg, 0.2 mg	1	MO
STIMATE	3	
Prolactin Inhibitors		

DRUG NAME	Drug Tier	Requirements/ Limits
cabergoline	1	MO
Somatostatic Agents		
octreotide acetate 100 mcg/ml, 1000 mcg/5ml, 200 mcg/ml, 50 mcg/ml	4	
octreotide acetate 1000 mcg/ml, 500 mcg/ml	5	
SANDOSTATIN 100 MCG/ML, 200 MCG/ML, 50 MCG/ML (*Use Octreotide Acetate*)	4	
SANDOSTATIN 1000 MCG/ML, 500 MCG/ML (*Use Octreotide Acetate*)	5	
SANDOSTATIN LAR DEPOT	5	
SIGNIFOR	5	
SOMATULINE DEPOT	5	
Vasopressin Receptor Antagonists		
SAMSCA	5	
VAPRISOL	4	
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA (*Use Estradiol & Norethindrone Acetate*)	3	MO
ANGELIQ	3	MO
CLIMARA PRO	3	MO
COMBIPATCH	3	MO
estradiol & norethindrone acetate	1	MO
FEMHRT 1/5 (*Use Norethindrone Acetate-Ethinyl Estradiol*)	3	MO
FEMHRT LOW DOSE	3	MO
norethindrone acetate-ethinyl estradiol	1	MO

DRUG NAME	Drug Tier	Requirements/ Limits
prefest	1	MO
PREMPHASE	2	MO
PREMPRO	2	PA; AL; MO
Estrogens		
ALORA	3	MO
CENESTIN	3	PA; AL; MO
CLIMARA (*Use Estradiol*)	3	MO
DELESTROGEN (*Use Estradiol Valerate*)	4	MO
DEPO-ESTRADIOL	4	MO
DIVIGEL	3	MO
ELESTRIN	3	MO
ENJUVIA 0.3 MG, 0.45 MG, 0.9 MG, 1.25 MG	3	PA; AL; MO
ENJUVIA 0.625 MG	3	AL
estrace (use estradiol)	1	MO
ESTRADERM	3	MO
estradiol	1	MO
estradiol valerate	4	MO
estropipate	1	PA; AL; MO
EVAMIST	3	MO
FEMTRACE	3	
menest	1	PA; AL; MO
MENOSTAR	3	MO
MINIVELLE	3	MO
PREMARIN SOLR IJ 25 MG	4	MO

DRUG NAME	Drug Tier	Requirements/ Limits
PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	PA; AL; MO
VIVELLE-DOT	3	MO
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX ABC PACK	3	MO
AVELOX SOLN IV 0.8-400 %, MG/250ML	4	MO
AVELOX TABS OR 400 MG	3	MO
CIPRO I.V. (*Use Ciprofloxacin*)	4	MO
CIPRO I.V.-IN D5W 5-200 %, MG/100ML (*Use Ciprofloxacin in D5W*)	4	
CIPRO I.V.-IN D5W 5-400 %, MG/200ML (*Use Ciprofloxacin in D5W*)	4	MO
CIPRO SUSR 5 GM/100ML, 500 MG/5ML	2	MO
CIPRO TABS 250 MG, 500 MG, 750 MG (*Use Ciprofloxacin HCl*)	3	MO
CIPRO XR (*Use Ciprofloxacin-Ciprofloxacin HCl*)	3	MO
ciprofloxacin	4	MO
ciprofloxacin hcl	1	MO
ciprofloxacin in d5w 5-200 %, mg/100ml	4	
ciprofloxacin in d5w 5-400 %, mg/200ml	4	MO
ciprofloxacin-ciprofloxacin hcl	1	MO
FACTIVE	3	MO
LEVAQUIN LEVA-PAK	3	MO
LEVAQUIN PREMIX	4	
LEVAQUIN SOLN IV 25 MG/ML (*Use Levofloxacin*)	4	
LEVAQUIN SOLN IV 5-250 %, MG/50ML, 5-500 %, MG/100ML (*Use Levofloxacin in D5W*)	4	
LEVAQUIN SOLN IV 5-750 %, MG/150ML (*Use Levofloxacin in D5W*)	4	MO
LEVAQUIN SOLN OR 25 MG/ML (*Use Levofloxacin*)	3	MO
LEVAQUIN TABS OR 250 MG, 500 MG, 750 MG (*Use Levofloxacin*)	3	MO
levofloxacin in d5w 5-250 %, mg/50ml, 5-500 %, mg/100ml	4	
levofloxacin in d5w 5-750 %, mg/150ml	4	MO
levofloxacin soln iv 25 mg/ml	4	
levofloxacin soln or 25 mg/ml	1	MO
levofloxacin tabs or 250 mg, 500 mg, 750 mg	1	MO
NOROXIN	3	MO
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Gallstone Solubilizing Agents		
ACTIGALL (*Use Ursodiol*)	3	MO
chenodal	5	
URSO 250 (*Use Ursodiol*)	3	MO
URSO FORTE (*Use Ursodiol*)	3	MO
ursodiol	1	MO
Gastrointestinal Antiallergy Agents		
cromolyn sodium (mastocytosis)	1	MO
GASTROCROM (*Use Cromolyn Sodium (Mastocytosis)*)	3	MO

DRUG NAME	Drug Tier	Requirements/ Limits
Gastrointestinal Chloride Channel Activators		
AMITIZA	2	MO
Gastrointestinal Stimulants		
metoclopramide hcl soln ij 5 mg/ml	4	MO
metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml	1	MO
metoclopramide hcl tabs or 10 mg, 5 mg	1	MO
METOZOLV ODT 10 MG	3	
METOZOLV ODT 5 MG	3	MO
REGLAN SOLN IJ 5 MG/ML (*Use Metoclopramide HCl*)	4	MO
REGLAN TABS OR 10 MG, 5 MG (*Use Metoclopramide HCl*)	3	MO
Inflammatory Bowel Agents		
APRISO	2	MO
ASACOL	2	
ASACOL HD	2	MO
AZULFIDINE (*Use Sulfasalazine*)	3	MO
AZULFIDINE EN-TABS (*Use Sulfasalazine*)	3	MO
balsalazide disodium	1	MO
CANASA	2	MO
CIMZIA	5	PA
CIMZIA STARTER KIT	5	PA
COLAZAL (*Use Balsalazide Disodium*)	3	MO
DELZICOL	2	MO
DIPENTUM	3	MO
GIAZO	3	ST; QL(6 ea daily); MO

DRUG NAME	Drug Tier	Requirements/ Limits
LIALDA	2	MO
mesalamine	1	MO
mesalamine w/ cleanser	1	MO
PENTASA	3	MO
REMICADE	5	PA
ROWASA (*Use Mesalamine w/ Cleanser*)	3	MO
sulfasalazine	1	MO
Intestinal Acidifiers		
lactulose (encephalopathy)	1	MO
Irritable Bowel Syndrome (IBS) Agents		
LINZESS	3	MO
LOTRONEX	2	MO
Peripheral Opioid Receptor Antagonists		
RELISTOR	4	MO
Phosphate Binder Agents		
calcium acetate (phosphate binder)	1	MO
eliphos (use calcium acetate (phosphate binder))	1	MO
FOSRENOL	2	MO
PHOSLO (*Use Calcium Acetate (Phosphate Binder*))	3	MO
PHOSLYRA	3	MO
RENVELA	2	MO
Short Bowel Syndrome (SBS) Agents		
GATTEX	5	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		

DRUG NAME	Drug Tier	Requirements/ Limits
potassium citrate (alkalinizer)	1	MO
UROCIT-K 10 (*Use Potassium Citrate (Alkalinizer)*)	NF	MO
UROCIT-K 5 (*Use Potassium Citrate (Alkalinizer)*)	NF	MO
Cystinosis Agents		
CYSTAGON	3	
PROCYSBI	3	
Genitourinary Irrigants		
acetic acid	1	MO
neomycin/polymyxin b gu (use neomycin/polymyxin b gu)	1	MO
NEOSPORIN GU IRRIGANT (*Use Neomycin/Polymyxin B GU*)	3	MO
sodium chloride (gu irrigant)	1	MO
SORBITOL	3	
sorbitol-mannitol	1	
Interstitial Cystitis Agents		
dimethyl sulfoxide	1	MO
ELMIRON	3	MO
RIMSO-50	3	MO
Prostatic Hypertrophy Agents		
alfuzosin hcl	1	MO
AVODART	2	GL; MO
CARDURA XL	3	MO
finasteride	1	GL; MO
FLOMAX (*Use Tamsulosin HCl*)	3	MO
JALYN	2	GL; MO
PROSCAR (*Use Finasteride*)	3	GL; MO
RAPAFLO	3	MO
tamsulosin hcl	1	MO
UROXATRAL (*Use Alfuzosin HCl*)	3	MO
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	1	MO
Gout Agents		
allopurinol 100 mg	1	QL(8 ea daily); MO
allopurinol 300 mg	1	QL(2 ea daily); MO
allopurinol sodium	4	
ALOPRIM (*Use Allopurinol Sodium*)	4	
COLCRYS	2	MO
KRYSTEXXA	5	
ULORIC	2	MO
ZYLOPRIM 100 MG (*Use Allopurinol*)	3	QL(8 ea daily); MO
ZYLOPRIM 300 MG (*Use Allopurinol*)	3	QL(2 ea daily); MO
Uricosurics		
probenecid	1	MO
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
KCENTRA	2	B;NT
Bradykinin B2 Receptor Antagonists		
FIRAZYR	5	
Complement Inhibitors		

DRUG NAME	Drug Tier	Requirements/ Limits
BERINERT	5	
CINRYZE	5	LA
Hematorheologic Agents		
pentoxifylline	1	MO
TRENTAL (*Use Pentoxifylline*)	3	MO
Platelet Aggregation Inhibitors		
AGGRENOX	2	MO
AGRYLIN (*Use Anagrelide HCl*)	3	MO
anagrelide hcl	1	MO
BRILINTA	2	MO
cilostazol	1	MO
clopidogrel bisulfate 300 mg	1	
clopidogrel bisulfate 75 mg	1	MO
dipyridamole	1	PA; AL; MO
EFFIENT	2	MO
PERSANTINE (*Use Dipyridamole*)	3	PA; AL; MO
PLAVIX 300 MG (*Use Clopidogrel Bisulfate*)	3	
PLAVIX 75 MG (*Use Clopidogrel Bisulfate*)	3	MO
PLETAL (*Use Cilostazol*)	3	MO
TICLID (*Use Ticlopidine HCl*)	3	MO
ticlopidine hcl	1	MO
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CEREZYME 200 UNIT	5	LA
CEREZYME 400 UNIT	5	

DRUG NAME	Drug Tier	Requirements/ Limits
ELELYSO	5	
VPRIV	5	
ZAVESCA	5	LA
Agents for Sickle Cell Anemia		
DROXIA	3	MO
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE 100 MCG/0.5ML, 100 MCG/ML, 25 MCG/0.42ML, 25 MCG/ML, 40 MCG/0.4ML, 40 MCG/ML, 60 MCG/0.3ML, 60 MCG/ML	4	PA; B/D
ARANESP ALBUMIN FREE 150 MCG/0.3ML, 150 MCG/0.75ML, 200 MCG/0.4ML, 200 MCG/ML, 300 MCG/0.6ML, 300 MCG/ML, 500 MCG/ML	5	PA; B/D
ARANESP ALBUMIN FREE SURECLICK 100 MCG/0.5ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	4	PA; B/D
ARANESP ALBUMIN FREE SURECLICK 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	5	PA; B/D
EPOGEN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA; B/D
EPOGEN 40000 UNIT/ML	5	PA; B/D
LEUKINE	5	PA
NEULASTA	5	PA
NEUMEGA	5	PA
NEUPOGEN	5	PA

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DRUG NAME	Drug Tier	Requirements/ Limits
NPLATE	5	
PROCRIT 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	2	PA; B/D
PROCRIT 20000 UNIT/ML, 40000 UNIT/ML	5	PA; B/D
PROMACTA 12.5 MG	5	QL(8 ea daily)
PROMACTA 25 MG	5	QL(4 ea daily); LA
PROMACTA 50 MG	5	QL(2 ea daily); LA
PROMACTA 75 MG	5	QL(1 ea daily); LA
Stem Cell Mobilizers		
MOZOBIL	5	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR (*Use Aminocaproic Acid*)	3	MO
aminocaproic acid	1	MO
CYKLOKAPRON (*Use Tranexamic Acid*)	3	MO
LYSTEDA (*Use Tranexamic Acid*)	3	MO
tranexamic acid	1	MO
HYPNOTICS - Drugs to Help Sleep		
Barbiturate Hypnotics		
nembutal	4	PA; AL
nembutal sodium	4	PA; AL
phenobarbital elix 20 mg/5ml	1	PA; AL; MO
PHENOBARBITAL SODIUM	4	
phenobarbital sodium	4	
phenobarbital soln 20 mg/5ml	1	PA; AL; MO
phenobarbital tabs 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 97.2 mg	1	AL; MO
PHENOBARBITAL TABS 64.8 MG, 97.2 MG	3	AL; MO
Hypnotics - Tricyclic Agents		
SILENOR	2	MO
Non-Barbiturate Hypnotics		
AMBIEN 10 MG (*Use Zolpidem Tartrate*)	3	QL(1 ea daily); AL; MO
AMBIEN 5 MG (*Use Zolpidem Tartrate*)	3	QL(2 ea daily); AL; MO
AMBIEN CR 12.5 MG (*Use Zolpidem Tartrate*)	3	QL(1 ea daily); AL; MO
AMBIEN CR 6.25 MG (*Use Zolpidem Tartrate*)	3	QL(2 ea daily); AL; MO
DORAL	3	MO
EDLUAR	3	AL; MO
INTERMEZZO	3	PA; MO
LUNESTA	3	AL; MO
midazolam hcl soln ij 1 mg/ml	4	
midazolam hcl soln ij 1 mg/ml, 10 mg/10ml, 2 mg/2ml, 5 mg/ml	4	
midazolam hcl soln ij 1 mg/ml, 10 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml	4	MO
midazolam hcl syrp or 2 mg/ml	1	MO
QUAZEPAM	3	MO
SONATA (*Use Zaleplon*)	3	AL; MO
zaleplon	1	AL; MO
zolpidem tartrate tabs 10 mg	1	QL(1 ea daily); AL; MO
zolpidem tartrate tabs 5 mg	1	QL(2 ea daily); AL; MO

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DRUG NAME	Drug Tier	Requirements/ Limits
zolpidem tartrate tbcr 12.5 mg	1	QL(1 ea daily); AL; MO
zolpidem tartrate tbcr 6.25 mg	1	QL(2 ea daily); AL; MO
ZOLPIMIST	3	AL; MO
Selective Melatonin Receptor Agonists		
ROZEREM	3	MO
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
COLYTE (*Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate*)	3	MO
COLYTE-FLAVOR PACKS 2.82-5.53-6.36-21.5-227.1 GM	3	
COLYTE-FLAVOR PACKS 2.98-5.84-6.72-22.72-240 GM (*Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate*)	3	MO
GOLYTELY (*Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate*)	3	MO
HALFLYTELY BOWEL PREP	2	MO
HALFLYTELY BOWEL PREP/FLAVOR PACKS	2	MO
MOVIPREP	3	MO
NULYTELY (*Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride*)	3	MO
NULYTELY/FLAVOR PACKS (*Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride*)	3	MO
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	1	MO
peg 3350-potassium chloride-sod bicarbonate-sod chloride	1	MO
PREPOPIK	3	MO
SUPREP BOWEL PREP	3	MO
Laxatives - Miscellaneous		
lactulose	1	MO
MIRALAX (*Use Polyethylene Glycol 3350*)	3	RX/OTC; MO
polyethylene glycol 3350	1	RX/OTC; MO
Saline Laxatives		
OSMOPREP	3	MO
VISICOL	3	MO
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetic Combinations		
bupivacaine w/ epinephrine 0.1-0.1-0.5-1 %, :200000, mg/ml, 0.1-0.5-1-1 %, :200000, mg/ml, 0.5-0.5-1 %, :200000, mg/ml, 0.5-1 %, :200000, 0.5-1-1 %, :200000, mg	4	MO
bupivacaine w/ epinephrine 0.1-0.25-1 %, :200000, mg/ml, 0.1-0.25-1-1 %, :200000, mg/ml, 0.25-1 %, :200000, 0.25-1-1 %, :200000, mg/ml	4	
lidocaine w/ epinephrine 0.5-1 %, :200000, 0.5-1-1.5 %, :200000, mg/ml, 0.5-1-2 %, :200000, mg/ml, 1-1.5 %, :200000, 1-2 %, :50000	4	
lidocaine w/ epinephrine 0.5-1-1-1 %, :100000, mg/ml, 0.5-1-1-2 %, :100000, mg/ml, 1-1 %, :100000, 1-2 %, :100000	4	MO
MARCAINE/EPINEPHRINE 0.25-0.5-1 %, :200000, MG/ML, 0.25-0.5-1-1 %, :200000, MG/ML (*Use Bupivacaine w/ Epinephrine*)	4	

DRUG NAME	Drug Tier	Requirements/ Limits
MARCAINE/EPINEPHRINE 0.5-0.5-1 %, :200000, MG/ML, 0.5-0.5-1-1 %, :200000, MG/ML (*Use Bupivacaine w/ Epinephrine*)	4	MO
sensorcaine-mpf/epinephrine	4	
XYLOCAINE-MPF/EPINEPHRINE (*Use Lidocaine w/ Epinephrine*)	4	
XYLOCAINE/EPINEPHRINE 0.5-1 %, :200000 (*Use Lidocaine w/ Epinephrine*)	4	
XYLOCAINE/EPINEPHRINE 0.5-1-1-1 %, :100000, MG/ML, 0.5-1-1-2 %, :100000, MG/ML, 1-1 %, :100000 (*Use Lidocaine w/ Epinephrine*)	4	MO
Local Anesthetics - Amides		
bupivacaine hcl 0.25 %	4	
bupivacaine hcl 0.25 %, 0.5 %, 0.75 %	4	MO
bupivacaine in dextrose	4	
CARBOCAINE 1 % (*Use Mepivacaine HCl*)	4	MO
CARBOCAINE 1.5 %, 2 % (*Use Mepivacaine HCl*)	4	
lidocaine hcl (local anesth.) 0.5 %, 1.5 %	4	
lidocaine hcl (local anesth.) 1 %, 2 %, 4 %	4	MO
lidocaine hcl/dextrose	4	
MARCAINE 0.25 % (*Use Bupivacaine HCl*)	4	
MARCAINE 0.25 %, 0.5 %, 0.5-1 %, MG/ML (*Use Bupivacaine HCl*)	4	MO
MARCAINE SPINAL (*Use Bupivacaine in Dextrose*)	4	
MARCAINE W/O EPI (*Use Bupivacaine HCl*)	4	MO
mepivacaine hcl 1 %	4	MO
mepivacaine hcl 1.5 %, 2 %	4	
mepivacaine hcl 3 %	4	
NAROPIN	4	
XYLOCAINE IJ 0.5 % (*Use Lidocaine HCl (Local Anesth.)*)	4	
XYLOCAINE IJ 1 %, 2 % (*Use Lidocaine HCl (Local Anesth.)*)	4	MO
XYLOCAINE-MPF 0.5 %, 1.5 % (*Use Lidocaine HCl (Local Anesth.)*)	4	
XYLOCAINE-MPF 1 %, 2 %, 4 % (*Use Lidocaine HCl (Local Anesth.)*)	4	MO
Local Anesthetics - Esters		
chloroprocaine hcl	4	
NESACAINE (*Use Chloroprocaine HCl*)	4	
NESACAINE-MPF (*Use Chloroprocaine HCl*)	4	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin pack or 1 gm	1	MO
azithromycin solr iv 500 mg	4	MO
azithromycin susr or 100 mg/5ml, 200 mg/5ml	1	MO
azithromycin tabs or 250 mg, 500 mg, 600 mg	1	MO
ZITHROMAX PACK OR 1 GM	2	MO
ZITHROMAX SOLR IV 500 MG (*Use Azithromycin*)	4	MO
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (*Use Azithromycin*)	3	MO
ZITHROMAX TABS OR 250 MG, 500 MG, 600 MG (*Use Azithromycin*)	3	MO

DRUG NAME	Drug Tier	Requirements/ Limits
ZITHROMAX TRI-PAK (*Use Azithromycin*)	3	MO
ZITHROMAX Z-PAK (*Use Azithromycin*)	3	MO
ZMAX	3	MO
Clarithromycin		
BIAXIN (*Use Clarithromycin*)	3	MO
BIAXIN XL (*Use Clarithromycin*)	3	MO
BIAXIN XL PAC (*Use Clarithromycin*)	3	MO
clarithromycin	1	MO
Erythromycins		
e.e.s. 400	1	QL(10 ea daily); MO
E.E.S. GRANULES	3	QL(100 ml daily); MO
ery-tab 250 mg	1	QL(16 ea daily); MO
ery-tab 333 mg	1	QL(12 ea daily); MO
ery-tab 500 mg	1	QL(8 ea daily); MO
ERYPED 200	3	QL(100 ml daily); MO
ERYPED 400	3	QL(50 ml daily); MO
ERYTHROCIN	4	
ERYTHROCIN LACTOBIONATE	4	
erythrocin stearate	1	QL(16 ea daily); MO
erythromycin base 250 mg	1	QL(16 ea daily); MO
erythromycin base 500 mg	1	QL(8 ea daily); MO
erythromycin cpep or 250 mg	1	QL(16 ea daily); MO
erythromycin ethylsuccinate	1	QL(10 ea daily); MO
erythromycin lactobionate	4	

DRUG NAME	Drug Tier	Requirements/ Limits
PCE 333 MG	3	QL(12 ea daily); MO
PCE 500 MG	3	QL(8 ea daily); MO
Fidaxomicin		
DIFICID	5	MO
MEDICAL DEVICES		
Bandages-Dressings-Tape		
gauze pads 2"x2"	1	RX/OTC; MO
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS29GX12MM	2	MO
AURORA PEN NEEDLES 29GX12MM	2	MO
AUTOPEN	3	RX/OTC; MO
BD AUTOSHIELD 29G X 1/2"	2	MO
BD AUTOSHIELD 29G X 3/16"	2	
BD AUTOSHIELD 29G X 5/16"	2	MO
BD AUTOSHIELD DUO 30G X 3/16"	2	MO
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 15/64"	2	MO
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 15/64"	2	MO
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64"	2	MO
BD PEN	3	RX/OTC; MO
BD PEN MINI	3	RX/OTC; MO
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	2	MO
BD PEN NEEDLE/ULTRAFINE/29G X1/2" 12.7MM	2	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
CAREONE UNIFINE PENTIPS 29GX12MM	2	MO
DRUG MART UNIFINE PENTIPS29G X 12MM	2	MO
DUANE READE UNIFINE PENTIPS 29G X 12MM	2	MO
EASY TOUCH 32GX5MM	2	MO
EASY TOUCH 32GX6MM	2	MO
EASY TOUCH PEN NEEDLES 29GX1/2"	2	MO
EXEL INSULIN PEN NEEDLES29GX1/2" 12MM	2	MO
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	2	MO
H-E-B INCONTROL PEN NEEDLES 29GX12MM	2	MO
HEALTHWISE PEN NEEDLES 29GX12MM	2	MO
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	2	MO
HUMAPEN LUXURA HD	3	RX/OTC; MO
HUMAPEN MEMOIR	3	RX/OTC; MO
INSULIN SYRINGE/0.3ML/28G X 1"	2	
INSULIN SYRINGE/0.3ML/29G X 1"	2	
INSULIN SYRINGE/0.3ML/29G X 5/16"	2	
INSULIN SYRINGE/0.3ML/30G X 1"	2	
INSULIN SYRINGE/0.5ML/28G X 1"	2	
INSULIN SYRINGE/0.5ML/30G X 1"	2	
INSULIN SYRINGE/U-100/1ML/29G X 1"	2	
INSULIN SYRINGE/U-100/1ML/30G X 1"	2	
INSUPEN SENSITIVE 32GX6MM	2	MO

DRUG NAME	Drug Tier	Requirements/ Limits
INSUPEN SENSITIVE 32GX8MM	2	MO
INSUPEN ULTRAFIN 29GX12MM	2	MO
INSUPEN ULTRAFIN 30GX8MM	2	MO
KROGER PEN NEEDLES 29G X12MM	2	MO
LITETOUCH PEN NEEDLES 29GX12.7MM	2	MO
LIVE BETTER PEN NEEDLES 29G X 12MM	2	MO
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	2	MO
MEIJER PEN NEEDLES 29G X12MM	2	MO
NOVOFINE 30GX8MM	2	MO
NOVOFINE 32GX6MM	2	MO
NOVOFINE AUTOCOVER 30GX8MM	2	MO
NOVOPEN 3 INSULIN DELIVERY SYSTEM	3	RX/OTC; MO
NOVOPEN 3 PENMATE	3	RX/OTC; MO
NOVOPEN JR (*GREEN*)	3	RX/OTC; MO
NOVOPEN JR (*YELLOW*)	3	RX/OTC; MO
NOVOTWIST 30GX8MM	2	MO
NOVOTWIST 32GX5MM	2	MO
PC UNIFINE PENTIPS 29G X1/2"	2	MO
PEN NEEDLES 29G X 12MM	2	MO
PEN NEEDLES 29GX1/2"	2	MO
PEN NEEDLES 30GX5/16"	2	MO
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	2	MO
PRODIGY INSULIN PEN NEEDLES/29G X 1/2"	2	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
PX PEN NEEDLE 29GX12MM	2	MO
QC PEN NEEDLES 29G X 12MM	2	MO
RELION PEN NEEDLES 29GX12MM	2	MO
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	2	MO
SURE-FINE PEN NEEDLES 29GX 1/2" 12.7MM	2	MO
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM	2	MO
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	2	MO
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	2	MO
ULTICARE PEN NEEDLES/29GX 12.7MM	2	MO
ULTILET PEN NEEDLE	2	
ULTRA-THIN II PEN NEEDLE/29G X 1/2"	2	MO
ULTRA-THIN II PEN NEEDLES 29GX1/2"	2	MO
UNIFINE PENTIPS 29GX12MM	2	MO
UNIFINE PENTIPS PLUS 29GX12MM	2	MO
VALUMARK PEN NEEDLES 29GX12MM	2	MO
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM	2	MO
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT (*Use Ergotamine w/ Caffeine*)	3	MO
ergotamine w/ caffeine (use ergotamine w/ caffeine)	1	MO
TREXIMET	3	MO
Migraine Products - NSAIDs		
CAMBIA	3	MO
Migraine Products		
D.H.E. 45 (*Use Dihydroergotamine Mesylate*)	4	MO
dihydroergotamine mesylate ij 1 mg/ml	4	MO
DIHYDROERGOTAMINE MESYLATE NA 4 MG/ML	3	MO
MIGRANAL	3	MO
Serotonin Agonists		
ALSUMA	4	QL(0.14 ml daily); MO
AMERGE (*Use Naratriptan HCl*)	3	QL(0.3 ea daily); MO
AXERT	3	QL(0.4 ea daily); MO
FROVA	3	QL(0.6 ea daily); MO
IMITREX SOLN NA 20 MG/ACT	3	QL(0.4 ea daily); MO
IMITREX SOLN NA 5 MG/ACT	3	QL(0.6 ea daily); MO
IMITREX SOLN SC 6 MG/0.5ML (*Use Sumatriptan Succinate*)	4	QL(0.14 ml daily); MO
IMITREX STATDOSE REFILL (*Use Sumatriptan Succinate*)	4	QL(0.14 ml daily); MO
IMITREX STATDOSE SYSTEM (*Use Sumatriptan Succinate*)	4	QL(0.14 ml daily); MO
IMITREX TABS OR 100 MG, 25 MG, 50 MG (*Use Sumatriptan Succinate*)	3	MO
MAXALT (*Use Rizatriptan Benzoate*)	3	QL(0.4 ea daily); MO
MAXALT-MLT (*Use Rizatriptan Benzoate*)	3	QL(0.4 ea daily); MO
naratriptan hcl	1	QL(0.3 ea daily); MO

DRUG NAME	Drug Tier	Requirements/ Limits
RELPAX	3	QL(0.2 ea daily); MO
rizatriptan benzoate	1	QL(0.4 ea daily); MO
sumatriptan 20 mg/act	1	QL(0.4 ea daily); MO
sumatriptan 5 mg/act	1	QL(0.6 ea daily); MO
sumatriptan succinate soln sc 4 mg/0.5ml, 6 mg/0.5ml	4	QL(0.14 ml daily); MO
sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg	1	MO
SUMAVEL DOSEPRO	4	QL(0.14 ml daily); MO
zolmitriptan	1	QL(0.2 ea daily); MO
ZOMIG (*Use Zolmitriptan*)	3	QL(0.2 ea daily); MO
ZOMIG ZMT (*Use Zolmitriptan*)	3	QL(0.2 ea daily); MO
MINERALS & ELECTROLYTES		
Bicarbonates		
sodium acetate	4	
sodium bicarbonate 7.5 %	4	
sodium bicarbonate 8.4 %	4	MO
SODIUM LACTATE	4	
sodium lactate	4	
Calcium		
calcium chloride (dihydrate)	4	
Chloride		
ammonium chloride	4	MO
Electrolyte Mixtures		
DEXTROSE 10%/NACL 0.45%	4	
DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX	4	

DRUG NAME	Drug Tier	Requirements/ Limits
DEXTROSE 10%/NACL 0.2%	4	
DEXTROSE 5%/NACL 0.225%	4	
DEXTROSE 5%/NACL 0.3%	4	
dextrose in lactated ringers	4	
dextrose w/ sodium chloride 0.2-10 %, 0.2-5 %, 0.33-5 %, 0.45-2.5 %, 0.45-5 %	4	
dextrose w/ sodium chloride 0.9-5 %	4	MO
electrolyte-48 in dextrose	4	
electrolyte-m in dextrose	4	
electrolyte-r	4	
IONOSOL-B/DEXTROSE 5%	4	
IONOSOL-MB/DEXTROSE 5%	4	
IONOSOL-T/DEXTROSE 5%	4	
isolyte-h/dextrose 5%	4	
isolyte-p/dextrose 5%	4	
isolyte-s	4	
isolyte-s ph 7.4	4	
isolyte-s/dextrose 5%	4	
KCL 0.15%/D5W/LR	4	
KCL 0.15%/D5W/NACL 0.225%	4	
KCL 0.15%/D5W/NACL 0.9% (*Use Potassium Chloride in Dextrose & Sodium Chloride*)	4	
KCL 0.3%/D5W/LR	4	
KCL 0.3%/D5W/NACL 0.9%	4	

DRUG NAME	Drug Tier	Requirements/ Limits
lactated ringer's	4	MO
NORMOSOL -R	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
parenteral electrolytes	4	B/D
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
PLASMA-LYTE-56/D5W	4	
POTASSIUM CHLORIDE 0.15%/NACL 0.45% VIAFLEX (*Use Potassium Chloride in NaCl*)	4	
POTASSIUM CHLORIDE 0.15%/NACL 0.9% (*Use Potassium Chloride in NaCl*)	4	MO
POTASSIUM CHLORIDE 0.3%/NACL 0.9% (*Use Potassium Chloride in NaCl*)	4	
potassium chloride in d5w lactated ringers	4	
potassium chloride in dextrose	4	
potassium chloride in dextrose & sodium chloride	4	
potassium chloride in nacl 0.15-0.9 %, 0.9-20 %, meq/l	4	MO
potassium chloride in nacl 0.45-20 %, meq/l, 0.9-40 %, meq/l	4	
ringer's	4	
Fluoride		
sodium fluoride	1	
Magnesium		
MAGNESIUM SULFATE 40 MG/ML, 80 MG/ML	4	
magnesium sulfate 50 %	4	MO
MAGNESIUM SULFATE IN D5W	4	
Phosphate		
sodium phosphate	4	MO
Potassium		
K-DUR (*Use Potassium Chloride Microencapsulated Crystals CR*)	3	MO
K-TABS (*Use Potassium Chloride*)	3	MO
klor-con m15	1	MO
MICRO-K (*Use Potassium Chloride*)	3	MO
potassium acetate	4	
potassium chloride cpcr or 10 meq, 8 meq	1	MO
potassium chloride liqd or 10 %	1	
potassium chloride liqd or 20 %	1	MO
potassium chloride microencapsulated crystals cr	1	MO
potassium chloride soln iv 0.4 meq/ml, 10 meq/100ml, 2 meq/ml	4	MO
POTASSIUM CHLORIDE SOLN IV 10 MEQ/100ML, 20 MEQ/50ML (*Use Potassium Chloride*)	4	MO
potassium chloride soln iv 10 meq/50ml, 20 meq/100ml, 30 meq/100ml, 40 meq/100ml	4	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML, 20 MEQ/100ML, 30 MEQ/100ML, 40 MEQ/100ML (*Use Potassium Chloride*)	4	

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DRUG NAME	Drug Tier	Requirements/ Limits
potassium chloride soln or 10 %	1	
potassium chloride tbcr or 10 meq, 8 meq	1	MO
Sodium		
sodium chloride ij 2 meq/ml, 2.5 meq/ml	4	MO
sodium chloride iv 0.45 %, 0.5 %	4	
sodium chloride iv 0.9 %, 3 %, 5 %	4	MO
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat)	1	MO
XYLOCAINE VISCOUS (*Use Lidocaine HCl (Mouth-Throat*))	3	MO
Anti-infectives - Throat		
clotrimazole	1	MO
MYCELEX (*Use Clotrimazole*)	3	MO
nystatin (mouth-throat)	1	MO
ORAVIG	3	MO
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	1	MO
PERIDEX (*Use Chlorhexidine Gluconate (Mouth-Throat*))	3	MO
Steroids - Mouth/Throat		
triamcinolone acetonide (mouth)	1	MO
Throat Products - Misc.		
cevimeline hcl	1	MO
EVOXAC (*Use Cevimeline HCl*)	3	MO
pilocarpine hcl (oral)	1	MO
SALAGEN (*Use Pilocarpine HCl (Oral*))	3	MO
MULTIVITAMINS		
Prenatal Vitamins		
prenatabs obn	1	
prenatal without a vit w/ iron carbonyl-folic acid	1	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX	3	PA; AL; MO
baclofen 10 mg	1	QL(8 ea daily); MO
baclofen 20 mg	1	QL(4 ea daily); MO
carisoprodol	1	PA; AL; MO
chlorzoxazone	1	PA; AL; MO
cyclobenzaprine hcl cp24 15 mg, 30 mg	1	PA; AL; MO
cyclobenzaprine hcl tabs 10 mg, 5 mg	1	PA; AL; MO
cyclobenzaprine hcl tabs 7.5 mg	1	AL; MO
fexmid (use cyclobenzaprine hcl)	1	AL; MO
FLEXERIL (*Use Cyclobenzaprine HCl*)	3	PA; AL; MO
LIORESAL INTRATHECAL 0.05 MG/ML	4	
LIORESAL INTRATHECAL 10 MG/20ML, 10 MG/5ML, 40 MG/20ML	4	MO; B/D
metaxalone	1	PA; AL; MO
methocarbamol	1	PA; AL; MO
orphenadrine citrate	1	PA; AL; MO
PARAFON FORTE DSC (*Use Chlorzoxazone*)	3	PA; AL; MO

DRUG NAME	Drug Tier	Requirements/ Limits
ROBAXIN SOLN IJ 100 MG/ML	4	
ROBAXIN TABS OR 500 MG (*Use Methocarbamol*)	3	PA; AL; MO
ROBAXIN-750 (*Use Methocarbamol*)	3	PA; AL; MO
SKELAXIN (*Use Metaxalone*)	3	PA; AL; MO
SOMA (*Use Carisoprodol*)	3	PA; AL; MO
tizanidine hcl caps 2 mg	1	QL(18 ea daily); MO
tizanidine hcl caps 4 mg	1	QL(9 ea daily); MO
tizanidine hcl caps 6 mg	1	QL(6 ea daily); MO
tizanidine hcl tabs 2 mg	1	QL(18 ea daily); MO
tizanidine hcl tabs 4 mg	1	QL(9 ea daily); MO
ZANAFLEX CAPS 2 MG (*Use Tizanidine HCl*)	3	QL(18 ea daily); MO
ZANAFLEX CAPS 4 MG (*Use Tizanidine HCl*)	3	QL(9 ea daily); MO
ZANAFLEX CAPS 6 MG (*Use Tizanidine HCl*)	3	QL(6 ea daily); MO
ZANAFLEX TABS 2 MG (*Use Tizanidine HCl*)	3	QL(18 ea daily); MO
ZANAFLEX TABS 4 MG (*Use Tizanidine HCl*)	3	QL(9 ea daily); MO
Direct Muscle Relaxants		
DANTRIUM (*Use Dantrolene Sodium*)	3	MO
dantrolene sodium	1	MO
Muscle Relaxant Combinations		
carisoprodol w/ aspirin	1	PA; AL; MO
carisoprodol w/ aspirin & codeine	1	PA; AL; MO
NORGESIC (*Use Orphenadrine w/ Aspirin & Caff*)	3	PA; AL; MO
orphenadrine compound ds	1	PA; AL
orphenadrine w/ aspirin & caff	1	PA; AL; MO
SOMA COMPOUND (*Use Carisoprodol w/ Aspirin*)	3	PA; AL; MO
SOMA COMPOUND/CODEINE (*Use Carisoprodol w/ Aspirin & Codeine*)	3	PA; AL; MO
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
DYMISTA	3	MO
Nasal Anti-infectives		
BACTROBAN NASAL	3	MO
Nasal Antiallergy		
ASTELIN (*Use Azelastine HCl*)	3	MO
ASTEPRO 0.15 %	2	MO
ASTEPRO 137 MCG/SPRAY	3	MO
azelastine hcl	1	MO
PATANASE	3	MO
Nasal Anticholinergics		
ATROVENT (*Use Ipratropium Bromide (Nasal)*)	3	MO
ipratropium bromide (nasal)	1	MO
Nasal Steroids		
BECONASE AQ	3	MO
FLONASE (*Use Fluticasone Propionate (Nasal)*)	3	MO
flunisolide (use flunisolide (nasal))	1	MO
flunisolide (nasal)	1	MO
fluticasone propionate (nasal)	1	MO

DRUG NAME	Drug Tier	Requirements/ Limits
NASACORT AQ (*Use Triamcinolone Acetonide (Nasal)*)	3	MO
NASONEX	2	MO
OMNARIS	3	MO
QNASL	3	MO
RHINOCORT AQUA	3	MO
triamcinolone acetonide (nasal)	1	MO
VERAMYST	3	MO
ZETONNA	3	MO
Sympathomimetic Decongestants		
tyzine	1	
tyzine pediatric nasal drops	1	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK (*Use Riluzole*)	5	MO
riluzole	5	MO
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX 100 UNIT	4	PA
BOTOX 200 UNIT	5	PA
XEOMIN	4	
Nondepolarizing Muscle Relaxants		
vecuronium bromide	4	
NUTRIENTS		
Carbohydrates		
dextrose 10 %, 50 %, 70 %	4	B/D
dextrose 5 %	4	MO; B/D
Lipids		
fat emulsion	4	B/D
INTRALIPID (*Use Fat Emulsion*)	4	B/D
LIPOSYN II (*Use Fat Emulsion*)	4	B/D
LIPOSYN III (*Use Fat Emulsion*)	4	B/D
Proteins		
AMINESS	4	B/D
amino acid electrolyte infusion	4	B/D
amino acid infusion	4	B/D
AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
aminosyn ii	4	B/D
AMINOSYN II (*Use Amino Acid Infusion*)	4	B/D
AMINOSYN II 4.25/DEXTROSE10%	4	B/D
AMINOSYN II 4.25/DEXTROSE20%	4	B/D
AMINOSYN II 4.25/DEXTROSE25%	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 20%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D

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DRUG NAME	Drug Tier	Requirements/ Limits
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 5%/DEXTROSE 25%	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
FREAMINE III 3%	4	B/D
hepatasol	4	B/D
NEPHRAMINE	4	B/D
premasol	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
travasol	4	B/D
TRAVASOL	4	B/D
TRAVASOL 3.5%/ELECTROLYTES	4	B/D
TROPHAMINE (*Use Amino Acid Infusion*)	4	B/D

DRUG NAME	Drug Tier	Requirements/ Limits
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
BETAGAN (*Use Levobunolol HCl*)	3	MO
betaxolol hcl	1	MO
betaxolol hcl (ophth)	1	MO
BETIMOL	2	MO
BETOPTIC-S	2	MO
carteolol hcl (ophth)	1	MO
COMBIGAN	3	MO
COSOPT (*Use Dorzolamide HCl-Timolol Maleate*)	3	MO
COSOPT PF	3	MO
dorzolamide hcl-timolol maleate	1	MO
ISTALOL	2	MO
levobunolol hcl	1	MO
metipranolol	1	MO
OPTIPRANOLOL (*Use Metipranolol*)	3	MO
timolol maleate (ophth)	1	MO
TIMOPTIC (*Use Timolol Maleate (Ophth*))	3	MO
TIMOPTIC OCUDOSE	3	MO
TIMOPTIC-XE (*Use Timolol Maleate (Ophth*))	3	MO
Cycloplegic Mydriatics		
cyclogyl (use cyclopentolate hcl)	1	MO
cyclopentolate hcl	1	MO
mydriacyl (use tropicamide)	1	MO

DRUG NAME	Drug Tier	Requirements/ Limits
tropicamide	1	MO
Miotics		
ISOPTO CARPINE (*Use Pilocarpine HCl*)	3	MO
PHOSPHOLINE IODIDE	3	
pilocarpine hcl	1	MO
PILOPINE HS	2	
Ophthalmic - Angiogenesis Inhibitors		
EYLEA	5	
LUCENTIS	5	
Ophthalmic Adrenergic Agents		
ALPHAGAN P 0.1 %	2	MO
ALPHAGAN P 0.15 % (*Use Brimonidine Tartrate*)	3	MO
apraclonidine hcl	1	MO
brimonidine tartrate	1	MO
IOPIDINE (*Use Apraclonidine HCl*)	NF	MO
SIMBRINZA	3	MO
Ophthalmic Anti-infectives		
AZASITE	3	MO
bacitracin	1	MO
bacitracin-polymyxin b (ophth)	1	MO
BESIVANCE	3	MO
BETADINE OPHTHALMIC PREP	3	
BLEPH-10 (*Use Sulfacetamide Sodium (Ophth)*)	3	MO
CILOXAN OINT	2	MO
CILOXAN SOLN (*Use Ciprofloxacin HCl (Ophth)*)	3	MO

DRUG NAME	Drug Tier	Requirements/ Limits
ciprofloxacin hcl (ophth)	1	MO
erythromycin (ophth)	1	MO
garamycin (use gentamicin sulfate (ophth))	1	MO
gentamicin sulfate (ophth)	1	MO
levofloxacin (ophth)	1	MO
MOXEZA	2	MO
NATACYN	2	MO
neomycin-bacitracin zn-polymyxin	1	MO
neomycin-polymy-gramicid	1	MO
neosporin (use neomycin-polymy-gramicid)	1	MO
OCUFLOX (*Use Ofloxacin (Ophth)*)	3	MO
ofloxacin (ophth)	1	MO
polymyxin b-trimethoprim	1	MO
POLYTRIM (*Use Polymyxin B-Trimethoprim*)	3	MO
QUIXIN (*Use Levofloxacin (Ophth)*)	3	MO
sulfacetamide sodium	1	MO
sulfacetamide sodium (ophth)	1	MO
tobramycin sulfate (ophth)	1	MO
TOBREX OINT	2	MO
TOBREX SOLN (*Use Tobramycin Sulfate (Ophth)*)	3	MO
trifluridine	1	MO
VIGAMOX	2	MO
VIROPTIC (*Use Trifluridine*)	3	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
ZIRGAN	3	MO
ZYMAXID	3	MO
Ophthalmic Decongestants		
ALBALON (*Use Naphazoline HCl*)	3	MO
naphazoline hcl	1	MO
Ophthalmic Immunomodulators		
RESTASIS	2	MO
Ophthalmic Local Anesthetics		
OPHTHETIC (*Use Proparacaine HCl*)	3	MO
proparacaine hcl (use proparacaine hcl)	1	MO
Ophthalmic Steroids		
ALREX	3	MO
bacitracin-poly-neomycin-hc	1	MO
BLEPHAMIDE	2	MO
blephamide s.o.p.	1	MO
CORTISPORIN SUSP OP 1-5-10000 %, MG/ML, UNIT/ML (*Use Neomycin-Polymyxin-HC (Ophth)*)	3	MO
dexamethasone sodium phosphate (ophth)	1	MO
DUREZOL	2	MO
ECONOPRED PLUS (*Use Prednisolone Acetate (Ophth)*)	3	MO
FLAREX	2	MO
fluorometholone (ophth)	1	MO
FML	2	MO
FML FORTE	2	MO
FML LIQUIFILM (*Use Fluorometholone (Ophth)*)	3	MO

DRUG NAME	Drug Tier	Requirements/ Limits
LOTEMAX GEL	3	MO
LOTEMAX OINT	3	MO
LOTEMAX SUSP	2	MO
MAXIDEX	3	MO
MAXITROL (*Use Neomycin-Polymy-Dexameth*)	3	MO
neomycin-polymy-dexameth	1	MO
neomycin/polymyxin/hydrocortisone	1	MO
OMNIPRED (*Use Prednisolone Acetate (Ophth)*)	3	MO
POLY-PRED	3	
PRED FORTE (*Use Prednisolone Acetate (Ophth)*)	3	MO
PRED MILD	2	MO
PRED-G	3	MO
PRED-G S.O.P.	3	MO
prednisolone acetate (ophth)	1	MO
prednisolone sodium phosphate (ophth)	1	MO
prednisolone sodium phosphate op 1 %	1	MO
sulfacetamide sod-prednisolone	1	MO
TOBRADEX (*Use Tobramycin-Dexamethasone*)	3	MO
TOBRADEX ST	3	MO
tobramycin-dexamethasone	1	MO
TRIESENCE	4	MO
VEXOL	3	MO

DRUG NAME	Drug Tier	Requirements/ Limits
ZYLET	2	MO
Ophthalmics - Misc.		
ACULAR (*Use Ketorolac Tromethamine (Ophth*))	3	MO
ACULAR LS (*Use Ketorolac Tromethamine (Ophth*))	3	MO
ACULAR PF	3	MO
ACUVAIL	3	MO
ALAMAST	3	
ALOCRIL	3	MO
ALOMIDE	3	MO
azelastine hcl (ophth)	1	MO
AZOPT	2	MO
BEPREVE	3	MO
BROMDAY	3	MO
bromfenac sodium (ophth)	1	MO
crolom (use cromolyn sodium (ophth))	1	MO
cromolyn sodium (ophth)	1	MO
CYSTARAN	3	QL(2.15 ml daily)
diclofenac sodium (ophth)	1	MO
dorzolamide hcl	1	MO
ELESTAT (*Use Epinastine HCl (Ophth*))	3	MO
EMADINE	3	MO
epinastine hcl (ophth)	1	MO
flurbiprofen sodium	1	MO
ILEVRO	2	MO
ketorolac tromethamine (ophth)	1	MO
LASTACAFT	3	MO
NEVANAC	2	MO
OCUFEN (*Use Flurbiprofen Sodium*)	3	MO
OPTIVAR (*Use Azelastine HCl (Ophth*))	3	MO
PATADAY	2	MO
PATANOL	3	MO
PROLENSA	3	MO
TRUSOPT (*Use Dorzolamide HCl*)	3	MO
VOLTAREN (*Use Diclofenac Sodium (Ophth*))	3	MO
XIBROM (*Use Bromfenac Sodium (Ophth*))	3	MO
Prostaglandins - Ophthalmic		
latanoprost	1	MO
LUMIGAN 0.01 %	2	MO
LUMIGAN 0.03 %	2	
RESCULA	3	MO
TRAVATAN Z	3	MO
travoprost	1	MO
XALATAN (*Use Latanoprost*)	3	MO
ZIOPTAN	3	MO
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	1	MO
acetic acid/aluminum acetate	1	MO

DRUG NAME	Drug Tier	Requirements/ Limits
VOSOL (*Use Acetic Acid (Otic)*)	3	MO
Otic Anti-infectives		
FLOXIN OTIC (*Use Ofloxacin (Otic)*)	3	MO
FLOXIN OTIC SINGLES (*Use Ofloxacin (Otic)*)	3	MO
ofloxacin (otic)	1	MO
Otic Combinations		
CIPRO HC	3	MO
CIPRODEX	2	MO
COLY-MYCIN S	3	MO
CORTISPORIN SOLN OT 0.1-1-3.5-10000 %, MG/ML, UNIT/ML (*Use Neomycin-Polymyxin-HC (Otic)*)	3	MO
CORTISPORIN SUSP OT 0.01-1-3.5-10000 %, MG/ML, UNIT/ML (*Use Neomycin-Polymyxin-HC (Otic)*)	3	MO
CORTISPORIN-TC	3	MO
neomycin-polymyxin-hc (otic)	1	MO
PEDIOTIC (*Use Neomycin-Polymyxin-HC (Otic)*)	3	MO
Otic Steroids		
DERMOTIC (*Use Fluocinolone Acetonide (Otic)*)	3	MO
fluocinolone acetonide (otic)	1	MO
hydrocortisone w/acetic acid	1	MO
VOSOL HC (*Use Hydrocortisone w/Acetic Acid*)	3	MO
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
METHERGINE (*Use Methylergonovine Maleate*)	3	MO
methylergonovine maleate	1	MO
PASSIVE IMMUNIZING AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM	5	B/D
CARIMUNE NANOFILTERED	5	B/D
FLEBOGAMMA	5	B/D
FLEBOGAMMA DIF	5	B/D
GAMASTAN S/D	4	B/D
GAMMAGARD LIQUID	5	B/D
GAMMAGARD S/D 10 GM, 5 GM	5	B/D
GAMMAGARD S/D 2.5 GM	2	B/D
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	5	B/D
GAMMAKED	5	B/D
GAMMAPLEX	5	B/D
GAMUNEX	5	B/D
GAMUNEX-C	5	B/D
HEPAGAM B	4	
HIZENTRA	4	B/D
HYPERHEP B S/D	4	
immune globulin (human) iv	5	B/D
NABI-HB	4	
OCTAGAM	5	B/D
PANGLOBULIN	5	B/D

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DRUG NAME	Drug Tier	Requirements/ Limits
POLYGAM S/D	5	B/D
PRIVIGEN	5	B/D
VARIZIG	5	
Monoclonal Antibodies		
SYNAGIS	5	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin caps 250 mg, 500 mg	1	MO
AMOXICILLIN CHEW 125 MG (*Use Amoxicillin*)	NF	MO
amoxicillin chew 125 mg, 250 mg	1	MO
amoxicillin chew 250 mg	1	MO
amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	MO
amoxicillin tabs 500 mg, 875 mg	1	MO
ampicillin caps 250 mg, 500 mg	1	MO
ampicillin sodium ij 1 gm, 2 gm, 500 mg	4	MO
ampicillin sodium ij 10 gm, 125 mg, 250 mg	4	
ampicillin sodium ij 125 mg	4	
ampicillin sodium iv 1 gm, 10 gm, 2 gm	4	
ampicillin sodium iv 1 gm, 2 gm	4	
ampicillin susr 125 mg/5ml	1	
ampicillin susr 250 mg/5ml	1	MO
MOXATAG	3	MO
Natural Penicillins		
BICILLIN L-A	4	MO
penicillin g potassium (use penicillin g potassium)	4	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	4	
PENICILLIN G PROCAINE	4	MO
penicillin g procaine	4	MO
penicillin g sodium	4	
penicillin v potassium	1	MO
pfizerpen-g (use penicillin g potassium)	4	MO
PFIZERPEN-G (*Use Penicillin G Potassium*)	4	MO
Penicillin Combinations		
amoxicillin & pot clavulanate	1	MO
ampicillin & sulbactam sodium ij 0.5-1 gm, 5-10 gm	4	
ampicillin & sulbactam sodium ij 1-2 gm	4	MO
ampicillin & sulbactam sodium iv 0.5-1 gm, 1-2 gm, 5-10 gm	4	
AMPICILLIN-SULBACTAM	4	
AUGMENTIN CHEW 28.5-200 MG (*Use Amoxicillin & Pot Clavulanate*)	3	MO
AUGMENTIN ES-600 (*Use Amoxicillin & Pot Clavulanate*)	3	MO
AUGMENTIN SUSR 28.5-200 MG/5ML, 57-400 MG/5ML, 62.5-250 MG/5ML (*Use Amoxicillin & Pot Clavulanate*)	3	MO
AUGMENTIN SUSR 31.25-125 MG/5ML	2	MO
AUGMENTIN TABS 125-500 MG, 125-875 MG (*Use Amoxicillin & Pot Clavulanate*)	3	MO

DRUG NAME	Drug Tier	Requirements/ Limits
AUGMENTIN XR (*Use Amoxicillin & Pot Clavulanate*)	3	MO
BICILLIN C-R 0.01-0.1-300000-300000 %, UNIT/ML, 300000-300000 UNIT/ML	4	MO
BICILLIN C-R 0.01-0.1-300000-900000 %, UNIT/2ML	4	
piperacillin sodium-tazobactam sodium 0.25-2 gm, 4.5-36 gm	4	
piperacillin sodium-tazobactam sodium 0.375-3 gm, 0.5-4 gm	4	MO
ticarcillin & pot clavulanate	4	
TIMENTIN	4	
UNASYN ADD-VANTAGE (*Use Ampicillin & Sulbactam Sodium*)	4	
UNASYN BULK PACK (*Use Ampicillin & Sulbactam Sodium*)	4	
UNASYN IJ 0.5-1 GM (*Use Ampicillin & Sulbactam Sodium*)	4	
UNASYN IJ 1-2 GM (*Use Ampicillin & Sulbactam Sodium*)	4	MO
UNASYN IV 0.5-1 GM, 1-2 GM (*Use Ampicillin & Sulbactam Sodium*)	4	
ZOSYN SOLN 0.25-0.5-2-5 %, GM/50ML, MG/50ML, 0.375-0.75-3-5 %, GM/50ML, MG/50ML, 0.5-1-4-5 %, GM/100ML, MG/100ML	4	
ZOSYN SOLR 0.25-0.5-2 GM, MG, 0.25-2 GM, 4.5-36 GM (*Use Piperacillin Sodium-Tazobactam Sodium*)	4	
ZOSYN SOLR 0.375-0.75-3 GM, MG, 0.375-3 GM, 0.5-1-4 GM, MG, 0.5-4 GM (*Use Piperacillin Sodium-Tazobactam Sodium*)	4	MO
Penicillinase-Resistant Penicillins		
BACTOCILL IN DEXTROSE 1 GM/50ML	4	
BACTOCILL IN DEXTROSE 2 GM/50ML	5	
dicloxacillin sodium	1	MO
nafcillin sodium	4	
NAFCILLIN SODIUM	4	
NALLPEN ISO-OSMOTIC IN DEXTROSE	4	
NALLPEN/DEXTROSE	4	
oxacillin sodium 1 gm	4	
oxacillin sodium 10 gm	5	
oxacillin sodium 2 gm	5	MO
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
aygestin (use norethindrone acetate)	1	MO
MAKENA	5	
medroxyprogesterone acetate	1	MO
MEGACE ES	3	AL; MO
norethindrone acetate	1	MO
progesterone micronized	1	MO
PROMETRIUM (*Use Progesterone Micronized*)	3	MO
PROVERA (*Use Medroxyprogesterone Acetate*)	3	MO

DRUG NAME	Drug Tier	Requirements/ Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
antabuse 250 mg (use disulfiram)	1	MO
ANTABUSE 500 MG	2	MO
CAMPRAL	2	MO
disulfiram (use disulfiram)	1	MO
Anti-Cataplectic Agents		
XYREM	5	LA
Antidementia Agents		
ARICEPT 10 MG, 5 MG (*Use Donepezil Hydrochloride*)	3	MO
ARICEPT 23 MG (*Use Donepezil Hydrochloride*)	2	MO
ARICEPT ODT (*Use Donepezil Hydrochloride*)	3	MO
donepezil hydrochloride	1	MO
EXELON CAPS OR 1.5 MG, 3 MG, 4.5 MG, 6 MG (*Use Rivastigmine Tartrate*)	3	MO
EXELON PT24 TD 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR	2	MO
EXELON SOLN OR 2 MG/ML	2	MO
galantamine hydrobromide	1	MO
NAMENDA	3	MO
NAMENDA TITRATION PAK	3	MO
NAMENDA XR 14 MG	3	QL(2 ea daily); MO
NAMENDA XR 21 MG, 28 MG	3	QL(1 ea daily); MO
NAMENDA XR 7 MG	3	QL(4 ea daily); MO
NAMENDA XR TITRATION PACK	3	MO
RAZADYNE (*Use Galantamine Hydrobromide*)	3	MO
RAZADYNE ER (*Use Galantamine Hydrobromide*)	3	MO
REMINYL	3	MO
rivastigmine tartrate	1	MO
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	1	MO
LIMBITROL (*Use Chlordiazepoxide-Amitriptyline*)	3	MO
LIMBITROL DS (*Use Chlordiazepoxide-Amitriptyline*)	3	MO
perphenazine/amitriptyline	1	MO
Fibromyalgia Agents		
SAVELLA	3	PA; MO
SAVELLA TITRATION PACK	3	PA; MO
Movement Disorder Drug Therapy		
XENAZINE	5	LA
Multiple Sclerosis Agents		
AMPYRA	5	
AUBAGIO	5	PA
AVONEX	5	PA
AVONEX PEN	5	PA
BETASERON	5	PA
COPAXONE	5	PA
EXTAVIA	5	PA

DRUG NAME	Drug Tier	Requirements/ Limits
GILENYA	5	PA
REBIF	5	PA
REBIF REBIDOSE	5	PA
REBIF REBIDOSE TITRATIONPACK	5	PA
REBIF TITRATION PACK	5	PA
TYSABRI	5	PA
Postherpetic Neuralgia (PHN) Agents		
GRALISE	3	MO
GRALISE STARTER	3	MO
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	2	MO
Psychotherapeutic and Neurological Agents -		
ORAP	3	MO
Restless Leg Syndrome (RLS) Agents		
HORIZANT	3	MO
Smoking Deterrents		
bupropion hcl (smoking deterrent)	1	QL(2 ea daily); MO
CHANTIX	3	PA; MO
CHANTIX CONTINUING MONTHPAK	3	PA; MO
CHANTIX STARTING MONTH PAK	3	PA; MO
NICOTROL INHALER	3	QL(17 ea daily); MO
NICOTROL NS	2	MO
ZYBAN (*Use Bupropion HCl (Smoking Deterrent*))	3	QL(2 ea daily); MO
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST 400 MG	5	LA
ARALAST 800 MG	5	
ARALAST NP 1000 MG, 400 MG	5	LA
ARALAST NP 500 MG	2	LA
ARALAST NP 800 MG	5	
GLASSIA	4	LA
PROLASTIN	5	LA
PROLASTIN-C	5	LA
ZEMAIRA	5	LA
Cystic Fibrosis Agents		
KALYDECO	5	PA
PULMOZYME	2	B/D
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine	1	MO
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
adoxa (use doxycycline (monohydrate))	1	MO
demeclocycline hcl	1	MO
DORYX 100 MG, 150 MG (*Use Doxycycline Hyclate*)	3	MO
DORYX 200 MG	3	
doxycycline (monohydrate)	1	MO
doxycycline hyclate caps or 100 mg, 50 mg	1	MO
doxycycline hyclate dr	1	MO
doxycycline hyclate solr iv 100 mg	4	MO
doxycycline hyclate tabs or 100 mg, 20 mg	1	MO

DRUG NAME	Drug Tier	Requirements/ Limits
doxycycline hyclate tbec or 100 mg, 150 mg, 75 mg	1	MO
dynacin (use minocycline hcl)	1	MO
MINOCIN CAPS OR 100 MG, 50 MG (*Use Minocycline HCl*)	3	MO
MINOCIN SOLR IV 100 MG	4	
minocycline hcl	1	MO
MONODOX (*Use Doxycycline (Monohydrate*))	3	MO
PERIOSTAT (*Use Doxycycline Hyclate*)	3	MO
SOLODYN (*Use Minocycline HCl*)	3	MO
tetracycline hcl	1	MO
VIBRAMYCIN CAPS 100 MG (*Use Doxycycline Hyclate*)	3	MO
VIBRAMYCIN SUSR 25 MG/5ML (*Use Doxycycline (Monohydrate*))	3	MO
VIBRAMYCIN SYRP 50 MG/5ML	2	MO
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole	1	MO
propylthiouracil	1	MO
tapazole (use methimazole)	1	MO
Thyroid Hormones		
CYTOMEL (*Use Liothyronine Sodium*)	3	MO
levothyroxine sodium	1	MO
liothyronine sodium soln iv 10 mcg/ml	4	
liothyronine sodium tabs or 25 mcg, 5 mcg, 50 mcg	1	MO
SYNTHROID (*Use Levothyroxine Sodium*)	3	MO
TRIOSTAT (*Use Liothyronine Sodium*)	4	
TOXOIDS		
Toxoid Combinations		
ADACEL	4	
BOOSTRIX	4	
DAPTACEL	4	
DECAVAC	4	B/D
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	4	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	4	
INFANRIX	4	
KINRIX	4	
PEDIARIX	4	
PENTACEL	4	
TENIVAC	4	B/D
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	4	B/D
TRIPEDIA	4	
Toxoids		
TETANUS TOXOID ADSORBED	4	B/D
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ATROPINE SULFATE	4	
atropine sulfate	4	
BENTYL CAPS OR 10 MG (*Use Dicyclomine HCl*)	3	PA; AL; MO

DRUG NAME	Drug Tier	Requirements/ Limits
BENTYL SOLN IM 10 MG/ML (*Use Dicyclomine HCl*)	4	
BENTYL SYRP OR 10 MG/5ML (*Use Dicyclomine HCl*)	3	PA; AL; MO
BENTYL TABS OR 20 MG (*Use Dicyclomine HCl*)	3	PA; AL; MO
CANTIL	3	MO
CUVPOSA	2	MO
dicyclomine hcl caps or 10 mg	1	PA; AL; MO
dicyclomine hcl soln im 10 mg/ml	4	
dicyclomine hcl soln or 10 mg/5ml	1	MO
dicyclomine hcl tabs or 20 mg	1	PA; AL; MO
glycopyrrolate soln ij 0.2 mg/ml, 1 mg/5ml, 4 mg/20ml	4	MO
glycopyrrolate tabs or 1 mg, 2 mg	1	MO
methscopolamine bromide	1	MO
PAMINE (*Use Methscopolamine Bromide*)	3	MO
PAMINE FORTE (*Use Methscopolamine Bromide*)	3	MO
propantheline bromide	1	PA; AL; MO
ROBINUL FORTE (*Use Glycopyrrolate*)	3	MO
ROBINUL SOLN IJ 0.2 MG/ML, 0.2-0.9 %, MG/ML, 1 MG/5ML, 4 MG/20ML (*Use Glycopyrrolate*)	4	MO
ROBINUL TABS OR 1 MG (*Use Glycopyrrolate*)	3	MO
H-2 Antagonists		
AXID (*Use Nizatidine*)	3	MO
cimetidine 200 mg	1	RX/OTC; MO
cimetidine 300 mg, 400 mg, 800 mg	1	MO
cimetidine hcl ij 150 mg/ml	4	
cimetidine hcl or 300 mg/5ml	1	MO
famotidine in nacl	4	
FAMOTIDINE PREMIXED	4	
famotidine soln iv 10 mg/ml	4	MO
famotidine susr or 40 mg/5ml	1	MO
famotidine tabs or 20 mg (use famotidine)	1	RX/OTC; MO
famotidine tabs or 40 mg (use famotidine)	1	MO
nizatidine	1	MO
PEPCID I.V. (*Use Famotidine*)	4	MO
PEPCID PREMIXED (*Use Famotidine in NaCl*)	4	
PEPCID SUSR 40 MG/5ML (*Use Famotidine*)	3	MO
PEPCID TABS 20 MG (*Use Famotidine*)	3	RX/OTC; MO
PEPCID TABS 40 MG (*Use Famotidine*)	3	MO
ranitidine hcl caps or 150 mg, 300 mg	1	MO
ranitidine hcl soln ij 150 mg/6ml, 50 mg/2ml	4	MO
ranitidine hcl soln ij 25 mg/ml	4	
ranitidine hcl syrp or 15 mg/ml, 150 mg/10ml, 75 mg/5ml	1	MO
ranitidine hcl tabs or 150 mg	1	RX/OTC; MO
ranitidine hcl tabs or 300 mg	1	MO
TAGAMET (*Use Cimetidine*)	3	MO
TALADINE (*Use Ranitidine HCl*)	3	MO

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DRUG NAME	Drug Tier	Requirements/ Limits
ZANTAC SOLN IJ 25 MG/ML (*Use Ranitidine HCl*)	4	MO
ZANTAC SOLN IJ 25 MG/ML (*Use Ranitidine HCl*)	4	
ZANTAC SOLN IV 0.45-50 %, MG/50ML	4	
ZANTAC SYRP OR 15 MG/ML (*Use Ranitidine HCl*)	3	MO
ZANTAC TABS OR 150 MG (*Use Ranitidine HCl*)	3	RX/OTC; MO
ZANTAC TABS OR 300 MG (*Use Ranitidine HCl*)	3	MO
ZANTAC TBEF OR 25 MG	2	
Misc. Anti-Ulcer		
CARAFATE (*Use Sucralfate*)	3	MO
sucralfate	1	MO
Proton Pump Inhibitors		
ACIPHEX	2	MO
DEXILANT	3	ST; QL(1 ea daily); MO
lansoprazole cpdr 15 mg	1	RX/OTC; MO
lansoprazole cpdr 30 mg	1	MO
lansoprazole tbdp 15 mg, 30 mg	1	MO
NEXIUM	3	ST; QL(1 ea daily); MO
NEXIUM I.V. 20 MG	4	
NEXIUM I.V. 40 MG	4	MO
omeprazole	1	MO
pantoprazole sodium solr iv 40 mg	4	
pantoprazole sodium tbec or 20 mg, 40 mg	1	MO
PREVACID 15 MG (*Use Lansoprazole*)	3	RX/OTC; MO
PREVACID 30 MG (*Use Lansoprazole*)	3	MO
PREVACID SOLUTAB	3	MO
PRILOSEC CPDR 10 MG, 20 MG, 40 MG (*Use Omeprazole*)	3	MO
PRILOSEC PACK 10 MG, 2.5 MG	3	ST; MO
PROTONIX PACK OR 40 MG	3	MO
PROTONIX SOLR IV 40 MG (*Use Pantoprazole Sodium*)	4	
PROTONIX TBEC OR 20 MG, 40 MG (*Use Pantoprazole Sodium*)	3	MO
Ulcer Drugs - Prostaglandins		
CYTOTEC (*Use Misoprostol*)	3	MO
misoprostol	1	MO
Ulcer Therapy Combinations		
HELIDAC	3	MO
omeprazole-sodium bicarbonate 20-1100 mg	1	ST; RX/OTC; MO
omeprazole-sodium bicarbonate 40-1100 mg	1	ST; MO
PREVPAC	3	MO
PYLERA	3	MO
ZEGERID CAPS 20-1100 MG (*Use Omeprazole-Sodium Bicarbonate*)	3	ST; RX/OTC; MO
ZEGERID CAPS 40-1100 MG (*Use Omeprazole-Sodium Bicarbonate*)	3	ST; MO
ZEGERID PACK 20-1680 MG	3	ST; MO
ZEGERID PACK 40-1680 MG	3	MO
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		

DRUG NAME	Drug Tier	Requirements/ Limits
FURADANTIN (*Use Nitrofurantoin*)	3	PA; AL; MO
HIPREX (*Use Methenamine Hippurate*)	3	MO
MACROBID (*Use Nitrofurantoin Monohyd Macro*)	3	MO
MACRODANTIN 100 MG, 50 MG (*Use Nitrofurantoin Macrocrystal*)	3	PA; AL; MO
MACRODANTIN 25 MG	2	PA; AL; MO
methenamine hippurate	1	MO
nitrofurantoin	1	PA; AL; MO
nitrofurantoin macrocrystal	1	PA; AL; MO
nitrofurantoin monohyd macro	1	MO
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Beta-3 Adrenergic Agonists		
MYRBETRIQ	3	MO
Urinary Antispasmodics		
bethanechol chloride (use bethanechol chloride)	1	MO
DETROL (*Use Tolterodine Tartrate*)	2	MO
DETROL LA	2	MO
DITROPAN (*Use Oxybutynin Chloride*)	3	MO
DITROPAN XL (*Use Oxybutynin Chloride*)	3	MO
ENABLEX	2	MO
flavoxate hcl	1	MO
GELNIQUE	3	MO
oxybutynin chloride	1	MO
OXYTROL	3	MO
SANCTURA (*Use Trospium Chloride*)	3	MO
SANCTURA XR (*Use Trospium Chloride*)	3	MO
tolterodine tartrate	1	MO
TOVIAZ	2	MO
trospium chloride	1	MO
URECHOLINE 10 MG, 25 MG, 5 MG (*Use Bethanechol Chloride*)	3	MO
urecholine 50 mg (use bethanechol chloride)	1	MO
URISPAS (*Use Flavoxate HCl*)	3	MO
VESICARE	2	MO
VACCINES		
Bacterial Vaccines		
ACTHIB	4	
HIBERIX	4	
MENACTRA	4	
MENOMUNE-A/C/Y/W-135	4	
MENVEO	4	
PEDVAX HIB	4	
TYPHIM VI	4	
Mixed Vaccine Combinations		
COMVAX	4	
Viral Vaccines		
CERVARIX	4	
ENGERIX-B	4	B/D
FLUARIX QUADRIVALENT 2013-2014	4	B;NT

DRUG NAME	Drug Tier	Requirements/ Limits
FLUMIST QUADRIVALENT	2	B;NT
FLUZONE QUADRIVALENT 2013-2014	4	B;NT
GARDASIL	4	MO
HAVRIX	4	
IMOVAX RABIES (*H.D.C.V.*)	4	B/D
IPOL INACTIVATED IPV	4	
IXIARO	4	
M-M-R II W/DILUENT 10 DOSE	4	
MEDICAL PROVIDER EZ FLU SHOT 2013-2014	5	B;NT
MEDICAL PROVIDER EZ FLU SHOT PF 2012-2013	5	B;NT
PROQUAD	4	
RABAVERT	4	B/D
RECOMBIVAX HB	4	B/D
ROTARIX	3	
ROTATEQ	2	
TWINRIX	4	
VAQTA	4	
VARIVAX	4	
YF-VAX	4	
ZOSTAVAX	4	
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Vaginal Anti-infectives		
CLEOCIN (*Use Clindamycin Phosphate Vaginal*)	3	MO
clindamycin phosphate vaginal	1	MO
METROGEL-VAGINAL (*Use Metronidazole Vaginal*)	3	MO
metronidazole vaginal	1	MO
miconazole nitrate vaginal	1	MO
MONISTAT 3 (*Use Miconazole Nitrate Vaginal*)	3	MO
nystatin vaginal	1	
TERAZOL 3 (*Use Terconazole Vaginal*)	3	MO
TERAZOL 7 (*Use Terconazole Vaginal*)	3	MO
terconazole vaginal	1	MO
Vaginal Estrogens		
estrace	1	MO
ESTRING	3	MO
FEMRING	3	MO
PREMARIN CREA VA 0.625 MG/GM	2	MO
VAGIFEM	3	MO
Vaginal Progestins		
CRINONE	3	MO
ENDOMETRIN	3	MO
PROCHIEVE	3	MO
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
ADRENACLICK	2	MO
AUVI-Q	2	MO
EPINEPHRINE	2	MO

DRUG NAME	Drug Tier	Requirements/ Limits
EPIPEN	2	MO
EPIPEN 2-PAK	2	MO
EPIPEN-JR	2	MO
EPIPEN-JR 2-PAK	2	MO
TWINJECT	2	MO
Vasopressors		
dobutamine hcl	4	
dobutamine in d5w	4	
DOBUTAMINE/DEXTROSE 5% (*Use Dobutamine in D5W*)	4	
dopamine hcl	4	
dopamine in d5w	4	
midodrine hcl	1	MO
phenylephrine hcl	1	MO
PROAMATINE (*Use Midodrine HCl*)	3	MO
VITAMINS		
Oil Soluble Vitamins		
DRISDOL (*Use Ergocalciferol*)	3	MO; NT
ergocalciferol	1	MO; NT
MEPHYTON	3	MO; NT

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