

Partnership*Advantage* (HMO SNP)

2012 Formulary (List of Covered Drugs)

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

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

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

Partnership HealthPlan of California (PHC) is a Medicare Advantage Organization with a Medicare contract and a contract with the California Medi-Cal program.

This notice is available in other formats or languages. To receive this notice in another format or language please call our Member Services Department at 1-866-264-3626, TTY 1-800-735-2929 or call 711, 8am-8pm, seven days a week.

Este aviso está disponible en otros formatos o idiomas. Para recibir este aviso en otro formato o idioma por favor llame a nuestro Departamento de Servicios al Miembros al 1-866-264-3626, TTY 1-800-735-2929 o llame al 711, 8am-8pm, los siete días de la semana.

Last Updated: March 23, 2012

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Formulary ID 00012143, Version #10

What is the Partnership*Advantage* Formulary?

A formulary is a list of covered drugs selected by Partnership*Advantage* 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. Partnership*Advantage* will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Partnership*Advantage* network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of May 1, 2012. To get updated information about the drugs covered by Partnership*Advantage*, please visit our Web site at www.partnershiphp.org or call Member Services at 866-264-3626, 8am to 8pm, 7 days a week. TTY users should call the California Relay Service at 800-735-2929 or dial 711. If there is a change to our formulary as described above, we will mail you an update to the formulary, called an "errata sheet". This update will tell you what has changed in the 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 24. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiac Drugs. If you know what your drug is used for, look for the category name in the list that begins on page 24. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Partnership*Advantage* requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Partnership*Advantage* before you fill your prescriptions. If you don't get approval, Partnership*Advantage* may not cover the drug.
- **Quantity Limits:** For certain drugs, Partnership*Advantage* limits the amount of the drug that Partnership*Advantage* will cover. For example, Partnership*Advantage* provides four (4) vials per prescription for Insulin. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Partnership*Advantage* requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Partnership*Advantage* may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Partnership*Advantage* will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 24. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.partnershiphp.org.

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

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Partnership*Advantage* pays for certain OTC drugs. Partnership*Advantage* will provide these OTC drugs at

no cost to you. The cost to Partnership*Advantage* of these OTC drugs will not count toward your total drug costs.

DRUG		Dosage Form
Generic Name	(Reference Brand Name)	
<i>cetirizine hydrochloride</i>	(Zyrtec)	Chewable Tablets, Solution, Tablets
<i>cetirizine hydrochloride/ pseudoephedrine hydrochloride</i>	(Zyrtec-D)	12 Hour Tablets
<i>loratadine</i>	(Claritin)	Dispersable Tablets, Solution, Syrup, Tablets
<i>loratadine/ pseudoephedrine sulfate</i>	(Claritin-D)	12 Hour Tablets 24 Hour Tablets
<i>ketotifen fumarate</i>	(Zaditor)	Drops, Solution

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that Partnership*Advantage* does not cover your drug, you have two options:

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

How do I request an exception to the Partnership*Advantage* Formulary?

You can ask Partnership*Advantage* to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Partnership*Advantage* limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our highest tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the lowest tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

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

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 93-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

As a new member, for each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will allow up to three (3) time 30 days supply unless you have a prescription written for less than 30 days in which case we will allow for multiple fills to provide up to a total of 30 days of medication when you go to a network pharmacy.

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply unless you have a prescription written for less than 31 days). We will honor multiple fills of non-formulary Part D drugs as necessary during the entire length of the 90 day transition period for up to 93 days supply. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the

first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception. If you are a continuing members affected by a negative formulary change from one contract year to the next, the plan offers a transition process that is consistent with a new member enrollee.

For more information

For more detailed information about your Partnership*Advantage* prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Partnership*Advantage*, please call Member Services at 866-264-3626, 8am to 8pm, 7 days a week. TTY users should call the California Relay Service at 800-735-2929 or dial 711. Or visit www.partnershiphp.org.

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.

Partnership*Advantage*'s Formulary

The formulary that begins on page 24 provides coverage information about some of the drugs covered by Partnership*Advantage*. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

The information in the Requirements/Limits column tells you if Partnership*Advantage* has any special requirements for coverage of your drug.

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from Partnership <i>Advantage</i> before you fill your prescription for this drug. Without prior approval, Partnership <i>Advantage</i> may not cover this drug.
QL	Quantity Limit Restriction	Partnership <i>Advantage</i> limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before Partnership <i>Advantage</i> will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
Other Special Requirements for Coverage		
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 866-264-3626, 8am to 8pm, 7 days a week. TTY/TDD users should call the California Relay Service at 800-735-2929 or dial 711.
GC	Gap Coverage	We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
NM	Non-Mail Order Drug	You may be able to receive greater than a 1-month supply of most of the drugs on your formulary via mail order at a reduced cost share. Drugs <u>not</u> available via your mail order benefit are noted with “NM” in the notes column of your formulary.

STRENGTH AND DOSAGE FORM ABBREVIATIONS

ABBREVIATION	DESCRIPTION
adh. patch	adhesive patch
aer br act	aerosol, breath activated
aer pow	aerosol, powder
aer pow ba	aerosol powder, breath activated
aer refill	aerosol refill
aer w/adap	aerosol with adapter
ampul	ampule
blkbaginj	bulk bag injection
cap dr mp	capsule, delayed release multiphasic
cap ds pk	capsule, dose pack
cap er 12h	capsule, 12 hour extended release
cap er 24h	capsule, 24 hour extended release
cap er deg	capsule, extended release degradable
cap er pel	capsule, extended release pellets
cap mphase	capsule, multiphasic
cap.sa 24h	capsule, 24 hour sustained action
cap.sr 12h	capsule, 12 hour sustained release
cap.sr 24h	capsule, 24 hour sustained release
cap24h pct	capsule, 24 hour controlled-onset pellets
cap24h pel	capsule, 24 hour sustained release pellets
cap sprink	capsule, sprinkle
cap sr pel	capsule sustained release pellets
cap w/dev	capsule with device
capsule dr	capsule, delayed release
capsule er	capsule, extended release
capsule sa	capsule, sustained action
cmb cappad	combination: capsule, pad
cmb ont fm	combination: ointment, foam
cmb ont lt	combination: ointment, lotion
cmb tabpad	combination: tablet, pad
combo. pkg	combination package
cpmp 12hr	capsule, 12 hour multiphasic
cpmp 24hr	capsule, 24 hour multiphasic
cpmp 30-70	capsule, multiphasic, 30%-70%
cpmp 50-50	capsule, multiphasic, 50%-50%
cream(g), cream(gm)	cream (grams)
cream(ml)	cream (milliliters)
cream/appl	cream with applicator
cream, er (g)	cream, extended release (grams)
cream pack	cream, package
dehp fr bg	di(2-ethylhexyl)phthalate free bag
dis needle	disposable needle

disk w/dev	disk with inhalation device
disp syrin	disposable syringe
drops susp	drops, suspension
drps hpvis	drops, hyperviscous
emul adhes	emulsion adhesive
emul packt	emulsion packet
emulsn(g)	emulsion (grams)
foam/appl.	foam with applicator
froz.piggy	frozen piggyback
g	gram
gel/pf app	gel with prefilled applicator
gel (gm)	gel (grams)
gel (ml)	gel (milliliters)
gel md pmp	gel in metered dose pump
gel w/appl	gel with applicator
gel w/pump	gel with pump
gran pack	granule pack
hfa aer ad	hfa aerosol adapter
infus. btl	infusion bottle
insuln pen	insulin pen
ip soln	intraperitoneal solution
irrig soln	irrigating solution
iv soln.	intravenous solution
jel	jelly
jelly/app	jelly with applicator
jel/pf app	jelly with pre-filled applicator
kit cl&crm	kit: cleasner and cream
kt crm le	kit: cream, lotion emollient
kt lotn ce	kit: lotion, cream emollient
kt oint le	kit: ointment, lotion emollient
lotion, er	lotion, extended release
lozenge hd	lozenge handle
m.ht patch	medicated heated patch
ma buc tab	mucoadhesive buccal tablet
mcg	microgram
med. pad	medicated pad
med. swab	medicated swab
med. tape	medicated tape
mg	milligram
ml	milliliter
muc er 12h	mucoadhesive system, 12 hour extended release
ndl fr inj	needle for injection
nl fm susp	nail film suspension
oint. (g), oint.(gm)	ointment (grams)

oral conc	oral concentrate
oral susp	oral suspension
paste (g)	paste (grams)
patch td24	patch, 24 hour transdermal
patch td72	patch, 72 hour transdermal
patch tds	patch, biweekly transdermal
patch tdwk	patch, weekly transdermal
pca syring	patient-controlled analgesic syringe
pca vial	patient-controlled analgesic vial
pellet(ea)	pellet (each)
pen ij kit	pen injector kit
pen injctr	pen injector
pggybk btl	piggyback bottle
plast. bag	plastic bag
powd pack	powder pack
sol md pmp	solution with multi-dose pump
sol w/appl	solution with applicator
sol/pf app	solution with pre-filled applicator
sol-gel	solution, gel-forming
soln recon	solution, reconstituted
soln(gram)	solution (grams)
spray susp	spray, suspension
spray/pump	spray with pump
stick(ea)	stick (each)
supp.rect	suppository, rectal
supp.vag	suppository, vaginal
suppos.	suppository
sus er 24h	suspension, 24 hour extended release
sus er rec	suspension, extended release reconstituted
sus mc rec	suspension, microcapsule reconstituted
suspdr pkt	suspension, delayed release packet
susp recon	suspension, reconstituted
syringekit	syringe kit
tab chew	tablet, chewable
tab er 12h	tablet, 12 hour extended release
tab er 24h	tablet, 24 hour extended release
tab er prt	tablet, extended release particles
tab er seq	tablet, extended release sequels
tab disper	tablet, dispersable
tab ds pk	tablet, dose pack
tab er 24	tablet, 24 hour extended release
tab mphase	tablet, multiphasic
tab part	tablet, particles
tab rap dr	tablet, rapid disintegrating delayed release

tab rapdis	tablet, rapid disintegrating
tab subl	tablet, sublingual
tab.sr 12h	tablet, 12 hour sustained release
tab.sr 24h	tablet, 24 hour sustained release
tabergr24hr	tablet, 24 hour gradual extended release
tablet dr	tablet, delayed release
tablet, er	tablet, extended release
tablet eff	tablet, effervescent
tablet sa	tablet, sustained action
tablet sol	tablet, soluble
tb er dspk	tablet, extended release dosepack
tb mp dspk	tablet, multiphasic dosepack
tb rd dspk	tablet, rapid disintegrating dosepack
tbdspk 3mo	tablet, 3-month dosepack
tbmp 12hr	tablet, 12 hour multiphasic
tbmp 24hr	tablet, 24 hour multiphasic
u	unit
vag ring	vaginal ring

Partnership*Advantage* (HMO SNP)

Formulario 2012

(Lista de medicamentos cubiertos o “vademécum”)

POR FAVOR, LEA ESTA NOTA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Aviso a los miembros actuales: Esta lista de medicamentos ha cambiado desde el año pasado. Por favor lea este documento para asegurarse de que aun incluye los medicamentos que usted utiliza.

Los beneficiarios deben utilizar farmacias de la red para acceder a sus beneficios de medicamentos recetados. Los beneficios, la lista de medicamentos, la red de farmacias y las primas o copagos/coseguros pueden cambiar a partir del 1° de enero de 2013.

Partnership HealthPlan of California es una organización de Medicare Advantage con un contrato con Medicare y un contrato con el programa California Medi-Cal.

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Última actualización: 25 de abril de 2012

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¿Qué es la Lista de Medicamentos de PartnershipAdvantage?

El documento también conocido como Formulario (por el inglés “*formulary*”) o “*vademécum*” es una lista de medicamentos cubiertos, seleccionados por PartnershipAdvantage en consulta con un equipo de proveedores de atención médica, que representa las terapias a base de medicamentos recetados que se consideran una parte necesaria de un programa de tratamientos de calidad. PartnershipAdvantage generalmente cubre los medicamentos incluidos en nuestra lista siempre que sean médicamente necesarios, se adquieran en una farmacia de la red de PartnershipAdvantage y se cumplan las normas de cobertura del Plan. Lea su Constancia de Cobertura para acceder a más información sobre cómo obtener sus medicamentos recetados.

¿Puede haber cambios en la Lista de Medicamentos?

En general, si usted está utilizando un medicamento de nuestro Formulario 2012 que tenía cobertura a comienzos del año, no lo discontinuaremos ni reduciremos la cobertura de ese medicamento durante el año de cobertura 2011, excepto cuando un medicamento genérico de menor costo esté disponible o cuando surja nueva información adversa sobre la seguridad o efectividad del medicamento. Otros tipos de cambios en la lista de medicamentos cubiertos, como la eliminación de un medicamento de la lista, no afectará a los miembros que están utilizando dicho medicamento en ese momento. El medicamento seguirá disponible con el mismo costo compartido para aquellos miembros que lo están utilizando hasta finalizar el año de cobertura. Creemos que es importante que usted tenga acceso continuado a los medicamentos de la lista que estaban disponibles cuando eligió nuestro plan por lo que resta del año de cobertura, con excepción de aquellos casos en los cuales usted puede ahorrar dinero adicional o podemos asegurar su seguridad.

Si eliminamos medicamentos de nuestra lista, agregamos autorización previa, límites de cantidad o restricciones de terapia escalonada a un medicamento, o movemos un medicamento a un nivel de costo compartido más alto, debemos comunicar a los miembros afectados del cambio al menos 60 días antes de su entrada en vigencia o cuando el afiliado solicite un surtido o “refill” del medicamento, recibiendo en ese momento un suministro del medicamento para 60 días. Si la Administración de Medicamentos y Alimentos (FDA) considera que un medicamento de nuestra lista es inseguro o el fabricante del medicamento lo retira del mercado, nosotros de inmediato retiraremos ese medicamento de nuestra lista de medicamentos y daremos aviso a los miembros que lo utilizan. La lista de medicamentos adjunta entra en vigencia el 1° de enero de 2012. Para obtener información actualizada sobre los medicamentos que tienen cobertura de PartnershipAdvantage, ingrese a nuestro sitio de Internet www.partnershiphp.org o llame a Servicios para los Miembros al (866) 264-3626, de 8 a.m. a 8 p.m., los 7 días de la semana. Los usuarios de TTY deben llamar al Servicio de Retransmisión de California (CRS) al (800) 735-2929 o llamar al 711. Si hay algún cambio en nuestra lista de medicamentos como se describe más arriba, le enviaremos una actualización llamada una "hoja de erratas". Esta actualización le explicará lo que ha cambiado en la lista de medicamentos.

¿Cómo utilizo la Lista de Medicamentos?

Hay dos formas de encontrar su medicamento en la lista:

Condición médica

La lista de medicamentos comienza en la página 24. Los medicamentos incluidos en la lista se agrupan en categorías según el tipo de condiciones médicas que pueden tratar. Por ejemplo, los medicamentos que se utilizan para tratar una enfermedad del corazón se incluyen en la categoría Medicamentos Cardíacos. Si sabe para qué se utiliza su medicamento, busque por el nombre de categoría en la lista que comienza en la página 24. Luego busque el nombre de su medicamento dentro de esa categoría.

Listado alfabético

Si no está seguro de la categoría en la que debe buscar, puede buscar su medicamento en el Índice que comienza en la página I-1. El Índice proporciona una lista en orden alfabético de todos los medicamentos que se incluyen en este documento. En el Índice se incluyen tanto medicamentos de marca como medicamentos genéricos. Consulte el Índice para encontrar su medicamento. Junto al nombre del medicamento aparece el número de página donde puede encontrar información sobre su cobertura. Diríjase a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Partnership*Advantage* cubre tanto medicamentos de marca como genéricos. Cada medicamento genérico es aprobado por la FDA, quien verifica que posea el mismo principio activo que el medicamento de marca. En general, los medicamentos genéricos son más económicos que los medicamentos de marca.

¿Existe alguna restricción en mi cobertura?

Algunos medicamentos con cobertura tienen requisitos adicionales o límites en la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Partnership*Advantage* solicita que usted [o su médico] obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará obtener la aprobación de Partnership*Advantage* antes de poder surtir los medicamentos recetados. Si no obtiene la aprobación es posible que Partnership*Advantage* no cubra el medicamento.
- **Límites en las cantidades:** En el caso de algunos medicamentos, Partnership*Advantage* limita la cantidad de medicamento que va a cubrir. Por ejemplo, Partnership*Advantage* proporciona hasta cuatro (4) ampollas por cada receta de Insulina. Esto puede agregarse a un suministro regular para un mes o tres meses.
- **Terapia escalonada:** En algunos casos, Partnership*Advantage* exige que usted pruebe primero un determinado medicamento para el tratamiento de su condición médica antes de brindarle cobertura de otro medicamento para tratar tal condición. Por ejemplo, si tanto el medicamento A como el medicamento B pueden utilizarse para tratar su condición médica, es posible que Partnership*Advantage* no cubra el medicamento B si usted no probó primero el medicamento A. Si el medicamento A no funciona en su caso, entonces Partnership*Advantage* cubrirá el medicamento B.

Usted puede verificar si su medicamento tiene requisitos o límites adicionales si lo busca en la lista de medicamentos que comienza en la página 24. También puede obtener más información sobre las restricciones que se aplican a medicamentos específicos con cobertura si ingresa a nuestro sitio de Internet en www.partnershiphp.org.

Puede pedirle a Partnership *Advantage* que haga una excepción a estas restricciones o límites. Vea la sección, “¿Cómo puedo solicitar una excepción a la lista de medicamentos de Partnership *Advantage*?” en la página 15 para obtener información sobre cómo solicitar una excepción.

¿Qué son los medicamentos de venta libre (OTC)?

Los medicamentos de venta libre (OTC, por su sigla en inglés) son medicamentos que se venden sin receta médica y que en general no tienen cobertura de los Planes de Medicamentos Recetados de Medicare. Partnership *Advantage* paga algunos medicamentos de venta libre. Partnership *Advantage* proporciona estos medicamentos de venta libre sin costo para usted. El costo que tienen estos medicamentos de venta libre para Partnership *Advantage* no se sumará a su costo total de medicamentos.

MEDICAMENTO		Presentación
Nombre Genérico	(Medicamento de marca de referencia)	
<i>cetirizine hydrochloride</i>	(Zyrtec)	Comprimidos masticables, Solución, Comprimidos
<i>cetirizine hydrochloride/pseudoephedrine hydrochloride</i>	(Zyrtec-D)	Comprimidos de 12 horas
<i>loratadine</i>	(Claritin)	Comprimidos dispersables, Solución, Jarabe, Comprimidos
<i>loratadine/pseudoephedrine sulfate</i>	(Claritin-D)	Comprimidos de 12 horas Comprimidos de 24 horas
<i>ketotifen fumarate</i>	(Zaditor)	Gotas, Solución

¿Qué debo hacer si mi medicamento no está incluido en la Lista de Medicamentos?

Si su medicamento no está incluido en la lista, en primer lugar debe comunicarse con el Departamento de Servicios para los Miembros y confirmar que el medicamento no está cubierto. Usted tiene dos opciones si confirma que Partnership *Advantage* no cubre su medicamento:

- Puede solicitar a Servicios para los Miembros una lista de medicamentos para la misma condición médica que tengan cobertura de Partnership *Advantage*. Cuando reciba la lista debe mostrársela a su médico y pedirle que le recete otro medicamento para su condición médica que tenga cobertura de Partnership *Advantage*.
- Puede pedirle a Partnership *Advantage* que haga una excepción y cubra su medicamento. Vea más adelante la información sobre cómo solicitar una excepción.

¿Cómo puedo solicitar una excepción a la Lista de Medicamentos de PartnershipAdvantage?

Puede pedirle a Partnership*Advantage* que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos su medicamento aunque no se encuentra en nuestra lista.
- Puede solicitarnos que hagamos una excepción a las restricciones o límites de cobertura en el caso de su medicamento. Por ejemplo, en el caso de algunos medicamentos, Partnership*Advantage* limita la cantidad de medicamento que vamos a cubrir. Si su medicamento está sujeto a un límite de cantidad, usted puede solicitarnos que hagamos una excepción a ese límite y ofrezcamos mayor cobertura.
- Puede solicitarnos que le brindemos un nivel de cobertura más alto en el caso de su medicamento. Si su medicamento se encuentra en nuestro nivel más alto (medicamento de marca) usted puede pedirnos que lo cubramos al nivel de costo compartido que se aplica a los medicamentos en el nivel más bajo (genéricos). Así se reduciría lo que debe pagar por el medicamento. Tenga en cuenta que si le concedemos cubrir un medicamento que no se encuentra en nuestra lista, usted no podrá solicitar que cubramos un nivel de cobertura más alto para ese mismo medicamento.

En general, Partnership*Advantage* sólo aprobará su pedido de excepción si considera que los medicamentos alternativos que se incluyen en la lista de medicamentos del plan, la droga de nivel más bajo o el medicamento genérico o una restricción adicional en el uso no resultarían tan efectivos para tratar su condición o podrían causar efectos médicos adversos.

Debe comunicarse con nosotros para pedirnos una decisión de cobertura inicial referente a una excepción a la lista de medicamentos, de niveles o de restricción de uso. **Cuando usted solicita una excepción a la lista, de niveles o de restricción de uso debe presentar una declaración de su médico que apoye su solicitud.** En general, tomaremos nuestra decisión dentro de las 72 horas de recibir la declaración de apoyo de la persona o el médico que extendió su receta. Puede solicitar en una apelación acelerada (rápida) si usted o su médico creen que su salud podría verse gravemente afectada si debe esperar hasta 72 horas para la decisión. Si se le concede su pedido de apelación acelerada, deberemos comunicarle nuestra decisión dentro de las 24 horas de recibida la declaración de apoyo de la persona o el médico que extendió su receta.

¿Qué hago hasta que pueda hablar con mi médico sobre un cambio de medicamento o la solicitud de una excepción?

Es posible que como un afiliado nuevo o preexistente de nuestro plan usted esté utilizando medicamentos que no se encuentran incluidos en nuestra lista. O puede ocurrir que esté utilizando un medicamento que se encuentra en la lista pero su capacidad para conseguirlo es limitada. Por ejemplo, es posible que necesite una autorización previa nuestra para poder surtir su medicamento recetado. Debe consultar con su médico a fin de decidir si cambiará a un medicamento diferente cubierto o si solicitará una excepción al listado de medicamentos para obtener cobertura para ese medicamento. Mientras usted se comunica con su médico para llegar a la mejor decisión, es posible que en algunos casos podamos cubrir el medicamento durante sus primeros 90 días como afiliado al plan.

Para cada uno de sus medicamentos que no se encuentra en el formulario o si su capacidad para obtener sus medicamentos es limitada, vamos a cubrir un temporal de 30 días de medicamento (a menos que tenga una receta escrita por menos días) cuando usted vaya a una farmacia de la red. Después de sus primeros 30 días de suministro, no vamos a pagar por estos medicamentos, aunque usted ha sido miembro del plan por menos de 90 días.

Si usted es un residente de un centro de atención de largo plazo, se le permitirá volver a llenar la receta hasta que le hemos proporcionado con un suministro de transición de 93 días, consistente en el incremento de dispensación, (a menos que tenga una receta escrita por menos días). Vamos a cubrir más de una receta de estos medicamentos en los primeros 90 días que usted es miembro de nuestro plan. Si usted necesita un medicamento que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ya han pasado los primeros 90 días de afiliación a nuestro plan, nosotros cubriremos un suministro de emergencia de 31 días de medicamento (a menos que usted tenga una receta para menos días) mientras que usted consigue una excepción al formulario.

Como nuevo afiliado, por cada uno de los medicamentos que no se encuentra en nuestra lista o si su capacidad para conseguir sus medicamentos es limitada, le permitiremos obtener hasta tres (3) suministros para 30 días. Si tiene una receta que cubre menos de 30 días le permitiremos múltiples surtidos hasta llegar a un total de 30 días de medicación, siempre que los adquiera en una farmacia de la red.

Si usted es residente en un centro de asistencia médica a largo plazo, cubriremos un suministro temporal transitorio de 31 días (excepto cuando la receta indique menos días). Cubriremos tantos surtidos de los medicamentos de la Parte D que están fuera de la lista como necesite durante todo el período de transición de 90 días, hasta un suministro máximo para 93 días. Si usted necesita un medicamento que no está incluido en nuestra lista o su capacidad para conseguir sus medicamentos es limitada, pero ya han transcurrido los primeros 90 días de afiliación a nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento (excepto cuando la receta indique menos días) mientras solicita una excepción a la lista.

Si usted es un afiliado ya existente que resulta afectado por un cambio negativo en la lista de medicamentos de un año a otro, el plan le ofrece un proceso de transición semejante al que recibe un nuevo afiliado.

Para obtener más información

Para obtener información más detallada sobre su cobertura de medicamentos recetados bajo Partnership*Advantage*, consulte su Constancia de Cobertura y los demás materiales del plan.

Si tiene alguna pregunta sobre Partnership*Advantage*, comuníquese por favor con Servicios para los Miembros al (866)264-3626, de 8 a.m. a 8 p.m., los 7 días de la semana. Los mensajes serán respondidos dentro de un día laboral. Los usuarios de TTY deben llamar al Servicio de Retransmisión de California (CRS) al (800) 735-2929 o al 711. O ingresar a www.partnershiphp.org.

Su tiene preguntas en general sobre el servicio de cobertura de medicamentos de Medicare, puede llamar a Medicare al 1-800-MEDICARE (1-800-633-4227) 24 horas al día, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-877-486-2048. O ingresar a www.medicare.gov.

A.

Lista de Medicamentos de PartnershipAdvantage

La lista de medicamentos que comienza en la página 24 proporciona información de cobertura sobre algunos de los medicamentos que cubre PartnershipAdvantage. Si tiene problemas para encontrar su medicamento en la lista consulte el Índice que comienza en la página I-1.

La primera columna de la tabla presenta el nombre del medicamento. Los nombres de los medicamentos de marca aparecen en mayúsculas (por ejemplo, AMOXIL) y los medicamentos genéricos aparecen en cursiva y en minúsculas (por ejemplo, *amoxicilina*).

La información de los Requisitos/Limites en la columna le indica si PartnershipAdvantage tiene algún requisito especial para la cobertura de su medicamento.

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
Restricciones por Administración del Uso		
PA	Restricción de Autorización Previa	Usted (o su médico) necesitará obtener la aprobación previa de <i>PartnershipAdvantage</i> antes de poder surtir su receta para este medicamento. Si no obtiene la aprobación previa, es posible que <i>PartnershipAdvantage</i> no cubra el medicamento.
QL	Límite de cantidad	<i>PartnershipAdvantage</i> limita la cantidad de este medicamento con cobertura por cada receta, o dentro de un período de tiempo específico.
ST	Restricción de terapia escalonada	Antes de que <i>PartnershipAdvantage</i> le proporcione cobertura para este medicamento, deberá en primer lugar probar otro(s) medicamento(s) para tratar su condición médica. Es posible que este medicamento sólo tenga cobertura si el/los otro(s) medicamento(s) no funciona(n) en su caso.
Otros requisitos especiales para la cobertura		
LA	Medicamento de acceso limitado	Es posible que este medicamento recetado sólo esté disponible en algunas farmacias. Para obtener más información consulte su Guía de Farmacias o llame a Servicios para los Miembros al (866) 264-3626, de 8 a.m. a 8 p.m., los 7 días de la semana. Los usuarios TTY/TDD deben llamar al Servicio de Retransmisión de California (CRS) al (800)735-2929 o al 711.
GC	Brecha en la Cobertura	Brindamos cobertura de este medicamento recetado en la brecha en la cobertura. Consulte su Constancia de Cobertura para obtener más información sobre esta cobertura.
NM	Medicamentos que no pueden enviarse por correo postal	Usted puede recibir suministros para más de un mes de la mayoría de los medicamentos de la lista a un costo compartido reducido mediante un pedido por correo postal. Los medicamentos que <u>no</u> están disponibles por medio de su beneficio por correo están marcados con “NM” en la columna de notas de su lista de medicamentos.

FORMA DE ABREVIATURAS DE RESISTENCIA Y DOSIS

ABREVIATURA	DESCRIPCIÓN
adh. patch	adhesive patch
aer br act	aerosol, breath activated
aer pow	aerosol, powder
aer pow ba	aerosol powder, breath activated
aer refill	aerosol refill
aer w/adap	aerosol with adapter
ampul	ampule
blkbaginj	bulk bag injection
cap dr mp	capsule, delayed release multiphasic
cap ds pk	capsule, dose pack
cap er 12h	capsule, 12 hour extended release
cap er 24h	capsule, 24 hour extended release
cap er deg	capsule, extended release degradable
cap er pel	capsule, extended release pellets
cap mphase	capsule, multiphasic
cap.sa 24h	capsule, 24 hour sustained action
cap.sr 12h	capsule, 12 hour sustained release
cap.sr 24h	capsule, 24 hour sustained release
cap24h pct	capsule, 24 hour controlled-onset pellets
cap24h pel	capsule, 24 hour sustained release pellets
cap sprink	capsule, sprinkle
cap sr pel	capsule sustained release pellets
cap w/dev	capsule with device
capsule dr	capsule, delayed release
capsule er	capsule, extended release
capsule sa	capsule, sustained action
cmb cappad	combination: capsule, pad
cmb ont fm	combination: ointment, foam
cmb ont lt	combination: ointment, lotion
cmb tabpad	combination: tablet, pad
combo. pkg	combination package
cpmp 12hr	capsule, 12 hour multiphasic
cpmp 24hr	capsule, 24 hour multiphasic
cpmp 30-70	capsule, multiphasic, 30%-70%
cpmp 50-50	capsule, multiphasic, 50%-50%
cream(g), cream(gm)	cream (grams)
cream(ml)	cream (milliliters)
cream/appl	cream with applicator
cream, er (g)	cream, extended release (grams)
cream pack	cream, package
dehp fr bg	di(2-ethylhexyl)phthalate free bag
dis needle	disposable needle

disk w/dev	disk with inhalation device
disp syrin	disposable syringe
drops susp	drops, suspension
drps hpvis	drops, hyperviscous
emul adhes	emulsion adhesive
emul packt	emulsion packet
emulsn(g)	emulsion (grams)
foam/appl.	foam with applicator
froz.piggy	frozen piggyback
g	gram
gel/pf app	gel with prefilled applicator
gel (gm)	gel (grams)
gel (ml)	gel (milliliters)
gel md pmp	gel in metered dose pump
gel w/appl	gel with applicator
gel w/pump	gel with pump
gran pack	granule pack
hfa aer ad	hfa aerosol adapter
infus. btl	infusion bottle
insuln pen	insulin pen
ip soln	intraperitoneal solution
irrig soln	irrigating solution
iv soln.	intravenous solution
jel	jelly
jelly/app	jelly with applicator
jel/pf app	jelly with pre-filled applicator
kit cl&crm	kit: cleasner and cream
kt crm le	kit: cream, lotion emollient
kt lotn ce	kit: lotion, cream emollient
kt oint le	kit: ointment, lotion emollient
lotion, er	lotion, extended release
lozenge hd	lozenge handle
m.ht patch	medicated heated patch
ma buc tab	mucoadhesive buccal tablet
mcg	microgram
med. pad	medicated pad
med. swab	medicated swab
med. tape	medicated tape
mg	milligram
ml	milliliter
muc er 12h	mucoadhesive system, 12 hour extended release
ndl fr inj	needle for injection
nl fm susp	nail film suspension
oint. (g), oint.(gm)	ointment (grams)

oral conc	oral concentrate
oral susp	oral suspension
paste (g)	paste (grams)
patch td24	patch, 24 hour transdermal
patch td72	patch, 72 hour transdermal
patch tds	patch, biweekly transdermal
patch tdwk	patch, weekly transdermal
pca syring	patient-controlled analgesic syringe
pca vial	patient-controlled analgesic vial
pellet(ea)	pellet (each)
pen ij kit	pen injector kit
pen injctr	pen injector
pggybk btl	piggyback bottle
plast. bag	plastic bag
powd pack	powder pack
sol md pmp	solution with multi-dose pump
sol w/appl	solution with applicator
sol/pf app	solution with pre-filled applicator
sol-gel	solution, gel-forming
soln recon	solution, reconstituted
soln(gram)	solution (grams)
spray susp	spray, suspension
spray/pump	spray with pump
stick(ea)	stick (each)
supp.rect	suppository, rectal
supp.vag	suppository, vaginal
suppos.	suppository
sus er 24h	suspension, 24 hour extended release
sus er rec	suspension, extended release reconstituted
sus mc rec	suspension, microcapsule reconstituted
suspdr pkt	suspension, delayed release packet
susp recon	suspension, reconstituted
syringekit	syringe kit
tab chew	tablet, chewable
tab er 12h	tablet, 12 hour extended release
tab er 24h	tablet, 24 hour extended release
tab er prt	tablet, extended release particles
tab er seq	tablet, extended release sequels
tab disper	tablet, dispersable
tab ds pk	tablet, dose pack
tab er 24	tablet, 24 hour extended release
tab mphase	tablet, multiphasic
tab part	tablet, particles
tab rap dr	tablet, rapid disintegrating delayed release

tab rapdis	tablet, rapid disintegrating
tab subl	tablet, sublingual
tab.sr 12h	tablet, 12 hour sustained release
tab.sr 24h	tablet, 24 hour sustained release
tabergr24hr	tablet, 24 hour gradual extended release
tablet dr	tablet, delayed release
tablet, er	tablet, extended release
tablet eff	tablet, effervescent
tablet sa	tablet, sustained action
tablet sol	tablet, soluble
tb er dspk	tablet, extended release dosepack
tb mp dspk	tablet, multiphasic dosepack
tb rd dspk	tablet, rapid disintegrating dosepack
tbdspk 3mo	tablet, 3-month dosepack
tbmp 12hr	tablet, 12 hour multiphasic
tbmp 24hr	tablet, 24 hour multiphasic
u	unit
vag ring	vaginal ring

Drug Name	Drug Tier	Requirements/Limits	
Acidifying and Alkalinizing Agents			
Acidifying and Alkalinizing Agents			
<i>ammonium chloride</i> (Ammonium Chloride)	1	GC	
<i>citric acid/sodium citrate</i> (Bicitra)	1	GC	
K-PHOS M.F.	2		
K-PHOS NO.2	2		
<i>phosphorus #1</i> (K-phos Neutral)	1	GC	
<i>potassium citrate</i> (Urocit-K)	1	GC	
<i>potassium citrate/citric acid</i> (Polycitra-k)	1	GC	
<i>sod/pot/k cit/sod cit/cit acid</i> (Polycitra-lc)	1	GC	
<i>sodium bicarbonate</i> (Sodium Bicarbonate)	1	GC	disp syrin: 0.5meq/ml; iv soln., vial
<i>sodium bicarbonate</i> (Sodium Bicarbonate)	1	GC	disp syrin: 0.9meq/ml, 1meq/ml
<i>sodium lactate</i> (Sodium Lactate)	1	GC	vial
Adrenals			
Adrenals			
ADVAIR DISKUS	2	QL: 62 in 31 days	
ADVAIR HFA	2	QL: 12 in 28 days	
<i>betamet acet/betamet na ph</i> (Celestone)	1	GC, PA	
<i>budesonide</i> (Entocort EC)	1	GC	capdr & er
<i>cortisone acetate</i> (Cortisone Acetate)	1	GC, PA	
DEPO-MEDROL	2	PA	vial: 20mg/ml
<i>dexamethasone sod phosphate</i> (Dexamethasone Sod Phosphate)	1	GC, PA	vial: 10mg/ml
<i>dexamethasone sod phosphate</i> (Dexamethasone Sod Phosphate)	1	GC, PA	vial: 4mg/ml
<i>dexamethasone</i> (Dexamethasone)	1	GC, PA	elixir, tablet
<i>dexamethasone</i> (Dexpak)	1	GC, PA	tab ds pk
DULERA	2	QL: 13 in 28 days	
FLOVENT DISKUS	2	QL: 120 in 30 days	disk w/dev: 250mcg

Drug Name	Drug Tier	Requirements/Limits	
FLOVENT DISKUS	2	QL: 60 in 30 days	disk w/dev: 50mcg, 100mcg
FLOVENT HFA	2	QL: 12 in 28 days	aer w/adap: 110mcg
FLOVENT HFA	2	QL: 21.2 in 28 days	aer w/adap: 44mcg
FLOVENT HFA	2	QL: 24 in 28 days	aer w/adap: 220mcg
<i>fludrocortisone acetate</i> (Florinef Acetate)	1	GC	
<i>hydrocortisone sod succinate</i> (Hydrocortisone Sod Succinate)	1	GC, PA	vial: 100mg
<i>hydrocortisone</i> (Cortef)	1	GC, PA	
<i>methylprednisolone acetate</i> (Depo-medrol)	1	GC, PA	
<i>methylprednisolone sod succ</i> (Solu-medrol)	1	GC, PA	
<i>methylprednisolone</i> (Medrol)	1	GC, PA	
<i>prednisolone acetate</i> (Prednisolone Acetate)	1	GC, PA	
<i>prednisolone sod phosphate</i> (Orapred)	1	GC, PA	
<i>prednisolone</i> (Prednisolone)	1	GC, PA	
PREDNISON INTENSOL	2	PA	
<i>prednisone</i> (Prednisone)	1	GC, PA	solution, tablet
<i>prednisone</i> (Prednisone)	1	GC, PA	tab ds pk
QVAR	2	QL: 17.4 in 25 days	
SOLU-MEDROL	2	PA	vial: 2g
SYMBICORT	2	QL: 11 in 25 days	hfa aer ad: 80-4.5mcg, 160-4.5mcg
<i>triamcinolone acetonide</i> (Kenalog-40)	1	GC, PA	
VERIPRED 20	1	GC, PA	
Adrenocortical Insufficiency			
Adrenocortical Insufficiency			
ACTHAR H.P.	2	PA, QL: 45 in 28 days	

Drug Name	Drug Tier	Requirements/Limits
Alpha-Adrenergic Blocking Agents		
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate</i> (Cardura)	1	GC
<i>prazosin hcl</i> (Minipress)	1	GC
<i>terazosin hcl</i> (Hytrin)	1	GC
Ammonia Detoxicants		
Ammonia Detoxicants		
BUPHENYL	2	
CARBAGLU	2	
<i>lactulose</i> (Lactulose)	1	GC solution
<i>lactulose</i> (Lactulose)	1	GC syrup
LITHOSTAT	2	
Analgesics and Antipyretics		
Analgesics And Antipyretics, Miscellaneous		
<i>acetaminophen/phenyltolx cit</i> (Staflex)	1	GC tablet: 500mg-30mg, 500mg-50mg, 650mg-50mg, 650mg-60mg
<i>mg sal/acetaminophn/p-tlox/caf</i> (Durabac Forte)	1	GC
OFIRMEV	2	
<i>sal-amide/acetamin/p-tlox/caff</i> (Durabac)	1	GC
<i>sal-amide/acetaminophn/p-tlox</i> (Asp)	1	GC
<i>salicylamide/acetaminophen</i> (Salicylamide/acetaminophen)	1	GC
Nonsteroidal Anti-inflammatory Agents		
<i>aspirin</i> (Easprin)	1	GC
CALDOLOR	2	
CELEBREX	2	ST, QL: 62 in 31 days
<i>choline sal/mag salicylate</i> (Choline Sal/mag Salicylate)	1	GC
<i>diclofenac potassium</i> (Cataflam)	1	GC
<i>diclofenac sodium</i> (Voltaren)	1	GC
<i>diflunisal</i> (Diflunisal)	1	GC
<i>etodolac</i> (Etodolac)	1	GC
<i>fenoprofen calcium</i> (Fenoprofen Calcium)	1	GC
<i>flurbiprofen</i> (Ansaid)	1	GC

Drug Name		Drug Tier	Requirements/Limits	
<i>ibuprofen</i>	(Motrin)	1	GC	
INDOCIN		2		oral susp
<i>indomethacin sodium trihydrate</i>	(Indocin I.v.)	1	GC	
<i>indomethacin</i>	(Indomethacin)	1	GC	
<i>ketoprofen</i>	(Ketoprofen)	1	GC	
<i>ketorolac tromethamine</i>	(Ketorolac Tromethamine)	1	GC, QL: 40 in 31 days	vial: 15mg/ml
<i>ketorolac tromethamine</i>	(Toradol)	1	GC, QL: 20 in 31 days	cartridge: 30mg/ml
<i>ketorolac tromethamine</i>	(Toradol)	1	GC, QL: 20 in 31 days	tablet, vial: 60mg/ 2ml
<i>ketorolac tromethamine</i>	(Toradol)	1	GC, QL: 40 in 31 days	cartridge: 15mg/ml
<i>magnesium salicylate</i>	(Novasal)	1	GC	
<i>meclofenamate sodium</i>	(Meclofenamate Sodium)	1	GC	
<i>mefenamic acid</i>	(Ponstel)	1	GC	
<i>meloxicam</i>	(Mobic)	1	GC	
<i>methyl salicylate</i>	(Methyl Salicylate)	1	GC	
<i>nabumetone</i>	(Relafen)	1	GC	
<i>naproxen sodium</i>	(Anaprox)	1	GC	
<i>naproxen</i>	(Naprosyn)	1	GC	
<i>oxaprozin</i>	(Daypro)	1	GC	
<i>phenylbutazone</i>	(Phenylbutazone)	1	GC	
<i>piroxicam</i>	(Feldene)	1	GC	
<i>salsalate</i>	(Salflex)	1	GC	
<i>sulindac</i>	(Clinoril)	1	GC	
<i>tolmetin sodium</i>	(Tolmetin Sodium)	1	GC	
VIMOVO		2	ST	
VOLTAREN		2	ST	gel (gram)
Opiate Agonists				
<i>acetaminophen with codeine</i>	(Tylenol-codeine No.3)	1	GC	tablet: 300mg- 15mg, 300mg- 30mg, 300mg-60mg
<i>acetaminophen with codeine</i>	(Tylenol-codeine No.3)	1	GC	tablet: 650mg- 30mg, 650mg-60mg
ASTRAMORPH-PF		1	GC	

Drug Name		Drug Tier	Requirements/Limits	
<i>codeine phos/acetaminophen</i>	(Codeine Phos/acetaminophen)	1	GC	
<i>codeine phosphate</i>	(Codeine Phosphate)	1	GC	
<i>codeine sulf</i>	(Codeine Sulf)	1	GC	
<i>codeine/butalbit/acetamin/caff</i>	(Fioricet with Codeine)	1	GC	
<i>codeine/butalbital/asa/caffeine</i>	(Fiorinal with Codeine #3)	1	GC	
<i>dhcodeine bt/acetaminophn/caff</i>	(Dhcodeine Bt/acetaminophn/caff)	1	GC	capsule
<i>dhcodeine bt/acetaminophn/caff</i>	(Panlor SS)	1	GC	tablet
<i>fentanyl citrate</i>	(Actiq)	2	PA, QL: 120 in 30 days	
<i>fentanyl</i>	(Duragesic)	1	GC, PA, QL: 10 in 30 days	patch td72: 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr
<i>fentanyl</i>	(Duragesic)	1	GC, PA, QL: 20 in 30 days	patch td72: 100mcg/hr
<i>hydrocodone bit/acetaminophen</i>	(Vicodin)	1	GC	capsule, solution: 7.5-325/15, 7.5-500/15; tablet
<i>hydrocodone bit/acetaminophen</i>	(Zamiset)	1	GC	solution: 10-300/15, 10-325/cup
<i>hydrocodone/ibuprofen</i>	(Vicoprofen)	1	GC	
<i>hydromorphone hcl</i>	(Dilaudid)	1	GC	tablet
<i>hydromorphone hcl</i>	(Dilaudid)	1	GC	vial
<i>hydromorphone hcl/pf</i>	(Dilaudid)	1	GC	ampul: 10mg/ml
<i>hydromorphone hcl/pf</i>	(Hydromorphone HCl/PF)	1	GC	ampul: 4mg/ml; disp syrin
<i>ibuprofen/oxycodone hcl</i>	(Combunox)	1	GC	
KADIAN		2	ST, QL: 120 in 30 days	cap er pel: 200mg
KADIAN		2	ST, QL: 60 in 30 days	cap er pel: 10mg
<i>levorphanol tartrate</i>	(Levo-dromoran)	1	GC	
<i>meperidine hcl</i>	(Demerol)	1	GC	

Drug Name		Drug Tier	Requirements/Limits	
<i>meperidine hcl/pf</i>	(Meperidine HCl/PF)	1	GC	vial: 25mg/ml, 50mg/ml, 100mg/ml
<i>meperidine hcl/pf</i>	(Meperidine HCl/PF)	1	GC	vial: 75mg/ml
<i>methadone hcl</i>	(Methadose)	1	GC	oral conc, solution, tablet, vial
<i>methadone hcl</i>	(Methadose)	1	GC	tablet sol
<i>morphine sulfate in 0.9 % nacl</i>	(Morphine Sulfate In 0.9 % NaCl)	1	GC	
<i>morphine sulfate</i>	(Kadian)	1	GC, ST, QL: 60 in 30 days	cap er pel: 20mg, 30mg, 50mg, 60mg, 80mg
<i>morphine sulfate</i>	(Kadian)	2	ST, QL: 60 in 30 days	cap er pel: 100mg
<i>morphine sulfate</i>	(Morphine Sulfate)	1	GC	ampul, disp syrin, pen injctr, supp.rect, vial
<i>morphine sulfate</i>	(MS Contin)	1	GC	solution, tablet, tablet er
<i>morphine sulfate/0.9% nacl/pf</i>	(Morphine Sulfate/0.9% Nacl/PF)	1	GC	
<i>morphine sulfate/d5w</i>	(Morphine Sulfate/D5W)	1	GC	
<i>morphine sulfate/pf</i>	(Morphine Sulfate/PF)	1	GC	pca vial, vial: 0.5mg/ml, 1mg/ml
<i>morphine sulfate/pf</i>	(Morphine Sulfate/PF)	1	GC	vial: 25mg/ml
NUCYNTA ER		2	QL: 60 in 30 days	
NUCYNTA		2	QL: 181 in 30 days	
<i>opium/belladonna alkaloids</i>	(B & O Suppettes No.15-a)	1	GC	
<i>oxycodone hcl</i>	(Oxycodone HCl)	1	GC, QL: 124 in 31 days	tab er 12h: 80mg
<i>oxycodone hcl</i>	(Oxycodone HCl)	1	GC, QL: 93 in 31 days	tab er 12h: 10mg, 20mg, 40mg
<i>oxycodone hcl</i>	(Roxicodone)	1	GC	capsule, oral conc, tablet: 5mg, 15mg, 30mg

Drug Name		Drug Tier	Requirements/Limits	
<i>oxycodone hcl</i>	(Roxicodone)	1	GC	solution, tablet: 10mg, 20mg
<i>oxycodone hcl/ acetaminophen</i>	(Percocet)	1	GC	
<i>oxycodone hcl/aspirin</i>	(Percodan)	1	GC	
<i>oxycodone hcl/oxycodon ter/asa</i>	(Oxycodone HCl/oxycodon Ter/ asa)	1	GC	
OXYCONTIN		2	QL: 120 in 30 days	tab er 12h: 60mg, 80mg
OXYCONTIN		2	QL: 60 in 30 days	tab er 12h: 10mg, 15mg, 20mg, 30mg, 40mg
<i>oxymorphone hcl</i>	(Opana)	1	GC	
<i>tramadol hcl</i>	(Ultram)	1	GC	tab er 24h, tablet
<i>tramadol hcl/ acetaminophen</i>	(Ultracet)	1	GC	
Opiate Partial Agonists				
BUPRENEX		2		
<i>buprenorphine hcl</i>	(Subutex)	1	GC	
<i>butorphanol tartrate</i>	(Butorphanol Tartrate)	1	GC, QL: 5 in 28 days	spray
<i>butorphanol tartrate</i>	(Butorphanol Tartrate)	1	GC	disp syrin
<i>nalbuphine hcl</i>	(Nubain)	1	GC	
<i>pentazocine hcl/ acetaminophen</i>	(Talacen)	1	GC	
<i>pentazocine hcl/naloxone hcl</i>	(Talwin NX)	1	GC	
SUBOXONE		2		
Androgens				
Androgens				
ANADROL-50		2		
ANDRODERM		2	QL: 30 in 30 days	patch td24: 2mg/ 24hr, 4mg/24hr
ANDRODERM		2	QL: 30 in 30 days	patch td24: 5mg/ 24hr
ANDRODERM		2	QL: 60 in 30 days	patch td24: 2.5mg/ 24hr

Drug Name	Drug Tier	Requirements/Limits	
ANDROGEL	2	QL: 300 in 30 days	
AXIRON	2	QL: 180 in 28 days	
<i>danazol</i> (Danocrine)	1	GC	
<i>fluoxymesterone</i> (Fluoxymesterone)	1	GC	
<i>oxandrolone</i> (Oxandrin)	1	GC	
<i>testosterone cypionate</i> (Depo-testosterone)	1	GC, PA	
<i>testosterone enanthate</i> (Delatestryl)	1	GC, PA, QL: 5 in 28 days	
<i>testosterone</i> (Tesamone-100)	1	GC, PA, QL: 40 in 28 days	
Anorexigenics, Respiratory, Cerebral Stimulants			
Amphetamines			
<i>amphet asp/amphet/d-amphet</i> (Adderall XR)	1	GC, PA, QL: 30 in 30 days	cap er 24h
<i>amphet asp/amphet/d-amphet</i> (Adderall)	1	GC, PA, QL: 60 in 30 days	tablet
<i>dextroamphetamine sulfate</i> (Dexedrine)	1	GC, PA, QL: 120 in 30 days	capsule er
<i>dextroamphetamine sulfate</i> (Dextrostat)	1	GC, PA, QL: 180 in 30 days	tablet
<i>methamphetamine hcl</i> (Desoxyn)	1	GC, QL: 150 in 30 days	
Anorexigenics, Respiratory, Cerebral Stimulants, Miscellaneous			
<i>caffeine citrated</i> (Cafcit)	1	GC	
<i>caffeine/sodium benzoate</i> (Caffeine/sodium Benzoate)	1	GC	
CONCERTA	2	PA, QL: 31 in 31 days	

Drug Name	Drug Tier	Requirements/Limits	
<i>dexmethylphenidate hcl</i> (Focalin)	1	GC, PA, QL: 60 in 30 days	
<i>methylphenidate hcl</i> (Concerta)	1	GC, PA, QL: 31 in 31 days	tab er 24
<i>methylphenidate hcl</i> (Methylin)	1	GC, PA, QL: 900 in 30 days	solution
<i>methylphenidate hcl</i> (Ritalin LA)	1	GC, PA, QL: 30 in 30 days	cpmp 50-50: 20mg, 40mg
<i>methylphenidate hcl</i> (Ritalin LA)	1	GC, PA, QL: 60 in 30 days	cpmp 50-50: 30mg
<i>methylphenidate hcl</i> (Ritalin)	1	GC, PA, QL: 90 in 30 days	tablet, tablet er
PROVIGIL	2	PA, QL: 62 in 31 days	
Anthelmintics			
Anthelmintics			
ALBENZA	2		
BILTRICIDE	2		
<i>mebendazole</i> (Mebendazole)	1	GC	
STROMECTOL	2		
Antiallergic Agents			
Antiallergic Agents			
ALAMAST	2	ST	
ASTEPRO	2	QL: 30 in 25 days	
<i>azelastine hcl</i> (Astelin)	1	GC, QL: 30 in 25 days	spray/pump
<i>azelastine hcl</i> (Optivar)	1	GC	drops
<i>epinastine hcl</i> (Elestat)	1	GC	
PATADAY	2	ST	
PATANOL	2	ST	

Drug Name		Drug Tier	Requirements/Limits	
Antibacterials				
Aminoglycosides				
<i>amikacin sulfate</i>	(Amikacin Sulfate)	1	GC	
<i>gentamicin in nacl, iso-osm</i>	(Gentamicin In Nacl, Iso-osm)	1	GC	piggyback: 100mg/50ml
<i>gentamicin in nacl, iso-osm</i>	(Gentamicin In Nacl, Iso-osm)	1	GC	piggyback: 60mg/100ml, 70mg/50ml, 80mg/100ml, 80mg/50ml, 90mg/100ml, 100mg/0.1l, 120mg/0.1l
<i>gentamicin sulfate</i>	(Garamycin)	1	GC	
<i>gentamicin sulfate/pf</i>	(Gentamicin Sulfate/PF)	1	GC	
<i>kanamycin sulfate</i>	(Kanamycin Sulfate)	1	GC	vial: 1g/3ml
<i>kanamycin sulfate</i>	(Kanamycin Sulfate)	1	GC	vial: 500mg/2ml
<i>neomycin sulfate</i>	(Neomycin Sulfate)	1	GC	solution
<i>neomycin sulfate</i>	(Neomycin Sulfate)	1	GC	tablet
<i>streptomycin sulfate</i>	(Streptomycin Sulfate)	1	GC	
TOBI		2	PA	
<i>tobramycin sulfate</i>	(Nebcin)	1	GC	
<i>tobramycin/sodium chloride</i>	(Tobramycin/sodium Chloride)	1	GC	
Antibacterials, Miscellaneous				
<i>bacitracin</i>	(Bacitracin)	1	GC	
<i>chloramphenicol na succ</i>	(Chloramphenicol Na Succ)	1	GC	
<i>clindamycin hcl</i>	(Cleocin HCl)	1	GC	capsule: 150mg, 300mg
<i>clindamycin hcl</i>	(Cleocin HCl)	1	GC	capsule: 75mg
<i>clindamycin palmitate hcl</i>	(Cleocin Palmitate)	1	GC	
<i>clindamycin phosphate</i>	(Cleocin Phosphate)	1	GC	
<i>colistin (colistimethate na)</i>	(Coly-mycin M Parenteral)	1	GC	
CUBICIN		2	PA	(PA for ESRD only)
<i>polymyxin b sulfate</i>	(Polymyxin B Sulfate)	1	GC	
SYNERCID		2		
VANCOGIN HCL		2		
<i>vancomycin hcl</i>	(Vancomycin HCl)	1	GC, PA	(PA for ESRD only)
<i>vancomycin hcl/d5w</i>	(Vancomycin HCl/D5W)	1	GC	
VANCOMYCIN HCL		2		
VIBATIV		2		

Drug Name	Drug Tier	Requirements/Limits	
XIFAXAN	2	PA, QL: 60 in 30 days	tablet: 550mg
XIFAXAN	2	PA, QL: 9 in 30 days	tablet: 200mg
ZYVOX	2		
Cephalosporins			
<i>cefaclor</i> (Ceclor)	1	GC	capsule, tab er 12h
<i>cefaclor</i> (Ceclor)	1	GC	susp recon
<i>cefadroxil hydrate</i> (Cefadroxil Hydrate)	1	GC	
<i>cefazolin sodium</i> (Ancef)	1	GC	
<i>cefazolin sodium/dextrose, iso</i> (Cefazolin Sodium/dextrose, Iso)	1	GC	
<i>cefdinir</i> (Omnicef)	1	GC	
<i>cefditoren pivoxil</i> (Spectracef)	1	GC	
<i>cefepime hcl</i> (Maxipime)	1	GC	
CEFEPIME	2		
CEFEPIME-DEXTROSE	2		
<i>cefotaxime sodium</i> (Claforan)	1	GC	
<i>cefpodoxime proxetil</i> (Vantin)	1	GC	
<i>cefprozil</i> (Cefzil)	1	GC	
<i>ceftazidime pentahydrate</i> (Fortaz)	1	GC	vial port: 1g
<i>ceftazidime pentahydrate</i> (Fortaz)	1	GC	vial, vial port: 2g
CEFTAZIDIME	1	GC	
<i>ceftriaxone na/dextrose, iso</i> (Ceftriaxone Na/dextrose, Iso)	1	GC	
<i>ceftriaxone sodium</i> (Rocephin)	1	GC	
CEFTRIAZONE	1	GC	
<i>cefuroxime axetil</i> (Ceftin)	1	GC	
<i>cefuroxime sodium</i> (Zinacef)	1	GC	
<i>cefuroxime sodium/dextrose, iso</i> (Cefuroxime Sodium/dextrose, Iso)	1	GC	
<i>cephalexin</i> (Keflex)	1	GC	
FORTAZ IN ISO-OSMOTIC DEXTROSE	2		
SUPRAX	2		tablet
TAZICEF IN DEXTROSE	2		
Macrolides			
<i>azithromycin hydrogen citrate</i> (Azithromycin Hydrogen Citrate)	1	GC	

Drug Name		Drug Tier	Requirements/Limits	
<i>azithromycin</i>	(Zithromax)	1	GC	packet
<i>azithromycin</i>	(Zithromax)	1	GC	susp recon, tablet, vial
<i>clarithromycin</i>	(Biaxin)	1	GC	
DIFICID		2	QL: 20 in 10 days	
<i>ery e-succ/sulfisoxazole</i>	(Pediazole)	1	GC	
ERY-TAB		1	GC	
ERYTHROCIN LACTOBIONATE		2		vial
ERYTHROCIN LACTOBIONATE		2		vial port
<i>erythromycin base</i>	(Eryc)	1	GC	capsule dr
<i>erythromycin base</i>	(Erythromycin Base)	1	GC	tablet, tablet dr
<i>erythromycin ethylsuccinate</i>	(Erythromycin Ethylsuccinate)	1	GC	oral susp: 200mg/5ml
<i>erythromycin ethylsuccinate</i>	(Erythromycin Ethylsuccinate)	1	GC	tablet
<i>erythromycin stearate</i>	(Erythromycin Stearate)	1	GC	tablet: 250mg
<i>erythromycin stearate</i>	(Erythromycin Stearate)	1	GC	tablet: 500mg
KETEK PAK		2	ST	
KETEK		2	ST	
ZMAX		2		
Miscellaneous B-lactam Antibiotics				
<i>aztreonam</i>	(Azactam)	1	GC	
CAYSTON		2	LA	
<i>cefotetan disod/dextrose,iso</i>	(Cefotetan Disod/dextrose, Iso)	1	GC	
<i>cefotetan disodium</i>	(Cefotetan Disodium)	1	GC	
<i>cefoxitin sodium</i>	(Mefoxin)	1	GC	
<i>cefoxitin sodium/dextrose,iso</i>	(Cefoxitin Sodium/dextrose, Iso)	1	GC	
DORIBAX		2		
<i>imipenem/cilastatin sodium</i>	(Primaxin)	1	GC	
INVANZ		2		vial
INVANZ		2		vial port
<i>meropenem</i>	(Merrem)	1	GC	
PRIMAXIN I.M.		2		
PRIMAXIN		2		

Drug Name		Drug Tier	Requirements/Limits	
Penicillins				
<i>amoxicillin</i>	(Amoxil)	1	GC	capsule, susp recon, tab chew: 125mg, 200mg, 250mg; tablet
<i>amoxicillin</i>	(Amoxil)	1	GC	tab chew: 400mg
<i>amoxicillin/potassium clav</i>	(Augmentin)	1	GC	
<i>ampicillin sodium</i>	(Totacillin-N)	1	GC	vial port: 2g
<i>ampicillin sodium</i>	(Totacillin-N)	1	GC	vial, vial port: 1g
<i>ampicillin sodium/sulbactam na</i>	(Unasyn)	1	GC	vial
<i>ampicillin sodium/sulbactam na</i>	(Unasyn)	1	GC	vial port
<i>ampicillin trihydrate</i>	(Ampicillin Trihydrate)	1	GC	
BICILLIN C-R		2		
BICILLIN L-A		2		
<i>dicloxacillin sodium</i>	(Dicloxacillin Sodium)	1	GC	
<i>nafcillin sodium</i>	(Unipen)	1	GC	vial
<i>nafcillin sodium</i>	(Unipen)	1	GC	vial port
<i>oxacillin sodium</i>	(Oxacillin Sodium)	1	GC	
<i>oxacillin sodium/dextrose,iso</i>	(Oxacillin Sodium/dextrose, Iso)	1	GC	
<i>pen g pot/dextrose-water</i>	(Pen G Pot/dextrose-water)	1	GC	froz.piggy: 1mm/50ml
<i>pen g pot/dextrose-water</i>	(Pen G Pot/dextrose-water)	1	GC	froz.piggy: 2mm/50ml, 3mm/50ml
<i>penicillin g potassium</i>	(Penicillin G Potassium)	1	GC	vial: 20mmunit
<i>penicillin g potassium</i>	(Penicillin G Potassium)	1	GC	vial: 5mmunit
<i>penicillin g potassium/d5w</i>	(Penicillin G Potassium/D5W)	1	GC	
<i>penicillin g procaine</i>	(Penicillin G Procaine)	1	GC	disp syrin: 1.2mm/2ml
<i>penicillin g procaine</i>	(Penicillin G Procaine)	1	GC	disp syrin: 600000/ml
PENICILLIN G SODIUM		1	GC	
<i>penicillin v potassium</i>	(Veetids 500)	1	GC	
<i>piperacillin sodium</i>	(Piperacillin Sodium)	1	GC	
<i>piperacillin sodium/tazobactam</i>	(Zosyn)	1	GC	
ZOSYN		2		froz.piggy
Quinolones				
AVELOX ABC PACK		2		

Drug Name	Drug Tier	Requirements/Limits	
AVELOX IV	2		
AVELOX	2		
<i>ciprofloxacin hcl</i> (Cipro)	1	GC	
<i>ciprofloxacin lactate</i> (Cipro I.V.)	1	GC	
<i>ciprofloxacin lactate/d5w</i> (Cipro I.V.)	1	GC	
<i>ciprofloxacin/ciprofloxacin hcl</i> (Cipro XR)	1	GC	
<i>levofloxacin</i> (Levaquin)	1	GC	
<i>levofloxacin/dextrose 5%-water</i> (Levaquin)	1	GC	
<i>nalidixic acid</i> (Nalidixic Acid)	1	GC	
<i>ofloxacin</i> (Floxin)	1	GC	
Sulfonamides (Systemic)			
<i>sulfadiazine</i> (Sulfadiazine)	1	GC	
<i>sulfamethoxazole/trimethoprim</i> (Bactrim DS)	1	GC	
<i>sulfasalazine</i> (Azulfidine)	1	GC	
Tetracyclines			
<i>demeclocycline hcl</i> (Declomycin)	1	GC	
<i>doxycycline hyclate</i> (Morgidox)	1	GC	
<i>doxycycline monohydrate</i> (Adoxa)	1	GC	capsule: 150mg
<i>doxycycline monohydrate</i> (Adoxa)	1	GC	capsule: 75mg; tablet
MINOCIN	2		vial
<i>minocycline hcl</i> (Dynacin)	1	GC	
<i>tetracycline hcl</i> (Ala-tet)	1	GC	capsule
<i>tetracycline hcl</i> (Tetracycline HCl)	1	GC	oral susp
TYGACIL	2		
VIBRAMYCIN	2		syrup
Anticholinergic Agents			
Antimuscarinics/Antispasmodics			
<i>atropine sulfate</i> (Atropine Sulfate)	1	GC	ampul, tablet, vial
<i>atropine sulfate</i> (Atropine Sulfate)	1	GC	disp syrin
ATROVENT HFA	2	QL: 25.8 in 28 days	
CANTIL	2		
<i>dicyclomine hcl</i> (Bentyl)	1	GC	
<i>glycopyrrolate</i> (Robinul)	1	GC	
<i>hyoscyamine sulfate</i> (Levsin-sl)	1	GC	

Drug Name		Drug Tier	Requirements/Limits	
<i>isopropamide/ prochlorperazine</i>	(Isopropamide/prochlorperazine)	1	GC	
<i>methscopolamine bromide</i>	(Pamine)	1	GC	
<i>propantheline bromide</i>	(Propantheline Bromide)	1	GC	
<i>propantheline/ phenobarbital</i>	(Propantheline/phenobarbital)	1	GC	
<i>scopolamine hydrobromide</i>	(Scopolamine Hydrobromide)	1	GC	
SPIRIVA		2	QL: 30 in 30 days	
Anticonvulsants				
Anticonvulsants, Miscellaneous				
BANZEL		2	ST	
<i>carbamazepine</i>	(Tegretol)	1	GC	
<i>divalproex sodium</i>	(Depakote ER)	1	GC	
<i>felbamate</i>	(Felbatol)	1	GC	
FELBATOL		2		oral susp
<i>gabapentin</i>	(Neurontin)	1	GC	
GABITRIL		2		
<i>lamotrigine</i>	(Lamictal)	1	GC	tablet, tb chw dsp
<i>lamotrigine</i>	(Lamotrigine)	1	GC	tab ds pk
<i>levetiracetam in nacl (iso-os)</i>	(Levetiracetam In Nacl (iso-os))	1	GC	
<i>levetiracetam</i>	(Keppra)	1	GC	
LYRICA		2	QL: 93 in 31 days	
<i>magnesium chloride</i>	(Magnesium Chloride)	1	GC	
<i>magnesium sulfate</i>	(Magnesium Sulfate)	1	GC	disp syrin, infus. btl, piggyback
<i>magnesium sulfate</i>	(Magnesium Sulfate)	1	GC	vial
<i>magnesium sulfate/d5w</i>	(Magnesium Sulfate/D5W)	1	GC	piggyback
<i>magnesium sulfate/d5w</i>	(Magnesium Sulfate/D5W)	1	GC	plast. bag
<i>oxcarbazepine</i>	(Trileptal)	1	GC	
<i>primidone</i>	(Mysoline)	1	GC	
SABRIL		2		
TEGRETOL XR		2		tab er 12h: 100mg
<i>topiramate</i>	(Topamax)	1	GC	
<i>valproate sodium</i>	(Depakene)	1	GC	
<i>valproic acid</i>	(Depakene)	1	GC	

Drug Name	Drug Tier	Requirements/Limits	
VIMPAT	2	ST, QL: 1200 in 30 days	solution
VIMPAT	2	ST, QL: 200 in 5 days	vial
VIMPAT	2	ST, QL: 60 in 30 days	tablet
<i>zonisamide</i> (Zonegran)	1	GC	
Hydantoins			
DILANTIN	2		capsule: 30mg
DILANTIN	2		tab chew
<i>fosphenytoin sodium</i> (Cerebyx)	1	GC	
PEGANONE	2		
PHENYTEK	2		
<i>phenytoin sodium extended</i> (Dilantin)	1	GC	
<i>phenytoin sodium</i> (Phenytoin Sodium)	1	GC	disp syrin
<i>phenytoin sodium</i> (Phenytoin Sodium)	1	GC	vial
<i>phenytoin</i> (Dilantin-125)	1	GC	
Succinimides			
CELONTIN	2		
<i>ethosuximide</i> (Zarontin)	1	GC	
Antidiabetic Agents			
Antidiabetic Agents, Miscellaneous			
<i>acarbose</i> (Precose)	1	GC, QL: 90 in 30 days	
BYETTA	2	PA, QL: 1.2 in 28 days	pen injctr: 5mcg/ 0.02
BYETTA	2	PA, QL: 2.4 in 28 days	pen injctr: 10mcg/ 0.04
GLYSET	2	QL: 90 in 30 days	
JANUMET XR	2	ST, QL: 30 in 30 days	tbmp 24hr: 50mg- 500mg, 100- 1000mg

Drug Name	Drug Tier	Requirements/Limits	
JANUMET XR	2	ST, QL: 60 in 30 days	tbmp 24hr: 50- 1000mg
JANUMET	2	ST, QL: 60 in 30 days	
JANUVIA	2	ST, QL: 30 in 30 days	
JENTADUETO	2	ST, QL: 60 in 30 days	
JUVISYNC	2	ST, QL: 30 in 30 days	
KOMBIGLYZE XR	2	ST, QL: 30 in 30 days	
<i>metformin hcl</i> (Glucophage)	1	GC, QL: 120 in 30 days	tab er 24h: 500mg; tablet: 500mg
<i>metformin hcl</i> (Glucophage)	1	GC, QL: 60 in 30 days	tablet: 1000mg
<i>metformin hcl</i> (Glucophage)	1	GC, QL: 90 in 30 days	tab er 24h: 750mg; tablet: 850mg
<i>metformin hcl</i> (Metformin HCl)	1	GC, QL: 60 in 30 days	tab er 24
<i>nateglinide</i> (Starlix)	1	GC, QL: 90 in 30 days	
ONGLYZA	2	ST, QL: 30 in 30 days	
PRANDIMET	2	ST, QL: 150 in 30 days	

Drug Name	Drug Tier	Requirements/Limits	
PRANDIN	2	ST, QL: 240 in 30 days	
SYMLIN	2	PA, QL: 20 in 28 days	
SYMLINPEN 120	2	PA, QL: 5.4 in 28 days	
SYMLINPEN 60	2	PA, QL: 3 in 28 days	
TRADJENTA	2	ST, QL: 30 in 30 days	
VICTOZA 3-PAK	2	PA, QL: 9 in 28 days	
Insulins			
HUMALOG MIX 50-50	2	QL: 30 in 28 days	insuln pen
HUMALOG MIX 50-50	2	QL: 40 in 28 days	vial
HUMALOG MIX 75-25	2	QL: 30 in 28 days	insuln pen
HUMALOG MIX 75-25	2	QL: 40 in 28 days	vial
HUMALOG	2	QL: 30 in 28 days	insuln pen
HUMALOG	2	QL: 40 in 28 days	vial
HUMULIN 50-50	2	QL: 40 in 28 days	
HUMULIN 70-30	2	QL: 30 in 28 days	insuln pen
HUMULIN 70-30	2	QL: 40 in 28 days	vial
HUMULIN N	2	QL: 30 in 28 days	insuln pen
HUMULIN N	2	QL: 40 in 28 days	vial

Drug Name	Drug Tier	Requirements/Limits	
HUMULIN R	2	QL: 40 in 28 days	
LANTUS SOLOSTAR	2	QL: 30 in 28 days	
LANTUS	2	QL: 40 in 28 days	
LEVEMIR	2	ST, QL: 30 in 28 days	insuln pen
LEVEMIR	2	ST, QL: 40 in 28 days	vial
NOVOLIN 70-30 INNOLET	2	QL: 30 in 28 days	
NOVOLIN 70-30	2	QL: 40 in 28 days	
NOVOLIN N INNOLET	2	QL: 30 in 28 days	
NOVOLIN N	2	QL: 40 in 28 days	
NOVOLIN R	2	QL: 30 in 28 days	insuln pen
NOVOLIN R	2	QL: 40 in 28 days	vial
NOVOLOG MIX 70-30	2	QL: 30 in 28 days	insuln pen
NOVOLOG MIX 70-30	2	QL: 40 in 28 days	vial
NOVOLOG	2	QL: 30 in 28 days	insuln pen
NOVOLOG	2	QL: 40 in 28 days	vial
Sulfonylureas			
<i>chlorpropamide</i> (Diabinese)	1	GC, QL: 225 in 30 days	tablet: 100mg
<i>chlorpropamide</i> (Diabinese)	1	GC, QL: 90 in 30 days	tablet: 250mg

Drug Name		Drug Tier	Requirements/Limits	
<i>glimepiride</i>	(Amaryl)	1	GC, QL: 30 in 30 days	tablet: 1mg, 2mg
<i>glimepiride</i>	(Amaryl)	1	GC, QL: 60 in 30 days	tablet: 4mg
<i>glipizide</i>	(Glucotrol XL)	1	GC, QL: 30 in 30 days	tab er 24: 2.5mg, 5mg
<i>glipizide</i>	(Glucotrol)	1	GC, QL: 120 in 30 days	tablet: 10mg
<i>glipizide</i>	(Glucotrol)	1	GC, QL: 60 in 30 days	tab er 24: 10mg; tablet: 5mg
<i>glipizide/metformin hcl</i>	(Metaglip)	1	GC, QL: 120 in 30 days	tablet: 2.5-500mg, 5mg-500mg
<i>glipizide/metformin hcl</i>	(Metaglip)	1	GC, QL: 60 in 30 days	tablet: 2.5-250mg
<i>glyburide</i>	(Micronase)	1	GC, QL: 120 in 30 days	tablet: 5mg
<i>glyburide</i>	(Micronase)	1	GC, QL: 30 in 30 days	tablet: 1.25mg, 2.5mg
<i>glyburide,micronized</i>	(Glynase)	1	GC, QL: 30 in 30 days	tablet: 1.5mg, 3mg
<i>glyburide,micronized</i>	(Glynase)	1	GC, QL: 60 in 30 days	tablet: 6mg
<i>glyburide/metformin hcl</i>	(Glucovance)	1	GC, QL: 120 in 30 days	tablet: 2.5-500mg, 5mg-500mg
<i>glyburide/metformin hcl</i>	(Glucovance)	1	GC, QL: 60 in 30 days	tablet: 1.25-250mg

Drug Name		Drug Tier	Requirements/Limits	
<i>tolazamide</i>	(Tolazamide)	1	GC, QL: 120 in 30 days	tablet: 250mg
<i>tolazamide</i>	(Tolazamide)	1	GC, QL: 60 in 30 days	tablet: 500mg
<i>tolbutamide</i>	(Tolbutamide)	1	GC, QL: 180 in 30 days	
Thiazolidinediones				
ACTOPLUS MET XR		2	ST, QL: 60 in 30 days	
ACTOPLUS MET		2	ST, QL: 90 in 30 days	
ACTOS		2	ST, QL: 30 in 30 days	
AVANDAMET		2	ST, QL: 60 in 30 days	
AVANDARYL		2	ST, QL: 30 in 30 days	
AVANDIA		2	ST, QL: 30 in 30 days	
DUETACT		2	ST, QL: 30 in 30 days	
Antidiarrhea Agents				
Antidiarrhea Agents				
<i>diphenoxylate hcl/atropine</i>	(Lomotil)	1	GC	
<i>loperamide hcl</i>	(Loperamide HCl)	1	GC	
<i>opium</i>	(Opium)	1	GC	
<i>paregoric</i>	(Paregoric)	1	GC	
Antiemetics				
5-ht3 Receptor Antagonists				
<i>granisetron hcl</i>	(Kytril)	1	GC, PA	solution, tablet
<i>granisetron hcl</i>	(Kytril)	1	GC	vial

Drug Name		Drug Tier	Requirements/Limits	
<i>granisetron hcl/pf</i>	(Kytril)	1	GC	
<i>ondansetron hcl</i>	(Zofran)	1	GC, PA	solution, tablet
<i>ondansetron hcl</i>	(Zofran)	1	GC	vial
<i>ondansetron in 0.9 % nacl/pf</i>	(Ondansetron In 0.9 % Nacl/PF)	1	GC	
<i>ondansetron</i>	(Zofran Odt)	1	GC, PA	
Antiemetics, Miscellaneous				
CESAMET		2		
<i>dronabinol</i>	(Marinol)	1	GC	
EMEND		2	PA, QL: 1 per fill	capsule: 40mg, 125mg
EMEND		2	PA, QL: 2 per fill	capsule: 80mg
EMEND		2	PA, QL: 3 per fill	cap ds pk
EMEND		2	QL: 2 in 28 days	vial
<i>scopolamine hydrobromide</i>	(Scopolamine Hydrobromide)	1	GC	
Antihistamines (GI Drugs)				
ANTIVERT		2		tablet: 50mg
<i>dimenhydrinate</i>	(Dimenhydrinate)	1	GC	
<i>meclizine hcl</i>	(Antivert)	1	GC	
<i>prochlorperazine edisylate</i>	(Compazine)	1	GC	
<i>prochlorperazine maleate</i>	(Compazine)	1	GC	
<i>trimethobenzamide hcl</i>	(Tigan)	1	GC	
Antifungal (Systemic)				
Antifungals, Miscellaneous				
ABELCET		2	PA	
AMBISOME		2	PA	
AMPHOTEC		2	PA	
<i>amphotericin b</i>	(Amphotericin B)	1	GC, PA	
<i>flucytosine</i>	(Ancobon)	2		
<i>griseofulvin,microsize</i>	(Grifulvin V)	1	GC	
GRIS-PEG		2		
<i>nystatin</i>	(Nystatin)	1	GC	oral susp, tablet
<i>nystatin</i>	(Nystatin)	1	GC	powder
<i>terbinafine hcl</i>	(Lamisil)	1	GC	
<i>triacetin</i>	(Triacetin)	1	GC	

Drug Name		Drug Tier	Requirements/Limits
Azoles			
<i>fluconazole in nacl, iso-osm</i>	(Diflucan in Saline)	1	GC
<i>fluconazole</i>	(Diflucan)	1	GC
<i>itraconazole</i>	(Sporanox)	1	GC
<i>ketoconazole</i>	(Nizoral)	1	GC
NOXAFIL		2	
SPORANOX		2	solution
VFEND IV		2	
VFEND		2	susp recon
<i>voriconazole</i>	(Vfend)	2	
Echinocandins			
CANCIDAS		2	
ERAXIS (WATER DILUENT)		2	
Antiglaucoma Agents			
Antiglaucoma Agents			
<i>acetazolamide sodium</i>	(Acetazolamide Sodium)	1	GC
<i>acetazolamide</i>	(Acetazolamide)	1	GC
ALPHAGAN P		2	drops: 0.1%
AZOPT		2	
<i>betaxolol hcl</i>	(Betaxolol HCl)	1	GC
BETIMOL		2	ST
<i>brimonidine tartrate</i>	(Alphagan P)	1	GC
COMBIGAN		2	
<i>dorzolamide hcl</i>	(Trusopt)	1	GC
<i>dorzolamide hcl/timolol maleat</i>	(Cosopt)	1	GC
ISOPTO CARPINE		2	drops: 8%
ISTALOL		2	
<i>latanoprost</i>	(Xalatan)	1	GC
<i>levobunolol hcl</i>	(Betagan)	1	GC
LUMIGAN		2	QL: 2.5 in 25 days
<i>methazolamide</i>	(Neptazane)	1	GC
<i>metipranolol</i>	(Optipranolol)	1	GC
PHOSPHOLINE IODIDE		2	
<i>pilocarpine hcl</i>	(Isopto Carpine)	1	GC
PILOPINE HS		2	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate</i> (Timoptic)	1	GC
TRAVATAN Z	2	QL: 2.5 in 25 days
Anti-infectives (EENT)		
Anti-infectives (EENT)		
<i>acetic acid</i> (Vosol)	1	GC
<i>acetic acid/aluminum acetate</i> (Domeboro)	1	GC
<i>acetic acid/hydrocortisone</i> (Vosol HC)	1	GC
<i>bacitracin</i> (Bacitracin)	1	GC
<i>bacitracin/polymyxin b sulfate</i> (Polycin-b)	1	GC
BLEPHAMIDE S.O.P.	2	
BLEPHAMIDE	2	
<i>chlorhexidine gluconate</i> (Peridex)	1	GC
CIPRO HC	2	
CIPRODEX	2	
<i>ciprofloxacin hcl</i> (Ciloxan)	1	GC
COLY-MYCIN S	2	
CORTISPORIN-TC	2	
<i>cresyl ace/ben alc/butanol/ipa</i> (Cresyl Ace/ben Alc/butanol/ipa)	1	GC
<i>doxycycline hyclate</i> (Periostat)	1	GC
<i>erythromycin base</i> (Ilotycin)	1	GC
<i>gentamicin sulfate</i> (Garamycin)	1	GC
<i>levofloxacin</i> (Quixin)	1	GC
MOXEZA	2	
NATACYN	2	
<i>neo/polymyx b sulf/dexameth</i> (Maxitrol)	1	GC
<i>neomy sulf/bacitra/polymyxin b</i> (Neo-polycin)	1	GC
<i>neomy sulf/bacitrac zn/poly/hc</i> (Triple Antibiotic HC)	1	GC
<i>neomycin sulfate/dex na ph</i> (Neomycin Sulfate/dex Na Ph)	1	GC
<i>neomycin/polymyxin b sulf/hc</i> (Oticin HC)	1	GC

Drug Name		Drug Tier	Requirements/Limits	
<i>neomycin/polymyxn b/gramicidin</i>	(Neosporin)	1	GC	
<i>ofloxacin</i>	(Ocuflox)	1	GC	
<i>polymyxin b sulfate/tmp</i>	(Polytrim)	1	GC	
POLY-PRED		2		
<i>sulfacetamide sodium</i>	(Sulfac)	1	GC	drops
<i>sulfacetamide sodium</i>	(Sulfacetamide Sodium)	1	GC	oint. (g)
<i>sulfacetamide/prednisolone sp</i>	(Sulfacetamide/prednisolone Sp)	1	GC	
<i>tobramycin sulf/dexamethasone</i>	(Tobradex)	1	GC	
<i>tobramycin sulfate</i>	(Tobrex)	1	GC	
<i>trifluridine</i>	(Viroptic)	1	GC	
VIGAMOX		2		
ZYLET		2		
ZYMAR		2		
ZYMAXID		2		
Anti-infectives (Skin and Mucous Membrane)				
Antibacterials (Skin and Mucous Membrane)				
<i>clindamycin phos/benzoyl perox</i>	(Benzaclin)	1	GC	
<i>clindamycin phosphate</i>	(Cleocin T)	1	GC	
<i>erythromycin base/ethanol</i>	(Emgel)	1	GC	
<i>erythromycin/benzoyl peroxide</i>	(Benzamycin)	1	GC	
<i>gentamicin sulfate</i>	(Gentamicin Sulfate)	1	GC	
<i>metronidazole</i>	(Metrocream)	1	GC	
<i>mupirocin</i>	(Bactroban)	1	GC	
<i>neomy sulf/polymyxin b sulfate</i>	(Neosporin G.U. Irrigant)	1	GC	
Antifungals (Skin and Mucous Membrane)				
<i>ciclopirox olamine</i>	(Loprox)	1	GC	
<i>ciclopirox</i>	(Penlac)	1	GC	
<i>clotrimazole</i>	(Mycelex)	1	GC	
<i>clotrimazole/betamethasone dip</i>	(Lotrisone)	1	GC	
<i>econazole nitrate</i>	(Spectazole)	1	GC	
EXELDERM		2		
GYNAZOLE-1		2		
<i>ketoconazole</i>	(Kuric)	1	GC	

Drug Name	Drug Tier	Requirements/Limits	
LAMISIL	2		
<i>miconazole nitrate</i> (Monistat 3)	1	GC	
NAFTIN	2		cream (g): 1%; gel (gram)
NAFTIN	2		cream (g): 2%
<i>nystatin</i> (Mycostatin)	1	GC	cream (g), oint. (g), powder
<i>nystatin</i> (Nystatin)	1	GC	tablet
<i>nystatin/triamcin</i> (Mycogen II)	1	GC	
<i>sod propionate/inosi/aa14/urea</i> (Sod Propionate/inosi/aa14/urea)	1	GC	
<i>sodium thiosulfate/sal acid</i> (Sodium Thiosulfate/sal Acid)	1	GC	
<i>terconazole</i> (Terazol 7)	1	GC	
Antivirals (Skin and Mucous Membrane)			
DENAVIR	2		
ZOVIRAX	2	QL: 10 per fill	cream (g)
ZOVIRAX	2	QL: 30 per fill	oint. (g)
Local Anti-infectives, Miscellaneous			
<i>acetic ac/ricinoleic/oxyquinol</i> (Acetic Ac/ricinoleic/oxyquinol)	1	GC	
<i>alcohol antiseptic pads</i> (Alcohol Antiseptic Pads)	1	GC	
AVC	2		
<i>selenium sulfide</i> (Selenium Sulfide)	1	GC	suspension
<i>selenium sulfide</i> (Selseb)	1	GC	shampoo
<i>silver nitrate</i> (Silver Nitrate)	1	GC	
<i>silver sulfadiazine</i> (Thermazene)	1	GC	cream (g): 1%
<i>sulfacetamide sodium</i> (Klaron)	1	GC	
Scabicides and Pediculicides			
EURAX	2		
<i>lindane</i> (Lindane)	1	GC	
<i>malathion</i> (Ovide)	1	GC	
<i>permethrin</i> (Elimite)	1	GC	
Anti-infectives (systemic), Miscellaneous			
Anti-infectives (systemic), Miscellaneous			
FUROXONE	2		
Anti-inflammatory Agents (EENT)			
Anti-inflammatory Agents (EENT)			
ALREX	2		

Drug Name	Drug Tier	Requirements/Limits	
BROMDAY	2		
<i>bromfenac sodium</i> (Bromfenac Sodium)	1	GC	
<i>dexamethasone sod phosphate</i> (Ak-dex)	1	GC	
<i>diclofenac sodium</i> (Voltaren)	1	GC	
DUREZOL	2		
<i>flunisolide</i> (Nasarel)	1	GC, QL: 25 in 25 days	
<i>fluocinolone acetonide oil</i> (Dermotic)	1	GC	
<i>fluorometholone</i> (Fluorometholone)	1	GC	
<i>flurbiprofen sodium</i> (Ocufer)	1	GC	
<i>fluticasone propionate</i> (Flonase)	1	GC, QL: 16 in 30 days	
<i>ketorolac tromethamine</i> (Acular LS)	1	GC	
LOTEMAX	2		
NASONEX	2	QL: 34 in 28 days	
NEVANAC	2		
<i>prednisolone acetate</i> (Pred Forte)	1	GC	
<i>prednisolone sod phosphate</i> (Prednisol)	1	GC	
RESTASIS	2	PA, QL: 64 in 31 days	
<i>triamcinolone acetonide</i> (Nasacort Aq)	1	GC, QL: 16.5 in 30 days	
Anti-inflammatory Agents (GI Drugs)			
Anti-inflammatory Agents (GI Drugs)			
APRISO	2		
ASACOL HD	2		
ASACOL	2		
<i>balsalazide disodium</i> (Colazal)	1	GC	
DIPENTUM	2		
<i>mesalamine</i> (Rowasa)	1	GC	
PENTASA	2		

Drug Name	Drug Tier	Requirements/Limits
Anti-inflammatory Agents (Respiratory)		
Anti-inflammatory Agents (Respiratory)		
<i>cromolyn sodium</i> (Cromolyn Sodium)	1	GC drops, solution
<i>cromolyn sodium</i> (Intal)	1	GC, PA ampul-neb
SINGULAIR	2	
<i>zafirlukast</i> (Accolate)	1	GC
ZYFLO CR	2	
ZYFLO	2	
Anti-inflammatory Agents (Skin and Mucous)		
Anti-inflammatory Agents (Skin and Mucous)		
<i>alclometasone dipropionate</i> (Aclovate)	1	GC
<i>amcinonide</i> (Amcinonide)	1	GC
APEXICON E	2	
<i>betamet diprop/prop gly</i> (Diprolene AF)	1	GC
<i>betamethasone dipropionate</i> (Betamethasone Dipropionate)	1	GC gel (gram)
<i>betamethasone dipropionate</i> (Del-beta)	1	GC cream (g), lotion, oint. (g)
<i>betamethasone valerate</i> (Betamethasone Valerate)	1	GC
<i>clobetasol propionate</i> (Temovate)	1	GC
CLODERM	2	
CORDRAN SP	2	
CORDRAN	2	lotion, med. tape
CORDRAN	2	oint. (g)
CUTIVATE	2	lotion
<i>desonide</i> (Desowen)	1	GC cream (g), lotion, oint. (g): 0.05%
<i>desoximetasone</i> (Topicort)	1	GC
<i>diflorasone diacetate</i> (Psorcon)	1	GC
<i>fluocinolone acetonide</i> (Synalar)	1	GC cream (g): 0.01%
<i>fluocinolone acetonide</i> (Synalar)	1	GC cream (g): 0.025%; cream(gm), oint. (g), solution
<i>fluocinolone/shower cap</i> (Derma-smoothe-fs)	1	GC
<i>fluocinonide</i> (Lidex)	1	GC
<i>fluticasone propionate</i> (Cutivate)	1	GC
<i>halobetasol propionate</i> (Ultravate)	1	GC
<i>hydrocortisone acetate</i> (Hydrocortisone Acetate)	1	GC

Drug Name		Drug Tier	Requirements/Limits	
<i>hydrocortisone acetate/ aloe v</i>	(Nuzon)	1	GC	
<i>hydrocortisone acetate/ urea</i>	(Carmol HC)	1	GC	
<i>hydrocortisone butyrate</i>	(Locoid)	1	GC	
<i>hydrocortisone valerate</i>	(Westcort)	1	GC	
<i>hydrocortisone</i>	(Anusol-HC)	1	GC	
<i>mometasone furoate</i>	(Elocon)	1	GC	
<i>prednicarbate</i>	(Dermatop)	1	GC	
<i>triamcinolone acetonide</i>	(Triamcinolone Acetonide)	1	GC	cream
<i>triamcinolone acetonide</i>	(Triamcinolone Acetonide)	1	GC	cream (g), lotion, oint. (g), paste (g)
Antilipemic Agents				
Antilipemic Agents, Miscellaneous				
LOVAZA		2		
<i>niacin</i>	(Niacin)	1	GC	tablet: 500mg
NIASPAN		2		
ZETIA		2		
Bile Acid Sequestrants				
<i>cholestyramine (with sugar)</i>	(Questran)	1	GC	
<i>cholestyramine/aspartame</i>	(Questran Light)	1	GC	
<i>colestipol hcl</i>	(Colestid)	1	GC	
WELCHOL		2		
Fibric Acid Derivatives				
<i>fenofibrate</i>	(Lofibra)	1	GC	
<i>fenofibrate, micronized</i>	(Lofibra)	1	GC	
<i>fenofibric acid</i>	(Fibricor)	1	GC	
<i>gemfibrozil</i>	(Lopid)	1	GC	
LIPOFEN		2		
TRICOR		2		
TRILIPIX		2		
HMG-CoA Reductase Inhibitors				
<i>amlodipine/atorvastatin</i>	(Caduet)	1	GC	
CRESTOR		2		
LIPITOR		1	GC	
<i>lovastatin</i>	(Mevacor)	1	GC	
<i>pravastatin sodium</i>	(Pravachol)	1	GC	
<i>simvastatin</i>	(Zocor)	1	GC	

Drug Name	Drug Tier	Requirements/Limits	
Antimigraine Agents			
Selective Serotonin Agonists			
MAXALT MLT	2	ST, QL: 18 in 28 days	
MAXALT	2	ST, QL: 18 in 28 days	
<i>naratriptan hcl</i> (Amerge)	1	GC, QL: 9 in 28 days	
RELPAK	2	ST, QL: 6 in 28 days	
<i>sumatriptan succinate</i> (Imitrex)	1	GC, QL: 4 in 28 days	cartridge, vial
<i>sumatriptan succinate</i> (Imitrex)	1	GC, QL: 9 in 28 days	tablet
<i>sumatriptan</i> (Imitrex)	1	GC, QL: 12 in 28 days	spray: 20mg
<i>sumatriptan</i> (Imitrex)	1	GC, QL: 18 in 28 days	spray: 5mg
Antimycobacterials			
Antimycobacterials			
CAPASTAT SULFATE	2		
<i>cycloserine</i> (Cycloserine)	2		
<i>dapsone</i> (Dapsone)	1	GC	
<i>ethambutol hcl</i> (Myambutol)	1	GC	
<i>isoniazid</i> (Isoniazid)	1	GC	
MYCOBUTIN	2		
PASER	2		
PRIFTIN	2		
<i>pyrazinamide</i> (Pyrazinamide)	1	GC	
<i>rifampin</i> (Rifadin)	1	GC	
<i>rifampin/isoniazid</i> (Rifamate)	1	GC	
RIFATER	2		

Drug Name	Drug Tier	Requirements/Limits	
SEROMYCIN	2		
TRECTOR	2		
Antineoplastic Agents			
Antineoplastic Agents			
ABRAXANE	2		
ADCETRIS	2		
AFINITOR	2		tablet: 2.5mg, 5mg, 10mg
AFINITOR	2		tablet: 7.5mg
ALIMTA	2		
<i>anastrozole</i> (Arimidex)	1	GC, PA	
ARRANON	2		
ARZERRA	2	PA, QL: 80 in 30 days	
AVASTIN	2		
BEXXAR	2		
<i>bicalutamide</i> (Casodex)	1	GC	
BICNU	2		
<i>bleomycin sulfate</i> (Blenoxane)	1	GC, PA	
BUSULFEX	2		
CAMPATH	2		
CAPRELSA	2	PA, QL: 30 in 30 days	tablet: 300mg
CAPRELSA	2	PA, QL: 60 in 30 days	tablet: 100mg
<i>carboplatin</i> (Paraplatin)	1	GC	
CEENU	2		
<i>cisplatin</i> (Cisplatin)	1	GC	
<i>cladribine</i> (Leustatin)	1	GC, PA	
CLOLAR	2		
<i>cyclophosphamide</i> (Cytoxan)	1	GC, PA, ST	tablet
<i>cyclophosphamide</i> (Cytoxan)	1	GC, PA	vial
<i>cytarabine/pf</i> (Cytarabine/PF)	1	GC, PA	
<i>dacarbazine</i> (Dtic-Dome IV)	1	GC	
DACOGEN	2		
<i>dactinomycin</i> (Cosmegen)	1	GC	

Drug Name	Drug Tier	Requirements/Limits	
<i>daunorubicin hcl</i> (Cerubidine)	1	GC	
DAUNOXOME	2		
DOCEFREZ	2		
<i>docetaxel</i> (Taxotere)	2		vial: 20mg/2ml, 20mg/ml(1)
<i>docetaxel</i> (Taxotere)	2		vial: fnl20mg/2
DOXIL	2	PA	
<i>doxorubicin hcl liposomal</i> (Doxil)	1	GC, PA	
<i>doxorubicin hcl</i> (Adriamycin RDF)	1	GC, PA	vial: 10mg
DROXIA	2		
ELIGARD	2	QL: 1 in 112 days	disp syrin: 30mg
ELIGARD	2	QL: 1 in 168 days	disp syrin: 45mg
ELIGARD	2	QL: 1 in 28 days	disp syrin: 7.5mg
ELIGARD	2	QL: 1 in 84 days	disp syrin: 22.5mg
ELSPAR	2		
EMCYT	2		
<i>epirubicin hcl</i> (Ellence)	1	GC	
ERBITUX	2		
ERWINAZE	2	PA, QL: 60 in 30 days	
ETOPOPHOS	2		
<i>etoposide</i> (Etoposide)	1	GC	
<i>exemestane</i> (Aromasin)	1	GC, PA	
FARESTON	2		
FASLODEX	2		disp syrin: 125mg/ 2.5
FASLODEX	2		disp syrin: 250mg/ 5ml
FIRMAGON	2		
<i>floxuridine</i> (FUDR)	1	GC, PA	
<i>fludarabine phosphate</i> (Fludara)	2		
<i>fluorouracil</i> (Fluorouracil)	1	GC, PA	
<i>flutamide</i> (Flutamide)	1	GC	
FOLOTYN	2		
<i>gemcitabine hcl</i> (Gemzar)	2		
GLEEVEC	2		

Drug Name	Drug Tier	Requirements/Limits	
HALAVEN	2	PA, QL: 6 in 28 days	
HERCEPTIN	2	PA	
HEXALEN	2		
<i>hydroxyurea</i> (Hydrea)	1	GC	
<i>idarubicin hcl</i> (Idamycin Pfs)	1	GC	
<i>ifosfamide</i> (Ifex)	1	GC, PA	
<i>ifosfamide/mesna</i> (Ifex/mesnex)	1	GC, PA	
IRESSA	2	PA, QL: 30 in 30 days	
<i>irinotecan hcl</i> (Camptosar)	2		
ISTODAX	2	PA	
IXEMPRA	2		
JAKAFI	2	PA, QL: 60 in 30 days	
JEVTANA	2		
<i>letrozole</i> (Femara)	1	GC, PA	
LEUKERAN	2		
<i>leuprolide acetate</i> (Lupron)	1	GC, QL: 2 in 28 days	
LUPRON DEPOT	2	ST, QL: 1 in 112 days	syringekit: 30mg
LUPRON DEPOT	2	ST, QL: 1 in 168 days	syringekit: 45mg
LUPRON DEPOT	2	ST, QL: 1 in 28 days	syringekit: 3.75mg, 7.5mg
LUPRON DEPOT	2	ST, QL: 1 in 84 days	syringekit: 11.25mg, 22.5mg
LUPRON DEPOT-PED	2	ST, QL: 1 in 28 days	
LYSODREN	2		
MATULANE	2		

Drug Name	Drug Tier	Requirements/Limits	
MEGACE ES	2		
<i>megestrol acetate</i> (Megace)	1	GC	
<i>melphalan hcl</i> (Alkeran)	2		
<i>mercaptopurine</i> (Purinethol)	1	GC	
<i>methotrexate sodium</i> (Methotrexate Sodium)	1	GC, PA, ST	tablet
<i>methotrexate sodium</i> (Methotrexate Sodium)	1	GC, PA	vial
<i>methotrexate sodium/pf</i> (Methotrexate Sodium/PF)	1	GC, PA	
MITHRACIN	2		
<i>mitomycin</i> (Mutamycin)	1	GC, PA	
<i>mitoxantrone hcl</i> (Novantrone)	1	GC	
MUSTARGEN	2		
MYLOTARG	2		
NEXAVAR	2		
NILANDRON	2		
ONCASPAR	2		
ONTAK	2		
<i>oxaliplatin</i> (Oxaliplatin)	2		
<i>paclitaxel</i> (Taxol)	1	GC	
<i>pentostatin</i> (Nipent)	2		
PHOTOFRIN	2		
PROLEUKIN	2		
RITUXAN	2	PA	
SPRYCEL	2		
SUTENT	2		
TABLOID	2		
<i>tamoxifen citrate</i> (Nolvadex)	1	GC	
TARCEVA	2	PA, QL: 30 in 30 days	
TARGRETIN	2		
TASIGNA	2		
TAXOTERE	2		
<i>thiotepa</i> (Thiotepa)	1	GC	
<i>topotecan hcl</i> (Hycamtin)	2		
TORISEL	2	PA	
TREANDA	2		
TRELSTAR	2	ST, QL: 1 in 168 days	vial

Drug Name	Drug Tier	Requirements/Limits	
TRELSTAR	2	ST, QL: 1 in 28 days	disp syrin: 3.75mg/ 2ml
TRELSTAR	2	ST, QL: 1 in 84 days	disp syrin: 11.25/ 2ml
<i>tretinoin</i> (Tretinoin)	2		
TREXALL	2	PA, ST	
TRISENOX	2		
TYKERB	2		
VALSTAR	2		
VANDETANIB	2	PA, QL: 30 in 30 days	tablet: 300mg
VANDETANIB	2	PA, QL: 60 in 30 days	tablet: 100mg
VECTIBIX	2		
VELCADE	2		
VIDAZA	2		
<i>vinblastine sulfate</i> (Vinblastine Sulfate)	1	GC, PA	
<i>vincristine sulfate</i> (Vincristine Sulfate)	1	GC, PA	
<i>vinorelbine tartrate</i> (Navelbine)	1	GC	
VOTRIENT	2		
VUMON	2		
XALKORI	2	PA, QL: 60 in 30 days	
YERVOY	2	PA, QL: 30 in 21 days	
ZANOSAR	2		
ZELBORAF	2	PA, QL: 240 in 30 days	
ZOLADEX	2	QL: 1 in 28 days	implant: 3.6mg
ZOLADEX	2	QL: 1 in 84 days	implant: 10.8mg
ZOLINZA	2		

Drug Name	Drug Tier	Requirements/Limits	
ZYTIGA	2	PA, QL: 120 in 30 days	
Antiparkinsonian Agents			
Antiparkinsonian Agents			
<i>amantadine hcl</i> (Amantadine HCl)	1	GC	
APOKYN	2		
AZILECT	2		
<i>benztropine mesylate</i> (Benztropine Mesylate)	1	GC	
<i>bromocriptine mesylate</i> (Parlodel)	1	GC	
<i>cabergoline</i> (Cabergoline)	1	GC	
<i>carbidopa/levodopa</i> (Sinemet 25-100)	1	GC	
COMTAN	2		
<i>pramipexole di-hcl</i> (Mirapex)	1	GC	
<i>ropinirole hcl</i> (Requip)	1	GC	
<i>selegiline hcl</i> (Eldepryl)	1	GC	
STALEVO 100	2		
STALEVO 125	2		
STALEVO 150	2		
STALEVO 200	2		
STALEVO 50	2		
STALEVO 75	2		
TASMAR	2		
<i>trihexyphenidyl hcl</i> (Trihexyphenidyl HCl)	1	GC	
ZELAPAR	2		
Antiprotozoal Agents			
Antiprotozoal Agents			
ALINIA	2		
<i>atovaquone/proguanil hcl</i> (Malarone)	1	GC	tablet: 250-100mg
<i>atovaquone/proguanil hcl</i> (Malarone)	1	GC	tablet: 62.5-25mg
<i>chloroquine phosphate</i> (Aralen Phosphate)	1	GC	
COARTEM	2		
DARAPRIM	2		
HALFAN	2		
<i>hydroxychloroquine sulfate</i> (Plaquenil)	1	GC	
MALARONE	2		tablet: 62.5-25mg
<i>mefloquine hcl</i> (Lariam)	1	GC	
MEPRON	2		
<i>metronidazole</i> (Flagyl)	1	GC	

Drug Name	Drug Tier	Requirements/Limits	
<i>metronidazole/sodium chloride</i> (Metro IV)	1	GC	
<i>paromomycin sulfate</i> (Humatin)	1	GC	
<i>pentamidine isethionate</i> (Pentam 300)	1	GC	
PRIMAQUINE	2		
QUALAQUIN	2	PA, QL: 42 in 30 days	
YODOXIN	2		
Antipruritics and Local Anesthetics			
Antipruritics and Local Anesthetics			
AMERICAINE	2		
ANACAINE	2		
<i>lidocaine hcl</i> (Xylocaine)	1	GC, PA	(PA for ESRD only)
<i>lidocaine/prilocaine</i> (EMLA)	1	GC, PA	(PA for ESRD only)
LIDODERM	2		
<i>phenazopyridine hcl</i> (UrodoI)	1	GC	
Antiulcer Agents			
Antiulcer Agents			
<i>cimetidine hcl</i> (Cimetidine HCl)	1	GC	
<i>cimetidine in 0.9 % nacl</i> (Cimetidine In 0.9 % NaCl)	1	GC	
<i>cimetidine</i> (Tagamet)	1	GC	
DEXILANT	2	ST	
<i>famotidine in nacl, iso-osm/pf</i> (Famotidine In Nacl, iso-osm/PF)	1	GC	
<i>famotidine</i> (Pepcid)	1	GC	
<i>lansoprazole</i> (Prevacid)	1	GC, ST	
<i>misoprostol</i> (Cytotec)	1	GC	
<i>nizatidine</i> (Axid)	1	GC	
<i>omeprazole</i> (Prilosec)	1	GC	capsule dr: 10mg, 20mg, 40mg
<i>omeprazole/sodium bicarbonate</i> (Zegerid)	1	GC	
<i>pantoprazole sodium</i> (Protonix)	1	GC	
PROTONIX IV	2		
<i>ranitidine hcl</i> (Zantac)	1	GC	
<i>sucralfate</i> (Carafate)	1	GC	tablet
<i>sucralfate</i> (Sucralfate)	1	GC	oral susp

Drug Name	Drug Tier	Requirements/Limits
Antivirals (Systemic)		
Antiretrovirals		
APTIVUS	2	capsule
APTIVUS	2	solution
ATRIPLA	2	
COMBIVIR	2	
COMPLERA	2	
CRIXIVAN	2	
<i>didanosine</i> (Videx EC)	1	GC
EDURANT	2	
EMTRIVA	2	
EPIVIR HBV	2	
EPIVIR	2	solution
EPZICOM	2	
FUZEON	2	
INTELENCE	2	
INVIRASE	2	
ISENTRESS	2	
KALETRA	2	
<i>lamivudine</i> (Epivir)	1	GC
<i>lamivudine/zidovudine</i> (Combivir)	2	
LEXIVA	2	
NORVIR	2	
PREZISTA	2	
RESCRIPTOR	2	
RETROVIR	2	vial
REYATAZ	2	
SELZENTRY	2	
<i>stavudine</i> (Zerit)	1	GC
SUSTIVA	2	capsule: 100mg
SUSTIVA	2	capsule: 50mg, 200mg; tablet
TRIZIVIR	2	
TRUVADA	2	
VIDEX	2	
VIRACEPT	2	
VIRAMUNE XR	2	
VIRAMUNE	2	
VIREAD	2	
ZIAGEN	2	

Drug Name	Drug Tier	Requirements/Limits	
<i>zidovudine</i> (Retrovir)	1	GC	
Antivirals, Miscellaneous			
<i>foscarnet sodium</i> (Foscavir)	1	GC, PA	
INCIVEK	2	PA, QL: 168 in 28 days	
RELENZA	2		
<i>rimantadine hcl</i> (Flumadine)	1	GC	
SYNAGIS	2		
TAMIFLU	2	QL: 42 in 180 days	capsule: 75mg
TAMIFLU	2	QL: 48 in 180 days	capsule: 45mg
TAMIFLU	2	QL: 525 in 180 days	susp recon: 12mg/ ml
TAMIFLU	2	QL: 540 in 180 days	susp recon: 6mg/ml
TAMIFLU	2	QL: 84 in 180 days	capsule: 30mg
VICTRELIS	2	PA, QL: 336 in 28 days	
Interferons			
ALFERON N	2		
INTRON A	2	PA	pen ij kit, vial: 6mmunit/ml, 10mmunit
INTRON A	2	PA	vial: 50mmunit
PEGASYS PROCLICK	2	PA	
PEGASYS	2	PA	
PEGINTRON REDIPEN	2	PA	
PEGINTRON	2	PA	kit: 50mcg/0.5
PEGINTRON	2	PA	kit: 80mcg/0.5, 120mcg/0.5, 150mcg/0.5
SYLATRON 4-PACK	2	PA, QL: 1 in 28 days	

Drug Name		Drug Tier	Requirements/Limits	
Nucleosides and Nucleotides				
<i>acyclovir sodium</i>	(Acyclovir Sodium)	1	GC, PA	
<i>acyclovir</i>	(Zovirax)	1	GC	
BARACLUDE		2		
<i>famciclovir</i>	(Famvir)	1	GC	
<i>ganciclovir sodium</i>	(Cytovene)	1	GC, PA	
<i>ganciclovir</i>	(Cytovene)	1	GC	capsule: 250mg
<i>ganciclovir</i>	(Cytovene)	2		capsule: 500mg
HEPSERA		2		
REBETOL		2		solution
<i>ribavirin</i>	(Rebetol)	1	GC	capsule, tablet
<i>ribavirin</i>	(Ribatab)	2		tab ds pk
TYZEKA		2		
<i>valacyclovir hcl</i>	(Valtrex)	1	GC	
VALCYTE		2		tablet
VALCYTE		2	PA	soln recon
VISTIDE		2		
Anxiolytics, Sedatives and Hypnotics				
Anxiolytics, Sedatives and Hypnotics, Miscellaneous				
<i>bupirone hcl</i>	(Buspar)	1	GC	
<i>chloral hydrate</i>	(Chloral Hydrate)	1	GC	
<i>droperidol</i>	(Inapsine)	1	GC	
<i>glutethimide</i>	(Glutethimide)	1	GC	
<i>hydroxyzine hcl</i>	(Hydroxyzine HCl)	1	GC	
<i>hydroxyzine pamoate</i>	(Vistaril)	1	GC	
LUNESTA		2		
<i>meprobamate</i>	(Miltown)	1	GC	
<i>zaleplon</i>	(Sonata)	1	GC	
<i>zolpidem tartrate</i>	(Ambien)	1	GC	
Astringents				
Astringents				
<i>aluminum chloride</i>	(Drysol)	1	GC	
XERAC AC		2		
Beta-Adrenergic Blocking Agents				
Beta-Adrenergic Blocking Agents				
<i>acebutolol hcl</i>	(Sectral)	1	GC	
<i>atenolol</i>	(Tenormin)	1	GC	
<i>atenolol/chlorthalidone</i>	(Tenoretic 100)	1	GC	
<i>betaxolol hcl</i>	(Kerlone)	1	GC	
<i>bisoprolol fumarate</i>	(Zebeta)	1	GC	

Drug Name	Drug Tier	Requirements/Limits	
<i>bisoprolol fumarate/hctz</i> (Ziac)	1	GC	
BYSTOLIC	2		
<i>carvedilol</i> (Coreg)	1	GC	
COREG CR	2		
DUTOPROL	2		
<i>esmolol hcl</i> (Esmolol HCl)	1	GC, PA	
<i>labetalol hcl</i> (Trandate)	1	GC	
<i>metoprolol succinate</i> (Toprol XL)	1	GC	
<i>metoprolol tartrate</i> (Lopressor)	1	GC	
<i>metoprolol/hydrochlorothiazide</i> (Lopressor HCT)	1	GC	
<i>nadolol</i> (Corgard)	1	GC	
<i>nadolol/bendroflumethiazide</i> (Corzide)	1	GC	
<i>pindolol</i> (Pindolol)	1	GC	
<i>propranolol hcl</i> (Inderal)	1	GC	
<i>propranolol/hydrochlorothiazid</i> (Inderide-40/25)	1	GC	
<i>sotalol hcl</i> (Betapace)	1	GC	
SOTALOL HCL	2		
<i>timolol maleate</i> (Timolol Maleate)	1	GC	
Blood Derivatives			
Blood Derivatives			
ALBUKED-25	2		
ALBUKED-5	2		
ALBUMARC	2		
ALBUMIN (HUMAN)	2		
ALBUMINAR-25	2		
ALBUMINAR-5	2		
ALBURX	2		
ALBUTEIN	2		
BUMINATE	2		
FLEXBUMIN	2		
PLASBUMIN-25	2		
PLASBUMIN-5	2		
STERILE DILUENT	2		
Calcium-Channel Blocking Agents			
Calcium-Channel Blocking Agents, Miscellaneous			
CARDIZEM CD	2		cap er 24h: 360mg

Drug Name		Drug Tier	Requirements/Limits	
<i>diltiazem hcl</i>	(Cardizem CD)	1	GC	various dosage and/or strengths are available
<i>diltiazem hcl</i>	(Dilacor XR)	1	GC	cap er deg: 240mg
<i>verapamil hcl</i>	(Calan)	1	GC	ampul, cap24h pct, cap24h pel: 120mg, 180mg, 240mg; tablet, tablet er
<i>verapamil hcl</i>	(Verelan)	1	GC	cap24h pel: 360mg; disp syrin
Dihydropyridines				
<i>amlodipine besylate</i>	(Norvasc)	1	GC	
<i>amlodipine besylate/ benazepril</i>	(Lotrel)	1	GC	
AZOR		2	ST	
CARDENE I.V.		2		piggyback
CLEVIPREX		2		
EXFORGE HCT		2	ST	
EXFORGE		2	ST	
<i>felodipine</i>	(Plendil)	1	GC	
<i>isradipine</i>	(Dynacirc)	1	GC	
<i>nicardipine hcl</i>	(Nicardipine HCl)	1	GC	
<i>nifedipine</i>	(Procardia XL)	1	GC	
<i>nimodipine</i>	(Nimotop)	1	GC	
<i>nisoldipine</i>	(Sular)	1	GC	
Caloric Agents				
Caloric Agents				
AMINOSYN II 3.5% M-DEXTROSE 5%		2	PA	
AMINOSYN II 3.5%-DEXTROSE 25%		2	PA	
AMINOSYN II 3.5%-DEXTROSE 5%		2	PA	
AMINOSYN II 4.25% M-DEXT 10%		2	PA	
AMINOSYN II 4.25%-DEXTROSE 25%		2	PA	
AMINOSYN II 5% IN 25% DEXTROSE		2	PA	
AMINOSYN II IN DEXTROSE		2	PA	

Drug Name	Drug Tier	Requirements/Limits	
AMINOSYN II with LYNES-CA-DW	2	PA	iv soln: 3.5%
AMINOSYN II with LYNES-CA-DW	2	PA	iv soln: 4.25%
AMINOSYN II	2	PA	iv soln: 10%
AMINOSYN II	2	PA	iv soln: 15%
AMINOSYN II	2	PA	iv soln: 7%
AMINOSYN II	2	PA	iv soln: 8.5%
AMINOSYN M	2	PA	
AMINOSYN with ELECTROLYTES	2	PA	
AMINOSYN	2	PA	iv soln: 10%
AMINOSYN	2	PA	iv soln: 3.5%
AMINOSYN	2	PA	iv soln: 5%
AMINOSYN	2	PA	iv soln: 7%
AMINOSYN	2	PA	iv soln: 8.5%
AMINOSYN-HBC	2	PA	
AMINOSYN-HF	2	PA	
AMINOSYN-PF	2	PA	iv soln: 10%
AMINOSYN-PF	2	PA	iv soln: 7%
AMINOSYN-RF	2	PA	
BRANCHAMIN	2	PA	
CLINIMIX E	2	PA	iv soln: 2.75%
CLINIMIX E	2	PA	iv soln: 4.25%
CLINIMIX E	2	PA	iv soln: 5%
CLINIMIX	2	PA	iv soln: 2.75%
CLINIMIX	2	PA	iv soln: 4.25%
CLINIMIX	2	PA	iv soln: 5%
CLINISOL	2	PA	
<i>cysteine hcl</i> (Cysteine HCl)	1	GC, PA	
<i>dextrose 10 % and 0.225 % nacl</i> (Dextrose 10 % and 0.225 % NaCl)	1	GC	
<i>dextrose 10 % and 0.9 % nacl</i> (Dextrose 10 % and 0.9 % NaCl)	1	GC	
<i>dextrose 10%-0.5 normal saline</i> (Dextrose 10%-0.5 Normal Saline)	1	GC	
<i>dextrose 10%-water</i> (Dextrose 10%-water)	1	GC, PA	
<i>dextrose 2.5%-0.5normal saline</i> (Dextrose 2.5%-0.5 Normal Saline)	1	GC	
<i>dextrose 2.5%-water</i> (Dextrose 2.5%-water)	1	GC, PA	

Drug Name		Drug Tier	Requirements/Limits	
<i>dextrose 20%-water</i>	(Dextrose 20%-water)	1	GC, PA	
<i>dextrose 25%-water</i>	(Dextrose 25%-water)	1	GC, PA	
<i>dextrose 40%-water</i>	(Dextrose 40%-water)	1	GC, PA	
<i>dextrose 5 % and 0.33 % nacl</i>	(Dextrose 5 % and 0.33 % NaCl)	1	GC	
<i>dextrose 5 % and 0.9 % nacl</i>	(Dextrose 5 % and 0.9 % NaCl)	1	GC	
<i>dextrose 5 %-0.225 % nacl</i>	(Dextrose 5 %-0.225 % NaCl)	1	GC	
<i>dextrose 5 %-0.45 % nacl</i>	(Dextrose 5 %-0.45 % NaCl)	1	GC	
<i>dextrose 5%-water</i>	(Dextrose 5%-water)	1	GC	
<i>dextrose 50%-water</i>	(Dextrose 50%-water)	1	GC, PA	
<i>dextrose 60%-water</i>	(Dextrose 60%-water)	1	GC, PA	
<i>dextrose 70%-water</i>	(Dextrose 70%-water)	1	GC, PA	
<i>ethyl alcohol/d5w</i>	(Ethyl Alcohol/D5W)	1	GC	
FREAMINE HBC		2	PA	
FREAMINE III with ELECTROLYTES		2	PA	
FREAMINE III		2	PA	iv soln: 10%
FREAMINE III		2	PA	iv soln: 8.5%
<i>fructose 10%</i>	(Fructose 10%)	1	GC, PA	
HEPATAMINE		2	PA	
HEPATASOL		2	PA	
INTRALIPID		2	PA	emulsion: 10%
INTRALIPID		2	PA	emulsion: 20%, 30%
LIPOSYN II		2	PA	
LIPOSYN III		2	PA	
NEPHRAMINE		2	PA	
NOVAMINE		2	PA	
NUTRESTORE		2		
PREMASOL		2	PA	iv soln: 10%
PREMASOL		2	PA	iv soln: 6%
PROCALAMINE		2	PA	
PROSOL		2	PA	
QUICK MIX with LYTES		2	PA	
RENAMIN		2	PA	
TRAVAMULSION		2	PA	
TRAVASOL W/ ELECTROLYTES		2	PA	iv soln.: 5.5%

Drug Name	Drug Tier	Requirements/Limits	
TRAVASOL W/ ELECTROLYTES	2	PA	iv soln.: 8.5%
TRAVASOL with DEXTROSE	2	PA	iv soln: 8.5%
TRAVASOL with ELECTROLYTES	2	PA	
TRAVASOL	2	PA	iv soln: 10%
TRAVASOL	2	PA	iv soln: 5.5%
TRAVASOL	2	PA	iv soln: 8.5%
TRAVERT IN NORMAL SALINE	2	PA	
TRAVERT	2	PA	iv soln: 10%
TRAVERT	2	PA	iv soln: 5%
TROPHAMINE	2	PA	iv soln: 10%
TROPHAMINE	2	PA	iv soln: 6%
Cardiac Drugs			
Antiarrhythmic Agents			
<i>amiodarone hcl</i> (Amiodarone HCl)	1	GC	disp syrin
<i>amiodarone hcl</i> (Cordarone)	1	GC	ampul, tablet
<i>disopyramide phosphate</i> (Norpace)	1	GC	capsule
<i>disopyramide phosphate</i> (Norpace)	1	GC	capsule er
<i>flecainide acetate</i> (Tambocor)	1	GC	
<i>lidocaine hcl</i> (Lidocaine HCl)	1	GC	
<i>lidocaine hcl/d5w/pf</i> (Lidocaine HCl/d5w/PF)	1	GC	iv soln: 2mg/ml, 8mg/ml
<i>lidocaine hcl/d7.5w/pf</i> (Lidocaine HCl/d7.5w/PF)	1	GC	
<i>lidocaine hcl/pf</i> (Lidocaine HCl)	1	GC	
LIDOCAINE HCL	1	GC	
<i>mexiletine hcl</i> (Mexitil)	1	GC	
MULTAQ	2		
<i>procainamide hcl</i> (Procainamide HCl)	1	GC	capsule, tablet er, tablet sa
<i>procainamide hcl</i> (Procainamide HCl)	1	GC	vial
PRONESTYL	2		
<i>propafenone hcl</i> (Rythmol)	1	GC	
<i>quinidine gluconate</i> (Quinidine Gluconate)	1	GC	
<i>quinidine sulfate</i> (Quinidine Sulfate)	1	GC	
TIKOSYN	2		
Cardiac Drugs, Miscellaneous			
<i>digoxin</i> (Lanoxin)	1	GC	

Drug Name	Drug Tier	Requirements/Limits	
DIGOXIN	2		
<i>inamrinone lactate</i> (Inamrinone Lactate)	1	GC, PA	
LANOXIN PEDIATRIC	2		
<i>milrinone lactate</i> (Milrinone Lactate)	2	PA	
<i>milrinone lactate/d5w</i> (Primacor in 5% Dextrose)	2	PA	
RANEXA	2	QL: 120 in 30 days	tab er 12h: 500mg
RANEXA	2	QL: 60 in 30 days	tab er 12h: 1000mg
Cathartics and Laxatives			
Cathartics and Laxatives			
AMITIZA	2	QL: 60 in 30 days	
<i>peg 3350/na sulf,bicarb,cl/ kcl</i> (Colyte with Flavor Packets)	1	GC	
<i>polyethylene glycol 3350</i> (Polyethylene Glycol 3350)	1	GC	powd pack: 17g
<i>sodium chloride/nahco3/ kcl/peg</i> (Nulytely)	1	GC	
Cell Stimulants and Proliferants			
Cell Stimulants and Proliferants			
KEPIVANCE	2		
<i>tretinoin</i> (Retin-A)	1	GC, PA	
Central Nervous System Agents, Miscellaneous			
Central Nervous System Agents, Miscellaneous			
CAMPRAL	2		tab ds pk
CAMPRAL	2		tablet dr
<i>flumazenil</i> (Romazicon)	1	GC	
<i>lithium carbonate</i> (Eskalith)	1	GC	
<i>lithium citrate</i> (Lithium Citrate)	1	GC	
LODOSYN	2		
NAMENDA	2	PA, QL: 360 in 30 days	solution
NAMENDA	2	PA, QL: 49 in 28 days	tab ds pk
NAMENDA	2	PA, QL: 62 in 31 days	tablet

Drug Name	Drug Tier	Requirements/Limits
RILUTEK	2	
SAVELLA	2	QL: 60 in 30 days
STRATTERA	2	
XENAZINE	2	PA, QL: 112 in 28 days
XYREM	2	LA
Contraceptives		
Contraceptives		
<i>desogestrel-ethinyl estradiol</i> (Desogen)	1	GC
<i>desog-et estra/ethin estra</i> (Mircette)	1	GC
<i>ethinyl estradiol/drospirenone</i> (Yaz)	1	GC
<i>ethynodiol d-ethinyl estradiol</i> (Demulen 1-50-21)	1	GC
<i>levonorgestrel</i> (Plan B)	1	GC
<i>levonorgestrel-eth estradiol</i> (Lybrel)	1	GC tablet
<i>levonorgestrel-eth estradiol</i> (Seasonale)	1	GC, QL: 91 in 84 days tbdspk 3mo
<i>l-norgest-eth estr/ethin estra</i> (Seasonique)	1	GC, QL: 91 in 84 days tbdspk 3mo: 100-20(84), 150-30(84)
<i>l-norgest-eth estr/ethin estra</i> (Seasonique)	1	GC, QL: 91 in 84 days tbdspk 3mo: 150-30(84)
<i>noreth a-et estra/fe fumarate</i> (Loestrin Fe)	1	GC
<i>noreth-ethinyl estradiol/iron</i> (Femcon Fe)	1	GC
<i>norethindrone a-e estradiol</i> (Loestrin)	1	GC
<i>norethindrone</i> (Nor-Q-D)	1	GC
<i>norethindrone-ethinyl estrad</i> (Ortho-novum)	1	GC
<i>norethindrone-mestranol</i> (Ortho-novum)	1	GC
<i>norgestimate-ethinyl estradiol</i> (Ortho-cyclen)	1	GC

Drug Name		Drug Tier	Requirements/Limits	
<i>norgestrel-ethinyl estradiol</i>	(Lo-ovral-28)	1	GC	
NUVARING		2	ST, QL: 1 in 28 days	
ORTHO EVRA		2	ST, QL: 3 in 28 days	
Devices				
Devices				
<i>needles, insulin disposable</i>	(Needles, Insulin Disposable)	1	GC	
<i>syring w-ndl, disp, insul, 0.3ml</i>	(Syring W-ndl, disp, insul, 0.3ml)	1	GC	
<i>syring w-ndl, disp, insul, 0.5ml</i>	(Syring W-ndl, disp, insul, 0.5ml)	1	GC	
<i>syringe & needle, insulin, 1 ml</i>	(Syringe & Needle, insulin, 1 ML)	1	GC	
Diuretics				
Diuretics, Miscellaneous				
<i>chlorthalidone</i>	(Chlorthalidone)	1	GC	
<i>indapamide</i>	(Lozol)	1	GC	
<i>metolazone</i>	(Zaroxolyn)	1	GC	
SAMSCA		2	QL: 30 in 30 days	tablet: 15mg
SAMSCA		2	QL: 60 in 30 days	tablet: 30mg
Loop Diuretics				
<i>bumetanide</i>	(Bumex)	1	GC	
<i>furosemide</i>	(Furosemide)	1	GC	disp syrin
<i>furosemide</i>	(Lasix)	1	GC	solution, tablet, vial
<i>torseamide</i>	(Demadex)	1	GC	
Potassium-sparing Diuretics				
<i>amiloride hcl</i>	(Midamor)	1	GC	
<i>amiloride/hydrochlorothiazide</i>	(Amiloride/hydrochlorothiazide)	1	GC	
DYRENIUM		2		
<i>triamterene/hydrochlorothiazid</i>	(Maxzide-25mg)	1	GC	
Thiazide Diuretics				
<i>chlorothiazide sodium</i>	(Diuril Sodium)	1	GC	

Drug Name		Drug Tier	Requirements/Limits	
<i>chlorothiazide</i>	(Chlorothiazide)	1	GC	
<i>hydrochlorothiazide</i>	(Hydrochlorothiazide)	1	GC	
<i>methyclothiazide</i>	(Methyclothiazide)	1	GC	
EENT Drugs, Miscellaneous				
EENT Drugs, Miscellaneous				
<i>apraclonidine hcl</i>	(Iopidine)	1	GC	
<i>carteolol hcl</i>	(Carteolol HCl)	1	GC	
<i>ipratropium bromide</i>	(Atrovent)	1	GC, QL: 15 in 10 days	spray: 42mcg
<i>ipratropium bromide</i>	(Atrovent)	1	GC, QL: 30 in 28 days	spray: 21mcg
LACRISERT		2		
<i>naphazoline hcl</i>	(Albalon)	1	GC	
<i>naphazoline hcl/antazoline</i>	(Naphazoline HCl/antazoline)	1	GC	
<i>phenylephrine hcl</i>	(Mydrin)	1	GC	
TYZINE		2		drops
TYZINE		2		spray
Enzymes				
Enzymes				
ADAGEN		2		
ALDURAZYME		2		
CEREDASE		2		
CEREZYME		2		
ELAPRASE		2		
ELITEK		2		
FABRAZYME		2		
KRYSTEXXA		2		
LUMIZYME		2		
MYOZYME		2		
NAGLAZYME		2		
PULMOZYME		2	PA	
SUCRAID		2		
VPRIV		2		
XIAFLEX		2	PA, QL: 1 in 28 days	

Drug Name	Drug Tier	Requirements/Limits	
Estrogens and Antiestrogens			
Estrogens and Antiestrogens			
COMBIPATCH	2	QL: 8 in 28 days	
ESTRACE	2		cream/appl
ESTRADERM	2	QL: 8 in 28 days	
<i>estradiol valerate</i> (Delestrogen)	1	GC	
<i>estradiol</i> (Climara)	1	GC, QL: 4 in 28 days	patch tdwk
<i>estradiol</i> (Estrace)	1	GC	tablet
<i>estradiol/noreth ac</i> (Activella)	1	GC	tablet: 0.5-0.1mg
<i>estradiol/noreth ac</i> (Activella)	1	GC	tablet: 1-0.5mg
ESTRASORB	2	QL: 97.44 in 28 days	
<i>estropipate</i> (Ogen)	1	GC	
EVISTA	2		
MENEST	2		
<i>norethind ac/ethinyl estradiol</i> (Femhrt)	1	GC	tablet: 1mg-5mcg
PREMARIN	2		
PREMPHASE	2		
PREMPRO	2		
VIVELLE-DOT	2	QL: 8 in 28 days	
First Generation Antihistamines			
First Generation Antihistamines			
<i>carbinoxamine maleate</i> (Palgic)	1	GC	
<i>chlorpheniramine maleate</i> (Chlorpheniramine Maleate)	1	GC	
<i>clemastine fumarate</i> (Clemastine Fumarate)	1	GC	syrup, tablet: 2.68mg
<i>clemastine fumarate</i> (Clemastine Fumarate)	1	GC	tablet: 1.34mg
<i>cyproheptadine hcl</i> (Cyproheptadine HCl)	1	GC	
<i>dexchlorpheniramine maleate</i> (Dexchlorpheniramine Maleate)	1	GC	syrup
<i>dexchlorpheniramine maleate</i> (Dexchlorpheniramine Maleate)	1	GC	tablet er

Drug Name		Drug Tier	Requirements/Limits	
<i>diphenhydramine hcl</i>	(Diphenhydramine HCl)	1	GC	capsule: 25mg; disp syrin
<i>diphenhydramine hcl</i>	(Diphenhydramine HCl)	1	GC	capsule: 50mg; vial
<i>doxylamine succinate</i>	(Doxylamine Succinate)	1	GC	
<i>p-epd tan/chlor-tan</i>	(P-epd Tan/chlor-tan)	1	GC	
<i>phenyleph/acetaminop/p-tlox/cp</i>	(Phenyleph/acetaminop/p-tlox/cp)	1	GC	
<i>phenylephrine hcl/prometh hcl</i>	(Phenylephrine HCl/prometh HCl)	1	GC	
<i>phenylephrine/chlor-tan</i>	(Rynatan)	1	GC	
<i>phenylephrine/dp-hydram tan</i>	(Phenylephrine/dp-hydram Tan)	1	GC	tab chew: 5mg-12.5mg
<i>promethazine hcl</i>	(Promethazine HCl)	1	GC	
<i>tripelennamine hcl</i>	(Tripelennamine HCl)	1	GC	
Genitourinary Smooth Muscle Relaxants				
Genitourinary Smooth Muscle Relaxants				
DETROL LA		2		
DETROL		2		
<i>flavoxate hcl</i>	(Urispas)	1	GC	
<i>oxybutynin chloride</i>	(Ditropan)	1	GC	
TOVIAZ		2		
<i>trospium chloride</i>	(Sanctura)	1	GC	
VESICARE		2		
GI Drugs, Miscellaneous				
GI Drugs, Miscellaneous				
CHENODAL		2	PA, QL:	120 in 30 days
CIMZIA		2	PA, QL:	3 in 28 days
CREON		2		capsule dr: 3-9.5-15k
CREON		2		capsule dr: 6k-19k-30k, 12k-38k-60, 24-76-120k
<i>lipase/protease/amylase</i>	(Zenpep)	1	GC	
LOTRONEX		2		
<i>metoclopramide hcl</i>	(Metoclopramide HCl)	1	GC	disp syrin
<i>metoclopramide hcl</i>	(Reglan)	1	GC	solution, tablet, vial

Drug Name	Drug Tier	Requirements/Limits	
RELISTOR	2	PA, QL: 28 in 28 days	disp syrin
RELISTOR	2	PA, QL: 28 in 28 days	kit
<i>ursodiol</i> (Actigall)	1	GC	
ZENPEP	2		
Heavy Metal Antagonists			
Heavy Metal Antagonists			
BAL IN OIL	2		
CA-DTPA	2		
CALCIUM DISODIUM VERSENATE	2		
CHEMET	2		
CUPRIMINE	2		
<i>deferoxamine mesylate</i> (Desferal)	1	GC, PA	
DEPEN	2		
<i>edetate disodium</i> (Edetate Disodium)	1	GC	
ENDRATE	2		
EXJADE	2		
FERRIPROX	2		
GALZIN	2		
<i>na nitrite/na thiosul/amyl nit</i> (Na Nitrite/na Thiosul/amyl Nit)	1	GC	
<i>sodium thiosulfate</i> (Sodium Thiosulfate)	1	GC	
SYPRINE	2		
ZN-DTPA	2		
Hematologic Agents			
Anticoagulants			
CEPROTIN	2		
<i>citrate-phos-dex solution</i> (Citrate-phos-dex Solution)	1	GC	
COUMADIN	2		vial
<i>enoxaparin sodium</i> (Lovenox)	1	GC, QL: 13.6 in 30 days	disp syrin: 40mg/ 0.4ml
<i>enoxaparin sodium</i> (Lovenox)	1	GC, QL: 18 in 30 days	disp syrin: 30mg/ 0.3ml

Drug Name		Drug Tier	Requirements/Limits	
<i>enoxaparin sodium</i>	(Lovenox)	1	GC, QL: 20.4 in 30 days	disp syrin: 60mg/ 0.6ml
<i>enoxaparin sodium</i>	(Lovenox)	2	QL: 27.2 in 30 days	disp syrin: 80mg/ 0.8ml, 120mg/.8ml
<i>enoxaparin sodium</i>	(Lovenox)	2	QL: 34 in 30 days	disp syrin: 150mg/ ml
<i>enoxaparin sodium</i>	(Lovenox)	2	QL: 36 in 30 days	disp syrin: 100mg/ ml
<i>fondaparinux sodium</i>	(Arixtra)	1	GC, QL: 11.2 in 28 days	disp syrin: 10mg/ 0.8ml
<i>fondaparinux sodium</i>	(Arixtra)	1	GC, QL: 5.6 in 28 days	disp syrin: 5mg/ 0.4ml
<i>fondaparinux sodium</i>	(Arixtra)	1	GC, QL: 7 in 28 days	disp syrin: 2.5mg/ 0.5
<i>fondaparinux sodium</i>	(Arixtra)	1	GC, QL: 8.4 in 28 days	disp syrin: 7.5mg/ 0.6
FRAGMIN		2	PA, QL: 10.2 in 30 days	disp syrin: 15000/ 0.6
FRAGMIN		2	PA, QL: 12 in 30 days	disp syrin: 2500/ 0.2ml
FRAGMIN		2	PA, QL: 12.24 in 30 days	disp syrin: 18000/ 0.72
FRAGMIN		2	PA, QL: 15.2 in 30 days	vial
FRAGMIN		2	PA, QL: 17 in 30 days	disp syrin: 10000/ml
FRAGMIN		2	PA, QL: 5.1 in 30 days	disp syrin: 7500/ 0.3ml

Drug Name	Drug Tier	Requirements/Limits	
FRAGMIN	2	PA, QL: 6 in 30 days	disp syrin: 5000/ 0.2ml
FRAGMIN	2	PA, QL: 8.5 in 30 days	disp syrin: 12500/ 0.5
<i>heparin sodium,porcine</i> (Hep-lock)	1	GC, PA	(PA for ESRD only)
<i>heparin sodium,porcine/d5w</i> (Heparin Sodium, porcine/D5W)	1	GC	
<i>heparin sodium,porcine/ns/pf</i> (Heparin Sodium, porcine/ns/PF)	1	GC	iv soln: 1000/500ml
<i>heparin sodium,porcine/ns/pf</i> (Heparin Sodium, porcine/ns/PF)	1	GC	iv soln: 2k/1000ml
<i>heparin sodium,porcine/pf</i> (Hep-lock)	1	GC	vial port: 10000/5ml
<i>heparin sodium,porcine/pf</i> (Hep-lock)	1	GC	vial port: 25k/10ml
<i>heparin sodium,porcine/pf</i> (Monoject Prefill Advanced)	1	GC, PA	disp syrin, (PA for ESRD only)
<i>heparin sodium,pork in 1/2 ns</i> (Heparin Sodium, pork in 1/2 NS)	1	GC	
IPRIVASK	2	PA, QL: 24 in 28 days	
LOVENOX	2	QL: 12 in 30 days	vial
<i>warfarin sodium</i> (Coumadin)	1	GC	
Hematologic Agents, Miscellaneous			
<i>aminocaproic acid</i> (Amicar)	1	GC	
<i>anagrelide hcl</i> (Agrylin)	1	GC	
CYKLOKAPRON	2		
LYSTEDA	2	QL: 30 in 30 days	
<i>pentoxifylline</i> (Trental)	1	GC	
<i>protamine sulfate</i> (Protamine Sulfate)	1	GC, PA	(PA for ESRD only)
<i>tranexamic acid</i> (Tranexamic Acid)	1	GC	
Platelet-aggregation Inhibitors			
<i>cilostazol</i> (Pletal)	1	GC	
EFFIENT	2		
PLAVIX	2		
<i>ticlopidine hcl</i> (Ticlid)	1	GC	

Drug Name	Drug Tier	Requirements/Limits	
Hematopoietic Agents			
Hematopoietic Agents			
ARANESP	2	PA, QL: 1.2 in 28 days	disp syrin: 60mcg/ 0.3, 150mcg/0.3
ARANESP	2	PA, QL: 1.6 in 28 days	disp syrin: 40mcg/ 0.4, 200mcg/0.4
ARANESP	2	PA, QL: 1.68 in 28 days	disp syrin: 25mcg/ 0.42
ARANESP	2	PA, QL: 2 in 28 days	disp syrin: 100mcg/ 0.5
ARANESP	2	PA, QL: 2.4 in 28 days	disp syrin: 300mcg/ 0.6
ARANESP	2	PA, QL: 4 in 28 days	disp syrin: 500mcg/ ml; vial
EPOGEN	2	PA, QL: 12 in 28 days	vial: 2000/ml, 3000/ ml, 4000/ml, 10000/ ml, 20000/ml
EPOGEN	2	PA, QL: 6 in 28 days	vial: 40000/ml
LEUKINE	2		
MOZOBIL	2	PA, QL: 9.6 per fill	
NEULASTA	2		
NEUMEGA	2		
NEUPOGEN	2		
PROCRIT	2	PA, QL: 12 in 28 days	vial: 2000/ml, 3000/ ml, 4000/ml, 10000/ ml, 20000/ml
PROCRIT	2	PA, QL: 6 in 28 days	vial: 40000/ml

Drug Name	Drug Tier	Requirements/Limits	
PROMACTA	2	PA, QL: 30 in 30 days	
Hypotensive Agents			
Hypotensive Agents, Miscellaneous			
<i>clonidine hcl</i> (Catapres)	1	GC	
<i>clonidine hcl/ chlorthalidone</i> (Clonidine HCl/chlorthalidone)	1	GC	
<i>clonidine</i> (Catapres-TTS 3)	1	GC, QL: 4 in 28 days	patch tdwk: 0.1mg/ 24hr, 0.2mg/24hr
<i>clonidine</i> (Catapres-TTS 3)	1	GC, QL: 8 in 28 days	patch tdwk: 0.3mg/ 24hr
<i>fenoldopam mesylate</i> (Fenoldopam Mesylate)	1	GC, PA	
<i>guanabenz acetate</i> (Guanabenz Acetate)	1	GC	tablet: 4mg
<i>guanabenz acetate</i> (Guanabenz Acetate)	1	GC	tablet: 8mg
<i>guanfacine hcl</i> (Tenex)	1	GC	
<i>hydralazine hcl</i> (Apresoline)	1	GC	
<i>hydralazine/ hydrochlorothiazid</i> (Hydralazine/ hydrochlorothiazid)	1	GC	
<i>hydralazine/reserpin/hctz</i> (Hydralazine/reserpin/hctz)	1	GC	
<i>methyldopa</i> (Aldomet)	1	GC	
<i>methyldopa/ hydrochlorothiazide</i> (Methyldopa/ hydrochlorothiazide)	1	GC	
<i>methyldopate hcl</i> (Methyldopate HCl)	1	GC	
<i>minoxidil</i> (Minoxidil)	1	GC	
PROGLYCEM	2		
<i>reserpine</i> (Reserpine)	1	GC	
<i>reserpine/ hydrochlorothiazide</i> (Reserpine/hydrochlorothiazide)	1	GC	
Ion-Removing Agents			
Ion-Removing Agents			
<i>calcium acetate</i> (Phoslo)	1	GC	
<i>calcium carbonate/mag carb/fa</i> (Calcium Carbonate/mag Carb/ fa)	1	GC	
PHOSLYRA	2		
RENAGEL	2		
RENVELA	2		powd pack: 2.4g; tablet

Drug Name	Drug Tier	Requirements/Limits	
<i>sodium polystyrene sulfonate</i> (Sodium Polystyrene Sulfonate)	1	GC	
Irrigating Solutions			
Irrigating Solutions			
<i>acetic acid</i> (Acetic Acid)	1	GC	
IRRIGATING SOLUTION G	2		
LACTATED RINGERS	2		
<i>mannitol/sorbitol solution</i> (Mannitol/sorbitol Solution)	1	GC	
<i>ringers solution</i> (Tis-u-sol)	1	GC	
<i>sod chloride 0.45% irrig. soln</i> (Sod Chloride 0.45% Irrig. Soln)	1	GC	
<i>sodium chloride irrig solution</i> (Sodium Chloride Irrig Solution)	1	GC	
<i>sorbitol solution</i> (Sorbitol Solution)	1	GC	
<i>urologic solution-g</i> (Urologic Solution-g)	1	GC	
<i>water for irrigation, sterile</i> (Water for Irrigation, Sterile)	1	GC	
Keratolytic Agents			
Keratolytic Agents			
<i>benzoyl peroxide microspheres</i> (Neobenz Micro)	1	GC	
<i>benzoyl peroxide & skin cleansr5</i> (Brevoxyl-4)	1	GC	
<i>benzoyl peroxide</i> (Delos)	1	GC	
<i>benzoyl peroxide/aloe vera</i> (Benzoyl Peroxide/aloe Vera)	1	GC	
<i>benzoyl peroxide/hydrocortison</i> (Benzoyl Peroxide/hydrocortison)	1	GC	
<i>benzoyl peroxide/skin clnsr7</i> (Benzoyl Peroxide/skin Clnsr7)	1	GC	
<i>benzoyl peroxide/urea</i> (Zoderm)	1	GC	
<i>potassium hydroxide</i> (Potassium Hydroxide)	1	GC	
<i>salicylic acid</i> (Salex)	1	GC	
<i>salicylic acid/ammon lact/aloe</i> (Salkera)	1	GC	
<i>salicylic acid/ceramide cmb #1</i> (Salex)	1	GC	
<i>silver nitrate applicator urea</i> (Silver Nitrate Applicator)	1	GC	stick (ea): 75%-25%
<i>urea</i> (Uramaxin)	1	GC	

Drug Name	Drug Tier	Requirements/Limits	
<i>urea/lactic ac/zn undecylenate</i> (Kerol)	1	GC	
<i>urea/lactic acid/salicyl acid</i> (Kerol)	1	GC	
Keratoplastic Agents			
Keratoplastic Agents			
CARMOL SCALP	2		
DRITHO-SCALP	2		
<i>sulfacetamide sodium/urea</i> (Rosula Ns)	1	GC	
Local Anesthetics			
Local Anesthetics			
<i>aa/antipyryn/bcaine/polico#1/al</i> (Auralgan)	1	GC	
<i>aa/anpty/bcaine/polico/al acet</i> (Aa/anpty/bcaine/polico/al Acet)	1	GC	
AKTEN	2		
<i>antipyrine/benzocaine/glycerin</i> (Otra Nr)	1	GC	
<i>benzocaine</i> (Omedia Otic)	1	GC	
<i>chloroprocaine hcl/pf</i> (Nesacaine-MPF)	1	GC	
<i>chloroxylonol/pramoxine hcl</i> (Oticin)	1	GC	
<i>cocaine hcl</i> (Cocaine HCl)	1	GC	
<i>lidocaine hcl</i> (Xylocaine)	1	GC, PA	vial: 10mg/ml, (PA for ESRD only)
<i>lidocaine hcl</i> (Xylocaine)	1	GC, PA	vial: 20mg/ml, (PA for ESRD only)
<i>lidocaine hcl</i> (Xylocaine)	1	GC	jel (ml), jel/pf app, solution
<i>lidocaine hcl/pf</i> (Xylocaine-MPF)	1	GC, PA	ampul, (PA for ESRD only)
<i>lidocaine hcl/pf</i> (Xylocaine-MPF)	1	GC, PA	vial, (PA for ESRD only)
<i>mepivacaine hcl/pf</i> (Mepivacaine HCl/PF)	1	GC	
NESACAINE	2		vial: 10mg/ml
<i>phenylephrine/antipy/b-caine</i> (Otogesic)	1	GC	
<i>proparacaine hcl</i> (Ophthetic)	1	GC	
<i>proparacaine/fluorescein sod</i> (Proparacaine/fluorescein Sod)	1	GC	

Drug Name	Drug Tier	Requirements/Limits	
<i>tetracaine hcl</i> (Pontocaine)	1	GC	
<i>tetracaine hcl/pf</i> (Tetracaine HCl/PF)	1	GC	
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
ACTEMRA	2	PA, QL: 40 in 30 days	
ACTIMMUNE	2		
ACTONEL with CALCIUM	2	ST, QL: 28 in 28 days	
ACTONEL	2	ST, QL: 1 in 28 days	tablet: 150mg
ACTONEL	2	ST, QL: 31 in 31 days	tablet: 5mg, 30mg
ACTONEL	2	ST, QL: 4 in 28 days	tablet: 35mg
<i>alendronate sodium</i> (Fosamax)	1	GC, QL: 4 in 28 days	tablet: 35mg, 70mg
<i>alendronate sodium</i> (Fosamax)	1	GC	tablet: 5mg, 10mg, 40mg
<i>allopurinol sodium</i> (Aloprim)	1	GC	
<i>allopurinol</i> (Zyloprim)	1	GC	
<i>amifostine crystalline</i> (Ethyol)	1	GC	
AMPYRA	2	PA, QL: 60 in 30 days	
ANTABUSE	2		
ARCALYST	2		
ATGAM	2		
AVODART	2		
AVONEX ADMINISTRATION PACK	2		
AVONEX	2		
<i>azathioprine sodium</i> (Azathioprine Sodium)	1	GC, PA	
<i>azathioprine</i> (Imuran)	1	GC, PA	

Drug Name	Drug Tier	Requirements/Limits	
BENLYSTA	2	PA, QL: 2 in 28 days	
BERINERT	2		
BETASERON	2	ST	
BONIVA	2	PA, ST, QL: 1 in 84 days	disp syrin, (PA for ESRD only)
BONIVA	2	ST, QL: 1 in 28 days	tablet: 150mg
BONIVA	2	ST, QL: 31 in 31 days	tablet: 2.5mg
BOTOX	2	PA, QL: 1 in 90 days	vial: 200unit
BOTOX	2	PA, QL: 3 in 90 days	vial: 100unit
CELLCEPT	2	PA	susp recon
CELLCEPT	2	PA	vial
CINRYZE	2	PA, QL: 20 in 28 days	
<i>colchicine/probenecid</i> (Colchicine/probenecid)	1	GC	
COLCRYS	2		
COPAXONE	2		
<i>cyclosporine</i> (Sandimmune)	1	GC, PA	capsule, vial
<i>cyclosporine</i> (Sandimmune)	1	GC, PA	solution
<i>cyclosporine, modified</i> (Neoral)	1	GC, PA	
CYSTADANE	2		
CYSTAGON	2		
<i>dexrazoxane</i> (Totect)	1	GC	
<i>disulfiram</i> (Antabuse)	1	GC	
DUODOTE	2		
DYSPORT	2	PA, QL: 2 in 90 days	
ELMIRON	2		

Drug Name	Drug Tier	Requirements/Limits	
ENBREL	2	PA, QL: 7.84 in 28 days	pen injctr
ENBREL	2	PA, QL: 8 in 28 days	kit
ENBREL	2	PA, QL: 8.16 in 28 days	disp syrin
<i>ergoloid mesylates</i> (Ergoloid Mesylates)	1	GC	tab subl
<i>ergoloid mesylates</i> (Ergoloid Mesylates)	1	GC	tablet
<i>etidronate disodium</i> (Didronel)	1	GC	
EXTAVIA	2	ST	
<i>finasteride</i> (Proscar)	1	GC	
FIRAZYR	2		
FLUOR-A-DAY	2		drops
FLUOR-A-DAY	2		tab chew
FLUORITAB	2		
FLURA-DROPS	2		
<i>fomepizole</i> (Antizol)	2		
FOSAMAX	2	QL: 300 in 28 days	solution
FUSILEV	2		
<i>gauze bandage</i> (Gauze Bandage)	1	GC	
GILENYA	2	PA, QL: 28 in 28 days	
GLUCAGEN	2		
GLUCAGON EMERGENCY KIT	2		
<i>gold sodium thiomalate</i> (Myochrysine)	1	GC	
HUMIRA	2	PA, QL: 4 in 28 days	kit, pen ij kit: 40mg/ 0.8ml
HUMIRA	2	PA, QL: 6 in 28 days	pen ij kit: 40mg/ 0.8ml
<i>ibandronate sodium</i> (Boniva)	1	GC, QL: 1 in 28 days	

Drug Name	Drug Tier	Requirements/Limits
ILARIS	2	
KALBITOR	2	
KINERET	2	PA, QL: 18.76 in 28 days
KUVAN	2	
<i>leflunomide</i> (Arava)	1	GC
<i>leucovorin calcium</i> (Leucovorin Calcium)	1	GC
<i>levocarnitine (with sugar)</i> (Carnitor)	1	GC, PA (PA for ESRD only)
<i>levocarnitine</i> (Carnitor)	1	GC, PA (PA for ESRD only)
<i>mesna</i> (Mesnex)	1	GC
MESNEX	2	tablet
<i>methylene blue</i> (Methylene Blue)	1	GC
<i>methylergonovine maleate</i> (Methergine)	1	GC tablet
<i>methylergonovine maleate</i> (Methylergonovine Maleate)	1	GC vial
<i>mycophenolate mofetil</i> (Cellcept)	1	GC, PA
MYFORTIC	2	PA
MYOBLOC	2	PA, QL: 1 in 90 days
NPLATE	2	PA, QL: 8 in 28 days
NULOJIX	2	PA
<i>octreotide acetate</i> (Sandostatin)	1	GC vial: 50mcg/ml, 100mcg/ml, 200mcg/ml
<i>octreotide acetate</i> (Sandostatin)	2	ampul, vial: 1000mcg/ml
ORENCIA	2	PA, QL: 4 in 28 days disp syrin
ORENCIA	2	PA, QL: 4 in 28 days vial
ORFADIN	2	
ORTHOCLONE OKT-3	2	PA
<i>pamidronate disodium</i> (Aredia)	1	GC, PA (PA for ESRD only)
PRALIDOXIME CHLORIDE	2	
<i>probenecid</i> (Probenecid)	1	GC

Drug Name	Drug Tier	Requirements/Limits	
PROGRAF	2	PA	ampul
PROLIA	2	PA, QL: 1 in 180 days	
PROTOPAM CHLORIDE	2		
RAPAMUNE	2	PA	
REBIF	2		
RECLAST	2	QL: 100 in 300 days	
REMICADE	2	PA, QL: 35 in 150 days	
REVLIMID	2	LA, QL: 30 in 30 days	
RIDAURA	2		
SANDOSTATIN LAR	2		
SENSIPAR	2		
SIMPONI	2	PA, QL: 0.5 in 28 days	
SIMULECT	2	PA	
<i>sodium fluoride</i> (Sodium Fluoride)	2		drops, tab chew
SOLIRIS	2		
SOMATULINE DEPOT	2	QL: 1 in 28 days	
STELARA	2	PA, QL: 10 in 360 days	disp syrin: 45mg/ 0.5ml
STELARA	2	PA, QL: 10 in 360 days	vial
STELARA	2	PA, QL: 5 in 360 days	disp syrin: 90mg/ml
SUPPRELIN LA	2	QL: 1 in 360 days	
SUPPRELIN	2		
SYNAREL	2		
<i>tacrolimus</i> (Prograf)	1	GC, PA	

Drug Name	Drug Tier	Requirements/Limits	
THALOMID	2	QL: 60 in 30 days	
THIOLA	2		
THYMOGLOBULIN	2		
TYSABRI	2	LA, PA, QL: 15 in 28 days	
ULORIC	2	ST, QL: 31 in 31 days	
VANTAS	2	QL: 1 in 360 days	
XGEVA	2	PA, QL: 1.7 in 28 days	
ZAVESCA	2		
ZOMETA	2		infus. btl
ZOMETA	2		vial
ZORTRESS	2	PA, QL: 60 in 30 days	
Myasthenia Gravis			
Myasthenia Gravis			
ENLON-PLUS	2		
Mydriatics			
Mydriatics			
<i>atropine sulfate</i> (Isopto Atropine)	1	GC	
CYCLOGYL	2		drops: 0.5%, 2%
<i>cyclopentolate hcl</i> (Cyclogyl)	1	GC	
<i>homatropine hbr</i> (Isopto Homatropine)	1	GC	
ISOPTO HOMATROPINE	2		drops: 2%
PROPINE	2		
<i>tropicamide</i> (Mydriacyl)	1	GC	
Opiate Antagonists			
Opiate Antagonists			
<i>naloxone hcl</i> (Naloxone HCl)	1	GC	disp syrin
<i>naloxone hcl</i> (Naloxone HCl)	1	GC	vial
<i>naltrexone hcl</i> (Revia)	1	GC	

Drug Name	Drug Tier	Requirements/Limits	
Parasympathomimetics (Cholinergic Agents)			
Parasympathomimetics (Cholinergic Agents)			
ARICEPT	2	PA, QL: 31 in 31 days	tablet: 23mg
<i>bethanechol chloride</i> (Urecholine)	1	GC	
CHANTIX	2	PA, QL: 168 in 84 days	tablet
CHANTIX	2	PA, QL: 53 in 28 days	tab ds pk
<i>donepezil hcl</i> (Aricept)	1	GC, QL: 31 in 31 days	
EVOXAC	2		
EXELON	2	PA, QL: 30 in 30 days	patch td24
EXELON	2	QL: 240 in 31 days	solution
<i>galantamine hbr</i> (Razadyne ER)	1	GC, QL: 30 in 30 days	cap24h pel
<i>galantamine hbr</i> (Razadyne)	1	GC, QL: 200 in 30 days	solution
<i>galantamine hbr</i> (Razadyne)	1	GC, QL: 60 in 30 days	tablet
<i>guanidine hcl</i> (Guanidine HCl)	1	GC	
MESTINON	2		syrup, tablet er
MYTELASE	2		
<i>neostigmine methylsulfate</i> (Neostigmine Methylsulfate)	1	GC	
NICOTROL	2	QL: 2016 in 365 days	
<i>physostigmine salicylate</i> (Physostigmine Salicylate)	1	GC	
<i>pilocarpine hcl</i> (Salagen)	1	GC	
PROSTIGMIN	2		

Drug Name	Drug Tier	Requirements/Limits	
<i>pyridostigmine bromide</i> (Mestinon)	1	GC	
REGONOL	2		
<i>rivastigmine tartrate</i> (Exelon)	1	GC, QL: 62 in 31 days	
Parathyroid			
Parathyroid			
<i>calcitonin, salmon, synthetic</i> (Miacalcin) <i>c</i>	1	GC, QL: 3.7 in 28 days	
FORTEO	2	PA, QL: 3 in 28 days	
FORTICAL	2	QL: 3.7 in 28 days	
MIACALCIN	2	PA	vial, (PA for ESRD only)
Pituitary			
Pituitary			
DDAVP	2		ampul: 15mcg/ml
<i>desmopressin acetate</i> (DDAVP)	1	GC	tablet, vial
<i>desmopressin acetate</i> (Minirin)	1	GC, QL: 15 in 30 days	solution, spray/ pump
GENOTROPIN	2	PA, QL: 28 in 28 days	disp syrin
GENOTROPIN	2	PA, QL: 5 in 28 days	cartridge
HUMATROPE	2	PA, QL: 18 in 28 days	cartridge: 6mg
HUMATROPE	2	PA, QL: 25 in 28 days	vial
HUMATROPE	2	PA, QL: 5 in 28 days	cartridge: 24mg

Drug Name	Drug Tier	Requirements/Limits	
HUMATROPE	2	PA, QL: 9 in 28 days	cartridge: 12mg
NORDITROPIN NORDIFLEX	2	PA, QL: 13 in 28 days	pen injctr: 15mg/ 1.5ml
NORDITROPIN NORDIFLEX	2	PA, QL: 15 in 28 days	pen injctr: 30mg/ 3ml
NORDITROPIN NORDIFLEX	2	PA, QL: 20 in 28 days	pen injctr: 10mg/ 1.5ml
NORDITROPIN NORDIFLEX	2	PA, QL: 39 in 28 days	pen injctr: 5mg/ 1.5ml
NORDITROPIN	2	PA, QL: 17 in 28 days	vial: 8mg
NORDITROPIN	2	PA, QL: 33 in 28 days	vial: 4mg
NOVAREL	2		
NUTROPIN AQ NUSPIN	2	PA, QL: 20 in 28 days	cartridge: 10mg/2ml
NUTROPIN AQ NUSPIN	2	PA, QL: 34 in 28 days	cartridge: 5mg/2ml
NUTROPIN AQ	2	PA, QL: 10 in 28 days	cartridge: 20mg/2ml
NUTROPIN AQ	2	PA, QL: 20 in 28 days	cartridge: 10mg/2ml
NUTROPIN	2	PA, QL: 10 in 28 days	
OMNITROPE	2	PA, QL: 13.5 in 28 days	cartridge: 10mg/ 1.5ml

Drug Name	Drug Tier	Requirements/Limits	
OMNITROPE	2	PA, QL: 22.5 in 28 days	cartridge: 5mg/ 1.5ml
OMNITROPE	2	PA, QL: 8 in 28 days	vial
SAIZEN	2	PA, QL: 3 in 28 days	cartridge
SAIZEN	2	PA, QL: 3 in 28 days	vial: 8.8mg
SAIZEN	2	PA, QL: 4 in 28 days	vial: 5mg
SEROSTIM	2	PA, QL: 28 in 28 days	
TEV-TROPIN	2	PA, QL: 17 in 28 days	
<i>vasopressin</i> (Pitressin)	1	GC	
ZORBTIVE	2	PA, QL: 28 in 28 days	
Progestins			
Progestins			
DEPO-PROVERA	2	QL: 10 in 28 days	vial: 400mg/ml
DEPO-SUBQ PROVERA 104	2	QL: 1 in 84 days	
<i>medroxyprogesterone acet</i> (Depo-provera)	1	GC, QL: 1 in 84 days	disp syrin
<i>medroxyprogesterone acet</i> (Depo-provera)	1	GC, QL: 1 in 84 days	vial
<i>medroxyprogesterone acet</i> (Provera)	1	GC	tablet
<i>norethindrone acetate</i> (Aygestin)	1	GC	
<i>progesterone</i> (Progesterone In Oil)	1	GC	
<i>progesterone,micronized</i> (Prometrium)	1	GC	

Drug Name	Drug Tier	Requirements/Limits	
PROMETRIUM	2		
Psychotherapeutic Agents			
Antidepressants			
<i>amitrip hcl/</i> (Limbitrol) <i>chlordiazepoxide</i>	1	GC	
<i>amitriptyline hcl</i> (Amitriptyline HCl)	1	GC	
<i>amoxapine</i> (Amoxapine)	1	GC	
<i>bupropion hcl</i> (Wellbutrin SR)	1	GC	
<i>citalopram hydrobromide</i> (Celexa)	1	GC	
<i>clomipramine hcl</i> (Anafranil)	1	GC	
CYMBALTA	2	QL: 30 in 30 days	capsule dr: 30mg
CYMBALTA	2	QL: 60 in 30 days	capsule dr: 20mg, 60mg
<i>desipramine hcl</i> (Norpramin)	1	GC	
<i>doxepin hcl</i> (Doxepin HCl)	1	GC	
EMSAM	2	QL: 30 in 30 days	
<i>escitalopram oxalate</i> (Lexapro)	1	GC, QL: 31 in 31 days	tablet
<i>escitalopram oxalate</i> (Lexapro)	1	GC, QL: 720 in 31 days	solution
<i>fluoxetine hcl</i> (Prozac)	1	GC	capsule, capsule dr, solution, tablet: 10mg, 20mg
<i>fluoxetine hcl</i> (Rapiflux)	1	GC	tablet: 60mg
<i>fluvoxamine maleate</i> (Fluvoxamine Maleate)	1	GC	
<i>imipramine hcl</i> (Tofranil)	1	GC	
<i>imipramine pamoate</i> (Tofranil-PM)	1	GC	
LEXAPRO	2	ST, QL: 31 in 31 days	tablet
LEXAPRO	2	ST, QL: 720 in 31 days	solution
LUVOX CR	2	ST, QL: 62 in 31 days	cap er 24h: 150mg

Drug Name	Drug Tier	Requirements/Limits	
LUVOX CR	2	ST, QL: 93 in 31 days	cap er 24h: 100mg
<i>maprotiline hcl</i> (Maprotiline HCl)	1	GC	
MARPLAN	2		
<i>mirtazapine</i> (Remeron)	1	GC	
<i>nefazodone hcl</i> (Serzone)	1	GC	
<i>nortriptyline hcl</i> (Pamelor)	1	GC	
<i>paroxetine hcl</i> (Paxil)	1	GC	
<i>perphenazine/ amitriptyline hcl</i> (Perphenazine/amitriptyline HCl)	1	GC	
<i>phenelzine sulfate</i> (Nardil)	1	GC	
PRISTIQ ER	2	ST, QL: 31 in 31 days	
<i>protriptyline hcl</i> (Vivactil)	1	GC	
<i>sertraline hcl</i> (Zoloft)	1	GC	
SURMONTIL	2		capsule: 100mg
<i>tranylcypromine sulfate</i> (Parnate)	1	GC	
<i>trazodone hcl</i> (Desyrel)	1	GC	
<i>trimipramine maleate</i> (Surmontil)	1	GC	
VENLAFAXINE HCL ER	1	GC	
<i>venlafaxine hcl</i> (Effexor XR)	1	GC	
VIIBRYD	2	PA, QL: 30 in 30 days	
Antipsychotic Agents			
ABILIFY DISCMELT	2	QL: 62 in 31 days	tab rapdis: 15mg
ABILIFY DISCMELT	2	QL: 93 in 31 days	tab rapdis: 10mg
ABILIFY	2	QL: 161.2 in 28 days	vial
ABILIFY	2	QL: 31 in 31 days	tablet
ABILIFY	2	QL: 930 in 31 days	solution
<i>chlorpromazine hcl</i> (Chlorpromazine HCl)	1	GC	ampul, tablet

Drug Name		Drug Tier	Requirements/Limits	
<i>chlorpromazine hcl</i>	(Chlorpromazine HCl)	1	GC	oral conc.
<i>clozapine</i>	(Clozaril)	1	GC, QL: 140 in 31 days	tablet: 200mg
<i>clozapine</i>	(Clozaril)	1	GC, QL: 279 in 31 days	tablet: 100mg
<i>clozapine</i>	(Clozaril)	1	GC, QL: 93 in 31 days	tablet: 25mg, 50mg
FANAPT		2	ST, QL: 60 in 30 days	tablet
FANAPT		2	ST, QL: 8 in 28 days	tab ds pk
FAZACLO		2	ST, QL: 124 in 31 days	tab rapdis: 200mg
FAZACLO		2	ST, QL: 186 in 31 days	tab rapdis: 150mg
FAZACLO		2	ST, QL: 93 in 31 days	tab rapdis: 12.5mg, 25mg, 100mg
<i>fluphenazine decanoate</i>	(Fluphenazine Decanoate)	1	GC	
<i>fluphenazine hcl</i>	(Fluphenazine HCl)	1	GC	
GEODON		2	QL: 6 in 28 days	vial
GEODON		2	QL: 62 in 31 days	capsule
HALDOL DECANOATE 100		2		
HALDOL DECANOATE 50		2		
HALDOL		2		
<i>haloperidol decanoate</i>	(Haloperidol Decanoate)	1	GC	
<i>haloperidol lactate</i>	(Haloperidol Lactate)	1	GC	
<i>haloperidol</i>	(Haloperidol)	1	GC	

Drug Name	Drug Tier	Requirements/Limits	
INVEGA SUSTENNA	2	QL: 0.25 in 28 days	disp syrin: 39mg/0.25
INVEGA SUSTENNA	2	QL: 0.5 in 28 days	disp syrin: 78mg/0.5ml
INVEGA SUSTENNA	2	QL: 0.75 in 28 days	disp syrin: 117mg/0.75
INVEGA SUSTENNA	2	QL: 1 in 28 days	disp syrin: 156mg/ml
INVEGA SUSTENNA	2	QL: 1.5 in 28 days	disp syrin: 234mg/1.5
INVEGA	2	ST, QL: 31 in 31 days	tab er 24: 1.5mg, 3mg, 9mg
INVEGA	2	ST, QL: 62 in 31 days	tab er 24: 6mg
LATUDA	2	ST, QL: 30 in 30 days	tablet: 20mg
LATUDA	2	ST, QL: 30 in 30 days	tablet: 40mg, 80mg
<i>loxapine succinate</i> (Loxitane)	1	GC	
MOBAN	2		
NAVANE	2		capsule: 20mg
<i>olanzapine</i> (Zyprexa Zydis)	1	GC, QL: 31 in 31 days	
ORAP	2		
<i>perphenazine</i> (Perphenazine)	1	GC	
RISPERDAL CONSTA	2	QL: 4 in 28 days	
<i>risperidone</i> (Risperdal M-tab)	1	GC, QL: 124 in 31 days	tab rapdis: 3mg, 4mg

Drug Name		Drug Tier	Requirements/Limits	
<i>risperidone</i>	(Risperdal)	1	GC, QL: 496 in 31 days	solution
<i>risperidone</i>	(Risperdal)	1	GC, QL: 62 in 31 days	tab rapdis: 0.25mg, 0.5mg, 1mg, 2mg; tablet
SAPHRIS		2	ST, QL: 60 in 30 days	
SEROQUEL XR		2	QL: 31 in 31 days	tab er 24h: 200mg
SEROQUEL XR		2	QL: 62 in 31 days	tab er 24h: 50mg, 150mg, 300mg, 400mg
SEROQUEL		2	QL: 93 in 31 days	
<i>thioridazine hcl</i>	(Thioridazine HCl)	1	GC	oral conc.
<i>thioridazine hcl</i>	(Thioridazine HCl)	1	GC	tablet
<i>thiothixene</i>	(Navane)	1	GC	
<i>trifluoperazine hcl</i>	(Trifluoperazine HCl)	1	GC	
<i>ziprasidone hcl</i>	(Geodon)	1	GC, QL: 62 in 31 days	
ZYPREXA RELPREVV		2	QL: 2 in 28 days	
ZYPREXA		2	QL: 31 in 31 days	vial
Renin-Angiotensin-Aldosterone System Inhibitors				
Angiotensin II Receptor Antagonists				
BENICAR HCT		2	ST	
BENICAR		2	ST	
DIOVAN HCT		2	ST	
DIOVAN		2	ST	
<i>eprosartan mesylate</i>	(Teveten)	1	GC	
<i>losartan potassium</i>	(Cozaar)	1	GC	
<i>losartan/ hydrochlorothiazide</i>	(Hyzaar)	1	GC	
TRIBENZOR		2	ST	
Angiotensin-Converting Enzyme Inhibitors				
<i>benazepril hcl</i>	(Lotensin)	1	GC	

Drug Name		Drug Tier	Requirements/Limits	
<i>benazepril/ hydrochlorothiazide</i>	(Lotensin HCT)	1	GC	
<i>captopril</i>	(Capoten)	1	GC	
<i>captopril/ hydrochlorothiazide</i>	(Capozide)	1	GC	
<i>enalapril maleate</i>	(Vasotec)	1	GC	
<i>enalapril/ hydrochlorothiazide</i>	(Vaseretic)	1	GC	
<i>enalaprilat dihydrate</i>	(Enalaprilat Dihydrate)	1	GC	
<i>fosinopril sodium</i>	(Monopril)	1	GC	
<i>fosinopril/ hydrochlorothiazide</i>	(Monopril HCT)	1	GC	
<i>lisinopril</i>	(Zestril)	1	GC	
<i>lisinopril/ hydrochlorothiazide</i>	(Prinzide)	1	GC	
<i>moexipril hcl</i>	(Univasc)	1	GC	
<i>moexipril/ hydrochlorothiazide</i>	(Uniretic)	1	GC	
<i>perindopril erbumine</i>	(Aceon)	1	GC	
<i>quinapril hcl</i>	(Accupril)	1	GC	
<i>quinapril/ hydrochlorothiazide</i>	(Accuretic)	1	GC	
<i>ramipril</i>	(Altace)	1	GC	
<i>trandolapril</i>	(Mavik)	1	GC	
<i>trandolapril/verapamil hcl</i>	(Trandolapril/verapamil HCl)	1	GC	
Renin-Angiotensin-Aldosterone System Inhibitors				
<i>eplerenone</i>	(Inspra)	1	GC	
<i>spironolact/ hydrochlorothiazid</i>	(Aldactazide)	1	GC	
<i>spironolactone</i>	(Aldactone)	1	GC	
Replacement Preparations				
Replacement Preparations				
<i>0.9 % sodium chloride</i>	(0.9 % Sodium Chloride)	1	GC	
<i>calcium chloride</i>	(Calcium Chloride)	1	GC	
<i>calcium gluconate</i>	(Calcium Gluconate)	1	GC, PA	(PA for ESRD only)
<i>dex 2.5%-half str lact.ringers</i>	(Dex 2.5%-half Str Lact.ringers)	1	GC	
<i>dextrose 2.5% in half ringers</i>	(Dextrose 2.5% In Half Ringers)	1	GC	
<i>dextrose 5% in ringers</i>	(Dextrose 5% In Ringers)	1	GC	

Drug Name	Drug Tier	Requirements/Limits	
<i>dextrose 5%-lactated ringers</i> (Dextrose 5%-Lactated Ringers)	1	GC	
DEXTROSE W/ ELECTROLYTE A	2		
DEXTROSE W/ ELECTROLYTE B	2		
<i>electrolyte-48 solution/d10w</i> (Electrolyte-48 Solution/d10w)	1	GC	
<i>electrolyte-48 solution/d5w</i> (Electrolyte-48 Solution/D5W)	1	GC	
<i>electrolyte-48/fructose 10%</i> (Electrolyte-48/fructose 10%)	1	GC	
<i>electrolyte-48/fructose 5%</i> (Electrolyte-48/fructose 5%)	1	GC	
<i>electrolyte-75 solution/d5w</i> (Electrolyte-75 Solution/D5W)	1	GC	
<i>electrolyte-75/fructose 5%</i> (Electrolyte-75/fructose 5%)	1	GC	
<i>electrolyte-r solution/d5w</i> (Normosol-r and Dextrose)	1	GC	
HYPERLYTE CR	2		
HYPERLYTE R	2		
IONOSOL B with DEXTROSE 5%	2		
IONOSOL MB- DEXTROSE 5%	2		
IONOSOL T-DEXTROSE 5%	2		
ISOLYTE E	2		
ISOLYTE H W/ DEXTROSE	2		
ISOLYTE M W/ DEXTROSE	2		
ISOLYTE P with DEXTROSE	2		
ISOLYTE S with DEXTROSE	2		
ISOLYTE S	2		
LACTATED RINGERS	2		
NORMOSOL-M and DEXTROSE	2		
NORMOSOL-R PH 7.4	2		
NUTRILYTE II	2		
NUTRILYTE	2		

Drug Name	Drug Tier	Requirements/Limits	
PLASMA-LYTE 148	2		
PLASMA-LYTE 56 IN DEXTROSE	2		
PLASMA-LYTE A PH 7.4	2		
PLASMA-LYTE M IN DEXTROSE	2		
<i>pot chloride/pot bicarb/cit ac</i> (K-lyte-cl)	1	GC	
<i>potassium acetate</i> (Potassium Acetate)	1	GC	
<i>potassium bicarbonate/cit ac</i> (K-lyte)	1	GC	
<i>potassium chlorid/d10-0.2%nacl</i> (Potassium Chlorid/d10-0.2%NaCl)	1	GC	
<i>potassium chlorid/d5-0.225nacl</i> (Potassium Chlorid/d5-0.225NaCl)	1	GC	iv soln: 10meq/l, 20meq/l, 40meq/l, 10meq/l, 20meq/l, 40meq/l
<i>potassium chlorid/d5-0.225nacl</i> (Potassium Chlorid/d5-0.225NaCl)	1	GC	iv soln: 30meq/l
<i>potassium chloride in 0.9%nacl</i> (Potassium Chloride In 0.9%NaCl)	1	GC	
<i>potassium chloride</i> (Kaon-cl)	1	GC	liquid, packet
<i>potassium chloride</i> (K-dur)	1	GC	capsule er, piggyback, tab er prt, tablet er, tablet sa, vial
<i>potassium chloride/d5-0.25ns</i> (Potassium Chloride/D5-0.25NS)	1	GC	30meq/l
<i>potassium chloride/d5-0.33nacl</i> (Potassium Chloride/d5-0.33NaCl)	1	GC	
<i>potassium chloride/d5-0.45nacl</i> (Potassium Chloride/d5-0.45NaCl)	1	GC	
<i>potassium chloride/d5-0.9%nacl</i> (Potassium Chloride/d5-0.9%NaCl)	1	GC	
<i>potassium chloride/d5lr</i> (Potassium Chloride/D5 LR)	1	GC	
<i>potassium chloride/d5w</i> (Potassium Chloride/D5W)	1	GC	
<i>potassium chloride-0.45% nacl</i> (Potassium Chloride-0.45% NaCl)	1	GC	
<i>potassium gluconate</i> (Potassium Gluconate)	1	GC	

Drug Name		Drug Tier	Requirements/Limits	
<i>potassium phos,m-basic-d-basic</i>	(Potassium Phos,m-basic-d-basic)	1	GC	
<i>ringers solution</i>	(Ringers Solution)	1	GC	
<i>sodium acetate</i>	(Sodium Acetate)	1	GC	
<i>sodium chloride 0.45 %</i>	(Sodium Chloride 0.45 %)	1	GC	
<i>sodium chloride 3%</i>	(Sodium Chloride 3%)	1	GC	
<i>sodium chloride 5%</i>	(Sodium Chloride 5%)	1	GC	
<i>sodium chloride</i>	(Sodium Chloride)	1	GC	vial: 2.5meq/ml
<i>sodium chloride</i>	(Sodium Chloride)	1	GC	vial: 4meq/ml
<i>sodium phos,m-basic-d-basic</i>	(Sodium Phos,m-basic-d-basic)	1	GC	
TPN ELECTROLYTES		2		
TRAVERT-ELECTROLYTE NO.1		2		
TRAVERT-ELECTROLYTE NO.2		2		iv soln: 10%
TRAVERT-ELECTROLYTE NO.2		2		iv soln: 5%
TRAVERT-ELECTROLYTE NO.3		2		
TRAVERT-ELECTROLYTE NO.4		2		
Respiratory Tract Agents, Miscellaneous				
Respiratory Tract Agents, Miscellaneous				
<i>acetylcysteine</i>	(Acetylcysteine)	1	GC	
<i>aminophylline</i>	(Aminophylline)	1	GC	liquid
<i>aminophylline</i>	(Aminophylline)	1	GC	tablet, vial
ARALAST NP		2		
DALIRESP		2	ST, QL: 30 in 30 days	
<i>guaifen/theop anhyd/p-ephed</i>	(Guaifen/theop Anhyd/p-ephed)	1	GC	
PROLASTIN C		2		
PROLASTIN		2		
<i>theophylline anhydrous</i>	(Theochron)	1	GC	elixir, tab er 12h: 100mg, 200mg, 300mg, 450mg; tablet er
<i>theophylline anhydrous</i>	(Theochron)	1	GC	solution, tab er 12h: 200mg

Drug Name	Drug Tier	Requirements/Limits	
<i>theophylline/dextrose 5%-water</i> (Theophylline/dextrose 5%-water)	1	GC	
XOLAIR	2	PA, QL: 6 in 28 days	
ZEMAIRA	2		
Scerosing Agents			
Scerosing Agents			
<i>ethanolamine oleate</i> (Ethanolamine Oleate)	1	GC	
<i>sodium morrhuate</i> (Sodium Morrhuate)	1	GC	
<i>sodium tetradecyl sulfate</i> (Sodium Tetradecyl Sulfate)	1	GC	
<i>talc</i> (Talc)	1	GC	
Second Generation Antihistamines			
Second Generation Antihistamines			
<i>fexofenadine hcl</i> (Allegra)	1	GC	
<i>levocetirizine dihydrochloride</i> (Xyzal)	1	GC	
Serums			
Serums			
ANASCORP	2		
ANTIVENIN LATRODECTUS MACTANS	2		
ANTIVENIN MICRURUS FULVIUS	2		
CARIMUNE NF NANOFILTERED	2	PA	
CROFAB	2		
CYTOGAM	2		
DIGIBIND	2		
DIGIFAB	2		
FLEBOGAMMA DIF	2	PA	
FLEBOGAMMA	2	PA	
GAMASTAN S-D	2	PA	
GAMMAGARD S-D	2	PA	
GAMMAPLEX	2	PA	
GAMUNEX	2	PA	
HIZENTRA	2	PA	
HYPERRAB S-D	2		
HYPERRHO S-D	2		

Drug Name	Drug Tier	Requirements/Limits
IMOGAM RABIES-HT	2	
MICRHOGAM PLUS	2	
OCTAGAM	2	PA
PRIVIGEN	2	PA
RHOGAM PLUS	2	
RHOPHYLAC	2	
VIVAGLOBIN	2	PA
WINRHO SDF	2	
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen</i> (Baclofen)	1	GC
<i>carisoprodol</i> (Soma)	1	GC, QL: 120 in 30 days tablet: 250mg
<i>carisoprodol</i> (Soma)	1	GC, QL: 120 in 30 days tablet: 350mg
<i>carisoprodol/aspirin</i> (Soma Compound)	1	GC, QL: 240 in 30 days
<i>chlorzoxazone</i> (Parafon Forte DSC)	1	GC
<i>chlorzoxazone/acetaminophen</i> (Chlorzoxazone/acetaminophen)	1	GC
<i>codeine phos/carisoprodol/asa</i> (Soma Compound with Codeine)	1	GC
<i>cyclobenzaprine hcl</i> (Flexeril)	1	GC
<i>dantrolene sodium</i> (Dantrium)	1	GC capsule
<i>dantrolene sodium</i> (Dantrium)	1	GC vial
<i>metaxalone</i> (Skelaxin)	1	GC
<i>methocarbamol</i> (Robaxin-750)	1	GC
<i>orphenadrine citrate</i> (Norflex)	1	GC
<i>orphenadrine/aspirin/caffeine</i> (Norgesic Forte)	1	GC
<i>tizanidine hcl</i> (Zanaflex)	1	GC
Skin and Mucous Membrane Agents, Miscellaneous		
Skin and Mucous Membrane Agents, Miscellaneous		
8-MOP	2	
<i>adapalene</i> (Differin)	1	GC

Drug Name	Drug Tier	Requirements/Limits
AMEVIVE	2	PA, QL: 4 in 28 days
<i>ammonium lactate</i> (Lac-hydrin)	1	GC
<i>calcipotriene</i> (Dovonex)	1	GC
<i>calcitriol</i> (Vectical)	1	GC
CARAC	2	
CONDYLOX	2	gel (gram)
DOVONEX	2	cream
ELIDEL	2	PA
FLUOROPLEX	2	
<i>fluorouracil</i> (Efudex)	1	GC
<i>imiquimod</i> (Aldara)	1	GC, PA, QL: 24 in 30 days
<i>isotretinoin</i> (Accutane)	1	GC
LEVULAN	2	
METVIXIA	2	
OXSORALEN-ULTRA	2	
PANRETIN	2	
<i>podofilox</i> (Condylox)	1	GC
<i>podophyllum resin</i> (Pododerm)	1	GC
PROTOPIC	2	PA
REGRANEX	2	PA, QL: 30 in 30 days
SANTYL	2	
TARGRETIN	2	
TAZORAC	2	
UVADEX	2	
VECTICAL	2	
ZYCLARA	2	PA, QL: 28 in 28 days
Somatotropin Agonists and Antagonists		
Somatotropin Agonists and Antagonists		
INCRELEX	2	
SOMAVERT	2	

Drug Name	Drug Tier	Requirements/Limits
Sympatholytic Adrenergic Blocking Agents		
Alpha-Adrenergic Blocking Agents		
<i>alfuzosin hcl</i> (Uroxatral)	1	GC
DIBENZYLINE	2	
<i>dihydroergotamine mesylate</i> (D.H.E. 45)	1	GC
ERGOMAR	2	
<i>ergotamine tartrate/caffeine</i> (Ergotamine Tartrate/caffeine)	1	GC
<i>phentolamine mesylate</i> (Phentolamine Mesylate)	1	GC, PA
<i>tamsulosin hcl</i> (Flomax)	1	GC
Sympathomimetic (Adrenergic) Agents		
Sympathomimetic (Adrenergic) Agents		
<i>albuterol sulfate</i> (Accuneb)	1	GC, PA solution, vial-neb: 0.63mg/3ml, 1.25mg/3ml, 2.5mg/ 3ml
<i>albuterol sulfate</i> (Proventil)	1	GC syrup, tab er 12h, tablet
<i>albuterol</i> (Albuterol)	1	GC
COMBIVENT	2	QL: 29.4 in 30 days
<i>dobutamine hcl</i> (Dobutamine HCl)	1	GC, PA
<i>dobutamine hcl/d5w</i> (Dobutamine HCl/D5W)	1	GC, PA
<i>dopamine hcl</i> (Dopamine HCl)	1	GC, PA
<i>dopamine hcl/dextrose 5%-water</i> (Dopamine HCl/dextrose 5%-water)	1	GC, PA
<i>ephedrine sulfate</i> (Ephedrine Sulfate)	1	GC
<i>epinephrine</i> (Adrenaclick)	1	GC, QL: 2 in 30 days pen injctr
<i>epinephrine</i> (Epinephrine)	1	GC disp syrin
<i>epinephrine/pf</i> (Epinephrine/PF)	1	GC
EPIPEN JR	2	QL: 2 in 30 days
EPIPEN	2	QL: 2 in 30 days
FORADIL	2	QL: 62 in 31 days

Drug Name		Drug Tier	Requirements/Limits	
<i>isoproterenol hcl</i>	(Isoproterenol HCl)	1	GC	
<i>metaproterenol sulfate</i>	(Metaproterenol Sulfate)	1	GC	syrup, tablet
<i>midodrine hcl</i>	(Proamatine)	1	GC	
<i>norepinephrine bit/0.9 % nacl</i>	(Norepinephrine Bit/0.9 % NaCl)	1	GC, PA	
<i>norepinephrine bitartrate</i>	(Norepinephrine Bitartrate)	1	GC, PA	
<i>phenylephrine hcl</i>	(Phenylephrine HCl)	1	GC	
<i>phenylephrine tannate</i>	(Phenylephrine Tannate)	1	GC	
PROAIR HFA		2	QL: 17 in 25 days	
SEREVENT DISKUS		2	QL: 62 in 31 days	
<i>terbutaline sulfate</i>	(Brethine)	1	GC	
Thyroid and Antithyroid Agents				
Thyroid and Antithyroid Agents				
ARMOUR THYROID		2		
<i>levothyroxine sodium</i>	(Levothyroxine Sodium)	1	GC	vial
<i>levothyroxine sodium</i>	(Synthroid)	1	GC	tablet
<i>liothyronine sodium</i>	(Cytomel)	1	GC	
<i>methimazole</i>	(Tapazole)	1	GC	tablet: 20mg
<i>methimazole</i>	(Tapazole)	1	GC	tablet: 5mg, 10mg
<i>propylthiouracil</i>	(Propylthiouracil)	1	GC	
<i>thyroid</i>	(Thyroid)	1	GC	
Toxoids				
Toxoids				
ADACEL		2		disp syrin
ADACEL		2		vial
BOOSTRIX		2		
DAPTACEL		2		
DIPHThERIA-TETANUS TOXOID		2		
INFANRIX		2		vial: 25-58-10
TE ANATOXAL BERNA		2	PA	
TENIVAC		2		
TETANUS DIPHTHERIA TOXOIDS		1	GC	
TETANUS TOXOID ADSORBED		2	PA	
TETANUS-DIPHTERIA-DECAVAC		2		

Drug Name	Drug Tier	Requirements/Limits	
TRIHIBIT	2		
TRIPEDIA	2		
Urinary Anti-infectives			
Urinary Anti-infectives			
<i>methen mand/naphos m-b m-h</i> (Methen Mand/naphos M-b M-h)	1	GC	
<i>methen/m-blue/sal/na phos/hyos</i> (Uta)	1	GC	
<i>methenamine hippurate</i> (Hiprex)	1	GC	
<i>methenamine mandelate</i> (Mandelamine)	1	GC	
MONUROL	2		
<i>mth/me blue/sod phos/phen/hyos</i> (Mth/me Blue/sod Phos/phen/hyos)	1	GC	
<i>nitrofurantoin macrocrystal</i> (Macrobid)	1	GC	
<i>nitrofurantoin</i> (Furadantin)	1	GC	
PRIMSOL	2		
<i>trimethoprim</i> (Trimethoprim)	1	GC	
Vaccines			
Vaccines			
ACTHIB	2		
ATTENUVAX VACCINE with DILUENT	2	PA	
BCG VACCINE (TICE STRAIN)	2	PA	
BIOTHRAX	2		
CERVARIX	2		
COMVAX	2		
ENGERIX-B	2	PA	disp syrin: 10mcg/0.5
ENGERIX-B	2	PA	disp syrin: 20mcg/ml; vial
GARDASIL	2		disp syrin
GARDASIL	2		vial
HAVRIX	2	PA	disp syrin
HAVRIX	2	PA	vial
HIBERIX	2		
IMOVAX RABIES VACCINE	2	PA	

Drug Name	Drug Tier	Requirements/Limits	
IPOL	2		
IXIARO	2		
JE-VAX	2		
KINRIX	2		
MENACTRA	2		disp syrin
MENACTRA	2		vial
MENOMUNE-A-C-Y-W-135	2		
MENVEO A-C-Y-W-135-DIP	2		
MERUVAX II VACCINE W-DILUENT	2		
M-M-R II VACCINE	2		
MUMPSVAX VACCINE W-DILUENT	2		
PEDIARIX	2		
PEDVAXHIB	2		
PENTACEL	2		
PROQUAD	2		
RABAVERT	2	PA	
RECOMBIVAX HB	2	PA	disp syrin
RECOMBIVAX HB	2	PA	vial
ROTARIX	2		
ROTATEQ	2		
THERACYS	2	PA	
TWINRIX	2		disp syrin
TWINRIX	2		vial
TYPHIM VI	2		
VAQTA	2	PA	disp syrin
VAQTA	2	PA	vial
VARIVAX VACCINE	2		
VIVOTIF BERNA	2		
YF-VAX	2		
ZOSTAVAX	2		
Vasodilating Agents			
Vasodilating Agents			
ADCIRCA	2	PA, QL: 60 in 30 days	

Drug Name	Drug Tier	Requirements/Limits	
AGGRENOX	2	QL: 60 in 30 days	
<i>alprostadil</i> (Prostin Vr Pediatric)	1	GC, PA	
<i>amyl nitrite</i> (Amyl Nitrite)	1	GC	
<i>dipyridamole</i> (Persantine)	1	GC	
<i>epoprostenol sodium (glycine)</i> (Flolan)	1	GC, PA	vial: 0.5mg
<i>epoprostenol sodium (glycine)</i> (Flolan)	2	PA	vial: 1.5mg
<i>isosorbide dinitrate</i> (Isordil)	1	GC	
<i>isosorbide mononitrate</i> (Imdur)	1	GC	
ISOVEX	2		
LETAIRIS	2	PA, QL: 30 in 30 days	
NITRO-BID	2		
<i>nitroglycerin</i> (Nitro-dur)	1	GC, QL: 30 in 30 days	patch td24: 0.1mg/hr, 0.2mg/hr, 0.6mg/hr
<i>nitroglycerin</i> (Nitro-dur)	1	GC, QL: 60 in 30 days	patch td24: 0.4mg/hr
<i>nitroglycerin</i> (Nitroglycerin)	1	GC	vial
<i>nitroglycerin</i> (Nitrolingual)	1	GC	spray
<i>nitroglycerin/d5w</i> (Nitroglycerin/D5W)	1	GC	
NITROSTAT	2		
<i>nylidrin hcl</i> (Nylidrin HCl)	1	GC	tablet: 12mg
<i>papaverine hcl</i> (Papaverine HCl)	1	GC, PA	
REMODULIN	2	PA	
REVATIO	2	PA, QL: 37.5 in 1 day	vial
REVATIO	2	PA, QL: 90 in 30 days	tablet
TRACLEER	2	LA, PA, QL: 60 in 30 days	
Vitamins and Minerals			
Vitamins and Minerals			
<i>calcitriol</i> (Rocaltrol)	1	GC, PA	(PA for ESRD only)

Drug Name	Drug Tier	Requirements/Limits	
CYANOKIT	2		
FLUOR-A-DAY	2		
<i>fluoride/iron/vit a,c&d</i> (Fluoride/iron/vit A,c&d)	2		
FLURA	2		
GESTICARE DHA	2		
HECTOROL	2	PA	(PA for ESRD only)
<i>iron,carbonyl/vit c/vit b12/ fa</i> (Iron,carbonyl/vit C/vit B12/fa)	2		
LOZI-FLUR	2		
<i>multivitamins with fluoride</i> (Multivitamins with Fluoride)	2		drops
<i>multivitamins with fluoride</i> (Multivitamins with Fluoride)	2		tab chew
<i>ped mv a,c,d3 #21 w-fluoride</i> (Ped Mv A,c,d3 #21 W-fluoride)	2		
<i>pedi mvi no.12/sodium fluoride</i> (Mvc-fluoride)	2		
<i>pnv with ca,no.72/iron/fa</i> (Pnv with Ca,no.72/iron/fa)	2		
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<i>potassium chloride in</i>		PRIMAXIN	35	<i>protriptyline hcl</i>	93
<i>0.9%nacl</i>	99	PRIMAXIN I.M.	35	PROVIGIL.....	32
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.....	99	PRIMSOL.....	106	<i>pyrazinamide</i>	53
<i>potassium chloride/d5-</i>		PRISTIQ ER.....	93	<i>pyridostigmine bromide</i>	89
<i>0.33nacl</i>	99	PRIVIGEN	102	QUALAQUIN	60
<i>potassium chloride/d5-</i>		PROAIR HFA	105	QUICK MIX with LYLES 67	
<i>0.45nacl</i>	99	<i>probenecid</i>	85	<i>quinapril hcl</i>	97
		<i>procainamide hcl</i>	68		

<i>quinapril/hydrochlorothiazide</i>	<i>risperidone</i>	<i>sod chloride 0.45% irrig. soln</i>
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<i>quinidine gluconate</i> 68	RITUXAN.....57	<i>sod propionate/inosi/aa14/</i>
<i>quinidine sulfate</i> 68	<i>rivastigmine tartrate</i>89	<i>urea</i> 49
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25	ROTARIX	<i>sodium acetate</i>
RABAVERT	107	100
107	ROTATEQ	<i>sodium bicarbonate</i>
<i>ramipril</i>	38	24
97	SABRIL.....38	<i>sodium chloride</i>
RANEXA	SAIZEN.....91	100
69	<i>sal-amide/acetamin/p-tlox/</i>	<i>sodium chloride 0.45 %...</i> 100
<i>ranitidine hcl</i> 60	<i>caff</i>26	<i>sodium chloride 3%</i> 100
RAPAMUNE	<i>sal-amide/acetaminophn/p-</i>	<i>sodium chloride 5%</i> 100
86	<i>tlox</i>26	<i>sodium chloride irrig solution</i>
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86	<i>salicylic acid</i>80	<i>peg</i>
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89	<i>#1</i>	<i>sodium morrhuate</i> 101
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RELENZA	<i>salsalate</i>27 100
62	SAMSCA	<i>sodium polystyrene sulfonate</i>
RELISTOR	71 80
75	SANDOSTATIN LAR.....86	<i>sodium tetradecyl sulfate</i> . 101
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102	93	59
<i>ribavirin</i>	<i>silver nitrate</i>	STALEVO 150
63	49	59
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86	80	59
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