

University Physicians Care Advantage (HMO SNP)

2011 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.

This document includes University Physicians Care Advantage partial formulary as of December 1, 2011. For a complete, updated formulary, please visit our Web site at www.upcareaz.com or call 1-877-874-3930, 24 hours a day, 7 days a week. TTY/TDD users should call 1-800-367-8939.

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, 2012.

"A Health Plan with a Medicare Contract"

This information is available in a different format, including Spanish. Please call our Customer Care Department at the number listed above if you need plan information in another format or language.

Esta información está disponible en un formato diferente, entre ellos el español. Por favor llame a nuestro Departamento de Atención al Cliente al número que aparece arriba si necesita información acerca del plan en otro formato o idioma.

What is the University Physicians Care Advantage Formulary?

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

This document is a partial formulary and includes only some of the drugs covered by University Physicians Care Advantage. For a complete listing of all prescription drugs covered by University Physicians Care Advantage, please visit our Web site at www.upcareaz.com or call 1-877-874-3930, 24 hours a day, 7 days a week. TTY/TDD users should call 1-800-367-8939.

Can the Formulary change?

Generally, if you are taking a drug on our 2010 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2011 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 December 1, 2011. To get updated information about the drugs covered by University Physicians Care Advantage, please visit our Web site at www.upcareaz.com or call our Customer Care Center at 1-877-874-3930, 24 hours a day, 7 days a week. TTY/TDD users should call 1-800-367-8939.

University Physicians Care Advantage updates our formulary monthly (if applicable) on our website at www.upcareaz.com. Errata sheets with the changes are placed in front of the formulary on the website. Errata sheets are placed in front of our printed formularies as well. If you would like an updated printed copy of the formulary including the errata sheet, please call our Customer Care Center at 1-877-874-3930, 24 hours a day, 7 days a week. TTY/TDD users should call 1-800-367-8939.

How do I use the Formulary?

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

Medical Condition

The formulary begins on 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Medications. If you know what your drug is used for, look for the category name in the list that begins on page 7. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 68. 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?

University Physicians Care 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:** University Physicians Care Advantage requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from University Physicians Care Advantage before you fill your prescriptions. If you don't get approval, University Physicians Care Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, University Physicians Care Advantage limits the amount of the drug that University Physicians Care Advantage will cover. For example, University Physicians Care Advantage provides 2 units per prescription for EMEND. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, University Physicians Care 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, University Physicians Care Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, University Physicians Care 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 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.upcareaz.com.

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

What if my drug is not on the Formulary?

If your drug is not included in this list of covered drugs, you should first contact our Customer Care Center and ask if your drug is covered. This document includes only a partial list of covered drugs, so University Physicians Care Advantage may cover your drug. You can contact our Customer Care Center at 1-877-874-3930, 24 hours a day, 7 days a week. TTY/TDD users should call 1-800-367-8939.

If you learn that University Physicians Care Advantage does not cover your drug, you have two options:

- You can ask our Customer Care Center for a list of similar drugs that are covered by University Physicians Care 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 University Physicians Care Advantage.
- You can ask University Physicians Care 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 University Physicians Care Advantage Formulary?

You can ask University Physicians Care 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, University Physicians Care Advantage limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred/highest tier subject to the tiering exceptions process tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred/lowest tier subject to the tiering exceptions process 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, University Physicians Care 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 prescriber's or physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

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

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

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

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

For more information

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

If you have questions about University Physicians Care Advantage, please call our Customer Care Center at 1-877-874-3930, 24 hours a day, 7 days a week. TTY/TDD users should call 1-800-367-8939. Or visit www.upcareaz.com.

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

University Physicians Care Advantage Formulary

The abridged formulary below provides coverage information about some of the drugs covered by University Physicians Care Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 68. Remember: This is only a partial list of drugs covered by University Physicians Care Advantage. If your prescription is not in this partial formulary, please visit our Web site at www.upcareaz.com or call our Customer Care Center at 1-877-874-3930, 24 hours a day, 7 days a week. TTY/TDD users should call 1-800-367-8939 for additional help.

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

The information in the Restrictions column tells you if University Physicians Care Advantage has any special requirements for coverage of your drug.

Anesthetics	10	Carbamazepines	
Local Anesthetics		Class II Narcotics	
Topical Anesthetics		Class III Narcotics	
		CNS Stimulant Drugs	
Antiinfectives.	11	Drugs to Prevent and Treat Headaches	
Amebicides		Hydantoins	
Aminoglycosides		MAO Inhibitors	
Anthelmintics		Other Anticonvulsants	
Antiinfectives Specialized Indications		Other Antidepressants	
Antiretrovirals & Protease INH		Other Antiparkinson Drugs	
Antituberculosis Drugs		Other CNS/Autonomic Drugs	
Cephalosporins		Secondary Amines	
Chloramphenicols		Sedative/Hypnotic Drugs	
Clindamycins		Selective Serotonin Reuptake Inhibitors	
Erythromycins		Smoking Cessation Products	
Oral Antifungal Drugs		Succinimides	
Other Antiinfective Drugs		Tertiary Amines	
Other Antiviral Drugs		Valproic Acid and Derivatives	
Other Macrolides			
Other Topical Antifungals		Cardiovascular Medications.	33
Parenteral Antifungals		Amiodarones	
Penicillins		Angiotensin Converting Enzyme Inhibitors	
Plasmodicides		Angiotensin II Receptor Antagonists	
Quinolones		Antidysrhythmic Drugs	
Sulfonamides		Beta-Adrenergic Antagonist Drugs	
Tetracyclines		Calcium Antagonists	
Topical Antibacterial Drugs		Cardiac Glycosides	
Topical Antifungal-Corticosteroid Comb.		Centrally Acting Antihypertensives	
Urinary Antiinfectives		Drugs for Pheochromocytoma	
Vaginal Antifungals		Endothelin Recptr Antagonist	
		HMG-COA Reductase Inhibitors	
Antineoplastic/Immunosuppressant		Hypolipoproteinemics	
Drugs.	20	Loop Diuretics	
		Nitrates	
Autonomic and CNS Medications.	22	Other Antiarrhythmics	
Analgesics		Other Antihypertensives	
Antidementia Drugs		Other Cardiovascular Drugs	
Antimania Drugs		Other Vasodilating Drugs	
Antiparkinson Anticholinergic Drugs		Potassium Sparing Diuretics	
Antipsychotic Drugs		Thiazide and Related Drugs	
Antivertigo and Antiemetic Drugs		Vasodilator Antihypertensives	
Anxiolytics			
Dermatological Medications	39	Growth Hormones and Related Drugs	
Antiacne Drugs		Immunologicals and Vaccines	

Antipruritic Drugs	Insulin Like Growth Factors-1
Antipsoriasis and Antieczema Drugs	Interferons
Keratolytic Drugs	Interleukin Recptr Antagonist
Oral Dermatological Drugs	Interleukins
Scabicides	Myeloid Stimulants
Topical Corticosteroid Drugs	Thrombopoietic Agents
Topical Dermatological Drugs	
Diagnostic & Miscellaneous Medications 42	Medical (Miscellaneous)Supplies 52
Diagnostic Products	Diabetic Supplies
Miscellaneous Drugs	
Ear-Nose-Throat Medications 42	Musculoskeletal Medications. 53
Drugs Affecting The Ear	Cns Muscle Relaxants
Drugs Affecting The Nose	Direct Muscle Relaxants
Drugs Affecting The Throat and Mouth	Drugs to Prevent and Treat Gout
	Non-Steroidal Antiinflammatory Agents
	Other Drugs for Arthritis
	Salicylates and Related Drugs
Endocrine Medications. 43	Nutrition, Blood Modifiers,
Antithyroid Drugs	Electrolytes 55
Glucocorticoid Drugs	Antiplatelet Drugs
Glucose Elevating Drugs	Blood Detoxicants
Hypoglycemic Drugs	Electrolytes, Irrigating Solutions, Etc.
Insulin	Fluoride Products
Mineralocorticoid Drugs	Injectable Anticoagulants
Oral Hypoglycemics & Combos	Oral Anticoagulants, Vitamin K
Other Endocrine Drugs	Potassium Removing Resins
Thyroid Supplements	Potassium Supplements
	Therapeutic Vitamins & Minerals
Gastrointestinal Medications. 47	Vitamins & Minerals & Related Products
Antidiarrheal Drugs	
Antispasmodics/Drugs Affect GI Motility	Obstetrical & Gynecological
Antiulcer Drugs	Medications 59
Irritable Bowel Drugs	Androgen Drugs
Laxatives and Cathartics	Contraceptives
Other Antiulcer Drugs	Estrogen Drugs
Other GI Drugs	Estrogen/Progestin Combinations
Proton Pump Inhibitors	OB/GYN Topical Antiinfectives
	Oxytocics
Immunologicals and Vaccines 49	Prenatal Vitamins
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Selective Estrogen Receptor Modulator	Antihistamines
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Ophthalmic Medications 62 Antiglaucoma Drugs Ophthalmic Antiinfective/Corticosteroids Ophthalmic Corticosteroid Drugs Ophthalmic Topical Antibacterial Drugs Ophthalmic Topical Antiviral Drugs Other Ophthalmic Drugs	Methyl Xanthine Drugs Other Drugs for Asthma Other Respiratory Drugs Urological Medications 66 Anticholinergic Antispasmodics Cholinergic Stimulants Other Genitourinary Products
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This is not a complete list of drugs covered by Part D plan. For a complete listing, please call our Customer Care Center at 1-877-874-3930, 24 hours a day, 7 days a week. TTY/TDD users should call 1-800-367-8939.

The symbol [INJ] next to a drug name indicates that the drug is available in injectable form.

The symbol [G] next to a drug name indicates that the drug may be available in a generic form.

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

The symbol [PAR] in the Restrictions column indicates that prior authorization may apply.

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

The symbol [ST] in the Restrictions column indicates that step therapy may apply.

Drug	Generic	Tier	Restrictions
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MEDICAL (MISCELLANEOUS) SUPPLIES

DIABETIC SUPPLIES

ACCU-CHEK ACTIVE		2	
ACCU-CHEK AVIVA		2	

Drug	Generic	Tier	Restrictions
ACCU-CHEK COMBINATION PACKAGE, -AVIVA SOLUTION, -ACTIVE CARE KIT, -ADVANTAGE KIT, -AVIVA MONITORING KIT, -COMPACT PLUS KIT		2	
ACCU-CHEK COMFORT CURVE		2	
ACCU-CHEK COMPACT		2	
ACCU-CHEK COMPACT BLUE CONTROL		2	
ASCENSIA AUTODISC		2	
AUTODISC NORMAL		2	
BREEZE 2		2	
CONTOUR		2	

Drug	Generic	Tier	Restrictions
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ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl injection</i> [INJ]		1	
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TOPICAL ANESTHETICS

<i>lidocaine hcl jel, -ointment, -solution non-oral</i>		1	
<i>lidocaine hcl viscous</i>		1	
<i>lidocaine-prilocaine</i>		1	
LIDODERM	<i>lidocaine</i>	2	[PAR]

ANTIINFECTIVES

AMEBICIDES

<i>paromomycin sulfate</i>		1	
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AMINOGLYCOSIDES

<i>amikacin sulfate injection</i> [INJ]		1	
<i>gentamicin 90 mg/ns 100 ml pb, -100 mg/ns 100 ml, -60 mg/ns 50 ml pb, -70 mg/ns 50 ml pb, -80 mg/ns 50 ml pb</i> [INJ]		1	
<i>gentamicin sulfate injection</i> [INJ]		1	
<i>iso gentamicin 100 mg/100 ml, -isoton gentamicin 60 mg/50 ml, -isoton gentamicin 80 mg/50 ml</i> [INJ][G]		1	
<i>kanamycin sulfate injection</i> [INJ]		1	
<i>neomycin sulfate tablet</i>		1	
<i>tobramycin sulfate in ns</i> [INJ]		1	
<i>tobramycin sulfate injection</i> [INJ]		1	

ANTHELMINTICS

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

Drug	Generic	Tier	Restrictions
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ANTIINFECTIVES SPECIALIZED INDICATIONS

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

ANTIRETROVIRALS AND PROTEASE INH

APTIVUS	<i>tipranavir</i>	3	
ATRIPLA	<i>emtricitabine/tenofovir/efavir</i>	3	
COMBIVIR	<i>lamivudine/zidovudine</i>	3	
CRIXIVAN	<i>indinavir</i>	2	
<i>didanosine</i>		1	
EDURANT	<i>rilpivirine hydrochloride</i>	3	
EMTRIVA	<i>emtricitabine</i>	2	
EPIVIR	<i>lamivudine</i>	2	
EPZICOM	<i>abacavir sulfate/lamivudine</i>	3	
FUZEON [INJ]	<i>enfuvirtide</i>	3	
INCIVEK	<i>telaprevir</i>	3	[PAR]
INTELENCE	<i>etravirine</i>	3	
INVIRASE	<i>saquinavir mesylate</i>	3	
ISENTRESS	<i>raltegravir potassium</i>	3	
KALETRA 100-25 MG TABLET	<i>ritonavir/lopinavir</i>	2	
KALETRA SOLUTION, -200-50 MG TABLET	<i>ritonavir/lopinavir</i>	3	
LEXIVA SUSPENSION ORAL	<i>fosamprenavir calcium</i>	2	
LEXIVA TABLET	<i>fosamprenavir calcium</i>	3	
NORVIR CAPSULE, -TABLET	<i>ritonavir</i>	2	
NORVIR SOLUTION	<i>ritonavir</i>	3	
PREZISTA 400 MG TABLET, -600 MG TABLET	<i>darunavir ethanolate</i>	3	
PREZISTA 75 MG TABLET, -150 MG TABLET	<i>darunavir ethanolate</i>	2	
RESCRIPTOR	<i>delavirdine mesylate</i>	2	
RETROVIR INJECTION [INJ]	<i>zidovudine</i>	2	
REYATAZ	<i>atazanavir sulfate</i>	3	
SELZENTRY	<i>maraviroc</i>	3	
<i>stavudine</i>		1	
SUSTIVA	<i>efavirenz</i>	2	
TRIZIVIR	<i>zidovudine/lamivudine/abacavir</i>	3	
TRUVADA	<i>emtricitabine/tenofovir</i>	3	
VICTRELIS	<i>boceprevir</i>	3	[PAR]

Drug	Generic	Tier	Restrictions
VIDEX	<i>didanosine</i>	2	
VIRACEPT	<i>nelfinavir mesylate</i>	2	
VIRAMUNE	<i>nevirapine</i>	2	
VIRAMUNE XR	<i>nevirapine</i>	2	
VIREAD	<i>tenofovir disproxil fumarate</i>	2	
ZIAGEN	<i>abacavir sulfate</i>	2	
<i>zidovudine</i>		1	

ANTITUBERCULOSIS DRUGS

CAPASTAT SULFATE [INJ]	<i>capreomycin</i>	3	
<i>ethambutol hcl</i>		1	
<i>isonarif</i>		1	
<i>isoniazid injection</i> [INJ]		1	
<i>isoniazid syrup, -tablet</i>		1	
MYCOBUTIN	<i>rifabutin</i>	2	
PASER	<i>aminosalicylic acid</i>	2	
PRIFTIN	<i>rifapentine</i>	2	
<i>pyrazinamide</i>		1	
<i>rifampin capsule</i>		1	
<i>rifampin injection</i> [INJ]		3	
SEROMYCIN	<i>cycloserine</i>	2	
TRECTOR	<i>ethionamide</i>	2	

CEPHALOSPORINS

<i>cefactor</i>		1	
<i>cefactor er</i>		1	
<i>cefadroxil</i>		1	
<i>cefazolin 20 gm bulk vial, -500 mg vial, -1 gm vial, -1 gm-d5w bag</i> [INJ]		1	
<i>cefdinir</i>		1	
<i>cefepime hcl</i> [INJ]		1	
<i>cefotaxime sodium</i> [INJ]		1	
<i>cefotetan</i> [INJ]		1	
<i>cefoxitin</i> [INJ]		1	
<i>cefoxitin sodium</i> [INJ]		1	
<i>cefpodoxime proxetil</i>		1	
<i>cefprozil</i>		1	
<i>ceftazidime</i> [INJ]		1	
<i>ceftriaxone</i> [INJ]		1	

Drug	Generic	Tier	Restrictions
<i>cefuroxime axetil</i>		1	
<i>cefuroxime injection</i> [INJ]		1	
<i>cefuroxime sod 750 mg vial, -sod 1.5 gm vial, -sod 7.5 gm vial</i> [INJ]		1	
<i>cefuroxime tablet</i>		1	
<i>cephalexin</i>		1	
SUPRAX	<i>cefixime</i>	2	

CHLORAMPHENICOLS

<i>chloramphenicol sod succinate</i> [INJ]		1	
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CLINDAMYCINS

CLEOCIN PALMITATE [G]	<i>clindamycin palmitate</i>	2	
<i>clindamycin hcl capsule</i>		1	
<i>clindamycin phosphate injection</i> [INJ]		1	

ERYTHROMYCINS

E.E.S. 200	<i>erythromycin ethylsuccinate</i>	2	
ERYPED 200	<i>erythromycin ethylsuccinate</i>	2	
ERYPED 400	<i>erythromycin ethylsuccinate</i>	2	
ERY-TAB	<i>erythromycin base</i>	2	
ERYTHROCIN LACTOBIONATE [INJ]	<i>erythromycin lactobionate</i>	2	
<i>erythrocin stearate</i>		1	
<i>erythromycin ethylsuccinate tablet</i>		1	
<i>erythromycin tablet</i>		1	

ORAL ANTIFUNGAL DRUGS

ANCOBON	<i>flucytosine</i>	3	
<i>clotrimazole troche</i>		1	
<i>fluconazole 150 mg tablet</i>		1	[QLL, 2/7]
<i>fluconazole 50 mg tablet, -100 mg tablet, -200 mg tablet</i>		1	[PAR]
<i>fluconazole suspension</i>		1	
GRIFULVIN V	<i>griseofulvin microsize</i>	2	
<i>griseofulvin suspension oral</i>		1	

Drug	Generic	Tier	Restrictions
GRIS-PEG	<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole capsule</i>		1	[PAR]
<i>ketoconazole tablet</i>		1	
LAMISIL PACKET	<i>terbinafine</i>	2	
NOXAFIL	<i>posaconazole</i>	3	
<i>nystatin suspension oral, -500,000 unit oral tab</i>		1	
SPORANOX SOLUTION	<i>itraconazole</i>	2	
<i>terbinafine hcl tablet</i>		1	[PAR]
VFEND SUSPENSION	<i>voriconazole</i>	3	[PAR]
VFEND TABLET [G]	<i>voriconazole</i>	3	[PAR]
<i>voriconazole 200 mg tablet</i>		3	[PAR]
<i>voriconazole 50 mg tablet</i>		1	[PAR]

OTHER ANTIINFECTIVE DRUGS

ALINIA	<i>nitazoxanide</i>	2	
<i>aztreonam 1 gm vial [INJ]</i>		1	
<i>baciim [INJ]</i>		1	
<i>bacitracin injection [INJ]</i>		1	
CAYSTON [LA]	<i>aztreonam lysine</i>	3	[QLL, 84 vials/28]
<i>colistimethate 150 mg vial [INJ]</i>		3	
CUBICIN [INJ]	<i>daptomycin</i>	3	[PAR]
DORIBAX 500 MG VIAL [INJ]	<i>doripenem</i>	3	
INVANZ 1 GM VIAL [INJ]	<i>ertapenem sodium</i>	2	
MEPRON	<i>atovaquone</i>	3	
<i>meropenem [INJ]</i>		1	
<i>polymyxin b sulfate injection [INJ]</i>		1	
PRIMAXIN 250 MG VIAL [INJ]	<i>imipenem/cilastatin sodium</i>	2	
PRIMAXIN 500 MG VIAL [INJ]	<i>imipenem/cilastatin sodium</i>	3	
PRIMAXIN I.M. [INJ]	<i>imipenem/cilastatin sodium</i>	3	
SYNERCID [INJ]	<i>quinupristin/dalfopristin</i>	3	
TYGACIL [INJ]	<i>tigecycline</i>	3	
VANCOGIN HCL	<i>vancomycin</i>	3	
<i>vancomycin 1 gm vial, -10 gm vial [INJ]</i>		1	[PAR]
<i>vancomycin hcl 1g/200 ml bag [INJ]</i>		1	[PAR]
XIFAXAN 200 MG TABLET	<i>rifaximin</i>	2	
XIFAXAN 550 MG TABLET	<i>rifaximin</i>	3	
ZYVOX INJECTION [INJ]	<i>linezolid</i>	3	

Drug	Generic	Tier	Restrictions
ZYVOX SUSPENSION RECONSTITUTED ORAL, -TABLET	<i>linezolid</i>	3	[PAR]

OTHER ANTIVIRAL DRUGS

<i>acyclovir capsule, -suspension oral, -tablet</i>		1	
<i>acyclovir sodium</i> [INJ]		1	
<i>amantadine</i>		1	
BARACLUDE SOLUTION	<i>entecavir</i>	2	
BARACLUDE TABLET	<i>entecavir</i>	3	
CYTOVENE [INJ][G]	<i>ganciclovir</i>	2	
DENAVIR	<i>peniclovir</i>	2	
EPIVIR HBV	<i>lamivudine</i>	2	
<i>famciclovir 125 mg tablet</i>		1	[QLL, 21/10]
<i>famciclovir 250 mg tablet</i>		1	[QLL, 68/34]
<i>famciclovir 500 mg tablet</i>		1	[QLL, 21/7]
<i>foscarnet sodium</i> [INJ]		1	
<i>ganciclovir</i>		3	
<i>ganciclovir sodium</i> [INJ]		1	
HEPSERA	<i>adefovir dipivoxil</i>	3	
RELENZA	<i>zanamivir</i>	2	[QLL, 60 inhalations/180]
<i>ribapak</i>		3	
<i>ribasphere 200 mg tablet</i>		1	
<i>ribasphere capsule, -400 mg tablet, -600 mg tablet</i>		3	
<i>ribavirin 200 mg tablet</i>		1	
<i>ribavirin capsule, -400 mg tablet, -600 mg tablet</i>		3	
<i>rimantadine hcl</i>		1	
TAMIFLU 12 MG/ML SUSPENSION	<i>oseltamivir phosphate</i>	2	[QLL, 900 ml/180]
TAMIFLU 30 MG GELCAP	<i>oseltamivir phosphate</i>	2	[QLL, 84/180]
TAMIFLU 45 MG GELCAP, -75 MG GELCAP	<i>oseltamivir phosphate</i>	2	[QLL, 42/180]
TAMIFLU 6 MG/ML SUSPENSION	<i>oseltamivir phosphate</i>	2	[QLL, 600/180]
TYZEKA	<i>telbivudine</i>	2	
<i>valacyclovir</i>		1	[QLL, 34/34]
VALCYTE	<i>valganciclovir</i>	3	
VIRAZOLE	<i>ribavirin</i>	2	
XERESE	<i>acyclovir/hydrocortisone</i>	2	

Drug	Generic	Tier	Restrictions
ZOVIRAX CREAM, -OINTMENT	<i>acyclovir</i>	2	

OTHER MACROLIDES

<i>azithromycin 100 mg/5 ml susp</i>		1	[QLL, 30 ml/5]
<i>azithromycin 200 mg/5 ml susp</i>		1	[QLL, 90 ml/5]
<i>azithromycin 250 mg tablet</i>		1	[QLL, 8/7]
<i>azithromycin 500 mg tablet</i>		1	[QLL, 4/4]
<i>azithromycin 600 mg tablet</i>		1	
<i>azithromycin injection [INJ]</i>		1	
<i>clarithromycin er</i>		1	
<i>clarithromycin suspension, -tablet</i>		1	

OTHER TOPICAL ANTIFUNGALS

<i>ciclopirox cream, -gel, -shampoo, -suspension topical</i>		1	
<i>ciclopirox solution non-oral</i>		1	[PAR]
<i>clotrimazole 1% cream, -solution non-oral</i>		1	
<i>clotrimazole af 1% cream</i>		1	
<i>econazole nitrate cream</i>		1	
<i>ketoconazole cream, -shampoo</i>		1	
<i>nyamyc</i>		1	
<i>nystatin cream, -ointment, -100,000 unit/gm powd</i>		1	
<i>nystop</i>		1	
<i>pedi-dri</i>		1	

PARENTERAL ANTIFUNGALS

ABELCET [INJ]	<i>amphotericin b lipid complex</i>	3	
AMBISOME [INJ]	<i>amphotericin b liposome</i>	3	
<i>amphotericin b injection [INJ]</i>		1	
CANCIDAS [INJ]	<i>caspofungin acetate</i>	3	
<i>fluconazole in dextrose [INJ]</i>		1	
MYCAMINE [INJ]	<i>micafungin sodium</i>	3	
VFEND IV [INJ]	<i>voriconazole</i>	3	

PENICILLINS

<i>amox tr-potassium clavulanate</i>		1	
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Drug	Generic	Tier	Restrictions
<i>amoxicillin</i>		1	
<i>amoxicillin-clavulanate er</i>		1	
<i>ampicillin sodium</i> [INJ]		1	
<i>ampicillin trihydrate</i>		1	
<i>ampicillin-sulbactam</i> [INJ]		1	
<i>dicloxacillin sodium</i>		1	
<i>nafcillin</i> [INJ]		3	
<i>nafcillin sodium</i> [INJ]		3	
<i>oxacillin</i> [INJ]		3	
<i>oxacillin 1 gm vial</i> [INJ]		1	
<i>oxacillin 10 gm vial</i> [INJ]		3	
<i>penicillin g potassium</i> [INJ]		1	
<i>penicillin g procaine</i> [INJ]		1	
<i>penicillin g sodium</i> [INJ]		1	
<i>penicillin v potassium</i>		1	
<i>piperacillin</i> [INJ]		1	
<i>piperacillin-tazobactam</i> [INJ]		1	

PLASMODICIDES

<i>chloroquine phosphate tablet</i>		1	
COARTEM	<i>artemether/lumefantrine</i>	2	
DARAPRIM	<i>pyrimethamine</i>	2	
<i>hydroxychloroquine sulfate tablet</i>		1	
MALARONE 250-100 MG TABLET [G]	<i>atovaquone/proguanil hcl</i>	2	
MALARONE 62.5-25 MG PED TAB	<i>atovaquone/proguanil hcl</i>	2	
<i>mefloquine hcl</i>		1	
PRIMAQUINE	<i>primaquine</i>	2	
QUALAQUIN	<i>quinine sulfate</i>	2	

QUINOLONES

AVELOX	<i>moxifloxacin</i>	2	
AVELOX ABC PACK	<i>moxifloxacin</i>	2	
AVELOX IV [INJ]	<i>moxifloxacin</i>	2	
<i>ciprofloxacin</i> [INJ]		1	
<i>ciprofloxacin er</i>		1	
<i>ciprofloxacin hcl tablet</i>		1	
<i>levofloxacin solution, -tablet</i>		1	
<i>levofloxacin-d5w</i> [INJ]		1	
<i>ofloxacin tablet</i>		1	

Drug	Generic	Tier	Restrictions
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SULFONAMIDES

<i>erythromycin-sulfisoxazole</i>		1	
<i>sulfadiazine tablet</i>		1	
<i>sulfamethoxazole-trimethoprim injection [INJ]</i>		1	
<i>sulfamethoxazole-trimethoprim suspension oral, -tablet</i>		1	
<i>sulfatrim</i>		1	

TETRACYCLINES

<i>demedocycline hcl</i>		1	
<i>doxycycline</i>		1	
<i>doxycycline hyclate capsule, -capsule enteric coated, -100 mg tab, -tablet enteric coated</i>		1	
<i>doxycycline hyclate injection [INJ]</i>		1	
<i>doxycycline monohydrate</i>		1	
<i>minocycline hcl capsule, -tablet, -tablet sustained release 24hr</i>		1	
<i>tetracycline hcl capsule</i>		1	

TOPICAL ANTIBACTERIAL DRUGS

<i>gentamicin sulfate cream, -0.1% ointment</i>		1	
<i>mupirocin ointment</i>		1	
<i>silver sulfadiazine cream</i>		1	
<i>ssd</i>		1	
SULFAMYLON	<i>mafenide acetate</i>	2	
<i>thermazene</i>		1	

TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.

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

URINARY ANTIINFECTIVES

<i>methenamine hippurate</i>		1	
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Drug	Generic	Tier	Restrictions
<i>nitrofurantoin macrocrystal capsule</i>		1	
<i>nitrofurantoin mono-macro</i>		1	
<i>nitrofurantoin suspension oral</i>		1	
PRIMSOL	<i>trimethoprim</i>	2	
<i>trimethoprim tablet</i>		1	

VAGINAL ANTIFUNGALS

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

ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS

ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS

AFINITOR	<i>everolimus</i>	3	
ALIMTA [INJ]	<i>pemetrexed disodium</i>	3	
AMEVIVE [INJ][LA]	<i>alefacept</i>	3	[PAR]
<i>amifostine [INJ]</i>		3	
<i>anagrelide hcl</i>		1	
<i>anastrozole tablet</i>		1	
AVASTIN 100 MG/4 ML VIAL [INJ]	<i>bevacizumab</i>	2	
AZASAN	<i>azathioprine</i>	2	[PAR]
<i>azathioprine sodium [INJ]</i>		1	[PAR]
<i>azathioprine tablet</i>		1	[PAR]
<i>bicalutamide</i>		1	
CAMPATH [INJ]	<i>alemtuzumab</i>	3	
CEENU	<i>lomustine</i>	2	
CELLCEPT INJECTION [INJ]	<i>mycophenolate mofetil</i>	2	[PAR]
CELLCEPT SUSPENSION RECONSTITUTED ORAL	<i>mycophenolate mofetil</i>	3	[PAR]
<i>cyclophosphamide tablet</i>		1	[PAR]
<i>cyclosporine capsule, -solution</i>		1	[PAR]
<i>cyclosporine injection [INJ]</i>		1	[PAR]
<i>cyclosporine modified</i>		1	[PAR]
DACOGEN [INJ]	<i>decitabine</i>	3	
DEPO-PROVERA 400 MG/ML VIAL [INJ]	<i>medroxyprogesterone</i>	2	
DROXIA	<i>hydroxyurea</i>	2	
ELIGARD [INJ]	<i>leuprolide</i>	2	[PAR]

Drug	Generic	Tier	Restrictions
ELITEK [INJ]	<i>rasburicase</i>	3	
EMCYT	<i>estramustine phosphate sodium</i>	2	
ENBREL [INJ]	<i>etanercept</i>	3	[PAR]
<i>exemestane</i>		1	
FARESTON	<i>toremifene</i>	2	
FASLODEX [INJ]	<i>fulvestrant</i>	3	
<i>flutamide</i>		1	
<i>gengraf</i>		1	[PAR]
GLEEVEC	<i>imatinib mesylate</i>	3	
HALAVEN [INJ]	<i>eribulin mesylate</i>	3	
HEXALEN	<i>altretamine</i>	3	
HUMIRA 20 MG/0.4 ML SYRINGE, -40 MG/0.8 ML SYRINGE [INJ]	<i>adalimumab</i>	3	[PAR][QLL, 5 syringes/35]
HUMIRA 40 MG/0.8 ML PEN, - PSORIASIS STARTER PACK [INJ]	<i>adalimumab</i>	3	[PAR][QLL, 6/180]
HUMIRA CROHN'S STARTER PACK [INJ]	<i>adalimumab</i>	3	[PAR][QLL, 6 syringes/180]
<i>hydroxyurea capsule</i>		1	
IRESSA [LA]	<i>gefitinib</i>	3	
<i>leflunomide</i>		1	[QLL, 34/34]
<i>letrozole</i>		1	
<i>leucovorin calcium injection [INJ]</i>		1	
<i>leucovorin calcium tablet</i>		1	
LEUKERAN	<i>chlorambucil</i>	2	
LUPRON DEPOT 45 MG 6MO KIT [INJ]	<i>leuprolide</i>	3	[PAR]
LYSODREN	<i>mitotane</i>	3	
MATULANE	<i>procarbazine</i>	3	
MEGACE ES	<i>megestrol</i>	2	
<i>megestrol acetate suspension oral, -tablet</i>		1	
<i>mercaptopurine tablet</i>		1	
<i>mesna [INJ]</i>		1	
MESNEX TABLET	<i>mesna</i>	3	
<i>methotrexate injection [INJ]</i>		1	[PAR]
<i>methotrexate tablet</i>		1	[PAR]
<i>mitoxantrone hcl [INJ]</i>		3	[PAR]
MUSTARGEN [INJ]	<i>mechlorethamine</i>	2	
<i>mycophenolate mofetil capsule</i>		1	[PAR]
<i>mycophenolate mofetil tablet</i>		3	[PAR]
MYFORTIC	<i>mycophenolate sodium</i>	2	[PAR]
NEXAVAR [LA]	<i>sorafenib tosylate</i>	3	

Drug	Generic	Tier	Restrictions
NILANDRON	<i>nilutamide</i>	2	
NULOJIX [INJ]	<i>belatacept</i>	3	[PAR]
<i>octreotide acet 100 mcg/ml amp, - acet 200 mcg/ml v1, -acet 500 mcg/ml amp, -1,000 mcg/ml vial</i> [INJ]		3	
<i>octreotide acet 50 mcg/ml amp</i> [INJ]		1	
ORENCIA [INJ]	<i>abatacept/maltose</i>	3	[PAR]
ORTHOCLONE OKT-3 [INJ]	<i>muronab-cd3</i>	2	[PAR]
PROGRAF INJECTION [INJ]	<i>tacrolimus</i>	2	[PAR]
RAPAMUNE	<i>sirolimus</i>	2	[PAR]
REMICADE [INJ]	<i>infliximab</i>	3	[PAR]
REVLIMID [LA]	<i>lenalidomide</i>	3	
RITUXAN [INJ]	<i>rituximab</i>	3	[PAR]
SANDIMMUNE CAPSULE [G]	<i>cyclosporine</i>	2	[PAR]
SANDOSTATIN LAR 10 MG KIT, - 30 MG KIT [INJ]	<i>octreotide</i>	3	[QLL, 1/28]
SANDOSTATIN LAR 20 MG KIT [INJ]	<i>octreotide</i>	3	[QLL, 2/28]
SIMULECT [INJ]	<i>basiliximab</i>	2	[PAR]
SPRYCEL	<i>dasatinib</i>	3	
SUTENT	<i>sunitinib malate</i>	3	
TABLOID	<i>thioguanine</i>	2	
<i>tacrolimus 0.5 mg capsule, -1 mg capsule</i>		1	[PAR]
<i>tacrolimus 5 mg capsule</i>		3	[PAR]
<i>tamoxifen citrate tablet</i>		1	
TARCEVA	<i>erlotinib hcl</i>	3	
TARGRETIN	<i>bexarotene</i>	3	
TASIGNA	<i>nilotinib hydrochloride</i>	3	
TRELSTAR 22.5 MG VIAL [INJ]	<i>triptorelin pamoate</i>	3	
TRELSTAR 3.75 MG SYRINGE, - 11.25 MG SYRINGE [INJ]	<i>triptorelin pamoate</i>	2	
<i>tretinoin capsule</i>		3	
TYKERB	<i>lapatinib ditosylate</i>	3	
TYSABRI [INJ][LA]	<i>natalizumab</i>	3	[PAR]
VANDETANIB [LA]	<i>vandetanib</i>	3	
VELCADE [INJ]	<i>bortezomib</i>	3	
VIDAZA [INJ]	<i>azacitidine</i>	3	
VOTRIENT	<i>pazopanib</i>	3	
ZOLINZA	<i>vorinostat</i>	3	
ZORTRESS 0.25 MG TABLET	<i>everolimus</i>	2	[PAR]

Drug	Generic	Tier	Restrictions
ZORTRESS 0.5 MG TABLET, -0.75 MG TABLET	<i>everolimus</i>	3	[PAR]
ZYTIGA	<i>abiraterone acetate</i>	3	

AUTONOMIC AND CNS MEDICATIONS

ANALGESICS

<i>buprenorphine hcl injection</i> [INJ]		1	
<i>butorphanol tartrate injection</i> [INJ]		1	
<i>nalbuphine hcl injection</i> [INJ]		1	
<i>tramadol hcl tablet</i>		1	[QLL, 272/34]
<i>tramadol hcl tablet sustained release 24hr</i>		1	[QLL, 34/34]
<i>tramadol hcl-acetaminophen</i>		1	[QLL, 272/34]

ANTIDEMENTIA DRUGS

<i>donepezil hcl</i>		1	
EXELON PATCH TRANSDERMAL 24 HOURS, -SOLUTION	<i>rivastigmine tartrate</i>	2	[ST]
<i>galantamine hbr</i>		1	
<i>galantamine hydrobromide</i>		1	
NAMENDA	<i>memantine hcl</i>	2	
<i>rivastigmine</i>		1	

ANTIMANIA DRUGS

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

ANTIPARKINSON ANTICHOLINERGIC DRUGS

<i>benztropine mesylate injection</i> [INJ]		1	
<i>benztropine mesylate tablet</i>		1	
<i>trihexyphenidyl hcl</i>		1	

ANTIPSYCHOTIC DRUGS

ABILIFY DISCMELT	<i>aripiprazole</i>	2	[QLL, 68/34]
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Drug	Generic	Tier	Restrictions
ABILIFY INJECTION [INJ]	<i>aripiprazole</i>	2	
ABILIFY SOLUTION	<i>aripiprazole</i>	2	
ABILIFY TABLET	<i>aripiprazole</i>	2	[QLL, 34/34]
<i>chlorpromazine hcl injection [INJ]</i>		1	
<i>chlorpromazine hcl tablet</i>		1	
<i>clozapine</i>		1	
FANAPT TABLET	<i>iloperidone</i>	2	[QLL, 68/34]
FANAPT TABLET DOSE PACK	<i>iloperidone</i>	2	[QLL, 1/34]
FAZACLO	<i>clozapine</i>	2	
<i>fluphenazine decanoate injection [INJ]</i>		1	
<i>fluphenazine hcl elixir, -solution, -tablet</i>		1	
<i>fluphenazine hcl injection [INJ]</i>		1	
GEODON CAPSULE	<i>ziprasidone</i>	2	[QLL, 68/34]
GEODON INJECTION [INJ]	<i>ziprasidone</i>	2	
<i>haloperidol decanoate [INJ]</i>		1	
<i>haloperidol lactate injection [INJ]</i>		1	
<i>haloperidol lactate solution</i>		1	
<i>haloperidol tablet</i>		1	
INVEGA ER 1.5 MG TABLET, -ER 3 MG TABLET, -ER 9 MG TABLET	<i>paliperidone</i>	2	[QLL, 34/34]
INVEGA ER 6 MG TABLET	<i>paliperidone</i>	2	[QLL, 68/34]
INVEGA SUSTENNA 117 MG PREF SYR, -156 MG PREF SYR, -234 MG PREF SYR [INJ]	<i>paliperidone</i>	3	
INVEGA SUSTENNA 39 MG PREF SYR, -78 MG PREF SYR [INJ]	<i>paliperidone</i>	2	
LATUDA	<i>lurasidone hcl</i>	2	[QLL, 34/34]
<i>loxapine</i>		1	
ORAP	<i>pimozide</i>	2	
<i>perphenazine</i>		1	
RISPERDAL CONSTA 12.5 MG SYR, -25 MG SYR [INJ]	<i>risperidone</i>	2	
RISPERDAL CONSTA 37.5 MG SYR, -50 MG SYR [INJ]	<i>risperidone</i>	3	
<i>risperidone odt</i>		1	[QLL, 68/34]
<i>risperidone solution</i>		1	[QLL, 544 ml/34]
<i>risperidone tablet</i>		1	[QLL, 68/34]
SAPHRIS	<i>asenapine</i>	2	[QLL, 68/34]

Drug	Generic	Tier	Restrictions
SEROQUEL 25 MG TABLET, -50 MG TABLET, -100 MG TABLET, -200 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 102/34]
SEROQUEL 300 MG TABLET, -400 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 68/34]
SEROQUEL XR 150 MG TABLET, -200 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 34/34]
SEROQUEL XR 50 MG TABLET, -300 MG TABLET, -400 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 68/34]
<i>thioridazine hcl</i>		1	
<i>thiothixene</i>		1	
<i>trifluoperazine hcl</i>		1	
ZYPREXA INJECTION [INJ]	<i>olanzapine</i>	2	
ZYPREXA TABLET [G]	<i>olanzapine</i>	2	[QLL, 34/34]
ZYPREXA ZYDIS [G]	<i>olanzapine</i>	2	[QLL, 34/34]

ANTIVERTIGO AND ANTIEMETIC DRUGS

ALOXI [INJ]	<i>palonosetron hcl</i>	3	
CESAMET	<i>nabilone</i>	3	[QLL, 30/5]
<i>compro</i>		1	
<i>dronabinol 2.5 mg capsule</i>		1	[PAR]
<i>dronabinol 5 mg capsule, -10 mg capsule</i>		3	[PAR]
EMEND 40 MG CAPSULE, -125 MG CAPSULE	<i>aprepitant</i>	2	[PAR][QLL, 1/1]
EMEND 80 MG CAPSULE	<i>aprepitant</i>	2	[PAR][QLL, 2/2]
EMEND INJECTION [INJ]	<i>aprepitant</i>	2	
EMEND TRIFOLD PACK	<i>aprepitant</i>	2	[PAR][QLL, 3/3]
<i>granisetron hcl injection [INJ]</i>		1	
<i>granisetron hcl tablet</i>		1	[PAR][QLL, 2/1]
<i>granisol</i>		1	[PAR][QLL, 30 ml/3]
<i>meclizine hcl tablet</i>		1	
<i>ondansetron hcl 24 mg tablet</i>		1	[PAR][QLL, 1/1]
<i>ondansetron hcl 4 mg tablet, -8 mg tablet</i>		1	[PAR][QLL, 12/5]
<i>ondansetron hcl injection [INJ]</i>		1	
<i>ondansetron hcl solution</i>		1	[PAR][QLL, 150 ml/5]
<i>ondansetron odt</i>		1	[PAR][QLL, 12/5]
<i>phenadoz</i>		1	

Drug	Generic	Tier	Restrictions
<i>prochlorperazine edisylate</i> [INJ]		1	
<i>prochlorperazine maleate suppository rectal, -tablet</i>		1	
<i>promethazine hcl suppository rectal</i>		1	
<i>promethegan</i>		1	
<i>trimethobenzamide hcl capsule</i>		1	
<i>trimethobenzamide hcl injection</i> [INJ]		1	

ANXIOLYTICS

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

CARBAMAZEPINES

<i>carbamazepine capsule sustained action, -suspension oral, -tablet, -tablet chewable</i>		1	
<i>carbamazepine xr</i>		1	
<i>epitol</i>		1	
<i>oxcarbazepine</i>		1	
TEGRETOL XR 100 MG TABLET	<i>carbamazepine</i>	2	

CLASS II NARCOTICS

<i>codeine sulfate</i>		1	
<i>endocet</i>		1	
<i>endodan</i>		1	
<i>fentanyl</i>		1	
<i>fentanyl citrate injection</i> [INJ]		1	
<i>fentanyl citrate lozenge</i>		3	[PAR][QLL, 120/30]
<i>hydromorphone hcl injection</i> [INJ]		1	
<i>hydromorphone hcl tablet</i>		1	
<i>levorphanol tartrate tablet</i>		1	
<i>meperidine hcl injection</i> [INJ]		1	
<i>methadone hcl injection</i> [INJ]		1	
<i>methadone hcl solution, -tablet</i>		1	
<i>methadose</i>		1	
<i>morphine sulfate injection</i> [INJ]		1	

Drug	Generic	Tier	Restrictions
<i>morphine sulfate solution, -tablet</i>		1	
<i>morphine sulfate tablet sustained action</i>		1	[QLL, 120/30]
OPANA ER	<i>oxymorphone</i>	2	[QLL, 90/30][ST]
<i>oxycodone concentrate</i>		1	
<i>oxycodone hcl</i>		1	
<i>oxycodone hcl-acetaminophen</i>		1	
<i>oxycodone hcl-aspirin</i>		1	
<i>oxycodone hcl-ibuprofen</i>		1	
<i>oxycodone-acetaminophen</i>		1	
<i>oxycodone-aspirin</i>		1	
OXYCONTIN	<i>oxycodone</i>	2	[QLL, 90/30][ST]
<i>oxymorphone hcl tablet</i>		1	
<i>roxicet tablet</i>		1	

CLASS III NARCOTICS

<i>acetaminoph-caff-dihydrocodein</i>		1	
<i>acetaminophen-codeine</i>		1	
<i>buprenorphine hcl tablet sublingual</i>		1	
<i>co-gesic</i>		1	
<i>hydrocodone bit-ibuprofen</i>		1	
<i>hydrocodone-acetaminophen</i>		1	
<i>margesic h</i>		1	
<i>reprexain</i>		1	
<i>stagesic</i>		1	
SUBOXONE FILM MEDICATED	<i>buprenorphine/naloxone</i>	2	
SUBOXONE TABLET SUBLINGUAL	<i>buprenorphine/naloxone</i>	2	[QLL, 102/34]
<i>zamicet</i>		1	

CNS STIMULANT DRUGS

<i>amphetamine salt combo</i>		1	
<i>dexmethylphenidate hcl</i>		1	
<i>dextroamphetamine sulfate capsule sustained action, -tablet</i>		1	
METADATE CD	<i>methylphenidate</i>	2	
<i>metadate er</i>		1	
<i>methamphetamine hcl</i>		1	

Drug	Generic	Tier	Restrictions
<i>methylin er</i>		1	
<i>methylin tablet</i>		1	
<i>methylphenidate hcl solution, - tablet</i>		1	
<i>methylphenidate sr</i>		1	
PROVIGIL	<i>modafinil</i>	2	[PAR]

DRUGS TO PREVENT AND TREAT HEADACHES

<i>ascomp with codeine</i>		1	
<i>butalb-caff-acetaminoph-codein</i>		1	
<i>butorphanol tartrate aerosol spray</i>		1	[QLL, 5 ml/3]
<i>dihydroergotamine mesylate injection [INJ]</i>		1	
<i>ergotamine-caffeine</i>		1	
FROVA	<i>frovatriptan</i>	2	[QLL, 27/28]
MAXALT	<i>rizatriptan benzoate</i>	2	[QLL, 36/28]
MAXALT MLT	<i>rizatriptan benzoate</i>	2	[QLL, 36/28]
<i>migergot</i>		1	
<i>naratriptan hcl</i>		1	[QLL, 18/28]
<i>sumatriptan 4 mg/0.5 ml vial, -6 mg/0.5 ml vial [INJ]</i>		1	[QLL, 8 vials/28]
<i>sumatriptan 6 mg/0.5 ml inject [INJ]</i>		1	[QLL, 8 vials/28]
<i>sumatriptan succinate tablet</i>		1	[QLL, 18/28]
ZOMIG SPRAY NON-AEROSOL	<i>zolmitriptan</i>	2	[QLL, 18 nasal sprayers/28]

HYDANTOINS

DILANTIN 30 MG CAPSULE, - TABLET CHEWABLE	<i>phenytoin</i>	2	
<i>fosphenytoin sodium [INJ]</i>		1	
PEGANONE	<i>ethotoin</i>	2	
<i>phenytoin sodium extended</i>		1	
<i>phenytoin sodium injection [INJ]</i>		1	
<i>phenytoin suspension oral</i>		1	

MAO INHIBITORS

EMSAM	<i>selegiline</i>	2	
MARPLAN	<i>isocarboxazid</i>	2	

Drug	Generic	Tier	Restrictions
<i>phenelzine sulfate tablet</i>		1	
<i>tranylcypromine sulfate</i>		1	

OTHER ANTICONVULSANTS

BANZEL 400 MG TABLET	<i>rufinamide</i>	3	
BANZEL SUSPENSION ORAL, -200 MG TABLET	<i>rufinamide</i>	2	
FELBATOL SUSPENSION ORAL	<i>felbamate</i>	2	
FELBATOL TABLET [G]	<i>felbamate</i>	2	
<i>gabapentin capsule, -solution, -tablet</i>		1	
GABITRIL	<i>tiagabine</i>	2	
<i>lamotrigine</i>		1	
<i>levetiracetam injection [INJ]</i>		1	
<i>levetiracetam solution, -tablet</i>		1	
LYRICA	<i>pregabalin</i>	2	[ST]
NEURONTIN SOLUTION [G]	<i>gabapentin</i>	2	
<i>primidone tablet</i>		1	
SABRIL [LA]	<i>vigabatrin</i>	3	
<i>topiramate capsule sprinkle, -tablet</i>		1	[PAR]
VIMPAT INJECTION [INJ]	<i>lacosamide</i>	2	
VIMPAT SOLUTION, -TABLET	<i>lacosamide</i>	2	
<i>zonisamide</i>		1	[PAR]

OTHER ANTIDEPRESSANTS

<i>budeprion sr</i>		1	[QLL, 68/34]
<i>budeprion xl</i>		1	[QLL, 34/34]
<i>bupropion hcl sr 100 mg tablet, -200 mg tab</i>		1	[QLL, 68/34]
<i>bupropion hcl tablet</i>		1	
<i>bupropion sr 150 mg tablet</i>		1	
<i>chlordiazepoxide-amitriptyline</i>		1	
CYMBALTA 20 MG CAPSULE, -60 MG CAPSULE	<i>duloxetine</i>	2	[QLL, 68/34][ST]
CYMBALTA 30 MG CAPSULE	<i>duloxetine</i>	2	[QLL, 34/34][ST]
<i>maprotiline hcl</i>		1	
<i>mirtazapine</i>		1	
<i>nefazodone hcl</i>		1	

Drug	Generic	Tier	Restrictions
<i>perphenazine-amitriptyline</i>		1	
PRISTIQ	<i>desvenlafaxine succinate</i>	2	[QLL, 34/34][ST]
SAVELLA TABLET	<i>milnacipran hcl</i>	2	[QLL, 68/34][ST]
SAVELLA TABLET DOSE PACK	<i>milnacipran hcl</i>	2	[QLL, 1/34][ST]
<i>trazodone hcl tablet</i>		1	
<i>venlafaxine hcl</i>		1	[QLL, 102/34]
<i>venlafaxine hcl er 37.5 mg cap, - 150 mg cap</i>		1	[QLL, 34/34]
<i>venlafaxine hcl er 75 mg cap</i>		1	[QLL, 102/34]

OTHER ANTIPARKINSON DRUGS

APOKYN [INJ][LA]	<i>apomorphine hcl</i>	3	
<i>bromocriptine mesylate capsule, - tablet</i>		1	
<i>carbidopa-levodopa</i>		1	
COMTAN	<i>entacapone</i>	2	
LODOSYN	<i>carbidopa</i>	2	
<i>pramipexole dihydrochloride</i>		1	
<i>ropinirole hcl</i>		1	
<i>selegiline hcl capsule, -tablet</i>		1	
STALEVO 100	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 125	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 150	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 200	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 50	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 75	<i>carbidopa/levodopa/entacap</i>	2	
TASMAR	<i>tolcapone</i>	2	

OTHER CNS/AUTONOMIC DRUGS

ANTABUSE [G]	<i>disulfiram</i>	2	
<i>atropine sulfate injection [INJ]</i>		1	
<i>depade</i>		1	
<i>disulfiram tablet</i>		1	
<i>guanidine hcl</i>		1	
MESTINON SYRUP, -TABLET SUSTAINED ACTION	<i>pyridostigmine</i>	2	
<i>naloxone hcl injection [INJ]</i>		1	
<i>naltrexone hcl tablet</i>		1	

Drug	Generic	Tier	Restrictions
NUDEXTA	<i>dextromethorphan/quinidine</i>	2	[PAR]
<i>pyridostigmine bromide tablet</i>		1	
STRATTERA	<i>atomoxetine</i>	2	[ST]
XENAZINE [LA]	<i>tetrabenazine</i>	3	[PAR]
XYREM [LA]	<i>sodium oxybate</i>	3	

SECONDARY AMINES

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

SEDATIVE/HYPNOTIC DRUGS

ROZEREM	<i>ramelteon</i>	2	[QLL, 34/34][ST]
<i>zaleplon 10 mg capsule</i>		1	[QLL, 68/34]
<i>zaleplon 5 mg capsule</i>		1	[QLL, 34/34]
<i>zolpidem tartrate</i>		1	[QLL, 34/34]

SELECTIVE SEROTONIN REUPTAKE INHIBITORS

<i>citalopram hbr solution</i>		1	
<i>citalopram hbr tablet</i>		1	[QLL, 34/34]
<i>fluoxetine dr</i>		1	[QLL, 5/34]
<i>fluoxetine hcl 10 mg capsule, -10 mg tablet</i>		1	[QLL, 34/34]
<i>fluoxetine hcl 20 mg capsule, -solution, -20 mg tablet</i>		1	
<i>fluoxetine hcl 40 mg capsule</i>		1	[QLL, 68/34]
<i>fluvoxamine maleate 100 mg tab</i>		1	[QLL, 102/34]
<i>fluvoxamine maleate 25 mg tab</i>		1	[QLL, 34/34]
<i>fluvoxamine maleate 50 mg tab</i>		1	[QLL, 68/34]
<i>paroxetine hcl 10 mg tablet, -40 mg tablet</i>		1	[QLL, 34/34]
<i>paroxetine hcl 20 mg tablet, -30 mg tablet, -tablet sustained release 24hr</i>		1	[QLL, 68/34]
<i>paroxetine hcl suspension oral</i>		1	
<i>rapiflux</i>		1	
<i>selfemra 10 mg capsule</i>		1	[QLL, 35/14]

Drug	Generic	Tier	Restrictions
<i>selfemra 20 mg capsule</i>		1	[QLL, 140/14]
<i>sertraline hcl 25 mg tablet</i>		1	[QLL, 34/34]
<i>sertraline hcl 50 mg tablet, -100 mg tablet</i>		1	[QLL, 68/34]
<i>sertraline hcl solution</i>		1	
VIIBRYD	<i>vilazodone hydrochloride</i>	2	[QLL, 34/34][ST]

SMOKING CESSATION PRODUCTS

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

SUCCINIMIDES

CELONTIN	<i>methsuximide</i>	2	
<i>ethosuximide capsule, -syrup</i>		1	

TERTIARY AMINES

<i>amitriptyline hcl tablet</i>		1	
<i>clomipramine hcl capsule</i>		1	
<i>doxepin hcl capsule, -solution</i>		1	
<i>imipramine hcl tablet</i>		1	
<i>imipramine pamoate</i>		1	
SURMONTIL	<i>trimipramine</i>	2	

VALPROIC ACID AND DERIVATIVES

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

CARDIOVASCULAR MEDICATIONS

AMIODARONES

<i>amiodarone hcl injection [INJ]</i>		1	
<i>amiodarone hcl tablet</i>		1	
<i>pacerone</i>		1	

Drug	Generic	Tier	Restrictions
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ANGIOTENSIN CONVERTING ENZYME INHIBITORS

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

ANGIOTENSIN II RECEPTOR ANTAGONISTS

DIOVAN	<i>valsartan</i>	2	[ST]
	<i>losartan potassium</i>	1	
MICARDIS	<i>telmisartan</i>	2	[ST]

ANTIDYSRHYTHMIC DRUGS

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

BETA-ADRENERGIC ANTAGONIST DRUGS

<i>acebutolol hcl capsule</i>		1	
<i>atenolol tablet</i>		1	
<i>betaxolol hcl tablet</i>		1	
<i>bisoprolol fumarate</i>		1	
<i>carvedilol</i>		1	
<i>labetalol hcl injection [INJ]</i>		1	
<i>labetalol hcl tablet</i>		1	
<i>metoprolol succinate</i>		1	

Drug	Generic	Tier	Restrictions
<i>metoprolol tartrate injection</i> [INJ]		1	
<i>metoprolol tartrate tablet</i>		1	
<i>nadolol tablet</i>		1	
<i>pindolol</i>		1	
<i>propranolol hcl capsule sustained action, -solution, -tablet</i>		1	
<i>propranolol hcl injection</i> [INJ]		1	
<i>timolol maleate tablet</i>		1	

CALCIUM ANTAGONISTS

<i>afeditab cr</i>		1	
<i>amlodipine besylate tablet</i>		1	
<i>cartia xt</i>		1	
<i>dilt-cd</i>		1	
<i>diltiazem 24hr er</i>		1	
<i>diltiazem er</i>		1	
<i>diltiazem hcl injection</i> [INJ]		1	
<i>diltiazem hcl tablet</i>		1	
<i>dilt-xr</i>		1	
<i>diltzac er</i>		1	
<i>felodipine er</i>		1	
<i>isradipine</i>		1	
<i>nicardipine hcl capsule</i>		1	
<i>nicardipine hcl injection</i> [INJ]		1	
<i>nifediac cc</i>		1	
<i>nifedical xl</i>		1	
<i>nifedipine capsule</i>		1	
<i>nifedipine er</i>		1	
<i>nimodipine</i>		3	
<i>nisoldipine</i>		1	
<i>taztia xt</i>		1	
<i>verapamil er</i>		1	
<i>verapamil er pm</i>		1	
<i>verapamil hcl injection</i> [INJ]		1	
<i>verapamil hcl tablet, -tablet sustained action</i>		1	

CARDIAC GLYCOSIDES

<i>digoxin injection</i> [INJ]		1	
<i>digoxin solution, -tablet</i>		1	

Drug	Generic	Tier	Restrictions
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CENTRALLY ACTING ANTIHYPERTENSIVES

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

DRUGS FOR PHEOCHROMOCYTOMA

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

ENDOTHELIN RECPTOR ANTAGONIST

LETAIRIS [LA]	<i>ambrisentan</i>	3	[PAR]
TRACLEER [LA]	<i>bosentan</i>	3	[PAR]

HMG-COA REDUCTASE INHIBITORS

ADVICOR 500 MG-20 MG TABLET	<i>lovastatin/niacin</i>	2	[QLL, 34/34]
ADVICOR 750 MG-20 MG TABLET, -1,000 MG-20 MG TABLET, -1,000 MG-40 MG TABLET	<i>lovastatin/niacin</i>	2	[QLL, 68/34]
CRESTOR 10 MG TABLET, -20 MG TABLET, -40 MG TABLET	<i>rosuvastatin calcium</i>	2	[QLL, 34/34]
CRESTOR 5 MG TABLET	<i>rosuvastatin calcium</i>	2	[QLL, 34/34][ST]
<i>lovastatin 10 mg tablet</i>		1	[QLL, 34/34]
<i>lovastatin 20 mg tablet, -40 mg tablet</i>		1	[QLL, 68/34]
<i>pravastatin sodium</i>		1	[QLL, 34/34]
SIMCOR 500-20 MG TABLET, -500-40 MG TABLET, -1,000-40 MG TABLET	<i>niacin/simvastatin</i>	2	[QLL, 34/34]
SIMCOR 750-20 MG TABLET, -1,000-20 MG TABLET	<i>niacin/simvastatin</i>	2	[QLL, 68/34]
<i>simvastatin</i>		1	[QLL, 34/34]
VYTORIN 10-10 MG TABLET	<i>ezetimibe/simvastatin</i>	2	[QLL, 34/34][ST]

Drug	Generic	Tier	Restrictions
VYTORIN 10-20 MG TABLET, -10-40 MG TABLET, -10-80 MG TABLET	<i>ezetimibe/simvastatin</i>	2	[QLL, 34/34]

HYPOLIPOPROTEINEMICS

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

LOOP DIURETICS

<i>bumetanide injection</i> [INJ]		1	
<i>bumetanide tablet</i>		1	
<i>furosemide injection</i> [INJ]		1	
<i>furosemide solution, -tablet</i>		1	
<i>torseamide injection</i> [INJ]		1	
<i>torseamide tablet</i>		1	

NITRATES

<i>isosorbide dinitrate</i>		1	
<i>isosorbide mononitrate</i>		1	
<i>isosorbide mononitrate er</i>		1	
<i>nitro-bid</i>		1	
<i>nitroglycerin injection</i> [INJ]		1	
<i>nitroglycerin patch</i>		1	
NITROSTAT	<i>nitroglycerin</i>	2	

OTHER ANTIARRHYTHMICS

<i>sorine</i>		1	
<i>sotalol</i>		1	
TIKOSYN	<i>dofetilide</i>	2	

Drug	Generic	Tier	Restrictions
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OTHER ANTIHYPERTENSIVES

<i>amlodipine besylate-benazepril</i>		1	
AMTURNIDE	<i>aliskiren/amlodipine/hctz</i>	2	[ST]
<i>atenolol-chlorthalidone</i>		1	
<i>benazepril-hydrochlorothiazide</i>		1	
<i>bisoprolol-hydrochlorothiazide</i>		1	
<i>captopril-hydrochlorothiazide</i>		1	
DIOVAN HCT	<i>hctz/valsartan</i>	2	[ST]
<i>enalapril-hydrochlorothiazide</i>		1	
EXFORGE	<i>amlodipine/valsartan</i>	2	[ST]
EXFORGE HCT	<i>amlodipine/valsartan/hctz</i>	2	[ST]
<i>fosinopril-hydrochlorothiazide</i>		1	
<i>lisinopril-hydrochlorothiazide</i>		1	
<i>losartan-hydrochlorothiazide</i>		1	
<i>methyldopa-hydrochlorothiazide</i>		1	
<i>metoprolol-hydrochlorothiazide</i>		1	
MICARDIS HCT	<i>telmisartan/hctz</i>	2	[ST]
<i>moexipril-hydrochlorothiazide</i>		1	
<i>nadolol-bendroflumethiazide</i>		1	
<i>propranolol-hydrochlorothiazid</i>		1	
<i>quinapril-hydrochlorothiazide</i>		1	
<i>reserpine tablet</i>		1	
TEKAMLO	<i>aliskiren/amlodipine</i>	2	[ST]
TEKURNA	<i>aliskiren hemifumarate</i>	2	[ST]
TEKURNA HCT	<i>aliskiren/hydrochlorothiazid</i>	2	[ST]
TWYNSTA	<i>telmisartan/amlodipine</i>	2	[ST]

OTHER CARDIOVASCULAR DRUGS

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

OTHER VASODILATING DRUGS

ADCIRCA	<i>adcirca (tadalafil)</i>	3	[PAR][QLL, 68/34]
REMODULIN [INJ][LA]	<i>treprostinil sodium</i>	3	
REVATIO INJECTION [INJ]	<i>revatio (sildenafil citrate)</i>	3	

Drug	Generic	Tier	Restrictions
REVATIO TABLET	<i>revatio (sildenafil citrate)</i>	3	[PAR][QLL, 102/34]

POTASSIUM SPARING DIURETICS

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

THIAZIDE AND RELATED DRUGS

<i>chlorothiazide</i>		1	
<i>chlorothiazide sodium [INJ]</i>		3	
<i>chlorthalidone</i>		1	
<i>hydrochlorothiazide capsule, - tablet</i>		1	
<i>indapamide</i>		1	
<i>methyclothiazide</i>		1	
<i>metolazone</i>		1	

VASODILATOR ANTIHYPERTENSIVES

<i>doxazosin mesylate 1 mg tab, -2 mg tab, -4 mg tab</i>		1	[QLL, 34/34]
<i>doxazosin mesylate 8 mg tab</i>		1	[QLL, 68/34]
<i>hydralazine hcl injection [INJ]</i>		1	
<i>hydralazine hcl tablet</i>		1	
<i>minoxidil tablet</i>		1	
<i>prazosin hcl</i>		1	
<i>terazosin 1 mg capsule, -2 mg capsule, -5 mg capsule</i>		1	[QLL, 34/34]
<i>terazosin 10 mg capsule</i>		1	[QLL, 68/34]

DERMATOLOGICAL MEDICATIONS

ANTIACNE DRUGS

<i>adapalene</i>		1	[PAR]
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Drug	Generic	Tier	Restrictions
<i>clindamycin phosphate foam, -gel, -lotion, -solution non-oral, -swab medicated</i>		1	
<i>clindamycin-benzoyl peroxide</i>		1	
<i>ery</i>		1	
<i>erythromycin gel, -solution non-oral</i>		1	
<i>erythromycin-benzoyl peroxide</i>		1	
<i>metronidazole cream, -gel, -lotion</i>		1	
<i>tretinoin 0.025% cream, -0.05% cream, -0.1% cream, -gel</i>		1	[PAR]

ANTIPRURITIC DRUGS

<i>hydroxyzine hcl injection [INJ]</i>		1	
<i>hydroxyzine hcl syrup, -tablet</i>		1	[PAR]
<i>hydroxyzine pamoate capsule</i>		1	[PAR]

ANTIPSORIASIS AND ANTIECZEMA DRUGS

<i>calcipotriene</i>		1	
DOVONEX CREAM	<i>calcipotriene</i>	2	
<i>selenium sulfide 2.5% lotion</i>		1	
SORIATANE	<i>acitretin</i>	3	
SORIATANE CK	<i>acitretin/emollient comb</i>	3	
<i>sulfacetamide sodium suspension topical</i>		1	
TAZORAC	<i>tazarotene</i>	2	[PAR]

KERATOLYTIC DRUGS

<i>podofilox</i>		1	
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ORAL DERMATOLOGICAL DRUGS

8-MOP	<i>methoxsalen</i>	3	
<i>amnestem</i>		1	
<i>claravis</i>		1	
OXSORALEN-ULTRA	<i>methoxsalen</i>	3	
<i>sotret</i>		1	

Drug	Generic	Tier	Restrictions
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SCABICIDES

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

TOPICAL CORTICOSTEROID DRUGS

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

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

TOPICAL DERMATOLOGICAL DRUGS

<i>ammonium lactate cream, -lotion</i>		1	
ELIDEL	<i>pimecrolimus</i>	2	[ST]
FLUOROPLEX	<i>fluorouracil</i>	2	
<i>fluorouracil cream, -solution non-oral</i>		1	
<i>imiquimod cream</i>		1	
OXSORALEN	<i>methoxsalen</i>	2	
PANRETIN	<i>alitretinoin</i>	3	
PROTOPIC	<i>tacrolimus</i>	2	[ST]
REGRANEX	<i>becaplermin</i>	2	[PAR][QLL, 30 gm/34]
SANTYL	<i>collagenase</i>	2	
SOLARAZE	<i>diclofenac sodium</i>	2	[PAR]
ZONALON	<i>doxepin</i>	2	
ZYCLARA	<i>imiquimod</i>	2	

DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS

DIAGNOSTIC PRODUCTS

CHEMET	<i>succimer</i>	2	
EXJADE [LA]	<i>deferasirox</i>	3	

MISCELLANEOUS DRUGS

ADAGEN [INJ][LA]	<i>pegademase bovine</i>	3	
AMPYRA [LA]	<i>dalfampridine</i>	3	[PAR]
BUPHENYL	<i>sodium phenylbutyrate</i>	3	
COPAXONE [INJ]	<i>glatiramer acetate</i>	3	[PAR][QLL, 30 ml/30]
CYKLOKAPRON [INJ]	<i>tranexamic acid</i>	2	
<i>ergoloid mesylates tablet</i>		1	
<i>fomepizole [INJ]</i>		1	
GILENYA	<i>fingolimod hydrochloride</i>	3	[PAR]
ORFADIN [LA]	<i>nitisinone</i>	3	
THALOMID	<i>thalidomide</i>	3	

Drug	Generic	Tier	Restrictions
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EAR-NOSE-THROAT MEDICATIONS

DRUGS AFFECTING THE EAR

<i>acetazol hc</i>		1	
<i>acetic acid solution non-oral</i>		1	
<i>borofair</i>		1	
CIPRODEX	<i>ciprofloxacin/dexameth</i>	2	
<i>cortomycin</i>		1	
DERMOTIC	<i>fluocinolone acetonide</i>	2	
<i>hydrocortisone-acetic acid</i>		1	
<i>neomycin-polymixin-hc ear susp, - ear susp</i>		1	
<i>neomycin-polymyxin-hydrocort</i>		1	
<i>ofloxacin 0.3% ear drops</i>		1	

DRUGS AFFECTING THE NOSE

<i>azelastine hcl aerosol spray w/pump</i>		1	[QLL, 60 ml/34]
<i>flunisolide 0.025% spray</i>		1	[QLL, 75 ml/34]
<i>fluticasone propionate nasal inhaled steroids</i>		1	[QLL, 32 gm/34]
<i>ipratropium 0.03% spray</i>		1	[QLL, 60 ml/34]
<i>ipratropium 0.06% spray</i>		1	[QLL, 30 ml/34]
<i>triamcinolone acetonide aerosol spray</i>		1	[QLL, 33 gm/34]
TYZINE	<i>tetrahydrozoline</i>	2	

DRUGS AFFECTING THE THROAT AND MOUTH

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

ENDOCRINE MEDICATIONS

ANTITHYROID DRUGS

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

Drug	Generic	Tier	Restrictions
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GLUCOCORTICOID DRUGS

<i>a-methapred</i> [INJ]		1	
<i>cortisone acetate tablet</i>		1	
<i>dexamethasone elixir, -tablet</i>		1	
<i>dexamethasone intensol</i>		1	
<i>dexamethasone sodium phosphate injection</i> [INJ]		1	
<i>hydrocortisone tablet</i>		1	
<i>methylprednisolone acetate injection</i> [INJ]		1	
<i>methylprednisolone sod succ</i> [INJ]		1	
<i>methylprednisolone tablet, -tablet dose pack</i>		1	
<i>prednisolone sodium phosphate solution</i>		1	
<i>prednisolone solution oral</i>		1	
<i>prednisone intensol</i>		1	
<i>prednisone solution, -tablet</i>		1	
<i>veripred 20</i>		1	

GLUCOSE ELEVATING DRUGS

GLUCAGEN [INJ]	<i>glucagon, human recombinant</i>	2	
GLUCAGON EMERGENCY KIT [INJ]	<i>glucagon, human recombinant</i>	2	
PROGLYCEM	<i>diazoxide</i>	2	

HYPOGLYCEMIC DRUGS

BYETTA 10 MCG DOSE PEN INJ [INJ]	<i>exenatide</i>	2	[PAR][QLL, 5 ml/34]
BYETTA 5 MCG DOSE PEN INJ [INJ]	<i>exenatide</i>	2	[PAR][QLL, 2 ml/34]
SYMLIN [INJ]	<i>pramlintide acetate</i>	2	[PAR][QLL, 35 ml/34]
SYMLINPEN 120 [INJ]	<i>pramlintide acetate</i>	2	[PAR][QLL, 22 ml/34]
SYMLINPEN 60 [INJ]	<i>pramlintide acetate</i>	2	[PAR][QLL, 12 pens/34]

Drug	Generic	Tier	Restrictions
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INSULIN

LANTUS 100 UNITS/ML VIAL [INJ]		2	
LEVEMIR 100 UNITS/ML VIAL [INJ]		2	
NOVOLIN 70-30 100 UNIT/ML VIAL [INJ]		2	
NOVOLIN N 100 UNITS/ML VIAL [INJ]		2	
NOVOLIN R 100 UNITS/ML VIAL [INJ]		2	
NOVOLOG [INJ]		2	
NOVOLOG MIX 70-30 [INJ]		2	

MINERALOCORTICOID DRUGS

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

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

Drug	Generic	Tier	Restrictions
<i>glipizide-metformin</i>		1	
<i>glyburide micronized</i>		1	
<i>glyburide tablet</i>		1	
<i>glyburide-metformin hcl</i>		1	
<i>glycron</i>		1	
JANUMET	<i>sitagliptin phos/metformin hcl</i>	2	[QLL, 68/34]
JANUVIA	<i>sitagliptin phosphate</i>	2	[QLL, 34/34]
KOMBIGLYZE XR 2.5-1,000 MG TAB	<i>saxagliptin hcl/metformin hcl</i>	2	[QLL, 68/34]
KOMBIGLYZE XR 5-1,000 MG TAB, -5-500 MG TABLET	<i>saxagliptin hcl/metformin hcl</i>	2	[QLL, 34/34]
<i>metformin hcl</i>		1	
<i>metformin hcl er tablet sustained release 24hr</i>		1	
<i>nateglinide</i>		1	
ONGLYZA	<i>saxagliptin hydrochloride</i>	2	[QLL, 34/34]
RIOMET	<i>metformin</i>	2	
<i>tolazamide</i>		1	
<i>tolbutamide</i>		1	

OTHER ENDOCRINE DRUGS

ALDURAZYME [INJ][LA]	<i>laronidase</i>	3	
<i>alendronate sodium 35 mg tab, -70 mg tab</i>		1	[QLL, 5/35]
<i>alendronate sodium 5 mg tablet, -10 mg tab, -40 mg tab</i>		1	[QLL, 34/34]
BONIVA TABLET	<i>ibandronate</i>	2	[QLL, 1/34][ST]
<i>cabergoline</i>		1	[QLL, 20/34]
<i>calcitonin-salmon</i>		1	
CEREZYME [INJ][LA]	<i>imiglucerase</i>	3	
<i>desmopressin acetate aerosol spray w/pump, -solution, -tablet</i>		1	
<i>desmopressin acetate injection [INJ]</i>		1	
ELAPRASE [INJ][LA]	<i>idursulfase</i>	3	
<i>etidronate disodium</i>		1	
EVISTA	<i>raloxifene</i>	2	
FABRAZYME [INJ][LA]	<i>agalsidase</i>	3	
FORTEO [INJ]	<i>teriparatide</i>	2	[PAR][QLL, 1 pens/28]
<i>fortical</i>		1	
KUVAN [LA]	<i>sapropterin dihydrochloride</i>	3	

Drug	Generic	Tier	Restrictions
LUMIZYME [INJ][LA]	<i>alglucosidase alfa</i>	3	
MIACALCIN INJECTION [INJ]	<i>calcitonin</i>	2	[PAR]
MYOZYME [INJ][LA]	<i>alglucosidase alfa</i>	3	
NAGLAZYME [INJ][LA]	<i>galsulfase</i>	3	
<i>pamidronate disodium</i> [INJ]		1	[PAR]
RECLAST [INJ]	<i>zoledronic acid</i>	2	[PAR]
SAMSCA	<i>tolvaptan</i>	3	[PAR][QLL, 68/34]
SENSIPAR	<i>cinacalcet hcl</i>	2	
SOMAVERT [INJ][LA]	<i>pegvisomant</i>	3	
VPRIV [INJ]	<i>velaglucerase alfa</i>	3	
XGEVA [INJ]	<i>denosumab</i>	3	
ZAVESCA [LA]	<i>miglustat</i>	3	
ZOMETA [INJ]	<i>zoledronic acid</i>	3	

THYROID SUPPLEMENTS

<i>levothroid</i>		1	
<i>levothyroxine sodium tablet</i>		1	
<i>levoxyl</i>		1	
<i>liothyronine sodium injection</i> [INJ]		1	
<i>liothyronine sodium tablet</i>		1	
THYROLAR-1	<i>liotrix</i>	2	
THYROLAR-1/4	<i>liotrix</i>	2	
THYROLAR-2	<i>liotrix</i>	2	
THYROLAR-3	<i>liotrix</i>	2	
<i>unithroid</i>		1	

GASTROINTESTINAL MEDICATIONS

ANTIDIARRHEAL DRUGS

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

ANTISPASMODICS/DRUGS AFFECT GI MOTILITY

<i>dicyclomine hcl capsule, -syrup, -tablet</i>		1	
<i>dicyclomine hcl injection</i> [INJ]		1	
<i>glycopyrrolate injection</i> [INJ]		1	
<i>glycopyrrolate tablet</i>		1	
<i>metoclopramide hcl injection</i> [INJ]		1	

Drug	Generic	Tier	Restrictions
<i>metoclopramide hcl solution oral, -tablet</i>		1	
<i>propantheline bromide tablet</i>		1	

ANTIULCER DRUGS

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

IRRITABLE BOWEL DRUGS

AMITIZA	<i>lubiprostone</i>	2	
LOTRONEX	<i>alosetron</i>	3	

LAXATIVES AND CATHARTICS

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

OTHER ANTIULCER DRUGS

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

OTHER GI DRUGS

APRISO	<i>mesalamine</i>	2	
<i>balsalazide disodium</i>		1	
<i>budesonide ec</i>		1	
CANASA	<i>mesalamine</i>	2	
CORTIFOAM	<i>hydrocortisone acetate</i>	2	
CREON	<i>amylase/lipase/protease</i>	2	

Drug	Generic	Tier	Restrictions
ENTOCORT EC [G]	<i>budesonide</i>	2	
<i>gavilyte-c</i>		1	
<i>gavilyte-g</i>		1	
<i>gavilyte-n</i>		1	
<i>hydrocortisone enema</i>		1	
<i>mesalamine enema</i>		1	
PANCRELIPASE 5,000	<i>amylase/lipase/protease</i>	2	
PENTASA	<i>mesalamine</i>	2	
<i>procto-pak</i>		1	
<i>proctosol-hc</i>		1	
<i>proctozone-hc</i>		1	
RELISTOR [INJ]	<i>methylnaltrexone bromide</i>	2	
<i>sulfasalazine tablet</i>		1	
<i>sulfazine ec</i>		1	
<i>trilyte with flavor packets</i>		1	
<i>ursodiol capsule, -tablet</i>		1	
ZENPEP DR 5,000 UNITS CAPSULE, -DR 10,000 UNITS CAPSULE, -DR 15,000 UNITS CAPSULE, -DR 20,000 UNITS CAPSULE	<i>amylase/lipase/protease</i>	2	

PROTON PUMP INHIBITORS

<i>lansoprazole dr 15 mg capsule, - odt 15 mg tablet</i>		1	[QLL, 34/34]
<i>lansoprazole dr 30 mg capsule, - odt 30 mg tablet</i>		1	
NEXIUM DR 20 MG CAPSULE, -DR 10 MG PACKET, -DR 20 MG PACKET	<i>esomeprazole mag trihyd</i>	2	[QLL, 34/34][ST]
NEXIUM DR 40 MG CAPSULE, -DR 40 MG PACKET	<i>esomeprazole mag trihyd</i>	2	[ST]
NEXIUM I.V. [INJ]	<i>esomeprazole mag trihyd</i>	2	
<i>omeprazole dr 10 mg capsule</i>		1	[QLL, 34/34]
<i>omeprazole dr 20 mg capsule, -dr 40 mg capsule</i>		1	
<i>omeprazole-bicarb 20-1,100 cap</i>		1	[QLL, 34/34]
<i>omeprazole-bicarb 40-1,100 cap</i>		1	
<i>pantoprazole sod dr 20 mg tab</i>		1	[QLL, 34/34]
<i>pantoprazole sod dr 40 mg tab</i>		1	

Drug	Generic	Tier	Restrictions
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IMMUNOLOGICALS AND VACCINES

GROWTH HORMONES AND RELATED DRUGS

EGRIFTA [INJ]	<i>tesamorelin acetate</i>	3	[PAR]
OMNITROPE [INJ]	<i>somatropin</i>	3	[PAR]
TEV-TROPIN [INJ]	<i>somatropin</i>	3	[PAR]

IMMUNOLOGICALS AND VACCINES

ACTHIB [INJ]	<i>haemophilus b-tet toxoid</i>	2	
ADACEL [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	
ARANESP 25 MCG/0.42 ML SYRINGE, -25 MCG/ML VIAL, -40 MCG/0.4 ML SYRINGE, -40 MCG/ML VIAL [INJ]	<i>darbepoetin alfa</i>	2	[PAR]
ARANESP 60 MCG/0.3 ML SYRINGE, -60 MCG/ML VIAL, -100 MCG/0.5 ML SYRINGE, -100 MCG/ML VIAL, -200 MCG/0.4 ML SYRINGE, -150 MCG/0.3 ML SYRINGE, -200 MCG/ML VIAL, -300 MCG/0.6 ML SYRINGE, -300 MCG/ML VIAL, -500 MCG/1 ML SYRINGE, -150 MCG/0.75 ML VIAL [INJ]	<i>darbepoetin alfa</i>	3	[PAR]
ATGAM [INJ]	<i>lymphocyte immune globulin</i>	3	[PAR]
ATTENUVAX VACCINE WITH DILUENT [INJ]	<i>measles vaccine,atten</i>	2	
BOOSTRIX [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	
CARIMUNE NF NANOFILTERED [INJ]	<i>immune globulin - iv</i>	3	[PAR]
CERVARIX [INJ]	<i>human papillomav vacc bival/pf</i>	2	
CINRYZE [INJ]	<i>c1 esterase inhibitor</i>	3	[PAR]
COMVAX [INJ]	<i>hepatitis b/haemophilus b vacc</i>	2	
DAPTACEL [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	
DIPHThERIA-TETANUS TOXOID [INJ]	<i>tetanus,diphtheria toxoid</i>	2	
ENGERIX-B 10 MCG/0.5 ML PED VL, -10 MCG/0.5 ML SYRN, -20 MCG/ML SYRINGE [INJ]	<i>hepatitis b virus vaccine</i>	2	
GAMASTAN S-D [INJ]	<i>immune globulin - im</i>	2	
GAMUNEX [INJ]	<i>immune globulin - iv</i>	3	[PAR]
GARDASIL [INJ]	<i>human papillomavirus vacc</i>	2	

Drug	Generic	Tier	Restrictions
HAVRIX [INJ]	<i>hepatatis a virus vaccine</i>	2	
HIZENTRA 1 GRAM/5 ML VIAL [INJ]	<i>immune globulin- sq</i>	2	[PAR]
IMOVAX RABIES VACCINE [INJ]	<i>rabies vaccine,human diploid</i>	2	
INFANRIX [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	
IPOLE [INJ]	<i>poliomyelitis vac,killed</i>	2	
IXIARO [INJ]	<i>japanese encephalitis vaccine</i>	2	
JE-VAX [INJ]	<i>japanese encephalitis vaccine</i>	2	
KEPIVANCE [INJ][LA]	<i>palifermin</i>	3	
MENACTRA [INJ]	<i>meningococcal vac a,c,y,w-135</i>	2	
MENOMUNE-A-C-Y-W-135 [INJ]	<i>meningococcal vac a,c,y,w-135</i>	2	
MERUVAX II VACCINE W-DILUENT [INJ]	<i>rubella vaccine</i>	2	
M-M-R II VACCINE [INJ]	<i>measles,mumps&rubella vaccine</i>	2	
MOZOBIL [INJ]	<i>plerixafor</i>	3	
PEDIARIX [INJ]	<i>hep b vaccine/dp (a) t-polio</i>	2	
PEDVAXHIB [INJ]	<i>haemophilus b vaccine</i>	2	
PRIVIGEN [INJ]	<i>immune globulin - iv</i>	3	[PAR]
PROCRIT 2,000 UNITS/ML VIAL, - 3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -10,000 UNITS/ML VIAL [INJ]	<i>epoetin alfa</i>	2	[PAR]
PROCRIT 20,000 UNITS/ML VIAL, -40,000 UNITS/ML VIAL [INJ]	<i>epoetin alfa</i>	3	[PAR]
PROQUAD [INJ]	<i>measles,mumps,rub,varicella</i>	2	
RABAVERT [INJ]	<i>rabies vac,pf chick-emb cell</i>	2	
RECOMBIVAX HB [INJ]	<i>hepatitis b virus vaccine</i>	2	
ROTATEQ	<i>rotavirus vac, live pentav</i>	2	
TETANUS DIPHTHERIA TOXOIDS [INJ]	<i>tetanus,diphtheria toxoid</i>	2	
<i>tetanus toxoid adsorbed</i> [INJ]		1	
TETANUS-DIPHTHERIA-DECAVAC [INJ]	<i>tetanus,diphtheria toxoid</i>	2	
TRIHIBIT [INJ]	<i>dp (a) ped/hib conj-tet</i>	2	
TRIPEDIA [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	
TWINRIX [INJ]	<i>hep b vir recomb/hep a vir</i>	2	
TYPHIM VI [INJ]	<i>typhoid vaccine</i>	2	
VAQTA [INJ]	<i>hepatatis a virus vaccine</i>	2	
VARIVAX VACCINE [INJ]	<i>varicella virus vaccine live</i>	2	
YF-VAX [INJ]	<i>yellow fever vaccine</i>	2	
ZOSTAVAX [INJ]	<i>varicella vacc/pf</i>	2	

Drug	Generic	Tier	Restrictions
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INSULIN LIKE GROWTH FACTORS-1

INCRELEX [INJ][LA]	<i>mecasermin</i>	3	[PAR]
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INTERFERONS

ACTIMMUNE [INJ][LA]	<i>interferon gamma-1b, recomb.</i>	3	
AVONEX [INJ]	<i>interferon beta-1a</i>	3	[PAR][QLL, 4 kits/28]
AVONEX ADMINISTRATION PACK [INJ]	<i>interferon beta-1a</i>	3	[PAR][QLL, 4 kits/28]
BETASERON [INJ]	<i>interferon beta-1b</i>	3	[PAR][QLL, 15/30]
INFERGEN [INJ]	<i>interferon alfacon-1</i>	3	
INTRON A 3 MILLION UNIT/ML PEN, -10 MILLION UNITS VIAL [INJ]	<i>interferon alfa-2b , recomb.</i>	2	
INTRON A 5 MILLION UNIT/ML PEN, -6 MILLION UNIT/ML VL, -10 MILLION UNIT PEN [INJ]	<i>interferon alfa-2b , recomb.</i>	3	
PEGASYS 180 MCG/0.5 ML SYRINGE [INJ]	<i>peginterferon alfa-2a</i>	3	[PAR][QLL, 4 syringes/28]
PEGASYS 180 MCG/ML VIAL [INJ]	<i>peginterferon alfa-2a</i>	3	[PAR][QLL, 4 vials/28]
PEGINTRON 50 MCG KIT [INJ]	<i>peginterferon alfa-2b</i>	3	[PAR][QLL, 5 kits/34]
PEGINTRON 80 MCG KIT, -120 MCG KIT, -150 MCG KIT [INJ]	<i>peginterferon alfa-2b</i>	3	[PAR][QLL, 5/34]
PEGINTRON REDIPEN [INJ]	<i>peginterferon alfa-2b</i>	3	[PAR][QLL, 5 pens/34]
REBIF 22 MCG/0.5 ML SYRINGE, -44 MCG/0.5 ML SYRINGE [INJ]	<i>interferon beta-1a/albumin</i>	3	[PAR][QLL, 8 syringes/35]
REBIF TITRATION PACK [INJ]	<i>interferon beta-1a/albumin</i>	3	[PAR][QLL, 12 syringes/28]
SYLATRON [INJ]	<i>peginterferon alfa-2b</i>	3	

INTERLEUKIN RECPTN ANTAGONIST

ACTEMRA 200 MG/10 ML VIAL [INJ]	<i>tocilizumab</i>	3	[PAR]
ARCALYST [INJ][LA]	<i>rilonacept</i>	3	[PAR]
ILARIS [INJ][LA]	<i>canakinumab</i>	3	[PAR]
KINERET [INJ]	<i>anakinra</i>	3	[PAR]

Drug	Generic	Tier	Restrictions
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INTERLEUKINS

NEUMEGA [INJ]	<i>oprelvekin</i>	3	[QLL, 21 vials/21]
PROLEUKIN [INJ]	<i>aldesleukin</i>	3	

MYELOID STIMULANTS

LEUKINE [INJ]	<i>sargramostim</i>	3	
NEULASTA [INJ]	<i>pegfilgrastim</i>	3	[PAR][QLL, 2 syringes/30]
NEUPOGEN [INJ]	<i>filgrastim</i>	3	[PAR]

THROMBOPOIETIC AGENTS

PROMACTA [LA]	<i>eltrombopag olamine</i>	3	
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MEDICAL (MISCELLANEOUS) SUPPLIES

DIABETIC SUPPLIES

ALCOHOL SWABS		2	
CURAD GAUZE PADS		2	
INSULIN SYRINGE		2	
NOVOFINE 32		2	
NOVOFINE AUTOCOVER		2	
PEN NEEDLE		2	
ULTILET INSULIN SYRINGE		2	

MUSCULOSKELETAL MEDICATIONS

CNS MUSCLE RELAXANTS

<i>carisoprodol compound</i>		1	[PAR]
<i>carisoprodol compound-codeine</i>		1	[PAR]
<i>carisoprodol tablet</i>		1	[PAR]
<i>chlorzoxazone</i>		1	[PAR]
<i>cyclobenzaprine hcl capsule sustained release 24 hr, -tablet</i>		1	[PAR]
<i>metaxalone</i>		1	[PAR]
<i>methocarbamol tablet</i>		1	[PAR]
<i>orphenadrine citrate injection [INJ]</i>		1	

Drug	Generic	Tier	Restrictions
<i>orphenadrine citrate tablet sustained action</i>		1	[PAR]
<i>orphenadrine compound</i>		1	[PAR]
<i>orphenadrine compound forte</i>		1	[PAR]
RILUTEK	<i>riluzole</i>	3	

DIRECT MUSCLE RELAXANTS

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

DRUGS TO PREVENT AND TREAT GOUT

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

NON-STEROIDAL ANTIINFLAMMATORY AGENTS

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

Drug	Generic	Tier	Restrictions
<i>mefenamic acid capsule</i>		1	
<i>meloxicam 7.5 mg tablet</i>		1	[QLL, 34/34]
<i>meloxicam suspension oral, -15 mg tablet</i>		1	
<i>nabumetone</i>		1	
<i>naproxen sodium 275 mg tab, -550 mg tab</i>		1	
<i>naproxen suspension oral, -tablet, -tablet enteric coated</i>		1	
<i>oxaprozin</i>		1	
<i>piroxicam capsule</i>		1	
<i>sulindac tablet</i>		1	
<i>tolmetin sodium</i>		1	

OTHER DRUGS FOR ARTHRITIS

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

SALICYLATES AND RELATED DRUGS

<i>diflunisal tablet</i>		1	
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NUTRITION, BLOOD MODIFIERS, ELECTROLYTES

ANTIPLATELET DRUGS

AGGRENEX	<i>aspirin/dipyridamole</i>	2	
BRILINTA	<i>ticagrelor</i>	2	
<i>cilostazol</i>		1	
<i>dipyridamole tablet</i>		1	
EFFIENT	<i>prasugrel</i>	2	
PLAVIX	<i>clopidogrel</i>	2	

BLOOD DETOXICANTS

<i>constulose</i>		1	
<i>enulose</i>		1	
<i>generlac</i>		1	
<i>lactulose</i>		1	
RENVELA	<i>sevelamer carbonate</i>	2	

Drug	Generic	Tier	Restrictions
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ELECTROLYTES, IRRIGATING SOLUTIONS, ETC.

<i>alcohol in dextrose</i> [INJ]		1	
AMINOSYN [INJ]	<i>amino acids</i>	2	
AMINOSYN II [INJ]	<i>amino acids</i>	2	
AMINOSYN II 3.5% M-DEXTROSE 5% [INJ]	<i>amino acids</i>	2	
AMINOSYN II 3.5%-DEXTROSE 25% [INJ]	<i>amino acids</i>	2	
AMINOSYN II 3.5%-DEXTROSE 5% [INJ]	<i>amino acids</i>	2	
AMINOSYN II 4.25%-DEXTROSE 25% [INJ]	<i>amino acids</i>	2	
AMINOSYN II 5% IN 25% DEXTROSE [INJ]	<i>amino acids</i>	2	
AMINOSYN II IN DEXTROSE [INJ]	<i>amino acids</i>	2	
AMINOSYN II WITH LYTES-CA-DW [INJ]	<i>amino acids</i>	2	
AMINOSYN M [INJ]	<i>amino acids</i>	2	
AMINOSYN WITH ELECTROLYTES [INJ]	<i>amino acids</i>	2	
AMINOSYN-HBC [INJ]	<i>amino acids</i>	2	
AMINOSYN-HF [INJ]	<i>amino acids</i>	2	
AMINOSYN-PF [INJ]	<i>amino acids</i>	2	
AMMONIUM CHLORIDE INJECTION [INJ]	<i>ammonium chloride</i>	2	
CLINIMIX [INJ]	<i>amino acids</i>	2	
CLINIMIX E 2.75%-10% SOLUTION, -2.75%-5% SOLUTION, -4.25%-25% SOLUTION, -4.25%-5% SOLUTION, -5%-15% SOLUTION, -5%-20% SOLUTION, -5%-25% SOLUTION [INJ]	<i>amino acids</i>	2	
CLINISOL [INJ]	<i>amino acids</i>	2	
CYSTAGON [LA]	<i>cysteamine</i>	2	
<i>d5w/kcl 10 meq/l iv solution, -d5w-kcl 30 meq/l iv solution</i> [INJ]		1	
<i>dextrose 10%-1/4ns</i> [INJ]		1	
<i>dextrose 10%-1/4ns-kcl</i> [INJ]		1	
<i>dextrose 5%-1/2ns-kcl</i> [INJ]		1	
<i>dextrose 5%-1/3ns-kcl</i> [INJ]		1	
<i>dextrose 5%-1/4ns-kcl</i> [INJ]		1	

Drug	Generic	Tier	Restrictions
<i>dextrose 5%-electrolyte #48</i> [INJ]		1	
<i>dextrose 5%-ns-kl</i> [INJ]		1	
<i>dextrose in water</i> [INJ]		1	
<i>dextrose with sodium chloride</i> [INJ]		1	
FREAMINE III [INJ]	<i>amino acids</i>	2	
HEPATAMINE [INJ]	<i>amino acids</i>	2	
HEPATASOL [INJ]	<i>amino acids</i>	2	
IONOSOL B WITH DEXTROSE 5% [INJ]	<i>electrolyte solutions</i>	2	
IONOSOL MB-DEXTROSE 5% [INJ]	<i>electrolyte solutions</i>	2	
IONOSOL T-DEXTROSE 5% [INJ]	<i>electrolyte solutions</i>	2	
ISOLYTE H WITH DEXTROSE [INJ]	<i>dextrose/electrolytes</i>	2	
ISOLYTE M WITH DEXTROSE [INJ]	<i>dextrose/electrolytes</i>	2	
ISOLYTE P WITH DEXTROSE [INJ]	<i>dextrose/electrolytes</i>	2	
ISOLYTE S [INJ]	<i>electrolyte solutions</i>	2	
ISOLYTE S WITH DEXTROSE [INJ]	<i>dextrose/electrolytes</i>	2	
<i>lactated ringers injection</i> [INJ]		1	
<i>magnesium sulfate injection</i> [INJ]		1	
MAGNESIUM SULFATE-D5W [INJ]	<i>magnesium sulfate/d5w</i>	2	
NEPHRAMINE [INJ]	<i>amino acids</i>	2	
NORMOSOL-M AND DEXTROSE [INJ]	<i>dextrose/electrolytes</i>	2	
NORMOSOL-R AND DEXTROSE [INJ]	<i>electrolyte solutions</i>	2	
NORMOSOL-R PH 7.4 [INJ]	<i>electrolyte solutions</i>	2	
NOVAMINE [INJ]	<i>amino acids</i>	2	
PLASMA-LYTE 148 [INJ]	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 148 IN DEXTROSE [INJ]	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 56 [INJ]	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 56 IN DEXTROSE [INJ]	<i>d5w/electrolyte-56 solution</i>	2	
PLASMA-LYTE A PH 7.4 [INJ]	<i>electrolyte solutions</i>	2	
PLASMA-LYTE R [INJ]	<i>electrolyte solutions</i>	2	
<i>potassium chl-normal saline</i> [INJ]		1	
<i>potassium chloride-nacl</i> [INJ]		1	
PREMASOL [INJ]	<i>amino acids</i>	2	
PROCALAMINE [INJ]	<i>aa 3%/electrolyte-tpn/glycerin</i>	2	
RENAMIN [INJ]	<i>amino acids</i>	2	
<i>ringers injection</i> [INJ]		1	

Drug	Generic	Tier	Restrictions
<i>saline 0.45% soln-excel con, -0.45% soln, -saline 0.9% soln-excel cont, -0.9% solution, -cl 2.5 meq/ml vial, -3% iv soln, -5% iv soln</i> [INJ]		1	
<i>sodium bicarbonate injection</i> [INJ]		1	
<i>sodium chloride solution</i>		1	
<i>sodium lactate injection</i> [INJ]		1	
TRAVASOL [INJ]	<i>amino acids</i>	2	
TROPHAMINE [INJ]	<i>amino acids</i>	2	

FLUORIDE PRODUCTS

<i>sodium fluoride tablet</i>		1	
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INJECTABLE ANTICOAGULANTS

ARIXTRA 2.5 MG SYRINGE [INJ][G]	<i>fondaparinux sodium</i>	2	
ARIXTRA 5 MG SYRINGE, -7.5 MG SYRINGE, -10 MG SYRINGE [INJ][G]	<i>fondaparinux sodium</i>	3	
<i>enoxaparin 120 mg/0.8 ml syr, -150 mg/ml syr</i> [INJ]		3	
<i>enoxaparin 30 mg/0.3 ml syr, -40 mg/0.4 ml syr, -60 mg/0.6 ml syr, -80 mg/0.8 ml syr, -100 mg/ml syr</i> [INJ]		1	
<i>fondaparinux 2.5 mg/0.5 ml syr, -5 mg/0.4 ml syr</i> [INJ]		1	
<i>fondaparinux 7.5 mg/0.6 ml syr, -10 mg/0.8 ml syr</i> [INJ]		3	
<i>heparin sodium in 0.45% nacl</i> [INJ]		1	[PAR]
<i>heparin sodium in 5% dextrose</i> [INJ]		1	[PAR]
<i>heparin sodium injection</i> [INJ]		1	[PAR]
<i>heparin sodium-ns</i> [INJ]		1	[PAR]
LOVENOX 300 MG VIAL, -300 MG/3 ML VIAL [INJ]	<i>enoxaparin</i>	3	

Drug	Generic	Tier	Restrictions
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ORAL ANTICOAGULANTS, VITAMIN K

<i>jantoven</i>		1	
PRADAXA	<i>dabigatran etexilate mesylate</i>	2	[PAR]
<i>warfarin sodium tablet</i>		1	
XARELTO	<i>rivaroxaban</i>	2	

POTASSIUM REMOVING RESINS

<i>sodium polystyrene sulfonate powder</i>		1	
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POTASSIUM SUPPLEMENTS

<i>dextrose in lactated ringers</i> [INJ]		1	
<i>kaon-cl 10</i>		1	
<i>kcl 20 meq in d5w solution, -kcl 40 meq in d5w solution</i> [INJ]		1	
<i>klor-con 10</i>		1	
<i>klor-con 8</i>		1	
<i>klor-con m15</i>		1	
<i>klor-con m20</i>		1	
<i>potassium chloride capsule sustained action, -solution, -tablet sust.releaseparticles/crystals, -tablet sustained action</i>		1	
<i>potassium chloride in d5lr</i> [INJ]		1	
<i>potassium chloride injection</i> [INJ]		1	

THERAPEUTIC VITAMINS AND MINERALS

<i>calcitriol capsule, -solution</i>		1	[PAR]
<i>calcitriol injection</i> [INJ]		1	[PAR]
<i>calcium acetate capsule</i>		1	
<i>eliphos</i>		1	
<i>levocarnitine injection</i> [INJ]		1	[PAR]
<i>levocarnitine solution, -tablet</i>		1	[PAR]

VITAMINS AND MINERALS AND RELATED PRODUCTS

INTRALIPID 30% IV FAT EMUL [INJ][G]	<i>fat emulsions</i>	2	
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Drug	Generic	Tier	Restrictions
LIPOSYN II [INJ]	<i>fat emulsions</i>	2	
<i>liposyn iii</i> [INJ]		1	

OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS

ANDROGEN DRUGS

ANADROL-50	<i>oxymetholone</i>	3	[PAR]
ANDROXY	<i>fluoxymesterone</i>	2	
<i>danazol capsule</i>		1	
METHITEST	<i>methyltestosterone</i>	2	
<i>oxandrolone tablet</i>		1	[PAR]
TESTIM	<i>testosterone</i>	2	[PAR]
<i>testosterone cypionate injection</i> [INJ]		1	
<i>testosterone enanthate injection</i> [INJ]		1	

CONTRACEPTIVES

<i>amethia</i>		1	
<i>amethyst</i>		1	
<i>apri</i>		1	
<i>aranelle</i>		1	
<i>aviane</i>		1	
<i>balziva</i>		1	
<i>briellyn</i>		1	
<i>cesia</i>		1	
<i>cryselle</i>		1	
<i>cyclafem</i>		1	
<i>emoquette</i>		1	
<i>enpresse</i>		1	
<i>gianvi</i>		1	
<i>introvale</i>		1	
<i>junel</i>		1	
<i>junel fe</i>		1	
<i>kariva</i>		1	
<i>kelnor 1-35</i>		1	
<i>leena</i>		1	
<i>lessina</i>		1	
<i>levora-28</i>		1	
<i>low-ogestrel</i>		1	
<i>lutera</i>		1	

Drug	Generic	Tier	Restrictions
<i>microgestin</i>		1	
<i>microgestin fe</i>		1	
<i>mononessa</i>		1	
<i>necon</i>		1	
<i>next choice</i>		1	
<i>nortrel</i>		1	
<i>ocella</i>		1	
<i>ogestrel</i>		1	
<i>orsythia</i>		1	
<i>portia</i>		1	
<i>previfem</i>		1	
<i>quasense</i>		1	
<i>reclipsen</i>		1	
<i>solia</i>		1	
<i>sprintec</i>		1	
<i>sronyx</i>		1	
<i>tri-legest fe</i>		1	
<i>trinessa</i>		1	
<i>tri-previfem</i>		1	
<i>tri-sprintec</i>		1	
<i>trivora-28</i>		1	
<i>velivet</i>		1	
<i>zeosa</i>		1	
<i>zovia 1-35e</i>		1	
<i>zovia 1-50e</i>		1	

ESTROGEN DRUGS

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

ESTROGEN/PROGESTIN COMBINATIONS

<i>estradiol-norethindrone acetat</i>		1	
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Drug	Generic	Tier	Restrictions
<i>jinteli</i>		1	
PREMPHASE	<i>estrogen/medroxyprogesterone</i>	2	
PREMPRO	<i>estrogen/medroxyprogesterone</i>	2	

OB/GYN TOPICAL ANTIINFECTIVES

<i>clindamycin phosphate cream with applicator</i>		1	
<i>metronidazole gel with applicator</i>		1	
<i>vandazole</i>		1	

OXYTOCICS

METHERGINE TABLET [G]	<i>methylergonovine</i>	2	
<i>methylergonovine maleate tablet</i>		1	

PROGESTIN DRUGS

<i>camila</i>		1	
<i>errin</i>		1	
<i>jolivette</i>		1	
<i>medroxyprogesterone acetate injection [INJ]</i>		1	[QLL, 1 ml/90]
<i>medroxyprogesterone acetate tablet</i>		1	
<i>nora-be</i>		1	
<i>norethindrone acetate tablet</i>		1	
PROMETRIUM	<i>progesterone</i>	2	

SPECIALIZED OB/GYN DRUGS

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

Drug	Generic	Tier	Restrictions
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OPHTHALMIC MEDICATIONS

ANTI GLAUCOMA DRUGS

<i>acetazolamide capsule sustained action, -tablet</i>		1	
<i>acetazolamide sodium [INJ]</i>		1	
ALPHAGAN P 0.1% DROPS	<i>brimonidine tartrate</i>	2	
<i>apraclonidine hcl</i>		1	
<i>betaxolol hcl drops</i>		1	
<i>brimonidine tartrate</i>		1	
<i>carteolol hcl</i>		1	
COMBIGAN	<i>brimonidine tartrate/timolol</i>	2	[ST]
<i>dorzolamide hcl</i>		1	
<i>dorzolamide-timolol</i>		1	
<i>latanoprost</i>		1	
<i>levobunolol hcl</i>		1	
LUMIGAN	<i>bimatoprost</i>	2	
<i>methazolamide tablet</i>		1	
<i>metipranolol</i>		1	
PHOSPHOLINE IODIDE	<i>echothiophate iodide</i>	2	
<i>timolol maleate drops, -gel-forming solution</i>		1	

OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS

<i>dexasporin</i>		1	
<i>neomycin-bacitracin-poly-hc</i>		1	
<i>neomycin-poly-hc eye drops</i>		1	
<i>neomycin-polymyxin-dexameth</i>		1	
<i>poly-dex</i>		1	
<i>sulfacetamide-prednisolone</i>		1	
<i>tobramycin-dexamethasone</i>		1	
ZYLET	<i>tobramycin/lotepred etab</i>	2	

OPHTHALMIC CORTICOSTEROID DRUGS

<i>dexamethasone sodium phosphate drops</i>		1	
<i>fluorometholone suspension drops</i>		1	
FML S.O.P.	<i>fluorometholone</i>	2	
PRED MILD	<i>prednisolone acetate</i>	2	

Drug	Generic	Tier	Restrictions
<i>prednisolone acetate suspension drops</i>		1	
<i>prednisolone sodium phosphate drops</i>		1	

OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS

<i>aktob</i>		1	
AZASITE	<i>azithromycin</i>	2	
<i>bacitracin 500 unit/gm ointmnt</i>		1	
<i>bacitracin-polymyxin eye oint</i>		1	
<i>ciprofloxacin hcl drops</i>		1	
<i>erythromycin ointment</i>		1	
<i>gentak</i>		1	
<i>gentamicin sulfate drops</i>		1	
<i>gentasol</i>		1	
<i>levofloxacin drops</i>		1	
MOXEZA	<i>moxifloxacin</i>	2	
<i>neomycin-bacitracin-polymyxin</i>		1	
<i>neomycin-polymyxin-gramicidin</i>		1	
<i>ofloxacin 0.3% eye drops</i>		1	
<i>polycin-b</i>		1	
<i>polymyxin b sul-trimethoprim</i>		1	
<i>romycin</i>		1	
<i>sulfacetamide sodium drops</i>		1	
<i>tobramycin sulfate drops</i>		1	
<i>tobrasol</i>		1	
VIGAMOX	<i>moxifloxacin</i>	2	

OPHTHALMIC TOPICAL ANTIVIRAL DRUGS

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

<i>ak-con</i>		1	
<i>azelastine hcl drops</i>		1	
BOTOX [INJ]	<i>botulinum toxin a</i>	2	[PAR]
<i>bromfenac sodium</i>		1	
<i>cromolyn sodium drops</i>		1	
<i>diclofenac sodium drops</i>		1	
<i>epinastine hcl</i>		1	

Drug	Generic	Tier	Restrictions
<i>flurbiprofen sodium</i>		1	
<i>ketorolac tromethamine drops</i>		1	
<i>mydral</i>		1	
<i>naphazoline hcl drops</i>		1	
NATACYN	<i>natamycin</i>	2	
<i>parcaine</i>		1	
<i>proparacaine hcl drops</i>		1	
RESTASIS	<i>cyclosporine</i>	2	[QLL, 60 vials/30]
<i>tropicamide drops</i>		1	

RESPIRATORY MEDICATIONS

ANTIHISTAMINES

<i>carbinoxamine maleate</i>		1	
<i>cetirizine hcl 1 mg/1 ml soln, -1 mg/ml soln, -5 mg/5 ml syrup</i>		1	
<i>cetirizine hcl 1 mg/ml syrup</i>		1	
<i>clemastine fumarate syrup, -fum 2.68 mg tab</i>		1	
<i>cyproheptadine hcl syrup, -tablet</i>		1	[PAR]
<i>dexchlorpheniramine maleate</i>		1	[PAR]
<i>diphenhydramine 50 mg capsule, -elixir</i>		1	[PAR]
<i>diphenhydramine hcl injection [INJ]</i>		1	
<i>fexofenadine hcl 180 mg tab</i>		1	[QLL, 34/34]
<i>fexofenadine hcl 180 mg tablet</i>		1	[QLL, 34/34]
<i>fexofenadine hcl 30 mg tablet, -60 mg tablet</i>		1	[QLL, 68/34]
<i>levocetirizine dihydrochloride</i>		1	[QLL, 34/34]
<i>palgic</i>		1	
<i>promethazine hcl injection [INJ]</i>		1	
<i>promethazine hcl syrup, -tablet</i>		1	[PAR]

BETA-2 ADRENERGIC DRUGS

<i>albuterol sulfate nebs, -solution non-oral, -syrup, -tablet, -tablet sustained release 12hr, -vial nebulizer</i>		1	
FORADIL	<i>formoterol fumarate</i>	2	[QLL, 120/34]

Drug	Generic	Tier	Restrictions
<i>metaproterenol sulfate syrup, - tablet</i>		1	
PROAIR HFA	<i>albuterol</i>	2	[QLL, 26 gm/34]
PROVENTIL HFA	<i>albuterol</i>	2	[QLL, 20 gm/34]
<i>terbutaline sulfate injection [INJ]</i>		1	
<i>terbutaline sulfate tablet</i>		1	

LEUKOTRIENE MODIFIERS

SINGULAIR	<i>montelukast sodium</i>	2	
<i>zafirlukast</i>		1	
ZYFLO CR	<i>zileuton</i>	2	

METHYL XANTHINE DRUGS

<i>aminophylline injection [INJ]</i>		1	
<i>aminophylline tablet</i>		1	
<i>theochron</i>		1	
<i>theophylline</i>		1	
<i>theophylline anhydrous tablet sustained release 12hr</i>		1	

OTHER DRUGS FOR ASTHMA

ADVAIR DISKUS	<i>salmeterol/fluticasone</i>	2	[PAR][QLL, 120 doses/34]
ADVAIR HFA	<i>salmeterol/fluticasone</i>	2	[PAR][QLL, 24 gm/34]
ASMANEX TWISTHALER 110 MCG #30, -TWISTHALER 110 MCG #7, -TWISTHALER 220 MCG #30	<i>mometasone</i>	2	[QLL, 60 doses/30]
ASMANEX TWISTHALER 220 MCG #14	<i>mometasone</i>	2	[QLL, 14 doses/14]
ASMANEX TWISTHALER 220 MCG #60	<i>mometasone</i>	2	[QLL, 120 doses/30]
ASMANEX TWISTHALR 220 MCG #120	<i>mometasone</i>	2	[QLL, 240 doses/30]
ATROVENT HFA	<i>ipratropium</i>	2	[QLL, 26 gm/34]
COMBIVENT	<i>albuterol sulfate/ipratropium</i>	2	[QLL, 44 gm/34]

Drug	Generic	Tier	Restrictions
<i>cromolyn sodium ampul for nebulization</i>		1	
<i>epinephrine 0.1 mg/ml syringe</i> [INJ]		1	
EIPEN [INJ]	<i>epinephrine hcl</i>	2	[QLL, 4 pens/2]
EIPEN JR [INJ]	<i>epinephrine hcl</i>	2	[QLL, 4 pens/2]
GASTROCROM	<i>cromolyn</i>	2	
<i>ipratropium bromide solution non-oral</i>		1	
QVAR	<i>beclomethasone</i>	2	[QLL, 22 gm/34]
SPIRIVA	<i>tiotropium bromide</i>	2	[QLL, 60 capsules/34]
SYMBICORT	<i>budesonide/formoterol fum</i>	2	[PAR][QLL, 20 gm/34]
XOLAIR [INJ][LA]	<i>omalizumab</i>	3	[PAR][QLL, 6 vials/28]

OTHER RESPIRATORY DRUGS

ARALAST NP [INJ][LA]	<i>alpha-1-proteinase inhibitor</i>	3	[PAR]
PROLASTIN [INJ][LA]	<i>alpha-1-proteinase inhibitor</i>	3	[PAR]
PROLASTIN C [INJ][LA]	<i>alpha-1-proteinase inhibitor</i>	3	[PAR]

UROLOGICAL MEDICATIONS

ANTICHOLINERGIC ANTISPASMODICS

ENABLEX	<i>darifenacin hydrobromide</i>	2	[ST]
<i>flavoxate hcl</i>		1	
<i>oxybutynin chloride syrup, -tablet</i>		1	
<i>oxybutynin cl er 10 mg tablet, -cl er 15 mg tablet</i>		1	
<i>oxybutynin cl er 5 mg tablet</i>		1	[QLL, 34/34]
SANCTURA XR	<i>trospium chloride</i>	2	[ST]
<i>trospium chloride</i>		1	

CHOLINERGIC STIMULANTS

<i>bethanechol chloride tablet</i>		1	
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Drug	Generic	Tier	Restrictions
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OTHER GENITOURINARY PRODUCTS

<i>alfuzosin hcl</i>		1	
CYSTADANE	<i>betaine hcl</i>	2	
ELMIRON	<i>pentosan polysulfate sodium</i>	2	
<i>finasteride tablet</i>		1	
<i>neomycin-polymyxin b [INJ]</i>		1	
<i>potassium citrate TABLET SUSTAINED ACTION</i>		1	
<i>tamsulosin hcl</i>		1	
UROXATRAL [G]	<i>alfuzosin hcl</i>	2	

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