

Maricopa Care Advantage (HMO SNP)
Formulario 2011
(Lista de Medicamentos bajo Cobertura)

**FAVOR DE LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS
MEDICAMENTOS QUE CUBRIMOS BAJO ESTE PLAN**

Aviso a miembros actuales: Este formulario ha cambiado desde el año pasado. Favor de revisar este documento para asegurarse que contiene los medicamentos que usted toma.

Los beneficiarios deben usar las farmacias de la red para tener acceso a los beneficios para sus recetas médicas. Los beneficios, formularios, red de farmacias, primas y/o copagos/coseguros pueden cambiar el 1 de diciembre, 2011.

“Un Plan de Salud con un contrato de Medicare”

This document is available in alternate formats or languages. For more information, call 1-877-874-3935, 24 hours a day/7 days a week. TTY users call 1-800-367-8939, 24 hours a day/7 days a week.

Este documento está disponible en formatos o idiomas diferentes. Para obtener más información, llame al 1-877-874-3935, las 24 horas al día/7 días de la semana. Los usuarios de TTY deben llamar al 1-800-367-8939, las 24 horas al día/7 días a la semana.

¿Qué es el Formulario de Maricopa Care Advantage?

Un formulario es una lista de medicamentos bajo cobertura seleccionados por Maricopa Care Advantage con el asesoramiento de un equipo de proveedores de atención médica, que representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. En general, Maricopa Care Advantage cubrirá los medicamentos que aparecen en el formulario siempre y cuando el medicamento sea médicamente necesario, la receta se llene en una farmacia de la red de Maricopa Care Advantage y se cumplan otras reglas del plan. Para obtener más información acerca de cómo llenar sus recetas, consulte la Evidencia de Cobertura.

¿Puede cambiar el formulario?

En general, si usted está tomando un medicamento que aparece en nuestro formulario 2010 que tenía cobertura al principio del año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2011, a menos que esté disponible un nuevo medicamento genérico y de menor costo o se publique nueva información negativa acerca de la seguridad y efectividad del medicamento. Otros tipos de cambios al formulario, como la eliminación de un medicamento de nuestro formulario, no afectarán a los miembros que actualmente toman el medicamento. Permanecerá disponible con la misma compartición de costos para aquellos miembros que lo estén tomando durante el resto del año de cobertura. Consideramos que es importante que usted tenga acceso durante el resto del año de cobertura a los medicamentos del formulario que estaban disponibles cuando eligió nuestro plan, excepto en casos en que usted se pueda ahorrar dinero adicional o nosotros podamos garantizar su seguridad.

Si eliminamos medicamentos de nuestro formulario, o agregamos autorizaciones previas, límites en cantidad y/o restricciones en las etapas de terapia en un medicamento o si cambiamos un medicamento a un nivel superior de compartición de costos, debemos notificar a los miembros afectados sobre el cambio al menos 60 días antes de que el cambio entre en vigor, o cuando el miembro solicite un relleno de la receta médica, en cuyo caso el miembro recibirá un suministro del medicamento de 60 días. Si la Administración de Drogas y Alimentos de EE.UU. considera que un medicamento que aparece en el formulario no es seguro o el fabricante del medicamento lo retira del mercado, de inmediato lo eliminaremos del formulario y notificaremos a los miembros que toman el medicamento. El formulario adjunto está actualizado hasta el 1 de diciembre de 2011. Para obtener información actualizada acerca de los medicamentos cubiertos por Maricopa Care Advantage, visite nuestro sitio web en www.mcareaz.com o llame a nuestro Centro de Atención al Cliente al 1-877-874-3935, las 24 horas, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-800-367-8939.

Maricopa Care Advantage actualiza el formulario cada mes (si es necesario) en el sitio web en www.mcareaz.com. Las hojas con cambios aparecerán al frente del formulario en el sitio web. Los hojas con cambios también se incluyen al frente de los formularios impresos. Si desea obtener una copia impresa actualizada del formulario que incluya los cambios, favor de llamar al Centro de Atención al Cliente al 1-877-874-3935, las 24 horas del día, los 7 días de la semana. Usuarios de TTY/TDD deben llamar al 1-800-367-8939.

¿Cómo uso el formulario?

Hay dos formas de buscar su medicamento en el formulario:

Condición Médica

El formulario comienza en la página 7. Los medicamentos incluidos en este formulario se agrupan en categorías según el tipo de condiciones médicas que usualmente utilizan ese tratamiento. Por ejemplo, los medicamentos que se utilizan para tratar una condición cardíaca se incluyen en la categoría Medicamentos Cardiovasculares. Si usted conoce el uso de su medicamento, busque el nombre de la categoría en la lista que comienza en la página 10, luego busque su medicamento debajo del nombre de la categoría.

Lista Alfabética

Si usted no está seguro en qué categoría debe buscar, deberá buscar su medicamento en el Índice que comienza en la página 86. El Índice proporciona una lista alfabética de todos los medicamentos que incluidos en este documento. Tanto los medicamentos de marca como los genéricos aparecen en el Índice. Busque en el Índice y encuentre su medicamento. Junto al nombre del medicamento, verá el número de página en donde podrá encontrar información acerca de la cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Maricopa Care Advantage cubre medicamentos de marca y medicamentos genéricos. Un medicamento genérico es aprobado por la Administración de Drogas y Alimentos (FDA, por sus siglas en inglés) por tener los mismos componentes activos que el medicamento de marca. En general, los medicamentos genéricos tienen menos costo que los de marca.

¿Existe alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales en cobertura. Estos requisitos y límites pueden incluir lo siguiente:

- **Autorización Previa:** Maricopa Care Advantage requiere que usted [o su médico] obtengan autorización previa en ciertos medicamentos. Esto significa que usted deberá obtener aprobación de Maricopa Care Advantage antes de llenar sus recetas. Si no obtiene aprobación, Maricopa Care Advantage quizás no cubra el medicamento.
- **Límites en la Cantidad:** Para ciertos medicamentos, Maricopa Care Advantage limita la cantidad de medicamento que cubrirá. Por ejemplo, Maricopa Care Advantage provee dos unidades por receta para el medicamento EMEND. Esto puede ser también en adición al estandarte de uno o tres meses de suministro.
- **Terapia por Etapa:** En algunos casos, Maricopa Care Advantage requiere que usted pruebe primero determinados medicamentos para tratar su condición médica antes de cubrir otro medicamento para esa condición. Por ejemplo, si el Medicamento A y el Medicamento B se usan para tratar su condición médica, es posible que Maricopa Care Advantage no cubra el

Medicamento B a menos que usted pruebe el medicamento A primero. Si el medicamento A no le funciona, Maricopa Care Advantage entonces cubrirá el Medicamento B.

Puede determinar si su medicamento tiene algún requisito o límite adicional, al buscar en el formulario a partir de la página 10. Además puede obtener más información sobre restricciones que aplican a ciertos medicamentos al visitar el sitio Web en www.mcareaz.com.

Puede solicitarle a Maricopa Care Advantage que haga una excepción a estas restricciones o límites. Consulte la sección: “¿Cómo puedo solicitar una excepción al formulario de Maricopa Care Advantage?” en la página 4 para obtener información de cómo solicitar la excepción.

¿Qué si mi medicamento no aparece en el Formulario?

Si su medicamento no está incluido en este formulario, debe primer comunicarse con el Centro de Atención al Cliente para confirmar si su medicamento está cubierto. Si se entera que Maricopa Care Advantage no cubre su medicamento, tiene dos opciones:

- Puede solicitar al Centro de Atención al Cliente una lista de medicamentos similares que si estén cubiertos por Maricopa Care Advantage. Cuando reciba la lista, muéstresela a su doctor y solicítele que le recete un medicamento similar que esté cubierto por Maricopa Care Advantage.
- Puede solicitarle a Maricopa Care Advantage que haga una excepción y que cubra su medicamento. Consulte la información a continuación de cómo solicitar una excepción.

¿Cómo puedo solicitar una excepción al Formulario de Maricopa Care Advantage?

Puede solicitar que Maricopa Care Advantage haga una excepción a las reglas de cobertura. Existen varios tipos de excepciones que usted puede solicitar que hagamos.

- Puede pedirnos que cubramos su medicamento aunque no aparezca en el formulario.
- Puede solicitar que exceptuemos las restricciones o límites de cobertura en su medicamento. Por ejemplo, para ciertos medicamentos, Maricopa Care Advantage limita la cantidad del medicamento que cubrirá. Si su medicamento tiene un límite en la cantidad, puede pedirnos que no apliquemos ese límite y que cubramos una mayor cantidad.
- Puede solicitar que le demos un nivel más alto de cobertura para su medicamento. Si su medicamento está incluido en un nivel alto/sin preferencia sujeto al nivel de proceso de excepciones de niveles, usted podrá solicitar que, en cambio, cubramos la parte del costo del medicamento que se aplica a los medicamentos en el nivel preferido/más bajo sujeto al nivel de proceso de excepciones de niveles. Esto reduciría el monto que usted deberá pagar por su medicamento. Tenga en cuenta que si accedemos a cubrir un medicamento que no aparece en el formulario, usted no podrá solicitarnos que brindemos un nivel más alto de cobertura para ese medicamento.

Por lo general, Maricopa Care Advantage sólo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento en un nivel más bajo o las restricciones adicionales para la utilización no fueran tan efectivas en el tratamiento de su condición o le provocaran efectos secundarios adversos.

Deberá comunicarse con nosotros para solicitar una decisión de cobertura inicial con respecto a una excepción en el formulario, en el nivel de medicamento o en las restricciones de utilización. **Cuando usted solicite una excepción al formulario, niveles de medicamento o en las restricciones de utilización, deberá presentar una declaración del médico o de quien le haya recetado para respaldar su petición.** Por lo general, debemos tomar la decisión dentro de las 72 horas de cuando recibimos la declaración del médico o de quien le receto. Usted puede solicitar una excepción rápida si usted o su médico consideran que su salud podría perjudicarse gravemente por esperar las 72 horas para obtener una decisión. Si se acepta su solicitud de agilizar el proceso, deberemos proporcionarle una decisión antes de las 24 horas de haber recibido la declaración de respaldo del profesional o el médico que emite sus recetas.

¿Qué debo hacer antes de hablar con mi médico acerca de cambiar mis medicamentos o solicitar una excepción?

Como miembro nuevo o existente del plan es posible que esté tomando medicamentos que no aparezcan en el formulario. O, es posible que esté tomando un medicamento que aparezca en el formulario pero su posibilidad de obtenerlo es limitada. Por ejemplo, es posible que necesite una autorización previa de nosotros antes de poder llenar su receta. Deberá hablar con su médico para decidir si debe cambiar su medicamento por un medicamento adecuado que cubramos o solicitar una excepción en el formulario para que cubramos el medicamento que usted toma. Mientras usted determina con su médico los pasos a seguir adecuados para usted, en ciertos casos podemos cubrir su medicamento durante los primeros 90 días que es miembro del plan.

Por cada uno de sus medicamentos que no aparece en el formulario o si su posibilidad de obtener los medicamentos es limitada, cubriremos un suministro temporal para 30 días (a menos que su receta sea para menos días) cuando acuda a una farmacia de la red. Después de su primer suministro para 30 días, no pagaremos estos medicamentos, incluso si usted ha sido miembro del plan menos de 90 días.

Si es residente de un centro de atención a largo plazo, cubriremos un suministro temporal de transición para 31 días (a menos que su receta sea para menos días). Cubriremos más de una renovación de estos medicamentos para los primeros 90 días que sea miembro del plan. Si necesita un medicamento que no aparece en el formulario, o si su posibilidad de obtener los medicamentos es limitada, pero pasó los primeros 90 días de membresía en el plan, cubriremos un suministro de emergencia para 31 días de ese medicamento (a menos que su receta sea para menos días) mientras usted intenta obtener una excepción en el formulario.

Para más información

Para obtener más información acerca de su cobertura de medicamentos recetados de Maricopa Care Advantage , consulte la Evidencia de Cobertura y otros documentos del plan.

Si tiene alguna pregunta con respecto a Maricopa Care Advantage, llame al Centro de Atención al Cliente al 1-877-874-3935, las 24 horas del día, 7 días de la semana. Usuarios de TTY/TDD deben llamar al 1-800-367-8939 o visitar www.upcareaz.com.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, 7 días de la semana. Usuarios de TTY/TDD deben llamar al 1-877-486-2048 o visitar www.medicare.gov.

Formulario de Maricopa Care Advantage

El siguiente formulario ofrece información de cobertura acerca de algunos de los medicamentos cubiertos por Maricopa Care Advantage. Si tiene problemas para encontrar su medicamento en la lista, vaya al Índice que comienza en la página 86.

La primera columna de la lista de cuadros indica el nombre del medicamento. Los medicamentos de marca aparecen en letra mayúscula (por ejemplo: ALBENZA y los medicamentos genéricos aparecen en letra minúscula y cursiva [por ejemplo: *lidocaína*]).

La información en la columna de Restricciones le indica si Maricopa Care Advantage tiene algún requisito especial para la cobertura de su medicamento.

El símbolo [INJ] en seguida del nombre del medicamento indica que es disponible en inyección.

El símbolo [G] en seguida del nombre del medicamento indica que es disponible en genérico.

El símbolo [LA] en seguida del nombre del medicamento indica que ese medicamento ha sido restringido a ciertas farmacias por La Administración de Alimentos y Drogas de EEUU. Estos medicamentos solo se pueden obtener en designadas farmacias.

El símbolo [PAR] en la columna de Restricciones indica que necesita autorización previa.

El símbolo [QLL] en la columna de Restricciones indica límites en cantidades por receta.

El símbolo [ST] en la columna de Restricciones indica que puede haber etapas en el uso.

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 Drugs. 20	Hypolipoproteinemics
	Loop Diuretics

Autonomic and CNS Medications. 22	Nitrates
Analgesics	Other Antiarrhythmics
Antidementia Drugs	Other Antihypertensives
Antimania Drugs	Other Cardiovascular Drugs
Antiparkinson Anticholinergic Drugs	Other Vasodilating Drugs
Antipsychotic Drugs	Potassium Sparing Diuretics
Antivertigo and Antiemetic Drugs	Thiazide and Related Drugs
Anxiolytics	Vasodilator Antihypertensives
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 Recpтр Antagonist
Oral Dermatological Drugs	Interleukins
Scabicides	Myeloid Stimulants
Topical Corticosteroid Drugs	Thrombopoietic Agents
Topical Dermatological Drugs	Medical (Miscellaneous) Supplies 52
Diagnostic & Miscellaneous Medications 42	Diabetic Supplies
Diagnostic Products	Musculoskeletal Medications 53
Miscellaneous Drugs	Cns Muscle Relaxants
Ear-Nose-Throat Medications 42	Direct Muscle Relaxants
Drugs Affecting The Ear	Drugs to Prevent and Treat Gout
Drugs Affecting The Nose	Non-Steroidal Antiinflammatory Agents
Drugs Affecting The Throat and Mouth	Other Drugs for Arthritis
Endocrine Medications. 43	Salicylates and Related Drugs
Antithyroid Drugs	Nutrition, Blood Modifiers, 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
Gastrointestinal Medications 47	Therapeutic Vitamins & Minerals
Antidiarrheal Drugs	Vitamins & Minerals & Related Products
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
Immunologicals and Vaccines 49	Oxytocics
Progestin Drugs	Prenatal Vitamins
Selective Estrogen Receptor Modulator	Respiratory Medications 64
Specialized OB/GYN Drugs	Antihistamines
Ophthalmic Medications 62	Beta-2 Adrenergic Drugs
Antiglaucoma Drugs	Leukotriene Modifiers
Ophthalmic Antiinfective/Corticosteroids	Methyl Xanthine Drugs
Ophthalmic Corticosteroid Drugs	Other Drugs for Asthma
Ophthalmic Topical Antibacterial Drugs	Other Respiratory Drugs
Ophthalmic Topical Antiviral Drugs	Urological Medications 66
Other Ophthalmic Drugs	Anticholinergic Antispasmodics
	Cholinergic Stimulants
	Other Genitourinary Products

This is not a complete list of drugs covered by Part D plan. For a complete listing, please call our Customer Care Center at 1-877-874-3935, 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	
ACCU-CHEK AVIVA PLUS		2	
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	

Drug	Generic	Tier	Restrictions
BREEZE 2		2	
CONTOUR		2	

Drug	Generic	Tier	Restrictions
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ANESTHETICS

LOCAL ANESTHETICS

<i>bupivacaine hcl injection</i> [INJ]		1	
<i>bupivacaine hcl-epinephrine</i> [INJ]		1	
<i>bupivacaine-dextrose</i> [INJ]		1	
<i>chloroprocaine hcl</i> [INJ]		1	
<i>droperidol injection</i> [INJ]		1	
<i>lidocaine hcl in 7.5% dextrose</i> [INJ]		1	
<i>lidocaine hcl injection</i> [INJ]		1	
<i>lidocaine hcl-epinephrine</i> [INJ]		1	

TOPICAL ANESTHETICS

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

ANTIINFECTIVES

AMEBICIDES

<i>paromomycin sulfate</i>		1	
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AMINOGLYCOSIDES

<i>amikacin sulfate injection</i> [INJ]		1	
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Drug	Generic	Tier	Restrictions
<i>gentamicin 80 mg/ns 100 ml pb, - 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	
ISO GENTAMICIN 120 MG/100 ML [INJ]	<i>gentamicin/sodium chloride</i>	2	
<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	

ANTIINFECTIVES SPECIALIZED INDICATIONS

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

ANTIRETROVIRALS AND PROTEASE INH

APTIVUS	<i>tipranavir</i>	3	
ATRIPLA	<i>emtricitabine/tenofovir/efavir</i>	3	

Drug	Generic	Tier	Restrictions
COMBIVIR	<i>lamivudine/zidovudine</i>	3	
COMPLERA	<i>emtricitab/rilpivirine/tenofovir</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	

Drug	Generic	Tier	Restrictions
VICTRELIS	<i>boceprevir</i>	3	[PAR]
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 sulfata</i>	2	
	<i>zidovudine</i>	1	

ANTITUBERCULOSIS DRUGS

CAPASTAT SULFATE [INJ]	<i>capreomycin</i>	3	
CYCLOSERINE	<i>cycloserine</i>	2	
	<i>ethambutol hcl</i>	1	
	<i>isonarif</i>	1	
	<i>isoniazid injection [INJ]</i>	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 [INJ]</i>	3	
SEROMYCIN	<i>cycloserine</i>	2	
TRECTOR	<i>ethionamide</i>	2	

CEPHALOSPORINS

<i>cefaclor</i>		1	
<i>cefaclor er</i>		1	
<i>cefadroxil</i>		1	

Drug	Generic	Tier	Restrictions
<i>cefazolin 20 gm bulk vial, -500 mg vial, -1 gm add-van vial, -1 gm vial, -1 gm-d5w bag, -10 gm vial [INJ]</i>		1	
<i>cefdinir</i>		1	
<i>cefepime [INJ]</i>		1	
<i>cefepime hcl [INJ]</i>		1	
<i>cefotaxime sodium [INJ]</i>		1	
<i>cefotetan [INJ]</i>		1	
<i>cefoxitin [INJ]</i>		1	
<i>cefoxitin sodium [INJ]</i>		1	
<i>cefpodoxime proxetil</i>		1	
<i>cefprozil</i>		1	
<i>ceftazidime [INJ]</i>		1	
<i>ceftriaxone [INJ]</i>		1	
<i>cefuroxime axetil</i>		1	
<i>cefuroxime injection [INJ]</i>		1	
<i>cefuroxime sod 750 mg vial, -sod 1.5 gm vial, -sod 7.5 gm vial [INJ]</i>		1	
<i>cefuroxime tablet</i>		1	
<i>cephalexin</i>		1	
SUPRAX	<i>cefixime</i>	2	

CHLORAMPHENICOLS

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

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

Drug	Generic	Tier	Restrictions
<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 capsule enteric coated, -tablet</i>		1	
<i>erythromycin ethylsuccinate 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	
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	

Drug	Generic	Tier	Restrictions
<i>nystatin 50,000,000 units pwd, - 150,000,000 units pwd, - 500,000,000 units pwd, - 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>aztreonam 2 gm vial [INJ]</i>		3	
<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	
MERREM IV 1 GM VIAL [INJ][G]	<i>meropenem</i>	3	
POLYMYXIN B 100 MILLION UNIT	<i>polymyxin b</i>	2	
<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	

Drug	Generic	Tier	Restrictions
SYNERCID [INJ]	<i>quinupristin/dalfopristin</i>	3	
TYGACIL [INJ]	<i>tigecycline</i>	3	
VANCOGIN HCL	<i>vancomycin</i>	3	
<i>vancomycin 500 mg a/v vial, -500 mg vial, -750 mg vial, -1 gm add-van vial, -1 gm vial, -5 gm vial, -10 gm vial</i> [INJ]		1	[PAR]
<i>vancomycin hcl 1g/200 ml bag</i> [INJ]		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	
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>penciclovir</i>	2	
EPIVIR HBV	<i>lamivudine</i>	2	
<i>famciclovir 125 mg tablet</i>		1	[QLL, 21/10]
<i>famciclovir 250 mg tablet</i>		1	[QLL, 68/34]
<i>famciclovir 500 mg tablet</i>		1	[QLL, 21/7]
<i>foscarnet sodium</i> [INJ]		1	
<i>ganciclovir</i>		3	
<i>ganciclovir sodium</i> [INJ]		1	
HEPSERA	<i>adefovir dipivoxil</i>	3	

Drug	Generic	Tier	Restrictions
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	
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 injection [INJ]</i>		1	
<i>azithromycin packet, -600 mg tablet</i>		1	
<i>clarithromycin er</i>		1	
<i>clarithromycin suspension, -tablet</i>		1	

Drug	Generic	Tier	Restrictions
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OTHER TOPICAL ANTIFUNGALS

<i>ciclodan 8% solution</i>		1	[PAR]
<i>ciclopirox cream, -gel, -kit, -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, -foam, -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	
AMPHOTEC 100 MG VIAL [INJ]	<i>ampho b c-s</i>	2	
<i>amphotericin b injection</i> [INJ]		1	
CANCIDAS [INJ]	<i>caspofungin acetate</i>	3	
<i>fluconazole in dextrose</i> [INJ]		1	
<i>fluconazole in saline</i> [INJ]		1	
MYCAMINE [INJ]	<i>micafungin sodium</i>	3	
VFEND IV [INJ]	<i>voriconazole</i>	3	

Drug	Generic	Tier	Restrictions
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PENICILLINS

<i>amox tr-potassium clavulanate</i>		1	
<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	
AUGMENTIN 125-31.25 MG/5 ML	<i>amoxicillin clavulanate</i>	2	
AUGMENTIN 125-31.25 SUSPEN	<i>amoxicillin clavulanate</i>	2	
<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 add-vantage vl, -2 gm add-vantage vl, -2 gm vial, -10 gm vial</i> [INJ]		3	
<i>oxacillin 1 gm vial</i> [INJ]		1	
<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>atovaquone-proguanil 250-100</i>		1	
<i>atovaquone-proguanil 62.5-25</i>		1	
<i>chloroquine phosphate tablet</i>		1	
COARTEM	<i>artemether/lumefantrine</i>	2	
DARAPRIM	<i>pyrimethamine</i>	2	

Drug	Generic	Tier	Restrictions
<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>ciprofloxacin-d5w</i> [INJ]		1	
<i>levofloxacin 500 mg/20 ml vial</i> [INJ]		1	
<i>levofloxacin 750 mg/30 ml vial</i> [INJ]		1	
<i>levofloxacin solution, -tablet</i>		1	
<i>levofloxacin-d5w</i> [INJ]		1	
<i>ofloxacin tablet</i>		1	

SULFONAMIDES

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

Drug	Generic	Tier	Restrictions
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TETRACYCLINES

<i>demeclocycline 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	
<i>ssd af</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>methenamine mandelate tablet</i>		1	
<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>nystatin vaginal tablet</i>		1	
<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	
AVASTIN 400 MG/16 ML VIAL [INJ]	<i>bevacizumab</i>	3	
AZASAN	<i>azathioprine</i>	2	[PAR]
<i>azathioprine sodium [INJ]</i>		1	[PAR]
<i>azathioprine tablet</i>		1	[PAR]
<i>bicalutamide</i>		1	

Drug	Generic	Tier	Restrictions
CAMPATH [INJ]	<i>alemtuzumab</i>	3	
CAPRELSA [LA]	<i>vandetanib</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</i> [INJ]		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]
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	

Drug	Generic	Tier	Restrictions
IRESSA [LA]	<i>gefitinib</i>	3	
<i>leflunomide</i>		1	[QLL, 34/34]
<i>letrozole</i>		1	
<i>leucovorin calcium injection</i> [INJ]		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</i> [INJ]		1	
MESNEX TABLET	<i>mesna</i>	3	
<i>methotrexate injection</i> [INJ]		1	[PAR]
<i>methotrexate tablet</i>		1	[PAR]
<i>mitoxantrone hcl</i> [INJ]		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	
NILANDRON	<i>nilutamide</i>	2	
NULOJIX [INJ]	<i>belatacept</i>	3	[PAR]
<i>octreotide acet 100 mcg/ml amp, -acet 100 mcg/ml syr, -acet 100 mcg/ml vl, -acet 200 mcg/ml vl, -acet 500 mcg/ml amp, -acet 500 mcg/ml vl, -1,000 mcg/ml vial</i> [INJ]		3	
<i>octreotide acet 50 mcg/ml amp, -acet 50 mcg/ml vial</i> [INJ]		1	

Drug	Generic	Tier	Restrictions
<i>octreotide acet 500 mcg/ml syr</i> [INJ]		3	
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	
THERACYS [INJ]	<i>bcg vaccine</i>	2	
TRELSTAR 22.5 MG SYRINGE, - 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	
TRELSTAR DEPOT [INJ]	<i>triptorelin pamoate</i>	2	
TRELSTAR LA [INJ]	<i>triptorelin pamoate</i>	2	
<i>tretinoin capsule</i>		3	
TYKERB	<i>lapatinib ditosylate</i>	3	

Drug	Generic	Tier	Restrictions
TYSABRI [INJ][LA]	<i>natalizumab</i>	3	[PAR]
VANDETANIB [LA]	<i>vandetanib</i>	3	
VANTAS [INJ]	<i>histrelin ac</i>	2	
VELCADE [INJ]	<i>bortezomib</i>	3	
VIDAZA [INJ]	<i>azacitidine</i>	3	
VOTRIENT	<i>pazopanib</i>	3	
XALKORI	<i>crizotinib</i>	3	
ZELBORAF	<i>vemurafenib</i>	3	
ZOLADEX [INJ]	<i>goserelin acetate</i>	2	
ZOLINZA	<i>vorinostat</i>	3	
ZORTRESS 0.25 MG TABLET	<i>everolimus</i>	2	[PAR]
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>acetaminophen-tramadol</i>		1	[QLL, 272/34]
<i>buprenorphine hcl injection</i> [INJ]		1	
<i>butorphanol tartrate injection</i> [INJ]		1	
<i>nalbuphine hcl injection</i> [INJ]		1	
PRIALT [INJ]	<i>ziconotide acetate</i>	2	
<i>sufenta</i> [INJ]		1	
<i>sufentanil citrate 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]

Drug	Generic	Tier	Restrictions
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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]
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</i> [INJ]		1	
<i>chlorpromazine hcl tablet</i>		1	
<i>clozapine</i>		1	
FANAPT TABLET	<i>iloperidone</i>	2	[QLL, 68/34]

Drug	Generic	Tier	Restrictions
FANAPT TABLET DOSE PACK	<i>iloperidone</i>	2	[QLL, 1/34]
FAZACLO	<i>clozapine</i>	2	
<i>fluphenazine decanoate injection</i> [INJ]		1	
<i>fluphenazine hcl elixir, -solution, -tablet</i>		1	
<i>fluphenazine hcl injection</i> [INJ]		1	
GEODON CAPSULE	<i>ziprasidone</i>	2	[QLL, 68/34]
GEODON INJECTION [INJ]	<i>ziprasidone</i>	2	
<i>haloperidol decanoate</i> [INJ]		1	
<i>haloperidol decanoate 100</i> [INJ]		1	
<i>haloperidol injection</i> [INJ]		1	
<i>haloperidol lactate injection</i> [INJ]		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 SY, -156 MG PREF SY, -234 MG PREF SY [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	
<i>olanzapine</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 m-tab</i>		1	[QLL, 68/34]
<i>risperidone odt</i>		1	[QLL, 68/34]

Drug	Generic	Tier	Restrictions
<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]
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 RELPREVV [INJ][LA]	<i>olanzapine pamoate</i>	3	
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>dimenhydrinate injection</i> [INJ]		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]

Drug	Generic	Tier	Restrictions
<i>granisetron hcl injection</i> [INJ]		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 in dextrose</i> [INJ]		1	
<i>ondansetron hcl injection</i> [INJ]		1	
<i>ondansetron hcl solution</i>		1	[PAR][QLL, 150 ml/5]
<i>ondansetron in sodium chloride</i> [INJ]		1	
<i>ondansetron odt</i>		1	[PAR][QLL, 12/5]
<i>phenadoz</i>		1	
<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	

Drug	Generic	Tier	Restrictions
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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>alfentanil hydrochloride [INJ]</i>		1	
<i>codeine phosphate injection [INJ]</i>		1	
<i>codeine sulfate</i>		1	
<i>diskets</i>		1	
<i>endocet</i>		1	
<i>endodan</i>		1	
<i>fentanyl</i>		1	
<i>fentanyl citrate injection [INJ]</i>		1	
<i>fentanyl citrate lozenge</i>		3	[PAR][QLL, 120/30]
<i>hydromorphone hcl injection [INJ]</i>		1	
<i>hydromorphone hcl suppository rectal, -tablet</i>		1	
<i>levorphanol tartrate tablet</i>		1	
<i>meperidine hcl injection [INJ]</i>		1	
<i>methadone hcl injection [INJ]</i>		1	
<i>methadone hcl solution, -tablet, -tablet soluble</i>		1	
<i>methadone intensol</i>		1	
<i>methadose</i>		1	
<i>morphine sulfate in dextrose [INJ]</i>		1	

Drug	Generic	Tier	Restrictions
<i>morphine sulfate injection</i> [INJ]		1	
<i>morphine sulfate solution, - suppository rectal, -tablet</i>		1	
<i>morphine sulfate tablet sustained action</i>		1	[QLL, 120/30]
OPANA ER	<i>oxymorphone</i>	2	[QLL, 90/30][ST]
OPIUM	<i>opium</i>	2	
<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>oxymorphone hcl tablet sustained release 12hr</i>		1	[QLL]
<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>hydrogesic</i>		1	
<i>margesic h</i>		1	
<i>reprexain</i>		1	

Drug	Generic	Tier	Restrictions
<i>stagesic</i>		1	
SUBOXONE FILM MEDICATED	<i>buprenorphine/naloxone</i>	2	
SUBOXONE TABLET SUBLINGUAL	<i>buprenorphine/naloxone</i>	2	[QLL, 102/34]
<i>trezix</i>		1	
<i>zamicet</i>		1	

CNS STIMULANT DRUGS

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

DRUGS TO PREVENT AND TREAT HEADACHES

<i>ascomp with codeine</i>		1	
<i>butalb-caff-acetaminoph-codein</i>		1	
<i>butalbital compound-codeine</i>		1	
<i>butorphanol tartrate aerosol spray</i>		1	[QLL, 5 ml/3]

Drug	Generic	Tier	Restrictions
<i>dihydroergotamine mesylate injection</i> [INJ]		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 kit, -4 mg/0.5 ml refill, -4 mg/0.5 ml syrng, -6 mg/0.5 ml refill, -6 mg/0.5 ml syrng</i> [INJ]		1	[QLL, 8 vials/28]
<i>sumatriptan 4 mg/0.5 ml vial, -6 mg/0.5 ml vial</i> [INJ]		1	[QLL, 8 vials/28]
<i>sumatriptan 6 mg/0.5 ml inject</i> [INJ]		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</i> [INJ]		1	
PEGANONE	<i>ethotoin</i>	2	
<i>phenytoin sodium extended</i>		1	
<i>phenytoin sodium injection</i> [INJ]		1	
<i>phenytoin suspension oral</i>		1	

MAO INHIBITORS

EMSAM	<i>selegiline</i>	2	
MARPLAN	<i>isocarboxazid</i>	2	
<i>phenelzine sulfate tablet</i>		1	

Drug	Generic	Tier	Restrictions
<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	
<i>felbamate</i>		1	
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</i> [INJ]		1	
<i>levetiracetam solution, -tablet, -tablet sustained release 24hr</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>topiragen</i>		1	[PAR]
<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]

Drug	Generic	Tier	Restrictions
<i>bupropion hcl tablet</i>		1	
<i>bupropion sr 150 mg tablet</i>		1	
<i>bupropion xl</i>		1	[QLL, 34/34]
<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	
<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 150 mg cap, - 37.5 mg cap</i>		1	[QLL, 34/34]
<i>venlafaxine hcl er 75 mg cap</i>		1	[QLL, 102/34]
<i>venlafaxine hcl er 150 mg tab, 225 mg tab, -37.5 mg tab, -75 mg tab, (Schwarz Pharmac, Sun Pharma)</i>		1	[QLL, 34/34]

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	

Drug	Generic	Tier	Restrictions
<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</i> [INJ]		1	
<i>depade</i>		1	
<i>disulfiram tablet</i>		1	
<i>flumazenil</i> [INJ]		1	
<i>guanidine hcl</i>		1	
MESTINON SYRUP, -TABLET SUSTAINED ACTION	<i>pyridostigmine</i>	2	
<i>naloxone hcl injection</i> [INJ]		1	
<i>naltrexone hcl tablet</i>		1	
<i>neostigmine methylsulfate</i> [INJ]		1	
NUDEXTA	<i>dextromethorphan/quinidine</i>	2	[PAR]
<i>physostigmine salicylate injection</i> [INJ]		1	
PROSTIGMIN	<i>neostigmine bromide</i>	2	
<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	

Drug	Generic	Tier	Restrictions
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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</i>		1	
<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]

Drug	Generic	Tier	Restrictions
<i>paroxetine hcl suspension oral</i>		1	
<i>rapiflux</i>		1	
<i>selfemra 10 mg capsule</i>		1	[QLL, 35/14]
<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	

Drug	Generic	Tier	Restrictions
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VALPROIC ACID AND DERIVATIVES

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

CARDIOVASCULAR MEDICATIONS

AMIODARONES

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

ANGIOTENSIN CONVERTING ENZYME INHIBITORS

<i>benazepril hcl</i>		1	
<i>captopril tablet</i>		1	
<i>enalapril maleate tablet</i>		1	
<i>enalaprilat</i> [INJ]		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]
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Drug	Generic	Tier	Restrictions
<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</i> [INJ]		1	
<i>propafenone hcl</i>		1	
<i>quinidine gluconate injection</i> [INJ]		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</i> [INJ]		1	
<i>labetalol hcl tablet</i>		1	
<i>metoprolol succinate</i>		1	
<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	

Drug	Generic	Tier	Restrictions
<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 [INJ]</i>		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>matzim la</i>		1	
<i>nicardipine hcl capsule</i>		1	
<i>nicardipine hcl injection [INJ]</i>		1	
<i>nifediac cc</i>		1	
<i>nifedical xl</i>		1	
<i>nifedipine capsule</i>		1	
<i>nifedipine er</i>		1	
<i>nimodipine</i>		3	
<i>nisoldipine</i>		1	
<i>taztia xt</i>		1	
<i>verapamil er</i>		1	
<i>verapamil er pm</i>		1	
<i>verapamil hcl capsule 24hr sustained release pellets, -tablet, -tablet sustained action</i>		1	
<i>verapamil hcl injection [INJ]</i>		1	

Drug	Generic	Tier	Restrictions
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CARDIAC GLYCOSIDES

<i>digoxin injection</i> [INJ]		1	
<i>digoxin solution, -tablet</i>		1	
<i>milrinone in 5% dextrose</i> [INJ]		1	
<i>milrinone lactate</i> [INJ]		1	

CENTRALLY ACTING ANTIHYPERTENSIVES

<i>clonidine</i>		1	[QLL, 5/35]
<i>clonidine hcl injection</i> [INJ]		1	
<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

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

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

HYPOLIPOPROTEINEMICS

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

Drug	Generic	Tier	Restrictions
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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>isoditrate</i>		1	
<i>isosorbide dinitrate</i>		1	
<i>isosorbide mononitrate</i>		1	
<i>isosorbide mononitrate er</i>		1	
<i>nitro-bid</i>		1	
<i>nitroglycerin in d5w</i> [INJ]		1	
<i>nitroglycerin injection</i> [INJ]		1	
<i>nitroglycerin patch</i>		1	
NITROSTAT	<i>nitroglycerin</i>	2	

OTHER ANTIARRHYTHMICS

<i>ibutilide fumarate</i> [INJ]		1	
<i>sorine</i>		1	
<i>sotalol</i>		1	
<i>sotalol af</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]
TEKTURNA	<i>aliskiren hemifumarate</i>	2	[ST]
TEKTURNA HCT	<i>aliskiren/hydrochlorothiazid</i>	2	[ST]
<i>trandolapril-verapamil</i>		1	
TWYNSTA	<i>telmisartan/amlodipine</i>	2	[ST]

Drug	Generic	Tier	Restrictions
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OTHER CARDIOVASCULAR DRUGS

<i>alprostadil injection</i> [INJ]		1	
<i>dobutamine hcl</i> [INJ]		1	
<i>dobutamine hcl in dextrose</i> [INJ]		1	
<i>dopamine hcl</i> [INJ]		1	
<i>dopamine hcl in 5% dextrose</i> [INJ]		1	
<i>midodrine hcl</i>		1	
<i>norepinephrine bitartrate</i> [INJ]		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]
<i>epoprostenol sodium</i> [INJ]		1	
REMODULIN [INJ][LA]	<i>treprostinil sodium</i>	3	
REVATIO INJECTION [INJ]	<i>revatio (sildenafil citrate)</i>	3	
REVATIO TABLET	<i>revatio (sildenafil citrate)</i>	3	[PAR][QLL, 102/34]
<i>veletri</i> [INJ]		1	

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	

Drug	Generic	Tier	Restrictions
<i>triamterene-hctz</i>		1	
<i>triamterene-hydrochlorothiazid</i>		1	

THIAZIDE AND RELATED DRUGS

<i>chlorothiazide</i>		1	
<i>chlorothiazide sodium</i> [INJ]		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</i> [INJ]		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]
<i>bp 10-1</i>		1	
<i>clenia cleanser</i>		1	

Drug	Generic	Tier	Restrictions
<i>clindacin p</i>		1	
<i>clindamycin phosphate foam, -gel, -lotion, -solution non-oral, -swab medicated</i>		1	
<i>clindamycin-benzoyl peroxide</i>		1	
<i>ery</i>		1	
<i>erythromycin gel, -solution non-oral, -swab medicated</i>		1	
<i>erythromycin-benzoyl peroxide</i>		1	
<i>metronidazole cream, -gel, -lotion</i>		1	
<i>prascion</i>		1	
<i>prascion fc</i>		1	
<i>rosaderm cleanser</i>		1	
<i>sodium sulfacet-sulfur wash, -sulf-sulfur cleanser, -sulf-sulfur wash, -foam, -lotion, -pads medicated, -suspensions, (not oral)</i>		1	
<i>topisulf</i>		1	
<i>tretinoin 0.025% cream, -0.05% cream, -0.1% cream, -gel</i>		1	[PAR]
<i>vitazol</i>		1	

ANTIPRURITIC DRUGS

<i>hydroxyzine hcl injection [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	
DRITHOCREME HP	<i>anthralin</i>	2	

Drug	Generic	Tier	Restrictions
<i>selenium sulfide shampoo, -2.5% lotion</i>		1	
SORIATANE	<i>acitretin</i>	3	
SORIATANE CK	<i>acitretin/emollient comb</i>	3	
<i>sulfacetamide sodium lotion, - 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>amnesteam</i>		1	
<i>claravis</i>		1	
OXSORALEN-ULTRA	<i>methoxsalen</i>	3	
<i>sotret</i>		1	

SCABICIDES

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

TOPICAL CORTICOSTEROID DRUGS

<i>alclometasone dipropionate</i>		1	
<i>amcinonide</i>		1	

Drug	Generic	Tier	Restrictions
<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 cream, -foam, -gel, -ointment, -solution non-oral</i>		1	
<i>cormax</i>		1	
<i>desonide cream, -lotion, -ointment</i>		1	
<i>desoximetasone cream, -gel, -ointment</i>		1	
<i>diflorasone diacetate</i>		1	
<i>fluocinolone acetonide cream, -ointment, -solution non-oral</i>		1	
<i>fluocinonide cream, -gel, -ointment, -solution non-oral</i>		1	
<i>fluocinonide emollient</i>		1	
<i>fluocinonide-e</i>		1	
<i>fluticasone propionate cream, -ointment</i>		1	
<i>halobetasol propionate</i>		1	
<i>halonate pac</i>		1	
<i>hydrocortisone 1% cream, -2.5% cream, -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>lidocaine-hydrocortisone cream, -lidocaine 3%-hc 0.5% cream, -hc 3-0.5% cream kit, -lidocaine 3%-hc 1% cream, -lotion</i>		1	
<i>mometasone furoate cream, -ointment, -solution non-oral</i>		1	

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

TOPICAL DERMATOLOGICAL DRUGS

<i>ammonium lactate cream, -lotion</i>		1	
ELIDEL	<i>pimecrolimus</i>	2	[ST]
FLUOROPLEX	<i>fluorouracil</i>	2	
<i>fluorouracil cream, -solution non-oral</i>		1	
<i>hypercare</i>		1	
<i>imiquimod cream</i>		1	
OXSORALEN	<i>methoxsalen</i>	2	
PANRETIN	<i>alitretinoin</i>	3	
PROTOPIC	<i>tacrolimus</i>	2	[ST]
PRUDOXIN	<i>doxepin</i>	2	
REGRANEX	<i>becaplermin</i>	2	[PAR][QLL, 30 gm/34]
<i>remeven</i>		1	
<i>re-u40</i>		1	
SANTYL	<i>collagenase</i>	2	
SOLARAZE	<i>diclofenac sodium</i>	2	[PAR]
<i>u40</i>		1	
<i>u-ker a urea emollient</i>		1	
<i>urea 40</i>		1	
<i>urea 40% cream, -45% cream, -50% cream, -foam, -gel, -35% lotion, -40% lotion, -ointment, -50% nail stick, -towelette</i>		1	
<i>x-viate</i>		1	
ZONALON	<i>doxepin</i>	2	

Drug	Generic	Tier	Restrictions
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	
<i>aminocaproic acid injection</i> [INJ]		1	
<i>aminocaproic acid solution oral, - tablet</i>		1	
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</i> [INJ]		1	
GILENYA	<i>fingolimod hydrochloride</i>	3	[PAR]
<i>hetastarch in ns</i> [INJ]		1	
ORFADIN [LA]	<i>nitisinone</i>	3	
PROTOPAM CHLORIDE [INJ]	<i>pralidoxime chloride</i>	2	
THALOMID	<i>thalidomide</i>	3	
XIAFLEX [INJ][LA]	<i>collagenase clostridium hist.</i>	3	

EAR-NOSE-THROAT MEDICATIONS

DRUGS AFFECTING THE EAR

<i>acetazol hc</i>		1	
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Drug	Generic	Tier	Restrictions
<i>acetic acid solution non-oral</i>		1	
<i>acetic acid-aluminum</i>		1	
<i>antipyrine-benzocaine</i>		1	
<i>aurodex</i>		1	
<i>auroguard</i>		1	
<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	
<i>otic edge</i>		1	
<i>pr otic solution</i>		1	
<i>treagan otic</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>flunisolide 29 mcg-0.025% spr</i>		1	[QLL, 75/34]
<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	

Drug	Generic	Tier	Restrictions
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DRUGS AFFECTING THE THROAT AND MOUTH

<i>chlorhexidine gluconate mouthwash</i>		1	
<i>doxycycline hyclate 20 mg tab</i>		1	
FIRST-MOUTHWASH BLM	<i>mag hydrox/alh/smc/dpha/lido</i>	2	
<i>oraxyl</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	

GLUCOCORTICOID DRUGS

<i>a-methapred [INJ]</i>		1	
<i>baycadron</i>		1	
<i>betamethasone acetate-sod phos [INJ]</i>		1	
<i>cortisone acetate tablet</i>		1	
<i>dexamethasone elixir, -solution oral, -tablet</i>		1	
<i>dexamethasone intensol</i>		1	
<i>dexamethasone sodium phosphate injection [INJ]</i>		1	
<i>hydrocortisone tablet</i>		1	
<i>methylprednisolone acetate injection [INJ]</i>		1	
<i>methylprednisolone sod succ [INJ]</i>		1	

Drug	Generic	Tier	Restrictions
<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>triamcinolone acetonide injection [INJ]</i>		1	
<i>veripred 20</i>		1	
<i>zema-pak</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]

INSULIN

LANTUS 100 UNITS/ML VIAL [INJ]		2	
LEVEMIR 100 UNITS/ML VIAL [INJ]		2	

Drug	Generic	Tier	Restrictions
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	

Drug	Generic	Tier	Restrictions
<i>glipizide xl</i>		1	
<i>glipizide-metformin</i>		1	
<i>glyburide micronized</i>		1	
<i>glyburide tablet</i>		1	
<i>glyburide-metformin hcl</i>		1	
<i>glycron</i>		1	
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>metformin hcl er unknown</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

ACTHAR H.P. [INJ]	<i>corticotropin</i>	3	
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	

Drug	Generic	Tier	Restrictions
<i>desmopressin acetate aerosol spray w/pump, -solution, -tablet</i>		1	
<i>desmopressin acetate injection</i> [INJ]		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	
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

ARMOUR THYROID	<i>thyroid</i>	2	
<i>levothroid</i>		1	
<i>levothyroxine sodium injection</i> [INJ]		1	
<i>levothyroxine sodium tablet</i>		1	

Drug	Generic	Tier	Restrictions
<i>levoxyol</i>		1	
<i>liothyronine sodium injection</i> [INJ]		1	
<i>liothyronine sodium tablet</i>		1	
THYROLAR-1	<i>liotrix</i>	2	
THYROLAR-1/2	<i>liotrix</i>	2	
THYROLAR-1/4	<i>liotrix</i>	2	
THYROLAR-2	<i>liotrix</i>	2	
THYROLAR-3	<i>liotrix</i>	2	
<i>unithroid</i>		1	

GASTROINTESTINAL MEDICATIONS

ANTIDIARRHEAL DRUGS

<i>diphenoxylate-atropine</i>		1	
<i>loperamide capsule</i>		1	
<i>paregoric</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	
<i>metoclopramide hcl solution oral, -tablet</i>		1	
<i>propantheline bromide tablet</i>		1	

ANTIULCER DRUGS

<i>cimetidine injection</i> [INJ]		1	
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Drug	Generic	Tier	Restrictions
<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 suspension oral, -tablet</i>		1	

OTHER GI DRUGS

APRISO	<i>mesalamine</i>	2	
<i>balsalazide disodium</i>		1	
<i>budesonide ec</i>		1	

Drug	Generic	Tier	Restrictions
CANASA	<i>mesalamine</i>	2	
CHENODAL [LA]	<i>chenodiol</i>	3	
CORTIFOAM	<i>hydrocortisone acetate</i>	2	
CREON	<i>amylase/lipase/protease</i>	2	
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>lidocaine-hc 2-2% cream kit</i>		1	
<i>mesalamine enema, -kit</i>		1	
PANCRELIPASE 5,000	<i>amylase/lipase/protease</i>	2	
<i>peg 3350-electrolyte</i>		1	
<i>peg-3350 and electrolytes</i>		1	
<i>peg-3350 with flavor packs</i>		1	
PENTASA	<i>mesalamine</i>	2	
<i>procto-pak</i>		1	
<i>proctosol-hc</i>		1	
<i>proctozone-hc</i>		1	
RELISTOR [INJ]	<i>methylnaltrexone bromide</i>	2	
<i>sulfasalazine dr</i>		1	
<i>sulfasalazine tablet</i>		1	
<i>sulfazine</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	

Drug	Generic	Tier	Restrictions
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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	

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]

Drug	Generic	Tier	Restrictions
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	
BCG VACCINE (TICE STRAIN) [INJ]	<i>bcg vaccine</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	
DECAVAC [INJ]	<i>tetanus, diphtheria toxoid</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, -20 MCG/ML VIAL [INJ]	<i>hepatitis b virus vaccine</i>	2	
ENGERIX-B 10 MCG/0.5 ML PEDI [INJ]	<i>hepatitis b virus vaccine</i>	2	
FIRAZYR [INJ]	<i>icatibant acetate</i>	3	
GAMASTAN S-D [INJ]	<i>immune globulin - im</i>	2	
GAMMAGARD S-D [INJ]	<i>immune globulin - iv</i>	3	[PAR]
GAMUNEX [INJ]	<i>immune globulin - iv</i>	3	[PAR]
GAMUNEX-C 1 GRAM/10 ML VIAL, -2.5 GRAM/25 ML VIAL, -5 GRAM/50 ML VIAL [INJ]	<i>immune globulin - iv/sq</i>	2	[PAR]

Drug	Generic	Tier	Restrictions
GAMUNEX-C 10 GRAM/100 ML VIAL, -20 GRAM/200 ML VIAL [INJ]	<i>immune globulin - iv/sq</i>	3	[PAR]
GARDASIL [INJ]	<i>human papillomavirus vacc</i>	2	
HAVRIX [INJ]	<i>hepatatis a virus vaccine</i>	2	
HIZENTRA 1 GRAM/5 ML VIAL [INJ]	<i>immune globulin- sq</i>	2	[PAR]
HIZENTRA 2 GRAM/10 ML VIAL, - 4 GRAM/20 ML VIAL [INJ]	<i>immune globulin- sq</i>	3	[PAR]
HYPERHEP B S-D [INJ]	<i>hepatitis b immune globulin</i>	2	
HYPERRHO S-D [INJ]	<i>rho(d) immune globulin</i>	2	
IMOGAM RABIES-HT [INJ]	<i>rabies immune globulin</i>	2	
IMOVAX RABIES VACCINE [INJ]	<i>rabies vaccine,human diploid</i>	2	
INFANRIX [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	
INFANRIX PF [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	
IPOL [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	

Drug	Generic	Tier	Restrictions
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-DIPHTERIA-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	

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	

Drug	Generic	Tier	Restrictions
INTRON A 5 MILLION UNIT/ML PEN, -6 MILLION UNIT/ML VL, -10 MILLION UNIT PEN, -10 MILLION UNIT/ML, -18 MILLION UNITS VIAL, -50 MILLION UNITS VIAL [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	
SYLATRON 4-PACK [INJ]	<i>peginterferon alfa-2b</i>	3	

INTERLEUKIN RECPTR ANTAGONIST

ACTEMRA 200 MG/10 ML VIAL, -400 MG/20 ML VIAL [INJ]	<i>tocilizumab</i>	3	[PAR]
ACTEMRA 80 MG/4 ML VIAL [INJ]	<i>tocilizumab</i>	2	[PAR]
ARCALYST [INJ][LA]	<i>rilonacept</i>	3	[PAR]
ILARIS [INJ][LA]	<i>canakinumab</i>	3	[PAR]
KINERET [INJ]	<i>anakinra</i>	3	[PAR]

INTERLEUKINS

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

Drug	Generic	Tier	Restrictions
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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

1ST TIER UNIFINE PENTIPS PLUS		2	
AIMSCO MINI ULTRA-THIN II		2	
AIMSCO ULTRA THIN II		2	
ALCOHOL PADS		2	
ALCOHOL PREP PADS		2	
ALCOHOL PREP SWABS		2	
ALCOHOL SWAB		2	
ALCOHOL SWABS		2	
ALCOHOL WIPES		2	
AUTO INJECTOR		2	
AUTOJECT 2		2	
AUTOPEN		2	
BD LUER-LOK SYRINGE 1 ML		2	
BD SAFETYGLIDE SYRINGE 27GX5/8		2	
CLICKFINE		2	
CURAD GAUZE PADS		2	

Drug	Generic	Tier	Restrictions
CURITY ALCOHOL PREPS		2	
CURITY SPONGE		2	
EASY COMFORT INSULIN SYRINGE		2	
EASY TOUCH NEEDLE DISPOSABLE, -SYRINGE EMPTY DISPOSABLE		2	
EXEL INSULIN SYRINGE		2	
FREESTYLE PRECISION		2	
GLUCOPRO		2	
HUMAPEN LUXURA HD		2	
HUMAPEN MEMOIR		2	
IN CONTROL PEN NEEDLE		2	
INJECT-EASE		2	
INSULIN PEN NEEDLE		2	
INSULIN SYRINGE		2	
INSUMED		2	
INSUPEN		2	
INTEGRA SYRINGE DISPOSABLE SYRINGE, -BD INTEGRA SYR 1 ML 29GX1/2		2	
LISCO		2	
LITE TOUCH INSULIN PEN NEEDLES		2	
LITE TOUCH SYRINGE EMPTY DISPOSABLE		2	
MAGELLAN INSULIN SAFETY SYRNG		2	
MAGELLAN INSULIN SYRINGE		2	
MEDI-JECTOR NEEDLE-FREE SYR A		2	
MEDI-JECTOR NEEDLE-FREE SYR B		2	
MEDI-JECTOR NEEDLE-FREE SYR C		2	
MEDI-JECTOR VISION		2	

Drug	Generic	Tier	Restrictions
MONOJECT 0.5 ML SYRN 28GX1/2		2	
MONOJECT INSULIN SAFETY SYRNG		2	
MONOJECT INSULIN SYRINGE		2	
NEEDLE FREE SYRINGE KIT A		2	
NEEDLE FREE SYRINGE KIT B		2	
NEEDLE FREE SYRINGE KIT C		2	
NOVOFINE 32		2	
NOVOFINE AUTOCOVER		2	
NOVOPEN 3		2	
NOVOPEN JR		2	
NOVOTWIST		2	
ORSINI INSULIN SYRINGE		2	
PEN NEEDLE		2	
PEN NEEDLES		2	
PRECISION		2	
PRODIGY INSULIN SYRINGE		2	
PRODIGY PEN NEEDLE		2	
SAFESNAP INSULIN SYRINGE		2	
SAFETYGLIDE INSULIN SYRINGE		2	
SINGLE USE SWAB		2	
SURE COMFORT		2	
SURE COMFORT ALCOHOL		2	
SURE-FINE PEN NEEDLES		2	
SURE-JECT INSULIN SYRINGE		2	
SURE-PREP ALCOHOL PREP PADS		2	
TERUMO INSULIN SYRINGE		2	
TERUMO SURGUARD		2	
THINPRO INSULIN SYRINGE		2	
TOPCARE CLICKFINE		2	
TOPCARE ULTRA COMFORT		2	

Drug	Generic	Tier	Restrictions
ULTICARE NEEDLE DISPOSABLE, - INSUL SYR U100 0.3 ML, -INSUL SYR U100 0.5 ML, -INSULIN SYR U100 1 ML		2	
ULTIGUARD SYRINGE EMPTY DISPOSABLE		2	
ULTILET ALCOHOL SWAB		2	
ULTILET INSULIN SYRINGE		2	
ULTRA COMFORT		2	
ULTRACOMFORT 30GX0.5 ML SYR, -30GX1 ML SYRINGE, - 31GX0.5 ML SYR, -31GX1 ML SYRINGE, -NEEDLE DISPOSABLE, -SYRINGE EMPTY DISPOSABLE		2	
UNIFINE PENTIPS		2	
VANISHPOINT U-100 29X1/2 SYR		2	
VERSALON SPONGE		2	
WEBCOL		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>carisoprodol-aspirin</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	
<i>orphenadrine citrate tablet sustained action</i>		1	[PAR]
<i>orphenadrine compound</i>		1	[PAR]

Drug	Generic	Tier	Restrictions
<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	
GABLOFEN [INJ]	<i>baclofen</i>	2	
<i>revonto</i> [INJ]		1	
<i>tizanidine hcl tablet</i>		1	

DRUGS TO PREVENT AND TREAT GOUT

<i>allopurinol sodium</i> [INJ]		1	
<i>allopurinol tablet</i>		1	
COLCRYS	<i>colchicine</i>	2	
KRYSTEXXA [INJ]	<i>pegloticase</i>	3	
<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	

Drug	Generic	Tier	Restrictions
<i>ibuprofen suspension oral, -400 mg tablet, -600 mg tablet, -800 mg tablet</i>		1	
<i>indomethacin capsule, -capsule sustained action</i>		1	
<i>indomethacin injection [INJ]</i>		3	
<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	
<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	
<i>myochrysine [INJ]</i>		1	
RIDAURA	<i>auranofin</i>	2	
SYPRINE	<i>trientine</i>	2	

Drug	Generic	Tier	Restrictions
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SALICYLATES AND RELATED DRUGS

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

NUTRITION, BLOOD MODIFIERS, ELECTROLYTES

ANTIPLATELET DRUGS

AGGRENOX	<i>aspirin/dipyridamole</i>	2	
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	

ELECTROLYTES, IRRIGATING SOLUTIONS, ETC.

<i>alburx (human) 25% vial [INJ]</i>		1	
<i>alcohol in dextrose [INJ]</i>		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	

Drug	Generic	Tier	Restrictions
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% M-DEXT 10% [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	
AMINOSYN-RF [INJ]	<i>amino acids</i>	2	
AMMONIUM CHLORIDE INJECTION [INJ]	<i>ammonium chloride</i>	2	
<i>calcium chloride injection</i> [INJ]		1	
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	

Drug	Generic	Tier	Restrictions
<i>dextrose 5%-1/3ns-kcl</i> [INJ]		1	
<i>dextrose 5%-1/4ns-kcl</i> [INJ]		1	
<i>dextrose 5%-electrolyte #48</i> [INJ]		1	
<i>dextrose 5%-ns-kcl</i> [INJ]		1	
<i>dextrose in ringers injection</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	
<i>mannitol injection</i> [INJ]		1	
NEPHRAMINE [INJ]	<i>amino acids</i>	2	
NEUT [INJ]	<i>sodium bicarbonate</i>	2	
NORMOSOL-M AND DEXTROSE [INJ]	<i>dextrose/electrolytes</i>	2	
NORMOSOL-R [INJ]	<i>electrolyte solutions</i>	2	
NORMOSOL-R AND DEXTROSE [INJ]	<i>electrolyte solutions</i>	2	
NORMOSOL-R PH 7.4 [INJ]	<i>electrolyte solutions</i>	2	

Drug	Generic	Tier	Restrictions
NOVAMINE [INJ]	<i>amino acids</i>	2	
<i>nutrilyte</i> [INJ]		1	
<i>nutrilyte ii</i> [INJ]		1	
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	
R-GENE 10 [INJ]	<i>arginine</i>	2	
<i>ringers injection</i> [INJ]		1	
<i>saline 0.45% soln-excel con, -0.45% soln, -saline 0.9% soln-excel cont, -0.9% soln, -0.9% soln., -0.9% solution, -cl 2.5 meq/ml vial, -3% iv soln, -4 meq/ml vl, -5% iv soln</i> [INJ]		1	
<i>sodium acetate injection</i> [INJ]		1	
<i>sodium bicarbonate injection</i> [INJ]		1	
<i>sodium chloride solution</i>		1	
<i>sodium lactate injection</i> [INJ]		1	
<i>sodium phosphate injection</i> [INJ]		1	
TPN ELECTROLYTES II [INJ]	<i>electrolyte solutions</i>	2	
TRAVASOL [INJ]	<i>amino acids</i>	2	
TROPHAMINE [INJ]	<i>amino acids</i>	2	

Drug	Generic	Tier	Restrictions
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FLUORIDE PRODUCTS

<i>denta 5000 plus</i>		1	
<i>dentagel</i>		1	
<i>epiflur</i>		1	
<i>fluor-a-day tablet chewable</i>		1	
<i>fluoridex daily defense</i>		1	
<i>fluoritab tablet chewable</i>		1	
<i>lozi-flur</i>		1	
<i>ludent fluoride</i>		1	
<i>neutragard advanced</i>		1	
<i>perio med</i>		1	
<i>sf</i>		1	
<i>sf 5000 plus</i>		1	
<i>sodium fluoride drops, -solution non-oral, -tablet, -tablet chewable</i>		1	
<i>stannous fluoride solution</i>		1	

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 [INJ]</i>		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 [INJ]</i>		1	
<i>fondaparinux 2.5 mg/0.5 ml syr, - 5 mg/0.4 ml syr [INJ]</i>		1	
<i>fondaparinux 7.5 mg/0.6 ml syr, - 10 mg/0.8 ml syr [INJ]</i>		3	

Drug	Generic	Tier	Restrictions
<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	

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>kalexate</i>		1	
<i>kionex suspension oral</i>		1	
<i>sodium polystyrene sulfonate powder</i>		1	
<i>sodium polystyrene sulfonate suspension oral</i>		1	
<i>sps</i>		1	

POTASSIUM SUPPLEMENTS

<i>cytra-2</i>		1	
<i>dextrose in lactated ringers</i> [INJ]		1	
<i>effer-k 25 meq tablet eff</i>		1	
<i>epiklor</i>		1	
<i>k effervescent</i>		1	
<i>kaon-cl 10</i>		1	

Drug	Generic	Tier	Restrictions
<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 20 meq packet</i>		1	
<i>klor-con 8</i>		1	
<i>klor-con m10</i>		1	
<i>klor-con m15</i>		1	
<i>klor-con m20</i>		1	
<i>klor-con-ef</i>		1	
<i>phospha 250 neutral</i>		1	
<i>potassium acetate injection</i> [INJ]		1	
<i>potassium bicarbonate tablet effervescent</i>		1	
<i>potassium chloride capsule sustained action, -solution, -tablet effervescent, -tablet sust.releaseparticles/crystals, -tablet sustained action</i>		1	
<i>potassium chloride in d5lr</i> [INJ]		1	
<i>potassium chloride injection</i> [INJ]		1	
<i>sodium citrate & citric acid</i>		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>calcium acetate tablet</i>		1	
<i>eliphos</i>		1	
<i>levocarnitine injection</i> [INJ]		1	[PAR]
<i>levocarnitine solution, -tablet</i>		1	[PAR]

Drug	Generic	Tier	Restrictions
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VITAMINS AND MINERALS AND RELATED PRODUCTS

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

OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS

ABORTIFACIENTS

HEMABATE [INJ]	<i>carboprost tromethamine</i>	2	
PROSTIN E2 VAGINAL SUPPOSITORY	<i>dinoprostone</i>	2	

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]
TESTOPEL [INJ]	<i>testosterone</i>	2	
<i>testosterone cypionate injection</i> [INJ]		1	
<i>testosterone enanthate injection</i> [INJ]		1	

CONTRACEPTIVES

<i>altavera</i>		1	
<i>amethia</i>		1	
<i>amethyst</i>		1	

Drug	Generic	Tier	Restrictions
<i>apri</i>		1	
<i>aranelle</i>		1	
<i>aviane</i>		1	
<i>azurette</i>		1	
<i>balziva</i>		1	
<i>briellyn</i>		1	
<i>camrese</i>		1	
<i>caziant</i>		1	
<i>cesia</i>		1	
<i>cryselle</i>		1	
<i>cyclafem</i>		1	
<i>emoquette</i>		1	
<i>enpresse</i>		1	
<i>gianvi</i>		1	
<i>gildess fe</i>		1	
<i>introvale</i>		1	
<i>jolessa</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>levonorgestrel</i>		1	
<i>levora-28</i>		1	
<i>loryna</i>		1	
<i>low-ogestrel</i>		1	
<i>lutra</i>		1	
<i>microgestin</i>		1	
<i>microgestin fe</i>		1	
<i>mononessa</i>		1	

Drug	Generic	Tier	Restrictions
<i>necon</i>		1	
<i>next choice</i>		1	
<i>norethindrone-ethin estradiol</i>		1	
<i>norgestimate-ethinyl estradiol</i>		1	
<i>norgestrel-ethiny estra</i>		1	
<i>nortrel</i>		1	
<i>ocella</i>		1	
<i>ogestrel</i>		1	
<i>orsythia</i>		1	
<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>syeda</i>		1	
<i>tilia fe</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>zarah</i>		1	
<i>zenchent</i>		1	
<i>zenchent fe</i>		1	
<i>zeosa</i>		1	
<i>zovia 1-35e</i>		1	
<i>zovia 1-50e</i>		1	

Drug	Generic	Tier	Restrictions
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ESTROGEN DRUGS

ESTRACE CREAM WITH APPLICATOR	<i>estradiol</i>	2	
<i>estradiol patch transdermal weekly</i>		1	[QLL, 5/35]
<i>estradiol tablet</i>		1	
<i>estradiol valerate injection [INJ]</i>		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	
<i>jevantique</i>		1	
<i>jinteli</i>		1	
<i>mimvey</i>		1	
PREMPHASE	<i>estrogen/medroxyprogesterone</i>	2	
PREMPRO	<i>estrogen/medroxyprogesterone</i>	2	

OB/GYN TOPICAL ANTIINFECTIVES

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

OXYTOCICS

METHERGINE INJECTION [INJ][G]	<i>methylergonovine</i>	2	
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Drug	Generic	Tier	Restrictions
METHERGINE TABLET [G]	<i>methylergonovine</i>	2	
<i>methylergonovine maleate injection</i> [INJ]		1	
<i>methylergonovine maleate tablet</i>		1	
<i>oxytocin injection</i> [INJ]		1	

PRENATAL VITAMINS

<i>co-natal fa</i>		1	
<i>docosavit</i>		1	
<i>dualvit ob</i>		1	
<i>fe c plus tablet</i>		1	
<i>folbecal</i>		1	
<i>inatal advance</i>		1	
<i>inatal gt</i>		1	
<i>inatal ultra</i>		1	
<i>multi-nate 30</i>		1	
<i>multi-nate dha extra</i>		1	
<i>ob + dha</i>		1	
<i>ob 90 + dha</i>		1	
<i>ob-natal one</i>		1	
<i>prenacare</i>		1	
<i>prenafirst</i>		1	
<i>prenaplus</i>		1	
<i>prenatabs fa</i>		1	
<i>prenatabs rx</i>		1	
<i>prenatal 19</i>		1	
<i>prenatal ad</i>		1	
<i>prenatal low iron</i>		1	
<i>prenatal multivitamin w-iron</i>		1	
<i>prenatal plus</i>		1	

Drug	Generic	Tier	Restrictions
<i>prenatal-u</i>		1	
<i>re-nata 29 ob</i>		1	
<i>se-natal one</i>		1	
<i>setonet</i>		1	
<i>setonet-ec</i>		1	
<i>trinate</i>		1	
<i>vinacal</i>		1	
<i>vinate az</i>		1	
<i>vinate az extra</i>		1	
<i>vinate c</i>		1	
<i>vinate calcium</i>		1	
<i>vinate care</i>		1	
<i>vinate gt</i>		1	
<i>vinate ic</i>		1	
<i>vinate ii</i>		1	
<i>vinate one</i>		1	
<i>vinate pn care</i>		1	
<i>vinate ultra</i>		1	
<i>vinate-m</i>		1	
<i>vitafol-ob</i>		1	
<i>vitafol-pn</i>		1	
<i>vitaphil</i>		1	
<i>vol-nate</i>		1	

PROGESTIN DRUGS

<i>camila</i>		1	
<i>errin</i>		1	
FIRST-PROGESTERONE VGS 100	<i>progesterone</i>	2	
FIRST-PROGESTERONE VGS 200	<i>progesterone</i>	2	
FIRST-PROGESTERONE VGS 25	<i>progesterone</i>	2	

Drug	Generic	Tier	Restrictions
FIRST-PROGESTERONE VGS 400	<i>progesterone</i>	2	
FIRST-PROGESTERONE VGS 50	<i>progesterone</i>	2	
<i>heather</i>		1	
<i>jolivette</i>		1	
MAKENA [INJ]	<i>hydroxyprogest caproate</i>	3	
<i>medroxyprogesterone acetate injection</i> [INJ]		1	[QLL, 1 ml/90]
<i>medroxyprogesterone acetate tablet</i>		1	
<i>nora-be</i>		1	
<i>norethindrone</i>		1	
<i>norethindrone acetate tablet</i>		1	
<i>progesterone in oil</i> [INJ]		1	
<i>progesterone injection</i> [INJ]		1	
PROMETRIUM	<i>progesterone</i>	2	

SPECIALIZED OB/GYN DRUGS

<i>leuprolide acetate injection</i> [INJ]		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 3MO [INJ]	<i>leuprolide</i>	3	[PAR]
LUPRON DEPOT-PED 30 MG 3MO KIT [INJ]	<i>leuprolide</i>	3	[PAR]
LUPRON DEPOT-PED 7.5 MG KIT, -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

ANTIGLAUCOMA 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>pilocarpine hcl drops</i>		1	
<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	

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

OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS

<i>ak-poly-bac</i>		1	
<i>aktob</i>		1	
AZASITE	<i>azithromycin</i>	2	
<i>bacitracin 500 unit/gm ointmnt</i>		1	
<i>bacitracin-polymyxin eye oint</i>		1	
<i>ciprofloxacin hcl drops</i>		1	
<i>erythromycin ointment</i>		1	
<i>garamycin drops</i>		1	
<i>gentak</i>		1	
<i>gentamicin sulfate drops, -3 mg/gm eye oint</i>		1	
<i>gentasol</i>		1	
<i>levofloxacin drops</i>		1	
MOXEZA	<i>moxifloxacin</i>	2	
<i>neomycin-bacitracin-polymyxin</i>		1	
<i>neomycin-polymyxin-gramicidin</i>		1	

Drug	Generic	Tier	Restrictions
<i>ofloxacin 0.3% eye drops</i>		1	
<i>polycin-b</i>		1	
<i>polymyxin b sul-trimethoprim</i>		1	
<i>romycin</i>		1	
<i>sulfacetamide sodium drops</i>		1	
<i>sulfamide</i>		1	
<i>tobramycin sulfate drops</i>		1	
<i>tobrasol</i>		1	
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>ak-dilate</i>		1	
<i>akorn balanced salt</i>		1	
<i>ak-pentolate</i>		1	
<i>altafrin</i>		1	
<i>atropine care</i>		1	
<i>atropine sulfate drops, -ointment</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>cyclopentolate hcl drops</i>		1	
<i>cylate</i>		1	
<i>diclofenac sodium drops</i>		1	
<i>epinastine hcl</i>		1	

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

RESPIRATORY MEDICATIONS

ANTIHISTAMINES

<i>arbinoxa</i>		1	
<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]

Drug	Generic	Tier	Restrictions
<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]
<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	

Drug	Generic	Tier	Restrictions
<i>caffeine citrate solution</i>		1	
<i>dylis</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]
<i>cromolyn sodium ampul for nebulization</i>		1	
<i>epinephrine 0.1 mg/ml syringe, -1 mg/ml ampul, -1 mg/ml vial [INJ]</i>		1	
EPINEPHRINE 0.15 MG AUTO-INJECT, -0.3 MG AUTO-INJECT [INJ]	<i>epinephrine hcl</i>	2	[QLL, 4/2]
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	

Drug	Generic	Tier	Restrictions
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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OTHER GENITOURINARY PRODUCTS

<i>acetic acid 0.25% irrig soln</i>		1	
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Drug	Generic	Tier	Restrictions
<i>alfuzosin hcl</i>		1	
CYSTADANE	<i>betaine hcl</i>	2	
<i>cytra-3</i>		1	
<i>cytra-k</i>		1	
ELMIRON	<i>pentosan polysulfate sodium</i>	2	
<i>finasteride tablet</i>		1	
<i>glycine solution</i>		1	
K-PHOS M.F.	<i>pot acid phos/sod acid phos</i>	2	
K-PHOS NO.2	<i>pot acid phos/sod acid phos</i>	2	
K-PHOS ORIGINAL	<i>potassium acid phosphate</i>	2	
<i>neomycin-polymyxin b [INJ]</i>		1	
<i>potassium citrate TABLET SUSTAINED ACTION</i>		1	
<i>potassium citrate-citric acid</i>		1	
RENACIDIN	<i>gluconic acid/citric acid</i>	2	
<i>tamsulosin hcl</i>		1	
<i>tricitrates</i>		1	
UROXATRAL [G]	<i>alfuzosin hcl</i>	2	

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