



**GuildNet Gold HMO-POS SNP GuildNet  
Health Advantage HMO-POS SNP**

**2012 Formulary  
(List of Covered Drugs)**

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

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

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

GuildNet Gold HMO-POS SNP is a Coordinated Care plan with a Medicare Advantage contract and a contract with the New York Medicaid program.

This information is available for free in other languages. Please contact our Member Services number at 1-800-815-0000 for additional information. (TTY users should call 1-800-662-1220). Hours are Monday through Friday, 8 am to 8 pm. Member Services has free language interpreter services available for non-English speakers.

Esta información está disponible en otros idiomas a gratis. Por favor llame a Servicios a los Clientes, al 1-800-815-0000 para obtener información adicional. (Los usuarios de TTY deben llamar al 1-800-662-122). Se atiende lunes a viernes, 8 a. m. a 8 p. m. Servicios a Los Clientes tienen servicios gratuitos de intérprete de idioma disponibles para altavoces de no-inglés.

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## **What is the GuildNet Gold and GuildNet Health Advantage Formulary?**

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

## **Can the Formulary change?**

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of November 1, 2012. To get updated information about the drugs covered by GuildNet, please visit our Web site at [www.guildnetny.org](http://www.guildnetny.org) or call Member Services at 1-800-815-0000, Monday through Friday, 8 am to 8 pm. TTY/TDD users should call 1-800-662-1220. We will update the formulary booklet by inserting errata sheets in the event of a mid-year formulary change.

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 6. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 6. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 100. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

### **What are generic drugs?**

GuildNet Gold and GuildNet Health Advantage cover both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

### **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** GuildNet Gold/ GuildNet Health Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from GuildNet Gold/ GuildNet Health Advantage before you fill your prescriptions. If you don't get approval, GuildNet Gold/ GuildNet Health Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, GuildNet Gold/ GuildNet Health Advantage limits the amount of the drug that GuildNet Gold/ GuildNet Health Advantage will cover. For example, GuildNet Gold/ GuildNet Health Advantage provides 30 tabs per prescription for Lipitor. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, GuildNet Gold/ GuildNet Health Advantage requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, GuildNet Gold/ GuildNet Health Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, GuildNet Gold/ GuildNet Health Advantage will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.guildnetny.org](http://www.guildnetny.org).

You can ask GuildNet Gold/ GuildNet Health Advantage to make an exception to these restrictions or limits. See the section, "How do I request an exception to the GuildNet Gold/ GuildNet Health Advantage formulary?" on this page for information about how to request an exception.

### **What if my drug is not on the Formulary?**

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

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

## How do I request an exception to the GuildNet Gold and GuildNet Health Advantage Formulary?

You can ask GuildNet Gold/ GuildNet Health Advantage to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 31 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited; but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you are a current member in our plan and you experience a change in the level of care, such as an admission or discharge from the long care facility, you will be allowed an "early" refill of your medications, as needed, to assist with your transition to your new level of care.

## For more information

For more detailed information about your GuildNet Gold/ GuildNet Health Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about GuildNet, please call Member Services at 1-800-815-0000, Monday through Friday, 8 am to 8 pm. TTY/TDD users should call 1-800-662-1220. Or visit [www.guildnetny.org](http://www.guildnetny.org).

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

## GuildNet Gold and GuildNet Health Advantage Formulary

The formulary that begins on page 6 provides coverage information about some of the drugs covered by GuildNet Gold/ GuildNet Health Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 100.

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

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

**Note:** The following symbols or abbreviations are used to identify drugs that require prior approval, quantity limits, subject to a protocol or covered with the generic copayment.

The symbol [MNT] in the Requirements/Limits column indicates that the drug is a maintenance medication available at mail order and select retail pharmacies.

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 [OTC] next to a drug name indicates that the drug is available Over-the-Counter.

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

The symbol [PAN] in the Requirements/Limits column indicates that prior authorization may apply to individuals who are starting the medication for the first time or for the first time in a long time.

The symbol [PAB] in the Requirements/Limits column indicates that prior authorization may apply to ensure drug is paid under Medicare Part B if required by Medicare.

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

The symbol [SP] next to the drug name indicates that the drug may be considered a specialty product under this plan.

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

## General Drug Table

Drug	Generic	Tier	Requirements/Limits
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### ANALGESICS

#### GOUT

<i>allopurinol sodium</i>		1	
<i>allopurinol tablet</i>		1	[MO][MNT]
COLCRYS	<i>colchicine</i>	2	[MO][MNT][QLL, 60/30]
<i>probenecid</i>		1	[MO][MNT]
<i>probenecid-colchicine</i>		1	
ULORIC	<i>febuxostat</i>	2	[MO][MNT][ST]

#### NARCOTIC ANALGESICS

<i>acetaminophen-codeine</i>		1	
<i>ascomp with codeine</i>		1	
<i>butalb-caff-acetaminoph-codein</i>		1	
<i>butorphanol tartrate aerosol, -injection</i>		1	
<i>co-gesic</i>		1	
<i>hydrocodon-acetaminophen 5-300, -hydrocodon-acetaminoph 7.5-300, -hydrocodon-acetaminophn 10-300</i>		1	[MO]
<i>hydrocodone bit-ibuprofen</i>		1	
<i>hydrocodone-acetaminophen elix, -solution, -hydrocodon-acetaminoph 2.5-500, -hydrocodon-acetaminophen 5-325, -hydrocodon-acetaminophen 5-500, -hydrocodon-acetaminoph 7.5-325, -hydrocodon-acetaminoph 7.5-750, -hydrocodon-acetaminophn 10-650, -hydrocodon-acetaminophn 10-325, -hydrocodon-acetaminoph 7.5-500, -hydrocodon-</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>acetaminophn 10-500, -hydrocodon-acetaminoph 7.5-650, -hydrocodon-acetaminophn 10-660, -hydrocodon-acetaminophn 10-750</i>			
<i>margesic h</i>		1	
<i>reprexain</i>		1	
<i>stagesic</i>		1	
<i>vicodin hp</i>		1	
<i>zamicet</i>		1	

### *NARCOTIC ANALGESICS, CII*

<i>acetaminoph-caff-dihydrocodein</i>		1	
<i>astramorph-pf 1 mg/ml ampul</i>		1	[PAB]
<i>astramorph-pf 5 mg/10 ml vial, -10 mg/10 ml vial [G]</i>		1	[PAB]
<i>codeine sulfate</i>		1	
DILAUDID SOLUTION [G]	<i>hydromorphone</i>	2	
<i>duramorph</i>		1	[PAB]
<i>endocet</i>		1	
<i>endodan</i>		1	
<i>fentanyl</i>		1	[PA][QLL, 10/30]
<i>fentanyl 0.05 mg/ml syringe</i>		1	[PAB]
<i>fentanyl citrate otc 200 mcg</i>		2	[PA][QLL, 120/30]
<i>fentanyl citrate otc 400 mcg, -otfc 600 mcg, -otfc 800 mcg, -cit otc 1,200 mcg, -cit otc 1,600 mcg</i>		4	[PA][QLL, 120/30]
<i>hydromorphone 10 mg/ml vial, -50 mg/5 ml vial, -500 mg/50 ml via</i>		1	[MO][PAB]
<i>hydromorphone hcl 10 mg/ml amp</i>		1	[PAB]
<i>hydromorphone hcl tablet</i>		1	
KADIAN ER 10 MG CAPSULE, -ER 200 MG CAPSULE	<i>morphine</i>	2	[QLL, 60/30]

Drug	Generic	Tier	Requirements/Limits
KADIAN ER 20 MG CAPSULE, -ER 30 MG CAPSULE, -ER 50 MG CAPSULE, -ER 60 MG CAPSULE, -ER 80 MG CAPSULE, -ER 100 MG CAPSULE [G]	<i>morphine</i>	2	[QLL, 60/30]
<i>levorphanol tartrate tablet</i>		1	
<i>meperidine 10 mg/ml syringe, -25 mg/ml vial, -50 mg/ml vial, -100 mg/ml vial</i>		1	
<i>methadone hcl 5 mg tablet, -10 mg tablet</i>		1	[QLL, 240/30]
<i>methadone hcl injection, -solution</i>		1	
<i>methadose 5 mg tablet, -10 mg tablet</i>		1	[QLL, 240/30]
<i>morphine 0.5 mg/ml vial, -1 mg/ml vial p-f</i>		1	[PAB]
MORPHINE SULF 10 MG/5 ML SOLN, -SULF 20 MG/5 ML SOLN	<i>morphine</i>	2	
<i>morphine sulf 100 mg/5 ml soln, -tablet</i>		1	
<i>morphine sulf er 15 mg tablet, -sulf er 30 mg tablet, -sulf er 60 mg tablet, -sulf er 100 mg tab</i>		1	[QLL, 90/30]
<i>morphine sulf er 200 mg tab</i>		1	[QLL, 60/30]
<i>morphine sulfate er 20 mg cap, -30 mg cap, -50 mg cap, -80 mg cap, -100 mg cap</i>		1	[MO][QLL, 60/30]
<i>morphine sulfate er 60 mg cap</i>		1	[MO][QLL, 90/30]
<i>oxycodone concentrate</i>		1	
<i>oxycodone hcl capsule, -5 mg tablet, -15 mg tablet, -30 mg tablet</i>		1	
<i>oxycodone hcl-acetaminophen</i>		1	
<i>oxycodone hcl-aspirin</i>		1	[MO]
<i>oxycodone hcl-ibuprofen</i>		1	
<i>oxycodone-acetaminophen</i>		1	
<i>oxycodone-aspirin</i>		1	
OXYCONTIN	<i>oxycodone</i>	3	



Drug	Generic	Tier	Requirements/Limits
<i>oxymorphone hcl tablet</i>		1	
<i>oxymorphone hcl tablet sustained action</i>		1	[QLL, 90/30]
ROXICET SOLUTION	<i>oxycodone/acetaminophen</i>	2	
<i>roxicet tablet</i>		1	

## NON-NARCOTIC ANALGESICS

<i>buprenorphine 0.3 mg/ml syrn</i>		1	
<i>nalbuphine 100 mg/10 ml vial, -200 mg/10 ml vial</i>		1	
<i>tramadol hcl er 100 mg tablet, -200 mg tablet</i>		1	
<i>tramadol hcl er 100 mg tablet, -er 200 mg tablet, -er 300 mg tablet</i>		1	
<i>tramadol hcl tablet</i>		1	[QLL, 240/30]
<i>tramadol hcl-acetaminophen</i>		1	[QLL, 240/30]

## NSAIDS

ARTHROTEC 50	<i>diclofenac sodium/misoprostol</i>	3	[MO][MNT]
ARTHROTEC 75	<i>diclofenac sodium/misoprostol</i>	3	[MO][MNT]
CELEBREX	<i>celecoxib</i>	2	[MO][MNT]
<i>diclofenac potassium</i>		1	
<i>diclofenac sodium e.c. tab, -tablet sustained action</i>		1	[MO][MNT]
<i>diflunisal tablet</i>		1	[MO][MNT]
<i>etodolac capsule, -tablet, -tablet sustained action</i>		1	[MO][MNT]
<i>fenoprofen calcium tablet</i>		1	[MO][MNT]
<i>flurbiprofen tablet</i>		1	[MO][MNT]
<i>ibuprofen oral susp, -400 mg tablet, -600 mg tablet, -800 mg tablet</i>		1	[MO][MNT]
INDOCIN ORAL SUSP	<i>indomethacin</i>	2	
<i>indomethacin capsule, -capsule sustained action</i>		1	
<i>ketoprofen capsule, -capsule sustained action</i>		1	[MO][MNT]
<i>ketorolac 15 mg/ml vial, -30 mg/ml vial, -30 mg/ml vial, -tablet</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>meclofenamate sodium capsule</i>		1	[MO][MNT]
<i>mefenamic acid capsule</i>		1	
<i>meloxicam oral susp, -tablet</i>		1	[MO][MNT]
<i>nabumetone</i>		1	[MO][MNT]
NAPRELAN	<i>naproxen</i>	3	[MO][MNT]
<i>naproxen e.c. tab, -oral susp, -tablet</i>		1	[MO][MNT]
<i>naproxen sodium 275 mg tab, -550 mg tab</i>		1	[MO][MNT]
<i>oxaprozin</i>		1	[MO][MNT]
<i>piroxicam capsule</i>		1	[MO][MNT]
<i>sulindac tablet</i>		1	[MO][MNT]
<i>tolmetin sodium</i>		1	[MO][MNT]
VIMOVO	<i>naproxen/esomeprazole mag</i>	2	[MO][MNT]

## ANESTHETICS

### LOCAL ANESTHETICS

<i>lidocaine hcl 0.5% vial, -1% vial</i>		1	
<i>lidocaine hcl 1% ampul, -1.5% ampul, -2% ampul, -4% ampul, -2% vial</i>		1	[MO]

### TOPICAL ANESTHETICS

ALCOHOL PREP PADS		2	
<i>lidocaine hcl cream, -lotion</i>		1	
<i>pre-attached lta kit</i>		1	[MO]

## ANTIINFECTIVES

### AMINOGLYCOSIDES

<i>amikacin 1,000 mg/4 ml vial, -1,000 mg/4 ml</i>		1	[MO]
<i>gentamicin ped 10 mg/ml vial</i>		1	[MO]
ISO GENTAMICIN 120 MG/100 ML	<i>gentamicin/sodium chloride</i>	2	

Drug	Generic	Tier	Requirements/Limits
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### ANTIBACTERIALS

<i>gentamicin 90 mg/ns 100 ml pb, -70 mg/ns 50 ml pb</i>		1	
<i>kanamycin sulfate injection</i>		1	
<i>tobramycin sulfate in ns</i>		1	

### ANTIINFECTIVES SPECIALIZED INDICATIONS

<i>metro iv</i>		1	[MO]
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### ANTIRETROVIRAL AGENTS

INTELENCE 200 MG TABLET	<i>etravirine</i>	2	[MO][MNT]
<i>nevirapine tablet</i>		1	[MO][MNT]

### ANTIRETROVIRALS AND PROTEASE INH

FUZEON 90 MG VIAL	<i>enfuvirtide</i>	4	[MO][MNT]
INTELENCE 25 MG TABLET	<i>etravirine</i>	2	[MO][MNT]
ISENTRESS CHEW TAB	<i>raltegravir potassium</i>	2	[MO][MNT]
<i>nevirapine oral susp</i>		1	[MO][MNT]

### CEPHALOSPORINS

<i>cefazolin</i>		1	
<i>cefazolin 1 gm add-van vial</i>		1	[MO]
<i>ceftazidime 500 mg vial</i>		1	[MO]
<i>ceftriaxone 1 gm piggyback, -2 gm piggyback, -2 gm vial</i>		1	[MO]

### CLINDAMYCINS

<i>clindamycin hcl 75 mg capsule</i>		1	[MO]
<i>clindamycin palmitate hcl</i>		1	[MO]
<i>clindamycin ph 300 mg/2 ml vl, -ph 600 mg/4 ml vl, -ph 9 g/60 ml vial, -ph 900 mg/6 ml vl</i>		1	[MO]

Drug	Generic	Tier	Requirements/Limits
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### ERYTHROMYCINS

ERYTHROCIN 500 MG VIAL	<i>erythromycin lactobionate</i>	2	
<i>erythromycin e.c. cap</i>		1	

### ORAL ANTIFUNGAL DRUGS

<i>nystatin 50,000,000 units pwd, -150,000,000 units pwd, -500,000,000 units pwd</i>		1	
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### OTHER ANTIINFECTIVE DRUGS

<i>aztreonam 2 gm vial</i>		1	[MO]
INVANZ 1 GM ADD-VANTAGE VIAL	<i>ertapenem sodium</i>	2	
<i>meropenem iv 1 gm vial</i>		1	[MO]
<i>vancomycin 500 mg vial, - 750 mg vial, -1 gm add-van vial, -5 gm vial</i>		1	[MO][PAB]
ZYVOX 200 MG/100 ML IV SOLN	<i>linezolid</i>	4	

### OTHER ANTIVIRAL DRUGS

<i>acyclovir sodium 1 gm vial</i>		1	[MO]
<i>ribapak 200-400 mg dosepack</i>		4	

### OTHER MACROLIDES

<i>azithromycin packet</i>		1	
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### OTHER TOPICAL ANTIFUNGALS

<i>ciclodan cream</i>		1	
<i>ciclodan soln, top</i>		1	[MO]
<i>ciclopirox kit</i>		1	
<i>ketodan foam (non- contraceptive)</i>		1	

Drug	Generic	Tier	Requirements/Limits
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### PARENTERAL ANTIFUNGALS

<i>fluconazole-dext 200 mg/100 ml</i>		1	[MO]
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### PENICILLINS

<i>ampicillin 250 mg vial, -500 mg vial, -1 gm a-v vial, -2 gm a-v vial, -2 gm vial</i>		1	[MO]
<i>ampicillin-sulbactam 1.5 gm vl, -sulb 3 gm add vial</i>		1	[MO]
<i>nafcillin 1 gm add-van vial, -2 gm add-vant vial, -2 gm vial</i>		1	[MO]
<i>nafcillin 2 gm/ 100 ml inj</i>		1	[MO]
<i>oxacillin 1 gm add-vantage vl, -2 gm add-vantage vl, -2 gm vial</i>		1	[MO]
<i>penicillin g 600,000 unit/1 ml</i>		1	[MO]
<i>penicillin gk 20 million unit</i>		1	[MO]
<i>piperacil-tazo 2.25 gm add vl, -piperacil-tazobact 2.25 gm vl, -piperacil-tazobact 40.5 gram</i>		1	[MO]

### PLASMODICIDES

<i>atovaquone-proguanil 62.5-25</i>		1	[MO]
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### QUINOLONES

<i>ciprofloxacin 200 mg/20 ml vl</i>		1	[MO]
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### TETRACYCLINES

<i>doxycycline mono 100 mg tablet</i>		1	[MO]
<i>doxycycline mono 50 mg cap, -mono 100 mg cap, -mono 150 mg cap</i>		1	

Drug	Generic	Tier	Requirements/Limits
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## URINARY ANTIINFECTIVES

<i>nitrofurantoin mcr 100 mg cp</i>		1	[MO]
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## ANTI-INFECTIVES

### ANTIBACTERIALS

<i>amikacin sulfate 100 mg/2 ml, -500 mg/2 ml, -500 mg/2 ml</i>		1	
<i>amox tr-potassium clavulanate</i>		1	
<i>amoxicillin</i>		1	
<i>amoxicillin-clavulanate er</i>		1	
<i>ampicillin 125 mg vial, -1 gm vial, -10 gm vial</i>		1	
<i>ampicillin trihydrate</i>		1	
<i>ampicillin-sulbactam 3 gm vial, -15 gm vl</i>		1	
AVELOX	<i>moxifloxacin</i>	2	
AVELOX ABC PACK	<i>moxifloxacin</i>	2	
AVELOX IV	<i>moxifloxacin</i>	2	
<i>azithromycin injection, -suspension, -tablet</i>		1	
BICILLIN C-R	<i>pen g procaine/pen g benz</i>	2	
BICILLIN L-A	<i>penicillin g benzathine</i>	2	
<i>cefactor</i>		1	
CEFACTOR ER	<i>cefactor</i>	2	
<i>cefadroxil</i>		1	
CEFAZOLIN 1 GM-D5W BAG	<i>cefazolin</i>	2	
<i>cefazolin 10 gm vial</i>		1	[MO]
<i>cefazolin 20 gm bulk vial, -500 mg vial, -1 gm vial</i>		1	
<i>cefdinir</i>		1	
<i>cefepime hcl</i>		1	
<i>cefotaxime sodium</i>		1	
<i>cefotetan</i>		1	
<i>cefoxitin</i>		1	
<i>cefoxitin sodium</i>		1	
<i>cefpodoxime proxetil</i>		1	
<i>cefprozil</i>		1	
<i>ceftazidime 1 gm vial, -2 gm vial, -6 gm vial</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>ceftriaxone 1 gm vial, -2 gm add vial</i>		1	[MO]
<i>ceftriaxone 250 mg vial, -500 mg vial, -1 gm-d5w bag, -2 gm-d5w bag, -10 gm vial</i>		1	
<i>cefuroxime axetil</i>		1	
<i>cefuroxime sod 750 mg vial, -sod 1.5 gm vial, -sod 7.5 gm vial</i>		1	
<i>cefuroxime tablet</i>		1	
<i>cephalexin</i>		1	
<i>chloramphenicol sod succinate</i>		1	
CIPRO SUSPENSION	<i>ciprofloxacin</i>	2	
<i>ciprofloxacin 400 mg/40 ml vl</i>		1	
<i>ciprofloxacin er</i>		1	
<i>ciprofloxacin hcl tablet</i>		1	
<i>clarithromycin er</i>		1	
<i>clarithromycin suspension, -tablet</i>		1	
<i>demeclocycline hcl tablet</i>		1	
<i>dicloxacillin sodium</i>		1	
<i>doxycycline hyclate capsule, -e.c. cap, -e.c. tab, -injection, -tablet</i>		1	
<i>doxycycline mono 75 mg capsule, -mono 50 mg tablet, -mono 75 mg tablet, -mono 150 mg tablet</i>		1	
<i>e.e.s. 400</i>		1	
ERYPED 200	<i>erythromycin ethylsuccinate</i>	2	
ERYTHROCIN 500 MG ADDVNT VL	<i>erythromycin lactobionate</i>	2	
<i>erythrocin stearate</i>		1	
<i>erythromycin ethylsuccinate tablet</i>		1	[MO]
<i>erythromycin tablet</i>		1	
<i>gentamicin 10 mg/ml vial, -40 mg/ml vial</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>isoton gentamicin 60 mg/100 ml, -80 mg/ns 100 ml pb, -isoton gentamicin 80 mg/100 ml, -100 mg/ns 100 ml, -iso gentamicin 100 mg/100 ml, -60 mg/ns 50 ml pb, -isoton gentamicin 60 mg/50 ml, -80 mg/ns 50 ml pb, -isoton gentamicin 80 mg/50 ml</i>		1	
<i>levofloxacin injection, -solution, -tablet</i>		1	
<i>levofloxacin-d5w 500 mg/100 ml</i>		1	
<i>minocycline hcl capsule, -tablet, -tablet sustained action</i>		1	
<i>nafcillin 1 gm vial, -10 gm bulk vial, -10 gm vial</i>		1	
<i>nafcillin 1 gm/ 50 ml inj</i>		4	
<i>neomycin sulfate tablet</i>		1	
<i>ofloxacin tablet</i>		1	
<i>oxacillin 1 gm vial</i>		1	
<i>oxacillin 1 gm/ 50 ml inj</i>		1	
<i>oxacillin 10 gm vial</i>		4	
<i>oxacillin 2 gm/ 50 ml inj</i>		4	
<i>paromomycin sulfate capsule</i>		1	
PEN G 1.2 MILLION UNIT/2 ML	<i>penicillin g procaine</i>	2	
<i>penicillin g k 5 million unit</i>		1	
<i>penicillin g sodium</i>		1	
<i>penicillin v potassium</i>		1	
<i>piperacillin</i>		1	
<i>piperacil-tazobact 3.375 gm vl</i>		1	
<i>piperacil-tazobact 4.5 gm vial</i>		1	[MO]
<i>streptomycin sulfate injection</i>		1	
SULFADIAZINE TABLET	<i>sulfadiazine</i>	2	
SUPRAX	<i>cefixime</i>	3	
<i>tetracycline hcl capsule</i>		1	
<i>tobramycin 10 mg/ml vial, -40 mg/ml vial</i>		1	



Drug	Generic	Tier	Requirements/Limits
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## ANTIFUNGALS

<i>amphotericin b injection</i>		1	[PAB]
ANCOBON [G]	<i>flucytosine</i>	2	
CANCIDAS	<i>casprofungin acetate</i>	4	
<i>clotrimazole lozenge</i>		1	
<i>fluconazole suspension, - tablet</i>		1	
<i>fluconazole-dext 400 mg/200 ml</i>		1	
<i>flucytosine capsule</i>		1	[MO]
<i>griseofulvin oral susp</i>		1	
GRIS-PEG	<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole capsule</i>		1	[PA]
<i>ketoconazole tablet</i>		1	
NOXAFIL	<i>posaconazole</i>	4	
<i>nystatin tablet</i>		1	
<i>terbinafine hcl tablet</i>		1	[QLL, 90/365]
VFEND IV [G]	<i>voriconazole</i>	2	
VFEND SUSPENSION	<i>voriconazole</i>	4	
VFEND TABLET [G]	<i>voriconazole</i>	4	
<i>voriconazole injection</i>		1	
<i>voriconazole tablet</i>		1	[QLL, 29/30]

## ANTIMALARIALS

<i>atovaquone-proguanil 250-100</i>		1	[MO]
<i>chloroquine phosphate tablet</i>		1	[MO][MNT]
COARTEM	<i>artemether/lumefantrine</i>	3	
DARAPRIM	<i>pyrimethamine</i>	2	
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	[MO][MNT]

## ANTIRETROVIRAL AGENTS

<i>abacavir</i>		1	[MO][MNT]
APTIVUS	<i>tipranavir</i>	2	[MO][MNT]
ATRIPLA	<i>emtricitabine/tenofovir/efavir</i>	4	[MO][MNT]
COMBIVIR [G]	<i>lamivudine/zidovudine</i>	2	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
COMPLERA	<i>emtricitab/rilpivirine/tenofo</i>	4	[MO][MNT]
CRIXIVAN	<i>indinavir</i>	2	[MO][MNT]
<i>didanosine</i>		1	[MO][MNT]
EDURANT	<i>rilpivirine hydrochloride</i>	3	[MO][MNT]
EMTRIVA	<i>emtricitabine</i>	2	[MO][MNT]
EPIVIR SOLUTION	<i>lamivudine</i>	2	[MO][MNT]
EPIVIR TABLET [G]	<i>lamivudine</i>	2	[MO][MNT]
EPZICOM	<i>abacavir sulfate/lamivudine</i>	2	[MO][MNT]
FUZEON CONVENIENCE KIT	<i>enfuvirtide</i>	4	[MO][MNT]
INTELENCE 100 MG TABLET	<i>etravirine</i>	2	[MO][MNT]
INVIRASE	<i>saquinavir mesylate</i>	2	[MO][MNT]
ISENTRESS TABLET	<i>raltegravir potassium</i>	4	[MO][MNT]
KALETRA	<i>ritonavir/lopinavir</i>	2	[MO][MNT]
<i>lamivudine</i>		1	[MO][MNT]
<i>lamivudine-zidovudine</i>		1	[MO][MNT]
LEXIVA	<i>fosamprenavir calcium</i>	2	[MO][MNT]
NORVIR	<i>ritonavir</i>	2	[MO][MNT]
PREZISTA 400 MG TABLET, - 600 MG TABLET	<i>darunavir ethanolate</i>	4	[MO][MNT]
PREZISTA 75 MG TABLET, - 150 MG TABLET	<i>darunavir ethanolate</i>	2	[MO][MNT]
RESCRIPTOR	<i>delavirdine mesylate</i>	2	[MO][MNT]
RETROVIR INJECTION	<i>zidovudine</i>	2	
REYATAZ	<i>atazanavir sulfate</i>	2	[MO][MNT]
SELZENTRY	<i>maraviroc</i>	4	[MO][MNT]
<i>stavudine</i>		1	[MO][MNT]
STRIBILD	<i>elvitegr/cobicist/emtric/tenof</i>	4	[MO][MNT]
SUSTIVA	<i>efavirenz</i>	2	[MO][MNT]
TRIZIVIR	<i>zidovudine/lamivudine/abacavir</i>	2	[MO][MNT]
TRUVADA	<i>emtricitabine/tenofovir</i>	2	[MO][MNT]
VIDEX 2 GM PEDIATRIC SOLN	<i>didanosine</i>	2	[MO][MNT]
VIRACEPT	<i>nelfinavir mesylate</i>	2	[MO][MNT]
VIRAMUNE [G]	<i>nevirapine</i>	2	[MO][MNT]
VIREAD	<i>tenofovir disproxil fumarate</i>	2	[MO][MNT]
ZIAGEN SOLUTION	<i>abacavir sulfate</i>	2	[MO][MNT]
ZIAGEN TABLET [G]	<i>abacavir sulfate</i>	2	[MO][MNT]
<i>zidovudine</i>		1	[MO][MNT]

## ANTITUBERCULAR AGENTS

CAPASTAT SULFATE	<i>capreomycin</i>	3	
<i>ethambutol hcl</i>		1	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
<i>isonarif</i>		1	
<i>isoniazid injection</i>		1	
<i>isoniazid syrup, -tablet</i>		1	[MO][MNT]
MYCOBUTIN	<i>rifabutin</i>	2	
PASER	<i>aminosalicylic acid</i>	3	[MO][MNT]
PRIFTIN	<i>rifapentine</i>	3	
<i>pyrazinamide</i>		1	[MO][MNT]
<i>rifampin capsule, -injection</i>		1	
SEROMYCIN	<i>cycloserine</i>	3	
TRECTOR	<i>ethionamide</i>	3	

## ANTIVIRALS

<i>acyclovir capsule, -oral susp, -tablet</i>		1	[MO][MNT]
<i>acyclovir sodium 500 mg vial</i>		1	
BARACLUDE SOLUTION	<i>entecavir</i>	2	[MO][MNT]
BARACLUDE TABLET	<i>entecavir</i>	4	[MO][MNT]
EPIVIR HBV	<i>lamivudine</i>	2	[MO][MNT]
<i>famciclovir</i>		1	
<i>foscarnet sodium</i>		1	
<i>ganciclovir 250 mg capsule</i>		1	
<i>ganciclovir 500 mg capsule</i>		4	
<i>ganciclovir sodium</i>		1	[PAB]
HEPSERA	<i>adefovir dipivoxil</i>	4	[PA]
INCIVEK	<i>telaprevir</i>	2	[MO]
REBETOL SOLUTION	<i>ribavirin</i>	4	[PA]
RELENZA	<i>zanamivir</i>	2	[QLL, 60 inhalations/180]
<i>ribapak 400-400 mg dosepack, -600-600 mg dosepack</i>		4	[PA]
<i>ribapak 600-400 mg dosepack</i>		4	[MO][PA]
<i>ribasphere 400 mg tablet, -600 mg tablet</i>		4	[PA]
<i>ribasphere capsule, -200 mg tablet</i>		1	[PA]
<i>ribavirin capsule, -tablet</i>		1	[PA]
<i>rimantadine hcl</i>		1	
TAMIFLU 12 MG/ML SUSPENSION	<i>oseltamivir phosphate</i>	2	[QLL, 262.5 ml/180]
TAMIFLU 30 MG GELCAP	<i>oseltamivir phosphate</i>	2	[QLL, 84/180]

Drug	Generic	Tier	Requirements/Limits
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 ml/180]
TYZEKA	<i>telbivudine</i>	4	[MO][MNT][PA]
<i>valacyclovir</i>		1	[MO][MNT]
VALCYTE	<i>valganciclovir</i>	4	[MO][MNT]

## MISCELLANEOUS

ALBENZA	<i>albendazole</i>	2	
ALINIA ORAL SUSP	<i>nitazoxanide</i>	2	[QLL, 180/30]
ALINIA TABLET	<i>nitazoxanide</i>	2	[QLL, 12/30]
<i>aztreonam 1 gm vial</i>		1	
<i>baciim</i>		1	
<i>bacitracin injection</i>		1	
CLEOCIN HCL 75 MG CAPSULE [G]	<i>clindamycin hcl</i>	2	
CLEOCIN PALMITATE [G]	<i>clindamycin palmitate</i>	2	
<i>clindamycin 150 mg/ml addvan</i>		1	
<i>clindamycin hcl 150 mg caps, -300 mg capsule</i>		1	
<i>colistimethate 150 mg vial</i>		1	[PAB]
CUBICIN	<i>daptomycin</i>	4	[PAB]
<i>dapsone tablet</i>		1	[MO][MNT]
<i>erythromycin-sulfisoxazole</i>		1	
<i>imipenem-cilastatin sodium</i>		1	[MO]
INVANZ 1 GM VIAL	<i>ertapenem sodium</i>	2	
MACRODANTIN 25 MG CAPSULE	<i>nitrofurantoin macrocrystal</i>	2	
<i>mebendazole chew tab</i>		1	
MEPRON	<i>atovaquone</i>	4	
<i>meropenem iv 500 mg vial</i>		1	
<i>methenamine hippurate</i>		1	
<i>metronidazole capsule, - injection, -tablet</i>		1	
<i>nitrofurantoin mcr 50 mg cap</i>		1	
<i>nitrofurantoin mono-macro</i>		1	
<i>nitrofurantoin oral susp</i>		1	
<i>polymyxin b sulfate injection</i>		1	
PRIMAXIN [G]	<i>imipenem/cilastatin sodium</i>	2	
PRIMAXIN I.M.	<i>imipenem/cilastatin sodium</i>	2	

Drug	Generic	Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim</i>		1	
<i>tinidazole tablet</i>		1	
<i>trimethoprim tablet</i>		1	
TYGACIL	<i>tigecycline</i>	3	
VANCOGIN HCL [G]	<i>vancomycin</i>	4	
<i>vancomycin 1 gm vial, -10 gm vial</i>		1	[PAB]
VANCOMYCIN 500 MG A/V VIAL, -1G/200 ML BAG	<i>vancomycin</i>	2	[PAB]
VANCOMYCIN HCL CAPSULE	<i>vancomycin</i>	4	
ZYVOX 600 MG/300 ML IV SOLN, -ORAL SUSP, -TABLET	<i>linezolid</i>	4	

## ANTINEOPLASTIC AGENTS

### ALKYLATING AGENTS

BICNU [PartB]	<i>carmustine</i>	2	[PAB]
BUSULFEX [PartB]	<i>busulfan</i>	2	[PAB]
CEENU	<i>lomustine</i>	2	
<i>cyclophosphamide tablet</i>		1	[PAB]
<i>dacarbazine [PartB]</i>		1	[PAB]
EMCYT	<i>estramustine phosphate sodium</i>	2	
HEXALEN	<i>altretamine</i>	4	
IFEX [PartB][G]	<i>ifosfamide</i>	2	[PAB]
<i>ifosfamide [PartB]</i>		2	[PAB]
LEUKERAN	<i>chlorambucil</i>	2	
<i>melfalan hcl [PartB]</i>		1	[PAB]
MUSTARGEN [PartB]	<i>mechlorethamine</i>	2	[PAB]
TREANDA [PartB]	<i>bendamustine hcl</i>	4	[PAB]

### ANTHRACYCLINES

<i>adriamycin [PartB]</i>		1	[PAB]
<i>cerubidine [PartB]</i>		1	[MO][PAB]
<i>daunorubicin hcl</i>		1	[PAB]
DOXIL [PartB]	<i>doxorubicin hcl liposome</i>	4	[PAB]
<i>doxorubicin 150 mg/75 ml vial</i>		1	[PAB]
<i>doxorubicin 200 mg/100 ml vial [PartB]</i>		1	[PAB]
<i>epirubicin hcl [PartB]</i>		4	[PAB]
<i>idarubicin hcl [PartB]</i>		1	[PAB]

Drug	Generic	Tier	Requirements/Limits
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### ANTIBIOTICS

<i>bleomycin sulfate</i> [PartB]		1	[PAB]
COSMEGEN [PartB][G]	<i>dactinomycin</i>	2	[PAB]
<i>mitomycin injection</i> [PartB]		1	[PAB]

### ANTIMETABOLITES

ALIMTA 500 MG VIAL	<i>pemetrexed disodium</i>	4	[PAB]
<i>cytarabine 20 mg/ml vial, -500 mg vial</i> [PartB]		1	[PAB]
<i>cytarabine 500 mg/25 ml vial, -100 mg/ml vial, -2 g/20 ml vial</i> [PartB]		1	[MO][PAB]
<i>fluorouracil 500 mg/10 ml vial</i> [PartB]		1	[PAB]
GEMCITABINE HCL [PartB]	<i>gemcitabine</i>	4	[MO][PAB]
GEMZAR [PartB][G]	<i>gemcitabine</i>	4	[PAB]
<i>mercaptopurine tablet</i>		1	
<i>methotrexate 25 mg/ml vial, -250 mg/10 ml vial, -50 mg/2 ml vial, -1 gm vial</i>		1	[PAB]
<i>pentostatin</i> [PartB]		1	[PAB]
TABLOID	<i>thioguanine</i>	2	
VIDAZA	<i>azacitidine</i>	4	[PAB]

### ANTIMITOTIC, TAXOIDS

<i>docetaxel</i> [PartB]		1	[MO][PAB]
<i>paclitaxel 300 mg/50 ml vial</i> [PartB]		2	[PAB]
TAXOTERE [PartB]	<i>docetaxel</i>	4	[PAB]

### ANTIMITOTIC, VINCA ALKALOIDS

VINBLASTINE SULFATE [PartB]	<i>vinblastine</i>	2	[PAB]
<i>vincristine sulfate</i> [PartB]		1	[PAB]
<i>vinorelbine tartrate</i> [PartB]		1	[PAB]

Drug	Generic	Tier	Requirements/Limits
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### BIOLOGIC RESPONSE MODIFIERS

AVASTIN 100 MG/4 ML VIAL	<i>bevacizumab</i>	4	[PAB]
CAMPATH	<i>alemtuzumab</i>	2	[PAB]
HERCEPTIN [PartB]	<i>trastuzumab</i>	4	[PAB]
ISTODAX [PartB]	<i>romidepsin</i>	4	[PAB]
ONTAK [PartB]	<i>denileukin diftitox</i>	2	[PAB]
PROLEUKIN	<i>aldesleukin</i>	4	[PAB]
RITUXAN	<i>rituximab</i>	4	[PA]
VELCADE	<i>bortezomib</i>	4	[PAB]
ZOLINZA	<i>vorinostat</i>	4	

### HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole tablet</i>		1	[MO][MNT]
AROMASIN [G]	<i>exemestane</i>	2	[MO][MNT]
<i>bicalutamide</i>		1	[MO][MNT]
DEPO-PROVERA 400 MG/ML VIAL	<i>medroxyprogesterone</i>	2	[MO][MNT][PAB]
<i>exemestane</i>		1	[MO][MNT]
FARESTON	<i>toremifene</i>	2	[MO][MNT]
FASLODEX	<i>fulvestrant</i>	4	[MO][MNT][PAB]
FEMARA [G]	<i>letrozole</i>	2	[MO][MNT]
<i>flutamide</i>		1	[MO][MNT]
<i>letrozole</i>		1	[MO][MNT]
<i>leuprolide acetate injection</i>		1	[PA]
LUPRON DEPOT 3.75 MG KIT, -11.25 MG 3MO KIT	<i>leuprolide</i>	2	[PA]
LUPRON DEPOT 45 MG 6MO KIT	<i>leuprolide</i>	4	[MO][PA]
LUPRON DEPOT 7.5 MG KIT, -22.5 MG 3MO KIT, --4 MONTH KIT	<i>leuprolide</i>	4	[PA]
LUPRON DEPOT-PED 11.25 MG KIT, -15 MG KIT	<i>leuprolide</i>	4	[PA]
MEGACE ES	<i>megestrol</i>	2	[MO][MNT]
<i>megestrol acetate oral susp</i>		1	[MO][MNT]
<i>megestrol acetate tablet</i>		1	
NILANDRON	<i>nilutamide</i>	2	[MO][MNT]
<i>tamoxifen citrate tablet</i>		1	[MO][MNT]
TRELSTAR 22.5 MG VIAL	<i>triptorelin pamoate</i>	4	[MO][PAB]
TRELSTAR 3.75 MG SYRINGE, -11.25 MG SYRINGE	<i>triptorelin pamoate</i>	2	[PAB]

Drug	Generic	Tier	Requirements/Limits
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## KINASE INHIBITORS

AFINITOR	<i>everolimus</i>	4	[MO][MNT][PAN]
CAPRELSA	<i>vandetanib</i>	4	
GLEEVEC	<i>imatinib mesylate</i>	4	[MO][MNT][PAN]
INLYTA	<i>axitinib</i>	3	[MO]
JAKAFI	<i>ruxolitinib phosphate</i>	4	[MO][MNT]
NEXAVAR	<i>sorafenib tosylate</i>	4	[PAN]
SIMULECT 20 MG VIAL	<i>basiliximab</i>	2	[MO][PAB]
SPRYCEL 20 MG TABLET, -50 MG TABLET, -70 MG TABLET, -100 MG TABLET	<i>dasatinib</i>	4	[MO][MNT][PAN]
SPRYCEL 80 MG TABLET, -140 MG TABLET	<i>dasatinib</i>	3	[MO][MNT][PAN]
SUTENT	<i>sunitinib malate</i>	4	[PAN]
TARCEVA	<i>erlotinib hcl</i>	4	[MO][MNT][PAN]
TASIGNA	<i>nilotinib hydrochloride</i>	4	[MO][MNT][PAN]
TYKERB	<i>lapatinib ditosylate</i>	4	[MO][MNT][PAN]
VANDETANIB	<i>vandetanib</i>	4	
VOTRIENT	<i>pazopanib</i>	4	[PAN]
XALKORI	<i>crizotinib</i>	4	[MO][MNT][PAN]
ZELBORAF	<i>vemurafenib</i>	4	[MO][MNT][PAN]

## MISCELLANEOUS

DROXIA	<i>hydroxyurea</i>	2	[MO][MNT]
ELSPAR [PartB]	<i>asparaginase</i>	2	[PAB]
ERIVEDGE	<i>vismodegib</i>	3	[MO][MNT]
<i>hydroxyurea capsule</i>		1	[MO][MNT]
<i>irinotecan hcl</i> [PartB]		4	[PAB]
LYSODREN	<i>mitotane</i>	4	
MATULANE	<i>procarbazine</i>	4	
<i>mitoxantrone 25 mg/12.5 ml v/</i>		1	[MO][MNT][PAB]
TARGRETIN CAPSULE	<i>bexarotene</i>	4	[MO][MNT][PAN]
<i>tretinoin capsule</i>		4	
TRISENOX [PartB]	<i>arsenic trioxide</i>	2	[PAB]
ZYTIGA	<i>abiraterone acetate</i>	4	[MO][MNT]

## NUCLEOSIDE ANALOGS

<i>cladribine</i> [PartB]		1	[PAB]
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Drug	Generic	Tier	Requirements/Limits
<i>fludarabine phosphate</i> [PartB]		4	[PAB]

### PLATINUM COORDINATION COMPLEX

<i>carboplatin</i> [PartB]		1	[PAB]
<i>cisplatin 1 mg/ml vial</i> [PartB]		1	[PAB]
<i>cisplatin 100 mg/100 ml vial</i> [PartB]		1	[MO][PAB]
<i>oxaliplatin 100 mg/20 ml vial</i> [PartB]		4	[PAB]

### PROTECTIVE AGENTS

AMEVIVE	<i>alefacept</i>	3	[MO]
<i>amifostine</i>		4	[PAB]
<i>dexrazoxane</i> [PartB]		1	[PAB]
ELITEK 1.5 MG VIAL	<i>rasburicase</i>	4	[PAB]
<i>ifosfamide-mesna</i> [PartB]		1	[PAB]
LEUCOVORIN CALCIUM 10 MG TAB, -15 MG TAB	<i>leucovorin</i>	2	
<i>leucovorin calcium 100 mg</i> <i>vial, -350 mg vial</i>		1	[MO][PAB]
<i>leucovorin calcium 5 mg tab,</i> <i>-25 mg tab</i>		1	
<i>mesna 1 gram/10 ml vial</i>		1	[MO][PAB]
<i>mesna 100 mg/ml vial</i>		1	[PAB]
MESNEX TABLET	<i>mesna</i>	4	

### TOPOISOMERASE INHIBITORS

<i>etoposide injection</i> [PartB]		1	[PAB]
<i>toposar</i> [PartB]		1	[PAB]
<i>topotecan hcl</i> [PartB]		4	[PAB]

### ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS

#### ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS

AVASTIN 400 MG/16 ML VIAL	<i>bevacizumab</i>	4	[MO]
CIMZIA 200 MG/ML STARTER KIT	<i>certolizumab pegol</i>	4	[MO][MNT][PA]
<i>cyclosporine modified 25 mg</i>		1	[MO][MNT][PAB]

Drug	Generic	Tier	Requirements/Limits
ENBREL 50 MG/ML SURECLICK SYR	<i>etanercept</i>	4	[MO][MNT]
<i>hecoria</i>		1	[MO][MNT][PAB]
<i>leucovorin calcium 50 mg vial, -200 mg vial</i>		1	[MO]
<i>leucovorin calcium 500 mg vl</i>		1	[MO][PAB]
<i>methotrexate 1 gm/40 ml vial, -100 mg/4 ml vial, -200 mg/8 ml vial, -250 mg/10 ml vial, -50 mg/2 ml vial</i>		1	[PAB]
<i>methotrexate 100 mg/4 ml vial</i>		1	[MO][PAB]
<i>mitoxantrone 20 mg/10 ml vial, -30 mg/15 ml vial</i>		1	[MO][MNT][PAB]
<i>octreotide acet 50 mcg/ml syr, -acet 50 mcg/ml vial, -acet 100 mcg/ml syr, -acet 100 mcg/ml vl, -acet 500 mcg/ml syr, -acet 500 mcg/ml vl</i>		1	[MO][MNT][PA]
REVLIMID 2.5 MG CAPSULE	<i>lenalidomide</i>	4	[MO][MNT]
TRELSTAR 22.5 MG SYRINGE	<i>triptorelin pamoate</i>	4	[MO]
TRELSTAR DEPOT	<i>triptorelin pamoate</i>	2	[MO][PAB]
TRELSTAR LA	<i>triptorelin pamoate</i>	2	[MO][PAB]

## AUTONOMIC AND CNS MEDICATIONS

### ANALGESICS

<i>buprenorphine 0.3 mg/ml vial</i>		1	[MO]
<i>nalbuphine 10 mg/ml ampul, -20 mg/ml ampul</i>		1	[MO]
<i>tramadol er 100 mg tablet, -er 200 mg tablet</i>		1	
<i>tramadol hcl er 300 mg tablet</i>		1	[MO]

### ANTIDEMENTIA DRUGS

EXELON 13.3 MG/24HR PATCH	<i>rivastigmine tartrate</i>	2	[MO][MNT][QLL, 30/30]
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Drug	Generic	Tier	Requirements/Limits
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### ANTIPARKINSON ANTICHOLINERGIC DRUGS

<i>benztropine 2 mg/2 ml ampule</i>		1	[MO]
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### ANTIPSYCHOTIC DRUGS

<i>clozapine odt</i>		1	[MO][MNT][PA]
<i>haloperidol decan 50 mg/ml amp</i>		1	[MO][MNT]
<i>haloperidol decanoate 100</i>		1	[MO][MNT]
<i>haloperidol injection</i>		1	[MO]
<i>risperidone m-tab 0.5 mg odt</i>		1	[MO][MNT][QLL, 90/30]
<i>risperidone m-tab 1 mg odt, -2 mg odt, -3 mg odt</i>		1	[MO][MNT][QLL, 60/30]
<i>risperidone m-tab 4 mg odt</i>		1	[MO][MNT]

### ANTIVERTIGO AND ANTIEMETIC DRUGS

<i>ondansetron 40 mg/20 ml vial, -4 mg/2 ml syr, -4 mg/2 ml ampule</i>		1	[MO][PAB]
<i>promethegan 12.5 mg suppos</i>		1	[MO][PA]

### CARBAMAZEPINES

<i>carbamazepine er</i>		1	[MO][MNT]
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### CLASS II NARCOTICS

ASTRAMORPH-PF 0.5 MG/ML AMP [G]	<i>morphine</i>	1	[PAB]
<i>fentanyl 0.05 mg/ml ampul, -0.05 mg/ml vial, -1 mg/20 ml vial, -100 mcg/2 ml vial, -250 mcg/5 ml vial</i>		1	[MO][PAB]
<i>fentanyl 2,500 mcg/50 ml vial</i>		1	[PA]

Drug	Generic	Tier	Requirements/Limits
<i>hydromorphone hcl 1 mg/ml amp, -1 mg/ml syringe, -2 mg/ml syringe, -2 mg/ml vial, -2 mg/ml amp, -2 mg/ml vl, -4 mg/ml syrin, -4 mg/ml amp</i>		1	[MO][PAB]
KADIAN ER 40 MG CAPSULE, -ER 70 MG CAPSULE, -ER 130 MG CAPSULE, -ER 150 MG CAPSULE	<i>morphine</i>	2	[QLL, 60/30]
<i>meperidine 10 mg/ml cartrdge, -solution</i>		1	[MO]
<i>methadone 40 mg tablet dispr</i>		1	
<i>methadone intensol</i>		1	[MO]
<i>methadose 40 mg tablet dispr</i>		1	
<i>methadose solution</i>		1	[MO]
<i>morphine 0.5 mg/ml ampul p-f, -1 mg/ml ampul p-f, -1 mg/ml syringe, -1 mg/ml vial, -2 mg/ml syringe, -4 mg/ml syringe, -5 mg/ml vial, -8 mg/ml ampule, -8 mg/ml syringe, -8 mg/ml vial, -10 mg/ml ampul, -10 mg/ml syringe, -10 mg/ml vial, -15 mg/ml syringe, -15 mg/ml vial, -25 mg/ml vial, -25 mg/ml vl, -50 mg/ml vial</i>		1	[MO]
<i>morphine 4 mg/ml carpject, -100 mg/10 ml vial, -300 mg/20 ml vial</i>		1	
<i>oxycodone hcl 10 mg tablet, -20 mg tablet</i>		1	[MO]
<i>oxycodone hcl solution</i>		1	
<i>sublimaze</i>		1	[PA]

### CLASS III NARCOTICS

<i>hydrocodon-acetaminoph 2.5-325</i>		1	
<i>hydrocodone-ibuprofen</i>		1	
<i>hydrogesic</i>		1	[MO]

Drug	Generic	Tier	Requirements/Limits
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### CNS STIMULANT DRUGS

<i>methylphenidate er 10 mg tab, -20 mg tab, -54 mg tab</i>		1	[MO][MNT]
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### DRUGS TO PREVENT AND TREAT HEADACHES

<i>butalbital compound-codeine</i>		1	[MO]
<i>naratriptan</i>		1	
<i>sumatriptan 4 mg/0.5 ml cart, -4 mg/0.5 ml inject</i>		1	
<i>sumatriptan 4 mg/0.5 ml kit, -4 mg/0.5 ml refill, -6 mg/0.5 ml refill, -6 mg/0.5 ml syrng</i>		1	[MO][QLL, 10/30]
SUMATRIPTAN 5 MG NASAL SPRAY	<i>sumatriptan</i>	1	

### HYDANTOINS

<i>phenytoin 100 mg/2 ml vial</i>		1	
<i>phenytoin 250 mg/5 ml vial, -50 mg/ml syringe, -50 mg/ml vial</i>		1	[MO]

### OTHER ANTICONVULSANTS

LYRICA SOLUTION	<i>pregabalin</i>	2	[MO][MNT]
<i>topiragen</i>		1	[MO][MNT]

### OTHER ANTIDEPRESSANTS

<i>bupropion xl</i>		1	[MO][MNT]
<i>venlafaxine hcl er 225 mg tab</i>		1	[MO][MNT]

### OTHER ANTIPARKINSON DRUGS

<i>carbidopa-levodopa-entacapone</i>		1	[MO][MNT]
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Drug	Generic	Tier	Requirements/Limits
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### OTHER CNS/AUTONOMIC DRUGS

<i>atropine 0.4 mg/0.5 ml ampul, -0.4 mg/ml vial, -1 mg/ml ampul, -1 mg/ml vial</i>		1	[MO]
<i>atropine 8 mg/20 ml vial</i>		1	
<i>naloxone 0.4 mg/ml ampul, -0.4 mg/ml vial</i>		1	[MO]

### SELECTIVE SEROTONIN REUPTAKE INHIBITORS

<i>citalopram</i>		1	[MO][MNT]
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## CARDIOVASCULAR

### ACE INHIBITOR COMBINATIONS

<i>amlodipine-benazepril 2.5-10, --benazepril 5-10 mg</i>		1	[MO][MNT][QLL, 30/30]
<i>amlodipine-benazepril 5-40 mg, --benazepril 10-20 mg, -benazepril 5-20 mg, --benazepril 10-40 mg</i>		1	[MO][MNT]
<i>benazepril-hydrochlorothiazide</i>		1	[MO][MNT]
<i>captopril-hydrochlorothiazide</i>		1	[MO][MNT]
<i>enalapril-hydrochlorothiazide</i>		1	[MO][MNT]
<i>fosinopril-hydrochlorothiazide</i>		1	[MO][MNT]
<i>lisinopril-hydrochlorothiazide</i>		1	[MO][MNT]
<i>moexipril-hydrochlorothiazide</i>		1	[MO][MNT]
<i>quinapril-hydrochlorothiazide</i>		1	[MO][MNT]

### ACE INHIBITORS

<i>benazepril hcl tablet</i>		1	[MO][MNT]
<i>captopril tablet</i>		1	[MO][MNT]
<i>enalapril maleate tablet</i>		1	[MO][MNT]
<i>eprosartan mesylate</i>		1	[MO][MNT]
<i>fosinopril sodium</i>		1	[MO][MNT]
<i>lisinopril tablet</i>		1	[MO][MNT]
<i>moexipril hcl</i>		1	[MO][MNT]
<i>perindopril erbumine</i>		1	[MO][MNT]
<i>quinapril hcl</i>		1	[MO][MNT]
<i>ramipril</i>		1	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
<i>trandolapril</i>		1	[MO][MNT]

### ADRENOLYTICS, CENTRAL

<i>clonidine</i>		1	[MO][MNT]
<i>clonidine hcl tablet</i>		1	[MO][MNT]
<i>guanabenz acetate tablet</i>		1	[MO][MNT]
<i>guanfacine hcl</i>		1	[MO][MNT]

### ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone</i>		1	[MO][MNT][PA]
<i>spironolactone tablet</i>		1	[MO][MNT]

### ALPHA BLOCKERS

<i>doxazosin mesylate</i>		1	[MO][MNT]
<i>prazosin hcl</i>		1	[MO][MNT]
<i>terazosin hcl</i>		1	[MO][MNT]

### ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

AVALIDE 150-12.5 MG TABLET, -300-12.5 MG TABLET [G]	<i>irbesartan/hctz</i>	2	[MO][MNT]
AVALIDE 300-25 MG TABLET	<i>irbesartan/hctz</i>	2	[MO][MNT]
AZOR	<i>amlodipine bes/olmesartan med</i>	2	[MO][MNT]
BENICAR HCT 20-12.5 MG TABLET	<i>olmesartan medoxomil/hctz</i>	2	[MO][MNT][QLL, 30/30]
BENICAR HCT 40-25 MG TABLET, -40-12.5 MG TABLET	<i>olmesartan medoxomil/hctz</i>	2	[MO][MNT]
DIOVAN HCT 160-25 MG TABLET, -320-12.5 MG TAB, -320-25 MG TABLET [G]	<i>hctz/valsartan</i>	2	[MO][MNT]
DIOVAN HCT 80-12.5 MG TABLET, -160-12.5 MG TAB [G]	<i>hctz/valsartan</i>	2	[MO][MNT][QLL, 30/30]
EXFORGE 5-160 MG TABLET	<i>amlodipine/valsartan</i>	2	[MO][MNT][QLL, 30/30]
EXFORGE 5-320 MG TABLET, -10-160 MG TABLET, -10-320 MG TABLET	<i>amlodipine/valsartan</i>	2	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
EXFORGE HCT 5-160-12.5 MG TAB	<i>amlodipine/valsartan/hctz</i>	2	[MO][MNT][QLL, 30/30]
EXFORGE HCT 5-160-25 MG TAB, -10-160-12.5 MG TAB, -10-160-25 MG TAB, -10-320-25 MG TAB	<i>amlodipine/valsartan/hctz</i>	2	[MO][MNT]
<i>irbesartan-hydrochlorothiazide</i>		1	[MO][MNT]
<i>losartan-hydrochlorothiazide</i>		1	[MO][MNT]
TRIBENZOR	<i>olmesartan med/amlodipine/hct</i>	2	[MO][MNT]

## ANGIOTENSIN II RECEPTOR ANTAGONISTS

AVAPRO [G]	<i>irbesartan</i>	2	[MO][MNT]
BENICAR	<i>olmesartan medoxomil</i>	2	[MO][MNT]
DIOVAN	<i>valsartan</i>	2	[MO][MNT]
<i>irbesartan</i>		1	[MO][MNT]
<i>losartan potassium</i>		1	[MO][MNT]

## ANTIARRHYTHMICS

<i>amiodarone 150 mg/3 ml amp</i>		1	[PAB]
<i>amiodarone hcl tablet</i>		1	[MO][MNT]
<i>atropine 0.1 mg/ml abboject, -0.1 mg/ml syringe, -0.05 mg/ml syringe</i>		1	
<i>disopyramide phosphate</i>		1	[MO][MNT]
<i>flecainide acetate</i>		1	[MO][MNT]
<i>mexiletine hcl capsule</i>		1	[MO][MNT]
MULTAQ	<i>dronedarone</i>	2	[MO][MNT]
NORPACE CR 100 MG CAPSULE	<i>disopyramide</i>	2	[MO][MNT]
PACERONE 100 MG TABLET	<i>amiodarone</i>	2	[MO][MNT]
<i>pacerone 200 mg tablet, -400 mg tablet</i>		1	[MO][MNT]
<i>procainamide hcl injection</i>		1	
<i>propafenone hcl</i>		1	[MO][MNT]
<i>quinidine gluconate injection</i>		1	
<i>quinidine gluconate tablet sustained action</i>		1	[MO][MNT]
<i>quinidine sulfate tablet, -tablet sustained action</i>		1	[MO][MNT]
<i>sorine</i>		1	[MO][MNT]



Drug	Generic	Tier	Requirements/Limits
<i>sotalol</i>		1	[MO][MNT]
TIKOSYN	<i>dofetilide</i>	2	[MO][MNT]

### ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS

<i>atorvastatin calcium</i>		1	[MO][MNT]
CRESTOR 40 MG TABLET	<i>rosuvastatin calcium</i>	2	[MO][MNT]
CRESTOR 5 MG TABLET, -10 MG TABLET, -20 MG TABLET	<i>rosuvastatin calcium</i>	2	[MO][MNT][QLL, 30/30]
<i>fluvastatin sodium</i>		1	[MO][MNT]
LIPITOR [G]	<i>atorvastatin calcium</i>	3	[MO][MNT]
<i>lovastatin</i>		1	[MO][MNT]
LOVAZA	<i>omega-3 acid ethyl esters</i>	3	[MO][MNT]
<i>pravastatin sodium 10 mg tab, -10 mg tab, -20 mg tab, -20 mg tab, -40 mg tab, -40 mg tab</i>		1	[MO][MNT][QLL, 30/30]
<i>pravastatin sodium 80 mg tab</i>		1	[MO][MNT]
SIMCOR	<i>niacin/simvastatin</i>	3	[MO][MNT]
<i>simvastatin 5 mg tablet, -5 mg tablet, -10 mg tablet, -10 mg tablet, -20 mg tablet, -20 mg tablet, -40 mg tablet, -40 mg tablet</i>		1	[MO][MNT][QLL, 30/30]
<i>simvastatin 80 mg tablet, -80 mg tablet</i>		1	[MO][MNT]
VYTORIN	<i>ezetimibe/simvastatin</i>	2	[MO][MNT]
ZETIA	<i>ezetimibe</i>	2	[MO][MNT]

### ANTILIPEMICS, MISCELLANEOUS

ANTARA	<i>fenofibrate</i>	2	[MO][MNT]
<i>cholestyramine light packet</i>		1	[MO][MNT]
<i>colestipol hcl powder, -tablet</i>		1	[MO][MNT]
<i>fenofibrate</i>		1	[MO][MNT]
<i>gemfibrozil tablet</i>		1	[MO][MNT]
NIASPAN	<i>niacin</i>	2	[MO][MNT]
<i>prevalite powder</i>		1	[MO][MNT]
TRICOR	<i>fenofibrate</i>	2	[MO][MNT]
TRILIPIX	<i>fenofibric acid</i>	2	[MO][MNT]
WELCHOL	<i>colesevelam</i>	2	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
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### BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol-chlorthalidone</i>		1	[MO][MNT]
<i>bisoprolol-hydrochlorothiazide</i>		1	[MO][MNT]
<i>metoprolol-hydrochlorothiazide</i>		1	[MO][MNT]
<i>nadolol-bendroflumethiazide</i>		1	[MO][MNT]
<i>propranolol-hydrochlorothiazid</i>		1	[MO][MNT]

### BETA-BLOCKERS

<i>acebutolol hcl capsule</i>		1	[MO][MNT]
<i>atenolol tablet</i>		1	[MO][MNT]
<i>betaxolol hcl tablet</i>		1	[MO][MNT]
<i>bisoprolol fumarate</i>		1	[MO][MNT]
BYSTOLIC	<i>nebivolol hcl</i>	2	[MO][MNT]
<i>carvedilol</i>		1	[MO][MNT]
COREG CR	<i>carvedilol</i>	3	[MO][MNT]
<i>labetalol hcl 5 mg/ml vial</i>		1	
<i>labetalol hcl tablet</i>		1	[MO][MNT]
<i>metoprolol succinate</i>		1	[MO][MNT]
<i>metoprolol tart 5 mg/5 ml vial</i>		1	
<i>metoprolol tartrate tablet</i>		1	[MO][MNT]
<i>nadolol tablet</i>		1	[MO][MNT]
<i>pindolol</i>		1	[MO][MNT]
<i>propranolol hcl capsule sustained action, -solution, -tablet</i>		1	[MO][MNT]
<i>propranolol hcl injection</i>		1	
<i>timolol maleate tablet</i>		1	[MO][MNT]

### CALCIUM CHANNEL BLOCKERS

<i>afeditab cr</i>		1	[MO][MNT]
<i>amlodipine besylate tablet</i>		1	[MO][MNT]
CARDIZEM CD 360 MG CAPSULE [G]	<i>diltiazem</i>	2	[MO][MNT]
<i>cartia xt</i>		1	[MO][MNT]
<i>dilt xr 180 mg capsule, -dilt xr 240 mg capsule</i>		1	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
<i>dilt-cd 120 mg capsule, -er 300 mg capsule</i>		1	[MO][MNT]
<i>diltiazem 24hr cd 120 mg cap, -240 mg cap, -300 mg cap</i>		1	[MO][MNT]
<i>diltiazem 24hr er 120 mg cap, -240 mg cap, -300 mg cap</i>		1	[MO][MNT]
<i>diltiazem 25 mg/5 ml vial, -100 mg vial</i>		1	
<i>diltiazem er 60 mg 12-hr cap, -90 mg 12-hr cap, -120 mg 12-hr cap, -180 mg capsule, -hcl er 360 mg cap, -hcl er 420 mg cap</i>		1	[MO][MNT]
<i>diltiazem hcl tablet</i>		1	[MO][MNT]
<i>diltzac er 120 mg capsule, -180 mg capsule, -240 mg capsule, -300 mg capsule</i>		1	[MO][MNT]
<i>felodipine er</i>		1	[MO][MNT]
<i>isradipine</i>		1	[MO][MNT]
<i>matzim la</i>		1	[MO][MNT]
<i>nicardipine 25 mg/10 ml vial</i>		1	
<i>nicardipine hcl capsule</i>		1	[MO][MNT]
<i>nifediac cc</i>		1	[MO][MNT]
<i>nifedical xl</i>		1	[MO][MNT]
<i>nifedipine er 30 mg tablet, -60 mg tablet, -90 mg tablet</i>		1	[MO][MNT]
<i>nimodipine</i>		2	
<i>nisoldipine</i>		1	[MO][MNT]
<i>taztia xt</i>		1	[MO][MNT]
<i>verapamil 2.5 mg/ml ampul</i>		1	
<i>verapamil er</i>		1	[MO][MNT]
<i>verapamil er pm</i>		1	[MO][MNT]
<i>verapamil hcl tablet</i>		1	[MO][MNT]

## **DIGITALIS GLYCOSIDES**

<i>digoxin 0.25 mg/ml ampul</i>		1	
<i>digoxin solution, -tablet</i>		1	[MO][MNT]
LANOXIN TABLET [G]	<i>digoxin</i>	2	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
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### DIRECT RENIN INHIBITORS/COMBINATIONS

AMTURNIDE	<i>aliskiren/amlodipine/hctz</i>	2	[MO][MNT]
TEKAMLO	<i>aliskiren/amlodipine</i>	2	[MO][MNT]
TEKTURNA 150 MG TABLET	<i>aliskiren hemifumarate</i>	2	[MO][MNT][QLL, 30/30]
TEKTURNA 300 MG TABLET	<i>aliskiren hemifumarate</i>	2	[MO][MNT]
TEKTURNA HCT	<i>aliskiren/hydrochlorothiazid</i>	2	[MO][MNT]
VALTURNA 150-160 MG TABLET	<i>aliskiren/valsartan</i>	2	[MO][MNT][QLL, 30/30]
VALTURNA 300-320 MG TABLET	<i>aliskiren/valsartan</i>	2	[MO][MNT]

### DIURETICS

<i>acetazolamide capsule sustained action, -tablet</i>		1	[MO][MNT]
<i>amiloride hcl tablet</i>		1	[MO][MNT]
<i>amiloride-hydrochlorothiazide</i>		1	[MO][MNT]
<i>bumetanide injection</i>		1	
<i>bumetanide tablet</i>		1	[MO][MNT]
<i>chlorothiazide</i>		1	[MO][MNT]
<i>chlorothiazide sodium</i>		4	
<i>chlorthalidone</i>		1	[MO][MNT]
<i>furosemide 10 mg/ml vial</i>		1	
<i>furosemide solution, -tablet</i>		1	[MO][MNT]
<i>hydrochlorothiazide capsule, -tablet</i>		1	[MO][MNT]
<i>indapamide</i>		1	[MO][MNT]
<i>methazolamide tablet</i>		1	[MO][MNT]
<i>methyclothiazide</i>		1	[MO][MNT]
<i>metolazone</i>		1	[MO][MNT]
<i>spironolactone-hctz</i>		1	[MO][MNT]
TORSEMIDE INJECTION	<i>torseamide</i>	2	
<i>torseamide tablet</i>		1	[MO][MNT]
<i>triamterene-hctz</i>		1	[MO][MNT]
<i>triamterene-hydrochlorothiazid</i>		1	[MO][MNT]

### MISCELLANEOUS

BIDIL	<i>isosorb dinit/hydralazine hcl</i>	2	[MO][MNT]
<i>hydralazine hcl injection</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>hydralazine hcl tablet</i>		1	[MO][MNT]
<i>methyldopa</i>		1	[MO][MNT]
<i>methyldopa-hydrochlorothiazide</i>		1	[MO][MNT]
<i>methyldopate hcl</i>		1	
<i>midodrine hcl</i>		1	
<i>minoxidil tablet</i>		1	[MO][MNT]
RANEXA	<i>ranolazine</i>	2	[MO][MNT]
<i>reserpine tablet</i>		1	[MO][MNT]

## NITRATES

<i>isochron</i>		1	[MO][MNT]
ISORDIL	<i>isosorbide dinitrate</i>	2	[MO][MNT]
<i>isosorbide dinitrate</i>		1	[MO][MNT]
<i>isosorbide mononitrate</i>		1	[MO][MNT]
<i>isosorbide mononitrate er</i>		1	[MO][MNT]
<i>nitro-bid</i>		1	[MO][MNT]
NITRO-DUR 0.3 MG/HR PATCH, -0.8 MG/HR PATCH	<i>nitroglycerin</i>	2	[MO][MNT]
<i>nitroglycerin injection</i>		1	
<i>nitroglycerin patch</i>		1	[MO][MNT]
NITROLINGUAL	<i>nitroglycerin</i>	2	[MO][MNT]
NITROSTAT	<i>nitroglycerin</i>	2	[MO][MNT]

## PULMONARY ARTERIAL HYPERTENSION

ADCIRCA	<i>adcirca (tadalafil)</i>	4	[MO][MNT][PAN]
LETAIRIS	<i>ambrisentan</i>	4	[MO][MNT][PAN]
REMODULIN	<i>treprostinil sodium</i>	4	[PAB]
REVATIO TABLET	<i>revatio (sildenafil citrate)</i>	4	[PAN]
TRACLEER [LA]	<i>bosentan</i>	4	[MNT][PAN]

## CARDIOVASCULAR MEDICATIONS

### AMIODARONES

<i>amiodarone 150 mg/3 ml vial, -450 mg/9 ml vial, -900 mg/18 ml vial</i>		1	[MO][PAB]
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### BETA-ADRENERGIC ANTAGONIST DRUGS

<i>labetalol hcl 20 mg/4 ml crpj</i>		1	
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Drug	Generic	Tier	Requirements/Limits
<i>metoprolol 1 mg/ml carpuject, -tart 5 mg/5 ml amp</i>		1	[MO]

### CALCIUM ANTAGONISTS

<i>dilt xr 120 mg capsule</i>		1	[MO][MNT]
<i>dilt-cd 180 mg capsule, -240 mg capsule</i>		1	[MO][MNT]
<i>diltiazem 125 mg/25 ml vial, -50 mg/10 ml vial</i>		1	[MO]
<i>diltiazem 24hr cd 180 mg cap, -360 mg cap</i>		1	[MO][MNT]
<i>diltiazem 24hr er 180 mg cap, -360 mg cap</i>		1	[MO][MNT]
<i>diltiazem er 120 mg capsule, -240 mg capsule, -hcl er 240 mg cap, -hcl er 300 mg cap</i>		1	[MO][MNT]
<i>diltzac er 360 mg capsule</i>		1	[MO][MNT]
<i>nicardipine 25 mg/10 ml ampule</i>		1	[MO]
<i>nifedipine er 90mg tablet</i>		1	
<i>verapamil 2.5 mg/ml syringe, -2.5 mg/ml vial</i>		1	[MO]
<i>verapamil hcl capsule sustained action</i>		1	[MO][MNT]

### CARDIAC GLYCOSIDES

<i>digoxin 0.25 mg/ml syringe</i>		1	[MO]
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### HMG-COA REDUCTASE INHIBITORS

<i>amlodipine-atorvastatin</i>		1	[MO][MNT]
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### HYPOLIPOPROTEINEMICS

<i>cholestyramine</i>		1	[MO][MNT]
<i>cholestyramine light powder</i>		1	[MO][MNT]
<i>colestipol hcl packet</i>		1	[MO][MNT]
<i>prevalite packet</i>		1	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
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### LOOP DIURETICS

<i>furosemide 10 mg/ml syringe</i>		1	[MO]
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### NITRATES

<i>isoditrate</i>		1	[MO][MNT]
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### OTHER ANTIARRHYTHMICS

<i>sotalol af</i>		1	[MO][MNT]
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### OTHER ANTIHYPERTENSIVES

<i>valsartan-hydrochlorothiazide</i>		1	[MO][MNT]
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## CENTRAL NERVOUS SYSTEM

### ANTIANKXIETY

<i>buspirone hcl tablet</i>		1	[MO][MNT]
<i>fluvoxamine maleate 100 mg tab</i>		1	[MO][MNT]
<i>fluvoxamine maleate 25 mg tab, -50 mg tab</i>		1	[MO][MNT][QLL, 45/30]
<i>meprobamate</i>		1	

### ANTICONVULSANTS

BANZEL	<i>rufinamide</i>	3	[MO][MNT][PAN]
<i>carbamazepine capsule sustained action, -chew tab, -oral susp, -tablet</i>		1	[MO][MNT]
<i>carbamazepine xr</i>		1	[MO][MNT]
CARBATROL [G]	<i>carbamazepine</i>	2	[MO][MNT]
CELONTIN	<i>methsuximide</i>	2	[MO][MNT]
DILANTIN 100 MG CAPSULE [G]	<i>phenytoin sodium</i>	2	[MO][MNT]
DILANTIN 30 MG CAPSULE, -CHEW TAB	<i>phenytoin</i>	2	[MO][MNT]
DILANTIN-125 [G]	<i>phenytoin sodium</i>	2	[MO][MNT]
<i>divalproex sodium</i>		1	[MO][MNT]
<i>divalproex sodium er</i>		1	[MO][MNT]
<i>epitol</i>		1	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
<i>ethosuximide capsule, -syrup</i>		1	[MO][MNT]
<i>felbamate</i>		1	[MO][MNT]
FELBATOL [G]	<i>felbamate</i>	3	[MO][MNT]
<i>fosphenytoin 100 mg pe/2 ml v1</i>		1	
<i>fosphenytoin 500 mg pe/10 ml</i>		1	[MO]
<i>gabapentin 100 mg capsule</i>		1	[MO][MNT][QLL, 1080/30]
<i>gabapentin 300 mg capsule</i>		1	[MO][MNT][QLL, 360/30]
<i>gabapentin 400 mg capsule</i>		1	[MO][MNT][QLL, 270/30]
<i>gabapentin 600 mg tablet</i>		1	[MO][MNT][QLL, 180/30]
<i>gabapentin 800 mg tablet</i>		1	[MO][MNT][QLL, 120/30]
<i>gabapentin solution</i>		1	[MO][MNT]
GABITRIL 12 MG TABLET, -12 MG TABLET, -16 MG TABLET, -16 MG TABLET	<i>tiagabine</i>	3	[MO][MNT]
GABITRIL 2 MG TABLET, -2 MG TABLET, -4 MG TABLET, -4 MG TABLET [G]	<i>tiagabine</i>	3	[MO][MNT]
<i>lamotrigine</i>		1	[MO][MNT]
<i>levetiracetam injection</i>		1	
<i>levetiracetam solution, -tablet, -tablet sustained action</i>		1	[MO][MNT]
LYRICA 25 MG CAPSULE, -50 MG CAPSULE, -75 MG CAPSULE, -100 MG CAPSULE, -150 MG CAPSULE, -200 MG CAPSULE, -225 MG CAPSULE	<i>pregabalin</i>	2	[MO][MNT][QLL, 120/30]
LYRICA 300 MG CAPSULE	<i>pregabalin</i>	2	[MO][MNT][QLL, 60/30]
NEURONTIN SOLUTION [G]	<i>gabapentin</i>	2	[MO][MNT][QLL, 2350/30]
<i>oxcarbazepine</i>		1	[MO][MNT]
PEGANONE	<i>ethotoin</i>	2	[MO][MNT]
<i>phenytoin 50 mg/ml ampul</i>		1	
<i>phenytoin oral susp</i>		1	[MO][MNT]
<i>phenytoin sodium extended</i>		1	[MO][MNT]
POTIGA	<i>ezogabine</i>	3	[MO][MNT]



Drug	Generic	Tier	Requirements/Limits
<i>primidone tablet</i>		1	[MO][MNT]
SABRIL	<i>vigabatrin</i>	4	[PAN]
TEGRETOL XR 100 MG TABLET	<i>carbamazepine</i>	2	[MO][MNT]
<i>topiramate sprinkle, -tablet</i>		1	[MO][MNT]
<i>valproate sodium injection</i>		1	
<i>valproic acid capsule, -syrup</i>		1	[MO][MNT]
VIMPAT INJECTION	<i>lacosamide</i>	2	[PAN]
VIMPAT SOLUTION, -TABLET	<i>lacosamide</i>	2	[MO][MNT][PAN]
<i>zonisamide</i>		1	[MO][MNT]

## ANTIDEMENTIA

ARICEPT 23 MG TABLET	<i>donepezil</i>	2	[MO][MNT][QLL, 30/30]
<i>donepezil hcl 10 mg tablet, -odt 10 mg tablet</i>		1	[MO][MNT]
<i>donepezil hcl 5 mg tablet, -odt 5 mg tablet</i>		1	[MO][MNT][QLL, 30/30]
EXELON 4.6 MG/24HR PATCH, -9.5 MG/24HR PATCH	<i>rivastigmine tartrate</i>	2	[MO][MNT][QLL, 30/30]
EXELON SOLUTION	<i>rivastigmine tartrate</i>	2	[MO][MNT][QLL, 240/30]
<i>galantamine er 16 mg capsule, -er 24 mg capsule, -tablet</i>		1	[MO][MNT]
<i>galantamine er 8 mg capsule</i>		1	[MO][MNT][QLL, 30/30]
<i>galantamine hydrobromide</i>		1	[MO][MNT]
NAMENDA 5-10 MG TITRATION PK	<i>memantine hcl</i>	2	
NAMENDA SOLUTION, -5 MG TABLET, -10 MG TABLET	<i>memantine hcl</i>	2	[MO][MNT]
<i>rivastigmine 1.5 mg capsule</i>		1	[MO][MNT][QLL, 240/30]
<i>rivastigmine 3 mg capsule</i>		1	[MO][MNT][QLL, 120/30]
<i>rivastigmine 4.5 mg capsule, -6 mg capsule</i>		1	[MO][MNT][QLL, 60/30]

## ANTIDEPRESSANTS

<i>amitriptyline hcl tablet</i>		1	[MO][MNT]
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Drug	Generic	Tier	Requirements/Limits
AMOXAPINE	<i>amoxapine</i>	2	[MO][MNT]
<i>budeprion sr</i>		1	[MO][MNT]
<i>budeprion xl</i>		1	[MO][MNT]
<i>bupropion hcl sr</i>		1	[MO][MNT]
<i>bupropion hcl tablet</i>		1	[MO][MNT]
<i>citalopram hbr 10 mg tablet, -20 mg tablet</i>		1	[MO][MNT][QLL, 45/30]
<i>citalopram hbr solution, -40 mg tablet</i>		1	[MO][MNT]
<i>clomipramine hcl capsule</i>		1	[MO][MNT]
CYMBALTA 20 MG CAPSULE, -30 MG CAPSULE	<i>duloxetine</i>	2	[MO][MNT][QLL, 30/30]
CYMBALTA 60 MG CAPSULE	<i>duloxetine</i>	2	[MO][MNT]
<i>desipramine hcl tablet</i>		1	[MO][MNT]
<i>doxepin hcl capsule, -solution</i>		1	[MO][MNT]
EMSAM	<i>selegiline</i>	2	[MO][MNT][PAN][QLL, 30/30]
<i>escitalopram oxalate solution</i>		1	[MO][MNT]
<i>escitalopram oxalate tablet</i>		1	[MO][MNT][QLL, 45/30]
<i>fluoxetine dr</i>		1	[MO][MNT]
<i>fluoxetine hcl 10 mg capsule, -20 mg capsule</i>		1	[MO][MNT][QLL, 30/30]
<i>fluoxetine hcl 10 mg tablet</i>		1	[MO][MNT][QLL, 45/30]
<i>fluoxetine hcl 40 mg capsule, -solution, -20 mg tablet</i>		1	[MO][MNT]
<i>imipramine hcl tablet</i>		1	[MO][MNT]
<i>imipramine pamoate</i>		1	[MO][MNT]
LEXAPRO 5 MG TABLET, -10 MG TABLET, -10 MG TABLET [G]	<i>escitalopram oxalate</i>	3	[MO][MNT][QLL, 45/30]
LEXAPRO SOLUTION, -20 MG TABLET, -20 MG TABLET [G]	<i>escitalopram oxalate</i>	3	[MO][MNT]
<i>maprotiline hcl</i>		1	[MO][MNT]
MARPLAN	<i>isocarboxazid</i>	2	[MO][MNT]
<i>mirtazapine 30 mg odt, -30 mg tablet, -45 mg odt, -45 mg tablet</i>		1	[MO][MNT]
<i>mirtazapine 7.5 mg tablet, -15 mg odt, -15 mg tablet</i>		1	[MO][MNT][QLL, 45/30]
NARDIL [G]	<i>phenelzine</i>	2	[MO][MNT]
<i>nefazodone hcl</i>		1	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
<i>nortriptyline hcl capsule, - solution</i>		1	[MO][MNT]
<i>paroxetine cr 12.5 mg tablet, -cr 37.5 mg tablet, -er 37.5 mg tablet</i>		1	[MO][MNT][QLL, 30/30]
<i>paroxetine hcl 10 mg tablet, -20 mg tablet</i>		1	[MO][MNT][QLL, 45/30]
<i>paroxetine hcl oral susp, -30 mg tablet, -40 mg tablet, -cr 25 mg tablet</i>		1	[MO][MNT]
<i>phenelzine sulfate tablet</i>		1	[MO][MNT]
PRISTIQ ER 100 MG TABLET	<i>desvenlafaxine succinate</i>	3	[MO][MNT]
PRISTIQ ER 50 MG TABLET	<i>desvenlafaxine succinate</i>	3	[MO][MNT][QLL, 30/30]
<i>protriptyline hcl</i>		1	[MO][MNT]
<i>rapiflux</i>		1	[MO][MNT]
SAVELLA 12.5 MG TABLET, - 25 MG TABLET, -50 MG TABLET, -100 MG TABLET	<i>milnacipran hcl</i>	2	[MO][MNT]
SAVELLA TITRATION PACK	<i>milnacipran hcl</i>	2	
<i>selfemra</i>		1	[MO][MNT]
<i>sertraline hcl 25 mg tablet, - 50 mg tablet</i>		1	[MO][MNT][QLL, 45/30]
<i>sertraline hcl solution, -100 mg tablet</i>		1	[MO][MNT]
SURMONTIL 100 MG CAPSULE [G]	<i>trimipramine</i>	2	[MO][MNT]
<i>tranylcypromine sulfate</i>		1	[MO][MNT]
<i>trazodone hcl tablet</i>		1	[MO][MNT]
<i>trimipramine maleate capsule</i>		1	[MO][MNT]
<i>venlafaxine hcl</i>		1	[MO][MNT]
<i>venlafaxine hcl er 150 mg cap</i>		1	[MO][MNT]
<i>venlafaxine hcl er 37.5 mg cap, -75 mg cap</i>		1	[MO][MNT][QLL, 30/30]
<i>venlafaxine hcl er 37.5 mg tab, -75 mg tab, -150 mg tab [G]</i>		1	[MO][MNT]
VIIBRYD 10 MG TABLET, -20 MG TABLET, -40 MG TABLET	<i>vilazodone hydrochloride</i>	2	[MO][MNT]
VIIBRYD TITRATION PACK	<i>vilazodone hydrochloride</i>	2	

Drug	Generic	Tier	Requirements/Limits
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### ANTIPARKINSONIAN AGENTS

<i>amantadine</i>		1	[MO][MNT]
APOKYN	<i>apomorphine hcl</i>	4	[MO][MNT]
AZILECT	<i>rasagiline mesylate</i>	2	[MO][MNT]
<i>benztropine 2 mg/2 ml vial</i>		1	
<i>benztropine mesylate tablet</i>		1	[MO][MNT]
<i>bromocriptine mesylate capsule, -tablet</i>		1	[MO][MNT]
<i>carbidopa-levodopa</i>		1	[MO][MNT]
COMTAN [G]	<i>entacapone</i>	2	[MO][MNT]
<i>pramipexole dihydrochloride</i>		1	[MO][MNT]
<i>ropinirole hcl</i>		1	[MO][MNT]
<i>selegiline hcl capsule, -tablet</i>		1	[MO][MNT]
STALEVO 100 [G]	<i>carbidopa/levodopa/entacap</i>	2	[MO][MNT]
STALEVO 125	<i>carbidopa/levodopa/entacap</i>	2	[MO][MNT]
STALEVO 150 [G]	<i>carbidopa/levodopa/entacap</i>	2	[MO][MNT]
STALEVO 200	<i>carbidopa/levodopa/entacap</i>	2	[MO][MNT]
STALEVO 50	<i>carbidopa/levodopa/entacap</i>	2	[MO][MNT]
STALEVO 75	<i>carbidopa/levodopa/entacap</i>	2	[MO][MNT]
<i>trihexyphenidyl hcl</i>		1	[MO][MNT]

### ANTIPSYCHOTICS

ABILIFY 5 MG TABLET, -10 MG TABLET, -15 MG TABLET	<i>aripiprazole</i>	3	[MO][MNT][QLL, 30/30][ST]
ABILIFY DISCMELT	<i>aripiprazole</i>	3	[MO][MNT][ST]
ABILIFY INJECTION	<i>aripiprazole</i>	3	
ABILIFY SOLUTION, -2 MG TABLET, -20 MG TABLET, -30 MG TABLET	<i>aripiprazole</i>	3	[MO][MNT][ST]
CHLORPROMAZINE HCL INJECTION	<i>chlorpromazine</i>	2	
<i>chlorpromazine hcl tablet</i>		1	[MO][MNT]
<i>clozapine</i>		1	[MO][MNT]
FANAPT 1 MG TABLET, -2 MG TABLET, -4 MG TABLET, -6 MG TABLET, -8 MG TABLET, -10 MG TABLET, -12 MG TABLET	<i>iloperidone</i>	3	[MO][MNT][ST]
FANAPT TITRATION PACK	<i>iloperidone</i>	3	[ST]
FAZACLO	<i>clozapine</i>	3	[MO][MNT][PAN]
<i>fluphenazine decanoate injection</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>fluphenazine hcl elix, -tablet</i>		1	[MO][MNT]
<i>fluphenazine hcl injection, -solution</i>		1	
GEODON 20 MG CAPSULE [G]	<i>ziprasidone</i>	3	[MO][MNT][QLL, 240/30]
GEODON 40 MG CAPSULE [G]	<i>ziprasidone</i>	3	[MO][MNT][QLL, 120/30]
GEODON 60 MG CAPSULE, -80 MG CAPSULE [G]	<i>ziprasidone</i>	3	[MO][MNT][QLL, 60/30]
GEODON INJECTION	<i>ziprasidone</i>	3	
<i>haloperidol dec 50 mg/ml vial, -dec 100 mg/ml vial</i>		1	[MO][MNT]
<i>haloperidol lactate injection</i>		1	
<i>haloperidol lactate solution</i>		1	[MO][MNT]
<i>haloperidol tablet</i>		1	[MO][MNT]
INVEGA ER 1.5 MG TABLET, -ER 3 MG TABLET	<i>paliperidone</i>	3	[MO][MNT][QLL, 30/30][ST]
INVEGA ER 6 MG TABLET, -ER 9 MG TABLET	<i>paliperidone</i>	3	[MO][MNT][ST]
INVEGA SUSTENNA 117 MG PREF SY, -156 MG PREF SY, -234 MG PREF SY	<i>paliperidone</i>	4	[MO][MNT][PAN]
INVEGA SUSTENNA 39 MG PREF SYR, -78 MG PREF SYR	<i>paliperidone</i>	3	[MO][MNT][PAN]
LATUDA	<i>lurasidone hcl</i>	3	[MO][MNT][ST]
<i>loxapine</i>		1	[MO][MNT]
OLANZAPINE INJECTION	<i>olanzapine</i>	3	[PAB]
<i>olanzapine odt</i>		1	[MO][MNT][QLL, 30/30]
<i>olanzapine tablet</i>		1	[MO][MNT][QLL, 30/30]
<i>olanzapine-fluoxetine hcl</i>		1	[MO][MNT]
ORAP	<i>pimozide</i>	2	[MO][MNT]
<i>perphenazine</i>		1	[MO][MNT]
<i>quetiapine fumarate</i>		1	[MO][MNT]
RISPERDAL CONSTA 12.5 MG SYR, -25 MG SYR	<i>risperidone</i>	2	[MO][MNT][PAN][QLL, 2/30]
RISPERDAL CONSTA 37.5 MG SYR, -50 MG SYR	<i>risperidone</i>	4	[MO][MNT][PAN][QLL, 2/30]
<i>risperidone 0.25 mg odt, -0.5 mg odt</i>		1	[MO][MNT][QLL, 90/30]
<i>risperidone 0.25 mg tablet, -0.5 mg tablet</i>		1	[MO][MNT][QLL, 90/30]
<i>risperidone 1 mg odt, -2 mg odt, -3 mg odt</i>		1	[MO][MNT][QLL, 60/30]

Drug	Generic	Tier	Requirements/Limits
<i>risperidone 1 mg tablet, -2 mg tablet, -3 mg tablet</i>		1	[MO][MNT][QLL, 60/30]
<i>risperidone 4 mg odt</i>		1	[MO][MNT]
<i>risperidone solution, -4 mg tablet</i>		1	[MO][MNT]
SAPHRIS	<i>asenapine</i>	3	[MO][MNT][ST]
SEROQUEL 100 MG TABLET [G]	<i>quetiapine fumarate</i>	2	[MO][MNT][QLL, 240/30]
SEROQUEL 200 MG TABLET [G]	<i>quetiapine fumarate</i>	2	[MO][MNT][QLL, 120/30]
SEROQUEL 25 MG TABLET [G]	<i>quetiapine fumarate</i>	2	[MO][MNT][QLL, 960/30]
SEROQUEL 300 MG TABLET, -400 MG TABLET [G]	<i>quetiapine fumarate</i>	2	[MO][MNT][QLL, 60/30]
SEROQUEL 50 MG TABLET [G]	<i>quetiapine fumarate</i>	2	[MO][MNT][QLL, 480/30]
SEROQUEL XR	<i>quetiapine fumarate</i>	2	[MO][MNT]
<i>thioridazine hcl</i>		1	[MO][MNT][PAN]
<i>thiothixene</i>		1	[MO][MNT]
<i>trifluoperazine hcl</i>		1	[MO][MNT]
<i>ziprasidone hcl</i>		1	[MO][MNT][QLL, 60/30]
ZYPREXA 10 MG TABLET, -15 MG TABLET, -20 MG TABLET [G]	<i>olanzapine</i>	3	[MO][MNT]
ZYPREXA 2.5 MG TABLET, -5 MG TABLET, -7.5 MG TABLET [G]	<i>olanzapine</i>	3	[MO][MNT][QLL, 30/30]
ZYPREXA INJECTION [G]	<i>olanzapine</i>	3	
ZYPREXA ZYDIS 10 MG TABLET, -15 MG TABLET, -20 MG TABLET [G]	<i>olanzapine</i>	3	[MO][MNT]
ZYPREXA ZYDIS 5 MG TABLET [G]	<i>olanzapine</i>	3	[MO][MNT][QLL, 30/30]

### ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine salt combo</i>		1	[MO][MNT][PA]
<i>dexmethylphenidate hcl</i>		1	[MO][MNT]
<i>dextroamphetamine sulfate capsule sustained action, -tablet</i>		1	[MO][MNT][PA]
<i>dextroamphetamine-amphetamine</i>		1	[MO][MNT]
<i>metadate er</i>		1	[MO][MNT][PA]

Drug	Generic	Tier	Requirements/Limits
<i>methamphetamine hcl</i>		1	
<i>methylin 5 mg tablet, -10 mg tablet, -20 mg tablet</i>		1	[MO][MNT][PA]
<i>methylin er</i>		1	[MO][MNT]
<i>methylphenidate er capsule sustained action</i>		1	[MO][MNT]
<i>methylphenidate hcl solution</i>		1	[MO][MNT]
<i>methylphenidate hcl tablet</i>		1	[MO][MNT][PA]
<i>methylphenidate sr</i>		1	[MO][MNT][PA]
STRATTERA	<i>atomoxetine</i>	2	[MO][MNT]

## HYPNOTICS

LUNESTA	<i>eszopiclone</i>	3	
<i>zaleplon</i>		1	[QLL, 30/30]
<i>zolpidem tartrate</i>		1	[QLL, 30/30]
<i>zolpidem tartrate er</i>		1	

## MIGRAINE

<i>dihydroergotamine 1 mg/ml am</i>		1	
<i>dihydroergotamine 1 mg/ml v/</i>		1	[MO]
<i>ergoloid mesylates tablet</i>		1	[MO][MNT]
<i>ergotamine-caffeine</i>		1	
MAXALT	<i>rizatriptan benzoate</i>	2	[QLL, 12/30]
MAXALT MLT	<i>rizatriptan benzoate</i>	2	[QLL, 12/30]
MIGERGOT	<i>ergotamine tartrate/caffeine</i>	2	
<i>naratriptan hcl</i>		1	
<i>sumatriptan 4 mg/0.5 ml vial</i>		1	[QLL, 10/30]
<i>sumatriptan 6 mg/0.5 ml inject</i>		1	[MO][QLL, 10/30]
<i>sumatriptan 6 mg/0.5 ml vial</i>		1	[QLL, 10 vials/30]
<i>sumatriptan succinate tablet</i>		1	[QLL, 9/30]

## MISCELLANEOUS

GUANIDINE HCL	<i>guanidine</i>	2	
LITHIUM	<i>lithium citrate</i>	2	[MO][MNT]
<i>lithium carbonate capsule, -tablet, -tablet sustained action</i>		1	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
MESTINON SYRUP, -TABLET SUSTAINED ACTION	<i>pyridostigmine</i>	2	[MO][MNT]
NUEDEXTA	<i>dextromethorphan/quinidine</i>	3	[PA]
<i>pyridostigmine bromide tablet</i>		1	[MO][MNT]
REGONOL	<i>pyridostigmine</i>	2	
RILUTEK	<i>riluzole</i>	4	[MO][MNT]
XENAZINE	<i>tetrabenazine</i>	4	[MO][MNT][PA]

### MULTIPLE SCLEROSIS AGENTS

AMPYRA	<i>dalfampridine</i>	4	[MO][MNT][PA]
AVONEX	<i>interferon beta-1a</i>	4	[MO][MNT][PAN][QLL, 2 kits/28]
AVONEX ADMINISTRATION PACK	<i>interferon beta-1a</i>	4	[MO][MNT][PAN][QLL, 2 kits/28]
COPAXONE	<i>glatiramer acetate</i>	4	[MO][MNT][PAN][QLL, 30 ml/30]
EXTAVIA	<i>interferon beta-1b</i>	4	[MO][MNT][PAN][QLL, 14 trays/28]
GILENYA	<i>fingolimod hydrochloride</i>	4	[MO][MNT][PAN]
REBIF 22 MCG/0.5 ML SYRINGE, -44 MCG/0.5 ML SYRINGE	<i>interferon beta-1a/albumin</i>	4	[MO][MNT][PAN][QLL, 6 ml/28]
REBIF TITRATION PACK	<i>interferon beta-1a/albumin</i>	4	[MO][MNT][PAN][QLL, 6 syringes/28]

### MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen tablet</i>		1	[MO][MNT]
<i>carisoprodol 350 mg tablet</i>		1	[PA][QLL, 120/30]
<i>chlorzoxazone</i>		1	[PA]
<i>cyclobenzaprine 7.5 mg tablet</i>		1	[MO][PA]
<i>cyclobenzaprine hcl capsule sustained action, -5 mg tablet, -5 mg tablet, -10 mg tablet</i>		1	[PA]
<i>dantrolene sodium capsule</i>		1	[MO][MNT]
<i>metaxalone</i>		1	[PA]
<i>methocarbamol tablet</i>		1	[PA]
<i>orphenadrine 30 mg/ml vial, -60 mg/2 ml vial</i>		1	



Drug	Generic	Tier	Requirements/Limits
<i>orphenadrine citrate tablet sustained action</i>		1	[PA]
<i>orphenadrine compound</i>		1	[PA]
<i>orphenadrine compound forte</i>		1	[PA]
ROBAXIN INJECTION	<i>methocarbamol</i>	2	
<i>tizanidine hcl capsule, -tablet</i>		1	[MO][MNT]

## NARCOLEPSY/CATAPLEXY

<i>modafinil</i>		1	[MO][MNT]
NUVIGIL	<i>armodafinil</i>	2	[MO][MNT][PA]
PROVIGIL [G]	<i>modafinil</i>	3	[MO][MNT]
XYREM [LA]	<i>sodium oxybate</i>	4	[PA]

## PSYCHOTHERAPEUTIC-MISCELLANEOUS

ANTABUSE [G]	<i>disulfiram</i>	2	[MO][MNT]
<i>buprenorphine hcl tab, sl</i>		1	
<i>buproban</i>		1	
CAMPRAL	<i>acamprosate calcium</i>	2	[PA]
CHANTIX	<i>varenicline tartrate</i>	3	[PA]
<i>depade</i>		1	
<i>disulfiram tablet</i>		1	[MO][MNT]
<i>naloxone 0.4 mg/ml syringe, -1 mg/ml syringe, -2 mg/2 ml syringe</i>		1	
<i>naltrexone hcl tablet</i>		1	
NICOTROL	<i>nicotine inhaler</i>	3	[PA]
NICOTROL NS	<i>nicotine ns</i>	3	[PA]
<i>perphenazine-amitriptyline</i>		1	[MO][MNT]
SUBOXONE ORALLY DISSOLVING STRIPS	<i>buprenorphine/naloxone</i>	2	

## DERMATOLOGICAL MEDICATIONS

### ANTIACNE DRUGS

<i>clinda-benzoyl perox 1-5% gel</i>		1	
<i>clindacin p</i>		1	[MO]
<i>clindamycin phos-benzoyl perox</i>		1	
<i>erythromycin swabs, applicators</i>		1	[MO]

Drug	Generic	Tier	Requirements/Limits
<i>vitazol</i>		1	[MO]

## ORAL DERMATOLOGICAL DRUGS

<i>myorisan</i>		1	
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## TOPICAL CORTICOSTEROID DRUGS

<i>betamethasone dipropionate gel</i>		1	
<i>clobetasol propionate cream</i>		1	
<i>cormax</i>		1	[MO]
<i>desoximetasone 0.05% ointment</i>		1	
<i>fluocinonide cream</i>		1	
<i>trianex</i>		1	[MO]

## TOPICAL DERMATOLOGICAL DRUGS

<i>urea 40% cream, -45% cream, -40% gel, -40% lotion</i>		1	
ZYCLARA 2.5% CREAM PUMP	<i>imiquimod</i>	2	

## EAR-NOSE-THROAT MEDICATIONS

### DRUGS AFFECTING THE NOSE

<i>flunisolide 29 mcg-0.025% spr</i>		1	[MO][MNT]
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## ENDOCRINE AND METABOLIC

### ANDROGENS

ANADROL-50	<i>oxymetholone</i>	4	[PA]
ANDRODERM	<i>testosterone</i>	2	[MO][MNT][PA][QLL, 30/30]
ANDROGEL	<i>testosterone</i>	3	[MO][MNT]
ANDROXY	<i>fluoxymesterone</i>	2	[MO][MNT][PA]
<i>oxandrolone 10 mg tablet</i>		4	[MO][MNT][PA]
<i>oxandrolone 2.5 mg tablet</i>		1	[MO][MNT][PA]
TESTIM	<i>testosterone</i>	3	[MO][MNT][PA][QLL, 300/30]

Drug	Generic	Tier	Requirements/Limits
<i>testosterone cyp 100 mg/ml</i>		1	
<i>testosterone cyp 200 mg/ml</i>		1	[MO]
<i>testosterone enanthate injection</i>		1	

**ANTIDIABETICS, INJECTABLE**

AIMSCO INS SYR 1 ML 29GX1/2, -AIMSCO SYRING 0.3 ML 31GX5/16, -BD INSULIN SYR 0.5 ML 30GX1/2, -BD INSULIN SYR 1 ML 31GX5/16, -FIFTY50 INS SYR 1 ML 31GX5/16, - FIFTY50 INSULIN SYRINGE 0.3 ML, -INS SYR 0.5 ML 30GX5/16, -INS SYR 1 ML 29GX1/2, -INS SYR 1 ML 31GX5/16, -INS SYRIN 1 ML 29GX1/2, -INSUL SYR 0.3 ML 31GX5/16, -INSUL SYR 0.5 ML 30GX1/2, -1 ML SYRINGE, -SYR 1 ML 29GX1/2, -SYR 1 ML 31GX5/16, -SYRIN 0.3 ML 31GX5/16, -SYRIN 0.5 ML 30GX1/2, -SYRIN 0.5 ML 30GX5/16, -SYRIN 1 ML 29GX1/2, -0.5 ML, -1 ML, -1 ML 29GX1/2, -1 ML 31GX5/16, -KINRAY INS SYR 1 ML 31GX5/16, -KINRAY SYRING 0.3 ML 31GX5/16, - PREF PLUS SYRING 1 ML 29GX1/2, -RELI-ON INSULIN 1 ML SYR, -RELION INS SYR 1 ML 29GX1/2, -RELION INS SYR 1 ML 31GX5/16, - RELION SYRING 0.3 ML 31GX5/16, -SURE-JECT INSULIN SYR 0.3 ML, - SYRING 0.3 ML 31GX5/16, - SYRINGE 1/2 ML, -U100 INS SYR 1 ML 29GX1/2, - ULTCARE INS SYR 1 ML 31GX5/16, -ULTICARE INS		2	[MO][MNT]
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Drug	Generic	Tier	Requirements/Limits
SYR 1 ML 29GX1/2, - ULTICARE SYR 0.3 ML 31GX5/16, -VH INS SYR 1 ML 29GX1/2, -WD MEDIC SYR 1 ML 29GX1/2			
ALCOHOL SWABS		2	
APIDRA		2	[MO][MNT]
APIDRA SOLOSTAR		2	[MO][MNT]
BYETTA 10 MCG DOSE PEN INJ	<i>exenatide</i>	2	[MO][MNT][QLL, 2.4 ml/30]
BYETTA 5 MCG DOSE PEN INJ	<i>exenatide</i>	2	[MO][MNT][QLL, 1.2 ml/30]
HUMALOG 100 UNITS/ML KWIKPEN, -100 UNITS/ML VIAL		2	[MO][MNT]
HUMALOG MIX 50-50		2	[MO][MNT]
HUMALOG MIX 75-25		2	[MO][MNT]
HUMULIN 70-30 PEN, -VIAL, -RELION HUMULIN 70-30 VIAL		2	[MO][MNT]
HUMULIN N 100 UNITS/ML PEN, -100 UNITS/ML VIAL, - RELION HUMULIN N 100 UNIT/ML		2	[MO][MNT]
HUMULIN R 100 UNITS/ML VIAL, -RELION HUMULIN R 100 UNIT/ML, -500 UNITS/ML VIAL		2	[MO][MNT]
INSULIN SYRINGE 0.5 ML, - INSULIN SYRINGE 1 ML		2	[MO][MNT]
LANTUS		2	[MO][MNT]
LANTUS SOLOSTAR		2	[MO][MNT]
LEVEMIR		2	[MO][MNT]
NOVOLIN 70-30 INJECTION, -VIAL		2	[MO][MNT]
NOVOLIN N		2	[MO][MNT]
NOVOLIN R INJECTION		2	[MO][MNT]
NOVOLOG 100 UNIT/ML VIAL, -FLEXPEN SYRINGE		2	[MO][MNT]
NOVOLOG MIX 70-30		2	[MO][MNT]
SYMLIN	<i>pramlintide acetate</i>	2	[MO][MNT][PA]
SYMLINPEN 120	<i>pramlintide acetate</i>	2	[MO][MNT][PA]
SYMLINPEN 60	<i>pramlintide acetate</i>	2	[MO][MNT][PA]
VICTOZA 3-PAK	<i>liraglutide</i>	2	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
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**ANTIDIABETICS, ORAL**

<i>acarbose</i>		1	[MO][MNT]
ACTOPLUS MET [G]	<i>pioglitazone hcl/metformin hc</i>	2	[MO][MNT][QLL, 90/30]
ACTOPLUS MET XR	<i>pioglitazone hcl/metformin hc</i>	2	[MO][MNT]
ACTOS 15 MG TABLET [G]	<i>pioglitazone hcl</i>	2	[MO][MNT][QLL, 90/30]
ACTOS 30 MG TABLET [G]	<i>pioglitazone hcl</i>	2	[MO][MNT][QLL, 45/30]
ACTOS 45 MG TABLET [G]	<i>pioglitazone hcl</i>	2	[MO][MNT][QLL, 30/30]
DUETACT	<i>pioglitazone/glimepiride</i>	2	[MO][MNT][QLL, 30/30]
<i>glimepiride 1 mg tablet</i>		1	[MO][MNT][QLL, 240/30]
<i>glimepiride 2 mg tablet</i>		1	[MO][MNT][QLL, 120/30]
<i>glimepiride 4 mg tablet</i>		1	[MO][MNT][QLL, 60/30]
<i>glipizide 10 mg tablet</i>		1	[MO][MNT][QLL, 120/30]
<i>glipizide 5 mg tablet</i>		1	[MO][MNT][QLL, 240/30]
<i>glipizide er 10 mg tablet</i>		1	[MO][MNT][QLL, 60/30]
<i>glipizide er 2.5 mg tablet</i>		1	[MO][MNT][QLL, 240/30]
<i>glipizide er 5 mg tablet</i>		1	[MO][MNT][QLL, 120/30]
<i>glipizide xl 10 mg tablet</i>		1	[MO][MNT][QLL, 60/30]
<i>glipizide xl 5 mg tablet</i>		1	[MO][MNT][QLL, 120/30]
<i>glipizide-metformin</i>		1	[MO][MNT]
<i>glyburide 1.25 mg tablet</i>		1	[MO][MNT][QLL, 480/30]
<i>glyburide 2.5 mg tablet</i>		1	[MO][MNT][QLL, 240/30]
<i>glyburide 5 mg tablet</i>		1	[MO][MNT][QLL, 120/30]
<i>glyburide micro 1.5 mg tab</i>		1	[MO][MNT][QLL, 240/30]
<i>glyburide micro 3 mg tablet</i>		1	[MO][MNT][QLL, 120/30]

Drug	Generic	Tier	Requirements/Limits
<i>glyburide micro 6 mg tablet</i>		1	[MO][MNT][QLL, 60/30]
<i>glyburide-metformin hcl</i>		1	[MO][MNT]
<i>glycron 1.5 mg tablet</i>		1	[MO][MNT][QLL, 240/30]
<i>glycron 3 mg tablet</i>		1	[MO][MNT][QLL, 120/30]
<i>glycron 4.5 mg tablet</i>		1	[MO][MNT]
<i>glycron 6 mg tablet</i>		1	[MO][MNT][QLL, 60/30]
JANUMET	<i>sitagliptin phos/metformin hcl</i>	2	[MO][MNT]
JANUMET XR	<i>sitagliptin phos/metformin hcl</i>	2	[MO][MNT][QLL, 68/30]
JANUVIA 100 MG TABLET	<i>sitagliptin phosphate</i>	2	[MO][MNT]
JANUVIA 25 MG TABLET, -50 MG TABLET	<i>sitagliptin phosphate</i>	2	[MO][MNT][QLL, 30/30]
KOMBIGLYZE XR	<i>saxagliptin hcl/metformin hcl</i>	2	[MO][MNT]
<i>metformin hcl 500 mg tablet</i>		1	[MO][MNT][QLL, 150/30]
<i>metformin hcl 850 mg tablet, -1,000 mg tablet</i>		1	[MO][MNT][QLL, 90/30]
<i>metformin hcl er 500 mg tab</i>		1	[MO][MNT][QLL, 120/30]
<i>metformin hcl er 750 mg tablet</i>		1	[MO][MNT][QLL, 90/30]
<i>nateglinide</i>		1	[MO][MNT]
ONGLYZA 2.5 MG TABLET	<i>saxagliptin hydrochloride</i>	2	[MO][MNT][QLL, 30/30]
ONGLYZA 5 MG TABLET	<i>saxagliptin hydrochloride</i>	2	[MO][MNT]
<i>pioglitazone-metformin</i>		1	[MO][MNT][QLL, 90/30]
PRANDIN	<i>repaglinide</i>	2	[MO][MNT]
<i>tolazamide</i>		1	[MO][MNT]
<i>tolbutamide</i>		1	[MO][MNT]

## BISPHOSPHONATES

ACTONEL 30 MG TABLET	<i>risedronate</i>	2	
ACTONEL 5 MG TABLET, -35 MG TABLET, -150 MG TABLET	<i>risedronate</i>	2	[MO][MNT]
<i>alendronate sodium 35 mg tab, -70 mg tab</i>		1	[MO][MNT][QLL, 4/30]

Drug	Generic	Tier	Requirements/Limits
<i>alendronate sodium 5 mg tablet, -10 mg tab, -40 mg tab</i>		1	[MO][MNT]
<i>etidronate disodium</i>		1	[MO][MNT]
<i>ibandronate sodium</i>		1	[MNT][QLL, 1/30]
<i>pamidronate 30 mg/10 ml vial, -60 mg/10 ml vial, -90 mg/10 ml vial</i>		1	
PROLIA	<i>denosumab</i>	3	[MO][MNT]
RECLAST	<i>zoledronic acid</i>	3	[MO][MNT]
ZOMETA 4 MG/100 ML INJECTION	<i>zoledronic acid</i>	4	[MO][MNT][PAB]
ZOMETA 4 MG/5 ML VIAL	<i>zoledronic acid</i>	4	[PAB]

## CALCITONINS

<i>calcitonin-salmon</i>		1	[MO][MNT]
<i>fortical</i>		1	[MO][MNT]
MIACALCIN INJECTION	<i>calcitonin</i>	2	[PAB]

## CALCIUM RECEPTOR ANTAGONISTS

SENSIPAR 30 MG TABLET	<i>cinacalcet hcl</i>	2	[MO][MNT]
SENSIPAR 60 MG TABLET, - 90 MG TABLET	<i>cinacalcet hcl</i>	4	[MO][MNT]

## CHELATING AGENTS

EXJADE 125 MG TABLET	<i>deferasirox</i>	2	[MO][MNT][PA]
EXJADE 250 MG TABLET, - 500 MG TABLET	<i>deferasirox</i>	4	[MO][MNT][PA]
<i>kionex powder</i>		1	
<i>sodium polystyrene sulfonate</i>		1	
SYPRINE	<i>trientine</i>	2	

## CONTRACEPTIVES

<i>amethia</i>		1	[MO][MNT]
<i>amethyst</i>		1	[MO][MNT]
<i>apri</i>		1	[MO][MNT]
<i>aranelle</i>		1	[MO][MNT]
<i>aviane</i>		1	[MO][MNT]
<i>balziva</i>		1	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
<i>briellyn</i>		1	[MO][MNT]
<i>camila</i>		1	[MO][MNT]
<i>cesia</i>		1	[MO][MNT]
<i>cryselle</i>		1	[MO][MNT]
<i>cyclafem</i>		1	[MO][MNT]
<i>emoquette</i>		1	[MO][MNT]
<i>enpresse</i>		1	[MO][MNT]
<i>errin</i>		1	[MO][MNT]
<i>gianvi</i>		1	[MO][MNT]
<i>introvale</i>		1	[MO][MNT]
<i>jinteli</i>		1	[MO][MNT]
<i>jolivette</i>		1	[MO][MNT]
<i>junel</i>		1	[MO][MNT]
<i>junel fe</i>		1	[MO][MNT]
<i>kariva</i>		1	[MO][MNT]
<i>kelnor 1-35</i>		1	[MO][MNT]
<i>leena</i>		1	[MO][MNT]
<i>lessina</i>		1	[MO][MNT]
<i>levora-28</i>		1	[MO][MNT]
<i>low-ogestrel</i>		1	[MO][MNT]
<i>lutra</i>		1	[MO][MNT]
<i>marlissa</i>		1	[MO][MNT]
<i>medroxyprogesterone acetate injection</i>		1	[MO][MNT][QLL, 1/90]
<i>microgestin</i>		1	[MO][MNT]
<i>microgestin fe</i>		1	[MO][MNT]
<i>mononessa</i>		1	[MO][MNT]
<i>necon 0.5-35-28 tablet, - 1/35-28 tablet, -7-7-7-28 tablet</i>		1	[MO][MNT]
NECON 10-11-28 TABLET	<i>norethindrone-ethin estradiol</i>	2	[MO][MNT]
<i>next choice</i>		1	
<i>nora-be</i>		1	[MO][MNT]
<i>nortrel</i>		1	[MO][MNT]
NUVARING	<i>etonogestrel/ethin estradiol</i>	2	[MO][MNT]
<i>ocella</i>		1	[MO][MNT]
<i>ogestrel</i>		1	[MO][MNT]
<i>orsythia</i>		1	[MO][MNT]
ORTHO EVRA	<i>ethinyl estradiol/norelgest</i>	2	[MO][MNT]
ORTHO TRI-CYCLEN LO	<i>norgestimate-ethinyl estradiol</i>	2	[MO][MNT]
<i>portia</i>		1	[MO][MNT]
<i>previfem</i>		1	[MO][MNT]
<i>quasense</i>		1	[MO][MNT]



Drug	Generic	Tier	Requirements/Limits
<i>reclipsen</i>		1	[MO][MNT]
<i>solia</i>		1	[MO][MNT]
<i>sprintec</i>		1	[MO][MNT]
<i>sronyx</i>		1	[MO][MNT]
<i>tri-legest fe</i>		1	[MO][MNT]
<i>trinessa</i>		1	[MO][MNT]
<i>tri-previfem</i>		1	[MO][MNT]
<i>tri-sprintec</i>		1	[MO][MNT]
<i>trivora-28</i>		1	[MO][MNT]
<i>velivet</i>		1	[MO][MNT]
<i>vestura</i>		1	[MO][MNT]
<i>zeosa</i>		1	[MO][MNT]
<i>zovia 1-35e</i>		1	[MO][MNT]
<i>zovia 1-50e</i>		1	[MO][MNT]

## ENDOMETRIOSIS

<i>danazol capsule</i>		1	
SYNAREL	<i>nafarelin</i>	2	

## ENZYME REPLACEMENTS

ADAGEN	<i>pegademase bovine</i>	4	[PA]
ALDURAZYME	<i>laronidase</i>	4	[PA]
BUPHENYL TABLET	<i>sodium phenylbutyrate</i>	4	
CEREZYME 200 UNITS VIAL	<i>imiglucerase</i>	4	[MO][MNT][PA]
CYSTADANE	<i>betaine hcl</i>	4	
CYSTAGON	<i>cysteamine</i>	2	[MO][MNT]
ELAPRASE	<i>idursulfase</i>	4	[MO][MNT][PA]
<i>eliphos</i>		1	[MO][MNT]
FABRAZYME 35 MG VIAL	<i>agalsidase</i>	4	[PA]
KUVAN	<i>sapropterin dihydrochloride</i>	4	[MO][MNT][PA]
<i>levocarnitine injection</i>		1	
<i>levocarnitine solution, -tablet</i>		1	[MO][MNT][PAB]
MYOZYME	<i>alglucosidase alfa</i>	4	[MO][MNT][PA]
NAGLAZYME	<i>galsulfase</i>	4	[MO][MNT][PA]
ORFADIN	<i>nitisinone</i>	4	[MO][MNT][PA]
VPRIV	<i>velaglucerase alfa</i>	4	[MO][MNT][PA]
ZAVESCA	<i>miglustat</i>	4	[MO][MNT][PA]

## ESTROGENS

COMBIPATCH	<i>estradiol/noreth ac</i>	2	[MO][MNT]
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Drug	Generic	Tier	Requirements/Limits
ESTRACE	<i>estradiol</i>	3	[MO][MNT]
ESTRADERM	<i>estradiol</i>	2	[MO][MNT]
<i>estradiol adh. patch, -tablet</i>		1	[MO][MNT]
<i>estradiol valerate injection</i>		1	
<i>estradiol-noreth 1-0.5 mg tab</i>		1	[MO][MNT]
<i>estropipate</i>		1	[MO][MNT][PA]
MENEST	<i>estrogens, esterified</i>	3	[MO][MNT]
<i>ortho-est</i>		1	[MO][MNT][PA]
PREMARIN INJECTION	<i>estrogens, conjugated</i>	3	
PREMARIN TABLET	<i>estrogens, conjugated</i>	2	[MO][MNT]
PREMARIN VAGINAL PRODUCTS	<i>estrogens, conjugated</i>	3	[MO][MNT]
PREMPRO	<i>estrogen/medroxyprogesterone</i>	3	[MO][MNT]
VAGIFEM	<i>estradiol</i>	3	[MO][MNT]
VIVELLE-DOT	<i>estradiol</i>	2	[MO][MNT]

## GLUCOCORTICOIDS

<i>a-hydrocort</i>		1	
<i>a-methapred 40 mg univial, -125 mg vial</i>		1	
<i>a-methapred 40 mg vial</i>		1	[MO]
<i>cortisone acetate tablet</i>		1	
<i>dexamethasone 0.5 mg/5 ml elx, -tablet</i>		1	
<i>dexamethasone 120 mg/30 ml vl, -20 mg/5 ml vial, -4 mg/ml vial</i>		1	
DEXAMETHASONE INTENSOL	<i>dexamethasone</i>	2	
<i>fludrocortisone acetate tablet</i>		1	[MO][MNT]
<i>hydrocortisone tablet</i>		1	[MO][MNT]
<i>methylprednisolone 40 mg vial, -125 mg vial, -ss 1 gm vl</i>		1	
<i>methylprednisolone acetate injection</i>		1	
<i>methylprednisolone tab(in convenience package), -tablet</i>		1	
<i>prednisolone 15 mg/5 ml soln</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>prednisolone 5 mg/5 ml soln, -6.7 mg/5 ml soln, -15 mg/5 ml soln</i>		1	
PREDNISONE INTENSOL	<i>prednisone</i>	2	
<i>prednisone solution, -tab(in convenience package), -tablet</i>		1	
RAYOS	<i>prednisone</i>	3	[PA]
SOLU-CORTEF 100 MG VIAL [G]	<i>hydrocortisone sod succinate</i>	2	
SOLU-CORTEF 250 MG VIAL	<i>hydrocortisone sod succinate</i>	2	
<i>veripred 20</i>		1	

### GLUCOSE ELEVATING AGENTS

GLUCAGEN 1 MG HYPOKIT	<i>glucagon, human recombinant</i>	2	
GLUCAGON EMERGENCY KIT	<i>glucagon, human recombinant</i>	2	
PROGLYCEM	<i>diazoxide</i>	2	[MO][MNT]

### HUMAN GROWTH HORMONES

NORDITROPIN FLEXPRO	<i>somatropin</i>	4	[MO][MNT][PA]
NORDITROPIN NORDIFLEX	<i>somatropin</i>	4	[MO][MNT][PA]

### MISCELLANEOUS

<i>cabergoline</i>		1	[MO][MNT]
<i>chorionic gonadotropin injection</i>		1	[PA]
<i>fomepizole</i>		1	
INCRELEX	<i>mecasermin</i>	4	[PA]
<i>methylergonovine maleate tablet</i>		1	
<i>novarel</i>		1	[PA]
<i>octreotide acet 50 mcg/ml amp, -acet 100 mcg/ml amp, -acet 200 mcg/ml vl</i>		2	[MO][MNT][PA]
<i>octreotide acet 500 mcg/ml amp, -1,000 mcg/ml vial</i>		4	[MO][MNT][PA]
<i>pregnyl [G]</i>		1	[PA]
SANDOSTATIN LAR	<i>octreotide</i>	4	[MO][MNT][PA]
SOMATULINE DEPOT	<i>lanreotide acetate</i>	4	[MO][MNT][PA]
SOMAVERT	<i>pegvisomant</i>	4	[MO][MNT][PA]

Drug	Generic	Tier	Requirements/Limits
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### PARATHYROID HORMONES

FORTEO	<i>teriparatide</i>	4	[MO][MNT]
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### PHOSPHATE BINDER AGENTS

<i>calcium acetate capsule, - tablet</i>		1	[MO][MNT]
FOSRENOL	<i>lanthanum carbonate</i>	2	[MO][MNT]
PHOSLO [G]	<i>calcium acetate</i>	2	[MO][MNT]
RENAGEL	<i>sevelamer</i>	2	[MO][MNT]
REVELA	<i>sevelamer carbonate</i>	2	[MO][MNT]

### PROGESTINS

<i>medroxyprogesterone acetate tablet</i>		1	[MO][MNT]
<i>norethindrone acetate tablet</i>		1	[MO][MNT]
<i>progesterone capsule</i>		1	[MO][MNT]
PROMETRIUM [G]	<i>progesterone</i>	3	[MO][MNT]

### SELECTIVE ESTROGEN RECEPTOR MODULATORS

EVISTA	<i>raloxifene</i>	2	[MO][MNT]
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### THYROID AGENTS

<i>levothroid</i>		1	[MO][MNT]
<i>levothyroxine sodium tablet</i>		1	[MO][MNT]
<i>levoxyl</i>		1	[MO][MNT]
<i>liothyronine sodium injection</i>		1	
<i>liothyronine sodium tablet</i>		1	[MO][MNT]
<i>methimazole tablet</i>		1	[MO][MNT]
<i>propylthiouracil tablet</i>		1	[MO][MNT]
SYNTHROID [G]	<i>levothyroxine</i>	2	[MO][MNT]
<i>unithroid 25 mcg tablet, -50 mcg tablet, -75 mcg tablet, -88 mcg tablet, -100 mcg tablet, -112 mcg tablet, -125 mcg tablet, -150 mcg tablet, -175 mcg tablet, -200 mcg tablet, -300 mcg tablet</i>		1	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
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### VASOPRESSINS

<i>desmopressin 0.01% solution, -0.01% spray, -tablet</i>		1	[MO][MNT]
<i>desmopressin ac 4 mcg/ml vl</i>		1	

## ENDOCRINE MEDICATIONS

### GLUCOCORTICOID DRUGS

<i>baycadron</i>		1	[MO]
<i>dexamethasone 0.5 mg/5 ml liq</i>		1	
<i>dexamethasone 10 mg/ml vial, -100 mg/10 ml vl</i>		1	[MO]
<i>methylprednisolone 500 mg vial</i>		1	[MO]

### GLUCOSE ELEVATING DRUGS

GLUCAGEN 1 MG VIAL	<i>glucagon, human recombinant</i>	2	
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### HYPOGLYCEMIC DRUGS

VICTOZA 2-PAK	<i>liraglutide</i>	2	[MO][MNT]
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### INSULIN

HUMALOG 100 UNITS/ML CARTRIDGE		2	[MO][MNT]
NOVOLIN R VIAL		2	[MO][MNT]
NOVOLOG 100 UNIT/ML CARTRIDGE		2	[MO][MNT]

### ORAL HYPOGLYCEMICS AND COMBOS

<i>glipizide xl 2.5 mg tablet</i>		1	[MO][MNT][QLL, 240/30]
<i>metformin hcl er 1,000 mg tab</i>		1	[MO][MNT]
<i>metformin hcl er 500 mg tablet</i>		1	[MO][MNT][QLL, 120/30]
<i>pioglitazone</i>		1	[MO][MNT]
<i>pioglitazone hcl</i>		1	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
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## OTHER ENDOCRINE DRUGS

CEREZYME 400 UNITS VIAL	<i>imiglucerase</i>	4	[MO][MNT][PA]
<i>desmopressin 0.1 mg/ml spray</i>		1	[MO][MNT]
<i>desmopressin ac 4 mcg/ml amp</i>		1	[MO]
<i>pamidronate disod 30 mg vial, -disod 90 mg vial</i>		1	[MO]

## THYROID SUPPLEMENTS

<i>unithroid 137 mcg tablet</i>		1	[MO][MNT]
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## GASTROINTESTINAL ANTIEMETICS

<i>compro</i>		1	
<i>dronabinol 10 mg capsule</i>		4	[PAB][QLL, 60/30]
<i>dronabinol 2.5 mg capsule, -5 mg capsule</i>		2	[PAB][QLL, 60/30]
EMEND 125 MG CAPSULE	<i>aprepitant</i>	2	[PAB][QLL, 2/30]
EMEND 40 MG CAPSULE	<i>aprepitant</i>	2	
EMEND TRIFOLD PACK, -80 MG CAPSULE	<i>aprepitant</i>	2	[PAB][QLL, 4/30]
<i>granisetron hcl 0.1 mg/ml vial, -4 mg/4 ml vial, -tablet</i>		1	[PAB]
<i>granisetron hcl 1 mg/ml vial</i>		1	[MO][PAB]
<i>granisol</i>		1	
<i>meclizine hcl tablet</i>		1	
<i>metoclopramide 5 mg/ml vial, -syrup, -tablet</i>		1	
<i>ondansetron hcl 4 mg/2 ml vial, -solution, -tablet</i>		1	[PAB]
<i>ondansetron odt</i>		1	[PAB]
<i>phenadoz</i>		1	[PA]
<i>prochlorperazine edisylate injection</i>		1	
<i>prochlorperazine maleate rectal, -tablet</i>		1	
<i>promethazine 25 mg/ml syringe, -50 mg/ml vial</i>		1	

Drug	Generic	Tier	Requirements/Limits
<i>promethazine hcl rectal, -syrup, -tablet</i>		1	[PA]
<i>promethegan 25 mg supp, -50 mg suppository</i>		1	[PA]
SANCUSO	<i>granisetron</i>	2	[PA][QLL, 2/15]
TRANSDERM-SCOP	<i>scopolamine</i>	2	[PA][QLL, 24/365]
<i>trimethobenzamide hcl capsule, -100 mg/ml</i>		1	[PA]

## ANTISPASMODICS

<i>dicyclomine hcl capsule, -syrup, -tablet</i>		1	[PA]
<i>dicyclomine hcl injection</i>		1	
<i>glycopyrrolate injection, -tablet</i>		1	
<i>methscopolamine bromide tablet</i>		1	

## H2-RECEPTOR ANTAGONISTS

<i>cimetidine injection</i>		1	
<i>cimetidine solution, -tablet</i>		1	[MO][MNT]
<i>famotidine 20 mg/2 ml vial, -20 mg piggyback</i>		1	
<i>famotidine oral susp, -20 mg tablet, -40 mg tablet</i>		1	[MO][MNT]
<i>nizatidine</i>		1	[MO][MNT]
<i>ranitidine hcl 25 mg/ml vial</i>		1	
<i>ranitidine hcl capsule, -syrup, -150 mg tablet, -300 mg tablet</i>		1	[MO][MNT]

## INFLAMMATORY BOWEL DISEASE

APRISO	<i>mesalamine</i>	2	[MO][MNT]
ASACOL	<i>mesalamine</i>	3	[MO][MNT]
ASACOL HD	<i>mesalamine</i>	3	[MO][MNT]
<i>balsalazide disodium</i>		1	
<i>budesonide ec</i>		4	[MO]
CANASA	<i>mesalamine</i>	2	[MO][MNT]
CIMZIA 200 MG VIAL KIT, -200 MG/ML SYRINGE KIT	<i>certolizumab pegol</i>	4	[MO][MNT][PA]
<i>colocort</i>		1	

Drug	Generic	Tier	Requirements/Limits
ENTOCORT EC [G]	<i>budesonide</i>	4	
<i>hydrocortisone rectal</i>		1	
LIALDA	<i>mesalamine</i>	2	[MO][MNT]
<i>mesalamine rectal</i>		1	[MO][MNT]
PENTASA	<i>mesalamine</i>	2	[MO][MNT]
<i>sulfasalazine tablet</i>		1	[MO][MNT]
<i>sulfazine ec</i>		1	[MO][MNT]

## LAXATIVES

<i>constulose</i>		1	[MO][MNT]
<i>enulose</i>		1	[MO][MNT]
<i>gavilyte-c</i>		1	
<i>gavilyte-g</i>		1	
<i>gavilyte-n</i>		1	
<i>lactulose</i>		1	[MO][MNT]
MOVIPREP	<i>electrolyte solution/peg's</i>	2	
<i>polyethylene glycol 3350 packet</i>		1	
RELISTOR 12 MG/0.6 ML VIAL	<i>methylnaltrexone bromide</i>	2	
<i>trilyte with flavor packets</i>		1	

## MISCELLANEOUS

AMITIZA	<i>lubiprostone</i>	2	[MO][MNT][QLL, 60/30][ST]
CARAFATE ORAL SUSP	<i>sucralfate</i>	2	[MO][MNT]
<i>diphenoxylate-atropine</i>		1	[PA]
GASTROCROM [G]	<i>cromolyn</i>	4	
<i>loperamide 2 mg capsule</i>		1	[MO][MNT]
LOTRONEX	<i>alosetron</i>	2	[MO][MNT]
<i>misoprostol</i>		1	[MO][MNT]
<i>sucralfate tablet</i>		1	[MO][MNT]
<i>ursodiol capsule, -tablet</i>		1	[MO][MNT]
XIFAXAN 550 MG TABLET	<i>rifaximin</i>	4	[MO][MNT]

## PANCREATIC ENZYMES

CREON	<i>amylase/lipase/protease</i>	3	[MO][MNT][ST]
PANCREAZE	<i>amylase/lipase/protease</i>	2	[MO][MNT]
ZENPEP	<i>amylase/lipase/protease</i>	2	[MO][MNT]



Drug	Generic	Tier	Requirements/Limits
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### PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS

PREVPAC	<i>lansoprazole/amox tr/clarith</i>	2	[QLL, 14/365]
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### PROTON PUMP INHIBITORS

DEXILANT	<i>dexlansoprazole</i>	2	[MO][MNT]
<i>lansoprazole dr 15 mg capsule, -dr 15 mg capsule, -dr 30 mg capsule, -tablet</i>		1	[MO][MNT]
NEXIUM CAPSULE SUSTAINED ACTION, -DR 10 MG PACKET, -DR 20 MG PACKET, -DR 40 MG PACKET	<i>esomeprazole mag trihyd</i>	2	[MO][MNT]
NEXIUM I.V.	<i>esomeprazole mag trihyd</i>	2	
<i>omeprazole capsule sustained action</i>		1	[MO][MNT]
<i>omeprazole-sodium bicarbonate</i>		1	[MO][MNT]
<i>pantoprazole sodium</i>		1	[MO][MNT]

## GASTROINTESTINAL MEDICATIONS

### ANTISPASMODICS/DRUGS AFFECT GI MOTILITY

<i>metoclopramide 5 mg/ml ampul, -5 mg/ml syr</i>		1	[MO]
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### ANTIULCER DRUGS

<i>famotidine 10 mg/ml vial, -200 mg/20 ml vial, -40 mg/4 ml vial, -500 mg/50 ml vial</i>		1	[MO]
<i>ranitidine 1,000 mg/40 ml vial</i>		1	[MO]

### OTHER ANTIULCER DRUGS

<i>sucralfate oral susp</i>		1	[MO][MNT]
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### OTHER GI DRUGS

<i>mesalamine kit</i>		1	[MO][MNT]
<i>peg 3350-electrolyte</i>		1	[MO]
<i>peg-3350 and electrolytes</i>		1	[MO]

Drug	Generic	Tier	Requirements/Limits
<i>peg-3350 with flavor packs</i>		1	[MO]
RELISTOR 12 MG/0.6 ML KIT	<i>methylnaltrexone bromide</i>	4	
RELISTOR 8 MG/0.4 ML SYRINGE, -12 MG/0.6 ML SYRINGE	<i>methylnaltrexone bromide</i>	2	
<i>sulfasalazine dr</i>		1	[MO][MNT]
<i>sulfazine</i>		1	[MO][MNT]

## PROTON PUMP INHIBITORS

NEXIUM DR 2.5 MG PACKET, -DR 5 MG PACKET	<i>esomeprazole mag trihyd</i>	2	[MO][MNT]
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## GENITOURINARY

### BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i>		1	[MO][MNT]
CIALIS	<i>tadalafil</i>	3	[MO][MNT][PA]
<i>finasteride tablet</i>		1	[MO][MNT]
<i>tamsulosin hcl</i>		1	[MO][MNT]
UROXATRAL [G]	<i>alfuzosin hcl</i>	2	[MO][MNT][ST]

### MISCELLANEOUS

<i>bethanechol chloride tablet</i>		1	
ELMIRON	<i>pentosan polysulfate sodium</i>	3	
<i>neomy-polymyxin b 40 mg/ml amp</i>		1	
<i>potassium citrate tablet sustained action</i>		1	[MO][MNT]

### URINARY ANTISPASMODICS

AVODART	<i>dutasteride</i>	2	[MO][MNT]
DETROL [G]	<i>tolterodine tartrate</i>	2	[MO][MNT]
DETROL LA 2 MG CAPSULE	<i>tolterodine tartrate</i>	2	[MO][MNT][QLL, 30/30]
DETROL LA 4 MG CAPSULE	<i>tolterodine tartrate</i>	2	[MO][MNT]
ENABLEX 15 MG TABLET	<i>darifenacin hydrobromide</i>	2	[MO][MNT]
ENABLEX 7.5 MG TABLET	<i>darifenacin hydrobromide</i>	2	[MO][MNT][QLL, 30/30]
<i>flavoxate hcl</i>		1	[MO][MNT]
GELNIQUE PACKET	<i>oxybutynin</i>	2	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
<i>oxybutynin chloride er</i>		1	[MO][MNT]
<i>oxybutynin chloride syrup, - tablet</i>		1	[MO][MNT]
TOVIAZ	<i>fesoterodine fumarate</i>	2	[MO][MNT]
<i>tropium chloride tablet</i>		1	[MO][MNT]
VESICARE 10 MG TABLET	<i>solifenacin succinate</i>	2	[MO][MNT]
VESICARE 5 MG TABLET	<i>solifenacin succinate</i>	2	[MO][MNT][QLL, 30/30]

## VAGINAL ANTI-INFECTIVES

CLEOCIN 100 MG VAGINAL OVULE	<i>clindamycin phosphate</i>	2	
<i>clindamycin phosphate vaginal products</i>		1	
<i>metronidazole vaginal products</i>		1	
<i>miconazole 3 200 mg vag supp</i>		1	
<i>terconazole</i>		1	
<i>vandazole</i>		1	
<i>zazole</i>		1	

## HEMATOLOGIC

### ANTICOAGULANTS

ARIXTRA 2.5 MG SYRINGE [G]	<i>fondaparinux sodium</i>	2	[QLL, 30/180]
ARIXTRA 5 MG SYRINGE, - 7.5 MG SYRINGE, -10 MG SYRINGE [G]	<i>fondaparinux sodium</i>	4	[QLL, 30/180]
COUMADIN TABLET [G]	<i>warfarin sodium</i>	2	[MO][MNT]
<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, -120 mg/0.8 ml syr, -150 mg/ml syr</i>		1	[QLL, 60/180]
<i>fondaparinux 2.5 mg/0.5 ml syr, -5 mg/0.4 ml syr</i>		1	[MO][QLL, 30/180]
FONDAPARINUX 7.5 MG/0.6 ML SYR, -10 MG/0.8 ML SYR	<i>fondaparinux sodium</i>	4	[MO][QLL, 30/180]

Drug	Generic	Tier	Requirements/Limits
FRAGMIN 2,500 UNITS SYRINGE, -5,000 UNITS SYRINGE, -25,000 UNITS/ML VIAL	<i>dalteparin (porcine)</i>	2	[QLL, 30/180]
FRAGMIN 7,500 UNITS SYRINGE, -10,000 UNITS SYRINGE, -12,500 UNITS SYRINGE, -15,000 UNITS SYRINGE, -18,000 UNITS SYRINGE	<i>dalteparin (porcine)</i>	4	[QLL, 30/180]
<i>heparin sod 1,000 unit/ml vial, -sod 5,000 unit/ml vial, -sod 10,000 unit/ml vl, -sod 20,000 unit/ml vl</i>		1	[PAB]
HEPARIN SOD 2,000 UNIT/ML VIAL	<i>heparin sodium</i>	2	[PAB]
<i>heparin-1/2ns 25,000 unit/250</i>		1	[PAB]
HEPARIN-1/2NS 25,000 UNIT/500	<i>heparin sodium(porcine)/nacl</i>	2	[PAB]
<i>heparin-d5w 20,000 unit/500 ml</i>		1	[PAB]
<i>heparin-ns 2,000 unit/1,000 ml</i>		1	[PAB]
<i>jantoven</i>		1	[MO][MNT]
PRADAXA	<i>dabigatran etexilate mesylate</i>	2	[MO][MNT]
<i>warfarin sodium tablet</i>		1	[MO][MNT]
XARELTO 10 MG TABLET	<i>rivaroxaban</i>	2	
XARELTO 15 MG TABLET, - 20 MG TABLET	<i>rivaroxaban</i>	2	[MO][MNT]

### HEMATOPOIETIC GROWTH FACTORS

LEUKINE	<i>sargramostim</i>	4	[PA]
MOZOBIL	<i>plerixafor</i>	4	[PA]
NEUMEGA	<i>oprelvekin</i>	3	[PAB]
NEUPOGEN 300 MCG/0.5 ML SYR, -480 MCG/1.6 ML VIAL, -480 MCG/0.8 ML SYR	<i>filgrastim</i>	4	[PA]
PROCRIT 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -10,000 UNITS/ML VIAL	<i>epoetin alfa</i>	2	[MO][MNT][PA][QLL, 12/30]

Drug	Generic	Tier	Requirements/Limits
PROCRIT 20,000 UNITS/ML VIAL	<i>epoetin alfa</i>	4	[MO][MNT][PA][QLL, 12/30]
PROCRIT 40,000 UNITS/ML VIAL	<i>epoetin alfa</i>	4	[MO][MNT][PA][QLL, 6/30]

## MISCELLANEOUS

<i>anagrelide hcl</i>		1	[MO][MNT][PA]
<i>cilostazol</i>		1	[MO][MNT]
CINRYZE	<i>c1 esterase inhibitor</i>	4	[MO][MNT][PAB]
CYKLOKAPRON [G]	<i>tranexamic acid</i>	2	
<i>pentopak</i>		1	[MO][MNT]
<i>pentoxifylline tablet sustained action</i>		1	[MO][MNT]
PROMACTA	<i>eltrombopag olamine</i>	4	[MO][MNT][PA]
<i>tranexamic acid injection</i>		1	

## PLATELET AGGREGATION INHIBITORS

AGGRENOX	<i>aspirin/dipyridamole</i>	2	[MO][MNT]
<i>clopidogrel 300 mg tablet</i>		1	[QLL, 1/30]
<i>clopidogrel 75 mg tablet</i>		1	[MO][MNT]
<i>dipyridamole tablet</i>		1	[MO][MNT][PA]
EFFIENT	<i>prasugrel</i>	2	[MO][MNT]
PLAVIX 300 MG TABLET [G]	<i>clopidogrel</i>	2	[QLL, 1/30]
PLAVIX 75 MG TABLET [G]	<i>clopidogrel</i>	2	[MO][MNT]
<i>ticlopidine hcl</i>		1	[MO][MNT]

## HORMONAL ANTINEOPLASTIC AGENTS

### HORMONAL ANTINEOPLASTIC AGENTS

ELIGARD	<i>leuprolide</i>	2	[MO]
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## IMMUNOLOGIC AGENTS

### DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

ACTEMRA 200 MG/10 ML VIAL	<i>tocilizumab</i>	4	[MO][MNT][PA]
ENBREL 25 MG KIT, -25 MG/0.5 ML SYRINGE, -50 MG/ML SYRINGE	<i>etanercept</i>	4	[MO][MNT]
HUMIRA	<i>adalimumab</i>	4	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
<i>hydroxychloroquine sulfate tablet</i>		1	[MO][MNT]
<i>leflunomide</i>		1	[MO][MNT]
<i>methotrexate tablet</i>		1	[MO][MNT]
REMICADE	<i>infliximab</i>	4	[MO][MNT][PA]
RHEUMATREX	<i>methotrexate</i>	2	[MO][MNT]

## IMMUNOGLOBULINS

GAMASTAN S-D	<i>immune globulin - im</i>	2	[PAB]
GAMMAGARD LIQUID	<i>immune globulin - iv</i>	4	[PAB]
GAMUNEX	<i>immune globulin - iv</i>	4	[PAB]
GAMUNEX-C 1 GRAM/10 ML VIAL	<i>immune globulin - iv/sq</i>	4	[MO][PAB]

## IMMUNOMODULATORS

ACTIMMUNE	<i>interferon gamma-1b, recomb.</i>	4	[PAN]
ARCALYST	<i>riloncept</i>	4	[MO][MNT][PA]
INFERGEN 15 MCG/0.5 ML VIAL	<i>interferon alfacon-1</i>	4	[MO][PA]
INFERGEN 9 MCG/0.3 ML VIAL	<i>interferon alfacon-1</i>	4	[PA]
INTRON A 3 MILLION UNIT/ML PEN, -5 MILLION UNIT/ML PEN, -10 MILLION UNIT PEN	<i>interferon alfa-2b , recomb.</i>	4	[MO][MNT][PAB]
INTRON A 6 MILLION UNIT/ML VL, -10 MILLION UNITS VIAL	<i>interferon alfa-2b , recomb.</i>	4	[PAB]
PEGASYS	<i>peginterferon alfa-2a</i>	4	[PA]
PEGASYS PROCLICK 135 MCG/0.5	<i>peginterferon alfa-2a</i>	3	[MO][PA]
PEGINTRON 50 MCG KIT	<i>peginterferon alfa-2b</i>	4	[PA]
PEGINTRON REDIPEN	<i>peginterferon alfa-2b</i>	4	[PA]
REVLIMID 5 MG CAPSULE, -10 MG CAPSULE, -15 MG CAPSULE, -25 MG CAPSULE [LA]	<i>lenalidomide</i>	4	[MNT][PAN]
SYLATRON	<i>peginterferon alfa-2b</i>	3	[MO][MNT]
THALOMID	<i>thalidomide</i>	4	[MO][MNT][PAN]

Drug	Generic	Tier	Requirements/Limits
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## IMMUNOSUPPRESSANTS

AZASAN	<i>azathioprine</i>	2	[MO][MNT][PAB]
<i>azathioprine sodium</i>		1	[PAB]
<i>azathioprine tablet</i>		1	[MO][MNT][PAB]
BENLYSTA	<i>belimumab</i>	3	[MO][MNT][PAB]
CELLCEPT CAPSULE, - TABLET [G]	<i>mycophenolate mofetil</i>	2	[MO][MNT][PAB]
CELLCEPT INJECTION	<i>mycophenolate mofetil</i>	3	
CELLCEPT ORAL SUSP	<i>mycophenolate mofetil</i>	2	[MO][MNT][PAB]
<i>cyclosporine 50 mg/ml amp</i>		1	[PAB]
<i>cyclosporine 50 mg/ml vial</i>		1	[MO][PAB]
<i>cyclosporine capsule, - solution</i>		1	[MO][MNT][PAB]
<i>cyclosporine modif 100 mg cap, -100 mg</i>		1	[MO][MNT][PAB]
<i>gengraf</i>		1	[MO][MNT][PAB]
<i>mycophenolate mofetil</i>		1	[MO][MNT][PAB]
MYFORTIC	<i>mycophenolate sodium</i>	2	[MO][MNT][PAB]
NEORAL [G]	<i>cyclosporine</i>	2	[MO][MNT][PAB]
NULOJIX	<i>belatacept</i>	4	[MO][MNT][PAB]
ORENCIA	<i>abatacept/maltose</i>	3	[MO][MNT]
ORTHOCLONE OKT-3	<i>muronab-cd3</i>	2	
PROGRAF 0.5 MG CAPSULE, -1 MG CAPSULE [G]	<i>tacrolimus</i>	2	[MO][MNT][PAB]
PROGRAF 5 MG CAPSULE [G]	<i>tacrolimus</i>	4	[MO][MNT][PAB]
RAPAMUNE	<i>sirolimus</i>	2	[MO][MNT][PAB]
SANDIMMUNE CAPSULE [G]	<i>cyclosporine</i>	2	[MO][MNT][PAB]
SANDIMMUNE SOLUTION	<i>cyclosporine</i>	2	[MO][MNT][PAB]
<i>tacrolimus 0.5 mg capsule, - 1 mg capsule</i>		1	[MO][MNT][PAB]
<i>tacrolimus 5 mg capsule</i>		4	[MO][MNT][PAB]
ZORTRESS 0.25 MG TABLET, -0.5 MG TABLET	<i>everolimus</i>	2	[MO][MNT][PAB]
ZORTRESS 0.75 MG TABLET	<i>everolimus</i>	4	[MO][MNT][PAB]

## VACCINES

ACTHIB	<i>haemophilus b-tet toxoid</i>	2	
ADACEL VIAL	<i>diphther,pertuss,tetanus vac</i>	2	
BOOSTRIX	<i>diphther,pertuss,tetanus vac</i>	2	
CERVARIX	<i>human papillomav vacc bival/pf</i>	2	
COMVAX	<i>hepatitis b/haemophilus b vacc</i>	2	

Drug	Generic	Tier	Requirements/Limits
DAPTACEL	<i>diphther,pertuss,tetanus vac</i>	2	
DIPHThERIA-TETANUS TOXOID	<i>tetanus,diphtheria toxoid</i>	2	[PAB]
ENGERIX-B 10 MCG/0.5 ML PED VL, -10 MCG/0.5 ML SYRN, -10 MCG/0.5 ML SYRN, -20 MCG/ML SYRINGE	<i>hepatitis b virus vaccine</i>	2	[PAB]
GARDASIL VIAL	<i>human papillomavirus vacc</i>	2	
HAVRIX 720 UNIT/0.5 ML SYRINGE, -1,440 UNITS/ML VIAL	<i>hepatatis a virus vaccine</i>	2	
IMOVAX RABIES VACCINE	<i>rabies vaccine,human diploid</i>	2	
INFANRIX VACCINE VIAL	<i>diphther,pertuss,tetanus vac</i>	2	
IPOLE VIAL	<i>poliomyelitis vac,killed</i>	2	
IXIARO	<i>japanese encephalitis vaccine</i>	2	
JE-VAX	<i>japanese encephalitis vaccine</i>	2	
MENACTRA 4 MCG/0.5 ML SYRINGE	<i>meningococcal vac a,c,y,w-135</i>	2	
MENOMUNE-A-C-Y-W-135	<i>meningococcal vac a,c,y,w-135</i>	2	
MENVEO A-C-Y-W-135-DIP	<i>mening vac a,c,y,w-135 dip</i>	2	
M-M-R II VACCINE	<i>measles,mumps&amp;rubella vaccine</i>	2	
PEDVAXHIB	<i>haemophilus b vaccine</i>	2	
PROQUAD	<i>measles,mumps,rub,varicella</i>	2	
RABAVERT	<i>rabies vac,pf chick-emb cell</i>	2	
RECOMBIVAX HB 10 MCG/ML VIAL, -40 MCG/ML VIAL	<i>hepatitis b virus vaccine</i>	2	[PAB]
ROTATEQ	<i>rotavirus vac, live pentav</i>	2	
TETANUS DIPHThERIA TOXOIDS	<i>tetanus,diphtheria toxoid</i>	2	[PAB]
TETANUS TOXOID ADSORBED	<i>tetanus toxoid,adsorbed</i>	2	[PAB]
TETANUS-DIPHThERIA-DECAVAC	<i>tetanus,diphtheria toxoid</i>	2	[PAB]
TRIPEDIA	<i>diphther,pertuss,tetanus vac</i>	2	
TWINRIX VACCINE VIAL	<i>hep b vir recomb/hep a vir</i>	2	
TYPHIM VI 25 MCG/0.5 ML VIAL	<i>typhoid vaccine</i>	2	
VAQTA 25 UNITS/0.5 ML VIAL	<i>hepatatis a virus vaccine</i>	2	
VARIVAX VACCINE	<i>varicella virus vaccine live</i>	2	
YF-VAX	<i>yellow fever vaccine</i>	2	
ZOSTAVAX	<i>varicella vacc/pf</i>	2	[QLL, 1/999]



Drug	Generic	Tier	Requirements/Limits
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## IMMUNOLOGICALS AND VACCINES

### IMMUNOLOGICALS AND VACCINES

ADACEL SYRINGE	<i>diphther,pertuss,tetanus vac</i>	2	
ENGERIX-B 20 MCG/ML VIAL	<i>hepatitis b virus vaccine</i>	2	[PAB]
GAMUNEX-C 10 GRAM/100 ML VIAL, -2.5 GRAM/25 ML VIAL, -20 GRAM/200 ML VIAL, -5 GRAM/50 ML VIAL	<i>immune globulin - iv/sq</i>	4	[MO][PAB]
GARDASIL SYRINGE	<i>human papillomavirus vacc</i>	2	
HAVRIX 720 UNITS/0.5 ML VIAL, -1,440 UNITS/ML SYRINGE	<i>hepatatis a virus vaccine</i>	2	
INFANRIX VACCINE SYRINGE	<i>diphther,pertuss,tetanus vac</i>	2	
IPOL SINGLE DOSE SYRINGE	<i>poliomyelitis vac,killed</i>	2	
MENACTRA VIAL	<i>meningococcal vac a,c,y,w-135</i>	2	
RECOMBIVAX HB 10 MCG/ML SYR	<i>hepatitis b virus vaccine</i>	2	[PAB]
TWINRIX VACCINE SYRINGE	<i>hep b vir recomb/hep a vir</i>	2	
TYPHIM VI 25 MCG/0.5 ML SYRNG	<i>typhoid vaccine</i>	2	
VAQTA 25 UNITS/0.5 ML SYRINGE	<i>hepatatis a virus vaccine</i>	2	

### INTERFERONS

AVONEX PEN	<i>interferon beta-1a</i>	4	[MO][MNT][PAN]
PEGASYS PROCLICK 180 MCG/0.5	<i>peginterferon alfa-2a</i>	4	[MO][PA]
PEGINTRON 80 MCG KIT, -120 MCG KIT, -150 MCG KIT	<i>peginterferon alfa-2b</i>	4	[MO][PA]

## MEDICAL (MISCELLANEOUS) SUPPLIES

### DIABETIC SUPPLIES

AIMSCO INS SYR 0.3 ML 29GX1/2, -AIMSCO INS SYR 0.3 ML 30GX5/16, -AIMSCO SYRING 0.5 ML 31GX5/16, -BD INSUL SYR 0.3 ML 31GX15/64, -BD INSUL SYR 0.5 ML 31GX15/64, -BD INSULIN SYR 0.3 ML		2	[MO][MNT]
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Drug	Generic	Tier	Requirements/Limits
28GX1/2, -BD INSULIN SYR 0.3 ML 29GX1/2, -BD INSULIN SYR 0.3 ML 30GX1/2, -BD INSULIN SYR 0.5ML 31GX5/16, -BD INSULIN SYR 1 ML 25GX1, - BD INSULIN SYR 1 ML 25GX5/8, -BD INSULIN SYR 1 ML 26GX1/2, -BD INSULIN SYR 1 ML 27GX5/8, -BD INSULIN SYR 1 ML 31GX15/64, -BD INSULIN SYRINGE 1 ML, -BD INSULIN U100-3/10 ML SYR, -FIFTY50 INSULIN SYRINGE 0.5 ML, - INS SYR 0.3 ML 29GX1/2, - INS SYR 0.3 ML 30GX5/16, - INS SYR 0.5 ML 28GX1/2, - INS SYR 0.5 ML 29GX1/2, - INS SYR 0.5 ML 30GX1/2, - INS SYR 1 ML 28GX1/2, -INS SYR 1 ML 30GX5/16, -INS SYR U100 1 ML 28GX1/2, - INS SYRIN 0.3 ML 30GX1/2, -INS SYRING 0.3 ML 30GX5/16, -INS SYRINGE 1 ML 28GX1/2, -INS SYRINGE 1 ML 30GX1/2, -INS SYRINGE 1 ML 30GX5/16, - INS SYRINGE 3/10 ML, - INSUL SYR 0.5 ML 28GX1/2, -INSUL SYR 0.5 ML 31GX5/16, -0.3 ML SYRINGE, -0.5 ML SYRINGE, -3/10 ML SYRINGE, -SAFETY SYRINGE, -SYR 0.3 ML 29GX1/2, -SYR 0.5 ML 28GX1/2, -SYR 1 ML 30GX5/16, -SYRIN 0.3 ML 29GX1/2, -SYRIN 0.3 ML 30GX1/2, -SYRIN 0.3 ML 30GX5/16, -SYRIN 0.5 ML 31GX5/16, -0.3 ML, -1 ML- HARD PK, -INSULN SYR 0.5 ML 30GX5/16, -KINRAY SYRING 0.5 ML 31GX5/16, -			

Drug	Generic	Tier	Requirements/Limits
KMART VALU PLUS SYR 1/2 ML, -KMART VALU PLUS SYR 3/10 ML, -KMART VALU PLUS SYRINGE 1 ML, -PREFERRED PLUS 0.3 ML 30GX5/16, -PREFERRED PLUS SYRINGE 0.3 ML, -RELI-ON INSULIN 0.3 ML SYR, -RELI-ON INSULIN 0.5 ML SYR, -RELION INS SYR 0.3 ML 29GX1/2, -RELION INS SYR 0.3 ML 30GX5/16, -RELION INSULIN SYR 0.3 ML, -RELION SYRING 0.5 ML 31GX5/16, -SURE-JECT INSULIN SYR 0.5 ML, -SYR 0.5 ML 30GX5/16, -SYRING 0.5 ML 31GX5/16, -SYRINGE 3/10 ML, -TERUMO INS SYR 0.3 ML 29GX1/2, -U100 0.3 ML 29GX1/2, -U100 0.3 ML 30GX5/16, -U100 0.5 ML 28GX1/2, -U100 0.5 ML 29GX1/2, -U100 0.5 ML 30GX5/16, -U100 1 ML 30GX5/16, -ULTICARE SYR 0.5 ML 31GX5/16, -ULTICARE SYRIN 0.3 ML 29GX1/2, -ULTICARE U100 0.3 ML 30GX5/16, -ULTRA COMFORT 3/10 ML SYR, -VALUEPLUS SYR 0.3 ML 29G			
1ST TIER UNIFINE PENTP 5MM 31G, -1ST TIER UNIFINE PNTIP 6MM 31G, -1ST TIER UNIFINE PNTIP 8MM 31G, -1ST TIER UNIFINE PNTIP 12MM 29G, -DRUG MART ULTRA COMFORT SYR, -0.3 ML 29GX1/2, -0.3 ML SYRINGE, -0.5 ML 28GX1/2, -0.5 ML 29GX1/2, -0.5 ML 30GX5/16, -0.5 ML 31GX5/16, -0.5 ML SYR, -0.5 ML SYRINGE, -1 ML 28GX1/2, -1 ML 29GX1/2,		2	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
-1 ML 30GX5/16, -1 ML 31GX5/16			
1ST TIER UNIFINE PNTIP 8MM 31G		2	[MO][MNT]
AIMSCO MINI ULTRA-THIN II		2	[MO][MNT]
AIMSCO ULTRA THIN II		2	[MO][MNT]
ALCOHOL 70% PREP PADS, -70%, -FIFTY50 ALCOHOL PREP PADS, -PHARM CHOICE ALCOHOL PREP PADS		2	
ALCOHOL PADS		2	
ALCOHOL PREP SWABS		2	
ALCOHOL SWAB		2	
ALCOHOL WIPES		2	
AURORA PEN NEEDLE 6MM 31G, -AURORA PEN NEEDLES 12MM 29G, -AURORA PEN NEEDLES 8MM 31G, -BD PEN NEEDLE 29GX1/2, -BD PEN NEEDLE 29GX3/16, -BD PEN NEEDLE 29GX5/16, -BD PEN NEEDLE 30GX3/16, -BD PEN NEEDLE MINI 31GX3/16, -BD PEN NEEDLE NANO 32GX5/32, -BD PEN NEEDLE SHORT 31GX5/16, -CLICKFINE PEN NDL 31GX1/4, -CLICKFINE PEN NDL 31GX5/16, -INSULIN PEN NEEDLE, -LIVE BETTER PEN NEEDLE 6MM 31G, -LIVE BETTER PEN NEEDLES 12MM, -LIVE BETTER PEN NEEDLES 8MM, -MS PEN NEEDLE 6MM 31G, -12MM 29G NEEDLES, -8MM 31G NEEDLES, -31G X 3/16, -31GX3/16, -31GX5/16, -6MM 31G, -S 12MM 29G, -S 29G, -S 31G, -S 31G X 5/16, -S 5MM 31G, -S 6MM 31G, -S 8MM 31G, -RELION PEN 29G NEEDLE, -RELION PEN 31G NEEDLE, -TODAY'S HLT PN		2	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
NEEDLE 12MM 29G, - TODAY'S HLTH PN NEEDLE 6MM 31G, -TODAY'S HLTH PN NEEDLE 8MM 31G, - UNIFINE PENTIP 12MM 29G, -UNIFINE PENTIP 6MM 31G, -UNIFINE PENTIP 8MM 31G			
AUTO INJECTOR		2	
AUTOJECT 2		2	[MO][MNT]
AUTOPEN		2	[MO][MNT]
BD INTEGRA SYR 1 ML 29GX1/2		2	[MO][MNT]
BD INTEGRA SYRINGE 1 ML 25GX1		2	[MO]
BD SAFTGLD INS 0.3 ML 31GX5/16, -BD SAFTGLD INS SYR 0.5 ML 30G, -INSULIN SAFETY SYRINGE		2	[MO][MNT]
CLICKFINE		2	[MO][MNT]
CURITY ALCOHOL PREPS		2	
CURITY GAUZE SPONGES		2	
EASY COMFORT INSULIN SYRINGE		2	[MO][MNT]
EASY TOUCH ALCOHOL PREP PADS		2	
EASY TOUCH INSULIN NEEDLES - DISPOSABLE, - INSULIN SYRINGES - DISPOSABLE		2	[MO][MNT]
EASY TOUCH INSULIN SYRINGE		2	[MO][MNT]
EASY-TOUCH INSULIN SYRINGE		2	[MO][MNT]
EXEL INSULIN SYRINGE		2	[MO][MNT]
FREESTYLE PRECISION		2	[MO][MNT]
GLUCOPRO		2	[MO][MNT]
HEALTHY ACCENTS UNIFINE PENTIP		2	[MO][MNT]
HUMAPEN LUXURA HD		2	[MO][MNT]
HUMAPEN MEMOIR		2	[MO][MNT]
IN CONTROL PEN NEEDLE		2	[MO][MNT]
INCONTROL		2	[MO][MNT]
INJECT-EASE		2	
INSUL PEN NEEDLES 8MM, -		2	[MO][MNT]
INSULIN SYR 1/2 ML BULK		2	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
PACK, -1 ML SYRN 27X1/2, - 1 ML SYRN 28GX1/2, -INSUL SYR U100, -INSUL SYR U100 0.5 ML, -INSUL SYR U100 1 ML, -INSULIN SYR 0.3 ML, - INSULIN SYR 0.5 ML, - INSULIN SYR 1 ML, - INSULIN SYR U-100, - INSULIN SYRN 3/10 ML, - SYRINGE 0.3 ML, -SYRINGE 0.5 ML, -SYRINGE 1 ML			
INSULIN SYRINGE 0.3 ML, - 0.3 ML, -0.5 ML, -1 ML		2	[MO][MNT]
INSUMED		2	[MO][MNT]
INSUPEN		2	[MO][MNT]
<i>isopropyl alcohol 70% wipe</i>		1	
<i>isopropyl alcohol 70% wipes</i>		2	
LITE TOUCH		2	[MO][MNT]
LUER-LOK SYRINGE INSULIN SYRINGES - DISPOSABLE		2	[MO][MNT]
MAGELLAN INSULIN SAFETY SYRNG		2	[MO][MNT]
MAGELLAN INSULIN SYRINGE		2	[MO][MNT]
MEDI-JECTOR NEEDLE-FREE SYR A		2	[MO][MNT]
MEDI-JECTOR NEEDLE-FREE SYR B		2	[MO][MNT]
MEDI-JECTOR NEEDLE-FREE SYR C		2	[MO][MNT]
MEDI-JECTOR VISION		2	[MO][MNT]
MEDI-JECTOR VISION ADAPTER		2	
MONOJECT 0.5 ML SYRN 28GX1/2		2	[MO][MNT]
MONOJECT INSULIN SYR U- 100		2	[MO][MNT]
NEEDLE FREE SYRINGE KIT A		2	[MO][MNT]
NEEDLE FREE SYRINGE KIT B		2	[MO][MNT]
NEEDLE FREE SYRINGE KIT C		2	[MO][MNT]
NOVOFINE 32		2	[MO][MNT]
NOVOFINE AUTOCOVER		2	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
NOVOPEN 3		2	[MO][MNT]
NOVOPEN JR		2	[MO][MNT]
NOVOTWIST		2	[MO][MNT]
ORSINI INSULIN SYRINGE		2	[MO][MNT]
PRECISION		2	[MO][MNT]
PRODIGY INSULIN SYRINGE		2	[MO][MNT]
PRODIGY PEN NEEDLE		2	[MO][MNT]
SAFESNAP INSULIN SYRINGE		2	[MO][MNT]
SAFETYGLIDE SYRINGE INSULIN SYRINGES - DISPOSABLE		2	[MO][MNT]
SINGLE USE SWAB		2	
SURE COMFORT		2	[MO][MNT]
SURE COMFORT ALCOHOL		2	
SURE-FINE PEN NEEDLES		2	[MO][MNT]
SURE-JECT INSULIN SYRINGE		2	[MO][MNT]
SURE-PREP ALCOHOL PREP PADS		2	
<i>terumo ins syringe u100-1 ml</i>		1	[MO][MNT]
TERUMO INS SYRINGE U100-1/2 ML, -INS SYRINGE U100-1/3 ML		2	[MO][MNT]
TERUMO SURGUARD		2	[MO][MNT]
<i>thinpro insulin syringe</i>		2	[MO][MNT]
TOPCARE CLICKFINE		2	[MO][MNT]
TOPCARE ULTRA COMFORT		2	[MO][MNT]
TRUEPLUS INSULIN SYRINGE		2	[MO][MNT]
ULTICARE INSULIN NEEDLES - DISPOSABLE		2	[MO][MNT]
<i>ulticare insulin syringes - disposable</i>		1	[MO][MNT]
ULTIGUARD INSULIN SYRINGES - DISPOSABLE, - 30GX0.5 ML SYRINGE, - 30GX1 ML SYRINGE		2	[MO][MNT]
ULTILET ALCOHOL SWAB		2	
<i>ultra comfort 1 ml syringe</i>		2	[MO][MNT]
ULTRACOMFORT INSULIN NEEDLES - DISPOSABLE, - INSULIN SYRINGES - DISPOSABLE		2	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
UNIFINE PENTIPS		2	[MO][MNT]
VANISHPOINT INSULIN SYRINGES - DISPOSABLE		2	[MO][MNT]
VGO 20		2	[MO][MNT]
VGO 30		2	[MO][MNT]
VGO 40		2	[MO][MNT]
WEBCOL		2	

## MUSCULOSKELETAL MEDICATIONS

### *CNS MUSCLE RELAXANTS*

<i>carisoprodol 250 mg tablet</i>		1	[MO][PA]
<i>orphenadrine 30 mg/ml ampule</i>		1	[MO]

### *NON-STEROIDAL ANTIINFLAMMATORY AGENTS*

<i>ketorolac 15 mg/ml carpject, -15 mg/ml isecure, -30 mg/ml carpject, -30 mg/ml isecure, -300 mg/10 ml vial, -60 mg/2 ml vial</i>		1	[MO]
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### *SALICYLATES AND RELATED DRUGS*

<i>salsalate tablet</i>		1	[MO]
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## NUTRITION, BLOOD MODIFIERS, ELECTROLYTES

### *BLOOD DETOXICANTS*

<i>generlac</i>		1	[MO][MNT]
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### *ELECTROLYTES, IRRIGATING SOLUTIONS, ETC.*

<i>dextrose 2.5%-water iv soln, -25%-water syringe, -30%-water iv soln, -40%-water iv soln, -50%-water abboject, -50%-water iv soln, -50%-water syringe, -50%-water vial, -70%-water iv soln</i>		1	[MO]
<i>kcl 40 meq in d5w-lact ringer</i>		1	[MO]
<i>magnesium sulfate 50% vial</i>		1	[MO]



Drug	Generic	Tier	Requirements/Limits
<i>nutrilyte</i>		1	[MO][PAB]
<i>nutrilyte ii</i>		1	[MO][PAB]
<i>sodium bicarb 4.2% abbjct, -bicarb 4.2% syringe, -bicarb 4.2% vial, -bicarb 7.5% vial, -bicarb 8.4% vial</i>		1	[MO]
<i>sodium chloride 0.9% soln, -0.9% soln., -4 meq/ml vl</i>		1	[MO]

### FLUORIDE PRODUCTS

<i>denta 5000 plus</i>		1	[MO][MNT]
<i>dentagel</i>		1	[MO][MNT]
<i>fluoridex daily defense</i>		1	[MO][MNT]
<i>neutragard advanced</i>		1	[MO][MNT]
<i>sf</i>		1	[MO][MNT]
<i>sf 5000 plus</i>		1	[MO][MNT]
<i>sodium fluoride dental/mucous membrn products, -oral drops</i>		1	[MO][MNT]

### INJECTABLE ANTICOAGULANTS

<i>enoxaparin 300 mg/3 ml vial</i>		4	[MO]
<i>heparin sod 2,500 unit/ml vial, -sod 5,000 unit/ml syr, -sod 5,000 unit/ 0.5 ml, -sod 5,000 unit/0.5 ml</i>		1	[MO][PAB]
<i>heparin-d5w 25,000 unit/500 ml, --d5w 25,000 unit/250 ml</i>		1	[PAB]
<i>heparin-ns 1,000 unit/500 ml</i>		1	[MO][PAB]

### POTASSIUM REMOVING RESINS

<i>kalexate</i>		1	[MO]
<i>sps oral susp</i>		1	

### POTASSIUM SUPPLEMENTS

<i>epiklor</i>		1	[MO][MNT]
<i>klor-con 20 meq packet</i>		1	[MO][MNT]
<i>klor-con m10</i>		1	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
<i>potassium cl 10% (20 meq/15 ml, -cl 10% (40 meq/30 ml, -cl 20% (40 meq/15 ml, -cl er 8 meq tablet, -unique tablet formulation</i>		1	[MO][MNT]
<i>potassium cl 20 meq/100 ml sol, -cl 2 meq/ml iv sol, -cl 40 meq/100 ml sol</i>		1	[MO]

## NUTRITIONAL/SUPPLEMENTS

### ELECTROLYTES

<i>ed k+10</i>		1	[MO][MNT]
<i>klor-con 10</i>		1	[MO][MNT]
<i>klor-con 8</i>		1	[MO][MNT]
KLOR-CON M15	<i>potassium chloride</i>	2	[MO][MNT]
<i>klor-con m20</i>		1	[MO][MNT]
<i>magnesium sulf 4% iv soln, - sulf 8% iv soln, -50% syringe</i>		1	
<i>potassium chloride capsule sustained action, -cl er 10 meq tablet, -cl er 20 meq tablet</i>		1	[MO][MNT]
<i>potassium cl 2 meq/ml vial</i>		1	
<i>sodium bicarb 7.5% abboject, -7.5% syring, - bicarb 8.4% abboject, - bicarb 8.4% abboject, - bicarb 8.4% syringe, -8.4% syring</i>		1	
<i>sodium cl 2.5 meq/ml vial</i>		1	
<i>tpn electrolytes</i>		1	[PAB]

### IV NUTRITION

AMINOSYN 3.5% IV SOLUTION, -5% IV SOLUTION, -7% IV SOLUTION, -8.5% IV SOLUTION, -10% IV SOLUTION	<i>amino acids</i>	2	[PAB]
<i>aminosyn 8.5% iv solution</i>		1	[PAB]

Drug	Generic	Tier	Requirements/Limits
AMINOSYN II 3.5% M-DEXTROSE 5%	<i>amino acids</i>	2	[PAB]
AMINOSYN II 3.5%-DEXTROSE 25%	<i>amino acids</i>	2	[PAB]
AMINOSYN II 3.5%-DEXTROSE 5%	<i>amino acids</i>	2	[PAB]
AMINOSYN II 4.25%-DEXTROSE 25%	<i>amino acids</i>	2	[PAB]
AMINOSYN II 5% IN 25% DEXTROSE	<i>amino acids</i>	2	[PAB]
AMINOSYN II 7% IV SOLUTION, -8.5% ELECTROLYT, -10% IV SOLUTION, -15% IV SOLUTION	<i>amino acids</i>	2	[PAB]
<i>aminosyn ii 8.5% electrolyt</i>		1	[PAB]
AMINOSYN II IN DEXTROSE	<i>amino acids</i>	2	[PAB]
AMINOSYN II WITH LYTES-CA-DW	<i>amino acids</i>	2	[PAB]
AMINOSYN M	<i>amino acids</i>	2	[PAB]
AMINOSYN-HBC	<i>amino acids</i>	2	[PAB]
<i>aminosyn-hf</i>		1	[PAB]
AMINOSYN-PF	<i>amino acids</i>	2	[PAB]
CLINIMIX	<i>amino acids</i>	2	[PAB]
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	<i>amino acids</i>	2	[PAB]
<i>clinisol</i>		1	[PAB]
<i>freamine iii 8.5% iv soln.</i>		1	[PAB]
FREAMINE III WITH ELECTROLYTES	<i>aa 3%/electrolyte-tpn/glycerin</i>	2	[PAB]
<i>hepatamine</i>		1	[PAB]
HEPATASOL	<i>amino acids</i>	2	[PAB]
<i>intralipid 20% iv fat emul</i>		1	[PAB]
INTRALIPID 30% IV FAT EMUL [G]	<i>fat emulsions</i>	2	[PAB]
LIPOSYN II	<i>fat emulsions</i>	2	[PAB]
LIPOSYN III 10% IV FAT EMULSN, -20% IV FAT EMULSN	<i>fat emulsions</i>	2	[PAB]

Drug	Generic	Tier	Requirements/Limits
<i>liposyn iii 30% iv fat emulsn</i>		1	[PAB]
NEPHRAMINE	<i>amino acids</i>	2	[PAB]
PREMASOL 10% IV SOLUTION	<i>amino acids</i>	2	[PAB]
<i>premasol 6% iv solution</i>		1	[PAB]
PROCALAMINE	<i>aa 3%/electrolyte-tpn/glycerin</i>	2	[PAB]
PROSOL	<i>amino acids</i>	2	[PAB]
TRAVASOL	<i>amino acids</i>	2	[PAB]
TROPHAMINE	<i>amino acids</i>	2	[PAB]

## IV REPLACEMENT SOLUTIONS

<i>d5%-1/4ns-kcl 10 meq/l iv sol, -d5%-1/4ns-kcl 40 meq/l iv sol, -kcl 10 meq in d5w-1/4 ns, -kcl 5 meq in d5w-1/4 ns</i>		1	
D5W/KCL 10 MEQ/L IV SOLUTION	<i>potassium chloride/d5w</i>	2	
<i>dextrose 10%-0.2% nacl</i>		1	
<i>dextrose 10%-1/4ns</i>		1	
DEXTROSE 10%-1/4NS-KCL	<i>potassium chloride/d10-0.25ns</i>	2	
<i>dextrose 5%-1/2ns-kcl</i>		1	
<i>dextrose 5%-1/3ns-kcl</i>		1	
DEXTROSE 5%-ELECTROLYTE #48	<i>dextrose/electrolytes</i>	2	
<i>dextrose 5%-water iv soln, -10%-water iv solution</i>		1	
<i>dextrose in lactated ringers</i>		1	
<i>dextrose with sodium chloride</i>		1	
IONOSOL B WITH DEXTROSE 5%	<i>electrolyte solutions</i>	2	
IONOSOL MB-DEXTROSE 5%	<i>electrolyte solutions</i>	2	
IONOSOL T-DEXTROSE 5%	<i>electrolyte solutions</i>	2	
ISOLYTE H WITH DEXTROSE	<i>dextrose/electrolytes</i>	2	
<i>isolyte m with dextrose</i>		1	
ISOLYTE P WITH DEXTROSE	<i>dextrose/electrolytes</i>	2	
ISOLYTE S IV SOLUTION-EXCEL	<i>electrolyte solutions</i>	2	
ISOLYTE S WITH DEXTROSE	<i>dextrose/electrolytes</i>	2	
KCL 10 MEQ IN D5W-1/4 NS, -KCL 20 MEQ IN D5W-1/4 NS	<i>dextrose/nacl/kcl</i>	2	

Drug	Generic	Tier	Requirements/Limits
<i>kcl 20 meq in d5w solution, - d5w-kcl 30 meq/l iv solution, -kcl 40 meq in d5w solution</i>		1	
KCL 20 MEQ IN D5W-LACT RINGER	<i>potassium chloride/d5w</i>	2	
<i>kcl 20 meq in d5w-ns</i>		1	
<i>kcl 20 meq-ns 1,000 ml iv soln</i>		1	
KCL 40 MEQ IN D5W-NACL 0.9%	<i>dextrose/nacl/kcl</i>	2	
KCL 40 MEQ-NS 1,000 ML IV SOLN	<i>pot chloride/na chlor</i>	2	
<i>lactated ringers injection</i>		1	
MAGNESIUM SULFATE-D5W	<i>magnesium sulfate/d5w</i>	2	
<i>normosol-m and dextrose</i>		1	
<i>normosol-r and dextrose</i>		1	
NORMOSOL-R PH 7.4	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 148	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 148 IN DEXTROSE	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 56	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 56 IN DEXTROSE	<i>d5w/electrolyte-56 solution</i>	2	
PLASMA-LYTE A PH 7.4	<i>electrolyte solutions</i>	2	
<i>plasma-lyte r</i>		1	
POTASSIUM CHLORIDE-NACL	<i>pot chloride/na chlor</i>	2	
<i>potassium cl 10 meq/100 ml sol, -cl 30 meq/100 ml sol, -cl 10 meq/50 ml sol, -cl 20 meq/50 ml sol</i>		1	
<i>ringers injection</i>		1	
<i>saline 0.45% soln-excel con, -0.45% soln, -saline 0.9% soln-excel cont, -0.9% solution, -3% iv soln, -5% iv soln</i>		1	
<i>sodium lactate injection</i>		1	

## VITAMINS

<i>calcitriol capsule, -solution</i>		1	[MO][MNT][PAB]
<i>calcitriol injection</i>		1	[PAB]
ZEMPLAR CAPSULE	<i>paricalcitol</i>	2	[MO][MNT][PAB]

Drug	Generic	Tier	Requirements/Limits
ZEMPLAR INJECTION	<i>paricalcitol</i>	2	[PAB]

## OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS

### CONTRACEPTIVES

<i>altavera</i>		1	[MO][MNT]
<i>alyacen</i>		1	[MO][MNT]
<i>amethia lo</i>		1	[MO][MNT]
<i>azurette</i>		1	[MO][MNT]
<i>camrese</i>		1	[MO][MNT]
<i>camrese lo</i>		1	[MO][MNT]
<i>caziant</i>		1	[MO][MNT]
<i>dasetta</i>		1	[MO][MNT]
<i>falmina</i>		1	[MO][MNT]
<i>gildess fe</i>		1	[MO][MNT]
<i>jolessa</i>		1	[MO][MNT]
<i>levonest</i>		1	[MO][MNT]
<i>levonorgestrel</i>		1	[MO]
<i>levonorg-eth estrad eth estrad</i>		1	[MO][MNT]
<i>loryna</i>		1	[MO][MNT]
<i>myzilra</i>		1	[MO][MNT]
<i>necon 1/50-28 tablet</i>		1	[MO][MNT]
<i>next choice one dose</i>		1	
<i>norethindrone-ethin estradiol</i>		1	[MO][MNT]
<i>norgestimate-ethinyl estradiol</i>		1	[MO][MNT]
<i>norgestrel-ethiny estra</i>		1	[MO][MNT]
<i>philith</i>		1	[MO][MNT]
<i>syeda</i>		1	[MO][MNT]
<i>tilia fe</i>		1	[MO][MNT]
<i>viorele</i>		1	[MO][MNT]
<i>wera</i>		1	[MO][MNT]
<i>zarah</i>		1	[MO][MNT]
<i>zenchent</i>		1	[MO][MNT]
<i>zenchent fe</i>		1	[MO][MNT]

### ESTROGEN/PROGESTIN COMBINATIONS

<i>estradiol-noreth 0.5-0.1 mg tb</i>		1	[MO][MNT]
<i>jevantique</i>		1	[MO][MNT]
<i>mimvey</i>		1	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
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## PROGESTIN DRUGS

<i>heather</i>		1	[MO][MNT]
<i>norethindrone</i>		1	[MO][MNT]

## OPHTHALMIC ANTIALLERGICS

ALREX	<i>loteprednol etabonate</i>	2	
<i>azelastine hcl ophth drops</i>		1	
<i>cromolyn sodium ophth drops</i>		1	
<i>epinastine hcl</i>		1	
LASTACFT	<i>alcaftadine</i>	2	
<i>parcaine</i>		1	
PATADAY	<i>olopatadine hcl</i>	2	
PATANOL	<i>olopatadine hcl</i>	2	

## ANTI GLAUCOMA

<i>acetazolamide sodium</i>		1	
ALPHAGAN P 0.1% DROPS	<i>brimonidine tartrate</i>	2	[MO][MNT]
<i>apraclonidine hcl</i>		1	
AZOPT	<i>brinzolamide</i>	2	[MO][MNT]
<i>betaxolol hcl ophth drops</i>		1	[MO][MNT]
BETIMOL	<i>timolol</i>	3	[MO][MNT]
BETOPTIC S	<i>betaxolol</i>	2	[MO][MNT]
<i>brimonidine tartrate</i>		1	[MO][MNT]
<i>carteolol hcl</i>		1	[MO][MNT]
COMBIGAN	<i>brimonidine tartrate/timolol</i>	2	[MO][MNT]
<i>dorzolamide hcl</i>		1	[MO][MNT]
<i>dorzolamide-timolol</i>		1	[MO][MNT]
<i>latanoprost</i>		1	[MO][MNT]
<i>levobunolol hcl</i>		1	[MO][MNT]
LUMIGAN	<i>bimatoprost</i>	2	[MO][MNT][QLL, 2.5/30]
<i>metipranolol</i>		1	[MO][MNT]
PHOSPHOLINE IODIDE	<i>echothiophate iodide</i>	2	[MO][MNT]
PILOPINE HS	<i>pilocarpine hcl</i>	2	[MO][MNT]
<i>timolol maleate ophth drops</i>		1	[MO][MNT]
TRAVATAN Z	<i>travoprost</i>	2	[MO][MNT][QLL, 2.5/30]

Drug	Generic	Tier	Requirements/Limits
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### ANTI-INFECTIVE/ANTI-INFLAMMATORY

BLEPHAMIDE S.O.P.	<i>sulfacetamide/prednisolone ac</i>	2	
<i>neomycin-bacitracin-poly-hc</i>		1	
<i>neomycin-polymyxin-dexameth</i>		1	
<i>neomycin-polymyxin-hc ophth drops</i>		1	
<i>poly-dex</i>		1	
<i>sulfacetamide-prednisolone</i>		1	
<i>tobramycin-dexamethasone</i>		1	

### ANTI-INFECTIVES

AZASITE	<i>azithromycin</i>	2	
<i>bacitracin 500 unit/gm ointmnt</i>		1	
<i>bacitracin-polymyxin eye oint</i>		1	
CILOXAN OINT	<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl ophth drops</i>		1	
<i>erythromycin oint</i>		1	
<i>gentak oint</i>		1	
<i>gentamicin sulfate ophth drops</i>		1	
<i>gentasol</i>		1	
<i>levofloxacin ophth drops</i>		1	[QLL, 68/30]
NATACYN	<i>natamycin</i>	2	
<i>neomycin-bacitracin-polymyxin</i>		1	
<i>neomycin-polymyxin-gramicidin</i>		1	
<i>ofloxacin ophth drops</i>		1	
<i>polymyxin b sul-trimethoprim</i>		1	
<i>romycin</i>		1	
<i>sulfacetamide sodium oint, - ophth drops</i>		1	
<i>tobramycin sulfate ophth drops</i>		1	
<i>tobrasol</i>		1	
TOBEX OINT	<i>tobramycin</i>	2	
<i>trifluridine ophth drops</i>		1	
<i>tropicamide ophth drops</i>		1	[MO][MNT]
VIGAMOX	<i>moxifloxacin</i>	2	



Drug	Generic	Tier	Requirements/Limits
ZYMAR	<i>gatifloxacin</i>	2	
ZYMAXID	<i>gatifloxacin</i>	2	

## ANTI-INFLAMMATORIES

<i>bromfenac sodium</i>		1	
<i>dexamethasone sodium phosphate ophth drops</i>		1	
<i>diclofenac sodium ophth drops</i>		1	
<i>fluorometholone ophth drops</i>		1	
<i>flurbiprofen sodium</i>		1	
FML S.O.P.	<i>fluorometholone</i>	2	
<i>ketorolac tromethamine ophth drops</i>		1	
<i>prednisolone acetate ophth drops</i>		1	
PREDNISOLONE SODIUM PHOSPHATE OPHTH DROPS	<i>prednisolone sod phosphate</i>	2	

## MISCELLANEOUS

<i>ak-con</i>		1	
LACRISERT	<i>hydroxypropylmethylcellulose</i>	2	
<i>proparacaine hcl ophth drops</i>		1	
RESTASIS	<i>cyclosporine</i>	2	[MO][MNT]

## OPHTHALMIC MEDICATIONS

### ANTI GLAUCOMA DRUGS

<i>pilocarpine hcl ophth drops</i>		1	[MO][MNT]
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### OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS

<i>ak-poly-bac</i>		1	[MO]
<i>garamycin ophth drops</i>		1	[MO]
<i>gentak ophth drops</i>		1	[MO]
<i>gentamicin 3 mg/gm eye oint</i>		1	[MO]
<i>neo-polycin</i>		1	
<i>polycin-b</i>		1	[MO]
<i>sulfamide</i>		1	[MO]

Drug	Generic	Tier	Requirements/Limits
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### OTHER OPHTHALMIC DRUGS

<i>cyclopentolate hcl ophth drops</i>		1	[MO][MNT]
<i>mydral</i>		1	[MO][MNT]

## RESPIRATORY

### ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

COMBIVENT	<i>albuterol sulfate/ipratropium</i>	2	[MO][MNT][QLL, 30 gm/30]
COMBIVENT RESPIMAT	<i>albuterol sulfate/ipratropium</i>	2	[MO][MNT][QLL, 30/30]
<i>ipratropium-albuterol [PartB]</i>		1	[MO][MNT][PAB][QLL, 540/30]

### ANTICHOLINERGICS

ATROVENT HFA	<i>ipratropium</i>	2	[MO][MNT][QLL, 26 gm/30]
<i>ipratropium bromide nasal drops/sprays</i>		1	[MO][MNT]
<i>ipratropium bromide nebs [PartB]</i>		1	[MO][MNT][PAB][QLL, 315/30]
SPIRIVA	<i>tiotropium bromide</i>	2	[MO][MNT][QLL, 30 capsules/30]

### ANTI-HISTAMINES

ASTEPRO	<i>azelastine hcl</i>	2	[MO][MNT][QLL, 60 ml/30]
<i>azelastine hcl nasal drops/sprays</i>		1	[MO][MNT][QLL, 60 ml/30]
<i>carbinoxamine maleate</i>		1	
<i>cetirizine hcl 1 mg/ml syrup</i>		1	[MO][MNT]
CLARINEX 5 MG TABLET [G]	<i>desloratadine</i>	3	[MO][MNT]
CLARINEX SYRUP, -2.5 MG REDITABS, -5 MG REDITABS	<i>desloratadine</i>	3	[MO][MNT]
<i>clemastine fumarate syrup, - fum 2.68 mg tab</i>		1	
<i>cyproheptadine hcl syrup, - tablet</i>		1	[MO][MNT][PA]
<i>desloratadine</i>		1	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
<i>dexchlorpheniramine maleate</i>		1	
<i>diphenhydramine 50 mg capsule, -elix, -50 mg/ml vial</i>		1	
<i>fexofenadine hcl 60 mg tablet</i>		1	[MO][MNT]
<i>hydroxyzine hcl injection</i>		1	
<i>hydroxyzine hcl syrup, -tablet</i>		1	[PA]
<i>hydroxyzine pamoate capsule</i>		1	[PA]
<i>levocetirizine dihydrochloride solution, -tablet</i>		1	[MO][MNT]
<i>palgic</i>		1	

## BETA AGONISTS

<i>albuterol 2.5 mg/0.5 ml sol, -5 mg/ml solution [PartB]</i>		1	[MO][MNT][PAB][QLL, 60/30]
<i>albuterol sul 0.63 mg/3 ml sol, -sul 1.25 mg/3 ml sol, -0.083% inhal soln [PartB]</i>		1	[MO][MNT][PAB][QLL, 300/30]
<i>albuterol sulfate syrup, -tablet, -tablet sustained action</i>		1	[MO][MNT]
FORADIL	<i>formoterol fumarate</i>	2	[MO][MNT][QLL, 60/30]
<i>levalbuterol concentrate [PartB]</i>		1	[MO][MNT][PAB][QLL, 90/30]
<i>metaproterenol sulfate syrup, -tablet</i>		1	[MO][MNT]
PERFOROMIST [PartB]	<i>formoterol fumarate</i>	3	[MO][MNT][PAB][QLL, 120/30]
PROAIR HFA	<i>albuterol</i>	2	[MO][MNT][QLL, 18 gm/30]
PROVENTIL HFA	<i>albuterol</i>	2	[MO][MNT]
SEREVENT DISKUS	<i>salmeterol</i>	2	[MO][MNT]
<i>terbutaline sulfate injection</i>		1	
<i>terbutaline sulfate tablet</i>		1	[MO][MNT]
VENTOLIN HFA	<i>albuterol</i>	2	[MO][MNT]

## LEUKOTRIENE RECEPTOR ANTAGONISTS

<i>montelukast sodium chew tab, -tablet</i>		1	[MO][MNT]
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Drug	Generic	Tier	Requirements/Limits
SINGULAIR [G]	<i>montelukast sodium</i>	2	[MO][MNT]
<i>zafirlukast</i>		1	[MO][MNT]

### MAST CELL STABILIZERS

<i>cromolyn sodium nebs</i> [PartB]		1	[MO][MNT][PAB][QLL, 240/30]
<i>cromolyn sodium solution</i>		1	

### MISCELLANEOUS

<i>acetylcysteine nebs</i> [PartB]		1	[PAB]
ARALAST NP 500 MG VIAL	<i>alpha-1-proteinase inhibitor</i>	4	[MO][MNT][PA]
CAYSTON	<i>aztreonam lysine</i>	4	[PA]
DALIRESP	<i>roflumilast</i>	2	[MO][MNT]
<i>epinephrine 0.1 mg/ml</i> <i>syringe</i>		1	
EIPEN 2-PAK	<i>epinephrine hcl</i>	2	
EIPEN JR 2-PAK	<i>epinephrine hcl</i>	2	
<i>promethazine vc</i>		1	[PA]
PULMOZYME [PartB]	<i>deoxyribonuclease</i>	4	[MO][MNT][PAB]
TOBI [PartB]	<i>tobramycin/sodium chloride</i>	4	[PAB]
XOLAIR	<i>omalizumab</i>	4	[MO][MNT][PA]

### NASAL STEROIDS

<i>flunisolide 0.025% spray</i>		1	[MO][MNT][QLL, 50 ml/30]
<i>fluticasone propionate nasal</i> <i>inhaled steroids</i>		1	[MO][MNT][QLL, 16 gm/30]
NASACORT AQ [G]	<i>triamcinolone acetonide</i>	2	[MO][MNT][QLL, 17/30]
NASONEX	<i>mometasone</i>	2	[MO][MNT]
<i>triamcinolone acetonide</i> <i>nasal inhaled steroids</i>		1	[MO][MNT][QLL, 17 gm/30]
VERAMYST	<i>fluticasone furoate</i>	2	[MO][MNT]

### STEROID INHALANTS

ASMANEX	<i>mometasone</i>	2	[MO][MNT][QLL, 2 doses/30]
<i>budesonide nebs</i> [PartB]		1	[MO][MNT][PAB][QLL, 120/30]
FLOVENT DISKUS	<i>fluticasone propionate</i>	2	[MO][MNT]

Drug	Generic	Tier	Requirements/Limits
FLOVENT HFA	<i>fluticasone propionate</i>	2	[MO][MNT]
QVAR	<i>beclomethasone</i>	2	[MO][MNT][QLL, 24/30]

## STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKUS	<i>salmeterol/fluticasone</i>	2	[MO][MNT]
ADVAIR HFA	<i>salmeterol/fluticasone</i>	2	[MO][MNT]
DULERA	<i>mometasone/formoterol</i>	2	[MO][MNT][QLL, 13 gm/30]
SYMBICORT	<i>budesonide/formoterol fum</i>	2	[MO][MNT][QLL, 11 gm/30]

## XANTHINES

<i>aminophylline 250 mg/10 ml v/</i>		1	
<i>aminophylline tablet</i>		1	[MO][MNT]
ELIXOPHYLLIN	<i>theophylline</i>	2	[MO][MNT]
THEO-24	<i>theophylline</i>	2	[MO][MNT]
<i>theochron er 100 mg tablet, -er 300 mg tablet</i>		1	[MO][MNT]
<i>theophylline anhydrous tablet sustained action</i>		1	[MO][MNT]
<i>theophylline tablet sustained action</i>		1	[MO][MNT]

## RESPIRATORY MEDICATIONS

### ANTIHISTAMINES

<i>arbinoxa</i>		1	[MO]
<i>diphenhydramine 50 mg/ml syrng</i>		1	[MO]
<i>promethazine 25 mg/ml ampul, -25 mg/ml vial, -50 mg/ml ampul</i>		1	[MO]

### BETA-2 ADRENERGIC DRUGS

<i>levalbuterol hcl nebs [PartB]</i>		1	[MO][MNT]
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Drug	Generic	Tier	Requirements/Limits
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### LEUKOTRIENE MODIFIERS

<i>montelukast sod 4 mg granules</i>		1	[MO][MNT]
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### METHYL XANTHINE DRUGS

<i>aminophylline 500 mg/20 ml v/</i>		1	[MO]
<i>theochron er 200 mg tablet</i>		1	[MO][MNT]
<i>theophylline solution</i>		1	[MO][MNT]

### OTHER DRUGS FOR ASTHMA

<i>epinephrine 0.3 mg auto-inject</i>		1	
<i>epinephrine 1 mg/ml ampul, -1 mg/ml vial</i>		1	[MO]

## TOPICAL

### DERMATOLOGY, ACNE

<i>adapalene</i>		1	
<i>amnestem</i>		1	
<i>avita</i>		1	
<i>claravis</i>		1	
<i>clindamycin phosphate foam (non-contraceptive), -gel, -lotion, -soln, top, -swabs, applicators</i>		1	
<i>clindamycin-benzoyl perox gel</i>		1	
<i>ery</i>		1	
<i>erythromycin gel, -soln, top</i>		1	
<i>erythromycin-benzoyl peroxide</i>		1	
<i>sotret</i>		1	
<i>sulfacetamide sodium lotion</i>		1	
<i>tretinoin 0.025% cream, -0.05% cream, -0.1% cream, -gel</i>		1	

Drug	Generic	Tier	Requirements/Limits
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### DERMATOLOGY, ACTINIC KERATOSIS

CARAC	<i>fluorouracil</i>	2	
<i>fluorouracil cream, -soln, top</i>		1	
SOLARAZE	<i>diclofenac sodium</i>	2	

### DERMATOLOGY, ANTIBIOTICS

BACTROBAN CREAM	<i>mupirocin calcium</i>	2	
<i>clotrimazole-betamethasone</i>		1	
<i>gentamicin sulfate cream, -0.1% ointment</i>		1	
<i>mupirocin oint</i>		1	
<i>nystatin-triamcinolone</i>		1	
<i>silver sulfadiazine cream</i>		1	
<i>ssd</i>		1	
<i>thermazene</i>		1	

### DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox cream, -gel, -lotion, -oil, shampoo, cleanser, -soln, top</i>		1	
<i>clotrimazole 1% cream, -soln, top</i>		1	
<i>econazole nitrate cream</i>		1	
<i>ketoconazole cream, -foam (non-contraceptive)</i>		1	
<i>ketodan combo packs</i>		1	
<i>nyamyc</i>		1	
<i>nystatin cream, -oint, -100,000 unit/gm powd</i>		1	
<i>nystop</i>		1	
<i>pedi-dri</i>		1	

### DERMATOLOGY, ANTIPRURITIC

<i>proctocream-hc [G]</i>		1	
<i>proctosol-hc</i>		1	
<i>proctozone-hc</i>		1	
ZONALON	<i>doxepin</i>	2	

Drug	Generic	Tier	Requirements/Limits
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### DERMATOLOGY, ANTIPSORIATICS

<i>calcipotriene</i>		1	
DOVONEX CREAM [G]	<i>calcipotriene</i>	2	
OXSORALEN-ULTRA	<i>methoxsalen</i>	4	[PA]
TAZORAC	<i>tazarotene</i>	3	[PA]

### DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole oil, shampoo, cleanser</i>		1	
<i>selenium sulfide 2.5% lotion</i>		1	

### DERMATOLOGY, ANTIVIRALS

DENAVIR	<i>penciclovir</i>	2	
ZOVIRAX CREAM, -OINT	<i>acyclovir</i>	2	

### DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i>		1	
<i>alclometasone dipropionate</i>		1	
<i>amcinonide</i>		1	
<i>betamethasone dipropionate cream, -dp aug 0.05% lot, - oint</i>		1	
<i>betamethasone dp 0.05% lot</i>		1	[MO]
<i>betamethasone valerate cream, -lotion, -oint</i>		1	
<i>clobetasol emollient</i>		1	
<i>clobetasol propionate foam (non-contraceptive), -gel, - lotion, -oil, shampoo, cleanser, -oint, -soln, top</i>		1	
DERMA-SMOOTHIE-FS [G]	<i>fluocinolone acetonide</i>	2	
<i>desonide cream, -lotion, - oint</i>		1	
<i>desoximetasone cream, -gel, -0.25% ointment</i>		1	
<i>diflorasone diacetate</i>		1	
<i>fluocinolone acetonide cream, -oint, -soln, top</i>		1	
<i>fluocinolone acetonide oil, shampoo, cleanser</i>		1	[MO]



Drug	Generic	Tier	Requirements/Limits
<i>fluocinonide emollient</i>		1	
<i>fluocinonide gel, -oint, -soln, top</i>		1	
<i>fluocinonide-e</i>		1	[MO]
<i>fluticasone propionate cream, -oint</i>		1	
<i>halobetasol propionate</i>		1	
<i>hydrocortisone 1% cream</i>		1	
<i>hydrocortisone 1% cream, -2.5% cream, -2.5% lotion, -1% absorbbase, -1% ointment, -2.5% ointment</i>		1	
<i>hydrocortisone butyrate</i>		1	
<i>hydrocortisone valerate</i>		1	
<i>lokara [G]</i>		1	
<i>mometasone furoate cream, -lotion, -oint</i>		1	
<i>prednicarbate</i>		1	
<i>procto-pak</i>		1	
<i>triamcinolone acetonide cream, -lotion, -oint</i>		1	
<i>triderm</i>		1	

### DERMATOLOGY, IMMUNOMODULATORS

ELIDEL	<i>pimecrolimus</i>	2	[PA]
PROTOPIC	<i>tacrolimus</i>	2	[PA]

### DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine hcl dental/mucous membrn products, -gel</i>		1	
<i>lidocaine oint</i>		1	
<i>lidocaine-prilocaine</i>		1	
LIDODERM	<i>lidocaine</i>	2	[PA][QLL, 90/30]

### DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>ammonium lactate cream, -lotion</i>		1	
<i>imiquimod cream</i>		1	
<i>laclotion</i>		1	
PANRETIN	<i>alitretinoin</i>	4	
<i>podofilox</i>		1	

Drug	Generic	Tier	Requirements/Limits
TARGRETIN GEL	<i>bexarotene</i>	4	
VOLTAREN GEL	<i>diclofenac sodium</i>	2	[MO][MNT]
ZYCLARA 3.75% CREAM, - 3.75% CREAM PUMP	<i>imiquimod</i>	2	

### DERMATOLOGY, ROSACEA

METROGEL	<i>metronidazole</i>	2	
<i>metronidazole cream, -gel, - lotion</i>		1	
ORACEA	<i>doxycycline monohydrate</i>	2	

### DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>acticin</i>		1	
<i>malathion</i>		1	
<i>permethrin cream</i>		1	

### DERMATOLOGY, WOUND CARE AGENTS

REGRANEX	<i>becaplermin</i>	4	[PA]
SANTYL	<i>collagenase</i>	2	
<i>sodium chloride solution</i>		1	

### MOUTH/THROAT/DENTAL AGENTS

<i>chlorhexidine gluconate dental/mucous membrn products</i>		1	
EVOXAC [G]	<i>cevimeline</i>	2	[MO][MNT]
<i>lidocaine hcl viscous</i>		1	
<i>nystatin oral susp</i>		1	
<i>periogard</i>		1	
<i>pilocarpine hcl tablet</i>		1	
<i>triamcinolone acetonide paste</i>		1	

### OTIC

<i>acetazol hc</i>		1	
<i>acetic acid otic drops</i>		1	
<i>cortomycin</i>		1	
DERMOTIC [G]	<i>fluocinolone acetonide</i>	2	

Drug	Generic	Tier	Requirements/Limits
<i>fluocinolone acetonide oil</i>		1	[MO]
<i>hydrocortisone-acetic acid</i>		1	
<i>neomycin-polymyxin-hc suspensions, (not oral)</i>		1	
<i>neomycin-polymyxin-hydrocort</i>		1	
<i>ofloxacin otic drops</i>		1	

## UROLOGICAL MEDICATIONS

### ANTICHOLINERGIC ANTISPASMODICS

GELNIQUE GEL	<i>oxybutynin</i>	2	[MO][MNT]
<i>tolterodine tartrate</i>		1	[MO][MNT]

### OTHER GENITOURINARY PRODUCTS

<i>cytra-k packet</i>		1	
<i>neomy-polymyxin b 40 mg/ml vl</i>		1	[MO]

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