

## **Abrazo Advantage (HMO)**

### **2010 Comprehensive Formulary**



7878 N. 16th Street, Suite 105, Phoenix, AZ 85020

Member Services: 602-824-3900 or 888-864-1114  
7 days a week, 8:00 a.m. to 8:00 p.m.

Hearing Impaired Assistance TTY/TDD: 602-824-3909 OR  
800-489-1472 Monday-Friday, 8:00 a.m. to 5:00 p.m.  
or call 800-842-4681 to access the Arizona Relay  
System after hours, on weekends and holidays.

# **ABRAZO ADVANTAGE PLAN**

## **2010 Comprehensive 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.

## **What is the Abrazo Advantage Formulary?**

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

## **Can the Formulary change?**

Generally, if you are taking a drug on our 2009 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2010 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected

members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of December 2009. To get updated information about the drugs covered by Abrazo Advantage, please visit our Web site at [www.abrazoadvantage.com](http://www.abrazoadvantage.com) or call Member Services at (888) 864-1114, seven days a week 8:00 a.m. to 8:00 p.m. TTY/TDD users should call (800) 489-1472 Monday-Friday, 8:00 a.m. to 5:00 p.m. or call (800) 842-4681 to access the Arizona Relay System after hours, on weekends and holidays. In the event of a mid-year non-maintenance formulary change we will notify members by mail with a printed sheet of the drugs that were affected by the 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 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Medications. If you know what your drug is used for, look for the category name in the list that begins page 7. Then look under the category name for your drug.

## Alphabetical Listing

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If you are not sure what category to look under, you should look for your drug in the Index that begins on page 71. 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?

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

## Are there any restrictions on my coverage?

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

## Prior Authorization

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Abrazo Advantage requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Abrazo Advantage before you fill your prescriptions. If you don't get approval, Abrazo Advantage may not cover the drug.

## Quantity Limits

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For certain drugs, Abrazo Advantage limits the amount of the drug that Abrazo Advantage will cover. For example, Abrazo Advantage provides 30 tablets per prescription for Vytarin. This may be in addition to a standard one month or three month supply.

## Step Therapy

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In some cases, Abrazo Advantage (HMO) 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, Abrazo Advantage (HMO) may not cover drug B unless you try Drug A first. If Drug A does not work for you, Abrazo Advantage (HMO) 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 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.abrazoadvantage.com](http://www.abrazoadvantage.com).

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

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Abrazo Advantage (HMO) pays for certain OTC drugs. Abrazo Advantage (HMO) will provide these OTC drugs at no cost to you. The cost to Abrazo Advantage (HMO) of these OTC drugs will not count toward your total drug costs.

## 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 Abrazo Advantage does not cover your drug, you have two options:

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

## How do I request an exception to the Abrazo Advantage Formulary?

You can ask Abrazo 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, Abrazo Advantage limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our highest tier subject to the tiering exceptions process tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the lowest tier subject to the tiering exceptions process tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the tier designated as the high-cost drug tier.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision

within 72 hours of getting your 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 prescribing physician's supporting statement.

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

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

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

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

## **For more information**

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

If you have questions about Abrazo Advantage, please call Member Services at (888) 864-1114, seven days a week 8:00 a.m. to 8:00 p.m. TTY/TDD users should call (800) 489-1472 Monday-Friday, 8:00 a.m. to 5:00 p.m. or call (800) 842-4681 to access the Arizona Relay System after hours, on weekends and holidays. Or visit [www.abrazoadvantage.com](http://www.abrazoadvantage.com).

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

## **Abrazo Advantage Formulary**

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The formulary that begins on page 7 provides coverage information about some of the drugs covered by Abrazo Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 71.

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

The information in the Notes column tells you if Abrazo Advantage has any special requirements for coverage of your drug.

**[LA] – Limited Access:** Indicates these prescriptions may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at (888) 864-1114, seven days a week 8:00 a.m. to 8:00 p.m. TTY/TDD users should call (800) 489-1472 Monday-Friday, 8:00 a.m. to 5:00 p.m. or call (800) 842-4681 to access the Arizona Relay System after hours, on weekends and holidays.

**[PAR] – Prior Authorization:** Indicates the prescription must be approved by our plan.

**[QLL] – Quantity Level Limits:** Indicates that quantities dispensed may be limited.

**[ST] – Step Therapy:** Indicates that step therapy may apply.

**Asterisk Symbol (\*):** Indicates that we provide coverage of these prescription drugs in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

### **Abrazo Advantage has four (4) tiers:**

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- **Tier 1** – Generic drugs with a \$10.00 copay for a one-month (30-day) supply.
- **Tier 2** – Preferred Brand drugs with a \$40.00 copay for a one-month (30-day) supply.
- **Tier 3** – Brand drugs with a \$40.00 copay for a one-month (30-day) supply.
- **Tier 4** – Specialty drugs with a 20% coinsurance for a one-month (30-day) supply.

# OTC Drug Table

DRUG	GENERIC	TIER	RESTRICTIONS
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## MEDICAL (MISCELLANEOUS) SUPPLIES

### DIABETIC SUPPLIES

ACCU-CHEK [OTC]		2	
ACCU-CHEK ACTIVE [OTC]		2	
ACCU-CHEK ADVANTAGE [OTC]		2	
ACCU-CHEK AVIVA [OTC]		2	
ACCU-CHEK COMFORT CURVE [OTC]		2	
ACCU-CHEK COMPACT [OTC]		2	
ACCU-CHEK III [OTC]		2	
ACCU-CHEK INSTANT [OTC]		2	
ACCU-CHEK INSTANT PLUS [OTC]		2	
ASCENSIA AUTODISC [OTC]		2	
ASCENSIA ELITE [OTC]		2	
AUTODISC NORMAL [OTC]		2	
BREEZE 2 [OTC]		2	
CONTOUR [OTC]		2	
EASY CHECK CONTROL SOLUTION [OTC]		2	

**LEGEND:** [LA] = Limited Access, [PAR] = Prior Authorization, [QLL] = Quantity Level Limits, [ST] = Step Therapy  
 \* We provide coverage of all Tier 1 prescription drugs in the coverage gap. All the drugs listed above with the exception of the ones that have a [LA] in the Notes column are available through mail-order.

# General Drug Table

DRUG	GENERIC	TIER	RESTRICTIONS
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## ANESTHETICS

### LOCAL ANESTHETICS

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

### TOPICAL ANESTHETICS

<i>lidocaine hcl cream, -jelly with prefilled applicator, -lotion, -ointment, -solution non-oral</i>		1	
<i>lidocaine hcl viscous</i>		1	
<i>lidocaine-prilocaine</i>		1	
LIDODERM	<i>lidocaine</i>	2	[PAR]

## ANTIINFECTIVES

### AMEBICIDES

<i>paromomycin sulfate</i>		1	
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### AMINOGLYCOSIDES

<i>amikacin sulfate</i>		1	
<i>gentamicin 100 mg/ns 100 ml, -60 mg/ns 100 ml pb, -60 mg/ns 50 ml pb, -70 mg/ns 50 ml pb, -80 mg/ns 100 ml pb, -80 mg/ns 50 ml pb, -90 mg/ns 100 ml pb, -gentamicin 100 mg/100 ml, -gentamicin 120 mg/100 ml, -gentamicin 60 mg/50 ml, -gentamicin 80 mg/50 ml</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>gentamicin sulfate injection</i>		1	
ISOTON GENTAMICIN 40 MG/50 ML	<i>gentamicin/sodium chloride</i>	2	
<i>kanamycin sulfate</i>		1	
<i>neomycin sulfate</i>		1	
<i>tobramycin sulfate in ns</i>		1	
<i>tobramycin sulfate injection</i>		1	
<b>ANTHELMINTICS</b>			
ALBENZA	<i>albendazole</i>	2	
<i>mebendazole</i>		1	
STROMEKTOL	<i>ivermectin</i>	2	
<b>ANTIINFECTIVES SPECIALIZED INDICATIONS</b>			
DAPSONE	<i>dapsone</i>	2	
<i>metronidazole capsule, -injection, -tablet</i>		1	
<i>metryl</i>		1	
<b>ANTIRETROVIRALS AND PROTEASE INH</b>			
APTIVUS	<i>tipranavir/vitamin e tpgs</i>	4	
ATRIPLA	<i>emtricitabine/tenofovir/efavir</i>	4	
COMBIVIR	<i>lamivudine/zidovudine</i>	4	
CRIXIVAN	<i>indinavir</i>	2	
<i>didanosine</i>		1	
EMTRIVA	<i>emtricitabine</i>	2	
EPIVIR	<i>lamivudine</i>	2	
EPZICOM	<i>abacavir sulfate/lamivudine</i>	4	
FUZEON	<i>enfuvirtide</i>	4	
INTELENCE	<i>etravirine</i>	4	
INVIRASE	<i>saquinavir mesylate</i>	4	
ISENTRESS	<i>raltegravir potassium</i>	4	
KALETRA	<i>ritonavir/lopinavir</i>	4	
LEXIVA SUSPENSION ORAL	<i>fosamprenavir calcium</i>	2	
LEXIVA TABLET	<i>fosamprenavir calcium</i>	4	
NORVIR CAPSULE	<i>ritonavir</i>	2	
NORVIR SOLUTION	<i>ritonavir</i>	4	
PREZISTA 150 MG TABLET	<i>darunavir ethanolate</i>	2	
PREZISTA 400 MG TABLET, -600 MG TABLET, -75 MG TABLET	<i>darunavir ethanolate</i>	4	

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DRUG	GENERIC	TIER	RESTRICTIONS
RESCRIPTOR	<i>delavirdine mesylate</i>	2	
RETROVIR INJECTION	<i>zidovudine</i>	2	
REYATAZ	<i>atazanavir sulfate</i>	4	
SELZENTRY	<i>maraviroc</i>	4	
<i>stavudine</i>		1	
SUSTIVA	<i>efavirenz</i>	2	
TRIZIVIR	<i>zidovudine/lamivudine/abacavir</i>	4	
TRUVADA	<i>emtricitabine/tenofovir</i>	4	
VIDEX	<i>didanosine</i>	2	
VIRACEPT	<i>nelfinavir mesylate</i>	2	
VIRAMUNE	<i>nevirapine</i>	2	
VIREAD	<i>tenofovir disproxil fumarate</i>	2	
ZIAGEN	<i>abacavir sulfate</i>	2	
<i>zidovudine</i>		1	

### ANTITUBERCULOSIS DRUGS

CAPASTAT SULFATE	<i>capreomycin</i>	4	
CYCLOSERINE	<i>cycloserine</i>	2	
<i>ethambutol hcl</i>		1	
<i>isonarif</i>		1	
<i>isoniazid</i>		1	
MYCOBUTIN	<i>rifabutin</i>	2	
PASER	<i>aminosalicylic acid</i>	2	
PRIFTIN	<i>rifapentine</i>	2	
<i>pyrazinamide</i>		1	
<i>rifampin cap, -capsule</i>		1	
<i>rifampin injection</i>		4	
SEROMYCIN	<i>cycloserine</i>	2	
TRECTOR	<i>ethionamide</i>	2	

### CEPHALOSPORINS

<i>cefaclor</i>		1	
<i>cefaclor er</i>		1	
<i>cefadroxil</i>		1	
<i>cefazolin 1 gm add-van vial, -1 gm vial, -1 gm-d5w bag, -10 gm vial, -20 gm bulk vial, -500 mg vial, -500 mg-d5w bag</i>		1	
<i>cefdinir</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>cefepime</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</i>		1	
<i>ceftriaxone</i>		1	
<i>cefuroxime</i>		1	
<i>cefuroxime axetil</i>		1	
<i>cefuroxime sodium</i>		1	
<i>cephalexin</i>		1	
MAXIPIME 500 MG VIAL	<i>cefepime</i>	2	
SUPRAX	<i>cefixime</i>	2	

## CHLORAMPHENICOLS

<i>chloramphenicol sod succinate</i>		1	
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## CLINDAMYCINS

CLEOCIN PALMITATE	<i>clindamycin palmitate</i>	2	
<i>clindamycin hcl</i>		1	
<i>clindamycin phosphate injection</i>		1	

## ERYTHROMYCINS

ERY-TAB	<i>erythromycin base</i>	2	
ERYTHROCIN LACTOBIONATE	<i>erythromycin lactobionate</i>	2	
<i>erythrocin stearate</i>		1	
<i>erythromycin capsule enteric coated, -tablet</i>		1	
<i>erythromycin ethylsuccinate</i>		1	

## ORAL ANTIFUNGAL DRUGS

ANCOBON	<i>flucytosine</i>	4	
<i>clotrimazole troche</i>		1	
<i>fluconazole 100 mg tablet, -200 mg tablet, -50 mg tablet</i>		1	[PAR]
<i>fluconazole 150 mg tablet</i>		1	[QLL]

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>fluconazole suspension</i>		1	
GRIFULVIN V TABLET	<i>griseofulvin microsize</i>	2	
<i>griseofulvin</i>		1	
GRIS-PEG	<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole</i>		1	[PAR]
<i>ketoconazole tablet</i>		1	
LAMISIL PKT	<i>terbinafine</i>	2	[PAR]
NOXAFIL	<i>posaconazole</i>	4	
<i>nystatin powder, -suspension oral, -tablet</i>		1	
<i>terbinafine hcl</i>		1	[PAR]
VFEND	<i>voriconazole</i>	4	[PAR]

## OTHER ANTIINFECTIVE DRUGS

ALINIA	<i>nitazoxanide</i>	2	
<i>baciim</i>		1	
<i>bacitracin injection</i>		1	
<i>colistimethate sodium</i>		4	
CUBICIN	<i>daptomycin</i>	4	
DORIBAX	<i>doripenem</i>	4	
INVANZ 1 GM ADD-VANTAGE VIAL, -1 GM VIAL	<i>ertapenem sodium</i>	2	
<i>lincoject</i>		1	
MEPRON	<i>atovaquone</i>	4	
MERREM IV 1 GM VIAL	<i>meropenem</i>	4	
MERREM IV 500 MG VIAL	<i>meropenem</i>	2	
NEUTREXIN	<i>trimetrexate</i>	2	
<i>pentamidine isethionate</i>		1	
<i>polymyxin b sulfate injection</i>		1	
POLYMYXIN B SULFATE POWDER	<i>polymyxin b</i>	3	
PRIMAXIN 250 MG VIAL	<i>imipenem/cilastatin sodium</i>	2	
PRIMAXIN 500 MG VIAL	<i>imipenem/cilastatin sodium</i>	4	
PRIMAXIN I.M.	<i>imipenem/cilastatin sodium</i>	4	
SYNERCID	<i>quinupristin/dalfopristin</i>	4	
TYGACIL	<i>tigecycline</i>	4	
VANCOGIN HCL	<i>vancomycin</i>	4	
<i>vancomycin 1 gm add-van vial, -1 gm vial, -10 gm vial, -5 gm vial, -500 mg a/v vial, -500 mg vial, -750 mg vial</i>		1	

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 \* We provide coverage of all Tier 1 prescription drugs in the coverage gap. All the drugs listed above with the exception of the ones that have a [LA] in the Notes column are available through mail-order.

DRUG	GENERIC	TIER	RESTRICTIONS
ZYVOX INJECTION	<i>linezolid</i>	4	
ZYVOX SUSPENSION RECONSTITUTED ORAL, -TABLET	<i>linezolid</i>	4	[PAR]

### OTHER ANTIVIRAL DRUGS

<i>acyclovir</i>		1	
<i>acyclovir sodium</i>		1	
<i>amantadine</i>		1	
BARACLUDE SOLUTION	<i>entecavir</i>	2	
BARACLUDE TABLET	<i>entecavir</i>	4	
CYTOVENE	<i>ganciclovir</i>	2	
DENAVIR	<i>penciclovir</i>	2	
EPIVIR HBV	<i>lamivudine</i>	2	
<i>famciclovir</i>		1	[QLL]
<i>foscarnet sodium</i>		1	
<i>ganciclovir</i>		4	
HEPSERA	<i>adefovir dipivoxil</i>	4	
RELENZA	<i>zanamivir</i>	2	
<i>ribapak</i>		4	
<i>ribasphere 200 mg tablet</i>		1	
<i>ribasphere 400 mg tablet, -600 mg tablet, -capsule</i>		4	
<i>ribavirin 200 mg tablet</i>		1	
<i>ribavirin 400 mg tablet, -600 mg tablet, -capsule</i>		4	
<i>rimantadine hcl</i>		1	
TAMIFLU CAPSULE	<i>oseltamivir phosphate</i>	2	[QLL]
TAMIFLU SUSPENSION	<i>oseltamivir phosphate</i>	2	
TYZEKA	<i>telbivudine</i>	2	
VALCYTE	<i>valganciclovir</i>	4	
VIRAZOLE	<i>ribavirin</i>	2	
ZOVIRAX CREAM, -OINTMENT	<i>acyclovir</i>	2	

### OTHER MACROLIDES

<i>azithromycin 250 mg tablet, -500 mg tablet, -suspension</i>		1	[QLL]
<i>azithromycin 600 mg tablet, -injection, -packet</i>		1	
<i>clarithromycin</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>clarithromycin er</i>		1	
<b>OTHER TOPICAL ANTIFUNGALS</b>			
<i>ciclopirox cream, -gel, -kit, -suspension topical</i>		1	
<i>ciclopirox solution non-oral</i>		1	[PAR]
<i>clotrimazole 1% cream, -1% solution, -cvs 1% cream, -qc 1% cream, -sm 1% solution, -sm af 1% cream</i>		1	
<i>econazole nitrate</i>		1	
<i>ketoconazole cream, -shampoo</i>		1	
<i>nyamyc</i>		1	
<i>nystatin cream, -ointment, -powder, -pud</i>		1	
<i>nystop</i>		1	
<i>pedi-dri</i>		1	
<b>PARENTERAL ANTIFUNGALS</b>			
ABELCET	<i>amphotericin b lipid complex</i>	4	
AMBISOME	<i>amphotericin b liposome</i>	4	
AMPHOTEC	<i>ampho b c-s</i>	2	
<i>amphotericin b</i>		1	
CANCIDAS	<i>caspofungin acetate</i>	4	
<i>fluconazole in dextrose</i>		1	
<i>fluconazole in saline</i>		1	
MYCAMINE	<i>micafungin sodium</i>	4	
VFEND IV	<i>voriconazole</i>	4	
<b>PENICILLINS</b>			
<i>amoclan</i>		1	
<i>amox tr-potassium clavulanate</i>		1	
<i>amoxicillin</i>		1	
AMOXIL	<i>amoxicillin</i>	2	
<i>ampicillin sodium</i>		1	
<i>ampicillin trihydrate</i>		1	
<i>ampicillin-sulbactam</i>		1	
AUGMENTIN 125-31.25 SUSPEN, -250-62.5 MG/5 ML, -TABLET CHEWABLE	<i>amoxicillin clavulanate</i>	2	
<i>dicloxacillin sodium</i>		1	
<i>nafcillin</i>		4	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>nafcillin sodium</i>		4	
<i>oxacillin</i>		4	
<i>oxacillin 1 gm add-vantage vl, -1 gm vial</i>		1	
<i>oxacillin 10 gm vial, -2 gm add-vantage vl, -2 gm vial</i>		4	
<i>penicillin g potassium</i>		1	
<i>penicillin g procaine</i>		1	
<i>penicillin g sodium</i>		1	
<i>penicillin v potassium</i>		1	
<i>piperacillin</i>		1	
<i>piperacillin-tazobactam</i>		1	
PIPRACIL IN DEXTROSE	<i>piperacillin</i>	2	
<i>veetids 125</i>		1	
<i>veetids 250</i>		1	
ZOSYN	<i>piperacillin/tazobactam/sod cl</i>	2	

## PLASMODICIDES

<i>chloroquine phosphate</i>		1	
COARTEM	<i>artemether/lumefantrine</i>	2	
DARAPRIM	<i>pyrimethamine</i>	2	
FANSIDAR	<i>pyrimethamine/sulfadoxine</i>	2	
HALFAN	<i>halofantrine</i>	2	
<i>hydroxychloroquine sulfate</i>		1	
MALARONE	<i>atovaquone/proguanil hcl</i>	3	
<i>mefloquine hcl</i>		1	
PRIMAQUINE	<i>primaquine</i>	2	
QUALAQUIN	<i>quinine sulfate</i>	2	

## QUINOLONES

AVELOX	<i>moxifloxacin</i>	2	
AVELOX ABC PACK	<i>moxifloxacin</i>	2	
AVELOX IV	<i>moxifloxacin</i>	2	
<i>ciprofloxacin</i>		1	
<i>ciprofloxacin er</i>		1	
<i>ciprofloxacin hcl tablet</i>		1	
<i>ciprofloxacin-d5w</i>		1	
<i>ofloxacin tablet</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
<b>SULFONAMIDES</b>			
<i>erythromycin-sulfisoxazole</i>		1	
GANTRISIN	<i>sulfisoxazole acetyl</i>	2	
<i>sulfadiazine</i>		1	
<i>sulfamethoxazole-trimethoprim</i>		1	
<i>sulfatrim</i>		1	
<b>TETRACYCLINES</b>			
<i>demeclocycline hcl</i>		1	
<i>doxycycline</i>		1	
<i>doxycycline hyclate cap, -capsule, -capsule</i>			
<i>enteric coated, -injection, -tablet</i>		1	
<i>doxycycline monohydrate</i>		1	
<i>doxy-lemmon</i>		1	
<i>ed doxy-caps</i>		1	
<i>minocycline hcl</i>		1	
<i>tetracycline hcl</i>		1	
<b>TOPICAL ANTIBACTERIAL DRUGS</b>			
CHLORHEXIDINE GLUCONATE SOLUTION NON-ORAL	<i>chlorhexidine</i>	2	
<i>gentamicin sulfate cream, -ointment</i>		1	
<i>mupirocin</i>		1	
<i>silver sulfadiazine</i>		1	
<i>ssd</i>		1	
<i>ssd af</i>		1	
SULFAMYLON	<i>mafenide acetate</i>	2	
<i>thermazene</i>		1	
<b>TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.</b>			
<i>clotrimazole-betamethasone</i>		1	
<i>nystatin-triamcinolone</i>		1	
<b>URINARY ANTIINFECTIVES</b>			
FURADANTIN	<i>nitrofurantoin</i>	2	
<i>methenamine hippurate</i>		1	
<i>methenamine mandelate</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>nitrofurantoin</i>		1	
<i>nitrofurantoin mono-macro</i>		1	
PRIMSOL	<i>trimethoprim</i>	2	
<i>trimethoprim</i>		1	
<i>utac</i>		1	
<i>visqid a-a</i>		1	

## VAGINAL ANTIFUNGALS

<i>miconazole 3 200 mg vag supp</i>		1	[QLL]
<i>nystatin tablet</i>		1	
<i>terconazole</i>		1	[QLL]

## ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS

### ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS

AFINITOR	<i>everolimus</i>	4	
AMEVIVE [LA]	<i>alefacept</i>	4	[PAR]
<i>anagrelide hcl</i>		1	
ARIMIDEX	<i>anastrozole</i>	2	
AROMASIN	<i>exemestane</i>	2	
AZASAN	<i>azathioprine</i>	2	[PAR]
<i>azathioprine</i>		1	[PAR]
<i>azathioprine sodium</i>		1	[PAR]
<i>bicalutamide</i>		1	
<i>bleomycin sulfate 15 units via</i>		1	
<i>bleomycin sulfate 30 units via</i>		4	
CAMPATH	<i>alemtuzumab</i>	4	
CEENU	<i>lomustine</i>	2	
CELLCEPT INJECTION	<i>mycophenolate mofetil</i>	2	[PAR]
CELLCEPT SUSPENSION RECONSTITUTED ORAL	<i>mycophenolate mofetil</i>	4	[PAR]
<i>cyclophosphamide tablet</i>		1	[PAR]
<i>cyclosporine</i>		1	[PAR]
<i>cytarabine</i>		1	
DEPOCYT	<i>cytarabine liposome</i>	2	
DEPO-PROVERA	<i>medroxyprogesterone</i>	2	
DROXIA	<i>hydroxyurea</i>	3	

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DRUG	GENERIC	TIER	RESTRICTIONS
ELIGARD	<i>leuprolide</i>	2	[PAR]
ELITEK	<i>rasburicase</i>	4	
ELSPAR	<i>asparaginase</i>	4	
EMCYT	<i>estramustine phosphate sodium</i>	2	
ENBREL	<i>etanercept</i>	4	[PAR]
FARESTON	<i>toremifene</i>	2	
FASLODEX	<i>fulvestrant</i>	4	
FEMARA	<i>letrozole</i>	2	
FIRMAGON 2 X 120 MG VIALS	<i>degarelix acetate</i>	4	
FIRMAGON 80 MG VIAL	<i>degarelix acetate</i>	2	
<i>floxuridine</i>		1	
<i>flutamide</i>		1	
<i>fudr</i>		1	
<i>gengraf</i>		1	[PAR]
GLEEVEC	<i>imatinib mesylate</i>	4	
HEXALEN	<i>altretamine</i>	4	
HUMIRA	<i>adalimumab</i>	4	[PAR]
<i>hydroxyurea</i>		1	
IRESSA [LA]	<i>gefitinib</i>	4	
<i>leflunomide</i>		1	[QLL]
<i>leucovorin calcium</i>		1	
LEUKERAN	<i>chlorambucil</i>	2	
LYSODREN	<i>mitotane</i>	4	
MATULANE	<i>procarbazine</i>	4	
MEGACE ES	<i>megestrol</i>	2	
<i>megestrol acetate</i>		1	
<i>mercaptopurine</i>		1	
MESNEX TABLET	<i>mesna</i>	4	
<i>methotrexate injection</i>		1	
<i>methotrexate tablet</i>		1	[PAR]
<i>mitoxantrone hcl</i>		4	[PAR]
MUSTARGEN	<i>mechlorethamine</i>	2	
<i>mycophenolate mofetil capsule</i>		1	[PAR]
<i>mycophenolate mofetil tablet</i>		4	[PAR]
MYFORTIC	<i>mycophenolate sodium</i>	2	[PAR]
NEXAVAR [LA]	<i>sorafenib tosylate</i>	4	
NILANDRON	<i>nilutamide</i>	2	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>octreotide 1,000 mcg/ml vial, -acet 100 mcg/ml amp, -acet 100 mcg/ml vl, -acet 200 mcg/ml vl, -acet 500 mcg/ml amp, -acet 500 mcg/ml vl</i>		4	
<i>octreotide acet 50 mcg/ml amp, -acet 50 mcg/ml vial</i>		1	
ONCASPAR	<i>pegaspargase</i>	4	
ONTAK	<i>denileukin diftitox</i>	4	
ORENCIA	<i>abatacept/maltose</i>	4	[PAR]
ORTHOCLONE OKT-3	<i>muronab-cd3</i>	2	[PAR]
PROGRAF 0.5 MG CAPSULE, -1 MG CAPSULE, -INJECTION	<i>tacrolimus</i>	2	[PAR]
PROGRAF 5 MG CAPSULE	<i>tacrolimus</i>	4	[PAR]
RAPAMUNE	<i>sirolimus</i>	2	[PAR]
REMICADE	<i>infliximab</i>	4	[PAR]
REVLIMID [LA]	<i>lenalidomide</i>	4	
RITUXAN	<i>rituximab</i>	4	[PAR]
SANDOSTATIN LAR	<i>octreotide</i>	4	
SIMULECT	<i>basiliximab</i>	2	[PAR]
SPRYCEL	<i>dasatinib</i>	4	
SUTENT	<i>sunitinib malate</i>	4	
<i>tacrolimus anhydrous 0.5mg cap, -1 mg cap</i>		1	[PAR]
<i>tacrolimus anhydrous 5 mg cap</i>		4	[PAR]
<i>tamoxifen citrate</i>		1	
TARCEVA	<i>erlotinib hcl</i>	4	
TARGRETIN	<i>bexarotene</i>	4	
TASIGNA	<i>nilotinib hydrochloride</i>	4	
THERACYS	<i>bcg vaccine</i>	2	
THIOGUANINE	<i>thioguanine</i>	2	
<i>thiotepa</i>		1	
TRELSTAR DEPOT [LA]	<i>triptorelin pamoate</i>	2	
TRELSTAR LA [LA]	<i>triptorelin pamoate</i>	2	
<i>tretinoin capsule</i>		4	
TRISENOX	<i>arsenic trioxide</i>	2	
TYKERB	<i>lapatinib ditosylate</i>	4	
TYSABRI [LA]	<i>natalizumab</i>	4	[PAR]
VANTAS	<i>histrelin ac</i>	2	
VELCADE	<i>bortezomib</i>	4	

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DRUG	GENERIC	TIER	RESTRICTIONS
VIDAZA	<i>azacitidine</i>	4	
VOTRIENT	<i>pazopanib</i>	2	
ZOLINZA	<i>vorinostat</i>	4	

## AUTONOMIC AND CNS MEDICATIONS

### ANALGESICS

<i>butorphanol tartrate injection</i>		1	
<i>nalbuphine hcl</i>		1	
PRIALT	<i>ziconotide acetate</i>	2	
<i>sufenta</i>		1	
<i>sufentanil citrate</i>		1	
<i>tramadol hcl</i>		1	
<i>tramadol hcl-acetaminophen</i>		1	

### ANTIDEMENTIA DRUGS

ARICEPT	<i>donepezil</i>	2	[ST]
ARICEPT ODT	<i>donepezil</i>	2	[ST]
EXELON	<i>rivastigmine tartrate</i>	2	[ST]
<i>galantamine hbr</i>		1	
<i>galantamine hydrobromide</i>		1	
NAMENDA	<i>memantine hcl</i>	2	
RAZADYNE SOLUTION	<i>galantamine</i>	2	[ST]

### ANTIMANIA DRUGS

<i>lithium carbonate</i>		1	
<i>lithium citrate</i>		1	

### ANTIPARKINSON ANTICHOLINERGIC DRUGS

<i>benztropine mesylate</i>		1	
<i>trihexyphenidyl hcl</i>		1	

### ANTIPSYCHOTIC DRUGS

ABILIFY DISCMELT	<i>aripiprazole</i>	2	[QLL]
ABILIFY INJECTION, -SOLUTION	<i>aripiprazole</i>	2	
ABILIFY TABLET	<i>aripiprazole</i>	2	[QLL]
<i>chlorpromazine hcl</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>clozapine</i>		1	
FAZACLO	<i>clozapine</i>	3	
<i>fluphenazine decanoate</i>		1	
<i>fluphenazine hcl</i>		1	
GEODON CAPSULE	<i>ziprasidone</i>	2	[QLL]
GEODON INJECTION	<i>ziprasidone</i>	2	
<i>haloperidol</i>		1	
<i>haloperidol decanoate</i>		1	
<i>haloperidol lactate</i>		1	
INVEGA	<i>paliperidone</i>	2	[QLL]
INVEGA SUSTENNA	<i>paliperidone</i>	2	
<i>loxapine</i>		1	
MOBAN	<i>molindone</i>	3	
ORAP	<i>pimozide</i>	2	
<i>perphenazine</i>		1	
RISPERDAL CONSTA 12.5 MG SYR, -25 MG SYR	<i>risperidone</i>	2	
RISPERDAL CONSTA 37.5 MG SYR, -50 MG SYR	<i>risperidone</i>	4	
RISPERDAL M-TAB 1 MG ODT	<i>risperidone</i>	2	[QLL]
<i>risperidone</i>		1	[QLL]
<i>risperidone 0.25 mg odt, -0.5 mg odt, -2 mg odt, -3 mg odt, -4 mg odt</i>		1	[QLL]
<i>risperidone 1 mg odt</i>		1	
<i>risperidone m-tab</i>		1	[QLL]
SAPHRIS	<i>asenapine</i>	2	[QLL]
SEROQUEL	<i>quetiapine fumarate</i>	2	[QLL]
SEROQUEL XR	<i>quetiapine fumarate</i>	2	[QLL]
<i>thioridazine hcl</i>		1	
<i>thiothixene</i>		1	
<i>trifluoperazine hcl</i>		1	
ZYPREXA INJECTION	<i>olanzapine</i>	2	
ZYPREXA TABLET	<i>olanzapine</i>	2	[QLL]
ZYPREXA ZYDIS	<i>olanzapine</i>	2	[QLL]

### ANTIVERTIGO AND ANTIEMETIC DRUGS

ALOXI	<i>palonosetron hcl</i>	4	
CESAMET	<i>nabilone</i>	4	[QLL]

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DRUG	GENERIC	TIER	RESTRICTIONS
COMPAZINE SYRUP	<i>prochlorperazine edisylate</i>	2	
<i>compro</i>		1	
<i>dimenhydrinate injection</i>		1	
<i>dronabinol 10 mg capsule, -5 mg capsule</i>		4	[PAR]
<i>dronabinol 2.5 mg capsule</i>		1	[PAR]
EMEND CAP, -CAPSULE	<i>aprepitant</i>	2	[PAR][QLL]
EMEND INJECTION	<i>aprepitant</i>	2	[PAR]
<i>granisetron hcl injection</i>		1	
<i>granisetron hcl tablet</i>		1	[PAR][QLL]
<i>granisol</i>		1	[PAR][QLL]
<i>meclizine 12.5 mg tablet, -25 mg tablet</i>		1	
<i>ondansetron hcl in dextrose</i>		1	[PAR]
<i>ondansetron hcl injection</i>		1	
<i>ondansetron hcl solution, -tablet</i>		1	[PAR][QLL]
<i>ondansetron odt</i>		1	[PAR][QLL]
<i>phenadoz</i>		1	
<i>prochlorperazine edisylate</i>		1	
<i>prochlorperazine maleate</i>		1	
<i>promethazine hcl suppository rectal</i>		1	
<i>promethegan 12.5 mg suppos</i>		1	[PAR]
<i>promethegan 25 mg supp, -50 mg suppos</i>		1	
<i>trimethobenzamide 300 mg cap, -injection</i>		1	

## ANXIOLYTICS

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

## CARBAMAZEPINES

<i>carbamazepine</i>		1	
<i>carbamazepine xr</i>		1	
<i>epitol</i>		1	
<i>oxcarbazepine</i>		1	
TEGRETOL XR 100 MG TABLET	<i>carbamazepine</i>	2	
TRILEPTAL SUSPENSION	<i>oxcarbazepine</i>	2	

## CLASS II NARCOTICS

<i>alfentanil hydrochloride</i>		1	
<i>codeine phosphate</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>codeine sulfate</i>		1	
<i>diskets</i>		1	
<i>endocet</i>		1	
<i>endodan</i>		1	
<i>fentanyl</i>		1	
<i>fentanyl cit otfc 1,200 mcg, -otfc 200 mcg, -otfc 400 mcg, -otfc 600 mcg, -otfc 800 mcg</i>		4	[PAR][QLL]
<i>fentanyl cit otfc 1,600 mcg</i>		4	[PAR]
<i>fentanyl citrate injection</i>		1	
<i>hydromorphone hcl</i>		1	
<i>levorphanol tartrate</i>		1	
<i>meperidine hcl</i>		1	
<i>meperitab</i>		1	
<i>methadone</i>		1	
<i>methadone hcl</i>		1	
<i>methadone intensol</i>		1	
<i>methadose</i>		1	
<i>morphine sulfate in dextrose</i>		1	
<i>morphine sulfate injection, -solution, -suppository rectal, -tablet, -tablet sustained action</i>		1	
OPANA ER	<i>oxymorphone</i>	2	
<i>oxycodone hcl capsule, -solution, -tablet</i>		1	
<i>oxycodone hcl tab sa, -tablet sustained release 12hr</i>		1	[QLL]
<i>oxycodone hcl-acetaminophen</i>		1	
<i>oxycodone hcl-ibuprofen</i>		1	
<i>oxycodone-acetaminophen</i>		1	
<i>oxycodone-aspirin</i>		1	
OXYCONTIN	<i>oxycodone</i>	2	[QLL]
<i>roxicet tablet</i>		1	
<i>sublimaze</i>		1	

### CLASS III NARCOTICS

<i>acetaminophen-codeine</i>		1	
<i>apap-caffeine-dihydrocodeine</i>		1	
<i>buprenorphine hcl</i>		1	
<i>co-gesic</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>hydrocodone bit-ibuprofen</i>		1	
<i>hydrocodone-acetaminophen</i>		1	
<i>hydrogesic</i>		1	
<i>margesic h</i>		1	
<i>reprexain</i>		1	
<i>stagesic</i>		1	
SUBOXONE	<i>buprenorphine/naloxone</i>	2	[QLL]
SUBUTEX	<i>buprenorphine</i>	2	
<i>trezix</i>		1	
<i>zamicet</i>		1	

### CLASS IV NARCOTICS

<i>buprenorphine hcl</i>		1	
<i>pentazocine-acetaminophen</i>		1	
<i>pentazocine-naloxone hcl</i>		1	
<i>propoxyphene hcl</i>		1	
<i>propoxyphene hcl-apap</i>		1	
<i>propoxyphene napsylate-apap</i>		1	

### CNS STIMULANT DRUGS

<i>amphetamine salt combo</i>		1	
<i>caffeine citrate</i>		1	
DESOXYN	<i>methamphetamine</i>	2	
<i>dexmethylphenidate hcl</i>		1	
<i>dextroamphetamine sulfate</i>		1	
<i>dextroamphetamine-amphetamine</i>		1	
<i>liquadd</i>		1	
METADATE CD	<i>methylphenidate</i>	2	
<i>metadate er</i>		1	
<i>methylin 10 mg tablet, -20 mg tablet, -5 mg tablet</i>		1	
<i>methylin er</i>		1	
<i>methylphenidate er</i>		1	
<i>methylphenidate hcl</i>		1	
<i>methylphenidate sr</i>		1	
PROVIGIL	<i>modafinil</i>	2	[PAR]

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DRUG	GENERIC	TIER	RESTRICTIONS
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## DRUGS TO PREVENT AND TREAT HEADACHES

<i>ascomp with codeine</i>		1	
<i>butalbital compound-codeine</i>		1	
<i>butalbital-caff-apap-codeine</i>		1	
<i>butorphanol tartrate aerosol spray</i>		1	[QLL]
<i>dihydroergotamine mesylate</i>		1	
<i>ergotamine-caffeine</i>		1	
FROVA	<i>frovatriptan</i>	2	[QLL]
MAXALT	<i>rizatriptan benzoate</i>	2	[QLL]
MAXALT MLT	<i>rizatriptan benzoate</i>	2	[QLL]
<i>migergot</i>		1	
<i>sumatriptan succinate</i>		1	[QLL]
ZOMIG SPRAY NON-AEROSOL	<i>zolmitriptan</i>	2	[QLL]

## HYDANTOINS

DILANTIN 30 MG CAPSULE, -30 MG KAPSEAL, -TABLET CHEWABLE	<i>phenytoin</i>	2	
<i>fosphenytoin sodium</i>		1	
PEGANONE	<i>ethotoin</i>	3	
<i>phenytoin</i>		1	
<i>phenytoin sodium</i>		1	
<i>phenytoin sodium extended</i>		1	

## MAO INHIBITORS

EMSAM	<i>selegiline</i>	3	
MARPLAN	<i>isocarboxazid</i>	2	
NARDIL	<i>phenelzine</i>	2	
<i>tranylcypromine sulfate</i>		1	

## OTHER ANTICONVULSANTS

BANZEL	<i>rufinamide</i>	2	
FELBATOL	<i>felbamate</i>	3	
<i>gabapentin</i>		1	
GABITRIL	<i>tiagabine</i>	3	
KEPPRA INJECTION	<i>levetiracetam</i>	2	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>lamotrigine 100 mg tablet, -150 mg tablet, -200 mg tablet, -25 mg disper tabs, -25 mg tablet, -5 mg disper tablet</i>		1	
<i>levetiracetam</i>		1	
LYRICA	<i>pregabalin</i>	3	[ST]
NEURONTIN SOLUTION	<i>gabapentin</i>	3	
<i>primidone</i>		1	
SABRIL	<i>vigabatrin</i>	2	
<i>topiramate</i>		1	[PAR]
VIMPAT	<i>lacosamide</i>	2	
<i>zonisamide</i>		1	[PAR]

### OTHER ANTIDEPRESSANTS

<i>amitriptyline-chlordiazepoxide</i>		1	
<i>budeprion sr</i>		1	[QLL]
<i>budeprion xl</i>		1	[QLL]
<i>bupropion hcl</i>		1	
<i>bupropion hcl sr tablet sustained action</i>		1	[QLL]
<i>bupropion xl</i>		1	[QLL]
CYMBALTA	<i>duloxetine</i>	2	[QLL][ST]
EFFEXOR XR	<i>venlafaxine</i>	2	[ST]
<i>maprotiline hcl</i>		1	
<i>mirtazapine</i>		1	
<i>nefazodone hcl</i>		1	
<i>perphenazine-amitriptyline</i>		1	
PRISTIQ	<i>desvenlafaxine succinate</i>	2	[ST]
SAVELLA	<i>milnacipran hcl</i>	2	[QLL][ST]
<i>trazodone hcl</i>		1	
<i>venlafaxine hcl</i>		1	

### OTHER ANTIPARKINSON DRUGS

APOKYN [LA]	<i>apomorphine hcl</i>	4	
<i>bromocriptine mesylate</i>		1	
<i>carbidopa-levodopa</i>		1	
COMTAN	<i>entacapone</i>	2	
LODOSYN	<i>carbidopa</i>	2	
MIRAPEX	<i>pramipexole</i>	2	
<i>ropinirole hcl</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>selegiline hcl</i>		1	
STALEVO 100	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 125	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 150	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 200	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 50	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 75	<i>carbidopa/levodopa/entacap</i>	2	
TASMAR	<i>tolcapone</i>	2	

### OTHER CNS/AUTONOMIC DRUGS

ANTABUSE	<i>disulfiram</i>	2	
<i>atropine sulfate</i>		1	
<i>depade</i>		1	
<i>flumazenil</i>		1	
<i>guanidine hcl</i>		1	
MESTINON SYRUP, -TABLET SUSTAINED ACTION	<i>pyridostigmine</i>	2	
<i>naloxone hcl</i>		1	
<i>naltrexone hcl</i>		1	
<i>neostigmine methylsulfate</i>		1	
<i>physostigmine salicylate</i>		1	
PROSTIGMIN TABLET	<i>neostigmine bromide</i>	2	
<i>pyridostigmine bromide</i>		1	
STRATTERA	<i>atomoxetine</i>	2	[ST]
XENAZINE	<i>tetrabenazine</i>	4	
XYREM [LA]	<i>sodium oxybate</i>	4	

### SECONDARY AMINES

<i>amoxapine</i>		1	
<i>desipramine hcl</i>		1	
<i>nortriptyline hcl</i>		1	
<i>protriptyline hcl</i>		1	

### SEDATIVE/HYPNOTIC DRUGS

ROZEREM	<i>ramelteon</i>	3	[QLL][ST]
<i>zaleplon</i>		1	[QLL]
<i>zolpidem tartrate</i>		1	[QLL]

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DRUG	GENERIC	TIER	RESTRICTIONS
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### SELECTIVE SEROTONIN REUPTAKE INHIBITORS

<i>citalopram</i>		1	
<i>citalopram hbr</i>		1	[QLL]
<i>fluoxetine hcl 10 mg capsule, -10 mg tablet, -40 mg capsule</i>		1	[QLL]
<i>fluoxetine hcl 20 mg capsule, -20 mg tablet, -solution</i>		1	
<i>fluvoxamine maleate</i>		1	[QLL]
<i>paroxetine cr 12.5 mg tablet, -cr 25 mg tablet</i>		1	[QLL]
<i>paroxetine cr 37.5 mg tablet</i>		1	[QLL][ST]
<i>paroxetine hcl suspension oral</i>		1	
<i>selfemra</i>		1	[QLL]
<i>sertraline hcl solution</i>		1	
<i>sertraline hcl tablet</i>		1	[QLL]

### SMOKING CESSATION PRODUCTS

<i>buproban</i>		1	
<i>bupropion hcl sr tablet sustained action</i>		1	
CHANTIX	<i>varenicline tartrate</i>	2	
NICOTROL	<i>nicotine inhaler</i>	2	
NICOTROL NS	<i>nicotine ns</i>	2	

### SUCCINIMIDES

CELONTIN	<i>methsuximide</i>	2	
<i>ethosuximide</i>		1	

### TERTIARY AMINES

<i>amitriptyline hcl</i>		1	
<i>clomipramine hcl</i>		1	
<i>doxepin hcl</i>		1	
<i>imipramine hcl</i>		1	
<i>imipramine pamoate</i>		1	
<i>trimipramine maleate</i>		1	

### VALPROIC ACID AND DERIVATIVES

<i>divalproex sodium</i>		1	
<i>divalproex sodium er</i>		1	

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<i>valproate sodium</i>		1	
<i>valproic acid</i>		1	

## CARDIOVASCULAR MEDICATIONS

### AMIODARONES

<i>amiodarone hcl</i>		1	
<i>pacerone 200 mg tablet</i>		1	

### ANGIOTENSIN CONVERTING ENZYME INHIBITORS

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

### ANGIOTENSIN II RECEPTOR ANTAGONISTS

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

### ANTIDYSRHYTHMIC DRUGS

<i>disopyramide phosphate</i>		1	
<i>flecainide acetate</i>		1	
<i>mexiletine hcl</i>		1	
<i>procainamide hcl</i>		1	
<i>propafenone hcl</i>		1	
<i>quinidine gluconate</i>		1	
<i>quinidine sulfate</i>		1	

### BETA-ADRENERGIC ANTAGONIST DRUGS

<i>acebutolol hcl</i>		1	
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DRUG	GENERIC	TIER	RESTRICTIONS
<i>atenolol</i>		1	
<i>betaxolol hcl tablet</i>		1	
<i>bisoprolol fumarate</i>		1	
<i>carvedilol</i>		1	
<i>labetalol hcl</i>		1	
<i>metoprolol succinate</i>		1	
<i>metoprolol tartrate</i>		1	
<i>nadolol</i>		1	
<i>pindolol</i>		1	
<i>propranolol hcl</i>		1	
<i>timolol maleate tablet</i>		1	

### CALCIUM ANTAGONISTS

<i>afeditab cr</i>		1	
<i>amlodipine besylate</i>		1	
<i>cartia xt</i>		1	
<i>dilt-cd</i>		1	
<i>diltia xt</i>		1	
<i>diltiazem 24hr er</i>		1	
<i>diltiazem er</i>		1	
<i>diltiazem hcl</i>		1	
<i>dilt-xr</i>		1	
<i>diltzac er</i>		1	
<i>felodipine er</i>		1	
<i>isradipine</i>		1	
<i>nicardipine hcl</i>		1	
<i>nifediac cc</i>		1	
<i>nifedical xl</i>		1	
<i>nifedipine</i>		1	
<i>nifedipine er 30 mg tablet, -60 mg tablet, -90 mg tablet</i>		1	
<i>nifedipine er 90mg tablet</i>		1	[ST]
<i>nimodipine</i>		4	
<i>nisoldipine</i>		1	
SULAR 17 MG TABLET, -25.5 MG TABLET, -34 MG TABLET, -8.5 MG TABLET	<i>nisoldipine</i>	2	[ST]
<i>taztia xt</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>verapamil er</i>		1	
<i>verapamil hcl</i>		1	

### CARDIAC GLYCOSIDES

<i>digitek</i>		1	
<i>digoxin</i>		1	
<i>milrinone in 5% dextrose</i>		1	
<i>milrinone lactate</i>		1	

### CENTRALLY ACTING ANTIHYPERTENSIVES

<i>clonidine</i>		1	[QLL]
<i>clonidine hcl</i>		1	
<i>guanabenz acetate</i>		1	
<i>guanfacine hcl</i>		1	
<i>methyldopa</i>		1	
<i>methyldopate hcl</i>		1	

### DRUGS FOR PHEOCHROMOCYTOMA

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

### ENDOTHELIN RECPTR ANTAGONIST

LETAIRIS	<i>ambrisentan</i>	4	
TRACLEER [LA]	<i>bosentan</i>	4	

### HMG-COA REDUCTASE INHIBITORS

ADVICOR	<i>lovastatin/niacin</i>	2	[QLL]
CRESTOR 10 MG TABLET, -20 MG TABLET, -40 MG TABLET	<i>rosuvastatin calcium</i>	2	[QLL]
CRESTOR 5 MG TABLET	<i>rosuvastatin calcium</i>	2	[QLL][ST]
<i>lovastatin</i>		1	[QLL]
<i>pravastatin sodium</i>		1	[QLL]
SIMCOR	<i>niacin/simvastatin</i>	2	[QLL]
<i>simvastatin</i>		1	[QLL]
VYTORIN 10-10 MG TABLET	<i>ezetimibe/simvastatin</i>	2	[QLL][ST]
VYTORIN 10-20 MG TABLET, -10-40 MG TABLET, -10-80 MG TABLET	<i>ezetimibe/simvastatin</i>	2	[QLL]

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<b>HYPOLIPOPROTEINEMICS</b>			
<i>cholestyramine</i>		1	
<i>cholestyramine light</i>		1	
<i>colestipol hcl</i>		1	
<i>fenofibrate</i>		1	
<i>gemfibrozil 600 mg tablet</i>		1	
LIPOFEN	<i>fenofibrate</i>	2	[ST]
LOVAZA	<i>omega-3 acid ethyl esters</i>	2	
NIASPAN	<i>niacin</i>	2	
<i>prevalite</i>		1	
ZETIA	<i>ezetimibe</i>	2	[ST]
<b>LOOP DIURETICS</b>			
<i>bumetanide</i>		1	
<i>furosemide</i>		1	
<i>toremide</i>		1	
<b>NITRATES</b>			
<i>isosorbide dinitrate</i>		1	
<i>isosorbide mononitrate</i>		1	
<i>nitro-bid</i>		1	
<i>nitroglycerin in d5w</i>		1	
<i>nitroglycerin injection, -tablet sublingual</i>		1	
<i>nitroglycerin patch</i>		1	
NITROSTAT	<i>nitroglycerin</i>	2	
<b>OTHER ANTIARRHYTHMICS</b>			
<i>adenosine</i>		1	
CORVERT	<i>ibutilide fumarate</i>	2	
<i>lidocaine hcl injection</i>		1	
<i>sorine</i>		1	
<i>sotalol</i>		1	
<i>sotalol af</i>		1	
TIKOSYN	<i>dofetilide</i>	3	
<b>OTHER ANTIHYPERTENSIVES</b>			
<i>amlodipine besylate-benazepril</i>		1	

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<i>atenolol-chlorthalidone</i>		1	
AZOR	<i>amlodipine bes/olmesartan med</i>	2	[ST]
<i>benazepril hcl-hctz</i>		1	
<i>bisoprolol fumarate-hctz</i>		1	
<i>captopril-hydrochlorothiazide</i>		1	
DIOVAN HCT	<i>hctz/valsartan</i>	2	[ST]
<i>enalapril maleate-hctz</i>		1	
EXFORGE	<i>amlodipine/valsartan</i>	2	[ST]
EXFORGE HCT	<i>amlodipine/valsartan/hctz</i>	2	[ST]
<i>fosinopril-hydrochlorothiazide</i>		1	
<i>hydra-zide</i>		1	
<i>lisinopril-hctz</i>		1	
<i>methyldopa-hydrochlorothiazide</i>		1	
<i>metoprolol-hydrochlorothiazide</i>		1	
MICARDIS HCT	<i>telmisartan/hctz</i>	2	[ST]
<i>moexipril-hydrochlorothiazide</i>		1	
<i>nadolol-bendroflumethiazide</i>		1	
<i>propranolol hcl-hctz</i>		1	
<i>quinapril-hydrochlorothiazide</i>		1	
<i>quinaretic</i>		1	
<i>reserpine</i>		1	
TEKTURNA	<i>aliskiren hemifumarate</i>	2	[ST]
TEKTURNA HCT	<i>aliskiren/hydrochlorothiazid</i>	2	[ST]

## OTHER CARDIOVASCULAR DRUGS

<i>alprostadil</i>		1	
<i>dobutamine hcl</i>		1	
<i>dobutamine hcl in dextrose</i>		1	
<i>dopamine hcl</i>		1	
<i>dopamine hcl in 5% dextrose</i>		1	
<i>isoproterenol hcl</i>		1	
<i>midodrine hcl</i>		1	
<i>norepinephrine bitartrate</i>		1	
<i>pentopak</i>		1	
<i>pentoxifylline</i>		1	
<i>pentoxil</i>		1	
RANEXA	<i>ranolazine</i>	3	

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DRUG	GENERIC	TIER	RESTRICTIONS
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### OTHER VASODILATING DRUGS

ADCIRCA	<i>adcirca (tadalafil)</i>	4	[PAR][QLL]
<i>epoprostenol sodium</i>		1	
REVATIO	<i>revatio (sildenafil citrate)</i>	4	[PAR][QLL]

### POTASSIUM SPARING DIURETICS

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

### THIAZIDE AND RELATED DRUGS

<i>chlorothiazide</i>		1	
<i>chlorthalidone</i>		1	
<i>hydrochlorothiazide</i>		1	
<i>indapamide</i>		1	
<i>methyclothiazide</i>		1	
<i>metolazone</i>		1	

### VASODILATOR ANTIHYPERTENSIVES

<i>doxazosin mesylate</i>		1	[QLL]
<i>hydralazine hcl</i>		1	
<i>minoxidil tablet</i>		1	
<i>prazosin hcl</i>		1	
<i>terazosin hcl</i>		1	[QLL]

### DERMATOLOGICAL MEDICATIONS

#### ANTIACNE DRUGS

<i>bp 10-1</i>		1	
<i>clenia cleanser</i>		1	
<i>clinda-derm</i>		1	
<i>clindamycin phosphate gel, -lotion, -solution non-oral, -swab medicated</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>clindamycin-benzoyl peroxide</i>		1	
<i>ery</i>		1	
<i>erythromycin gel, -solution non-oral</i>		1	
<i>erythromycin-benzoyl peroxide</i>		1	
<i>metronidazole cream, -gel, -lotion</i>		1	
<i>prascion</i>		1	
<i>prascion fc</i>		1	
<i>prascion ts</i>		1	
<i>rosaderm cleanser</i>		1	
<i>sodium sulfacetamide-sulfur</i>		1	
<i>sulfatol c</i>		1	
<i>sulzee</i>		1	
<i>topisulf</i>		1	
<i>tretinoin 0.025% cream, -0.05% cream, -0.1% cream, -gel</i>		1	[PAR]

### ANTIPRURITIC DRUGS

<i>hydroxyzine hcl</i>		1	
<i>hydroxyzine pamoate</i>		1	

### ANTIPSORIASIS AND ANTIECZEMA DRUGS

<i>10 wash</i>		1	
<i>calcipotriene</i>		1	
DOVONEX CREAM	<i>calcipotriene</i>	2	
<i>drithocrema hp</i>		1	
<i>seb-prev</i>		1	
<i>selenium sulfide 2.25% shampoo, -2.5% lotion-shampoo, -sulf 2.5% shampoo</i>		1	
<i>selenos</i>		1	
SORIATANE CK	<i>acitretin/emollient comb</i>	2	
<i>sulfacetamide sodium suspension topical</i>		1	
TAZORAC	<i>tazarotene</i>	2	[PAR]
VECTICAL	<i>calcitriol</i>	2	

### KERATOLYTIC DRUGS

CONDYLOX GEL	<i>podofilox</i>	2	
<i>podofilox</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
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### ORAL DERMATOLOGICAL DRUGS

8-MOP	<i>methoxsalen</i>	4	
<i>amnesteem</i>		1	
<i>claravis</i>		1	
OXSORALEN-ULTRA	<i>methoxsalen</i>	4	
<i>sotret</i>		1	

### SCABICIDES

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

### TOPICAL CORTICOSTEROID DRUGS

<i>alclometasone dipropionate</i>		1	
<i>amcinonide</i>		1	
<i>betamethasone dipropionate cream, -dp aug</i> <i>0.05% lot, -gel, -ointment</i>		1	
<i>betamethasone dp 0.05% lot</i>		1	[ST]
<i>betamethasone valerate</i>		1	
<i>betanate</i>		1	[ST]
<i>beta-val</i>		1	
<i>clobetasol emollient</i>		1	
<i>clobetasol propionate cream</i>		1	[ST]
<i>clobetasol propionate foam, -gel, -ointment,</i> <i>-solution non-oral</i>		1	
<i>cormax cream</i>		1	
<i>cormax ointment, -solution non-oral</i>		1	[ST]
<i>del-beta cream</i>		1	[ST]
<i>del-beta lotion</i>		1	
<i>desonide</i>		1	
<i>desoximetasone</i>		1	
<i>diflorasone diacetate</i>		1	
<i>fluocinolone acetonide</i>		1	
<i>fluocinonide cream</i>		1	[ST]
<i>fluocinonide emollient</i>		1	

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<i>fluocinonide gel, -ointment, -solution non-oral</i>		1	
<i>fluocinonide-e</i>		1	[ST]
<i>fluticasone propionate cream, -ointment</i>		1	
<i>halobetasol propionate</i>		1	
<i>hydrocortisone 1% absorbbase, -1% cream, -1% lotion, -1% ointment, -2.5% cream, -2.5% lotion, -2.5% ointment, —aloe 1% cream, -bl 1% cream, -cvs 1% cream, -gnp 1% cream, -hydrocort 1% lotion, -plus 1% cream, -pv 1% cream, -pv 1% ointment, -qc 1% cre</i>		1	
<i>hydrocortisone butyrate</i>		1	
<i>hydrocortisone valerate</i>		1	
<i>lidocaine-hc</i>		1	
<i>lidocaine-hydrocortisone cream, -cream with applicator, -kit, -lotion</i>		1	
<i>mometasone furoate</i>		1	
<i>prednicarbate</i>		1	
<i>triamcinolone acetonide cream, -lotion, -ointment</i>		1	
<i>triderm</i>		1	

## TOPICAL DERMATOLOGICAL DRUGS

ALDARA	<i>imiquimod</i>	2	
<i>ammonium lactate 12% cream, -12% lotion</i>		1	
<i>cerovel</i>		1	
ELIDEL	<i>pimecrolimus</i>	2	[ST]
FLUOROPLEX	<i>fluorouracil</i>	2	
<i>fluorouracil cream, -solution non-oral</i>		1	
<i>hypercare</i>		1	
<i>keratol plus</i>		1	
PANRETIN	<i>alitretinoin</i>	4	
PROTOPIC	<i>tacrolimus</i>	2	[ST]
PRUDOXIN	<i>doxepin</i>	2	
REGRANEX	<i>becaplermin</i>	2	[PAR][QLL]
<i>remeven</i>		1	
<i>re-u40</i>		1	
SANTYL	<i>collagenase</i>	2	
SOLARAZE	<i>diclofenac sodium</i>	2	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>u-keratolysis urea emollient</i>		1	
<i>urea 40</i>		1	
<i>urea 40% cream, -40% nail film susp, -50% cream, -50% nail stick, -50% nailstick, -gel, -lotion, -ointment, -towelette</i>		1	
<i>x-viate</i>		1	
ZONALON	<i>doxepin</i>	2	

## DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS

### DIAGNOSTIC PRODUCTS

CHEMET	<i>succimer</i>	2	
EXJADE [LA]	<i>deferasirox</i>	4	
THIOLA	<i>tiopronin</i>	2	

### MISCELLANEOUS DRUGS

ADAGEN [LA]	<i>pegademase bovine</i>	4	
<i>aminocaproic acid</i>		1	
BUPHENYL	<i>sodium phenylbutyrate</i>	4	
COPAXONE	<i>glatiramer acetate</i>	4	[PAR][QLL]
CYKLOKAPRON	<i>tranexamic acid</i>	2	
<i>ergoloid mesylates</i>		1	
<i>fomepizole</i>		1	
<i>hetastarch in ns</i>		1	
ORFADIN [LA]	<i>nitisinone</i>	4	
PROTOPAM CHLORIDE	<i>pralidoxime chloride</i>	2	
THALOMID	<i>thalidomide</i>	4	

## EAR-NOSE-THROAT MEDICATIONS

### DRUGS AFFECTING THE EAR

<i>aabp</i>		1	
<i>acetazol hc</i>		1	
<i>acetic acid</i>		1	
<i>acetic acid-aluminum</i>		1	
<i>acetic acid-hydrocortisone</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>antipyrine-benzocaine</i>		1	
<i>aurodex</i>		1	
<i>auroguard</i>		1	
<i>borofair</i>		1	
CIPRODEX	<i>ciprofloxacin/dexameth</i>	2	
<i>cortomycin</i>		1	
DERMOTIC	<i>fluocinolone acetonide</i>	2	
<i>neomycin-polymyxin-hc solution, -solution non-oral, -suspension drops</i>		1	
<i>ofloxacin drops</i>		1	
<i>otic edge</i>		1	
<i>oticin hc ear solution, -suspension drops</i>		1	
<i>otocidin</i>		1	
<i>otomycet-hc</i>		1	
<i>pr otic solution</i>		1	
<i>treagan otic</i>		1	

## DRUGS AFFECTING THE NOSE

ASTELIN	<i>azelastine hcl</i>	2	[QLL]
ASTEPRO 0.15% NASAL SPRAY	<i>azelastine hcl</i>	2	
ASTEPRO 137 MCG NASAL SPRAY	<i>azelastine hcl</i>	2	[QLL]
<i>flunisolide 0.025% spray</i>		1	[QLL]
<i>flunisolide 29 mcg-0.025% spr</i>		1	
<i>fluticasone propionate nasal inhaled steroids</i>		1	[QLL]
<i>ipratropium bromide aerosol spray</i>		1	[QLL]
NASONEX	<i>mometasone</i>	3	[QLL]
TYZINE	<i>tetrahydrozoline</i>	2	

## DRUGS AFFECTING THE THROAT AND MOUTH

<i>chlorhexidine gluconate mouthwash</i>		1	
<i>doxycycline hyclate tablet</i>		1	
FIRST-MOUTHWASH BLM	<i>mag hydrox/alh/smc/dpha/lido</i>	2	
<i>oraxyl</i>		1	
<i>perio gard</i>		1	
<i>perisol</i>		1	
<i>pilocarpine hcl</i>		1	
<i>triamcinolone acetonide paste</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
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## ENDOCRINE MEDICATIONS

### AMYLIN ANALOGUES

SYMLIN	<i>pramlintide acetate</i>	3	[PAR][QLL]
SYMLINPEN 120	<i>pramlintide acetate</i>	2	[PAR][QLL]
SYMLINPEN 60	<i>pramlintide acetate</i>	3	[PAR][QLL]

### ANTITHYROID DRUGS

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

### DIPEPTIDYL PEPTIDASE-IV INHIB AND COMBOS

JANUMET	<i>sitagliptin phos/metformin hcl</i>	3	[QLL]
JANUVIA	<i>sitagliptin phosphate</i>	3	[QLL]
ONGLYZA	<i>saxagliptin hydrochloride</i>	2	[QLL]

### GLUCOCORTICOID DRUGS

<i>a-methapred</i>		1	
<i>baycadron</i>		1	
<i>betamethasone acetate-sod phos</i>		1	
<i>cortisone tablet</i>		1	
<i>dexamethasone</i>		1	
<i>dexamethasone intensol</i>		1	
<i>dexamethasone sodium phosphate injection</i>		1	
<i>hydrocortisone tablet</i>		1	
<i>meprolone unipak</i>		1	
<i>methylprednisolone</i>		1	
<i>methylprednisolone acetate</i>		1	
<i>methylprednisolone sod succ</i>		1	
<i>prednisolone</i>		1	
<i>prednisolone sodium phosphate solution</i>		1	
<i>prednisone</i>		1	
<i>prednisone intensol</i>		1	
<i>triamcinolone acetonide injection</i>		1	
<i>veripred 20</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
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### GLUCOSE ELEVATING DRUGS

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

### INCRETIN MIMETICS

BYETTA	<i>exenatide</i>	2	[PAR][QLL]
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### INSULIN

LANTUS 100 UNITS/ML CARTRIDGE, -100 UNITS/ML VIAL	<i>insulin glargine, hum. rec. anlo</i>	2	
LEVEMIR 100 UNITS/ML VIAL, -FLEXPEN 100 UNITS/ML	<i>insulin detemir</i>	2	
NOVOLIN 70-30 100 UNIT/ML VIAL, -RELION VIAL, -U100 CARTRIDGE	<i>insulin human regular/nph</i>	2	
NOVOLIN 70-30 INNOLET, -RELION	<i>insulin human regular/nph</i>	2	
NOVOLIN N 100 UNIT/ML INNOLET, -NOVOLIN N 100 UNITS/ML	<i>insulin, nph</i>	2	
NOVOLIN N 100 UNITS/ML CARTRDG, -100 UNITS/ML VIAL, -RELION 100 UNITS/ML	<i>insulin, nph</i>	2	
NOVOLIN R 100 UNIT/ML CARTRIDG, -100 UNIT/ML INNOLET, -100 UNITS/ML VIAL, -RELION 100 UNITS/ML	<i>insulin, regular</i>	2	
NOVOLOG	<i>insulin aspart</i>	2	
NOVOLOG MIX 70-30	<i>insulin asp prt/insulin aspart</i>	2	

### MINERALOCORTICOID DRUGS

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

<i>acarbose</i>		1	
ACTOPLUS MET	<i>pioglitazone hcl/metformin hc</i>	2	[QLL][ST]
ACTOS	<i>pioglitazone hcl</i>	2	[QLL][ST]
AVANDAMET	<i>rosiglitazone/metformin hcl</i>	2	[QLL][ST]
AVANDARYL	<i>rosiglitazone maleate/glimepir</i>	2	[QLL][ST]

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DRUG	GENERIC	TIER	RESTRICTIONS
AVANDIA	<i>rosiglitazone maleate</i>	2	[QLL][ST]
<i>chlorpropamide</i>		1	
DUETACT	<i>pioglitazone/glimepiride</i>	2	[QLL][ST]
<i>glimepiride</i>		1	
<i>glipizide</i>		1	
<i>glipizide er</i>		1	
<i>glipizide xl</i>		1	
<i>glipizide-metformin</i>		1	
<i>glyburide</i>		1	
<i>glyburide micronized</i>		1	
<i>glyburide-metformin hcl</i>		1	
<i>glycron</i>		1	
<i>metformin hcl</i>		1	
<i>metformin hcl er</i>		1	
<i>nateglinide</i>		1	
PRANDIN	<i>repaglinide</i>	2	
<i>tolazamide</i>		1	
<i>tolbutamide</i>		1	

### OTHER ENDOCRINE DRUGS

ACTONEL	<i>risedronate</i>	2	[QLL][ST]
ACTONEL WITH CALCIUM	<i>risedron sod/calcium carbona</i>	2	[QLL][ST]
ALDURAZYME [LA]	<i>laronidase</i>	4	
<i>alendronate sodium</i>		1	[QLL]
BONIVA TABLET	<i>ibandronate</i>	2	[QLL][ST]
<i>cabergoline</i>		1	[QLL]
<i>calcitonin-salmon</i>		1	
CEREZYME 200 UNITS VIAL [LA]	<i>imiglucerase</i>	4	[PAR]
CEREZYME 400 UNITS VIAL [LA]	<i>imiglucerase</i>	3	[PAR]
<i>desmopressin acetate</i>		1	
ELAPRASE [LA]	<i>idursulfase</i>	4	
<i>etidronate disodium</i>		1	
FABRAZYME [LA]	<i>agalsidase</i>	4	[PAR]
FORTEO	<i>teriparatide</i>	2	[PAR]
<i>fortical</i>		1	
KUVAN	<i>sapropterin dihydrochloride</i>	4	
MIACALCIN INJECTION	<i>calcitonin</i>	2	
MYOZYME [LA]	<i>alglucosidase alfa</i>	4	

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DRUG	GENERIC	TIER	RESTRICTIONS
NAGLAZYME [LA]	<i>galsulfase</i>	4	
<i>pamidronate disodium</i>		1	
RECLAST	<i>zoledronic acid</i>	4	
SAMSCA	<i>tolvaptan</i>	4	[PAR][QLL]
SENSIPAR	<i>cinacalcet hcl</i>	2	
SOMAVERT [LA]	<i>pegvisomant</i>	4	[PAR]
ZAVESCA [LA]	<i>miglustat</i>	4	
ZOMETA	<i>zoledronic acid</i>	4	

## THYROID SUPPLEMENTS

ARMOUR THYROID	<i>thyroid</i>	2	
<i>levothroid</i>		1	
<i>levothyroxine sodium</i>		1	
<i>levoxyl</i>		1	
<i>liothyronine sodium</i>		1	
<i>nature-throid</i>		1	
<i>thyroid</i>		1	
THYROLAR-1	<i>liotrix</i>	2	
THYROLAR-1/2	<i>liotrix</i>	2	
THYROLAR-1/4	<i>liotrix</i>	2	
THYROLAR-2	<i>liotrix</i>	2	
THYROLAR-3	<i>liotrix</i>	2	
<i>unithroid</i>		1	
<i>westhroid</i>		1	

## GASTROINTESTINAL MEDICATIONS

### ANTIDIARRHEAL DRUGS

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

### ANTISPASMODICS/DRUGS AFFECT GI MOTILITY

<i>dicyclomine hcl</i>		1	
<i>glycopyrrolate</i>		1	
<i>metoclopramide hcl</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>proprantheline bromide</i>		1	
<b>ANTIULCER DRUGS</b>			
<i>cimetidine 200 mg tablet, -300 mg tablet, -400 mg tablet, -800 mg tablet, -injection, -solution</i>		1	
<i>famotidine 20 mg tablet, -40 mg tablet, -injection</i>		1	
<i>nizatidine</i>		1	
<i>ranitidine 150 mg tablet, -300 mg tablet, -capsule, -injection, -syrup</i>		1	
<b>IRRITABLE BOWEL DRUGS</b>			
AMITIZA	<i>lubiprostone</i>	2	
LOTRONEX	<i>alosetron</i>	2	
<b>LAXATIVES AND CATHARTICS</b>			
<i>glycerin</i>		1	
OSMOPREP	<i>sodium phosphate/na biphos</i>	2	
<i>polyethylene glycol 3350</i>		1	
VISICOL	<i>sodium phosphate/na biphos</i>	2	
<b>OTHER ANTIULCER DRUGS</b>			
CARAFATE SUSPENSION ORAL	<i>sucralfate</i>	2	
<i>misoprostol</i>		1	
<i>sucralfate</i>		1	
<b>OTHER GI DRUGS</b>			
APRISO	<i>mesalamine</i>	2	
ASACOL	<i>mesalamine</i>	2	
ASACOL HD	<i>mesalamine</i>	2	
<i>balsalazide disodium</i>		1	
CANASA	<i>mesalamine</i>	2	
CORTIFOAM	<i>hydrocortisone acetate</i>	2	
<i>dygase</i>		1	
ENTOCORT EC	<i>budesonide</i>	2	
<i>gavilyte-c</i>		1	
<i>gavilyte-g</i>		1	

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<i>gavilyte-n</i>		1	
<i>hydrocortisone enema</i>		1	
<i>lapase</i>		1	
<i>lipram</i>		1	
<i>lipram-pn10</i>		1	
<i>lipram-pn16</i>		1	
<i>lipram-pn20</i>		1	
<i>lipram-ul12</i>		1	
<i>lipram-ul18</i>		1	
<i>lipram-ul20</i>		1	
<i>mesalamine</i>		1	
<i>pancrelipase ec</i>		1	
<i>pancrelipase mt-16</i>		1	
<i>pancron 10</i>		1	
<i>pancron 20</i>		1	
<i>peg 3350-electrolyte</i>		1	
<i>peg-3350 and electrolytes</i>		1	
<i>peg-3350 with flavor packs</i>		1	
PENTASA	<i>mesalamine</i>	2	
<i>procto-kit 1% cream</i>		1	
<i>procto-pak</i>		1	
<i>proctosol-hc</i>		1	
<i>proctozone-hc</i>		1	
RELISTOR	<i>methylnaltrexone bromide</i>	2	
SUCRAID	<i>sacrosidase</i>	4	
<i>sulfasalazine</i>		1	
<i>sulfasalazine dr</i>		1	
<i>sulfazine</i>		1	
<i>sulfazine ec</i>		1	
ULTRASE	<i>amylase/lipase/protease</i>	2	
ULTRASE MT 12	<i>amylase/lipase/protease</i>	2	
ULTRASE MT 18	<i>amylase/lipase/protease</i>	2	
ULTRASE MT 20	<i>amylase/lipase/protease</i>	2	
<i>ursodiol</i>		1	
VIOKASE	<i>amylase/lipase/protease</i>	2	

## PROTON PUMP INHIBITORS

<i>lansoprazole</i>		1	[QLL]
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DRUG	GENERIC	TIER	RESTRICTIONS
NEXIUM 10 MG PACKET, -20 MG CAPSULE, -20 MG PACKET	<i>esomeprazole mag trihyd</i>	2	[QLL][ST]
NEXIUM 40 MG CAPSULE, -40 MG PACKET	<i>esomeprazole mag trihyd</i>	2	[ST]
NEXIUM I.V.	<i>esomeprazole mag trihyd</i>	2	
<i>omeprazole dr 10 mg capsule</i>		1	[QLL]
<i>omeprazole dr 20 mg capsule, -dr 40 mg capsule</i>		1	

## IMMUNOLOGICALS AND VACCINES

### ERYTHROID STIMULANTS

ARANESP 100 MCG/0.5 ML SYRINGE, -100 MCG/ML VIAL, -150 MCG/0.3 ML SYRINGE, -150 MCG/0.75 ML VIAL, -200 MCG/0.4 ML SYRINGE, -200 MCG/ML VIAL, -300 MCG/0.6 ML SYRINGE, -300 MCG/ML VIAL, -500 MCG/1 ML SYRINGE, -60 MCG/0.3 ML SYRINGE, -60 MCG/ML VIAL	<i>darbepoetin alfa</i>	4	[PAR]
ARANESP 25 MCG/0.42 ML SYRINGE, -25 MCG/ML VIAL, -40 MCG/0.4 ML SYRINGE, -40 MCG/ML VIAL	<i>darbepoetin alfa</i>	2	[PAR]
PROCRIT 10,000 UNITS/ML VIAL, -2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL	<i>epoetin alfa</i>	2	[PAR]
PROCRIT 20,000 UNITS/ML VIAL, -40,000 UNITS/ML VIAL	<i>epoetin alfa</i>	4	[PAR]

### GROWTH HORMONES AND RELATED DRUGS

OMNITROPE	<i>somatropin</i>	4	[PAR]
TEV-TROPIN	<i>somatropin</i>	4	[PAR]

### HEMATOPOIETIC AGENTS

MOZOBIL	<i>plerixafor</i>	2	
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DRUG	GENERIC	TIER	RESTRICTIONS
<b>IMMUNOLOGICALS AND VACCINES</b>			
ACTHIB	<i>haemophilus b-tet toxoid</i>	2	
ADACEL	<i>diphther,pertuss,tetanus vac</i>	2	
ATGAM	<i>lymphocyte immune globulin</i>	4	
ATTENUVAX VACCINE WITH DILUENT	<i>measles vaccine,atten</i>	2	
BOOSTRIX	<i>diphther,pertuss,tetanus vac</i>	2	
CARIMUNE NF NANOFILTERED	<i>immune globulin - iv</i>	4	[PAR]
COMVAX	<i>hepatitis b/haemophilus b vacc</i>	2	
DAPTACEL	<i>diphther,pertuss,tetanus vac</i>	2	
DIPHThERIA-TETANUS TOXOID	<i>tetanus,diphtheria toxoid</i>	2	
ENGERIX-B	<i>hepatitis b virus vaccine</i>	2	
FLEBOGAMMA	<i>immune globulin - iv</i>	4	[PAR]
FLEBOGAMMA DIF	<i>immune globulin - iv</i>	4	[PAR]
GAMASTAN S-D	<i>immune globulin - im</i>	2	[PAR]
GAMMAGARD S-D	<i>immune globulin - iv</i>	4	[PAR]
GAMUNEX	<i>immune globulin - iv</i>	4	[PAR]
GARDASIL	<i>human papillomavirus vacc</i>	2	
HAVRIX	<i>hepatatis a virus vaccine</i>	2	
HYPERHEP B S-D	<i>hepatitis b immune globulin</i>	2	
HYPERRHO S-D	<i>rho(d) immune globulin</i>	2	
IMOGAM RABIES-HT	<i>rabies immune globulin</i>	2	
IMOVAX RABIES VACCINE	<i>rabies vaccine,human diploid</i>	2	
INFANRIX	<i>diphther,pertuss,tetanus vac</i>	2	
IPOL	<i>poliomyelitis vac,killed</i>	2	
JE-VAX	<i>japanese encephalitis vaccine</i>	2	
KEPIVANCE [LA]	<i>palifermin</i>	4	
MENACTRA	<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	
MERUVAX II VACCINE W-DILUENT	<i>rubella vaccine</i>	2	
M-M-R II VACCINE	<i>measles,mumps&amp;rubella vaccine</i>	2	
MUMPSVAX VACCINE W-DILUENT	<i>mumps vaccine, live</i>	2	
PEDIARIX	<i>hep b vaccine/dp (a) t-polio</i>	2	
PEDVAXHIB	<i>haemophilus b vaccine</i>	2	
PRIVIGEN	<i>immune globulin - iv</i>	2	[PAR]
PROQUAD	<i>measles,mumps,rub,varicella</i>	2	
RABAVERT	<i>rabies vac,pf chick-emb cell</i>	2	

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RECOMBIVAX HB	<i>hepatitis b virus vaccine</i>	2	
ROTATEQ	<i>rotavirus vac, live pentav</i>	2	
TE ANATOXAL BERNA	<i>tetanus toxoid,adsorbed</i>	2	
TETANUS DIPHTHERIA TOXOIDS	<i>tetanus,diphtheria toxoid</i>	2	
<i>tetanus toxoid adsorbed</i>		1	
TETANUS-DIPHTHERIA-DECAVAC	<i>tetanus,diphtheria toxoid</i>	2	
TICE BCG	<i>bcg vaccine</i>	2	
TRIHIBIT	<i>dp (a) ped/hib conj-tet</i>	2	
TRIPEDIA	<i>diphther,pertuss,tetanus vac</i>	2	
TWINRIX	<i>hep b vir recomb/hep a vir</i>	2	
TYPHIM VI	<i>typhoid vaccine</i>	2	
VAQTA	<i>hepatatis a virus vaccine</i>	2	
VARIVAX VACCINE	<i>varicella virus vaccine live</i>	2	
VIVOTIF BERNA	<i>typhoid vaccine</i>	2	
YF-VAX	<i>yellow fever vaccine</i>	2	
ZOSTAVAX	<i>varicella vacc/pf</i>	2	

### INSULIN LIKE GROWTH FACTORS-1

INCRELEX [LA]	<i>mecasermin</i>	4	[PAR]
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### INTERFERONS

ACTIMMUNE [LA]	<i>interferon gamma-1b,recomb.</i>	4	
ALFERON N	<i>interferon alfa-n3</i>	4	
AVONEX	<i>interferon beta-1a</i>	4	[PAR][QLL]
AVONEX ADMINISTRATION PACK	<i>interferon beta-1a</i>	4	[PAR][QLL]
BETASERON	<i>interferon beta-1b</i>	4	[PAR][QLL]
INFERGEN	<i>interferon alfacon-1</i>	4	
INTRON A 10 MILLION UNITS VIAL, -3MM UNITS INJECT PEN	<i>interferon alfa-2b , recomb.</i>	2	
INTRON A 10MM UNITS INJ PEN, -10MM UNITS/ML KIT, -10MM UNITS/ML VIAL, -18 MILLION UNITS VIAL, -50 MILLION UNITS VIAL, -5MM UNITS INJECT PEN, -6MM UNITS/ML VIAL	<i>interferon alfa-2b , recomb.</i>	4	
PEGASYS	<i>peginterferon alfa-2a</i>	4	[PAR][QLL]
REBIF	<i>interferon beta-1a/albumin</i>	4	[PAR][QLL]

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### INTERLEUKIN RECPTR ANTAGONIST

ARCALYST [LA]	<i>rilonacept</i>	4	[PAR]
ILARIS	<i>canakinumab</i>	2	
KINERET	<i>anakinra</i>	4	[PAR]

### INTERLEUKINS

NEUMEGA	<i>oprelvekin</i>	4	[QLL]
PROLEUKIN	<i>aldesleukin</i>	4	
ZENAPAX	<i>daclizumab</i>	4	

### MYELOID STIMULANTS

LEUKINE	<i>sargramostim</i>	4	
NEULASTA	<i>pegfilgrastim</i>	4	[PAR]
NEUPOGEN	<i>filgrastim</i>	4	[PAR]

### THROMBOPOIETIC AGENTS

PROMACTA [LA]	<i>eltrombopag olamine</i>	4	
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### MEDICAL (MISCELLANEOUS) SUPPLIES

#### DIABETIC SUPPLIES

1ST TIER UNIFINE PENTIPS		1	
AIMSCO ULTRA THIN II		2	
ALCOHOL PREP PADS		2	
ALCOHOL PREP SWABS		2	
ALCOHOL SWABS		2	
ALCOHOL WIPES		2	
aurora pen needles 12mm 29g aurora s 12mm 29g, -aurora s 8mm 31g, -kroger s 29g, -kroger s 31g, -live better s 12mm, -live better s 8mm, -pen 12mm 29g needles, -pen 8mm 31g needles, -qc s 6mm 31g, -ra 31gx3/16, -ra 31gx5/16		2	
AUTO INJECTOR		2	
AUTOPEN		2	
CURITY ALCOHOL PREPS		2	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>curity gauze sponges</i>		2	
<i>EASY COMFORT INSULIN SYRINGE</i>		2	
<i>EASY TOUCH</i>		2	
<i>EXEL INSULIN SYRINGE</i>		2	
<i>GLUCOPRO</i>		2	
<i>HUMAPEN LUXURA HD</i>		2	
<i>HUMAPEN MEMOIR</i>		2	
<i>IN CONTROL PEN NEEDLE</i>		1	
<i>INSULIN PEN NEEDLE</i>		2	
<i>insulin syringe 0.3 ml, -0.5 ml, -1 ml, -1 ml 29gx1/2, -1 ml syringe, -1 ml-hard pk, -1/2 ml syringe, -3/10 ml syringe, -30gx1 ml syr, -choice syringe 0.3 ml, -choice syringe 0.5 ml, -choice syringe 1 ml, -eql 0.3 ml, -eql 0.5 ml, -eql 1 ml, -exel 27g</i>		2	
<i>insulin syringe 1 ml 31gx5/16, -bd 1 ml, -ins syr 0.5 ml 30gx5/16, -ins syr 1 ml 30gx5/16, -ins syr 1 ml 31gx5/16, -ins syringe 1 ml 30gx5/16, -insulin syr 0.3 ml 28gx1/2, -insulin syr 0.3 ml 29gx1/2, -insulin syr 0.3 ml 30gx1/2, -insulin syr 0.3ml 31gx5</i>		1	
<i>INSUMED</i>		2	
<i>INSUPEN</i>		2	
<i>INTEGRA SYRINGE</i>		2	
<i>lisco sponges</i>		2	
<i>LITE TOUCH</i>		2	
<i>LITE TOUCH INSULIN PEN NEEDLES</i>		2	
<i>LUER-LOK SYRINGE</i>		2	
<i>MEDI-JECTOR VISION</i>		2	
<i>MONOJECT</i>		2	
<i>MONOJECT INSULIN SAFETY SYRNG</i>		2	
<i>MONOJECT INSULIN SYRINGE</i>		2	
<i>NOVOFINE 32</i>		2	
<i>NOVOFINE AUTOCOVER</i>		2	
<i>NOVOPEN 3</i>		2	
<i>NOVOPEN JR</i>		2	
<i>ORSINI INSULIN SYRINGE</i>		2	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>pen needle 6mm 31g, -aurora 6mm 31g, -bd 29gx1/2, -bd 29gx5/16, -bd mini 31gx3/16, -bd orig 29gx1/2, -bd short 31gx5/16, -eql 6mm 31g, -leader 6mm 31g, -live better 6mm 31g, -ms 6mm 31g, -pub 6mm 31g, -pv 6mm 31g</i>		1	
<i>PEN NEEDLES</i>		2	
<i>PRECISION</i>		2	
<i>prodigy ins syr 1ml 28gx1/2, -syrng 0.5 ml 31gx5/16</i>		2	
<i>prodigy syringe 0.3ml 31gx5/16</i>		1	
<i>SAFETYGLIDE INSULIN SYRINGE</i>		2	
<i>SAFETYGLIDE SYRINGE</i>		2	
<i>SINGLE USE SWAB</i>		2	
<i>SURE COMFORT</i>		2	
<i>SURE-FINE PEN NEEDLES</i>		2	
<i>SURE-JECT INSULIN SYRINGE</i>		2	
<i>sure-prep alcohol prep pads</i>		2	
<i>sure-prep alcohol prep pads, -</i>		1	
<i>TERUMO INSULIN SYRINGE</i>		2	
<i>TERUMO SURGUARD</i>		2	
<i>THINPRO INSULIN SYRINGE</i>		2	
<i>TOPCARE ULTRA COMFORT</i>		2	
<i>ULTICARE</i>		2	
<i>ULTIGUARD</i>		2	
<i>ULTILET ALCOHOL SWAB</i>		2	
<i>ULTILET INSULIN SYRINGE</i>		2	
<i>ULTILET PEN NEEDLE</i>		2	
<i>ULTRA COMFORT</i>		2	
<i>ULTRACOMFORT</i>		2	
<i>UNIFINE PENTIPS</i>		2	
<i>VANISHPOINT</i>		2	
<i>versalon all purpose sponge</i>		2	
<i>WEBCOL</i>		2	

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## MUSCULOSKELETAL MEDICATIONS

### CNS MUSCLE RELAXANTS

<i>carisoprodol</i>		1	
<i>carisoprodol compound</i>		1	
<i>carisoprodol compound-codeine</i>		1	
<i>chlorzoxazone</i>		1	
<i>cyclobenzaprine hcl</i>		1	
<i>methocarbamol</i>		1	
<i>orphenadrine citrate</i>		1	
<i>orphenadrine compound</i>		1	
<i>orphenadrine compound forte</i>		1	
RILUTEK	<i>riluzole</i>	4	

### DIRECT MUSCLE RELAXANTS

<i>baclofen</i>		1	
<i>dantrolene sodium</i>		1	
LIORESAL INTRATHECAL	<i>baclofen</i>	2	
<i>tizanidine hcl</i>		1	

### DRUGS TO PREVENT AND TREAT GOUT

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

### NON-STEROIDAL ANTIINFLAMMATORY AGENTS

CELEBREX	<i>celecoxib</i>	3	[ST]
<i>diclofenac potassium</i>		1	
<i>diclofenac sodium e.c. tab, -tablet enteric coated, -tablet sustained release 24hr</i>		1	
<i>etodolac</i>		1	
<i>fenoprofen calcium</i>		1	
<i>flurbiprofen</i>		1	

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<i>ibuprofen 100 mg/5 ml susp, -100 suspension, -400 mg tablet, -600 mg tablet, -800 mg tablet, -eql 100 mg/5 ml susp, -qc 100 mg/5 ml susp, -ra 100 mg/5 ml susp, -sm 100 mg/5 ml susp, -v-r 100 mg/5 ml sus</i>		1	
<i>indomethacin</i>		1	
<i>ketoprofen</i>		1	
<i>ketorolac tromethamine injection</i>		1	
<i>ketorolac tromethamine tablet</i>		1	[QLL]
<i>meclofenamate sodium</i>		1	
<i>meloxicam 15 mg tablet, -suspension oral</i>		1	
<i>meloxicam 7.5 mg tablet</i>		1	[QLL]
<i>nabumetone</i>		1	
<i>naproxen 250 mg tablet, -500 mg tablet</i>		1	[ST]
<i>naproxen 375 mg tablet, -suspension oral, -tablet enteric coated</i>		1	
<i>naproxen sodium 275 mg tab, -550 mg tab</i>		1	
<i>oxaprozin</i>		1	
<i>piroxicam</i>		1	
<i>sulindac</i>		1	
<i>tolmetin sodium</i>		1	

### OTHER DRUGS FOR ARTHRITIS

CUPRIMINE	<i>penicillamine</i>	2	
<i>gold sodium thiomalate</i>		1	
<i>myochrysine</i>		1	
RIDAURA	<i>auranofin</i>	2	
SYPRINE	<i>trientine</i>	2	

### SALICYLATES AND RELATED DRUGS

<i>aspirin 975 mg tablet ec</i>		1	
<i>choline mag trisalicylate</i>		1	
<i>diflunisal</i>		1	
<i>salsalate</i>		1	

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## NUTRITION, BLOOD MODIFIERS, ELECTROLYTES

### ANTIPLATELET DRUGS

AGGRENOX	<i>aspirin/dipyridamole</i>	2	
<i>cilostazol</i>		1	
<i>dipyridamole tablet</i>		1	
EFFIENT	<i>prasugrel</i>	2	
PLAVIX	<i>clopidogrel</i>	2	

### BLOOD DETOXICANTS

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

### ELECTROLYTES, IRRIGATING SOLUTIONS, ETC.

<i>albumin (human)</i>		1	
<i>alburx</i>		1	
<i>albutein</i>		1	
<i>alcohol in dextrose</i>		1	
AMINOSYN	<i>amino acids</i>	2	
AMINOSYN II	<i>amino acids</i>	2	
AMINOSYN II 3.5% M-DEXTROSE 5%	<i>amino acids</i>	2	
AMINOSYN II 3.5%-DEXTROSE 25%	<i>amino acids</i>	2	
AMINOSYN II 3.5%-DEXTROSE 5%	<i>amino acids</i>	2	
AMINOSYN II 4.25% M-DEXT 10%	<i>amino acids</i>	2	
AMINOSYN II 4.25%-DEXTROSE 25%	<i>amino acids</i>	2	
AMINOSYN II 5% IN 25% DEXTROSE	<i>amino acids</i>	2	
AMINOSYN II IN DEXTROSE	<i>amino acids</i>	2	
AMINOSYN II WITH LYTES-CA-DW	<i>amino acids</i>	2	
AMINOSYN M	<i>amino acids</i>	2	
AMINOSYN WITH ELECTROLYTES	<i>amino acids</i>	2	
AMINOSYN-HBC	<i>amino acids</i>	2	
AMINOSYN-HF	<i>amino acids</i>	2	
AMINOSYN-PF	<i>amino acids</i>	2	
AMINOSYN-RF	<i>amino acids</i>	2	

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DRUG	GENERIC	TIER	RESTRICTIONS
AMMONIUM CHLORIDE	<i>ammonium chloride</i>	2	
BRANCHAMIN	<i>amino acids</i>	2	
<i>calcium chloride</i>		1	
CLINIMIX	<i>amino acids</i>	2	
CLINIMIX E	<i>amino acids</i>	2	
CLINISOL	<i>amino acids</i>	2	
CYSTAGON	<i>cysteamine</i>	2	
<i>dextrose 10%-1/4ns</i>		1	
<i>dextrose 10%-1/4ns-kcl</i>		1	
<i>dextrose 5%-1/2ns-kcl</i>		1	
<i>dextrose 5%-1/3ns-kcl</i>		1	
<i>dextrose 5%-1/4ns-kcl</i>		1	
<i>dextrose 5%-electrolyte #48</i>		1	
<i>dextrose 5%-electrolyte #75</i>		1	
<i>dextrose 5%-ns-kcl</i>		1	
<i>dextrose 5%-potassium chloride injection</i>		1	
<i>dextrose in lactated ringers</i>		1	
<i>dextrose in ringers injection</i>		1	
<i>dextrose in water</i>		1	
<i>dextrose with sodium chloride</i>		1	
FREAMINE III	<i>amino acids</i>	2	
HEPATAMINE	<i>amino acids</i>	2	
HEPATASOL	<i>amino acids</i>	2	
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	
ISOLYTE M WITH DEXTROSE	<i>dextrose/electrolytes</i>	2	
ISOLYTE P WITH DEXTROSE	<i>dextrose/electrolytes</i>	2	
ISOLYTE S	<i>electrolyte solutions</i>	2	
ISOLYTE S WITH DEXTROSE	<i>dextrose/electrolytes</i>	2	
<i>lactated ringers injection</i>		1	
<i>magnesium sulfate</i>		1	
MAGNESIUM SULFATE-D5W	<i>magnesium sulfate/d5w</i>	2	
<i>mannitol</i>		1	
NEPHRAMINE	<i>amino acids</i>	2	
NEUT	<i>sodium bicarbonate</i>	2	
NORMOSOL-M AND DEXTROSE	<i>dextrose/electrolytes</i>	2	

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NORMOSOL-R	<i>electrolyte solutions</i>	2	
NORMOSOL-R AND DEXTROSE	<i>electrolyte solutions</i>	2	
NORMOSOL-R PH 7.4	<i>electrolyte solutions</i>	2	
NOVAMINE	<i>amino acids</i>	2	
<i>nutrilyte</i>		1	
<i>nutrilyte ii</i>		1	
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	
PLASMA-LYTE R	<i>electrolyte solutions</i>	2	
<i>potassium chl-normal saline</i>		1	
<i>potassium chloride-nacl</i>		1	
PREMASOL	<i>amino acids</i>	2	
PROCALAMINE	<i>aa 3%/electrolyte-tpn/glycerin</i>	2	
QUICK MIX WITH LYTES	<i>amino acids</i>	2	
RENAMIN	<i>amino acids</i>	2	
R-GENE 10	<i>arginine</i>	2	
<i>ringers injection</i>		1	
<i>sodium acetate</i>		1	
<i>sodium bicarbonate injection</i>		1	
<i>sodium chloride 0.45% irrig, -0.45% soln, -0.45% soln-excel con, -0.9% irrig., -0.9% soln, -0.9% soln., -0.9% soln-excel cont, -0.9% solution, -3% iv soln, -4 meq/ml vl, -5% iv soln, -cl 2.5 meq/ml vial, -sterile saline 0.9% irr</i>		1	
<i>sodium lactate</i>		1	
<i>sodium phosphate</i>		1	
TPN ELECTROLYTES II	<i>electrolyte solutions</i>	2	
TRAVASOL	<i>amino acids</i>	2	
TRAVASOL WITH DEXTROSE	<i>amino acids</i>	2	
TRAVASOL WITH ELECTROLYTES	<i>amino acids</i>	2	
TRAVERT	<i>inverted sugar</i>	2	
TRAVERT IN NORMAL SALINE	<i>inverted sugar</i>	2	
TRAVERT-1/2 NS WITH KCL	<i>inverted sugar</i>	2	
TRAVERT-ELECTROLYTE NO.2	<i>inverted sugar</i>	2	

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DRUG	GENERIC	TIER	RESTRICTIONS
TROPHAMINE	<i>amino acids</i>	2	

## FLUORIDE PRODUCTS

<i>denta 5000 plus</i>		1	
<i>dentagel</i>		1	
<i>ethedent</i>		1	
<i>fluor-a-day tablet chewable</i>		1	
<i>fluoridex daily defense</i>		1	
<i>fluoritab tablet chewable</i>		1	
<i>flura</i>		1	
<i>neutragard advanced</i>		1	
<i>perio med</i>		1	
<i>renaf</i>		1	
<i>sf</i>		1	
<i>sf 5000 plus</i>		1	
<i>sodium fluoride</i>		1	
<i>stannous fluoride</i>		1	

## INJECTABLE ANTICOAGULANTS

ARIXTRA 10 MG SYRINGE, -5 MG SYRINGE, -7.5 MG SYRINGE	<i>fondaparinux sodium</i>	4	
ARIXTRA 2.5 MG SYRINGE	<i>fondaparinux sodium</i>	2	
<i>heparin sodium</i>		1	
<i>heparin sodium in 0.45% nacl</i>		1	
<i>heparin sodium in 0.9% nacl</i>		1	
<i>heparin sodium in 5% dextrose</i>		1	
LOVENOX 100 MG PREFILLED SYR, -120 MG PREFILLED SYR, -150 MG PREFILLED SYR, -300 MG VIAL, -60 MG PREFILLED SYRN, -80 MG PREFILLED SYRN	<i>enoxaparin</i>	4	
LOVENOX 30 MG PREFILLED SYRN, -40 MG PREFILLED SYRN	<i>enoxaparin</i>	2	

## ORAL ANTICOAGULANTS, VITAMIN K

<i>jantoven</i>		1	
<i>warfarin sodium</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
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### POTASSIUM REMOVING RESINS

<i>kalexate</i>		1	
<i>kionex</i>		1	
<i>marlexate</i>		1	
<i>sodium polystyrene sulfonate</i>		1	
<i>sps</i>		1	

### POTASSIUM SUPPLEMENTS

<i>cytra-2</i>		1	
<i>dextrose 5%-potassium chloride injection</i>		1	
<i>effe-r-k 25 meq tablet eff</i>		1	
<i>k effervescent</i>		1	
<i>kaon-cl 10</i>		1	
<i>klor-con 10</i>		1	
<i>klor-con 20 meq packet</i>		1	
<i>klor-con 8</i>		1	
<i>klor-con m10</i>		1	
<i>klor-con m15</i>		1	
<i>klor-con m20</i>		1	
<i>klor-con-ef</i>		1	
<i>phospha 250 neutral</i>		1	
<i>potassium acetate</i>		1	
<i>potassium bicarbonate</i>		1	
<i>potassium chloride</i>		1	
<i>potassium chloride in d5lr</i>		1	
<i>sodium citrate &amp; citric acid</i>		1	
<i>vis-phos n</i>		1	

### THERAPEUTIC VITAMINS AND MINERALS

<i>calcitriol</i>		1	
<i>calcium acetate</i>		1	
<i>eliphos</i>		1	
<i>levocarnitine</i>		1	

### VITAMINS AND MINERALS AND RELATED PRODUCTS

INTRALIPID	<i>fat emulsions</i>	2	
LIPOSYN II	<i>fat emulsions</i>	2	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>liposyn iii</i>		1	
NUTRESTORE	<i>glutamine</i>	2	

## OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS

### ABORTIFACIENTS

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

### ANDROGEN DRUGS

ANADROL-50	<i>oxymetholone</i>	4	[PAR]
ANDROXY	<i>fluoxymesterone</i>	2	
<i>danazol</i>		1	
METHITEST	<i>methyltestosterone</i>	2	
<i>oxandrolone</i>		1	[PAR]
TESTIM	<i>testosterone</i>	2	
TESTOPEL	<i>testosterone</i>	2	
<i>testosterone cypionate</i>		1	
<i>testosterone enanthate</i>		1	

### CONTRACEPTIVES

<i>apri</i>		1	
<i>aranelle</i>		1	
<i>aviane</i>		1	
<i>azurette</i>		1	
<i>balziva</i>		1	
<i>caziant</i>		1	
<i>cesia</i>		1	
<i>cryselle</i>		1	
<i>enpresse</i>		1	
<i>gildess fe</i>		1	
<i>jolessa</i>		1	
<i>junel</i>		1	
<i>junel fe</i>		1	
<i>kariva</i>		1	
<i>kelnor 1-35</i>		1	
<i>leena</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>lessina</i>		1	
<i>levora-28</i>		1	
<i>low-ogestrel</i>		1	
<i>luteru</i>		1	
<i>microgestin</i>		1	
<i>microgestin fe</i>		1	
<i>mononessa</i>		1	
<i>necon</i>		1	
<i>next choice</i>		1	
<i>norgestrel-ethiny estro</i>		1	
<i>nortrel</i>		1	
<i>ocella</i>		1	
<i>ogestrel</i>		1	
<i>portia</i>		1	
<i>previfem</i>		1	
<i>quasense</i>		1	
<i>reclipsen</i>		1	
<i>solia</i>		1	
<i>sprintec</i>		1	
<i>sronyx</i>		1	
<i>tilia fe</i>		1	
<i>tri-legest fe</i>		1	
<i>trinessa</i>		1	
<i>tri-previfem</i>		1	
<i>tri-sprintec</i>		1	
<i>trivora-28</i>		1	
<i>velivet</i>		1	
<i>zenchent</i>		1	
<i>zovia 1-35e</i>		1	
<i>zovia 1-50e</i>		1	

### ESTROGEN DRUGS

ESTRACE CREAM WITH APPLICATOR	<i>estradiol</i>	2	
<i>estradiol patch transdermal weekly</i>		1	[QLL]
<i>estradiol tablet</i>		1	
<i>estradiol valerate</i>		1	
<i>estropipate</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
MENEST	<i>estrogens,esterified</i>	2	
PREMARIN	<i>estrogens,conjugated</i>	2	
VAGIFEM	<i>estradiol</i>	2	

### ESTROGEN/PROGESTIN COMBINATIONS

<i>estradiol-norethindrone acetat</i>		1	
PREMPHASE	<i>estrogen/medroxyprogesterone</i>	2	
PREMPRO	<i>estrogen/medroxyprogesterone</i>	2	

### OB/GYN TOPICAL ANTIINFECTIVES

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

### OXYTOCICS

METHERGINE	<i>methylergonovine</i>	2	
<i>oxytocin</i>		1	

### PRENATAL VITAMINS

<i>advanced care plus</i>		1	
<i>cavan one omega</i>		1	
<i>complete natal dha</i>		1	
<i>completenate</i>		1	
<i>co-natal fa</i>		1	
<i>docosavit</i>		1	
<i>dualvit ob</i>		1	
<i>edge ob</i>		1	
<i>elite ob dha</i>		1	
<i>elite-ob</i>		1	
<i>fe c plus tablet</i>		1	
<i>folbecal</i>		1	
<i>folinatal plus b</i>		1	
<i>foltabs</i>		1	
<i>foltabs 90 plus dha</i>		1	
<i>gentex ade</i>		1	
<i>inatal advance</i>		1	
<i>inatal gt</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>inatal ultra</i>		1	
<i>maternity</i>		1	
<i>multinatal plus</i>		1	
<i>multi-nate 30</i>		1	
<i>multi-nate 30 dha</i>		1	
<i>multi-nate dha extra</i>		1	
<i>mynatal</i>		1	
<i>mynatal advance</i>		1	
<i>mynatal plus</i>		1	
<i>mynatal-z</i>		1	
<i>mynate 90 plus</i>		1	
<i>ob + dha</i>		1	
<i>ob 90 + dha</i>		1	
<i>ob-natal one</i>		1	
<i>pnv-dha</i>		1	
<i>pnv-select</i>		1	
<i>poly iron pn</i>		1	
<i>prenacare</i>		1	
<i>prenafirst</i>		1	
<i>prenaplus</i>		1	
<i>prenatabs fa</i>		1	
<i>prenatabs rx</i>		1	
<i>prenatal 19</i>		1	
<i>prenatal ad</i>		1	
<i>prenatal low iron</i>		1	
<i>prenatal multivitamin w-iron</i>		1	
<i>prenatal plus</i>		1	
<i>prenatal-u</i>		1	
<i>previt+dha</i>		1	
<i>previte rx</i>		1	
<i>pruet dha</i>		1	
<i>pruet dha ec</i>		1	
<i>re-nata 29</i>		1	
<i>re-nata 29 ob</i>		1	
<i>se-care</i>		1	
<i>se-care conceive</i>		1	
<i>se-care gesture</i>		1	
<i>se-natal 19</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>se-natal 90</i>		1	
<i>se-natal one</i>		1	
<i>se-plete dha</i>		1	
<i>setonet</i>		1	
<i>setonet-ec</i>		1	
<i>taron a prenatal</i>		1	
<i>taron ec calcium</i>		1	
<i>taron-prex prenatal</i>		1	
<i>tri rx</i>		1	
<i>triadvance</i>		1	
<i>trimesis rx</i>		1	
<i>trinatal rx 1</i>		1	
<i>trinate</i>		1	
<i>ultimatecare one</i>		1	
<i>ultimatecare one nf</i>		1	
<i>vinate az</i>		1	
<i>vinate az extra</i>		1	
<i>vinate c</i>		1	
<i>vinate calcium</i>		1	
<i>vinate care</i>		1	
<i>vinate gt</i>		1	
<i>vinate ic</i>		1	
<i>vinate ii</i>		1	
<i>vinate iii</i>		1	
<i>vinate one</i>		1	
<i>vinate pn care</i>		1	
<i>vinate ultra</i>		1	
<i>vinate-m</i>		1	
<i>vitafol-ob</i>		1	
<i>vitafol-pn</i>		1	
<i>vitaphil</i>		1	
<i>vitaphil + dha</i>		1	
<i>vitaphil + dha 90</i>		1	
<i>vitaspire</i>		1	
<i>vynatal-fa</i>		1	

**PROGESTIN DRUGS**

<i>camila</i>		1	
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DRUG	GENERIC	TIER	RESTRICTIONS
<i>errin</i>		1	
FIRST-PROGESTERONE VGS 100	<i>progesterone</i>	2	
FIRST-PROGESTERONE VGS 200	<i>progesterone</i>	2	
FIRST-PROGESTERONE VGS 25	<i>progesterone</i>	2	
FIRST-PROGESTERONE VGS 400	<i>progesterone</i>	2	
FIRST-PROGESTERONE VGS 50	<i>progesterone</i>	2	
<i>jolivette</i>		1	
<i>medroxyprogesterone acetate injection</i>		1	[QLL]
<i>medroxyprogesterone acetate tablet</i>		1	
<i>nora-be</i>		1	
<i>norethindrone acetate</i>		1	
<i>progesterone</i>		1	
<i>progesterone in oil</i>		1	
PROMETRIUM	<i>progesterone</i>	2	

## SELECTIVE ESTROGEN RECEPTOR MODULATOR

EVISTA	<i>raloxifene</i>	2	
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## SPECIALIZED OB/GYN DRUGS

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

## OPHTHALMIC MEDICATIONS

### ANTIGLAUCOMA DRUGS

<i>acetazolamide</i>		1	
<i>acetazolamide sodium</i>		1	
ALPHAGAN P	<i>brimonidine tartrate</i>	2	
<i>apraclonidine hcl</i>		1	
<i>betaxolol hcl drops</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>brimonidine tartrate</i>		1	
<i>carteolol hcl</i>		1	
COMBIGAN	<i>brimonidine tartrate/timolol</i>	2	[ST]
<i>dipivefrin hcl</i>		1	
<i>dorzolamide hcl</i>		1	
<i>dorzolamide-timolol</i>		1	
<i>levobunolol hcl</i>		1	
LUMIGAN	<i>bimatoprost</i>	2	
<i>methazolamide</i>		1	
<i>metipranolol</i>		1	
PHOSPHOLINE IODIDE	<i>echothiophate iodide</i>	2	
<i>pilocarpine hcl</i>		1	
<i>timolol maleate drops, -gel-forming solution, -ophth drops</i>		1	
XALATAN	<i>latanoprost</i>	2	

### OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS

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

### OPHTHALMIC CORTICOSTEROID DRUGS

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

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DRUG	GENERIC	TIER	RESTRICTIONS
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### OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS

<i>ak-poly-bac</i>		1	
<i>aktob</i>		1	
<i>bacitracin 500 units/gm ointmn</i>		1	
<i>bacitracin-polymyxin eye oint</i>		1	
<i>ciprofloxacin hcl drops</i>		1	
<i>erythromycin ointment</i>		1	
<i>gentak</i>		1	
<i>gentamicin sulfate drops, -ointment</i>		1	
<i>gentasol</i>		1	
<i>neocidin</i>		1	
<i>neomycin-bacitracin-polymyxin</i>		1	
<i>neomycin-polymyxin-gramicidin</i>		1	
<i>ocusulf-10</i>		1	
<i>ofloxacin drops</i>		1	
<i>polycin-b</i>		1	
<i>polymyxin b sul-trimethoprim</i>		1	
<i>romycin</i>		1	
<i>sulfac</i>		1	
<i>sulfacetamide sodium drops</i>		1	
<i>sulfamide</i>		1	
<i>tobramycin sulfate drops</i>		1	
<i>tobrasol</i>		1	
ZYMAR	<i>gatifloxacin</i>	2	

### OPHTHALMIC TOPICAL ANTIVIRAL DRUGS

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

ACULAR	<i>ketorolac</i>	2	
ACULAR LS	<i>ketorolac</i>	2	
<i>ak-con</i>		1	
<i>ak-dilate</i>		1	
<i>akorn balanced salt</i>		1	
<i>ak-pentolate</i>		1	
<i>allersol</i>		1	
<i>altafrin</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>atropine care</i>		1	
<i>atropine sulfate</i>		1	
BOTOX	<i>botulinum toxin a</i>	2	[PAR]
<i>cromolyn sodium drops</i>		1	
<i>cyclopentolate hcl</i>		1	
<i>cylate</i>		1	
<i>diclofenac sodium drops</i>		1	
<i>flurbiprofen sodium</i>		1	
<i>homatropaire</i>		1	
<i>homatropine</i>		1	
<i>ketorolac tromethamine</i>		1	
<i>mydral</i>		1	
<i>naphazoline hcl</i>		1	
NATACYN	<i>natamycin</i>	2	
<i>neofrin</i>		1	
<i>parcaine</i>		1	
<i>phenylephrine hcl drops</i>		1	
<i>proparacaine hcl</i>		1	
RESTASIS	<i>cyclosporine</i>	2	[QLL]
<i>tropicacyl</i>		1	
<i>tropicamide</i>		1	
VISUDYNE	<i>verteporfin</i>	2	

## RESPIRATORY MEDICATIONS

### ANTIHISTAMINES

<i>carbinoxamine maleate</i>		1	
<i>cetirizine hcl 1 mg/1 ml soln, -1 mg/ml syrup, -5 mg/5 ml syrup, -cetirizine 1 mg/1 ml soln, -pv 1 mg/ml soln</i>		1	
<i>clemastine fum 2.68 mg tab, -syrup</i>		1	
<i>complete allergy medicine, -</i>		1	
<i>cyproheptadine hcl</i>		1	
<i>dexchlorpheniramine maleate</i>		1	
<i>diphenhydramine 12.5 mg/5 ml, -25 mg cap, -25 mg capsule, -50 mg capsule, -injection</i>		1	
<i>diphenmax</i>		1	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>fexofenadine hcl</i>		1	[QLL]
<i>palgic</i>		1	
<i>promethazine hcl injection, -syrup, -tablet</i>		1	
<i>tripohist</i>		1	
<i>triprolidine hcl</i>		1	

### BETA-2 ADRENERGIC DRUGS

<i>albuterol sulfate</i>		1	
FORADIL	<i>formoterol fumarate</i>	2	[QLL]
<i>metaproterenol sulfate syrup, -tablet</i>		1	
PROAIR HFA	<i>albuterol</i>	2	[QLL]
PROVENTIL HFA	<i>albuterol</i>	2	[QLL]
SEREVENT DISKUS	<i>salmeterol</i>	2	[QLL]
<i>terbutaline sulfate</i>		1	

### LEUKOTRIENE MODIFIERS

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

### METHYL XANTHINE DRUGS

<i>aminophylline</i>		1	
<i>caffeine citrate</i>		1	
<i>theochron</i>		1	
<i>theophylline</i>		1	
<i>theophylline anhydrous</i>		1	

### OTHER DRUGS FOR ASTHMA

ADVAIR DISKUS	<i>salmeterol/fluticasone</i>	2	[PAR][QLL]
ADVAIR HFA	<i>salmeterol/fluticasone</i>	2	[PAR][QLL]
ATROVENT HFA	<i>ipratropium</i>	2	[QLL]
COMBIVENT	<i>albuterol sulfate/ipratropium</i>	2	[QLL]
<i>epinephrine 0.1 mg/ml syringe, -1 mg/ml ampul, -1 mg/ml vial</i>		1	
EPIPEN	<i>epinephrine hcl</i>	2	[QLL]
EPIPEN JR	<i>epinephrine hcl</i>	2	[QLL]
FLOVENT DISKUS	<i>fluticasone propionate</i>	2	[QLL]
FLOVENT HFA	<i>fluticasone propionate</i>	2	[QLL]
GASTROCROM	<i>cromolyn</i>	2	

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DRUG	GENERIC	TIER	RESTRICTIONS
<i>ipratropium bromide nebs, -solution non-oral</i>		1	
PULMICORT FLEXHALER	<i>budesonide</i>	2	[QLL]
QVAR	<i>beclomethasone</i>	2	[QLL]
SPIRIVA	<i>tiotropium bromide</i>	2	[QLL]
SYMBICORT	<i>budesonide/formoterol fum</i>	2	[PAR][QLL]
XOLAIR [LA]	<i>omalizumab</i>	4	[PAR]

## OTHER RESPIRATORY DRUGS

ARALAST [LA]	<i>alpha-1-proteinase inhibitor</i>	4	[PAR]
PROLASTIN [LA]	<i>alpha-1-proteinase inhibitor</i>	4	[PAR]

## UROLOGICAL MEDICATIONS

### ANTICHOLINERGIC ANTISPASMODICS

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

### CHOLINERGIC STIMULANTS

<i>bethanechol chloride</i>		1	
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### OTHER GENITOURINARY PRODUCTS

<i>acetic acid</i>		1	
CYSTADANE	<i>betaine hcl</i>	3	
<i>cytra-3</i>		1	
<i>cytra-k</i>		1	
ELMIRON	<i>pentosan polysulfate sodium</i>	2	
<i>finasteride</i>		1	
FLOMAX	<i>tamsulosin</i>	2	
<i>glycine</i>		1	
K-PHOS M.F.	<i>pot acid phos/sod acid phos</i>	2	
K-PHOS NO.2	<i>pot acid phos/sod acid phos</i>	2	

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DRUG	GENERIC	TIER	RESTRICTIONS
K-PHOS ORIGINAL	<i>potassium acid phosphate</i>	2	
<i>neomycin-polymyxin b</i>		1	
<i>potassium citrate</i>		1	
<i>potassium citrate-citric acid</i>		1	
RENACIDIN	<i>gluconic acid/citric acid</i>	2	
<i>tricitrates</i>		1	
UROXATRAL	<i>alfuzosin hcl</i>	2	

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