

**2012
CAREOREGON
ADVANTAGE
FORMULARY**



**better
care
better
health
better
together**





Rolando Quinones (lower left) and Michele Koder (upper right) at the Multnomah County Northeast Health Center pharmacy. “Your pharmacist is an important part of your health care team,” said Michele. “We do more than dispense medications, we work with patients and their providers to ensure safe and effective treatment.”

**CAREOREGON ADVANTAGE PLUS HMO-POS SNP
CAREOREGON ADVANTAGE STAR HMO-POS
2012 FORMULARY (LIST OF COVERED DRUGS)**

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

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

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

This information is available in a different format, including large print. If you need plan information in another format or language, please call Customer Service at 503-416-4279 or 1-888-712-3258. (Calls to these numbers are free.) TTY/TDD users call: 1-800-735-2900.

Hours of Operation: Every day, 8 a.m. to 8 p.m.

A health plan with a Medicare contract.

This information is available for free in other languages. Please contact our Customer Service department at 1-888-712-3258 for additional information.



CareOregon
Advantage



What is the CareOregon Advantage Formulary?

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

Can the Formulary change?

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

formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of August 2011. To get updated information about the drugs covered by CareOregon Advantage, please visit our website at www.careoregonadvantage.org or call Customer Service at 503-416-4279 (Portland) or toll-free 1-888-712-3258, daily from 8 a.m. until 8 p.m. TTY/TDD users should call 1-800-735-2900.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Medications.” If you know what your drug is used for, look for the category name in the list that begins on page 1. 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 87. 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?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** CareOregon Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CareOregon Advantage before you fill your prescriptions. If you don’t get approval, CareOregon Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, CareOregon Advantage limits the amount of the drug that we will cover. For example, CareOregon Advantage provides nine tablets per prescription for sumatriptan. This may be in addition to a standard one month or three month supply.



- **Step Therapy:** In some cases, CareOregon 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, CareOregon Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CareOregon 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.careoregonadvantage.org.

You can ask CareOregon Advantage to make an exception to these restrictions or limits. See the section, “How do I request an exception to the CareOregon Advantage formulary?” in this introduction 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. CareOregon Advantage pays for certain OTC drugs. CareOregon Advantage will provide these OTC drugs at no cost to you. The cost to CareOregon Advantage of these OTC drugs will not count toward your total drug costs. These drugs are listed in the table below.

DRUG NAME

benzoyl peroxide 4% cleansing lotion
benzoyl peroxide 5% lotion
cetirizine 1 mg/1 ml solution
cetirizine 10 mg chewable tablet
cetirizine 10 mg tablet
cetirizine 5 mg chewable tablet
cetirizine 5 mg tablet
cetirizine 5 mg/5 ml syrup
loratadine 10 mg oral disintegrating tablet
loratadine 10 mg tablet
loratadine 5 mg/5 ml solution
loratadine 5 mg/5 ml syrup
niacin 500 mg caplet sa
niacin 500 mg capsule sa
niacin 500 mg tablet
niacin 500 mg tablet sa
niacin 750 mg tablet sa
niacin flush free 500 mg cap
niacin td 500 mg capsule sa
slo-niacin 500 mg tablet
nicotine 7 mg/24 hr patch
nicotine 11 mg/24hr patch
nicotine 14 mg/24 hr patch

DRUG NAME CONT.

nicotine 21 mg/24hr patch
nicotine 22 mg/24hr patch
nicotine 2 mg gum
nicotine 4 mg gum
nicotine transdermal system

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that CareOregon Advantage does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by CareOregon 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 CareOregon Advantage.
- You can ask CareOregon 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 CareOregon Advantage Formulary?

You can ask CareOregon 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, CareOregon Advantage limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, CareOregon 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 62-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 62-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 at least a 91-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you transition from one level of care to another, for example, if you are discharged from a hospital or change hospice status, we will cover a temporary 62-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy.

For more information

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

If you have questions about CareOregon Advantage, please call Customer Service at 503-416-4279 (Portland) or toll-free 1-888-712-3258, daily from 8 a.m. until 8 p.m. TTY/TDD users should call 1-800-735-2900.) Or visit www.careoregonadvantage.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.

CareOregon Advantage Formulary

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

- The **first column** of the chart lists the drug's generic name. Generic drugs are listed in lower-case italics (e.g., *celecoxib*).
- The **second column** of the chart lists the drug name. **Brand-name** drugs are capitalized (e.g., CELEBREX)
- The **third column** of the chart shows the drug's **dosage and strength** that are covered.
- The **fourth column** of the chart lists the **drug's tier level**. Tier 1 means a generic drug. Tier 2 means a brand-name drug. Tier 3 means a specialty drug.
- The **fifth column** of the chart shows if CareOregon Advantage has any special requirements for coverage of the drug. The formulary charts use the following abbreviations:



- **PA:** The drug requires prior authorization.
- **PAN:** The drug requires prior authorization for individuals who are starting the drug for the first time or for the first time in a long time.
- **BvsD:** The drug requires prior authorization to ensure that the drug is paid under Medicare Part B if required by Medicare.
- **LA:** These limited access drugs may be obtained at a limited number of pharmacies and are not available at all pharmacies.
- **QL:** The drug has a maximum quantity limit for each prescription.
- **ST:** You must try other drugs to treat your condition before we will cover this drug.
- **STN:** You must try other drugs to treat your condition before we will cover this drug only if you are starting the drug for the first time or for the first time in a long time.
- **MNT:** The drug is a maintenance medication available at mail order and select retail pharmacies.
- The **sixth column** of the chart, QL AMT/DAYS, shows the maximum number of doses and/or days for each prescription. For example, 62/30 means that the maximum quantity covered for 30 days is 62.

Index of Drugs

Plans must include an alphabetical listing of all drugs included in the formulary that indicates the page where members can find coverage information for that drug. Plans may use more than one column for the index listing.

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
ANESTHETICS					
LOCAL ANESTHETICS					
<i>lidocaine hcl</i>		0.5% VIAL	1		
<i>lidocaine hcl</i>		1% VIAL	1		
TOPICAL ANESTHETICS					
<i>lidocaine</i>	LIDODERM	5% PATCH	2	PA	90/30
<i>lidocaine</i>		5% OINTMENT	1		
<i>lidocaine</i>		2% VISCOUS SOLN	1		
<i>lidocaine hcl</i>		2% JELLY	1		
<i>lidocaine hcl</i>		4% SOLUTION	1		
<i>lidocaine-prilocaine</i>		CREAM	1		
AMEBICIDES					
<i>paromomycin</i>		250 MG CAPSULE	1		
AMINOGLYCOSIDES					
<i>amikacin sulfate</i>		100 MG/2 ML	1		
<i>amikacin sulfate</i>		500 MG/2 ML	1		
<i>gentamicin</i>		10 MG/ML VIAL	1		
<i>gentamicin</i>		40 MG/ML VIAL	1		
<i>gentamicin</i>		60 MG/NS 50 ML PB	1		
<i>gentamicin</i>		80 MG/NS 50 ML PB	1		
<i>gentamicin</i>		100 MG/NS 100 ML	1		
<i>iso gentamicin</i>		100 MG/100 ML	1		
<i>isoton gentamicin</i>		60 MG/50 ML	1		
<i>isoton gentamicin</i>		80 MG/50 ML	1		
<i>neomycin</i>		500 MG TABLET	1		
<i>tobramycin/sodium chloride</i>	TOBI	300 MG/5 ML SOLUTION	2	BvsD	280/28
<i>tobramycin</i>		60 MG/50 ML NS	1		
<i>tobramycin</i>		80 MG/100 ML NS	1		
<i>tobramycin</i>		10 MG/ML VIAL	1		
<i>tobramycin</i>		40 MG/ML VIAL	1		

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
ANTHELMINTICS					
<i>albendazole</i>	ALBENZA	200 MG TABLET	2		
<i>ivermectin</i>	STROMECTOL	3 MG TABLET	2		
<i>mebendazole</i>		100 MG TAB CHEW	1		
<i>praziquantel</i>	BILTRICIDE	600 MG TABLET	2		

ANTIINFECTIVES SPECIALIZED INDICATIONS

<i>dapsone</i>	DAPSONE	25 MG TABLET	2	MNT	
<i>dapsone</i>	DAPSONE	100 MG TABLET	2	MNT	
<i>metronidazole</i>		500 MG/100 ML	1		
<i>metronidazole</i>		250 MG TABLET	1		
<i>metronidazole</i>		500 MG TABLET	1		

ANTIRETROVIRALS AND PROTEASE INH

<i>abacavir sulfate</i>	ZIAGEN	20 MG/ML SOLUTION	2	MNT	
<i>abacavir sulfate</i>	ZIAGEN	300 MG TABLET	2	MNT	
<i>abacavir sulfate/lamivudine</i>	EPZICOM	TABLET	2	MNT	
<i>atazanavir sulfate</i>	REYATAZ	100 MG CAPSULE	2	MNT	
<i>atazanavir sulfate</i>	REYATAZ	150 MG CAPSULE	2	MNT	
<i>atazanavir sulfate</i>	REYATAZ	200 MG CAPSULE	2	MNT	
<i>atazanavir sulfate</i>	REYATAZ	300 MG CAPSULE	2	MNT	
<i>darunavir ethanolate</i>	PREZISTA	75 MG TABLET	2	MNT	
<i>darunavir ethanolate</i>	PREZISTA	150 MG TABLET	2	MNT	
<i>darunavir ethanolate</i>	PREZISTA	400 MG TABLET	2	MNT	
<i>darunavir ethanolate</i>	PREZISTA	600 MG TABLET	2	MNT	
<i>delavirdine mesylate</i>	RESCRIPTOR	100 MG TABLET	2	MNT	
<i>delavirdine mesylate</i>	RESCRIPTOR	200 MG TABLET	2	MNT	
<i>didanosine</i>	VIDEX	2 GM PEDIATRIC SOLN	2	MNT	
<i>didanosine dr</i>		125 MG CAPSULE	1	MNT	
<i>didanosine dr</i>		200 MG CAPSULE	1	MNT	
<i>didanosine dr</i>		250 MG CAPSULE	1	MNT	
<i>didanosine dr</i>		400 MG CAPSULE	1	MNT	
<i>efavirenz</i>	SUSTIVA	50 MG CAPSULE	2	MNT	
<i>efavirenz</i>	SUSTIVA	200 MG CAPSULE	2	MNT	
<i>efavirenz</i>	SUSTIVA	600 MG TABLET	2	MNT	
<i>emtricitabine</i>	EMTRIVA	10 MG/ML SOLUTION	2	MNT	
<i>emtricitabine</i>	EMTRIVA	200 MG CAPSULE	2	MNT	

continued

2 *Definitions for abbreviated limits can be found on page viii of the intro section.

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>emtricitabine/tenofovir</i>	TRUVADA	200 MG-300 MG TABLET	2	MNT	
<i>emtricitabine/tenofovir/efavir</i>	ATRIPLA	TABLET	2	MNT	
<i>enfuvirtide</i>	FUZEON	CONVENIENCE KIT	2	MNT	
<i>etravirine</i>	INTELENCE	100 MG TABLET	2	MNT	
<i>etravirine</i>	INTELENCE	200 MG TABLET	2	MNT	
<i>fosamprenavir calcium</i>	LEXIVA	50 MG/ML SUSPENSION	2	MNT	
<i>fosamprenavir calcium</i>	LEXIVA	700 MG TABLET	2	MNT	
<i>indinavir</i>	CRIXIVAN	100 MG CAPSULE	2	MNT	
<i>indinavir</i>	CRIXIVAN	200 MG CAPSULE	2	MNT	
<i>indinavir</i>	CRIXIVAN	400 MG CAPSULE	2	MNT	
<i>lamivudine</i>	EPIVIR	10 MG/ML ORAL SOLN	2	MNT	
<i>lamivudine</i>	EPIVIR	150 MG TABLET	2	MNT	
<i>lamivudine</i>	EPIVIR	300 MG TABLET	2	MNT	
<i>lamivudine/zidovudine</i>	COMBIVIR	TABLET	2	MNT	
<i>maraviroc</i>	SELZENTRY	150 MG TABLET	2	MNT	
<i>maraviroc</i>	SELZENTRY	300 MG TABLET	2	MNT	
<i>nelfinavir mesylate</i>	VIRACEPT	250 MG TABLET	2	MNT	
<i>nelfinavir mesylate</i>	VIRACEPT	625 MG TABLET	2	MNT	
<i>nelfinavir mesylate</i>	VIRACEPT	POWDER	2	MNT	
<i>nevirapine</i>	VIRAMUNE	50 MG/5 ML SUSP	2	MNT	
<i>nevirapine</i>	VIRAMUNE	200 MG TABLET	2	MNT	
<i>nevirapine</i>	VIRAMUNE XR	400 MG TABLET	2	MNT	
<i>raltegravir potassium</i>	ISENTRESS	400 MG TABLET	2	MNT	
<i>rilpivirine hydrochloride</i>	EDURANT	25 MG TABLET	2	MNT	
<i>ritonavir</i>	NORVIR	80 MG/ML SOLUTION	2	MNT	
<i>ritonavir</i>	NORVIR	100 MG SOFTGEL CAP	2	MNT	
<i>ritonavir</i>	NORVIR	100 MG TABLET	2	MNT	
<i>ritonavir/lopinavir</i>	KALETRA	400-100/5 ML ORAL SOLU	2	MNT	
<i>ritonavir/lopinavir</i>	KALETRA	100-25 MG TABLET	2	MNT	
<i>ritonavir/lopinavir</i>	KALETRA	200-50 MG TABLET	2	MNT	
<i>saquinavir mesylate</i>	INVIRASE	200 MG CAPSULE	2	MNT	
<i>saquinavir mesylate</i>	INVIRASE	500 MG TABLET	2	MNT	
<i>stavudine</i>		1 MG/ML SOLUTION	1	MNT	
<i>stavudine</i>		15 MG CAPSULE	1	MNT	
<i>stavudine</i>		20 MG CAPSULE	1	MNT	
<i>stavudine</i>		30 MG CAPSULE	1	MNT	

continued

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>stavudine</i>		40 MG CAPSULE	1	MNT	
<i>tenofovir disoproxil fumarate</i>	VIREAD	300 MG TABLET	2	MNT	
<i>tipranavir/vitamin e tpgs</i>	APTIVUS	100 MG/ML SOLUTION	2	MNT	
<i>tipranavir</i>	APTIVUS	250 MG CAPSULE	2	MNT	
<i>zidovudine</i>	RETROVIR	10 MG/ML VIAL	2		
<i>zidovudine</i>	RETROVIR	IV INFUSION VIAL	2		
<i>zidovudine</i>		50 MG/5 ML SYRUP	1	MNT	
<i>zidovudine</i>		100 MG CAPSULE	1	MNT	
<i>zidovudine</i>		300 MG TABLET	1	MNT	
<i>zidovudine/lamivudine/abacavir</i>	TRIZIVIR	TABLET	2	MNT	

ANTITUBERCULOSIS DRUGS

<i>aminosalicylic acid</i>	PASER GRANULES	4 GM PACKET	2	MNT	
<i>capreomycin</i>	CAPASTAT SULFATE	1 GM VIAL	2		
<i>cycloserine</i>	SEROMYCIN	250 MG CAPSULE	2		
<i>ethambutol hcl</i>		100 MG TABLET	1	MNT	
<i>ethambutol hcl</i>		400 MG TABLET	1	MNT	
<i>ethionamide</i>	TRECTOR	250 MG TABLET	2		
<i>isonarif</i>		CAPSULE	1		
<i>isoniazid</i>		50 MG/5 ML SYRUP	1	MNT	
<i>isoniazid</i>		100 MG/ML VIAL	1		
<i>isoniazid</i>		100 MG TABLET	1	MNT	
<i>isoniazid</i>		300 MG TABLET	1	MNT	
<i>pyrazinamide</i>		500 MG TABLET	1	MNT	
<i>rifabutin</i>	MYCOBUTIN	150 MG CAPSULE	2		
<i>rifampin</i>		150 MG CAPSULE	1		
<i>rifampin</i>		300 MG CAPSULE	1		
<i>rifampin iv</i>		600 MG VIAL	1		
<i>rifapentine</i>	PRIFTIN	150 MG TABLET	2		

CEPHALOSPORINS

<i>cefaclor</i>		250 MG CAPSULE	1		
<i>cefaclor</i>		500 MG CAPSULE	1		
<i>cefadroxil</i>		1 GM TABLET	1		
<i>cefadroxil</i>		250 MG/5 ML SUSP	1		
<i>cefadroxil</i>		500 MG/5 ML SUSP	1		
<i>cefadroxil</i>		500 MG CAPSULE	1		

continued

4 *Definitions for abbreviated limits can be found on page viii of the intro section.

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
cefazolin		1 GM-D5W BAG	1		
cefazolin		20 GM BULK VIAL	1		
cefazolin		1 GM VIAL	1		
cefazolin		500 MG VIAL	1		
cefdinir		125 MG/5 ML SUSP	1		
cefdinir		250 MG/5 ML SUSP	1		
cefdinir		300 MG CAPSULE	1		20/30
cefepime hcl		1 GM VIAL	1		
cefepime hcl		2 GRAM VIAL	1		
cefixime	SUPRAX	100 MG/5 ML SUSPENSION	2		
cefixime	SUPRAX	200 MG/5 ML SUSPENSION	2		
cefpodoxime		50 MG/5 ML SUSP	1		
cefpodoxime		100 MG/5 ML SUSP	1		
cefpodoxime		100 MG TABLET	1		
cefpodoxime		200 MG TABLET	1		
cefprozil		125 MG/5 ML SUSP	1		
cefprozil		250 MG/5 ML SUSP	1		
cefprozil		250 MG TABLET	1		
cefprozil		500 MG TABLET	1		
ceftazidime		1 GM VIAL	1		
ceftazidime		2 GM VIAL	1		
ceftazidime		6 GM VIAL	1		
ceftriaxone		2 GM ADD VIAL	1		
ceftriaxone		1 GM VIAL	1		
ceftriaxone		10 GM VIAL	1		
ceftriaxone		250 MG VIAL	1		
ceftriaxone		500 MG VIAL	1		
cefuroxime		125 MG/5 ML SUSP	1		
cefuroxime axetil		250 MG TAB	1		
cefuroxime axetil		500 MG TAB	1		
cefuroxime sod		1.5 GM VIAL	1		
cefuroxime sod		7.5 GM VIAL	1		
cefuroxime sod		750 MG VIAL	1		
cephalexin		125 MG/5 ML SUSP	1		
cephalexin		250 MG/5 ML SUSP	1		
cephalexin		250 MG CAPSULE	1		
continued					

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>cephalexin</i>		500 MG CAPSULE	1		
<i>cephalexin</i>		250 MG TABLET	1		
<i>cephalexin</i>		500 MG TABLET	1		

CLINDAMYCINS

<i>clindamycin</i>		150 MG/ML ADDVAN	1		
<i>clindamycin hcl</i>		150 MG CAPS	1		
<i>clindamycin hcl</i>		300 MG CAPSULE	1		

ERYTHROMYCINS

<i>erythrocin</i>		250 MG FILMTAB	1		
<i>erythromycin</i>		250 MG FILMTAB	1		
<i>erythromycin</i>		500 MG FILMTAB	1		
<i>erythromycin base</i>	ERY-TAB EC	250 MG TABLET	2		
<i>erythromycin base</i>	ERY-TAB EC	500 MG TABLET	2		
<i>erythromycin base</i>	ERY-TAB EC	333 MG TABLET	2		
<i>erythromycin base</i>	PCE	333 MG DISPERTAB	2		
<i>erythromycin base</i>	PCE	500 MG DISPERTAB	2		
<i>erythromycin es</i>		400 MG TAB	1		
<i>erythromycin ethylsuccinate</i>	E.E.S.	200 MG/5 ML GRANULES	2		
<i>erythromycin lactobionate</i>	ERYTHROCIN	500 MG ADDVNT VL	2		

ORAL ANTIFUNGAL DRUGS

<i>clotrimazole</i>		10 MG TROCHE	1		
<i>fluconazole</i>		10 MG/ML SUSP	1		
<i>fluconazole</i>		40 MG/ML SUSP	1		
<i>fluconazole</i>		50 MG TABLET	1		
<i>fluconazole</i>		100 MG TABLET	1		
<i>fluconazole</i>		150 MG TABLET	1		4/30
<i>fluconazole</i>		200 MG TABLET	1		
<i>flucytosine</i>	ANCOBON	250 MG CAPSULE	2		
<i>flucytosine</i>	ANCOBON	500 MG CAPSULE	2		
<i>griseofulvin</i>		125 MG/5 ML SUSP	1		
<i>griseofulvin microsize</i>	GRIFULVIN V	500 MG TABLET	2		
<i>griseofulvin ultramicrosize</i>	GRIS-PEG	125 MG TABLET	2		
<i>itraconazole</i>		100 MG CAPSULE	1		
<i>ketoconazole</i>		200 MG TABLET	1		

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>nystatin</i>		100,000 UNITS/ML SUSP	1		
<i>nystatin</i>		500,000 UNIT ORAL TAB	1		
<i>terbinafine hcl</i>		250 MG TABLET	1		
<i>voriconazole</i>		50 MG TABLET	1	PA	
<i>voriconazole</i>		200 MG TABLET	1	PA	
OTHER ANTIINFECTIVE DRUGS					
<i>atovaquone</i>	MEPRON	750 MG/5 ML SUSPENSION	2		
<i>aztreonam</i>		1 GM VIAL	1		
<i>aztreonam lysine</i>	CAYSTON	75 MG INHAL SOLUTION	2	PA, LA	84/30
<i>aztreonam/dextrose water</i>	AZACTAM-ISO-OSMOT	1 GM/50 ML	2		
<i>aztreonam/dextrose water</i>	AZACTAM-ISO-OSMOT	2 GM/50 ML	2		
<i>colistimethate</i>		150 MG VIAL	1		
<i>daptomycin</i>	CUBICIN	500 MG VIAL	2	BvsD	
<i>doripenem</i>	DORIBAX	500 MG VIAL	2		
<i>imipenem/cilastatin sodium</i>	PRIMAXIN	250 MG VIAL	2		
<i>imipenem/cilastatin sodium</i>	PRIMAXIN	500 MG VIAL	2		
<i>imipenem/cilastatin sodium</i>	PRIMAXIN I.M.	500 MG VIAL	2		
<i>lincomycin</i>	LINCOCIN	300 MG/ML VIAL	2		
<i>linezolid</i>	ZYVOX	100 MG/5 ML SUSPENSION	2	PA	
<i>linezolid</i>	ZYVOX	600 MG/300 ML IV SOLN	2	PA	
<i>linezolid</i>	ZYVOX	600 MG TABLET	2	PA	
<i>meropenem iv</i>		500 MG VIAL	1		
<i>nitazoxanide</i>	ALINIA	100 MG/5 ML SUSPENSION	2	PA	
<i>nitazoxanide</i>	ALINIA	500 MG TABLET	2	PA	
<i>pentamidine</i>	NEBUPENT	300 MG INHAL POWDER	2	BvsD	
<i>pentamidine</i>	PENTAM	300 VIAL	2	BvsD	
<i>quinupristin/dalfopristin</i>	SYNERCID	500 MG VIAL	2	BvsD	
<i>telavancin</i>	VIBATIV	250 MG VIAL	2	BvsD	
<i>tigecycline</i>	TYGACIL	50 MG VIAL	2	PA	
<i>vancomycin</i>	VANCOCIN HCL	125 MG PULVULE	2		
<i>vancomycin</i>	VANCOCIN HCL	250 MG PULVULE	2		
<i>vancomycin</i>		1 GM VIAL	1	BvsD	
<i>vancomycin</i>		500 MG A/V VIAL	1	BvsD	
<i>vancomycin hcl</i>		10 GM VIAL	1	BvsD	

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
OTHER ANTIVIRAL DRUGS					
<i>acyclovir</i>		200 MG/5 ML SUSP	1	MNT	
<i>acyclovir</i>		200 MG CAPSULE	1	MNT	
<i>acyclovir</i>		400 MG TABLET	1	MNT	
<i>acyclovir</i>		800 MG TABLET	1	MNT	
<i>acyclovir sodium</i>		500 MG VIAL	1		
<i>adefovir dipivoxil</i>	HEPSERA	10 MG TABLET	2		30/30
<i>amantadine</i>		50 MG/5 ML SYRUP	1	MNT	
<i>amantadine</i>		100 MG CAPSULE	1	MNT	
<i>amantadine</i>		100 MG TABLET	1	MNT	
<i>cidofovir</i>	VISTIDE	75 MG/ML VIAL	2		
<i>entecavir</i>	BARACLUDE	0.05 MG/ML SOLUTION	2	MNT	
<i>entecavir</i>	BARACLUDE	0.5 MG TABLET	2	MNT	
<i>entecavir</i>	BARACLUDE	1 MG TABLET	2	MNT	
<i>famciclovir</i>		125 MG TABLET	1	ST	
<i>famciclovir</i>		250 MG TABLET	1	ST	
<i>famciclovir</i>		500 MG TABLET	1	ST	
<i>foscarnet</i>		24 MG/ML INFUS BTTL	1		
<i>ganciclovir</i>		250 MG CAPSULE	1		
<i>ganciclovir</i>		500 MG CAPSULE	1		
<i>ganciclovir</i>		500 MG VIAL	1		
<i>lamivudine</i>	EPIVIR HBV	25 MG/5 ML SOLN	2	MNT	
<i>lamivudine</i>	EPIVIR HBV	100 MG TABLET	2	MNT	
<i>oseltamivir phosphate</i>	TAMIFLU	12 MG/ML SUSPENSION	2		350/365
<i>oseltamivir phosphate</i>	TAMIFLU	30 MG GELCAP	2		112/365
<i>oseltamivir phosphate</i>	TAMIFLU	45 MG GELCAP	2		56/365
<i>oseltamivir phosphate</i>	TAMIFLU	75 MG GELCAP	2		56/365
<i>ribasphere</i>		200 MG CAPSULE	1	PA	210/30
<i>ribasphere</i>		200 MG TABLET	1	PA	210/30
<i>ribavirin</i>		200 MG CAPSULE	1	PA	210/30
<i>ribavirin</i>		200 MG TABLET	1	PA	210/30
<i>rimantadine hcl</i>		100 MG TABLET	1		
<i>telbivudine</i>	TYZEKA	600 MG TABLET	2	MNT	30/30
<i>valacyclovir hcl</i>		1 GRAM TABLET	1	ST, MNT	
<i>valacyclovir hcl</i>		500 MG TABLET	1	ST, MNT	

continued

8 *Definitions for abbreviated limits can be found on page viii of the intro section.

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>valganciclovir</i>	VALCYTE	50 MG/ML SOLUTION	2	MNT	
<i>valganciclovir</i>	VALCYTE	450 MG TABLET	2	MNT	
<i>zanamivir</i>	RELENZA	5 MG DISKHALER	2		112/365

OTHER MACROLIDES

<i>azithromycin</i>		100 MG/5 ML SUSP	1		
<i>azithromycin</i>		200 MG/5 ML SUSP	1		
<i>azithromycin</i>		250 MG TABLET	1		
<i>azithromycin</i>		500 MG TABLET	1		
<i>azithromycin</i>		600 MG TABLET	1		
<i>azithromycin i.v.</i>		500 MG VIAL	1		
<i>clarithromycin</i>		125 MG/5 ML SUS	1		
<i>clarithromycin</i>		250 MG/5 ML SUS	1		
<i>clarithromycin</i>		250 MG TABLET	1		
<i>clarithromycin</i>		500 MG TABLET	1		

OTHER TOPICAL ANTIFUNGALS

<i>ciclopirox</i>		8% SOLUTION	1	PA	
<i>clotrimazole</i>		1% CREAM	1		
<i>clotrimazole</i>		1% SOLUTION	1		
<i>clotrimazole af</i>		1% CREAM	1		
<i>ketoconazole</i>		2% CREAM	1		
<i>ketoconazole</i>		2% SHAMPOO	1		
<i>nystatin</i>		100,000 UNIT/GM CREAM	1		
<i>nystatin</i>		100,000 UNITS/GM OINT	1		
<i>nystatin</i>		100,000 UNIT/GM POWD	1		
<i>nyamyc</i>		100,000 UNITS/GM POWDER	1		
<i>nystop</i>		100,000 UNITS/GM POWDER	1		
<i>pedi-dri</i>		TOPICAL POWDER	1		

PARENTERAL ANTIFUNGALS

<i>ampho b c-s</i>	AMPHOTEC	50 MG VIAL	2	BvsD	
<i>amphotericin b</i>		50 MG VIAL	1	BvsD	
<i>amphotericin b lipid complex</i>	ABELCET	5 MG/ML VIAL P/F	2		
<i>amphotericin b liposome</i>	AMBISOME	50 MG VIAL	2		
<i>anidulafungin</i>	ERAXIS (WATER DIL)	100 MG VIAL	2	BvsD	
<i>caspofungin acetate</i>	CANCIDAS IV	50 MG VIAL	2	BvsD	

continued

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>caspofungin acetate</i>	CANCIDAS IV	70 MG VIAL	2	BvsD	
<i>fluconazole-dext</i>		400 MG/200 ML	1		
<i>miconazole sodium</i>	MYCAMINE	50 MG VIAL	2	BvsD	
<i>miconazole sodium</i>	MYCAMINE	100 MG VIAL	2	BvsD	
<i>voriconazole</i>	VFEND IV	200 MG VIAL	2	PA	

PENICILLINS

<i>amox tr-k clv</i>		200-28.5/5 SUSP	1		
<i>amox tr-k clv</i>		250-62.5/5 SUSP	1		
<i>amox tr-k clv</i>		400-57/5 SUSP	1		
<i>amox tr-k clv</i>		600-42.9/5 SUSP	1		
<i>amox tr-k clv</i>		250-125 MG TAB	1		
<i>amox tr-k clv</i>		500-125 MG TAB	1		
<i>amox tr-k clv</i>		875-125 MG TAB	1		
<i>amox tr-k clv</i>		200-28.5 TAB CHW	1		
<i>amox tr-k clv</i>		400-57 TAB CHEW	1		
<i>amoxicillin</i>		125 MG/5 ML SUSP	1		
<i>amoxicillin</i>		200 MG/5 ML SUSP	1		
<i>amoxicillin</i>		250 MG/5 ML SUSP	1		
<i>amoxicillin</i>		400 MG/5 ML SUSP	1		
<i>amoxicillin</i>		250 MG CAPSULE	1		
<i>amoxicillin</i>		500 MG CAPSULE	1		
<i>amoxicillin</i>		125 MG TAB CHEW	1		
<i>amoxicillin</i>		200 MG TAB CHEW	1		
<i>amoxicillin</i>		250 MG TAB CHEW	1		
<i>amoxicillin</i>		500 MG TABLET	1		
<i>amoxicillin</i>		875 MG TABLET	1		
<i>ampicillin</i>		1 GM VIAL	1		
<i>ampicillin</i>		10 GM VIAL	1		
<i>ampicillin</i>		125 MG/5 ML SUSP	1		
<i>ampicillin</i>		250 MG/5 ML SUSP	1		
<i>ampicillin</i>		125 MG VIAL	1		
<i>ampicillin tr</i>		250 MG CAPSULE	1		
<i>ampicillin tr</i>		500 MG CAPSULE	1		
<i>ampicillin-sulbactam</i>		3 GM VIAL	1		
<i>ampicillin-sulbactam</i>		15 GM VL	1		

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>dicloxacillin</i>		250 MG CAPSULE	1		
<i>dicloxacillin</i>		500 MG CAPSULE	1		
<i>nafcillin</i>		1 GM/ 50 ML INJ	1		
<i>nafcillin</i>		10 GM BULK VIAL	1		
<i>nafcillin</i>		1 GM VIAL	1		
<i>nafcillin</i>		10 GM VIAL	1		
<i>oxacillin</i>		1 GM/ 50 ML INJ	1		
<i>oxacillin</i>		2 GM/ 50 ML INJ	1		
<i>oxacillin</i>		1 GM VIAL	1		
<i>oxacillin</i>		10 GM VIAL	1		
<i>penicillin g benzathine</i>	BICILLIN LA	600,000 UNIT/ML TB	2		
<i>penicillin g benzathine</i>	BICILLIN LA	1,200,000 UNITS	2		
<i>penicillin g benzathine</i>	BICILLIN LA	2,400,000 UNITS	2		
<i>penicillin g k</i>		5 MILLION UNIT	1		
<i>penicillin g na</i>		5 MILLION UNIT	1		
<i>penicillin vk</i>		125 MG/5 ML SUS	1		
<i>penicillin vk</i>		250 MG/5 ML SUS	1		
<i>penicillin vk</i>		250 MG TABLET	1		
<i>penicillin vk</i>		500 MG TABLET	1		
<i>piperacil-tazobact</i>		3.375 GM VL	1		
<i>piperacillin</i>		40 GM BULK VIAL	1		
<i>piperacillin</i>		3 GM VIAL	1		
<i>piperacillin/tazobactam/sod cl</i>	ZOSYN	2.25 GM GALAXY BAG	2		
<i>piperacillin/tazobactam/sod cl</i>	ZOSYN	3.375 GM GALAXY BAG	2		
<i>piperacillin/tazobactam/sod cl</i>	ZOSYN	2.25 GM PRE-MIX BAG	2		
<i>piperacillin/tazobactam/sod cl</i>	ZOSYN	3.375 GM PRE MIX-BAG	2		
<i>ticarcillin/k clavulanate</i>	TIMENTIN	3.1 GM VIAL	2		

PLASMODICIDES

<i>artemether/lumefantrine</i>	COARTEM	TABLETS	2		
<i>atovaquone/proguanil hcl</i>	MALARONE	62.5-25 MG PED TAB	2		
<i>atovaquone/proguanil hcl</i>	MALARONE	250-100 MG TABLET	2		
<i>chloroquine ph</i>		250 MG TABLET	1	MNT	
<i>chloroquine ph</i>		500 MG TABLET	1	MNT	
<i>hydroxychloroquine</i>		200 MG TB	1	MNT	
<i>mefloquine hcl</i>		250 MG TABLET	1	MNT	

continued

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>primaquine</i>	PRIMAQUINE	26.3 MG TABLET	2	MNT	
<i>pyrimethamine</i>	DARAPRIM	25 MG TABLET	2		
<i>quinine sulfate</i>	QUALAQUIN	324 MG CAPSULE	2	PA	42/30

QUINOLONES

<i>ciprofloxacin</i>		400 MG/40 ML VL	1		
<i>ciprofloxacin hcl</i>		100 MG TAB	1		
<i>ciprofloxacin hcl</i>		250 MG TAB	1		
<i>ciprofloxacin hcl</i>		500 MG TAB	1		
<i>ciprofloxacin hcl</i>		750 MG TAB	1		
<i>levofloxacin</i>	LEVAQUIN	250 MG TABLET	2		
<i>levofloxacin</i>	LEVAQUIN	500 MG TABLET	2		
<i>levofloxacin</i>	LEVAQUIN	750 MG TABLET	2		
<i>levofloxacin</i>	LEVAQUIN I.V.	25 MG/ML VIAL	2		
<i>levofloxacin/dextrose 5%-h2o</i>	LEVAQUIN-D5W	750 MG/150 ML BAG	2		
<i>moxifloxacin</i>	AVELOX	400 MG TABLET	2		
<i>moxifloxacin</i>	AVELOX ABC PACK	400 MG TAB	2		
<i>moxifloxacin</i>	AVELOX IV	400 MG/250 ML	2		

SULFONAMIDES

<i>erythromycin-sulfisox</i>		SUSP	1		
<i>sulfadiazine</i>		500 MG TABLET	1		
<i>sulfamethoxazole w/tmp</i>		VIAL	1		
<i>sulfamethoxazole-tmp</i>		DS TABLET	1		
<i>sulfamethoxazole-tmp</i>		SS TABLET	1		
<i>sulfamethoxazole-tmp</i>		SUSP	1		

TETRACYCLINES

<i>doxycycline hyc</i>		100 MG VIAL	1		
<i>doxycycline hyc dr</i>		100 MG CAP	1		
<i>doxycycline hyclate</i>		50 MG CAP	1		
<i>doxycycline hyclate</i>		100 MG CAP	1		
<i>doxycycline hyclate</i>		100 MG TAB	1		
<i>minocycline</i>		50 MG CAPSULE	1		
<i>minocycline</i>		75 MG CAPSULE	1		
<i>minocycline</i>		100 MG CAPSULE	1		
<i>tetracycline</i>		250 MG CAPSULE	1		
<i>tetracycline</i>		500 MG CAPSULE	1		

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
TOPICAL ANTIBACTERIAL DRUGS					
<i>gentamicin</i>		0.1% CREAM	1		
<i>gentamicin</i>		0.1% OINTMENT	1		
<i>mupirocin</i>		2% OINTMENT	1		
<i>silver sulfadiazine</i>		1% CRM	1		
<i>ssd</i>		1% CREAM	1		
<i>thermazene</i>		1% CREAM	1		

TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.

<i>clotrimazole-betamethasone</i>		CRM	1		
<i>nystatin-triamcinolone</i>		CREAM	1		
<i>nystatin-triamcinolone</i>		OINTM	1		

URINARY ANTIINFECTIVES

<i>nitrofurantoin mcr</i>		50 MG CAP	1	PAN	
<i>nitrofurantoin mono-mcr</i>		100 MG	1	PAN	
<i>trimethoprim</i>		100 MG TABLET	1		

VAGINAL ANTIFUNGALS

<i>miconazole 3</i>		200 MG VAG SUPP	1		
<i>terconazole</i>		0.4% CREAM	1		
<i>terconazole</i>		0.8% CREAM	1		

ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS**ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS**

<i>abatacept/maltose</i>	ORENCIA	250 MG VIAL	2	PA, MNT	
<i>abiraterone acetate</i>	ZYTIGA	250 MG TABLET	2	PAN, MNT	120/30
<i>adalimumab</i>	HUMIRA	40 MG/0.8 ML PEN	2	PA, MNT	6/180
<i>adalimumab</i>	HUMIRA	20 MG/0.4 ML SYRINGE	2	PA, MNT	2/28
<i>adalimumab</i>	HUMIRA	40 MG/0.8 ML SYRINGE	2	PA, MNT	4/28
<i>adalimumab</i>	HUMIRA	CROHN'S STARTER PACK	2	PA, MNT	6/180
<i>adalimumab</i>	HUMIRA	PSORIASIS STARTER PACK	2	PA, MNT	6/180
<i>alefacept</i>	AMEVIVE	15 MG VIAL	2	PA, LA	5/30
<i>alemtuzumab</i>	CAMPATH	30 MG/ML VIAL	2	PAN	
<i>altretamine</i>	HEXALEN	50 MG CAPSULE	2		

continued

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
amifostine		500 MG VIAL	1	BvsD	
anagrelide hcl		0.5 MG CAPSULE	1	MNT	
anagrelide hcl		1 MG CAPSULE	1	MNT	
anastrozole		1 MG TABLET	1	MNT	
azacitidine	VIDAZA	100 MG VIAL	2		
azathioprine	AZASAN	75 MG TABLET	2	BvsD, MNT	
azathioprine	AZASAN	100 MG TABLET	2	BvsD, MNT	
azathioprine		50 MG TABLET	1	BvsD, MNT	
azathioprine sod		100 MG VIAL	1	BvsD	
basiliximab	SIMULECT	20 MG VIAL	2	BvsD	
bevacizumab	AVASTIN	100 MG/4 ML VIAL	2	PAN	
bexarotene	TARGRETIN	1% GEL	2	PAN	
bexarotene	TARGRETIN	75 MG SOFTGEL	2	PAN, MNT	
bicalutamide		50 MG TABLET	1	MNT	
bortezomib	VELCADE	3.5 MG VIAL	2	PAN	
chlorambucil	LEUKERAN	2 MG TABLET	2		
cyclophosphamide		25 MG TAB	1	BvsD	
cyclophosphamide		50 MG TABLET	1	BvsD	
cyclosporine		50 MG/ML AMP	1	BvsD	
cyclosporine		100 MG/ML SOLN	1	BvsD, MNT	
cyclosporine		25 MG CAPSULE	1	BvsD, MNT	
cyclosporine		50 MG CAPSULE	1	BvsD	
cyclosporine		100 MG CAPSULE	1	BvsD, MNT	
cyclosporine modif		100 MG CAP	1	BvsD, MNT	
cyclosporine modified		100 MG	1	BvsD, MNT	
dasatinib	SPRYCEL	20 MG TABLET	2	PAN, MNT	
dasatinib	SPRYCEL	50 MG TABLET	2	PAN, MNT	
dasatinib	SPRYCEL	70 MG TABLET	2	PAN, MNT	
dasatinib	SPRYCEL	80 MG TABLET	2	PAN, MNT	
dasatinib	SPRYCEL	100 MG TABLET	2	PAN, MNT	
dasatinib	SPRYCEL	140 MG TABLET	2	PAN, MNT	
decitabine	DACOGEN	50 MG VIAL	2		
docetaxel	TAXOTERE	80 MG/4 ML VIAL	2	BvsD	
eribulin mesylate	HALAVEN	1 MG/2 ML VIAL	2	PAN	
erlotinib hcl	TARCEVA	25 MG TABLET	2	PAN, MNT	30/30
erlotinib hcl	TARCEVA	100 MG TABLET	2	PAN, MNT	30/30

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>erlotinib hcl</i>	TARCEVA	150 MG TABLET	2	PAN, MNT	30/30
<i>estramustine phosphate sodium</i>	EMCYT	140 MG CAPSULE	2		
<i>etanercept</i>	ENBREL	25 MG/0.5 ML SYRINGE	2	PA, MNT	8/30
<i>etanercept</i>	ENBREL	50 MG/ML SYRINGE	2	PA, MNT	8/30
<i>etanercept</i>	ENBREL	25 MG KIT	2	PA, MNT	8/30
<i>everolimus</i>	AFINITOR	2.5 MG TABLET	2	PAN, MNT	30/30
<i>everolimus</i>	AFINITOR	5 MG TABLET	2	PAN, MNT	60/30
<i>everolimus</i>	AFINITOR	10 MG TABLET	2	PAN, MNT	30/30
<i>everolimus</i>	ZORTRESS	0.25 MG TABLET	2	BvsD, MNT	
<i>everolimus</i>	ZORTRESS	0.5 MG TABLET	2	BvsD, MNT	
<i>everolimus</i>	ZORTRESS	0.75 MG TABLET	2	BvsD, MNT	
<i>exemestane</i>		25 MG TABLET	1	MNT	
<i>flutamide</i>		125 MG CAPSULE	1	MNT	
<i>fulvestrant</i>	FASLODEX	250 MG/5 ML SYRINGE	2	PAN, MNT	
<i>gefitinib</i>	IRESSA	250 MG TABLET	2	PAN, LA	30/30
<i>gemcitabine hcl</i>		1 GRAM VIAL	1	BvsD	
<i>gengraf</i>		100 MG/ML SOLUTION	1	BvsD, MNT	
<i>gengraf</i>		25 MG CAPSULE	1	BvsD, MNT	
<i>gengraf</i>		100 MG CAPSULE	1	BvsD, MNT	
<i>hydroxyurea</i>	DROXIA	200 MG CAPSULE	2	MNT	
<i>hydroxyurea</i>	DROXIA	300 MG CAPSULE	2	MNT	
<i>hydroxyurea</i>	DROXIA	400 MG CAPSULE	2	MNT	
<i>hydroxyurea</i>		500 MG CAPSULE	1	MNT	
<i>imatinib mesylate</i>	GLEEVEC	100 MG TABLET	2	PAN, MNT	
<i>imatinib mesylate</i>	GLEEVEC	400 MG TABLET	2	PAN, MNT	
<i>infliximab</i>	REMICADE	100 MG VIAL	2	PA, MNT	
<i>lanreotide acetate</i>	SOMATULINE	60 MG/0.2 ML SYRING	2	PA, MNT	
<i>lanreotide acetate</i>	SOMATULINE	90 MG/0.3 ML SYRING	2	PA, MNT	
<i>lanreotide acetate</i>	SOMATULINE	120 MG/0.5 ML SYRGE	2	PA, MNT	
<i>lapatinib ditosylate</i>	TYKERB	250 MG TABLET	2	PAN, MNT	180/30
<i>leflunomide</i>		10 MG TABLET	1	MNT	30/30
<i>leflunomide</i>		20 MG TABLET	1	MNT	30/30
<i>lenalidomide</i>	REVLIMID	5 MG CAPSULE	2	PAN, LA, MNT	
<i>lenalidomide</i>	REVLIMID	10 MG CAPSULE	2	PAN, LA, MNT	
<i>lenalidomide</i>	REVLIMID	15 MG CAPSULE	2	PAN, LA, MNT	
<i>lenalidomide</i>	REVLIMID	25 MG CAPSULE	2	PAN, LA, MNT	

continued

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
letrozole		2.5 MG TABLET	1	MNT	
leucovorin calcium		5 MG TAB	1		
leucovorin calcium		10 MG TAB	1		
leucovorin calcium		15 MG TAB	1		
leucovorin calcium		25 MG TAB	1		
leucovorin calcium		100 MG VL	1		
leucovorin calcium		350 MG VL	1		
lomustine	CEENU	10 MG CAPSULE	2		
lomustine	CEENU	40 MG CAPSULE	2		
lomustine	CEENU	100 MG CAPSULE	2		
megestrol		20 MG TABLET	1		
megestrol		40 MG TABLET	1		
megestrol acet		40 MG/ML SUSP	1	MNT	
mercaptopurine		50 MG TABLET	1		
mesna	MESNEX	400 MG TABLET	2		
methotrexate		1 GM VIAL	1		
methotrexate		25 MG/ML VIAL	1		
methotrexate		2.5 MG TABLET	1	MNT	
methotrexate sodium	TREXALL	5 MG TABLET	2	MNT	
methotrexate sodium	TREXALL	7.5 MG TABLET	2	MNT	
methotrexate sodium	TREXALL	10 MG TABLET	2	MNT	
methotrexate sodium	TREXALL	15 MG TABLET	2	MNT	
mitotane	LYSODREN	500 MG TABLET	2		
mitoxantrone		25 MG/12.5 ML VL	1	BvsD, MNT	
muronab-cd3	ORTHOCLONE	OKT-3 5 MG/5 ML	2	BvsD	
mycophenolate		250 MG CAPSULE	1	BvsD, MNT	
mycophenolate		500 MG TABLET	1	BvsD, MNT	
mycophenolate mofetil	CELLCEPT	200 MG/ML ORAL SUSP	2	BvsD, MNT	
mycophenolate mofetil	CELLCEPT	500 MG VIAL	2	BvsD	
mycophenolate sodium	MYFORTIC	180 MG TABLET	2	BvsD, MNT	
mycophenolate sodium	MYFORTIC	360 MG TABLET	2	BvsD, MNT	
natalizumab	TYSABRI	300 MG/15 ML VIAL	2	PA, LA, MNT	
nilotinib hydrochloride	TASIGNA	200 MG CAPSULE	2	PAN, MNT	
nilutamide	NILANDRON	150 MG TABLET	2	MNT	
octreotide		1, 000 MCG/ML VIAL	1	MNT	
octreotide acet		50 MCG/ML AMP	1	MNT	

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>octreotide acet</i>		100 MCG/ML AMP	1	MNT	
<i>octreotide acet</i>		500 MCG/ML AMP	1	MNT	
<i>octreotide acet</i>		200 MCG/ML VL	1	MNT	
<i>pazopanib</i>	VOTRIENT	200 MG TABLET	2	PAN	120/30
<i>pemetrexed disodium</i>	ALIMTA	500 MG VIAL	2	PAN	
<i>procarbazine</i>	MATULANE	50 MG CAPSULE	2		
<i>rasburicase</i>	ELITEK	1.5 MG VIAL	2	PA	
<i>rituximab</i>	RITUXAN	10 MG/ML VIAL	2	PAN	
<i>sirolimus</i>	RAPAMUNE	1 MG/ML ORAL SOLN	2	BvsD, MNT	
<i>sirolimus</i>	RAPAMUNE	0.5 MG TABLET	2	BvsD, MNT	
<i>sirolimus</i>	RAPAMUNE	1 MG TABLET	2	BvsD, MNT	
<i>sirolimus</i>	RAPAMUNE	2 MG TABLET	2	BvsD, MNT	
<i>sorafenib tosylate</i>	NEXAVAR	200 MG TABLET	2	PAN, LA	120/30
<i>sunitinib malate</i>	SUTENT	12.5 MG CAPSULE	2	PAN	30/30
<i>sunitinib malate</i>	SUTENT	25 MG CAPSULE	2	PAN	30/30
<i>sunitinib malate</i>	SUTENT	50 MG CAPSULE	2	PAN	30/30
<i>tacrolimus</i>	PROGRAF	5 MG/ML AMPULE	2	BvsD	
<i>tacrolimus</i>		0.5 MG CAPSULE	1	BvsD, MNT	
<i>tacrolimus</i>		1 MG CAPSULE	1	BvsD, MNT	
<i>tacrolimus</i>		5 MG CAPSULE	1	BvsD, MNT	
<i>tamoxifen</i>		10 MG TABLET	1	MNT	
<i>tamoxifen</i>		20 MG TABLET	1	MNT	
<i>thioguanine</i>	TABLOID	40 MG TABLET	2		
<i>toremifene</i>	FARESTON	60 MG TABLET	2	PAN, MNT	
<i>tretinoin</i>		10 MG CAPSULE	1	PAN	
<i>triptorelin pamoate</i>	TRELSTAR	3.75 MG SYRINGE	2	PAN	
<i>triptorelin pamoate</i>	TRELSTAR	11.25 MG SYRINGE	2	PAN	
<i>triptorelin pamoate</i>	TRELSTAR	22.5 MG VIAL	2	PAN	
<i>vandetanib</i>	VANDETANIB	100 MG TABLET	2	PAN, LA	60/30
<i>vandetanib</i>	VANDETANIB	300 MG TABLET	2	PAN, LA	30/30
<i>vorinostat</i>	ZOLINZA	100 MG CAPSULE	2	PAN	

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
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AUTONOMIC AND CNS MEDICATIONS

ANALGESICS

<i>nalbuphine</i>		100 MG/10 ML VIAL	1		
<i>tramadol hcl</i>		50 MG TABLET	1		240/30
<i>tramadol-acetaminophn</i>		37.5-325	1		240/30

ANTIDEMENTIA DRUGS

<i>donepezil hcl</i>		5 MG TABLET	1	MNT	
<i>donepezil hcl</i>		10 MG TABLET	1	MNT	
<i>donepezil hcl odt</i>		5 MG TABLET	1	MNT	
<i>donepezil hcl odt</i>		10 MG TABLET	1	MNT	
<i>galantamine</i>		4 MG/ML ORAL SOLN	1	MNT	
<i>galantamine er</i>		8 MG CAPSULE	1	MNT	30/30
<i>galantamine er</i>		16 MG CAPSULE	1	MNT	30/30
<i>galantamine er</i>		24 MG CAPSULE	1	MNT	30/30
<i>galantamine hbr</i>		4 MG TABLET	1	MNT	
<i>galantamine hbr</i>		8 MG TABLET	1	MNT	
<i>galantamine hbr</i>		12 MG TABLET	1	MNT	
<i>memantine hcl</i>	NAMENDA	10 MG/5 ML SOLUTION	2	PA, MNT	
<i>memantine hcl</i>	NAMENDA	5 MG TABLET	2	PA, MNT	
<i>memantine hcl</i>	NAMENDA	10 MG TABLET	2	PA, MNT	
<i>memantine hcl</i>	NAMENDA	5-10 MG TITRATION PK	2	PA	
<i>rivastigmine</i>		1.5 MG CAP	1	MNT	
<i>rivastigmine</i>		3 MG CAPSULE	1	MNT	
<i>rivastigmine</i>		4.5 MG CAPSULE	1	MNT	
<i>rivastigmine</i>		6 MG CAPSULE	1	MNT	
<i>rivastigmine tartrate</i>	EXELON	4.6 MG/24HR PATCH	2	MNT	
<i>rivastigmine tartrate</i>	EXELON	9.5 MG/24HR PATCH	2	MNT	
<i>rivastigmine tartrate</i>	EXELON	2 MG/ML ORAL SOLUTION	2	MNT	

ANTIMANIA DRUGS

<i>lithium</i>		8 MEQ/5 ML SOLUTION	1	MNT	
<i>lithium carbonate</i>		150 MG CAP	1	MNT	
<i>lithium carbonate</i>		300 MG CAP	1	MNT	
<i>lithium carbonate</i>		600 MG CAP	1	MNT	

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>lithium carbonate</i>		300 MG TAB	1	MNT	
<i>lithium carbonate er</i>		300 MG TB	1	MNT	
<i>lithium er</i>		450 MG TABLET	1	MNT	

ANTIPARKINSON ANTICHOLINERGIC DRUGS

<i>benztropine mes</i>		0.5 MG TAB	1	MNT	
<i>benztropine mes</i>		1 MG TABLET	1	MNT	
<i>benztropine mes</i>		2 MG TABLET	1	MNT	
<i>trihexyphenidyl</i>		2 MG/5 ML ELX	1	MNT	
<i>trihexyphenidyl</i>		2 MG TABLET	1	MNT	
<i>trihexyphenidyl</i>		5 MG TABLET	1	MNT	

ANTIPSYCHOTIC DRUGS

<i>aripiprazole</i>	ABILIFY	9.7 MG/1.3 ML VIAL	2		
<i>aripiprazole</i>	ABILIFY	1 MG/ML SOLUTION	2	ST, MNT	
<i>aripiprazole</i>	ABILIFY	2 MG TABLET	2	ST, MNT	30/30
<i>aripiprazole</i>	ABILIFY	5 MG TABLET	2	ST, MNT	30/30
<i>aripiprazole</i>	ABILIFY	10 MG TABLET	2	ST, MNT	30/30
<i>aripiprazole</i>	ABILIFY	15 MG TABLET	2	ST, MNT	30/30
<i>aripiprazole</i>	ABILIFY	20 MG TABLET	2	ST, MNT	30/30
<i>aripiprazole</i>	ABILIFY	30 MG TABLET	2	ST, MNT	30/30
<i>aripiprazole</i>	ABILIFY DISCMELT	10 MG TABLET	2	ST, MNT	60/30
<i>aripiprazole</i>	ABILIFY DISCMELT	15 MG TABLET	2	ST, MNT	60/30
<i>asenapine</i>	SAPHRIS	5 MG TABLET SUBLINGUAL	2	ST, MNT	60/30
<i>asenapine</i>	SAPHRIS	10 MG TAB SUBLINGUAL	2	ST, MNT	60/30
<i>chlorpromazine</i>		25 MG/ML AMP	1		
<i>chlorpromazine</i>		10 MG TABLET	1	MNT	
<i>chlorpromazine</i>		25 MG TABLET	1	MNT	
<i>chlorpromazine</i>		50 MG TABLET	1	MNT	
<i>chlorpromazine</i>		100 MG TABLET	1	MNT	
<i>chlorpromazine</i>		200 MG TABLET	1	MNT	
<i>clozapine</i>	FAZACLO	12.5 MG ODT	2	ST, MNT	
<i>clozapine</i>	FAZACLO	25 MG ODT	2	ST, MNT	
<i>clozapine</i>	FAZACLO	100 MG ODT	2	ST, MNT	
<i>clozapine</i>	FAZACLO	150 MG ODT	2	ST, MNT	
<i>clozapine</i>	FAZACLO	200 MG ODT	2	ST, MNT	
<i>clozapine</i>		25 MG TABLET	1	MNT	

continued

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
clozapine		50 MG TABLET	1	MNT	
clozapine		100 MG TABLET	1	MNT	
clozapine		200 MG TABLET	1	MNT	
fluphenazine		2.5 MG/5 ML ELIX	1	MNT	
fluphenazine		5 MG/ML CONC	1		
fluphenazine		2.5 MG/ML VIAL	1		
fluphenazine		1 MG TABLET	1	MNT	
fluphenazine		2.5 MG TABLET	1	MNT	
fluphenazine		5 MG TABLET	1	MNT	
fluphenazine		10 MG TABLET	1	MNT	
fluphenazine dec		25 MG/ML VL	1		
haloperidol		0.5 MG TABLET	1	MNT	
haloperidol		1 MG TABLET	1	MNT	
haloperidol		2 MG TABLET	1	MNT	
haloperidol		5 MG TABLET	1	MNT	
haloperidol		10 MG TABLET	1	MNT	
haloperidol		20 MG TABLET	1	MNT	
haloperidol dec		50 MG/ML VIAL	1	MNT	
haloperidol dec		100 MG/ML VIAL	1	MNT	
haloperidol lac		2 MG/ML CONC	1	MNT	
haloperidol lac		5 MG/ML VIAL	1		
iloperidone	FANAPT	1 MG TABLET	2	ST, MNT	60/30
iloperidone	FANAPT	2 MG TABLET	2	ST, MNT	60/30
iloperidone	FANAPT	4 MG TABLET	2	ST, MNT	60/30
iloperidone	FANAPT	6 MG TABLET	2	ST, MNT	60/30
iloperidone	FANAPT	8 MG TABLET	2	ST, MNT	60/30
iloperidone	FANAPT	10 MG TABLET	2	ST, MNT	60/30
iloperidone	FANAPT	12 MG TABLET	2	ST, MNT	60/30
iloperidone	FANAPT	TITRATION PACK	2	ST	1/28
loxapine		5 MG CAPSULE	1	MNT	
loxapine		10 MG CAPSULE	1	MNT	
loxapine		25 MG CAPSULE	1	MNT	
loxapine		50 MG CAPSULE	1	MNT	
lurasidone hcl	LATUDA	40 MG TABLET	2	ST, MNT	30/30
lurasidone hcl	LATUDA	80 MG TABLET	2	ST, MNT	30/30
olanzapine	ZYPREXA	2.5 MG TABLET	2	MNT	30/30

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
olanzapine	ZYPREXA	5 MG TABLET	2	MNT	30/30
olanzapine	ZYPREXA	7.5 MG TABLET	2	MNT	30/30
olanzapine	ZYPREXA	10 MG TABLET	2	MNT	30/30
olanzapine	ZYPREXA	15 MG TABLET	2	MNT	30/30
olanzapine	ZYPREXA	20 MG TABLET	2	MNT	30/30
olanzapine	ZYPREXA	10 MG VIAL	2		
olanzapine	ZYPREXA ZYDIS	5 MG TABLET	2	MNT	30/30
olanzapine	ZYPREXA ZYDIS	10 MG TABLET	2	MNT	30/30
olanzapine	ZYPREXA ZYDIS	15 MG TABLET	2	MNT	30/30
olanzapine	ZYPREXA ZYDIS	20 MG TABLET	2	MNT	30/30
paliperidone	INVEGA ER	1.5 MG TABLET	2	ST, MNT	30/30
paliperidone	INVEGA ER	3 MG TABLET	2	ST, MNT	30/30
paliperidone	INVEGA ER	6 MG TABLET	2	ST, MNT	60/30
paliperidone	INVEGA ER	9 MG TABLET	2	ST, MNT	30/30
paliperidone	INVEGA SUSTENNA	39 MG PREF SYR	2	PAN, MNT	
paliperidone	INVEGA SUSTENNA	78 MG PREF SYR	2	PAN, MNT	
paliperidone	INVEGA SUSTENNA	117 MG PREF SY	2	PAN, MNT	
paliperidone	INVEGA SUSTENNA	156 MG PREF SY	2	PAN, MNT	
paliperidone	INVEGA SUSTENNA	234 MG PREF SY	2	PAN, MNT	
perphenazine		2 MG TABLET	1	MNT	
perphenazine		4 MG TABLET	1	MNT	
perphenazine		8 MG TABLET	1	MNT	
perphenazine		16 MG TABLET	1	MNT	
pimozide	ORAP	1 MG TABLET	2	MNT	
pimozide	ORAP	2 MG TABLET	2	MNT	
quetiapine fumarate	SEROQUEL	25 MG TABLET	2	PAN, MNT	90/30
quetiapine fumarate	SEROQUEL	50 MG TABLET	2	PAN, MNT	90/30
quetiapine fumarate	SEROQUEL	100 MG TABLET	2	ST, MNT	90/30
quetiapine fumarate	SEROQUEL	200 MG TABLET	2	ST, MNT	90/30
quetiapine fumarate	SEROQUEL	300 MG TABLET	2	ST, MNT	60/30
quetiapine fumarate	SEROQUEL	400 MG TABLET	2	ST, MNT	60/30
quetiapine fumarate	SEROQUEL XR	50 MG TABLET	2	ST, MNT	60/30
quetiapine fumarate	SEROQUEL XR	150 MG TABLET	2	ST, MNT	30/30
quetiapine fumarate	SEROQUEL XR	200 MG TABLET	2	ST, MNT	30/30
quetiapine fumarate	SEROQUEL XR	300 MG TABLET	2	ST, MNT	60/30
quetiapine fumarate	SEROQUEL XR	400 MG TABLET	2	ST, MNT	60/30

continued

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
risperidone	RISPERDAL CONSTA	12.5 MG SYR	2	MNT	
risperidone	RISPERDAL CONSTA	25 MG SYR	2	MNT	
risperidone	RISPERDAL CONSTA	37.5 MG SYR	2	MNT	
risperidone	RISPERDAL CONSTA	50 MG SYR	2	MNT	
risperidone		1 MG/ML SOLUTION	1	MNT	
risperidone		0.25 MG ODT	1	MNT	
risperidone		0.5 MG ODT	1	MNT	
risperidone		1 MG ODT	1	MNT	
risperidone		2 MG ODT	1	MNT	
risperidone		3 MG ODT	1	MNT	
risperidone		4 MG ODT	1	MNT	
risperidone		0.25 MG TABLET	1	MNT	
risperidone		0.5 MG TABLET	1	MNT	
risperidone		1 MG TABLET	1	MNT	
risperidone		2 MG TABLET	1	MNT	
risperidone		3 MG TABLET	1	MNT	
risperidone		4 MG TABLET	1	MNT	
thioridazine		10 MG TABLET	1	PAN, MNT	
thioridazine		25 MG TABLET	1	PAN, MNT	
thioridazine		50 MG TABLET	1	PAN, MNT	
thioridazine		100 MG TABLET	1	PAN, MNT	
thiothixene		1 MG CAPSULE	1	MNT	
thiothixene		2 MG CAPSULE	1	MNT	
thiothixene		5 MG CAPSULE	1	MNT	
thiothixene		10 MG CAPSULE	1	MNT	
trifluoperazine		1 MG TABLET	1	MNT	
trifluoperazine		2 MG TABLET	1	MNT	
trifluoperazine		5 MG TABLET	1	MNT	
trifluoperazine		10 MG TABLET	1	MNT	
ziprasidone	GEODON	20 MG CAPSULE	2	ST, MNT	60/30
ziprasidone	GEODON	40 MG CAPSULE	2	ST, MNT	60/30
ziprasidone	GEODON	60 MG CAPSULE	2	ST, MNT	60/30
ziprasidone	GEODON	80 MG CAPSULE	2	ST, MNT	60/30
ziprasidone	GEODON	20 MG VIAL	2		

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
ANTIVERTIGO AND ANTIEMETIC DRUGS					
<i>aprepitant</i>	EMEND	40 MG CAPSULE	2	PA	1/1
<i>aprepitant</i>	EMEND	80 MG CAPSULE	2	PA	2/2
<i>aprepitant</i>	EMEND	125 MG CAPSULE	2	PA	1/1
<i>aprepitant</i>	EMEND	TRIFOLD PACK	2	PA	3/3
<i>compro</i>		25 MG SUPPOSITORY	1		
<i>dronabinol</i>		2.5 MG CAPSULE	1	PA	60/30
<i>dronabinol</i>		5 MG CAPSULE	1	PA	60/30
<i>dronabinol</i>		10 MG CAPSULE	1	PA	60/30
<i>granisetron hcl</i>		0.1 MG/ML VIAL	1	PA	
<i>granisetron hcl</i>		1 MG/ML VIAL	1	PA	
<i>granisetron hcl</i>		1 MG TABLET	1	PA	32/30
<i>meclizine</i>		12.5 MG TABLET	1		
<i>meclizine</i>		25 MG TABLET	1		
<i>ondansetron</i>		4 MG/5 ML SOLUTION	1		
<i>ondansetron hcl</i>		4 MG/2 ML VIAL	1		
<i>ondansetron hcl</i>		4 MG TABLET	1		90/30
<i>ondansetron hcl</i>		8 MG TABLET	1		90/30
<i>ondansetron hcl</i>		24 MG TABLET	1		90/30
<i>ondansetron odt</i>		4 MG TABLET	1		90/30
<i>ondansetron odt</i>		8 MG TABLET	1		90/30
<i>phenadoz</i>		12.5 MG SUPPOSITORY	1		
<i>phenadoz</i>		25 MG SUPPOSITORY	1		
<i>prochlorperazine</i>		5 MG/ML VIAL	1		
<i>prochlorperazine</i>		25 MG SUPP	1		
<i>prochlorperazine</i>		10 MG TAB	1		
<i>prochlorperazine</i>		5 MG TABLET	1		
<i>promethazine</i>		12.5 MG SUPPOS	1	PAN	
<i>promethazine</i>		25 MG SUPPOSITORY	1	PAN	
<i>promethegan</i>		25 MG SUPP	1	PAN	
<i>trimethobenzamide</i>		100 MG/ML	1	PAN	
<i>trimethobenzamide</i>		300 MG CAP	1	PAN	

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
ANXIOLYTICS					
<i>bupirone hcl</i>		5 MG TABLET	1	MNT	
<i>bupirone hcl</i>		7.5 MG TABLET	1	MNT	
<i>bupirone hcl</i>		10 MG TABLET	1	MNT	
<i>bupirone hcl</i>		15 MG TABLET	1	MNT	
<i>bupirone hcl</i>		30 MG TABLET	1	MNT	

CARBAMAZEPINES

<i>carbamazepine</i>	TEGRETOL XR	100 MG TABLET	2	MNT	
<i>carbamazepine</i>		100 MG/5 ML SUSP	1	MNT	
<i>carbamazepine</i>		200 MG/10 ML LIQ	1	MNT	
<i>carbamazepine</i>		100 MG TAB CHEW	1	MNT	
<i>carbamazepine</i>		200 MG TABLET	1	MNT	
<i>carbamazepine xr</i>		200 MG TABLET	1	MNT	
<i>carbamazepine xr</i>		400 MG TABLET	1	MNT	
<i>epitol</i>		200 MG TABLET	1	MNT	
<i>oxcarbazepine</i>		300 MG/5 ML SUSP	1	MNT	
<i>oxcarbazepine</i>		150 MG TABLET	1	MNT	
<i>oxcarbazepine</i>		300 MG TABLET	1	MNT	
<i>oxcarbazepine</i>		600 MG TABLET	1	MNT	

CLASS II NARCOTICS

<i>codeine sulfate</i>		15 MG TABLET	1		
<i>codeine sulfate</i>		30 MG TABLET	1		
<i>codeine sulfate</i>		60 MG TABLET	1		
<i>endocet</i>		5-325 TABLET	1		
<i>endocet</i>		7.5-325 MG TABLET	1		
<i>endocet</i>		7.5-500 MG TABLET	1		
<i>endocet</i>		10-325 MG TABLET	1		
<i>endocet</i>		10-650 MG TABLET	1		
<i>fentanyl</i>		12 MCG/HR PATCH	1	PA	11/30
<i>fentanyl</i>		25 MCG/HR PATCH	1	PA	11/30
<i>fentanyl</i>		50 MCG/HR PATCH	1	PA	11/30
<i>fentanyl</i>		75 MCG/HR PATCH	1	PA	11/30
<i>fentanyl</i>		100 MCG/HR PATCH	1	PA	11/30
<i>fentanyl cit otfc</i>		1, 200 MCG	1	PA	120/30
<i>fentanyl cit otfc</i>		1, 600 MCG	1	PA	120/30

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>fentanyl citrate ofc</i>		200 MCG	1	PA	120/30
<i>fentanyl citrate ofc</i>		400 MCG	1	PA	120/30
<i>fentanyl citrate ofc</i>		600 MCG	1	PA	120/30
<i>fentanyl citrate ofc</i>		800 MCG	1	PA	120/30
<i>meperidine</i>		10 MG/ML SYRINGE	1		
<i>meperidine</i>		25 MG/ML VIAL	1		
<i>methadone</i>		5 MG/5 ML SOLUTION	1		
<i>methadone</i>		10 MG/5 ML SOLUTION	1		
<i>methadone</i>		10 MG/ML ORAL CONC	1		
<i>methadone hcl</i>		10 MG/ML VIAL	1		
<i>methadone hcl</i>		5 MG TABLET	1		
<i>methadone hcl</i>		10 MG TABLET	1		
<i>methadose</i>		5 MG TABLET	1		
<i>methadose</i>		10 MG TABLET	1		
<i>morphine</i>		0.5 MG/ML VIAL	1		
<i>morphine</i>		1 MG/ML VIAL P-F	1		
<i>morphine sulf</i>		10 MG/5 ML SOLN	1		
<i>morphine sulf</i>		20 MG/5 ML SOLN	1		
<i>morphine sulf</i>		100 MG/5 ML SOLN	1		
<i>morphine sulf er</i>		100 MG TAB	1		90/30
<i>morphine sulf er</i>		200 MG TAB	1		90/30
<i>morphine sulf er</i>		15 MG TABLET	1		90/30
<i>morphine sulf er</i>		30 MG TABLET	1		90/30
<i>morphine sulf er</i>		60 MG TABLET	1		90/30
<i>morphine sulfate ir</i>		15 MG TAB	1		
<i>morphine sulfate ir</i>		30 MG TAB	1		
<i>oxycodon-acetaminophen</i>		2.5-325	1		
<i>oxycodon-acetaminophen</i>		7.5-325	1		
<i>oxycodon-acetaminophen</i>		7.5-500	1		
<i>oxycodone</i>	OXYCONTIN	10 MG TABLET	2	PA	90/30
<i>oxycodone</i>	OXYCONTIN	15 MG TABLET	2	PA	90/30
<i>oxycodone</i>	OXYCONTIN	20 MG TABLET	2	PA	90/30
<i>oxycodone</i>	OXYCONTIN	30 MG TABLET	2	PA	90/30
<i>oxycodone</i>	OXYCONTIN	40 MG TABLET	2	PA	90/30
<i>oxycodone</i>	OXYCONTIN	60 MG TABLET	2	PA	90/30
<i>oxycodone</i>	OXYCONTIN	80 MG TABLET	2	PA	90/30
<i>continued</i>					

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>oxycodone conc</i>		20 MG/ML SOLN	1		
<i>oxycodone hcl</i>		5 MG CAPSULE	1		
<i>oxycodone hcl</i>		5 MG TABLET	1		
<i>oxycodone hcl</i>		15 MG TABLET	1		
<i>oxycodone hcl</i>		30 MG TABLET	1		
<i>oxycodone w/apap</i>		5/325 TAB	1		
<i>oxycodone-acetaminophen</i>		5-325	1		
<i>oxycodone-acetaminophen</i>		5-500	1		
<i>oxycodone-acetaminophen</i>		10-325	1		
<i>oxycodone-asa</i>		4.5-0.38-325 TAB	1		
<i>oxycodone-aspirin</i>		4.83-325 MG	1		

CLASS III NARCOTICS

<i>acetaminophen-cod</i>		#2 TABLET	1		
<i>acetaminophen-cod</i>		#3 TABLET	1		
<i>acetaminophen-cod</i>		#4 TABLET	1		
<i>acetaminophen-codeine</i>		ELIXIR	1		
<i>buprenorphine</i>		2 MG TABLET SL	1	PA	
<i>buprenorphine</i>		8 MG TABLET SL	1	PA	
<i>buprenorphine/naloxone</i>	SUBOXONE	2 MG-0.5 MG SL FILM	2	PA	90/30
<i>buprenorphine/naloxone</i>	SUBOXONE	8 MG-2 MG SL FILM	2	PA	90/30
<i>buprenorphine/naloxone</i>	SUBOXONE	2 MG-0.5 MG TABLET SL	2	PA	90/30
<i>buprenorphine/naloxone</i>	SUBOXONE	8 MG-2 MG TABLET SL	2	PA	90/30
<i>co-gesic</i>		5-500 TABLET	1		
<i>hydrocodon-acetaminoph</i>		2.5-500	1		240/30
<i>hydrocodon-acetaminoph</i>		7.5-325	1		360/30
<i>hydrocodon-acetaminoph</i>		7.5-500	1		240/30
<i>hydrocodon-acetaminoph</i>		7.5-650	1		180/30
<i>hydrocodon-acetaminoph</i>		7.5-750	1		150/30
<i>hydrocodon-acetaminophen</i>		5-325	1		360/30
<i>hydrocodon-acetaminophen</i>		5-500	1		240/30
<i>hydrocodon-acetaminophn</i>		10-325	1		360/30
<i>hydrocodon-acetaminophn</i>		10-500	1		240/30
<i>hydrocodon-acetaminophn</i>		10-650	1		180/30
<i>hydrocodon-acetaminophn</i>		10-660	1		180/30
<i>hydrocodon-acetaminophn</i>		10-750	1		150/30

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>hydrocodone bt-ibuprofen</i>		TAB	1		
<i>hydrocodone-acetaminophen</i>		SOLN	1		
<i>margesic h</i>		5-500 CAPSULE	1		
<i>stagesic</i>		5-500 CAPSULE	1		

CNS STIMULANT DRUGS

<i>amphetamine salts</i>		5 MG TAB	1	PAN, MNT	
<i>amphetamine salts</i>		7.5 MG TAB	1	PAN, MNT	
<i>amphetamine salts</i>		10 MG TAB	1	PAN, MNT	
<i>amphetamine salts</i>		12.5 MG TB	1	PAN, MNT	
<i>amphetamine salts</i>		15 MG TAB	1	PAN, MNT	
<i>amphetamine salts</i>		20 MG TAB	1	PAN, MNT	
<i>amphetamine salts</i>		30 MG TAB	1	PAN, MNT	
<i>d-amphetamine er</i>		5 MG CAPSULE	1	MNT	
<i>d-amphetamine er</i>		10 MG CAPSULE	1	MNT	
<i>d-amphetamine er</i>		15 MG CAPSULE	1	MNT	
<i>dextroamphetamine</i>		5 MG TAB	1	PAN, MNT	
<i>dextroamphetamine</i>		10 MG TAB	1	PAN, MNT	
<i>methylin</i>		5 MG TABLET	1	PAN, MNT	
<i>methylin</i>		10 MG TABLET	1	PAN, MNT	
<i>methylin</i>		20 MG TABLET	1	PAN, MNT	
<i>methylin er</i>		10 MG TABLET	1	PAN, MNT	
<i>methylin er</i>		20 MG TABLET	1	PAN, MNT	
<i>methylphenidate</i>		5 MG TABLET	1	PAN, MNT	
<i>methylphenidate</i>		10 MG TABLET	1	PAN, MNT	
<i>methylphenidate</i>		20 MG TABLET	1	PAN, MNT	
<i>methylphenidate sr</i>		20 MG TAB	1	PAN, MNT	
<i>modafinil</i>	PROVIGIL	100 MG TABLET	2	PA, MNT	60/30
<i>modafinil</i>	PROVIGIL	200 MG TABLET	2	PA, MNT	30/30

DRUGS TO PREVENT AND TREAT HEADACHES

<i>dihydroergotamine</i>	MIGRANAL	NASAL SPRAY	2		8/28
<i>dihydroergotamine</i>		1 MG/ML AM	1		
<i>ergotamine</i>	ERGOMAR	2 MG TABLET SL	2		
<i>ergotamine-caffeine</i>		TABLET	1		
<i>migergot</i>		SUPPOSITORY	1		
<i>naratriptan hcl</i>		1 MG TABLET	1		9/30
<i>continued</i>					

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>naratriptan hcl</i>		2.5 MG TABLET	1		9/30
<i>sumatriptan</i>	IMITREX	4 MG/0.5 ML CARTRIDGES	2		6/30
<i>sumatriptan</i>	IMITREX	6 MG/0.5 ML CARTRIDGES	2		6/30
<i>sumatriptan</i>	IMITREX	5 MG NASAL SPRAY	2		12/30
<i>sumatriptan</i>	IMITREX	20 MG NASAL SPRAY	2		12/30
<i>sumatriptan</i>		4 MG/0.5 ML VIAL	1		6/30
<i>sumatriptan</i>		6 MG/0.5 ML VIAL	1		6/30
<i>sumatriptan succ</i>		25 MG TABLET	1		9/30
<i>sumatriptan succ</i>		50 MG TABLET	1		9/30
<i>sumatriptan succ</i>		100 MG TABLET	1		9/30

HYDANTOINS

<i>phenytoin sodium</i>	DILANTIN	125 MG/5 ML SUSP	2	MNT	
<i>phenytoin sodium</i>	DILANTIN	30 MG CAPSULE	2	MNT	
<i>phenytoin sodium</i>	DILANTIN	100 MG CAPSULE	2	MNT	
<i>phenytoin</i>	DILANTIN	50 MG INFATAB	2	MNT	
<i>fosphenytoin</i>		100 MG PE/2 ML VL	1		
<i>ethotoin</i>	PEGANONE	250 MG TABLET	2	MNT	
<i>phenytoin</i>		50 MG/ML AMPUL	1		
<i>phenytoin</i>		100 MG/4 ML SUSP	1	MNT	
<i>phenytoin</i>		125 MG/5 ML SUSP	1	MNT	
<i>phenytoin sod ext</i>		100 MG CAP	1	MNT	
<i>phenytoin sod ext</i>		200 MG CAP	1	MNT	
<i>phenytoin sod ext</i>		300 MG CAP	1	MNT	

MAO INHIBITORS

<i>selegiline</i>	EMSAM	6 MG/24 HOURS PATCH	2	PAN, MNT	30/30
<i>selegiline</i>	EMSAM	9 MG/24 HOURS PATCH	2	PAN, MNT	30/30
<i>selegiline</i>	EMSAM	12 MG/24 HOURS PATCH	2	PAN, MNT	30/30
<i>isocarboxazid</i>	MARPLAN	10 MG TABLET	2	MNT	
<i>phenelzine sulfate</i>		15 MG TAB	1	MNT	
<i>tranylcypromine sulf</i>		10 MG TAB	1	MNT	

OTHER ANTICONVULSANTS

<i>rufinamide</i>	BANZEL	40 MG/ML SUSPENSION	2	PAN, MNT	
<i>rufinamide</i>	BANZEL	200 MG TABLET	2	MNT	
<i>rufinamide</i>	BANZEL	400 MG TABLET	2	MNT	

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>felbamate</i>	FELBATOL	600 MG/5 ML SUSP	2	MNT	
<i>felbamate</i>	FELBATOL	400 MG TABLET	2	MNT	
<i>felbamate</i>	FELBATOL	600 MG TABLET	2	MNT	
<i>gabapentin</i>		250 MG/5 ML SOLN	1	MNT	
<i>gabapentin</i>		100 MG CAPSULE	1	MNT	
<i>gabapentin</i>		300 MG CAPSULE	1	MNT	
<i>gabapentin</i>		400 MG CAPSULE	1	MNT	
<i>gabapentin</i>		600 MG TABLET	1	MNT	
<i>gabapentin</i>		800 MG TABLET	1	MNT	
<i>tiagabine</i>	GABITRIL	2 MG TABLET	2	MNT	
<i>tiagabine</i>	GABITRIL	4 MG TABLET	2	MNT	
<i>tiagabine</i>	GABITRIL	12 MG TABLET	2	MNT	
<i>tiagabine</i>	GABITRIL	16 MG TABLET	2	MNT	
<i>lamotrigine</i>		5 MG DISPER TABLET	1	MNT	
<i>lamotrigine</i>		25 MG DISPER TAB	1	MNT	
<i>lamotrigine</i>		25 MG TABLET	1	MNT	
<i>lamotrigine</i>		100 MG TABLET	1	MNT	
<i>lamotrigine</i>		150 MG TABLET	1	MNT	
<i>lamotrigine</i>		200 MG TABLET	1	MNT	
<i>levetiracetam</i>		500 MG/5 ML SOLN	1	MNT	
<i>levetiracetam</i>		500 MG/5 ML VIAL	1		
<i>levetiracetam</i>		100 MG/ML SOLN	1	MNT	
<i>levetiracetam</i>		250 MG TABLET	1	MNT	
<i>levetiracetam</i>		500 MG TABLET	1	MNT	
<i>levetiracetam</i>		750 MG TABLET	1	MNT	
<i>levetiracetam</i>		1,000 MG TABLET	1	MNT	
<i>pregabalin</i>	LYRICA	25 MG CAPSULE	2	PAN, MNT	90/30
<i>pregabalin</i>	LYRICA	50 MG CAPSULE	2	PAN, MNT	90/30
<i>pregabalin</i>	LYRICA	75 MG CAPSULE	2	PAN, MNT	90/30
<i>pregabalin</i>	LYRICA	100 MG CAPSULE	2	PAN, MNT	90/30
<i>pregabalin</i>	LYRICA	150 MG CAPSULE	2	PAN, MNT	90/30
<i>pregabalin</i>	LYRICA	200 MG CAPSULE	2	PAN, MNT	90/30
<i>pregabalin</i>	LYRICA	225 MG CAPSULE	2	PAN, MNT	90/30
<i>pregabalin</i>	LYRICA	300 MG CAPSULE	2	PAN, MNT	90/30
<i>primidone</i>		50 MG TABLET	1	MNT	
<i>primidone</i>		250 MG TABLET	1	MNT	
<i>continued</i>					

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>vigabatrin</i>	SABRIL	500 MG POWDER PACKET	2	PAN, LA	
<i>vigabatrin</i>	SABRIL	500 MG TABLET	2	PAN, LA	
<i>topiramate</i>		15 MG SPRINKLE CAP	1	MNT	
<i>topiramate</i>		25 MG SPRINKLE CAP	1	MNT	
<i>topiramate</i>		25 MG TABLET	1	MNT	
<i>topiramate</i>		50 MG TABLET	1	MNT	
<i>topiramate</i>		100 MG TABLET	1	MNT	
<i>topiramate</i>		200 MG TABLET	1	MNT	
<i>lacosamide</i>	VIMPAT	10 MG/ML SOLUTION	2	PAN, MNT	
<i>lacosamide</i>	VIMPAT	200 MG/20 ML VIAL	2	BvsD	
<i>lacosamide</i>	VIMPAT	50 MG TABLET	2	PAN, MNT	
<i>lacosamide</i>	VIMPAT	100 MG TABLET	2	PAN, MNT	
<i>lacosamide</i>	VIMPAT	150 MG TABLET	2	PAN, MNT	
<i>lacosamide</i>	VIMPAT	200 MG TABLET	2	PAN, MNT	
<i>zonisamide</i>		25 MG CAPSULE	1	MNT	
<i>zonisamide</i>		50 MG CAPSULE	1	MNT	
<i>zonisamide</i>		100 MG CAPSULE	1	MNT	

OTHER ANTIDEPRESSANTS

<i>budeprion sr</i>		100 MG TABLET	1	MNT	60/30
<i>budeprion sr</i>		150 MG TABLET	1	MNT	60/30
<i>budeprion xl</i>		150 MG TABLET	1	MNT	30/30
<i>budeprion xl</i>		300 MG TABLET	1	MNT	30/30
<i>bupropion hcl</i>		75 MG TABLET	1	MNT	
<i>bupropion hcl</i>		100 MG TABLET	1	MNT	
<i>bupropion hcl sr</i>		100 MG TABLET	1	MNT	60/30
<i>bupropion hcl sr</i>		200 MG TAB	1	MNT	60/30
<i>bupropion sr</i>		150 MG TABLET	1	MNT	60/30
<i>chlordiazepo-amitriptyl</i>		5-12.5	1	PAN, MNT	
<i>chlordiazepox-amitriptyl</i>		10-25	1	PAN, MNT	
<i>duloxetine</i>	CYMBALTA	20 MG CAPSULE	2	PAN, MNT	60/30
<i>duloxetine</i>	CYMBALTA	30 MG CAPSULE	2	PAN, MNT	30/30
<i>duloxetine</i>	CYMBALTA	60 MG CAPSULE	2	PAN, MNT	60/30
<i>maprotiline</i>		25 MG TABLET	1	MNT	
<i>maprotiline</i>		50 MG TABLET	1	MNT	
<i>maprotiline</i>		75 MG TABLET	1	MNT	

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>mirtazapine</i>		7.5 MG TABLET	1	MNT	
<i>mirtazapine</i>		15 MG ODT	1	MNT	
<i>mirtazapine</i>		30 MG ODT	1	MNT	
<i>mirtazapine</i>		45 MG ODT	1	MNT	
<i>mirtazapine</i>		15 MG TABLET	1	MNT	
<i>mirtazapine</i>		30 MG TABLET	1	MNT	
<i>mirtazapine</i>		45 MG TABLET	1	MNT	
<i>nefazodone hcl</i>		50 MG TABLET	1	MNT	
<i>nefazodone hcl</i>		100 MG TABLET	1	MNT	
<i>nefazodone hcl</i>		150 MG TABLET	1	MNT	
<i>nefazodone hcl</i>		200 MG TABLET	1	MNT	
<i>nefazodone hcl</i>		250 MG TABLET	1	MNT	
<i>perphen-amitrip</i>		2 MG-10 MG TAB	1	MNT	
<i>perphen-amitrip</i>		2 MG-25 MG TAB	1	MNT	
<i>perphen-amitrip</i>		4 MG-10 MG TAB	1	MNT	
<i>perphen-amitrip</i>		4 MG-25 MG TAB	1	MNT	
<i>perphen-amitrip</i>		4 MG-50 MG TAB	1	MNT	
<i>desvenlafaxine succinate</i>	PRISTIQ	50 MG TABLET	2	PAN, MNT	30/30
<i>desvenlafaxine succinate</i>	PRISTIQ	100 MG TABLET	2	PAN, MNT	30/30
<i>trazodone</i>		50 MG TABLET	1	MNT	
<i>trazodone</i>		100 MG TABLET	1	MNT	
<i>trazodone</i>		150 MG TABLET	1	MNT	
<i>trazodone</i>		300 MG TABLET	1	MNT	
<i>venlafaxine hcl</i>		25 MG TABLET	1	MNT	
<i>venlafaxine hcl</i>		37.5 MG TABLET	1	MNT	
<i>venlafaxine hcl</i>		50 MG TABLET	1	MNT	
<i>venlafaxine hcl</i>		75 MG TABLET	1	MNT	
<i>venlafaxine hcl</i>		100 MG TABLET	1	MNT	
<i>venlafaxine hcl er</i>		37.5 MG CAP	1	MNT	30/30
<i>venlafaxine hcl er</i>		75 MG CAP	1	MNT	90/30
<i>venlafaxine hcl er</i>		150 MG CAP	1	MNT	30/30

OTHER ANTIPARKINSON DRUGS

<i>apomorphine hcl</i>	APOKYN	30 MG/3 ML CARTRIDGE	2	PA, LA, MNT	
<i>bromocriptine</i>		5 MG CAPSULE	1	MNT	
<i>bromocriptine</i>		2.5 MG TABLET	1	MNT	

continued

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>carbidopa-levo er</i>		25-100 TAB	1	MNT	
<i>carbidopa-levo er</i>		50-200 TAB	1	MNT	
<i>carbidopa-levodopa</i>		10-100 TAB	1	MNT	
<i>carbidopa-levodopa</i>		25-100 TAB	1	MNT	
<i>carbidopa-levodopa</i>		25-250 TAB	1	MNT	
<i>entacapone</i>	COMTAN	200 MG TABLET	2	MNT	
<i>pramipexole</i>		0.125 MG TABLET	1	MNT	
<i>pramipexole</i>		0.25 MG TABLET	1	MNT	
<i>pramipexole</i>		0.5 MG TABLET	1	MNT	
<i>pramipexole</i>		0.75 MG TABLET	1	MNT	
<i>pramipexole</i>		1 MG TABLET	1	MNT	
<i>pramipexole</i>		1.5 MG TABLET	1	MNT	
<i>ropinirole hcl</i>		0.25 MG TABLET	1	MNT	
<i>ropinirole hcl</i>		0.5 MG TABLET	1	MNT	
<i>ropinirole hcl</i>		1 MG TABLET	1	MNT	
<i>ropinirole hcl</i>		2 MG TABLET	1	MNT	
<i>ropinirole hcl</i>		3 MG TABLET	1	MNT	
<i>ropinirole hcl</i>		4 MG TABLET	1	MNT	
<i>ropinirole hcl</i>		5 MG TABLET	1	MNT	
<i>selegiline hcl</i>		5 MG CAPSULE	1	MNT	
<i>selegiline hcl</i>		5 MG TABLET	1	MNT	
<i>tolcapone</i>	TASMAR	100 MG TABLET	2	MNT	

OTHER CNS/AUTONOMIC DRUGS

<i>acamprosate calcium</i>	CAMPRAL	333 MG DOSE PAK	2		
<i>acamprosate calcium</i>	CAMPRAL DR	333 MG TABLET	2		
<i>atomoxetine</i>	STRATTERA	10 MG CAPSULE	2	PA, MNT	90/30
<i>atomoxetine</i>	STRATTERA	18 MG CAPSULE	2	PA, MNT	150/30
<i>atomoxetine</i>	STRATTERA	25 MG CAPSULE	2	PA, MNT	90/30
<i>atomoxetine</i>	STRATTERA	40 MG CAPSULE	2	PA, MNT	30/30
<i>atomoxetine</i>	STRATTERA	60 MG CAPSULE	2	PA, MNT	30/30
<i>atomoxetine</i>	STRATTERA	80 MG CAPSULE	2	PA, MNT	30/30
<i>atomoxetine</i>	STRATTERA	100 MG CAPSULE	2	PA, MNT	30/30
<i>atropine</i>		0.1 MG/ML ABBOJECT	1	PAN	
<i>atropine</i>		0.1 MG/ML SYRINGE	1	PAN	
<i>depade</i>		50 MG TABLET	1		

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>disulfiram</i>	ANTABUSE	250 MG TABLET	2	MNT	
<i>disulfiram</i>	ANTABUSE	500 MG TABLET	2	MNT	
<i>guanidine hcl</i>		125 MG TABLET	1		
<i>naloxone</i>		0.4 MG/ML SYRINGE	1		
<i>naloxone</i>		1 MG/ML SYRINGE	1		
<i>naltrexone</i>		50 MG TABLET	1		
<i>pyridostigmine</i>	MESTINON	60 MG/5 ML SYRUP	2	MNT	
<i>pyridostigmine</i>	MESTINON	180 MG TIMESPAN	2	MNT	
<i>pyridostigmine</i>	REGONOL	10 MG/2 ML AMPUL	2		
<i>pyridostigmine br</i>		60 MG TABLET	1	MNT	
<i>sodium oxybate</i>	XYREM	500 MG/ML ORAL SOLUTION	2	PA, LA	
<i>tetrabenazine</i>	XENAZINE	12.5 MG TABLET	2	PA, LA, MNT240/30	
<i>tetrabenazine</i>	XENAZINE	25 MG TABLET	2	PA, LA, MNT120/30	

SECONDARY AMINES

<i>amoxapine</i>		25 MG TABLET	1	MNT	
<i>amoxapine</i>		50 MG TABLET	1	MNT	
<i>amoxapine</i>		100 MG TABLET	1	MNT	
<i>amoxapine</i>		150 MG TABLET	1	MNT	
<i>desipramine</i>		10 MG TABLET	1	MNT	
<i>desipramine</i>		25 MG TABLET	1	MNT	
<i>desipramine</i>		50 MG TABLET	1	MNT	
<i>desipramine</i>		75 MG TABLET	1	MNT	
<i>desipramine</i>		100 MG TABLET	1	MNT	
<i>desipramine</i>		150 MG TABLET	1	MNT	
<i>nortriptyline</i>		10 MG/5 ML SOL	1	MNT	
<i>nortriptyline hcl</i>		10 MG CAP	1	MNT	
<i>nortriptyline hcl</i>		25 MG CAP	1	MNT	
<i>nortriptyline hcl</i>		50 MG CAP	1	MNT	
<i>nortriptyline hcl</i>		75 MG CAP	1	MNT	
<i>protriptyline hcl</i>		5 MG TABLET	1	MNT	
<i>protriptyline hcl</i>		10 MG TABLET	1	MNT	

SEDATIVE/HYPNOTIC DRUGS

<i>zaleplon</i>		5 MG CAPSULE	1		30/30
<i>zaleplon</i>		10 MG CAPSULE	1		30/30
<i>zolpidem tartrate</i>		5 MG TABLET	1		30/30
<i>zolpidem tartrate</i>		10 MG TABLET	1		30/30

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
SELECTIVE SEROTONIN REUPTAKE INHIBITORS					
<i>citalopram</i>		10 MG/5 ML SOLUTION	1	MNT	
<i>citalopram hbr</i>		10 MG TABLET	1	MNT	
<i>citalopram hbr</i>		20 MG TABLET	1	MNT	
<i>citalopram hbr</i>		40 MG TABLET	1	MNT	
<i>fluoxetine</i>		20 MG/5 ML SOLUTION	1	MNT	
<i>fluoxetine hcl</i>		10 MG CAPSULE	1	MNT	
<i>fluoxetine hcl</i>		20 MG CAPSULE	1	MNT	
<i>fluoxetine hcl</i>		40 MG CAPSULE	1	MNT	
<i>fluoxetine hcl</i>		10 MG TABLET	1	MNT	
<i>fluoxetine hcl</i>		20 MG TABLET	1	MNT	
<i>fluvoxamine maleate</i>		25 MG TAB	1	MNT	
<i>fluvoxamine maleate</i>		50 MG TAB	1	MNT	
<i>fluvoxamine maleate</i>		100 MG TAB	1	MNT	
<i>paroxetine hcl</i>		10 MG/5 ML SUSP	1	MNT	
<i>paroxetine hcl</i>		10 MG TABLET	1	MNT	
<i>paroxetine hcl</i>		20 MG TABLET	1	MNT	
<i>paroxetine hcl</i>		30 MG TABLET	1	MNT	
<i>paroxetine hcl</i>		40 MG TABLET	1	MNT	
<i>sertraline</i>		20 MG/ML ORAL CONC	1	MNT	
<i>sertraline hcl</i>		25 MG TABLET	1	MNT	
<i>sertraline hcl</i>		50 MG TABLET	1	MNT	
<i>sertraline hcl</i>		100 MG TABLET	1	MNT	
SMOKING CESSATION PRODUCTS					
<i>buproban</i>		150 MG TABLET	1		
<i>nicotine inhaler</i>	NICOTROL	CARTRIDGE INHALER	2	ST	
<i>nicotine ns</i>	NICOTROL	NS 10 MG/ML SPRAY	2	ST	
<i>varenicline tartrate</i>	CHANTIX	1 MG CONT MONTH PAK	2		336/365
<i>varenicline tartrate</i>	CHANTIX	0.5 MG TABLET	2		336/365
<i>varenicline tartrate</i>	CHANTIX	1 MG TABLET	2		336/365
<i>varenicline tartrate</i>	CHANTIX	STARTING MONTH PAK	2		168/365
SUCCINIMIDES					
<i>ethosuximide</i>		250 MG/5 ML SYRP	1	MNT	
<i>ethosuximide</i>		250 MG CAPSULE	1	MNT	
<i>methsuximide</i>	CELONTIN	300 MG KAPSEAL	2	MNT	

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
TERTIARY AMINES					
<i>amitriptyline hcl</i>		10 MG TAB	1	MNT	
<i>amitriptyline hcl</i>		25 MG TAB	1	MNT	
<i>amitriptyline hcl</i>		50 MG TAB	1	MNT	
<i>amitriptyline hcl</i>		75 MG TAB	1	MNT	
<i>amitriptyline hcl</i>		100 MG TAB	1	MNT	
<i>amitriptyline hcl</i>		150 MG TAB	1	MNT	
<i>clomipramine</i>		25 MG CAPSULE	1	MNT	
<i>clomipramine</i>		50 MG CAPSULE	1	MNT	
<i>clomipramine</i>		75 MG CAPSULE	1	MNT	
<i>doxepin</i>		10 MG/ML ORAL CONC	1	MNT	
<i>doxepin</i>		10 MG CAPSULE	1	MNT	
<i>doxepin</i>		25 MG CAPSULE	1	MNT	
<i>doxepin</i>		50 MG CAPSULE	1	MNT	
<i>doxepin</i>		75 MG CAPSULE	1	MNT	
<i>doxepin</i>		100 MG CAPSULE	1	MNT	
<i>doxepin</i>		150 MG CAPSULE	1	MNT	
<i>imipramine hcl</i>		10 MG TABLET	1	MNT	
<i>imipramine hcl</i>		25 MG TABLET	1	MNT	
<i>imipramine hcl</i>		50 MG TABLET	1	MNT	
<i>trimipramine</i>	SURMONTIL	25 MG CAPSULE	2	MNT	
<i>trimipramine</i>	SURMONTIL	50 MG CAPSULE	2	MNT	
<i>trimipramine</i>	SURMONTIL	100 MG CAPSULE	2	MNT	
VALPROIC ACID AND DERIVATIVES					
<i>divalproex sod dr</i>		125 MG TAB	1	MNT	
<i>divalproex sod dr</i>		250 MG TAB	1	MNT	
<i>divalproex sod dr</i>		500 MG TAB	1	MNT	
<i>divalproex sod er</i>		250 MG TAB	1	MNT	
<i>divalproex sod er</i>		500 MG TAB	1	MNT	
<i>divalproex sodium</i>		125 MG CAP	1	MNT	
<i>valproate sod</i>		500 MG/5 ML VL	1		
<i>valproic acid</i>		250 MG/5 ML SYR	1	MNT	
<i>valproic acid</i>		250 MG CAPSULE	1	MNT	

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
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CARDIOVASCULAR MEDICATIONS

AMIODARONES

<i>amiodarone</i>	PACERONE	100 MG TABLET	2	MNT	
<i>amiodarone</i>		150 MG/3 ML AMP	1		
<i>amiodarone hcl</i>		200 MG TABLET	1	MNT	
<i>amiodarone hcl</i>		400 MG TABLET	1	MNT	
<i>pacerone</i>		200 MG TABLET	1	MNT	

ANGIOTENSIN CONVERTING ENZYME INHIBITORS

<i>benazepril hcl</i>		5 MG TABLET	1	MNT	
<i>benazepril hcl</i>		20 MG TABLET	1	MNT	
<i>benazepril hcl</i>		40 MG TABLET	1	MNT	
<i>captopril</i>		12.5 MG TABLET	1	MNT	
<i>captopril</i>		25 MG TABLET	1	MNT	
<i>captopril</i>		50 MG TABLET	1	MNT	
<i>captopril</i>		100 MG TABLET	1	MNT	
<i>enalapril maleate</i>		2.5 MG TAB	1	MNT	
<i>enalapril maleate</i>		5 MG TAB	1	MNT	
<i>enalapril maleate</i>		10 MG TAB	1	MNT	
<i>enalapril maleate</i>		20 MG TAB	1	MNT	
<i>fosinopril sodium</i>		10 MG TAB	1	MNT	
<i>fosinopril sodium</i>		20 MG TAB	1	MNT	
<i>fosinopril sodium</i>		40 MG TAB	1	MNT	
<i>lisinopril</i>		2.5 MG TABLET	1	MNT	
<i>lisinopril</i>		5 MG TABLET	1	MNT	
<i>lisinopril</i>		10 MG TABLET	1	MNT	
<i>lisinopril</i>		20 MG TABLET	1	MNT	
<i>lisinopril</i>		30 MG TABLET	1	MNT	
<i>lisinopril</i>		40 MG TABLET	1	MNT	
<i>quinapril</i>		5 MG TABLET	1	MNT	
<i>quinapril</i>		10 MG TABLET	1	MNT	
<i>quinapril</i>		20 MG TABLET	1	MNT	
<i>quinapril</i>		40 MG TABLET	1	MNT	
<i>trandolapril</i>		1 MG TABLET	1	MNT	
<i>trandolapril</i>		2 MG TABLET	1	MNT	
<i>trandolapril</i>		4 MG TABLET	1	MNT	

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
ANGIOTENSIN II RECEPTOR ANTAGONISTS					
<i>losartan potassium</i>		25 MG TAB	1	MNT	30/30
<i>losartan potassium</i>		50 MG TAB	1	MNT	30/30
<i>losartan potassium</i>		100 MG TAB	1	MNT	30/30
<i>olmesartan medoxomil</i>	BENICAR	5 MG TABLET	2	ST, MNT	30/30
<i>olmesartan medoxomil</i>	BENICAR	20 MG TABLET	2	ST, MNT	30/30
<i>olmesartan medoxomil</i>	BENICAR	40 MG TABLET	2	ST, MNT	30/30

ANTIDYSRHYTHMIC DRUGS

<i>disopyramide</i>	NORPACE CR	100 MG CAPSULE	2	MNT	
<i>disopyramide</i>	NORPACE CR	150 MG CAPSULE	2	MNT	
<i>disopyramide</i>		100 MG CAPSULE	1	MNT	
<i>disopyramide</i>		150 MG CAPSULE	1	MNT	
<i>flecainide acetate</i>		50 MG TAB	1	MNT	
<i>flecainide acetate</i>		100 MG TAB	1	MNT	
<i>flecainide acetate</i>		150 MG TAB	1	MNT	
<i>mexiletine</i>		150 MG CAPSULE	1	MNT	
<i>mexiletine</i>		200 MG CAPSULE	1	MNT	
<i>mexiletine</i>		250 MG CAPSULE	1	MNT	
<i>procainamide</i>		100 MG/ML VIAL	1		
<i>procainamide</i>		500 MG/ML VIAL	1		
<i>propafenone hcl</i>		225 MG TAB	1	MNT	
<i>propafenone hcl</i>		300 MG TAB	1	MNT	
<i>propafenone hcl</i>		150 MG TABLET	1	MNT	
<i>quinidine gluc</i>		80 MG/ML VIAL	1		
<i>quinidine gluc</i>		324 MG TAB ER	1	MNT	
<i>quinidine sulf er</i>		300 MG TAB	1	MNT	
<i>quinidine sulfate</i>		200 MG TAB	1	MNT	
<i>quinidine sulfate</i>		300 MG TAB	1	MNT	

BETA-ADRENERGIC ANTAGONIST DRUGS

<i>acebutolol</i>		200 MG CAPSULE	1	MNT	
<i>acebutolol</i>		400 MG CAPSULE	1	MNT	
<i>atenolol</i>		25 MG TABLET	1	MNT	
<i>atenolol</i>		50 MG TABLET	1	MNT	
<i>atenolol</i>		100 MG TABLET	1	MNT	
<i>carvedilol</i>		3.125 MG TABLET	1	MNT	

continued

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
carvedilol		6.25 MG TABLET	1	MNT	
carvedilol		12.5 MG TABLET	1	MNT	
carvedilol		25 MG TABLET	1	MNT	
labetalol hcl		5 MG/ML VIAL	1		
labetalol hcl		100 MG TABLET	1	MNT	
labetalol hcl		200 MG TABLET	1	MNT	
labetalol hcl		300 MG TABLET	1	MNT	
metoprolol succ er		25 MG TAB	1	MNT	
metoprolol succ er		50 MG TAB	1	MNT	
metoprolol succ er		100 MG TAB	1	MNT	
metoprolol succ er		200 MG TAB	1	MNT	
metoprolol tart		5 MG/5 ML VIAL	1		
metoprolol tart		1 MG/ML VIAL	1		
metoprolol tartrate		25 MG TAB	1	MNT	
metoprolol tartrate		50 MG TAB	1	MNT	
metoprolol tartrate		100 MG TAB	1	MNT	
nadolol		20 MG TABLET	1	MNT	
nadolol		40 MG TABLET	1	MNT	
nadolol		80 MG TABLET	1	MNT	
pindolol		5 MG TABLET	1	MNT	
pindolol		10 MG TABLET	1	MNT	
propranolol		60 MG CAPSULE ER	1	MNT	
propranolol		80 MG CAPSULE ER	1	MNT	
propranolol		160 MG CAPSULE ER	1	MNT	
propranolol		10 MG TABLET	1	MNT	
propranolol		20 MG TABLET	1	MNT	
propranolol		40 MG TABLET	1	MNT	
propranolol		60 MG TABLET	1	MNT	
propranolol		80 MG TABLET	1	MNT	
propranolol er		120 MG CAPSULE	1	MNT	
timolol maleate		5 MG TABLET	1	MNT	
timolol maleate		10 MG TABLET	1	MNT	
timolol maleate		20 MG TABLET	1	MNT	

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
CALCIUM ANTAGONISTS					
<i>afeditab cr</i>		30 MG TABLET	1	MNT	
<i>afeditab cr</i>		60 MG TABLET	1	MNT	
<i>amlodipine besylate</i>		2.5 MG TAB	1	MNT	
<i>amlodipine besylate</i>		5 MG TAB	1	MNT	
<i>amlodipine besylate</i>		10 MG TAB	1	MNT	
<i>cartia xt</i>		120 MG CAPSULE	1	MNT	
<i>cartia xt</i>		180 MG CAPSULE	1	MNT	
<i>cartia xt</i>		240 MG CAPSULE	1	MNT	
<i>cartia xt</i>		300 MG CAPSULE	1	MNT	
<i>dilt xr</i>		180 MG CAPSULE	1	MNT	
<i>dilt xr</i>		240 MG CAPSULE	1	MNT	
<i>dilt-cd</i>		120 MG CAPSULE	1	MNT	
<i>dilt-cd er</i>		300 MG CAPSULE	1	MNT	
<i>diltiazem</i>		24HR CD 120 MG CAP	1	MNT	
<i>diltiazem</i>		24HR CD 240 MG CAP	1	MNT	
<i>diltiazem</i>		24HR CD 300 MG CAP	1	MNT	
<i>diltiazem</i>		24HR ER 120 MG CAP	1	MNT	
<i>diltiazem</i>		24HR ER 240 MG CAP	1	MNT	
<i>diltiazem</i>		24HR ER 300 MG CAP	1	MNT	
<i>diltiazem</i>		25 MG/5 ML VIAL	1		
<i>diltiazem</i>		30 MG TABLET	1	MNT	
<i>diltiazem</i>		60 MG TABLET	1	MNT	
<i>diltiazem</i>		90 MG TABLET	1	MNT	
<i>diltiazem</i>		120 MG TABLET	1	MNT	
<i>diltiazem er</i>		60 MG 12-HR CAP	1	MNT	
<i>diltiazem er</i>		90 MG 12-HR CAP	1	MNT	
<i>diltiazem er</i>		120 MG 12-HR CAP	1	MNT	
<i>diltiazem hcl</i>		100 MG VIAL	1		
<i>diltiazem hcl er</i>		360 MG CAP	1	MNT	
<i>diltiazem hcl er</i>		420 MG CAP	1	MNT	
<i>diltzac er</i>		120 MG CAPSULE	1	MNT	
<i>diltzac er</i>		180 MG CAPSULE	1	MNT	
<i>diltzac er</i>		240 MG CAPSULE	1	MNT	
<i>diltzac er</i>		300 MG CAPSULE	1	MNT	
<i>felodipine er</i>		2.5 MG TABLET	1	MNT	
<i>continued</i>					

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>felodipine er</i>		5 MG TABLET	1	MNT	
<i>felodipine er</i>		10 MG TABLET	1	MNT	
<i>matzim la</i>		180 MG TABLET	1	MNT	
<i>matzim la</i>		240 MG TABLET	1	MNT	
<i>matzim la</i>		300 MG TABLET	1	MNT	
<i>matzim la</i>		360 MG TABLET	1	MNT	
<i>matzim la</i>		420 MG TABLET	1	MNT	
<i>nifediac cc</i>		30 MG TABLET	1	MNT	
<i>nifediac cc</i>		60 MG TABLET	1	MNT	
<i>nifediac cc</i>		90 MG TABLET	1	MNT	
<i>nifedical xl</i>		30 MG TABLET	1	MNT	
<i>nifedical xl</i>		60 MG TABLET	1	MNT	
<i>nifedipine er</i>		30 MG TABLET	1	MNT	
<i>nifedipine er</i>		60 MG TABLET	1	MNT	
<i>nifedipine er</i>		90 MG TABLET	1	MNT	
<i>taztia xt</i>		120 MG CAPSULE	1	MNT	
<i>taztia xt</i>		180 MG CAPSULE	1	MNT	
<i>taztia xt</i>		240 MG CAPSULE	1	MNT	
<i>taztia xt</i>		300 MG CAPSULE	1	MNT	
<i>taztia xt</i>		360 MG CAPSULE	1	MNT	
<i>verapamil</i>		2.5 MG/ML AMPUL	1		
<i>verapamil</i>		40 MG TABLET	1	MNT	
<i>verapamil</i>		80 MG TABLET	1	MNT	
<i>verapamil</i>		120 MG TABLET	1	MNT	
<i>verapamil er</i>		120 MG CAPSULE	1	MNT	
<i>verapamil er</i>		180 MG CAPSULE	1	MNT	
<i>verapamil er</i>		240 MG CAPSULE	1	MNT	
<i>verapamil er</i>		120 MG TABLET	1	MNT	
<i>verapamil er</i>		120 MG TABLET	1	MNT	
<i>verapamil er</i>		180 MG TABLET	1	MNT	
<i>verapamil er</i>		240 MG TABLET	1	MNT	
<i>verapamil er</i>		240 MG TABLET	1	MNT	
<i>verapamil er pm</i>		100 MG CAPSULE	1	MNT	
<i>verapamil er pm</i>		200 MG CAPSULE	1	MNT	
<i>verapamil er pm</i>		300 MG CAPSULE	1	MNT	

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
CARDIAC GLYCOSIDES					
<i>digoxin</i>	LANOXIN	0.25 MG/ML AMPUL	2		
<i>digoxin</i>	LANOXIN	125 MCG TABLET	2	MNT	
<i>digoxin</i>	LANOXIN	250 MCG TABLET	2	MNT	
<i>digoxin</i>	LANOXIN PED	0.1 MG/ML AMPUL	2		
<i>digoxin</i>		50 MCG/ML SOLUTION	1	MNT	
<i>digoxin</i>		125 MCG TABLET	1	MNT	
<i>digoxin</i>		250 MCG TABLET	1	MNT	
<i>digoxin</i>		0.25 MG/ML AMPUL	1		

CENTRALLY ACTING ANTIHYPERTENSIVES

<i>clonidine hcl</i>		0.1 MG TABLET	1	MNT	
<i>clonidine hcl</i>		0.2 MG TABLET	1	MNT	
<i>clonidine hcl</i>		0.3 MG TABLET	1	MNT	
<i>guanfacine</i>		1 MG TABLET	1	MNT	
<i>guanfacine</i>		2 MG TABLET	1	MNT	
<i>methyldopa</i>		250 MG TABLET	1	MNT	
<i>methyldopa</i>		500 MG TABLET	1	MNT	

ENDOTHELIN RECPTR ANTAGONIST

<i>ambrisentan</i>	LETAIRIS	5 MG TABLET	2	PA, LA, MNT	
<i>ambrisentan</i>	LETAIRIS	10 MG TABLET	2	PA, LA, MNT	
<i>bosentan</i>	TRACLEER	62.5 MG TABLET	2	PA, LA, MNT	
<i>bosentan</i>	TRACLEER	125 MG TABLET	2	PA, LA, MNT	

HMG-COA REDUCTASE INHIBITORS

<i>atorvastatin calcium</i>	LIPITOR	10 MG TABLET	2	ST, MNT	15/30
<i>atorvastatin calcium</i>	LIPITOR	20 MG TABLET	2	ST, MNT	15/30
<i>atorvastatin calcium</i>	LIPITOR	40 MG TABLET	2	ST, MNT	15/30
<i>atorvastatin calcium</i>	LIPITOR	80 MG TABLET	2	ST, MNT	30/30
<i>ezetimibe/simvastatin</i>	VYTORIN	10-10 MG TABLET	2	PA, MNT	30/30
<i>ezetimibe/simvastatin</i>	VYTORIN	10-20 MG TABLET	2	PA, MNT	30/30
<i>ezetimibe/simvastatin</i>	VYTORIN	10-40 MG TABLET	2	PA, MNT	30/30
<i>ezetimibe/simvastatin</i>	VYTORIN	10-80 MG TABLET	2	PA, MNT	30/30
<i>lovastatin</i>		10 MG TABLET	1	MNT	
<i>lovastatin</i>		20 MG TABLET	1	MNT	
<i>lovastatin</i>		40 MG TABLET	1	MNT	

continued

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>pravastatin sodium</i>		10 MG TAB	1	MNT	
<i>pravastatin sodium</i>		20 MG TAB	1	MNT	
<i>pravastatin sodium</i>		40 MG TAB	1	MNT	
<i>pravastatin sodium</i>		80 MG TAB	1	MNT	
<i>rosuvastatin calcium</i>	CRESTOR	5 MG TABLET	2	ST, MNT	30/30
<i>rosuvastatin calcium</i>	CRESTOR	10 MG TABLET	2	ST, MNT	30/30
<i>rosuvastatin calcium</i>	CRESTOR	20 MG TABLET	2	ST, MNT	30/30
<i>rosuvastatin calcium</i>	CRESTOR	40 MG TABLET	2	ST, MNT	30/30
<i>simvastatin</i>		5 MG TABLET	1	MNT	
<i>simvastatin</i>		10 MG TABLET	1	MNT	
<i>simvastatin</i>		20 MG TABLET	1	MNT	
<i>simvastatin</i>		40 MG TABLET	1	MNT	
<i>simvastatin</i>		80 MG TABLET	1	MNT	

HYPOLIPOPROTEINEMICS

<i>cholestyramine</i>		LIGHT PACKET	1	MNT	
<i>colestipol hcl</i>		1 GM TABLET	1	MNT	
<i>colestipol hcl</i>		GRANULES	1	MNT	
<i>ezetimibe</i>	ZETIA	10 MG TABLET	2	PA, MNT	30/30
<i>fenofibrate</i>		67 MG CAPSULE	1	MNT	
<i>fenofibrate</i>		134 MG CAPSULE	1	MNT	
<i>fenofibrate</i>		200 MG CAPSULE	1	MNT	
<i>fenofibrate</i>		54 MG TABLET	1	MNT	
<i>fenofibrate</i>		160 MG TABLET	1	MNT	
<i>gemfibrozil</i>		600 MG TABLET	1	MNT	
<i>niacin</i>	NIASPAN ER	500 MG TABLET	2	MNT	
<i>niacin</i>	NIASPAN ER	750 MG TABLET	2	MNT	
<i>niacin</i>	NIASPAN ER	1, 000 MG TABLET	2	MNT	
<i>omega-3 acid ethyl esters</i>	LOVAZA	1 GM CAPSULE	2	ST, MNT	
<i>prevalite</i>		POWDER	1	MNT	

LOOP DIURETICS

<i>bumetanide</i>		0.25 MG/ML VIAL	1		
<i>bumetanide</i>		0.5 MG TABLET	1	MNT	
<i>bumetanide</i>		1 MG TABLET	1	MNT	
<i>bumetanide</i>		2 MG TABLET	1	MNT	
<i>furosemide</i>		10 MG/ML SOLUTION	1	MNT	

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>furosemide</i>		10 MG/ML VIAL	1		
<i>furosemide</i>		20 MG TABLET	1	MNT	
<i>furosemide</i>		40 MG TABLET	1	MNT	
<i>furosemide</i>		80 MG TABLET	1	MNT	
<i>torseamide</i>		5 MG TABLET	1	MNT	
<i>torseamide</i>		10 MG TABLET	1	MNT	
<i>torseamide</i>		20 MG TABLET	1	MNT	
<i>torseamide</i>		100 MG TABLET	1	MNT	
NITRATES					
<i>isosorbide dn</i>		2.5 MG TAB SL	1	MNT	
<i>isosorbide dn</i>		20 MG TABLET	1	MNT	
<i>isosorbide dn</i>		5 MG TABLET	1	MNT	
<i>isosorbide dn</i>		10 MG TABLET	1	MNT	
<i>isosorbide dn</i>		30 MG TABLET	1	MNT	
<i>isosorbide dn</i>		5 MG TABLET SL	1	MNT	
<i>isosorbide dn er</i>		40 MG TABLET	1	MNT	
<i>isosorbide mn</i>		10 MG TABLET	1	MNT	
<i>isosorbide mn</i>		20 MG TABLET	1	MNT	
<i>isosorbide mn er</i>		30 MG TABLET	1	MNT	
<i>isosorbide mn er</i>		60 MG TABLET	1	MNT	
<i>isosorbide mn er</i>		120 MG TAB	1	MNT	
<i>nitroglycerin</i>	NITRO-DUR	0.3 MG/HR PATCH	2	MNT	
<i>nitroglycerin</i>	NITRO-DUR	0.8 MG/HR PATCH	2	MNT	
<i>nitroglycerin</i>	NITROMIST	400 MCG SPRAY	2	MNT	
<i>nitroglycerin</i>	NITROSTAT	0.3 MG TABLET SL	2	MNT	
<i>nitroglycerin</i>	NITROSTAT	0.4 MG TABLET SL	2	MNT	
<i>nitroglycerin</i>	NITROSTAT	0.6 MG TABLET SL	2	MNT	
<i>nitroglycerin</i>		0.1 MG/HR PATCH	1	MNT	
<i>nitroglycerin</i>		0.2 MG/HR PTCH	1	MNT	
<i>nitroglycerin</i>		0.4 MG/HR PTCH	1	MNT	
<i>nitroglycerin</i>		0.6 MG/HR PATCH	1	MNT	
<i>nitroglycerin</i>		5 MG/ML VIAL	1		

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
OTHER ANTIARRHYTHMICS					
dofetilide	TIKOSYN	125 MCG CAPSULE	2	MNT	
dofetilide	TIKOSYN	250 MCG CAPSULE	2	MNT	
dofetilide	TIKOSYN	500 MCG CAPSULE	2	MNT	
dronedarone	MULTAQ	400 MG TABLET	2	PA, MNT	
sorine		80 MG TABLET	1	MNT	
sorine		120 MG TABLET	1	MNT	
sorine		160 MG TABLET	1	MNT	
sorine		240 MG TABLET	1	MNT	
sotalol		80 MG TABLET	1	MNT	
sotalol		120 MG TABLET	1	MNT	
sotalol		160 MG TABLET	1	MNT	
sotalol		240 MG TABLET	1	MNT	

OTHER ANTIHYPERTENSIVES

aliskiren hemifumarate	TEKURNA	150 MG TABLET	2	PA, MNT	
aliskiren hemifumarate	TEKURNA	300 MG TABLET	2	PA, MNT	
atenolol-chlorthal		50-25 TB	1	MNT	
atenolol-chlorthalidone		100-25	1	MNT	
benazepril-hctz		5-6.25 MG TAB	1	MNT	
benazepril-hctz		10-12.5 MG TAB	1	MNT	
benazepril-hctz		20-12.5 MG TAB	1	MNT	
benazepril-hctz		20-25 MG TAB	1	MNT	
olmesartan medoxomil/hctz	BENICAR HCT	20-12.5 MG TABLET	2	ST, MNT	30/30
olmesartan medoxomil/hctz	BENICAR HCT	40-12.5 MG TABLET	2	ST, MNT	30/30
olmesartan medoxomil/hctz	BENICAR HCT	40-25 MG TABLET	2	ST, MNT	30/30
bisoprolol-hctz		2.5-6.25 MG TB	1	MNT	
bisoprolol-hctz		5-6.25 MG TAB	1	MNT	
bisoprolol-hctz		10-6.25 MG TAB	1	MNT	
captopril-hctz		25-15 MG TABLET	1	MNT	
captopril-hctz		25-25 MG TABLET	1	MNT	
captopril-hctz		50-15 MG TABLET	1	MNT	
captopril-hctz		50-25 MG TABLET	1	MNT	
enalapril-hctz		5-12.5 MG TAB	1	MNT	
enalapril-hctz		10-25 MG TABLET	1	MNT	
lisinopril-hctz		10-12.5 MG TAB	1	MNT	

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>lisinopril-hctz</i>		20-12.5 MG TAB	1	MNT	
<i>lisinopril-hctz</i>		20-25 MG TAB	1	MNT	
<i>losartan-hctz</i>		50-12.5 MG TAB	1	MNT	30/30
<i>losartan-hctz</i>		100-12.5 MG TAB	1	MNT	30/30
<i>losartan-hctz</i>		100-25 MG TAB	1	MNT	30/30
<i>methyldopa-hctz</i>		250-15 MG TAB	1	MNT	
<i>methyldopa-hctz</i>		250-25 MG TAB	1	MNT	
<i>metoprolol-hctz</i>		50-25 MG TAB	1	MNT	
<i>metoprolol-hctz</i>		100-25 MG TAB	1	MNT	
<i>metoprolol-hctz</i>		100-50 MG TAB	1	MNT	
<i>propranolol-hctz</i>		40-25 MG TAB	1	MNT	
<i>propranolol-hctz</i>		80-25 MG TAB	1	MNT	
<i>reserpine</i>		0.1 MG TABLET	1	MNT	
<i>reserpine</i>		0.25 MG TABLET	1	MNT	

OTHER CARDIOVASCULAR DRUGS

<i>midodrine hcl</i>		2.5 MG TABLET	1		
<i>midodrine hcl</i>		5 MG TABLET	1		
<i>midodrine hcl</i>		10 MG TABLET	1		
<i>pentopak</i>		400 MG TABLET SA	1	MNT	
<i>pentoxifylline er</i>		400 MG TAB	1	MNT	
<i>ranolazine</i>	RANEXA ER	500 MG TABLET	2	PA, MNT	
<i>ranolazine</i>	RANEXA ER	1,000 MG TABLET	2	PA, MNT	

OTHER VASODILATING DRUGS

<i>adcirca (tadalafil)</i>	ADCIRCA	20 MG TABLET	2	PA, MNT	60/30
<i>revatio (sildenafil citrate)</i>	REVATIO	20 MG TABLET	2	PA	90/30
<i>treprostinil sodium</i>	REMODULIN	1 MG/ML VIAL	2	PA, LA	
<i>treprostinil sodium</i>	REMODULIN	2.5 MG/ML VIAL	2	PA, LA	
<i>treprostinil sodium</i>	REMODULIN	5 MG/ML VIAL	2	PA, LA	
<i>treprostinil sodium</i>	REMODULIN	10 MG/ML VIAL	2	PA, LA	

POTASSIUM SPARING DIURETICS

<i>amiloride hcl</i>		5 MG TABLET	1	MNT	
<i>amiloride hcl-hctz</i>		5-50 MG TAB	1	MNT	
<i>eplerenone</i>		25 MG TABLET	1	ST, MNT	
<i>eplerenone</i>		50 MG TABLET	1	ST, MNT	

continued

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>spironolactone</i>		25 MG TABLET	1	MNT	
<i>spironolactone</i>		50 MG TABLET	1	MNT	
<i>spironolactone</i>		100 MG TABLET	1	MNT	
<i>spironolactone-hctz</i>		25-25 TAB	1	MNT	
<i>triamterene</i>	DYRENIUM	50 MG CAPSULE	2	MNT	
<i>triamterene</i>	DYRENIUM	100 MG CAPSULE	2	MNT	
<i>triamterene-hctz</i>		37.5-25 MG CP	1	MNT	
<i>triamterene-hctz</i>		50-25 MG CAP	1	MNT	
<i>triamterene-hctz</i>		37.5-25 MG TB	1	MNT	
<i>triamterene-hctz</i>		75-50 MG TAB	1	MNT	

THIAZIDE AND RELATED DRUGS

<i>chlorthalidone</i>		25 MG TABLET	1	MNT	
<i>chlorthalidone</i>		50 MG TABLET	1	MNT	
<i>chlorothiazide</i>		250 MG TABLET	1	MNT	
<i>chlorothiazide</i>		500 MG TABLET	1	MNT	
<i>hydrochlorothiazide</i>		12.5 MG CP	1	MNT	
<i>hydrochlorothiazide</i>		12.5 MG TB	1	MNT	
<i>hydrochlorothiazide</i>		25 MG TB	1	MNT	
<i>hydrochlorothiazide</i>		50 MG TB	1	MNT	
<i>indapamide</i>		1.25 MG TABLET	1	MNT	
<i>indapamide</i>		2.5 MG TABLET	1	MNT	
<i>metolazone</i>		2.5 MG TABLET	1	MNT	
<i>metolazone</i>		5 MG TABLET	1	MNT	
<i>metolazone</i>		10 MG TABLET	1	MNT	

VASODILATOR ANTIHYPERTENSIVES

<i>doxazosin mesylate</i>		1 MG TAB	1	MNT	
<i>doxazosin mesylate</i>		2 MG TAB	1	MNT	
<i>doxazosin mesylate</i>		4 MG TAB	1	MNT	
<i>doxazosin mesylate</i>		8 MG TAB	1	MNT	
<i>hydralazine</i>		20 MG/ML VIAL	1		
<i>hydralazine</i>		10 MG TABLET	1	MNT	
<i>hydralazine</i>		25 MG TABLET	1	MNT	
<i>hydralazine</i>		50 MG TABLET	1	MNT	
<i>hydralazine</i>		100 MG TABLET	1	MNT	
<i>minoxidil</i>		2.5 MG TABLET	1	MNT	

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>minoxidil</i>		10 MG TABLET	1	MNT	
<i>prazosin</i>		1 MG CAPSULE	1	MNT	
<i>prazosin</i>		2 MG CAPSULE	1	MNT	
<i>prazosin</i>		5 MG CAPSULE	1	MNT	
<i>terazosin</i>		1 MG CAPSULE	1	MNT	
<i>terazosin</i>		2 MG CAPSULE	1	MNT	
<i>terazosin</i>		5 MG CAPSULE	1	MNT	
<i>terazosin</i>		10 MG CAPSULE	1	MNT	

DERMATOLOGICAL MEDICATIONS

ANTIACNE DRUGS

<i>metronidazole</i>		0.75% CREAM	1		
<i>metronidazole</i>		0.75% LOTION	1		
<i>metronidazole topical</i>		0.75% GL	1		
<i>tretinoin</i>		0.025% CREAM	1	ST	45/30
<i>tretinoin</i>		0.05% CREAM	1	ST	45/30
<i>tretinoin</i>		0.1% CREAM	1	ST	45/30
<i>tretinoin</i>		0.01% GEL	1	ST	45/30
<i>tretinoin</i>		0.025% GEL	1	ST	45/30

ANTIPRURITIC DRUGS

<i>hydroxyzine</i>		10 MG/5 ML SYRUP	1	PAN	
<i>hydroxyzine</i>		25 MG/ML VIAL	1	PAN	
<i>hydroxyzine</i>		50 MG/ML VIAL	1	PAN	
<i>hydroxyzine hcl</i>		10 MG TABLET	1	PAN	
<i>hydroxyzine hcl</i>		25 MG TABLET	1	PAN	
<i>hydroxyzine hcl</i>		50 MG TABLET	1	PAN	
<i>hydroxyzine pam</i>		25 MG CAP	1	PAN	
<i>hydroxyzine pam</i>		50 MG CAP	1	PAN	
<i>hydroxyzine pam</i>		100 MG CAP	1	PAN	

ANTIPSORIASIS AND ANTIECZEMA DRUGS

<i>acitretin</i>	SORIATANE	10 MG CAPSULE	2		
<i>acitretin</i>	SORIATANE	17.5 MG CAPSULE	2		
<i>acitretin</i>	SORIATANE	25 MG CAPSULE	2		

continued

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>calcipotriene</i>	DOVONEX	0.005% CREAM	2		60/30
<i>calcipotriene</i>		0.005% OINTMENT	1		
<i>calcipotriene</i>		0.005% SOLUTION	1		
<i>selenium sulfide</i>		2.5% LOTION	1		
<i>tazarotene</i>	TAZORAC	0.05% CREAM	2	PA	30/30
<i>tazarotene</i>	TAZORAC	0.1% CREAM	2	PA	30/30
<i>tazarotene</i>	TAZORAC	0.05% GEL	2	PA	30/30
<i>tazarotene</i>	TAZORAC	0.1% GEL	2	PA	30/30

KERATOLYTIC DRUGS

<i>podofilox</i>		0.5% TOPICAL SOLN	1		
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ORAL DERMATOLOGICAL DRUGS

<i>amnesteem</i>		10 MG CAPSULE	1	PA	
<i>amnesteem</i>		20 MG CAPSULE	1	PA	
<i>amnesteem</i>		40 MG CAPSULE	1	PA	
<i>claravis</i>		10 MG CAPSULE	1	PA	
<i>claravis</i>		20 MG CAPSULE	1	PA	
<i>claravis</i>		30 MG CAPSULE	1	PA	
<i>claravis</i>		40 MG CAPSULE	1	PA	
<i>methoxsalen</i>	8-MOP	10 MG CAPSULE	2		
<i>methoxsalen</i>	OXSORALEN-ULTRA	10 MG CAP	2		
<i>sotret</i>		10 MG CAPSULE	1	PA	
<i>sotret</i>		20 MG CAPSULE	1	PA	
<i>sotret</i>		30 MG CAPSULE	1	PA	
<i>sotret</i>		40 MG CAPSULE	1	PA	

SCABICIDES

<i>acticin</i>		5% CREAM	1		
<i>benzene hexachloride gamma</i>	LINDANE	1% LOTION	2		
<i>benzene hexachloride gamma</i>	LINDANE	1% SHAMPOO	2		
<i>crotamiton</i>	EURAX	10% CREAM	2		
<i>crotamiton</i>	EURAX	10% LOTION	2		
<i>permethrin</i>		5% CREAM	1		

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
TOPICAL CORTICOSTEROID DRUGS					
<i>betamethasone dp</i>		0.05% CRM	1		
<i>betamethasone dp</i>		0.05% LOT	1		
<i>betamethasone dp</i>		0.05% OINT	1		
<i>betamethasone dp aug</i>		0.05% CRM	1		
<i>betamethasone dp aug</i>		0.05% LOT	1		
<i>betamethasone dp aug</i>		0.05% OIN	1		
<i>betamethasone va</i>		0.1% CREAM	1		
<i>betamethasone va</i>		0.1% LOTION	1		
<i>betamethasone valer</i>		0.1% OINTM	1		
<i>clobetasol</i>		0.05% GEL	1		
<i>clobetasol</i>		0.05% OINTMENT	1		
<i>clobetasol</i>		0.05% SOLUTION	1		
<i>clobetasol emollient</i>		0.05% CRM	1		
<i>fluocinolone</i>		0.01% CREAM	1		
<i>fluocinolone</i>		0.025% CREAM	1		
<i>fluocinolone</i>		0.025% OINT	1		
<i>fluocinonide</i>		0.05% OINTMENT	1		
<i>fluocinolone</i>		0.01% SOLUTION	1		
<i>fluocinonide</i>		0.05% SOLUTION	1		
<i>fluocinonide-emol</i>		0.05% CREAM	1		
<i>fluticasone prop</i>		0.005% OINT	1		
<i>fluticasone prop</i>		0.05% CREAM	1		
<i>hydrocortisone</i>		1% ABSORBASE	1		
<i>hydrocortisone</i>		1% CREAM	1		
<i>hydrocortisone</i>		2.5% CREAM	1		
<i>hydrocortisone</i>		1% CREAM	1		
<i>hydrocortisone</i>		2.5% LOTION	1		
<i>hydrocortisone</i>		1% OINT	1		
<i>hydrocortisone</i>		1% OINTMENT	1		
<i>hydrocortisone</i>		2.5% OINTMENT	1		
<i>hydrocortisone plus</i>		1% CREAM	1		
<i>hydrocortisone-aloe</i>		1% CREAM	1		
<i>triamcinolone</i>		0.025% CREAM	1		
<i>triamcinolone</i>		0.025% LOTION	1		
<i>triamcinolone</i>		0.025% OINT	1		
<i>continued</i>					

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>triamcinolone</i>		0.1% CREAM	1		
<i>triamcinolone</i>		0.5% CREAM	1		
<i>triamcinolone</i>		0.1% LOTION	1		
<i>triamcinolone</i>		0.1% OINTMENT	1		
<i>triamcinolone</i>		0.5% OINTMENT	1		
<i>triderm</i>		0.1% CREAM	1		

TOPICAL DERMATOLOGICAL DRUGS

<i>alitretinoin</i>	PANRETIN	0.1% GEL	2		
<i>ammonium lactate</i>		12% CREAM	1		
<i>ammonium lactate</i>		12% LOTION	1		
<i>becaplermin</i>	REGRANEX	0.01% GEL	2	PA	15/30
<i>collagenase</i>	SANTYL	OINTMENT	2		30/30
<i>diclofenac sodium</i>	SOLARAZE	3% GEL	2		100/30
<i>doxepin</i>	ZONALON	5% CREAM	2		
<i>fluorouracil</i>		5% CREAM	1		
<i>fluorouracil</i>		5% TOP SOLUTION	1		
<i>fluorouracil</i>		2% TOPICAL SOLN	1		
<i>imiquimod</i>		5% CREAM PACKET	1		
<i>methoxsalen</i>	OXSORALEN	1% LOTION	2		
<i>pimecrolimus</i>	ELIDEL	1% CREAM	2	PA	30/30
<i>sinecatechins</i>	VEREGEN	15% OINTMENT	2		
<i>tacrolimus</i>	PROTOPIC	0.03% OINTMENT	2	PA	
<i>tacrolimus</i>	PROTOPIC	0.1% OINTMENT	2	PA	

DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS

DIAGNOSTIC PRODUCTS

<i>deferasirox</i>	EXJADE	125 MG TABLET	2	PA, LA, MNT	
<i>deferasirox</i>	EXJADE	250 MG TABLET	2	PA, LA, MNT	
<i>deferasirox</i>	EXJADE	500 MG TABLET	2	PA, LA, MNT	

MISCELLANEOUS DRUGS

<i>glatiramer acetate</i>	COPAXONE	20 MG INJECTION KIT	2	MNT	30/30
<i>nitisinone</i>	ORFADIN	2 MG CAPSULE	2	PA, LA, MNT	
<i>nitisinone</i>	ORFADIN	5 MG CAPSULE	2	PA, LA, MNT	

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>nitisinone</i>	ORFADIN	10 MG CAPSULE	2	PA, LA, MNT	
<i>pegademase bovine</i>	ADAGEN	250 UNITS/ML VIAL	2	PA, LA	
<i>sodium phenylbutyrate</i>	BUPHENYL	500 MG TABLET	2	PA	
<i>thalidomide</i>	THALOMID	50 MG CAPSULE	2	PAN, MNT	
<i>thalidomide</i>	THALOMID	100 MG CAPSULE	2	PAN, MNT	
<i>thalidomide</i>	THALOMID	150 MG CAPSULE	2	PAN, MNT	
<i>thalidomide</i>	THALOMID	200 MG CAPSULE	2	PAN, MNT	
<i>tranexamic acid</i>	CYKLOKAPRON	100 MG/ML AMPUL	2		

EAR-NOSE-THROAT MEDICATIONS

DRUGS AFFECTING THE EAR

<i>acetic acid-hc</i>		EAR DROPS	1		
<i>cortomycin</i>		EAR SOLUTION	1		
<i>cortomycin</i>		EAR SUSPENSION	1		
<i>fluocinolone acetonide</i>	DERMOTIC OIL	0.01% EAR DROPS	2		
<i>neomycin-polymyxin-hc</i>		EAR SOLN	1		
<i>neomycin-polymixin-hc</i>		EAR SUSP	1		
<i>neomycin-polymyxin-hc</i>		EAR SUSP	1		
<i>ofloxacin</i>		0.3% EAR DROPS	1		

DRUGS AFFECTING THE NOSE

<i>azelastine</i>		137 MCG NASAL SPRAY	1	ST, MNT	60/30
<i>flunisolide</i>		0.025% SPRAY	1	MNT	
<i>fluticasone prop</i>		50 MCG SPRAY	1	MNT	
<i>ipratropium</i>		0.03% SPRAY	1	MNT	
<i>ipratropium</i>		0.06% SPRAY	1	MNT	
<i>tetrahydrozoline</i>	TYZINE	0.1% NOSE DROPS	2		
<i>tetrahydrozoline</i>	TYZINE	0.1% NOSE SPRAY	2		

DRUGS AFFECTING THE THROAT AND MOUTH

<i>cevimeline</i>	EVOXAC	30 MG CAPSULE	2	MNT	
<i>chlorhexidine</i>		0.12% RINSE	1		
<i>doxycycline hyclate</i>		20 MG TAB	1		
<i>pilocarpine hcl</i>		5 MG TABLET	1		

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
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ENDOCRINE MEDICATIONS

AMYLIN ANALOGUES

<i>pramlintide acetate</i>	SYMLIN	0.6 MG/ML VIAL	2	PA, MNT	
<i>pramlintide acetate</i>	SYMLINPEN	60 PEN INJECTOR	2	PA, MNT	
<i>pramlintide acetate</i>	SYMLINPEN	120 PEN INJECTOR	2	PA, MNT	

ANTITHYROID DRUGS

<i>methimazole</i>		5 MG TABLET	1	MNT	
<i>methimazole</i>		10 MG TABLET	1	MNT	
<i>propylthiouracil</i>		50 MG TABLET	1	MNT	

GLUCOCORTICOID DRUGS

<i>a-methapred</i>		40 MG UNIVIAL	1		
<i>a-methapred</i>		125 MG VIAL	1		
<i>cortisone</i>		25 MG TABLET	1		
<i>dexamethasone</i>	DEXPAK 6 DAY	1.5 MG TABLET	2		
<i>dexamethasone</i>	DEXPAK 10 DAY	1.5 MG TABLET	2		
<i>dexamethasone</i>	DEXPAK 13 DAY	1.5 MG TABLET	2		
<i>dexamethasone</i>		1 MG/1 ML SOLN	1		
<i>dexamethasone</i>		0.5 MG/5 ML ELX	1		
<i>dexamethasone</i>		20 MG/5 ML VIAL	1		
<i>dexamethasone</i>		120 MG/30 ML VL	1		
<i>dexamethasone</i>		4 MG/ML VIAL	1		
<i>dexamethasone</i>		0.5 MG TABLET	1		
<i>dexamethasone</i>		0.75 MG TABLET	1		
<i>dexamethasone</i>		1 MG TABLET	1		
<i>dexamethasone</i>		1.5 MG TABLET	1		
<i>dexamethasone</i>		2 MG TABLET	1		
<i>dexamethasone</i>		4 MG TABLET	1		
<i>dexamethasone</i>		6 MG TABLET	1		
<i>hydrocortisone</i>		5 MG TABLET	1	MNT	
<i>hydrocortisone</i>		10 MG TABLET	1	MNT	
<i>hydrocortisone</i>		20 MG TABLET	1	MNT	
<i>hydrocortisone sod succinate</i>	SOLU-CORTEF (PF)	100 MG VIAL	2		
<i>hydrocortisone sod succinate</i>	SOLU-CORTEF (PF)	250 MG VIAL	2		
<i>methylprednisolone</i>		40 MG/ML VL	1		

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>methylprednisolone</i>		80 MG/ML VL	1		
<i>methylprednisolone</i>		4 MG DOSEPK	1		
<i>methylprednisolone</i>		8 MG TAB	1		
<i>methylprednisolone</i>		16 MG TAB	1		
<i>methylprednisolone</i>		32 MG TAB	1		
<i>methylprednisolone</i>		4 MG TABLET	1		
<i>methylprednisolone</i>		40 MG VIAL	1		
<i>methylprednisolone</i>		125 MG VIAL	1		
<i>methylprednisolone acetate</i>	DEPO-MEDROL	20 MG/ML VIAL	2		
<i>methylprednisolone sod succ</i>	SOLU-MEDROL	2,000 MG VIAL	2		
<i>methylprednisolone ss</i>		1 GM VL	1		
<i>prednisolone</i>		5 MG/5 ML SOLN	1		
<i>prednisolone</i>		6.7 MG/5 ML SOLN	1		
<i>prednisolone</i>		15 MG/5 ML SOLN	1		
<i>prednisolone</i>		15 MG/5 ML SOLN	1		
<i>prednisone</i>		5 MG/5 ML SOLUTION	1		
<i>prednisone</i>		2.5 MG TABLET	1		
<i>prednisone</i>		1 MG TABLET	1		
<i>prednisone</i>		5 MG TABLET	1		
<i>prednisone</i>		10 MG TABLET	1		
<i>prednisone</i>		20 MG TABLET	1		
<i>prednisone</i>		50 MG TABLET	1		

GLUCOSE ELEVATING DRUGS

<i>glucagon, human recombinant</i>	GLUCAGEN	1 MG HYPOKIT	2		
<i>glucagon, human recombinant</i>	GLUCAGON	1 MG EMERGENCY KIT	2		
<i>diazoxide</i>	PROGLYCEM	50 MG/ML ORAL SUSP	2	MNT	

INCRETIN MIMETICS

<i>exenatide</i>	BYETTA	5 MCG DOSE PEN INJ	2	PA, MNT	2/28
<i>exenatide</i>	BYETTA	10 MCG DOSE PEN INJ	2	PA, MNT	3/28
<i>liraglutide</i>	VICTOZA	3-PAK 18 MG/3 ML PEN	2	PA, MNT	9/30

INSULIN

	LANTUS	100 UNITS/ML VIAL	2	MNT	
	LEVEMIR	100 UNITS/ML VIAL	2	MNT	
	NOVOLIN	70-30 100 UNIT/ML VIAL	2	MNT	

continued

*Definitions for abbreviated limits can be found on page viii of the intro section.





Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
	NOVOLIN N	100 UNITS/ML VIAL	2	MNT	
	NOVOLIN R	100 UNITS/ML VIAL	2	MNT	
	NOVOLOG	100 UNIT/ML VIAL	2	MNT	
	NOVOLOG MIX	70-30 VIAL	2	MNT	

MINERALOCORTICOID DRUGS

<i>fludrocortisone</i>		0.1 MG TAB	1	MNT	
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ORAL HYPOGLYCEMICS AND COMBOS

<i>acarbose</i>		25 MG TABLET	1	MNT	
<i>acarbose</i>		50 MG TABLET	1	MNT	
<i>acarbose</i>		100 MG TABLET	1	MNT	
<i>glimepiride</i>		1 MG TABLET	1	MNT	
<i>glimepiride</i>		2 MG TABLET	1	MNT	
<i>glimepiride</i>		4 MG TABLET	1	MNT	
<i>glipizide</i>		5 MG TABLET	1	MNT	
<i>glipizide</i>		10 MG TABLET	1	MNT	
<i>glipizide er</i>		2.5 MG TABLET	1	MNT	
<i>glipizide er</i>		5 MG TABLET	1	MNT	
<i>glipizide er</i>		10 MG TABLET	1	MNT	
<i>glyburide-metformin</i>		1.25-250 MG	1	MNT	
<i>glyburide</i>		1.25 MG TABLET	1	MNT	
<i>glyburide</i>		2.5 MG TABLET	1	MNT	
<i>glyburide</i>		5 MG TABLET	1	MNT	
<i>glyburide micro</i>		1.5 MG TAB	1	MNT	
<i>glyburide micro</i>		3 MG TABLET	1	MNT	
<i>glyburide micro</i>		6 MG TABLET	1	MNT	
<i>glyburide-metformin</i>		2.5-500 MG	1	MNT	
<i>glyburide-metformin</i>		5-500 MG	1	MNT	
<i>glycron</i>		1.5 MG TABLET	1	MNT	
<i>glycron</i>		3 MG TABLET	1	MNT	
<i>glycron</i>		6 MG TABLET	1	MNT	
<i>metformin hcl</i>		500 MG TABLET	1	MNT	
<i>metformin hcl</i>		850 MG TABLET	1	MNT	
<i>metformin hcl</i>		1,000 MG TABLET	1	MNT	
<i>metformin hcl er</i>		500 MG TAB	1	MNT	
<i>metformin hcl er</i>		750 MG TABLET	1	MNT	

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>miglitol</i>	GLYSET	25 MG TABLET	2	MNT	
<i>miglitol</i>	GLYSET	50 MG TABLET	2	MNT	
<i>miglitol</i>	GLYSET	100 MG TABLET	2	MNT	
<i>nateglinide</i>		60 MG TABLET	1	MNT	
<i>nateglinide</i>		120 MG TABLET	1	MNT	
<i>pioglitazone hcl</i>	ACTOS	15 MG TABLET	2	ST, MNT	30/30
<i>pioglitazone hcl</i>	ACTOS	30 MG TABLET	2	ST, MNT	30/30
<i>pioglitazone hcl</i>	ACTOS	45 MG TABLET	2	ST, MNT	30/30
<i>pioglitazone hcl/metformin hc</i>	ACTOPLUS MET	15 MG-500 MG TAB	2	ST, MNT	90/30
<i>pioglitazone hcl/metformin hc</i>	ACTOPLUS MET	15 MG-850 MG TAB	2	ST, MNT	90/30
<i>pioglitazone hcl/metformin hc</i>	ACTOPLUS MET XR	15-1, 000 MG TB	2	ST, MNT	60/30
<i>pioglitazone hcl/metformin hc</i>	ACTOPLUS MET XR	30-1, 000 MG TB	2	ST, MNT	30/30
<i>repaglinide</i>	PRANDIN	0.5 MG TABLET	2	ST, MNT	
<i>repaglinide</i>	PRANDIN	1 MG TABLET	2	ST, MNT	
<i>repaglinide</i>	PRANDIN	2 MG TABLET	2	ST, MNT	
<i>rosiglitazone maleate</i>	AVANDIA	2 MG TABLET	2	ST, MNT	30/30
<i>rosiglitazone maleate</i>	AVANDIA	4 MG TABLET	2	ST, MNT	30/30
<i>rosiglitazone maleate</i>	AVANDIA	8 MG TABLET	2	ST, MNT	30/30
<i>saxagliptin hcl/metformin hcl</i>	KOMBIGLYZE XR	2.5-1, 000 MG TAB	2	ST, MNT	
<i>saxagliptin hcl/metformin hcl</i>	KOMBIGLYZE XR	5-1, 000 MG TAB	2	ST, MNT	
<i>saxagliptin hydrochloride</i>	ONGLYZA	2.5 MG TABLET	2	PA, MNT	30/30
<i>saxagliptin hydrochloride</i>	ONGLYZA	5 MG TABLET	2	PA, MNT	30/30
<i>sitagliptin phos/metformin hcl</i>	JANUMET	50-500 MG TABLET	2	ST, MNT	60/30
<i>sitagliptin phos/metformin hcl</i>	JANUMET	50-1, 000 MG TABLET	2	ST, MNT	60/30
<i>sitagliptin phosphate</i>	JANUVIA	25 MG TABLET	2	PA, MNT	30/30
<i>sitagliptin phosphate</i>	JANUVIA	50 MG TABLET	2	PA, MNT	30/30
<i>sitagliptin phosphate</i>	JANUVIA	100 MG TABLET	2	PA, MNT	30/30
<i>tolazamide</i>		250 MG TABLET	1	MNT	
<i>tolazamide</i>		500 MG TABLET	1	MNT	
<i>tolbutamide</i>		500 MG TABLET	1	MNT	

OTHER ENDOCRINE DRUGS

<i>agalsidase</i>	FABRAZYME	35 MG VIAL	2	PA, LA	
<i>alendronate</i>	FOSAMAX	70 MG ORAL SOLUTION	2	MNT	
<i>alendronate sodium</i>		10 MG TAB	1	MNT	30/30
<i>alendronate sodium</i>		35 MG TAB	1	MNT	5/30

continued

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>alendronate sodium</i>		40 MG TAB	1	MNT	30/30
<i>alendronate sodium</i>		70 MG TAB	1	MNT	5/30
<i>alendronate sodium</i>		5 MG TABLET	1	MNT	30/30
<i>alglucerase</i>	CEREDASE	80 UNITS/ML VIAL	2	PA, LA, MNT	
<i>alglucosidase alfa</i>	MYOZYME	50 MG VIAL	2	PA, LA, MNT	
<i>cabergoline</i>		0.5 MG TABLET	1	MNT	
<i>calcitonin</i>	MIACALCIN	200 UNIT/ML VIAL	2	BvsD	
<i>calcitonin-salmon</i>		200 UNITS SP	1	MNT	
<i>cinacalcet hcl</i>	SENSIPAR	30 MG TABLET	2	MNT	
<i>cinacalcet hcl</i>	SENSIPAR	60 MG TABLET	2	MNT	
<i>cinacalcet hcl</i>	SENSIPAR	90 MG TABLET	2	MNT	
<i>desmopressin</i>		0.1 MG/ML SOL	1	MNT	15/30
<i>desmopressin ac</i>		4 MCG/ML VL	1		
<i>desmopressin acetate</i>		0.1 MG TB	1	MNT	
<i>desmopressin acetate</i>		0.2 MG TB	1	MNT	
<i>etidronate disodium</i>		200 MG TAB	1	MNT	
<i>etidronate disodium</i>		400 MG TAB	1	MNT	
<i>galsulfase</i>	NAGLAZYME	5 MG/5 ML VIAL	2	PA, LA, MNT	
<i>ibandronate</i>	BONIVA	3 MG/3 ML SYRINGE	2	MNT	
<i>idursulfase</i>	ELAPRASE	6 MG/3 ML VIAL	2	PA, LA, MNT	
<i>imiglucerase</i>	CEREZYME	200 UNITS VIAL	2	PA, LA, MNT	
<i>laronidase</i>	ALDURAZYME	2.9 MG/5 ML VIAL	2	PA, LA	
<i>miglustat</i>	ZAVESCA	100 MG CAPSULE	2	PA, LA, MNT	
<i>pamidronate</i>		30 MG/10 ML VIAL	1	PA	
<i>pamidronate</i>		60 MG/10 ML VIAL	1	PA	
<i>pamidronate</i>		90 MG/10 ML VIAL	1	PA	
<i>pegvisomant</i>	SOMAVERT	10 MG VIAL	2	PA, LA, MNT	
<i>pegvisomant</i>	SOMAVERT	15 MG VIAL	2	PA, LA, MNT	
<i>pegvisomant</i>	SOMAVERT	20 MG VIAL	2	PA, LA, MNT	
<i>risedronate</i>	ACTONEL	5 MG TABLET	2	ST, MNT	
<i>risedronate</i>	ACTONEL	30 MG TABLET	2	ST	
<i>risedronate</i>	ACTONEL	35 MG TABLET	2	ST, MNT	4/30
<i>risedronate</i>	ACTONEL	150 MG TABLET	2	ST, MNT	1/30
<i>sapropterin dihydrochloride</i>	KUVAN	100 MG TABLET	2	PA, LA, MNT	
<i>teriparatide</i>	FORTEO	600 MCG/2.4 ML PEN INJ	2	PA, MNT	3/28
<i>velaglucerase alfa</i>	VPRIV	400 UNITS VIAL	2	PA, MNT	
<i>zoledronic acid</i>	ZOMETA	4 MG/5 ML VIAL	2	PA	

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
THYROID SUPPLEMENTS					
levothroid		25 MCG TABLET	1	MNT	
levothroid		50 MCG TABLET	1	MNT	
levothroid		75 MCG TABLET	1	MNT	
levothroid		88 MCG TABLET	1	MNT	
levothroid		100 MCG TABLET	1	MNT	
levothroid		112 MCG TABLET	1	MNT	
levothroid		125 MCG TABLET	1	MNT	
levothroid		137 MCG TABLET	1	MNT	
levothroid		150 MCG TABLET	1	MNT	
levothroid		175 MCG TABLET	1	MNT	
levothroid		200 MCG TABLET	1	MNT	
levothroid		300 MCG TABLET	1	MNT	
levothyroxine	SYNTHROID	25 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	50 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	75 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	88 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	100 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	112 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	125 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	137 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	150 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	175 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	200 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	300 MCG TABLET	2	MNT	
levothyroxine		25 MCG TAB	1	MNT	
levothyroxine		50 MCG TABLET	1	MNT	
levothyroxine		75 MCG TABLET	1	MNT	
levothyroxine		88 MCG TABLET	1	MNT	
levothyroxine		100 MCG TABLET	1	MNT	
levothyroxine		112 MCG TABLET	1	MNT	
levothyroxine		125 MCG TABLET	1	MNT	
levothyroxine		137 MCG TAB	1	MNT	
levothyroxine		150 MCG TABLET	1	MNT	
levothyroxine		175 MCG TABLET	1	MNT	
levothyroxine		200 MCG TABLET	1	MNT	
levothyroxine		300 MCG TABLET	1	MNT	

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>levoxyl</i>		25 MCG TABLET	1	MNT	
<i>levoxyl</i>		50 MCG TABLET	1	MNT	
<i>levoxyl</i>		75 MCG TABLET	1	MNT	
<i>levoxyl</i>		88 MCG TABLET	1	MNT	
<i>levoxyl</i>		100 MCG TABLET	1	MNT	
<i>levoxyl</i>		112 MCG TABLET	1	MNT	
<i>levoxyl</i>		125 MCG TABLET	1	MNT	
<i>levoxyl</i>		137 MCG TABLET	1	MNT	
<i>levoxyl</i>		150 MCG TABLET	1	MNT	
<i>levoxyl</i>		175 MCG TABLET	1	MNT	
<i>levoxyl</i>		200 MCG TABLET	1	MNT	
<i>liothyronine sod</i>		5 MCG TAB	1	MNT	
<i>liothyronine sod</i>		25 MCG TAB	1	MNT	
<i>liothyronine sod</i>		50 MCG TAB	1	MNT	
<i>liotrix</i>	THYROLAR	1/4 STRENGTH TAB	2	MNT	
<i>liotrix</i>	THYROLAR	1 STRENGTH TABLET	2	MNT	
<i>liotrix</i>	THYROLAR	2 STRENGTH TABLET	2	MNT	
<i>liotrix</i>	THYROLAR	3 STRENGTH TABLET	2	MNT	
<i>unithroid</i>		25 MCG TABLET	1	MNT	
<i>unithroid</i>		50 MCG TABLET	1	MNT	
<i>unithroid</i>		75 MCG TABLET	1	MNT	
<i>unithroid</i>		88 MCG TABLET	1	MNT	
<i>unithroid</i>		100 MCG TABLET	1	MNT	
<i>unithroid</i>		112 MCG TABLET	1	MNT	
<i>unithroid</i>		125 MCG TABLET	1	MNT	
<i>unithroid</i>		150 MCG TABLET	1	MNT	
<i>unithroid</i>		175 MCG TABLET	1	MNT	
<i>unithroid</i>		200 MCG TABLET	1	MNT	
<i>unithroid</i>		300 MCG TABLET	1	MNT	

GASTROINTESTINAL MEDICATIONS

ANTIDIARRHEAL DRUGS

<i>diphenoxylate-atropine</i>		LIQ	1	PAN	
<i>diphenoxylate-atropine</i>		TABLET	1	PAN	
<i>loperamide</i>		2 MG CAPSULE	1	MNT	

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
ANTISPASMODICS/DRUGS AFFECT GI MOTILITY					
<i>dicyclomine</i>		10 MG/5 ML SYRUP	1	PAN	
<i>dicyclomine</i>		10 MG/ML VIAL	1	PAN	
<i>dicyclomine</i>		10 MG CAPSULE	1	PAN	
<i>dicyclomine</i>		20 MG TABLET	1	PAN	
<i>metoclopramide</i>		5 MG/5 ML SOLN	1		
<i>metoclopramide</i>		5 MG/5 ML SYRUP	1		
<i>metoclopramide</i>		10 MG/10 ML SOL	1		
<i>metoclopramide</i>		5 MG/ML VIAL	1		
<i>metoclopramide</i>		5 MG TABLET	1		
<i>metoclopramide</i>		10 MG TABLET	1		
ANTIULCER DRUGS					
<i>cimetidine</i>		300 MG/5 ML SOLN	1	MNT	
<i>cimetidine</i>		150 MG/ML VIAL	1		
<i>cimetidine</i>		200 MG TABLET	1	MNT	
<i>cimetidine</i>		300 MG TABLET	1	MNT	
<i>cimetidine</i>		400 MG TABLET	1	MNT	
<i>cimetidine</i>		800 MG TABLET	1	MNT	
<i>famotidine</i>		20 MG/2 ML VIAL	1		
<i>famotidine</i>		20 MG TABLET	1	MNT	
<i>famotidine</i>		40 MG TABLET	1	MNT	
<i>ranitidine</i>		150 MG/10 ML SYRUP	1	MNT	
<i>ranitidine</i>		15 MG/ML SYRUP	1	MNT	
<i>ranitidine</i>		150 MG CAPSULE	1	MNT	
<i>ranitidine</i>		300 MG CAPSULE	1	MNT	
<i>ranitidine</i>		150 MG TABLET	1	MNT	
<i>ranitidine</i>		300 MG TABLET	1	MNT	
<i>ranitidine hcl</i>		25 MG/ML VIAL	1		
IRRITABLE BOWEL DRUGS					
<i>lubiprostone</i>	AMITIZA	8 MCG CAPSULE	2	PA, MNT	
<i>lubiprostone</i>	AMITIZA	24 MCG CAPSULES	2	PA, MNT	
<i>alosetron</i>	LOTRONEX	0.5 MG TABLET	2	PA, MNT	
<i>alosetron</i>	LOTRONEX	1 MG TABLET	2	PA, MNT	

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
LAXATIVES AND CATHARTICS					
<i>polyethylene glycol</i>		3350	1		
<i>polyethylene glycol</i>		3350 POWD	1		
<i>sodium phosphate/na biphos</i>	OSMOPREP	TABLET	2		

OTHER ANTIULCER DRUGS

<i>misoprostol</i>		100 MCG TABLET	1	MNT	
<i>misoprostol</i>		200 MCG TABLET	1	MNT	
<i>sucralfate</i>	CARAFATE	1 GM/10 ML SUSP	2	MNT	
<i>sucralfate</i>		1 GM TABLET	1	MNT	

OTHER GI DRUGS

<i>amylase/lipase/protease</i>	CREON DR	6, 000 UNITS CAPSULE	2	MNT	
<i>amylase/lipase/protease</i>	CREON DR	12, 000 UNITS CAPSULE	2	MNT	
<i>amylase/lipase/protease</i>	CREON DR	24, 000 UNITS CAPSULE	2	MNT	
<i>amylase/lipase/protease</i>	PANCREAZE	4, 200 UNIT CAP DR	2	MNT	
<i>amylase/lipase/protease</i>	PANCREAZE	10, 500 UNIT CAP DR	2	MNT	
<i>amylase/lipase/protease</i>	PANCREAZE	16, 800 UNIT CAP DR	2	MNT	
<i>amylase/lipase/protease</i>	PANCREAZE	21, 000 UNIT CAP DR	2	MNT	
<i>amylase/lipase/protease</i>	ZENPEP DR	5, 000 UNITS CAPSULE	2	MNT	
<i>amylase/lipase/protease</i>	ZENPEP DR	10, 000 UNITS CAPSULE	2	MNT	
<i>amylase/lipase/protease</i>	ZENPEP DR	15, 000 UNITS CAPSULE	2	MNT	
<i>amylase/lipase/protease</i>	ZENPEP DR	20, 000 UNITS CAPSULE	2	MNT	
<i>budesonide</i>	ENTOCORT EC	3 MG CAPSULE	2	PA	
<i>electrolyte solution/peg's</i>	COLYTE	WITH FLAVOR PACKETS	2		
<i>electrolyte solution/peg's</i>	GOLYTELY	PACKET	2		
<i>electrolyte solution/peg's</i>	GOLYTELY	SOLUTION	2		
<i>gavilyte-c</i>		SOLUTION	1		
<i>gavilyte-n</i>		SOLUTION	1		
<i>hydrocortisone</i>		100 MG ENEMA	1		
<i>hydrocortisone acetate</i>	CORTIFOAM	10% AEROSOL	2		
<i>mesalamine</i>	ASACOL EC	400 MG TABLET	2	MNT	
<i>mesalamine</i>	ASACOL HD DR	800 MG TABLET	2	MNT	
<i>mesalamine</i>	CANASA	1, 000 MG SUPPOSITORY	2	MNT	
<i>mesalamine</i>	PENTASA	250 MG CAPSULE	2	MNT	
<i>mesalamine</i>	PENTASA	500 MG CAPSULE	2	MNT	
<i>mesalamine</i>		4 GM/60 ML ENEMA	1	MNT	

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>methylnaltrexone bromide</i>	RELISTOR	12 MG/0.6 ML VIAL	2	PA	
<i>procto-pak</i>		1% CREAM	1		
<i>proctosol-hc</i>		2.5% CREAM	1		
<i>proctozone-hc</i>		2.5% CREAM	1		
<i>sulfasalazine</i>		500 MG TABLET	1	MNT	
<i>sulfazine ec</i>		500 MG TAB	1	MNT	
<i>trilyte</i>		WITH FLAVOR PACKETS	1		
<i>ursodiol</i>		300 MG CAPSULE	1	MNT	

PROTON PUMP INHIBITORS

<i>lansoprazole dr</i>		15 MG CAPSULE	1	ST, MNT	30/30
<i>lansoprazole dr</i>		30 MG CAPSULE	1	ST, MNT	30/30
<i>lansoprazole odt</i>		15 MG TABLET	1	ST, MNT	30/30
<i>lansoprazole odt</i>		30 MG TABLET	1	ST, MNT	30/30
<i>omeprazole dr</i>		10 MG CAPSULE	1	MNT	30/30
<i>omeprazole dr</i>		20 MG CAPSULE	1	MNT	
<i>omeprazole dr</i>		40 MG CAPSULE	1	MNT	
<i>pantoprazole sod dr</i>		20 MG TAB	1	MNT	30/30
<i>pantoprazole sod dr</i>		40 MG TAB	1	MNT	
<i>pantoprazole</i>	PROTONIX IV	40 MG VIAL	2		

IMMUNOLOGICALS AND VACCINES

ERYTHROID STIMULANTS

<i>darbepoetin alfa</i>	ARANESP	60 MCG/0.3 ML SYRINGE	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	150 MCG/0.3 ML SYRINGE	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	40 MCG/0.4 ML SYRINGE	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	200 MCG/0.4 ML SYRINGE	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	25 MCG/0.42 ML SYRINGE	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	100 MCG/0.5 ML SYRINGE	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	300 MCG/0.6 ML SYRINGE	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	500 MCG/1 ML SYRINGE	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	25 MCG/ML VIAL	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	40 MCG/ML VIAL	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	60 MCG/ML VIAL	2	PA, MNT	

continued

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>darbepoetin alfa</i>	ARANESP	100 MCG/ML VIAL	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	200 MCG/ML VIAL	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	300 MCG/ML VIAL	2	PA, MNT	
<i>epoetin alfa</i>	PROCRIT	2,000 UNITS/ML VIAL	2	PA, MNT	
<i>epoetin alfa</i>	PROCRIT	3,000 UNITS/ML VIAL	2	PA, MNT	
<i>epoetin alfa</i>	PROCRIT	4,000 UNITS/ML VIAL	2	PA, MNT	
<i>epoetin alfa</i>	PROCRIT	40,000 UNITS/ML VIAL	2	PA, MNT	
<i>epoetin alfa</i>	PROCRIT	10,000 UNITS/ML VIAL	2	PA, MNT	
<i>epoetin alfa</i>	PROCRIT	20,000 UNITS/ML VIAL	2	PA, MNT	

GROWTH HORMONES AND RELATED DRUGS

<i>somatropin</i>	GENOTROPIN	5 MG CARTRIDGE	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN	12 MG CARTRIDGE	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN MINIQUICK	0.2 MG	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN MINIQUICK	0.4 MG	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN MINIQUICK	0.6 MG	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN MINIQUICK	0.8 MG	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN MINIQUICK	1 MG	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN MINIQUICK	1.2 MG	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN MINIQUICK	1.4 MG	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN MINIQUICK	1.6 MG	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN MINIQUICK	1.8 MG	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN MINIQUICK	2 MG	2	PA, MNT	
<i>somatropin</i>	HUMATROPE	6 MG CARTRIDGE	2	PA, MNT	
<i>somatropin</i>	HUMATROPE	12 MG CARTRIDGE	2	PA, MNT	
<i>somatropin</i>	HUMATROPE	24 MG CARTRIDGE	2	PA, MNT	
<i>somatropin</i>	HUMATROPE	5 MG VIAL	2	PA, MNT	
<i>somatropin</i>	NORDITROPIN FLEXPRO	5 MG/1.5	2	PA, MNT	

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>somatropin</i>	NORDITROPIN FLEXPRO	10 MG/1.5	2	PA, MNT	
<i>somatropin</i>	NORDITROPIN FLEXPRO	15 MG/1.5	2	PA, MNT	
<i>somatropin</i>	NORDITROPIN NORDIFLEX	30 MG/3	2	PA, MNT	
<i>somatropin</i>	NUTROPIN	5 MG VIAL	2	PA, MNT	
<i>somatropin</i>	NUTROPIN	10 MG VIAL	2	PA, MNT	
<i>somatropin</i>	NUTROPIN AQ	20 MG/2ML PEN CART	2	PA, MNT	
<i>somatropin</i>	NUTROPIN AQ NUSPIN	5 PEN CART	2	PA, MNT	
<i>somatropin</i>	OMNITROPE	5 MG/1.5 ML CRTG	2	PA, MNT	
<i>somatropin</i>	OMNITROPE	10 MG/1.5 ML CRTG	2	PA, MNT	
<i>somatropin</i>	OMNITROPE	5.8 MG VIAL	2	PA, MNT	
<i>somatropin</i>	SAIZEN	8.8 MG CLICK.EASY CARTG	2	PA, MNT	
<i>somatropin</i>	SAIZEN	5 MG VIAL	2	PA, MNT	
<i>somatropin</i>	TEV-TROPIN	5 MG VIAL	2	PA, MNT	
<i>somatropin</i>	ZORBTIVE	8.8 MG VIAL	2	PA, LA, MNT	

IMMUNOLOGICALS AND VACCINES

<i>diphther, pertuss, tetanus vac</i>	ADACEL	VIAL	2		
<i>diphther, pertuss, tetanus vac</i>	BOOSTRIX	VACCINE SYRINGE	2		
<i>diphther, pertuss, tetanus vac</i>	DAPTACEL	VACCINE	2		
<i>diphther, pertuss, tetanus vac</i>	INFANRIX	VACCINE VIAL	2		
<i>diphther, pertuss, tetanus vac</i>	TRIPEDIA PRESERVATIVE FREE		2		
<i>haemophilus b vaccine</i>	PEDVAXHIB	VACCINE VIAL	2		
<i>haemophilus b-tet toxoid</i>	ACTHIB VACCINE	VIAL	2		
<i>hep b vir recomb/hep a vir</i>	TWINRIX	VACCINE VIAL	2	BvsD	
<i>hepatatis a virus vaccine</i>	HAVRIX	720 UNIT/0.5 ML SYRINGE	2		
<i>hepatatis a virus vaccine</i>	HAVRIX	1, 440 UNITS/ML VIAL	2		
<i>hepatatis a virus vaccine</i>	VAQTA	25 UNITS/0.5 ML VIAL	2		
<i>hepatitis b virus vaccine</i>	ENGERIX-B	10 MCG/0.5 ML PED VL	2	BvsD	
<i>hepatitis b virus vaccine</i>	ENGERIX-B	10 MCG/0.5 ML SYRN	2	BvsD	
<i>hepatitis b virus vaccine</i>	ENGERIX-B	20 MCG/ML SYRINGE	2	BvsD	
<i>hepatitis b virus vaccine</i>	RECOMBIVAX HB	10 MCG/ML VIAL	2	BvsD	
<i>hepatitis b virus vaccine</i>	RECOMBIVAX HB	40 MCG/ML VIAL	2	BvsD	

continued

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>hepatitis b/haemophilus b vacc</i>	COMVAX	VACCINE VIAL	2		
<i>human papillomav vacc bival/pf</i>	CERVARIX	VACCINE SYRINGE	2	PA	
<i>human papillomav vacc bival/pf</i>	CERVARIX	VACCINE VIAL	2	PA	
<i>human papillomavirus vacc</i>	GARDASIL	VIAL	2	PA	
<i>immune globulin - im</i>	GAMASTAN S-D	VIAL	2	PA	
<i>immune globulin - iv</i>	CARIMUNE NF	3 GM VIAL	2	PA	
<i>immune globulin - iv</i>	GAMMAGARD LIQUID	10% VIAL	2	PA	
<i>immune globulin - iv</i>	GAMUNEX	10% VIAL	2	PA	
<i>immune globulin - iv</i>	PRIVIGEN	10% VIAL	2	PA	
<i>immune globulin- sq</i>	HIZENTRA	1 GRAM/5 ML VIAL	2	PA, MNT	
<i>immune globulin- sq</i>	VIVAGLOBIN	16% VIAL	2	PA, MNT	
<i>japanese encephalitis vaccine</i>	IXIARO	6 MCG/0.5 ML SYRINGE	2		
<i>japanese encephalitis vaccine</i>	JE-VAX	VACCINE	2		
<i>lymphocyte immune globulin</i>	ATGAM	50 MG/ML AMPUL	2	PA	
<i>lymphocyte immune globulin</i>	THYMOGLOBULIN	25 MG VIAL	2	PA	
<i>measles, mumps&rubella vaccine</i>	M-M-R II	VACCINE WITH DILUENT	2		
<i>measles, mumps, rub, varicella</i>	PROQUAD	VIAL	2		
<i>mening vac a, c, y, w-135 dip</i>	MENVEO A-C-Y-W-	135-DIP VIAL	2		
<i>meningococcal vac a, c, y, w-135</i>	MENACTRA	4 MCG/0.5 ML SYRINGE	2		
<i>meningococcal vac a, c, y, w-135</i>	MENOMUNE-A-C-Y-W-	135 VIAL	2		
<i>palifermin</i>	KEPIVANCE	6.25 MG VIAL	2	PA, LA	
<i>poliomyelitis vac, killed</i>	IPOL	VIAL	2		
<i>rabies vac, pf chick-emb cell</i>	RABAVERT	RABIES VACCINE KIT	2	BvsD	
<i>rabies vaccine, human diploid</i>	IMOVAX	RABIES VACCINE	2	BvsD	
<i>rotavirus vac, live pentav</i>	ROTATEQ VACCINE		2		
<i>tetanus toxoid adsorbed vl</i>			1	BvsD	
<i>tetanus, diphtheria toxoid</i>	DIPHThERIA-TETANUS TOX-PED		2		
<i>tetanus, diphtheria toxoid</i>	TETANUS DIPHThERIA TOXOIDS		2		
<i>tetanus, diphtheria toxoid</i>	TETANUS-DIPHThERIA-DECAVAC		2		
<i>typhoid vaccine</i>	TYPHIM VI	25 MCG/0.5 ML VIAL	2		
<i>varicella vacc/pf</i>	ZOSTAVAX	VIAL	2	PA	
<i>varicella virus vaccine live</i>	VARIVAX	VACCINE WITH DILUENT	2		
<i>yellow fever vaccine</i>	YF-VAX	1 DOSE VIAL-DILUENT	2		
<i>yellow fever vaccine</i>	YF-VAX	5-DOSE VIAL-DILUENT	2		

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
INSULIN LIKE GROWTH FACTORS-1					
<i>mecasermin</i>	INCRELEX	40 MG/4 ML VIAL	2	PA, LA	
INTERFERONS					
<i>interferon alfa-2b , recomb.</i>	INTRON A	3 MILLION UNIT/ML PEN	2	PAN, MNT	
<i>interferon alfa-2b , recomb.</i>	INTRON A	5 MILLION UNIT/ML PEN	2	PAN, MNT	
<i>interferon alfa-2b , recomb.</i>	INTRON A	6 MILLION UNIT/ML VL	2	PAN	
<i>interferon alfa-2b , recomb.</i>	INTRON A	10 MILLION UNIT PEN	2	PAN, MNT	
<i>interferon alfa-2b , recomb.</i>	INTRON A	10 MILLION UNITS VIAL	2	PAN	
<i>interferon alfacon-1</i>	INFERGEN	15 MCG/0.5 ML VIAL	2	PA	
<i>interferon beta-1a</i>	AVONEX	ADMIN PACK 30 MCG VL	2	MNT	5/30
<i>interferon beta-1a</i>	AVONEX	PREFILLED SYR 30 MCG	2	MNT	5/30
<i>interferon beta-1a/albumin</i>	REBIF	22 MCG/0.5 ML SYRINGE	2	MNT	8/35
<i>interferon beta-1a/albumin</i>	REBIF	44 MCG/0.5 ML SYRINGE	2	MNT	8/35
<i>interferon beta-1a/albumin</i>	REBIF	TITRATION PACK	2	MNT	12/28
<i>interferon beta-1b</i>	BETASERON	0.3 MG KIT	2	MNT	15/30
<i>interferon gamma-1b, recomb.</i>	ACTIMMUNE	2 MILLION UNIT VIAL	2	PAN, LA	
<i>peginterferon alfa-2a</i>	PEGASYS	180 MCG/0.5 ML CONV.PK	2	PA	4/28
<i>peginterferon alfa-2a</i>	PEGASYS	180 MCG/ML VIAL	2	PA	4/28
INTERLEUKIN RECPTR ANTAGONIST					
<i>tocilizumab</i>	ACTEMRA	200 MG/10 ML VIAL	2	PA, MNT	
<i>rilonacept</i>	ARCALYST	220 MG INJECTION	2	PA, LA, MNT	
<i>anakinra</i>	KINERET	100 MG/0.67 ML SYR	2	PA, MNT	30/30
INTERLEUKINS					
<i>oprelvekin</i>	NEUMEGA	5 MG VIAL	2	PA	
<i>aldesleukin</i>	PROLEUKIN	22 MILLION UNIT VIAL	2	BvsD	
MYELOID STIMULANTS					
<i>sargramostim</i>	LEUKINE	500 MCG/ML VIAL	2	PA	
<i>sargramostim</i>	LEUKINE	250 MCG VIAL	2	PA	
<i>pegfilgrastim</i>	NEULASTA	6 MG/0.6 ML SYRINGE	2	PA	
<i>filgrastim</i>	NEUPOGEN	300 MCG/0.5 ML SYR	2	PA	
<i>filgrastim</i>	NEUPOGEN	480 MCG/0.8 ML SYR	2	PA	
<i>filgrastim</i>	NEUPOGEN	480 MCG/1.6 ML VIAL	2	PA	

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
THROMBOPOIETIC AGENTS					
<i>eltrombopag olamine</i>	PROMACTA	25 MG TABLET	2	PA, LA, MNT30/30	
<i>eltrombopag olamine</i>	PROMACTA	50 MG TABLET	2	PA, LA, MNT30/30	
<i>eltrombopag olamine</i>	PROMACTA	75 MG TABLET	2	PA, LA, MNT30/30	

MEDICAL (MISCELLANEOUS) SUPPLIES

DIABETIC SUPPLIES

<i>misc supp (dress, tape, gauze)</i>	CURAD	GAUZE PADS 2	2		100/30
	AIMSCO INS SYR	1 ML 29GX1/2	2	MNT	100/30
	AIMSCO SYRING	0.3 ML 31GX5/16	2	MNT	100/30
	ALCOHOL	70% PREP SWABS	2		100/30
	ALCOHOL	70% SWABS	2		100/30
	ALCOHOL	SWABS	2		100/30
	BD INSULIN SYR	0.3ML 31GX5/16	2	MNT	100/30
	BD INSULIN SYR	0.5 ML 30GX1/2	2	MNT	100/30
	BD INSULIN SYR	1 ML 29GX1/2	2	MNT	100/30
	BD INSULIN SYR	1 ML 31GX5/16	2	MNT	100/30
	BD PEN NEEDLE ORIG	29GX1/2	2	MNT	100/30
	FIFTY50	INSULIN SYRINGE 0.3 ML	2	MNT	100/30
	FIFTY50	INSULIN SYRINGE 1 ML	2	MNT	100/30
	FIRST CHOICE	SYRINGE 1 ML	2	MNT	100/30
	INS SYR	0.5 ML 30GX1/2	2	MNT	100/30
	INS SYR	0.5 ML 30GX5/16	2	MNT	100/30
	INS SYR	1 ML 29GX1/2	2	MNT	100/30
	INS SYR	1 ML 31GX5/16	2	MNT	100/30
	INS SYRIN	1 ML 29GX1/2	2	MNT	100/30
	INSUL SYR	0.3 ML 31GX5/16	2	MNT	100/30
	INSUL SYR	0.5 ML 30GX1/2	2	MNT	100/30
	INSULIN	1 ML SYRINGE	2	MNT	100/30
	INSULIN SYR	1 ML 29GX1/2	2	MNT	100/30
	INSULIN SYR	1 ML 31GX5/16	2	MNT	100/30
	INSULIN SYRIN	0.3 ML 31GX5/16	2	MNT	100/30
	INSULIN SYRIN	0.5 ML 30GX1/2	2	MNT	100/30

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
	INSULIN SYRIN	0.5 ML 30GX5/16	2	MNT	100/30
	INSULIN SYRINGE	1 ML	2	MNT	100/30
	INSULIN SYRINGE	1 ML 29GX1/2	2	MNT	100/30
	INSULIN SYRINGE	1 ML 31GX5/16	2	MNT	100/30
	KINRAY INS SYR	1 ML 31GX5/16	2	MNT	100/30
	KINRAY SYRING	0.3 ML 31GX5/16	2	MNT	100/30
	PREF PLUS SYRING	1 ML 29GX1/2	2	MNT	100/30
	RELI-ON INSULIN	1 ML SYR	2	MNT	100/30
	RELION INS SYR	1 ML 29GX1/2	2	MNT	100/30
	RELION INS SYR	1 ML 31GX5/16	2	MNT	100/30
	RELION SYRING	0.3 ML 31GX5/16	2	MNT	100/30
	SURE-JECT	INSULIN SYR 0.3 ML	2	MNT	100/30
	SYRING	0.3 ML 31GX5/16	2	MNT	100/30
	SYRINGE	1/2 ML	2	MNT	100/30
	U100 INS SYR	1 ML 29GX1/2	2	MNT	100/30
	ULTICARE INS SYR	1 ML 31GX5/16	2	MNT	100/30
	ULTICARE INS SYR	1 ML 29GX1/2	2	MNT	100/30
	ULTICARE SYR	0.3 ML 31GX5/16	2	MNT	100/30
	VH INS SYR 1 ML	29GX1/2	2	MNT	100/30
	WD MEDIC SYR 1 ML	29GX1/2	2	MNT	100/30

MUSCULOSKELETAL MEDICATIONS

CNS MUSCLE RELAXANTS

<i>chlorzoxazone</i>		500 MG TABLET	1	PAN
<i>cyclobenzaprine</i>		5 MG TABLET	1	PAN
<i>cyclobenzaprine</i>		10 MG TABLET	1	PAN
<i>methocarbamol</i>		500 MG TABLET	1	PAN
<i>methocarbamol</i>		750 MG TABLET	1	PAN
<i>riluzole</i>	RILUTEK	50 MG TABLET	2	MNT

DIRECT MUSCLE RELAXANTS

<i>baclofen</i>		10 MG TABLET	1	MNT
<i>baclofen</i>		20 MG TABLET	1	MNT
<i>incobotulinumtoxina</i>	XEOMIN	50 UNITS VIAL	2	PA
<i>tizanidine hcl</i>		2 MG TABLET	1	MNT
<i>tizanidine hcl</i>		4 MG TABLET	1	MNT

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
DRUGS TO PREVENT AND TREAT GOUT					
<i>allopurinol</i>		100 MG TABLET	1	MNT	
<i>allopurinol</i>		300 MG TABLET	1	MNT	
<i>colchicine</i>	COLCRYS	0.6 MG TABLET	2	MNT	
<i>probenecid</i>		500 MG TABLET	1	MNT	
<i>probenecid-colchicine</i>		TABS	1		

NON-STEROIDAL ANTIINFLAMMATORY AGENTS

<i>celecoxib</i>	CELEBREX	100 MG CAPSULE	2	PA, MNT	240/30
<i>celecoxib</i>	CELEBREX	200 MG CAPSULE	2	PA, MNT	120/30
<i>celecoxib</i>	CELEBREX	400 MG CAPSULE	2	PA, MNT	60/30
<i>diclofenac pot</i>		50 MG TABLET	1		
<i>diclofenac sod dr</i>		50 MG TAB	1	MNT	
<i>diclofenac sod dr</i>		75 MG TAB	1	MNT	
<i>diclofenac sod ec</i>		25 MG TAB	1	MNT	
<i>diclofenac sod ec</i>		50 MG TAB	1	MNT	
<i>diclofenac sod ec</i>		75 MG TAB	1	MNT	
<i>diclofenac sod er</i>		100 MG TAB	1	MNT	
<i>etodolac</i>		200 MG CAPSULE	1	MNT	
<i>etodolac</i>		300 MG CAPSULE	1	MNT	
<i>etodolac</i>		400 MG TABLET	1	MNT	
<i>etodolac</i>		500 MG TABLET	1	MNT	
<i>flurbiprofen</i>		50 MG TABLET	1	MNT	
<i>flurbiprofen</i>		100 MG TABLET	1	MNT	
<i>ibuprofen</i>		100 MG/5 ML SUSP	1	MNT	
<i>ibuprofen</i>		100 MG/5 ML SUSP	1	MNT	
<i>ibuprofen</i>		400 MG TABLET	1	MNT	
<i>ibuprofen</i>		600 MG TABLET	1	MNT	
<i>ibuprofen</i>		800 MG TABLET	1	MNT	
<i>indomethacin</i>		25 MG CAPSULE	1		
<i>indomethacin</i>		50 MG CAPSULE	1		
<i>ketoprofen</i>		50 MG CAPSULE	1	MNT	
<i>ketoprofen</i>		75 MG CAPSULE	1	MNT	
<i>meloxicam</i>		7.5 MG/5 ML SUSP	1	MNT	
<i>meloxicam</i>		7.5 MG TABLET	1	MNT	
<i>meloxicam</i>		15 MG TABLET	1	MNT	

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>nabumetone</i>		500 MG TABLET	1	MNT	
<i>nabumetone</i>		750 MG TABLET	1	MNT	
<i>naproxen</i>		125 MG/5 ML SUSPEN	1	MNT	
<i>naproxen</i>		250 MG TABLET	1	MNT	
<i>naproxen</i>		375 MG TABLET	1	MNT	
<i>naproxen ec</i>		375 MG TABLET	1	MNT	
<i>naproxen ec</i>		500 MG TABLET	1	MNT	
<i>naproxen sodium</i>		275 MG TAB	1	MNT	
<i>naproxen sodium</i>		550 MG TAB	1	MNT	
<i>piroxicam</i>		10 MG CAPSULE	1	MNT	
<i>piroxicam</i>		20 MG CAPSULE	1	MNT	
<i>sulindac</i>		150 MG TABLET	1	MNT	
<i>sulindac</i>		200 MG TABLET	1	MNT	

OTHER DRUGS FOR ARTHRITIS

<i>auranofin</i>	RIDAURA	3 MG CAPSULE	2	MNT	
<i>penicillamine</i>	CUPRIMINE	250 MG CAPSULE	2	MNT	
<i>penicillamine</i>	DEPEN	250 MG TITRATAB	2	MNT	
<i>trientine</i>	SYPRINE	250 MG CAPSULE	2		

NUTRITION, BLOOD MODIFIERS, ELECTROLYTES**ANTIPLATELET DRUGS**

<i>aspirin/dipyridamole</i>	AGGRENEX	CAPSULE SA	2	MNT	
<i>cilostazol</i>		50 MG TABLET	1	MNT	
<i>cilostazol</i>		100 MG TABLET	1	MNT	
<i>clopidogrel</i>	PLAVIX	5 MG TABLET	2	MNT	
<i>clopidogrel</i>	PLAVIX	300 MG TABLET	2		
<i>dipyridamole</i>		25 MG TABLET	1	PAN, MNT	
<i>dipyridamole</i>		50 MG TABLET	1	PAN, MNT	
<i>dipyridamole</i>		75 MG TABLET	1	PAN, MNT	
<i>ticlopidine</i>		250 MG TABLET	1	MNT	

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
BLOOD DETOXICANTS					
<i>constulose</i>		10 GM/15 ML SOLN	1	MNT	
<i>enulose</i>		10 GM/15 ML SOLUTION	1	MNT	
<i>lactulose</i>		10 GM/15 ML SOLUTION	1	MNT	
<i>lactulose</i>		20 GM/30 ML SOLUTION	1	MNT	
<i>lanthanum carbonate</i>	FOSRENOL	500 MG TABLET CHEW	2	ST, MNT	
<i>lanthanum carbonate</i>	FOSRENOL	750 MG TABLET CHEW	2	ST, MNT	
<i>lanthanum carbonate</i>	FOSRENOL	1, 000 MG TABLET CHEW	2	ST, MNT	
<i>sevelamer</i>	RENAGEL	400 MG TABLET	2	MNT	
<i>sevelamer</i>	RENAGEL	800 MG TABLET	2	MNT	
<i>sevelamer carbonate</i>	REVELA	0.8 GM POWDER PACKET	2	MNT	
<i>sevelamer carbonate</i>	REVELA	2.4 GM POWDER PACKET	2	MNT	
<i>sevelamer carbonate</i>	REVELA	800 MG TABLET	2	MNT	

ELECTROLYTES, IRRIGATING SOLUTIONS, ETC.

<i>aa 3%/electrolyte-tpn/glycerin</i>	PROCALAMINE	IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN	3.5% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN	5% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN	7% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN	8.5% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN	8.5% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN	10% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN II	8.5% ELECTROLYT	2		
<i>amino acids</i>	AMINOSYN II	8.5% ELECTROLYT	2		
<i>amino acids</i>	AMINOSYN II	3.5% IN D5W IV	2		
<i>amino acids</i>	AMINOSYN II	4.25% IN D10W	2		
<i>amino acids</i>	AMINOSYN II	4.25% IN D20W	2		
<i>amino acids</i>	AMINOSYN II	3.5% IN D25W IV	2		
<i>amino acids</i>	AMINOSYN II	4.25%-D25W IV	2		
<i>amino acids</i>	AMINOSYN II	5% IN D25W IV	2		
<i>amino acids</i>	AMINOSYN II	7% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN II	10% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN II	15% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN II	3.5%-LYTE-CA-DW	2		
<i>amino acids</i>	AMINOSYN II	4.25%-LYTE-CA-DW	2		
<i>amino acids</i>	AMINOSYN II	3.5% M-D5W IV	2		
<i>amino acids</i>	AMINOSYN M	3.5% IV SOLUTION	2		

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>amino acids</i>	AMINOSYN-HBC	7% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN-HF	8% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN-PF	7% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN-PF	10% IV SOLUTION	2		
<i>amino acids</i>	CLINIMIX	2.75%-5% SOLUTION	2		
<i>amino acids</i>	CLINIMIX	4.25%-10% SOLUTION	2		
<i>amino acids</i>	CLINIMIX	4.25%-20% SOLUTION	2		
<i>amino acids</i>	CLINIMIX	4.25%-25% SOLUTION	2		
<i>amino acids</i>	CLINIMIX	4.25%-5% SOLUTION	2		
<i>amino acids</i>	CLINIMIX	5%-15% SOLUTION	2		
<i>amino acids</i>	CLINIMIX	5%-20% SOLUTION	2		
<i>amino acids</i>	CLINIMIX	5%-25% SOLUTION	2		
<i>amino acids</i>	CLINIMIX E	2.75%-10% SOLUTION	2		
<i>amino acids</i>	CLINIMIX E	2.75%-5% SOLUTION	2		
<i>amino acids</i>	CLINIMIX E	4.25%-25% SOLUTION	2		
<i>amino acids</i>	CLINIMIX E	4.25%-5% SOLUTION	2		
<i>amino acids</i>	CLINIMIX E	5%-15% SOLUTION	2		
<i>amino acids</i>	CLINIMIX E	5%-20% SOLUTION	2		
<i>amino acids</i>	CLINIMIX E	5%-25% SOLUTION	2		
<i>amino acids</i>	FREAMINE III	8.5% IV SOLN.	2		
<i>amino acids</i>	HEPATASOL	8% IV SOLUTION	2		
<i>amino acids</i>	NEPHRAMINE	5.4% IV SOLUTION	2		
<i>amino acids</i>	PREMASOL	6% IV SOLUTION	2		
<i>amino acids</i>	PREMASOL	10% IV SOLUTION	2		
<i>amino acids</i>	TRAVASOL	10% SOLN VIAFLEX		2	
<i>amino acids</i>	TROPHAMINE	10% IV SOLUTION		2	
<i>cysteamine</i>	CYSTAGON	50 MG CAPSULE	2	LA, MNT	
<i>cysteamine</i>	CYSTAGON	150 MG CAPSULE	2	LA, MNT	
<i>d10%-1/2ns</i>		SOLN/EXCEL CONT	1		
<i>d5%-1/4ns-kcl</i>		10 MEQ/L IV SOL	1		
<i>d5%-1/4ns-kcl</i>		20 MEQ/L IV SOL	1		
<i>d5%-1/4ns-kcl</i>		40 MEQ/L IV SOL	1		
<i>d5%-1/3ns-kcl</i>		20 MEQ/L IV SOL	1		
<i>d5%-1/2ns-kcl</i>		10 MEQ/L IV SOL	1		
<i>d5%-1/2ns-kcl</i>		20 MEQ/L IV SOL	1		
<i>d5%-1/2ns-kcl</i>		30 MEQ/L IV SOL	1		
<i>continued</i>					

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
d5%-1/2ns-kcl		40 MEQ/L IV SOL	1		
d5w-kcl		30 MEQ/L IV SOLUTION	1		
d5w/electrolyte-56 solution	PLASMA-LYTE 56	DEXTROSE 5%		2	
dextrose		5%-1/4NS IV SOLN.	1		
dextrose		5%-1/4NS IV SOLUTION	1		
dextrose		5%-1/4NS IV SOLUTION	1		
dextrose		10%-1/4NS IV SOLN	1		
dextrose		5%-1/3NS IV SOLN.	1		
dextrose		5%-1/3NS IV SOLUTION	1		
dextrose		2.5%-1/2NS IV SOLN	1		
dextrose		5%-1/2NS IV SOLN.	1		
dextrose		5%-1/2NS IV SOLUTION	1		
dextrose		5%-ELECTROLYTE 48	1		
dextrose		5%-NS IV SOLUTION	1		
dextrose		5%-WATER IV SOLN	1		
dextrose		10%-WATER IV SOLUTION	1		
dextrose/electrolytes	ISOLYTE H-DEXTROSE	5% SOLN	2		
dextrose/electrolytes	ISOLYTE M-DEXTROSE	5% SOLN	2		
dextrose/electrolytes	ISOLYTE P-DEXTROSE	5% SOLN	2		
dextrose/electrolytes	ISOLYTE S	DEXTROSE 5% SOLN	2		
dextrose/electrolytes	NORMOSOL-M	AND DEXTROSE 5%	2		
electrolyte solutions	IONOSOL B-D5W	IV SOLUTION	2		
electrolyte solutions	IONOSOL MB-D5W	IV SOLUTION	2		
electrolyte solutions	IONOSOL T-D5W	IV SOLUTION	2		
electrolyte solutions	ISOLYTE S	IV SOLUTION-EXCEL	2		
electrolyte solutions	NORMOSOL-R PH 7.4	IV SOLUTION	2		
electrolyte solutions	NORMOSOL-R- DEXTROSE	5% IV SOLN	2		
electrolyte solutions	PLASMA-LYTE 148	IV SOLUTION	2		
electrolyte solutions	PLASMA-LYTE 148	DEXTROSE 5%	2		
electrolyte solutions	PLASMA-LYTE 56	IV SOLUTION	2		
electrolyte solutions	PLASMA-LYTE A	PH 7.4 SOLN.	2		
electrolyte solutions	PLASMA-LYTE R	IV SOLUTION	2		
electrolyte solutions	TPN ELECTROLYTES	VIAL	2		
kcl 5 meq		IN D5W-1/4 NS	1		
kcl 10 meq		IN D5W-1/4 NS	1		

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>kcl 10 meq</i>		IN D5W-1/4 NS	1		
<i>kcl 10 meq</i>		IN D5W-1/3 NS	1		
<i>kcl 10 meq</i>		IN D5W-1/2 NS	1		
<i>kcl 20 meq</i>		IN D5W-1/4 NS	1		
<i>kcl 20 meq</i>		IN D5W-1/3 NS	1		
<i>kcl 20 meq</i>		IN D5W-1/2 NS	1		
<i>kcl 20 meq</i>		IN D5W-NS	1		
<i>kcl 20 meq-ns</i>		500 ML IV SOLN	1		
<i>kcl 20 meq-ns</i>		1, 000 ML IV SOLN	1		
<i>kcl 40 meq</i>		IN D5W-NACL 0.9%	1		
<i>kcl 40 meq-ns</i>		1, 000 ML IV SOLN	1		
<i>lactated ringers</i>		IRRIGATION	1	BvsD	
<i>lactated ringers</i>		INJECTION	1		
<i>magnesium sulf</i>		4% IV SOLN	1		
<i>magnesium sulf</i>		8% IV SOLN	1		
<i>magnesium sulfate</i>		50% SYRINGE	1		
<i>potassium cl</i>		20 MEQ-0.45% NACL	1		
<i>ringers</i>		IRRIGATION SOLUTION	1	BvsD	
<i>ringers</i>		INJECTION	1		
<i>ringer's</i>		IV SOLUTION	1		
<i>saline</i>		0.45% SOLN-EXCEL CON	1		
<i>saline</i>		0.9% SOLN-EXCEL CONT	1		
<i>sodium bicarb</i>		7.5% ABBOJECT	1		
<i>sodium bicarb</i>		8.4% ABBOJECT	1		
<i>sodium bicarb</i>		8.4% SYRINGE	1		
<i>sodium bicarbonate</i>		7.5% SYRING	1		
<i>sodium bicarbonate</i>		8.4% SYRING	1		
<i>sodium chloride</i>		0.9% IRRIG.	1		
<i>sodium chloride</i>		0.45% SOLN	1		
<i>sodium chloride</i>		0.9% SOLN	1		
<i>sodium chloride</i>		0.9% SOLUTION	1		
<i>sodium chloride</i>		3% IV SOLN	1		
<i>sodium chloride</i>		5% IV SOLN	1		
<i>sodium cl</i>		2.5 MEQ/ML VIAL	1		
<i>sodium lactate</i>		5 MEQ/ML VIAL	1		
<i>continued</i>					

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>sodium lactate</i>		1/6 MOLAR INJ	1		
<i>sterile water for irrigation</i>			1	BvsD	
<i>sterile water, irrigation</i>			1	BvsD	

FLUORIDE PRODUCTS

<i>sodium fluoride</i>		1 mg (2.2 mg)	1	MNT	
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INJECTABLE ANTICOAGULANTS

<i>enoxaparin</i>	LOVENOX	300 MG/3 ML VIAL	2		20/30
<i>enoxaparin</i>	LOVENOX	300 MG VIAL	2		20/30
<i>enoxaparin</i>		30 MG/0.3 ML SYR	1		20/30
<i>enoxaparin</i>		40 MG/0.4 ML SYR	1		20/30
<i>enoxaparin</i>		60 MG/0.6 ML SYR	1		20/30
<i>enoxaparin</i>		80 MG/0.8 ML SYR	1		20/30
<i>enoxaparin</i>		120 MG/0.8 ML SYR	1		20/30
<i>enoxaparin</i>		100 MG/ML SYR	1		20/30
<i>enoxaparin</i>		150 MG/ML SYR	1		20/30
<i>fondaparinux sodium</i>	ARIXTRA	2.5 MG SYRINGE	2	PA	20/10
<i>fondaparinux sodium</i>	ARIXTRA	5 MG SYRINGE	2	PA	20/10
<i>fondaparinux sodium</i>	ARIXTRA	7.5 MG SYRINGE	2	PA	20/10
<i>fondaparinux sodium</i>	ARIXTRA	10 MG SYRINGE	2	PA	20/10
<i>heparin sod</i>		1, 000 UNIT/ML VIAL	1	BvsD	
<i>heparin sod</i>		2, 000 UNIT/ML VIAL	1	BvsD	
<i>heparin sod</i>		5, 000 UNIT/ML VIAL	1	BvsD	
<i>heparin sod</i>		10, 000 UNIT/ML VL	1	BvsD	
<i>heparin sod</i>		20, 000 UNIT/ML VL	1	BvsD	
<i>heparin-1/2ns</i>		25, 000 UNIT/250	1	BvsD	
<i>heparin-1/2ns</i>		25, 000 UNIT/500	1	BvsD	
<i>heparin-d5w</i>		20, 000 UNIT/500 ML	1	BvsD	
<i>heparin-ns</i>		2, 000 UNIT/1, 000 ML	1	BvsD	

ORAL ANTICOAGULANTS, VITAMIN K

<i>dabigatran etexilate mesylate</i>	PRADAXA	75 MG CAPSULE	2	PA, MNT	60/30
<i>dabigatran etexilate mesylate</i>	PRADAXA	150 MG CAPSULE	2	PA, MNT	60/30
<i>jantoven</i>		1 MG TABLET	1	MNT	
<i>jantoven</i>		2 MG TABLET	1	MNT	
<i>jantoven</i>		2.5 MG TABLET	1	MNT	

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>jantoven</i>		3 MG TABLET	1	MNT	
<i>jantoven</i>		4 MG TABLET	1	MNT	
<i>jantoven</i>		5 MG TABLET	1	MNT	
<i>jantoven</i>		6 MG TABLET	1	MNT	
<i>jantoven</i>		7.5 MG TABLET	1	MNT	
<i>jantoven</i>		10 MG TABLET	1	MNT	
<i>warfarin sodium</i>	COUMADIN	1 MG TABLET	2	MNT	
<i>warfarin sodium</i>	COUMADIN	2 MG TABLET	2	MNT	
<i>warfarin sodium</i>	COUMADIN	2.5 MG TABLET	2	MNT	
<i>warfarin sodium</i>	COUMADIN	3 MG TABLET	2	MNT	
<i>warfarin sodium</i>	COUMADIN	4 MG TABLET	2	MNT	
<i>warfarin sodium</i>	COUMADIN	5 MG TABLET	2	MNT	
<i>warfarin sodium</i>	COUMADIN	6 MG TABLET	2	MNT	
<i>warfarin sodium</i>	COUMADIN	7.5 MG TABLET	2	MNT	
<i>warfarin sodium</i>	COUMADIN	10 MG TABLET	2	MNT	
<i>warfarin sodium</i>		1 MG TABLET	1	MNT	
<i>warfarin sodium</i>		2 MG TABLET	1	MNT	
<i>warfarin sodium</i>		2.5 MG TABLET	1	MNT	
<i>warfarin sodium</i>		3 MG TABLET	1	MNT	
<i>warfarin sodium</i>		4 MG TABLET	1	MNT	
<i>warfarin sodium</i>		5 MG TABLET	1	MNT	
<i>warfarin sodium</i>		6 MG TABLET	1	MNT	
<i>warfarin sodium</i>		7.5 MG TABLET	1	MNT	
<i>warfarin sodium</i>		10 MG TABLET	1	MNT	

POTASSIUM REMOVING RESINS

<i>sodium polystyrene sulf</i>		PWD	1		
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POTASSIUM SUPPLEMENTS

<i>d5w-kcl</i>		20 MEQ/L IV SOLUTION	1		
<i>d5w-kcl 4</i>		0 MEQ/L IV SOLUTION	1		
<i>ed k+10</i>		10 MEQ TABLET SA	1	MNT	
<i>kcl</i>		20 MEQ IN D5W SOLUTION	1		
<i>kcl</i>		40 MEQ IN D5W SOLUTION	1		
<i>kcl</i>		20 MEQ IN D5W-LACT RINGER 1	1		
<i>kcl</i>		40 MEQ IN D5W-LACT RINGER 1	1		
<i>klor-con</i>		8 MEQ TABLET	1	MNT	

continued

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>klor-con</i>		10 MEQ TABLET	1	MNT	
<i>klor-con</i>		M15 TABLET	1	MNT	
<i>klor-con</i>		M20 TABLET	1	MNT	
<i>potassium cl</i>		10 MEQ/50 ML SOL	1		
<i>potassium cl</i>		20 MEQ/50 ML SOL	1		
<i>potassium cl</i>		10 MEQ/100 ML SOL	1		
<i>potassium cl</i>		30 MEQ/100 ML SOL	1		
<i>potassium cl</i>		2 MEQ/ML VIAL	1		
<i>potassium cl er</i>		8 MEQ CAPSULE	1	MNT	
<i>potassium cl er</i>		10 MEQ CAPSULE	1	MNT	
<i>potassium cl er</i>		10 MEQ TABLET	1	MNT	
<i>potassium cl er</i>		20 MEQ TABLET	1	MNT	

THERAPEUTIC VITAMINS AND MINERALS

<i>calcitriol</i>		1 MCG/ML AMPUL	1	BvsD	
<i>calcitriol</i>		1 MCG/ML SOLUTION	1	BvsD, MNT	
<i>calcitriol</i>		0.25 MCG CAPSULE	1	BvsD, MNT	
<i>calcitriol</i>		0.5 MCG CAPSULE	1	BvsD, MNT	
<i>calcium acetate</i>		667 MG CAPSULE	1	MNT	
<i>calcium acetate</i>		667 MG GELCAP	1	MNT	
<i>doxercalciferol</i>	HECTOROL	0.5 MCG CAPSULE	2	BvsD, MNT	
<i>doxercalciferol</i>	HECTOROL	1 MCG CAPSULE	2	BvsD, MNT	
<i>doxercalciferol</i>	HECTOROL	2.5 MCG CAPSULE	2	BvsD, MNT	
<i>doxercalciferol</i>	HECTOROL	4 MCG/2 ML AMPUL	2	BvsD, MNT	
<i>levocarnitine</i>		100 MG/ML SOLN	1	BvsD, MNT	
<i>levocarnitine</i>		200 MG/ML VIAL	1	BvsD	
<i>levocarnitine</i>		330 MG TABLET	1	BvsD, MNT	
<i>paricalcitol</i>	ZEMPLAR	10 MCG/2 ML VIAL	2	PA	
<i>paricalcitol</i>	ZEMPLAR	2 MCG/ML VIAL	2	PA	
<i>paricalcitol</i>	ZEMPLAR	5 MCG/ML VIAL	2	PA	
<i>paricalcitol</i>	ZEMPLAR	1 MCG CAPSULE	2	PA, MNT	
<i>paricalcitol</i>	ZEMPLAR	2 MCG CAPSULE	2	PA, MNT	
<i>paricalcitol</i>	ZEMPLAR	4 MCG CAPSULE	2	PA, MNT	

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
VITAMINS AND MINERALS AND RELATED PRODUCTS					
<i>fat emulsions</i>	INTRALIPID	20% IV FAT EMUL	2		
<i>fat emulsions</i>	INTRALIPID	30% IV FAT EMUL	2		
<i>fat emulsions</i>	LIPOSYN II	10% IV FAT EMULSION	2		
<i>fat emulsions</i>	LIPOSYN II	20% IV FAT EMULSION	2		
<i>liposyn iii</i>		10% IV FAT EMULSN	1		
<i>liposyn iii</i>		20% IV FAT EMULSN	1		
<i>liposyn iii</i>		30% IV FAT EMULSN	1		

OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS

ANDROGEN DRUGS

<i>danazol</i>		50 MG CAPSULE	1		
<i>danazol</i>		100 MG CAPSULE	1		
<i>danazol</i>		200 MG CAPSULE	1		
<i>fluoxymesterone</i>	ANDROXY	10 MG TABLET	2	PA, MNT	
<i>methyldosterone</i>	METHITEST	10 MG TABLET	2	PA, MNT	
<i>oxandrolone</i>		2.5 MG TABLET	1	PA, MNT	240/30
<i>oxandrolone</i>		10 MG TABLET	1	PA, MNT	60/30
<i>oxymetholone</i>	ANADROL-50	TABLET	2	PA	
<i>testosterone</i>	ANDRODERM	2.5 MG/24HR PATCH	2	PA, MNT	
<i>testosterone</i>	ANDRODERM	5 MG/24HR PATCH	2	PA, MNT	
<i>testosterone</i>	ANDROGEL	1% (5G) GEL PACKET	2	PA, MNT	
<i>testosterone</i>	ANDROGEL	1.62% GEL PUMP	2	PA, MNT	
<i>testosterone cyp</i>		100 MG/ML	1	PA	
<i>testosterone enan</i>		200 MG/ML	1	PA	

CONTRACEPTIVES

<i>apri</i>		28 DAY TABLET	1	MNT	
<i>aranelle</i>		28 TABLET	1	MNT	
<i>aviane</i>		28 TABLET	1	MNT	
<i>cesia</i>		28 DAY TABLET	1	MNT	
<i>cryselle</i>		28 TABLET	1	MNT	
<i>cyclafem</i>		1-35-28 TABLET	1	MNT	
<i>cyclafem</i>		7-7-7-28 TABLET	1	MNT	
<i>enpresse</i>		28 TABLET	1	MNT	

continued

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>ethinyl estradiol/norelgest</i>	ORTHO EVRA	PATCH	2	MNT	
<i>etonogestrel/ethin estradiol</i>	NUVARING VAGINAL	RING	2	MNT	
<i>junel</i>		1 MG-20 MCG TABLET	1	MNT	
<i>junel</i>		1.5 MG-30 MCG TABLET	1	MNT	
<i>junel fe</i>		1 MG-20 MCG TABLET	1	MNT	
<i>junel fe</i>		1.5 MG-30 MCG TABLET	1	MNT	
<i>kariva</i>		28 DAY TABLET	1	MNT	
<i>kelnor</i>		1-35 28 TABLET	1	MNT	
<i>leena</i>		28 TABLET	1	MNT	
<i>lessina</i>		28 TABLET	1	MNT	
<i>levora</i>		28 TABLET	1	MNT	
<i>low-ogestrel</i>		28 TABLET	1	MNT	
<i>lutra</i>		28 TABLET	1	MNT	
<i>microgestin</i>		21 1-20 TABLET	1	MNT	
<i>microgestin</i>		21 1.5-30 TAB	1	MNT	
<i>microgestin fe</i>		1-20 TABLET	1	MNT	
<i>microgestin fe</i>		1.5-30 TAB	1	MNT	
<i>mononessa</i>		28 TABLET	1	MNT	
<i>necon</i>		0.5-35-28 TABLET	1	MNT	
<i>necon</i>		1/35-28 TABLET	1	MNT	
<i>necon</i>		10-11-28 TABLET	1	MNT	
<i>necon</i>		7-7-7-28 TABLET	1	MNT	
<i>next choice</i>		0.75 MG TABLET	1		2/1
<i>nortrel</i>		0.5/35 TABLET	1	MNT	
<i>nortrel</i>		1-35 TABLET	1	MNT	
<i>nortrel</i>		1-35 TABLET	1	MNT	
<i>nortrel</i>		7-7-7-28 TABLET	1	MNT	
<i>ocella</i>		3 MG-0.03 MG TABLET	1	MNT	
<i>portia</i>		28 TABLET	1	MNT	
<i>previfem</i>		TABLET	1	MNT	
<i>reclipsen</i>		28 DAY TABLET	1	MNT	
<i>solia</i>		0.15-0.03 MG TABLET	1	MNT	
<i>sprintec</i>		28 DAY TABLET	1	MNT	
<i>sronyx</i>		0.10-0.02 MG TABLET	1	MNT	
<i>tri-previfem</i>		TABLET	1	MNT	
<i>tri-sprintec</i>		TABLET	1	MNT	
<i>continued</i>					

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>trinessa</i>		TABLET	1	MNT	
<i>trivora</i>		28 TABLET	1	MNT	
<i>ulipristal acetate</i>	ELLA	30 MG TABLET	2		1/1
<i>velivet</i>		28 DAY TABLET	1	MNT	
<i>zovia</i>		1-35E TABLET	1	MNT	
<i>zovia</i>		1-50E TABLET	1	MNT	

ESTROGEN DRUGS

<i>estradiol</i>	ESTRACE	0.01% CREAM	2	MNT	
<i>estradiol</i>		0.05 MG/DAY PATCH	1	MNT	4/28
<i>estradiol</i>		0.1 MG/DAY PATCH	1	MNT	4/28
<i>estradiol</i>		0.5 MG TABLET	1	MNT	
<i>estradiol</i>		1 MG TABLET	1	MNT	
<i>estradiol</i>		2 MG TABLET	1	MNT	
<i>estradiol tds</i>		0.025 MG/DAY	1	MNT	
<i>estradiol tds</i>		0.0375 MG/DAY	1	MNT	
<i>estradiol tds</i>		0.06 MG/DAY	1	MNT	
<i>estradiol tds</i>		0.075 MG/DAY	1	MNT	
<i>estrogens, conjugated</i>	PREMARIN VAGINAL CREAM	APPL	2	MNT	
<i>estropipate</i>		0.625(0.75 MG) TAB	1	PAN, MNT	
<i>estropipate</i>		1.25(1.5 MG) TAB	1	PAN, MNT	
<i>estropipate</i>		2.5(3 MG) TAB	1	PAN, MNT	

ESTROGEN/PROGESTIN COMBINATIONS

<i>estradiol-noreth</i>		1-0.5 MG TAB	1	MNT	
<i>estradiol/norgestimate</i>	PREFEST	TABLET	2	MNT	

OB/GYN TOPICAL ANTIINFECTIVES

<i>clindamycin</i>		2% VAGINAL CREAM	1		
<i>vandazole vaginal</i>		0.75% GEL	1		

PRENATAL VITAMINS

<i>prenatabs obn</i>		TABLET	1	PA	
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*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
PROGESTIN DRUGS					
<i>camila</i>		TABLET	1	MNT	
<i>errin 0.35 mg</i>		TABLET	1	MNT	
<i>jolivette</i>		TABLET	1	MNT	
<i>medroxyprogesterone</i>		150 MG/ML	1	MNT	
<i>medroxyprogesterone</i>		2.5 MG TAB	1	MNT	
<i>medroxyprogesterone</i>		5 MG TAB	1	MNT	
<i>medroxyprogesterone</i>		10 MG TAB	1	MNT	
<i>nora-be</i>		TABLET	1	MNT	
<i>norethindrone</i>		5 MG TABLET	1	MNT	
<i>progesterone</i>	PROMETRIUM	100 MG CAPSULE	2	MNT	
<i>progesterone</i>	PROMETRIUM	200 MG CAPSULE	2	MNT	

SELECTIVE ESTROGEN RECEPTOR MODULATOR

<i>raloxifene</i>	EVISTA	60 MG TABLET	2	MNT	
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SPECIALIZED OB/GYN DRUGS

<i>leuprolide</i>	LUPRON DEPOT	3.75 MG KIT	2	PA	
<i>leuprolide</i>	LUPRON DEPOT	7.5 MG KIT	2	PA	
<i>leuprolide</i>	LUPRON DEPOT	11.25 MG 3MO KIT	2	PA	
<i>leuprolide</i>	LUPRON DEPOT	22.5 MG 3MO KIT	2	PA	
<i>leuprolide</i>	LUPRON DEPOT	4 MONTH KIT	2	PA	
<i>leuprolide</i>	LUPRON DEPOT-PED	11.25 MG KIT	2	PA	
<i>leuprolide</i>	LUPRON DEPOT-PED	15 MG KIT	2	PA	
<i>leuprolide</i>		2WK 1 MG/0.2 ML KT	1		
<i>nafarelin</i>	SYNAREL	2 MG/ML NASAL SPRAY	2	PA	

OPHTHALMIC MEDICATIONS

ANTIGLAUCOMA DRUGS

<i>acetazolamide</i>		125 MG TABLET	1	MNT	
<i>acetazolamide</i>		250 MG TABLET	1	MNT	
<i>acetazolamide er</i>		500 MG CAP	1	MNT	
<i>acetazolamide sod</i>		500 MG VIAL	1		
<i>apraclonidine</i>	IOPIDINE	1% EYE DROPS	2		
<i>continued</i>					

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>apraclonidine hcl</i>		0.5% DROPS	1		
<i>betaxolol hcl</i>		0.5% EYE DROP	1	MNT	
<i>brimonidine</i>		0.2% EYE DROP	1	MNT	
<i>carteolol hcl</i>		1% EYE DROPS	1	MNT	
<i>dipivefrin</i>	PROPINE	0.1% EYE DROPS	2	MNT	
<i>dorzolamide hcl</i>		2% EYE DROPS	1	MNT	
<i>dorzolamide-timolol</i>		EYE DROPS	1	MNT	
<i>echothiophate iodide</i>	PHOSPHOLINE IODIDE	0.125%	2	MNT	
<i>latanoprost</i>		0.005% EYE DROPS	1	MNT	
<i>levobunolol</i>		0.25% EYE DROPS	1	MNT	
<i>levobunolol</i>		0.5% EYE DROPS	1	MNT	
<i>methazolamide</i>		25 MG TABLET	1	MNT	
<i>methazolamide</i>		50 MG TABLET	1	MNT	
<i>metipranolol</i>		0.3% EYE DROPS	1	MNT	
<i>pilocarpine hcl</i>	PILOPINE HS	4% EYE GEL	2	MNT	
<i>timolol</i>		0.25% EYE DROPS	1	MNT	
<i>timolol</i>		0.5% EYE DROPS	1	MNT	
<i>travoprost</i>	TRAVATAN Z	0.004% EYE DROP	2	ST, MNT	

OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS

<i>neo-bacit-poly-hc</i>		EYE OINTMENT	1		
<i>neomycin-poly-hc</i>		EYE DROPS	1		
<i>neomyc-polym-dexamet</i>		EYE OINTM	1		
<i>neomyc-polym-dexameth</i>		EYE DROP	1		
<i>poly-dex</i>		EYE DROPS	1		
<i>poly-dex</i>		EYE OINTMENT	1		
<i>sulf-pred</i>		10-0.23% EYE DROPS	1		
<i>sulf-pred</i>		10-0.25% EYE DROPS	1		
<i>tobramycin sulfate/dexameth</i>	TOBRADEX	EYE OINTMENT	2		
<i>tobramycin sulfate/dexameth</i>	TOBRADEX ST	EYE DROPS	2		
<i>tobramycin-dexameth</i>		OPHTH SUSP	1		

OPHTHALMIC CORTICOSTEROID DRUGS

<i>dexamethasone</i>	MAXIDEX	0.1% EYE DROPS	2		
<i>dexamethasone</i>		0.1% EYE DROP	1		
<i>fluorometholone</i>	FML FORTE	0.25% EYE DROPS	2		

continued

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>fluorometholone</i>	FML S.O.P.	0.1% OINTMENT	2		
<i>fluorometholone</i>		0.1% DROPS	1		
<i>prednisolone ac</i>		1% EYE DROP	1		
<i>prednisolone acetate</i>	PRED MILD	0.12% EYE DROPS	2		
<i>prednisolone sod</i>		1% EYE DROP	1		

OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS

<i>aktob</i>		0.3% EYE DROPS	1		
<i>bacitracin</i>		500 UNIT/GM OINTMNT	1		
<i>bacitracin-polymyxin</i>		EYE OINT	1		
<i>ciprofloxacin</i>		0.3% EYE DROP	1		
<i>erythromycin</i>		EYE OINTMENT	1		
<i>gentak</i>		3 MG/GM EYE OINTMENT	1		
<i>gentamicin</i>		3 MG/ML EYE DROPS	1		
<i>gentasol</i>		3 MG/ML EYE DROPS	1		
<i>neomyc-bacit-polymix</i>		EYE OINTM	1		
<i>neomyc-polym-gramicid</i>		EYE DROP	1		
<i>ofloxacin 0.3%</i>		EYE DROPS	1		
<i>polymyxin b-tmp</i>		EYE DROPS	1		
<i>sulfacetamide 10%</i>		EYE DROPS	1		
<i>tobramycin 0.3%</i>		EYE DROPS	1		
<i>tobrasol 0.3%</i>		EYE DROPS	1		

OPHTHALMIC TOPICAL ANTIVIRAL DRUGS

<i>trifluridine</i>		1% EYE DROPS	1		
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OTHER OPHTHALMIC DRUGS

<i>ak-con</i>		0.1% EYE DROPS	1		
<i>botulinum toxin a</i>	BOTOX	100 UNITS VIAL	2	PA	
<i>cromolyn</i>		4% EYE DROPS	1		
<i>cyclosporine</i>	RESTASIS	0.05% EYE EMULSION	2	MNT	60/30
<i>diclofenac</i>		0.1% EYE DROPS	1		
<i>flurbiprofen</i>		0.03% EYE DROP	1		
<i>ganciclovir</i>	ZIRGAN	0.15% OPHTHALMIC GEL	2		
<i>hydroxypropylmethylcellulose</i>	LACRISERT	5 MG EYE INSERT	2		
<i>ketorolac</i>		0.4% OPHTH SOLUTION	1		
<i>ketorolac</i>		0.5% OPHTH SOLUTION	1		

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>natamycin</i>	NATACYN	EYE DROPS	2		
<i>tropicamide</i>		0.5% EYE DROPS	1	MNT	
<i>tropicamide</i>		1% EYE DROPS	1	MNT	

RESPIRATORY MEDICATIONS

ANTIHISTAMINES

<i>clemastine</i>		0.5 MG/5 ML SYRUP	1		
<i>clemastine</i>		0.67 MG/5 ML SYRUP	1		
<i>clemastine fum</i>		2.68 MG TAB	1		
<i>diphenhydramine</i>		12.5 MG/5 ML	1	PAN	
<i>diphenhydramine</i>		50 MG/ML VIAL	1	PAN	
<i>diphenhydramine</i>		50 MG CAPSULE	1	PAN	
<i>fexofenadine hcl</i>		30 MG TABLET	1	ST, MNT	60/30
<i>fexofenadine hcl</i>		60 MG TABLET	1	ST, MNT	60/30
<i>fexofenadine hcl</i>		180 MG TABLET	1	ST, MNT	30/30
<i>levocetirizine</i>		5 MG TABLET	1	ST, MNT	30/30
<i>promethazine</i>		6.25 MG/5 ML SYRP	1	PAN	
<i>promethazine</i>		25 MG/ML SYRINGE	1	PAN	
<i>promethazine</i>		50 MG/ML VIAL	1	PAN	
<i>promethazine</i>		12.5 MG TABLET	1	PAN	
<i>promethazine</i>		25 MG TABLET	1	PAN	
<i>promethazine</i>		50 MG TABLET	1	PAN	

BETA-2 ADRENERGIC DRUGS

<i>albuterol</i>	PROAIR HFA	90 MCG INHALER	2	MNT	17/30
<i>albuterol</i>	PROVENTIL HFA	90 MCG INHALER	2	MNT	14/30
<i>albuterol</i>		0.083% INHAL SOLN	1	BvsD, MNT	
<i>albuterol</i>		2.5 MG/0.5 ML SOL	1	BvsD, MNT	
<i>albuterol</i>		5 MG/ML SOLUTION	1	BvsD, MNT	
<i>albuterol sul</i>		0.63 MG/3 ML SOL	1	BvsD, MNT	
<i>albuterol sul</i>		1.25 MG/3 ML SOL	1	BvsD, MNT	
<i>albuterol sulf</i>		2 MG/5 ML SYRUP	1	MNT	
<i>albuterol sulfate</i>		2 MG TAB	1	MNT	
<i>albuterol sulfate</i>		4 MG TAB	1	MNT	
<i>metaproterenol</i>		10 MG/5 ML SYR	1	MNT	

continued

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>metaproterenol</i>		10 MG TABLET	1	MNT	
<i>metaproterenol</i>		20 MG TABLET	1	MNT	
<i>salmeterol</i>	SEREVENT DISKUS	50 MCG	2	MNT	60/30
<i>terbutaline sulf</i>		1 MG/ML VIAL	1		
<i>terbutaline sulfate</i>		2.5 MG TAB	1	MNT	
<i>terbutaline sulfate</i>		5 MG TAB	1	MNT	

LEUKOTRIENE MODIFIERS

<i>montelukast sodium</i>	SINGULAIR	4 MG GRANULES	2	MNT	30/30
<i>montelukast sodium</i>	SINGULAIR	10 MG TABLET	2	MNT	30/30
<i>montelukast sodium</i>	SINGULAIR	4 MG TABLET CHEW	2	MNT	30/30
<i>montelukast sodium</i>	SINGULAIR	5 MG TABLET CHEW	2	MNT	30/30
<i>zafirlukast</i>		10 MG TABLET	1	MNT	60/30
<i>zafirlukast</i>		20 MG TABLET	1	MNT	60/30

METHYL XANTHINE DRUGS

<i>aminophylline</i>		250 MG/10 ML VL	1		
<i>aminophylline</i>		100 MG TABLET	1	MNT	
<i>aminophylline</i>		200 MG TABLET	1	MNT	
<i>theophylline</i>	ELIXOPHYLLIN	80 MG/15 ML ELIX	2	MNT	
<i>theochron er</i>		100 MG TABLET	1	MNT	
<i>theochron er</i>		300 MG TABLET	1	MNT	
<i>theophylline er</i>		300 MG TAB	1	MNT	
<i>theophylline er</i>		450 MG TAB	1	MNT	
<i>theophylline er</i>		100 MG TABLET	1	MNT	
<i>theophylline er</i>		200 MG TABLET	1	MNT	
<i>theophylline er</i>		400 MG TABLET	1	MNT	
<i>theophylline er</i>		600 MG TABLET	1	MNT	

OTHER DRUGS FOR ASTHMA

<i>acetylcysteine</i>		10% VIAL	1	BvsD	
<i>acetylcysteine</i>		20% VIAL	1	BvsD	
<i>albuterol sulfate/ipratropium</i>	COMBIVENT	INHALER	2	MNT	30/30
<i>beclomethasone</i>	QVAR	40 MCG INHALER	2	MNT	
<i>beclomethasone</i>	QVAR	80 MCG INHALER	2	MNT	
<i>budesonide/formoterol fum</i>	SYMBICORT	80-4.5 MCG INHALER	2	MNT	10.2/30
<i>budesonide/formoterol fum</i>	SYMBICORT	160-4.5 MCG INHALER	2	MNT	10.2/30

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>cromolyn</i>	GASTROCROM	100 MG/5 ML CONC	2		
<i>cromolyn</i>		20 MG/2 ML NEB SOLN	1	BvsD, MNT	
<i>epinephrine</i>		0.1 MG/ML SYRINGE	1		
<i>epinephrine hcl</i>	EIPEN	0.3 MG AUTO-INJECTOR	2		
<i>epinephrine hcl</i>	EIPEN JR	0.15 MG AUTO-INJCT	2		
<i>epinephrine hcl</i>	TWINJECT	0.15 MG AUTO-INJECTOR	2		
<i>epinephrine hcl</i>	TWINJECT	0.3 MG AUTO-INJECTOR	2		
<i>fluticasone propionate</i>	FLOVENT	50 MCG DISKUS	2	MNT	
<i>fluticasone propionate</i>	FLOVENT	100 MCG DISKUS	2	MNT	
<i>fluticasone propionate</i>	FLOVENT	250 MCG DISKUS	2	MNT	
<i>fluticasone propionate</i>	FLOVENT	HFA 110 MCG INHALER	2	MNT	
<i>fluticasone propionate</i>	FLOVENT	HFA 220 MCG INHALER	2	MNT	
<i>fluticasone propionate</i>	FLOVENT HFA	44 MCG INHALER	2	MNT	
<i>iprat-albut</i>		0.5-3(2.5) MG/3 ML	1	BvsD, MNT	
<i>ipratropium</i>	ATROVENT	HFA INHALER	2	MNT	
<i>ipratropium br</i>		0.02% SOLN	1	BvsD, MNT	
<i>omalizumab</i>	XOLAIR	150 MG VIAL	2	PA, LA, MNT	
<i>salmeterol/fluticasone</i>	ADVAIR	100-50 DISKUS	2	MNT	60/30
<i>salmeterol/fluticasone</i>	ADVAIR	250-50 DISKUS	2	MNT	60/30
<i>salmeterol/fluticasone</i>	ADVAIR	500-50 DISKUS	2	MNT	60/30
<i>salmeterol/fluticasone</i>	ADVAIR HFA	45-21 MCG INHALER	2	MNT	60/30
<i>salmeterol/fluticasone</i>	ADVAIR HFA	115-21 MCG INHALER	2	MNT	60/30
<i>salmeterol/fluticasone</i>	ADVAIR HFA	230-21 MCG INHALER	2	MNT	60/30
<i>tiotropium bromide</i>	SPIRIVA	18 MCG CP-HANDIHALER	2	MNT	30/30

OTHER RESPIRATORY DRUGS

<i>alpha-1-proteinase inhibitor</i>	ARALAST NP	500 MG VIAL	2	PA, LA, MNT	
<i>alpha-1-proteinase inhibitor</i>	PROLASTIN	500 MG VIAL	2	PA, LA, MNT	
<i>alpha-1-proteinase inhibitor</i>	PROLASTIN C	1, 000 MG VIAL	2	PA, LA, MNT	
<i>alpha-1-proteinase inhibitor</i>	ZEMAIRA	1, 000 MG VIAL	2	PA, LA, MNT	
<i>deoxyribonuclease</i>	PULMOZYME	1 MG/ML AMPUL	2	BvsD, MNT	150/30

*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
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UROLOGICAL MEDICATIONS

ANTICHOLINERGIC ANTISPASMODICS

<i>oxybutynin</i>		5 MG/5 ML SYRUP	1	MNT	
<i>oxybutynin</i>		5 MG TABLET	1	MNT	
<i>oxybutynin cl er</i>		5 MG TABLET	1	MNT	
<i>oxybutynin cl er</i>		10 MG TABLET	1	MNT	
<i>oxybutynin cl er</i>		15 MG TABLET	1	MNT	
<i>tolterodine tartrate</i>	DETROL	1 MG TABLET	2	MNT	
<i>tolterodine tartrate</i>	DETROL	2 MG TABLET	2	MNT	
<i>tolterodine tartrate</i>	DETROL LA	2 MG CAPSULE	2	MNT	
<i>tolterodine tartrate</i>	DETROL LA	4 MG CAPSULE	2	MNT	

CHOLINERGIC STIMULANTS

<i>bethanechol</i>		5 MG TABLET	1		
<i>bethanechol</i>		10 MG TABLET	1		
<i>bethanechol</i>		25 MG TABLET	1		
<i>bethanechol</i>		50 MG TABLET	1		

OTHER GENITOURINARY PRODUCTS

<i>betaine hcl</i>	CYSTADANE	POWDER	2	PA	
<i>dutasteride</i>	AVODART	0.5 MG SOFTGEL	2	ST, MNT	
<i>potassium citrate er</i>		5 MEQ TAB	1	MNT	
<i>finasteride</i>		5 MG TABLET	1	MNT	
<i>potassium citrate er</i>		10 MEQ TB	1	MNT	
<i>tamsulosin hcl</i>		0.4 MG CAPSULE	1	MNT	

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