



Senior Care Options Program (HMO SNP)

2012 Formulary

(List of Covered Drugs)

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

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

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2012.

A Coordinated Care plan with a Medicare Advantage contract and a contract with the Commonwealth of Massachusetts/Executive Office of Health and Human Services Medicaid program.

Enrollment is voluntary.

This information is available in a different format. Please call Member Services at 1-866-610-2273, 24 hours a day, 7 days a week if you need plan information in another format or language. TTY/TDD users should call 1-866-322-7357.

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What is the Senior Care Options Program Formulary?

A formulary is a list of covered drugs selected by Senior Care Options Program 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. Senior Care Options Program will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Senior Care Options Program 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, 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 January 1, 2012. To get updated information about the drugs covered by Senior Care Options Program, please visit our Web site at www.commonwealthcare.org or call Member Services at 1-866-610-2273, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-322-7357. If we make a change to the formulary during the 2012 coverage year for reason other than those listed above, we will send an errata sheet to tell you about the change.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 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 52. 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 37. 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?

Senior Care Options Program 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:** Senior Care Options Program requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Senior Care Options Program before you fill your prescriptions. If you don't get approval, Senior Care Options Program may not cover the drug.
- **Quantity Limits:** For certain drugs, Senior Care Options Program limits the amount of the drug that Senior Care Options Program will cover. For example, Senior Care Options Program provides 30 tablets per prescription for Abilify. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Senior Care Options Program 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, Senior Care Options Program may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Senior Care Options Program 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 Web site at www.commonwealthcare.org.

You can ask Senior Care Options Program to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Senior Care Options Program's formulary?" on page iv 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. Senior Care Options Program pays for certain OTC drugs. Senior Care Options Program will provide these OTC drugs at no cost to you. The cost to Senior Care Options Program of these OTC drugs will not count toward your total drug costs.

What if my drug is not on the Formulary?

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

- You can ask Member Services for a list of similar drugs that are covered by Senior Care Options Program. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Senior Care Options Program.
- You can ask Senior Care Options Program 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 Senior Care Options Program's Formulary?

You can ask Senior Care Options Program 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, Senior Care Options Program 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.

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

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 93-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.

We will provide an emergency supply of at least 31-days (unless the prescription is written for fewer days) for all non-formulary medications including those that may have step therapy or prior authorization requirements. An unplanned level of care transition could be any of the following:

- a discharge or admission to a Long Term Care facility
- a discharge or admission to a hospital, or
- a nursing facility skilled level change.

For more information

For more detailed information about your Senior Care Options Program prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Senior Care Options Program, please call Member Services at 1-866-610-2273, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-322-7357. Or visit www.commonwealthcare.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.

Senior Care Options Program's Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Senior Care Options Program. If you have trouble finding your drug in the list, turn to the Index that begins on page 37.

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

The information in the Requirements/Limits column tells you if Senior Care Options Program has any special requirements for coverage of your drug.

List of Abbreviations

B/D: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-866-610-2273, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-322-7357.

MO: Mail Order. Certain drugs are available through mail order service. For more information, please call Member Services at 1-866-610-2273, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-322-7357.

PA: Prior Authorization. Senior Care Options Program requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Senior Care Options Program before you fill your prescriptions. If you don't get approval, Senior Care Options Program may not cover the drug.

QL: Quantity Limit. For certain drugs, Senior Care Options Program limits the amount of the drug that Senior Care Options Program will cover. For example, Senior Care Options Program provides 30 tablets per prescription for Abilify. This may be in addition to a standard one month or three month supply.

ST: Step Therapy. In some cases, Senior Care Options Program 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, Senior Care Options Program may not cover drug B unless you try Drug A first. If Drug A does not work for you, Senior Care Options Program will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits			
" NUTRITION,BLOOD MODIFIERS,ELECTROLYTES"					
" ELECTROLYTES, IRRIGATING SOLUTIONS, ETC."					
AMINOSYN	2				
AMINOSYN 8.5%/ELECTROLYTES	2				
AMINOSYN II	2				
AMINOSYN II 3.5%/DEXTROSE25%	2				
AMINOSYN II 3.5%/DEXTROSE5%	2				
AMINOSYN II 3.5/DEXTROSE 25%	2				
AMINOSYN II 4.25/DEXTROSE10%	2				
AMINOSYN II 4.25/DEXTROSE20%	2				
AMINOSYN II 4.25/DEXTROSE25%	2				
AMINOSYN II 5/DEXTROSE 25	2				
AMINOSYN II 8.5%/ELECTROLYTES	2				
AMINOSYN II M 3.5%/DEXTROSE 5%	2				
AMINOSYN M	2				
AMINOSYN-HBC	2				
AMINOSYN-HF	2				
AMINOSYN-PF	2				
AMINOSYN-PF 7%	2				
AMMONIUM CHLORIDE	2				
CLINIMIX 2.75%/DEXTROSE 5%	2				
CLINIMIX 4.25%/DEXTROSE 10%	2				
CLINIMIX 4.25%/DEXTROSE 20%	2				
CLINIMIX 4.25%/DEXTROSE 25%	2				
CLINIMIX 4.25%/DEXTROSE 5%	2				
CLINIMIX 5%/DEXTROSE 15%	2				
CLINIMIX 5%/DEXTROSE 20%	2				
CLINIMIX 5%/DEXTROSE 25%	2				
CLINIMIX E 2.75%/DEXTROSE 10%	2				
CLINIMIX E 2.75%/DEXTROSE 5%	2				
CLINIMIX E 4.25%/DEXTROSE 25%	2				
CLINIMIX E 4.25%/DEXTROSE 5%	2				
CLINIMIX E 5%/DEXTROSE 15%	2				
CLINIMIX E 5%/DEXTROSE 20%	2				
CLINIMIX E 5%/DEXTROSE 25%	2				
CLINISOL SF 15%	2				
CYSTAGON	2	LA			
<i>dextrose 10%/nacl 0.45%</i>	1				
<i>dextrose 5% /electrolyte #48 viaflex</i>	1				
<i>dextrose 10% flex container</i>	1				
<i>dextrose 10%/nacl 0.2%</i>	1				
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1				
<i>dextrose 5%</i>	1				
<i>dextrose 5%/nacl 0.2%</i>	1				
<i>dextrose 5%/nacl 0.225%</i>	1				
<i>dextrose 5%/nacl 0.33%</i>	1				
<i>dextrose 5%/nacl 0.45%</i>	1				
<i>dextrose 5%/nacl 0.9%</i>	1				

Drug Name	Drug Tier	Requirements/Limits
FREAMINE III	2	
HEPATAMINE	2	
HEPATASOL	2	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
IONOSOL-T/DEXTROSE 5%	2	
ISOLYTE-H/DEXTROSE 5%	2	
ISOLYTE-M/DEXTROSE 5%	2	
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S/DEXTROSE 5%	2	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d10w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.225%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	
<i>lactated ringers</i>	1	
<i>magnesium sulfate</i>	1	
MAGNESIUM SULFATE IN D5W	2	
NEPHRAMINE	2	
NORMOSOL-M IN D5W	2	
NORMOSOL-R	2	
NORMOSOL-R IN D5W	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PLASMA-LYTE-148/D5W	2	
PLASMA-LYTE-56/D5W	2	
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	1	
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	1	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	1	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	1	
<i>potassium chloride 0.15% nacl 0.9%</i>	1	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	1	
<i>potassium chloride 0.224%/d5w</i>	1	
<i>potassium chloride 0.3%/ nacl 0.9%</i>	1	
PREMASOL	2	
PROCALAMINE	2	
<i>ringers injection</i>	1	
<i>sodium bicarbonate</i>	1	
<i>sodium chloride</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sodium chloride 0.45% viaflex</i>	1	
<i>sodium lactate</i>	1	
TRAVASOL	2	
TROPHAMINE	2	

Drug Name	Drug Tier	Requirements/Limits
" ORAL ANTICOAGULANTS, VITAMIN K"		
<i>jantoven</i>	1	
PRADAXA	2	
<i>warfarin sodium</i>	1	
ANTIPLATELET DRUGS		
AGGRENEX	2	
<i>cilostazol</i>	1	
<i>dipyridamole</i>	1	
EFFIENT	2	
PLAVIX	2	
BLOOD DETOXICANTS		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>lactulose</i>	1	
RENVELA	2	
FLUORIDE PRODUCTS		
<i>sodium fluoride</i>	1	
INJECTABLE ANTICOAGULANTS		
ARIXTRA INJ 2.5MG/0.5ML	2	
ARIXTRA INJ 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	3	
<i>enoxaparin sodium inj 100mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 120mg/0.8ml, 150mg/ml</i>	3	
<i>heparin sodium</i>	1	B/D
<i>heparin sodium/d5w</i>	1	B/D
<i>heparin sodium/nacl 0.45%</i>	1	B/D
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	B/D
POTASSIUM REMOVING RESINS		
<i>sodium polystyrene sulfonate</i>	1	
POTASSIUM SUPPLEMENTS		
<i>kcl 0.15%/d5w/lr</i>	1	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>potassium chloride</i>	1	
<i>potassium chloride 0.15%/d5w</i>	1	
<i>potassium chloride 0.3%/d5w</i>	1	
<i>potassium chloride er</i>	1	
THERAPEUTIC VITAMINS AND MINERALS		
<i>calcitriol</i>	1	B/D
<i>calcium acetate</i>	1	
<i>eliphos</i>	1	
<i>levocarnitine</i>	1	B/D
ZEMPLAR	2	B/D
VITAMINS AND MINERALS AND RELATED PRODUCTS		
INTRALIPID	2	

Drug Name	Drug Tier	Requirements/Limits
LIPOSYN II	2	
<i>liposyn iii</i>	1	
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl</i>	1	
TOPICAL ANESTHETICS		
<i>lidocaine</i>	1	
<i>lidocaine hcl</i>	1	
<i>lidocaine hcl jelly</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine/prilocaine</i>	1	
LIDODERM	2	PA
ANTIINFECTIVES		
AMEBICIDES		
<i>paromomycin sulfate</i>	1	
AMINOGLYCOSIDES		
<i>amikacin sulfate</i>	1	
<i>gentamicin sulfate</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride</i>	1	
<i>gentamicin sulfate/sodium chloride</i>	1	
<i>kanamycin sulfate</i>	1	
<i>neomycin sulfate</i>	1	
TOBI	3	QL (56 per 28 days) B/D
<i>tobramycin sulfate</i>	1	
<i>tobramycin sulfate/sodium chloride</i>	1	
ANTHELMINTICS		
ALBENZA	2	
<i>mebendazole</i>	1	
STROMEKTOL	2	
ANTIINFECTIVES SPECIALIZED INDICATIONS		
DAPSONE	2	
<i>metronidazole</i>	1	
<i>metronidazole in nacl 0.79%</i>	1	
ANTIRETROVIRALS AND PROTEASE INH		
APTIVUS	3	
ATRIPLA	3	
COMBIVIR	3	
CRIXIVAN	2	
<i>didanosine</i>	1	
EDURANT	3	
EMTRIVA	2	
EPIVIR	2	
EPZICOM	3	
FUZEON	3	
INTELENCE	3	
INVIRASE CAPS	2	
INVIRASE TABS	3	
ISENTRESS	3	

Drug Name	Drug Tier	Requirements/Limits
KALETRA SOLN	3	
KALETRA TABS 100MG; 25MG	2	
KALETRA TABS 200MG; 50MG	3	
LEXIVA SUSP	2	
LEXIVA TABS	3	
NORVIR	2	
PREZISTA TABS 150MG, 75MG	2	
PREZISTA TABS 400MG, 600MG	3	
RESCRIPTOR	2	
RETROVIR IV INFUSION	2	
REYATAZ CAPS 100MG	2	
REYATAZ CAPS 150MG, 200MG, 300MG	3	
SELZENTRY	3	
<i>stavudine</i>	1	
SUSTIVA	2	
TRIZIVIR	3	
TRUVADA	3	
VICTRELIS	3	PA
VIDEX PEDIATRIC	2	
VIRACEPT POWD	2	
VIRACEPT TABS 250MG	2	
VIRACEPT TABS 625MG	3	
VIRAMUNE	2	
VIRAMUNE XR	2	
VIREAD	3	
ZIAGEN	2	
<i>zidovudine</i>	1	
ANTITUBERCULOSIS DRUGS		
CAPASTAT SULFATE	2	
<i>ethambutol hcl</i>	1	
<i>isonarif</i>	1	
<i>isoniazid</i>	1	
MYCOBUTIN	2	
PASER	2	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
SEROMYCIN	2	
TRECTOR	2	
CEPHALOSPORINS		
<i>cefaclor</i>	1	
<i>cefaclor er</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefotaxime sodium</i>	1	
<i>cefotetan</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	
<i>ceftriaxone sodium</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin</i>	1	
SUPRAX	2	
CHLORAMPHENICOLS		
<i>chloramphenicol sodium succinate</i>	1	
CLINDAMYCINS		
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate add-vantage</i>	1	
ERYTHROMYCINS		
E.E.S. GRANULES	2	
ERY-TAB	2	
ERYPED 200	2	
ERYPED 400	2	
ERYTHROCIN LACTOBIONATE	2	
<i>erythrocin stearate</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
ORAL ANTIFUNGAL DRUGS		
ANCOBON	3	
<i>clotrimazole</i>	1	
<i>fluconazole susr</i>	1	
<i>fluconazole tabs 100mg, 200mg, 50mg</i>	1	
<i>fluconazole tabs 150mg</i>	1	QL (2 per 7 days)
GRIFULVIN V	2	
GRIS-PEG	2	
<i>griseofulvin microsize</i>	1	
<i>itraconazole</i>	1	QL (136 per 34 days)
<i>ketoconazole</i>	1	
LAMISIL	2	
NOXAFIL	3	
<i>nystatin</i>	1	
SPORANOX	2	
<i>terbinafine hcl</i>	1	
VFEND	3	PA
<i>voriconazole tabs 50mg</i>	1	PA
<i>voriconazole tabs 200mg</i>	3	PA
OTHER ANTIINFECTIVE DRUGS		
ALINIA	2	
<i>aztreonam</i>	1	
<i>baciim</i>	1	
<i>bacitracin</i>	1	
CAYSTON	3	QL (84 per 28 days) LA

Drug Name	Drug Tier	Requirements/Limits
<i>colistimethate sodium</i>	1	
CUBICIN	3	B/D
DORIBAX	2	
INVANZ	2	
MEPRON	3	
<i>meropenem</i>	1	
<i>polymyxin b sulfate</i>	1	
PRIMAXIN I.M.	2	
PRIMAXIN IV	2	
SYNERCID	3	
TYGACIL	2	
VANCOCIN HCL	3	
<i>vancomycin hcl</i>	1	B/D
XIFAXAN TABS 200MG	2	
XIFAXAN TABS 550MG	3	
ZYVOX INJ	3	
ZYVOX SUSR, TABS	3	PA
OTHER ANTIVIRAL DRUGS		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	
<i>amantadine hcl</i>	1	
BARACLUDE SOLN	2	
BARACLUDE TABS	3	
DENAVIR	2	
EPIVIR HBV	2	
<i>famciclovir tabs 125mg</i>	1	QL (21 per 10 days)
<i>famciclovir tabs 500mg</i>	1	QL (21 per 7 days)
<i>famciclovir tabs 250mg</i>	1	QL (60 per 30 days)
<i>foscarnet sodium</i>	1	
<i>ganciclovir caps 250mg</i>	1	
<i>ganciclovir caps 500mg</i>	3	
<i>ganciclovir inj</i>	1	
HEPSERA	3	
RELENZA DISKHALER	2	QL (60 per 180 days)
<i>ribapak</i>	3	
<i>ribasphere caps</i>	1	
<i>ribasphere tabs 200mg</i>	1	
<i>ribasphere tabs 400mg, 600mg</i>	3	
<i>ribavirin</i>	1	
<i>rimantadine hcl</i>	1	
TAMIFLU SUSR	2	QL (900 per 180 days)
TAMIFLU CAPS 45MG, 75MG	2	QL (42 per 180 days)
TAMIFLU CAPS 30MG	2	QL (84 per 180 days)
TYZEKA	3	
<i>valacyclovir hcl</i>	1	QL (30 per 30 days)
VALCYTE	3	
VIRAZOLE	2	
ZOVIRAX	2	

Drug Name	Drug Tier	Requirements/Limits
OTHER MACROLIDES		
<i>azithromycin inj</i>	1	
<i>azithromycin susr 100mg/5ml</i>	1	QL (30 per 5 days)
<i>azithromycin susr 200mg/5ml</i>	1	QL (90 per 5 days)
<i>azithromycin tabs 600mg</i>	1	
<i>azithromycin tabs 500mg</i>	1	QL (4 per 4 days)
<i>azithromycin tabs 250mg</i>	1	QL (8 per 7 days)
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
OTHER TOPICAL ANTIFUNGALS		
<i>ciclopirox</i>	1	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clotrimazole</i>	1	
<i>econazole nitrate</i>	1	
<i>ketoconazole</i>	1	
<i>nyamyc</i>	1	
<i>nystatin</i>	1	
<i>nystop</i>	1	
<i>pedi-dri</i>	1	
PARENTERAL ANTIFUNGALS		
ABELCET	3	
AMBISOME	3	
<i>amphotericin b</i>	1	
CANCIDAS	3	
<i>fluconazole in dextrose</i>	1	
MYCAMINE	3	
VFEND IV	2	
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin/potassium clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
<i>ampicillin-sulbactam</i>	1	
<i>bactocill in dextrose inj 0; 1gm/50ml</i>	1	
<i>bactocill in dextrose inj 0; 2gm/50ml</i>	3	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium inj 1gm</i>	1	
<i>nafcillin sodium inj 10gm</i>	3	
<i>nallpen/dextrose</i>	3	
<i>oxacillin sodium inj 1gm</i>	1	
<i>oxacillin sodium inj 10gm</i>	3	
<i>penicillin g potassium</i>	1	
<i>penicillin g procaine</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sodium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
PLASMODICIDES		
<i>chloroquine phosphate</i>	1	
COARTEM	2	
DARAPRIM	2	
<i>hydroxychloroquine sulfate</i>	1	
MALARONE	2	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE	2	
QUALAQUIN	2	
QUINOLONES		
AVELOX	2	
AVELOX ABC PACK	2	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin extended-release</i>	1	
<i>ciprofloxacin hcl</i>	1	
LEVAQUIN	2	
<i>ofloxacin</i>	1	
SULFONAMIDES		
<i>erythromycin/sulfisoxazole</i>	1	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
TETRACYCLINES		
<i>demeclocycline hcl</i>	1	
<i>doxycycline hyclate</i>	1	
<i>doxycycline monohydrate</i>	1	
<i>minocycline hcl</i>	1	
<i>minocycline hcl er</i>	1	
<i>tetracycline hcl</i>	1	
TOPICAL ANTIBACTERIAL DRUGS		
<i>gentamicin sulfate</i>	1	
<i>mupirocin</i>	1	
<i>silver sulfadiazine</i>	1	
ssd	1	
SULFAMYLON	2	
<i>thermazene</i>	1	
TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.		
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>nystatin/triamcinolone</i>	1	
URINARY ANTIINFECTIVES		
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystalline</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
PRIMSOL	2	

Drug Name	Drug Tier	Requirements/Limits
<i>trimethoprim</i>	1	
VAGINAL ANTIFUNGALS		
<i>miconazole 3</i>	1	QL (3 per 3 days)
<i>terconazole crea 0.8%</i>	1	QL (20 per 3 days)
<i>terconazole crea 0.4%</i>	1	QL (45 per 7 days)
<i>terconazole supp</i>	1	QL (3 per 3 days)
ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS		
ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS		
AFINITOR	3	
ALIMTA	3	
AMEVIVE	3	PA LA
<i>amifostine</i>	3	
<i>anagrelide hydrochloride</i>	1	
<i>anastrozole</i>	1	
AVASTIN	2	
AZASAN	2	B/D
<i>azathioprine</i>	1	B/D
<i>azathioprine sodium</i>	1	B/D
<i>bicalutamide</i>	1	
CAMPATH	3	
CEENU	2	
CELLCEPT	3	B/D
CELLCEPT INTRAVENOUS	2	B/D
<i>cyclophosphamide</i>	1	B/D
<i>cyclosporine</i>	1	B/D
<i>cyclosporine modified</i>	1	B/D
DACOGEN	3	
DEPO-PROVERA	2	
DROXIA	2	
ELIGARD	2	PA
ELITEK	3	
EMCYT	2	
ENBREL	3	QL (10 per 30 days) PA
<i>exemestane</i>	1	
FARESTON	2	
FASLODEX	3	
<i>flutamide</i>	1	
<i>gengraf</i>	1	B/D
GLEEVEC	3	PA
HALAVEN	3	
HEXALEN	3	
HUMIRA	3	QL (5 per 30 days) PA
HUMIRA PEN-CROHNS DISEASESTARTER	3	QL (6 per 180 days) PA
<i>hydroxyurea</i>	1	
IRESSA	3	LA
<i>leflunomide</i>	1	QL (30 per 30 days)
<i>letrozole</i>	1	
<i>leucovorin calcium</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LEUKERAN	2	
LYSODREN	2	
MATULANE	3	
MEGACE ES	2	
<i>megestrol acetate</i>	1	
<i>mercaptopurine</i>	1	
<i>mesna</i>	1	
MESNEX	2	
<i>methotrexate</i>	1	B/D
<i>methotrexate sodium</i>	1	B/D
<i>mitoxantrone hcl</i>	1	B/D
<i>mycophenolate mofetil</i>	1	B/D
MYFORTIC	2	B/D
NEXAVAR	3	LA
NILANDRON	2	
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	3	
ORENCIA	3	PA
ORTHOCLONE OKT3	2	B/D
PROGRAF	2	B/D
RAPAMUNE SOLN	2	B/D
RAPAMUNE TABS 0.5MG, 1MG	2	B/D
RAPAMUNE TABS 2MG	3	B/D
REMICADE	3	PA
REVLIMID	3	LA
RITUXAN	3	PA
SANDOSTATIN LAR DEPOT INJ 10MG, 30MG	3	QL (1 per 28 days)
SANDOSTATIN LAR DEPOT INJ 20MG	3	QL (2 per 28 days)
SIMULECT	2	B/D
SPRYCEL	3	PA
SUTENT	3	
TABLOID	2	
<i>tacrolimus caps 0.5mg, 1mg</i>	1	B/D
<i>tacrolimus caps 5mg</i>	3	B/D
<i>tamoxifen citrate</i>	1	
TARCEVA	3	
TARGRETIN	3	
TASIGNA	3	PA
TRELSTAR DEPOT MIXJECT	3	
TRELSTAR LA MIXJECT	3	
TRELSTAR MIXJECT	3	
<i>tretinoin</i>	3	
TYKERB	3	PA
TYSABRI	3	PA LA
VANDETANIB	3	LA
VELCADE	3	
VIDAZA	3	
VOTRIENT	3	

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA	3	
ZORTRESS TABS 0.25MG	2	B/D
ZORTRESS TABS 0.5MG, 0.75MG	3	B/D
ZYTIGA	3	
AUTONOMIC AND CNS MEDICATIONS		
ANALGESICS		
<i>buprenorphine hcl</i>	1	
<i>butorphanol tartrate</i>	1	
<i>nalbuphine hcl</i>	1	
<i>tramadol hcl</i>	1	QL (240 per 30 days)
<i>tramadol hcl er</i>	1	QL (30 per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	1	QL (240 per 30 days)
ANTIDEMENTIA DRUGS		
<i>donepezil hcl</i>	1	
EXELON	2	
<i>galantamine hydrobromide</i>	1	
NAMENDA	2	
NAMENDA TITRATION PAK	2	
<i>rivastigmine tartrate</i>	1	
ANTIMANIA DRUGS		
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium citrate</i>	1	
ANTIPARKINSON ANTICHOLINERGIC DRUGS		
<i>benztropine mesylate</i>	1	
<i>trihexyphenidyl hcl</i>	1	
ANTIPSYCHOTIC DRUGS		
ABILIFY DISCMELT	2	QL (60 per 30 days)
ABILIFY INJ, ORAL SOLN	2	
ABILIFY TABS 10MG, 15MG, 2MG, 5MG	2	QL (30 per 30 days)
ABILIFY TABS 20MG, 30MG	3	QL (30 per 30 days)
<i>chlorpromazine hcl</i>	1	
<i>clozapine</i>	1	
FANAPT	2	QL (60 per 30 days)
FANAPT TITRATION PACK	2	QL (1 per 30 days)
FAZACLO	2	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
GEODON INJ	2	
GEODON CAPS	2	QL (60 per 30 days)
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
INVEGA SUSTENNA INJ 39MG/0.25ML, 78MG/0.5ML	2	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	3	
INVEGA TB24 1.5MG, 3MG, 9MG	2	QL (30 per 30 days)
INVEGA TB24 6MG	2	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
LATUDA	2	QL (30 per 30 days)
<i>loxapine succinate</i>	1	
ORAP	2	
<i>perphenazine</i>	1	
RISPERDAL CONSTA INJ 12.5MG, 25MG	2	
RISPERDAL CONSTA INJ 37.5MG, 50MG	3	
<i>risperidone odt</i>	1	QL (60 per 30 days)
<i>risperidone soln</i>	1	QL (544 per 30 days)
<i>risperidone tabs</i>	1	QL (60 per 30 days)
SAPHRIS	2	QL (60 per 30 days)
SEROQUEL XR TB24 150MG, 200MG	2	QL (30 per 30 days)
SEROQUEL XR TB24 300MG, 400MG, 50MG	2	QL (60 per 30 days)
SEROQUEL TABS 300MG, 400MG	2	QL (60 per 30 days)
SEROQUEL TABS 100MG, 200MG, 25MG, 50MG	2	QL (90 per 30 days)
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
ZYPREXA ZYDIS TBDP 10MG, 5MG	2	QL (30 per 30 days)
ZYPREXA ZYDIS TBDP 15MG, 20MG	3	QL (30 per 30 days)
ZYPREXA INJ	2	
ZYPREXA TABS 10MG, 2.5MG, 5MG, 7.5MG	2	QL (30 per 30 days)
ZYPREXA TABS 15MG, 20MG	3	QL (30 per 30 days)
ANTIVERTIGO AND ANTIEMETIC DRUGS		
ALOXI	3	QL (10 per 30 days)
CESAMET	3	QL (30 per 5 days) B/D
<i>compro</i>	1	
<i>dronabinol caps 2.5mg, 5mg</i>	1	B/D
<i>dronabinol caps 10mg</i>	3	B/D
EMEND CAPS 125MG, 40MG	2	QL (1 per 1 days) B/D
EMEND CAPS 80MG	2	QL (2 per 2 days) B/D
EMEND CAPS 0	2	QL (3 per 3 days) B/D
<i>granisetron hcl inj</i>	1	
<i>granisetron hcl tabs</i>	1	QL (2 per 1 days) B/D
<i>granisol</i>	1	QL (30 per 3 days) B/D
<i>meclizine hcl</i>	1	
<i>ondansetron hcl inj</i>	1	
<i>ondansetron hcl oral soln</i>	1	QL (150 per 5 days) B/D
<i>ondansetron hcl tabs 24mg</i>	1	QL (1 per 1 days) B/D
<i>ondansetron hcl tabs 4mg, 8mg</i>	1	QL (12 per 5 days) B/D
<i>ondansetron odt</i>	1	QL (12 per 5 days) B/D
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl</i>	1	
<i>promethegan</i>	1	
<i>trimethobenzamide hcl</i>	1	
ANXIOLYTICS		

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hcl</i>	1	
<i>meprobamate</i>	1	
CARBAMAZEPINES		
<i>carbamazepine</i>	1	
<i>carbamazepine er</i>	1	
<i>epitol</i>	1	
<i>oxcarbazepine</i>	1	
TEGRETOL-XR	2	
CLASS II NARCOTICS		
<i>codeine sulfate</i>	1	
<i>endocet</i>	1	
<i>endodan</i>	1	
<i>fentanyl</i>	1	
<i>fentanyl citrate</i>	1	
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	1	QL (120 per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	3	QL (120 per 30 days) PA
<i>hydromorphone hcl</i>	1	
<i>levorphanol tartrate</i>	1	
<i>meperidine hcl</i>	1	
<i>methadone hcl</i>	1	
<i>methadose</i>	1	
<i>morphine sulfate</i>	1	
<i>morphine sulfate er</i>	1	QL (120 per 30 days)
OPANA ER TB12 10MG, 20MG, 30MG, 5MG	2	QL (90 per 30 days) ST
OPANA ER TB12 40MG	3	QL (90 per 30 days) ST
<i>oxycodone hcl</i>	1	
<i>oxycodone/acetaminophen</i>	1	
<i>oxycodone/aspirin</i>	1	
<i>oxycodone/ibuprofen</i>	1	
OXYCONTIN TB12 10MG, 15MG, 20MG, 30MG, 40MG, 60MG	2	QL (90 per 30 days) ST
OXYCONTIN TB12 80MG	3	QL (90 per 30 days) ST
<i>oxymorphone hydrochloride</i>	1	
<i>roxicet</i>	1	
CLASS III NARCOTICS		
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	1	
<i>acetaminophen/codeine</i>	1	
<i>acetaminophen/codeine #3</i>	1	
<i>acetaminophen/codeine #4</i>	1	
<i>buprenorphine hcl</i>	1	
<i>co-gesic</i>	1	
<i>hydrocodone bitartrate/acetaminophen</i>	1	
<i>hydrocodone/acetaminophen</i>	1	
<i>hydrocodone/ibuprofen</i>	1	
<i>margesic-h</i>	1	
<i>reprexain</i>	1	
<i>stagesic</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE	2	QL (90 per 30 days)
<i>zamicet</i>	1	
CNS STIMULANT DRUGS		
<i>amphetamine/dextroamphetamine</i>	1	
<i>dexmethylphenidate hcl</i>	1	
<i>dextroamphetamine sulfate</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
METADATE CD	2	
<i>metadate er</i>	1	
<i>methamphetamine hcl</i>	1	
<i>methylin</i>	1	
<i>methylin er</i>	1	
<i>methylphenidate hcl</i>	1	
<i>methylphenidate hcl sr</i>	1	
<i>methylphenidate hydrochloride</i>	1	
PROVIGIL	2	PA
DRUGS TO PREVENT AND TREAT HEADACHES		
<i>ascomp/codeine</i>	1	
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	
<i>butorphanol tartrate</i>	1	QL (5 per 3 days)
<i>dihydroergotamine mesylate</i>	1	
ERGOMAR	2	
<i>ergotamine tartrate/caffeine</i>	1	
FROVA	2	QL (27 per 28 days)
MAXALT	2	QL (36 per 28 days)
MAXALT-MLT	2	QL (36 per 28 days)
<i>migergot</i>	1	
<i>naratriptan hcl</i>	1	QL (18 per 28 days)
<i>sumatriptan succinate inj</i>	1	QL (16 per 28 days)
<i>sumatriptan succinate tabs</i>	1	QL (18 per 28 days)
ZOMIG	2	QL (18 per 28 days)
HYDANTOINS		
DILANTIN	2	
DILANTIN INFATABS	2	
<i>fosphenytoin sodium</i>	1	
PEGANONE	2	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
MAO INHIBITORS		
EMSAM	2	
MARPLAN	2	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
OTHER ANTICONVULSANTS		
BANZEL SUSP	2	
BANZEL TABS 200MG	2	
BANZEL TABS 400MG	3	

Drug Name	Drug Tier	Requirements/Limits
FELBATOL	2	
<i>gabapentin</i>	1	
GABITRIL	2	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
LYRICA	2	
<i>primidone</i>	1	
SABRIL	3	LA
<i>topiramate</i>	1	PA
VIMPAT INJ	2	
VIMPAT ORAL SOLN, TABS	2	PA
<i>zonisamide</i>	1	PA
OTHER ANTIDEPRESSANTS		
<i>budeprion sr</i>	1	QL (60 per 30 days)
<i>budeprion xl</i>	1	QL (30 per 30 days)
<i>bupropion hcl</i>	1	
<i>bupropion hcl sr tb12 100mg, 200mg</i>	1	QL (60 per 30 days)
<i>bupropion hcl sr tb12 150mg</i>	1	QL (68 per 30 days)
CYMBALTA CPEP 30MG	2	QL (30 per 30 days) ST
CYMBALTA CPEP 20MG, 60MG	2	QL (60 per 30 days) ST
<i>maprotiline hcl</i>	1	
<i>mirtazapine</i>	1	
<i>mirtazapine odt</i>	1	
<i>nefazodone hcl</i>	1	
<i>perphenazine/amitriptyline</i>	1	
PRISTIQ	2	QL (30 per 30 days) ST
SAVELLA	2	QL (60 per 30 days) ST
SAVELLA TITRATION PACK	2	QL (1 per 30 days) ST
<i>trazodone hcl</i>	1	
<i>venlafaxine hcl</i>	1	QL (90 per 30 days)
<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	1	QL (30 per 30 days)
<i>venlafaxine hcl er cp24 75mg</i>	1	QL (90 per 30 days)
OTHER ANTIPARKINSON DRUGS		
APOKYN	3	LA
AZILECT	2	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa cr</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa/levodopa sr</i>	1	
COMTAN	2	
LODOSYN	2	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hcl</i>	1	
<i>selegiline hcl</i>	1	
STALEVO 100	2	
STALEVO 125	2	
STALEVO 150	2	

Drug Name	Drug Tier	Requirements/Limits
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	
TASMAR	3	
OTHER CNS/AUTONOMIC DRUGS		
ANTABUSE	2	
<i>atropine sulfate</i>	1	
<i>depade</i>	1	
<i>guanidine hcl</i>	1	
MESTINON	2	
MESTINON TIMESPAN	2	
<i>naloxone hcl</i>	1	
<i>naltrexone hcl</i>	1	
NUDEXTA	2	PA
<i>pyridostigmine bromide</i>	1	
STRATTERA	2	
XENAZINE	3	PA LA
XYREM	3	LA
SECONDARY AMINES		
<i>amoxapine</i>	1	
<i>desipramine hcl</i>	1	
<i>nortriptyline hcl</i>	1	
<i>protriptyline hcl</i>	1	
SEDATIVE/HYPNOTIC DRUGS		
ROZEREM	2	QL (30 per 30 days) ST
<i>zaleplon caps 5mg</i>	1	QL (30 per 30 days)
<i>zaleplon caps 10mg</i>	1	QL (60 per 30 days)
<i>zolpidem tartrate</i>	1	QL (30 per 30 days)
<i>zolpidem tartrate er</i>	1	QL (30 per 30 days)
SELECTIVE SEROTONIN REUPTAKE INHIBITORS		
<i>citalopram hydrobromide soln</i>	1	
<i>citalopram hydrobromide tabs</i>	1	QL (30 per 30 days)
<i>fluoxetine dr</i>	1	QL (5 per 30 days)
<i>fluoxetine hcl caps 20mg</i>	1	
<i>fluoxetine hcl caps 10mg</i>	1	QL (30 per 30 days)
<i>fluoxetine hcl caps 40mg</i>	1	QL (60 per 30 days)
<i>fluoxetine hcl soln</i>	1	
<i>fluoxetine hcl tabs 20mg</i>	1	
<i>fluoxetine hcl tabs 10mg</i>	1	QL (30 per 30 days)
<i>fluvoxamine maleate tabs 25mg</i>	1	QL (30 per 30 days)
<i>fluvoxamine maleate tabs 50mg</i>	1	QL (60 per 30 days)
<i>fluvoxamine maleate tabs 100mg</i>	1	QL (90 per 30 days)
<i>paroxetine hcl er</i>	1	QL (60 per 30 days)
<i>paroxetine hcl susp</i>	1	
<i>paroxetine hcl tabs 10mg, 40mg</i>	1	QL (30 per 30 days)
<i>paroxetine hcl tabs 20mg, 30mg</i>	1	QL (60 per 30 days)
<i>rapiflux</i>	1	
<i>selfemra caps 20mg</i>	1	QL (140 per 14 days)

Drug Name	Drug Tier	Requirements/Limits
<i>selfemra caps 10mg</i>	1	QL (35 per 14 days)
<i>sertraline hcl conc</i>	1	
<i>sertraline hcl tabs 25mg</i>	1	QL (30 per 30 days)
<i>sertraline hcl tabs 100mg, 50mg</i>	1	QL (60 per 30 days)
VIIBRYD	2	QL (30 per 30 days) ST
SMOKING CESSATION PRODUCTS		
<i>buproban</i>	1	
CHANTIX	2	
NICOTROL INHALER	2	
NICOTROL NS	2	
SUCCINIMIDES		
CELONTIN	2	
<i>ethosuximide</i>	1	
TERTIARY AMINES		
<i>amitriptyline hcl</i>	1	
<i>clomipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
SURMONTIL	2	
VALPROIC ACID AND DERIVATIVES		
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
CARDIOVASCULAR MEDICATIONS		
AMIODARONES		
<i>amiodarone hcl</i>	1	
<i>pacerone</i>	1	
ANGIOTENSIN CONVERTING ENZYME INHIBITORS		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
DIOVAN	2	
<i>losartan potassium</i>	1	
MICARDIS	2	
ANTIDYSRHYTHMIC DRUGS		
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
<i>procainamide hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate</i>	1	
<i>quinidine sulfate er</i>	1	
BETA-ADRENERGIC ANTAGONIST DRUGS		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>labetalol hcl</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate</i>	1	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>timolol maleate</i>	1	
CALCIUM ANTAGONISTS		
<i>afeditab cr</i>	1	
<i>amlodipine besylate</i>	1	
<i>cartia xt</i>	1	
<i>dilt-cd</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i>	1	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl er</i>	1	
<i>diltzac</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i>	1	
<i>nicardipine hcl</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
<i>nisoldipine er</i>	1	
<i>taztia xt</i>	1	
<i>verapamil hcl</i>	1	
<i>verapamil hcl er</i>	1	
CARDIAC GLYCOSIDES		
<i>digoxin</i>	1	
CENTRALLY ACTING ANTIHYPERTENSIVES		
<i>clonidine hcl tabs</i>	1	
<i>clonidine hcl ptwk</i>	1	QL (5 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>guanabenz acetate</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa</i>	1	
<i>methyldopate hcl</i>	1	
DRUGS FOR PHEOCHROMOCYTOMA		
DEMSEER	2	
DIBENZYLIN	2	
ENDOTHELIN RECPTR ANTAGONIST		
LETAIRIS	3	PA LA
TRACLEER	3	PA LA
HMG-COA REDUCTASE INHIBITORS		
ADVICOR TB24 20MG; 500MG	2	QL (30 per 30 days)
ADVICOR TB24 20MG; 1000MG, 20MG; 750MG, 40MG; 1000MG	2	QL (60 per 30 days)
CRESTOR	2	QL (30 per 30 days)
LIPITOR	2	QL (34 per 30 days)
<i>lovastatin tabs 10mg</i>	1	QL (30 per 30 days)
<i>lovastatin tabs 20mg, 40mg</i>	1	QL (60 per 30 days)
<i>pravastatin sodium</i>	1	QL (30 per 30 days)
SIMCOR TB24 1000MG; 40MG, 500MG; 20MG, 500MG; 40MG	2	QL (30 per 30 days)
SIMCOR TB24 750MG; 20MG	2	QL (60 per 30 days)
<i>simvastatin</i>	1	QL (30 per 30 days)
VYTORIN	2	QL (30 per 30 days)
HYPOLIPOPROTEINEMICS		
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>gemfibrozil</i>	1	
LIPOFEN	2	ST
LOVAZA	2	
NIASPAN	2	
<i>prevalite</i>	1	
WELCHOL	2	
ZETIA	2	
LOOP DIURETICS		
<i>bumetanide</i>	1	
<i>furosemide</i>	1	
<i>toremide</i>	1	
NITRATES		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>nitro-bid</i>	1	
<i>nitroglycerin</i>	1	
<i>nitroglycerin transdermal</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NITROSTAT	2	
OTHER ANTIARRHYTHMICS		
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
TIKOSYN	2	
OTHER ANTIHYPERTENSIVES		
<i>amlodipine besylate/benazepril hcl</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
AMTURNIDE	2	
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
DIOVAN HCT	2	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
EXFORGE	2	
EXFORGE HCT	2	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>methyldopa/hydrochlorothiazide</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
MICARDIS HCT	2	
<i>moexipril/hydrochlorothiazide</i>	1	
<i>nadolol/bendroflumethiazide</i>	1	
<i>propranolol/hydrochlorothiazide</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>reserpine</i>	1	
TEKAMLO	2	
TEKTURNA	2	
TEKTURNA HCT	2	
TWYNSTA	2	
OTHER CARDIOVASCULAR DRUGS		
<i>midodrine hcl</i>	1	
<i>pentopak</i>	1	
<i>pentoxifylline er</i>	1	
RANEXA	2	
OTHER VASODILATING DRUGS		
ADCIRCA	3	QL (60 per 30 days) PA
REMODULIN	3	PA LA
REVATIO INJ	3	
REVATIO TABS	3	QL (90 per 30 days) PA
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene/hydrochlorothiazide</i>	1	
THIAZIDE AND RELATED DRUGS		
<i>chlorothiazide</i>	1	
<i>chlorothiazide sodium</i>	3	
<i>chlorthalidone</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
VASODILATOR ANTIHYPERTENSIVES		
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg</i>	1	QL (30 per 30 days)
<i>doxazosin mesylate tabs 8mg</i>	1	QL (60 per 30 days)
<i>hydralazine hcl</i>	1	
<i>minoxidil</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl caps 1mg, 2mg, 5mg</i>	1	QL (30 per 30 days)
<i>terazosin hcl caps 10mg</i>	1	QL (60 per 30 days)
DERMATOLOGICAL MEDICATIONS		
ANTIACNE DRUGS		
<i>adapalene</i>	1	PA
<i>clindamycin phosphate</i>	1	
<i>clindamycin/benzoyl peroxide</i>	1	
<i>ery</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin/benzoyl peroxide</i>	1	
<i>metronidazole</i>	1	
<i>tretinoin</i>	1	
ANTIPRURITIC DRUGS		
<i>hydroxyzine hcl inj</i>	1	
<i>hydroxyzine hcl syrp, tabs</i>	1	PA
<i>hydroxyzine pamoate</i>	1	PA
ANTIPSORIASIS AND ANTIECZEMA DRUGS		
<i>calcipotriene</i>	1	
DOVONEX	2	
<i>selenium sulfide</i>	1	
<i>sodium sulfacetamide</i>	1	
SORIATANE	3	
TAZORAC	2	PA
KERATOLYTIC DRUGS		
<i>podofilox</i>	1	
ORAL DERMATOLOGICAL DRUGS		
8-MOP	3	
<i>amnesteem</i>	1	
<i>claravis</i>	1	
OXSORALEN ULTRA	3	
<i>sotret</i>	1	
SCABICIDES		
<i>acticin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
EURAX	2	
LINDANE	2	
malathion	1	
permethrin	1	
TOPICAL CORTICOSTEROID DRUGS		
alclometasone dipropionate	1	
amcinonide	1	
augmented betamethasone dipropionate	1	
betamethasone dipropionate	1	
betamethasone valerate	1	
clobetasol propionate	1	
clobetasol propionate e	1	
desonide	1	
desoximetasone	1	
diflorasone diacetate	1	
fluocinolone acetonide	1	
fluocinonide	1	
fluocinonide emollient base	1	
fluticasone propionate	1	
halobetasol propionate	1	
hydrocortisone	1	
hydrocortisone butyrate	1	
hydrocortisone valerate	1	
mometasone furoate	1	
prednicarbate	1	
triamcinolone acetonide	1	
triamcinolone acetonide in absorbbase	1	
triderm	1	
TOPICAL DERMATOLOGICAL DRUGS		
ammonium lactate	1	
ELIDEL	2	ST
FLUOROPLEX	2	
fluorouracil	1	
imiquimod	1	
OXSORALEN	2	
PANRETIN	3	
PROTOPIC	2	ST
REGRANEX	2	QL (30 per 30 days) PA
SANTYL	2	
SOLARAZE	2	PA
ZONALON	2	
ZYCLARA	2	
DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS		
DIAGNOSTIC PRODUCTS		
CHEMET	2	
EXJADE TBSO 125MG	2	LA
EXJADE TBSO 250MG, 500MG	3	LA
MISCELLANEOUS DRUGS		

Drug Name	Drug Tier	Requirements/Limits
ADAGEN	3	LA
AMPYRA	3	PA LA
BUPHENYL	3	
COPAXONE	3	QL (30 per 30 days) PA
CYKLOKAPRON	2	
<i>ergoloid mesylates</i>	1	
<i>fomepizole</i>	1	
GILENYA	3	PA
ORFADIN	3	LA
THALOMID	3	
EAR-NOSE-THROAT MEDICATIONS		
DRUGS AFFECTING THE EAR		
<i>acetazol hc</i>	1	
<i>acetic acid</i>	1	
CIPRODEX	2	
<i>cortomycin</i>	1	
DERMOTIC	2	
<i>hydrocortisone/acetic acid</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	
<i>ofloxacin</i>	1	
DRUGS AFFECTING THE NOSE		
<i>azelastine hcl</i>	1	QL (60 per 30 days)
<i>flunisolide</i>	1	QL (75 per 30 days)
<i>fluticasone propionate</i>	1	QL (32 per 30 days)
<i>ipratropium bromide nasal soln 0.06%</i>	1	QL (30 per 30 days)
<i>ipratropium bromide nasal soln 0.03%</i>	1	QL (60 per 30 days)
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
DRUGS AFFECTING THE THROAT AND MOUTH		
<i>chlorhexidine gluconate oral rinse</i>	1	
<i>doxycycline hyclate</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone in orabase</i>	1	
ENDOCRINE MEDICATIONS		
AMYLIN ANALOGUES		
SYMLIN	2	QL (35 per 30 days) PA
SYMLINPEN 120	2	QL (22 per 30 days) PA
SYMLINPEN 60	2	QL (12 per 30 days) PA
ANTITHYROID DRUGS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
DIPEPTIDYL PEPTIDASE-IV INHIB AND COMBOS		
JANUMET	2	QL (60 per 30 days)
JANUVIA	2	QL (30 per 30 days)
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	2	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
KOMBIGLYZE XR TB24 1000MG; 2.5MG	2	QL (60 per 30 days)
ONGLYZA	2	QL (30 per 30 days)
GLUCOCORTICOID DRUGS		
<i>a-methapred</i>	1	
<i>cortisone acetate</i>	1	
<i>dexamethasone</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>hydrocortisone</i>	1	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodiumsuccinate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
<i>veripred 20</i>	1	
GLUCOSE ELEVATING DRUGS		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	2	
INCRETIN MIMETICS		
BYETTA INJ 5MCG/0.02ML	2	QL (2 per 30 days)
BYETTA INJ 10MCG/0.04ML	2	QL (5 per 30 days) PA
VICTOZA	2	
INSULIN		
HUMALOG	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 75/25	2	
HUMULIN 70/30	2	
HUMULIN N	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
LANTUS	2	
LEVEMIR	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
MINERALOCORTICOID DRUGS		
<i>fludrocortisone acetate</i>	1	
ORAL HYPOGLYCEMICS AND COMBOS		
<i>acarbose</i>	1	
ACTOPLUS MET	2	QL (90 per 30 days)
ACTOPLUS MET XR	2	QL (30 per 30 days)
ACTOS	2	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AVANDAMET	2	QL (60 per 30 days)
AVANDARYL	2	QL (30 per 30 days)
AVANDIA TABS 8MG	2	QL (30 per 30 days)
AVANDIA TABS 2MG, 4MG	2	QL (60 per 30 days)
DUETACT	2	QL (30 per 30 days)
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin hcl</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hcl</i>	1	
<i>glycron</i>	1	
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
<i>nateglinide</i>	1	
RIOMET	2	
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	
OTHER ENDOCRINE DRUGS		
ALDURAZYME	3	LA
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	1	QL (30 per 30 days)
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (5 per 30 days)
BONIVA	2	QL (1 per 30 days) ST
<i>cabergoline</i>	1	QL (20 per 30 days)
<i>calcitonin-salmon</i>	1	
CEREZYME	3	LA
<i>desmopressin acetate</i>	1	
ELAPRASE	3	LA
<i>etidronate disodium</i>	1	
FABRAZYME	3	LA
FORTEO	3	QL (1 per 28 days) PA
<i>fortical</i>	1	
FOSAMAX PLUS D	2	QL (5 per 30 days)
KUVAN	3	LA
MIACALCIN	2	B/D
MYOZYME	3	LA
NAGLAZYME	3	LA
<i>pamidronate disodium</i>	1	B/D
RECLAST	2	PA
SAMSCA	3	QL (60 per 30 days) PA
SENSIPAR TABS 30MG	2	
SENSIPAR TABS 60MG, 90MG	3	
SOMAVERT	3	LA
VPRIV	3	
XGEVA	3	
ZAVESCA	3	LA
ZOMETA	3	

Drug Name	Drug Tier	Requirements/Limits			
THYROID SUPPLEMENTS					
<i>levothroid</i>	1				
<i>levothyroxine sodium</i>	1				
<i>levoxyl</i>	1				
<i>liothyronine sodium</i>	1				
THYROLAR-1	2				
THYROLAR-1/4	2				
THYROLAR-2	2				
THYROLAR-3	2				
<i>unithroid</i>	1				
GASTROINTESTINAL MEDICATIONS					
ANTIDIARRHEAL DRUGS					
<i>diphenoxylate/atropine</i>	1				
<i>loperamide hcl</i>	1				
ANTISPASMODICS/DRUGS AFFECT GI MOTILITY					
<i>glycopyrrolate</i>	1				
<i>metoclopramide hcl</i>	1				
ANTIULCER DRUGS					
<i>cimetidine</i>	1				
<i>cimetidine hcl</i>	1				
<i>famotidine</i>	1				
<i>famotidine premixed</i>	1				
<i>nizatidine</i>	1				
<i>ranitidine hcl</i>	1				
IRRITABLE BOWEL DRUGS					
AMITIZA	2				
LOTRONEX	3				
LAXATIVES AND CATHARTICS					
<i>polyethylene glycol 3350</i>	1				
VISICOL	2				
OTHER ANTIULCER DRUGS					
CARAFATE	2				
<i>misoprostol</i>	1				
<i>sucralfate</i>	1				
OTHER GI DRUGS					
APRISO	2				
<i>balsalazide disodium</i>	1				
CANASA	2				
CORTIFOAM	2				
CREON	2				
ENTOCORT EC	3				
<i>gavilyte-c</i>	1				
<i>gavilyte-g</i>	1				
<i>gavilyte-n/flavor pack</i>	1				
<i>hydrocortisone</i>	1				
<i>mesalamine</i>	1				
PENTASA	2				
<i>procto-pak</i>	1				

Drug Name	Drug Tier	Requirements/Limits
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
RELISTOR	2	
<i>sulfasalazine</i>	1	
<i>sulfazine ec</i>	1	
<i>trilyte</i>	1	
<i>ursodiol</i>	1	
ZENPEP	2	
PROTON PUMP INHIBITORS		
<i>lansoprazole odt tbdp 30mg</i>	1	
<i>lansoprazole odt tbdp 15mg</i>	1	QL (30 per 30 days)
<i>lansoprazole cpdr 30mg</i>	1	
<i>lansoprazole cpdr 15mg</i>	1	QL (30 per 30 days)
NEXIUM I.V.	2	
NEXIUM CPDR 20MG	2	QL (30 per 30 days) ST
NEXIUM CPDR 40MG	2	ST
NEXIUM PACK 10MG, 20MG	2	QL (30 per 30 days) ST
NEXIUM PACK 40MG	2	ST
<i>omeprazole/sodium bicarbonate caps 40mg; 1100mg</i>	1	
<i>omeprazole/sodium bicarbonate caps 20mg; 1100mg</i>	1	QL (30 per 30 days)
<i>omeprazole cpdr 40mg</i>	1	
<i>omeprazole cpdr 10mg, 20mg</i>	1	QL (30 per 30 days)
<i>pantoprazole sodium tbec 40mg</i>	1	
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 per 30 days)
IMMUNOLOGICALS AND VACCINES		
GROWTH HORMONES AND RELATED DRUGS		
EGRIFTA	3	PA
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML	2	PA
OMNITROPE INJ 5.8MG	3	PA
TEV-TROPIN	2	PA
HEMATOPOIETIC AGENTS		
MOZOBIL	3	
IMMUNOLOGICALS AND VACCINES		
ACTHIB	2	
ADACEL	2	
ATGAM	3	B/D
BOOSTRIX	2	
CARIMUNE NANOFILTERED	3	B/D
CERVARIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	
DIPHThERIA/TETANUS TOXOID PEDIATRIC	2	
ENGERIX-B	2	
GAMASTAN S/D	2	
GAMUNEX	3	B/D
GARDASIL	2	
HAVRIX	2	

Drug Name	Drug Tier	Requirements/Limits
HIZENTRA	2	PA
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
JE-VAX	2	
KEPIVANCE	3	LA
M-M-R II W/DILUENT 10 DOSE	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
PEDVAX HIB	2	
PRIVIGEN	3	B/D
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	3	PA
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	
ROTATEQ	2	
<i>tetanus toxoid adsorbed</i>	1	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	2	
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	
INSULIN LIKE GROWTH FACTORS-1		
INCRELEX	3	PA LA
INTERFERONS		
ACTIMMUNE	3	LA
AVONEX	3	QL (4 per 28 days) PA
BETASERON	3	QL (15 per 30 days) PA
INFERGEN	3	
INTRON-A W/DILUENT	2	
INTRON-A INJ 3MU/0.2ML, 6000000UNIT/ML	2	
INTRON-A INJ 10MU/0.2ML, 5MU/0.2ML	3	
PEGASYS	3	QL (4 per 28 days) PA
REBIF	3	QL (8 per 30 days) PA
REBIF TITRATION PACK	3	QL (12 per 28 days) PA
INTERLEUKIN RECPT R ANTAGONIST		
ACTEMRA	3	PA
ARCALYST	3	PA LA
KINERET	3	PA
INTERLEUKINS		

Drug Name	Drug Tier	Requirements/Limits
NEUMEGA	3	QL (21 per 21 days)
PROLEUKIN	3	
MYELOID STIMULANTS		
LEUKINE	3	
NEULASTA	3	QL (2 per 30 days) PA
NEUPOGEN	3	PA
THROMBOPOIETIC AGENTS		
PROMACTA	3	PA LA
MEDICAL (MISCELLANEOUS) SUPPLIES		
DIABETIC SUPPLIES		
ALCOHOL PREPS	2	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	2	
CURITY GAUZE PADS 2"X2"	2	
MUSCULOSKELETAL MEDICATIONS		
CNS MUSCLE RELAXANTS		
<i>chlorzoxazone</i>	1	PA
<i>metaxalone</i>	1	PA
<i>methocarbamol</i>	1	PA
<i>orphenadrine citrate</i>	1	
<i>orphenadrine citrate er</i>	1	PA
<i>orphenadrine compound ds</i>	1	PA
<i>orphenadrine/asa/caffeine</i>	1	PA
RILUTEK	3	
DIRECT MUSCLE RELAXANTS		
<i>baclofen</i>	1	
<i>dantrolene sodium</i>	1	
<i>tizanidine hcl</i>	1	
DRUGS TO PREVENT AND TREAT GOUT		
<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	
COLCRYS	2	
<i>probenecid</i>	1	
<i>probenecid/colchicine</i>	1	
ULORIC	2	ST
NON-STEROIDAL ANTIINFLAMMATORY AGENTS		
CELEBREX	2	
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium ec</i>	1	
<i>diclofenac sodium xr</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>fenoprofen calcium</i>	1	
<i>flurbiprofen</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen</i>	1	
<i>ketoprofen er</i>	1	
<i>ketorolac tromethamine inj</i>	1	
<i>ketorolac tromethamine tabs</i>	1	QL (20 per 5 days)
<i>meclofenamate sodium</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam susp</i>	1	
<i>meloxicam tabs 15mg</i>	1	
<i>meloxicam tabs 7.5mg</i>	1	QL (30 per 30 days)
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
OTHER DRUGS FOR ARTHRITIS		
CUPRIMINE	2	
RIDAURA	2	
SYPRINE	3	
SALICYLATES AND RELATED DRUGS		
<i>diflunisal</i>	1	
OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS		
ANDROGEN DRUGS		
ANADROL-50	3	PA
ANDROXY	2	
<i>danazol</i>	1	
FORTESTA	2	PA
METHITEST	2	
<i>oxandrolone</i>	1	PA
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
CONTRACEPTIVES		
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
<i>cesia</i>	1	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>enpresse-28</i>	1	
<i>gianvi</i>	1	
<i>junel 1.5/30</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>leena</i>	1	
<i>lessina-28</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>mononessa</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35-28</i>	1	
<i>necon 10/11-28</i>	1	
<i>necon 7/7/7</i>	1	
<i>next choice</i>	1	QL (2 per 1 days)
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>ocella</i>	1	
<i>ogestrel</i>	1	
<i>portia-28</i>	1	
<i>previfem</i>	1	
<i>quasense</i>	1	
<i>reclipsen</i>	1	
<i>solia</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trinessa</i>	1	
<i>trivora-28</i>	1	
<i>velivet</i>	1	
<i>zeosa</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
ESTROGEN DRUGS		
ESTRACE	2	
<i>estradiol valerate</i>	1	
<i>estradiol tabs</i>	1	
<i>estradiol ptwk</i>	1	QL (5 per 30 days)
<i>estropipate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MENEST	2	
PREMARIN W/APPLICATOR	2	
VAGIFEM	2	
ESTROGEN/PROGESTIN COMBINATIONS		
<i>estradiol/norethindrone acetate</i>	1	
<i>jinteli</i>	1	
PREMPHASE	2	
PREMPRO	2	
OB/GYN TOPICAL ANTIINFECTIVES		
<i>clindamycin phosphate</i>	1	
<i>metronidazole vaginal</i>	1	
<i>vandazole</i>	1	
OXYTOCICS		
METHERGINE	2	
PRENATAL VITAMINS		
<i>prenatabs obn</i>	1	
PROGESTIN DRUGS		
<i>camila</i>	1	
<i>errin</i>	1	
<i>jolivette</i>	1	
<i>medroxyprogesterone acetate tabs</i>	1	
<i>medroxyprogesterone acetate inj</i>	1	QL (1 per 90 days)
<i>nora-be</i>	1	
<i>norethindrone acetate</i>	1	
PROMETRIUM	2	
SELECTIVE ESTROGEN RECEPTOR MODULATOR		
EVISTA	2	
SPECIALIZED OB/GYN DRUGS		
<i>chorionic gonadotropin</i>	1	QL (3 per 30 days) PA
<i>leuprolide acetate</i>	1	
LUPRON DEPOT-PED	3	PA
LUPRON DEPOT INJ 11.25MG, 22.5MG, 3.75MG, 30MG	2	PA
LUPRON DEPOT INJ 7.5MG	3	PA
<i>novarel</i>	1	PA
SYNAREL	3	
OPHTHALMIC MEDICATIONS		
ANTIGLAUCOMA DRUGS		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	
ALPHAGAN P	2	
<i>apraclonidine</i>	1	
<i>betaxolol hcl</i>	1	
<i>brimonidine tartrate</i>	1	
<i>carteolol hcl</i>	1	
COMBIGAN	2	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>latanoprost</i>	1	
<i>levobunolol hcl</i>	1	
LUMIGAN	2	
<i>methazolamide</i>	1	
<i>metipranolol</i>	1	
PHOSPHOLINE IODIDE	2	
<i>timolol maleate</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	
OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS		
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	
<i>poly-dex</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
<i>tobramycin/dexamethasone</i>	1	
ZYLET	2	
OPHTHALMIC CORTICOSTEROID DRUGS		
<i>dexamethasone sodium phosphate</i>	1	
<i>fluorometholone</i>	1	
FML	2	
PRED MILD	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS		
<i>ak-tob</i>	1	
AZASITE	2	
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>erythromycin</i>	1	
<i>gentak</i>	1	
<i>gentamicin sulfate</i>	1	
<i>gentasol</i>	1	
<i>levofloxacin</i>	1	
MOXEZA	2	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>ofloxacin</i>	1	
<i>romycin</i>	1	
<i>sodium sulfacetamide</i>	1	
<i>tobramycin sulfate</i>	1	
<i>tobrasol</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
VIGAMOX	2	
OPHTHALMIC TOPICAL ANTIVIRAL DRUGS		
<i>trifluridine</i>	1	
OTHER OPHTHALMIC DRUGS		
<i>ak-con</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl</i>	1	
BOTOX	2	PA
<i>bromfenac</i>	1	
<i>cromolyn sodium</i>	1	
<i>diclofenac sodium</i>	1	
<i>epinastine hcl</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>ketorolac tromethamine</i>	1	
NATACYN	2	
<i>parcaine</i>	1	
PATANOL	2	
<i>proparacaine hcl</i>	1	
RESTASIS	2	QL (60 per 30 days)
<i>tropicamide</i>	1	
ZIRGAN	2	
RESPIRATORY MEDICATIONS		
ANTIHISTAMINES		
<i>carbinoxamine maleate</i>	1	
<i>cetirizine hcl</i>	1	
<i>clemastine fumarate</i>	1	
<i>cyproheptadine hcl</i>	1	PA
<i>dexchlorpheniramine maleate</i>	1	PA
<i>diphenhydramine hcl inj</i>	1	
<i>diphenhydramine hcl caps, elix</i>	1	PA
<i>fexofenadine hcl tabs 180mg</i>	1	QL (30 per 30 days)
<i>fexofenadine hcl tabs 30mg, 60mg</i>	1	QL (60 per 30 days)
<i>levocetirizine dihydrochloride</i>	1	QL (30 per 30 days)
<i>palgic</i>	1	
<i>promethazine hcl inj</i>	1	
<i>promethazine hcl syrp, tabs</i>	1	PA
BETA-2 ADRENERGIC DRUGS		
<i>albuterol sulfate er</i>	1	
<i>albuterol sulfate syrp, tabs</i>	1	
<i>albuterol sulfate nebu</i>	1	B/D
FORADIL AEROLIZER	2	QL (90 per 30 days)
<i>metaproterenol sulfate</i>	1	
PROAIR HFA	2	QL (26 per 30 days)
PROVENTIL HFA	2	QL (20 per 30 days)
SEREVENT DISKUS	2	QL (120 per 34 days)
<i>terbutaline sulfate</i>	1	
LEUKOTRIENE MODIFIERS		
SINGULAIR	2	
<i>zafirlukast</i>	1	
ZYFLO CR	2	
METHYL XANTHINE DRUGS		
<i>aminophylline</i>	1	
<i>theochron</i>	1	
<i>theophylline er</i>	1	

Drug Name	Drug Tier	Requirements/Limits
OTHER DRUGS FOR ASTHMA		
ADVAIR DISKUS	2	QL (120 per 30 days)
ADVAIR HFA	2	QL (24 per 30 days)
ASMANEX 120 METERED DOSES	2	QL (240 per 30 days)
ASMANEX 14 METERED DOSES	2	QL (14 per 14 days)
ASMANEX 30 METERED DOSES	2	QL (60 per 30 days)
ASMANEX 60 METERED DOSES	2	QL (120 per 30 days)
ATROVENT HFA	2	QL (26 per 30 days)
COMBIVENT	2	QL (44 per 30 days)
<i>cromolyn sodium</i>	1	B/D
<i>epinephrine hcl</i>	1	
EIPEN 2-PAK	2	QL (4 per 2 days)
EIPEN-JR 2-PAK	2	QL (4 per 2 days)
FLOVENT HFA AERO 110MCG/ACT	2	QL (12 per 30 days)
FLOVENT HFA AERO 44MCG/ACT	2	QL (21 per 30 days)
FLOVENT HFA AERO 220MCG/ACT	2	QL (36 per 30 days)
GASTROCROM	2	
<i>ipratropium bromide</i>	1	B/D
QVAR	2	QL (22 per 30 days)
SPIRIVA HANDIHALER	2	QL (60 per 30 days)
SYMBICORT	2	QL (20 per 30 days)
XOLAIR	3	QL (6 per 28 days) PA LA
OTHER RESPIRATORY DRUGS		
ARALAST NP	3	PA LA
PROLASTIN	3	PA LA
PROLASTIN-C	3	PA LA
PULMOZYME	3	B/D
UROLOGICAL MEDICATIONS		
ANTICHOLINERGIC ANTISPASMODICS		
DETROL	2	
DETROL LA	2	
ENABLEX	2	ST
<i>flavoxate hcl</i>	1	
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	1	
<i>oxybutynin chloride er tb24 5mg</i>	1	QL (30 per 30 days)
SANCTURA XR	2	ST
<i>tropium chloride</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
OTHER GENITOURINARY PRODUCTS		
CYSTADANE	2	
ELMIRON	2	
<i>finasteride</i>	1	
<i>neomycin/polymyxin b sulfates</i>	1	
<i>potassium citrate extended-release</i>	1	
<i>tamsulosin hcl</i>	1	

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<i>cefepime</i>	6
<i>cefotaxime sodium</i>	6
<i>cefotetan</i>	6
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CLINIMIX 5%/DEXTROSE 15%	2
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CLINIMIX 5%/DEXTROSE 25%	2
CLINIMIX E 2.75%/DEXTROSE 10%	2
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CLINIMIX E 4.25%/DEXTROSE 25%	2
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<i>dextrose 10% flex container</i>	2
<i>dextrose 10%/nacl 0.2%</i>	2
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2
<i>dextrose 5%</i>	2
<i>dextrose 5%/nacl 0.2%</i>	2
<i>dextrose 5%/nacl 0.225%</i>	2
<i>dextrose 5%/nacl 0.33%</i>	2
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<i>gentamicin sulfate</i>	10
<i>gentamicin sulfate</i>	35
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<i>gentasol</i>	35
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<i>haloperidol lactate</i>	13
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<i>hydrocodone/acetaminophen</i>	15	<i>isradipine</i>	20
<i>hydrocodone/ibuprofen</i>	15	<i>itraconazole</i>	7
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<i>hydrocortisone</i>	26	<i>jantoven</i>	4
<i>hydrocortisone</i>	28	JANUMET	25
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<i>hydrocortisone valerate</i>	24	JE-VAX	30
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<i>hydroxyzine pamoate</i>	23	<i>junel fe 1/20</i>	33
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<i>imipramine pamoate</i>	19	<i>kariva</i>	33
<i>imiquimod</i>	24	<i>kcl 0.075%/d5w/nacl 0.45%</i>	3
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INCRELEX	30	<i>kcl 0.15%/d5w/lr</i>	4
<i>indapamide</i>	23	<i>kcl 0.15%/d5w/nacl 0.2%</i>	3
<i>indomethacin</i>	32	<i>kcl 0.15%/d5w/nacl 0.225%</i>	3
<i>indomethacin er</i>	32	<i>kcl 0.15%/d5w/nacl 0.9%</i>	3
INFANRIX	30	<i>kcl 0.3%/d5w/lr iv lac ring</i>	4
INFERGEN	30	<i>kcl 0.3%/d5w/nacl 0.2%</i>	3
INTELENCE	5	<i>kcl 0.3%/d5w/nacl 0.45%</i>	3
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<i>ipratropium bromide</i>	37	<i>klor-con m15</i>	4
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<i>levocarnitine</i>	4
<i>levocetirizine dihydrochloride</i>	36
<i>levofloxacin</i>	35
<i>levora 0.15/30-28</i>	33
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<i>levothroid</i>	28
<i>levothyroxine sodium</i>	28
<i>levoxyl</i>	28
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<i>lidocaine</i>	5
<i>lidocaine hcl</i>	5
<i>lidocaine hcl</i>	5
<i>lidocaine hcl jelly</i>	5
<i>lidocaine viscous</i>	5
<i>lidocaine/prilocaine</i>	5
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<i>liposyn iii</i>	5
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<i>mefloquine hcl</i>	10
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<i>megestrol acetate</i>	12
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