

SILVERSCRIPT®

P.O. Box 52424, Phoenix, AZ 85072-2424



MedicareRx
Prescription Drug Coverage X

SilverScript (Employer PDP) sponsored by New York Medical College

2014 Formulary (List of Covered Drugs)

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

This formulary was updated on 08/27/2013. For more recent information or other questions, please contact SilverScript (Employer PDP), at 1-877-588-4860 or, for TTY users, 1-866-236-1069, 24 hours a day, 7 days a week.

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.

When this drug list (formulary) refers to “we”, “us”, or “our”, it means SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means SilverScript (Employer PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of 01/01/2014. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2015.

What is the SilverScript (Employer PDP) formulary?

A formulary is a list of covered drugs selected by SilverScript (Employer PDP) 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.

SilverScript (Employer PDP) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SilverScript (Employer PDP) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Please note: Your employer provides secondary coverage that may differ in structure from the primary benefit and also cover additional medications. There may be instances where your cost share may be more or less when it is paid by the secondary. If you are unsure about the cost share on the secondary or which drugs may or may not be covered, please call Customer Care to verify drug coverage.

Can the formulary (drug list) change?

Generally, if you are taking a drug on our 2014 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2014 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 January 1, 2014. To get updated information about the drugs covered by SilverScript (Employer PDP), please contact us. Our contact information appears on the front and back cover pages.

If we have a mid-year non-maintenance formulary change (i.e. remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our print formulary by reprinting it with the new information. The updated formulary may be obtained by calling us. Our contact information appears on the front and back cover pages.

How do I use the formulary?

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

Medical Condition

The formulary begins after this introduction 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”. 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 at the back of this document. 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?

SilverScript (Employer PDP) 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 (PA)

SilverScript (Employer PDP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SilverScript (Employer PDP) before you fill your prescriptions. If you don't get approval, SilverScript (Employer PDP) may not cover the drug.

Quantity Limits (QL)

For certain drugs, SilverScript (Employer PDP) limits the amount of the drug that SilverScript (Employer PDP) will cover. For example, SilverScript (Employer PDP) provides up to nine tablets per prescription for *sumatriptan tab 50mg*.

Step Therapy (ST)

In some cases, SilverScript (Employer PDP) requires you to first try a certain drug 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, SilverScript (Employer PDP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript (Employer PDP) will then cover Drug B.

Generally, SilverScript (Employer PDP) formulary will not include a brand drug when a generic is available. However, your employer will pay a portion of the cost of those brand drugs. If a brand drug is dispensed when a generic is available, and your prescriber has written the prescription to allow generic substitution, you will be responsible for the brand cost share amount plus the difference in cost between the generic and brand drug. As these claims will pay under the supplemental coverage offered by your employer, they will not qualify for any Extra Help you might receive. If we are not covering these drugs in the way you would like us to cover them, you may request an exception. If you have any questions about your share of the cost for these drugs, please contact Customer Care.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the SilverScript (Employer PDP) formulary?” below for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Care and ask if your drug is covered.

If you learn that SilverScript (Employer PDP) does not cover your drug, you have two options

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

New York Medical College has elected to cover certain drugs not covered under Medicare Part D as described and dispensed as part of a supplemental benefit. These are not subject to the appeals and exceptions process. Please contact Customer Care for any questions regarding your supplemental benefit.

How do I request an exception to the SilverScript (Employer PDP) formulary?

You can ask us 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. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs our plan limits the amount of the drug that we will cover. If applicable, and your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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, SilverScript (Employer PDP) will only approve your request for an exception if the alternative drug is included on the plan's formulary, the lower cost-sharing 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, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber'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 a supporting statement from your doctor or other prescriber.

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 31-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 experience a change in your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 30 days (or 31 days if you are a long-term care resident) unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your SilverScript (Employer PDP) prescription drug coverage, please review your *Evidence of Coverage*.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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 users should call 1-877-486-2048. Or, visit www.medicare.gov.

SilverScript (Employer PDP)'s Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index at the back of this book.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lowercase italics (e.g., *levothyroxine*).

The information in the Notes column tells you if SilverScript (Employer PDP) has any special requirements for coverage of your drug.

- PA Prior Authorization.
- QL Drug has Quantity Limits.
- ST Step Therapy required.
- NM Not available at our mail-order pharmacies.
- LA Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-877-588-4860, 24 hours a day, 7 days a week. TTY Users should call 1-866-236-1069.
- HR High Risk Drug. According to medical experts, these drugs may cause more side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.
- B/D 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.

GC We provide coverage of this prescription drug in the coverage gap. Please refer to your *Evidence of Coverage* for more information about this coverage.

**2014 602 4T Platinum Comm
(Effective January 1)**

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| ANALGESICS | | |
| GOUT | | |
| <i>allopurinol inj 500mg</i> (generic of ALOPRIM) | 1 | |
| <i>allopurinol tab</i> (generic of ZYLOPRIM) | 1 | |
| <i>colchicine w/ probenecid</i> | 1 | |
| COLCRYS QL (120 tabs / 30 days) | 2 | QL |
| <i>probenecid</i> | 1 | |
| ULORIC | 2 | ST |
| MISCELLANEOUS | | |
| <i>diclofenac w/ misoprostol</i> (generic of ARTHROTEC 50) | 1 | |
| <i>diclofenac w/ misoprostol</i> (generic of ARTHROTEC 75) | 1 | |
| DUEXIS | 3 | |
| VIMOVO | 2 | |
| NSAIDS | | |
| CELEBREX | 2 | |
| <i>diclofenac potassium</i> (generic of CATAFLAM) | 1 | |
| <i>diclofenac sodium</i> (generic of VOLTAREN-XR) TB24 | 1 | |
| <i>diclofenac sodium</i> TBEC | 1 | |
| <i>diflunisal</i> | 1 | |
| <i>etodolac</i> CAPS; TABS | 1 | |
| <i>etodolac er</i> | 1 | |
| <i>fenoprofen calcium</i> TABS | 1 | |
| <i>flurbiprofen</i> TABS | 1 | |
| <i>ibuprofen</i> SUSP | 1 | |
| <i>ibuprofen</i> TABS 400mg, 600mg, 800mg | 1 | |
| <i>ketoprofen</i> CAPS; CP24 | 1 | |
| <i>mefenamic acid</i> (generic of PONSTEL) CAPS | 1 | |
| MELOXICAM SUSP 7.5 MG/5ML | 1 | |
| <i>meloxicam tabs</i> (generic of MOBIC) | 1 | |
| <i>nabumetone</i> TABS | 1 | |
| NALFON | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| NAPRELAN | 3 | |
| <i>naproxen</i> (generic of NAPROSYN) SUSP; TABS | 1 | |
| <i>naproxen</i> (generic of EC-NAPROSYN) TBEC | 1 | |
| <i>naproxen sodium</i> (generic of ANAPROX) TABS 275mg | 1 | |
| <i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg | 1 | |
| <i>oxaprozin</i> (generic of DAYPRO) | 1 | |
| <i>piroxicam</i> (generic of FELDENE) CAPS | 1 | |
| <i>sulindac</i> TABS 150mg | 1 | |
| <i>sulindac</i> (generic of CLINORIL) TABS 200mg | 1 | |
| <i>tolmetin sodium</i> | 1 | |
| ZIPSOR | 3 | |
| OPIOID ANALGESICS | | |
| <i>acetaminophen w/ codeine</i> SOLN QL (5000mL / 30 days) | 1 | QL |
| <i>acetaminophen w/ codeine</i> TABS QL (400 tabs / 30 days) | 1 | QL |
| <i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #3) TABS QL (400 tabs / 30 days) | 1 | QL |
| <i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #4) TABS QL (400 tabs / 30 days) | 1 | QL |
| <i>butorphanol nasal spray</i> QL (10 mL / 30 days) | 1 | QL |
| <i>butorphanol tartrate</i> SOLN | 1 | |
| BUTRANS 5mcg/hr QL (16 ea / 28 days) | 3 | QL |
| BUTRANS 10mcg/hr QL (8 ea / 28 days) | 3 | QL |
| BUTRANS 20mcg/hr QL (4 ea / 28 days) | 3 | QL |
| <i>capital and codeine</i> QL (5000mL / 30 days) | 3 | QL |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>co-gesic 5-500mg</i> (generic of LORTAB) QL (240 tabs / 30 days) | 1 | QL |
| CONZIP 100mg QL (90 caps / 30 days) | 3 | QL |
| CONZIP 200mg QL (60 caps / 30 days) | 3 | QL |
| CONZIP 300mg QL (30 caps / 30 days) | 3 | QL |
| <i>hydrocodone-acetaminophen 2.5-325mg</i> QL (360 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen 2.5-500mg</i> QL (240 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen 5-300mg</i> (generic of XODOL) QL (400 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen 5-500mg</i> (generic of LORTAB) QL (240 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen 7.5-300mg</i> (generic of XODOL) QL (400 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> (generic of HYCET) QL (5400mL / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen 7.5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen 7.5-500mg</i> (generic of LORTAB) QL (240 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen 7.5-500mg/15ml</i> (generic of LORTAB) QL (3600 mL / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen 7.5-650mg</i> (generic of ANEXSIA) QL (185 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>hydrocodone-acetaminophen 7.5-750mg</i> QL (160 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen 10-300mg</i> (generic of XODOL) QL (400 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen 10-500mg</i> (generic of LORTAB) QL (240 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen 10-650mg</i> (generic of LORCET 10/650) QL (185 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen 10-660mg</i> QL (181 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen 10-750mg</i> (generic of MAXIDONE) QL (160 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-ibuprofen 2.5-200mg</i> (generic of REPRESXAIN) QL (150 tabs per 30 days) | 1 | QL |
| <i>hydrocodone-ibuprofen 7.5-200mg</i> (generic of VICOPROFEN) QL (150 tabs / 30 days) | 1 | QL |
| <i>ibudone tab 5-200mg</i> (generic of REPRESXAIN) QL (150 tabs per 30 days) | 1 | QL |
| <i>reprexain 10/200</i> QL (150 tabs / 30 days) | 1 | QL |
| <i>stagesic 500-5mg</i> QL (240 caps / 30 days) | 1 | QL |
| SYNALGOS-DC QL (360 caps / 30 days) | 3 | QL |
| <i>tramadol hcl er</i> (generic of ULTRAM ER) TB24 100mg QL (90 tabs / 30 days) | 1 | QL |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

| Drug Name | Tier | Drug Requirements/ Limits |
|--|------|------------------------------|
| <i>tramadol hcl er</i> (generic of ULTRAM ER) TB24 200mg QL (60 tabs / 30 days) | 1 | QL |
| TRAMADOL HCL ER TB24 300mg QL (30 tabs per 30 days) | 1 | QL |
| TRAMADOL HCL ER (BIPHASIC) 100MG QL (90 tabs per 30 days) | 1 | QL |
| TRAMADOL HCL ER (BIPHASIC) 200MG QL (60 tabs per 30 days) | 1 | QL |
| <i>tramadol hcl er (biphasic)</i> 300mg QL (30 tabs / 30 days) | 1 | QL |
| <i>tramadol hcl tab 50 mg</i> (generic of ULTRAM) QL (240 tabs / 30 days) | 1 | QL |
| <i>tramadol-acetaminophen</i> (generic of ULTRACET) QL (240 tabs / 30 days) | 1 | QL |
| <i>vicodin</i> (generic of XODOL) QL (400 tabs / 30 days) | 1 | QL |
| <i>vicodin es</i> (generic of XODOL) QL (400 tabs / 30 days) | 1 | QL |
| <i>vicodin hp</i> (generic of XODOL) QL (400 tabs / 30 days) | 1 | QL |
| <i>zamicet</i> QL (5400mL / 30 days) | 3 | QL |
| OPIOID ANALGESICS, CII | | |
| ABSTRAL QL (120 ea / 30 days) | 4 | QL NM PA |
| <i>astramorph</i> | 1 | B/D |
| AVINZA QL (60 ea / 30 days) | 2 | QL |
| CODEINE SULFATE TABS | 1 | |
| DILAUDID-HP INJ | 3 | B/D |
| DURAMORPH | 1 | B/D |
| <i>endocet 5/325</i> (generic of PERCOCET) QL (360 tabs / 30 days) | 1 | QL |
| <i>endocet 7.5/325</i> (generic of PERCOCET) QL (360 tabs / 30 days) | 1 | QL |

| Drug Name | Tier | Drug Requirements/ Limits |
|--|------|------------------------------|
| <i>endocet 7.5/500</i> (generic of PERCOCET) QL (240 tabs / 30 days) | 1 | QL |
| <i>endocet 10/325</i> (generic of PERCOCET) QL (360 tabs / 30 days) | 1 | QL |
| <i>endocet 10/650</i> (generic of PERCOCET) QL (180 tabs / 30 days) | 1 | QL |
| ENDODAN QL (360 tabs / 30 days) | 1 | QL |
| EXALGO 8mg, 12mg QL (60 ea / 30 days) | 2 | QL |
| EXALGO 16mg, 32mg QL (60 ea / 30 days) | 4 | QL NM |
| <i>fentanyl citrate</i> (generic of ACTIQ) LPOP QL (120 lpop / 30 days) | 4 | QL NM PA |
| <i>fentanyl patch</i> (generic of DURAGESIC) QL (10 ptch / 30 days) | 1 | QL |
| FENTORA QL (120 tabs / 30 days) | 4 | QL NM PA |
| <i>hydromorphone hcl</i> (generic of DILAUDID-5) LIQD | 1 | |
| <i>hydromorphone hcl</i> (generic of DILAUDID-HP) SOLN 500mg/50ml | 1 | B/D |
| <i>hydromorphone hcl</i> (generic of DILAUDID) TABS | 1 | |
| INFUMORPH 200 | 3 | B/D |
| INFUMORPH 500 | 3 | B/D |
| KADIAN QL (60 caps / 30 days) | 2 | QL |
| LAZANDA QL (30 / 30 days) | 4 | QL NM PA |
| <i>levorphanol tartrate</i> TABS | 1 | |
| <i>methadone hcl</i> CONC | 1 | |
| <i>methadone hcl</i> SOLN | 1 | |
| <i>methadone hcl</i> (generic of DOLOPHINE HCL) TABS 5mg QL (240 tabs / 30 days) | 1 | QL |
| <i>methadone hcl</i> (generic of DOLOPHINE) TABS 10mg QL (240 tabs / 30 days) | 1 | QL |
| METHADONE INJ 10MG/ML | 3 | |
| MORPHINE SUL 20MG/ML ORAL SOL | 1 | |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|----------|
| MORPHINE SULFATE SOLN 10mg/5ml, 20mg/5ml | 1 | |
| MORPHINE SULFATE TABS | 1 | QL |
| QL (180 tabs / 30 days) | | |
| <i>morphine sulfate ext-rel tab</i> (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg | 1 | QL |
| QL (90 ea / 30 days) | | |
| <i>morphine sulfate ext-rel tab</i> (generic of MS CONTIN) 200mg | 1 | QL |
| QL (60 ea / 30 days) | | |
| MORPHINE SULFATE INJ 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml, 15mg/ml | 1 | B/D |
| <i>morphine sulfate inj</i> .5mg/ml, 1mg/ml | 1 | B/D |
| NUCYNTA | 2 | |
| NUCYNTA ER 50mg, 100mg | 2 | QL |
| QL (120 ea / 30 days) | | |
| NUCYNTA ER 150mg, 200mg, 250mg | 2 | QL |
| QL (60 ea / 30 days) | | |
| ONSOLIS | 4 | QL NM PA |
| QL (120 ea / 30 days) | | |
| OPANA ER (CRUSH RESISTANT) | 2 | QL |
| QL (120 ea / 30 days) | | |
| OXECTA | 3 | |
| OXYCODONE HCL CAPS | 1 | QL |
| QL (180 caps / 30 days) | | |
| OXYCODONE HCL CONC | 1 | |
| OXYCODONE HCL SOLN | 1 | |
| <i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg | 1 | QL |
| QL (180 tabs / 30 days) | | |
| <i>oxycodone hcl</i> TABS 10mg, 20mg | 1 | QL |
| QL (180 tabs / 30 days) | | |
| <i>oxycodone w/ acetaminophen</i> 2.5-325mg (generic of PERCOCET) | 1 | QL |
| QL (360 tabs / 30 days) | | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|----------|
| <i>oxycodone w/ acetaminophen</i> 5-325mg (generic of PERCOCET) | 1 | QL |
| QL (360 tabs / 30 days) | | |
| <i>oxycodone w/ acetaminophen</i> 5-500mg | 1 | QL |
| QL (240 caps / 30 days) | | |
| <i>oxycodone w/ acetaminophen</i> 7.5-325mg (generic of PERCOCET) | 1 | QL |
| QL (360 tabs / 30 days) | | |
| <i>oxycodone w/ acetaminophen</i> 7.5-500mg (generic of PERCOCET) | 1 | QL |
| QL (240 tabs / 30 days) | | |
| <i>oxycodone w/ acetaminophen</i> 10-325mg (generic of PERCOCET) | 1 | QL |
| QL (360 tabs / 30 days) | | |
| <i>oxycodone w/ acetaminophen</i> 10-650mg (generic of PERCOCET) | 1 | QL |
| QL (180 tabs / 30 days) | | |
| <i>oxycodone-aspirin</i> (generic of PERCODAN) | 1 | QL |
| QL (360 tabs / 30 days) | | |
| <i>oxycodone-ibuprofen</i> | 1 | QL |
| QL (28 tabs / 30 days) | | |
| OXYCONTIN | 2 | QL |
| QL (120 ea / 30 days) | | |
| <i>oxymorphone hcl</i> (generic of OPANA) TABS | 1 | |
| <i>roxicet</i> SOLN | 2 | QL |
| QL (1800mL / 30 days) | | |
| SUBSYS | 4 | QL NM PA |
| QL (120 ea / 30 days) | | |
| ANESTHETICS | | |
| LOCAL ANESTHETICS | | |
| <i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) 4% | 1 | |
| <i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) .5% | 1 | B/D |
| <i>lidocaine inj</i> 0.5% (generic of XYLOCAINE-MPF) | 1 | B/D |
| <i>lidocaine inj</i> 1% (generic of XYLOCAINE) 1% | 1 | B/D |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access

| Drug Name | Drug Requirements/ Tier Limits | |
|---|-----------------------------------|--------|
| <i>lidocaine inj 1%</i> (generic of XYLOCAINE-MPF) 1% | 1 | B/D |
| <i>lidocaine inj 1.5%</i> (generic of XYLOCAINE-MPF) | 1 | B/D |
| <i>lidocaine inj 2%</i> (generic of XYLOCAINE) 2% | 1 | B/D |
| <i>lidocaine inj 2%</i> (generic of XYLOCAINE-MPF) 2% | 1 | B/D |
| ANTI-INFECTIVES | | |
| ANTI-BACTERIALS - MISCELLANEOUS | | |
| <i>amikacin sulfate</i> SOLN | 1 | |
| <i>gentamicin in saline 0.9mg/ml</i> | 3 | |
| <i>gentamicin in saline 1.4mg/ml</i> | 3 | |
| <i>gentamicin in saline 60mg</i> | 1 | |
| <i>gentamicin in saline 80mg</i> | 1 | |
| <i>gentamicin in saline 100mg</i> | 1 | |
| <i>gentamicin sulfate</i> SOLN | 1 | |
| <i>neomycin sulfate</i> TABS | 1 | |
| <i>paromomycin sulfate</i> CAPS | 1 | |
| <i>streptomycin sulfate</i> SOLR | 1 | |
| <i>sulfadiazine</i> TABS | 3 | |
| TOBI NEB | 4 | B/D NM |
| <i>tobramycin sulfate</i> SOLN; SOLR | 1 | |
| <i>tobramycin sulfate in saline</i> | 3 | |
| ANTI-INFECTIVES - MISCELLANEOUS | | |
| ALBENZA | 3 | |
| ALINIA SUSR QL (9 bottles / 30 days) | 2 | QL |
| ALINIA TABS QL (20 tabs / 30 days) | 2 | QL |
| AZACTAM 2gm | 3 | |
| AZACTAM/DEX INJ 1GM | 3 | |
| AZACTAM/DEX INJ 2GM | 4 | NM |
| <i>aztreonam</i> (generic of AZACTAM) | 1 | |
| BILTRICIDE | 2 | |
| <i>clindamycin hcl</i> (generic of CLEOCIN) CAPS | 1 | |
| <i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) | 1 | |
| <i>clindamycin phosphate</i> SOLN 150mg/ml | 1 | |

| Drug Name | Drug Requirements/ Tier Limits | |
|---|-----------------------------------|--------|
| <i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 150mg/ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml | 1 | |
| <i>clindamycin phosphate in d5w</i> (generic of CLEOCIN IN D5W) | 1 | |
| <i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR | 1 | |
| CUBICIN | 4 | B/D NM |
| <i>dapsone</i> TABS | 1 | |
| DARAPRIM | 3 | |
| DORIBAX | 3 | |
| <i>erythromycin-sulfisoxazole</i> | 1 | |
| FLAGYL CAPS | 3 | |
| FLAGYL ER | 3 | |
| <i>imipenem-cilastatin</i> (generic of PRIMAXIN IV) | 1 | |
| INVANZ | 3 | |
| MACRODANTIN 25mg | 2 | |
| MEPRON | 4 | NM |
| <i>meropenem</i> (generic of MERREM) | 1 | |
| <i>methenamine hippurate</i> (generic of HIPREX) | 1 | |
| METRO IV | 3 | |
| <i>metronidazole</i> (generic of FLAGYL) TABS | 1 | |
| <i>metronidazole inj</i> | 1 | |
| NEBUPENT | 3 | B/D |
| <i>nitrofurantoin</i> (generic of FURADANTIN) SUSP | 1 | |
| <i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) | 1 | |
| <i>nitrofurantoin monohyd macro</i> (generic of MACROBID) | 1 | |
| PENTAM 300 | 3 | |
| <i>polymyxin b sulfate</i> SOLR | 1 | |
| PRIMSOL SOL 50MG/5ML | 3 | |
| STROMEKTOL | 3 | |
| <i>sulfamethoxazole-trimethopri m</i> SUSP | 1 | |
| <i>sulfamethoxazole-trimethopri m</i> (generic of BACTRIM) TABS | 1 | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>sulfamethoxazole-trimethopri m</i> (generic of BACTRIM DS) TABS | 1 | |
| <i>sulfamethoxazole-trimethopri m inj</i> | 1 | |
| SYNERCID | 4 | NM |
| <i>trimethoprim</i> TABS | 1 | |
| TYGACIL | 4 | NM |
| <i>vancomycin hcl</i> (generic of VANCOBIN HCL) CAPS | 4 | NM |
| <i>vancomycin hcl</i> SOLR 10gm, 500mg, 1000mg, 5000mg | 1 | B/D |
| <i>vancomycin hcl</i> SOLR 750mg | 3 | B/D |
| VIBATIV | 3 | |
| XIFAXAN TAB 200MG | 4 | NM |
| ZYVOX | 4 | NM |
| ANTIFUNGALS | | |
| ABELCET | 4 | B/D NM |
| AMBISOME | 4 | B/D NM |
| AMPHOTEC | 3 | B/D |
| <i>amphotericin b</i> SOLR | 1 | B/D |
| CANCIDAS | 4 | NM |
| ERAXIS | 4 | NM |
| <i>fluconazole</i> (generic of DIFLUCAN) SUSR; TABS | 1 | |
| <i>fluconazole in dextrose</i> | 1 | |
| <i>fluconazole in nacl 100mg</i> | 3 | |
| <i>fluconazole in nacl 200mg</i> | 1 | |
| <i>fluconazole in nacl 400mg</i> | 1 | |
| <i>flucytosine</i> (generic of ANCOBON) CAPS | 4 | NM |
| <i>griseofulvin microsize</i> SUSP | 1 | |
| <i>griseofulvin microsize</i> (generic of GRIFULVIN V) TABS | 1 | |
| <i>griseofulvin ultramicrosize</i> (generic of GRIS-PEG) | 1 | |
| <i>itraconazole</i> (generic of SPORANOX) CAPS | 1 | PA |
| <i>ketoconazole</i> TABS | 1 | |
| LAMISIL PACK | 3 | |
| MYCAMINE 50mg | 3 | |
| MYCAMINE 100mg | 4 | NM |
| NOXAFIL | 4 | NM |
| <i>nystatin</i> TABS | 1 | |
| ONMEL | 3 | PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| SPORANOX SOL 10MG/ML | 4 | NM |
| <i>terbinafine hcl</i> (generic of LAMISIL) TABS QL (90 tabs / year) | 1 | QL |
| VFEND SUS 40MG/ML | 4 | NM |
| <i>voriconazole</i> (generic of VFEND) TABS | 4 | NM |
| <i>voriconazole inj 200mg</i> (generic of VFEND IV) | 1 | |
| ANTIMALARIALS | | |
| ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG | 1 | |
| <i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE) | 1 | |
| <i>chloroquine phosphate</i> TABS 250mg | 1 | |
| <i>chloroquine phosphate</i> (generic of ARALEN) TABS 500mg | 1 | |
| COARTEM | 2 | |
| <i>mefloquine hcl</i> | 1 | |
| PRIMAQUINE PHOSPHATE | 3 | |
| <i>quinine sulfate</i> (generic of QUALAQUIN) CAPS | 1 | |
| ANTIRETROVIRAL AGENTS | | |
| <i>abacavir sulfate</i> (generic of ZIAGEN) | 1 | |
| APTIVUS | 4 | NM |
| CRIXIVAN | 3 | |
| <i>didanosine</i> (generic of VIDEX EC) | 1 | |
| EDURANT | 4 | NM |
| EMTRIVA | 2 | |
| EPIVIR SOL 10MG/ML | 2 | |
| FUZEON | 4 | NM |
| INTELENCE 25mg | 2 | |
| INTELENCE 100mg, 200mg | 4 | NM |
| INVIRASE CAPS | 3 | |
| INVIRASE TABS | 4 | NM |
| ISENTRESS CHEW 25mg | 2 | |
| ISENTRESS CHEW 100mg | 4 | NM |
| ISENTRESS TABS | 4 | NM |
| <i>lamivudine</i> (generic of EPIVIR) | 1 | |
| LEXIVA SUSP | 3 | |
| LEXIVA TABS | 4 | NM |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at
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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| NEVIRAPINE SUSP | 1 | |
| <i>nevirapine</i> (generic of VIRAMUNE) TABS | 1 | |
| NORVIR | 2 | |
| PREZISTA SUSP | 4 | NM |
| PREZISTA TABS 75mg, 150mg | 2 | |
| PREZISTA TABS 400mg, 600mg, 800mg | 4 | NM |
| RESCRIPTOR | 2 | |
| RETROVIR IV INFUSION | 3 | |
| REYATAZ 100mg | 2 | |
| REYATAZ 150mg, 200mg, 300mg | 4 | NM |
| SELZENTRY | 4 | NM |
| <i>stavudine</i> (generic of ZERIT) | 1 | |
| SUSTIVA | 2 | |
| VIDEX PEDIATRIC | 3 | |
| VIRACEPT | 4 | NM |
| VIRAMUNE SUSP | 2 | |
| VIRAMUNE XR | 2 | |
| VIREAD | 4 | NM |
| ZIAGEN SOLN | 3 | |
| <i>zidovudine</i> (generic of RETROVIR) CAPS; SYRP | 1 | |
| <i>zidovudine</i> TABS | 1 | |
| ANTIRETROVIRAL COMBINATION AGENTS | | |
| ATRIPLA | 4 | NM |
| COMPLERA | 4 | NM |
| EPZICOM | 4 | NM |
| KALETRA SOL | 4 | NM |
| KALETRA TAB 100-25MG | 2 | |
| KALETRA TAB 200-50MG | 4 | NM |
| <i>lamivudine-zidovudine</i> (generic of COMBIVIR) | 4 | NM |
| STRIBILD | 4 | NM |
| TRIZIVIR | 4 | NM |
| TRUVADA | 4 | NM |
| ANTITUBERCULAR AGENTS | | |
| CAPASTAT SULFATE | 4 | NM |
| <i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS | 1 | |
| <i>isoniazid</i> SOLN; SYRP | 1 | |
| <i>isoniazid tabs</i> | 1 | |
| MYCOBUTIN | 3 | |
| <i>paser d/r</i> | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|----------|
| PRIFTIN | 3 | |
| <i>pyrazinamide</i> | 1 | |
| <i>rifamate</i> | 3 | |
| <i>rifampin</i> (generic of RIFADIN) CAPS; SOLR | 1 | |
| RIFATER | 3 | |
| <i>seromycin</i> | 3 | |
| SIRTURO | 4 | NM LA PA |
| TRECTOR | 3 | |
| ANTIVIRALS | | |
| <i>acyclovir</i> (generic of ZOVIRAX) CAPS; SUSP; TABS | 1 | |
| <i>acyclovir sodium</i> SOLN | 3 | B/D |
| <i>acyclovir sodium</i> SOLR | 1 | B/D |
| BARACLUDE SOLN | 2 | |
| BARACLUDE TABS | 4 | NM |
| <i>cidofovir</i> (generic of VISTIDE) | 1 | |
| EPIVIR HBV | 2 | |
| <i>famciclovir</i> (generic of FAMVIR) | 1 | |
| <i>foscarnet sodium</i> | 1 | |
| <i>ganciclovir inj 500mg</i> (generic of CYTOVENE) | 1 | B/D |
| HEPSERA | 4 | NM ST |
| INCIVEK | 4 | NM PA |
| REBETOL SOLN | 4 | NM PA |
| RELENZA DISKHALER | 2 | |
| <i>ribapak mis 600/day</i> | 4 | NM PA |
| <i>ribasphere</i> (generic of REBETOL) CAPS | 1 | NM PA |
| <i>ribasphere</i> (generic of COPEGUS) TABS 200mg | 1 | NM PA |
| <i>ribasphere</i> TABS 400mg | 1 | NM PA |
| <i>ribasphere</i> TABS 600mg | 4 | NM PA |
| <i>ribasphere ribapak 800</i> | 4 | NM PA |
| <i>ribasphere ribapak 1000</i> | 4 | NM PA |
| <i>ribasphere ribapak 1200</i> | 4 | NM PA |
| <i>ribavirin 200mg</i> (generic of REBETOL) CAPS | 1 | NM PA |
| <i>ribavirin 200mg</i> (generic of COPEGUS) TABS | 1 | NM PA |
| <i>rimantadine hydrochloride</i> (generic of FLUMADINE) | 1 | |
| TAMIFLU | 2 | |
| TYZEKA | 4 | NM |

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| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>valacyclovir hcl</i> (generic of VALTREX) TABS | 1 | |
| VALCYTE | 4 | NM |
| VICTRELIS | 4 | NM PA |
| CEPHALOSPORINS | | |
| CEDAX | 3 | |
| <i>cefaclor</i> | 1 | |
| <i>cefaclor monohydrate</i> | 3 | |
| <i>cefadroxil</i> | 1 | |
| <i>cefazolin inj</i> | 1 | |
| <i>cefazolin sodium</i> 1gm, 20gm | 1 | |
| <i>cefazolin/dextrose</i> | 3 | |
| <i>cefdinir</i> | 1 | |
| CEFEPIME 1GM SOLN | 3 | |
| CEFEPIME 2GM SOLN | 3 | |
| <i>cefepime inj 1gm</i> (generic of MAXIPIME) | 1 | |
| <i>cefepime inj 2gm</i> (generic of MAXIPIME) | 1 | |
| <i>cefotaxime sodium</i> (generic of CLAFORAN) | 1 | |
| <i>cefotetan disodium</i> | 3 | |
| <i>cefoxitin sodium</i> | 1 | |
| CEFOXITIN SODIUM IN DEXTROSE | 3 | |
| <i>cefpodoxime proxetil</i> | 1 | |
| <i>cefprozil</i> | 1 | |
| <i>ceftazidime</i> (generic of FORTAZ) SOLR 1gm, 2gm, 6gm | 1 | |
| CEFTAZIDIME/DEXTROSE | 3 | |
| CEFTIN SUSR | 3 | |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg | 1 | |
| <i>ceftriaxone sodium</i> (generic of ROCEPHIN) SOLR 1gm, 500mg | 1 | |
| <i>cefuroxime axetil</i> (generic of CEFTIN) TABS | 1 | |
| <i>cefuroxime sodium</i> (generic of ZINACEF) 1.5gm, 7.5gm, 750mg | 1 | |
| <i>cefuroxime sodium 7.5mg soln</i> | 3 | |
| <i>cephalexin</i> (generic of KEFLEX) CAPS 250mg, 500mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>cephalexin</i> SUSR | 1 | |
| <i>cephalexin</i> TABS | 1 | |
| <i>claforan</i> 1gm, 2gm | 3 | |
| FORTAZ SOLN | 3 | |
| FORTAZ SOLR 500mg | 3 | |
| MAXIPIME | 3 | |
| SUPRAX CAPS | 2 | |
| <i>suprax</i> CHEW | 2 | |
| <i>suprax</i> SUSR 100mg/5ml, 200mg/5ml | 2 | |
| SUPRAX SUSR 500mg/5ml | 3 | |
| <i>suprax</i> TABS | 2 | |
| <i>tazicef vial</i> (generic of FORTAZ) | 1 | |
| TEFLARO | 3 | |
| ERYTHROMYCINS/MACROLIDES | | |
| AZITHROMYCIN PACK | 1 | |
| <i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg | 1 | |
| <i>azithromycin</i> (generic of ZITHROMAX) SUSR | 1 | |
| <i>azithromycin</i> (generic of ZITHROMAX) TABS | 1 | |
| <i>clarithromycin</i> SUSR 125mg/5ml | 1 | |
| <i>clarithromycin</i> (generic of BIAXIN) SUSR 250mg/5ml | 1 | |
| <i>clarithromycin</i> (generic of BIAXIN) TABS | 1 | |
| <i>clarithromycin</i> (generic of BIAXIN XL) TB24 | 1 | |
| DIFICID | 4 | NM ST |
| e.e.s. | 1 | |
| E.E.S. GRANULES | 3 | |
| <i>ery-tab</i> | 3 | |
| ERYPED 200 | 3 | |
| ERYPED 400 | 3 | |
| <i>erythrocin lactobionate</i> 500mg | 3 | |
| <i>erythrocin stearate</i> | 1 | |
| <i>erythromycin base</i> CPEP; TABS | 1 | |
| <i>erythromycin ethylsuccinate</i> | 1 | |
| PCE | 3 | |
| ZMAX | 3 | |
| FLUOROQUINOLONES | | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| AVELOX SOLN | 3 | |
| AVELOX TABS | 2 | |
| AVELOX ABC PACK | 2 | |
| CIPRO SUSR | 2 | |
| <i>ciprofloxacin</i> SOLN 200mg/20ml | 1 | |
| <i>ciprofloxacin er</i> (generic of CIPRO XR) | 1 | |
| <i>ciprofloxacin hcl</i> TABS 100mg, 750mg | 1 | |
| <i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg | 1 | |
| <i>ciprofloxacin in d5w</i> (generic of CIPRO I.V.-IN D5W) | 1 | |
| <i>ciprofloxacin inj</i> | 1 | |
| FACTIVE | 3 | |
| <i>levofloxacin</i> SOLN 25mg/ml | 1 | |
| <i>levofloxacin</i> (generic of LEVAQUIN) SOLN 25mg/ml | 1 | |
| <i>levofloxacin</i> (generic of LEVAQUIN) TABS | 1 | |
| <i>levofloxacin in d5w</i> (generic of LEVAQUIN) | 1 | |
| NOROXIN | 3 | |
| PENICILLINS | | |
| <i>amoxicillin</i> | 1 | |
| <i>amoxicillin & pot clavulanate</i> CHEW | 1 | |
| <i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) CHEW | 1 | |
| <i>amoxicillin & pot clavulanate</i> SUSR | 1 | |
| <i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) SUSR | 1 | |
| <i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN ES-600) SUSR | 1 | |
| <i>amoxicillin & pot clavulanate</i> TABS | 1 | |
| <i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) TABS | 1 | |
| <i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN XR) TB12 | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>ampicillin</i> | 1 | |
| <i>ampicillin & sulbactam sodium</i> | 1 | |
| <i>ampicillin & sulbactam sodium</i> (generic of UNASYN) | 1 | |
| <i>ampicillin & sulbactam sodium</i> (generic of UNASYN BULK PACK) | 1 | |
| <i>ampicillin inj</i> | 1 | |
| <i>ampicillin sodium</i> | 1 | |
| AUGMENTIN SUSR | 3 | |
| BACTOCILL IN DEXTROSE | 3 | |
| BICILLIN C-R | 3 | |
| BICILLIN L-A | 3 | |
| <i>dicloxacillin sodium</i> | 1 | |
| MOXATAG | 3 | |
| <i>naftillin sodium</i> 1gm | 1 | |
| <i>naftillin sodium</i> 2gm, 10gm | 4 | NM |
| NALLPEN ISO-OSMOTIC IN DE | 3 | |
| NALLPEN/DEXTROSE | 3 | |
| <i>oxacillin sodium</i> 1gm, 2gm | 1 | |
| <i>oxacillin sodium</i> 10gm | 4 | NM |
| PENICILLIN G POT IN DEXTROSE | 3 | |
| PENICILLIN G POTASSIUM SOLN | 3 | |
| <i>penicillin g potassium</i> SOLR | 1 | |
| <i>penicillin g procaine</i> | 3 | |
| <i>penicillin g sodium</i> | 1 | |
| <i>penicillin v potassium</i> | 1 | |
| <i>pfizerpen</i> | 1 | |
| <i>piperacillin sodium-tazobactam sodium</i> (generic of ZOSYN) | 1 | |
| TIMENTIN | 3 | |
| TIMENTIN INJ 3.1GM | 3 | |
| ZOSYN SOLN | 3 | |
| TETRACYCLINES | | |
| <i>demeclocycline hcl</i> | 1 | |
| DORYX | 3 | |
| <i>doxycycline (monohydrate)</i> CAPS 50mg | 1 | |
| <i>doxycycline (monohydrate)</i> (generic of MONODOX) CAPS 75mg, 100mg | 1 | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>doxycycline (monohydrate)</i> (generic of ADOXA) CAPS 150mg | 1 | |
| <i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR | 1 | |
| <i>doxycycline (monohydrate)</i> (generic of ADOXA) TABS 50mg, 75mg, 100mg | 1 | |
| <i>doxycycline (monohydrate)</i> (generic of ADOXA PAK 1/150) TABS 150mg | 1 | |
| <i>doxycycline hyclate</i> CAPS 50mg | 1 | |
| <i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg | 1 | |
| <i>doxycycline hyclate</i> SOLR | 1 | |
| <i>doxycycline hyclate</i> TABS | 1 | |
| <i>doxycycline hyclate</i> TBEC | 1 | |
| <i>minocycline hcl</i> (generic of MINOCIN) CAPS 50mg, 100mg | 1 | |
| <i>minocycline hcl</i> CAPS 75mg | 1 | |
| <i>minocycline hcl</i> TABS | 1 | |
| <i>minocycline hcl</i> (generic of SOLODYN) TB24 | 1 | |
| SOLODYN 55mg, 65mg, 80mg, 105mg, 115mg | 4 | NM |
| VIBRAMYCIN SUSR; SYRP | 2 | |
| ANTINEOPLASTIC AGENTS | | |
| ALKYLATING AGENTS | | |
| BICNU | 3 | B/D |
| BUSULFEX | 3 | B/D |
| CEENU | 2 | |
| <i>cyclophosphamide</i> SOLR | 3 | B/D |
| <i>cyclophosphamide</i> TABS | 1 | B/D |
| <i>dacarbazine</i> 200mg | 1 | B/D |
| EMCYT | 2 | |
| HEXALEN | 4 | NM |
| IFEX INJ 3GM | 3 | B/D |
| <i>ifosfamide</i> (generic of IFOSFAMIDE) SOLN | 1 | B/D |
| <i>ifosfamide</i> (generic of IFEX) SOLR 1gm | 1 | B/D |
| LEUKERAN | 2 | |
| <i>melfhalan hcl</i> (generic of ALKERAN) | 4 | B/D NM |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| MUSTARGEN | 3 | B/D |
| <i>thiotepa</i> SOLR | 3 | B/D |
| TREANDA | 4 | B/D NM |
| ZANOSAR | 3 | B/D |
| ANTHRACYCLINES | | |
| <i>adriamycin</i> 20mg | 3 | B/D |
| <i>adriamycin inj 2mg/ml</i> | 1 | B/D |
| <i>daunorubicin hcl</i> INJ | 1 | B/D |
| <i>daunorubicin hcl</i> (generic of CERUBIDINE) SOLR | 1 | B/D |
| DOXIL | 4 | B/D NM |
| <i>doxorubicin hcl</i> SOLN | 1 | B/D |
| <i>doxorubicin hcl</i> SOLR 50mg | 1 | B/D |
| EPIRUBICIN INJ 50MG | 3 | B/D |
| <i>epirubicin inj 50mg/25ml</i> (generic of ELLENCE) | 1 | B/D |
| <i>epirubicin inj 200mg</i> (generic of ELLENCE) | 1 | B/D |
| <i>idarubicin hcl</i> (generic of IDAMYCIN PFS) | 4 | B/D NM |
| ANTIBIOTICS | | |
| <i>bleomycin sulfate</i> | 1 | B/D |
| COSMEGEN | 4 | B/D NM |
| <i>mitomycin</i> SOLR 20mg | 1 | B/D |
| ANTIMETABOLITES | | |
| <i>adrucil</i> | 1 | B/D |
| ALIMTA | 4 | B/D NM |
| ARRANON | 3 | B/D |
| <i>cladribine</i> | 4 | B/D NM |
| CLOLAR | 3 | B/D |
| <i>cytarabine inj</i> | 1 | B/D |
| DACOGEN | 4 | B/D NM |
| <i>fludarabine phosphate</i> SOLN | 1 | B/D |
| <i>fludarabine phosphate</i> (generic of FLUDARA) SOLR | 1 | B/D |
| <i>fluorouracil</i> SOLN | 1 | B/D |
| GEMCITABINE | 4 | B/D NM |
| <i>gemcitabine hcl</i> (generic of GEMZAR) 1gm, 200mg | 4 | B/D NM |
| <i>gemcitabine hcl</i> 2gm | 4 | B/D NM |
| <i>mercaptopurine</i> (generic of PURINETHOL) TABS | 1 | |
| <i>methotrexate sodium inj</i> | 1 | B/D |
| <i>pentostatin</i> (generic of NIPENT) | 4 | B/D NM |
| TABLOID | 2 | |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at
mail-order B/D - Covered under Medicare B or D LA - Limited Access

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|----------|
| VIDAZA | 4 | B/D NM |
| ANTIMITOTIC, TAXOIDS | | |
| ABRAXANE | 4 | B/D NM |
| DOCETAXEL CONC 20mg/0.5ml, 20mg/ml, 80mg/4ml | 4 | B/D NM |
| docetaxel CONC 140mg/7ml | 4 | B/D NM |
| DOCETAXEL SOLN 80mg/8ml | 4 | B/D NM |
| paclitaxel | 1 | B/D |
| TAXOTERE | 4 | B/D NM |
| ANTIMITOTIC, VINCA ALKALOIDS | | |
| vinblastine sulfate SOLR | 3 | B/D |
| vincasar | 1 | B/D |
| vincristine sulfate | 1 | B/D |
| vinorelbine tartrate (generic of NAVELBINE) | 1 | B/D |
| BIOLOGIC RESPONSE MODIFIERS | | |
| AVASTIN | 4 | B/D NM |
| ERBITUX | 4 | B/D NM |
| ERIVEDGE | 4 | NM LA PA |
| HERCEPTIN | 4 | B/D NM |
| ISTODAX | 4 | B/D NM |
| KADCYLA | 4 | B/D NM |
| ONTAK | 4 | B/D NM |
| PROLEUKIN | 4 | B/D NM |
| RITUXAN | 4 | NM PA |
| TORISEL | 4 | B/D NM |
| VECTIBIX | 4 | B/D NM |
| VELCADE | 4 | B/D NM |
| ZOLINZA | 4 | NM PA |
| HORMONAL ANTINEOPLASTIC AGENTS | | |
| anastrozole (generic of ARIMIDEX) TABS | 1 | |
| ARZERRA | 4 | B/D NM |
| bicalutamide (generic of CASODEX) | 1 | |
| DEPO-PROVERA INJ 400/ML | 3 | B/D |
| ELIGARD 7.5mg, 22.5mg, 30mg | 3 | B/D NM |
| ELIGARD 45mg | 4 | B/D NM |
| exemestane (generic of AROMASIN) | 1 | ST |
| FARESTON | 4 | NM |
| FASLODEX | 4 | B/D NM |
| FIRMAGON 80mg | 3 | B/D NM |
| FIRMAGON 120mg | 4 | B/D NM |
| flutamide | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|----------|
| letrozole (generic of FEMARA) TABS | 1 | |
| leuprolide acetate KIT | 1 | NM PA |
| LUPR DEP-PED INJ 11.25MG (3-MONTH) | 4 | NM PA |
| LUPR DEP-PED INJ 30MG (3-MONTH) | 4 | NM PA |
| LUPRON DEPOT 3.75mg, 7.5mg, 11.25mg | 4 | NM PA |
| LUPRON DEPOT INJ 22.5MG (3-MONTH) | 4 | NM PA |
| LUPRON DEPOT INJ 30MG (3-MONTH) | 4 | NM PA |
| LUPRON DEPOT-PED | 4 | NM PA |
| LYSODREN | 2 | |
| MEGACE ES | 2 | |
| megestrol acetate (generic of MEGACE ORAL) SUSP | 1 | |
| megestrol acetate TABS | 1 | |
| NILANDRON | 4 | NM |
| SOLTAMOX | 3 | |
| tamoxifen citrate TABS | 1 | |
| TRELSTAR DEPOT | 4 | NM PA |
| MIXJECT | | |
| TRELSTAR LA MIXJECT | 4 | NM PA |
| TRELSTAR MIXJECT | 4 | NM PA |
| XTANDI | 4 | NM LA PA |
| ZYTIGA | 4 | NM PA |
| KINASE INHIBITORS | | |
| AFINITOR | 4 | NM PA |
| AFINITOR DISPERZ | 4 | NM PA |
| BOSULIF | 4 | NM PA |
| CAPRELSA | 4 | NM LA PA |
| COMETRIQ | 4 | NM PA |
| GLEEVEC | 4 | NM PA |
| ICLUSIG | 4 | NM PA |
| INLYTA | 4 | NM LA PA |
| IRESSA | 4 | NM |
| JAKAFI | 4 | NM LA PA |
| MEKINIST | 4 | NM PA |
| NEXAVAR | 4 | NM LA PA |
| SPRYCEL | 4 | NM PA |
| STIVARGA | 4 | NM LA PA |
| SUTENT | 4 | NM PA |
| TAFINLAR | 4 | NM PA |
| TARCEVA | 4 | NM PA |
| TASIGNA | 4 | NM PA |
| TYKERB | 4 | NM LA PA |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at
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| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|----------|
| VOTRIENT | 4 | NM PA |
| XALKORI | 4 | NM LA PA |
| ZELBORAF | 4 | NM LA PA |
| MISCELLANEOUS | | |
| DROXIA | 3 | |
| ELSPAR | 3 | B/D NM |
| HALAVEN | 4 | B/D NM |
| hydroxyurea (generic of HYDREA) CAPS | 1 | |
| IXEMPRA KIT | 4 | B/D NM |
| MATULANE | 4 | NM |
| mitoxantrone hcl | 1 | B/D NM |
| POMALYST CAP | 4 | NM LA PA |
| SYLATRON | 4 | NM PA |
| TARGRETIN CAPS | 4 | NM PA |
| tretinoin CAPS | 4 | NM |
| TRISENOX | 4 | B/D NM |
| UVADEX | 3 | B/D |
| PLATINUM-BASED AGENTS | | |
| carboplatin SOLN | 1 | B/D |
| cisplatin SOLN | 1 | B/D |
| ELOXATIN | 4 | B/D NM |
| oxaliplatin | 4 | B/D NM |
| PROTECTIVE AGENTS | | |
| amifostine crystalline (generic of ETHYOL) | 4 | B/D NM |
| dexrazoxane (generic of ZINECARD) | 4 | B/D NM |
| ELITEK | 4 | B/D NM |
| KEPIVANCE | 4 | B/D NM |
| leucovor ca inj | 1 | B/D |
| leucovorin calcium SOLN | 1 | B/D |
| leucovorin calcium SOLR 50mg, 200mg | 1 | B/D |
| leucovorin calcium SOLR 500mg | 3 | B/D |
| leucovorin calcium TABS | 1 | |
| mesna (generic of MESNEX) | 1 | B/D |
| MESNEX TABS | 4 | NM |
| TOPOISOMERASE INHIBITORS | | |
| CAMPTOSAR 300mg/15ml | 3 | B/D |
| ETOPOPHOS | 3 | B/D |
| etoposide SOLN | 1 | B/D |
| irinotecan hcl (generic of CAMPTOSAR) 40mg/2ml, 100mg/5ml | 4 | B/D NM |
| irinotecan hcl 500mg/25ml | 4 | B/D NM |
| toposar | 1 | B/D |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| topotecan hcl (generic of HYCAMTIN) SOLR | 4 | B/D NM |
| CARDIOVASCULAR ACE INHIBITOR COMBINATIONS | | |
| amlodipine | 1 | |
| besylate-benazepril hcl (generic of LOTREL) | | |
| benazepril & hydrochlorothiazide | 1 | |
| benazepril & hydrochlorothiazide (generic of LOTENSIN HCT) | 1 | |
| captopril & hydrochlorothiazide | 1 | |
| enalapril maleate & hydrochlorothiazide | 1 | |
| enalapril maleate & hydrochlorothiazide (generic of VASERETIC) | 1 | |
| fosinopril sodium & hydrochlorothiazide | 1 | |
| lisinopril & hydrochlorothiazide (generic of PRINZIDE) | 1 | |
| lisinopril & hydrochlorothiazide (generic of ZESTORETIC) | 1 | |
| moexipril-hydrochlorothiazide (generic of UNIRETIC) | 1 | |
| quinapril-hydrochlorothiazide (generic of ACCURETIC) | 1 | |
| TARKA | 2 | |
| ACE INHIBITORS | | |
| benazepril hcl TABS 5mg | 1 | |
| benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg | 1 | |
| captopril TABS | 1 | |
| enalapril maleate (generic of VASOTEC) TABS | 1 | |
| fosinopril sodium | 1 | |
| lisinopril (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg | 1 | |
| lisinopril (generic of PRINIVIL) TABS 5mg, 10mg, 20mg | 1 | |
| moexipril hcl (generic of UNIVASC) | 1 | |
| perindopril erbumine 2mg | 1 | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>perindopril erbumine</i> (generic of ACEON) 4mg, 8mg | 1 | |
| <i>quinapril hcl</i> (generic of ACCUPRIL) | 1 | |
| <i>ramipril</i> (generic of ALTACE) | 1 | |
| <i>trandolapril</i> (generic of MAVIK) | 1 | |
| ALDOSTERONE RECEPTOR ANTAGONISTS | | |
| <i>eplerenone</i> (generic of INSPRA) | 1 | PA |
| <i>spironolactone</i> (generic of ALDACTONE) TABS | 1 | |
| ALPHA BLOCKERS | | |
| <i>doxazosin mesylate</i> (generic of CARDURA) | 1 | |
| <i>prazosin hcl</i> (generic of MINIPRESS) | 1 | |
| <i>terazosin hcl</i> | 1 | |
| ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS | | |
| AZOR | 2 | |
| BENICAR HCT | 2 | |
| <i>candesartan</i> | 1 | |
| <i>cilexetil-hydrochlorothiazide</i> (generic of ATACAND HCT) | | |
| EDARBYCLOR | 3 | |
| EXFORGE | 2 | |
| EXFORGE HCT | 2 | |
| <i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE) | 1 | |
| <i>losartan potassium & hydrochlorothiazide</i> (generic of HYZAAR) | 1 | |
| MICARDIS HCT | 2 | |
| TEVETEN HCT | 3 | |
| TRIBENZOR | 2 | |
| TWYNSTA | 3 | |
| <i>valsartan-hydrochlorothiazide</i> (generic of DIOVAN HCT) | 1 | |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| ATACAND | 3 | |
| BENICAR | 2 | |
| <i>candesartan cilexetil</i> (generic of ATACAND) | 1 | |
| DIOVAN | 2 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| EDARBI | 3 | |
| <i>eprosartan mesylate</i> (generic of TEVETEN) | 1 | |
| <i>irbesartan</i> (generic of AVAPRO) | 1 | |
| <i>losartan potassium</i> (generic of COZAAR) | 1 | |
| MICARDIS | 2 | |
| TEVETEN 400mg | 3 | |
| ANTIARRHYTHMICS | | |
| <i>amiodarone hcl</i> SOLN | 1 | |
| <i>amiodarone hcl</i> (generic of CORDARONE) TABS 200mg | 1 | |
| <i>amiodarone hcl</i> (generic of PACERONE) TABS 400mg | 1 | |
| <i>amiodarone inj 50mg/ml</i> | 1 | |
| <i>disopyramide phosphate</i> (generic of NORPACE) | 1 | |
| <i>flecainide acetate</i> (generic of TAMBOCOR) | 1 | |
| <i>mexiletine hcl</i> | 1 | |
| MULTAQ | 3 | |
| NORPACE CR | 2 | |
| <i>pacerone</i> 100mg | 2 | |
| <i>pacerone</i> (generic of CORDARONE) 200mg | 1 | |
| <i>propafenone hcl</i> (generic of RYTHMOL SR) CP12 | 1 | |
| <i>propafenone hcl</i> (generic of RYTHMOL) TABS 150mg, 225mg | 1 | |
| <i>propafenone hcl</i> TABS 300mg | 1 | |
| <i>quinidine gluconate er</i> | 1 | |
| <i>quinidine sulfate</i> | 1 | |
| <i>sorine</i> (generic of BETAPACE) 80mg, 120mg, 160mg | 1 | |
| <i>sorine</i> 240mg | 1 | |
| <i>sotalol hcl</i> (generic of BETAPACE) 80mg, 160mg | 1 | |
| <i>sotalol hcl</i> 240mg | 1 | |
| <i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) | 1 | |
| TIKOSYN | 2 | NM PA |
| ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS | | |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| ALTOPREV | 3 | |
| <i>atorvastatin calcium</i> (generic of LIPITOR) | 1 | |
| CRESTOR | 2 | |
| <i>fluvastatin sodium</i> (generic of LESCOL) | 1 | |
| LESCOL XL | 3 | |
| LIVALO | 3 | |
| <i>lovastatin</i> 10mg | 1 | |
| <i>lovastatin</i> (generic of MEVACOR) 20mg, 40mg | 1 | |
| <i>pravastatin sodium</i> 10mg | 1 | |
| <i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg | 1 | |
| <i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg | 1 | |
| <i>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days) | 1 | QL |
| ANTILIPEMICS, MISCELLANEOUS | | |
| ADVICOR | 3 | |
| <i>cholestyramine</i> (generic of QUESTRAN) | 1 | |
| <i>cholestyramine light</i> (generic of QUESTRAN LIGHT) | 1 | |
| <i>choline fenofibrate</i> (generic of TRILIPIX) | 1 | |
| <i>colestipol hcl</i> (generic of COLESTID) | 1 | |
| <i>fenofibrate</i> (generic of TRICOR) 48mg, 145mg | 1 | |
| <i>fenofibrate</i> (generic of LOFIBRA) 54mg, 160mg | 1 | |
| FENOFIBRATE MICRONIZED 43mg, 130mg | 1 | |
| <i>fenofibrate micronized</i> (generic of LOFIBRA) 67mg, 134mg, 200mg | 1 | |
| FENOFIBRIC ACID | 1 | |
| FENOGLIDE | 3 | |
| <i>gemfibrozil</i> (generic of LOPID) TABS | 1 | |
| LIPOFEN | 2 | |
| LOVAZA | 2 | |
| <i>niacor</i> | 1 | |
| NIASPAN | 2 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>prevalite</i> (generic of QUESTRAN LIGHT) | 1 | |
| SIMCOR | 2 | |
| TRIGLIDE | 3 | |
| TRILIPIX | 2 | |
| VASCEPA | 3 | |
| VYTORIN | 2 | |
| WELCHOL | 2 | |
| ZETIA | 2 | |
| BETA-BLOCKER/DIURETIC COMBINATIONS | | |
| <i>atenolol & chlorthalidone</i> (generic of TENORETIC 50) | 1 | |
| <i>atenolol & chlorthalidone</i> (generic of TENORETIC 100) | 1 | |
| <i>bisoprolol & hydrochlorothiazide</i> (generic of ZIAC) | 1 | |
| <i>metoprolol & hctz tab</i> 50-25mg (generic of LOPRESSOR HCT) | 1 | |
| <i>metoprolol & hctz tab</i> 100-25mg (generic of LOPRESSOR HCT) | 1 | |
| <i>metoprolol & hctz tab</i> 100-50mg | 1 | |
| <i>nadolol & bendroflumethiazide</i> (generic of CORZIDE) | 1 | |
| <i>propranolol & hydrochlorothiazide</i> | 1 | |
| BETA-BLOCKERS | | |
| <i>acebutolol hcl</i> (generic of SECTRAL) CAPS | 1 | |
| <i>atenolol</i> (generic of TENORMIN) TABS | 1 | |
| <i>betaxolol hcl</i> (generic of KERLONE) | 1 | |
| <i>bisoprolol fumarate</i> (generic of ZEBETA) | 1 | |
| BYSTOLIC | 2 | |
| <i>carvedilol</i> (generic of COREG) | 1 | |
| COREG CR | 2 | |
| <i>labetalol hcl</i> SOLN | 1 | |
| <i>labetalol hcl</i> (generic of TRANDATE) TABS | 1 | |
| LEVATOL | 3 | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>metoprolol succinate</i> (generic of TOPROL XL) | 1 | |
| <i>metoprolol tartrate</i> (generic of LOPRESSOR) SOLN | 1 | |
| <i>metoprolol tartrate</i> TABS 25mg | 1 | |
| <i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg | 1 | |
| <i>nadolol</i> (generic of CORGARD) TABS | 1 | |
| <i>pindolol</i> | 1 | |
| <i>propranolol hcl er</i> (generic of INDERAL LA) | 1 | |
| <i>propranolol inj 1mg/ml</i> | 1 | |
| <i>propranolol sol</i> | 1 | |
| <i>propranolol tab</i> | 1 | |
| <i>timolol maleate</i> TABS | 1 | |
| CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS | | |
| AMLODIPINE | 1 | |
| BESYLATE/ATORV | | |
| CALCIUM CHANNEL BLOCKERS | | |
| <i>afeditab cr</i> (generic of ADALAT CC) | 1 | |
| <i>amlodipine besylate</i> (generic of NORVASC) TABS | 1 | |
| CARDIZEM LA 120mg | 3 | |
| <i>cartia xt</i> (generic of CARDIZEM CD) | 1 | |
| <i>dilt-cd</i> (generic of CARDIZEM CD) | 1 | |
| <i>dilt-xr</i> 120mg, 180mg | 1 | |
| <i>dilt-xr</i> (generic of DILACOR XR) 240mg | 1 | |
| <i>diltiazem cap 120mg/24hr</i> | 1 | |
| <i>diltiazem cap er/12hr</i> | 1 | |
| <i>diltiazem hcl</i> SOLN | 1 | |
| <i>diltiazem hcl</i> SOLR | 3 | |
| <i>diltiazem hcl</i> (generic of CARDIZEM) TABS | 1 | |
| <i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) | 1 | |
| <i>diltiazem hcl er</i> (generic of TIAZAC) | 1 | |
| <i>diltiazem hcl extended release beads</i> (generic of TIAZAC) | 1 | |
| <i>diltzac</i> (generic of TIAZAC) | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>felodipine</i> | 1 | |
| <i>isradipine</i> | 1 | |
| <i>matzim la</i> (generic of CARDIZEM LA) | 1 | |
| <i>nicardipine hcl</i> CAPS | 1 | |
| <i>nifediac</i> (generic of ADALAT CC) | 1 | |
| <i>nifedical</i> (generic of PROCARDIA XL) | 1 | |
| <i>nifedipine</i> (generic of ADALAT CC) TB24 | 1 | |
| <i>nifedipine er</i> (generic of PROCARDIA XL) | 1 | |
| <i>nimodipine</i> (generic of NIMOTOP) CAPS | 1 | |
| <i>nisoldipine</i> (generic of SULAR) 8.5mg, 17mg, 34mg | 1 | |
| <i>nisoldipine</i> 20mg, 25.5mg, 30mg, 40mg | 1 | |
| NYMALIZE | 4 | NM |
| <i>taztia xt</i> (generic of TIAZAC) | 1 | |
| <i>verapamil hcl</i> (generic of VERELAN PM) CP24 100mg, 200mg, 300mg | 1 | |
| <i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg | 1 | |
| VERAPAMIL HCL CP24 360mg | 1 | |
| <i>verapamil hcl</i> SOLN | 1 | |
| <i>verapamil hcl</i> TABS 40mg | 1 | |
| <i>verapamil hcl</i> (generic of CALAN) TABS 80mg, 120mg | 1 | |
| <i>verapamil hcl</i> (generic of CALAN SR) TBCR | 1 | |
| DIGITALIS GLYCOSIDES | | |
| <i>digoxin</i> (generic of LANOXIN) TABS | 1 | |
| <i>digoxin inj</i> (generic of LANOXIN) | 1 | |
| DIGOXIN SOL 50MCG/ML | 1 | |
| LANOXIN PEDIATRIC | 3 | |
| LANOXIN TAB | 2 | |
| DIRECT RENIN INHIBITORS/COMBINATIONS | | |
| AMTURNIDE | 2 | |
| TEKAMLO | 2 | |

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| Drug Name | Drug Requirements/ Tier Limits |
|--|-----------------------------------|
| TEKTURNA | 2 |
| TEKTURNA HCT | 2 |
| DIURETICS | |
| acetazolamide (generic of DIAMOX) CP12 | 1 |
| acetazolamide TABS | 1 |
| acetazolamide sodium | 1 |
| ALDACTAZIDE | 3 |
| amiloride & hydrochlorothiazide | 1 |
| amiloride hcl | 1 |
| bumetanide SOLN; TABS | 1 |
| chlorothiazide | 1 |
| chlorthalidone 25mg, 50mg | 1 |
| DIURIL SUS 250/5ML | 3 |
| DYRENIUM | 3 |
| EDECRIN | 3 |
| furosemide SOLN | 1 |
| furosemide (generic of LASIX) TABS | 1 |
| furosemide inj | 1 |
| furosemide oral soln 8 mg/ml | 2 |
| hydrochlorothiazide (generic of MICROZIDE) CAPS | 1 |
| hydrochlorothiazide TABS | 1 |
| indapamide TABS | 1 |
| methazolamide (generic of NEPTAZANE) TABS | 1 |
| methyclothiazide | 1 |
| metolazone (generic of ZAROXOLYN) 2.5mg, 5mg | 1 |
| metolazone 10mg | 1 |
| spironolactone & hydrochlorothiazide (generic of ALDACTAZIDE) | 1 |
| torseamide inj | 3 |
| torseamide tabs (generic of DEMADEX) | 1 |
| triamterene & hydrochlorothiazide cap 37.5-25 mg (generic of DYZAZIDE) | 1 |
| triamterene & hydrochlorothiazide tab 37.5-25 mg (generic of MAXZIDE-25) | 1 |

| Drug Name | Drug Requirements/ Tier Limits |
|---|-----------------------------------|
| triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE) | 1 |
| MISCELLANEOUS | |
| BIDIL | 2 |
| clonidine hcl (generic of CATAPRES-TTS-1) PTWK .1mg/24hr | 1 |
| clonidine hcl (generic of CATAPRES-TTS-2) PTWK .2mg/24hr | 1 |
| clonidine hcl (generic of CATAPRES-TTS-3) PTWK .3mg/24hr | 1 |
| clonidine hcl (generic of CATAPRES) TABS | 1 |
| clorpres 0.1/15 | 1 |
| clorpres 0.2/15 | 1 |
| clorpres 0.3/15 | 1 |
| DEMSEER | 4 NM |
| DIBENZYLINE | 3 |
| hydralazine hcl SOLN; TABS | 1 |
| midodrine hcl | 1 |
| minoxidil TABS | 1 |
| RANEXA | 2 |
| NITRATES | |
| DILATRATE SR | 3 |
| ISORDIL TITRADOSE 40mg | 2 |
| isosorbide dinitrate SUBL | 1 |
| isosorbide dinitrate (generic of ISORDIL TITRADOSE) TABS 5mg | 1 |
| isosorbide dinitrate TABS 10mg, 20mg, 30mg | 1 |
| isosorbide dinitrate TBCR | 1 |
| isosorbide mononitrate TABS | 1 |
| isosorbide mononitrate (generic of IMDUR) TB24 | 1 |
| minitran (generic of NITRO-DUR) | 1 |
| nitro-bid | 3 |
| NITRO-DUR .3mg/hr, .8mg/hr | 2 |
| NITROGLYCERIN .4mg/spray | 1 |
| NITROGLYCERIN LINGUAL | 1 |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access

| Drug Name | Tier | Drug Requirements/ Limits |
|--|------|------------------------------|
| <i>nitroglycerin patches</i> | 1 | |
| NITROLINGUAL SPR PUMPSRA | 2 | |
| NITROMIST | 2 | |
| NITROSTAT | 2 | |
| PULMONARY ARTERIAL HYPERTENSION | | |
| ADCIRCA | 4 | NM PA |
| LETAIRIS | 4 | NM LA PA |
| REMODULIN | 4 | B/D NM LA |
| <i>sildenafil citrate (pulmonary hypertension) (generic of REVATIO)</i> | 4 | NM PA |
| TRACLEER | 4 | NM LA PA |
| VENTAVIS | 4 | B/D NM |
| CENTRAL NERVOUS SYSTEM ANTI-ANXIETY | | |
| <i>alprazolam CONC</i> QL (300 ml / 30 days) | 2 | QL |
| <i>alprazolam (generic of XANAX) TABS 2mg</i> QL (150 tabs / 30 days) | 1 | QL |
| <i>alprazolam (generic of XANAX) TABS .25mg, .5mg, 1mg</i> QL (90 tabs / 30 days) | 1 | QL |
| <i>bupirone hcl TABS</i> | 1 | |
| <i>fluvoxamine maleate</i> | 1 | |
| <i>fluvoxamine maleate er (generic of LUVOX CR)</i> | 1 | |
| <i>fluvoxamine tabs</i> | 1 | |
| <i>lorazepam CONC</i> QL (150 mls / 30 days) | 1 | QL |
| <i>lorazepam (generic of ATIVAN) SOLN</i> | 1 | |
| <i>lorazepam (generic of ATIVAN) TABS</i> QL (150 tabs / 30 days) | 1 | QL |
| ANTICONVULSANTS | | |
| BANZEL SUSP | 4 | NM |
| BANZEL TABS 200mg | 3 | |
| BANZEL TABS 400mg | 4 | NM |
| <i>carbamazepine CHEW</i> | 1 | |
| <i>carbamazepine (generic of CARBATROL) CP12</i> | 1 | |
| <i>carbamazepine (generic of TEGRETOL) SUSP; TABS</i> | 1 | |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|------|------------------------------|
| <i>carbamazepine (generic of TEGRETOL-XR) TB12</i> | 1 | |
| CELONTIN | 3 | |
| <i>clonazepam (generic of KLONOPIN) TABS 1mg</i> QL (600 tabs / 30 days) | 1 | QL |
| <i>clonazepam (generic of KLONOPIN) TABS 2mg</i> QL (300 tabs / 30 days) | 1 | QL |
| <i>clonazepam (generic of KLONOPIN) TABS .5mg</i> QL (1200 tabs / 30 days) | 1 | QL |
| <i>clonazepam TBDP 1mg</i> QL (600 tabs / 30 days) | 1 | QL |
| <i>clonazepam TBDP 2mg</i> QL (300 tabs / 30 days) | 1 | QL |
| <i>clonazepam TBDP .5mg</i> QL (1200 tabs / 30 days) | 1 | QL |
| <i>clonazepam TBDP .25mg</i> QL (2400 tabs / 30 days) | 1 | QL |
| <i>clonazepam TBDP .125mg</i> QL (4800 tabs / 30 days) | 1 | QL |
| <i>clorazepate dipotassium (generic of TRANXENE T) 3.75mg, 7.5mg</i> QL (120 tabs / 30 days) | 1 | QL PA |
| <i>clorazepate dipotassium (generic of TRANXENE T) 15mg</i> QL (180 tabs / 30 days) | 1 | QL PA |
| <i>diazepam CONC</i> QL (240 ml / 30 days) | 1 | QL PA |
| <i>diazepam SOLN</i> QL (1200ml / 30 days) | 1 | QL PA |
| <i>diazepam (generic of VALIUM) TABS</i> QL (120 tabs / 30 days) | 1 | QL PA |
| DIAZEPAM GEL | 1 | |
| <i>diazepam inj</i> | 1 | |
| <i>dilantin CAPS; CHEW</i> | 2 | |
| DILANTIN SUSP | 2 | |
| <i>divalproex sodium (generic of DEPAKOTE SPRINKLES) CPSP</i> | 1 | |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at
mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 | 1 | |
| <i>divalproex sodium</i> (generic of DEPAKOTE) TBEC | 1 | |
| <i>epitol</i> (generic of TEGRETOL) | 1 | |
| <i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN | 1 | |
| <i>felbamate</i> (generic of FELBATOL) SUSP | 4 | NM |
| <i>felbamate</i> (generic of FELBATOL) TABS 400mg | 1 | |
| <i>felbamate</i> (generic of FELBATOL) TABS 600mg | 4 | NM |
| <i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days) | 1 | QL |
| <i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days) | 1 | QL |
| <i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days) | 1 | QL |
| <i>gabapentin</i> (generic of NEURONTIN) SOLN QL (2160mL / 30 days) | 1 | QL |
| <i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days) | 1 | QL |
| <i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days) | 1 | QL |
| GABITRIL 12mg, 16mg | 2 | |
| LAMICTAL ODT | 2 | |
| LAMICTAL STARTER | 2 | |
| LAMICTAL XR KIT | 2 | |
| <i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW | 1 | |
| <i>lamotrigine</i> (generic of LAMICTAL) TABS | 1 | |
| <i>lamotrigine</i> (generic of LAMICTAL XR) TB24 | 1 | |
| <i>levetiracetam</i> (generic of KEPPRA) SOLN; TABS | 1 | |
| <i>levetiracetam</i> (generic of KEPPRA XR) TB24 | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|----------|
| LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) | 2 | QL |
| LYRICA CAPS 200mg QL (90 caps / 30 days) | 2 | QL |
| LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days) | 2 | QL |
| LYRICA SOLN QL (946mL / 30 days) | 2 | QL |
| ONFI TABS | 3 | PA |
| <i>oxcarbazepine</i> (generic of TRILEPTAL) | 1 | |
| PEGANONE | 3 | |
| <i>phenobarbital</i> ELIX; TABS | 1 | |
| PHENOBARBITAL SODIUM 65mg/ml | 1 | |
| <i>phenobarbital sodium</i> 130mg/ml | 1 | |
| <i>phenytek</i> | 3 | |
| <i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW | 1 | |
| <i>phenytoin</i> (generic of DILANTIN) SUSP | 1 | |
| <i>phenytoin inj 50mg/ml</i> | 1 | |
| <i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg | 1 | |
| <i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg | 1 | |
| POTIGA | 3 | |
| <i>primidone</i> (generic of MYSOLINE) TABS | 1 | |
| SABRIL | 4 | NM LA PA |
| STAVZOR | 3 | |
| TEGRETOL | 2 | |
| TEGRETOL-XR | 2 | |
| <i>tiagabine hcl</i> (generic of GABITRIL) | 1 | |
| <i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP | 1 | |
| <i>topiramate</i> (generic of TOPAMAX) TABS | 1 | |
| TRILEPTAL SUSP | 2 | |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>valproate sodium</i> (generic of DEPAICON) SOLN | 1 | |
| <i>valproate sodium</i> (generic of DEPAKENE) SYRP | 1 | |
| <i>valproic acid</i> (generic of DEPAKENE) CAPS | 1 | |
| VIMPAT | 2 | |
| <i>zonisamide</i> (generic of ZONEGRAN) 25mg, 100mg | 1 | |
| <i>zonisamide</i> 50mg | 1 | |
| ANTIDEMENTIA | | |
| ARICEPT 23mg | 3 | |
| <i>donepezil odt 5mg</i> (generic of ARICEPT ODT) | 1 | |
| <i>donepezil odt 10mg</i> (generic of ARICEPT ODT) | 1 | |
| <i>donepezil tabs 5mg</i> (generic of ARICEPT) | 1 | |
| <i>donepezil tabs 10mg</i> (generic of ARICEPT) | 1 | |
| EXELON SOLN | 3 | |
| EXELON PATCHES | 2 | |
| <i>galantamine hydrobromide</i> (generic of RAZADYNE ER) CP24 | 1 | |
| <i>galantamine hydrobromide</i> (generic of RAZADYNE) SOLN; TABS | 1 | |
| NAMENDA | 2 | |
| NAMENDA TITRATION PAK | 2 | |
| NAMENDA XR | 3 | |
| NAMENDA XR TITRATION PACK | 3 | |
| <i>rivastigmine tartrate</i> (generic of EXELON) | 1 | |
| ANTIDEPRESSANTS | | |
| <i>amitriptyline hcl</i> TABS | 1 | |
| <i>amoxapine</i> | 2 | |
| ALENZIN | 3 | |
| <i>budeprion</i> (generic of WELLBUTRIN SR) | 1 | |
| <i>bupropion hcl</i> (generic of WELLBUTRIN) TABS | 1 | |
| <i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 | 1 | |
| <i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>citalopram hydrobromide</i> SOLN | 1 | |
| <i>citalopram hydrobromide</i> (generic of CELEXA) TABS | 1 | |
| <i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS | 1 | |
| CYMBALTA | 2 | |
| <i>desipramine hcl</i> (generic of NORPRAMIN) TABS | 1 | |
| <i>doxepin hcl</i> CAPS; CONC | 1 | |
| EMSAM | 3 | PA |
| <i>escitalopram oxalate</i> (generic of LEXAPRO) | 1 | |
| <i>fluoxetine hcl</i> (generic of PROZAC) CAPS | 1 | |
| <i>fluoxetine hcl</i> (generic of PROZAC WEEKLY) CPDR | 1 | |
| <i>fluoxetine hcl</i> SOLN | 1 | |
| <i>fluoxetine hcl</i> TABS 10mg, 20mg | 1 | |
| FLUOXETINE HCL TABS 60mg | 2 | |
| FORFIVO XL | 3 | |
| <i>imipramine hcl</i> (generic of TOFRANIL) TABS | 1 | |
| <i>imipramine pamoate</i> (generic of TOFRANIL-PM) | 1 | |
| <i>maprotiline hcl</i> | 1 | |
| MARPLAN | 2 | |
| <i>mirtazapine</i> TABS 7.5mg | 1 | |
| <i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg, 45mg | 1 | |
| <i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP | 1 | |
| <i>nefazodone hcl</i> | 1 | |
| <i>nortriptyline hcl</i> (generic of PAMELOR) CAPS | 1 | |
| <i>nortriptyline hcl</i> SOLN | 1 | |
| OLEPTRO | 3 | |
| <i>paroxetine er tab</i> (generic of PAXIL CR) | 1 | |
| <i>paroxetine hcl</i> (generic of PAXIL) | 1 | |
| PAXIL SUSP | 3 | |
| PEXEVA | 3 | |
| <i>phenelzine sulfate</i> (generic of NARDIL) TABS | 1 | |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|----------|
| PRISTIQ | 2 | |
| <i>protriptyline hcl</i> (generic of VIVACTIL) | 1 | |
| <i>sertraline hcl</i> (generic of ZOLOFT) CONC; TABS | 1 | |
| <i>tranylcypromine sulfate</i> (generic of PARNATE) | 1 | |
| <i>trazodone hcl</i> TABS | 1 | |
| <i>trimipramine maleate</i> (generic of SURMONTIL) | 1 | |
| <i>venlafaxine cap er</i> (generic of EFFEXOR XR) | 1 | |
| <i>venlafaxine tab</i> | 1 | |
| <i>venlafaxine tab er</i> (generic of VENLAFAXINE HCL ER) | 1 | |
| VIIBRYD | 2 | |
| ANTIPARKINSONIAN AGENTS | | |
| <i>amantadine hcl</i> CAPS; SYRP; TABS | 1 | |
| APOKYN | 4 | NM LA PA |
| AZILECT | 2 | |
| <i>benztropine mesylate</i> (generic of COGENTIN) SOLN | 1 | |
| <i>benztropine mesylate</i> TABS | 1 | |
| <i>bromocriptine mesylate</i> CAPS | 1 | |
| <i>bromocriptine mesylate</i> (generic of PARLODEL) TABS | 1 | |
| <i>carbidopa-levodopa</i> (generic of SINEMET) TABS | 1 | |
| <i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR | 1 | |
| <i>carbidopa-levodopa</i> (generic of PARCOPA) TBDP | 1 | |
| CARBIDOPA/LEVODOPA/EN TACA | 1 | |
| CARBIDOPA/LEVODOPA/EN TACA | 1 | |
| CARBIDOPA/LEVODOPA/EN TACA | 1 | |
| CARBIDOPA/LEVODOPA/EN TACA | 1 | |
| CARBIDOPA/LEVODOPA/EN TACA | 1 | |
| CARBIDOPA/LEVODOPA/EN TACA | 1 | |
| CARBIDOPA/LEVODOPA/EN TACA | 1 | |
| ENTACAPONE | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| LODOSYN | 3 | |
| MIRAPEX .75mg | 3 | |
| MIRAPEX ER | 3 | |
| NEUPRO | 2 | |
| PARLODEL CAPS | 2 | |
| <i>pramipexole dihydrochloride</i> .75mg | 1 | |
| <i>pramipexole dihydrochloride</i> (generic of MIRAPEX) .125mg, .25mg, .5mg, 1mg, 1.5mg | 1 | |
| <i>ropinirole hydrochloride</i> (generic of REQUIP) TABS | 1 | |
| <i>ropinirole hydrochloride</i> (generic of REQUIP XL) TB24 | 1 | |
| <i>selegiline hcl</i> (generic of ELDEPRYL) CAPS | 1 | |
| <i>selegiline hcl</i> TABS | 1 | |
| ZELAPAR | 3 | |
| ANTIPSYCHOTICS | | |
| ABILIFY SOLN | 4 | NM |
| ABILIFY TABS 2mg, 5mg, 10mg, 15mg | 2 | |
| ABILIFY TABS 20mg, 30mg | 4 | NM |
| ABILIFY DISCMELT | 4 | NM |
| ABILIFY INJ | 2 | |
| ABILIFY MAINTENA | 4 | NM |
| <i>chlorpromaz inj 25mg/ml</i> | 3 | |
| <i>chlorpromazine hcl</i> TABS | 1 | |
| CLOZAPINE ODT | 1 | PA |
| <i>clozapine tab</i> (generic of CLOZARIL) 25mg, 100mg | 1 | |
| <i>clozapine tab</i> 50mg, 200mg | 1 | |
| FANAPT | 3 | ST |
| FANAPT TITRATION PACK | 3 | ST |
| FAZACLO | 3 | PA |
| <i>fluphenazine decanoate</i> SOLN | 1 | |
| <i>fluphenazine hcl</i> | 1 | |
| GEODON INJ | 3 | |
| <i>haloperidol</i> TABS | 1 | |
| <i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN | 1 | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml | 1 | |
| <i>haloperidol lactate</i> CONC | 1 | |
| <i>haloperidol lactate</i> (generic of HALDOL) SOLN | 1 | |
| INVEGA | 3 | |
| INVEGA SUSTENNA 39mg/0.25ml, 78mg/0.5ml | 3 | |
| INVEGA SUSTENNA 117mg/0.75ml, 156mg/ml, 234mg/1.5ml | 4 | NM |
| LATUDA | 2 | |
| <i>loxapine succinate</i> (generic of LOXITANE) CAPS 5mg, 25mg, 50mg | 1 | |
| <i>loxapine succinate</i> CAPS 10mg | 1 | |
| <i>olanzapine</i> (generic of ZYPREXA) SOLR QL (3 vials / 1 day) | 1 | QL |
| <i>olanzapine</i> (generic of ZYPREXA) TABS | 1 | |
| <i>olanzapine odt</i> (generic of ZYPREXA ZYDIS) 5mg, 10mg, 15mg | 1 | |
| <i>olanzapine odt</i> (generic of ZYPREXA ZYDIS) 20mg | 4 | NM |
| ORAP | 3 | |
| <i>perphenazine</i> TABS | 1 | |
| <i>quetiapine fumarate</i> (generic of SEROQUEL) | 1 | |
| RISPERDAL CONSTA 12.5mg, 25mg | 2 | |
| RISPERDAL CONSTA 37.5mg, 50mg | 4 | NM |
| <i>risperidone</i> (generic of RISPERDAL) | 1 | |
| <i>risperidone odt</i> (generic of RISPERDAL M-TAB) .5mg, 1mg, 2mg, 3mg, 4mg | 1 | |
| <i>risperidone odt</i> .25mg | 1 | |
| SAPHRIS | 3 | |
| SEROQUEL XR | 2 | |
| <i>thioridazine hcl</i> TABS | 1 | PA |
| <i>thiothixene</i> | 1 | |
| <i>trifluoperazine hcl</i> | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>ziprasidone hcl</i> (generic of GEODON) | 1 | |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | | |
| <i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i> (generic of ADDERALL XR) QL (90 ea / 30 days) | 1 | QL |
| <i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i> (generic of ADDERALL XR) QL (90 ea / 30 days) | 1 | QL |
| <i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 ea / 30 days) | 1 | QL |
| <i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 ea / 30 days) | 1 | QL |
| <i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 ea / 30 days) | 1 | QL |
| <i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 ea / 30 days) | 1 | QL |
| <i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (360 tabs / 30 days) | 1 | QL |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (240 tabs / 30 days) | 1 | QL |
| <i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (180 tabs / 30 days) | 1 | QL |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (144 tabs / 30 days) | 1 | QL |
| <i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days) | 1 | QL |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

| Drug Name | Tier | Drug Requirements/ Limits |
|--|------|------------------------------|
| <i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days) | 1 | QL |
| <i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days) | 1 | QL |
| DAYTRANA 10mg/9hr, 20mg/9hr, 30mg/9hr QL (30 ptch / 30 days) | 2 | QL |
| DAYTRANA 15mg/9hr QL (30 patches / 30 days) | 2 | QL |
| INTUNIV | 2 | |
| <i>metadate tab 20mg er</i> QL (90 tabs / 30 days) | 1 | QL |
| METHYLIN CHEW TAB QL (180 tabs / 30 days) | 2 | QL |
| <i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 20mg, 30mg QL (60 caps / 30 days) | 1 | QL |
| <i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days) | 1 | QL |
| <i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days) | 1 | QL |
| <i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days) | 1 | QL |
| <i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 ml / 30 days) | 1 | QL |
| <i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 ml / 30 days) | 1 | QL |
| <i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days) | 1 | QL |
| <i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days) | 1 | QL |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|------|------------------------------|
| METHYLPHENIDATE HCL ER 18mg QL (60 tabs / 30 days) | 1 | QL |
| <i>methylphenidate hcl er</i> (generic of CONCERTA) 27mg, 36mg QL (60 tabs / 30 days) | 1 | QL |
| <i>methylphenidate hcl er</i> (generic of CONCERTA) 54mg QL (30 tabs / 30 days) | 1 | QL |
| <i>methylphenidate tab 10mg er</i> QL (90 ea / 30 days) | 1 | QL |
| <i>methylphenidate tab 20mg er</i> QL (90 tabs / 30 days) | 1 | QL |
| QUILLIVANT XR QL (360 ml / 30 days) | 2 | QL |
| RITALIN LA 10mg QL (60 caps / 30 days) | 2 | QL |
| STRATTERA 10mg, 18mg, 25mg QL (120 caps / 30 days) | 2 | QL |
| STRATTERA 40mg QL (60 caps / 30 days) | 2 | QL |
| STRATTERA 60mg, 80mg, 100mg QL (30 caps / 30 days) | 2 | QL |
| VYVANSE 20mg, 30mg QL (60 caps / 30 days) | 2 | QL |
| VYVANSE 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days) | 2 | QL |
| HYPNOTICS | | |
| EDLUAR QL (30 ea / 30 days) | 3 | QL |
| INTERMEZZO QL (30 ea / 30 days) | 3 | QL |
| LUNESTA QL (30 tabs / 30 days) | 3 | QL |
| ROZEREM QL (30 tabs / 30 days) | 3 | QL |
| SILENOR 3mg QL (60 tabs / 30 days) | 2 | QL |
| SILENOR 6mg QL (30 tabs / 30 days) | 2 | QL |
| <i>zaleplon</i> (generic of SONATA) QL (30 caps / 30 days) | 1 | QL |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>zolpidem tartrate</i> (generic of AMBIEN) TABS QL (30 tabs / 30 days) | 1 | QL |
| <i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR QL (30 ea / 30 days) | 1 | QL |
| ZOLPIMIST QL (1 bottle / 30 days) | 3 | QL |
| MIGRAINE | | |
| ALSUMA QL (4 mL / 30 days) | 3 | QL |
| AXERT QL (12 tabs / 30 days) | 3 | QL |
| <i>cafergot tab 1-100mg</i> | 2 | |
| <i>dihydroergotamine mesylate</i> (generic of D.H.E. 45) 1mg/ml | 1 | |
| DIHYDROERGOTAMINE MESYLATE 4mg/ml QL (8 mL / 30 days) | 1 | QL |
| <i>ergomar</i> | 3 | |
| FROVA TAB 2.5MG QL (18 tabs / 30 days) | 3 | QL |
| <i>migergot</i> | 2 | |
| <i>naratriptan hcl</i> (generic of AMERGE) QL (9 tabs / 30 days) | 1 | QL |
| RELPAK QL (12 tabs / 30 days) | 3 | QL |
| <i>rizatriptan benzoate</i> (generic of MAXALT) TABS QL (12 tabs / 30 days) | 1 | QL |
| <i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBCR QL (12 ea / 30 days) | 1 | QL |
| SUMATRIPTAN SUCCINATE SOLN QL (12 inhalers / 30 days) | 1 | QL |
| <i>sumatriptan succinate</i> (generic of IMITREX) TABS QL (9 tabs / 30 days) | 1 | QL |
| SUMATRIPTAN SUCCINATE INJ 4mg/0.5ml QL (4 mL / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>sumatriptan succinate inj</i> (generic of IMITREX) 6mg/0.5ml QL (8 syringes/vials / 30 days) | 1 | QL |
| SUMAVEL DOSEPRO QL (6 mL / 30 days) | 2 | QL |
| TREXIMET QL (9 tabs / 30 days) | 2 | QL |
| <i>zolmitriptan</i> (generic of ZOMIG) QL (12 tabs per 30 days) | 1 | QL |
| <i>zolmitriptan odt</i> (generic of ZOMIG ZMT) QL (12 tabs per 30 days) | 1 | QL |
| ZOMIG SOLN QL (2 bottles / 30 days) | 2 | QL |
| ZOMIG TABS QL (12 tabs / 30 days) | 3 | QL |
| ZOMIG ZMT QL (12 ea / 30 days) | 3 | QL |
| MISCELLANEOUS | | |
| EQUETRO | 3 | |
| GRALISE 300mg QL (180 tabs / 30 days) | 2 | QL |
| GRALISE 600mg QL (90 tabs / 30 days) | 2 | QL |
| GRALISE STARTER | 2 | |
| HORIZANT | 3 | |
| <i>lithium carbonate</i> CAPS | 1 | |
| <i>lithium carbonate</i> TABS | 1 | |
| <i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg | 1 | |
| <i>lithium carbonate</i> TBCR 450mg | 1 | |
| LITHIUM CITRATE | 2 | |
| MESTINON SYRUP | 2 | |
| MESTINON TIMESPAN | 2 | |
| NUDEXTA QL (60 caps / 30 days) | 2 | QL PA |
| <i>pyridostigmine bromide</i> (generic of MESTINON) TABS | 1 | |
| REGONOL | 3 | |
| RILUTEK | 4 | NM |
| <i>riluzole</i> (generic of RILUTEK) | 1 | |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|----------|
| SAVELLA 12.5mg QL (480 tabs / 30 days) | 2 | QL |
| SAVELLA 25mg QL (240 tabs / 30 days) | 2 | QL |
| SAVELLA 50mg QL (120 tabs / 30 days) | 2 | QL |
| SAVELLA 100mg QL (60 tabs / 30 days) | 2 | QL |
| SAVELLA TITRATION PACK | 2 | |
| XENAZINE | 4 | NM LA PA |
| MULTIPLE SCLEROSIS AGENTS | | |
| AMPYRA | 4 | NM LA PA |
| AUBAGIO QL (30 tabs / 30 days) | 4 | QL NM PA |
| AVONEX QL (4 syringes / 28 days) | 4 | QL NM PA |
| AVONEX PEN QL (4 boxes / 28 days) | 4 | QL NM PA |
| BETASERON QL (14 vials / 28 days) | 4 | QL NM PA |
| COPAXONE QL (1 box / 30 days) | 4 | QL NM PA |
| EXTAVIA QL (15 syringes / 30 days) | 4 | QL NM PA |
| GILENYA QL (30 caps / 30 days) | 4 | QL NM PA |
| REBIF QL (6 syringes / 28 days) | 4 | QL NM PA |
| REBIF TITRATION PACK QL (6 syringes / 30 days) | 4 | QL NM PA |
| TECFIDERA 120mg QL (14 ea / 7 days) | 4 | QL NM PA |
| TECFIDERA 240mg QL (60 ea / 30 days) | 4 | QL NM PA |
| TECFIDERA STARTER PACK | 4 | NM PA |
| TYSABRI | 4 | NM LA PA |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| AMRIX 15mg QL (60 ea / 30 days) | 3 | QL PA |
| AMRIX 30mg QL (30 ea / 30 days) | 3 | QL PA |
| baclofen TABS | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|----------|
| chlorzoxazone (generic of PARAFON FORTE DSC) TABS | 1 | PA |
| cyclobenzaprine hcl (generic of FLEXERIL) TABS 5mg, 10mg QL (90 tabs / 30 days) | 1 | QL PA |
| cyclobenzaprine hcl (generic of FEXMID) TABS 7.5mg QL (90 tabs / 30 days) | 1 | QL PA |
| dantrolene sodium (generic of DANTRIUM) CAPS | 1 | |
| methocarbamol (generic of ROBAXIN) TABS 500mg | 1 | PA |
| methocarbamol (generic of ROBAXIN-750) TABS 750mg | 1 | PA |
| tizanidine (generic of ZANAFLEX) CAPS | 1 | |
| tizanidine TABS 2mg | 1 | |
| tizanidine (generic of ZANAFLEX) TABS 4mg | 1 | |
| NARCOLEPSY/CATAPLEXY | | |
| modafinil (generic of PROVIGIL) 100mg | 1 | PA |
| modafinil (generic of PROVIGIL) 200mg | 4 | NM PA |
| NUVIGIL | 2 | PA |
| XYREM | 4 | NM LA PA |
| PSYCHOTHERAPEUTIC-MISC | | |
| buprenorphine hcl SUBL | 1 | PA |
| buprenorphine hcl-naloxone hcl sl (generic of SUBOXONE) QL (120 ea / 30 days) | 1 | QL PA |
| buproban (generic of ZYBAN) | 1 | |
| CAMPRAL | 2 | |
| CHANTIX QL (336 tabs / year) | 2 | QL PA |
| CHANTIX STARTER PACK QL (106 tabs / year) | 2 | QL PA |
| disulfiram (generic of ANTABUSE) TABS | 1 | |
| naloxone hcl SOLN | 1 | |
| naltrexone hcl (generic of REVIA) TABS | 1 | |
| NICOTROL INHALER QL (16 inhalers / year) | 3 | QL |

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| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| NICOTROL NS QL (36 bottles / year) | 3 | QL |
| SARAFEM | 3 | |
| SUBOXONE MIS 2-0.5MG QL (120 ea / 30 days) | 3 | QL PA |
| SUBOXONE MIS 4-1MG QL (120 ea / 30 days) | 3 | QL PA |
| SUBOXONE MIS 8-2MG QL (120 ea / 30 days) | 3 | QL PA |
| SUBOXONE MIS 12-3MG QL (60 ea / 30 days) | 3 | QL PA |
| VIVITROL | 4 | NM |
| ENDOCRINE AND METABOLIC | | |
| ANDROGENS | | |
| ANDRODERM QL (30 ea / 30 days) | 2 | QL PA |
| ANDROGEL 1% QL (300 gm / 30 days) | 3 | QL PA |
| ANDROGEL 1.62% QL (150 gm / 30 days) | 3 | QL PA |
| <i>androxy</i> | 3 | PA |
| AXIRON QL (440 mL / 30 days) | 2 | QL PA |
| FORTESTA QL (120 gm / 30 days) | 2 | QL PA |
| <i>oxandrolone</i> (generic of OXANDRIN) TABS | 1 | PA |
| STRIANT QL (60 tabs per 30 days) | 3 | QL PA |
| TESTIM QL (300 gm / 30 days) | 3 | QL PA |
| <i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) OIL | 1 | |
| <i>testosterone enanthate</i> (generic of DELATESTRYL) OIL | 1 | |
| ANTIDIABETICS, INJECTABLE | | |
| ALCOHOL PREPS PADS | 2 | |
| APIDRA | 2 | |
| APIDRA SOLOSTAR | 2 | |
| BYDUREON QL (4 vials / 30 days) | 2 | QL PA |
| BYETTA | 3 | PA |
| GAUZE PADS 2X2 | 2 | |
| HUMALOG | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| HUMALOG KWIKPEN | 3 | |
| HUMALOG MIX 50/50 | 3 | |
| HUMALOG MIX 50/50 KWIKPEN | 3 | |
| HUMALOG MIX 75/25 | 3 | |
| HUMALOG MIX 75/25 KWIKPEN | 3 | |
| HUMULIN 70/30 | 3 | |
| HUMULIN 70/30 PEN | 3 | |
| HUMULIN N | 3 | |
| HUMULIN N U-100 PEN | 3 | |
| HUMULIN R | 3 | |
| HUMULIN R U-500 (CONCENTRATE) | 4 | B/D NM |
| INSULIN PEN NEEDLES | 2 | |
| INSULIN SAFETY NEEDLES | 2 | |
| INSULIN SYRINGES | 2 | |
| LANTUS | 2 | |
| LANTUS SOLOSTAR | 2 | |
| LEVEMIR | 2 | |
| LEVEMIR FLEXPEN | 2 | |
| NOVOLIN 70/30 | 2 | |
| NOVOLIN 70/30 RELION | 3 | |
| NOVOLIN N | 2 | |
| NOVOLIN N RELION | 3 | |
| NOVOLIN R | 2 | |
| NOVOLIN R RELION | 3 | |
| NOVOLOG | 2 | |
| NOVOLOG FLEXPEN | 2 | |
| NOVOLOG MIX 70/30 | 2 | |
| NOVOLOG MIX 70/30 PREFILL | 2 | |
| SYMLINPEN 60 | 2 | PA |
| SYMLINPEN 120 | 2 | PA |
| VICTOZA QL (9 mL / 30 days) | 2 | QL |
| ANTIDIABETICS, ORAL | | |
| <i>acarbose</i> (generic of PRECOSE) | 1 | |
| ACTOPLUS MET XR 15-1000MG QL (60 ea / 30 days) | 3 | QL |
| ACTOPLUS MET XR 30-1000MG QL (30 ea / 30 days) | 3 | QL |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>glimepiride</i> (generic of AMARYL) 1mg QL (240 tabs / 30 days) | 1 | QL |
| <i>glimepiride</i> (generic of AMARYL) 2mg QL (120 tabs / 30 days) | 1 | QL |
| <i>glimepiride</i> (generic of AMARYL) 4mg QL (60 tabs / 30 days) | 1 | QL |
| <i>glipizide</i> (generic of GLUCOTROL) TABS 5mg QL (240 tabs / 30 days) | 1 | QL |
| <i>glipizide</i> (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days) | 1 | QL |
| <i>glipizide er</i> (generic of GLUCOTROL XL) 2.5mg QL (240 tabs / 30 days) | 1 | QL |
| <i>glipizide er</i> (generic of GLUCOTROL XL) 5mg QL (120 tabs / 30 days) | 1 | QL |
| <i>glipizide er</i> (generic of GLUCOTROL XL) 10mg QL (60 tabs / 30 days) | 1 | QL |
| <i>glipizide-metformin</i> 2.5-250mg (generic of METAGLIP) QL (240 tabs / 30 days) | 1 | QL |
| <i>glipizide-metformin</i> 2.5-500mg QL (120 tabs / 30 days) | 1 | QL |
| <i>glipizide-metformin</i> 5-500mg QL (120 tabs / 30 days) | 1 | QL |
| GLUMETZA 500mg QL (120 ea / 30 days) | 3 | QL |
| GLUMETZA 1000mg QL (60 ea / 30 days) | 3 | QL |
| <i>glyburide</i> 1.25mg QL (480 tabs / 30 days) | 1 | QL PA |
| <i>glyburide</i> 2.5mg QL (240 tabs / 30 days) | 1 | QL PA |
| <i>glyburide</i> 5mg QL (120 tabs / 30 days) | 1 | QL PA |
| <i>glyburide micronized</i> (generic of GLYNASE) 1.5mg QL (240 tabs / 30 days) | 1 | QL PA |
| <i>glyburide micronized</i> (generic of GLYNASE) 3mg QL (120 tabs / 30 days) | 1 | QL PA |
| <i>glyburide micronized</i> (generic of GLYNASE) 6mg QL (60 tabs / 30 days) | 1 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>glyburide-metformin</i> 1.25-250mg (generic of GLUCOVANCE) QL (240 tabs / 30 days) | 1 | QL PA |
| <i>glyburide-metformin</i> 2.5-500mg (generic of GLUCOVANCE) QL (120 tabs / 30 days) | 1 | QL PA |
| <i>glyburide-metformin</i> 5-500mg (generic of GLUCOVANCE) QL (120 tabs / 30 days) | 1 | QL PA |
| GLYSET | 3 | |
| INVOKANA 100mg QL (90 tabs per 30 days) | 2 | QL |
| INVOKANA 300mg QL (30 tabs per 30 days) | 2 | QL |
| JANUMET | 2 | |
| JANUMET XR TAB 50-500MG | 2 | |
| JANUMET XR TAB 50-1000 | 2 | |
| JANUMET XR TAB 100-1000 | 2 | |
| JANUVIA | 2 | |
| JENTADUETO QL (60 tabs / 30 days) | 2 | QL |
| JUVISYNC QL (30 tabs / 30 days) | 3 | QL |
| KAZANO QL (60 tabs / 30 days) | 3 | QL |
| KOMBIGLYZE XR 2.5-1000MG QL (60 ea / 30 days) | 3 | QL |
| KOMBIGLYZE XR 5-500MG QL (30 ea / 30 days) | 3 | QL |
| KOMBIGLYZE XR 5-1000MG QL (30 ea / 30 days) | 3 | QL |
| <i>metformin er</i> (generic of GLUCOPHAGE XR) 500mg QL (120 tabs / 30 days) | 1 | QL |
| <i>metformin er</i> (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days) | 1 | QL |
| <i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days) | 1 | QL |

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| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days) | 1 | QL |
| <i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days) | 1 | QL |
| <i>metformin hcl</i> (generic of FORTAMET) TB24 500mg QL (150 ea / 30 days) | 1 | QL |
| <i>metformin hcl</i> (generic of FORTAMET) TB24 1000mg QL (75 ea / 30 days) | 1 | QL |
| <i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days) | 1 | QL |
| NESINA 6.25mg QL (120 tabs / 30 days) | 3 | QL |
| NESINA 12.5mg QL (60 tabs / 30 days) | 3 | QL |
| NESINA 25mg QL (30 tabs / 30 days) | 3 | QL |
| ONGLYZA QL (30 tabs / 30 days) | 3 | QL |
| OSENI TAB 12.5-15MG QL (60 tabs / 30 days) | 3 | QL |
| OSENI TAB 12.5-30MG QL (30 tabs / 30 days) | 3 | QL |
| OSENI TAB 12.5-45MG QL (30 tabs / 30 days) | 3 | QL |
| OSENI TAB 25-15MG QL (30 tabs / 30 days) | 3 | QL |
| OSENI TAB 25-30MG QL (30 tabs / 30 days) | 3 | QL |
| OSENI TAB 25-45MG QL (30 tabs / 30 days) | 3 | QL |
| <i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days) | 1 | QL |
| <i>pioglitazone hcl-glimepiride</i> (generic of DUETACT) QL (30 tabs / 30 days) | 1 | QL |
| <i>pioglitazone hcl-metformin hcl</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days) | 1 | QL |
| PRANDIMET QL (150 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|----------|
| PRANDIN 2mg QL (240 tabs / 30 days) | 2 | QL |
| PRANDIN .5mg, 1mg QL (120 tabs / 30 days) | 2 | QL |
| RIOMET QL (946mL / 30 days) | 3 | QL |
| TRADJENTA | 2 | |
| BISPHOSPHONATES | | |
| ACTONEL | 2 | |
| <i>alendronate sodium</i> SOLN QL (4 / 28 days) | 1 | QL |
| <i>alendronate sodium</i> TABS 5mg, 10mg, 35mg, 40mg | 1 | |
| <i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg | 1 | |
| AELVIA | 2 | |
| BINOSTO | 3 | |
| BONIVA SOLN QL (1 syringe / 90 days) | 3 | B/D QL |
| FOSAMAX PLUS D | 3 | |
| <i>ibandronate sodium</i> (generic of BONIVA) | 1 | B/D |
| <i>pamidronate disodium</i> SOLN 6mg/ml | 2 | B/D |
| <i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml | 1 | B/D |
| <i>zoledronic inj</i> 4mg/5ml (generic of ZOMETA) | 4 | B/D NM |
| ZOMETA | 4 | B/D NM |
| CALCIUM RECEPTOR ANTAGONISTS | | |
| SENSIPAR 30mg | 2 | NM |
| SENSIPAR 60mg, 90mg | 4 | NM |
| CHELATING AGENTS | | |
| CHEMET | 3 | |
| EXJADE | 4 | NM LA PA |
| FERRIPROX | 4 | NM PA |
| <i>kionex</i> (generic of KAYEXALATE) POWD | 1 | |
| <i>kionex</i> SUSP | 1 | |
| <i>sodium polystyrene sulfonate</i> | 1 | |
| <i>sps sus</i> 15gm/60ml | 1 | |
| SYPRINE | 4 | NM |
| CONTRACEPTIVES | | |
| <i>altavera</i> | 1 | |
| <i>amethia</i> 91 day (generic of SEASONIQUE) | 1 | |
| <i>amethyst</i> 28 day | 1 | |

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| Drug Name | Drug Requirements/ Tier Limits |
|---|-----------------------------------|
| <i>apri 28 day</i> (generic of DESOGEN) | 1 |
| <i>aranelle 28</i> (generic of TRI-NORINYL 28) | 1 |
| <i>aviane 28</i> | 1 |
| <i>balziva 28 day</i> (generic of OVCON-35) | 1 |
| BEYAZ | 2 |
| <i>briellyn 28 day</i> (generic of OVCON-35) | 1 |
| <i>camila 28 day</i> (generic of NOR-QD) | 1 |
| CAMRESE LO TAB | 1 |
| <i>cryselle 28</i> | 1 |
| <i>cyclafem 1/35 28 day</i> (generic of NORINYL 1+35) | 1 |
| <i>cyclafem 7/7/7 28 day</i> (generic of ORTHO-NOVUM 7/7/7) | 1 |
| DEPO-SUBQ PROVERA 104 | 2 |
| <i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28) | 1 |
| ELLA | 2 |
| <i>emoquette</i> (generic of DESOGEN) | 1 |
| <i>enpresse 28 day</i> | 1 |
| <i>errin 28 day</i> (generic of ORTHO MICRONOR) | 1 |
| GENERESS FE | 3 |
| GIANVI | 1 |
| <i>gildagia</i> (generic of OVCON-35) | 1 |
| <i>heather tab 0.35mg</i> (generic of NOR-QD) | 1 |
| <i>introvale 91 day</i> | 1 |
| JOLIVETTE | 1 |
| <i>junel 1.5/30 21 day</i> (generic of LOESTRIN 1.5/30-21) | 1 |
| <i>junel 1/20 21 day</i> (generic of LOESTRIN 1/20-21) | 1 |
| <i>junel fe 1.5/30 28 day</i> (generic of LOESTRIN FE 1.5/30) | 1 |
| <i>junel fe 1/20 28 day</i> (generic of LOESTRIN FE 1/20) | 1 |
| <i>kariva 28 day</i> (generic of MIRCETTE) | 1 |
| <i>kelnor 1/35 28 day</i> | 1 |
| LEENA | 1 |

| Drug Name | Drug Requirements/ Tier Limits |
|---|-----------------------------------|
| <i>lessina 28 day</i> | 1 |
| <i>levonest 28 day</i> | 1 |
| <i>levonorgestrel-ethinyl estradiol (91-day)</i> | 1 |
| <i>levora 0.15/30 28 day</i> | 1 |
| LO LOESTRIN FE | 2 |
| LOESTRIN 24 FE | 2 |
| <i>loryna 28 day</i> (generic of YAZ) | 1 |
| <i>low-ogestrel 28 day</i> | 1 |
| <i>lutra 28 day</i> | 1 |
| <i>marlissa 28 day</i> | 1 |
| <i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV) | 1 |
| <i>microgestin 1.5/30 21 day</i> (generic of LOESTRIN 1.5/30-21) | 1 |
| <i>microgestin 1/20 21 day</i> (generic of LOESTRIN 1/20-21) | 1 |
| <i>microgestin fe 1.5/30 28 day</i> (generic of LOESTRIN FE 1.5/30) | 1 |
| <i>microgestin fe 1/20 28 day</i> (generic of LOESTRIN FE 1/20) | 1 |
| MINASTRIN 24 FE | 3 |
| MONONESSA | 1 |
| <i>myzilra</i> | 1 |
| <i>necon 0.5/35 28 day</i> (generic of BREVICON-28) | 1 |
| <i>necon 1/35 28 day</i> (generic of NORINYL 1+35) | 1 |
| NECON 1/50-28 | 1 |
| NECON 7/7/7 | 1 |
| <i>necon 10/11 28 day</i> | 3 |
| <i>next choice tab 1.5mg</i> (generic of PLAN B ONE-STEP) | 1 |
| NORA-BE | 1 |
| <i>norethindrone (contraceptive)</i> (generic of NOR-QD) | 1 |
| <i>norgestimate-ethinyl estradiol (triphasic)</i> (generic of ORTHO TRI-CYCLEN) | 1 |
| NORINYL 1+50 | 3 |

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| Drug Name | Drug Requirements/ Tier Limits |
|--|-----------------------------------|
| <i>nortrel 0.5/35 28 day</i> (generic of BREVICON-28) | 1 |
| <i>nortrel 1/35 21 day</i> (generic of NORINYL 1+35) | 1 |
| <i>nortrel 1/35 28 day</i> (generic of NORINYL 1+35) | 1 |
| <i>nortrel 7/7/7 28 day</i> (generic of ORTHO-NOVUM 7/7/7) | 1 |
| NUVARING | 2 |
| OCELLA | 1 |
| <i>ogestrel 28 day</i> | 1 |
| <i>orsythia 28 day</i> | 1 |
| ORTHO EVRA | 2 |
| ORTHO TRI-CYCLEN LO | 2 |
| <i>philith</i> (generic of OVCON-35) | 1 |
| <i>portia 28 day</i> | 1 |
| <i>previfem 28 day</i> (generic of ORTHO-CYCLEN) | 1 |
| QUARTETTE | 3 |
| <i>quasense 91 day</i> | 1 |
| <i>reclipsen 28 day</i> (generic of DESOGEN) | 1 |
| SOLIA | 1 |
| <i>sprintec 28 day</i> (generic of ORTHO-CYCLEN) | 1 |
| <i>sronyx 28 day</i> | 1 |
| <i>syeda</i> (generic of YASMIN 28) | 1 |
| <i>tri-legest 28 day</i> (generic of ESTROSTEP FE) | 1 |
| <i>tri-previfem 28 day</i> (generic of ORTHO TRI-CYCLEN) | 1 |
| <i>tri-sprintec 28 day</i> (generic of ORTHO TRI-CYCLEN) | 1 |
| TRINESSA | 1 |
| <i>trivora 28 day</i> | 1 |
| <i>velivet 28 day</i> (generic of CYCLESSA) | 1 |
| <i>vestura</i> (generic of YAZ) | 1 |
| <i>viorele</i> (generic of MIRCETTE) | 1 |
| <i>zarah</i> (generic of YASMIN 28) | 1 |
| <i>zenchent fe 28 day</i> (generic of FEMCON FE) | 1 |
| <i>zenchent tab</i> (generic of OVCON-35) | 1 |
| <i>zovia 1/35e 28 day</i> | 1 |

| Drug Name | Drug Requirements/ Tier Limits |
|---|-----------------------------------|
| <i>zovia 1/50e 28 day</i> | 1 |
| ENDOMETRIOSIS | |
| <i>danazol CAPS</i> | 1 |
| SYNAREL | 4 NM |
| ENZYME REPLACEMENTS | |
| ADAGEN | 4 NM LA PA |
| ALDURAZYME | 4 NM LA PA |
| BUPHENYL TAB 500MG | 4 NM |
| CARBAGLU | 4 NM LA PA |
| CEREZYME | 4 NM PA |
| CYSTADANE | 4 NM |
| CYSTAGON | 3 NM PA |
| ELAPRASE | 4 NM PA |
| ELELYSO | 4 NM PA |
| FABRAZYME | 4 NM PA |
| KUVAN | 4 NM PA |
| <i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) | 1 B/D |
| LUMIZYME | 4 NM PA |
| MYOZYME | 4 NM PA |
| NAGLAZYME | 4 NM LA PA |
| ORFADIN | 4 NM LA PA |
| PROCYSBI | 4 NM LA PA |
| <i>sodium phenylbutyrate</i> (generic of BUPHENYL) | 4 NM |
| VPRIV | 4 NM PA |
| ZAVESCA | 4 NM LA PA |
| ESTROGEN/PROGESTINS | |
| <i>estradiol & norethindrone acetate</i> (generic of ACTIVELLA) | 1 |
| <i>jinteli</i> | 1 PA |
| ESTROGENS | |
| ALORA | 3 PA |
| COMBIPATCH | 2 PA |
| DELESTROGEN 10mg/ml | 3 |
| <i>depo-estradiol</i> | 3 |
| <i>estrace CREA</i> | 3 |
| <i>estradiol</i> (generic of CLIMARA) PTWK | 1 PA |
| <i>estradiol</i> (generic of ESTRACE) TABS | 1 PA |
| ESTRADIOL VALERATE OIL 10mg/ml | 1 |
| <i>estradiol valerate</i> (generic of DELESTROGEN) OIL 20mg/ml, 40mg/ml | 1 |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| ESTRING | 3 | |
| <i>estropipate</i> TABS | 1 | PA |
| FEMRING | 3 | |
| <i>menest</i> | 3 | PA |
| MENOSTAR | 3 | PA |
| MINIVELLE | 3 | PA |
| PREMARIN | 2 | PA |
| PREMARIN CREAM | 2 | |
| PREMARIN INJ | 3 | |
| PREMPHASE | 2 | PA |
| PREMPRO | 2 | PA |
| VAGIFEM | 2 | |
| VIVELLE-DOT | 2 | PA |
| GLUCOCORTICOIDS | | |
| <i>a-hydrocort inj 100mg</i> | 1 | |
| CELESTONE | 3 | |
| <i>cortisone acetate</i> TABS | 1 | |
| DEPO-MEDROL 20mg/ml | 3 | |
| <i>dexamethasone</i> CONC | 2 | |
| <i>dexamethasone</i> ELIX; SOLN; TABS | 1 | |
| <i>dexamethasone sodium phosphate</i> | 1 | |
| <i>dexpak taperpak 13 day</i> | 2 | |
| FLO-PRED | 3 | |
| <i>fludrocortisone acetate</i> TABS | 1 | |
| <i>hydrocortisone</i> (generic of CORTEF) TABS | 1 | |
| MEDROL 2mg | 2 | |
| <i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TABS 4mg | 1 | |
| <i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg, 32mg | 1 | |
| <i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) | 1 | |
| <i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) | 1 | |
| <i>millipred</i> | 3 | |
| ORAPRED ODT | 2 | |
| <i>prednisolone</i> (generic of PRELONE) | 1 | |
| <i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) 5mg/5ml | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>prednisolone sodium phosphate</i> (generic of ORAPRED) 15mg/5ml | 1 | |
| <i>prednisolone sodium phosphate</i> 25mg/5ml | 1 | |
| <i>prednisone</i> CONC | 3 | |
| <i>prednisone</i> SOLN; TABS | 1 | |
| RAYOS | 3 | |
| SOLU-CORTEF 100MG | 3 | |
| SOLU-CORTEF 250MG | 3 | |
| SOLU-CORTEF 500MG | 3 | |
| SOLU-CORTEF 1000MG | 3 | |
| SOLU-MEDROL 2gm | 3 | |
| <i>veripred</i> | 3 | |
| GLUCOSE ELEVATING AGENTS | | |
| GLUCAGEN HYPOKIT | 2 | |
| GLUCAGON EMERGENCY KIT | 2 | |
| PROGLYCEM | 4 | NM |
| HUMAN GROWTH HORMONES | | |
| GENOTROPIN | 4 | NM PA |
| GENOTROPIN MINIQUICK .2mg | 3 | NM PA |
| GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | 4 | NM PA |
| HUMATROPE | 4 | NM PA |
| HUMATROPE COMBO PACK | 4 | NM PA |
| NORDITROPIN FLEXPRO | 4 | NM PA |
| NORDITROPIN NORDIFLEX PEN | 4 | NM PA |
| NUTROPIN | 4 | NM PA |
| NUTROPIN AQ | 4 | NM PA |
| NUTROPIN AQ NUSPIN 5 | 4 | NM PA |
| NUTROPIN AQ PEN | 4 | NM PA |
| OMNITROPE 5.8MG | 4 | NM PA |
| OMNITROPE 5MG | 3 | NM PA |
| OMNITROPE 10MG | 4 | NM PA |
| SAIZEN | 4 | NM PA |
| SAIZEN CLICK.EASY | 4 | NM PA |
| SEROSTIM | 4 | NM PA |
| TEV-TROPIN | 4 | NM PA |
| ZORBTIVE | 4 | NM PA |
| MISCELLANEOUS | | |
| <i>cabergoline</i> | 1 | |

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| Drug Name | Tier | Drug Requirements/ Limits |
|---|------|------------------------------|
| <i>calcitonin (salmon) nasal spray</i> (generic of MIACALCIN) | 1 | |
| CHORIONIC GONADOTROPIN SOLR | 1 | NM PA |
| EGRIFTA | 4 | NM PA |
| FORTICAL SPR 200/ACT | 3 | |
| INCRELEX | 4 | NM LA PA |
| <i>methylergonovine maleate</i> (generic of METHERGINE) TABS | 1 | |
| MIACALCIN INJ 200U/ML | 2 | B/D |
| NOVAREL INJ 10000UNT | 1 | NM PA |
| <i>octreotide acetate</i> (generic of SANDOSTATIN) 50mcg/ml, 100mcg/ml, 200mcg/ml | 1 | NM PA |
| <i>octreotide acetate</i> (generic of SANDOSTATIN) 500mcg/ml, 1000mcg/ml | 4 | NM PA |
| PREGNYL W/DILUENT BENZYL | 1 | NM PA |
| PROLIA | 3 | NM |
| SAMSCA | 4 | NM PA |
| SANDOSTATIN LAR DEPOT | 4 | NM PA |
| SOMATULINE DEPOT | 4 | NM PA |
| SOMAVERT | 4 | NM LA PA |
| XGEVA | 4 | NM PA |
| PARATHYROID HORMONES | | |
| FORTEO | 4 | NM PA |
| PHOSPHATE BINDER AGENTS | | |
| <i>calcium acetate (phosphate binder)</i> (generic of PHOSLO) CAPS | 1 | |
| <i>calcium acetate (phosphate binder)</i> (generic of ELIPHOS) TABS | 1 | |
| FOSRENOL | 2 | |
| PHOSLYRA | 2 | |
| RENAGEL | 3 | |
| REVELA | 2 | |
| PROGESTINS | | |
| CRINONE | 2 | |
| ENDOMETRIN | 2 | |
| <i>medroxyprogesterone acetate</i> (generic of PROVERA) | 1 | |
| <i>norethindrone acetate</i> (generic of AYGESTIN) TABS | 1 | |

| Drug Name | Tier | Drug Requirements/ Limits |
|--|------|------------------------------|
| <i>progesterone micronized</i> (generic of PROMETRIUM) CAPS | 1 | |
| SELECTIVE ESTROGEN RECEPTOR MODULATORS | | |
| EVISTA | 2 | |
| THYROID AGENTS | | |
| LEVOTHROID | 1 | |
| <i>levothyroxine sodium</i> (generic of SYNTHROID) TABS | 1 | |
| LEVOXYL | 1 | |
| <i>liothyronine sodium</i> (generic of TRIOSTAT) SOLN | 1 | |
| <i>liothyronine sodium</i> (generic of CYTOMEL) TABS | 1 | |
| <i>methimazole</i> (generic of TAPAZOLE) TABS | 1 | |
| <i>propylthiouracil</i> TABS | 1 | |
| SYNTHROID | 2 | |
| TIROSINT | 3 | |
| UNITHROID | 1 | |
| VASOPRESSINS | | |
| DESMOPRESSIN ACETATE SOLN | 1 | |
| <i>desmopressin acetate</i> (generic of DDAVP) TABS | 1 | |
| <i>desmopressin acetate inj</i> (generic of DDAVP) | 1 | |
| <i>desmopressin acetate spray</i> (generic of DDAVP) | 1 | |
| <i>desmopressin acetate spray refrigerated</i> | 1 | |
| STIMATE | 3 | NM |
| GASTROINTESTINAL ANTIEMETICS | | |
| ALOXI | 4 | NM |
| ANTIVERT 50mg | 3 | |
| CESAMET QL (60 caps / 30 days) | 4 | B/D QL NM |
| <i>compro supp</i> | 1 | |
| <i>dronabinol</i> (generic of MARINOL) 2.5mg, 5mg QL (60 caps / 30 days) | 1 | B/D QL |
| <i>dronabinol</i> (generic of MARINOL) 10mg QL (60 caps / 30 days) | 4 | B/D QL NM |
| EMEND CAPS 40mg QL (3 caps / 180 days) | 3 | QL |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| EMEND CAPS 80mg QL (4 caps / 30 days) | 3 | B/D QL |
| EMEND CAPS 125mg QL (2 caps / 30 days) | 3 | B/D QL |
| EMEND PAK 80 & 125 QL (12 caps / 30 days) | 3 | B/D QL |
| <i>granisetron hcl</i> SOLN | 1 | |
| <i>granisetron hcl</i> TABS | 1 | B/D |
| <i>granisol</i> | 4 | B/D NM |
| <i>meclizine hcl</i> (generic of ANTIVERT) | 1 | |
| <i>metoclopramide hcl</i> SOLN | 1 | |
| <i>metoclopramide hcl</i> (generic of REGLAN) TABS | 1 | |
| <i>metoclopramide hcl inj</i> 5 mg/ml | 1 | |
| METOZOLV ODT | 3 | |
| <i>ondansetron hcl</i> (generic of ZOFTRAN) TABS 4mg, 8mg | 1 | B/D |
| <i>ondansetron hcl</i> TABS 24mg | 1 | B/D |
| <i>ondansetron hcl inj</i> 4mg/2ml | 1 | |
| <i>ondansetron hcl inj</i> (generic of ZOFTRAN) 40mg/20ml | 1 | |
| <i>ondansetron hcl oral soln</i> (generic of ZOFTRAN) | 1 | B/D |
| <i>ondansetron odt</i> (generic of ZOFTRAN ODT) | 1 | B/D |
| <i>phenadoz</i> | 1 | PA |
| <i>prochlorperazine inj</i> 5 mg/ml | 1 | |
| <i>prochlorperazine maleate</i> TABS | 1 | |
| <i>prochlorperazine supp</i> | 1 | |
| <i>promethazine hcl</i> (generic of PHENERGAN) SOLN | 1 | PA |
| <i>promethazine hcl</i> SUPP; SYRP; TABS | 1 | PA |
| <i>promethegan</i> | 1 | PA |
| SANCUSO QL (4 ptch / 30 days) | 4 | QL NM |
| TRANSDERM-SCOP QL (10 ptch / 30 days) | 2 | QL PA |
| ANTISPASMODICS | | |
| ATROPINE SULFATE SOLN .05mg/ml, .1mg/ml | 1 | |
| BENTYL SOLN | 3 | |
| CANTIL | 3 | |
| CUVPOSA | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>dicyclomine hcl</i> (generic of BENTYL) CAPS; TABS | 1 | |
| <i>dicyclomine hcl</i> SOLN | 1 | |
| <i>glycopyrrolate</i> (generic of ROBINUL) SOLN | 1 | |
| <i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg | 1 | |
| <i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg | 1 | |
| <i>methscopolamine bromide</i> (generic of PAMINE) TABS 2.5mg | 1 | |
| <i>methscopolamine bromide</i> (generic of PAMINE FORTE) TABS 5mg | 1 | |
| H2-RECEPTOR ANTAGONISTS | | |
| <i>cimetidine</i> TABS | 1 | |
| <i>cimetidine inj</i> 150mg/ml | 1 | |
| <i>cimetidine sol</i> 300/5ml | 1 | |
| <i>famotidine</i> SOLN | 1 | |
| <i>famotidine</i> (generic of PEPCID) SUSR | 1 | |
| <i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg | 1 | |
| <i>nizatidine</i> CAPS 150mg | 1 | |
| <i>nizatidine</i> (generic of AXID) CAPS 300mg | 1 | |
| <i>nizatidine</i> (generic of AXID) SOLN | 1 | |
| <i>ranitidine hcl</i> CAPS | 1 | |
| <i>ranitidine hcl</i> (generic of ZANTAC) SOLN | 1 | |
| <i>ranitidine hcl</i> (generic of ZANTAC) SYRP | 1 | |
| <i>ranitidine hcl</i> (generic of ZANTAC) TABS 150mg, 300mg | 1 | |
| INFLAMMATORY BOWEL DISEASE | | |
| APRISO | 2 | |
| ASACOL | 3 | |
| ASACOL HD | 3 | |
| <i>balsalazide disodium</i> (generic of COLAZAL) | 1 | |
| <i>budesonide</i> (generic of ENTOCORT EC) CP24 | 4 | NM |
| CANASA | 2 | |

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| Drug Name | Tier | Drug Requirements/ Limits |
|---|------|------------------------------|
| <i>colocort</i> (generic of CORTENEMA) | 1 | |
| DELZICOL | 3 | |
| DIPENTUM | 4 | NM |
| GIAZO | 3 | |
| HYDROCORTISONE (INTRARECTAL) | 1 | |
| LIALDA | 2 | |
| <i>mesalamine enema</i> | 1 | |
| <i>mesalamine enema kit</i> (generic of ROWASA) | 1 | |
| PENTASA | 2 | |
| SFROWASA | 2 | |
| <i>sulfasalazine dr</i> (generic of AZULFIDINE EN-TABS) | 1 | |
| <i>sulfasalazine ir</i> (generic of AZULFIDINE) | 1 | |
| UCERIS | 3 | |
| LAXATIVES | | |
| COLYTE-FLAVOR PACKS | 3 | |
| <i>constulose</i> | 1 | |
| <i>enulose</i> | 1 | |
| <i>gavilyte-g</i> (generic of GOLYTELY) | 1 | |
| <i>gavilyte-c</i> (generic of COLYTE-FLAVOR PACKS) | 1 | |
| <i>gavilyte-n</i> (generic of NULYTELY/FLAVOR PACKS) | 1 | |
| <i>generlac</i> | 1 | |
| GOLYTELY | 3 | |
| HALFLYTELY BOWEL PREP/FLA | 3 | |
| <i>kristalose</i> | 2 | |
| <i>lactulose</i> | 1 | |
| <i>lactulose (encephalopathy)</i> | 1 | |
| MOVIPREP | 2 | |
| NULYTELY/FLAVOR PACKS | 3 | |
| OSMOPREP | 3 | |
| PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE | 1 | |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of GOLYTELY) | 1 | |

| Drug Name | Tier | Drug Requirements/ Limits |
|--|------|------------------------------|
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS) | 1 | |
| <i>polyethylene glycol 3350</i> PACK; POWD | 1 | |
| PREPOPIK | 3 | |
| RELISTOR | 2 | PA |
| SUCLEAR | 3 | |
| SUPREP BOWEL PREP | 2 | |
| <i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS) | 1 | |
| VISICOL | 3 | |
| MISCELLANEOUS | | |
| AMITIZA | 2 | ST |
| CARAFATE SUSP | 2 | |
| <i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM) | 4 | NM |
| <i>diphenoxylate w/ atropine</i> LIQD | 1 | PA |
| <i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS | 1 | PA |
| GATTEX | 4 | NM LA PA |
| HELIDAC | 4 | NM |
| LINZESS CAP 145MCG QL (60 caps / 30 days) | 3 | QL ST |
| LINZESS CAP 290MCG QL (30 caps / 30 days) | 3 | QL ST |
| <i>loperamide hcl</i> CAPS | 1 | |
| LOTRONEX | 4 | NM PA |
| <i>misoprostol</i> (generic of CYTOTEC) | 1 | |
| OMECLAMOX-PAK | 3 | |
| PREVPAC | 2 | |
| PYLERA | 2 | |
| SUCRAID | 4 | NM |
| <i>sucralfate</i> (generic of CARAFATE) TABS | 1 | |
| <i>ursodiol</i> (generic of ACTIGALL) CAPS | 1 | |
| <i>ursodiol</i> (generic of URSO 250) TABS 250mg | 1 | |
| <i>ursodiol</i> (generic of URSO FORTE) TABS 500mg | 1 | |
| XIFAXAN TAB 550MG | 4 | NM PA |
| PANCREATIC ENZYMES | | |
| CREON | 2 | |

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| Drug Name | Tier | Drug Requirements/ Limits |
|---|------|------------------------------|
| PANCREAZE | 3 | |
| PERTZYE | 3 | |
| ULTRESA | 2 | |
| VIOKACE 10440 UNIT | 2 | |
| VIOKACE 20880 UNIT | 4 | NM |
| ZENPEP | 2 | |
| PROTON PUMP INHIBITORS | | |
| ACIPHEX QL (30 ea / 30 days) | 3 | QL |
| DEXILANT | 2 | |
| <i>lansoprazole</i> (generic of PREVACID) CPDR QL (30 ea / 30 days) | 1 | QL |
| NEXIUM | 2 | |
| NEXIUM GRANULES 2.5MG DR | 2 | |
| NEXIUM GRANULES 5MG DR | 2 | |
| NEXIUM GRANULES 10MG DR | 2 | |
| NEXIUM GRANULES 20MG DR | 2 | |
| NEXIUM GRANULES 40MG DR | 2 | |
| NEXIUM I.V. | 3 | |
| <i>omeprazole</i> (generic of PRILOSEC) CPDR 10mg, 40mg QL (30 ea / 30 days) | 1 | QL |
| <i>omeprazole</i> (generic of PRILOSEC) CPDR 20mg QL (60 ea / 30 days) | 1 | QL |
| <i>pantoprazole sodium</i> (generic of PROTONIX) SOLR | 1 | |
| <i>pantoprazole sodium</i> (generic of PROTONIX) TBEC QL (30 ea / 30 days) | 1 | QL |
| PREVACID SOLUTAB QL (30 ea / 30 days) | 3 | QL |
| PROTONIX PACK QL (30 ea / 30 days) | 3 | QL |
| ZEGERID PACK QL (1 packet / 30 days) | 3 | QL |
| GENITOURINARY BENIGN PROSTATIC HYPERPLASIA | | |
| <i>alfuzosin hcl</i> (generic of UROXATRAL) | 1 | |
| AVODART | 2 | |

| Drug Name | Tier | Drug Requirements/ Limits |
|--|------|------------------------------|
| CARDURA XL | 3 | |
| <i>finasteride</i> (generic of PROSCAR) TABS 5mg | 1 | |
| JALYN | 3 | |
| RAPAFLO | 2 | |
| <i>tamsulosin hcl</i> (generic of FLOMAX) | 1 | |
| MISCELLANEOUS | | |
| <i>bethanechol chloride</i> (generic of URECHOLINE) TABS | 1 | |
| ELMIRON | 2 | |
| POTASSIUM CITRATE (ALKALINIZER) 540mg | 1 | |
| POTASSIUM CITRATE (ALKALINIZER) 1080mg | 1 | |
| UROCIT-K | 2 | |
| URINARY ANTISPASMODICS | | |
| DETROL LA | 3 | |
| ENABLEX | 3 | |
| GELNIQUE | 2 | |
| MYRBETRIQ | 3 | |
| <i>oxybutynin chloride</i> SYRP; TABS | 1 | |
| <i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 | 1 | |
| OXYTROL | 3 | |
| <i>tolterodine tartrate</i> (generic of DETROL) | 1 | |
| TOVIAZ | 3 | |
| <i>trospium chloride</i> (generic of SANCTURA XR) CP24 | 1 | |
| <i>trospium chloride</i> (generic of SANCTURA) TABS | 1 | |
| VESICARE | 2 | |
| VAGINAL ANTI-INFECTIVES | | |
| CLEOCIN VAG SUPP 100MG | 2 | |
| <i>clindamycin cre 2% vag</i> (generic of CLEOCIN) | 1 | |
| <i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL) | 1 | |
| <i>miconazole nitrate vaginal</i> | 1 | |
| <i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4% | 1 | |
| <i>terconazole vaginal</i> (generic of TERAZOL 3) CREA .8% | 1 | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>terconazole vaginal</i> (generic of TERAZOL 3) SUPP | 1 | |
| VANDAZOLE | 1 | |
| <i>zazole</i> (generic of TERAZOL 7) .4% | 1 | |
| ZAZOLE .8% | 1 | |
| HEMATOLOGIC ANTICOAGULANTS | | |
| COUMADIN | 3 | |
| COUMADIN INJ | 3 | |
| ELIQUIS | 3 | |
| <i>enoxaparin sodium</i> (generic of LOVENOX) 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 300mg/3ml | 1 | |
| <i>enoxaparin sodium</i> (generic of LOVENOX) 100mg/ml, 120mg/0.8ml, 150mg/ml | 4 | NM |
| <i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml | 1 | |
| <i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | 4 | NM |
| FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml | 2 | |
| FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 25000unit/ml | 4 | NM |
| HEP SOD/NACL INJ 25000 | 3 | |
| HEPARIN (PORCINE) IN SODIUM CHLORIDE 100U/ML | 2 | |
| <i>heparin sod inj 1000u/ml</i> | 1 | B/D |
| HEPARIN SOD INJ 2000U/ML | 2 | B/D |
| HEPARIN SOD INJ 2500U/ML | 3 | B/D |
| <i>heparin sod inj 5000u/0.5ml</i> | 1 | B/D |
| <i>heparin sod inj 5000u/ml</i> | 1 | B/D |
| <i>heparin sod inj 10000u/ml</i> | 1 | B/D |
| <i>heparin sod inj 20000u/ml</i> | 1 | B/D |
| HEPARIN SODIUM/D5W | 1 | |
| HEPARIN SODIUM/SODIUM CHL | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|----------|
| <i>jantoven</i> (generic of COUMADIN) | 1 | |
| PRADAXA | 2 | |
| <i>warfarin sodium</i> (generic of COUMADIN) | 1 | |
| XARELTO | 2 | |
| HEMATOPOIETIC GROWTH FACTORS | | |
| ARANESP ALBUMIN FREE 25mcg/0.42ml, 25mcg/ml, 40mcg/0.4ml, 40mcg/ml, 60mcg/0.3ml, 60mcg/ml | 2 | NM PA |
| ARANESP ALBUMIN FREE 100mcg/0.5ml, 100mcg/ml, 150mcg/0.3ml, 150mcg/0.75ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/0.6ml, 300mcg/ml, 500mcg/ml | 4 | NM PA |
| EPOGEN | 2 | NM PA |
| LEUKINE | 4 | NM PA |
| MOZOBIL | 4 | NM PA |
| NEULASTA | 4 | NM PA |
| NEUMEGA | 4 | NM PA |
| NEUPOGEN | 4 | NM PA |
| PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml | 2 | NM PA |
| PROCRIT 20000unit/ml, 40000unit/ml | 4 | NM PA |
| MISCELLANEOUS | | |
| <i>anagrelide hcl</i> 1mg | 1 | PA |
| <i>anagrelide hcl</i> (generic of AGRYLIN) .5mg | 1 | PA |
| <i>cilostazol</i> (generic of PLETAL) | 1 | |
| <i>pentoxifylline</i> (generic of TRENTAL) TBCR | 1 | |
| PROMACTA | 4 | NM LA PA |
| <i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN | 1 | |
| <i>tranexamic acid</i> (generic of LYSTEDA) TABS | 1 | |
| PLATELET AGGREGATION INHIBITORS | | |
| AGGRENOX | 2 | |
| BRILINTA | 2 | |
| <i>clopidogrel bisulfate</i> (generic of PLAVIX) | 1 | |
| <i>dipyridamole</i> (generic of PERSANTINE) TABS | 1 | PA |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|----------|
| EFFIENT | 2 | |
| IMMUNOLOGIC AGENTS | | |
| DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) | | |
| ACTEMRA | 4 | NM PA |
| CIMZIA | 4 | NM PA |
| ENBREL | 4 | NM PA |
| HUMIRA | 4 | NM PA |
| HUMIRA PEN | 4 | NM PA |
| HUMIRA PEN-CROHNS STARTER KIT | 4 | NM PA |
| HUMIRA PEN-PSORIASIS STARTER KIT | 4 | NM PA |
| <i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) | 1 | |
| KINERET | 4 | NM PA |
| <i>leflunomide</i> (generic of ARAVA) TABS | 1 | |
| <i>methotrexate sodium tabs</i> | 1 | |
| ORENCIA | 4 | NM PA |
| REMICADE | 4 | NM PA |
| RHEUMATREX | 2 | |
| SIMPONI 50mg/0.5ml | 4 | NM PA |
| <i>trexall</i> | 2 | B/D |
| XELJANZ | 4 | NM PA |
| IMMUNOGLOBULINS | | |
| CARIMUNE NANOFILTERED | 4 | NM PA |
| FLEBOGAMMA | 4 | NM PA |
| FLEBOGAMMA DIF | 4 | NM PA |
| GAMASTAN S/D | 2 | B/D NM |
| GAMMAGARD LIQUID | 4 | NM PA |
| GAMMAGARD S/D | 4 | NM PA |
| GAMMAKED | 4 | NM PA |
| GAMMAPLEX | 4 | NM PA |
| GAMUNEX | 4 | NM PA |
| GAMUNEX-C | 4 | NM PA |
| GAMUNEX-C 1GM/10ML | 3 | NM PA |
| OCTAGAM | 4 | NM PA |
| PRIVIGEN | 4 | NM PA |
| IMMUNOMODULATORS | | |
| ACTIMMUNE | 4 | NM LA PA |
| ARCALYST | 4 | NM PA |
| INFERGEN | 4 | NM PA |
| INTRON-A | 4 | B/D NM |
| INTRON-A W/DILUENT | 4 | B/D NM |
| PEG-INTRON | 4 | NM PA |
| PEG-INTRON REDIPEN | 4 | NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|----------|
| PEGASYS | 4 | NM PA |
| PEGASYS PROCLICK | 4 | NM PA |
| REVLIMID | 4 | NM LA PA |
| THALOMID | 4 | NM PA |
| IMMUNOSUPPRESSANTS | | |
| ATGAM | 3 | B/D |
| <i>azasan</i> | 2 | B/D |
| <i>azathioprine</i> (generic of IMURAN) TABS | 1 | B/D |
| <i>azathioprine inj 100mg</i> | 1 | B/D |
| CELLCEPT SUSR | 4 | B/D NM |
| CELLCEPT INTRAVENOUS | 3 | B/D |
| <i>cyclosporine</i> (generic of SANDIMMUNE) CAPS; SOLN | 1 | B/D |
| <i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg | 1 | B/D |
| <i>cyclosporine modified (for microemulsion)</i> CAPS 50mg | 1 | B/D |
| <i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) SOLN | 1 | B/D |
| <i>gengraf</i> (generic of NEORAL) | 1 | B/D |
| <i>mycophenolate mofetil</i> (generic of CELLCEPT) | 1 | B/D |
| MYFORTIC 180mg | 2 | B/D |
| MYFORTIC 360mg | 4 | B/D NM |
| NEORAL | 2 | B/D |
| NULOJIX | 4 | B/D NM |
| PROGRAF CAPS 5mg | 4 | B/D NM |
| PROGRAF CAPS .5mg, 1mg | 2 | B/D |
| PROGRAF SOLN | 3 | B/D |
| RAPAMUNE SOLN | 4 | B/D NM |
| RAPAMUNE TABS 1mg, 2mg | 4 | B/D NM |
| RAPAMUNE TABS .5mg | 2 | B/D |
| SANDIMMUNE CAPS | 2 | B/D |
| SANDIMMUNE SOLN | 2 | B/D |
| SIMULECT | 3 | B/D |
| <i>tacrolimus</i> (generic of PROGRAF) CAPS 5mg | 4 | B/D NM |
| <i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg | 1 | B/D |
| THYMOGLOBULIN | 4 | B/D NM |
| ZORTRESS | 4 | B/D NM |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access

| Drug Name | Drug Requirements/ Tier Limits | |
|--------------------------------|-----------------------------------|-----|
| VACCINES | | |
| ACTHIB | 3 | |
| ADACEL | 3 | |
| BOOSTRIX | 3 | |
| CERVARIX | 3 | |
| COMVAX | 3 | |
| DAPTACEL | 3 | |
| DECAVAC | 3 | B/D |
| DIPHThERIA/TETANUS TOXOID | 3 | B/D |
| ENGERIX-B SUSP | 3 | B/D |
| GARDASIL | 3 | |
| HAVRIX | 3 | |
| HIBERIX | 3 | |
| IMOVAX RABIES (H.D.C.V.) | 3 | |
| INFANRIX | 3 | |
| IPOL INACTIVATED IPV | 2 | |
| IXIARO | 3 | |
| M-M-R II W/DILUENT 10 DOS | 3 | |
| MENACTRA | 3 | |
| MENHIBRIX | 3 | |
| MENOMUNE-A/C/Y/W-135 | 3 | |
| MENVEO | 3 | |
| PEDVAX HIB | 3 | |
| PROQUAD | 3 | |
| RABAVERT | 3 | |
| RECOMBIVAX HB | 3 | B/D |
| ROTATEQ | 3 | |
| SYNAGIS | 4 | NM |
| TETANUS TOXOID ADSORBED | 3 | B/D |
| TETANUS/DIPHThERIA TOXOID | 3 | B/D |
| TWINRIX | 3 | B/D |
| TYPHIM VI | 3 | |
| VAQTA | 3 | |
| VARIVAX | 3 | |
| YF-VAX | 3 | |
| ZOSTAVAX | 3 | |
| NUTRITIONAL/SUPPLEMENTS | | |
| ELECTROLYTES | | |
| <i>ammonium chloride</i> SOLN | 3 | |
| KLOR-CON 8 | 1 | |
| KLOR-CON 10 | 1 | |

| Drug Name | Drug Requirements/ Tier Limits | |
|---|-----------------------------------|-----|
| <i>klor-con m15</i> | 1 | |
| <i>klor-con m20</i> | 1 | |
| MAGNESIUM SULFATE SOLN 40mg/ml, 80mg/ml | 3 | |
| <i>magnesium sulfate</i> SOLN 50% | 1 | |
| MAGNESIUM SULFATE IN D5W 1% | 2 | |
| MAGNESIUM SULFATE IN D5W 2% | 3 | |
| POTASSIUM CHLORIDE TBCR | 1 | |
| <i>potassium chloride caps er</i> (generic of MICRO-K) | 1 | |
| <i>potassium chloride</i> <i>microencapsulated crystals cr</i> | 1 | |
| SOD FLUORIDE 2.2MG TAB | 1 | |
| SODIUM CHLORIDE SOLN 2.5meq/ml | 1 | |
| TPN ELECTROLYTES | 1 | B/D |
| IV NUTRITION | | |
| AMINOSYN | 3 | B/D |
| AMINOSYN 7%/ELECTROLYTES | 3 | B/D |
| AMINOSYN II | 3 | B/D |
| AMINOSYN II 8.5%/ELECTROL | 1 | B/D |
| AMINOSYN INJ 8.5/LYTE | 1 | B/D |
| AMINOSYN M | 3 | B/D |
| AMINOSYN-HBC | 3 | B/D |
| AMINOSYN-PF | 3 | B/D |
| AMINOSYN-PF 7% | 3 | B/D |
| AMINOSYN-RF | 3 | B/D |
| CLINIMIX 2.75%/DEXTROSE 5% | 3 | B/D |
| CLINIMIX 4.25%/DEXTROSE 5% | 3 | B/D |
| CLINIMIX 4.25%/DEXTROSE 10% | 3 | B/D |
| CLINIMIX 4.25%/DEXTROSE 20% | 3 | B/D |
| CLINIMIX 4.25%/DEXTROSE 25% | 3 | B/D |
| CLINIMIX 5%/DEXTROSE 15% | 3 | B/D |
| CLINIMIX 5%/DEXTROSE 20% | 3 | B/D |

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| Drug Name | Drug Requirements/ Tier | Limits |
|---------------------------------|----------------------------|--------|
| CLINIMIX 5%/DEXTROSE 25% | 3 | B/D |
| CLINIMIX E 2.75%/DEXTROSE 5% | 3 | B/D |
| CLINIMIX E 2.75%/DEXTROSE 10% | 3 | B/D |
| CLINIMIX E 4.25%/DEXTROSE | 3 | B/D |
| CLINIMIX E 4.25%/DEXTROSE 5% | 3 | B/D |
| CLINIMIX E 4.25%/DEXTROSE 25% | 3 | B/D |
| CLINIMIX E 5%/DEXTROSE 15% | 3 | B/D |
| CLINIMIX E 5%/DEXTROSE 20% | 3 | B/D |
| CLINIMIX E 5%/DEXTROSE 25% | 3 | B/D |
| <i>clinisol 15</i> | 1 | B/D |
| FREAMINE HBC 6.9% | 3 | B/D |
| FREAMINE III | 3 | B/D |
| HEPATAMINE | 1 | B/D |
| <i>hepatasol 8</i> | 1 | B/D |
| INTRALIPID INJ 20% | 1 | B/D |
| INTRALIPID INJ 30% | 3 | B/D |
| NEPHRAMINE | 3 | B/D |
| <i>premasol 6%</i> | 1 | B/D |
| <i>premasol 10%</i> | 3 | B/D |
| PROCALAMINE | 3 | B/D |
| PROSOL | 3 | B/D |
| <i>travasol 10</i> | 3 | B/D |
| TROPHAMINE | 3 | B/D |
| IV REPLACEMENT SOLUTIONS | | |
| DEXTROSE SOLN 50% | 1 | |
| <i>dextrose SOLN 70%</i> | 1 | |
| DEXTROSE 2.5%/NACL 0.45% | 1 | |
| DEXTROSE 5% | 1 | |
| DEXTROSE 5% /ELECTROLYTE | 2 | |
| DEXTROSE 5%/LACTATED RING | 1 | |
| DEXTROSE 5%/NACL 0.2% | 1 | |
| DEXTROSE 5%/NACL 0.3% | 3 | |
| DEXTROSE 5%/NACL 0.9% | 1 | |
| DEXTROSE 5%/NACL 0.33% | 1 | |
| DEXTROSE 5%/NACL 0.45% | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| DEXTROSE 5%/NACL 0.225% | 1 | |
| DEXTROSE 5%/POTASSIUM CHL | 1 | |
| DEXTROSE 10% FLEX CONTAIN | 1 | |
| DEXTROSE 10% W/ SODIUM CHLORIDE 0.2% | 2 | |
| DEXTROSE 10%/NACL 0.45% | 1 | |
| ELECTROLYTE-M IN DEXTROSE | 1 | |
| ELECTROLYTE-R IN DEXTROSE | 3 | |
| IONOSOL-B/DEXTROSE 5% | 3 | |
| IONOSOL-MB/DEXTROSE 5% | 3 | |
| ISOLYTE P | 3 | |
| <i>isolyte s</i> | 3 | |
| KCL 0.15%/D5W/NACL 0.2% | 1 | |
| KCL 0.15%/D5W/NACL 0.225 % | 2 | |
| <i>kcl 0.3%/d5w/lr iv lac ri</i> | 3 | |
| KCL 0.3%/D5W/NACL 0.9% | 1 | |
| KCL 0.3%/D5W/NACL 0.45% | 1 | |
| KCL 0.15%/D5W/LR | 3 | |
| KCL 0.15%/D5W/NACL 0.9% | 1 | |
| KCL 0.075%/D5W/NACL 0.45% | 1 | |
| KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% & NACL 0.2% INJ | 1 | |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> | 1 | |
| KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ | 1 | |
| KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% & NACL 0.2% INJ | 1 | |
| KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & NACL 0.2% INJ | 1 | |
| KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ | 1 | |
| LACTATED RINGERS VIAFLEX | 1 | |
| <i>normosol-m</i> | 1 | |
| NORMOSOL-R | 3 | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| PLASMA-LYTE A | 3 | |
| PLASMA-LYTE-56/D5W | 3 | |
| PLASMA-LYTE-148 | 3 | |
| POTASSIUM CHLORIDE SOLN 10meq/100ml, 20meq/100ml, 30meq/100ml | 1 | |
| <i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 40meq/100ml | 1 | |
| <i>potassium chloride</i> SOLN .4meq/ml, 2meq/ml, 10meq/50ml | 1 | |
| POTASSIUM CHLORIDE 0.3%/D | 1 | |
| POTASSIUM CHLORIDE 0.15% | 1 | |
| POTASSIUM CHLORIDE 0.22% | 1 | |
| RINGER'S | 1 | |
| SODIUM CHLORIDE SOLN .9%, 3%, 5% | 1 | |
| SODIUM CHLORIDE 0.45% VIA | 1 | |
| VITAMINS | | |
| <i>calcitriol</i> (generic of ROCALTROL) CAPS | 1 | B/D |
| <i>calcitriol</i> SOLN 1mcg/ml | 1 | B/D |
| <i>calcitriol</i> (generic of ROCALTROL) SOLN 1mcg/ml | 1 | B/D |
| HECTOROL CAPS | 2 | B/D |
| HECTOROL SOLN | 3 | B/D |
| PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC) | 1 | |
| ZEMPLAR CAPS 1mcg, 2mcg | 2 | B/D |
| ZEMPLAR CAPS 4mcg | 4 | B/D NM |
| ZEMPLAR SOLN | 3 | B/D |
| OPHTHALMIC | | |
| ANTI-INFECTIVE/ANTI-INFLAMMATORY | | |
| <i>bacitracin-poly-neomycin-hc</i> | 1 | |
| <i>blephamide</i> OINT | 3 | |
| BLEPHAMIDE SUSP | 3 | |
| <i>neomycin-polymy-dexameth</i> (generic of MAXITROL) | 1 | |
| <i>neomycin-polymyxin-hc</i> (<i>ophth</i>) | 1 | |
| PRED-G | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| PRED-G S.O.P. | 3 | |
| <i>sulfacetamide</i> | 1 | |
| <i>sod-prednisolone</i> | | |
| TOBRADEX OINT | 2 | |
| TOBRADEX ST | 2 | |
| <i>tobramycin-dexamethasone</i> (generic of TOBRADEX) | 1 | |
| ZYLET | 2 | |
| ANTI-INFECTIVES | | |
| AZASITE | 3 | |
| <i>bacitracin (ophthalmic)</i> | 1 | |
| <i>bacitracin-polymyxin b (ophth)</i> | 1 | |
| BESIVANCE | 2 | |
| CILOXAN OIN 0.3% OP | 3 | |
| <i>ciprofloxacin hcl (ophth)</i> (generic of CILOXAN) | 1 | |
| <i>erythromycin (ophth)</i> | 1 | |
| <i>gentak</i> | 1 | |
| <i>gentamicin sulfate (ophth)</i> (generic of GARAMYCIN) | 1 | |
| <i>levofloxacin (ophth)</i> | 1 | |
| MOXEZA | 2 | |
| NATACYN | 2 | |
| <i>neomycin-bacitracin</i> <i>zn-polymyxin</i> | 1 | |
| <i>neomycin-polymy-gramicid</i> (generic of NEOSPORIN) | 1 | |
| <i>ofloxacin (ophth)</i> (generic of OCUFLOX) | 1 | |
| <i>polymyxin b-trimethoprim</i> (generic of POLYTRIM) | 1 | |
| <i>sulfacetamide sodium (ophth)</i> OINT | 1 | |
| <i>sulfacetamide sodium (ophth)</i> (generic of BLEPH-10) SOLN | 1 | |
| <i>tobramycin sulfate (ophth)</i> (generic of TOBREX) | 1 | |
| TOBREX OINT 0.3% | 3 | |
| <i>trifluridine</i> (generic of VIROPTIC) SOLN | 1 | |
| VIGAMOX | 2 | |
| ZIRGAN | 3 | |
| ZYMAXID | 3 | |
| ANTI-INFLAMMATORIES | | |
| ACUVAIL | 3 | |
| ALREX | 2 | |

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| Drug Name | Drug Requirements/ Tier Limits |
|--|-----------------------------------|
| BROMDAY | 2 |
| <i>bromfenac sodium (ophth)</i> | 1 |
| <i>dexamethasone sodium phosphate (ophth)</i> | 1 |
| <i>diclofenac sodium (ophth)</i> | 1 |
| DUREZOL | 2 |
| FLAREX | 3 |
| FLUOROMETHOLONE SUSP | 1 |
| FLUOROMETHOLONE (OPHTH) | 1 |
| <i>flurbiprofen sodium (generic of OCUFEN)</i> | 1 |
| FML | 3 |
| FML FORTE | 3 |
| ILEVRO | 3 |
| <i>ketorolac tromethamine (ophth) (generic of ACULAR LS) .4%</i> | 1 |
| <i>ketorolac tromethamine (ophth) (generic of ACULAR) .5%</i> | 1 |
| LOTEMAX | 2 |
| MAXIDEX | 3 |
| NEVANAC | 3 |
| PRED MILD | 3 |
| PREDNISOLONE ACETATE SUSP | 1 |
| <i>prednisolone sodium phosphate (ophth)</i> | 2 |
| VEXOL | 3 |
| ANTIALLERGICS | |
| ALOCRIAL | 3 |
| ALOMIDE | 3 |
| <i>azelastine hcl (ophth) (generic of OPTIVAR)</i> | 1 |
| BEPREVE | 3 |
| <i>cromolyn sodium (ophth)</i> | 1 |
| EMADINE | 3 |
| <i>epinastine hcl (ophth) (generic of ELESTAT)</i> | 1 |
| LASTACAFT | 3 |
| PATADAY | 2 |
| PATANOL | 3 |
| ANTIGLAUCOMA | |
| ALPHAGAN P 0.1% | 2 |

| Drug Name | Drug Requirements/ Tier Limits |
|--|-----------------------------------|
| AZOPT | 2 |
| <i>betaxolol hcl (ophth)</i> | 1 |
| BETIMOL | 2 |
| BETOPTIC-S | 2 |
| <i>brimonidine sol 0.2%</i> | 1 |
| BRIMONIDINE SOL 0.15% | 1 |
| <i>carteolol hcl (ophth)</i> | 1 |
| COMBIGAN | 2 |
| COSOPT PF | 2 |
| <i>dorzolamide hcl (generic of TRUSOPT)</i> | 1 |
| <i>dorzolamide hcl-timolol maleate (generic of COSOPT)</i> | 1 |
| ISOPTO CARPINE | 3 |
| ISTALOL | 3 |
| <i>latanoprost (generic of XALATAN)</i> | 1 |
| <i>levobunolol hcl (generic of BETAGAN) .5%</i> | 1 |
| LEVOBUNOLOL HCL .25% | 1 |
| LUMIGAN .01% | 3 |
| <i>metipranolol (generic of OPTIPRANOLOL)</i> | 1 |
| PHOSPHOLINE IODIDE | 3 |
| PILOCARPINE HCL SOLN | 1 |
| PILOPINE HS | 3 |
| <i>timolol maleate (ophth) (generic of TIMOPTIC)</i> | 1 |
| TIMOLOL MALEATE GEL | 1 |
| TIMOPTIC OCUDOSE | 3 |
| TRAVATAN Z | 2 |
| ZIOPTAN | 2 |
| MISCELLANEOUS | |
| <i>ak-con</i> | 1 |
| BOTOX 100unit | 3 NM PA |
| LACRISERT | 3 |
| PROLENSA | 3 |
| <i>proparacaine hcl (generic of ALCAINE) SOLN</i> | 1 |
| RESTASIS | 2 |
| XEOMIN | 3 NM PA |
| RESPIRATORY ANTICHOLINERGIC/BETA AGONIST COMBINATIONS | |
| COMBIVENT QL (2 inhalers / 30 days) | 3 QL |

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| Drug Name | Drug Requirements/ Tier Limits | |
|---|-----------------------------------|-----|
| COMBIVENT RESPIMAT QL (2 inhalers / 30 days) | 2 | QL |
| <i>ipratropium-albuterol</i> (generic of DUONEB) | 1 | B/D |
| ANTICHOLINERGICS | | |
| ATROVENT HFA QL (2 inhalers / 30 days) | 3 | QL |
| <i>ipratropium bromide</i> (nasal) (generic of ATROVENT) | 1 | |
| <i>ipratropium sol inhal</i> | 1 | B/D |
| SPIRIVA HANDIHALER QL (30 caps / 30 days) | 2 | QL |
| TUDORZA PRESSAIR QL (1 kit / 30 days) | 3 | QL |
| ANTI-HISTAMINE/DECONGESTANT COMBINATIONS | | |
| CLARINEX-D | 3 | |
| SEMPREX-D | 3 | |
| ANTI-HISTAMINES | | |
| ASTEPRO | 2 | |
| <i>azelastine hcl</i> (generic of ASTELIN) | 1 | |
| <i>cetirizine syrup</i> | 1 | |
| CLARINEX SYRP | 3 | |
| <i>cyproheptadine hcl</i> SYRP; TABS | 1 | PA |
| <i>desloratadine</i> (generic of CLARINEX) TABS | 1 | |
| <i>desloratadine</i> (generic of CLARINEX REDITABS) TBP | 1 | |
| <i>diphenhydram inj 50mg/ml</i> | 1 | |
| <i>hydroxyzine hcl</i> SOLN; TABS | 1 | PA |
| <i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg | 1 | PA |
| <i>hydroxyzine pamoate</i> CAPS 100mg | 1 | PA |
| <i>levocetirizine soln 2.5mg/5ml</i> (generic of XYZAL) | 1 | |
| <i>levocetirizine tab 5 mg</i> (generic of XYZAL) | 1 | |
| PATANASE | 3 | |
| BETA AGONISTS | | |
| <i>albuterol sulfate</i> (generic of ACCUNEB) NEBU .63mg/3ml, 1.25mg/3ml | 1 | B/D |

| Drug Name | Drug Requirements/ Tier Limits | |
|---|-----------------------------------|----------|
| <i>albuterol sulfate</i> NEBU .083%, .5% | 1 | B/D |
| <i>albuterol sulfate</i> SYRP | 1 | |
| <i>albuterol sulfate</i> TABS | 1 | |
| <i>albuterol sulfate er</i> (generic of VOSPIRE ER) | 1 | |
| ARCAPTA NEOHALER QL (30 caps / 30 days) | 2 | QL |
| BROVANA | 3 | B/D |
| FORADIL AEROLIZER QL (60 caps / 30 days) | 2 | QL |
| <i>levalbuterol conc</i> 1.25mg/0.5ml (generic of XOPENEX CONCENTRATE) | 1 | B/D |
| LEVALBUTEROL HCL NEBU | 1 | B/D |
| PERFOROMIST | 2 | B/D |
| PROAIR HFA QL (2 inhalers / 30 days) | 2 | QL |
| PROVENTIL HFA QL (2 inhalers / 30 days) | 2 | QL |
| SEREVENT DISKUS QL (1 inhaler / 30 days) | 2 | QL |
| <i>terbutaline sulfate</i> SOLN; TABS | 1 | |
| VENTOLIN HFA QL (2 inhalers / 30 days) | 3 | QL |
| XOPENEX HFA QL (2 inhalers / 30 days) | 3 | QL |
| LEUKOTRIENE RECEPTOR ANTAGONISTS | | |
| <i>montelukast sodium</i> (generic of SINGULAIR) CHEW; PACK; TABS | 1 | |
| <i>zafirlukast</i> (generic of ACCOLATE) | 1 | |
| ZYFLO CR | 4 | NM |
| MAST CELL STABILIZERS | | |
| <i>cromolyn sodium</i> NEBU | 1 | B/D |
| MISCELLANEOUS | | |
| <i>acetylcysteine</i> SOLN 10%, 20% | 1 | B/D |
| ADRENACLICK | 3 | |
| ARALAST NP | 4 | NM LA PA |
| AUVI-Q | 3 | |
| CAYSTON | 4 | NM LA PA |
| DALIRESP | 2 | |

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| Drug Name | Tier | Drug Requirements/ Limits |
|--|------|------------------------------|
| DYMISTA QL (1 bottle / 30 days) | 3 | QL |
| EPIPEN 2-PAK | 2 | |
| EPIPEN-JR 2-PAK | 2 | |
| GLASSIA | 4 | NM LA PA |
| PROLASTIN-C | 4 | NM LA PA |
| PULMOZYME | 4 | B/D NM |
| <i>tyzine</i> | 3 | |
| XOLAIR | 4 | NM LA PA |
| ZEMAIRA | 4 | NM LA PA |
| NASAL STEROIDS | | |
| BECONASE AQ QL (2 bottles / 30 days) | 3 | QL |
| <i>flunisolide (nasal)</i> QL (2 bottles / 30 days) | 1 | QL |
| <i>fluticasone propionate (nasal)</i> (generic of FLONASE) QL (1 bottle / 30 days) | 1 | QL |
| NASONEX QL (2 bottles / 30 days) | 2 | QL |
| OMNARIS QL (1 bottle / 30 days) | 3 | QL |
| QNASL QL (1 bottle / 30 days) | 3 | QL |
| RHINOCORT AQUA QL (2 bottles / 30 days) | 3 | QL |
| <i>triamcinolone acetonide</i> (nasal) (generic of NASACORT AQ) QL (1 bottle / 30 days) | 1 | QL |
| VERAMYST QL (1 bottle / 30 days) | 3 | QL |
| ZETONNA QL (1 bottle / 30 days) | 3 | QL |
| STEROID INHALANTS | | |
| ALVESCO QL (2 inhalers / 30 days) | 3 | QL |
| ASMANEX QL (2 inhalers / 30 days) | 2 | QL |
| ASMANEX 14 METERED DOSES QL (2 inhalers per 30 days) | 2 | QL |
| <i>budesonide (inhalation)</i> (generic of PULMICORT) | 1 | B/D |
| FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (2 inhalers / 30 days) | 2 | QL |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|------|------------------------------|
| FLOVENT DISKUS 250mcg/blist QL (4 inhalers / 30 days) | 2 | QL |
| FLOVENT HFA QL (2 inhalers / 30 days) | 2 | QL |
| PULMICORT FLEXHALER QL (2 inhalers / 30 days) | 2 | QL |
| PULMICORT INH SUSP | 4 | B/D NM |
| QVAR 40mcg/act QL (1 inhaler / 30 days) | 2 | QL |
| QVAR 80mcg/act QL (2 inhalers / 30 days) | 2 | QL |
| STEROID/BETA-AGONIST COMBINATIONS | | |
| ADVAIR DISKUS QL (1 inhaler / 30 days) | 2 | QL |
| ADVAIR HFA QL (1 inhaler / 30 days) | 2 | QL |
| DULERA QL (1 inhaler / 30 days) | 2 | QL |
| SYMBICORT QL (1 inhaler / 30 days) | 2 | QL |
| XANTHINES | | |
| <i>aminophylline inj</i> | 1 | |
| <i>elixophyllin</i> | 2 | |
| LUFYLLIN | 3 | |
| <i>theo-24</i> | 2 | |
| <i>theophylline</i> TB12; TB24 | 1 | |
| TOPICAL DERMATOLOGY, ACNE | | |
| ABSORICA | 4 | NM |
| ACANYA | 2 | |
| ACZONE | 3 | |
| <i>adapalene</i> (generic of DIFFERIN) | 1 | |
| AKNE-MYCIN | 3 | |
| <i>amnestem</i> | 1 | |
| ATRALIN | 2 | |
| AVITA CREA | 1 | |
| AVITA GEL | 1 | |
| AZELEX | 3 | |
| <i>benzoyl peroxide-erythromycin</i> (generic of BENZAMYCIN) | 1 | |
| <i>claravis</i> | 1 | |
| CLINDAGEL | 3 | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>clindamycin phosphate (topical)</i> (generic of EVOCLIN) FOAM | 1 | |
| <i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) GEL; LOTN; SOLN; SWAB | 1 | |
| <i>clindamycin phosphate-benzoyl peroxide</i> (generic of BENZACLIN) | 1 | |
| DIFFERIN GEL .3% | 2 | |
| DIFFERIN LOTN | 2 | |
| EPIDUO | 2 | |
| <i>erythromycin (acne aid)</i> | 1 | |
| <i>myorisan</i> | 1 | |
| <i>sulfacetamide sodium (acne)</i> (generic of KLARON) | 1 | |
| <i>tretin x</i> | 3 | |
| <i>tretinoin</i> (generic of RETIN-A) CREA; GEL | 1 | |
| TRETINOIN MICROSPHERE .1% | 1 | |
| TRETINOIN MICROSPHERE .04% | 1 | |
| VELTIN | 3 | |
| <i>zenatane</i> | 1 | |
| ZIANA | 3 | |
| DERMATOLOGY, ACTINIC KERATOSIS | | |
| CARAC | 2 | |
| FLUOROPLEX | 3 | |
| <i>fluorouracil (topical)</i> (generic of EFUDEX) CREA | 1 | |
| <i>fluorouracil (topical)</i> SOLN | 1 | |
| PICATO | 2 | |
| SOLARAZE | 3 | PA |
| DERMATOLOGY, ANTIBIOTICS | | |
| ALTABAX | 2 | |
| BACTROBAN NASAL | 3 | |
| CORTISPORIN CREA; OINT | 3 | |
| <i>gentamicin sulfate (topical)</i> | 1 | |
| <i>mafenide acetate</i> (generic of SULFAMYLON) PACK | 1 | |
| <i>mupirocin</i> (generic of BACTROBAN) OINT | 1 | |
| <i>mupirocin calcium (topical)</i> (generic of BACTROBAN) | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| PHISOHEX | 3 | |
| SILVER SULFADIAZINE CREA | 1 | |
| SSD | 1 | |
| SULFAMYLON CREA | 3 | |
| THERMAZENE | 1 | |
| DERMATOLOGY, ANTIFUNGALS | | |
| <i>ciclopirox</i> (generic of LOPROX) GEL | 1 | |
| <i>ciclopirox cre 0.77%</i> | 1 | |
| <i>ciclopirox shampoo 1%</i> (generic of LOPROX SHAMPOO) | 1 | |
| <i>ciclopirox sus 0.77%</i> | 1 | |
| <i>clotrimazole (topical)</i> | 1 | |
| <i>econazole nitrate</i> CREA | 1 | |
| EXELDERM | 3 | |
| <i>ketoconazole (topical)</i> CREA | 1 | |
| <i>ketoconazole (topical)</i> (generic of EXTINA) FOAM | 1 | |
| MENTAX | 2 | |
| NAFTIN CREA | 3 | |
| NAFTIN GEL 1% | 3 | |
| <i>nyamyc</i> | 1 | |
| <i>nystatin (topical)</i> | 1 | |
| <i>nystatin pow 100000</i> | 1 | |
| <i>nystop</i> | 1 | |
| OXISTAT | 2 | |
| <i>pedi-dri</i> | 1 | |
| DERMATOLOGY, ANTIPRURITIC | | |
| CORTIFOAM | 2 | |
| <i>procto-pak</i> | 1 | |
| <i>proctocream</i> (generic of ANUSOL-HC) | 1 | |
| <i>proctozone hc</i> (generic of ANUSOL-HC) | 1 | |
| PRUDOXIN CRE 5% | 1 | |
| ZONALON | 3 | |
| DERMATOLOGY, ANTIPSORIATICS | | |
| <i>calcipotriene</i> (generic of DOVONEX) CREA | 1 | |
| <i>calcipotriene</i> OINT; SOLN | 1 | |
| CALCITRIOL OINT | 1 | |
| 8-MOP | 3 | |
| OXSORALEN ULTRA | 4 | NM |
| SORIATANE | 4 | NM PA |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| SORILUX | 2 | |
| STELARA | 4 | NM PA |
| TAZORAC | 2 | PA |
| DERMATOLOGY, ANTISEBORRHEICS | | |
| <i>ketoconazole shampoo</i> (generic of NIZORAL) | 1 | |
| <i>selenium sulfide</i> (generic of SELSUN SHAMPOO) LOTN | 1 | |
| DERMATOLOGY, ANTIVIRALS | | |
| <i>acyclovir topical</i> (generic of ZOVIRAX) | 1 | |
| DENAVIR | 3 | |
| XERESE | 3 | |
| ZOVIRAX CREA | 3 | |
| DERMATOLOGY, CORTICOSTEROIDS | | |
| <i>ala-cort</i> | 1 | |
| <i>alclometasone dipropionate</i> (generic of ACLOVATE) CREA | 1 | |
| <i>alclometasone dipropionate</i> OINT | 1 | |
| <i>amcinonide</i> CREA; LOTN | 1 | |
| <i>amcinonide</i> OINT | 3 | |
| <i>betamethasone dipropionate</i> (topical) | 1 | |
| <i>betamethasone dipropionate</i> <i>augmented</i> (generic of DIPROLENE AF) CREA | 1 | |
| <i>betamethasone dipropionate</i> <i>augmented</i> GEL | 1 | |
| <i>betamethasone dipropionate</i> <i>augmented</i> (generic of DIPROLENE) LOTN; OINT | 1 | |
| <i>betamethasone valerate</i> CREA; LOTN; OINT | 1 | |
| <i>betamethasone valerate</i> (generic of LUXIQ) FOAM | 1 | |
| CAPEX | 2 | |
| <i>clobetasol propionate</i> (generic of TEMOVATE) CREA; GEL; OINT; SOLN | 1 | |
| <i>clobetasol propionate</i> (generic of OLUX) FOAM | 1 | |
| <i>clobetasol propionate</i> (generic of CLOBEX) LOTN; SHAM | 1 | |
| <i>clobetasol propionate</i> <i>emollient base</i> (generic of TEMOVATE E) | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>clobetasol propionate</i> <i>emulsion</i> (generic of OLUX-E) | 1 | |
| CLOBEX LIQD | 3 | |
| CLODERM PUMP | 2 | |
| CORDRAN | 3 | |
| DESONATE | 3 | |
| DESONIDE CREA | 1 | |
| <i>desonide</i> (generic of DESOWEN) LOTN; OINT | 1 | |
| <i>desowen oint kit 0.05%</i> | 2 | |
| <i>desoximetasone</i> (generic of TOPICORT) CREA | 1 | |
| <i>desoximetasone</i> (generic of TOPICORT) GEL | 1 | |
| DESOXIMETASONE OINT .05% | 1 | |
| <i>desoximetasone</i> (generic of TOPICORT) OINT .25% | 1 | |
| <i>diflorasone diacetate</i> | 1 | |
| <i>fluocinolone acetonide</i> CREA .01% | 1 | |
| <i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025% | 1 | |
| <i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL | 1 | |
| <i>fluocinolone acetonide</i> (generic of SYNALAR) OINT | 1 | |
| <i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN | 1 | |
| <i>fluocinonide</i> CREA; GEL; OINT; SOLN | 1 | |
| <i>fluocinonide emulsified base</i> | 1 | |
| <i>fluticasone propionate</i> (generic of CUTIVATE) CREA; LOTN; OINT | 1 | |
| <i>halobetasol propionate</i> (generic of ULTRAVATE) | 1 | |
| HALOG | 3 | |
| <i>hydrocortisone (topical)</i> | 1 | |
| <i>hydrocortisone butyrate</i> (generic of LOCOID) | 1 | |
| <i>hydrocortisone valerate</i> CREA | 1 | |

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| Drug Name | Tier | Drug Requirements/ Limits |
|--|------|------------------------------|
| <i>hydrocortisone valerate</i> (generic of WESTCORT) OINT | 1 | |
| KENALOG | 3 | |
| LOCOID LOTN | 2 | |
| LOCOID LIPOCREAM | 2 | |
| LOKARA LOTN 0.05% | 1 | |
| <i>mometasone furoate</i> (generic of ELOCON) CREA; OINT; SOLN | 1 | |
| PANDEL | 3 | |
| PREDNICARBATE CREA | 1 | |
| <i>prednicarbate</i> (generic of DERMATOP) OINT | 1 | |
| TACLONEX | 3 | |
| <i>texacort</i> | 2 | |
| TOPICORT LIQD | 3 | |
| <i>triamcinolone acetonide</i> (topical) | 1 | |
| <i>triderm</i> | 1 | |
| <i>u-cort</i> (generic of CARMOL-HC) | 1 | |
| VANOS | 3 | |
| VERDESO | 3 | |
| DERMATOLOGY, LOCAL ANESTHETICS | | |
| <i>lidocaine</i> OINT | 1 | |
| <i>lidocaine hcl</i> GEL | 1 | |
| <i>lidocaine hcl</i> (generic of XYLOCAINE) SOLN 4% | 1 | |
| <i>lidocaine-prilocaine</i> (generic of EMLA) | 1 | B/D |
| LIDODERM | 2 | |
| SYNERA | 3 | |
| DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE | | |
| <i>ammonium lactate</i> (generic of LAC-HYDRIN) CREA; LOTN | 1 | |
| CONDYLOX GEL | 2 | |
| ELIDEL | 2 | PA |
| FINACEA | 2 | |
| <i>imiquimod</i> (generic of ALDARA) CREA | 1 | |
| <i>lactation lotion 12%</i> (generic of LAC-HYDRIN) | 1 | |
| METROGEL | 3 | |

| Drug Name | Tier | Drug Requirements/ Limits |
|--|------|------------------------------|
| <i>metronidazole (topical)</i> (generic of METROCREAM) CREA | 1 | |
| <i>metronidazole (topical)</i> (generic of METROGEL) GEL 1% | 1 | |
| <i>metronidazole (topical)</i> GEL .75% | 1 | |
| <i>metronidazole (topical)</i> (generic of METROLOTION) LOTN | 1 | |
| ORACEA | 2 | |
| OXSORALEN | 3 | |
| PANRETIN | 4 | NM |
| PENNSAID | 2 | |
| <i>podofilox</i> (generic of CONDYLOX) SOLN | 1 | |
| PROTOPIC | 2 | PA |
| RECTIV | 3 | |
| <i>rosadan cre 0.75%</i> (generic of METROCREAM) | 1 | |
| TARGRETIN GEL | 4 | NM PA |
| VOLTAREN GEL 1% | 2 | |
| ZYCLARA | 4 | NM |
| DERMATOLOGY, SCABICIDES AND PEDICULIDES | | |
| EURAX | 3 | |
| <i>malathion</i> (generic of OVIDE) | 1 | |
| <i>permethrin</i> (generic of ELIMITE) CREA | 1 | |
| SKLICE | 3 | |
| ULESFIA | 3 | |
| DERMATOLOGY, WOUND CARE AGENTS | | |
| <i>acetic acid .25%</i> | 1 | |
| <i>neomycin/polymyxin b gu</i> (generic of NEOSPORIN GU IRRIGANT) | 1 | |
| SANTYL | 3 | |
| SODIUM CHLORIDE 0.9% | 1 | |
| STERILE WATER IRRIGATION | 1 | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| <i>cevimeline hcl</i> (generic of EVOXAC) | 1 | |
| <i>chlorhexidine gluconate</i> (mouth-throat) (generic of PERIDEX) | 1 | |

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| Drug Name | Drug Requirements/ Tier Limits | |
|---|-----------------------------------|--------|
| | Tier | Limits |
| <i>clotrimazole</i> TROC | 1 | |
| <i>lidocaine hcl (mouth-throat)</i> | 1 | |
| <i>nystatin (mouth-throat)</i> | 1 | |
| <i>perigard sol 0.12%</i> (generic of PERIDEX) | 1 | |
| <i>pilocarpine hcl (oral)</i> (generic of SALAGEN) | 1 | |
| <i>triamcinolone acetonide (mouth)</i> | 1 | |
| OTIC | | |
| <i>acetasol hc</i> (generic of VOSOL HC) | 1 | |
| <i>acetic acid (otic)</i> | 1 | |
| <i>acetic acid sol/hc</i> (generic of VOSOL HC) | 1 | |
| <i>acetic acid-aluminum acetate</i> | 1 | |
| CIPRO HC | 2 | |
| CIPRODEX | 2 | |
| COLY-MYCIN S | 3 | |
| CORTISPORIN-TC | 3 | |
| <i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) | 1 | |
| <i>neomycin-polymyxin-hc (otic)</i> (generic of CORTISPORIN) SOLN | 1 | |
| <i>neomycin-polymyxin-hc (otic)</i> SUSP | 1 | |
| <i>ofloxacin (otic)</i> | 1 | |

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