

SilverScript (Employer PDP) sponsored by Group Administrative
Concepts-Blue Plans

2014 Formulary (List of Covered Drugs)

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

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

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on 01/01/2015.

SilverScript® Insurance Company is a Medicare-approved Part D Sponsor.

Contact Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week to request materials in an alternate format or language. TTY users should call 1-866-236-1069. Llame al Servicio al Cliente 24 horas al día, los 7 días de la semana, al 1-866-235-5660 para solicitar materiales en un formato o idioma diferente. Los usuarios de teléfono de texto (TTY) pueden llamar al 1-866-236-1069.

Last updated 11/29/2013

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.

This document includes only some of the drugs covered by SilverScript (Employer PDP). For a complete listing of all prescription drugs covered by SilverScript (Employer PDP), please visit our Web site at blue.silverscript.com or call 1-866-235-5660, 24 hours a day, 7 days a week. TTY Users should call 1-866-236-1069.

Can the formulary 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 require quantity limits, prior authorization, and step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier 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 11/29/2013. To get updated information about the drugs covered by SilverScript (Employer PDP), please visit our website at blue.silverscript.com or call Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week. TTY Users should call 1-866-236-1069.

The Tier column of the drug list outlines which tier your drug is in. Your share of the cost – also known as co-payment or co-insurance – depends on the tier in which your drug falls. The lower the tier, the lower the cost.

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 update our print formulary by reprinting it with the new information. The updated version may be obtained from our Web site or by calling Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week. TTY Users should call 1-866-236-1069. We will notify beneficiaries in writing prior to making this type of change.

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*. This may be in addition to a standard one month or three month supply.

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.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1.

You can ask us to make an exception to these restrictions or limits. 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, you should first contact Customer Care and confirm that your drug is not covered. You can contact Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week. TTY users should call 1-866-236-1069.

If you learn that we do not cover your drug, you have two options:

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

SilverScript (Employer PDP) does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our drug list.

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

You can ask SilverScript (Employer PDP) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs SilverScript (Employer PDP) 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 more.
- You can ask us to provide a higher level of coverage for your drug. If applicable, and your drug is contained in our 4 tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the 3 tier instead. This would lower the amount you must pay for your drug.

Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty Tier.

Generally, we will only approve your request for an exception if the alternative generic or preferred formulary drugs 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 exception. **When you are requesting an exception you should submit a statement from your physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision.

If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception? As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take.

While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy.

After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 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, but you are past the first 90 days of membership in our plan, we will cover a one-time temporary supply for up to 30-days (or 31-days if you are a long-term care resident) when you go to a network pharmacy. During this period, 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 SilverScript (Employer PDP), please call Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week. (TTY Users should call 1-866-236-1069.) Or visit blue.silverscript.com.

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

SilverScript (Employer PDP)'s Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by SilverScript (Employer PDP). If you have trouble finding your drug in the list, turn to the index at the back of this book. Remember: This is only a partial list of drugs covered by SilverScript (Employer PDP). If your prescription is not in the partial formulary, please visit our Web site at blue.silverscript.com or call 1-866-235-5660, 24 hours a day, 7 days a week. TTY users should call 1-866-236-1069 for additional help.

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.

- QL stands for Quantity Limits,
- PA stands for Prior Authorization,
- ST stands for Step Therapy,
- B/D stands for drugs that may be covered under Medicare Part B or D.
- LA stands for Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week. TTY Users should call 1-866-236-1069.
- NM Not available at mail-order.
- 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 605 5T Platinum PDP (Effective January 1)

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol inj 500mg</i> (generic of ALOPRIM)	2	
<i>allopurinol tab</i> (generic of ZYLOPRIM)	1	
<i>colchicine w/ probenecid</i>	2	
COLCRYS QL (120 tabs / 30 days)	3	QL
<i>probenecid</i>	2	
ULORIC	3	ST
MISCELLANEOUS		
<i>diclofenac w/ misoprostol</i> (generic of ARTHROTEC 50)	2	
<i>diclofenac w/ misoprostol</i> (generic of ARTHROTEC 75)	2	
DUEXIS	4	
VIMOVO	4	
NSAIDS		
CELEBREX	3	
<i>diclofenac potassium</i> (generic of CATAFLAM)	2	
<i>diclofenac sodium</i> (generic of VOLTAREN-XR) TB24	2	
<i>diclofenac sodium</i> TBEC	2	
<i>diflunisal</i>	2	
<i>etodolac</i> CAPS; TABS	2	
<i>etodolac er</i>	2	
<i>fenoprofen calcium</i> TABS	2	
<i>flurbiprofen</i> TABS	2	
<i>ibuprofen</i> SUSP	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>ketoprofen</i> CAPS	1	
<i>ketoprofen</i> CP24	2	
<i>mefenamic acid</i> (generic of PONSTEL) CAPS	2	
MELOXICAM SUSP 7.5 MG/5ML	2	
<i>meloxicam tabs</i> (generic of MOBIC)	1	
<i>nabumetone</i> TABS	2	

Drug Name	Drug Requirements/ Tier	Limits
NALFON	4	
NAPRELAN	4	
<i>naproxen</i> (generic of NAPROSYN) SUSP	2	
<i>naproxen</i> (generic of NAPROSYN) 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)	2	
<i>piroxicam</i> (generic of FELDENE) CAPS	2	
<i>sulindac</i> TABS 150mg	1	
<i>sulindac</i> (generic of CLINORIL) TABS 200mg	1	
<i>tolmetin sodium</i>	2	
ZIPSOR	4	
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine</i> SOLN QL (5000mL / 30 days)	2	QL
<i>acetaminophen w/ codeine</i> TABS QL (400 tabs / 30 days)	2	QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #3) TABS QL (400 tabs / 30 days)	2	QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #4) TABS QL (400 tabs / 30 days)	2	QL
<i>butorphanol nasal spray</i> QL (10 mL / 30 days)	2	QL
<i>butorphanol tartrate</i> SOLN	2	
BUTRANS 5mcg/hr QL (16 ea / 28 days)	4	QL
BUTRANS 10mcg/hr QL (8 ea / 28 days)	4	QL
BUTRANS 20mcg/hr QL (4 ea / 28 days)	4	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>capital and codeine</i> QL (5000mL / 30 days)	4	QL
<i>co-gesic</i> (generic of LORTAB) QL (240 tabs / 30 days)	2	QL
CONZIP 100mg QL (90 caps / 30 days)	4	QL
CONZIP 200mg QL (60 caps / 30 days)	4	QL
CONZIP 300mg QL (30 caps / 30 days)	4	QL
<i>hydrocodone-acetaminophen</i> 2.5-325mg QL (360 tabs / 30 days)	2	QL
<i>hydrocodone-acetaminophen</i> 2.5-500mg QL (240 tabs / 30 days)	2	QL
<i>hydrocodone-acetaminophen</i> 5-300mg (generic of XODOL) QL (400 tabs / 30 days)	2	QL
<i>hydrocodone-acetaminophen</i> 5-325mg (generic of NORCO) QL (360 tabs / 30 days)	2	QL
<i>hydrocodone-acetaminophen</i> 5-500mg (generic of LORTAB) QL (240 tabs / 30 days)	2	QL
<i>hydrocodone-acetaminophen</i> 7.5-300mg (generic of XODOL) QL (400 tabs / 30 days)	2	QL
<i>hydrocodone-acetaminophen</i> 7.5-325 mg/15ml (generic of HYCET) QL (5400mL / 30 days)	2	QL
<i>hydrocodone-acetaminophen</i> 7.5-325mg (generic of NORCO) QL (360 tabs / 30 days)	2	QL
<i>hydrocodone-acetaminophen</i> 7.5-500mg (generic of LORTAB) QL (240 tabs / 30 days)	2	QL
<i>hydrocodone-acetaminophen</i> 7.5-500mg/ml (generic of LORTAB) QL (3600 mL / 30 days)	2	QL
<i>hydrocodone-acetaminophen</i> 7.5-650mg (generic of ANEXSIA) QL (185 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-acetaminophen</i> 7.5-750mg QL (160 tabs / 30 days)	2	QL
<i>hydrocodone-acetaminophen</i> 10-300mg (generic of XODOL) QL (400 tabs / 30 days)	2	QL
<i>hydrocodone-acetaminophen</i> 10-500mg (generic of LORTAB) QL (240 tabs / 30 days)	2	QL
<i>hydrocodone-acetaminophen</i> 10-650mg (generic of LORCET 10/650) QL (185 tabs / 30 days)	2	QL
<i>hydrocodone-acetaminophen</i> 10-660mg QL (181 tabs / 30 days)	2	QL
<i>hydrocodone-acetaminophen</i> 10-750mg (generic of MAXIDONE) QL (160 tabs / 30 days)	2	QL
<i>hydrocodone-acetaminophen</i> tab 10-325mg (generic of NORCO) QL (360 tabs / 30 days)	2	QL
<i>hydrocodone-ibuprofen</i> QL (150 tabs / 30 days)	2	QL
<i>hydrocodone-ibuprofen</i> (generic of REPRESAIN) QL (150 tabs / 30 days)	2	QL
<i>hydrocodone-ibuprofen</i> (generic of VICOPROFEN) QL (150 tabs / 30 days)	2	QL
<i>reprexain 10/200</i> QL (150 tabs / 30 days)	2	QL
<i>stagesic 5/500</i> QL (240 caps / 30 days)	2	QL
SYNALGOS-DC QL (360 caps / 30 days)	4	QL
TRAMADOL HCL TB24 QL (30 tabs per 30 days)	2	QL
<i>tramadol hcl er</i> (generic of ULTRAM ER) TB24 100mg QL (90 tabs / 30 days)	2	QL
<i>tramadol hcl er</i> (generic of ULTRAM ER) TB24 200mg QL (60 tabs / 30 days)	2	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>tramadol hcl er (biphasic)</i> 100mg QL (90 tabs per 30 days)	2	QL
<i>tramadol hcl er (biphasic)</i> 200mg QL (60 tabs per 30 days)	2	QL
<i>tramadol hcl er (biphasic)</i> 300mg QL (30 tabs / 30 days)	2	QL
<i>tramadol hcl tab 50 mg</i> (generic of ULTRAM) QL (240 tabs / 30 days)	2	QL
<i>tramadol-acetaminophen</i> (generic of ULTRACET) QL (240 tabs / 30 days)	2	QL
<i>vicodin</i> (generic of XODOL) QL (400 tabs / 30 days)	2	QL
<i>vicodin es</i> (generic of XODOL) QL (400 tabs / 30 days)	2	QL
<i>vicodin hp</i> (generic of XODOL) QL (400 tabs / 30 days)	2	QL
<i>zamicet</i> QL (5400mL / 30 days)	4	QL
OPIOID ANALGESICS, CII		
ABSTRAL QL (120 ea / 30 days)	5	QL NM PA
<i>astramorph</i>	2	B/D
AVINZA QL (60 ea / 30 days)	4	QL
CODEINE SULFATE TABS	2	
DILAUDID-HP INJ	4	B/D
DURAMORPH	2	B/D
<i>endocet 5/325</i> (generic of PERCOCET) QL (360 tabs / 30 days)	2	QL
<i>endocet 7.5/325</i> (generic of PERCOCET) QL (360 tabs / 30 days)	2	QL
<i>endocet 7.5/500</i> (generic of PERCOCET) QL (240 tabs / 30 days)	2	QL
<i>endocet 10/325</i> (generic of PERCOCET) QL (360 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>endocet 10/650</i> (generic of PERCOCET) QL (180 tabs / 30 days)	2	QL
ENDODAN QL (360 tabs / 30 days)	2	QL
EXALGO 8mg, 12mg QL (60 ea / 30 days)	4	QL
EXALGO 16mg, 32mg QL (60 ea / 30 days)	5	QL NM
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP QL (120 lpop / 30 days)	5	QL NM PA
<i>fentanyl patch</i> (generic of DURAGESIC) QL (10 ea / 30 days)	2	QL
FENTORA QL (120 tabs / 30 days)	5	QL NM PA
<i>hydromorphone hcl</i> (generic of DILAUDID-5) LIQD	2	
<i>hydromorphone hcl</i> (generic of DILAUDID-HP) SOLN 500mg/50ml	2	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS	2	
INFUMORPH 200	4	B/D
INFUMORPH 500	4	B/D
KADIAN QL (60 caps / 30 days)	3	QL
LAZANDA QL (30 bottles / 30 days)	5	QL NM PA
<i>levorphanol tartrate</i> TABS	2	
<i>methadone hcl</i> CONC	2	
<i>methadone hcl</i> SOLN	2	
<i>methadone hcl</i> (generic of DOLOPHINE HCL) TABS 5mg QL (240 tabs / 30 days)	2	QL
<i>methadone hcl</i> (generic of DOLOPHINE) TABS 10mg QL (240 tabs / 30 days)	2	QL
METHADONE INJ 10MG/ML	4	
MORPHINE SUL 20MG/ML ORAL SOL	2	
MORPHINE SULFATE SOLN 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml, 15mg/ml	2	B/D
MORPHINE SULFATE SOLN 10mg/5ml, 20mg/5ml	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>morphine sulfate</i> SOLN .5mg/ml, 1mg/ml	2	B/D
MORPHINE SULFATE TABS QL (180 tabs / 30 days)	2	QL
<i>morphine sulfate ext-rel tab</i> (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg QL (90 ea / 30 days)	2	QL
<i>morphine sulfate ext-rel tab</i> (generic of MS CONTIN) 200mg QL (60 ea / 30 days)	2	QL
NUCYNTA	4	
NUCYNTA ER 50mg, 100mg QL (120 ea / 30 days)	3	QL
NUCYNTA ER 150mg, 200mg, 250mg QL (60 ea / 30 days)	3	QL
ONSOLIS QL (120 ea / 30 days)	5	QL NM PA
OPANA ER (CRUSH RESISTANT QL (120 ea / 30 days)	3	QL
OXECTA	4	
OXYCODONE HCL CAPS QL (180 caps / 30 days)	2	QL
OXYCODONE HCL CONC	2	
OXYCODONE HCL SOLN	2	
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	2	QL
<i>oxycodone hcl</i> TABS 10mg, 20mg QL (180 tabs / 30 days)	2	QL
<i>oxycodone w/ acetaminophen</i> 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	2	QL
<i>oxycodone w/ acetaminophen</i> 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	2	QL
<i>oxycodone w/ acetaminophen</i> 5-500mg QL (240 caps / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone w/ acetaminophen</i> 7.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	2	QL
<i>oxycodone w/ acetaminophen</i> 7.5-500mg (generic of PERCOCET) QL (240 tabs / 30 days)	2	QL
<i>oxycodone w/ acetaminophen</i> 10-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	2	QL
<i>oxycodone w/ acetaminophen</i> 10-650mg (generic of PERCOCET) QL (180 tabs / 30 days)	2	QL
<i>oxycodone-aspirin</i> (generic of PERCODAN) QL (360 tabs / 30 days)	2	QL
<i>oxycodone-ibuprofen</i> QL (28 tabs / 30 days)	2	QL
OXYCONTIN QL (120 ea / 30 days)	3	QL
<i>oxymorphone hcl</i> (generic of OPANA) TABS	2	
<i>roxicet</i> SOLN QL (1800mL / 30 days)	3	QL
SUBSYS QL (120 ea / 30 days)	5	QL NM PA
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) 4%	2	
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) .5%	2	B/D
<i>lidocaine inj</i> 0.5% (generic of XYLOCAINE-MPF)	2	B/D
<i>lidocaine inj</i> 1% (generic of XYLOCAINE) 1%	2	B/D
<i>lidocaine inj</i> 1% (generic of XYLOCAINE-MPF) 1%	2	B/D
<i>lidocaine inj</i> 1.5% (generic of XYLOCAINE-MPF)	2	B/D
<i>lidocaine inj</i> 2% (generic of XYLOCAINE) 2%	2	B/D
<i>lidocaine inj</i> 2% (generic of XYLOCAINE-MPF) 2%	2	B/D

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Drug Name	Drug Requirements/ Tier	Limits
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate</i> SOLN	2	
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate</i> SOLN	2	
<i>neomycin sulfate</i> TABS	2	
<i>paromomycin sulfate</i> CAPS	2	
<i>streptomycin sulfate</i> SOLR	2	
<i>sulfadiazine</i> TABS	4	
TOBI NEB	5	B/D NM
<i>tobramycin sulfate</i> SOLN; SOLR	2	
<i>tobramycin sulfate in saline</i>	3	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA	4	
ALINIA SUSR QL (9 bottles / 30 days)	4	QL
ALINIA TABS QL (20 tabs / 30 days)	4	QL
AZACTAM 2gm	4	
AZACTAM/DEX INJ 1GM	4	
AZACTAM/DEX INJ 2GM	5	NM
<i>aztreonam</i> (generic of AZACTAM)	2	
BILTRICIDE	3	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS	2	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE)	2	
<i>clindamycin phosphate</i> SOLN 150mg/ml	2	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 150mg/ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	2	
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN IN D5W)	2	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	2	
CUBICIN	5	B/D NM
<i>dapsone</i> TABS	2	

Drug Name	Drug Requirements/ Tier	Limits
DARAPRIM	4	
DORIBAX	4	
<i>erythromycin-sulfisoxazole</i>	2	
FLAGYL CAPS	4	
FLAGYL ER	4	
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	2	
INVANZ	4	
MACRODANTIN 25mg	3	
MEPRON	5	NM
<i>meropenem</i> (generic of MERREM)	2	
<i>methenamine hippurate</i> (generic of HIPREX)	2	
METRO IV	3	
<i>metronidazole</i> (generic of FLAGYL) TABS	1	
<i>metronidazole inj</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin</i> (generic of FURADANTIN) SUSP	2	
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN)	2	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID)	2	
PENTAM 300	4	
<i>polymyxin b sulfate</i> SOLR	2	
PRIMSOL SOL 50MG/5ML	4	
STROMECTOL	4	
<i>sulfamethoxazole-trimethop SUSP</i>	1	
<i>sulfamethoxazole-trimethop</i> (generic of BACTRIM) TABS	1	
<i>sulfamethoxazole-trimethop</i> (generic of BACTRIM DS) TABS	1	
<i>sulfamethoxazole-trimethopri m inj</i>	2	
SYNERCID	5	NM
<i>trimethoprim</i> TABS	1	
TYGACIL	5	NM
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS	5	NM
<i>vancomycin hcl</i> SOLR	2	B/D
VIBATIV	4	
XIFAXAN TAB 200MG	5	NM
ZYVOX	5	NM

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Drug Name	Drug Requirements/ Tier Limits	
ANTIFUNGALS		
ABELCET	5	B/D NM
AMBISOME	5	B/D NM
AMPHOTEC	4	B/D
<i>amphotericin b</i> SOLR	2	B/D
CANCIDAS	5	NM
ERAXIS	5	NM
<i>fluconazole</i> (generic of DIFLUCAN) SUSR	2	
<i>fluconazole</i> (generic of DIFLUCAN) TABS	1	
<i>fluconazole in dextrose</i>	2	
<i>fluconazole in nacl</i>	2	
<i>flucytosine</i> (generic of ANCOBON) CAPS	5	NM
<i>griseofulvin microsize</i> SUSP	2	
<i>griseofulvin microsize</i> (generic of GRIFULVIN V) TABS	2	
<i>griseofulvin ultramicrosize</i> (generic of GRIS-PEG)	2	
<i>itraconazole</i> (generic of SPORANOX) CAPS	2	PA
<i>ketoconazole</i> TABS	2	
LAMISIL PACK	4	
MYCAMINE 50mg	4	
MYCAMINE 100mg	5	NM
NOXAFIL	5	NM
<i>nystatin</i> TABS	2	
ONMEL	4	PA
SPORANOX SOL 10MG/ML	5	NM
<i>terbinafine hcl</i> (generic of LAMISIL) TABS QL (90 tabs / year)	2	QL
VFEND SUS 40MG/ML	5	NM
<i>voriconazole</i> (generic of VFEND) TABS	5	NM
<i>voriconazole inj 200mg</i> (generic of VFEND IV)	2	
ANTIMALARIALS		
ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i> (generic of MALARONE)	2	
<i>chloroquine phosphate</i> TABS 250mg	2	

Drug Name	Drug Requirements/ Tier Limits	
<i>chloroquine phosphate</i> (generic of ARALEN) TABS 500mg	2	
COARTEM	3	
<i>mefloquine hcl</i>	2	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	2	
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN)	2	
APTIVUS	5	NM
CRIXIVAN	4	
<i>didanosine</i> (generic of VIDEX EC)	2	
EDURANT	5	NM
EMTRIVA	3	
EPIVIR SOL 10MG/ML	3	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	NM
INVIRASE CAPS	4	
INVIRASE TABS	5	NM
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	NM
ISENTRESS TABS	5	NM
<i>lamivudine</i> (generic of EPIVIR)	2	
LEXIVA SUSP	4	
LEXIVA TABS	5	NM
NEVIRAPINE SUSP	2	
<i>nevirapine</i> (generic of VIRAMUNE) TABS	2	
NORVIR	3	
PREZISTA SUSP	5	NM
PREZISTA TABS 75mg, 150mg	3	
PREZISTA TABS 400mg, 600mg, 800mg	5	NM
RESCRIPTOR	4	
RETROVIR IV INFUSION	3	
REYATAZ 100mg	3	
REYATAZ 150mg, 200mg, 300mg	5	NM
SELZENTRY	5	NM
<i>stavudine</i> (generic of ZERIT)	2	
SUSTIVA	3	

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Drug Name	Drug Requirements/ Tier	Limits
VIDEX PEDIATRIC	4	
VIRACEPT	5	NM
VIRAMUNE SUSP	4	
VIRAMUNE XR	4	
VIREAD	5	NM
ZIAGEN SOLN	4	
<i>zidovudine</i> (generic of RETROVIR) CAPS; SYRP	2	
<i>zidovudine</i> TABS	2	
ANTIRETROVIRAL COMBINATION AGENTS		
ATRIPLA	5	NM
COMPLERA	5	NM
EPZICOM	5	NM
KALETRA SOL	5	NM
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	5	NM
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	5	NM
STRIBILD	5	NM
TRIZIVIR	5	NM
TRUVADA	5	NM
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	5	NM
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	2	
<i>isoniazid</i> SOLN	2	
<i>isoniazid</i> SYRP	1	
<i>isoniazid tabs</i>	1	
MYCOBUTIN	4	
<i>paser d/r</i>	3	
PRIFTIN	4	
<i>pyrazinamide</i>	2	
<i>rifamate</i>	4	
<i>rifampin</i> (generic of RIFADIN) CAPS; SOLR	2	
RIFATER	4	
<i>seromycin</i>	4	
SIRTURO	5	NM LA PA
TRECTOR	4	
ANTIVIRALS		
<i>acyclovir</i> (generic of ZOVIRAX) CAPS; TABS	1	
<i>acyclovir</i> (generic of ZOVIRAX) SUSP	2	
<i>acyclovir sodium</i>	2	B/D

Drug Name	Drug Requirements/ Tier	Limits
BARACLUDE SOLN	3	
BARACLUDE TABS	5	NM
<i>cidofovir</i> (generic of VISTIDE)	2	
EPIVIR HBV	4	
<i>famciclovir</i> (generic of FAMVIR)	2	
<i>foscarnet sodium</i>	2	
<i>ganciclovir inj 500mg</i> (generic of CYTOVENE)	2	B/D
HEPSERA	5	NM ST
INCIVEK	5	NM PA
REBETOL SOLN	5	NM PA
RELENZA DISKHALER	3	
<i>ribapak mis 600/day</i>	5	NM PA
<i>ribasphere</i> (generic of REBETOL) CAPS	2	NM PA
<i>ribasphere</i> (generic of COPEGUS) TABS 200mg	2	NM PA
<i>ribasphere</i> TABS 400mg	2	NM PA
<i>ribasphere</i> TABS 600mg	5	NM PA
<i>ribasphere ribapak 800</i>	5	NM PA
<i>ribasphere ribapak 1000</i>	5	NM PA
<i>ribasphere ribapak 1200</i>	5	NM PA
<i>ribavirin 200mg</i> (generic of REBETOL) CAPS	2	NM PA
<i>ribavirin 200mg</i> (generic of COPEGUS) TABS	2	NM PA
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	2	
TAMIFLU	3	
TYZEKA	5	NM
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	2	
VALCYTE	5	NM
VICTRELIS	5	NM PA
CEPHALOSPORINS		
CEDAX	4	
<i>cefaclor</i>	2	
<i>cefaclor monohydrate</i>	3	
<i>cefadroxil</i> CAPS	1	
<i>cefadroxil</i> SUSR; TABS	2	
<i>cefazolin inj</i>	2	
<i>cefazolin sodium</i> 1gm, 20gm	2	
<i>cefazolin/dextrose</i>	3	
<i>cefdinir</i>	2	
CEFEPIME 1GM SOLN	4	
CEFEPIME 2GM SOLN	4	

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Drug Name	Drug Requirements/ Tier Limits
<i>cefepime inj 1gm</i> (generic of MAXIPIME)	2
<i>cefepime inj 2gm</i> (generic of MAXIPIME)	2
<i>cefotaxime sodium</i> (generic of CLAFORAN)	2
<i>cefotetan disodium</i>	4
<i>cefoxitin sodium</i>	2
CEFOXITIN SODIUM IN DEXTROSE	4
<i>cefpodoxime proxetil</i>	2
<i>cefprozil</i>	2
<i>ceftazidime</i> (generic of FORTAZ) SOLR 1gm, 2gm, 6gm	2
CEFTAZIDIME/DEXTROSE	3
CEFTIN SUSR	4
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg	2
<i>ceftriaxone sodium</i> (generic of ROCEPHIN) SOLR 1gm, 500mg	2
<i>cefuroxime axetil</i> (generic of CEFTIN) TABS	1
<i>cefuroxime sodium</i> (generic of ZINACEF) 1.5gm, 7.5gm, 750mg	2
<i>cefuroxime sodium</i> 7.5gm	2
<i>cephalexin</i> (generic of KEFLEX) CAPS 250mg, 500mg	1
<i>cephalexin</i> SUSR	2
<i>cephalexin</i> TABS	2
<i>claforan</i> 1gm, 2gm	4
FORTAZ SOLN	4
FORTAZ SOLR 500mg	4
MAXIPIME	4
SUPRAX CAPS	3
<i>suprax</i> CHEW	4
<i>suprax</i> SUSR 100mg/5ml, 200mg/5ml	3
SUPRAX SUSR 500mg/5ml	3
<i>suprax</i> TABS	3
<i>tazicef vial</i> (generic of FORTAZ)	2
TEFLARO	4
ERYTHROMYCINS/MACROLIDES	

Drug Name	Drug Requirements/ Tier Limits
AZITHROMYCIN PACK	2
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg	2
<i>azithromycin</i> (generic of ZITHROMAX) SUSR	2
<i>azithromycin</i> (generic of ZITHROMAX) TABS	2
<i>clarithromycin</i> SUSR 125mg/5ml	2
<i>clarithromycin</i> (generic of BIAXIN) SUSR 250mg/5ml	2
<i>clarithromycin</i> (generic of BIAXIN) TABS	2
<i>clarithromycin</i> (generic of BIAXIN XL) TB24	2
DIFICID	5 NM ST
e.e.s.	2
E.E.S. GRANULES	4
<i>ery-tab</i>	3
ERYPED 200	4
ERYPED 400	4
<i>erythrocine lactobionate</i> 500mg	4
<i>erythrocine stearate</i>	2
<i>erythromycin base</i> CPEP; TABS	2
<i>erythromycin ethylsuccinate</i>	2
PCE	4
ZMAX	3
FLUOROQUINOLONES	
AVELOX	4
AVELOX ABC PACK	4
CIPRO SUSR	4
<i>ciprofloxacin</i> SOLN 200mg/20ml	2
<i>ciprofloxacin er</i> (generic of CIPRO XR)	2
<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)	2
<i>ciprofloxacin inj</i>	2
FACTIVE	4
<i>levofloxacin</i> SOLN 25mg/ml	2

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Drug Name	Drug Requirements/ Tier	Limits
<i>levofloxacin</i> (generic of LEVAQUIN) SOLN 25mg/ml	2	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	2	
<i>levofloxacin in d5w</i> (generic of LEVAQUIN)	2	
NOROXIN	4	
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i> CHEW	2	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) CHEW	2	
<i>amoxicillin & pot clavulanate</i> SUSR	2	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) SUSR	2	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN ES-600) SUSR	2	
<i>amoxicillin & pot clavulanate</i> TABS	2	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) TABS	2	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN XR) TB12	2	
<i>ampicillin</i>	1	
<i>ampicillin & sulbactam sodium</i>	2	
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN)	2	
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN BULK PACK)	2	
<i>ampicillin inj</i>	2	
<i>ampicillin sodium</i>	2	
AUGMENTIN SUSR	4	
BACTOCILL IN DEXTROSE	4	
BICILLIN C-R	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
MOXATAG	4	
<i>nafcillin sodium</i> 1gm	2	
<i>nafcillin sodium</i> 2gm, 10gm	5	NM

Drug Name	Drug Requirements/ Tier	Limits
NALLPEN ISO-OSMOTIC IN DE	4	
NALLPEN/DEXTROSE	4	
<i>oxacillin sodium</i> 1gm, 2gm	2	
<i>oxacillin sodium</i> 10gm	5	NM
PENICILLIN G POT IN DEXTROSE	4	
<i>penicillin g potassium</i>	2	
PENICILLIN G POTASSIUM IN	4	
<i>penicillin g procaine</i>	3	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i>	1	
<i>pfizerpen</i>	2	
<i>piperacillin sodium-tazobactam sodium</i> (generic of ZOSYN)		
TIMENTIN	4	
ZOSYN SOLN	4	
TETRACYCLINES		
<i>demeclocycline hcl</i>	2	
DORYX	4	
<i>doxycycline (monohydrate)</i> CAPS 50mg	2	
<i>doxycycline (monohydrate)</i> (generic of MONODOX) CAPS 75mg, 100mg	2	
<i>doxycycline (monohydrate)</i> (generic of ADOXA) CAPS 150mg	2	
<i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR	2	
<i>doxycycline (monohydrate)</i> (generic of ADOXA) TABS 50mg, 75mg, 100mg	2	
<i>doxycycline (monohydrate)</i> (generic of ADOXA PAK 1/150) TABS 150mg	2	
<i>doxycycline hyclate</i> CAPS 50mg	1	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1	
<i>doxycycline hyclate</i> SOLR	2	
<i>doxycycline hyclate</i> TABS 20mg	2	

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Drug Name	Drug Requirements/ Tier	Limits
<i>doxycycline hyclate</i> TABS 100mg	1	
<i>doxycycline hyclate</i> TBEC 75mg, 100mg	2	
<i>doxycycline hyclate</i> (generic of DORYX) TBEC 150mg	2	
<i>minocycline hcl</i> (generic of MINOCIN) CAPS 50mg, 100mg	2	
<i>minocycline hcl</i> CAPS 75mg	2	
<i>minocycline hcl</i> TABS	2	
<i>minocycline hcl</i> (generic of SOLODYN) TB24	2	
SOLODYN 55mg, 65mg, 80mg, 105mg, 115mg	5	NM
VIBRAMYCIN SUSR; SYRP	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BICNU	4	B/D
BUSULFEX	4	B/D
CEENU	3	
<i>cyclophosphamide</i> SOLR; TABS	2	B/D
<i>dacarbazine</i> 200mg	2	B/D
EMCYT	4	
HEXALEN	5	NM
IFEX INJ 3GM	4	B/D
<i>ifosfamide</i> (generic of IFOSFAMIDE) SOLN	2	B/D
<i>ifosfamide</i> (generic of IFEX) SOLR 1gm	2	B/D
LEUKERAN	4	
<i>melfhalan hcl</i> (generic of ALKERAN)	5	B/D NM
MUSTARGEN	4	B/D
<i>thiotepa</i> SOLR	4	B/D
TREANDA	5	B/D NM
ZANOSAR	4	B/D
ANTHRACYCLINES		
<i>adriamycin</i> 20mg	2	B/D
<i>adriamycin inj</i> 2mg/ml	2	B/D
<i>daunorubicin hcl</i> INJ	2	B/D
<i>daunorubicin hcl</i> (generic of CERUBIDINE) SOLR	2	B/D
DOXIL	5	B/D NM
<i>doxorubicin hcl</i> SOLN	2	B/D
<i>doxorubicin hcl</i> SOLR 50mg	2	B/D
EPIRUBICIN INJ 50MG	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>epirubicin inj</i> 50mg/25ml (generic of ELLENCE)	2	B/D
<i>epirubicin inj</i> 200mg (generic of ELLENCE)	2	B/D
<i>idarubicin hcl</i> (generic of IDAMYCIN PFS)	5	B/D NM
ANTIBIOTICS		
<i>bleomycin sulfate</i>	2	B/D
COSMEGEN	5	B/D NM
<i>mitomycin</i> SOLR 20mg	2	B/D
ANTIMETABOLITES		
<i>adrucil</i>	2	B/D
ALIMTA	5	B/D NM
ARRANON	4	B/D
<i>cladribine</i>	5	B/D NM
CLOLAR	4	B/D
<i>cytarabine inj</i>	2	B/D
DACOGEN	5	B/D NM
<i>fludarabine phosphate</i> SOLN	2	B/D
<i>fludarabine phosphate</i> (generic of FLUDARA) SOLR	2	B/D
<i>fluorouracil</i> SOLN	2	B/D
GEMCITABINE	5	B/D NM
<i>gemcitabine hcl</i> (generic of GEMZAR) 1gm, 200mg	5	B/D NM
<i>gemcitabine hcl</i> 2gm	5	B/D NM
<i>mercaptopurine</i> (generic of PURINETHOL) TABS	2	
<i>methotrexate sodium inj</i>	2	B/D
<i>pentostatin</i> (generic of NIPENT)	5	B/D NM
TABLOID	4	
VIDAZA	5	B/D NM
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D NM
DOCETAXEL CONC 20mg/0.5ml, 20mg/ml, 80mg/4ml	5	B/D NM
<i>docetaxel</i> CONC 140mg/7ml	5	B/D NM
DOCETAXEL SOLN 80mg/8ml	5	B/D NM
<i>paclitaxel</i>	2	B/D
TAXOTERE	5	B/D NM
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i> SOLR	3	B/D
<i>vincasar</i>	2	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i> (generic of NAVELBINE)	2	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	B/D NM
ERBITUX	5	B/D NM
ERIVEDGE	5	NM LA PA
HERCEPTIN	5	B/D NM
ISTODAX	5	B/D NM
KADCYLA	5	B/D NM
ONTAK	5	B/D NM
PROLEUKIN	5	B/D NM
RITUXAN	5	NM PA
TORISEL	5	B/D NM
VECTIBIX	5	B/D NM
VELCADE	5	B/D NM
ZOLINZA	5	NM PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> (generic of ARIMIDEX) TABS	2	
ARZERRA	5	B/D NM
<i>bicalutamide</i> (generic of CASODEX)	2	
DEPO-PROVERA INJ 400/ML	4	B/D
ELIGARD 7.5mg, 22.5mg, 30mg	4	B/D NM
ELIGARD 45mg	5	B/D NM
<i>exemestane</i> (generic of AROMASIN)	2	ST
FARESTON	5	NM
FASLODEX	5	B/D NM
FIRMAGON 80mg	4	B/D NM
FIRMAGON 120mg	5	B/D NM
<i>flutamide</i>	2	
<i>letrozole</i> (generic of FEMARA) TABS	2	
<i>leuprolide acetate</i> KIT	2	NM PA
LUPR DEP-PED INJ 11.25MG (3-MONTH)	5	NM PA
LUPR DEP-PED INJ 30MG (3-MONTH)	5	NM PA
LUPRON DEPOT 3.75mg, 7.5mg, 11.25mg	5	NM PA
LUPRON DEPOT INJ 22.5MG (3-MONTH)	5	NM PA
LUPRON DEPOT INJ 30MG (3-MONTH)	5	NM PA
LUPRON DEPOT-PED	5	NM PA

Drug Name	Drug Requirements/ Tier	Limits
LYSODREN	3	
MEGACE ES	3	
<i>megestrol acetate</i> (generic of MEGACE ORAL) SUSP	2	
<i>megestrol acetate</i> TABS	2	
NILANDRON	5	NM
SOLTAMOX	4	
<i>tamoxifen citrate</i> TABS	1	
TRELSTAR DEPOT MIXJECT	5	NM PA
TRELSTAR LA MIXJECT	5	NM PA
TRELSTAR MIXJECT	5	NM PA
XTANDI	5	NM LA PA
ZYTIGA	5	NM PA
KINASE INHIBITORS		
AFINITOR	5	NM PA
AFINITOR DISPERZ	5	NM PA
BOSULIF	5	NM PA
CAPRELSA	5	NM LA PA
COMETRIQ	5	NM PA
GLEEVEC	5	NM PA
ICLUSIG	5	NM PA
INLYTA	5	NM LA PA
IRESSA	5	NM
JAKAFI	5	NM LA PA
MEKINIST	5	NM PA
NEXAVAR	5	NM LA PA
SPRYCEL	5	NM PA
STIVARGA	5	NM LA PA
SUTENT	5	NM PA
TAFINLAR	5	NM PA
TARCEVA	5	NM PA
TASIGNA	5	NM PA
TYKERB	5	NM LA PA
VOTRIENT	5	NM PA
XALKORI	5	NM LA PA
ZELBORAF	5	NM LA PA
MISCELLANEOUS		
DROXIA	3	
ELSPAR	4	B/D NM
HALAVEN	5	B/D NM
<i>hydroxyurea</i> (generic of HYDREA) CAPS	2	
IXEMPRA KIT	5	B/D NM
MATULANE	5	NM
<i>mitoxantrone hcl</i>	2	B/D NM
POMALYST	5	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
SYLATRON	5	NM PA
TARGRETIN CAPS	5	NM PA
<i>tratinol</i> CAPS	5	NM
TRISENOX	5	B/D NM
UVADEX	4	B/D
PLATINUM-BASED AGENTS		
<i>carboplatin</i> SOLN	2	B/D
<i>cisplatin</i> SOLN	2	B/D
ELOXATIN	5	B/D NM
<i>oxaliplatin</i>	5	B/D NM
PROTECTIVE AGENTS		
<i>amifostine crystalline</i> (generic of ETHYOL)	5	B/D NM
<i>dexrazoxane</i> (generic of ZINECARD)	5	B/D NM
ELITEK	5	B/D NM
KEPIVANCE	5	B/D NM
<i>leucovorin calcium inj</i>	2	B/D
<i>leucovorin calcium</i> SOLN; SOLR	2	B/D
<i>leucovorin calcium</i> TABS	2	
<i>mesna</i> (generic of MESNEX)	2	B/D
MESNEX TABS	5	NM
TOPOISOMERASE INHIBITORS		
CAMPTOSAR 300mg/15ml	4	B/D
ETOPOPHOS	4	B/D
<i>etoposide</i> SOLN	2	B/D
<i>irinotecan</i> (generic of CAMPTOSAR)	5	B/D NM
<i>irinotecan hcl</i> (generic of CAMPTOSAR) 40mg/2ml	5	B/D NM
<i>irinotecan hcl</i> 500mg/25ml	5	B/D NM
<i>toposar</i>	2	B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR	5	B/D NM
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine</i>	1	
<i>besylate-benazepril hcl</i> (generic of LOTREL)	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>benazepril & hydrochlorothiazide</i> (generic of LOTENSIN HCT)	1	
<i>captopril & hydrochlorothiazide</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i> (generic of VASERETIC)	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i> (generic of PRINZIDE)	1	
<i>lisinopril & hydrochlorothiazide</i> (generic of ZESTORETIC)	1	
<i>moexipril-hydrochlorothiazide</i> (generic of UNIRETIC)	1	
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	1	
TARKA	4	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg	1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS	1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	1	
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	1	
<i>moexipril hcl</i> (generic of UNIVASC)	1	
<i>perindopril erbumine</i> 2mg	1	
<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)	2	PA
<i>spironolactone</i> (generic of ALDACTONE) TABS	1	
ALPHA BLOCKERS		

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>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	3	
BENICAR HCT	3	
<i>candesartan</i>	1	
<i>cilexetil-hydrochlorothiazide</i> (generic of ATACAND HCT)		
EDARBYCLOR	4	
EXFORGE	3	
EXFORGE HCT	3	
<i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE)	1	
<i>losartan potassium & hydrochlorothiazide</i> (generic of HYZAAR)	1	
MICARDIS HCT	4	
TEVETEN HCT	4	
TRIBENZOR	3	
TWYNSTA	4	
<i>valsartan-hydrochlorothiazide</i> (generic of DIOVAN HCT)	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	4	
BENICAR	3	
<i>candesartan cilexetil</i> (generic of ATACAND)	1	
DIOVAN	3	
EDARBI	4	
<i>eprosartan mesylate</i> (generic of TEVETEN)	1	
<i>irbesartan</i> (generic of AVAPRO)	1	
<i>losartan potassium</i> (generic of COZAAR)	1	
MICARDIS	4	
TEVETEN 400mg	4	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN	2	
<i>amiodarone hcl</i> (generic of CORDARONE) TABS 200mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>amiodarone hcl</i> TABS 400mg	2	
<i>amiodarone inj 50mg/ml</i>	2	
<i>disopyramide phosphate</i> (generic of NORPACE)	2	
<i>flecainide acetate</i> (generic of TAMBOCOR)	2	
<i>mexiletine hcl</i>	2	
MULTAQ	4	
NORPACE CR	4	
<i>pacerone</i> 100mg	4	
<i>pacerone</i> (generic of CORDARONE) 200mg	1	
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12	2	
<i>propafenone hcl</i> (generic of RYTHMOL) TABS 150mg, 225mg	2	
<i>propafenone hcl</i> TABS 300mg	2	
<i>quinidine gluconate er</i>	2	
<i>quinidine sulfate</i> TABS	1	
<i>quinidine sulfate</i> TBCR	2	
<i>sorine</i> (generic of BETAPACE) 80mg, 120mg, 160mg	2	
<i>sorine</i> 240mg	2	
<i>sotalol hcl</i> (generic of BETAPACE) 80mg, 160mg	2	
<i>sotalol hcl</i> 240mg	2	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF)	2	
TIKOSYN	4	NM PA
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV	4	
<i>atorvastatin calcium</i> (generic of LIPITOR)	1	
CRESTOR	3	
<i>fluvastatin sodium</i> (generic of LESCOL)	1	
LESCOL XL	4	
LIVALO	4	
<i>lovastatin</i> 10mg	1	
<i>lovastatin</i> (generic of MEVACOR) 20mg, 40mg	1	
<i>pravastatin sodium</i> 10mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<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	4	
<i>cholestyramine</i> (generic of QUESTRAN)	2	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT)	2	
<i>choline fenofibrate</i> (generic of TRILIPIX)	2	
<i>colestipol hcl</i> (generic of COLESTID)	2	
<i>fenofibrate</i> (generic of TRICOR) 48mg, 145mg	2	
<i>fenofibrate</i> (generic of LOFIBRA) 54mg, 160mg	2	
FENOFIBRATE MICRONIZED 43mg, 130mg	2	
<i>fenofibrate micronized</i> (generic of LOFIBRA) 67mg, 134mg, 200mg	2	
FENOFIBRIC ACID	2	
FENOGLIDE	4	
<i>gemfibrozil</i> (generic of LOPID) TABS	2	
LIPOFEN	4	
LOVAZA	3	
<i>niacor</i>	2	
NIASPAN	4	
<i>prevalite</i> (generic of QUESTRAN LIGHT)	2	
SIMCOR	4	
TRIGLIDE	4	
TRILIPIX	4	
VASCEPA	4	
VYTORIN	4	
WELCHOL	3	
ZETIA	4	

BETA-BLOCKER/DIURETIC COMBINATIONS

Drug Name	Drug Requirements/ Tier	Limits
<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)	2	
<i>metoprolol & hctz tab</i> 100-50mg	2	
<i>nadolol & bendroflumethiazide</i> (generic of CORZIDE)	2	
<i>propranolol & hydrochlorothiazide</i>	2	

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)	2	
<i>bisoprolol fumarate</i> (generic of ZEBETA)	2	
BYSTOLIC	4	
<i>carvedilol</i> (generic of COREG)	1	
COREG CR	4	
<i>labetalol hcl</i> SOLN	2	
<i>labetalol hcl</i> (generic of TRANDATE) TABS	2	
LEVATOL	4	
<i>metoprolol succinate</i> (generic of TOPROL XL)	2	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) SOLN	2	
<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	2	
<i>pindolol</i>	2	

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Drug Name	Drug Requirements/ Tier Limits
<i>propranolol hcl er</i> (generic of INDERAL LA)	2
<i>propranolol inj 1mg/ml</i>	2
<i>propranolol sol</i>	2
<i>propranolol tab</i>	1
<i>timolol maleate</i> TABS	2
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS	
AMLODIPINE BESYLATE/ATORV	2
CALCIUM CHANNEL BLOCKERS	
<i>afeditab cr</i> (generic of ADALAT CC)	2
<i>amlodipine besylate</i> (generic of NORVASC) TABS	1
CARDIZEM LA 120mg	4
<i>cartia xt</i> (generic of CARDIZEM CD)	2
<i>dilt-cd</i> (generic of CARDIZEM CD)	2
<i>dilt-xr</i> 120mg, 180mg	2
<i>dilt-xr</i> (generic of DILACOR XR) 240mg	2
<i>diltiazem cap 120mg/24hr</i>	2
<i>diltiazem cap er/12hr</i>	2
<i>diltiazem hcl</i> SOLN	2
<i>diltiazem hcl</i> SOLR	4
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS	1
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD)	2
<i>diltiazem hcl er</i> (generic of TIAZAC)	2
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC)	2
<i>diltzac</i> (generic of TIAZAC)	2
<i>felodipine</i>	2
<i>isradipine</i>	2
<i>matzim la</i> (generic of CARDIZEM LA)	2
<i>nicardipine hcl</i> CAPS	2
<i>nifediac</i> (generic of ADALAT CC)	2
<i>nifedical</i> (generic of PROCARDIA XL)	2
<i>nifedipine</i> (generic of ADALAT CC) TB24	2

Drug Name	Drug Requirements/ Tier Limits
<i>nifedipine er</i> (generic of PROCARDIA XL)	2
<i>nimodipine</i> (generic of NIMOTOP) CAPS	2
<i>nisoldipine</i> (generic of SULAR) 8.5mg, 17mg, 34mg	2
<i>nisoldipine</i> 20mg, 25.5mg, 30mg, 40mg	2
NYMALIZE	5 NM
<i>taztia xt</i> (generic of TIAZAC)	2
<i>verapamil hcl</i> (generic of VERELAN PM) CP24 100mg, 200mg, 300mg	2
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	2
VERAPAMIL HCL CP24 360mg	2
<i>verapamil hcl</i> SOLN	2
<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	2
<i>digoxin inj</i> (generic of LANOXIN)	2
DIGOXIN SOL 50MCG/ML	2
LANOXIN PEDIATRIC	4
LANOXIN TAB	3
DIRECT RENIN INHIBITORS/COMBINATIONS	
AMTURNIDE	3
TEKAMLO	3
TEKTURNA	3
TEKTURNA HCT	3
DIURETICS	
<i>acetazolamide</i> (generic of DIAMOX) CP12	2
<i>acetazolamide</i> TABS	2
<i>acetazolamide sodium</i>	2
ALDACTAZIDE	4
<i>amiloride & hydrochlorothiazide</i>	1

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Drug Name	Drug Requirements/ Tier Limits
<i>amiloride hcl</i>	2
<i>bumetanide</i> SOLN	2
<i>bumetanide</i> TABS	1
<i>chlorothiazide</i>	1
<i>chlorthalidone</i> 25mg, 50mg	1
DIURIL SUS 250/5ML	3
DYRENIUM	4
EDECIN	4
<i>furosemide</i> SOLN	1
<i>furosemide</i> (generic of LASIX) TABS	1
<i>furosemide inj</i>	2
<i>furosemide oral soln 8 mg/ml</i>	2
<i>hydrochlorothiazide</i> (generic of MICROZIDE) CAPS	1
<i>hydrochlorothiazide</i> TABS	1
<i>indapamide</i> TABS	1
<i>methazolamide</i> (generic of NEPTAZANE) TABS	2
<i>methyclothiazide</i>	2
<i>metolazone</i> (generic of ZAROXOLYN) 2.5mg, 5mg	2
<i>metolazone</i> 10mg	2
<i>spironolactone & hydrochlorothiazide</i> (generic of ALDACTAZIDE)	1
<i>toremide inj</i>	2
<i>toremide tabs</i> (generic of DEMADEX)	1
<i>triamterene & hydrochlorothiazide</i> (generic of DYZIDE) CAPS	1
<i>triamterene & hydrochlorothiazide</i> (generic of MAXZIDE) TABS	1
<i>triamterene & hydrochlorothiazide</i> (generic of MAXZIDE-25) TABS	1
MISCELLANEOUS	
BIDIL	3
<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	2
<i>clonidine hcl</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	2

Drug Name	Drug Requirements/ Tier Limits
<i>clonidine hcl</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	2
<i>clonidine hcl</i> (generic of CATAPRES) TABS	1
<i>clorpres 0.1/15</i>	2
<i>clorpres 0.2/15</i>	2
<i>clorpres 0.3/15</i>	2
DEMSEER	5 NM
DIBENZYLINE	4
<i>hydralazine hcl</i> SOLN; TABS	2
<i>midodrine hcl</i>	2
<i>minoxidil</i> TABS	2
RANEXA	4
NITRATES	
DILATRATE SR	4
ISORDIL TITRADOSE 40mg	4
<i>isosorbide dinitrate</i> SUBL	1
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1
<i>isosorbide dinitrate</i> TBCR	2
<i>isosorbide mononitrate</i> TABS	1
<i>isosorbide mononitrate</i> (generic of IMDUR) TB24	1
<i>minitran</i> (generic of NITRO-DUR)	2
<i>nitro-bid</i>	3
NITRO-DUR .3mg/hr, .8mg/hr	4
NITROGLYCERIN .4mg/spray	2
NITROGLYCERIN LINGUAL	2
<i>nitroglycerin patches</i>	2
NITROLINGUAL SPR	4
PUMPSRA	4
NITROMIST	4
NITROSTAT	3
PULMONARY ARTERIAL HYPERTENSION	
ADCIRCA	5 NM PA
LETAIRIS	5 NM LA PA
REMODULIN	5 B/D NM LA

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Drug Name	Drug Requirements/ Tier	Limits
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO)	5	NM PA
TRACLEER	5	NM LA PA
VENTAVIS	5	B/D NM

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> CONC QL (300 ml / 30 days)	2	QL
<i>alprazolam</i> (generic of XANAX) TABS 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<i>bupirone hcl</i> TABS	2	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i> (generic of LUVOX CR)	2	
<i>lorazepam</i> CONC QL (150 mls / 30 days)	2	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN	2	
<i>lorazepam</i> (generic of ATIVAN) TABS QL (150 tabs / 30 days)	1	QL

ANTICONVULSANTS

BANZEL SUSP	5	NM
BANZEL TABS 200mg	4	
BANZEL TABS 400mg	5	NM
<i>carbamazepine</i> CHEW	1	
<i>carbamazepine</i> (generic of CARBATROL) CP12	2	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP	2	
<i>carbamazepine</i> (generic of TEGRETOL) TABS	1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12	2	
CELONTIN	4	
<i>clonazepam</i> (generic of KLONOPIN) TABS 1mg QL (600 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg QL (1200 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 1mg QL (600 tabs / 30 days)	2	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	2	QL
<i>clonazepam</i> TBDP .5mg QL (1200 tabs / 30 days)	2	QL
<i>clonazepam</i> TBDP .25mg QL (2400 tabs / 30 days)	2	QL
<i>clonazepam</i> TBDP .125mg QL (4800 tabs / 30 days)	2	QL
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 3.75mg, 7.5mg QL (120 tabs / 30 days)	2	QL PA
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 15mg QL (180 tabs / 30 days)	2	QL PA
<i>diazepam</i> CONC QL (240 ml / 30 days)	2	QL PA
<i>diazepam</i> SOLN 1mg/ml QL (1200mL / 30 days)	2	QL PA
<i>diazepam</i> SOLN 5mg/ml	2	
<i>diazepam</i> (generic of VALIUM) TABS QL (120 tabs / 30 days)	1	QL PA
DIAZEPAM GEL	2	
<i>dilantin</i> CAPS; CHEW	4	
DILANTIN SUSP	4	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CPSP	2	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	2	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	2	
<i>epitol</i> (generic of TEGRETOL)	1	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	2	
<i>felbamate</i> (generic of FELBATOL) SUSP	5	NM

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Drug Name	Drug Requirements/ Tier	Limits
<i>felbamate</i> (generic of FELBATOL) TABS 400mg	2	
<i>felbamate</i> (generic of FELBATOL) TABS 600mg	5	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)	2	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	2	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	2	QL
GABITRIL 12mg, 16mg	4	
LAMICTAL ODT	4	
LAMICTAL STARTER	4	
LAMICTAL XR KIT	4	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	2	
<i>lamotrigine</i> (generic of LAMICTAL) TABS	2	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24	2	
<i>levetiracetam</i> (generic of KEPPRA) SOLN; TABS	2	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24	2	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL
LYRICA CAPS 200mg QL (90 caps / 30 days)	3	QL
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL
LYRICA SOLN QL (946mL / 30 days)	3	QL
ONFI TABS	4	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>oxcarbazepine</i> (generic of TRILEPTAL)	2	
PEGANONE	4	
<i>phenobarbital</i> ELIX; TABS	2	
PHENOBARBITAL SODIUM 65mg/ml	2	
<i>phenobarbital sodium</i> 130mg/ml	2	
<i>phenytek</i>	4	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	2	
<i>phenytoin</i> (generic of DILANTIN) SUSP	2	
<i>phenytoin inj 50mg/ml</i>	2	
<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	2	
<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	2	
POTIGA	4	
<i>primidone</i> (generic of MYSOLINE) TABS	2	
SABRIL	5	NM LA PA
STAVZOR	4	
TEGRETOL	4	
TEGRETOL-XR	4	
<i>tiagabine hcl</i> (generic of GABITRIL)	2	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	2	
<i>topiramate</i> (generic of TOPAMAX) TABS	2	
TRILEPTAL SUSP	4	
<i>valproate sodium</i> (generic of DEPACON) SOLN	2	
<i>valproate sodium</i> (generic of DEPAKENE) SYRP	2	
<i>valproic acid</i> (generic of DEPAKENE) CAPS	2	
VIMPAT	4	
<i>zonisamide</i> (generic of ZONEGRAN) 25mg, 100mg	2	
<i>zonisamide</i> 50mg	2	
ANTIDEMENTIA		
ARICEPT 23mg	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>donepezil odt 5mg</i> (generic of ARICEPT ODT)	2	
<i>donepezil odt 10mg</i> (generic of ARICEPT ODT)	2	
<i>donepezil tabs 5mg</i> (generic of ARICEPT)	2	
<i>donepezil tabs 10mg</i> (generic of ARICEPT)	2	
EXELON SOLN	4	
EXELON PATCHES	4	
<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) CP24	2	
<i>galantamine hydrobromide</i> (generic of RAZADYNE) SOLN; TABS	2	
NAMENDA	3	
NAMENDA TITRATION PAK	3	
NAMENDA XR	3	
NAMENDA XR TITRATION PACK	3	
<i>rivastigmine tartrate</i> (generic of EXELON)	2	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS	2	
<i>amoxapine</i>	3	
APLENZIN	4	
<i>budeprion</i> (generic of WELLBUTRIN SR)	2	
<i>bupropion hcl</i> (generic of WELLBUTRIN) TABS	2	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12	2	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24	2	
<i>citalopram hydrobromide</i> SOLN	2	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS	2	
CYMBALTA	4	
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS	2	
<i>doxepin hcl</i> CAPS; CONC	2	
EMSAM	4	PA
<i>escitalopram oxalate</i> (generic of LEXAPRO)	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS	1	
<i>fluoxetine hcl</i> (generic of PROZAC WEEKLY) CPDR	2	
<i>fluoxetine hcl</i> SOLN	2	
<i>fluoxetine hcl</i> TABS 10mg, 20mg	1	
FLUOXETINE HCL TABS 60mg	4	
FORFIVO XL	4	
<i>imipramine hcl</i> (generic of TOFRANIL) TABS	2	
<i>imipramine pamoate</i> (generic of TOFRANIL-PM)	2	
<i>maprotiline hcl</i>	2	
MARPLAN	4	
<i>mirtazapine</i> TABS 7.5mg	2	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg, 45mg	1	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP	2	
<i>nefazodone hcl</i>	2	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	1	
<i>nortriptyline hcl</i> SOLN	2	
OLEPTRO	4	
<i>paroxetine er tab</i> (generic of PAXIL CR)	2	
<i>paroxetine hcl</i> (generic of PAXIL)	1	
PAXIL SUSP	4	
PEXEVA	4	
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	2	
PRISTIQ	3	
<i>protriptyline hcl</i> (generic of VIVACTIL)	2	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC	2	
<i>sertraline hcl</i> (generic of ZOLOFT) TABS	1	
<i>tranylcypromine sulfate</i> (generic of PARNATE)	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trazodone hcl</i> TABS 300mg	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>trimipramine maleate</i> (generic of SURMONTIL)	2	
<i>venlafaxine cap er</i> (generic of EFFEXOR XR)	2	
<i>venlafaxine hcl</i>	2	
<i>venlafaxine tab</i>	2	
<i>venlafaxine tab er</i> (generic of VENLAFAXINE HCL ER)	2	
VIIBRYD	4	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS; SYRP; TABS	2	
APOKYN	5	NM LA PA
AZILECT	3	
<i>benztropine mesylate</i> (generic of COGENTIN) SOLN	2	
<i>benztropine mesylate</i> TABS	2	
<i>bromocriptine mesylate</i> CAPS	2	
<i>bromocriptine mesylate</i> (generic of PARLODEL) TABS	2	
<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	2	
<i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR	2	
<i>carbidopa-levodopa</i> (generic of PARCOPA) TBDP	2	
CARBIDOPA/LEVODOPA/EN TACA	2	
CARBIDOPA/LEVODOPA/EN TACA	2	
CARBIDOPA/LEVODOPA/EN TACA	2	
CARBIDOPA/LEVODOPA/EN TACA	2	
CARBIDOPA/LEVODOPA/EN TACA	2	
CARBIDOPA/LEVODOPA/EN TACA	2	
<i>entacapone</i> (generic of COMTAN)	2	
LODOSYN	4	
MIRAPEX .75mg	4	
MIRAPEX ER	4	
NEUPRO	4	
PARLODEL CAPS	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>pramipexole dihydrochloride</i> .75mg	2	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX) .125mg, .25mg, .5mg, 1mg, 1.5mg	2	
<i>ropinirole hydrochloride</i> (generic of REQUIP) TABS	2	
<i>ropinirole hydrochloride</i> (generic of REQUIP XL) TB24	2	
<i>selegiline hcl</i> (generic of ELDEPRYL) CAPS	2	
<i>selegiline hcl</i> TABS	2	
ZELAPAR	4	
ANTIPSYCHOTICS		
ABILIFY SOLN 1mg/ml	5	NM
ABILIFY SOLN 9.75mg/1.3ml	4	
ABILIFY TABS 2mg, 5mg, 10mg, 15mg	4	
ABILIFY TABS 20mg, 30mg	5	NM
ABILIFY DISCMELT	5	NM
ABILIFY MAINTENA	5	NM
<i>chlorpromaz inj 25mg/ml</i>	4	
<i>chlorpromazine hcl</i> TABS	2	
<i>clozapine</i> (generic of CLOZARIL) 25mg, 100mg	2	
<i>clozapine</i> 50mg, 200mg	2	
CLOZAPINE ODT	2	PA
FANAPT	4	ST
FANAPT TITRATION PACK	4	ST
FAZACLO	4	PA
<i>fluphenazine decanoate</i> SOLN	2	
<i>fluphenazine hcl</i> CONC; ELIX; SOLN	2	
<i>fluphenazine hcl</i> TABS	1	
GEODON INJ	4	
<i>haloperidol</i> TABS	2	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	2	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	2	

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine cap 10mg er</i> (generic of ADDERALL XR) QL (90 ea / 30 days)	2	QL
<i>amphetamine cap 15mg er</i> (generic of ADDERALL XR) QL (30 ea / 30 days)	2	QL
<i>amphetamine cap 20mg er</i> (generic of ADDERALL XR) QL (30 ea / 30 days)	2	QL
<i>amphetamine cap 25mg er</i> (generic of ADDERALL XR) QL (30 ea / 30 days)	2	QL
<i>amphetamine cap 30mg er</i> (generic of ADDERALL XR) QL (30 ea / 30 days)	2	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i> (generic of ADDERALL XR) QL (90 ea / 30 days)	2	QL
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (360 tabs / 30 days)	2	QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> QL (240 tabs / 30 days)	2	QL
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (180 tabs / 30 days)	2	QL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (144 tabs / 30 days)	2	QL
<i>amphetamine-dextroamphetamine tab 15 mg</i> QL (120 tabs / 30 days)	2	QL
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	2	QL
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	2	QL
DAYTRANA 10mg/9hr, 20mg/9hr, 30mg/9hr QL (30 ptch / 30 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
DAYTRANA 15mg/9hr QL (30 patches / 30 days)	4	QL
INTUNIV	4	
metadate tab 20mg er QL (90 tabs / 30 days)	2	QL
METHYLIN CHEW TAB QL (180 tabs / 30 days)	4	QL
methylphenidate hcl (generic of RITALIN LA) CP24 20mg, 30mg QL (60 caps / 30 days)	2	QL
methylphenidate hcl (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	2	QL
methylphenidate hcl (generic of METADATE CD) CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	2	QL
methylphenidate hcl (generic of METADATE CD) CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	2	QL
methylphenidate hcl (generic of METHYLIN) SOLN 5mg/5ml QL (1800 ml / 30 days)	2	QL
methylphenidate hcl (generic of METHYLIN) SOLN 10mg/5ml QL (900 ml / 30 days)	2	QL
methylphenidate hcl (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	2	QL
methylphenidate hcl (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	2	QL
methylphenidate hcl TBCR 10mg QL (90 ea / 30 days)	2	QL
methylphenidate hcl TBCR 20mg QL (90 tabs / 30 days)	2	QL
METHYLPHENIDATE HCL ER 18mg QL (60 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
methylphenidate hcl er (generic of CONCERTA) 27mg, 36mg QL (60 tabs / 30 days)	2	QL
methylphenidate hcl er (generic of CONCERTA) 54mg QL (30 tabs / 30 days)	2	QL
QUILLIVANT XR QL (360 ml / 30 days)	4	QL
RITALIN LA 10mg QL (60 caps / 30 days)	4	QL
STRATTERA 10mg, 18mg, 25mg QL (120 caps / 30 days)	4	QL
STRATTERA 40mg QL (60 caps / 30 days)	4	QL
STRATTERA 60mg, 80mg, 100mg QL (30 caps / 30 days)	4	QL
VYVANSE 20mg, 30mg QL (60 caps / 30 days)	4	QL
VYVANSE 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	4	QL
HYPNOTICS		
EDLUAR QL (30 ea / 30 days)	4	QL
INTERMEZZO QL (30 ea / 30 days)	4	QL
LUNESTA QL (30 tabs / 30 days)	3	QL
ROZEREM QL (30 tabs / 30 days)	4	QL
SILENOR 3mg QL (60 tabs / 30 days)	4	QL
SILENOR 6mg QL (30 tabs / 30 days)	4	QL
zaleplon (generic of SONATA) QL (30 caps / 30 days)	2	QL
zolpidem tartrate (generic of AMBIEN) TABS QL (30 tabs / 30 days)	2	QL
zolpidem tartrate (generic of AMBIEN CR) TBCR QL (30 ea / 30 days)	2	QL
ZOLPIMIST QL (1 bottle / 30 days)	4	QL
MIGRAINE		

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Drug Name	Drug Requirements/ Tier	Limits
ALSUMA QL (4 mL / 30 days)	4	QL
AXERT QL (12 tabs / 30 days)	4	QL
<i>cafergot tab 1-100mg</i>	4	
<i>dihydroergotamine mesylate</i> (generic of D.H.E. 45) 1mg/ml	2	
DIHYDROERGOTAMINE MESYLATE 4mg/ml QL (8 mL / 30 days)	2	QL
<i>ergomar</i>	4	
FROVA TAB 2.5MG QL (18 tabs / 30 days)	4	QL
<i>migergot</i>	4	
<i>naratriptan hcl</i> (generic of AMERGE) QL (9 tabs / 30 days)	2	QL
RELPAK QL (12 tabs / 30 days)	3	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS QL (12 tabs / 30 days)	2	QL
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP QL (12 ea / 30 days)	2	QL
SUMATRIPTAN SUCCINATE SOLN QL (12 inhalers / 30 days)	2	QL
<i>sumatriptan succinate</i> (generic of IMITREX) TABS QL (9 tabs / 30 days)	2	QL
SUMATRIPTAN SUCCINATE INJ 4mg/0.5ml QL (4 mL / 30 days)	2	QL
SUMATRIPTAN SUCCINATE INJ 4mg/0.5ml QL (4mL / 30 days)	2	QL
<i>sumatriptan succinate inj</i> (generic of IMITREX) 6mg/0.5ml QL (8 syringes/vials / 30 days)	2	QL
SUMAVEL DOSEPRO QL (6 mL / 30 days)	4	QL
TREXIMET QL (9 tabs / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>zolmitriptan</i> (generic of ZOMIG) QL (12 tabs per 30 days)	2	QL
<i>zolmitriptan odt</i> (generic of ZOMIG ZMT) QL (12 tabs per 30 days)	2	QL
ZOMIG SOLN QL (2 bottles / 30 days)	4	QL
ZOMIG TABS QL (12 tabs / 30 days)	4	QL
ZOMIG ZMT QL (12 ea / 30 days)	4	QL
MISCELLANEOUS		
EQUETRO	4	
GRALISE 300mg QL (180 tabs / 30 days)	3	QL
GRALISE 600mg QL (90 tabs / 30 days)	3	QL
GRALISE STARTER	3	
HORIZANT	4	
<i>lithium carbonate</i> CAPS	1	
<i>lithium carbonate</i> TABS	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	2	
<i>lithium carbonate</i> TBCR 450mg	2	
LITHIUM CITRATE	3	
MESTINON SYRUP	4	
MESTINON TIMESPAN	3	
NUDEXTA QL (60 caps / 30 days)	3	QL PA
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS	2	
REGONOL	3	
RILUTEK	5	NM
<i>riluzole</i> (generic of RILUTEK)	2	
SAVELLA 12.5mg QL (480 tabs / 30 days)	4	QL
SAVELLA 25mg QL (240 tabs / 30 days)	4	QL
SAVELLA 50mg QL (120 tabs / 30 days)	4	QL
SAVELLA 100mg QL (60 tabs / 30 days)	4	QL
SAVELLA TITRATION PACK	4	

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Drug Name	Drug Requirements/ Tier	Limits
XENAZINE	5	NM LA PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	5	NM LA PA
AUBAGIO	5	QL NM PA
QL (30 tabs / 30 days)		
AVONEX	5	QL NM PA
QL (4 boxes / 28 days)		
AVONEX PEN	5	QL NM PA
QL (4 boxes / 28 days)		
BETASERON	5	QL NM PA
QL (14 vials / 28 days)		
COPAXONE	5	QL NM PA
QL (1 box / 30 days)		
EXTAVIA	5	QL NM PA
QL (15 syringes / 30 days)		
GILENYA	5	QL NM PA
QL (30 caps / 30 days)		
REBIF	5	QL NM PA
QL (6 syringes / 28 days)		
REBIF TITRATION PACK	5	QL NM PA
QL (6 syringes / 30 days)		
TECFIDERA 120mg	5	QL NM PA
QL (14 ea / 7 days)		
TECFIDERA 240mg	5	QL NM PA
QL (60 ea / 30 days)		
TECFIDERA STARTER PACK	5	NM PA
TYSABRI	5	NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX 15mg	4	QL PA
QL (60 ea / 30 days)		
AMRIX 30mg	4	QL PA
QL (30 ea / 30 days)		
baclofen TABS	1	
chlorzoxazone (generic of PARAFON FORTE DSC) TABS	2	PA
cyclobenzaprine hcl (generic of FLEXERIL) TABS 5mg, 10mg	2	QL PA
QL (90 tabs / 30 days)		
cyclobenzaprine hcl (generic of FEXMID) TABS 7.5mg	2	QL PA
QL (90 tabs / 30 days)		
dantrolene sodium (generic of DANTRIUM) CAPS	2	

Drug Name	Drug Requirements/ Tier	Limits
methocarbamol (generic of ROBAXIN) TABS 500mg	2	PA
methocarbamol (generic of ROBAXIN-750) TABS 750mg	2	PA
tizanidine (generic of ZANAFLEX) CAPS	2	
tizanidine TABS 2mg	2	
tizanidine (generic of ZANAFLEX) TABS 4mg	2	
NARCOLEPSY/CATAPLEXY		
modafinil (generic of PROVIGIL) 100mg	2	PA
modafinil (generic of PROVIGIL) 200mg	5	NM PA
NUVIGIL	4	PA
XYREM	5	NM LA PA
PSYCHOTHERAPEUTIC-MISC		
buprenorphine hcl SUBL	2	PA
buprenorphine hcl-naloxone hcl sl (generic of SUBOXONE)	2	QL PA
QL (120 ea / 30 days)		
buproban (generic of ZYBAN)	2	
CAMPRAL	4	
CHANTIX	4	QL PA
QL (336 tabs / year)		
CHANTIX STARTER PACK	4	QL PA
QL (106 tabs / year)		
disulfiram (generic of ANTABUSE) TABS	2	
naloxone hcl SOLN	2	
naltrexone hcl (generic of REVIA) TABS	2	
NICOTROL INHALER	4	QL
QL (16 inhalers / year)		
NICOTROL NS	4	QL
QL (36 bottles / year)		
SARAFEM	4	
SUBOXONE MIS 2-0.5MG	4	QL PA
QL (120 ea / 30 days)		
SUBOXONE MIS 4-1MG	4	QL PA
QL (120 ea / 30 days)		
SUBOXONE MIS 8-2MG	4	QL PA
QL (120 ea / 30 days)		
SUBOXONE MIS 12-3MG	4	QL PA
QL (60 ea / 30 days)		
VIVITROL	5	NM

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Drug Name	Drug Requirements/ Tier Limits	
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANDRODERM QL (30 ea / 30 days)	4	QL PA
ANDROGEL 1% QL (300 gm / 30 days)	4	QL PA
ANDROGEL 1.62% QL (150 gm / 30 days)	4	QL PA
<i>androxy</i>	4	PA
AXIRON QL (440 mL / 30 days)	4	QL PA
FORTESTA QL (120 gm / 30 days)	4	QL PA
<i>oxandrolone</i> (generic of OXANDRIN) TABS	2	PA
STRIANT QL (60 tabs per 30 days)	4	QL PA
TESTIM QL (300 gm / 30 days)	3	QL PA
<i>testosterone cypionate</i> OIL	2	
<i>testosterone enanthate</i> (generic of DELATESTRYL) OIL	2	
ANTIDIABETICS, INJECTABLE		
ALCOHOL PREPS PADS	3	
APIDRA	4	
APIDRA SOLOSTAR	4	
BYDUREON QL (4 vials / 30 days)	4	QL PA
BYETTA	4	PA
GAUZE PADS 2X2	3	
HUMALOG	4	
HUMALOG KWIKPEN	4	
HUMALOG MIX 50/50	4	
HUMALOG MIX 50/50 KWIKPEN	4	
HUMALOG MIX 75/25	4	
HUMALOG MIX 75/25 KWIKPEN	4	
HUMULIN 70/30	4	
HUMULIN 70/30 PEN	4	
HUMULIN N	4	
HUMULIN N U-100 PEN	4	
HUMULIN R	4	
HUMULIN R U-500 (CONCENTRATE)	5	B/D NM

Drug Name	Drug Requirements/ Tier Limits	
INSULIN PEN NEEDLES	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 RELION	4	
NOVOLIN N	3	
NOVOLIN N RELION	4	
NOVOLIN R	3	
NOVOLIN R RELION	4	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILL	3	
SYMLINPEN 60	4	PA
SYMLINPEN 120	4	PA
VICTOZA QL (9 mL / 30 days)	3	QL
ANTIDIABETICS, ORAL		
<i>acarbose</i> (generic of PRECOSE)	2	
ACTOPLUS MET XR 15-1000MG QL (60 ea / 30 days)	4	QL
ACTOPLUS MET XR 30-1000MG QL (30 ea / 30 days)	4	QL
<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

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

Drug Name	Drug Requirements/ Tier	Limits
INVOKANA 100mg QL (90 tabs per 30 days)	4	QL
INVOKANA 300mg QL (30 tabs per 30 days)	4	QL
JANUMET	3	
JANUMET XR TAB 50-500MG	3	
JANUMET XR TAB 50-1000	3	
JANUMET XR TAB 100-1000	3	
JANUVIA	3	
JENTADUETO QL (60 tabs / 30 days)	3	QL
JUVISYNC QL (30 tabs / 30 days)	3	QL
KAZANO QL (60 tabs / 30 days)	4	QL
KOMBIGLYZE XR 2.5-1000MG QL (60 ea / 30 days)	4	QL
KOMBIGLYZE XR 5-500MG QL (30 ea / 30 days)	4	QL
KOMBIGLYZE XR 5-1000MG QL (30 ea / 30 days)	4	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
<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

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Drug Name	Drug Requirements/ Tier	Limits
<i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days)	1	QL
NESINA 6.25mg QL (120 tabs / 30 days)	4	QL
NESINA 12.5mg QL (60 tabs / 30 days)	4	QL
NESINA 25mg QL (30 tabs / 30 days)	4	QL
ONGLYZA QL (30 tabs / 30 days)	4	QL
OSENI TAB 12.5-15MG QL (60 tabs / 30 days)	4	QL
OSENI TAB 12.5-30MG QL (30 tabs / 30 days)	4	QL
OSENI TAB 12.5-45MG QL (30 tabs / 30 days)	4	QL
OSENI TAB 25-15MG QL (30 tabs / 30 days)	4	QL
OSENI TAB 25-30MG QL (30 tabs / 30 days)	4	QL
OSENI TAB 25-45MG QL (30 tabs / 30 days)	4	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)	4	QL
PRANDIN 2mg QL (240 tabs / 30 days)	4	QL
PRANDIN .5mg, 1mg QL (120 tabs / 30 days)	4	QL
RIOMET QL (946mL / 30 days)	4	QL
TRADJENTA	3	
BISPHOSPHONATES		
ACTONEL	4	
<i>alendronate sodium</i> SOLN QL (300mL / 28 days)	2	QL
<i>alendronate sodium</i> TABS 5mg, 10mg, 35mg	1	
<i>alendronate sodium</i> TABS 40mg	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
ATELVIA	4	
BINOSTO	4	
BONIVA SOLN QL (1 syringe / 90 days)	4	B/D QL
FOSAMAX PLUS D	4	
<i>ibandronate sodium</i> (generic of BONIVA)	2	B/D
<i>pamidronate disodium</i> SOLN	2	B/D
<i>zoledronic inj 4mg/5ml</i> (generic of ZOMETA)	5	B/D NM
ZOMETA	5	B/D NM
CALCIUM RECEPTOR ANTAGONISTS		
SENSIPAR 30mg	3	NM
SENSIPAR 60mg, 90mg	5	NM
CHELATING AGENTS		
CHEMET	4	
EXJADE	5	NM LA PA
FERRIPROX	5	NM PA
<i>kionex</i> (generic of KAYEXALATE)	2	
<i>sodium polystyrene sulfonate</i>	2	
SYPRINE	5	NM
CONTRACEPTIVES		
<i>altavera</i>	2	
<i>amethia 91 day</i> (generic of SEASONIQUE)	2	
<i>amethyst 28 day</i>	2	
<i>apri 28 day</i> (generic of DESOGEN)	2	
<i>aranelle 28</i> (generic of TRI-NORINYL 28)	2	
<i>aviane 28</i>	2	
<i>balziva 28 day</i> (generic of OVCON-35)	2	
BEYAZ	4	
<i>briellyn 28 day</i> (generic of OVCON-35)	2	
<i>camila 28 day</i> (generic of NOR-QD)	2	
CAMRESE LO TAB	2	
<i>cryselle 28</i>	2	
<i>cyclafem 1/35 28 day</i> (generic of NORINYL 1+35)	2	

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Drug Name	Drug Requirements/ Tier Limits
<i>cyclafem 7/7/7 28 day</i> (generic of ORTHO-NOVUM 7/7/7)	2
DEPO-SUBQ PROVERA 104	4
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	2
ELLA	3
<i>emoquette</i> (generic of DESOGEN)	2
<i>enpresse 28 day</i>	2
<i>errin 28 day</i> (generic of ORTHO MICRONOR)	2
GENERESS FE	4
GIANVI	2
<i>gildagia</i> (generic of OVCON-35)	2
<i>heather</i> (generic of NOR-QD)	2
<i>introvale 91 day</i>	2
JOLIVETTE	2
<i>junel 1.5/30 21 day</i> (generic of LOESTRIN 1.5/30-21)	2
<i>junel 1/20 21 day</i> (generic of LOESTRIN 1/20-21)	2
<i>junel fe 1.5/30 28 day</i> (generic of LOESTRIN FE 1.5/30)	2
<i>junel fe 1/20 28 day</i> (generic of LOESTRIN FE 1/20)	2
<i>kariva 28 day</i> (generic of MIRCETTE)	2
<i>kelnor 1/35 28 day</i>	2
LEENA	2
<i>lessina 28 day</i>	2
<i>levonest 28 day</i>	2
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	2
<i>levora 0.15/30 28 day</i>	2
LO LOESTRIN FE	4
LOESTRIN 24 FE	4
<i>loryna 28 day</i> (generic of YAZ)	2
<i>low-ogestrel 28 day</i>	2
<i>lutra 28 day</i>	2
<i>marlissa 28 day</i>	2
<i>medroxyprogesterone acetate</i> (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV)	2

Drug Name	Drug Requirements/ Tier Limits
<i>microgestin 1.5/30 21 day</i> (generic of LOESTRIN 1.5/30-21)	2
<i>microgestin 1/20 21 day</i> (generic of LOESTRIN 1/20-21)	2
<i>microgestin fe 1.5/30 28 day</i> (generic of LOESTRIN FE 1.5/30)	2
<i>microgestin fe 1/20 28 day</i> (generic of LOESTRIN FE 1/20)	2
MINASTRIN 24 FE	4
MONONESSA	2
<i>myzilra</i>	2
<i>necon 0.5/35 28 day</i> (generic of BREVICON-28)	2
<i>necon 1/35 28 day</i> (generic of NORINYL 1+35)	2
NECON 1/50-28	3
NECON 7/7/7	2
<i>necon 10/11 28 day</i>	3
<i>next choice tab 1.5mg</i> (generic of PLAN B ONE-STEP)	2
NORA-BE	2
<i>norethindrone (contraceptive)</i> (generic of NOR-QD)	2
<i>norgestimate-ethinyl estradiol</i> (triphasic) (generic of ORTHO TRI-CYCLEN)	2
NORINYL 1+50	3
<i>nortrel 0.5/35 28 day</i> (generic of BREVICON-28)	2
<i>nortrel 1/35 21 day</i> (generic of NORINYL 1+35)	2
<i>nortrel 1/35 28 day</i> (generic of NORINYL 1+35)	2
<i>nortrel 7/7/7 28 day</i> (generic of ORTHO-NOVUM 7/7/7)	2
NUVARING	4
OCELLA	2
<i>ogestrel 28 day</i>	2
<i>orsythia 28 day</i>	2
ORTHO EVRA	4
ORTHO TRI-CYCLEN LO	4
<i>philith</i> (generic of OVCON-35)	2
<i>portia 28 day</i>	2

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Drug Name	Drug Requirements/ Tier Limits	
<i>previfem 28 day</i> (generic of ORTHO-CYCLEN)	2	
QUARTETTE	4	
<i>quasense 91 day</i>	2	
<i>reclipsen 28 day</i> (generic of DESOGEN)	2	
SOLIA	2	
<i>sprintec 28 day</i> (generic of ORTHO-CYCLEN)	2	
<i>sronyx 28 day</i>	2	
<i>syeda</i> (generic of YASMIN 28)	2	
<i>tri-legest 28 day</i> (generic of ESTROSTEP FE)	2	
<i>tri-previfem 28 day</i> (generic of ORTHO TRI-CYCLEN)	2	
<i>tri-sprintec 28 day</i> (generic of ORTHO TRI-CYCLEN)	2	
TRINESSA	2	
<i>trivora 28 day</i>	2	
<i>velivet 28 day</i> (generic of CYCLESSA)	2	
<i>vestura</i> (generic of YAZ)	2	
<i>viorele</i> (generic of MIRCETTE)	2	
<i>zarah</i> (generic of YASMIN 28)	2	
<i>zenchent fe 28 day</i> (generic of FEMCON FE)	2	
<i>zenchent tab</i> (generic of OVCON-35)	2	
<i>zovia 1/35e 28 day</i>	2	
<i>zovia 1/50e 28 day</i>	2	
ENDOMETRIOSIS		
<i>danazol</i> CAPS	2	
SYNAREL	5	NM
ENZYME REPLACEMENTS		
ADAGEN	5	NM LA PA
ALDURAZYME	5	NM LA PA
BUPHENYL TAB 500MG	5	NM
CARBAGLU	5	NM LA PA
CEREZYME	5	NM PA
CYSTADANE	5	NM
CYSTAGON	4	NM PA
ELAPRASE	5	NM PA
ELELYSO	5	NM PA
FABRAZYME	5	NM PA
KUVAN	5	NM PA

Drug Name	Drug Requirements/ Tier Limits	
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR)	2	B/D
LUMIZYME	5	NM PA
MYOZYME	5	NM PA
NAGLAZYME	5	NM LA PA
ORFADIN	5	NM LA PA
PROCYSBI	5	NM LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL)	5	NM
VPRIV	5	NM PA
ZAVESCA	5	NM LA PA
ESTROGEN/PROGESTINS		
<i>estradiol & norethindrone acetate</i> (generic of ACTIVELLA)	2	
<i>jinteli</i>	2	PA
ESTROGENS		
ALORA	4	PA
COMBIPATCH	4	PA
DELESTROGEN 10mg/ml	4	
<i>depo-estradiol</i>	4	
<i>estrace</i> CREA	4	
<i>estradiol</i> (generic of CLIMARA) PTWK	2	PA
<i>estradiol</i> (generic of ESTRACE) TABS	2	PA
ESTRADIOL VALERATE OIL 10mg/ml	2	
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 20mg/ml, 40mg/ml	2	
ESTRING	4	
<i>estropipate</i> TABS	2	PA
FEMRING	4	
<i>menest</i>	3	PA
MENOSTAR	4	PA
MINIVELLE	4	PA
PREMARIN	3	PA
PREMARIN CREAM	4	
PREMARIN INJ	4	
PREMPHASE	3	PA
PREMPRO	3	PA
VAGIFEM	4	
VIVELLE-DOT	4	PA
GLUCOCORTICOIDS		
<i>a-hydrocort</i>	2	

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Drug Name	Drug Requirements/ Tier	Limits
CELESTONE	4	
<i>cortisone acetate</i> TABS	2	
DEPO-MEDROL 20mg/ml	4	
<i>dexamethasone</i> CONC; ELIX; SOLN	2	
<i>dexamethasone</i> TABS	1	
<i>dexamethasone sodium phosphate</i>	2	
<i>dexpak taperpak 13 day</i>	4	
FLO-PRED	4	
<i>fludrocortisone acetate</i> TABS	2	
<i>hydrocortisone</i> (generic of CORTEF) TABS	2	
MEDROL 2mg	4	
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TABS 4mg	2	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg, 32mg	2	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL)	2	
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL)	2	
<i>millipred</i>	4	
ORAPRED ODT	4	
<i>prednisolone</i> (generic of PRELONE)	1	
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) 5mg/5ml	2	
<i>prednisolone sodium phosphate</i> (generic of ORAPRED) 15mg/5ml	2	
<i>prednisolone sodium phosphate</i> 25mg/5ml	1	
<i>prednisone</i> CONC	3	
<i>prednisone</i> SOLN	2	
<i>prednisone</i> TABS	1	
RAYOS	4	
SOLU-CORTEF 100MG	4	
SOLU-CORTEF 250MG	3	
SOLU-CORTEF 500MG	4	
SOLU-CORTEF 1000MG	4	
SOLU-MEDROL 2gm	4	
<i>veripred</i>	4	

Drug Name	Drug Requirements/ Tier	Limits
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM	5	NM
HUMAN GROWTH HORMONES		
GENOTROPIN	5	NM PA
GENOTROPIN MINIQUICK .2mg	4	NM PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM PA
HUMATROPE	5	NM PA
HUMATROPE COMBO PACK	5	NM PA
NORDITROPIN FLEXPRO	5	NM PA
NORDITROPIN NORDIFLEX PEN	5	NM PA
NUTROPIN	5	NM PA
NUTROPIN AQ	5	NM PA
NUTROPIN AQ NUSPIN 5	5	NM PA
NUTROPIN AQ PEN	5	NM PA
OMNITROPE 5.8MG	5	NM PA
OMNITROPE 5MG	4	NM PA
OMNITROPE 10MG	5	NM PA
SAIZEN	5	NM PA
SAIZEN CLICK.EASY	5	NM PA
SEROSTIM	5	NM PA
TEV-TROPIN	5	NM PA
ZORBTIVE	5	NM PA
MISCELLANEOUS		
<i>cabergoline</i>	2	
<i>calcitonin (salmon) nasal spray</i> (generic of MIACALCIN)	2	
CHORIONIC GONADOTROPIN SOLR	2	NM PA
EGRIFTA	5	NM PA
FORTICAL SPR 200/ACT	3	
INCRELEX	5	NM LA PA
<i>methylergonovine maleate</i> (generic of METHERGINE) TABS	2	
MIACALCIN INJ 200U/ML	4	B/D
NOVAREL INJ 10000UNT	2	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 50mcg/ml, 100mcg/ml, 200mcg/ml	2	NM PA

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Drug Name	Tier	Drug Requirements/ Limits
<i>octreotide acetate</i> (generic of SANDOSTATIN) 500mcg/ml, 1000mcg/ml	5	NM PA
PREGNYL W/DILUENT BENZYL	2	NM PA
PROLIA	4	NM
SAMSCA	5	NM PA
SANDOSTATIN LAR DEPOT	5	NM PA
SOMATULINE DEPOT	5	NM PA
SOMAVERT	5	NM LA PA
XGEVA	5	NM PA
PARATHYROID HORMONES		
FORTEO	5	NM PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO) CAPS	2	
<i>calcium acetate (phosphate binder)</i> (generic of ELIPHOS) TABS	2	
FOSRENOL	4	
PHOSLYRA	3	
RENAGEL	4	
REVELA	3	
PROGESTINS		
CRINONE	4	
ENDOMETRIN	4	
<i>medroxyprogesterone acetate</i> (generic of PROVERA)	1	
<i>norethindrone acetate</i> (generic of AYGESTIN) TABS	2	
<i>progesterone micronized</i> (generic of PROMETRIUM) CAPS	2	
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
EVISTA	3	
THYROID AGENTS		
LEVOTHROID	1	
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS	1	
LEVOXYL	1	
<i>liothyronine sodium</i> (generic of TRIOSTAT) SOLN	2	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS	2	

Drug Name	Tier	Drug Requirements/ Limits
<i>methimazole</i> (generic of TAPAZOLE) TABS	1	
<i>propylthiouracil</i> TABS	2	
SYNTHROID	4	
TIROSINT	4	
UNITHROID	1	
VASOPRESSINS		
DESMOPRESSIN ACETATE SOLN	2	
<i>desmopressin acetate</i> (generic of DDAVP) TABS	2	
<i>desmopressin acetate inj</i> (generic of DDAVP)	2	
<i>desmopressin acetate spray</i> (generic of DDAVP)	2	
<i>desmopressin acetate spray refrigerated</i>	2	
STIMATE	4	NM
GASTROINTESTINAL ANTIEMETICS		
ALOXI	5	NM
ANTIVERT 50mg	4	
CESAMET QL (60 caps / 30 days)	5	B/D QL NM
<i>compro supp</i>	2	
<i>dronabinol</i> (generic of MARINOL) 2.5mg, 5mg QL (60 caps / 30 days)	2	B/D QL
<i>dronabinol</i> (generic of MARINOL) 10mg QL (60 caps / 30 days)	5	B/D QL NM
EMEND CAPS 40mg QL (3 caps / 180 days)	4	QL
EMEND CAPS 80mg QL (4 caps / 30 days)	4	B/D QL
EMEND CAPS 125mg QL (2 caps / 30 days)	4	B/D QL
EMEND PAK 80 & 125 QL (12 caps / 30 days)	4	B/D QL
<i>granisetron hcl</i> SOLN	2	
<i>granisetron hcl</i> TABS	2	B/D
<i>granisol</i>	5	B/D NM
<i>meclizine hcl</i> (generic of ANTIVERT)	2	
<i>metoclopramide hcl</i> SOLN	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>metoclopramide hcl inj 5 mg/ml</i>	2	
METOZOLV ODT	4	
<i>ondansetron hcl</i> (generic of ZOFRAN) TABS 4mg, 8mg	2	B/D
<i>ondansetron hcl</i> TABS 24mg	2	B/D
<i>ondansetron hcl inj</i> 4mg/2ml	2	
<i>ondansetron hcl inj</i> (generic of ZOFRAN) 40mg/20ml	2	
<i>ondansetron hcl oral soln</i> (generic of ZOFRAN)	2	B/D
<i>ondansetron odt</i> (generic of ZOFRAN ODT)	2	B/D
<i>phenadoz</i>	2	PA
<i>prochlorperazine inj 5 mg/ml</i>	2	
<i>prochlorperazine maleate</i> TABS	1	
<i>prochlorperazine supp</i>	2	
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN	2	PA
<i>promethazine hcl</i> SUPP; SYRP; TABS	2	PA
<i>promethegan</i>	2	PA
SANCUSO QL (4 ptch / 30 days)	5	QL NM
TRANSDERM-SCOP QL (10 ptch / 30 days)	4	QL PA
ANTISPASMODICS		
ATROPINE SULFATE SOLN .05mg/ml, .1mg/ml	2	
BENTYL SOLN	4	
CANTIL	4	
CUVPOSA	4	
<i>dicyclomine hcl</i> (generic of BENTYL) CAPS; TABS	1	
<i>dicyclomine hcl</i> SOLN	2	
<i>glycopyrrolate</i> (generic of ROBINUL) SOLN	2	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	2	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	2	
<i>methscopolamine bromide</i> (generic of PAMINE) TABS 2.5mg	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>methscopolamine bromide</i> (generic of PAMINE FORTE) TABS 5mg	2	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS	1	
<i>cimetidine inj</i> 150mg/ml	2	
<i>cimetidine sol</i> 300/5ml	2	
<i>famotidine</i> SOLN	2	
<i>famotidine</i> (generic of PEPCID) SUSR	2	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
<i>nizatidine</i> CAPS 150mg	2	
<i>nizatidine</i> (generic of AXID) CAPS 300mg	2	
<i>nizatidine</i> (generic of AXID) SOLN	2	
<i>ranitidine hcl</i> CAPS	2	
<i>ranitidine hcl</i> (generic of ZANTAC) SOLN	2	
<i>ranitidine hcl</i> (generic of ZANTAC) SYRP	2	
<i>ranitidine hcl</i> (generic of ZANTAC) TABS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
APRISO	3	
ASACOL	4	
ASACOL HD	4	
<i>balsalazide disodium</i> (generic of COLAZAL)	2	
<i>budesonide</i> (generic of ENTOCORT EC) CP24	5	NM
CANASA	4	
<i>colocort</i> (generic of CORTENEMA)	2	
DELZICOL	4	
DIPENTUM	5	NM
GIAZO	4	
HYDROCORTISONE (INTRARECTAL)	2	
LIALDA	4	
<i>mesalamine</i> ENEM	2	
<i>mesalamine enema</i> (generic of ROWASA)	2	
PENTASA	4	
SFROWASA	4	

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Drug Name	Drug Requirements/ Tier	Limits
<i>sulfasalazine dr</i> (generic of AZULFIDINE EN-TABS)	2	
<i>sulfasalazine ir</i> (generic of AZULFIDINE)	2	
UCERIS	4	
LAXATIVES		
COLYTE-FLAVOR PACKS	4	
<i>constulose</i>	2	
<i>enulose</i>	2	
<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)	2	
<i>generlac</i>	2	
GOLYTELY	3	
HALFLYTELY BOWEL PREP/FLA	4	
<i>kristalose</i>	3	
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
OSMOPREP	4	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of COLYTE-FLAVOR PACKS)	1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of GOLYTELY)	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	2	
<i>polyethylene glycol 3350</i> PACK; POWD	2	
PREPOPIK	4	
RELISTOR	4	PA
SUCLEAR	4	
SUPREP BOWEL PREP	4	
<i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS)	2	
VISICOL	4	
MISCELLANEOUS		
AMITIZA	3	ST
CARAFATE SUSP	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM)	5	NM
<i>diphenoxylate w/ atropine</i> LIQD	2	PA
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS	1	PA
GATTEX	5	NM LA PA
HELIDAC	5	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	5	NM PA
<i>misoprostol</i> (generic of CYTOTEC)	2	
OMECLAMOX-PAK	4	
PREVPAC	4	
PYLERA	4	
SUCRAID	5	NM
<i>sucralfate</i> (generic of CARAFATE) TABS	2	
<i>ursodiol</i> (generic of ACTIGALL) CAPS	2	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	2	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	2	
XIFAXAN TAB 550MG	5	NM PA
PANCREATIC ENZYMES		
CREON	3	
PANCREAZE	4	
PERTZYE	4	
ULTRESA	4	
VIOKACE 10440 UNIT	4	
VIOKACE 20880 UNIT	5	NM
ZENPEP	4	
PROTON PUMP INHIBITORS		
ACIPHEX QL (30 ea / 30 days)	4	QL
DEXILANT	3	
<i>lansoprazole</i> (generic of PREVACID) CPDR QL (30 ea / 30 days)	2	QL
NEXIUM	3	

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Drug Name	Tier	Drug Requirements/ Limits
NEXIUM GRANULES 2.5MG DR	3	
NEXIUM GRANULES 5MG DR	3	
NEXIUM GRANULES 10MG DR	3	
NEXIUM GRANULES 20MG DR	3	
NEXIUM GRANULES 40MG DR	3	
NEXIUM I.V.	4	
omeprazole (generic of PRILOSEC) CPDR 10mg, 40mg QL (30 ea / 30 days)	2	QL
omeprazole (generic of PRILOSEC) CPDR 20mg QL (60 ea / 30 days)	2	QL
pantoprazole sodium (generic of PROTONIX) SOLR	2	
pantoprazole sodium (generic of PROTONIX) TBEC QL (30 ea / 30 days)	2	QL
PREVACID SOLUTAB QL (30 ea / 30 days)	4	QL
PROTONIX PACK QL (30 ea / 30 days)	4	QL
ZEGERID PACK QL (1 packet / 30 days)	4	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl (generic of UROXATRAL)	2	
AVODART	3	
CARDURA XL	4	
finasteride (generic of PROSCAR) TABS 5mg	2	
JALYN	3	
RAPAFLO	3	
tamsulosin hcl (generic of FLOMAX)	2	
MISCELLANEOUS		
bethanechol chloride (generic of URECHOLINE) TABS	2	
ELMIRON	4	
POTASSIUM CITRATE (ALKALINIZER) 540mg	2	

Drug Name	Tier	Drug Requirements/ Limits
POTASSIUM CITRATE (ALKALINIZER) 1080mg	2	
UROCIT-K	4	
URINARY ANTISPASMODICS		
DETROL LA	3	
ENABLEX	4	
GELNIQUE	4	
MYRBETRIQ	4	
oxybutynin chloride SYRP; TABS	1	
oxybutynin chloride (generic of DITROPAN XL) TB24	2	
OXYTROL	4	
tolterodine tartrate (generic of DETROL)	2	
TOVIAZ	3	
tropium chloride (generic of SANCTURA XR) CP24	2	
tropium chloride (generic of SANCTURA) TABS	2	
VESICARE	4	
VAGINAL ANTI-INFECTIVES		
CLEOCIN VAG SUPP 100MG	4	
clindamycin cre 2% vag (generic of CLEOCIN)	2	
metronidazole vaginal (generic of METROGEL-VAGINAL)	2	
miconazole nitrate vaginal	2	
terconazole vaginal (generic of TERAZOL 7) CREA .4%	2	
terconazole vaginal (generic of TERAZOL 3) CREA .8%	2	
terconazole vaginal (generic of TERAZOL 3) SUPP	2	
VANDAZOLE	2	
zazole (generic of TERAZOL 7) .4%	2	
ZAZOLE .8%	2	
HEMATOLOGIC ANTICOAGULANTS		
COUMADIN	4	
COUMADIN INJ	4	
ELIQUIS	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>enoxaparin sodium</i> (generic of LOVENOX) 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 300mg/3ml	2	
<i>enoxaparin sodium</i> (generic of LOVENOX) 100mg/ml, 120mg/0.8ml, 150mg/ml	5	NM
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	2	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NM
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	4	
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 25000unit/ml	5	NM
HEP SOD/NACL INJ 25000	3	
HEPARIN (PORCINE) IN SODIUM CHLORIDE 100U/ML	3	
<i>heparin sod inj 1000u/ml</i>	2	B/D
HEPARIN SOD INJ 2000U/ML	3	B/D
HEPARIN SOD INJ 2500U/ML	3	B/D
<i>heparin sod inj 5000u/0.5ml</i>	2	B/D
<i>heparin sod inj 5000u/ml</i>	2	B/D
<i>heparin sod inj 10000u/ml</i>	2	B/D
<i>heparin sod inj 20000u/ml</i>	2	B/D
HEPARIN SODIUM/D5W	3	
HEPARIN SODIUM/SODIUM CHL	3	
<i>jantoven</i> (generic of COUMADIN)	1	
PRADAXA	3	
<i>warfarin sodium</i> (generic of COUMADIN)	1	
XARELTO	3	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE 25mcg/0.42ml, 25mcg/ml, 40mcg/0.4ml, 40mcg/ml, 60mcg/0.3ml, 60mcg/ml	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
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	5	NM PA
EPOGEN	4	NM PA
LEUKINE	5	NM PA
MOZOBIL	5	NM PA
NEULASTA	5	NM PA
NEUMEGA	5	NM PA
NEUPOGEN	5	NM PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM PA
MISCELLANEOUS		
<i>anagrelide hcl</i> 1mg	2	PA
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	2	PA
<i>cilostazol</i> (generic of PLETAL)	2	
<i>pentoxifylline</i> (generic of TRENTAL) TBCR	2	
PROMACTA	5	NM LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	2	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS	2	
PLATELET AGGREGATION INHIBITORS		
AGGRENOX	4	
BRILINTA	4	
<i>clopidogrel bisulfate</i> (generic of PLAVIX)	2	
<i>dipyridamole</i> (generic of PERSANTINE) TABS	2	PA
EFFIENT	4	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ACTEMRA	5	NM PA
CIMZIA	5	NM PA
ENBREL	5	NM PA
HUMIRA	5	NM PA
HUMIRA PEN	5	NM PA
HUMIRA PEN-CROHNS STARTER KIT	5	NM PA

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Drug Name	Drug Requirements/ Tier	Limits
HUMIRA PEN-PSORIASIS STARTER KIT	5	NM PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	1	
KINERET	5	NM PA
<i>leflunomide</i> (generic of ARAVA) TABS	2	
<i>methotrexate sodium tabs</i>	2	
ORENCIA	5	NM PA
REMICADE	5	NM PA
RHEUMATREX	4	
SIMPONI 50mg/0.5ml	5	NM PA
<i>trexall</i>	4	B/D
XELJANZ	5	NM PA
IMMUNOGLOBULINS		
CARIMUNE NANOFILTERED	5	NM PA
FLEBOGAMMA	5	NM PA
FLEBOGAMMA DIF	5	NM PA
GAMASTAN S/D	3	B/D NM
GAMMAGARD LIQUID	5	NM PA
GAMMAGARD S/D	5	NM PA
GAMMAGARD S/D IGA LESS TH	5	NM PA
GAMMAKED	5	NM PA
GAMMAPLEX	5	NM PA
GAMUNEX	5	NM PA
GAMUNEX-C 1GM/10ML	4	NM PA
GAMUNEX-C 2.5GM/25ML	5	NM PA
GAMUNEX-C 5GM/50ML	5	NM PA
GAMUNEX-C 10GM/100ML	5	NM PA
GAMUNEX-C 20GM/200ML	5	NM PA
OCTAGAM	5	NM PA
PRIVIGEN	5	NM PA
IMMUNOMODULATORS		
ACTIMMUNE	5	NM LA PA
ARCALYST	5	NM PA
INFERGEN	5	NM PA
INTRON-A	5	B/D NM
INTRON-A W/DILUENT	5	B/D NM
PEG-INTRON	5	NM PA
PEG-INTRON REDIPEN	5	NM PA
PEGASYS	5	NM PA
PEGASYS PROCLICK	5	NM PA
REVLIMID	5	NM LA PA
THALOMID	5	NM PA
IMMUNOSUPPRESSANTS		
ATGAM	4	B/D
<i>azasan</i>	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>azathioprine</i> (generic of IMURAN) TABS	2	B/D
<i>azathioprine inj 100mg</i>	2	B/D
CELLCEPT SUSR	5	B/D NM
CELLCEPT INTRAVENOUS	4	B/D
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS; SOLN	2	B/D
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg	2	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	2	B/D
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) SOLN	2	B/D
<i>gengraf</i> (generic of NEORAL)	2	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT)	2	B/D
MYFORTIC 180mg	4	B/D
MYFORTIC 360mg	5	B/D NM
NEORAL	3	B/D
NULOJIX	5	B/D NM
PROGRAF CAPS 5mg	5	B/D NM
PROGRAF CAPS .5mg, 1mg	4	B/D
PROGRAF SOLN	4	B/D
RAPAMUNE SOLN	5	B/D NM
RAPAMUNE TABS 1mg, 2mg	5	B/D NM
RAPAMUNE TABS .5mg	4	B/D
SANDIMMUNE CAPS	3	B/D
SANDIMMUNE SOLN	3	B/D
SIMULECT	4	B/D
<i>tacrolimus</i> (generic of PROGRAF) CAPS 5mg	5	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg	2	B/D
THYMOGLOBULIN	5	B/D NM
ZORTRESS	5	B/D NM
VACCINES		
ACTHIB	3	
ADACEL	3	
BOOSTRIX	3	
CERVARIX	3	
COMVAX	3	

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Drug Name	Tier	Drug Requirements/ Limits
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	3	
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	5	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	4	
KLOR-CON 8	2	
KLOR-CON 10	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
MAGNESIUM SULFATE SOLN 40mg/ml, 80mg/ml	3	
<i>magnesium sulfate</i> SOLN 50%	2	

Drug Name	Tier	Drug Requirements/ Limits
MAGNESIUM SULFATE IN D5W	3	
POTASSIUM CHLORIDE TBCR	2	
<i>potassium chloride caps er</i> (generic of MICRO-K)	2	
<i>potassium chloride</i> <i>microencapsulated crystals cr</i>	2	
SOD FLUORIDE 2.2MG TAB	2	
SODIUM CHLORIDE SOLN 2.5meq/ml	2	
TPN ELECTROLYTES	4	B/D
IV NUTRITION		
AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
AMINOSYN II	4	B/D
AMINOSYN II 8.5%/ELECTROL	4	B/D
AMINOSYN INJ 8.5/LYTE	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 20%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/DEXTROSE	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D

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Drug Name	Tier	Drug Requirements/ Limits
CLINIMIX E 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 5%/DEXTROSE 25%	4	B/D
<i>clinisol 15</i>	2	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
HEPATAMINE	4	B/D
<i>hepatasol 8</i>	2	B/D
INTRALIPID INJ 20%	3	B/D
INTRALIPID INJ 30%	3	B/D
NEPHRAMINE	4	B/D
<i>premasol 6%</i>	2	B/D
<i>premasol 10%</i>	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
<i>travasol 10</i>	4	B/D
TROPHAMINE	4	B/D

IV REPLACEMENT SOLUTIONS

DEXTROSE SOLN 50%	2	
<i>dextrose SOLN 70%</i>	2	
DEXTROSE 2.5%/NACL 0.45%	2	
DEXTROSE 5%	2	
DEXTROSE 5% /ELECTROLYTE	3	
DEXTROSE 5%/LACTATED RING	2	
DEXTROSE 5%/NACL 0.2%	2	
DEXTROSE 5%/NACL 0.3%	2	
DEXTROSE 5%/NACL 0.9%	2	
DEXTROSE 5%/NACL 0.33%	2	
DEXTROSE 5%/NACL 0.45%	2	
DEXTROSE 5%/NACL 0.225%	2	
DEXTROSE 5%/POTASSIUM CHL	2	
DEXTROSE 10% FLEX CONTAIN	2	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	3	
DEXTROSE 10%/NACL 0.45%	2	

Drug Name	Tier	Drug Requirements/ Limits
ELECTROLYTE-M IN DEXTROSE	2	
ELECTROLYTE-R IN DEXTROSE	4	
IONOSOL-B/DEXTROSE 5%	4	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
<i>isolyte s</i>	4	
KCL 0.15%/D5W/NACL 0.2%	2	
KCL 0.15%/D5W/NACL 0.225 %	3	
<i>kcl 0.3%/d5w/ir iv lac ri</i>	4	
KCL 0.3%/D5W/NACL 0.9%	2	
KCL 0.3%/D5W/NACL 0.45%	2	
KCL 0.15%/D5W/LR	4	
KCL 0.15%/D5W/NACL 0.9%	2	
KCL 0.075%/D5W/NACL 0.45%	2	
KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% & NACL 0.2% INJ	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	2	
KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% & NACL 0.2% INJ	2	
KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & NACL 0.2% INJ	2	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	2	
LACTATED RINGERS VIAFLEX	2	
<i>normosol-m</i>	2	
NORMOSOL-R	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-56/D5W	4	
PLASMA-LYTE-148	4	
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 40meq/100ml	2	
<i>potassium chloride SOLN</i> .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 30meq/100ml	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
POTASSIUM CHLORIDE 0.3%/D	2	
POTASSIUM CHLORIDE 0.15%	2	
POTASSIUM CHLORIDE 0.22%	2	
RINGER'S	2	
SODIUM CHLORIDE SOLN .9%, 3%, 5%	2	
SODIUM CHLORIDE 0.45% VIA	2	
VITAMINS		
<i>calcitriol</i> (generic of ROCALTROL) CAPS	2	B/D
<i>calcitriol</i> SOLN 1mcg/ml	2	B/D
<i>calcitriol</i> (generic of ROCALTROL) SOLN 1mcg/ml	2	B/D
HECTOROL	4	B/D
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	2	
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D
ZEMPLAR CAPS 4mcg	5	B/D NM
ZEMPLAR SOLN	4	B/D
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	2	
<i>blephamide</i> OINT	3	
BLEPHAMIDE SUSP	4	
<i>neomycin-polymyx-dexameth</i> (generic of MAXITROL)	1	
<i>neomycin-polymyxin-hc</i> (ophth)	2	
PRED-G	4	
PRED-G S.O.P.	4	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	4	
TOBRADEX ST	4	
<i>tobramycin-dexamethasone</i> (generic of TOBRADEX)	2	
ZYLET	3	
ANTI-INFECTIVES		
AZASITE	3	
<i>bacitracin</i> (ophthalmic)	2	
<i>bacitracin-polymyxin b</i> (ophth)	2	

Drug Name	Drug Requirements/ Tier	Limits
BESIVANCE	3	
CILOXAN OIN 0.3% OP	3	
<i>ciprofloxacin hcl</i> (ophth) (generic of CILOXAN)	1	
<i>erythromycin</i> (ophth)	1	
<i>gentak</i>	1	
<i>gentamicin sulfate</i> (ophth) (generic of GARAMYCIN)	1	
<i>levofloxacin</i> (ophth)	2	
MOXEZA	4	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	2	
<i>neomycin-polymyx-gramicid</i> (generic of NEOSPORIN)	2	
<i>ofloxacin</i> (ophth) (generic of OCUFLOX)	1	
<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	1	
<i>sulfacetamide sodium</i> (ophth) OINT	2	
<i>sulfacetamide sodium</i> (ophth) (generic of BLEPH-10) SOLN	1	
<i>tobramycin sulfate</i> (ophth) (generic of TOBREX)	1	
TOBREX OINT 0.3%	3	
<i>trifluridine</i> (generic of VIROPTIC) SOLN	2	
VIGAMOX	4	
ZIRGAN	4	
ZYMAXID	4	
ANTI-INFLAMMATORIES		
ACUVAIL	4	
ALREX	3	
BROMDAY	3	
<i>bromfenac sodium</i> (ophth)	2	
<i>dexamethasone sodium phosphate</i> (ophth)	2	
<i>diclofenac sodium</i> (ophth)	2	
DUREZOL	4	
FLAREX	4	
FLUOROMETHOLONE SUSP	1	
FLUOROMETHOLONE (OPHTH)	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>flurbiprofen sodium</i> (generic of OCUFEN)	1
FML	3
FML FORTE	3
ILEVRO	4
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) .4%	2
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) .5%	2
LOTEMAX	3
MAXIDEX	3
NEVANAC	4
PRED MILD	3
PREDNISOLONE ACETATE SUSP	1
<i>prednisolone sodium phosphate (ophth)</i>	3
VEXOL	4
ANTIALLERGICS	
ALOCRIAL	4
ALOMIDE	4
<i>azelastine hcl (ophth)</i> (generic of OPTIVAR)	2
BEPREVE	3
<i>cromolyn sodium (ophth)</i>	1
EMADINE	4
<i>epinastine hcl (ophth)</i> (generic of ELESTAT)	2
LASTACAFT	4
PATADAY	3
PATANOL	4
ANTI GLAUCOMA	
ALPHAGAN P 0.1%	3
AZOPT	4
<i>betaxolol hcl (ophth)</i>	2
BETIMOL	4
BETOPTIC-S	4
<i>brimonidine sol 0.2%</i>	2
BRIMONIDINE SOL 0.15%	2
<i>carteolol hcl (ophth)</i>	1
COMBIGAN	3
COSOPT PF	4
<i>dorzolamide hcl</i> (generic of TRUSOPT)	2

Drug Name	Drug Requirements/ Tier Limits
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	2
ISOPTO CARPINE	4
ISTALOL	3
<i>latanoprost</i> (generic of XALATAN)	2
<i>levobunolol hcl</i> (generic of BETAGAN) .5%	2
LEVOBUNOLOL HCL .25%	2
LUMIGAN .01%	3
<i>metipranolol</i> (generic of OPTIPRANOLOL)	2
PHOSPHOLINE IODIDE	3
PILOCARPINE HCL SOLN	2
PILOPINE HS	3
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC)	1
TIMOLOL MALEATE GEL	2
TIMOPTIC OCUDOSE	4
TRAVATAN Z	3
ZIOPTAN	4
MISCELLANEOUS	
<i>ak-con</i>	1
BOTOX 100unit	4 NM PA
LACRISERT	4
PROLENSA	3
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	1
RESTASIS	3
XEOMIN	4 NM PA
RESPIRATORY	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
COMBIVENT QL (2 inhalers / 30 days)	4 QL
COMBIVENT RESPIMAT QL (2 inhalers / 30 days)	4 QL
<i>ipratropium-albuterol</i> (generic of DUONEB)	2 B/D
ANTICHOLINERGICS	
ATROVENT HFA QL (2 inhalers / 30 days)	4 QL
<i>ipratropium bromide (nasal)</i> (generic of ATROVENT)	2
<i>ipratropium sol inhal</i>	2 B/D
SPIRIVA HANDIHALER QL (30 caps / 30 days)	3 QL

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Drug Name	Tier	Drug Requirements/ Limits
TUDORZA PRESSAIR QL (1 kit / 30 days)	3	QL
ANTI-HISTAMINE/DECONGESTANT COMBINATIONS		
CLARINEX-D 12	4	
SEMPREX-D	4	
ANTI-HISTAMINES		
ASTEPRO	3	
azelastine hcl (generic of ASTELIN)	2	
cetirizine syrup	2	
CLARINEX SYRP	4	
cyproheptadine hcl SYRP; TABS	2	PA
desloratadine (generic of CLARINEX) TABS	2	
desloratadine (generic of CLARINEX REDITABS) TBDP	2	
diphenhydram inj 50mg/ml	2	
hydroxyzine hcl SOLN; TABS	2	PA
hydroxyzine pamoate (generic of VISTARIL) CAPS 25mg, 50mg	2	PA
hydroxyzine pamoate CAPS 100mg	2	PA
levocetirizine soln 2.5mg/5ml (generic of XYZAL)	2	
levocetirizine tab 5 mg (generic of XYZAL)	2	
PATANASE	4	
BETA AGONISTS		
albuterol sulfate (generic of ACCUNEB) NEBU .63mg/3ml, 1.25mg/3ml	2	B/D
albuterol sulfate NEBU .083%, .5%	2	B/D
albuterol sulfate SYRP	1	
albuterol sulfate TABS	1	
albuterol sulfate er (generic of VOSPIRE ER)	2	
ARCAPTA NEOHALER QL (30 caps / 30 days)	4	QL
BROVANA	4	B/D
FORADIL AEROLIZER QL (60 caps / 30 days)	3	QL

Drug Name	Tier	Drug Requirements/ Limits
levalbuterol conc 1.25mg/0.5ml (generic of XOPENEX CONCENTRATE)	2	B/D
LEVALBUTEROL HCL NEBU 1.25mg/3ml	2	B/D
levalbuterol hcl (generic of XOPENEX) NEBU .31mg/3ml, .63mg/3ml	2	B/D
PERFOROMIST	4	B/D
PROAIR HFA QL (2 inhalers / 30 days)	3	QL
PROVENTIL HFA QL (2 inhalers / 30 days)	4	QL
SEREVENT DISKUS QL (1 inhaler / 30 days)	3	QL
terbutaline sulfate SOLN; TABS	2	
VENTOLIN HFA QL (2 inhalers / 30 days)	4	QL
XOPENEX HFA QL (2 inhalers / 30 days)	3	QL
LEUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast sodium (generic of SINGULAIR) CHEW; PACK; TABS	2	
zafirlukast (generic of ACCOLATE)	2	
ZYFLO CR	5	NM
MAST CELL STABILIZERS		
cromolyn sodium NEBU	2	B/D
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	2	B/D
ADRENACLICK	4	
ARALAST NP	5	NM LA PA
AUVI-Q	3	
CAYSTON	5	NM LA PA
DALIRESP	4	
DYMISTA QL (1 bottle / 30 days)	4	QL
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
GLASSIA	5	NM LA PA
PROLASTIN-C	5	NM LA PA
PULMOZYME	5	B/D NM
tyzine	4	
XOLAIR	5	NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
ZEMAIRA	5	NM LA PA
NASAL STEROIDS		
BECONASE AQ QL (2 bottles / 30 days)	4	QL
<i>flunisolide (nasal)</i> QL (2 bottles / 30 days)	2	QL
<i>fluticasone propionate (nasal)</i> (generic of FLONASE) QL (1 bottle / 30 days)	2	QL
NASONEX QL (2 bottles / 30 days)	3	QL
OMNARIS QL (1 bottle / 30 days)	4	QL
QNASL QL (1 bottle / 30 days)	4	QL
RHINOCORT AQUA QL (2 bottles / 30 days)	4	QL
<i>triamcinolone acetonide (nasal)</i> (generic of NASACORT AQ) QL (1 bottle / 30 days)	2	QL
VERAMYST QL (1 bottle / 30 days)	4	QL
ZETONNA QL (1 bottle / 30 days)	4	QL
STEROID INHALANTS		
ALVESCO QL (2 inhalers / 30 days)	4	QL
ASMANEX QL (2 inhalers / 30 days)	3	QL
ASMANEX 14 METERED DOSES QL (2 inhalers per 30 days)	3	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT)	2	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (2 inhalers / 30 days)	3	QL
FLOVENT DISKUS 250mcg/blist QL (4 inhalers / 30 days)	3	QL
FLOVENT HFA QL (2 inhalers / 30 days)	3	QL
PULMICORT FLEXHALER QL (2 inhalers / 30 days)	4	QL
PULMICORT INH SUSP	5	B/D NM
QVAR 40mcg/act QL (1 inhaler / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
QVAR 80mcg/act QL (2 inhalers / 30 days)	3	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA QL (1 inhaler / 30 days)	3	QL
DULERA QL (1 inhaler / 30 days)	3	QL
SYMBICORT QL (1 inhaler / 30 days)	3	QL
XANTHINES		
<i>aminophylline inj</i>	2	
<i>elixophyllin</i>	4	
LUFYLLIN	4	
<i>theo-24</i>	4	
<i>theophylline</i> TB12	1	
<i>theophylline</i> TB24	2	
TOPICAL DERMATOLOGY, ACNE		
ABSORICA	5	NM
ACANYA	4	
ACZONE	4	
<i>adapalene</i> (generic of DIFFERIN)	2	
AKNE-MYCIN	4	
<i>amnestem</i>	2	
ATRALIN	4	
AVITA CREA	2	
AVITA GEL	2	
AZELEX	4	
<i>benzoyl peroxide-erythromycin</i> (generic of BENZAMYCIN)	2	
<i>claravis</i>	2	
CLINDAGEL	4	
<i>clindamycin phosphate (topical)</i> (generic of EVOCLIN) FOAM	2	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) GEL; LOTN; SWAB	2	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) SOLN	1	

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Drug Name	Tier	Drug Requirements/ Limits
<i>clindamycin phosphate-benzoyl peroxide</i> (generic of BENZACLIN)	2	
DIFFERIN GEL .3%	4	
DIFFERIN LOTN	4	
EPIDUO	4	
<i>erythromycin (acne aid)</i>	2	
<i>myorisan</i>	2	
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	2	
<i>tretin x</i>	4	
<i>tretinoin</i> (generic of RETIN-A) CREA; GEL	2	
TRETINOIN MICROSPHERE .1%	2	
TRETINOIN MICROSPHERE .04%	2	
VELTIN	4	
<i>zenatane</i>	2	
ZIANA	4	
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC	4	
FLUOROPLEX	4	
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA	2	
<i>fluorouracil (topical)</i> SOLN	2	
PICATO	3	
SOLARAZE	4	PA
DERMATOLOGY, ANTIBIOTICS		
ALTABAX	4	
BACTROBAN NASAL	4	
CORTISPORIN CREA; OINT	4	
<i>gentamicin sulfate (topical)</i>	1	
<i>mafenide acetate</i> (generic of SULFAMYLON) PACK	2	
<i>mupirocin</i> (generic of BACTROBAN) OINT	1	
<i>mupirocin calcium (topical)</i> (generic of BACTROBAN)	2	
PHISOHEX	4	
SILVER SULFADIAZINE CREA	2	
SSD	2	
SULFAMYLON CREA	3	
THERMAZENE	2	
DERMATOLOGY, ANTIFUNGALS		

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

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Drug Name	Drug Requirements/ Tier Limits
<i>selenium sulfide</i> (generic of SELSUN SHAMPOO) LOTN	1
DERMATOLOGY, ANTIVIRALS	
<i>acyclovir topical</i> (generic of ZOVIRAX)	2
DENAVIR	4
XERESE	4
ZOVIRAX CREA	4
DERMATOLOGY, CORTICOSTEROIDS	
<i>ala-cort</i>	1
<i>alclometasone dipropionate</i> (generic of ACLOVATE) CREA	2
<i>alclometasone dipropionate</i> OINT	2
<i>amcinonide</i> CREA; LOTN	2
<i>amcinonide</i> OINT	4
<i>betamethasone dipropionate (topical)</i>	2
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA	2
<i>betamethasone dipropionate augmented</i> GEL	2
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) LOTN; OINT	2
<i>betamethasone valerate</i> CREA; LOTN; OINT	2
<i>betamethasone valerate</i> (generic of LUXIQ) FOAM	2
CAPEX	4
<i>clobetasol propionate</i> (generic of TEMOVATE) CREA; GEL; OINT; SOLN	2
<i>clobetasol propionate</i> (generic of OLUX) FOAM	2
<i>clobetasol propionate</i> (generic of CLOBEX) LOTN; SHAM	2
<i>clobetasol propionate emollient base</i> (generic of TEMOVATE E)	2
<i>clobetasol propionate emulsion</i> (generic of OLUX-E)	2
CLOBEX LIQD	4
CLODERM PUMP	4
CORDRAN	4
DESONATE	4

Drug Name	Drug Requirements/ Tier Limits
DESONIDE CREA	2
<i>desonide</i> (generic of DESOWEN) LOTN; OINT	2
<i>desowen oint kit 0.05%</i>	4
<i>desoximetasone</i> (generic of TOPICORT) CREA	2
<i>desoximetasone</i> (generic of TOPICORT) GEL	2
DESOXIMETASONE OINT .05%	2
<i>desoximetasone</i> (generic of TOPICORT) OINT .25%	2
<i>diflorasone diacetate</i>	2
<i>fluocinolone acetonide</i> CREA .01%	2
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%	2
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL	2
<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT	2
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN	2
<i>fluocinonide</i> CREA; GEL; OINT; SOLN	2
<i>fluocinonide emulsified base</i>	1
<i>fluticasone propionate</i> (generic of CUTIVATE) CREA; LOTN; OINT	2
<i>halobetasol propionate</i> (generic of ULTRAVATE)	2
HALOG	4
<i>hydrocortisone (topical)</i> CREA; OINT	1
<i>hydrocortisone (topical)</i> LOTN	2
<i>hydrocortisone butyrate</i> (generic of LOCROID)	2
<i>hydrocortisone valerate</i> CREA	2
<i>hydrocortisone valerate</i> (generic of WESTCORT) OINT	2
KENALOG	4
LOCROID LOTN	4

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

Drug Name	Tier	Drug Requirements/ Limits
<i>metronidazole</i> (topical) (generic of METROGEL) GEL 1%	2	
<i>metronidazole</i> (topical) GEL .75%	2	
<i>metronidazole</i> (topical) (generic of METROLOTION) LOTN	2	
ORACEA	4	
OXSORALEN	4	
PANRETIN	5	NM
PENNSAID	4	
<i>podofilox</i> (generic of CONDYLOX) SOLN	2	
PROTOPIC	4	PA
RECTIV	4	
<i>rosadan cre 0.75%</i> (generic of METROCREAM)	2	
TARGRETIN GEL	5	NM PA
VOLTAREN GEL 1%	3	
ZYCLARA	5	NM
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	4	
<i>malathion</i> (generic of OVIDE)	2	
<i>permethrin</i> (generic of ELIMITE) CREA	2	
SKLICE	4	
ULESFIA	4	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid</i> .25%	2	
<i>neomycin/polymyxin b gu</i> (generic of NEOSPORIN GU IRRIGANT)	2	
SANTYL	4	
SODIUM CHLORIDE 0.9%	1	
STERILE WATER IRRIGATION	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC)	2	
<i>chlorhexidine gluconate</i> (mouth-throat) (generic of PERIDEX)	1	
<i>clotrimazole</i> TROC	2	
<i>lidocaine hcl</i> (mouth-throat)	1	
<i>nystatin</i> (mouth-throat)	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

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<i>perigard soln 0.12%</i> (generic of PERIDEX)	1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN)	2	
<i>triamcinolone acetonide (mouth)</i>	2	
OTIC		
<i>acetazol hc</i> (generic of VOSOL HC)	2	
<i>acetic acid (otic)</i>	2	
<i>acetic acid sol/hc</i> (generic of VOSOL HC)	2	
<i>acetic acid-aluminum acetate</i>	2	
CIPRO HC	4	
CIPRODEX	4	
COLY-MYCIN S	4	
CORTISPORIN-TC	4	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC)	2	
<i>neomycin-polymyxin-hc (otic)</i> (generic of CORTISPORIN) SOLN	2	
<i>neomycin-polymyxin-hc (otic)</i> SUSP	2	
<i>ofloxacin (otic)</i>	2	

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		<i>cimetidine</i>			
		<i>cimetidine inj 150mg/ml</i> ..			
		<i>cimetidine sol 300/5ml</i>			
		CIMZIA			
		CIPRO			
		see <i>ciprofloxacin hcl</i>			
		CIPRO HC			

<i>clindamycin phosphate</i>	5	44	<i>see lamivudine-zidovudine</i>	
<i>clindamycin phosphate</i>		CLODERM PUMP	44	7
(<i>topical</i>)	42	CLOLAR	10	COMETRIQ	11
<i>clindamycin phosphate in</i>		<i>clomipramine hcl</i>	19	COMPLERA	7
<i>d5w</i>	5	<i>clonazepam</i>	17	<i>compro supp</i>	31
<i>clindamycin</i>		<i>clonidine hcl</i>	16	COMTAN	
<i>phosphate-benzoyl peroxide</i>		<i>clopidogrel bisulfate</i>	35	<i>see entacapone</i>	20
.....	43	<i>clorazepate dipotassium</i> ...	17	COMVAX.....	36
CLINIMIX		<i>clorpres 0.1/15</i>	16	CONCERTA	
2.75%/DEXTROSE 5%.....	37	<i>clorpres 0.2/15</i>	16	<i>see methylphenidate hcl er</i>	
CLINIMIX		<i>clorpres 0.3/15</i>	16	22
4.25%/DEXTROSE 10% ...	37	<i>clotrimazole</i>	45	CONDYLOX	45
CLINIMIX		<i>clotrimazole (topical)</i>	43	<i>see podofilox</i>	45
4.25%/DEXTROSE 20% ...	37	<i>clozapine</i>	20	<i>constulose</i>	33
CLINIMIX		CLOZAPINE ODT	20	CONZIP	2
4.25%/DEXTROSE 25% ...	37	CLOZARIL		COPAXONE	24
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4.25%/DEXTROSE 5%.....	37	COARTEM.....	6	<i>see ribasphere</i>	7
CLINIMIX 5%/DEXTROSE		<i>codeine</i>		<i>see ribavirin 200mg</i>	7
15%.....	37	<i>and capital</i>	2	CORDARONE	
CLINIMIX 5%/DEXTROSE		CODEINE SULFATE	3	<i>see amiodarone hcl</i>	13
20%.....	37	COGENTIN		<i>see pacerone</i>	13
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CLINIMIX E		<i>see balsalazide disodium</i>		CORGARD	
2.75%/DEXTROSE 5%.....	37	32	<i>see nadolol</i>	14
CLINIMIX E		<i>colchicine w/ probenecid</i>	1	CORTEF	
4.25%/DEXTROSE	37	COLCRYS	1	<i>see hydrocortisone</i>	30
CLINIMIX E		COLESTID		CORTENEMA	
4.25%/DEXTROSE 25% ...	38	<i>see colestipol hcl</i>	14	<i>see colocort</i>	32
CLINIMIX E		<i>colestipol hcl</i>	14	CORTIFOAM	43
4.25%/DEXTROSE 5%.....	37	<i>colistimethate sodium</i>	5	<i>cortisone acetate</i>	30
CLINIMIX E 5%/DEXTROSE		<i>colocort</i>	32	CORTISPORIN.....	43
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CLINORIL		<i>see gavilyte-c</i>	33	<i>bendroflumethiazide</i>	14
<i>see sulindac</i>	1	<i>see peg 3350-kcl-sod</i>		COSMEGEN.....	10
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<i>clobetasol propionate</i>		<i>sulfate</i>	33	<i>see dorzolamide</i>	
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<i>diclofenac sodium</i>	1	<i>diltiazem hcl extended</i> <i>release beads</i>	15	<i>doxycycline (monohydrate)</i>	9
<i>diclofenac sodium (ophth)</i>	39	<i>dilt-xr</i>	15	<i>doxycycline hyclate</i>	9, 10
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<i>dicloxacillin sodium</i>	9	DIOVAN	13	<i>drospirenone-ethinyl</i> <i>estradiol</i>	28
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<i>gavilyte-n</i>	33	1.25-250mg	26	<i>haloperidol</i>	20
GELNIQUE	34	see <i>glyburide-metformin</i>		<i>haloperidol decanoate</i>	20
GEMCITABINE	10	2.5-500mg	26	<i>haloperidol lactate</i>	21
<i>gemcitabine hcl</i>	10	see <i>glyburide-metformin</i>		HAVRIX	37
<i>gemfibrozil</i>	14	5-500mg	26	<i>heather</i>	28
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GENERESS FE	28	<i>glyburide micronized</i>	26	HEP SOD/NACL INJ 25000	
<i>generlac</i>	33	<i>glyburide-metformin</i>		35
<i>gengraf</i>	36	1.25-250mg.....	26	HEPARIN (PORCINE) IN	
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GENOTROPIN MINIQUICK		2.5-500mg.....	26	100U/ML	35
.....	30	<i>glyburide-metformin</i>		<i>heparin sod inj 10000u/ml</i>	35
<i>gentak</i>	39	5-500mg.....	26	<i>heparin sod inj 1000u/ml</i> ...	35
<i>gentamicin in saline</i>	5	<i>glycopyrrolate</i>	32	<i>heparin sod inj 20000u/ml</i>	35
<i>gentamicin sulfate</i>	5	GLYNASE		HEPARIN SOD INJ	
<i>gentamicin sulfate (ophth)</i>	39	see <i>glyburide micronized</i>		2000U/ML	35
<i>gentamicin sulfate (topical)</i>		26	HEPARIN SOD INJ	
.....	43	GLYSET.....	26	2500U/ML	35
GEODON		GOLYTELY	33	<i>heparin sod inj 5000u/0.5ml</i>	
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<i>glimepiride</i>	25	GRIFULVIN V		HERCEPTIN	11
<i>glipizide</i>	25	see <i>griseofulvin microsize</i>		HEXALEN	10
<i>glipizide er</i>	26	6	HIBERIX	37
<i>glipizide-metformin</i>		<i>griseofulvin microsize</i>	6	HIPREX	
2.5-250mg.....	26	<i>griseofulvin ultramicrosize</i> ...	6	see <i>methenamine</i>	
<i>glipizide-metformin</i>		GRIS-PEG		<i>hippurate</i>	5
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<i>glipizide-metformin 5-500mg</i>		<i>ultramicrosize</i>	6	HUMALOG	25
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GLUCAGON EMERGENCY		HALDOL		HUMALOG MIX 50/50	
KIT	30	see <i>haloperidol lactate</i> ..	21	KWIKPEN	25
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HUMIRA.....	35	7.5-500mg.....	2	<i>inj</i>	23
HUMIRA PEN	35	<i>hydrocodone-acetaminophen</i>		IMOVAX RABIES (H.D.C.V.)	
HUMIRA PEN-CROHNS		7.5-500mg/ml.....	2	.....	37
STARTER KIT.....	35	<i>hydrocodone-acetaminophen</i>		IMURAN	
HUMIRA PEN-PSORIASIS		7.5-650mg.....	2	<i>see azathioprine</i>	36
STARTER KIT.....	36	<i>hydrocodone-acetaminophen</i>		INCIVEK	7
HUMULIN 70/30.....	25	7.5-750mg.....	2	INCRELEX.....	30
HUMULIN 70/30 PEN	25	<i>hydrocodone-acetaminophen</i>		<i>indapamide</i>	16
HUMULIN N.....	25	<i>tab 10-325mg</i>	2	INDERAL LA	
HUMULIN N U-100 PEN ...	25	<i>hydrocodone-ibuprofen</i>	2	<i>see propranolol hcl er</i>	15
HUMULIN R.....	25	<i>hydrocortisone</i>	30	INFANRIX.....	37
HUMULIN R U-500		HYDROCORTISONE		INFERGEN	36
(CONCENTRATE)	25	(INTRARECTAL)	32	INFUMORPH 200	3
HYCAMTIN		<i>hydrocortisone (topical)</i>	44	INFUMORPH 500	3
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<i>hydrocodone-acetaminoph</i>		<i>hydroxychloroquine sulfate</i>		INSULIN PEN NEEDLES .	25
<i>en 7.5-325 mg/15ml</i>	2	.....	36	INSULIN SAFETY	
<i>hydralazine hcl</i>	16	<i>hydroxyurea</i>	11	NEEDLES	25
HYDREA		<i>hydroxyzine hcl</i>	41	INSULIN SYRINGES	25
<i>see hydroxyurea</i>	11	<i>hydroxyzine pamoate</i>	41	INTELENCE	6
<i>hydrochlorothiazide</i>	16	HYZAAR		INTERMEZZO	22
<i>hydrocodone-acetaminophen</i>		<i>see losartan potassium &</i>		INTRALIPID INJ 20%	38
10-300mg.....	2	<i>hydrochlorothiazide</i>	13	INTRALIPID INJ 30%	38
<i>hydrocodone-acetaminophen</i>		I		INTRON-A	36
10-500mg.....	2	<i>ibandronate sodium</i>	27	INTRON-A W/DILUENT ...	36
<i>hydrocodone-acetaminophen</i>		<i>ibuprofen</i>	1	<i>introvale 91 day</i>	28
10-650mg.....	2	ICLUSIG	11	INTUNIV	22
<i>hydrocodone-acetaminophen</i>		IDAMYCIN PFS		INVANZ	5
10-660mg.....	2	<i>see idarubicin hcl</i>	10	INVEGA.....	21
<i>hydrocodone-acetaminophen</i>		<i>idarubicin hcl</i>	10	INVEGA SUSTENNA.....	21
10-750mg.....	2	IFEX		INVIRASE	6
<i>hydrocodone-acetaminophen</i>		<i>see ifosfamide</i>	10	INVOKANA	26
2.5-325mg.....	2	IFEX INJ 3GM.....	10	IONOSOL-B/DEXTROSE	
<i>hydrocodone-acetaminophen</i>		<i>ifosfamide</i>	10	5%	38
2.5-500mg.....	2	IFOSFAMIDE		IONOSOL-MB/DEXTROSE	
<i>hydrocodone-acetaminophen</i>		<i>see ifosfamide</i>	10	5%	38
5-300mg.....	2	ILEVRO.....	40	IPOL INACTIVATED IPV ..	37
<i>hydrocodone-acetaminophen</i>		IMDUR		<i>ipratropium bromide (nasal)</i>	
5-325mg.....	2	<i>see isosorbide</i>		.....	40
<i>hydrocodone-acetaminophen</i>		<i>mononitrate</i>	16	<i>ipratropium sol inhal</i>	40
5-500mg.....	2	<i>imipenem-cilastatin</i>	5	<i>ipratropium-albuterol</i>	40
<i>hydrocodone-acetaminophen</i>		<i>imipramine hcl</i>	19	<i>irbesartan</i>	13
7.5-300mg.....	2	<i>imipramine pamoate</i>	19	<i>irbesartan-hydrochlorothiazid</i>	
<i>hydrocodone-acetaminophen</i>		<i>imiquimod</i>	45	e.....	13
7.5-325 mg/15ml	2	IMITREX		IRESSA	11
<i>hydrocodone-acetaminophen</i>		<i>see sumatriptan succinate</i>		<i>irinotecan</i>	12
7.5-325mg.....	2	.....	23	<i>irinotecan hcl</i>	12
<i>hydrocodone-acetaminophen</i>		<i>see sumatriptan succinate</i>		ISENTRESS	6

ISOLYTE P	38	<i>kcl 0.3%/d5w/lr iv lac ri</i>	38	<i>klor-con m15</i>	37
<i>isolyte s</i>	38	KCL 0.3%/D5W/NACL		<i>klor-con m20</i>	37
<i>isoniazid</i>	7	0.45%.....	38	KOMBIGLYZE XR	
<i>isoniazid tabs</i>	7	KCL 0.3%/D5W/NACL 0.9%		2.5-1000MG.....	26
ISOPTO CARPINE	40	.....	38	KOMBIGLYZE XR	
ISORDIL TITRADOSE	16	KCL 10 MEQ/L (0.075%) IN		5-1000MG.....	26
<i>see isosorbide dinitrate</i>	16	DEXTROSE 5% & NACL		KOMBIGLYZE XR 5-500MG	
<i>isosorbide dinitrate</i>	16	0.2% INJ	38	.....	26
<i>isosorbide mononitrate</i>	16	<i>kcl 20 meq/l (0.15%) in nacl</i>		<i>kristalose</i>	33
<i>isradipine</i>	15	0.45% <i>inj</i>	38	KUVAN	29
ISTALOL	40	KCL 20 MEQ/L (0.15%) IN		L	
ISTODAX	11	NACL 0.45% INJ.....	38	<i>labetalol hcl</i>	14
<i>itraconazole</i>	6	KCL 30 MEQ/L (0.224%) IN		LAC-HYDRIN	
IXEMPRA KIT	11	DEXTROSE 5% & NACL		<i>see ammonium lactate</i> ..	45
IXIARO.....	37	0.2% INJ	38	<i>see laclotion lot 12%</i>	45
J		KCL 40 MEQ/L (0.3%) IN		<i>laclotion lot 12%</i>	45
JAKAFI.....	11	DEXTROSE 5% & NACL		LACRISERT	40
JALYN.....	34	0.2% INJ	38	LACTATED RINGERS	
<i>jantoven</i>	35	KCL 40 MEQ/L (0.3%) IN		VIAFLEX.....	38
JANUMET	26	NACL 0.9% INJ.....	38	<i>lactulose</i>	33
JANUMET XR TAB		KCL0.15%/D5W/NACL0.2%		<i>lactulose (encephalopathy)</i>	
100-1000.....	26	.....	38	.....	33
JANUMET XR TAB 50-1000		KCL0.15%/D5W/NACL0.225		LAMICTAL	
.....	26	%	38	<i>see lamotrigine</i>	18
JANUMET XR TAB		KEFLEX		LAMICTAL CHEWABLE	
50-500MG	26	<i>see cephalixin</i>	8	DISPERS	
JANUVIA.....	26	<i>kelnor 1/35 28 day</i>	28	<i>see lamotrigine</i>	18
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<i>junel 1/20 21 day</i>	28	KEPPRA XR		LAMISIL.....	6
<i>junel fe 1.5/30 28 day</i>	28	<i>see levetiracetam</i>	18	<i>see terbinafine hcl</i>	6
<i>junel fe 1/20 28 day</i>	28	KERLONE		<i>lamivudine</i>	6
JUVISYNC	26	<i>see betaxolol hcl</i>	14	<i>lamivudine-zidovudine</i>	7
K		<i>ketoconazole</i>	6	<i>lamotrigine</i>	18
KADCYLA	11	<i>ketoconazole (topical)</i>	43	LANOXIN	
KADIAN.....	3	<i>ketoconazole shampoo</i>	43	<i>see digoxin</i>	15
KALETRA SOL	7	<i>ketoprofen</i>	1	<i>see digoxin inj</i>	15
KALETRA TAB 100-25MG ..	7	<i>ketorolac tromethamine</i>		LANOXIN PEDIATRIC.....	15
KALETRA TAB 200-50MG ..	7	(<i>ophth</i>)	40	LANOXIN TAB	15
<i>kariva 28 day</i>	28	KINERET	36	<i>lansoprazole</i>	33
KAYEXALATE		<i>kionex</i>	27	LANTUS	25
<i>see kionex</i>	27	KLARON		LANTUS SOLOSTAR.....	25
KAZANO	26	<i>see sulfacetamide sodium</i>		LASIX	
KCL 0.075%/D5W/NACL		(<i>acne</i>).....	43	<i>see furosemide</i>	16
0.45%.....	38	KLONOPIN		LASTACAPT	40
KCL 0.15%/D5W/LR	38	<i>see clonazepam</i>	17	<i>latanoprost</i>	40
KCL 0.15%/D5W/NACL		KLOR-CON 10.....	37	LATUDA	21
0.9%.....	38	KLOR-CON 8.....	37	LAZANDA	3

LEENA.....	28	<i>lidocaine hcl (mouth-throat)</i>	45	LOKARA LOTN 0.05%	45
<i>leflunomide</i>	36	.....	45	LOMOTIL	
LESCOL		<i>lidocaine inj 0.5%</i>	4	see <i>diphenoxylate w/</i>	
see <i>fluvastatin sodium</i> ...	13	<i>lidocaine inj 1%</i>	4	<i>atropine</i>	33
LESCOL XL	13	<i>lidocaine inj 1.5%</i>	4	<i>loperamide hcl</i>	33
<i>lessina 28 day</i>	28	<i>lidocaine inj 2%</i>	4	LOPID	
LETAIRIS	16	<i>lidocaine-prilocaine</i>	45	see <i>gemfibrozil</i>	14
<i>letrozole</i>	11	LIDODERM.....	45	LOPRESSOR	
<i>leucovor ca inj</i>	12	LINZESS CAP 145MCG ...	33	see <i>metoprolol tartrate</i> ..	14
<i>leucovorin calcium</i>	12	LINZESS CAP 290MCG ...	33	LOPRESSOR HCT	
LEUKERAN.....	10	<i>liothyronine sodium</i>	31	see <i>metoprolol & hctz tab</i>	
LEUKINE.....	35	LIPITOR		100-25mg.....	14
<i>leuprolide acetate</i>	11	see <i>atorvastatin calcium</i>	13	see <i>metoprolol & hctz tab</i>	
<i>levabuterol conc</i>		LIPOFEN	14	50-25mg.....	14
1.25mg/0.5ml	41	<i>lisinopril</i>	12	LOPROX	
<i>levabuterol hcl</i>	41	<i>lisinopril &</i>		see <i>ciclopirox</i>	43
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LEVEMIR FLEXPEN	25	LO LOESTRIN FE	28	<i>hydrocodone-acetaminoph</i>	
<i>levetiracetam</i>	18	LOCOID	44	en 10-650mg.....	2
<i>levobunolol hcl</i>	40	see <i>hydrocortisone</i>		LORTAB	
LEVOBUNOLOL HCL.....	40	<i>butyrate</i>	44	see <i>co-gesic</i>	2
<i>levocarnitine (metabolic</i>		LOCOID LIPOCREAM.....	45	see	
<i>modifiers)</i>	29	LODOSYN	20	<i>hydrocodone-acetaminoph</i>	
<i>levocetirizine soln 2.5mg/5ml</i>		LOESTRIN 1.5/30-21		en 10-500mg.....	2
.....	41	see <i>junel 1.5/30 21 day</i>	28	see	
<i>levocetirizine tab 5 mg</i>	41	see <i>microgestin 1.5/30 21</i>		<i>hydrocodone-acetaminoph</i>	
<i>levofloxacin</i>	8, 9	day	28	en 5-500mg.....	2
<i>levofloxacin (ophth)</i>	39	LOESTRIN 1/20-21		see	
<i>levofloxacin in d5w</i>	9	see <i>junel 1/20 21 day</i> ...	28	<i>hydrocodone-acetaminoph</i>	
<i>levonest 28 day</i>	28	see <i>microgestin 1/20 21</i>		en 7.5-500mg.....	2
<i>levonorgestrel-ethinyl</i>		day	28	see	
<i>estradiol (91-day)</i>	28	LOESTRIN 24 FE	28	<i>hydrocodone-acetaminoph</i>	
<i>levora 0.15/30 28 day</i>	28	LOESTRIN FE 1.5/30		en 7.5-500mg/ml	2
<i>levorphanol tartrate</i>	3	see <i>junel fe 1.5/30 28 day</i>		<i>loryna 28 day</i>	28
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LEVOXYL.....	31	28 day	28	<i>hydrochlorothiazide</i>	13
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<i>lidocaine</i>	45	see <i>fenofibrate</i>	14	<i>hydrochlorothiazide</i>	12
<i>lidocaine hcl</i>	45	see <i>fenofibrate micronized</i>		LOTREL	
<i>lidocaine hcl (local anesth.)</i>	4	14	see <i>amlodipine</i>	

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TTY: 1-866-552-6288

Current members

Call Customer Care 24 hours a day, 7 days a week at:

1-866-235-5660

TTY: 1-866-236-1069

P.O. Box 280200

Nashville TN 37228

For more information about Medicare

NOTE: Medicare representatives can only answer general questions about Medicare Part D prescription drug coverage. Call 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or visit www.medicare.gov. For questions about specific Plan benefits, please call our Customer Care representatives.

This information is available for free in other languages. Please contact our Customer Care number at 1-866-235-5660 for additional information. (TTY users should call 1-866-236-1069). Hours are 24 hours a day, 7 days a week. Customer Care also has free language interpreter services available for non-English speakers.

Esta información está disponible gratuitamente en otros idiomas. Comuníquese con nuestro Servicio al Cliente, al 1-866-235-5660 para obtener información adicional. (Los usuarios de teléfono de texto (TTY) deben llamar al 1-866-236-1069). El horario es las 24 horas al día, los 7 días de la semana. El Servicio al Cliente también tiene servicios gratuitos de interpretación disponibles para personas que no hablan inglés.