



CVS Caremark Value (PDP)¹

2012 Comprehensive Formulary List of Covered Drugs

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

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

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

CVS Caremark Value (PDP)¹ is a Federally-Qualified Medicare Contracting Prescription Drug Plan. CVS Caremark Value (PDP)¹ is offered by SilverScript® Insurance Company.

Please contact Customer Care 24 hours a day, 7 days a week, at 1-866-235-5660 to request materials in an alternate format or language. TTY users should call 1-866-236-1069. Por favor llame al Servicio al Cliente las 24 horas del 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.

What is the CVS Caremark Value (PDP)¹ Formulary?

A formulary is a list of covered drugs selected by CVS Caremark Value (PDP)¹ 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.

CVS Caremark Value (PDP)¹ will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year.

We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of January 1, 2012. To get updated information about the drugs covered by CVS Caremark Value (PDP)¹, please visit our Web site at www.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.

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.

¹Other Pharmacies are Available in Our Network.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page 7. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 34. 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?

CVS Caremark Value (PDP)¹ 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)

CVS Caremark Value (PDP)¹ requires you or your physician to get prior authorization for certain drugs.

This means that you will need to get approval from CVS Caremark Value (PDP)¹ before you fill your prescriptions. If you don't get approval, CVS Caremark Value (PDP)¹ may not cover the drug.

Quantity Limits (QL)

For certain drugs, CVS Caremark Value (PDP)¹ limits the amount of the drug that CVS Caremark Value (PDP)¹ will cover. For example, CVS Caremark Value (PDP)¹ 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, CVS Caremark Value (PDP)¹ requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CVS Caremark Value (PDP)¹ may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CVS Caremark Value (PDP)¹ will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.silverscript.com.

You can ask CVS Caremark Value (PDP)¹ to make an exception to these restrictions or limits. See the section, “How do I request an exception to the CVS Caremark Value (PDP)¹ formulary?” on page 3 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.

¹Other Pharmacies are Available in Our Network.

If you learn that CVS Caremark Value (PDP)¹ does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by CVS Caremark Value (PDP)¹. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CVS Caremark Value (PDP)¹.
- You can ask CVS Caremark Value (PDP)¹ to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the CVS Caremark Value (PDP)¹ formulary?

You can ask CVS Caremark Value (PDP)¹ 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, CVS Caremark Value (PDP)¹ limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in Tier 3 (Non-Preferred Brand Drugs), you can ask us to cover it at the cost-sharing amount that applies to drugs in Tier 2 (Preferred Brand Drugs) 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 Tier 4 (Specialty Tier Drugs).

Generally, CVS Caremark Value (PDP)¹ will only approve your request for an exception if the alternative drug is included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your 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.

¹Other Pharmacies are Available in Our Network.

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 93-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we 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 use 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 CVS Caremark Value (PDP)¹ prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CVS Caremark Value (PDP)¹, 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 www.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.

CVS Caremark Value (PDP)¹ Formulary

The formulary that begins on page 7 provides coverage information about some of the drugs covered by CVS Caremark Value (PDP)¹. If you have trouble finding your drug in the list, turn to the index that begins on page 34.

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 Requirements/Limits column tells you if CVS Caremark Value (PDP)¹ has any special requirements for coverage of your drug.

PA – Prior authorization.

QL – Drug has quantity limit.

ST – Step therapy required.

NM - Not available at mail-order.

LA – Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week. TTY users should call 1-866-236-1069.

B/D – This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

¹Other Pharmacies are Available in Our Network.

The Tier column of the drug list that begins on page 7, tells you which tier your drug is in. The tables below tell you the copayment or co-insurance amount (i.e. the share of the drug's cost that you will pay during the initial coverage period) for drugs in each tier.

Initial Coverage Period Co-payment / Co-insurance Levels

	Retail Network pharmacy (Up to a 30-day supply)	The plan's mail-order pharmacy (Up to a 90-day supply)
Cost-Sharing Tier 1 (Generic Drugs) (includes generic and some preferred brand drugs)	Please refer to Exhibit 1 below for the co-pay in your state.	Please refer to Exhibit 1 below for the co-pay in your state.
Cost-Sharing Tier 2 (Preferred Brand Drugs) (includes preferred brand drugs and some non-preferred generic drugs)	\$45.00	\$101.25
Cost-Sharing Tier 3 (Non-Preferred Brand Drugs) (includes non-preferred brand drugs and some non-preferred generic drugs)	\$95.00	\$261.25
Cost-Sharing Tier 4 (Specialty Tier Drugs) (includes high cost generic and brand drugs)	25%	Mail order is not available for drugs in Tier 4

Exhibit 1: Cost-Sharing by state for Tier 1 (Generic Drugs)

State	Retail Network pharmacy (Up to a 30-day supply)	The plan's mail-order pharmacy (Up to a 90-day supply)
Alabama	\$4.75	\$7.25
Alaska	\$2.00	\$3.00
Arizona	\$7.50	\$11.25
Arkansas	\$5.00	\$7.50
California	\$7.00	\$10.50
Colorado	\$7.25	\$11.00
Connecticut	\$6.25	\$9.50
Delaware	\$9.50	\$14.25
District of Columbia	\$9.50	\$14.25
Florida	\$6.00	\$9.00
Georgia	\$5.50	\$8.25
Hawaii	\$7.25	\$11.00
Idaho	\$5.75	\$8.75
Illinois	\$4.75	\$7.25
Indiana	\$6.00	\$9.00
Iowa	\$5.75	\$8.75
Kansas	\$5.25	\$8.00
Kentucky	\$6.00	\$9.00
Louisiana	\$5.25	\$8.00
Maine	\$8.00	\$12.00
Maryland	\$9.50	\$14.25
Massachusetts	\$6.25	\$9.50
Michigan	\$7.25	\$11.00
Minnesota	\$5.75	\$8.75
Mississippi	\$4.50	\$6.75
Missouri	\$4.75	\$7.25

State	Retail Network pharmacy (Up to a 30-day supply)	The plan's mail-order pharmacy (Up to a 90-day supply)
Montana	\$5.75	\$8.75
Nebraska	\$5.75	\$8.75
Nevada	\$5.75	\$8.75
New Hampshire	\$8.00	\$12.00
New Jersey	\$8.75	\$13.25
New Mexico	\$4.75	\$7.25
New York	\$8.00	\$12.00
North Carolina	\$5.25	\$8.00
North Dakota	\$5.75	\$8.75
Ohio	\$5.50	\$8.25
Oklahoma	\$6.00	\$9.00
Oregon	\$5.25	\$8.00
Pennsylvania	\$5.00	\$7.50
Rhode Island	\$6.25	\$9.50
South Carolina	\$6.00	\$9.00
South Dakota	\$5.75	\$8.75
Tennessee	\$4.75	\$7.25
Texas	\$7.50	\$11.25
Utah	\$5.75	\$8.75
Vermont	\$6.25	\$9.50
Virginia	\$5.50	\$8.25
Washington	\$5.25	\$8.00
West Virginia	\$5.00	\$7.50
Wisconsin	\$5.50	\$8.25
Wyoming	\$5.75	\$8.75

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Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> (generic of ZYLOPRIM)	1	
<i>allopurinol inj 500mg</i> (generic of ALOPRIM)	1	
<i>colchicine w/ probenecid</i>	1	
COLCRYS QL (60 tabs / 30 days)	2	QL
<i>probenecid</i>	1	
ULORIC	2	ST
NARCOTIC ANALGESICS		
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #3) QL (300 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> QL (3750ml / 30 days)	1	QL
<i>butalbital-acetaminophen-caffeine w/ codeine</i> (generic of FIORICET/CODEINE) QL (270 caps / 30 days)	1	QL
<i>butalbital-aspirin-caffeine w/cod</i> (generic of FIORINAL/CODEINE #3) QL (360 caps / 30 days)	1	QL
<i>butorphanol tartrate</i>	1	
<i>hydrocodone-acetaminophen</i> (generic of ANEXSIA) QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> (generic of LORTAB) QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> (generic of LORTAB) QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> (generic of LORTAB) QL (2700ml / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> (generic of NORCO) QL (270 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> (generic of VICODIN ES) QL (120 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-acetaminophen</i> (generic of XODOL) QL (300 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> QL (240 caps / 30 days)	1	QL
<i>hydrocodone-ibuprofen</i> (generic of VICOPROFEN)	1	
NARCOTIC ANALGESICS, CII		
DILAUDID-5	2	
EXALGO QL (60 ea / 30 days)	2	QL
<i>fentanyl citrate</i> (generic of ACTIQ) 200mcg QL (120 lpop / 30 days)	2	QL PA
<i>fentanyl citrate</i> (generic of ACTIQ) 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg QL (120 lpop / 30 days)	4	QL NM PA
<i>fentanyl citrate inj 0.05 mg/ml</i>	1	B/D
<i>fentanyl patch</i> (generic of DURAGESIC) QL (10 ea / 30 days)	1	QL PA
<i>hydromorphone hcl</i> (generic of DILAUDID-HP) 10mg/ml	1	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) 2mg, 4mg, 8mg	1	
KADIAN QL (60 ea / 30 days)	2	QL
<i>methadone hcl</i> (generic of DOLOPHINE) 10mg, 5mg QL (240 tabs / 30 days)	1	QL
<i>methadone hcl</i> (generic of METHADONE HCL) 10mg/5ml, 10mg/ml, 5mg/5ml	1	
MORPHINE SUL 20MG/ML ORAL SOL	1	
<i>morphine sulfate</i> .5mg/ml, 1mg/ml	1	B/D
<i>morphine sulfate</i> (generic of MS CONTIN) 100mg, 15mg, 30mg, 60mg QL (90 ea / 30 days) ext rel	1	QL
<i>morphine sulfate</i> (generic of MS CONTIN) 200mg QL (60 ea / 30 days)	1	QL
MORPHINE SULFATE 15mg, 30mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits
MORPHINE SULFATE 10mg/5ml, 20mg/5ml oral solution	2	
<i>oxycodone hcl</i> (generic of ROXICODONE) 15mg, 30mg, 5mg	1	
OXYCODONE HCL 20mg/ml, 5mg	1	
<i>oxycodone w/ acetaminophen</i> (generic of PERCOCET) QL (150 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> (generic of PERCOCET) QL (270 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> (generic of TYLOX) QL (180 caps / 30 days)	1	QL
<i>oxycodone w/ aspirin</i> (generic of PERCODAN) QL (360 tabs / 30 days)	1	QL
ROXICET SOL 5-325/5 QL (3 bottles / 30 days)	2	QL
NON-NARCOTIC ANALGESICS		
<i>tramadol hcl tab 50 mg</i> (generic of ULTRAM) QL (240 tabs / 30 days)	1	QL
<i>tramadol-acetaminophen</i> (generic of ULTRACET) QL (240 tabs / 30 days)	1	QL
NSAIDS		
<i>diclofenac potassium</i> (generic of CATAFLAM)	1	
<i>diclofenac sodium</i> (generic of VOLTAREN-XR)	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen</i>	1	
INDOCIN suspension	2	
<i>indomethacin</i>	1	
<i>ketoprofen</i>	1	
<i>meloxicam</i> (generic of MOBIC)	1	
<i>nabumetone</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>naproxen</i> (generic of NAPROSYN)	1	
<i>naproxen sodium</i> (generic of ANAPROX)	1	
<i>oxaprozin</i> (generic of DAYPRO)	1	
<i>piroxicam</i> (generic of FELDENE)	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
VIMOVO	2	
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE)	1	B/D
ANTI-INFECTIVES		
ANTIBACTERIALS		
<i>amikacin sulfate</i>	1	B/D
<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN)	1	
<i>ampicillin</i>	1	
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN)	1	B/D
<i>ampicillin sodium</i>	1	B/D
AVELOX	2	B/D
AVELOX 400mg	2	
AVELOX ABC PACK	2	
<i>azithromycin</i> (generic of ZITHROMAX) 100mg/5ml, 200mg/5ml, 250mg, 500mg, 600mg	1	
<i>azithromycin</i> (generic of ZITHROMAX) 500mg	1	B/D
BICILLIN C-R	2	
BICILLIN L-A	2	
<i>cefaclor</i>	1	
CEFACTOR ER	2	
<i>cefadroxil</i>	1	
CEFAZOLIN INJ 1GM/50ML	2	B/D
<i>cefazolin sodium</i>	1	B/D
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1	B/D
<i>cefotaxime sodium</i> (generic of CLAFORAN) 10gm	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>cefotaxime sodium</i> (generic of CLAFORAN) 1gm, 2gm, 500mg	1	B/D
<i>cefoxitin sodium</i>	1	B/D
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftriaxone sodium</i>	1	B/D
<i>cefuroxime axetil</i> (generic of CEFTIN)	1	
<i>cefuroxime sodium</i> (generic of ZINACEF)	1	B/D
<i>cephalexin</i>	1	
CIPRO suspension	2	
<i>cipro i.v.</i> (generic of CIPRO I.V.)	1	B/D
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin er</i>	1	
<i>clarithromycin</i>	1	
<i>dicloxacillin sodium</i>	1	
<i>doxycycline (monohydrate)</i> (generic of ADOXA PAK 1/150)	1	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) 100mg, 20mg, 50mg	1	
<i>doxycycline hyclate</i> 100mg	1	B/D
ERYPED 200	2	
ERYTHROCIN LACTOBIONATE	2	B/D
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin stearate</i>	1	
<i>gentamicin in saline</i>	1	B/D
<i>gentamicin sulfate</i>	1	B/D
<i>minocycline hcl</i> (generic of DYNACIN)	1	
<i>nafcillin sodium</i>	1	B/D
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
<i>penicillin g potassium</i>	1	B/D
PENICILLIN G PROCAINE	2	
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium-tazobactam sodium</i> (generic of ZOSYN)	1	B/D
<i>streptomycin sulfate</i>	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
SULFADIAZINE	2	
SUPRAX	3	
<i>tetracycline hcl</i>	1	
<i>tobramycin sulfate</i>	1	B/D
ANTIFUNGALS		
<i>amphotericin b</i>	1	B/D
ANCOBON	2	
CANCIDAS	4	B/D NM
<i>clotrimazole</i> (generic of MYCELEX)	1	
<i>fluconazole</i> (generic of DIFLUCAN)	1	
<i>fluconazole in dextrose</i>	1	B/D
GRIS-PEG	2	
<i>griseofulvin microsize</i>	1	
<i>itraconazole</i> (generic of SPORANOX)	1	PA
<i>ketoconazole</i>	1	
NOXAFIL	4	NM
<i>nystatin</i>	1	
<i>terbinafine hcl</i> (generic of LAMISIL) QL (90 tabs / year)	1	QL PA
VFEND IV	2	PA
VFEND SUS 40MG/ML	4	NM PA
<i>voriconazole</i> (generic of VFEND)	4	NM
ANTIMALARIALS		
<i>chloroquine phosphate</i>	1	
COARTEM	3	
DARAPRIM	2	
MALARONE	2	
<i>mefloquine hcl</i>	1	
ANTIRETROVIRAL AGENTS		
APTIVUS	2	
ATRIPLA	4	NM
COMBIVIR	2	
CRIXIVAN	2	
<i>didanosine</i> (generic of VIDEX EC)	1	
EDURANT	4	NM
EMTRIVA	2	
EPIVIR	2	
EPZICOM	2	
FUZEON	4	NM
INTELENCE	2	

Drug Name	Drug Requirements/ Tier	Limits
INVIRASE	2	
ISENTRESS	4	NM
KALETRA	2	
LEXIVA	2	
NORVIR	2	
PREZISTA 150mg, 75mg	2	
PREZISTA 400mg, 600mg	4	NM
RESCRIPTOR	2	
RETROVIR IV INFUSION	2	
REYATAZ	2	
SELZENTRY	4	NM
<i>stavudine</i> (generic of ZERIT)	1	
SUSTIVA	2	
TRIZIVIR	2	
TRUVADA	2	
VIDEX	2	
VIRACEPT	2	
VIRAMUNE	2	
VIRAMUNE XR	2	
VIREAD	2	
ZIAGEN	2	
<i>zidovudine</i> (generic of RETROVIR)	1	
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	3	B/D
<i>ethambutol hcl</i> (generic of MYAMBUTOL)	1	
<i>isoniazid</i> 100mg, 300mg, 50mg/5ml	1	
<i>isoniazid</i> 100mg/ml	1	B/D
MYCOBUTIN	2	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifampin</i> (generic of RIFADIN) 150mg, 300mg	1	
<i>rifampin</i> (generic of RIFADIN) 600mg	1	B/D
SEROMYCIN	3	
TRECTOR	3	
ANTIVIRALS		
<i>acyclovir</i> (generic of ZOVIRAX) 200mg, 200mg/5ml, 400mg, 800mg	1	
<i>acyclovir</i> 500mg injection	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
BARACLUDE .05mg/ml	2	
BARACLUDE .5mg, 1mg	4	NM
EPIVIR HBV	2	
<i>famciclovir</i> (generic of FAMVIR)	1	
<i>ganciclovir</i> 250mg	1	
<i>ganciclovir</i> 500mg	4	NM
<i>ganciclovir inj 500mg</i> (generic of CYTOVENE)	1	B/D
HEPSERA	4	NM PA
REBETOL	4	NM PA
RELENZA DISKHALER QL (3 inhalers / 180 days)	2	QL
<i>ribapak pak</i>	4	NM PA
<i>ribasphere tab 400mg</i>	4	NM PA
<i>ribasphere tab 600mg</i>	4	NM PA
<i>ribavirin 200mg</i> (generic of COPEGUS)	1	NM PA
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	1	
TAMIFLU 12mg/ml QL (10.5 bottles / 180 days)	2	QL
TAMIFLU 30mg QL (84 caps / 180 days)	2	QL
TAMIFLU 45mg, 75mg QL (42 caps / 180 days)	2	QL
TYZEKA	4	NM PA
<i>valacyclovir hcl</i> (generic of VALTREX)	1	
VALCYTE	4	NM
VICTRELIS	4	NM PA
MISCELLANEOUS		
ALBENZA	2	
ALINIA 100mg/5ml QL (3 bottles / 30 days)	2	QL
ALINIA 500mg QL (12 tabs / 30 days)	2	QL
CLEOCIN CAP 75MG	2	
CLEOCIN PED SOL 75MG/5ML	2	
<i>clindamycin hcl</i> (generic of CLEOCIN)	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE)	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>colistimethate sodium</i> (generic of COLY-MYCIN M)	1	B/D
CUBICIN	4	B/D NM
<i>dapsone</i>	1	
<i>erythromycin-sulfisoxazole</i>	1	
INVANZ	2	B/D
MACRODANTIN CAP 25MG	2	
<i>mebendazole</i>	1	
MEPRON	4	NM
<i>methenamine hippurate</i> (generic of HIPREX)	1	
<i>metronidazole</i> (generic of FLAGYL)	1	
<i>metronidazole in nacl</i>	1	B/D
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN)	1	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID)	1	
PRIMAXIN I.M.	2	
PRIMAXIN IV	2	B/D
<i>smz-tmp inj 400-80/5</i>	1	B/D
<i>sulfamethoxazole/trimetho</i> (generic of BACTRIM)	1	
<i>trimethoprim</i>	1	
TYGACIL	3	B/D
VANCOCIN HCL	4	NM
<i>vancomycin hcl</i>	1	B/D
ZYVOX	4	NM PA
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BICNU	2	B/D
BUSULFEX	2	B/D
CEENU	2	
<i>cyclophosphamide</i>	1	B/D
<i>dacarbazine</i>	1	B/D
EMCYT	2	
HEXALEN	4	NM
IFEX	2	B/D
IFOSFAMIDE	2	B/D
LEUKERAN	2	
<i>melfalan hcl</i> (generic of ALKERAN)	1	B/D
MUSTARGEN	2	B/D
TREANDA	4	B/D NM
ANTHRACYCLINES		
<i>daunorubicin hcl</i> (generic of CERUBIDINE)	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
DAUNOXOME	4	B/D NM
DOXIL	4	B/D NM
<i>doxorubicin hcl</i>	1	B/D
EPIRUBICIN HCL	4	B/D NM
<i>idarubicin hcl</i> (generic of IDAMYCIN PFS)	1	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	1	B/D
COSMEGEN	2	B/D
<i>mitomycin</i>	1	B/D
ANTIMETABOLITES		
ALIMTA	4	B/D NM
<i>cytarabine</i>	1	B/D
<i>fluorouracil inj</i>	1	B/D
<i>gemcitabine hcl</i> (generic of GEMZAR)	4	B/D NM
<i>mercaptopurine</i> (generic of PURINETHOL)	1	
<i>methotrexate sodium</i>	1	B/D
<i>pentostatin</i> (generic of NIPENT)	1	B/D
TABLOID	2	
VIDAZA	4	B/D NM
ANTIMITOTIC, TAXOIDS		
<i>paclitaxel</i>	2	B/D
TAXOTERE	4	B/D NM
ANTIMITOTIC, VINCA ALKALOIDS		
VINBLASTINE SULFATE	2	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i> (generic of NAVELBINE)	1	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	4	B/D NM
CAMPATH	2	B/D
HERCEPTIN	4	B/D NM
ISTODAX	4	B/D NM
ONTAK	2	B/D
PROLEUKIN	4	B/D NM
RITUXAN	4	NM PA
VELCADE	4	B/D NM
ZOLINZA	4	NM
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> (generic of ARIMIDEX)	1	
<i>bicalutamide</i> (generic of CASODEX)	1	
DEPO-PROVERA INJ 400/ML	2	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>exemestane</i> (generic of AROMASIN)	1	
FARESTON	2	
FASLODEX	4	B/D NM
<i>flutamide</i>	1	
<i>letrozole</i> (generic of FEMARA)	1	
<i>leuprolide acetate</i>	1	NM PA
LUPRON DEPOT 11.25mg, 3.75mg	2	NM PA
LUPRON DEPOT 22.5mg, 30mg, 7.5mg	4	NM PA
LUPRON DEPOT-PED	4	NM PA
MEGACE ES	2	
<i>megestrol acetate</i>	1	
NILANDRON	2	
<i>tamoxifen citrate</i>	1	
TRELSTAR DEPOT MIXJECT	2	B/D NM
TRELSTAR LA MIXJECT	2	B/D NM
TRELSTAR MIXJECT	4	B/D NM
ZYTIGA	4	NM PA
KINASE INHIBITORS		
AFINITOR	4	NM PA
GLEEVEC	4	NM PA
NEXAVAR	4	NM PA
SPRYCEL	4	NM PA
SUTENT	4	NM PA
TARCEVA	4	NM PA
TASIGNA	4	NM PA
TYKERB	4	NM PA
VANDETANIB	4	NM
VOTRIENT	4	NM PA
MISCELLANEOUS		
DROXIA	2	
ELSPAR	2	B/D NM
<i>hydroxyurea</i> (generic of HYDREA)	1	
IRINOTECAN	4	B/D NM
LYSODREN	4	NM
MATULANE	4	NM
<i>mitoxantrone hcl</i>	1	B/D NM
PHOTOFRIN	2	B/D
TARGRETIN 75mg	4	NM PA
TRETINOIN 10mg capsule	4	NM
TRISENOX	2	B/D

Drug Name	Drug Requirements/ Tier	Limits
NUCLEOSIDE ANALOGS		
<i>cladribine</i> (generic of LEUSTATIN)	1	B/D
FLUDARABINE PHOSPHATE	4	B/D NM
PLATINUM COORDINATION COMPLEX		
<i>carboplatin</i>	1	B/D
<i>cisplatin</i>	1	B/D
OXALIPLATIN	4	B/D NM
PROTECTIVE AGENTS		
<i>amifostine crystalline</i> (generic of ETHYOL)	4	B/D NM
<i>dexrazoxane</i> (generic of ZINECARD)	1	B/D
ELITEK	4	B/D NM
<i>ifosfamide & mesna</i>	1	B/D
<i>leucovorin ca inj</i>	1	B/D
<i>leucovorin calcium</i> 25mg, 5mg	1	
LEUCOVORIN CALCIUM 10mg, 15mg	2	
<i>mesna</i> (generic of MESNEX)	1	B/D
MESNEX	4	NM
TOPOISOMERASE INHIBITORS		
<i>etoposide</i>	1	B/D
<i>topotecan hcl</i> (generic of HYCAMTIN)	4	B/D NM
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlod/benazp cap</i> 2.5-10mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlod/benazp cap</i> 5-10mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine</i>	1	
<i>besylate-benazepril hcl</i> (generic of LOTREL)		
<i>benazep/hctz tab</i> 10-12.5 (generic of LOTENSIN HCT) QL (60 tabs / 30 days)	1	QL
<i>benazep/hctz tab</i> 5-6.25 QL (120 tabs / 30 days)	1	QL
<i>benazepril & hydrochlorothiazide</i> (generic of LOTENSIN HCT)	1	
<i>captopril & hydrochlorothiazide</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>enalapril maleate & hydrochlorothiazide</i> (generic of VASERETIC)	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril/hctz tab 10-12.5</i> (generic of PRINZIDE) QL (60 tabs / 30 days)	1	QL
<i>lisinopril & hydrochlorothiazide</i> (generic of PRINZIDE)	1	
<i>moexipril-hydrochlorothiazide</i> (generic of UNIRETIC)	1	
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	1	
<i>quinapril/hctz tab 10-12.5</i> (generic of ACCURETIC) QL (60 tabs / 30 days)	1	QL
ACE INHIBITORS		
<i>benazepril hcl</i> (generic of LOTENSIN)	1	
<i>captopril</i>	1	
<i>enalapril maleate</i> (generic of VASOTEC)	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i> (generic of PRINIVIL) 10mg, 2.5mg QL (120 tabs / 30 days)	1	QL
<i>lisinopril</i> (generic of PRINIVIL) 20mg QL (60 tabs / 30 days)	1	QL
<i>lisinopril</i> (generic of ZESTRIL) 30mg, 40mg	1	
<i>lisinopril</i> (generic of PRINIVIL) 5mg QL (180 tabs / 30 days)	1	QL
<i>moexipril hcl</i> (generic of UNIVASC)	1	
<i>perindopril erbumine</i> (generic of ACEON)	1	
<i>quinapril hcl</i> (generic of ACCUPRIL)	1	
<i>ramipril</i> (generic of ALTACE)	1	
<i>trandolapril</i> (generic of MAVIK)	1	
ADRENOLYTICS, CENTRAL		
<i>clonidine hcl</i> (generic of CATAPRES)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>guanfacine hcl</i> (generic of TENEX)	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> (generic of INSPRA)	1	PA
<i>spironolactone</i> (generic of ALDACTONE)	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> (generic of CARDURA)	1	
<i>prazosin hcl</i> (generic of MINIPRESS)	1	
<i>terazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
AZOR	2	
BENICAR HCT	2	
BENICAR HCT TAB 20-12.5 QL (30 tabs / 30 days)	2	QL
DIOVAN HCT	2	
DIOVAN HCT TAB 160/12.5 QL (30 tabs / 30 days)	2	QL
DIOVAN HCT TAB 80/12.5 QL (30 tabs / 30 days)	2	QL
EXFORGE	2	
EXFORGE HCT	2	
EXFORGE TAB 5-160MG QL (30 tabs / 30 days)	2	QL
EXFORGEHCT/5-160-12.5 QL (30 tabs / 30 days)	2	QL
<i>losartan potassium & hydrochlorothiazide</i> (generic of HYZAAR)	1	
TRIBENZOR	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
BENICAR	2	
DIOVAN	2	
<i>losartan potassium</i> (generic of COZAAR)	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> (generic of CORDARONE)	1	
<i>amiodarone inj 50mg/ml</i>	1	B/D
<i>disopyramide phosphate</i> (generic of NORPACE)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>flecainide acetate</i> (generic of TAMBOCOR)	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NORPACE CR	2	
PACERONE TAB 100MG	2	
<i>propafenone hcl</i> (generic of RYTHMOL)	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
<i>sotalol hcl</i> (generic of BETAPACE)	1	
TIKOSYN	2	NM
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
CRESTOR 10mg, 20mg, 5mg	1	QL
QL (30 tabs / 30 days)		
CRESTOR 40mg	1	
LIPITOR 10mg, 20mg, 40mg	1	QL
QL (30 tabs / 30 days)		
LIPITOR 80mg	1	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i> (generic of PRAVACHOL) 10mg, 20mg, 40mg	1	QL
QL (30 tabs / 30 days)		
<i>pravastatin sodium</i> (generic of PRAVACHOL) 80mg	1	
<i>simvastatin</i> (generic of ZOCOR) 10mg, 20mg, 40mg, 5mg	1	QL
QL (30 tabs / 30 days)		
<i>simvastatin</i> (generic of ZOCOR) 80mg	1	
ANTILIPEMICS, MISCELLANEOUS		
ANTARA	2	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT)	1	
<i>colestipol hcl</i> (generic of COLESTID)	1	
<i>fenofibrate</i> (generic of LOFIBRA)	1	
<i>fenofibrate micronized</i> (generic of LOFIBRA)	1	
<i>gemfibrozil</i> (generic of LOPID)	1	
LIPOFEN	2	
NIASPAN 1000mg, 750mg	2	

Drug Name	Drug Requirements/ Tier	Limits
NIASPAN 500mg	2	QL
QL (60 ea / 30 days)		
TRICOR	2	
TRILIPIX	2	
WELCHOL	2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i> (generic of TENORETIC 100)	1	
<i>bisoprolol & hydrochlorothiazide</i> (generic of ZIAC)	1	
<i>metoprolol & hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> (generic of SECTRAL)	1	
<i>atenolol</i> (generic of TENORMIN)	1	
<i>bisoprolol fumarate</i> (generic of ZEBETA)	1	
<i>carvedilol</i> (generic of COREG)	1	
<i>labetalol hcl</i> (generic of TRANDATE) 100mg, 200mg, 300mg	1	
<i>labetalol hcl</i> 5mg/ml	1	B/D
<i>metoprolol succinate</i> (generic of TOPROL XL)	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) 100mg, 25mg, 50mg	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) 1mg/ml	1	B/D
<i>nadolol</i> (generic of CORGARD)	1	
<i>pindolol</i>	1	
<i>propranolol hcl</i> 10mg, 120mg, 160mg, 20mg, 20mg/5ml, 40mg, 40mg/5ml, 60mg, 80mg	1	
<i>propranolol hcl</i> 1mg/ml	1	B/D
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> (generic of NORVASC) 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate</i> (generic of NORVASC) 2.5mg QL (120 tabs / 30 days)	1	QL
<i>amlodipine besylate</i> (generic of NORVASC) 5mg QL (60 tabs / 30 days)	1	QL
CARDIZEM CD 360mg	2	
<i>diltiazem hcl</i> (generic of CARDIZEM) 120mg, 180mg, 240mg, 30mg, 60mg, 90mg	1	
<i>diltiazem hcl</i> 25mg/5ml	1	B/D
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD)	1	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC)	1	
<i>felodipine</i>	1	
<i>isradipine</i>	1	
<i>nifediac cc</i> (generic of ADALAT CC)	1	
<i>nifedical xl</i> (generic of PROCARDIA XL) 30mg QL (90 ea / 30 days)	1	QL
<i>nifedical xl</i> (generic of PROCARDIA XL) 60mg	1	
<i>nifedipine</i> (generic of ADALAT CC)	1	
<i>nifedipine er</i> (generic of PROCARDIA XL) 30mg QL (90 ea / 30 days)	1	QL
<i>nifedipine er</i> (generic of PROCARDIA XL) 60mg, 90mg	1	
NIMODIPINE	2	
<i>nisoldipine</i> (generic of SULAR) 17mg, 25.5mg, 30mg, 34mg, 40mg, 8.5mg	1	
<i>nisoldipine</i> 20mg QL (60 ea / 30 days)	1	QL
<i>verapamil hcl</i> (generic of VERELAN PM) 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 40mg, 80mg	1	
<i>verapamil hcl</i> 2.5mg/ml	1	B/D
DIGITALIS GLYCOSIDES		
<i>digoxin</i> (generic of LANOXIN)	1	
DIGOXIN SOL 50MCG/ML	1	
LANOXIN	2	

Drug Name	Drug Requirements/ Tier	Limits
DIRECT RENIN INHIBITORS/COMBINATIONS		
AMTURNIDE	2	
TEKAMLO	2	
TEKTURNA 150mg QL (30 tabs / 30 days)	2	QL
TEKTURNA 300mg	2	
TEKTURNA HCT	2	
VALTURNA	2	
VALTURNA TAB 150-160 QL (30 tabs / 30 days)	2	QL
DIURETICS		
<i>acetazolamide</i>	1	
<i>amiloride & hydrochlorothiazide</i>	1	
<i>amiloride hcl</i> (generic of MIDAMOR)	1	
<i>bumetanide</i> .25mg/ml	1	B/D
<i>bumetanide</i> .5mg, 1mg, 2mg	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>furosemide</i> 10mg/ml, 20mg, 40mg, 80mg	1	
<i>furosemide</i> 10mg/ml	1	B/D
<i>hydrochlorothiazide</i> (generic of MICROZIDE)	1	
<i>indapamide</i>	1	
<i>methazolamide</i> (generic of NEPTAZANE)	1	
<i>metolazone</i>	1	
<i>spironolactone & hydrochlorothiazide</i> (generic of ALDACTAZIDE)	1	
<i>torseamide</i> (generic of DEMADEX) 100mg, 10mg, 20mg, 5mg	1	
TORSEMIDE 20mg/2ml	2	B/D
<i>triamterene & hydrochlorothiazide</i> (generic of DYZAZIDE)	1	
MISCELLANEOUS		
BIDIL	2	
<i>hydralazine hcl</i> 100mg, 10mg, 25mg, 50mg	1	
<i>hydralazine hcl</i> 20mg/ml	1	B/D
<i>methyl dopa</i>	1	
<i>midodrine hcl</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>minoxidil</i>	1	
RANEXA	2	PA
NITRATES		
ISORDIL TITRADOSE	2	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i> (generic of MONOKET)	1	
<i>minitran</i> (generic of NITRO-DUR) patch	1	
NITRO-DUR 0.3mg, 0.8mg	2	
<i>nitroglycerin</i> (generic of NITRO-DUR) patch	1	
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	4	NM PA
LETAIRIS	4	NM PA
REMODULIN	4	B/D NM
REVATIO	4	NM PA
TRACLEER	4	NM LA PA
CENTRAL NERVOUS SYSTEM ANTI-ANXIETY		
<i>buspirone hcl</i>	1	
<i>fluvoxamine tab 100mg</i>	1	
<i>fluvoxamine tab 25mg</i> QL (45 tabs / 30 days)	1	QL
<i>fluvoxamine tab 50mg</i> QL (45 tabs / 30 days)	1	QL
ANTICONVULSANTS		
BANZEL	3	PA
<i>carbamazepine</i> (generic of TEGRETOL)	1	
CELONTIN	2	
DILANTIN	2	
DILANTIN INFATABS	2	
<i>divalproex sodium</i> (generic of DEPAKOTE)	1	
<i>ethosuximide</i> (generic of ZARONTIN)	1	
FELBATOL	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>gabapentin</i> (generic of NEURONTIN) 100mg QL (1080 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) 250mg/5ml QL (5 bottles / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) 300mg QL (360 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) 400mg QL (270 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) 800mg QL (120 tabs / 30 days)	1	QL
GABITRIL	3	
<i>lamotrigine</i> (generic of LAMICTAL)	1	
<i>levetiracetam</i> (generic of KEPPRA)	1	
LYRICA 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg QL (120 caps / 30 days)	2	QL
LYRICA 300mg QL (60 caps / 30 days)	2	QL
<i>oxcarbazepine</i> (generic of TRILEPTAL)	1	
PEGANONE	2	
<i>phenytoin</i> (generic of DILANTIN)	1	
<i>phenytoin inj 50mg/ml</i>	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN)	1	
<i>primidone</i> (generic of MYSOLINE)	1	
SABRIL	4	NM PA
TEGRETOL XR TAB 100MG	2	
<i>topiramate</i> (generic of TOPAMAX)	1	
<i>valproate sodium</i> (generic of DEPACON)	1	
<i>valproic acid</i> (generic of DEPAKENE)	1	
VIMPAT	2	

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Drug Name	Drug Requirements/ Tier	Limits
zonisamide (generic of ZONEGRAN)	1	
ANTIDEMENTIA		
donepezil 10mg (generic of ARICEPT)	1	
donepezil 5mg (generic of ARICEPT) QL (30 tabs / 30 days)	1	QL
donepezil tab odt 5mg (generic of ARICEPT ODT) QL (30 ea / 30 days)	1	QL
EXELON 2mg/ml soln QL (2 bottles / 30 days)	2	QL
EXELON 4.6mg/24hr, 9.5mg/24hr QL (30 ea / 30 days) patch	2	QL
galantamine cap 8mg er (generic of RAZADYNE ER) QL (30 ea / 30 days)	1	QL
galantamine hydrobromide (generic of RAZADYNE)	1	
NAMENDA	2	
NAMENDA TITRATION PAK	2	
rivastigmine tartrate (generic of EXELON) 1.5mg QL (240 caps / 30 days)	1	QL
rivastigmine tartrate (generic of EXELON) 3mg QL (120 caps / 30 days)	1	QL
rivastigmine tartrate (generic of EXELON) 4.5mg, 6mg QL (60 caps / 30 days)	1	QL
ANTIDEPRESSANTS		
amitriptyline hcl	1	
AMOXAPINE	2	
bupropion hcl (generic of WELLBUTRIN)	1	
citalopram hydrobromide (generic of CELEXA) 10mg, 20mg QL (45 tabs / 30 days)	1	QL
citalopram hydrobromide 10mg/5ml, 40mg	1	
clomipramine hcl (generic of ANAFRANIL)	1	
CYMBALTA 20mg, 30mg QL (30 ea / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
CYMBALTA 60mg	2	
desipramine hcl (generic of NORPRAMIN)	1	
doxepin hcl	1	
EMSAM QL (30 ea / 30 days)	2	QL PA
fluoxetine hcl (generic of PROZAC) 10mg, 20mg QL (30 caps / 30 days)	1	QL
fluoxetine hcl 10mg QL (45 tabs / 30 days)	1	QL
fluoxetine hcl 20mg/5ml, 40mg	1	
fluoxetine tab 20mg	1	
imipramine hcl (generic of TOFRANIL)	1	
LEXAPRO 10mg, 5mg QL (45 tabs / 30 days)	3	QL
LEXAPRO 20mg, 5mg/5ml	3	
maprotiline hcl	1	
MARPLAN	2	
mirtazapine (generic of REMERON) 15mg, 7.5mg QL (45 tabs / 30 days)	1	QL
mirtazapine (generic of REMERON) 30mg, 45mg	1	
mirtazapine tab 15mg odt (generic of REMERON SOLTAB) QL (45 ea / 30 days)	1	QL
nefazodone hcl	1	
nortriptyline hcl (generic of PAMELOR)	1	
paroxetine hcl (generic of PAXIL) 10mg, 20mg QL (45 tabs / 30 days)	1	QL
paroxetine hcl (generic of PAXIL) 10mg/5ml, 25mg, 30mg, 37.5mg, 40mg	1	
paroxetine hcl (generic of PAXIL CR) 12.5mg QL (30 ea / 30 days)	1	QL
phenelzine sulfate (generic of NARDIL)	1	
PRISTIQ 100mg	3	ST
PRISTIQ 50mg QL (30 ea / 30 days)	3	QL ST
protriptyline hcl (generic of VIVACTIL)	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>sertraline hcl</i> (generic of ZOLOFT) 100mg, 20mg/ml	1	
<i>sertraline hcl</i> (generic of ZOLOFT) 25mg, 50mg QL (45 tabs / 30 days)	1	QL
SURMONTIL	2	
<i>tranylcypromine sulfate</i> (generic of PARNATE)	1	
<i>trazodone hcl</i>	1	
<i>venlafaxine hcl</i> 100mg, 150mg, 25mg, 37.5mg, 50mg, 75mg	1	
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) 37.5mg, 75mg QL (30 ea / 30 days) ext rel	1	QL
VIIBRYD	3	ST
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i>	1	
APOKYN	4	NM
AZILECT	2	
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i> (generic of PARLODEL)	1	
<i>carbidopa-levodopa</i> (generic of PARCOPA)	1	
COMTAN	2	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX)	1	
<i>ropinirole hydrochloride</i> (generic of REQUIP)	1	
<i>selegiline hcl</i> (generic of ELDEPRYL)	1	
STALEVO 100	2	
STALEVO 125	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	
<i>trihexyphenidyl hcl</i>	1	
ANTIPSYCHOTICS		
ABILIFY 10mg, 15mg, 5mg QL (30 tabs / 30 days)	3	QL
ABILIFY 1mg/ml, 20mg, 2mg, 30mg, 9.75mg/1.3ml	3	
ABILIFY DISCMELT	3	

Drug Name	Drug Requirements/ Tier	Limits
CHLORPROMAZ INJ 25MG/ML	2	
<i>chlorpromazine hcl</i>	1	
<i>clozapine</i> (generic of CLOZARIL)	1	
FANAPT	3	ST
FANAPT TITRATION PACK	3	ST
FAZACLO	3	PA
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
GEODON 20mg QL (240 caps / 30 days)	3	QL
GEODON 40mg QL (120 caps / 30 days)	3	QL
GEODON 60mg, 80mg QL (60 caps / 30 days)	3	QL
GEODON INJ	3	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100)	1	
<i>haloperidol lactate</i>	1	
INVEGA 1.5mg, 3mg QL (30 ea / 30 days)	3	QL ST
INVEGA 6mg, 9mg	3	ST
INVEGA SUSTENNA 39mg/0.25ml, 78mg/0.5ml	3	PA
INVEGA SUSTENNA 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	NM PA
LATUDA	3	ST
<i>loxapine succinate</i> (generic of LOXITANE)	1	
ORAP	2	
<i>perphenazine</i>	1	
RISPERDAL CONSTA 12.5mg, 25mg QL (2 vials / 30 days)	2	QL PA
RISPERDAL CONSTA 37.5mg, 50mg QL (2 vials / 30 days)	4	QL NM PA
<i>risperidone</i> (generic of RISPERDAL) .25mg, .5mg QL (90 tabs / 30 days)	1	QL
<i>risperidone</i> .25mg QL (90 ea / 30 days) ODT	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>risperidone</i> (generic of RISPERSDAL M-TAB) .5mg QL (90 tabs / 30 days) ODT	1	QL
<i>risperidone</i> (generic of RISPERSDAL) 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL
<i>risperidone</i> (generic of RISPERSDAL M-TAB) 1mg, 2mg, 3mg QL (60 tabs / 30 days) ODT	1	QL
<i>risperidone</i> (generic of RISPERSDAL) 1mg/ml, 4mg	1	
SAPHRIS	3	ST
SEROQUEL 100mg QL (240 tabs / 30 days)	2	QL
SEROQUEL 200mg QL (120 tabs / 30 days)	2	QL
SEROQUEL 25mg QL (960 tabs / 30 days)	2	QL
SEROQUEL 300mg, 400mg QL (60 tabs / 30 days)	2	QL
SEROQUEL 50mg QL (480 tabs / 30 days)	2	QL
SEROQUEL XR 150mg, 200mg QL (30 ea / 30 days)	2	QL
SEROQUEL XR 300mg, 400mg QL (60 ea / 30 days)	2	QL
SEROQUEL XR 50mg QL (120 ea / 30 days)	2	QL
<i>thioridazine hcl</i>	1	PA
<i>thiothixene</i> (generic of NAVANE)	1	
<i>trifluoperazine hcl</i>	1	
ZYPREXA 10mg injection	3	
ZYPREXA 10mg, 15mg, 20mg	3	
ZYPREXA 2.5mg, 5mg, 7.5mg QL (30 tabs / 30 days)	3	QL
ZYPREXA ZYDIS 10mg, 15mg, 20mg	3	
ZYPREXA ZYDIS 5mg QL (30 ea / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine</i> (generic of ADDERALL)	1	PA
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE)	1	PA
<i>methylphenidate hcl</i> (generic of RITALIN) 10mg, 10mg/5ml, 20mg, 5mg, 5mg/5ml	1	PA
<i>methylphenidate hcl</i> 10mg, 20mg ext rel	1	
STRATTERA	2	PA
HYPNOTICS		
<i>zaleplon</i> (generic of SONATA) QL (30 caps / 30 days)	1	QL
<i>zolpidem tartrate</i> (generic of AMBIEN) QL (30 tabs / 30 days)	1	QL
MIGRAINE		
<i>dihydroergotamine mesylate</i> (generic of D.H.E. 45)	1	
<i>ergotamine w/ caffeine</i> (generic of CAFERGOT)	1	
MAXALT QL (12 tabs / 30 days)	2	QL
MAXALT-MLT QL (12 ea / 30 days)	2	QL
MIGERGOT	2	
<i>sumatriptan succinate</i> (generic of IMITREX) 100mg, 25mg, 50mg QL (9 tabs / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) 4mg/0.5ml QL (20 vials / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX) 6mg/0.5ml QL (10 vials / 30 days)	1	QL
MISCELLANEOUS		
GUANIDINE HCL	2	
LITHIUM CARB TAB 300MG	1	
<i>lithium carbonate</i> (generic of LITHIUM CARBONATE)	1	
LITHIUM CITRATE	2	

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Drug Name	Drug Requirements/ Tier	Limits
MESTINON	2	
MESTINON TIMESPAN	2	
NUDEXTA	3	QL PA
QL (60 caps / 30 days)		
<i>pyridostigmine bromide</i> (generic of MESTINON)	1	
REGONOL	2	B/D
RILUTEK	4	NM
XENAZINE	4	NM PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	4	NM PA
AVONEX	4	QL NM PA
QL (4 syringes / 28 days)		
COPAXONE	4	QL NM PA
QL (30 syringes / 30 days)		
EXTAVIA	4	QL NM PA
QL (14 syringes / 28 days)		
GILENYA	4	NM PA
REBIF	4	QL NM PA
QL (12 syringes / 28 days)		
REBIF TITRATION PACK	4	QL NM PA
QL (12 syringes / 28 days)		
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i>	1	
<i>carisoprodol</i> (generic of SOMA)	1	QL PA
QL (120 tabs / 30 days)		
<i>chlorzoxazone</i> (generic of PARAFON FORTE DSC)	1	PA
<i>cyclobenzaprine hcl</i> (generic of FLEXERIL)	1	PA
<i>dantrolene sodium</i> (generic of DANTRIUM)	1	
<i>metaxalone</i> (generic of SKELAXIN)	1	PA
<i>methocarbamol</i> (generic of ROBAXIN)	1	PA
<i>orphenadrine citrate</i>	1	PA
<i>orphenadrine w/ aspirin & caff</i>	1	PA
ROBAXIN INJ 100MG/ML	2	B/D
<i>tizanidine hcl</i>	1	
NARCOLEPSY/CATAPLEXY		
NUVIGIL	2	PA

Drug Name	Drug Requirements/ Tier	Limits
XYREM	4	NM LA PA
PSYCHOTHERAPEUTIC-MISCELLANEOU S		
ANTABUSE	2	
<i>buprenorphine hcl</i> (generic of SUBUTEX)	1	PA
<i>bupropion hcl</i> (<i>smoking deterrent</i>) (generic of ZYBAN)	1	
CAMPRAL	2	PA
CHANTIX	3	PA
<i>naloxone hcl</i>	1	
<i>naltrexone hcl</i> (generic of REVIA)	1	
NICOTROL INHALER	3	PA
NICOTROL NS	3	PA
<i>perphenazine-amitriptyline</i>	1	
SUBOXONE SL FILM	2	QL PA
QL (120 boxes / 30 days)		
ENDOCRINE AND METABOLIC ANDROGENS		
ANADROL-50	4	NM PA
ANDRODERM	2	QL PA
QL (30 ea / 30 days)		
ANDROXY	2	PA
<i>oxandrolone</i> (generic of OXANDRIN) 2.5mg	1	PA
<i>oxandrolone</i> (generic of OXANDRIN) 10mg	4	NM PA
TESTIM	3	QL PA
QL (300 gm / 30 days)		
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE)	1	B/D
<i>testosterone enanthate</i> (generic of DELATESTRYL)	1	B/D
ANTIDIABETICS, INJECTABLE		
ALCOHOL PREPS	2	QL
QL (100 pads / 30 days)		
BYETTA	2	QL PA
QL (1 pen / 30 days)		
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	

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Drug Name	Drug Requirements/ Tier	Limits
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILL	2	
SYMLIN	2	PA
SYMLINPEN 120	2	PA
SYMLINPEN 60	2	PA
VICTOZA	2	QL
QL (3 pens / 30 days)		
ANTIDIABETICS, ORAL		
<i>acarbose</i> (generic of PRECOSE)	1	
ACTOPLUS MET	2	QL
QL (90 tabs / 30 days)		
ACTOS 15mg	2	QL
QL (90 tabs / 30 days)		
ACTOS 30mg	2	QL
QL (45 tabs / 30 days)		
ACTOS 45mg	2	QL
QL (30 tabs / 30 days)		
DUETACT	2	QL
QL (30 tabs / 30 days)		
<i>glimepiride</i> (generic of AMARYL) 1mg	1	QL
QL (240 tabs / 30 days)		
<i>glimepiride</i> (generic of AMARYL) 2mg	1	QL
QL (120 tabs / 30 days)		
<i>glimepiride</i> (generic of AMARYL) 4mg	1	QL
QL (60 tabs / 30 days)		
<i>glipizide</i> (generic of GLUCOTROL) 10mg	1	QL
QL (120 tabs / 30 days)		
<i>glipizide</i> (generic of GLUCOTROL XL) 2.5mg	1	QL
QL (240 ea / 30 days)		
<i>glipizide</i> (generic of GLUCOTROL) 5mg	1	QL
QL (240 tabs / 30 days)		
<i>glipizide er tab 10mg</i> (generic of GLUCOTROL XL)	1	QL
QL (60 ea / 30 days)		
<i>glipizide er tab 5mg</i> (generic of GLUCOTROL XL)	1	QL
QL (120 ea / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>glipizide-metformin hcl</i> (generic of METAGLIP)	1	
<i>glyburide</i> 1.25mg	1	QL
QL (480 tabs / 30 days)		
<i>glyburide</i> 2.5mg	1	QL
QL (240 tabs / 30 days)		
<i>glyburide</i> 5mg	1	QL
QL (120 tabs / 30 days)		
<i>glyburide micronized</i> (generic of GLYNASE) 1.5mg	1	QL
QL (240 tabs / 30 days)		
<i>glyburide micronized</i> (generic of GLYNASE) 3mg	1	QL
QL (120 tabs / 30 days)		
<i>glyburide micronized</i> (generic of GLYNASE) 6mg	1	QL
QL (60 tabs / 30 days)		
<i>glyburide-metformin</i> (generic of GLUCOVANCE)	1	
JANUMET	2	
JANUVIA 100mg	2	
JANUVIA 25mg, 50mg	2	QL
QL (30 tabs / 30 days)		
KOMBIGLYZE XR	2	
<i>metformin hcl</i> (generic of GLUCOPHAGE) 1000mg, 850mg	1	QL
QL (90 tabs / 30 days)		
<i>metformin hcl</i> (generic of GLUCOPHAGE) 500mg	1	QL
QL (150 tabs / 30 days)		
<i>metformin hcl</i> (generic of GLUCOPHAGE XR) 750mg	1	QL
QL (90 ea / 30 days)		
<i>metformin tab 500mg er</i> (generic of GLUCOPHAGE XR)	1	QL
QL (120 ea / 30 days)		
<i>nateglinide</i> (generic of STARLIX)	1	
ONGLYZA 2.5mg	2	QL
QL (30 tabs / 30 days)		
ONGLYZA 5mg	2	
PRANDIN	2	
BISPHOSPHONATES		
<i>alendronate sodium</i> (generic of FOSAMAX) 10mg, 40mg, 5mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>alendronate sodium</i> (generic of FOSAMAX) 35mg, 70mg QL (4 tabs / 30 days)	1	QL
BONIVA 150mg	2	
BONIVA 3mg/3ml	2	B/D
ZOMETA	4	B/D NM
CALCITONINS		
<i>calcitonin (salmon)</i> (generic of MIACALCIN)	1	
MIACALCIN injection	2	B/D
CALCIUM RECEPTOR ANTAGONISTS		
SENSIPAR 30mg	2	NM
SENSIPAR 60mg, 90mg	4	NM
CHELATING AGENTS		
EXJADE 125mg	2	NM PA
EXJADE 250mg, 500mg	4	NM PA
<i>sodium polystyrene sulfonate</i> (generic of KAYEXALATE)	1	
SYPRINE	2	
CONTRACEPTIVES		
<i>desogestrel & ethinyl estradiol</i> (generic of DESOGEN)	1	
<i>desogestrel-ethinyl estradiol (triphasic)</i> (generic of CYCLESSA)	1	
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	1	
<i>ethynodiol diacet & eth estrad</i>	1	
<i>levonorgestrel & eth estradiol</i> (generic of NORDETTE-28)	1	
<i>levonorgestrel (emergency oc)</i> (generic of PLAN B)	1	
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	
<i>levonorgestrel-ethinyl estradiol (91-day)</i> (generic of SEASONALE)	1	
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV) QL (1 vial / 90 days)	1	B/D QL
NECON 10/11-28	2	
<i>norethin acet & estrad-fe</i> (generic of LOESTRIN FE 1.5/30)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>norethindrone & eth estradiol</i> (generic of BREVICON-28)	1	
<i>norethindrone (contraceptive)</i> (generic of NOR-QD)	1	
<i>norethindrone acet & eth estra</i> (generic of LOESTRIN 1.5/30-21)	1	
<i>norethindrone acetate-ethinyl estradiol-fe</i> (generic of ESTROSTEP FE)	1	
<i>norethindrone-eth estradiol (triphasic)</i> (generic of ORTHO-NOVUM 7/7/7)	1	
<i>norgestimate-ethinyl estradiol</i> (generic of ORTHO-CYCLEN)	1	
<i>norgestimate-ethinyl estradiol (triphasic)</i> (generic of ORTHO TRI-CYCLEN)	1	
<i>norgestrel & ethinyl estradiol</i> (generic of LO/OVRAL)	1	
NUVARING	2	
ORTHO EVRA	2	
ORTHO TRI-CYCLEN LO	2	
zovia	1	
ENDOMETRIOSIS		
<i>danazol</i>	1	
SYNAREL	2	
ENZYME REPLACEMENTS		
ADAGEN	4	NM PA
ALDURAZYME	4	NM PA
BUPHENYL	4	NM
CEREZYME	4	NM PA
CYSTADANE	4	NM
CYSTAGON	2	NM
ELAPRASE	4	NM PA
FABRAZYME	4	NM PA
KUVAN	4	NM PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) tablet and solution	1	B/D
MYOZYME	4	NM PA
NAGLAZYME	4	NM PA
ORFADIN	4	NM PA
VPRIV	4	NM PA
ZAVESCA	4	NM PA
ESTROGEN/PROGESTINS		

Drug Name	Drug Requirements/ Tier	Limits
<i>norethindrone acetate-ethinyl estradiol</i> (generic of FEMHRT 1/5)	1	
ESTROGENS		
ESTRADERM	2	
<i>estradiol</i> (generic of CLIMARA)	1	
<i>estropipate</i>	1	PA
VAGIFEM	3	
VIVELLE-DOT	2	
GLUCOCORTICOIDS		
<i>cortisone acetate</i>	1	
<i>dexamethasone</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone sodium phosphate</i>	1	B/D
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i> (generic of CORTEF)	1	
<i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF)	1	B/D
<i>methylprednisolone</i> (generic of MEDROL)	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL)	1	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL)	1	B/D
<i>prednisolone sodium phosphate</i> (generic of ORAPRED)	1	
<i>prednisone</i>	1	
PREDNISONE INTENSOL	2	
SOLU-CORTEF	2	B/D
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	2	
HUMAN GROWTH HORMONES		
NORDITROPIN FLEXPRO	4	NM PA
NORDITROPIN NORDIFLEX PEN	4	NM PA
MISCELLANEOUS		
<i>cabergoline</i>	1	
<i>chorionic gonadotropin</i>	1	NM PA
INCRELEX	4	NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>octreotide acetate</i> (generic of SANDOSTATIN) 100mcg/ml, 200mcg/ml, 50mcg/ml	2	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 1000mcg/ml, 500mcg/ml	4	NM PA
PROLIA	3	NM PA
SANDOSTATIN LAR DEPOT	4	NM PA
SOMATULINE DEPOT	4	NM PA
SOMAVERT	4	NM PA
PARATHYROID HORMONES		
FORTEO	4	NM PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO)	1	
FOSRENOL	2	
PHOSLO	2	
RENAGEL	2	
REVELA	2	
PROGESTINS		
<i>medroxyprogesterone acetate</i> (generic of PROVERA)	1	
<i>norethindrone acetate</i> (generic of AYGESTIN)	1	
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
EVISTA	2	
THYROID AGENTS		
<i>levothyroxine sodium</i> (generic of SYNTHROID)	1	
<i>lithyronine sodium</i> (generic of CYTOMEL) tablet	1	
<i>methimazole</i> (generic of TAPAZOLE)	1	
<i>propylthiouracil</i>	1	
SYNTHROID	2	
VASOPRESSINS		
<i>desmopressin acetate</i> (generic of DDAVP)	1	
<i>desmopressin acetate refrigerated</i> (generic of DDAVP)	1	
<i>desmopressin acetate spray refrigerated</i>	1	
GASTROINTESTINAL ANTIEMETICS		

Drug Name	Drug Requirements/ Tier	Limits
DRONABINOL 2.5mg, 5mg QL (60 caps / 30 days)	2	QL PA
DRONABINOL 10mg QL (60 caps / 30 days)	4	QL NM PA
EMEND 80mg QL (4 caps / 30 days)	2	QL PA
EMEND 125mg QL (2 caps / 30 days)	2	QL PA
EMEND 40mg	2	
<i>granisetron hcl</i>	1	B/D
<i>meclizine hcl</i> (generic of ANTIVERT)	1	
<i>metoclopram inj 5mg/ml</i> (generic of REGLAN)	1	B/D
<i>metoclopramide hcl</i> (generic of REGLAN)	1	
<i>ondansetron</i> (generic of ZOFTRAN ODT)	1	B/D
<i>ondansetron hcl</i>	1	B/D
<i>ondansetron inj</i>	1	B/D
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl</i>	1	PA
<i>promethazine hcl inj</i> (generic of PHENERGAN)	1	B/D
SANCUSO QL (4 ptch / 30 days)	2	QL PA
TRANSDERM-SCOP QL (24 ea / year)	2	QL PA
<i>trimethobenzamide hcl</i> (generic of TIGAN)	1	PA
ANTISPASMODICS		
<i>dicyclomine hcl</i> (generic of BENTYL)	1	PA
<i>dicyclomine inj</i>	1	B/D
<i>glycopyrrolate</i> (generic of ROBINUL) .2mg/ml	1	B/D
<i>glycopyrrolate</i> (generic of ROBINUL) 1mg, 2mg	1	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i>	1	
<i>cimetidine inj 150mg/ml</i>	1	B/D
<i>cimetidine sol 300/5ml</i>	1	
<i>famotidine 10mg/ml</i>	1	B/D
<i>famotidine</i> (generic of PEPCID) 20mg, 40mg, 40mg/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ranitidine hcl</i> (generic of ZANTAC) 150mg, 15mg/ml, 300mg	1	
<i>ranitidine hcl</i> (generic of ZANTAC) 150mg/6ml	1	B/D
INFLAMMATORY BOWEL DISEASE		
APRISO	2	
<i>balsalazide disodium</i> (generic of COLAZAL)	1	
CANASA	2	
ENTOCORT EC	4	NM
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA)	1	
LIALDA	2	
<i>mesalamine</i>	1	
PENTASA	2	
<i>sulfasalazine</i> (generic of AZULFIDINE)	1	
LAXATIVES		
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of COLYTE-FLAVOR PACKS)	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	1	
<i>polyethylene glycol 3350</i>	1	
RELISTOR	2	PA
MISCELLANEOUS		
AMITIZA QL (60 caps / 30 days)	2	QL ST
CARAFATE suspension	2	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL)	1	PA
GASTROCROM	4	NM
<i>loperamide hcl</i>	1	
LOTRONEX .5mg QL (120 tabs / 30 days)	2	QL
LOTRONEX 1mg QL (60 tabs / 30 days)	2	QL
<i>misoprostol</i> (generic of CYTOTEC)	1	
<i>sucrafate</i> (generic of CARAFATE)	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>ursodiol</i> (generic of URSO 250)	1	
XIFAXAN TAB 550MG QL (60 tabs / 30 days)	4	QL NM PA
PANCREATIC ENZYMES		
CREON	3	ST
PANCREAZE	2	
ZENPEP	2	
PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS		
PREVPAC QL (1 box / year)	2	QL
PROTON PUMP INHIBITORS		
DEXILANT QL (30 ea / 30 days)	2	QL
NEXIUM QL (30 ea / 30 days)	2	QL
NEXIUM GRANULES QL (30 / 30 days)	2	QL
NEXIUM I.V.	2	B/D
<i>omeprazole</i> (generic of PRILOSEC) 10mg QL (30 ea / 30 days)	1	QL
<i>omeprazole</i> (generic of PRILOSEC) 20mg QL (60 ea / 30 days)	1	QL
GENITOURINARY BENIGN PROSTATIC HYPERPLASIA		
<i>finasteride</i> (generic of PROSCAR)	1	
<i>tamsulosin hcl</i> (generic of FLOMAX)	1	
UROXATRAL	2	ST
MISCELLANEOUS		
<i>bethanechol chloride</i> (generic of URECHOLINE)	1	
ELMIRON	3	
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 10)	1	
URINARY ANTISPASMODICS		
DETROL LA 2mg QL (30 ea / 30 days)	2	QL
DETROL LA 4mg	2	
ENABLEX 15mg	2	
ENABLEX 7.5mg QL (30 ea / 30 days)	2	QL
GELNIQUE	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>oxybutynin chloride</i> (generic of DITROPAN XL) 10mg, 15mg, 5mg, 5mg/5ml	1	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) 5mg QL (90 ea / 30 days)	1	QL
<i>tropium chloride</i> (generic of SANCTURA)	1	
VESICARE 10mg	2	
VESICARE 5mg QL (30 tabs / 30 days)	2	QL
VAGINAL ANTI-INFECTIVES		
CLEOCIN VAG SUPP 100MG	2	
<i>clindamycin cre 2% vag</i> (generic of CLEOCIN)	1	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	1	
<i>terconazole vaginal</i> (generic of TERAZOL 7)	1	
HEMATOLOGIC ANTICOAGULANTS		
ARIXTRA 2.5mg/0.5ml QL (60 syringes / 180 days)	2	QL
ARIXTRA 10mg/0.8ml QL (38 syringes / 180 days)	4	QL NM
ARIXTRA 5mg/0.4ml QL (75 syringes / 180 days)	4	QL NM
ARIXTRA 7.5mg/0.6ml QL (50 syringes / 180 days)	4	QL NM
COUMADIN	2	
<i>enoxaparin sodium</i> (generic of LOVENOX) 100mg/ml, 150mg/ml QL (60 syringes / 180 days)	1	QL
<i>enoxaparin sodium</i> (generic of LOVENOX) 120mg/0.8ml, 80mg/0.8ml QL (75 syringes / 180 days)	1	QL
<i>enoxaparin sodium</i> (generic of LOVENOX) 30mg/0.3ml QL (200 syringes / 180 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>enoxaparin sodium</i> (generic of LOVENOX) 40mg/0.4ml QL (150 syringes / 180 days)	1	QL
<i>enoxaparin sodium</i> (generic of LOVENOX) 60mg/0.6ml QL (100 syringes / 180 days)	1	QL
FRAGMIN 25000unit/ml, 2500unit/0.2ml QL (30 ml / 180 days)	2	QL
FRAGMIN 5000unit/0.2ml QL (150 syringes / 180 days)	2	QL
FRAGMIN 10000unit/ml QL (30 syringes / 180 days)	4	QL NM
FRAGMIN 12500unit/0.5ml QL (60 syringes / 180 days)	4	QL NM
FRAGMIN 15000unit/0.6ml QL (50 syringes / 180 days)	4	QL NM
FRAGMIN 18000unt/0.72ml QL (42 syringes / 180 days)	4	QL NM
FRAGMIN 7500unit/0.3ml QL (100 syringes / 180 days)	4	QL NM
HEP SOD/NAACL INJ 25000	2	B/D
<i>heparin (porcine) in sodium chloride</i> (generic of HEPARIN SODIUM/SODIUM CHL)	1	B/D
<i>heparin sod (porcine) in d5w</i>	1	B/D
HEPARIN SOD INJ 2000/ML	2	B/D
<i>heparin sodium (porcine)</i>	1	B/D
PRADAXA	2	
<i>warfarin sodium</i> (generic of COUMADIN)	1	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE 25mcg/0.42ml, 25mcg/ml, 40mcg/0.4ml, 40mcg/ml, 60mcg/0.3ml, 60mcg/ml	2	NM PA
ARANESP ALBUMIN FREE 100mcg/0.5ml, 100mcg/ml, 150mcg/0.3ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/0.6ml, 300mcg/ml, 500mcg/ml	4	NM PA

Drug Name	Drug Requirements/ Tier	Limits
LEUKINE	4	NM PA
MOZOBIL	4	NM PA
NEUPOGEN	4	NM PA
PROCRIT 10000unit/ml, 2000unit/ml, 3000unit/ml, 4000unit/ml QL (12 vials / 30 days)	2	QL NM PA
PROCRIT 20000unit/ml QL (12 vials / 30 days)	4	QL NM PA
PROCRIT 40000unit/ml QL (6 vials / 30 days)	4	QL NM PA
MISCELLANEOUS		
<i>anagrelide hcl</i> (generic of AGRYLIN)	1	PA
<i>cilostazol</i> (generic of PLETAL)	1	
CYKLOKAPRON	2	
<i>pentoxifylline</i> (generic of TRENTAL)	1	
PROMACTA	4	NM PA
PLATELET AGGREGATION INHIBITORS		
AGGRENOX	2	
<i>dipyridamole</i> (generic of PERSANTINE)	1	PA
EFFIENT	2	
PLAVIX 300mg QL (1 tabs / 30 days)	2	QL
PLAVIX 75mg	2	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ACTEMRA	4	NM PA
ENBREL	4	NM PA
HUMIRA	4	NM PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	1	
<i>leflunomide</i> (generic of ARAVA)	1	
<i>methotrexate tab 2.5mg</i>	1	
REMICADE	4	NM PA
RHEUMATREX	2	
IMMUNOGLOBULINS		
GAMASTAN S/D	2	B/D NM
GAMMAGARD LIQUID	4	NM PA
GAMUNEX	4	NM PA
IMMUNOMODULATORS		
ACTIMMUNE	4	NM PA
ARCALYST	4	NM PA

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Drug Name	Drug Requirements/ Tier	Limits
INFERGEN	4	NM PA
INTRON-A	4	B/D NM
INTRON-A W/DILUENT	4	B/D NM
PEG-INTRON	4	NM PA
PEG-INTRON REDIPEN	4	NM PA
PEGASYS	4	NM PA
REVLIMID	4	NM LA PA
THALOMID	4	NM PA
IMMUNOSUPPRESSANTS		
AZASAN	2	B/D
<i>azathioprine</i> (generic of IMURAN)	1	B/D
<i>azathioprine inj 100mg</i>	1	B/D
CELLCEPT	2	B/D
<i>cyclosporine</i> (generic of SANDIMMUNE)	1	B/D
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL)	1	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT)	1	B/D
MYFORTIC	2	B/D
NEORAL	2	B/D
PROGRAF .5mg, 1mg	2	B/D
PROGRAF 5mg	4	B/D NM
RAPAMUNE	2	B/D
SANDIMMUNE	2	B/D
<i>tacrolimus</i> (generic of PROGRAF) .5mg, 1mg	1	B/D
<i>tacrolimus</i> (generic of PROGRAF) 5mg	4	B/D NM
ZORTRESS .25mg, .5mg	2	B/D
ZORTRESS .75mg	4	B/D NM
VACCINES		
ACTHIB	2	
ADACEL	2	
BOOSTRIX	2	
CERVARIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	B/D
DIPHTHERIA/TETANUS TOXOID	2	B/D
ENGERIX-B	2	B/D
GARDASIL	2	
HAVRIX	2	
IMOVAX RABIES (H.D.C.V.)	2	

Drug Name	Drug Requirements/ Tier	Limits
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
JE-VAX	2	
M-M-R II W/DILUENT 10 DOS	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D
ROTATEQ	2	
TETANUS TOXOID ADSORBED	2	B/D
TETANUS/DIPHTHERIA TOXOID	2	B/D
TRIPEDIA	2	
TWINRIX	2	B/D
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	QL
QL (1 vial in lifetime)		
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
KLOR-CON M15	2	
<i>parenteral electrolytes</i>	1	B/D
<i>potassium chloride</i> (generic of K-TABS) 10meq, 2meq/ml, 8meq	1	
<i>potassium chloride microencapsulated crystals cr</i>	1	
<i>sodium chloride</i> 2.5meq/ml	1	
IV NUTRITION		
<i>amino acid electrolyte infusion</i>	1	B/D
<i>amino acid infusion</i> (generic of AMINOSYN II)	1	B/D
AMINOSYN	2	B/D
AMINOSYN II	2	B/D
AMINOSYN II 3.5%/DEXTROSE	2	B/D
AMINOSYN II 3.5/DEXTROSE	2	B/D

Drug Name	Drug Requirements/ Tier	Limits
AMINOSYN II 4.25/DEXTROSE	2	B/D
AMINOSYN II 5/DEXTROSE 25	2	B/D
AMINOSYN II M 3.5%/DEXTRO	2	B/D
AMINOSYN M	2	B/D
AMINOSYN-HBC	2	B/D
AMINOSYN-PF	2	B/D
AMINOSYN-PF 7%	2	B/D
CLINIMIX 2.75%/DEXTROSE 5	2	B/D
CLINIMIX 4.25%/DEXTROSE 1	2	B/D
CLINIMIX 4.25%/DEXTROSE 2	2	B/D
CLINIMIX 4.25%/DEXTROSE 5	2	B/D
CLINIMIX 5%/DEXTROSE 15%	2	B/D
CLINIMIX 5%/DEXTROSE 20%	2	B/D
CLINIMIX 5%/DEXTROSE 25%	2	B/D
CLINIMIX E 2.75%/DEXTROSE	2	B/D
CLINIMIX E 4.25%/DEXTROSE	2	B/D
CLINIMIX E 5%/DEXTROSE 15	2	B/D
CLINIMIX E 5%/DEXTROSE 20	2	B/D
CLINIMIX E 5%/DEXTROSE 25	2	B/D
<i>fat emulsion</i> (generic of INTRALIPID)	1	B/D
FREAMINE III 3%	2	B/D
HEPATASOL	2	B/D
INTRALIPID	2	B/D
LIPOSYN II	2	B/D
LIPOSYN III	2	B/D
NEPHRAMINE	2	B/D
PREMASOL	2	B/D
PROCALAMINE	2	B/D
PROSOL	2	B/D
TRAVASOL	2	B/D
TROPHAMINE	2	B/D
IV REPLACEMENT SOLUTIONS		
<i>dextrose</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
DEXTROSE 5%	2	
DEXTROSE 5%/POTASSIUM CHL	2	
<i>dextrose w/ sodium chloride</i>	1	
<i>electrolyte-m in dextrose</i>	1	
<i>electrolyte-r</i>	1	
<i>electrolyte-r in dextrose</i>	1	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
IONOSOL-T/DEXTROSE 5%	2	
ISOLYTE-H/DEXTROSE 5%	2	
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S/DEXTROSE 5%	2	
KCL 0.15%/D10W/NACL 0.2%	2	
KCL 0.15%/D5W/LR	2	
KCL 0.15%/D5W/NACL 0.225%	2	
KCL 0.3%/D5W/NACL 0.9%	2	
<i>lactated ringer's</i>	1	
MAGNESIUM SULFATE IN D5W	2	
NORMOSOL-R	2	
PLASMA-LYTE 56	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PLASMA-LYTE-148/D5W	2	
PLASMA-LYTE-56/D5W	2	
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) .4meq/ml, 10meq/100ml, 10meq/50ml, 30meq/100ml	1	
POTASSIUM CHLORIDE 0.3%/	2	
<i>potassium chloride in d5w</i> <i>lactated ringers</i>	1	
<i>potassium chloride in</i> <i>dextrose</i>	1	
<i>potassium chloride in</i> <i>dextrose & sodium chloride</i> (generic of KCL 0.15%/D5W/NACL 0.9%)	1	
<i>potassium chloride in nacl</i> (generic of POTASSIUM CHLORIDE 0.15%)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ringer's</i>	1	
<i>sodium chloride .45%, .9%, 3%, 5%</i>	1	
VITAMINS		
<i>calcitriol (generic of ROCALTROL)</i>	1	B/D
ZEMPLAR	2	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	1	
BLEPHAMIDE S.O.P.	2	
<i>neomycin-polymy-dexameth (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
<i>sulfacetamide</i>	1	
<i>sod-prednisolone</i>		
<i>tobramycin-dexamethasone (generic of TOBRADEX)</i>	1	
ANTI-INFECTIVES		
AZASITE	2	
<i>bacitracin (ophthalmic)</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
CILOXAN ointment	2	
<i>ciprofloxacin hcl (ophth) (generic of CILOXAN)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gentamicin sulfate (ophth) (generic of GARAMYCIN)</i>	1	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymy-gramicid (generic of NEOSPORIN)</i>	1	
<i>ofloxacin (ophth) (generic of OCUFLOX)</i>	1	
<i>polymyxin b-trimethoprim (generic of POLYTRIM)</i>	1	
<i>sulfacetamide sodium (ophth) (generic of BLEPH-10)</i>	1	
<i>tobramycin sulfate (ophth) (generic of TOBEX)</i>	1	
TOBEX OINT 0.3%	2	
<i>trifluridine (generic of VIROPTIC)</i>	1	
VIGAMOX	2	

Drug Name	Drug Requirements/ Tier	Limits
ZYMAR	2	
ZYMAXID	2	
ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>diclofenac sodium (ophth) (generic of VOLTAREN)</i>	1	
<i>fluorometholone (ophth) (generic of FML LIQUIFILM)</i>	1	
<i>flurbiprofen sodium (generic of OCUFEN)</i>	1	
FML oint	2	
<i>ketorolac tromethamine (ophth) (generic of ACULAR LS)</i>	1	
<i>prednisolone acetate (ophth) (generic of OMNIPRED)</i>	1	
PREDNISOLONE SODIUM PHOSP	2	
ANTIALLERGICS		
ALREX	2	
<i>azelastine hcl (ophth) (generic of OPTIVAR)</i>	1	
<i>cromolyn sodium (ophth)</i>	1	
PATADAY	2	
PATANOL	2	
ANTI GLAUCOMA		
ALPHAGAN P	2	
AZOPT	2	
<i>betaxolol hcl (ophth)</i>	1	
BETOPTIC-S	2	
<i>brimonidine tartrate</i>	1	
<i>carteolol hcl (ophth)</i>	1	
COMBIGAN	2	
<i>dorzolamide hcl (generic of TRUSOPT)</i>	1	
<i>dorzolamide hcl-timolol maleate (generic of COSOPT)</i>	1	
<i>latanoprost (generic of XALATAN)</i>	1	QL
QL (2.5ml / 30 days)		
<i>levobunolol hcl</i>	1	
LUMIGAN	2	QL
QL (2.5ml / 30 days)		
<i>metipranolol (generic of OPTIPRANOLOL)</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
PILOPINE HS	2	
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC) .25%, .5%	1	
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC-XE) .25%, .5% gel	1	
TRAVATAN Z QL (2.5ml / 30 days)	2	QL
MISCELLANEOUS		
LACRISERT	2	
<i>naphazoline hcl</i>	1	
<i>proparacaine hcl</i> (generic of ALCAINE)	1	
RESTASIS	2	
RESPIRATORY ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
COMBIVENT QL (2 inhalers / 30 days)	2	QL
<i>ipratropium-albuterol</i> (generic of DUONEB)	1	B/D
ANTICHOLINERGICS		
ATROVENT HFA QL (2 inhalers / 30 days)	2	QL
<i>ipratropium bromide (nasal)</i> (generic of ATROVENT)	1	
<i>ipratropium sol inhal</i>	1	B/D
SPIRIVA HANDIHALER QL (30 caps / 30 days)	2	QL
ANTI-HISTAMINES		
ASTEPRO QL (2 spray-bottles / 30 days)	2	QL
<i>azelastine hcl</i> (generic of ASTELIN) QL (2 bottles / 30 days)	1	QL
<i>cetirizine hcl</i> syrup	1	
<i>clemastine fumarate</i>	1	
<i>cyproheptadine hcl</i>	1	PA
<i>diphenhydram inj 50mg/ml</i> (generic of BENADRYL)	1	
<i>fexofenadine hcl</i>	1	
<i>hydroxyzine hcl</i>	1	PA
<i>hydroxyzine hcl inj</i>	1	
<i>hydroxyzine pamoate</i>	1	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>levocetirizine tab 5 mg</i> (generic of XYZAL)	1	
BETA AGONISTS		
<i>albuterol sulfate</i> .083%, .5%, .63mg/3ml, 1.25mg/3ml	1	B/D
<i>albuterol sulfate</i> 2mg, 2mg/5ml, 4mg, 8mg	1	
FORADIL AEROLIZER QL (60 caps / 30 days)	2	QL
<i>levalbuterol hcl</i> (generic of XOPENEX CONCENTRATE)	1	B/D
PERFORMIST	3	B/D
PROAIR HFA QL (2 inhalers / 30 days)	2	QL
SEREVENT DISKUS QL (1 inhaler / 30 days)	3	QL ST
<i>terbutaline sulfate</i> 1mg/ml	1	B/D
<i>terbutaline sulfate</i> 2.5mg, 5mg	1	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
SINGULAIR	2	ST
<i>zafirlukast</i> (generic of ACCOLATE)	1	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	1	B/D
MISCELLANEOUS		
<i>acetylcysteine</i>	1	B/D
ARALAST NP	4	NM PA
CAYSTON	4	NM PA
<i>epinephrine hcl</i>	1	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
<i>promethazine & phenylephrine</i>	1	PA
PULMOZYME	4	B/D NM
TOBI	4	B/D NM
XOLAIR	4	NM PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> QL (2 bottles / 30 days)	1	QL
<i>fluticasone propionate (nasal)</i> (generic of FLONASE) QL (1 bottle / 30 days)	1	QL
NASACORT AQ QL (1 inhaler / 30 days)	2	QL
STEROID INHALANTS		

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
ASMANEX 120 METERED DOSES QL (2 inhalers / 30 days)	2	QL
ASMANEX 14 METERED DOSES QL (2 inhalers / 30 days)	2	QL
ASMANEX 30 METERED DOSES QL (2 inhalers / 30 days)	2	QL
ASMANEX 60 METERED DOSES QL (2 inhalers / 30 days)	2	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT)	1	B/D
QVAR QL (3 inhalers / 30 days)	2	QL
STEROID/BETA-AGONIST COMBINATIONS		
DULERA QL (1 inhaler / 30 days)	2	QL
SYMBICORT QL (1 inhaler / 30 days)	2	QL
XANTHINES		
<i>aminophylline</i> 100mg, 200mg	1	
<i>aminophylline</i> 25mg/ml	1	B/D
ELIXOPHYLLIN	2	
THEO-24	2	
<i>theophylline</i>	1	
TOPICAL DERMATOLOGY, ACNE		
<i>adapalene</i> (generic of DIFFERIN)	1	PA
<i>benzoyl peroxide-erythromycin</i> (generic of BENZAMYCIN)	1	
<i>clindamycin phosphate</i> (topical) (generic of CLEOCIN-T)	1	
<i>clindamycin phosphate-benzoyl peroxide</i> (generic of BENZACLIN)	1	
<i>erythromycin (acne aid)</i>	1	
<i>isotretinoin cap 10 mg</i>	1	
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	1	
<i>tretinoin</i> (generic of RETIN-A) .01%, .025%, .05%, .1%	1	PA

Drug Name	Drug Requirements/ Tier	Limits
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC	2	
<i>fluorouracil (topical)</i>	1	
SOLARAZE	2	
DERMATOLOGY, ANTIBIOTICS		
BACTROBAN cream	2	
<i>gentamicin sulfate (topical)</i>	1	
<i>mupirocin</i> (generic of BACTROBAN)	1	
<i>silver sulfadiazine</i> (generic of SILVADENE)	1	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> (generic of LOPROX)	1	
<i>ciclopirox olamine</i>	1	
<i>clotrimazole (topical)</i>	1	
<i>econazole nitrate</i>	1	
<i>ketconazole (topical)</i> 2%	1	
<i>nystatin (topical)</i>	1	
<i>nystatin pow 100000</i>	1	
DERMATOLOGY, ANTIPRURITIC		
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) 2.5%	1	
ZONALON	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>calcipotriene</i> (generic of DOVONEX)	1	
DOVONEX cream	2	
OXSORALEN ULTRA	4	NM PA
TAZORAC	3	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole (topical)</i> (generic of NIZORAL) 2%	1	
<i>selenium sulfide</i> (generic of SELSUN SHAMPOO)	1	
DERMATOLOGY, ANTIVIRALS		
DENAVIR	2	
ZOVIRAX cream, ointment	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>alclometasone dipropionate</i> (generic of ACLOVATE)	1	
<i>betamethasone dipropionate</i> (topical)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE)	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol propionate</i> (generic of TEMOVATE)	1	
<i>clobetasol propionate emollient base</i> (generic of TEMOVATE E)	1	
DERMA-SMOOTH/FS BODY OIL	2	
<i>desonide</i> (generic of DESOWEN)	1	
<i>desoximetasone</i> (generic of TOPICORT)	1	
<i>diflorasone diacetate</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluticasone propionate</i> (generic of CUTIVATE)	1	
<i>halobetasol propionate</i> (generic of ULTRAVATE)	1	
<i>hydrocortisone (rectal)</i> (generic of PROCTOCORT) 1%	1	
<i>hydrocortisone (topical)</i>	1	
<i>hydrocortisone butyrate</i> (generic of LOCOID)	1	
<i>hydrocortisone valerate</i> (generic of WESTCORT)	1	
<i>mometasone furoate</i> (generic of ELOCON)	1	
<i>triamcinolone acetonide (topical)</i>	1	
DERMATOLOGY, IMMUNOMODULATORS		
ELIDEL	2	PA
PROTOPIC	2	PA
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i>	1	
<i>lidocaine hcl</i> (generic of XYLOCAINE JELLY)	1	
<i>lidocaine-prilocaine</i> (generic of EMLA)	1	B/D
LIDODERM QL (90 patch / 30 days)	2	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		

Drug Name	Drug Requirements/ Tier	Limits
<i>ammonium lactate</i> (generic of LAC-HYDRIN)	1	
<i>imiquimod</i> (generic of ALDARA)	1	
<i>lactic acid (ammonium lactate)</i> (generic of LAC-HYDRIN)	1	
PANRETIN	4	NM
PENNSAID	2	
<i>podofilox</i> (generic of CONDYLOX)	1	
TARGRETIN 1%	4	NM PA
VOLTAREN GEL 1%	2	
ZYCLARA	2	
DERMATOLOGY, ROSACEA		
METROGEL	2	
<i>metronidazole (topical)</i> (generic of METROCREAM)	1	
ORACEA	2	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> (generic of OVIDE)	1	
<i>permethrin</i>	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	4	NM PA
SANTYL	2	
<i>sodium chloride (gu irrigant)</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX)	1	
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<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	2	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN)	1	
<i>triamcinolone acetonide (mouth)</i>	1	
OTIC		
<i>acetic acid (otic)</i> (generic of VOSOL)	1	
<i>acetic acid sol/hc</i> (generic of VOSOL HC)	1	
DERMOTIC	2	
<i>hydrocortisone w/acetic acid</i> (generic of VOSOL HC)	1	

Drug Name	Drug Requirements/	
	Tier	Limits
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