

# NaviCare HMO SNP

## 2012 Formulary (List of Covered Drugs)

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

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

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

A Coordinated Care plan with a Medicare Advantage contract and a contract with the Massachusetts Medicaid program. NaviCare HMO SNP is a voluntary program in association with MassHealth/EOHHS and CMS.

This document may be available in a different format or language. For additional information, call NaviCare Enrollee Services at 1-877-700-6996 (TDD/TTY: 1-877-795-6526), Monday through Friday from 8 a.m. to 8 p.m. (From October 15 – February 14, we're available seven days a week.)

## What is the NaviCare Formulary?

A formulary is a list of covered drugs selected by Fallon Community Health Plan 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. NaviCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a NaviCare 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 we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of August 1, 2011. To get updated information about the drugs covered by NaviCare, please visit our Web site at [www.navicare.org/navicare/coveredmedications](http://www.navicare.org/navicare/coveredmedications) or call NaviCare Enrollee Services at 1-877-700-6996, Monday through Friday from 8 a.m. to 8 p.m. (From October 15 – February 14, we're available seven days a week.) TTY/TDD users should call 1-877-795-6526.

Non-maintenance formulary changes, which include changing preferred or non-preferred formulary drugs, adding utilization management, increasing cost sharing on preferred drugs, removing dosage forms or exchanging therapeutic alternatives (either by formulary addition/removal or tier exchanges), are not implemented until receipt of notification of approval from The Centers for Medicare & Medicaid Services (CMS). Notification of such changes to affected members, practitioners and other entities as required by CMS occurs after approval has been obtained and is sent at least 60 days in advance of the change. Notifications occur by direct mailings, practitioner's manuals, newsletters, e-mail, [www.navicare.org/navicare/coveredmedications](http://www.navicare.org/navicare/coveredmedications), Explanation of Benefits for Part D and through the FCHP pharmacy benefit manager (CVS Caremark). All members will be mailed an update to their printed formulary that details all non-maintenance formulary changes when they occur.

## How do I use the Formulary?

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

### **Medical Condition**

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

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 41. 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?**

NaviCare 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:** Fallon Community Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Community Health Plan before you fill your prescriptions. If you don't get approval, NaviCare may not cover the drug.
- **Quantity Limits:** For certain drugs, Fallon Community Health Plan limits the amount of the drug that NaviCare will cover. For example, Fallon Community Health Plan provides one pill per 30-day supply per prescription for BONIVA. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Fallon Community Health Plan 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, NaviCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, NaviCare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.navicare.org](http://www.navicare.org).

You can ask Fallon Community Health Plan to make an exception to these restrictions or limits. See the section, "How do I request an exception to the NaviCare formulary?" on page iii 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 NaviCare Enrollee Services and confirm that your drug is not covered. If you learn that NaviCare does not cover your drug, you have two options:

- You can ask NaviCare Enrollee Services for a list of similar drugs that are covered by NaviCare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by NaviCare.
- You can ask Fallon Community Health Plan 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 NaviCare Formulary?

You can ask Fallon Community Health Plan 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, Fallon Community Health Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

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

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you are current member being admitted or discharged from a long-term care facility you will be able to get an early refill on your medications if needed.

## For more information

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

If you have questions about NaviCare, please call NaviCare Enrollee Services at 1-877-700-6996, Monday through Friday, 8 a.m. to 8 p.m. (From October 15 – February 14, we're available seven days a week. TTY/TDD users should call 1-877-795-6526.) Or visit [www.navicare.org](http://www.navicare.org).

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

## NaviCare Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by NaviCare. If you have trouble finding your drug in the list, turn to the Index that begins on page 41.

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

The information in the Requirements/Limits column tells you if Fallon Community Health Plan has any special requirements for coverage of your drug.

Code	Explanation
BD	This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ED	Excluded Drug. This prescription drug is not normally covered in a Medicare Prescription Drug Plan.
LA	Limited Access. This prescription may be available only at certain pharmacies. For more information consult your provider and pharmacy directory or call Enrollee Services at 1-877-700-6996, Monday through Friday, 8 a.m. to 8 p.m. (from October 15 – February 14, we're available seven days a week). TDD/TTY users should call 1-877-795-6526.
PA	Prior Authorization. Fallon Community Health Plan requires your physician to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Community Health Plan before you fill your prescriptions. If you don't get approval, NaviCare may not cover the drug.
QL	Quantity Limit. For certain drugs, Fallon Community Health Plan limits the amount of the drug that NaviCare will cover. For example, only four tablets of PROZAC WEEKLY per 28 days. This may be in addition to a standard one month or three month supply.
ST	Step Therapy. In some cases, Fallon Community Health Plan 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, NaviCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, NaviCare will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<i>acetaminophen/codeine</i>	1	
<i>acetaminophen/codeine #3</i>	1	
<i>acetaminophen/codeine #4</i>	1	
<i>acetaminophen/codeine phosphate</i>	1	
<i>buprenorphine hcl inj</i>	1	B/D
<i>buprenorphine hcl subl</i>	1	PA
<i>butorphanol tartrate soln</i>	1	
<i>co-gesic</i>	1	
CODEINE SULFATE TABS 15MG	3	
<i>codeine sulfate tabs 30mg, 60mg</i>	1	
DEMEROL TABS	3	
DILAUDID-5	3	
DILAUDID TABS	3	
DOLOPHINE	3	
DOLOPHINE HCL	3	
DURAGESIC	3	
<i>endocet tabs 325mg; 5mg, 650mg; 10mg</i>	1	
<i>fentanyl</i>	1	
<i>fentanyl citrate</i>	1	B/D
<i>fentanyl citrate oral transmucosal</i>	1	QL (120 per 30 days) PA
<i>hydrocodone bitartrate/acetaminophen tabs 750mg; 10mg</i>	1	
<i>hydrocodone/acetaminophen</i>	1	
<i>hydrocodone/ibuprofen</i>	1	
<i>hydromorphone hcl tabs</i>	1	
<i>ibuprofen</i>	1	
<i>levorphanol tartrate</i>	1	
<i>meperidine hcl oral soln, tabs</i>	1	
<i>meperidine hcl inj</i>	1	B/D
METHADONE HCL SOLN	3	
<i>methadone hcl conc, tabs</i>	1	
<i>methadose</i>	1	
<i>morphine sulfate er</i>	1	
<i>morphine sulfate tabs</i>	1	
<i>morphine sulfate inj 1mg/ml, 5mg/ml</i>	1	B/D
MORPHINE SULFATE ORAL SOLN 20MG/5ML	3	
<i>morphine sulfate oral soln 10mg/5ml, 20mg/ml</i>	1	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i>	1	
OXYCODONE HCL CONC	3	
<i>oxycodone hcl caps, tabs</i>	1	
<i>oxycodone/acetaminophen</i>	1	
<i>oxycodone/aspirin tabs 325mg; 4.5mg; 0.38mg</i>	1	
<i>oxycodone/ibuprofen</i>	1	
OXYCONTIN	3	QL (60 per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>pentazocine/acetaminophen</i>	1	
<i>pentazocine/naloxone hcl</i>	1	
ROXICET SOLN	3	
<i>roxicet tabs 325mg; 5mg</i>	1	
ROXICODONE	3	
<i>salsalate</i>	1	
SUBOXONE	3	PA
SUBUTEX	3	PA
<i>tramadol hcl</i>	1	
<i>tramadol hydrochloride/acetaminophen</i>	1	
TYLENOL/CODEINE #3	3	
TYLENOL/CODEINE #4	3	
<i>vicodin hp</i>	1	
VOLTAREN	3	
<b>Anesthetics</b>		
EMLA	3	
<i>lidocaine</i>	1	
<i>lidocaine hcl jelly</i>	1	
<i>lidocaine hcl external soln</i>	1	
<i>lidocaine hcl inj 1%</i>	1	B/D
<i>lidocaine viscous</i>	1	
<i>lidocaine/prilocaine</i>	1	
LIDODERM	3	QL (90 per 30 days)
XYLOCAINE JELLY	3	
XYLOCAINE SOLN	3	
ZYPRAM	3	
<b>Anti-inflammatory Agents</b>		
CELEBREX	2	PA
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium ec</i>	1	
<i>diclofenac sodium xr</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>fenoprofen calcium</i>	1	
<i>flurbiprofen</i>	1	
<i>indomethacin</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen</i>	1	
<i>ketoprofen er</i>	1	
<i>meclofenamate sodium</i>	1	
MELOXICAM SUSP	3	
<i>meloxicam tabs</i>	1	
<i>nabumetone</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulindac</i>	1	
TOLMETIN SODIUM TABS	3	
<i>tolmetin sodium caps</i>	1	
<b>Antibacterials</b>		
<i>amikacin sulfate inj 500mg/2ml</i>	1	B/D
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin/potassium clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium inj 1gm</i>	1	B/D
<i>ampicillin-sulbactam</i>	1	B/D
AVELOX ABC PACK	2	
AVELOX TABS	2	
AZACTAM IN ISO-OSMOTIC DEXTROSE	3	B/D
<i>azithromycin susr, tabs</i>	1	
<i>azithromycin inj</i>	1	B/D
BACTROBAN	3	
<i>cefaclor</i>	1	
CEFACLOR ER	3	
<i>cefadroxil</i>	1	
<i>cefazolin sodium inj 1gm, 20gm</i>	1	B/D
<i>cefdinir</i>	1	
<i>cefepime</i>	1	B/D
<i>cefotaxime sodium inj 500mg</i>	1	B/D
<i>cefoxitin sodium inj 1gm</i>	1	B/D
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
CEFTIN SUSR 250MG/5ML	3	
<i>ceftriaxone sodium inj 500mg</i>	1	B/D
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium inj 7.5gm</i>	1	B/D
<i>cephalexin caps, susr</i>	1	
CIPRO I.V.-IN D5W	3	B/D
CIPRO SUSR	2	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin extended-release</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
CLEOCIN PEDIATRIC GRANULES	3	
CLEOCIN SUPP	3	
CLEOCIN CAPS 75MG	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate add-vantage</i>	1	B/D
<i>clindamycin phosphate crea, gel, lotn</i>	1	
<i>colistimethate sodium</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
CORTISPORIN	3	
CUBICIN	3	B/D
<i>dicloxacillin sodium</i>	1	
<i>doxycycline hyclate caps, tabs</i>	1	
<i>doxycycline hyclate inj</i>	1	B/D
<i>doxycycline monohydrate</i>	1	
<i>e.e.s. 400</i>	1	
E.E.S. GRANULES	3	
ERY-TAB	2	
ERYPED 200	3	
ERYPED 400	2	
ERYTHROCIN LACTOBIONATE	3	B/D
<i>erythrocin stearate</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin/sulfisoxazole</i>	1	
<i>erythromycin cpep, oint</i>	1	
FLAGYL ER	3	
FURADANTIN	2	
<i>gentamicin sulfate crea, oint, ophthalmic soln</i>	1	
<i>gentamicin sulfate inj 10mg/ml</i>	1	B/D
HIPREX	3	
IQUIX	3	
KEFLEX CAPS 750MG	3	
KETEK	3	
<i>levofloxacin</i>	1	
MACROBID	3	
MACRODANTIN	3	
<i>meropenem</i>	1	B/D
MERREM	3	B/D
<i>methenamine hippurate</i>	1	
METROCREAM	3	
<i>metronidazole</i>	1	
<i>metronidazole vaginal</i>	1	
<i>minocycline hcl</i>	1	
<i>mupirocin</i>	1	
NAFCILLIN SODIUM	3	B/D
<i>neomycin sulfate</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
NEUTREXIN	3	B/D
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystalline</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
NORITATE	3	
NOROXIN	3	
<i>ofloxacin</i>	1	
ORACEA	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>paromomycin sulfate</i>	1	
<i>penicillin g potassium</i>	1	B/D
<i>penicillin v potassium</i>	1	
PHISOHEX	3	
PIPERACILLIN SODIUM	3	B/D
PRIMAXIN IV	2	B/D
PRIMSOL	3	
PROQUIN XR	3	QL (3 per 1 days)
QUIXIN	3	
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
SULFADIAZINE	3	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	1	
<i>sulfamethoxazole/trimethoprim inj</i>	1	B/D
SULFAMYLON	3	
SUPRAX	3	
<i>tetracycline hcl</i>	1	
<i>thermazene</i>	1	
TOBI	3	B/D
<i>tobramycin sulfate soln</i>	1	
<i>trimethoprim</i>	1	
TYGACIL	3	PA
VANCOCIN HCL	3	PA
<i>vancomycin hcl inj 1000mg, 10gm</i>	1	B/D
<i>vandazole</i>	1	
XIFAXAN TABS 200MG	3	QL (9 per 1 days)
ZITHROMAX SUSR 100MG/5ML	3	
ZMAX	3	QL (75 per 1 days)
ZYMAR	3	QL (5 per 1 days)
ZYVOX	3	PA
<b>Anticonvulsants</b>		
BANZEL	3	PA
<i>carbamazepine</i>	1	
<i>carbamazepine er</i>	1	
CARBATROL	3	
CELONTIN	3	
<i>clonazepam</i>	1	ED
DEPACON	3	
DEPAKENE SYRP	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
DILANTIN	2	
DILANTIN INFATABS	2	
<i>divalproex sodium</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>epitol</i>	1	
EQUETRO	3	
<i>ethosuximide</i>	1	
FELBATOL	3	
<i>gabapentin</i>	1	
GABITRIL	3	
KEPPRA ORAL SOLN, TABS	3	
KEPPRA INJ	3	B/D
LAMICTAL	3	
LAMICTAL CHEWABLE DISPERSIBLE	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	3	
LAMICTAL STARTER/TAKING VALPROATE	3	
<i>lamotrigine</i>	1	
<i>levetiracetam oral soln, tabs</i>	1	
<i>levetiracetam inj</i>	1	B/D
LYRICA	3	PA
NEURONTIN SOLN	3	
<i>oxcarbazepine</i>	1	
PEGANONE	3	
<i>phenobarbital</i>	1	ED
PHENYTEK	3	
<i>phenytoin</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>primidone</i>	1	
SABRIL	3	PA
TEGRETOL-XR	3	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
<i>topiramate</i>	1	
TRILEPTAL SUSP	3	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
VIMPAT	3	PA
<i>zonisamide</i>	1	
<b>Antidementia Agents</b>		
ARICEPT ODT	3	
ARICEPT TABS 10MG, 5MG	3	
<i>donepezil hcl</i>	1	
<i>ergoloid mesylates</i>	1	
<i>galantamine hydrobromide</i>	1	
NAMENDA	2	
NAMENDA TITRATION PAK	2	
<b>Antidepressants</b>		
<i>amitriptyline hcl</i>	1	
AMOXAPINE	3	
<i>budeprion sr</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>budeprion xl tb24 150mg</i>	1	
<i>budeprion xl tb24 300mg</i>	1	QL (30 per 30 days)
<i>bupropion hcl</i>	1	
<i>bupropion hcl sr</i>	1	
<i>chlordiazepoxide/amitriptyline</i>	1	
<i>citalopram hydrobromide</i>	1	
<i>clomipramine hcl</i>	1	
CYMBALTA	3	PA
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
EFFEXOR XR	3	
EMSAM	3	PA
<i>fluoxetine dr</i>	1	QL (4 per 28 days)
<i>fluoxetine hcl caps 10mg, 20mg</i>	1	
<i>fluoxetine hcl caps 40mg</i>	1	PA
<i>fluoxetine hcl soln, tabs</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>imipramine hcl</i>	1	
LEXAPRO	3	
<i>maprotiline hcl</i>	1	
MARPLAN	2	
<i>mirtazapine</i>	1	
<i>mirtazapine odt</i>	1	
NARDIL	3	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl</i>	1	
PARNATE	3	
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
PAXIL CR	3	
<i>perphenazine/amitriptyline</i>	1	
<i>phenelzine sulfate</i>	1	
PRISTIQ	3	PA
<i>protriptyline hcl</i>	1	
PROZAC WEEKLY	3	QL (4 per 28 days)
<i>sertraline hcl</i>	1	
SURMONTIL	3	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i>	1	
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er cp24</i>	1	
VENLAFAXINE HCL ER TB24 225MG	3	
<i>venlafaxine hcl er tb24 150mg, 75mg</i>	1	
VIIBRYD	3	PA
<b>Antidotes, Deterrents, and Toxicologic Agents</b>		
ANTABUSE	2	
CAMPRAL	3	PA

Drug Name	Drug Tier	Requirements/Limits
CHANTIX	3	
CUPRIMINE	3	
<i>depade</i>	1	
EXJADE	3	
<i>kionex</i>	1	
<i>naloxone hcl inj 1mg/ml</i>	1	B/D
<i>naltrexone hcl</i>	1	
NICOTROL INHALER	3	
RELISTOR	3	PA
<i>sodium polystyrene sulfonate</i>	1	
SUBOXONE SUBL	3	PA
<b>Antiemetics</b>		
<i>compro</i>	1	
<i>dronabinol</i>	1	B/D
EMEND	3	
<i>granisetron hcl tabs</i>	1	B/D
GRANISOL	3	B/D
<i>metoclopramide hcl tabs</i>	1	
<i>metoclopramide hcl inj</i>	1	B/D
<i>ondansetron hcl inj</i>	1	B/D
<i>ondansetron hcl oral soln, tabs</i>	1	PA
<i>ondansetron odt</i>	1	PA
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl supp, syrp, tabs</i>	1	
<i>promethazine hcl inj</i>	1	B/D
<i>promethegan</i>	1	
TIGAN CAPS	3	
TRANSDERM-SCOP	2	QL (10 per 30 days)
<i>trimethobenzamide hcl caps</i>	1	
<b>Antifungals</b>		
AMPHOTERICIN B	3	B/D
ANCOBON	3	
CANCIDAS	3	B/D
<i>ciclopirox</i>	1	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clotrimazole</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>econazole nitrate</i>	1	
ERTACZO	3	
EXELDERM	2	
<i>fluconazole in dextrose</i>	1	B/D
<i>fluconazole susr</i>	1	
<i>fluconazole tabs 100mg, 200mg, 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole tabs 150mg</i>	1	QL (1 per 1 days)
GRIFULVIN V	2	
GRIS-PEG	3	
<i>griseofulvin microsize</i>	1	
<i>itraconazole</i>	1	PA
<i>ketoconazole</i>	1	
LAMISIL SOLN	3	
LOPROX	3	
LOPROX SHAMPOO	3	
LOTRISONE	3	
<i>miconazole 3</i>	1	
NAFTIN	3	
NIZORAL	3	
<i>nystatin</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystop</i>	1	
OXISTAT	2	
<i>pedi-dri</i>	1	
PENLAC NAIL LACQUER	3	
<i>selenium sulfide</i>	1	
SELSUN SHAMPOO	3	
<i>terbinafine hcl</i>	1	
<i>terconazole</i>	1	
VFEND	3	PA
<i>voriconazole</i>	1	PA
<i>zazole</i>	1	
<b>Antigout Agents</b>		
<i>allopurinol</i>	1	
COLCRYS	3	
<i>probenecid</i>	1	
<i>probenecid/colchicine</i>	1	
ULORIC	2	
ZYLOPRIM	3	
<b>Antimigraine Agents</b>		
<i>butalbital/acetaminophen/caffeine</i>	1	ED
D.H.E. 45	3	
<i>dihydroergotamine mesylate</i>	1	
<i>divalproex sodium er</i>	1	
ERGOMAR	2	
MIGRANAL	3	
<i>propranolol hcl tabs</i>	1	
<i>sumatriptan succinate tabs</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL (8 per 30 days)
<i>timolol maleate</i>	1	
<b>Antimyasthenic Agents</b>		
<i>bethanechol chloride</i>	1	

Drug Name	Drug Tier	Requirements/Limits
GUANIDINE HCL	3	
MESTINON TIMESPAN	2	
MESTINON SYRP	2	
MESTINON TABS	3	
MYTELASE	2	
<i>pyridostigmine bromide</i>	1	
<b>Antimycobacterials</b>		
CAPASTAT SULFATE	3	B/D
DAPSONE	3	
<i>ethambutol hcl</i>	1	
<i>isonarif</i>	1	
ISONIAZID SYRP	3	
<i>isoniazid tabs</i>	1	
MYAMBUTOL	3	
MYCOBUTIN	2	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
RIFADIN CAPS	3	
RIFADIN INJ	3	B/D
RIFAMATE	3	
<i>rifampin caps</i>	1	
<i>rifampin inj</i>	1	B/D
RIFATER	3	
SEROMYCIN	3	
TRECTOR	3	
<b>Antineoplastics</b>		
AFINITOR	3	PA
ALIMTA	3	B/D
AMIFOSTINE	3	B/D
<i>anastrozole</i>	1	
ARIMIDEX	3	
AROMASIN	3	
AVASTIN	2	B/D
<i>bleomycin sulfate</i>	1	B/D
CAMPATH	3	B/D
CEENU	3	
<i>cyclophosphamide</i>	1	
DACOGEN	3	B/D
ELITEK	3	B/D
EMCYT	2	
<i>exemestane</i>	1	
FARESTON	3	
FASLODEX	2	B/D
FEMARA	3	
GLEEVEC	2	
HERCEPTIN	2	PA

Drug Name	Drug Tier	Requirements/Limits
HEXALEN	3	
HYDREA	3	
<i>hydroxyurea</i>	1	
IRESSA	3	
<i>letrozole</i>	1	
LEUKERAN	2	
MATULANE	2	
<i>mercaptopurine</i>	1	
MESNEX TABS	3	
<i>mitoxantrone hcl</i>	1	B/D
NEXAVAR	2	PA LA
PANRETIN	3	
PROLEUKIN	3	B/D
PURINETHOL	3	
REVLIMID	3	PA LA
RITUXAN	2	B/D
SPRYCEL	3	PA
SUTENT	2	PA
TABLOID	3	
<i>tamoxifen citrate</i>	1	
TARCEVA	2	PA
TARGRETIN	2	
TASIGNA	3	PA
THALOMID	2	PA
<i>tretinoin</i>	1	
TRISENOX	3	B/D
TYKERB	3	PA LA
VANDETANIB	3	PA
VELCADE	3	B/D
VIDAZA	3	PA
VOTRIENT	3	PA
ZOLINZA	3	PA
ZYTIGA	3	PA
<b>Antiparasitics</b>		
<i>acticin</i>	1	
ALBENZA	3	
ALINIA	3	
ARALEN	3	
BILTRICIDE	3	
<i>chloroquine phosphate</i>	1	
DARAPRIM	3	
EURAX	3	
<i>hydroxychloroquine sulfate</i>	1	
LINDANE SHAM	3	
<i>lindane lotn</i>	1	
MALARONE	2	
<i>malathion</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mebendazole</i>	1	
<i>mefloquine hcl</i>	1	
MEPRON	2	
NEBUPENT	3	
OVIDE	3	
PENTAM 300	3	B/D
<i>permethrin</i>	1	
PLAQUENIL	3	
PRIMAQUINE PHOSPHATE	3	
STROMECTOL	3	
<b>Antiparkinson Agents</b>		
<i>amantadine hcl</i>	1	
APOKYN	3	PA LA
AZILECT	3	
<i>benztropine mesylate tabs</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa cr</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa/levodopa sr</i>	1	
COMTAN	2	
LODOSYN	3	
MIRAPEX	3	
PARLODEL	3	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hcl</i>	1	
<i>selegiline hcl</i>	1	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR	3	
<i>trihexyphenidyl hcl</i>	1	
ZELAPAR	3	PA
<b>Antipsychotics</b>		
ABILIFY DISCMELT TBDP 15MG	3	QL (60 per 30 days)
ABILIFY DISCMELT TBDP 10MG	3	QL (90 per 30 days)
ABILIFY INJ	3	B/D
ABILIFY TABS	3	QL (30 per 30 days)
CHLORPROMAZINE HCL INJ	3	
<i>chlorpromazine hcl tabs</i>	1	
CLOZAPINE TABS 200MG	3	
<i>clozapine tabs 100mg, 25mg, 50mg</i>	1	
FANAPT	3	PA

Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK	3	PA
FAZACLO	3	
<i>fluphenazine decanoate</i>	1	
FLUPHENAZINE HCL CONC, ELIX, INJ	3	
<i>fluphenazine hcl tabs</i>	1	
GEODON	3	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
INVEGA	3	PA
INVEGA SUSTENNA	3	PA
LATUDA	3	PA
<i>loxapine succinate</i>	1	
ORAP	2	
<i>perphenazine</i>	1	
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	3	
RISPERDAL M-TAB	3	QL (60 per 30 days)
<i>risperidone odt</i>	1	QL (60 per 30 days)
<i>risperidone soln</i>	1	QL (240 per 30 days)
<i>risperidone tabs</i>	1	QL (60 per 30 days)
SAPHRIS	3	PA
SEROQUEL	3	
SEROQUEL XR TB24 150MG, 200MG, 50MG	3	QL (30 per 30 days)
SEROQUEL XR TB24 300MG, 400MG	3	QL (60 per 30 days)
SYMBYAX	3	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
ZYPREXA	3	
ZYPREXA ZYDIS	3	
<b>Antispasticity Agents</b>		
<i>baclofen</i>	1	
<i>dantrolene sodium</i>	1	
<i>tizanidine hcl</i>	1	
<b>Antivirals</b>		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	B/D
<i>amantadine hcl</i>	1	
APTIVUS	3	
ATRIPLA	3	
BARACLUDE	3	PA
COMBIVIR	2	
COPEGUS	3	PA
CRIXIVAN	2	
DENAVIR	3	
<i>didanosine</i>	1	
EDURANT	3	

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA	3	
EPIVIR	2	
EPIVIR HBV	2	
EPZICOM	3	
<i>famciclovir</i>	1	
FLUMADINE	3	
FUZEON	2	
<i>ganciclovir caps</i>	1	
<i>ganciclovir inj</i>	1	B/D
HEPSERA	3	PA
INTELENCE	3	
INVIRASE	2	
ISENTRESS	3	
KALETRA	2	
LEXIVA	3	
NORVIR	2	
PREZISTA	3	
REBETOL	3	PA
RESCRIPTOR	2	
RETROVIR	3	
RETROVIR IV INFUSION	2	
REYATAZ	3	
<i>ribasphere</i>	1	PA
<i>ribavirin</i>	1	PA
<i>rimantadine hcl</i>	1	
SELZENTRY	3	
<i>stavudine</i>	1	
SUSTIVA	2	
TAMIFLU SUSR	3	QL (200 per 30 days)
TAMIFLU CAPS 45MG, 75MG	3	QL (30 per 30 days)
TAMIFLU CAPS 30MG	3	QL (60 per 30 days)
TRIZIVIR	3	
TRUVADA	3	
TYZEKA	3	
<i>valacyclovir hcl</i>	1	
VALCYTE	3	PA
VIDEX EC	3	
VIDEX PEDIATRIC	3	
VIRACEPT	2	
VIRAMUNE	2	
VIRAMUNE XR	2	
VIRAZOLE	3	
VIREAD	2	
ZERIT	3	
ZIAGEN	2	
<i>zidovudine</i>	1	
ZOVIRAX CREA, OINT	3	

Drug Name	Drug Tier	Requirements/Limits
<b>Anxiolytics</b>		
<i>alprazolam</i>	1	ED
<i>alprazolam er</i>	1	QL (30 per 30 days) ED
<i>buspirone hcl</i>	1	
<i>chlordiazepoxide hcl</i>	1	ED
<i>clorazepate dipotassium</i>	1	ED
<i>diazepam</i>	1	ED
<i>lorazepam</i>	1	ED
<i>meprobamate</i>	1	
<i>oxazepam</i>	1	ED
<b>Bipolar Agents</b>		
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	3	
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium citrate</i>	1	
<i>risperidone odt</i>	1	QL (60 per 30 days)
SYMBYAX	3	
<b>Blood Glucose Regulators</b>		
<i>acarbose</i>	1	QL (90 per 30 days)
ACTOPLUS MET	2	
ACTOPLUS MET XR	2	
ACTOS	2	
AMARYL	3	
APIDRA	3	
APIDRA SOLOSTAR	3	PA
BYETTA	3	PA
<i>chlorpropamide</i>	1	
DIABETA	3	
DUETACT	2	
FORTAMET	3	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin hcl</i>	1	
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
GLUCOPHAGE	3	
GLUCOPHAGE XR	3	
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUCOVANCE	3	QL (120 per 30 days)
GLUMETZA	3	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hcl</i>	1	QL (120 per 30 days)
GLYCRON TABS 4.5MG	3	
<i>glycron tabs 1.5mg, 3mg, 6mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLYNASE	3	
GLYSET	2	
HUMALOG	2	
HUMALOG KWIKPEN	3	PA
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	PA
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	PA
HUMULIN 70/30	2	
HUMULIN 70/30 PEN	3	PA
HUMULIN N	2	
HUMULIN N U-100 PEN	3	PA
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
JANUMET	3	
JANUVIA	3	
LANTUS	2	
LANTUS SOLOSTAR	3	PA
LEVEMIR	3	
LEVEMIR FLEXPEN	3	PA
METAGLIP	3	
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
<i>nateglinide</i>	1	
NOVOLIN 70/30	3	
NOVOLIN N	3	
NOVOLIN R	3	
NOVOLOG	3	PA
NOVOLOG FLEXPEN	3	PA
NOVOLOG MIX 70/30	3	PA
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	PA
PRANDIN TABS 0.5MG, 1MG	2	QL (120 per 30 days)
PRANDIN TABS 2MG	2	QL (240 per 30 days)
PRECOSE	3	QL (90 per 30 days)
PROGLYCEM	3	
RIOMET	3	
STARLIX	3	
SYMLIN	3	PA
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
<i>tolazamide</i>	1	
TOLBUTAMIDE	3	
<b>Blood Products/Modifiers/ Volume Expanders</b>		
AGGRENOX	3	
ARANESP ALBUMIN FREE	3	PA
ARIXTRA	2	
<i>cilostazol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
COUMADIN TABS	3	
CYKLOKAPRON	2	B/D
<i>dipyridamole</i>	1	
<i>enoxaparin sodium</i>	1	
EPOGEN	3	PA
FRAGMIN	2	
<i>heparin sodium/nacl 0.9%</i>	1	B/D
HEPARIN SODIUM INJ 20000UNIT/ML, 2500UNIT/ML	3	B/D
<i>heparin sodium inj 1000unit/ml, 5000unit/ml</i>	1	B/D
<i>jantoven</i>	1	
LEUKINE	3	B/D
LOVENOX	3	
NEULASTA	3	B/D
NEUMEGA	3	B/D
NEUPOGEN	2	B/D
PLAVIX TABS 75MG	3	
PROCRIT	2	PA
PROMACTA	3	PA
<i>ticlopidine hcl</i>	1	
<i>warfarin sodium</i>	1	
<b>Cardiovascular Agents</b>		
ACCUPRIL	3	QL (60 per 30 days)
ACCURETIC	3	QL (30 per 30 days)
<i>acebutolol hcl</i>	1	
ACEON	3	
<i>acetazolamide</i>	1	
ADALAT CC	3	QL (30 per 30 days)
<i>afeditab cr</i>	1	QL (30 per 30 days)
ALDACTAZIDE	3	
ALDACTONE	3	
ALTACE	3	
<i>amiloride hcl</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amiodarone hcl tabs</i>	1	
<i>amlodipine besylate</i>	1	QL (30 per 30 days)
<i>amlodipine besylate/benazepril hcl</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
AZOR	3	QL (30 per 30 days)
<i>benazepril hcl</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
BENICAR	2	
BENICAR HCT	2	
BETAPACE	3	
<i>betaxolol hcl</i>	1	
BIDIL	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>bumetanide tabs</i>	1	
CADUET	3	QL (30 per 30 days)
CALAN	3	
CALAN SR	3	
<i>captopril</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
CARDIZEM	3	
CARDIZEM CD	3	
CARDIZEM LA	3	
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
CATAPRES-TTS-1	3	
CATAPRES-TTS-2	3	
CATAPRES-TTS-3	3	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>clonidine hcl</i>	1	
COLESTID	3	
<i>colestipol hcl</i>	1	
COREG	3	
COREG CR	2	
CORGARD	3	
CORZIDE	3	
COVERA-HS	3	
DEMADEX	3	
DEMSER	3	
DIAMOX	3	
DIBENZYLINE	3	
<i>digoxin soln, tabs</i>	1	
DILACOR XR	3	
DILATRATE SR	2	
<i>dilt-cd cp24 180mg</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i>	1	
<i>diltiazem hcl er</i>	1	
<i>diltiazem hcl tabs</i>	1	
<i>diltzac cp24 240mg</i>	1	
DIOVAN	2	
DIOVAN HCT	2	
<i>disopyramide phosphate</i>	1	
DIURIL	3	
DYAZIDE	3	
DYNACIRC CR	3	

Drug Name	Drug Tier	Requirements/Limits
DYRENIUM	3	
EDECIN	2	
<i>enalapril maleate</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	PA
EXFORGE	3	QL (30 per 30 days)
EXFORGE HCT	3	QL (30 per 30 days)
<i>felodipine er</i>	1	
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>flecainide acetate</i>	1	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>furosemide tabs</i>	1	
<i>furosemide inj</i>	1	B/D
FUROSEMIDE ORAL SOLN 8MG/ML	3	
<i>furosemide oral soln 10mg/ml</i>	1	
<i>gemfibrozil</i>	1	
<i>guanfacine hcl</i>	1	
<i>hydralazine hcl tabs</i>	1	
<i>hydrochlorothiazide</i>	1	
IMDUR	3	
<i>indapamide</i>	1	
INDERAL LA	3	
INNOPRAN XL	3	
<i>isochron</i>	1	
ISOPTIN SR	3	
ISORDIL TITRADOSE	3	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>isradipine</i>	1	
KERLONE	3	
<i>labetalol hcl tabs</i>	1	
LANOXIN TABS	3	
LASIX	3	
LESCOL	3	
LESCOL XL	3	
LEVATOL	3	
LIPITOR	3	
<i>lisinopril</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
LOPRESSOR HCT	3	
LOPRESSOR TABS	3	
<i>losartan potassium</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	3	
<i>lovastatin</i>	1	
LOVAZA	2	
<i>matzim la</i>	1	
MAVIK	3	
MAXZIDE	3	
MAXZIDE-25	3	
METHYCLOTHIAZIDE	3	
<i>methyldopa</i>	1	
<i>methyldopa/hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tabs</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>mexiletine hcl</i>	1	
MICROZIDE	3	
<i>midodrine hcl</i>	1	
MINIPRESS	3	
<i>minitran</i>	1	
<i>minoxidil</i>	1	
<i>moexipril hcl</i>	1	
<i>moexipril/hydrochlorothiazide</i>	1	
MONOKET	3	
MULTAQ	3	PA
<i>nadolol</i>	1	
<i>nadolol/bendroflumethiazide</i>	1	
<i>niacor</i>	1	
NIASPAN	3	
<i>nicardipine hcl caps</i>	1	
<i>nifediac cc</i>	1	QL (30 per 30 days)
<i>nifedical xl</i>	1	QL (30 per 30 days)
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	QL (30 per 30 days)
<i>nimodipine</i>	1	
NITRO-BID	3	
NITRO-DUR	3	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin pt24</i>	1	
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	3	
NORPACE CR	2	
NORVASC	3	QL (30 per 30 days)
PACERONE TABS 100MG	3	
<i>pacerone tabs 200mg</i>	1	
<i>perindopril erbumine</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pindolol</i>	1	
<i>pravastatin sodium tabs 10mg, 20mg, 80mg</i>	1	QL (30 per 30 days)
<i>pravastatin sodium tabs 40mg</i>	1	QL (60 per 30 days)
<i>prazosin hcl</i>	1	
<i>prevalite</i>	1	
PRINIVIL	3	
PROCARDIA	3	
PROCARDIA XL	3	QL (30 per 30 days)
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl soln</i>	1	
<i>propranolol/hydrochlorothiazide</i>	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
<i>quinapril hcl</i>	1	QL (60 per 30 days)
<i>quinapril/hydrochlorothiazide</i>	1	QL (30 per 30 days)
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate</i>	1	
QUINIDINE SULFATE ER	3	
<i>ramipril</i>	1	
RANEXA	2	PA
RESERPINE	3	
RYTHMOL SR	3	
SECTRAL	3	
<i>simvastatin</i>	1	QL (30 per 30 days)
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
TARKA	3	
<i>taztia xt</i>	1	
TEKTURNA	3	PA
TENORETIC 100	3	
TENORETIC 50	3	
TENORMIN	3	
THALITONE	3	
TIAZAC	3	
TIKOSYN	3	
TOPROL XL	3	
<i>toremide tabs</i>	1	
TRANDATE	3	
<i>trandolapril</i>	1	
<i>triamterene/hydrochlorothiazide</i>	1	
UNIRETIC	3	
UNIVASC	3	
VASERETIC	3	

Drug Name	Drug Tier	Requirements/Limits
VENTAVIS	3	PA LA
<i>verapamil hcl er</i>	1	
<i>verapamil hcl sr</i>	1	
<i>verapamil hcl tabs</i>	1	
VERELAN	3	
VERELAN PM	3	
VYTORIN	3	
WELCHOL	3	
ZAROXOLYN	3	
ZEBETA	3	
ZESTORETIC	3	
ZESTRIL	3	
ZETIA	3	
ZIAC	3	
<b>Central Nervous System Agents</b>		
ADDERALL	3	
ADDERALL XR	3	QL (30 per 30 days)
<i>amphetamine/dextroamphetamine</i>	1	
CONCERTA	3	QL (30 per 30 days)
DESOXYN	3	
DEXEDRINE	3	
<i>dexmethylphenidate hcl</i>	1	
<i>dextroamphetamine sulfate</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
FOCALIN	3	
FOCALIN XR	3	
METADATE CD CPR 10MG, 20MG, 30MG	3	
<i>metadate er</i>	1	
<i>methamphetamine hcl</i>	1	
<i>methylin er</i>	1	
METHYLIN CHEW, SOLN	3	
<i>methylin tabs</i>	1	
<i>methylphenidate hcl</i>	1	
<i>methylphenidate hcl sr</i>	1	
<i>methylphenidate hydrochloride</i>	1	
PROVIGIL	3	QL (30 per 30 days) PA
RILUTEK	2	
RITALIN	3	
RITALIN LA	3	
RITALIN SR	3	
STRATTERA	3	PA
XYREM	3	LA
<b>Dental and Oral Agents</b>		
APHTHASOL	3	
<i>chlorhexidine gluconate oral rinse</i>	1	
EVOXAC	3	
<i>periogard</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone in orabase</i>	1	
<b>Dermatological Agents</b>		
<i>adapalene</i>	1	
ALDARA	3	
<i>ammonium lactate</i>	1	
<i>calcipotriene soln</i>	1	
CARAC	3	
<i>clindamycin phosphate</i>	1	
CONDYLOX	3	
<i>exactacain</i>	1	
FINACEA	3	
FLUOROPLEX	3	
<i>fluorouracil</i>	1	
<i>imiquimod</i>	1	
LAC-HYDRIN	3	
<i>laclotion</i>	1	
OXSORALEN ULTRA	2	
<i>podofilox</i>	1	
PROTOPIC	2	
REGRANEX	3	PA
SANTYL	2	
SORIATANE CAPS 17.5MG	2	
TAZORAC	3	
<i>tretinoin crea 0.1%</i>	1	
<i>z-pram</i>	1	
<b>Enzyme Replacements/ Modifiers</b>		
ADAGEN	3	B/D
ALDURAZYME	3	B/D LA
BUPHENYL TABS	3	
CEREZYME	3	PA LA
CREON	2	
CYSTADANE	3	
CYSTAGON	3	
FABRAZYME	3	PA LA
KUVAN	3	PA
NAGLAZYME	3	B/D LA
ORFADIN	3	PA
PANCREAZE	3	
PULMOZYME	3	
ZAVESCA	3	
ZENPEP	3	
<b>Gastrointestinal Agents</b>		
ACTIGALL	3	
AMITIZA	2	

Drug Name	Drug Tier	Requirements/Limits
BENTYL CAPS, SYRP, TABS	3	
CANTIL	3	
CARAFATE SUSP	3	
<i>cimetidine</i>	1	
<i>cimetidine hcl soln</i>	1	
COLYTE-FLAVOR PACKS	3	
<i>constulose</i>	1	
DEXILANT	2	QL (30 per 30 days)
<i>dicyclomine hcl caps, soln, tabs</i>	1	
DIPENTUM	2	
<i>diphenoxylate/atropine</i>	1	
<i>enulose</i>	1	
<i>famotidine susr</i>	1	
<i>famotidine tabs 40mg</i>	1	
GASTROCROM	3	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>glycopyrrolate tabs</i>	1	
GOLYTELY SOLR 236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	3	
HALFLYTELY BOWEL PREP/FLAVOR PACKS	3	
<i>lactulose</i>	1	
LOMOTIL	3	
<i>lonox</i>	1	
<i>loperamide hcl</i>	1	
LOTRONEX	2	QL (60 per 30 days) PA
<i>methscopolamine bromide</i>	1	
<i>metoclopramide hcl</i>	1	
<i>misoprostol</i>	1	
MOTOFEN	3	
MOVIPREP	3	
NEXIUM I.V. INJ 20MG	2	B/D
NULYTELY/FLAVOR PACKS	3	
<i>omeprazole cpdr 10mg, 20mg</i>	3	QL (30 per 30 days)
PAMINE	3	
PAMINE FORTE	3	
<i>peg 3350/electrolytes</i>	1	
PEPCID SUSR	3	
<i>polyethylene glycol 3350</i>	1	
PROPANTHELINE BROMIDE	3	
<i>ranitidine hcl caps, syrp, tabs</i>	1	
<i>ranitidine hcl inj</i>	1	B/D
ROBINUL FORTE	3	
ROBINUL TABS	3	
<i>sucralfate</i>	1	
<i>trilyte</i>	1	

Drug Name	Drug Tier	Requirements/Limits
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	
VISICOL	3	
<b>Genitourinary Agents</b>		
AVODART	2	
<i>calcium acetate</i>	1	
CARDURA TABS 1MG, 2MG, 4MG	3	QL (30 per 30 days)
CARDURA TABS 8MG	3	QL (60 per 30 days)
CLINDESSE	3	
DETROL	3	
DETROL LA	3	
DITROPAN XL	3	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg</i>	1	QL (30 per 30 days)
<i>doxazosin mesylate tabs 8mg</i>	1	QL (60 per 30 days)
ELMIRON	2	
ENABLEX	3	QL (30 per 30 days)
<i>finasteride</i>	1	QL (30 per 30 days)
<i>flavoxate hcl</i>	1	
FLOMAX	3	
FOSRENOL	3	
JALYN	2	
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er</i>	1	
PHOSLO	3	
RENVELA	2	
SANCTURA	3	
SANCTURA XR	3	
<i>tamsulosin hcl</i>	1	
<i>terazosin hcl</i>	1	
<i>trospium chloride</i>	1	
URECHOLINE	3	
UROXATRAL	3	QL (30 per 30 days)
VESICARE	3	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
ACLOVATE	3	
<i>ala cort</i>	1	
ALA SCALP	3	
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
AMCINONIDE OINT	3	
<i>amcinonide crea, lotn</i>	1	
ANUSOL-HC	3	
<i>augmented betamethasone dipropionate</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
CAPEX	3	

Drug Name	Drug Tier	Requirements/Limits
CARMOL-HC	3	
CELESTONE	3	
<i>clobetasol propionate</i>	1	
<i>clobetasol propionate e</i>	1	
CLODERM	3	
CORDRAN	3	
CORDRAN SP	3	
CORDRAN TAPE	3	
CORTEF	3	
CORTIFOAM	2	
<i>cortisone acetate</i>	1	
CUTIVATE LOTN	2	
CUTIVATE CREA, OINT	3	
DERMA-SMOOTH/FS BODY OIL	2	
DERMATOP	3	
<i>desonide</i>	1	
DESOWEN	3	
DESOWEN LOTION/CETAPHIL CREAM	3	
DESOWEN OINTMENT/CETAPHIL LOTION	3	
<i>desoximetasone</i>	1	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone sodium phosphate</i>	1	B/D
DEXAMETHASONE ELIX	3	
DEXAMETHASONE TABS 1MG, 2MG	3	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 4mg, 6mg</i>	1	
DEXPAK 13 DAY	3	
<i>diflorasone diacetate</i>	1	
DIPROLENE	3	
DIPROLENE AF	3	
ELOCON	3	
<i>fludrocortisone acetate</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emollient base</i>	1	
<i>fluticasone propionate</i>	1	
<i>halobetasol propionate</i>	1	
HALOG	2	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone in absorbbase</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone crea, oint, tabs</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
KENALOG	3	
<i>lokara</i>	1	
MEDROL	3	
MEDROL DOSEPAK	3	
<i>methylprednisolone</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate</i>	1	
ORAPRED	3	
ORAPRED ODT	3	
PEDIAPRED	3	
<i>prednicarbate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
PREDNISONO INTENSOL	3	
PREDNISONO SOLN	3	
PREDNISONO TABS 50MG	3	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 5mg</i>	1	
PRELONE	3	
<i>procto-pak</i>	1	
PROCTOCORT	3	
<i>proctocream hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<i>scalacort</i>	1	
TEMOVATE	3	
TEXACORT	3	
TOPICORT	3	
TOPICORT LP	3	
<i>triamcinolone acetonide</i>	1	
TRIAMCINOLONE ACETONIDE IN ABSORBASE	3	
<i>triderm</i>	1	
<i>u-cort</i>	1	
ULTRAVATE	3	
VANOS	3	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
DDAVP INJ, TABS	3	
DDAVP NASAL SOLN 0.01%	3	
<i>desmopressin acetate</i>	1	
INCRELEX	3	PA LA
METHERGINE	3	
SAIZEN	3	PA LA
SAIZEN CLICK.EASY	3	PA LA
STIMATE	3	
TEV-TROPIN	2	PA LA
ZORBTIVE	3	PA
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
ABILIFY	3	QL (900 per 30 days)
ACTIVELLA	3	
ALORA	3	QL (8 per 28 days)
ANADROL-50	3	PA
ANDRODERM	3	QL (30 per 30 days)
ANDROGEL	3	
ANDROID	3	PA
ANDROXY	3	

Drug Name	Drug Tier	Requirements/Limits
ANGELIQ	3	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aviane</i>	1	
AYGESTIN	3	
<i>balziva</i>	1	
BREVICON-28	3	
<i>camila</i>	1	
CENESTIN	3	
<i>cesia</i>	1	
CLIMARA	3	
CLIMARA PRO	3	
COMBIPATCH	3	
CRINONE GEL 8%	3	PA
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
CYCLESSA	3	
<i>danazol</i>	1	
DEPO-PROVERA CONTRACEPTIVE	3	QL (1 per 90 days)
DEPO-SUBQ PROVERA 104	2	QL (1 per 90 days)
DEPO-TESTOSTERONE	3	B/D
DESOGEN	3	
ENJUVIA	3	
<i>enpresse-28</i>	1	
<i>errin</i>	1	
ESTRACE CREA	2	
ESTRACE TABS	3	
ESTRADERM	2	QL (8 per 28 days)
<i>estradiol</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
ESTRING	3	
<i>estropipate</i>	1	
ESTROSTEP FE	3	
EVISTA	2	QL (30 per 30 days)
FEMHRT 1/5	3	
FEMHRT LOW DOSE	3	
FEMRING	3	
FEMTRACE	3	
<i>gianvi</i>	1	
<i>jolivette</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>leena</i>	1	
<i>lessina-28</i>	1	
<i>levora 0.15/30-28</i>	1	
LO/OVRAL-28	3	
LOESTRIN 1.5/30-21	3	
LOESTRIN 1/20-21	3	
LOESTRIN 24 FE	3	
LOESTRIN FE 1.5/30	3	
LOESTRIN FE 1/20	3	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>medroxyprogesterone acetate tabs</i>	1	
<i>medroxyprogesterone acetate inj</i>	1	QL (1 per 90 days)
MEGACE ES	3	
MEGACE ORAL	3	
<i>megestrol acetate</i>	1	
MENEST	2	
MENOSTAR	3	
METHITEST	3	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
MODICON-28	3	
<i>mononessa</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35-28</i>	1	
<i>necon 1/50-28</i>	1	
NECON 10/11-28	3	
<i>necon 7/7/7</i>	1	
<i>next choice</i>	1	
NOR-QD	3	
<i>nora-be</i>	1	
NORDETTE-28	3	
<i>norethindrone acetate</i>	1	
NORINYL 1+35	3	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
NUVARING	3	
<i>ocella</i>	1	
OGESTREL	3	
ORTHO EVRA	3	
ORTHO MICRONOR	3	
ORTHO TRI-CYCLEN LO	3	
ORTHO-CEPT	3	

Drug Name	Drug Tier	Requirements/Limits
ORTHO-CYCLEN	3	
<i>ortho-est</i>	1	
ORTHO-NOVUM 7/7/7-28	3	
OVCON-35	3	
OVCON-50 28	3	
OXANDRIN	3	PA
<i>oxandrolone</i>	1	PA
PLAN B	3	
<i>portia-28</i>	1	
PREFEST	3	
PREMARIN W/APPLICATOR	2	
PREMARIN TABS	3	
PREMPHASE	3	
PREMPRO	3	
<i>previfem</i>	1	
PROMETRIUM	2	
PROVERA	3	
<i>quasense</i>	1	
<i>reclipsen</i>	1	
SEASONALE	3	
SEASONIQUE	3	
<i>solia</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
STRIANT	3	PA
TESTIM	3	PA
<i>testosterone cypionate</i>	1	B/D
<i>testosterone enanthate</i>	1	B/D
TESTRED	3	
<i>tri-legest fe</i>	1	
TRI-NORINYL 28	3	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trinessa</i>	1	
<i>trivora-28</i>	1	
VAGIFEM	3	
<i>velivet</i>	1	
VIVELLE-DOT	3	QL (8 per 28 days)
YASMIN 28	3	
YAZ	3	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
CYTOMEL	3	
<i>levothroid</i>	1	
<i>levothyroxine sodium</i>	1	
<i>levoxyl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium tabs</i>	1	
SYNTHROID	3	
THYROLAR-1	2	
THYROLAR-1/2	2	
THYROLAR-1/4	2	
THYROLAR-2	2	
THYROLAR-3	2	
<i>unithroid</i>	1	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	2	
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
SENSIPAR	2	PA
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline</i>	1	QL (32 per 30 days)
ELIGARD	3	B/D
<i>leuprolide acetate</i>	1	
LUPRON DEPOT	3	B/D
<i>octreotide acetate</i>	1	B/D
SANDOSTATIN	3	B/D
SOMATULINE DEPOT	3	PA
SOMAVERT	3	B/D LA
SYNAREL	3	
<b>Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)</b>		
<i>bicalutamide</i>	1	
CASODEX	3	
<i>flutamide</i>	1	
NILANDRON	3	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
TAPAZOLE	3	
<b>Immunological Agents</b>		
ACTHIB	2	
ACTIMMUNE	3	PA LA
ADACEL	3	
ARCALYST	3	PA
AVONEX	2	
AZASAN	3	B/D
<i>azathioprine</i>	1	B/D
AZATHIOPRINE SODIUM	3	B/D
BETASERON	2	
BOOSTRIX	3	
CELLCEPT	3	B/D
CERVARIX	3	
COMVAX	2	
COPAXONE	2	
CYCLOSPORINE MODIFIED CAPS 50MG	3	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified soln</i>	1	B/D
<i>cyclosporine caps, soln</i>	1	B/D
DAPTACEL	2	
DECAVAC	3	
DIPHThERIA/TETANUS TOXOID PEDIATRIC	3	
ENBREL SURECLICK	2	QL (8 per 28 days)
ENBREL INJ 25MG/0.5ML	2	QL (16 per 28 days)
ENBREL INJ 50MG/ML	2	QL (8 per 28 days)
ENGERIX-B	3	B/D
GAMMAGARD LIQUID	2	PA
GARDASIL	3	
<i>gengraf</i>	1	B/D
HAVRIX	3	
HUMIRA PEN-CROHNS DISEASESTARTER	3	QL (6 per 28 days)
HUMIRA INJ 40MG/0.8ML	3	QL (4 per 28 days)
IMOVAX RABIES (H.D.C.V.)	3	
IMURAN	3	B/D
INFANRIX	3	
INFERGEN	2	
INTRON-A	2	PA
INTRON-A W/DILUENT	2	PA
IPOL INACTIVATED IPV	2	
IXIARO	3	
JE-VAX	3	
<i>leflunomide</i>	1	
M-M-R II W/DILUENT 10 DOSE	2	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	3	
<i>methotrexate</i>	1	
<i>methotrexate sodium inj 25mg/ml</i>	1	B/D
<i>mycophenolate mofetil</i>	1	B/D
MYFORTIC	3	B/D
NEORAL	3	B/D
PEDIARIX	3	
PEDVAX HIB	3	
PEG-INTRON	3	PA
PEG-INTRON REDIPEN	3	PA
PEG-INTRON REDIPEN PAK 4	3	PA
PEGASYS	3	PA
PROGRAF CAPS	3	B/D
PROQUAD	3	
RABAVERT	3	
RAPAMUNE	2	B/D
REBIF	3	PA
REBIF TITRATION PACK	3	PA
RECOMBIVAX HB INJ 40MCG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB INJ 10MCG/ML	2	B/D
REMICADE	3	PA
RHEUMATREX	3	
RIDAURA	2	
ROTATEQ	3	
SANDIMMUNE CAPS, SOLN	3	B/D
<i>tacrolimus</i>	1	B/D
TETANUS TOXOID ADSORBED	3	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	3	
THYMOGLOBULIN	3	B/D
TREXALL	3	B/D
TRIHIBIT	3	
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	3	
VAQTA	2	
VARIVAX	2	
YF-VAX	3	
ZORTRESS	3	B/D
ZOSTAVAX	3	
<b>Inflammatory Bowel Disease Agents</b>		
ASACOL	2	
ASACOL HD	2	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide disodium</i>	1	
CANASA	2	
COLAZAL	3	
<i>colocort</i>	1	
CORTENEMA	3	
ENTOCORT EC	3	
<i>hydrocortisone</i>	1	
<i>mesalamine</i>	1	
<i>methylprednisolone</i>	1	
PENTASA	3	
ROWASA	3	
<i>sulfasalazine</i>	1	
<i>sulfazine</i>	1	
<i>sulfazine ec</i>	1	
<b>Metabolic Bone Disease Agents</b>		
ACTONEL TABS 150MG	3	QL (1 per 28 days)
ACTONEL TABS 30MG, 5MG	3	QL (30 per 30 days)
ACTONEL TABS 35MG	3	QL (4 per 30 days)
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	1	QL (30 per 30 days)
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 per 28 days)
BONIVA TABS	3	QL (1 per 30 days)
<i>calcitonin-salmon</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol</i>	1	B/D
DIDRONEL	3	
<i>etidronate disodium</i>	1	
FORTEO	3	PA
<i>fortical</i>	1	
FOSAMAX PLUS D	2	QL (4 per 28 days)
FOSAMAX SOLN	2	
HECTOROL CAPS	3	B/D
MIACALCIN NASAL SOLN	3	
MIACALCIN INJ	3	B/D
ROCALTROL	3	B/D
SKELID	3	
ZEMPLAR CAPS	3	PA
ZOMETA	3	B/D
<b>Miscellaneous Therapeutic Agents</b>		
ALCOHOL PREPS	3	
<i>anagrelide hydrochloride</i>	1	PA
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	3	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	3	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	3	
CARNITOR SOLN, TABS	3	B/D
CURITY GAUZE PADS 2"X2"	3	
<i>dextrose 10% flex container</i>	1	B/D
<i>dextrose 5%</i>	1	B/D
INTRALIPID INJ 1.7%; 30%	3	
<i>levocarnitine soln, tabs</i>	1	B/D
ONTAK	3	B/D
<i>pentopak</i>	1	
<i>pentoxifylline er</i>	1	
TRENTAL	3	
XENAZINE	3	PA
<b>Ophthalmic Agents</b>		
<i>acetazolamide</i>	1	
<i>ak-con</i>	1	
<i>ak-poly-bac</i>	1	
<i>ak-tob</i>	1	
ALAMAST	3	
ALCAINE	3	
ALOCRIL	3	
ALOMIDE	3	
ALPHAGAN P	3	
ALREX	2	
<i>apraclonidine</i>	1	
AZASITE	3	
<i>azelastine hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
AZOPT	3	
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
BETAGAN	3	
BETAXOLOL HCL	3	
BETIMOL	3	
BETOPTIC-S	2	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
<i>brimonidine tartrate</i>	1	
BROMDAY	3	
<i>bromfenac</i>	1	
<i>carteolol hcl</i>	1	
CILOXAN	2	
COMBIGAN	3	
<i>cromolyn sodium</i>	1	
<i>cyclopentolate hcl</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>diclofenac sodium</i>	1	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	
EMADINE	3	
<i>fluor-op</i>	1	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
<i>gentak</i>	1	
<i>gentasol</i>	1	
<i>homatropine hbr</i>	1	
IOPIDINE SOLN 1%	2	
IOPIDINE SOLN 0.5%	3	
ISTALOL	3	
<i>ketorolac tromethamine</i>	1	
<i>latanoprost</i>	1	
<i>levobunolol hcl</i>	1	
LOTEMAX	3	
LUMIGAN	3	ST
MAXIDEX	2	
MAXITROL	3	
<i>methazolamide</i>	1	
<i>metipranolol</i>	1	
<i>mydral</i>	1	
MYDRIACYL	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin/hydrocortisone</i>	1	
NEVANAC	3	
OCUFEN	3	
<i>ofloxacin</i>	1	
<i>parcaine</i>	1	
PATANOL	3	
PHOSPHOLINE IODIDE	3	
PILOPINE HS	2	
<i>poly-dex</i>	1	
POLY-PRED	3	
<i>polycin b</i>	1	
PRED FORTE	3	
PRED MILD	3	
PRED-G	2	
PRED-G S.O.P.	2	
<i>prednisolone acetate</i>	1	
PREDNISOLONE SODIUM PHOSPHATE	3	
<i>proparacaine hcl</i>	1	
PROPINE	3	
RESTASIS	2	PA
<i>romycin</i>	1	
<i>sodium sulfacetamide</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
<i>timolol maleate</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	
TIMOPTIC-XE	3	
TOBRADEX OINT	2	
TOBRADEX SUSP	3	
<i>tobramycin/dexamethasone</i>	1	
<i>tobrasol</i>	1	
TOBEX OINT	2	
TRAVATAN Z	2	ST
<i>trifluridine</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
<i>tropicacyl</i>	1	
<i>tropicamide</i>	1	
TRUSOPT	3	
VEXOL	2	
VIGAMOX	3	QL (3 per 1 days)
VOLTAREN	3	
XALATAN	3	
<b>Otic Agents</b>		
<i>acetasol hc</i>	1	
<i>acetic acid</i>	1	
<i>acetic acid/aluminum acetate</i>	1	
<i>acetic acid/hydrocortisone</i>	1	
CIPRO HC	2	

Drug Name	Drug Tier	Requirements/Limits
CIPRODEX	3	
COLY-MYCIN S	3	
CORTISPORIN	3	
CORTISPORIN-TC	3	
<i>cortomycin</i>	1	
DERMOTIC	3	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	
<b>Respiratory Tract Agents</b>		
ACCOLATE	3	QL (60 per 30 days)
ACCUNEB	3	
<i>acetylcysteine</i>	1	
ADVAIR DISKUS	2	
ADVAIR HFA	2	
<i>albuterol sulfate</i>	1	
<i>albuterol sulfate er</i>	1	
<i>aminophylline tabs</i>	1	
ARALAST NP	3	B/D LA
ASTELIN	3	
ATROVENT	3	
ATROVENT HFA	2	
<i>azelastine hcl</i>	1	
<i>budesonide</i>	1	
<i>carbinoxamine maleate</i>	1	
<i>clemastine fumarate tabs</i>	1	
COMBIVENT	2	
<i>cromolyn sodium</i>	1	
<i>cyproheptadine hcl</i>	1	
<i>diphenhydramine hcl inj</i>	1	B/D
ELIXOPHYLLIN	3	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
<i>fexofenadine hcl tabs 180mg</i>	1	QL (30 per 30 days)
FLOVENT DISKUS	2	
FLOVENT HFA	2	
<i>flunisolide</i>	1	
<i>fluticasone propionate</i>	1	
FORADIL AEROLIZER	2	
<i>hydroxyzine hcl syrp, tabs</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>ipratropium bromide</i>	1	
<i>ipratropium bromide/albuterol sulfate</i>	1	
LETAIRIS	3	PA
<i>levalbuterol</i>	1	
LUFYLLIN	3	
<i>meclizine hcl</i>	1	
METAPROTERENOL SULFATE TABS	3	

Drug Name	Drug Tier	Requirements/Limits
<i>metaproterenol sulfate syrup</i>	1	
PALGIC	3	
PROAIR HFA	2	
PROLASTIN	3	B/D
PULMICORT	3	
PULMICORT FLEXHALER	3	
QVAR	2	
REVATIO TABS	3	PA
SEREVENT DISKUS	2	
SINGULAIR	2	
SPIRIVA HANDIHALER	3	
<i>terbutaline sulfate tabs</i>	1	
THEO-24	2	
<i>theochron</i>	1	
<i>theophylline er</i>	1	
TRACLEER	2	PA LA
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
VOSPIRE ER	3	
XOLAIR	3	PA LA
XOPENEX	3	
XOPENEX HFA	3	PA
<i>zafirlukast</i>	1	QL (60 per 30 days)
ZYFLO CR	3	QL (120 per 30 days)
<b>Sedatives/Hypnotics</b>		
BUTISOL SODIUM	2	ED
<i>estazolam</i>	1	QL (14 per 30 days) ED
<i>flurazepam hcl</i>	1	ED
<i>midazolam hcl</i>	1	ED
ROZEREM	3	PA
<i>temazepam</i>	1	ED
<i>triazolam</i>	1	ED
<i>zaleplon</i>	1	QL (30 per 30 days)
<i>zolpidem tartrate</i>	1	QL (30 per 30 days)
<b>Skeletal Muscle Relaxants</b>		
<i>carisoprodol</i>	1	
<i>carisoprodol/aspirin</i>	1	
<i>carisoprodol/aspirin/codeine</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
FLEXERIL	3	
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine citrate er</i>	1	
ORPHENADRINE COMPOUND DS	3	
<i>orphenadrine/asa/caffeine</i>	1	
PARAFON FORTE DSC	3	

Drug Name	Drug Tier	Requirements/Limits
SKELAXIN	3	
<b>Therapeutic Nutrients/Minerals/ Electrolytes</b>		
<i>aminosyn ii 8.5%/electrolytes</i>	1	
<i>citric acid/sodium citrate</i>	1	
<i>cyanocobalamin</i>	1	ED
<i>dextrose 10%/nacl 0.2%</i>	1	B/D
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	B/D
<i>dextrose 5%/nacl 0.2%</i>	1	B/D
<i>ed k+10</i>	1	
K-TABS	3	
KCL 0.3%/D5W/LR IV LAC RING	3	B/D
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
KLOR-CON M15	3	
<i>klor-con m20</i>	1	
<i>lactated ringers</i>	1	B/D
<i>lactated ringers viaflex</i>	1	B/D
<i>leucovorin calcium inj</i>	1	B/D
LEUCOVORIN CALCIUM TABS 10MG, 15MG	3	
<i>leucovorin calcium tabs 25mg, 5mg</i>	1	
OSMOPREP	3	
<i>potassium chloride er</i>	1	
<i>potassium chloride sr</i>	1	
<i>potassium chloride liqd</i>	1	
<i>potassium chloride inj 0.4meq/ml, 10meq/50ml</i>	1	B/D
<i>potassium citrate extended-release</i>	1	
<i>potassium citrate/citric acid</i>	1	
<i>prenatabs obn</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sodium chloride inj 0.9%, 5%</i>	1	B/D
SODIUM FLUORIDE	3	
<i>tpn electrolytes ftv</i>	1	B/D
<b>Unclassified</b>		
ANALPRAM-HC	3	
ARMOUR THYROID	3	
<i>atropine sulfat</i>	1	
<i>chlorthalidone</i>	1	
<i>choline magnesium trisalicylate</i>	1	
COLESTID	3	
<i>colestipol hcl for oral suspension</i>	1	
<i>cytra k crystals</i>	1	
<i>desmopressin acetate</i>	1	
<i>flunisolide</i>	1	
<i>fluocinonide</i>	1	
<i>hyoscyamine sulfate</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
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KLOR-CON 25	3	
<i>klor-con m10</i>	1	
<i>lidazone hc</i>	1	
<i>minirin</i>	1	
ORACIT	3	
<i>para-time</i>	1	
<i>pilocarpine hcl</i>	1	
POLYCITRA-K CRYSTALS	3	
<i>potassium chloride</i>	1	
<i>potassium chloride er</i>	1	
PROCTOFOAM HC	3	
<i>salsalate</i>	1	
<i>sotalol hcl (af)</i>	1	
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<i>trimethoprim</i>	5
<i>trimethoprim sulfate/polymyxin b sulfate</i>	36
<i>trinessa</i>	30
TRI-NORINYL 28	30
TRIPEDIA	33
<i>tri-previfem</i>	30
TRISENOX	11
<i>tri-sprintec</i>	30
<i>trivora-28</i>	30
TRIZIVIR	14
<i>tropicacyl</i>	36
<i>tropicamide</i>	36
<i>tropium chloride</i>	25
TRUSOPT	36
TRUVADA	14
TWINRIX	33
TYGACIL	5
TYKERB	11
TYLENOL/CODEINE #3	2
TYLENOL/CODEINE #4	2
TYPHIM VI	33
TYZEKA	14
TYZINE	38
TYZINE PEDIATRIC NASAL DROPS	38
<i>u-cort</i>	27
ULORIC	9
ULTRAVATE	27
UNIRETIC	21
<i>unithroid</i>	31
UNIVASC	21
URECHOLINE	25
UROXATRAL	25
URSO 250	25
URSO FORTE	25
<i>ursodiol</i>	25
VAGIFEM	30
<i>valacyclovir hcl</i>	14
VALCYTE	14
<i>valproate sodium</i>	6
<i>valproic acid</i>	6
VANCOCIN HCL	5
<i>vancomycin hcl</i>	5
<i>vandazole</i>	5
VANDETANIB	11
VANOS	27
VAQTA	33

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VARIVAX	33
VASERETIC	21
VELCADE	11
<i>velivet</i>	30
<i>venlafaxine hcl</i>	7
<i>venlafaxine hcl er</i>	7
VENTAVIS	22
<i>verapamil hcl</i>	22
<i>verapamil hcl er</i>	22
<i>verapamil hcl sr</i>	22
VERELAN	22
VERELAN PM	22
VESICARE	25
VEXOL	36
VFEND	9
<i>vicodin hp</i>	2
VIDAZA	11
VIDEX EC	14
VIDEX PEDIATRIC	14
VIGAMOX	36
VIIBRYD	7
VIMPAT	6
VIRACEPT	14
VIRAMUNE	14
VIRAMUNE XR	14
VIRAZOLE	14
VIREAD	14
VISICOL	25
VIVELLE-DOT	30
VOLTAREN	2
VOLTAREN	36
<i>voriconazole</i>	9
VOSPIRE ER	38
VOTRIENT	11
VYTORIN	22
<i>warfarin sodium</i>	17
WELCHOL	22
XALATAN	36
XENAZINE	34
XIFAXAN	5
XOLAIR	38
XOPENEX	38
XOPENEX HFA	38
XYLOCAINE	2
XYLOCAINE JELLY	2
XYREM	22
YASMIN 28	30
YAZ	30
YF-VAX	33
<i>zafirlukast</i>	38
<i>zaleplon</i>	38
ZAROXOLYN	22

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<i>zazole</i>	9
ZEBETA	22
ZELAPAR	12
ZEMPLAR	34
ZENPEP	23
ZERIT	14
ZESTORETIC	22
ZESTRIL	22
ZETIA	22
ZIAC	22
ZIAGEN	14
<i>zidovudine</i>	14
ZITHROMAX	5
ZMAX	5
ZOLINZA	11
<i>zolpidem tartrate</i>	38
ZOMETA	34
<i>zonisamide</i>	6
ZORBTIVE	27
ZORTRESS	33
ZOSTAVAX	33
<i>zovia 1/35e</i>	30
<i>zovia 1/50e</i>	30
ZOVIRAX	14
<i>z-pram</i>	23
ZYFLO CR	38
ZYLOPRIM	9
ZYMAR	5
ZYPRAM	2
ZYPREXA	13
ZYPREXA ZYDIS	13
ZYTIGA	11
ZYVOX	5



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