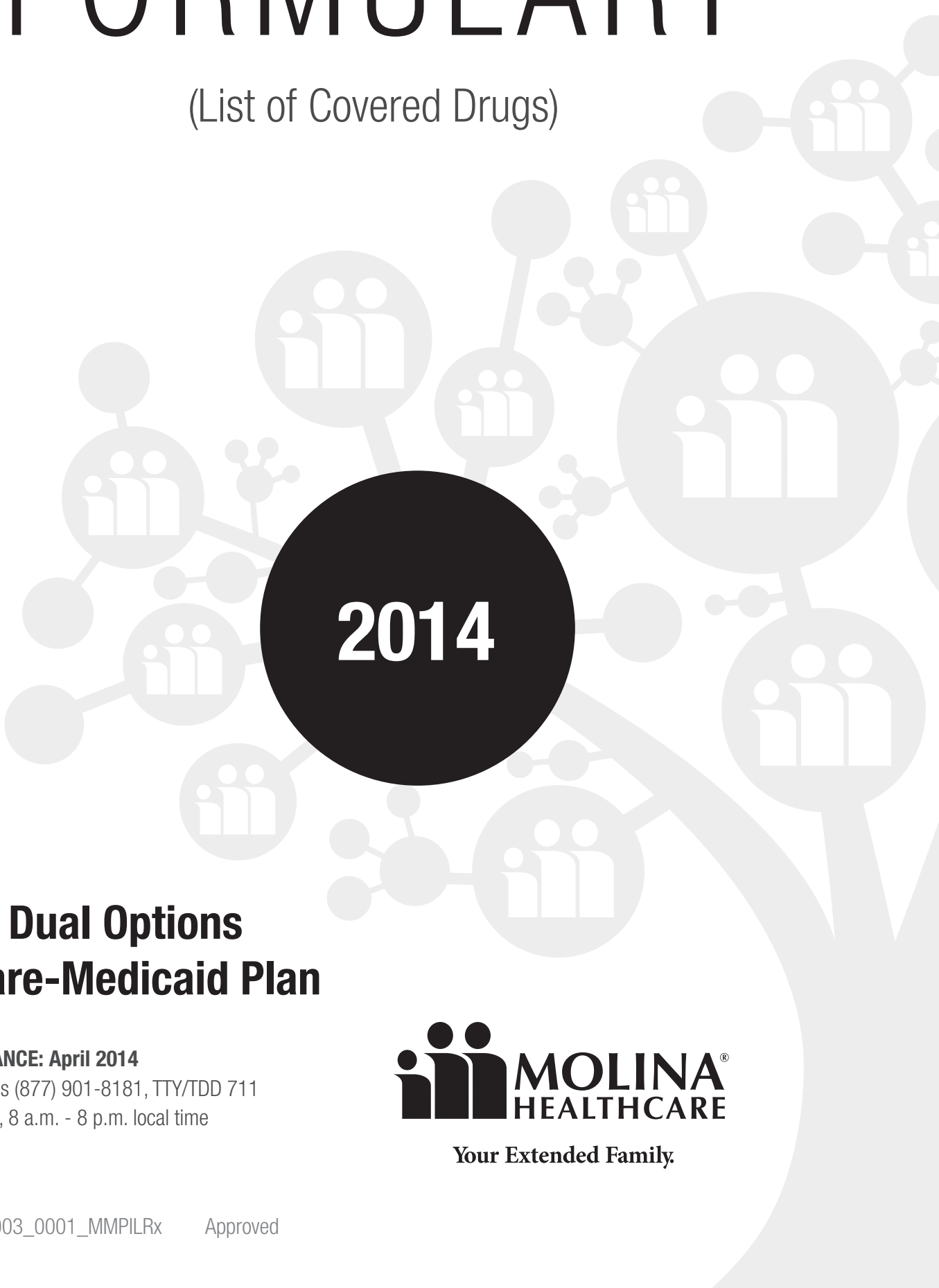


FORMULARY

(List of Covered Drugs)



2014

Molina Dual Options Medicare-Medicaid Plan

DATE OF ISSUANCE: April 2014

Member Services (877) 901-8181, TTY/TDD 711

Monday - Friday, 8 a.m. - 8 p.m. local time



Your Extended Family.



Molina Dual Options Medicare-Medicaid Plan

2014 List of Covered Drugs (Formulary)

This is a list of drugs that members can get in Molina Dual Options.

- Molina Dual Options is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- Benefits, List of Covered Drugs, pharmacy and provider networks, and/or copayments may change from time to time throughout the year and on January 1 of each year.
- You can always check Molina Dual Options' up-to-date List of Covered Drugs online at www.MolinaHealthcare.com/Duals.
- You can ask for this information in other formats, such as Braille or large print. Call (877) 901-8181. The call is free.
- Limitations, copays and restrictions may apply. For more information, call Molina Dual Options Member Services or read the Molina Dual Options Member Handbook.
- Copays for prescription drugs may vary based on the level of Extra Help you receive. Please contact the plan for more details.
- You can get this document in Spanish, or speak with someone about this information in other languages for free. Call (877) 901-8181. The call is free.
- Puede obtener este document en español, o hablar con una persona acerca de esta información en otros idiomas gratuitamente. Llame al (877) 901-8181. Esta llamada es gratis.



Frequently Asked Questions (FAQ)

Find answers here to questions you have about this List of Covered Drugs. You can read all of the FAQ to learn more, or look for a question and answer.

1. What prescription drugs are on the List of Covered Drugs? (We call the List of Covered Drugs the “Drug List” for short.)

The drugs on the List of Covered Drugs that starts on page 1 are the drugs covered by Molina Dual Options. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Molina Dual Options will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy, **and**
 - you fill the prescription at a Molina Dual Options network pharmacy.
 - Molina Dual Options may have additional steps to access certain drugs (see question #5 below).
 - You can also see an up-to-date list of drugs that we cover on our website at www.MolinaHealthcare.com/Duals or call Member Services at (877) 901-8181, TTY/TDD 711.

2. Does the Drug List ever change?

Yes. Molina Dual Options may add or remove drugs on the Drug List during the year. Generally, the Drug List will only change if:

- a cheaper drug comes along that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (*Prior approval* is permission from Molina Dual Options before you can get a drug.)
- Add or change the amount of a drug you can get (called “quantity limits”).
- Add or change step therapy restrictions on a drug. (*Step therapy* means you must try one drug before we will cover another drug.)

(For more information on these drug rules, see page iii.)



We will tell you when a drug you are taking is removed from the Drug List. We will also tell you when we change our rules for covering a drug. Questions 3, 4, and 7 below have more information on what happens when the Drug List changes.

- You can always check Molina Dual Options' up to date Drug List online at www.MolinaHealthcare.com/Duals.
- You can also call Member Services to check the current Drug List at (877) 901-8181, TTY/TDD 711.

3. What happens when a cheaper drug comes along that works as well as a drug on the Drug List now?

If you are taking a drug that is removed because a cheaper drug that works just as well comes along, we will tell you. We will tell you at least 60 days before we remove it from the Drug List **or** when you ask for a refill. Then you can get a 60-day supply of the drug before the change to the Drug List is made. This notification is received on your monthly pharmacy Explanation of Benefits (EOB).

4. What happens when we find out a drug is not safe?

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Drug List right away. We will also send you a letter telling you that. Please speak with your physician to find an alternative that is safe for you.

5. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you must do something before you can get the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, you or your doctor must get approval from Molina Dual Options before you fill your prescription. If you don't get approval, Molina Dual Options may not cover the drug.
- **Quantity limits:** Sometimes Molina Dual Options limits the amount of a drug you can get.
- **Step therapy:** Sometimes Molina Dual Options requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 1-55. You can also get more information by visiting our web site at www.MolinaHealthcare.com/Duals.

You can also ask for an "exception" from these limits. Please see question 10 for more information on exceptions.

- If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List, or if you cannot easily get the drug you need, we can help. We will cover a 31-day emergency supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Molina Dual



If you have questions, please call Molina Dual Options at (877) 901-8181, TTY/TDD 711, Monday - Friday, 8 a.m. – 8 p.m. local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.

Options member. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to request an exception. Please see question 10 for more information about exceptions.

6. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?

The List of Covered Drugs on page 1 has a column labeled “Necessary actions, restrictions, or limits on use.”

7. What happens if we change our rules on how we cover some drugs? For example, if we add prior authorization (approval), quantity limits, and/or step therapy restrictions on a drug.

We will tell you if we add prior approval, quantity limits, and/or step therapy restrictions on a drug. We will tell you at least 60 days before the restriction is added or when you next ask for a refill. Then, you can get a 60-day supply of the drug before the change to the Drug List is made. This gives you time to talk to your doctor about what to do next.

8. How can you find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), **or**
- You can search by medical condition.

To search **alphabetically**, go to the Alphabetical Listing section. You can find it in the Index of Drugs. The Index of Drugs 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 of Drugs. Look in the Index of Drugs 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 of Drugs and find the name of your drug in the first column of the list.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 1. Then find your medical condition. For example, if you have a heart condition, you should look in that category. That is where you will find drugs that treat heart conditions.

9. What if the drug you want to take is not on the Drug List?

If you don’t see your drug on the Drug List, call Member Services at (877) 901-8181, TTY/TDD 711 and ask about it. If you learn that Molina Dual Options will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please see question 10 for more information about exceptions.



10. What if you are a new Molina Dual Options member and can't find your drug on the Drug List or have a problem getting your drug?

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you are a member of Molina Dual Options. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to request an exception.

We will cover a 31-day supply of your drug if:

- you are taking a drug that is not on our Drug List, *or*
- health plan rules do not let you get the amount ordered by your prescriber, *or*
- the drug requires prior approval by Molina Dual Options, *or*
- you are taking a drug that is part of a step therapy restriction.

If you live in a nursing home or other long-term care facility, you may refill your prescription for as long as 91 days. You may refill the drug multiple times during the 91 days. This gives your prescriber time to change your drugs to ones on the Drug List or ask for an exception.

Transition Policy

New members in our Plan may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization or step therapy. Current members may also be affected by changes in our formulary from one year to the next. Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. See the Evidence of Coverage to learn more about how to request an exception. Please contact Member Services if your drug is not on our formulary, is subject to certain restrictions, such as prior authorization or step therapy, or will no longer be on our formulary next year and you need help switching to a different drug that we cover or requesting a formulary exception.

During the period of time members are talking to their doctors to determine the right course of action, we may provide a temporary supply of the non-formulary drug if those members need a refill for the drug during the first 90 days of new membership in our Plan for Part D drugs (tiers 1 and 2) and 180 days for your Medicaid drugs (tiers 3-5). If you are a current member affected by a formulary change from one year to the next, we will provide a temporary supply of the non-formulary drug if you need a refill for the drug during the first 90 days of the new plan year.

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a "Part D drug"), we will cover a 31-day supply (unless the prescription is written for fewer days). After we cover the temporary 31-day supply, we generally will not pay for these drugs as part of our transition policy again.

We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.



If you have questions, please call Molina Dual Options at (877) 901-8181, TTY/TDD 711, Monday - Friday, 8 a.m. – 8 p.m. local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.

If a new member is a resident of a long-term-care facility (like a nursing home), we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). If necessary, we will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our Plan. If the resident has been enrolled in our Plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as step therapy or dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception. Exceptions are available in situations where you experience a change in the level of care you are receiving that also requires you to transition from one facility or treatment center to another. In such circumstances, you would be eligible for a temporary, one-time fill exception even if you are outside of the first 90 days as a member of the plan.

11. Can you ask for an exception to cover your drug?

Yes. You can ask Molina Dual Options to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, Molina Dual Options may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

12. How long does it take to get an exception?

First, we must receive a statement from your prescriber supporting your request for an exception. After we receive the statement, we will give you a decision on your exception request within 72 hours.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of receiving your prescriber's supporting statement.

13. How can you ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception.

14. What are generic drugs?

Generic drugs are made up of the same ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Molina Dual Options covers both brand name drugs and generic drugs.



15. What are OTC drugs?

OTC stands for “over-the-counter”. You can buy OTC drugs without a prescription. Molina Dual Options covers some OTC drugs. You can read the Molina Dual Options Drug List to see what OTC drugs are covered.

16. Does Molina Dual Options cover OTC non-drug products?

Molina Dual Options covers some OTC non-drug products. You can read the Molina Dual Options Drug List to see what OTC non-drug products are covered.

17. What is your copay?

You can read the Molina Dual Options Drug List to learn about the copay for each drug.

Molina Dual Options members living in nursing homes or other long-term care facilities will have no copays. Some members getting long-term care in the community will also have no copays.

Copays are listed by tiers. Tiers are groups of drugs with the same copay.

- Tier 1 drugs are generic drugs. The copay will be from \$0 to \$2.55, depending on your level of Medicaid eligibility.
- Tier 2 drugs are brand name drugs. The copay will be from \$0 to \$6.35, depending on your level of Medicaid eligibility.
- Tier 3, tier 4, and tier 5 drugs have a copay of \$0.

List of Covered Drugs

The list of covered drugs below gives you information about the drugs covered by Molina Dual Options. If you have trouble finding your drug in the list, turn to the Index that begins on page 56.

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

The information in the necessary actions, restrictions, or limits on use column tells you if Molina Dual Options has any rules for covering your drug.

Note: The * next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs. These drugs also have different rules for appeals. An *appeal* is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid. If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to



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appeal, call Member Services at (877) 901-8181, TTY/TDD 711. You can also read the Member Handbook to learn how to appeal a decision.

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

QL stands for Quantity Limits

PA stands for Prior Authorization

ST stands for Step Therapy Criteria

OTC stands for Over the Counter

B/D – This drug may be covered under Medicare Part B or D depending upon the circumstances

LA- stands for Limited Access Drug

NM – stands for Not available through mail-order



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Drug Name (By Medical Condition) Drug Tier Requirements/Limits

ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION

GOUT - DRUGS TO TREAT GOUT

<i>allopurinol sodium</i>	1	
<i>allopurinol tab</i>	1	
<i>colchicine w/ probenecid</i>	1	
COLCRYS	2	QL (120 tabs / 30 days)
<i>probenecid</i>	1	
ULORIC	2	ST

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

CELEBREX	2	QL (60 caps / 30 days)
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i> TB24; TBEC	1	
<i>diflunisal</i>	1	
<i>etodolac</i> CAPS; TABS; TB24	1	
<i>flurbiprofen</i> TABS	1	
<i>ibuprofen</i> SUSP	1	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>ketoprofen</i> CAPS; CP24	1	
<i>meloxicam</i> TABS	1	
MELOXICAM SUSP 7.5 MG/5ML	1	
<i>nabumetone</i> TABS	1	
<i>naproxen</i> SUSP; TABS; TBEC	1	
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i> CAPS	1	
<i>sulindac</i> TABS	1	

OPIOID ANALGESICS - DRUGS TO TREAT PAIN

<i>acetaminophen w/ codeine</i> SOLN	1	QL (5000mL / 30 days)
<i>acetaminophen w/ codeine</i> TABS	1	QL (400 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>hydroco/apap tab</i> 5-325mg	1	QL (360 tabs / 30 days)
<i>hydroco/apap tab</i> 7.5-325	1	QL (360 tabs / 30 days)
<i>hydroco/apap tab</i> 10-325mg	1	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen</i> 7.5-325 mg/15ml	1	QL (5400mL / 30 days)
<i>hydrocodone-ibuprofen</i> 7-5-200mg	1	QL (150 tabs / 30 days)
<i>tramadol hcl</i> TABS	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	1	QL (240 tabs / 30 days)

OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN

AVINZA	2	QL (60 caps / 30 days)
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Drug Name	Drug Tier	Requirements/Limits
DURAMORPH	1	B/D
<i>endocet 5/325</i>	1	QL (360 tabs / 30 days)
<i>endocet 7.5/325</i>	1	QL (360 tabs / 30 days)
<i>endocet 10/325</i>	1	QL (360 tabs / 30 days)
ENDODAN	1	QL (360 tabs / 30 days)
<i>fentanyl 12mcg/hr, 25mcg/hr</i>	1	QL (10 ptch / 30 days)
<i>fentanyl 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	1	QL (10 ptch / 30 days), PA
<i>fentanyl citrate LPOP</i>	2	QL (120 lpop / 30 days), PA
<i>hydromorphon inj 10mg/ml</i>	1	B/D
<i>hydromorphone hcl LIQD; TABS</i>	1	
KADIAN	2	QL (60 caps / 30 days)
LAZANDA	2	QL (30 bottles / 30 days), PA
<i>methadone hcl CONC</i>	1	
<i>methadone hcl SOLN 5mg/5ml, 10mg/5ml</i>	1	
<i>methadone hcl TABS</i>	1	QL (240 tabs / 30 days)
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	1	QL (90 tabs / 30 days)
<i>morphine ext-rel tab 200mg</i>	1	QL (60 tabs / 30 days)
MORPHINE SUL INJ 1mg/ml, 4mg/ml, 10mg/ml, 15mg/ml	1	B/D
<i>morphine sul inj .5mg/ml, 1mg/ml</i>	1	B/D
<i>morphine sulfate CP24</i>	1	QL (60 ea / 30 days)
MORPHINE SULFATE SOLN 8mg/ml	1	B/D
MORPHINE SULFATE TABS	1	QL (180 tabs / 30 days)
<i>morphine sulfate beads cap sr</i>	1	QL (60 ea / 30 days)
MORPHINE SULFATE ORAL SOL	1	
OXYCODONE HCL CAPS	1	QL (180 caps / 30 days)
OXYCODONE HCL CONC	1	
<i>oxycodone hcl SOLN</i>	1	
<i>oxycodone hcl TABS</i>	1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 5 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone-aspirin</i>	1	QL (360 tabs / 30 days)
<i>roxicet soln</i>	2	QL (1800mL / 30 days)
<i>roxicet tab 5-325mg</i>	1	QL (360 tabs / 30 days)

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS

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 ***** - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (local anesth.) 4%</i>	1	
<i>lidocaine hcl (local anesth.) .5%</i>	1	B/D
<i>lidocaine inj 0.5%</i>	1	B/D
<i>lidocaine inj 1%</i>	1	B/D
<i>lidocaine inj 1.5%</i>	1	B/D
<i>lidocaine inj 2%</i>	1	B/D

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate SOLN 1gm/4ml</i>	1	
<i>amikacin sulfate inj 100 mg/2ml (50 mg/ml)</i>	1	
<i>gentamicin in saline</i>	1	
<i>gentamicin sulfate SOLN</i>	1	
<i>neomycin sulfate TABS</i>	1	
<i>paromomycin sulfate CAPS</i>	1	
<i>streptomycin sulfate SOLR</i>	1	
<i>sulfadiazine TABS</i>	2	
TOBI NEB	2	B/D, NM
<i>tobramycin NEBU</i>	2	B/D, NM
<i>tobramycin sulfate SOLN; SOLR</i>	1	
<i>tobramycin sulfate in saline</i>	2	

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	2	
ALINIA SUSR	2	QL (540 mL / 30 days)
ALINIA TABS	2	QL (20 tabs / 30 days)
AZACTAM 2gm	2	
AZACTAM/DEX INJ 1GM	2	
AZACTAM/DEX INJ 2GM	2	
<i>aztreonam</i>	1	
BILTRICIDE	2	
<i>clindamycin cap 75mg</i>	1	
<i>clindamycin cap 300mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin phosphate inj</i>	1	
<i>clindamycin sol 75mg/5ml</i>	1	
<i>colistimethate sodium SOLR</i>	1	
CUBICIN	2	B/D
<i>dapsone TABS</i>	1	
DARAPRIM	2	
DORIBAX	2	
<i>erythromycin-sulfisoxazole</i>	1	
<i>imipenem-cilastatin</i>	1	
INVANZ	2	

Drug Name	Drug Tier	Requirements/Limits
MACRODANTIN 25mg	2	PA; 90 day limit if >64 yr
MEPRON	2	
<i>meropenem</i>	1	
<i>methenamine hippurate</i>	1	
METRO IV	2	
<i>metronidazole</i> TABS	1	
<i>metronidazole in nacl</i>	1	
NEBUPENT	2	B/D
<i>nitrofurantoin macrocrystal</i>	1	PA; 90 day limit if >64 yr
<i>nitrofurantoin monohyd macro</i>	1	PA; 90 day limit if >64 yr
PENTAM 300	2	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	1	
<i>trimethoprim</i> TABS	1	
TYGACIL	2	
<i>vancomycin hcl</i> CAPS	2	
<i>vancomycin hcl</i> SOLR	1	B/D
ZYVOX	2	

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ABELCET	2	B/D
AMBISOME	2	B/D
<i>amphotericin b</i> SOLR	1	B/D
CANCIDAS	2	
ERAXIS	2	
<i>fluconazole</i> SUSR; TABS	1	
<i>fluconazole in dextrose</i>	1	
<i>fluconazole in nacl</i>	1	
<i>flucytosine</i> CAPS	2	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i> CAPS	1	PA
<i>ketoconazole</i> TABS	1	
MYCAMINE	2	
NOXAFIL	2	
<i>nystatin</i> TABS	1	
<i>terbinafine hcl</i> TABS	1	QL (90 tabs / year)
VFEND SUSR	2	
<i>voriconazole</i> SOLR	1	
<i>voriconazole</i> SUSR; TABS	2	

ANTIMALARIALS - DRUGS TO TREAT MALARIA

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 * - Non-Part
D Drugs, or OTC items that are covered by Medicaid

Drug Name	Drug Tier	Requirements/Limits
ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate</i> TABS	1	
COARTEM	2	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE	2	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate</i>	1	
APTIVUS	2	
CRIXIVAN	2	
<i>didanosine</i>	1	
EDURANT	2	
EMTRIVA	2	
EPIVIR SOLN	2	
FUZEON	2	NM
INTELENCE	2	
INVIRASE	2	
ISENTRESS	2	
<i>lamivudine</i> 150mg, 300mg	1	
LEXIVA	2	
NEVIRAPINE SUSP	1	
<i>nevirapine</i> TABS	1	
NORVIR	2	
PREZISTA	2	
RESCRIPTOR	2	
RETROVIR IV INFUSION	2	
REYATAZ	2	
SELZENTRY	2	
<i>stavudine</i>	1	
SUSTIVA	2	
TIVICAY	2	
VIDEX PEDIATRIC	2	
VIRACEPT	2	
VIRAMUNE SUSP	2	
VIRAMUNE XR	2	
VIREAD	2	
ZIAGEN SOLN	2	
<i>zidovudine</i>	1	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine-zidovudine</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ATRIPLA	2	
COMPLERA	2	
EPZICOM	2	
KALETRA SOL	2	
KALETRA TAB 100-25MG	2	
KALETRA TAB 200-50MG	2	
<i>lamivudine-zidovudine</i>	2	
STRIBILD	2	
TRIZIVIR	2	
TRUVADA	2	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
CAPASTAT SULFATE	2	
<i>ethambutol hcl</i> TABS	1	
<i>isoniazid</i> TABS	1	
<i>isoniazid inj 100 mg/ml</i>	1	
<i>isoniazid syp 50mg/5ml</i>	1	
MYCOBUTIN	2	
<i>paser d/r</i>	2	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifampin</i> CAPS; SOLR	1	
RIFATER	2	
<i>seromycin</i>	2	
SIRTURO	2	LA, PA
TRECTOR	2	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir</i> CAPS; SUSP; TABS	1	
<i>acyclovir sodium</i>	1	B/D
<i>adefovir dipivoxil</i>	2	ST
BARACLUDE	2	
EPIVIR HBV	2	
<i>famciclovir</i>	1	
<i>ganciclovir inj 500mg</i>	1	B/D
HEPSERA	2	ST
INCIVEK	2	NM, PA
<i>lamivudine 100mg</i>	1	
<i>moderiba pak</i>	2	NM, PA
<i>moderiba tab 200mg</i>	1	NM, PA
REBETOL SOLN	2	NM, PA
RELENZA DISKHALER	2	
<i>ribapak mis 600/day</i>	2	NM, PA
<i>ribasphere</i> CAPS	1	NM, PA
<i>ribasphere</i> TABS 200mg, 400mg	1	NM, PA

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D Drugs, or OTC items that are covered by Medicaid

Drug Name	Drug Tier	Requirements/Limits
<i>ribasphere</i> TABS 600mg	2	NM, PA
<i>ribasphere</i> <i>ribapak</i> 800	2	NM, PA
<i>ribasphere</i> <i>ribapak</i> 1000	2	NM, PA
<i>ribasphere</i> <i>ribapak</i> 1200	2	NM, PA
<i>ribavirin</i> 200mg	1	NM, PA
<i>rimantadine hydrochloride</i>	1	
TAMIFLU	2	
TYZEKA	2	
<i>valacyclovir hcl</i> TABS	1	
VALCYTE	2	
VICTRELIS	2	NM, PA

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

<i>cefaclor</i>	1	
<i>cefaclor monohydrate</i>	2	
<i>cefadroxil</i>	1	
<i>cefazolin in d5w</i>	2	
<i>cefazolin inj</i>	1	
<i>cefazolin sodium</i> 1gm, 20gm	1	
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1	
<i>cefotaxime sodium</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime solr</i>	1	
CEFTAZIDIME/DEXTROSE	2	
<i>ceftriaxone sodium</i> SOLR	1	
<i>cefuroxime axetil</i> TABS	1	
<i>cefuroxime sodium</i> 1.5gm, 7.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR	1	
SUPRAX CAPS	2	
<i>suprax</i> CHEW	2	
<i>suprax</i> SUSR 100mg/5ml, 200mg/5ml	2	
SUPRAX SUSR 500mg/5ml	2	
<i>suprax</i> TABS	2	
<i>tazicef</i> SOLR	1	
<i>tazicef vial</i>	1	

ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS

AZITHROMYCIN PACK	1	
<i>azithromycin</i> SOLR 500mg	1	
<i>azithromycin</i> SUSR	1	
<i>azithromycin</i> TABS	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin</i> TABS	1	
<i>clarithromycin</i> er	1	
<i>clarithromycin</i> for susp	1	
DIFICID	2	ST
e.e.s.	1	
E.E.S. GRANULES	2	
<i>ery-tab</i>	2	
ERYPED 200	2	
ERYPED 400	2	
<i>erythrocin</i> stearate	1	
<i>erythromycin</i> base	1	
<i>erythromycin</i> ethylsuccinate	1	
ZMAX	2	

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

CIPRO SUSR	2	
<i>ciprofloxacin</i> er	1	
<i>ciprofloxacin</i> hcl tab	1	
<i>ciprofloxacin</i> in d5w	1	
<i>ciprofloxacin</i> inj	1	
<i>levofloxacin</i> TABS	1	
<i>levofloxacin</i> in d5w	1	
<i>levofloxacin</i> inj 25mg/ml	1	
<i>levofloxacin</i> oral soln 25 mg/ml	1	

PENICILLINS - DRUGS TO TREAT INFECTIONS

<i>amoxicillin</i>	1	
<i>amoxicillin</i> & pot clavulanate	1	
<i>ampicillin</i>	1	
<i>ampicillin</i> & sulbactam sodium	1	
<i>ampicillin</i> inj	1	
<i>ampicillin</i> sodium	1	
BICILLIN C-R	2	
BICILLIN L-A	2	
<i>dicloxacillin</i> sodium	1	
<i>nafcillin</i> sodium 1gm	1	
<i>nafcillin</i> sodium 2gm, 10gm	2	
<i>oxacillin</i> sodium 1gm, 2gm	1	
<i>oxacillin</i> sodium 10gm	2	
PENICILLIN G POT IN DEXTROSE	2	
<i>penicillin</i> g potassium	1	
<i>penicillin</i> g procaine	2	
<i>penicillin</i> g sodium	1	
<i>penicillin</i> v potassium	1	
<i>penicillin</i> gk inj 5mu	1	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sodium-tazobactam sodium</i>	1	
TIMENTIN	2	
TIMENTIN INJ 3.1GM	2	

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>doxycycl hyc inj</i>	1	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	1	
<i>doxycycline (monohydrate) TABS</i>	1	
<i>doxycycline hyclate CAPS; TABS</i>	1	
<i>minocycline hcl CAPS</i>	1	
VIBRAMYCIN SYRP	2	

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

BICNU	2	B/D
BUSULFEX	2	B/D
CEENU CAP 10MG	2	
CEENU CAP 40MG	2	
<i>cyclophosphamide SOLR; TABS</i>	1	B/D
<i>dacarbazine 200mg</i>	1	B/D
EMCYT	2	
HEXALEN	2	
IFEX 3gm	2	B/D
<i>ifosfamide inj 1gm</i>	1	B/D
<i>ifosfamide inj 1gm/20ml</i>	1	B/D
IFOSFAMIDE INJ 3GM	2	B/D
<i>ifosfamide inj 3gm/60ml</i>	1	B/D
LEUKERAN	2	
LOMUSTINE	1	
<i>melphalan hcl</i>	2	B/D
MUSTARGEN	2	B/D
TREANDA	2	B/D, NM

ANTHRACYCLINES

<i>adriamycin SOLN</i>	1	B/D
<i>adriamycin SOLR 50mg</i>	1	B/D
<i>daunorubicin hcl</i>	1	B/D
DOXIL INJ 2MG/ML	2	B/D
<i>doxorubicin hcl SOLN</i>	1	B/D
<i>doxorubicin hcl SOLR 20mg, 50mg</i>	1	B/D
<i>doxorubicin hcl liposomal</i>	2	B/D
<i>epirubicin hcl SOLN</i>	1	B/D
<i>idarubicin hcl</i>	2	B/D

ANTIBIOTICS

Drug Name	Drug Tier	Requirements/Limits
<i>bleomycin sulfate</i>	1	B/D
COSMEGEN	2	B/D
<i>mitomycin SOLR</i>	1	B/D
<i>mitomycin inj 20mg</i>	1	B/D
ANTIMETABOLITES		
<i>adrucil 2.5gm/50ml, 5gm/100ml</i>	1	B/D
ALIMTA	2	B/D
<i>azacitidine</i>	2	B/D, NM
<i>cladribine</i>	2	B/D
<i>cytarabine SOLN 20mg/ml</i>	1	B/D
<i>cytarabine SOLR 100mg, 500mg</i>	1	B/D
<i>fludarabine phosphate</i>	1	B/D
<i>fluorouracil SOLN 1gm/20ml, 2.5gm/50ml</i>	1	B/D
GEMCITABINE HCL SOLN	2	B/D
<i>gemcitabine hcl SOLR</i>	2	B/D
<i>mercaptopurine TABS</i>	1	
<i>methotrexate sodium inj</i>	1	B/D
<i>pentostatin</i>	2	B/D
TABLOID	2	
VIDAZA	2	B/D, NM
ANTIMITOTIC, TAXOIDS		
DOCETAXEL CONC 20mg/0.5ml, 20mg/ml, 2 80mg/4ml		B/D
<i>docetaxel CONC 140mg/7ml</i>	2	B/D
DOCETAXEL SOLN 80mg/8ml	2	B/D
<i>paclitaxel</i>	1	B/D
TAXOTERE	2	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate SOLR</i>	2	B/D
<i>vincasar</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i>	1	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	2	B/D, NM
ERIVEDGE	2	NM, LA, PA
HERCEPTIN	2	B/D, NM
ISTODAX	2	B/D, NM
KADCYLA	2	B/D, NM
PROLEUKIN	2	B/D, NM
RITUXAN	2	NM, PA
VELCADE	2	B/D, NM
ZOLINZA	2	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		

Drug Name	Drug Tier	Requirements/Limits
<i>anastrozole</i> TABS	1	
<i>bicalutamide</i>	1	QL (30 tabs / 30 days)
DEPO-PROVERA INJ 400/ML	2	B/D
<i>exemestane</i>	1	ST
FARESTON	2	
FASLODEX	2	B/D
<i>flutamide</i>	1	
<i>letrozole</i> TABS	1	
<i>leuprolide acetate</i> KIT	1	NM, PA
LUPR DEP-PED INJ 11.25MG (3-MONTH)	2	QL (1 box / 84 days), NM, PA
LUPR DEP-PED INJ 30MG (3-MONTH)	2	QL (1 box / 84 days), NM, PA
LUPRON DEPOT 3.75mg	2	QL (1 box / 30 days), NM, PA
LUPRON DEPOT-PED	2	NM, PA
LYSODREN	2	
MEGACE ES	2	QL (150 mL / 30 days), PA
<i>megestrol acetate</i> SUSP; TABS	1	PA
NILANDRON	2	
SOLTAMOX	2	
<i>tamoxifen citrate</i> TABS	1	
TRELSTAR DEP INJ 3.75MG	2	NM, PA
TRELSTAR LA INJ 11.25MG	2	NM, PA
XTANDI	2	NM, LA, PA
ZYTIGA	2	NM, PA
KINASE INHIBITORS		
AFINITOR	2	NM, PA
AFINITOR DISPERZ	2	NM, PA
BOSULIF	2	NM, PA
CAPRELSA	2	NM, LA, PA
COMETRIQ	2	NM, PA
GILOTRIF	2	NM, PA
GLEEVEC	2	NM, PA
ICLUSIG	2	NM, LA, PA
IMBRUVICA	2	NM, PA
INLYTA	2	NM, LA, PA
JAKAFI	2	NM, LA, PA
MEKINIST	2	NM, PA
NEXAVAR	2	NM, LA, PA
SPRYCEL	2	NM, PA
STIVARGA	2	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
SUTENT	2	NM, PA
TAFINLAR	2	NM, PA
TARCEVA	2	NM, PA
TASIGNA	2	NM, PA
TYKERB	2	NM, LA, PA
VOTRIENT	2	NM, PA
XALKORI	2	NM, LA, PA
ZELBORAF	2	NM, LA, PA
MISCELLANEOUS		
DROXIA	2	
<i>hydroxyurea</i> CAPS	1	
MATULANE	2	
<i>mitoxantrone hcl</i>	1	B/D, NM
POMALYST CAP 1MG	2	NM, LA, PA
POMALYST CAP 2MG	2	NM, LA, PA
POMALYST CAP 3MG	2	NM, LA, PA
POMALYST CAP 4MG	2	NM, LA, PA
SYLATRON	2	NM, PA
TARGRETIN CAPS	2	NM, PA
<i>tretinoin (chemotherapy)</i>	2	
TRISENOX	2	B/D
PLATINUM-BASED AGENTS		
<i>carboplatin</i> SOLN	1	B/D
<i>cisplatin soln</i>	1	B/D
<i>oxaliplatin</i>	2	B/D
PROTECTIVE AGENTS		
<i>amifostine crystalline</i>	2	B/D
<i>dexrazoxane</i>	2	B/D
ELITEK	2	B/D
<i>leucovorin calcium</i> SOLN; SOLR	1	B/D
<i>leucovorin calcium</i> TABS	1	
<i>mesna</i>	1	B/D
MESNEX TABS	2	
TOPOISOMERASE INHIBITORS		
<i>etoposide</i> SOLN 500mg/25ml	1	B/D
<i>irinotecan hcl</i>	2	B/D
<i>toposar</i> 1gm/50ml	1	B/D
<i>topotecan hcl</i> SOLR	2	B/D

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-benazepril hcl cap 2.5-10mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap 5-10mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap 5-20mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap 5-40mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap 10-20mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap 10-40mg</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	

ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>benazepril hcl TABS</i>	1	
<i>captopril TABS</i>	1	
<i>enalapril maleate TABS</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	

ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>eplerenone</i>	1	PA
<i>spironolactone TABS</i>	1	

ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>doxazosin mesylate 1mg, 2mg, 4mg</i>	1	QL (30 tabs / 30 days)
<i>doxazosin mesylate 8mg</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>AZOR 10-40MG</i>	2	
<i>AZOR TAB 5-20MG</i>	2	QL (30 tabs / 30 days)
<i>AZOR TAB 5-40MG</i>	2	QL (30 tabs / 30 days)
<i>AZOR TAB 10-20MG</i>	2	QL (30 tabs / 30 days)
<i>BENICAR HCT 40-25MG</i>	2	
<i>BENICAR HCT TAB 20-12.5MG</i>	2	QL (30 tabs / 30 days)
<i>BENICAR HCT TAB 40-12.5MG</i>	2	QL (30 tabs / 30 days)
<i>EXFORGE 10-320MG</i>	2	

Drug Name	Drug Tier	Requirements/Limits
EXFORGE HCT 5 160 12.5MG	2	QL (30 tabs / 30 days)
EXFORGE HCT 5 160 25MG	2	QL (60 tabs / 30 days)
EXFORGE HCT 10 160 12.5MG	2	QL (30 tabs / 30 days)
EXFORGE HCT 10 160 25MG	2	QL (30 tabs / 30 days)
EXFORGE HCT 10-320-25MG	2	
EXFORGE TAB 5-160MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 5-320MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 10-160MG	2	QL (30 tabs / 30 days)
<i>losartan-hctz 50-12.5mg</i>	1	QL (30 tabs / 30 days)
<i>losartan-hctz 100-12.5mg</i>	1	QL (30 tabs / 30 days)
<i>losartan-hctz 100-25 mg</i>	1	
TRIBENZOR 20- 5-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR 40-5-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR 40-10-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR 40-10-25MG	2	
TRIBENZOR 40- 5-25MG	2	QL (30 tabs / 30 days)
<i>valsartan-hctz tab 80-12.5mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hctz tab 160-12.5mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hctz tab 160-25mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hctz tab 320-12.5mg</i>	1	
<i>valsartan-hctztab 320-25mg</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

BENICAR 5mg	2	QL (60 tabs / 30 days)
BENICAR 20mg	2	QL (30 tabs / 30 days)
BENICAR 40mg	2	
DIOVAN 40mg, 80mg, 160mg	2	QL (60 tabs / 30 days)
DIOVAN 320mg	2	
<i>losartan potassium 25mg, 50mg</i>	1	QL (60 tabs / 30 days)
<i>losartan potassium 100mg</i>	1	

ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM

<i>amiodarone hcl</i>	1	
<i>disopyramide phosphate</i>	1	PA
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NORPACE CR	2	PA
<i>pacerone</i>	1	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate TBCR</i>	1	
<i>quinidine sulfate</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl (afib/afl)</i>	1	
TIKOSYN	2	NM, PA
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>atorvastatin calcium</i>	1	QL (30 tabs / 30 days)
CRESTOR	2	QL (30 tabs / 30 days)
<i>lovastatin 10mg</i>	1	QL (30 tabs / 30 days)
<i>lovastatin 20mg</i>	1	QL (120 tabs / 30 days)
<i>lovastatin 40mg</i>	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i>	1	QL (30 tabs / 30 days)
<i>simvastatin TABS</i>	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>choline fenofibrate</i>	1	
<i>colestipol hcl</i>	1	
<i>fenofibrate</i>	1	
FENOFIBRATE MICRONIZED 43mg	1	QL (60 caps / 30 days)
<i>fenofibrate micronized 67mg</i>	1	QL (30 caps / 30 days)
FENOFIBRATE MICRONIZED 130mg	1	
<i>fenofibrate micronized 134mg, 200mg</i>	1	
<i>gemfibrozil TABS</i>	1	
LOVAZA	2	
<i>niacin er TBCR 500mg</i>	1	QL (90 ea / 30 days)
<i>niacin er TBCR 750mg</i>	1	QL (60 ea / 30 days)
<i>niacin er TBCR 1000mg</i>	1	
NIASPAN 500mg	2	QL (90 ea / 30 days)
NIASPAN 750mg	2	QL (60 ea / 30 days)
NIASPAN 1000mg	2	
<i>prevalite</i>	1	
VASCEPA	2	
WELCHOL	2	
ZETIA	2	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide</i>	1	
<i>propranolol & hydrochlorothiazide</i>	1	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl CAPS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol</i> TABS	1	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC	2	
<i>carvedilol</i>	1	
<i>labetalol hcl</i> TABS	1	
<i>metoprolol succinate</i> 25mg, 50mg	1	QL (60 tabs / 30 days)
<i>metoprolol succinate</i> 100mg	1	QL (45 tabs / 30 days)
<i>metoprolol succinate</i> 200mg	1	
<i>metoprolol tartrate</i> SOLN; TABS	1	
<i>nadolol</i> TABS	1	
<i>pindolol</i>	1	
<i>propranolol cap er</i>	1	
<i>propranolol hcl</i> SOLN; TABS	1	
<i>propranolol tab</i>	1	
<i>timolol maleate</i> TABS	1	

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>afeditab cr</i> 30mg	1	QL (60 tabs / 30 days)
<i>afeditab cr</i> 60mg	1	
<i>amlodipine besylate</i> TABS 2.5mg, 5mg	1	QL (45 tabs / 30 days)
<i>amlodipine besylate</i> TABS 10mg	1	
<i>cartia</i> 120mg	1	QL (30 caps / 30 days)
<i>cartia</i> 180mg, 240mg, 300mg	1	
<i>dilt</i> 120mg	1	QL (30 caps / 30 days)
<i>dilt</i> 180mg, 240mg, 300mg	1	
<i>dilt-cd cap</i> 180mg	1	
<i>dilt-cd cap</i> 240mg	1	
<i>dilt-xr</i> 120mg	1	QL (30 caps / 30 days)
<i>diltiazem cap</i>	1	
<i>diltiazem cap</i> 120mg/24hr	1	QL (30 caps / 30 days)
<i>diltiazem cap er/12hr</i>	1	
<i>diltiazem hcl</i> SOLN; TABS	1	
<i>diltiazem hcl coated beads</i> 120mg	1	QL (30 caps / 30 days)
<i>diltiazem hcl coated beads</i> 180mg, 240mg, 300mg, 360mg	1	
<i>diltzac</i> 120mg	1	QL (30 caps / 30 days)
<i>diltzac</i> 180mg, 240mg, 300mg	1	
<i>felodipine</i> 2.5mg	1	QL (30 tabs / 30 days)
<i>felodipine</i> 5mg	1	QL (60 tabs / 30 days)
<i>felodipine</i> 10mg	1	
<i>isradipine</i>	1	
<i>matzim</i>	1	
<i>nicardipine hcl</i> CAPS	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nifediac cc tab 30mg er</i>	1	QL (60 ea / 30 days)
<i>nifediac cc tab 60mg er</i>	1	
<i>nifediac cc tab 90mg er</i>	1	
<i>nifedical 30mg</i>	1	QL (30 tabs / 30 days)
<i>nifedical 60mg</i>	1	
<i>nifedipine TB24 30mg</i>	1	QL (60 ea / 30 days)
<i>nifedipine TB24 60mg</i>	1	
<i>nifedipine er 30mg</i>	1	QL (30 tabs / 30 days)
<i>nifedipine er 60mg, 90mg</i>	1	
<i>nimodipine CAPS</i>	1	
NYMALIZE	2	
<i>taztia 120mg</i>	1	QL (30 caps / 30 days)
<i>taztia 180mg, 240mg, 300mg, 360mg</i>	1	
<i>verapamil cap er 100mg, 120mg, 180mg, 200mg, 240mg, 300mg</i>	1	
VERAPAMIL CAP ER 360mg	1	
<i>verapamil hcl SOLN; TABS</i>	1	
<i>verapamil tab er</i>	1	
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
<i>digoxin SOLN</i>	1	
<i>digoxin TABS .25mg</i>	1	PA
<i>digoxin TABS .125mg</i>	1	QL (30 tabs / 30 days)
DIGOXIN SOL 50MCG/ML	1	PA
LANOXIN TABS .25mg	2	PA
LANOXIN TABS .125mg	2	QL (30 tabs / 30 days)
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
AMTURNIDE 150-5-12.5MG	2	QL (30 tabs / 30 days)
AMTURNIDE 300-5-12.5MG	2	QL (30 tabs / 30 days)
AMTURNIDE 300-5-25MG	2	QL (30 tabs / 30 days)
AMTURNIDE 300-10-12.5MG	2	QL (30 tabs / 30 days)
AMTURNIDE 300-10-25MG	2	
TEKAMLO 150-5MG	2	QL (30 tabs / 30 days)
TEKAMLO 150-10MG	2	QL (30 tabs / 30 days)
TEKAMLO 300-5MG	2	QL (30 tabs / 30 days)
TEKAMLO 300-10MG	2	
TEKTURNA 150mg	2	QL (30 tabs / 30 days)
TEKTURNA 300mg	2	
TEKTURNA HCT TAB 150-12.5MG	2	QL (30 tabs / 30 days)
TEKTURNA HCT TAB 150-25MG	2	QL (60 tabs / 30 days)
TEKTURNA HCT TAB 300-12.5MG	2	QL (30 tabs / 30 days)
TEKTURNA HCT TAB 300-25MG	2	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide</i> CP12; TABS	1	
<i>amiloride & hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i> 25mg, 50mg	1	
DIURIL SUS 250/5ML	2	
DYRENIUM	2	
EDECIN	2	
<i>furosemide</i> SOLN; TABS	1	
<i>furosemide inj</i>	1	
<i>hydrochlorothiazide</i> CAPS; TABS	1	
<i>indapamide</i>	1	
<i>methazolamide</i> TABS	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>torsemide inj</i>	1	
<i>torsemide tabs</i>	1	
<i>triamterene & hydrochlorothiazide</i>	1	
MISCELLANEOUS		
<i>clonidine hcl</i> PTWK; TABS	1	
DIBENZYLINE	2	
<i>hydralazine hcl soln</i>	1	
<i>hydralazine hcl tab</i>	1	
<i>midodrine hcl</i>	1	
<i>minoxidil</i> TABS	1	
RANEXA 500mg	2	QL (90 tabs / 30 days), PA
RANEXA 1000mg	2	QL (60 tabs / 30 days), PA
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorb mononitrate tab</i>	1	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate sl tab 2.5 mg</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>minitran</i>	1	
<i>nitro-bid</i>	2	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
<i>nitroglycerin</i> PT24	1	
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	

Drug Name	Drug Tier	Requirements/Limits
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PUMONARY HYPERTENSION		

ADCIRCA	2	QL (60 tabs / 30 days), NM, PA
ADEMPAS	2	QL (90 tabs / 30 days), NM, PA
LETAIRIS	2	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	2	B/D, NM, LA
<i>sildenafil citrate (pulmonary hypertension)</i>	2	QL (90 tabs / 30 days), NM, PA
TRACLEER 62.5mg	2	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER 125mg	2	QL (60 tabs / 30 days), NM, LA, PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTIANXIETY - DRUGS TO TREAT ANXIETY

<i>alprazolam</i> CONC	1	QL (300 ml / 30 days)
<i>alprazolam tab 0.5mg</i>	1	QL (240 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	1	QL (480 tabs / 30 days)
<i>alprazolam tab 1mg</i>	1	QL (120 tabs / 30 days)
<i>alprazolam tab 2mg</i>	1	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg	1	QL (45 tabs / 30 days)
<i>fluvoxamine maleate</i> TABS 100mg	1	
<i>lorazepam</i> CONC	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN	1	
<i>lorazepam</i> TABS	1	QL (150 tabs / 30 days)

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

BANZEL	2	
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	1	
CELONTIN	2	
<i>clonazepam</i> TABS 1mg	1	QL (600 tabs / 30 days)
<i>clonazepam</i> TABS 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg	1	QL (1200 tabs / 30 days)
<i>clonazepam</i> TBDP 1mg	1	QL (600 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .5mg	1	QL (1200 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam</i> TBDP .25mg	1	QL (2400 tabs per 30 days)
<i>clonazepam</i> TBDP .125mg	1	QL (4800 tabs per 30 days)
<i>clorazepate dipotassium</i> 3.75mg, 7.5mg	1	QL (120 tabs / 30 days), PA
<i>clorazepate dipotassium</i> 15mg	1	QL (180 tabs / 30 days), PA
<i>diazepam</i> CONC	1	QL (240 mL / 30 days), PA
<i>diazepam</i> SOLN	1	QL (1200 mL / 30 days), PA
<i>diazepam</i> TABS	1	QL (120 tabs / 30 days), PA
DIAZEPAM GEL	1	
<i>diazepam inj</i>	1	
<i>dilantin</i>	2	
DILANTIN-125 SUS 125/5ML	2	
<i>divalproex sodium</i>	1	
<i>epitol</i>	1	
<i>ethosuximide</i> CAPS; SOLN	1	
<i>felbamate</i> SUSP	2	
<i>felbamate</i> TABS 400mg	1	
<i>felbamate</i> TABS 600mg	2	
FYCOMPA 2mg	2	QL (180 tabs / 30 days), PA
FYCOMPA 4mg	2	QL (90 tabs / 30 days), PA
FYCOMPA 6mg	2	QL (60 tabs / 30 days), PA
FYCOMPA 8mg, 10mg, 12mg	2	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	1	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
GABITRIL 12mg, 16mg	2	
<i>lamotrigine</i> CHEW; TABS; TB24	1	
<i>levetiracetam</i> SOLN; TABS; TB24	1	

Drug Name	Drug Tier	Requirements/Limits
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days)
LYRICA CAPS 200mg	2	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	2	QL (60 caps / 30 days)
LYRICA SOLN	2	QL (946mL / 30 days)
ONFI	2	PA
<i>oxcarbazepine</i>	1	
PEGANONE	2	
<i>phenobarbital</i> ELIX; TABS	1	PA
PHENOBARBITAL SODIUM 65mg/ml	1	PA
<i>phenobarbital sodium</i> 130mg/ml	1	PA
<i>phenytek</i>	2	
<i>phenytoin</i> CHEW; SUSP	1	
<i>phenytoin sodium</i> SOLN	1	
<i>phenytoin sodium extended</i>	1	
POTIGA	2	
<i>primidone</i> TABS	1	
SABRIL PACK	2	QL (180 packets / 30 days), NM, LA, PA
SABRIL TABS	2	QL (180 tabs / 30 days), NM, LA, PA
TEGRETOL	2	
TEGRETOL-XR	2	
<i>tiagabine hcl</i>	1	
<i>topiramate</i> CPSP; TABS	1	
TRILEPTAL SUSP	2	
<i>valproate sodium</i> SOLN; SYRP	1	
<i>valproic acid</i> CAPS	1	
VIMPAT SOLN	2	QL (1200 mL / 30 days)
VIMPAT TABS 50mg	2	QL (180 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
<i>zonisamide</i>	1	

ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS

ARICEPT 23mg	2	
<i>donepezil hydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg, 23mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	1	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr	2	QL (30 ptch / 30 days)
EXELON SOLN	2	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> CP24 24mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide</i> SOLN	1	
<i>galantamine hydrobromide</i> TABS 4mg	1	QL (180 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 8mg	1	QL (90 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 12mg	1	
NAMENDA SOLN	2	
NAMENDA TABS 5mg	2	QL (60 tabs / 30 days)
NAMENDA TABS 10mg	2	
NAMENDA TITRATION PAK	2	
<i>rivastigmine tartrate</i> 1.5mg, 3mg, 6mg	1	
<i>rivastigmine tartrate</i> 4.5mg	1	QL (60 caps / 30 days)

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

<i>amitriptyline hcl</i> TABS	1	PA
<i>amoxapine tab</i> 25mg	1	
<i>amoxapine tab</i> 50mg	1	
<i>amoxapine tab</i> 100mg	1	
<i>amoxapine tab</i> 150mg	1	
BRINTELLIX 5mg	2	QL (120 tabs / 30 days)
BRINTELLIX 10mg	2	QL (60 tabs / 30 days)
BRINTELLIX 20mg	2	QL (30 tabs / 30 days)
<i>budeprion</i>	1	
<i>bupropion hcl</i> TABS	1	
<i>bupropion hcl</i> TB12	1	
<i>bupropion hcl</i> TB24 150mg	1	QL (90 ea / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 ea / 30 days)
<i>citalopram hydrobromide</i> SOLN	1	QL (600 mL / 30 days)
<i>citalopram hydrobromide</i> TABS 10mg, 20mg	1	QL (45 tabs / 30 days)
<i>citalopram hydrobromide</i> TABS 40mg	1	QL (30 tabs / 30 days)
<i>clomipramine hcl</i> CAPS	1	PA
CYMBALTA	2	QL (60 caps / 30 days)
<i>desipramine hcl</i> TABS	1	
<i>doxepin hcl</i> CAPS; CONC	1	PA
<i>duloxetine hcl</i>	1	QL (60 ea / 30 days)
EMSAM	2	QL (30 ptch / 30 days), PA
<i>escitalopram oxalate</i> SOLN	1	QL (600 mL / 30 days)
<i>escitalopram oxalate</i> TABS 5mg, 10mg	1	QL (45 tabs / 30 days)
<i>escitalopram oxalate</i> TABS 20mg	1	QL (60 tabs / 30 days)
FETZIMA 20mg	2	QL (180 ea / 30 days)
FETZIMA 40mg	2	QL (90 ea / 30 days)
FETZIMA 80mg, 120mg	2	QL (30 ea / 30 days)
FETZIMA TITRATION PACK	2	
<i>fluoxetine hcl</i> CAPS 10mg	1	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl</i> CAPS 20mg	1	QL (120 caps / 30 days)
<i>fluoxetine hcl</i> CAPS 40mg	1	QL (60 caps / 30 days)
<i>fluoxetine hcl</i> SOLN	1	QL (600 mL / 30 days)
<i>fluoxetine hcl</i> TABS 10mg	1	QL (45 tabs / 30 days)
<i>fluoxetine hcl</i> TABS 20mg	1	QL (120 tabs / 30 days)
FORFIVO XL	2	
<i>imipramine hcl</i> TABS	1	PA
<i>maprotiline hcl</i>	1	
MARPLAN	2	
<i>mirtazapine</i> TABS 7.5mg, 15mg	1	QL (45 tabs / 30 days)
<i>mirtazapine</i> TABS 30mg, 45mg	1	
<i>mirtazapine</i> TBDP 15mg	1	QL (30 tabs / 30 days)
<i>mirtazapine</i> TBDP 30mg, 45mg	1	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl</i> CAPS; SOLN	1	
<i>paroxetine hcl</i> 10mg, 20mg, 40mg	1	QL (45 tabs / 30 days)
<i>paroxetine hcl</i> 30mg	1	QL (60 tabs / 30 days)
<i>paroxetine hcl er</i> 12.5mg	1	QL (30 tabs / 30 days)
<i>paroxetine hcl er</i> 25mg	1	QL (90 tabs / 30 days)
<i>paroxetine hcl er</i> 37.5mg	1	QL (60 tabs / 30 days)
PAXIL SUSP	2	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	1	
PRISTIQ	2	QL (30 tabs / 30 days)
<i>protriptyline hcl</i>	1	
<i>sertraline hcl</i> CONC	1	
<i>sertraline hcl</i> TABS 25mg, 50mg	1	QL (45 tabs / 30 days)
<i>sertraline hcl</i> TABS 100mg	1	
SURMONTIL	2	PA
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i>	1	PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg	1	QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 150mg	1	QL (60 caps / 30 days)
<i>venlafaxine hcl</i> TABS	1	
VIIBRYD KIT	2	
VIIBRYD TABS	2	QL (30 tabs / 30 days)

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl</i> CAPS; SYRP; TABS	1	
APOKYN	2	NM, LA, PA
AZILECT	2	
<i>benztropine mesylate</i> SOLN	1	
<i>benztropine mesylate</i> TABS	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate</i> CAPS; TABS	1	
<i>carbidopa-levodopa</i>	1	
CARBIDOPA/LEVODOPA/ENTACA	1	
<i>entacapone</i>	1	
LODOSYN	2	
NEUPRO	2	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hydrochloride</i> TABS	1	
<i>selegiline hcl</i> CAPS; TABS	1	

ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES

ABILIFY SOLN 1mg/ml	2	QL (900 mL / 30 days)
ABILIFY SOLN 9.75mg/1.3ml	2	QL (3 vials / 1 day)
ABILIFY TABS	2	QL (30 tabs / 30 days)
ABILIFY DISCMELT	2	QL (60 tabs / 30 days)
ABILIFY MAINTENA	2	QL (1 vial / 30 days), PA
<i>chlorpromazine hcl</i> SOLN	2	
<i>chlorpromazine hcl</i> TABS	1	
<i>clozapine</i> 25mg, 50mg	1	
<i>clozapine</i> 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> 200mg	1	QL (135 tabs / 30 days)
CLOZAPINE ODT 12.5mg, 25mg	1	PA
CLOZAPINE ODT 100mg	1	QL (270 ea / 30 days), PA
FANAPT	2	QL (60 tabs / 30 days), ST
FANAPT TITRATION PACK	2	ST
FAZACLO 12.5mg, 25mg	2	PA
FAZACLO 100mg	2	QL (270 tabs / 30 days), PA
FAZACLO 150mg	2	QL (180 tabs / 30 days), PA
FAZACLO 200mg	2	QL (135 tabs / 30 days), PA
<i>fluphenazine decanoate</i> SOLN	1	
<i>fluphenazine hcl</i>	1	
GEODON SOLR	2	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	1	
<i>haloperidol decanoate</i> SOLN	1	
<i>haloperidol lactate</i>	1	
INVEGA 1.5mg, 3mg, 9mg	2	QL (30 tabs / 30 days)
INVEGA 6mg	2	QL (60 tabs / 30 days)
INVEGA SUSTENNA	2	QL (1 inj / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
LATUDA 20mg	2	
LATUDA 40mg, 120mg	2	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	2	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	1	
<i>olanzapine</i> SOLR	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 7.5mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg, 15mg, 20mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 20mg	2	QL (60 tabs / 30 days)
ORAP	2	
<i>perphenazine</i> TABS	1	
<i>quetiapine fumarate</i>	1	QL (90 tabs / 30 days)
RISPERDAL CONSTA	2	QL (2 inj / 28 days), PA
<i>risperidone</i> SOLN	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> TABS 4mg	1	QL (120 tabs / 30 days)
<i>risperidone</i> TABS .25mg, .5mg	1	QL (90 tabs / 30 days)
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days)
SAPHRIS	2	
SEROQUEL XR 50mg	2	QL (120 tab / 30 days)
SEROQUEL XR 150mg, 200mg	2	QL (30 tabs / 30 days)
SEROQUEL XR 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	1	PA
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
VERSACLOZ	2	QL (600 ML / 30 days)
<i>ziprasidone hcl</i> 20mg, 40mg	1	QL (60 caps / 30 days)
<i>ziprasidone hcl</i> 60mg, 80mg	1	QL (90 caps / 30 days)

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

<i>amphetamine-dextroamphetamine cap sr</i> 24hr 5 mg	1	QL (90 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 10 mg	1	QL (90 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 15 mg	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 20 mg	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 25 mg	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 30 mg	1	QL (30 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days)
INTUNIV	2	ST
<i>metadate tab 20mg er</i>	1	QL (90 ea / 30 days)
<i>methylphenidate hcl TABS 5mg, 10mg</i>	1	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	1	QL (90 tabs / 30 days)
<i>methylphenidate hcl TBCR 10mg, 20mg</i>	1	QL (90 ea / 30 days)
<i>methylphenidate hcl oral soln 5mg/5ml</i>	1	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln 10mg/5ml</i>	1	QL (900mL / 30 days)
STRATTERA 10mg, 18mg, 25mg	2	QL (120 caps / 30 days)
STRATTERA 40mg	2	QL (60 caps / 30 days)
STRATTERA 60mg, 80mg, 100mg	2	QL (30 caps / 30 days)
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
LUNESTA	2	QL (30 tabs / 30 days), PA; 90 day limit if >64 yr
<i>zaleplon</i>	1	QL (30 caps / 30 days), PA; 90 day limit if >64 yr
<i>zolpidem tartrate TABS</i>	1	QL (30 tabs / 30 days), PA; 90 day limit if >64 yr
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
<i>cafergot tab 1-100mg</i>	2	
<i>dihydroergotamine mesylate</i>	1	
<i>naratriptan hcl</i>	1	QL (9 tabs / 30 days)
RELPAK	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate TABS</i>	1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate TBDP</i>	1	QL (12 ea / 30 days)
SUMATRIPTAN SOLN	1	QL (12 sprays / 30 days)
<i>sumatriptan succinate TABS</i>	1	QL (9 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SUMATRIPTAN SUCCINATE INJ 4mg/0.5ml	1	QL (4 mL / 30 days)
<i>sumatriptan succinate inj</i> 6mg/0.5ml	1	QL (4 mL / 30 days)
<i>zolmitriptan</i>	1	QL (12 tabs per 30 days)
<i>zolmitriptan odt</i>	1	QL (12 tabs per 30 days)

MISCELLANEOUS

<i>lithium carbonate</i> CAPS; TABS	1	
<i>lithium carbonate er</i>	1	
LITHIUM CITRATE	2	
MESTINON SYRP	2	
MESTINON TIMESPAN	2	
NUDEXTA	2	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS	1	
REGONOL	2	
RILUTEK	2	
<i>riluzole</i>	1	
SAVELLA 12.5mg	2	QL (480 tabs / 30 days)
SAVELLA 25mg	2	QL (240 tabs / 30 days)
SAVELLA 50mg	2	QL (120 tabs / 30 days)
SAVELLA 100mg	2	QL (60 tabs / 30 days)
SAVELLA TITRATION PACK	2	
XENAZINE 12.5mg	2	QL (240 tabs / 30 days), NM, LA, PA
XENAZINE 25mg	2	QL (120 tabs / 30 days), NM, LA, PA

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

AVONEX	2	QL (4 boxes / 28 days), NM, PA
AVONEX PEN	2	QL (4 boxes / 28 days), NM, PA
BETASERON	2	QL (14 vials / 28 days), NM, PA
COPAXONE KIT 20MG/ML	2	QL (30 syringes / 30 days), NM, PA
GILENYA	2	QL (30 caps / 30 days), NM, PA
TYSABRI	2	NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

Drug Name	Drug Tier	Requirements/Limits
<i>baclofen</i> TABS	1	
<i>dantrolene sodium</i> CAPS	1	
<i>tizanidine hcl</i> TABS	1	

NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

<i>modafinil</i> 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> 200mg	2	QL (60 tabs / 30 days), PA
NUVIGIL 50mg	2	QL (150 tabs / 30 days), PA
NUVIGIL 150mg	2	QL (60 tabs / 30 days), PA
NUVIGIL 250mg	2	QL (30 tabs / 30 days), PA
XYREM	2	QL (540 mL / 30 days), LA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i>	1	
<i>buprenorphine hcl</i> SUBL	1	PA
<i>buprenorphine hcl-naloxone hcl dihydrate</i> <i>sl</i>	1	QL (120 ea / 30 days), PA
<i>buproban</i>	1	
CAMPRAL	2	
CHANTIX	2	QL (336 tabs / year), PA
CHANTIX STARTER PACK	2	QL (106 tabs / year), PA
<i>disulfiram</i> TABS	1	
<i>naloxone hcl</i> SOLN	1	
<i>naltrexone hcl</i> TABS	1	
<i>nicotine patch</i>	5	NM; *
<i>nicotine polacrilex</i> GUM; LOZG	5	NM; *
NICOTROL INHALER	2	QL (2688 cartridges / year)
NICOTROL NS	2	QL (36 bottles / year)

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

ANDRODERM	2	QL (30 ea / 30 days), PA
<i>androxy</i>	2	PA
<i>oxandrolone</i> TABS	1	PA
TESTIM	2	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> OIL	1	

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone enanthate</i> OIL	1	
ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES		
ALCOHOL SWABS	2	
GAUZE PADS 2" X 2"	2	
HUMULIN R INJ U-500	2	B/D
INSULIN PEN NEEDLE	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGE	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
NOVOLIN 70/30	2	RELION not covered
NOVOLIN N	2	RELION not covered
NOVOLIN R	2	RELION not covered
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILL	2	
SYMLINPEN 60	2	QL (8 pens / 30 days), PA
SYMLINPEN 120	2	QL (4 pens / 30 days), PA
VICTOZA	2	QL (9 mL / 30 days)
ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES		
<i>acarbose</i>	1	
<i>glimepiride</i> 1mg	1	QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	QL (60 tabs / 30 days)
<i>glip/metform</i> tab 2.5-250m	1	QL (240 tabs / 30 days)
<i>glip/metform</i> tab 2.5-500m	1	QL (120 tabs / 30 days)
<i>glip/metform</i> tab 5-500mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TB24 5mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glyb/metform</i> tab 1.25-250	1	QL (240 tabs / 30 days), PA
<i>glyb/metform</i> tab 2.5-500	1	QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>glyb/metform tab 5-500mg</i>	1	QL (120 tabs / 30 days), PA
<i>glyburide 1.25mg</i>	1	QL (480 tabs / 30 days), PA
<i>glyburide 2.5mg</i>	1	QL (240 tabs / 30 days), PA
<i>glyburide 5mg</i>	1	QL (120 tabs / 30 days), PA
<i>glyburide micronized 1.5mg</i>	1	QL (240 tabs / 30 days), PA
<i>glyburide micronized 3mg</i>	1	QL (120 tabs / 30 days), PA
<i>glyburide micronized 6mg</i>	1	QL (60 tabs / 30 days), PA
JANUMET	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	2	QL (30 tabs / 30 days)
JANUVIA	2	QL (30 tabs / 30 days)
JENTADUETO	2	QL (60 tabs / 30 days)
JUVISYNC	2	QL (30 tabs / 30 days)
<i>metformin hcl TABS 500mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl TABS 850mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl TABS 1000mg</i>	1	QL (75 tabs / 30 days)
<i>metformin hcl TB24 500mg</i>	1	QL (120 tabs / 30 days)
<i>metformin hcl TB24 750mg</i>	1	QL (60 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 tabs / 30 days)
<i>repaglinide 2mg</i>	1	QL (240 tabs / 30 days)
<i>repaglinide .5mg, 1mg</i>	1	QL (120 tabs / 30 days)
RIOMET	2	QL (946 mL / 30 days)
TRADJENTA	2	QL (30 tabs / 30 days)

BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS

<i>alendronate sodium TABS 5mg, 10mg, 40mg</i>	1	
<i>alendronate sodium TABS 35mg, 70mg</i>	1	QL (4 tabs / 28 days)
<i>ibandronate sodium TABS</i>	1	B/D, QL (1 tab / 30 days)
<i>pamidronate disodium SOLN</i>	1	B/D
<i>zoledronic inj 4mg/5ml</i>	2	B/D, NM
ZOMETA	2	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
CALCIUM RECEPTOR ANTAGONISTS - DRUGS TO MANAGE PARATHYROID LEVELS		

SENSIPAR 30mg, 90mg	2	QL (120 tabs / 30 days), NM
SENSIPAR 60mg	2	QL (60 tabs / 30 days), NM

CHELATING AGENTS		
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CHEMET	2	
EXJADE	2	NM, LA, PA
<i>kionex</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
<i>sps susp 15gm/60ml</i>	1	
SYPRINE	2	

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
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<i>altavera</i>	1	
<i>apri 28 day</i>	1	
<i>aranelle 28</i>	1	
<i>aviane 28</i>	1	
<i>balziva 28 day</i>	1	
<i>briellyn 28 day</i>	1	
<i>camila 28 day</i>	1	
<i>cryselle 28</i>	1	
<i>cyclafem 1/35 28 day</i>	1	
<i>cyclafem 7/7/7 28 day</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
ELLA	2	
<i>emoquette</i>	1	
<i>enpresse 28 day</i>	1	
<i>errin 28 day</i>	1	
GIANVI	1	
<i>gildagia</i>	1	
<i>heather</i>	1	
<i>introvale 91 day</i>	1	
JOLIVETTE	1	
<i>junel 1.5/30 21 day</i>	1	
<i>junel 1/20 21 day</i>	1	
<i>junel fe 1.5/30 28 day</i>	1	
<i>junel fe 1/20 28 day</i>	1	
<i>kariva 28 day</i>	1	
<i>kelnor 1/35 28 day</i>	1	
LEENA	1	
<i>lessina 28 day</i>	1	
<i>levonest 28 day</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel (emergency oc)</i>	1	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	1	
<i>levora 0.15/30 28 day</i>	1	
<i>loryna 28 day</i>	1	
<i>low-ogestrel 28 day</i>	1	
<i>lutra 28 day</i>	1	
<i>lyza</i>	1	
<i>marlissa 28 day</i>	1	
<i>medroxyprogesterone acetate 150 mg/ml</i>	1	
<i>microgestin 1.5/30 21 day</i>	1	
<i>microgestin 1/20 21 day</i>	1	
<i>microgestin fe 1.5/30 28 day</i>	1	
<i>microgestin fe 1/20 28 day</i>	1	
MONONESSA	1	
<i>my way</i>	1	
<i>myzilra</i>	1	
<i>necon 0.5/35 28 day</i>	1	
<i>necon 1/35 28 day</i>	1	
NECON 1/50-28	2	
NECON 7/7/7	1	
<i>necon 10/11 28 day</i>	2	
<i>next choice one dose</i>	1	
NORA-BE	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	
NORINYL 1+50	2	
<i>nortrel 0.5/35 28 day</i>	1	
<i>nortrel 1/35 21 day</i>	1	
<i>nortrel 1/35 28 day</i>	1	
<i>nortrel 7/7/7 28 day</i>	1	
NUVARING	2	
OCELLA	1	
<i>ogestrel 28 day</i>	1	
<i>orsythia 28 day</i>	1	
ORTHO EVRA	2	
ORTHO TRI-CYCLEN LO	2	
<i>philith</i>	1	
<i>pimtrea pack</i>	1	
<i>pirmella 1/35 28 day</i>	1	
<i>portia 28 day</i>	1	
<i>previfem 28 day</i>	1	
<i>quasense 91 day</i>	1	
<i>reclipsen 28 day</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SOLIA	1	
<i>sprintec 28 day</i>	1	
<i>sronyx</i>	1	
<i>tri-legest 28 day</i>	1	
<i>tri-previfem 28 day</i>	1	
<i>tri-sprintec 28 day</i>	1	
TRINESSA	1	
<i>trivora 28 day</i>	1	
<i>velivet 28 day</i>	1	
<i>vestura</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>zarah</i>	1	
<i>zenchent 28 day</i>	1	
<i>zovia 1/35e 28 day</i>	1	
<i>zovia 1/50e 28 day</i>	1	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	1	
SYNAREL	2	
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
ADAGEN	2	NM, LA, PA
ALDURAZYME	2	NM, LA, PA
BUPHENYL TABS	2	NM
CARBAGLU	2	NM, LA, PA
CEREZYME	2	NM, PA
CYSTADANE	2	NM
CYSTAGON	2	NM, PA
ELAPRASE	2	NM, PA
ELELYSO	2	NM, PA
FABRAZYME	2	NM, PA
KUVAN TBSO	2	NM, PA
<i>levocarnitine (metabolic modifiers)</i>	1	B/D
LUMIZYME	2	NM, PA
MYOZYME	2	NM, PA
NAGLAZYME	2	NM, LA, PA
ORFADIN	2	NM, LA, PA
PROCYSBI	2	NM, LA, PA
<i>sodium phenylbutyrate</i>	2	NM
VPRIV	2	NM, PA
ZAVESCA	2	NM, LA, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
COMBIPATCH	2	PA
<i>estradiol PTWK; TABS</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
ESTRADIOL VALERATE OIL 10mg/ml	1	
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	1	
<i>menest</i>	2	PA
PREMARIN CREAM	2	
VAGIFEM	2	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>a-hydrocort</i>	1	
<i>cortisone acetate</i> TABS	1	
<i>dexamethasone</i> CONC; ELIX; SOLN; TABS	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>fludrocortisone acetate</i> TABS	1	
<i>hydrocortisone</i> TABS	1	
<i>methylprednisolone</i> TABS	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sod succ</i>	1	
<i>methylprednisolone tab 4mg dose pack</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i> CONC	2	
<i>prednisone</i> SOLN; TABS	1	
SOLU-CORTEF 250mg	2	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
<i>glucose chew tab</i>	5	NM; *
<i>glucose gel 40%</i>	5	NM; *
PROGLYCEM	2	
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
NORDITROPIN FLEXPRO	2	NM, PA
NORDITROPIN NORDIFLEX PEN	2	NM, PA
TEV-TROPIN	2	NM, PA
MISCELLANEOUS		
<i>cabergoline</i>	1	
<i>calcitonin (salmon)</i>	1	
FORTICAL	2	
INCRELEX	2	NM, LA, PA
<i>methylergonovine maleate</i> TABS	1	
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	1	NM, PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	2	NM, PA

Drug Name	Drug Tier	Requirements/Limits
PROLIA	2	QL (1 syringe / 180 days), NM
SANDOSTATIN LAR DEPOT	2	NM, PA
SOMATULINE DEPOT	2	NM, PA
SOMAVERT	2	NM, LA, PA
XGEVA	2	NM, PA

PARATHYROID HORMONES - DRUGS TO REGULATE PARATHYROID LEVELS

FORTEO	2	QL (1 pen / 28 days), NM, PA
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PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

<i>calcium acetate (phosphate binder)</i>	1	
FOSRENOL	2	
PHOSLYRA	2	
REVELA	2	

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>medroxyprogesterone acetate tab</i>	1	
<i>norethindrone acetate TABS</i>	1	

SELECTIVE ESTROGEN RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS

EVISTA	2	
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THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

<i>levothyroxine sodium TABS</i>	1	
LEVOXYL	1	
<i>liothyronine sodium TABS</i>	1	
<i>methimazole TABS</i>	1	
<i>propylthiouracil TABS</i>	1	
SYNTHROID	2	
UNITHROID	1	

VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES

<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
<i>desmopressin acetate tabs</i>	1	
<i>desmopressin inj 4mcg/ml</i>	1	
DESMOPRESSIN SOL 0.01%	1	

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTACIDS

<i>alum & mag hydrox-simethicone</i>	5	NM; *
ALUMINUM HYDROXIDE	5	NM; *
<i>aluminum hydroxide-mag carb</i>	5	NM; *

Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate (antacid)</i>	5	NM; *
<i>calcium carbonate-mag hydrox</i>	5	NM; *
GAVISCON CHEW	5	NM; *
<i>sodium bicarbonate (antacid)</i>	5	NM; *
ANTI-DIARRHEAL		
<i>bismuth subsalicylate</i> CHEW; SUSP	5	NM; *
<i>loperamide hcl</i> LIQD; SUSP; TABS	5	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>compro</i>	1	
<i>dimenhydrinate</i> TABS	5	NM; *
<i>dronabinol</i> 2.5mg, 5mg	1	B/D, QL (60 caps / 30 days)
<i>dronabinol</i> 10mg	2	B/D, QL (60 caps / 30 days)
EMEND CAPS 40mg	2	QL (3 caps / 180 days)
EMEND CAPS 80mg	2	B/D, QL (4 caps / 30 days)
EMEND CAPS 125mg	2	B/D, QL (2 caps / 30 days)
EMEND PAK 80 & 125	2	B/D, QL (12 caps / 30 days)
<i>granisetron hcl</i> SOLN	1	
<i>granisetron hcl</i> TABS	1	B/D
<i>meclizine hcl</i> CHEW	5	NM; *
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>meclizine hcl</i> TABS 12.5mg, 25mg	5	NM; *
<i>metoclopramide hcl</i> SOLN; TABS	1	
<i>metoclopramide inj</i>	1	
<i>ondansetron hcl</i> TABS	1	B/D
<i>ondansetron hcl inj</i>	1	
<i>ondansetron hcl oral soln</i>	1	B/D
<i>ondansetron odt</i>	1	B/D
<i>prochlorperazine inj</i>	1	
<i>prochlorperazine maleate</i> TABS	1	
<i>prochlorperazine supp</i>	1	
TRANSDERM-SCOP	2	QL (10 ptch / 30 days), PA
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
CUVPOSA	2	
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i> TABS	1	
<i>glycopyrrolate inj</i>	1	

Drug Name	Drug Tier	Requirements/Limits
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>famotidine</i> SUSR	1	
<i>famotidine</i> TABS 10mg	5	NM; *
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine inj</i>	1	
<i>ranitidine hcl</i> SOLN	1	
<i>ranitidine hcl</i> TABS 75mg	5	NM; *
<i>ranitidine hcl</i> TABS 150mg, 300mg	1	
<i>ranitidine hcl inj</i>	1	
<i>ranitidine syrup</i>	1	

INFLAMMATORY BOWEL DISEASE		
APRISO	2	
ASACOL HD	2	
<i>balsalazide disodium</i>	1	
<i>budesonide ec</i>	2	
CANASA	2	
<i>colocort</i>	1	
DELZICOL	2	
DIPENTUM	2	
HYDROCORTISONE (INTRARECTAL)	1	
LIALDA	2	
<i>mesalamine</i> ENEM	1	
<i>mesalamine w/ cleanser</i>	1	
PENTASA	2	
<i>sulfasalazine</i> TABS	1	
<i>sulfasalazine ec</i>	1	
UCERIS	2	

LAXATIVES		
BENEFIBER POWD	5	NM; *
<i>bisacodyl</i> SUPP; TBEC	5	NM; *
<i>calcium polycarbophil (fiber laxative)</i>	5	NM; *
<i>constulose</i>	1	
<i>docusate calcium</i>	5	NM; *
<i>docusate sodium</i> CAPS; LIQD; SYRP; TABS	5	NM; *
<i>enulose</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-n</i>	1	
<i>generlac</i>	1	
<i>glycerin (laxative)</i>	5	NM; *
GOLYTELY	2	

Drug Name	Drug Tier	Requirements/Limits
HALFLYTELY BOWEL PREP/FLA	2	
KONSYL-D	5	NM; *
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
<i>magnesium hydroxide</i> SUSP	5	NM; *
<i>methylcellulose (laxative)</i>	5	NM; *
MOVIPREP	2	
NULYTELY/FLAVOR PACKS	2	
NUTRISOURCE FIBER POWD	5	NM; *
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	
PEG 3350/ELECTROLYTES	1	
<i>polyethylene glycol 3350</i> PACK; POWD	1	
<i>psyllium</i>	5	NM; *
RELISTOR	2	PA
SENNA TABS	5	NM; *
<i>sennosides</i>	5	NM; *
<i>sennosides-docusate sodium</i>	5	NM; *
<i>sodium phosphates</i>	5	NM; *
SUPREP BOWEL PREP	2	
<i>trilyte</i>	1	
MISCELLANEOUS		
AMITIZA CAP 8MCG	2	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	2	QL (60 caps / 30 days)
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	1	
CARAFATE SUSP	2	
<i>cromolyn sodium (mastocytosis)</i>	2	
<i>diphenoxylate w/ atropine</i>	1	PA
LINZESS CAP 145MCG	2	QL (60 caps / 30 days)
LINZESS CAP 290MCG	2	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS	1	
LOTRONEX	2	PA
<i>misoprostol</i> TABS	1	
PREVPAC	2	
PYLERA	2	
SUCRAID	2	
<i>sucralate</i> TABS	1	
<i>ursodiol</i> CAPS; TABS	1	
XIFAXAN 550mg	2	PA
PANCREATIC ENZYMES		
CREON	2	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP	2	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
DEXILANT	2	QL (30 caps / 30 days)
<i>esomeprazole inj</i>	1	
NEXIUM CPDR	2	QL (30 caps / 30 days)
NEXIUM PACK 2.5mg, 5mg	2	
NEXIUM PACK 10mg, 20mg, 40mg	2	QL (30 packets / 30 days)
NEXIUM I.V.	2	
<i>omeprazole</i> CPDR 10mg, 40mg	1	QL (30 caps / 30 days)
<i>omeprazole</i> CPDR 20mg	1	QL (60 caps / 30 days)
<i>pantoprazole sodium</i> TBEC	1	QL (30 ea / 30 days)

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE

<i>alfuzosin hcl</i>	1	QL (30 tabs / 30 days)
AVODART	2	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
JALYN	2	QL (30 caps / 30 days)
<i>tamsulosin hcl</i>	1	QL (60 caps / 30 days)

MISCELLANEOUS

<i>bethanechol chloride</i> TABS	1	
ELMIRON	2	
POTASSIUM CITRATE (ALKALINIZER)	1	

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

DETROL LA	2	QL (30 caps / 30 days)
<i>oxybutynin chloride</i> SYRP	1	
<i>oxybutynin chloride</i> TABS	1	
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er</i>	1	QL (30 ea / 30 days)
<i>tolterodine tartrate tabs</i>	1	
TOVIAZ	2	QL (30 tabs / 30 days)
<i>trospium chloride</i> TABS	1	QL (60 tabs / 30 days)
VESICARE	2	QL (30 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

CLEOCIN SUPP	2	
<i>clindamycin phosphate vaginal</i>	1	
<i>clotrimazole vaginal</i>	5	NM; *

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal</i>	1	
<i>miconazole nitrate vaginal</i> CREA	5	NM; *
<i>miconazole nitrate vaginal</i> KIT	5	NM; *
<i>miconazole nitrate vaginal</i> SUPP 100mg	5	NM; *
<i>terconazole vaginal</i>	1	
<i>tioconazole vaginal</i>	5	NM; *
VANDAZOLE	1	
<i>zazole .4%</i>	1	
ZAZOLE .8%	1	

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

COUMADIN TABS	2	
ELIQUIS	2	
<i>enoxaparin sodium</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 300mg/3ml	1	
<i>enoxaparin sodium</i> 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	2	
<i>heparin sod inj</i> 1000/ml	1	B/D
HEPARIN SOD INJ 2000/ML	2	B/D
HEPARIN SOD INJ 2500/ML	2	B/D
<i>heparin sod inj</i> 5000/ml	1	B/D
<i>heparin sod inj</i> 10000/ml	1	B/D
<i>heparin sod inj</i> 20000/ml	1	B/D
HEPARIN SODIUM/D5W	2	
HEPARIN SODIUM/NACL 0.45%	2	
HEPARIN SODIUM/SODIUM CHL	2	
<i>jantoven</i>	1	
PRADAXA	2	
<i>warfarin sodium</i>	1	
XARELTO	2	

HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE	2	NM, PA
GRANIX	2	NM, PA
LEUKINE	2	NM, PA
MOZOBIL	2	QL (9.6 mL / 4 days), NM, PA
NEUMEGA	2	NM
NEUPOGEN	2	NM, PA
PROCRIT	2	NM, PA

Drug Name	Drug Tier	Requirements/Limits
IRON		
<i>ferrous sulfate</i> ELIX	5	NM; *
<i>ferrous sulfate</i> LIQD	5	NM; *
<i>ferrous sulfate</i> TABS 200mg, 325mg	5	NM; *
<i>ferrous sulfate</i> TBEC	5	NM; *
MISCELLANEOUS		
<i>anagrelide hcl</i>	1	PA
<i>cilostazol</i>	1	
<i>pentoxifylline</i> TBCR	1	
PROMACTA 12.5mg, 25mg, 50mg	2	NM, LA, PA
PROMACTA 75mg	2	QL (30 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN; TABS	1	
PLATELET AGGREGATION INHIBITORS		
AGGRENOX	2	
BRILINTA	2	
<i>clopidogrel bisulfate</i> 75mg	1	QL (30 tabs / 30 days)
EFFIENT	2	

IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS

ENBREL KIT	2	QL (16 syringes / 28 days), NM, PA
ENBREL SOLN	2	QL (8 syringes / 28 days), NM, PA
ENBREL SURECLICK	2	QL (8 syringes / 28 days), NM, PA
HUMIRA 20mg/0.4ml	2	QL (2 boxes / 28 days), NM, PA
HUMIRA 40mg/0.8ml	2	QL (4 boxes / 28 days), NM, PA
HUMIRA PEN	2	QL (4 boxes / 28 days), NM, PA
HUMIRA PEN-CROHNS DISEASE STARTER KIT	2	NM, PA
HUMIRA PEN-PSORIASIS STARTER KIT	2	NM, PA
<i>hydroxychloroquine sulfate</i>	1	
<i>leflunomide</i> TABS	1	
<i>methotrexate sodium tabs</i>	1	
REMICADE	2	NM, PA

IMMUNOGLOBULINS

Drug Name	Drug Tier	Requirements/Limits
CARIMUNE NANOFILTERED	2	NM, PA
FLEBOGAMMA	2	NM, PA
FLEBOGAMMA DIF	2	NM, PA
GAMASTAN S/D	2	B/D, NM
GAMMAGARD LIQUID	2	NM, PA
GAMMAGARD S/D	2	NM, PA
GAMMAKED	2	NM, PA
GAMMAPLEX	2	NM, PA
GAMUNEX	2	NM, PA
GAMUNEX-C	2	NM, PA
GAMUNEX-C 1GM/10ML	2	NM, PA
OCTAGAM	2	NM, PA
PRIVIGEN	2	NM, PA

IMMUNOMODULATORS

ACTIMMUNE	2	NM, LA, PA
ARCALYST	2	NM, PA
INTRON-A	2	B/D, NM
INTRON-A W/DILUENT	2	B/D, NM
PEG-INTRON	2	NM, PA
PEG-INTRON REDIPEN	2	NM, PA
REVLIMID	2	NM, LA, PA
THALOMID	2	NM, PA

IMMUNOSUPPRESSANTS

<i>azathioprine</i> TABS	1	B/D
<i>azathioprine sodium</i>	1	B/D
CELLCEPT SUSR	2	B/D
<i>cyclosporine</i> CAPS; SOLN	1	B/D
<i>cyclosporine modified (for microemulsion)</i>	1	B/D
<i>gengraf</i>	1	B/D
<i>mycophenolate mofetil</i>	1	B/D
<i>mycophenolate sodium</i> 180mg	1	B/D
<i>mycophenolate sodium</i> 360mg	2	B/D
MYFORTIC	2	B/D
NEORAL	2	B/D
NULOJIX	2	B/D
PROGRAF CAPS	2	B/D
RAPAMUNE	2	B/D
SANDIMMUNE CAPS	2	B/D
SANDIMMUNE SOLN 100mg/ml	2	B/D
<i>sirolimus tab 0.5mg</i>	1	B/D
<i>tacrolimus</i> CAPS 5mg	2	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg	1	B/D
ZORTRESS	2	B/D

Drug Name	Drug Tier	Requirements/Limits
VACCINES		
ACTHIB	2	
ADACEL	2	
BOOSTRIX	2	
CERVARIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	B/D
DIPHTHERIA/TETANUS TOXOID	2	B/D
ENGRIX-B SUSP	2	B/D
GARDASIL	2	
HAVRIX	2	
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
M-M-R II W/DILUENT 10 DOS	2	
MENACTRA	2	
MENHIBRIX	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D
ROTATEQ	2	
TENIVAC	2	B/D
TETANUS TOXOID ADSORBED	2	B/D
TETANUS/DIPHTHERIA TOXOID	2	B/D
TWINRIX	2	B/D
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES

KLOR-CON 8	1
KLOR-CON 10	1
<i>klor-con m15</i>	1
<i>klor-con m20</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con pow 20meq</i>	1	
MAGNESIUM SULFATE SOLN	2	
MAGNESIUM SULFATE IN D5W	2	
<i>magnesium sulfate inj 50%</i>	1	
<i>oral electrolytes</i>	5	NM; *
<i>potassium chloride CPCR</i>	1	
<i>potassium chloride LIQD</i>	1	
POTASSIUM CHLORIDE ER 10meq	1	
<i>potassium chloride microencapsulated crystals cr</i>	1	
SODIUM CHLORIDE SOLN 2.5meq/ml	1	
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F) MG/ML SOLN	1	
TPN ELECTROLYTES	2	B/D

IV NUTRITION

AMINOSYN	2	B/D
AMINOSYN 7%/ELECTROLYTES	2	B/D
AMINOSYN 8.5%/ELECTROLYTE	2	B/D
AMINOSYN II	2	B/D
AMINOSYN II 8.5%/ELECTROL	2	B/D
AMINOSYN M	2	B/D
AMINOSYN-HBC	2	B/D
AMINOSYN-PF	2	B/D
AMINOSYN-PF 7%	2	B/D
AMINOSYN-RF	2	B/D
CLINIMIX 2.75%/DEXTROSE 5%	2	B/D
CLINIMIX 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX 4.25%/DEXTROSE 25%	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 5%	2	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	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
CLINIMIX E INJ 4.25/D10	2	B/D
CLINIMIX INJ 4.25/D10	2	B/D
CLINIMIX INJ 4.25/D20	2	B/D
<i>clinisol 15</i>	1	B/D
FREAMINE HBC 6.9%	2	B/D

Drug Name	Drug Tier	Requirements/Limits
FREAMINE III	2	B/D
HEPATAMINE	2	B/D
<i>hepatasol 8</i>	1	B/D
INTRALIPID INJ 20%	2	B/D
INTRALIPID INJ 30%	2	B/D
NEPHRAMINE	2	B/D
<i>premasol</i>	1	B/D
<i>premasol</i>	2	B/D
PROCALAMINE	2	B/D
PROSOL	2	B/D
<i>travasol 10</i>	2	B/D
TROPHAMINE INJ 10%	2	B/D

IV REPLACEMENT SOLUTIONS

DEXTROSE 2.5%/NACL 0.45%	1	
DEXTROSE 5%	1	
DEXTROSE 5% /ELECTROLYTE	2	
DEXTROSE 5%/LACTATED RING	1	
DEXTROSE 5%/NACL 0.2%	1	
DEXTROSE 5%/NACL 0.3%	1	
DEXTROSE 5%/NACL 0.9%	1	
DEXTROSE 5%/NACL 0.33%	1	
DEXTROSE 5%/NACL 0.45%	1	
DEXTROSE 5%/NACL 0.225%	1	
DEXTROSE 5%/POTASSIUM CHL	1	
DEXTROSE 10% FLEX CONTAIN	1	
DEXTROSE 10%/NACL 0.2%	2	
DEXTROSE 10%/NACL 0.45%	1	
DEXTROSE 50%	1	
<i>dextrose inj 70%</i>	1	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
ISOLYTE P	2	
<i>isolyte s</i>	2	
ISOLYTE-M	1	
KCL0.15%/D5W/NACL0.2%	1	
KCL0.15%/D5W/NACL0.225%	2	
KCL 0.3%/D5W/NACL 0.2%	1	
KCL 0.3%/D5W/NACL 0.9%	1	
KCL 0.3%/D5W/NACL 0.45%	1	
KCL 0.15%/D5W/NACL 0.9%	1	
KCL 0.075%/D5W/NACL 0.2%	1	
KCL 0.075%/D5W/NACL 0.45%	1	
KCL 0.224%/D5W/NACL 0.2%	1	

Drug Name	Drug Tier	Requirements/Limits
KCL/D5W INJ 0.3%	1	
KCL/NACL INJ 0.3-0.9	1	
LACTATED RINGER'S INJ	1	
<i>normosol-m</i>	1	
NORMOSOL-R	2	
NORMOSOL-R IN D5W	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-56/D5W	2	
PLASMA-LYTE-148	2	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 20meq/100ml	1	
<i>potassium chloride</i> SOLN .4meq/ml, 2meq/ml, 10meq/50ml, 40meq/100ml	1	
POTASSIUM CHLORIDE 0.15%	1	
POTASSIUM CHLORIDE 0.22%	1	
<i>potassium chloride in nacl</i>	1	
POTASSIUM CHLORIDE SOLN 30 MEQ/100 ML	1	
RINGER'S	1	
SODIUM CHLORIDE SOLN 3%, 5%	1	
SODIUM CHLORIDE 0.45% VIA	1	
SODIUM CHLORIDE INJ 0.9%	1	

VITAMINS

<i>calcitriol</i> CAPS	1	B/D
<i>calcitriol inj</i>	1	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	1	B/D
<i>paricalcitol</i>	1	B/D
<i>paricalcitol cap 4 mcg</i>	1	B/D
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	1	
ZEMPLAR	2	B/D

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION

<i>bacitracin-poly-neomycin-hc</i>	1	
<i>blephamide</i> OINT	2	
<i>neomycin-polymy-dexameth</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
<i>sulfacetamide sod-prednisolone</i>	1	
TOBRADEX OINT	2	
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	2	

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE	2	
<i>bacitracin (ophthalmic)</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	2	
CILOXAN OINT	2	
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentak</i>	1	
<i>gentamicin sulfate (ophth)</i>	1	
MOXEZA	2	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymy-gramicid</i>	1	
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (ophth)</i>	1	
<i>tobramycin sulfate (ophth)</i>	1	
TOBREX OINT	2	
<i>trifluridine SOLN</i>	1	
VIGAMOX	2	
ZYMAXID	2	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX	2	
BROMDAY	2	
BROMFENAC SODIUM (OPHTH)(ONCE-DAILY)	1	
<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>diclofenac sodium (ophth)</i>	1	
DUREZOL	2	
FLUOROMETHOLONE SUSP	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
ILEVRO	2	
<i>ketorolac tromethamine (ophth)</i>	1	
LOTEMAX	2	
MAXIDEX	2	
NEVANAC	2	
PRED MILD	2	
PREDNISOLONE ACETATE SUSP	1	
<i>prednisolone sodium phosphate (ophth)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl (ophth)</i>	1	
BEPREVE	2	
<i>cromolyn sodium (ophth)</i>	1	
PATADAY	2	
PATANOL	2	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOL 0.1%	2	
AZOPT	2	
<i>betaxolol hcl (ophth)</i>	1	
BETOPTIC-S	2	
<i>brimonidine sol 0.2%</i>	1	
BRIMONIDINE SOL 0.15%	1	
<i>carteolol hcl (ophth)</i>	1	
COMBIGAN	2	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	
ISOPTO CARPINE	2	
ISTALOL	2	
<i>latanoprost</i>	1	
<i>levobunolol hcl .5%</i>	1	
LEVOBUNOLOL HCL .25%	1	
LUMIGAN	2	
<i>metipranolol</i>	1	
PHOSPHOLINE IODIDE	2	
PILOCARPINE HCL SOLN	1	
PILOPINE HS	2	
<i>timolol maleate (ophth)</i>	1	
TIMOLOL MALEATE GEL	1	
TRAVATAN Z	2	
MISCELLANEOUS		
<i>artificial tear ointment</i>	5	NM; *
<i>artificial tear solution</i>	5	NM; *
GENTEAL SEVERE	5	NM; *
<i>hypromellose (ophth)</i>	5	NM; *
ISOPTO TEARS	5	NM; *
<i>lubricant eye drops</i>	5	NM; *
MURO 128 SOLN 2%	5	NM; *
<i>naphazoline 0.1%</i>	1	
<i>polyethylene glycol-propylene glycol (ophth)</i>	5	NM; *
<i>polyvinyl alcohol SOLN</i>	5	NM; *
<i>polyvinyl alcohol-povidone (ophth)</i>	5	NM; *

Drug Name	Drug Tier	Requirements/Limits
PROLENSA	2	
<i>proparacaine hcl</i> SOLN	1	
REFRESH CELLUVISC	5	NM; *
REFRESH LIQUIGEL	5	NM; *
RESTASIS	2	QL (64 vials / 30 days)
<i>sodium chloride hypertonic</i>	5	NM; *
<i>white petrolatum-mineral oil</i>	5	NM; *

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD

COMBIVENT RESPIMAT	2	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	1	B/D

ANTICHOLINERGICS - DRUGS TO TREAT COPD

ATROVENT HFA	2	QL (2 inhalers / 30 days)
<i>ipratropium bromide</i> SOLN	1	B/D
<i>ipratropium bromide (nasal)</i>	1	
SPIRIVA HANDIHALER	2	QL (30 caps / 30 days)

ANTI HISTAMINES - DRUGS TO TREAT ALLERGIES

ASTEPRO	2	
<i>azelastine hcl</i> SOLN	1	
<i>cetirizine syrup</i>	1	
<i>cyproheptadine hcl</i> SYRP; TABS	1	PA
<i>diphenhydramine inj</i>	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	1	PA
<i>levocetirizine dihydrochloride</i>	1	
PATANASE	2	

BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD

<i>albuterol sulfate</i> NEBU	1	B/D
<i>albuterol sulfate</i> SYRP; TABS; TB12	1	
FORADIL AEROLIZER	2	QL (60 caps / 30 days)
<i>levalbuterol conc 1.25mg/0.5ml</i>	1	B/D
PERFOROMIST	2	B/D
PROAIR HFA	2	QL (2 inhalers / 30 days)
SEREVENT DISKUS	2	QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i> SOLN; TABS	1	
XOPENEX HFA	2	QL (2 inhalers / 30 days)

LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium</i> CHEW; PACK; TABS	1	
<i>zafirlukast</i>	1	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium nebu</i>	1	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP	2	NM, LA, PA
AUVI-Q	2	
AYR NASAL DROPS	5	NM; *
CAYSTON	2	NM, LA, PA
DALIRESP	2	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
GLASSIA	2	NM, LA, PA
PROLASTIN-C	2	NM, LA, PA
PULMOZYME	2	B/D, NM
<i>saline</i> .65%	5	NM; *
XOLAIR	2	NM, LA, PA
ZEMAIRA	2	NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>flunisolide (nasal)</i>	1	QL (2 bottles / 30 days)
<i>flunisolide nasal soln 29 mcg/act (0.025%)</i>	1	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	1	QL (1 bottle / 30 days)
NASONEX	2	QL (2 bottles / 30 days)
<i>triamcinolone acetonide (nasal)</i>	1	QL (1 bottle / 30 days)
STERIOD INHALANTS - DRUGS TO TREAT ASTHMA		
ASMANEX	2	QL (2 inhalers / 30 days)
ASMANEX 14 METERED DOSES	2	QL (2 inhalers per 30 days)
<i>budesonide (inhalation)</i>	1	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	2	QL (2 inhalers / 30 days)
FLOVENT DISKUS 250mcg/blist	2	QL (4 inhalers / 30 days)
FLOVENT HFA	2	QL (2 inhalers / 30 days)
PULMICORT 1mg/2ml	2	B/D
QVAR 40mcg/act	2	QL (1 inhaler / 30 days)
QVAR 80mcg/act	2	QL (2 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		

ADVAIR DISKUS	2	QL (1 inhaler / 30 days)
ADVAIR HFA	2	QL (1 inhaler / 30 days)
DULERA	2	QL (1 inhaler / 30 days)
SYMBICORT	2	QL (1 inhaler / 30 days)

XANTHINES - DRUGS TO TREAT COPD		
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<i>aminophylline inj</i>	1	
<i>elixophyllin</i>	2	
<i>theo-24</i>	2	
<i>theophylline</i> TB12; TB24	1	

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
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DERMATOLOGY, ACNE		
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<i>adapalene</i>	1	
<i>amnestem</i>	1	
AVITA	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>claravis</i>	1	
<i>clindamycin phosphate (topical)</i> GEL; LOTN; SOLN; SWAB	1	
<i>ery pad 2%</i>	1	
<i>erythromycin (acne aid)</i>	1	
<i>myorisan</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
<i>tretinoin</i> CREA; GEL	1	
<i>zenatane</i>	1	

DERMATOLOGY, ACTINIC KERATOSIS		
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CARAC	2	
<i>diclofenac sodium (actinic keratoses)</i>	1	PA
<i>fluorouracil (topical)</i>	1	
SOLARAZE	2	PA

DERMATOLOGY, ANTIBIOTICS		
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<i>bacitracin (topical)</i>	5	NM; *
<i>bacitracin zinc</i> OINT	5	NM; *
<i>bacitracin-polymyxin b</i>	5	NM; *
<i>gentamicin sulfate (topical)</i>	1	
<i>mafenide acetate</i> PACK	1	
<i>mupirocin</i> OINT	1	
<i>neomycin-bacitracin-polymyxin</i>	5	NM; *
<i>neomycin-bacitracin-polymyxin-pramoxine</i>	5	NM; *
<i>neomycin-polymyxin w/ pramoxine</i>	5	NM; *
SILVER SULFADIAZINE CREA	1	

Drug Name	Drug Tier	Requirements/Limits
SSD	1	
SULFAMYLON CREA	2	
THERMAZENE	1	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> CREA; GEL; SUSP	1	
<i>ciclopirox</i> shampoo 1%	1	
<i>clotrimazole (topical)</i> CREA 1%	1	
<i>clotrimazole (topical)</i> CREA 1%	5	NM; *
<i>clotrimazole (topical)</i> SOLN 1%	1	
<i>clotrimazole (topical)</i> SOLN 1%	5	NM; *
<i>econazole</i> nitrate CREA	1	
FUNGOID TINCTURE SOLN	5	NM; *
<i>ketoconazole</i> cream	1	
<i>miconazole</i> nitrate (topical)	5	NM; *
<i>nyamyc</i>	1	
<i>nystatin (topical)</i>	1	
<i>nystop</i>	1	
<i>pedi-dri</i>	1	
<i>terbinafine hcl (topical)</i>	5	NM; *
DERMATOLOGY, ANTIPRURITIC		
<i>procto-pak</i>	1	
<i>proctocream</i>	1	
<i>proctozone hc</i>	1	
PRUDOXIN CRE 5%	1	
ZONALON	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	2	PA
<i>calcipotriene</i> CREA; OINT; SOLN	1	
<i>calcitrene oin 0.005%</i>	1	
OXSORALEN ULTRA	2	
SORIATANE	2	PA
TAZORAC	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole</i> shampoo	1	
<i>selenium sulfide</i> LOTN	1	
DERMATOLOGY, ANTIVIRALS		
<i>acyclovir</i> topical	1	
DENAVIR	2	
ZOVIRAX CREA	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i> CREA; LOTN	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amcinonide</i> OINT	2	
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i> CREA; LOTN; OINT	1	
<i>clobetasol propionate</i> CREA	1	
<i>clobetasol propionate</i> GEL	1	
<i>clobetasol propionate</i> OINT	1	
<i>clobetasol propionate</i> SOLN	1	
DESONIDE CREA	1	
<i>desonide</i> LOTN; OINT	1	
<i>desoximetasone</i> CREA	1	
<i>desoximetasone</i> GEL	1	
DESOXIMETASONE OINT .05%	1	
<i>desoximetasone</i> OINT .25%	1	
<i>diflorasone diacetate</i>	1	
<i>fluocinonide</i> CREA; OIL; OINT; SOLN	1	
<i>fluocinonide</i> CREA .05%	1	
<i>fluocinonide</i> GEL	1	
<i>fluocinonide</i> OINT	1	
<i>fluocinonide</i> SOLN	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluticasone propionate</i> CREA	1	
<i>fluticasone propionate</i> OINT	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	
<i>hydrocortisone (topical)</i> CREA .5%, 1%	5	NM; *
<i>hydrocortisone (topical)</i> LOTN 1%	5	NM; *
<i>hydrocortisone (topical)</i> LOTN 2.5%	1	
<i>hydrocortisone (topical)</i> OINT 1%	5	NM; *
<i>hydrocortisone (topical)</i> OINT 1%, 2.5%	1	
<i>hydrocortisone acetate (topical)</i>	5	NM; *
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone-aloe vera</i>	5	NM; *
LOKARA LOTN 0.05%	1	
<i>mometasone furoate</i> CREA; OINT; SOLN	1	
<i>texacort soln</i> 2.5%	2	
<i>triamcinolone acetonide (topical)</i>	1	
<i>triderm</i>	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>dibucaine</i> OINT	5	NM; *

Drug Name	Drug Tier	Requirements/Limits
<i>dibucaine (rectal)</i>	5	NM; *
<i>lidocaine CREA 4%</i>	5	NM; *
<i>lidocaine PTCH</i>	1	QL (3 ptch / 1 day), PA
<i>lidocaine hcl GEL</i>	1	
<i>lidocaine hcl SOLN 4%</i>	1	
<i>lidocaine oint 5%</i>	1	
<i>lidocaine-prilocaine</i>	1	B/D
LIDODERM	2	QL (3 ptch / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ALOE VESTA SKIN CONDITIONER	5	NM; *
<i>aluminum sulfate & calcium acetate</i>	5	NM; *
<i>ammonium lactate CREA; LOTN</i>	1	
<i>calamine lotn</i>	5	NM; *
<i>capsaicin CREA .025%, .075%</i>	5	NM; *
<i>chlorhexidine topical liqd 4%</i>	5	NM; *
ELIDEL	2	PA
<i>hemorrhoidal OINT</i>	5	NM; *
<i>hemorrhoidal supp</i>	5	NM; *
<i>imiquimod CREA</i>	1	
<i>laclotion lotn 12%</i>	1	
<i>lubricants</i>	5	NM; *
<i>metronidazole (topical) CREA; LOTN</i>	1	
<i>metronidazole gel 0.75%</i>	1	
PANRETIN	2	
<i>podofilox SOLN</i>	1	
<i>povidone-iodine OINT</i>	5	NM; *
<i>povidone-iodine SOLN</i>	5	NM; *
<i>povidone-iodine SWAB 10%</i>	5	NM; *
PROSHIELD PLUS SKIN PROTE	5	NM; *
PROSHIELD PROTECTIVE HAND	5	NM; *
<i>rosadan cre 0.75%</i>	1	
<i>skin protectants, misc.</i>	5	NM; *
TARGRETIN GEL	2	NM, PA
TRIXAICIN	5	NM; *
VALCHLOR	2	NM, LA, PA
<i>vitamins a & d (topical)</i>	5	NM; *
VOLTAREN	2	
<i>zinc oxide (topical)</i>	5	NM; *
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	2	
<i>malathion</i>	1	
<i>permethrin CREA</i>	1	
<i>permethrin LOTN</i>	5	NM; *

Drug Name	Drug Tier	Requirements/Limits
<i>pyrethrins-piperonyl butoxide</i>	5	NM; *
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	1	
REGRANEX	2	PA
SANTYL	2	
SEA-CLENS WOUND CLEANSER	5	NM; *
SODIUM CHLORIDE 0.9%	1	
STERILE WATER IRRIGATION	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>clotrimazole TROC</i>	1	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl (oral)</i>	1	
<i>triamcinolone acetonide (mouth)</i>	1	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetic acid (otic)</i>	1	
<i>acetic acid-aluminum acetate</i>	1	
<i>carbamide peroxide (otic)</i>	5	NM; *
CIPRODEX	2	
<i>fluocinolone acetonide (otic)</i>	1	
<i>neomycin-polymyxin-hc (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	

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<i>ciprofloxacin in d5w</i>	8
<i>ciprofloxacin inj</i>	8
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<i>dibucaine</i>	53
<i>dibucaine (rectal)</i>	54
<i>diclofenac potassium</i>	1
<i>diclofenac sodium</i>	1
<i>diclofenac sodium (actinic keratoses)</i>	51
<i>diclofenac sodium (ophth)</i>	47
<i>dicloxacillin sodium</i>	8
<i>dicyclomine hcl</i>	36
<i>didanosine</i>	5
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<i>diflorasone diacetate</i>	53
<i>diflunisal</i>	1
<i>digoxin</i>	17
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<i>dihydroergotamine mesylate</i>	26
<i>dilantin</i>	20
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<i>dilt-xr 120mg</i>	16
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<i>diltiazem cap 120mg/24hr</i>	16
<i>diltiazem cap er/12hr</i>	16
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<i>doxorubicin hcl liposomal</i>	9
<i>doxycycl hyc inj</i>	9
<i>doxycycline (monohydrate)</i>	9
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<i>endocet 5/325</i>	2
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<i>erythromycin ethylsuccinate</i>	8

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<i>glyb/metform tab 5-500mg</i>	30
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<i>hydroco/apap tab 10-325mg</i>	1
<i>hydroco/apap tab 5-325mg</i>	1
<i>hydroco/apap tab 7.5-325</i>	1
<i>hydrocodone-acetaminophen 7.5-325</i> <i>mg/15ml</i>	1
<i>hydrocodone-ibuprofen 7-5-200mg</i>	1
<i>hydrocortisone</i>	34
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<i>hydrocortisone acetate (topical)</i>	53
<i>hydrocortisone butyrate</i>	53
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<i>hydrocortisone-aloe vera</i>	53
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<i>hydroxyurea</i>	12
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ISOLYTE P	45
<i>isolyte s</i>	45
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<i>isoniazid</i>	6
<i>isoniazid inj 100 mg/ml</i>	6
<i>isoniazid syp 50mg/5ml</i>	6
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<i>isosorb mononitrate tab</i>	18
<i>isosorbide dinitrate</i>	18
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<i>isradipine</i>	16
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<i>junel 1.5/30 21 day</i>	31
<i>junel 1/20 21 day</i>	31
<i>junel fe 1.5/30 28 day</i>	31
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KCL 0.075%/D5W/NACL 0.2%	45
KCL 0.075%/D5W/NACL 0.45%	45

KCL 0.15%/D5W/NACL 0.9%	45
KCL 0.224%/D5W/NACL 0.2%	45
KCL 0.3%/D5W/NACL 0.2%	45
KCL 0.3%/D5W/NACL 0.45%	45
KCL 0.3%/D5W/NACL 0.9%	45
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<i>kelnor 1/35 28 day</i>	31
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<i>ketoconazole cream</i>	52
<i>ketoconazole shampoo</i>	52
<i>ketoprofen</i>	1
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Your Extended Family.

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