FORMULARY

(List of Covered Drugs)

2014

Molina Dual Options Medicare-Medicaid Plan

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

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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

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 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

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

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.

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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		
allopurinol sodium	1	
allopurinol tab	1	
colchicine w/ probenecid	1	
COLCRYS	2	QL (120 tabs / 30 days)
probenecid	1	
ULORIC	2	ST
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
CELEBREX	2	QL (60 caps / 30 days)
diclofenac potassium	1	
diclofenac sodium TB24; TBEC	1	
diflunisal	1	
etodolac CAPS; TABS; TB24	1	
flurbiprofen TABS	1	
ibuprofen SUSP	1	
ibuprofen TABS 400mg, 600mg, 800mg	1	
ketoprofen CAPS; CP24	1	
meloxicam TABS	1	
MELOXICAM SUSP 7.5 MG/5ML	1	
nabumetone TABS	1	
naproxen SUSP; TABS; TBEC	1	
naproxen sodium TABS 275mg, 550mg	1	
oxaprozin	1	
piroxicam CAPS	1	
sulindac TABS	1	
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
acetaminophen w/ codeine SOLN	1	QL (5000mL / 30 days)
acetaminophen w/ codeine TABS	1	QL (400 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	1	
hydroco/apap tab 5-325mg	1	QL (360 tabs / 30 days)
hydroco/apap tab 7.5-325	1	QL (360 tabs / 30 days)
hydroco/apap tab 10-325mg	1	QL (360 tabs / 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15ml	1	QL (5400mL / 30 days)
hydrocodone-ibuprofen 7-5-200mg	1	QL (150 tabs / 30 days)
tramadol hcl TABS	1	QL (240 tabs / 30 days)
tramadol-acetaminophen	1	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN		
AVINZA	2	QL (60 caps / 30 days)

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

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS

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

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-BACTERIALS - MISCELLANEOUS

amikacin sulfate SOLN 1gm/4ml	1	
amikacin sulfate inj 100 mg/2ml (50 mg/ml)	1	
gentamicin in saline	1	
gentamicin sulfate SOLN	1	
neomycin sulfate TABS	1	
paromomycin sulfate CAPS	1	
streptomycin sulfate SOLR	1	
sulfadiazine TABS	2	
TOBI NEB	2	B/D, NM
tobramycin NEBU	2	B/D, NM
tobramycin sulfate SOLN; SOLR	1	
tobramycin sulfate in saline	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	
aztreonam	1	
BILTRICIDE	2	
clindamycin cap 75mg	1	
clindamycin cap 300mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin phosphate inj	1	
clindamycin sol 75mg/5ml	1	
colistimethate sodium SOLR	1	
CUBICIN	2	B/D
dapsone TABS	1	
DARAPRIM	2	
DORIBAX	2	
erythromycin-sulfisoxazole	1	
imipenem-cilastatin	1	
INVANZ	2	

Drug Name	Drug Tier	Requirements/Limits
MACRODANTIN 25mg	2	PA; 90 day limit if >64 yr
MEPRON	2	
meropenem	1	
methenamine hippurate	1	
METRO IV	2	
metronidazole TABS	1	
metronidazole in nacl	1	
NEBUPENT	2	B/D
nitrofurantoin macrocrystal	1	PA; 90 day limit if >64 yr
nitrofurantoin monohyd macro	1	PA; 90 day limit if >64 yr
PENTAM 300	2	
sulfamethoxazole-trimethoprim	1	
sulfamethoxazole-trimethoprim inj	1	
trimethoprim TABS	1	
TYGACIL	2	
vancomycin hcl CAPS	2	
vancomycin hcl SOLR	1	B/D
ZYVOX	2	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET	2	B/D
AMBISOME	2	B/D
amphotericin b SOLR	1	B/D
CANCIDAS	2	
ERAXIS	2	
fluconazole SUSR; TABS	1	
fluconazole in dextrose	1	
fluconazole in nacl	1	
flucytosine CAPS	2	
griseofulvin microsize	1	
griseofulvin ultramicrosize	1	
itraconazole CAPS	1	PA
ketoconazole TABS	1	
MYCAMINE	2	
NOXAFIL	2	
nystatin TABS	1	
terbinafine hcl TABS	1	QL (90 tabs / year)
VFEND SUSR	2	
voriconazole SOLR	1	
voriconazole SUSR; TABS	2	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		

Drug Name	Drug Tier	Requirements/Limits
ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
chloroquine phosphate TABS	1	
COARTEM	2	
mefloquine hcl	1	
PRIMAQUINE PHOSPHATE	2	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate	1	
APTIVUS	2	
CRIXIVAN	2	
didanosine	1	
EDURANT	2	
EMTRIVA	2	
EPIVIR SOLN	2	
FUZEON	2	NM
INTELENCE	2	
INVIRASE	2	
ISENTRESS	2	
lamivudine 150mg, 300mg	1	
LEXIVA	2	
NEVIRAPINE SUSP	1	
nevirapine TABS	1	
NORVIR	2	
PREZISTA	2	
RESCRIPTOR	2	
RETROVIR IV INFUSION	2	
REYATAZ	2	
SELZENTRY	2	
stavudine	1	
SUSTIVA	2	
TIVICAY	2	
VIDEX PEDIATRIC	2	
VIRACEPT	2	
VIRAMUNE SUSP	2	
VIRAMUNE XR	2	
VIREAD	2	
ZIAGEN SOLN	2	
zidovudine	1	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine-zidovudine	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	
lamivudine-zidovudine	2	
STRIBILD	2	
TRIZIVIR	2	
TRUVADA	2	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
CAPASTAT SULFATE	2	
ethambutol hcl TABS	1	
isoniazid TABS	1	
isoniazid inj 100 mg/ml	1	
isoniazid syp 50mg/5ml	1	
MYCOBUTIN	2	
paser d/r	2	
PRIFTIN	2	
pyrazinamide	1	
rifampin CAPS; SOLR	1	
RIFATER	2	
seromycin	2	
SIRTURO	2	LA, PA
TRECATOR	2	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir CAPS; SUSP; TABS	1	
acyclovir sodium	1	B/D
adefovir dipivoxil	2	ST
BARACLUDE	2	
EPIVIR HBV	2	
famciclovir	1	
ganciclovir inj 500mg	1	B/D
HEPSERA	2	ST
INCIVEK	2	NM, PA
lamivudine 100mg	1	
moderiba pak	2	NM, PA
moderiba tab 200mg	1	NM, PA
REBETOL SOLN	2	NM, PA
RELENZA DISKHALER	2	
ribapak mis 600/day	2	NM, PA
ribasphere CAPS	1	NM, PA
ribasphere TABS 200mg, 400mg	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
ribasphere TABS 600mg	2	NM, PA
ribasphere ribapak 800	2	NM, PA
ribasphere ribapak 1000	2	NM, PA
ribasphere ribapak 1200	2	NM, PA
ribavirin 200mg	1	NM, PA
rimantadine hydrochloride	1	
TAMIFLU	2	
TYZEKA	2	
valacyclovir hcl TABS	1	
VALCYTE	2	
VICTRELIS	2	NM, PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor	1	
cefaclor monohydrate	2	
cefadroxil	1	
cefazolin in d5w	2	
cefazolin inj	1	
cefazolin sodium 1gm, 20gm	1	
cefdinir	1	
cefepime hcl	1	
cefotaxime sodium	1	
cefoxitin sodium	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftazidime solr	1	
CEFTAZIDIME/DEXTROSE	2	
ceftriaxone sodium SOLR	1	
cefuroxime axetil TABS	1	
cefuroxime sodium 1.5gm, 7.5gm, 750mg	1	
cephalexin CAPS 250mg, 500mg	1	
cephalexin SUSR	1	
SUPRAX CAPS	2	
suprax CHEW	2	
suprax SUSR 100mg/5ml, 200mg/5ml	2	
SUPRAX SUSR 500mg/5ml	2	
suprax TABS	2	
tazicef SOLR	1	
tazicef vial	1	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
AZITHROMYCIN PACK	1	
azithromycin SOLR 500mg	1	
azithromycin SUSR	1	
azithromycin TABS	1	

Drug Name	Drug Tier	Requirements/Limits
clarithromycin TABS	1	
clarithromycin er	1	
clarithromycin for susp	1	
DIFICID	2	ST
e.e.s.	1	
E.E.S. GRANULES	2	
ery-tab	2	
ERYPED 200	2	
ERYPED 400	2	
erythrocin stearate	1	
erythromycin base	1	
erythromycin ethylsuccinate	1	
ZMAX	2	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO SUSR	2	
ciprofloxacin er	1	
ciprofloxacin hcl tab	1	
ciprofloxacin in d5w	1	
ciprofloxacin inj	1	
levofloxacin TABS	1	
levofloxacin in d5w	1	
levofloxacin inj 25mg/ml	1	
levofloxacin oral soln 25 mg/ml	1	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin	1	
amoxicillin & pot clavulanate	1	
ampicillin	1	
ampicillin & sulbactam sodium	1	
ampicillin inj	1	
ampicillin sodium	1	
BICILLIN C-R	2	
BICILLIN L-A	2	
dicloxacillin sodium	1	
nafcillin sodium 1gm	1	
nafcillin sodium 2gm, 10gm	2	
oxacillin sodium 1gm, 2gm	1	
oxacillin sodium 10gm	2	
PENICILLIN G POT IN DEXTROSE	2	
penicillin g potassium	1	
penicillin g procaine	2	
penicillin g sodium	1	
penicillin v potassium	1	
penicilln gk inj 5mu	1	

Drug Name	Drug Tier	Requirements/Limits
piperacillin sodium-tazobactam sodium	1	
TIMENTIN	2	
TIMENTIN INJ 3.1GM	2	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
doxycycl hyc inj	1	
doxycycline (monohydrate) CAPS 50mg, 100mg	1	
doxycycline (monohydrate) TABS	1	
doxycycline hyclate CAPS; TABS	1	
minocycline hcl CAPS	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	
cyclophosphamide SOLR; TABS	1	B/D
dacarbazine 200mg	1	B/D
EMCYT	2	
HEXALEN	2	
IFEX 3gm	2	B/D
ifosfamide inj 1gm	1	B/D
ifosfamide inj 1gm/20ml	1	B/D
IFOSFAMIDE INJ 3GM	2	B/D
ifosfamide inj 3gm/60ml	1	B/D
LEUKERAN	2	
LOMUSTINE	1	
melphalan hcl	2	B/D
MUSTARGEN	2	B/D
TREANDA	2	B/D, NM
ANTHRACYCLINES		
adriamycin SOLN	1	B/D
adriamycin SOLR 50mg	1	B/D
daunorubicin hcl	1	B/D
DOXIL INJ 2MG/ML	2	B/D
doxorubicin hcl SOLN	1	B/D
doxorubicin hcl SOLR 20mg, 50mg	1	B/D
doxorubicin hcl liposomal	2	B/D
epirubicin hcl SOLN	1	B/D
idarubicin hcl	2	B/D
ANTIBIOTICS		

Drug Name	Drug Tier	Requirements/Limits
bleomycin sulfate	1	B/D
COSMEGEN	2	B/D
mitomycin SOLR	1	B/D
mitomycin inj 20mg	1	B/D
ANTIMETABOLITES		
adrucil 2.5gm/50ml, 5gm/100ml	1	B/D
ALIMTA	2	B/D
azacitidine	2	B/D, NM
cladribine	2	B/D
cytarabine SOLN 20mg/ml	1	B/D
cytarabine SOLR 100mg, 500mg	1	B/D
fludarabine phosphate	1	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml	1	B/D
GEMCITABINE HCL SOLN	2	B/D
gemcitabine hcl SOLR	2	B/D
mercaptopurine TABS	1	
methotrexate sodium inj	1	B/D
pentostatin	2	B/D
TABLOID	2	
VIDAZA	2	B/D, NM
ANTIMITOTIC, TAXOIDS		
DOCETAXEL CONC 20mg/0.5ml, 20mg/ml, 80mg/4ml	2	B/D
docetaxel CONC 140mg/7ml	2	B/D
DOCETAXEL SOLN 80mg/8ml	2	B/D
paclitaxel	1	B/D
TAXOTERE	2	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
vinblastine sulfate SOLR	2	B/D
vincasar	1	B/D
vincristine sulfate	1	B/D
vinorelbine tartrate	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
anastrozole TABS	1	
bicalutamide	1	QL (30 tabs / 30 days)
DEPO-PROVERA INJ 400/ML	2	B/D
exemestane	1	ST
FARESTON	2	
FASLODEX	2	B/D
flutamide	1	
letrozole TABS	1	
leuprolide acetate 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
megestrol acetate SUSP; TABS	1	PA
NILANDRON	2	
SOLTAMOX	2	
tamoxifen citrate 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

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	
hydroxyurea CAPS	1	
MATULANE	2	
mitoxantrone hcl	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
tretinoin (chemotherapy)	2	
TRISENOX	2	B/D
PLATINUM-BASED AGENTS		
carboplatin SOLN	1	B/D
cisplatin soln	1	B/D
oxaliplatin	2	B/D
PROTECTIVE AGENTS		
amifostine crystalline	2	B/D
dexrazoxane	2	B/D
ELITEK	2	B/D
leucovorin calcium SOLN; SOLR	1	B/D
leucovorin calcium TABS	1	
mesna	1	B/D
MESNEX TABS	2	
TOPOISOMERASE INHIBITORS		
etoposide SOLN 500mg/25ml	1	B/D
irinotecan hcl	2	B/D
toposar 1gm/50ml	1	B/D
topotecan hcl SOLR	2	B/D

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

Drug Name	Drug Tier	Requirements/Limits
amlodipine-benazepril hcl cap 2.5-10mg	1	QL (30 caps / 30 days)
amlodipine-benazepril hcl cap 5-10mg	1	QL (30 caps / 30 days)
amlodipine-benazepril hcl cap 5-20mg	1	QL (30 caps / 30 days)
amlodipine-benazepril hcl cap 5-40mg	1	QL (30 caps / 30 days)
amlodipine-benazepril hcl cap 10-20mg	1	QL (30 caps / 30 days)
amlodipine-benazepril hcl cap 10-40mg	1	
benazepril & hydrochlorothiazide	1	
captopril & hydrochlorothiazide	1	
enalapril maleate & hydrochlorothiazide	1	
fosinopril sodium & hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide	1	
moexipril-hydrochlorothiazide	1	
quinapril-hydrochlorothiazide	1	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl TABS	1	
captopril TABS	1	
enalapril maleate TABS	1	
fosinopril sodium	1	
lisinopril TABS	1	
moexipril hcl	1	
perindopril erbumine	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
eplerenone	1	PA
spironolactone TABS	1	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
doxazosin mesylate 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days)
doxazosin mesylate 8mg	1	
prazosin hcl	1	
terazosin hcl	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
AZOR 10-40MG	2	
AZOR TAB 5-20MG	2	QL (30 tabs / 30 days)
AZOR TAB 5-40MG	2	QL (30 tabs / 30 days)
AZOR TAB 10-20MG	2	QL (30 tabs / 30 days)
BENICAR HCT 40-25MG	2	
BENICAR HCT TAB 20-12.5MG	2	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-12.5MG	2	QL (30 tabs / 30 days)
EXFORGE 10-320MG	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)
losartan-hctz 50-12.5mg	1	QL (30 tabs / 30 days)
losartan-hctz 100-12.5mg	1	QL (30 tabs / 30 days)
losartan-hctz 100-25 mg	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)
valsartan-hctz tab 80-12.5mg	1	QL (30 tabs / 30 days)
valsartan-hctz tab 160-12.5mg	1	QL (30 tabs / 30 days)
valsartan-hctz tab 160-25mg	1	QL (30 tabs / 30 days)
valsartan-hctz tab 320-12.5mg	1	
valsartan-hctztab 320-25mg	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	
losartan potassium 25mg, 50mg	1	QL (60 tabs / 30 days)
losartan potassium 100mg	1	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl	1	
disopyramide phosphate	1	PA
flecainide acetate	1	
mexiletine hcl	1	
MULTAQ	2	
NORPACE CR	2	PA
pacerone	1	
propafenone hcl	1	
quinidine gluconate TBCR	1	
quinidine sulfate	1	
sorine	1	
sotalol hcl	1	

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

Drug Name	Drug Tier	Requirements/Limits
atenolol TABS	1	
bisoprolol fumarate	1	
BYSTOLIC	2	
carvedilol	1	
labetalol hcl TABS	1	
metoprolol succinate 25mg, 50mg	1	QL (60 tabs / 30 days)
metoprolol succinate 100mg	1	QL (45 tabs / 30 days)
metoprolol succinate 200mg	1	
metoprolol tartrate SOLN; TABS	1	
nadolol TABS	1	
pindolol	1	
propranolol cap er	1	
propranolol hcl SOLN; TABS	1	
propranolol tab	1	
timolol maleate TABS	1	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
afeditab cr 30mg	1	QL (60 tabs / 30 days)
afeditab cr 60mg	1	
amlodipine besylate TABS 2.5mg, 5mg	1	QL (45 tabs / 30 days)
amlodipine besylate TABS 10mg	1	
cartia 120mg	1	QL (30 caps / 30 days)
cartia 180mg, 240mg, 300mg	1	
dilt 120mg	1	QL (30 caps / 30 days)
dilt 180mg, 240mg, 300mg	1	
dilt-cd cap 180mg	1	
dilt-cd cap 240mg	1	
dilt-xr 120mg	1	QL (30 caps / 30 days)
diltiazem cap	1	
diltiazem cap 120mg/24hr	1	QL (30 caps / 30 days)
diltiazem cap er/12hr	1	
diltiazem hcl SOLN; TABS	1	
diltiazem hcl coated beads 120mg	1	QL (30 caps / 30 days)
diltiazem hcl coated beads 180mg, 240mg, 300mg, 360mg	1	
diltzac 120mg	1	QL (30 caps / 30 days)
diltzac 180mg, 240mg, 300mg	1	
felodipine 2.5mg	1	QL (30 tabs / 30 days)
felodipine 5mg	1	QL (60 tabs / 30 days)
felodipine 10mg	1	
isradipine	1	
matzim	1	
nicardipine hcl CAPS	1	

Drug Name	Drug Tier	Requirements/Limits
nifediac cc tab 30mg er	1	QL (60 ea / 30 days)
nifediac cc tab 60mg er	1	
nifediac cc tab 90mg er	1	
nifedical 30mg	1	QL (30 tabs / 30 days)
nifedical 60mg	1	
nifedipine TB24 30mg	1	QL (60 ea / 30 days)
nifedipine TB24 60mg	1	
nifedipine er 30mg	1	QL (30 tabs / 30 days)
nifedipine er 60mg, 90mg	1	
nimodipine CAPS	1	
NYMALIZE	2	
taztia 120mg	1	QL (30 caps / 30 days)
taztia 180mg, 240mg, 300mg, 360mg	1	
verapamil cap er 100mg, 120mg, 180mg, 200mg, 240mg, 300mg	1	
VERAPAMIL CAP ER 360mg	1	
verapamil hcl SOLN; TABS	1	
verapamil tab er	1	
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
digoxin SOLN	1	
digoxin TABS .25mg	1	PA
digoxin TABS .125mg	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
acetazolamide CP12; TABS	1	
amiloride & hydrochlorothiazide	1	
amiloride hcl	1	
bumetanide	1	
chlorothiazide	1	
chlorthalidone 25mg, 50mg	1	
DIURIL SUS 250/5ML	2	
DYRENIUM	2	
EDECRIN	2	
furosemide SOLN; TABS	1	
furosemide inj	1	
hydrochlorothiazide CAPS; TABS	1	
indapamide	1	
methazolamide TABS	1	
methyclothiazide	1	
metolazone	1	
spironolactone & hydrochlorothiazide	1	
torsemide inj	1	
torsemide tabs	1	
triamterene & hydrochlorothiazide	1	
MISCELLANEOUS		
clonidine hcl PTWK; TABS	1	
DIBENZYLINE	2	
hydralazine hcl soln	1	
hydralazine hcl tab	1	
midodrine hcl	1	
minoxidil 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		
isosorb mononitrate tab	1	
isosorbide dinitrate	1	
isosorbide dinitrate sl tab 2.5 mg	1	
isosorbide mononitrate	1	
minitran	1	
nitro-bid	2	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
nitroglycerin 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
sildenafil citrate (pulmonary hypertension)	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		
alprazolam CONC	1	QL (300 ml / 30 days)
alprazolam tab 0.5mg	1	QL (240 tabs / 30 days)
alprazolam tab 0.25mg	1	QL (480 tabs / 30 days)
alprazolam tab 1mg	1	QL (120 tabs / 30 days)
alprazolam tab 2mg	1	QL (150 tabs / 30 days)
buspirone hcl TABS	1	
fluvoxamine maleate TABS 25mg, 50mg	1	QL (45 tabs / 30 days)
fluvoxamine maleate TABS 100mg	1	
lorazepam CONC	1	QL (150 mL / 30 days)
lorazepam SOLN	1	
lorazepam TABS	1	QL (150 tabs / 30 days)
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
BANZEL	2	
carbamazepine CHEW; CP12; SUSP; TABS; TB12	1	
CELONTIN	2	
clonazepam TABS 1mg	1	QL (600 tabs / 30 days)
clonazepam TABS 2mg	1	QL (300 tabs / 30 days)
clonazepam TABS .5mg	1	QL (1200 tabs / 30 days)
clonazepam TBDP 1mg	1	QL (600 tabs / 30 days)
clonazepam TBDP 2mg	1	QL (300 tabs / 30 days)
clonazepam TBDP .5mg	1	QL (1200 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
clonazepam TBDP .25mg	1	QL (2400 tabs per 30 days)
clonazepam TBDP .125mg	1	QL (4800 tabs per 30 days)
clorazepate dipotassium 3.75mg, 7.5mg	1	QL (120 tabs / 30 days), PA
clorazepate dipotassium 15mg	1	QL (180 tabs / 30 days), PA
diazepam CONC	1	QL (240 mL / 30 days), PA
diazepam SOLN	1	QL (1200 mL / 30 days), PA
diazepam TABS	1	QL (120 tabs / 30 days), PA
DIAZEPAM GEL	1	
diazepam inj	1	
dilantin	2	
DILANTIN-125 SUS 125/5ML	2	
divalproex sodium	1	
epitol	1	
ethosuximide CAPS; SOLN	1	
felbamate SUSP	2	
felbamate TABS 400mg	1	
felbamate 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
gabapentin CAPS 100mg	1	QL (1080 caps / 30 days)
gabapentin CAPS 300mg	1	QL (360 caps / 30 days)
gabapentin CAPS 400mg	1	QL (270 caps / 30 days)
gabapentin SOLN	1	QL (2160 mL / 30 days)
gabapentin TABS 600mg	1	QL (180 tabs / 30 days)
gabapentin TABS 800mg	1	QL (120 tabs / 30 days)
GABITRIL 12mg, 16mg	2	
lamotrigine CHEW; TABS; TB24	1	
levetiracetam 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
oxcarbazepine	1	
PEGANONE	2	
phenobarbital ELIX; TABS	1	PA
PHENOBARBITAL SODIUM 65mg/ml	1	PA
phenobarbital sodium 130mg/ml	1	PA
phenytek	2	
phenytoin CHEW; SUSP	1	
phenytoin sodium SOLN	1	
phenytoin sodium extended	1	
POTIGA	2	
primidone 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	
tiagabine hcl	1	
topiramate CPSP; TABS	1	
TRILEPTAL SUSP	2	
valproate sodium SOLN; SYRP	1	
valproic acid 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)
zonisamide	1	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
ARICEPT 23mg	2	
donepezil hydrochloride TABS 5mg	1	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg, 23mg	1	
donepezil hydrochloride TBDP 5mg	1	QL (30 tabs / 30 days)
donepezil hydrochloride TBDP 10mg	1	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr	2	QL (30 ptch / 30 days)
EXELON SOLN	2	
galantamine hydrobromide CP24 8mg, 16mg	1	QL (30 caps / 30 days)
galantamine hydrobromide CP24 24mg	1	

Drug Name	Drug Tier	Requirements/Limits
galantamine hydrobromide SOLN	1	
galantamine hydrobromide TABS 4mg	1	QL (180 tabs / 30 days)
galantamine hydrobromide TABS 8mg	1	QL (90 tabs / 30 days)
galantamine hydrobromide TABS 12mg	1	
NAMENDA SOLN	2	
NAMENDA TABS 5mg	2	QL (60 tabs / 30 days)
NAMENDA TABS 10mg	2	
NAMENDA TITRATION PAK	2	
rivastigmine tartrate 1.5mg, 3mg, 6mg	1	
rivastigmine tartrate 4.5mg	1	QL (60 caps / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl TABS	1	PA
amoxapine tab 25mg	1	
amoxapine tab 50mg	1	
amoxapine tab 100mg	1	
amoxapine tab 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)
budeprion	1	
bupropion hcl TABS	1	
bupropion hcl TB12	1	
bupropion hcl TB24 150mg	1	QL (90 ea / 30 days)
bupropion hcl TB24 300mg	1	QL (30 ea / 30 days)
citalopram hydrobromide SOLN	1	QL (600 mL / 30 days)
citalopram hydrobromide TABS 10mg, 20mg	1	QL (45 tabs / 30 days)
citalopram hydrobromide TABS 40mg	1	QL (30 tabs / 30 days)
clomipramine hcl CAPS	1	PA
CYMBALTA	2	QL (60 caps / 30 days)
desipramine hcl TABS	1	
doxepin hcl CAPS; CONC	1	PA
duloxetine hcl	1	QL (60 ea / 30 days)
EMSAM	2	QL (30 ptch / 30 days), PA
escitalopram oxalate SOLN	1	QL (600 mL / 30 days)
escitalopram oxalate TABS 5mg, 10mg	1	QL (45 tabs / 30 days)
escitalopram oxalate 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	
fluoxetine hcl CAPS 10mg	1	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
fluoxetine hcl CAPS 20mg	1	QL (120 caps / 30 days)
fluoxetine hcl CAPS 40mg	1	QL (60 caps / 30 days)
fluoxetine hcl SOLN	1	QL (600 mL / 30 days)
fluoxetine hcl TABS 10mg	1	QL (45 tabs / 30 days)
fluoxetine hcl TABS 20mg	1	QL (120 tabs / 30 days)
FORFIVO XL	2	
imipramine hcl TABS	1	PA
maprotiline hcl	1	
MARPLAN	2	
mirtazapine TABS 7.5mg, 15mg	1	QL (45 tabs / 30 days)
mirtazapine TABS 30mg, 45mg	1	
mirtazapine TBDP 15mg	1	QL (30 tabs / 30 days)
mirtazapine TBDP 30mg, 45mg	1	
nefazodone hcl	1	
nortriptyline hcl CAPS; SOLN	1	
paroxetine hcl 10mg, 20mg, 40mg	1	QL (45 tabs / 30 days)
paroxetine hcl 30mg	1	QL (60 tabs / 30 days)
paroxetine hcl er 12.5mg	1	QL (30 tabs / 30 days)
paroxetine hcl er 25mg	1	QL (90 tabs / 30 days)
paroxetine hcl er 37.5mg	1	QL (60 tabs / 30 days)
PAXIL SUSP	2	QL (900 mL / 30 days)
phenelzine sulfate TABS	1	
PRISTIQ	2	QL (30 tabs / 30 days)
protriptyline hcl	1	
sertraline hcl CONC	1	
sertraline hcl TABS 25mg, 50mg	1	QL (45 tabs / 30 days)
sertraline hcl TABS 100mg	1	
SURMONTIL	2	PA
tranylcypromine sulfate	1	
trazodone hcl TABS 50mg, 100mg, 150mg	1	
trimipramine maleate	1	PA
venlafaxine hcl CP24 37.5mg, 75mg	1	QL (30 caps / 30 days)
venlafaxine hcl CP24 150mg	1	QL (60 caps / 30 days)
venlafaxine hcl TABS	1	
VIIBRYD KIT	2	
VIIBRYD TABS	2	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl CAPS; SYRP; TABS	1	
APOKYN	2	NM, LA, PA
AZILECT	2	
benztropine mesylate SOLN	1	
benztropine mesylate TABS	1	PA

Drug Name	Drug Tier	Requirements/Limits
bromocriptine mesylate CAPS; TABS	1	
carbidopa-levodopa	1	
CARBIDOPA/LEVODOPA/ENTACA	1	
entacapone	1	
LODOSYN	2	
NEUPRO	2	
pramipexole dihydrochloride	1	
ropinirole hydrochloride TABS	1	
selegiline hcl 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
chlorpromazine hcl SOLN	2	
chlorpromazine hcl TABS	1	
clozapine 25mg, 50mg	1	
clozapine 100mg	1	QL (270 tabs / 30 days)
clozapine 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
fluphenazine decanoate SOLN	1	
fluphenazine hcl	1	
GEODON SOLR	2	QL (6 mL / 3 days)
haloperidol TABS	1	
haloperidol decanoate SOLN	1	
haloperidol lactate	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)
loxapine succinate	1	
olanzapine SOLR	1	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 7.5mg	1	QL (30 tabs / 30 days)
olanzapine TABS 10mg, 15mg, 20mg	1	QL (60 tabs / 30 days)
olanzapine TBDP 5mg	1	QL (30 tabs / 30 days)
olanzapine TBDP 10mg, 15mg	1	QL (60 tabs / 30 days)
olanzapine TBDP 20mg	2	QL (60 tabs / 30 days)
ORAP	2	
perphenazine TABS	1	
quetiapine fumarate	1	QL (90 tabs / 30 days)
RISPERDAL CONSTA	2	QL (2 inj / 28 days), PA
risperidone SOLN	1	QL (240 mL / 30 days)
risperidone TABS 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
risperidone TABS 4mg	1	QL (120 tabs / 30 days)
risperidone TABS .25mg, .5mg	1	QL (90 tabs / 30 days)
risperidone TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
risperidone TBDP 4mg	1	QL (120 tabs / 30 days)
risperidone 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)
thioridazine hcl TABS	1	PA
thiothixene	1	
trifluoperazine hcl	1	
VERSACLOZ	2	QL (600 ML / 30 days)
ziprasidone hcl 20mg, 40mg	1	QL (60 caps / 30 days)
ziprasidone hcl 60mg, 80mg	1	QL (90 caps / 30 days)
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
amphetamine-dextroamphetamine cap sr 24hr 5 mg	1	QL (90 ea / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 10 mg	1	QL (90 ea / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 15 mg	1	QL (30 ea / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 20 mg	1	QL (30 ea / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 25 mg	1	QL (30 ea / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 30 mg	1	QL (30 ea / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SUMATRIPTAN SUCCINATE INJ 4mg/0.5ml	1	QL (4 mL / 30 days)
sumatriptan succinate inj 6mg/0.5ml	1	QL (4 mL / 30 days)
zolmitriptan	1	QL (12 tabs per 30 days)
zolmitriptan odt	1	QL (12 tabs per 30 days)
MISCELLANEOUS		
lithium carbonate CAPS; TABS	1	
lithium carbonate er	1	
LITHIUM CITRATE	2	
MESTINON SYRP	2	
MESTINON TIMESPAN	2	
NUEDEXTA	2	QL (60 caps / 30 days), PA
pyridostigmine bromide TABS	1	
REGONOL	2	
RILUTEK	2	
riluzole	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
baclofen TABS	1	
dantrolene sodium CAPS	1	
tizanidine hcl TABS	1	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
modafinil 100mg	1	QL (30 tabs / 30 days), PA
modafinil 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		
acamprosate calcium	1	
buprenorphine hcl SUBL	1	PA
buprenorphine hcl-naloxone hcl dihydrate sl	1	QL (120 ea / 30 days), PA
buproban	1	
CAMPRAL	2	
CHANTIX	2	QL (336 tabs / year), PA
CHANTIX STARTER PACK	2	QL (106 tabs / year), PA
disulfiram TABS	1	
naloxone hcl SOLN	1	
naltrexone hcl TABS	1	
nicotine patch	5	NM; *
nicotine polacrilex 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
androxy	2	PA
oxandrolone TABS	1	PA
TESTIM	2	QL (300 gm / 30 days), PA
testosterone cypionate OIL	1	

Drug Name	Drug Tier	Requirements/Limits
testosterone enanthate 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		
acarbose	1	
glimepiride 1mg	1	QL (240 tabs / 30 days)
glimepiride 2mg	1	QL (120 tabs / 30 days)
glimepiride 4mg	1	QL (60 tabs / 30 days)
glip/metform tab 2.5-250m	1	QL (240 tabs / 30 days)
glip/metform tab 2.5-500m	1	QL (120 tabs / 30 days)
glip/metform tab 5-500mg	1	QL (120 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg	1	QL (240 tabs / 30 days)
glipizide TB24 5mg	1	QL (120 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glyb/metform tab 1.25-250	1	QL (240 tabs / 30 days), PA
glyb/metform tab 2.5-500	1	QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
glyb/metform tab 5-500mg	1	QL (120 tabs / 30 days), PA
glyburide 1.25mg	1	QL (480 tabs / 30 days), PA
glyburide 2.5mg	1	QL (240 tabs / 30 days), PA
glyburide 5mg	1	QL (120 tabs / 30 days), PA
glyburide micronized 1.5mg	1	QL (240 tabs / 30 days), PA
glyburide micronized 3mg	1	QL (120 tabs / 30 days), PA
glyburide micronized 6mg	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)
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days)
metformin hcl TB24 750mg	1	QL (60 tabs / 30 days)
nateglinide	1	QL (90 tabs / 30 days)
pioglitazone hcl	1	QL (30 tabs / 30 days)
pioglitazone hcl-glimepiride	1	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl	1	QL (90 tabs / 30 days)
repaglinide 2mg	1	QL (240 tabs / 30 days)
repaglinide .5mg, 1mg	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		
alendronate sodium TABS 5mg, 10mg, 40mg	1	
alendronate sodium TABS 35mg, 70mg	1	QL (4 tabs / 28 days)
ibandronate sodium TABS	1	B/D, QL (1 tab / 30 days)
pamidronate disodium SOLN	1	B/D
zoledronic inj 4mg/5ml	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		
CHEMET	2	
EXJADE	2	NM, LA, PA
kionex	1	
sodium polystyrene sulfonate	1	
sps susp 15gm/60ml	1	
SYPRINE	2	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
altavera	1	
apri 28 day	1	
aranelle 28	1	
aviane 28	1	
balziva 28 day	1	
briellyn 28 day	1	
camila 28 day	1	
cryselle 28	1	
cyclafem 1/35 28 day	1	
cyclafem 7/7/7 28 day	1	
drospirenone-ethinyl estradiol	1	
ELLA	2	
emoquette	1	
enpresse 28 day	1	
errin 28 day	1	
GIANVI	1	
gildagia	1	
heather	1	
introvale 91 day	1	
JOLIVETTE	1	
junel 1.5/30 21 day	1	
junel 1/20 21 day	1	
junel fe 1.5/30 28 day	1	
junel fe 1/20 28 day	1	
kariva 28 day	1	
kelnor 1/35 28 day	1	
LEENA	1	
lessina 28 day	1	
levonest 28 day	1	

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

Drug Name	Drug Tier	Requirements/Limits
SOLIA	1	
sprintec 28 day	1	
sronyx	1	
tri-legest 28 day	1	
tri-previfem 28 day	1	
tri-sprintec 28 day	1	
TRINESSA	1	
trivora 28 day	1	
velivet 28 day	1	
vestura	1	
viorele	1	
vyfemla	1	
zarah	1	
zenchent 28 day	1	
zovia 1/35e 28 day	1	
zovia 1/50e 28 day	1	
ENDOMETRIOSIS		
danazol CAPS	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
levocarnitine (metabolic modifiers)	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
sodium phenylbutyrate	2	NM
VPRIV	2	NM, PA
ZAVESCA	2	NM, LA, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
COMBIPATCH	2	PA
estradiol PTWK; TABS	1	PA

Drug Name	Drug Tier	Requirements/Limits
ESTRADIOL VALERATE OIL 10mg/ml	1	
estradiol valerate OIL 20mg/ml, 40mg/ml	1	
menest	2	PA
PREMARIN CREAM	2	
VAGIFEM	2	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
a-hydrocort	1	
cortisone acetate TABS	1	
dexamethasone CONC; ELIX; SOLN; TABS	1	
dexamethasone sodium phosphate	1	
fludrocortisone acetate TABS	1	
hydrocortisone TABS	1	
methylprednisolone TABS	1	
methylprednisolone acetate	1	
methylprednisolone sod succ	1	
methylprednisolone tab 4mg dose pack	1	
prednisolone	1	
prednisolone sodium phosphate	1	
prednisone CONC	2	
prednisone SOLN; TABS	1	
SOLU-CORTEF 250mg	2	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
glucose chew tab	5	NM; *
glucose gel 40%	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		
cabergoline	1	
calcitonin (salmon)	1	
FORTICAL	2	
INCRELEX	2	NM, LA, PA
methylergonovine maleate TABS	1	
octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml	1	NM, PA
octreotide acetate 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
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
calcium acetate (phosphate binder)	1	
FOSRENOL	2	
PHOSLYRA	2	
RENVELA	2	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
medroxyprogesterone acetate tab	1	
norethindrone acetate TABS	1	
SELECTIVE ESTROGEN RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS		
EVISTA	2	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
levothyroxine sodium TABS	1	
LEVOXYL	1	
liothyronine sodium TABS	1	
methimazole TABS	1	
propylthiouracil TABS	1	
SYNTHROID	2	
UNITHROID	1	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
desmopressin acetate spray	1	
desmopressin acetate spray refrigerated	1	
desmopressin acetate tabs	1	
desmopressin inj 4mcg/ml	1	
DESMOPRESSIN SOL 0.01%	1	
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
alum & mag hydrox-simethicone	5	NM; *
ALUMINUM HYDROXIDE	5	NM; *
aluminum hydroxide-mag carb	5	NM; *

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

Drug Name	Drug Tier	Requirements/Limits
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
famotidine SUSR	1	
famotidine TABS 10mg	5	NM; *
famotidine TABS 20mg, 40mg	1	
famotidine inj	1	
ranitidine hcl SOLN	1	
ranitidine hcl TABS 75mg	5	NM; *
ranitidine hcl TABS 150mg, 300mg	1	
ranitidine hcl inj	1	
ranitidine syrup	1	
INFLAMMATORY BOWEL DISEASE		
APRISO	2	
ASACOL HD	2	
balsalazide disodium	1	
budesonide ec	2	
CANASA	2	
colocort	1	
DELZICOL	2	
DIPENTUM	2	
HYDROCORTISONE (INTRARECTAL)	1	
LIALDA	2	
mesalamine ENEM	1	
mesalamine w/ cleanser	1	
PENTASA	2	
sulfasalazine TABS	1	
sulfasalazine ec	1	
UCERIS	2	
LAXATIVES		
BENEFIBER POWD	5	NM; *
bisacodyl SUPP; TBEC	5	NM; *
calcium polycarbophil (fiber laxative)	5	NM; *
constulose	1	
docusate calcium	5	NM; *
docusate sodium CAPS; LIQD; SYRP; TABS	5	NM; *
enulose	1	
gaviltye-g	1	
gavilyte-c	1	
gavilyte-n	1	
generlac	1	
glycerin (laxative)	5	NM; *
GOLYTELY	2	

Drug Name	Drug Tier	Requirements/Limits
HALFLYTELY BOWEL PREP/FLA	2	
KONSYL-D	5	NM; *
lactulose	1	
lactulose (encephalopathy)	1	
magnesium hydroxide SUSP	5	NM; *
methylcellulose (laxative)	5	NM; *
MOVIPREP	2	
NULYTELY/FLAVOR PACKS	2	
NUTRISOURCE FIBER POWD	5	NM; *
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	1	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	1	
PEG 3350/ELECTROLYTES	1	
polyethylene glycol 3350 PACK; POWD	1	
psyllium	5	NM; *
RELISTOR	2	PA
SENNA TABS	5	NM; *
sennosides	5	NM; *
sennosides-docusate sodium	5	NM; *
sodium phosphates	5	NM; *
SUPREP BOWEL PREP	2	
trilyte	1	
MISCELLANEOUS		
AMITIZA CAP 8MCG	2	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	2	QL (60 caps / 30 days)
amoxicillin-clarithromycin w/ lansoprazole	1	
CARAFATE SUSP	2	
cromolyn sodium (mastocytosis)	2	
diphenoxylate w/ atropine	1	PA
LINZESS CAP 145MCG	2	QL (60 caps / 30 days)
LINZESS CAP 290MCG	2	QL (30 caps / 30 days)
loperamide hcl CAPS	1	
LOTRONEX	2	PA
misoprostol TABS	1	
PREVPAC	2	
PYLERA	2	
SUCRAID	2	
sucralfate TABS	1	
ursodiol 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)
esomeprazole inj	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	
omeprazole CPDR 10mg, 40mg	1	QL (30 caps / 30 days)
omeprazole CPDR 20mg	1	QL (60 caps / 30 days)
pantoprazole sodium TBEC	1	QL (30 ea / 30 days)
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl	1	QL (30 tabs / 30 days)
AVODART	2	QL (30 caps / 30 days)
finasteride TABS 5mg	1	QL (30 tabs / 30 days)
JALYN	2	QL (30 caps / 30 days)
tamsulosin hcl	1	QL (60 caps / 30 days)
MISCELLANEOUS		
bethanechol chloride TABS	1	
ELMIRON	2	
POTASSIUM CITRATE (ALKALINIZER)	1	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
DETROL LA	2	QL (30 caps / 30 days)
oxybutynin chloride SYRP	1	
oxybutynin chloride TABS	1	
oxybutynin chloride TB24 5mg	1	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
tolterodine tartrate cap er	1	QL (30 ea / 30 days)
tolterodine tartrate tabs	1	
TOVIAZ	2	QL (30 tabs / 30 days)
trospium chloride TABS	1	QL (60 tabs / 30 days)
VESICARE	2	QL (30 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP	2	
clindamycin phosphate vaginal	1	
clotrimazole vaginal	5	NM; *

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

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

COUMADIN TABS	2	
ELIQUIS	2	
enoxaparin sodium 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 300mg/3ml	1	
enoxaparin sodium 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
fondaparinux sodium 2.5mg/0.5ml	1	
fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	2	
heparin sod inj 1000/ml	1	B/D
HEPARIN SOD INJ 2000/ML	2	B/D
HEPARIN SOD INJ 2500/ML	2	B/D
heparin sod inj 5000/ml	1	B/D
heparin sod inj 10000/ml	1	B/D
heparin sod inj 20000/ml	1	B/D
HEPARIN SODIUM/D5W	2	
HEPARIN SODIUM/NACL 0.45%	2	
HEPARIN SODIUM/SODIUM CHL	2	
jantoven	1	
PRADAXA	2	
warfarin sodium	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		
ferrous sulfate ELIX	5	NM; *
ferrous sulfate LIQD	5	NM; *
ferrous sulfate TABS 200mg, 325mg	5	NM; *
ferrous sulfate TBEC	5	NM; *
MISCELLANEOUS		
anagrelide hcl	1	PA
cilostazol	1	
pentoxifylline TBCR	1	
PROMACTA 12.5mg, 25mg, 50mg	2	NM, LA, PA
PROMACTA 75mg	2	QL (30 tabs / 30 days), NM, LA, PA
tranexamic acid SOLN; TABS	1	
PLATELET AGGREGATION INHIBITORS		
AGGRENOX	2	
BRILINTA	2	
clopidogrel bisulfate 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
hydroxychloroquine sulfate	1	
leflunomide TABS	1	
methotrexate sodium tabs	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		
azathioprine TABS	1	B/D
azathioprine sodium	1	B/D
CELLCEPT SUSR	2	B/D
cyclosporine CAPS; SOLN	1	B/D
cyclosporine modified (for microemulsion)	1	B/D
gengraf	1	B/D
mycophenolate mofetil	1	B/D
mycophenolate sodium 180mg	1	B/D
mycophenolate sodium 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
sirolimus tab 0.5mg	1	B/D
tacrolimus CAPS 5mg	2	B/D
tacrolimus 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
ENGERIX-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	
klor-con m15	1	
klor-con m20	1	

Drug Name	Drug Tier	Requirements/Limits
klor-con pow 20meq	1	
MAGNESIUM SULFATE SOLN	2	
MAGNESIUM SULFATE IN D5W	2	
magnesium sulfate inj 50%	1	
oral electrolytes	5	NM; *
potassium chloride CPCR	1	
potassium chloride LIQD	1	
POTASSIUM CHLORIDE ER 10meq	1	
potassium chloride microencapsulated crystals cr	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
clinisol 15	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
hepatasol 8	1	B/D
INTRALIPID INJ 20%	2	B/D
INTRALIPID INJ 30%	2	B/D
NEPHRAMINE	2	B/D
premasol	1	B/D
premasol	2	B/D
PROCALAMINE	2	B/D
PROSOL	2	B/D
travasol 10	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	
dextrose inj 70%	1	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
ISOLYTE P	2	
isolyte s	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	
normosol-m	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	
potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/50ml, 40meq/100ml	1	
POTASSIUM CHLORIDE 0.15%	1	
POTASSIUM CHLORIDE 0.22%	1	
potassium chloride in nacl	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		
calcitriol CAPS	1	B/D
calcitriol inj	1	B/D
calcitriol oral soln 1 mcg/ml	1	B/D
paricalcitol	1	B/D
paricalcitol cap 4 mcg	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		
bacitracin-poly-neomycin-hc	1	
blephamide OINT	2	
neomycin-polymy-dexameth	1	
neomycin-polymyxin-hc (ophth)	1	
sulfacetamide sod-prednisolone	1	
TOBRADEX OINT	2	
TOBRADEX ST	2	
tobramycin-dexamethasone	1	
ZYLET	2	

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

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

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

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD

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

ANTICHOLINERGICS - DRUGS TO TREAT COPD

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

ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES

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

BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD

albuterol sulfate NEBU	1	B/D
albuterol sulfate SYRP; TABS; TB12	1	
FORADIL AEROLIZER	2	QL (60 caps / 30 days)
levalbuterol conc 1.25mg/0.5ml	1	B/D
PERFOROMIST	2	B/D
PROAIR HFA	2	QL (2 inhalers / 30 days)
SEREVENT DISKUS	2	QL (1 inhaler / 30 days)
terbutaline sulfate 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
montelukast sodium CHEW; PACK; TABS	1	
zafirlukast	1	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
cromolyn sodium nebu	1	B/D
MISCELLANEOUS		
acetylcysteine 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
saline .65%	5	NM; *
XOLAIR	2	NM, LA, PA
ZEMAIRA	2	NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
flunisolide (nasal)	1	QL (2 bottles / 30 days)
flunisolide nasal soln 29 mcg/act (0.025%)	1	QL (2 bottles / 30 days)
fluticasone propionate (nasal)	1	QL (1 bottle / 30 days)
NASONEX	2	QL (2 bottles / 30 days)
triamcinolone acetonide (nasal)	1	QL (1 bottle / 30 days)
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ASMANEX	2	QL (2 inhalers / 30 days)
ASMANEX 14 METERED DOSES	2	QL (2 inhalers per 30 days)
budesonide (inhalation)	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		
aminophylline inj	1	
elixophyllin	2	
theo-24	2	
theophylline TB12; TB24	1	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
adapalene	1	
amnesteem	1	
AVITA	1	
benzoyl peroxide-erythromycin	1	
claravis	1	
clindamycin phosphate (topical) GEL; LOTN; SOLN; SWAB	1	
ery pad 2%	1	
erythromycin (acne aid)	1	
myorisan	1	
sulfacetamide sodium (acne)	1	
tretinoin CREA; GEL	1	
zenatane	1	
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC	2	
diclofenac sodium (actinic keratoses)	1	PA
fluorouracil (topical)	1	
SOLARAZE	2	PA
DERMATOLOGY, ANTIBIOTICS		
bacitracin (topical)	5	NM; *
bacitracin zinc OINT	5	NM; *
bacitracin-polymyxin b	5	NM; *
gentamicin sulfate (topical)	1	
mafenide acetate PACK	1	
mupirocin OINT	1	
neomycin-bacitracin-polymyxin	5	NM; *
neomycin-bacitracin-polymyxin-pramoxine	5	NM; *
neomycin-polymyxin w/ pramoxine	5	NM; *
SILVER SULFADIAZINE CREA	1	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
pyrethrins-piperonyl butoxide	5	NM; *
DERMATOLOGY, WOUND CARE AGENTS		
acetic acid .25%	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		
cevimeline hcl	1	
chlorhexidine gluconate (mouth-throat)	1	
clotrimazole TROC	1	
lidocaine hcl (mouth-throat)	1	
nystatin (mouth-throat)	1	
periogard	1	
pilocarpine hcl (oral)	1	
triamcinolone acetonide (mouth)	1	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
acetic acid (otic)	1	
acetic acid-aluminum acetate	1	
carbamide peroxide (otic)	5	NM; *
CIPRODEX	2	
fluocinolone acetonide (otic)	1	
neomycin-polymyxin-hc (otic)	1	
ofloxacin (otic)	1	

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Your Extended Family.

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