



Medicare Advantage Prescription Drug Plans
HMO-POS / PPO

2012 Part D Abridged Formulary (LIST OF COVERED DRUGS)

HealthPlus MedicarePlus Advantage HMO-POS /PPO

Please read: This document contains information about the drugs we cover in this plan.

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

This document includes HealthPlus MedicarePlus partial formulary as of May 2012. For a complete, updated formulary, please visit our Web site at www.healthplus.org/medicare12.aspx or call 1-800-332-9161, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users should call 1-800-992-5070.

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

HealthPlus MedicarePlus is a health plan with a Medicare contract.
For material in an alternate format or language call 1-800-332-9161.

H2354_Abridged Frmly 2012; File & Use 05/01/2011;Formulary ID 12277;V11
H1595_Abridged Fmrlly 2012; File & Use 05/01/2011;Formulary ID 12277;V11

What is the HealthPlus MedicarePlus Formulary?

A formulary is a list of covered drugs selected by HealthPlus MedicarePlus in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. HealthPlus MedicarePlus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a HealthPlus MedicarePlus network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered by HealthPlus MedicarePlus. For a complete listing of all prescription drugs covered by HealthPlus MedicarePlus, please visit our Web site at www.healthplus.org/medicare12.aspx or call 1-800-332-9161, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users should call 1-800-992-5070.

Can the Formulary change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of May 2012. To get updated information about the drugs covered by HealthPlus MedicarePlus, please visit our Web site at www.healthplus.org/medicare12.aspx or call Customer Service at 1-800-332-9161, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users should call 1-800-992-5070.

HealthPlus MedicarePlus will post an errata sheet along with the corresponding monthly formulary update on the HealthPlus website in the event that a mid-year non-maintenance formulary change occurs.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 9. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 40. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

HealthPlus MedicarePlus covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** HealthPlus MedicarePlus requires you, or your physician to get prior authorization for certain drugs. This means that you will need to get approval from HealthPlus MedicarePlus before you fill your prescriptions. If you don't get approval, HealthPlus MedicarePlus may not cover the drug.
- **Quantity Limits:** For certain drugs, HealthPlus MedicarePlus limits the amount of the drug that HealthPlus MedicarePlus will cover. For example, HealthPlus MedicarePlus provides 60 capsules per 30 days per prescription for Celebrex. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, HealthPlus MedicarePlus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, HealthPlus MedicarePlus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthPlus MedicarePlus will then cover Drug B.

You can find out if your drug has any additional requirements, or limits by looking in the formulary that begins on page 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.healthplus.org/medicare12.aspx.

You can ask HealthPlus MedicarePlus to make an exception to these restrictions or limits. See the section, "How do I request an exception to the HealthPlus MedicarePlus formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this list of covered drugs, you should first contact Customer Service and ask if your drug is covered. This document includes only a partial list of covered drugs, so HealthPlus MedicarePlus may cover your drug. You can contact Customer Service at 1-800-332-9161, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users should call 1-800-992-5070.

If you learn that HealthPlus MedicarePlus does not cover your drug, you have two options:

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

How do I request an exception to the HealthPlus MedicarePlus Formulary?

You can ask HealthPlus MedicarePlus to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, HealthPlus MedicarePlus limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

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

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

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

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

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

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

At HealthPlus MedicarePlus, our goal is to ensure that members receive clinically appropriate medications at the right cost. A Transition Process is used to provide a temporary supply of medications. Your cost share will be the same as the cost share you would pay for your drug when not in Transition.

HealthPlus MedicarePlus has an "open" formulary, which means that all prescription drugs covered under the Medicare's Part D are a covered benefit (unless noted in the HealthPlus MedicarePlus Evidence of Coverage or Summary of Benefits). Special utilization management programs such as prior authorization (PA), step therapy (ST) and quantity limits (QL) may apply to some Part D drugs.

HealthPlus MedicarePlus' Transition Process includes coverage for:

- New members on January 1, following the annual coordinated election period
- Newly eligible Medicare members from other coverage who enroll in a HealthPlus MedicarePlus plan
- Individuals who switch from one Part D plan to a HealthPlus MedicarePlus plan after the start of the contract year
- Members residing in long-term care (LTC) facilities
- In some cases, current members affected by formulary changes from one contract year to the next

The Part D transition process does not apply to HealthPlus Medicare members who switch from one

HealthPlus MedicarePlus plan to another.

In addition to the Part D Transition Process, HealthPlus MedicarePlus offers a “7-Day Starter Dose.” This program allows HealthPlus MedicarePlus network pharmacies to dispense a starter dose for up to 7 days (with no member copayment) for any Part D medication that is restricted under a utilization management program.

If the prescribing physician is unavailable for consult, the pharmacy may also dispense up to a 7-day starter dose to initiate care for the member. Such overrides are monitored and subject to audits.

For more information

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

If you have questions about HealthPlus MedicarePlus, please call Customer Service at 1-800-332-9161, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users should call 1-800-992-5070. Or visit www.healthplus.org/medicare12.aspx.

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

HealthPlus MedicarePlus’ Formulary

The abridged formulary that begins on page 9 provides coverage information about some of the drugs covered by HealthPlus MedicarePlus. If you have trouble finding your drug in the list, turn to the Index that begins on page 40. Remember: This is only a partial list of drugs covered by HealthPlus MedicarePlus. If your prescription is not in this partial formulary, please visit our Web site at www.healthplus.org/medicare12.aspx or call Customer Service at 1-800-332-9161, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users should call 1-800-992-5070 for additional help.

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

The following table explains the different levels of cost sharing for drugs depending on their tier placement in the Drug Tier column starting on page 9.

	HealthPlus MedicarePlus Advantage HMO-POS Option 1	HealthPlus MedicarePlus Advantage HMO-POS Option 2	HealthPlus MedicarePlus Advantage HMO-POS Option 3	HealthPlus MedicarePlus Advantage PPO Basic	HealthPlus MedicarePlus Advantage PPO Enhanced
	HMO-POS	HMO-POS	HMO-POS	PPO	PPO
Tier 1 One Month	\$7	\$6	\$6	\$7	\$6
Tier 1 Three Months	\$14	\$12	\$12	\$14	\$12
Tier 2 One Month	\$39	\$35	\$33	\$39	\$35
Tier 2 Three Months	\$78	\$70	\$66	\$78	\$70
Tier 3 One Month	\$74	\$70	\$64	\$74	\$70
Tier 3 Three Months	\$148	\$140	\$128	\$148	\$140
Tier 4	25%	25%	25%	25%	25%

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

The following table explains the abbreviations used in the Requirements/Limits column starting on page 9.

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
<i>PA</i>	<i>Prior Authorization Restriction</i>	<i>You (or your physician) are required to get prior authorization from HealthPlus MedicarePlus before you fill your prescription for this drug. Without prior approval, HealthPlus MedicarePlus may not cover this drug.</i>
<i>QL</i>	<i>Quantity Limit Restriction</i>	<i>HealthPlus MedicarePlus limits the amount of this drug that is covered per prescription, or within a specific time frame.</i>
<i>ST</i>	<i>Step Therapy Restriction</i>	<i>Before HealthPlus MedicarePlus will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.</i>
Other Special Requirements for Coverage		
<i>B/D</i>	<i>B vs. D Drug</i>	<i>This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.</i>
<i>CB</i>	<i>Capped Benefit Limit</i>	<i>This prescription drug has a capped benefit limit.</i>
<i>ED</i>	<i>Excluded Part D Drug</i>	<i>This prescription drug is not normally covered in a Medicare Prescription Drug Plan. 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 this drug.</i>
<i>LA</i>	<i>Limited Access Drug</i>	<i>This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-332-9161, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users should call 1-800-992-5070.</i>
<i>GC</i>	<i>Gap Coverage</i>	<i>We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.</i>
<i>MO</i>	<i>Mail Order Drug</i>	<i>This prescription drug is available through a mail-order service</i>
<i>HI</i>	<i>Home Infusion Drug</i>	<i>This prescription drug is covered under our medical benefit. For more information, call Customer Service at 1-800-332-9161, seven days a week, 8 a.m. to 8</i>

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>ketorolac tromethamine</i>	1	
<i>mefenamic acid</i>	1	
PENNSAID	2	
VIMOVO	2	QL (60 EA per 30 days)
VOLTAREN	2	
<i>Opioid Analgesics</i>		
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	1	
<i>acetaminophen/codeine</i>	1	
<i>acetaminophen/codeine #3</i>	1	
<i>ascomp/codeine</i>	1	
<i>astramorph</i>	1	HI
<i>buprenorphine hcl</i>	1	
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	
<i>butorphanol tartrate injection</i>	1	
<i>butorphanol tartrate nasal solution</i>	1	QL (10 ML per 30 days)
<i>co-gesic</i>	1	
<i>codeine sulfate</i>	1	
DILAUDID-5	2	
<i>duramorph</i>	1	HI
<i>endocet</i>	1	
<i>endodan</i>	1	
<i>fentanyl</i>	1	QL (10 EA per 30 days)
<i>fentanyl citrate</i>	1	HI
<i>fentanyl citrate oral transmucosal</i>	1	QL (120 EA per 30 days) PA
<i>hydrocodone bitartrate/acetaminophen tablet 750mg; 10mg</i>	1	
<i>hydrocodone/acetaminophen</i>	1	
<i>hydrocodone/ibuprofen</i>	1	
<i>hydromorphone hcl</i>	1	
INFUMORPH 200	2	HI
INFUMORPH 500	2	HI
KADIAN	2	QL (60 EA per 30 days)
<i>levorphanol tartrate</i>	1	
<i>margesic-h</i>	1	
<i>meperidine hcl oral solution, tablet</i>	1	
<i>meperidine hcl injection 100mg/ml, 25mg/ml, 50mg/ml</i>	1	
<i>meperidine hcl injection 10mg/ml</i>	1	HI
<i>methadone hcl</i>	1	
<i>methadose</i>	1	
<i>morphine sulfate er tablet extended release 12 hour</i>	1	QL (90 EA per 30 days)
<i>morphine sulfate oral solution, tablet</i>	1	
<i>morphine sulfate injection</i>	1	HI
<i>nalbuphine hcl</i>	1	
OPANA ER	2	QL (60 EA per 30 days)
<i>oxycodone hcl tablet</i>	1	
<i>oxycodone/acetaminophen</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone/aspirin tablet 325mg; 4.835mg</i>	1	
<i>oxycodone/ibuprofen</i>	1	QL (28 EA per 7 days)
<i>oxymorphone hydrochloride</i>	1	QL (240 EA per 30 days)
<i>pentazocine/acetaminophen</i>	1	
<i>pentazocine/naloxone hcl</i>	1	
<i>reprexain tablet 10mg; 200mg</i>	1	
ROXICET SOLUTION	2	
<i>roxicet tablet 325mg; 5mg</i>	1	
<i>stagesic</i>	1	
<i>tramadol hcl</i>	1	QL (240 EA per 30 days)
<i>tramadol hcl er tablet extended release 24 hour 100mg, 200mg</i>	1	QL (30 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	1	QL (240 EA per 30 days)
<i>vicodin hp</i>	1	
<i>zerlor</i>	1	
Anesthetics		
Local Anesthetics		
<i>lidocaine</i>	1	
<i>lidocaine hcl jelly</i>	1	
<i>lidocaine hcl gel, solution</i>	1	
<i>lidocaine/prilocaine</i>	1	
LIDODERM	2	
Anti-inflammatory Agents		
Nonsteroidal Anti-inflammatory Drugs		
CELEBREX	2	QL (60 EA per 30 days) ST
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium xr</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>fenoprofen calcium</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen</i>	1	
<i>ketoprofen er</i>	1	
<i>ketorolac tromethamine</i>	1	QL (20 EA per 5 days)
<i>meclofenamate sodium</i>	1	
<i>meloxicam</i>	1	
<i>nabumetone</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i>	1	
<i>naproxen suspension</i>	1	
<i>naproxen tablet 250mg, 375mg</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
Antibacterials		
Aminoglycosides		
<i>gentamicin sulfate cream, ointment</i>	1	
Antibacterials, Other		
ALTABAX	2	
<i>baciim</i>	1	
<i>bacitracin</i>	1	
BACTROBAN NASAL	2	
BACTROBAN CREAM	2	
<i>chloramphenicol sodium succinate</i>	1	
CLEOCIN GALAXY	2	HI
CLEOCIN IN D5W	2	HI
CLEOCIN PEDIATRIC GRANULES	2	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate add-vantage</i>	1	HI
<i>colistimethate sodium</i>	1	
CUBICIN	2	B/D HI
<i>metronidazole</i>	1	
<i>metronidazole in nacl 0.79%</i>	1	HI
<i>mupirocin</i>	1	
<i>neomycin/polymyxin b sulfates</i>	1	
<i>polymyxin b sulfate</i>	1	HI
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
SULFAMYLON	2	
<i>thermazene</i>	1	
<i>trimethoprim</i>	1	
TYGACIL	2	HI
VANCOCIN HCL	2	
<i>vancomycin hcl</i>	1	B/D HI
VIBATIV	2	HI
ZYVOX INJECTION	2	HI
ZYVOX SUSPENSION RECONSTITUTED	2	QL (1800 ML per 30 days)
ZYVOX TABLET	2	QL (60 EA per 30 days)
Beta-lactam, Cephalosporins		
<i>cefaclor</i>	1	
<i>cefaclor er</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium injection 1gm; 5%</i>	1	B/D HI
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	1	HI
<i>cefdinir</i>	1	
<i>cefepime</i>	1	HI
<i>cefotaxime sodium</i>	1	HI
<i>cefotetan</i>	1	HI
<i>cefoxitin sodium</i>	1	HI

Drug Name	Drug Tier	Requirements/Limits
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	HI
<i>ceftriaxone sodium</i>	1	HI
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium injection 750mg</i>	1	
<i>cefuroxime sodium injection 1.5gm, 7.5gm</i>	1	HI
<i>cephalexin</i>	1	
FORTAZ INJECTION 1GM/50ML; 5%, 2GM/50ML; 5%	2	HI
<i>tazicef</i>	1	HI
TEFLARO	2	HI
ZINACEF IN ISO-OSMOTIC DEXTROSE	2	B/D HI
ZINACEF IN ISO-OSMOTIC DILUENT	2	B/D HI
ZINACEF INJECTION 750MG	2	HI
<i>zinacef injection 7.5gm</i>	1	HI
Beta-lactam, Other		
AZACTAM IN ISO-OSMOTIC DEXTROSE	2	HI
<i>aztreonam</i>	1	HI
<i>meropenem</i>	1	HI
PRIMAXIN I.M.	2	
PRIMAXIN IV	2	HI
Beta-lactam, Penicillins		
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin/potassium clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	HI
<i>ampicillin-sulbactam</i>	1	HI
BICILLIN C-R	2	
BICILLIN L-A	2	
<i>dicloxacillin sodium</i>	1	
<i>naficillin sodium</i>	1	HI
NALLPEN/DEXTROSE	2	B/D HI
<i>oxacillin sodium</i>	1	HI
<i>penicillin g potassium</i>	1	HI
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	2	B/D HI
PENICILLIN G PROCAINE	2	
PENICILLIN G SODIUM	2	HI
<i>penicillin v potassium</i>	1	
<i>pfizerpen-g</i>	1	HI
<i>piperacillin sodium</i>	1	HI
<i>piperacillin sodium/tazobactam sodium injection 3gm; 0.375gm</i>	1	HI
ZOSYN INJECTION 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML	2	B/D HI

Drug Name	Drug Tier	Requirements/Limits
Macrolides		
<i>azithromycin suspension reconstituted, tablet</i>	1	
<i>azithromycin injection</i>	1	HI
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	QL (28 EA per 14 days)
<i>e.e.s. 400</i>	1	
E.E.S. GRANULES	2	
ERY-TAB	2	
ERYTHROCIN LACTOBIONATE	2	HI
<i>erythrocin stearate</i>	1	
ERYTHROMYCIN BASE	2	
KETEK	2	PA
ZMAX	2	
Quinolones		
AVELOX ABC PACK	2	
AVELOX TABLET	2	
AVELOX INJECTION	2	HI
CIPRO SUSPENSION RECONSTITUTED	3	
<i>ciprofloxacin</i>	1	HI
<i>ciprofloxacin er tablet extended release 24 hour 1000mg; 0</i>	1	QL (14 EA per 30 days)
<i>ciprofloxacin er tablet extended release 24 hour 500mg; 0</i>	1	QL (90 EA per 30 days)
<i>ciprofloxacin hcl</i>	1	
LEVAQUIN ORAL SOLUTION, TABLET	3	
LEVAQUIN INJECTION 5%; 750MG/150ML	2	HI
LEVAQUIN INJECTION 25MG/ML	3	HI
<i>ofloxacin tablet</i>	1	
Sulfonamides		
<i>erythromycin/sulfisoxazole</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	1	
<i>sulfamethoxazole/trimethoprim injection</i>	1	HI
Tetracyclines		
<i>demeclocycline hcl</i>	1	
<i>doxycycline hyclate capsule, capsule delayed release particles, tablet, tablet delayed release</i>	1	
<i>doxycycline hyclate injection</i>	1	HI
<i>doxycycline monohydrate</i>	1	
<i>minocycline hcl</i>	1	
<i>minocycline hcl er</i>	1	
<i>tetracycline hcl</i>	1	
VIBRAMYCIN SYRUP	2	
Anticonvulsants		
Anticonvulsants, Other		
BANZEL TABLET	2	
KEPPRA XR	2	
<i>levetiracetam</i>	1	
VIMPAT	2	

Drug Name	Drug Tier	Requirements/Limits
Calcium Channel Modifying Agents		
CELONTIN	2	
<i>ethosuximide</i>	1	
LYRICA	2	
<i>zonisamide</i>	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>divalproex sodium</i>	1	
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	1	
<i>gabapentin</i>	1	
GABITRIL	2	
<i>primidone</i>	1	
SABRIL	2	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
Glutamate Reducing Agents		
FELBATOL	2	
LAMICTAL ODT	2	
LAMICTAL XR	2	
<i>lamotrigine</i>	1	
<i>topiramate</i>	1	
Sodium Channel Inhibitors		
<i>carbamazepine</i>	1	
<i>carbamazepine er tablet extended release 12 hour</i>	1	
CARBATROL	2	
DILANTIN INFATABS	2	
DILANTIN CAPSULE 30MG	2	
<i>epitol</i>	1	
EQUETRO	2	
<i>fosphenytoin sodium</i>	1	
<i>oxcarbazepine</i>	1	
PEGANONE	2	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates</i>	1	
Cholinesterase Inhibitors		
ARICEPT TABLET 23MG	2	
<i>donepezil hcl</i>	1	
EXELON PATCH 24 HOUR, SOLUTION	2	
<i>galantamine hydrobromide</i>	1	
<i>rivastigmine tartrate</i>	1	
Glutamate Pathway Modifiers		
NAMENDA	2	
NAMENDA TITRATION PAK	2	

Drug Name	Drug Tier	Requirements/Limits
Antidepressants		
Antidepressants, Other		
<i>budeprion sr</i>	1	
<i>budeprion xl</i>	1	
<i>bupropion hcl</i>	1	
<i>bupropion hcl sr</i>	1	
<i>maprotiline hcl</i>	1	
<i>mirtazapine</i>	1	
<i>mirtazapine odt</i>	1	
<i>nefazodone hcl</i>	1	
<i>trazodone hcl</i>	1	
Monoamine Oxidase Inhibitors		
MARPLAN	2	
NARDIL	3	
<i>tranylcypromine sulfate</i>	1	
Serotonin/ Norepinephrine Reuptake Inhibitors		
<i>citalopram hydrobromide</i>	1	
CYMBALTA	2	
<i>fluoxetine dr</i>	1	QL (120 EA per 30 days)
<i>fluoxetine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
LEXAPRO SOLUTION	2	ST
LEXAPRO TABLET 10MG, 5MG	2	ST
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	1	
PRISTIQ	2	
SAVELLA	2	QL (60 EA per 30 days) PA
SAVELLA TITRATION PACK	2	QL (55 EA per 365 days) PA
<i>selfemra</i>	1	
<i>sertraline hcl</i>	1	
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er capsule extended release 24 hour</i>	1	
<i>venlafaxine hcl er tablet extended release 24 hour 150mg, 37.5mg, 75mg</i>	1	
Tricyclics		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>chlordiazepoxide/amitriptyline</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl</i>	1	
<i>perphenazine/amitriptyline</i>	1	
<i>protriptyline hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Antidotes, Deterrents, and Toxicologic Agents		
<i>Antidotes</i>		
RELISTOR	2	QL (18 ML per 30 days)
<i>Deterrents</i>		
ANTABUSE	2	
<i>buproban</i>	1	
CAMPRAL	2	
CHANTIX	2	
CHANTIX STARTING MONTH PAK	2	
<i>Toxicologic Agents</i>		
SUBOXONE	2	
Antiemetics		
<i>Antiemetics</i>		
<i>dronabinol</i>	1	QL (60 EA per 30 days) PA
EMEND CAPSULE 40MG	2	QL (1 EA per 30 days) B/D
EMEND CAPSULE 125MG	2	QL (2 EA per 30 days) B/D
EMEND CAPSULE 0	2	QL (6 EA per 30 days) B/D
EMEND CAPSULE 80MG	2	QL (8 EA per 30 days) B/D
<i>granisetron hcl tablet</i>	1	QL (30 EA per 30 days) B/D
<i>granisetron hcl injection</i>	1	QL (60 ML per 30 days) B/D HI
<i>hydroxyzine pamoate</i>	1	
<i>meclizine hcl</i>	1	
<i>metoclopramide hcl</i>	1	
<i>ondansetron hcl oral solution</i>	1	QL (450 ML per 30 days) B/D
<i>ondansetron hcl injection</i>	1	QL (450 ML per 30 days) B/D HI
<i>ondansetron hcl tablet 24mg</i>	1	QL (21 EA per 30 days) B/D
<i>ondansetron hcl tablet 4mg, 8mg</i>	1	QL (45 EA per 30 days) B/D
<i>ondansetron odt</i>	1	QL (45 EA per 30 days) B/D
<i>phenadoz</i>	1	
<i>promethazine hcl</i>	1	
<i>promethegan</i>	1	
SANCUSO	2	QL (4 EA per 30 days) B/D
<i>trimethobenzamide hcl</i>	1	
Antifungals		
<i>Antifungals</i>		
<i>ciclopirox</i>	1	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>clotrimazole cream, solution</i>	1	
<i>econazole nitrate</i>	1	
<i>ketoconazole cream, shampoo</i>	1	
NAFTIN	2	
<i>nyamyc</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystatin cream, ointment, powder</i>	1	
<i>nystop</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pedi-dri</i>	1	
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	
COLCRYS	2	
<i>probenecid</i>	1	
<i>probenecid/colchicine</i>	1	
ULORIC	2	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
DAPSONE	2	
Antineoplastics		
<i>Alkylating Agents</i>		
BUSULFEX	2	B/D HI
<i>carboplatin</i>	1	B/D HI
CEENU	2	
<i>cisplatin</i>	1	B/D HI
<i>cyclophosphamide</i>	1	B/D
<i>dacarbazine</i>	1	B/D HI
<i>ifosfamide</i>	1	B/D HI
LEUKERAN	2	
<i>melphalan hydrochloride</i>	1	B/D HI
<i>oxaliplatin</i>	1	B/D HI
<i>thiotepa</i>	1	B/D HI
TREANDA	3	B/D HI
<i>Antiestrogens/Modifiers</i>		
EMCYT	2	
<i>tamoxifen citrate</i>	1	
<i>Antimetabolites</i>		
<i>cladribine</i>	1	B/D HI
<i>cytarabine</i>	1	B/D HI
CYTARABINE AQUEOUS INJECTION 100MG/ML	2	B/D HI
DACOGEN	2	B/D HI
DROXIA	2	
<i>fludarabine phosphate</i>	1	B/D HI
<i>fluorouracil</i>	1	B/D HI
<i>gemcitabine hcl</i>	1	B/D HI
<i>hydroxyurea</i>	1	
<i>mercaptopurine</i>	1	
<i>pentostatin</i>	1	B/D HI
TABLOID	2	
<i>Antineoplastics, Other</i>		
<i>adriamycin</i>	1	B/D HI
<i>amifostine</i>	1	B/D HI
AVASTIN	3	B/D HI
<i>bleomycin sulfate</i>	1	B/D HI

Drug Name	Drug Tier	Requirements/Limits
<i>daunorubicin hcl</i>	1	B/D HI
<i>dexrazoxane</i>	1	B/D
DOXIL	2	B/D HI
<i>doxorubicin hcl</i>	1	B/D HI
<i>epirubicin hcl</i>	1	B/D HI
<i>etoposide</i>	1	B/D HI
<i>idarubicin hcl</i>	1	B/D HI
<i>irinotecan</i>	1	B/D HI
ISTODAX	2	HI
<i>mesna</i>	1	B/D HI
MESNEX TABLET	2	
<i>mitomycin</i>	1	B/D HI
<i>mitoxantrone hcl</i>	1	B/D HI
<i>paclitaxel</i>	1	B/D HI
<i>toposar</i>	1	B/D HI
<i>topotecan hcl</i>	1	B/D HI
TRISENOX	2	B/D HI
VELCADE	3	B/D HI
<i>vinblastine sulfate</i>	1	B/D HI
<i>vincasar pfs</i>	1	B/D HI
<i>vincristine sulfate</i>	1	B/D HI
<i>vinorelbine tartrate</i>	1	B/D HI
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole</i>	1	
AROMASIN	3	
FEMARA	3	
<i>Molecular Target Inhibitors</i>		
AFINITOR TABLET 5MG	4	QL (120 EA per 30 days)
AFINITOR TABLET 10MG, 2.5MG	4	QL (60 EA per 30 days)
GLEEVEC TABLET 100MG	4	QL (240 EA per 30 days)
GLEEVEC TABLET 400MG	4	QL (60 EA per 30 days)
SPRYCEL TABLET 20MG, 50MG	4	QL (120 EA per 30 days)
SPRYCEL TABLET 140MG	4	QL (30 EA per 30 days)
SPRYCEL TABLET 100MG, 70MG, 80MG	4	QL (60 EA per 30 days)
SUTENT CAPSULE 12.5MG	4	QL (120 EA per 30 days)
SUTENT CAPSULE 50MG	4	QL (30 EA per 30 days)
SUTENT CAPSULE 25MG	4	QL (60 EA per 30 days)
TARCEVA TABLET 100MG, 150MG	4	QL (30 EA per 30 days)
TARCEVA TABLET 25MG	4	QL (90 EA per 30 days)
<i>Monoclonal Antibodies</i>		
ARZERRA	2	B/D HI
ERBITUX	3	HI
RITUXAN	2	HI
<i>Retinoids</i>		
PANRETIN	2	
TARGRETIN	2	
<i>tretinoin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Antiparasitics		
<i>Antiprotozoals</i>		
ALINIA	2	
NEBUPENT	2	B/D
<i>Pediculicides/ Scabicides</i>		
<i>acticin</i>	1	
EURAX	2	
<i>lindane</i>	1	
<i>malathion</i>	1	
<i>permethrin</i>	1	
Antiparkinson Agents		
<i>Antiparkinson Agents</i>		
<i>amantadine hcl</i>	1	
APOKYN	2	
AZILECT	2	
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa cr</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa/levodopa sr</i>	1	
COMTAN	2	
LODOSYN	2	
MIRAPEX ER	2	
<i>pramipexole dihydrochloride</i>	1	
REQUIP XL	2	
<i>ropinirole hcl</i>	1	
<i>selegiline hcl</i>	1	
STALEVO 100	2	
STALEVO 125	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	
<i>trihexyphenidyl hcl</i>	1	
ZELAPAR	2	
Antipsychotics		
<i>Atypicals</i>		
<i>clozapine</i>	1	
GEODON	2	
INVEGA	2	
INVEGA SUSTENNA	2	
LATUDA	2	
<i>risperidone</i>	1	
<i>risperidone odt</i>	1	
SEROQUEL	2	
SEROQUEL XR	2	

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA	2	
ZYPREXA ZYDIS	2	
Conventional		
<i>chlorpromazine hcl</i>	1	
<i>compro</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>loxapine succinate</i>	1	
ORAP	2	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	B/D
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen</i>	1	
<i>dantrolene sodium</i>	1	
<i>tizanidine hcl tablet</i>	1	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>foscarnet sodium</i>	1	B/D HI
<i>ganciclovir injection</i>	1	B/D HI
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors		
INTELENCE	4	
SUSTIVA	2	
VIRAMUNE	2	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors		
ATRIPLA	4	
COMBIVIR	4	
<i>didanosine</i>	1	
EMTRIVA	2	
EPIVIR	2	
EPIVIR HBV	2	
RETROVIR IV INFUSION	2	
<i>stavudine</i>	1	
TRIZIVIR	4	
TRUVADA	4	
VIDEX PEDIATRIC	2	
VIREAD	2	

Drug Name	Drug Tier	Requirements/Limits
ZIAGEN	2	
<i>zidovudine</i>	1	
Anti-HIV Agents, Other		
FUZEON	4	QL (1 EA per 30 days)
ISENTRESS	4	
SELZENTRY	4	
Anti-HIV Agents, Protease Inhibitors		
CRIXIVAN	2	
KALETRA	2	
LEXIVA SUSPENSION	2	
NORVIR	2	
PREZISTA	2	
REYATAZ CAPSULE 100MG	2	
REYATAZ CAPSULE 150MG, 200MG	4	
VIRACEPT POWDER	2	
Anti-influenza Agents		
<i>amantadine hcl</i>	1	
RELENZA DISKHALER	2	QL (112 EA per 365 days)
<i>rimantadine hcl</i>	1	
TAMIFLU CAPSULE 30MG	2	QL (112 EA per 365 days)
TAMIFLU CAPSULE 45MG, 75MG	2	QL (56 EA per 365 days)
TAMIFLU SUSPENSION RECONSTITUTED 12MG/ML	2	QL (75 ML per 30 days)
Antihepatitis Agents		
BARACLUDE	2	
REBETOL SOLUTION	2	
<i>ribapak tablet 400mg, 600mg</i>	1	
<i>ribasphere</i>	1	
<i>ribavirin</i>	1	
Antiherpetic Agents		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	HI
DENAVIR	2	
<i>famciclovir tablet 500mg</i>	1	QL (30 EA per 90 days)
<i>famciclovir tablet 125mg, 250mg</i>	1	QL (60 EA per 30 days)
<i>valacyclovir hcl tablet 1000mg</i>	1	QL (30 EA per 30 days)
<i>valacyclovir hcl tablet 500mg</i>	1	QL (60 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl</i>	1	
<i>meprobamate</i>	1	
Bipolar Agents		
Bipolar Agents		
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium citrate</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>acarbose</i>	1	
ACTOPLUS MET	2	
ACTOS	2	
AVANDAMET	2	
AVANDARYL	2	
AVANDIA	2	
BYETTA	2	
<i>chlorpropamide</i>	1	
DUETACT	2	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin hcl</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hcl</i>	1	
GLYCRON TABLET 4.5MG	2	
<i>glycron tablet 1.5mg, 3mg, 6mg</i>	1	
JANUMET	2	
JANUVIA	2	
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
<i>nateglinide</i>	1	
ONGLYZA	2	
PRANDIN	2	
RIOMET	3	
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	
VICTOZA	3	
<i>Glycemic Agents</i>		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	2	
<i>Insulins</i>		
APIDRA	3	
HUMALOG	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 PEN	2	
HUMULIN N	2	
HUMULIN N U-100 PEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	

Drug Name	Drug Tier	Requirements/Limits
LANTUS	2	
LANTUS SOLOSTAR	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
Blood Products/Modifiers/ Volume Expanders		
<i>Anticoagulants</i>		
ARIXTRA INJECTION 5MG/0.4ML	2	QL (24 ML per 30 days)
ARIXTRA INJECTION 2.5MG/0.5ML	2	QL (30 ML per 30 days)
ARIXTRA INJECTION 7.5MG/0.6ML	2	QL (36 ML per 30 days)
ARIXTRA INJECTION 10MG/0.8ML	2	QL (48 ML per 30 days)
<i>enoxaparin sodium injection 30mg/0.3ml</i>	1	QL (18 ML per 30 days)
<i>enoxaparin sodium injection 40mg/0.4ml</i>	1	QL (24 ML per 30 days)
<i>enoxaparin sodium injection 60mg/0.6ml</i>	1	QL (36 ML per 30 days)
<i>enoxaparin sodium injection 120mg/0.8ml, 80mg/0.8ml</i>	1	QL (48 ML per 30 days)
<i>enoxaparin sodium injection 100mg/ml, 150mg/ml</i>	1	QL (60 ML per 30 days)
FRAGMIN INJECTION 2500UNIT/0.2ML, 5000UNIT/0.2ML	2	QL (12 ML per 30 days)
FRAGMIN INJECTION 7500UNIT/0.3ML	2	QL (18 ML per 30 days)
FRAGMIN INJECTION 10000UNIT/ML, 25000UNIT/ML	2	QL (60 ML per 30 days)
<i>heparin sodium/d5w</i>	1	HI
HEPARIN SODIUM/NACL 0.45%	2	
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	
HEPARIN SODIUM INJECTION 2000UNIT/ML	2	HI
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	1	HI
<i>jantoven</i>	1	
LOVENOX INJECTION 300MG/3ML	2	QL (180 ML per 30 days)
PRADAXA	2	QL (60 EA per 30 days)
<i>warfarin sodium</i>	1	
<i>Blood Formation Products</i>		
ARANESP ALBUMIN FREE	2	PA
EPOGEN	3	PA
NEULASTA	3	
NEUPOGEN	4	
PROCRIT	2	PA
<i>Platelet Aggregation Inhibitors</i>		
AGGRENOX	2	
<i>cilostazol</i>	1	
<i>dipyridamole</i>	1	
EFFIENT	2	
PLAVIX	2	
<i>ticlopidine hcl</i>	1	
Cardiovascular Agents		
<i>Alpha-adrenergic Agonists</i>		
<i>clonidine hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>guanabenz acetate</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa</i>	1	
<i>methyldopa/hydrochlorothiazide</i>	1	
<i>methyldopate hcl</i>	1	
Alpha-adrenergic Blocking Agents		
<i>prazosin hcl</i>	1	
<i>reserpine</i>	1	
Antiarrhythmics		
<i>amiodarone hcl</i>	1	
<i>disopyramide phosphate</i>	1	
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NORPACE CR	2	
PACERONE TABLET 100MG	2	
<i>pacerone tablet 200mg</i>	1	
<i>procainamide hcl</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate</i>	1	
<i>quinidine sulfate er</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hydrochloride</i>	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
BYSTOLIC	2	
<i>carvedilol</i>	1	
COREG CR	2	
<i>labetalol hcl</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>nadolol</i>	1	
<i>nadolol/bendroflumethiazide</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol/hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate</i>	1	
Calcium Channel Blocking Agents		
<i>afeditab cr</i>	1	
<i>amlodipine besylate</i>	1	
<i>amlodipine besylate/benazepril hcl</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>cartia xt</i>	1	
<i>dilt-cd</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i>	1	
<i>diltiazem hcl er capsule extended release 24 hour 360mg, 420mg</i>	1	
<i>diltiazem hcl er capsule extended release 12 hour</i>	1	
<i>diltiazem hcl tablet</i>	1	
DILTIAZEM HCL INJECTION 100MG	2	
<i>diltiazem hcl injection 25mg/5ml</i>	1	
<i>diltzac</i>	1	
EXFORGE	2	
EXFORGE HCT	2	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i>	1	
<i>nicardipine hcl</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
<i>nisoldipine er</i>	1	
<i>taztia xt</i>	1	
TWYNSTA	2	
<i>verapamil hcl</i>	1	
<i>verapamil hcl er</i>	1	
Cardiovascular Agents, Other		
DEMSER	2	
<i>digoxin</i>	1	
LANOXIN	2	
RANEXA	2	
Diuretics		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>acetazolamide sodium</i>	1	
<i>amiloride hcl</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>bumetanide tablet</i>	1	
<i>bumetanide injection</i>	1	HI

Drug Name	Drug Tier	Requirements/Limits
<i>chlorothiazide</i>	1	
<i>chlorothiazide sodium</i>	1	HI
<i>chlorthalidone</i>	1	
EDECIN	2	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	1	HI
FUROSEMIDE ORAL SOLUTION 8MG/ML	2	
<i>furosemide oral solution 10mg/ml</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methazolamide</i>	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
SODIUM EDECIN	2	
<i>spironolactone</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
<i>toremide tablet</i>	1	
<i>toremide injection</i>	1	HI
<i>triamterene/hydrochlorothiazide</i>	1	
Dyslipidemics		
CADUET	2	
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
CRESTOR TABLET 20MG, 40MG	2	
CRESTOR TABLET 10MG, 5MG	2	ST
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>gemfibrozil</i>	1	
LIPITOR TABLET 40MG, 80MG	2	
LIPITOR TABLET 10MG, 20MG	2	ST
<i>lovastatin</i>	1	
LOVAZA	2	
NIASPAN	2	
<i>pravastatin sodium</i>	1	
<i>prevalite</i>	1	
QUESTRAN	3	
SIMCOR	2	
<i>simvastatin</i>	1	
TRICOR	2	
TRILIPIX	2	
VYTORIN TABLET 10MG; 40MG, 10MG; 80MG	3	
VYTORIN TABLET 10MG; 10MG, 10MG; 20MG	3	ST
ZETIA	2	
Renin-angiotensin-aldosterone System Inhibitors		
<i>benazepril hcl</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>captopril</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>captopril/hydrochlorothiazide</i>	1	
DIOVAN	2	
DIOVAN HCT	2	
<i>enalapril maleate</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
MICARDIS	2	
MICARDIS HCT	2	
<i>moexipril hcl</i>	1	
<i>moexipril/hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
TEKTURNA	2	
TEKTURNA HCT	2	
<i>trandolapril</i>	1	
VALTURNA	2	
Vasodilators		
BIDIL	2	
<i>hydralazine hcl</i>	1	
<i>isochron</i>	1	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minoxidil</i>	1	
<i>nitroglycerin</i>	1	
<i>nitroglycerin transdermal</i>	1	
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	
Dermatological Agents		
Dermatological Agents		
8-MOP	2	
<i>adapalene</i>	1	PA
<i>ammonium lactate</i>	1	
<i>amnesteem</i>	1	
<i>avita</i>	1	PA
AZELEX	2	
<i>calcipotriene</i>	1	
CARAC	2	

Drug Name	Drug Tier	Requirements/Limits
<i>claravis</i>	1	
<i>clindamycin phosphate</i>	1	
<i>clindamycin/benzoyl peroxide</i>	1	
CONDYLOX	2	
DIFFERIN LOTION	2	PA
DIFFERIN GEL 0.3%	2	PA
<i>ery</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin/benzoyl peroxide</i>	1	
FINACEA	2	
FLUOROPLEX	2	
<i>fluorouracil</i>	1	
<i>imiquimod</i>	1	
<i>laclotion</i>	1	
METROGEL	2	
<i>metronidazole</i>	1	
<i>podofilox</i>	1	
REGRANEX	2	
SANTYL	2	
<i>selenium sulfide</i>	1	
SOLARAZE	2	
SORIATANE	2	
<i>sotret</i>	1	
<i>sulfacetamide sodium</i>	1	
<i>tretinoin</i>	1	PA
<i>u-cort</i>	1	
Enzyme Replacements/ Modifiers		
<i>Enzyme Replacements/ Modifiers</i>		
BUPHENYL	2	
CYSTADANE	2	
CYSTAGON	2	LA
ZAVESCA	2	
Gastrointestinal Agents		
<i>Antispasmodics, Gastrointestinal</i>		
ATROPINE SULFATE INJECTION 0.05MG/ML	2	
<i>atropine sulfate injection 0.1mg/ml</i>	1	
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i>	1	
<i>methscopolamine bromide</i>	1	
<i>Gastrointestinal Agents, Other</i>		
AMITIZA	2	
<i>constulose</i>	1	
<i>enulose</i>	1	
GASTROCROM	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flower pack</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lactulose</i>	1	
<i>polyethylene glycol 3350</i>	1	
PYLERA	2	
<i>trilyte</i>	1	
<i>ursodiol</i>	1	
Histamine2 (H2) Blocking Agents		
<i>cimetidine</i>	1	
<i>cimetidine hcl oral solution</i>	1	
<i>cimetidine hcl injection</i>	1	HI
<i>famotidine premixed</i>	1	HI
<i>famotidine suspension reconstituted, tablet</i>	1	
<i>famotidine injection</i>	1	HI
<i>nizatidine</i>	1	
<i>ranitidine hcl capsule, syrup, tablet</i>	1	
<i>ranitidine hcl injection</i>	1	HI
ZANTAC INJECTION 50MG/50ML; 0.45%	2	HI
Irritable Bowel Syndrome Agents		
LOTRONEX	2	
Protectants		
CARAFATE SUSPENSION	2	
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
Proton Pump Inhibitors		
<i>lansoprazole</i>	1	
<i>lansoprazole odt</i>	1	
NEXIUM	2	
NEXIUM I.V.	2	HI
<i>omeprazole</i>	1	
<i>omeprazole/sodium bicarbonate</i>	1	
<i>pantoprazole sodium</i>	1	
Genitourinary Agents		
Antispasmodics, Urinary		
DETROL	2	
DETROL LA	2	
<i>flavoxate hcl</i>	1	
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	1	QL (180 EA per 90 days)
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	1	QL (90 EA per 90 days)
OXYTROL	2	QL (8 EA per 28 days)
<i>tropium chloride</i>	1	
Benign Prostatic Hypertrophy Agents		
AVODART	2	
<i>doxazosin mesylate</i>	1	
<i>finasteride</i>	1	
<i>tamsulosin hcl</i>	1	
<i>terazosin hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
UROXATRAL	2	
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride</i>	1	
ELMIRON	2	
Phosphate Binders		
<i>calcium acetate capsule</i>	1	
FOSRENOL	2	
RENAGEL	2	
REVELA	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Glucocorticoids/ Mineralocorticoids		
<i>a-hydrocort</i>	1	
<i>a-methapred</i>	1	HI
<i>ala cort</i>	1	
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i>	1	
<i>augmented betamethasone dipropionate</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
CAPEX	2	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate gel, ointment, solution</i>	1	
CLOBEX LOTION, SHAMPOO	2	
CORDRAN TAPE	2	
<i>cortisone acetate</i>	1	
DERMA-SMOOTH/FS BODY OIL	2	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone sodium phosphate</i>	1	
<i>dexamethasone elixir</i>	1	
DEXAMETHASONE TABLET 1MG, 2MG	2	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 4mg, 6mg</i>	1	
<i>diflorasone diacetate</i>	1	
<i>fludrocortisone acetate</i>	1	
<i>fluocinolone acetonide cream, ointment, solution</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluticasone propionate</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
LOCOID LOTION	2	
<i>lokara</i>	1	
LUXIQ	2	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone dose pack</i>	1	
<i>methylprednisolone sodiumsuccinate</i>	1	HI
<i>mometasone furoate</i>	1	
PANDEL	2	
<i>prednicarbate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
PREDNISON INTENSOL	2	
<i>triamcinolone acetonide</i>	1	
<i>triamcinolone acetonide in absorbase</i>	1	
<i>triderm</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>		
<i>chorionic gonadotropin</i>	1	
<i>desmopressin acetate</i>	1	
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	2	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA
HUMATROPE COMBO PACK	4	PA
HUMATROPE INJECTION 6MG	2	PA
HUMATROPE INJECTION 12MG, 24MG	4	PA
NORDITROPIN FLEXPRO	4	PA
<i>novarel</i>	1	
OMNITROPE INJECTION 5MG/1.5ML	2	PA
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	1	
STIMATE	2	
TEV-TROPIN	2	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>Estrogens</i>		
ALORA	2	
CLIMARA PRO	2	
COMBIPATCH	2	
DIVIGEL	2	
ESTRADERM	2	
<i>estradiol</i>	1	
<i>estradiol valerate</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
<i>estropipate</i>	1	
<i>ortho-est</i>	1	
PREMARIN TABLET	2	
PREMPHASE	2	
PREMPRO	2	
VIVELLE-DOT	2	

Drug Name	Drug Tier	Requirements/Limits
Progestins		
DEPO-PROVERA	2	QL (10 ML per 28 days)
<i>megestrol acetate</i>	1	
Selective Estrogen Receptor Modifying Agents		
EVISTA	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>levothroid</i>	1	
<i>levothyroxine sodium</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium</i>	1	
SYNTHROID	2	
<i>unithroid</i>	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR TABLET 30MG	2	
SENSIPAR TABLET 60MG, 90MG	4	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	1	
<i>leuprolide acetate</i>	1	QL (2 EA per 28 days)
LUPRON DEPOT INJECTION 30MG	4	QL (1 EA per 112 days)
LUPRON DEPOT INJECTION 11.25MG, 3.75MG, 7.5MG	4	QL (1 EA per 28 days)
LUPRON DEPOT INJECTION 22.5MG	4	QL (1 EA per 84 days)
<i>octreotide acetate</i>	1	
SOMAVERT	2	LA
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)		
Antiandrogens		
<i>bicalutamide</i>	1	
<i>flutamide</i>	1	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
Immunological Agents		
Immune Suppressants		
CIMZIA	4	QL (6 EA per 28 days) PA
ENBREL INJECTION 50MG/ML	4	QL (7.84 ML per 28 days)
ENBREL INJECTION 25MG	4	QL (8 EA per 30 days)
ENBREL INJECTION 25MG/0.5ML	4	QL (8.16 ML per 28 days)
HUMIRA	4	QL (6 EA per 30 days)
HUMIRA PEN-CROHNS DISEASESTARTER	4	QL (6 EA per 30 days)
<i>methotrexate</i>	1	B/D
<i>methotrexate sodium</i>	1	HI

Drug Name	Drug Tier	Requirements/Limits
REMICADE	4	HI
TREXALL	2	B/D
Immunomodulators		
ACTIMMUNE	4	LA
ARCALYST	4	
AVONEX	4	QL (2 EA per 28 days)
BETASERON	4	QL (14 EA per 28 days)
COPAXONE	4	QL (30 EA per 30 days)
INTRON-A INJECTION 3MU/0.2ML, 6000000UNIT/ML	2	
INTRON-A INJECTION 10MU/0.2ML, 5MU/0.2ML	4	
<i>leflunomide</i>	1	
TYSABRI	4	QL (15 ML per 28 days) LA HI
Vaccines		
ACTHIB	2	
CERVARIX	2	
COMVAX	2	
ENGERIX-B	2	B/D
GARDASIL	2	
HAVRIX	2	
IMOVAX RABIES (H.D.C.V.)	2	B/D
IPOL INACTIVATED IPV	2	
IXIARO	2	
JE-VAX	2	
M-M-R II W/DILUENT 10 DOSE	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D
ROTATEQ	2	
TWINRIX	2	B/D
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	
Inflammatory Bowel Disease Agents		
Glucocorticoids		
ENTOCORT EC	2	
<i>methylprednisolone</i>	1	
Salicylates		
ASACOL	2	
ASACOL HD	2	
<i>balsalazide disodium</i>	1	
CANASA	2	

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine</i>	1	
PENTASA	2	
<i>sulfasalazine</i>	1	
<i>sulfazine ec</i>	1	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium tablet 10mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days)
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (4 EA per 28 days)
<i>calcitonin-salmon</i>	1	QL (3.7 ML per 30 days)
<i>calcitriol</i>	1	B/D
<i>etidronate disodium</i>	1	
<i>fortical</i>	1	QL (3.7 ML per 30 days)
<i>pamidronate disodium</i>	1	HI
ZEMPLAR	2	B/D
ZOMETA INJECTION 4MG/5ML	2	HI
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREPS	2	
<i>anagrelide hydrochloride</i>	1	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	QL (200 EA per 30 days)
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	2	QL (200 EA per 30 days)
CURITY GAUZE PADS 2"X2"	2	
<i>leucovorin calcium injection</i>	1	HI
LEUCOVORIN CALCIUM TABLET 10MG, 15MG	2	
<i>leucovorin calcium tablet 25mg, 5mg</i>	1	
<i>levocarnitine</i>	1	B/D
<i>pentopak</i>	1	
<i>pentoxifylline er</i>	1	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>ak-con</i>	1	
AZASITE	2	
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
CILOXAN	2	
<i>ciprofloxacin hcl</i>	1	
<i>erythromycin</i>	1	
<i>gentak</i>	1	
<i>gentamicin sulfate</i>	1	
<i>gentasol</i>	1	
LACRISERT	2	
NATACYN	2	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin</i>	1	
<i>parcaine</i>	1	
<i>proparacaine hcl</i>	1	
RESTASIS	2	
<i>romycin</i>	1	
<i>sodium sulfacetamide</i>	1	
<i>tobramycin sulfate</i>	1	
<i>tobrasol</i>	1	
TOBEX OINTMENT	2	
<i>trifluridine</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
<i>tropicamide</i>	1	
VIGAMOX	2	
ZYMAR	2	
ZYMAXID	2	
<i>Ophthalmic Anti-allergy Agents</i>		
<i>azelastine hcl</i>	1	
BEPREVE	2	
<i>cromolyn sodium</i>	1	
PATADAY	2	
PATANOL	2	
<i>Ophthalmic Anti-inflammatories</i>		
ACUVAIL	2	
ALREX	2	
<i>dexamethasone sodium phosphate</i>	1	
<i>diclofenac sodium</i>	1	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
<i>ketorolac tromethamine</i>	1	
LOTEMAX SUSPENSION	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	
NEVANAC	2	
<i>poly-dex</i>	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
<i>tobramycin/dexamethasone</i>	1	
ZYLET	2	
<i>Ophthalmic Antiglaucoma Agents</i>		
ALPHAGAN P SOLUTION 0.1%	2	
<i>apraclonidine</i>	1	
AZOPT	2	
<i>betaxolol hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate</i>	1	
<i>carteolol hcl</i>	1	
COMBIGAN	2	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	
ISTALOL	2	
<i>levobunolol hcl</i>	1	
<i>metipranolol</i>	1	
PILOPINE HS	2	
<i>timolol maleate</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	
Ophthalmic Prostaglandin and Prostanamide Analogs		
TRAVATAN Z	2	QL (2.5 ML per 25 days)
XALATAN	3	QL (2.5 ML per 25 days)
Respiratory Tract Agents		
Anti-inflammatory, Inhaled Corticosteroids		
ADVAIR DISKUS	2	QL (60 EA per 30 days)
ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT	2	QL (12 GM per 30 days)
ADVAIR HFA AEROSOL 45MCG/ACT; 21MCG/ACT	2	QL (8 GM per 30 days)
ASMANEX 120 METERED DOSES	2	QL (2 EA per 30 days)
ASMANEX 14 METERED DOSES	2	QL (2 EA per 30 days)
ASMANEX 30 METERED DOSES	2	QL (2 EA per 30 days)
ASMANEX 60 METERED DOSES	2	QL (2 EA per 30 days)
BECONASE AQ	3	QL (50 GM per 30 days) ST
<i>budesonide</i>	1	QL (120 ML per 30 days) B/D
FLOVENT DISKUS	2	QL (60 EA per 30 days)
FLOVENT HFA AEROSOL 44MCG/ACT	2	QL (21.2 GM per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	2	QL (24 GM per 30 days)
<i>flunisolide</i>	1	QL (75 ML per 30 days)
<i>fluticasone propionate</i>	1	QL (16 GM per 30 days)
NASACORT AQ	3	QL (16.5 GM per 30 days)
NASONEX	2	QL (68 GM per 30 days)
OMNARIS	3	QL (12.5 GM per 30 days) ST
PULMICORT SUSPENSION 1MG/2ML	2	QL (120 ML per 30 days) B/D
RHINOCORT AQUA	3	QL (17.2 GM per 30 days)
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT	2	QL (10.2 GM per 30 days)
SYMBICORT AEROSOL 80MCG/ACT; 4.5MCG/ACT	2	QL (6.9 GM per 30 days)
VERAMYST	2	QL (10 GM per 30 days)
Antihistamines		
ASTEPRO	2	QL (60 ML per 30 days)
<i>azelastine hcl</i>	1	QL (60 ML per 30 days)
<i>carbinoxamine maleate</i>	1	
<i>cetirizine hcl</i>	1	
CLARINEX	2	
CLARINEX REDITABS	2	
<i>clemastine fumarate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cyproheptadine hcl</i>	1	
<i>dexchlorpheniramine maleate</i>	1	
<i>diphenhydramine hcl</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>levocetirizine dihydrochloride tablet</i>	1	
PATANASE	3	QL (30.5 GM per 30 days)
Antileukotrienes		
SINGULAIR	2	
<i>zafirlukast</i>	1	
Bronchodilators, Anticholinergic		
ATROVENT HFA	2	QL (25.8 GM per 30 days)
COMBIVENT	2	QL (29.4 GM per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	1	QL (540 ML per 30 days) B/D
<i>ipratropium bromide inhalation solution</i>	1	QL (312.5 ML per 30 days) B/D
<i>ipratropium bromide nasal solution 0.06%</i>	1	QL (30 ML per 30 days)
<i>ipratropium bromide nasal solution 0.03%</i>	1	QL (60 ML per 30 days)
SPIRIVA HANDIHALER	2	QL (30 EA per 30 days)
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)		
<i>aminophylline</i>	1	
<i>theochron</i>	1	
<i>theophylline er</i>	1	
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	1	
<i>albuterol sulfate syrup, tablet</i>	1	
<i>albuterol sulfate nebulization solution 0.5%</i>	1	QL (100 ML per 30 days) B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	1	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	1	QL (525 ML per 30 days) B/D
<i>epinephrine hcl</i>	1	
FORADIL AEROLIZER	2	QL (60 EA per 30 days)
<i>levalbuterol</i>	1	QL (45 EA per 30 days) B/D
<i>metaproterenol sulfate</i>	1	
PERFOROMIST	2	QL (120 ML per 30 days) B/D
PROAIR HFA	2	QL (17 GM per 30 days)
<i>terbutaline sulfate</i>	1	
VENTOLIN HFA	2	QL (36 GM per 30 days)
Mast Cell Stabilizers		
<i>cromolyn sodium</i>	1	B/D
Pulmonary Antihypertensives		
ADCIRCA	3	QL (60 EA per 30 days)
LETAIRIS	4	QL (30 EA per 30 days) LA
REMODULIN	3	HI
REVATIO INJECTION	3	QL (1125 ML per 30 days) HI
REVATIO TABLET	4	QL (90 EA per 30 days)
TRACLEER	4	QL (60 EA per 30 days) LA
VENTAVIS	3	QL (270 ML per 30 days)
Respiratory Tract Agents, Other		

Drug Name	Drug Tier	Requirements/Limits
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
XOLAIR	4	PA
Sedatives/Hypnotics		
<i>Sedatives/Hypnotics</i>		
<i>zaleplon</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate er</i>	1	QL (30 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>carisoprodol</i>	1	
<i>carisoprodol/aspirin</i>	1	
<i>carisoprodol/aspirin/codeine</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl tablet 10mg, 5mg</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine compound ds</i>	1	
<i>orphenadrine/asa/caffeine</i>	1	
Therapeutic Nutrients/Minerals/ Electrolytes		
<i>Electrolytes/Minerals</i>		
<i>ammonium chloride</i>	1	
DEXTROSE 10%/NAACL 0.45%	2	HI
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	HI
<i>dextrose 10%/nacl 0.2%</i>	1	HI
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	HI
<i>dextrose 5%/nacl 0.2%</i>	1	HI
<i>dextrose 5%/nacl 0.225%</i>	1	HI
<i>dextrose 5%/nacl 0.33%</i>	1	HI
<i>dextrose 5%/nacl 0.45%</i>	1	HI
<i>dextrose 5%/nacl 0.9%</i>	1	HI
<i>ed k+10</i>	1	
IONOSOL-B/DEXTROSE 5%	2	HI
IONOSOL-MB/DEXTROSE 5%	2	HI
IONOSOL-T/DEXTROSE 5%	2	HI
ISOLYTE-H/DEXTROSE 5%	2	HI
<i>isolyte-m/dextrose 5%</i>	1	HI
ISOLYTE-P/DEXTROSE 5%	2	HI
ISOLYTE-S	2	HI
ISOLYTE-S/DEXTROSE 5%	2	HI
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	HI
KCL 0.15%/D10W/NAACL 0.2%	2	HI
<i>kcl 0.15%/d5w/lr</i>	1	HI
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	HI
KCL 0.15%/D5W/NAACL 0.225%	2	HI

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	HI
<i>kcl 0.3%/d5w/iv lac ring</i>	1	HI
<i>kcl 0.3%/d5w/nacl 0.2%</i>	1	HI
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	HI
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	HI
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m20</i>	1	
<i>lactated ringers</i>	1	HI
<i>magnesium sulfate</i>	1	HI
MAGNESIUM SULFATE IN D5W	2	HI
<i>normosol-m in d5w</i>	1	HI
NORMOSOL-R	2	HI
<i>normosol-r in d5w</i>	1	HI
PLASMA-LYTE A	2	HI
PLASMA-LYTE-148	2	HI
PLASMA-LYTE-56/D5W	2	HI
<i>plasma-lyte-r</i>	1	HI
<i>potassium chloride</i>	1	HI
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	1	HI
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	1	HI
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	1	HI
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	1	HI
<i>potassium chloride 0.15% nacl 0.9%</i>	1	HI
<i>potassium chloride 0.15%/d5w</i>	1	HI
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	1	HI
<i>potassium chloride 0.224%/d5w</i>	1	HI
<i>potassium chloride 0.224%d5w/nacl 0.33%</i>	1	HI
POTASSIUM CHLORIDE 0.3%/ NAACL 0.9%	2	HI
<i>potassium chloride 0.3%/d5w</i>	1	HI
<i>potassium chloride er</i>	1	
<i>potassium citrate er</i>	1	
<i>ringers injection</i>	1	HI
<i>sodium bicarbonate</i>	1	HI
<i>sodium chloride</i>	1	HI
<i>sodium chloride 0.45% viaflex</i>	1	HI
<i>sodium chloride 0.9%</i>	1	
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<i>erythromycin</i>	28	<i>fluoxetine dr</i>	15
<i>erythromycin</i>	34	<i>fluoxetine hcl</i>	15
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<i>erythromycin/sulfisoxazole</i>	13	<i>flurbiprofen</i>	10
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<i>gavilyte-c</i>	28	HUMULIN 70/30	22
<i>gavilyte-g</i>	28	HUMULIN 70/30 PEN	22
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<i>gentamicin sulfate</i>	34	<i>hydrocodone/acetaminophen</i>	9
<i>gentasol</i>	34	<i>hydrocodone/ibuprofen</i>	9
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<i>glimepiride</i>	22	<i>hydrocortisone valerate</i>	30
<i>glipizide</i>	22	<i>hydromorphone hcl</i>	9
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<i>glipizide/metformin hcl</i>	22	<i>hydroxyzine hcl</i>	37
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<i>halobetasol propionate</i>	30	<i>indomethacin er</i>	10
<i>haloperidol</i>	20	INFUMORPH 200	9
<i>haloperidol decanoate</i>	20	INFUMORPH 500	9
<i>haloperidol lactate</i>	20	INTELENCE	20
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<i>kcl 0.15%/d5w/nacl 0.9%</i>	39	<i>lidocaine hcl</i>	10
<i>kcl 0.3%/d5w/lr iv lac ring</i>	39	<i>lidocaine hcl jelly</i>	10
<i>kcl 0.3%/d5w/nacl 0.2%</i>	39	<i>lidocaine/prilocaine</i>	10
<i>kcl 0.3%/d5w/nacl 0.45%</i>	39	LIDODERM	10
<i>kcl 0.3%/d5w/nacl 0.9%</i>	39	<i>lindane</i>	19
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<i>ketorolac tromethamine</i>	9	<i>lithium carbonate er</i>	21
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<i>matzim la</i>	25	<i>mexiletine hcl</i>	24
<i>meclizine hcl</i>	16	MICARDIS	27
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<i>melphalan hydrochloride</i>	17	MIRAPEX ER	19
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<i>methadone hcl</i>	9	<i>nadolol</i>	24
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<i>nifediac cc</i>	25	<i>oxaliplatin</i>	17
<i>nifedical xl</i>	25	<i>oxaprozin</i>	10
<i>nifedipine</i>	25	<i>oxcarbazepine</i>	14
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<i>nimodipine</i>	25	<i>oxybutynin chloride er</i>	29
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<i>nisoldipine er</i>	25	<i>oxycodone/acetaminophen</i>	9
<i>nitroglycerin</i>	27	<i>oxycodone/aspirin</i>	10
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<i>potassium chloride 0.15% /nacl 0.45%</i>	39	<i>promethazine hcl</i>	16
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<i>potassium chloride 0.15% d5w/nacl</i>	39	<i>proparacaine hcl</i>	35
0.45% <i>viaflex</i>		<i>propranolol hcl</i>	24
<i>potassium chloride 0.15% nacl 0.9%</i>	39	<i>propranolol hcl er</i>	24
<i>potassium chloride 0.15%/d5w</i>	39	<i>propranolol/hydrochlorothiazide</i>	24
<i>potassium chloride 0.22% d5w/nacl</i>	39	<i>propylthiouracil</i>	32
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<i>tazicef</i>	12	<i>triderm</i>	31
<i>taztia xt</i>	25	<i>trifluoperazine hcl</i>	20
TEFLARO	12	<i>trifluridine</i>	35
TEKTURNA	27	<i>trihexyphenidyl hcl</i>	19
TEKTURNA HCT	27	TRILIPIX	26
<i>terazosin hcl</i>	29	<i>trilyte</i>	29
<i>terbutaline sulfate</i>	37	<i>trimethobenzamide hcl</i>	16
<i>tetracycline hcl</i>	13	<i>trimethoprim</i>	11
TEV-TROPIN	31	<i>trimethoprim sulfate/polymyxin b sulfate</i>	35
<i>theochron</i>	37	TRISENOX	18
<i>theophylline er</i>	37	TRIZIVIR	20
<i>thermazene</i>	11	<i>tropicamide</i>	35
<i>thioridazine hcl</i>	20	<i>trospium chloride</i>	29
<i>thiotepa</i>	17	TRUVADA	20
<i>thiothixene</i>	20	TWINRIX	33
<i>ticlopidine hcl</i>	23	TWYNSTA	25
<i>timolol maleate</i>	25	TYGACIL	11
<i>timolol maleate</i>	36	TYPHIM VI	33
<i>timolol maleate ophthalmic gel forming</i>	36	TYSABRI	33
<i>tizanidine hcl</i>	20	TYZINE	38
<i>tobramycin sulfate</i>	35	TYZINE PEDIATRIC NASAL DROPS	38
<i>tobramycin/dexamethasone</i>	35	<i>u-cort</i>	28
<i>tobrasol</i>	35	ULORIC	17
TOBREX	35	<i>unithroid</i>	32
<i>tolazamide</i>	22	UROXATRAL	30
<i>tolbutamide</i>	22	<i>ursodiol</i>	29
<i>tolmetin sodium</i>	11	<i>valacyclovir hcl</i>	21
<i>topiramate</i>	14	<i>valproate sodium</i>	14
<i>toposar</i>	18	<i>valproic acid</i>	14
<i>topotecan hcl</i>	18	VALTURNA	27
<i>torseamide</i>	26	VANCOCIN HCL	11
<i>tpn electrolytes</i>	39	<i>vancomycin hcl</i>	11
TRACLEER	37	VAQTA	33
<i>tramadol hcl</i>	10	VARIVAX	33
<i>tramadol hcl er</i>	10	VELCADE	18

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<i>venlafaxine hcl</i>	15	ZOSTAVAX	33
<i>venlafaxine hcl er</i>	15	ZOSYN	12
VENTAVIS	37	ZYLET	35
VENTOLIN HFA	37	ZYMAR	35
VERAMYST	36	ZYMAXID	35
<i>verapamil hcl</i>	25	ZYPREXA	20
<i>verapamil hcl er</i>	25	ZYPREXA ZYDIS	20
VIBATIV	11	ZYVOX	11
VIBRAMYCIN	13		
<i>vicodin hp</i>	10		
VICTOZA	22		
VIDEX PEDIATRIC	20		
VIGAMOX	35		
VIMOVO	9		
VIMPAT	13		
<i>vinblastine sulfate</i>	18		
<i>vincasar pfs</i>	18		
<i>vincristine sulfate</i>	18		
<i>vinorelbine tartrate</i>	18		
VIRACEPT	21		
VIRAMUNE	20		
VIREAD	20		
VIVELLE-DOT	31		
VOLTAREN	9		
VYTORIN	26		
<i>warfarin sodium</i>	23		
XALATAN	36		
XOLAIR	38		
YF-VAX	33		
<i>zafirlukast</i>	37		
<i>zaleplon</i>	38		
ZANTAC	29		
ZAVESCA	28		
ZELAPAR	19		
ZEMPLAR	34		
<i>zerlor</i>	10		
ZETIA	26		
ZIAGEN	21		
<i>zidovudine</i>	21		
ZINACEF	12		
ZINACEF IN ISO-OSMOTIC DEXTROSE	12		
ZINACEF IN ISO-OSMOTIC DILUENT	12		
ZMAX	13		
<i>zolpidem tartrate</i>	38		
<i>zolpidem tartrate er</i>	38		
ZOMETA	34		
<i>zonisamide</i>	14		