AvMed Medicare Choice

2012 Formulary

(List of Covered Drugs)

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

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

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2012.

To get this material in other formats or ask for language translation services, call AvMed Member services at 1-800-782-8633. TTY users may call 1-877-442-8633 8 AM-8 PM 7 days a week.

H1016 PH113 CMS file and use 07142011

HPMS Approved Formulary File 12404, Version 4

AvMed is Medicare Advantage Organization with a Medicare Contract

"ED"-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.

"GC"-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

What is the AvMed Medicare Choice Formulary?

A formulary is a list of covered drugs selected by AvMed Medicare Choice 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. AvMed Medicare Choice will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an AvMed Medicare Choice network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

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

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2012

To get updated information about the drugs covered by AvMed Medicare Choice, please visit our Web site at www.avmed.org or call Member Services at 1-800-782-8633, 24 hours a day/7 days a week. TTY/TDD users should call 1-877-442-8633 8 AM-8PM 7 days a week. The AvMed Medicare Choice monthly formulary updates include all changes approved by CMS and is posted monthly at www.avmed.org. You may request a printed formulary by calling 1-800-782-8633, 24 hours a day/7 days a week. TTY/TDD users should call 1-877-442-8633.

How do I use the Formulary?

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

"ED"-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.

"GC"-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Medical Condition

The formulary begins on page 2. 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 2. 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 73. 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?

AvMed Medicare Choice 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:** AvMed Medicare Choice requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from AvMed Medicare Choice before you fill your prescriptions. If you don't get approval, AvMed Medicare Choice may not cover the drug.

- **Quantity Limits:** For certain drugs, AvMed Medicare Choice limits the amount of the drug that AvMed Medicare Choice will cover. For example, AvMed Medicare Choice provides 30 tablets per prescription for Zetia. This may be in addition to a standard one month or three month supply.

- **Step Therapy:** In some cases, AvMed Medicare Choice 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, AvMed Medicare Choice may not cover Drug B unless you try Drug A first. If Drug A does not work for you, AvMed Medicare Choice will then cover Drug B.

"ED"-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.

"GC"-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.avmed.org.

You can ask AvMed Medicare Choice to make an exception to these restrictions or limits. See the section, "How do I request an exception to the AvMed Medicare Choice formulary?" on this page (page 3) for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that AvMed Medicare Choice does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by AvMed Medicare Choice. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by AvMed Medicare Choice.

- You can ask AvMed Medicare Choice 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 AvMed Medicare Choice Formulary?

You can ask AvMed Medicare Choice 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, AvMed Medicare Choice limit 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 you drug is contained in our Non-Preferred Brand Name Drug tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Preferred Brand Name Drug 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. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty Drug tier.

"ED"-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.

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Generally, AvMed Medicare Choice will only approve your request for an exception if the alternative drugs included on the plan's formulary, Preferred Brand Name Drug tier or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

"ED"-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.

"GC"-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

For more information

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

If you have questions about AvMed Medicare Choice, please call Member Services at 1-800-782-8633, 24 hours a day/7 days a week. TTY/TDD users should call 1-877-442-8633 8 AM-8 PM 7 days a week. Or visit www.avmed.org.

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

AvMed Medicare Choice Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by AvMed Medicare Choice. If you have trouble finding your drug in the list, turn to the Index that begins on page 73.

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

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

- "QL" indicates that there is a *quantity limit* for the medication.
- "PA" indicates that a *prior authorization* is required before the medication will be covered.
- "B/D" indicates 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.
- "ST" indicates that the medication has a *step therapy* and a preferred medication must first be tried.
- "LA" indicates *limited availability*. This prescription may be available only at certain pharmacies.
- "ED**"** indicates 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.
- "MO" indicates this is a medication that can be obtained through mail order.
- "GC" indicates we provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

"ED"-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.

"GC"-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Below is a list of abbreviations that may appear on the following pages in the Notes column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

B/D: This prescription 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.

ED/EX: Enhanced Drug/Excluded Drug. 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 toward 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.

GC: Gap Coverage. We provide coverage of this prescription drug in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

MO: Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

PA: Prior Authorization. The **Plan** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the **Plan** limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the **Plan** requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Commonly Prescribed Therapeutic Drug Categories

Analgesics

Opioid Analgesics, Long-acting

Drug Name	Drug Tier	Requirements/Limits
AVINZA CP24 120MG, 30MG, 60MG, 90MG	2	MO
AVINZA CP24 45MG, 75MG	2	QL(30 per 30 days) MO
DURAGESIC	3	QL(10 per 30 days) MO
EMBEDA	3	QL(60 per 30 days)
EXALGO TB24 8MG	3	QL(30 per 30 days) MO
EXALGO TB24 12MG, 16MG	3	QL(120 per 30 days) MO
fentanyl patches	1	GC QL(10 per 30 days) MO
KADIAN CP24 100MG, 20MG, 30MG, 50MG, 60MG, 80MG	3	MO
KADIAN CP24 10MG, 200MG	2	MO
morphine sulfate er	1	GC MO
morphine sulfate oral soln	1	GC MO
MS CONTIN	3	MO
OPANA ER	3	MO
OXYCONTIN TB12 10MG, 15MG, 20MG, 30MG, 40MG, 60MG	2	QL(60 per 30 days) MO
OXYCONTIN TB12 80MG	2	QL(120 per 30 days) MO
oxymorphone hydrochloride er	1	GC MO
tramadol hcl er tb24 300mg	1	GC QL(30 per 30 days)
tramadol hcl er tb24 200mg	1	GC QL(60 per 30 days) MO
tramadol hcl er tb24 100mg	1	GC QL(90 per 30 days) MO
ULTRAM ER TB24 200MG	3	QL(60 per 30 days) MO
ULTRAM ER TB24 100MG	3	QL(90 per 30 days) MO

Opioid Analgesics, Short-acting

ABSTRAL	3	QL(120 per 30 days) MO
acetaminophen / codeine oral soln	1	GC MO
acetaminophen / codeine tabs	1	GC QL(360 per 30 days) MO
acetaminophen/codeine #3	1	GC QL(360 per 30 days) MO
ACTIQ	3	QL(120 per 30 days) MO
ascomp/codeine	1	GC QL(240 per 30 days) MO
buprenorphine hcl subl	1	GC MO
butalbital/acetaminophen/caffeine/codeine	1	GC QL(240 per 30 days) MO
co-gesic	1	GC QL(240 per 30 days) MO
codeine sulfate	1	GC MO
DEMEROL TABS	3	PA MO
DILAUDID TABS	3	MO
DILAUDID-5	3	MO

Drug Name	Drug Tier	Requirements/Limits
DILAUDID-HP INJ 10MG/ML	3	
DOLOPHINE	3	MO
DOLOPHINE HCL	3	MO
duramorph	1	GC MO
endocet tabs 650mg; 10mg	1	GC QL(180 per 30 days) MO
endocet tabs 500mg; 7.5mg	1	GC QL(240 per 30 days) MO
endocet tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	1	GC QL(360 per 30 days) MO
endodan	1	GC QL(360 per 30 days) MO
fentanyl citrate oral transmucosal	1	GC QL(120 per 30 days) MO
FENTORA	3	QL(120 per 30 days) MO
FIORICET/CODEINE	3	QL(240 per 30 days) MO
FIORINAL/CODEINE #3	3	QL(240 per 30 days) MO
hydrocodone bitartrate/acetaminophen oral soln	1	GC MO
hydrocodone bitartrate/acetaminophen tabs 750mg; 10mg	1	GC QL(150 per 30 days) MO
hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg	1	GC QL(390 per 30 days) MO
hydrocodone/acetaminophen oral soln 500mg/15ml; 7.5mg/15ml	1	GC MO
hydrocodone/acetaminophen tabs 750mg; 7.5mg	1	GC QL(150 per 30 days) MO
hydrocodone/acetaminophen tabs 650mg; 10mg, 650mg; 7.5mg, 660mg; 10mg	1	GC QL(180 per 30 days) MO
hydrocodone/acetaminophen tabs 500mg; 10mg, 500mg; 2.5mg, 500mg; 5mg, 500mg; 7.5mg	1	GC QL(240 per 30 days) MO
hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	1	GC QL(360 per 30 days) MO
hydrocodone/ibuprofen	1	GC QL(240 per 30 days) MO
hydromorphone hcl inj 500mg/50ml	1	GC
hydromorphone hcl tabs	1	GC MO
LAZANDA	4	MO
LORCET 10/650	3	QL(180 per 30 days) MO
LORCET PLUS	3	QL(180 per 30 days) MO
LORTAB ELIX	3	MO
LORTAB TABS	3	QL(240 per 30 days) MO
margesic-h	1	GC QL(240 per 30 days) MO
MAXIDONE	3	QL(150 per 30 days) MO
meperidine hcl inj 10mg/ml	1	GC PA
meperidine hcl oral soln	1	GC PA MO
meperidine hcl tabs	1	GC PA MO
methadone hcl conc	1	GC MO
methadone hcl inj	1	GC
methadone hcl oral soln	1	GC MO
methadone hcl tabs	1	GC MO

Drug Name	Drug Tier	Requirements/Limits
methadose tabs	1	GC MO
morphine sulfate inj 0.5mg/ml	1	GC
morphine sulfate inj 1mg/ml	1	GC MO
morphine sulfate oral soln	1	GC MO
morphine sulfate tabs	1	GC MO
NORCO	3	QL(360 per 30 days) MO
ONSOLIS	3	QL(120 per 30 days)
OPANA TABS	3	MO
oxycodone / acetaminophen caps	1	GC QL(240 per 30 days) MO
oxycodone / acetaminophen tabs 650mg; 10mg	1	GC QL(180 per 30 days) MO
oxycodone / acetaminophen tabs 500mg; 7.5mg	1	GC QL(240 per 30 days) MO
oxycodone / acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	GC QL(360 per 30 days) MO
oxycodone hcl caps	1	GC MO
oxycodone hcl conc	1	GC MO
oxycodone hcl tabs 15mg, 30mg, 5mg	1	GC MO
oxycodone/aspirin tabs 325mg; 4.835mg	1	GC MO
oxycodone/aspirin tabs 325mg; 4.835mg	1	GC QL(360 per 30 days)
oxycodone/ibuprofen	1	GC QL(150 per 30 days) MO
oxymorphone hydrochloride	1	GC MO
pentazocine/acetaminophen	1	GC PA QL(180 per 30 days) MO
pentazocine/naloxone hcl	1	GC PA QL(360 per 30 days) MO
PERCOCET TABS 500MG; 7.5MG	3	QL(240 per 30 days) MO
PERCOCET TABS 325MG; 10MG, 325MG; 5MG, 325MG; 7.5MG	3	QL(360 per 30 days) MO
PERCODAN	3	QL(360 per 30 days) MO
ROXICET ORAL SOLN	3	QL(960 per 30 days) MO
ROXICET TABS 500MG; 5MG	3	QL(240 per 30 days) MO
roxicet tabs 325mg; 5mg	1	GC QL(360 per 30 days) MO
ROXICODONE	3	MO
SUBOXONE	3	MO
SUBUTEX	3	MO
tramadol	1	GC QL(240 per 30 days) MO
tramadol hcl / acetaminophen	1	GC QL(240 per 30 days) MO
TYLENOL/CODEINE #3	3	QL(360 per 30 days) MO
TYLENOL/CODEINE #4	3	QL(360 per 30 days) MO
TYLOX	3	QL(240 per 30 days) MO
ULTRACET	3	QL(240 per 30 days)
ULTRAM	3	QL(240 per 30 days) MO
VICODIN	3	QL(240 per 30 days) MO
VICODIN ES	3	QL(150 per 30 days) MO
VICOPROFEN	3	QL(240 per 30 days) MO

Anesthetics

Drug Name	Drug Tier	Requirements/Limits
Local Anesthetics		
EMLA	3	MO
lidocaine / prilocaine crea	1	GC MO
lidocaine external soln	1	GC MO
lidocaine gel	1	GC MO
lidocaine inj 0.5%, 1%	1	GC
lidocaine oint	1	GC MO
lidocaine viscous	1	GC MO
LIDODERM	3	QL(90 per 30 days) MO
SYNERA	2	MO
XYLOCAINE JELLY	3	MO
Anti-inflammatory Agents		
Nonsteroidal Anti-inflammatory Drugs		
ANAPROX	3	MO
ANAPROX DS	3	MO
ARTHROTEC 50	3	MO
ARTHROTEC 75	3	MO
CAMBIA	3	QL(9 per 30 days)
CATAFLAM	3	MO
CELEBREX	3	QL(60 per 30 days) MO
CLINORIL	3	MO
DAYPRO	3	MO
diclofenac potassium	1	GC MO
diclofenac sodium dr	1	GC MO
diclofenac sodium xr	1	GC MO
diflunisal	1	GC MO
EC-NAPROSYN	3	MO
etodolac	1	GC MO
FELDENE	3	MO
fenoprofen calcium	1	GC MO
FLECTOR	3	QL(60 per 30 days) MO
flurbiprofen	1	GC MO
ibuprofen tabs 400mg, 600mg, 800mg	1	GC MO
indomethacin caps	1	GC MO
indomethacin er	1	GC MO
ketoprofen	1	GC MO
ketoprofen er	1	GC MO
ketorolac tromethamine inj 15mg/ml, 30mg/ml	1	GC PA MO
ketorolac tromethamine tabs	1	GC PA QL(20 per 30 days) MO
meclofenamate sodium	1	GC MO
meloxicam susp	1	GC QL(300 per 30 days) MO
meloxicam tabs	1	GC QL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
MOBIC TABS	3	QL(30 per 30 days) MO
nabumetone	1	GC MO
NALFON CAPS 400MG	3	MO
NAPROSYN	3	MO
naproxen	1	GC MO
naproxen sodium tabs 275mg, 550mg	1	GC MO
oxaprozin	1	GC MO
piroxicam	1	GC MO
sulindac	1	GC MO
tolmetin sodium	1	GC MO
VOLTAREN GEL	3	MO
VOLTAREN-XR	3	MO
Antibacterials		
Amino Derivative Penicillins		
amoxicillin	1	GC MO
amoxicillin/clavulanate potassium	1	GC MO
amoxicillin/clavulanate potassium er	1	GC MO
amoxicillin/potassium clavulanate tabs	1	GC MO
ampicillin caps	1	GC MO
ampicillin inj 10gm, 125mg, 1gm	1	GC
ampicillin susr	1	GC MO
ampicillin-sulbactam inj 10gm; 5gm	1	GC
ampicillin-sulbactam inj 2gm; 1gm	1	GC MO
UNASYN BULK PACK	3	
UNASYN INJ 2GM; 1GM	3	MO
Aminoglycosides		
amikacin sulfate inj 500mg/2ml	1	GC
amikacin sulfate inj 50mg/ml	1	GC MO
gentamicin sulfate crea	1	GC MO
gentamicin sulfate inj 10mg/ml	1	GC
gentamicin sulfate inj 40mg/ml	1	GC MO
gentamicin sulfate oint 0.1%	1	GC MO
gentamicin sulfate ophthalmic soln	1	GC MO
gentamicin sulfate/0.9% sodium chloride	1	GC
gentamicin sulfate/sodium chloride inj 1.2mg/ml; 0.9%	1	GC
isotonic gentamicin inj 0.6mg/ml; 0.9%, 0.8mg/ml; 0.9%	1	GC
kanamycin sulfate	1	GC
neomycin sulfate	1	GC MO
paromomycin	1	GC MO
STREPTOMYCIN SULFATE	3	MO

Drug Name	Drug Tier	Requirements/Limits
TOBI	3	MO
tobramycin inj 10mg/ml, 80mg/2ml	1	GC MO
tobramycin ophthalmic soln 0.3%	1	GC MO
TOBRAMYCIN SULFATE / SODIUM CHLORIDE	3	
Antifolate Antibacterials		
PRIMSOL	2	MO
trimethoprim	1	GC MO
Beta-lactam, Other		
AZACTAM IN ISO-OSMOTIC DEXTROSE	3	
AZACTAM INJ 2GM	3	MO
aztreonam inj 1gm	1	GC MO
imipenem/cilastatin	1	GC MO
INVANZ	3	MO
PRIMAXIN I.M.	3	MO
PRIMAXIN IV	3	MO
Cephalosporin Antibacterials, 1st Generation		
cefadroxil	1	GC MO
cefazolin inj 10gm, 1gm; 5%, 500mg	1	GC
cefazolin inj 1gm	1	GC MO
cephalexin	1	GC MO
KEFLEX CAPS 250MG, 500MG	3	MO
Cephalosporin Antibacterials, 2nd Generation		
cefaclor	1	GC MO
cefaclor er	1	GC MO
cefoxitin sodium inj 10gm, 1gm; 4%, 2gm, 2gm; 2.2%	1	GC
cefoxitin sodium inj 1gm	1	GC MO
cefprozil	1	GC MO
CEFTIN SUSR 125MG/5ML	3	MO
CEFTIN TABS	3	MO
cefuroxime axetil	1	GC MO
cefuroxime sodium inj 7.5gm	1	GC
cefuroxime sodium inj 1.5gm, 750mg	1	GC MO
Cephalosporin Antibacterials, 3rd Generation		
CEDAX CAPS	3	MO
cefdinir	1	GC MO
cefepime inj 2gm	1	GC
cefepime inj 1gm	1	GC MO
cefotaxime sodium inj 10gm, 1gm, 500mg	1	GC
cefotaxime sodium inj 2gm	1	GC MO
cefpodoxime proxetil	1	GC MO

Drug Name	Drug Tier	Requirements/Limits
ceftazidime inj 1gm, 6gm	1	GC
ceftazidime inj 2gm	1	GC MO
CEFTAZIDIME/DEXTROSE	3	
ceftriaxone sodium inj 1gm, 250mg, 2gm, 500mg	1	GC MO
CLAFORAN INJ 10GM, 500MG	3	
CLAFORAN INJ 2GM	3	MO
FORTAZ INJ 1GM/50ML; 5%, 2GM/50ML; 5%, 6GM	3	
FORTAZ INJ 2GM	3	MO
SPECTRACEF	3	MO
SUPRAX SUSR	3	MO
SUPRAX TABS	3	
tazicef inj 1gm, 2gm, 6gm	1	GC
Extended Spectrum Penicillins		
piperacillin sodium	1	GC
piperacillin sodium/tazobactam sodium inj 4gm; 0.5gm	1	GC
piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm	1	GC MO
TIMENTIN INJ 0.1GM; 3GM	3	MO
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML	3	
ZOSYN INJ 3GM; 0.375GM	3	MO
Glycopeptide Antibacterials		
VANCOCIN ORAL	2	MO
vancomycin caps	1	GC MO
vancomycin inj 10gm, 500mg	1	B/D GC PA
vancomycin inj 1000mg	1	B/D GC PA MO
VIBATIV INJ 250MG	3	
Lincomycin Antibacterials		
CLEOCIN CAPS 150MG, 300MG	3	MO
CLEOCIN CREA	3	MO
CLEOCIN GALAXY	3	
CLEOCIN IN D5W	3	
CLEOCIN PEDIATRIC GRANULES	3	MO
CLEOCIN SUPP	2	MO
clindamycin hcl caps 150mg, 300mg	1	GC MO
clindamycin phosphate add-vantage	1	GC MO
clindamycin phosphate crea	1	GC MO
CLINDESSE	3	
LINCOCIN	3	MO
Macrolides		
azithromycin inj 500mg	1	GC MO

Drug Name	Drug Tier	Requirements/Limits
azithromycin susr	1	GC MO
azithromycin tabs 250mg, 500mg	1	GC QL(12 per 30 days) MO
azithromycin tabs 600mg	1	GC QL(30 per 30 days) MO
BIAXIN	3	MO
BIAXIN XL	3	MO
clarithromycin	1	GC MO
clarithromycin er	1	GC MO
DIFICID	3	PA QL(20 per 30 days) MO
ery-tab tbec 250mg, 333mg	1	GC MO
ERY-TAB TBEC 500MG	2	MO
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
erythrocin stearate	1	GC MO
ERYTHROMYCIN BASE	2	MO
erythromycin ethylsuccinate	1	GC MO
erythromycin oint	1	GC MO
erythromycin/sulfisoxazole	1	GC MO
KETEK	3	MO
ZITHROMAX INJ	3	MO
ZITHROMAX SUSR	3	MO
ZITHROMAX TABS 250MG, 500MG	3	QL(12 per 30 days) MO
ZITHROMAX TABS 600MG	3	QL(30 per 30 days) MO
ZITHROMAX TRI-PAK	3	QL(12 per 30 days) MO
ZITHROMAX Z-PAK	3	QL(12 per 30 days) MO
ZMAX	2	MO
Miscellaneous Antibacterials		
ALCOHOL PREPS	2	
ALTABAX	3	QL(15 per 30 days) MO
baciim	1	GC
bacitracin inj	1	GC MO
BACTROBAN CREA	2	MO
BACTROBAN NASAL	3	MO
BACTROBAN OINT	3	MO
colistimethate sodium	1	GC MO
COLY-MYCIN M	3	MO
CUBICIN	3	MO
FLAGYL	3	MO
HIPREX	3	MO
meropenem inj 500mg	1	GC MO
MERREM INJ 500MG	3	MO
methenamine hippurate	1	GC MO
METROCREAM	3	MO
METROGEL-VAGINAL	3	MO

Drug Name	Drug Tier	Requirements/Limits
METROLOTION	3	MO
metronidazole	1	GC MO
metronidazole in nacl 0.79%	1	GC MO
metronidazole vaginal	1	GC MO
MONUROL	2	MO
mupirocin	1	GC MO
neomycin/polymyxin b sulfates	1	GC MO
neomycin/polymyxin/hc	1	GC MO
polymyxin b sulfate	1	GC MO
PREVPAC	3	MO
SILVADENE	3	MO
silver sulfadiazine	1	GC MO
ssd	1	GC MO
TEFLARO	4	
thermazene	1	GC MO
TYGACIL	3	MO
vandazole	1	GC MO
XIFAXAN TABS 200MG	3	QL(9 per 30 days) MO
XIFAXAN TABS 550MG	3	QL(60 per 30 days) MO
Natural Penicillins		
BICILLIN C-R	3	MO
penicillin g potassium in iso-osmotic dextrose	1	GC
penicillin g potassium inj 5mu	1	GC
penicillin g procaine	1	GC MO
penicillin g sodium	1	GC
penicillin v potassium	1	GC MO
pfizerpen-g inj 20mu	1	GC
Nitrofuran Antibacterials		
FURADANTIN	3	PA MO
MACROBID	3	PA MO
MACRODANTIN CAPS 100MG, 50MG	3	PA MO
nitrofurantoin	1	GC PA MO
nitrofurantoin macrocrystalline caps 50mg	1	GC PA MO
nitrofurantoin monohydrate	1	GC PA MO
Oxazolidinone Antibacterials		
ZYVOX INJ	2	MO
ZYVOX SUSR	2	QL(180 per 3 days) MO
ZYVOX TABS	2	QL(6 per 3 days) MO
Penicillinase-resistant Penicillins		
BACTOCILL IN DEXTROSE	3	
dicloxacillin sodium	1	GC MO
nafcillin sodium inj 10gm	1	GC

Drug Name	Drug Tier	Requirements/Limits
nafcillin sodium inj 1gm	1	GC MO
oxacillin sodium inj 10gm, 1gm	1	GC
Quinolones		
AVELOX ABC PACK	2	MO
AVELOX INJ	2	
AVELOX TABS	2	MO
CIPRO HC	3	MO
CIPRO SUSR	2	
CIPRO TABS 750MG	3	
CIPRO TABS 250MG, 500MG	3	MO
CIPRODEX	3	QL(7.5 per 30 days) MO
ciprofloxacin er	1	GC MO
ciprofloxacin inj 400mg/40ml	1	GC
ciprofloxacin ophthalmic soln	1	GC MO
ciprofloxacin tabs	1	GC MO
factive	2	MO
LEVAQUIN INJ 5%; 750MG/150ML	3	
LEVAQUIN INJ 25MG/ML	3	MO
LEVAQUIN ORAL SOLN	3	MO
LEVAQUIN TABS	3	MO
levofloxacin	1	GC MO
levofloxacin in d5w inj 5%; 500mg/100ml	1	GC
OCUFLOX	3	MO
ofloxacin	1	GC MO
Sulfonamides		
BACTRIM	3	MO
BACTRIM DS	3	MO
sulfacetamide sodium / prednisolone sodium phospha	1	GC MO
sulfacetamide sodium oint	1	GC
sulfadiazine	1	GC MO
sulfamethoxazole/trimethoprim	1	GC MO
sulfamethoxazole/trimethoprim ds	1	GC MO
Tetracyclines		
ADOXA PAK 1/75	3	MO
ADOXA TABS 50MG	3	MO
demeclocycline hcl	1	GC MO
doxycycline caps 75mg	1	GC MO
doxycycline hyclate caps	1	GC MO
doxycycline hyclate cpep 100mg	1	GC
doxycycline hyclate cpep 75mg	1	GC MO
doxycycline hyclate inj	1	GC MO

Drug Name	Drug Tier	Requirements/Limits
doxycycline hyclate tabs	1	GC MO
doxycycline hyclate tbec 100mg, 75mg	1	GC MO
doxycycline monohydrate tabs 150mg, 50mg, 75mg	1	GC MO
DYNACIN	3	MO
MINOCIN CAPS	3	MO
minocycline hcl	1	GC MO
PERIOSTAT	3	MO
tetracycline hcl	1	GC MO
VIBRAMYCIN CAPS	3	MO
Anticonvulsants		
Anticonvulsants, Other		
BANZEL SUSP	3	QL(2400 per 30 days) MO
BANZEL TABS 400MG	3	QL(240 per 30 days) MO
BANZEL TABS 200MG	3	QL(480 per 30 days) MO
clonazepam tabs 0.5mg, 1mg	1	ED GC QL(90 per 30 days)
clonazepam tabs 2mg	1	ED GC QL(120 per 30 days)
KEPPRA INJ	3	
KEPPRA ORAL SOLN	3	MO
KEPPRA TABS 1000MG	3	QL(90 per 30 days) MO
KEPPRA TABS 250MG, 750MG	3	QL(120 per 30 days) MO
KEPPRA TABS 500MG	3	QL(180 per 30 days) MO
KEPPRA XR TB24 750MG	3	QL(120 per 30 days) MO
KEPPRA XR TB24 500MG	3	QL(180 per 30 days) MO
levetiracetam er tb24 750mg	1	GC QL(120 per 30 days) MO
levetiracetam er tb24 500mg	1	GC QL(180 per 30 days) MO
levetiracetam inj 500mg/5ml	1	GC
levetiracetam oral soln	1	GC MO
levetiracetam tabs 1000mg	1	GC QL(90 per 30 days) MO
levetiracetam tabs 250mg, 750mg	1	GC QL(120 per 30 days) MO
levetiracetam tabs 500mg	1	GC QL(180 per 30 days) MO
POTIGA	3	MO
Calcium Channel Modifying Agents		
CELONTIN	2	MO
ethosuximide	1	GC MO
LYRICA CAPS 225MG, 300MG	3	QL(60 per 30 days) MO
LYRICA CAPS 200MG	3	QL(90 per 30 days) MO
LYRICA CAPS 150MG	3	QL(120 per 30 days) MO
LYRICA CAPS 100MG, 25MG, 50MG, 75MG	3	QL(150 per 30 days) MO
ZARONTIN	3	MO
ZONEGRAN	3	MO
zonisamide	1	GC MO

Drug Name	Drug Tier	Requirements/Limits
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
DEPACON	3	MO
DEPAKENE	3	MO
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
divalproex sodium	1	GC MO
divalproex sodium dr	1	GC MO
divalproex sodium er	1	GC MO
gabapentin caps	1	GC MO
gabapentin oral soln	1	GC QL(2160 per 30 days) MO
gabapentin tabs	1	GC MO
GABITRIL	2	MO
MYSOLINE	3	MO
NEURONTIN CAPS	3	MO
NEURONTIN ORAL SOLN	3	QL(2160 per 30 days) MO
NEURONTIN TABS	3	MO
primidone	1	GC MO
SABRIL	4	LA QL(180 per 30 days) MO
valproate sodium	1	GC MO
valproic acid	1	GC MO
Glutamate Reducing Agents		
felbamate	1	GC MO
FELBATOL	3	MO
LAMICTAL TABS	3	MO
lamotrigine	1	GC MO
TOPAMAX	3	MO
topiramate	1	GC MO
Sodium Channel Inhibitors		
carbamazepine	1	GC MO
carbamazepine er	1	GC MO
DILANTIN CAPS 100MG	3	MO
DILANTIN CAPS 30MG	2	MO
DILANTIN INFATABS	2	MO
DILANTIN SUSP	3	MO
epitol	1	GC MO
fosphenytoin sodium inj 100mg pe/2ml	1	GC MO
oxcarbazepine	1	GC MO
PEGANONE	2	MO
PHENYTEK	3	MO
phenytoin	1	GC MO
phenytoin sodium	1	GC

Drug Name	Drug Tier	Requirements/Limits
phenytoin sodium extended	1	GC MO
TEGRETOL	3	MO
TEGRETOL-XR TB12 200MG, 400MG	3	MO
TEGRETOL-XR TB12 100MG	2	MO
TRILEPTAL	3	MO
VIMPAT INJ	3	
VIMPAT ORAL SOLN	3	QL(1800 per 30 days) MO
VIMPAT TABS	3	QL(60 per 30 days) MO
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates	1	GC PA MO
Cholinesterase Inhibitors		
ARICEPT ODT	3	QL(30 per 30 days) MO
ARICEPT TABS 23MG	2	QL(30 per 30 days) MO
ARICEPT TABS 10MG, 5MG	3	QL(30 per 30 days) MO
donepezil hcl	1	GC QL(30 per 30 days) MO
EXELON CAPS	3	QL(60 per 30 days) MO
EXELON ORAL SOLN	2	QL(600 per 30 days) MO
EXELON PT24	2	QL(30 per 30 days) MO
galantamine hydrobromide cp24	1	GC QL(30 per 30 days) MO
galantamine hydrobromide oral soln	1	GC QL(600 per 30 days) MO
galantamine hydrobromide tabs	1	GC QL(60 per 30 days) MO
RAZADYNE ER	3	QL(30 per 30 days) MO
RAZADYNE ORAL SOLN	3	QL(600 per 30 days) MO
RAZADYNE TABS	3	QL(60 per 30 days) MO
rivastigmine tartrate	1	GC QL(60 per 30 days) MO
Glutamate Pathway Modifiers		
NAMENDA ORAL SOLN	2	QL(300 per 30 days) MO
NAMENDA TABS	2	QL(60 per 30 days) MO
NAMENDA TITRATION PAK	2	MO
Antidepressants		
Antidepressants, Other		
budeprion sr	1	GC QL(60 per 30 days) MO
budeprion xl tb24 300mg	1	GC QL(30 per 30 days) MO
budeprion xl tb24 150mg	1	GC QL(90 per 30 days)
bupropion hcl	1	GC MO
bupropion hcl sr	1	GC QL(60 per 30 days) MO
maprotiline	1	GC MO
mirtazapine	1	GC MO
mirtazapine odt tbdp 30mg, 45mg	1	GC MO
nefazodone tabs 100mg, 150mg, 250mg, 50mg	1	GC QL(60 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
nefazodone tabs 200mg	1	GC QL(90 per 30 days) MO
OLEPTRO TB24 300MG	3	QL(30 per 30 days) MO
OLEPTRO TB24 150MG	3	QL(75 per 30 days) MO
REMERON	3	MO
REMERON SOLTAB	3	MO
trazodone	1	GC MO
VIIBRYD KIT	3	MO
VIIBRYD TABS	3	QL(30 per 30 days) MO
WELLBUTRIN	3	MO
WELLBUTRIN SR	3	QL(60 per 30 days) MO
WELLBUTRIN XL TB24 300MG	3	QL(30 per 30 days) MO
WELLBUTRIN XL TB24 150MG	3	QL(90 per 30 days) MO
Monoamine Oxidase Inhibitors		
EMSAM	3	QL(30 per 30 days) MO
MARPLAN	3	MO
PARNATE	3	MO
phenelzine sulfate	1	GC MO
tranylcypromine	1	GC MO
Serotonin/ Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP 60MG	2	QL(30 per 30 days) MO
CYMBALTA CPEP 20MG, 30MG	2	QL(60 per 30 days) MO
EFFEXOR XR CP24 150MG, 37.5MG	3	QL(30 per 30 days) MO
EFFEXOR XR CP24 75MG	3	QL(90 per 30 days) MO
PRISTIQ	3	QL(30 per 30 days) MO
SAVELLA	2	QL(60 per 30 days) MO
SAVELLA TITRATION PACK	2	QL(55 per 28 days) MO
venlafaxine hcl er cp24 150mg, 37.5mg	1	GC QL(30 per 30 days) MO
venlafaxine hcl er cp24 75mg	1	GC QL(90 per 30 days) MO
venlafaxine hcl er tb24 150mg	1	GC QL(30 per 30 days) MO
venlafaxine hcl er tb24 37.5mg, 75mg	1	GC QL(90 per 30 days) MO
VENLAFAXINE HCL ER TB24 225MG	2	QL(30 per 30 days)
venlafaxine hcl tabs 100mg, 25mg, 37.5mg, 50mg	1	GC QL(90 per 30 days) MO
venlafaxine hcl tabs 75mg	1	GC QL(150 per 30 days) MO
Tricyclics		
amitriptyline	1	GC MO
amoxapine	1	GC MO
ANAFRANIL	3	MO
clomipramine	1	GC MO
desipramine	1	GC MO
doxepin	1	GC MO
imipramine	1	GC MO
imipramine pamoate	1	GC MO

Drug Name	Drug Tier	Requirements/Limits
NORPRAMIN	3	MO
nortriptyline	1	GC MO
PAMELOR	3	MO
perphenazine/amitriptyline	1	GC MO
protriptyline hcl	1	GC MO
SURMONTIL	3	MO
TOFRANIL	3	MO
trimipramine maleate caps 100mg	1	GC
trimipramine maleate caps 25mg, 50mg	1	GC MO
VIVACTIL	3	MO
Antidotes, Deterrents, and Toxicologic Agents		
Alcohol Deterrents		
ANTABUSE	2	MO
CAMPRAL	2	MO
disulfiram	1	GC MO
Antidotes		
acetylcysteine	1	B/D GC PA MO
amifostine	1	GC MO
ANTIZOL	3	
ETHYOL	3	MO
EXJADE	2	LA MO
fomepizole	1	GC
kionex powd	1	GC MO
leucovorin calcium inj 100mg, 350mg	1	GC MO
leucovorin calcium tabs	1	GC MO
mesna	1	GC MO
MESNEX TABS	2	MO
sodium polystyrene sulfonate powd	1	GC MO
SYPRINE	2	MO
Opioid Antagonists		
depade	1	GC MO
naloxone	1	GC
naltrexone	1	GC MO
REVIA	3	MO
Smoking Cessation Agents		
CHANTIX	3	MO
CHANTIX STARTING MONTH PAK	3	MO
NICOTROL INHALER	2	MO
NICOTROL NASAL	2	MO
Toxicologic Agents		
FERRIPROX	4	

Drug Name	Drug Tier	Requirements/Limits
Antiemetics		
5-Hydroxytryptamine 3 (5-HT3) Antagonists		
ANZEMET TABS 100MG	3	B/D PA QL(4 per 30 days) MO
ANZEMET TABS 50MG	3	B/D PA QL(8 per 30 days) MO
granisetron tabs	1	B/D GC PA QL(30 per 30 days) MO
granisol	1	B/D GC PA
ondansetron hcl inj 4mg/2ml	1	GC MO
ondansetron hcl oral soln	1	B/D GC PA QL(450 per 30 days) MO
ondansetron hcl tabs 24mg	1	B/D GC PA QL(15 per 30 days)
ondansetron hcl tabs 4mg, 8mg	1	B/D GC PA QL(45 per 30 days) MO
ondansetron odt	1	B/D GC PA QL(45 per 30 days) MO
ZOFRAN INJ	3	MO
ZOFRAN ODT	3	B/D PA QL(45 per 30 days) MO
ZOFRAN ORAL SOLN	3	B/D PA QL(450 per 30 days) MO
ZOFRAN TABS	3	B/D PA QL(45 per 30 days) MO
Antiemetics, Other		
CESAMET	3	QL(60 per 30 days) MO
compro	1	GC MO
dronabinol	1	GC QL(120 per 30 days) MO
MARINOL	3	QL(120 per 30 days) MO
metoclopramide	1	GC MO
phenadoz supp 12.5mg	1	GC PA
phenadoz supp 25mg	1	GC PA MO
PHENERGAN	3	
prochlorperazine	1	GC
prochlorperazine edisylate	1	GC MO
prochlorperazine maleate	1	GC MO
promethazine hcl inj 25mg/ml	1	GC
promethazine hcl inj 50mg/ml	1	GC MO
promethazine hcl supp	1	GC PA MO
promethazine hcl syrp	1	GC PA MO
promethazine hcl tabs	1	GC PA MO
promethazine vc	1	GC PA MO
promethegan supp 25mg, 50mg	1	GC PA MO
REGLAN TABS	3	MO
SANCUSO	3	QL(4 per 28 days) MO
TIGAN	3	PA MO
TRANSDERM-SCOP	3	PA MO
trimethobenzamide hcl caps	1	GC PA MO

Drug Name	Drug Tier	Requirements/Limits
trimethobenzamide hcl inj	1	GC PA
Neurokinin 1 (NK1) Receptor Antagonists		
EMEND CAPS	2	B/D PA QL(6 per 30 days) MO
Antifungals		
Allylamine Antifungals		
LAMISIL TABS	3	QL(30 per 30 days) MO
NAFTIN CREA 1%	2	MO
NAFTIN GEL	2	MO
terbinafine tabs	1	GC QL(30 per 30 days) MO
Antifungals (Other)		
ANCOBON	3	MO
ciclopirox	1	GC MO
ciclopirox nail lacquer	1	GC MO
ciclopirox olamine	1	GC MO
flucytosine	1	GC MO
GRIFULVIN V	3	MO
griseofulvin microsize	1	GC MO
LOPROX	3	MO
LOPROX SHAMPOO	3	MO
PENLAC NAIL LACQUER	3	MO
Azole Antifungals		
clotrimazole / betamethasone	1	GC MO
clotrimazole external crea	1	GC MO
clotrimazole troc	1	GC MO
DIFLUCAN SUSR	3	MO
DIFLUCAN TABS 100MG, 200MG, 50MG	3	MO
DIFLUCAN TABS 150MG	3	QL(4 per 30 days) MO
econazole nitrate	1	GC MO
EXELDERM	3	MO
fluconazole in dextrose inj 0; 400mg/200ml	1	GC
fluconazole susr	1	GC MO
fluconazole tabs 100mg, 200mg, 50mg	1	GC MO
fluconazole tabs 150mg	1	GC QL(4 per 30 days) MO
itraconazole	1	GC PA MO
ketoconazole	1	GC MO
LOTRISONE	3	MO
miconazole 3	1	GC MO
NIZORAL	3	MO
NOXAFIL	2	PA MO
OXISTAT	3	MO
SPORANOX CAPS	3	PA MO
TERAZOL 3 CREA	3	QL(40 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
TERAZOL 3 SUPP	3	QL(12 per 30 days) MO
TERAZOL 7	3	QL(90 per 30 days) MO
terconazole crea 0.8%	1	GC QL(40 per 30 days) MO
terconazole crea 0.4%	1	GC QL(90 per 30 days) MO
terconazole supp	1	GC QL(12 per 30 days) MO
VFEND IV	3	MO
VFEND SUSR	3	QL(300 per 30 days) MO
VFEND TABS 200MG	3	QL(60 per 30 days) MO
VFEND TABS 50MG	3	QL(120 per 30 days) MO
voriconazole tabs 200mg	1	GC QL(60 per 30 days) MO
voriconazole tabs 50mg	1	GC QL(120 per 30 days) MO
zazole crea 0.8%	1	GC QL(40 per 30 days) MO
zazole crea 0.4%	1	GC QL(90 per 30 days) MO
Echinocandin Antifungals		
CANCIDAS	3	
ERAXIS INJ 100MG	3	
Polyene Antifungals		
amphotericin b	1	B/D GC PA MO
NATACYN	3	MO
nystatin / triamcinolone	1	GC MO
nystatin crea	1	GC MO
nystatin external powd	1	GC
nystatin oint	1	GC MO
nystatin susp	1	GC MO
nystatin tabs	1	GC MO
nystop	1	GC MO
pedi-dri	1	GC MO
Antigout Agents		
Antigout Agents (Non-renal Tubular Blocking Agents and Non-xanthine Inhibitors)		
COLCRYS	3	QL(120 per 30 days) MO
Renal Tubular Blocking Agents		
probenecid	1	GC MO
probenecid / colchicine	1	GC MO
Xanthine Oxidase Inhibitors		
allopurinol inj	1	GC
allopurinol tabs	1	GC MO
ALOPRIM	3	
ULORIC	2	QL(30 per 30 days) MO
ZYLOPRIM	3	MO
Antimigraine Agents		
Ergot Alkaloids		

Drug Name	Drug Tier	Requirements/Limits
CAFERGOT	3	QL(40 per 30 days) MO
D.H.E. 45	3	MO
dihydroergotamine mesylate	1	GC MO
ergotamine tartrate / caffeine	1	GC QL(40 per 30 days) MO
migergot	1	GC QL(20 per 28 days) MO
MIGRANAL	3	QL(16 per 30 days) MO
Triptans		
AMERGE	3	QL(9 per 30 days) MO
FROVA	3	QL(12 per 30 days) MO
IMITREX INJ	3	QL(6 per 30 days) MO
IMITREX TABS	3	QL(9 per 30 days) MO
MAXALT	2	QL(12 per 30 days) MO
MAXALT-MLT	2	QL(12 per 30 days) MO
naratriptan hcl	1	GC QL(9 per 30 days) MO
RELPAX	2	QL(9 per 30 days) MO
sumatriptan succinate inj 6mg/0.5ml	1	GC QL(6 per 30 days) MO
sumatriptan succinate tabs	1	GC QL(9 per 30 days) MO
ZOMIG NASAL SOLN	3	QL(6 per 30 days) MO
ZOMIG TABS	3	QL(9 per 30 days) MO
ZOMIG ZMT	3	QL(9 per 30 days) MO
Antimyasthenic Agents		
Parasympathomimetics		
guanidine hcl	1	GC
MESTINON	3	MO
MYTELASE	3	MO
pyridostigmine bromide	1	GC MO
Antimycobacterials		
Antimycobacterials, Other		
ACZONE	3	MO
DAPSONE	2	MO
MYCOBUTIN	2	MO
Antituberculars		
CAPASTAT SULFATE	3	
ethambutol tabs 400mg	1	GC
ethambutol tabs 100mg	1	GC MO
isonarif	1	GC MO
isoniazid inj	1	GC
isoniazid syrp	1	GC MO
isoniazid tabs	1	GC MO
MYAMBUTOL	3	MO
PASER	2	MO

Drug Name	Drug Tier	Requirements/Limits
PRIFTIN	2	MO
pyrazinamide	1	GC MO
RIFADIN	3	MO
RIFAMATE	3	MO
rifampin	1	GC MO
RIFATER	2	MO
SEROMYCIN	2	MO
TRECATOR	2	MO
Antineoplastics		
Alkylating Agents, Other		
BUSULFEX	3	
carboplatin inj 150mg/15ml	1	GC MO
cisplatin inj 100mg/100ml	1	GC MO
cyclophosphamide tabs	1	B/D GC PA MO
dacarbazine inj 200mg	1	GC MO
ifosfamide inj 1gm	1	GC MO
IFOSFAMIDE/MESNA	4	
MATULANE	4	MO
oxaliplatin inj 100mg/20ml	1	GC
thiotepa	1	GC MO
TREANDA INJ 100MG	4	MO
vinblastine sulfate inj 10mg	1	GC
vincasar pfs	1	GC MO
vincristine sulfate	1	GC MO
Anti-CD20 Antibodies		
ARZERRA	4	MO
AVASTIN INJ 100MG/4ML	3	MO
CAMPATH	2	LA
ERBITUX INJ 100MG/50ML	2	MO
RITUXAN	4	LA MO
SIMULECT INJ 20MG	4	MO
VECTIBIX INJ 100MG/5ML	3	MO
Antiangiogenic Agents		
REVLIMID CAPS 10MG, 15MG, 25MG, 5MG	4	LA QL(30 per 30 days) MO
THALOMID	4	MO
Antimetabolites, Other		
ALIMTA INJ 500MG	4	MO
DROXIA	2	MO
fluorouracil inj 500mg/10ml	1	GC MO
HYDREA	3	MO
hydroxyurea	1	GC MO
idarubicin hcl inj 10mg/10ml	1	GC

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics, Other		
ABRAXANE	2	MO
adriamycin inj 2mg/ml	1	GC
bleomycin sulfate inj 30unit	1	GC MO
COSMEGEN	3	MO
daunorubicin hcl inj 20mg	1	GC
DAUNOXOME	2	MO
DOCEFREZ	4	
docetaxel inj 80mg/8ml	4	
docetaxel inj 80mg/4ml	1	GC
DOXIL	3	MO
doxorubicin hcl inj 2mg/ml	1	GC
ELSPAR	2	MO
epirubicin hcl inj 50mg/25ml	1	GC
ERIVEDGE	4	PA MO
ETOPOPHOS	2	MO
etoposide inj	1	GC MO
HALAVEN	3	MO
HYCAMTIN INJ	4	MO
irinotecan inj 100mg/5ml	1	GC MO
ISTODAX	4	MO
IXEMPRA KIT INJ 45MG	4	MO
JAKAFI	4	PA QL(60 per 30 days) MO
JEVTANA	4	PA MO
LYSODREN	2	MO
mitomycin inj 20mg	1	GC MO
mitoxantrone hcl	1	GC MO
NOVANTRONE	3	MO
ONTAK	2	
paclitaxel inj 300mg/50ml	1	GC MO
PANRETIN	2	MO
SYLATRON	4	PA MO
TAXOTERE INJ 80MG/2ML	4	
TAXOTERE INJ 80MG/4ML	4	MO
topotecan hcl inj 4mg	4	MO
TORISEL	4	MO
TRISENOX	2	MO
VELCADE	2	MO
vinorelbine tartrate inj 50mg/5ml	1	GC MO
ZANOSAR	2	MO
ZOLINZA	4	QL(120 per 30 days) MO
ZYTIGA	4	LA PA MO

Drug Name	Drug Tier	Requirements/Limits
Aromatase Inhibitors, 3rd Generation		
anastrozole	1	GC MO
ARIMIDEX	3	MO
AROMASIN	3	MO
exemestane	1	GC MO
FEMARA	3	MO
letrozole	1	GC MO
Epidermal Growth Factor Receptor Tyrosine Kinase Inhibitors		
INLYTA	4	PA MO
IRESSA	4	LA QL(30 per 30 days)
TARCEVA	4	MO
XALKORI	4	PA QL(60 per 30 days) MO
Estrogen-nitrosoureas		
EMCYT	3	MO
FASLODEX	4	MO
Ethylenimines/ Methylmelamines		
HEXALEN	4	MO
Molecular Target Inhibitors		
ZELBORAF	4	PA QL(240 per 30 days) MO
Monoclonal Antibodies		
YERVOY INJ 50MG/10ML	4	PA QL(40 per 365 days) MO
Multitargeted Kinase Inhibitors, Bcr-Abl/c-kit Receptor Tyrosine Kinase Inhibitors		
CAPRELSA	4	LA PA
GLEEVEC	4	MO
SPRYCEL TABS 100MG, 140MG, 80MG	4	QL(30 per 30 days) MO
SPRYCEL TABS 20MG, 70MG	4	QL(60 per 30 days) MO
SPRYCEL TABS 50MG	4	QL(120 per 30 days) MO
TASIGNA	4	QL(112 per 28 days) MO
VANDETANIB	4	LA PA
Multitargeted Kinase Inhibitors, HER2 Receptor Tyrosine Kinase Inhibitors		
HERCEPTIN	4	MO
TYKERB	4	QL(150 per 30 days) MO
Multitargeted Kinase Inhibitors, Vascular Endothelial Growth Factor Receptor Tyrosine Kinase Inhib.		
AFINITOR	4	QL(30 per 30 days) MO
NEXAVAR	4	LA QL(120 per 30 days) MO
SUTENT	4	MO
VOTRIENT	4	QL(120 per 30 days) MO
ZORTRESS	2	B/D PA QL(60 per 30 days) MO
Nitrogen Mustards		
LEUKERAN	2	MO

Drug Name	Drug Tier	Requirements/Limits
melphalan hydrochloride	1	GC
MUSTARGEN	2	MO
Nitrosoureas		
BICNU	3	MO
CEENU	3	MO
Purine Analogs and Related Inhibitors		
ARRANON	3	
cladribine	1	GC MO
CLOLAR	2	
cytarabine inj 500mg	1	GC MO
DACOGEN	4	MO
fludarabine phosphate inj 50mg	1	GC MO
gemcitabine hcl inj 1gm	1	GC MO
gemcitabine inj 1gm/26.3ml	1	GC
GEMZAR INJ 1GM	3	MO
mercaptopurine	1	GC MO
pentostatin	1	GC MO
PURINETHOL	3	MO
TABLOID	3	MO
VIDAZA	2	MO
Retinoids		
TARGRETIN CAPS	4	MO
TARGRETIN GEL	2	MO
tretinoin	1	GC MO
Selective Estrogen Receptor Modulators, 1st Generation		
FARESTON	3	MO
tamoxifen citrate	1	GC MO
Antiparasitics		
Anthelmintics		
ALBENZA	3	MO
BILTRICIDE	3	MO
mebendazole	1	GC MO
Antimalarials		
ARALEN	3	MO
atovaquone/proguanil hcl tabs 250mg; 100mg	1	GC MO
chloroquine	1	GC MO
COARTEM	2	QL(24 per 31 days) MO
DARAPRIM	2	MO
hydroxychloroquine	1	GC MO
PLAQUENIL	3	MO
QUALAQUIN	2	PA MO

Drug Name	Drug Tier	Requirements/Limits
Antiprotozoals (Non-antimalarials)		
ALINIA SUSR	3	QL(60 per 7 days) MO
ALINIA TABS	3	QL(60 per 30 days) MO
MEPRON	2	MO
NEBUPENT	3	B/D PA MO
PENTAM 300	3	MO
Pediculicides/ Scabicides		
EURAX	3	MO
lindane	1	GC MO
OVIDE	3	MO
permethrin crea	1	GC MO
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tabs	1	GC MO
trihexyphenidyl	1	GC MO
Antiparkinson Agents, Other		
amantadine	1	GC MO
APOKYN	4	LA QL(60 per 30 days) MO
Catechol O-methyltransferase (COMT) Inhibitors		
COMTAN	2	MO
TASMAR	2	MO
Dopamine Agonists, Ergot		
bromocriptine mesylate	1	GC MO
cabergoline	1	GC MO
PARLODEL	3	MO
Dopamine Agonists, Nonergot		
MIRAPEX	3	MO
MIRAPEX ER TB24 0.375MG, 0.75MG, 1.5MG, 3MG	3	MO
MIRAPEX ER TB24 2.25MG, 3.75MG, 4.5MG	3	QL(30 per 30 days) MO
pramipexole dihydrochloride	1	GC MO
REQUIP	3	MO
REQUIP XL TB24 12MG, 6MG, 8MG	2	QL(60 per 30 days) MO
REQUIP XL TB24 2MG, 4MG	2	QL(90 per 30 days) MO
ropinirole	1	GC MO
Dopamine Precursors		
carbidopa / levodopa	1	GC MO
carbidopa/levodopa cr	1	GC MO
carbidopa/levodopa sr tbcr 50mg; 200mg	1	GC MO
PARCOPA TBDP 25MG; 100MG, 25MG; 250MG	3	MO
SINEMET	3	MO

Drug Name	Drug Tier	Requirements/Limits
SINEMET CR	3	MO
STALEVO 100	2	MO
STALEVO 125	2	MO
STALEVO 150	2	MO
STALEVO 200	2	MO
STALEVO 50	2	MO
STALEVO 75	2	MO
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT	2	QL(30 per 30 days) MO
ELDEPRYL	3	MO
selegiline caps	1	GC MO
SELEGILINE TABS	1	GC MO
Antipsychotics		
Atypicals		
ABILIFY	2	MO
ABILIFY DISCMELT	2	MO
clozapine	1	GC
CLOZARIL	3	
FANAPT	3	MO
FANAPT TITRATION PACK	3	MO
FAZACLO	2	
GEODON CAPS	3	QL(60 per 30 days) MO
GEODON INJ	2	MO
INVEGA SUSTENNA INJ 39MG/0.25ML	3	QL(0.5 per 30 days) MO
INVEGA SUSTENNA INJ 156MG/ML, 78MG/0.5ML	3	QL(1 per 30 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML, 234MG/1.5ML	3	QL(1.5 per 30 days) MO
INVEGA TB24 3MG, 9MG	3	QL(30 per 30 days) MO
INVEGA TB24 1.5MG, 6MG	3	QL(60 per 30 days) MO
LATUDA	3	QL(30 per 30 days) MO
olanzapine inj	1	GC MO
olanzapine odt	1	GC QL(30 per 30 days) MO
olanzapine tabs	1	GC QL(30 per 30 days) MO
quetiapine fumarate tabs 50mg	1	GC MO
quetiapine fumarate tabs 100mg, 200mg, 25mg, 300mg, 400mg	1	GC QL(60 per 30 days) MO
RISPERDAL	3	MO
RISPERDAL CONSTA	2	MO
RISPERDAL M-TAB	3	MO
risperidone	1	GC MO
risperidone odt	1	GC MO
SAPHRIS	3	QL(60 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL TABS 50MG	2	MO
SEROQUEL TABS 100MG, 200MG, 25MG, 300MG, 400MG	2	QL(60 per 30 days) MO
SEROQUEL XR TB24 300MG, 400MG	2	QL(60 per 30 days) MO
SEROQUEL XR TB24 150MG, 200MG, 50MG	2	QL(90 per 30 days) MO
ziprasidone hcl	1	GC QL(60 per 30 days) MO
ZYPREXA INJ	3	MO
ZYPREXA TABS	3	QL(30 per 30 days) MO
ZYPREXA ZYDIS	3	QL(30 per 30 days) MO
Conventional		
chlorpromazine	1	GC MO
fluphenazine conc	1	GC
fluphenazine decanoate inj	1	GC MO
fluphenazine elix	1	GC MO
fluphenazine inj	1	GC MO
fluphenazine tabs	1	GC MO
HALDOL	3	MO
HALDOL DECANOATE 100	3	MO
HALDOL DECANOATE 50	3	MO
haloperidol	1	GC MO
haloperidol decanoate inj	1	GC MO
haloperidol lactate inj	1	GC MO
loxapine	1	GC MO
LOXITANE	3	MO
NAVANE	3	MO
ORAP	2	MO
perphenazine	1	GC MO
thioridazine	1	GC PA MO
thiothixene	1	GC MO
trifluoperazine	1	GC MO
Antispasticity Agents		
Antispasticity Agents		
baclofen	1	GC MO
DANTRIUM	3	MO
dantrolene sodium caps	1	GC MO
tizanidine hcl	1	GC MO
ZANAFLEX TABS	3	MO
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
foscarnet sodium	1	B/D GC PA MO
ganciclovir	1	GC MO
VISTIDE	3	MO

Drug Name	Drug Tier	Requirements/Limits
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors		
ATRIPLA	4	QL(30 per 30 days) MO
COMPLERA	4	MO
EDURANT	3	QL(30 per 30 days) MO
INTELENCE TABS 200MG	4	QL(60 per 30 days) MO
INTELENCE TABS 100MG	4	QL(120 per 30 days) MO
RESCRIPTOR	3	MO
SUSTIVA	2	MO
VIRAMUNE	2	MO
VIRAMUNE XR	2	MO
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors		
COMBIVIR	3	MO
didanosine	1	GC MO
EMTRIVA	3	MO
EPIVIR HBV	2	MO
EPIVIR ORAL SOLN	2	MO
EPIVIR TABS	3	MO
EPZICOM	2	MO
lamivudine	1	GC MO
lamivudine/zidovudine	1	GC MO
RETROVIR	3	MO
RETROVIR IV INFUSION	3	MO
stavudine	1	GC MO
TRIZIVIR	4	MO
TRUVADA	4	MO
VIDEX EC	3	MO
VIDEX PEDIATRIC ORAL SOLN 2GM	3	MO
VIREAD	3	MO
ZERIT	3	MO
ZIAGEN	2	MO
zidovudine	1	GC MO
Anti-HIV Agents, Other		
FUZEON	4	QL(1 per 30 days) MO
ISENTRESS	4	QL(60 per 30 days) MO
SELZENTRY TABS 150MG	4	QL(60 per 30 days) MO
SELZENTRY TABS 300MG	4	QL(120 per 30 days) MO
Anti-HIV Agents, Protease Inhibitors		
APTIVUS CAPS	3	MO
APTIVUS ORAL SOLN	3	QL(300 per 30 days)
CRIXIVAN CAPS 100MG	3	
CRIXIVAN CAPS 200MG, 400MG	3	MO
INVIRASE	3	MO

Drug Name	Drug Tier	Requirements/Limits
KALETRA ORAL SOLN	4	MO
KALETRA TABS 200MG; 50MG	4	MO
KALETRA TABS 100MG; 25MG	3	MO
LEXIVA	3	MO
NORVIR	3	MO
PREZISTA TABS 150MG	3	
PREZISTA TABS 400MG, 600MG, 75MG	3	MO
REYATAZ	2	MO
VIRACEPT	3	MO
Anti-influenza Agents		
RELENZA DISKHALER	3	QL(56 per 180 days) MO
rimantadine hcl	1	GC MO
TAMIFLU CAPS 75MG	2	QL(28 per 180 days) MO
TAMIFLU CAPS 45MG	2	QL(42 per 180 days) MO
TAMIFLU CAPS 30MG	2	QL(84 per 180 days) MO
TAMIFLU SUSR 6MG/ML	2	MO
TAMIFLU SUSR 12MG/ML	2	QL(275 per 180 days) MO
Antihepatitis Agents		
BARACLUDE ORAL SOLN	2	QL(600 per 30 days) MO
BARACLUDE TABS	2	QL(30 per 30 days) MO
COPEGUS	3	PA MO
HEPSERA	2	QL(30 per 30 days) MO
INCIVEK	4	PA MO
REBETOL CAPS	3	PA MO
REBETOL ORAL SOLN	2	PA MO
ribasphere caps	1	GC PA MO
ribasphere tabs 400mg	1	GC PA
ribasphere tabs 200mg, 600mg	1	GC PA MO
ribavirin	1	GC PA
TYZEKA	2	QL(30 per 30 days) MO
VICTRELIS	4	PA MO
Antiherpetic Agents		
acyclovir caps	1	GC MO
acyclovir inj 500mg	1	GC MO
acyclovir susp	1	GC MO
acyclovir tabs	1	GC MO
CYTOVENE	3	MO
DENAVIR	3	MO
famciclovir tabs 500mg	1	GC QL(60 per 30 days) MO
famciclovir tabs 125mg, 250mg	1	GC QL(90 per 30 days) MO
FAMVIR TABS 500MG	3	QL(60 per 30 days) MO
FAMVIR TABS 125MG, 250MG	3	QL(90 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
ganciclovir	1	GC MO
valacyclovir hcl	1	GC QL(60 per 30 days) MO
valcyte oral soln	3	
VALCYTE TABS	3	MO
VALTREX	3	QL(60 per 30 days) MO
ZOVIRAX CAPS	3	MO
ZOVIRAX CREA	2	QL(15 per 30 days) MO
ZOVIRAX OINT	2	QL(30 per 30 days) MO
ZOVIRAX SUSP	3	MO
ZOVIRAX TABS	3	MO
Anxiolytics		
Antidepressants		
CELEXA	3	MO
citalopram	1	GC MO
escitalopram oxalate oral soln	1	GC QL(600 per 30 days) MO
escitalopram oxalate tabs 20mg, 5mg	1	GC QL(30 per 30 days) MO
escitalopram oxalate tabs 10mg	1	GC QL(45 per 30 days) MO
fluoxetine caps	1	GC MO
fluoxetine dr	1	GC QL(4 per 28 days) MO
fluoxetine oral soln	1	GC MO
fluoxetine tabs 10mg, 20mg	1	GC MO
fluvoxamine	1	GC MO
LEXAPRO ORAL SOLN	3	QL(600 per 30 days) MO
LEXAPRO TABS 20MG, 5MG	3	QL(30 per 30 days) MO
LEXAPRO TABS 10MG	3	QL(45 per 30 days) MO
NARDIL	3	MO
paroxetine	1	GC MO
paroxetine er tb24 12.5mg, 37.5mg	1	GC QL(60 per 30 days) MO
paroxetine er tb24 25mg	1	GC QL(90 per 30 days) MO
PAXIL	3	MO
PAXIL CR TB24 12.5MG	3	QL(60 per 30 days) MO
PAXIL CR TB24 25MG	3	QL(90 per 30 days) MO
PROZAC	3	MO
PROZAC WEEKLY	3	QL(4 per 28 days) MO
sertraline conc	1	GC QL(300 per 30 days) MO
sertraline tabs	1	GC MO
ZOLOFT CONC	3	QL(300 per 30 days) MO
ZOLOFT TABS	3	MO
Anxiolytics, Other		
alprazolam	1	ED GC QL(90 per 30 days)
buspirone hcl	1	GC MO
chlordiazepoxide hcl	1	ED GC QL(120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
chlordiazepoxide/amitriptyline	1	GC PA MO
clorazepate dipotassium tabs 3.75mg, 7.5mg	1	ED GC QL(90 per 30 days)
clorazepate dipotassium tabs 15mg	1	ED GC QL(120 per 30 days)
DIASTAT ACUDIAL	3	ED QL(5 per 30 days)
diazepam tabs	1	ED GC QL(120 per 30 days)
lorazepam tabs	1	ED GC QL(90 per 30 days)
meprobamate	1	GC PA MO
oxazepam	1	ED GC QL(120 per 30 days)
Bipolar Agents		
Bipolar Agents		
lithium carbonate caps	1	GC MO
lithium carbonate er	1	GC MO
LITHIUM CARBONATE TABS	1	GC MO
lithium citrate	1	GC MO
LITHOBID	3	MO
SYMBYAX	2	QL(30 per 30 days) MO
Blood Glucose Regulators		
Alpha Glucosidase Inhibitors		
acarbose	1	GC QL(90 per 30 days) MO
GLYSET	2	QL(90 per 30 days) MO
PRECOSE	3	QL(90 per 30 days) MO
Amylinomimetics		
SYMLIN	2	QL(20 per 30 days)
SYMLINPEN 120	2	QL(11 per 30 days) MO
SYMLINPEN 60	2	QL(12 per 30 days) MO
Biguanides		
GLUCOPHAGE TABS 1000MG	3	QL(60 per 30 days) MO
GLUCOPHAGE TABS 850MG	3	QL(90 per 30 days) MO
GLUCOPHAGE TABS 500MG	3	QL(150 per 30 days) MO
GLUCOPHAGE XR TB24 750MG	3	QL(60 per 30 days) MO
GLUCOPHAGE XR TB24 500MG	3	QL(120 per 30 days) MO
GLUMETZA TB24 500MG	3	QL(120 per 30 days) MO
metformin hcl er tb24 750mg	1	GC QL(60 per 30 days) MO
metformin hcl er tb24 500mg	1	GC QL(120 per 30 days) MO
metformin hcl tabs 1000mg	1	GC QL(60 per 30 days) MO
metformin hcl tabs 850mg	1	GC QL(90 per 30 days) MO
metformin hcl tabs 500mg	1	GC QL(150 per 30 days) MO
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
JANUMET	2	MO
JANUMET XR	2	MO
JANUVIA	2	MO

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO	2	MO
JUVISYNC	2	MO
KOMBIGLYZE XR	2	MO
ONGLYZA	2	MO
TRADJENTA	2	MO
Glycemic Agents		
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY KIT	2	QL(2 per 30 days) MO
Incretin Mimetics		
BYDUREON	2	QL(4 per 30 days) MO
BYETTA INJ 10MCG/0.04ML	2	QL(2.4 per 30 days) MO
BYETTA INJ 5MCG/0.02ML	2	QL(4.8 per 30 days) MO
VICTOZA	3	QL(9 per 30 days) ST MO
Insulin Mixtures, Analogs		
GAUZE PADS 2"X2"	2	MO
HUMALOG MIX 50/50	2	QL(35 per 30 days) MO
HUMALOG MIX 50/50 KWIKPEN	2	QL(35 per 30 days) MO
HUMALOG MIX 75/25	2	QL(35 per 30 days) MO
HUMALOG MIX 75/25 KWIKPEN	2	QL(35 per 30 days) MO
INSULIN PEN NEEDLE	2	QL(100 per 30 days) MO
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	QL(100 per 30 days) MO
INSULIN SYRINGE (DISP) U-100 1 ML	2	QL(100 per 30 days) MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	QL(100 per 30 days) MO
NEEDLES, INSULIN DISP., SAFETY	2	QL(100 per 30 days) MO
NOVOLOG MIX 70/30	2	QL(35 per 30 days) MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	QL(35 per 30 days) MO
Insulin Mixtures, Short-acting and Intermediate-acting		
HUMULIN 70/30	2	QL(35 per 30 days) MO
HUMULIN 70/30 PEN	2	QL(35 per 30 days) MO
NOVOLIN 70/30	2	QL(35 per 30 days) MO
Insulin, Intermediate-acting		
HUMULIN N	2	QL(35 per 30 days) MO
HUMULIN N U-100 PEN	2	QL(35 per 30 days) MO
NOVOLIN N	2	QL(35 per 30 days) MO
Insulin, Long-acting		
LANTUS	2	QL(35 per 30 days) MO
LANTUS SOLOSTAR	2	QL(35 per 30 days) MO
LEVEMIR	2	QL(35 per 30 days) MO
LEVEMIR FLEXPEN	2	QL(35 per 30 days) MO
Insulin, Rapid-acting		
APIDRA	3	QL(35 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
APIDRA SOLOSTAR	3	QL(35 per 30 days) MO
HUMALOG	2	QL(35 per 30 days) MO
HUMALOG KWIKPEN	2	QL(35 per 30 days) MO
NOVOLOG	2	QL(35 per 30 days) MO
NOVOLOG FLEXPEN	2	QL(35 per 30 days) MO
Insulin, Short-acting		
HUMULIN R	2	QL(35 per 30 days) MO
HUMULIN R U-500 (CONCENTRATED)	2	QL(60 per 30 days) MO
NOVOLIN R	2	QL(35 per 30 days) MO
Meglitinides		
nateglinide	1	GC QL(90 per 30 days) MO
PRANDIN	2	MO
STARLIX	3	QL(90 per 30 days) MO
Sulfonylureas		
AMARYL TABS 4MG	3	QL(60 per 30 days) MO
AMARYL TABS 2MG	3	QL(120 per 30 days) MO
AMARYL TABS 1MG	3	QL(240 per 30 days) MO
chlorpropamide tabs 250mg	1	GC QL(90 per 30 days) MO
chlorpropamide tabs 100mg	1	GC QL(210 per 30 days) MO
DIABETA TABS 5MG	3	QL(120 per 30 days) MO
DIABETA TABS 2.5MG	3	QL(240 per 30 days) MO
DIABETA TABS 1.25MG	3	QL(480 per 30 days) MO
glimepiride tabs 4mg	1	GC QL(60 per 30 days) MO
glimepiride tabs 2mg	1	GC QL(120 per 30 days) MO
glimepiride tabs 1mg	1	GC QL(240 per 30 days) MO
glipizide / metformin tabs 2.5mg; 500mg, 5mg; 500mg	1	GC QL(120 per 30 days) MO
glipizide / metformin tabs 2.5mg; 250mg	1	GC QL(240 per 30 days) MO
glipizide er tb24 10mg	1	GC QL(60 per 30 days)
glipizide er tb24 5mg	1	GC QL(120 per 30 days)
glipizide er tb24 2.5mg	1	GC QL(240 per 30 days)
glipizide tabs 10mg	1	GC QL(120 per 30 days) MO
glipizide tabs 5mg	1	GC QL(240 per 30 days) MO
GLUCOTROL TABS 10MG	3	QL(120 per 30 days) MO
GLUCOTROL TABS 5MG	3	QL(240 per 30 days) MO
GLUCOTROL XL TB24 10MG	3	QL(60 per 30 days) MO
GLUCOTROL XL TB24 5MG	3	QL(120 per 30 days) MO
GLUCOTROL XL TB24 2.5MG	3	QL(240 per 30 days) MO
GLUCOVANCE TABS 2.5MG; 500MG, 5MG; 500MG	3	QL(120 per 30 days) MO
GLUCOVANCE TABS 1.25MG; 250MG	3	QL(240 per 30 days) MO
glyburide / metformin tabs 2.5mg; 500mg, 5mg; 500mg	1	GC QL(120 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
glyburide / metformin tabs 1.25mg; 250mg	1	GC QL(240 per 30 days) MO
glyburide micronized tabs 6mg	1	GC QL(60 per 30 days) MO
glyburide micronized tabs 3mg	1	GC QL(120 per 30 days) MO
glyburide micronized tabs 1.5mg	1	GC QL(240 per 30 days) MO
glyburide tabs 5mg	1	GC QL(120 per 30 days) MO
glyburide tabs 2.5mg	1	GC QL(240 per 30 days) MO
glyburide tabs 1.25mg	1	GC QL(480 per 30 days) MO
glycron tabs 4.5mg	1	GC QL(60 per 30 days)
glycron tabs 6mg	1	GC QL(60 per 30 days) MO
glycron tabs 3mg	1	GC QL(120 per 30 days) MO
glycron tabs 1.5mg	1	GC QL(240 per 30 days) MO
GLYNASE TABS 6MG	3	QL(60 per 30 days) MO
GLYNASE TABS 3MG	3	QL(120 per 30 days) MO
GLYNASE TABS 1.5MG	3	QL(240 per 30 days) MO
METAGLIP	3	QL(240 per 30 days) MO
tolazamide tabs 500mg	1	GC QL(60 per 30 days) MO
tolazamide tabs 250mg	1	GC QL(120 per 30 days) MO
Thiazolidinediones		
ACTOPLUS MET	2	QL(90 per 30 days) MO
ACTOPLUS MET XR TB24 1000MG; 30MG	2	QL(30 per 30 days) MO
ACTOPLUS MET XR TB24 1000MG; 15MG	2	QL(60 per 30 days) MO
ACTOS	2	QL(30 per 30 days) MO
AVANDAMET TABS 1000MG; 2MG, 1000MG; 4MG, 500MG; 4MG	2	QL(60 per 30 days) MO
AVANDAMET TABS 500MG; 2MG	2	QL(90 per 30 days) MO
AVANDARYL TABS 2MG; 8MG, 4MG; 4MG, 4MG; 8MG	2	QL(30 per 30 days) MO
AVANDARYL TABS 1MG; 4MG, 2MG; 4MG	2	QL(60 per 30 days) MO
AVANDIA TABS 8MG	2	QL(30 per 30 days) MO
AVANDIA TABS 4MG	2	QL(60 per 30 days) MO
AVANDIA TABS 2MG	2	QL(90 per 30 days) MO
DUETACT	2	QL(30 per 30 days) MO
Blood Products/Modifiers/ Volume Expanders		
Adenosine Diphosphate P2Y12 Inhibitors		
EFFIENT	2	QL(35 per 30 days) MO
plavix tabs 300mg	2	MO
PLAVIX TABS 75MG	2	QL(33 per 30 days) MO
ticlopidine hcl	1	GC MO
Anticoagulants		
XARELTO	2	MO
Anticoagulants, Oral		
COUMADIN TABS	2	MO

Drug Name	Drug Tier	Requirements/Limits
jantoven	1	GC MO
PRADAXA	2	QL(60 per 30 days) MO
warfarin	1	GC MO
Blood Products/Modifiers/ Volume Expanders		
PROMACTA	4	PA QL(30 per 30 days) MO
Coagulants		
BRILINTA	3	MO
Colony Stimulating Factors		
LEUKINE	2	PA MO
MOZOBIL	4	PA MO
NEULASTA	4	PA MO
NEUPOGEN INJ 300MCG/0.5ML, 480MCG/0.8ML, 480MCG/1.6ML	4	PA MO
Cyclic Adenosine Monophosphate Reuptake Inhibitors		
AGGRENOX	2	QL(60 per 30 days) MO
AGRYLIN	3	MO
anagrelide hydrochloride	1	GC MO
dipyridamole tabs	1	GC PA MO
PERSANTINE	3	PA MO
Erythropoietins		
ARANESP INJ 60MCG/0.3ML	3	PA QL(1.2 per 30 days) MO
ARANESP INJ 40MCG/0.4ML	3	PA QL(1.6 per 30 days) MO
ARANESP INJ 25MCG/0.42ML	3	PA QL(1.68 per 28 days) MO
ARANESP INJ 100MCG/0.5ML	3	PA QL(2 per 28 days) MO
ARANESP INJ 25MCG/ML	3	PA QL(4 per 28 days) MO
ARANESP INJ 100MCG/ML, 40MCG/ML, 60MCG/ML	3	PA QL(4 per 30 days) MO
ARANESP INJ 150MCG/0.3ML	4	PA QL(1 per 30 days) MO
ARANESP INJ 200MCG/0.4ML	4	PA QL(1.6 per 28 days) MO
ARANESP INJ 500MCG/ML	4	PA QL(2 per 28 days) MO
ARANESP INJ 200MCG/ML, 300MCG/ML	4	PA QL(2 per 30 days) MO
ARANESP INJ 300MCG/0.6ML	4	PA QL(2.4 per 28 days) MO
EPOGEN	3	PA MO
NEUMEGA	4	PA MO
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	4	PA MO
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA MO
PROMACTA	4	PA QL(30 per 30 days) MO
Factor Xa Inhibitors, Indirect		
ARIXTRA	3	QL(21 per 60 days) MO
fondaparinux sodium	1	GC QL(21 per 60 days) MO
Low Molecular Weight Heparins		

Drug Name	Drug Tier	Requirements/Limits
enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	1	GC QL(42 per 60 days) MO
FRAGMIN	3	QL(21 per 60 days) MO
heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 2000unit/ml, 5000unit/ml	1	GC MO
heparin sodium/d5w inj 5%; 40unit/ml	1	GC
heparin sodium/nacl 0.45% inj 100unit/ml; 0.45%	1	GC
HEPARIN SODIUM/NACL 0.45% INJ 50UNIT/ML; 0.45%	2	
heparin sodium/sodium chloride 0.9% premix	1	GC
LOVENOX INJ 300MG/3ML	3	QL(21 per 60 days) MO
LOVENOX INJ 100MG/ML, 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	3	QL(42 per 60 days) MO
Phosphodiesterase III/Adenosine Uptake Inhibitors		
cilostazol	1	GC MO
PLETAL	3	MO
Protease Inhibitors		
LYSTEDA	3	QL(30 per 30 days) MO
Cardiovascular Agents		
3-hydroxy-3-methylglutaryl coenzyme A (HMG CoA) Reductase Inhibitors		
ADVICOR TB24 20MG; 500MG, 40MG; 1000MG	2	QL(30 per 30 days) MO
ADVICOR TB24 20MG; 1000MG, 20MG; 750MG	2	QL(60 per 30 days) MO
atorvastatin calcium tabs 10mg, 40mg, 80mg	1	GC QL(30 per 30 days)
atorvastatin calcium tabs 20mg	1	GC QL(45 per 30 days)
CRESTOR	2	QL(30 per 30 days) MO
fluvastatin caps 20mg	1	GC QL(30 per 30 days) MO
fluvastatin caps 40mg	1	GC QL(60 per 30 days) MO
LESCOL CAPS 20MG	3	QL(30 per 30 days) MO
LESCOL CAPS 40MG	3	QL(60 per 30 days) MO
LESCOL XL	3	QL(30 per 30 days) MO
LIPITOR TABS 10MG, 40MG, 80MG	3	QL(30 per 30 days) MO
LIPITOR TABS 20MG	3	QL(45 per 30 days) MO
lovastatin tabs 10mg, 20mg	1	GC QL(30 per 30 days) MO
lovastatin tabs 40mg	1	GC QL(60 per 30 days) MO
MEVACOR TABS 20MG	3	QL(30 per 30 days) MO
MEVACOR TABS 40MG	3	QL(60 per 30 days) MO
PRAVACHOL TABS 10MG, 20MG, 80MG	3	QL(30 per 30 days) MO
PRAVACHOL TABS 40MG	3	QL(60 per 30 days) MO
pravastatin tabs 10mg, 20mg, 80mg	1	GC QL(30 per 30 days) MO
pravastatin tabs 40mg	1	GC QL(60 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
SIMCOR TB24 1000MG; 40MG, 500MG; 20MG, 500MG; 40MG, 750MG; 20MG	2	QL(30 per 30 days) MO
simvastatin	1	GC QL(30 per 30 days) MO
VYTORIN	2	QL(30 per 30 days) MO
ZOCOR	3	QL(30 per 30 days) MO
Alpha-adrenergic Agonists		
CATAPRES	3	MO
CATAPRES-TTS PTWK 0.1MG/24HR, 0.2MG/24HR	3	QL(4 per 28 days) MO
CATAPRES-TTS PTWK 0.3MG/24HR	3	QL(8 per 28 days) MO
clonidine ptwk 0.1mg/24hr, 0.2mg/24hr	1	GC QL(4 per 28 days) MO
clonidine ptwk 0.3mg/24hr	1	GC QL(8 per 28 days) MO
clonidine tabs	1	GC MO
guanabenz acetate	1	GC MO
guanfacine hcl	1	GC MO
INTUNIV	3	QL(30 per 30 days) MO
methyldopa	1	GC MO
methyldopa/hydrochlorothiazide	1	GC MO
midodrine	1	GC MO
TENEX	3	MO
Alpha-adrenergic Blocking Agents		
CARDURA	3	MO
doxazosin	1	GC MO
MINIPRESS	3	MO
prazosin	1	GC MO
terazosin hcl caps 10mg, 1mg, 2mg	1	GC MO
terazosin hcl caps 5mg	1	GC QL(30 per 30 days) MO
Angiotensin II Receptor Antagonists		
ATACAND	3	QL(30 per 30 days) MO
ATACAND HCT	3	QL(30 per 30 days) MO
AVALIDE	3	QL(30 per 30 days) MO
AVAPRO	3	QL(30 per 30 days) MO
BENICAR HCT	3	QL(30 per 30 days) MO
BENICAR TABS 20MG, 40MG	3	QL(30 per 30 days) MO
BENICAR TABS 5MG	3	QL(60 per 30 days) MO
COZAAR	3	QL(30 per 30 days) MO
DIOVAN	2	QL(30 per 30 days) MO
DIOVAN HCT	2	QL(30 per 30 days) MO
EDARBI	3	MO
EDARBYCLOR	3	MO
eprosartan mesylate	1	GC QL(30 per 30 days) MO
HYZAAR	3	QL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
irbesartan	1	GC QL(30 per 30 days) MO
irbesartan/hydrochlorothiazide	1	GC QL(30 per 30 days) MO
losartan potassium	1	GC QL(30 per 30 days) MO
losartan potassium/hydrochlorothiazide	1	GC QL(30 per 30 days) MO
MICARDIS	2	QL(30 per 30 days) MO
MICARDIS HCT	2	QL(30 per 30 days) MO
TEVETEN	3	QL(30 per 30 days) MO
TEVETEN HCT	3	QL(30 per 30 days) MO
Angiotensin-converting Enzyme (ACE) Inhibitors		
ACCUPRIL	3	MO
ACCURETIC	3	MO
ACEON TABS 2MG, 4MG	3	QL(30 per 30 days) MO
ACEON TABS 8MG	3	QL(60 per 30 days) MO
ALTACE	3	MO
AZOR	3	QL(30 per 30 days) MO
benazepril	1	GC MO
benazepril / hydrochlorothiazide	1	GC MO
captopril	1	GC MO
captopril/hydrochlorothiazide	1	GC MO
enalapril	1	GC MO
enalapril / hydrochlorothiazide	1	GC MO
EXFORGE	2	QL(30 per 30 days) MO
fosinopril	1	GC MO
fosinopril / hydrochlorothiazide	1	GC MO
lisinopril	1	GC MO
lisinopril/hydrochlorothiazide	1	GC MO
LOTENSIN	3	MO
LOTENSIN HCT	3	MO
MAVIK	3	MO
moexipril	1	GC MO
moexipril/hydrochlorothiazide	1	GC MO
perindopril erbumine tabs 2mg, 4mg	1	GC QL(30 per 30 days) MO
perindopril erbumine tabs 8mg	1	GC QL(60 per 30 days) MO
PRINIVIL	3	MO
PRINZIDE	3	MO
quinapril	1	GC MO
quinapril/hydrochlorothiazide	1	GC MO
ramipril	1	GC MO
TARKA	3	QL(30 per 30 days) MO
trandolapril	1	GC MO
UNIRETIC	3	MO
UNIVASC	3	MO

Drug Name	Drug Tier	Requirements/Limits
VASERETIC	3	MO
VASOTEC	3	MO
ZESTORETIC	3	MO
ZESTRIL	3	MO
Antiarrhythmics - Class IA/II/III/IV		
amiodarone tabs	1	GC MO
CORDARONE	3	MO
PACERONE TABS 400MG	3	MO
pacerone tabs 200mg	1	GC MO
Antiarrhythmics - Class II		
LOPRESSOR INJ	3	
metoprolol tartrate inj	1	GC
propranolol hcl inj	1	GC
Antiarrhythmics - Class II/III		
BETAPACE TABS 240MG	3	
BETAPACE TABS 120MG, 160MG	3	MO
sotalol	1	GC MO
sotalol hydrochloride	1	GC
Antiarrhythmics - Class III		
TIKOSYN	2	MO
Antiarrhythmics - Class IV		
diltiazem hcl inj 100mg, 25mg/5ml	1	GC
verapamil inj	1	GC
Antiarrhythmics - Classes IA, B, and C		
disopyramide phosphate	1	GC MO
flecainide acetate	1	GC MO
mexiletine	1	GC MO
MULTAQ	3	QL(60 per 30 days) MO
NORPACE	3	MO
propafenone hcl	1	GC MO
propafenone hcl er	1	GC MO
quinidine gluconate er	1	GC MO
quinidine sulfate	1	GC MO
quinidine sulfate er	1	GC MO
RYTHMOL	3	MO
RYTHMOL SR	3	MO
Beta-adrenergic Blocking Agents with Vasodilating Properties		
BYSTOLIC TABS 2.5MG, 5MG	2	MO
BYSTOLIC TABS 20MG	2	QL(60 per 30 days) MO
BYSTOLIC TABS 10MG	2	QL(120 per 30 days) MO
carvedilol	1	GC QL(60 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
COREG	3	MO
COREG CR	2	QL(30 per 30 days) MO
labetalol inj	1	GC
labetalol tabs	1	GC MO
TRANDATE TABS 100MG, 200MG	3	MO
Bile Acid Sequestrants		
cholestyramine light pack	1	GC MO
COLESTID GRAN	3	MO
COLESTID TABS	3	MO
colestipol	1	GC MO
WELCHOL	2	MO
Calcium Channel Blocking Agents (Non-dihydropyridines)		
CALAN	3	MO
CALAN SR	3	MO
CARDIZEM	3	MO
CARDIZEM CD CP24 120MG, 180MG, 240MG, 300MG	3	MO
CARDIZEM LA	3	QL(30 per 30 days) MO
cartia xt	1	GC MO
DILACOR XR	3	MO
dilt-cd cp24 120mg, 300mg	1	GC MO
dilt-xr cp24 180mg, 240mg	1	GC MO
diltiazem cd cp24 120mg, 240mg, 300mg	1	GC MO
diltiazem hcl er cp12	1	GC MO
diltiazem hcl er cp24 180mg, 360mg, 420mg	1	GC MO
diltiazem hcl tabs	1	GC MO
matzim la	1	GC QL(30 per 30 days) MO
taztia xt	1	GC MO
TIAZAC	3	MO
verapamil er	1	GC MO
verapamil tabs	1	GC MO
VERELAN CP24 120MG, 180MG, 240MG	3	MO
VERELAN PM	3	MO
Carbonic Anhydrase Inhibitors		
acetazolamide	1	GC MO
acetazolamide er	1	GC MO
methazolamide	1	GC MO
Cardioselective Beta-adrenergic Blocking Agents		
acebutolol	1	GC MO
atenolol	1	GC MO
atenolol / chlorthalidone	1	GC MO
betaxolol hcl	1	GC MO

Drug Name	Drug Tier	Requirements/Limits
bisoprolol fumarate	1	GC MO
bisoprolol fumarate / hydrochlorothiazide	1	GC MO
LOPRESSOR HCT	3	MO
LOPRESSOR TABS	3	MO
metoprolol succinate er	1	GC
metoprolol tartrate tabs	1	GC MO
metoprolol/hydrochlorothiazide	1	GC MO
SECTRAL	3	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN	3	MO
TOPROL XL	3	MO
ZEBETA	3	MO
ZIAC	3	MO
Cardiovascular Agents, Other		
dexrazoxane inj 500mg	1	GC MO
digoxin oral soln	1	GC MO
digoxin tabs	1	GC MO
LANOXIN TABS	2	MO
RANEXA TB12 1000MG	2	QL(60 per 30 days) MO
RANEXA TB12 500MG	2	QL(120 per 30 days) MO
RESERPINE TABS 0.25MG	3	MO
SAMSCA TABS 15MG	4	QL(30 per 30 days) MO
SAMSCA TABS 30MG	4	QL(60 per 30 days) MO
Cholesterol Absorption Inhibitors		
ZETIA	3	QL(30 per 30 days) MO
Dihydropyridines		
ADALAT CC TB24 90MG	3	QL(60 per 30 days) MO
ADALAT CC TB24 30MG, 60MG	3	QL(90 per 30 days) MO
afeditab cr	1	GC QL(90 per 30 days) MO
amlodipine / benazepril	1	GC QL(30 per 30 days) MO
amlodipine tabs 10mg, 2.5mg	1	GC QL(30 per 30 days) MO
amlodipine tabs 5mg	1	GC QL(45 per 30 days) MO
CADUET	3	QL(30 per 30 days) MO
DYNACIRC CR TB24 5MG	3	MO
DYNACIRC CR TB24 10MG	3	QL(60 per 30 days) MO
EXFORGE HCT	2	QL(30 per 30 days) MO
felodipine er	1	GC MO
isradipine	1	GC MO
LOTREL	3	QL(30 per 30 days) MO
nicardipine caps	1	GC MO
nifediac cc tb24 90mg	1	GC QL(60 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
nifediac cc tb24 30mg, 60mg	1	GC QL(90 per 30 days) MO
nifedical xl tb24 60mg	1	GC QL(30 per 30 days) MO
nifedical xl tb24 30mg	1	GC QL(90 per 30 days) MO
nifedipine	1	GC PA MO
nifedipine er tb24 30mg, 60mg	1	GC
nifedipine er tb24 90mg	1	GC MO
nimodipine	1	GC MO
nisoldipine er	1	GC QL(30 per 30 days) MO
nisoldipine tb24 20mg, 30mg, 34mg, 40mg	1	GC QL(30 per 30 days) MO
nisoldipine tb24 17mg	1	GC QL(60 per 30 days) MO
nisoldipine tb24 8.5mg	1	GC QL(120 per 30 days) MO
NORVASC TABS 10MG, 2.5MG	3	QL(30 per 30 days) MO
NORVASC TABS 5MG	3	QL(45 per 30 days) MO
PROCARDIA	3	PA MO
PROCARDIA XL	3	MO
SULAR TB24 25.5MG, 34MG	3	QL(30 per 30 days) MO
SULAR TB24 17MG	3	QL(60 per 30 days) MO
SULAR TB24 8.5MG	3	QL(120 per 30 days) MO
TRIBENZOR	3	QL(30 per 30 days) MO
Direct Renin Inhibitors		
AMTURNIDE	2	QL(30 per 30 days) MO
TEKAMLO	2	QL(30 per 30 days) MO
TEKTURNA	2	QL(30 per 30 days) MO
TEKTURNA HCT	2	QL(30 per 30 days) MO
VALTURNA	2	QL(30 per 30 days) MO
Fibrates		
ANTARA	3	QL(30 per 30 days) MO
fenofibrate	1	GC QL(30 per 30 days) MO
fenofibrate micronized	1	GC QL(30 per 30 days) MO
FIBRICOR	3	MO
gemfibrozil	1	GC QL(60 per 30 days) MO
LOFIBRA	3	QL(30 per 30 days) MO
LOPID	3	QL(60 per 30 days) MO
TRICOR	2	QL(30 per 30 days) MO
TRILIPIX	2	QL(30 per 30 days) MO
Loop Diuretics		
bumetanide tabs	1	GC MO
DEMADEX TABS 10MG, 20MG, 5MG	3	MO
furosemide	1	GC MO
LASIX	3	MO
torsemide tabs	1	GC MO
Nicotinic Acid		

Drug Name	Drug Tier	Requirements/Limits
NIASPAN	2	QL(60 per 30 days) MO
Nonselective Beta-adrenergic Blocking Agents		
CORGARD	3	MO
CORZIDE	3	MO
INDERAL LA	3	MO
nadolol	1	GC MO
nadolol/bendroflumethiazide	1	GC MO
pindolol	1	GC MO
propranolol hcl er	1	GC MO
propranolol hcl oral soln	1	GC MO
propranolol hcl tabs	1	GC MO
propranolol/hydrochlorothiazide	1	GC MO
sorine tabs 240mg	1	GC
sorine tabs 120mg, 160mg, 80mg	1	GC MO
timolol maleate tabs	1	GC MO
Omega-3 Fatty Acids		
LOVAZA	2	QL(120 per 30 days) MO
Potassium-sparing Diuretics		
ALDACTAZIDE TABS 25MG; 25MG	3	MO
ALDACTONE	3	MO
amiloride	1	GC MO
amiloride/hydrochlorothiazide	1	GC MO
DYAZIDE	3	MO
DYRENIUM	2	MO
eplerenone	1	GC MO
INSPRA	3	MO
MAXZIDE	3	MO
MAXZIDE-25	3	MO
spironolactone	1	GC MO
spironolactone/hydrochlorothiazide	1	GC MO
triamterene/hydrochlorothiazide	1	GC MO
Thiazide Diuretics		
chlorothiazide	1	GC MO
chlorothiazide sodium	1	GC MO
chlorthalidone tabs 25mg, 50mg	1	GC MO
DIURIL IV	3	MO
hydrochlorothiazide	1	GC MO
indapamide	1	GC MO
methyclothiazide	1	GC MO
metolazone	1	GC MO
MICROZIDE	3	MO
ZAROXOLYN	3	MO

Drug Name	Drug Tier	Requirements/Limits
Vasodilators, Direct-acting Arterial		
hydralazine	1	GC MO
minoxidil tabs	1	GC MO
Vasodilators, Direct-acting Arterial/Venous		
BIDIL	3	QL(180 per 30 days) MO
ISORDIL TITRADOSE TABS 5MG	3	MO
isosorbide dinitrate	1	GC MO
isosorbide dinitrate er	1	GC MO
isosorbide mononitrate	1	GC MO
isosorbide mononitrate er	1	GC MO
MONOKET TABS 10MG	3	MO
nitro-bid	1	GC MO
NITRO-DUR PT24 0.1MG/HR, 0.2MG/HR, 0.4MG/HR, 0.6MG/HR	3	MO
nitroglycerin pt24	1	GC MO
nitroglycerin transdermal pt24 0.1mg/hr	1	GC MO
NITROLINGUAL PUMPSPRAY	2	MO
NITROMIST	2	MO
NITROSTAT	2	MO
pentoxifylline er	1	GC MO
PROGLYCEM	2	MO
TRENTAL	3	MO
Central Nervous System Agents		
Amphetamines, ADHD		
ADDERALL XR	3	PA QL(60 per 30 days) MO
amphetamine/dextroamphetamine tabs	1	GC PA QL(60 per 30 days) MO
DEXEDRINE CP24 5MG	3	PA QL(90 per 30 days) MO
DEXEDRINE CP24 10MG, 15MG	3	PA QL(120 per 30 days) MO
dextroamphetamine sulfate	1	GC PA QL(180 per 30 days) MO
dextroamphetamine sulfate er cp24 5mg	1	GC PA QL(90 per 30 days) MO
dextroamphetamine sulfate er cp24 10mg, 15mg	1	GC PA QL(120 per 30 days) MO
Non-amphetamines, ADHD		
CONCERTA TBCR 18MG, 27MG, 54MG	3	PA QL(30 per 30 days) MO
CONCERTA TBCR 36MG	3	PA QL(60 per 30 days) MO
dexmethylphenidate	1	GC PA QL(60 per 30 days) MO
FOCALIN	3	PA QL(60 per 30 days) MO
FOCALIN XR	3	PA QL(30 per 30 days) MO
metadate er	1	GC PA QL(90 per 30 days) MO
methylin er tbcr 10mg	1	GC PA QL(90 per 30 days)
methylin er tbcr 20mg	1	GC PA QL(90 per 30 days) MO
methylin tabs	1	GC PA QL(90 per 30 days) MO
methylphenidate hcl	1	GC PA QL(90 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl er cp24	1	GC PA QL(60 per 30 days) MO
methylphenidate hcl sr	1	GC PA QL(90 per 30 days) MO
methylphenidate hydrochloride oral soln 10mg/5ml	1	GC PA QL(1080 per 30 days) MO
methylphenidate hydrochloride oral soln 5mg/5ml	1	GC PA QL(2160 per 30 days) MO
RITALIN	3	PA QL(90 per 30 days) MO
RITALIN LA CP24 40MG	3	PA QL(30 per 30 days) MO
RITALIN LA CP24 10MG, 20MG, 30MG	3	PA QL(60 per 30 days) MO
RITALIN SR	3	PA QL(90 per 30 days) MO
STRATTERA CAPS 100MG, 10MG, 18MG, 25MG, 60MG, 80MG	2	QL(30 per 30 days) MO
STRATTERA CAPS 40MG	2	QL(60 per 30 days) MO
Non-amphetamines, Other		
AMPYRA	3	PA QL(60 per 30 days) MO
GILENYA	4	PA QL(30 per 30 days) MO
NUEDEXTA	2	QL(60 per 30 days) MO
NUVIGIL	3	QL(30 per 30 days) MO
PROVIGIL TABS 200MG	3	QL(60 per 30 days) MO
PROVIGIL TABS 100MG	3	QL(150 per 30 days) MO
RILUTEK	2	MO
XENAZINE	4	MO
XYREM	3	
Dental and Oral Agents		
Dental and Oral Agents		
chlorhexidine gluconate oral rinse	1	GC MO
CYKLOKAPRON	2	MO
EVOXAC	3	MO
KEPIVANCE	4	
periogard	1	GC MO
pilocarpine hcl tabs	1	GC MO
SALAGEN	3	MO
triamcinolone in orabase	1	GC MO
Dermatological Agents		
Dermatological Acne Agents		
amnesteem	1	GC
AZELEX	3	MO
claravis	1	GC
CLEOCIN-T	3	MO
clindamycin phosphate external soln	1	GC MO
clindamycin phosphate gel	1	GC MO
clindamycin phosphate lotn	1	GC MO
clindamycin phosphate swab	1	GC MO

Drug Name	Drug Tier	Requirements/Limits
ery	1	GC MO
erythromycin external soln	1	GC MO
erythromycin gel	1	GC MO
FINACEA	3	MO
sotret	1	GC
TAZORAC	3	MO
tretinoin	1	GC MO
Dermatological Agents		
PICATO	3	
Dermatological Anti-inflammatory Agents		
PENNSAID	3	QL(450 per 30 days) MO
SOLARAZE	2	MO
Dermatological Antipruritic Agents		
ZONALON	3	QL(45 per 30 days) MO
Dermatological Calcineurin Inhibitors		
ELIDEL	2	MO
PROTOPIC	3	MO
Dermatological Caustic Agents		
CONDYLOX GEL	2	MO
podofilox	1	GC MO
Dermatological Emollients		
ammonium lactate lotn	1	GC MO
LAC-HYDRIN LOTN	3	MO
Dermatological Genital Wart Agents		
ALDARA	3	QL(12 per 30 days) MO
imiquimod	1	GC QL(12 per 30 days) MO
VEREGEN	3	QL(15 per 30 days) MO
Dermatological Mitotic Inhibitors		
selenium sulfide lotn	1	GC MO
Dermatological Non-melanoma Skin Cancer Agents		
CARAC	2	MO
EFUDEX	3	MO
fluoroplex	2	MO
fluorouracil crea	1	GC MO
fluorouracil external soln	1	GC MO
Dermatological Photochemotherapy Agents		
OXSORALEN ULTRA	2	MO
UVADEX	2	
Dermatological Psoriasis Agents		
calcipotriene external soln	1	GC QL(60 per 30 days) MO
calcipotriene oint	1	GC QL(120 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
DOVONEX	2	QL(120 per 30 days) MO
dovonex scalp	3	QL(60 per 30 days) MO
SORIATANE	3	MO
TACLONEX	3	MO
TACLONEX SCALP	3	QL(240 per 30 days) MO
VECTICAL	2	MO
Dermatological Wound Care Agents		
REGRANEX	3	MO
SANTYL	2	MO
sterile water irrigation	1	GC MO
Enzyme Replacements/ Modifiers		
Anti-cystine Agents		
CYSTAGON	2	
Enzyme Replacements/ Modifiers		
CARBAGLU	4	LA MO
Fabry Disease Treatment		
FABRAZYME INJ 35MG	4	B/D LA PA MO
Gaucher's Disease Treatment		
CEREDASE	2	LA MO
CEREZYME INJ 200UNIT	4	B/D LA PA MO
VPRIV	4	MO
Glucosylceramide Synthase Inhibitors		
ZAVESCA	2	
Hereditary Tyrosinemia Type 1 (HT-1) Treatment		
ORFADIN	2	MO
Mucopolysaccharidosis Disease Treatment		
ALDURAZYME	2	B/D LA PA MO
NAGLAZYME	4	LA MO
Pancrelipase Replacement		
CREON	2	MO
PANCREAZE	2	MO
ZENPEP CPEP 16000UNIT; 3000UNIT; 10000UNIT	3	
ZENPEP CPEP 109000UNIT; 20000UNIT; 68000UNIT, 136000UNIT; 25000UNIT; 85000UNIT, 27000UNIT; 5000UNIT; 17000UNIT, 55000UNIT; 10000UNIT; 34000UNIT, 82000UNIT; 15000UNIT; 51000UNIT	3	MO
Phenylketonuria Treatment		
KUVAN	4	PA MO
Severe Combined Immunodeficiency Disease (SCID) Treatment		

Drug Name	Drug Tier	Requirements/Limits
ADAGEN	2	LA MO
Urea Cycle Disorder Treatment		
BUPHENYL	2	MO
ELITEK INJ 1.5MG	2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
ATROPINE SULFATE INJ 0.05MG/ML	2	
BENTYL	3	PA MO
CUVPOSA	3	MO
dicyclomine hcl caps	1	GC PA MO
dicyclomine hcl inj	1	GC PA
dicyclomine hcl oral soln	1	GC PA MO
dicyclomine hcl tabs	1	GC PA MO
glycopyrrolate tabs	1	GC MO
methscopolamine bromide	1	GC MO
PAMINE	3	MO
PAMINE FORTE	3	MO
propantheline bromide	1	GC MO
ROBINUL FORTE	3	MO
ROBINUL TABS	3	MO
Gastrointestinal Agents, Other		
ACTIGALL	3	MO
AMITIZA	2	QL(60 per 30 days) MO
COLYTE-FLAVOR PACKS ORAL SOLN 240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	3	MO
DIPENTUM	3	MO
diphenoxylate / atropine	1	GC PA MO
enulose	1	GC MO
gavilyte-c	1	GC MO
gavilyte-g	1	GC MO
gavilyte-n/flavor pack	1	GC MO
GOLYTELY ORAL SOLN 236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	3	MO
HALFLYTELY BOWEL PREP/FLAVOR PACKS	3	MO
HELIDAC	3	MO
KAYEXALATE	3	MO
KRISTALOSE	3	MO
lactulose	1	GC MO
LOMOTIL	3	PA MO
MOVIPREP	3	MO
NULYTELY/FLAVOR PACKS	3	MO

Drug Name	Drug Tier	Requirements/Limits
OSMOPREP	3	MO
polyethylene glycol 3350 powd	1	GC
PYLERA	3	QL(120 per 30 days) MO
RELISTOR INJ 12MG/0.6ML	3	QL(18 per 30 days) MO
SUPREP BOWEL PREP	3	MO
trilyte	1	GC MO
URSO 250	3	MO
URSO FORTE	3	MO
ursodiol	1	GC MO
Histamine2 (H2) Blocking Agents		
AXID ORAL SOLN	3	MO
famotidine inj	1	GC MO
famotidine premixed	1	GC
famotidine susr	1	GC MO
famotidine tabs 20mg, 40mg	1	GC MO
nizatidine	1	GC MO
PEPCID I.V.	3	MO
PEPCID TABS	3	MO
ranitidine hcl caps	1	GC MO
ranitidine hcl inj 150mg/6ml	1	GC MO
ranitidine hcl syrp	1	GC MO
ranitidine hcl tabs	1	GC MO
ZANTAC INJ 25MG/ML	3	MO
ZANTAC SYRP	3	MO
ZANTAC TABS	3	MO
Irritable Bowel Syndrome Agents		
CIMZIA	4	PA MO
LOTRONEX	2	QL(60 per 30 days) MO
Protectants		
CARAFATE SUSP	2	MO
CARAFATE TABS	3	MO
CYTOTEC	3	MO
misoprostol	1	GC MO
sucralfate	1	GC MO
Proton Pump Inhibitors		
ACIPHEX	3	QL(30 per 30 days) MO
DEXILANT	3	QL(30 per 30 days) MO
lansoprazole	1	GC QL(30 per 30 days) MO
lansoprazole odt	1	GC QL(30 per 30 days) MO
NEXIUM	2	QL(30 per 30 days) MO
NEXIUM I.V. INJ 20MG	2	
NEXIUM I.V. INJ 40MG	2	MO

Drug Name	Drug Tier	Requirements/Limits
omeprazole cpdr 40mg	1	GC QL(30 per 30 days) MO
omeprazole cpdr 10mg, 20mg	1	GC QL(60 per 30 days) MO
omeprazole/sodium bicarbonate	1	GC QL(30 per 30 days) MO
pantoprazole	1	GC QL(60 per 30 days) MO
PREVACID	3	QL(30 per 30 days) MO
PREVACID SOLUTAB	3	QL(30 per 30 days) MO
PRILOSEC CPDR 40MG	3	QL(30 per 30 days) MO
PRILOSEC CPDR 10MG, 20MG	3	QL(60 per 30 days) MO
PROTONIX INJ	3	
PROTONIX PACK	3	QL(30 per 30 days) MO
PROTONIX TBEC	3	QL(60 per 30 days) MO
VIMOVO	2	QL(60 per 30 days) MO
ZEGERID	3	QL(30 per 30 days) MO
Genitourinary Agents		
5 Alpha-reductase Inhibitors		
AVODART	2	QL(30 per 30 days) MO
finasteride	1	GC QL(30 per 30 days) MO
JALYN	2	QL(30 per 30 days) MO
PROSCAR	3	QL(30 per 30 days) MO
Alpha 1-adrenergic Blocking Agents		
alfuzosin hcl er	1	GC QL(30 per 30 days) MO
FLOMAX	3	QL(60 per 30 days) MO
tamsulosin hcl	1	GC QL(60 per 30 days) MO
UROXATRAL	3	QL(30 per 30 days) MO
Antispasmodics, Urinary		
DETROL	2	QL(60 per 30 days) MO
DETROL LA	2	QL(30 per 30 days) MO
DITROPAN XL TB24 5MG	3	QL(30 per 30 days) MO
DITROPAN XL TB24 10MG, 15MG	3	QL(60 per 30 days) MO
ENABLEX	3	QL(30 per 30 days) MO
flavoxate hcl	1	GC MO
GELNIQUE GEL 10%	3	QL(30 per 30 days) MO
oxybutynin	1	GC MO
oxybutynin er tb24 5mg	1	GC QL(30 per 30 days) MO
oxybutynin er tb24 10mg, 15mg	1	GC QL(60 per 30 days) MO
OXYTROL	3	QL(8 per 28 days) MO
SANCTURA	3	QL(60 per 30 days) MO
SANCTURA XR	3	QL(30 per 30 days) MO
TOVIAZ	3	QL(30 per 30 days) MO
trospium chloride	1	GC QL(60 per 30 days) MO
VESICARE	2	QL(30 per 30 days) MO
Genitourinary Agents, Other		

Drug Name	Drug Tier	Requirements/Limits
bethanechol chloride	1	GC MO
CIALIS TABS 10MG, 20MG	3	ED QL(3 per 30 days)
ELMIRON	3	MO
URECHOLINE	3	MO
VIAGRA	3	ED QL(3 per 30 days)
Phosphate Binders		
calcium acetate caps	1	GC MO
calcium acetate tabs 667mg	1	GC
FOSRENOL CHEW 500MG, 750MG	2	MO
FOSRENOL CHEW 1000MG	2	QL(90 per 30 days) MO
PHOSLO	3	MO
PHOSLYRA	3	MO
RENAGEL	2	MO
RENVELA PACK 2.4GM	2	QL(175 per 30 days) MO
RENVELA PACK 0.8GM	2	QL(525 per 30 days) MO
RENVELA TABS	2	QL(525 per 30 days) MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Glucocorticoids-Systemic		
a-hydrocort	1	GC MO
a-methapred inj 40mg	1	B/D GC PA
a-methapred inj 125mg	1	B/D GC PA MO
CELESTONE	3	MO
CORTEF	3	MO
cortisone acetate	1	GC MO
DEPO-MEDROL	3	B/D PA MO
dexamethasone elix	1	GC MO
dexamethasone inj 4mg/ml	1	GC MO
dexamethasone tabs	1	GC MO
DEXPAK 13 DAY	3	MO
FLO-PRED	3	
hydrocortisone tabs	1	GC MO
MEDROL DOSEPAK	3	MO
MEDROL TABS 16MG, 32MG, 4MG, 8MG	3	MO
methylprednisolone acetate	1	B/D GC PA MO
methylprednisolone dose pack	1	GC MO
methylprednisolone sodiumsuccinate inj 125mg, 40mg	1	B/D GC PA
methylprednisolone sodiumsuccinate inj 1000mg	1	B/D GC PA MO
methylprednisolone tabs 32mg	1	GC
methylprednisolone tabs 16mg, 4mg, 8mg	1	GC MO
ORAPRED	3	MO
PEDIAPRED	3	MO

Drug Name	Drug Tier	Requirements/Limits
prednisolone sodium phosphate	1	GC MO
prednisone	1	GC MO
PREDNISONE INTENSOL	2	MO
SOLU-MEDROL INJ 2GM	3	B/D PA
SOLU-MEDROL INJ 125MG, 40MG	3	B/D PA MO
Glucocorticoids-Topical-High Potency		
amcinonide crea	1	GC MO
amcinonide lotn	1	GC MO
amcinonide oint	1	GC
betamethasone valerate	1	GC MO
desoximetasone crea	1	GC MO
desoximetasone gel	1	GC MO
fluocinolone acetonide	1	GC MO
fluocinonide external soln	1	GC MO
fluocinonide gel	1	GC MO
fluocinonide oint	1	GC MO
HALOG	2	MO
LUXIQ	3	MO
triamcinolone acetonide crea	1	GC MO
triamcinolone acetonide oint	1	GC MO
triderm	1	GC MO
Glucocorticoids-Topical-Low Potency		
ACLOVATE	3	MO
alclometasone dipropionate	1	GC MO
ANUSOL-HC CREA	3	MO
CORTENEMA	3	
CORTIFOAM	3	MO
desonide	1	GC MO
fluocinolone acetonide	1	GC MO
hydrocortisone crea 2.5%	1	GC MO
hydrocortisone enem	1	GC
hydrocortisone lotn 2.5%	1	GC MO
hydrocortisone oint 1%, 2.5%	1	GC MO
lokara	1	GC MO
proctosol hc	1	GC MO
proctozone-hc	1	GC MO
SOLU-CORTEF INJ 250MG	3	MO
Glucocorticoids-Topical-Medium Potency		
betamethasone dipropionate	1	GC MO
betamethasone valerate	1	GC MO
CAPEX	2	MO
CORDRAN TAPE	3	MO

Drug Name	Drug Tier	Requirements/Limits
CUTIVATE CREA	3	MO
CUTIVATE OINT	3	MO
DERMA-SMOOTHE / FS BODY OIL	2	MO
DERMATOP	3	MO
desoximetasone crea	1	GC MO
desoximetasone oint 0.25%	1	GC MO
ELOCON	3	MO
fluocinolone acetonide	1	GC MO
fluocinolone acetonide body	1	GC MO
fluticasone propionate crea	1	GC MO
fluticasone propionate lotn	1	GC MO
fluticasone propionate oint	1	GC MO
hydrocortisone butyrate	1	GC MO
hydrocortisone valerate	1	GC MO
LOCOID EXTERNAL SOLN	3	MO
LOCOID OINT	3	MO
mometasone furoate	1	GC MO
prednicarbate	1	GC MO
TOPICORT CREA	3	MO
TOPICORT GEL	3	MO
TOPICORT OINT 0.25%	3	MO
triamcinolone acetonide crea	1	GC MO
triamcinolone acetonide in absorbase	1	GC MO
triamcinolone acetonide lotn	1	GC MO
triamcinolone acetonide oint	1	GC MO
WESTCORT	3	MO
Glucocorticoids-Topical-Very High Potency		
augmented betamethasone dipropionate crea	1	GC MO
augmented betamethasone dipropionate lotn	1	GC MO
augmented betamethasone dipropionate oint	1	GC MO
betamethasone dipropionate	1	GC MO
clobetasol propionate crea	1	GC MO
clobetasol propionate external soln	1	GC
clobetasol propionate foam	1	GC
clobetasol propionate gel	1	GC MO
clobetasol propionate lotn	1	GC MO
clobetasol propionate oint	1	GC MO
clobetasol propionate sham	1	GC MO
CLOBEX LOTN	3	MO
CLOBEX SHAM	3	MO
diflorasone diacetate	1	GC MO
DIPROLENE AF	3	MO

Drug Name	Drug Tier	Requirements/Limits
DIPROLENE LOTN	3	MO
fluocinonide-e	1	GC MO
halobetasol propionate	1	GC MO
TEMOVATE EXTERNAL SOLN	3	MO
TEMOVATE GEL	3	MO
TEMOVATE OINT	3	MO
ULTRAVATE	3	MO
Mineralocorticoids		
fludrocortisone acetate	1	GC MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Growth Hormone Analogs		
OMNITROPE INJ 5.8MG	4	LA PA MO
Insulin-like Growth Factor Analogs		
INCRELEX	4	PA MO
Vasopressin Analogs		
ddavp inj	3	MO
DDAVP NASAL SOLN	3	MO
DDAVP TABS	3	MO
desmopressin acetate	1	GC MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
ANADROL-50	3	MO
OXANDRIN TABS 2.5MG	3	QL(120 per 30 days) MO
oxandrolone tabs 10mg	1	GC QL(60 per 30 days) MO
oxandrolone tabs 2.5mg	1	GC QL(120 per 30 days) MO
Androgens		
ANDRODERM PT24 2.5MG/24HR, 5MG/24HR	2	QL(30 per 30 days) MO
ANDROGEL GEL 50MG/5GM	2	QL(300 per 30 days) MO
ANDROGEL PUMP GEL 1.62%	2	QL(300 per 30 days) MO
androxy	1	GC MO
AXIRON	3	QL(180 per 30 days) MO
danazol	1	GC MO
DEPO-TESTOSTERONE INJ 100MG/ML	3	MO
FORTESTA	3	QL(120 per 30 days) MO
testosterone cypionate	1	GC MO
Estrogens		
ACTIVELLA TABS 0.5MG; 0.1MG	2	MO
ACTIVELLA TABS 1MG; 0.5MG	3	MO
ALORA	2	QL(8 per 28 days) MO
ANGELIQ	2	QL(28 per 28 days) MO

Drug Name	Drug Tier	Requirements/Limits
apri	1	GC QL(28 per 28 days) MO
BEYAZ	2	QL(28 per 28 days) MO
CENESTIN	2	PA MO
cesia	1	GC QL(28 per 28 days) MO
CLIMARA PTWK 0.05MG/24HR, 0.06MG/24HR, 0.1MG/24HR, 37.5MCG/24HR	3	QL(4 per 28 days) MO
CLIMARA PTWK 0.025MG/24HR, 0.075MG/24HR	3	QL(8 per 28 days) MO
COMBIPATCH	2	QL(8 per 28 days) MO
cryselle-28	1	GC QL(28 per 28 days) MO
CYCLESSA	3	QL(28 per 28 days) MO
DELESTROGEN INJ 10MG/ML	3	MO
DESOGEN	3	QL(28 per 28 days) MO
DIVIGEL GEL 1MG/GM	3	MO
ELESTRIN	3	MO
ENJUVIA	3	PA MO
ESTRACE CREA	2	MO
ESTRACE TABS	3	MO
estradiol / norethindrone acetate tabs 1mg; 0.5mg	1	GC MO
estradiol ptwk	1	GC QL(4 per 28 days)
estradiol ptwk	1	GC QL(8 per 28 days)
estradiol tabs	1	GC MO
estradiol valerate inj 20mg/ml, 40mg/ml	1	GC MO
ESTRING	3	QL(1 per 84 days) MO
estropipate	1	GC PA MO
ESTROSTEP FE	3	MO
EVAMIST	3	MO
FEMHRT 1/5	3	MO
FEMHRT LOW DOSE	3	MO
FEMRING	3	QL(1 per 84 days) MO
FEMTRACE	2	MO
gianvi	1	GC QL(28 per 28 days) MO
jinteli	1	GC MO
kariva	1	GC QL(28 per 28 days) MO
kelnor 1/35	1	GC QL(28 per 28 days) MO
MENEST	2	PA MO
mononessa	1	GC QL(28 per 28 days) MO
NUVARING	2	QL(1 per 28 days) MO
ocella	1	GC QL(28 per 28 days) MO
ogestrel	1	GC QL(28 per 28 days) MO
PREFEST	2	MO
PREMARIN CREA	2	MO
PREMARIN INJ	2	PA

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TABS	2	PA MO
PREMPHASE	2	PA QL(28 per 28 days) MO
PREMPRO	2	PA QL(28 per 28 days) MO
previfem	1	GC QL(28 per 28 days) MO
reclipsen	1	GC QL(28 per 28 days) MO
solia	1	GC QL(28 per 28 days) MO
sprintec 28	1	GC QL(28 per 28 days) MO
tri-previfem	1	GC QL(28 per 28 days) MO
tri-sprintec	1	GC QL(28 per 28 days) MO
trinessa	1	GC QL(28 per 28 days) MO
VAGIFEM	2	MO
velivet	1	GC QL(28 per 28 days) MO
VIVELLE-DOT	2	QL(8 per 28 days) MO
YAZ	3	QL(28 per 28 days) MO
zovia 1/35e	1	GC QL(28 per 28 days) MO
zovia 1/50e	1	GC QL(28 per 28 days) MO
Progestins		
amethia	1	GC QL(91 per 91 days) MO
amethyst	1	GC QL(91 per 91 days) MO
aviane	1	GC QL(28 per 28 days) MO
AYGESTIN	3	MO
BREVICON-28	3	QL(28 per 28 days) MO
briellyn	1	GC QL(28 per 28 days) MO
camila	1	GC QL(28 per 28 days) MO
CLIMARA PRO	3	MO
CRINONE	3	MO
cyclafem 1/35	1	GC QL(28 per 28 days) MO
cyclafem 7/7/7	1	GC QL(28 per 28 days) MO
DEPO-PROVERA	2	MO
DEPO-PROVERA CONTRACEPTIVE	3	MO
ELLA	3	QL(1 per 30 days)
emoquette	1	GC QL(28 per 28 days)
enpresse-28	1	GC QL(28 per 28 days) MO
errin	1	GC QL(28 per 28 days) MO
FEMCON FE	3	QL(28 per 28 days) MO
introvale	1	GC QL(91 per 91 days) MO
jolivette	1	GC QL(28 per 28 days) MO
junel	1	GC QL(28 per 28 days) MO
junel fe 1.5/30	1	GC QL(28 per 28 days) MO
junel fe 1/20	1	GC QL(28 per 28 days) MO
leena	1	GC QL(28 per 28 days) MO
lessina-28	1	GC QL(28 per 28 days) MO

Drug Name	Drug Tier	Requirements/Limits
levora	1	GC QL(28 per 28 days) MO
LO LOESTRIN FE	3	MO
LO/OVRAL-28	3	QL(28 per 28 days) MO
LOESTRIN 1.5/30-21	3	QL(28 per 28 days) MO
LOESTRIN 1/20-21	3	QL(28 per 28 days) MO
LOESTRIN FE 1.5/30	3	QL(28 per 28 days) MO
LOESTRIN FE 1/20	3	QL(28 per 28 days) MO
LOSEASONIQUE	3	QL(91 per 91 days) MO
low-ogestrel	1	GC QL(28 per 28 days) MO
lutera	1	GC QL(28 per 28 days) MO
medroxyprogesterone acetate	1	GC MO
MEGACE ES	3	MO
MEGACE ORAL	3	MO
megestrol acetate	1	GC MO
microgestin 1.5/30	1	GC QL(28 per 28 days) MO
microgestin 1/20	1	GC QL(28 per 28 days) MO
microgestin fe	1	GC QL(28 per 28 days) MO
microgestin fe 1.5/30	1	GC QL(28 per 28 days) MO
necon 0.5/35-28	1	GC QL(28 per 28 days) MO
necon 1/35-28	1	GC QL(28 per 28 days) MO
necon 10/11-28	1	GC QL(28 per 28 days) MO
necon 7/7/7	1	GC QL(28 per 28 days) MO
next choice	1	GC
NOR-QD	3	MO
nora-be	1	GC QL(28 per 28 days) MO
NORDETTE-28	3	QL(28 per 28 days) MO
norethindrone tabs 5mg	1	GC MO
NORINYL 1+35	3	QL(28 per 28 days) MO
nortrel 0.5/35 (28)	1	GC QL(28 per 28 days) MO
nortrel 1/35 (21)	1	GC QL(28 per 28 days) MO
nortrel 1/35 (28)	1	GC QL(28 per 28 days) MO
nortrel 7/7/7	1	GC QL(28 per 28 days) MO
orsythia	1	GC QL(28 per 28 days) MO
ORTHO EVRA	2	QL(3 per 28 days) MO
ORTHO TRI-CYCLEN	3	QL(28 per 28 days) MO
ORTHO-CYCLEN	3	QL(28 per 28 days) MO
ORTHO-NOVUM 7/7/7	3	QL(28 per 28 days) MO
portia-28	1	GC QL(28 per 28 days) MO
progesterone caps	1	GC MO
PROMETRIUM	3	MO
PROVERA	3	MO
quasense	1	GC QL(91 per 91 days) MO

Drug Name	Drug Tier	Requirements/Limits
SAFYRAL	3	MO
SEASONALE	3	QL(91 per 91 days) MO
SEASONIQUE	3	QL(91 per 91 days) MO
tri-legest fe	1	GC MO
TRI-NORINYL 28	3	QL(28 per 28 days) MO
trivora-28	1	GC QL(28 per 28 days) MO
vestura	1	GC QL(28 per 28 days)
zeosa	1	GC QL(28 per 28 days) MO
Selective Estrogen Receptor Modifying Agents		
EVISTA	2	QL(30 per 30 days) MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL	3	MO
levothroid	1	GC MO
levothyroxine tabs	1	GC
levoxyl	1	GC MO
liothyronine sodium tabs	1	GC MO
SYNTHROID	1	GC MO
THYROLAR-1	2	MO
THYROLAR-1/4	2	MO
THYROLAR-2	2	MO
THYROLAR-3	2	MO
TIROSINT	2	MO
unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	GC MO
Hormonal Agents, Suppressant (Parathyroid)		
Calcimimetics		
SENSIPAR TABS 30MG, 90MG	2	QL(120 per 30 days) MO
SENSIPAR TABS 60MG	2	QL(150 per 30 days) MO
Hormonal Agents, Suppressant (Pituitary)		
Gonadotropin-releasing Hormone Analogs		
FIRMAGON INJ 80MG	2	MO
FIRMAGON INJ 120MG	4	MO
leuprolide acetate	1	GC MO
LUPRON DEPOT	4	MO
LUPRON DEPOT-PED INJ 11.25MG, 15MG	4	MO
SYNAREL	3	PA MO
TRELSTAR DEPOT MIXJECT	2	MO
TRELSTAR LA MIXJECT	2	MO
TRELSTAR MIXJECT	2	
Growth Hormone Antagonists		

Drug Name	Drug Tier	Requirements/Limits
SOMAVERT	4	MO
Somatostatin Analogs		
octreotide	1	GC MO
SANDOSTATIN INJ 1000MCG/ML, 200MCG/ML, 50MCG/ML	3	MO
SOMATULINE DEPOT	4	MO
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)		
Antiandrogens		
bicalutamide	1	GC MO
CASODEX	3	MO
flutamide	1	GC MO
NILANDRON	2	MO
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole	1	GC MO
propylthiouracil	1	GC MO
TAPAZOLE	3	MO
Immunological Agents		
Immune Suppressants (Non-TNF Inhibitors)		
ARCALYST	4	MO
azathioprine	1	B/D GC PA MO
azathioprine sodium	1	B/D GC PA MO
CELLCEPT CAPS	3	B/D PA MO
CELLCEPT INTRAVENOUS	2	B/D PA
CELLCEPT SUSR	2	B/D PA MO
CELLCEPT TABS	3	B/D PA MO
CUPRIMINE	3	MO
cyclosporine caps	1	B/D GC PA MO
cyclosporine inj	1	B/D GC PA
cyclosporine oral soln	1	B/D GC PA MO
DEPEN TITRATABS	3	MO
gengraf	1	B/D GC PA MO
IMURAN	3	B/D PA MO
methotrexate	1	GC MO
methotrexate sodium inj 1gm	1	GC
methotrexate sodium inj 25mg/ml	1	GC MO
mycophenolate mofetil	1	B/D GC PA MO
MYFORTIC	3	B/D PA MO
NEORAL	3	B/D PA MO
ORENCIA INJ 250MG	4	MO
ORENCIA INJ 125MG/1ML	4	PA QL(4 per 30 days) MO
ORTHOCLONE OKT3	3	B/D PA

Drug Name	Drug Tier	Requirements/Limits
PROGRAF CAPS	3	B/D PA MO
PROGRAF INJ	2	B/D PA
RAPAMUNE	2	B/D PA MO
SANDIMMUNE CAPS	3	B/D PA MO
SANDIMMUNE INJ	3	B/D PA
SANDIMMUNE ORAL SOLN	3	B/D PA MO
tacrolimus	1	B/D GC PA MO
Immunoglobulins		
ATGAM	2	B/D PA
GAMMAGARD LIQUID	2	MO
GAMMAPLEX INJ 10GM/200ML	2	MO
HIZENTRA INJ 1GM/5ML	4	MO
PRIVIGEN INJ 20GM/200ML	2	MO
THYMOGLOBULIN	4	B/D PA
VIVAGLOBIN	4	MO
Immunomodulators, Other		
ARAVA	3	MO
COPAXONE	4	MO
KINERET	4	PA MO
leflunomide	1	GC MO
PROLEUKIN	2	MO
RIDAURA	2	MO
Interferons, Alfa		
INTRON-A INJ 10MU/0.2ML, 5MU/0.2ML	4	PA
INTRON-A INJ 3MU/0.2ML	3	PA
INTRON-A INJ 6000000UNIT/ML	3	PA MO
INTRON-A WITH DILUENT INJ 10MU	3	PA MO
PEG-INTRON INJ 50MCG/0.5ML	4	PA MO
PEG-INTRON REDIPEN	4	PA MO
PEGASYS INJ 180MCG/0.5ML	4	PA
PEGASYS INJ 180MCG/ML	4	PA MO
PEGASYS PROCLICK INJ 135MCG/0.5ML	4	PA MO
Interferons, Beta		
AVONEX	4	MO
BETASERON	4	MO
REBIF	4	MO
REBIF TITRATION PACK	4	MO
Interferons, Gamma		
ACTIMMUNE	4	LA MO
Tumor Necrosis Factor (TNF) Inhibitors		
ENBREL	4	PA MO

Drug Name	Drug Tier	Requirements/Limits
HUMIRA	4	PA MO
HUMIRA PEN-CROHNS DISEASE STARTER	4	PA MO
NULOJIX	4	B/D PA MO
REMICADE	4	MO
SIMPONI	4	PA MO
Vaccines to Prevent Diphtheria		
ADACEL	2	MO
DECAVAC	2	MO
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	2	MO
Vaccines to Prevent Haemophilus Type B		
ACTHIB	2	
COMVAX	2	MO
PEDVAX HIB	2	MO
Vaccines to Prevent Hepatitis A		
HAVRIX INJ 720ELU/0.5ML	2	
HAVRIX INJ 1440ELU/ML	2	MO
TWINRIX	2	B/D PA MO
VAQTA	2	MO
Vaccines to Prevent Hepatitis B		
ENGERIX-B INJ 10MCG/0.5ML	2	B/D PA
ENGERIX-B INJ 20MCG/ML	2	B/D PA MO
RECOMBIVAX HB INJ 40MCG/ML	2	B/D PA
RECOMBIVAX HB INJ 10MCG/ML	2	B/D PA MO
Vaccines to Prevent Japanese Encephalitis		
IXIARO	2	MO
JE-VAX	2	MO
Vaccines to Prevent Measles		
M-M-R II W/DILUENT 10 DOSE	2	MO
Vaccines to Prevent Meningococcal Disease		
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	MO
MENVEO	2	
Vaccines to Prevent Mumps		
PROQUAD	2	
Vaccines to Prevent Papillomavirus Disease		
CERVARIX	2	
GARDASIL	2	MO
Vaccines to Prevent Pertussis		
TRIPEDIA	2	
Vaccines to Prevent Poliovirus		
IPOL INACTIVATED IPV	2	MO

Drug Name	Drug Tier	Requirements/Limits
Vaccines to Prevent Rabies		
IMOVAX RABIES (H.D.C.V.)	2	
RABAVERT	2	MO
Vaccines to Prevent Rotavirus Disease		
ROTATEQ	2	
Vaccines to Prevent Tetanus		
BOOSTRIX INJ	2	
BOOSTRIX INJ	2	MO
DAPTACEL	2	MO
INFANRIX	2	MO
TETANUS / DIPHTHERIA TOXOIDS-ADSORBED ADULT	2	MO
TETANUS TOXOID ADSORBED	3	
Vaccines to Prevent Typhoid		
TYPHIM VI	2	
Vaccines to Prevent Varicella		
VARIVAX	2	
Vaccines to Prevent Yellow Fever		
YF-VAX	2	
Vaccines to Prevent Zoster		
ZOSTAVAX	2	
Inflammatory Bowel Disease Agents		
Glucocorticoids		
budesonide cp24	1	GC MO
ENTOCORT EC	3	MO
Salicylates		
APRISO	3	QL(120 per 30 days) MO
ASACOL	2	QL(360 per 30 days) MO
ASACOL HD	2	QL(180 per 30 days) MO
balsalazide	1	GC MO
CANASA	2	QL(60 per 30 days) MO
COLAZAL	3	MO
LIALDA	2	QL(120 per 30 days) MO
mesalamine enem	1	GC MO
PENTASA	2	QL(240 per 30 days) MO
Sulfonamides		
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
sulfasalazine tabs	1	GC MO
sulfazine ec	1	GC
Metabolic Bone Disease Agents		

Drug Name	Drug Tier	Requirements/Limits
Bisphosphonates, Oral		
ACTONEL TABS 150MG	3	QL(1 per 30 days) ST MO
ACTONEL TABS 35MG	3	QL(4 per 28 days) ST MO
ACTONEL TABS 30MG, 5MG	3	QL(30 per 30 days) ST MO
alendronate sodium tabs 35mg, 70mg	1	GC QL(4 per 28 days) MO
alendronate sodium tabs 10mg, 40mg, 5mg	1	GC QL(30 per 30 days) MO
ATELVIA	3	QL(4 per 28 days) ST MO
BONIVA TABS	3	ST MO
DIDRONEL	3	MO
etidronate disodium	1	GC MO
FOSAMAX ORAL SOLN	3	QL(300 per 28 days)
FOSAMAX TABS 35MG, 70MG	3	QL(4 per 28 days) ST MO
FOSAMAX TABS 5MG	3	QL(30 per 30 days) ST
FOSAMAX TABS 10MG, 40MG	3	QL(30 per 30 days) ST MO
ibandronate sodium	1	GC MO
Bisphosphonates, Parenteral		
BONIVA INJ	3	B/D PA MO
pamidronate disodium inj 6mg/ml, 90mg/10ml	1	B/D GC PA
pamidronate disodium inj 30mg/10ml	1	B/D GC PA MO
RECLAST	3	MO
ZOMETA	3	MO
Calcium Regulating Hormones		
calcitonin-salmon	1	GC QL(3.7 per 28 days) MO
fortical	1	GC QL(3.7 per 28 days) MO
MIACALCIN NASAL SOLN	3	QL(3.7 per 28 days) MO
Parathyroid Hormone Analogs		
FORTEO	4	PA MO
Vitamin D-related Agents/Metabolic Bone Disease Agents		
calcitriol caps	1	GC MO
calcitriol inj	1	GC MO
calcitriol oral soln	1	GC MO
HECTOROL	3	MO
PROLIA	3	MO
XGEVA	4	MO
ZEMPLAR CAPS	2	MO
Vitamin D–related Agents/Metabolic Bone Disease Agents		
CALCIJEX	3	MO
ROCALTROL	3	MO
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
FIRAZYR	4	MO

Drug Name	Drug Tier	Requirements/Limits
methylergonovine maleate tabs	1	GC
Ophthalmic Agents		
Alpha-adrenergic Agonists, Ophthalmic		
ALPHAGAN P	3	QL(15 per 30 days) MO
apraclonidine	1	GC MO
brimonidine tartrate ophthalmic soln 0.2%	1	GC MO
brimonidine tartrate ophthalmic soln 0.15%	1	GC QL(15 per 30 days) MO
IOPIDINE	3	MO
Beta-adrenergic Blocking Agents, Ophthalmic		
BETAGAN	3	QL(10 per 30 days) MO
betaxolol hcl	1	GC MO
BETIMOL	2	MO
BETOPTIC-S	3	QL(20 per 30 days) MO
carteolol hcl	1	GC MO
COMBIGAN	3	QL(10 per 30 days) MO
COSOPT	3	QL(10 per 30 days) MO
dorzolamide hcl/timolol maleate	1	GC QL(10 per 30 days) MO
ISTALOL	2	QL(10 per 30 days) MO
levobunolol hcl	1	GC QL(10 per 30 days) MO
metipranolol	1	GC MO
OPTIPRANOLOL	3	MO
timolol maleate ophthalmic gel forming	1	GC MO
timolol maleate ophthalmic soln	1	GC QL(10 per 30 days) MO
TIMOPTIC-XE	3	MO
Carbonic Anhydrase Inhibitors, Ophthalmic		
AZOPT	2	QL(10 per 30 days) MO
dorzolamide hcl	1	GC QL(10 per 30 days) MO
TRUSOPT	3	QL(10 per 30 days) MO
Cholinergic Agonists, Ophthalmic		
ISOPTO CARPINE	3	MO
PHOSPHOLINE IODIDE	3	MO
PILOPINE HS	2	MO
Glucocorticoids, Ophthalmic		
dexamethasone ophthalmic soln	1	GC MO
FLAREX	3	MO
fluorometholone	1	GC MO
FML	2	MO
FML FORTE	2	MO
FML LIQUIFILM	3	MO
LOTEMAX	3	MO
OMNIPRED	3	MO

Drug Name	Drug Tier	Requirements/Limits
PRED MILD	2	MO
PRED-G	3	MO
PRED-G S.O.P.	3	MO
prednisolone acetate	1	GC MO
prednisolone sodium phosphate	1	GC MO
VEXOL	3	MO
Nonsteroidal Anti-inflammatory Drugs, Ophthalmic		
ACULAR	3	QL(10 per 30 days) MO
ACULAR LS	3	QL(10 per 30 days) MO
BROMDAY	3	QL(5 per 30 days) MO
bromfenac	1	GC QL(5 per 30 days) MO
diclofenac sodium	1	GC MO
flurbiprofen sodium	1	GC MO
ketorolac tromethamine ophthalmic soln	1	GC QL(10 per 30 days) MO
NEVANAC	3	MO
OCUFEN	3	MO
VOLTAREN OPHTHALMIC SOLN	3	QL(5 per 30 days) MO
Ophthalmic Agents, Other		
AZASITE	3	QL(5 per 15 days) MO
bacitracin / polymyxin b	1	GC MO
bacitracin ophthalmic oint	1	GC MO
BESIVANCE	3	MO
BLEPH-10	3	MO
BLEPHAMIDE	2	MO
BLEPHAMIDE S.O.P.	2	MO
CILOXAN OINT	2	QL(4 per 30 days) MO
CILOXAN OPHTHALMIC SOLN	3	MO
DUREZOL	3	QL(10 per 30 days) MO
gentasol	1	GC MO
IQUIX	3	MO
LACRISERT	3	MO
levofloxacin	1	GC MO
MAXITROL	3	MO
MOXEZA	2	MO
neomycin/bacitracin/polymyxin	1	GC MO
neomycin/polymyxin/bacitracin/hydrocortisone	1	GC MO
neomycin/polymyxin/dexamethasone	1	GC MO
neomycin/polymyxin/gramicidin	1	GC MO
neomycin/polymyxin/hc	1	GC MO
NEOSPORIN	3	MO
poly-dex oint	1	GC MO
poly-dex susp	1	GC

Drug Name	Drug Tier	Requirements/Limits
POLYTRIM	3	MO
QUIXIN	3	MO
RESTASIS	2	QL(64 per 30 days) MO
romycin	1	GC MO
sodium sulfacetamide ophthalmic soln	1	GC MO
TOBRADEX	3	MO
TOBRADEX ST	3	MO
tobramycin ophthalmic soln 0.3%	1	GC
tobramycin/dexamethasone	1	GC MO
tobrasol	1	GC
TOBREX OINT	2	MO
TOBREX OPHTHALMIC SOLN	3	MO
trifluridine	1	GC MO
trimethoprim sulfate/polymyxin b sulfate	1	GC MO
VIGAMOX	2	MO
VIROPTIC	3	MO
ZIRGAN	3	MO
ZYLET	3	MO
ZYMAR	2	MO
ZYMAXID	3	MO
Ophthalmic Anti-allergy Agents		
ALAMAST	3	QL(20 per 30 days) MO
ALOCRIL	3	QL(15 per 30 days) MO
ALOMIDE	2	MO
ALREX	3	QL(20 per 30 days) MO
azelastine hcl ophthalmic soln	1	GC QL(6 per 30 days) MO
BEPREVE	2	QL(10 per 30 days) MO
cromolyn sodium ophthalmic soln	1	GC MO
ELESTAT	3	MO
EMADINE	3	MO
epinastine hcl	1	GC MO
LASTACAFT	3	QL(3 per 30 days) MO
OPTIVAR	3	QL(6 per 30 days) MO
PATADAY	2	QL(10 per 30 days) MO
PATANOL	2	QL(10 per 30 days) MO
Ophthalmic Prostaglandin and Prostamide Analogs		
latanoprost	1	GC QL(5 per 30 days) MO
LUMIGAN	2	QL(7.5 per 30 days) MO
TRAVATAN Z	2	QL(5 per 30 days) MO
XALATAN	3	QL(5 per 30 days) MO
Otic Agents		
Otic Anti-inflammatories		

Drug Name	Drug Tier	Requirements/Limits
acetic acid	1	GC MO
CORTISPORIN OTIC SOLN	3	MO
cortomycin	1	GC MO
DERMOTIC	3	MO
hydrocortisone/acetic acid	1	GC MO
Respiratory Tract Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	2	QL(60 per 30 days) MO
ADVAIR HFA	2	QL(12 per 30 days) MO
ALVESCO	3	MO
ASMANEX 120 METERED DOSES	3	QL(1 per 30 days) MO
ASMANEX 14 METERED DOSES	3	QL(2 per 28 days) MO
ASMANEX 30 METERED DOSES	3	QL(1 per 30 days) MO
ASMANEX 60 METERED DOSES	3	QL(1 per 30 days) MO
BECONASE AQ	3	QL(50 per 30 days) MO
budesonide susp	1	B/D GC PA MO
DULERA	2	QL(13 per 30 days) MO
FLONASE	3	QL(16 per 30 days) MO
FLOVENT DISKUS	2	QL(120 per 30 days) MO
FLOVENT HFA	2	QL(26 per 30 days) MO
flunisolide nasal soln 0.025%	1	GC QL(25 per 30 days) MO
fluticasone propionate susp	1	GC QL(16 per 30 days) MO
NASACORT AQ	3	QL(16.5 per 30 days) MO
NASONEX	2	QL(34 per 30 days) MO
OMNARIS	3	MO
PULMICORT	3	B/D PA MO
PULMICORT FLEXHALER	3	QL(2 per 30 days) MO
QVAR	3	QL(29.2 per 30 days) MO
RHINOCORT AQUA	2	QL(17.2 per 30 days) MO
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	2	QL(10.2 per 30 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	2	QL(10.2 per 30 days) MO
triamcinolone acetonide inha	1	GC QL(16.5 per 30 days) MO
VERAMYST	3	QL(10 per 30 days) MO
Bronchodilators, Anticholinergic		
ATROVENT	3	QL(30 per 30 days) MO
ATROVENT HFA	3	MO
COMBIVENT	2	QL(29.4 per 30 days) MO
DUONEB	3	B/D PA QL(540 per 30 days) MO
ipratropium bromide inhalation soln	1	B/D GC PA MO
ipratropium bromide nasal soln	1	GC QL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
ipratropium bromide/albuterol sulfate	1	B/D GC PA QL(540 per 30 days) MO
SPIRIVA HANDIHALER	2	QL(30 per 30 days) MO
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)		
aminophylline tabs	1	GC MO
ELIXOPHYLLIN	3	MO
theochron tb12 300mg	1	GC
theochron tb12 100mg	1	GC MO
theophylline er	1	GC MO
Bronchodilators, Sympathomimetic		
ACCUNEB	3	B/D PA QL(375 per 30 days) MO
albuterol sulfate er	1	GC MO
albuterol sulfate nebu 0.5%	1	B/D GC PA QL(60 per 30 days) MO
albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml	1	B/D GC PA QL(375 per 30 days) MO
albuterol sulfate syrp	1	GC MO
albuterol sulfate tabs	1	GC MO
ARCAPTA NEOHALER	3	MO
BROVANA	3	B/D PA MO
EPIPEN	2	QL(2 per 30 days) MO
EPIPEN-JR	2	QL(2 per 30 days) MO
FORADIL AEROLIZER	2	MO
levalbuterol	1	B/D GC PA MO
MAXAIR AUTOHALER	3	QL(14 per 25 days) MO
PERFOROMIST	3	B/D PA MO
PROAIR HFA	2	QL(34 per 30 days) MO
PROVENTIL HFA	3	QL(28 per 30 days) MO
SEREVENT DISKUS	2	QL(60 per 30 days) MO
terbutaline sulfate tabs	1	GC MO
TWINJECT	3	QL(4 per 365 days) MO
VENTOLIN HFA	2	QL(36 per 30 days) MO
VOSPIRE ER	3	MO
XOPENEX	3	B/D PA MO
XOPENEX HFA	3	QL(30 per 30 days) MO
H1 Blocking Agents, Sedating		
cyproheptadine hcl	1	GC PA MO
diphenhydramine hcl caps 50mg	1	GC PA MO
diphenhydramine hcl elix	1	GC PA
diphenhydramine hcl inj	1	GC MO
hydroxyzine hcl inj	1	GC MO
hydroxyzine hcl syrp	1	GC PA MO
hydroxyzine hcl tabs	1	GC PA MO

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine pamoate	1	GC PA MO
VISTARIL	3	PA MO
Histamine1 (H1) Blocking Agents, Mildly/Non-sedating		
ASTELIN	3	MO
ASTEPRO	2	QL(30 per 25 days) MO
azelastine hcl nasal soln	1	GC MO
levocetirizine dihydrochloride oral soln	1	GC MO
levocetirizine dihydrochloride tabs	1	GC QL(30 per 30 days) MO
PATANASE	3	MO
XYZAL TABS	3	QL(30 per 30 days) MO
Mast Cell Stabilizers		
cromolyn sodium conc	1	GC MO
cromolyn sodium nebu	1	B/D GC PA MO
GASTROCROM	3	MO
Pulmonary Antihypertensives		
ADCIRCA	2	QL(60 per 30 days) MO
LETAIRIS	4	QL(30 per 30 days) MO
REVATIO INJ	2	MO
REVATIO TABS	2	QL(90 per 30 days) MO
TRACLEER TABS 125MG	4	LA QL(60 per 30 days) MO
TRACLEER TABS 62.5MG	4	LA QL(120 per 30 days) MO
VENTAVIS INHALATION SOLN 10MCG/ML	4	PA MO
Receptor Antagonists		
ACCOLATE	3	QL(60 per 30 days) MO
SINGULAIR	2	QL(30 per 30 days) MO
zafirlukast	1	GC QL(60 per 30 days) MO
Respiratory Tract Agents, Other		
ARALAST NP INJ 400MG	2	LA MO
DALIRESP	3	PA MO
GLASSIA	4	MO
prolastin inj 500mg	3	MO
PROLASTIN-C	3	
PULMOZYME	4	B/D PA MO
TYZINE	3	MO
XOLAIR	4	LA MO
zemaira	3	MO
Synthesis Inhibitors		
ZYFLO	2	QL(120 per 30 days) MO
ZYFLO CR	2	QL(120 per 30 days) MO
Sedatives/Hypnotics		
Sedatives/Hypnotics		

Drug Name	Drug Tier	Requirements/Limits
AMBIEN	3	QL(30 per 30 days) MO
AMBIEN CR	3	QL(30 per 30 days) MO
estazolam	1	ED GC QL(30 per 30 days)
flurazepam hcl	1	ED GC QL(30 per 30 days)
LUNESTA	3	QL(30 per 30 days) MO
ROZEREM	2	QL(30 per 30 days) MO
SONATA	3	QL(30 per 30 days) MO
temazepam caps 30mg	1	ED GC QL(30 per 30 days)
temazepam caps 15mg	1	ED GC QL(60 per 30 days)
triazolam tabs 0.25mg	1	ED GC
triazolam tabs 0.125mg	1	ED GC QL(30 per 30 days)
zaleplon	1	GC QL(30 per 30 days) MO
zolpidem	1	GC QL(30 per 30 days) MO
zolpidem tartrate er	1	GC QL(30 per 30 days) MO
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
carisoprodol tabs 350mg	1	GC PA MO
chlorzoxazone	1	GC PA MO
cyclobenzaprine hcl tabs 7.5mg	1	GC PA
cyclobenzaprine hcl tabs 10mg, 5mg	1	GC PA MO
FLEXERIL	3	PA MO
metaxalone	1	GC PA
methocarbamol	1	GC PA MO
orphenadrine citrate er	1	GC PA MO
orphenadrine compound ds	1	GC PA MO
orphenadrine/asa/caffeine	1	GC PA MO
PARAFON FORTE DSC	3	PA MO
ROBAXIN TABS	3	PA MO
SKELAXIN	3	PA MO
SOMA TABS 350MG	3	PA MO
Therapeutic Nutrients/Minerals/ Electrolytes		
Electrolytes/Minerals		
aminosyn ii inj	1	GC
AMINOSYN II INJ	2	
AMINOSYN II M	2	
aminosyn inj	1	GC
AMINOSYN INJ	2	
AMINOSYN M	2	
AMINOSYN-HBC	2	
aminosyn-hf	1	GC
AMINOSYN-PF	2	
AMINOSYN-PF 7%	2	

Drug Name	Drug Tier	Requirements/Limits
CARNITOR TABS	3	MO
CLINIMIX / DEXTROSE	2	
CLINIMIX E / DEXTROSE	2	
clinisol sf	1	GC
dextrose 10%/nacl 0.45%	1	GC
dextrose 10% flex container	1	GC
dextrose 10%/nacl 0.2%	1	GC
dextrose 2.5%/sodium chloride 0.45%	1	GC
dextrose 5%	1	GC MO
dextrose 5%/nacl 0.2%	1	GC
dextrose 5%/nacl 0.225%	1	GC
dextrose 5%/nacl 0.33%	1	GC
dextrose 5%/nacl 0.45%	1	GC MO
dextrose 5%/nacl 0.9%	1	GC MO
dextrose 5%/potassium chloride 0.075%	1	GC
ed k+10	1	GC
freamine iii	1	GC
FREAMINE III 3%	2	
hepatamine	1	GC
HEPATASOL	2	
INTRALIPID INJ 1.7%; 30%	3	
intralipid inj 2.25%; 20%	1	GC
ISOLYTE	2	
K-TABS	3	MO
kcl 0.075%/d5w/nacl 0.45%	1	GC
kcl 0.15%/d10w/nacl 0.2%	1	GC
kcl 0.15%/d5w/lr	1	GC
kcl 0.15%/d5w/nacl 0.225%	1	GC
kcl 0.15%/d5w/nacl 0.9%	1	GC
kcl 0.3%/d5w/lr iv lac ring	1	GC
kcl 0.3%/d5w/nacl 0.2%	1	GC
kcl 0.3%/d5w/nacl 0.45%	1	GC
kcl 0.3%/d5w/nacl 0.9%	1	GC
klor-con 10	1	GC MO
klor-con 8	1	GC MO
klor-con m15	1	GC MO
klor-con m20	1	GC MO
lactated ringers	1	GC MO
lactated ringers irrigation	1	GC MO
levocarnitine tabs	1	GC MO
LIPOSYN II INJ 2.5%; 5%; 5%	1	GC
LIPOSYN II INJ 2.5%; 10%; 10%	3	

Drug Name	Drug Tier	Requirements/Limits
LIPOSYN III INJ 1.2%; 2.5%; 10%, 1.2%; 2.5%; 20%	1	GC
liposyn iii inj 1.8%; 2.5%; 30%	1	GC
NEPHRAMINE	2	
normosol	1	GC
physiolyte	1	GC
plasma-lyte inj	1	GC
PLASMA-LYTE INJ	2	
potassium chloride 0.075%/d5w/nacl 0.225%	1	GC
potassium chloride 0.15% /nacl 0.45% viaflex	1	GC
potassium chloride 0.15% d5w/nacl 0.33%	1	GC
potassium chloride 0.15% d5w/nacl 0.45% viaflex	1	GC MO
potassium chloride 0.15% nacl 0.9%	1	GC
potassium chloride 0.15%/d5w	1	GC
potassium chloride 0.22% d5w/nacl 0.45%	1	GC
potassium chloride 0.224%/d5w	1	GC
potassium chloride 0.224%d5w/nacl 0.33%	1	GC
potassium chloride 0.3%/ nacl 0.9%	1	GC
potassium chloride 0.3%/d5w	1	GC
potassium chloride er cpcr	1	GC MO
potassium chloride er tbcr 10meq	1	GC
potassium chloride er tbcr 20meq	1	GC MO
potassium chloride inj 0.4meq/ml, 10meq/100ml, 10meq/50ml, 2meq/ml, 30meq/100ml	1	GC
potassium citrate er	1	GC MO
premasol	1	GC
prenatal vitamins (generic)	1	GC
PROCALAMINE	2	
PROSOL	2	
ringers injection	1	GC
ringers irrigation	1	GC MO
sodium bicarbonate inj 7.5%, 8.4%	1	GC
sodium chloride 0.45% viaflex	1	GC MO
sodium chloride 0.9%	1	GC MO
sodium chloride inj 3%, 5%	1	GC
sodium chloride inj 0.9%, 2.5meq/ml	1	GC MO
tis-u-sol	1	GC MO
tpn electrolytes	1	GC
travasol	1	GC
TROPHAMINE	3	

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