

2017 Cigna COMPREHENSIVE DRUG LIST (Formulary)

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

Plans covered

**Cigna-HealthSpring Preferred (HMO)
Cigna-HealthSpring Achieve Plus (HMO SNP)**



This drug list was updated on November 1, 2017. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact Cigna Customer Service, at 1-800-627-7534 or, for TTY users, 711, 7 days a week, 8 a.m. – 8 p.m., hours apply Monday – Friday, February 15 – September 30, or visit www.CignaHealthSpring.com. Cigna is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna depends on contract renewal.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Cigna. When it refers to “plan” or “our plan,” it means Cigna-HealthSpring Preferred (HMO) and Cigna-HealthSpring Achieve Plus (HMO SNP).

This document includes a list of the drugs (formulary) for our plans, which is current as of November 2017. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

What is the Cigna Comprehensive Drug List?

A drug list is a list of covered drugs selected by Cigna 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. Cigna will generally cover the drugs listed in our drug list as long as the drug is medically necessary, the prescription is filled at a Cigna 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 Drug List (formulary) change?

Generally, if you are taking a drug on our 2017 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 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 drug list changes, such as removing a drug from our drug list, will not affect customers who are currently taking the drug. It will remain available at the same cost-sharing for those customers 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 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 drug list, 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 customers of the change at least 60 days before the change becomes effective, or at the time the customer requests a refill of the drug, at which time the customer will receive a 60-day supply of the drug. If the Food and Drug Administration

(FDA) deems a drug on our drug list to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our drug list and provide notice to customers who take the drug. The enclosed drug list is current as of November 2017. To get updated information about the drugs covered by Cigna, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

How do I use the Drug List?

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

Medical Condition

The drug list begins on page 6. The drugs in this drug list 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 6. Then look under the category name for your drug.

Covered Drug Index

If you are not sure what category to look under, you should look for your drug in the Covered Drugs Index section that begins on page 51. The Covered Drugs Index provides a list of all of the drugs included in this document. Both brand name drugs and generic drugs are in the Drug List. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Covered Drug Index and find the name of your drug in the drug name column of the list.

What are generic drugs?

Cigna 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:** Cigna requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Cigna before you fill your prescriptions. If you don't get approval, Cigna may not cover the drug.
- **Quantity Limits:** For certain drugs, Cigna limits the amount of the drug that Cigna will cover. For example, Cigna allows for 1 tablet per day for VESICARE. This applies to standard one-month supply (for total quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).
- **Step Therapy:** In some cases, Cigna 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, Cigna may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

You can ask Cigna to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Cigna drug list?" on this page for information about how to request an exception.

Options for Maintenance Medications

Taking the medications prescribed by your doctor (or other prescriber) is important to your health.

We are committed to helping you achieve control of chronic conditions by making it easy for you to receive your maintenance medications. As part of our commitment to coordinating your healthcare needs, we have set a goal of helping you take your medications at least 80% of the time.

There are several ways we can work together to accomplish this goal:

- Talk with your doctor about whether a 90-day supply of your ongoing, stable medications may be appropriate. Taking these medications every day as prescribed is important for your overall health, and getting 90-day prescriptions of these medications can ensure that you don't miss a dose.
- You can receive a 90-day supply at most retail pharmacies or through one of our mail-order pharmacies.
- Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

How can I use my prescription drug coverage to save money on my medications?

There may be opportunities for you to save money on your medications using your Cigna coverage.

- Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.
- Explore whether the 'CMS Extra Help' program may offer additional financial support for your medications.
- If your medication is not covered on the Cigna drug list, talk with your doctor about alternative medications which are covered in the drug list.
- **What if my drug is not in the Drug List?**

If your drug is not included in this drug list, you should first contact Customer Service and ask if your drug is covered. If you learn that Cigna does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Cigna. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Cigna.
- You can ask Cigna 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 Cigna's Drug List?

You can ask Cigna 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 a drug even if it is not in our drug list. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Cigna limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to provide a tiering exception for a higher cost-sharing drug to be covered at a lower cost-sharing tier. If your drug is contained in the Non-Preferred Drugs tier, you can ask us to cover it at the Preferred Brand Drugs tier, and if your drug is contained in the Generic Drugs tier, you can ask us to cover it at the Preferred Generic Drugs tier. 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 in our drug list, 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 tier.

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

You should contact us to ask us for an initial coverage decision for a drug list, tiering or utilization restriction exception. **When you request a drug list, tiering or utilization restriction exception you should submit a statement from your prescriber or doctor supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber'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 a supporting statement from your doctor or other prescriber.

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

As a new or continuing customer in our plan you may be taking drugs that are not in our drug list. Or, you may be taking a drug that is on our drug list 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 drug list 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 customer of our plan.

For each of your drugs that is not on our drug list 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 customer 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- to 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a customer of our plan. If you need a drug that is not in our drug list 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 drug list exception.

In order to accommodate unexpected transitions of our customers that do not leave time for advanced planning, such as level-of-care changes due to discharge from a hospital to a nursing facility or to a home, Cigna will allow a one-time 31-day supply (unless the prescription is written for fewer days).


Cigna's Drug List

The comprehensive drug list provides coverage information about all of the drugs covered by Cigna. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 51.

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

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

We provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 6 along with the amount dispensed per the days supplied. (For example: VESICARE QL 30/30; this means the drug VESICARE is limited to 30 tablets per 30 days. For 90-day supplies, this quantity limit would be expanded to 90 tablets per 90 days).

 **For more information**

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

If you have questions about Cigna, please contact us. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

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 users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Key:

B/D – This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.

HI (Home Infusion) – This prescription drug may be covered under our medical benefit. For more information, contact Customer Service.

PA – This drug requires prior authorization

QL – This drug has quantity limits

ST – This drug has step therapy requirements

Generally all medications in the drug list are available through mail order, except when special circumstances or situations prohibit mailing a particular medication to your home.

Drug Tier and Cost-Share Table

The following table represents the plan name, plan service area, the drug tier number as it appears in the drug list, and the cost-share amount for that tier number. Tier 1 is for Preferred Generic drugs. Tier 2 is for Generic drugs. Tier 3 is for Preferred Brand drugs. Tier 4 is for Non-Preferred drugs. Tier 5 is for Specialty tier drugs. You may also refer to your Evidence of Coverage document for additional details.

Note for customers receiving Extra Help: Your Low Income Subsidy (LIS) copay level will be based on how the Food and Drug Administration (FDA) classifies certain drugs. Due to this, a generic drug may receive a preferred brand copay, or a preferred brand drug may receive a generic drug copay. Please see your LIS Rider for additional information on these copay levels. Or call Customer Service for further clarification regarding a specific drug.

To locate your drug cost, please refer to the table(s) below to find your service area and the Medicare Advantage plan in which you are currently enrolled or would like to enroll.

Cigna has pharmacies with preferred cost-shares. See your Pharmacy Directory or visit www.CignaHealthSpring.com for information on which stores with preferred cost-shares are near you.

Service Area: Arizona

Cigna-HealthSpring Preferred (HMO)

H0354-001

Maricopa county, select zip codes in Pinal county (85117, 85118, 85119, 85120, 85140, 85143, 85178), Arizona

H0354-024

Pima county, Arizona

Cigna-HealthSpring Achieve Plus (HMO SNP)

H0354-027

Maricopa county, select zip codes in Pinal county (85117, 85118, 85119, 85120, 85140, 85143, 85178), Arizona

	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 90 Days
Tier 1: Preferred Generic Drugs	\$5 / \$10 / \$15	\$10 / \$20 / \$30	\$10 / \$30
Tier 2: Generic Drugs	\$15 / \$30 / \$45	\$20 / \$40 / \$60	\$20 / \$60
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$100 / \$300
Tier 5: Specialty Tier	33% (30-day supply only)	33% (30-day supply only)	33% (30-day supply only)

My Medications

In this section, you can write down all of the medications you are currently taking. You can then find your drug in the following drug list pages. Look and see what tier your drug is on. Once you find out what tier your drug is on, you can look at the charts before this page and locate your cost-share for that drug. If you need help locating your drugs and cost-share, please call Customer Service at 1-800-627-7534, 7 days a week, 8 a.m. – 8 p.m., hours apply Monday – Friday, February 15 – September 30. TTY users can call 711.

My Medications	Page Number in the Drug List	Cost-Share through Cigna	Generic Available?	Generic Cost-Share

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Analgesics		
Analgesics		
<i>butalbital/acetaminophen tabs 325mg; 50mg</i>	2	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine caps</i>	2	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	2	PA QL(180/30)
<i>butalbital/aspirin/caffeine caps</i>	2	PA QL(180/30)
<i>capacet</i>	2	PA QL(180/30)
<i>esgic caps</i>	2	PA QL(180/30)
PRIALT	5	B/D PA
<i>zebutal caps 325mg; 50mg; 40mg</i>	2	PA QL(180/30)
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps 400mg</i>	2	QL(30/30)
<i>celecoxib caps 100mg, 200mg, 50mg</i>	2	QL(60/30)
<i>choline magnesium trisalicylate liqd</i>	2	
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium/misoprostol</i>	2	
<i>diflunisal</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	2	
<i>ketoprofen</i>	2	
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml</i>	2	PA QL(20/30)
<i>ketorolac tromethamine inj 30mg/ml</i>	2	PA QL(40/30)
<i>ketorolac tromethamine tabs</i>	2	PA QL(20/30)
<i>meloxicam</i>	2	QL(30/30)
<i>nabumetone</i>	2	
<i>naproxen</i>	2	
<i>naproxen dr</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>piroxicam</i>	2	
<i>salsalate</i>	2	
<i>sulindac</i>	2	
<i>tolmetin sodium</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine hcl inj</i>	2	QL(150/30)
BUTRANS	3	QL(4/28)
DURAMORPH	4	QL(180/30)
<i>fentanyl</i>	3	QL(10/30)
INFUMORPH 200	4	QL(200/30)
INFUMORPH 500	4	QL(200/30)
<i>levorphanol tartrate</i>	2	QL(120/30)
<i>morphine sulfate er cp24</i>	4	QL(60/30)
<i>morphine sulfate er tbcr</i>	2	QL(90/30)
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	2	QL(180/30)
<i>morphine sulfate supp</i>	2	
OPANA ER (CRUSH RESISTANT) T12A 10MG, 15MG, 20MG, 30MG, 5MG, 7.5MG	4	QL(60/30)
OPANA ER (CRUSH RESISTANT) T12A 40MG	5	QL(120/30)
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine oral soln</i>	2	QL(2700/30)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	2	QL(180/30)
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</i>	2	QL(360/30)
<i>aspirin-caffeine-dihydrocodeine</i>	2	QL(300/30)
<i>butorphanol tartrate inj 2mg/ml</i>	2	QL(240/30)
<i>butorphanol tartrate inj 1mg/ml</i>	2	QL(480/30)
<i>butorphanol tartrate nasal soln</i>	2	QL(5/30)
<i>codeine sulfate</i>	3	QL(180/30)
<i>endocet tabs 325mg; 10mg</i>	3	QL(180/30)
<i>endocet tabs 325mg; 7.5mg</i>	3	QL(240/30)
<i>endocet tabs 325mg; 2.5mg, 325mg; 5mg</i>	3	QL(360/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fentanyl citrate inj 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml</i>	2	B/D PA
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	3	PA QL(120/30)
<i>fentanyl citrate oral transmucosal lpop 400mcg, 600mcg</i>	4	PA QL(120/30)
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 800mcg</i>	5	PA QL(120/30)
<i>hydrocodone bitartrate/ acetaminophen oral soln</i>	2	QL(2700/30)
<i>hydrocodone bitartrate/ acetaminophen tabs 325mg; 2.5mg</i>	2	QL(360/30)
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 7.5mg</i>	2	QL(180/30)
<i>hydrocodone/acetaminophen tabs 325mg; 5mg</i>	2	QL(360/30)
<i>hydrocodone/ibuprofen tabs 5mg; 200mg, 7.5mg; 200mg</i>	3	QL(150/30)
<i>hydrocodone/ibuprofen tabs 10mg; 200mg</i>	3	QL(180/30)
<i>hydromorphone hcl dosette</i>	3	
<i>hydromorphone hcl inj</i>	3	
<i>hydromorphone hcl liqd</i>	3	QL(1200/30)
<i>hydromorphone hcl supp</i>	3	
<i>hydromorphone hcl tabs 8mg</i>	3	QL(120/30)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	3	QL(180/30)
<i>ibudone tabs 5mg; 200mg</i>	3	QL(150/30)
<i>lorcet</i>	2	QL(360/30)
<i>lorcet hd</i>	2	QL(180/30)
<i>lorcet plus tabs 325mg; 7.5mg</i>	2	QL(180/30)
<i>morphine sulfate inj 150mg/30ml, 15mg/ml, 50mg/ml, 5mg/ml</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>morphine sulfate inj 1mg/ml</i>	2	QL(180/30)
<i>morphine sulfate inj 10mg/ml</i>	2	QL(200/30)
<i>morphine sulfate inj 2mg/ml, 4mg/ml</i>	2	QL(240/30)
<i>morphine sulfate inj 8mg/ml</i>	2	QL(250/30)
<i>morphine sulfate oral soln 100mg/5ml</i>	2	QL(180/30)
<i>morphine sulfate oral soln 20mg/5ml</i>	2	QL(300/30)
<i>morphine sulfate oral soln 10mg/5ml</i>	2	QL(700/30)
<i>morphine sulfate tabs</i>	2	QL(120/30)
<i>nalbuphine hcl inj 20mg/ml</i>	2	QL(90/30)
<i>nalbuphine hcl inj 10mg/ml</i>	2	QL(180/30)
OPIUM	3	
OPIUM TINCTURE	3	
<i>oxycodone hcl caps</i>	4	QL(120/30)
<i>oxycodone hcl conc</i>	2	QL(120/30)
<i>oxycodone hcl oral soln</i>	2	QL(1200/30)
<i>oxycodone hcl tabs 30mg</i>	2	QL(90/30)
<i>oxycodone hcl tabs 10mg, 15mg, 20mg, 5mg</i>	2	QL(120/30)
<i>oxycodone/acetaminophen oral soln</i>	3	QL(1800/30)
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	3	QL(180/30)
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	3	QL(240/30)
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg, 325mg; 5mg</i>	3	QL(360/30)
<i>oxycodone/aspirin</i>	3	QL(180/30)
SYNALGOS-DC	3	QL(300/30)
TALWIN	4	
<i>tramadol hcl</i>	2	QL(240/30)
<i>tramadol hydrochloride/ acetaminophen</i>	2	QL(240/30)

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

You can find more information on the symbols by going to page 4.

Lower case italic = Generic drug

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>xylon</i>	3	QL(180/30)
Anesthetics		
Local Anesthetics		
<i>glydo</i>	2	
<i>lidocaine hcl external soln</i>	2	
<i>lidocaine hcl gel</i>	2	
<i>lidocaine hcl inj</i>	2	
<i>lidocaine hcl jelly</i>	2	
<i>lidocaine hcl mouth/throat soln</i>	2	
<i>lidocaine hcl viscous</i>	2	
<i>lidocaine oint</i>	3	QL(120/30)
<i>lidocaine ptch</i>	3	PA QL(90/30)
<i>lidocaine viscous</i>	2	
<i>lidocaine/prilocaine crea</i>	2	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram</i>	2	
VIVITROL	5	PA
Opioid Dependence Treatments		
<i>buprenorphine</i>	3	QL(4/28)
<i>buprenorphine hcl inj</i>	2	QL(150/30)
<i>buprenorphine hcl subl</i>	2	QL(90/30)
<i>buprenorphine hcl/naloxone hcl</i>	2	PA QL(90/30)
<i>naltrexone hcl</i>	2	
SUBOXONE	3	PA QL(90/30)
ZUBSOLV SUBL 0.7MG; 0.18MG	3	PA QL(30/30)
ZUBSOLV SUBL 1.4MG; 0.36MG, 11.4MG; 2.9MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	3	PA QL(90/30)
Opioid Reversal Agents		
<i>naloxone hcl</i>	2	
NARCAN	3	QL(4/30)
Smoking Cessation Agents		
<i>bupropion hcl sr</i>	2	QL(60/30)
CHANTIX	3	QL(336/365)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CHANTIX CONTINUING MONTH PAK	3	QL(336/365)
CHANTIX STARTING MONTH PAK	3	QL(336/365)
NICOTROL INHALER	3	QL(1008/90)
NICOTROL NS	3	QL(30/30)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate</i>	2	HI
<i>gentak</i>	2	
<i>gentamicin sulfate</i>	2	
<i>gentamicin sulfate pediatric</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride</i>	2	
<i>isotonic gentamicin</i>	2	
<i>neomycin sulfate</i>	2	
<i>neomycin/polymyxin b sulfates</i>	2	
<i>paromomycin sulfate</i>	2	
<i>streptomycin sulfate</i>	2	
<i>tobramycin ophthalmic soln</i>	2	
<i>tobramycin sulfate inj 1.2gm, 1.2gm/30ml, 10mg/ml, 80mg/2ml</i>	2	
<i>tobramycin sulfate ophthalmic soln</i>	2	
<i>tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml</i>	2	
TOBREX OINT	3	
ZYLET	4	
Antibacterials, Other		
ALCOHOL PREP PADS	3	
<i>baciim</i>	2	
<i>bacitracin inj</i>	2	
<i>bacitracin ophthalmic oint</i>	2	
<i>bacitracin/polymyxin b</i>	2	
<i>chloramphenicol sodium succinate</i>	2	
CLEOCIN SUPP	4	
<i>clindamycin</i>	2	HI
<i>clindamycin hcl</i>	2	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate crea</i>	2	
<i>clindamycin phosphate external soln</i>	2	
<i>clindamycin phosphate foam</i>	2	
<i>clindamycin phosphate gel</i>	2	
<i>clindamycin phosphate in d5w</i>	2	HI
<i>clindamycin phosphate inj 150mg/ml, 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	HI
<i>clindamycin phosphate lotn</i>	2	
<i>clindamycin phosphate pharmacy bulk package</i>	2	HI
<i>clindamycin phosphate swab</i>	2	
<i>clindamycin/sodium chloride</i>	2	HI
<i>colistimethate sodium</i>	2	
CORTISPORIN CREA	3	
CORTISPORIN OINT	3	
CUBICIN	5	HI
<i>daptomycin</i>	5	HI
FEM PH	4	
<i>lincomycin hcl</i>	2	
<i>linezolid inj</i>	2	HI
<i>linezolid susr</i>	5	QL(1800/30)
<i>linezolid tabs</i>	5	QL(60/30)
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	
METRO IV	3	HI
<i>metronidazole caps</i>	2	
<i>metronidazole crea</i>	2	
<i>metronidazole gel</i>	2	
<i>metronidazole in nacl 0.79%</i>	2	HI
<i>metronidazole inj</i>	2	HI
<i>metronidazole lotn</i>	2	
<i>metronidazole tabs</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>metronidazole vaginal</i>	2	
MONUROL	4	
<i>mupirocin</i>	2	
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>neomycin/polymyxin/hydrocortisone</i>	2	
<i>nitrofurantoin</i>	3	
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulfate</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
PRIMSOL	4	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
SYNERCID	5	HI
TIGECYCLINE	5	HI
<i>trimethoprim</i>	2	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	2	
TYGACIL	5	HI
<i>vancomycin</i>	2	HI
<i>vancomycin hcl caps 125mg</i>	4	QL(40/10)
<i>vancomycin hcl caps 250mg</i>	4	QL(80/10)
<i>vancomycin hcl in dextrose</i>	2	HI
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 1000mg, 10gm, 500mg, 750mg</i>	2	HI

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
vancomycin hcl inj 5000mg	2	B/D PA
vandazole	2	
XIFAXAN TABS 200MG	4	PA QL(9/30)
XIFAXAN TABS 550MG	5	PA QL(90/30)
Beta-lactam, Cephalosporins		
cefaclor	2	
cefaclor er	2	
cefadroxil	2	
cefazolin	2	HI
cefazolin sodium inj 100gm, 10gm, 1gm, 1gm; 5%, 20gm, 300gm, 500mg	2	HI
cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%	2	HI
cefdinir	2	
cefepime	2	HI
cefepime/dextrose	2	HI
cefixime	2	
cefotaxime sodium inj 1gm, 2gm, 500mg	2	
cefotetan/dextrose	2	
cefoxitin sodium	2	HI
cefpodoxime proxetil	2	
cefprozil	2	
ceftazidime	2	HI
ceftazidime/dextrose	2	HI
ceftibuten	2	
CEFTIN	4	
ceftriaxone in iso-osmotic dextrose	2	
ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg	2	
ceftriaxone/dextrose	2	
cefuroxime axetil	2	
cefuroxime sodium	2	
cefuroxime/dextrose	2	
cephalexin	2	
SUPRAX CAPS	4	
SUPRAX CHEW	4	
SUPRAX SUSR 500MG/5ML	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
tazicef inj 1gm, 2gm, 6gm	2	HI
TEFLARO	5	HI
Beta-lactam, Other		
AZACTAM IN ISO-OSMOTIC DEXTROSE	4	HI
aztreonam	2	HI
cefotetan	2	
DORIBAX	4	HI
doripenem	4	HI
imipenem/cilastatin	2	HI
INVANZ	4	HI
meropenem	4	HI
meropenem/sodium chloride inj 500mg/50ml; 0.9%	4	HI
meropenem/sodium chloride inj 1gm/50ml; 0.9%	5	HI
Beta-lactam, Penicillins		
amoxicillin	2	
amoxicillin/clavulanate potassium	2	
ampicillin	2	
ampicillin sodium inj 125mg, 250mg, 500mg	2	
ampicillin sodium inj 10gm, 1gm, 2gm	2	HI
ampicillin-sulbactam	2	HI
bactocill in dextrose	2	HI
BICILLIN C-R	4	
BICILLIN L-A	4	
dicloxacillin sodium	2	
NAFCILLIN	3	HI
nafcillin sodium	2	HI
oxacillin sodium inj 10gm	2	HI
penicillin g potassium in iso-osmotic dextrose	2	HI
penicillin g potassium inj 2000000unit, 5000000unit	2	HI
penicillin g procaine	2	
penicillin g sodium	2	
penicillin v potassium	2	
pfizerpen-g	2	HI

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>piperacillin sodium/tazobactam sodium</i>	2	HI
<i>piperacillin/tazobactam</i>	2	HI
Macrolides		
AZASITE	3	
<i>azithromycin inj</i>	2	HI
<i>azithromycin pack</i>	2	
<i>azithromycin susr 200mg/5ml</i>	2	QL(75/30)
<i>azithromycin susr 100mg/5ml</i>	2	QL(150/30)
<i>azithromycin tabs 500mg</i>	2	QL(30/30)
<i>azithromycin tabs 250mg</i>	2	QL(36/30)
<i>azithromycin tabs 600mg</i>	2	QL(60/30)
<i>clarithromycin er</i>	2	QL(60/30)
<i>clarithromycin susr</i>	2	
<i>clarithromycin tabs</i>	2	QL(42/14)
DIFICID	5	PA QL(20/10)
<i>e.e.s. 400</i>	2	
E.E.S. GRANULES	3	
<i>ery</i>	2	
ERY-TAB	3	
ERYPED 200	3	
ERYPED 400	3	
ERYTHROCIN LACTOBIONATE	3	
<i>erythrocin stearate</i>	2	
<i>erythromycin</i>	2	
<i>erythromycin base</i>	2	
<i>erythromycin ethylsuccinate susr</i>	3	
<i>erythromycin ethylsuccinate tabs</i>	2	
PCE	3	
ZMAX	4	QL(60/30)
Quinolones		
AVELOX INJ	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BESIVANCE	4	
CILOXAN OINT	3	
CIPRO HC	3	
CIPRODEX	3	
<i>ciprofloxacin er tb24 500mg; 0</i>	2	QL(3/3)
<i>ciprofloxacin er tb24 1000mg; 0</i>	2	QL(14/14)
<i>ciprofloxacin hcl</i>	2	
<i>ciprofloxacin i.v.-in d5w</i>	2	HI
<i>ciprofloxacin inj</i>	2	HI
<i>ciprofloxacin susr</i>	2	
<i>gatifloxacin</i>	2	QL(2.5/25)
<i>levofloxacin in d5w</i>	2	HI
<i>levofloxacin inj</i>	2	HI
<i>levofloxacin ophthalmic soln</i>	2	
<i>levofloxacin oral soln</i>	2	
<i>levofloxacin tabs</i>	2	QL(30/30)
<i>moxifloxacin hcl inj</i>	2	
<i>moxifloxacin hcl ophthalmic soln</i>	3	
<i>moxifloxacin hcl tabs</i>	2	QL(30/30)
<i>ofloxacin</i>	2	
VIGAMOX	3	
Sulfonamides		
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
<i>sodium sulfacetamide ophthalmic soln</i>	2	
<i>sulfacetamide sodium oint</i>	2	
<i>sulfacetamide sodium susp</i>	2	
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	2	
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole/trimethoprim</i>	2	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sulfamethoxazole/trimethoprim ds</i>	2	
Tetracyclines		
<i>demeclocycline hcl</i>	2	
<i>doxycycline hyclate caps</i>	2	
<i>doxycycline hyclate dr tbec 100mg, 150mg, 75mg</i>	4	
<i>doxycycline hyclate inj</i>	2	
<i>doxycycline hyclate tabs 100mg, 20mg</i>	2	
<i>doxycycline monohydrate caps 150mg</i>	2	
<i>doxycycline monohydrate caps 100mg, 50mg, 75mg</i>	2	QL(60/30)
<i>doxycycline monohydrate tabs</i>	2	
<i>doxycycline susr</i>	2	
<i>minocycline hcl</i>	2	
<i>monodoxyne nl</i>	2	QL(60/30)
<i>morgidox 1x50mg</i>	2	
<i>tetracycline hcl</i>	2	
<i>tetracycline hydrochloride caps 500mg</i>	2	
Anticonvulsants		
Anticonvulsants, Other		
APTIOM TABS 200MG	4	QL(30/30)
APTIOM TABS 400MG, 800MG	5	QL(30/30)
APTIOM TABS 600MG	5	QL(60/30)
BRIVIACT INJ	5	QL(600/30)
BRIVIACT ORAL SOLN	5	QL(1200/30)
BRIVIACT TABS 10MG, 25MG, 50MG, 75MG	5	QL(60/30)
BRIVIACT TABS 100MG	5	QL(120/30)
FYCOMPA SUSP	4	QL(720/30)
FYCOMPA TABS	4	QL(30/30)
<i>levetiracetam</i>	2	
<i>levetiracetam er tb24 750mg</i>	2	QL(120/30)
<i>levetiracetam er tb24 500mg</i>	2	QL(180/30)
<i>magnesium sulfate in d5w inj 5%; 1gm/100ml</i>	2	
<i>roweepra</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SPRITAM TB3D 1000MG, 250MG, 500MG	4	QL(60/30)
SPRITAM TB3D 750MG	4	QL(120/30)
Calcium Channel Modifying Agents		
CELONTIN	4	
<i>ethosuximide</i>	2	
LYRICA CAPS 225MG, 300MG	3	QL(60/30)
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	3	QL(90/30)
LYRICA ORAL SOLN	3	QL(900/30)
<i>zonisamide</i>	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL(90/30)
<i>clonazepam odt tbdp 2mg</i>	2	QL(300/30)
<i>clonazepam tabs 0.5mg, 1mg</i>	2	QL(90/30)
<i>clonazepam tabs 2mg</i>	2	QL(300/30)
DIASTAT ACUDIAL GEL 10MG	4	QL(20/30)
DIASTAT ACUDIAL GEL 20MG	4	QL(40/30)
DIASTAT PEDIATRIC	4	QL(5/30)
<i>diazepam rectal gel gel 2.5mg</i>	2	QL(5/30)
<i>diazepam rectal gel gel 10mg</i>	2	QL(20/30)
<i>divalproex sodium</i>	2	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>gabapentin caps 100mg</i>	2	QL(180/30)
<i>gabapentin caps 300mg, 400mg</i>	2	QL(270/30)
<i>gabapentin oral soln</i>	2	QL(2160/30)
<i>gabapentin tabs 800mg</i>	2	QL(90/30)
<i>gabapentin tabs 600mg</i>	2	QL(180/30)
ONFI SUSP	4	QL(480/30)
ONFI TABS 10MG	4	QL(30/30)
ONFI TABS 5MG	4	QL(60/30)
ONFI TABS 20MG	5	QL(60/30)
<i>phenobarbital elix</i>	2	QL(1500/30)
<i>phenobarbital tabs</i>	2	QL(90/30)
<i>primidone</i>	2	
SABRIL PACK	5	PA QL(200/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SABRIL TABS	5	PA QL(180/30)
<i>tiagabine hydrochloride tabs 4mg</i>	2	
<i>tiagabine hydrochloride tabs 2mg</i>	2	QL(60/30)
<i>valproate sodium</i>	2	
<i>valproic acid</i>	2	
<i>vigabatrin</i>	5	PA QL(200/30)
Glutamate Reducing Agents		
<i>felbamate susp</i>	5	
<i>felbamate tabs</i>	2	
<i>lamotrigine</i>	2	
<i>lamotrigine er</i>	2	
<i>lamotrigine odt</i>	2	
<i>topiramate csp</i>	2	
<i>topiramate tabs 200mg</i>	2	QL(60/30)
<i>topiramate tabs 100mg, 25mg, 50mg</i>	2	QL(90/30)
Sodium Channel Agents		
BANZEL SUSP	5	QL(2400/30)
BANZEL TABS 200MG	5	QL(60/30)
BANZEL TABS 400MG	5	QL(240/30)
<i>carbamazepine</i>	2	
<i>carbamazepine er</i>	2	
DILANTIN	4	
DILANTIN INFATABS	4	
DILANTIN-125	4	
<i>epitol</i>	2	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	2	
<i>oxcarbazepine</i>	2	
PEGANONE	4	
<i>phenytoin</i>	2	
<i>phenytoin sodium</i>	2	
<i>phenytoin sodium extended</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VIMPAT INJ	4	QL(1200/30)
VIMPAT ORAL SOLN	4	QL(1200/30)
VIMPAT TABS	4	QL(60/30)

Antidementia Agents

Antidementia Agents, Other

<i>ergoloid mesylates</i>	2	PA
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Cholinesterase Inhibitors

<i>donepezil hcl tabs 23mg, 5mg</i>	2	QL(30/30)
<i>donepezil hcl tabs 10mg</i>	2	QL(60/30)
<i>donepezil hcl tbdp 5mg</i>	2	QL(30/30)
<i>donepezil hcl tbdp 10mg</i>	2	QL(60/30)
<i>galantamine hydrobromide er</i>	2	QL(30/30)
<i>galantamine hydrobromide oral soln</i>	2	QL(200/30)
<i>galantamine hydrobromide tabs</i>	2	QL(60/30)
<i>rivastigmine tartrate</i>	2	QL(60/30)
<i>rivastigmine transdermal system</i>	2	QL(30/30)

N-methyl-D-aspartate (NMDA) Receptor Antagonist

<i>memantine hcl tabs 10mg</i>	2	PA QL(60/30)
<i>memantine hcl tabs 5mg</i>	2	PA QL(90/30)
<i>memantine hcl titration pak</i>	2	PA QL(49/28)
<i>memantine hydrochloride</i>	2	PA QL(300/30)
NAMENDA XR	4	PA QL(30/30)
NAMENDA XR TITRATION PACK	4	PA QL(56/365)

Antidepressants

Antidepressants, Other

APLENZIN	4	QL(30/30)
<i>bupropion hcl er tb12 150mg, 200mg</i>	2	QL(60/30)
<i>bupropion hcl sr</i>	2	QL(60/30)
<i>bupropion hcl tabs 75mg</i>	2	QL(60/30)
<i>bupropion hcl tabs 100mg</i>	2	QL(120/30)

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<i>bupropion hcl xl</i>	2	QL(30/30)
<i>maprotiline hcl</i>	2	QL(90/30)
<i>mirtazapine</i>	2	QL(30/30)
<i>mirtazapine odt</i>	2	QL(30/30)
<i>nefazodone hcl</i>	2	QL(60/30)
<i>trazodone hcl</i>	2	
TRINTELLIX	4	QL(30/30)
Monoamine Oxidase Inhibitors		
EMSAM	5	QL(30/30)
MARPLAN	4	QL(180/30)
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	2	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral soln</i>	2	QL(600/30)
<i>citalopram hydrobromide tabs</i>	2	QL(30/30)
<i>desvenlafaxine er</i>	3	QL(30/30)
<i>duloxetine hcl cpep 20mg, 60mg</i>	2	QL(60/30)
<i>duloxetine hcl cpep 30mg</i>	2	QL(90/30)
<i>escitalopram oxalate oral soln</i>	2	QL(600/30)
<i>escitalopram oxalate tabs</i>	2	QL(30/30)
FETZIMA	4	QL(30/30)
FETZIMA TITRATION PACK	4	QL(56/365)
<i>fluoxetine caps 10mg</i>	2	QL(30/30)
<i>fluoxetine caps 20mg</i>	2	QL(120/30)
<i>fluoxetine hcl caps 10mg</i>	2	QL(30/30)
<i>fluoxetine hcl caps 40mg</i>	2	QL(60/30)
<i>fluoxetine hcl caps 20mg</i>	2	QL(120/30)
<i>fluoxetine hcl oral soln</i>	2	QL(600/30)
<i>fluoxetine hcl tabs 10mg, 60mg</i>	2	QL(30/30)
<i>fluoxetine hcl tabs 20mg</i>	2	QL(120/30)
<i>fluvoxamine maleate tabs 25mg, 50mg</i>	2	QL(30/30)
<i>fluvoxamine maleate tabs 100mg</i>	2	QL(90/30)
<i>olanzapine/fluoxetine</i>	2	QL(30/30)
<i>paroxetine hcl tabs 10mg, 20mg, 40mg</i>	2	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>paroxetine hcl tabs 30mg</i>	2	QL(60/30)
PAXIL SUSP	4	QL(900/30)
PRISTIQ	3	QL(30/30)
<i>sertraline hcl conc</i>	2	QL(300/30)
<i>sertraline hcl tabs 25mg</i>	2	QL(30/30)
<i>sertraline hcl tabs 100mg</i>	2	QL(60/30)
<i>sertraline hcl tabs 50mg</i>	2	QL(90/30)
<i>venlafaxine hcl</i>	2	QL(90/30)
<i>venlafaxine hcl er cp24 37.5mg, 75mg</i>	2	QL(30/30)
<i>venlafaxine hcl er cp24 150mg</i>	2	QL(60/30)
VENLAFAXINE HCL ER TB24 225MG, 37.5MG, 75MG	4	QL(30/30)
VENLAFAXINE HCL ER TB24 150MG	4	QL(60/30)
VIIBRYD	3	QL(30/30)
VIIBRYD STARTER PACK	3	
Tricyclics		
<i>amitriptyline hcl</i>	2	PA
<i>amoxapine</i>	2	
<i>clomipramine hcl</i>	2	PA
<i>desipramine hcl</i>	2	
<i>doxepin hcl</i>	2	PA
<i>imipramine hcl</i>	2	PA
<i>imipramine pamoate</i>	2	PA
<i>nortriptyline hcl</i>	2	
<i>perphenazine/amitriptyline</i>	2	PA
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate</i>	2	PA
Antiemetics		
Antiemetics, Other		
<i>dimenhydrinate inj</i>	2	
<i>droperidol</i>	2	
<i>meclizine hcl tabs</i>	2	
<i>phenadoz</i>	2	
<i>phenergan supp</i>	2	
<i>promethazine hcl supp</i>	2	
<i>promethegan</i>	2	
<i>scopolamine</i>	4	QL(10/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TRANSDERM-SCOP	4	QL(10/30)
Emetogenic Therapy Adjuncts		
<i>aprepitant caps 40mg</i>	3	B/D PA QL(1/30)
<i>aprepitant caps 125mg</i>	3	B/D PA QL(2/28)
<i>aprepitant caps 80mg</i>	3	B/D PA QL(4/28)
<i>aprepitant caps</i>	3	B/D PA QL(6/28)
CESAMET	5	B/D PA QL(60/30)
<i>dronabinol</i>	3	B/D PA QL(60/30)
EMEND CAPS 40MG	3	B/D PA QL(1/30)
EMEND CAPS 125MG	3	B/D PA QL(2/28)
EMEND CAPS 80MG	3	B/D PA QL(4/28)
EMEND SUSR	3	B/D PA QL(6/28)
EMEND TRIPACK	3	B/D PA QL(6/28)
<i>granisetron hcl inj</i>	2	HI
<i>granisetron hcl tabs</i>	2	B/D PA QL(30/30)
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	2	B/D PA
<i>ondansetron hcl oral soln</i>	2	B/D PA QL(450/30)
<i>ondansetron hcl tabs 24mg</i>	2	B/D PA QL(15/30)
<i>ondansetron hcl tabs 4mg, 8mg</i>	2	B/D PA QL(90/30)
<i>ondansetron odt</i>	2	B/D PA QL(90/30)
SANCUSO	5	PA QL(4/28)
Antifungals		
Antifungals		
ABELCET	5	B/D PA
AMBISOME	5	B/D PA
<i>amphotericin b</i>	2	B/D PA
BENSAL HP	3	
CANCIDAS	5	HI
<i>caspofungin acetate</i>	5	HI
<i>ciclodan</i>	2	
<i>ciclopirox</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clotrimazole external crea</i>	2	
<i>clotrimazole external soln</i>	2	
<i>clotrimazole troc</i>	2	
<i>clotrimazole/betamethasone dipropionate</i>	2	
<i>econazole nitrate</i>	2	
ERAXIS	5	
ERTACZO	4	
<i>fluconazole</i>	2	
<i>fluconazole in dextrose</i>	2	HI
<i>fluconazole in nacl inj 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	2	HI
<i>flucytosine</i>	5	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
GYNAZOLE-1	4	
<i>itraconazole</i>	3	QL(120/30)
<i>ketoconazole crea</i>	2	
<i>ketoconazole sham</i>	2	
<i>ketoconazole tabs</i>	2	
<i>miconazole 3</i>	2	QL(6/30)
MYCAMINE	5	HI
<i>naftifine hcl</i>	2	
<i>naftifine hydrochloride</i>	2	
NAFTIN CREA	4	
NAFTIN GEL	3	
NATACYN	4	
NOXAFIL SUSP	5	QL(600/30)
NOXAFIL TBEC	5	QL(93/30)
<i>nyamyc</i>	2	
<i>nystatin</i>	2	
<i>nystatin/triamcinolone</i>	2	
<i>nystop</i>	2	
SPORANOX ORAL SOLN	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>terbinafine hcl tabs</i>	2	QL(90/365)
<i>terconazole</i>	2	
<i>voriconazole inj</i>	2	HI
<i>voriconazole susr</i>	5	QL(300/30)
<i>voriconazole tabs</i>	4	QL(90/30)
<i>zazole</i>	2	

Antigout Agents

Antigout Agents

<i>allopurinol</i>	2	
<i>allopurinol sodium</i>	4	
ALOPRIM	4	
<i>colchicine caps</i>	2	QL(60/30)
<i>colchicine tabs</i>	2	QL(120/30)
MITIGARE	3	QL(60/30)
<i>probenecid</i>	2	
<i>probenecid/colchicine</i>	2	
ULORIC	3	QL(30/30) ST

Antimigraine Agents

Ergot Alkaloids

CAFERGOT	4	QL(40/28)
<i>dihydroergotamine mesylate inj</i>	4	QL(30/28)
<i>ergotamine tartrate/caffeine</i>	4	QL(40/28)
<i>migergot</i>	2	QL(20/28)

Serotonin (5-HT) 1b/1d Receptor Agonists

<i>naratriptan hcl</i>	2	QL(9/30) ST
<i>rizatriptan benzoate</i>	2	QL(12/30)
<i>rizatriptan benzoate odt</i>	2	QL(12/30)
<i>sumatriptan</i>	2	QL(12/30)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL(4/30)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	2	QL(8/30)
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	2	QL(4/30)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	2	QL(8/30)
<i>sumatriptan succinate tabs</i>	2	QL(9/30)
<i>zolmitriptan</i>	2	QL(6/30)
<i>zolmitriptan odt</i>	2	QL(6/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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Antimyasthenic Agents

Parasympathomimetics

GUANIDINE HCL	3	
MESTINON SYRP	3	
<i>pyridostigmine bromide</i>	2	
<i>pyridostigmine bromide er</i>	2	

Antimycobacterials

Antimycobacterials, Other

<i>dapsone</i>	2	
<i>rifabutin</i>	2	

Antituberculars

CAPASTAT SULFATE	3	
<i>cycloserine</i>	2	
<i>ethambutol hcl</i>	2	
<i>isoniazid</i>	2	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide</i>	2	
<i>rifampin</i>	2	
RIFATER	4	
SIRTURO	5	QL(188/365)
TRECTOR	3	

Antineoplastics

Alkylating Agents

BENDEKA	5	B/D PA QL(8/21)
BICNU	3	B/D PA
<i>busulfan</i>	3	B/D PA
BUSULFEX	3	B/D PA
<i>cyclophosphamide caps</i>	2	B/D PA
<i>cyclophosphamide inj 2gm</i>	5	B/D PA
<i>cyclophosphamide inj 1gm, 500mg</i>	4	B/D PA
<i>dacarbazine</i>	2	B/D PA
EVOMELA	5	B/D PA
GLEOSTINE	3	
HEXALEN	5	
<i>ifosfamide</i>	2	B/D PA

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
KISQALI FEMARA 200 DOSE	5	PA QL(49/28)
KISQALI FEMARA 400 DOSE	5	PA QL(70/28)
KISQALI FEMARA 600 DOSE	5	PA QL(91/28)
LEUKERAN	3	
MATULANE	5	
<i>melfalan hydrochloride</i>	2	B/D PA
MUSTARGEN	3	B/D PA
TEPADINA	4	B/D PA
<i>thiotepa</i>	2	B/D PA
TREANDA	5	B/D PA QL(8/21)
VALCHLOR	5	QL(60/30)
YONDELIS	5	B/D PA
ZANOSAR	4	B/D PA
Antiandrogens		
<i>bicalutamide</i>	2	QL(30/30)
<i>flutamide</i>	2	
NILANDRON	5	QL(60/30)
<i>nilutamide</i>	5	QL(60/30)
XTANDI	5	QL(120/30)
ZYTIGA TABS 500MG	5	QL(60/30)
ZYTIGA TABS 250MG	5	QL(120/30)
Antiangiogenic Agents		
POMALYST	5	QL(21/28)
REVLIMID CAPS 15MG, 20MG, 25MG	5	QL(21/28)
REVLIMID CAPS 10MG, 2.5MG, 5MG	5	QL(28/28)
THALOMID CAPS 100MG, 150MG, 50MG	5	QL(30/30)
THALOMID CAPS 200MG	5	QL(60/30)
Antiestrogens/Modifiers		
EMCYT	3	
FARESTON	5	QL(30/30)
FASLODEX	5	B/D PA QL(30/30)
SOLTAMOX	5	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tamoxifen citrate</i>	2	
Antimetabolites		
<i>adrucil</i>	2	B/D PA
ALIMTA	5	B/D PA
ARRANON	5	B/D PA
<i>cladribine</i>	5	B/D PA
<i>clofarabine</i>	5	B/D PA
CLOLAR	5	B/D PA
<i>cytarabine aqueous</i>	2	B/D PA
<i>cytarabine inj 100mg/ml</i>	2	B/D PA
DROXIA	3	
ELITEK	5	B/D PA
<i>floxuridine</i>	2	
<i>fluorouracil inj</i>	2	B/D PA
FOLOTYN	5	B/D PA
<i>gemcitabine hcl inj 200mg</i>	2	B/D PA
<i>gemcitabine hcl inj 1gm, 2gm</i>	5	B/D PA
<i>gemcitabine inj 200mg/5.26ml</i>	2	B/D PA
<i>gemcitabine inj 1gm/26.3ml, 2gm/52.6ml</i>	5	B/D PA
<i>hydroxyurea</i>	2	
LONSURF TABS 8.19MG; 20MG	5	QL(80/28)
LONSURF TABS 6.14MG; 15MG	5	QL(100/28)
<i>mercaptopurine</i>	2	
NIPENT	5	B/D PA
PURIXAN	5	QL(300/30)
TABLOID	4	
VYXEOS	5	B/D PA
Antineoplastics		
<i>docetaxel inj 200mg/10ml</i>	5	B/D PA
Antineoplastics, Other		
ABRAXANE	5	B/D PA
<i>azacitidine</i>	5	B/D PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BELEODAQ	5	B/D PA
<i>bleomycin sulfate</i>	2	B/D PA
<i>carboplatin inj 150mg/15ml, 50mg/5ml</i>	2	B/D PA
<i>cisplatin</i>	2	B/D PA
COSMEGEN	5	B/D PA
<i>daunorubicin hcl</i>	2	B/D PA
<i>decitabine</i>	5	B/D PA
<i>dexrazoxane</i>	2	B/D PA
<i>docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	5	B/D PA
<i>doxorubicin hcl</i>	2	B/D PA
<i>doxorubicin hcl liposome</i>	5	B/D PA
<i>epirubicin hcl inj 200mg/100ml</i>	2	B/D PA
ERWINAZE	5	B/D PA QL(60/28)
ETHYOL	5	B/D PA
<i>fludarabine phosphate</i>	2	B/D PA
HALAVEN	5	
<i>idarubicin hcl</i>	5	B/D PA
<i>irinotecan</i>	2	B/D PA
<i>irinotecan hcl</i>	2	B/D PA
ISTODAX (OVERFILL)	5	B/D PA
IXEMPRA KIT	5	B/D PA
JEVTANA	5	B/D PA
KISQALI	5	PA QL(63/21)
LARTRUVO	5	PA
<i>leucovorin calcium</i>	2	
<i>levoleucovorin calcium</i>	5	
<i>levoleucovorin inj 175mg/17.5ml, 250mg/25ml, 50mg</i>	5	
LYNPARZA TABS	5	QL(120/30)
MARQIBO	5	B/D PA
<i>mesna</i>	2	B/D PA
MESNEX TABS	5	
<i>mitomycin inj 40mg</i>	5	B/D PA
<i>mitomycin inj 20mg</i>	4	B/D PA
<i>mitomycin inj 5mg</i>	2	B/D PA
<i>mitoxantrone hcl</i>	2	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NERLYNX	5	PA QL(180/30)
NINLARO	5	QL(3/28)
ODOMZO	5	QL(30/30)
<i>oxaliplatin inj 100mg, 100mg/20ml, 50mg/10ml</i>	4	B/D PA
<i>paclitaxel</i>	2	B/D PA
PORTRAZZA	5	B/D PA
PROLEUKIN	5	B/D PA
RUBRACA	5	PA QL(120/30)
RYDAPT	5	PA QL(224/28)
SYLATRON	5	PA QL(4/28)
SYNRIBO	5	B/D PA QL(28/28)
TICE BCG	3	
TRISENOX	4	B/D PA
VELCADE	5	B/D PA QL(14/21)
VENCLEXTA STARTING PACK	5	QL(84/365)
VENCLEXTA TABS 50MG	4	QL(30/30)
VENCLEXTA TABS 10MG	4	QL(60/30)
VENCLEXTA TABS 100MG	5	QL(120/30)
<i>vinblastine sulfate</i>	2	B/D PA
<i>vincasar pfs</i>	2	B/D PA
<i>vincristine sulfate</i>	2	B/D PA
<i>vinorelbine tartrate</i>	2	B/D PA
ZEJULA	5	PA QL(90/30)
ZOLINZA	5	QL(120/30)

Aromatase Inhibitors, 3rd Generation

<i>anastrozole</i>	2	QL(30/30)
<i>exemestane</i>	2	QL(60/30)
<i>letrozole</i>	2	QL(30/30)

Enzyme Inhibitors

<i>etoposide inj</i>	2	B/D PA
KYPROLIS	5	B/D PA
<i>toposar</i>	2	B/D PA
<i>topotecan hcl</i>	5	B/D PA

Molecular Target Inhibitors

AFINITOR DISPERZ TBSO 2MG, 3MG	5	QL(60/30)
AFINITOR DISPERZ TBSO 5MG	5	QL(120/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
AFINITOR TABS 2.5MG, 5MG, 7.5MG	5	QL(30/30)
AFINITOR TABS 10MG	5	QL(60/30)
ALECENSA	5	PA QL(240/30)
ALIQOPA	5	PA QL(3/28)
ALUNBRIG	5	PA QL(180/30)
BOSULIF TABS 500MG	5	QL(30/30)
BOSULIF TABS 100MG	5	QL(120/30)
CABOMETYX TABS 20MG, 60MG	5	PA QL(30/30)
CABOMETYX TABS 40MG	5	PA QL(60/30)
CAPRELSA TABS 300MG	5	QL(30/30)
CAPRELSA TABS 100MG	5	QL(60/30)
COMETRIQ KIT	5	QL(56/28)
COMETRIQ KIT 20MG	5	QL(84/28)
COMETRIQ KIT	5	QL(112/28)
COTELLIC	5	QL(63/28)
ERIVEDGE	5	QL(30/30)
FARYDAK	5	QL(6/21)
GILOTRIF	5	QL(30/30)
IBRANCE	5	QL(21/28)
ICLUSIG TABS 45MG	5	QL(30/30)
ICLUSIG TABS 15MG	5	QL(60/30)
IDHIFA	5	PA QL(30/30)
<i>imatinib mesylate</i>	5	PA QL(60/30)
IMBRUVICA	5	QL(120/30)
INLYTA	5	QL(120/30)
IRESSA	5	
JAKAFI	5	QL(60/30)
LENVIMA 10 MG DAILY DOSE	5	QL(30/30)
LENVIMA 14 MG DAILY DOSE	5	QL(60/30)
LENVIMA 18 MG DAILY DOSE	5	QL(90/30)
LENVIMA 20 MG DAILY DOSE	5	QL(60/30)
LENVIMA 24 MG DAILY DOSE	5	QL(90/30)
LENVIMA 8 MG DAILY DOSE	5	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LYNPARZA CAPS	5	QL(480/30)
MEKINIST TABS 2MG	5	QL(30/30)
MEKINIST TABS 0.5MG	5	QL(90/30)
NEXAVAR	5	QL(120/30)
SPRYCEL	5	QL(30/30)
STIVARGA	5	QL(84/28)
SUTENT	5	QL(28/28)
TAFINLAR	5	QL(120/30)
TAGRISSO	5	QL(30/30)
TARCEVA TABS 100MG, 150MG	5	QL(30/30)
TARCEVA TABS 25MG	5	QL(60/30)
TASIGNA	5	QL(120/30)
TYKERB	5	QL(180/30)
VOTRIENT	5	QL(120/30)
XALKORI	5	QL(60/30)
ZALTRAP	5	B/D PA QL(40/28)
ZELBORAF	5	QL(240/30)
ZYDELIG	5	QL(60/30)
ZYKADIA	5	QL(150/30)

Monoclonal Antibodies

AVASTIN	5	B/D PA
BAVENCIO	5	B/D PA
BESPONSA	5	PA
CYRAMZA	5	B/D PA
DARZALEX	5	B/D PA
EMPLICITI	5	B/D PA
ERBITUX	5	B/D PA
GAZYVA	5	B/D PA
HERCEPTIN	5	B/D PA
IMFINZI	5	PA
KADCYLA	5	B/D PA
KEYTRUDA	5	B/D PA
MYLOTARG	5	PA

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OPDIVO	5	B/D PA QL(80/28)
PERJETA	5	B/D PA
RITUXAN	5	PA
RITUXAN HYCELA	5	PA
TECENTRIQ	5	PA QL(20/21)
UNITUXIN	5	B/D PA
VECTIBIX	5	B/D PA
YERVOY INJ 200MG/40ML	5	B/D PA QL(80/21)
YERVOY INJ 50MG/10ML	5	B/D PA QL(300/21)
Retinoids		
<i>bexarotene</i>	5	
PANRETIN	5	
TARGRETIN GEL	5	QL(60/30)
<i>tretinoin caps</i>	5	
Antiparasitics		
Anthelmintics		
ALBENZA	4	
BILTRICIDE	4	
<i>ivermectin</i>	2	
Antiprotozoals		
ALINIA SUSR	4	QL(150/30)
ALINIA TABS	4	QL(20/30)
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	2	
<i>chloroquine phosphate</i>	2	
COARTEM	4	QL(24/30)
DARAPRIM	4	QL(90/30)
<i>hydroxychloroquine sulfate</i>	2	
<i>mefloquine hcl</i>	2	
NEBUPENT	4	B/D PA QL(6/28)
PENTAM 300	4	
PRIMAQUINE PHOSPHATE	4	QL(90/30)
<i>quinine sulfate</i>	2	PA QL(42/7)
<i>tinidazole</i>	2	
Pediculicides/Scabicides		
EURAX	4	
<i>lindane</i>	2	
<i>malathion</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>permethrin</i>	2	
SKLICE	4	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate inj</i>	2	
<i>benztropine mesylate tabs</i>	2	PA
<i>trihexyphenidyl hcl</i>	2	PA
Antiparkinson Agents, Other		
<i>entacapone</i>	2	QL(240/30)
<i>tolcapone</i>	5	
Dopamine Agonists		
APOKYN	5	PA QL(60/30)
<i>bromocriptine mesylate</i>	2	
NEUPRO	4	QL(30/30)
<i>pramipexole dihydrochloride</i>	2	QL(90/30)
<i>pramipexole dihydrochloride er tb24 2.25mg, 3.75mg, 3mg, 4.5mg</i>	2	QL(30/30)
<i>pramipexole dihydrochloride er tb24 0.375mg, 0.75mg, 1.5mg</i>	2	QL(90/30)
<i>ropinirole er tb24 2mg, 4mg, 6mg, 8mg</i>	2	QL(30/30)
<i>ropinirole er tb24 12mg</i>	2	QL(60/30)
<i>ropinirole hcl</i>	2	
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa</i>	2	
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	2	
<i>carbidopa/levodopa/ entacapone</i>	2	
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT	3	QL(30/30)
<i>rasagiline mesylate</i>	3	QL(30/30)
<i>selegiline hcl</i>	2	
ZELAPAR	5	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl</i>	2	
<i>compro</i>	2	
<i>fluphenazine decanoate</i>	2	
<i>fluphenazine hcl</i>	2	
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	2	
<i>haloperidol lactate</i>	2	
<i>loxapine caps 10mg, 5mg</i>	2	QL(120/30)
<i>loxapine succinate caps 25mg, 50mg</i>	2	
<i>loxapine succinate caps 10mg, 5mg</i>	2	QL(120/30)
<i>perphenazine</i>	2	
<i>pimozide</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate</i>	2	
<i>prochlorperazine maleate</i>	2	
<i>thioridazine hcl</i>	2	
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	PA QL(1/30)
<i>aripiprazole odt</i>	5	QL(60/30)
<i>aripiprazole oral soln</i>	2	QL(900/30)
<i>aripiprazole tabs</i>	2	QL(30/30)
ARISTADA INJ 441MG/1.6ML	5	QL(1.6/30)
ARISTADA INJ 662MG/2.4ML	5	QL(2.4/30)
ARISTADA INJ 882MG/3.2ML	5	QL(3.2/30)
ARISTADA INJ 1064MG/3.9ML	5	QL(3.9/60)
FANAPT TABS 10MG, 12MG, 6MG, 8MG	5	QL(60/30) ST
FANAPT TABS 1MG, 2MG, 4MG	4	QL(60/30) ST

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
FANAPT TITRATION PACK	4	QL(16/365) ST
GEODON INJ	4	QL(6/30)
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL(0.25/28)
INVEGA SUSTENNA INJ 78MG/0.5ML	5	QL(0.5/28)
INVEGA SUSTENNA INJ 117MG/0.75ML	5	QL(0.75/28)
INVEGA SUSTENNA INJ 156MG/ML	5	QL(1/28)
INVEGA SUSTENNA INJ 234MG/1.5ML	5	QL(1.5/28)
INVEGA TRINZA INJ 273MG/0.875ML	5	QL(0.88/90)
INVEGA TRINZA INJ 410MG/1.315ML	5	QL(1.32/90)
INVEGA TRINZA INJ 546MG/1.75ML	5	QL(1.75/90)
INVEGA TRINZA INJ 819MG/2.625ML	5	QL(2.63/90)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL(30/30) ST
LATUDA TABS 80MG	5	QL(60/30) ST
NUPLAZID	5	PA QL(60/30)
<i>olanzapine</i>	2	QL(30/30)
<i>olanzapine odt</i>	2	QL(30/30)
<i>paliperidone er tb24 1.5mg, 3mg</i>	2	QL(30/30)
<i>paliperidone er tb24 6mg</i>	2	QL(60/30)
<i>paliperidone er tb24 9mg</i>	5	QL(30/30)
<i>quetiapine fumarate</i>	2	QL(60/30)
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	3	QL(30/30)
<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	3	QL(60/30)
REXULTI	5	QL(30/30) ST

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
RISPERDAL CONSTA INJ 50MG	5	QL(2/28)
RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG	4	QL(2/28)
<i>risperidone m-tab tbdp 0.5mg, 1mg, 2mg, 3mg</i>	2	QL(60/30)
<i>risperidone m-tab tbdp 4mg</i>	2	QL(120/30)
<i>risperidone odt tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	2	QL(60/30)
<i>risperidone odt tbdp 4mg</i>	2	QL(120/30)
<i>risperidone oral soln</i>	2	QL(240/30)
<i>risperidone tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	2	QL(60/30)
<i>risperidone tabs 4mg</i>	2	QL(120/30)
SAPHRIS	4	QL(60/30)
SEROQUEL XR TB24 150MG, 200MG	4	QL(30/30) ST
SEROQUEL XR TB24 300MG, 400MG, 50MG	4	QL(60/30) ST
VRAYLAR CAPS	5	QL(30/30) ST
VRAYLAR CPPK	4	QL(14/365) ST
<i>ziprasidone hcl</i>	2	QL(60/30)
ZYPREXA RELPREVV INJ 210MG	4	QL(2/28)
ZYPREXA RELPREVV INJ 405MG	5	QL(1/28)
ZYPREXA RELPREVV INJ 300MG	5	QL(2/28)
Treatment-Resistant		
<i>clozapine odt tbdp 12.5mg, 25mg</i>	2	
<i>clozapine odt tbdp 150mg</i>	2	QL(180/30)
<i>clozapine odt tbdp 100mg</i>	2	QL(270/30)
<i>clozapine odt tbdp 200mg</i>	5	QL(120/30)
<i>clozapine tabs 25mg, 50mg</i>	2	
<i>clozapine tabs 200mg</i>	2	QL(120/30)
<i>clozapine tabs 100mg</i>	2	QL(270/30)
VERSACLOZ	4	QL(540/30)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dantrolene sodium</i>	2	
<i>tizanidine hcl caps</i>	4	
<i>tizanidine hcl tabs</i>	2	
XEOMIN INJ 200UNIT	5	PA
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	5	
<i>ganciclovir inj 500mg</i>	2	B/D PA
<i>valganciclovir</i>	5	
<i>valganciclovir hydrochloride</i>	5	
ZIRGAN	4	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	4	QL(30/30)
BARACLUDGE ORAL SOLN	5	QL(630/30)
<i>entecavir</i>	2	QL(30/30)
EPIVIR HBV ORAL SOLN	4	
INTRON A	5	
INTRON A W/DILUENT	5	
<i>lamivudine tabs 100mg</i>	2	
Anti-hepatitis C (HCV) Agents		
EPCLUSA	5	PA QL(28/28)
HARVONI	5	PA QL(28/28)
PEG-INTRON REDIPEN	5	PA QL(4/28)
PEGASYS INJ 180MCG/0.5ML	5	PA QL(2/28)
PEGASYS INJ 180MCG/ML	5	PA QL(4/28)
PEGASYS PROCLICK	5	PA QL(2/28)
PEGINTRON	5	PA QL(4/28)
<i>ribavirin caps</i>	3	QL(168/28)
<i>ribavirin tabs</i>	3	QL(168/28)
SOVALDI	5	PA QL(28/28)
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
GENVOYA	5	QL(30/30)
ISENTRESS CHEW 100MG	5	QL(180/30)
ISENTRESS CHEW 25MG	3	QL(180/30)
ISENTRESS HD	5	QL(60/30)
ISENTRESS PACK	5	QL(180/30)
ISENTRESS TABS	5	QL(60/30)
TIVICAY TABS 50MG	5	QL(60/30)
TIVICAY TABS 10MG, 25MG	4	QL(60/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	QL(30/30)
EDURANT	5	QL(30/30)
INTELENCE TABS 100MG, 200MG	5	QL(60/30)
INTELENCE TABS 25MG	4	QL(120/30)
<i>nevirapine er tb24 400mg</i>	2	QL(30/30)
<i>nevirapine er tb24 100mg</i>	2	QL(90/30)
<i>nevirapine susp</i>	2	QL(1200/30)
<i>nevirapine tabs</i>	2	QL(60/30)
ODEFSEY	5	QL(30/30)
RESCRIPTOR TABS 200MG	4	QL(180/30)
RESCRIPTOR TABS 100MG	4	QL(270/30)
STRIBILD	5	QL(30/30)
SUSTIVA CAPS 200MG	5	QL(60/30)
SUSTIVA CAPS 50MG	3	QL(90/30)
SUSTIVA TABS	5	QL(30/30)
VIRAMUNE SUSP	4	QL(1200/30)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine/ zidovudine</i>	5	QL(60/30)
<i>abacavir tabs</i>	2	QL(60/30)
<i>abacavir/lamivudine</i>	5	QL(30/30)
DESCOVY	5	QL(30/30)
<i>didanosine</i>	2	QL(30/30)
EMTRIVA CAPS	4	QL(30/30)
EMTRIVA ORAL SOLN	4	QL(680/28)
EPZICOM	5	QL(30/30)
<i>lamivudine oral soln</i>	2	QL(900/30)
<i>lamivudine tabs 300mg</i>	2	QL(30/30)
<i>lamivudine tabs 150mg</i>	2	QL(60/30)
<i>lamivudine/zidovudine</i>	2	QL(60/30)
RETROVIR IV INFUSION	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>stavudine</i>	2	QL(60/30)
TRIUMEQ	5	QL(30/30)
TRUVADA	5	QL(30/30)
VIDEX PEDIATRIC ORAL SOLN 2GM	3	QL(900/30)
VIDEX PEDIATRIC ORAL SOLN 4GM	3	QL(1200/30)
VIREAD POWD	5	QL(240/30)
VIREAD TABS	5	QL(30/30)
ZERIT ORAL SOLN	3	QL(2400/30)
ZIAGEN ORAL SOLN	4	QL(960/30)
<i>zidovudine caps</i>	2	QL(180/30)
<i>zidovudine syrp</i>	2	QL(1680/28)
<i>zidovudine tabs</i>	2	QL(60/30)
Anti-HIV Agents, Other		
ATRIPLA	5	QL(30/30)
FUZEON	5	QL(60/30)
SELZENTRY ORAL SOLN	5	QL(1610/26)
SELZENTRY TABS 150MG, 75MG	5	QL(60/30)
SELZENTRY TABS 300MG	5	QL(120/30)
SELZENTRY TABS 25MG	4	QL(240/30)
TYBOST	3	QL(30/30)
Anti-HIV Agents, Protease Inhibitors		
APTIVUS CAPS	5	QL(120/30)
APTIVUS ORAL SOLN	5	QL(285/28)
CRIXIVAN CAPS 400MG	3	QL(180/30)
CRIXIVAN CAPS 200MG	3	QL(270/30)
EVOTAZ	5	QL(30/30)
<i>fosamprenavir calcium</i>	5	QL(120/30)
INVIRASE CAPS	5	QL(300/30)
INVIRASE TABS	5	QL(120/30)
KALETRA ORAL SOLN	4	QL(480/30)
KALETRA TABS 100MG; 25MG	4	QL(300/30)

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Covered Drugs By Category

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KALETRA TABS 200MG; 50MG	5	QL(120/30)
LEXIVA SUSP	4	QL(1575/28)
LEXIVA TABS	5	QL(120/30)
<i>lopinavir/ritonavir</i>	4	QL(480/30)
NORVIR CAPS	4	QL(360/30)
NORVIR ORAL SOLN	4	QL(480/30)
NORVIR TABS	4	QL(360/30)
PREZCOBIX	5	QL(30/30)
PREZISTA SUSP	5	QL(400/30)
PREZISTA TABS 800MG	5	QL(30/30)
PREZISTA TABS 600MG	5	QL(60/30)
PREZISTA TABS 150MG	4	QL(180/30)
PREZISTA TABS 75MG	4	QL(210/30)
REYATAZ CAPS 150MG, 300MG	5	QL(30/30)
REYATAZ CAPS 200MG	5	QL(60/30)
REYATAZ PACK	5	QL(180/30)
VIRACEPT TABS 625MG	5	QL(120/30)
VIRACEPT TABS 250MG	5	QL(270/30)
Anti-influenza Agents		
<i>amantadine hcl</i>	2	
<i>oseltamivir phosphate caps 45mg, 75mg</i>	3	QL(56/365)
<i>oseltamivir phosphate caps 30mg</i>	3	QL(112/365)
<i>rimantadine hcl</i>	2	
TAMIFLU CAPS 45MG, 75MG	3	QL(56/365)
TAMIFLU CAPS 30MG	3	QL(112/365)
TAMIFLU SUSR	3	QL(700/365)
Antiherpetic Agents		
<i>acyclovir caps</i>	2	
<i>acyclovir oint</i>	3	QL(30/30)
<i>acyclovir sodium</i>	2	B/D PA
<i>acyclovir susp</i>	2	
<i>acyclovir tabs</i>	2	
<i>famciclovir</i>	2	QL(60/30)
<i>trifluridine</i>	2	
<i>valacyclovir hcl tabs 500mg</i>	2	QL(30/30)
<i>valacyclovir hcl tabs 1000mg</i>	2	QL(90/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ZOVIRAX CREA	4	QL(5/30)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl</i>	2	
Benzodiazepines		
<i>alprazolam intensol</i>	2	QL(300/30)
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	2	QL(90/30)
<i>alprazolam odt tbdp 2mg</i>	2	QL(150/30)
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	2	QL(90/30)
<i>alprazolam tabs 2mg</i>	2	QL(150/30)
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	2	QL(90/30)
<i>clorazepate dipotassium tabs 15mg</i>	2	QL(180/30)
<i>diazepam conc</i>	2	QL(240/30)
<i>diazepam inj 5mg/ml</i>	2	
<i>diazepam intensol</i>	2	QL(240/30)
<i>diazepam oral soln</i>	2	QL(1200/30)
<i>diazepam tabs</i>	2	QL(120/30)
<i>lorazepam conc</i>	2	QL(150/30)
<i>lorazepam inj</i>	2	
<i>lorazepam intensol</i>	2	QL(150/30)
<i>lorazepam tabs 0.5mg, 1mg</i>	2	QL(90/30)
<i>lorazepam tabs 2mg</i>	2	QL(150/30)
<i>oxazepam</i>	2	QL(120/30)
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	2	
<i>lithium carbonate</i>	2	
<i>lithium carbonate er</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose</i>	2	QL(90/30)
AVANDIA	4	QL(60/30) ST
BYDUREON	3	QL(4/28)
BYDUREON PEN	3	QL(4/28)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BYETTA INJ 5MCG/0.02ML	3	QL(1.2/30)
BYETTA INJ 10MCG/0.04ML	3	QL(2.4/30)
FARXIGA	3	QL(30/30)
<i>glimepiride</i>	1	QL(60/30)
<i>glipizide er tb24 2.5mg, 5mg</i>	1	QL(30/30)
<i>glipizide er tb24 10mg</i>	1	QL(60/30)
<i>glipizide tabs 5mg</i>	1	QL(60/30)
<i>glipizide tabs 10mg</i>	1	QL(120/30)
<i>glipizide xl tb24 2.5mg, 5mg</i>	1	QL(30/30)
<i>glipizide xl tb24 10mg</i>	1	QL(60/30)
<i>glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(120/30)
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	1	QL(240/30)
GLYXAMBI	4	QL(30/30)
INVOKAMET	3	QL(60/30)
INVOKAMET XR	3	QL(60/30)
INVOKANA	3	QL(30/30)
JANUMET	3	QL(60/30)
JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	3	QL(30/30)
JANUMET XR TB24 1000MG; 50MG	3	QL(60/30)
JANUVIA	3	QL(30/30)
JARDIANCE	4	QL(30/30)
JENTADUETO	3	QL(60/30)
JENTADUETO XR TB24 5MG; 1000MG	3	QL(30/30)
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL(60/30)
<i>Metformin hcl er tb24 500mg, 1000mg (generic for Fortamet)</i>	1	QL(60/30)
<i>Metformin hcl er tb24 750mg (generic for Glucophage XR)</i>	1	QL(60/30)
<i>Metformin hcl er tb24 500mg (generic for Glucophage XR)</i>	1	QL(120/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>metformin hcl tabs 1000mg</i>	1	QL(60/30)
<i>metformin hcl tabs 850mg</i>	1	QL(90/30)
<i>metformin hcl tabs 500mg</i>	1	QL(150/30)
<i>miglitol</i>	2	QL(90/30)
<i>nateglinide</i>	2	QL(90/30)
<i>pioglitazone hcl</i>	1	QL(30/30)
<i>pioglitazone hcl-glimepiride</i>	2	QL(30/30)
<i>pioglitazone hcl/metformin hcl</i>	2	QL(90/30)
<i>repaglinide tabs 0.5mg, 1mg</i>	2	QL(120/30)
<i>repaglinide tabs 2mg</i>	2	QL(240/30)
RIOMET	3	QL(750/30)
SYMLINPEN 120	4	QL(10.8/30)
SYMLINPEN 60	4	QL(6/30)
SYNJARDY	4	QL(60/30)
SYNJARDY XR TB24 10MG; 1000MG, 25MG; 1000MG	4	QL(30/30)
SYNJARDY XR TB24 12.5MG; 1000MG, 5MG; 1000MG	4	QL(60/30)
TRADJENTA	3	QL(30/30)
TRULICITY	3	QL(2/28)
VICTOZA	3	QL(9/30)
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG, 5MG; 500MG	3	QL(30/30)
XIGDUO XR TB24 5MG; 1000MG	3	QL(60/30)
Glycemic Agents		
GLUCAGEN HYPOKIT	3	QL(4/30)
GLUCAGON EMERGENCY KIT	3	QL(4/30)
PROGLYCEM	4	
Insulins		
HUMALOG	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	

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HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	4	ST
NOVOLIN 70/30 RELION	4	ST
NOVOLIN N	4	ST
NOVOLIN N RELION	4	ST
NOVOLIN R	4	ST
NOVOLIN R INNOLET	4	ST
NOVOLIN R RELION	4	ST
NOVOLOG	4	ST
NOVOLOG FLEXPEN	4	ST
NOVOLOG MIX 70/30	4	ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	4	ST
NOVOLOG PENFILL	4	ST
SOLIQUA 100/33	3	QL(18/30) ST
TOUJEO SOLOSTAR	3	QL(9/30)
TRESIBA FLEXTOUCH	3	
XULTOPHY 100/3.6	3	QL(15/30) ST
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
COUMADIN	4	
ELIQUIS TABS 2.5MG	3	QL(60/30)
ELIQUIS TABS 5MG	3	QL(74/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>enoxaparin sodium inj 30mg/0.3ml</i>	3	QL(9/90)
<i>enoxaparin sodium inj 40mg/0.4ml</i>	3	QL(12/90)
<i>enoxaparin sodium inj 60mg/0.6ml</i>	3	QL(18/90)
<i>enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml</i>	3	QL(24/90)
<i>enoxaparin sodium inj 100mg/ml, 150mg/ml, 300mg/3ml</i>	3	QL(30/90)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	QL(15/90)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	5	QL(12/90)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	5	QL(18/90)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	5	QL(24/90)
FRAGMIN INJ 7500UNIT/0.3ML	5	QL(9/30) ST
FRAGMIN INJ 12500UNIT/0.5ML	5	QL(15/30) ST
FRAGMIN INJ 15000UNIT/0.6ML	5	QL(18/30) ST
FRAGMIN INJ 18000UNT/0.72ML	5	QL(21.6/30) ST
FRAGMIN INJ 95000UNIT/3.8ML	5	QL(22.8/30) ST
FRAGMIN INJ 10000UNIT/ML	5	QL(30/30) ST
FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/0.2ML	4	QL(6/30) ST
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	2	
<i>heparin sodium/d5w</i>	2	
<i>heparin sodium/nacl 0.45%</i>	2	
<i>heparin sodium/nacl 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% premix</i>	2	
<i>jantoven</i>	2	
PRADAXA	4	QL(60/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SAVAYSA	4	QL(30/30)
<i>warfarin sodium</i>	2	
XARELTO STARTER PACK	3	QL(102/365)
XARELTO TABS 20MG	3	QL(30/30)
XARELTO TABS 10MG	3	QL(35/90)
XARELTO TABS 15MG	3	QL(60/30)
Blood Formation Modifiers		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 40MCG/0.4ML	3	PA QL(1.6/28)
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	3	PA QL(1.68/28)
ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML	3	PA QL(4/28)
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	4	PA QL(1.2/28)
ARANESP ALBUMIN FREE INJ 500MCG/ML	5	PA QL(1/21)
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	5	PA QL(1.2/28)
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	5	PA QL(1.6/28)
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	5	PA QL(2/28)
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	5	PA QL(2.4/28)
ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 300MCG/ML, 60MCG/ML	5	PA QL(4/28)
GRANIX INJ 300MCG/0.5ML	5	QL(7/28)
GRANIX INJ 480MCG/0.8ML	5	QL(11.2/28)
LEUKINE INJ 250MCG	5	PA
MOZOBIL	5	QL(9.6/30)
NEULASTA	5	PA QL(1.2/28)
NEULASTA ONPRO KIT	5	PA QL(1.2/28)
NEUPOGEN INJ 300MCG/0.5ML	5	PA QL(7/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NEUPOGEN INJ 480MCG/0.8ML	5	PA QL(11.2/28)
NEUPOGEN INJ 300MCG/ML	5	PA QL(14/28)
NEUPOGEN INJ 480MCG/1.6ML	5	PA QL(22.4/30)
PROCRIT INJ 40000UNIT/ML	5	PA QL(6/28)
PROCRIT INJ 20000UNIT/ML	5	PA QL(12/28)
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA QL(12/28)
PROMACTA	5	PA QL(30/30)
Coagulants		
<i>aminocaproic acid</i>	2	
<i>tranexamic acid inj</i>	2	
<i>tranexamic acid tabs</i>	2	QL(30/28)
Platelet Modifying Agents		
AGGRENOLX	4	QL(60/30) ST
<i>aspirin/dipyridamole</i>	2	QL(60/30)
BRILINTA	3	QL(60/30)
<i>cilostazol</i>	2	
<i>clopidogrel tabs 300mg</i>	2	QL(2/365)
<i>clopidogrel tabs 75mg</i>	2	QL(30/30)
EFFIENT	4	QL(30/30)
<i>prasugrel</i>	4	QL(30/30)
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl ptwk 0.1mg/24hr, 0.2mg/24hr</i>	2	QL(4/28)
<i>clonidine hcl ptwk 0.3mg/24hr</i>	2	QL(8/28)
<i>clonidine hcl tabs</i>	2	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hydrochloride</i>	5	
<i>prazosin hcl</i>	2	

CAPITALIZED = BRAND NAME DRUG

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Lower case italic = Generic drug

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B/D = Drugs covered under Medicare Part B or Part D

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Angiotensin II Receptor Antagonists		
BENICAR	4	QL(30/30) ST
BENICAR HCT	4	QL(30/30) ST
ENTRESTO	3	PA QL(60/30)
<i>eprosartan mesylate</i>	2	QL(30/30)
<i>irbesartan</i>	1	QL(30/30)
<i>irbesartan/hydrochlorothiazide</i>	1	QL(30/30)
<i>losartan potassium tabs 100mg, 25mg</i>	1	QL(30/30)
<i>losartan potassium tabs 50mg</i>	1	QL(60/30)
<i>losartan potassium/hydrochlorothiazide</i>	1	QL(30/30)
<i>olmesartan medoxomil</i>	4	QL(30/30)
<i>olmesartan medoxomil/hydrochlorothiazide</i>	4	QL(30/30)
<i>valsartan</i>	1	QL(30/30)
<i>valsartan/hydrochlorothiazide</i>	1	QL(30/30)
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tabs 10mg, 20mg, 5mg</i>	1	QL(30/30)
<i>benazepril hcl tabs 40mg</i>	1	QL(60/30)
<i>benazepril hcl/hydrochlorothiazide</i>	1	QL(30/30)
<i>captopril tabs 12.5mg, 25mg</i>	3	QL(90/30)
<i>captopril tabs 100mg</i>	3	QL(120/30)
<i>captopril tabs 50mg</i>	3	QL(270/30)
<i>enalapril maleate</i>	1	QL(60/30)
<i>enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg</i>	1	QL(30/30)
<i>enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg</i>	1	QL(60/30)
<i>enalaprilat</i>	2	
<i>fosinopril sodium</i>	1	QL(60/30)
<i>fosinopril sodium/hydrochlorothiazide</i>	1	QL(120/30)
<i>lisinopril</i>	1	QL(60/30)
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	QL(30/30)
<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	QL(120/30)
<i>moexipril hcl</i>	1	
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 7.5mg</i>	1	QL(30/30)
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 15mg, 25mg; 15mg</i>	1	QL(60/30)
<i>perindopril erbumine tabs 2mg, 4mg</i>	2	QL(30/30)
<i>perindopril erbumine tabs 8mg</i>	2	QL(60/30)
<i>quinapril hcl</i>	1	QL(60/30)
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	QL(30/30)
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg, 25mg; 20mg</i>	1	QL(60/30)
<i>ramipril</i>	1	QL(60/30)
<i>trandolapril tabs 1mg, 2mg</i>	1	QL(30/30)
<i>trandolapril tabs 4mg</i>	1	QL(60/30)
<i>trandolapril/verapamil hcl er tbc 1mg; 240mg, 2mg; 180mg, 2mg; 240mg</i>	2	QL(30/30)
<i>trandolapril/verapamil hcl er tbc 4mg; 240mg</i>	2	QL(60/30)
Antiarrhythmics		
<i>amiodarone hcl</i>	2	
<i>dofetilide</i>	4	QL(60/30)
<i>flecainide acetate</i>	2	
<i>lidocaine hcl inj</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	QL(60/30)
<i>pacerone</i>	2	
<i>procainamide hcl</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (af)</i>	2	
TIKOSYN	4	QL(60/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl</i>	2	
<i>atenolol</i>	2	
<i>atenolol/chlorthalidone</i>	2	
<i>betaxolol hcl</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
BYSTOLIC TABS 10MG, 2.5MG, 5MG	3	QL(30/30)
BYSTOLIC TABS 20MG	3	QL(60/30)
BYVALSON	3	QL(30/30)
<i>carvedilol</i>	2	
COREG CR	3	QL(30/30)
<i>labetalol hcl</i>	2	
<i>metoprolol succinate er</i>	2	QL(60/30)
<i>metoprolol tartrate</i>	2	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>nadolol</i>	2	
<i>nadolol/bendroflumethiazide tabs 5mg; 80mg</i>	2	
<i>nadolol/bendroflumethiazide tabs 5mg; 40mg</i>	2	QL(30/30)
<i>pindolol</i>	2	
<i>propranolol hcl</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol/hydrochlorothiazide</i>	2	
<i>timolol maleate</i>	2	
Calcium Channel Blocking Agents		
<i>afeditab cr tb24 30mg</i>	2	QL(30/30)
<i>afeditab cr tb24 60mg</i>	2	QL(60/30)
<i>amlodipine besylate tabs 10mg, 2.5mg</i>	2	QL(30/30)
<i>amlodipine besylate tabs 5mg</i>	2	QL(45/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>amlodipine besylate/benazepril hydrochloride</i>	2	QL(30/30)
<i>amlodipine besylate/valsartan</i>	2	QL(30/30)
<i>amlodipine/valsartan/hctz</i>	2	QL(30/30)
CARDENE IV	4	
<i>cartia xt cp24 120mg, 300mg</i>	2	QL(30/30)
<i>cartia xt cp24 180mg, 240mg</i>	2	QL(60/30)
<i>dilt-cd cp24 180mg, 240mg</i>	2	QL(60/30)
<i>dilt-xr cp24 120mg</i>	2	QL(30/30)
<i>dilt-xr cp24 180mg, 240mg</i>	2	QL(60/30)
<i>diltiazem cd cp24 240mg</i>	2	QL(60/30)
<i>diltiazem hcl</i>	2	
<i>diltiazem hcl cd</i>	2	QL(30/30)
<i>diltiazem hcl er cp12</i>	2	
<i>diltiazem hcl er cp24 120mg, 300mg, 360mg, 420mg</i>	2	QL(30/30)
<i>diltiazem hcl er cp24 180mg, 240mg</i>	2	QL(60/30)
<i>diltiazem hcl er tb24 300mg, 360mg, 420mg</i>	2	QL(30/30)
<i>diltiazem hcl er tb24 180mg, 240mg</i>	2	QL(60/30)
<i>felodipine er</i>	2	QL(30/30)
<i>isradipine</i>	2	
<i>matzim la tb24 300mg, 360mg, 420mg</i>	2	QL(30/30)
<i>matzim la tb24 180mg, 240mg</i>	2	QL(60/30)
<i>nicardipine hcl</i>	2	
<i>nifedipine er tb24 30mg, 90mg</i>	2	QL(30/30)
<i>nifedipine er tb24 60mg</i>	2	QL(60/30)
<i>taztia xt cp24 120mg, 300mg, 360mg</i>	2	QL(30/30)
<i>taztia xt cp24 180mg, 240mg</i>	2	QL(60/30)
<i>verapamil hcl</i>	2	
<i>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</i>	2	QL(30/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>verapamil hcl er cp24 200mg</i>	2	QL(60/30)
<i>verapamil hcl er tbc</i>	2	
<i>verapamil hcl sr cp24</i>	2	QL(30/30)
Cardiovascular Agents, Other		
DEMSER	3	
<i>digitek tabs 0.125mg</i>	2	QL(30/30)
<i>digitek tabs 0.25mg</i>	2	PA
<i>digox tabs 125mcg</i>	2	QL(30/30)
<i>digox tabs 250mcg</i>	2	PA
<i>digoxin inj</i>	2	PA
<i>digoxin oral soln</i>	2	PA QL(150/30)
<i>digoxin tabs 125mcg</i>	2	QL(30/30)
<i>digoxin tabs 250mcg</i>	2	PA
LANOXIN PEDIATRIC	3	PA
LANOXIN TABS 62.5MCG	4	QL(30/30)
LANOXIN TABS 187.5MCG	4	PA QL(30/30)
NORTHERA CAPS 100MG	5	PA QL(90/30)
NORTHERA CAPS 200MG, 300MG	5	PA QL(180/30)
<i>pentoxifylline er</i>	2	
RANEXA	3	QL(60/30)
TEKTURNA	4	QL(30/30)
TEKTURNA HCT	4	QL(30/30)
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide</i>	2	
<i>acetazolamide sodium</i>	2	
Diuretics, Loop		
<i>bumetanide</i>	2	
EDECRIN	3	
<i>ethacrynate sodium</i>	2	
<i>ethacrynic acid</i>	3	
<i>furosemide</i>	2	
<i>torseamide</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
DYRENIUM	4	
<i>eplerenone</i>	2	
<i>spironolactone</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>spironolactone/ hydrochlorothiazide</i>	2	
<i>triamterene/hydrochlorothiazide</i>	2	
Diuretics, Thiazide		
<i>chlorothiazide</i>	2	
<i>chlorothiazide sodium</i>	2	
<i>chlorthalidone</i>	2	
<i>hydrochlorothiazide</i>	2	
<i>indapamide</i>	2	
<i>methyclothiazide</i>	2	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate caps 130mg, 150mg</i>	2	QL(30/30)
<i>fenofibrate caps 43mg, 50mg</i>	2	QL(60/30)
<i>fenofibrate micronized caps 134mg, 200mg</i>	2	QL(30/30)
<i>fenofibrate micronized caps 67mg</i>	2	QL(60/30)
<i>fenofibrate tabs 145mg, 160mg</i>	2	QL(30/30)
<i>fenofibrate tabs 48mg, 54mg</i>	2	QL(60/30)
<i>fenofibric acid dr cpdr 135mg</i>	2	QL(30/30)
<i>fenofibric acid dr cpdr 45mg</i>	2	QL(60/30)
<i>gemfibrozil</i>	2	QL(60/30)
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	QL(30/30)
CRESTOR	4	QL(30/30) ST
LESCOL XL	4	QL(30/30) ST
LIVALO	3	QL(30/30) ST
<i>lovastatin tabs 10mg, 20mg</i>	1	QL(30/30)
<i>lovastatin tabs 40mg</i>	1	QL(60/30)
<i>pravastatin sodium</i>	1	QL(30/30)
<i>rosuvastatin calcium</i>	2	QL(30/30)
<i>simvastatin</i>	1	QL(30/30)
Dyslipidemics, Other		
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	3	QL(30/30)
<i>ezetimibe/simvastatin</i>	4	QL(30/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
KYNAMRO	5	PA QL(4/28)
<i>niacin er tbc 500mg</i>	2	QL(30/30)
<i>niacin er tbc 1000mg, 750mg</i>	2	QL(60/30)
<i>niacor</i>	2	
<i>omega-3-acid ethyl esters</i>	2	QL(120/30)
<i>prevalite</i>	2	
REPATHA	5	PA QL(3/30)
REPATHA PUSHTRONEX SYSTEM	5	PA QL(3.5/30)
REPATHA SURECLICK	5	PA QL(3/30)
VASCEPA CAPS 1GM	4	QL(120/30)
VASCEPA CAPS 0.5GM	4	QL(240/30)
VYTORIN	4	QL(30/30)
WELCHOL	3	
ZETIA	4	QL(30/30)
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl</i>	2	
<i>minoxidil</i>	2	
Vasodilators, Direct-acting Arterial/Venous		
BIDIL	4	QL(180/30)
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide dinitrate tabs</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	2	QL(30/30)
NITRO-BID	4	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	4	
<i>nitroglycerin</i>	2	
<i>nitroglycerin lingual translingual soln</i>	2	
<i>nitroglycerin transdermal</i>	2	QL(30/30)
NITROSTAT	3	
RECTIV	4	QL(30/30)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/ dextroamphetamine cp24</i>	2	QL(30/30)
<i>amphetamine/ dextroamphetamine tabs</i>	2	QL(60/30)
<i>dextroamphetamine sulfate er cp24 5mg</i>	2	QL(60/30)
<i>dextroamphetamine sulfate er cp24 10mg</i>	2	QL(90/30)
<i>dextroamphetamine sulfate er cp24 15mg</i>	2	QL(120/30)
<i>dextroamphetamine sulfate oral soln</i>	2	
<i>dextroamphetamine sulfate tabs 5mg</i>	2	QL(60/30)
<i>dextroamphetamine sulfate tabs 10mg</i>	2	QL(180/30)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	3	QL(30/30)
<i>atomoxetine caps 10mg, 18mg, 25mg, 40mg</i>	3	QL(60/30)
<i>clonidine hcl er</i>	2	QL(120/30)
<i>dexmethylphenidate hcl</i>	2	QL(60/30)
<i>metadate er</i>	2	QL(90/30)
<i>methylphenidate hcl cd cpcr 10mg, 30mg, 50mg, 60mg</i>	2	QL(30/30)
<i>methylphenidate hcl chew 2.5mg, 5mg</i>	2	QL(90/30)
<i>methylphenidate hcl chew 10mg</i>	2	QL(180/30)
<i>methylphenidate hcl er cp24</i>	2	QL(30/30)
<i>methylphenidate hcl er cpcr 20mg, 40mg</i>	2	QL(30/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>methylphenidate hcl er tb24</i>	2	QL(30/30)
<i>methylphenidate hcl er tbcr 10mg, 27mg, 54mg</i>	2	QL(30/30)
<i>methylphenidate hcl er tbcr 36mg</i>	2	QL(60/30)
<i>methylphenidate hcl er tbcr 20mg</i>	2	QL(90/30)
<i>methylphenidate hcl er tbcr 18mg</i>	2	QL(120/30)
<i>methylphenidate hcl tabs 10mg, 5mg</i>	2	QL(60/30)
<i>methylphenidate hcl tabs 20mg</i>	2	QL(90/30)
<i>methylphenidate hydrochloride</i>	2	QL(900/30)
STRATTERA CAPS 100MG, 60MG, 80MG	3	QL(30/30)
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG	3	QL(60/30)
Central Nervous System, Other		
HETLIOZ	5	PA QL(30/30)
HORIZANT	4	
NUJEX	3	QL(60/30)
<i>riluzole</i>	2	
<i>tetrabenazine</i>	5	
Fibromyalgia Agents		
SAVELLA	3	QL(60/30)
SAVELLA TITRATION PACK	3	QL(110/365)
Multiple Sclerosis Agents		
AMPYRA	5	PA QL(60/30)
AVONEX	5	PA QL(4/28)
AVONEX PEN	5	PA QL(4/28)
COPAXONE INJ 40MG/ML	5	PA QL(12/28)
COPAXONE INJ 20MG/ML	5	PA QL(30/30)
EXTAVIA	5	PA QL(15/30)
TECFIDERA CPDR 120MG	5	PA QL(14/30)
TECFIDERA CPDR 240MG	5	PA QL(60/30)
TECFIDERA STARTER PACK	5	PA QL(120/365)
TYSABRI	5	PA QL(15/28)
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline hcl</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>chlorhexidine gluconate mouth/throat soln</i>	2	
KEPIVANCE	5	
<i>oralone dental paste</i>	2	
<i>paroex</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hcl</i>	2	
<i>pilocarpine hydrochloride</i>	2	
<i>triamcinolone acetate dental paste</i>	2	
Dermatological Agents		
Dermatological Agents		
<i>acitretin</i>	4	
<i>adapalene</i>	2	
<i>ammonium lactate</i>	2	
<i>amnestem</i>	2	
AZELEX	3	
<i>calcipotriene crea</i>	2	QL(120/30)
<i>calcipotriene external soln</i>	2	QL(60/30)
<i>calcipotriene oint</i>	2	QL(120/30)
<i>calcitrene</i>	2	QL(120/30)
CARAC	4	
<i>claravis</i>	2	
<i>clindamycin phosphate/tretinoin</i>	4	
<i>clindamycin/benzoyl peroxide</i>	2	
CONDYLOX	4	
CURITY GAUZE PADS 2"X2"	3	
<i>diclofenac sodium gel 3%</i>	5	QL(100/30)
DIFFERIN LOTN	4	
DRITHO-CREME HP	3	
ELIDEL	4	QL(100/90)
<i>erythromycin/benzoyl peroxide</i>	2	
FINACEA	3	
<i>fluorouracil crea</i>	2	
<i>fluorouracil external soln</i>	2	
GORDONS UREA OINT 40%	4	
<i>imiquimod</i>	2	QL(12/30)
<i>latrix</i>	2	
LEVULAN KERASTICK	3	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>methoxsalen</i>	5	
<i>myorisan</i>	2	
<i>neuac</i>	2	
ORACEA	4	
<i>podocon 25 in benzoin tincture</i>	2	
<i>podofilox</i>	2	
<i>rea lo 39</i>	2	
<i>rea lo 40 crea</i>	2	
REGRANEX	5	PA QL(15/30)
<i>remeven</i>	2	
SANTYL	3	
<i>selenium sulfide</i>	2	
<i>tazarotene</i>	4	QL(120/30)
TAZORAC CREA	4	QL(120/30)
TAZORAC GEL	4	QL(100/30)
<i>tretinoin crea</i>	2	PA QL(45/30)
<i>tretinoin gel</i>	2	PA QL(45/30)
<i>tretinoin microsphere</i>	2	PA
<i>tretinoin microsphere pump gel 0.1%</i>	2	PA
<i>umecta mousse</i>	2	
<i>urea crea 39%, 40%, 45%, 50%</i>	2	
UVADEX	3	B/D PA
VOLTAREN GEL	3	QL(1000/30)
<i>zenatane</i>	2	

Enzyme Replacement/Modifiers

Enzyme Replacement/Modifiers

ADAGEN	5	
ALDURAZYME	5	
BUPHENYL TABS	5	
CEREZYME	5	B/D PA
CREON	3	
CYSTADANE	5	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CYSTAGON	3	
ELAPRASE	5	
ELELYSO	5	QL(350/30)
FABRAZYME	5	B/D PA
KUVAN PACK 500MG	5	PA QL(150/30)
KUVAN PACK 100MG	5	PA QL(750/30)
KUVAN TBSO	5	PA QL(750/30)
LUMIZYME	5	
NAGLAZYME	5	
ORFADIN	5	
RAVICTI	5	QL(525/30)
<i>sodium phenylbutyrate</i>	5	
SUCRAID	5	
VPRIV	5	B/D PA
XIAFLEX	5	PA
ZAVESCA	5	QL(90/30)
ZENPEP	3	

Gastrointestinal Agents

Antispasmodics, Gastrointestinal

<i>anaspaz</i>	2	
<i>atropine sulfate inj 0.25mg/5ml, 0.4mg/ml, 1mg/10ml, 1mg/ml</i>	2	
<i>belladonna & opium</i>	2	
<i>belladonna alkaloids & opium</i>	2	
<i>dicyclomine hcl caps</i>	2	
<i>dicyclomine hcl oral soln</i>	2	
<i>dicyclomine hcl tabs</i>	2	
<i>ed-spaz</i>	2	
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	2	
<i>glycopyrrolate tabs</i>	2	
<i>hyoscyamine sulfate elix</i>	2	
<i>hyoscyamine sulfate odt</i>	2	
<i>hyoscyamine sulfate subl</i>	2	

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<i>hyoscyamine sulfate tabs</i>	2	
<i>hyoscyamine sulfate tbdp</i>	2	
<i>methscopolamine bromide</i>	2	
<i>nulev</i>	2	
<i>oscimin</i>	2	
<i>propantheline bromide</i>	2	
Gastrointestinal Agents		
TRULANCE	4	QL(30/30)
Gastrointestinal Agents, Other		
CHENODAL	5	
<i>cromolyn sodium conc</i>	4	
<i>diphenoxylate/atropine</i>	2	
GATTEX	5	PA QL(30/30)
<i>loperamide hcl caps</i>	2	
<i>metoclopramide hcl</i>	2	
OSMOPREP	4	
PAREGORIC	3	
RELISTOR INJ 8MG/0.4ML	4	PA QL(12/30)
RELISTOR INJ 12MG/0.6ML	4	PA QL(18/30)
<i>ursodiol</i>	2	
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine</i>	2	
<i>cimetidine hcl</i>	2	
<i>famotidine inj</i>	2	
<i>famotidine premixed</i>	2	
<i>famotidine susr</i>	2	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>nizatidine caps</i>	2	
<i>ranitidine hcl</i>	2	
Irritable Bowel Syndrome Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	4	PA QL(60/30)
<i>alosetron hydrochloride tabs 1mg</i>	5	PA QL(60/30)
AMITIZA	3	QL(60/30)
LINZESS	4	QL(30/30)
VIBERZI	4	PA QL(60/30)
Laxatives		
<i>constulose</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flower pack</i>	2	
<i>generlac</i>	2	
GOLYTELY	3	
KRISTALOSE	4	
<i>lactulose</i>	2	
MOVIPREP	3	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/ kcl</i>	2	
<i>polyethylene glycol 3350</i>	2	
SUPREP BOWEL PREP KIT	3	
<i>trilyte</i>	2	
Protectants		
CARAFATE SUSP	4	
<i>misoprostol</i>	2	
<i>sucralfate</i>	2	
Proton Pump Inhibitors		
DEXILANT	4	QL(60/30) ST
<i>esomeprazole magnesium</i>	2	QL(60/30)
<i>esomeprazole sodium</i>	2	
<i>lansoprazole</i>	3	QL(60/30)
<i>omeprazole cpdr</i>	2	QL(60/30)
<i>pantoprazole sodium tbec</i>	2	QL(60/30)
Genitourinary Agents		
Antispasmodics, Urinary		
<i>azuphen mb</i>	2	
<i>flavoxate hcl</i>	2	
GELNIQUE	3	QL(30/30)
HYOLEV MB	4	
MYRBETRIQ	3	QL(30/30)
<i>oxybutynin chloride er tb24 10mg, 5mg</i>	2	QL(30/30)
<i>oxybutynin chloride er tb24 15mg</i>	2	QL(60/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>oxybutynin chloride syrp</i>	2	QL(600/30)
<i>oxybutynin chloride tabs</i>	2	QL(120/30)
<i>phosphasal</i>	2	
<i>tolterodine tartrate</i>	2	QL(60/30)
<i>tolterodine tartrate er</i>	3	QL(30/30)
<i>tropium chloride</i>	2	QL(60/30)
<i>tropium chloride er</i>	2	QL(30/30)
<i>ur n-c</i>	2	
<i>uramit mb</i>	2	
URELLE	4	
<i>uribel</i>	2	
<i>urin d/s</i>	2	
URO-458	4	
<i>uro-mp</i>	2	
UROAV-81	4	
<i>uroav-b</i>	2	
<i>ustell</i>	2	
<i>utira-c</i>	2	
VESICARE	3	QL(30/30)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	2	QL(30/30)
AVODART	4	QL(30/30) ST
CIALIS TABS 2.5MG, 5MG	3	PA QL(30/30)
<i>doxazosin</i>	2	QL(30/30)
<i>doxazosin mesylate tabs 1mg, 2mg</i>	2	QL(30/30)
<i>doxazosin mesylate tabs 8mg</i>	2	QL(60/30)
<i>dutasteride</i>	2	QL(30/30)
<i>dutasteride/tamsulosin hydrochloride</i>	2	QL(30/30)
<i>finasteride tabs 5mg</i>	2	QL(30/30)
<i>tamsulosin hcl</i>	2	QL(60/30)
<i>terazosin hcl caps 1mg, 2mg, 5mg</i>	2	QL(30/30)
<i>terazosin hcl caps 10mg</i>	2	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Genitourinary Agents, Other		
<i>acetic acid 0.25%</i>	2	
<i>bethanechol chloride</i>	2	
ELMIRON	4	
LITHOSTAT	4	
Phosphate Binders		
<i>calcium acetate caps</i>	2	
<i>calcium acetate tabs 667mg</i>	2	
PHOSLYRA	4	
REVELA PACK	3	QL(180/30)
REVELA TABS	3	QL(540/30)
VELPHORO	4	QL(180/30)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ALA SCALP	3	
<i>ala-cort crea 1%</i>	2	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide</i>	2	
<i>augmented betamethasone dipropionate</i>	2	
<i>betamethasone dipropionate</i>	3	
<i>betamethasone sodium phosphate/betamethasone acetate</i>	2	
<i>betamethasone valerate</i>	2	
<i>clobetasol propionate crea</i>	2	
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate emollient foam</i>	3	
<i>clobetasol propionate external soln</i>	2	
<i>clobetasol propionate foam</i>	3	
<i>clobetasol propionate gel</i>	2	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clobetasol propionate liqd</i>	2	
<i>clobetasol propionate lotn</i>	2	
<i>clobetasol propionate oint</i>	2	
<i>clobetasol propionate sham</i>	2	
<i>clocortolone pivalate</i>	2	
<i>clocortolone pivalate pump</i>	2	
<i>clodan</i>	2	
CORDRAN TAPE	3	
<i>cormax scalp application</i>	2	
CORTIFOAM	4	
<i>cortisone acetate</i>	2	
DEPO-MEDROL INJ 20MG/ML	4	
DESONATE	4	
<i>desonide</i>	2	
<i>desoximetasone</i>	2	
<i>dexamethasone</i>	2	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	
<i>diflorasone diacetate</i>	2	
<i>fludrocortisone acetate</i>	2	
<i>fluocinolone acetonide</i>	2	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinonide</i>	2	
<i>fluocinonide emulsified base</i>	2	
<i>fluticasone propionate crea</i>	2	
<i>fluticasone propionate lotn</i>	2	
<i>fluticasone propionate oint</i>	2	
<i>halobetasol propionate</i>	2	
<i>hydrocortisone butyrate</i>	2	
<i>hydrocortisone external crea</i>	2	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 1%, 2.5%</i>	2	
<i>hydrocortisone rectal crea</i>	2	
<i>hydrocortisone tabs</i>	2	
<i>hydrocortisone valerate</i>	2	
KENALOG	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MEDROL TABS 2MG	4	
<i>methylprednisolone</i>	2	
<i>methylprednisolone acetate</i>	2	
<i>methylprednisolone dose pack</i>	2	
<i>methylprednisolone sodiumsuccinate</i>	2	
<i>mometasone furoate crea</i>	2	
<i>mometasone furoate external soln</i>	2	
<i>mometasone furoate oint</i>	2	
PANDEL	3	
<i>prednicarbate</i>	2	
<i>prednisolone oral soln</i>	2	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisone</i>	2	
<i>prednisone intensol</i>	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
SOLU-CORTEF	3	
SOLU-MEDROL INJ 500MG	3	
SOLU-MEDROL INJ 2GM	3	HI
TEXACORT	3	
<i>triamcinolone acetonide aers</i>	2	
<i>triamcinolone acetonide crea</i>	2	
<i>triamcinolone acetonide lotn</i>	2	
<i>triamcinolone acetonide oint</i>	2	
<i>trianex</i>	2	
<i>triderm crea 0.1%</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate inj</i>	2	
<i>desmopressin acetate nasal soln</i>	2	QL(15/30)
<i>desmopressin acetate tabs</i>	2	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
EGRIFTA	5	PA QL(60/30)
H.P. ACTHAR	5	PA QL(1.5/1)
SAIZEN	5	PA
SAIZEN CLICK.EASY	5	PA
SEROSTIM	5	PA
ZORBTIVE	5	PA

Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Anabolic Steroids

ANADROL-50	5	PA
<i>oxandrolone tabs 10mg</i>	3	PA QL(60/30)
<i>oxandrolone tabs 2.5mg</i>	3	PA QL(120/30)

Androgens

ANDROGEL GEL 20.25MG/1.25GM	4	QL(37.5/30) ST
ANDROGEL GEL 40.5MG/2.5GM	4	QL(150/30) ST
ANDROGEL PUMP	4	QL(150/30) ST
<i>danazol</i>	2	
<i>testosterone cypionate</i>	2	
<i>testosterone enanthate</i>	2	QL(5/30)
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	3	QL(300/30)
<i>testosterone pump</i>	3	QL(300/30)

Estrogens

ALORA	4	PA QL(8/28)
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>amabelz</i>	2	PA
<i>amethia</i>	2	QL(91/91)
<i>amethia lo</i>	2	QL(91/91)
ANGELIQ	4	PA
<i>apri</i>	2	
<i>aranelle</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ashlyna</i>	2	QL(91/91)
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	2	QL(91/91)
<i>camrese lo</i>	2	QL(91/91)
<i>caziant</i>	2	
<i>chateal</i>	2	
CLIMARA PRO	4	PA QL(4/28)
COMBIPATCH	4	PA QL(8/28)
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	2	
<i>daysee</i>	2	QL(91/91)
<i>delyla</i>	2	
DEPO-ESTRADIOL	3	
<i>desogestrel/ethinyl estradiol</i>	2	
DIVIGEL GEL 0.25MG/0.25GM, 0.5MG/0.5GM	4	QL(30/30)
<i>drospirenone/ethinyl estradiol</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
ESTRACE CREA	4	
<i>estradiol pttw</i>	2	PA QL(8/28)
<i>estradiol ptwk</i>	2	PA QL(4/28)
<i>estradiol tabs 0.5mg, 1mg, 2mg</i>	2	PA

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
estradiol tabs 10mcg	4	QL(18/28)
estradiol/norethindrone acetate	2	PA
ESTRING	4	QL(1/90)
estropipate	2	PA
ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg	2	
falmina	2	
FEMRING	4	QL(1/90)
femynor	2	
fyavolv	2	PA
gianvi	2	
gildagia	2	
introvale	2	QL(91/91)
isibloom	2	
jevantique lo	2	PA
jinteli	2	PA
jolessa	2	QL(91/91)
juleber	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
junel fe 24	2	
kaitlib fe	2	
kariva	2	
kelnor 1/35	2	
kimidess	2	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
larissia	2	
layolis fe	2	
leena	2	
lessina	2	
levonest	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg	2	
levonorgestrel and ethinyl estradiol tabs 0; 0	2	QL(91/91)
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg	2	
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0	2	QL(91/91)
levora 0.15/30-28	2	
lomedica 24 fe	2	
lopreeza	2	PA
loryna	2	
low-ogestrel	2	
lutera	2	
marlissa	2	
MENEST	4	PA
MENOSTAR	4	PA QL(4/28)
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe	2	
microgestin fe 1.5/30	2	
mimvey	2	PA
mimvey lo	2	PA
mono-linyah	2	
mononessa	2	
myzilra	2	
necon 0.5/35-28	2	
necon 1/50-28	2	
necon 7/7/7	2	
nikki	2	
norethindrone & ethinyl estradiol ferrous fumarate	2	
norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg	2	
norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg	2	PA
norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs	2	
norethindrone/ethinyl estradiol/ferrous fumarate	2	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>norgestimate/ethinyl estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
NUVARING	4	QL(1/28)
<i>ocella</i>	2	
<i>ogestrel</i>	2	
<i>orsythia</i>	2	
ORTHO TRI-CYCLEN LO	4	
<i>pimtreea</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
PREFEST	4	PA
PREMARIN CREA	3	
PREMARIN INJ	4	
PREMARIN TABS	4	PA QL(30/30)
PREMPHASE	4	PA
PREMPRO	4	PA
<i>previfem</i>	2	
<i>quasense</i>	2	QL(91/91)
<i>reclipsen</i>	2	
<i>setlakin</i>	2	QL(91/91)
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	1	
<i>tarina fe 1/20</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-previfem</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tri-sprintec</i>	2	
<i>trinessa</i>	2	
<i>trinessa lo</i>	2	
<i>trivora-28</i>	2	
VAGIFEM	4	QL(18/28)
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	2	QL(3/28)
<i>yuvafem</i>	4	QL(18/28)
<i>zarah</i>	2	
<i>zenchent</i>	2	
<i>zenchent fe</i>	2	
<i>zeosa</i>	2	
<i>zovia 1/35e</i>	2	
<i>zovia 1/50e</i>	2	
Progestins		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-PROVERA	3	QL(10/28)
DEPO-SUBQ PROVERA 104	3	QL(0.65/90)
<i>errin</i>	2	
<i>heather</i>	2	
<i>hydroxyprogesterone caproate</i>	5	PA
<i>jencycla</i>	2	
<i>jolivette</i>	2	
<i>lyza</i>	2	
MAKENA	5	PA
<i>medroxyprogesterone acetate inj</i>	2	QL(1/90)
<i>medroxyprogesterone acetate tabs</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>megestrol acetate susp 40mg/ml</i>	2	PA
<i>megestrol acetate susp 625mg/5ml</i>	4	PA
<i>megestrol acetate tabs</i>	2	PA
<i>nora-be</i>	2	
<i>norethindrone</i>	2	
<i>norethindrone acetate</i>	2	
<i>norlyroc</i>	2	
<i>progesterone</i>	2	
<i>sharobel</i>	2	

Selective Estrogen Receptor Modifying Agents

<i>raloxifene hydrochloride</i>	2	QL(30/30)
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Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

<i>levothyroxine sodium inj</i>	5	
<i>levothyroxine sodium tabs</i>	2	
LEVOXYL	3	
<i>liothyronine sodium</i>	2	
SYNTHROID	4	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	

Hormonal Agents, Suppressant (Adrenal)

Hormonal Agents, Suppressant (Adrenal)

LYSODREN	5	
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Hormonal Agents, Suppressant (Parathyroid)

Hormonal Agents, Suppressant (Parathyroid)

SENSIPAR TABS 30MG	3	QL(60/30)
SENSIPAR TABS 60MG	5	QL(60/30)
SENSIPAR TABS 90MG	5	QL(120/30)

Hormonal Agents, Suppressant (Pituitary)

Hormonal Agents, Suppressant (Pituitary)

<i>cabergoline</i>	2	QL(16/30)
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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ELIGARD INJ 30MG	4	PA QL(1/120)
ELIGARD INJ 45MG	4	PA QL(1/180)
ELIGARD INJ 7.5MG	4	PA QL(1/30)
ELIGARD INJ 22.5MG	4	PA QL(1/90)
FIRMAGON INJ 80MG	4	B/D PA QL(1/28)
FIRMAGON INJ 120MG	5	B/D PA QL(4/365)
<i>leuprolide acetate</i>	2	PA
LUPRON DEPOT (1-MONTH)	5	PA QL(1/30)
LUPRON DEPOT (3-MONTH) INJ 22.5MG	5	PA QL(1/84)
LUPRON DEPOT (3-MONTH) INJ 11.25MG	5	PA QL(1/90)
LUPRON DEPOT (4-MONTH)	5	PA QL(1/112)
LUPRON DEPOT (6-MONTH)	5	PA QL(1/168)
LUPRON DEPOT-PED (1-MONTH)	5	PA QL(1/30)
LUPRON DEPOT-PED (3-MONTH)	5	PA QL(1/30)
<i>octreotide acetate inj 500mcg/ml</i>	5	
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	2	
<i>octreotide acetate inj 1000mcg/ml</i>	4	
SANDOSTATIN LAR DEPOT	5	
SIGNIFOR	5	QL(60/30)
SOMATULINE DEPOT INJ 60MG/0.2ML	5	QL(0.2/28)
SOMATULINE DEPOT INJ 90MG/0.3ML	5	QL(0.3/28)
SOMATULINE DEPOT INJ 120MG/0.5ML	5	QL(0.5/28)
SOMAVERT	5	QL(30/30)
SYNAREL	5	PA
TRELSTAR MIXJECT INJ 22.5MG	5	PA QL(1/168)
TRELSTAR MIXJECT INJ 3.75MG	5	PA QL(1/28)
TRELSTAR MIXJECT INJ 11.25MG	5	PA QL(1/84)
ZOLADEX	4	PA

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
Immunological Agents		
Angioedema (HAE) Agents		
BERINERT	5	PA
CINRYZE	5	PA QL(100/30)
FIRAZYR	5	PA QL(18/30)
KALBITOR	5	PA
Immune Suppressants		
ASTAGRAF XL CP24 0.5MG, 1MG	4	PA
ASTAGRAF XL CP24 5MG	5	PA
<i>azathioprine</i>	2	PA
CELLCEPT INTRAVENOUS	4	PA
CELLCEPT TABS	5	PA
<i>cyclosporine</i>	2	PA
<i>cyclosporine modified</i>	2	PA
ENBREL INJ 25MG/0.5ML	5	PA QL(4.08/28)
ENBREL INJ 25MG, 50MG/ML	5	PA QL(8/28)
ENBREL SURECLICK	5	PA QL(8/28)
ENVARUS XR	4	PA
<i>gengraf</i>	2	PA
HUMIRA INJ 10MG/0.2ML, 20MG/0.4ML	5	PA QL(2/28)
HUMIRA INJ 40MG/0.8ML	5	PA QL(4/28)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA QL(6/365)
HUMIRA PEN	5	PA QL(4/28)
HUMIRA PEN-CROHNS DISEASE STARTER	5	PA QL(12/365)
HUMIRA PEN-PSORIASIS STARTER	5	PA QL(8/365)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KINERET	5	PA QL(20.1/30)
<i>methotrexate</i>	2	
<i>methotrexate sodium</i>	2	
<i>mycophenolate mofetil caps</i>	2	PA
<i>mycophenolate mofetil inj</i>	4	PA
<i>mycophenolate mofetil susr</i>	2	PA
<i>mycophenolate mofetil tabs</i>	2	PA
<i>mycophenolic acid dr</i>	2	PA
MYFORTIC	3	PA
NEORAL	4	PA
NULOJIX	5	PA QL(150/30)
ORENCIA INJ 250MG	5	PA
PROGRAF CAPS 5MG	5	PA
PROGRAF CAPS 0.5MG, 1MG	4	PA
PROGRAF INJ	4	PA
RAPAMUNE ORAL SOLN	5	PA
REMICADE	5	PA
SANDIMMUNE	3	PA
<i>sirolimus</i>	3	PA
<i>tacrolimus caps</i>	2	PA
TORISEL	5	B/D PA QL(4/28)
TREXALL	4	
XATMEP	4	PA
ZORTRESS TABS 0.25MG, 0.75MG	5	PA QL(60/30)
ZORTRESS TABS 0.5MG	5	PA QL(120/30)
Immunizing Agents, Passive		
ATGAM	5	PA
GAMMAKED INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 5GM/50ML	5	B/D PA
GAMMAKED INJ 1GM/10ML	4	B/D PA
GAMUNEX-C INJ 1GM/10ML	4	B/D PA

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GAMUNEX-C INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	B/D PA
THYMOGLOBULIN	3	B/D PA
Immunomodulators		
ACTEMRA INJ 162MG/0.9ML	5	PA QL(3.6/28)
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	5	PA QL(40/28)
ACTIMMUNE	5	PA
ARCALYST	5	PA
BENLYSTA INJ 400MG	5	PA QL(9/28)
BENLYSTA INJ 120MG	5	PA QL(30/28)
ILARIS	5	PA QL(2/28)
<i>leflunomide</i>	3	QL(30/30)
RIDAURA	4	
SIMULECT	5	B/D PA
SYNAGIS	5	PA
Vaccines		
ACTHIB	3	
ADACEL	3	QL(0.5/365)
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	QL(0.5/365)
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B INJ 10MCG/0.5ML	3	B/D PA QL(3/365)
ENGERIX-B INJ 20MCG/ML	3	B/D PA QL(8/365)
GARDASIL	3	QL(1.5/365)
GARDASIL 9	3	QL(1.5/365)
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	QL(2/365)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	QL(2/365)
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D PA QL(3/365)
ROTARIX	3	
ROTATEQ	3	
STAMARIL	3	QL(1/999)
TENIVAC	3	QL(0.5/28)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	QL(1/365)
VARIZIG	4	QL(12/30)
VAXCHORA	3	
YF-VAX	3	
ZOSTAVAX	3	QL(1/999)

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO	3	QL(120/30)
<i>balsalazide disodium</i>	2	
CANASA	5	QL(30/30)
LIALDA	4	QL(120/30)
<i>mesalamine enema and kit</i>	2	
<i>mesalamine dr tbec 1.2gm</i>	4	QL(120/30)
PENTASA CPCR 250MG	3	QL(150/30)
PENTASA CPCR 500MG	3	QL(240/30)

Glucocorticoids

<i>budesonide cpep</i>	2	
<i>colocort</i>	2	
<i>hydrocortisone enem</i>	2	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Sulfonamides		
<i>sulfasalazine</i>	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral soln</i>	2	QL(330/28)
<i>alendronate sodium tabs 35mg, 70mg</i>	2	QL(4/28)
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	2	QL(30/30)
<i>calcitonin-salmon</i>	2	QL(3.7/30)
<i>calcitriol caps</i>	2	
<i>calcitriol inj</i>	2	
<i>calcitriol oral soln</i>	2	
<i>doxercalciferol caps 0.5mcg</i>	2	QL(90/30)
<i>doxercalciferol caps 2.5mcg</i>	2	QL(120/30)
<i>doxercalciferol caps 1mcg</i>	2	QL(240/30)
<i>doxercalciferol inj</i>	2	
<i>etidronate disodium</i>	2	
FORTEO	5	PA QL(2.4/28)
FOSAMAX PLUS D	4	QL(4/28) ST
<i>ibandronate sodium inj</i>	3	QL(3/90)
<i>ibandronate sodium tabs</i>	3	QL(1/28)
<i>pamidronate disodium inj 30mg/10ml, 6mg/ml, 90mg/10ml</i>	2	B/D PA
<i>paricalcitol caps 4mcg</i>	2	QL(60/30)
<i>paricalcitol caps 1mcg, 2mcg</i>	2	QL(90/30)
<i>paricalcitol inj</i>	2	
PROLIA	4	QL(1/180)
<i>risedronate sodium tabs 150mg</i>	3	QL(1/30)
XGEVA	5	PA QL(1.7/28)
<i>zoledronic acid inj 4mg/5ml</i>	2	B/D PA QL(15/21)
<i>zoledronic acid inj 5mg/100ml</i>	2	B/D PA QL(100/365)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
<i>bd eclipse syringe/1ml/30gx1/2"</i>	3	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	3	
<i>bd insulin syringe ultrafine/0.3ml/31g x 5/16"</i>	3	
<i>bd insulin syringe ultrafine/0.5ml/30g x 1/2"</i>	3	
<i>bd insulin syringe ultrafine/1ml/31g x 5/16"</i>	3	
<i>bd pen needle/ultrafine/29g x 12.7mm</i>	3	
<i>bd safetyglide 27g x 5/8"</i>	3	
BOTOX INJ 200UNIT	4	PA QL(1/90)
BOTOX INJ 100UNIT	4	PA QL(4/90)
CARNITOR INJ	4	B/D PA
DYSPORT	4	PA
FERRIPROX	5	
<i>fomepizole</i>	5	
INTRALIPID	3	B/D PA
KORLYM	5	PA QL(120/30)
LACTATED RINGERS IRRIGATION	3	
<i>levocarnitine</i>	2	
<i>methylegonovine maleate</i>	2	
NATPARA	5	PA QL(2/28)
<i>novofine 30gx8mm</i>	3	
<i>novofine 31</i>	3	
<i>novofine 32gx6mm</i>	3	
<i>novofine autocover 30gx8mm</i>	3	
<i>novotwist 32gx5mm</i>	3	
NUTRILIPID	3	B/D PA
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
RINGERS IRRIGATION	3	
<i>sodium chloride 0.9%</i>	2	
<i>sterile water irrigation</i>	2	
<i>techlite pen needles/31g x 6 mm</i>	3	
<i>techlite pen needles/31g x 8mm</i>	3	
<i>techlite pen needles/32g x 4mm</i>	3	
<i>techlite pen needles/32g x 6mm</i>	3	
<i>techlite pen needles/32g x 8mm</i>	3	
TIS-U-SOL	3	
V-GO 20	4	
V-GO 30	4	
V-GO 40	4	
XEOMIN INJ 100UNIT, 50UNIT	4	PA
Ophthalmic Agents		
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>bimatoprost ophthalmic soln</i>	2	QL(5/30)
COMBIGAN	4	
<i>latanoprost</i>	2	QL(5/30)
LUMIGAN	4	QL(5/30) ST
TRAVATAN Z	3	QL(5/30)
ZIOPTAN	4	QL(30/30)
Ophthalmic Agents, Other		
<i>atropine sulfate oint</i>	2	
<i>atropine sulfate ophthalmic soln</i>	2	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl</i>	2	
<i>cyclopentolate hydrochloride</i>	2	
CYSTARAN	5	QL(60/28)
<i>homatropine</i>	2	
<i>homatropine hbr</i>	2	
LACRISERT	4	
<i>phenylephrine hcl ophthalmic soln 10%, 2.5%</i>	2	
PROCYSBI	5	
<i>proparacaine hcl</i>	2	
RESTASIS	3	QL(60/30)
<i>tropicamide</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Ophthalmic Anti-allergy Agents		
ALOCRIAL	4	
<i>azelastine hcl ophthalmic soln</i>	2	
<i>cromolyn sodium ophthalmic soln</i>	2	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl ophthalmic soln</i>	2	QL(5/30)
PATADAY	3	QL(2.5/30)
PAZEO	3	QL(2.5/30)
Ophthalmic Anti-inflammatories		
<i>bromfenac</i>	2	
<i>dexamethasone sodium phosphate ophthalmic soln</i>	2	
<i>diclofenac sodium ophthalmic soln</i>	2	
DUREZOL	3	
FLAREX	4	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
FML	4	
FML FORTE	4	
<i>ketorolac tromethamine ophthalmic soln</i>	2	
LOTEMAX	4	
MAXIDEX	4	
<i>neomycin/polymyxin/ dexamethasone</i>	2	
NEVANAC	4	ST
PRED MILD	4	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate ophthalmic soln</i>	2	
PROLENSA	4	
TOBRADEX OINT	4	
<i>tobramycin/dexamethasone</i>	2	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er</i>	2	
ALPHAGAN P OPHTHALMIC SOLN 0.1%	4	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>apraclonidine</i>	2	
AZOPT	3	
<i>betaxolol hcl</i>	2	
BETIMOL	4	
BETOPTIC-S	3	
<i>brimonidine tartrate</i>	2	
<i>carteolol hcl</i>	2	
<i>dorzolamide hcl</i>	2	QL(10/30)
<i>dorzolamide hcl/timolol maleate</i>	2	QL(10/30)
IOPIDINE OPHTHALMIC SOLN 1%	4	
<i>isopto carpine</i>	2	
<i>levobunolol hcl</i>	2	
<i>methazolamide</i>	3	
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl</i>	2	
SIMBRINZA	3	
<i>timolol maleate</i>	2	
<i>timolol maleate ophthalmic gel forming</i>	2	
Otic Agents		
Otic Agents		
<i>acetazol hc</i>	2	
<i>acetic acid</i>	2	
<i>aurodex</i>	2	
COLY-MYCIN S	4	
<i>fluocinolone acetonide</i>	2	
<i>fluocinolone acetonide ear drops</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	3	QL(60/30)
ADVAIR HFA	3	QL(12/30)
ASMANEX HFA	3	QL(13/30)
ASMANEX TWISTHALER 120 METERED DOSES	3	QL(1/30)
ASMANEX TWISTHALER 14 METERED DOSES	3	QL(1/30)
ASMANEX TWISTHALER 30 METERED DOSES	3	QL(1/30)
ASMANEX TWISTHALER 60 METERED DOSES	3	QL(1/30)
ASMANEX TWISTHALER 7 METERED DOSES	3	QL(1/30)
BREO ELLIPTA	3	QL(60/30)
<i>budesonide susp 1mg/2ml</i>	2	B/D PA
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml</i>	2	B/D PA QL(120/30)
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL(60/30)
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL(240/30)
FLOVENT HFA AERO 44MCG/ACT	3	QL(10.6/30)
FLOVENT HFA AERO 110MCG/ACT	3	QL(12/30)
FLOVENT HFA AERO 220MCG/ACT	3	QL(24/30)
<i>flunisolide</i>	2	QL(50/30)
<i>fluticasone propionate susp</i>	2	QL(16/30)
QVAR AERS 40MCG/ACT	3	QL(8.7/30)
QVAR AERS 80MCG/ACT	3	QL(17.4/30)
Antihistamines		
<i>azelastine hcl nasal soln</i>	2	QL(30/25)
<i>desloratadine</i>	2	QL(30/30)

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<i>desloratadine odt</i>	2	QL(30/30)
<i>diphenhydramine hcl inj</i>	2	
<i>levocetirizine dihydrochloride oral soln</i>	2	QL(300/30)
<i>levocetirizine dihydrochloride tabs</i>	2	QL(30/30)
<i>promethazine hcl inj</i>	2	PA
<i>promethazine hcl plain</i>	2	PA
<i>promethazine hcl syrp</i>	2	PA
<i>promethazine hcl tabs</i>	2	PA
SEMPREX-D	4	
Antileukotrienes		
<i>montelukast sodium</i>	2	QL(30/30)
<i>zafirlukast</i>	2	QL(60/30)
Bronchodilators, Anticholinergic		
COMBIVENT RESPIMAT	3	QL(8/30)
<i>ipratropium bromide inhalation soln</i>	2	B/D PA QL(300/30)
<i>ipratropium bromide nasal soln</i>	2	QL(30/30)
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D PA QL(540/30)
SPIRIVA HANDIHALER	3	QL(30/30)
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	QL(4/30)
TUDORZA PRESSAIR	4	QL(1/30)
Bronchodilators, Sympathomimetic		
ADRENALIN INJ	3	
<i>albuterol sulfate er</i>	2	
<i>albuterol sulfate nebu 0.5%</i>	2	B/D PA QL(180/30)
<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D PA QL(360/30)
<i>albuterol sulfate syrp</i>	2	
<i>albuterol sulfate tabs</i>	2	
ANORO ELLIPTA	3	QL(60/30)
ARCAPTA NEOHALER	4	
AUVI-Q	4	QL(2/30)
BROVANA	4	B/D PA QL(120/30)
<i>epinephrine</i>	2	QL(2/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>epinephrine hcl inj 1mg/ml</i>	2	
EPIPEN 2-PAK	3	QL(2/30)
EPIPEN-JR 2-PAK	3	QL(2/30)
<i>isoproterenol hydrochloride</i>	3	
ISUPREL	3	
<i>levalbuterol</i>	2	B/D PA QL(90/30)
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	2	B/D PA QL(90/30)
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	2	B/D PA QL(270/30)
<i>levalbuterol hcl nebu 0.63mg/3ml</i>	2	B/D PA QL(540/30)
<i>levalbuterol tartrate hfa</i>	4	QL(30/30)
<i>metaproterenol sulfate</i>	2	
PERFOROMIST	4	B/D PA QL(120/30)
PROAIR HFA	3	QL(17/30)
PROAIR RESPICLICK	3	QL(2/30)
PROVENTIL HFA	4	QL(13.4/30)
SEREVENT DISKUS	3	QL(60/30)
STRIVERDI RESPIMAT	3	QL(4/30)
<i>terbutaline sulfate</i>	2	
XOPENEX HFA	4	QL(30/30)
Cystic Fibrosis Agents		
CAYSTON	5	QL(84/56)
KALYDECO	5	PA QL(60/30)
ORKAMBI	5	PA QL(120/30)
PULMOZYME	5	B/D PA QL(150/30)
TOBI PODHALER	5	QL(1568/365)
<i>tobramycin nebu</i>	5	B/D PA QL(280/56)
Mast Cell Stabilizers		
<i>cromolyn sodium nebu</i>	2	B/D PA QL(240/30)
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline</i>	2	
DALIRESP	3	PA QL(30/30)
THEO-24	3	
<i>theophylline</i>	2	
<i>theophylline cr</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	
<i>theophylline er tb24</i>	2	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Pulmonary Antihypertensives		
ADCIRCA	5	PA QL(60/30)
ADEMPAS	5	PA QL(90/30)
LETAIRIS	5	PA QL(30/30)
OPSUMIT	5	PA QL(30/30)
REMODULIN	5	B/D PA
<i>sildenafil tabs</i>	3	PA QL(90/30)
TRACLEER	5	PA QL(60/30)
TYVASO	5	B/D PA
TYVASO REFILL	5	B/D PA
TYVASO STARTER	5	B/D PA
VENTAVIS	5	PA QL(270/30)
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation soln</i>	2	B/D PA
ARALAST NP INJ 500MG	4	B/D PA
ESBRIET CAPS	5	PA QL(270/30)
ESBRIET TABS 801MG	5	PA QL(90/30)
ESBRIET TABS 267MG	5	PA QL(270/30)
GLASSIA	5	B/D PA
OFEV	5	PA QL(60/30)
PROLASTIN-C	5	B/D PA
<i>promethazine vc plain</i>	2	PA
<i>ribavirin inhalation soln</i>	5	B/D PA
VIRAZOLE	5	B/D PA
XOLAIR	5	PA QL(6/28)
ZEMAIRA	5	B/D PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl tabs 10mg, 5mg</i>	2	PA QL(90/30)
<i>orphenadrine citrate er</i>	2	PA QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Sleep Disorder Agents		
GABA Receptor Modulators		
<i>temazepam</i>	2	QL(60/365)
<i>zaleplon</i>	2	QL(90/365)
<i>zolpidem tartrate tabs</i>	2	QL(30/30)
Sleep Disorders, Other		
<i>armodafinil</i>	4	PA QL(30/30)
<i>modafinil</i>	3	PA QL(30/30)
NUVIGIL	4	PA QL(30/30)
ROZEREM	4	QL(30/30)
SILENOR	4	QL(30/30)
XYREM	5	QL(540/30)
Therapeutic Nutrients/Minerals/Electrolytes		
Electrolyte/Mineral Modifiers		
CUPRIMINE	5	
EXJADE	5	
JADENU	5	
JADENU SPRINKLE	5	
<i>kionex</i>	2	
SAMSCA TABS 15MG	5	QL(30/30)
SAMSCA TABS 30MG	5	QL(60/30)
<i>sodium bicarbonate inj</i>	2	B/D PA
<i>sodium bicarbonate partial fill</i>	2	B/D PA
SODIUM LACTATE INJ 5MEQ/ ML	3	B/D PA
<i>sodium polystyrene sulfonate powd</i>	2	
<i>sodium polystyrene sulfonate susp 15gm/60ml, 30gm/120ml</i>	2	
<i>sps</i>	2	
SYPRINE	5	
VELTASSA	3	
Electrolyte/Mineral Replacement		
AMINOSYN	3	B/D PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
AMINOSYN 7%/ ELECTROLYTES	3	B/D PA
AMINOSYN 8.5%/ ELECTROLYTES	3	B/D PA
AMINOSYN II	3	B/D PA
AMINOSYN II 8.5%/ ELECTROLYTES	3	B/D PA
AMINOSYN M	3	B/D PA
AMINOSYN-HBC	3	B/D PA
AMINOSYN-PF	3	B/D PA
AMINOSYN-PF 7%	3	B/D PA
AMINOSYN-RF	3	B/D PA
<i>av-phos 250 neutral</i>	2	
<i>calcium gluconate inj</i>	2	
CARBAGLU	5	
CLINIMIX 2.75%/DEXTROSE 5%	3	B/D PA
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D PA
CLINIMIX 4.25%/DEXTROSE 20%	3	B/D PA
CLINIMIX 4.25%/DEXTROSE 25%	3	B/D PA
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D PA
CLINIMIX 5%/DEXTROSE 15%	3	B/D PA
CLINIMIX 5%/DEXTROSE 20%	3	B/D PA
CLINIMIX 5%/DEXTROSE 25%	3	B/D PA
CLINIMIX E 2.75%/ DEXTROSE 10%	3	B/D PA
CLINIMIX E 2.75%/ DEXTROSE 5%	3	B/D PA
CLINIMIX E 4.25%/ DEXTROSE 10%	3	B/D PA
CLINIMIX E 4.25%/ DEXTROSE 25%	3	B/D PA
CLINIMIX E 4.25%/ DEXTROSE 5%	3	B/D PA
CLINIMIX E 5%/DEXTROSE 15%	3	B/D PA
CLINIMIX E 5%/DEXTROSE 20%	3	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CLINIMIX E 5%/DEXTROSE 25%	3	B/D PA
CLINISOL SF 15%	3	B/D PA
<i>clinpro 5000</i>	2	
<i>cytra k crystals</i>	2	
<i>denta 5000 plus</i>	2	
<i>dentagel</i>	2	
DEXTROSE10%/NAACL 0.45%	3	B/D PA
DEXTROSE5% / ELECTROLYTE #48 VIAFLEX	3	B/D PA
<i>dextrose 10%</i>	2	B/D PA
DEXTROSE 10%/NAACL 0.2%	3	B/D PA
DEXTROSE 2.5%/NAACL 0.45%	3	B/D PA
<i>dextrose 20%</i>	2	B/D PA
<i>dextrose 25%</i>	2	B/D PA
<i>dextrose 30%</i>	2	B/D PA
<i>dextrose 40%</i>	2	B/D PA
<i>dextrose 5%</i>	2	
DEXTROSE 5%/LACTATED RINGERS	3	B/D PA
DEXTROSE 5%/NAACL 0.2%	3	
DEXTROSE 5%/NAACL 0.225%	3	
DEXTROSE 5%/NAACL 0.3%	3	
DEXTROSE 5%/NAACL 0.33%	3	
DEXTROSE 5%/NAACL 0.45%	3	
DEXTROSE 5%/NAACL 0.9%	3	
<i>dextrose 50%</i>	2	B/D PA
<i>dextrose 70%</i>	2	
<i>effer-k tbef 25meq</i>	2	
<i>effervescent pot chloride</i>	2	
<i>fluor-a-day</i>	2	
<i>fluoride chew 0.25mg</i>	2	
<i>fluoritab chew 0.5mg, 1mg</i>	2	
<i>fluoritab oral soln</i>	2	
<i>flura-drops oral soln 0.25mg/ drop</i>	2	
FREAMINE HBC 6.9%	3	B/D PA

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	3	B/D PA
HEPATAMINE	3	B/D PA
<i>hyperlyte-cr</i>	2	B/D PA
IONOSOL-B/DEXTROSE 5%	3	
IONOSOL-MB/DEXTROSE 5%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	B/D PA
ISOLYTE-S PH 7.4	3	B/D PA
<i>k-effervescent</i>	2	
K-PHOS	3	
K-PHOS NO 2	3	
K-TAB	3	
<i>k-vescent tbf</i>	2	
KABIVEN	4	B/D PA
KCL 0.075%/D5W/NACL 0.45%	3	B/D PA
KCL 0.15%/D5W/NACL 0.2%	3	B/D PA
KCL 0.15%/D5W/NACL 0.225%	3	B/D PA
KCL 0.15%/D5W/NACL 0.45%	3	B/D PA
KCL 0.15%/D5W/NACL 0.9%	3	B/D PA
KCL 0.3%/D5W/NACL 0.45%	3	B/D PA
KCL 0.3%/D5W/NACL 0.9%	3	B/D PA
KLOR-CON 10	3	
KLOR-CON 8	3	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
LACTATED RINGERS VIAFLEX	3	
<i>ludent</i>	2	
<i>magnesium sulfate inj</i>	2	B/D PA
NEPHRAMINE	3	B/D PA
NORMOSOL -R	3	B/D PA
NORMOSOL-M IN D5W	3	B/D PA
NORMOSOL-R	3	B/D PA
NORMOSOL-R IN D5W	3	B/D PA
NUTRILYTE INJ 2.03MEQ/ ML; 0.25MEQ/ML; 1.68MEQ/ ML; 0.25MEQ/ML; 0.4MEQ/ML; 2.03MEQ/ML; 1.25MEQ	4	B/D PA
PERIKABIVEN	4	B/D PA
<i>phospha 250 neutral</i>	2	
PLASMA-LYTE A	3	B/D PA
PLASMA-LYTE-148	3	B/D PA
PLENAMINE	3	B/D PA
<i>potassium chloride /sodium chloride</i>	3	B/D PA
POTASSIUM CHLORIDE 0.15% D5W/NACL 0.45%	3	B/D PA
POTASSIUM CHLORIDE 0.15% D5W/NACL 0.45%VIAFLEX	3	B/D PA
POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45%	3	B/D PA
<i>potassium chloride cr</i>	2	
<i>potassium chloride er</i>	2	
<i>potassium chloride inj 0.4meq/ ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	2	B/D PA
<i>potassium chloride oral soln</i>	2	
<i>potassium chloride sr</i>	2	

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

You can find more information on the symbols by going to page 4.

Lower case italic = Generic drug

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
POTASSIUM CHLORIDE/ DEXTROSE	3	B/D PA
POTASSIUM CHLORIDE/ DEXTROSE/LACTATED RINGERS	3	B/D PA
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE INJ 5%; 20MEQ/L; 0.33%	3	B/D PA
POTASSIUM CHLORIDE/ SODIUM CHLORIDE INJ 20MEQ/L; 0.45%, 20MEQ/L; 0.9%, 40MEQ/L; 0.9%	3	B/D PA
<i>potassium citrate er</i>	2	
<i>potassium citrate-citric acid crystals</i>	2	
<i>potassium citrate/citric acid</i>	2	
PREMASOL	3	B/D PA
PROCALAMINE	3	B/D PA
PROSOL	4	B/D PA
RINGERS INJECTION	3	
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
<i>sodium chloride 0.45%</i>	2	
<i>sodium chloride bacteriostatic/ benzyl alcohol</i>	2	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	2	
<i>sodium citrate/citric acid</i>	2	
<i>sodium fluoride chew 0.5mg, 1mg</i>	2	
<i>sodium fluoride oral soln</i>	2	
TPN ELECTROLYTES	3	B/D PA
TRAVASOL	4	B/D PA
TROPHAMINE	3	B/D PA
<i>virt-phos 250 neutral</i>	2	
<i>virtrate-2</i>	2	
Therapeutic Nutrients/Minerals/Electrolytes		
LIPOSYN III	3	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Vitamins		
<i>floriva plus</i>	1	
<i>multi-vit/fluoride</i>	2	
<i>multi-vit/iron/fluoride</i>	2	
<i>multi-vitamin/fluoride drops oral soln 35mg/ml; 400unit/ml; 2mcg/ml; 5unit/ml; 0.25mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 1500unit/ml</i>	2	
<i>multivitamin with fluoride chew</i>	2	
<i>multivitamin with fluoride oral soln 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i>	2	
<i>multivitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 0.25mg; 1.05mg; 15unit; 2500unit, 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 0.5mg; 1.05mg; 15unit; 2500unit, 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 1mg; 1.05mg; 15unit; 2500unit</i>	2	
<i>mvc-fluoride</i>	2	
<i>tl-fluorivite</i>	2	
<i>tri-vit/fluoride</i>	2	
<i>tri-vit/fluoride/iron</i>	2	
<i>tri-vitamin/fluoride</i>	2	
VP-PNV-DHA	3	

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<i>abacavir/lamivudine</i>	23	<i>adrucil</i>	17	<i>tabs 0.5mg</i>	34
<i>abacavir sulfate/ lamivudine/zidovudine</i>	23	ADVAIR DISKUS	45	<i>alose tron hydrochloride tabs 1mg</i>	34
<i>abacavir tabs</i>	23	ADVAIR HFA	45	ALPHAGAN P	
ABELCET	15	<i>afeditab cr tb24 30mg</i>	29	OPHTHALMIC SOLN 0.1%	44
ABILIFY MAINTENA	21	<i>afeditab cr tb24 60mg</i>	29	<i>alprazolam intensol</i>	24
ABRAXANE	17	AFINITOR DISPERZ TBSO		<i>alprazolam odt tbdp</i>	
<i>acamprostate calcium dr</i>	8	2MG, 3MG	18	<i>0.25mg, 0.5mg, 1mg</i>	24
<i>acarbose</i>	24	AFINITOR DISPERZ TBSO 5MG	18	<i>alprazolam odt tbdp 2mg</i>	24
<i>acebutolol hcl</i>	29	AFINITOR TABS		<i>alprazolam tabs</i>	
<i>acetaminophen/codeine oral soln</i>	6	2.5MG, 5MG, 7.5MG	19	<i>0.25mg, 0.5mg, 1mg</i>	24
<i>acetaminophen/codeine tabs</i>		AFINITOR TABS 10MG	19	<i>alprazolam tabs 2mg</i>	24
<i>300mg; 15mg, 300mg; 30mg</i>	6	AGGRENEX	27	<i>altavera</i>	37
<i>acetaminophen/codeine tabs</i>		<i>ala-cort crea 1%</i>	35	ALUNBRIG	19
<i>300mg; 60mg</i>	6	ALA SCALP	35	<i>alyacen 1/35</i>	37
<i>acetazolamide</i>	30	ALBENZA	20	<i>amabelz</i>	37
<i>acetazolamide er</i>	44	<i>albuterol sulfate er</i>	46	<i>amantadine hcl</i>	24
<i>acetazolamide sodium</i>	30	<i>albuterol sulfate nebu 0.5%</i>	46	AMBISOME	15
<i>acetic acid</i>	45	<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</i>	46	<i>amcinonide</i>	35
<i>acetic acid 0.25%</i>	35	<i>albuterol sulfate syrp</i>	46	<i>amethia</i>	37
<i>acetylcysteine inhalation soln</i>	47	<i>albuterol sulfate tabs</i>	46	<i>amethia lo</i>	37
<i>acitretin</i>	32	<i>alclometasone dipropionate</i>	35	<i>amikacin sulfate</i>	8
ACTEMRA INJ 162MG/0.9ML	42	ALCOHOL PREP PADS	8	<i>amiloride hcl</i>	30
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<i>acyclovir oint</i>	24	<i>10mg, 40mg, 5mg</i>	43	AMINOSYN 7%/ELECTROLYTES	48
<i>acyclovir sodium</i>	24	<i>alendronate sodium tabs</i>		<i>AMINOSYN 8.5%/</i>	
<i>acyclovir susp</i>	24	<i>35mg, 70mg</i>	43	ELECTROLYTES	48
<i>acyclovir tabs</i>	24	<i>alfuzosin hcl er</i>	35	AMINOSYN-HBC	48
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<i>adapalene</i>	32	ALINIA TABS	20	ELECTROLYTES	48
ADCIRCA	47	ALIQOPA	19	AMINOSYN M	48
<i>adefovir dipivoxil</i>	22	<i>allopurinol</i>	16	AMINOSYN-PF	48
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		ALOCRIL	44	AMINOSYN-RF	48
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<i>amlodipine besylate tabs</i> <i>10mg, 2.5mg</i>	29	APTIOM TABS 200MG	12	ASMANEX TWISTHALER 14 METERED DOSES	45
<i>amlodipine besylate/valsartan</i>	29	APTIOM TABS 400MG, 800MG	12	ASMANEX TWISTHALER 30 METERED DOSES	45
<i>amlodipine/valsartan/hctz</i>	29	APTIOM TABS 600MG	12	ASMANEX TWISTHALER 60 METERED DOSES	45
<i>ammonium lactate</i>	32	APTIVUS CAPS	23	ASMANEX TWISTHALER 120 METERED DOSES	45
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<i>amoxicillin/clavulanate potassium</i>	10	ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 40MCG/0.4ML	27	ASTAGRAF XL CP24 5MG	41
<i>amphetamine/</i> <i>dextroamphetamine cp24</i>	31	ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	27	<i>atenolol</i>	29
<i>amphetamine/</i> <i>dextroamphetamine tabs</i>	31	ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML	27	<i>atenolol/chlorthalidone</i>	29
<i>amphotericin b</i>	15	ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	27	ATGAM	41
<i>ampicillin</i>	10	ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	27	<i>atomoxetine caps</i> <i>10mg, 18mg, 25mg, 40mg</i>	31
<i>ampicillin sodium inj</i> <i>10gm, 1gm, 2gm</i>	10	ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 300MCG/ML, 60MCG/ML	27	<i>atomoxetine caps</i> <i>100mg, 60mg, 80mg</i>	31
<i>ampicillin sodium inj</i> <i>125mg, 250mg, 500mg</i>	10	ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	27	<i>atorvastatin calcium</i>	30
<i>ampicillin-sulbactam</i>	10	ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	27	<i>atovaquone</i>	20
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ANDROGEL GEL 20.25MG/1.25GM	37	<i>aripiprazole oral soln</i>	21	<i>aubra</i>	37
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<i>levalbuterol hcl nebu 1.25mg/3ml</i> . . .	46	<i>lidocaine hcl inj</i>	8	<i>lorcet</i>	7
<i>levalbuterol tartrate hfa</i>	46	<i>lidocaine hcl inj</i>	28	<i>lorcet hd</i>	7
LEVEMIR	26	<i>lidocaine hcl jelly</i>	8	<i>lorcet plus tabs 325mg; 7.5mg</i>	7
LEVEMIR FLEXTOUCH	26	<i>lidocaine hcl mouth/throat soln</i>	8	<i>loryna</i>	38
<i>levetiracetam</i>	12	<i>lidocaine hcl viscous</i>	8	<i>losartan potassium/ hydrochlorothiazide</i>	28
<i>levetiracetam er tb24 500mg</i>	12	<i>lidocaine oint</i>	8	<i>losartan potassium tabs 50mg</i>	28
<i>levetiracetam er tb24 750mg</i>	12	<i>lidocaine/prilocaine crea</i>	8	<i>losartan potassium tabs 100mg, 25mg</i>	28
<i>levobunolol hcl</i>	45	<i>lidocaine ptch</i>	8	LOTEMAX	44
<i>levocarnitine</i>	43	<i>lidocaine viscous</i>	8	<i>lovastatin tabs 10mg, 20mg</i>	30
<i>levocetirizine dihydrochloride oral soln</i>	46	<i>lincomycin hcl</i>	9	<i>lovastatin tabs 40mg</i>	30
<i>levocetirizine dihydrochloride tabs</i> . . .	46	<i>lindane</i>	20	<i>low-ogestrel</i>	38
<i>levofloxacin in d5w</i>	11	<i>linezolid inj</i>	9	<i>loxapine caps 10mg, 5mg</i>	21
<i>levofloxacin inj</i>	11	<i>linezolid susr</i>	9	<i>loxapine succinate caps 10mg, 5mg</i>	21
<i>levofloxacin ophthalmic soln</i>	11	<i>linezolid tabs</i>	9	<i>loxapine succinate caps 25mg, 50mg</i>	21
<i>levofloxacin oral soln</i>	11	LINZESS	34	<i>ludent</i>	49
<i>levofloxacin tabs</i>	11	<i>liothyronine sodium</i>	40	LUMIGAN	44
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<i>levonest</i>	38	<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	28	LUPRON DEPOT (3-MONTH) INJ 11.25MG	40
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	38	<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	28	LUPRON DEPOT (3-MONTH) INJ 22.5MG	40
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	38	<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	28	LUPRON DEPOT (4-MONTH)	40
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>	38	<i>lithium</i>	24	LUPRON DEPOT (6-MONTH)	40
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	38	<i>lithium carbonate</i>	24	LUPRON DEPOT-PED (1-MONTH)	40
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<i>levothyroxine sodium inj</i>	40	LIVALO	30	LYNPARZA CAPS	19
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M		<i>meropenem/sodium chloride inj</i>	10	<i>methylphenidate hcl er tbc</i> 18mg	32
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5%; 1gm/100ml	12	<i>meropenem/sodium chloride inj</i>	10	<i>methylphenidate hcl er tbc</i> 36mg	32
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<i>matzim la tb24</i> 300mg, 360mg, 420mg	29	<i>Metformin hcl er tb24</i> 500mg (generic for Glucophage XR)	25	<i>metipranolol</i>	45
MAXIDEX	44	<i>Metformin hcl er tb24</i> 750mg (generic for Glucophage XR)	25	<i>metoclopramide hcl</i>	34
<i>meclizine hcl tabs</i>	14	<i>metformin hcl tabs</i> 500mg	25	<i>metolazone</i>	30
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<i>megestrol acetate susp</i> 625mg/5ml	40	<i>methimazole</i>	41	<i>metronidazole crea</i>	9
<i>megestrol acetate tabs</i>	40	<i>methotrexate</i>	41	<i>metronidazole gel</i>	9
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<i>memantine hydrochloride</i>	13	<i>methylphenidate hcl chew</i> 10mg	31	<i>microgestin</i> 1.5/30	38
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<i>moexipril/hydrochlorothiazide</i>		<i>13.5mg; 1.05mg; 1.2mg; 0;</i>		<i>naftifine hcl</i>	15
<i>tabs 12.5mg; 7.5mg</i>	28	<i>0.25mg; 1.05mg; 15unit; 2500unit,</i>		<i>naftifine hydrochloride</i>	15
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<i>mometasone furoate crea</i>	36	<i>1.05mg; 15unit; 2500unit, 60mg;</i>		NAGLAZYME	33
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<i>mometasone furoate oint</i>	36	<i>15unit; 2500unit</i>	50	<i>naloxone hcl</i>	8
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<i>mononessa</i>	38	<i>2mcg/ml; 5unit/ml; 0.25mg/ml;</i>		NAMENDA XR TITRATION PACK ..	13
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