



# 2012 Comprehensive Formulary

(Complete list of covered drugs)  
United MedicareRx (PDP)

## Inside

- Drug tiers and drug payment stages
- Tier 1 drug savings
- Requirements and limits
- Complete list of drugs by category

**Please read:** This document contains information about the drugs covered by this plan.

**Note to existing members:** This complete formulary has changed since last year.

Please review this document to make sure it still contains the drugs you take.



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# About this complete drug list

This is a **complete** list of prescription drugs that are covered by the United MedicareRx (PDP) plan in 2012, called the Comprehensive Formulary.

For your drug to be covered by the plan, it must be included in the complete drug list. In most cases, your prescription must also be filled at one of our more than 60,000 network pharmacies. To find out if your drug is covered:

1. See if your drug is included in this complete drug list.
2. Go to the plan website at [www.UnitedMedicareRx.com](http://www.UnitedMedicareRx.com). You can use online tools to look up your drugs. The information is updated on a regular basis.
3. Call Customer Service at **1-866-863-1406**, TTY **711**, 8 a.m. to 8 p.m. local time, 7 days a week. Customer Service can look up your drugs and let you know if they are covered.

## For more information

Please take the time to review your Evidence of Coverage and any other 2012 plan materials you have received. These materials give more detailed information about your drug coverage in the plan.

If you have any 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, call **1-877-486-2048**. Or visit [www.medicare.gov](http://www.medicare.gov).

## Questions?

If you have questions, we're here to help.  
Call Customer Service:



Call **1-866-863-1406**, TTY **711**,  
8 a.m. to 8 p.m. local time, 7 days a week



Visit us at: **[www.UnitedMedicareRx.com](http://www.UnitedMedicareRx.com)**

If you are a member of a group sponsored plan (your coverage is provided through a former employer, union group or trust), please call the Customer Service number on the back of your member ID card.

## Online tools

Visit [www.UnitedMedicareRx.com](http://www.UnitedMedicareRx.com) to:

- Look up your drugs and see what you could save with lower-cost drugs
- View your cost and benefits summary
- Track your payment status and claims history
- Find network pharmacies
- Print plan forms and materials

**This complete formulary (drug list) is effective November 1, 2012. No changes made since November 2012.**

Changes may have been made to this list after it was printed. Visit our plan website or call Customer Service at the number above for updated information.

# 2012 Complete drug list

The United MedicareRx (PDP) plan is designed to help you manage your prescription drug costs. An important part of this is giving you choices so you and your doctor can choose the best course of treatment for you.

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

This document is the comprehensive formulary, or complete list of drugs covered by the plan. For updated formulary information, please visit [www.UnitedMedicareRx.com](http://www.UnitedMedicareRx.com) or call **1-866-863-1406**, TTY **711**, 8 a.m. to 8 p.m. local time, 7 days a week.

With your doctor's help, you can use this drug list as a tool to choose the drugs that work best for you and to find lower-cost drugs if needed.

## Quick guide

Here are some of the major categories of drugs and where to find them in the drug list.

Antidepressants . . . . .	pages 17–18
Asthma/Lung . . . . .	pages 49–50
Blood Pressure . . . . .	pages 30–34
Cholesterol Control . . . . .	page 33
Diabetes . . . . .	pages 28–29
Osteoporosis . . . . .	page 46
Ulcer and Stomach Acid . . . . .	page 37

## Using the drug list

**There are two ways to find your prescription drugs in this complete drug list:**

1. Look for a drug in the index, which begins on page 55. The index is an **alphabetical list** of all of the drugs included in this document. Turn to the page shown in the index to find your drug.
2. The drug list begins on page 10. Look for a drug based on your **medical condition**. For example, if you want to find drugs used to treat high cholesterol, go to the Cardiovascular Drugs category and look under “Dyslipidemics — Cholesterol Control Drugs.”

### Is it a generic or brand name drug?

The drug list shows **brand name** drugs in **bold** type (for example, **Crestor**) and generic drugs in plain type (for example, Simvastatin).

### More information about your drug

Some drugs have requirements or limits. Please see page 6 for more information on the requirements or limits your drug may have.

If your drug is not included in this drug list, you should contact Customer Service at **1-866-863-1406**, TTY **711**, 8 a.m. to 8 p.m. local time, 7 days a week, and ask if it's covered. If you learn that the plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by the plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by the plan.
- You can ask the plan to make an exception and cover your drug. See page 7 for information about how to request an exception.

# Drug tiers and drug payment stages

The amount you pay for a covered drug will depend on:

- **Your drug payment stage.** The United MedicareRx (PDP) plan has different stages of coverage. When you fill a prescription, the amount you pay depends on the stage you're in.
- **The drug tier for your drug.** Each covered drug is in one of five drug tiers. Each tier has a different copay or coinsurance amount. The chart below shows the differences between the tiers.

**For more information about drug payment stages and copay and coinsurance amounts for each tier, please refer to the Evidence of Coverage (EOC).**

## If you qualify for extra help

If you qualify for extra help for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for extra help will receive the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS Rider). Please read it to find out what your costs are. You can also contact Customer Service.

Drug Tier Copay or Coinsurance	Includes	Helpful Tips
<b>Tier 1: Preferred generic Lowest copay</b>	Lower-cost, commonly used generic drugs.	Use Tier 1 drugs for the lowest out-of-pocket costs.
<b>Tier 2: Non-preferred generic Low copay</b>	Most generic drugs.	Use Tier 2 drugs, instead of Tier 3 or 4, to help reduce your out-of-pocket costs.
<b>Tier 3: Preferred brand Medium copay</b>	Many common brand name drugs, called preferred brands, and some higher-cost generic drugs.	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
<b>Tier 4: Non-preferred brand Highest copay</b>	Non-preferred generic and non-preferred brand name drugs.	Many Tier 4 drugs have lower-cost options in Tier 1, 2 or 3. Ask your doctor if you can switch to one of these drugs to help reduce your out-of-pocket costs.
<b>Tier 5: Specialty tier Coinsurance</b>	Unique and/or very high-cost drugs.	You pay a percentage of the total drug cost, called coinsurance.

# Tier 1 drug savings

## Save money with Tier 1 drugs

In 2012 the plan will offer some of the most commonly used drugs for the lowest copay in Tier 1. These drugs, listed below, treat conditions like diabetes, high blood pressure and high cholesterol. If you have one of these conditions and are taking a different drug or need to start a drug, ask your doctor if you could use any of these. Take this complete list of Tier 1 drugs to your next doctor appointment.

Tier 1 Drug	Commonly Treated Condition
Amlodipine Besylate	High blood pressure
Atenolol	High blood pressure
Benazepril HCl	High blood pressure
Carvedilol	High blood pressure
Citalopram Hydrobromide (Tablet)	Depression
Glipizide	Diabetes
Glyburide	Diabetes
Glyburide Micronized	Diabetes
Lisinopril	High blood pressure
Losartan Potassium	High blood pressure
Losartan Potassium/Hydrochlorothiazide	High blood pressure
Meloxicam (Tablet)	Pain
Metformin HCl	Diabetes
Metoprolol Tartrate (Tablet)	High blood pressure
Pravastatin Sodium	High cholesterol
Sertraline HCl (Tablet)	Depression
Simvastatin	High cholesterol

Some of the drugs listed may be used to treat more than one condition. Talk to your doctor to see if any of these drugs could be right for you.

## Generic drugs

The United MedicareRx (PDP) plan covers both brand name and generic drugs. The Food and Drug Administration (FDA) requires a generic drug to have the same active ingredient as the brand name drug. Using generic drugs, whether preferred or non-preferred, may save you money on your copays or coinsurance and may help you stay out of the coverage gap if you have one.

- To pay less out-of-pocket, talk with your doctor to see if any of the brand name drugs you take have generic versions. While most generics are in Tier 2 of the drug list, some generics can be found in Tier 1.
- In 2012 the plan will offer some of the most commonly used drugs for even lower copays in Tier 1. A complete list of these drugs and the conditions they treat can be found on the previous page.
- While generic drugs usually cost less than brand name drugs, newly available generic drugs can be expensive so they may be in Tier 2, 3 or 4 of the drug list.

## Limited access drugs

Drugs are considered “limited access” if:

- The FDA says the drug can only be given out by certain facilities or doctors.
- Extra handling, provider coordination or patient education is needed to be able to distribute the drug and it can't be done at a network pharmacy.

The limited access drugs on the United MedicareRx (PDP) drug list are:

- **Revlimid**
- **Tysabri**
- **Tracleer**
- **Xyrem**

For more information about limited access drugs, call Customer Service at **1-866-863-1406**, TTY **711**, 8 a.m. to 8 p.m. local time, 7 days a week.

# Vaccines

The United MedicareRx (PDP) plan covers vaccines for meningitis, shingles, diphtheria, tetanus and more. Some vaccines, like those for the flu and pneumonia, may be covered by Medicare Part B (doctor and outpatient health care).

The cost for vaccines depends on where you receive them. The Evidence of Coverage has information about vaccines and how they are paid for.

For the best coverage, UnitedHealthcare recommends that you get vaccines at a network pharmacy if your state allows it. The administration fee (the service cost that the health care professional charges for giving the vaccine) likely will be lower if you get your vaccine at a network pharmacy rather than at your doctor’s office, so it may save you money. If the administration fee is less than \$20, all you will have to pay is your copay or coinsurance amount. You also won’t have to fill out a form to get paid back (reimbursed). Check your Pharmacy Directory for a list of network pharmacies near you.

## There are several ways to get a vaccine:

Where and How	What You Pay
<p><b>At a retail pharmacy in your network.</b> (Many states allow pharmacists to administer vaccines in the pharmacy.)</p>	<p>The copay or coinsurance amount for the vaccine. The pharmacy automatically bills the administration fee to your plan. If the administration fee is more than \$20, you pay the extra amount. Any administration fee will be included as part of your out-of-pocket costs.</p>
<p><b>At your doctor’s office.</b></p> <ol style="list-style-type: none"> <li>1. Your doctor writes a prescription and administers it.</li> <li style="text-align: center;"><b>or</b></li> <li>2. Your doctor writes a prescription. You pick it up at a pharmacy and bring it back to the doctor.</li> <li style="text-align: center;"><b>or</b></li> <li>3. Your doctor orders the vaccine from a specialty pharmacy. It is shipped to the doctor’s office.</li> </ol>	<p>The copay or coinsurance amount for the vaccine, <b>plus</b> an administration fee that may be higher than at a retail pharmacy.</p> <p>You may have to submit a reimbursement form to your plan for the administration fee. The plan will pay up to \$20. You pay the difference. Any administration fee will be included as part of your out-of-pocket costs.</p>

To make sure a recommended vaccine is covered or to request a reimbursement form, call Customer Service at **1-866-863-1406**, TTY **711**, 8 a.m. to 8 p.m. local time, 7 days a week. Or visit [www.UnitedMedicareRx.com](http://www.UnitedMedicareRx.com) to download a reimbursement form.

# Requirements and limits

The plan has requirements or limits for some of its covered drugs to ensure safe, effective and affordable use. These requirements and limits apply to prescriptions filled at retail and mail service pharmacies. Check the drug list starting on page 10 to see if your drug has any requirements or limits. If it does, there will be a code or codes in the “Requirements and Limits” column. The codes and what they mean are shown below. You can get more information about any requirements or limits for your drug at [www.UnitedMedicareRx.com](http://www.UnitedMedicareRx.com).

You and your doctor may ask the plan for an exception to the requirement and/or limit for your drug. See the “Coverage decisions” section on the next page or refer to your Evidence of Coverage to learn more about asking for an exception.

**If you do not get approval from the plan for a drug with a requirement or limit before using it, you may be responsible for paying the full cost of the drug.**

## **PA = Prior authorization**

The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don't get approval, the plan may not cover the drug.

## **B/D = Medicare Part B or Part D**

Depending on how this drug is used, it is covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs). Your doctor may need to provide the plan with more information about how this drug will be used to make sure it's correctly covered by Medicare.

## **QL = Quantity limits**

The plan will cover only a certain amount of this drug for one copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you and your doctor can ask the plan to cover the additional quantity.

See page 54 for more information about drugs with quantity limits.

## **ST = Step therapy**

There are effective, lower-cost drugs that treat the same medical condition as this drug. You may be required to try one or more of these other drugs before the plan will cover your drug. If you have already tried other drugs or your doctor thinks they are not right for you, you and your doctor can ask the plan to cover this drug.



# Coverage decisions

At times you may need to ask for drug coverage that's not normally provided by the plan. When you do, the plan will consider your request and respond with a coverage decision (coverage determination).

Examples of coverage decisions you may ask for include:

- Asking the plan to pay you back for the cost of a drug you bought at an out-of-network pharmacy.
- Asking for an exception to the plan's coverage rules.

## How to request an exception

You can ask the plan to make an exception to the coverage rules. There are several types of exceptions that you can ask the plan to make.

- You can ask the plan to cover your drug even if it is not on the formulary.
- You can ask the plan to waive coverage restrictions or limits on your drug. For example, for certain drugs, the plan limits the amount of the drug that it will cover. If your drug has a quantity limit, you can ask the plan to waive the limit and cover more.
- You can ask the plan to provide a higher level of coverage for your drug. If your drug is contained in Tier 4, you can ask for it to be covered at the cost-sharing amount that applies to drugs in Tier 3 instead. This would lower

the amount you must pay for your drug. Please note, if the plan grants your request to cover a drug that is not on the formulary, you may not ask the plan to provide a higher level of coverage for the drug. Also, you may not ask the plan to provide a higher level of coverage for drugs that are in Tier 5.

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

## Asking for a coverage decision

You (or your authorized representative) and your doctor can ask for an initial coverage decision by calling Customer Service at **1-866-783-6470**, TTY **711**, 8 a.m. to 8 p.m. local time, 7 days a week.

**When you are requesting a formulary, tiering or utilization restriction exception, your prescriber or physician should submit a statement supporting your request.**

See your Evidence of Coverage for more information.

## Receiving a coverage decision

Generally, the plan will make a coverage decision within 72 hours after receiving your prescribing physician's statement. You can request an expedited, or fast, decision if you or your doctor believe your health will be seriously harmed by waiting up to 72 hours for a decision. If the plan agrees to a fast decision, you will receive a decision within 24 hours after the plan receives your prescriber's or prescribing physician's supporting statement.

# Drug list changes

The United MedicareRx (PDP) plan recognizes that drug list stability is very important to you. It is important to make as few changes to the drug list as possible during the plan year. From time to time, drug list changes may be necessary for safety or other reasons.

The drug list may change throughout the year when the plan:

- Adds a new drug.
- Removes a drug.
- Changes the requirements or limits for a drug.
- Moves a drug to a lower-cost tier.
- Moves a drug to a higher-cost tier.

If the FDA declares a drug to be unsafe or the drug's manufacturer removes the drug from the market, the plan will immediately remove the drug from the drug list and inform affected members. If a drug moves to a higher-cost tier or undergoes some other change, the plan will inform affected members at least 60 days before the change or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.

Generally, if you are taking a drug on the 2012 drug list that was covered at the beginning of the year, the plan will not remove the drug from the drug list or move a drug to a higher tier during the 2012 coverage year except when a new, less expensive generic equivalent drug becomes available (for example, the brand name drug moves to a higher tier and the less expensive drug is on the lower tier), or when new information about the safety or effectiveness of a drug is released.

Other types of formulary changes, such as removing a drug from the formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. It is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose the plan, except for cases in which you can save additional money or the plan can ensure your safety.

If there are changes to the drug list such as regular or necessary updates, members may see information in the Explanation of Benefits statement, member newsletters or other member mailings. If there are changes to the drug list outside of regular or necessary updates, members may receive a special mailing. The plan website also has updated information.

# Transition supply process

## New or continuing members

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

For each of your drugs that is not on the formulary, or if your ability to get your drugs is limited, the plan will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, the plan will not pay for these drugs, even if you have been a member of the plan less than 90 days.

## Long-term care facility residents

If you're a resident of a long-term care facility, the plan will allow you to refill your prescription until we have provided you with a 91- and up to a 98-day transition supply of your drug consistent with dispensing increment (unless your prescription is for fewer days). The plan will also cover one or more refills for the first 90 days of your membership. If you need a drug that's not on the drug list or if you have limited ability to get your drugs but you are past the first 90 days of your plan membership, the plan will cover a 31-day emergency supply of the drug (unless your prescription is for fewer days) while you request a formulary exception.

## Other transitions

You may have an unplanned transition, like a hospital discharge or a change in your level of care, after the first 90 days of your plan membership. If this happens and your doctor prescribes a drug that's not on the drug list, or if it's difficult for you to get your drugs, you are required to use the plan's exception process.

You may ask for a one-time emergency supply of up to 31 days to give you time to talk to your doctor about other treatment options or to try to get a formulary exception.

## For more information

For more detailed information about the United MedicareRx (PDP) plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions, please call Customer Service at:



**1-866-863-1406, TTY 711**

8 a.m. to 8 p.m. local time, 7 days a week



Or visit: **[www.UnitedMedicareRx.com](http://www.UnitedMedicareRx.com)**

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, call **1-877-486-2048**. Or visit [www.medicare.gov](http://www.medicare.gov).

# Covered drugs by category

The comprehensive formulary (drug list) below provides coverage information about the drugs covered by the plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 55.

The first column of the chart lists the drug name. Brand name drugs are listed in **bold** type (for example, **Crestor**) and generic drugs are listed in plain type (for example, Simvastatin).

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
<b>Analgesics — Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions</b>			Ketorolac Tromethamine (Tablet)	3	
<b>Analgesics, Other — Miscellaneous Analgesics</b>			Meclofenamate Sodium	3	
<b>Savella</b>	3		Mefenamic Acid	3	
<b>Savella Titration Pack</b>	3		Meloxicam (Oral Suspension)	3	
<b>Nonsteroidal Anti-Inflammatory Drugs — Pain/Anti-Inflammatory Drugs</b>			Meloxicam (Tablet)	1	
<b>Arthrotec</b>	4		Nabumetone	3	
<b>Celebrex</b>	3		Naproxen	2	
Diclofenac Potassium	2		Naproxen DR	2	
Diclofenac Sodium DR	2		Oxaprozin	2	
Diclofenac Sodium XR	2		<b>Pennsaid</b>	3	
Diflunisal	2		Piroxicam	2	
Etodolac	2		Sulindac	2	
Etodolac ER	2		Tolmetin Sodium (Capsule)	2	
Fenoprofen Calcium	2		Tolmetin Sodium (Tablet)	3	
Flurbiprofen	2		<b>Vimovo</b>	3	
Ibuprofen	2		<b>Voltaren (Gel)</b>	3	
Indomethacin	2		<b>Opioid Analgesics — Opioid Pain Relievers</b>		
Indomethacin ER	3		<b>Abstral</b>	5	PA
Ketoprofen	2		Acetaminophen/Caffeine/Dihydrocodeine Bitartrate	3	
Ketoprofen ER	3		Acetaminophen/Codeine	2	
Ketorolac Tromethamine (Injection)	3	PA	<b>Actiq</b>	5	PA
			Astramorph	3	
			<b>Avinza</b>	3	

**Bold type = Brand name drug**      **PA = Prior authorization**      **B/D = Medicare Part B or Part D**  
**LA = Limited access drug**      **QL = Quantity limits**      **ST = Step therapy**  
<sup>†</sup>For this drug's specific quantity limit see page 54.

Drug Name	Drug Tier	Requirements & Limits
Buprenorphine HCl	3	
Butalbital/Acetaminophen/ Caffeine/Codeine	2	
Butalbital/Aspirin/ Caffeine/Codeine	3	
Butorphanol Tartrate	3	
Codeine Sulfate	2	
Co-Gesic	2	
<b>Dilaudid (1mg/ml Injection, 2mg/ml Injection, 4mg/ml Injection)</b>	4	
Duramorph	3	
Endocet	2	
Endodan	2	
<b>Exalgo</b>	3	
Fentanyl (Patch)	3	
Fentanyl Citrate (Injection)	3	
Fentanyl Citrate Oral Transmucosal	5	PA
<b>Fentora</b>	5	PA
Hydrocodone/ Acetaminophen	2	
Hydrocodone/Ibuprofen	2	
Hydromorphone HCl (Injection)	3	
Hydromorphone HCl (Tablet)	2	
<b>Infumorph</b>	4	

Drug Name	Drug Tier	Requirements & Limits
<b>Kadian (100mg 24-Hour Capsule, 10mg 24-Hour Capsule, 20mg 24-Hour Capsule, 30mg 24-Hour Capsule, 50mg 24-Hour Capsule, 60mg 24-Hour Capsule, 80mg 24-Hour Capsule)</b>	3	
<b>Kadian (200mg 24-Hour Capsule)</b>	5	
<b>Lazanda</b>	5	PA
Levorphanol Tartrate	3	
Margesic-H	2	
Methadone HCl (Concentrate, Oral Solution, Tablet)	2	
<b>Methadone HCl (Injection)</b>	4	
Methadose	2	
Morphine Sulfate	3	
Morphine Sulfate ER	3	
Nalbuphine HCl	3	
<b>Nucynta ER</b>	3	
<b>Onsolis</b>	5	PA
<b>Opana ER (Crush Resistant)</b>	3	
Oxycodone HCl	2	
Oxycodone/ Acetaminophen	2	
Oxycodone/Aspirin	2	

**Bold type = Brand name drug**

**PA = Prior authorization**

**B/D = Medicare Part B or Part D**

**LA = Limited access drug**

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**ST = Step therapy**

†For this drug's specific quantity limit see page 54.

Drug Name	Drug Tier	Requirements & Limits
Oxycodone/Ibuprofen	3	
<b>Oxycontin</b>	3	
Oxymorphone HCl	3	
Oxymorphone HCl ER	3	
<b>Roxicet (Oral Solution)</b>	4	
Roxicet (Tablet)	2	
Stagesic	2	
<b>Subsys</b>	5	PA
<b>Synalgos-DC</b>	4	
Tramadol HCl	2	
Tramadol HCl Biphasic ER	4	
Tramadol HCl Non-Biphasic ER	4	
Tramadol HCl/Acetaminophen	2	
Zerlor	3	
<b>Anesthetics — Drugs for Numbing</b>		
<b>Local Anesthetics</b>		
Lidocaine	2	B/D
Lidocaine HCl (Gel, Topical Solution)	2	
Lidocaine HCl (Injection)	3	B/D
Lidocaine Viscous	2	
Lidocaine/Prilocaine	2	B/D
<b>Lidoderm</b>	3	
<b>Antibacterials — Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides — Antibiotics</b>		
Amikacin Sulfate	3	
Gentak	2	

Drug Name	Drug Tier	Requirements & Limits
Gentamicin Sulfate (Cream, Ointment, Ophthalmic Solution)	2	
Gentamicin Sulfate (Injection)	3	
Gentamicin Sulfate/NaCl (100mg Injection, 60mg Injection, 80mg Injection)	3	
<b>Gentamicin Sulfate/NaCl (70mg Injection, 90mg Injection)</b>	3	
Gentasol	2	
Isotonic Gentamicin	3	
<b>Kanamycin Sulfate</b>	3	
Neomycin Sulfate	2	
Paromomycin Sulfate	3	
<b>Streptomycin Sulfate</b>	4	
<b>Tobi</b>	5	B/D
Tobramycin Sulfate (Injection)	3	
Tobramycin Sulfate (Ophthalmic Solution)	2	
Tobramycin Sulfate/NaCl	3	
Tobrasol	2	
<b>Tobrex (Ophthalmic Ointment)</b>	3	
<b>Tobrex (Ophthalmic Solution)</b>	4	
<b>Antibacterials, Other — Antibiotics</b>		
<b>Altabax</b>	4	
BACiiM	3	
Bacitracin (Injection)	3	
Bacitracin (Ophthalmic Ointment)	2	

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<sup>†</sup>For this drug's specific quantity limit see page 54.

Drug Name	Drug Tier	Requirements & Limits
Bacitracin/Neomycin/Polymyxin	2	
Bacitracin/Polymyxin B	2	
<b>Bactroban (Cream)</b>	4	
<b>Chloramphenicol Sodium Succinate</b>	3	
<b>Cleocin (75mg Capsule)</b>	4	
<b>Cleocin Galaxy</b>	4	
<b>Cleocin in D5W</b>	4	
<b>Cleocin Pediatric Granules</b>	4	
<b>Cleocin Phosphate</b>	4	
<b>Clindagel</b>	4	
Clindamycin HCl	2	
Clindamycin Phosphate (Cream, Gel, Lotion, Swab, Topical Solution)	2	
Clindamycin Phosphate (Foam)	3	
Clindamycin Phosphate Add-Vantage	3	
<b>Clindesse</b>	4	
Colistimethate Sodium	4	
<b>Coly-Mycin M</b>	4	ST
<b>Cortisporin</b>	4	
<b>Cubicin</b>	5	B/D
<b>Flagyl ER</b>	4	
<b>Lincocin</b>	4	
Methenamine Hippurate	3	
<b>Metrogel</b>	4	
Metronidazole (Capsule, Lotion)	3	
Metronidazole (Cream, Gel, Tablet)	2	

Drug Name	Drug Tier	Requirements & Limits
Metronidazole in NaCl 0.79%	3	
Metronidazole Vaginal	2	
Mupirocin	2	
Neomycin/Polymyxin B Sulfates	3	
Neomycin/Polymyxin/ Gramicidin	2	
Nitrofurantoin	3	
Nitrofurantoin Macrocrystalline	3	
Nitrofurantoin Monohydrate	3	
<b>Noritate</b>	4	
Polymyxin B Sulfate	3	
<b>Primsol</b>	4	
Silver Sulfadiazine	2	
SSD	2	
<b>Sulfamylon</b>	4	
<b>Synercid</b>	5	
Thermazene	2	
Trimethoprim	2	
<b>Tygacil</b>	4	
<b>Vancocin HCl</b>	5	PA
Vancomycin HCl (Capsule)	5	PA
Vancomycin HCl (Injection)	3	B/D
Vandazole	2	
<b>Vibativ</b>	4	
<b>Xifaxan (200mg Tablet)</b>	4	
<b>Xifaxan (550mg Tablet)</b>	5	
<b>Zyvox</b>	5	PA
<b>Beta-Lactam, Cephalosporins — Antibiotics</b>		
<b>Cedax</b>	4	
Cefaclor	2	

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Drug Name	Drug Tier	Requirements & Limits
Cefaclor ER	2	
Cefadroxil (Capsule)	2	
Cefadroxil (Oral Suspension, Tablet)	3	
Cefazolin Sodium	3	
Cefdinir (Capsule)	2	
Cefdinir (Oral Suspension)	3	
Cefepime	3	
Cefotaxime Sodium	3	
<b>Cefotetan</b>	4	
Cefoxitin Sodium	3	
<b>Cefoxitin Sodium/ Dextrose</b>	4	
Cefpodoxime Proxetil	3	
Cefprozil (Oral Suspension)	2	
Cefprozil (Tablet)	3	
Ceftazidime	3	
Ceftazidime/Dextrose	3	
Ceftriaxone Sodium	3	
Cefuroxime Axetil (Oral Suspension)	3	
Cefuroxime Axetil (Tablet)	2	
Cefuroxime Sodium	3	
Cephalexin	2	
<b>Claforan (1gm Injection, 2gm Injection)</b>	4	
<b>Fortaz</b>	4	
<b>Keflex (750mg Capsule)</b>	4	
<b>Suprax</b>	3	
Tazicef	3	
<b>Zinacef</b>	4	

Drug Name	Drug Tier	Requirements & Limits
<b>Zinacef in Iso-Osmotic Dextrose</b>	4	
<b>Zinacef in Iso-Osmotic Diluent</b>	4	
<b>Beta-Lactam, Other — Antibiotics</b>		
<b>Azactam in Iso-Osmotic Dextrose</b>	4	
Aztreonam	3	
<b>Cayston</b>	5	PA
<b>Doribax</b>	4	
Imipenem/Cilastatin	3	
<b>Invanz</b>	4	
Meropenem	3	
<b>Primaxin</b>	4	
<b>Beta-Lactam, Penicillins — Antibiotics</b>		
Amoxicillin (125mg Chewable Tablet, 200mg Chewable Tablet, Capsule, Oral Suspension, Tablet)	2	
<b>Amoxicillin (250mg Chewable Tablet)</b>	2	
Amoxicillin/Potassium Clavulanate	2	
Amoxicillin/Potassium Clavulanate ER	3	
Ampicillin	2	
Ampicillin Sodium	3	
Ampicillin-Sulbactam	3	
<b>Bactocill in Dextrose (1gm Injection)</b>	4	
<b>Bactocill in Dextrose (2gm Injection)</b>	5	
<b>Bicillin C-R</b>	4	

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Drug Name	Drug Tier	Requirements & Limits
<b>Bicillin L-A</b>	4	
Dicloxacillin Sodium	2	
Nafcillin Sodium	3	
<b>Nallpen/Dextrose</b>	4	
Oxacillin Sodium	4	
Penicillin G Potassium	3	
<b>Penicillin G Potassium in Iso-Osmotic Dextrose</b>	3	
Penicillin G Procaine	4	
Penicillin G Sodium	3	
Penicillin V Potassium	2	
<b>Pfizerpen-G</b>	4	
<b>Piperacillin Sodium</b>	4	
Piperacillin Sodium/ Tazobactam Sodium	3	
<b>Timentin</b>	4	
<b>Unasyn (3gm Injection)</b>	4	
<b>Zosyn</b>	4	
<b>Macrolides — Antibiotics</b>		
<b>Akne-Mycin</b>	4	
<b>Azasite</b>	3	
Azithromycin (Injection)	3	
Azithromycin (Oral Suspension, Tablet)	2	
Clarithromycin (Oral Suspension)	3	
Clarithromycin (Tablet)	2	
Clarithromycin ER	2	
<b>Dificid</b>	5	PA
E.E.S. 400	2	
<b>E.E.S. Granules</b>	3	
Ery	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Eryped</b>	3	
<b>Ery-Tab</b>	3	
<b>Erythrocin Lactobionate</b>	4	
<b>Erythrocin Stearate</b>	4	
Erythromycin	2	
Erythromycin Base	2	
Erythromycin Ethylsuccinate	2	
Erythromycin/Sulfisoxazole	2	
<b>Ketek</b>	4	PA
<b>PCE</b>	4	
Romycin	2	
<b>Zmax</b>	4	
<b>Quinolones — Antibiotics</b>		
<b>Avelox (Injection)</b>	4	
<b>Avelox (Tablet)</b>	3	
<b>Avelox ABC Pack</b>	3	
<b>Besivance</b>	3	
<b>Ciloxan (Ophthalmic Ointment)</b>	4	
<b>Cipro (Oral Suspension)</b>	4	
<b>Cipro IV</b>	4	
Ciprofloxacin	2	
Ciprofloxacin ER	3	
Ciprofloxacin HCl	2	
<b>Factive</b>	4	
<b>Levaquin</b>	4	
Levofloxacin (Injection, Oral Solution)	3	
Levofloxacin (Ophthalmic Solution, Tablet)	2	
Levofloxacin in D5W	3	

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Drug Name	Drug Tier	Requirements & Limits
<b>Moxeza</b>	3	
<b>Noroxin</b>	4	
Ofloxacin (Ophthalmic Solution, Otic Solution)	2	
Ofloxacin (Tablet)	3	
<b>Vigamox</b>	3	
<b>Zymar</b>	3	
<b>Zymaxid</b>	3	
<b>Sulfonamides — Antibiotics</b>		
Sulfacetamide Sodium (Ophthalmic Ointment, Ophthalmic Solution)	2	
Sulfadiazine	3	
Sulfamethoxazole/Trimethoprim (Injection)	3	
Sulfamethoxazole/Trimethoprim (Oral Suspension, Tablet)	2	
Trimethoprim Sulfate/Polymyxin B Sulfate	2	
<b>Tetracyclines — Antibiotics</b>		
Demeclocycline HCl	3	
<b>Doryx</b>	4	
Doxycycline	3	
Doxycycline Hyclate (100mg Delayed Release Tablet, 75mg Delayed Release Tablet, Extended Release Capsule, Injection, Tablet)	3	
Doxycycline Hyclate (150mg Delayed Release Tablet)	4	

Drug Name	Drug Tier	Requirements & Limits
Doxycycline Hyclate (Capsule)	2	
Doxycycline Monohydrate	4	
Minocycline HCl (Capsule)	2	
Minocycline HCl (Tablet)	4	
Minocycline HCl ER	4	
Tetracycline HCl	2	
<b>Vibramycin (Oral Suspension, Syrup)</b>	4	
<b>Anticonvulsants — Drugs to Treat Seizures</b>		
<b>Anticonvulsants, Other — Seizure Control Drugs</b>		
<b>Banzel</b>	4	
<b>Keppra (Injection)</b>	5	
Levetiracetam (Injection, Oral Solution)	3	
Levetiracetam (Tablet)	2	
Levetiracetam ER	3	
<b>Potiga</b>	4	
<b>Vimpat (Injection)</b>	4	PA
<b>Vimpat (Oral Solution, Tablet)</b>	4	
<b>Calcium Channel Modifying Agents — Seizure Control Drugs</b>		
<b>Celontin</b>	4	
Ethosuximide	3	
<b>Lyrca</b>	3	
Zonisamide	2	
<b>Gamma-Aminobutyric Acid (GABA) Augmenting Agents — Seizure Control Drugs</b>		
Divalproex Sodium	2	
Divalproex Sodium DR	2	
Divalproex Sodium ER	2	

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Drug Name	Drug Tier	Requirements & Limits
Gabapentin (Capsule, Tablet)	2	
Gabapentin (Oral Solution)	3	
<b>Gabril</b>	4	
Primidone	2	
<b>Sabril</b>	5	PA
<b>Stavzor</b>	4	
Valproate Sodium	3	
Valproic Acid	2	
<b>Glutamate Reducing Agents — Seizure Control Drugs</b>		
Felbamate (Oral Suspension)	5	
Felbamate (Tablet)	4	
<b>Felbatol (Oral Suspension)</b>	5	
<b>Felbatol (Tablet)</b>	4	
<b>Lamictal ODT</b>	4	
<b>Lamictal Starter Kit</b>	4	
Lamotrigine (Chewable Tablet)	3	
Lamotrigine (Tablet)	2	
Topiramate	2	
<b>Sodium Channel Inhibitors — Seizure Control Drugs</b>		
Carbamazepine (Chewable Tablet, Tablet)	2	
Carbamazepine (Oral Suspension)	3	
Carbamazepine ER	3	
<b>Carbatrol</b>	3	
<b>Dilantin</b>	3	
<b>Dilantin Infatabs</b>	3	

Drug Name	Drug Tier	Requirements & Limits
Epitol	2	
Fosphenytoin Sodium	3	
Oxcarbazepine	3	
<b>Peganone</b>	4	
<b>Phenytek</b>	2	
Phenytoin	2	
Phenytoin Sodium	2	
Phenytoin Sodium Extended	2	
<b>Tegretol</b>	3	
<b>Tegretol-XR</b>	3	
<b>Antidementia Agents — Drugs to Treat Alzheimer's Disease and Dementia</b>		
<b>Cholinesterase Inhibitors — Alzheimer's Disease and Dementia Drugs</b>		
<b>Aricept (23mg Tablet)</b>	3	
Donepezil HCl	2	
<b>Exelon (24-Hour Patch)</b>	4	ST
<b>Exelon (Oral Solution)</b>	4	
Galantamine Hydrobromide	3	
Rivastigmine Tartrate	3	
<b>Glutamate Pathway Modifiers — Alzheimer's Disease and Dementia Drugs</b>		
<b>Namenda</b>	3	
<b>Namenda Titration Pak</b>	3	
<b>Antidepressants — Drugs to Treat Depression</b>		
<b>Antidepressants, Other — Antidepressants</b>		
Budeprion SR	2	
Bupropion HCl	2	
Bupropion HCl SR	2	
Bupropion XL	3	

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Drug Name	Drug Tier	Requirements & Limits
Maprotiline HCl	2	
Mirtazapine	2	
Mirtazapine ODT	2	
Nefazodone HCl	2	
Trazodone HCl	2	
<b>Monoamine Oxidase Inhibitors — Antidepressants</b>		
<b>Emsam</b>	4	ST
<b>Marplan</b>	4	
<b>Nardil</b>	3	
Phenelzine Sulfate	2	
Tranylcypromine Sulfate	3	
<b>Serotonin/Norepinephrine Reuptake Inhibitors — Antidepressants</b>		
Citalopram Hydrobromide (Oral Solution)	3	
Citalopram Hydrobromide (Tablet)	1	
<b>Cymbalta</b>	3	
Escitalopram Oxalate	4	
Fluoxetine DR	4	
Fluoxetine HCl	2	
Fluvoxamine Maleate	2	
<b>Lexapro</b>	4	
Paroxetine HCl (Oral Suspension)	3	
Paroxetine HCl (Tablet)	2	
Paroxetine HCl ER	4	
<b>Pexeva</b>	4	
<b>Pristiq</b>	4	PA
Selfemra	4	ST
Sertraline HCl (Concentrate)	3	

Drug Name	Drug Tier	Requirements & Limits
Sertraline HCl (Tablet)	1	
Venlafaxine HCl	3	
Venlafaxine HCl ER (150mg 24-Hour Tablet, 37.5mg 24-Hour Tablet, 75mg 24-Hour Tablet)	4	
<b>Venlafaxine HCl ER (225mg 24-Hour Tablet)</b>	4	
Venlafaxine HCl ER (24-Hour Capsule)	2	
<b>Viibryd</b>	4	
<b>Tricyclics — Antidepressants</b>		
Amitriptyline HCl	2	
Amoxapine	2	
Clomipramine HCl	2	
Desipramine HCl	3	
Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, Concentrate)	2	
<b>Doxepin HCl (75mg Capsule)</b>	2	
Imipramine HCl	2	
Imipramine Pamoate	3	
Nortriptyline HCl (Capsule)	2	
Nortriptyline HCl (Oral Solution)	3	
<b>Pamelor</b>	5	ST
Protriptyline HCl	3	
<b>Surmontil</b>	4	
Trimipramine Maleate	3	

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Drug Name	Drug Tier	Requirements & Limits
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<b>Antidotes, Deterrents and Toxicologic Agents — Drugs for Overdose or Deterrents</b>		
<b>Antidotes — Antidotes/Protectants</b>		
<b>Antizol</b>	5	ST
<b>Chemet</b>	4	
<b>Cuprimine</b>	4	
<b>Exjade (125mg Soluble Tablet)</b>	4	
<b>Exjade (250mg Soluble Tablet, 500mg Soluble Tablet)</b>	5	
<b>Ferriprox</b>	5	PA
Fomepizole	5	
<b>Kayexalate</b>	2	
Kionex	3	
Sodium Polystyrene Sulfonate	2	
<b>Syprine</b>	4	
<b>Deterrents — Antidotes/Protectants</b>		
<b>Antabuse</b>	3	
Buproban	2	
<b>Campral</b>	4	
<b>Chantix</b>	4	
Disulfiram	3	
<b>Nicotrol Inhaler</b>	4	
<b>Nicotrol NS</b>	4	
<b>Toxicologic Agents — Antidotes/Protectants</b>		
Depade	3	
Naloxone HCl	3	
Naltrexone HCl	3	
<b>Suboxone</b>	4	
<b>Vivitrol</b>	5	

Drug Name	Drug Tier	Requirements & Limits
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<b>Antiemetics — Drugs to Treat Nausea and Vomiting</b>		
<b>Aloxi</b>	4	
<b>Anzemet (100mg Tablet)</b>	5	B/D
<b>Anzemet (50mg Tablet)</b>	4	B/D
<b>Cesamet</b>	5	B/D, PA
Compro	2	
Dronabinol (10mg Capsule)	5	B/D, PA
Dronabinol (2.5mg Capsule, 5mg Capsule)	3	B/D, PA
<b>Emend</b>	3	B/D, PA
Granisetron HCl (Injection)	3	
Granisetron HCl (Tablet)	3	B/D
Granisol	3	B/D
Hydroxyzine Pamoate	2	
Meclizine HCl	2	
Metoclopramide HCl (Injection)	3	
Metoclopramide HCl (Oral Solution, Tablet)	2	
Ondansetron HCl (Injection)	3	
Ondansetron HCl (Oral Solution)	3	B/D
Ondansetron HCl (Tablet)	2	B/D
Ondansetron ODT	2	B/D
Prochlorperazine	2	
<b>Sancuso</b>	5	
<b>Transderm-Scop</b>	4	
<b>Zofran (Injection)</b>	5	ST

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Drug Name	Drug Tier	Requirements & Limits
<b>Zofran (Oral Solution, Tablet)</b>	5	B/D, PA
<b>Zofran ODT</b>	5	B/D, PA
<b>Antifungals — Drugs to Treat Fungal Infections</b>		
<b>Antifungals — Fungal Infection Drugs</b>		
<b>Abelcet</b>	5	B/D
<b>Ambisome</b>	5	B/D
<b>Amphotec (50mg Injection)</b>	4	B/D
<b>Amphotericin B</b>	3	B/D
<b>Ancobon</b>	5	
<b>Candidas</b>	5	
Ciclopirox (Gel, Shampoo)	3	
Ciclopirox (Suspension)	2	
Ciclopirox Nail Lacquer	3	
Ciclopirox Olamine	2	
Clotrimazole	2	
Clotrimazole/ Betamethasone Dipropionate	2	
<b>Diflucan in NaCl</b>	4	
Econazole Nitrate	2	
<b>Eraxis</b>	5	
<b>Ertaczo</b>	4	
<b>Exelderm</b>	4	
Fluconazole	2	
Fluconazole in Dextrose	3	
Flucytosine	5	
<b>Grifulvin V</b>	3	
Griseofulvin Microsize	3	
<b>Gris-Peg</b>	4	

Drug Name	Drug Tier	Requirements & Limits
<b>Gynazole-1</b>	4	
Itraconazole	3	PA
Ketoconazole	2	
<b>Lamisil (Pack)</b>	4	
<b>Mentax</b>	4	
Miconazole 3	2	
<b>Mycamine</b>	5	
<b>Naftin</b>	4	
<b>Natacyn</b>	3	
<b>Noxafil</b>	5	
Nyamyc	2	
Nystatin	2	
Nystatin/Triamcinolone	2	
Nystop	2	
<b>Oravig</b>	4	
<b>Oxistat</b>	4	
Pedi-Dri	2	
<b>Sporanox (Capsule)</b>	5	PA
<b>Sporanox (Oral Solution)</b>	4	PA
Terbinafine HCl	2	
Terconazole	2	
<b>Vfend (Injection)</b>	4	
<b>Vfend (Oral Suspension, Tablet)</b>	5	
Voriconazole (Injection)	4	
Voriconazole (Tablet)	5	
Zazole	2	
<b>Antigout Agents — Drugs to Treat Gout</b>		
<b>Antigout Agents — Gout Drugs</b>		
Allopurinol (Tablet)	2	

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Drug Name	Drug Tier	Requirements & Limits
Allopurinol Sodium (Injection)	3	
<b>Colcrys</b>	3	
Probenecid	2	
Probenecid/Colchicine	2	
<b>Uloric</b>	3	ST
<b>Antimigraine Agents — Drugs to Treat Migraines</b>		
<b>Abortive — Migraine Drugs</b>		
Dihydroergotamine Mesylate	3	
Ergotamine Tartrate/Caffeine	2	
<b>Maxalt</b>	3	
<b>Maxalt-MLT</b>	3	
Migergot	3	
Naratriptan HCl	2	
Sumatriptan Succinate (Injection)	3	
Sumatriptan Succinate (Tablet)	2	
<b>Sumavel Dosepro</b>	4	
<b>Antimyasthenic Agents — Drugs to Treat Myasthenia Gravis</b>		
<b>Parasympathomimetics — Myasthenia Gravis Drugs</b>		
Guanidine HCl	4	
<b>Mestinon (Syrup)</b>	4	
<b>Mestinon Timespan</b>	4	
<b>Mytelase</b>	4	
Pyridostigmine Bromide	2	
Regonol	2	

Drug Name	Drug Tier	Requirements & Limits
<b>Antimycobacterials — Drugs to Treat Infections</b>		
<b>Antimycobacterials, Other — Miscellaneous Anti-Infectives</b>		
<b>Dapsone</b>	3	
<b>Mycobutin</b>	4	
<b>Antituberculars — Tuberculosis Drugs</b>		
<b>Capastat Sulfate</b>	4	
Ethambutol HCl	3	
Isonarif	3	
Isoniazid (Injection, Syrup)	3	
Isoniazid (Tablet)	2	
<b>Paser</b>	4	
<b>Priftin</b>	4	
Pyrazinamide	3	
Rifampin (Capsule)	2	
Rifampin (Injection)	5	
<b>Rifater</b>	4	
<b>Seromycin</b>	4	
<b>Trecator</b>	4	
<b>Antineoplastics — Drugs to Treat Cancer</b>		
<b>Alkylating Agents — Chemotherapy Agents</b>		
<b>Alkeran</b>	5	
<b>BiCNU</b>	4	
<b>Busulfex</b>	5	
<b>CeeNU</b>	4	
Cyclophosphamide	3	B/D
Dacarbazine	3	
<b>Hexalen</b>	5	PA
Ifosfamide	3	
Ifosfamide/Mesna	5	

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Drug Name	Drug Tier	Requirements & Limits
<b>Leukeran</b>	3	
<b>Matulane</b>	5	
Melphalan HCl	5	
<b>Mustargen</b>	5	
<b>Thiotepa</b>	4	
<b>Treanda</b>	5	PA
<b>Zanosar</b>	5	
<b>Antiangiogenic Agents — Chemotherapy Agents</b>		
<b>Caprelsa</b>	5	PA
<b>Revlimid</b>	5	PA, LA
<b>Thalomid</b>	5	PA
<b>Vandetanib</b>	5	PA
<b>Votrient</b>	5	PA
<b>Antiestrogens/Modifiers — Chemotherapy Agents</b>		
<b>Emcyt</b>	4	PA
<b>Fareston</b>	4	
<b>Faslodex</b>	5	
Tamoxifen Citrate	2	
<b>Antimetabolites — Chemotherapy Agents</b>		
Cladribine	5	B/D
<b>Clolar</b>	5	
Cytarabine	3	B/D
Cytarabine Aqueous (100mg/ml Injection)	3	B/D
Cytarabine Aqueous (20mg/ml Injection)	2	B/D
<b>Droxia</b>	4	
<b>Elitek</b>	5	
Fluorouracil (Injection)	2	B/D
<b>Folotyn</b>	5	PA

Drug Name	Drug Tier	Requirements & Limits
Gemcitabine	5	
Gemcitabine HCl	5	
<b>Gemzar</b>	5	
Hydroxyurea	2	
Mercaptopurine	3	
<b>Nipent</b>	5	ST
Pentostatin	5	
<b>Tabloid</b>	4	PA
<b>Antineoplastics, Other — Chemotherapy Agents</b>		
<b>Abraxane</b>	5	
Adriamycin	3	B/D
<b>Alimta</b>	5	PA
Amifostine	5	
<b>Arranon</b>	5	
Bleomycin Sulfate	3	B/D
<b>Camptosar</b>	4	ST
Carboplatin	3	
<b>Cerubidine</b>	4	
Cisplatin	3	
<b>Cosmegen</b>	4	
<b>Dacogen</b>	5	
Daunorubicin HCl	2	
<b>Daunoxome</b>	4	
Dexrazoxane	5	
<b>Docefrez</b>	5	
Docetaxel	5	
<b>Doxil</b>	5	B/D
Doxorubicin HCl	3	B/D
<b>Ellence</b>	5	ST
<b>Eloxatin</b>	5	
<b>Elspar</b>	4	

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Drug Name	Drug Tier	Requirements & Limits
Epirubicin HCl	3	
<b>Erivedge</b>	5	PA
<b>Ethyol</b>	5	ST
<b>Etopophos</b>	5	
Etoposide	3	
<b>Firmagon (120mg Injection)</b>	5	PA
<b>Firmagon (80mg Injection)</b>	4	PA
<b>Fludara</b>	5	
Fludarabine Phosphate	5	
<b>Halaven</b>	5	PA
<b>Hycamtin</b>	5	
<b>Idamycin PFS</b>	5	ST
Idarubicin HCl	5	
Irinotecan	3	
<b>Istodax</b>	5	PA
<b>Ixempra Kit</b>	5	
<b>Jakafi</b>	5	PA
<b>Jevtana</b>	5	PA
Mesna	3	
<b>Mesnex (Tablet)</b>	4	
Mitomycin	3	
Mitoxantrone HCl	3	
<b>Novantrone</b>	5	ST
<b>Ontak</b>	5	PA
Oxaliplatin	5	
Paclitaxel	3	
<b>Proleukin</b>	5	PA
<b>Sylatron</b>	5	PA
<b>Taxotere</b>	5	
Toposar	3	

Drug Name	Drug Tier	Requirements & Limits
Topotecan HCl	5	
<b>Torisel</b>	5	
<b>Trisenox</b>	4	PA
<b>Velcade</b>	5	PA
<b>Vidaza</b>	5	PA
Vinblastine Sulfate	3	B/D
Vincasar PFS	3	B/D
Vincristine Sulfate	3	B/D
Vinorelbine Tartrate	3	
<b>Zelboraf</b>	5	PA
<b>Zinecard</b>	5	
<b>Zolinza</b>	5	PA
<b>Zytiga</b>	5	PA
<b>Aromatase Inhibitors, 3rd Generation — Chemotherapy Agents</b>		
Anastrozole	2	
<b>Aromasin</b>	4	
Exemestane	3	
Letrozole	2	
<b>Molecular Target Inhibitors — Chemotherapy Agents</b>		
<b>Afinitor</b>	5	PA
<b>Gleevec</b>	5	PA
<b>Inlyta</b>	5	PA
<b>Iressa</b>	5	
<b>Nexavar</b>	5	PA
<b>Sprycel</b>	5	PA
<b>Sutent</b>	5	PA
<b>Tarceva</b>	5	PA
<b>Tasigna</b>	5	PA
<b>Tykerb</b>	5	PA
<b>Xalkori</b>	5	PA

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Drug Name	Drug Tier	Requirements & Limits
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<b>Monoclonal Antibodies — Chemotherapy Agents</b>		
Arzerra	5	PA
Avastin	5	PA
Campath	5	PA
Erbix	5	PA
Herceptin	5	
Rituxan	5	PA
Vectibix	5	PA
Yervoy	5	PA
<b>Retinoids — Chemotherapy Agents</b>		
Panretin	5	PA
Targretin	5	PA
Tretinoin (Capsule)	5	
<b>Antiparasitics — Drugs to Treat Parasitic Infections</b>		
<b>Anthelmintics — Worm Infection Drugs</b>		
Albenza	3	
Biltricide	3	
Mebendazole	2	
Stromectol	3	
<b>Antiprotozoals — Protozoal Infection Drugs</b>		
Alinia	4	
Atovaquone/Proguanil HCl	3	
Chloroquine Phosphate	2	
Daraprim	3	
Hydroxychloroquine Sulfate	2	
Malarone	4	
Mefloquine HCl	2	
Mepron	5	
Nebupent	4	B/D

Drug Name	Drug Tier	Requirements & Limits
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Pentam 300	4	
Primaquine Phosphate	4	
Qualaquin	4	PA
Tinidazole	3	
<b>Pediculicides/Scabicides — Scabies and Lice Drugs</b>		
Acticin	2	
Eurax	4	
Lindane	3	
Malathion	3	
Permethrin	2	
Ulesfia	4	
<b>Antiparkinson Agents — Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Agents — Parkinson's Disease Drugs</b>		
Apokyn	5	
Azilect	3	
Benzotropine Mesylate (Injection)	3	
Benzotropine Mesylate (Tablet)	2	
Bromocriptine Mesylate	3	
Carbidopa/Levodopa	2	
Carbidopa/Levodopa CR	2	
Carbidopa/Levodopa ER	2	
Carbidopa/Levodopa ODT	2	
Cogentin	4	
Comtan	3	
Lodosyn	4	
Parcopa	4	

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Drug Name	Drug Tier	Requirements & Limits
Pramipexole Dihydrochloride	3	
Ropinirole HCl	2	
Selegiline HCl	3	
<b>Stalevo</b>	3	
<b>Tasmar</b>	5	
Trihexyphenidyl HCl	2	
<b>Zelapar</b>	4	
<b>Antipsychotics — Drugs to Treat Mood Disorders</b>		
<b>Atypicals — Mood Disorder Drugs</b>		
<b>Abilify</b>	4	
<b>Abilify Discmelt</b>	4	
Clozapine	3	
<b>Fanapt</b>	4	ST
<b>Fanapt Titration Pack</b>	4	ST
<b>Fazaclo</b>	3	
<b>Geodon</b>	4	
<b>Invega</b>	4	ST
<b>Invega Sustenna (117mg/0.75ml Injection, 156mg/1ml Injection, 234mg/1.5ml Injection)</b>	5	
<b>Invega Sustenna (39mg/0.25ml Injection, 78mg/0.5ml Injection)</b>	4	
<b>Latuda</b>	4	
Olanzapine	3	
Olanzapine ODT	3	
<b>Risperdal Consta (12.5mg Injection, 25mg Injection)</b>	4	

Drug Name	Drug Tier	Requirements & Limits
<b>Risperdal Consta (37.5mg Injection, 50mg Injection)</b>	5	
Risperidone (Oral Solution)	3	
Risperidone (Tablet)	2	
Risperidone ODT	3	
Ziprasidone HCl	4	
<b>Zyprexa</b>	3	
<b>Zyprexa Zydis</b>	3	
<b>Conventional — Mood Disorder Drugs</b>		
Chlorpromazine HCl (Injection)	3	
Chlorpromazine HCl (Tablet)	2	
Fluphenazine Decanoate	3	
Fluphenazine HCl (Concentrate, Elixir, Injection)	3	
Fluphenazine HCl (Tablet)	2	
Haloperidol	2	
Haloperidol Decanoate	3	
Haloperidol Lactate	2	
Loxapine Succinate	2	
<b>Orap</b>	3	
Perphenazine	2	
Perphenazine/Amitriptyline	2	
Prochlorperazine Edisylate	3	
Prochlorperazine Maleate	2	
Thioridazine HCl	3	
Thiothixene	2	
Trifluoperazine HCl	2	

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Drug Name	Drug Tier	Requirements & Limits
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**Antispasticity Agents — Drugs to Treat Spasms**

<b>Antispasticity Agents — Muscle Spasm Drugs</b>		
Baclofen	2	
Dantrolene Sodium	3	
<b>Gablofen (10,000mcg/20ml Solution, 50mcg/ml Solution)</b>	3	B/D, PA
<b>Gablofen (40,000mcg/20ml Solution)</b>	5	B/D, PA
<b>Lioresal Intrathecal (0.05mg/ml Solution, 10mg/20ml Solution)</b>	3	B/D, PA
<b>Lioresal Intrathecal (10mg/5ml Solution)</b>	5	B/D, PA
Tizanidine HCl (Tablet)	2	

**Antivirals — Drugs to Treat Viral Infections**

**Anti-Cytomegalovirus (CMV) Agents — Miscellaneous Antiviral Drugs**

<b>Cytovene</b>	4	B/D
Foscarnet Sodium	3	B/D
Ganciclovir (250mg Capsule)	4	
Ganciclovir (500mg Capsule)	5	
Ganciclovir (Injection)	3	B/D
<b>Valcyte</b>	5	
<b>Vistide</b>	5	

Drug Name	Drug Tier	Requirements & Limits
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**Antihepatitis Agents — Hepatitis Drugs**

<b>Baraclude (Oral Solution)</b>	4	
<b>Baraclude (Tablet)</b>	5	
<b>Copegus</b>	5	PA
<b>Hepsera</b>	5	
<b>Incivek</b>	5	PA
<b>Rebetol (Capsule)</b>	5	PA
<b>Rebetol (Oral Solution)</b>	4	PA
Ribapak	5	PA
Ribasphere (200mg Tablet, Capsule)	3	PA
Ribasphere (400mg Tablet, 600mg Tablet)	5	PA
Ribavirin	3	PA
<b>Virazole</b>	5	

**Antitherpetic Agents — Herpes Drugs**

Acyclovir (Capsule, Tablet)	2	
Acyclovir (Oral Suspension)	3	
Acyclovir Sodium	3	B/D
<b>Denavir</b>	4	
Famciclovir	3	
Trifluridine	3	
Valacyclovir HCl	3	
<b>Zovirax (Cream, Ointment)</b>	4	

**Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors — HIV Drugs**

<b>Atripla</b>	5	
<b>Complera</b>	5	
<b>Edurant</b>	5	
<b>Intelece</b>	5	

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Drug Name	Drug Tier	Requirements & Limits
Nevirapine	3	
<b>Rescriptor</b>	4	
<b>Stribild</b>	5	
<b>Sustiva</b>	4	
<b>Viramune (Oral Suspension)</b>	4	
<b>Viramune (Tablet)</b>	3	
<b>Viramune XR</b>	3	
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors — HIV Drugs</b>		
Abacavir	4	
<b>Combivir</b>	5	
Didanosine	3	
<b>Emtriva</b>	4	
<b>Epivir</b>	3	
<b>Epivir HBV</b>	3	
<b>Epzicom</b>	5	
Lamivudine	3	
Lamivudine/Zidovudine	5	
<b>Retrovir IV Infusion</b>	4	
Stavudine	3	
<b>Trizivir</b>	5	
<b>Truvada</b>	5	
<b>Tyzeka</b>	5	
<b>Videx Pediatric</b>	4	
<b>Viread</b>	5	
<b>Ziagen</b>	4	
Zidovudine	3	
<b>Anti-HIV Agents, Other — HIV Drugs</b>		
<b>Fuzeon</b>	5	
<b>Isentress</b>	5	
<b>Selzentry</b>	5	

Drug Name	Drug Tier	Requirements & Limits
<b>Anti-HIV Agents, Protease Inhibitors — HIV Drugs</b>		
<b>Aptivus</b>	5	
<b>Crixivan</b>	3	
<b>Invirase (Capsule)</b>	4	
<b>Invirase (Tablet)</b>	5	
<b>Kaletra (100-25mg Tablet)</b>	4	
<b>Kaletra (200-50mg Tablet, Oral Solution)</b>	5	
<b>Lexiva (Oral Suspension)</b>	4	
<b>Lexiva (Tablet)</b>	5	
<b>Norvir</b>	4	
<b>Prezista (150mg Tablet, 75mg Tablet)</b>	4	
<b>Prezista (400mg Tablet, 600mg Tablet)</b>	5	
<b>Reyataz (100mg Capsule)</b>	3	
<b>Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule)</b>	5	
<b>Victrelis</b>	5	PA
<b>Viracept (Powder)</b>	4	
<b>Viracept (Tablet)</b>	5	
<b>Anti-Influenza Agents — Flu Drugs</b>		
Amantadine HCl	2	
<b>Relenza Diskhaler</b>	4	
Rimantadine HCl	2	
<b>Tamiflu</b>	3	

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Drug Name	Drug Tier	Requirements & Limits
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**Anxiolytics — Drugs to Treat Anxiety**

**Anxiolytics, Other — Anxiety Drugs**

Buspirone HCl	2	
Chlordiazepoxide/ Amitriptyline	2	

**Bipolar Agents — Drugs to Treat Mood Disorders**

**Bipolar Agents — Mood Disorder Drugs**

<b>Equetro</b>	4	
Lithium Carbonate	2	
Lithium Carbonate ER	2	
Lithium Citrate	2	
<b>Lithobid</b>	3	
Olanzapine/Fluoxetine	4	
Quetiapine Fumarate	2	
<b>Saphris</b>	3	
<b>Seroquel</b>	4	
<b>Seroquel XR</b>	3	
<b>Symbyax</b>	4	

**Blood Glucose Regulators — Drugs to Regulate Blood Sugar**

**Antidiabetic Agents — Diabetic Drugs**

Acarbose	2	
<b>Actoplus Met</b>	3	
<b>Actos</b>	3	
<b>Avandamet</b>	4	PA
<b>Avandaryl</b>	4	PA
<b>Avandia</b>	4	PA
<b>Byetta</b>	3	
<b>Duetact</b>	3	
Glimepiride	2	

Drug Name	Drug Tier	Requirements & Limits
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Glipizide	1	
Glipizide ER	2	
Glipizide/Metformin HCl	2	
Glyburide	1	
Glyburide Micronized	1	
Glyburide/Metformin HCl	2	
Glycron (1.5mg Tablet, 3mg Tablet, 6mg Tablet)	2	
<b>Glyset</b>	4	
<b>Janumet</b>	3	
<b>Januvia</b>	3	
<b>Kombiglyze XR</b>	3	
Metformin HCl	1	
Metformin HCl ER	2	
Nateglinide	3	
<b>Onglyza</b>	3	
Pioglitazone HCl/ Metformin HCl	3	
<b>Prandimet</b>	4	
<b>Prandin</b>	4	
<b>Riomet</b>	4	
<b>Symlin</b>	4	PA
<b>SymlinPen 120</b>	4	PA
<b>SymlinPen 60</b>	4	PA
Tolazamide	2	
Tolbutamide	2	
<b>Victoza</b>	3	
<b>Glycemic Agents — Diabetic Drugs</b>		
<b>Glucagen Hypokit</b>	4	
<b>Glucagon Emergency Kit</b>	3	
<b>Proglycem</b>	4	

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Drug Name	Drug Tier	Requirements & Limits
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Insulins — Diabetic Drugs		
<b>Apidra</b>	3	
<b>Humalog</b>	3	
<b>Humulin</b>	3	
<b>Lantus</b>	3	
<b>Levemir</b>	3	
<b>Novolin</b>	3	
<b>Novolog</b>	3	
Blood Products/Modifiers/Volume Expanders — Drugs to Treat Blood Disorders		
Anticoagulants — Blood Thinners		
<b>Argatroban (100mg/ml Injection)</b>	5	
Argatroban (125mg/125ml Injection)	5	
<b>Arixtra (10mg/0.8ml Injection, 5.0mg/0.4ml Injection, 7.5mg/0.6ml Injection)</b>	5	
<b>Arixtra (2.5mg/0.5ml Injection)</b>	4	
<b>Coumadin (Injection)</b>	4	
<b>Coumadin (Tablet)</b>	3	
Enoxaparin Sodium (100mg/1ml Injection, 120mg/0.8ml Injection, 150mg/1ml Injection)	5	
Enoxaparin Sodium (30mg/0.3ml Injection, 40mg/0.4ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection)	4	

Drug Name	Drug Tier	Requirements & Limits
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Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection)	5	
Fondaparinux Sodium (2.5mg/0.5ml Injection)	4	
<b>Fragmin (10,000units/1ml Injection, 12,500units/0.5ml Injection, 15,000units/0.6ml Injection, 18,000units/0.72ml Injection, 7,500units/0.3ml Injection)</b>	5	
<b>Fragmin (2,500units/0.2ml Injection, 25,000units/1ml Injection, 5,000units/0.2ml Injection)</b>	4	
Heparin Sodium	3	
Heparin Sodium/D5W	3	
Heparin Sodium/NaCl	3	
Heparin Sodium/NaCl 0.9% Premix	3	
Jantoven	2	
<b>Lovenox (300mg/3ml Injection)</b>	4	
<b>Pradaxa</b>	3	PA
Warfarin Sodium	2	
<b>Xarelto</b>	3	PA

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Drug Name	Drug Tier	Requirements & Limits
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Blood Formation Products — Blood Formation Drugs		
Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/1ml Injection, 25mcg/0.42ml Injection, 25mcg/1ml Injection, 40mcg/0.4ml Injection, 40mcg/1ml Injection, 60mcg/0.3ml Injection, 60mcg/1ml Injection)	4	B/D, PA
Aranesp Albumin Free (150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/1ml Injection, 300mcg/0.6ml Injection, 300mcg/1ml Injection, 500mcg/1ml Injection)	5	B/D, PA
Epogen	4	B/D, PA
Leukine	5	PA
Neulasta	5	PA
Neumega	3	PA
Neupogen	5	PA
Procrit (10,000units/ml Injection, 2,000units/ml Injection, 3,000units/ml Injection, 4,000units/ml Injection)	4	B/D, PA
Procrit (20,000units/ml Injection)	5	B/D, PA
Blood Products/Modifiers/Volume Expanders		
Cinryze	5	PA
Mozobil	5	PA
Pentopak	2	
Pentoxifylline ER	2	

Drug Name	Drug Tier	Requirements & Limits
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Promacta (12.5mg Tablet, 25mg Tablet, 50mg Tablet)	5	PA
Promacta (75mg Tablet)	5	PA
Coagulants — Blood Clotting Drugs		
Cyklokapron	3	
Tranexamic Acid	3	
Platelet Aggregation Inhibitors — Blood Thinners		
Aggrenox	3	
Brilinta	4	PA
Cilostazol	2	
Clopidogrel	2	
Dipyridamole	2	PA
Effient	3	
Plavix	3	
Ticlopidine HCl	2	
Cardiovascular Agents — Drugs to Treat Heart and Circulation Conditions		
Alpha-Adrenergic Agonists — Blood Pressure Drugs		
Catapres-TTS	4	
Clonidine HCl (Tablet)	2	
Clonidine HCl (Weekly Patch)	3	
Clorpres	4	
Guanabenz Acetate	3	
Guanfacine HCl	2	
Methyldopa	2	
Methyldopa/ Hydrochlorothiazide	2	
Methyldopate HCl	3	
Midodrine HCl	3	

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Drug Name	Drug Tier	Requirements & Limits
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<b>Alpha-Adrenergic Blocking Agents — Blood Pressure Drugs</b>		
<b>Dibenzyliline</b>	4	
Prazosin HCl	2	
Reserpine	2	
<b>Antiarrhythmics — Heart Regulation Drugs</b>		
Amiodarone HCl (Injection)	3	
Amiodarone HCl (Tablet)	2	
Disopyramide Phosphate	2	
Flecainide Acetate	2	
Mexiletine HCl	2	
<b>Multaq</b>	3	
<b>Pacerone (100mg Tablet)</b>	4	
Pacerone (200mg Tablet)	2	
Procainamide HCl (100mg/ml Injection)	2	
Procainamide HCl (500mg/ml Injection)	3	
Propafenone HCl	2	
Propafenone HCl ER	3	
<b>Quinidine Gluconate</b>	4	
Quinidine Gluconate ER	2	
Quinidine Sulfate	2	
Quinidine Sulfate ER	2	
<b>Rythmol SR</b>	4	
Sorine	2	
Sotalol HCl (Injection)	3	
Sotalol HCl (Tablet)	2	
<b>Tikosyn</b>	4	

Drug Name	Drug Tier	Requirements & Limits
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<b>Beta-Adrenergic Blocking Agents — Blood Pressure Drugs</b>		
Acebutolol HCl	2	
Atenolol	1	
Atenolol/Chlorthalidone	2	
Betaxolol HCl	2	
Bisoprolol Fumarate	2	
Bisoprolol Fumarate/ Hydrochlorothiazide	2	
<b>Bystolic</b>	3	
Carvedilol	1	
<b>Innopran XL</b>	4	
Labetalol HCl (Injection)	3	
Labetalol HCl (Tablet)	2	
Metoprolol Succinate ER	3	
Metoprolol Tartrate (Injection)	3	
Metoprolol Tartrate (Tablet)	1	
Metoprolol/ Hydrochlorothiazide	2	
Nadolol	2	
Nadolol/ Bendroflumethiazide	3	
Pindolol	2	
Propranolol HCl	2	
Propranolol HCl ER	2	
Propranolol/ Hydrochlorothiazide	2	
Timolol Maleate	2	
<b>Toprol XL</b>	4	

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Drug Name	Drug Tier	Requirements & Limits
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<b>Calcium Channel Blocking Agents — Blood Pressure Drugs</b>		
Afeditab CR	2	
Amlodipine Besylate	1	
Amlodipine Besylate/ Benazepril HCl	4	
<b>Azor</b>	3	
Cartia XT	2	
Dilt-CD	2	
Diltiazem CD	2	
Diltiazem HCl (Injection)	3	
Diltiazem HCl (Tablet)	2	
Diltiazem HCl ER	2	
Dilt-XR	2	
Diltzac	2	
<b>Exforge</b>	3	
<b>Exforge HCT</b>	3	
Felodipine ER	3	
Isradipine	3	
Matzim LA	3	
Nicardipine HCl (Capsule)	2	
Nicardipine HCl (Injection)	3	
Nifediac CC	2	
Nifedical XL	2	
Nifedipine	3	
Nifedipine ER	2	
Nimodipine	5	
Nisoldipine	3	
Nisoldipine ER	3	
Taztia XT	2	
<b>Tribenzor</b>	3	
<b>Twynsta</b>	4	

Drug Name	Drug Tier	Requirements & Limits
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Verapamil HCl (120mg Tablet, 80mg Tablet)	2	
<b>Verapamil HCl (40mg Tablet)</b>	2	
Verapamil HCl (Injection)	3	
Verapamil HCl ER	2	
<b>Cardiovascular Agents, Other — Miscellaneous Cardiac Drugs</b>		
<b>Demser</b>	5	
Digoxin (Injection)	3	
Digoxin (Oral Solution, Tablet)	2	
<b>Lanoxin (0.1mg/ml Injection)</b>	4	
<b>Lanoxin (Tablet)</b>	3	
<b>Ranexa</b>	3	ST
<b>Diuretics — Blood Pressure Drugs</b>		
Acetazolamide Sodium	3	
Amiloride HCl	2	
Amiloride/ Hydrochlorothiazide	2	
Bumetanide (Injection)	3	
Bumetanide (Tablet)	2	
Chlorothiazide	2	
Chlorothiazide Sodium	3	
Chlorthalidone	2	
<b>Diuril</b>	4	
<b>Dyrenium</b>	4	
<b>Edecrin</b>	4	
Eplerenone	3	
Furosemide (Injection)	3	
Furosemide (Oral Solution, Tablet)	2	

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Drug Name	Drug Tier	Requirements & Limits
Hydrochlorothiazide	2	
Indapamide	2	
Methyclothiazide	2	
Metolazone	2	
<b>Samsca</b>	5	PA
Spironolactone	2	
Spironolactone/ Hydrochlorothiazide	2	
Torsemide (Injection)	3	
Torsemide (Tablet)	2	
Triamterene/ Hydrochlorothiazide	2	
<b>Dyslipidemics — Cholesterol Control Drugs</b>		
<b>Antara</b>	3	
Atorvastatin Calcium	3	
Cholestyramine	2	
Colestipol HCl (Granules)	3	
Colestipol HCl (Tablet)	2	
<b>Crestor</b>	3	
Fenofibrate	2	
Fenofibrate Micronized	2	
Gemfibrozil	2	
<b>Lipitor</b>	3	
<b>Livalo</b>	4	
Lovastatin	2	
<b>Lovaza</b>	4	
Niacor	2	
<b>Niaspan</b>	3	
Pravastatin Sodium	1	
Prevalite	2	
Simvastatin	1	
<b>Tricor</b>	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Trilipix</b>	3	
<b>Vytorin</b>	4	
<b>Welchol</b>	3	
<b>Zetia</b>	3	
<b>Renin-Angiotensin-Aldosterone System Inhibitors — Blood Pressure Drugs</b>		
Benazepril HCl	1	
Benazepril HCl/ Hydrochlorothiazide	2	
<b>Benicar</b>	3	
<b>Benicar HCT</b>	3	
Captopril	2	
Captopril/ Hydrochlorothiazide	2	
<b>Diovan</b>	3	
<b>Diovan HCT</b>	3	
<b>Edarbi</b>	4	
<b>Edarbyclor</b>	4	
Enalapril Maleate	2	
Enalapril Maleate/ Hydrochlorothiazide	2	
Fosinopril Sodium	2	
Fosinopril Sodium/ Hydrochlorothiazide	2	
Irbesartan	2	
Irbesartan/ Hydrochlorothiazide	2	
Lisinopril	1	
Lisinopril/ Hydrochlorothiazide	2	
Losartan Potassium	1	
Losartan Potassium/ Hydrochlorothiazide	1	

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Drug Name	Drug Tier	Requirements & Limits
<b>Micardis</b>	4	
<b>Micardis HCT</b>	4	
Moexipril HCl	2	
Moexipril/ Hydrochlorothiazide	2	
Perindopril Erbumine	2	
Quinapril HCl	2	
Quinapril/ Hydrochlorothiazide	2	
Ramipril	2	
<b>Tekturna</b>	3	ST
<b>Tekturna HCT</b>	3	ST
Trandolapril	2	
<b>Vasodilators — Chest Pain Drugs</b>		
<b>BiDil</b>	3	
<b>Dilatrate SR</b>	4	
Hydralazine HCl (Injection)	3	
Hydralazine HCl (Tablet)	2	
Isochron	2	
<b>Isordil Titrados</b> <b>(40mg Tablet)</b>	4	
Isosorbide Dinitrate	2	
Isosorbide Dinitrate ER	2	
Isosorbide Mononitrate	2	
Isosorbide Mononitrate ER	2	
Minitran	2	
Minoxidil (Tablet)	2	
<b>Nitro-Bid</b>	4	
<b>Nitro-Dur (0.3mg/hr 24-Hour Patch, 0.8mg/ hr 24-Hour Patch)</b>	4	

Drug Name	Drug Tier	Requirements & Limits
Nitroglycerin (24-Hour Patch)	2	
Nitroglycerin (Injection)	3	
<b>Nitrolingual Pumpspray</b>	4	
<b>Nitromist</b>	4	
<b>Nitrostat</b>	3	
<b>Central Nervous System Agents — Drugs to Treat Nerve Conditions</b>		
<b>Amphetamines, ADHD — ADHD Drugs</b>		
Amphetamine/ Dextroamphetamine (24-Hour Capsule)	2	
Amphetamine/ Dextroamphetamine (Tablet)	3	
Dextroamphetamine Sulfate	3	
Dextroamphetamine Sulfate ER	3	
Methamphetamine HCl	3	
<b>Vyvanse</b>	4	
<b>Non-Amphetamines, ADHD — ADHD Drugs</b>		
Dexmethylphenidate HCl	3	
<b>Intuniv</b>	4	
Metadate ER	4	
Methylin (Tablet)	2	
Methylin ER	3	
Methylphenidate HCl	2	
Methylphenidate HCl ER	3	
Methylphenidate HCl SR	3	
<b>Strattera</b>	4	ST

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Drug Name	Drug Tier	Requirements & Limits
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**Non-Amphetamines, Other — Miscellaneous Nervous System Drugs**

<b>Ampyra</b>	5	PA
<b>Botox</b>	4	PA
Modafinil	4	PA
<b>Provigil</b>	4	PA
<b>Rilutek</b>	5	
<b>Xyrem</b>	3	PA, LA

**Dental and Oral Agents — Drugs to Treat Mouth and Throat Conditions**

**Dental and Oral Agents**

Chlorhexidine Gluconate Oral Rinse	2	
<b>Kepivance</b>	5	
Periogard	2	
Pilocarpine HCl	3	
Triamcinolone in Orabase	2	

**Dermatological Agents — Drugs to Treat Skin Conditions**

**Dermatological Agents — Skin Agents**

<b>8-Mop</b>	5	
Adapalene	3	
<b>Aldara</b>	4	
<b>Amevive</b>	5	PA
Ammonium Lactate	2	
Amnesteem	3	
Avita	3	PA
Calcipotriene (Cream)	4	
Calcipotriene (Ointment, Topical Solution)	3	
<b>Carac</b>	4	

Drug Name	Drug Tier	Requirements & Limits
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Claravis	3	
Clindamycin/Benzoyl Peroxide	3	
<b>Dovonex</b>	4	
<b>Elidel</b>	4	ST
Erythromycin/Benzoyl Peroxide	2	
<b>Finacea</b>	3	
Fluorouracil (Cream, Topical Solution)	3	
Imiquimod	3	
Laclotion	2	
<b>Oxsoralen</b>	4	PA
<b>Oxsoralen Ultra</b>	5	PA
<b>Picato</b>	4	
Podofilox	3	
<b>Protopic</b>	4	ST
<b>Regranex</b>	5	PA
<b>Retin-A Micro</b>	4	PA
<b>Santyl</b>	4	
Selenium Sulfide	2	
<b>Solaraze</b>	4	PA
<b>Soriatane</b>	5	
Sotret	3	
<b>Stelara</b>	5	PA
Sulfacetamide Sodium (Suspension)	3	
<b>Tazorac</b>	4	PA
Tretinoin (Cream)	2	PA
Tretinoin (Gel)	3	PA
<b>Tretin-X</b>	4	PA
<b>Uvadex</b>	4	

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Drug Name	Drug Tier	Requirements & Limits
Vectical	4	
Veltin	4	PA
Ziana	4	PA
Zyclara	3	
<b>Enzyme Replacements/Modifiers — Drugs to Treat Enzyme Deficiency</b>		
<b>Enzyme Replacements/Modifiers — Enzyme Deficiency Drugs</b>		
Adagen	5	
Aldurazyme	5	
Buphenyl	5	
Carbaglu	5	
Ceredase	5	PA
Cerezyme	5	PA
Creon	3	
Cystadane	5	
Cystagon	4	
Elaprase	5	
Fabrazyme	5	
Kuvan	5	
Lumizyme	5	
Myozyme	5	
Naglazyme	5	
Orfadin	5	
Sucraid	5	
Viokace	5	ST
Vpriv	5	PA
Zavesca	5	
Zenpep	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Gastrointestinal Agents — Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Antispasmodics, Gastrointestinal — Bowel Treatment Drugs</b>		
Atropine Sulfate (0.05mg/ml Injection)	3	PA
Atropine Sulfate (0.1mg/ml Injection)	2	PA
<b>Cuvposa</b>	4	
Dicyclomine HCl (Capsule, Oral Solution, Tablet)	2	
Dicyclomine HCl (Injection)	3	
Glycopyrrolate	3	
Methscopolamine Bromide	3	
Propantheline Bromide	2	
<b>Gastrointestinal Agents, Other — Miscellaneous Gastrointestinal Drugs</b>		
<b>Amitiza</b>	3	ST
Constulose	2	
Cromolyn Sodium (Concentrate)	3	
Diphenoxylate/Atropine	2	PA
Enulose	2	
<b>Gastrocrom</b>	4	
Gavilyte-C	2	
Gavilyte-G	2	
Gavilyte-N/Flavor Pack	2	
<b>Halflytely Bowel Prep/Flavor Packs</b>	3	
<b>Kristalose</b>	4	
Lactulose	2	
Loperamide HCl	2	

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Drug Name	Drug Tier	Requirements & Limits
<b>Moviprep</b>	4	
<b>Nulytely/Flavor Packs</b>	3	
<b>Osmoprep</b>	4	
Polyethylene Glycol 3350	2	
<b>Relistor</b>	4	PA
<b>Suprep Bowel Prep</b>	4	
Trilyte	2	
Ursodiol (Capsule)	2	
Ursodiol (Tablet)	3	
<b>Visicol</b>	4	
<b>Histamine2 (H2) Blocking Agents — Ulcer and Stomach Acid Drugs</b>		
Cimetidine	2	
Cimetidine HCl (Injection)	3	
Cimetidine HCl (Oral Solution)	2	
Famotidine (Injection, Oral Suspension)	3	
Famotidine (Tablet)	2	
Nizatidine (Capsule)	2	
Nizatidine (Oral Solution)	3	
Ranitidine HCl (Capsule, Tablet)	2	
Ranitidine HCl (Injection, Syrup)	3	
<b>Zantac (50mg/50ml Injection)</b>	4	
<b>Irritable Bowel Syndrome Agents — Bowel Treatment Drugs</b>		
<b>Lotronex</b>	5	PA
<b>Protectants — Ulcer and Stomach Acid Drugs</b>		
<b>Carafate (Oral Suspension)</b>	4	

Drug Name	Drug Tier	Requirements & Limits
Misoprostol	2	
Sucralfate	2	
<b>Proton Pump Inhibitors — Ulcer and Stomach Acid Drugs</b>		
<b>Dexilant</b>	4	
Lansoprazole	3	
<b>Nexium</b>	3	
<b>Nexium I.V.</b>	4	
Omeprazole	2	
Pantoprazole Sodium	2	
<b>Protonix (Injection)</b>	4	
<b>Genitourinary Agents — Drugs to Treat Bladder, Genital and Kidney Conditions</b>		
<b>Antispasmodics, Urinary — Bladder Control Drugs</b>		
<b>Enablex</b>	3	
Flavoxate HCl	3	
<b>Gelnique</b>	3	
Oxybutynin Chloride	2	
Oxybutynin Chloride ER	3	
<b>Oxytrol</b>	3	
<b>Sanctura XR</b>	4	
<b>Toviaz</b>	4	
Trospium Chloride	3	
<b>Vesicare</b>	3	
<b>Benign Prostatic Hypertrophy Agents — Prostate Enlargement Drugs</b>		
Alfuzosin HCl ER	2	
<b>Avodart</b>	3	
Doxazosin Mesylate	2	
Finasteride (5mg Tablet)	2	

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Drug Name	Drug Tier	Requirements & Limits
<b>Rapaflo</b>	3	
Tamsulosin HCl	2	
Terazosin HCl	2	
<b>Uroxatral</b>	3	
<b>Genitourinary Agents, Other — Miscellaneous Bladder, Genital, and Kidney Conditions Drugs</b>		
Bethanechol Chloride	2	
<b>Elmiron</b>	4	
<b>Phosphate Binders — Phosphate-Removing Agents</b>		
Calcium Acetate (Capsule)	3	
Calcium Acetate (Tablet)	4	
Eliphos	4	
<b>Fosrenol</b>	5	
<b>Phoslo</b>	3	
<b>Phoslyra</b>	4	ST
<b>Renagel</b>	3	ST
<b>Renvela</b>	3	
<b>Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) — Drugs to Regulate Hormones</b>		
<b>Glucocorticoids/Mineralocorticoids — Anti-Inflammatory Drugs</b>		
A-Hydrocort	3	
<b>Ala Scalp</b>	4	
Ala-Cort	2	
Alclometasone Dipropionate	2	
Amcinonide	2	
A-Methapred	3	

Drug Name	Drug Tier	Requirements & Limits
Augmented Betamethasone Dipropionate (Cream)	2	
Augmented Betamethasone Dipropionate (Lotion, Ointment)	3	
Betamethasone Dipropionate	2	
Betamethasone Valerate	2	
<b>Capex</b>	4	
Clobetasol Propionate (Foam)	3	
Clobetasol Propionate (Gel, Lotion, Ointment, Shampoo, Topical Solution)	2	
Clobetasol Propionate E	2	
<b>Clobex</b>	4	
<b>Cloderm</b>	4	
<b>Cordran</b>	4	
<b>Cordran SP</b>	4	
<b>Cordran Tape</b>	4	
<b>Cortef</b>	4	
Cortisone Acetate	2	
<b>Cutivate (Lotion)</b>	4	
<b>Depo-Medrol (20mg/ml Injection)</b>	4	
<b>Derma-Smoothe/FS</b>	4	
<b>Desonate</b>	4	
Desonide	2	
<b>Desowen</b>	4	
<b>Desowen/Cetaphil</b>	4	
Desoximetasone	3	

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Drug Name	Drug Tier	Requirements & Limits
Dexamethasone	2	
Dexamethasone Intensol	2	
Dexamethasone Sodium Phosphate (Injection)	3	
Diflorasone Diacetate	2	
Fludrocortisone Acetate	2	
Fluocinolone Acetonide	2	
Fluocinolone Acetonide Body	2	
Fluocinonide	2	
Fluocinonide-E	2	
Fluticasone Propionate	2	
Halobetasol Propionate	2	
<b>Halog</b>	4	
Hydrocortisone (Cream, Lotion, Ointment, Tablet)	2	
Hydrocortisone Butyrate	2	
Hydrocortisone Valerate	2	
<b>Kenalog</b>	4	
<b>Locoid</b>	4	
<b>Locoid Lipocream</b>	4	
Lokara	2	
<b>Luxiq</b>	4	
Methylprednisolone	2	
Methylprednisolone Acetate	3	
Methylprednisolone Dose Pack	2	
Methylprednisolone Sodium Succinate	3	
Mometasone Furoate	2	
<b>Olux-E</b>	4	

Drug Name	Drug Tier	Requirements & Limits
<b>Pandel</b>	4	
Prednicarbate	2	
Prednisolone Sodium Phosphate	2	
Prednisone	2	
Prednisone Intensol	2	
Proctocream HC	2	
Procto-Pak	2	
Proctosol HC	2	
Proctozone-HC	2	
<b>Rayos</b>	4	B/D
<b>Solu-Cortef</b>	4	
<b>Solu-Medrol</b>	4	
Triamcinolone Acetonide (Cream, Lotion, Ointment)	2	
Triamcinolone Acetonide in Absorbase	2	
Triderm	2	
U-Cort	2	
<b>Vanos</b>	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) — Drugs to Regulate Hormones</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) — Hormone Replacement/Modifying Drugs</b>		
Chorionic Gonadotropin	3	PA
<b>DDAVP (Injection)</b>	5	ST
Desmopressin Acetate	3	
<b>Egrifta</b>	5	PA
<b>Genotropin</b>	5	PA

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Drug Name	Drug Tier	Requirements & Limits
<b>Genotropin Miniquick (0.2mg Injection)</b>	4	PA
<b>Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection)</b>	5	PA
<b>Humatrope</b>	5	PA
<b>Increlex</b>	5	PA
<b>Norditropin</b>	5	PA
<b>Norditropin Flexpro</b>	5	PA
Novarel	3	PA
<b>Nutropin</b>	5	PA
<b>Nutropin AQ</b>	5	PA
<b>Omnitrope (10mg/1.5ml Injection)</b>	4	PA
<b>Omnitrope (5.8mg Injection, 5mg/1.5ml Injection)</b>	5	PA
Pregnyl w/Diluent Benzyl Alcohol/NaCl	3	PA
<b>Saizen</b>	5	PA
<b>Serostim</b>	5	PA
<b>Stimate</b>	4	
<b>Tev-Tropin</b>	4	PA
<b>Zorbtive</b>	5	PA

Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents, Stimulant/ Replacement/Modifying (Sex Hormones/ Modifiers) — Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids — Hormone Replacement/ Modifying Drugs</b>		
<b>Anadrol-50</b>	5	PA
<b>Oxandrin</b>	5	PA
Oxandrolone (10mg Tablet)	5	PA
Oxandrolone (2.5mg Tablet)	3	PA
<b>Androgens — Hormone Replacement/ Modifying Drugs</b>		
<b>Androderm</b>	3	
<b>Androgel</b>	3	
<b>AndroGel Pump</b>	3	
Androxy	3	
Danazol	3	
Testosterone Cypionate	3	
Testosterone Enanthate	3	
<b>Estrogens — Hormone Replacement/ Modifying Drugs</b>		
<b>Activella</b>	4	
<b>Alora</b>	4	
Amethia	2	
Amethyst	2	
Apri	2	
Aranelle	2	
Aviane	2	
Balziva	2	
Briellyn	2	
<b>Cenestin</b>	4	

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Drug Name	Drug Tier	Requirements & Limits
Cesia	2	
<b>Climara Pro</b>	4	
<b>Combipatch</b>	4	
Cryselle	2	
Cyclafem 1/35	2	
Cyclafem 7/7/7	2	
<b>Cyclessa</b>	4	
<b>Depo-Estradiol</b>	4	
<b>Desogen</b>	4	
<b>Divigel</b>	4	
Emoquette	2	
<b>Enjuvia</b>	3	
Enpresse	2	
<b>Estrace (Cream)</b>	4	
<b>Estraderm</b>	3	
Estradiol	2	
Estradiol Valerate	3	
Estradiol/Norethindrone Acetate	2	
<b>Estring</b>	4	
Estropipate	2	
<b>Estrostep Fe</b>	4	
<b>Femhrt Low Dose</b>	4	
<b>Femring</b>	4	
<b>Femtrace</b>	4	
Gianvi	2	
Introvale	2	
<b>Jinteli</b>	2	
Junel	2	
Junel Fe	2	
Kariva	2	
Kelnor	2	

Drug Name	Drug Tier	Requirements & Limits
Leena	2	
Lessina	2	
Levora	2	
<b>Lo/Ovral</b>	4	
<b>Loestrin</b>	4	
<b>Loestrin Fe</b>	4	
<b>Loseasonique</b>	4	
Low-Ogestrel	2	
Lutera	2	
Marlissa	2	
Menest	3	
Microgestin	2	
Microgestin Fe	2	
MonoNessa	2	
Necon	2	
Nortrel	2	
<b>NuvaRing</b>	3	
Ocella	2	
Ogestrel	2	
Orsythia	2	
<b>Ortho Evra</b>	4	
<b>Ortho Tri-Cyclen Lo</b>	4	
<b>Ortho-Cept</b>	4	
<b>Ortho-Cyclen</b>	4	
Ortho-Est	2	
<b>Ortho-Novum 7/7/7</b>	4	
<b>Ovcon</b>	4	
Portia	2	
<b>Prefest</b>	4	
<b>Premarin (Cream, Tablet)</b>	3	
<b>Premphase</b>	3	

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Drug Name	Drug Tier	Requirements & Limits
<b>Prempro</b>	3	
Previfem	2	
Quasense	2	
Reclipsen	2	
<b>Seasonale</b>	4	
<b>Seasonique</b>	4	
Solia	2	
Sprintec	2	
Sronyx	2	
Tri-Legest Fe	2	
TriNessa	2	
Tri-Previfem	2	
Tri-Sprintec	2	
Trivora	2	
<b>Vagifem</b>	4	
Velivet	2	
Vestura	2	
<b>Vivelle-Dot</b>	3	
<b>Yasmin</b>	4	
Zeosa	2	
Zovia	2	
<b>Progestins — Hormone Replacement/Modifying Drugs</b>		
Camila	2	
<b>Crinone</b>	4	
<b>Depo-Provera (400mg/ml Injection)</b>	4	
<b>Ella</b>	4	
Errin	2	
Jolivette	2	
Medroxyprogesterone Acetate (Injection)	3	

Drug Name	Drug Tier	Requirements & Limits
Medroxyprogesterone Acetate (Tablet)	2	
<b>Megace ES</b>	4	
Megestrol Acetate	2	
Next Choice	2	
Nora-BE	2	
Norethindrone Acetate	2	
<b>Ortho Micronor</b>	4	
Progesterone	2	
<b>Prometrium</b>	4	
<b>Selective Estrogen Receptor Modifying Agents — Hormone Replacement/Modifying Drugs</b>		
<b>Evista</b>	3	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) — Drugs to Replace Thyroid Hormones</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) — Thyroid Replacement Drugs</b>		
<b>Levothroid</b>	3	
Levothyroxine Sodium (Tablet)	2	
<b>Levoxyl</b>	2	
Liothyronine Sodium (Injection)	3	
Liothyronine Sodium (Tablet)	2	
<b>Synthroid</b>	3	
<b>Thyrolar</b>	3	
<b>Unithroid</b>	2	

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Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents, Suppressant (Adrenal) — Drugs to Regulate Hormones</b>		
<b>Hormonal Agents, Suppressant (Adrenal) — Hormone Suppressants</b>		
Lysodren	3	
<b>Hormonal Agents, Suppressant (Parathyroid) — Drugs to Regulate Hormones</b>		
<b>Hormonal Agents, Suppressant (Parathyroid) — Hormone Suppressants</b>		
Sensipar (30mg Tablet)	3	
Sensipar (60mg Tablet, 90mg Tablet)	5	
<b>Hormonal Agents, Suppressant (Pituitary) — Drugs to Regulate Hormones</b>		
<b>Hormonal Agents, Suppressant (Pituitary) — Hormone Suppressants</b>		
Cabergoline	3	
Eligard	4	
Leuprolide Acetate	3	
Lupron Depot (11.25mg Injection, 3.75mg Injection)	4	
Lupron Depot (22.5mg Injection, 30mg Injection, 45mg Injection, 7.5mg Injection)	5	
Lupron Depot-PED	5	
Octreotide Acetate (1,000mcg/ml Injection, 200mcg/ml Injection, 500mcg/ml Injection)	5	PA

Drug Name	Drug Tier	Requirements & Limits
Octreotide Acetate (100mcg/ml Injection, 50mcg/ml Injection)	4	PA
Sandostatin	5	PA
Sandostatin LAR Depot	5	PA
Somatuline Depot	5	PA
Somavert	5	PA
Synarel	5	PA
Trelstar Depot	5	
Trelstar LA	5	
Trelstar Mixject	5	
<b>Hormonal Agents, Suppressant (Sex Hormones/Modifiers) — Drugs to Regulate Hormones</b>		
<b>Antiandrogens — Hormone Suppressants</b>		
Bicalutamide	2	
Flutamide	3	
Nilandron	4	
<b>Hormonal Agents, Suppressant (Thyroid) — Drugs to Suppress Thyroid Hormones</b>		
<b>Antithyroid Agents — Thyroid Suppressing Drugs</b>		
Methimazole	2	
Propylthiouracil	2	
<b>Immunological Agents — Drugs that Stimulate or Suppress the Immune System</b>		
<b>Immune Suppressants — Immune System Drugs</b>		
Actemra	5	PA
Azasan	4	

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Drug Name	Drug Tier	Requirements & Limits
Azathioprine	2	
Azathioprine Sodium	3	
<b>Benlysta</b>	5	PA
<b>Cellcept (Capsule)</b>	4	B/D, PA
<b>Cellcept (Oral Suspension, Tablet)</b>	5	B/D, PA
<b>Cellcept Intravenous</b>	4	B/D, PA
<b>Cimzia</b>	5	PA
Cyclosporine	3	B/D
Cyclosporine Modified	3	B/D
<b>Enbrel</b>	5	PA
Gengraf (Capsule)	3	B/D
Gengraf (Oral Solution)	4	B/D
<b>Humira</b>	5	PA
<b>Humira Starter Kit</b>	5	PA
Methotrexate (Tablet)	2	
Methotrexate Sodium (Injection)	3	
Mycophenolate Mofetil	3	B/D, PA
<b>Myfortic (180mg Delayed Release Tablet)</b>	4	B/D
<b>Myfortic (360mg Delayed Release Tablet)</b>	5	B/D
<b>Nulojix</b>	5	B/D, PA
<b>Orencia</b>	5	PA
<b>Prograf (Injection)</b>	4	B/D, PA
<b>Rapamune (0.5mg Tablet)</b>	4	B/D
<b>Rapamune (1mg Tablet, 2mg Tablet, Oral Solution)</b>	5	B/D
<b>Remicade</b>	5	PA

Drug Name	Drug Tier	Requirements & Limits
<b>Sandimmune (Capsule, Oral Solution)</b>	4	B/D
<b>Simponi</b>	5	PA
Tacrolimus (0.5mg Capsule, 1mg Capsule)	3	B/D, PA
Tacrolimus (5mg Capsule)	5	B/D, PA
<b>Trexall</b>	4	
<b>Zortress (0.25mg Tablet)</b>	4	B/D, PA
<b>Zortress (0.5mg Tablet, 0.75mg Tablet)</b>	5	B/D, PA
<b>Immunizing Agents, Passive — Immune System Drugs</b>		
<b>Atgam</b>	5	B/D
<b>Carimune Nanofiltered</b>	5	B/D, PA
<b>Gamastan S/D</b>	3	PA
<b>Gammagard Liquid</b>	5	B/D, PA
<b>Gammaplex</b>	5	B/D, PA
<b>Gamunex-C</b>	5	B/D, PA
<b>Hizentra</b>	5	B/D, PA
<b>Privigen</b>	5	B/D, PA
<b>Thymoglobulin</b>	5	B/D
<b>Vivaglobin</b>	5	B/D, PA
<b>Immunomodulators — Immune System Drugs</b>		
<b>Actimmune</b>	5	
<b>Arcalyst</b>	5	PA
<b>Avonex</b>	5	PA
<b>Betaseron</b>	5	PA
<b>Copaxone</b>	5	PA
<b>Gilenya</b>	5	PA
<b>Ilaris</b>	5	PA
<b>Infergen</b>	5	PA

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Drug Name	Drug Tier	Requirements & Limits
<b>Intron-A (10mu Injection, 10mu Pen Injection, 5mu Pen Injection)</b>	5	PA
<b>Intron-A (3mu Pen Injection, 6mu Pen Injection)</b>	4	PA
<b>Kineret</b>	5	PA
Leflunomide	2	
<b>Orthoclone OKT3</b>	5	B/D
<b>Pegasys</b>	5	PA
<b>Pegasys Proclick</b>	5	PA
<b>Peg-Intron</b>	5	PA
<b>Rebif</b>	5	PA
<b>Rebif Titration Pack</b>	5	PA
<b>Ridaura</b>	4	
<b>Simulect</b>	5	B/D
<b>Synagis</b>	5	
<b>Tysabri</b>	5	PA, LA
<b>Vaccines</b>		
<b>Acthib</b>	3	
<b>Adacel</b>	3	
<b>Boostrix</b>	3	
<b>Cervarix</b>	4	
<b>Comvax</b>	3	
<b>Daptacel</b>	3	
<b>Decavac</b>	3	
<b>Diphtheria/Tetanus Toxoid Pediatric</b>	3	
<b>Engerix-B</b>	3	B/D
<b>Gardasil</b>	3	
<b>Havrix</b>	3	
<b>Imovax Rabies (H.D.C.V.)</b>	3	B/D

Drug Name	Drug Tier	Requirements & Limits
<b>Infanrix</b>	3	
<b>Ipol Inactivated IPV</b>	3	
<b>Ixiaro</b>	3	
<b>Je-Vax</b>	3	
<b>Menactra</b>	3	
<b>Menomune-A/C/Y/W-135</b>	3	
<b>Menveo</b>	3	
<b>M-M-R II</b>	3	
<b>Pedvax HIB</b>	3	
<b>ProQuad</b>	3	
<b>Rabavert</b>	3	
<b>Recombivax HB</b>	3	B/D
<b>RotaTeq</b>	3	
Tetanus Toxoid Adsorbed	3	
Tetanus/Diphtheria Toxoids-Adsorbed Adult	3	
<b>Tripedia</b>	3	
<b>Twinrix</b>	3	
<b>Typhim Vi</b>	3	
<b>Vaqta</b>	3	
<b>Varivax</b>	3	
<b>YF-Vax</b>	3	
<b>Zostavax</b>	4	
<b>Inflammatory Bowel Disease Agents — Drugs to Treat Inflammatory Bowel Disease</b>		
<b>Glucocorticoids — Inflammatory Bowel Disease Drugs</b>		
Budesonide (24-Hour Capsule)	4	
Colocort	3	

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Drug Name	Drug Tier	Requirements & Limits
<b>Cortifoam</b>	4	
<b>Entocort EC</b>	4	
Hydrocortisone (Enema)	3	
<b>Millipred (Tablet)</b>	4	
<b>Salicylates — Inflammatory Bowel Disease Drugs</b>		
<b>Apriso</b>	3	
<b>Asacol</b>	3	
Balsalazide Disodium	3	
<b>Canasa</b>	3	
Mesalamine	3	
<b>Pentasa</b>	4	
<b>sfRowasa</b>	4	
<b>Sulfonamides — Inflammatory Bowel Disease Drugs</b>		
Sulfasalazine	2	
Sulfazine EC	2	
<b>Metabolic Bone Disease Agents — Drugs to Treat Bone Conditions</b>		
<b>Metabolic Bone Disease Agents — Osteoporosis (Bone Loss) Drugs</b>		
<b>Actonel</b>	3	
Alendronate Sodium	2	
<b>Aredia (30mg Injection)</b>	4	B/D, ST
<b>Aredia (90mg Injection)</b>	5	B/D, ST
<b>Atelvia</b>	3	
<b>Boniva (Injection)</b>	4	B/D
Calcitonin-Salmon (Nasal Spray)	3	
Calcitriol (Capsule)	2	B/D
Calcitriol (Injection, Oral Solution)	3	B/D

Drug Name	Drug Tier	Requirements & Limits
Etidronate Disodium	3	
<b>Forteo</b>	4	B/D, PA
<b>Fortical</b>	3	
<b>Fosamax (Oral Solution)</b>	4	ST
<b>Hectorol</b>	3	B/D
Ibandronate Sodium	3	
<b>Miacalcin (Injection)</b>	4	B/D, PA
Pamidronate Disodium (30mg/10ml Injection, 90mg/10ml Injection)	3	B/D
Pamidronate Disodium (6mg/1ml Injection)	4	B/D
<b>Prolia</b>	4	PA
<b>Reclast</b>	4	PA
<b>Xgeva</b>	5	PA
<b>Zemplar</b>	3	B/D
<b>Zometa</b>	5	
<b>Miscellaneous Therapeutic Agents</b>		
<b>Agrylin</b>	4	
Alcohol Preps	2	
Anagrelide HCl	2	
Dextrose 10%	3	
Dextrose 5%	3	
<b>Firazyr</b>	5	PA
<b>Gauze Pads</b>	3	
<b>Insulin Syringes, Needles</b>	3	
Intralipid (20% Injection)	4	B/D
<b>Intralipid (30% Injection)</b>	4	B/D
Leucovorin Calcium (Injection)	3	

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Drug Name	Drug Tier	Requirements & Limits
Leucovorin Calcium (Tablet)	2	
Levocarnitine	3	B/D
<b>Liposyn II</b>	4	B/D
<b>Liposyn III (10% Injection, 20% Injection)</b>	4	B/D
Liposyn III (30% Injection)	4	B/D
<b>Methergine</b>	3	
Methylergonovine Maleate	2	
Sterile Water Irrigation	3	
<b>Xenazine</b>	5	PA
<b>Ophthalmic Agents — Drugs to Treat Eye Conditions</b>		
<b>Ophthalmic Agents, Other — Miscellaneous Eye Drugs</b>		
AK-Con	2	
<b>Alcaine</b>	4	
<b>Lacrisert</b>	4	
Parcaine	2	
Proparacaine HCl	2	
<b>Restasis</b>	3	
Tropicamide	2	
<b>Ophthalmic Anti-Allergy Agents — Allergy, Infection and Inflammation Drugs</b>		
<b>Alamast</b>	4	
<b>Alocril</b>	4	
<b>Alomide</b>	4	
Azelastine HCl	3	
<b>Bepreve</b>	4	
Cromolyn Sodium (Ophthalmic Solution)	2	
Epinastine HCl	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Lastacaft</b>	3	
<b>Pataday</b>	3	
<b>Patanol</b>	3	
<b>Ophthalmic Antiglaucoma Agents — Glaucoma Drugs</b>		
Acetazolamide	2	
Acetazolamide ER	3	
<b>Alphagan P (0.1% Ophthalmic Solution)</b>	3	
Apraclonidine	3	
<b>Azopt</b>	3	
Betaxolol HCl	2	
<b>Betimol</b>	4	
<b>Betoptic-S</b>	4	
Brimonidine Tartrate	2	
Carteolol HCl	2	
<b>Combigan</b>	3	
Dorzolamide HCl	2	
Dorzolamide HCl/ Timolol Maleate	3	
<b>Ipidine (1% Ophthalmic Solution)</b>	4	
<b>Isopto Carpine</b>	4	
<b>Istalol</b>	4	
Levobunolol HCl	2	
Methazolamide	2	
Metipranolol	2	
<b>Optipranolol</b>	4	
<b>Phospholine Iodide</b>	3	
<b>Pilopine HS</b>	3	
Timolol Maleate	2	

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Drug Name	Drug Tier	Requirements & Limits
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<b>Ophthalmic Anti-Inflammatories — Allergy, Infection and Inflammation Drugs</b>		
<b>Alrex</b>	3	
<b>Blephamide</b>	3	
<b>Blephamide S.O.P.</b>	3	
<b>Bromday</b>	4	
Bromfenac	3	
<b>Cortisporin</b>	4	
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	2	
Diclofenac Sodium	2	
<b>Durezol</b>	3	
<b>Flarex</b>	3	
Fluorometholone	2	
Flurbiprofen Sodium	2	
<b>FML</b>	3	
<b>FML Forte</b>	3	
Ketorolac Tromethamine (Ophthalmic Solution)	2	
<b>Lotemax</b>	3	
Neomycin/Polymyxin/Bacitracin/Hydrocortisone	2	
Neomycin/Polymyxin/Dexamethasone	2	
Neomycin/Polymyxin/Hydrocortisone (Ophthalmic Suspension)	2	
<b>Nevanac</b>	3	
Poly-Dex	2	
<b>Poly-Pred</b>	4	
<b>Pred Mild</b>	3	
<b>Pred-G</b>	3	

Drug Name	Drug Tier	Requirements & Limits
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<b>Pred-G S.O.P.</b>	3	
Prednisolone Acetate	2	
Prednisolone Sodium Phosphate	2	
Sulfacetamide Sodium/Prednisolone Sodium Phosphate	2	
<b>Tobradex (Ophthalmic Ointment)</b>	3	
<b>Tobradex (Ophthalmic Suspension)</b>	4	
Tobramycin/Dexamethasone	3	
<b>Vexol</b>	4	
<b>Zylet</b>	3	
<b>Ophthalmic Prostaglandin and Prostanoid Analogs — Glaucoma Drugs</b>		
Latanoprost	2	
<b>Lumigan</b>	3	
<b>Travatan Z</b>	3	
<b>Otic Agents — Drugs to Treat Ear Conditions</b>		
<b>Otic Agents — Ear Drugs</b>		
<b>Acetasol HC</b>	3	
Acetic Acid	2	
<b>Cipro HC</b>	4	
<b>Ciprodex</b>	3	
<b>Coly-Mycin S</b>	4	
<b>Cortisporin</b>	4	
<b>Cortisporin-TC</b>	4	
Cortomycin	2	
<b>Dermotic</b>	3	
Fluocinolone Acetonide	2	

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Drug Name	Drug Tier	Requirements & Limits
Hydrocortisone/Acetic Acid	3	
Neomycin/Polymyxin/ Hydrocortisone (Solution, Suspension)	2	
<b>Respiratory Tract Agents — Drugs to Treat Allergies, Cough, Cold and Lung Conditions</b>		
<b>Antihistamines — Allergy Drugs</b>		
<b>Astepro</b>	3	
Azelastine HCl	3	
Carbinoxamine Maleate	2	
Cetirizine HCl	2	
Clemastine Fumarate	2	
Hydroxyzine HCl	2	
<b>Patanase</b>	3	
Phenadoz	3	
Promethazine HCl	3	
Promethazine VC	3	
Promethegan (25mg Suppository)	3	
<b>Promethegan (50mg Suppository)</b>	3	
<b>Anti-Inflammatories, Inhaled Corticosteroids — Asthma/Lung Drugs</b>		
<b>Advair Diskus</b>	3	
<b>Advair HFA</b>	3	
<b>Asmanex</b>	4	
Budesonide (Nebulizer Suspension)	3	B/D
<b>Dulera</b>	4	
<b>Flovent Diskus</b>	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Flovent HFA</b>	3	
Flunisolide	2	
Fluticasone Propionate	2	
<b>Nasonex</b>	3	
<b>Omniaris</b>	4	
<b>Pulmicort (Nebulizer Suspension)</b>	4	B/D
<b>Pulmicort Flexhaler</b>	3	
<b>QVAR</b>	3	
<b>Symbicort</b>	3	
Triamcinolone Acetonide (Inhaler)	3	
<b>Antileukotrienes — Asthma/Lung Drugs</b>		
Montelukast Sodium	2	
<b>Singulair</b>	3	
Zafirlukast	2	
<b>Bronchodilators, Anticholinergic — Asthma/Lung Drugs</b>		
<b>Atrovent HFA</b>	4	
<b>Combivent</b>	3	
<b>Combivent Respimat</b>	3	
Ipratropium Bromide (Nasal Spray)	2	
Ipratropium Bromide (Nebulizer Solution)	2	B/D
Ipratropium Bromide/ Albuterol Sulfate (Nebulizer Solution)	2	B/D
<b>Spiriva Handihaler</b>	3	
<b>Bronchodilators, Phosphodiesterase Inhibitors (Xanthines) — Asthma/Lung Drugs</b>		
Aminophylline (Injection)	3	
Aminophylline (Tablet)	2	

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Drug Name	Drug Tier	Requirements & Limits
<b>Elixophyllin</b>	3	
<b>Theo-24</b>	3	
Theochron	2	
Theophylline ER	2	
<b>Bronchodilators, Sympathomimetic — Asthma/Lung Drugs</b>		
Albuterol Sulfate (Nebulizer Solution)	2	B/D
Albuterol Sulfate (Syrup, Tablet)	2	
Albuterol Sulfate ER	2	
<b>Brovana</b>	4	B/D
Epinephrine HCl	3	
<b>Epipen</b>	3	
<b>Foradil Aerolizer</b>	3	ST
Levalbuterol (Nebulizer Solution)	4	B/D, ST
Metaproterenol Sulfate	2	
<b>Perforomist</b>	4	B/D
<b>Proair HFA</b>	3	
<b>Serevent Diskus</b>	3	ST
Terbutaline Sulfate (Injection)	3	
Terbutaline Sulfate (Tablet)	2	
<b>Twinject</b>	4	
<b>Mast Cell Stabilizers — Asthma/Lung Drugs</b>		
Cromolyn Sodium (Nebulizer Solution)	3	B/D
<b>Pulmonary Antihypertensives — Asthma/Lung Drugs</b>		
<b>Adcirca</b>	5	PA
<b>Letairis</b>	5	
<b>Remodulin</b>	5	B/D, PA

Drug Name	Drug Tier	Requirements & Limits
<b>Revatio</b>	5	PA
<b>Tracleer</b>	5	LA
<b>Ventavis</b>	5	B/D, PA
<b>Respiratory Tract Agents, Other — Asthma/Lung Drugs</b>		
Acetylcysteine	2	B/D
<b>Aralast NP</b>	5	PA
<b>Glassia</b>	5	PA
<b>Kalydeco</b>	5	PA
<b>Prolastin</b>	5	PA
<b>Prolastin-C</b>	5	PA
<b>Pulmozyme</b>	5	B/D
<b>Tyzine</b>	3	
<b>Xolair</b>	5	PA
<b>Zemaira</b>	5	PA
<b>Sedatives/Hypnotics — Drugs for Sedation and Sleep</b>		
<b>Sedatives/Hypnotics — Sedation and Sleep Drugs</b>		
<b>Lunesta</b>	3	
<b>Rozerem</b>	4	
Zaleplon	2	
Zolpidem Tartrate	2	
<b>Skeletal Muscle Relaxants — Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions</b>		
<b>Skeletal Muscle Relaxants — Pain/Swelling Management Drugs</b>		
Carisoprodol (350mg Tablet)	3	
Chlorzoxazone	3	

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\*For this drug's specific quantity limit see page 54.

Drug Name	Drug Tier	Requirements & Limits
Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet)	3	
Metaxalone	3	
Methocarbamol	3	
Orphenadrine Citrate ER	3	
Orphenadrine/Aspirin/Caffeine	3	
<b>Therapeutic Nutrients/Minerals/Electrolytes — Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies</b>		
<b>Electrolytes/Minerals — Electrolytes and Minerals</b>		
<b>Aminosyn</b>	4	B/D
Aminosyn 8.5%/Electrolytes	3	B/D
<b>Aminosyn II (10% Injection, 7% Injection, 8.5% Injection)</b>	4	B/D
<b>Aminosyn II (15% Injection)</b>	3	B/D
<b>Aminosyn II 3.5%/Dextrose 25%</b>	4	B/D
<b>Aminosyn II 3.5%/Dextrose 5%</b>	4	B/D
<b>Aminosyn II 4.25%/Dextrose 10%</b>	4	B/D
<b>Aminosyn II 4.25%/Dextrose 20%</b>	4	B/D
<b>Aminosyn II 4.25%/Dextrose 25%</b>	4	B/D
<b>Aminosyn II 5%/Dextrose 25%</b>	4	B/D
Aminosyn II 8.5%/Electrolytes	3	B/D

Drug Name	Drug Tier	Requirements & Limits
<b>Aminosyn II M 3.5%/Dextrose 5%</b>	4	B/D
<b>Aminosyn M</b>	4	B/D
<b>Aminosyn-HBC</b>	4	B/D
Aminosyn-HF	3	B/D
<b>Aminosyn-PF</b>	4	B/D
<b>Ammonium Chloride</b>	4	
<b>Clinimix E 2.75%/Dextrose 10%</b>	4	B/D
<b>Clinimix E 2.75%/Dextrose 5%</b>	4	B/D
<b>Clinimix E 4.25%/Dextrose 25%</b>	4	B/D
<b>Clinimix E 4.25%/Dextrose 5%</b>	4	B/D
<b>Clinimix E 5%/Dextrose 15%</b>	4	B/D
<b>Clinimix E 5%/Dextrose 20%</b>	4	B/D
<b>Clinimix E 5%/Dextrose 25%</b>	4	B/D
<b>Clinimix/Dextrose (2.75%/D5W Injection, 4.25%/D5W Injection, 5%/D15W Injection, 5%/D20W Injection, 5%/D25W Injection)</b>	4	B/D
Clinimix/Dextrose (4.25%/D10W Injection, 4.25%/D20W Injection, 4.25%/D25W Injection)	4	B/D
<b>Clinisol SF 15%</b>	3	B/D
Dextrose 10%/NaCl 0.2%	3	
<b>Dextrose 10%/NaCl 0.45%</b>	3	

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†For this drug's specific quantity limit see page 54.

Drug Name	Drug Tier	Requirements & Limits
Dextrose 2.5%/NaCl 0.45%	3	
<b>Dextrose 5%/ Electrolyte #48</b>	4	
Dextrose 5%/KCl 0.075%	3	
Dextrose 5%/ Lactated Ringers	2	
Dextrose 5%/NaCl 0.2%	3	
<b>Dextrose 5%/ NaCl 0.225%</b>	3	
Dextrose 5%/NaCl 0.33%	3	
Dextrose 5%/NaCl 0.45%	3	
Dextrose 5%/NaCl 0.9%	3	
ED K+10	2	
<b>Freamine III (3% Injection)</b>	4	B/D
Freamine III (8.5% Injection)	4	B/D
Hepatamine	3	B/D
Hepatasol	4	B/D
<b>Ionosol-B/Dextrose 5%</b>	4	
<b>Ionosol-MB/ Dextrose 5%</b>	4	
<b>Ionosol-T/Dextrose 5%</b>	4	
<b>Isolyte-H/Dextrose 5%</b>	4	
Isolyte-M/Dextrose 5%	3	
<b>Isolyte-P/Dextrose 5%</b>	4	
<b>Isolyte-S</b>	4	
<b>Isolyte-S/Dextrose 5%</b>	4	
KCl	3	
KCl 0.075%/D5W/ NaCl 0.225%	3	
KCl 0.075%/D5W/ NaCl 0.45%	3	

Drug Name	Drug Tier	Requirements & Limits
KCl 0.15%/D10W/ NaCl 0.2%	3	
KCl 0.15%/D5W	3	
KCl 0.15%/D5W/LR	3	
KCl 0.15%/D5W/ NaCl 0.2%	3	
KCl 0.15%/D5W/ NaCl 0.225%	3	
KCl 0.15%/D5W/ NaCl 0.33%	3	
KCl 0.15%/D5W/ NaCl 0.45% Viaflex	3	
KCl 0.15%/D5W/NaCl 0.9%	3	
KCl 0.15%/NaCl 0.45% Viaflex	3	
KCl 0.15%/NaCl 0.9%	3	
KCl 0.22%/D5W/ NaCl 0.45%	3	
KCl 0.224%/D5W	3	
KCl 0.224%/D5W/ NaCl 0.33%	3	
KCl 0.3%/D5W	3	
KCl 0.3%/D5W/ NaCl 0.2%	3	
KCl 0.3%/D5W/ NaCl 0.45%	3	
KCl 0.3%/D5W/ NaCl 0.9%	3	
KCl 0.3%/NaCl 0.9%	3	
<b>Klor-Con 10</b>	2	
<b>Klor-Con 8</b>	2	
<b>Klor-Con M15</b>	3	
<b>Klor-Con M20</b>	2	

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Drug Name	Drug Tier	Requirements & Limits
Lactated Ringer's	3	
Lactated Ringer's Irrigation	3	
Magnesium Sulfate (40mg/ml Injection, 80mg/ml Injection)	3	
Magnesium Sulfate (50% Injection)	2	
Magnesium Sulfate in D5W	3	
<b>Nephramine</b>	4	B/D
Normosol-M in D5W	3	
<b>Normosol-R</b>	4	
<b>Normosol-R in D5W</b>	3	
Physiolyte	4	
<b>Physiosol Irrigation</b>	4	
<b>Plasma-Lyte</b>	4	
<b>Plasma-Lyte/D5W</b>	4	
Plasma-Lyte-R	3	
Potassium Chloride ER	2	
Potassium Citrate ER	3	
<b>Premasol (10% Injection)</b>	4	B/D
Premasol (6% Injection)	4	B/D
<b>Procalamine</b>	4	B/D
<b>Prosol</b>	4	B/D
Ringer's Injection	3	
Ringer's Irrigation	3	
Sodium Bicarbonate	2	
Sodium Chloride	2	
Sodium Chloride 0.45% Viaflex	2	
Sodium Chloride 0.9%	2	
Sodium Fluoride (Tablet)	2	
Sodium Lactate	3	

Drug Name	Drug Tier	Requirements & Limits
Tis-U-Sol	3	
TPN Electrolytes	3	
<b>Travasol</b>	4	B/D
<b>Trophamine</b>	4	B/D
<b>Therapeutic Nutrients/Minerals/Electrolytes — Electrolytes, Minerals and Nutrients</b>		
<b>Fusilev</b>	5	
<b>Vitamins</b>		
Prenatal Vitamins	2	

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# Drugs with a quantity limit

This list shows drugs that have a quantity limit. The plan will cover only a certain amount (days' supply or amount dispensed) of these drugs for one copay/coinsurance or over a certain number of days. These limits may be in place to ensure safe and effective use of a drug.

Drugs are listed in alphabetical order by name in the chart below. Some drugs come in many strengths and each strength may have a different quantity limit. If quantity limits vary by strength, the different strengths are listed on separate lines. For more information about quantity limits, talk to your doctor or pharmacist. You can also call Customer Service at **1-866-863-1406**, TTY 711, 8 a.m. to 8 p.m. local time, 7 days a week.

Drug Name	Quantity Limit
Quantity limits do not apply.	

**Bold type = Brand name drug**



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