

AmeriHealth[®] Rx PDP Option I
2012 Formulary
(List of Covered Drugs)

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

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

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

A stand alone prescription drug plan with a Medicare contract.

To receive this information in an alternate format, please contact Customer Service at 1-888-678-7007 (TTY/TDD: 1-888-457-3002), seven days a week, 8 a.m. to 8 p.m. However, please be aware that on weekends from February 15 through October 14, your call may be sent to an answering machine.

Y0041_S2321_AHRx12_06 File & Use 09/03/2011
FID 00012414, version 2

What is the AmeriHealth Rx PDP Option I Formulary?

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

Can the Formulary change?

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

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2012. To get updated information about the drugs covered by AmeriHealth Rx PDP Option I, please visit our Web site at www.amerihealthmedicare.com or call Customer Service at 1-888-678-7007, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users should call 1-888-457-3002. In the event of a mid-year non-maintenance formulary change, all affected members will receive a notification of changes to the formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 70. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

AmeriHealth Rx PDP Option I covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization (PA):** AmeriHealth Rx PDP Option I requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from AmeriHealth Rx PDP Option I before you fill your prescriptions. If you don't get approval, AmeriHealth Rx PDP Option I may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, AmeriHealth Rx PDP Option I limits the amount of the drug that AmeriHealth Rx PDP Option I will cover. For example, AmeriHealth Rx PDP Option I provides 14 tablets per prescription for Ambien[®]. This may be in addition to a standard one month or three month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.amerihealthmedicare.com.

You can ask AmeriHealth Rx PDP Option I to make an exception to these restrictions or limits. See the section, "How do I request an exception to the AmeriHealth Rx PDP Option I formulary?" on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that AmeriHealth Rx PDP Option I does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by AmeriHealth Rx PDP Option I. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by AmeriHealth Rx PDP Option I.

- You can ask AmeriHealth Rx PDP Option I to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the AmeriHealth Rx PDP Option I Formulary?

You can ask AmeriHealth Rx PDP Option I to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, AmeriHealth Rx PDP Option I limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

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

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

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

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

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

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

If a transition occurs due to a member changing setting, such as moving from home residence to a long-term care facility and then back again, AmeriHealth Rx PDP Option I has a method in place to ensure that you have access to your medication. If your change of setting cannot be identified by the automated system, the pharmacy can notify AmeriHealth Rx PDP Option I of the setting change and provide you with your needed medications. You will receive notice that you must either switch to a therapeutically appropriate drug on the plan's formulary or request an exception to continue taking the requested drug.

For more information

For more detailed information about your AmeriHealth Rx PDP Option I prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about AmeriHealth Rx PDP Option I, please call Customer Service at 1-888-678-7007, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users should call 1-888-457-3002. Or visit www.amerihealthmedicare.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/seven days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

AmeriHealth Rx PDP Option I Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by AmeriHealth Rx PDP Option I. If you have trouble finding your drug in the list, turn to the Index that begins on page 70.

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

The information in the Requirements/Limits column tells you if AmeriHealth Rx PDP Option I has any special requirements for coverage of your drug.

- **Age (A) and Gender (G) Edits:** Certain medications may not be age or gender appropriate for all members. An age edit or gender edit may be placed on a medication when safety concerns or inappropriate utilization issues exist for a particular age group or particular gender.

DRUG TIER

The third column of the chart lists the drug tier. The drug tier is the level of formulary cost-sharing for which the member is responsible (1=generic coinsurance, 2=preferred brand coinsurance, 3=non-preferred brand coinsurance, 4=specialty tier coinsurance).

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
ABSTRAL	3	PA; QL (120 EA per 30 day(s))
<i>acetaminophen-codeine elixir</i>	1	QL (2700 ML per 30 day(s))
<i>acetaminophen-codeine tab</i>	1	
<i>ascomp w/codeine</i>	1	QL (180 EA per 30 day(s))
<i>butorphanol tartrate inj</i>	1	
<i>butorphanol tartrate nasl</i>	1	A; QL (7.5 ML per 30 day(s))
<i>cod-butalbital-acetaminop-caf</i>	1	
<i>codeine sulfate</i>	1	QL (180 EA per 30 day(s))
<i>co-gesic</i>	1	
DEMEROL INJ	3	
<i>dihydrocode-acetaminophen-caff</i>	1	QL (180 EA per 30 day(s))
<i>endocet tab 10-650 mg</i>	1	QL (180 EA per 30 day(s))
<i>endocet tab 10-325 mg, 7.5-325 mg, 7.5-500 mg</i>	1	QL (240 EA per 30 day(s))
ENDOCET TAB 5-325 mg	3	QL (240 EA per 30 day(s))
EXALGO ER	3	QL (120 EA per 30 day(s))
<i>fentanyl</i>	1	QL (15 EA per 30 day(s))
<i>fentanyl citrate</i>	1	PA; QL (120 EA per 30 day(s))
<i>fentanyl citrate (pf)</i>	1	
FENTORA	3	PA; QL (120 EA per 30 day(s))
HYCET	3	QL (5500 ML per 30 day(s))
<i>hydrocodone-acetaminophen oral soln</i>	1	QL (2700 ML per 30 day(s))
<i>hydrocodone-acetaminophen tab 10-750 mg, 7.5-750 mg</i>	1	QL (150 EA per 30 day(s))
<i>hydrocodone-acetaminophen tab 10-325 mg, 10-500 mg, 10-650 mg, 10-660 mg, 2.5-500 mg, 5-325 mg, 5-500 mg, 7.5-325 mg, 7.5-500 mg, 7.5-650 mg</i>	1	QL (180 EA per 30 day(s))
<i>hydrocodone-ibuprofen</i>	1	QL (150 EA per 30 day(s))

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone</i>	1	QL (240 EA per 30 day(s))
<i>hydromorphone (pf)</i>	1	
<i>ibuprofen-oxycodone</i>	1	QL (28 EA per 7 day(s))
INFUMORPH P/F	3	
<i>levorphanol tartrate</i>	1	QL (180 EA per 30 day(s))
<i>margesic-h</i>	1	QL (240 EA per 30 day(s))
<i>meperidine oral soln</i>	1	QL (2000 ML per 30 day(s))
<i>meperidine tab</i>	1	QL (180 EA per 30 day(s))
<i>meperidine (pf)</i>	1	
<i>methadone</i>	1	
<i>methadose</i>	1	
<i>morphine er tab</i>	1	QL (90 EA per 30 day(s))
<i>morphine oral soln</i>	1	QL (1000 ML per 30 day(s))
<i>morphine tab</i>	1	QL (180 EA per 30 day(s))
<i>morphine (pf)</i>	1	
<i>morphine concentrate</i>	1	QL (1000 ML per 30 day(s))
<i>nalbuphine</i>	1	
NUCYNTA	3	PA; QL (180 EA per 30 day(s))
ONSOLIS	3	PA; QL (120 EA per 30 day(s))
OPANA ER	3	
<i>oxycodone</i>	1	QL (180 EA per 30 day(s))
<i>oxycodone hcl-oxycodone-asa</i>	1	QL (240 EA per 30 day(s))
<i>oxycodone-acetaminophen cap</i>	1	QL (180 EA per 30 day(s))
<i>oxycodone-acetaminophen tab 10-650 mg, 7.5-500 mg</i>	1	QL (180 EA per 30 day(s))
<i>oxycodone-acetaminophen tab 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (240 EA per 30 day(s))
OXYCONTIN	3	QL (90 EA per 30 day(s))
<i>oxymorphone</i>	1	QL (180 EA per 30 day(s))
<i>pentazocine-acetaminophen</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pentazocine-naloxone</i>	1	
ROXICET ORAL SOLN	3	QL (1000 ML per 30 day(s))
ROXICET TAB 5-325 mg	3	QL (240 EA per 30 day(s))
<i>stagesic</i>	1	QL (240 EA per 30 day(s))
SUBOXONE SUBLINGUAL FILM	2	PA; QL (120 EA per 30 day(s))
SUBOXONE SUBLINGUAL TAB	2	
SYNALGOS-DC	3	
TALWIN	3	
<i>tramadol er 24 hr tab</i>	1	QL (90 EA per 90 day(s))
<i>tramadol tab</i>	1	QL (720 EA per 90 day(s))
<i>tramadol-acetaminophen</i>	1	
<i>zerlor</i>	1	QL (180 EA per 30 day(s))
Anesthetics		
<i>lidocaine hcl inj</i>	1	
<i>lidocaine hcl mm</i>	1	
<i>lidocaine hcl top</i>	1	PA
<i>lidocaine-prilocaine</i>	1	PA
<i>parcaine</i>	1	
SYNERA	3	PA
Antibacterials		
ALCOHOL SWABS	2	
ALTABAX	3	PA
<i>amikacin</i>	1	
<i>amoxicillin</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
<i>ampicillin-sulbactam</i>	1	
AVELOX	3	

Drug Name	Drug Tier	Requirements/Limits
AVELOX ABC PACK	3	
AVELOX IN NACL (ISO-OSMOTIC)	3	
AZACTAM-ISO-OSMOTIC DEXTROSE	2	
<i>azithromycin</i>	1	
<i>aztreonam</i>	1	
<i>baci-im</i>	1	
<i>bacitracin</i>	1	
BACTROBAN NASAL	2	
BICILLIN C-R	3	
BICILLIN L-A	3	
CAYSTON	4	PA
CEDAX	3	
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin</i>	1	
<i>cefazolin in dextrose (iso-os)</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefotaxime</i>	1	
<i>cefotetan inj</i>	1	
<i>cefotetan iv</i>	1	PA
<i>cefoxitin iv solution 1 gram</i>	1	
<i>cefoxitin iv solution 10 gram, 2 gram</i>	1	PA
<i>cefoxitin in dextrose, iso-osm</i>	1	PA
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	
<i>ceftriaxone inj</i>	1	
<i>ceftriaxone iv</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin</i>	1	
CHLORAMPHENICOL SOD SUCCINATE	3	PA
CIPRO ORAL SUSP	3	
CIPRO HC	3	
CIPRODEX	3	
<i>ciprofloxacin iv</i>	1	PA
<i>ciprofloxacin opht</i>	1	
<i>ciprofloxacin oral</i>	1	
<i>ciprofloxacin (mixture)</i>	1	
CLAFORAN IV	3	PA
<i>clarithromycin</i>	1	
CLEOCIN CAP 75 mg	3	
CLEOCIN VAGINAL SUPPOSITORY	3	
CLEOCIN IN D5W	3	PA
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate iv</i>	1	PA
<i>clindamycin phosphate vagl</i>	1	
CLINDESSE	3	
<i>colistimethate sodium</i>	1	
CORTISPORIN TOP	3	
CUBICIN	4	PA
<i>demeclocycline</i>	1	
<i>dicloxacillin</i>	1	
DORIBAX	3	PA
DORYX TAB 150 mg	3	
<i>doxycycline hyclate iv</i>	1	PA
<i>doxycycline hyclate oral</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate</i>	1	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	3	
ERY-TAB TAB 500 mg	2	
ERY-TAB TAB 250 mg, 333 mg	3	
ERYTHROCIN	3	PA
ERYTHROCIN STEARATE	3	
<i>erythromycin</i>	1	
<i>erythromycin-sulfisoxazole</i>	1	
FACTIVE	3	
FLAGYL ER	3	
FORTAZ IN D5W IV PIGGY BACK 1 gram/ 50 mL	3	
FORTAZ IN D5W IV PIGGY BACK 2 gram/ 50 mL	3	PA
FURADANTIN	3	
<i>gentamicin</i>	1	
<i>gentamicin in sodium chloride(iso-osmotic) iv piggy back 80 mg/100 mL, 80 mg/50 mL</i>	1	
<i>gentamicin in sodium chloride(iso-osmotic) iv piggy back 100 mg/100 mL, 60 mg/100 mL, 60 mg/50 mL, 70 mg/50 mL, 90 mg/100 mL</i>	1	PA
<i>gentamicin sulfate (pf)</i>	1	PA
INVANZ	3	
<i>kanamycin</i>	1	
KEFLEX CAP 750 mg	3	
KETEK	3	QL (20 EA per 30 day(s))
LEVAQUIN IN D5W	3	
LINCOCIN	3	
MACRODANTIN CAP 25 mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>meropenem</i>	1	
<i>methenamine hippurate</i>	1	
METROGEL	3	
<i>metronidazole</i>	1	
<i>metronidazole in nacl (iso-os)</i>	1	
<i>minocycline</i>	1	
MONUROL	3	
<i>mupirocin</i>	1	
<i>nafcillin</i>	1	
<i>nafcillin in d2.4w</i>	1	PA
<i>neomycin</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
NORITATE	3	
NOROXIN	3	
<i>ofloxacin</i>	1	
ORACEA	3	PA
<i>oxacillin</i>	1	
<i>oxacillin in dextrose, iso-osm</i>	1	PA
<i>paromomycin</i>	1	
PCE	3	
<i>penicillin g pot in dextrose</i>	1	PA
<i>penicillin g potassium</i>	1	
<i>penicillin g procaine</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
PHISOHEX	3	
<i>piperacillin</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin-tazobactam</i>	1	
<i>polymyxin b sulfate</i>	1	
PREVPAC	3	
PRIMAXIN IM	3	
PRIMAXIN IV	3	PA
PRIMSOL	3	
<i>silver sulfadiazine</i>	1	
<i>streptomycin</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
<i>sulfacetamide-prednisolone</i>	1	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim</i>	1	
SULFAMYLON	3	
SUPRAX	3	
SYNERCID	3	PA
<i>tazicef inj</i>	1	
<i>tazicef iv</i>	1	PA
TEFLARO	3	PA
<i>tetracycline</i>	1	
TIMENTIN	3	PA
TOBI	4	PA
<i>tobramycin in ns</i>	1	PA
<i>tobramycin sulfate</i>	1	
<i>trimethoprim</i>	1	
TYGACIL	3	
VANCOGIN	3	
<i>vancomycin</i>	1	PA
VIBATIV	3	
VIBRAMYCIN ORAL SUSP	3	

Drug Name	Drug Tier	Requirements/Limits
VIBRAMYCIN SYRUP	3	
XIFAXAN TAB 200 mg	2	QL (9 EA per 30 day(s))
XIFAXAN TAB 550 mg	4	QL (180 EA per 90 day(s))
ZINACEF IV SOLUTION 1.5 gram, 750 mg	3	PA
ZINACEF IN DEXTROSE (ISO-OSM)	3	PA
ZINACEF IN STERILE WATER	3	PA
ZMAX ADULT-PEDIATRIC	3	PA
ZYVOX IV	4	PA
ZYVOX ORAL SUSP	2	PA; QL (1800 ML per 30 day(s))
ZYVOX TAB	2	PA; QL (56 EA per 28 day(s))
Anticonvulsants		
BANZEL	3	PA
<i>carbamazepine</i>	1	
CARBATROL	3	
CELONTIN	2	
DEPACON	3	PA
DEPAKENE	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
DILANTIN	2	
DILANTIN EXTENDED	2	
DILANTIN INFATABS	2	
DILANTIN-125	3	
<i>divalproex</i>	1	
<i>epitol</i>	1	
<i>ethosuximide</i>	1	
FELBATOL	3	
<i>fosphephenytoin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin</i>	1	
GABITRIL	3	
KEPPRA XR	3	PA
LAMICTAL ODT	3	
LAMICTAL STARTER (GREEN) KIT	3	
LAMICTAL STARTER (ORANGE) KIT	3	
LAMICTAL XR	3	
LAMICTAL XR STARTER (BLUE)	3	
LAMICTAL XR STARTER (GREEN)	3	
LAMICTAL XR STARTER (ORANGE)	3	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
LYRICA CAP 225 mg, 300 mg	3	PA; QL (180 EA per 90 day(s))
LYRICA CAP 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	3	PA; QL (270 EA per 90 day(s))
<i>oxcarbazepine</i>	1	
PEGANONE	3	
PHENYTEK	3	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>primidone</i>	1	
SABRIL	4	PA
STAVZOR	3	
TEGRETOL	3	
TEGRETOL XR	3	
<i>topiramate</i>	1	
TRILEPTAL	3	
<i>valproate sodium</i>	1	PA
<i>valproic acid</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid (as sodium salt)</i>	1	
VIMPAT IV	3	
VIMPAT ORAL	3	PA
<i>zonisamide</i>	1	
Antidementia Agents		
ARICEPT TAB 23 mg	3	A; QL (90 EA per 90 day(s))
<i>donepezil</i>	1	A; QL (90 EA per 90 day(s))
<i>ergoloid</i>	1	
EXELON ORAL SOLN	3	A
EXELON TD	3	A; QL (90 EA per 90 day(s))
<i>galantamine er 24 hr cap</i>	1	A; QL (90 EA per 90 day(s))
<i>galantamine oral soln</i>	1	A
<i>galantamine tab</i>	1	A; QL (180 EA per 90 day(s))
NAMENDA ORAL SOLN	2	A
NAMENDA TAB 10 mg	2	A; QL (180 EA per 90 day(s))
NAMENDA TAB 5 mg	2	A; QL (270 EA per 90 day(s))
NAMENDA TITRATION PAK	2	A
<i>rivastigmine</i>	1	A; QL (180 EA per 90 day(s))
Antidepressants		
<i>amitriptyline</i>	1	
<i>amoxapine</i>	1	
APLENZIN	3	PA
<i>budeprion sr</i>	1	QL (180 EA per 90 day(s))
<i>budeprion xl 24 hr tab 150 mg</i>	1	QL (270 EA per 90 day(s))
<i>budeprion xl 24 hr tab 300 mg</i>	1	QL (90 EA per 90 day(s))
<i>buproban</i>	1	QL (180 EA per 90 day(s))
<i>bupropion hcl sr tab</i>	1	QL (180 EA per 90 day(s))
<i>bupropion hcl tab</i>	1	
<i>clomipramine</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CYMBALTA CAP 20 mg, 30 mg	2	QL (180 EA per 90 day(s))
CYMBALTA CAP 60 mg	2	QL (90 EA per 90 day(s))
<i>desipramine</i>	1	
<i>doxepin</i>	1	
EMSAM	3	QL (90 EA per 90 day(s))
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>maprotiline</i>	1	
MARPLAN	3	
<i>mirtazapine</i>	1	QL (90 EA per 90 day(s))
<i>nefazodone</i>	1	QL (180 EA per 90 day(s))
<i>nortriptyline</i>	1	
OLEPTRO ER	3	
<i>perphenazine-amitriptyline</i>	1	
PRISTIQ	3	PA; QL (90 EA per 90 day(s))
<i>protriptyline</i>	1	
SAVELLA TAB	3	PA; QL (180 EA per 90 day(s))
SAVELLA TABS IN A DOSE PACK	3	PA
SURMONTIL	3	
<i>tranylcypromine</i>	1	
<i>trazodone</i>	1	
<i>venlafaxine er 24 hr cap 75 mg</i>	1	QL (270 EA per 90 day(s))
<i>venlafaxine er 24 hr cap 150 mg, 37.5 mg</i>	1	QL (90 EA per 90 day(s))
<i>venlafaxine er 24 hr tab</i>	1	
<i>venlafaxine tab 100 mg, 25 mg, 37.5 mg</i>	1	QL (270 EA per 90 day(s))
<i>venlafaxine tab 75 mg</i>	1	QL (450 EA per 90 day(s))
<i>venlafaxine tab 50 mg</i>	1	QL (675 EA per 90 day(s))
Antidotes, Deterrents, and Toxicologic Agents		
<i>acetylcysteine</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
AMIFOSTINE CRYSTALLINE	4	
ANTABUSE TAB 250 mg	2	
ANTABUSE TAB 500 mg	3	
BUPRENEX	3	
<i>buprenorphine</i>	1	
CAMPRAL DOSE PAK	3	QL (540 EA per 90 day(s))
CHANTIX	3	
CHANTIX STARTING MONTH PAK	3	
CHEMET	2	
<i>depade</i>	1	
ETHYOL	4	PA
EXJADE	4	PA
<i>fomepizole</i>	1	PA
<i>leucovorin calcium</i>	1	
<i>mesna</i>	1	
MESNEX ORAL	3	
<i>naloxone</i>	1	
<i>naltrexone</i>	1	
NICOTROL	3	
NICOTROL NS	3	
<i>sodium polystyrene sulfonate</i>	1	
SYPRINE	3	
VIVITROL	3	
Antiemetics		
ALOXI	3	PA
ANTIVERT TAB 50 mg	3	
CESAMET	3	PA; QL (84 EA per 30 day(s))
<i>compro</i>	1	
<i>dronabinol</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
EMEND CAP 125 mg, 40 mg	2	PA; QL (4 EA per 30 day(s))
EMEND CAP 80 mg	2	PA; QL (8 EA per 30 day(s))
EMEND CAPS IN DOSE PACK	2	PA; QL (6 EA per 30 day(s))
<i>granisetron iv</i>	1	QL (12 ML per 90 day(s))
<i>granisetron oral</i>	1	PA; QL (180 EA per 90 day(s))
<i>granisetron (pf)</i>	1	QL (12 ML per 90 day(s))
<i>granisol</i>	1	
<i>metoclopramide</i>	1	
METUZOLV ODT	3	
<i>ondansetron</i>	1	PA; QL (135 EA per 90 day(s))
<i>ondansetron hcl oral soln</i>	1	PA
<i>ondansetron hcl tab 4 mg, 8 mg</i>	1	PA; QL (135 EA per 90 day(s))
<i>ondansetron hcl tab 24 mg</i>	1	PA; QL (21 EA per 90 day(s))
<i>ondansetron hcl (pf)</i>	1	
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine</i>	1	
<i>promethazine vc</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 50 mg	3	
SANCUSO	3	QL (6 EA per 90 day(s))
TIGAN IM	3	
TRANSDERM-SCOP	3	
<i>trimethobenzamide</i>	1	
Antifungals		
ABELCET	3	PA
AMBISOME	3	PA
AMPHOTEC	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>amphotericin b</i>	1	PA
ANCOBON	3	
CANCIDAS	3	PA
<i>ciclopirox</i>	1	
<i>clotrimazole</i>	1	
<i>clotrimazole-betamethasone</i>	1	
<i>econazole</i>	1	
ERAXIS(WATER DILUENT)	3	
ERTACZO	3	
EXELDERM	3	
EXTINA	3	
<i>fluconazole</i>	1	
<i>fluconazole in dextrose(iso-o)</i>	1	
GRIFULVIN V	3	
<i>griseofulvin microsize</i>	1	
GRIS-PEG	3	
GYNAZOLE-1	3	
<i>itraconazole</i>	1	
<i>ketoconazole</i>	1	
LAMISIL ORAL GRANULES IN PACKET	3	
MENTAX	3	
miconazole-3	1	
MYCAMINE	3	PA
NAFTIN	2	
NATACYN	3	
NOXAFIL	3	PA
<i>nyamyc</i>	1	
<i>nystatin</i>	1	
<i>nystatin-triamcinolone</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nystop</i>	1	
ORAVIG	3	
OXISTAT	3	
<i>pedi-dri</i>	1	
SPORANOX ORAL SOLN	3	
<i>terbinafine</i>	1	
<i>terconazole</i>	1	G
VFEND ORAL SUSP	2	
VFEND IV	3	PA
<i>zazole vaginal cream 0.4 %</i>	1	G
Antigout Agents		
<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	PA
<i>colchicine-probenecid</i>	1	
COLCRYS	3	QL (360 EA per 90 day(s))
<i>probenecid</i>	1	
ULORIC	3	
Anti-inflammatory Agents		
CAMBIA	3	
CELEBREX	3	PA; QL (180 EA per 90 day(s))
<i>diclofenac potassium</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>fenoprofen</i>	1	
FLECTOR	3	PA; QL (60 EA per 30 day(s))
<i>flurbiprofen</i>	1	
<i>ibuprofen tab</i>	1	
INDOCIN	3	
<i>indomethacin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ketoprofen</i>	1	
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam</i>	1	
<i>nabumetone</i>	1	
NALFON	3	
<i>naproxen</i>	1	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin</i>	1	
VIMOVO	3	PA; QL (180 EA per 90 day(s))
VOLTAREN TOP	3	PA
ZIPSOR	3	PA; QL (120 EA per 30 day(s))
Antimigraine Agents		
<i>cafergot</i>	1	
<i>dihydroergotamine</i>	1	
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
MAXALT TAB 10 mg	2	A; QL (12 EA per 30 day(s))
MAXALT TAB 5 mg	2	A; QL (24 EA per 30 day(s))
MAXALT-MLT TAB, RAPID DISSOLVE 10 mg	2	A; QL (12 EA per 30 day(s))
MAXALT-MLT TAB, RAPID DISSOLVE 5 mg	2	A; QL (24 EA per 30 day(s))
METHERGINE	3	
MIGERGOT	3	
MIGRANAL	3	QL (8 ML per 30 day(s))
<i>naratriptan tab 1 mg</i>	1	QL (23 EA per 30 day(s))
<i>naratriptan tab 2.5 mg</i>	1	QL (9 EA per 30 day(s))

Drug Name	Drug Tier	Requirements/Limits
RELPAx TAB 40 mg	2	A; QL (12 EA per 30 day(s))
RELPAx TAB 20 mg	2	A; QL (24 EA per 30 day(s))
<i>sumatriptan sub-q 4 mg/0.5 mL</i>	1	A
<i>sumatriptan sub-q 6 mg/0.5 mL</i>	1	A; QL (9 ML per 30 day(s))
<i>sumatriptan tab 100 mg</i>	1	A; QL (18 EA per 30 day(s))
<i>sumatriptan tab 50 mg</i>	1	A; QL (36 EA per 30 day(s))
<i>sumatriptan tab 25 mg</i>	1	A; QL (72 EA per 30 day(s))
TREXIMET	3	A; PA; QL (18 EA per 30 day(s))
Antimyasthenic Agents		
<i>guanidine</i>	1	
MESTINON SYRUP	3	
MESTINON TIMESPAN	3	
MYTELASE	3	
<i>pyridostigmine bromide</i>	1	
REGONOL	3	
Antimycobacterials		
ACZONE	3	
CAPASTAT	3	
DAPSONE	2	
<i>ethambutol</i>	1	
<i>isonarif</i>	1	
<i>isoniazid</i>	1	
MYCOBUTIN	2	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
RIFATER	3	
SEROMYCIN	3	

Drug Name	Drug Tier	Requirements/Limits
TRECTOR	3	
Antineoplastics		
ABRAXANE	4	
AFINITOR TAB 10 mg	4	PA; QL (180 EA per 90 day(s))
AFINITOR TAB 2.5 mg, 5 mg	4	PA; QL (270 EA per 90 day(s))
ALIMTA	4	
ALKERAN	4	
<i>anastrozole</i>	1	
AROMASIN	3	G
ARRANON	4	PA
ARZERRA	4	PA
AVASTIN	4	PA
BICNU	3	
<i>bleomycin</i>	1	
BUSULFEX	4	PA
CAMPATH	4	
<i>carboplatin</i>	1	
CEENU	2	
<i>cisplatin</i>	1	
<i>cladribine</i>	1	
CLOLAR	4	PA
<i>cyclophosphamide</i>	1	PA
<i>cytarabine</i>	1	
<i>cytarabine (pf)</i>	1	
<i>dacarbazine</i>	1	
DACOGEN	4	PA
<i>daunorubicin</i>	1	
DAUNOXOME	3	PA
DOXIL	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin</i>	1	
DROXIA	3	
ELSPAR	3	
EMCYT	2	
<i>epirubicin</i>	1	
ERBITUX	4	PA
ETOPOPHOS	3	PA
<i>etoposide</i>	1	
FARESTON	3	
FASLODEX	4	
FEMARA	3	G
FLUDARA	4	PA
<i>fludarabine</i>	1	
FOLOTYN	4	PA
GEMCITABINE	4	PA
GLEEVEC	4	PA
HALAVEN	4	PA
HERCEPTIN	4	
HEXALEN	4	G
<i>hydroxyurea</i>	1	
<i>idarubicin</i>	1	PA
IFEX	3	
<i>ifosfamide</i>	1	
IFOSFAMIDE-MESNA	4	PA
IRESSA	4	PA
IRINOTECAN	4	PA
ISTODAX	4	PA
IXEMPRA	4	
JEVTANA	4	

Drug Name	Drug Tier	Requirements/Limits
LEUKERAN	2	
LYSODREN	2	
MATULANE	4	
MELPHALAN	4	
<i>mercaptopurine</i>	1	
<i>mitomycin</i>	1	
<i>mitoxantrone</i>	1	
MUSTARGEN	3	
NEXAVAR	4	PA; QL (360 EA per 90 day(s))
ONTAK	4	
OXALIPLATIN	4	
<i>paclitaxel</i>	1	
PANRETIN	3	
PENTOSTATIN	4	
PHOTOFRIN	4	PA
REVLIMID CAP 15 mg, 25 mg	4	PA; QL (21 EA per 28 day(s))
REVLIMID CAP 10 mg, 5 mg	4	PA; QL (30 EA per 30 day(s))
RITUXAN	2	PA
SIMULECT	4	PA
SPRYCEL TAB 20 mg	4	PA; QL (180 EA per 90 day(s))
SPRYCEL TAB 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	4	PA; QL (90 EA per 90 day(s))
SUTENT	4	PA; QL (90 EA per 90 day(s))
TABLOID	3	
<i>tamoxifen</i>	1	
TARCEVA TAB 25 mg	4	PA; QL (180 EA per 90 day(s))
TARCEVA TAB 100 mg, 150 mg	4	PA; QL (90 EA per 90 day(s))
TARGRETIN	4	
TASIGNA	4	PA; QL (360 EA per 90 day(s))
TAXOTERE IV 80 mg/8 mL (Final)	4	

Drug Name	Drug Tier	Requirements/Limits
THALOMID	4	PA
<i>thiotepa</i>	1	
<i>Toposar</i>	1	
TOPOTECAN	4	PA
TORISEL	4	
TREANDA	4	
<i>tretinoin (chemotherapy)</i>	1	
TRISENOX	3	
TYKERB	4	PA; QL (540 EA per 90 day(s))
VECTIBIX	4	PA
VELCADE	4	
VIDAZA	4	QL (4200 EA per 90 day(s))
<i>vinblastine</i>	1	
<i>vincristine</i>	1	
<i>vinorelbine</i>	1	
VOTRIENT	4	PA; QL (360 EA per 90 day(s))
ZANOSAR	3	
ZOLINZA	4	PA; QL (360 EA per 90 day(s))
ZORTRESS TAB 0.25 mg	3	PA
ZORTRESS TAB 0.5 mg, 0.75 mg	4	PA
Antiparasitics		
<i>acticin</i>	1	
ALBENZA	3	
ALINIA	3	
BILTRICIDE	3	
<i>chloroquine phosphate</i>	1	
COARTEM	3	
DARAPRIM	2	
EURAX	3	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine</i>	1	
<i>lindane</i>	1	QL (1800 ML per 365 day(s))
MALARONE	3	
<i>malathion</i>	1	
<i>mebendazole</i>	1	
<i>mefloquine</i>	1	
MEPRON	2	
NEBUPENT	3	PA
<i>permethrin</i>	1	
PRIMAQUINE	3	
QUALAQUIN	3	PA
STROMEKTOL	3	
ULESFIA	3	
Antiparkinson Agents		
<i>amantadine</i>	1	
APOKYN	4	
AZILECT	3	
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>cabergoline</i>	1	
<i>carbidopa-levodopa</i>	1	
COMTAN	2	
CYCLOSET	3	
LODOSYN	3	
MIRAPEX ER	3	
<i>pramipexole</i>	1	
REQUIP XL	3	PA
<i>ropinirole</i>	1	
<i>selegiline hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR	3	
<i>trihexyphenidyl</i>	1	
Antipsychotics		
ABILIFY IM	3	
ABILIFY ORAL SOLN	3	
ABILIFY TAB 15 mg	3	QL (180 EA per 90 day(s))
ABILIFY TAB 10 mg	3	QL (270 EA per 90 day(s))
ABILIFY TAB 2 mg, 20 mg, 30 mg, 5 mg	3	QL (90 EA per 90 day(s))
ABILIFY DISCMELT 15 mg	3	QL (180 EA per 90 day(s))
ABILIFY DISCMELT 10 mg	3	QL (270 EA per 90 day(s))
<i>chlorpromazine</i>	1	
<i>clozapine</i>	1	
FANAPT TAB 10 mg, 12 mg, 6 mg, 8 mg	3	PA; QL (180 EA per 90 day(s))
FANAPT TAB 1 mg, 2 mg, 4 mg	3	PA; QL (90 EA per 90 day(s))
FANAPT TABS IN A DOSE PACK	3	PA
FAZACLO	3	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
GEODON IM	3	
GEODON ORAL	3	QL (180 EA per 90 day(s))
HALDOL	3	
HALDOL DECANOATE	3	
<i>haloperidol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
INVEGA 24 HR TAB 6 mg	3	PA; QL (180 EA per 90 day(s))
INVEGA 24 HR TAB 1.5 mg, 3 mg, 9 mg	3	PA; QL (90 EA per 90 day(s))
INVEGA SUSTENNA IM SYRINGE 39 mg/0.25 mL, 78 mg/0.5 mL	3	PA; QL (3 ML per 90 day(s))
INVEGA SUSTENNA IM SYRINGE 117 mg/0.75 mL, 156 mg/mL (1 mL), 234 mg/1.5 mL	4	PA; QL (3 ML per 90 day(s))
LATUDA TAB 40 mg	3	PA; QL (180 EA per 90 day(s))
LATUDA TAB 80 mg	3	PA; QL (90 EA per 90 day(s))
<i>loxapine succinate</i>	1	
ORAP	3	
<i>perphenazine</i>	1	
RISPERDAL CONSTA IM SYRINGE 12.5 mg/2 mL, 25 mg/2 mL	3	QL (12 EA per 90 day(s))
RISPERDAL CONSTA IM SYRINGE 37.5 mg/2 mL, 50 mg/2 mL	4	QL (12 EA per 90 day(s))
<i>risperidone oral soln</i>	1	
<i>risperidone tab</i>	1	QL (180 EA per 90 day(s))
<i>risperidone tab, rapid dissolve</i>	1	QL (180 EA per 90 day(s))
SAPHRIS	3	PA; QL (180 EA per 90 day(s))
SEROQUEL TAB 25 mg, 300 mg, 400 mg	2	QL (180 EA per 90 day(s))
SEROQUEL TAB 100 mg, 200 mg, 50 mg	2	QL (270 EA per 90 day(s))
SEROQUEL XR 24 HR TAB 150 mg, 300 mg, 400 mg	2	QL (180 EA per 90 day(s))
SEROQUEL XR 24 HR TAB 200 mg, 50 mg	2	QL (270 EA per 90 day(s))
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine</i>	1	
ZYPREXA	3	

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA ZYDIS	3	
Antispasticity Agents		
<i>baclofen</i>	1	
<i>dantrolene</i>	1	
<i>tizanidine</i>	1	
Antivirals		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	
APTIVUS	2	
ATRIPLA	2	
BARACLUDE ORAL SOLN	4	QL (1890 ML per 90 day(s))
BARACLUDE TAB	4	QL (90 EA per 90 day(s))
COMBIVIR	2	
CRIXIVAN	2	
DENAVIR	3	
<i>didanosine</i>	1	
EMTRIVA	2	
EPIVIR	2	
EPIVIR HBV	2	
EPZICOM	2	
<i>famciclovir</i>	1	
<i>foscarnet</i>	1	PA
FUZEON	4	
<i>ganciclovir</i>	1	
<i>ganciclovir sodium</i>	1	PA
HEPSERA	4	QL (90 EA per 90 day(s))
INTELENCE	2	
INVIRASE	2	
ISENTRESS	4	

Drug Name	Drug Tier	Requirements/Limits
KALETRA	2	
LEXIVA	2	
NORVIR	2	
PREZISTA	2	
REBETOL ORAL SOLN	4	
RELENZA DISKHALER	3	A; QL (60 EA per 180 day(s))
RESCRIPTOR	2	
RETROVIR IV	2	
REYATAZ	2	
RIBAPAK DOSE PACK	4	
RIBASPHERE CAP	4	
RIBASPHERE TAB 200 mg	3	
RIBASPHERE TAB 400 mg, 600 mg	4	
<i>ribavirin tab</i>	1	
RIBAVIRIN CAP	4	
<i>rimantadine</i>	1	
SELZENTRY	2	
<i>stavudine</i>	1	
SUSTIVA	2	
TAMIFLU CAP 75 mg	2	QL (28 EA per 30 day(s))
TAMIFLU CAP 45 mg	2	QL (30 EA per 30 day(s))
TAMIFLU CAP 30 mg	2	QL (90 EA per 30 day(s))
TAMIFLU ORAL SUSP	2	QL (225 ML per 30 day(s))
TRIZIVIR	2	
TRUVADA	2	
TYZEKA	4	
<i>valacyclovir tab 1 g</i>	1	QL (100 EA per 90 day(s))
<i>valacyclovir tab 500 mg</i>	1	QL (200 EA per 90 day(s))
VALCYTE	4	

Drug Name	Drug Tier	Requirements/Limits
VIDEX 2 GRAM PEDIATRIC	2	
VIRACEPT	2	
VIRAMUNE	2	
VIRAZOLE	4	
VIREAD	2	
VISTIDE	4	PA
ZIAGEN	2	
<i>zidovudine</i>	1	
ZOVIRAX TOP	3	
Anxiolytics		
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>bupirone</i>	1	
<i>citalopram oral soln</i>	1	
<i>citalopram tab 10 mg</i>	1	QL (180 EA per 90 day(s))
<i>citalopram tab 20 mg</i>	1	QL (270 EA per 90 day(s))
<i>citalopram tab 40 mg</i>	1	QL (90 EA per 90 day(s))
<i>fluoxetine cap 40 mg</i>	1	QL (180 EA per 90 day(s))
<i>fluoxetine cap 20 mg</i>	1	QL (360 EA per 90 day(s))
<i>fluoxetine cap 10 mg</i>	1	QL (720 EA per 90 day(s))
<i>fluoxetine cap, delayed release</i>	1	QL (4 EA per 28 day(s))
<i>fluoxetine oral soln</i>	1	
<i>fluoxetine tab 20 mg</i>	1	QL (360 EA per 90 day(s))
<i>fluoxetine tab 10 mg</i>	1	QL (720 EA per 90 day(s))
<i>fluvoxamine</i>	1	QL (270 EA per 90 day(s))
LEXAPRO ORAL SOLN	2	
LEXAPRO TAB	2	QL (90 EA per 90 day(s))
LUVOX CR	3	
<i>meprobamate</i>	1	
NARDIL	3	

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine er 24 hr tab 12.5 mg</i>	1	QL (180 EA per 90 day(s))
<i>paroxetine er 24 hr tab 25 mg</i>	1	QL (270 EA per 90 day(s))
<i>paroxetine oral susp</i>	1	
<i>paroxetine tab 10 mg, 30 mg</i>	1	QL (180 EA per 90 day(s))
<i>paroxetine tab 20 mg, 40 mg</i>	1	QL (90 EA per 90 day(s))
<i>selfemra</i>	1	
<i>sertraline oral concentrate</i>	1	
<i>sertraline tab 100 mg, 25 mg</i>	1	QL (180 EA per 90 day(s))
<i>sertraline tab 50 mg</i>	1	QL (270 EA per 90 day(s))
Bipolar Agents		
EQUETRO	3	
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
Blood Glucose Regulators		
<i>acarbose</i>	1	QL (270 EA per 90 day(s))
ACTOPLUS MET	3	PA; QL (270 EA per 90 day(s))
ACTOPLUS MET XR	3	PA; QL (180 EA per 90 day(s))
ACTOS	2	QL (90 EA per 90 day(s))
APIDRA	3	
APIDRA SOLOSTAR	3	
AVANDAMET	3	
AVANDARYL TAB 4-1 mg, 4-2 mg	3	
AVANDARYL TAB 4-4 mg, 8-2 mg, 8-4 mg	3	
AVANDIA TAB 2 mg, 4 mg	3	
AVANDIA TAB 8 mg	3	
BYETTA	3	PA; QL (7.2 ML per 90 day(s))
<i>chlorpropamide</i>	1	
CURITY GAUZE	2	
DUETACT	3	QL (90 EA per 90 day(s))

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride tab 4 mg</i>	1	QL (180 EA per 90 day(s))
<i>glimepiride tab 1 mg, 2 mg</i>	1	QL (90 EA per 90 day(s))
<i>glipizide er 24 hour tab 10 mg</i>	1	QL (180 EA per 90 day(s))
<i>glipizide er 24 hour tab 2.5 mg, 5 mg</i>	1	QL (90 EA per 90 day(s))
<i>glipizide tab 10 mg</i>	1	QL (360 EA per 90 day(s))
<i>glipizide tab 5 mg</i>	1	QL (720 EA per 90 day(s))
<i>glipizide-metformin</i>	1	QL (360 EA per 90 day(s))
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY	2	
<i>glyburide tab 1.25 mg, 2.5 mg</i>	1	QL (180 EA per 90 day(s))
<i>glyburide tab 5 mg</i>	1	QL (360 EA per 90 day(s))
<i>glyburide micronized</i>	1	QL (180 EA per 90 day(s))
<i>glyburide-metformin tab 1.25-250 mg, 2.5-500 mg</i>	1	QL (180 EA per 90 day(s))
<i>glyburide-metformin tab 5-500 mg</i>	1	QL (360 EA per 90 day(s))
<i>glycron tab 6 mg</i>	1	
<i>glycron tab 1.5 mg, 3 mg</i>	1	QL (180 EA per 90 day(s))
GLYSET	3	
HUMALOG	2	QL (60 ML per 30 day(s))
HUMALOG KWIKPEN	2	QL (60 ML per 30 day(s))
HUMALOG MIX 50-50	2	QL (60 ML per 30 day(s))
HUMALOG MIX 50-50 KWIKPEN	2	QL (60 ML per 30 day(s))
HUMALOG MIX 75-25	2	QL (60 ML per 30 day(s))
HUMALOG MIX 75-25 KWIKPEN	2	QL (60 ML per 30 day(s))
HUMULIN 70/30	2	QL (60 ML per 30 day(s))
HUMULIN 70/30 PEN	2	QL (60 ML per 30 day(s))
HUMULIN N	2	QL (60 ML per 30 day(s))
HUMULIN N PEN	2	QL (60 ML per 30 day(s))
HUMULIN R	2	QL (60 ML per 30 day(s))
HUMULIN R U-500 "CONCENTRATED"	2	QL (60 ML per 30 day(s))

Drug Name	Drug Tier	Requirements/Limits
INSULIN PEN NEEDLE	2	
INSULIN SYRINGE-NEEDLE U-100	2	
JANUMET	2	PA; QL (180 EA per 90 day(s))
JANUVIA	2	PA; QL (90 EA per 90 day(s))
KOMBIGLYZE XR 24 HR TAB 2.5-1,000 mg	2	QL (180 EA per 90 day(s))
KOMBIGLYZE XR 24 HR TAB 5-1,000 mg, 5-500 mg	2	QL (90 EA per 90 day(s))
LANTUS	2	QL (30 ML per 30 day(s))
LANTUS SOLOSTAR	2	QL (30 ML per 30 day(s))
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
<i>metformin er 24 hr tab 750 mg</i>	1	QL (270 EA per 90 day(s))
<i>metformin er 24 hr tab 500 mg</i>	1	QL (450 EA per 90 day(s))
<i>metformin tab 1,000 mg</i>	1	QL (180 EA per 90 day(s))
<i>metformin tab 850 mg</i>	1	QL (270 EA per 90 day(s))
<i>metformin tab 500 mg</i>	1	QL (360 EA per 90 day(s))
<i>nateglinide</i>	1	QL (270 EA per 90 day(s))
NOVOLIN 70/30	2	
NOVOLIN 70/30 INNOLET	2	
NOVOLIN N	2	
NOVOLIN N INNOLET	2	
NOVOLIN R INJECTION 100 unit/mL	2	
NOVOLOG	2	QL (60 ML per 30 day(s))
NOVOLOG FLEXPEN	2	QL (60 ML per 30 day(s))
NOVOLOG MIX 70-30	2	QL (60 ML per 30 day(s))
NOVOLOG MIX 70-30 FLEXPEN	2	QL (60 ML per 30 day(s))
ONGLYZA	2	QL (90 EA per 90 day(s))
PRANDIMET	3	PA
PRANDIN TAB 0.5 mg, 1 mg	3	QL (360 EA per 90 day(s))
PRANDIN TAB 2 mg	3	QL (720 EA per 90 day(s))

Drug Name	Drug Tier	Requirements/Limits
RIOMET	3	
SAFETY NEEDLES	2	
SYMLIN	3	PA; QL (60 ML per 90 day(s))
SYMLINPEN 120	3	PA; QL (33 ML per 90 day(s))
SYMLINPEN 60	3	PA; QL (33 ML per 90 day(s))
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	
VICTOZA	3	PA
Blood Products/Modifiers/ Volume Expanders		
AGGRENOX	3	
<i>anagrelide</i>	1	
ARANESP (POLYSORBATE) INJECTION 25 mcg/mL, 40 mcg/mL	3	PA; QL (30 ML per 7 day(s))
ARANESP (POLYSORBATE) INJECTION 100 mcg/mL, 200 mcg/mL, 300 mcg/mL, 60 mcg/mL	4	PA; QL (30 ML per 7 day(s))
ARANESP (POLYSORBATE) SYRINGE 25 mcg/0.42 mL, 40 mcg/0.4 mL	3	PA; QL (30 ML per 7 day(s))
ARANESP (POLYSORBATE) SYRINGE 100 mcg/0.5 mL, 150 mcg/0.3 mL, 200 mcg/0.4 mL, 300 mcg/0.6 mL, 500 mcg/mL, 60 mcg/0.3 mL	4	PA; QL (30 ML per 7 day(s))
ARIXTRA	2	
<i>cilostazol</i>	1	
COUMADIN IV	2	PA
COUMADIN ORAL	2	
<i>dipyridamole</i>	1	
EFFIENT	3	PA
<i>enoxaparin</i>	1	
EPOGEN INJECTION 2,000 unit/mL, 20,000 unit/2 mL, 3,000 unit/mL, 4,000 unit/mL	3	PA; QL (30 ML per 7 day(s))
EPOGEN INJECTION 20,000 unit/mL	4	PA; QL (30 ML per 7 day(s))

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SUB-Q	2	
FRAGMIN SUB-Q SYRINGE 2,500 unit/0.2 mL, 5,000 unit/0.2 mL	2	
FRAGMIN SUB-Q SYRINGE 10,000 unit/mL, 7,500 unit/0.3 mL	4	
<i>heparin (porcine) injection 1,000 unit/mL</i>	1	
<i>heparin (porcine) injection 10,000 unit/mL, 20,000 unit/mL, 5,000 unit/mL</i>	1	PA
<i>heparin (porcine) in d5w</i>	1	PA
<i>heparin (porcine) in ns (pf)</i>	1	PA
<i>heparin (porcine)-0.45% nacl</i>	1	PA
<i>heparin, porcine (pf)</i>	1	PA
INNOHEP	3	
<i>jantoven</i>	1	
LEUKINE	4	
LYSTEDA	3	QL (120 EA per 90 day(s))
MOZOBIL	4	QL (4.8 ML per 90 day(s))
NEULASTA	4	QL (30 ML per 7 day(s))
NEUMEGA	4	PA; QL (30 EA per 7 day(s))
NEUPOGEN	4	QL (30 ML per 7 day(s))
PLAVIX	2	
PRADAXA	3	PA
PROCRIT INJECTION 10,000 unit/mL, 2,000 unit/mL, 20,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL	2	PA; QL (30 ML per 7 day(s))
PROCRIT INJECTION 40,000 unit/mL	4	PA; QL (30 ML per 7 day(s))
PROMACTA TAB 25 mg	4	
PROMACTA TAB 50 mg, 75 mg	4	
<i>ticlopidine</i>	1	
<i>warfarin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents		
<i>acebutolol</i>	1	
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	
ADVICOR	3	
<i>afeditab cr</i>	1	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amiodarone</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	QL (90 EA per 90 day(s))
AMTURNIDE	3	PA
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
AZOR	3	PA
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide tab 5-6.25 mg</i>	1	QL (1440 EA per 90 day(s))
<i>benazepril-hydrochlorothiazide tab 20-12.5 mg, 20-25 mg</i>	1	QL (360 EA per 90 day(s))
<i>benazepril-hydrochlorothiazide tab 10-12.5 mg</i>	1	QL (720 EA per 90 day(s))
<i>betaxolol</i>	1	
BIDIL	3	PA; QL (540 EA per 90 day(s))
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
BYSTOLIC	2	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide tab 50-25 mg</i>	1	QL (270 EA per 90 day(s))
<i>captopril-hydrochlorothiazide tab 25-15 mg, 25-25 mg, 50-15 mg</i>	1	QL (90 EA per 90 day(s))

Drug Name	Drug Tier	Requirements/Limits
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorothiazide sodium</i>	1	PA
<i>chlorthalidone</i>	1	
<i>cholestyramine light</i>	1	
<i>clonidine</i>	1	
<i>colestipol</i>	1	
COREG CR	2	QL (60 EA per 30 day(s))
CRESTOR	2	QL (90 EA per 90 day(s))
<i>dexrazoxane</i>	1	PA
DIBENZYLINE	3	
<i>digoxin</i>	1	
<i>dilt-cd</i>	1	
<i>diltiazem hcl oral</i>	1	
<i>diltiazem iv</i>	1	
<i>diltiazem iv powder for solution</i>	1	PA
<i>dilt-xr</i>	1	
<i>diltzac er</i>	1	
DIOVAN TAB 160 mg, 40 mg, 80 mg	2	QL (180 EA per 90 day(s))
DIOVAN TAB 320 mg	2	QL (90 EA per 90 day(s))
DIOVAN HCT	2	QL (90 EA per 90 day(s))
<i>disopyramide</i>	1	
DIURIL	3	
<i>doxazosin</i>	1	QL (180 EA per 90 day(s))
DYNACIRC CR	3	
DYRENIUM	3	
EDECRIN	2	
<i>enalapril maleate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril-hydrochlorothiazide tab 10-25 mg</i>	1	QL (180 EA per 90 day(s))
<i>enalapril-hydrochlorothiazide tab 5-12.5 mg</i>	1	QL (90 EA per 90 day(s))
<i>eplerenone</i>	1	
EXFORGE	3	PA; QL (90 EA per 90 day(s))
EXFORGE HCT	3	PA; QL (90 EA per 90 day(s))
<i>felodipine</i>	1	
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>flecainide</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (360 EA per 90 day(s))
<i>fosinopril-hydrochlorothiazide tab 10-12.5 mg</i>	1	QL (90 EA per 90 day(s))
<i>furosemide</i>	1	
<i>gemfibrozil</i>	1	
<i>guanabenz</i>	1	
<i>guanfacine</i>	1	
<i>hydralazine</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
INNOPRAN XL	3	
INTUNIV ER	3	PA
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isradipine</i>	1	
<i>labetalol iv</i>	1	PA
<i>labetalol oral</i>	1	
LANOXIN	2	
LANOXIN PEDIATRIC	2	
LEVATOL	3	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide tab 20-25 mg</i>	1	QL (360 EA per 90 day(s))
<i>lisinopril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg</i>	1	QL (90 EA per 90 day(s))
<i>losartan tab 25 mg, 50 mg</i>	1	QL (180 EA per 90 day(s))
<i>losartan tab 100 mg</i>	1	QL (90 EA per 90 day(s))
<i>losartan-hydrochlorothiazide tab 50-12.5 mg</i>	1	QL (180 EA per 90 day(s))
<i>losartan-hydrochlorothiazide tab 100-12.5 mg, 100-25 mg</i>	1	QL (90 EA per 90 day(s))
<i>lovastatin tab 20 mg, 40 mg</i>	1	QL (180 EA per 90 day(s))
<i>lovastatin tab 10 mg</i>	1	QL (90 EA per 90 day(s))
LOVAZA	2	
<i>methazolamide</i>	1	
<i>methyclothiazide</i>	1	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>methyldopate</i>	1	PA
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate iv</i>	1	PA
<i>metoprolol tartrate oral</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>mexiletine</i>	1	
<i>midodrine</i>	1	
<i>minoxidil</i>	1	
<i>moexipril</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1	QL (180 EA per 90 day(s))
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg, 7.5-12.5 mg</i>	1	QL (90 EA per 90 day(s))
MULTAQ	3	

Drug Name	Drug Tier	Requirements/Limits
<i>nadolol</i>	1	
<i>nadolol-bendroflumethiazide</i>	1	
NIASPAN EXTENDED-RELEASE	2	
<i>nicardipine iv</i>	1	PA
<i>nicardipine oral</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
NITRO-BID	3	
NITRO-DUR TRANSDERM 24 HR PATCH 0.3 mg/hr, 0.8 mg/hr	2	
<i>nitroglycerin iv</i>	1	PA
<i>nitroglycerin td</i>	1	
NITROMIST	3	
NITROSTAT	3	
NORPACE CR	3	
<i>pentopak</i>	1	
<i>pentoxifylline</i>	1	
<i>perindopril erbumine</i>	1	
<i>pindolol</i>	1	
<i>pravastatin tab 40 mg</i>	1	QL (180 EA per 90 day(s))
<i>pravastatin tab 10 mg, 20 mg, 80 mg</i>	1	QL (90 EA per 90 day(s))
<i>prazosin</i>	1	QL (360 EA per 90 day(s))
<i>prevalite</i>	1	
<i>procainamide</i>	1	
PROGLYCEM	3	
<i>propafenone</i>	1	
<i>propranolol iv</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol oral</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	QL (90 EA per 90 day(s))
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
<i>ramipril</i>	1	
RANEXA	3	PA
<i>reserpine</i>	1	
SAMSCA TAB 15 mg	4	PA; QL (1460 EA per 365 day(s))
SAMSCA TAB 30 mg	4	PA; QL (730 EA per 365 day(s))
SIMCOR 24 HR TAB 500-20 mg, 750-20 mg	3	QL (180 EA per 90 day(s))
SIMCOR 24 HR TAB 1,000-40 mg, 500-40 mg	3	QL (90 EA per 90 day(s))
<i>simvastatin</i>	1	QL (90 EA per 90 day(s))
SODIUM EDECIN	3	PA
<i>sorine</i>	1	
<i>sotalol iv</i>	1	PA
<i>sotalol oral</i>	1	
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>taztia xt</i>	1	
TEKAMLO	3	PA; QL (90 EA per 90 day(s))
TEKTURNA	3	PA; QL (90 EA per 90 day(s))
TEKTURNA HCT	3	PA; QL (90 EA per 90 day(s))
<i>terazosin</i>	1	QL (180 EA per 90 day(s))
THALITONE	3	
TIKOSYN	3	
<i>toremide iv</i>	1	PA
<i>toremide oral</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril</i>	1	
<i>trandolapril-verapamil er multiphase 24 hr tab 4-240 mg</i>	1	QL (180 EA per 90 day(s))
<i>trandolapril-verapamil er multiphase 24 hr tab 1-240 mg, 2-180 mg, 2-240 mg</i>	1	QL (90 EA per 90 day(s))
<i>triamterene-hydrochlorothiazid</i>	1	
TRIBENZOR	2	PA
TRILIPIX	2	
TWYNSTA	3	PA; QL (90 EA per 90 day(s))
VALTURNA	2	PA; QL (90 EA per 90 day(s))
<i>verapamil</i>	1	
VYTORIN 10-10	3	
VYTORIN 10-20	3	
VYTORIN 10-40	3	
VYTORIN 10-80	3	
WELCHOL	3	
ZETIA	2	QL (90 EA per 90 day(s))
Central Nervous System Agents		
<i>amphetamine salt combo</i>	1	
AMPYRA	4	PA; QL (60 EA per 30 day(s))
DAYTRANA	3	PA
DEMSER	3	
<i>dexmethylphenidate</i>	1	
<i>dextroamphetamine</i>	1	
FOCALIN XR	3	
GILENYA	4	PA; QL (28 EA per 28 day(s))
METADATE CD CAP 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	3	
<i>metadate er</i>	1	
<i>methamphetamine</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylin tab</i>	1	
<i>methylin er</i>	1	
<i>methylphenidate</i>	1	
NUEDEXTA	3	PA; QL (180 EA per 90 day(s))
NUVIGIL	3	PA
PROVIGIL	2	PA; QL (90 EA per 90 day(s))
RILUTEK	4	
RITALIN LA	3	
VYVANSE	3	PA
XENAZINE	4	PA
XYREM	4	
Dental and Oral Agents		
<i>chlorhexidine gluconate</i>	1	
CYKLOKAPRON	2	
EVOXAC	3	
KEPIVANCE	4	PA
<i>pilocarpine hcl</i>	1	
Dermatological Agents		
8-MOP	3	
ACANYA	3	
<i>adapalene</i>	1	A
AKNE-MYCIN	3	
AMEVIVE	4	PA
<i>ammonium lactate</i>	1	
amnesteem	1	
AZELEX	3	
<i>calcipotriene</i>	1	
CARAC	3	
<i>claravis cap 10 mg, 20 mg, 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CLARAVIS CAP 30 mg	4	
CLINDAGEL	3	
<i>clindamycin-benzoyl peroxide</i>	1	
CONDYLOX	3	
DIFFERIN LOTION	3	A
DIFFERIN TOPICAL GEL 0.3 %	3	A
ELIDEL	3	
EPIDUO	3	A
<i>erythromycin with ethanol</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
FINACEA	3	
FLUOROPLEX	2	
<i>fluorouracil</i>	1	
<i>imiquimod</i>	1	
<i>laclotion</i>	1	
OXSORALEN	3	
OXSORALEN ULTRA	4	
PENNSAID	3	
<i>podofilox</i>	1	
PROTOPIC	3	
REGRANEX	2	
SANTYL	3	
<i>selenium sulfide</i>	1	
SOLARAZE	2	
SORIATANE	4	
<i>sotret sap 10 mg, 20 mg, 40 mg</i>	1	
TACLONEX	3	PA
TACLONEX SCALP	3	PA
<i>tretinoin</i>	1	A

Drug Name	Drug Tier	Requirements/Limits
UVADEX	3	
VECTICAL	3	PA
VEREGEN	3	
<i>water for irrigation, sterile</i>	1	
Enzyme Replacements/ Modifiers		
ADAGEN	4	
ALDURAZYME	4	PA
BUPHENYL	4	
CEREDASE	4	PA
CEREZYME	4	PA
CREON	3	
CYSTAGON	3	
ELAPRASE	4	PA
ELITEK	4	
FABRAZYME	4	PA
KUVAN	4	
NAGLAZYME	4	
ORFADIN	4	
PANCREAZE	3	
VPRIV	4	PA
ZAVESCA	2	
ZENPEP	3	
Gastrointestinal Agents		
AMITIZA	3	
<i>atropine</i>	1	
BENTYL IM	3	
CANTIL	3	
<i>cimetidine</i>	1	
CIMZIA	4	PA; QL (5 EA per 90 day(s))

Drug Name	Drug Tier	Requirements/Limits
CIMZIA POWDER FOR RECONST	4	PA; QL (5 EA per 90 day(s))
<i>dicyclomine</i>	1	
DIPENTUM	3	
<i>diphenoxylate-atropine</i>	1	
<i>famotidine oral susp</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>famotidine (pf)</i>	1	
<i>famotidine(pf) in sal (iso-os)</i>	1	PA
<i>gavilyte-c</i>	1	QL (4000 ML per 30 day(s))
<i>gavilyte-g</i>	1	QL (4000 ML per 30 day(s))
<i>gavilyte-n</i>	1	QL (4000 ML per 30 day(s))
<i>glycopyrrolate</i>	1	
HELIDAC	3	
<i>lactulose</i>	1	
<i>lansoprazole cap, delayed release 30 mg</i>	1	QL (180 EA per 90 day(s))
<i>lansoprazole rapid dissolve tab, delayed release</i>	1	QL (180 EA per 90 day(s))
<i>loperamide</i>	1	
LOTRONEX	2	QL (180 EA per 90 day(s))
<i>methscopolamine</i>	1	
<i>misoprostol</i>	1	
MOTOFEN	3	
NEXIUM	2	QL (90 EA per 90 day(s))
NEXIUM IV	2	PA
NEXIUM PACKET	2	QL (90 EA per 90 day(s))
<i>nizatidine</i>	1	
<i>omeprazole cap, delayed release 10 mg, 20 mg</i>	1	QL (180 EA per 90 day(s))
<i>omeprazole cap, delayed release 40 mg</i>	1	QL (90 EA per 90 day(s))
<i>omeprazole-sodium bicarbonate cap 40-1.1 mg-gram</i>	1	QL (90 EA per 90 day(s))
OSMOPREP	3	

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole</i>	1	
<i>polyethylene glycol 3350</i>	1	QL (1054 GM per 30 day(s))
PROTONIX IV	3	PA
PROTONIX ORAL SUSP	3	PA
PYLERA	3	PA
<i>ranitidine cap 300 mg</i>	1	
<i>ranitidine hcl inj</i>	1	
<i>ranitidine syrup</i>	1	
<i>ranitidine tab 300 mg</i>	1	
RELISTOR	3	
<i>sucralfate</i>	1	
SUPREP	3	
<i>trilyte with flavor packets</i>	1	QL (4000 ML per 30 day(s))
<i>ursodiol</i>	1	
VISICOL	3	
XENICAL	3	
ZANTAC 25 EFFERDOSE	3	
ZANTAC IN 1/2 NS	3	PA
ZEGERID ORAL PACKET 40-1,680 mg	3	PA
Genitourinary Agents		
AVODART	2	A; G; QL (90 EA per 90 day(s))
<i>bethanechol chloride</i>	1	
<i>calcium acetate</i>	1	
DETROL	2	QL (180 EA per 90 day(s))
DETROL LA	2	QL (90 EA per 90 day(s))
<i>eliphos</i>	1	
ELMIRON	3	
<i>finasteride</i>	1	A; G; QL (90 EA per 90 day(s))
<i>flavoxate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
FOSRENOL	3	
GELNIQUE	3	QL (90 GM per 90 day(s))
JALYN	3	A; QL (90 EA per 90 day(s))
<i>oxybutynin chloride er 24 hr tab 10 mg, 15 mg</i>	1	QL (180 EA per 90 day(s))
<i>oxybutynin chloride er 24 hr tab 5 mg</i>	1	QL (90 EA per 90 day(s))
<i>oxybutynin chloride syrup</i>	1	
<i>oxybutynin chloride tab</i>	1	QL (360 EA per 90 day(s))
OXYTROL	3	QL (32 EA per 90 day(s))
RAPAFLO	2	A; G; QL (90 EA per 90 day(s))
RENAGEL	3	
RENVELA	3	PA
<i>tamsulosin</i>	1	A; QL (180 EA per 90 day(s))
TOVIAZ	2	PA; QL (90 EA per 90 day(s))
<i>trospium</i>	1	QL (180 EA per 90 day(s))
VESICARE	2	QL (90 EA per 90 day(s))
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>a-hydrocort</i>	1	
<i>alclometasone</i>	1	
<i>amcinonide</i>	1	
<i>a-methapred</i>	1	PA
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
<i>betamethasone, augmented</i>	1	
CAPEX	3	
CELESTONE	3	
<i>clobetasol</i>	1	
<i>clobetasol-emollient</i>	1	
CLOBEX	3	
CORTIFOAM	3	

Drug Name	Drug Tier	Requirements/Limits
<i>cortisone</i>	1	
DEPO-MEDROL SUSP FOR INJECTION 20 mg/mL	3	PA
DERMA-SMOOTH/FS BODY OIL	3	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>dexamethasone</i>	1	
DEXAMETHASONE INTENSOL	3	
<i>diflorasone</i>	1	
<i>fludrocortisone</i>	1	
<i>fluocinolone</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide-emollient</i>	1	
<i>fluticasone</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>methylprednisolone</i>	1	PA
<i>methylprednisolone acetate</i>	1	PA
<i>methylprednisolone sodium succ</i>	1	PA
<i>mometasone</i>	1	
OLUX-E	3	
ORAPRED ODT TAB, RAPID DISSOLVE 30 mg	3	
PANDEL	2	
<i>prednicarbate</i>	1	
<i>prednisolone sodium phosphate</i>	1	PA
<i>prednisone</i>	1	PA
PREDNISONE INTENSOL	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>proctocream-hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
SOLU-CORTEF (PF)	3	
SOLU-MEDROL	3	PA
SOLU-MEDROL (PF)	3	PA
<i>triamcinolone acetonide</i>	1	
<i>triderm</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>chorionic gonadotropin, human</i>	1	
<i>desmopressin</i>	1	
EGRIFTA	4	PA
GENOTROPIN SUBQ CARTRIDGE 12 mg/mL (36 unit/mL)	4	
GENOTROPIN SUBQ CARTRIDGE 5 mg/mL (15 unit/mL)	4	PA
GENOTROPIN MINIQUICK SUB-Q SYRINGE 0.2 mg/0.25 mL	3	PA
GENOTROPIN MINIQUICK SUB-Q SYRINGE 0.4 mg/0.25 mL, 0.6 mg/0.25 mL, 0.8 mg/0.25 mL, 1 mg/0.25 mL, 1.2 mg/0.25 mL, 1.4 mg/0.25 mL, 1.6 mg/0.25 mL, 1.8 mg/0.25 mL, 2 mg/0.25 mL	4	PA
HUMATROPE	4	PA
INCRELEX	4	PA
NORDITROPIN NORDIFLEX	4	PA
NUTROPIN	4	PA
NUTROPIN AQ	4	PA
NUTROPIN AQ NUSPIN	2	PA
OMNITROPE SUBQ CARTRIDGE 10 mg/1.5 mL	3	PA

Drug Name	Drug Tier	Requirements/Limits
OMNITROPE SUBQ CARTRIDGE 5 mg/1.5 mL (3.3 mg/mL)	4	PA
OMNITROPE SUB-Q SOLN	3	PA
SAIZEN	4	PA
SAIZEN CLICK.EASY	4	PA
SEROSTIM	4	PA
STIMATE	3	
TEV-TROPIN	3	PA
ZORBTIVE	4	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ACTIVELLA TAB 0.5-0.1 mg	3	
ALORA	3	G
ANADROL-50	3	
ANDRODERM	3	G
ANDROGEL	2	G
ANDROID	3	G
ANDROXY	3	
ANGELIQ	3	G
<i>apri</i>	1	G
<i>aranelle (28)</i>	1	G
<i>aviane</i>	1	G
<i>balziva (28)</i>	1	G
BEYAZ	3	G
<i>camila</i>	1	G
CENESTIN	3	G
CLIMARA PRO	3	G
COMBIPATCH	3	G
CRINONE VAGINAL GEL 4 %	3	G
CRINONE VAGINAL GEL 8 %	3	G
<i>cryselle (28)</i>	1	G

Drug Name	Drug Tier	Requirements/Limits
<i>cyclafem 1/35 (28)</i>	1	G
<i>cyclafem 7/7/7 (28)</i>	1	G
<i>danazol</i>	1	G
DEPO-ESTRADIOL	3	G
DEPO-PROVERA IM	3	G
DEPO-SUBQ PROVERA 104	3	G
DIVIGEL	3	G
ELESTRIN	3	G
ENDOMETRIN	3	G
ENJUVIA	3	G
<i>enpresse</i>	1	G
<i>errin</i>	1	G
ESTRACE VAGL	3	G
ESTRADERM	2	G
<i>estradiol</i>	1	G
<i>estradiol valerate</i>	1	G
<i>estradiol-norethindrone acet</i>	1	G
ESTRING	3	G; QL (1 EA per 90 day(s))
<i>estropipate</i>	1	G
EVISTA	2	G; QL (90 EA per 90 day(s))
FEMHRT LOW DOSE	3	G
FEMRING	3	G
FEMTRACE	3	G
<i>gianvi</i>	1	G
<i>jolivette</i>	1	G
<i>junel 1.5/30 (21)</i>	1	G
<i>junel 1/20 (21)</i>	1	G
<i>junel fe 1.5/30 (28)</i>	1	G
<i>junel fe 1/20 (28)</i>	1	G

Drug Name	Drug Tier	Requirements/Limits
<i>kariva</i>	1	G
<i>kelnor 1/35 (28)</i>	1	G
<i>leena 28</i>	1	G
<i>lessina</i>	1	G
<i>levora-28</i>	1	G
<i>low-ogestrel (28)</i>	1	G
<i>lutera (28)</i>	1	G
<i>medroxyprogesterone</i>	1	G
MEGACE ES	3	QL (150 ML per 30 day(s))
<i>megestrol oral susp</i>	1	QL (600 ML per 30 day(s))
<i>megestrol tab</i>	1	QL (240 EA per 30 day(s))
MENEST	3	G
MENOSTAR	3	G
METHITEST	3	G
<i>microgestin 1.5/30 (21)</i>	1	G
<i>microgestin 1/20 (21)</i>	1	G
<i>microgestin fe 1.5/30 (28)</i>	1	G
<i>microgestin fe 1/20 (28)</i>	1	G
<i>mononessa (28)</i>	1	G
<i>necon 0.5/35 (28)</i>	1	G
<i>necon 1/35 (28)</i>	1	G
<i>necon 7/7/7 (28)</i>	1	G
<i>next choice</i>	1	G
<i>nora-be</i>	1	G
<i>norethindrone acetate</i>	1	G
<i>nortrel 0.5/35 (28)</i>	1	G
<i>nortrel 1/35 (21)</i>	1	G
<i>nortrel 1/35 (28)</i>	1	G
<i>nortrel 7/7/7 (28)</i>	1	G

Drug Name	Drug Tier	Requirements/Limits
NUVARING	3	G
<i>ocella</i>	1	G
ORTHO EVRA	3	G
<i>ortho-est 0.625</i>	1	G
<i>ortho-est 1.25</i>	1	G
<i>oxandrolone</i>	1	
<i>portia</i>	1	G
PREFEST	3	G
PREMARIN	2	G
PREMPHASE	2	G
PREMPRO	2	G
<i>previfem</i>	1	G
PROMETRIUM	2	G
<i>quasense</i>	1	G
<i>reclipsen (28)</i>	1	G
<i>sprintec (28)</i>	1	G
<i>sronyx</i>	1	G
STRIANT	3	G
<i>testosterone cypionate</i>	1	G
<i>testosterone enanthate</i>	1	G
TESTRED	3	G
<i>tri-legest fe</i>	1	G
<i>trinessa (28)</i>	1	G
<i>tri-previfem (28)</i>	1	G
<i>tri-sprintec (28)</i>	1	G
<i>trivora (28)</i>	1	G
VAGIFEM	3	G
<i>velivet</i>	1	G
VIVELLE-DOT	2	G

Drug Name	Drug Tier	Requirements/Limits
<i>zovia 1/35e (28)</i>	1	G
<i>zovia 1/50e (28)</i>	1	G
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL	3	
LEVOTHROID	3	
<i>levothyroxine</i>	1	
LEVOXYL	3	
<i>liothyronine iv</i>	1	PA
<i>liothyronine oral</i>	1	
SYNTHROID	3	
THYROLAR-1	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
UNITHROID	2	
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR TAB 30 mg	2	
SENSIPAR TAB 60 mg, 90 mg	4	
Hormonal Agents, Suppressant (Pituitary)		
ELIGARD	3	
FIRMAGON SUB-Q SOLN 80 mg	3	
FIRMAGON SUB-Q SOLN 120 mg	4	QL (1 EA per 90 day(s))
<i>leuprolide</i>	1	
LUPRON DEPOT IM KIT	3	
LUPRON DEPOT IM SYRINGE	4	
LUPRON DEPOT (3 MONTH)	4	
LUPRON DEPOT (4 MONTH)	4	
LUPRON DEPOT-PED	4	
<i>octreotide acetate injection 100 mcg/mL, 200 mcg/mL, 50 mcg/mL</i>	1	

Drug Name	Drug Tier	Requirements/Limits
OCTREOTIDE ACETATE INJECTION 1,000 mcg/mL, 500 mcg/mL	4	
SANDOSTATIN INJECTION 50 mcg/mL	3	
SANDOSTATIN INJECTION 1,000 mcg/mL, 100 mcg/mL, 200 mcg/mL, 500 mcg/mL	4	
SANDOSTATIN LAR DEPOT	4	
SOMATULINE DEPOT	4	
SOMAVERT	4	
SYNAREL	4	
TRELSTAR	3	
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)		
<i>bicalutamide</i>	1	G
<i>flutamide</i>	1	G
NILANDRON	3	G; QL (120 EA per 90 day(s))
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
Immunological Agents		
ACTEMRA	4	PA
ACTHIB	2	
ACTIMMUNE	4	
ADACEL (ADOLESCENT & ADULT)	2	
ARCALYST	4	
ATGAM	4	PA
AVONEX	4	QL (4 EA per 30 day(s))
AVONEX ADMINISTRATION PACK	4	QL (4 EA per 30 day(s))
AZASAN	3	PA
<i>azathioprine</i>	1	PA
<i>azathioprine sodium</i>	1	PA
BETASERON	4	QL (15 EA per 30 day(s))

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX	2	
CARIMUNE NF NANOFILTERED	4	PA
CELLCEPT CAP	3	PA
CELLCEPT ORAL SUSP	2	PA
CELLCEPT TAB	3	PA
CELLCEPT INTRAVENOUS	2	PA
CERVARIX	2	
COMVAX	2	
COPAXONE	4	QL (32 EA per 30 day(s))
CUPRIMINE	3	
<i>cyclosporine</i>	1	PA
<i>cyclosporine modified cap 100 mg</i>	1	PA
<i>cyclosporine modified oral soln</i>	1	PA
CYCLOSPORINE MODIFIED CAP 50 mg	3	PA
DAPTACEL (PEDIATRIC) (PF)	2	
DECAVAC	2	
DEPEN TITRATABS	3	
ENBREL	4	PA; QL (600 EA per 90 day(s))
ENGERIX-B (PF)	2	PA
EXTAVIA	4	QL (15 EA per 30 day(s))
GAMASTAN S/D	3	PA
GAMMAGARD LIQUID	4	PA
<i>gammaplex</i>	1	PA
GAMUNEX	3	PA
GARDASIL	2	
<i>gengraf</i>	1	PA
HAVRIX (PF)	2	
HIZENTRA	4	PA
HUMIRA SUB-Q KIT 20 mg/0.4 mL	4	PA; QL (2.4 EA per 90 day(s))

Drug Name	Drug Tier	Requirements/Limits
HUMIRA SUB-Q KIT 40 mg/0.8 mL	4	PA; QL (4.8 EA per 90 day(s))
HUMIRA CROHN'S DIS START PCK	4	PA
IMOVAX RABIES VACCINE	3	
INFANRIX (PF)	2	
INFERGEN	4	
INTRON A INJECTION	3	
INTRON A SOLUTION FOR INJECTION	4	
INTRON A SUBQ PEN KIT 3 million unit /0.2 mL-6 doses	3	
INTRON A SUBQ PEN KIT 10 million unit/0.2 mL, 5 million unit/0.2 mL	4	
IPOL	2	
IXIARO (PF)	2	
JE-VAX	2	
KINERET	4	PA
<i>leflunomide</i>	1	QL (90 EA per 90 day(s))
MENACTRA (PF)	2	
MENOMUNE - A/C/Y/W-135 (PF)	2	
MENVEO A-C-Y-W-135-DIP (PF)	2	
<i>methotrexate sodium inj</i>	1	
<i>methotrexate sodium oral</i>	1	PA
<i>methotrexate sodium (pf)</i>	1	
M-M-R II (PF)	2	
<i>mycophenolate mofetil</i>	1	PA
MYFORTIC	3	PA
NEORAL	3	PA
ORENCIA	4	PA
ORTHOCLONE OKT3	4	PA
PEDVAX HIB	2	
PEGASYS	4	QL (12 ML per 90 day(s))

Drug Name	Drug Tier	Requirements/Limits
PEGASYS CONVENIENCE PACK	4	QL (6 EA per 90 day(s))
PEGINTRON	4	QL (12 EA per 90 day(s))
PEGINTRON REDIPEN	4	QL (12 EA per 90 day(s))
PRIVIGEN	4	PA
PROGRAF IV	2	PA
PROGRAF ORAL	3	PA
PROLEUKIN	4	
PROQUAD	2	
RABAVERT (PF)	2	
RAPAMUNE	2	PA
REBIF	4	QL (12 ML per 30 day(s))
REBIF TITRATION PACK	4	QL (12 ML per 30 day(s))
RECOMBIVAX HB (PF)	2	PA
REMICADE	4	PA
RIDAURA	3	
ROTATEQ VACCINE	2	
SANDIMMUNE	3	PA
SIMPONI	4	PA; QL (1 ML per 30 day(s))
STELARA	4	
SYNAGIS	4	
<i>tacrolimus</i>	1	PA
TETANUS TOXOID, ADSORBED (PF)	2	
TETANUS, DIPHTHERIA TOXD PED-PF	2	
TETANUS-DIPHTHERIA TOXOIDS-TD	2	
THYMOGLOBULIN	4	PA
TREXALL	3	
TRIPEDIA (PF)	2	
TWINRIX (PF)	2	PA
TYPHIM VI	2	

Drug Name	Drug Tier	Requirements/Limits
TYSABRI	4	PA
VAQTA (PF)	2	
VARIVAX (PF)	2	
VIVAGLOBIN	4	PA
YF-VAX	2	
ZOSTAVAX	2	
Inflammatory Bowel Disease Agents		
ASACOL	2	
<i>balsalazide</i>	1	
CANASA	2	
ENTOCORT EC	3	
<i>mesalamine</i>	1	
PENTASA	2	
<i>sulfasalazine</i>	1	
<i>sulfazine ec</i>	1	
Metabolic Bone Disease Agents		
ACTONEL TAB 35 mg	3	QL (12 EA per 90 day(s))
ACTONEL TAB 150 mg	3	QL (3 EA per 90 day(s))
ACTONEL TAB 30 mg	3	QL (60 EA per 120 day(s))
ACTONEL TAB 5 mg	3	QL (90 EA per 90 day(s))
<i>alendronate tab 35 mg, 70 mg</i>	1	QL (12 EA per 90 day(s))
<i>alendronate tab 40 mg</i>	1	QL (180 EA per 365 day(s))
<i>alendronate tab 10 mg, 5 mg</i>	1	QL (90 EA per 90 day(s))
<i>calcitonin (salmon)</i>	1	PA; QL (12 ML per 90 day(s))
<i>calcitriol</i>	1	PA
CYSTADANE	3	
<i>etidronate disodium</i>	1	
FORTEO	4	PA; QL (7.2 ML per 90 day(s))
FOSAMAX ORAL SOLN	3	

Drug Name	Drug Tier	Requirements/Limits
FOSAMAX PLUS D	3	
HECTOROL	3	PA
<i>pamidronate</i>	1	PA
PROLIA	3	
RECLAST	3	PA
SKELID	4	QL (180 EA per 90 day(s))
XGEVA	4	PA; QL (5.1 ML per 90 day(s))
ZELAPAR	3	
ZEMPLAR	2	PA
ZOMETA	4	QL (30 ML per 90 day(s))
Ophthalmic Agents		
<i>ak-tob</i>	1	
ALOCRIAL	3	
ALPHAGAN P EYE DROPS 0.1 %	3	
<i>apraclonidine</i>	1	
AZASITE	3	
AZOPT	3	
<i>bacitracin-polymyxin b</i>	1	
<i>brimonidine</i>	1	
<i>carteolol</i>	1	
CILOXAN EYE OINTMENT	3	
COMBIGAN	3	
<i>dexamethasone sodium phosphate</i>	1	
<i>diclofenac sodium</i>	1	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
DUREZOL	3	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>gantasol</i>	1	
<i>ketorolac</i>	1	
LACRISERT	2	
<i>levobunolol</i>	1	
LOTEMAX	2	
LUMIGAN	2	
<i>metipranolol</i>	1	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-dexameth</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neomycin-polymyxin-hc</i>	1	
PATADAY	3	
PATANOL	2	
PHOSPHOLINE IODIDE	3	
PILOPINE HS	3	
<i>poly-dex</i>	1	
POLY-PRED	3	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednisolone acetate</i>	1	
<i>proparacaine</i>	1	
PROPINE	3	
RESTASIS	3	
<i>sulfacetamide sodium</i>	1	
<i>timolol maleate</i>	1	
TOBRADEX EYE OINTMENT	3	
<i>tobramycin-dexamethasone</i>	1	
<i>tobrasol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TOBREX EYE OINTMENT	3	
<i>trifluridine</i>	1	
<i>trimethoprim-polymyxin b</i>	1	
<i>tropicamide</i>	1	
VEXOL	3	
VIGAMOX	2	
XALATAN	3	
ZIRGAN	3	
ZYLET	3	
ZYMAR	3	
ZYMAXID	3	
Otic Agents		
<i>acetic acid</i>	1	
COLY-MYCIN S	3	
CORTISPORIN-TC	2	
<i>cortomycin</i>	1	
DERMOTIC OIL	3	
<i>hydrocortisone-acetic acid</i>	1	
Respiratory Tract Agents		
ADCIRCA	4	PA
ADVAIR DISKUS	2	QL (180 EA per 90 day(s))
ADVAIR HFA	2	QL (36 GM per 90 day(s))
<i>albuterol sulfate inhl</i>	1	PA
<i>albuterol sulfate oral</i>	1	
<i>aminophylline iv</i>	1	PA
<i>aminophylline oral</i>	1	
ARALAST NP	3	PA
ASTEPRO	2	
ATROVENT HFA	3	QL (77.4 GM per 90 day(s))

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine</i>	1	
BROVANA	3	
<i>budesonide</i>	1	PA
<i>carbinoxamine maleate</i>	1	
CLARINEX SYRUP	3	
CLARINEX TAB	3	QL (90 EA per 90 day(s))
CLARINEX TAB, RAPID DISSOLVE	3	QL (90 EA per 90 day(s))
CLARINEX-D 12 HOUR	3	A; QL (180 EA per 90 day(s))
CLARINEX-D 24 HOUR	3	A; QL (90 EA per 90 day(s))
<i>clemastine</i>	1	
COMBIVENT	2	QL (88.2 GM per 90 day(s))
<i>cromolyn</i>	1	PA
<i>cyproheptadine</i>	1	
<i>dexchlorpheniramine maleate</i>	1	
<i>diphenhydramine cap</i>	1	
<i>diphenhydramine hcl inj</i>	1	
ELIXOPHYLLIN	3	
<i>epinephrine hcl</i>	1	
EPIPEN	2	
EPIPEN JR	2	
FLOVENT DISKUS	2	QL (360 EA per 90 day(s))
FLOVENT HFA AEROSOL INHALER 110 mcg/Actuation	2	QL (63.6 GM per 90 day(s))
FLOVENT HFA AEROSOL INHALER 220 mcg/Actuation, 44 mcg/Actuation	2	QL (72 GM per 90 day(s))
<i>flunisolide</i>	1	
FORADIL AEROLIZER	2	QL (180 EA per 90 day(s))
GASTROCROM	2	
GLASSIA	4	PA
<i>hydroxyzine hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate</i>	1	
<i>ipratropium bromide inhl</i>	1	PA
<i>ipratropium bromide nasl</i>	1	
<i>ipratropium-albuterol</i>	1	PA
LETAIRIS	4	
<i>levalbuterol hcl</i>	1	
<i>levocetirizine</i>	1	QL (90 EA per 90 day(s))
LUFYLLIN	3	
MAXAIR AUTOHALER	3	
<i>metaproterenol</i>	1	
MYOZYME	4	PA
NASONEX	2	
PERFOROMIST	3	PA
PROAIR HFA	2	QL (51 GM per 90 day(s))
PROLASTIN	4	PA
PULMOZYME	4	PA
QVAR	3	
REMODULIN	4	
REVATIO IV	4	PA
REVATIO ORAL	4	PA; QL (270 EA per 90 day(s))
SEMPREX-D	3	
SEREVENT DISKUS	2	QL (180 EA per 90 day(s))
SINGULAIR	2	QL (90 EA per 90 day(s))
SPIRIVA WITH HANDIHALER	2	QL (90 EA per 90 day(s))
SYMBICORT	2	QL (30.6 GM per 90 day(s))
<i>terbutaline</i>	1	
<i>theophylline</i>	1	
TRACLEER	4	
TWINJECT AUTOINJECTOR	2	

Drug Name	Drug Tier	Requirements/Limits
TYZINE	2	
VENTAVIS	4	
VENTOLIN HFA	2	QL (108 GM per 90 day(s))
XOLAIR	4	PA
XOPENEX	3	
XOPENEX HFA	3	
XYZAL ORAL SOLN	3	PA
<i>zafirlukast</i>	1	A; QL (180 EA per 90 day(s))
ZEMAIRA	3	PA
ZYFLO CR	3	A; QL (360 EA per 90 day(s))
Sedatives/Hypnotics		
EDLUAR	3	PA
LUNESTA	2	
ROZEREM	3	PA
<i>zaleplon</i>	1	QL (14 EA per 14 day(s))
<i>zolpidem er multiphase tab</i>	1	QL (90 EA per 90 day(s))
<i>zolpidem tab</i>	1	QL (14 EA per 14 day(s))
ZOLPIMIST	3	PA; QL (1 ML per 30 day(s))
Skeletal Muscle Relaxants		
BOTOX	4	
<i>carisoprodol</i>	1	
<i>carisoprodol-asa-codeine</i>	1	QL (180 EA per 30 day(s))
<i>carisoprodol-aspirin</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine compound</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine compound-ds</i>	1	
ROBAXIN INJ	3	
XEOMIN	3	
Therapeutic Nutrients/Minerals/ Electrolytes		
<i>1/2 ns with potassium chloride</i>	1	PA
AMINOSYN 10 %	3	PA
AMINOSYN 3.5 %	3	PA
AMINOSYN 5 %	3	PA
AMINOSYN 7 %	3	PA
AMINOSYN 8.5 %	3	PA
AMINOSYN 8.5 %-ELECTROLYTES	3	PA
AMINOSYN II 10 %	3	PA
AMINOSYN II 15%	3	PA
AMINOSYN II 3.5 %/DEXTROSE 5 %	3	PA
AMINOSYN II 3.5 %-DEXTROSE 25%	3	PA
AMINOSYN II 3.5% M/DEXTROSE 5%	3	PA
AMINOSYN II 3.5%-LYTES-CA-D25W	3	PA
AMINOSYN II 4.25%/DEXTROSE 20%	3	PA
AMINOSYN II 4.25%-DEXTROSE 10%	3	PA
AMINOSYN II 4.25%-DEXTROSE 25%	3	PA
AMINOSYN II 4.25%-LYTES-CA-D25	3	PA
AMINOSYN II 5%/DEXTROSE 25%	3	PA
AMINOSYN II 7 %	3	PA
AMINOSYN II 8.5 %	3	PA
AMINOSYN II 8.5 %-ELECTROLYTES	3	PA
AMINOSYN M 3.5 %	3	PA
AMINOSYN-HBC 7%	3	PA
AMINOSYN-HF 8 %	3	PA
AMINOSYN-PF 10 %	3	PA

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF 7 % (SULFITE-FREE)	3	PA
<i>ammonium chloride</i>	1	PA
CARNITOR	3	PA
CLINIMIX 2.75%/D5 SULFITE FREE	3	PA
CLINIMIX 4.25%/D5 SULFITE FREE	3	PA
CLINIMIX 4.25/D10 SULFITE FREE	3	PA
CLINIMIX 4.25/D20 SULFITE FREE	3	PA
CLINIMIX 4.25/D25 SULFITE FREE	3	PA
CLINIMIX 5%/D15 SULFITE FREE	3	PA
CLINIMIX 5%/D20 SULFITE FREE	3	PA
CLINIMIX 5%/D25 SULFITE FREE	3	PA
CLINIMIX E 2.75/D10 SULFITFREE	3	PA
CLINIMIX E 2.75/D5 SULFITEFREE	3	PA
CLINIMIX E 4.25/D25 SULFITFREE	3	PA
CLINIMIX E 4.25/D5 SULFITEFREE	3	PA
CLINIMIX E 5%/D15 SULFITE FREE	3	PA
CLINIMIX E 5%/D20 SULFITE FREE	3	PA
CLINIMIX E 5%/D25 SULFITE FREE	3	PA
CLINISOL SF 15%	2	
<i>d10 %-0.45 % sodium chloride</i>	1	PA
<i>d10-0.2 % nacl & potassium cl</i>	1	PA
<i>d2.5 %-0.45 % sodium chloride</i>	1	PA
<i>d5 %-0.45 % sodium chloride</i>	1	
<i>d5 %-0.9 % sodium chloride</i>	1	
<i>d5-1/2 ns and potassium chloride iv 10 mEq/L, 20 mEq/L, 40 mEq/L</i>	1	
<i>d5-1/2 ns and potassium chloride iv 30 mEq/L</i>	1	PA
<i>d5-1/3 ns & potassium chloride</i>	1	PA
<i>d5-1/4 ns & potassium chloride</i>	1	PA
<i>d5-lr with potassium chloride iv 40 mEq/L</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>d5-lr with potassium chloride iv 20 mEq/L</i>	1	PA
<i>d5-ns with potassium chloride</i>	1	PA
<i>d5w with potassium chloride iv 20 mEq/L</i>	1	
<i>d5w with potassium chloride iv 10 mEq/L, 30 mEq/L, 40 mEq/L</i>	1	PA
<i>dextrose 10% in water (d10w)</i>	1	
<i>dextrose 10%-1/4 normal saline</i>	1	
<i>dextrose 5% in water (d5w)</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	
<i>dextrose 5%-1/4 normal saline</i>	1	
<i>ed k+10</i>	1	
<i>electrolyte-48 in d5w</i>	1	PA
FREAMINE III 3 %-ELECTROLYTES	3	PA
FREAMINE III 8.5 %	3	PA
HEPATAMINE 8%	3	PA
HEPATASOL 8 %	3	PA
INTRALIPID IV 20 %	3	
INTRALIPID IV 30 %	3	PA
IONOSOL-B IN D5W	3	PA
IONOSOL-MB IN D5W	3	PA
IONOSOL-T IN D5W	3	PA
ISOLYTE-H IN D5W	3	PA
ISOLYTE-M IN D5W	3	PA
ISOLYTE-P IN D5W	3	PA
ISOLYTE-S	3	PA
ISOLYTE-S IN D5W	3	PA
KLOR-CON	3	
KLOR-CON 10	3	
KLOR-CON M15	3	
<i>klor-con m20</i>	1	

Drug Name	Drug Tier	Requirements/Limits
K-TAB	3	
<i>lactated ringers</i>	1	
<i>levocarnitine</i>	1	PA
<i>levocarnitine (with sucrose)</i>	1	PA
LIPOSYN II	3	PA
LIPOSYN III	3	PA
<i>magnesium sulfate inj</i>	1	
<i>magnesium sulfate iv</i>	1	
<i>magnesium sulfate iv piggy back</i>	1	PA
<i>magnesium sulfate in d5w</i>	1	PA
NEPHRAMINE 5.4 %	3	PA
NORMOSOL-M IN D5W	3	PA
NORMOSOL-R IN D5W	3	PA
NORMOSOL-R PH 7.4	3	
<i>ns with potassium chloride iv 20 mEq/L</i>	1	
<i>ns with potassium chloride iv 40 mEq/L</i>	1	PA
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
PLASMA-LYTE 148	3	PA
PLASMA-LYTE 148 IN D5W	3	PA
PLASMA-LYTE 56	3	PA
PLASMA-LYTE A	3	PA
PLASMA-LYTE R	3	PA
PLASMA-LYTE-56 IN D5W	3	PA
<i>potassium chloride iv piggy back 10 mEq/50 mL</i>	1	
<i>potassium chloride iv piggy back 10 mEq/100 mL, 20 mEq/50 mL, 30 mEq/100 mL</i>	1	PA
<i>potassium chloride iv soln</i>	1	
<i>potassium chloride oral</i>	1	
<i>potassium citrate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PREMASOL 10 %	3	PA
PREMASOL 6 %	3	PA
PRENATABS OBN	3	
PROCALAMINE 3%	3	PA
PROSOL 20%	3	PA
<i>ringers ir</i>	1	
<i>ringers iv</i>	1	PA
<i>sodium bicarbonate iv syringe 7.5 % (0.9 mEq/mL)</i>	1	
<i>sodium bicarbonate iv syringe 8.4 % (1 mEq/mL)</i>	1	PA
<i>sodium chloride</i>	1	
<i>sodium chloride 0.45 %</i>	1	
<i>sodium chloride 0.9 %</i>	1	
<i>sodium chloride 3 %</i>	1	
<i>sodium chloride 5 %</i>	1	PA
SODIUM FLUORIDE	3	
<i>sodium lactate</i>	1	PA
TIS-U-SOL	3	
TPN ELECTROLYTES	3	PA
TRAVASOL 10 %	3	PA
TROPHAMINE 10 %	3	PA
TROPHAMINE 6%	3	PA

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Zinacef in dextrose (iso-osm) .	9	Zorbtive	49
Zinacef in Sterile Water	9	Zortress	22
Zipsor	17	Zostavax	58
		Zovia 1/35E (28)	53
		Zovia 1/50E (28)	53
		Zovirax	28
		Zyflo CR	64
		Zylet	61
		Zymar	61
		Zymaxid	61
		Zyprexa	25
		Zyprexa Zydis	26
		Zyvox	9

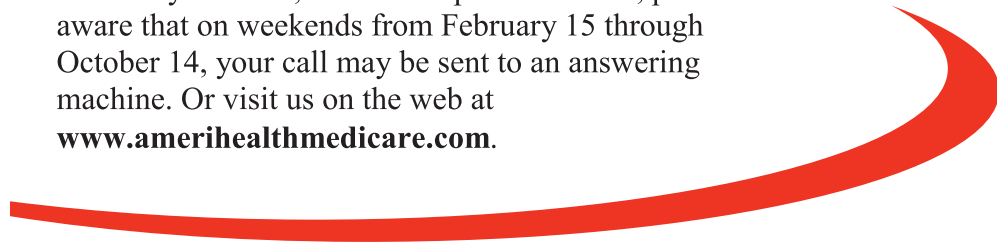


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If you are a member and have questions, please call, toll-free, **1-888-678-7007** (TTY/TDD: **1-888-457-3002**) seven days a week, 8 a.m. to 8 p.m. However, please be aware that on weekends from February 15 through October 14, your call may be sent to an answering machine. Or visit us on the web at **www.amerihealthmedicare.com**.



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AR3713 (6/11)