Anthem BlueCross BlueShield

Anthem Medicare Preferred Standard (PPO)

2014 Formulary (List of Covered Drugs)

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

Customer Service

This formulary was updated on August 1, 2013. For more recent information or other questions, please contact Anthem Medicare Preferred Standard (PPO) Customer Service at 1-800-467-1199 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30, or visit www.anthem.com/medicare.

Y0071_14_17282_U_126 CMS Accepted 08/04/2013
38017WPSENMUB_126 H5530 001 14281, V1

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.

When this drug list (formulary) refers to "we," "us" or "our," it means Anthem Blue Cross and Blue Shield. When it refers to "plan" or "our plan," it means Anthem Medicare Preferred Standard (PPO).

This document includes a list of the drugs (formulary) for our plan which is current as of August 1, 2013. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2015.

What is the Anthem Medicare Preferred Standard (PPO) formulary?

A formulary is a list of covered drugs selected by our 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. Our plan will generally cover the drugs listed in our 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.

Can the formulary (drug list) change?

Generally, if you are taking a drug on our 2014 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2014 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 forumulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step-therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) 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, 2014. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If any other type of approved formulary change (nonmaintenance change) is made during the year, we will notify you by sending you a list of these changes, or by sending you an updated 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 7. 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 Medications." If you know what your drug is used for, look for the category name in the list that begins on page 7. 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 45. 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?

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

Quantity Limits: For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 100 units per ml per prescription for

HUMALOG. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Anthem Medicare Preferred Standard (PPO)'s formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that our 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 our 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 our plan.

You can ask our plan 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 Anthem Medicare Preferred Standard (PPO)'s formulary?

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

You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a predetermined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

As a new or continuing 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 98-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.

During the time when you are getting a temporary supply of a drug, you should talk to your prescriber or prescribing physician to decide what to do when your supply runs out. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor find a covered drug that might work for you while you pursue a formulary exception. Please refer to the Evidence of Coverage for more information about exceptions.

For more information

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

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

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

Our plan's formulary

The formulary on page 7 provides coverage information about some of the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 45.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., HUMALOG) and generic drugs are listed in lowercase italics (e.g., *enalapril*).

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

QLL - Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

PAR - Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

ST - Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

B/D - Part B vs. Part D: This drug may be covered under either your Part D prescripton drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

LA - Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-800-467-1199, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30. TTY/TDD users should call 711.

INJ - Injectable: The drug is available in injectable form.

MO - Mail Orders: Prescription drugs available through mail order.

Cost-sharing for a one-month supply of a covered Part D prescription drug during the Initial Coverage Stage:

Cost-Sharing Tier 1 Preferred Generic	
Preferred Network Pharmacy* (30-day supply) or Mail-Order Pharmacy** (30-day supply)	$4.00
Network Pharmacy (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	$9.00
Cost-Sharing Tier 2 Non-Preferred Generic	
Preferred Network Pharmacy* (30-day supply) or Mail-Order Pharmacy** (30-day supply)	$16.00
Network Pharmacy (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	$21.00
Cost-Sharing Tier 3 Preferred Brand	
Preferred Network Pharmacy* (30-day supply) or Mail-Order Pharmacy** (30-day supply)	$40.00
Network Pharmacy (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	$45.00
Cost-Sharing Tier 4 Non-Preferred Brand	
Preferred Network Pharmacy* (30-day supply) or Mail-Order Pharmacy** (30-day supply)	$90.00
Network Pharmacy (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	$95.00
Cost-Sharing Tier 5 Injectable Drugs	
Preferred Network Pharmacy* (30-day supply) or Mail-Order Pharmacy** (30-day supply)	$95.00
Network Pharmacy (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	$95.00
Cost-Sharing Tier 6 Specialty Tier	
Preferred Network Pharmacy* (30-day supply) or Mail-Order Pharmacy** (30-day supply)	33%
Network Pharmacy (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	33%

Please refer to our Evidence of Coverage for more information for cost sharing.

* Preferred Network Pharmacy – A network pharmacy that offers covered drugs to members of our plan that may have lower cost-sharing levels than other network pharmacies.
** Mail-Order Pharmacy – Mail-order service allows you to order a 30–90-day supply of drugs. The drugs available through our plan's mail-order service are marked as "mail-order" drugs in our drug list.

Covered Medications by Therapeutic Category

Legend

Generic drugs are shown in lower-case italics (e.g. *enalapril*)
Brand-name drugs are shown in CAPITAL letters (e.g. HUMALOG)
QLL - Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).
PAR - Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.
ST - Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.
B/D - Part B vs Part D: This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.
LA - Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service 1-800-467-1199, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30.. TTY/TDD users should call 711.
INJ - Injectable: The drug is available in injectable form.
MO - Mail Order: Prescription drugs available through mail order.

Drug Name	*Drug Tier*	*Requirements/ Limits*
Adjunctive Agents		
amifostine	6	PAR MO
calcium folinate	5	
dexrazoxane inj 250mg	6	B/D PAR
dexrazoxane inj 500mg	6	B/D PAR MO
ELITEK	6	
FUSILEV	5	B/D PAR MO
leucovorin calcium inj 100mg, 10mg/ml, 200mg, 350mg, 50mg	5	MO
leucovorin calcium inj 500mg	5	
leucovorin calcium tabs	2	MO
mesna	5	MO
MESNEX INJ	5	
MESNEX TABS	4	MO
XGEVA	6	PAR QLL(1.7 per 28 days) MO
Adrenal Hormones		
a-hydrocort	5	MO
a-methapred	5	MO
ACTHAR HP	6	PAR MO
cortisone acetate	2	MO
dexamethasone	1	MO
dexamethasone intensol	2	MO
dexamethasone sodium phosphate inj	5	MO
fludrocortisone acetate	1	MO
hydrocortisone tabs	2	MO
methylprednisolone	2	MO
methylprednisolone acetate	5	MO
methylprednisolone dose pack	2	MO
methylprednisolone sodiumsuccinate inj 1000mg, 125mg, 40mg	5	MO
prednisolone	2	MO
prednisolone sodium phosphate oral soln 15mg/5ml, 5mg/5ml	2	MO
prednisone	1	MO
prednisone intensol	2	MO
veripred 20	1	MO
Antiarrhythmic Agents		
amiodarone hcl inj	5	B/D PAR MO
amiodarone hcl tabs	2	MO
disopyramide phosphate	3	MO
flecainide acetate	2	MO
lidocaine hcl inj 20mg/ml	5	MO
mexiletine hcl	2	MO
pacerone	2	MO
procainamide hcl inj 100mg/ml	5	MO
procainamide hcl inj 500mg/ml	5	
propafenone hcl	2	MO
quinidine gluconate cr	2	MO
quinidine gluconate er	2	MO
quinidine sulfate	1	MO

Drug Name	Drug Tier	Requirements/ Limits
quinidine sulfate er	1	MO
sorine	2	MO
sotalol hcl	2	MO
sotalol hcl (af)	2	MO
TIKOSYN	4	MO
Antibiotics		
ak-poly-bac	1	MO
bacitracin ophthalmic oint	2	MO
bacitracin/polymyxin b	1	MO
CILOXAN OPHTHALMIC SOLN	4	MO
ciprofloxacin hcl	2	MO
erythromycin	2	MO
gentak oint	1	MO
gentak ophthalmic soln	2	MO
gentamicin sulfate oint 0.3%	2	MO
gentamicin sulfate ophthalmic soln	1	MO
levofloxacin ophthalmic soln	2	MO
MOXEZA	3	MO
NATACYN	3	MO
neo-polycin	2	MO
neomycin/bacitracin/polymyxin	2	MO
neomycin/polymyxin/bacitracin zinc	2	MO
neomycin/polymyxin/gramicidin	1	MO
ofloxacin	2	MO
polycin	2	MO
polymyxin b sulfate/ trimethoprim sulfate	1	MO
tobramycin sulfate ophthalmic soln	1	MO
trimethoprim sulfate/polymyxin b sulfate	1	MO
VIGAMOX	3	MO
Anticholinergics & Antispasmodics		
flavoxate hcl	2	MO
GELNIQUE GEL 10%	4	QLL(30 per 30 days) ST MO
GELNIQUE GEL 3%	4	QLL(100 per 30 days) ST MO
oxybutynin chloride er tb24 10mg, 15mg	2	QLL(60 per 30 days) MO
oxybutynin chloride er tb24 5mg	2	QLL(30 per 30 days) MO
oxybutynin chloride syrp	2	QLL(600 per 30 days) MO
oxybutynin chloride tabs	1	QLL(120 per 30 days) MO
tolterodine tartrate tabs 1mg	3	QLL(30 per 30 days) MO
tolterodine tartrate tabs 2mg	3	QLL(60 per 30 days) MO
TOVIAZ	3	QLL(30 per 30 days) MO
trospium chloride	2	QLL(60 per 30 days) MO
Anticonvulsants		
BANZEL SUSP	4	QLL(2400 per 30 days) MO
BANZEL TABS 200MG	4	QLL(480 per 30 days) MO
BANZEL TABS 400MG	4	QLL(240 per 30 days) MO
carbamazepine	2	MO
carbamazepine er	2	MO
CELONTIN	4	MO
clonazepam odt tbdp 0.125mg	3	QLL(4800 per 30 days) MO
clonazepam odt tbdp 0.25mg	3	QLL(2400 per 30 days) MO
clonazepam odt tbdp 0.5mg	3	QLL(1200 per 30 days) MO
clonazepam odt tbdp 1mg	3	QLL(600 per 30 days) MO
clonazepam odt tbdp 2mg	3	QLL(300 per 30 days) MO
clonazepam tabs 0.5mg	3	QLL(1200 per 30 days) MO
clonazepam tabs 1mg	3	QLL(600 per 30 days) MO
clonazepam tabs 2mg	3	QLL(300 per 30 days) MO
DEPACON	5	MO
diazepam gel	3	QLL(2 per 1 days) MO
DILANTIN CAPS 30MG	3	MO
DILANTIN INFATABS	3	MO
divalproex sodium	2	MO
divalproex sodium dr	2	MO
divalproex sodium er	2	MO
epitol	1	MO

Drug Name	Drug Tier	Requirements/ Limits
EQUETRO CP12 100MG	4	QLL(480 per 30 days) MO
EQUETRO CP12 200MG	4	QLL(240 per 30 days) MO
EQUETRO CP12 300MG	4	QLL(180 per 30 days) MO
ethosuximide	2	MO
felbamate susp	6	MO
felbamate tabs	3	MO
fosphenytoin sodium	5	MO
gabapentin caps 100mg	2	QLL(1080 per 30 days) MO
gabapentin caps 300mg	2	QLL(360 per 30 days) MO
gabapentin caps 400mg	2	QLL(270 per 30 days) MO
gabapentin oral soln	2	QLL(2160 per 30 days) MO
gabapentin tabs 600mg	2	QLL(180 per 30 days) MO
gabapentin tabs 800mg	2	QLL(135 per 30 days) MO
GABITRIL	4	MO
lamotrigine	2	MO
levetiracetam er tb24 500mg	2	QLL(180 per 30 days) MO
levetiracetam er tb24 750mg	2	QLL(120 per 30 days) MO
levetiracetam inj 500mg/5ml	5	MO
levetiracetam oral soln	2	MO
levetiracetam tabs	2	MO
LYRICA CAPS 100MG	4	PAR QLL(180 per 30 days) MO
LYRICA CAPS 150MG	4	PAR QLL(120 per 30 days) MO
LYRICA CAPS 200MG	4	PAR QLL(90 per 30 days) MO
LYRICA CAPS 225MG, 300MG	4	PAR QLL(60 per 30 days) MO
LYRICA CAPS 25MG	4	PAR QLL(720 per 30 days) MO
LYRICA CAPS 50MG	4	PAR QLL(360 per 30 days) MO
LYRICA CAPS 75MG	4	PAR QLL(240 per 30 days) MO
LYRICA ORAL SOLN	4	PAR QLL(900 per 30 days) MO
ONFI TABS 10MG	4	QLL(120 per 30 days) MO
ONFI TABS 20MG	4	QLL(60 per 30 days) MO
ONFI TABS 5MG	4	QLL(240 per 30 days) MO
oxcarbazepine	2	MO
OXTELLAR XR TB24 150MG	4	QLL(480 per 30 days) MO
OXTELLAR XR TB24 300MG	4	QLL(240 per 30 days) MO
OXTELLAR XR TB24 600MG	4	QLL(120 per 30 days) MO
PEGANONE	4	MO
phenobarbital elix	3	QLL(3000 per 30 days) MO
phenobarbital tabs 100mg	3	QLL(120 per 30 days) MO
phenobarbital tabs 15mg	3	QLL(800 per 30 days) MO
phenobarbital tabs 16.2mg	3	QLL(741 per 30 days) MO
phenobarbital tabs 30mg	3	QLL(400 per 30 days) MO
phenobarbital tabs 32.4mg	3	QLL(370 per 30 days) MO
phenobarbital tabs 60mg	3	QLL(200 per 30 days) MO
phenobarbital tabs 64.8mg	3	QLL(185 per 30 days) MO
phenobarbital tabs 97.2mg	3	QLL(123 per 30 days) MO
phenytoin chew	3	MO
phenytoin infatabs	3	MO
phenytoin sodium	5	
phenytoin sodium extended	2	MO
phenytoin susp	2	MO
POTIGA TABS 200MG, 300MG, 400MG	4	QLL(90 per 30 days) MO
POTIGA TABS 50MG	4	QLL(270 per 30 days) MO
primidone	2	MO
SABRIL PACK	4	LA QLL(180 per 30 days) MO
SABRIL TABS	6	LA QLL(180 per 30 days) MO
tiagabine hydrochloride	3	MO

Drug Name	Drug Tier	Requirements/ Limits
topiramate cpsp	2	PAR MO
topiramate tabs 100mg	2	PAR QLL(480 per 30 days) MO
topiramate tabs 200mg	2	PAR QLL(240 per 30 days) MO
topiramate tabs 25mg	2	PAR QLL(1920 per 30 days) MO
topiramate tabs 50mg	2	PAR QLL(960 per 30 days) MO
valproate sodium	5	MO
valproic acid	2	MO
VIMPAT INJ	5	QLL(1200 per 30 days)
VIMPAT ORAL SOLN	4	QLL(1200 per 30 days) MO
VIMPAT TABS 100MG	4	QLL(120 per 30 days) MO
VIMPAT TABS 150MG	4	QLL(80 per 30 days) MO
VIMPAT TABS 200MG	4	QLL(60 per 30 days) MO
VIMPAT TABS 50MG	4	QLL(240 per 30 days) MO
zonisamide	2	MO
Antidiarrheals & Antispasmodics		
atropine sulfate inj 0.05mg/ml, 0.1mg/ml, 0.8mg/ml	5	
atropine sulfate inj 0.4mg/ml, 1mg/ml	5	MO
dicyclomine hcl	3	MO
glycopyrrolate inj	5	MO
glycopyrrolate tabs	2	MO
loperamide hcl caps	2	MO
methscopolamine bromide	2	MO
MOTOFEN	4	MO
opium	3	MO
opium tincture	3	MO
paregoric	2	MO
propantheline bromide	2	MO
Antidotes		
acetylcysteine inj	2	
Antifungal Agents		
ABELCET	6	B/D PAR MO
AMBISOME	6	B/D PAR MO
amphotericin b	5	B/D PAR MO
CANCIDAS	6	B/D PAR MO
clotrimazole troc	2	MO
fluconazole	2	MO
fluconazole in dextrose	5	
fluconazole in nacl	5	
flucytosine	6	MO
griseofulvin microsize susp	2	MO
griseofulvin ultramicrosize	3	MO
itraconazole	3	PAR MO
ketoconazole tabs	2	MO
MYCAMINE	6	MO
NOXAFIL	6	MO
nystatin	2	MO
terbinafine hcl tabs	3	MO
VFEND SUSR	6	PAR MO
voriconazole inj	5	MO
voriconazole tabs	6	PAR MO
Antihistamine & Antiallergenic Agents		
ADRENACLICK	5	QLL(2 per 1 days) MO
cetirizine hcl syrp	2	QLL(300 per 30 days) MO
cyproheptadine hcl tabs	4	MO
diphenhydramine hcl inj	5	MO
epinephrine	5	QLL(2 per 1 days) MO
epinephrine hcl	5	MO
EPIPEN 2-PAK	5	QLL(2 per 1 days) MO
EPIPEN-JR 2-PAK	5	QLL(2 per 1 days) MO
levocetirizine dihydrochloride tabs	2	QLL(30 per 30 days) MO
Antihypertensive Therapy		
acebutolol hcl	1	MO
afeditab cr	2	MO
amiloride hcl	2	MO
amiloride/hydrochlorothiazide	1	MO
amlodipine besylate tabs 10mg, 2.5mg	1	QLL(30 per 30 days) MO
amlodipine besylate tabs 5mg	1	QLL(45 per 30 days) MO
amlodipine besylate/benazepril hcl	1	MO
amlodipine besylate/benazepril hydrochloride	1	MO
atenolol	2	MO

Drug Name	Drug Tier	Requirements/ Limits
atenolol/chlorthalidone	1	MO
benazepril hcl	1	MO
benazepril hcl/ hydrochlorothiazide	1	MO
betaxolol hcl tabs	1	MO
BIDIL	3	MO
bisoprolol fumarate	1	MO
bisoprolol fumarate/ hydrochlorothiazide	1	MO
bumetanide inj	5	MO
bumetanide tabs	1	MO
BYSTOLIC	3	MO
captopril	1	MO
captopril/hydrochlorothiazide	1	MO
cartia xt	2	MO
carvedilol	1	MO
chlorothiazide	1	MO
chlorothiazide sodium	5	MO
chlorthalidone tabs 25mg, 50mg	1	MO
clonidine hcl ptwk	2	QLL(4 per 28 days) MO
clonidine hcl tabs	1	MO
dilt-cd	2	MO
dilt-xr	2	MO
diltiazem cd	2	MO
diltiazem hcl cd	2	MO
diltiazem hcl cp24	2	MO
diltiazem hcl er	2	MO
diltiazem hcl inj	5	
diltiazem hcl tabs	2	MO
diltzac	2	MO
DIOVAN TABS 160MG	3	QLL(60 per 30 days) MO
DIOVAN TABS 320MG	3	QLL(30 per 30 days) MO
DIOVAN TABS 40MG, 80MG	3	QLL(90 per 30 days) MO
doxazosin mesylate	2	MO
enalapril maleate	1	MO
enalapril maleate/ hydrochlorothiazide	1	MO
eplerenone	2	MO
eprosartan mesylate	4	QLL(30 per 30 days) MO
EXFORGE	4	QLL(30 per 30 days) MO
EXFORGE HCT	4	QLL(30 per 30 days) MO
felodipine er	2	MO
fosinopril sodium	1	MO
fosinopril sodium/ hydrochlorothiazide	1	MO
furosemide inj	5	MO
furosemide oral soln	1	MO
furosemide tabs	1	MO
hydralazine hcl inj	5	MO
hydralazine hcl tabs	2	MO
hydrochlorothiazide	1	MO
indapamide	1	MO
irbesartan	1	QLL(30 per 30 days) MO
irbesartan/hydrochlorothiazide	1	QLL(30 per 30 days) MO
isradipine	2	MO
labetalol hcl inj	5	MO
labetalol hcl tabs	2	MO
lisinopril	1	MO
lisinopril/hydrochlorothiazide	1	MO
LOPRESSOR INJ	5	MO
losartan potassium tabs 100mg	1	QLL(30 per 30 days) MO
losartan potassium tabs 25mg, 50mg	1	QLL(60 per 30 days) MO
losartan potassium/ hydrochlorothiazide	1	QLL(30 per 30 days) MO
methyclothiazide	1	MO
methyldopa	2	MO
metolazone	1	MO
metoprolol succinate er	2	MO
metoprolol tartrate inj	5	
metoprolol tartrate tabs	1	MO
metoprolol/hydrochlorothiazide	2	MO
MICARDIS HCT TABS 12.5MG; 40MG, 25MG; 80MG	3	QLL(30 per 30 days) MO
MICARDIS HCT TABS 12.5MG; 80MG	3	QLL(60 per 30 days) MO
MICARDIS TABS 20MG, 40MG	3	QLL(30 per 30 days) MO
MICARDIS TABS 80MG	3	QLL(60 per 30 days) MO
minoxidil tabs	2	MO

Drug Name	Drug Tier	Requirements/ Limits
moexipril hcl	1	MO
moexipril/hydrochlorothiazide	1	MO
nadolol	1	MO
nadolol/bendroflumethiazide	2	MO
nicardipine hcl caps	2	MO
nicardipine hcl inj	5	
nifediac cc	2	MO
nifedical xl	2	MO
nifedipine er	2	MO
nimodipine	3	MO
perindopril erbumine	1	MO
pindolol	1	MO
prazosin hcl	2	MO
propranolol hcl er	2	MO
propranolol hcl inj	5	
propranolol hcl oral soln	2	MO
propranolol hcl tabs	2	MO
propranolol/hydrochlorothiazide	1	MO
quinapril hcl	1	MO
quinapril/hydrochlorothiazide	1	MO
ramipril	1	MO
REMODULIN	6	LA PAR MO
reserpine tabs 0.1mg	1	MO
spironolactone	1	MO
spironolactone/ hydrochlorothiazide	1	MO
taztia xt	2	MO
TEKTURNA	4	QLL(30 per 30 days) MO
TEKTURNA HCT	4	QLL(30 per 30 days) MO
terazosin hcl	2	MO
timolol maleate	1	MO
torsemide inj 20mg/2ml	5	
TORSEMIDE INJ 50MG/ 5ML	5	
torsemide tabs	1	MO
trandolapril	1	MO
triamterene/hydrochlorothiazide	1	MO
TWYNSTA	3	QLL(30 per 30 days) MO
valsartan/hydrochlorothiazide	3	QLL(30 per 30 days) MO
verapamil hcl er	2	MO
verapamil hcl inj	5	
verapamil hcl sr	2	MO
verapamil hcl tabs	2	MO
Antineoplastic & Immunosuppressant Drugs		
ABRAXANE	6	B/D PAR MO
ADCETRIS	6	PAR MO
adriamycin	5	B/D PAR MO
adrucil	5	B/D PAR MO
AFINITOR	6	PAR MO
AFINITOR DISPERZ	6	PAR MO
ALIMTA	6	PAR MO
ALKERAN INJ	5	B/D PAR
ALKERAN TABS	4	B/D PAR MO
anastrozole	3	MO
ARRANON	5	B/D PAR
ARZERRA	6	B/D PAR MO
AVASTIN	6	PAR MO
azathioprine	2	B/D PAR MO
azathioprine sodium	5	B/D PAR MO
bicalutamide	3	MO
BICNU	5	B/D PAR MO
bleomycin sulfate	5	B/D PAR MO
BOSULIF	6	PAR MO
BUSULFEX	5	B/D PAR
CAPRELSA	6	LA PAR MO
carboplatin	5	B/D PAR MO
CEENU	4	MO
CELLCEPT INTRAVENOUS	5	B/D PAR
CELLCEPT SUSR	6	B/D PAR MO
CELLCEPT TABS	6	B/D PAR MO
cerubidine	5	B/D PAR MO
cisplatin	5	B/D PAR MO
cladribine	6	B/D PAR MO
CLOLAR	6	B/D PAR MO
COMETRIQ	6	PAR MO
COSMEGEN	6	B/D PAR MO
cyclophosphamide tabs	2	B/D PAR MO
cyclosporine caps	3	B/D PAR MO
cyclosporine inj	5	B/D PAR
cyclosporine modified caps 100mg, 50mg	3	B/D PAR MO
cyclosporine modified caps 25mg	2	MO
cyclosporine modified oral soln	3	B/D PAR MO
cytarabine	5	B/D PAR MO
cytarabine aqueous	5	B/D PAR MO
dacarbazine inj 100mg	5	B/D PAR
dacarbazine inj 200mg	5	B/D PAR MO

Drug Name	Drug Tier	Requirements/ Limits
DACOGEN	6	B/D PAR MO
daunorubicin hcl inj 20mg	5	B/D PAR MO
daunorubicin hcl inj 5mg/ml	5	B/D PAR
DOCEFREZ	6	B/D PAR
docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/0.5ml, 20mg/2ml, 80mg/2ml, 80mg/8ml	6	B/D PAR
docetaxel inj 20mg/ml, 80mg/4ml	6	B/D PAR MO
DOXIL	5	B/D PAR MO
doxorubicin hcl	5	B/D PAR MO
ELLENCE	5	B/D PAR MO
ELOXATIN INJ 100MG/20ML, 50MG/10ML	6	B/D PAR MO
ELOXATIN INJ 200MG/40ML	6	B/D PAR
ELSPAR	5	B/D PAR MO
EMCYT	6	MO
epirubicin hcl	5	B/D PAR
ERBITUX INJ 100MG/50ML	6	PAR MO
ERBITUX INJ 200MG/100ML	6	PAR
ERIVEDGE	6	PAR MO
ETOPOPHOS	5	B/D PAR MO
etoposide inj	5	B/D PAR MO
exemestane	3	MO
FARESTON	4	MO
FASLODEX	6	PAR MO
FIRMAGON INJ 120MG	6	B/D PAR MO
FIRMAGON INJ 80MG	5	B/D PAR MO
fludarabine phosphate inj 50mg	5	B/D PAR MO
fludarabine phosphate inj 50mg/2ml	5	B/D PAR
fluorouracil inj	5	B/D PAR MO
flutamide	3	MO
FOLOTYN	6	B/D PAR MO
gemcitabine	6	B/D PAR
gemcitabine hcl inj 1gm, 200mg	6	B/D PAR MO
gemcitabine hcl inj 2gm	6	B/D PAR
gengraf	2	B/D PAR MO
GLEEVEC	6	PAR MO
HALAVEN	6	PAR MO
hecoria caps 0.5mg, 1mg	2	B/D PAR MO
hecoria caps 5mg	6	B/D PAR MO
HERCEPTIN	6	PAR MO
HEXALEN	6	MO
hydroxyurea	2	MO
ICLUSIG	6	PAR MO
IDAMYCIN PFS	6	B/D PAR
idarubicin hcl	6	B/D PAR
IFEX	5	B/D PAR MO
ifosfamide inj 1gm	5	B/D PAR MO
ifosfamide inj 1gm/20ml, 3gm, 3gm/60ml	5	B/D PAR
INLYTA	6	PAR MO
irinotecan inj 100mg/5ml, 40mg/2ml	5	B/D PAR MO
irinotecan inj 500mg/25ml	5	B/D PAR
ISTODAX	6	PAR MO
IXEMPRA KIT	6	B/D PAR MO
JAKAFI	6	PAR MO
JEVTANA	6	B/D PAR MO
KADCYLA	6	PAR MO
KYPROLIS	6	PAR MO
letrozole	3	MO
LEUKERAN	3	MO
leuprolide acetate	5	PAR MO
LUPRON DEPOT INJ 3.75MG, 7.5MG	6	PAR MO
LUPRON DEPOT-PED INJ 7.5MG	6	PAR MO
LYSODREN	3	MO
MATULANE	6	MO
megestrol acetate	3	PAR MO
MEKINIST	6	PAR MO
melphalan hydrochloride	5	B/D PAR
mercaptopurine	2	MO
methotrexate	1	MO
methotrexate sodium inj 1gm	5	
methotrexate sodium inj 25mg/ml	5	MO
mitomycin	5	B/D PAR MO
mitoxantrone hcl	5	MO
MUSTARGEN	5	B/D PAR MO
mycophenolate mofetil	3	B/D PAR MO
NEXAVAR	6	LA PAR MO
NILANDRON	4	MO
NIPENT	6	B/D PAR MO
NULOJIX	6	B/D PAR MO

Drug Name	Drug Tier	Requirements/ Limits
octreotide acetate inj 1000mcg/ml	6	PAR MO
octreotide acetate inj 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml	5	PAR MO
ONTAK	6	B/D PAR
oxaliplatin inj 100mg, 50mg	6	B/D PAR
oxaliplatin inj 100mg/20ml, 50mg/10ml	6	B/D PAR MO
paclitaxel	5	B/D PAR MO
pentostatin	6	B/D PAR MO
PERJETA	6	PAR MO
POMALYST	6	PAR MO
PROGRAF INJ	5	B/D PAR MO
RAPAMUNE ORAL SOLN	3	B/D PAR MO
RAPAMUNE TABS 0.5MG, 1MG	3	B/D PAR MO
RAPAMUNE TABS 2MG	6	B/D PAR MO
REVLIMID CAPS 10MG	6	LA PAR QLL(60 per 30 days) MO
REVLIMID CAPS 15MG, 25MG	6	LA PAR QLL(30 per 30 days) MO
REVLIMID CAPS 2.5MG	6	PAR MO
REVLIMID CAPS 20MG	6	PAR QLL(30 per 30 days) MO
REVLIMID CAPS 5MG	6	LA PAR QLL(150 per 30 days) MO
RITUXAN	6	PAR MO
SANDOSTATIN LAR DEPOT	6	PAR MO
SIMULECT INJ 10MG	6	B/D PAR
SIMULECT INJ 20MG	6	B/D PAR MO
SOLTAMOX	4	
SPRYCEL	6	PAR MO
STIVARGA	6	PAR MO
SUTENT	6	PAR MO
SYNRIBO	6	MO
TABLOID	4	MO
tacrolimus caps 0.5mg, 1mg	3	B/D PAR MO
tacrolimus caps 5mg	6	B/D PAR MO
TAFINLAR	6	PAR MO
tamoxifen citrate	2	MO
TARCEVA	6	PAR MO
TARGRETIN CAPS	6	PAR MO
TARGRETIN GEL	6	MO
TASIGNA	6	PAR MO
TAXOTERE	6	B/D PAR MO
THALOMID	6	PAR MO
thiotepa	5	B/D PAR MO
toposar	5	B/D PAR MO
topotecan hcl inj 4mg	6	B/D PAR MO
topotecan hcl inj 4mg/4ml	6	B/D PAR
TORISEL	6	B/D PAR MO
TREANDA INJ 100MG	6	B/D PAR MO
TREANDA INJ 25MG	6	B/D PAR
tretinoin caps	6	MO
TRISENOX	6	B/D PAR MO
TYKERB	6	LA PAR MO
VECTIBIX	6	PAR MO
VELCADE	6	PAR MO
VIDAZA	6	PAR MO
vinblastine sulfate inj 10mg	5	B/D PAR
vinblastine sulfate inj 1mg/ml	5	B/D PAR MO
vincasar pfs	5	B/D PAR MO
vincristine sulfate	5	B/D PAR MO
vinorelbine tartrate	5	B/D PAR MO
VOTRIENT	6	PAR MO
XALKORI	6	PAR MO
XTANDI	6	PAR MO
YERVOY	6	PAR MO
ZALTRAP	6	PAR MO
ZANOSAR	5	B/D PAR MO
ZELBORAF	6	PAR MO
ZOLINZA	6	PAR MO
ZORTRESS TABS 0.25MG	4	B/D PAR MO
ZORTRESS TABS 0.5MG, 0.75MG	6	B/D PAR MO
ZYTIGA	6	PAR MO
Antiparkinsonism Agents		
APOKYN	6	LA PAR MO
AZILECT	3	MO
benztropine mesylate inj	5	
benztropine mesylate tabs	3	MO
bromocriptine mesylate	2	MO
carbidopa/levodopa	2	MO
carbidopa/levodopa cr	2	MO
carbidopa/levodopa er	2	MO
carbidopa/levodopa odt	2	MO
carbidopa/levodopa sr	2	MO
carbidopa/levodopa/entacapone	3	MO
COGENTIN	5	MO
entacapone	4	MO

Drug Name	Drug Tier	Requirements/ Limits
pramipexole dihydrochloride	2	MO
ropinirole er	2	MO
ropinirole hcl	2	MO
selegiline hcl	2	MO
TASMAR	6	MO
Antipsoriatic / Antiseborrheic		
calcipotriene crea	3	QLL(120 per 30 days) MO
calcipotriene external soln	3	QLL(60 per 30 days) MO
calcipotriene oint	3	QLL(120 per 30 days) MO
selenium sulfide	1	MO
SORIATANE	6	MO
Antithyroid Agents		
methimazole	1	MO
propylthiouracil	2	MO
Antivirals		
abacavir	3	MO
acyclovir caps	2	MO
acyclovir sodium inj 1000mg, 50mg/ml	5	B/D PAR
acyclovir sodium inj 500mg	5	B/D PAR MO
acyclovir susp	2	MO
acyclovir tabs	2	MO
amantadine hcl caps	2	MO
amantadine hcl tabs	2	MO
APTIVUS CAPS	6	MO
APTIVUS ORAL SOLN	6	
ATRIPLA	6	MO
BARACLUDE	6	PAR MO
cidofovir	6	B/D PAR
COMPLERA	6	MO
CRIXIVAN	3	MO
didanosine	2	MO
EDURANT	6	MO
EMTRIVA	4	MO
EPIVIR HBV	3	MO
EPIVIR ORAL SOLN	4	MO
EPZICOM	6	MO
famciclovir tabs 125mg, 250mg	3	QLL(60 per 30 days) MO
famciclovir tabs 500mg	3	QLL(21 per 7 days) MO
foscarnet sodium	5	B/D PAR MO
FUZEON	6	QLL(1 per 1 days) MO
ganciclovir	5	MO
HEPSERA	6	MO
INCIVEK	6	PAR MO
INTELENCE TABS 100MG, 200MG	6	MO
INTELENCE TABS 25MG	6	
INVIRASE	6	MO
ISENTRESS CHEW 100MG	6	MO
ISENTRESS CHEW 25MG	6	
ISENTRESS TABS	6	MO
KALETRA ORAL SOLN	4	MO
KALETRA TABS	6	MO
lamivudine	3	MO
lamivudine/zidovudine	6	MO
LEXIVA SUSP	4	MO
LEXIVA TABS	6	MO
nevirapine susp	4	MO
nevirapine tabs	3	MO
NORVIR	4	MO
PREZISTA SUSP	6	MO
PREZISTA TABS 150MG, 75MG	4	MO
PREZISTA TABS 400MG, 600MG, 800MG	6	MO
REBETOL	6	MO
RELENZA DISKHALER	3	QLL(60 per 180 days) MO
RESCRIPTOR	4	MO
RETROVIR IV INFUSION	5	MO
REYATAZ CAPS 100MG	4	MO
REYATAZ CAPS 150MG, 200MG, 300MG	6	MO
ribapak	6	MO
ribasphere caps	3	MO
ribasphere tabs 200mg	3	MO
ribasphere tabs 400mg	6	
ribasphere tabs 600mg	6	MO
RIBATAB	6	
ribavirin	3	MO
rimantadine hcl	2	MO
SELZENTRY	6	MO
stavudine caps	3	MO
stavudine oral soln	2	MO
STRIBILD	6	MO

Drug Name	Drug Tier	Requirements/ Limits
SUSTIVA	3	MO
TAMIFLU CAPS 30MG	3	QLL(84 per 1 days) MO
TAMIFLU CAPS 45MG	3	QLL(42 per 1 days) MO
TAMIFLU CAPS 75MG	3	QLL(56 per 365 days) MO
TAMIFLU SUSR	3	QLL(360 per 180 days) MO
trifluridine	3	MO
TRIZIVIR	6	MO
TRUVADA	6	MO
TYZEKA	6	PAR MO
valacyclovir hcl	3	QLL(30 per 1 days) MO
VALCYTE	6	MO
VICTRELIS	6	PAR MO
VIDEX PEDIATRIC	3	MO
VIRACEPT	6	MO
VIRAMUNE SUSP	4	MO
VIRAMUNE XR TB24 100MG	4	
VIRAMUNE XR TB24 400MG	4	MO
VIRAZOLE	6	PAR MO
VIREAD POWD	6	MO
VIREAD TABS 150MG, 200MG, 250MG	4	MO
VIREAD TABS 300MG	6	MO
VISTIDE	6	B/D PAR MO
ZIAGEN ORAL SOLN	4	MO
zidovudine	3	MO
ZIRGAN	3	MO
Benign Prostatic Hyperplasia (Bph) Therapy		
alfuzosin hcl er	2	MO
AVODART	3	MO
finasteride tabs 5mg	2	MO
JALYN	3	MO
tamsulosin hcl	2	MO
Beta-Blockers		
BETAGAN	4	MO
betaxolol hcl ophthalmic soln	2	MO
carteolol hcl	1	MO
levobunolol hcl	1	MO
metipranolol	2	MO
timolol maleate	1	MO
timolol maleate ophthalmic gel forming	1	MO
TIMOPTIC	4	MO
TIMOPTIC OCUDOSE	4	MO
TIMOPTIC-XE	4	MO
Biotechnology Drugs		
ACTIMMUNE	6	PAR MO
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/ 0.3ML, 150MCG/0.75ML, 200MCG/0.4ML, 200MCG/ ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML	6	PAR MO
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML, 25MCG/ML, 40MCG/ 0.4ML, 40MCG/ML, 60MCG/0.3ML, 60MCG/ ML	5	PAR MO
ARCALYST	6	PAR MO
AVONEX	6	PAR MO
AVONEX PEN	6	PAR MO
BETASERON	6	PAR MO
EPOGEN	5	PAR MO
EXTAVIA	6	PAR MO
GENOTROPIN	6	PAR MO
GENOTROPIN MINIQUICK INJ 0.2MG	5	PAR MO
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	6	PAR MO
ILARIS	6	LA PAR MO
INFERGEN	6	MO
INTRON-A INJ 10MU/ML	5	PAR MO
INTRON-A INJ 6000000UNIT/ML	6	PAR MO
INTRON-A W/DILUENT INJ 10MU	5	PAR MO
INTRON-A W/DILUENT INJ 18MU, 50MU	6	PAR MO
LEUKINE	6	PAR MO
NEULASTA	6	PAR QLL(2 per 28 days) MO

Drug Name	Drug Tier	Requirements/ Limits
NEUMEGA	6	PAR QLL(21 per 21 days) MO
NEUPOGEN	6	PAR MO
PEGASYS	6	PAR MO
PEGASYS PROCLICK	6	PAR MO
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	5	PAR MO
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	6	PAR MO
PROLEUKIN	6	MO
REBIF	6	PAR MO
REBIF REBIDOSE	6	PAR MO
REBIF REBIDOSE TITRATION PACK	6	PAR MO
REBIF TITRATION PACK	6	PAR MO
SYLATRON	6	PAR MO
TEV-TROPIN	5	PAR MO
Burn Therapy		
silver sulfadiazine	1	MO
ssd	1	MO
Cardiac Glycosides		
digoxin oral soln	2	MO
digoxin tabs 0.125mg	2	QLL(30 per 30 days) MO
digoxin tabs 0.25mg	2	MO
LANOXIN TABS 0.125MG	3	QLL(30 per 30 days) MO
LANOXIN TABS 0.25MG	3	MO
Cephalosporins		
cefaclor	2	MO
cefaclor er	2	MO
cefadroxil	2	MO
cefazolin sodium inj 100gm, 10gm, 1gm; 5%, 20gm, 300gm, 500mg	5	
cefazolin sodium inj 1gm	5	MO
cefazolin sodium/dextrose inj 1gm; 4%	5	MO
cefazolin sodium/dextrose inj 2gm; 3%	5	
cefdinir	3	MO
cefepime inj 1gm	5	MO
cefepime inj 1gm/50ml, 2gm, 2gm/100ml	5	
cefotaxime sodium inj 10gm, 2gm	5	MO
cefotaxime sodium inj 1gm, 500mg	5	
cefotetan	5	
cefoxitin sodium inj 10gm, 1gm; 4%, 2gm, 2gm; 2.2%	5	
cefoxitin sodium inj 1gm	5	MO
cefpodoxime proxetil	3	MO
cefprozil	3	MO
ceftazidime inj 1gm, 6gm	5	
ceftazidime inj 2gm	5	MO
CEFTAZIDIME/ DEXTROSE	5	
ceftriaxone in iso-osmotic dextrose	5	MO
ceftriaxone sodium	5	MO
ceftriaxone/dextrose	5	
cefuroxime axetil tabs	2	MO
cefuroxime sodium inj 1.5gm, 750mg	5	MO
cefuroxime sodium inj 7.5gm	5	
cephalexin caps 250mg, 500mg	2	MO
cephalexin susr	2	MO
cephalexin tabs	2	MO
CLAFORAN INJ 10GM, 2GM	5	MO
CLAFORAN INJ 1GM, 500MG	5	
Cholinergic Stimulants		
bethanechol chloride	3	MO
Coagulation Therapy		
AGGRENOX	3	QLL(60 per 30 days) MO
aminocaproic acid syrp	2	MO
cilostazol	2	MO
clopidogrel tabs 300mg	2	MO
clopidogrel tabs 75mg	2	QLL(30 per 30 days) MO
COUMADIN INJ	5	MO
COUMADIN TABS	4	MO
EFFIENT	4	QLL(30 per 30 days) MO
enoxaparin sodium inj 100mg/ml, 300mg/3ml, 30mg/0.3ml,	5	MO

Drug Name	Drug Tier	Requirements/ Limits
40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml		
enoxaparin sodium inj 120mg/0.8ml, 150mg/ml	6	MO
fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	6	MO
fondaparinux sodium inj 2.5mg/0.5ml	5	MO
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 25000UNIT/ML, 7500UNIT/0.3ML	6	ST MO
FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/0.2ML	5	ST MO
heparin lock flush inj 100unit/ml	5	B/D PAR MO
heparin lock inj 100unit/ml	5	B/D PAR MO
heparin sodium dcu	5	B/D PAR MO
heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 2000unit/ml, 5000unit/0.5ml, 5000unit/ml	5	B/D PAR MO
heparin sodium inj 2500unit/ml	5	B/D PAR
heparin sodium lock flush inj 100unit/ml	5	B/D PAR MO
heparin sodium/d5w	5	B/D PAR
heparin sodium/nacl 0.45%	5	B/D PAR
heparin sodium/nacl 0.9%	5	B/D PAR
heparin sodium/sodium chloride 0.9%	5	B/D PAR
heparin sodium/sodium chloride 0.9% premix	5	B/D PAR
jantoven	1	MO
pentoxifylline er	2	MO
PRADAXA	4	PAR QLL(60 per 30 days) MO
PROMACTA	6	LA PAR MO
tranexamic acid inj	5	
warfarin sodium	1	MO
XARELTO TABS 10MG, 20MG	4	PAR QLL(30 per 30 days) MO
XARELTO TABS 15MG	4	PAR QLL(42 per 30 days) MO
Cycloplegic Mydriatics		
atropine sulfate oint	2	MO
atropine sulfate ophthalmic soln	2	MO
atropine-care	2	MO
homatropaire	2	MO
homatropine hbr	2	MO
tropicamide	2	MO
Diabetes Therapy		
acarbose tabs 100mg	2	QLL(90 per 30 days) MO
acarbose tabs 25mg	2	QLL(360 per 30 days) MO
acarbose tabs 50mg	2	QLL(180 per 30 days) MO
ACTOPLUS MET XR TB24 1000MG; 15MG	3	QLL(60 per 30 days) MO
ACTOPLUS MET XR TB24 1000MG; 30MG	3	QLL(45 per 30 days) MO
alcohol preps pads	1	MO
BYDUREON	3	PAR QLL(4 per 28 days) MO
BYETTA INJ 10MCG/0.04ML	3	PAR QLL(2.4 per 30 days) MO
BYETTA INJ 5MCG/0.02ML	3	PAR QLL(1.2 per 30 days) MO
CYCLOSET	4	QLL(180 per 30 days) MO
gauze pads 2"x2"	1	QLL(200 per 30 days) MO
glimepiride tabs 1mg	2	QLL(240 per 30 days) MO
glimepiride tabs 2mg	2	QLL(120 per 30 days) MO
glimepiride tabs 4mg	2	QLL(60 per 30 days) MO
glipizide er tb24 10mg	1	QLL(60 per 30 days) MO
glipizide er tb24 2.5mg	1	QLL(240 per 30 days) MO
glipizide er tb24 5mg	1	QLL(120 per 30 days) MO
glipizide tabs 10mg	1	QLL(120 per 30 days) MO
glipizide tabs 5mg	1	QLL(240 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
glipizide xl tb24 10mg	1	QLL(60 per 30 days) MO
glipizide xl tb24 2.5mg	1	QLL(240 per 30 days) MO
glipizide xl tb24 5mg	1	QLL(120 per 30 days) MO
glipizide/metformin hcl tabs 2.5mg; 250mg	1	QLL(240 per 30 days) MO
glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg	1	QLL(120 per 30 days) MO
GLUCAGEN	5	MO
GLUCAGEN HYPOKIT	5	MO
GLUCAGON EMERGENCY KIT	5	MO
GLUMETZA TB24 1000MG	4	QLL(60 per 30 days) MO
GLUMETZA TB24 500MG	4	QLL(120 per 30 days) MO
HUMALOG	3	MO
HUMALOG KWIKPEN	3	MO
HUMALOG MIX 50/50	3	MO
HUMALOG MIX 50/50 KWIKPEN	3	MO
HUMALOG MIX 75/25	3	MO
HUMALOG MIX 75/25 KWIKPEN	3	MO
HUMAPEN LUXURA HD	3	MO
HUMAPEN MEMOIR	3	MO
HUMULIN 70/30	3	MO
HUMULIN 70/30 PEN	3	MO
HUMULIN N	3	MO
HUMULIN N U-100 PEN	3	MO
HUMULIN R	3	MO
HUMULIN R U-500 (CONCENTRATED)	3	MO
INSULIN PEN NEEDLE	3	QLL(200 per 30 days) MO
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	QLL(200 per 30 days) MO
INSULIN SYRINGE (DISP) U-100 1 ML	3	QLL(200 per 30 days) MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	QLL(200 per 30 days) MO
JANUMET	3	QLL(60 per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	3	QLL(30 per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QLL(60 per 30 days) MO
JANUVIA TABS 100MG	3	QLL(30 per 30 days) MO
JANUVIA TABS 25MG	3	QLL(120 per 30 days) MO
JANUVIA TABS 50MG	3	QLL(60 per 30 days) MO
JUVISYNC	3	QLL(30 per 30 days) MO
KAZANO	3	QLL(60 per 30 days) MO
KOMBIGLYZE XR TB24 1000MG; 2.5MG	3	QLL(60 per 30 days) MO
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	3	QLL(30 per 30 days) MO
LANTUS	3	MO
LANTUS SOLOSTAR	3	MO
LEVEMIR	3	MO
LEVEMIR FLEXPEN	3	MO
metformin hcl er tb24 1000mg	1	QLL(75 per 30 days) MO
metformin hcl er tb24 500mg	1	QLL(120 per 30 days) MO
metformin hcl er tb24 500mg	1	QLL(150 per 30 days) MO
metformin hcl er tb24 750mg	1	QLL(80 per 30 days) MO
metformin hcl tabs 1000mg	1	QLL(76 per 30 days) MO
metformin hcl tabs 500mg	1	QLL(153 per 30 days) MO
metformin hcl tabs 850mg	1	QLL(90 per 30 days) MO
nateglinide tabs 120mg	2	QLL(90 per 30 days) MO
nateglinide tabs 60mg	2	QLL(180 per 30 days) MO
NEEDLES, INSULIN DISP., SAFETY	3	QLL(200 per 30 days) MO
NESINA TABS 12.5MG	3	QLL(60 per 30 days) MO
NESINA TABS 25MG	3	QLL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
NESINA TABS 6.25MG	3	QLL(120 per 30 days) MO
ONGLYZA TABS 2.5MG	3	QLL(60 per 30 days) MO
ONGLYZA TABS 5MG	3	QLL(30 per 30 days) MO
OSENI TABS 12.5MG; 15MG	3	QLL(60 per 30 days) MO
OSENI TABS 12.5MG; 30MG, 12.5MG; 45MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	3	QLL(30 per 30 days) MO
pioglitazone hcl tabs 15mg	2	QLL(90 per 30 days) MO
pioglitazone hcl tabs 30mg	2	QLL(45 per 30 days) MO
pioglitazone hcl tabs 45mg	2	QLL(30 per 30 days) MO
pioglitazone hcl-glimepiride	3	QLL(30 per 30 days) MO
pioglitazone hcl/metformin hcl	2	QLL(90 per 30 days) MO
PRANDIMET	4	QLL(150 per 30 days) MO
PRANDIN TABS 0.5MG	4	QLL(960 per 30 days) MO
PRANDIN TABS 1MG	4	QLL(480 per 30 days) MO
PRANDIN TABS 2MG	4	QLL(240 per 30 days) MO
PROGLYCEM	3	MO
repaglinide tabs 1mg	4	QLL(480 per 30 days)
repaglinide tabs 2mg	4	QLL(240 per 30 days)
SYMLINPEN 120	4	PAR MO
SYMLINPEN 60	4	PAR MO
tolazamide tabs 250mg	2	QLL(120 per 30 days) MO
tolazamide tabs 500mg	2	QLL(60 per 30 days) MO
tolbutamide	2	QLL(180 per 30 days) MO
VICTOZA	3	PAR QLL(9 per 30 days) MO
Direct Acting Miotics		
pilocarpine hcl	2	MO
PILOPINE HS	4	MO
Electrolytes		
calcium acetate caps	2	MO
dextrose 5%/potassium chloride 0.15%	5	
effervescent pot chloride	2	MO
effervescent potassium	1	MO
effervescent potassium/chloride	2	MO
k-effervescent	1	MO
k-vescent tbef	1	MO
kcl 0.075%/d5w/nacl 0.45%	5	
kcl 0.15%/d5w/ nacl 0.3%	5	
kcl 0.15%/d5w/lr	5	MO
kcl 0.15%/d5w/nacl 0.2%	5	MO
kcl 0.15%/d5w/nacl 0.225%	5	MO
kcl 0.15%/d5w/nacl 0.45%	5	MO
kcl 0.15%/d5w/nacl 0.9%	5	
kcl 0.3%/d5w/lr iv lac ring	5	
kcl 0.3%/d5w/nacl 0.45%	5	
kcl 0.3%/d5w/nacl 0.9%	5	
klor-con 10	1	MO
klor-con 8	1	MO
klor-con m10	1	MO
klor-con m15	2	MO
klor-con m20	2	MO
klor-con/ef	1	MO
lactated ringers	5	MO
lactated ringers viaflex	5	MO
magnesium sulfate inj 40mg/ml, 80mg/ml	5	
magnesium sulfate inj 50%	5	MO
NORMOSOL -R	5	
NORMOSOL-R IN D5W	5	
phospha 250 neutral	2	MO
potassium chloride 0.15% /nacl 0.45% viaflex	5	
potassium chloride 0.15% d5w/ nacl 0.33%	5	
potassium chloride 0.15% d5w/ nacl 0.45%	5	MO
potassium chloride 0.15% d5w/ nacl 0.45% viaflex	5	MO
potassium chloride 0.15% nacl 0.9%	5	

Drug Name	Drug Tier	Requirements/ Limits
potassium chloride 0.15% w/ nacl 0.9% viaflex	5	
potassium chloride 0.15%/d5w	5	
potassium chloride 0.15%/nacl 0.9%	5	
potassium chloride 0.22% d5w/ nacl 0.45%	5	
potassium chloride 0.224%/ d5w/nacl 0.45%	5	
potassium chloride 0.224%d5w/nacl 0.45% viaflex	5	
potassium chloride 0.3%/ nacl 0.9%	5	
potassium chloride 0.3%/d5w	5	
potassium chloride 0.3%/nacl 0.9%/viaflex	5	
potassium chloride cr	2	MO
potassium chloride er	2	MO
potassium chloride inj 0.4meq/ml, 10meq/100ml, 10meq/ 50ml, 20meq/100ml, 20meq/ 50ml, 30meq/100ml, 40meq/ 100ml	5	
potassium chloride inj 2meq/ml	5	MO
potassium chloride liqd	1	MO
potassium chloride oral soln	1	MO
potassium chloride sr	2	MO
ringers injection	5	
sodium bicarbonate inj 4.2%	5	
sodium bicarbonate inj 7.5%, 8.4%	5	MO
sodium bicarbonate partial fill	5	MO
sodium chloride 0.45%	5	MO
sodium chloride 0.45% viaflex	5	MO
sodium chloride inj 2.5meq/ml, 3%, 4meq/ml	5	MO
sodium chloride inj 5%	5	
sodium lactate inj	5	
TPN ELECTROLYTES	5	
Erythromycins & Other Macrolides		
AZITHROMYCIN INJ 2.5GM	5	
azithromycin inj 500mg	5	MO
azithromycin pack	2	MO
azithromycin susr 100mg/5ml	2	QLL(15 per 1 days) MO
azithromycin susr 200mg/5ml	2	QLL(46 per 1 days) MO
azithromycin tabs 250mg	2	QLL(6 per 1 days) MO
azithromycin tabs 500mg	2	QLL(3 per 1 days) MO
azithromycin tabs 600mg	2	QLL(8 per 1 days) MO
clarithromycin	2	MO
clarithromycin er	2	QLL(28 per 1 days) MO
DIFICID	6	PAR MO
e.s.p.	2	MO
ERYTHROCIN LACTOBIONATE	5	
erythrocin stearate	2	MO
erythromycin	2	MO
erythromycin base	2	MO
erythromycin ethylsuccinate	2	MO
erythromycin/sulfisoxazole	2	MO
ZMAX	3	MO
Estrogens & Progestins		
camila	3	MO
errin	3	MO
estradiol ptwk	3	QLL(4 per 28 days) MO
estradiol tabs	3	PAR MO
estradiol valerate	5	MO
heather	3	MO
jolivette	3	MO
medroxyprogesterone acetate inj	5	MO
medroxyprogesterone acetate tabs	1	MO
MENEST	4	PAR MO
nora-be	3	MO
norethindrone	3	MO
norethindrone acetate	2	MO
PREMARIN CREA	4	MO
PREMARIN INJ	5	PAR MO
PREMARIN TABS	4	PAR MO
progesterone caps	2	ST MO
VAGIFEM	4	MO
Gout Therapy		
allopurinol	1	MO
allopurinol sodium	5	

Drug Name	Drug Tier	Requirements/ Limits
aloprim	5	
COLCRYS	4	PAR MO
probenecid	2	MO
probenecid/colchicine	2	MO
ULORIC	3	ST MO
Irrigating Solutions		
lactated ringers irrigation	5	B/D PAR MO
neomycin/polymyxin b sulfates	5	MO
PHYSIOLYTE	5	B/D PAR
PHYSIOSOL IRRIGATION	5	B/D PAR
PHYSIOSOL IRRIGATION PH 7.4	5	B/D PAR
ringers irrigation	5	B/D PAR MO
Lipid/Cholesterol Lowering Agents		
ADVICOR TB24 20MG; 1000MG, 20MG; 750MG	4	QLL(60 per 30 days) MO
ADVICOR TB24 20MG; 500MG, 40MG; 1000MG	4	QLL(30 per 30 days) MO
ALTOPREV	4	PAR QLL(30 per 30 days) MO
atorvastatin calcium	1	QLL(30 per 30 days) MO
cholestyramine	2	MO
cholestyramine light	2	MO
colestipol hcl for oral suspension	3	MO
colestipol hcl gran	3	MO
colestipol hcl tabs	2	MO
CRESTOR	3	QLL(30 per 30 days) ST MO
fenofibrate micronized caps 134mg, 200mg	2	QLL(30 per 30 days) MO
fenofibrate micronized caps 67mg	2	QLL(90 per 30 days) MO
fenofibrate tabs 145mg, 48mg	2	MO
fenofibrate tabs 160mg	2	QLL(30 per 30 days) MO
fenofibrate tabs 54mg	2	QLL(90 per 30 days) MO
fenofibric acid dr cpdr 135mg, 45mg	3	
fenofibric acid dr cpdr 135mg, 45mg	3	MO
fluvastatin	2	QLL(60 per 30 days) MO
gemfibrozil	1	MO
lovastatin tabs 10mg, 20mg	1	QLL(30 per 30 days) MO
lovastatin tabs 40mg	1	QLL(60 per 30 days) MO
LOVAZA	3	MO
micronized colestipol hcl	2	MO
NIACOR	3	MO
pravastatin sodium	1	QLL(30 per 30 days) MO
prevalite	2	MO
SIMCOR TB24 1000MG; 20MG, 500MG; 20MG, 750MG; 20MG	4	QLL(60 per 30 days) MO
SIMCOR TB24 1000MG; 40MG, 500MG; 40MG	4	QLL(30 per 30 days) MO
simvastatin	1	QLL(30 per 30 days) MO
TRILIPIX	3	MO
WELCHOL	3	MO
ZETIA	4	PAR QLL(30 per 30 days) MO
Migraine & Cluster Headache Therapy		
dihydroergotamine mesylate inj	5	MO
ERGOMAR	3	MO
migergot	3	MO
naratriptan hcl	3	QLL(9 per 30 days) MO
sumatriptan nasal soln 20mg/act	3	QLL(8 per 30 days) MO
sumatriptan nasal soln 5mg/act	3	QLL(16 per 30 days) MO
sumatriptan succinate inj	5	QLL(4 per 30 days) MO
sumatriptan succinate refill	5	QLL(4 per 30 days) MO
sumatriptan succinate tabs	3	QLL(9 per 30 days) MO
Miscellaneous Agents		
acetic acid 0.25%	2	MO
ACTONEL TABS 30MG	4	QLL(30 per 30 days) ST MO
ADAGEN	6	MO
alendronate sodium tabs 40mg	1	QLL(30 per 30 days) MO
anagrelide hydrochloride	3	MO
ARALAST NP INJ 1000MG, 800MG	6	MO

Drug Name	Drug Tier	Requirements/ Limits
ARALAST NP INJ 400MG, 500MG	6	LA MO
ASTEPRO	3	QLL(30 per 25 days) MO
azelastine hcl nasal soln	2	QLL(30 per 25 days) MO
BUPHENYL TABS	6	PAR MO
CARBAGLU	6	LA PAR MO
chlorhexadine gluconate oral rinse	1	MO
chlorhexidine gluconate mouth/throat soln	1	MO
chlorhexidine gluconate oral rinse	1	MO
CLINIMIX 4.25%/ DEXTROSE 5%	5	
CLINIMIX E 2.75%/ DEXTROSE 10%	5	
CLINIMIX E 2.75%/ DEXTROSE 5%	5	
denta 5000 plus	2	MO
dentagel	2	MO
dextrose 10%/nacl 0.45%	5	
dextrose 2.5%	5	
dextrose 10% flex container	5	
DEXTROSE 10% INJ 10%	5	
dextrose 10% inj 10%	5	MO
dextrose 10%/nacl 0.2%	5	
dextrose 2.5%/nacl 0.45%	5	
dextrose 2.5%/sodium chloride 0.45%	5	
dextrose 25%	5	
dextrose 30%	5	
dextrose 30% partial fill	5	
dextrose 40%	5	
dextrose 5%	5	MO
dextrose 5% viaflex	5	MO
dextrose 5%/lactated ringers	5	MO
dextrose 5%/nacl 0.2%	5	
dextrose 5%/nacl 0.225%	5	
dextrose 5%/nacl 0.3%	5	
dextrose 5%/nacl 0.33%	5	
dextrose 5%/nacl 0.45%	5	MO
dextrose 5%/nacl 0.9%	5	MO
dextrose 5%/sodium chloride 0.2%	5	
dextrose 5%/sodium chloride 0.33%	5	
dextrose 5%/sodium chloride 0.45%	5	MO
dextrose 5%/sodium chloride 0.9%	5	MO
dextrose 50%	5	MO
dextrose 70%	5	
dextrose thermoject system	5	
disulfiram	3	MO
etidronate disodium	2	MO
EXJADE	6	LA PAR MO
FERRIPROX	6	PAR MO
GLASSIA	6	LA MO
INCRELEX	6	LA PAR MO
ipratropium bromide nasal soln	2	QLL(30 per 30 days) MO
kalexate	3	MO
lactated ringers dextrose 5% viaflex	5	MO
levocarnitine inj	5	B/D PAR MO
levocarnitine oral soln	2	B/D PAR MO
levocarnitine tabs	2	B/D PAR MO
midodrine hcl	3	MO
neutral sodium fluoride	2	MO
ORFADIN	6	LA MO
PATANASE	4	QLL(31 per 30 days) MO
periogard	1	MO
pilocarpine hcl	2	MO
pilocarpine hydrochloride	2	MO
POLYETHYLENE GLYCOL 3350-GRX	2	MO
PROLASTIN-C	6	LA MO
RENVELA PACK	3	QLL(90 per 30 days) MO
RENVELA TABS	3	QLL(270 per 30 days) MO
riluzole	6	MO
saline flush	5	MO
saline flush zr/sterile field	5	MO
sf 5000 plus	2	MO
sodium chloride 0.9%	5	MO
sodium chloride 0.9%	5	MO
sodium chloride bacteriostatic	5	MO

Drug Name	Drug Tier	Requirements/ Limits
sodium chloride bacteriostatic/ benzyl alcohol	5	MO
sodium chloride flush	5	MO
sodium chloride inj 0.9%	5	MO
sodium chloride irrigation soln	5	MO
sodium chloride pab	5	MO
sodium chloride thermoject system	5	MO
sodium phenylbutyrate	6	MO
sodium polystyrene sulfonate powd	3	MO
sodium polystyrene sulfonate susp 15gm/60ml	3	MO
sodium polystyrene sulfonate susp 30gm/120ml	3	
sps	3	MO
sterile water irrigation	5	MO
sterile water irrigation plastic bottle	5	MO
sterile water irrigation w/hanger	5	MO
SYPRINE	6	MO
triamcinolone acetonide pste	2	MO
triamcinolone in orabase	2	MO
TYZINE	3	MO
TYZINE PEDIATRIC NASAL DROPS	4	MO
ZEMAIRA	6	LA MO
Miscellaneous Antiinfectives		
ALBENZA	4	MO
ALINIA	4	MO
amikacin sulfate	5	MO
CAPASTAT SULFATE	5	
chloramphenicol sodium succinate	5	
chloroquine phosphate	2	MO
clindamycin hcl	2	MO
clindamycin phosphate add-vantage	5	MO
clindamycin phosphate in d5w inj 300mg/50ml; 5%, 600mg/ 50ml; 5%	5	
clindamycin phosphate in d5w inj 900mg/50ml; 5%	5	MO
clindamycin phosphate inj	5	MO
clindamycin phosphate pharmacy bulk package	5	MO
COARTEM	4	MO
colistimethate sodium	5	MO
COLY-MYCIN M	5	MO
CUBICIN	6	B/D PAR MO
DAPSONE	4	MO
DARAPRIM	3	MO
DORIBAX	5	
ethambutol hcl	2	MO
gentamicin sulfate inj	5	MO
gentamicin sulfate/0.9% sodium chloride	5	
gentamicin sulfate/sodium chloride	5	
hydroxychloroquine sulfate	1	MO
imipenem/cilastatin	5	MO
INVANZ	5	MO
isoniazid inj	5	
isoniazid syrp	1	MO
isoniazid tabs	1	MO
isotonic gentamicin inj 0.8mg/ml; 0.9%, 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%	5	
ISOTONIC GENTAMICIN INJ 2MG/ML; 0.9%	5	
KETEK	3	QLL(20 per 1 days) MO
LINCOCIN	5	MO
mefloquine hcl	2	MO
MEPRON	6	PAR MO
meropenem	5	MO
metronidazole tabs	2	MO
MYCOBUTIN	3	MO
NEBUPENT	3	B/D PAR MO
neomycin sulfate tabs	2	MO
paromomycin sulfate	3	MO
PASER	4	MO
PENTAM 300	5	MO
polymyxin b sulfate	5	MO
PRIFTIN	3	MO
PRIMAQUINE PHOSPHATE	3	MO
pyrazinamide	2	MO
RIFADIN INJ	5	MO
rifampin caps	2	MO
rifampin inj	5	MO

Drug Name	Drug Tier	Requirements/ Limits
RIFATER	3	MO
SEROMYCIN	4	MO
STREPTOMYCIN SULFATE	5	MO
STROMECTOL	3	MO
tinidazole	2	MO
TOBI	6	B/D PAR MO
tobramycin sulfate inj 1.2gm	5	
tobramycin sulfate inj 1.2gm/ 30ml, 10mg/ml, 40mg/ml, 80mg/2ml	5	MO
tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml	5	MO
tobramycin sulfate/sodium chloride inj 0.9%; 1.2mg/ml	5	
TRECATOR	4	MO
TYGACIL	6	MO
ZYVOX INJ	6	MO
ZYVOX SUSR	6	PAR QLL(1800 per 1 days) MO
ZYVOX TABS	6	PAR QLL(28 per 1 days) MO
Miscellaneous Cardiovascular Agents		
RANEXA	3	MO
Miscellaneous Dermatologicals		
ammonium lactate	2	MO
CARAC	4	MO
ELIDEL	4	PAR QLL(60 per 1 days) MO
fluorouracil crea	3	MO
fluorouracil external soln	2	MO
imiquimod	3	MO
PANRETIN	6	MO
podofilox	2	MO
SOLARAZE	3	PAR QLL(100 per 30 days) MO
UVADEX	5	B/D PAR
Miscellaneous Gastrointestinal Agents		
ALOXI	5	MO
ASACOL	3	MO
ASACOL HD	3	MO
balsalazide disodium	3	MO
budesonide cp24	6	MO
CIMZIA	6	PAR QLL(6 per 28 days) MO
CIMZIA STARTER KIT	6	PAR QLL(6 per 28 days) MO
compro	2	MO
constulose	2	MO
CREON	3	MO
cromolyn sodium conc	3	MO
CYSTADANE	3	MO
DELZICOL	3	MO
DIPENTUM	6	MO
dronabinol	3	B/D PAR MO
EMEND CAPS	3	B/D PAR QLL(12 per 30 days) MO
EMEND CAPS 125MG	3	B/D PAR QLL(4 per 30 days) MO
EMEND CAPS 40MG	3	B/D PAR QLL(1 per 1 days) MO
EMEND CAPS 80MG	3	B/D PAR QLL(8 per 30 days) MO
enulose	2	MO
GATTEX	6	MO
gavilyte-c	1	MO
gavilyte-g	1	MO
gavilyte-n/flavor pack	1	MO
generlac	2	MO
HALFLYTELY BOWEL PREP/FLAVOR PACKS	3	MO
hydrocortisone enem	2	MO
lactulose	2	MO
LOTRONEX TABS 0.5MG	3	PAR QLL(60 per 30 days) MO
LOTRONEX TABS 1MG	6	PAR QLL(60 per 30 days) MO
meclizine hcl tabs	1	MO
mesalamine	3	MO
metoclopramide hcl inj	5	MO
metoclopramide hcl oral soln	1	MO
metoclopramide hcl tabs	1	MO
MOVIPREP	4	MO
ondansetron hcl inj	5	MO
ondansetron hcl tabs 4mg, 8mg	3	B/D PAR QLL(90 per 30 days) MO
ondansetron odt	3	B/D PAR QLL(90 per 30 days) MO
OSMOPREP	4	MO
peg 3350/electrolytes	2	MO
peg-3350/electrolytes	2	MO

Drug Name	Drug Tier	Requirements/ Limits
peg-3350/nacl/na bicarbonate/kcl	2	MO
PENTASA	3	MO
polyethylene glycol 3350 pack	2	MO
polyethylene glycol 3350 powd	2	MO
prochlorperazine	2	MO
prochlorperazine edisylate	5	MO
prochlorperazine maleate	2	MO
procto-pak	2	MO
proctosol hc	2	MO
proctozone-hc	1	MO
RELISTOR	5	PAR MO
REMICADE	6	PAR MO
SUCRAID	6	MO
sulfasalazine	1	MO
sulfazine	1	MO
sulfazine ec	1	MO
SUPREP BOWEL PREP	4	MO
trilyte	1	MO
UCERIS	6	MO
ursodiol	2	MO
ZOFRAN INJ	5	MO
Miscellaneous Hormones		
ALDURAZYME	6	PAR MO
ANDROGEL GEL 20.25MG/1.25GM	3	PAR QLL(30 per 30 days) MO
ANDROGEL GEL 25MG/2.5GM, 50MG/5GM	3	PAR QLL(300 per 30 days) MO
ANDROGEL GEL 40.5MG/2.5GM	3	PAR QLL(60 per 30 days) MO
ANDROGEL PUMP GEL 1%	3	PAR QLL(300 per 30 days) MO
ANDROGEL PUMP GEL 1.62%	3	PAR QLL(150 per 30 days) MO
androxy	4	PAR MO
cabergoline	3	MO
calcitonin salmon	2	QLL(4 per 30 days) MO
calcitonin-salmon	2	QLL(4 per 30 days) MO
calcitriol caps	2	B/D PAR MO
calcitriol inj	5	B/D PAR MO
calcitriol oral soln	2	B/D PAR MO
CEREZYME	6	PAR MO
danazol	3	MO
DDAVP INJ	5	MO
desmopressin acetate inj	5	MO
desmopressin acetate nasal soln	3	MO
desmopressin acetate tabs	3	MO
ELAPRASE	6	PAR MO
FABRAZYME	6	PAR MO
fortical	2	QLL(4 per 30 days) MO
HECTOROL INJ	5	B/D PAR MO
KUVAN	6	LA PAR MO
NAGLAZYME	6	LA PAR MO
oxandrolone tabs 10mg	6	PAR MO
oxandrolone tabs 2.5mg	3	PAR MO
pamidronate disodium inj 30mg, 30mg/10ml, 90mg, 90mg/10ml	5	B/D PAR MO
pamidronate disodium inj 6mg/5 ml	5	B/D PAR
SAMSCA TABS 15MG	6	PAR QLL(30 per 30 days) MO
SAMSCA TABS 30MG	6	PAR QLL(60 per 30 days) MO
SENSIPAR TABS 30MG	3	QLL(60 per 30 days) MO
SENSIPAR TABS 60MG	6	QLL(60 per 30 days) MO
SENSIPAR TABS 90MG	6	QLL(120 per 30 days) MO
SOMAVERT	6	LA PAR MO
STIMATE	4	MO
SYNAREL	6	PAR MO
TESTIM	3	PAR QLL(300 per 30 days) MO
testosterone cypionate	5	MO
testosterone enanthate	5	MO
ZAVESCA	6	LA PAR MO
zoledronic acid inj 4mg	6	
zoledronic acid inj 4mg/5ml	6	MO
ZOMETA	6	MO
Miscellaneous Neurological Therapy		
AMPYRA	6	LA PAR QLL(60 per 30 days) MO
COPAXONE	6	PAR MO
donepezil hcl	2	QLL(30 per 30 days) MO
galantamine	2	QLL(60 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
galantamine hydrobromide cp24	2	QLL(30 per 30 days) MO
galantamine hydrobromide oral soln	2	QLL(180 per 30 days) MO
galantamine hydrobromide tabs	2	QLL(60 per 30 days) MO
GILENYA	6	PAR QLL(30 per 30 days) MO
HORIZANT	4	PAR QLL(60 per 30 days) MO
NAMENDA ORAL SOLN	3	QLL(300 per 30 days) MO
NAMENDA TABS	3	QLL(60 per 30 days) MO
NAMENDA TITRATION PAK	3	QLL(60 per 30 days) MO
NUEDEXTA	3	PAR MO
rivastigmine tartrate	2	QLL(60 per 30 days) MO
TYSABRI	6	LA PAR MO
XENAZINE	6	LA PAR MO
Miscellaneous Ob/Gyn		
clindamycin phosphate crea	2	MO
metronidazole vaginal	2	MO
miconazole 3	2	QLL(6 per 30 days) MO
terconazole crea 0.4%	2	QLL(90 per 30 days) MO
terconazole crea 0.8%	2	QLL(40 per 30 days) MO
terconazole supp	2	QLL(3 per 3 days) MO
vandazole	2	MO
zazole crea	2	
Miscellaneous Ophthalmologics		
azelastine hcl ophthalmic soln	2	MO
cromolyn sodium ophthalmic soln	2	MO
epinastine hcl	2	MO
LACRISERT	3	MO
PATADAY	3	MO
PATANOL	3	MO
RESTASIS	3	MO
Miscellaneous Otic Preparations		
acetasol hc	3	MO
acetic acid otic soln	1	MO
acetic acid/aluminum acetate	1	MO
fluocinolone acetonide oil	3	MO
hydrocortisone/acetic acid	3	MO
ofloxacin	2	MO
Miscellaneous Urologicals		
AMMONIUM CHLORIDE	5	
CIALIS TABS 2.5MG, 5MG	4	PAR QLL(30 per 30 days) MO
citric acid/sodium citrate	2	MO
CYSTAGON	3	LA MO
cytra k crystals	2	MO
cytra-2	2	MO
cytra-3	2	MO
cytra-k	2	MO
potassium citrate tbcr	2	MO
tricitrates	2	MO
Miscellaneous Vitamins, Hematinics, & Electrolytes		
AMINOSYN 8.5%/ ELECTROLYTES	5	
AMINOSYN II	5	
AMINOSYN II 8.5%/ ELECTROLYTES	5	
AMINOSYN INJ 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML, 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	5	
AMINOSYN M	5	
AMINOSYN-HBC	5	
AMINOSYN-PF	5	

Drug Name	Drug Tier	Requirements/ Limits
AMINOSYN-PF 7%	5	
CLINIMIX 2.75%/ DEXTROSE 5%	5	
CLINIMIX 4.25%/ DEXTROSE 10%	5	
CLINIMIX 4.25%/ DEXTROSE 20%	5	
CLINIMIX 4.25%/ DEXTROSE 25%	5	
CLINIMIX 5%/DEXTROSE 15%	5	
CLINIMIX 5%/DEXTROSE 20%	5	
CLINIMIX 5%/DEXTROSE 25%	5	
CLINIMIX E 4.25%/ DEXTROSE 10%	5	
CLINIMIX E 4.25%/ DEXTROSE 25%	5	
CLINIMIX E 4.25%/ DEXTROSE 5%	5	
CLINIMIX E 5%/ DEXTROSE 15%	5	
CLINIMIX E 5%/ DEXTROSE 20%	5	
CLINIMIX E 5%/ DEXTROSE 25%	5	
CLINISOL SF 15%	5	MO
FREAMINE III INJ 72MEQ/L; 600MG/100ML; 810MG/100ML; 3MEQ/L; 14MG/100ML; 1190MG/100ML; 240MG/100ML; 590MG/100ML; 770MG/100ML; 620MG/100ML; 450MG/100ML; 480MG/100ML; 10MMOLE/L; 115MG/100ML; 950MG/100ML; 500MG/100ML; 10MEQ/L; 340MG/100ML; 130MG/100ML; 560MG/100ML	5	MO
freamine iii inj 89meq/l; 710mg/100ml; 950mg/100ml; 3meq/l; 24mg/100ml; 1400mg/100ml; 280mg/100ml; 690mg/100ml; 910mg/100ml; 730mg/100ml; 530mg/100ml; 560mg/100ml; 10mmole/l; 120mg/100ml; 1120mg/100ml; 590mg/100ml; 10meq/l; 400mg/100ml; 150mg/100ml; 660mg/100ml	5	
HEPATAMINE	5	
HEPATASOL	5	
INTRALIPID INJ 1.7%; 30%	5	
intralipid inj 2.25%; 20%	5	MO
IONOSOL-B/DEXTROSE 5%	5	
IONOSOL-MB/DEXTROSE 5%	5	
ISOLYTE-M/DEXTROSE 5%	5	
ISOLYTE-P/DEXTROSE 5%	5	
ISOLYTE-S	5	
ISOLYTE-S PH 7.4	5	
liposyn iii inj 1.2%; 2.5%; 10%, 1.8%; 2.5%; 30%	5	
liposyn iii inj 1.2%; 2.5%; 20%	5	MO
NEPHRAMINE	5	
NORMOSOL-M IN D5W	5	
NORMOSOL-R	5	
PLASMA-LYTE A	5	
PLASMA-LYTE-148	5	
PLASMA-LYTE-56/D5W	5	
premasol inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml	5	
PREMASOL INJ 56MEQ/L; 320MG/100ML; 730MG/100ML; 190MG/100ML; 3MEQ/L; 20MG/100ML; 300MG/100ML; 220MG/100ML; 290MG/100ML; 490MG/100ML; 840MG/100ML; 490MG/100ML; 200MG/100ML; 290MG/	5	

Drug Name	Drug Tier	Requirements/ Limits
100ML; 410MG/100ML; 230MG/100ML; 5MEQ/L; 15MG/100ML; 250MG/100ML; 120MG/100ML; 140MG/100ML; 470MG/100ML		
PROCALAMINE	5	
PROSOL	5	MO
travasol	5	
TROPHAMINE	5	
Muscle Relaxants & Antispasmodic Therapy		
baclofen	2	MO
cyclobenzaprine hcl tabs 10mg, 5mg	4	PAR MO
dantrolene sodium caps	3	MO
ed baclofen	2	MO
MESTINON SYRP	3	MO
MESTINON TIMESPAN	3	MO
pyridostigmine bromide	2	MO
regonol	5	
tizanidine hcl tabs	2	MO
Narcotic Analgesics		
ABSTRAL SUBL 100MCG	4	PAR QLL(120 per 30 days) MO
ABSTRAL SUBL 200MCG, 300MCG, 400MCG, 600MCG, 800MCG	6	PAR QLL(120 per 30 days) MO
acetaminophen/caffeine/ dihydrocodeine bitartrate	3	QLL(150 per 30 days) MO
acetaminophen/codeine #2	2	QLL(390 per 30 days) MO
acetaminophen/codeine #3	2	QLL(390 per 30 days) MO
acetaminophen/codeine #4	2	QLL(390 per 30 days) MO
acetaminophen/codeine oral soln	2	QLL(4500 per 30 days)
acetaminophen/codeine phosphate	2	QLL(390 per 30 days) MO
acetaminophen/codeine tabs	2	QLL(390 per 30 days) MO
ACTIQ	6	PAR QLL(120 per 30 days) MO
ASTRAMORPH	5	B/D PAR
BUPRENEX	5	MO
buprenorphine hcl inj	5	
buprenorphine hcl subl 2mg	3	PAR QLL(240 per 30 days) MO
buprenorphine hcl subl 8mg	3	PAR QLL(60 per 30 days) MO
co-gesic	2	QLL(240 per 30 days) MO
duramorph	5	B/D PAR MO
endocet tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	2	QLL(360 per 30 days) MO
endocet tabs 500mg; 7.5mg	2	QLL(240 per 30 days) MO
endocet tabs 650mg; 10mg	2	QLL(180 per 30 days) MO
endodan	2	QLL(360 per 30 days) MO
fentanyl patches	4	QLL(15 per 30 days) MO
fentanyl citrate oral transmucosal	6	PAR QLL(120 per 30 days) MO
FENTORA	6	PAR QLL(120 per 30 days) MO
hydrocodone bitartrate/ acetaminophen oral soln	2	QLL(3600 per 30 days) MO
hydrocodone bitartrate/ acetaminophen tabs 750mg; 10mg	2	QLL(150 per 30 days) MO
hydrocodone/acetaminophen oral soln	2	QLL(2700 per 30 days) MO
hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	2	QLL(360 per 30 days) MO
hydrocodone/acetaminophen tabs 500mg; 10mg, 500mg; 2.5mg, 500mg; 5mg, 500mg; 7.5mg	2	QLL(240 per 30 days) MO
hydrocodone/acetaminophen tabs 650mg; 10mg, 650mg; 7.5mg, 660mg; 10mg	2	QLL(180 per 30 days) MO
hydrocodone/acetaminophen tabs 750mg; 7.5mg	2	QLL(150 per 30 days) MO
hydrocodone/ibuprofen tabs 7.5mg; 200mg	2	QLL(480 per 30 days) MO
hydromorphone hcl dosette	5	MO
hydromorphone hcl inj 1mg/ml, 500mg/50ml	5	

Drug Name	Drug Tier	Requirements/ Limits
hydromorphone hcl inj 2mg/ml, 4mg/ml	5	MO
hydromorphone hcl supp	3	MO
hydromorphone hcl tabs 2mg	3	QLL(960 per 30 days) MO
hydromorphone hcl tabs 4mg	3	QLL(480 per 30 days) MO
hydromorphone hcl tabs 8mg	3	QLL(240 per 30 days) MO
LAZANDA	6	LA PAR QLL(30 per 30 days) MO
levorphanol tartrate	2	QLL(180 per 30 days) MO
methadone hcl conc	3	QLL(360 per 30 days) MO
methadone hcl intensol	3	QLL(360 per 30 days) MO
methadone hcl oral soln 10mg/ 5ml	3	QLL(1800 per 30 days) MO
methadone hcl oral soln 5mg/ 5ml	3	QLL(3600 per 30 days) MO
methadone hcl tabs 10mg	3	QLL(360 per 30 days) MO
methadone hcl tabs 5mg	3	QLL(720 per 30 days) MO
methadone hcl tbso	3	MO
methadose conc	3	QLL(360 per 30 days) MO
methadose sugar-free	3	QLL(360 per 30 days) MO
methadose tabs	3	QLL(360 per 30 days) MO
methadose tbso	3	MO
morphine sulfate er tbcr 100mg, 200mg	3	QLL(180 per 30 days) MO
morphine sulfate er tbcr 15mg, 30mg, 60mg	3	QLL(120 per 30 days) MO
morphine sulfate inj 0.5mg/ml, 1mg/ml	5	B/D PAR MO
morphine sulfate inj 10mg/ml, 150mg/30ml, 15mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml	5	MO
morphine sulfate inj 25mg/ml, 8mg/ml	5	
MORPHINE SULFATE INJ 8MG/ML	5	
morphine sulfate oral soln 10mg/5ml	3	QLL(3600 per 30 days) MO
morphine sulfate oral soln 20mg/5ml	3	QLL(1800 per 30 days) MO
morphine sulfate oral soln 20mg/ml	3	QLL(360 per 30 days) MO
morphine sulfate supp	3	MO
morphine sulfate tabs 15mg	3	QLL(480 per 30 days) MO
morphine sulfate tabs 30mg	3	QLL(240 per 30 days) MO
ONSOLIS	6	LA PAR QLL(120 per 30 days) MO
oxycodone hcl caps	3	QLL(1620 per 30 days) MO
oxycodone hcl conc	3	QLL(405 per 30 days) MO
oxycodone hcl oral soln	3	MO
oxycodone hcl tabs 10mg	3	QLL(810 per 30 days) MO
oxycodone hcl tabs 15mg	3	QLL(540 per 30 days) MO
oxycodone hcl tabs 20mg	3	QLL(390 per 30 days) MO
oxycodone hcl tabs 30mg	3	QLL(270 per 30 days) MO
oxycodone hcl tabs 5mg	3	QLL(1620 per 30 days) MO
oxycodone/acetaminophen caps	2	QLL(240 per 30 days) MO
oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	2	QLL(360 per 30 days) MO
oxycodone/acetaminophen tabs 500mg; 7.5mg	2	QLL(240 per 30 days) MO
oxycodone/acetaminophen tabs 650mg; 10mg	2	QLL(180 per 30 days) MO
oxycodone/aspirin	2	QLL(360 per 30 days) MO
oxycodone/ibuprofen	2	QLL(120 per 30 days) MO
OXYCONTIN TB12 10MG, 15MG, 20MG, 30MG, 40MG	4	QLL(60 per 30 days) ST MO
OXYCONTIN TB12 60MG	4	QLL(120 per 30 days) ST MO

Drug Name	Drug Tier	Requirements/ Limits
OXYCONTIN TB12 80MG	6	QLL(120 per 30 days) ST MO
roxicet tabs	2	QLL(360 per 30 days) MO
stagesic	2	QLL(240 per 30 days) MO
zamicet	3	QLL(2700 per 30 days) MO
Nitrates		
isosorbide dinitrate	2	MO
isosorbide dinitrate er	2	MO
isosorbide mononitrate	1	MO
isosorbide mononitrate er	2	MO
nitro-bid	2	MO
nitroglycerin inj	5	B/D PAR
nitroglycerin pt24	2	MO
nitroglycerin transdermal	2	MO
NITROSTAT	3	MO
Non-Narcotic Analgesics		
buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg	3	PAR QLL(360 per 30 days) MO
buprenorphine hcl/naloxone hcl subl 8mg; 2mg	3	PAR QLL(90 per 30 days) MO
butorphanol tartrate inj	5	MO
butorphanol tartrate nasal soln	3	QLL(10 per 30 days) MO
childrens ibuprofen susp 100mg/5ml	1	MO
diclofenac potassium	2	MO
diclofenac sodium dr	2	MO
diclofenac sodium er	2	MO
diclofenac sodium xr	2	MO
diflunisal	2	MO
etodolac	2	MO
etodolac er	2	MO
fenoprofen calcium	2	MO
flurbiprofen	2	MO
ibuprofen susp	1	MO
ibuprofen tabs 400mg, 600mg, 800mg	1	MO
ketoprofen	2	MO
ketoprofen er	2	MO
meclofenamate sodium	3	MO
mefenamic acid	2	MO
meloxicam susp	2	QLL(300 per 30 days) MO
meloxicam tabs	2	QLL(30 per 30 days) MO
nabumetone	2	MO
nalbuphine hcl	5	MO
naloxone hcl inj 0.4mg/ml	5	
naloxone hcl inj 1mg/ml	5	MO
naltrexone hcl	2	MO
naproxen	2	MO
naproxen dr	2	MO
naproxen sodium tabs 275mg, 550mg	2	MO
oxaprozin	2	MO
pentazocine/acetaminophen	2	QLL(180 per 30 days) MO
piroxicam	2	MO
sulindac	2	MO
tolmetin sodium	2	MO
tramadol hcl	2	QLL(240 per 30 days) MO
tramadol hcl er tb24 300mg	2	QLL(30 per 30 days) MO
tramadol hydrochloride/ acetaminophen	2	QLL(240 per 30 days) MO
VOLTAREN	3	QLL(1000 per 30 days) MO
Non-Steroidal Anti-Inflammatory Agents		
diclofenac sodium	2	MO
flurbiprofen sodium	1	MO
ketorolac tromethamine ophthalmic soln	2	MO
NEVANAC	3	MO
Oral Contraceptives & Related Agents		
altavera	3	MO
alyacen 1/35	3	MO
alyacen 7/7/7	3	MO
apri	3	MO
aranelle	3	MO
aviane	3	MO
azurette	3	MO
balziva	3	MO
briellyn	3	MO
caziant	3	MO
cryselle-28	3	MO
cyclafem 1/35	3	MO
cyclafem 7/7/7	3	MO
dasetta 1/35	3	MO

Drug Name	Drug Tier	Requirements/ Limits
dasetta 7/7/7	3	MO
drospirenone/ethinyl estradiol	3	MO
elinest	3	MO
emoquette	3	MO
enpresse-28	3	MO
estarylla	3	MO
falmina	3	MO
gildagia	3	MO
gildess 1.5/30	3	MO
gildess 1/20	3	MO
gildess fe 1.5/30	3	MO
gildess fe 1/20	3	MO
introvale	3	MO
jolessa	3	MO
junel 1.5/30	3	MO
junel 1/20	3	MO
junel fe 1.5/30	3	MO
junel fe 1/20	3	MO
kariva	3	MO
kelnor 1/35	3	MO
leena	3	MO
lessina	3	MO
levonest	3	MO
levonorgestrel/ethinyl estradiol	3	MO
levora 0.15/30-28	3	MO
low-ogestrel	3	MO
lutera	3	MO
marlissa	3	MO
microgestin 1.5/30	3	MO
microgestin 1/20	3	MO
microgestin fe	3	MO
microgestin fe 1.5/30	3	MO
mono-linyah	3	MO
mononessa	3	MO
myzilra	3	MO
necon 0.5/35-28	3	MO
necon 1/35	3	MO
necon 1/50-28	3	MO
necon 10/11-28	3	MO
necon 7/7/7	3	MO
norgestimate/ethinyl estradiol	3	MO
nortrel 0.5/35 (28)	3	MO
nortrel 1/35	3	MO
nortrel 7/7/7	3	MO
ocella	3	MO
ogestrel	3	MO
orsythia	3	MO
philith	3	MO
portia-28	3	MO
previfem	3	MO
quasense	3	MO
reclipsen	3	MO
sprintec 28	3	MO
sronyx	3	MO
syeda	3	MO
tilia fe	3	MO
tri-estarylla	3	MO
tri-legest fe	3	MO
tri-linyah	3	MO
tri-previfem	3	MO
tri-sprintec	3	MO
trinessa	3	MO
trivora-28	3	MO
velivet	3	MO
viorele	3	MO
zarah	3	MO
zenchent	3	MO
zovia 1/35e	3	MO
zovia 1/50e	3	MO
Oral Drugs For Glaucoma		
acetazolamide	2	MO
acetazolamide er	2	MO
acetazolamide sodium	5	
methazolamide	2	MO
Osteoporosis Therapy		
ACTONEL TABS 150MG	4	QLL(1 per 30 days) ST MO
ACTONEL TABS 35MG	4	QLL(4 per 28 days) ST MO
ACTONEL TABS 5MG	4	QLL(30 per 30 days) ST MO
alendronate sodium oral soln	4	MO
alendronate sodium tabs 10mg, 5mg	1	QLL(30 per 30 days) MO
alendronate sodium tabs 35mg, 70mg	1	QLL(4 per 28 days) MO
BONIVA INJ	5	B/D PAR MO
BONIVA TABS	4	QLL(1 per 28 days) ST MO
EVISTA	3	QLL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
FORTEO	5	PAR QLL(3 per 28 days) MO
FOSAMAX	4	QLL(4 per 28 days) ST MO
FOSAMAX PLUS D	4	QLL(4 per 28 days) ST MO
ibandronate sodium	2	QLL(1 per 28 days) MO
PROLIA	5	PAR QLL(2 per 365 days) MO
Other Glaucoma Drugs		
COMBIGAN	3	MO
dorzolamide hcl	2	MO
dorzolamide hcl/timolol maleate	2	MO
latanoprost	2	MO
LUMIGAN	3	MO
RESCULA	4	MO
TRAVATAN Z	3	MO
travoprost	3	MO
Other Rheumatologicals		
ACTEMRA	6	PAR MO
BENLYSTA	6	PAR MO
DEPEN TITRATABS	4	MO
ENBREL INJ 25MG, 50MG/ML	6	PAR QLL(8 per 28 days) MO
ENBREL INJ 25MG/0.5ML	6	PAR QLL(4.08 per 28 days) MO
ENBREL SURECLICK	6	PAR QLL(8 per 28 days) MO
HUMIRA INJ 20MG/0.4ML	6	PAR QLL(2 per 28 days) MO
HUMIRA INJ 40MG/0.8ML	6	PAR QLL(6 per 28 days) MO
HUMIRA PEN	6	PAR QLL(6 per 28 days) MO
HUMIRA PEN-CROHNS DISEASESTARTER	6	PAR QLL(6 per 365 days) MO
HUMIRA PEN-PSORIASIS STARTER	6	PAR QLL(4 per 365 days) MO
KINERET	6	PAR QLL(28 per 28 days) MO
leflunomide	3	MO
ORENCIA INJ 125MG/ML	6	PAR QLL(4 per 28 days) MO
ORENCIA INJ 250MG	6	PAR MO
RIDAURA	4	MO
SAVELLA TABS 100MG	3	QLL(60 per 30 days) MO
SAVELLA TABS 12.5MG	3	QLL(480 per 30 days) MO
SAVELLA TABS 25MG	3	QLL(240 per 30 days) MO
SAVELLA TABS 50MG	3	QLL(120 per 30 days) MO
SAVELLA TITRATION PACK	3	QLL(1 per 365 days) MO
SIMPONI	6	PAR QLL(1 per 28 days) MO
Otic Steroid / Antibiotic		
CIPRODEX	3	MO
neomycin/polymyxin/hc	2	MO
neomycin/polymyxin/ hydrocortisone	2	MO
Penicillins		
amoxicillin	1	MO
amoxicillin/clavulanate potassium	3	MO
amoxicillin/clavulanate potassium er	3	MO
amoxicillin/potassium clavulanate	3	MO
ampicillin	1	MO
ampicillin sodium inj 10gm, 125mg, 250mg, 2gm	5	MO
ampicillin sodium inj 1gm, 500mg	5	
ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm	5	
ampicillin-sulbactam inj 2gm; 1gm	5	MO
bactocill in dextrose inj 0; 1gm/50ml	5	
bactocill in dextrose inj 0; 2gm/50ml	6	
BICILLIN C-R	5	MO
BICILLIN L-A	5	MO
dicloxacillin sodium	2	MO
MOXATAG	5	MO
nafcillin sodium	6	MO
nallpen iso-osmotic in dextrose	6	
nallpen/dextrose	6	

Drug Name	Drug Tier	Requirements/ Limits
oxacillin sodium inj 10gm, 1gm, 2gm	6	MO
OXACILLIN SODIUM INJ 2GM	6	MO
penicillin g potassium	5	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	5	
penicillin g procaine	5	MO
penicillin g sodium	5	MO
penicillin v potassium	1	MO
pfizerpen-g	5	MO
piperacillin sodium/ tazobactam sodium	5	MO
piperacillin sodium/tazobactam sodium	5	MO
piperacillin/tazobactam	5	MO
TIMENTIN INJ 0.1GM/ 100ML; 3GM/100ML, 1GM; 30GM	5	
TIMENTIN INJ 0.1GM; 3GM	5	MO
Psychotherapeutic Drugs		
ABILIFY DISCMELT TBDP 10MG	6	QLL(90 per 30 days) MO
ABILIFY DISCMELT TBDP 15MG	6	QLL(60 per 30 days) MO
ABILIFY INJ	5	MO
ABILIFY MAINTENA	6	MO
ABILIFY ORAL SOLN	4	QLL(900 per 30 days) MO
ABILIFY TABS 10MG	4	QLL(90 per 30 days) MO
ABILIFY TABS 15MG	4	QLL(60 per 30 days) MO
ABILIFY TABS 20MG	6	QLL(60 per 30 days) MO
ABILIFY TABS 2MG	4	QLL(450 per 30 days) MO
ABILIFY TABS 30MG	6	QLL(30 per 30 days) MO
ABILIFY TABS 5MG	4	QLL(180 per 30 days) MO
amitriptyline hcl	3	PAR MO
amoxapine	2	MO
amphetamine/ dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg	3	QLL(90 per 30 days) MO
amphetamine/ dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg; 7.5mg	3	QLL(60 per 30 days) MO
budeprion sr tb12 100mg	2	QLL(120 per 30 days) MO
budeprion sr tb12 150mg	2	MO
bupropion hcl er tb12 100mg	2	QLL(120 per 30 days) MO
bupropion hcl er tb12 150mg	2	MO
bupropion hcl er tb12 200mg	2	QLL(60 per 30 days) MO
bupropion hcl sr tb12 100mg	2	QLL(120 per 30 days) MO
bupropion hcl sr tb12 150mg	2	MO
bupropion hcl sr tb12 200mg	2	QLL(60 per 30 days) MO
bupropion hcl tabs 100mg	2	QLL(135 per 30 days) MO
bupropion hcl tabs 75mg	2	QLL(180 per 30 days) MO
bupropion hcl xl tb24 150mg	2	QLL(90 per 30 days) MO
bupropion hcl xl tb24 300mg	2	QLL(45 per 30 days) MO
buspirone hcl	2	MO
chlorpromazine hcl inj	5	MO
chlorpromazine hcl tabs	2	MO
citalopram hydrobromide oral soln	2	QLL(600 per 30 days) MO
citalopram hydrobromide tabs 10mg	2	QLL(120 per 30 days) MO
citalopram hydrobromide tabs 20mg	2	QLL(60 per 30 days) MO
citalopram hydrobromide tabs 40mg	2	QLL(30 per 30 days) MO
clomipramine hcl	4	MO
clorazepate dipotassium	3	QLL(120 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
clozapine odt tbdp 100mg	4	QLL(270 per 30 days)
clozapine odt tbdp 12.5mg	4	QLL(2160 per 30 days)
clozapine odt tbdp 25mg	4	QLL(1080 per 30 days)
clozapine tabs 100mg	2	QLL(270 per 30 days)
clozapine tabs 200mg	2	QLL(135 per 30 days)
clozapine tabs 25mg	2	QLL(1080 per 30 days)
clozapine tabs 50mg	2	QLL(540 per 30 days)
CYMBALTA CPEP 20MG	4	QLL(180 per 30 days) MO
CYMBALTA CPEP 30MG	4	QLL(120 per 30 days) MO
CYMBALTA CPEP 60MG	4	QLL(60 per 30 days) MO
desipramine hcl	2	MO
DESVENLAFAXINE ER TB24 100MG	4	QLL(120 per 30 days) MO
DESVENLAFAXINE ER TB24 50MG	4	QLL(240 per 30 days) MO
dextroamphetamine sulfate tabs 10mg	3	PAR QLL(180 per 30 days) MO
dextroamphetamine sulfate tabs 5mg	3	PAR QLL(90 per 30 days) MO
diazepam intensol	3	QLL(240 per 30 days) MO
diazepam oral soln	3	QLL(1200 per 30 days) MO
diazepam tabs 10mg	3	QLL(120 per 30 days) MO
diazepam tabs 2mg	3	QLL(600 per 30 days) MO
diazepam tabs 5mg	3	QLL(240 per 30 days) MO
doxepin hcl	3	PAR MO
EMSAM	4	QLL(30 per 30 days) MO
escitalopram oxalate oral soln	2	QLL(600 per 30 days) MO
escitalopram oxalate tabs 10mg	2	QLL(60 per 30 days) MO
escitalopram oxalate tabs 20mg	2	QLL(30 per 30 days) MO
escitalopram oxalate tabs 5mg	2	QLL(120 per 30 days) MO
FANAPT TABS 10MG	4	QLL(72 per 30 days) MO
FANAPT TABS 12MG	4	QLL(60 per 30 days) MO
FANAPT TABS 1MG	4	QLL(720 per 30 days) MO
FANAPT TABS 2MG	4	QLL(360 per 30 days) MO
FANAPT TABS 4MG	4	QLL(180 per 30 days) MO
FANAPT TABS 6MG	4	QLL(120 per 30 days) MO
FANAPT TABS 8MG	4	QLL(90 per 30 days) MO
FANAPT TITRATION PACK	4	QLL(8 per 30 days) MO
FAZACLO TBDP 100MG	4	QLL(270 per 30 days)
FAZACLO TBDP 12.5MG	4	QLL(2160 per 30 days)
FAZACLO TBDP 150MG	4	QLL(180 per 30 days)
FAZACLO TBDP 200MG	4	QLL(135 per 30 days)
FAZACLO TBDP 25MG	4	QLL(1080 per 30 days)
fluoxetine caps 10mg	2	QLL(240 per 30 days) MO
fluoxetine caps 20mg	2	QLL(120 per 30 days) MO
fluoxetine hcl caps 10mg	2	QLL(240 per 30 days) MO
fluoxetine hcl caps 20mg	2	QLL(120 per 30 days) MO
fluoxetine hcl caps 40mg	2	QLL(60 per 30 days) MO
fluoxetine hcl oral soln	2	QLL(600 per 30 days) MO
fluoxetine hcl tabs 10mg	2	QLL(240 per 30 days) MO
fluoxetine hcl tabs 20mg	2	QLL(120 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
FLUOXETINE HCL TABS 60MG	4	QLL(30 per 30 days) MO
fluphenazine decanoate	5	MO
fluphenazine hcl conc	2	
fluphenazine hcl elix	2	MO
fluphenazine hcl inj	5	MO
fluphenazine hcl tabs	2	MO
fluvoxamine maleate tabs 100mg	2	QLL(90 per 30 days) MO
fluvoxamine maleate tabs 25mg	2	QLL(360 per 30 days) MO
fluvoxamine maleate tabs 50mg	2	QLL(180 per 30 days) MO
GEODON INJ	5	MO
guanidine hcl	2	MO
haloperidol	2	MO
haloperidol decanoate	5	MO
haloperidol lactate	5	MO
imipramine hcl	2	MO
INTUNIV	4	QLL(30 per 30 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	6	QLL(2 per 28 days) MO
INVEGA SUSTENNA INJ 39MG/0.25ML, 78MG/0.5ML	5	QLL(2 per 28 days) MO
INVEGA TB24 1.5MG	4	QLL(240 per 30 days) MO
INVEGA TB24 3MG	4	QLL(120 per 30 days) MO
INVEGA TB24 6MG	4	QLL(60 per 30 days) MO
INVEGA TB24 9MG	6	QLL(40 per 30 days) MO
LATUDA TABS 120MG	6	QLL(30 per 30 days) MO
LATUDA TABS 20MG	4	QLL(240 per 30 days) MO
LATUDA TABS 40MG	4	QLL(120 per 30 days) MO
LATUDA TABS 80MG	4	QLL(60 per 30 days) MO
lithium carbonate	1	MO
lithium carbonate er	1	MO
lithium citrate	2	MO
loxapine	2	MO
loxapine succinate	2	MO
maprotiline hcl tabs 25mg	2	QLL(270 per 30 days) MO
maprotiline hcl tabs 50mg	2	QLL(135 per 30 days) MO
maprotiline hcl tabs 75mg	2	MO
MARPLAN	3	MO
methylphenidate hcl	3	PAR QLL(90 per 30 days) MO
mirtazapine odt tbdp 15mg	2	QLL(90 per 30 days) MO
mirtazapine odt tbdp 30mg	2	QLL(45 per 30 days) MO
mirtazapine odt tbdp 45mg	2	QLL(30 per 30 days) MO
mirtazapine tabs 15mg	2	QLL(90 per 30 days) MO
mirtazapine tabs 30mg	2	QLL(45 per 30 days) MO
mirtazapine tabs 45mg	2	QLL(30 per 30 days) MO
mirtazapine tabs 7.5mg	2	QLL(180 per 30 days) MO
mirtazapine tbdp	2	QLL(90 per 30 days) MO
modafinil tabs 100mg	3	PAR QLL(30 per 30 days) MO
modafinil tabs 200mg	6	PAR QLL(60 per 30 days) MO
nefazodone hcl tabs 100mg	2	QLL(180 per 30 days) MO
nefazodone hcl tabs 150mg	2	QLL(120 per 30 days) MO
nefazodone hcl tabs 200mg	2	QLL(90 per 30 days) MO
nefazodone hcl tabs 250mg	2	QLL(72 per 30 days) MO
nefazodone hcl tabs 50mg	2	QLL(360 per 30 days) MO
nortriptyline hcl	2	MO
olanzapine odt tbdp 10mg	3	QLL(60 per 30 days) MO
olanzapine odt tbdp 15mg	3	QLL(40 per 30 days) MO
olanzapine odt tbdp 20mg	3	QLL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
olanzapine odt tbdp 5mg	3	QLL(120 per 30 days) MO
olanzapine tabs 10mg	3	QLL(60 per 30 days) MO
olanzapine tabs 15mg	3	QLL(40 per 30 days) MO
olanzapine tabs 2.5mg	3	QLL(240 per 30 days) MO
olanzapine tabs 20mg	4	QLL(30 per 30 days) MO
olanzapine tabs 5mg	3	QLL(120 per 30 days) MO
olanzapine tabs 7.5mg	3	QLL(80 per 30 days) MO
ORAP	3	MO
oxazepam	2	QLL(120 per 30 days) MO
paroxetine hcl er tb24 12.5mg	2	QLL(180 per 30 days) MO
paroxetine hcl er tb24 25mg	2	QLL(90 per 30 days) MO
paroxetine hcl er tb24 37.5mg	2	QLL(60 per 30 days) MO
paroxetine hcl tabs 10mg	2	QLL(180 per 30 days) MO
paroxetine hcl tabs 20mg	2	QLL(90 per 30 days) MO
paroxetine hcl tabs 30mg	2	QLL(60 per 30 days) MO
paroxetine hcl tabs 40mg	2	QLL(45 per 30 days) MO
PAXIL SUSP	4	QLL(1200 per 30 days) MO
perphenazine	2	MO
perphenazine/amitriptyline	3	PAR MO
phenelzine sulfate	3	MO
PRISTIQ TB24 100MG	4	PAR QLL(120 per 30 days) MO
PRISTIQ TB24 50MG	4	PAR QLL(240 per 30 days) MO
protriptyline hcl	2	MO
quetiapine fumarate tabs 100mg	3	QLL(240 per 30 days) MO
quetiapine fumarate tabs 200mg	3	QLL(120 per 30 days) MO
quetiapine fumarate tabs 25mg	3	QLL(960 per 30 days) MO
quetiapine fumarate tabs 300mg	3	QLL(80 per 30 days) MO
quetiapine fumarate tabs 400mg	3	QLL(60 per 30 days) MO
quetiapine fumarate tabs 50mg	3	QLL(480 per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	5	QLL(2 per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG	6	QLL(2 per 28 days) MO
RISPERDAL CONSTA INJ 50MG	6	MO
risperidone m-tab tbdp 0.5mg	3	QLL(960 per 30 days) MO
risperidone m-tab tbdp 1mg	3	QLL(480 per 30 days) MO
risperidone m-tab tbdp 2mg	3	QLL(240 per 30 days) MO
risperidone m-tab tbdp 3mg	3	QLL(160 per 30 days) MO
risperidone m-tab tbdp 4mg	3	QLL(120 per 30 days) MO
risperidone odt tbdp 0.25mg	3	QLL(1920 per 30 days) MO
risperidone odt tbdp 0.5mg	3	QLL(960 per 30 days) MO
risperidone odt tbdp 1mg	3	QLL(480 per 30 days) MO
risperidone odt tbdp 2mg	3	QLL(240 per 30 days) MO
risperidone odt tbdp 3mg	3	QLL(160 per 30 days) MO
risperidone odt tbdp 4mg	3	QLL(120 per 30 days) MO
risperidone oral soln	2	QLL(480 per 30 days) MO
risperidone tabs 0.25mg	2	QLL(1920 per 30 days) MO
risperidone tabs 0.5mg	2	QLL(960 per 30 days) MO
risperidone tabs 1mg	2	QLL(480 per 30 days) MO
risperidone tabs 2mg	2	QLL(240 per 30 days) MO
risperidone tabs 3mg	2	QLL(160 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
risperidone tabs 4mg	2	QLL(120 per 30 days) MO
ROZEREM	4	QLL(30 per 30 days) MO
SAPHRIS SUBL 10MG	4	QLL(60 per 30 days) MO
SAPHRIS SUBL 5MG	4	QLL(120 per 30 days) MO
SEROQUEL XR TB24 150MG	3	QLL(160 per 30 days) MO
SEROQUEL XR TB24 200MG	3	QLL(120 per 30 days) MO
SEROQUEL XR TB24 300MG	3	QLL(80 per 30 days) MO
SEROQUEL XR TB24 400MG	3	QLL(60 per 30 days) MO
SEROQUEL XR TB24 50MG	3	QLL(480 per 30 days) MO
sertraline hcl conc	2	QLL(300 per 30 days) MO
sertraline hcl tabs 100mg	2	QLL(60 per 30 days) MO
sertraline hcl tabs 25mg	2	QLL(240 per 30 days) MO
sertraline hcl tabs 50mg	2	QLL(120 per 30 days) MO
STRATTERA CAPS 100MG, 60MG, 80MG	4	PAR QLL(30 per 30 days) MO
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG	4	PAR QLL(60 per 30 days) MO
SURMONTIL	4	MO
thioridazine hcl	3	PAR MO
thiothixene	2	MO
tranylcypromine sulfate	3	MO
trazodone hcl	1	MO
trifluoperazine hcl	2	MO
venlafaxine hcl er cp24 150mg	3	QLL(60 per 30 days) MO
venlafaxine hcl er cp24 37.5mg	3	QLL(180 per 30 days) MO
venlafaxine hcl er cp24 75mg	3	QLL(90 per 30 days) MO
venlafaxine hcl er tb24 150mg	3	QLL(60 per 30 days) MO
venlafaxine hcl er tb24 37.5mg	3	QLL(180 per 30 days) MO
venlafaxine hcl er tb24 75mg	3	QLL(90 per 30 days) MO
venlafaxine hcl tabs 100mg	2	QLL(113 per 30 days) MO
venlafaxine hcl tabs 25mg	2	QLL(450 per 30 days) MO
venlafaxine hcl tabs 37.5mg	2	QLL(300 per 30 days) MO
venlafaxine hcl tabs 50mg	2	QLL(225 per 30 days) MO
venlafaxine hcl tabs 75mg	2	QLL(150 per 30 days) MO
VIIBRYD KIT	4	QLL(30 per 30 days) ST MO
VIIBRYD TABS 10MG	4	QLL(120 per 30 days) ST MO
VIIBRYD TABS 20MG	4	QLL(60 per 30 days) ST MO
VIIBRYD TABS 40MG	4	QLL(30 per 30 days) ST MO
XYREM	6	LA PAR QLL(540 per 30 days) MO
zaleplon caps 10mg	3	QLL(60 per 30 days) MO
zaleplon caps 5mg	3	QLL(30 per 30 days) MO
ziprasidone hcl caps 20mg	3	QLL(240 per 30 days) MO
ziprasidone hcl caps 40mg	3	QLL(120 per 30 days) MO
ziprasidone hcl caps 60mg, 80mg	3	QLL(60 per 30 days) MO
zolpidem tartrate	3	QLL(30 per 30 days) MO
zolpidem tartrate er	3	QLL(30 per 30 days) MO
ZYPREXA INJ	5	QLL(60 per 30 days) MO
Pulmonary Agents		
acetylcysteine inhalation soln	2	B/D PAR MO
ADCIRCA	6	PAR QLL(60 per 30 days) MO
ADVAIR DISKUS	3	QLL(60 per 30 days) MO
ADVAIR HFA	3	QLL(12 per 30 days) MO
albuterol sulfate er	2	MO

Drug Name	Drug Tier	Requirements/ Limits
albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml	2	B/D PAR QLL(360 per 30 days) MO
albuterol sulfate nebu 0.5%	2	B/D PAR QLL(60 per 30 days) MO
albuterol sulfate syrp	2	MO
albuterol sulfate tabs	2	MO
aminophylline	5	MO
ATROVENT HFA	4	QLL(26 per 30 days) MO
BECONASE AQ	4	QLL(50 per 30 days) ST MO
CINRYZE	6	PAR MO
COMBIVENT	4	QLL(30 per 30 days) MO
COMBIVENT RESPIMAT	4	QLL(8 per 30 days) MO
cromolyn sodium nebu	2	B/D PAR QLL(240 per 30 days) MO
DALIRESP	4	QLL(30 per 30 days) MO
DULERA	3	QLL(13 per 30 days) MO
ELIXOPHYLLIN	3	MO
FIRAZYR	6	PAR MO
FLOVENT DISKUS AEPB 100MCG/BLIST	3	QLL(60 per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST, 50MCG/ BLIST	3	QLL(240 per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT	3	QLL(12 per 30 days) MO
FLOVENT HFA AERO 220MCG/ACT	3	QLL(24 per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	3	QLL(11 per 30 days) MO
flunisolide	2	QLL(50 per 30 days) MO
fluticasone propionate susp	2	QLL(16 per 30 days) MO
ipratropium bromide inhalation soln	2	B/D PAR MO
ipratropium bromide/albuterol sulfate	2	B/D PAR QLL(540 per 30 days) MO
KALYDECO	6	PAR QLL(60 per 30 days) MO
LETAIRIS	6	LA PAR MO
levalbuterol	3	B/D PAR QLL(45 per 30 days) MO
levalbuterol hcl nebu 0.31mg/ 3ml	3	QLL(270 per 30 days) MO
levalbuterol hcl nebu 0.63mg/ 3ml	3	QLL(540 per 30 days) MO
levalbuterol hcl nebu 1.25mg/ 3ml	3	B/D PAR QLL(270 per 30 days) MO
MAXAIR AUTOHALER	4	QLL(28 per 30 days) MO
montelukast sodium chew	2	QLL(30 per 30 days) MO
montelukast sodium pack	3	QLL(30 per 30 days) MO
montelukast sodium tabs	2	QLL(30 per 30 days) MO
NASONEX	3	QLL(34 per 30 days) MO
OMNARIS	4	QLL(13 per 30 days) ST MO
PERFOROMIST	4	B/D PAR QLL(120 per 30 days) MO
PROAIR HFA	3	QLL(18 per 30 days) MO
PROVENTIL HFA	3	QLL(14 per 30 days) MO
PULMOZYME	6	B/D PAR MO
QVAR	3	QLL(27 per 30 days) MO
REVATIO INJ	6	PAR QLL(1125 per 30 days) MO
RHINOCORT AQUA	4	QLL(18 per 30 days) ST MO
SEREVENT DISKUS	3	QLL(60 per 30 days) MO
sildenafil citrate	6	PAR QLL(90 per 30 days) MO
sodium chloride nebu 0.9%	2	B/D PAR MO
SPIRIVA HANDIHALER	3	QLL(30 per 30 days) MO
SYMBICORT	3	QLL(11 per 30 days) MO
terbutaline sulfate tabs	2	MO
theophylline	2	
theophylline cr	2	MO
theophylline er	2	MO
TRACLEER	6	LA PAR MO

Drug Name	Drug Tier	Requirements/ Limits
triamcinolone acetonide inha	4	QLL(34 per 30 days) MO
TYVASO	6	PAR MO
TYVASO REFILL	6	PAR MO
TYVASO STARTER	6	PAR MO
VENTAVIS	6	PAR MO
VENTOLIN HFA	4	QLL(36 per 30 days) ST MO
VERAMYST	4	QLL(10 per 30 days) ST MO
XOLAIR	6	LA PAR QLL(6 per 28 days) MO
XOPENEX HFA	4	QLL(45 per 30 days) ST MO
zafirlukast	3	QLL(60 per 30 days) MO
ZYFLO	6	QLL(120 per 30 days) MO
ZYFLO CR	6	QLL(120 per 30 days) MO
Quinolones		
AVELOX INJ	5	MO
CIPRO I.V.-IN D5W	5	
ciprofloxacin er tb24 1000mg; 0	2	QLL(14 per 1 days) MO
ciprofloxacin er tb24 500mg; 0	2	QLL(3 per 1 days) MO
ciprofloxacin hcl	2	MO
ciprofloxacin i.v.-in d5w	5	MO
ciprofloxacin inj 200mg/20ml	5	MO
ciprofloxacin inj 400mg/40ml	5	
levofloxacin in d5w	5	
levofloxacin inj	5	MO
levofloxacin oral soln	4	MO
levofloxacin tabs	2	QLL(14 per 1 days) MO
ofloxacin	2	MO
Smoking Deterrents		
buproban	2	MO
bupropion hcl sr tb12 150mg	2	MO
CHANTIX	4	PAR MO
CHANTIX CONTINUING MONTH PAK	4	PAR MO
CHANTIX STARTING MONTH PAK	4	PAR MO
NICOTROL NS	3	MO
Steroid-Antibiotic Combinations		
neo-polycin hc	2	MO
neomycin/polymyxin/bacitracin/hydrocortisone	2	MO
neomycin/polymyxin/dexamethasone	2	MO
neomycin/polymyxin/hydrocortisone	2	MO
TOBRADEX OINT	3	MO
TOBRADEX ST	3	MO
tobramycin/dexamethasone	2	MO
Steroid-Sulfonamide Combinations		
BLEPHAMIDE S.O.P.	4	MO
sulfacetamide sodium/prednisolone sodium phosphate	1	MO
Steroids		
dexamethasone sodium phosphate ophthalmic soln	1	MO
DUREZOL	3	MO
fluorometholone	2	MO
prednisolone acetate	2	MO
prednisolone sodium phosphate ophthalmic soln	2	MO
Sulfa'S & Related Agents		
sulfadiazine	3	MO
sulfamethoxazole/trimethoprim ds	1	MO
sulfamethoxazole/trimethoprim inj	5	MO
sulfamethoxazole/trimethoprim susp	1	MO
sulfamethoxazole/trimethoprim tabs	1	MO
Sulfonamides		
sodium sulfacetamide	2	MO
sulfacetamide sodium	2	MO
Sympathomimetics		
ALPHAGAN P OPHTHALMIC SOLN 0.1%	3	MO
ALPHAGAN P OPHTHALMIC SOLN 0.15%	4	MO
apraclonidine	2	MO
brimonidine tartrate	2	MO
Tetracyclines		
demeclocycline hcl tabs 150mg	3	MO
demeclocycline hcl tabs 300mg	4	MO

Drug Name	Drug Tier	Requirements/ Limits
doxy 100	5	MO
doxycycline hyclate caps	2	MO
doxycycline hyclate inj	5	MO
doxycycline hyclate tabs	2	MO
doxycycline monohydrate	2	MO
minocycline hcl	2	MO
tetracycline hcl	2	MO
Therapy For Acne		
adapalene gel	2	MO
amnesteem caps 10mg	3	MO
amnesteem caps 20mg, 40mg	4	MO
claravis	3	MO
clindamycin phosphate external soln	2	MO
clindamycin phosphate gel	2	MO
clindamycin phosphate lotn	2	MO
clindamycin phosphate swab	2	MO
clindamycin/benzoyl peroxide	2	MO
ery	2	MO
erythromycin	2	MO
erythromycin/benzoyl peroxide	2	MO
metronidazole crea	2	MO
metronidazole gel 0.75%	2	MO
metronidazole lotn	2	MO
myorisan	3	MO
prascion	2	MO
rosadan	2	MO
sodium sulfacetamide/sulfur cleanser	2	MO
sodium sulfacetamide/sulfur cleanser in urea	2	MO
sulfacetamide sodium/sulfur cleanser	2	MO
TAZORAC	4	MO
tretinoin crea	3	QLL(90 per 30 days) MO
tretinoin emollient	3	MO
tretinoin gel	3	QLL(90 per 30 days) MO
zenatane	3	MO
Thyroid Hormones		
levothroid	1	MO
levothyroxine sodium inj 200mcg	5	
levothyroxine sodium tabs	1	MO
levoxyl	1	MO
liothyronine sodium inj	6	
liothyronine sodium tabs	2	MO
SYNTHROID	3	MO
unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	MO
unithroid tabs 137mcg	1	
Topical Anesthetics		
lidocaine hcl external soln	1	MO
lidocaine hcl gel	1	MO
lidocaine hcl inj 2%	5	MO
lidocaine hcl jelly	1	MO
lidocaine hcl mouth/throat soln	1	MO
lidocaine oint	2	MO
lidocaine viscous	1	MO
lidocaine/prilocaine	2	MO
LIDODERM	3	QLL(90 per 30 days) MO
Topical Antibacterials		
bacitracin external oint	2	MO
gentamicin sulfate crea	1	MO
gentamicin sulfate oint 0.1%	1	MO
mupirocin oint	2	MO
sodium sulfacetamide	2	MO
sulfacetamide sodium	2	MO
Topical Antifungals		
ciclodan crea	3	MO
ciclodan external soln	3	PAR MO
ciclopirox	3	MO
ciclopirox nail lacquer	3	PAR MO
ciclopirox olamine	3	MO
ciclopirox topical solution kit	3	PAR MO
ciclopirox treatment	3	MO
clotrimazole external crea	2	MO
clotrimazole external soln	2	MO
clotrimazole/betamethasone dipropionate	2	MO
econazole nitrate	2	MO
ketoconazole crea	2	MO
ketoconazole sham	2	MO
nyamyc	2	MO
nystatin	2	MO
nystatin/triamcinolone	2	MO
nystop	2	MO
pedi-dri	2	MO

Drug Name	Drug Tier	Requirements/ Limits
Topical Antivirals		
acyclovir oint	3	QLL(30 per 1 days) MO
DENAVIR	3	QLL(5 per 1 days) MO
ZOVIRAX CREA	3	QLL(5 per 1 days) MO
Topical Corticosteroids		
alclometasone dipropionate	2	MO
amcinonide	3	MO
augmented betamethasone dipropionate	2	MO
betamethasone dipropionate	2	MO
betamethasone valerate crea	2	MO
betamethasone valerate lotn	2	MO
betamethasone valerate oint	2	MO
clobetasol propionate	2	MO
clobetasol propionate e	2	MO
clobetasol propionate emollient	2	MO
cormax scalp application	2	MO
desonide	2	MO
desoximetasone crea	3	MO
desoximetasone gel	3	MO
desoximetasone oint 0.25%	3	MO
diflorasone diacetate	3	MO
fluocinolone acetonide crea	2	MO
fluocinolone acetonide external soln	2	MO
fluocinolone acetonide oint	2	MO
fluocinonide	2	MO
fluocinonide-e	2	MO
fluticasone propionate crea	2	MO
fluticasone propionate oint	2	MO
halobetasol propionate	2	MO
hydrocortisone butyrate	2	MO
hydrocortisone crea 1%, 2.5%	2	MO
hydrocortisone in absorbase	2	MO
hydrocortisone lotn 2.5%	2	MO
hydrocortisone oint 1%, 2.5%	2	MO
hydrocortisone valerate	2	MO
mometasone furoate crea	2	MO
mometasone furoate external soln	2	MO
mometasone furoate oint	2	MO
prednicarbate	2	MO
triamcinolone acetonide crea	2	MO
triamcinolone acetonide lotn	2	MO
triamcinolone acetonide oint	2	MO
trianex	2	MO
triderm	2	MO
Topical Enzymes		
SANTYL	4	QLL(30 per 1 days) MO
Topical Scabicides / Pediculicides		
lindane sham	4	MO
malathion	3	MO
permethrin crea	2	MO
Ulcer Therapy		
cimetidine hcl inj	5	MO
DEXILANT	4	QLL(30 per 30 days) ST MO
famotidine inj	5	MO
famotidine premixed	5	
famotidine susr	2	MO
famotidine tabs 20mg, 40mg	2	MO
lansoprazole	3	QLL(30 per 30 days) MO
misoprostol	2	MO
NEXIUM	3	QLL(30 per 30 days) MO
NEXIUM I.V. INJ 20MG	5	
NEXIUM I.V. INJ 40MG	5	MO
nizatidine caps	2	MO
omeprazole cpdr	2	QLL(30 per 30 days) MO
pantoprazole sodium inj	5	
pantoprazole sodium tbec	2	QLL(30 per 30 days) MO
ranitidine hcl inj	5	MO
ranitidine hcl syrp	2	MO
ranitidine hcl tabs 150mg, 300mg	2	MO
sucralfate	2	MO
Urinary Tract Agents		
methenamine hippurate	2	MO
methenamine mandelate	2	MO
nitrofurantoin	4	MO
nitrofurantoin macrocrystal	4	MO
nitrofurantoin macrocrystalline	4	MO
nitrofurantoin macrocrystals	4	MO
nitrofurantoin monohydrate	4	MO

Drug Name	Drug Tier	Requirements/ Limits
nitrofurantoin monohydrate/ macrocrystals	4	MO
trimethoprim	1	MO
Vaccines & Miscellaneous Immunologicals		
ACTHIB	3	
ADACEL	3	MO
BIVIGAM	6	PAR MO
BOOSTRIX	3	MO
CARIMUNE NANOFILTERED	6	PAR MO
CERVARIX	3	MO
COMVAX	3	MO
DAPTACEL	3	MO
DYSPORT	5	PAR MO
ENGERIX-B INJ 10MCG/ 0.5ML	3	B/D PAR
ENGERIX-B INJ 20MCG/ ML	3	B/D PAR MO
fomepizole	6	MO
GAMASTAN S/D	5	PAR MO
GAMMAGARD LIQUID	6	PAR MO
GAMMAGARD S/D	6	PAR MO
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	6	PAR MO
GAMMAPLEX	6	PAR MO
GAMUNEX-C	6	PAR MO
GARDASIL	3	MO
HAVRIX INJ 1440ELU/ML	3	MO
HAVRIX INJ 720ELU/ 0.5ML	3	
IMOVAX RABIES (H.D.C.V.)	3	MO
INFANRIX	3	
IPOL INACTIVATED IPV	3	MO
IXIARO	3	MO
M-M-R II W/DILUENT 10 DOSE	3	MO
MENACTRA	3	MO
MENOMUNE-A/C/Y/W-135	3	MO
MENVEO	3	MO
PEDVAX HIB	3	MO
PRIVIGEN	6	PAR MO
PROQUAD	3	
RABAVERT	5	MO
RECOMBIVAX HB	3	B/D PAR MO
ROTATEQ	3	
tetanus toxoid adsorbed	3	MO
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	3	MO
THYMOGLOBULIN	6	B/D PAR
TWINRIX	3	MO
TYPHIM VI	3	
VAQTA	3	MO
VARIVAX	3	MO
VARIZIG	3	
YF-VAX	3	MO
ZOSTAVAX	3	MO
Vancomycin		
vancomycin hcl caps 125mg	6	PAR QLL(40 per 1 days) MO
vancomycin hcl caps 250mg	6	PAR QLL(80 per 1 days) MO
VANCOMYCIN HCL IN DEXTROSE INJ 0; 1GM/ 200ML	5	B/D PAR MO
VANCOMYCIN HCL IN DEXTROSE INJ 0; 500MG/ 100ML, 0; 750MG/150ML	5	B/D PAR
vancomycin hcl inj 1000mg, 10gm, 5000mg, 750mg	5	B/D PAR MO
vancomycin hcl inj 500mg	5	B/D PAR
Vasoconstrictor Decongestants		
naphazoline hcl	1	MO
phenylephrine hcl ophthalmic soln	2	MO
Vitamins & Hematinics		
fluoride	2	MO
folbecal	2	MO
folcaps omega 3	2	MO
ludent	2	MO
pr natal 430	2	MO
pr natal 430 ec	2	MO
prenatabs fa	2	MO
prenatabs obn	2	
prenatabs rx	2	MO
prenatal 19 chew 100mg; 1000unit; 200mg; 7mg; 12mcg; 25mg; 29mg; 1mg; 6mg; 20mg; 3mg; 3mg; 400unit; 30unit; 20mg	2	MO

Drug Name	Drug Tier	Requirements/ Limits
prenatal 19 chew 100mg; 1000unit; 200mg; 7mg; 400unit; 12mcg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg	2	
PRENATAL 19 TABS 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 25MG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	2	
prenatal 19 tabs 100mg; 200mg; 400unit; 12mcg; 25mg; 29mg; 1mg; 15mg; 7mg; 20mg; 3mg; 3mg; 1000unit; 30unit; 20mg	2	MO
prenatal plus	2	MO
prenatal plus iron	2	MO
prenatal tabs 120mg; 0; 0; 200mg; 400unit; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 3mg; 1.84mg; 22mg; 4000unit; 25mg	2	MO
prenatal vitamins plus	2	MO
prenatal-u	2	MO
se-care	2	MO
se-natal 19	2	MO
se-tan dha	2	MO
sodium fluoride chew	2	MO
sodium fluoride tabs	2	
triadvance	2	MO
trinatal gt	2	MO
trinate	2	MO
vinate az	2	MO
vinate care	2	MO
vinate m	2	MO
vitafol-ob	2	MO
vol-nate	2	MO

Index of Drugs: Legend

Generic drugs are shown in lowercase italics (e.g. *enalapril*)

Brand-name drugs are shown in capital letters (e.g. HUMALOG)

The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. 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.

Anthem Blue Cross and Blue Shield is an LPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

This information is available for free in other languages. Please contact our customer service number at 1-800-467-1199 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30.

Customer Service

This formulary was updated on August 1, 2013. For more recent information or other questions, please contact Anthem Medicare Preferred Standard (PPO) Customer Service at 1-800-467-1199 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30, or visit www.anthem.com/medicare.