

2014 Comprehensive FORMULARY

(Complete list of covered drugs)

AARP® MedicareRx Saver Plus (PDP)

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

For more recent information or if you have other questions, please contact AARP MedicareRx Saver Plus at:



1-888-867-5575, TTY 711

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



www.AARPMedicareRx.com

Learn more about your plan 24/7

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

AARP® | MedicareRx Plans
insured through **UnitedHealthcare**

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means UnitedHealthcare. When it refers to “plan” or “our plan,” it means AARP MedicareRx Saver Plus.

Note to existing members: This complete formulary has changed since last year. Please review this document to make sure the plan still covers the drugs you take. You must generally use network pharmacies to use your prescription drug benefit.

The AARP MedicareRx Saver Plus COMPREHENSIVE FORMULARY (drug list)

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

This document is a **complete** formulary (drug list) of the drugs covered by your plan.

For your drug to be covered by your plan, it must be included in the complete drug list. In most cases, your prescription must also be filled at one of our more than 65,000 network pharmacies. To find out if your drug is covered:

1. See if your drug is included in this complete drug list.
2. Visit your plan website. You can use online tools to look up your drugs. The information is updated on a regular basis. The Web address appears on the front and back cover pages.
3. Call UnitedHealthcare Customer Service. Our contact information appears on the front and back cover pages.

When the formulary (drug list) may change

We try to make as few changes to the formulary (drug list) as possible during the plan year. If there are changes to the formulary (drug list), such as regular or necessary updates, members may see information in their Explanation of Benefits (EOB) statements, member newsletters or other member mailings. If there are changes to the formulary (drug list) outside of regular or necessary updates, members may receive a special mailing.

The formulary (drug list) may change throughout the year when your plan:

- Adds a new drug.
- Removes a drug.
- Changes the requirements or limits for a drug.
- Moves a drug into a different tier.

Generally, if you are taking a drug on the 2014 formulary (drug list) 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 information about the safety or effectiveness of a drug is released.

Other types of formulary (drug list) changes, such as removing a drug from the formulary (drug list), will not affect members who are currently taking the drug. For those members it will remain available at the same cost for the remainder of the coverage year. We feel it is important for you to have access for the entire coverage year to the list of drugs that were available when you chose your plan, except when you can save additional money or your safety is a concern.

If we remove drugs from our formulary (drug list), 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 at least 60 days before the change becomes effective, or when the member requests a refill of the drug. At this time the member will receive a 60-day supply of the drug.

If the Food and Drug Administration (FDA) declares a drug on our formulary (drug list) to be unsafe or if the drug's manufacturer removes the drug from the market, your plan will immediately remove the drug from the formulary (drug list) and notify members who take the drug. The enclosed formulary (drug list) is current as of the date printed on the front and back cover pages. To get updated information about the drugs covered by your plan, please call UnitedHealthcare Customer Service or visit our website using the information provided on the cover pages of this formulary (drug list).

Drug tiers and drug payment stages

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

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

For more information about drug payment stages and copay or coinsurance amounts for each tier, please review your Evidence of Coverage.

| Drug Tier | Includes |
|--|--|
| Tier 1: Preferred generic | Lower-cost, commonly used generic drugs. |
| Tier 2: Non-preferred generic | Most generic drugs. |
| Tier 3: Preferred brand | Many common brand name drugs, called preferred brands, and some higher-cost generic drugs. |
| Tier 4: Non-preferred brand | Non-preferred generic and non-preferred brand name drugs. |
| Tier 5: Specialty tier | Unique and/or very high-cost drugs. |

If you qualify for Extra Help

If you qualify for Extra Help for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS Rider). Please read it to learn about your costs. You can also contact UnitedHealthcare Customer Service. Our contact information appears on the front and back cover pages.

How to use the formulary (drug list)

There are two ways to find your prescription drugs in this complete formulary (drug list):

1. **Medical condition:** Turn to the “Covered drugs by medical condition” section, which begins on page 10, to look for drugs based on your medical conditions. For example, if you want to find drugs used to treat high cholesterol, go to the “Cardiovascular Drugs” category and look under “Cholesterol Control Drugs”.
2. **Alphabetical list (index):** If you are not sure what category to look under, turn to the “Index of covered drugs” section, which begins on page 64. Find the name of your drug. The page number where you can find the drug will be next to it.

Important page numbers

| | |
|---|----|
| Covered drugs by medical condition..... | 10 |
| Index of covered drugs | 64 |

Generic drugs

Your 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 version. Generally, generic drugs cost less than brand name drugs. Talk with your doctor to see if any of the brand name drugs you take have generic versions.

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

| Drug Name | Drug Requirements Tier & Limits | | Drug Name | Drug Requirements Tier & Limits | |
|---|---------------------------------|-------|---|---------------------------------|----|
| Antineoplastics - Drugs to Treat Cancer | | | Antineoplastics - Drugs to Treat Parasitic Infections | | |
| Alkylating Agents - Chemotherapy Agents | | | Anthelmintics - Worm Infection Drugs | | |
| Cyclophosphamide (Tablet) | 3 | B/D | Albenza | 3 | |
| Leukeran | 3 | | Stromectol | 3 | |
| Antiangiogenic Agents - Chemotherapy Agents | | | Antiprotozoals - Protozoal Infection Drugs | | |
| Revlimid (10mg Capsule, 15mg Capsule, 25mg Capsule, 5mg Capsule) | 5 | PA,LA | Atovaquone/ Proguanil HCl (250mg; 100mg Tablet) | 3 | |
| | | | Hydroxychloroquine Sulfate | 2 | PA |

Restrictions on your coverage

Some of your plan's drugs may have additional requirements or limits on coverage. If your drug has any requirements or limits, there will be a code(s) in the "Requirements & Limits" column of the drug list. The codes and what they mean are shown below.

| | |
|------------|--|
| B/D | Medicare Part B or Part D Depending on how this drug is used, it may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs). Your doctor may need to provide the plan with more information about how this drug will be used to make sure it's correctly covered by Medicare. |
| LA | Limited access Drugs are considered "limited access" if the FDA says the drug can be given out only by certain facilities or doctors. These drugs may require extra handling, provider coordination or patient education that can't be done at a network pharmacy. |
| PA | Prior authorization The plan requires you or your doctor to get prior authorization for certain drugs. This means the plan needs more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. If you don't get approval, the plan may not cover the drug. |
| QL | Quantity limits The plan will cover only a certain amount of this drug for one copay/coinsurance or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity. |
| ST | Step therapy There are effective, lower-cost drugs that treat the same medical condition as this drug. You may be required to try one or more of these other drugs before the plan will cover your drug. If you have already tried other drugs or your doctor thinks they are not right for you, you or your doctor can ask the plan to cover this drug. |

You can find out if your drug has any additional requirements or limits by looking it up in the "Covered drugs by medical condition" section that begins on page 10. You can also get more information about the restrictions on specific covered drugs by visiting our website. Our contact information, along with the date we last updated the formulary (drug list), appears on the front and back cover pages.

You and your doctor may ask your plan for an exception to the requirement and/or limit for your drug. See "How to request an exception to the AARP MedicareRx Saver Plus formulary (drug list)" on the next page or review your Evidence of Coverage to learn more. If you do not get prior approval from your plan for a drug with a requirement or limit, you may be responsible for paying the full cost of the drug.

If your drug is not on the formulary (drug list)

If your drug is not included in this **complete** formulary (list of covered drugs), you should contact UnitedHealthcare Customer Service and ask if your drug is covered. Our contact information, along with the date we last updated the formulary (drug list), appears on the front and back cover pages.

If you learn that your plan does not cover your drug, you have two options:

1. Ask your plan for a list of similar drugs that it covers. Show the list to your doctor and ask him or her to prescribe one of the drugs from the list.
2. Ask your plan to make an exception and cover your drug. See below for information about how to request an exception.

How to request an exception to the AARP MedicareRx Saver Plus formulary (drug list)

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

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

- **Formulary exception:** You can ask your plan to cover your drug even if it is not on the formulary (drug list). If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- **Tiering exception:** You can ask your plan 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.
- **Utilization exception:** You can ask your plan to waive coverage restrictions or limits on your drug. For example, your plan limits the amount it will cover for certain drugs. If your drug has a quantity limit, you can ask your plan to waive the limit and cover more.

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

Who can ask for a coverage decision

You, your authorized representative or your doctor can ask for an initial coverage decision for a formulary exception, tiering exception or utilization restriction exception.

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

Receiving a coverage decision

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

What to do while you talk to your doctor about changing your drugs or requesting an exception

New or continuing members

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

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

Long-term care facility residents

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

Other transitions

You may have an unplanned transition, like a hospital discharge or a change in your level of care, after the first 90 days of your plan membership. If this happens and your doctor prescribes a drug that's not on the drug list, or if it's difficult for you to get your drugs, you are required to use your plan's exception process. You may ask for a one-time emergency supply of up to 30 days to give you time to talk to your doctor about other treatment options or to try to get a formulary exception.

For more information

For more information about your plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials. If you have questions about your plan, please contact us. Our contact information, along with the date we last updated the formulary (drug list), appears on the front and back cover pages.

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

Covered drugs by medical condition

The comprehensive formulary (drug list) below provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the “Index of covered drugs”, which begins on page 64.

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

The information in the second column of the chart shows you which coverage level (tier) your drug is in.

The Requirements & Limits column shows you if your plan has any special coverage requirements for the drug. If quantity limits apply to a drug, the restriction amounts are shown in the chart on pages 59-63.

| Drug Name | Drug Requirements Tier & Limits | | | Drug Name | Drug Requirements Tier & Limits | | |
|--|---------------------------------|---|----|--|---------------------------------|--|--|
| Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions | | | | Etodolac (Capsule, Immediate-Release Tablet) | 2 | | |
| Analgesics - Miscellaneous Analgesics | | | | Flurbiprofen | 2 | | |
| Butalbital/ Acetaminophen | † | 3 | QL | Ibuprofen (Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet) | 2 | | |
| Butalbital/ Acetaminophen/ Caffeine | † | 3 | QL | Indomethacin (25mg Capsule, 50mg Capsule) | 3 | | |
| Butalbital/Aspirin/ Caffeine | | 3 | | Ketoprofen (50mg Capsule, 75mg Capsule) | 3 | | |
| Tencon | † | 3 | QL | Ketorolac Tromethamine (Tablet) | 3 | | |
| Zebutal | † | 3 | QL | Ketorolac Tromethamine (15mg/ml Injection, 30mg/ml Injection) | 4 | | |
| Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs | | | | Mefenamic Acid | 3 | | |
| Diclofenac Potassium | | 2 | | Meloxicam (Tablet) | 1 | | |
| Diclofenac Sodium DR | | 2 | | | | | |
| Diclofenac Sodium ER | | 2 | | | | | |
| Diflunisal | | 2 | | | | | |

Bold type = Brand name drug
B/D = Medicare Part B or Part D
PA = Prior authorization
ST = Step therapy

Plain type = Generic drug
LA = Limited access drug
QL = Quantity limits

† For this drug's specific quantity limit see pages 59-63.

| Drug Name | Drug Requirements Tier & Limits | | |
|--|---------------------------------|---|----|
| Meloxicam (Suspension) | 2 | | |
| Naproxen | 2 | | |
| Naproxen DR | 2 | | |
| Naproxen Sodium (275mg Tablet, 550mg Tablet) | 2 | | |
| Oxycodone/Ibuprofen | 3 | | |
| Sulindac | 2 | | |
| Opioid Analgesics, Long-acting - Opioid Pain Relievers | | | |
| Astramorph | 4 | | |
| Duramorph | 4 | | |
| Fentanyl (Patch) | † | 3 | QL |
| Kadian (100mg Capsule Extended Release 24 Hour, 200mg Capsule Extended Release 24 Hour, 60mg Capsule Extended Release 24 Hour, 80mg Capsule Extended Release 24 Hour) | † | 5 | QL |
| Levorphanol Tartrate | 3 | | |
| Methadone HCl (Concentrate, Oral Solution, 10mg Tablet, 5mg Tablet) | 2 | | |
| Methadone HCl (Injection) | 4 | | |

| Drug Name | Drug Requirements Tier & Limits | | |
|---|---------------------------------|---|--------|
| Morphine Sulfate (Oral Solution, Tablet) | 3 | | |
| Morphine Sulfate ER | † | 3 | QL |
| Nucynta ER | 3 | | |
| Opioid Analgesics, Short-acting - Opioid Pain Relievers | | | |
| Abstral | 5 | | PA |
| Acetaminophen/Codeine | † | 2 | QL |
| Butorphanol Tartrate (Nasal Solution) | 3 | | |
| Butorphanol Tartrate (Injection) | 4 | | |
| Co-Gesic | † | 3 | QL |
| Codeine Sulfate (Tablet) | 3 | | |
| Exalgo (12mg Tablet Extended Release 24 Hour, 16mg Tablet Extended Release 24 Hour, 8mg Tablet Extended Release 24 Hour) | † | 3 | QL |
| Fentanyl Citrate Oral Transmucosal | † | 5 | PA, QL |

Bold type = Brand name drug
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ST = Step therapy

Plain type = Generic drug
LA = Limited access drug
QL = Quantity limits

† For this drug's specific quantity limit see pages 59-63.

| Drug Name | Drug Requirements Tier & Limits | |
|--|---------------------------------|------|
| Hydrocodone/ Acetaminophen (Oral Solution, 300mg; 10mg Tablet, 300mg; 5mg Tablet, 300mg; 7.5mg Tablet, 325mg; 10mg Tablet, 325mg; 5mg Tablet, 325mg; 7.5mg Tablet, 500mg; 10mg Tablet, 500mg; 2.5mg Tablet, 500mg; 5mg Tablet, 500mg; 7.5mg Tablet, 650mg; 10mg Tablet, 650mg; 7.5mg Tablet, 660mg; 10mg Tablet, 750mg; 10mg Tablet, 750mg; 7.5mg Tablet) | † | 3 QL |
| Hydrocodone/ Ibuprofen (7.5mg; 200mg Tablet) | † | 3 QL |
| Hydromorphone HCl (Immediate-Release Tablet) | | 2 |
| Hydromorphone HCl (500mg/50ml Injection) | | 4 |
| Lazanda | | 5 PA |
| Nalbuphine HCl | | 4 |
| Onsolis | | 5 PA |
| Oxycodone HCl (10mg Tablet, 20mg Tablet) | | 2 |

| Drug Name | Drug Requirements Tier & Limits | |
|--|---------------------------------|-------|
| Oxycodone HCl (Capsule, Concentrate, 15mg Tablet, 30mg Tablet, 5mg Tablet) | | 3 |
| Oxycodone/ Acetaminophen | † | 3 QL |
| Oxycodone/Aspirin | | 3 |
| Stagesic | † | 3 QL |
| Subsys (100mcg Liquid, 1200mcg Liquid, 200mcg Liquid, 400mcg Liquid, 800mcg Liquid) | | 5 PA |
| Tramadol HCl (50mg Tablet) | † | 2 QL |
| Tramadol HCl/ Acetaminophen | † | 2 QL |
| Vicodin | † | 3 QL |
| Vicodin ES | † | 3 QL |
| Vicodin HP | † | 3 QL |
| Anesthetics - Drugs for Numbing | | |
| Local Anesthetics | | |
| Lidocaine (Ointment) | | 3 |
| Lidocaine 2% Viscous Solution | | 3 |
| Lidocaine HCl (External Solution) | | 3 |
| Lidocaine HCl (0.5% Injection, 1% Injection) | | 4 B/D |
| Lidocaine HCl (Gel) | | 3 |
| Lidocaine/Prilocaine (Cream) | | 3 |
| Lidoderm | † | 3 QL |

| Drug Name | Drug Requirements Tier & Limits |
|---|---------------------------------|
| Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrents | |
| Alcohol Deterrents/Anti-craving - Antidotes/Deterrents/Protectants | |
| Disulfiram | 3 |
| Naltrexone HCl | 3 |
| Vivitrol | 5 |
| Opioid Antagonists - Antidotes/Deterrents/Protectants | |
| Buprenorphine HCl (Tablet Sublingual) | 3 |
| Buprenorphine HCl (Injection) | 4 |
| Buprenorphine HCl/Naloxone HCl | 4 |
| Naloxone HCl (1mg/ml Injection) | 4 |
| Suboxone | 4 |
| Smoking Cessation Agents - Deterrents | |
| Bupropion | 2 |
| Chantix | 4 |
| Chantix Starting Month Pak | 4 |
| Nicotrol Inhaler | 4 |
| Nicotrol NS | 3 |
| Antibacterials - Drugs to Treat Bacterial Infections | |
| Aminoglycosides - Antibiotics | |
| Amikacin Sulfate (1gm/4ml Injection, 50mg/ml Injection) | 4 |

| Drug Name | Drug Requirements Tier & Limits |
|---|---------------------------------|
| Gentak (Ointment) | 2 |
| Gentamicin Sulfate (Cream, 0.1% Ointment, Ophthalmic Solution) | 2 |
| Gentamicin Sulfate (Injection) | 4 |
| Gentamicin Sulfate/NaCl (0.9mg/ml; 0.9% Injection, 1.4mg/ml; 0.9% Injection) | 4 |
| Gentamicin Sulfate/NaCl (1.6mg/ml; 0.9% Injection, 1mg/ml; 0.9% Injection) | 4 |
| Isotonic Gentamicin (0.8mg/ml; 0.9% Injection, 1.2mg/ml; 0.9% Injection) | 4 |
| Neomycin Sulfate (Tablet) | 2 |
| Neomycin/Polymyxin B Sulfates | 3 |
| Paromomycin Sulfate | 3 |
| Streptomycin Sulfate | 4 |
| TOBI | 5 B/D |
| TOBI Podhaler | 5 |

Bold type = Brand name drug
B/D = Medicare Part B or Part D
PA = Prior authorization
ST = Step therapy

Plain type = Generic drug
LA = Limited access drug
QL = Quantity limits

† For this drug's specific quantity limit see pages 59-63.

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|--|------------------------|-----------------------|
| Tobramycin Sulfate (Ophthalmic Solution) | 2 | |
| Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection) | 4 | |
| Tobramycin Sulfate/NaCl | 4 | |
| Tobrex (Ointment) | 3 | |
| Antibacterials, Other - Antibiotics | | |
| Alcohol Preps (Pad) | 2 | |
| BACiiM | 4 | |
| Bacitracin (Ointment) | 2 | |
| Bacitracin (Injection) | 4 | |
| Bacitracin/ Polymyxin B | 2 | |
| Chloramphenicol Sodium Succinate | 4 | |
| Clindamycin HCl | 2 | |
| Clindamycin Phosphate (Cream) | 2 | |
| Clindamycin Phosphate (150mg/ml Injection) | 4 | |
| Clindamycin Phosphate in D5W | 4 | |
| Colistimethate Sodium | 5 | |
| Coly-Mycin M | 4 | ST |
| Cubicin | 5 | B/D |
| Flagyl ER | 4 | |
| Lincocin | 4 | |
| Mafenide Acetate | 4 | |
| Methenamine Hippurate | 3 | |

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|--|------------------------|-----------------------|
| Metronidazole (Cream, 0.75% Gel, Lotion, Tablet) | 3 | |
| Metronidazole in NaCl 0.79% | 4 | |
| Metronidazole Vaginal | 3 | |
| Mupirocin (Ointment) | 2 | |
| Neomycin/ Bacitracin/ Polymyxin | 2 | |
| Neomycin/ Polymyxin/ Gramicidin | 2 | |
| Nitrofurantoin | 3 | |
| Nitrofurantoin Macrocrystalline (50mg Capsule) | 3 | |
| Nitrofurantoin Monohydrate | 3 | |
| Polymyxin B Sulfate | 4 | |
| Primsol | 4 | |
| Silver Sulfadiazine SSD | 3 | |
| Synercid | 5 | |
| Trimethoprim | 2 | |
| Trimethoprim Sulfate/Polymyxin B Sulfate | 2 | |
| Tygacil | 5 | |
| Vancocin HCl | 5 | PA |
| Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection) | 4 | B/D |
| Vancomycin HCl (Capsule) | 5 | PA |

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|--|------------------------|-----------------------|
| Vandazole | 3 | |
| Vibativ (250mg Injection) | 4 | |
| Xifaxan | 5 | |
| Zyvox | 5 | PA |
| Beta-Lactam, Cephalosporins - Antibiotics | | |
| Cedax (Capsule) | 4 | |
| Cefaclor (Capsule) | 2 | |
| Cefaclor ER | 2 | |
| Cefadroxil | 2 | |
| Cefazolin Sodium (10gm Injection, 1gm Injection, 1gm; 5% Injection, 500mg Injection) | 4 | |
| Cefdinir | 3 | |
| Cefepime (1gm Injection, 2gm Injection) | 4 | |
| Cefotaxime Sodium (10gm Injection) | 4 | |
| Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection) | 4 | |
| Cefoxitin Sodium (1gm; 4% Injection, 2gm; 2.2% Injection) | 4 | |
| Cefpodoxime Proxetil | 3 | |
| Cefprozil | 3 | |

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|---|------------------------|-----------------------|
| Ceftazidime (1 gm Injection, 2gm Injection, 6gm Injection) | 4 | |
| Ceftazidime/ Dextrose | 4 | |
| Ceftriaxone Sodium | 4 | |
| Cefuroxime Axetil (Tablet) | 2 | |
| Cefuroxime Sodium (1.5gm Injection, 7.5gm Injection, 750mg Injection) | 4 | |
| Cephalexin (250mg Capsule, 500mg Capsule, Suspension Reconstituted, Tablet) | 2 | |
| Claforan (1gm Injection) | 4 | |
| Fortaz (1gm/ 50ml; 5% Injection, 2gm/ 50ml; 5% Injection) | 4 | |
| Suprax | 3 | |
| Beta-Lactam, Other - Antibiotics | | |
| Azactam (2gm Injection) | 3 | |
| Azactam in Iso-Osmotic Dextrose | 4 | |
| Aztreonam (1 gm Injection) | 3 | |
| Cayston | 5 | PA, LA |

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ST = Step therapy

Plain type = Generic drug
LA = Limited access drug
QL = Quantity limits

† For this drug's specific quantity limit see pages 59-63.

| Drug Name | Drug Requirements Tier & Limits |
|---|---------------------------------|
| Cefotetan | 4 |
| Doribax (500mg Injection) | 4 |
| Imipenem/Cilastatin | 4 |
| Invanz | 4 |
| Meropenem (500mg Injection) | 4 |
| Beta-Lactam, Penicillins - Antibiotics | |
| Amoxicillin | 2 |
| Amoxicillin/ Potassium Clavulanate | 2 |
| Amoxicillin/ Potassium Clavulanate ER | 2 |
| Ampicillin | 3 |
| Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection) | 4 |
| Ampicillin/ Sulbactam (10gm; 5gm Injection, 2gm; 1gm Injection) | 4 |
| Bactocill in Dextrose (1gm/ 50ml Injection) | 4 |
| Bactocill in Dextrose (2gm/ 50ml Injection) | 5 |
| Bicillin C-R | 4 |
| Bicillin L-A | 4 |
| Dicloxacillin Sodium | 2 |
| Nafcillin Sodium (10gm Injection, 1gm Injection) | 4 |
| Nallpen/Dextrose | 4 |

| Drug Name | Drug Requirements Tier & Limits |
|--|---------------------------------|
| Oxacillin Sodium (10gm Injection, 1gm Injection) | 4 |
| Penicillin G Potassium (5mu Injection) | 4 |
| Penicillin G Potassium in Iso- Osmotic Dextrose (Injection) | 4 |
| Penicillin G Procaine | 4 |
| Penicillin G Sodium | 4 |
| Penicillin V Potassium | 2 |
| Piperacillin Sodium/ Tazobactam Sodium (3gm; 0.375gm Injection, 4gm; 0.5gm Injection) | 4 |
| Timentin (0.1gm; 3gm Injection) | 4 |
| Zosyn (5%; 2gm/ 50ml; 0.25gm/ 50ml Injection, 5%; 3gm/50ml; 0.375gm/50ml Injection) | 4 |
| Macrolides - Antibiotics | |
| Azithromycin (Suspension Reconstituted, Tablet) | 2 |
| Azithromycin (500mg Injection) | 4 |
| Clarithromycin | 3 |
| Clarithromycin ER | 3 |
| Dificid | 5 PA |
| E.E.S. 400 | 2 |
| E.E.S. Granules | 3 |

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|---|------------------------|-----------------------|
| Ery Pad 2% | 2 | |
| Ery-Tab | 3 | |
| EryPed | 3 | |
| Erythrocin Lactobionate (500mg Injection) | 4 | |
| Erythrocin Stearate | 4 | |
| Erythromycin (External Solution, Gel, Ointment) | 2 | |
| Erythromycin Base | 2 | |
| Erythromycin Ethylsuccinate | 2 | |
| Ketek | 4 | PA |
| PCE | 4 | |
| Zmax | 4 | |
| Quinolones - Antibiotics | | |
| Avelox (Tablet) | 3 | |
| Avelox (Injection) | 4 | |
| Avelox ABC Pack | 3 | |
| Cipro (Oral Suspension) | 4 | |
| Ciprofloxacin (400mg/40ml Injection) | 4 | |
| Ciprofloxacin ER | 3 | |
| Ciprofloxacin HCl | 2 | |
| Ciprofloxacin I.V. in D5W (200mg/100ml; 5% Injection) | 4 | |

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|---|------------------------|-----------------------|
| Levofloxacin (Ophthalmic Solution, Oral Solution, Tablet) | 3 | |
| Levofloxacin (Injection) | 4 | |
| Levofloxacin in D5W (5%; 500mg/100ml Injection) | 4 | |
| Moxeza | 3 | |
| Noroxin | 4 | |
| Ofloxacin | 3 | |
| Sulfonamides - Antibiotics | | |
| Sulfacetamide Sodium (Ointment, Ophthalmic Solution) | 2 | |
| Sulfadiazine | 3 | |
| Sulfamethoxazole/Trimethoprim (Suspension, Tablet) | 2 | |
| Sulfamethoxazole/Trimethoprim (Injection) | 4 | |
| Sulfamethoxazole/Trimethoprim DS | 2 | |
| Tetracyclines - Antibiotics | | |
| Demeclocycline HCl | 4 | |
| Doxycycline (75mg Capsule, Suspension Reconstituted) | 3 | |
| Doxycycline Hyclate (Capsule, Tablet) | 3 | |

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† For this drug's specific quantity limit see pages 59-63.

| Drug Name | Drug Requirements Tier & Limits | |
|---|---------------------------------|----|
| Doxycycline Hyclate (Injection) | 4 | |
| Doxycycline Hyclate DR | 3 | |
| Doxycycline Monohydrate (150mg Tablet, 50mg Tablet, 75mg Tablet) | 3 | |
| Minocycline HCl (Capsule) | 2 | |
| Minocycline HCl ER | 4 | |
| Vibramycin (Syrup) | 4 | |
| Anticonvulsants - Drugs to Treat Seizures | | |
| Anticonvulsants, Other - Seizure Control Drugs | | |
| Levetiracetam (Oral Solution, Tablet) | 3 | |
| Levetiracetam (500mg/5ml Injection) | 4 | |
| Levetiracetam ER | 3 | |
| Phenobarbital (Elixir, Tablet) | 2 | |
| Potiga | 4 | |
| Calcium Channel Modifying Agents - Seizure Control Drugs | | |
| Celontin | 4 | |
| Ethosuximide | 3 | |
| Lyrica | † 3 | QL |
| Zonisamide | 2 | |
| Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs | | |
| Clonazepam | 2 | |
| Clonazepam ODT | 4 | |

| Drug Name | Drug Requirements Tier & Limits | |
|--|---------------------------------|--------|
| Clorazepate Dipotassium | 2 | PA |
| Diazepam (Gel) | 4 | |
| Divalproex Sodium | 2 | |
| Divalproex Sodium DR | 2 | |
| Divalproex Sodium ER | 2 | |
| Gabapentin | 2 | |
| Gabitril (12mg Tablet, 16mg Tablet) | 4 | |
| Onfi | 4 | PA |
| Primidone | 2 | |
| Sabril | 5 | PA, LA |
| Tiagabine HCl | 4 | |
| Valproate Sodium (100mg/ml Injection) | 4 | |
| Valproic Acid | 2 | |
| Glutamate Reducing Agents - Seizure Control Drugs | | |
| Felbamate (400mg Tablet) | 4 | |
| Felbamate (Suspension, 600mg Tablet) | 5 | |
| Felbatol | 5 | |
| Lamictal ODT (Tablet Dispersible) | 4 | |
| Lamictal Starter Kit | 4 | |
| Lamotrigine (Immediate-Release Tablet) | 2 | |
| Lamotrigine (Tablet Chewable) | 3 | |

| Drug Name | Drug Requirements Tier & Limits |
|--|---------------------------------|
| Topiramate | 2 |
| Sodium Channel Agents - Seizure Control Drugs | |
| Banzel (200mg Tablet) | 4 |
| Banzel (Suspension, 400mg Tablet) | 5 |
| Carbamazepine | 3 |
| Carbamazepine ER | 3 |
| Dilantin | 3 |
| Dilantin Infatabs | 3 |
| Epitol | 3 |
| Equetro | 4 |
| Fosphenytoin Sodium (100mg pe/ 2ml Injection) | 4 |
| Oxcarbazepine (Tablet) | 3 |
| Oxcarbazepine (Suspension) | 4 |
| Peganone | 4 |
| Phenytek | 2 |
| Phenytoin (Suspension) | 2 |
| Phenytoin (Tablet Chewable) | 3 |
| Phenytoin Sodium (Injection) | 4 |
| Phenytoin Sodium Extended (Capsule) | 2 |

| Drug Name | Drug Requirements Tier & Limits |
|---|---------------------------------|
| Tegretol-XR (100mg Tablet Extended Release 12 Hour) | 3 |
| Vimpat (Injection) | 4 PA |
| Vimpat (Oral Solution, Tablet) † | 4 QL |
| Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia | |
| Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs | |
| Donepezil HCl (10mg Tablet Dispersible, 5mg Tablet Dispersible, 10mg Tablet, 5mg Tablet) | 2 |
| Exelon (Oral Solution) | 4 |
| Exelon (Patch 24 Hour) | 4 ST |
| Rivastigmine Tartrate | 3 |
| N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs | |
| Namenda (Oral Solution, Tablet) | 3 |
| Namenda Titration Pak (Tablet) | 3 |
| Antidepressants - Drugs to Treat Depression | |
| Antidepressants, Other - Antidepressants | |

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† For this drug's specific quantity limit see pages 59-63.

| Drug Name | Drug Requirements Tier & Limits | |
|---|---------------------------------|--------|
| Budeprion SR | 2 | |
| Bupropion HCl | 2 | |
| Bupropion HCl SR | 2 | |
| Bupropion HCl XL | 2 | |
| Maprotiline HCl | 2 | |
| Mirtazapine | 2 | |
| Mirtazapine ODT (30mg Tablet Dispersible, 45mg Tablet Dispersible) | 2 | |
| Nefazodone HCl | 2 | |
| Trazodone HCl | 2 | |
| Monoamine Oxidase Inhibitors - Antidepressants | | |
| Emsam | 5 | ST |
| Marplan | 4 | |
| Phenelzine Sulfate | 2 | |
| Tranylcypromine Sulfate | 3 | |
| Serotonin/Norepinephrine Reuptake Inhibitors - Antidepressants | | |
| Citalopram Hydrobromide (Tablet) | 1 | |
| Citalopram Hydrobromide (Oral Solution) | 3 | |
| Cymbalta | † 4 | PA, QL |
| Escitalopram Oxalate | 2 | |
| Fluoxetine DR | 4 | |
| Fluoxetine HCl | 2 | |
| Fluvoxamine Maleate (Tablet) | 2 | |
| Paroxetine HCl | 2 | |
| Paroxetine HCl ER | 4 | |

| Drug Name | Drug Requirements Tier & Limits | |
|---|---------------------------------|--------|
| Paxil (Suspension) | 4 | |
| Pristiq | † 4 | PA, QL |
| Sertraline HCl (Tablet) | 1 | |
| Sertraline HCl (Concentrate) | 3 | |
| Venlafaxine HCl | 3 | ST |
| Venlafaxine HCl ER (Capsule Extended Release 24 Hour) | 3 | |
| Viibryd | 4 | |
| Tricyclics - Antidepressants | | |
| Amitriptyline HCl | 2 | |
| Amoxapine (100mg Tablet, 25mg Tablet, 50mg Tablet) | 2 | |
| Amoxapine (150mg Tablet) | 2 | |
| Clomipramine HCl | 2 | |
| Desipramine HCl | 3 | |
| Doxepin HCl | 2 | |
| Imipramine HCl | 2 | |
| Imipramine Pamoate | 3 | |
| Nortriptyline HCl (Capsule) | 2 | |
| Perphenazine/ Amitriptyline | 2 | |
| Protriptyline HCl | 3 | |
| Trimipramine Maleate | 3 | |
| Antiemetics - Drugs to Treat Nausea and Vomiting | | |
| Antiemetics, Other - Nausea and Vomiting Drugs | | |
| Meclizine HCl (Tablet) | 2 | |
| Transderm-Scop | 4 | |

| Drug Name | Drug Requirements Tier & Limits | |
|--|---------------------------------|---------|
| Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs | | |
| Aloxi | 4 | |
| Anzemet (Tablet) | 5 | B/D |
| Cesamet | 5 | B/D, PA |
| Dronabinol (2.5mg Capsule, 5mg Capsule) | 3 | B/D, PA |
| Dronabinol (10mg Capsule) | 5 | B/D, PA |
| Emend (Capsule) | 3 | B/D, PA |
| Granisetron HCl (Tablet) | 3 | B/D |
| Granisetron HCl (0.1mg/ml Injection, 1mg/ml Injection) | 4 | |
| Granisol | 3 | B/D |
| Ondansetron HCl (Tablet) | 2 | B/D |
| Ondansetron HCl (Oral Solution) | 3 | B/D |
| Ondansetron HCl (40mg/20ml Injection) | 4 | |
| Ondansetron ODT | 2 | B/D |
| Sancuso | 5 | |
| Antifungals - Drugs to Treat Fungal Infections | | |
| Antifungals - Fungal Infection Drugs | | |
| Abelcet | 5 | B/D |
| AmBisome | 5 | B/D |
| Amphotericin B | 4 | B/D |

| Drug Name | Drug Requirements Tier & Limits | |
|--|---------------------------------|----|
| Ancobon | 5 | |
| Candidas | 5 | |
| Ciclopirox | 3 | |
| Ciclopirox Nail Lacquer | 3 | |
| Ciclopirox Olamine | 3 | |
| Clotrimazole | 2 | |
| Clotrimazole/ Betamethasone Dipropionate | 2 | |
| Econazole Nitrate | 2 | |
| Eraxis (100mg Injection) | 5 | |
| Fluconazole | 2 | |
| Fluconazole in Dextrose (56mg/ml; 400mg/200ml Injection) | 4 | |
| Flucytosine | 5 | |
| Griseofulvin Microsize | 3 | |
| Griseofulvin Ultramicrosize | 4 | |
| Itraconazole | 4 | PA |
| Ketoconazole (Cream, Shampoo, Tablet) | 2 | |
| Ketoconazole (Foam) | 4 | |
| Lamisil (Packet) | 4 | |
| Miconazole 3 | 2 | |
| Mycamine | 5 | |

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| Drug Name | Drug Requirements Tier | Requirements & Limits |
|--|------------------------|-----------------------|
| Natacyn | 3 | |
| Noxafil | 5 | |
| Nyamyc | 2 | |
| Nystatin (Cream, Ointment, 100000unit/gm Powder, Suspension, Tablet) | 2 | |
| Nystatin/ Triamcinolone | 2 | |
| Nystop | 2 | |
| ONMEL | 5 | PA |
| Pedi-Dri | 2 | |
| Sporanox | 5 | PA |
| Terbinafine HCl (Tablet) | 2 | |
| Terconazole (Suppository) | 2 | |
| Terconazole (Cream) | 3 | |
| Vfend (Suspension Reconstituted) | 5 | |
| Vfend (Tablet) | 5 | ST |
| Voriconazole | 5 | |
| Zazole (Cream) | 3 | |
| Antigout Agents - Drugs to Treat Gout | | |
| Antigout Agents - Gout Drugs | | |
| Allopurinol (Tablet) | 2 | |
| Allopurinol Sodium (Injection) | 4 | |
| Colcrys | 3 | |
| Probenecid | 2 | |
| Probenecid/ Colchicine | 2 | |
| Uloric | 3 | ST |

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|--|------------------------|-----------------------|
| Antimigraine Agents - Drugs to Treat Migraines | | |
| Ergot Alkaloids - Migraine Drugs | | |
| Dihydroergotamine Mesylate (Injection) | 4 | |
| Migergot | 3 | |
| Serotonin (5-HT) 1b/1d Receptor Agonists - Migraine Drugs | | |
| Naratriptan HCl | 2 | |
| Rizatriptan Benzoate | 3 | |
| Sumatriptan Succinate (Tablet) | 2 | |
| Sumatriptan Succinate (6mg/0.5ml Injection) | 3 | |
| Sumavel DosePro | 4 | |
| Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis | | |
| Parasympathomimetics - Myasthenia Gravis Drugs | | |
| Guanidine HCl | 4 | |
| Mestinon (Syrup) | 4 | |
| Mestinon Timespan | 4 | |
| Pyridostigmine Bromide | 2 | |
| Regonol | 4 | |
| Antimycobacterials - Drugs to Treat Infections | | |
| Antimycobacterials, Other - Miscellaneous Anti-Infectives | | |
| Dapsone | 3 | |
| Mycobutin | 4 | |
| Antituberculars - Tuberculosis Drugs | | |
| Capastat Sulfate | 4 | |
| Ethambutol HCl | 3 | |
| Isoniazid (Syrup, Tablet) | 3 | |

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|--|------------------------|-----------------------|
| Isoniazid (Injection) | 4 | |
| Paser | 4 | |
| Priftin | 4 | |
| Pyrazinamide | 3 | |
| Rifampin (Capsule) | 3 | |
| Rifampin (Injection) | 4 | |
| Rifater | 4 | |
| Seromycin | 4 | |
| Sirturo | 5 | |
| Trecator | 4 | |
| Antineoplastics - Drugs to Treat Cancer | | |
| Alkylating Agents - Chemotherapy Agents | | |
| BiCNU | 4 | |
| Busulfex | 5 | |
| CeeNU (10mg Capsule, 40mg Capsule) | 4 | |
| Cyclophosphamide (Tablet) | 3 | B/D |
| Dacarbazine (200mg Injection) | 4 | |
| Hexalen | 5 | PA |
| Ifosfamide (1gm Injection) | 4 | |
| Leukeran | 3 | |
| Matulane | 5 | |
| Melphalan HCl | 5 | |
| Mustargen | 5 | |
| Thiotepa | 4 | |

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|---|------------------------|-----------------------|
| Treanda (100mg Injection) | 5 | PA |
| Zanosar | 4 | |
| Antiangiogenic Agents - Chemotherapy Agents | | |
| Caprelsa | 5 | PA, LA |
| Revlimid (10mg Capsule, 15mg Capsule, 25mg Capsule, 5mg Capsule) | 5 | PA, LA |
| Thalomid | 5 | PA |
| Antiestrogens/Modifiers - Chemotherapy Agents | | |
| Emcyt | 4 | PA |
| Fareston | 5 | |
| Faslodex | 5 | |
| Soltamox | 4 | |
| Tamoxifen Citrate | 2 | |
| Antimetabolites - Chemotherapy Agents | | |
| Cladribine | 5 | B/D |
| Clolar | 5 | |
| Cytarabine (500mg Injection) | 4 | B/D |
| Cytarabine Aqueous | 4 | B/D |
| Droxia | 4 | |
| Elitek (1.5mg Injection) | 5 | |
| Fluorouracil (2.5gm/50ml Injection) | 4 | B/D |
| Folotyn (40mg/2ml Injection) | 5 | PA |

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| Drug Name | Drug Requirements Tier & Limits | |
|---|---------------------------------|-----|
| Gemcitabine HCl (1gm Injection) | 5 | |
| Gemzar (1gm Injection) | 5 | |
| Hydroxyurea | 2 | |
| Mercaptopurine | 3 | |
| Pentostatin | 5 | |
| Tabloid | 4 | PA |
| Antineoplastics - Chemotherapy Agents | | |
| Tafinlar | 5 | PA |
| Antineoplastics, Other - Chemotherapy Agents | | |
| Abraxane | 5 | PA |
| Adriamycin (2mg/ml Injection) | 4 | B/D |
| Alimta (500mg Injection) | 5 | PA |
| Amifostine | 5 | |
| Arranon | 5 | |
| Bleomycin Sulfate (30unit Injection) | 4 | B/D |
| Camptosar (100mg/5ml Injection) | 3 | |
| Carboplatin (150mg/15ml Injection) | 4 | |
| Cisplatin (100mg/100ml Injection) | 4 | |
| Cometriq | 5 | PA |
| Cosmegen | 5 | |
| Dacogen | 5 | |
| Daunorubicin HCl (5mg/ml Injection) | 4 | |
| Dexrazoxane (500mg Injection) | 5 | PA |
| Docefrez | 5 | |

| Drug Name | Drug Requirements Tier & Limits | |
|---|---------------------------------|--------|
| Docetaxel (80mg/4ml Injection, 80mg/8ml Injection) | 5 | |
| Doxil | 5 | |
| Doxorubicin HCl (2mg/ml Injection) | 4 | B/D |
| Elspar | 4 | |
| Epirubicin HCl (50mg/25ml Injection) | 4 | |
| Erivedge | 5 | PA |
| Fludarabine Phosphate (50mg Injection) | 4 | |
| Fusilev | 5 | |
| Halaven | 5 | PA |
| Iclusig | 5 | PA |
| Idarubicin HCl (10mg/10ml Injection) | 5 | |
| Irinotecan (100mg/5ml Injection) | 4 | |
| Istodax | 5 | PA |
| Ixempra Kit (45mg Injection) | 5 | |
| Jakafi | 5 | PA, LA |
| Jevtana | 5 | PA |
| Leucovorin Calcium (Tablet) | 3 | |
| Leucovorin Calcium (100mg Injection, 350mg Injection) | 4 | |
| Mekinist | 5 | PA |
| Menest | 3 | |
| Mesna | 4 | |
| Mesnex (Tablet) | 5 | |
| Mitomycin (20mg Injection) | 4 | |

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|---|------------------------|-----------------------|
| Mitoxantrone HCl | 4 | PA |
| Ontak | 5 | PA |
| Oxaliplatin (100mg/20ml Injection) | 5 | |
| Paclitaxel (300mg/50ml Injection) | 4 | |
| Picato | 4 | |
| Pomalyst | 5 | PA |
| Proleukin | 5 | PA |
| Sylatron | 5 | PA |
| Synribo | 5 | PA |
| Taxotere (80mg/4ml Injection) | 5 | |
| Trisenox | 4 | PA |
| Velcade | 5 | PA |
| Vidaza | 5 | PA |
| Vinblastine Sulfate (10mg Injection) | 4 | B/D |
| Vincasar PFS | 4 | B/D |
| Vincristine Sulfate | 4 | B/D |
| Vinorelbine Tartrate (50mg/5ml Injection) | 4 | |
| Zaltrap (100mg/4ml Injection) | 5 | PA |
| Zolinza | 5 | PA |
| Zytiga | 5 | PA |
| Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents | | |
| Anastrozole | 2 | |
| Exemestane | 3 | |

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|--|------------------------|-----------------------|
| Letrozole | 2 | |
| Enzyme Inhibitors - Chemotherapy Agents | | |
| Etopophos | 5 | |
| Etoposide (Injection) | 4 | |
| Hycamtin (Injection) | 5 | |
| Toposar | 3 | |
| Topotecan HCl (4mg Injection) | 5 | |
| Molecular Target Inhibitors - Chemotherapy Agents | | |
| Afinitor | 5 | PA |
| Bosulif | 5 | PA |
| Gleevec | 5 | PA |
| Inlyta | 5 | PA |
| Nexavar | 5 | PA |
| Sprycel | 5 | PA |
| Stivarga | 5 | PA |
| Sutent | 5 | PA |
| Tarceva | 5 | PA |
| Tasigna | 5 | PA |
| Tykerb | 5 | PA |
| Votrient | 5 | PA |
| Xalkori | 5 | PA, LA |
| Zelboraf | 5 | PA |
| Monoclonal Antibodies - Chemotherapy Agents | | |
| Arzerra (100mg/5ml Injection) | 5 | PA |

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| Drug Name | Drug Requirements Tier & Limits | |
|---|---------------------------------|----|
| Avastin (100mg/4ml Injection) | 5 | PA |
| Erbitux (100mg/50ml Injection) | 5 | PA |
| Herceptin | 5 | PA |
| Kadcyla (100mg Injection) | 5 | PA |
| Perjeta | 5 | PA |
| Rituxan | 5 | PA |
| Vectibix (100mg/5ml Injection) | 5 | PA |
| Yervoy (50mg/10ml Injection) | 5 | PA |
| Retinoids - Chemotherapy Agents | | |
| Panretin | 5 | PA |
| Targetin | 5 | PA |
| Tretinoin (Capsule) | 5 | |
| Antiparasitics - Drugs to Treat Parasitic Infections | | |
| Anthelmintics - Worm Infection Drugs | | |
| Albenza | 3 | |
| Biltricide | 3 | |
| Stromectol | 3 | |
| Antiprotozoals - Protozoal Infection Drugs | | |
| Alinia | 4 | |
| Atovaquone/ Proguanil HCl (250mg; 100mg Tablet) | 3 | |
| Chloroquine Phosphate | 3 | |
| Daraprim | 3 | |
| Hydroxychloroquine Sulfate | 2 | |
| Mefloquine HCl | 2 | |
| Mepron | 5 | |

| Drug Name | Drug Requirements Tier & Limits | |
|--|---------------------------------|-----|
| Nebupent | 4 | B/D |
| Pentam 300 | 4 | |
| Primaquine Phosphate | 4 | |
| Quinine Sulfate | 4 | PA |
| Tinidazole | 3 | |
| Pediculicides/Scabicides - Scabies and Lice Drugs | | |
| Lindane | 3 | |
| Malathion | 3 | |
| Permethrin (Cream) | 2 | |
| Antiparkinson Agents - Drugs to Treat Parkinson's Disease | | |
| Anticholinergics - Parkinson's Disease Drugs | | |
| Benztropine Mesylate (Tablet) | 2 | |
| Benztropine Mesylate (Injection) | 4 | |
| Trihexyphenidyl HCl | 2 | |
| Antiparkinson Agents, Other - Parkinson's Disease Drugs | | |
| Entacapone | 3 | |
| Tasmar | 5 | |
| Dopamine Agonists - Parkinson's Disease Drugs | | |
| Apokyn | 5 | PA |
| Bromocriptine Mesylate | 3 | |
| Pramipexole Dihydrochloride (Immediate-Release Tablet) | 3 | |
| Ropinirole HCl (Immediate-Release Tablet) | 2 | |

| Drug Name | Drug Requirements Tier & Limits |
|---|---------------------------------|
| Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs | |
| Carbidopa/ Levodopa | 2 |
| Carbidopa/ Levodopa ER | 2 |
| Carbidopa/ Levodopa ODT | 3 |
| Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs | |
| Azilect | 3 |
| Selegiline HCl | 3 |
| Antipsychotics - Drugs to Treat Mood Disorders | |
| 1st Generation/Typical - Mood Disorder Drugs | |
| Chlorpromazine HCl (Tablet) | 2 |
| Chlorpromazine HCl (Injection) | 4 |
| Compro | 2 |
| Fluphenazine Decanoate | 4 |
| Fluphenazine HCl (Concentrate, Elixir) | 2 |
| Fluphenazine HCl (Tablet) | 2 |
| Fluphenazine HCl (Injection) | 4 |
| Haloperidol | 2 |

| Drug Name | Drug Requirements Tier & Limits |
|--|---------------------------------|
| Haloperidol Decanoate (Injection) | 4 |
| Haloperidol Lactate (Injection) | 4 |
| Loxapine Succinate (10mg Capsule, 25mg Capsule, 50mg Capsule) | 2 |
| Loxapine Succinate (5mg Capsule) | † 2 QL |
| Orap | 3 |
| Perphenazine | 2 |
| Prochlorperazine | 2 |
| Prochlorperazine Edisylate (Injection) | 4 |
| Prochlorperazine Maleate | 2 |
| Thioridazine HCl | 3 |
| Thiothixene | 2 |
| Trifluoperazine HCl | 2 |
| 2nd Generation/Atypical - Mood Disorder Drugs | |
| Abilify (9.75mg/ 1.3ml Injection) | 4 ST |
| Abilify (Oral Solution, Tablet) | † 5 QL, ST |
| Abilify Discmelt | † 5 QL, ST |
| Abilify Maintena (300mg Injection) | 5 ST |
| Fanapt (1mg Tablet, 2mg Tablet) | † 4 QL, ST |

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LA = Limited access drug
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† For this drug's specific quantity limit see pages 59-63.

| Drug Name | | Drug Requirements Tier & Limits | |
|--|---|---------------------------------|--------|
| Fanapt (10mg Tablet, 12mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet) | † | 5 | QL, ST |
| Fanapt Titration Pack | | 4 | ST |
| Geodon (Injection) | | 4 | |
| Invega | † | 4 | QL |
| Invega Sustenna (39mg/0.25ml Injection, 78mg/0.5ml Injection) | | 4 | |
| Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection) | | 5 | |
| Latuda | † | 4 | PA, QL |
| Olanzapine (Tablet) | † | 3 | QL |
| Olanzapine (Injection) | | 4 | |
| Olanzapine ODT | † | 3 | QL |
| Quetiapine Fumarate | † | 2 | QL |
| Risperdal Consta (12.5mg Injection, 25mg Injection) | | 4 | |
| Risperdal Consta (37.5mg Injection, 50mg Injection) | | 5 | |
| Risperidone (Tablet) | | 2 | |
| Risperidone (Oral Solution) | | 3 | |
| Risperidone ODT | | 3 | |

| Drug Name | | Drug Requirements Tier & Limits | |
|--|---|---------------------------------|---------|
| Saphris (10mg Tablet Sublingual) | | 4 | |
| Saphris (5mg Tablet Sublingual) | † | 4 | QL |
| Seroquel XR | † | 3 | QL |
| Ziprasidone HCl (Capsule) | † | 4 | QL |
| Treatment-Resistant - Mood Disorder Drugs | | | |
| Clozapine | | 3 | |
| Fazaclo (100mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible, 25mg Tablet Dispersible) | | 3 | |
| Fazaclo (12.5mg Tablet Dispersible) | † | 3 | QL |
| Antispasticity Agents - Drugs to Treat Spasms | | | |
| Antispasticity Agents - Muscle Spasm Drugs | | | |
| Baclofen | | 2 | |
| Dantrolene Sodium (Capsule) | | 3 | |
| Gablofen (10000mcg/20ml Injection, 50mcg/ml Injection) | | 4 | B/D, PA |
| Gablofen (40000mcg/20ml Injection) | | 5 | B/D, PA |

| Drug Name | Drug Requirements Tier & Limits | |
|---|---------------------------------|---------|
| Lioresal Intrathecal (0.05mg/ml Injection, 10mg/20ml Injection) | 4 | B/D, PA |
| Lioresal Intrathecal (10mg/5ml Injection) | 5 | B/D, PA |
| Tizanidine HCl (Tablet) | 2 | |
| Antivirals - Drugs to Treat Viral Infections | | |
| Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs | | |
| Cidofovir | 5 | |
| Foscarnet Sodium | 3 | B/D |
| Ganciclovir | 4 | B/D |
| Valcyte | 5 | |
| Vistide | 5 | |
| Zirgan | 4 | |
| Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors - HIV Drugs | | |
| Atripla | 5 | |
| Complera | 5 | |
| Edurant | 5 | |
| Intelence (100mg Tablet, 200mg Tablet) | 5 | |
| Nevirapine (Tablet) | 3 | |
| Rescriptor | 4 | |
| Stribild | 5 | |
| Sustiva | 4 | |

| Drug Name | Drug Requirements Tier & Limits | |
|--|---------------------------------|--|
| Viramune (Suspension) | 4 | |
| Viramune XR | 3 | |
| Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors - HIV Drugs | | |
| Abacavir | 4 | |
| Combivir | 5 | |
| Didanosine | 3 | |
| Emtriva | 4 | |
| Epivir (Oral Solution) | 3 | |
| Epivir HBV | 3 | |
| Epzicom | 5 | |
| Lamivudine | 3 | |
| Lamivudine/ Zidovudine | 5 | |
| Retrovir IV Infusion | 4 | |
| Stavudine | 3 | |
| Trizivir | 5 | |
| Truvada | 5 | |
| Videx Pediatric (2gm Oral Solution) | 4 | |
| Viread | 5 | |
| Ziagen (Oral Solution) | 4 | |
| Zidovudine | 3 | |
| Anti-HIV Agents, Other - HIV Drugs | | |
| Fuzeon | 5 | |

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| Drug Name | Drug Requirements Tier & Limits |
|--|---------------------------------|
| Isentress (25mg Tablet Chewable) | 3 |
| Isentress (Tablet, 100mg Tablet Chewable) | 5 |
| Selzentry | 5 |
| Anti-HIV Agents, Protease Inhibitors - HIV Drugs | |
| Aptivus | 5 |
| Crixivan | 3 |
| Invirase (Capsule) | 4 |
| Invirase (Tablet) | 5 |
| Kaletra (100mg; 25mg Tablet) | 4 |
| Kaletra (Oral Solution, 200mg; 50mg Tablet) | 5 |
| Lexiva (Suspension) | 4 |
| Lexiva (Tablet) | 5 |
| Norvir | 4 |
| Prezista (150mg Tablet, 75mg Tablet) | 4 |
| Prezista (Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet) | 5 |
| Reyataz (100mg Capsule) | 3 |
| Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule) | 5 |
| Viracept | 5 |
| Anti-Influenza Agents - Flu Drugs | |
| Amantadine HCl | 2 |

| Drug Name | Drug Requirements Tier & Limits | |
|--|---------------------------------|----|
| Relenza Diskhaler | 4 | |
| Rimantadine HCl | 2 | |
| Tamiflu | 3 | |
| Antihepatitis Agents - Hepatitis Drugs | | |
| Baraclude (Oral Solution) | 4 | |
| Baraclude (Tablet) | 5 | |
| Hepsera | 5 | |
| Incivek | 5 | PA |
| Infergen (15mcg/0.5ml Injection) | 5 | PA |
| Intron-A (6000000unit/ml Injection) | 4 | PA |
| Intron-A W/ Diluent (10mu Injection) | 5 | PA |
| Peg-Intron (50mcg/0.5ml Injection) | 5 | PA |
| Peg-Intron Redipen | 5 | PA |
| Pegasys | 5 | PA |
| Pegasys ProClick (135mcg/0.5ml Injection) | 5 | PA |
| Rebetol | 5 | PA |
| Ribapak (Tablet) | 5 | PA |
| Ribasphere (Capsule, 200mg Tablet) | 3 | PA |
| Ribasphere (400mg Tablet, 600mg Tablet) | 5 | PA |
| Ribavirin | 3 | PA |
| Tyzeka | 5 | |

| Drug Name | Drug Requirements Tier & Limits | |
|---|---------------------------------|-----|
| Victrelis | 5 | PA |
| Virazole | 5 | |
| Antitherpetic Agents - Herpes Drugs | | |
| Acyclovir (Capsule, Suspension, Tablet) | 2 | |
| Acyclovir Sodium (500mg Injection) | 4 | B/D |
| Famciclovir | 3 | |
| Trifluridine | 3 | |
| Valacyclovir HCl | 3 | |
| Anxiolytics - Drugs to Treat Anxiety | | |
| Anxiolytics, Other - Anxiety Drugs | | |
| Alprazolam (Immediate-Release Tablet) | 2 | |
| Buspirone HCl | 2 | |
| Chlordiazepoxide HCl | 2 | PA |
| Chlordiazepoxide/Amitriptyline | 2 | |
| Diazepam (Oral Solution, Tablet) | 2 | |
| Diazepam Intensol (Oral Solution) | 2 | |
| Lorazepam (Tablet) | 2 | |
| Lorazepam Intensol (Oral Solution) | 2 | |
| Bipolar Agents - Drugs to Treat Mood Disorders | | |
| Mood Stabilizers - Mood Disorder Drugs | | |
| Lithium Carbonate | 2 | |

| Drug Name | Drug Requirements Tier & Limits | |
|---|---------------------------------|--------|
| Lithium Carbonate ER | 2 | |
| Lithium Citrate | 2 | |
| Blood Glucose Regulators - Drugs to Regulate Blood Sugar | | |
| Antidiabetic Agents - Diabetic Drugs | | |
| Acarbose | 2 | |
| Avandamet | 4 | PA, LA |
| Avandaryl | 4 | PA, LA |
| Avandia | 4 | PA, LA |
| Byetta | 3 | |
| Cycloset | 4 | PA |
| Glimepiride | 2 | |
| Glipizide (Immediate-Release Tablet) | 1 | |
| Glipizide ER | 2 | |
| Glipizide/Metformin HCl | 2 | |
| Glyburide | 3 | |
| Glyburide Micronized | 3 | |
| Glyburide/Metformin HCl | 3 | |
| Metformin HCl | 1 | |
| Metformin HCl ER 500mg, 750mg Tablet Extended Release 24 Hour (Generic Glucophage XR) | 2 | |
| Nateglinide | 3 | |

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| Drug Name | Drug Requirements Tier | Requirements & Limits |
|---|------------------------|-----------------------|
| Onglyza | 3 | |
| Pioglitazone HCl | 3 | |
| Pioglitazone HCl/ Glimepiride | 3 | |
| Pioglitazone HCl/ Metformin HCl | 3 | |
| PrandiMet | 4 | |
| Prandin | 4 | |
| Riomet | 4 | |
| SymlinPen 120 | 4 | PA |
| SymlinPen 60 | 4 | PA |
| Tradjenta | 3 | |
| Victoza | 3 | |
| Glycemic Agents - Diabetic Drugs | | |
| Clinimix 4.25%/ Dextrose 20% | 4 | B/D |
| Clinimix 5%/ Dextrose 15% | 4 | B/D |
| Clinimix 5%/ Dextrose 20% | 4 | B/D |
| Clinimix E 2.75%/ Dextrose 10% | 4 | B/D |
| Clinimix E 2.75%/ Dextrose 5% | 4 | B/D |
| Clinimix E 4.25%/ Dextrose 25% | 4 | B/D |
| Clinimix E 4.25%/ Dextrose 5% | 4 | B/D |
| Clinimix E 5%/ Dextrose 15% | 4 | B/D |
| Clinimix E 5%/ Dextrose 25% | 4 | B/D |
| Dextrose 10% Flex Container | 4 | |
| Dextrose 10%/NaCl 0.2% | 4 | |
| Dextrose 10%/NaCl 0.45% | 4 | |

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|---|------------------------|-----------------------|
| Dextrose 2.5%/ NaCl 0.45% | 4 | |
| Dextrose 5% | 4 | |
| Dextrose 5%/NaCl 0.2% | 4 | |
| Dextrose 5%/NaCl 0.225% | 4 | |
| Dextrose 5%/NaCl 0.33% | 4 | |
| Dextrose 5%/NaCl 0.45% | 4 | |
| Dextrose 5%/NaCl 0.9% | 4 | |
| Glucagen HypoKit | 4 | |
| Glucagon Emergency Kit | 3 | |
| Ionosol-B/ Dextrose 5% | 4 | |
| Ionosol-MB/ Dextrose 5% | 4 | |
| KCl 0.075%/D5W/ NaCl 0.45% | 4 | |
| KCl 0.15%/D5W/ LR | 4 | |
| KCl 0.15%/D5W/ NaCl 0.2% | 4 | |
| KCl 0.15%/D5W/ NaCl 0.225% | 4 | |
| KCl 0.15%/D5W/ NaCl 0.9% | 4 | |
| KCl 0.3%/D5W/ NaCl 0.45% | 4 | |
| KCl 0.3%/D5W/ NaCl 0.9% | 4 | |
| Normosol-R in D5W | 4 | |
| Potassium Chloride 0.15%/D5W/NaCl 0.33% | 4 | |

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|---|------------------------|-----------------------|
| Potassium Chloride 0.15%/D5W/NaCl 0.45% Viaflex | 4 | |
| Potassium Chloride 0.22%/D5W/NaCl 0.45% | 4 | |
| Proglycem | 4 | |
| Insulins - Diabetic Drugs | | |
| Levemir (Vial) | 3 | |
| Novolin (Vial) | 3 | |
| Novolog (Vial) | 3 | |
| Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders | | |
| Anticoagulants - Blood Thinners | | |
| Argatroban (100mg/ml Injection, 125mg/125ml; 0.9% Injection) | 5 | |
| Arixtra (2.5mg/0.5ml Injection) | 4 | |
| Arixtra (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection) | 5 | |
| Coumadin (Tablet) | 3 | |
| Eliquis | 4 | PA |

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|---|------------------------|-----------------------|
| Enoxaparin Sodium (300mg/3ml Injection, 30mg/0.3ml Injection, 40mg/0.4ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection) | † 4 | QL |
| Enoxaparin Sodium (100mg/ml Injection, 120mg/0.8ml Injection, 150mg/ml Injection) | † 5 | QL |
| Fondaparinux Sodium (2.5mg/0.5ml Injection) | 4 | |
| Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection) | 5 | |
| Fragmin (2500unit/0.2ml Injection, 5000unit/0.2ml Injection) | 4 | |

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| Drug Name | Drug Requirements Tier & Limits | |
|--|---------------------------------|--------|
| Fragmin (10000unit/ml Injection, 12500unit/0.5ml Injection, 15000unit/0.6ml Injection, 18000unt/0.72ml Injection, 25000unit/ml Injection, 7500unit/0.3ml Injection) | 5 | |
| Heparin Sodium (10000unit/ml Injection, 1000unit/ml Injection, 20000unit/ml Injection, 5000unit/ml Injection) | 4 | |
| Heparin Sodium/D5W (5%; 40unit/ml Injection) | 4 | |
| Heparin Sodium/NaCl (100unit/ml; 0.45% Injection, 50unit/ml; 0.45% Injection) | 4 | |
| Heparin Sodium/NaCl 0.9% Premix | 4 | |
| Jantoven | 2 | |
| Pradaxa | † 3 | PA, QL |
| Warfarin Sodium | 2 | |
| Xarelto | 3 | PA |
| Blood Formation Modifiers - Blood Formation Drugs | | |
| Anagrelide HCl | 2 | |

| Drug Name | Drug Requirements Tier & Limits | |
|--|---------------------------------|---------|
| Aranesp Albumin Free (25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection) | 4 | B/D, PA |
| Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection) | 5 | B/D, PA |
| Epogen | 4 | B/D, PA |
| Leukine | 5 | PA |
| Mozobil | 5 | PA |
| Neulasta | 5 | PA |
| Neumega | 5 | PA |
| Neupogen (300mcg/0.5ml Injection, 480mcg/0.8ml Injection, 480mcg/1.6ml Injection) | 5 | PA |

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|--|------------------------|-----------------------|
| Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection) | 4 | B/D, PA |
| Procrit (20000unit/ml Injection, 40000unit/ml Injection) | 5 | B/D, PA |
| Promacta | 5 | PA |
| Blood Products/Modifiers/Volume Expanders | | |
| Cinryze | 5 | PA |
| Coagulants - Blood Clotting Drugs | | |
| Brilinta | 4 | |
| Tranexamic Acid (Injection) | 3 | |
| Platelet Modifying Agents - Platelet Modifying Drugs | | |
| Aggrenox | 3 | |
| Cilostazol | 2 | |
| Clopidogrel | 2 | |
| Dipyridamole (Tablet) | 2 | |
| Effient | 4 | |
| Ticlopidine HCl | 3 | |
| Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions | | |

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|---|------------------------|-----------------------|
| Alpha-Adrenergic Agonists - Blood Pressure Drugs | | |
| Clonidine HCl (Tablet) | 2 | |
| Clonidine HCl (Patch Weekly) | 3 | |
| Guanfacine HCl (Generic Tenex) | 2 | |
| Methyldopa | 2 | |
| Methyldopa/ Hydrochlorothiazide | 2 | |
| Methyldopate HCl | 4 | |
| Midodrine HCl | 3 | |
| Alpha-Adrenergic Blocking Agents - Blood Pressure Drugs | | |
| Dibenzyline | 4 | |
| Prazosin HCl | 2 | |
| Reserpine | 2 | |
| Angiotensin II Receptor Antagonists - Blood Pressure Drugs | | |
| Benicar | 3 | |
| Benicar HCT | 3 | |
| Edarbi | 4 | |
| Edarbyclor | 4 | |
| Irbesartan | 2 | |
| Irbesartan/ Hydrochlorothiazide | 2 | |
| Losartan Potassium | 1 | |
| Losartan Potassium/ Hydrochlorothiazide | 1 | |

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| Drug Name | Drug Requirements Tier & Limits |
|--|---------------------------------|
| Micardis | 4 |
| Micardis HCT | 4 |
| Angiotensin-converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs | |
| Benazepril HCl | 1 |
| Benazepril HCl/ Hydrochlorothiazide | 1 |
| Captopril | 2 |
| Captopril/ Hydrochlorothiazide | 2 |
| Enalapril Maleate | 2 |
| Enalapril Maleate/ Hydrochlorothiazide | 2 |
| Lisinopril | 1 |
| Lisinopril/ Hydrochlorothiazide | 1 |
| Antiarrhythmics - Heart Regulation Drugs | |
| Amiodarone HCl (Tablet) | 2 |
| Amiodarone HCl (50mg/ml Injection) | 4 |
| Disopyramide Phosphate | 2 |
| Flecainide Acetate | 2 |
| Mexiletine HCl | 2 |
| Multaq | 3 |
| Pacerone (200mg Tablet) | 2 |
| Pacerone (100mg Tablet) | 4 |
| Procainamide HCl | 4 |
| Propafenone HCl | 2 |
| Propafenone HCl ER | 3 |
| Quinidine Gluconate | 4 |
| Quinidine Gluconate CR | 2 |

| Drug Name | Drug Requirements Tier & Limits |
|---|---------------------------------|
| Quinidine Sulfate | 2 |
| Quinidine Sulfate ER | 2 |
| Sorine | 2 |
| Sotalol HCl (160mg Tablet, 240mg Tablet, 80mg Tablet) | 2 |
| Sotalol HCl (Injection) | 4 |
| Sotalol HCl (AF) (120mg Tablet) | 2 |
| Tikosyn | 4 |
| Beta-Adrenergic Blocking Agents - Blood Pressure Drugs | |
| Atenolol | 1 |
| Atenolol/ Chlorthalidone | 1 |
| Bisoprolol Fumarate/ Hydrochlorothiazide | 2 |
| Bystolic | 3 |
| Carvedilol (12.5mg Tablet, 25mg Tablet, 3.125mg Tablet, 6.25mg Tablet) | 1 |
| Labetalol HCl (Tablet) | 2 |
| Labetalol HCl (Injection) | 4 |
| Metoprolol Succinate ER | 3 |
| Metoprolol Tartrate (Tablet) | 1 |
| Metoprolol Tartrate (Injection) | 4 |
| Metoprolol/ Hydrochlorothiazide | 3 |

| Drug Name | Drug Requirements Tier & Limits |
|---|---------------------------------|
| Nadolol (20mg Tablet, 40mg Tablet, 80mg Tablet) | 3 |
| Pindolol | 2 |
| Propranolol HCl (Oral Solution, Tablet) | 2 |
| Propranolol HCl (Injection) | 4 |
| Propranolol HCl ER | 2 |
| Propranolol/ Hydrochlorothiazide | 2 |
| Timolol Maleate (Tablet) | 2 |

Calcium Channel Blocking Agents - Blood Pressure Drugs

| | |
|--|---|
| Amlodipine Besylate (Tablet) | 1 |
| Cartia XT | 3 |
| Dilt-CD (120mg Capsule Extended Release 24 Hour, 300mg Capsule Extended Release 24 Hour) | 3 |
| Dilt-XR (180mg Capsule Extended Release 24 Hour, 240mg Capsule Extended Release 24 Hour) | 3 |

| Drug Name | Drug Requirements Tier & Limits |
|---|---------------------------------|
| Diltiazem CD (120mg Capsule Extended Release 24 Hour, 240mg Capsule Extended Release 24 Hour, 300mg Capsule Extended Release 24 Hour) | 3 |
| Diltiazem HCl (Tablet) | 2 |
| Diltiazem HCl (100mg Injection, 50mg/10ml Injection) | 4 |
| Nicardipine HCl (Capsule) | 2 |
| Nicardipine HCl (Injection) | 4 |
| Nimodipine | 4 |
| Nisoldipine (17mg Tablet Extended Release 24 Hour, 34mg Tablet Extended Release 24 Hour, 8.5mg Tablet Extended Release 24 Hour) | 3 |
| Nisoldipine ER | 3 |
| Verapamil HCl (Tablet) | 2 |
| Verapamil HCl (Injection) | 4 |

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| Drug Name | Drug Requirements Tier & Limits | |
|---|---------------------------------|----|
| Verapamil HCl ER (Tablet Extended Release) | 2 | |
| Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs | | |
| Demser | 5 | |
| Digoxin (Oral Solution, Tablet) | 2 | |
| Digoxin (Injection) | 4 | |
| Lanoxin (Tablet) | 4 | |
| Pentoxifylline ER | 2 | |
| Ranexa | 3 | ST |
| Vecamyl | 5 | PA |
| Diuretics, Carbonic Anhydrase Inhibitors - Cardiac Drugs | | |
| Acetazolamide Sodium (Injection) | 4 | |
| Diuretics, Loop - Cardiac Drugs | | |
| Bumetanide (Tablet) | 2 | |
| Bumetanide (Injection) | 4 | |
| Furosemide (Oral Solution, Tablet) | 2 | |
| Furosemide (Injection) | 4 | |
| Torsemide (Tablet) | 2 | |
| Torsemide (20mg/2ml Injection) | 4 | |
| Diuretics, Potassium-sparing - Cardiac Drugs | | |
| Amiloride HCl | 2 | |
| Amiloride/ Hydrochlorothiazide | 2 | |
| Eplerenone | 3 | |
| Spironolactone | 2 | |
| Spironolactone/ Hydrochlorothiazide | 2 | |

| Drug Name | Drug Requirements Tier & Limits | |
|--|---------------------------------|----|
| Triamterene/ Hydrochlorothiazide | 2 | |
| Diuretics, Thiazide - Cardiac Drugs | | |
| Chlorothiazide | 2 | |
| Chlorothiazide Sodium (Injection) | 4 | |
| Chlorthalidone (25mg Tablet, 50mg Tablet) | 2 | |
| Diuril | 4 | |
| Hydrochlorothiazide | 2 | |
| Indapamide | 2 | |
| Methyclothiazide | 2 | |
| Metolazone | 2 | |
| Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs | | |
| Antara | 3 | |
| Fenofibrate (Tablet) | 2 | |
| Fenofibrate Micronized | 2 | |
| Gemfibrozil | 2 | |
| Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs | | |
| Atorvastatin Calcium | 2 | |
| Crestor | 3 | |
| Lovastatin | 2 | |
| Pravastatin Sodium | 1 | |
| Simvastatin | 1 | |
| Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs | | |
| Cholestyramine Light (Packet) | 2 | |
| Colestipol HCl (Tablet) | 2 | |
| Colestipol HCl (Granules) | 3 | |
| Juxtapid | 5 | PA |

| Drug Name | Drug Requirements Tier & Limits | |
|--|---------------------------------|----|
| Kynamro | 5 | PA |
| Lovaza | 4 | |
| Niaspan | 3 | |
| Prevalite (Powder) | 2 | |
| Vascepa | 4 | |
| Welchol | 3 | |
| Zetia | 3 | |
| Vasodilators, Direct-acting Arterial - Chest Pain Drugs | | |
| Hydralazine HCl (Tablet) | 2 | |
| Hydralazine HCl (Injection) | 4 | |
| Minoxidil (Tablet) | 2 | |
| Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs | | |
| Isosorbide Dinitrate | 2 | |
| Isosorbide Dinitrate ER | 2 | |
| Isosorbide Mononitrate | 2 | |
| Isosorbide Mononitrate ER | 2 | |
| Minitran | 2 | |
| Nitro-Bid | 4 | |
| Nitroglycerin (Patch 24 Hour) | 2 | |
| Nitroglycerin (Injection) | 4 | |
| Nitrostat | 3 | |
| Central Nervous System Agents - Drugs to Treat Nerve Conditions | | |

| Drug Name | Drug Requirements Tier & Limits | |
|---|---------------------------------|----|
| Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs | | |
| Amphetamine/ Dextroamphetamine (Capsule Extended Release 24 Hour) | 2 | |
| Amphetamine/ Dextroamphetamine (Tablet) | 3 | |
| Dextroamphetamine Sulfate (Tablet) | 3 | |
| Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs | | |
| Dexmethylphenidate HCl | 3 | |
| Intuniv | 4 | |
| Methylphenidate HCl (Oral Solution, Tablet) | 2 | |
| Methylphenidate HCl ER (20mg Tablet Extended Release) | 2 | |
| Methylphenidate HCl ER (Capsule Extended Release 24 Hour) | 3 | |
| Strattera | 4 | ST |
| Central Nervous System, Other - Miscellaneous Central Nervous System Drugs | | |

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ST = Step therapy

Plain type = Generic drug
LA = Limited access drug
QL = Quantity limits

† For this drug's specific quantity limit see pages 59-63.

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|--|------------------------|-----------------------|
| Butalbital/ Acetaminophen/ Caffeine/Codeine | † 3 | QL |
| Nuedexta | 4 | PA |
| Rilutek | 5 | |
| Riluzole | 3 | |
| Xenazine | 5 | PA, LA |
| Multiple Sclerosis Agents - Multiple Sclerosis Drugs | | |
| Ampyra | 5 | PA |
| Aubagio | 5 | PA |
| Copaxone | 5 | PA |
| Gilenya | 5 | PA |
| Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions | | |
| Dental and Oral Agents | | |
| Chlorhexidine Gluconate Oral Rinse | 2 | |
| Kepivance | 5 | |
| Periogard | 2 | |
| Pilocarpine HCl (Tablet) | 3 | |
| Triamcinolone in Orabase | 2 | |
| Dermatological Agents - Drugs to Treat Skin Conditions | | |
| Dermatological Agents - Skin Agents | | |
| 8-MOP | 4 | |
| Absorica | 5 | PA |
| Adapalene | 3 | |
| Ammonium Lactate | 2 | |
| Amnesteem | 3 | |
| Avita | 3 | PA |
| Calcipotriene (External Solution, Ointment) | 3 | |

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|---|------------------------|-----------------------|
| Calcipotriene (Cream) | 4 | |
| Carac | 4 | |
| Claravis | 3 | |
| Clindamycin Phosphate (External Solution, Foam, Gel, Lotion, Swab) | 3 | |
| Clindamycin/ Benzoyl Peroxide (1%-5% Gel) | 3 | |
| Elidel | 4 | ST |
| Erythromycin/ Benzoyl Peroxide | 2 | |
| Finacea | 3 | |
| Fluorouracil (Cream, External Solution) | 3 | |
| Imiquimod | 4 | |
| Myorisan | 3 | |
| Oxsoralen | 4 | PA |
| Oxsoralen Ultra | 5 | PA |
| Podofilox | 3 | |
| Protopic | 4 | ST |
| Prudoxin | 3 | |
| Santyl | 4 | |
| Selenium Sulfide (Lotion) | 2 | |
| Solaraze | 4 | PA |
| Soriatane | 5 | |
| Stelara | 5 | PA |
| Sulfacetamide Sodium (Suspension) | 3 | |
| Tazorac | 4 | PA |
| Tretin-X (Kit) | 4 | PA |

| Drug Name | Drug Requirements Tier & Limits | |
|--|---------------------------------|----|
| Tretinoin (Cream, 0.01% Gel, 0.025% Gel) | 3 | PA |
| Uvadex | 4 | |
| Voltaren (Gel) | 3 | |
| Zyclara | 3 | |
| Enzyme Replacement/Modifiers - Drugs to Treat Enzyme Deficiency | | |
| Enzyme Replacement/Modifiers - Enzyme Replacement/Modifying Drugs | | |
| Adagen | 5 | LA |
| Aldurazyme | 5 | |
| Buphenyl | 5 | |
| Carbaglu | 5 | LA |
| Cerezyme (200unit Injection) | 5 | PA |
| Creon | 3 | |
| Cystadane | 5 | |
| Cystagon | 4 | |
| Elaprase | 5 | |
| Elelyso | 5 | PA |
| Fabrazyme (35mg Injection) | 5 | |
| Kuvan | 5 | |
| Lumizyme | 5 | |
| Myozyme | 5 | |
| Naglazyme | 5 | |
| Orfadin | 5 | LA |
| RAVICTI | 5 | |

| Drug Name | Drug Requirements Tier & Limits | |
|---|---------------------------------|--------|
| Sodium Phenylbutyrate | 5 | |
| Sucraid | 5 | |
| Viokace (39150unit; 10440unit; 39150unit Tablet) | 4 | ST |
| Viokace (78300unit; 20880unit; 78300unit Tablet) | 5 | ST |
| VPRIV | 5 | PA |
| Zavesca | 5 | PA, LA |
| Zenpep | 3 | |
| Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions | | |
| Antispasmodics, Gastrointestinal - Bowel Treatment Drugs | | |
| Atropine Sulfate (0.05mg/ml Injection, 0.1mg/ml Injection) | 4 | |
| Cuvposa | 4 | |
| Dicyclomine HCl (Capsule, Oral Solution, Tablet) | 2 | |
| Glycopyrrolate (Tablet) | 3 | |
| Glycopyrrolate (4mg/20ml Injection) | 4 | |
| Methscopolamine Bromide | 3 | |

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† For this drug's specific quantity limit see pages 59-63.

| Drug Name | Drug Requirements Tier & Limits | |
|--|---------------------------------|----|
| Propantheline Bromide | 2 | |
| Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs | | |
| Chenodal | 5 | |
| Cromolyn Sodium (Concentrate) | 5 | |
| Diphenoxylate/ Atropine | 2 | |
| Gastrocrom | 5 | |
| Gattex | 5 | PA |
| HalfLyte Bowel Prep/Flavor Packs | | |
| | 3 | |
| Loperamide HCl (Capsule) | 2 | |
| Metoclopramide HCl (Oral Solution, Tablet) | 2 | |
| Metoclopramide HCl (Injection) | 4 | |
| Relistor (12mg/ 0.6ml Injection) | 4 | PA |
| Ursodiol | 3 | |
| Histamine2 (H2) receptor Antagonists - Ulcer and Stomach Acid Drugs | | |
| Cimetidine | 2 | |
| Cimetidine HCl (Oral Solution) | 2 | |
| Cimetidine HCl (Injection) | 4 | |
| Famotidine (20mg Tablet, 40mg Tablet) | 2 | |
| Famotidine (Injection) | 4 | |
| Famotidine Premixed | 4 | |
| Nizatidine | 2 | |

| Drug Name | Drug Requirements Tier & Limits | | |
|--|---------------------------------|---|----|
| Ranitidine HCl (Capsule, 150mg Tablet, 300mg Tablet) | 2 | | |
| Ranitidine HCl (150mg/6ml Injection) | 4 | | |
| Irritable Bowel Syndrome Agents - Bowel Treatment Drugs | | | |
| Amitiza | † | 3 | QL |
| Lotronex | | 5 | PA |
| Laxatives - Bowel Treatment Drugs | | | |
| Constulose | | 2 | |
| Enulose | | 2 | |
| GaviLyte-C | | 2 | |
| GaviLyte-G | | 2 | |
| GaviLyte-N/Flavor Pack | | 2 | |
| Generlac | | 2 | |
| Lactulose | | 2 | |
| Polyethylene Glycol 3350 (Powder) | | 2 | |
| Suprep Bowel Prep | | 4 | |
| TriLyte | | 2 | |
| Protectants - Ulcer and Stomach Acid Drugs | | | |
| Carafate (Suspension) | | 4 | |
| Misoprostol | | 2 | |
| Sucralfate | | 2 | |
| Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs | | | |
| Dexilant | | 4 | |
| Lansoprazole | | 4 | |
| Nexium | | 3 | |
| Nexium I.V. | | 4 | |

| Drug Name | Drug Requirements Tier & Limits |
|--|---------------------------------|
| Omeprazole (Capsule Delayed Release) | 2 |
| Pantoprazole Sodium (Tablet Delayed Release) | 2 |
| Vimovo | 3 |
| Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions | |
| Antispasmodics, Urinary - Bladder Control Drugs | |
| Flavoxate HCl | 3 |
| Oxybutynin Chloride | 2 |
| Oxybutynin Chloride ER | 3 |
| Toviaz | 3 |
| Vesicare | 3 |
| Benign Prostatic Hypertrophy Agents - Prostate Enlargement Drugs | |
| Alfuzosin HCl ER | 2 |
| Doxazosin Mesylate | 2 |
| Finasteride (5mg Tablet) | 2 |
| Rapaflo | 3 |
| Tamsulosin HCl | 2 |
| Terazosin HCl | 2 |
| Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs | |
| Bethanechol Chloride | 2 |
| Elmiron | 4 |

| Drug Name | Drug Requirements Tier & Limits |
|--|---------------------------------|
| Phosphate Binders - Phosphate-Removing Agents | |
| Fosrenol | 5 |
| Renagel | 3 ST |
| Renvela | 3 |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones | |
| Glucocorticoids/Mineralocorticoids - Anti-Inflammatory Drugs | |
| A-Hydrocort | 4 |
| Ala-Cort | 3 |
| Alclometasone Dipropionate | 2 |
| Amcinonide | 2 |
| Augmented Betamethasone Dipropionate (Gel, Lotion) | 2 |
| Betamethasone Dipropionate | 2 |
| Betamethasone Valerate (Cream, Lotion, Ointment) | 2 |
| Clobetasol Propionate (External Solution, Gel, Lotion, Ointment, Shampoo) | 2 |
| Clobetasol Propionate (Foam) | 3 |
| Clobetasol Propionate E | 2 |
| Cortifoam | 4 |

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| Drug Name | Drug Requirements Tier & Limits |
|--|---------------------------------|
| Cortisone Acetate | 2 |
| Depo-Medrol (20mg/ml Injection) | 4 |
| Desonide | 2 |
| Desoximetasone (Cream, Gel, 0.25% Ointment) | 3 |
| Dexamethasone (Elixir, Tablet) | 2 |
| Dexamethasone Intensol (Oral Solution) | 2 |
| Dexamethasone Sodium Phosphate (4mg/ml Injection) | 4 |
| Diflorasone Diacetate | 2 |
| Fludrocortisone Acetate | 2 |
| Fluocinolone Acetonide (Cream, Solution, Ointment, Otic Oil) | 2 |
| Fluocinonide (External Solution, Gel, Ointment) | 2 |
| Fluocinonide-E | 2 |
| Fluticasone Propionate (Cream, Lotion, Ointment) | 2 |
| Halobetasol Propionate | 3 |
| Hydrocortisone (1% Cream, 2.5% Cream, 2.5% Lotion, 1% Ointment, 2.5% Ointment, Tablet) | 3 |
| Hydrocortisone Butyrate | 2 |

| Drug Name | Drug Requirements Tier & Limits |
|---|---------------------------------|
| Hydrocortisone Valerate | 3 |
| LoKara | 3 |
| Methylprednisolone (16mg Tablet, 32mg Tablet, 8mg Tablet) | 2 |
| Methylprednisolone Acetate (Injection) | 4 |
| Methylprednisolone Dose Pack | 2 |
| Methylprednisolone Sodium Succinate (125mg Injection, 40mg Injection) | 4 |
| Mometasone Furoate (Cream, Lotion, Ointment) | 2 |
| Prednicarbate | 2 |
| Prednisolone Sodium Phosphate (Oral Solution) | 2 |
| Prednisone | 2 |
| Prednisone Intensol (Oral Solution) | 2 |
| Procto-Pak | 2 |
| ProctoCream HC | 2 |
| Proctozone-HC | 2 |
| Rayos | 4 |
| Solu-Cortef (100mg Injection, 250mg Injection) | 4 |
| Solu-Medrol (2gm Injection) | 4 |
| Triamcinolone Acetonide (Cream, Lotion, Ointment) | 2 |
| Triderm | 2 |
| U-Cort | 2 |

| Drug Name | Drug Requirements Tier & Limits | |
|---|---------------------------------|----|
| Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones | | |
| Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs | | |
| Acthar HP | 5 | PA |
| Chorionic Gonadotropin | 4 | PA |
| Desmopressin Acetate (Nasal Solution, Tablet) | 3 | |
| Desmopressin Acetate (Injection) | 4 | |
| Genotropin (12mg Injection, 5mg Injection) | 5 | PA |
| Genotropin Miniquick (0.2mg Injection) | 4 | PA |
| Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection) | 5 | PA |
| Humatrope | 5 | PA |
| Increlex | 5 | PA |

| Drug Name | Drug Requirements Tier & Limits | |
|---|---------------------------------|----|
| Norditropin FlexPro | 5 | PA |
| Norditropin NordiFlex Pen | 5 | PA |
| Novarel | 4 | PA |
| Nutropin | 5 | PA |
| Nutropin AQ | 5 | PA |
| Omnitrope | 5 | PA |
| Pregnyl W/Diluent Benzyl Alcohol/NaCl | 4 | PA |
| Saizen | 5 | PA |
| Serostim | 5 | PA |
| Stimate | 4 | |
| Tev-Tropin | 5 | PA |
| Zorbtive | 5 | PA |
| Hormonal Agents, Stimulant/ Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones | | |
| Hormonal Agents, Stimulant/ Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs | | |
| Korlym | 5 | PA |
| Hormonal Agents, Stimulant/ Replacement/Modifying (Sex Hormones/ Modifiers) - Drugs to Regulate Hormones | | |
| Anabolic Steroids - Hormone Replacement/Modifying Drugs | | |
| Oxandrolone (2.5mg Tablet) | 3 | PA |
| Oxandrolone (10mg Tablet) | 5 | PA |

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| Drug Name | Drug Requirements Tier & Limits |
|---|---------------------------------|
| Androgens - Hormone Replacement/ Modifying Drugs | |
| Androderm | 3 |
| Androgel (50mg/ 5gm Gel) | 3 |
| Androgel Pump (1.62% Gel) | 3 |
| Androxy | 3 |
| Danazol | 3 |
| Testosterone Cypionate | 4 |
| Testosterone Enanthate | 4 |
| Estrogens - Hormone Replacement/ Modifying Drugs | |
| Amethia | 3 |
| Amethyst | 3 |
| Apri | 3 |
| Aranelle | 3 |
| Aviane | 3 |
| Balziva | 3 |
| Briellyn | 3 |
| Climara Pro | 4 |
| CombiPatch | 4 |
| Cryselle | 3 |
| Cyclafem 1/35 | 3 |
| Cyclafem 7/7/7 | 3 |
| Divigel (1mg/gm Gel) | 4 |
| Drospirenone/ Ethinyl Estradiol | 3 |
| Emoquette | 3 |
| Enjuvia | 3 |
| Enpresse | 3 |
| Estradiol (Tablet) | 2 |

| Drug Name | Drug Requirements Tier & Limits |
|---|---------------------------------|
| Estradiol Valerate (20mg/ml Injection, 40mg/ml Injection) | 4 |
| Estradiol/ Norethindrone Acetate | 3 |
| Estropipate | 2 |
| Gianvi | 3 |
| Gildagia | 3 |
| Introvale | 3 |
| Jinteli | 3 |
| Junel | 3 |
| Junel Fe | 3 |
| Kariva | 3 |
| Kelnor | 3 |
| Leena | 3 |
| Lessina | 3 |
| Levonest | 3 |
| Levonorgestrel/ Ethinyl Estradiol (0.03mg; 0.15mg Tablet) | 3 |
| Levora | 3 |
| Loryna | 3 |
| Low-Ogestrel | 3 |
| Lutera | 3 |
| Marlissa | 3 |
| Microgestin | 3 |
| Microgestin Fe | 3 |
| Minastrin 24 Fe | 4 |
| MonoNessa | 3 |
| Necon | 3 |
| Necon 1/35 | 3 |
| Nortrel | 3 |
| Nortrel 1/35 | 3 |
| NuvaRing | 3 |

| Drug Name | Drug Requirements Tier & Limits |
|--|---------------------------------|
| Ocella | 3 |
| Ogestrel | 3 |
| Orsythia | 3 |
| Portia | 3 |
| Premarin (Cream) | 3 |
| Premarin (Tablet) | 4 |
| Premphase | 4 |
| Prempro | 4 |
| Previfem | 3 |
| Quasense | 3 |
| Reclipsen | 3 |
| Sprintec | 3 |
| Sronyx | 3 |
| Tri-Legest Fe | 3 |
| Tri-Previfem | 3 |
| Tri-Sprintec | 3 |
| Trinessa | 3 |
| Trivora | 3 |
| Velivet | 3 |
| Zenchent Fe | 3 |
| Zovia | 3 |
| Progesterone Agonists/Antagonists - Hormone Replacement/Modifying Drugs | |
| Ella | 4 |
| Progestins - Hormone Replacement/Modifying Drugs | |
| Camila | 3 |
| Crinone | 4 |

| Drug Name | Drug Requirements Tier & Limits |
|---|---------------------------------|
| Depo-Provera (400mg/ml Injection) | 4 |
| Errin | 3 |
| Jolivette | 3 |
| Medroxyprogesterone Acetate (Tablet) | 2 |
| Medroxyprogesterone Acetate (Injection) | 4 |
| Megace ES | 4 |
| Megestrol Acetate | 2 |
| Nora-BE | 3 |
| Norethindrone Acetate | 2 |
| Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs | |
| Evista | 3 |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs | |
| Levothroid | 3 |
| Levothyroxine Sodium (Tablet) | 2 |
| Levoxyl | 3 |
| Liothyronine Sodium (Tablet) | 2 |
| Liothyronine Sodium (Injection) | 4 |

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| Drug Name | Drug Requirements Tier & Limits | |
|---|---------------------------------|----|
| Synthroid | 3 | |
| Thyrolar | 3 | |
| Thyrolar-1/2 | 3 | |
| Unithroid (100mcg Tablet, 112mcg Tablet, 125mcg Tablet, 150mcg Tablet, 175mcg Tablet, 200mcg Tablet, 25mcg Tablet, 300mcg Tablet, 50mcg Tablet, 75mcg Tablet, 88mcg Tablet) | 3 | |
| Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones | | |
| Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants | | |
| Lysodren | 3 | |
| Hormonal Agents, Suppressant (Parathyroid) - Drugs to Regulate Hormones | | |
| Hormonal Agents, Suppressant (Parathyroid) - Hormone Suppressants | | |
| Sensipar (30mg Tablet) | † 3 | QL |
| Sensipar (60mg Tablet, 90mg Tablet) | † 5 | QL |
| Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones | | |
| Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants | | |
| Cabergoline | 3 | |
| Firmagon (80mg Injection) | 4 | PA |
| Firmagon (120mg Injection) | 5 | PA |
| Leuprolide Acetate | 4 | PA |

| Drug Name | Drug Requirements Tier & Limits | |
|---|---------------------------------|----|
| Lupron Depot (22.5mg Injection, 3.75mg Injection, 30mg Injection, 45mg Injection, 7.5mg Injection) | 5 | PA |
| Lupron Depot-PED (11.25mg Injection - 3 Month) | 4 | |
| Lupron Depot-PED (11.25mg Injection - 1 Month, 15mg Injection - 1 Month) | 5 | PA |
| Octreotide Acetate (100mcg/ml Injection, 50mcg/ml Injection) | 4 | PA |
| Octreotide Acetate (1000mcg/ml Injection, 200mcg/ml Injection, 500mcg/ml Injection) | 5 | PA |
| Sandostatin LAR Depot | 5 | PA |
| Signifor | 5 | PA |
| Somatuline Depot | 5 | PA |
| Somavert | 5 | PA |
| Synarel | 5 | PA |
| Trelstar Depot | 5 | PA |
| Trelstar LA | 5 | PA |
| Trelstar Mixject | 5 | PA |
| Hormonal Agents, Suppressant (Sex Hormones/Modifiers) - Drugs to Regulate Hormones | | |
| Antiandrogens - Hormone Suppressants | | |

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|--|------------------------|-----------------------|
| Bicalutamide | 2 | |
| Flutamide | 3 | |
| Nilandron | 4 | |
| Xtandi | 5 | PA |
| Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones | | |
| Antithyroid Agents - Thyroid Suppressing Drugs | | |
| Methimazole | 2 | |
| Propylthiouracil | 2 | |
| Immunological Agents - Drugs that Stimulate or Suppress the Immune System | | |
| Immune Suppressants - Immune System Drugs | | |
| Azasan | 4 | |
| Azathioprine | 2 | |
| Azathioprine Sodium (Injection) | 4 | |
| Benlysta (120mg Injection) | 5 | PA |
| Cellcept (Suspension Reconstituted) | 5 | B/D, PA |
| Cellcept Intravenous | 4 | B/D, PA |
| Cimzia | 5 | PA |
| Cyclosporine (Capsule) | 3 | B/D |
| Cyclosporine (Injection) | 4 | |

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|---|------------------------|-----------------------|
| Cyclosporine Modified | 3 | B/D |
| Enbrel | 5 | PA |
| Gengraf | 3 | B/D |
| Humira | 5 | PA |
| Humira Starter Kit | 5 | PA |
| Kineret | 5 | PA |
| Methotrexate (Tablet) | 2 | |
| Methotrexate Sodium (Injection) | 4 | |
| Mycophenolate Mofetil | 3 | B/D, PA |
| Myfortic (180mg Tablet Delayed Release) | 4 | B/D |
| Myfortic (360mg Tablet Delayed Release) | 5 | B/D |
| Nulojix | 5 | B/D, PA |
| Orencia | 5 | PA |
| Prograf (Injection) | 4 | B/D, PA |
| Rapamune (0.5mg Tablet) | 4 | B/D |
| Rapamune (Oral Solution, 1mg Tablet, 2mg Tablet) | 5 | B/D |
| Remicade | 5 | PA |
| Sandimmune (Capsule) | 4 | B/D |

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| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| Sandimmune (Oral Solution) | 4 | |
| Simponi (50mg/0.5ml Injection) | 5 | PA |
| Tacrolimus (0.5mg Capsule, 1mg Capsule) | 3 | B/D, PA |
| Tacrolimus (5mg Capsule) | 5 | B/D, PA |
| Torisel | 5 | |
| Trexall | 4 | |
| Zortress | 5 | B/D, PA |
| Immunizing Agents, Passive - Immune System Drugs | | |
| Atgam | 5 | |
| Carimune Nanofiltered (3gm Injection) | 5 | B/D, PA |
| Gamastan S/D | 3 | PA |
| Gammagard Liquid | 5 | B/D, PA |
| Gammaplex (10gm/200ml Injection) | 5 | B/D, PA |
| Gamunex-C (1gm/10ml Injection) | 5 | B/D, PA |
| Privigen (20gm/200ml Injection) | 5 | B/D, PA |
| Thymoglobulin | 5 | |
| Immunomodulators - Immune System Drugs | | |
| Actemra (200mg/10ml Injection) | 5 | PA |
| Actimmune | 5 | |
| Arcalyst | 5 | PA, LA |
| Avonex | 5 | PA |
| Extavia | 5 | PA |

| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------------|-----------|-----------------------|
| Ilaris | 5 | PA |
| Leflunomide | 2 | |
| Ridaura | 5 | |
| Simulect (20mg Injection) | 5 | |
| Synagis (50mg/0.5ml Injection) | 5 | PA |
| Tecfidera | 5 | PA |
| Tecfidera Starter Pack | 5 | PA |
| Tysabri | 5 | PA |
| Xeljanz | 5 | PA |
| Vaccines | | |
| ActHIB | 3 | |
| Adacel | 3 | |
| Boostrix | 3 | |
| Cervarix | 4 | |
| Comvax | 3 | |
| Daptacel | 3 | |
| Engerix-B | 3 | B/D |
| Gardasil | 3 | |
| Havrix | 3 | |
| Imovax Rabies (H.D.C.V.) | 3 | B/D |
| Infanrix | 3 | |
| IPOL | 3 | |
| Ixiaro | 3 | |
| M-M-R II | 3 | |
| Menactra | 3 | |
| Menomune-A/C/Y/W-135 | 3 | |
| Menveo | 3 | |
| Pedvax HIB | 3 | |
| ProQuad | 3 | |
| Rabavert | 3 | |

| Drug Name | Drug Requirements Tier & Limits | |
|--|---------------------------------|-----|
| Recombivax HB (10mcg/ml Injection, 40mcg/ml Injection) | 3 | B/D |
| RotaTeq | 3 | |
| Tetanus Toxoid Adsorbed | 3 | |
| Tetanus/Diphtheria Toxoids-Adsorbed Adult | 3 | |
| Twinrix | 3 | |
| Typhim Vi | 3 | |
| VAQTA (25unit/0.5ml Injection) | 3 | |
| Varivax | 3 | |
| YF-Vax | 3 | |
| Zostavax | 4 | |
| Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease | | |
| Aminosalicylates - Inflammatory Bowel Disease Drugs | | |
| Apriso | 3 | |
| Balsalazide Disodium | 3 | |
| Canasa | 3 | |
| Dipentum | 5 | |
| Giazo | 5 | |
| Lialda | 3 | |
| Mesalamine (Kit) | 3 | |
| sfRowasa | 5 | |

| Drug Name | Drug Requirements Tier & Limits | |
|---|---------------------------------|-----|
| Glucocorticoids - Inflammatory Bowel Disease Drugs | | |
| Budesonide (Capsule Extended Release 24 Hour) | 5 | |
| Colocort | 3 | |
| Entocort EC | 5 | |
| Hydrocortisone (Enema) | 3 | |
| Methylprednisolone (4mg Tablet) | 2 | |
| Millipred (Tablet) | 4 | |
| Uceris | 5 | ST |
| Sulfonamides - Inflammatory Bowel Disease Drugs | | |
| Sulfasalazine (Tablet) | 2 | |
| Sulfazine EC | 2 | |
| Metabolic Bone Disease Agents - Drugs to Treat Bone Conditions | | |
| Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs | | |
| Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet) | 2 | |
| Alendronate Sodium (Oral Solution) | 4 | |
| Binosto | 4 | |
| Calcitonin-Salmon | 3 | |
| Calcitriol (Capsule, Oral Solution) | 2 | B/D |

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ST = Step therapy

Plain type = Generic drug
LA = Limited access drug
QL = Quantity limits

† For this drug's specific quantity limit see pages 59-63.

| Drug Name | Drug Requirements Tier & Limits | |
|---|---------------------------------|---------|
| Calcitriol (Injection) | 4 | B/D |
| Etidronate Disodium | 3 | |
| Forteo | 4 | B/D, PA |
| Hectorol (Capsule) | 3 | B/D |
| Hectorol (Injection) | 4 | B/D |
| Miacalcin (Injection) | 4 | B/D, PA |
| Pamidronate Disodium (30mg/10ml Injection, 90mg/10ml Injection) | 4 | B/D |
| Pamidronate Disodium (6mg/ml Injection) | 4 | B/D |
| Prolia | 4 | PA |
| Reclast | 4 | PA |
| Xgeva | 5 | PA |
| Zemplar | 4 | B/D |
| Zoledronic Acid (5mg/100ml Injection) | 4 | PA |
| Zoledronic Acid (4mg/5ml Injection) | 5 | |
| Zometa | 5 | |
| Miscellaneous Therapeutic Agents | | |
| Miscellaneous Therapeutic Agents | | |
| Botox (100unit Injection) | 5 | PA |
| Ferriprox | 5 | PA |
| Firazyr | 5 | PA |
| Fomepizole | 5 | |
| Gauze Pads | 3 | |
| Insulin Syringes, Needles | 3 | |

| Drug Name | Drug Requirements Tier & Limits | |
|---|---------------------------------|-----|
| Intralipid (1.7%; 30% Injection) | 4 | B/D |
| Intralipid (2.25%; 20% Injection) | 4 | B/D |
| Lactated Ringers Irrigation | 3 | |
| Levocarnitine (Oral Solution, Tablet) | 3 | B/D |
| Levocarnitine (Injection) | 4 | B/D |
| Liposyn III | 4 | B/D |
| Methylergonovine Maleate (Tablet) | 2 | |
| Physiolyte | 4 | |
| Physiosol Irrigation | 4 | |
| Ringers Irrigation | 3 | |
| Sodium Chloride 0.9% (Irrigation Solution) | 2 | |
| Sterile Water Irrigation | 3 | |
| Ophthalmic Agents - Drugs to Treat Eye Conditions | | |
| Ophthalmic Agents, Other - Miscellaneous Eye Drugs | | |
| Cystaran | 5 | |
| Lacrisert | 4 | |
| Naphazoline HCl | 2 | |
| Proparacaine HCl | 2 | |
| Restasis | 3 | |
| Ophthalmic Anti-Allergy Agents - Allergy, Infection and Inflammation Drugs | | |
| Azelastine HCl (Ophthalmic Solution) | 3 | |
| Bepreve | 4 | |

| Drug Name | Drug Requirements Tier & Limits |
|---|---------------------------------|
| Cromolyn Sodium (Ophthalmic Solution) | 2 |
| Epinastine HCl | 3 |
| Lastacft | 3 |
| Pataday | 3 |
| Patanol | 3 |
| Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs | |
| Alrex | 3 |
| Blephamide | 4 |
| Blephamide S.O.P. | 4 |
| Bromday | 4 |
| Bromfenac | 3 |
| Dexamethasone Sodium Phosphate (Ophthalmic Solution) | 2 |
| Diclofenac Sodium (Ophthalmic Solution) | 2 |
| Durezol | 3 |
| Flurbiprofen Sodium | 2 |
| Ilevro | 3 |
| Ketorolac Tromethamine (Ophthalmic Solution) | 3 |

| Drug Name | Drug Requirements Tier & Limits |
|--|---------------------------------|
| Neomycin/ Polymyxin/ Bacitracin/ Hydrocortisone | 2 |
| Neomycin/ Polymyxin/ Dexamethasone | 2 |
| Nevanac | 3 |
| Prednisolone Acetate | 2 |
| Prednisolone Sodium Phosphate (Ophthalmic Solution) | 2 |
| Sulfacetamide Sodium/ Prednisolone Sodium Phosphate | 2 |
| Tobradex (Ointment) | 3 |
| Tobradex ST (0.05%; 0.3% Suspension) | 4 |
| Tobramycin/ Dexamethasone | 3 |
| Zylet | 4 |
| Ophthalmic Antiglaucoma Agents - Glaucoma Drugs | |
| Acetazolamide | 2 |
| Acetazolamide ER | 3 |
| Alphagan P (0.1% Ophthalmic Solution) | 3 |

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Plain type = Generic drug
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† For this drug's specific quantity limit see pages 59-63.

| Drug Name | Drug Requirements Tier & Limits |
|---|---------------------------------|
| Apraclonidine | 3 |
| Betaxolol HCl (Ophthalmic Solution) | 2 |
| Brimonidine Tartrate | 2 |
| Carteolol HCl | 2 |
| Combigan | 3 |
| Dorzolamide HCl | 2 |
| Dorzolamide HCl/Timolol Maleate | 2 |
| Iopidine (1% Ophthalmic Solution) | 4 |
| Levobunolol HCl (0.5% Ophthalmic Solution) | 2 |
| Methazolamide | 2 |
| Metipranolol | 2 |
| Phospholine Iodide | 4 |
| Pilopine HS | 3 |
| Timolol Maleate (Gel Forming Solution, Ophthalmic Solution) | 2 |
| Ophthalmic Prostaglandin and Prostanoid Analogs - Glaucoma Drugs | |
| Latanoprost | 2 |
| Lumigan | 3 |
| Travatan Z | 3 |
| Travoprost | 3 |
| Otic Agents - Drugs to Treat Ear Conditions | |
| Otic Agents - Ear Drugs | |
| Acetic Acid (Otic Solution) | 2 |
| Hydrocortisone/Acetic Acid | 3 |

| Drug Name | Drug Requirements Tier & Limits |
|---|---------------------------------|
| Neomycin/Polymyxin/Hydrocortisone | 2 |
| Respiratory Tract Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions | |
| Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs | |
| Asmanex | 4 |
| Budesonide (Inhalation Suspension) | 3 B/D |
| Dulera | 4 |
| Flunisolide | 2 |
| Fluticasone Propionate (Suspension) | 2 |
| Nasonex | 4 |
| Omnaris | 4 |
| Pulmicort (1mg/2ml Suspension) | 4 B/D |
| Pulmicort Flexhaler | 3 |
| QVAR | 3 |
| Symbicort | 3 |
| Triamcinolone Acetonide (Inhaler) | 3 |
| Zetonna | 4 |
| Antihistamines - Allergy Drugs | |
| Astepro | 3 |
| Azelastine HCl (Nasal Solution) | † 3 QL |
| Carbinoxamine Maleate | 2 |
| Cetirizine HCl (Syrup) | 2 |

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|---|------------------------|-----------------------|
| Clemastine Fumarate (2.68mg Tablet) | 3 | |
| Cyproheptadine HCl (Tablet) | 4 | |
| Hydroxyzine HCl (Oral Solution, Tablet) | 2 | |
| Hydroxyzine HCl (Injection) | 4 | |
| Hydroxyzine Pamoate | 2 | |
| Levocetirizine Dihydrochloride (Tablet) | 4 | |
| Phenadoz (12.5mg Suppository) | 3 | |
| Promethazine HCl (Suppository, Syrup, Tablet) | 3 | |
| Promethazine HCl (Injection) | 4 | |
| Promethazine VC | 3 | |
| Promethegan (25mg Suppository, 50mg Suppository) | 3 | |
| Antileukotrienes - Asthma/Lung Drugs | | |
| Montelukast Sodium | 2 | |
| Zafirlukast | 2 | |
| Zyflo | 5 | ST |
| Zyflo CR | 5 | ST |
| Bronchodilators, Anticholinergic - Asthma/Lung Drugs | | |

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|--|------------------------|-----------------------|
| Atrovent HFA | 4 | |
| Combivent | 3 | |
| Combivent Respimat | 3 | |
| Ipratropium Bromide (Inhalation Solution) | 2 | B/D |
| Ipratropium Bromide (Nasal Solution) | 2 | |
| Ipratropium Bromide/Albuterol Sulfate | 2 | B/D |
| Spiriva Handihaler | † 3 | QL |
| Bronchodilators, Phosphodiesterase Inhibitors (Xanthines) - Asthma/Lung Drugs | | |
| Aminophylline | 4 | |
| Theophylline ER (Tablet Extended Release 12 Hour, Tablet Extended Release 24 Hour) | 2 | |
| Bronchodilators, Sympathomimetic - Asthma/Lung Drugs | | |
| Albuterol Sulfate (Nebulization Solution) | 2 | B/D |
| Albuterol Sulfate (Syrup, Tablet) | 2 | |
| Albuterol Sulfate ER | 2 | |
| Arcapta Neohaler | 4 | |
| Brovana | 4 | B/D |
| EpiPen | 3 | |

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| Drug Name | Drug Requirements Tier | Requirements & Limits |
|---|------------------------|-----------------------|
| Foradil Aerolizer | 3 | |
| Levalbuterol HCl (0.31mg/3ml Nebulization Solution, 0.63mg/3ml Nebulization Solution, 1.25mg/0.5ml Nebulization Solution) | 4 | B/D, ST |
| Metaproterenol Sulfate | 2 | |
| Perforomist | 4 | B/D |
| Proair HFA | 3 | |
| Serevent Diskus † | 4 | QL |
| Terbutaline Sulfate (Tablet) | 2 | |
| Terbutaline Sulfate (Injection) | 4 | |
| Mast Cell Stabilizers - Asthma/Lung Drugs | | |
| Cromolyn Sodium (Nebulization Solution) | 3 | B/D |
| Pulmonary Antihypertensives - Asthma/Lung Drugs | | |
| Adcirca | 5 | PA |
| Letairis | 5 | LA |
| Remodulin | 5 | B/D, PA, LA |
| Revatio | 5 | PA |
| Sildenafil Citrate | 3 | PA |
| Tracleer | 5 | |
| Tyvaso | 5 | B/D, PA |
| Ventavis | 5 | B/D, PA |
| Respiratory Tract Agents, Other - Asthma/Lung Drugs | | |
| Acetylcysteine (Inhalation Solution) | 2 | B/D |

| Drug Name | Drug Requirements Tier | Requirements & Limits |
|---|------------------------|-----------------------|
| Aralast NP (400mg Injection) | 5 | PA, LA |
| Daliresp | 4 | PA |
| Glassia | 5 | PA, LA |
| Kalydeco | 5 | PA |
| Prolastin-C | 5 | PA, LA |
| Pulmozyme | 5 | B/D |
| Tyzine | 3 | |
| Xolair | 5 | PA |
| Zemaira | 5 | PA, LA |
| Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions | | |
| Skeletal Muscle Relaxants - Pain/Swelling Management Drugs | | |
| Carisoprodol (350mg Tablet) | 3 | |
| Chlorzoxazone | 3 | |
| Cyclobenzaprine HCl (10mg Immediate-Release Tablet, 5mg Immediate-Release Tablet) | 4 | |
| Methocarbamol | 3 | |
| Orphenadrine Citrate ER | 3 | |
| Orphenadrine/Aspirin/Caffeine | 3 | |
| Sleep Disorder Agents - Drugs for Sedation and Sleep | | |
| GABA Receptor Modulators - Sedation and Sleep Drugs | | |
| Temazepam | 4 | |
| Zaleplon | 2 | |
| Zolpidem Tartrate (10mg Tablet, 5mg Tablet) | 2 | |

| Drug Name | Drug Requirements Tier & Limits | | |
|---|---------------------------------|---|--------|
| Sleep Disorders, Other - Miscellaneous Sedation and Sleep Drugs | | | |
| Modafinil | † | 4 | PA, QL |
| Provigil | † | 5 | PA, QL |
| Xyrem | | 5 | PA, LA |
| Therapeutic Nutrients/Minerals/ Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies | | | |
| Electrolyte/Mineral Modifiers - Vitamin, Mineral and Body Fluid Deficiency Drugs | | | |
| Chemet | | 4 | |
| Exjade | | 5 | PA |
| Kionex (Powder) | | 2 | |
| Samsca | | 5 | PA |
| Sodium Lactate (Injection) | | 4 | |
| Sodium Polystyrene Sulfonate (15gm/ 60ml Suspension) | | 2 | |
| Syprine | | 5 | |
| Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs | | | |
| Aminosyn 8.5%/ Electrolytes | | 4 | B/D |
| Aminosyn II | | 4 | B/D |
| Aminosyn II 8.5%/ Electrolytes | | 4 | B/D |
| Aminosyn M | | 4 | B/D |
| Aminosyn-HBC | | 4 | B/D |
| Aminosyn-PF | | 4 | B/D |

| Drug Name | Drug Requirements Tier & Limits | |
|---------------------------------------|---------------------------------|-----|
| Calcium Acetate (Capsule) | 3 | |
| Clinimix 2.75%/ Dextrose 5% | 4 | B/D |
| Clinimix 4.25%/ Dextrose 10% | 4 | B/D |
| Clinimix 4.25%/ Dextrose 25% | 4 | B/D |
| Clinimix 4.25%/ Dextrose 5% | 4 | B/D |
| Clinimix 5%/ Dextrose 25% | 4 | B/D |
| Clinimix E 5%/ Dextrose 20% | 4 | B/D |
| Clinisol SF 15% | 4 | B/D |
| Dextrose 5%/ Lactated Ringers | 4 | |
| Dextrose 5%/ Potassium Chloride 0.15% | 4 | |
| FreAmine III (8.5% Injection) | 4 | B/D |
| HepatAmine | 4 | B/D |
| Hepatasol | 4 | B/D |
| Isolyte-M/Dextrose 5% | 4 | |
| Isolyte-P/ Dextrose 5% | 4 | |
| Isolyte-S | 4 | |
| K-Tabs | 3 | |
| Klor-Con 10 | 3 | |
| Klor-Con 8 | 3 | |

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† For this drug's specific quantity limit see pages 59-63.

| Drug Name | Drug Requirements Tier & Limits | |
|---|---------------------------------|-----|
| Klor-Con M15 | 3 | |
| Klor-Con M20 | 2 | |
| Lactated Ringers Viaflex | 4 | |
| Magnesium Sulfate (50% Injection) | 4 | |
| Nephramine | 4 | B/D |
| Normosol-M in D5W | 4 | |
| Normosol-R | 4 | |
| PhosLo | 3 | |
| Phoslyra | 4 | ST |
| Plasma-Lyte | 4 | |
| Plasma-Lyte/D5W | 4 | |
| Potassium Chloride (10meq/100ml Injection, 20meq/ 100ml Injection, 2meq/ml Injection, 30meq/100ml Injection, 40meq/ 100ml Injection) | 4 | |
| Potassium Chloride 0.15%/NaCl 0.45% Viaflex | 4 | |
| Potassium Chloride 0.15%/NaCl 0.9% | 4 | |
| Potassium Chloride 0.3%/D5W | 4 | |
| Potassium Chloride 0.3%/NaCl 0.9% | 4 | |

| Drug Name | Drug Requirements Tier & Limits | |
|--|---------------------------------|-----|
| Potassium Chloride ER (Capsule Extended Release, 10meq Tablet Extended Release, 20meq Tablet Extended Release) | 2 | |
| Potassium Citrate (Tablet Extended Release) | 3 | |
| Premasol (10% Injection) | 4 | B/D |
| Premasol (6% Injection) | 4 | B/D |
| Procalamine | 4 | B/D |
| Prosol | 4 | B/D |
| Ringers Injection | 4 | |
| Sodium Chloride (0.9% Injection, 2.5meq/ml Injection, 3% Injection, 5% Injection) | 4 | |
| Sodium Chloride 0.45% Viaflex (Injection) | 4 | |
| TPN Electrolytes | 4 | |
| Travasol | 4 | B/D |
| Trophamine | 4 | B/D |
| Electrolytes/Minerals - Vitamin, Mineral and Body Fluid Deficiency Drugs | | |
| Sodium Fluoride (Tablet) | 2 | |
| Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs | | |
| Niacor | 2 | |
| Prenatabs OBN | 2 | |

Drugs with a quantity limit

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

Drugs are listed in alphabetical order in the chart below. Some drugs come in many strengths. Each strength may have a different quantity limit. If quantity limits for a drug vary by strength, the different strengths are listed on separate lines.

For more information about quantity limits, talk to your doctor or pharmacist. You can also contact us. Our contact information, along with the date we last updated the formulary (drug list), appears on the front and back cover pages.

| Drug Name | Quantity Limit |
|---|---|
| Abilify (Oral Solution) | Maximum of 25 ml per day |
| Abilify (Tablet) | Maximum of 1 tablet per day |
| Abilify Discmelt (10mg Tablet Dispersible) | Maximum of 3 tablets per day |
| Abilify Discmelt (15mg Tablet Dispersible) | Maximum of 2 tablets per day |
| Acetaminophen/Codeine (Oral Solution) | Maximum of 140 ml per day |
| Acetaminophen/Codeine (Tablet) | Maximum of 13 tablets per day |
| Amitiza | Maximum of 2 capsules per day |
| Azelastine HCl (Nasal Solution) | Maximum of 2 bottles (60ml) per 30 days |
| Butalbital/Acetaminophen | Maximum of 6 tablets per day |
| Butalbital/Acetaminophen/Caffeine (Capsule) | Maximum of 6 capsules per day |
| Butalbital/Acetaminophen/Caffeine (Tablet) | Maximum of 6 tablets per day |
| Butalbital/Acetaminophen/Caffeine/Codeine | Maximum of 6 capsules per day |
| Co-Gesic | Maximum of 8 tablets per day |
| Cymbalta | Maximum of 2 capsules per day |
| Enoxaparin Sodium (100mg/ml Injection, 150mg/ml Injection) | Maximum of 2 syringes (2ml) per day |
| Enoxaparin Sodium (120mg/0.8ml Injection, 80mg/0.8ml Injection) | Maximum of 2 syringes (1.6ml) per day |
| Enoxaparin Sodium (300mg/3ml Injection) | Maximum of 1 vial (3ml) per day |
| Enoxaparin Sodium (30mg/0.3ml Injection) | Maximum of 2 syringes (0.6ml) per day |
| Enoxaparin Sodium (40mg/0.4ml Injection) | Maximum of 2 syringes (0.8ml) per day |
| Enoxaparin Sodium (60mg/0.6ml Injection) | Maximum of 2 syringes (1.2ml) per day |
| Exalgo (12mg Tablet Extended Release 24 Hour) | Maximum of 6 tablets per day |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|---|-----------------------------------|
| Exalgo (16mg Tablet Extended Release 24 Hour, 8mg Tablet Extended Release 24 Hour) | Maximum of 2 tablets per day |
| Fanapt | Maximum of 2 tablets per day |
| Fazaclo (12.5mg Tablet Dispersible) | Maximum of 2 tablets per day |
| Fentanyl (Patch) | Maximum of 30 patches per 30 days |
| Fentanyl Citrate Oral Transmucosal | Maximum of 4 lozenges per day |
| Hydrocodone/Acetaminophen (300mg; 10mg Tablet, 300mg; 5mg Tablet, 300mg; 7.5mg Tablet) | Maximum of 13 tablets per day |
| Hydrocodone/Acetaminophen (325mg/15ml; 7.5mg/15ml Oral Solution) | Maximum of 180 ml per day |
| Hydrocodone/Acetaminophen (325mg; 10mg Tablet, 325mg; 5mg Tablet, 325mg; 7.5mg Tablet) | Maximum of 12 tablets per day |
| Hydrocodone/Acetaminophen (500mg/15ml; 7.5mg/15ml Oral Solution) | Maximum of 120 ml per day |
| Hydrocodone/Acetaminophen (500mg; 10mg Tablet, 500mg; 2.5mg Tablet, 500mg; 5mg Tablet, 500mg; 7.5mg Tablet) | Maximum of 8 tablets per day |
| Hydrocodone/Acetaminophen (650mg; 10mg Tablet, 650mg; 7.5mg Tablet, 660mg; 10mg Tablet) | Maximum of 6 tablets per day |
| Hydrocodone/Acetaminophen (750mg; 10mg Tablet, 750mg; 7.5mg Tablet) | Maximum of 5 tablets per day |
| Hydrocodone/Ibuprofen (7.5mg; 200mg Tablet) | Maximum of 5 tablets per day |
| Invega (1.5mg Tablet Extended Release 24 Hour) | Maximum of 8 tablets per day |
| Invega (3mg Tablet Extended Release 24 Hour) | Maximum of 4 tablets per day |
| Invega (6mg Tablet Extended Release 24 Hour) | Maximum of 2 tablets per day |
| Invega (9mg Tablet Extended Release 24 Hour) | Maximum of 1 tablet per day |
| Kadian (100mg Capsule Extended Release 24 Hour, 200mg Capsule Extended Release 24 Hour) | Maximum of 6 capsules per day |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|---|--------------------------------|
| Kadian (60mg Capsule Extended Release 24 Hour, 80mg Capsule Extended Release 24 Hour) | Maximum of 4 capsules per day |
| Latuda (120mg Tablet, 20mg Tablet, 40mg Tablet) | Maximum of 1 tablet per day |
| Latuda (80mg Tablet) | Maximum of 2 tablets per day |
| Lidoderm | Maximum of 3 patches per day |
| Loxapine Succinate (5mg Capsule) | Maximum of 50 capsules per day |
| Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule) | Maximum of 3 capsules per day |
| Lyrica (225mg Capsule, 300mg Capsule) | Maximum of 2 capsules per day |
| Lyrica (Oral Solution) | Maximum of 30 ml per day |
| Modafinil (100mg Tablet) | Maximum of 1 tablet per day |
| Modafinil (200mg Tablet) | Maximum of 2 tablets per day |
| Morphine Sulfate ER (100mg Capsule Extended Release 24 Hour) | Maximum of 6 capsules per day |
| Morphine Sulfate ER (100mg Tablet Extended Release, 200mg Tablet Extended Release) | Maximum of 6 tablets per day |
| Morphine Sulfate ER (15mg Tablet Extended Release, 30mg Tablet Extended Release, 60mg Tablet Extended Release) | Maximum of 4 tablets per day |
| Morphine Sulfate ER (20mg Capsule Extended Release 24 Hour, 30mg Capsule Extended Release 24 Hour, 50mg Capsule Extended Release 24 Hour) | Maximum of 2 capsules per day |
| Morphine Sulfate ER (60mg Capsule Extended Release 24 Hour, 80mg Capsule Extended Release 24 Hour) | Maximum of 4 capsules per day |
| Olanzapine (Tablet) | Maximum of 1 tablet per day |
| Olanzapine ODT | Maximum of 1 tablet per day |
| Oxycodone/Acetaminophen (325mg; 10mg Tablet, 325mg; 2.5mg Tablet, 325mg; 5mg Tablet, 325mg; 7.5mg Tablet) | Maximum of 12 tablets per day |
| Oxycodone/Acetaminophen (500mg; 7.5mg Tablet) | Maximum of 8 tablets per day |
| Oxycodone/Acetaminophen (650mg; 10mg Tablet) | Maximum of 6 tablets per day |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|---|---|
| Oxycodone/Acetaminophen (Capsule) | Maximum of 8 capsules per day |
| Pradaxa | Maximum of 2 capsules per day |
| Pristiq (100mg Tablet Extended Release 24 Hour) | Maximum of 4 tablets per day |
| Pristiq (50mg Tablet Extended Release 24 Hour) | Maximum of 1 tablet per day |
| Provigil (100mg Tablet) | Maximum of 1 tablet per day |
| Provigil (200mg Tablet) | Maximum of 2 tablets per day |
| Quetiapine Fumarate (100mg Tablet) | Maximum of 8 tablets per day |
| Quetiapine Fumarate (200mg Tablet) | Maximum of 4 tablets per day |
| Quetiapine Fumarate (25mg Tablet) | Maximum of 32 tablets per day |
| Quetiapine Fumarate (300mg Tablet, 400mg Tablet) | Maximum of 2 tablets per day |
| Quetiapine Fumarate (50mg Tablet) | Maximum of 16 tablets per day |
| Saphris (5mg Tablet Sublingual) | Maximum of 2 tablets per day |
| Sensipar (30mg Tablet, 60mg Tablet) | Maximum of 2 tablets per day |
| Sensipar (90mg Tablet) | Maximum of 4 tablets per day |
| Serevent Diskus | Maximum of 1 inhaler (60 inhalations) per 30 days |
| Seroquel XR (150mg Tablet Extended Release 24 Hour, 200mg Tablet Extended Release 24 Hour) | Maximum of 1 tablet per day |
| Seroquel XR (300mg Tablet Extended Release 24 Hour, 400mg Tablet Extended Release 24 Hour, 50mg Tablet Extended Release 24 Hour) | Maximum of 2 tablets per day |
| Spiriva Handihaler | Maximum of 1 capsule per day |
| Stagesic | Maximum of 8 capsules per day |
| Tencon | Maximum of 6 tablets per day |
| Tramadol HCl | Maximum of 8 tablets per day |
| Tramadol HCl/Acetaminophen | Maximum of 12 tablets per day |
| Vicodin | Maximum of 13 tablets per day |
| Vicodin ES | Maximum of 13 tablets per day |
| Vicodin HP | Maximum of 13 tablets per day |
| Vimpat (Oral Solution) | Maximum of 40 ml per day |
| Vimpat (Tablet) | Maximum of 2 tablets per day |
| Zebutal | Maximum of 6 capsules per day |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|--|-------------------------------|
| Ziprasidone HCl (20mg Capsule, 40mg Capsule, 80mg Capsule) | Maximum of 2 capsules per day |
| Ziprasidone HCl (60mg Capsule) | Maximum of 3 capsules per day |

Bold type = Brand name drug

Plain type = Generic drug

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