

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

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

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013. Care Improvement Plus is a Medicare Advantage organization with a Medicare contract.

This information is available for free in other languages. Please contact our Member Services number at 1-800-204-1002 for additional information. (TTY users should call 711). Hours are 7 days-a-week, from 8:00 am to 8:00 pm.

Esta información está disponible para libre en otros idiomas. Contacte por favor nuestro número de Servicio de Miembro en 1-800-204-1002 para la información adicional.

What is the Care Improvement Plus Formulary?

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

Can the Formulary change?

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of May 2012. To get updated information about the drugs covered by Care Improvement Plus, please visit our Web site at www.careimprovementplus.com or call Pharmacy Services at 1-866-673-3561, 7 days-a-week, 24 hours

a day. TTY/TDD users should call 1-866-673-3563. Care Improvement Plus will update printed formularies with an insert in your Welcome Kit indicating all changes to the formulary. This insert will be updated monthly when applicable based on changes to the formulary. The insert will be called “Changes to Care Improvement Plus Tier 4 Formulary.”

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 18. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page 18. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 65. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Care Improvement Plus covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization (PA):** Care Improvement Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Care Improvement Plus before you fill your prescriptions. If you don’t get approval, Care Improvement Plus may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, Care Improvement Plus limits the amount of the drug that Care Improvement Plus will cover. For example, Care Improvement Plus provides 2 inhalers per 25 days per prescription for Atrovent HFA. This may be in addition to a standard one month or three month supply.
- **Step Therapy (ST):** In some cases, Care Improvement Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Care Improvement Plus may not cover Drug B

unless you try Drug A first. If Drug A does not work for you, Care Improvement Plus will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 18. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.careimprovementplus.com.

You can ask Care Improvement Plus to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Care Improvement Plus formulary?” on page 3 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Pharmacy Services and confirm that your drug is not covered. If you learn that Care Improvement Plus does not cover your drug, you have two options:

- You can ask Pharmacy Services for a list of similar drugs that are covered by Care Improvement Plus. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Care Improvement Plus.
- You can ask Care Improvement Plus to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Care Improvement Plus Formulary?

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Care Improvement Plus limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Tier 4.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s or prescribing physician’s supporting statement.

You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

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

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

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

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

Members who are experiencing a level of care change (discharge from hospital for example) that causes their prescription to initially reject at the pharmacy for being refilled too soon will be allowed to receive a 31-day transition supply.

For more information

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

If you have questions about Care Improvement Plus, please call Pharmacy Services at 1-866-673-3561, 7 days-a-week, 24 hours a day. (TTY/TDD users should call 711). Or visit www.careimprovementplus.com.

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

Care Improvement Plus Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Care Improvement Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 65.

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

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

PA – Prior Authorization: Care Improvement Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Care Improvement Plus before you fill your prescriptions. If you don't get approval, Care Improvement Plus may not cover the drug.

QL – Quantity Limits: For certain drugs, Care Improvement Plus limits the amount of the drug that Care Improvement Plus will cover. For example, Care Improvement Plus provides 2 inhalers per 25 days per prescription for Atrovent HFA. This may be in addition to a standard one month or three month supply.

MO – Mail Order: This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

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

LA – Limited Access: These are drugs that meet the Food and Drug Administration (FDA) limited distribution requirements or ensure that appropriate dispensing of drugs that require special handling, provider coordination, or patient education when such requirements cannot be met by a network pharmacy.

B/D – Medicare Part B/D Billing: These are drugs that need a Medicare Part B or Medicare Part D determination. It ensures that drugs are billed appropriately to the Medicare Part B or Medicare Part D benefit.

The information in the **Tier column** of the chart lists the tier the drug is in. The amount you pay depends on which tier your drug falls under and if you fill your prescription at a network pharmacy. **If you qualify for extra help, your costs may be different than those described below.** Please refer to your Evidence of Coverage or call Pharmacy Services to find out what your costs are. The tiers for your plan are:

In Maryland:

Drug Tier	Drug Category	Retail Network Pharmacy (30-day supply)	Retail Network Pharmacy (90-day supply)	Mail Order Pharmacy (90-day supply)
1	Generic	\$10.00	\$30.00	\$25.00
2	Formulary Preferred	\$45.00	\$135.00	\$112.50
3	Non-preferred Brand	\$95.00	\$285.00	\$237.50
4	Specialty	27%	27%	27%

In South Carolina:

	Silver Rx		Gold Rx		Medicare Advantage		Dual Advantage (LPP0)
	RPP0	LPP0	RPP0	LPP0	RPP0	LPP0	
Retail Network Pharmacy (30-day supply)							
Tier 1 – Generic	\$10.00	\$10.00	\$8.00	\$8.00	\$10.00	\$8.00	\$10.00
Tier 2 – Formulary Preferred	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$42.00
Tier 3 – Non-preferred Brand	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00
Tier 4 - Specialty	29%	28%	33%	33%	27%	33%	29%
Retail Network Pharmacy (90-day supply)							
Tier 1 – generic	\$30.00	\$30.00	\$24.00	\$24.00	\$30.00	\$24.00	\$30.00
Tier 2 – Formulary Preferred	\$135.00	\$135.00	\$135.00	\$135.00	\$135.00	\$135.00	\$126.00
Tier 3 – Non-preferred Brand	\$285.00	\$285.00	\$285.00	\$285.00	\$285.00	\$285.00	\$285.00
Tier 4 - Specialty	29%	28%	33%	33%	27%	33%	29%
Mail Order Pharmacy (90-day supply)							
Tier 1 – generic	\$25.00	\$25.00	\$20.00	\$20.00	\$25.00	\$20.00	\$25.00
Tier 2 – Formulary Preferred	\$112.50	\$112.50	\$112.50	\$112.50	\$112.50	\$112.50	\$105.00
Tier 3 – Non-preferred Brand	\$237.50	\$237.50	\$237.50	\$237.50	\$237.50	\$237.50	\$237.50
Tier 4 - Specialty	29%	28%	33%	33%	27%	33%	29%

In Georgia:

	Silver Rx		Gold Rx		Medicare Advantage		Dual Advantage (LPO)
	RPO	LPO	RPO	LPO	RPO	LPO	
Retail Network Pharmacy (30-day supply)							
Tier 1 – Generic	\$10.00	\$10.00	\$8.00	\$8.00	\$10.00	\$8.00	\$10.00
Tier 2 – Formulary Preferred	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$43.00
Tier 3 – Non-preferred Brand	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00
Tier 4 - Specialty	29%	28%	33%	33%	27%	33%	29%
Retail Network Pharmacy (90-day supply)							
Tier 1 – generic	\$30.00	\$30.00	\$24.00	\$24.00	\$27.00	\$24.00	\$30.00
Tier 2 – Formulary Preferred	\$135.00	\$135.00	\$135.00	\$135.00	\$129.00	\$135.00	\$129.00
Tier 3 – Non-preferred Brand	\$285.00	\$285.00	\$285.00	\$285.00	\$285.00	\$285.00	\$285.00
Tier 4 - Specialty	29%	28%	33%	33%	33%	33%	29%
Mail Order Pharmacy (90-day supply)							
Tier 1 – generic	\$25.00	\$25.00	\$20.00	\$20.00	\$22.50	\$20.00	\$25.00
Tier 2 – Formulary Preferred	\$112.50	\$112.50	\$112.50	\$112.50	\$107.50	\$112.50	\$107.50
Tier 3 – Non-preferred Brand	\$237.50	\$237.50	\$237.50	\$237.50	\$237.50	\$237.50	\$237.50
Tier 4 - Specialty	29%	28%	33%	33%	33%	33%	29%

In Arkansas:

	Silver Rx		Gold Rx		Medicare Advantage		Dual Advantage	
	RPPO	LPPO	RPPO	LPPO	RPPO	LPPO	RPPO	LPPO
Retail Network Pharmacy (30-day supply)								
Tier 1 – Generic	\$10.00	\$10.00	\$8.00	\$8.00	\$10.00	\$9.00	\$10.00	\$10.00
Tier 2 – Formulary Preferred	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$44.00	\$45.00	\$43.00
Tier 3 – Non- preferred Brand	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00
Tier 4 - Specialty	29%	28%	33%	33%	27%	33%	27%	29%
Retail Network Pharmacy (90-day supply)								
Tier 1 – generic	\$30.00	\$30.00	\$24.00	\$24.00	\$30.00	\$27.00	\$30.00	\$30.00
Tier 2 – Formulary Preferred	\$135.00	\$135.00	\$135.00	\$135.00	\$135.00	\$132.00	\$135.00	\$129.00
Tier 3 – Nonpreferred Brand	\$285.00	\$285.00	\$285.00	\$285.00	\$285.00	\$285.00	\$285.00	\$285.00
Tier 4 - Specialty	33%	28%	33%	33%	27%	33%	27%	29%
Mail Order Pharmacy (90-day supply)								
Tier 1 – generic	\$25.00	\$25.00	\$20.00	\$20.00	\$25.00	\$22.50	\$25.00	\$25.00
Tier 2 – Formulary Preferred	\$112.50	\$112.50	\$112.50	\$112.50	\$112.50	\$110.00	\$112.50	\$107.50
Tier 3 – Nonpreferred Brand	\$237.50	\$237.50	\$237.50	\$237.50	\$237.50	\$237.50	\$237.50	\$237.50
Tier 4 - Specialty	33%	28%	33%	33%	27%	28%	27%	29%

In Missouri:

	Silver Rx		Gold Rx		Medicare Advantage		Dual Advantage	
	RPPO	LPPO	RPPO	LPPO	RPPO	LPPO	RPPO	LPPO
Retail Network Pharmacy (30-day supply)								
Tier 1 – Generic	\$10.00	\$10.00	\$8.00	\$8.00	\$10.00	\$8.00	\$10.00	\$10.00
Tier 2 – Formulary Preferred	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$44.00	\$45.00	\$44.00
Tier 3 – Non- preferred Brand	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00
Tier 4 - Specialty	29%	27%	33%	33%	27%	33%	27%	29%
Retail Network Pharmacy (90-day supply)								
Tier 1 – generic	\$30.00	\$30.00	\$24.00	\$24.00	\$30.00	\$24.00	\$30.00	\$30.00
Tier 2 – Formulary Preferred	\$135.00	\$135.00	\$135.00	\$135.00	\$135.00	\$132.00	\$135.00	\$132.00
Tier 3 – Nonpreferred Brand	\$285.00	\$285.00	\$285.00	\$285.00	\$285.00	\$285.00	\$285.00	\$285.00
Tier 4 - Specialty	29%	27%	33%	33%	27%	33%	27%	29%
Mail Order Pharmacy (90-day supply)								
Tier 1 generic	\$25.00	\$25.00	\$20.00	\$20.00	\$25.00	\$20.00	\$25.00	\$25.00
Tier 2 – Formulary Preferred	\$112.50	\$112.50	\$112.50	\$112.50	\$112.50	\$110.00	\$112.50	\$110.00
Tier 3 – Non- preferred Brand	\$237.50	\$237.50	\$237.50	\$237.50	\$237.50	\$237.50	\$237.50	\$237.50
Tier 4 - Specialty	29%	27%	33%	33%	27%	33%	27%	29%

In Texas:

	Silver Rx		Gold Rx		Medicare Advantage		Dual Advantage	
	RPPO	LPPO	RPPO	LPPO	RPPO	LPPO	RPPO	LPPO
Retail Network Pharmacy (30-day supply)								
Tier 1 – Generic	\$10.00	\$10.00	\$8.00	\$8.00	\$9.00	\$10.00	\$10.00	\$10.00
Tier 2 – Formulary Preferred	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$43.00	\$45.00	\$45.00
Tier 3 – Non- preferred Brand	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00
Tier 4 - Specialty	29%	27%	33%	33%	33%	33%	27%	28%
Retail Network Pharmacy (90-day supply)								
Tier 1 – generic	\$30.00	\$30.00	\$24.00	\$24.00	\$27.00	\$30.00	\$30.00	\$30.00
Tier 2 – Formulary Preferred	\$135.00	\$135.00	\$135.00	\$135.00	\$135.00	\$129.00	\$135.00	\$135.00
Tier 3 – Non- preferred Brand	\$285.00	\$285.00	\$285.00	\$285.00	\$285.00	\$285.00	\$285.00	\$285.00
Tier 4 - Specialty	29%	27%	33%	33%	33%	33%	27	28%
Mail Order Pharmacy (90-day supply)								
Tier 1-generic	\$25	\$25.00	\$20.00	\$20.00	\$22.50	\$25.00	\$25.00	\$25.00
Tier 2 – Formulary Preferred	\$112.5 0	\$112.50	\$112.50	\$112.50	\$112.50	\$107.50	\$112.50	\$112.50
Tier 3 –Non- preferred Brand	\$237.5 0	\$237.50	\$237.50	\$237.50	\$237.50	\$237.50	\$237.50	\$237.50
Tier 4 - Specialty	29%	27%	33%	33%	33%	33%	27%	28%

In New Mexico:

	Silver Rx	Gold Rx	Medicare Advantage
Retail Network Pharmacy (30-day supply)			
Tier 1 – Generic	\$10.00	\$8.00	\$10.00
Tier 2 – Formulary Preferred	\$45.00	\$45.00	\$43.00
Tier 3 – Non-preferred Brand	\$95.00	\$95.00	\$95.00
Tier 4 - Specialty	27%	33%	33%
Retail Network Pharmacy (90-day supply)			
Tier 1 – generic	\$30.00	\$24.00	\$30.00
Tier 2 – Formulary Preferred	\$135.00	\$135.00	\$129.00
Tier 3 – Non-preferred Brand	\$285.00	\$285.00	\$285.00
Tier 4 - Specialty	27%	33%	33%
Mail Order Pharmacy (90-day supply)			
Tier 1 – generic	\$25.00	\$20.00	\$25.00
Tier 2 – Formulary Preferred	\$112.50	\$112.50	\$107.50
Tier 3 – Non-preferred Brand	\$237.50	\$237.50	\$237.50
Tier 4 - Specialty	27%	33%	33%

In Wisconsin:

	Silver Rx	Gold Rx	Medicare Advantage
Retail Network Pharmacy (30-day supply)			
Tier 1 – Generic	\$10.00	\$8.00	\$10.00
Tier 2 – Formulary Preferred	\$45.00	\$45.00	\$43.00
Tier 3 – Non-preferred Brand	\$95.00	\$95.00	\$95.00
Tier 4 - Specialty	27%	33%	33%
Retail Network Pharmacy (90-day supply)			
Tier 1 – generic	\$30.00	\$24.00	\$30.00
Tier 2 – Formulary Preferred	\$135.00	\$135.00	\$129.00
Tier 3 – Non-preferred Brand	\$285.00	\$285.00	\$285.00
Tier 4 - Specialty	27%	33%	33%
Mail Order Pharmacy (90-day supply)			
Tier 1 – generic	\$25.00	\$20.00	\$25.00
Tier 2 – Formulary Preferred	\$112.50	\$112.50	\$107.50
Tier 3 – Non-preferred Brand	\$237.50	\$237.50	\$237.50
Tier 4 - Specialty	\$27%	33%	33%

In Indiana:

	Silver Rx	Gold Rx	Medicare Advantage	Dual Advantage
Retail Network Pharmacy (30-day supply)				
Tier 1 – Generic	\$10.00	\$8.00	\$10.00	\$10.00
Tier 2 – Formulary Preferred	\$45.00	\$45.00	\$43.00	\$40.00
Tier 3 – Non-preferred Brand	\$95.00	\$95.00	\$95.00	\$95.00
Tier 4 - Specialty	28%	33%	33%	29%
Retail Network Pharmacy (90-day supply)				
Tier 1 – generic	\$30.00	\$24.00	\$30.00	\$30.00
Tier 2 – Formulary Preferred	\$135.00	\$135.00	\$129.00	\$120.00
Tier 3 – Non-preferred Brand	\$285.00	\$285.00	\$285.00	\$285.00
Tier 4 - Specialty	28%	33%	33%	29%
Mail Order Pharmacy (90-day supply)				
Tier 1 – generic	\$25.00	\$20.00	\$25.00	\$25.00
Tier 2 – Formulary Preferred	\$112.50	\$112.50	\$107.50	\$100.00
Tier 3 – Non-preferred Brand	\$237.50	\$237.50	\$237.50	\$237.50
Tier 4 - Specialty	28%	33%	33%	29%

In Illinois:

	Silver Rx	Gold Rx	Medicare Advantage
Retail Network Pharmacy (30-day supply)			
Tier 1 – Generic	\$10.00	\$8.00	\$10.00
Tier 2 – Formulary Preferred	\$45.00	\$45.00	\$43.00
Tier 3 – Non-preferred Brand	\$95.00	\$95.00	\$95.00
Tier 4 - Specialty	27%	33%	33%
Retail Network Pharmacy (90-day supply)			
Tier 1 – generic	\$30.00	\$24.00	\$30.00
Tier 2 – Formulary Preferred	\$135.00	\$135.00	\$129.00
Tier 3 – Non-preferred Brand	\$285.00	\$285.00	\$285.00
Tier 4 - Specialty	27%	33%	33%
Mail Order Pharmacy (90-day supply)			
Tier 1 – generic	\$25.00	\$20.00	\$25.00
Tier 2 – Formulary Preferred	\$112.50	\$112.50	\$107.50
Tier 3 – Non-preferred Brand	\$237.50	\$237.50	\$237.50
Tier 4 - Specialty	27%	33%	33%

In New York:

	Silver Rx	Gold Rx	Medicare Advantage
Retail Network Pharmacy (30-day supply)			
Tier 1 – Generic	\$10.00	\$8.00	\$10.00
Tier 2 – Formulary Preferred	\$45.00	\$45.00	\$43.00
Tier 3 – Non-preferred Brand	\$95.00	\$95.00	\$95.00
Tier 4 - Specialty	27%	33%	33%
Retail Network Pharmacy (90-day supply)			
Tier 1 – generic	\$30.00	\$24.00	\$30.00
Tier 2 – Formulary Preferred	\$135.00	\$135.00	\$129.00
Tier 3 – Non-preferred Brand	\$285.00	\$285.00	\$285.00
Tier 4 - Specialty	27%	33%	33%
Mail Order Pharmacy (90-day supply)			
Tier 1 – generic	\$25.00	\$20.00	\$25.00
Tier 2 – Formulary Preferred	\$112.50	\$112.50	\$107.50
Tier 3 – Non-preferred Brand	\$237.50	\$237.50	\$237.50
Tier 4 - Specialty	27%	33%	33%

In Iowa:

	Silver Rx	Gold Rx	Medicare Advantage	Dual Advantage
Retail Network Pharmacy (30-day supply)				
Tier 1 – Generic	\$10.00	\$8.00	\$9.00	\$10.00
Tier 2 – Formulary Preferred	\$45.00	\$45.00	\$45.00	\$43.00
Tier 3 – Non-preferred Brand	\$95.00	\$95.00	\$95.00	\$95.00
Tier 4 - Specialty	28%	33%	33%	29%
Retail Network Pharmacy (90-day supply)				
Tier 1 – generic	\$30.00	\$24.00	\$27.00	\$30.00
Tier 2 – Formulary Preferred	\$135.00	\$135.00	\$135.00	\$129.00
Tier 3 – Non-preferred Brand	\$285.00	\$285.00	\$285.00	\$285.00
Tier 4 - Specialty	28%	33%	33%	29%
Mail Order Pharmacy (90-day supply)				
Tier 1 – generic	\$25.00	\$20.00	\$22.50	\$25.00
Tier 2 – Formulary Preferred	\$112.50	\$112.50	\$112.50	\$107.50
Tier 3 – Non-preferred Brand	\$237.50	\$237.50	\$237.50	\$237.50
Tier 4 - Specialty	28%	33%	33%	29%

Commonly Prescribed Therapeutic Drug Categories

ANTI - INFECTIVES

ANTIFUNGAL AGENTS

Drug Name	Drug Tier	Requirements/Limits
<i>amphotericin b</i>	1	MO
ANCOBON	2	MO
CANCIDAS	2	
<i>clotrimazole troc</i>	1	MO
<i>fluconazole in dextrose inj 0; 400mg/200ml</i>	1	
<i>fluconazole susr</i>	1	MO
<i>fluconazole tabs</i>	1	MO
<i>flucytosine</i>	1	MO
GRIS-PEG	2	MO
<i>griseofulvin microsize</i>	1	MO
<i>itraconazole</i>	1	PA MO
<i>ketoconazole</i>	1	MO
NOXAFIL	2	MO
<i>nystatin susp</i>	1	MO
<i>nystatin tabs</i>	1	MO
SPORANOX ORAL SOLN	3	MO
<i>terbinafine tabs</i>	1	PA MO
VFEND IV	2	MO
VFEND SUSR	4	MO
<i>voriconazole</i>	1	MO

ANTIVIRALS

<i>acyclovir caps</i>	1	MO
<i>acyclovir inj 500mg</i>	1	MO
<i>acyclovir susp</i>	1	MO
<i>acyclovir tabs</i>	1	MO
<i>amantadine</i>	1	MO
APTIVUS CAPS	4	MO
APTIVUS ORAL SOLN	4	
ATRIPLA	4	MO
BARACLUDE	2	MO
COMBIVIR	2	MO
COMPLERA	4	MO
CRIXIVAN CAPS 100MG	2	
CRIXIVAN CAPS 200MG, 400MG	2	MO
<i>didanosine</i>	1	MO
EDURANT	4	MO

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA	2	MO
EPIVIR	2	MO
EPIVIR HBV	2	MO
EPZICOM	4	MO
<i>famciclovir</i>	1	MO
<i>foscarnet sodium</i>	1	B/D MO
FUZEON	4	MO
<i>ganciclovir</i>	1	MO
HEPSERA	4	MO
INCIVEK	4	PA QL(504 per 84 days) MO
INTELENCE	4	MO
INVIRASE	2	MO
ISENTRESS	4	MO
KALETRA	2	MO
<i>lamivudine</i>	1	MO
<i>lamivudine/zidovudine</i>	1	MO
LEXIVA	2	MO
NORVIR	2	MO
PREZISTA TABS 400MG, 600MG	4	MO
PREZISTA TABS 150MG	3	
PREZISTA TABS 75MG	3	MO
REBETOL ORAL SOLN	2	PA MO
RELENZA DISKHALER	2	QL(300 per 365 days) MO
RESCRIPTOR	2	MO
RETROVIR IV INFUSION	2	MO
REYATAZ	2	MO
<i>ribapak</i>	4	PA MO
<i>ribasphere caps</i>	1	PA MO
<i>ribasphere tabs 200mg</i>	1	PA MO
<i>ribasphere tabs 400mg</i>	4	PA
<i>ribasphere tabs 600mg</i>	4	PA MO
<i>ribavirin</i>	1	PA
<i>rimantadine hcl</i>	1	MO
SELZENTRY	4	MO
<i>stavudine</i>	1	MO
SUSTIVA	2	MO
TAMIFLU	2	MO
TRIZIVIR	4	MO
TRUVADA	4	MO
TYZEKA	4	MO
<i>valacyclovir hcl</i>	1	MO
VALCYTE ORAL SOLN	4	

Drug Name	Drug Tier	Requirements/Limits
VALCYTE TABS	4	MO
VICTRELIS	4	PA QL(1008 per 84 days) MO
VIDEX PEDIATRIC ORAL SOLN 2GM	2	MO
VIRACEPT POWD	2	MO
VIRACEPT TABS	4	MO
VIRAMUNE	2	MO
VIREAD	2	MO
ZERIT ORAL SOLN	3	MO
ZIAGEN	2	MO
<i>zidovudine</i>	1	MO
CEPHALOSPORINS		
CEDAX CAPS	3	MO
<i>cefaclor</i>	1	MO
<i>cefaclor er</i>	1	MO
<i>cefadroxil</i>	1	MO
<i>cefazolin inj 10gm, 1gm; 5%, 500mg</i>	1	
<i>cefazolin inj 1gm</i>	1	MO
<i>cefdinir</i>	1	MO
<i>cefepime inj 2gm</i>	1	
<i>cefepime inj 1gm</i>	1	MO
<i>cefotaxime sodium inj 10gm, 1gm, 500mg</i>	1	
<i>cefotaxime sodium inj 2gm</i>	1	MO
<i>cefoxitin sodium inj 10gm, 2gm</i>	1	
<i>cefoxitin sodium inj 1gm</i>	1	MO
<i>cefpodoxime proxetil</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime inj 1gm, 6gm</i>	1	
<i>ceftazidime inj 2gm</i>	1	MO
<i>ceftazidime/dextrose</i>	1	
CEFTIN SUSR	2	MO
<i>ceftriaxone sodium inj 10gm</i>	1	
<i>ceftriaxone sodium inj 1gm, 250mg, 2gm, 500mg</i>	1	MO
<i>cefuroxime axetil</i>	1	MO
<i>cefuroxime sodium inj 7.5gm</i>	1	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	1	MO
<i>cephalexin</i>	1	MO
SUPRAX SUSR	3	MO
SUPRAX TABS	3	
TEFLARO	2	
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin inj 500mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>azathioprine</i>	1	B/D MO
<i>azathioprine sodium</i>	1	B/D MO
<i>bicalutamide</i>	1	MO
BICNU	2	MO
<i>bleomycin sulfate inj 30unit</i>	1	MO
BUSULFEX	2	
CAMPATH	2	
CAMPTOSAR INJ 100MG/5ML	2	MO
CAPRELSA	4	
<i>carboplatin inj 150mg/15ml</i>	1	MO
CEENU	2	MO
CELLCEPT INTRAVENOUS	2	
CELLCEPT SUSR	2	B/D MO
<i>cisplatin inj 100mg/100ml</i>	1	MO
<i>cladribine</i>	1	MO
COSMEGEN	2	MO
<i>cyclophosphamide tabs</i>	1	B/D MO
<i>cyclosporine caps 100mg, 25mg</i>	1	B/D MO
<i>cyclosporine inj</i>	1	B/D
<i>cyclosporine oral soln</i>	1	B/D MO
<i>cytarabine aqueous</i>	1	MO
<i>cytarabine inj 500mg</i>	1	MO
<i>dacarbazine inj 200mg</i>	1	MO
DACOGEN	2	MO
<i>daunorubicin hcl inj 20mg</i>	1	
DAUNOXOME	3	MO
DOCEFREZ	4	
<i>docetaxel inj 80mg/4ml</i>	1	
DOCETAXEL INJ 80MG/8ML	2	
DOXIL	4	MO
<i>doxorubicin hcl inj 2mg/ml</i>	1	
DROXIA	2	MO
ELLENCEN INJ 200MG/100ML	2	MO
ELOXATIN INJ 100MG/20ML	4	MO
ELSPAR	2	MO
EMCYT	2	MO
<i>epirubicin hcl inj 50mg/25ml</i>	1	
ERIVEDGE	4	MO
<i>etoposide inj</i>	1	MO
<i>exemestane</i>	1	MO
FARESTON	2	MO
FASLODEX	4	MO

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON INJ 120MG	4	MO
FIRMAGON INJ 80MG	2	MO
FLUDARA	2	
<i>fludarabine phosphate inj 50mg</i>	1	MO
<i>fluorouracil inj 500mg/10ml</i>	1	MO
<i>flutamide</i>	1	MO
<i>gemcitabine hcl inj 1gm</i>	4	MO
GEMCITABINE INJ 1GM/26.3ML	4	
<i>gengraf</i>	1	B/D MO
GLEEVEC	4	MO
HALAVEN	4	MO
HERCEPTIN	4	MO
HEXALEN	4	MO
<i>hydroxyurea</i>	1	MO
<i>idarubicin hcl inj 10mg/10ml</i>	1	
IFEX INJ 3GM	2	MO
<i>ifosfamide inj 1gm</i>	1	MO
<i>ifosfamide/mesna</i>	4	
INLYTA	4	MO
<i>irinotecan inj 100mg/5ml</i>	4	MO
ISTODAX	2	MO
IXEMPRA KIT INJ 45MG	4	MO
JAKAFI	4	MO
JEVTANA	4	MO
<i>letrozole</i>	1	MO
LEUKERAN	2	MO
<i>leuprolide acetate</i>	1	MO
LUPRON DEPOT INJ 3.75MG	2	MO
LUPRON DEPOT INJ 11.25MG, 22.5MG, 30MG, 45MG, 7.5MG	4	MO
LUPRON DEPOT-PED INJ 11.25MG, 15MG	4	MO
LYSODREN	2	MO
MATULANE	4	MO
MEGACE ES	2	MO
<i>megestrol acetate</i>	1	MO
<i>melphalan hydrochloride</i>	1	
<i>mercaptopurine</i>	1	MO
<i>methotrexate</i>	1	MO
<i>methotrexate sodium inj 1gm</i>	1	
<i>methotrexate sodium inj 25mg/ml</i>	1	MO
<i>mitomycin inj 20mg</i>	1	MO
<i>mitoxantrone hcl</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
MUSTARGEN	2	MO
<i>mycophenolate mofetil</i>	1	B/D MO
MYFORTIC	2	B/D MO
NEORAL	2	B/D MO
NEXAVAR	4	MO
NILANDRON	2	MO
NULOJIX	4	B/D MO
<i>octreotide inj 1000mcg/ml, 500mcg/ml</i>	4	PA MO
<i>octreotide inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	PA MO
ONTAK	2	
<i>oxaliplatin inj 100mg/20ml</i>	4	
<i>paclitaxel inj 300mg/50ml</i>	1	MO
<i>pentostatin</i>	1	MO
PROGRAF INJ	2	B/D
RAPAMUNE	2	B/D MO
REVLIMID	4	LA PA MO
RHEUMATREX	2	MO
RITUXAN	4	PA MO
SANDIMMUNE CAPS	2	B/D MO
SANDIMMUNE ORAL SOLN	2	B/D MO
SANDOSTATIN LAR DEPOT	4	PA MO
SIMULECT INJ 20MG	2	MO
SOMATULINE DEPOT	4	PA MO
SPRYCEL	4	MO
SUTENT	4	MO
TABLOID	2	MO
<i>tacrolimus</i>	1	B/D MO
<i>tamoxifen citrate</i>	1	MO
TARCEVA	4	MO
TARGRETIN	4	MO
TASIGNA	4	MO
TAXOTERE INJ 80MG/2ML	4	
TAXOTERE INJ 80MG/4ML	4	MO
THALOMID	4	PA MO
<i>thiotepa</i>	1	MO
<i>toposar</i>	1	MO
<i>topotecan hcl inj 4mg</i>	1	MO
TORISEL	4	MO
TREANDA INJ 100MG	4	MO
TRELSTAR DEPOT MIXJECT	2	MO
TRELSTAR LA MIXJECT	2	MO
TRELSTAR MIXJECT	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin caps</i>	4	MO
TRISENOX	2	MO
TYKERB	4	MO
VANDETANIB	4	
VECTIBIX INJ 100MG/5ML	4	MO
VELCADE	4	MO
VIDAZA	4	MO
<i>vinblastine sulfate inj 10mg</i>	1	
<i>vincasar pfs</i>	1	MO
<i>vincristine sulfate</i>	1	MO
<i>vinorelbine tartrate inj 50mg/5ml</i>	1	MO
VOTRIENT	4	MO
XALKORI	4	MO
YERVOY INJ 50MG/10ML	4	MO
ZELBORAF	4	MO
ZOLINZA	4	MO
ZORTRESS TABS 0.5MG, 0.75MG	4	B/D MO
ZORTRESS TABS 0.25MG	2	B/D MO
ZYTIGA	4	MO

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

BANZEL	2	MO
<i>carbamazepine</i>	1	MO
<i>carbamazepine er</i>	1	MO
CARBATROL	2	MO
CELONTIN	2	MO
DILANTIN	2	MO
DILANTIN INFATABS	2	MO
<i>divalproex sodium</i>	1	MO
<i>divalproex sodium dr</i>	1	MO
<i>divalproex sodium er</i>	1	MO
<i>epitol</i>	1	MO
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
FELBATOL	3	MO
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	1	MO
<i>gabapentin caps 400mg</i>	1	QL(270 per 25 days) MO
<i>gabapentin caps 300mg</i>	1	QL(360 per 25 days) MO
<i>gabapentin caps 100mg</i>	1	QL(1080 per 25 days) MO
<i>gabapentin oral soln</i>	1	QL(2160 per 25 days) MO
<i>gabapentin tabs 800mg</i>	1	QL(120 per 25 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin tabs 600mg</i>	1	QL(180 per 25 days) MO
GABITRIL	2	MO
LAMICTAL STARTER/NOT TAKING	2	MO
CARBAMAZEPINE		
LAMICTAL STARTER/TAKING	2	MO
CARBAMAZEPINE/NOT TAKING		
VALPROATE		
LAMICTAL STARTER/TAKING VALPROATE	2	MO
<i>lamotrigine</i>	1	MO
<i>levetiracetam er</i>	1	MO
<i>levetiracetam inj 500mg/5ml</i>	1	
<i>levetiracetam oral soln</i>	1	MO
<i>levetiracetam tabs</i>	1	MO
LYRICA CAPS 225MG, 300MG	2	QL(60 per 25 days) MO
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	2	QL(90 per 25 days) MO
<i>oxcarbazepine</i>	1	MO
PEGANONE	2	MO
PHENYTEK	3	MO
<i>phenytoin</i>	1	MO
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	MO
<i>primidone</i>	1	MO
SABRIL	2	MO
TEGRETOL-XR TB12 100MG	2	MO
<i>topiramate</i>	1	MO
TRILEPTAL SUSP	3	MO
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO
VIMPAT INJ	2	
VIMPAT ORAL SOLN	2	MO
VIMPAT TABS	2	MO
<i>zonisamide</i>	1	MO
ANTIPARKINSONISM AGENTS		
APOKYN	4	MO
AZILECT	2	MO
<i>benztropine mesylate inj</i>	1	
<i>benztropine mesylate tabs</i>	1	MO
<i>bromocriptine mesylate</i>	1	MO
<i>carbidopa / levodopa</i>	1	MO
<i>carbidopa/levodopa cr</i>	1	MO
<i>carbidopa/levodopa odt</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa sr tbc</i> 50mg; 200mg	1	MO
COGENTIN	2	MO
COMTAN	2	MO
LODOSYN	2	MO
MIRAPEX ER TB24 0.375MG, 0.75MG, 1.5MG, 3MG, 4.5MG	3	MO
<i>pramipexole dihydrochloride</i>	1	MO
REQUIP XL	3	MO
<i>ropinirole</i>	1	MO
<i>selegiline</i>	1	MO
STALEVO 100	2	MO
STALEVO 125	2	MO
STALEVO 150	2	MO
STALEVO 200	2	MO
STALEVO 50	2	MO
STALEVO 75	2	MO
<i>trihexyphenidyl</i>	1	MO

MIGRAINE / CLUSTER HEADACHE THERAPY

<i>dihydroergotamine mesylate</i>	1	MO
<i>ergotamine tartrate / caffeine</i>	1	MO
FROVA	3	QL(18 per 25 days) MO
IMITREX NASAL SOLN	2	QL(12 per 25 days) MO
MAXALT	2	QL(18 per 25 days) MO
MAXALT-MLT	2	QL(18 per 25 days) MO
<i>migergot</i>	1	MO
MIGRANAL	2	QL(8 per 25 days) MO
<i>naratriptan hcl tabs 2.5mg</i>	1	QL(24 per 90 days) MO
<i>naratriptan hcl tabs 1mg</i>	1	QL(36 per 90 days) MO
RELPAX	2	QL(54 per 90 days) MO
<i>sumatriptan succinate inj 4mg/0.5ml</i>	1	QL(4 per 25 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL(5 per 25 days) MO
<i>sumatriptan succinate tabs</i>	1	QL(9 per 25 days) MO
ZOMIG	3	QL(6 per 25 days) MO
ZOMIG ZMT	3	QL(6 per 25 days) MO

MISCELLANEOUS NEUROLOGICAL THERAPY

ARICEPT TABS 23MG	2	MO
COPAXONE	4	MO
<i>donepezil hcl</i>	1	MO
EXELON ORAL SOLN	2	MO
EXELON PT24	2	MO
<i>galantamine hydrobromide</i>	1	MO
GILENYA	4	PA MO

Drug Name	Drug Tier	Requirements/Limits
NAMENDA	2	MO
NAMENDA TITRATION PAK	2	MO
NUEDEXTA	2	QL(180 per 90 days) MO
<i>rivastigmine tartrate</i>	1	MO
XENAZINE	4	MO
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen</i>	1	MO
<i>cyclobenzaprine hcl tabs 7.5mg</i>	1	
<i>cyclobenzaprine hcl tabs 10mg, 5mg</i>	1	MO
<i>dantrolene sodium caps</i>	1	MO
LIORESAL INTRATHECAL INJ 0.05MG/ML	2	
LIORESAL INTRATHECAL INJ 10MG/20ML, 10MG/5ML	2	MO
MESTINON SYRP	2	MO
MESTINON TIMESPAN	2	MO
<i>pyridostigmine bromide</i>	1	MO
<i>regonol</i>	1	
<i>tizanidine hcl</i>	1	MO
NARCOTIC ANALGESICS		
<i>acetaminophen / codeine</i>	1	MO
<i>acetaminophen/codeine #3</i>	1	MO
AVINZA	2	MO
<i>buprenorphine hcl subl</i>	1	MO
<i>co-gesic</i>	1	MO
<i>codeine sulfate</i>	1	MO
DILAUDID INJ	2	MO
DILAUDID-5	2	MO
<i>endocet</i>	1	MO
<i>endodan</i>	1	MO
EXALGO	3	MO
<i>fentanyl citrate inj</i>	1	
<i>fentanyl patches</i>	1	MO
<i>hydrocodone bitartrate/acetaminophen</i>	1	MO
<i>hydrocodone/acetaminophen oral soln</i> <i>500mg/15ml; 7.5mg/15ml</i>	1	MO
<i>hydrocodone/acetaminophen tabs</i>	1	MO
<i>hydrocodone/ibuprofen</i>	1	MO
<i>hydromorphone hcl inj 500mg/50ml</i>	1	
<i>hydromorphone hcl tabs</i>	1	MO
<i>methadone hcl inj</i>	1	
<i>methadone hcl tabs</i>	1	MO
<i>methadose tabs</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate er</i>	1	MO
<i>morphine sulfate inj 0.5mg/ml</i>	1	
<i>morphine sulfate inj 1mg/ml</i>	1	MO
<i>morphine sulfate oral soln</i>	1	MO
<i>morphine sulfate tabs</i>	1	MO
ONSOLIS	2	PA
OPANA ER	2	MO
<i>oxycodone / acetaminophen</i>	1	MO
<i>oxycodone hcl caps</i>	1	MO
<i>oxycodone hcl conc</i>	1	MO
<i>oxycodone hcl tabs 15mg, 30mg, 5mg</i>	1	MO
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	1	
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	1	MO
<i>oxycodone/ibuprofen</i>	1	MO
OXYCONTIN	2	MO
<i>oxymorphone hydrochloride</i>	1	MO
<i>oxymorphone hydrochloride er</i>	1	MO
<i>reprexain tabs 10mg; 200mg</i>	1	MO
ROXICET ORAL SOLN	2	MO
<i>roxicet tabs 325mg; 5mg</i>	1	MO
<i>stagesic</i>	1	MO

NON-NARCOTIC ANALGESICS

<i>butorphanol tartrate nasal soln</i>	1	PA MO
CELEBREX	2	PA MO
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium dr</i>	1	MO
<i>diclofenac sodium xr</i>	1	MO
<i>diflunisal</i>	1	MO
<i>etodolac</i>	1	MO
<i>flurbiprofen</i>	1	MO
<i>ibuprofen susp</i>	1	MO
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MO
INDOCIN SUSP	2	MO
<i>indomethacin caps</i>	1	MO
<i>indomethacin er</i>	1	MO
<i>ketoprofen</i>	1	MO
<i>ketoprofen er</i>	1	MO
<i>meloxicam</i>	1	MO
<i>nabumetone</i>	1	MO
<i>naloxone</i>	1	
<i>naltrexone</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen</i>	1	MO
<i>naproxen sodium tabs 275mg, 550mg</i>	1	MO
<i>oxaprozin</i>	1	MO
<i>piroxicam</i>	1	MO
SUBOXONE SUBL	2	MO
<i>sulindac</i>	1	MO
<i>tolmetin sodium</i>	1	MO
<i>tramadol</i>	1	MO
<i>tramadol hcl / acetaminophen</i>	1	MO
<i>tramadol hcl er tb24 300mg</i>	1	
<i>tramadol hcl er tb24 100mg, 200mg</i>	1	MO
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY	2	MO
ABILIFY DISCMELT	2	MO
ADDERALL XR	2	PA MO
<i>amitriptyline</i>	1	MO
<i>amoxapine</i>	1	MO
<i>amphetamine/dextroamphetamine tabs</i>	1	PA MO
<i>budeprion sr</i>	1	MO
<i>budeprion xl tb24 150mg</i>	1	
<i>budeprion xl tb24 300mg</i>	1	MO
<i>bupropion hcl</i>	1	MO
<i>bupropion hcl sr</i>	1	MO
<i>bupirone hcl</i>	1	MO
<i>chlorpromazine</i>	1	MO
<i>citalopram</i>	1	MO
<i>clomipramine</i>	1	MO
<i>clozapine</i>	1	
CONCERTA	3	PA MO
CYMBALTA	2	MO
<i>desipramine</i>	1	MO
<i>dexmethylphenidate</i>	1	PA MO
<i>dextroamphetamine sulfate</i>	1	PA MO
<i>dextroamphetamine sulfate er</i>	1	PA MO
<i>doxepin</i>	1	MO
EFFEXOR XR	2	MO
EMSAM	2	MO
FANAPT	3	MO
FANAPT TITRATION PACK	3	MO
FAZACLO	2	
<i>fluoxetine caps</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine dr</i>	1	MO
<i>fluoxetine oral soln</i>	1	MO
<i>fluoxetine tabs 10mg, 20mg</i>	1	MO
<i>fluphenazine conc</i>	1	
<i>fluphenazine decanoate inj</i>	1	MO
<i>fluphenazine elix</i>	1	MO
<i>fluphenazine inj</i>	1	MO
<i>fluphenazine tabs</i>	1	MO
<i>fluvoxamine</i>	1	MO
GEODON	2	MO
<i>guanidine hcl</i>	1	
HALDOL	2	MO
HALDOL DECANOATE 100	2	MO
HALDOL DECANOATE 50	2	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate inj</i>	1	MO
<i>haloperidol lactate inj</i>	1	MO
<i>imipramine</i>	1	MO
<i>imipramine pamoate</i>	1	MO
INVEGA	2	MO
INVEGA SUSTENNA INJ 39MG/0.25ML, 78MG/0.5ML	2	MO
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	4	MO
LATUDA TABS 40MG, 80MG	2	MO
LEXAPRO	2	MO
<i>lithium carbonate</i>	1	MO
<i>lithium carbonate er</i>	1	MO
<i>lithium citrate</i>	1	MO
<i>loxapine</i>	1	MO
LUNESTA	2	QL(30 per 30 days) MO
<i>maprotiline</i>	1	MO
MARPLAN	2	MO
METADATE CD	3	PA MO
METADATE ER	3	PA MO
METHYLIN CHEW	3	PA MO
<i>methylin er tbc 10mg</i>	1	PA
<i>methylin er tbc 20mg</i>	1	PA MO
METHYLIN ORAL SOLN	3	PA MO
<i>methylin tabs</i>	1	PA MO
<i>methylphenidate hcl</i>	1	PA MO
<i>methylphenidate hcl er cp24</i>	1	PA MO

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl sr</i>	1	PA MO
<i>methylphenidate hydrochloride</i>	1	PA MO
<i>mirtazapine</i>	1	MO
<i>mirtazapine odt tbdp 30mg, 45mg</i>	1	MO
<i>nefazodone</i>	1	MO
<i>nortriptyline</i>	1	MO
<i>olanzapine</i>	1	MO
<i>olanzapine odt</i>	1	MO
ORAP	2	MO
<i>paroxetine</i>	1	MO
<i>paroxetine er</i>	1	MO
PAXIL SUSP	2	MO
<i>perphenazine</i>	1	MO
<i>phenelzine sulfate</i>	1	MO
PRISTIQ	2	MO
<i>protriptyline hcl</i>	1	MO
PROVIGIL	2	PA MO
RISPERDAL CONSTA	2	MO
<i>risperidone</i>	1	MO
<i>risperidone odt</i>	1	MO
RITALIN LA	3	PA MO
SAPHRIS	3	MO
SEROQUEL	2	MO
SEROQUEL XR	2	MO
<i>sertraline</i>	1	MO
SILENOR	3	QL(90 per 90 days) MO
STRATTERA	2	MO
SURMONTIL	2	MO
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine</i>	1	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>venlafaxine hcl</i>	1	MO
<i>venlafaxine hcl er cp24</i>	1	MO
VIIBRYD	2	MO
WELLBUTRIN XL TB24 150MG	2	MO
XYREM	4	LA PA
<i>zaleplon</i>	1	QL(30 per 30 days) MO
<i>zolpidem tabs 10mg</i>	1	QL(30 per 30 days) MO
<i>zolpidem tabs 5mg</i>	1	QL(60 per 30 days) MO
<i>zolpidem tartrate er</i>	1	QL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA	2	MO
ZYPREXA ZYDIS	2	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone inj 50mg/ml</i>	1	
<i>amiodarone tabs</i>	1	MO
<i>disopyramide phosphate</i>	1	MO
<i>flecainide acetate</i>	1	MO
<i>mexiletine</i>	1	MO
NORPACE CR	2	MO
PACERONE TABS 100MG	2	MO
<i>pacerone tabs 200mg</i>	1	MO
<i>propafenone hcl</i>	1	MO
<i>propafenone hcl er</i>	1	MO
<i>quinidine gluconate er</i>	1	MO
<i>quinidine sulfate</i>	1	MO
<i>quinidine sulfate er</i>	1	MO
<i>sorine tabs 240mg</i>	1	
<i>sorine tabs 120mg, 160mg, 80mg</i>	1	MO
<i>sotalol</i>	1	MO
TIKOSYN	2	MO

ANTIHYPERTENSIVE THERAPY

<i>acebutolol</i>	1	MO
<i>afeditab cr</i>	1	MO
ALDACTAZIDE TABS 50MG; 50MG	2	MO
<i>amiloride</i>	1	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine / benazepril</i>	1	MO
ATACAND	3	MO
ATACAND HCT	3	MO
<i>atenolol</i>	1	MO
<i>atenolol / chlorthalidone</i>	1	MO
AVALIDE	2	MO
AVAPRO	2	MO
<i>benazepril</i>	1	MO
<i>benazepril / hydrochlorothiazide</i>	1	MO
BENICAR	2	MO
BENICAR HCT	2	MO
BIDIL	2	MO
<i>bisoprolol fumarate</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate / hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
BYSTOLIC	2	MO
<i>captopril</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
CARDIZEM CD CP24 360MG	2	MO
CARDIZEM LA TB24 120MG	3	MO
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO
<i>chlorthalidone tabs 25mg, 50mg</i>	1	MO
<i>clonidine ptwk</i>	1	MO
<i>clonidine tabs</i>	1	MO
COREG CR	2	MO
DIBENZYLINE	3	MO
<i>dilt-cd cp24 120mg, 300mg</i>	1	MO
<i>dilt-xr cp24 180mg, 240mg</i>	1	MO
<i>diltiazem cd cp24 120mg, 240mg, 300mg</i>	1	MO
<i>diltiazem hcl er cp12</i>	1	MO
<i>diltiazem hcl er cp24 180mg, 360mg, 420mg</i>	1	MO
<i>diltiazem hcl inj 25mg/5ml</i>	1	
<i>diltiazem hcl tabs</i>	1	MO
<i>diltzac cp24 120mg, 180mg, 240mg, 300mg</i>	1	MO
DIOVAN	2	MO
DIOVAN HCT	2	MO
<i>doxazosin</i>	1	MO
<i>enalapril</i>	1	MO
<i>enalapril / hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	1	MO
<i>eprosartan mesylate</i>	1	MO
EXFORGE	2	MO
<i>felodipine er</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril / hydrochlorothiazide</i>	1	MO
<i>furosemide</i>	1	MO
<i>guanfacine hcl</i>	1	MO
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>isradipine</i>	1	MO
<i>labetalol inj</i>	1	
<i>labetalol tabs</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>losartan potassium</i>	1	MO
<i>losartan potassium/hydrochlorothiazide</i>	1	MO
<i>matzim la</i>	1	MO
<i>methyldopa</i>	1	MO
<i>methyldopa/hydrochlorothiazide</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate inj</i>	1	
<i>metoprolol tartrate tabs</i>	1	MO
<i>metoprolol/hydrochlorothiazide</i>	1	MO
MICARDIS	3	MO
MICARDIS HCT	3	MO
<i>minoxidil tabs</i>	1	MO
<i>moexipril</i>	1	MO
<i>moexipril/hydrochlorothiazide</i>	1	MO
<i>nadolol</i>	1	MO
<i>nicardipine caps</i>	1	MO
<i>nifediac cc</i>	1	MO
<i>nifedical xl</i>	1	MO
<i>nifedipine er tb24 30mg, 60mg</i>	1	
<i>nifedipine er tb24 90mg</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine</i>	1	MO
<i>nisoldipine er</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
<i>propranolol hcl er</i>	1	MO
<i>propranolol hcl inj</i>	1	
<i>propranolol hcl oral soln</i>	1	MO
<i>propranolol hcl tabs</i>	1	MO
<i>propranolol/hydrochlorothiazide</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolactone/hydrochlorothiazide</i>	1	MO
TARKA	2	MO
<i>taztia xt</i>	1	MO
TEKTURNA	2	MO

Drug Name	Drug Tier	Requirements/Limits
TEKTRNA HCT	2	MO
<i>terazosin hcl</i>	1	MO
THALITONE	2	MO
<i>timolol maleate</i>	1	MO
TOPROL XL	3	MO
<i>toremide inj 20mg/2ml</i>	1	
<i>toremide tabs</i>	1	MO
<i>trandolapril</i>	1	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
<i>verapamil er</i>	1	MO
<i>verapamil inj</i>	1	
<i>verapamil tabs</i>	1	MO
CARDIAC GLYCOSIDES		
<i>digoxin inj</i>	1	
<i>digoxin oral soln</i>	1	MO
<i>digoxin tabs</i>	1	MO
COAGULATION THERAPY		
AGGRENOX	2	MO
ARIXTRA	2	MO
BRILINTA	2	MO
<i>cilostazol</i>	1	MO
COUMADIN TABS	2	MO
CYKLOKAPRON	2	MO
EFFIENT	3	PA MO
<i>enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	4	MO
<i>enoxaparin sodium inj 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	1	MO
<i>fondaparinux sodium</i>	1	MO
FRAGMIN	2	MO
HEPARIN SODIUM INJ 2000UNIT/ML	2	MO
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	1	MO
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	1	
HEPARIN SODIUM/NACL 0.45%	2	
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	
<i>jantoven</i>	1	MO
LOVENOX INJ 300MG/3ML	2	MO
<i>pentoxifylline er</i>	1	MO
PLAVIX	2	MO
PRADAXA	2	MO
PROMACTA TABS 12.5MG	4	LA PA MO

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TABS 50MG, 75MG	4	LA PA QL(90 per 90 days) MO
PROMACTA TABS 25MG	4	LA PA QL(270 per 90 days) MO
<i>ticlopidine hcl</i>	1	MO
<i>warfarin</i>	1	MO
XARELTO	2	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin calcium</i>	1	
<i>cholestyramine light pack</i>	1	MO
<i>colestipol</i>	1	MO
CRESTOR	2	MO
<i>fenofibrate</i>	1	MO
<i>fenofibrate micronized</i>	1	MO
<i>gemfibrozil</i>	1	MO
LIPITOR	2	MO
LIPOFEN	2	MO
<i>lovastatin</i>	1	MO
LOVAZA	2	MO
NIASPAN	2	MO
<i>pravastatin</i>	1	MO
<i>prevalite powd</i>	1	MO
SIMCOR TB24 1000MG; 40MG, 500MG; 20MG, 500MG; 40MG, 750MG; 20MG	2	MO
<i>simvastatin</i>	1	MO
TRICOR	2	MO
TRILIPIX	2	MO
VYTORIN	3	MO
WELCHOL	2	MO
ZETIA	2	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
RANEXA	2	MO
NITRATES		
ISORDIL TITRADOSE TABS 40MG	2	MO
<i>isosorbide dinitrate er</i>	1	MO
<i>isosorbide dinitrate tabs</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
MINITRAN	2	MO
MONOKET TABS 10MG	3	MO
<i>nitro-bid</i>	1	MO
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	2	MO
<i>nitroglycerin pt24</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	1	MO
NITROLINGUAL PUMPSPRAY	2	MO
NITROSTAT	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>calcipotriene</i>	1	MO
DOVONEX	2	MO
<i>selenium sulfide lotn 2.5%</i>	1	MO
SORIATANE	3	MO
BURN THERAPY		
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<i>thermazene</i>	1	MO
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	1	MO
CARAC	2	MO
CONDYLOX GEL	3	MO
ELIDEL	2	ST MO
FLUOROPLEX	2	MO
<i>fluorouracil crea</i>	1	MO
<i>fluorouracil external soln</i>	1	MO
<i>imiquimod</i>	1	MO
<i>laclotion</i>	1	MO
OXSORALEN ULTRA	4	MO
PANRETIN	4	MO
<i>podofilox</i>	1	MO
PROTOPIC	2	ST MO
REGRANEX	4	PA MO
SOLARAZE	2	MO
ZONALON	2	MO
THERAPY FOR ACNE		
<i>adapalene</i>	1	PA
<i>amnesteem</i>	1	
<i>avita</i>	1	PA MO
AZELEX	2	MO
<i>claravis caps 10mg, 20mg, 40mg</i>	1	
<i>claravis caps 30mg</i>	4	
<i>clindamycin phosphate external soln</i>	1	MO
<i>clindamycin phosphate foam</i>	1	MO
<i>clindamycin phosphate gel</i>	1	MO
<i>clindamycin phosphate lotn</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate swab</i>	1	MO
<i>clindamycin/benzoyl peroxide</i>	1	MO
DIFFERIN GEL 0.3%	2	PA MO
<i>ery</i>	1	MO
<i>erythromycin / benzoyl peroxide</i>	1	MO
<i>erythromycin external soln</i>	1	MO
<i>erythromycin gel</i>	1	MO
FINACEA	3	MO
METROGEL	2	MO
<i>metronidazole</i>	1	MO
RETIN-A MICRO	3	PA MO
<i>sotret</i>	1	
TAZORAC	2	MO
<i>tretinoin crea</i>	1	PA MO
<i>tretinoin gel</i>	1	PA MO
TOPICAL ANESTHETICS		
<i>lidocaine / prilocaine crea</i>	1	MO
<i>lidocaine external soln</i>	1	MO
<i>lidocaine gel</i>	1	MO
<i>lidocaine inj 0.5%, 1%</i>	1	
<i>lidocaine oint</i>	1	MO
<i>lidocaine viscous</i>	1	MO
LIDODERM	2	PA MO
TOPICAL ANTIBACTERIALS		
ALTABAX	2	MO
BACTROBAN CREA	2	MO
<i>gentamicin sulfate crea</i>	1	MO
<i>gentamicin sulfate oint 0.1%</i>	1	MO
<i>mupirocin</i>	1	MO
<i>sulfacetamide sodium susp</i>	1	MO
SULFAMYLON	2	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox</i>	1	MO
<i>ciclopirox nail lacquer</i>	1	MO
<i>ciclopirox olamine</i>	1	MO
<i>clotrimazole / betamethasone</i>	1	MO
<i>clotrimazole external crea</i>	1	MO
<i>clotrimazole external soln</i>	1	MO
<i>econazole nitrate</i>	1	MO
<i>ketoconazole</i>	1	MO
MENTAX	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nyamyc</i>	1	MO
<i>nystatin / triamcinolone</i>	1	MO
<i>nystatin crea</i>	1	MO
<i>nystatin external powd</i>	1	
<i>nystatin oint</i>	1	MO
<i>nystop</i>	1	MO
OXISTAT	3	MO
<i>pedi-dri</i>	1	MO
TOPICAL ANTIVIRALS		
DENAVIR	2	MO
ZOVIRAX CREA	2	MO
ZOVIRAX OINT	2	MO
TOPICAL CORTICOSTEROIDS		
<i>ala-cort crea</i>	1	MO
<i>ala-cort lotn</i>	1	
<i>alclometasone dipropionate</i>	1	MO
<i>augmented betamethasone dipropionate crea</i>	1	MO
<i>augmented betamethasone dipropionate lotn</i>	1	MO
<i>augmented betamethasone dipropionate oint</i>	1	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
<i>clobetasol propionate crea</i>	1	MO
<i>clobetasol propionate external soln</i>	1	
<i>clobetasol propionate foam</i>	1	
<i>clobetasol propionate gel</i>	1	MO
<i>clobetasol propionate lotn</i>	1	MO
<i>clobetasol propionate oint</i>	1	MO
<i>clobetasol propionate sham</i>	1	MO
CORDRAN	3	MO
CORDRAN TAPE	3	MO
DERMA-SMOOTHIE / FS BODY OIL	2	MO
<i>desonide</i>	1	MO
DESOWEN OINTMENT/CETAPHIL LOTION	2	MO
<i>desoximetasone</i>	1	MO
<i>diflorasone diacetate</i>	1	MO
<i>fluocinolone acetonide</i>	1	MO
<i>fluocinolone acetonide body</i>	1	MO
<i>fluocinonide external soln</i>	1	MO
<i>fluocinonide gel</i>	1	MO
<i>fluocinonide oint</i>	1	MO
<i>fluocinonide-e</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate crea</i>	1	MO
<i>fluticasone propionate oint</i>	1	MO
<i>halobetasol propionate</i>	1	MO
<i>hydrocortisone butyrate</i>	1	MO
<i>hydrocortisone crea 1%, 2.5%</i>	1	MO
<i>hydrocortisone lotn 2.5%</i>	1	MO
<i>hydrocortisone oint 1%, 2.5%</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO
KENALOG	2	MO
LOCOID LIPOCREAM	3	MO
LUXIQ	3	MO
<i>mometasone furoate</i>	1	MO
<i>prednicarbate</i>	1	MO
<i>triamcinolone acetonide crea</i>	1	MO
<i>triamcinolone acetonide in absorbbase</i>	1	MO
<i>triamcinolone acetonide lotn</i>	1	MO
<i>triamcinolone acetonide oint</i>	1	MO
<i>triderm</i>	1	MO
TOPICAL ENZYMES		
SANTYL	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>acticin</i>	1	MO
EURAX	2	MO
<i>malathion</i>	1	MO
<i>permethrin crea</i>	1	MO
ULESFIA	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	MO
<i>ringers irrigation</i>	1	MO
MISCELLANEOUS AGENTS		
ACTONEL TABS 30MG	3	PA MO
ADAGEN	4	MO
<i>alendronate sodium tabs 40mg</i>	1	PA MO
<i>anagrelide hydrochloride</i>	1	MO
ANTABUSE	2	MO
ARALAST NP INJ 400MG	4	PA MO
BUPHENYL TABS	4	MO
CAMPRAL	2	MO
CARBAGLU	4	LA MO
CHEMET	2	MO

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX / DEXTROSE INJ	2	
CLINIMIX E / DEXTROSE	2	
<i>dextrose 10%/nacl 0.45%</i>	1	
<i>dextrose 10% flex container</i>	1	
<i>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%</i>	1	MO
<i>dextrose 5%/nacl 0.2%</i>	1	
<i>dextrose 5%/nacl 0.225%</i>	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	MO
<i>dextrose 5%/nacl 0.9%</i>	1	MO
<i>disulfiram</i>	1	MO
EVOXAC	2	MO
EXJADE TBSO 125MG	2	MO
EXJADE TBSO 250MG, 500MG	4	MO
FOSRENOL	3	MO
INCRELEX	4	PA MO
<i>kionex powd</i>	1	MO
<i>levocarnitine</i>	1	B/D MO
<i>midodrine</i>	1	MO
ORFADIN	4	MO
<i>pilocarpine hcl tabs</i>	1	MO
PROLASTIN INJ 500MG	4	LA MO
PROLASTIN-C	4	LA
RENAGEL	2	MO
RENVELA	2	MO
RILUTEK	4	MO
<i>sodium chloride 0.9%</i>	1	MO
<i>sodium chloride inj 0.9%</i>	1	MO
<i>sodium polystyrene sulfonate powd</i>	1	MO
<i>sterile water irrigation</i>	1	MO
SYPRINE	2	MO
SMOKING DETERRENTS		
<i>buproban</i>	1	MO
CHANTIX	2	PA MO
CHANTIX STARTING MONTH PAK	2	PA MO
NICOTROL INHALER	2	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ASTEPRO	3	QL(60 per 25 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl nasal soln</i>	1	QL(60 per 25 days) MO
<i>chlorhexidine gluconate oral rinse</i>	1	MO
<i>ipratropium bromide nasal soln</i>	1	MO
<i>periogard</i>	1	MO
<i>triamcinolone in orabase</i>	1	MO
TYZINE	2	MO
TYZINE PEDIATRIC NASAL DROPS	2	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetasol hc</i>	1	MO
<i>acetic acid</i>	1	MO
DERMOTIC	2	MO
<i>fluocinolone acetonide</i>	1	MO
<i>hydrocortisone/acetic acid</i>	1	MO
<i>ofloxacin</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	MO
CIPRODEX	3	MO
<i>cortomycin</i>	1	MO
<i>neomycin/polymyxin/hc</i>	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>a-hydrocort</i>	1	MO
<i>a-methapred inj 40mg</i>	1	
<i>a-methapred inj 125mg</i>	1	MO
<i>cortisone acetate</i>	1	MO
<i>dexamethasone elix</i>	1	MO
<i>dexamethasone inj 4mg/ml</i>	1	MO
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone tabs</i>	1	MO
DEXPAK 13 DAY	2	MO
<i>fludrocortisone acetate</i>	1	MO
<i>hydrocortisone tabs</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone dose pack</i>	1	MO
<i>methylprednisolone sodiumsuccinate inj 125mg, 40mg</i>	1	
<i>methylprednisolone sodiumsuccinate inj 1000mg</i>	1	MO
<i>methylprednisolone tabs 32mg</i>	1	
<i>methylprednisolone tabs 16mg, 4mg, 8mg</i>	1	MO
<i>millipred tabs</i>	1	MO
<i>prednisolone sodium phosphate</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone</i>	1	MO
PREDNISONE INTENSOL	2	MO
SOLU-CORTEF INJ 250MG	2	MO
SOLU-MEDROL INJ 500MG	2	MO
ANTITHYROID AGENTS		
<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	1	MO
DIABETES THERAPY		
<i>acarbose</i>	1	MO
ACTOPLUS MET	2	MO
ACTOS	2	MO
ALCOHOL PREPS	2	
AVANDAMET	2	MO
AVANDARYL	2	MO
AVANDIA	2	MO
BYETTA	2	MO
DUETACT	2	MO
GAUZE PADS 2"X2"	2	MO
<i>glimepiride</i>	1	MO
<i>glipizide</i>	1	MO
<i>glipizide / metformin</i>	1	MO
<i>glipizide er</i>	1	
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY KIT	2	MO
<i>glyburide</i>	1	MO
<i>glyburide / metformin</i>	1	MO
<i>glyburide micronized</i>	1	MO
<i>glycron tabs 3mg</i>	1	MO
HUMALOG	2	MO
HUMALOG KWIKPEN	2	MO
HUMALOG MIX 50/50	2	MO
HUMALOG MIX 50/50 KWIKPEN	2	MO
HUMALOG MIX 75/25	2	MO
HUMALOG MIX 75/25 KWIKPEN	2	MO
HUMULIN 70/30	2	MO
HUMULIN 70/30 PEN	2	MO
HUMULIN N	2	MO
HUMULIN N U-100 PEN	2	MO
HUMULIN R	2	MO
HUMULIN R U-500 (CONCENTRATED)	2	QL(60 per 30 days) MO
INSULIN PEN NEEDLE	2	MO

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	MO
INSULIN SYRINGE (DISP) U-100 1 ML	2	MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	MO
JANUMET	2	MO
JANUVIA	2	MO
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
LEVEMIR	2	MO
LEVEMIR FLEXPEN	2	MO
<i>metformin hcl</i>	1	MO
<i>metformin hcl er tb24 500mg, 750mg</i>	1	MO
<i>nateglinide</i>	1	MO
NEEDLES, INSULIN DISP., SAFETY	2	MO
NOVOLIN 70/30	2	MO
NOVOLIN N	2	MO
NOVOLIN R	2	MO
NOVOLOG	2	MO
NOVOLOG FLEXPEN	2	MO
NOVOLOG MIX 70/30	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	MO
PRANDIN	2	MO
PROGLYCEM	2	MO
SYMLIN	2	
SYMLINPEN 120	2	MO
SYMLINPEN 60	2	MO
MISCELLANEOUS HORMONES		
ALDURAZYME	4	MO
ANADROL-50	3	PA MO
ANDRODERM PT24 2.5MG/24HR, 5MG/24HR	2	PA MO
ANDROGEL GEL 50MG/5GM	2	PA MO
ANDROGEL PUMP GEL 1.62%	2	PA MO
<i>androxy</i>	1	MO
<i>cabergoline</i>	1	MO
<i>calcitonin-salmon</i>	1	MO
<i>calcitriol caps</i>	1	B/D MO
<i>calcitriol inj</i>	1	B/D MO
<i>calcitriol oral soln</i>	1	B/D MO
CEREZYME INJ 200UNIT	4	MO
<i>chorionic gonadotropin</i>	1	B/D MO
<i>danazol</i>	1	MO
<i>ddavp nasal soln</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate</i>	1	MO
ELAPRASE	4	MO
FABRAZYME INJ 35MG	4	MO
<i>fortical</i>	1	MO
HECTOROL	2	B/D MO
KUVAN	4	MO
MIACALCIN INJ	2	B/D MO
MYOZYME	4	MO
NAGLAZYME	4	MO
<i>oxandrolone tabs 10mg</i>	4	PA MO
<i>oxandrolone tabs 2.5mg</i>	1	PA MO
SAMSCA TABS 30MG	4	QL(730 per 365 days) MO
SAMSCA TABS 15MG	4	QL(1460 per 365 days) MO
SENSIPAR TABS 60MG, 90MG	4	PA MO
SENSIPAR TABS 30MG	2	PA MO
SOMAVERT	4	PA MO
STIMATE	2	MO
SYNAREL	2	MO
TESTIM	2	PA MO
<i>testosterone cypionate</i>	1	MO
<i>testosterone enanthate</i>	1	MO
ZAVESCA	4	
ZOMETA INJ 4MG/5ML	4	MO
THYROID HORMONES		
CYTOMEL	2	MO
<i>levothroid</i>	1	MO
<i>levothyroxine tabs</i>	1	
<i>levoxyl</i>	1	MO
<i>liothyronine sodium tabs</i>	1	MO
SYNTHROID	2	MO
<i>unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>dicyclomine hcl caps</i>	1	MO
<i>dicyclomine hcl inj</i>	1	
<i>dicyclomine hcl oral soln</i>	1	MO
<i>dicyclomine hcl tabs</i>	1	MO
<i>glycopyrrolate</i>	1	MO
<i>loperamide hcl caps</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AMITIZA	2	PA MO
ANTIVERT TABS 50MG	2	MO
ASACOL	2	MO
ASACOL HD	2	MO
<i>balsalazide</i>	1	MO
<i>budesonide cp24</i>	1	MO
CANASA	2	MO
<i>colocort</i>	1	MO
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTIFOAM	3	MO
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	MO
<i>cromolyn sodium conc</i>	1	MO
CYSTADANE	2	MO
DIPENTUM	2	MO
<i>dronabinol</i>	1	QL(60 per 25 days) MO
EMEND CAPS 40MG	2	QL(6 per 180 days) MO
EMEND CAPS 125MG	2	B/D QL(2 per 25 days) MO
EMEND CAPS 80MG	2	B/D QL(4 per 25 days) MO
EMEND CAPS	2	B/D QL(12 per 25 days) MO
ENTOCORT EC	2	MO
<i>enulose</i>	1	MO
GASTROCROM	2	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n/flower pack</i>	1	MO
<i>granisetron inj 0.1mg/ml, 1mg/ml</i>	1	MO
<i>granisetron tabs</i>	1	B/D MO
<i>granisol</i>	1	B/D
HALFLYTELY BOWEL PREP/FLAVOR PACKS	2	MO
<i>hydrocortisone enem</i>	1	
KRISTALOSE	3	MO
<i>lactulose</i>	1	MO
LIALDA	2	MO
LOTRONEX	2	MO
<i>meclizine hcl</i>	1	MO
<i>mesalamine enem</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide</i>	1	MO
NULYTELY/FLAVOR PACKS	3	MO
<i>ondansetron hcl inj 4mg/2ml</i>	1	MO
<i>ondansetron hcl oral soln</i>	1	B/D MO
<i>ondansetron hcl tabs 24mg</i>	1	B/D
<i>ondansetron hcl tabs 4mg, 8mg</i>	1	B/D MO
<i>ondansetron odt</i>	1	B/D MO
PENTASA	3	MO
<i>polyethylene glycol 3350 powd</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	MO
<i>prochlorperazine maleate</i>	1	MO
<i>proctosol hc</i>	1	MO
<i>proctozone-hc</i>	1	MO
RELISTOR INJ 12MG/0.6ML	2	PA MO
REMICADE	4	PA MO
SUCRAID	4	
<i>sulfasalazine tabs</i>	1	MO
<i>sulfazine ec</i>	1	
TRANSDERM-SCOP	2	MO
<i>trilyte</i>	1	MO
<i>trimethobenzamide hcl caps</i>	1	MO
<i>trimethobenzamide hcl inj</i>	1	
<i>ursodiol</i>	1	MO
VISICOL	3	MO
ZENPEP CPEP 16000UNIT; 3000UNIT; 10000UNIT	2	
ZENPEP CPEP 109000UNIT; 20000UNIT; 68000UNIT, 136000UNIT; 25000UNIT; 85000UNIT, 27000UNIT; 5000UNIT; 17000UNIT, 55000UNIT; 10000UNIT; 34000UNIT, 82000UNIT; 15000UNIT; 51000UNIT	2	MO
ULCER THERAPY		
CARAFATE SUSP	2	MO
DEXILANT	3	QL(90 per 365 days) ST MO
<i>famotidine inj</i>	1	MO
<i>famotidine premixed</i>	1	
<i>famotidine susr</i>	1	MO
<i>famotidine tabs 20mg, 40mg</i>	1	MO
<i>lansoprazole</i>	1	MO
<i>lansoprazole odt</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>misoprostol</i>	1	MO
NEXIUM	2	MO
NEXIUM I.V. INJ 20MG	2	
NEXIUM I.V. INJ 40MG	2	MO
<i>nizatidine</i>	1	MO
<i>omeprazole cpdr</i>	1	MO
<i>omeprazole/sodium bicarbonate</i>	1	MO
<i>pantoprazole</i>	1	MO
PREVPAC	2	MO
<i>ranitidine hcl caps</i>	1	MO
<i>ranitidine hcl inj 150mg/6ml</i>	1	MO
<i>ranitidine hcl syrp</i>	1	MO
<i>ranitidine hcl tabs</i>	1	MO
<i>sucralfate</i>	1	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	4	MO
ARANESP INJ 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML	4	PA MO
ARANESP INJ 100MCG/0.5ML, 100MCG/ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML, 60MCG/ML	2	PA MO
ARCALYST	4	LA PA MO
AVONEX	4	MO
BETASERON	4	MO
EPOGEN	2	PA MO
GENOTROPIN	4	PA MO
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA MO
GENOTROPIN MINIQUICK INJ 0.2MG	2	PA MO
HUMATROPE COMBO PACK	4	PA MO
HUMATROPE INJ 12MG, 24MG	4	PA MO
HUMATROPE INJ 6MG	2	PA MO
INFERGEN INJ 15MCG/0.5ML	4	PA MO
INTRON-A INJ 10MU/0.2ML, 5MU/0.2ML	4	
INTRON-A INJ 3MU/0.2ML	2	
INTRON-A INJ 6000000UNIT/ML	2	MO
INTRON-A WITH DILUENT INJ 10MU	4	MO
LEUKINE	4	PA MO
MOZOBIL	4	QL(4.8 per 90 days) MO

Drug Name	Drug Tier	Requirements/Limits
NEULASTA	4	PA MO
NEUMEGA	4	PA QL(63 per 90 days) MO
NEUPOGEN INJ 300MCG/0.5ML, 480MCG/0.8ML, 480MCG/1.6ML	4	PA MO
NORDITROPIN FLEXPRO	4	PA MO
NORDITROPIN NORDIFLEX PEN	4	PA MO
NUTROPIN AQ PEN	4	PA MO
NUTROPIN INJ 10MG	4	PA MO
PEG-INTRON INJ 50MCG/0.5ML	4	PA MO
PEG-INTRON REDIPEN	4	PA MO
PEGASYS INJ 180MCG/0.5ML	4	PA
PEGASYS INJ 180MCG/ML	4	PA MO
PEGASYS PROCLICK INJ 135MCG/0.5ML	4	PA MO
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	4	PA MO
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA MO
PROLEUKIN	4	MO
REBIF	4	MO
REBIF TITRATION PACK	4	MO
SAIZEN CLICK.EASY	4	PA MO
SAIZEN INJ 5MG	4	PA MO
SYLATRON	4	MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB	2	
ADACEL	2	MO
BOOSTRIX INJ	2	
BOOSTRIX INJ	2	MO
CERVARIX	2	
COMVAX	2	MO
DAPTACEL	2	MO
DECAVAC	2	B/D MO
<i>diphtheria/tetanus toxoid pediatric</i>	1	B/D MO
ENGERIX-B INJ 10MCG/0.5ML	2	B/D
ENGERIX-B INJ 20MCG/ML	2	B/D MO
GAMASTAN S/D	2	MO
GAMMAGARD LIQUID	4	B/D MO
GAMUNEX	4	B/D MO
GARDASIL	2	MO
HAVRIX INJ 720ELU/0.5ML	2	
HAVRIX INJ 1440ELU/ML	2	MO
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	MO

Drug Name	Drug Tier	Requirements/Limits
IPOL INACTIVATED IPV	2	MO
IXIARO	2	MO
JE-VAX	2	MO
M-M-R II W/DILUENT 10 DOSE	2	MO
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	MO
MENVEO	2	
PEDVAX HIB	2	MO
PROQUAD	2	
RABAVERT	2	MO
RECOMBIVAX HB INJ 40MCG/ML	2	B/D
RECOMBIVAX HB INJ 10MCG/ML	2	B/D MO
ROTATEQ	2	
<i>tetanus / diphtheria toxoids-adsorbed adult</i>	1	B/D MO
TETANUS TOXOID ADSORBED	2	B/D
TRIPEDIA	2	
TWINRIX	2	MO
TYPHIM VI	2	
VAQTA	2	MO
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol inj</i>	1	
<i>allopurinol tabs</i>	1	MO
COLCRYS	2	MO
<i>probenecid</i>	1	MO
<i>probenecid / colchicine</i>	1	MO
ULORIC	3	MO

OSTEOPOROSIS THERAPY

ACTONEL TABS 150MG, 35MG, 5MG	3	ST MO
<i>alendronate sodium tabs 10mg, 35mg, 5mg, 70mg</i>	1	MO
BONIVA TABS	2	B/D MO
EVISTA	2	MO
FORTEO	4	PA MO
FOSAMAX ORAL SOLN	2	
FOSAMAX PLUS D	2	MO
PROLIA	3	ST MO

OTHER RHEUMATOLOGICALS

ARAVA	2	MO
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Drug Name	Drug Tier	Requirements/Limits
CUPRIMINE	2	MO
ENBREL	4	PA MO
HUMIRA	4	PA MO
HUMIRA PEN-CROHNS DISEASE STARTER	4	PA MO
<i>leflunomide</i>	1	MO
ORENCIA INJ 125MG/1ML	4	PA QL(12 per 90 days) MO
RIDAURA	2	MO

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>activella</i>	1	MO
ALORA	2	MO
<i>camila</i>	1	MO
CENESTIN	3	MO
CLIMARA PRO	2	MO
COMBIPATCH	2	MO
CRINONE GEL 4%	2	MO
CRINONE GEL 8%	2	PA MO
DELESTROGEN INJ 10MG/ML	3	MO
DEPO-PROVERA	2	MO
<i>errin</i>	1	MO
ESTRACE CREA	3	MO
ESTRADERM	2	MO
<i>estradiol / norethindrone acetate tabs 1mg; 0.5mg</i>	1	MO
<i>estradiol ptwk</i>	1	
<i>estradiol tabs</i>	1	MO
<i>estradiol valerate</i>	1	MO
ESTRING	3	QL(1 per 90 days) MO
<i>estropipate</i>	1	MO
FEMRING	3	MO
<i>jinteli</i>	1	MO
<i>jolivette</i>	1	MO
<i>medroxyprogesterone acetate</i>	1	MO
MENEST	3	MO
<i>nora-be</i>	1	MO
<i>norethindrone tabs 5mg</i>	1	MO
<i>ortho-est</i>	1	
PREFEST	3	MO
PREMARIN INJ	2	
PREMARIN TABS	2	MO
PREMARIN W/APPLICATOR	2	MO
PREMPHASE	2	MO

Drug Name	Drug Tier	Requirements/Limits
PREMPRO	2	MO
PROMETRIUM	3	MO
VAGIFEM	2	MO
VIVELLE-DOT	2	MO
MISCELLANEOUS OB/GYN		
CLEOCIN SUPP	2	MO
<i>clindamycin phosphate crea</i>	1	MO
LYSTEDA	3	MO
<i>metronidazole vaginal</i>	1	MO
<i>miconazole 3</i>	1	MO
NUVARING	2	MO
ORTHO EVRA	2	MO
<i>terconazole</i>	1	MO
<i>vandazole</i>	1	MO
<i>zazole crea 0.4%</i>	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>amethia</i>	1	MO
<i>amethyst</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle</i>	1	MO
<i>aviane</i>	1	MO
<i>briellyn</i>	1	MO
<i>cesia</i>	1	MO
<i>cryselle-28</i>	1	MO
<i>cyclafem 1/35</i>	1	MO
<i>cyclafem 7/7/7</i>	1	MO
ELLA	2	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	MO
<i>gianvi</i>	1	MO
<i>introvale</i>	1	MO
<i>junel</i>	1	MO
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>kariva</i>	1	MO
<i>lessina-28</i>	1	MO
<i>levora</i>	1	MO
<i>low-ogestrel</i>	1	MO
<i>lutra</i>	1	MO
<i>microgestin 1.5/30</i>	1	MO
<i>microgestin 1/20</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin fe</i>	1	MO
<i>microgestin fe 1.5/30</i>	1	MO
<i>mononessa</i>	1	MO
<i>necon 0.5/35-28</i>	1	MO
<i>necon 1/35-28</i>	1	MO
<i>necon 10/11-28</i>	1	MO
<i>necon 7/7/7</i>	1	MO
<i>next choice</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7</i>	1	MO
<i>ocella</i>	1	MO
<i>orsythia</i>	1	MO
ORTHO TRI-CYCLEN LO	2	MO
<i>portia-28</i>	1	MO
<i>previfem</i>	1	MO
<i>quasense</i>	1	MO
<i>solia</i>	1	MO
<i>sprintec 28</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-previfem</i>	1	MO
<i>tri-sprintec</i>	1	MO
<i>trinessa</i>	1	MO
<i>trivora-28</i>	1	MO
<i>velivet</i>	1	MO
<i>vestura</i>	1	
<i>zovia 1/35e</i>	1	MO
<i>zovia 1/50e</i>	1	MO
OXYTOCICS		
METHERGINE TABS	2	
<i>methylergonovine maleate tabs</i>	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin / polymyxin b</i>	1	MO
<i>bacitracin ophthalmic oint</i>	1	MO
CILOXAN OINT	2	MO
<i>ciprofloxacin ophthalmic soln</i>	1	MO
<i>erythromycin oint</i>	1	MO
<i>gentak oint</i>	1	MO
<i>gentamicin sulfate ophthalmic soln</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>gentasol</i>	1	MO
<i>levofloxacin</i>	1	MO
MOXEZA	2	MO
NATACYN	2	MO
<i>neomycin/bacitracin/polymyxin</i>	1	MO
<i>neomycin/polymyxin/gramicidin</i>	1	MO
<i>ofloxacin</i>	1	MO
<i>romycin</i>	1	MO
<i>tobramycin ophthalmic soln 0.3%</i>	1	
<i>tobramycin ophthalmic soln 0.3%</i>	1	MO
TOBEX OINT	2	MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO
VIGAMOX	2	MO
ZYMAR	3	MO
ZYMAXID	3	MO
ANTIVIRALS		
<i>trifluridine</i>	1	MO
ZIRGAN	3	MO
BETA-BLOCKERS		
<i>betaxolol hcl ophthalmic soln</i>	1	MO
BETOPTIC-S	2	MO
<i>carteolol hcl</i>	1	MO
<i>levobunolol hcl</i>	1	MO
<i>metipranolol</i>	1	MO
<i>timolol maleate</i>	1	MO
<i>timolol maleate ophthalmic gel forming</i>	1	MO
CYCLOPLEGIC MYDRIATICS		
<i>tropicamide</i>	1	MO
DIRECT ACTING MIOTICS		
PILOPINE HS	2	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIAL	3	MO
ALOMIDE	3	MO
<i>azelastine hcl ophthalmic soln</i>	1	MO
<i>cromolyn sodium ophthalmic soln</i>	1	MO
<i>epinastine hcl</i>	1	MO
LACRISERT	2	MO
<i>latanoprost</i>	1	MO
PATADAY	2	MO
PATANOL	2	MO
RESTASIS	2	MO

Drug Name	Drug Tier	Requirements/Limits
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
BROMDAY	2	MO
<i>bromfenac</i>	1	MO
<i>diclofenac sodium</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
<i>ketorolac tromethamine ophthalmic soln</i>	1	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	MO
<i>acetazolamide er</i>	1	MO
<i>methazolamide</i>	1	MO
OTHER GLAUCOMA DRUGS		
AZOPT	2	MO
COMBIGAN	2	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
LUMIGAN	2	MO
TRAVATAN Z	2	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	MO
<i>neomycin/polymyxin/dexamethasone</i>	1	MO
<i>neomycin/polymyxin/hc</i>	1	MO
<i>poly-dex oint</i>	1	MO
<i>poly-dex susp</i>	1	MO
TOBRADEX OINT	3	MO
<i>tobramycin/dexamethasone</i>	1	MO
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE S.O.P.	2	MO
<i>sulfacetamide sodium / prednisolone sodium phospha</i>	1	MO
STERIODS		
ALREX	2	MO
<i>dexamethasone ophthalmic soln</i>	1	MO
<i>fluorometholone</i>	1	MO
FML	2	MO
LOTEMAX	3	MO
PRED MILD	3	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate</i>	1	MO
SULFONAMIDES		
<i>sodium sulfacetamide ophthalmic soln</i>	1	MO
SYMPATHOMIMETICS		

Drug Name	Drug Tier	Requirements/Limits
ALPHAGAN P	2	MO
<i>apraclonidine</i>	1	MO
<i>brimonidine tartrate</i>	1	MO
IOPIDINE OPHTHALMIC SOLN 1%	3	MO

RESPIRATORY AND ALLERGY

ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS

CLARINEX	3	MO
CLARINEX REDITABS	3	MO
<i>clemastine fumarate syrp</i>	1	MO
<i>clemastine fumarate tabs 2.68mg</i>	1	MO
<i>epinephrine hcl inj 0.1mg/ml</i>	1	
EPIPEN	2	MO
EPIPEN-JR	2	MO
<i>hydroxyzine hcl</i>	1	MO
<i>hydroxyzine pamoate</i>	1	MO
<i>levocetirizine dihydrochloride</i>	1	MO
<i>phenadoz supp 12.5mg</i>	1	
<i>phenadoz supp 25mg</i>	1	MO
<i>promethazine hcl inj 25mg/ml</i>	1	
<i>promethazine hcl inj 50mg/ml</i>	1	MO
<i>promethazine hcl supp</i>	1	MO
<i>promethazine hcl syrp</i>	1	MO
<i>promethazine hcl tabs</i>	1	MO
<i>promethegan supp 25mg, 50mg</i>	1	MO

PULMONARY AGENTS

<i>acetylcysteine</i>	1	B/D MO
ADVAIR DISKUS	2	QL(60 per 25 days) MO
ADVAIR HFA	2	QL(12 per 25 days) MO
<i>albuterol sulfate er</i>	1	MO
<i>albuterol sulfate nebu 0.5%</i>	1	B/D QL(60 per 25 days) MO
<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</i>	1	B/D QL(300 per 25 days) MO
<i>albuterol sulfate syrp</i>	1	MO
<i>albuterol sulfate tabs</i>	1	MO
<i>aminophylline inj</i>	1	
<i>aminophylline tabs</i>	1	MO
ASMANEX 120 METERED DOSES	2	QL(58 per 25 days) MO
ASMANEX 14 METERED DOSES	2	QL(7 per 25 days) MO
ASMANEX 30 METERED DOSES AEPB 110MCG/INH	2	QL(2 per 25 days) MO
ASMANEX 30 METERED DOSES AEPB 220MCG/INH	2	QL(15 per 25 days) MO

Drug Name	Drug Tier	Requirements/Limits
ASMANEX 60 METERED DOSES	2	QL(29 per 25 days) MO
ATROVENT HFA	2	QL(26 per 25 days) MO
BROVANA	3	B/D MO
<i>budesonide susp</i>	1	B/D QL(120 per 25 days) MO
COMBIVENT	2	QL(30 per 25 days) MO
<i>cromolyn sodium nebu</i>	1	B/D QL(240 per 25 days) MO
ELIXOPHYLLIN	2	MO
FIRAZYR	4	MO
FLOVENT HFA	2	QL(24 per 25 days) MO
<i>flunisolide nasal soln 0.025%</i>	1	QL(50 per 25 days) MO
<i>fluticasone propionate susp</i>	1	QL(16 per 25 days) MO
FORADIL AEROLIZER	2	QL(60 per 25 days) MO
<i>ipratropium bromide inhalation soln</i>	1	B/D QL(315 per 25 days) MO
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D QL(540 per 25 days) MO
LETAIRIS	4	PA MO
<i>levalbuterol</i>	1	B/D QL(288 per 25 days) MO
MAXAIR AUTOHALER	3	QL(42 per 75 days) MO
NASACORT AQ	2	QL(17 per 25 days) MO
NASONEX	2	QL(34 per 25 days) MO
PERFOROMIST	2	B/D MO
PROAIR HFA	2	QL(18 per 25 days) MO
PROVENTIL HFA	2	QL(14 per 25 days) MO
PULMICORT FLEXHALER AEPB 180MCG/ACT	3	QL(2 per 25 days) MO
PULMICORT FLEXHALER AEPB 90MCG/ACT	3	QL(4 per 25 days) MO
PULMICORT SUSP 1MG/2ML	3	B/D QL(60 per 25 days) MO
PULMOZYME	4	B/D MO
QVAR	2	QL(27 per 25 days) MO
REVATIO TABS	4	PA MO
RHINOCORT AQUA	3	QL(18 per 25 days) MO
SEREVENT DISKUS	2	QL(60 per 25 days) MO
SINGULAIR	2	MO
SPIRIVA HANDIHALER	2	QL(30 per 25 days) MO
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	2	QL(11 per 25 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	2	QL(11 per 25 days) MO
<i>terbutaline sulfate</i>	1	MO
THEO-24	2	MO
<i>theochron tb12 300mg</i>	1	
<i>theochron tb12 100mg</i>	1	MO
<i>theophylline er</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
TRACLEER	4	LA PA MO
<i>triamcinolone acetonide inha</i>	1	QL(17 per 25 days) MO
VENTAVIS INHALATION SOLN 10MCG/ML	4	B/D MO
VENTOLIN HFA	2	QL(36 per 25 days) MO
XOLAIR	4	PA QL(7.2 per 30 days) MO
XOPENEX	2	B/D MO
XOPENEX HFA	2	QL(30 per 25 days) MO
<i>zafirlukast</i>	1	MO
ZYFLO CR	3	QL(360 per 90 days) MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

DETROL	3	MO
DETROL LA	2	MO
ENABLEX	2	MO
<i>oxybutynin</i>	1	MO
<i>oxybutynin er</i>	1	MO
OXYTROL	2	MO
SANCTURA XR	2	MO
<i>trospium chloride</i>	1	MO
VESICARE	2	MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin hcl er</i>	1	MO
AVODART	2	MO
<i>finasteride</i>	1	MO
JALYN	2	MO
<i>tamsulosin hcl</i>	1	MO
UROXATRAL	2	MO

CHOLINERGIC STIMULANTS

<i>bethanechol chloride</i>	1	MO
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MISCELLANEOUS UROLOGICALS

CYSTAGON	2	
ELMIRON	2	MO
<i>potassium citrate er</i>	1	MO

VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

<i>calcium acetate caps</i>	1	MO
<i>calcium acetate tabs 667mg</i>	1	
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	2	
<i>ed k+10</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 0.15%/d5w/lr</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
KCL 0.15%/D5W/NACL 0.225%	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	1	
<i>kcl 0.3%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>lactated ringers</i>	1	MO
MAGNESIUM SULFATE IN D5W INJ 5%; 10MG/ML	2	
MAGNESIUM SULFATE INJ	2	
<i>normosol inj</i>	1	
PHOSLYRA	2	MO
<i>plasma-lyte inj</i>	1	
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	1	
POTASSIUM CHLORIDE 0.15% /NACL 0.45%	2	
VIAFLEX		
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	1	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	1	MO
<i>potassium chloride 0.15% nacl 0.9%</i>	1	
<i>potassium chloride 0.15%/d5w</i>	1	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	1	
<i>potassium chloride 0.224%/d5w</i>	1	
<i>potassium chloride 0.224%d5w/nacl 0.33%</i>	1	
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	2	
<i>potassium chloride 0.3%/d5w</i>	1	
<i>potassium chloride er cpcr</i>	1	MO
<i>potassium chloride er tbcr 10meq</i>	1	
<i>potassium chloride er tbcr 20meq</i>	1	MO
<i>potassium chloride inj 0.4meq/ml, 10meq/100ml, 10meq/50ml, 2meq/ml, 30meq/100ml</i>	1	
<i>ringers injection</i>	1	
<i>sodium bicarbonate inj 7.5%, 8.4%</i>	1	
<i>sodium chloride 0.45% viaflex</i>	1	MO
<i>sodium chloride inj 3%, 5%</i>	1	
<i>sodium chloride inj 2.5meq/ml</i>	1	MO
MISCELLANEOUS NUTRITION PRODUCTS		

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II INJ	2	
<i>aminosyn ii inj</i>	1	
AMINOSYN II M	2	
<i>aminosyn inj</i>	1	
AMINOSYN INJ	2	
AMINOSYN M	2	
AMINOSYN-HBC	2	
<i>aminosyn-hf</i>	1	
AMINOSYN-PF	2	
AMINOSYN-PF 7%	2	
CLINIMIX / DEXTROSE INJ	2	
<i>clinimix / dextrose inj</i>	1	
CLINIMIX E / DEXTROSE	2	
<i>clinisol sf</i>	1	
DEXTROSE 5% /ELECTROLYTE #48	2	
VIAFLEX		
<i>freamine iii</i>	1	
FREAMINE III 3%	2	
<i>hepatamine</i>	1	
HEPATASOL	2	
INTRALIPID INJ 1.7%; 30%	2	
<i>intralipid inj 2.25%; 20%</i>	1	
IONOSOL	2	
ISOLYTE INJ	2	
<i>isolyte inj</i>	1	
KCL 0.15%/D10W/NACL 0.2%	2	
LIPOSYN II	2	
LIPOSYN III	2	
NEPHRAMINE	2	
NORMOSOL INJ	2	
<i>normosol inj</i>	1	
PLASMA-LYTE INJ	2	
<i>premasol</i>	1	
PROCALAMINE	2	
PROSOL	2	
<i>travasol</i>	1	
TROPHAMINE	2	
VITAMINS / HEMATINICS		
<i>prenatal vitamins (generic)</i>	1	
<i>sodium fluoride</i>	1	MO

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