Express Scripts Medicare (PDP)
2015 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT SOME OF THE DRUGS COVERED BY THIS PLAN

Version Number: Formulary ID Number: 15068, v6

This formulary was updated on 08/06/2014. For more recent information or other questions, please contact **Express Scripts Medicare®** (PDP) Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week. You can also visit us on the Web at **www.Express-Scripts.com**.

Note to current members: This formulary has changed since last year. Please review this document to understand your plan's drug coverage.

When this drug list (formulary) refers to "we," "us" or "our," it means *Express Scripts Insurance Company* or *Medco Containment Life Insurance Company.* When it refers to "plan" or "our plan," it means *Express Scripts Medicare.*

This document includes the list of the covered drugs (formulary) for our plan, which is current as of August 6, 2014. For more recent information, please contact us. Our contact information, along with the date we last updated the formulary, appears above and on the back cover.

You must use network pharmacies to fill your prescriptions to get the most from your benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2016, and from time to time during the year.

This information is available for free in other languages. Please call Express Scripts Medicare Customer Service at the numbers on the back of your member ID card for additional information. Customer Service is available 24 hours a day, 7 days a week.

Esta información está disponible sin cargo en otros idiomas. Llame al Servicio al cliente de Express Scripts Medicare a los números que figuran al dorso de su tarjeta de identificación de miembro para obtener información adicional. El Servicio al cliente está disponible las 24 horas del día, los 7 días de la semana.

This document is available in braille. Please contact Customer Service if you need plan information in another format.

What is the Express Scripts Medicare formulary?

The list of drugs covered by the plan is also known as the "formulary." It contains a list of highly utilized Medicare Part D drugs selected by Express Scripts Medicare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. The formulary also includes information on requirements or limits for some covered drugs that are part of Express Scripts Medicare's standard formulary rules. **Your specific plan may provide coverage of additional drugs that are not listed in this formulary, and your plan may have different plan rules and coverage.** For more information on your plan's specific drug coverage, please review your other plan materials, visit us on the Web at **www.Express-Scripts.com** or contact Customer Service.

Express Scripts Medicare will generally cover a drug as long as the drug is medically necessary, the prescription is filled at an Express Scripts Medicare network pharmacy and other plan rules are followed. For more information on how to fill your prescriptions, please review your other plan materials.

Can my drug coverage change?

Generally, if you are taking a drug covered by your plan in 2015, Express Scripts Medicare will not discontinue or reduce coverage of the drug during the 2015 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 plan's coverage, will not affect members who are currently taking the drug. It will remain available at the same copayment or coinsurance amount 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 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 Express Scripts Medicare removes drugs from your plan's coverage, adds prior authorization, quantity limits, and/or step therapy restrictions on a drug, or moves 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. If the Food and Drug Administration (FDA) determines that a drug we cover is unsafe, or if the drug's manufacturer removes the drug from the market, we will immediately stop covering the drug and provide notice to members who are taking the drug. This enclosed formulary is current as of the date indicated on the front cover. **To get updated information about the drugs covered, please visit us on the Web or contact our Customer Service department using the information provided on the front and back covers of this formulary.** If there are any additional changes made to this plan's drug coverage that affect you and are not mentioned above, you will be notified in writing of these changes within a reasonable period of time after the changes take effect.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular, Hypertension/Lipids."

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 92. 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 "Drug Name" column of the list.

What are generic drugs?

Both brand-name drugs and generic drugs are covered under this plan. A generic drug is approved by the FDA as having the same active ingredient(s) 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:** You or your doctor is required to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don't get approval, the drugs may not be covered. These drugs are noted with "PA" next to them in the formulary.

  Some drugs may be covered under Part B or under Part D, depending on your medical condition. Your doctor will need to get a prior authorization for these drugs as well, so your pharmacy can process your prescription correctly.

- **Quantity Limits:** For certain drugs, the amount of the drug that will be covered by the plan is limited. The plan may limit how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. These drugs are noted with "QL" next to them in the formulary.

- **Step Therapy:** In some cases, you are required 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. These drugs are noted with "ST" next to them in the formulary.

You may be able to find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 1. Note: This drug list includes all possible restrictions and limits on coverage. **The requirements and limits may not apply to your plan's specific coverage.** To confirm whether a particular drug is covered, visit us on the Web at **www.Express-Scripts.com** or contact Customer Service.

You can ask us to make an exception to these restrictions or limits. See the section "How do I request an exception to the formulary?" on the following page for information about how to request an exception.

What if my drug is not listed on this formulary?

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

If you learn that your drug is not covered, you have two options:

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

- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

You should talk to your doctor to decide if you should switch to an appropriate drug that the plan covers or request an exception so that the plan will cover the drug you are taking.

How do I request an exception to the formulary?

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

- You can request coverage of a drug that is not currently covered by this plan. If approved, the drug will be covered at a pre-determined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level. If your drug is contained in our Non-Preferred Brand Drug tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in our Preferred Brand Drug tier instead. If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Express Scripts Medicare limits the amount of the drug it will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

You should contact us to ask for an initial coverage decision for an exception, utilization restriction exception or to ask the plan to cover a drug that is not currently covered. **When you are requesting an exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

Generally, your request for an exception will only be approved if the alternative drugs that are covered, the lower-tiered drugs or the additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

How do I request an appeal?

If we make a coverage decision and you are not satisfied with this decision, you can "appeal" the decision. An appeal is a formal way of asking us to review and change a coverage decision we have made. To start an appeal, you, your doctor or your representative must contact us.

When you make an appeal, we review the coverage decision we have made to check to see if we were following all of the rules properly. Your appeal is handled by different reviewers than those who made the original unfavorable decision. When we have completed the review, we give you our decision.

For more information about the appeals process, you may contact Customer Service using the information provided on the front and back covers of this document.

Can I get a temporary transition supply while I wait for an exception decision?

As a new or continuing member in our plan, you may be taking drugs that are not covered from one year to the next. Or, you may be taking a drug that is covered 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 an 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, or while you wait for a coverage decision from us, we may cover a temporary transition supply of your drug in certain cases during the first 90 days that you are enrolled in the plan or at the start of a new coverage year.

For each of your drugs that has restrictions or limitations, we will cover a temporary transition supply when you go to a network pharmacy. This temporary transition supply will be for at least 30 days, or less if your prescription is written for fewer days. In that case, you will be allowed multiple fills to provide up to a total of at least a 30-day supply of the medication.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with the dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that has restrictions or limitations but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency transition supply of that drug (unless you have a prescription written for fewer days) while you pursue an exception.

Other times when we will cover a temporary 31-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you enter a long-term care facility
- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care
- When you are discharged from a psychiatric hospital with a medication regimen that is highly individualized

Express Scripts Medicare will send you a letter within 3 business days of your filling a temporary transition supply notifying you that this was a temporary supply and explaining your options.

Other coverage that your plan may provide

Your plan **may** also cover categories of "excluded" drugs that are not normally covered by a Medicare prescription drug plan and are not listed in the formulary. **Drugs in the following categories may be covered subject to the rules and limitations of your specific plan:**

- Prescription drugs when used for anorexia, weight loss or weight gain
- Prescription drugs when used to promote fertility
- Prescription drugs when used for cosmetic purposes or to promote hair growth
- Prescription drugs when used for the symptomatic relief of cough or colds
- Prescription vitamins and mineral products (except prenatal vitamins and fluoride preparations, which are considered Part D drugs)
- Drugs, such as CAVERJECT®, CIALIS®, EDEX®, LEVITRA®, MUSE® and VIAGRA®, when used for the treatment of sexual or erectile dysfunction
- Over-the-counter (OTC) diabetic supplies
- Federal Legend Part B medications – for example, oral chemotherapy agents (e.g., TEMODAR®, XELODA®)
- Non-prescription drugs, also known as over-the-counter (OTC) drugs.

Please contact Customer Service for additional information about your plan's specific drug coverage and your cost-sharing amount. **Please note:** Costs for excluded drugs not normally covered by a Medicare prescription drug plan will not count toward your Medicare prescription drug yearly deductible (if applicable), total drug costs or yearly out-of-pocket expenses.

Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by this plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 92.

The "Drug Name" column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., CRESTOR®) and generic drugs are listed in lowercase italics (e.g., *atorvastatin*). The information in the "Requirements/Limits" column tells you if there are any special requirements for coverage of that particular drug.

If you are not sure whether your drug is covered, please visit our website or contact Customer Service using the information provided on the front and back covers of this formulary.

Your Costs

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

- **Your coverage stage.** Your plan has different stages of coverage. In each stage, the amount you pay for a drug may change. Please refer to your other plan documents for more information about your specific prescription drug benefit.
- **The drug tier for your drug.** Each covered drug is in one of three drug tiers. Each tier may have a different cost-sharing amount. The "Drug Tiers" chart on the following page explains what types of drugs are included in each tier and shows how costs may change with each tier.

Your other plan materials have more information about your plan's coverage stages and list the specific cost-sharing amounts for each tier.

Drug Tiers

Tier	Includes	Helpful tips
Tier 1: **Generic Drugs**	This tier includes many commonly prescribed generic drugs and may include other low-cost drugs.	Use Tier 1 drugs for the lowest cost-sharing amount.
Tier 2: **Preferred Brand Drugs**	This tier includes mostly brand-name drugs as well as some generic drugs.	Drugs in this tier will generally have lower cost-sharing amounts than non-preferred brand drugs.
Tier 3: **Non-Preferred Brand Drugs**	This tier includes non-preferred brand-name drugs as well as some generic drugs.	Many non-preferred drugs have lower-cost alternatives in Tiers 1 and 2. Ask your doctor if switching to a lower-cost generic or preferred brand-name drug may be right for you.

If you qualify for Extra Help

If you qualify for Extra Help from Medicare to help pay for your prescription drugs, your cost-sharing amounts may be lower than your plan's standard benefit. Members who qualify for Extra Help will receive a notice called "Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs" ("Low Income Rider" or "LIS Rider"). Please read it to find out what your costs are. You can also contact Customer Service with any questions using the information listed on the front and back covers of this formulary.

For more information

For more detailed information about your Medicare prescription drug coverage and your plan's specific costs, please review your other plan materials.

If you need additional information on network pharmacies or if you have any other questions, please contact our Customer Service department using the information provided on the front and back covers of this formulary.

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 http://www.medicare.gov.

Below is a list of abbreviations that may appear on the following pages in the "Requirements/Limits" column that tells you if there are any special requirements for coverage of your drug.

Note: The following drug list includes all possible restrictions and limitations. **Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list.** To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at **www.Express-Scripts.com**.

List of abbreviations

LA: Limited Availability. This prescription drug may be available only at certain pharmacies. For more information, contact Customer Service using the information provided on the front and back covers of this formulary.

MO: Mail-Order Drug. This prescription drug is available through our home delivery service, as well as through our retail network pharmacies. Consider using home delivery 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.

PA: Prior Authorization. The plan requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover this drug.

QL: Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the plan requires you to first try a certain drug 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	2	PA; MO
AMBISOME	2	PA; MO
amphotericin b	1	PA; MO
ANCOBON	3	MO
CANCIDAS	2	PA; MO
clotrimazole mucous membrane	1	MO
DIFLUCAN	3	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	3	MO
fluconazole	1	MO
fluconazole in dextrose(iso-o) intravenous piggyback 400 mg/200 ml	1	
flucytosine	1	MO
GRIS-PEG (ULTRAMICROSIZE)	3	MO
griseofulvin microsize	1	MO
griseofulvin ultramicrosize	1	MO
itraconazole	1	MO; QL (120 per 30 days)
ketoconazole oral	1	MO
LAMISIL ORAL GRANULES IN PACKET	2	MO
LAMISIL ORAL TABLET	3	MO
MYCAMINE	2	MO
NOXAFIL ORAL	2	MO
nystatin oral suspension	1	MO
nystatin oral tablet	1	MO
ONMEL	3	MO; QL (30 per 30 days)
SPORANOX ORAL CAPSULE	3	MO; QL (120 per 30 days)
SPORANOX ORAL SOLUTION	2	MO
SPORANOX PULSEPAK	3	MO; QL (120 per 30 days)
terbinafine oral	1	MO
VFEND	3	MO
VFEND IV	3	MO
voriconazole	1	MO
ANTIVIRALS		
abacavir	1	MO
abacavir-lamivudine-zidovudine	1	MO
acyclovir oral	1	MO
acyclovir sodium intravenous solution	1	PA
adefovir	1	MO
amantadine hcl oral	1	MO

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

Drug Name	Drug Tier	Requirements /Limits
APTIVUS ORAL CAPSULE	2	MO
APTIVUS ORAL SOLUTION	2	
ATRIPLA	2	MO
BARACLUDE	2	MO
cidofovir	1	PA; MO
COMBIVIR	3	MO
COMPLERA	2	MO
COPEGUS	3	MO
CRIXIVAN	2	MO
CYTOVENE	3	MO
didanosine	1	MO
EDURANT	2	MO
EMTRIVA	2	MO
EPIVIR ORAL SOLUTION	2	MO
EPIVIR ORAL TABLET	3	MO
EPIVIR HBV ORAL SOLUTION	2	MO
EPIVIR HBV ORAL TABLET	3	MO
EPZICOM	2	MO
famciclovir	1	MO
FAMVIR	3	MO
FLUMADINE	3	
foscarnet	1	PA; MO
FUZEON	2	MO
ganciclovir sodium	1	MO
HEPSERA	3	MO

Drug Name	Drug Tier	Requirements /Limits
INCIVEK	3	MO
INTELENCE ORAL TABLET 100 MG, 200 MG	2	MO
INTELENCE ORAL TABLET 25 MG	2	
INVIRASE	2	MO
ISENTRESS ORAL POWDER IN PACKET	2	
ISENTRESS ORAL TABLET	2	MO
ISENTRESS ORAL TABLET,CHEWABLE	2	MO
KALETRA	2	MO
lamivudine	1	MO
lamivudine-zidovudine	1	MO
LEXIVA	2	MO
MODERIBA	1	MO
MODERIBA DOSE PACK ORAL TABLETS,DOSE PACK 400 MG (7)-400 MG (7), 600 MG (7)- 600 MG (7)	1	MO
nevirapine	1	MO
NORVIR	2	MO
OLYSIO	2	PA; MO
PREZISTA ORAL SUSPENSION	2	MO

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Drug Name	Drug Tier	Requirements /Limits
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	MO
REBETOL ORAL CAPSULE	3	MO
REBETOL ORAL SOLUTION	2	MO
RELENZA DISKHALER	2	MO; QL (60 per 180 days)
RESCRIPTOR	2	MO
RETROVIR INTRAVENOUS	2	
RETROVIR ORAL	3	MO
REYATAZ	2	MO
RIBAPAK DOSE PACK ORAL TABLETS,DOSE PACK 400-400 MG (28)-MG (28), 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28)	1	MO
RIBASPHERE ORAL CAPSULE	1	MO
RIBASPHERE ORAL TABLET 200 MG, 600 MG	1	MO
RIBASPHERE ORAL TABLET 400 MG	1	
ribavirin	1	MO
rimantadine	1	MO
SELZENTRY	2	MO
SOVALDI	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
stavudine	1	MO
STRIBILD	2	MO
SUSTIVA	2	MO
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	2	MO; LA
TAMIFLU ORAL CAPSULE 30 MG	2	MO; QL (84 per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	2	MO; QL (42 per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	2	MO; QL (600 per 180 days)
TIVICAY	2	MO
TRIZIVIR	3	MO
TRUVADA	2	MO
TYZEKA	2	MO
valacyclovir	1	MO; QL (30 per 30 days)
VALCYTE	2	MO
VALTREX	3	MO; QL (30 per 30 days)
VICTRELIS	2	MO
VIDEX 2 GRAM PEDIATRIC	2	MO
VIDEX EC	3	MO
VIRACEPT	2	MO
VIRAMUNE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	2	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	MO
VIRAZOLE	2	MO
VIREAD	2	MO
VISTIDE	3	PA; MO
ZERIT	3	MO
ZIAGEN ORAL SOLUTION	2	MO
ZIAGEN ORAL TABLET	3	MO
zidovudine	1	MO
ZOVIRAX ORAL SUSPENSION	3	MO
CEPHALOSPORINS		
CEDAX ORAL CAPSULE	3	MO
CEDAX ORAL SUSPENSION FOR RECONSTITUTION 180 MG/5 ML	3	MO
CEDAX ORAL SUSPENSION FOR RECONSTITUTION 90 MG/5 ML	3	
cefaclor	1	MO
cefadroxil	1	MO

Drug Name	Drug Tier	Requirements /Limits
cefazolin injection recon soln 1 gram	1	MO
cefazolin injection recon soln 10 gram, 500 mg	1	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	1	MO
cefdinir	1	MO
cefditoren pivoxil oral tablet 200 mg	1	
cefepime	1	MO
cefotaxime injection recon soln 1 gram, 2 gram, 500 mg	1	
cefotaxime injection recon soln 10 gram	1	MO
cefotetan	1	
cefoxitin intravenous recon soln 1 gram	1	MO
cefoxitin intravenous recon soln 10 gram, 2 gram	1	
cefoxitin in dextrose, iso-osm	1	
cefpodoxime	1	MO
cefprozil	1	MO
ceftazidime injection recon soln 1 gram, 6 gram	1	
ceftazidime injection recon soln 2 gram	1	MO
ceftazidime in d5w	3	

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Drug Name	Drug Tier	Requirements /Limits
CEFTIN	3	MO
ceftriaxone injection recon soln 10 gram	1	
ceftriaxone injection recon soln 250 mg, 500 mg	1	MO
ceftriaxone intravenous	1	MO
cefuroxime axetil	1	MO
cefuroxime sodium injection	1	MO
cefuroxime sodium intravenous	1	
cephalexin	1	MO
CLAFORAN INJECTION RECON SOLN 1 GRAM, 10 GRAM, 2 GRAM	3	MO
CLAFORAN INJECTION RECON SOLN 500 MG	3	
CLAFORAN INTRAVENOUS RECON SOLN 1 GRAM	3	
CLAFORAN INTRAVENOUS RECON SOLN 2 GRAM	3	MO
FORTAZ INJECTION RECON SOLN 2 GRAM	3	MO

Drug Name	Drug Tier	Requirements /Limits
FORTAZ INJECTION RECON SOLN 6 GRAM	3	
FORTAZ INTRAVENOUS	3	
KEFLEX	3	MO
MAXIPIME INJECTION	3	MO
ROCEPHIN INJECTION RECON SOLN 500 MG	3	MO
SPECTRACEF	3	MO
SUPRAX ORAL CAPSULE	2	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	2	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	2	
SUPRAX ORAL TABLET	2	MO
SUPRAX ORAL TABLET,CHEWABLE	2	MO
TEFLARO	3	MO
ZINACEF INJECTION RECON SOLN 1.5 GRAM	3	MO

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Drug Name	Drug Tier	Requirements /Limits
ZINACEF INJECTION RECON SOLN 750 MG	3	
ZINACEF INTRAVENOUS RECON SOLN 7.5 GRAM	3	
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin	1	MO
BIAXIN	3	MO
BIAXIN XL	3	MO
BIAXIN XL PAK	3	MO
clarithromycin	1	MO
DIFICID	3	MO
E.E.S. 400	1	MO
E.E.S. GRANULES	2	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG	1	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	2	MO
ERYPED 200	2	MO
ERYPED 400	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	
ERYTHROCIN (AS STEARATE)	1	MO

Drug Name	Drug Tier	Requirements /Limits
erythromycin oral tablet	1	MO
erythromycin ethylsuccinate oral	1	MO
erythromycin-sulfisoxazole	1	MO
PCE	3	MO
ZITHROMAX	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
ZMAX	3	MO
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA	2	MO
ALINIA	2	MO
amikacin injection solution 500 mg/2 ml	1	MO
atovaquone	1	MO
atovaquone-proguanil	1	MO
AZACTAM INJECTION RECON SOLN 1 GRAM	3	MO
AZACTAM IN DEXTROSE (ISO-OSM)	2	
aztreonam injection recon soln 1 gram	1	MO
BACIIM	1	
bacitracin intramuscular	1	MO

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Drug Name	Drug Tier	Requirements /Limits
BETHKIS	2	PA; MO; QL (224 per 28 days)
BILTRICIDE	3	MO
CAPASTAT	2	
CAYSTON	2	MO; LA; QL (84 per 28 days)
chloramphenicol sod succinate	1	
chloroquine phosphate oral	1	MO
CLEOCIN INJECTION	3	MO
CLEOCIN ORAL	3	MO
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML	3	MO
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 900 MG/50 ML	3	
clindamycin hcl	1	MO
clindamycin in dextrose 5 %	1	MO
CLINDAMYCIN PEDIATRIC	1	
clindamycin phosphate intravenous solution 600 mg/4 ml	1	MO
COARTEM	2	MO

Drug Name	Drug Tier	Requirements /Limits
colistin (colistimethate na)	1	MO
COLY-MYCIN M PARENTERAL	3	MO
CUBICIN	2	MO
dapsone	2	MO
DARAPRIM	2	MO
DORIBAX INTRAVENOUS SUSPENSION FOR RECONSTITUTION 500 MG	2	
ethambutol	1	MO
FLAGYL	3	MO
FLAGYL ER	3	MO
gentamicin injection solution 40 mg/ml	1	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml	1	
gentamicin sulfate (pf) intravenous solution 80 mg/8 ml	1	
hydroxychloroquine oral	1	MO
imipenem-cilastatin	1	MO
INVANZ INJECTION	2	MO
isoniazid injection	1	
isoniazid oral	1	MO

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Drug Name	Drug Tier	Requirements /Limits
KETEK	3	MO
LINCOCIN	3	MO
MALARONE	3	MO
MALARONE PEDIATRIC	3	MO
mefloquine	1	MO
MEPRON	3	MO
meropenem intravenous recon soln 500 mg	1	MO
MERREM INTRAVENOUS RECON SOLN 500 MG	3	MO
metronidazole oral capsule	1	
metronidazole oral tablet	1	MO
metronidazole in nacl (iso-os)	1	MO
MYAMBUTOL	3	MO
MYCOBUTIN	3	MO
NEBUPENT	2	PA; MO; QL (6 per 28 days)
neomycin	1	MO
paromomycin	1	MO
PASER	2	MO
PENTAM	3	MO
PLAQUENIL	3	MO
polymyxin b sulfate	1	MO
PRIFTIN	2	MO
primaquine	2	MO

Drug Name	Drug Tier	Requirements /Limits
PRIMAXIN IV	3	MO
pyrazinamide	1	MO
QUALAQUIN	3	MO
quinine sulfate	1	MO
rifabutin	1	MO
RIFADIN	3	MO
RIFAMATE	3	MO
rifampin	1	MO
RIFATER	3	MO
SIRTURO	2	MO; LA
SIVEXTRO	3	
streptomycin intramuscular	2	MO
STROMECTOL	2	MO
SYNERCID	2	
tinidazole	1	MO
TOBI	3	PA; MO; QL (280 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	MO; QL (224 per 28 days)
tobramycin in 0.225 % nacl	1	PA; MO; QL (280 per 28 days)
tobramycin in 0.9 % nacl intravenous piggyback 80 mg/100 ml	1	MO
tobramycin sulfate injection solution	1	MO

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Drug Name	Drug Tier	Requirements /Limits
TRECATOR	2	MO
TYGACIL	2	MO
XIFAXAN	2	MO
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	2	MO
ZYVOX ORAL	2	MO
PENICILLINS		
amoxicillin	1	MO
amoxicillin-pot clavulanate	1	MO
ampicillin	1	MO
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	1	MO
ampicillin-sulbactam injection recon soln 15 gram	1	
ampicillin-sulbactam injection recon soln 3 gram	1	MO
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	MO
BICILLIN C-R	2	MO
BICILLIN L-A	2	MO
dicloxacillin	1	MO
MOXATAG	3	

Drug Name	Drug Tier	Requirements /Limits
nafcillin injection recon soln 1 gram, 10 gram	1	MO
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml	1	
oxacillin injection recon soln 10 gram	1	MO
oxacillin intravenous recon soln 2 gram	1	
oxacillin in dextrose(iso-osm)	1	
penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml	2	
penicillin g potassium injection recon soln 5 million unit	1	MO
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	1	MO
penicillin g sodium	1	MO
penicillin v potassium	1	MO
PFIZERPEN-G INJECTION RECON SOLN 5 MILLION UNIT	1	

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Drug Name	Drug Tier	Requirements /Limits
piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram	1	MO
TIMENTIN INTRAVENOUS RECON SOLN 3.1 G	2	MO
UNASYN INJECTION RECON SOLN 15 GRAM	3	
UNASYN INJECTION RECON SOLN 3 GRAM	3	MO
ZOSYN INTRAVENOUS RECON SOLN 3.375 GRAM	3	MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	3	MO
QUINOLONES		
AVELOX	3	MO
AVELOX ABC PACK	3	MO

Drug Name	Drug Tier	Requirements /Limits
AVELOX IN NACL (ISO-OSMOTIC)	3	MO
CIPRO	3	MO
CIPRO IN D5W	3	
ciprofloxacin intravenous solution 400 mg/40 ml	1	
ciprofloxacin oral suspension,microcapsule recon	1	
ciprofloxacin oral tablet	1	MO
ciprofloxacin (mixture)	1	MO
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	1	MO
FACTIVE	3	MO
LEVAQUIN	3	MO
levofloxacin intravenous	1	MO
levofloxacin oral	1	MO
levofloxacin in d5w intravenous piggyback 500 mg/100 ml	1	
moxifloxacin	1	MO
ofloxacin oral	1	MO
SULFA'S / RELATED AGENTS		
BACTRIM	3	MO
BACTRIM DS	3	MO
sulfadiazine oral	1	MO

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Drug Name	Drug Tier	Requirements /Limits
sulfamethoxazole-trimethoprim	1	MO
TETRACYCLINES		
ADOXA	3	ST; MO
demeclocycline	1	MO
DORYX	3	ST; MO
doxycycline hyclate intravenous	1	
doxycycline hyclate oral	1	MO
doxycycline monohydrate oral capsule 150 mg, 75 mg	1	MO
doxycycline monohydrate oral suspension for reconstitution	1	MO
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg	1	MO
minocycline oral	1	MO
ORACEA	3	ST; MO
SOLODYN	3	ST; MO
tetracycline	1	MO
VIBRAMYCIN ORAL CAPSULE	3	ST; MO
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	MO
VIBRAMYCIN ORAL SYRUP	3	MO

Drug Name	Drug Tier	Requirements /Limits
URINARY TRACT AGENTS		
FURADANTIN	3	MO
HIPREX	3	MO
MACROBID	3	MO
MACRODANTIN ORAL CAPSULE 100 MG	3	MO
MACRODANTIN ORAL CAPSULE 25 MG	2	MO
methenamine hippurate	1	MO
MONUROL	2	MO
nitrofurantoin oral	1	MO
nitrofurantoin macrocrystal oral capsule 50 mg	1	MO
nitrofurantoin monohyd/m-cryst	1	MO
PRIMSOL	2	MO
trimethoprim	1	MO
VANCOMYCIN		
VANCOCIN	3	MO
vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg	1	MO
vancomycin oral	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
amifostine crystalline	1	MO

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Drug Name	Drug Tier	Requirements /Limits
dexrazoxane intravenous recon soln 250 mg	1	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG	2	
FUSILEV	2	MO
KEPIVANCE	2	
leucovorin calcium injection recon soln 100 mg, 350 mg	1	MO
leucovorin calcium oral	1	MO
mesna	1	MO
MESNEX INTRAVENOUS	3	
MESNEX ORAL	2	MO
XGEVA	2	MO
ZINECARD INTRAVENOUS RECON SOLN 250 MG	3	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ABRAXANE	2	MO
AFINITOR ORAL TABLET 10 MG	2	PA; MO; QL (60 per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	2	PA; MO
AFINITOR DISPERZ	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ALIMTA INTRAVENOUS RECON SOLN 500 MG	2	MO
ALKERAN INTRAVENOUS	3	
anastrozole	1	MO
ARIMIDEX	3	MO
AROMASIN	3	MO
ARRANON	2	
ARZERRA INTRAVENOUS SOLUTION 100 MG/5 ML	2	PA; MO
ASTAGRAF XL	3	PA; MO
AVASTIN	2	MO
azacitidine	1	MO
AZASAN	2	PA; MO
azathioprine	1	PA; MO
bicalutamide	1	MO
BICNU	2	MO
bleomycin injection recon soln 30 unit	1	MO
BOSULIF ORAL TABLET 100 MG	2	PA; MO
BOSULIF ORAL TABLET 500 MG	2	PA; MO; QL (30 per 30 days)
BUSULFEX	2	
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML	3	MO

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Drug Name	Drug Tier	Requirements /Limits
CAPRELSA ORAL TABLET 100 MG	2	MO; LA
CAPRELSA ORAL TABLET 300 MG	2	MO; LA; QL (30 per 30 days)
carboplatin intravenous solution	1	MO
CASODEX	3	MO
CELLCEPT ORAL CAPSULE	3	PA; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	2	PA; MO
CELLCEPT ORAL TABLET	3	PA; MO
CELLCEPT INTRAVENOUS	2	PA
cisplatin	1	MO
cladribine	1	MO
CLOLAR	2	MO
COMETRIQ	2	PA; MO
COSMEGEN	3	MO
cyclophosphamide oral capsule	2	PA
cyclophosphamide oral tablet	1	PA; MO
cyclosporine intravenous	1	PA
cyclosporine oral	1	PA; MO
cyclosporine modified	1	PA; MO
cytarabine	1	MO

Drug Name	Drug Tier	Requirements /Limits
cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)	1	MO
dacarbazine intravenous recon soln 200 mg	1	MO
DACOGEN	3	MO
daunorubicin intravenous solution	1	
decitabine	1	MO
DOCEFREZ	2	
docetaxel intravenous solution 80 mg/4 ml (20 mg/ml)	1	MO
docetaxel intravenous solution 80 mg/8 ml (10 mg/ml)	1	
DOXIL	2	MO
doxorubicin intravenous solution 50 mg/25 ml	1	MO
DROXIA	2	MO
ELIGARD	2	PA; MO
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML	3	MO
ELOXATIN INTRAVENOUS SOLUTION 100 MG/20 ML	3	MO
EMCYT	2	MO

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Drug Name	Drug Tier	Requirements /Limits
epirubicin intravenous solution 50 mg/25 ml	1	MO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	2	MO
ERIVEDGE	2	PA; MO; QL (30 per 30 days)
ERWINAZE	2	
ETOPOPHOS	2	MO
etoposide intravenous	1	MO
exemestane	1	MO
FARESTON	2	MO
FASLODEX	2	MO
FEMARA	3	MO
FIRMAGON KIT W DILUENT SYRINGE	2	MO
fludarabine intravenous recon soln	1	MO
fluorouracil intravenous solution 2.5 gram/50 ml	1	MO
flutamide	1	MO
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	2	MO

Drug Name	Drug Tier	Requirements /Limits
gemcitabine intravenous recon soln 1 gram	1	MO
GEMZAR INTRAVENOUS RECON SOLN 1 GRAM	3	MO
GENGRAF	1	PA; MO
GILOTRIF ORAL TABLET 20 MG	2	PA; MO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 30 MG	2	PA; MO; QL (40 per 30 days)
GILOTRIF ORAL TABLET 40 MG	2	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	2	PA; MO
GLEEVEC ORAL TABLET 400 MG	2	PA; MO; QL (60 per 30 days)
HALAVEN	2	MO
HERCEPTIN	2	MO
HEXALEN	2	MO
HYCAMTIN INTRAVENOUS	3	MO
HYDREA	3	MO
hydroxyurea	1	MO
IDAMYCIN PFS	3	MO
idarubicin	1	
IFEX INTRAVENOUS RECON SOLN 1 GRAM	3	MO

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Drug Name	Drug Tier	Requirements /Limits
ifosfamide intravenous recon soln 1 gram	1	MO
IMBRUVICA	2	PA; MO; QL (120 per 30 days)
IMURAN	3	PA; MO
INLYTA ORAL TABLET 1 MG	2	PA; MO
INLYTA ORAL TABLET 5 MG	2	PA; MO; QL (120 per 30 days)
irinotecan intravenous solution 100 mg/5 ml	1	MO
ISTODAX	2	MO
IXEMPRA INTRAVENOUS RECON SOLN 45 MG	2	MO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	2	PA; MO
JAKAFI ORAL TABLET 25 MG	2	PA; MO; QL (60 per 30 days)
JEVTANA	2	MO
KADCYLA INTRAVENOUS RECON SOLN 100 MG	2	MO
letrozole	1	MO
LEUKERAN	2	MO
leuprolide	1	MO
lomustine	2	MO

Drug Name	Drug Tier	Requirements /Limits
LUPRON DEPOT	2	PA; MO
LUPRON DEPOT (3 MONTH)	2	PA; MO
LUPRON DEPOT (4 MONTH)	2	PA; MO
LUPRON DEPOT (6 MONTH)	2	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	2	PA; MO
LYSODREN	2	MO
MATULANE	2	MO
MEGACE	3	MO
MEGACE ES	2	MO
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	1	MO
megestrol oral tablet	1	MO
MEKINIST ORAL TABLET 0.5 MG	2	PA; MO; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	2	PA; MO; QL (30 per 30 days)
melphalan	1	
mercaptopurine	1	MO
methotrexate sodium oral	1	PA; MO
methotrexate sodium (pf) injection recon soln	1	PA

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Drug Name	Drug Tier	Requirements /Limits
methotrexate sodium (pf) injection solution	1	PA; MO
mitomycin intravenous recon soln 20 mg	1	MO
mitoxantrone	1	MO
MUSTARGEN	2	MO
mycophenolate mofetil	1	PA; MO
mycophenolate sodium	1	PA; MO
MYFORTIC	3	PA; MO
NEORAL	3	PA; MO
NEXAVAR	2	PA; MO; LA
NILANDRON	2	MO
NIPENT	3	MO
NULOJIX	2	PA; MO
octreotide acetate injection solution	1	MO
ONCASPAR	2	MO
oxaliplatin intravenous solution 100 mg/20 ml	1	MO
paclitaxel	1	MO
PERJETA	2	MO
POMALYST	2	MO
PROGRAF INTRAVENOUS	2	PA; MO
PROGRAF ORAL	3	PA; MO
PURINETHOL	3	MO

Drug Name	Drug Tier	Requirements /Limits
RAPAMUNE ORAL SOLUTION	2	PA; MO
RAPAMUNE ORAL TABLET 0.5 MG	3	PA; MO
RAPAMUNE ORAL TABLET 1 MG, 2 MG	2	PA; MO
REVLIMID	2	PA; MO; LA
RHEUMATREX	3	PA; MO
RITUXAN	2	PA; MO
SANDIMMUNE	3	PA; MO
SANDOSTATIN	3	MO
SANDOSTATIN LAR DEPOT	2	MO
SIGNIFOR	2	PA; MO
SIMULECT INTRAVENOUS RECON SOLN 20 MG	2	PA; MO
sirolimus	1	PA; MO
SOLTAMOX	2	MO
SOMATULINE DEPOT	3	MO
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 80 MG	2	PA; MO
SPRYCEL ORAL TABLET 140 MG	2	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 70 MG	2	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
STIVARGA	2	PA; MO; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG	2	PA; MO
SUTENT ORAL CAPSULE 25 MG	2	PA; MO; QL (60 per 30 days)
SUTENT ORAL CAPSULE 50 MG	2	PA; MO; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG	2	MO
SYNRIBO	2	MO
TABLOID	2	MO
tacrolimus	1	PA; MO
TAFINLAR ORAL CAPSULE 50 MG	2	PA; MO; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	2	PA; MO; QL (120 per 30 days)
tamoxifen	1	MO
TARCEVA ORAL TABLET 100 MG, 25 MG	2	PA; MO
TARCEVA ORAL TABLET 150 MG	2	PA; MO; QL (30 per 30 days)
TARGRETIN	2	MO
TASIGNA ORAL CAPSULE 150 MG	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
TASIGNA ORAL CAPSULE 200 MG	2	PA; MO; QL (112 per 28 days)
TAXOTERE INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	3	MO
THALOMID	2	PA; MO
TOPOSAR	1	MO
topotecan intravenous recon soln	1	MO
TORISEL	2	MO
TREANDA INTRAVENOUS RECON SOLN 100 MG	2	MO
TRELSTAR	2	MO
TRELSTAR DEPOT	2	
TRELSTAR LA	2	
tretinoin (chemotherapy)	1	MO
TREXALL	2	PA; MO
TRISENOX	2	MO
TYKERB	2	PA; MO; LA; QL (180 per 30 days)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	2	PA; MO
VELCADE	2	MO

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Drug Name	Drug Tier	Requirements /Limits
VIDAZA	3	MO
vinblastine intravenous solution	1	MO
vincristine intravenous solution 1 mg/ml	1	MO
vinorelbine intravenous solution 50 mg/5 ml	1	MO
VOTRIENT	2	PA; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG	2	PA; MO
XALKORI ORAL CAPSULE 250 MG	2	PA; MO; QL (60 per 30 days)
XTANDI	2	PA; MO; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	2	MO
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	2	MO
ZANOSAR	2	MO
ZELBORAF	2	PA; MO; QL (240 per 30 days)
ZOLINZA	2	MO
ZORTRESS	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ZYKADIA	2	PA; MO; QL (150 per 30 days)
ZYTIGA	2	PA; MO; QL (120 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM	3	MO
BANZEL	2	MO
carbamazepine	1	MO
CARBATROL	3	MO
CELONTIN	2	MO
clonazepam	1	PA; MO
DEPACON	3	MO
DEPAKENE	3	MO
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIASTAT	3	PA; MO
DIASTAT ACUDIAL	3	PA; MO
diazepam rectal	1	PA; MO
DILANTIN	2	MO
DILANTIN EXTENDED	3	MO
DILANTIN INFATABS	3	MO
DILANTIN-125	3	MO

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Drug Name	Drug Tier	Requirements /Limits
divalproex	1	MO
EPITOL	1	MO
EQUETRO	3	MO
ethosuximide	1	MO
felbamate	1	MO
FELBATOL	3	MO
fosphenytoin injection solution 100 mg pe/2 ml	1	MO
FYCOMPA	2	MO
gabapentin oral capsule	1	MO
gabapentin oral solution 250 mg/5 ml	1	MO
gabapentin oral tablet	1	MO
GABITRIL ORAL TABLET 12 MG, 16 MG	2	MO
GABITRIL ORAL TABLET 2 MG, 4 MG	3	MO
GRALISE	3	PA; MO
GRALISE 30-DAY STARTER PACK	3	PA; MO
KEPPRA ORAL	3	MO
KEPPRA XR	3	MO
KLONOPIN	3	PA; MO
LAMICTAL ORAL TABLET	3	MO

Drug Name	Drug Tier	Requirements /Limits
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
LAMICTAL ODT	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	3	MO
LAMICTAL STARTER (ORANGE) KIT	3	MO
LAMICTAL XR	3	MO
LAMICTAL XR STARTER (BLUE)	3	MO
LAMICTAL XR STARTER (GREEN)	3	MO
LAMICTAL XR STARTER (ORANGE)	3	MO
lamotrigine oral tablet	1	MO
lamotrigine oral tablet extended release 24hr	1	MO
lamotrigine oral tablet, chewable dispersible	1	MO
levetiracetam intravenous	1	MO
levetiracetam oral solution 100 mg/ml	1	MO

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Drug Name	Drug Tier	Requirements /Limits
levetiracetam oral tablet	1	MO
levetiracetam oral tablet extended release 24 hr	1	MO
LYRICA	2	PA; MO
MYSOLINE	3	MO
NEURONTIN	3	PA; MO
ONFI	2	PA; MO
oxcarbazepine	1	MO
OXTELLAR XR	3	MO
PEGANONE	2	MO
phenobarbital	1	MO
PHENYTEK	3	MO
phenytoin oral suspension 125 mg/5 ml	1	MO
phenytoin oral tablet,chewable	1	MO
phenytoin sodium intravenous solution	1	MO
phenytoin sodium extended	1	MO
POTIGA	2	MO
primidone	1	MO
QUDEXY XR	3	PA
SABRIL	2	MO; LA
TEGRETOL	3	MO
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	2	MO
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 200 MG, 400 MG	3	MO
tiagabine	1	MO
TOPAMAX	3	PA; MO
topiramate oral capsule, sprinkle	1	PA; MO
topiramate oral tablet	1	PA; MO
TRILEPTAL	3	MO
TROKENDI XR	3	PA; MO
valproate sodium	1	MO
valproic acid	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO
VIMPAT INTRAVENOUS	2	
VIMPAT ORAL	2	MO
ZARONTIN	3	MO
ZONEGRAN	3	PA; MO
zonisamide	1	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	2	MO; LA
AZILECT	2	MO
benztropine	1	MO
bromocriptine	1	MO
carbidopa	1	MO
carbidopa-levodopa	1	MO

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Drug Name	Drug Tier	Requirements /Limits
carbidopa-levodopa-entacapone	1	MO
COGENTIN	3	MO
COMTAN	3	MO
ELDEPRYL	3	MO
entacapone	1	MO
LODOSYN	3	MO
MIRAPEX	3	MO
MIRAPEX ER	3	MO
NEUPRO	3	MO
PARCOPA	3	MO
pramipexole	1	MO
REQUIP	3	MO
REQUIP XL	3	MO
ropinirole	1	MO
selegiline hcl	1	MO
SINEMET	3	MO
SINEMET CR	3	MO
STALEVO 100	3	MO
STALEVO 125	3	MO
STALEVO 150	3	MO
STALEVO 200	3	MO
STALEVO 50	3	MO
STALEVO 75	3	MO
TASMAR	2	MO
ZELAPAR	3	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
ALSUMA	3	MO; QL (16 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
AMERGE	3	MO; QL (18 per 28 days)
AXERT ORAL TABLET 12.5 MG	3	MO; QL (24 per 28 days)
AXERT ORAL TABLET 6.25 MG	3	MO; QL (18 per 28 days)
CAFERGOT	3	MO
dihydroergotamine injection	1	MO
ERGOMAR	2	MO
FROVA	3	MO; QL (27 per 28 days)
IMITREX NASAL SPRAY,NON-AEROSOL 20 MG/ACTUATION	3	MO; QL (18 per 28 days)
IMITREX NASAL SPRAY,NON-AEROSOL 5 MG/ACTUATION	3	MO; QL (36 per 28 days)
IMITREX ORAL	3	MO; QL (18 per 28 days)
IMITREX SUBCUTANEOUS	3	MO; QL (16 per 28 days)
IMITREX STATDOSE KIT REFILL	3	MO; QL (16 per 28 days)
MAXALT	3	MO; QL (36 per 28 days)
MAXALT-MLT	3	MO; QL (36 per 28 days)
MIGERGOT	1	MO
MIGRANAL	3	MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
naratriptan	1	MO; QL (18 per 28 days)
RELPAX	2	MO; QL (18 per 28 days)
rizatriptan	1	MO; QL (36 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	MO; QL (18 per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	MO; QL (36 per 28 days)
sumatriptan succinate oral	1	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	MO; QL (16 per 28 days)
sumatriptan succinate subcutaneous solution	1	MO; QL (16 per 28 days)
SUMAVEL DOSEPRO	3	MO; QL (18 per 28 days)
TREXIMET	3	MO; QL (18 per 28 days)
zolmitriptan	1	MO; QL (18 per 28 days)
ZOMIG	3	MO; QL (18 per 28 days)
ZOMIG ZMT	3	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	2	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
ARICEPT	3	MO
ARICEPT ODT	3	MO
AUBAGIO	3	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE	2	PA; MO; QL (12 per 28 days)
COPAXONE SUBCUTANEOUS SYRINGE KIT	2	PA; MO; QL (30 per 30 days)
donepezil	1	MO
EXELON ORAL	3	MO
EXELON TRANSDERMAL	2	MO
galantamine	1	MO
GILENYA	2	PA; MO
HORIZANT	3	PA; MO
NAMENDA	2	PA; MO
NAMENDA TITRATION PAK	2	PA; MO
NAMENDA XR	2	PA; MO
NUEDEXTA	2	MO
RAZADYNE	3	MO
RAZADYNE ER	3	MO
rivastigmine tartrate	1	MO
TECFIDERA	2	PA; MO
TYSABRI	2	PA; MO; LA
XENAZINE	2	PA; MO; LA
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen	1	MO
cyclobenzaprine	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
DANTRIUM	3	MO
dantrolene	1	MO
GABLOFEN INTRATHECAL SOLUTION 10,000 MCG/20ML (500 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML)	2	PA; MO
GABLOFEN INTRATHECAL SYRINGE 50 MCG/ML (1 ML)	2	PA; MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	2	PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	2	PA
MESTINON ORAL SYRUP	2	MO
MESTINON ORAL TABLET	3	MO
MESTINON TIMESPAN	2	MO
pyridostigmine bromide	1	MO
tizanidine	1	MO
ZANAFLEX	3	MO
NARCOTIC ANALGESICS		

Drug Name	Drug Tier	Requirements /Limits
ABSTRAL SUBLINGUAL TABLET, SUBLINGUAL 100 MCG, 200 MCG, 300 MCG	3	PA; QL (120 per 30 days)
ABSTRAL SUBLINGUAL TABLET, SUBLINGUAL 400 MCG	3	PA; QL (116 per 30 days)
ABSTRAL SUBLINGUAL TABLET, SUBLINGUAL 600 MCG	3	PA; MO; QL (77 per 30 days)
ABSTRAL SUBLINGUAL TABLET, SUBLINGUAL 800 MCG	3	PA; MO; QL (58 per 30 days)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	1	QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	MO; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	MO; QL (180 per 30 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
AVINZA ORAL CAPSULE, ER MULTIPHASE 24 HR 120 MG	3	MO; QL (50 per 30 days)
AVINZA ORAL CAPSULE, ER MULTIPHASE 24 HR 30 MG, 45 MG, 60 MG, 75 MG, 90 MG	3	MO; QL (60 per 30 days)
BUPRENEX	3	MO; QL (267 per 30 days)
buprenorphine injection syringe	1	QL (267 per 30 days)
buprenorphine sublingual tablet, sublingual 2 mg	1	MO; QL (300 per 30 days)
buprenorphine sublingual tablet, sublingual 8 mg	1	MO; QL (75 per 30 days)
BUTRANS	2	MO; QL (4 per 28 days)
CAPITAL WITH CODEINE	3	MO; QL (4500 per 30 days)
codeine sulfate oral tablet	1	MO; QL (180 per 30 days)
DILAUDID ORAL LIQUID	3	MO; QL (1500 per 30 days)
DILAUDID ORAL TABLET	3	MO; QL (180 per 30 days)
DILAUDID (PF) INJECTION SOLUTION 1 MG/ML	3	MO; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
DILAUDID (PF) INJECTION SOLUTION 2 MG/ML	3	MO; QL (150 per 30 days)
DILAUDID (PF) INJECTION SOLUTION 4 MG/ML	3	MO; QL (75 per 30 days)
DILAUDID-HP (PF) INJECTION SOLUTION	3	QL (30 per 30 days)
DOLOPHINE ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
DOLOPHINE ORAL TABLET 5 MG	3	MO; QL (240 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR	3	MO; QL (9 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR	3	MO; QL (10 per 30 days)
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML	1	MO; QL (4000 per 30 days)
DURAMORPH (PF) INJECTION SOLUTION 1 MG/ML	1	QL (2000 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	1	MO; QL (360 per 30 days)
ENDODAN	1	MO; QL (360 per 30 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 16 MG, 8 MG	3	MO; QL (60 per 30 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 32 MG	3	MO; QL (47 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg	1	PA; MO; QL (39 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,600 mcg	1	PA; MO; QL (29 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	1	PA; MO; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 400 mcg	1	PA; MO; QL (116 per 30 days)
fentanyl citrate buccal lozenge on a handle 600 mcg	1	PA; MO; QL (77 per 30 days)
fentanyl citrate buccal lozenge on a handle 800 mcg	1	PA; MO; QL (58 per 30 days)
fentanyl patches transdermal patch 72 hour 100 mcg/hr	1	MO; QL (9 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
fentanyl patches transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	MO; QL (10 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG	3	PA; MO; QL (120 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 400 MCG	3	PA; MO; QL (116 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 600 MCG	3	PA; MO; QL (77 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 800 MCG	3	PA; MO; QL (58 per 30 days)
HYCET	3	MO; QL (5550 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	MO; QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	MO; QL (50 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
hydromorphone oral liquid	1	MO; QL (300 per 30 days)
hydromorphone oral tablet	1	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg	1	MO; QL (60 per 30 days)
hydromorphone (pf) injection solution 10 mg/ml	1	MO; QL (120 per 30 days)
IBUDONE ORAL TABLET 10-200 MG	3	MO; QL (50 per 30 days)
ibuprofen-oxycodone	1	MO; QL (28 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	MO; QL (90 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 100 MG	3	MO; QL (60 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 130 MG	3	MO; QL (46 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 150 MG	3	MO; QL (40 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 200 MG	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 70 MG	3	MO; QL (86 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 80 MG	3	MO; QL (75 per 30 days)
LAZANDA	3	PA; MO; QL (23 per 30 days)
levorphanol tartrate	1	MO; QL (120 per 30 days)
LORCET (HYDROCODONE)	1	QL (360 per 30 days)
LORCET HD	1	MO; QL (360 per 30 days)
LORCET PLUS	1	QL (360 per 30 days)
LORTAB 10-325	1	MO; QL (360 per 30 days)
LORTAB 5-325	1	MO; QL (360 per 30 days)
LORTAB 7.5-325	1	MO; QL (360 per 30 days)
LORTAB ELIXIR	3	MO; QL (6000 per 30 days)
methadone injection	1	QL (160 per 30 days)
methadone oral solution 10 mg/5 ml	1	MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
methadone oral tablet 5 mg	1	MO; QL (240 per 30 days)
morphine intravenous syringe 2 mg/ml	1	QL (1000 per 30 days)
morphine intravenous syringe 4 mg/ml	1	QL (500 per 30 days)
morphine oral capsule, er multiphase 24 hr 120 mg	1	MO; QL (50 per 30 days)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	MO; QL (60 per 30 days)
morphine oral capsule,extend.release pellets 10 mg, 20 mg, 30 mg, 50 mg, 60 mg	1	MO; QL (90 per 30 days)
morphine oral capsule,extend.release pellets 100 mg	1	MO; QL (60 per 30 days)
morphine oral capsule,extend.release pellets 80 mg	1	MO; QL (75 per 30 days)
morphine oral solution	1	MO; QL (900 per 30 days)
morphine oral tablet	1	MO; QL (180 per 30 days)
morphine oral tablet extended release 100 mg	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
morphine oral tablet extended release 15 mg, 30 mg	1	MO; QL (120 per 30 days)
morphine oral tablet extended release 200 mg	1	MO; QL (30 per 30 days)
morphine oral tablet extended release 60 mg	1	MO; QL (100 per 30 days)
morphine concentrate oral solution	1	MO; QL (300 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG	3	MO; QL (60 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 200 MG	3	MO; QL (30 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG	3	MO; QL (100 per 30 days)
NORCO	3	MO; QL (360 per 30 days)
OPANA ORAL TABLET 10 MG	3	MO; QL (200 per 30 days)
OPANA ORAL TABLET 5 MG	3	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	3	MO; QL (90 per 30 days)
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 30 MG	3	MO; QL (67 per 30 days)
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 40 MG	3	MO; QL (50 per 30 days)
OXECTA	3	MO; QL (360 per 30 days)
oxycodone oral capsule	1	MO; QL (360 per 30 days)
oxycodone oral concentrate	1	MO; QL (180 per 30 days)
oxycodone oral solution	1	MO; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg	1	MO; QL (180 per 30 days)
oxycodone oral tablet 30 mg	1	MO; QL (134 per 30 days)
oxycodone oral tablet 5 mg	1	MO; QL (360 per 30 days)
oxycodone-acetaminophen	1	MO; QL (360 per 30 days)
oxycodone-aspirin	1	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OXYCONTIN ORAL TABLET EXTENDED RELEASE 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	2	MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET EXTENDED RELEASE 12 HR 60 MG	2	MO; QL (67 per 30 days)
OXYCONTIN ORAL TABLET EXTENDED RELEASE 12 HR 80 MG	2	MO; QL (50 per 30 days)
oxymorphone oral tablet 10 mg	1	MO; QL (200 per 30 days)
oxymorphone oral tablet 5 mg	1	MO; QL (180 per 30 days)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	MO; QL (90 per 30 days)
oxymorphone oral tablet extended release 12 hr 30 mg	1	MO; QL (67 per 30 days)
oxymorphone oral tablet extended release 12 hr 40 mg	1	MO; QL (50 per 30 days)
PERCOCET	3	MO; QL (360 per 30 days)
PERCODAN	3	MO; QL (360 per 30 days)
PRIMLEV	3	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
REPREXAIN	1	MO; QL (50 per 30 days)
ROXICET ORAL SOLUTION	3	MO; QL (800 per 30 days)
ROXICODONE ORAL TABLET 15 MG	3	MO; QL (180 per 30 days)
ROXICODONE ORAL TABLET 30 MG	3	MO; QL (133 per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	MO; QL (360 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY	3	PA; MO; LA; QL (120 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	3	PA; MO; LA; QL (84 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 600 MCG/SPRAY	3	PA; MO; LA; QL (56 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 800 MCG/SPRAY	3	PA; MO; LA; QL (42 per 30 days)
SYNALGOS-DC	3	MO; QL (300 per 30 days)
TYLENOL-CODEINE #3	3	MO; QL (360 per 30 days)
TYLENOL-CODEINE #4	3	MO; QL (180 per 30 days)
VICODIN	1	MO; QL (360 per 30 days)
VICODIN ES	1	MO; QL (360 per 30 days)
VICODIN HP	1	MO; QL (360 per 30 days)
VICOPROFEN	3	MO; QL (50 per 30 days)
XARTEMIS XR	3	MO; QL (120 per 30 days)
XODOL 10/300	3	MO; QL (360 per 30 days)
XODOL 5/300	3	MO; QL (360 per 30 days)
XODOL 7.5/300	3	MO; QL (360 per 30 days)
ZAMICET	1	MO; QL (5550 per 30 days)
ZOHYDRO ER	3	MO; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS		
ANAPROX	3	MO
ANAPROX DS	3	MO
ARTHROTEC 50	3	MO
ARTHROTEC 75	3	MO
buprenorphine-naloxone	1	PA; MO; QL (90 per 30 days)
butorphanol tartrate injection solution 1 mg/ml	1	MO; QL (720 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
butorphanol tartrate injection solution 2 mg/ml	1	MO; QL (360 per 30 days)
butorphanol tartrate nasal	1	MO; QL (40 per 30 days)
CAMBIA	3	ST; MO; QL (9 per 30 days)
CATAFLAM	3	MO
CELEBREX	2	MO
CONZIP	3	MO; QL (30 per 30 days)
DAYPRO	3	MO
diclofenac potassium	1	MO
diclofenac sodium oral	1	MO
diclofenac sodium topical drops	1	MO
diclofenac-misoprostol	1	MO
diflunisal	1	MO
DUEXIS	3	ST; MO
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG	3	MO
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	ST; MO
etodolac	1	MO
EVZIO	3	QL (0.8 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FELDENE	3	MO
fenoprofen oral tablet	1	MO
FLECTOR	3	PA; MO; QL (60 per 30 days)
flurbiprofen	1	MO
ibuprofen oral suspension	1	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
ketoprofen	1	MO
meclofenamate oral	1	MO
mefenamic acid	1	MO
meloxicam oral suspension	1	MO
meloxicam oral tablet 15 mg	1	MO
meloxicam oral tablet 7.5 mg	1	MO; QL (30 per 30 days)
MOBIC ORAL SUSPENSION	3	MO
MOBIC ORAL TABLET 15 MG	3	MO
MOBIC ORAL TABLET 7.5 MG	3	MO; QL (30 per 30 days)
nabumetone	1	MO
nalbuphine injection solution 10 mg/ml	1	MO; QL (200 per 30 days)
nalbuphine injection solution 20 mg/ml	1	MO; QL (100 per 30 days)
naloxone injection syringe 1 mg/ml	1	MO

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Drug Name	Drug Tier	Requirements /Limits
naltrexone	1	MO
NAPRELAN CR	3	ST; MO
NAPROSYN	3	ST; MO
naproxen	1	MO
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
NUCYNTA ORAL TABLET 100 MG	3	MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	MO; QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	3	MO; QL (242 per 30 days)
NUCYNTA ER	3	MO; QL (60 per 30 days)
oxaprozin	1	MO
PENNSAID	3	ST; MO
piroxicam	1	MO
PONSTEL	3	MO
REVIA	3	MO
SPRIX	3	ST; MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	PA; MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	2	PA; MO; QL (90 per 30 days)
sulindac oral	1	MO
tolmetin	1	MO
tramadol oral tablet	1	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
tramadol oral tablet extended release 24 hr 100 mg, 200 mg	1	MO; QL (30 per 30 days)
tramadol oral tablet, er multiphase 24 hr 300 mg	1	MO; QL (30 per 30 days)
tramadol-acetaminophen	1	MO; QL (240 per 30 days)
ULTRACET	3	MO; QL (240 per 30 days)
ULTRAM	3	MO; QL (240 per 30 days)
ULTRAM ER	3	MO; QL (30 per 30 days)
VIMOVO	3	ST; MO
VIVITROL	3	MO
VOLTAREN GEL	2	MO
VOLTAREN-XR	3	MO
ZIPSOR	3	ST; MO
ZORVOLEX	3	ST; MO
ZUBSOLV	2	PA; MO; QL (90 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY INTRAMUSCULAR	2	MO
ABILIFY ORAL SOLUTION	2	MO
ABILIFY ORAL TABLET 10 MG	2	MO; QL (90 per 30 days)
ABILIFY ORAL TABLET 15 MG, 20 MG	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ABILIFY ORAL TABLET 2 MG	2	MO; QL (450 per 30 days)
ABILIFY ORAL TABLET 30 MG	2	MO; QL (30 per 30 days)
ABILIFY ORAL TABLET 5 MG	2	MO; QL (180 per 30 days)
ABILIFY DISCMELT ORAL TABLET,DISINTEGRATING 10 MG	2	MO; QL (90 per 30 days)
ABILIFY DISCMELT ORAL TABLET,DISINTEGRATING 15 MG	2	MO; QL (60 per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	2	MO
ADDERALL ORAL TABLET 20 MG	3	MO
ADDERALL XR	3	MO
alprazolam oral tablet	1	MO
AMBIEN	3	ST; MO; QL (30 per 30 days)
AMBIEN CR	3	ST; MO; QL (30 per 30 days)
amitriptyline	1	PA; MO
amoxapine	1	MO
AMPHETAMINE SALT COMBO	1	MO

Drug Name	Drug Tier	Requirements /Limits
ANAFRANIL	3	PA; MO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG	3	MO; QL (90 per 30 days)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 348 MG	3	MO; QL (60 per 30 days)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 522 MG	3	MO; QL (30 per 30 days)
ATIVAN ORAL	3	PA; MO
BRINTELLIX ORAL TABLET 10 MG	2	MO; QL (60 per 30 days)
BRINTELLIX ORAL TABLET 20 MG	2	MO; QL (30 per 30 days)
BRINTELLIX ORAL TABLET 5 MG	2	MO; QL (120 per 30 days)
BRISDELLE	3	MO; QL (30 per 30 days)
bupropion hcl oral tablet	1	MO
bupropion hcl oral tablet extended release 100 mg	1	MO; QL (120 per 30 days)
bupropion hcl oral tablet extended release 150 mg	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
bupropion hcl oral tablet extended release 200 mg	1	MO; QL (60 per 30 days)
bupropion hcl oral tablet extended release 24 hr 150 mg	1	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	MO; QL (60 per 30 days)
buspirone	1	MO
CELEXA ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
CELEXA ORAL TABLET 20 MG	3	MO; QL (60 per 30 days)
CELEXA ORAL TABLET 40 MG	3	MO; QL (30 per 30 days)
chlorpromazine	1	MO
citalopram oral solution	1	MO
citalopram oral tablet 10 mg	1	MO; QL (120 per 30 days)
citalopram oral tablet 20 mg	1	MO; QL (60 per 30 days)
citalopram oral tablet 40 mg	1	MO; QL (30 per 30 days)
clomipramine	1	PA; MO
clonidine hcl oral tablet extended release 12 hr	1	MO
clorazepate dipotassium	1	PA; MO
clozapine oral tablet	1	
CLOZARIL	3	MO
CONCERTA	3	MO

Drug Name	Drug Tier	Requirements /Limits
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	ST; MO; QL (180 per 30 days)
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	ST; MO; QL (120 per 30 days)
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60 MG	3	ST; MO; QL (60 per 30 days)
DAYTRANA	3	MO
desipramine oral	1	MO
DESOXYN	3	MO
desvenlafaxine oral tablet extended release 24 hr 100 mg	3	ST; MO; QL (120 per 30 days)
desvenlafaxine oral tablet extended release 24 hr 50 mg	3	ST; MO; QL (240 per 30 days)
DEXEDRINE SPANSULE	3	MO
dexmethylphenidate	1	MO
dextroamphetamine oral capsule, extended release	1	MO
dextroamphetamine oral tablet	1	MO
dextroamphetamine-amphetamine	1	MO

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Drug Name	Drug Tier	Requirements /Limits
diazepam oral solution 5 mg/5 ml	1	PA; MO
diazepam oral tablet	1	PA; MO
DIAZEPAM INTENSOL	1	PA; MO
doxepin oral	1	PA; MO
duloxetine oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (180 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	1	MO; QL (120 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 60 mg	1	MO; QL (60 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	3	ST; MO; QL (60 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 37.5 MG	3	ST; MO; QL (180 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	ST; MO; QL (90 per 30 days)
EMSAM	2	MO
ergoloid	1	MO
escitalopram oxalate oral solution	1	MO
escitalopram oxalate oral tablet 10 mg	1	MO; QL (60 per 30 days)
escitalopram oxalate oral tablet 20 mg	1	MO; QL (30 per 30 days)
escitalopram oxalate oral tablet 5 mg	1	MO; QL (120 per 30 days)
eszopiclone	1	ST; MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG	2	MO; QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 8 MG	2	MO; QL (90 per 30 days)
FANAPT ORAL TABLET 12 MG	2	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	2	MO; QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	2	MO; QL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	2	MO; QL (120 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	2	QL (8 per 28 days)
FAZACLO ORAL TABLET,DISINTEGRATING 100 MG, 12.5 MG, 25 MG	3	
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	2	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	ST; MO; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG	2	ST; MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	2	ST; MO; QL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	2	ST; MO; QL (90 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 80 MG	2	ST; MO; QL (45 per 30 days)
fluoxetine oral capsule 10 mg	1	MO; QL (240 per 30 days)
fluoxetine oral capsule 20 mg	1	MO
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluoxetine oral capsule,delayed release(dr/ec)	1	MO; QL (4 per 28 days)
fluoxetine oral solution	1	MO
fluoxetine oral tablet 10 mg	1	MO; QL (240 per 30 days)
fluoxetine oral tablet 20 mg	1	MO
fluoxetine oral tablet 60 mg	3	MO
fluphenazine decanoate	1	MO
fluphenazine hcl	1	MO

Drug Name	Drug Tier	Requirements /Limits
fluvoxamine oral capsule,extended release 24hr 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral capsule,extended release 24hr 150 mg	1	MO; QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QL (360 per 30 days)
fluvoxamine oral tablet 50 mg	1	MO; QL (180 per 30 days)
FOCALIN	3	MO
FOCALIN XR	3	MO
FORFIVO XL	3	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	2	MO
GEODON ORAL CAPSULE 20 MG	3	MO; QL (240 per 30 days)
GEODON ORAL CAPSULE 40 MG	3	MO; QL (120 per 30 days)
GEODON ORAL CAPSULE 60 MG	3	MO; QL (80 per 30 days)
GEODON ORAL CAPSULE 80 MG	3	MO; QL (60 per 30 days)
guanidine	1	MO
HALDOL	3	MO
HALDOL DECANOATE	3	MO
haloperidol	1	MO
haloperidol decanoate	1	MO

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Drug Name	Drug Tier	Requirements /Limits
haloperidol lactate	1	MO
imipramine hcl	1	PA; MO
imipramine pamoate	1	PA; MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	2	MO; QL (240 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	2	MO; QL (120 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	2	MO; QL (60 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	2	MO; QL (41 per 30 days)
INVEGA SUSTENNA	2	MO
KAPVAY	3	MO
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	ST; MO; QL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	ST; MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LATUDA ORAL TABLET 120 MG	2	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	2	MO; QL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	2	MO; QL (120 per 30 days)
LATUDA ORAL TABLET 60 MG, 80 MG	2	MO; QL (60 per 30 days)
LEXAPRO ORAL SOLUTION	3	MO
LEXAPRO ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET 20 MG	3	MO; QL (30 per 30 days)
LEXAPRO ORAL TABLET 5 MG	3	MO; QL (120 per 30 days)
lithium carbonate	1	MO
lithium citrate	1	MO
LITHOBID	3	MO
lorazepam oral tablet	1	PA; MO
LORAZEPAM INTENSOL	1	PA; MO
loxapine succinate	1	MO
LOXITANE	3	MO
LUNESTA	3	ST; MO; QL (30 per 30 days)
LUVOX CR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	3	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
LUVOX CR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	3	MO; QL (60 per 30 days)
maprotiline	1	MO
MARPLAN	2	MO
METADATE CD	3	MO
METADATE ER	1	MO
methamphetamine	1	MO
METHYLIN	3	MO
methylphenidate oral capsule, er biphasic 30-70 10 mg, 50 mg, 60 mg	1	MO
methylphenidate oral capsule,er biphasic 50-50	1	MO
methylphenidate oral solution	1	MO
methylphenidate oral tablet	1	MO
methylphenidate oral tablet extended release	1	MO
methylphenidate oral tablet extended release 24hr	1	MO
mirtazapine	1	MO
modafinil	1	PA; MO
NARDIL	3	MO
nefazodone	1	MO
NORPRAMIN	3	MO
nortriptyline	1	MO

Drug Name	Drug Tier	Requirements /Limits
NUVIGIL	3	PA; MO
olanzapine intramuscular	1	MO
olanzapine oral tablet 10 mg	1	MO; QL (60 per 30 days)
olanzapine oral tablet 15 mg, 20 mg	1	MO; QL (30 per 30 days)
olanzapine oral tablet 2.5 mg	1	MO; QL (240 per 30 days)
olanzapine oral tablet 5 mg	1	MO; QL (120 per 30 days)
olanzapine oral tablet 7.5 mg	1	MO; QL (81 per 30 days)
olanzapine oral tablet,disintegrating 10 mg	1	MO; QL (60 per 30 days)
olanzapine oral tablet,disintegrating 15 mg, 20 mg	1	MO; QL (30 per 30 days)
olanzapine oral tablet,disintegrating 5 mg	1	MO; QL (120 per 30 days)
olanzapine-fluoxetine	1	MO
ORAP	2	MO
oxazepam	1	PA; MO
PAMELOR	3	MO
PARNATE	3	MO
paroxetine hcl oral tablet 10 mg	1	MO; QL (180 per 30 days)
paroxetine hcl oral tablet 20 mg	1	MO; QL (90 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
paroxetine hcl oral tablet 40 mg	1	MO; QL (45 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg	1	MO; QL (180 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 25 mg	1	MO; QL (90 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 37.5 mg	1	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO
PAXIL ORAL TABLET 10 MG	3	MO; QL (180 per 30 days)
PAXIL ORAL TABLET 20 MG	3	MO; QL (90 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
PAXIL ORAL TABLET 40 MG	3	MO; QL (45 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	3	MO; QL (180 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 37.5 MG	3	MO; QL (60 per 30 days)
perphenazine	1	MO
perphenazine-amitriptyline	1	PA; MO
PEXEVA ORAL TABLET 10 MG	3	MO; QL (180 per 30 days)
PEXEVA ORAL TABLET 20 MG	3	MO; QL (90 per 30 days)
PEXEVA ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
PEXEVA ORAL TABLET 40 MG	3	MO; QL (45 per 30 days)
phenelzine	1	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	2	ST; MO; QL (120 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	2	ST; MO; QL (240 per 30 days)
PROCENTRA	1	MO
protriptyline	1	MO
PROVIGIL	3	PA; MO
PROZAC ORAL CAPSULE 10 MG	3	MO; QL (240 per 30 days)
PROZAC ORAL CAPSULE 20 MG	3	MO

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Drug Name	Drug Tier	Requirements /Limits
PROZAC ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)
PROZAC WEEKLY	3	MO; QL (4 per 28 days)
quetiapine oral tablet 100 mg	1	MO; QL (240 per 30 days)
quetiapine oral tablet 200 mg	1	MO; QL (120 per 30 days)
quetiapine oral tablet 25 mg	1	MO; QL (902 per 30 days)
quetiapine oral tablet 300 mg	1	MO; QL (81 per 30 days)
quetiapine oral tablet 400 mg	1	MO; QL (60 per 30 days)
quetiapine oral tablet 50 mg	1	MO; QL (480 per 30 days)
QUILLIVANT XR	3	MO
REMERON	3	MO
REMERON SOLTAB	3	MO
RESTORIL	3	PA; MO
RISPERDAL ORAL SOLUTION	3	MO; QL (480 per 30 days)
RISPERDAL ORAL TABLET 0.25 MG	3	MO; QL (1920 per 30 days)
RISPERDAL ORAL TABLET 0.5 MG	3	MO; QL (960 per 30 days)
RISPERDAL ORAL TABLET 1 MG	3	MO; QL (480 per 30 days)
RISPERDAL ORAL TABLET 2 MG	3	MO; QL (240 per 30 days)
RISPERDAL ORAL TABLET 3 MG	3	MO; QL (161 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 per 30 days)
RISPERDAL CONSTA	2	MO
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 0.5 MG	3	MO; QL (960 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 1 MG	3	MO; QL (480 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 2 MG	3	MO; QL (240 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 3 MG	3	MO; QL (161 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 4 MG	3	MO; QL (120 per 30 days)
risperidone oral solution	1	MO; QL (480 per 30 days)
risperidone oral tablet 0.25 mg	1	MO; QL (1920 per 30 days)
risperidone oral tablet 0.5 mg	1	MO; QL (960 per 30 days)
risperidone oral tablet 1 mg	1	MO; QL (480 per 30 days)
risperidone oral tablet 2 mg	1	MO; QL (240 per 30 days)
risperidone oral tablet 3 mg	1	MO; QL (161 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg	1	MO; QL (1920 per 30 days)
risperidone oral tablet,disintegrating 0.5 mg	1	MO; QL (960 per 30 days)
risperidone oral tablet,disintegrating 1 mg	1	MO; QL (480 per 30 days)
risperidone oral tablet,disintegrating 2 mg	1	MO; QL (240 per 30 days)
risperidone oral tablet,disintegrating 3 mg	1	MO; QL (161 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	MO; QL (120 per 30 days)
RITALIN	3	MO
RITALIN LA	3	MO
RITALIN SR	3	MO
ROZEREM	2	MO; QL (30 per 30 days)
SAPHRIS SUBLINGUAL TABLET, SUBLINGUAL 10 MG	2	MO; QL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET, SUBLINGUAL 5 MG	2	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET, SUBLINGUAL 10 MG	2	MO; QL (60 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET, SUBLINGUAL 5 MG	2	MO; QL (120 per 30 days)
SARAFEM	3	MO
SEROQUEL ORAL TABLET 100 MG	3	MO; QL (240 per 30 days)
SEROQUEL ORAL TABLET 200 MG	3	MO; QL (120 per 30 days)
SEROQUEL ORAL TABLET 25 MG	3	MO; QL (902 per 30 days)
SEROQUEL ORAL TABLET 300 MG	3	MO; QL (81 per 30 days)
SEROQUEL ORAL TABLET 400 MG	3	MO; QL (60 per 30 days)
SEROQUEL ORAL TABLET 50 MG	3	MO; QL (480 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	2	MO; QL (161 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	2	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	MO; QL (81 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	2	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	2	MO; QL (480 per 30 days)
sertraline oral concentrate	1	MO
sertraline oral tablet 100 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (240 per 30 days)
sertraline oral tablet 50 mg	1	MO; QL (120 per 30 days)
SILENOR	3	MO; QL (30 per 30 days)
SONATA ORAL CAPSULE 10 MG	3	ST; MO; QL (60 per 30 days)
SONATA ORAL CAPSULE 5 MG	3	ST; MO; QL (30 per 30 days)
STRATTERA	2	MO
SURMONTIL	3	PA; MO
SYMBYAX	3	MO
temazepam	1	PA; MO
thioridazine	1	MO

Drug Name	Drug Tier	Requirements /Limits
thiothixene	1	MO
TOFRANIL	3	PA; MO
TOFRANIL-PM	3	PA; MO
TRANXENE T-TAB	3	PA; MO
tranylcypromine	1	MO
trazodone	1	MO
trifluoperazine	1	MO
VALIUM	3	PA; MO
venlafaxine oral capsule,extended release 24hr 150 mg	1	MO; QL (60 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg	1	MO; QL (180 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet 25 mg	1	MO; QL (270 per 30 days)
venlafaxine oral tablet 37.5 mg	1	MO; QL (180 per 30 days)
venlafaxine oral tablet 50 mg	1	MO; QL (150 per 30 days)
venlafaxine oral tablet extended release 24hr 150 mg	3	MO; QL (60 per 30 days)
venlafaxine oral tablet extended release 24hr 225 mg	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
venlafaxine oral tablet extended release 24hr 37.5 mg	3	MO; QL (180 per 30 days)
venlafaxine oral tablet extended release 24hr 75 mg	3	MO; QL (90 per 30 days)
VERSACLOZ	2	LA
VIIBRYD ORAL TABLET 10 MG	2	MO; QL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	2	MO; QL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	2	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK	2	MO; QL (30 per 30 days)
VIVACTIL	3	MO
VYVANSE	3	MO
WELLBUTRIN	3	MO
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 100 MG	3	MO; QL (120 per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 150 MG	3	MO; QL (90 per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 200 MG	3	MO; QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (60 per 30 days)
XYREM	2	MO; LA
zaleplon oral capsule 10 mg	1	ST; MO; QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	ST; MO; QL (30 per 30 days)
ZENZEDI ORAL TABLET 10 MG, 5 MG	1	MO
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG	2	
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	2	MO
ziprasidone hcl oral capsule 20 mg	1	MO; QL (240 per 30 days)
ziprasidone hcl oral capsule 40 mg	1	MO; QL (120 per 30 days)
ziprasidone hcl oral capsule 60 mg	1	MO; QL (80 per 30 days)
ziprasidone hcl oral capsule 80 mg	1	MO; QL (60 per 30 days)
ZOLOFT ORAL CONCENTRATE	3	MO
ZOLOFT ORAL TABLET 100 MG	3	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ZOLOFT ORAL TABLET 50 MG	3	MO; QL (120 per 30 days)
zolpidem	1	ST; MO; QL (30 per 30 days)
ZOLPIMIST	3	ST; MO; QL (8 per 30 days)
ZYPREXA INTRAMUSCULAR	3	MO
ZYPREXA ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)
ZYPREXA ORAL TABLET 15 MG, 20 MG	3	MO; QL (30 per 30 days)
ZYPREXA ORAL TABLET 2.5 MG	3	MO; QL (240 per 30 days)
ZYPREXA ORAL TABLET 5 MG	3	MO; QL (120 per 30 days)
ZYPREXA ORAL TABLET 7.5 MG	3	MO; QL (81 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG	3	MO; QL (60 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	3	MO; QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 5 MG	3	MO; QL (120 per 30 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

Drug Name	Drug Tier	Requirements /Limits
ANTIARRHYTHMIC AGENTS		
amiodarone intravenous solution	1	PA; MO
amiodarone oral tablet 200 mg, 400 mg	1	MO
BETAPACE AF	3	MO
flecainide	1	MO
mexiletine	1	MO
MULTAQ	3	MO
NEXTERONE	3	PA
PACERONE	1	MO
procainamide injection solution 100 mg/ml	1	MO
procainamide injection solution 500 mg/ml	1	
propafenone	1	MO
quinidine gluconate	1	MO
quinidine sulfate	1	MO
RYTHMOL	3	MO
RYTHMOL SR	3	MO
SORINE ORAL TABLET 120 MG, 160 MG, 80 MG	1	MO
SORINE ORAL TABLET 240 MG	1	
sotalol oral tablet 160 mg, 240 mg, 80 mg	1	MO

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Drug Name	Drug Tier	Requirements /Limits
SOTALOL AF ORAL TABLET 120 MG	1	MO
TIKOSYN	2	MO
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	MO
ACCURETIC	3	MO
acebutolol oral	1	MO
ADALAT CC	3	MO
AFEDITAB CR	1	MO
ALDACTAZIDE	3	MO
ALDACTONE	3	MO
ALTACE	3	MO
amiloride	1	MO
amiloride-hydrochlorothiazide	1	MO
amlodipine	1	MO
amlodipine-benazepril	1	MO
AMTURNIDE	3	MO
ATACAND	3	ST; MO
ATACAND HCT	3	ST; MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO
AVALIDE	3	ST; MO
AVAPRO	3	ST; MO
AZOR	2	ST; MO
benazepril	1	MO
benazepril-hydrochlorothiazide	1	MO

Drug Name	Drug Tier	Requirements /Limits
BENICAR	2	ST; MO
BENICAR HCT	2	ST; MO
betaxolol oral	1	MO
BIDIL	2	MO
bisoprolol fumarate	1	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide	1	MO
BYSTOLIC	2	MO
CALAN	3	MO
CALAN SR	3	MO
candesartan	1	MO
candesartan-hydrochlorothiazid	1	MO
captopril	1	MO
captopril-hydrochlorothiazide	1	MO
CARDENE IV IN SODIUM CHLORIDE	3	
CARDENE SR	3	MO
CARDIZEM	3	MO
CARDIZEM CD	3	MO
CARDIZEM LA	3	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	ST; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
CARDURA XL	3	ST; MO; QL (30 per 30 days)
CARTIA XT	1	MO
carvedilol	1	MO
CATAPRES	3	MO
CATAPRES-TTS-1	3	MO; QL (4 per 28 days)
CATAPRES-TTS-2	3	MO; QL (4 per 28 days)
CATAPRES-TTS-3	3	MO; QL (4 per 28 days)
chlorothiazide	1	MO
chlorothiazide sodium	1	MO
chlorthalidone	1	MO
clonidine	1	MO; QL (4 per 28 days)
clonidine hcl oral tablet	1	MO
CLORPRES ORAL TABLET 0.1-15 MG	1	MO
CLORPRES ORAL TABLET 0.3-15 MG	2	MO
COREG	3	MO
COREG CR	2	MO
CORGARD	3	MO
CORZIDE	3	MO
COZAAR	3	ST; MO
DEMADEX	3	MO
DEMSER	2	MO

Drug Name	Drug Tier	Requirements /Limits
DIBENZYLINE	2	MO
DILACOR XR	3	MO
DILT-XR	1	MO
diltiazem hcl intravenous	1	
diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg	1	MO
diltiazem hcl oral capsule,extended release 12 hr	1	MO
diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg	1	MO
diltiazem hcl oral tablet	1	MO
DIOVAN	3	ST; MO
DIOVAN HCT	3	ST; MO
DIURIL	3	MO
DIURIL IV	3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
DUTOPROL	2	MO
DYAZIDE	3	MO
DYRENIUM	3	MO
EDARBI	3	ST; MO
EDARBYCLOR	3	ST; MO
EDECRIN	3	MO
enalapril maleate	1	MO

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Drug Name	Drug Tier	Requirements /Limits
enalapril-hydrochlorothiazide	1	MO
EPANED	3	MO
eplerenone	1	MO
eprosartan	1	MO
EXFORGE	3	ST; MO
EXFORGE HCT	3	ST; MO
felodipine	1	MO
fosinopril	1	MO
fosinopril-hydrochlorothiazide	1	MO
furosemide injection solution	1	MO
furosemide oral	1	MO
hydralazine	1	MO
hydrochlorothiazide	1	MO
HYZAAR	3	ST; MO
indapamide	1	MO
INDERAL LA	3	MO
INNOPRAN XL	3	MO
INSPRA	3	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO
isradipine	1	MO
labetalol intravenous solution	1	MO
labetalol oral	1	MO
LASIX	3	MO
lisinopril	1	MO

Drug Name	Drug Tier	Requirements /Limits
lisinopril-hydrochlorothiazide	1	MO
LOPRESSOR	3	MO
LOPRESSOR HCT	3	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO
LOTENSIN	3	MO
LOTREL	3	MO
MATZIM LA	1	MO
MAVIK	3	MO
MAXZIDE	3	MO
MAXZIDE-25MG	3	MO
methyclothiazide	1	MO
methyldopa	1	MO
metolazone	1	MO
metoprolol succinate	1	MO
metoprolol ta-hydrochlorothiaz	1	MO
metoprolol tartrate intravenous solution	1	MO
metoprolol tartrate oral	1	MO
MICARDIS	3	ST; MO
MICARDIS HCT	3	ST; MO
MICROZIDE	3	MO
MINIPRESS	3	MO
minoxidil oral	1	MO
moexipril	1	MO
moexipril-hydrochlorothiazide	1	MO

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Drug Name	Drug Tier	Requirements /Limits
nadolol	1	MO
nadolol-bendroflumethiazide	1	MO
nicardipine	1	MO
NIFEDICAL XL	1	MO
nifedipine oral tablet extended release 24hr	1	MO
nimodipine	1	MO
nisoldipine	1	MO
NORVASC	3	MO
ORENITRAM	3	PA; MO
perindopril erbumine	1	MO
pindolol	1	MO
prazosin	1	MO
PRINIVIL	3	MO
PROCARDIA XL	3	MO
propranolol intravenous	1	
propranolol oral	1	MO
propranolol-hydrochlorothiazid	1	MO
quinapril	1	MO
quinapril-hydrochlorothiazide	1	MO
ramipril	1	MO
REMODULIN	2	PA; MO; LA
SECTRAL	3	MO
spironolacton-hydrochlorothiaz	1	MO

Drug Name	Drug Tier	Requirements /Limits
spironolactone	1	MO
SULAR	3	MO
TARKA	3	MO
TAZTIA XT	1	MO
TEKAMLO	3	MO
TEKTURNA	3	MO
TEKTURNA HCT	3	MO
telmisartan	1	MO
telmisartan-amlodipine	1	MO
telmisartan-hydrochlorothiazid	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN	3	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
TEVETEN	3	ST; MO
TEVETEN HCT	3	ST; MO
TIAZAC	3	MO
timolol maleate oral	1	MO
TOPROL XL	3	MO
torsemide intravenous solution 20 mg/2 ml (10 mg/ml)	1	
torsemide oral	1	MO
trandolapril	1	MO

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Drug Name	Drug Tier	Requirements /Limits
triamterene-hydrochlorothiazid	1	MO
TRIBENZOR	2	ST; MO
TWYNSTA	3	ST; MO
UNIRETIC	3	MO
UNIVASC	3	MO
valsartan-hydrochlorothiazide	1	MO
VASERETIC	3	MO
VASOTEC	3	MO
verapamil intravenous solution	1	MO
verapamil oral	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
ZAROXOLYN	3	MO
ZEBETA	3	MO
ZESTORETIC	3	MO
ZESTRIL	3	MO
ZIAC	3	MO
CARDIAC GLYCOSIDES		
digoxin oral	1	MO
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	MO
LANOXIN ORAL TABLET 187.5 MCG	2	
LANOXIN ORAL TABLET 62.5 MCG	2	MO
COAGULATION THERAPY		

Drug Name	Drug Tier	Requirements /Limits
AGGRENOX	2	MO
argatroban	3	MO
argatroban in 0.9 % sod chlor	3	
ARIXTRA	3	MO
BRILINTA	2	MO
cilostazol	1	MO
clopidogrel	1	MO
COUMADIN	3	MO
CYKLOKAPRON	3	MO
dipyridamole oral	1	MO
EFFIENT	2	MO
ELIQUIS	2	MO
enoxaparin	1	MO
fondaparinux	1	MO
FRAGMIN	3	MO
heparin (porcine) injection solution	1	MO
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml)	1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)	1	MO
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml	1	

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Drug Name	Drug Tier	Requirements /Limits
JANTOVEN	1	MO
LOVENOX	3	MO
pentoxifylline	1	MO
PERSANTINE	3	MO
PLAVIX	3	MO
PLETAL	3	MO
PRADAXA	2	MO
PROMACTA	2	PA; MO; LA
ticlopidine	1	MO
tranexamic acid intravenous	1	MO
warfarin	1	MO
XARELTO	2	MO
ZONTIVITY	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
ADVICOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-20 MG, 750-20 MG	2	MO; QL (60 per 30 days)
ADVICOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-40 MG, 500-20 MG	2	MO; QL (30 per 30 days)
ALTOPREV	3	MO; QL (30 per 30 days)
amlodipine-atorvastatin	1	MO; QL (30 per 30 days)
ANTARA ORAL CAPSULE 130 MG, 43 MG, 90 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
ANTARA ORAL CAPSULE 30 MG	3	
atorvastatin	1	MO; QL (30 per 30 days)
CADUET	3	MO; QL (30 per 30 days)
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET	1	MO
COLESTID ORAL GRANULES	3	MO
COLESTID ORAL TABLET	3	MO
colestipol oral granules	1	MO
colestipol oral tablet	1	MO
CRESTOR	2	MO; QL (30 per 30 days)
fenofibrate oral capsule	3	MO
fenofibrate oral tablet	1	MO
fenofibrate micronized	1	MO
fenofibrate nanocrystallized	1	MO
fenofibric acid (choline)	1	MO
FENOGLIDE	3	MO
FIBRICOR	3	MO
fluvastatin oral capsule 20 mg	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
fluvastatin oral capsule 40 mg	1	MO; QL (60 per 30 days)
gemfibrozil oral	1	MO
JUXTAPID	2	MO; LA
KYNAMRO	3	MO; LA
LESCOL ORAL CAPSULE 20 MG	3	MO; QL (30 per 30 days)
LESCOL ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)
LESCOL XL	3	MO; QL (30 per 30 days)
LIPITOR	3	MO; QL (30 per 30 days)
LIPOFEN	3	MO
LIPTRUZET	3	MO; QL (30 per 30 days)
LIVALO	3	MO; QL (30 per 30 days)
LOFIBRA	3	MO
LOPID	3	MO
lovastatin oral tablet 10 mg	1	MO; QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	MO; QL (60 per 30 days)
LOVAZA	3	MO
niacin oral tablet extended release 24 hr	1	MO
NIACOR	3	MO
NIASPAN EXTENDED-RELEASE	3	MO

Drug Name	Drug Tier	Requirements /Limits
omega-3 acid ethyl esters	1	MO
PRAVACHOL	3	MO; QL (30 per 30 days)
pravastatin	1	MO; QL (30 per 30 days)
PREVALITE ORAL POWDER	1	MO
QUESTRAN ORAL POWDER IN PACKET	3	MO
SIMCOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-20 MG, 750-20 MG	3	MO; QL (60 per 30 days)
SIMCOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-40 MG, 500-20 MG, 500-40 MG	3	MO; QL (30 per 30 days)
simvastatin	1	MO; QL (30 per 30 days)
TRICOR	3	MO
TRIGLIDE	3	MO
TRILIPIX	3	MO
VASCEPA	2	MO
VYTORIN 10-10	3	MO; QL (30 per 30 days)
VYTORIN 10-20	3	MO; QL (30 per 30 days)
VYTORIN 10-40	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VYTORIN 10-80	3	MO; QL (30 per 30 days)
WELCHOL	2	MO
ZETIA	2	MO
ZOCOR	3	MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
RANEXA	2	MO
VECAMYL	3	
NITRATES		
ISORDIL	3	MO
ISORDIL TITRADOSE	3	MO
isosorbide dinitrate	1	MO
isosorbide mononitrate	1	MO
MINITRAN	3	MO
NITRO-BID	1	MO
NITRO-DUR	3	MO
nitroglycerin intravenous	1	PA
nitroglycerin transdermal	1	MO
nitroglycerin translingual spray,non-aerosol	1	MO
NITROLINGUAL	3	MO
NITROMIST	3	MO
NITROSTAT	2	MO

DERMATOLOGICALS/TOPICAL THERAPY

Drug Name	Drug Tier	Requirements /Limits
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	1	MO
calcipotriene	1	MO
calcipotriene-betamethasone	1	MO
calcitriol topical	1	MO
DOVONEX	3	MO
selenium sulfide topical suspension	1	MO
SORIATANE	3	MO
SORILUX	3	MO
STELARA	3	PA; MO
TACLONEX	3	MO
VECTICAL	3	MO
BURN THERAPY		
SILVADENE	3	MO
silver sulfadiazine	1	MO
SSD	1	MO
MISCELLANEOUS DERMATOLOGICALS		
8-MOP	2	MO
ALDARA	3	MO
ammonium lactate	1	MO
CARAC	2	MO
CONDYLOX TOPICAL GEL	2	MO
diclofenac sodium topical gel	1	PA; MO
EFUDEX	3	MO
ELIDEL	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
fluorouracil topical	1	MO
imiquimod	1	MO
LAC-HYDRIN	3	MO
methoxsalen rapid	1	
OXSORALEN	2	MO
OXSORALEN ULTRA	3	MO
PANRETIN	2	MO
PICATO	3	MO
podofilox	1	MO
PROTOPIC	2	PA; MO
PRUDOXIN	1	MO
REGRANEX	2	MO; QL (15 per 30 days)
SOLARAZE	3	PA; MO
U-CORT	3	ST; MO
UVADEX	2	
VEREGEN	3	MO
ZONALON	3	MO
ZYCLARA	2	MO
THERAPY FOR ACNE		
ABSORICA	3	MO
ACANYA	3	MO
ACZONE	3	MO
adapalene	1	PA; MO
AKNE-MYCIN	3	MO
AMNESTEEM	1	MO
ATRALIN	3	PA; MO
AVITA TOPICAL CREAM	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
AVITA TOPICAL GEL	3	PA; MO
AZELEX	3	MO
BENZAMYCIN	3	MO
CLARAVIS	1	MO
CLEOCIN T	3	MO
CLINDACIN PAC	3	MO
clindamycin phosphate topical	1	MO
clindamycin-benzoyl peroxide topical gel	1	MO
DIFFERIN	3	PA; MO
EPIDUO TOPICAL GEL WITH PUMP	3	PA; MO
ERY PADS	1	MO
erythromycin with ethanol topical gel	1	MO
erythromycin with ethanol topical solution	1	MO
erythromycin-benzoyl peroxide	1	MO
FABIOR	3	MO
FINACEA	3	MO
METROCREAM	3	MO
METROGEL TOPICAL GEL	3	MO
METROLOTION	3	MO
metronidazole topical cream	1	MO
metronidazole topical gel	1	MO

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Drug Name	Drug Tier	Requirements /Limits
metronidazole topical lotion	1	MO
MYORISAN	1	
NORITATE	3	MO
RETIN-A	3	PA; MO
RETIN-A MICRO	3	PA; MO
RETIN-A MICRO PUMP TOPICAL GEL 0.08 %	3	PA
TAZORAC	2	PA; MO
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	PA; MO
tretinoin topical cream 0.05 %	3	PA; MO
tretinoin topical gel	1	PA; MO
VELTIN	3	PA; MO
ZENATANE	1	MO
ZIANA	3	PA; MO
TOPICAL ANESTHETICS		
EMLA	3	MO
lidocaine topical adhesive patch,medicated	1	PA; MO
lidocaine topical ointment	1	MO
lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)	1	MO
lidocaine hcl injection solution 20 mg/ml (2 %)	1	MO

Drug Name	Drug Tier	Requirements /Limits
lidocaine hcl mucous membrane gel	1	MO
lidocaine hcl mucous membrane jelly in applicator	1	MO
lidocaine hcl mucous membrane solution 2 %	1	
lidocaine hcl mucous membrane solution 4 %	1	MO
lidocaine-prilocaine topical cream	1	MO
LIDODERM	3	PA; MO
SYNERA	3	MO
XYLOCAINE INJECTION SOLUTION 20 MG/ML (2 %)	3	
XYLOCAINE MUCOUS MEMBRANE	3	
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %)	3	MO
TOPICAL ANTIBACTERIALS		
ALTABAX	3	MO
BACTROBAN	3	MO
CORTISPORIN TOPICAL	3	MO
gentamicin topical	1	MO
KLARON	3	MO
mafenide acetate	1	MO

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Drug Name	Drug Tier	Requirements /Limits
mupirocin	1	MO
mupirocin calcium	1	MO
sulfacetamide sodium (acne)	1	MO
SULFAMYLON TOPICAL CREAM	2	MO
SULFAMYLON TOPICAL PACKET	3	MO
TOPICAL ANTIFUNGALS		
ciclopirox	1	MO
clotrimazole topical	1	MO
clotrimazole-betamethasone	1	MO
econazole topical	1	MO
ERTACZO	3	MO
EXELDERM	3	MO
EXTINA	3	MO
JUBLIA	3	
ketoconazole topical	1	MO
KETODAN KIT	1	MO
LOPROX	3	MO
LOTRISONE	3	MO
LUZU	3	MO
MENTAX	3	MO
NAFTIN	3	MO
NIZORAL	3	MO
NYAMYC	1	MO
nystatin topical	1	MO
nystatin-triamcinolone	1	MO

Drug Name	Drug Tier	Requirements /Limits
NYSTOP	1	MO
OXISTAT	3	MO
PEDI-DRI	1	MO
TOPICAL ANTIVIRALS		
acyclovir topical	1	MO
DENAVIR	2	MO
XERESE	3	MO
ZOVIRAX TOPICAL CREAM	2	MO
ZOVIRAX TOPICAL OINTMENT	3	MO
TOPICAL CORTICOSTEROIDS		
ALA-CORT	1	MO
ALA-SCALP	3	ST; MO
alclometasone	1	MO
amcinonide	1	MO
APEXICON E	1	MO
betamethasone dipropionate	1	MO
betamethasone valerate	1	MO
betamethasone, augmented	1	MO
CAPEX	3	ST; MO
clobetasol topical foam	1	MO
clobetasol topical gel	1	MO
clobetasol topical lotion	1	MO

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Drug Name	Drug Tier	Requirements /Limits
clobetasol topical ointment	1	MO
clobetasol topical shampoo	1	MO
clobetasol topical solution	1	MO
clobetasol-emollient topical cream	1	MO
CLOBEX	3	ST; MO
CLODERM	3	ST; MO
CORDRAN TAPE LARGE ROLL	3	ST; MO
CUTIVATE	3	ST; MO
DERMATOP	3	ST; MO
DESONATE	3	ST; MO
desonide	1	MO
DESOWEN TOPICAL CREAM	3	ST
DESOWEN TOPICAL LOTION	3	ST; MO
desoximetasone	1	MO
diflorasone	1	MO
DIPROLENE	3	ST; MO
DIPROLENE AF	3	ST; MO
ELOCON	3	ST; MO
fluocinolone	1	MO
fluocinonide topical cream 0.1 %	1	MO
fluocinonide topical gel	1	MO
fluocinonide topical ointment	1	MO

Drug Name	Drug Tier	Requirements /Limits
fluocinonide topical solution	1	MO
FLUOCINONIDE-E	1	MO
fluticasone topical	1	MO
halobetasol propionate	1	MO
HALOG	3	ST; MO
hydrocortisone topical cream 1 %, 2.5 %	1	MO
hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
hydrocortisone butyr-emollient	1	MO
hydrocortisone butyrate topical ointment	1	MO
hydrocortisone butyrate topical solution	1	MO
hydrocortisone valerate	1	MO
KENALOG TOPICAL	3	ST; MO
mometasone	1	MO
OLUX	3	ST; MO
PANDEL	3	ST; MO
prednicarbate	1	MO
SYNALAR CREAM KIT	3	ST; MO
TEMOVATE	3	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
TOPICORT	3	ST; MO
triamcinolone acetonide topical	1	MO
TRIDERM	1	MO
ULTRAVATE	3	ST; MO
VANOS	3	ST; MO
TOPICAL ENZYMES		
SANTYL	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
EURAX	3	MO
lindane	1	MO
malathion	1	MO
OVIDE	3	MO
permethrin topical cream	1	MO
SKLICE	3	MO
spinosad	1	MO
ULESFIA	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
lactated ringers irrigation	1	MO
neomycin-polymyxin b gu	1	MO
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
ringers irrigation	1	MO
MISCELLANEOUS AGENTS		

Drug Name	Drug Tier	Requirements /Limits
acamprosate	1	MO
ACTONEL ORAL TABLET 30 MG	3	MO; QL (30 per 30 days)
ADAGEN	2	MO
AGRYLIN	3	MO
alendronate oral tablet 40 mg	1	MO; QL (30 per 30 days)
anagrelide	1	MO
ANTABUSE	3	MO
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	2	MO; LA
CAMPRAL	3	MO
CARBAGLU	2	MO; LA
CARNITOR	3	MO
cevimeline	1	MO
CHEMET	2	MO
CLINIMIX 4.25%/D5W SULFIT FREE	2	PA
CLINIMIX E 2.75%/D10W SUL FREE	2	
CLINIMIX E 2.75%/D5W SULF FREE	2	
d10 % & 0.45 % sodium chloride	1	
d2.5 %-0.45 % sodium chloride	1	
d5 % and 0.9 % sodium chloride	1	MO

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Drug Name	Drug Tier	Requirements /Limits
d5 %-0.45 % sodium chloride	1	MO
dextrose 10 % & 0.2 % nacl	1	
dextrose 10 % in water (d10w)	1	MO
dextrose 5 % in water (d5w) intravenous parenteral solution	1	MO
dextrose 5 %-lactated ringers	1	MO
dextrose 5%-0.2 % sod chloride	1	
dextrose 5%-0.3 % sod.chloride	1	
disulfiram	1	MO
etidronate disodium	1	MO
EVOXAC	3	MO
EXJADE	2	MO; LA
FERRIPROX	2	MO
FOSRENOL	3	MO
GLASSIA	3	MO; LA
INCRELEX	2	MO; LA
KAYEXALATE	3	MO
KIONEX ORAL POWDER	1	MO
levocarnitine intravenous	1	MO
levocarnitine oral tablet	1	MO
levocarnitine (with sugar)	1	MO

Drug Name	Drug Tier	Requirements /Limits
LITHOSTAT	3	MO
midodrine	1	MO
ORFADIN	2	MO; LA
pilocarpine hcl oral	1	MO
PROLASTIN-C	2	MO; LA
RAVICTI	2	MO
RECLAST	3	PA; MO
RENAGEL	3	MO
RENVELA	3	MO
RILUTEK	3	MO
riluzole	1	MO
SALAGEN	3	MO
sodium chloride irrigation	1	MO
sodium chloride 0.9 % intravenous parenteral solution	1	MO
sodium phenylbutyrate	1	MO
SODIUM POLYSTYRENE (SORB FREE)	1	
SYPRINE	2	MO
THIOLA	2	MO
VELPHORO	3	MO
water for irrigation, sterile	1	MO
ZEMAIRA	2	MO; LA
zoledronic acid-mannitol-water intravenous solution	1	PA; MO
SMOKING DETERRENTS		

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Drug Name	Drug Tier	Requirements /Limits
BUPROBAN	1	MO
CHANTIX	2	MO
CHANTIX CONTINUING MONTH BOX	2	MO
CHANTIX CONTINUING MONTH PAK	2	
CHANTIX STARTING MONTH BOX	2	MO
CHANTIX STARTING MONTH PAK	2	
NICOTROL	2	MO
NICOTROL NS	2	MO
ZYBAN	3	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ASTELIN	3	MO; QL (60 per 30 days)
ASTEPRO	3	MO; QL (60 per 30 days)
ATROVENT	3	MO; QL (30 per 30 days)
azelastine nasal	1	MO; QL (60 per 30 days)
BACTROBAN NASAL	2	MO
chlorhexidine gluconate mucous membrane	1	MO
ipratropium bromide nasal	1	MO; QL (30 per 30 days)
PATANASE	3	MO; QL (30.5 per 30 days)
PERIOGARD	1	MO
triamcinolone acetonide dental	1	MO
TYZINE NASAL DROPS 0.05 %	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
ACETASOL HC	1	MO
acetic acid otic	1	MO
fluocinolone acetonide oil	1	MO
hydrocortisone-acetic acid	1	MO
ofloxacin otic	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	MO
CIPRODEX	2	MO
COLY-MYCIN S	3	MO
CORTISPORIN OTIC	3	MO
CORTISPORIN-TC	3	MO
neomycin-polymyxin-hc otic	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
A-HYDROCORT	1	MO
ACTHAR H.P.	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
CORTEF	3	MO
cortisone	1	MO
DEPO-MEDROL	3	MO
dexamethasone oral elixir	1	MO
dexamethasone oral tablet	1	MO
DEXAMETHASONE INTENSOL	1	MO
dexamethasone sodium phosphate injection	1	MO
DEXPAK 13 DAY	3	MO
FLO-PRED	3	
fludrocortisone	1	MO
hydrocortisone oral	1	MO
KENALOG INJECTION	3	MO
MEDROL	3	PA; MO
MEDROL (PAK)	3	MO
methylprednisolone oral tablet	1	PA; MO
methylprednisolone oral tablets,dose pack	1	MO
methylprednisolone acetate	1	MO
methylprednisolone sodium succ injection recon soln 125 mg	1	MO

Drug Name	Drug Tier	Requirements /Limits
methylprednisolone sodium succ injection recon soln 40 mg	1	
MILLIPRED ORAL SOLUTION	3	MO
MILLIPRED ORAL TABLET	1	PA; MO
ORAPRED	3	MO
ORAPRED ODT ORAL TABLET,DISINTEGRATING 15 MG, 30 MG	3	PA; MO
prednisolone sodium phosphate oral solution 15 mg/5 ml, 5 mg base/5 ml (6.7 mg/5 ml)	1	MO
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)	1	
prednisone oral solution	1	MO
prednisone oral tablet	1	PA; MO
PREDNISONE INTENSOL	1	MO
RAYOS	3	PA; MO
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML	3	MO

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Drug Name	Drug Tier	Requirements /Limits
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	3	
SOLU-MEDROL (PF) INJECTION	3	MO
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML	3	MO
triamcinolone acetonide injection suspension 10 mg/ml	1	MO
triamcinolone acetonide injection suspension 40 mg/ml	1	
VERIPRED 20	1	MO
ANTITHYROID AGENTS		
methimazole	1	MO
propylthiouracil	1	MO
TAPAZOLE	3	MO
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	1	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; QL (180 per 30 days)
ACTOPLUS MET	3	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	3	MO; QL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	3	MO; QL (30 per 30 days)
ACTOS	3	MO; QL (30 per 30 days)
ALCOHOL PADS	2	
AMARYL ORAL TABLET 1 MG	3	MO; QL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	3	MO; QL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	3	MO; QL (60 per 30 days)
APIDRA	3	MO
APIDRA SOLOSTAR	3	MO
AVANDAMET	3	MO; LA; QL (60 per 30 days)
AVANDARYL	3	MO; LA; QL (30 per 30 days)
AVANDIA ORAL TABLET 2 MG, 4 MG	3	MO; LA; QL (60 per 30 days)
AVANDIA ORAL TABLET 8 MG	3	MO; LA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON	2	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/0.04 ML	2	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/0.02 ML	2	PA; MO; QL (1.2 per 30 days)
CYCLOSET	3	MO; QL (180 per 30 days)
DUETACT	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	3	MO; QL (75 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	3	MO; QL (150 per 30 days)
gauze pads 2 x 2	2	
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
GLUCAGEN	2	
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY	2	MO
GLUCOPHAGE ORAL TABLET 1,000 MG	3	MO; QL (75 per 30 days)
GLUCOPHAGE ORAL TABLET 500 MG	3	MO; QL (150 per 30 days)
GLUCOPHAGE ORAL TABLET 850 MG	3	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	MO; QL (120 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	MO; QL (75 per 30 days)
GLUCOTROL ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	3	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	3	MO; QL (60 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	3	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GLYSET ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
GLYSET ORAL TABLET 25 MG	3	MO; QL (360 per 30 days)
GLYSET ORAL TABLET 50 MG	3	MO; QL (180 per 30 days)
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 KWIKPEN	2	MO
HUMULIN 70/30 PEN	2	MO
HUMULIN N	2	MO
HUMULIN N KWIKPEN	2	MO
HUMULIN N PEN	2	MO
HUMULIN R	2	MO
HUMULIN R U-500 "CONCENTRATED "	2	MO
insulin pen needle	2	MO
insulin syringe (disp) u-100 0.3 ml	2	MO

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Drug Name	Drug Tier	Requirements /Limits
insulin syringe (disp) u-100 1 ml	2	
insulin syringe (disp) u-100 1/2 ml	2	MO
INVOKANA	2	MO; QL (30 per 30 days)
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	2	MO; QL (60 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)
JENTADUETO	3	ST; MO; QL (60 per 30 days)
KAZANO	3	ST; MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	2	MO; QL (30 per 30 days)
LANTUS	2	MO

Drug Name	Drug Tier	Requirements /Limits
LANTUS SOLOSTAR	2	MO
LEVEMIR	2	MO
LEVEMIR FLEXPEN	2	MO
LEVEMIR FLEXTOUCH	2	MO
metformin oral tablet 1,000 mg	1	MO; QL (75 per 30 days)
metformin oral tablet 500 mg	1	MO; QL (150 per 30 days)
metformin oral tablet 850 mg	1	MO; QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	MO; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (75 per 30 days)
metformin oral tablet extended release 24hr 1,000 mg	1	MO; QL (75 per 30 days)
nateglinide oral tablet 120 mg	1	MO; QL (90 per 30 days)
nateglinide oral tablet 60 mg	1	MO; QL (180 per 30 days)
needles, insulin disp.,safety	2	
NESINA	3	ST; MO; QL (30 per 30 days)
NOVOLIN 70/30	3	MO
NOVOLIN N	3	MO
NOVOLIN R	3	MO

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Drug Name	Drug Tier	Requirements /Limits
NOVOLOG	2	MO
NOVOLOG FLEXPEN	2	MO
NOVOLOG MIX 70-30	2	MO
NOVOLOG MIX 70-30 FLEXPEN	2	MO
NOVOLOG PENFILL	2	MO
ONGLYZA	2	MO; QL (30 per 30 days)
OSENI	3	MO; QL (30 per 30 days)
pioglitazone	1	MO; QL (30 per 30 days)
pioglitazone-glimepiride	1	MO; QL (30 per 30 days)
pioglitazone-metformin	1	MO; QL (90 per 30 days)
PRANDIMET	3	MO; QL (150 per 30 days)
PRANDIN ORAL TABLET 0.5 MG	3	MO; QL (960 per 30 days)
PRANDIN ORAL TABLET 1 MG	3	MO; QL (480 per 30 days)
PRANDIN ORAL TABLET 2 MG	3	MO; QL (240 per 30 days)
PRECOSE ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
PRECOSE ORAL TABLET 25 MG	3	MO; QL (360 per 30 days)
PRECOSE ORAL TABLET 50 MG	3	MO; QL (180 per 30 days)
PROGLYCEM	2	MO

Drug Name	Drug Tier	Requirements /Limits
repaglinide oral tablet 0.5 mg	1	MO; QL (960 per 30 days)
repaglinide oral tablet 1 mg	1	MO; QL (480 per 30 days)
repaglinide oral tablet 2 mg	1	MO; QL (240 per 30 days)
RIOMET	2	MO; QL (765 per 30 days)
STARLIX ORAL TABLET 120 MG	3	MO; QL (90 per 30 days)
STARLIX ORAL TABLET 60 MG	3	MO; QL (180 per 30 days)
SYMLINPEN 120	2	PA; MO; QL (18.9 per 30 days)
SYMLINPEN 60	2	PA; MO; QL (10.5 per 30 days)
TANZEUM	3	PA; QL (2 per 28 days)
tolazamide oral tablet 250 mg	1	MO; QL (120 per 30 days)
tolazamide oral tablet 500 mg	1	MO; QL (60 per 30 days)
tolbutamide	1	MO; QL (180 per 30 days)
TRADJENTA	3	ST; MO; QL (30 per 30 days)
VGO 20	2	MO
VGO 30	2	MO
VGO 40	2	MO
VICTOZA 2-PAK	2	PA; MO; QL (9 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VICTOZA 3-PAK	2	PA; MO; QL (9 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	2	MO
ANADROL-50	2	PA; MO
ANDRODERM	2	PA; MO
ANDROGEL	2	PA; MO
ANDROID	3	MO
ANDROXY	1	MO
AXIRON	3	PA; MO
cabergoline	1	MO; QL (16 per 28 days)
calcitonin (salmon)	1	MO
calcitriol intravenous	1	MO
calcitriol oral	1	MO
CEREZYME	2	MO
chorionic gonadotropin, human	1	PA; MO
danazol oral	1	MO
DDAVP	3	MO
DEPO-TESTOSTERONE	3	MO
desmopressin injection	1	MO
desmopressin nasal spray,non-aerosol	1	MO
desmopressin oral	1	MO
doxercalciferol intravenous	1	
doxercalciferol oral	1	MO

Drug Name	Drug Tier	Requirements /Limits
ELAPRASE	2	MO
ELELYSO	2	MO
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	2	MO
FORTESTA	3	PA; MO
FORTICAL	1	MO
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	MO
HECTOROL ORAL	3	MO
KORLYM	3	MO
KUVAN ORAL TABLET,SOLUBLE	2	MO; LA
LUMIZYME	2	MO; LA
METHITEST	2	MO
MIACALCIN INJECTION	2	MO
MIACALCIN NASAL	3	MO
MYALEPT	2	PA; MO; LA
MYOZYME	2	MO
NAGLAZYME	2	MO; LA
NOVAREL	1	PA; MO
oxandrolone	1	PA; MO
pamidronate intravenous solution	1	MO
paricalcitol	1	MO
PREGNYL	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ROCALTROL	3	MO
SAMSCA ORAL TABLET 15 MG	2	PA; MO; QL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	2	PA; MO; QL (60 per 30 days)
SENSIPAR	2	MO
SOMAVERT	2	MO; LA
STIMATE	3	MO
STRIANT	3	PA; MO
SYNAREL	2	MO
TESTIM	3	PA; MO
testosterone cypionate	1	MO
testosterone enanthate	1	MO
TESTRED	3	MO
VOGELXO TRANSDERMAL GEL IN PACKET	3	PA
VPRIV	2	MO
ZAVESCA	2	MO; LA
ZEMPLAR INTRAVENOUS	2	MO
ZEMPLAR ORAL	3	MO
zoledronic acid intravenous solution	1	MO
ZOMETA	3	MO
THYROID HORMONES		
CYTOMEL	3	MO

Drug Name	Drug Tier	Requirements /Limits
levothyroxine intravenous recon soln 100 mcg	3	MO
levothyroxine oral	1	MO
LEVOXYL	1	MO
liothyronine intravenous	1	
liothyronine oral	1	MO
SYNTHROID	3	MO
THYROLAR-1	2	MO
THYROLAR-1/2	2	MO
THYROLAR-1/4	2	MO
THYROLAR-2	2	MO
THYROLAR-3	2	MO
TIROSINT	3	MO
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
atropine injection syringe	1	
BENTYL	3	MO
CANTIL	3	MO
CUVPOSA	3	MO
dicyclomine	1	MO

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Drug Name	Drug Tier	Requirements /Limits
diphenoxylate-atropine	1	MO
FULYZAQ	3	MO
GLYCATE	3	
glycopyrrolate	1	MO
LOMOTIL	3	MO
loperamide oral capsule	1	MO
methscopolamine oral	1	MO
PAMINE	3	MO
PAMINE FORTE	3	MO
ROBINUL ORAL	3	MO
ROBINUL FORTE	3	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACTIGALL	3	MO
ALOXI	2	MO; QL (10 per 30 days)
AMITIZA	2	MO
ANUSOL-HC RECTAL CREAM	3	MO
ANZEMET INTRAVENOUS SOLUTION 100 MG/5 ML	3	MO
ANZEMET ORAL	3	PA; MO
APRISO	3	MO
ASACOL HD	2	MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO

Drug Name	Drug Tier	Requirements /Limits
balsalazide	1	MO
budesonide oral	1	MO
CANASA	2	MO
CESAMET	2	PA; MO
CHENODAL	2	PA; MO; LA
CIMZIA	3	PA; MO
CIMZIA POWDER FOR RECONST	3	PA; MO
CIMZIA STARTER KIT	3	PA; MO
COLAZAL	3	MO
COLOCORT	1	MO
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 GRAM	3	MO
COMPRO	1	MO
CONSTULOSE	1	MO
CORTIFOAM	2	MO
CREON	2	MO
cromolyn oral	1	MO
CYSTADANE	2	MO
DELZICOL	2	MO
DIPENTUM	3	MO
dronabinol	1	PA; MO
EMEND INTRAVENOUS	2	MO
EMEND ORAL	2	PA; MO
ENTOCORT EC	3	MO
ENULOSE	1	MO

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Drug Name	Drug Tier	Requirements /Limits
GASTROCROM	3	MO
GATTEX ONE-VIAL	3	MO
GAVILYTE-C	1	MO
GAVILYTE-G	1	MO
GAVILYTE-N	1	MO
GENERLAC	1	MO
GIAZO	3	MO
GOLYTELY	3	MO
granisetron intravenous solution 1 mg/ml (1 ml)	1	MO
granisetron oral	1	PA; MO
granisetron (pf) intravenous solution 100 mcg/ml	1	
GRANISOL	1	PA; MO
hydrocortisone rectal	1	MO
KRISTALOSE	3	MO
lactulose oral solution 10 gram/15 ml	1	MO
LIALDA	2	MO
LINZESS	2	MO
LOTRONEX	2	MO
MARINOL	3	PA; MO
meclizine oral tablet	1	MO
mesalamine with cleansing wipe	1	MO
metoclopramide hcl injection solution	1	MO

Drug Name	Drug Tier	Requirements /Limits
metoclopramide hcl oral	1	MO
METOZOLV ODT	3	MO
MOVIPREP	2	MO
NULYTELY WITH FLAVOR PACKS	3	MO
ondansetron	1	PA; MO
ondansetron hcl oral solution	1	PA; MO
ondansetron hcl oral tablet 24 mg	1	PA
ondansetron hcl oral tablet 4 mg, 8 mg	1	PA; MO
ondansetron hcl (pf) injection solution	1	MO
OSMOPREP	3	MO
PANCREAZE	3	MO
peg 3350-electrolytes oral recon soln 236-22.74-6.74 gram	1	MO
PENTASA	2	MO
PERTZYE	3	MO
polyethylene glycol 3350 oral powder	1	MO
PREPOPIK	3	MO
prochlorperazine	1	MO
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	1	MO
prochlorperazine maleate oral	1	MO

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Drug Name	Drug Tier	Requirements /Limits
PROCTO-PAK	1	MO
PROCTOZONE-HC	1	MO
RECTIV	2	MO
REGLAN	3	MO
RELISTOR	2	MO
REMICADE	2	PA; MO
SANCUSO	2	MO
SFROWASA	3	MO
SUCLEAR	2	MO
SUCRAID	2	MO
sulfasalazine oral tablet	1	MO
SULFAZINE EC	1	MO
SUPREP	2	MO
TRANSDERM-SCOP	3	MO
TRILYTE WITH FLAVOR PACKETS	1	MO
UCERIS	2	MO
ULTRESA	3	MO
URSO 250	3	MO
URSO FORTE	3	MO
ursodiol	1	MO
VIOKACE	2	MO

Drug Name	Drug Tier	Requirements /Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 - 55,000 UNIT, 15,000-51,000 - 82,000 UNIT, 20,000-68,000 - 109,000 UNIT, 25,000-85,000-136,000 UNIT, 3,000-10,000-16,000 UNIT	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5,000-17,000 - 27,000 UNIT	3	MO
ZOFRAN (AS HYDROCHLORIDE) INTRAVENOUS	3	MO
ZOFRAN (AS HYDROCHLORIDE) ORAL	3	PA; MO
ZOFRAN ODT	3	PA; MO
ULCER THERAPY		
ACIPHEX	3	MO
ACIPHEX SPRINKLE	3	MO; QL (30 per 30 days)
amoxicil-clarithromy-lansopraz	1	MO; QL (112 per 30 days)
AXID	3	MO
CARAFATE ORAL SUSPENSION	1	MO

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Drug Name	Drug Tier	Requirements /Limits
CARAFATE ORAL TABLET	3	MO
cimetidine	1	MO
CYTOTEC	3	MO
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG	3	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG	3	MO
esomeprazole sodium	1	
esomeprazole strontium	3	MO
famotidine oral suspension	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
famotidine (pf)	1	MO
famotidine (pf)-nacl (iso-os)	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	MO
misoprostol	1	MO
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	2	MO
NEXIUM IV INTRAVENOUS RECON SOLN 20 MG	3	
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	MO
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	2	MO; QL (30 per 30 days)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	2	MO
nizatidine	1	MO
OMECLAMOX-PAK	3	MO; QL (80 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	1	MO
pantoprazole intravenous	1	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO
PEPCID	3	MO
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG	3	MO; QL (30 per 30 days)
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	MO
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG	3	MO; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG	3	MO
PREVPAC	3	MO; QL (112 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PRILOSEC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 MG, 20 MG	3	MO; QL (30 per 30 days)
PRILOSEC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	3	MO
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	3	MO; QL (900 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	3	MO; QL (300 per 30 days)
PROTONIX INTRAVENOUS	3	MO
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	MO
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	3	MO; QL (30 per 30 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG	3	MO
PYLERA	2	MO
rabeprazole	1	MO
ranitidine hcl injection solution 25 mg/ml	1	MO

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Drug Name	Drug Tier	Requirements /Limits
ranitidine hcl oral capsule	1	MO
ranitidine hcl oral syrup	1	MO
ranitidine hcl oral tablet 150 mg, 300 mg	1	MO
sucralfate oral tablet	1	MO
ZANTAC INJECTION SOLUTION 25 MG/ML	3	MO
ZANTAC ORAL	3	MO
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	3	MO; QL (30 per 30 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	3	MO
ZEGERID ORAL PACKET 20-1,680 MG	3	MO; QL (30 per 30 days)
ZEGERID ORAL PACKET 40-1,680 MG	3	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	2	MO
ARANESP (IN POLYSORBATE)	2	PA; MO
ARCALYST	2	PA; MO
AVONEX INTRAMUSCULAR KIT	2	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE	2	PA; MO; QL (4 per 28 days)
AVONEX ADMINISTRATION PACK	2	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	2	PA; MO; QL (15 per 28 days)
EGRIFTA	2	PA; MO
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
EXTAVIA SUBCUTANEOUS KIT	3	PA; MO; QL (15 per 28 days)
GENOTROPIN	3	PA; MO
GENOTROPIN MINIQUICK	3	PA; MO
GRANIX	3	PA; MO
HUMATROPE	3	PA; MO
ILARIS (PF)	2	PA; MO; LA
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	2	MO

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Drug Name	Drug Tier	Requirements /Limits
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	2	MO
LEUKINE	2	MO
MOZOBIL	2	MO
NEULASTA	2	PA; MO; QL (2 per 30 days)
NEUMEGA	2	MO
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	2	PA; MO
NEUPOGEN INJECTION SYRINGE	2	PA; MO
NORDITROPIN FLEXPRO	3	PA; MO
NORDITROPIN NORDIFLEX	3	PA; MO
NUTROPIN AQ	3	PA; MO
NUTROPIN AQ NUSPIN SUBCUTANEOUS CARTRIDGE 5 MG/2 ML (2.5 MG/ML)	3	PA; MO
OMNITROPE	2	PA; MO
PEGASYS	2	MO; QL (4 per 28 days)
PEGASYS CONVENIENCE PACK	2	MO; QL (4 per 28 days)
PEGASYS PROCLICK	2	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
PEGINTRON	2	MO; QL (4 per 28 days)
PEGINTRON REDIPEN	2	MO; QL (4 per 28 days)
PROCRIT	2	PA; MO
PROLEUKIN	2	MO
REBIF (WITH ALBUMIN)	2	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; MO; QL (12 per 28 days)
REBIF TITRATION PACK	2	PA; MO; QL (12 per 28 days)
SAIZEN	2	PA; MO
SAIZEN CLICK.EASY	2	PA; MO
SEROSTIM	2	PA; MO
SYLATRON	2	MO
TEV-TROPIN	3	PA; MO
ZORBTIVE	3	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	MO

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Drug Name	Drug Tier	Requirements /Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	2	MO
ATGAM	2	PA
bcg vaccine, live (pf)	2	
BIVIGAM	3	PA; MO
BOOSTRIX TDAP	2	MO
BOTOX INJECTION RECON SOLN 100 UNIT	2	PA; MO
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 3 GRAM	2	PA
CERVARIX VACCINE (PF)	2	MO
COMVAX (PF)	2	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT	3	PA; MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	PA
fomepizole	1	MO
GAMASTAN S/D	2	MO
GAMMAGARD LIQUID	2	PA; MO
GAMMAPLEX	3	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	PA; MO
GARDASIL (PF) INTRAMUSCULAR SUSPENSION	2	MO
GRASTEK	3	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
IMOVAX RABIES VACCINE (PF)	2	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	
IPOL INJECTION SUSPENSION	2	MO

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Drug Name	Drug Tier	Requirements /Limits
IXIARO (PF)	2	MO
M-M-R II (PF)	2	MO
MENACTRA (PF)	2	MO
MENOMUNE - A/C/Y/W-135 (PF)	2	MO
MENVEO A-C-Y-W-135-DIP (PF)	2	MO
PEDVAX HIB (PF)	2	MO
PRIVIGEN	2	PA; MO
PROQUAD (PF)	2	
RABAVERT (PF)	2	MO
RAGWITEK	2	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	PA; MO
ROTARIX	2	
ROTATEQ VACCINE	2	
tetanus toxoid,adsorbed (pf)	1	MO
tetanus-diphtheria toxoids-td	2	MO
THYMOGLOBULIN	3	PA
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	MO
VARIVAX (PF)	2	MO
XEOMIN INTRAMUSCULAR RECON SOLN 50 UNIT	3	PA; MO
YF-VAX (PF)	2	MO
ZOSTAVAX (PF)	2	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol	1	MO
ALOPRIM	1	
colchicine-probenecid	1	MO
COLCRYS	2	MO
probenecid	1	MO
ULORIC	2	ST; MO
ZYLOPRIM	3	MO
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	3	MO; QL (4 per 28 days)
ACTONEL ORAL TABLET 5 MG	3	MO; QL (30 per 30 days)
alendronate oral solution	1	MO; QL (1286 per 30 days)
alendronate oral tablet 10 mg, 5 mg	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
ATELVIA	3	MO; QL (4 per 28 days)
BINOSTO	3	MO; QL (4 per 28 days)
BONIVA INTRAVENOUS	3	PA; MO
BONIVA ORAL	3	MO; QL (1 per 30 days)
EVISTA	3	MO
FORTEO	2	PA; MO; QL (2.4 per 28 days)
FOSAMAX	3	MO; QL (4 per 28 days)
FOSAMAX PLUS D	3	MO; QL (4 per 28 days)
ibandronate intravenous	2	PA; MO
ibandronate oral	1	MO; QL (1 per 30 days)
PROLIA	2	PA; MO
raloxifene	1	MO
risedronate	1	MO; QL (1 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA	2	PA; MO
ARAVA	3	MO; QL (30 per 30 days)
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	2	MO

Drug Name	Drug Tier	Requirements /Limits
CUPRIMINE	2	MO
DEPEN TITRATABS	3	MO
ENBREL SUBCUTANEOUS KIT	2	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	2	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	2	PA; MO; QL (4 per 28 days)
ENBREL SURECLICK	2	PA; MO; QL (4 per 28 days)
HUMIRA SUBCUTANEOUS KIT 20 MG/0.4 ML	2	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS KIT 40 MG/0.8 ML	2	PA; MO; QL (3.2 per 28 days)
HUMIRA CROHN'S DIS START PCK	2	PA; MO; QL (4.8 per 180 days)
HUMIRA PEN	2	PA; MO; QL (3.2 per 28 days)
HUMIRA PSORIASIS STARTER PACK	2	PA; MO; QL (3.2 per 180 days)
KINERET	3	PA; MO
leflunomide	1	MO; QL (30 per 30 days)
ORENCIA	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ORENCIA (WITH MALTOSE)	2	PA; MO
OTEZLA	2	PA; MO
OTEZLA STARTER	2	PA; MO
OTREXUP (PF)	3	MO
RIDAURA	2	MO
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (1 per 30 days)
SIMPONI	3	PA; MO
SIMPONI ARIA	3	PA; MO
XELJANZ	3	PA; MO
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
ACTIVELLA	3	MO
ALORA	3	MO; QL (8 per 28 days)
ANGELIQ ORAL TABLET 0.5-1 MG	3	MO
AYGESTIN	3	MO
CAMILA	1	MO
CENESTIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG	3	MO
CLIMARA	3	MO; QL (4 per 28 days)
CRINONE VAGINAL GEL 4 %	3	MO

Drug Name	Drug Tier	Requirements /Limits
CRINONE VAGINAL GEL 8 %	3	PA; MO
DELESTROGEN	3	MO
DEPO-ESTRADIOL	3	MO
DEPO-PROVERA INTRAMUSCULAR SOLUTION	2	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	MO
DEPO-SUBQ PROVERA 104	3	MO
DIVIGEL TRANSDERMAL GEL IN PACKET 1 (0.1) MG (%)	3	MO; QL (30 per 30 days)
DUAVEE	3	MO
ENJUVIA	3	MO
ERRIN	1	MO
ESTRACE ORAL	3	MO
ESTRACE VAGINAL	2	MO
estradiol oral	1	MO
estradiol transdermal	1	MO; QL (4 per 28 days)
estradiol valerate	1	MO
estradiol-norethindrone acet	1	MO
ESTRASORB	3	MO; QL (98 per 28 days)
ESTRING	2	MO
estropipate	1	MO

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Drug Name	Drug Tier	Requirements /Limits
EVAMIST	3	MO; QL (16.2 per 30 days)
FEMHRT LOW DOSE	3	MO
FEMRING	3	MO
JOLIVETTE	1	MO
LYZA	1	
medroxyprogesterone intramuscular suspension	1	MO
medroxyprogesterone oral	1	MO
MENEST	3	MO
MENOSTAR	3	MO; QL (4 per 28 days)
MIMVEY	1	MO
MIMVEY LO	1	MO
MINIVELLE	3	MO; QL (8 per 28 days)
NOR-QD	3	MO
NORA-BE	1	MO
norethindrone (contraceptive)	1	MO
norethindrone acetate	1	MO
ORTHO MICRONOR	3	MO
PREMARIN	2	MO
progesterone micronized	1	MO
PROMETRIUM	3	MO
PROVERA	3	MO

Drug Name	Drug Tier	Requirements /Limits
VAGIFEM	2	MO
VIVELLE-DOT	3	MO; QL (8 per 28 days)
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL	3	MO
clindamycin phosphate vaginal	1	MO
GYNAZOLE-1	3	MO
LUPANETA PACK (1 MONTH)	3	MO
LUPANETA PACK (3 MONTH)	3	MO
LYSTEDA	3	MO
METROGEL VAGINAL	3	MO
metronidazole vaginal	1	MO
MICONAZOLE-3 VAGINAL SUPPOSITORY	1	MO
NUVARING	3	MO
ORTHO EVRA	3	MO
TERAZOL 3	3	MO
TERAZOL 7	3	MO
terconazole	1	MO
tranexamic acid oral	1	MO
VANDAZOLE	1	MO
XULANE	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
AMETHIA	1	MO

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Drug Name	Drug Tier	Requirements /Limits
AMETHYST	1	MO
APRI	1	MO
ARANELLE (28)	1	MO
AVIANE	1	MO
BALZIVA (28)	1	MO
BEYAZ	3	MO
BREVICON (28)	3	MO
BRIELLYN	1	MO
CRYSELLE (28)	1	MO
CYCLAFEM 1/35 (28)	1	MO
CYCLAFEM 7/7/7 (28)	1	MO
CYCLESSA (28)	3	MO
DESOGEN	3	MO
drospirenone-ethinyl estradiol	1	
ELLA	2	MO
EMOQUETTE	1	MO
ENPRESSE	1	MO
ESTROSTEP FE-28	3	MO
FEMCON FE	3	MO
GENERESS FE	3	MO
GIANVI (28)	1	MO
GILDAGIA	1	MO
INTROVALE	1	MO
JUNEL 1.5/30 (21)	1	MO
JUNEL 1/20 (21)	1	MO
JUNEL FE 1.5/30 (28)	1	MO

Drug Name	Drug Tier	Requirements /Limits
JUNEL FE 1/20 (28)	1	MO
KARIVA (28)	1	MO
KELNOR 1/35 (28)	1	MO
LARIN 1/20 (21)	1	
LARIN FE	1	MO
LEENA 28	1	MO
LESSINA	1	MO
LEVONEST (28)	1	MO
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1	MO
LEVORA-28	1	MO
LO LOESTRIN FE	3	MO
LO MINASTRIN FE	3	MO
LOMEDIA 24 FE	1	MO
LORYNA (28)	1	MO
LOSEASONIQUE	3	MO
LOW-OGESTREL (28)	1	MO
LUTERA (28)	1	MO
MARLISSA	1	MO
MICROGESTIN 1.5/30 (21)	1	MO
MICROGESTIN 1/20 (21)	1	MO
MICROGESTIN FE 1.5/30 (28)	1	MO
MICROGESTIN FE 1/20 (28)	1	MO
MINASTRIN 24 FE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
MODICON (28)	3	MO
MONONESSA (28)	1	MO
NATAZIA	3	MO
NECON 0.5/35 (28)	1	MO
NECON 1/35 (28)	1	MO
NECON 1/50 (28)	1	MO
NECON 10/11 (28)	1	MO
NECON 7/7/7 (28)	1	MO
NORINYL 1+35 (28)	3	MO
NORINYL 1+50 (28)	3	MO
NORTREL 0.5/35 (28)	1	MO
NORTREL 1/35 (21)	1	MO
NORTREL 1/35 (28)	1	MO
NORTREL 7/7/7 (28)	1	MO
OCELLA	1	MO
OGESTREL (28)	1	MO
ORSYTHIA	1	MO
ORTHO TRI-CYCLEN (28)	3	MO
ORTHO TRI-CYCLEN LO (28)	3	MO
ORTHO-CEPT (28)	3	MO
ORTHO-CYCLEN (28)	3	MO
ORTHO-NOVUM 1/35 (28)	3	MO

Drug Name	Drug Tier	Requirements /Limits
ORTHO-NOVUM 7/7/7 (28)	3	MO
OVCON-35 (28)	3	MO
PIMTREA (28)	1	MO
PIRMELLA ORAL TABLET 1-35 MG-MCG	1	MO
PORTIA	1	MO
PREVIFEM	1	MO
QUARTETTE	3	MO
QUASENSE	1	MO
RECLIPSEN (28)	1	MO
SAFYRAL	3	MO
SEASONIQUE	3	MO
SPRINTEC (28)	1	MO
SRONYX	1	MO
TRI-LEGEST FE	1	MO
TRI-NORINYL (28)	3	MO
TRI-PREVIFEM (28)	1	MO
TRI-SPRINTEC (28)	1	MO
TRINESSA (28)	1	MO
TRIVORA (28)	1	MO
VELIVET TRIPHASIC REGIMEN (28)	1	MO
VESTURA (28)	1	MO
VYFEMLA (28)	1	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO

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Drug Name	Drug Tier	Requirements /Limits
ZENCHENT (28)	1	MO
ZENCHENT FE	1	MO
ZOVIA 1/35E (28)	1	MO
ZOVIA 1/50E (28)	1	MO
OXYTOCICS		
methylergonovine oral	1	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	3	MO
bacitracin ophthalmic	1	MO
bacitracin-polymyxin b ophthalmic	1	MO
BESIVANCE	2	MO
CILOXAN	3	MO
ciprofloxacin ophthalmic	1	MO
erythromycin ophthalmic	1	MO
gatifloxacin	1	MO
GENTAK OPHTHALMIC OINTMENT	1	MO
gentamicin ophthalmic drops	1	MO
gentamicin ophthalmic ointment	1	
levofloxacin ophthalmic	1	MO
MOXEZA	3	MO

Drug Name	Drug Tier	Requirements /Limits
NATACYN	2	MO
neomycin-bacitracin-polymyxin	1	MO
neomycin-polymyxin-gramicidin	1	MO
NEOSPORIN (NEO-POLYM-GRAMICID)	3	MO
OCUFLOX	3	MO
ofloxacin ophthalmic	1	MO
polymyxin b sulf-trimethoprim	1	MO
POLYTRIM	3	MO
tobramycin	1	MO
TOBREX	3	MO
VIGAMOX	3	MO
ZYMAXID	3	MO
ANTIVIRALS		
trifluridine	1	MO
VIROPTIC	3	MO
ZIRGAN	3	MO
BETA-BLOCKERS		
BETAGAN	3	MO
betaxolol ophthalmic	1	MO
BETIMOL OPHTHALMIC DROPS 0.5 %	3	MO
BETOPTIC S	3	MO
carteolol	1	MO
ISTALOL	3	MO

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Drug Name	Drug Tier	Requirements /Limits
levobunolol ophthalmic drops 0.5 %	1	MO
metipranolol	1	MO
timolol maleate ophthalmic	1	MO
TIMOPTIC OCUDOSE (PF)	3	MO
TIMOPTIC-XE	3	MO
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	2	MO
DIRECT ACTING MIOTICS		
ISOPTO CARPINE	3	MO
pilocarpine hcl ophthalmic	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIL	3	MO
ALOMIDE	3	MO
azelastine ophthalmic	1	MO
BEPREVE	2	MO
cromolyn ophthalmic	1	MO
CYSTARAN	2	MO
ELESTAT	3	MO
EMADINE	3	MO
epinastine	1	MO
LACRISERT	3	MO
LASTACAFT	2	MO

Drug Name	Drug Tier	Requirements /Limits
OPTIVAR	3	MO
PATADAY	2	MO
PATANOL	2	MO
RESTASIS	2	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	MO
ACULAR LS	3	MO
ACUVAIL (PF)	3	MO
bromfenac	1	MO
diclofenac sodium ophthalmic	1	MO
flurbiprofen sodium	1	MO
ILEVRO	2	MO
ketorolac ophthalmic	1	MO
NEVANAC	2	MO
OCUFEN	3	MO
PROLENSA	2	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral	1	MO
acetazolamide sodium	1	
DIAMOX SEQUELS	3	MO
methazolamide oral	1	MO
OTHER GLAUCOMA DRUGS		
AZOPT	3	MO
COMBIGAN	2	MO
COSOPT	3	MO

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Drug Name	Drug Tier	Requirements /Limits
dorzolamide	1	MO
dorzolamide-timolol	1	MO
latanoprost	1	MO
LUMIGAN	2	MO
RESCULA	3	ST; MO
SIMBRINZA	3	MO
TRAVATAN Z	2	MO
travoprost (benzalkonium)	1	MO
TRUSOPT	3	MO
XALATAN	3	ST; MO
ZIOPTAN (PF)	3	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	3	MO
neomycin-bacitracin-poly-hc	1	MO
neomycin-polymyxin-dexameth	1	MO
neomycin-polymyxin-hc ophthalmic	1	MO
PRED-G	2	MO
PRED-G S.O.P.	2	MO
TOBRADEX	3	MO
TOBRADEX ST	3	MO
tobramycin-dexamethasone	1	MO
ZYLET	2	MO
STEROIDS		
ALREX	2	MO

Drug Name	Drug Tier	Requirements /Limits
dexamethasone sodium phosphate ophthalmic	1	MO
DUREZOL	3	MO
FLAREX	3	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
FML S.O.P.	2	MO
LOTEMAX	2	MO
MAXIDEX	3	MO
OMNIPRED	3	MO
PRED FORTE	3	MO
PRED MILD	2	MO
prednisolone acetate	1	MO
prednisolone sodium phosphate ophthalmic	1	MO
VEXOL	3	MO
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
sulfacetamide-prednisolone	1	MO
SULFONAMIDES		
BLEPH-10	3	MO
sulfacetamide sodium ophthalmic	1	MO
SYMPATHOMIMETICS		

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Drug Name	Drug Tier	Requirements /Limits
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	2	MO
ALPHAGAN P OPHTHALMIC DROPS 0.15 %	3	MO
apraclonidine	1	MO
brimonidine	1	MO
IOPIDINE	3	MO
VASOCONSTRICTOR DECONGESTANTS		
naphazoline	1	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
ADRENALIN INJECTION SOLUTION 1 MG/ML (1:1,000) (1ML)	1	
AUVI-Q	3	MO; QL (2 per 30 days)
cetirizine oral solution 1 mg/ml	1	MO
CLARINEX ORAL SYRUP	3	MO
CLARINEX ORAL TABLET	3	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR	3	MO; QL (60 per 30 days)
CLARINEX-D 24 HOUR	3	MO; QL (30 per 30 days)
desloratadine	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
diphenhydramine hcl injection solution	1	MO
diphenhydramine hcl oral elixir	1	PA; MO
EPIPEN	2	QL (4 per 30 days)
EPIPEN 2-PAK	2	MO; QL (4 per 30 days)
EPIPEN JR	2	QL (4 per 30 days)
EPIPEN JR 2-PAK	2	MO; QL (4 per 30 days)
hydroxyzine hcl oral tablet	1	PA; MO
levocetirizine oral solution	1	MO
levocetirizine oral tablet	1	MO; QL (30 per 30 days)
PHENERGAN	3	MO
promethazine injection solution	1	MO
PROMETHAZINE VC	1	PA; MO
SEMPREX-D	3	MO
XYZAL ORAL SOLUTION	3	MO
XYZAL ORAL TABLET	3	MO; QL (30 per 30 days)
PULMONARY AGENTS		
ACCOLATE	3	MO
acetylcysteine solution	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ADCIRCA	2	PA; MO; QL (60 per 30 days)
ADEMPAS	2	PA; MO; LA
ADVAIR DISKUS	2	MO; QL (60 per 30 days)
ADVAIR HFA	2	MO; QL (12 per 30 days)
AEROSPAN	2	MO; QL (17.8 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml	1	PA; MO
albuterol sulfate oral	1	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)
aminophylline intravenous solution 250 mg/10 ml	1	MO
ANORO ELLIPTA	2	MO; QL (60 per 30 days)
ARCAPTA NEOHALER	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (30 DOSES)	2	MO; QL (30 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	2	MO; QL (240 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (60 DOSES)	2	MO; QL (60 per 30 days)
ATROVENT HFA	2	MO; QL (25.8 per 30 days)
BECONASE AQ	3	MO; QL (50 per 30 days)
BREO ELLIPTA	2	MO; QL (60 per 30 days)
BROVANA	3	PA; MO
budesonide inhalation	1	PA; MO
budesonide nasal	1	MO; QL (17.2 per 30 days)
CINRYZE	2	PA; MO
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
cromolyn inhalation	1	PA; MO
DALIRESP	2	PA; MO
DULERA	2	MO; QL (13 per 30 days)
DYMISTA	2	MO; QL (23 per 30 days)
ELIXOPHYLLIN	3	MO
FIRAZYR	2	PA; MO
FLONASE	3	MO; QL (16 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	2	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	MO; QL (240 per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACTUATION	2	MO; QL (12 per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACTUATION	2	MO; QL (24 per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
flunisolide	1	MO; QL (50 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
fluticasone nasal	1	MO; QL (16 per 30 days)
FORADIL AEROLIZER	2	MO; QL (60 per 30 days)
ipratropium bromide inhalation	1	PA; MO
ipratropium-albuterol	1	PA; MO
KALBITOR	2	MO
KALYDECO	2	MO
LETAIRIS	2	PA; MO; LA
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml	1	PA; MO
LUFYLLIN	3	MO
metaproterenol	1	MO
montelukast	1	MO
NASACORT AQ	3	MO; QL (16.5 per 30 days)
NASONEX	2	MO; QL (34 per 30 days)
OMNARIS	3	MO; QL (12.5 per 30 days)
OPSUMIT	2	PA; MO; LA
PERFOROMIST	2	PA; MO
PROAIR HFA	2	MO; QL (17 per 30 days)
PROVENTIL HFA	3	MO; QL (13.4 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	PA; MO
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	2	PA; MO
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMOZYME	2	PA; MO
QNASL	3	MO; QL (8.7 per 30 days)
QVAR	2	MO; QL (17.4 per 30 days)
REVATIO INTRAVENOUS	2	PA; MO
REVATIO ORAL	3	PA; MO; QL (90 per 30 days)
RHINOCORT AQUA	3	MO; QL (17.2 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SEREVENT DISKUS	2	MO; QL (60 per 30 days)
sildenafil	1	PA; MO; QL (90 per 30 days)
SINGULAIR	3	MO
SPIRIVA WITH HANDIHALER	2	MO; QL (90 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION	2	MO; QL (10.2 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	2	MO; QL (6.9 per 30 days)
terbutaline oral	1	MO
terbutaline subcutaneous	1	MO
THEO-24	3	MO
theophylline oral solution	1	
theophylline oral tablet extended release	1	MO
theophylline oral tablet extended release 12 hr	1	MO
TRACLEER	2	PA; MO; LA
triamcinolone acetonide nasal	1	MO; QL (16.5 per 30 days)
TUDORZA PRESSAIR	3	MO; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
TYVASO	2	PA; MO
VENTAVIS	3	PA; MO
VENTOLIN HFA	3	MO; QL (36 per 30 days)
VERAMYST	3	MO; QL (10 per 30 days)
VOSPIRE ER	3	MO
XOLAIR	2	PA; MO; LA; QL (6 per 28 days)
XOPENEX	3	PA; MO
XOPENEX HFA	3	MO; QL (30 per 30 days)
zafirlukast	1	MO
ZETONNA	3	MO; QL (6.1 per 30 days)
ZYFLO	3	MO
ZYFLO CR	3	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
DETROL	3	ST; MO
DETROL LA	3	ST; MO
DITROPAN XL	3	ST; MO
ENABLEX	2	ST; MO
flavoxate	1	MO
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP	3	ST; MO; QL (92 per 30 days)
GELNIQUE TRANSDERMAL GEL IN PACKET	3	ST; MO; QL (30 per 30 days)
MYRBETRIQ	2	ST; MO
oxybutynin chloride oral	1	MO
OXYTROL	3	ST; MO; QL (8 per 28 days)
SANCTURA	3	ST; MO
SANCTURA XR	3	ST; MO
tolterodine	1	MO
TOVIAZ	2	ST; MO
trospium	1	MO
VESICARE	2	ST; MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	1	MO
AVODART	2	MO
finasteride oral tablet 5 mg	1	MO
FLOMAX	3	ST; MO
JALYN	2	MO
PROSCAR	3	MO
RAPAFLO	2	ST; MO
tamsulosin	1	MO
UROXATRAL	3	ST; MO
CHOLINERGIC STIMULANTS		
bethanechol chloride	1	MO
URECHOLINE	3	MO
MISCELLANEOUS UROLOGICALS		
ammonium chloride	2	

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Drug Name	Drug Tier	Requirements /Limits
CIALIS ORAL TABLET 2.5 MG, 5 MG	2	PA; MO; QL (30 per 30 days)
CYSTAGON	2	MO; LA
ELMIRON	2	MO
potassium citrate oral tablet extended release 10 meq, 5 meq	1	MO
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
calcium acetate oral capsule	1	MO
ELIPHOS	1	MO
K-TAB	3	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	MO
KLOR-CON 10	1	MO
KLOR-CON M15	1	MO
KLOR-CON M20	1	MO
lactated ringers intravenous	1	MO
magnesium sulfate injection syringe	1	
NORMOSOL-R IN 5 % DEXTROSE	2	
PHOSLO	3	MO

Drug Name	Drug Tier	Requirements /Limits
PHOSLYRA	3	MO
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l	1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l	1	MO
potassium chloride intravenous parenteral solution	1	MO
potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml	1	
potassium chloride oral capsule, extended release	1	MO
potassium chloride oral tablet,er particles/crystals	1	MO
potassium chloride in 0.9%nacl	1	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	1	MO

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Drug Name	Drug Tier	Requirements /Limits
potassium chloride-0.45 % nacl	1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	1	MO
potassium chloride-d5-0.3%nacl	1	
potassium chloride-d5-0.9%nacl	1	
ringers intravenous	1	
sodium chloride intravenous parenteral solution 2.5 meq/ml	1	MO
sodium chloride 0.45 % intravenous parenteral solution	1	MO
sodium chloride 3 %	1	MO
sodium chloride 5 %	1	
sodium lactate intravenous	1	
TPN ELECTROLYTES	3	
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN 8.5 %-ELECTROLYTES	2	PA
AMINOSYN II 10 %	2	PA
AMINOSYN II 15 %	2	PA
AMINOSYN II 7 %	2	PA

Drug Name	Drug Tier	Requirements /Limits
AMINOSYN II 8.5 %	2	PA
AMINOSYN II 8.5 %-ELECTROLYTES	2	PA
AMINOSYN M 3.5 %	2	PA
AMINOSYN-PF 10 %	2	PA
AMINOSYN-PF 7 % (SULFITE-FREE)	2	PA
CLINIMIX 5%/D15W SULFITE FREE	2	PA
CLINIMIX 5%/D25W SULFITE-FREE	2	PA
CLINIMIX 2.75%/D5W SULFIT FREE	2	PA
CLINIMIX 4.25%-D20W SULF-FREE	2	PA
CLINIMIX 4.25%-D25W SULF-FREE	2	PA
CLINIMIX 4.25%/D10W SULF FREE	2	PA
CLINIMIX 5%-D20W(SULFITE-FREE)	2	PA
CLINIMIX E 4.25%/D25W SUL FREE	2	

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Drug Name	Drug Tier	Requirements /Limits
CLINIMIX E 4.25%/D5W SULF FREE	2	
CLINIMIX E 5%/D15W SULFIT FREE	2	
CLINIMIX E 5%/D20W SULFIT FREE	2	
CLINIMIX E 5%/D25W SULFIT FREE	2	
CLINISOL SF 15 %	3	PA; MO
HEPATAMINE 8%	2	PA
HEPATASOL 8 %	2	PA
INTRALIPID INTRAVENOUS EMULSION 20 %	1	PA; MO
INTRALIPID INTRAVENOUS EMULSION 30 %	3	PA
IONOSOL-B IN D5W	2	
IONOSOL-MB IN D5W	2	
ISOLYTE-P IN 5 % DEXTROSE	2	
ISOLYTE-S	2	
LIPOSYN III INTRAVENOUS EMULSION 10 %, 20 %	1	PA
NEPHRAMINE 5.4 %	2	PA

Drug Name	Drug Tier	Requirements /Limits
NORMOSOL-M IN 5 % DEXTROSE	2	
NORMOSOL-R PH 7.4	2	
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-56 IN 5 % DEXTROSE	2	
PREMASOL 10 %	1	PA
PREMASOL 6 %	2	PA
PROCALAMINE 3%	2	PA
PROSOL 20 %	3	PA; MO
TRAVASOL 10 %	1	PA
TROPHAMINE 10 %	2	PA
TROPHAMINE 6%	2	PA
VITAMINS / HEMATINICS		
PRENATAL VITAMIN	3	
sodium fluoride oral tablet	3	

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Index

8
8-MOP 51
A
abacavir 1
abacavir-lamivudine-zidovudine 1
ABELCET 1
ABILIFY 31, 32
ABILIFY DISCMELT 32
ABILIFY MAINTENA 32
ABRAXANE 12
ABSORICA 52
ABSTRAL 23
acamprosate 56
ACANYA 52
acarbose 60
ACCOLATE 84
ACCUPRIL 44
ACCURETIC 44
acebutolol 44
acetaminophen-codeine 23
ACETASOL HC 58
acetazolamide 82
acetazolamide sodium 82
acetic acid 58
acetylcysteine 84
ACIPHEX 69
ACIPHEX SPRINKLE 69
acitretin 51
ACTEMRA 76
ACTHAR H.P. 58
ACTHIB (PF) 73
ACTIGALL 67
ACTIMMUNE 72
ACTIQ 23
ACTIVELLA 77
ACTONEL 56, 75
ACTOPLUS MET 60
ACTOPLUS MET XR 60
ACTOS 60
ACULAR 82
ACULAR LS 82
ACUVAIL (PF) 82
acyclovir 1, 54
acyclovir sodium 1
ACZONE 52
ADACEL(TDAP ADOLESN/ADULT)(PF) 74
ADAGEN 56
ADALAT CC 44
adapalene 52
ADCIRCA 85
ADDERALL 32
ADDERALL XR 32
adefovir 1
ADEMPAS 85
ADOXA 11
ADRENALIN 84
ADVAIR DISKUS 85
ADVAIR HFA 85
ADVICOR 49
AEROSPAN 85
AFEDITAB CR 44
AFINITOR 12
AFINITOR DISPERZ 12
AGGRENOX 48
AGRYLIN 56
A-HYDROCORT 58
AKNE-MYCIN 52
ALA-CORT 54
ALA-SCALP 54
ALBENZA 6
albuterol sulfate 85
alclometasone 54
ALCOHOL PADS 60
ALDACTAZIDE 44
ALDACTONE 44
ALDARA 51
ALDURAZYME 65
alendronate 56, 75, 76
alfuzosin 88
ALIMTA 12
ALINIA 6
ALKERAN 12
allopurinol 75
ALOCRIL 82
ALOMIDE 82
ALOPRIM 75
ALORA 77
ALOXI 67
ALPHAGAN P 84
alprazolam 32
ALREX 83
ALSUMA 21
ALTABAX 53
ALTACE 44
ALTOPREV 49
ALVESCO 85
amantadine hcl 1
AMARYL 60
AMBIEN 32
AMBIEN CR 32
AMBISOME 1
amcinonide 54
AMERGE 21
AMETHIA 78
AMETHYST 79
amifostine crystalline 11
amikacin 6
amiloride 44
amiloride-hydrochlorothiazide 44
aminophylline 85
AMINOSYN 8.5 %-ELECTROLYTES 90
AMINOSYN II 10 % 90
AMINOSYN II 15 % 90
AMINOSYN II 7 % 90
AMINOSYN II 8.5 % 90
AMINOSYN II 8.5 %-ELECTROLYTES 90
AMINOSYN M 3.5 % 90
AMINOSYN-PF 10 % 90
AMINOSYN-PF 7 % (SULFITE-FREE) 90
amiodarone 43
AMITIZA 67
amitriptyline 32
amlodipine 44

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amlodipine-atorvastatin 49
amlodipine-benazepril 44
ammonium chloride 88
ammonium lactate 51
AMNESTEEM 52
amoxapine 32
amoxicil-clarithromy-lansopraz 69
amoxicillin 9
amoxicillin-pot clavulanate 9
AMPHETAMINE SALT COMBO 32
amphotericin b 1
ampicillin 9
ampicillin sodium 9
ampicillin-sulbactam 9
AMPYRA 22
AMTURNIDE 44
ANADROL-50 65
ANAFRANIL 32
anagrelide 56
ANAPROX 29
ANAPROX DS 29
anastrozole 12
ANCOBON 1
ANDRODERM 65
ANDROGEL 65
ANDROID 65
ANDROXY 65
ANGELIQ 77
ANORO ELLIPTA 85
ANTABUSE 56
ANTARA 49
ANUSOL-HC 67
ANZEMET 67
APEXICON E 54
APIDRA 60
APIDRA SOLOSTAR 60
APLENZIN 32
APOKYN 20
apraclonidine 84
APRI 79
APRISO 67
APTIOM 18
APTIVUS 2
ARALAST NP 56
ARANELLE (28) 79
ARANESP (IN POLYSORBATE) 72
ARAVA 76
ARCALYST 72
ARCAPTA NEOHALER 85
argatroban 48
argatroban in 0.9 % sod chlor 48
ARICEPT 22
ARICEPT ODT 22
ARIMIDEX 12
ARIXTRA 48
AROMASIN 12
ARRANON 12
ARTHROTEC 50 29
ARTHROTEC 75 29
ARZERRA 12
ASACOL HD 67
ASMANEX TWISTHALER 85
ASTAGRAF XL 12
ASTELIN 58
ASTEPRO 58
ATACAND 44
ATACAND HCT 44
ATELVIA 76
atenolol 44
atenolol-chlorthalidone 44
ATGAM 74
ATIVAN 32
atorvastatin 49
atovaquone 6
atovaquone-proguanil 6
ATRALIN 52
ATRIPLA 2
atropine 66
ATROVENT 58
ATROVENT HFA 85
AUBAGIO 22
AUGMENTIN 9
AUVI-Q 84
AVALIDE 44
AVANDAMET 60
AVANDARYL 60
AVANDIA 60
AVAPRO 44
AVASTIN 12
AVELOX 10
AVELOX ABC PACK 10
AVELOX IN NACL (ISO-OSMOTIC) 10
AVIANE 79
AVINZA 24
AVITA 52
AVODART 88
AVONEX 72
AVONEX ADMINISTRATION PACK 72
AXERT 21
AXID 69
AXIRON 65
AYGESTIN 77
azacitidine 12
AZACTAM 6
AZACTAM IN DEXTROSE (ISO-OSM) 6
AZASAN 12
AZASITE 81
azathioprine 12
azelastine 58, 82
AZELEX 52
AZILECT 20
azithromycin 6
AZOPT 82
AZOR 44
aztreonam 6
AZULFIDINE 67
AZULFIDINE EN-TABS 67

B

BACIIM 6
bacitracin 6, 81
bacitracin-polymyxin b 81
baclofen 22
BACTRIM 10
BACTRIM DS 10
BACTROBAN 53
BACTROBAN NASAL 58
balsalazide 67

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BALZIVA (28) 79
BANZEL 18
BARACLUDE 2
bcg vaccine, live (pf) 74
BECONASE AQ 85
benazepril 44
benazepril-hydrochlorothiazide 44
BENICAR 44
BENICAR HCT 44
BENLYSTA 76
BENTYL 66
BENZAMYCIN 52
benztropine 20
BEPREVE 82
BESIVANCE 81
BETAGAN 81
betamethasone dipropionate 54
betamethasone valerate 54
betamethasone, augmented 54
BETAPACE AF 43
BETASERON 72
betaxolol 44, 81
bethanechol chloride 88
BETHKIS 7
BETIMOL 81
BETOPTIC S 81
BEYAZ 79
BIAXIN 6
BIAXIN XL 6
BIAXIN XL PAK 6
bicalutamide 12
BICILLIN C-R 9
BICILLIN L-A 9
BICNU 12
BIDIL 44
BILTRICIDE 7
BINOSTO 76
bisoprolol fumarate 44
bisoprolol-hydrochlorothiazide 44
BIVIGAM 74
bleomycin 12
BLEPH-10 83
BLEPHAMIDE 83
BLEPHAMIDE S.O.P. 83
BONIVA 76
BOOSTRIX TDAP 74
BOSULIF 12
BOTOX 74
BREO ELLIPTA 85
BREVICON (28) 79
BRIELLYN 79
BRILINTA 48
brimonidine 84
BRINTELLIX 32
BRISDELLE 32
bromfenac 82
bromocriptine 20
BROVANA 85
budesonide 67, 85
bumetanide 44
BUPRENEX 24
buprenorphine 24
buprenorphine-naloxone 29
BUPROBAN 58
bupropion hcl 32, 33
buspirone 33
BUSULFEX 12
butorphanol tartrate 29, 30
BUTRANS 24
BYDUREON 61
BYETTA 61
BYSTOLIC 44
C
cabergoline 65
CADUET 49
CAFERGOT 21
CALAN 44
CALAN SR 44
calcipotriene 51
calcipotriene-betamethasone 51
calcitonin (salmon) 65
calcitriol 51, 65
calcium acetate 89
CAMBIA 30
CAMILA 77
CAMPRAL 56
CAMPTOSAR 12
CANASA 67
CANCIDAS 1
candesartan 44
candesartan-hydrochlorothiazid 44
CANTIL 66
CAPASTAT 7
CAPEX 54
CAPITAL WITH CODEINE 24
CAPRELSA 13
captopril 44
captopril-hydrochlorothiazide 44
CARAC 51
CARAFATE 69, 70
CARBAGLU 56
carbamazepine 18
CARBATROL 18
carbidopa 20
carbidopa-levodopa 20
carbidopa-levodopa-entacapone 21
carboplatin 13
CARDENE IV IN SODIUM CHLORIDE 44
CARDENE SR 44
CARDIZEM 44
CARDIZEM CD 44
CARDIZEM LA 44
CARDURA 44
CARDURA XL 45
CARIMUNE NF NANOFILTERED 74
CARNITOR 56
carteolol 81
CARTIA XT 45
carvedilol 45
CASODEX 13
CATAFLAM 30
CATAPRES 45
CATAPRES-TTS-1 45
CATAPRES-TTS-2 45
CATAPRES-TTS-3 45
CAYSTON 7
CEDAX 4

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cefaclor 4
cefadroxil..... 4
cefazolin 4
cefazolin in dextrose (iso-os) . 4
cefdinir 4
cefditoren pivoxil 4
cefepime 4
cefotaxime 4
cefotetan 4
cefoxitin..... 4
cefoxitin in dextrose, iso-osm 4
cefpodoxime 4
cefprozil..... 4
ceftazidime 4
ceftazidime in d5w 4
CEFTIN 5
ceftriaxone 5
cefuroxime axetil..... 5
cefuroxime sodium 5
CELEBREX 30
CELEXA 33
CELLCEPT 13
CELLCEPT INTRAVENOUS 13
CELONTIN 18
CENESTIN..... 77
cephalexin..... 5
CEREZYME 65
CERVARIX VACCINE (PF) 74
CESAMET 67
cetirizine 84
cevimeline 56
CHANTIX 58
CHANTIX CONTINUING MONTH BOX..... 58
CHANTIX CONTINUING MONTH PAK 58
CHANTIX STARTING MONTH BOX..... 58
CHANTIX STARTING MONTH PAK 58
CHEMET 56
CHENODAL..... 67
chloramphenicol sod succinate 7
chlorhexidine gluconate 58
chloroquine phosphate..... 7
chlorothiazide 45
chlorothiazide sodium 45
chlorpromazine..... 33
chlorthalidone..... 45
CHOLESTYRAMINE LIGHT 49
chorionic gonadotropin, human 65
CIALIS 89
ciclopirox..... 54
cidofovir 2
cilostazol..... 48
CILOXAN 81
cimetidine 70
CIMZIA..... 67
CIMZIA POWDER FOR RECONST..... 67
CIMZIA STARTER KIT 67
CINRYZE..... 85
CIPRO 10
CIPRO HC..... 58
CIPRO IN D5W 10
CIPRODEX 58
ciprofloxacin..... 10, 81
ciprofloxacin (mixture)..... 10
ciprofloxacin in 5 % dextrose 10
cisplatin 13
citalopram..... 33
cladribine 13
CLAFORAN 5
CLARAVIS 52
CLARINEX..... 84
CLARINEX-D 12 HOUR 84
CLARINEX-D 24 HOUR 84
clarithromycin 6
CLEOCIN..... 7, 78
CLEOCIN IN 5 % DEXTROSE 7
CLEOCIN T 52
CLIMARA..... 77
CLINDACIN PAC 52
clindamycin hcl 7
clindamycin in dextrose 5 % .. 7
CLINDAMYCIN PEDIATRIC 7
clindamycin phosphate 7, 52, 78
clindamycin-benzoyl peroxide 52
CLINIMIX 5%/D15W SULFITE FREE 90
CLINIMIX 5%/D25W SULFITE-FREE 90
CLINIMIX 2.75%/D5W SULFIT FREE..... 90
CLINIMIX 4.25%/D10W SULF FREE..... 90
CLINIMIX 4.25%/D5W SULFIT FREE..... 56
CLINIMIX 4.25%-D20W SULF-FREE 90
CLINIMIX 4.25%-D25W SULF-FREE 90
CLINIMIX 5%-D20W(SULFITE-FREE).. 90
CLINIMIX E 2.75%/D10W SUL FREE..... 56
CLINIMIX E 2.75%/D5W SULF FREE..... 56
CLINIMIX E 4.25%/D25W SUL FREE..... 90
CLINIMIX E 4.25%/D5W SULF FREE..... 91
CLINIMIX E 5%/D15W SULFIT FREE..... 91
CLINIMIX E 5%/D20W SULFIT FREE..... 91
CLINIMIX E 5%/D25W SULFIT FREE..... 91
CLINISOL SF 15 % 91
clobetasol..... 54, 55
clobetasol-emollient 55
CLOBEX 55
CLODERM..... 55
CLOLAR 13

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

clomipramine.....33
clonazepam.....18
clonidine.....45
clonidine hcl.....33, 45
clopidogrel.....48
clorazepate dipotassium.....33
CLORPRES.....45
clotrimazole.....1, 54
clotrimazole-betamethasone.54
clozapine.....33
CLOZARIL.....33
COARTEM.....7
codeine sulfate.....24
COGENTIN.....21
COLAZAL.....67
colchicine-probenecid.....75
COLCRYS.....75
COLESTID.....49
colestipol.....49
colistin (colistimethate na).....7
COLOCORT.....67
COLY-MYCIN M PARENTERAL.....7
COLY-MYCIN S.....58
COLYTE WITH FLAVOR PACKS.....67
COMBIGAN.....82
COMBIVENT RESPIMAT.85
COMBIVIR.....2
COMETRIQ.....13
COMPLERA.....2
COMPRO.....67
COMTAN.....21
COMVAX (PF).....74
CONCERTA.....33
CONDYLOX.....51
CONSTULOSE.....67
CONZIP.....30
COPAXONE.....22
COPEGUS.....2
CORDRAN TAPE LARGE ROLL.....55
COREG.....45
COREG CR.....45
CORGARD.....45
CORTEF.....59
CORTIFOAM.....67
cortisone.....59
CORTISPORIN.....53, 58
CORTISPORIN-TC.....58
CORZIDE.....45
COSMEGEN.....13
COSOPT.....82
COUMADIN.....48
COZAAR.....45
CREON.....67
CRESTOR.....49
CRINONE.....77
CRIXIVAN.....2
cromolyn.....67, 82, 86
CRYSELLE (28).....79
CUBICIN.....7
CUPRIMINE.....76
CUTIVATE.....55
CUVPOSA.....66
CYCLAFEM 1/35 (28).....79
CYCLAFEM 7/7/7 (28).....79
CYCLESSA (28).....79
cyclobenzaprine.....22
cyclophosphamide.....13
CYCLOSET.....61
cyclosporine.....13
cyclosporine modified.....13
CYKLOKAPRON.....48
CYMBALTA.....33
CYSTADANE.....67
CYSTAGON.....89
CYSTARAN.....82
cytarabine.....13
cytarabine (pf).....13
CYTOMEL.....66
CYTOTEC.....70
CYTOVENE.....2
D
d10 % & 0.45 % sodium chloride.....56
d2.5 %-0.45 % sodium chloride.....56
d5 % and 0.9 % sodium chloride.....56
d5 %-0.45 % sodium chloride.....57
dacarbazine.....13
DACOGEN.....13
DALIRESP.....86
danazol.....65
DANTRIUM.....23
dantrolene.....23
dapsone.....7
DAPTACEL (DTAP PEDIATRIC) (PF).....74
DARAPRIM.....7
daunorubicin.....13
DAYPRO.....30
DAYTRANA.....33
DDAVP.....65
decitabine.....13
DELESTROGEN.....77
DELZICOL.....67
DEMADEX.....45
demeclocycline.....11
DEMSER.....45
DENAVIR.....54
DEPACON.....18
DEPAKENE.....18
DEPAKOTE.....18
DEPAKOTE ER.....18
DEPAKOTE SPRINKLES...18
DEPEN TITRATABS.....76
DEPO-ESTRADIOL.....77
DEPO-MEDROL.....59
DEPO-PROVERA.....77
DEPO-SUBQ PROVERA 104.....77
DEPO-TESTOSTERONE....65
DERMATOP.....55
desipramine.....33
desloratadine.....84
desmopressin.....65
DESOGEN.....79
DESONATE.....55
desonide.....55
DESOWEN.....55
desoximetasone.....55
DESOXYN.....33

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

desvenlafaxine 33
DETROL 88
DETROL LA 88
dexamethasone 59
DEXAMETHASONE INTENSOL 59
dexamethasone sodium phosphate 59, 83
DEXEDRINE SPANSULE 33
DEXILANT 70
dexmethylphenidate 33
DEXPAK 13 DAY 59
dexrazoxane 12
dextroamphetamine 33
dextroamphetamine-amphetamine 33
dextrose 10 % & 0.2 % nacl 57
dextrose 10 % in water (d10w) 57
dextrose 5 % in water (d5w) 57
dextrose 5 %-lactated ringers 57
dextrose 5%-0.2 % sod chloride 57
dextrose 5%-0.3 % sod.chloride 57
DIAMOX SEQUELS 82
DIASTAT 18
DIASTAT ACUDIAL 18
diazepam 18, 34
DIAZEPAM INTENSOL 34
DIBENZYLINE 45
diclofenac potassium 30
diclofenac sodium 30, 51, 82
diclofenac-misoprostol 30
dicloxacillin 9
dicyclomine 66
didanosine 2
DIFFERIN 52
DIFICID 6
diflorasone 55
DIFLUCAN 1
diflunisal 30
digoxin 48
dihydroergotamine 21
DILACOR XR 45
DILANTIN 18
DILANTIN EXTENDED 18
DILANTIN INFATABS 18
DILANTIN-125 18
DILAUDID 24
DILAUDID (PF) 24
DILAUDID-HP (PF) 24
diltiazem hcl 45
DILT-XR 45
DIOVAN 45
DIOVAN HCT 45
DIPENTUM 67
diphenhydramine hcl 84
diphenoxylate-atropine 67
DIPROLENE 55
DIPROLENE AF 55
dipyridamole 48
disulfiram 57
DITROPAN XL 88
DIURIL 45
DIURIL IV 45
divalproex 19
DIVIGEL 77
DOCEFREZ 13
docetaxel 13
DOLOPHINE 24
donepezil 22
DORIBAX 7
DORYX 11
dorzolamide 83
dorzolamide-timolol 83
DOVONEX 51
doxazosin 45
doxepin 34
doxercalciferol 65
DOXIL 13
doxorubicin 13
doxycycline hyclate 11
doxycycline monohydrate 11
dronabinol 67
drospirenone-ethinyl estradiol 79
DROXIA 13
DUAVEE 77
DUETACT 61
DUEXIS 30
DULERA 86
duloxetine 34
DURAGESIC 24
DURAMORPH (PF) 24
DUREZOL 83
DUTOPROL 45
DYAZIDE 45
DYMISTA 86
DYRENIUM 45
DYSPORT 74

E

E.E.S. 400 6
E.E.S. GRANULES 6
EC-NAPROSYN 30
econazole 54
EDARBI 45
EDARBYCLOR 45
EDECRIN 45
EDURANT 2
EFFEXOR XR 34
EFFIENT 48
EFUDEX 51
EGRIFTA 72
ELAPRASE 65
ELDEPRYL 21
ELELYSO 65
ELESTAT 82
ELIDEL 51
ELIGARD 13
ELIPHOS 89
ELIQUIS 48
ELITEK 12
ELIXOPHYLLIN 86
ELLA 79
ELLENCE 13
ELMIRON 89
ELOCON 55
ELOXATIN 13
EMADINE 82
EMCYT 13
EMEND 67
EMLA 53
EMOQUETTE 79
EMSAM 34

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

EMTRIVA....2
ENABLEX....88
enalapril maleate....45
enalapril-hydrochlorothiazide....46
ENBREL....76
ENBREL SURECLICK....76
ENDOCET....25
ENDODAN....25
ENGERIX-B (PF)....74
ENGERIX-B PEDIATRIC (PF)....74
ENJUVIA....77
enoxaparin....48
ENPRESSE....79
entacapone....21
ENTOCORT EC....67
ENULOSE....67
EPANED....46
EPIDUO....52
epinastine....82
EPIPEN....84
EPIPEN 2-PAK....84
EPIPEN JR....84
EPIPEN JR 2-PAK....84
epirubicin....14
EPITOL....19
EPIVIR....2
EPIVIR HBV....2
eplerenone....46
EPOGEN....72
eprosartan....46
EPZICOM....2
EQUETRO....19
ERAXIS(WATER DILUENT)....1
ERBITUX....14
ergoloid....34
ERGOMAR....21
ERIVEDGE....14
ERRIN....77
ERTACZO....54
ERWINAZE....14
ERY PADS....52
ERYPED 200....6
ERYPED 400....6
ERY-TAB....6
ERYTHROCIN....6
ERYTHROCIN (AS STEARATE)....6
erythromycin....6, 81
erythromycin ethylsuccinate....6
erythromycin with ethanol....52
erythromycin-benzoyl peroxide....52
erythromycin-sulfisoxazole....6
escitalopram oxalate....34
esomeprazole sodium....70
esomeprazole strontium....70
ESTRACE....77
estradiol....77
estradiol valerate....77
estradiol-norethindrone acet....77
ESTRASORB....77
ESTRING....77
estropipate....77
ESTROSTEP FE-28....79
eszopiclone....34
ethambutol....7
ethosuximide....19
etidronate disodium....57
etodolac....30
ETOPOPHOS....14
etoposide....14
EURAX....56
EVAMIST....78
EVISTA....76
EVOXAC....57
EVZIO....30
EXALGO ER....25
EXELDERM....54
EXELON....22
exemestane....14
EXFORGE....46
EXFORGE HCT....46
EXJADE....57
EXTAVIA....72
EXTINA....54
F
FABIOR....52
FABRAZYME....65
FACTIVE....10
famciclovir....2
famotidine....70
famotidine (pf)....70
famotidine (pf)-nacl (iso-os)70
FAMVIR....2
FANAPT....34
FARESTON....14
FARXIGA....61
FASLODEX....14
FAZACLO....34
felbamate....19
FELBATOL....19
FELDENE....30
felodipine....46
FEMARA....14
FEMCON FE....79
FEMHRT LOW DOSE....78
FEMRING....78
fenofibrate....49
fenofibrate micronized....49
fenofibrate nanocrystallized....49
fenofibric acid (choline)....49
FENOGLIDE....49
fenoprofen....30
fentanyl citrate....25
fentanyl patches....25
FENTORA....25
FERRIPROX....57
FETZIMA....34, 35
FIBRICOR....49
FINACEA....52
finasteride....88
FIRAZYR....86
FIRMAGON KIT W DILUENT SYRINGE....14
FLAGYL....7
FLAGYL ER....7
FLAREX....83
flavoxate....88
flecainide....43
FLECTOR....30
FLOMAX....88
FLONASE....86

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

FLO-PRED 59
FLOVENT DISKUS 86
FLOVENT HFA 86
fluconazole 1
fluconazole in dextrose(iso-o) 1
flucytosine 1
fludarabine 14
fludrocortisone 59
FLUMADINE 2
flunisolide 86
fluocinolone 55
fluocinolone acetonide oil 58
fluocinonide 55
FLUOCINONIDE-E 55
fluorouracil 14, 52
fluoxetine 35
fluphenazine decanoate 35
fluphenazine hcl 35
flurbiprofen 30
flurbiprofen sodium 82
flutamide 14
fluticasone 55, 86
fluvastatin 49, 50
fluvoxamine 35
FML FORTE 83
FML LIQUIFILM 83
FML S.O.P. 83
FOCALIN 35
FOCALIN XR 35
FOLOTYN 14
fomepizole 74
fondaparinux 48
FORADIL AEROLIZER 86
FORFIVO XL 35
FORTAMET 61
FORTAZ 5
FORTEO 76
FORTESTA 65
FORTICAL 65
FOSAMAX 76
FOSAMAX PLUS D 76
foscarnet 2
fosinopril 46
fosinopril-hydrochlorothiazide 46
fosphenytoin 19
FOSRENOL 57
FRAGMIN 48
FROVA 21
FULYZAQ 67
FURADANTIN 11
furosemide 46
FUSILEV 12
FUZEON 2
FYCOMPA 19

G

gabapentin 19
GABITRIL 19
GABLOFEN 23
galantamine 22
GAMASTAN S/D 74
GAMMAGARD LIQUID 74
GAMMAPLEX 74
GAMUNEX-C 74
ganciclovir sodium 2
GARDASIL (PF) 74
GASTROCROM 68
gatifloxacin 81
GATTEX ONE-VIAL 68
gauze pads 2 x 2 61
GAVILYTE-C 68
GAVILYTE-G 68
GAVILYTE-N 68
GELNIQUE 88
gemcitabine 14
gemfibrozil 50
GEMZAR 14
GENERESS FE 79
GENERLAC 68
GENGRAF 14
GENOTROPIN 72
GENOTROPIN MINIQUICK 72
GENTAK 81
gentamicin 7, 53, 81
gentamicin in nacl (iso-osm) .. 7
gentamicin sulfate (pf) 7
GEODON 35
GIANVI (28) 79
GIAZO 68
GILDAGIA 79
GILENYA 22
GILOTRIF 14
GLASSIA 57
GLEEVEC 14
glimepiride 61
glipizide 61
glipizide-metformin 61
GLUCAGEN 61
GLUCAGEN HYPOKIT 61
GLUCAGON EMERGENCY 61
GLUCOPHAGE 61
GLUCOPHAGE XR 62
GLUCOTROL 62
GLUCOTROL XL 62
GLUMETZA 62
GLYCATE 67
glycopyrrolate 67
GLYSET 62
GOLYTELY 68
GRALISE 19
GRALISE 30-DAY STARTER PACK 19
granisetron 68
granisetron (pf) 68
GRANISOL 68
GRANIX 72
GRASTEK 74
griseofulvin microsize 1
griseofulvin ultramicrosize 1
GRIS-PEG (ULTRAMICROSIZE) 1
guanidine 35
GYNAZOLE-1 78

H

HALAVEN 14
HALDOL 35
HALDOL DECANOATE 35
halobetasol propionate 55
HALOG 55
haloperidol 35
haloperidol decanoate 35
haloperidol lactate 36
HAVRIX (PF) 74

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

HECTOROL.....65
heparin (porcine) 48
heparin (porcine) in 5 % dex 48
heparin (porcine) in nacl (pf)48
HEPATAMINE 8%.....91
HEPATASOL 8 % 91
HEPSERA 2
HERCEPTIN.....14
HEXALEN 14
HIPREX 11
HORIZANT 22
HUMALOG 62
HUMALOG KWIKPEN.....62
HUMALOG MIX 50-50 62
HUMALOG MIX 50-50 KWIKPEN 62
HUMALOG MIX 75-25 62
HUMALOG MIX 75-25 KWIKPEN 62
HUMATROPE.....72
HUMIRA.....76
HUMIRA CROHN'S DIS START PCK 76
HUMIRA PEN 76
HUMIRA PSORIASIS STARTER PACK 76
HUMULIN 70/30.....62
HUMULIN 70/30 KWIKPEN 62
HUMULIN 70/30 PEN 62
HUMULIN N 62
HUMULIN N KWIKPEN....62
HUMULIN N PEN.....62
HUMULIN R 62
HUMULIN R U-500 62
HYCAMTIN 14
HYCET.....25
hydralazine 46
HYDREA 14
hydrochlorothiazide.....46
hydrocodone-acetaminophen25
hydrocodone-ibuprofen 25
hydrocortisone.....55, 59, 68
hydrocortisone butyrate.....55
hydrocortisone butyr-emollient 55
hydrocortisone valerate 55
hydrocortisone-acetic acid....58
hydromorphone 26
hydromorphone (pf) 26
hydroxychloroquine.....7
hydroxyurea.....14
hydroxyzine hcl 84
HYZAAR 46
I
ibandronate 76
IBUDONE 26
ibuprofen 30
ibuprofen-oxycodone.....26
IDAMYCIN PFS 14
idarubicin.....14
IFEX 14
ifosfamide.....15
ILARIS (PF) 72
ILEVRO 82
IMBRUVICA 15
imipenem-cilastatin 7
imipramine hcl.....36
imipramine pamoate 36
imiquimod 52
IMITREX 21
IMITREX STATDOSE KIT REFILL 21
IMOVAX RABIES VACCINE (PF).....74
IMURAN.....15
INCIVEK.....2
INCRELEX 57
indapamide 46
INDERAL LA 46
INFANRIX (DTAP) (PF).....74
INLYTA 15
INNOPRAN XL 46
INSPRA.....46
insulin pen needle.....62
insulin syringe (disp) u-100 0.3 ml.....62
insulin syringe (disp) u-100 1 ml.....63
insulin syringe (disp) u-100 1/2 ml.....63
INTELENCE 2
INTRALIPID.....91
INTRON A 72, 73
INTROVALE 79
INVANZ.....7
INVEGA.....36
INVEGA SUSTENNA 36
INVIRASE 2
INVOKANA.....63
IONOSOL-B IN D5W.....91
IONOSOL-MB IN D5W 91
IOPIDINE.....84
IPOL 74
ipratropium bromide 58, 86
ipratropium-albuterol.....86
irbesartan 46
irbesartan-hydrochlorothiazide 46
irinotecan 15
ISENTRESS 2
ISOLYTE-P IN 5 % DEXTROSE 91
ISOLYTE-S.....91
isoniazid.....7
ISOPTO CARPINE 82
ISORDIL 51
ISORDIL TITRADOSE 51
isosorbide dinitrate 51
isosorbide mononitrate 51
isradipine 46
ISTALOL 81
ISTODAX.....15
itraconazole.....1
IXEMPRA 15
IXIARO (PF) 75
J
JAKAFI 15
JALYN 88
JANTOVEN 49
JANUMET 63
JANUMET XR.....63
JANUVIA.....63
JENTADUETO 63

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

JEVTANA 15
JOLIVETTE 78
JUBLIA 54
JUNEL 1.5/30 (21) 79
JUNEL 1/20 (21) 79
JUNEL FE 1.5/30 (28) 79
JUNEL FE 1/20 (28) 79
JUXTAPID 50
K
KADCYLA 15
KADIAN 26
KALBITOR 86
KALETRA 2
KALYDECO 86
KAPVAY 36
KARIVA (28) 79
KAYEXALATE 57
KAZANO 63
KEFLEX 5
KELNOR 1/35 (28) 79
KENALOG 55, 59
KEPIVANCE 12
KEPPRA 19
KEPPRA XR 19
KETEK 8
ketoconazole 1, 54
KETODAN KIT 54
ketoprofen 30
ketorolac 82
KHEDEZLA 36
KINERET 76
KIONEX 57
KLARON 53
KLONOPIN 19
KLOR-CON 89
KLOR-CON 10 89
KLOR-CON M15 89
KLOR-CON M20 89
KOMBIGLYZE XR 63
KORLYM 65
KRISTALOSE 68
K-TAB 89
KUVAN 65
KYNAMRO 50
L
labetalol 46
LAC-HYDRIN 52
LACRISERT 82
lactated ringers 56, 89
lactulose 68
LAMICTAL 19
LAMICTAL ODT 19
LAMICTAL STARTER (BLUE) KIT 19
LAMICTAL STARTER (GREEN) KIT 19
LAMICTAL STARTER (ORANGE) KIT 19
LAMICTAL XR 19
LAMICTAL XR STARTER (BLUE) 19
LAMICTAL XR STARTER (GREEN) 19
LAMICTAL XR STARTER (ORANGE) 19
LAMISIL 1
lamivudine 2
lamivudine-zidovudine 2
lamotrigine 19
LANOXIN 48
lansoprazole 70
LANTUS 63
LANTUS SOLOSTAR 63
LARIN 1/20 (21) 79
LARIN FE 79
LASIX 46
LASTACAFT 82
latanoprost 83
LATUDA 36
LAZANDA 26
LEENA 28 79
leflunomide 76
LESCOL 50
LESCOL XL 50
LESSINA 79
LETAIRIS 86
letrozole 15
leucovorin calcium 12
LEUKERAN 15
LEUKINE 73
leuprolide 15
levalbuterol hcl 86
LEVAQUIN 10
LEVEMIR 63
LEVEMIR FLEXPEN 63
LEVEMIR FLEXTOUCH 63
levetiracetam 19, 20
levobunolol 82
levocarnitine 57
levocarnitine (with sugar) 57
levocetirizine 84
levofloxacin 10, 81
levofloxacin in d5w 10
LEVONEST (28) 79
levonorgestrel-ethinyl estrad 79
LEVORA-28 79
levorphanol tartrate 26
levothyroxine 66
LEVOXYL 66
LEXAPRO 36
LEXIVA 2
LIALDA 68
lidocaine 53
lidocaine (pf) 53
lidocaine hcl 53
lidocaine-prilocaine 53
LIDODERM 53
LINCOCIN 8
lindane 56
LINZESS 68
LIORESAL 23
liothyronine 66
LIPITOR 50
LIPOFEN 50
LIPOSYN III 91
LIPTRUZET 50
lisinopril 46
lisinopril-hydrochlorothiazide 46
lithium carbonate 36
lithium citrate 36
LITHOBID 36
LITHOSTAT 57
LIVALO 50

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

LO LOESTRIN FE.....79
LO MINASTRIN FE.....79
LODOSYN.....21
LOFIBRA.....50
LOMEDIA 24 FE.....79
LOMOTIL.....67
lomustine.....15
loperamide.....67
LOPID.....50
LOPRESSOR.....46
LOPRESSOR HCT.....46
LOPROX.....54
lorazepam.....36
LORAZEPAM INTENSOL.36
LORCET (HYDROCODONE) 26
LORCET HD.....26
LORCET PLUS.....26
LORTAB 10-325.....26
LORTAB 5-325.....26
LORTAB 7.5-325.....26
LORTAB ELIXIR.....26
LORYNA (28).....79
losartan.....46
losartan-hydrochlorothiazide46
LOSEASONIQUE.....79
LOTEMAX.....83
LOTENSIN.....46
LOTREL.....46
LOTRISONE.....54
LOTRONEX.....68
lovastatin.....50
LOVAZA.....50
LOVENOX.....49
LOW-OGESTREL (28).....79
loxapine succinate.....36
LOXITANE.....36
LUFYLLIN.....86
LUMIGAN.....83
LUMIZYME.....65
LUNESTA.....36
LUPANETA PACK (1 MONTH).....78
LUPANETA PACK (3 MONTH).....78
LUPRON DEPOT.....15
LUPRON DEPOT (3 MONTH).....15
LUPRON DEPOT (4 MONTH).....15
LUPRON DEPOT (6 MONTH).....15
LUPRON DEPOT-PED.....15
LUTERA (28).....79
LUVOX CR.....36, 37
LUZU.....54
LYRICA.....20
LYSODREN.....15
LYSTEDA.....78
LYZA.....78
M
MACROBID.....11
MACRODANTIN.....11
mafenide acetate.....53
magnesium sulfate.....89
MALARONE.....8
MALARONE PEDIATRIC...8
malathion.....56
maprotiline.....37
MARINOL.....68
MARLISSA.....79
MARPLAN.....37
MATULANE.....15
MATZIM LA.....46
MAVIK.....46
MAXALT.....21
MAXALT-MLT.....21
MAXIDEX.....83
MAXIPIME.....5
MAXITROL.....83
MAXZIDE.....46
MAXZIDE-25MG.....46
meclizine.....68
meclofenamate.....30
MEDROL.....59
MEDROL (PAK).....59
medroxyprogesterone.....78
mefenamic acid.....30
mefloquine.....8
MEGACE.....15
MEGACE ES.....15
megestrol.....15
MEKINIST.....15
meloxicam.....30
melphalan.....15
MENACTRA (PF).....75
MENEST.....78
MENOMUNE - A/C/Y/W-135 (PF).....75
MENOSTAR.....78
MENTAX.....54
MENVEO A-C-Y-W-135-DIP (PF).....75
MEPRON.....8
mercaptopurine.....15
meropenem.....8
MERREM.....8
mesalamine with cleansing wipe.....68
mesna.....12
MESNEX.....12
MESTINON.....23
MESTINON TIMESPAN....23
METADATE CD.....37
METADATE ER.....37
metaproterenol.....86
metformin.....63
methadone.....26, 27
methamphetamine.....37
methazolamide.....82
methenamine hippurate.....11
methimazole.....60
METHITEST.....65
methotrexate sodium.....15
methotrexate sodium (pf)15, 16
methoxsalen rapid.....52
methscopolamine.....67
methyclothiazide.....46
methyldopa.....46
methylergonovine.....81
METHYLIN.....37
methylphenidate.....37
methylprednisolone.....59
methylprednisolone acetate..59

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

methylprednisolone sodium succ....59
metipranolol....82
metoclopramide hcl....68
metolazone....46
metoprolol succinate....46
metoprolol ta-hydrochlorothiaz....46
metoprolol tartrate....46
METOZOLV ODT....68
METROCREAM....52
METROGEL....52
METROGEL VAGINAL....78
METROLOTION....52
metronidazole....8, 52, 53, 78
metronidazole in nacl (iso-os) 8
mexiletine....43
MIACALCIN....65
MICARDIS....46
MICARDIS HCT....46
MICONAZOLE-3....78
MICROGESTIN 1.5/30 (21) 79
MICROGESTIN 1/20 (21)...79
MICROGESTIN FE 1.5/30 (28)....79
MICROGESTIN FE 1/20 (28)....79
MICROZIDE....46
midodrine....57
MIGERGOT....21
MIGRANAL....21
MILLIPRED....59
MIMVEY....78
MIMVEY LO....78
MINASTRIN 24 FE....79
MINIPRESS....46
MINITRAN....51
MINIVELLE....78
minocycline....11
minoxidil....46
MIRAPEX....21
MIRAPEX ER....21
mirtazapine....37
misoprostol....70
mitomycin....16
mitoxantrone....16
M-M-R II (PF)....75
MOBIC....30
modafinil....37
MODERIBA....2
MODERIBA DOSE PACK....2
MODICON (28)....80
moexipril....46
moexipril-hydrochlorothiazide....46
mometasone....55
MONONESSA (28)....80
montelukast....86
MONUROL....11
morphine....27
morphine concentrate....27
MOVIPREP....68
MOXATAG....9
MOXEZA....81
moxifloxacin....10
MOZOBIL....73
MS CONTIN....27
MULTAQ....43
mupirocin....54
mupirocin calcium....54
MUSTARGEN....16
MYALEPT....65
MYAMBUTOL....8
MYCAMINE....1
MYCOBUTIN....8
mycophenolate mofetil....16
mycophenolate sodium....16
MYFORTIC....16
MYORISAN....53
MYOZYME....65
MYRBETRIQ....88
MYSOLINE....20
N
nabumetone....30
nadolol....47
nadolol-bendroflumethiazide 47
nafcillin....9
nafcillin in dextrose iso-osm ..9
NAFTIN....54
NAGLAZYME....65
nalbuphine....30
naloxone....30
naltrexone....31
NAMENDA....22
NAMENDA TITRATION PAK....22
NAMENDA XR....22
naphazoline....84
NAPRELAN CR....31
NAPROSYN....31
naproxen....31
naproxen sodium....31
naratriptan....22
NARDIL....37
NASACORT AQ....86
NASONEX....86
NATACYN....81
NATAZIA....80
nateglinide....63
NEBUPENT....8
NECON 0.5/35 (28)....80
NECON 1/35 (28)....80
NECON 1/50 (28)....80
NECON 10/11 (28)....80
NECON 7/7/7 (28)....80
needles, insulin disp.,safety ..63
nefazodone....37
neomycin....8
neomycin-bacitracin-poly-hc 83
neomycin-bacitracin-polymyxin....81
neomycin-polymyxin b gu....56
neomycin-polymyxin-dexameth....83
neomycin-polymyxin-gramicidin....81
neomycin-polymyxin-hc.58, 83
NEORAL....16
NEOSPORIN (NEO-POLYM-GRAMICID)....81
NEPHRAMINE 5.4 %....91
NESINA....63
NEULASTA....73
NEUMEGA....73
NEUPOGEN....73

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NEUPRO 21
NEURONTIN 20
NEVANAC 82
nevirapine 2
NEXAVAR 16
NEXIUM 70
NEXIUM IV 70
NEXIUM PACKET 70
NEXTERONE 43
niacin 50
NIACOR 50
NIASPAN EXTENDED-RELEASE 50
nicardipine 47
NICOTROL 58
NICOTROL NS 58
NIFEDICAL XL 47
nifedipine 47
NILANDRON 16
nimodipine 47
NIPENT 16
nisoldipine 47
NITRO-BID 51
NITRO-DUR 51
nitrofurantoin 11
nitrofurantoin macrocrystal .. 11
nitrofurantoin monohyd/m-cryst 11
nitroglycerin 51
NITROLINGUAL 51
NITROMIST 51
NITROSTAT 51
nizatidine 70
NIZORAL 54
NORA-BE 78
NORCO 27
NORDITROPIN FLEXPRO 73
NORDITROPIN NORDIFLEX 73
norethindrone (contraceptive) 78
norethindrone acetate 78
NORINYL 1+35 (28) 80
NORINYL 1+50 (28) 80
NORITATE 53
NORMOSOL-M IN 5 % DEXTROSE 91
NORMOSOL-R IN 5 % DEXTROSE 89
NORMOSOL-R PH 7.4 91
NORPRAMIN 37
NOR-QD 78
NORTREL 0.5/35 (28) 80
NORTREL 1/35 (21) 80
NORTREL 1/35 (28) 80
NORTREL 7/7/7 (28) 80
nortriptyline 37
NORVASC 47
NORVIR 2
NOVAREL 65
NOVOLIN 70/30 63
NOVOLIN N 63
NOVOLIN R 63
NOVOLOG 64
NOVOLOG FLEXPEN 64
NOVOLOG MIX 70-30 64
NOVOLOG MIX 70-30 FLEXPEN 64
NOVOLOG PENFILL 64
NOXAFIL 1
NUCYNTA 31
NUCYNTA ER 31
NUEDEXTA 22
NULOJIX 16
NULYTELY WITH FLAVOR PACKS 68
NUTROPIN AQ 73
NUTROPIN AQ NUSPIN 73
NUVARING 78
NUVIGIL 37
NYAMYC 54
nystatin 1, 54
nystatin-triamcinolone 54
NYSTOP 54
O
OCELLA 80
octreotide acetate 16
OCUFEN 82
OCUFLOX 81
ofloxacin 10, 58, 81
OGESTREL (28) 80
olanzapine 37
olanzapine-fluoxetine 37
OLUX 55
OLYSIO 2
OMECLAMOX-PAK 70
omega-3 acid ethyl esters 50
omeprazole 70
omeprazole-sodium bicarbonate 70, 71
OMNARIS 86
OMNIPRED 83
OMNITROPE 73
ONCASPAR 16
ondansetron 68
ondansetron hcl 68
ondansetron hcl (pf) 68
ONFI 20
ONGLYZA 64
ONMEL 1
OPANA 27
OPANA ER 28
OPSUMIT 86
OPTIVAR 82
ORACEA 11
ORAP 37
ORAPRED 59
ORAPRED ODT 59
ORENCIA 76
ORENCIA (WITH MALTOSE) 77
ORENITRAM 47
ORFADIN 57
ORSYTHIA 80
ORTHO EVRA 78
ORTHO MICRONOR 78
ORTHO TRI-CYCLEN (28) 80
ORTHO TRI-CYCLEN LO (28) 80
ORTHO-CEPT (28) 80
ORTHO-CYCLEN (28) 80
ORTHO-NOVUM 1/35 (28) 80
ORTHO-NOVUM 7/7/7 (28) 80
OSENI 64

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OSMOPREP 68
OTEZLA 77
OTEZLA STARTER 77
OTREXUP (PF) 77
OVCON-35 (28) 80
OVIDE 56
oxacillin 9
oxacillin in dextrose(iso-osm) 9
oxaliplatin 16
oxandrolone 65
oxaprozin 31
oxazepam 37
oxcarbazepine 20
OXECTA 28
OXISTAT 54
OXSORALEN 52
OXSORALEN ULTRA 52
OXTELLAR XR 20
oxybutynin chloride 88
oxycodone 28
oxycodone-acetaminophen 28
oxycodone-aspirin 28
OXYCONTIN 28
oxymorphone 28
OXYTROL 88
P
PACERONE 43
paclitaxel 16
PAMELOR 37
pamidronate 65
PAMINE 67
PAMINE FORTE 67
PANCREAZE 68
PANDEL 55
PANRETIN 52
pantoprazole 71
PARCOPA 21
paricalcitol 65
PARNATE 37
paromomycin 8
paroxetine hcl 37, 38
PASER 8
PATADAY 82
PATANASE 58
PATANOL 82
PAXIL 38
PAXIL CR 38
PCE 6
PEDI-DRI 54
PEDVAX HIB (PF) 75
peg 3350-electrolytes 68
PEGANONE 20
PEGASYS 73
PEGASYS CONVENIENCE PACK 73
PEGASYS PROCLICK 73
PEGINTRON 73
PEGINTRON REDIPEN 73
penicillin g pot in dextrose 9
penicillin g potassium 9
penicillin g procaine 9
penicillin g sodium 9
penicillin v potassium 9
PENNSAID 31
PENTAM 8
PENTASA 68
pentoxifylline 49
PEPCID 71
PERCOCET 28
PERCODAN 28
PERFOROMIST 86
perindopril erbumine 47
PERIOGARD 58
PERJETA 16
permethrin 56
perphenazine 38
perphenazine-amitriptyline 38
PERSANTINE 49
PERTZYE 68
PEXEVA 38
PFIZERPEN-G 9
phenelzine 38
PHENERGAN 84
phenobarbital 20
PHENYTEK 20
phenytoin 20
phenytoin sodium 20
phenytoin sodium extended 20
PHOSLO 89
PHOSLYRA 89
PHOSPHOLINE IODIDE 82
PHYSIOLYTE 56
PHYSIOSOL IRRIGATION 56
PICATO 52
pilocarpine hcl 57, 82
PIMTREA (28) 80
pindolol 47
pioglitazone 64
pioglitazone-glimepiride 64
pioglitazone-metformin 64
piperacillin-tazobactam 10
PIRMELLA 80
piroxicam 31
PLAQUENIL 8
PLASMA-LYTE 148 91
PLASMA-LYTE A 91
PLASMA-LYTE-56 IN 5 % DEXTROSE 91
PLAVIX 49
PLETAL 49
podofilox 52
polyethylene glycol 3350 68
polymyxin b sulfate 8
polymyxin b sulf-trimethoprim 81
POLYTRIM 81
POMALYST 16
PONSTEL 31
PORTIA 80
potassium chlorid-d5-0.45%nacl 89
potassium chloride 89
potassium chloride in 0.9%nacl 89
potassium chloride in 5 % dex 89
potassium chloride in lr-d5 89
potassium chloride-0.45 % nacl 90
potassium chloride-d5-0.2%nacl 90
potassium chloride-d5-0.3%nacl 90
potassium chloride-d5-0.9%nacl 90

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potassium citrate.....89
POTIGA 20
PRADAXA.....49
pramipexole.....21
PRANDIMET.....64
PRANDIN 64
PRAVACHOL 50
pravastatin 50
prazosin 47
PRECOSE 64
PRED FORTE.....83
PRED MILD 83
PRED-G 83
PRED-G S.O.P. 83
prednicarbate.....55
prednisolone acetate 83
prednisolone sodium phosphate 59, 83
prednisone 59
PREDNISONE INTENSOL 59
PREGNYL 65
PREMARIN 78
PREMASOL 10 % 91
PREMASOL 6 % 91
PRENATAL VITAMIN.....91
PREPOPIK.....68
PREVACID.....71
PREVACID SOLUTAB 71
PREVALITE 50
PREVIFEM 80
PREVPAC.....71
PREZISTA 2, 3
PRIFTIN.....8
PRILOSEC 71
primaquine.....8
PRIMAXIN IV.....8
primidone 20
PRIMLEV 28
PRIMSOL.....11
PRINIVIL.....47
PRISTIQ.....38
PRIVIGEN 75
PROAIR HFA 86
probenecid 75
procainamide.....43
PROCALAMINE 3%.....91
PROCARDIA XL.....47
PROCENTRA 38
prochlorperazine.....68
prochlorperazine edisylate....68
prochlorperazine maleate 68
PROCRIT 73
PROCTO-PAK.....69
PROCTOZONE-HC.....69
progesterone micronized 78
PROGLYCEM 64
PROGRAF.....16
PROLASTIN-C.....57
PROLENSA 82
PROLEUKIN 73
PROLIA.....76
PROMACTA.....49
promethazine 84
PROMETHAZINE VC 84
PROMETRIUM 78
propafenone.....43
propranolol 47
propranolol-hydrochlorothiazid 47
propylthiouracil 60
PROQUAD (PF).....75
PROSCAR.....88
PROSOL 20 % 91
PROTONIX.....71
PROTOPIC.....52
protriptyline.....38
PROVENTIL HFA.....86
PROVERA 78
PROVIGIL 38
PROZAC 38, 39
PROZAC WEEKLY 39
PRUDOXIN 52
PULMICORT.....87
PULMICORT FLEXHALER 87
PULMOZYME.....87
PURINETHOL.....16
PYLERA 71
pyrazinamide 8
pyridostigmine bromide 23

Q

QNASL.....87
QUALAQUIN 8
QUARTETTE.....80
QUASENSE 80
QUDEXY XR.....20
QUESTRAN.....50
quetiapine 39
QUILLIVANT XR 39
quinapril.....47
quinapril-hydrochlorothiazide 47
quinidine gluconate 43
quinidine sulfate 43
quinine sulfate 8
QVAR.....87

R

RABAVERT (PF) 75
rabeprazole 71
RAGWITEK.....75
raloxifene.....76
ramipril 47
RANEXA 51
ranitidine hcl.....71, 72
RAPAFLO.....88
RAPAMUNE.....16
RAVICTI.....57
RAYOS.....59
RAZADYNE 22
RAZADYNE ER.....22
REBETOL 3
REBIF (WITH ALBUMIN) .73
REBIF REBIDOSE 73
REBIF TITRATION PACK.73
RECLAST 57
RECLIPSEN (28) 80
RECOMBIVAX HB (PF).....75
RECTIV.....69
REGLAN.....69
REGRANEX 52
RELENZA DISKHALER 3
RELISTOR.....69
RELPAX.....22
REMERON.....39
REMERON SOLTAB 39

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REMICADE 69
REMODULIN 47
RENAGEL 57
RENVELA 57
repaglinide 64
REPREXAIN 29
REQUIP 21
REQUIP XL 21
RESCRIPTOR 3
RESCULA 83
RESTASIS 82
RESTORIL 39
RETIN-A 53
RETIN-A MICRO 53
RETIN-A MICRO PUMP 53
RETROVIR 3
REVATIO 87
REVIA 31
REVLIMID 16
REYATAZ 3
RHEUMATREX 16
RHINOCORT AQUA 87
RIBAPAK DOSE PACK 3
RIBASPHERE 3
ribavirin 3
RIDAURA 77
rifabutin 8
RIFADIN 8
RIFAMATE 8
rifampin 8
RIFATER 8
RILUTEK 57
riluzole 57
rimantadine 3
ringers 56, 90
RIOMET 64
risedronate 76
RISPERDAL 39
RISPERDAL CONSTA 39
RISPERDAL M-TAB 39
risperidone 39, 40
RITALIN 40
RITALIN LA 40
RITALIN SR 40
RITUXAN 16
rivastigmine tartrate 22
rizatriptan 22
ROBINUL 67
ROBINUL FORTE 67
ROCALTROL 66
ROCEPHIN 5
ropinirole 21
ROTARIX 75
ROTATEQ VACCINE 75
ROXICET 29
ROXICODONE 29
ROZEREM 40
RYTHMOL 43
RYTHMOL SR 43
S
SABRIL 20
SAFYRAL 80
SAIZEN 73
SAIZEN CLICK.EASY 73
SALAGEN 57
SAMSCA 66
SANCTURA 88
SANCTURA XR 88
SANCUSO 69
SANDIMMUNE 16
SANDOSTATIN 16
SANDOSTATIN LAR DEPOT 16
SANTYL 56
SAPHRIS 40
SAPHRIS (BLACK CHERRY) 40
SARAFEM 40
SAVELLA 77
SEASONIQUE 80
SECTRAL 47
selegiline hcl 21
selenium sulfide 51
SELZENTRY 3
SEMPREX-D 84
SENSIPAR 66
SEREVENT DISKUS 87
SEROQUEL 40
SEROQUEL XR 40, 41
SEROSTIM 73
sertraline 41
SFROWASA 69
SIGNIFOR 16
sildenafil 87
SILENOR 41
SILVADENE 51
silver sulfadiazine 51
SIMBRINZA 83
SIMCOR 50
SIMPONI 77
SIMPONI ARIA 77
SIMULECT 16
simvastatin 50
SINEMET 21
SINEMET CR 21
SINGULAIR 87
sirolimus 16
SIRTURO 8
SIVEXTRO 8
SKLICE 56
sodium chloride 57, 90
sodium chloride 0.45 % 90
sodium chloride 0.9 % 57
sodium chloride 3 % 90
sodium chloride 5 % 90
sodium fluoride 91
sodium lactate 90
sodium phenylbutyrate 57
SODIUM POLYSTYRENE (SORB FREE) 57
SOLARAZE 52
SOLODYN 11
SOLTAMOX 16
SOLU-CORTEF (PF) 59
SOLU-MEDROL 60
SOLU-MEDROL (PF) 60
SOMATULINE DEPOT 16
SOMAVERT 66
SONATA 41
SORIATANE 51
SORILUX 51
SORINE 43
sotalol 43
SOTALOL AF 44
SOVALDI 3

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SPECTRACEF 5
spinosad 56
SPIRIVA WITH HANDIHALER 87
spironolactone 47
spironolacton-hydrochlorothiaz 47
SPORANOX 1
SPORANOX PULSEPAK 1
SPRINTEC (28) 80
SPRIX 31
SPRYCEL 16
SRONYX 80
SSD 51
STALEVO 100 21
STALEVO 125 21
STALEVO 150 21
STALEVO 200 21
STALEVO 50 21
STALEVO 75 21
STARLIX 64
stavudine 3
STELARA 51
STIMATE 66
STIVARGA 17
STRATTERA 41
streptomycin 8
STRIANT 66
STRIBILD 3
STROMECTOL 8
SUBOXONE 31
SUBSYS 29
SUCLEAR 69
SUCRAID 69
sucralfate 72
SULAR 47
sulfacetamide sodium 83
sulfacetamide sodium (acne) 54
sulfacetamide-prednisolone .. 83
sulfadiazine 10
sulfamethoxazole-trimethoprim 11
SULFAMYLON 54
sulfasalazine 69
SULFAZINE EC 69
sulindac 31
sumatriptan 22
sumatriptan succinate 22
SUMAVEL DOSEPRO 22
SUPRAX 5
SUPREP 69
SURMONTIL 41
SUSTIVA 3
SUTENT 17
SYLATRON 73
SYLVANT 17
SYMBICORT 87
SYMBYAX 41
SYMLINPEN 120 64
SYMLINPEN 60 64
SYNAGIS 3
SYNALAR CREAM KIT 55
SYNALGOS-DC 29
SYNAREL 66
SYNERA 53
SYNERCID 8
SYNRIBO 17
SYNTHROID 66
SYPRINE 57
T
TABLOID 17
TACLONEX 51
tacrolimus 17
TAFINLAR 17
TAMIFLU 3
tamoxifen 17
tamsulosin 88
TANZEUM 64
TAPAZOLE 60
TARCEVA 17
TARGRETIN 17
TARKA 47
TASIGNA 17
TASMAR 21
TAXOTERE 17
TAZORAC 53
TAZTIA XT 47
TECFIDERA 22
TEFLARO 5
TEGRETOL 20
TEGRETOL XR 20
TEKAMLO 47
TEKTURNA 47
TEKTURNA HCT 47
telmisartan 47
telmisartan-amlodipine 47
telmisartan-hydrochlorothiazid 47
temazepam 41
TEMOVATE 55
TENORETIC 100 47
TENORETIC 50 47
TENORMIN 47
TERAZOL 3 78
TERAZOL 7 78
terazosin 47
terbinafine 1
terbutaline 87
terconazole 78
TESTIM 66
testosterone cypionate 66
testosterone enanthate 66
TESTRED 66
tetanus toxoid,adsorbed (pf) . 75
tetanus-diphtheria toxoids-td 75
tetracycline 11
TEVETEN 47
TEVETEN HCT 47
TEV-TROPIN 73
THALOMID 17
THEO-24 87
theophylline 87
THIOLA 57
thioridazine 41
thiothixene 41
THYMOGLOBULIN 75
THYROLAR-1 66
THYROLAR-1/2 66
THYROLAR-1/4 66
THYROLAR-2 66
THYROLAR-3 66
tiagabine 20
TIAZAC 47
ticlopidine 49
TIKOSYN 44

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TIMENTIN.....10
timolol maleate.....47, 82
TIMOPTIC OCUDOSE (PF) 82
TIMOPTIC-XE 82
tinidazole 8
TIROSINT.....66
TIVICAY 3
tizanidine 23
TOBI.....8
TOBI PODHALER 8
TOBRADEX 83
TOBRADEX ST 83
tobramycin.....81
tobramycin in 0.225 % nacl ...8
tobramycin in 0.9 % nacl.....8
tobramycin sulfate 8
tobramycin-dexamethasone..83
TOBREX.....81
TOFRANIL 41
TOFRANIL-PM 41
tolazamide 64
tolbutamide.....64
tolmetin.....31
tolterodine.....88
TOPAMAX 20
TOPICORT 56
topiramate.....20
TOPOSAR.....17
topotecan 17
TOPROL XL 47
TORISEL 17
torsemide 47
TOVIAZ 88
TPN ELECTROLYTES.....90
TRACLEER 87
TRADJENTA.....64
tramadol.....31
tramadol-acetaminophen 31
trandolapril 47
tranexamic acid 49, 78
TRANSDERM-SCOP.....69
TRANXENE T-TAB.....41
tranylcypromine 41
TRAVASOL 10 % 91
TRAVATAN Z.....83
travoprost (benzalkonium) ...83
trazodone 41
TREANDA.....17
TRECATOR.....9
TRELSTAR.....17
TRELSTAR DEPOT.....17
TRELSTAR LA 17
tretinoin 53
tretinoin (chemotherapy) 17
TREXALL.....17
TREXIMET.....22
triamcinolone acetonide 56, 58, 60, 87
triamterene-hydrochlorothiazid 48
TRIBENZOR.....48
TRICOR 50
TRIDERM 56
trifluoperazine 41
trifluridine.....81
TRIGLIDE.....50
TRI-LEGEST FE.....80
TRILEPTAL.....20
TRILIPIX 50
TRILYTE WITH FLAVOR PACKETS 69
trimethoprim.....11
TRINESSA (28) 80
TRI-NORINYL (28).....80
TRI-PREVIFEM (28).....80
TRISENOX 17
TRI-SPRINTEC (28).....80
TRIVORA (28).....80
TRIZIVIR.....3
TROKENDI XR.....20
TROPHAMINE 10 % 91
TROPHAMINE 6% 91
trospium.....88
TRUSOPT 83
TRUVADA 3
TUDORZA PRESSAIR 87
TWINRIX (PF).....75
TWYNSTA 48
TYGACIL 9
TYKERB 17
TYLENOL-CODEINE #3....29
TYLENOL-CODEINE #4....29
TYPHIM VI.....75
TYSABRI 22
TYVASO 88
TYZEKA 3
TYZINE.....58
U
UCERIS.....69
U-CORT 52
ULESFIA.....56
ULORIC 75
ULTRACET 31
ULTRAM 31
ULTRAM ER 31
ULTRAVATE 56
ULTRESA 69
UNASYN 10
UNIRETIC 48
UNITHROID.....66
UNIVASC 48
URECHOLINE.....88
UROCIT-K 10 89
UROCIT-K 15 89
UROCIT-K 5 89
UROXATRAL 88
URSO 250 69
URSO FORTE.....69
ursodiol 69
UVADEX 52
V
VAGIFEM.....78
valacyclovir 3
VALCYTE 3
VALIUM 41
valproate sodium 20
valproic acid 20
valproic acid (as sodium salt) 20
valsartan-hydrochlorothiazide 48
VALTREX 3
VANCOCIN 11
vancomycin.....11

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VANDAZOLE 78
VANOS 56
VAQTA (PF) 75
VARIVAX (PF) 75
VASCEPA 50
VASERETIC 48
VASOTEC 48
VECAMYL 51
VECTIBIX 17
VECTICAL 51
VELCADE 17
VELIVET TRIPHASIC REGIMEN (28) 80
VELPHORO 57
VELTIN 53
venlafaxine 41, 42
VENTAVIS 88
VENTOLIN HFA 88
VERAMYST 88
verapamil 48
VEREGEN 52
VERELAN 48
VERELAN PM 48
VERIPRED 20 60
VERSACLOZ 42
VESICARE 88
VESTURA (28) 80
VEXOL 83
VFEND 1
VFEND IV 1
VGO 20 64
VGO 30 64
VGO 40 64
VIBRAMYCIN 11
VICODIN 29
VICODIN ES 29
VICODIN HP 29
VICOPROFEN 29
VICTOZA 2-PAK 64
VICTOZA 3-PAK 65
VICTRELIS 3
VIDAZA 18
VIDEX 2 GRAM PEDIATRIC 3
VIDEX EC 3
VIGAMOX 81
VIIBRYD 42
VIMOVO 31
VIMPAT 20
vinblastine 18
vincristine 18
vinorelbine 18
VIOKACE 69
VIRACEPT 3
VIRAMUNE 3
VIRAMUNE XR 4
VIRAZOLE 4
VIREAD 4
VIROPTIC 81
VISTIDE 4
VIVACTIL 42
VIVELLE-DOT 78
VIVITROL 31
VOGELXO 66
VOLTAREN GEL 31
VOLTAREN-XR 31
voriconazole 1
VOSPIRE ER 88
VOTRIENT 18
VPRIV 66
VYFEMLA (28) 80
VYTORIN 10-10 50
VYTORIN 10-20 50
VYTORIN 10-40 50
VYTORIN 10-80 51
VYVANSE 42
W
warfarin 49
water for irrigation, sterile 57
WELCHOL 51
WELLBUTRIN 42
WELLBUTRIN SR 42
WELLBUTRIN XL 42
X
XALATAN 83
XALKORI 18
XARELTO 49
XARTEMIS XR 29
XELJANZ 77
XENAZINE 22
XEOMIN 75
XERESE 54
XGEVA 12
XIFAXAN 9
XODOL 10/300 29
XODOL 5/300 29
XODOL 7.5/300 29
XOLAIR 88
XOPENEX 88
XOPENEX HFA 88
XTANDI 18
XULANE 78
XYLOCAINE 53
XYLOCAINE-MPF 53
XYREM 42
XYZAL 84
Y
YASMIN (28) 80
YAZ (28) 80
YERVOY 18
YF-VAX (PF) 75
Z
zafirlukast 88
zaleplon 42
ZALTRAP 18
ZAMICET 29
ZANAFLEX 23
ZANOSAR 18
ZANTAC 72
ZARONTIN 20
ZAROXOLYN 48
ZAVESCA 66
ZEBETA 48
ZEGERID 72
ZELAPAR 21
ZELBORAF 18
ZEMAIRA 57
ZEMPLAR 66
ZENATANE 53
ZENCHENT (28) 81
ZENCHENT FE 81
ZENPEP 69
ZENZEDI 42
ZERIT 4
ZESTORETIC 48

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ZESTRIL....48
ZETIA....51
ZETONNA....88
ZIAC....48
ZIAGEN....4
ZIANA....53
zidovudine....4
ZINACEF....5, 6
ZINECARD....12
ZIOPTAN (PF)....83
ziprasidone hcl....42
ZIPSOR....31
ZIRGAN....81
ZITHROMAX....6
ZITHROMAX TRI-PAK....6
ZITHROMAX Z-PAK....6
ZMAX....6
ZOCOR....51
ZOFRAN (AS HYDROCHLORIDE)....69
ZOFRAN ODT....69
ZOHYDRO ER....29
zoledronic acid....66
zoledronic acid-mannitol-water....57
ZOLINZA....18
zolmitriptan....22
ZOLOFT....42, 43
zolpidem....43
ZOLPIMIST....43
ZOMETA....66
ZOMIG....22
ZOMIG ZMT....22
ZONALON....52
ZONEGRAN....20
zonisamide....20
ZONTIVITY....49
ZORBTIVE....73
ZORTRESS....18
ZORVOLEX....31
ZOSTAVAX (PF)....75
ZOSYN....10
ZOSYN IN DEXTROSE (ISO-OSM)....10
ZOVIA 1/35E (28)....81
ZOVIA 1/50E (28)....81
ZOVIRAX....4, 54
ZUBSOLV....31
ZYBAN....58
ZYCLARA....52
ZYFLO....88
ZYFLO CR....88
ZYKADIA....18
ZYLET....83
ZYLOPRIM....75
ZYMAXID....81
ZYPREXA....43
ZYPREXA ZYDIS....43
ZYTIGA....18
ZYVOX....9

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You must use network pharmacies to fill your prescriptions to get the most of your benefit. However, there are emergency circumstances under which you may be reimbursed for a covered prescription that is not filled at a network pharmacy. Limitations, copayments and restrictions may apply.

This formulary was updated on 08/06/2014. For more recent information or other questions, please contact Express Scripts Medicare Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week. You can also visit us on the Web at **www.Express-Scripts.com**.

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