

2016 Cigna-HealthSpring COMPREHENSIVE DRUG LIST (Formulary)

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

Plans covered

**Cigna-HealthSpring Primary (HMO)
Cigna-HealthSpring TotalCare (HMO SNP)
Cigna-HealthSpring TotalCare AR (HMO SNP)
Cigna-HealthSpring TotalCare ETN (HMO SNP)
Cigna-HealthSpring TotalCare SMS (HMO SNP)
Cigna-HealthSpring Traditions (HMO SNP)**



This drug list was updated on July 2015. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. For more recent information or other questions, please contact Cigna-HealthSpring Customer Service, at 1-800-668-3813 or, for TTY users, 711, 7 days a week, 8 a.m. - 8 p.m., or visit www.CignaHealthSpring.com. Cigna-HealthSpring is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring depends on contract renewal.

HPMS Approved Formulary File Submission ID 16154, Version Number 8

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Cigna-HealthSpring. When it refers to “plan” or “our plan,” it means Cigna-HealthSpring Primary (HMO), Cigna-HealthSpring TotalCare (HMO SNP), Cigna-HealthSpring TotalCare AR (HMO SNP), Cigna-HealthSpring TotalCare ETN (HMO SNP), Cigna-HealthSpring TotalCare SMS (HMO SNP) and Cigna-HealthSpring Traditions (HMO SNP).

This document includes a list of the drugs (formulary) for our plans, which is current as of July 2105. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017, and from time to time during the year.

What is the Cigna-HealthSpring Comprehensive Drug List?

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

Can the Drug List (formulary) change?

Generally, if you are taking a drug on our 2016 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 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 drug list changes, such as removing a drug from our drug list, will not affect customers who are currently taking the drug. It will remain available at the same cost-sharing for those customers 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 we remove drugs from our drug list, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected customers of the change at least 60 days before the change becomes effective, or at the time the customer requests a refill

of the drug, at which time the customer will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our drug list to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our drug list and provide notice to customers who take the drug. The enclosed drug list is current as of July 2015. To get updated information about the drugs covered by Cigna-HealthSpring, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

How do I use the Drug List?

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

Medical Condition

The drug list begins on page 9. The drugs in this drug list are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “CARDIOVASCULAR AGENTS”. If you know what your drug is used for, look for the category name in the list that begins on page 9. Then look under the category name for your drug.

Covered Drug Index

If you are not sure what category to look under, you should look for your drug in the Covered Drugs Index section that begins on page 45. The Covered Drugs Index provides a list of all of the drugs included in this document. Both brand name drugs and generic drugs are in the Drug List.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Cigna-HealthSpring requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Cigna-HealthSpring before you fill your prescriptions. If you don't get approval, Cigna-HealthSpring may not cover the drug.
- **Quantity Limits:** For certain drugs, Cigna-HealthSpring limits the amount of the drug that Cigna-HealthSpring will cover. For example, Cigna-HealthSpring allows for 1 tablet per day for CRESTOR. This applies to standard one-month supply (for total quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).
- **Step Therapy:** In some cases, Cigna-HealthSpring requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Cigna-HealthSpring may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna-HealthSpring will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

You can ask Cigna-HealthSpring to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Cigna-HealthSpring drug list?" on this page for information about how to request an exception.

Options for Maintenance Medications

Taking the medications prescribed by your doctor (or other prescriber) is important to your health.

We are committed to helping you achieve control of chronic conditions by making it easy for you to receive your maintenance medications. As part of our commitment to coordinating your healthcare needs, we have set a goal of helping you take your medications at least 80% of the time. There are several ways we can work together to accomplish this goal:

- Talk with your doctor about whether a 90 day supply of your ongoing, stable medications may be appropriate. Taking these medications every day as prescribed is important for your overall health, and getting 90 day prescriptions of these medications can ensure that you don't miss a dose.
- Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

How can I use my prescription drug coverage to save money on my medications?

There may be opportunities for you to save money on your medications using your Cigna-HealthSpring coverage.

- Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.
- Explore whether the 'CMS extra help' program may offer additional financial support for your medications.
- If your medication is not covered on the Cigna-HealthSpring drug list, talk with your doctor about alternative medications which are covered in the drug list.

What if my drug is not in the Drug List?

If your drug is not included in this drug list, you should first contact Customer Service and ask if your drug is covered. If you learn that Cigna-HealthSpring does not cover your drug, you have two options:

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

How do I request an exception to the Cigna-HealthSpring Drug List?

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

- You can ask us to cover a drug even if it is not in our drug list. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Cigna-HealthSpring limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91- to 98-day transition supply, consistent with 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 customer of our plan. If you need a drug that is not in our drug list or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a drug list exception.

In order to accommodate unexpected transitions of our customers that do not leave time for advanced planning, such as level-of-care changes due to discharge from a hospital to a nursing facility or to a home, Cigna-HealthSpring will allow a one-time 31-day supply (unless the prescription is written for fewer days).

Cigna-HealthSpring's Drug List

The comprehensive drug list provides coverage information about all of the drugs covered by Cigna-HealthSpring. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 45.

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

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

We provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 9 along with the amount dispensed per the days supplied. (For example: CRESTOR 30/30; this means the drug CRESTOR is limited to 30 tablets per 30 days. For 90-day supplies, this quantity limit would be expanded to 90 tablets per 90 days).

For more information

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

If you have questions about Cigna-HealthSpring, please contact us. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

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

Key:

B/D – This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.

PA – This drug requires prior authorization

QL – This drug has quantity limits

ST – This drug has step therapy requirements

Generally all medications in the drug list are available through mail order, except when special circumstances or situations prohibit mailing a particular medication to your home.

Drug Tier and Cost-Share Table

The following table represents the plan name, plan service area, the drug tier number as it appears in the drug list, and the cost-share amount for that tier number. Your plan has one tier named “Covered Drugs”. Please refer to the following chart. You may also refer to your Evidence of Coverage document for additional details.

Note for customers receiving Extra Help: Your LIS copay level will be based on how the Food and Drug Administration (FDA) classifies certain drugs. Due to this, a generic drug may receive a preferred brand copay, or a preferred brand drug may receive a generic drug copay. Please see your LIS Rider for additional information on these copay levels. Or call Customer Service for further clarification regarding a specific drug.

To locate your drug cost, please refer to the table(s) below to find your service area and the Medicare Advantage plan in which you are currently enrolled or would like to enroll.

Service Area: Alabama, Arkansas

H0150-007

Cigna-HealthSpring TotalCare (HMO SNP)

Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Shelby, St. Clair, Talladega, Tuscaloosa and Walker, Alabama

H4454-034

Cigna-HealthSpring TotalCare AR (HMO)

Craighead, Crittenden, Greene, Lawrence, Mississippi and Poinsett, Arkansas

Tier 1: Covered Drugs

Standard Retail
Cost-Sharing

Standard Mail Order
Cost-Sharing

30/60/90 Days

30/90 Days

25%

25%

Service Area: Georgia

H0439-002

Cigna-HealthSpring TotalCare (HMO SNP)

Baldwin, Banks, Barrow, Bartow, Butts, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Elbert, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Hart, Jackson, Jasper, Lamar, Lumpkin, Madison, Morgan, Newton, Oconee, Oglethorpe, Paulding, Pickens, Pike, Polk, Putnam, Rabun, Rockdale, Spalding, Stephens, Walton, White and Wilkes, Georgia

Standard Retail
Cost-Sharing

Standard Mail Order
Cost-Sharing

30/60/90 Days

30/90 Days

25%

25%

Tier 1: Covered Drugs

Service Area: Illinois, Indiana

H1415-005

Cigna-HealthSpring TotalCare (HMO SNP)

Cook, DuPage, Kane and Will, Illinois

H1415-024, H3945-002

Cigna-HealthSpring Primary (HMO)

Cook, DuPage, Kane and Will, Illinois
Lake, Indiana

Standard Retail
Cost-Sharing

Standard Mail Order
Cost-Sharing

30/60/90 Days

30/90 Days

25%

25%

Tier 1: Covered Drugs

Service Area: Florida, Mississippi, North Carolina

H5410-013

Cigna-HealthSpring TotalCare (HMO SNP)

Bay, Escambia, Okaloosa, Santa Rosa and Walton, Florida

H4407-004

Cigna-HealthSpring TotalCare SMS (HMO SNP)

Attala, Covington, Forrest, George, Hancock, Harrison, Hinds, Jackson, Jones, Lamar, Leake, Madison, Marion, Pearl River, Perry, Rankin and Stone, Mississippi

H9725-003

Cigna-HealthSpring TotalCare (HMO SNP)

Alexander, Cabarrus, Cleveland, Davidson, Davie, Forsyth, Gaston, Guilford, Lincoln, Polk, Rowan, Stokes, Yadkin, Catawba, Iredell and Union, North Carolina

Standard Retail
Cost-SharingStandard Mail Order
Cost-Sharing**30/60/90 Days****30/90 Days****Tier 1: Covered Drugs**

25%

25%

Service Area: Mid-Atlantic

H2108-001

Cigna-HealthSpring TotalCare (HMO SNP)

Anne Arundel, Baltimore, Baltimore City, Caroline, Dorchester, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's and Talbot, Maryland; Washington, DC; Kent, New Castle and Sussex, Delaware

Standard Retail
Cost-SharingStandard Mail Order
Cost-Sharing**30/60/90 Days****30/90 Days****Tier 1: Covered Drugs**

25%

25%

Service Area: Mid-Atlantic

H2108-020

Cigna-HealthSpring Traditions (HMO SNP)

Anne Arundel, Baltimore, Baltimore City, Harford, Howard, Montgomery, and Prince George's, Maryland; Washington, DC; Kent, New Castle and Sussex, Delaware

Standard Retail
Cost-SharingStandard Mail Order
Cost-Sharing**30/60/90 Days****30/90 Days****Tier 1: Covered Drugs**

25%

Not covered

Service Area: Pennsylvania H3949-009 Cigna-HealthSpring TotalCare (HMO SNP) Berks, Bucks, Chester, Cumberland, Delaware, Lancaster, Lehigh, Montgomery, Northampton, Philadelphia and York, Pennsylvania	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30/60/90 Days	30/90 Days
Tier 1: Covered Drugs	25%	25%

Service Area: Pennsylvania H3949-016 Cigna-HealthSpring Traditions (HMO SNP) Bucks, Chester, Delaware, Montgomery and Philadelphia, Pennsylvania	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30/60/90 Days	30/90 Days
Tier 1: Covered Drugs	25%	Not covered

Service Area: Tennessee H4454-020 Cigna-HealthSpring TotalCare (HMO SNP) Bedford, Benton, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson and Wilson, Tennessee H4454-035 Cigna-HealthSpring TotalCare ETN (HMO SNP) Bledsoe, Bradley, Grundy, Hamilton, Marion, Polk, Rhea, and Sequatchie, Tennessee H4454-028 Cigna-HealthSpring Primary (HMO) Bradley, Grundy, Hamilton, Marion, McMinn, Meigs and Sequatchie, Tennessee	Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
	30/60/90 Days	30/90 Days
Tier 1: Covered Drugs	25%	25%

Service Area: Texas

H4513-010

Cigna-HealthSpring TotalCare (HMO SNP)

Angelina, Brazoria, Cameron, Chambers, El Paso, Fort Bend, Galveston (77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, and 77592), Hardin, Harris, Hidalgo, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, Webb and Willacy, Texas

H2165-019

Cigna-HealthSpring TotalCare (HMO SNP)

Cherokee, Grayson, Gregg, Henderson, Lubbock, Rains, Rusk, Smith, Upshur, Van Zandt and Wood, Texas

H4528-002

Cigna-HealthSpring TotalCare (HMO SNP)

Bexar, Collin, Dallas, Denton, El Paso, Hood, Johnson, Parker, Tarrant and Wise, Texas

Tier 1: Covered Drugs

Standard Retail Cost-Sharing	Standard Mail Order Cost-Sharing
30/60/90 Days	30/90 Days
25%	25%

My Medications

In this section, you can write down all of the medications you are currently taking. You can then find your drug in the following drug list pages. Look and see what tier your drug is on. Once you find out what tier your drug is on, you can look at the charts before this page and locate your cost-share for that drug. If you need help locating your drugs and cost-share, please call Customer Service at 1-800-668-3813, 7 days a week, 8 a.m. - 8 p.m. TTY users can call 711.

My Medications	Page Number in the Drug List	Cost-Share through Cigna-HealthSpring	Generic Available?	Generic Cost-Share

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Analgesics		
Analgesics		
<i>butalbital/acetaminophen/caffeine caps</i>	1	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	1	PA QL(180/30)
<i>butalbital/apap/caffeine</i>	1	PA QL(180/30)
<i>butalbital/aspirin/caffeine</i>	1	PA QL(180/30)
<i>esgic caps</i>	1	PA QL(180/30)
<i>margesic</i>	1	PA QL(180/30)
<i>zebutal</i>	1	PA QL(180/30)
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib</i>	1	QL(60/30)
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>fenoprofen calcium</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen susp</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>ketoprofen</i>	1	
<i>ketoprofen er</i>	1	
<i>meclofenamate sodium</i>	1	
<i>meloxicam tabs</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>oxaprozin</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>piroxicam</i>	1	
<i>salsalate</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
Opioid Analgesics, Long-acting		
DURAMORPH	1	
<i>fentanyl</i>	1	QL(15/30)
INFUMORPH 200	1	
INFUMORPH 500	1	
<i>levorphanol tartrate</i>	1	QL(180/30)
<i>methadone hcl conc</i>	1	QL(500/30)
<i>methadone hcl inj</i>	1	
<i>methadone hcl intensol</i>	1	QL(500/30)
<i>methadone hcl oral soln 10mg/5ml</i>	1	QL(2000/30)
<i>methadone hcl oral soln 5mg/5ml</i>	1	QL(4000/30)
<i>methadone hcl tabs</i>	1	QL(360/30)
<i>morphine sulfate er tbcr</i>	1	QL(90/30)
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	1	
<i>oxymorphone hydrochloride er</i>	1	QL(60/30)
<i>tramadol hcl er tb24</i>	1	QL(30/30)
XARTEMIS XR	1	QL(120/30)
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine #2</i>	1	QL(360/30)
<i>acetaminophen/codeine #3</i>	1	QL(360/30)
<i>acetaminophen/codeine #4</i>	1	QL(240/30)
<i>acetaminophen/codeine oral soln</i>	1	QL(5000/30)
<i>acetaminophen/codeine phosphate tabs 300mg; 60mg</i>	1	QL(240/30)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	1	QL(240/30)
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	1	QL(360/30)

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

You can find more information on the symbols by going to page 4.

Lower case *italic* = Generic drug

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ascomp/codeine</i>	1	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	PA QL(180/30)
<i>butalbital/aspirin/caffeine/codeine</i>	1	PA QL(180/30)
<i>butorphanol tartrate inj</i>	1	
<i>butorphanol tartrate nasal soln</i>	1	QL(6/30)
<i>endocet</i>	1	QL(360/30)
<i>endodan</i>	1	QL(360/30)
<i>fentanyl citrate</i>	1	B/D PA
<i>fentanyl citrate oral transmucosal</i>	1	PA QL(120/30)
<i>hydrocodone bitartrate/acetaminophen oral soln</i>	1	QL(5400/30)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg</i>	1	QL(360/30)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg</i>	1	QL(390/30)
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL(360/30)
<i>hydrocodone/ibuprofen</i>	1	QL(150/30)
<i>hydromorphone hcl dosette</i>	1	
<i>hydromorphone hcl inj 1mg/ml, 2mg/ml, 4mg/ml, 500mg/50ml</i>	1	
<i>hydromorphone hcl liqd</i>	1	QL(1200/30)
<i>hydromorphone hcl tabs</i>	1	QL(240/30)
<i>LAZANDA</i>	1	PA QL(44/28)
<i>lorcet</i>	1	QL(360/30)
<i>lorcet hd</i>	1	QL(360/30)
<i>lorcet plus</i>	1	QL(360/30)
<i>lortab tabs</i>	1	QL(360/30)
MORPHINE SULFATE ADD-VANTAGE	1	
MORPHINE SULFATE INJ 10MG/ML, 150MG/30ML, 15MG/ML, 25MG/ML, 2MG/ML, 4MG/ML, 50MG/ML, 8MG/ML	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>morphine sulfate inj 10mg/ml, 15mg/ml, 1mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	1	
<i>morphine sulfate oral soln 20mg/ml</i>	1	QL(540/30)
<i>morphine sulfate oral soln 20mg/5ml</i>	1	QL(2700/30)
<i>morphine sulfate oral soln 10mg/5ml</i>	1	QL(5400/30)
MORPHINE SULFATE TABS	1	QL(360/30)
<i>nalbuphine hcl</i>	1	
<i>oxycodone hcl caps</i>	1	QL(240/30)
<i>oxycodone hcl conc</i>	1	QL(360/30)
<i>oxycodone hcl oral soln</i>	1	QL(1200/30)
<i>oxycodone hcl tabs</i>	1	QL(240/30)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL(360/30)
<i>oxycodone/aspirin</i>	1	QL(360/30)
<i>oxycodone/ibuprofen</i>	1	QL(150/30)
<i>reprexain tabs 10mg; 200mg</i>	1	QL(150/30)
<i>roxicet tabs</i>	1	QL(360/30)
TALWIN	1	
<i>tramadol hcl</i>	1	QL(240/30)
<i>tramadol hydrochloride/acetaminophen</i>	1	QL(240/30)
<i>trezix</i>	1	QL(360/30)
<i>vicodin es tabs 300mg; 7.5mg</i>	1	QL(390/30)
<i>vicodin hp tabs 300mg; 10mg</i>	1	QL(390/30)
<i>vicodin tabs 300mg; 5mg</i>	1	QL(390/30)
<i>xylon</i>	1	QL(150/30)

Anesthetics

Local Anesthetics

<i>glydo</i>	1	
<i>lidocaine hcl external soln</i>	1	
<i>lidocaine hcl gel</i>	1	
<i>lidocaine hcl inj</i>	1	
<i>lidocaine hcl jelly</i>	1	
<i>lidocaine hcl mouth/throat soln</i>	1	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lidocaine hcl viscous</i>	1	
<i>lidocaine oint</i>	1	
<i>lidocaine ptch</i>	1	PA QL(90/30)
<i>lidocaine viscous</i>	1	
<i>lidocaine/prilocaine crea</i>	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	1	PA
<i>disulfiram</i>	1	
Opioid Dependence Treatments		
<i>buprenorphine hcl inj</i>	1	
<i>buprenorphine hcl subl</i>	1	PA QL(24/30)
<i>buprenorphine hcl/naloxone hcl</i>	1	PA QL(90/30)
<i>naltrexone hcl</i>	1	PA
SUBOXONE	1	PA QL(90/30)
Opioid Reversal Agents		
<i>naloxone hcl</i>	1	
Smoking Cessation Agents		
<i>buproban</i>	1	QL(60/30)
<i>bupropion hcl sr tb12 150mg</i>	1	QL(60/30)
CHANTIX	1	PA QL(336/365)
CHANTIX CONTINUING MONTH PAK	1	PA QL(336/365)
CHANTIX STARTING MONTH PAK	1	PA QL(106/365)
NICOTROL INHALER	1	PA QL(504/30)
NICOTROL NS	1	QL(40/30)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate</i>	1	
<i>gentak</i>	1	
<i>gentamicin sulfate crea</i>	1	
GENTAMICIN SULFATE INJ 10MG/ML	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>gentamicin sulfate inj 10mg/ml, 40mg/ml</i>	1	
<i>gentamicin sulfate oint</i>	1	
<i>gentamicin sulfate ophthalmic soln</i>	1	
<i>gentamicin sulfate pediatric</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride</i>	1	
<i>isotonic gentamicin</i>	1	
<i>neomycin sulfate</i>	1	
<i>neomycin/polymyxin b sulfates</i>	1	
<i>paromomycin sulfate</i>	1	
<i>streptomycin sulfate</i>	1	
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
<i>tobramycin sulfate ophthalmic soln</i>	1	
TOBREX OINT	1	
ZYLET	1	
Antibacterials, Other		
<i>ak-poly-bac</i>	1	
<i>alcohol prep pads</i>	1	
<i>baciim</i>	1	
<i>bacitracin inj</i>	1	
<i>bacitracin ophthalmic oint</i>	1	
<i>bacitracin/polymyxin b</i>	1	
BACTROBAN NASAL	1	
<i>chloramphenicol sodium succinate</i>	1	
<i>clindacin etz pledgets</i>	1	
<i>clindacin-p</i>	1	
<i>clindamax</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate advantage</i>	1	
<i>clindamycin phosphate crea</i>	1	

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Covered Drugs By Category

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<i>clindamycin phosphate external soln</i>	1	
<i>clindamycin phosphate gel</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>clindamycin phosphate inj 150mg/ml, 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate lotn</i>	1	
<i>clindamycin phosphate pharmacy bulk package</i>	1	
<i>clindamycin phosphate swab</i>	1	
<i>colistimethate sodium</i>	1	
CUBICIN	1	B/D PA
<i>lansoprazole/amoxicillin/ clarithromycin</i>	1	
LINCOCIN	1	
<i>linezolid</i>	1	PA
<i>methenamine hippurate</i>	1	
<i>metronidazole crea</i>	1	
<i>metronidazole gel</i>	1	
<i>metronidazole in nacl 0.79%</i>	1	
<i>metronidazole inj</i>	1	
<i>metronidazole lotn</i>	1	
<i>metronidazole tabs</i>	1	
<i>metronidazole vaginal</i>	1	
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/bacitracin zinc</i>	1	
<i>neomycin/polymyxin/bacitracin/ hydrocortisone</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>neomycin/polymyxin/ hydrocortisone</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystals</i>	1	QL(90/365)
<i>nitrofurantoin monohydrate</i>	1	QL(90/365)
<i>nitrofurantoin monohydrate/ macrocrystals</i>	1	QL(90/365)
NORITATE	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>polymyxin b sulfate</i>	1	
<i>polymyxin b sulfate/ trimethoprim sulfate</i>	1	
PRIMSOL	1	
<i>rosadan</i>	1	
<i>silver sulfadiazine</i>	1	
SSD	1	
SYNERCID	1	
<i>trimethoprim</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
TYGACIL	1	
<i>vancomycin hcl caps 125mg</i>	1	QL(40/10)
<i>vancomycin hcl caps 250mg</i>	1	QL(80/10)
<i>vancomycin hcl in dextrose</i>	1	
<i>vancomycin hcl inj</i>	1	
<i>vandazole</i>	1	
XIFAXAN TABS 200MG	1	PA QL(9/30)
XIFAXAN TABS 550MG	1	PA QL(60/30)
ZYVOX SUSR	1	PA
Beta-lactam, Cephalosporins		
<i>cefaclor</i>	1	
<i>cefaclor er</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium inj 10gm, 1gm, 1gm; 5%, 500mg</i>	1	
<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefixime</i>	1	
<i>cefotaxime sodium inj 1gm, 2gm, 500mg</i>	1	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	1	
<i>ceftazidime/dextrose</i>	1	
<i>ceftriaxone in iso-osmotic dextrose</i>	1	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium inj 1.5gm, 7.5gm, 750mg, 75gm</i>	1	
<i>cephalexin caps 250mg, 500mg</i>	1	
<i>cephalexin susr</i>	1	
<i>cephalexin tabs</i>	1	
SUPRAX SUSR 500MG/5ML	1	
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	
TEFLARO	1	
Beta-lactam, Other		
AZACTAM IN ISO-OSMOTIC DEXTROSE	1	
<i>aztreonam</i>	1	
<i>cefotetan</i>	1	
<i>imipenem/cilastatin</i>	1	
INVANZ	1	
<i>meropenem</i>	1	
Beta-lactam, Penicillins		
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
<i>ampicillin-sulbactam</i>	1	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	1	
BICILLIN L-A	1	
<i>dicloxacillin sodium</i>	1	
<i>nafticillin sodium</i>	1	
<i>oxacillin sodium</i>	1	
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>penicillin v potassium</i>	1	
<i>pfizerpen-g</i>	1	
<i>piperacillin sodium/ tazobactam sodium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
<i>piperacillin/tazobactam</i>	1	
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	1	
Macrolides		
AZASITE	1	
<i>azithromycin inj 500mg</i>	1	
<i>azithromycin pack</i>	1	QL(3/30)
<i>azithromycin susr 200mg/5ml</i>	1	QL(75/30)
<i>azithromycin susr 100mg/5ml</i>	1	QL(150/30)
<i>azithromycin tabs</i>	1	QL(12/28)
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	QL(60/30)
e.e.s. 400	1	
E.E.S. GRANULES	1	
<i>ery</i>	1	
ERY-TAB	1	
ERYPED 200	1	
ERYPED 400	1	
ERYTHROCIN LACTOBIONATE INJ 500MG	1	
<i>erythrocine stearate</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin external soln</i>	1	
<i>erythromycin gel</i>	1	
<i>erythromycin oint</i>	1	
<i>erythromycin pads</i>	1	

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<i>ilotycin</i>	1	
KETEK	1	QL(20/30)
ZMAX	1	QL(60/30)
Quinolones		
AVELOX INJ	1	
CILOXAN OINT	1	
CIPRO HC	1	
CIPRODEX	1	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	
<i>ciprofloxacin inj 400mg/40ml</i>	1	
<i>ciprofloxacin susr</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin inj</i>	1	
<i>levofloxacin oral soln</i>	1	
<i>levofloxacin tabs</i>	1	
MOXEZA	1	
<i>moxifloxacin hcl tabs</i>	1	
<i>ofloxacin</i>	1	
VIGAMOX	1	
Sulfonamides		
BLEPHAMIDE	1	
BLEPHAMIDE S.O.P.	1	
<i>sodium sulfacetamide ophthalmic soln</i>	1	
<i>sulfacetamide sodium ophthalmic soln</i>	1	
<i>sulfacetamide sodium susp</i>	1	
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	1	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfatrim pediatric</i>	1	
Tetracyclines		
<i>demeclocycline hcl</i>	1	
<i>doxy 100</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>doxycycline caps 75mg</i>	1	
<i>doxycycline hyclate</i>	1	
<i>doxycycline monohydrate</i>	1	
<i>doxycycline susr</i>	1	
<i>minocycline hcl</i>	1	
<i>morgidox 1x100mg caps</i>	1	
<i>morgidox 2x100mg caps</i>	1	
<i>tetracycline hcl</i>	1	
Anticonvulsants		
Anticonvulsants, Other		
APTiom TABS 200MG, 400MG, 800MG	1	QL(30/30)
APTiom TABS 600MG	1	QL(60/30)
FYCOMPA	1	
<i>levetiracetam</i>	1	
<i>levetiracetam er</i>	1	
POTIGA	1	PA QL(90/30)
Calcium Channel Modifying Agents		
CELONTIN	1	
<i>ethosuximide</i>	1	
LYRICA CAPS 225MG, 300MG	1	QL(60/30)
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	1	QL(90/30)
LYRICA ORAL SOLN	1	QL(900/30)
<i>zonisamide</i>	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL(150/30)
<i>clonazepam odt tbdp 2mg</i>	1	QL(300/30)
<i>clonazepam tabs 0.5mg, 1mg</i>	1	QL(150/30)
<i>clonazepam tabs 2mg</i>	1	QL(300/30)
<i>diazepam gel</i>	1	
<i>divalproex sodium</i>	1	
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	1	
<i>gabapentin</i>	1	
GABITRIL TABS 16MG	1	QL(90/30)
GABITRIL TABS 12MG	1	QL(120/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ONFI SUSP	1	QL(480/30)
ONFI TABS 10MG	1	QL(60/30)
ONFI TABS 20MG	1	QL(120/30)
<i>phenobarbital</i>	1	
<i>primidone</i>	1	
SABRIL PACK	1	PA QL(200/30)
SABRIL TABS	1	PA QL(180/30)
<i>tiagabine hydrochloride tabs 4mg</i>	1	
<i>tiagabine hydrochloride tabs 2mg</i>	1	QL(240/30)
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
Glutamate Reducing Agents		
<i>felbamate</i>	1	
<i>lamotrigine</i>	1	
<i>lamotrigine er</i>	1	
<i>lamotrigine odt</i>	1	
<i>topiramate</i>	1	
TROKENDI XR CP24 100MG, 25MG, 50MG	1	QL(30/30)
TROKENDI XR CP24 200MG	1	QL(60/30)
Sodium Channel Agents		
BANZEL	1	PA
<i>carbamazepine</i>	1	
<i>carbamazepine er</i>	1	
DILANTIN CAPS 30MG	1	
<i>epitol</i>	1	
<i>fosphenytoin sodium</i>	1	
<i>oxcarbazepine</i>	1	
PEGANONE	1	
<i>phenytoin</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TEGRETOL-XR TB12 100MG	1	
VIMPAT INJ	1	QL(1200/30)
VIMPAT ORAL SOLN	1	QL(1200/30)
VIMPAT TABS	1	QL(60/30)
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates</i>	1	PA
Cholinesterase Inhibitors		
<i>donepezil hcl tabs 23mg, 5mg</i>	1	QL(30/30)
<i>donepezil hcl tabs 10mg</i>	1	QL(60/30)
<i>donepezil hcl tbdp 5mg</i>	1	QL(30/30)
<i>donepezil hcl tbdp 10mg</i>	1	QL(60/30)
EXELON PT24	1	QL(30/30)
<i>galantamine hydrobromide cp24</i>	1	QL(30/30)
<i>galantamine hydrobromide oral soln</i>	1	QL(200/30)
<i>galantamine hydrobromide tabs</i>	1	QL(60/30)
<i>rivastigmine tartrate</i>	1	QL(60/30)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl tabs 10mg</i>		QL(60/30)
<i>memantine hcl tabs 5mg</i>	1	QL(90/30)
<i>memantine hcl titration pak</i>	1	QL(49/28)
NAMENDA ORAL SOLN	1	QL(300/30)
NAMENDA TABS 10MG	1	QL(60/30)
NAMENDA TABS 5MG	1	QL(90/30)
NAMENDA TITRATION PAK	1	QL(49/28)
NAMENDA XR	1	QL(30/30)
NAMENDA XR TITRATION PACK	1	QL(28/28)
Antidepressants		
Antidepressants, Other		
BRINTELLIX	1	QL(30/30) ST
<i>bupropion hcl</i>	1	

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<i>bupropion hcl er tb12 100mg, 200mg</i>	1	QL(60/30)
<i>bupropion hcl er tb12 150mg</i>	1	QL(90/30)
<i>bupropion hcl sr tb12 100mg, 200mg</i>	1	QL(60/30)
<i>bupropion hcl sr tb12 150mg</i>	1	QL(90/30)
<i>bupropion hcl xl tb24 300mg</i>	1	QL(30/30)
<i>bupropion hcl xl tb24 150mg</i>	1	QL(90/30)
<i>maprotiline hcl</i>	1	
<i>mirtazapine</i>	1	QL(30/30)
<i>mirtazapine odt</i>	1	QL(30/30)
<i>nefazodone hcl</i>	1	QL(60/30)
<i>trazodone hcl</i>	1	
Monoamine Oxidase Inhibitors		
EMSAM	1	
MARPLAN	1	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitor		
<i>citalopram hydrobromide oral soln</i>	1	QL(600/30)
<i>citalopram hydrobromide tabs 40mg</i>	1	QL(30/30)
<i>citalopram hydrobromide tabs 10mg, 20mg</i>	1	QL(60/30)
<i>duloxetine hcl cpep 20mg, 60mg</i>	1	QL(60/30)
<i>duloxetine hcl cpep 30mg</i>	1	QL(90/30)
<i>escitalopram oxalate</i>	1	
FETZIMA	1	QL(30/30) ST
FETZIMA TITRATION PACK	1	QL(28/28) ST
<i>fluoxetine</i>	1	
<i>fluoxetine dr</i>	1	
<i>fluoxetine hcl caps</i>	1	
<i>fluoxetine hcl oral soln</i>	1	
<i>fluoxetine hcl tabs 10mg, 20mg</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er cp24 150mg</i>	1	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluvoxamine maleate er cp24 100mg</i>	1	QL(90/30)
<i>olanzapine/fluoxetine</i>	1	QL(30/30)
<i>paroxetine hcl er tb24 12.5mg</i>	1	QL(30/30)
<i>paroxetine hcl er tb24 37.5mg</i>	1	QL(60/30)
<i>paroxetine hcl er tb24 25mg</i>	1	QL(90/30)
<i>paroxetine hcl tabs 10mg</i>	1	QL(30/30)
<i>paroxetine hcl tabs 20mg, 30mg, 40mg</i>	1	QL(60/30)
PAXIL SUSP	1	QL(900/30) ST
PRISTIQ	1	QL(30/30)
<i>sertraline hcl conc</i>	1	QL(300/30)
<i>sertraline hcl tabs 25mg</i>	1	QL(30/30)
<i>sertraline hcl tabs 100mg</i>	1	QL(60/30)
<i>sertraline hcl tabs 50mg</i>	1	QL(90/30)
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er cp24</i>	1	
<i>venlafaxine hcl er tb24 150mg, 37.5mg, 75mg</i>	1	
VIIBRYD	1	QL(30/30) ST
Tricyclics		
<i>amitriptyline hcl</i>	1	PA
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	PA
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	PA
<i>imipramine hcl</i>	1	PA
<i>imipramine pamoate</i>	1	PA
<i>nortriptyline hcl</i>	1	
<i>perphenazine/amitriptyline</i>	1	PA
<i>protriptyline hcl</i>	1	
SURMONTIL	1	PA
Antiemetics		
Antiemetics		
<i>granisetron hcl inj 1mg/ml</i>	1	B/D PA
Antiemetics, Other		
<i>meclizine hcl tabs</i>	1	
<i>promethazine hcl plain</i>	1	PA
<i>promethazine hcl syrp</i>	1	PA

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>promethazine hcl tabs</i>	1	PA
TRANSDERM-SCOP	1	QL(12/36)
Emetogenic Therapy Adjuncts		
ALOXI	1	B/D PA
<i>dronabinol</i>	1	PA QL(90/30)
EMEND CAPS 40MG	1	B/D PA QL(2/30)
EMEND CAPS 125MG	1	B/D PA QL(4/30)
EMEND CAPS 80MG	1	B/D PA QL(8/30)
EMEND CAPS	1	B/D PA QL(12/30)
<i>granisetron hcl inj 0.1mg/ml, 1mg/ml</i>	1	B/D PA
<i>granisetron hcl tabs</i>	1	B/D PA QL(60/30)
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	1	
<i>ondansetron hcl oral soln</i>	1	B/D PA
<i>ondansetron hcl tabs 24mg</i>	1	B/D PA
<i>ondansetron hcl tabs 4mg, 8mg</i>	1	B/D PA QL(90/30)
<i>ondansetron odt</i>	1	B/D PA QL(90/30)
Antifungals		
Antifungals		
ABELCET	1	PA
AMBISOME	1	PA
<i>amphotericin b</i>	1	PA
CANCIDAS	1	PA
<i>ciclodan</i>	1	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine</i>	1	
<i>ciclopirox sham</i>	1	
<i>ciclopirox susp</i>	1	
<i>clotrimazole external crea</i>	1	
<i>clotrimazole external soln</i>	1	
<i>clotrimazole troc</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>econazole nitrate</i>	1	
<i>fluconazole in dextrose</i>	1	
<i>fluconazole in nacl</i>	1	
<i>fluconazole susr</i>	1	
<i>fluconazole tabs 100mg, 200mg, 50mg</i>	1	
<i>fluconazole tabs 150mg</i>	1	QL(8/30)
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1	PA QL(120/30)
<i>ketoconazole crea</i>	1	
<i>ketoconazole sham</i>	1	
<i>ketoconazole tabs</i>	1	
<i>naftifine hcl</i>	1	
NAFTIN CREA 2%	1	
NAFTIN GEL	1	
NATACYN	1	
NOXAFIL SUSP	1	PA QL(600/30)
NOXAFIL TBEC	1	PA QL(93/30)
<i>nyamyc</i>	1	
<i>nystatin crea</i>	1	
<i>nystatin oint</i>	1	
<i>nystatin powd 100000unit/gm</i>	1	
<i>nystatin susp</i>	1	
<i>nystatin tabs</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystop</i>	1	
SPORANOX ORAL SOLN	1	PA
<i>terbinafine hcl tabs</i>	1	QL(180/365)
<i>terconazole</i>	1	
<i>voriconazole</i>	1	PA

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Antigout Agents		
Antigout Agents		
<i>allopurinol</i>	1	
ALOPRIM	1	
<i>colchicine caps</i>	1	
COLCHICINE TABS	1	
COLCRYS	1	
<i>probenecid</i>	1	
<i>probenecid/colchicine</i>	1	
ULORIC	1	ST
Antimigraine Agents		
Ergot Alkaloids		
<i>cafergot</i>	1	
<i>dihydroergotamine mesylate inj</i>	1	
<i>migergot</i>	1	
Serotonin (5-HT) 1b/1d Receptor Agonists		
<i>naratriptan hcl</i>	1	QL(9/30)
<i>rizatriptan benzoate</i>	1	QL(12/30)
<i>rizatriptan benzoate odt</i>	1	QL(12/30)
<i>sumatriptan</i>	1	QL(12/30)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	1	QL(8/30)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL(8/30)
<i>sumatriptan succinate refill</i>	1	QL(8/30)
<i>sumatriptan succinate tabs</i>	1	QL(9/30)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL	1	
MESTINON TIMESPAN	1	
<i>pyridostigmine bromide</i>	1	
REGONOL	1	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone</i>	1	
<i>rifabutin</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Antituberculars		
CAPASTAT SULFATE	1	
<i>cycloserine</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	
PASER	1	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
RIFATER	1	
SIRTURO	1	PA
TRECTOR	1	
Antineoplastics		
Alkylating Agents		
BICNU	1	B/D PA
BUSULFEX	1	B/D PA
<i>cyclophosphamide</i>	1	B/D PA
<i>dacarbazine</i>	1	B/D PA
GLEOSTINE	1	
HEXALEN	1	
<i>ifosfamide</i>	1	B/D PA
LEUKERAN	1	
LOMUSTINE	1	
MATULANE	1	
<i>melphalan hydrochloride</i>	1	B/D PA
MUSTARGEN	1	B/D PA
TREANDA	1	B/D PA
VALCHLOR	1	PA
ZANOSAR	1	B/D PA
Antiandrogens		
<i>bicalutamide</i>	1	
<i>flutamide</i>	1	
NILANDRON	1	
XTANDI	1	PA QL(120/30)
ZYTIGA	1	PA QL(120/30)
Antiangiogenic Agents		
POMALYST	1	PA QL(21/28)
REVLIMID	1	PA QL(28/28)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
THALOMID CAPS 150MG, 200MG, 50MG	1	PA QL(60/30)
THALOMID CAPS 100MG	1	PA QL(90/30)
Antiestrogens/Modifiers		
EMCYT	1	
FARESTON	1	
FASLODEX	1	B/D PA
SOLTAMOX	1	
<i>tamoxifen citrate</i>	1	
Antimetabolites		
<i>adrucil</i>	1	B/D PA
ALIMTA INJ 500MG	1	B/D PA
ARRANON	1	
<i>cladribine</i>	1	B/D PA
CLOLAR	1	B/D PA
<i>cytarabine</i>	1	B/D PA
<i>cytarabine aqueous</i>	1	B/D PA
DROXIA	1	
ELITEK	1	B/D PA
<i>fluorouracil inj</i>	1	B/D PA
FOLOTYN	1	B/D PA
<i>gemcitabine</i>	1	B/D PA
<i>gemcitabine hcl</i>	1	B/D PA
<i>hydroxyurea</i>	1	
<i>mercaptopurine</i>	1	
NIPENT	1	B/D PA
PURIXAN	1	PA
TABLOID	1	
Antineoplastics, Other		
ABRAXANE	1	B/D PA
<i>amifostine</i>	1	B/D PA
<i>azacitidine</i>	1	B/D PA
BELEODAQ	1	PA
<i>bleomycin sulfate</i>	1	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>carboplatin</i>	1	B/D PA
<i>cisplatin</i>	1	B/D PA
COSMEGEN	1	B/D PA
<i>daunorubicin hcl</i>	1	B/D PA
DAUNOXOME	1	B/D PA
<i>decitabine</i>	1	
<i>dexrazoxane</i>	1	B/D PA
DOCEFREZ INJ 20MG	1	B/D PA
<i>docetaxel</i>	1	B/D PA
<i>doxorubicin hcl</i>	1	B/D PA
<i>epirubicin hcl inj 200mg/100ml, 50mg/25ml</i>	1	B/D PA
ERWINAZE	1	B/D PA
<i>fludarabine phosphate</i>	1	B/D PA
FUSILEV	1	
HALAVEN	1	PA
<i>idarubicin hcl inj 10mg/10ml</i>	1	B/D PA
<i>irinotecan inj 100mg/5ml, 40mg/2ml</i>	1	B/D PA
ISTODAX	1	PA
IXEMPRA KIT	1	B/D PA
JEVTANA	1	B/D PA
<i>leucovorin calcium inj 100mg, 350mg, 500mg</i>	1	
<i>leucovorin calcium tabs</i>	1	
<i>levoleucovorin calcium</i>	1	
<i>mesna</i>	1	B/D PA
MESNEX TABS	1	
<i>mitomycin</i>	1	B/D PA
MITOXANTRONE HCL INJ 2MG/ML	1	B/D PA
<i>mitoxantrone hcl inj 2mg/ml</i>	1	B/D PA
ONCASPAR	1	B/D PA
<i>oxaliplatin</i>	1	B/D PA
<i>paclitaxel</i>	1	B/D PA

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PROLEUKIN	1	B/D PA
SYLATRON	1	PA
SYNRIBO	1	PA
TRISENOX	1	B/D PA
VELCADE	1	B/D PA
<i>vinblastine sulfate</i>	1	B/D PA
<i>vincasar pfs</i>	1	B/D PA
<i>vincristine sulfate</i>	1	B/D PA
<i>vinorelbine tartrate</i>	1	B/D PA
ZOLINZA	1	QL(120/30)
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole</i>	1	QL(30/30)
<i>exemestane</i>	1	
<i>letrozole</i>	1	QL(30/30)
Enzyme Inhibitors		
ETOPOPHOS	1	B/D PA
<i>etoposide inj</i>	1	B/D PA
<i>toposar</i>	1	B/D PA
<i>topotecan hcl inj 4mg</i>	1	
ZYDELIG	1	PA QL(60/30)
Molecular Target Inhibitors		
AFINITOR DISPERZ TBSO 2MG, 3MG	1	PA QL(60/30)
AFINITOR DISPERZ TBSO 5MG	1	PA QL(120/30)
AFINITOR TABS 2.5MG, 5MG, 7.5MG	1	PA QL(30/30)
AFINITOR TABS 10MG	1	PA QL(60/30)
BOSULIF	1	PA
CAPRELSA	1	PA
COMETRIQ	1	PA
ERIVEDGE	1	PA QL(30/30)
FARYDAK	1	PA QL(9/28)
GILOTRIF	1	PA QL(30/30)
GLEEVEC	1	PA QL(60/30)
IBRANCE	1	PA QL(21/28)
ICLUSIG	1	PA
IMBRUVICA	1	PA QL(120/30)
INLYTA TABS 5MG	1	PA QL(120/30)
INLYTA TABS 1MG	1	PA QL(240/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
JAKAFI	1	PA QL(60/30)
LENVIMA 10MG DAILY DOSE	1	PA
LENVIMA 14MG DAILY DOSE	1	PA
LENVIMA 20MG DAILY DOSE	1	PA
LENVIMA 24MG DAILY DOSE	1	PA
LYNPARZA	1	PA QL(480/30)
MEKINIST	1	PA
NEXAVAR	1	PA
SPRYCEL	1	PA
STIVARGA	1	PA QL(84/21)
SUTENT	1	PA
TAFINLAR	1	PA
TARCEVA	1	PA
TASIGNA	1	PA
TYKERB	1	PA
VOTRIENT	1	PA QL(120/30)
XALKORI	1	PA QL(60/30)
ZELBORAF	1	PA QL(240/30)
ZYKADIA	1	PA
Monoclonal Antibodies		
ARZERRA	1	B/D PA
AVASTIN INJ 100MG/4ML	1	B/D PA
CYRAMZA	1	PA
ERBITUX	1	B/D PA
GAZYVA	1	PA
HERCEPTIN	1	B/D PA
KADCYLA	1	PA
KEYTRUDA	1	PA
OPDIVO	1	PA
PERJETA	1	PA
RITUXAN	1	PA
VECTIBIX INJ 100MG/5ML	1	B/D PA
YERVOY	1	B/D PA
ZALTRAP	1	PA
Retinoids		
<i>bexarotene</i>	1	
PANRETIN	1	
TARGRETIN	1	
<i>tretinoin caps</i>	1	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Antiparasitics		
Anthelmintics		
ALBENZA	1	
<i>ivermectin</i>	1	
Antiprotozoals		
ALINIA	1	
<i>atovaquone</i>	1	
<i>atovaquone/proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	1	
DARAPRIM	1	
<i>hydroxychloroquine sulfate</i>	1	
<i>mefloquine hcl</i>	1	
NEBUPENT	1	B/D PA
PENTAM 300	1	
PRIMAQUINE PHOSPHATE	1	
<i>quinine sulfate</i>	1	
Pediculicides/Scabicides		
<i>lindane</i>	1	
<i>malathion</i>	1	
<i>permethrin</i>	1	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate inj</i>	1	
<i>benztropine mesylate tabs</i>	1	PA
<i>trihexyphenidyl hcl</i>	1	PA
Antiparkinson Agents, Other		
<i>entacapone</i>	1	
<i>tolcapone</i>	1	
Dopamine Agonists		
APOKYN	1	PA QL(60/30)
<i>bromocriptine mesylate</i>	1	
NEUPRO	1	PA QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>pramipexole dihydrochloride</i>	1	QL(90/30)
<i>pramipexole dihydrochloride er tb24 3mg</i>	1	QL(30/30)
<i>pramipexole dihydrochloride er tb24 0.375mg, 0.75mg, 1.5mg</i>	1	QL(90/30)
<i>ropinirole hcl</i>	1	
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa/levodopa/ entacapone</i>	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT	1	
<i>selegiline hcl</i>	1	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl</i>	1	
<i>compazine supp</i>	1	
<i>compro</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>loxapine</i>	1	
<i>loxapine succinate</i>	1	
ORAP	1	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	

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<i>thioridazine hcl</i>	1	PA
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
2nd Generation/Atypical		
ABILIFY DISCMELT	1	QL(60/30) ST
ABILIFY MAINTENA INJ 300MG	1	QL(1.5/30)
ABILIFY MAINTENA INJ 400MG	1	QL(2/30)
<i>aripiprazole tabs</i>	1	QL(30/30) ST
FANAPT	1	QL(60/30) ST
FANAPT TITRATION PACK	1	QL(16/30) ST
GEODON INJ	1	QL(60/30)
INVEGA SUSTENNA INJ 39MG/0.25ML	1	QL(0.25/28)
INVEGA SUSTENNA INJ 78MG/0.5ML	1	QL(0.5/28)
INVEGA SUSTENNA INJ 117MG/0.75ML	1	QL(0.75/28)
INVEGA SUSTENNA INJ 156MG/ML	1	QL(1/28)
INVEGA SUSTENNA INJ 234MG/1.5ML	1	QL(1.5/28)
INVEGA TB24 1.5MG, 3MG, 9MG	1	QL(30/30) ST
INVEGA TB24 6MG	1	QL(60/30) ST
INVEGA TRINZA INJ 273MG/0.875ML	1	PA QL(0.88/90)
INVEGA TRINZA INJ 410MG/1.315ML	1	PA QL(1.32/90)
INVEGA TRINZA INJ 546MG/1.75ML	1	PA QL(1.75/90)
INVEGA TRINZA INJ 819MG/2.625ML	1	PA QL(2.63/90)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	1	QL(30/30) ST
LATUDA TABS 80MG	1	QL(60/30) ST
<i>olanzapine inj</i>	1	
<i>olanzapine odt</i>	1	QL(30/30)
<i>olanzapine tabs</i>	1	QL(30/30)
<i>quetiapine fumarate</i>	1	QL(90/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
REXULTI	1	QL(30/30) ST
RISPERDAL CONSTA	1	
<i>risperidone m-tab tbdp 0.5mg, 1mg, 2mg, 3mg</i>	1	QL(90/30)
<i>risperidone m-tab tbdp 4mg</i>	1	QL(120/30)
<i>risperidone odt tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	1	QL(90/30)
<i>risperidone odt tbdp 4mg</i>	1	QL(120/30)
<i>risperidone oral soln</i>	1	QL(360/30)
<i>risperidone tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	1	QL(90/30)
<i>risperidone tabs 4mg</i>	1	QL(120/30)
SAPHRIS	1	QL(60/30) ST
SEROQUEL XR TB24 150MG, 200MG	1	QL(30/30)
SEROQUEL XR TB24 300MG, 400MG, 50MG	1	QL(60/30)
<i>ziprasidone hcl</i>	1	QL(60/30)
ZYPREXA RELPREVV	1	
Treatment-Resistant		
<i>clozapine</i>	1	
<i>clozapine odt</i>	1	
FAZACLO TBDP 100MG, 12.5MG, 25MG	1	ST
VERSACLOZ	1	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs</i>	1	
<i>dantrolene sodium</i>	1	
<i>tizanidine hcl tabs</i>	1	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	1	
<i>foscarnet sodium</i>	1	B/D PA
<i>ganciclovir inj</i>	1	B/D PA
VALCYTE ORAL SOLN	1	
<i>valganciclovir</i>	1	
ZIRGAN	1	ST

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	1	QL(30/30)
BARACLUDE ORAL SOLN	1	
<i>entecavir</i>	1	
EPIVIR HBV ORAL SOLN	1	
INTRON A	1	
INTRON A W/DILUENT	1	
<i>lamivudine</i>	1	
TYZEKA	1	PA
Anti-hepatitis C (HCV) Agents		
HARVONI	1	PA QL(28/28)
<i>moderiba</i>	1	PA
<i>moderiba 1200 dose pack</i>	1	PA
<i>moderiba 800 dose pack</i>	1	PA
OLYSIO	1	PA QL(30/30)
PEG-INTRON INJ 50MCG/0.5ML	1	PA
PEG-INTRON REDIPEN	1	PA
PEG-INTRON REDIPEN PAK 4	1	PA
PEGINTRON	1	PA
REBETOL ORAL SOLN	1	PA
<i>ribasphere</i>	1	PA
RIBASPHERE RIBAPAK	1	PA
RIBATAB	1	PA
<i>ribavirin</i>	1	PA
SOVALDI	1	PA QL(28/28)
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
ISENTRESS CHEW 100MG	1	QL(180/30)
ISENTRESS CHEW 25MG	1	QL(360/30)
ISENTRESS PACK	1	
ISENTRESS TABS	1	QL(60/30)
TIVICAY	1	QL(60/30)
VITEKTA	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	1	
EDURANT	1	
INTELENCE TABS 200MG	1	QL(60/30)
INTELENCE TABS 100MG	1	QL(120/30)
INTELENCE TABS 25MG	1	QL(180/30)
<i>nevirapine</i>	1	
<i>nevirapine er</i>	1	
RESCRIPTOR	1	
STRIBILD	1	
SUSTIVA	1	
VIRAMUNE XR TB24 100MG	1	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	1	
<i>abacavir sulfate/lamivudine/zidovudine</i>	1	
<i>didanosine</i>	1	
EMTRIVA	1	
EPZICOM	1	
<i>lamivudine</i>	1	
<i>lamivudine/zidovudine</i>	1	
RETROVIR IV INFUSION	1	
<i>stavudine</i>	1	
TRUVADA	1	
VIDEX PEDIATRIC	1	
VIREAD	1	
ZIAGEN ORAL SOLN	1	
<i>zidovudine</i>	1	
Anti-HIV Agents, Other		
ATRIPLA	1	
FUZEON	1	QL(60/30)
SELZENTRY TABS 150MG	1	QL(60/30)
SELZENTRY TABS 300MG	1	QL(120/30)

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TRIUMEQ	1	QL(30/30)
TYBOST	1	
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	1	
CRIXIVAN	1	
EVOTAZ	1	
INVIRASE	1	
KALETRA	1	
LEXIVA	1	
NORVIR	1	
PREZCOBIX	1	
PREZISTA SUSP	1	QL(400/30)
PREZISTA TABS 800MG	1	QL(30/30)
PREZISTA TABS 600MG	1	QL(60/30)
PREZISTA TABS 150MG	1	QL(180/30)
PREZISTA TABS 75MG	1	QL(360/30)
REYATAZ	1	
VIRACEPT	1	
Anti-influenza Agents		
<i>amantadine hcl</i>	1	
<i>rimantadine hcl</i>	1	
TAMIFLU CAPS 75MG	1	QL(56/365)
TAMIFLU CAPS 45MG	1	QL(60/365)
TAMIFLU CAPS 30MG	1	QL(120/365)
TAMIFLU SUSR	1	QL(700/365)
Antitherpetic Agents		
<i>acyclovir</i>	1	
<i>acyclovir sodium inj 50mg/ml</i>	1	
DENAVIR	1	
<i>famciclovir</i>	1	QL(21/7)
<i>trifluridine</i>	1	
<i>valacyclovir hcl tabs 1000mg</i>	1	QL(30/30)
<i>valacyclovir hcl tabs 500mg</i>	1	QL(60/30)
ZOVIRAX CREA	1	
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Benzodiazepines		
<i>alprazolam odt tbdp 0.25mg, 0.5mg</i>	1	QL(90/30)
<i>alprazolam odt tbdp 1mg</i>	1	QL(120/30)
<i>alprazolam odt tbdp 2mg</i>	1	QL(150/30)
<i>alprazolam tabs 0.25mg, 0.5mg</i>	1	QL(90/30)
<i>alprazolam tabs 1mg</i>	1	QL(120/30)
<i>alprazolam tabs 2mg</i>	1	QL(150/30)
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	1	QL(90/30)
<i>clorazepate dipotassium tabs 15mg</i>	1	QL(120/30)
<i>diazepam inj 5mg/ml</i>	1	
<i>diazepam oral soln</i>	1	QL(1200/30)
<i>diazepam tabs</i>	1	QL(120/30)
<i>lorazepam conc</i>	1	QL(150/30)
<i>lorazepam inj 2mg/ml, 4mg/ml</i>	1	
<i>lorazepam intensol</i>	1	QL(150/30)
<i>lorazepam tabs</i>	1	QL(120/30)
<i>oxazepam</i>	1	QL(120/30)
Bipolar Agents		
Mood Stabilizers		
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose</i>	1	QL(90/30)
BYDUREON	1	QL(4/28)
BYETTA	1	QL(2.4/30)
CYCLOSET	1	
<i>glimepiride tabs 1mg, 2mg</i>	1	QL(30/30)
<i>glimepiride tabs 4mg</i>	1	QL(60/30)
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hcl</i>	1	
GLYSET	1	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
INVOKAMET	1	QL(60/30)
INVOKANA	1	QL(30/30)
JANUMET	1	QL(60/30)
JANUMET XR TB24 1000MG; 100MG	1	QL(30/30)
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	1	QL(60/30)
JANUVIA	1	QL(30/30)
JENTADUETO	1	QL(60/30)
<i>metformin hcl</i>	1	
<i>metformin hcl er tb24 500mg, 750mg</i>	1	
<i>nateglinide</i>	1	QL(90/30)
PIOGLITAZONE HCL TABS 45MG	1	QL(30/30)
<i>pioglitazone hcl tabs 15mg, 30mg</i>	1	QL(30/30)
<i>pioglitazone hcl-glimepiride</i>	1	QL(30/30)
<i>pioglitazone hcl/metformin hcl</i>	1	QL(90/30)
<i>repaglinide</i>	1	
RIOMET	1	
SYMLINPEN 120	1	PA QL(11/28)
SYMLINPEN 60	1	PA QL(6/30)
TRADJENTA	1	QL(30/30)
TRULICITY	1	QL(2/28)
VICTOZA	1	QL(9/30)
Glycemic Agents		
GLUCAGEN HYPOKIT	1	
PROGLYCEM	1	
Insulins		
HUMALOG	1	
HUMALOG KWIKPEN	1	
<i>humalog mix 50/50</i>	1	
<i>humalog mix 50/50 kwikpen</i>	1	
<i>humalog mix 75/25</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>humalog mix 75/25 kwikpen</i>	1	
<i>humulin 70/30</i>	1	
<i>humulin 70/30 kwikpen</i>	1	
<i>humulin n</i>	1	
<i>humulin n kwikpen</i>	1	
<i>humulin r</i>	1	
<i>humulin r u-500 (concentrated)</i>	1	
<i>lantus</i>	1	
<i>lantus solostar</i>	1	
<i>levemir</i>	1	
<i>levemir flextouch</i>	1	
TOUJEO SOLOSTAR	1	

Blood Products/Modifiers/Volume Expanders

Anticoagulants

ELIQUIS TABS 2.5MG	1	QL(60/30)
ELIQUIS TABS 5MG	1	QL(74/30)
<i>enoxaparin sodium inj 30mg/0.3ml</i>	1	QL(9/30)
<i>enoxaparin sodium inj 40mg/0.4ml</i>	1	QL(12/30)
<i>enoxaparin sodium inj 60mg/0.6ml</i>	1	QL(18/30)
<i>enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml</i>	1	QL(24/30)
<i>enoxaparin sodium inj 100mg/ml, 150mg/ml</i>	1	QL(30/30)
<i>enoxaparin sodium inj 300mg/3ml</i>	1	QL(90/30)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	1	QL(12/30)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	1	QL(15/30)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	1	QL(18/30)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	1	QL(24/30)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 2000unit/ml, 2500unit/ml, 5000unit/ml</i>	1	
<i>heparin sodium/d5w</i>	1	
<i>heparin sodium/nacl 0.45% inj 50unit/ml; 0.45%</i>	1	
<i>heparin sodium/nacl 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	
<i>jantoven</i>	1	
PRADAXA	1	QL(60/30)
<i>warfarin sodium</i>	1	
XARELTO STARTER PACK	1	QL(102/365)
XARELTO TABS 10MG, 20MG	1	QL(30/30)
XARELTO TABS 15MG	1	QL(60/30)
Blood Formation Modifiers		
<i>anagrelide hydrochloride</i>	1	
ARANESP ALBUMIN FREE	1	PA
LEUKINE	1	PA
NEULASTA	1	PA
NEUMEGA	1	PA
NEUPOGEN	1	PA
PROCRIT	1	PA
PROMACTA	1	PA QL(30/30)
Coagulants		
<i>tranexamic acid inj</i>	1	PA
<i>tranexamic acid tabs</i>	1	
Platelet Modifying Agents		
AGGRENOX	1	QL(60/30)
<i>aspirin/dipyridamole</i>	1	QL(60/30)
BRILINTA	1	QL(60/30)
<i>cilostazol</i>	1	
<i>clopidogrel tabs 300mg</i>	1	QL(1/30)
<i>clopidogrel tabs 75mg</i>	1	QL(30/30)
EFFIENT TABS 10MG	1	QL(36/30)
EFFIENT TABS 5MG	1	QL(42/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl ptwk 0.1mg/24hr, 0.2mg/24hr</i>	1	QL(4/28)
<i>clonidine hcl ptwk 0.3mg/24hr</i>	1	QL(8/28)
<i>clonidine hcl tabs</i>	1	
<i>midodrine hcl</i>	1	
Alpha-adrenergic Blocking Agents		
DIBENZYLINE	1	
<i>prazosin hcl</i>	1	
Angiotensin II Receptor Antagonists		
BENICAR	1	QL(30/30)
BENICAR HCT	1	QL(30/30)
<i>candesartan cilexetil</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>losartan potassium tabs 100mg</i>	1	QL(30/30)
<i>losartan potassium tabs 50mg</i>	1	QL(60/30)
<i>losartan potassium tabs 25mg</i>	1	QL(90/30)
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 25mg; 100mg</i>	1	QL(30/30)
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	1	QL(60/30)
<i>telmisartan</i>	1	QL(30/30)
<i>telmisartan/amlodipine</i>	1	QL(30/30)
<i>telmisartan/hydrochloroth</i>	1	QL(30/30)
<i>telmisartan/hydrochlorothiazide</i>	1	QL(30/30)
<i>valsartan</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>captopril</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>enalapril maleate</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>moexipril hcl</i>	1	
<i>moexipril/hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone hcl</i>	1	
<i>flecainide acetate</i>	1	
<i>lidocaine hcl inj</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	1	QL(60/30)
<i>pacerone</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<i>quinidine sulfate</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af)</i>	1	
TIKOSYN	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
COREG CR	1	
<i>labetalol hcl</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>nadolol</i>	1	
<i>nadolol/bendroflumethiazide</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol/hydrochlorothiazide</i>	1	
<i>timolol maleate</i>	1	
Calcium Channel Blocking Agents		
<i>afeditab cr</i>	1	
<i>amlodipine besylate</i>	1	
<i>amlodipine besylate/benazepril hcl</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/valsartan/hctz</i>	1	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i>	1	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl er</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i>	1	
<i>nicardipine hcl</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine er</i>	1	

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<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
<i>nisoldipine er</i>	1	
<i>taztia xt</i>	1	
<i>verapamil hcl</i>	1	
<i>verapamil hcl er</i>	1	
<i>verapamil hcl sr cp24 360mg</i>	1	
Cardiovascular Agents, Other		
DEMSEER	1	
<i>digitek tabs 0.125mg</i>	1	QL(30/30)
<i>digitek tabs 0.25mg</i>	1	PA
<i>digox tabs 125mcg</i>	1	QL(30/30)
<i>digox tabs 250mcg</i>	1	PA
<i>digoxin inj</i>	1	PA
<i>digoxin tabs 125mcg</i>	1	QL(30/30)
<i>digoxin tabs 250mcg</i>	1	PA
LANOXIN PEDIATRIC	1	PA
NORTHERA	1	PA QL(180/30)
<i>pentoxifylline er</i>	1	
RANEXA TB12 1000MG	1	QL(60/30) ST
RANEXA TB12 500MG	1	QL(120/30) ST
TEKTURNA	1	ST
TEKTURNA HCT	1	ST
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	
Diuretics, Loop		
<i>bumetanide</i>	1	
EDECRIN	1	
<i>ethacrynate sodium</i>	1	
<i>furosemide</i>	1	
SODIUM EDECRIN	1	
<i>torseamide</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>spironolactone</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>spironolactone/ hydrochlorothiazide</i>	1	
<i>triamterene/hydrochlorothiazide</i>	1	
Diuretics, Thiazide		
<i>chlorothiazide</i>	1	
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone tabs 25mg, 50mg</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate caps</i>	1	
<i>fenofibrate micronized</i>	1	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	1	
<i>fenofibric acid dr</i>	1	
<i>gemfibrozil</i>	1	
LIPOFEN	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	QL(30/30)
CRESTOR	1	QL(30/30)
<i>fluvastatin caps 20mg</i>	1	QL(30/30)
<i>fluvastatin caps 40mg</i>	1	QL(60/30)
<i>lovastatin tabs 40mg</i>	1	QL(60/30)
<i>lovastatin tabs 10mg, 20mg</i>	1	QL(90/30)
<i>pravastatin sodium tabs 80mg</i>	1	QL(30/30)
<i>pravastatin sodium tabs 40mg</i>	1	QL(60/30)
<i>pravastatin sodium tabs 10mg, 20mg</i>	1	QL(90/30)
<i>simvastatin tabs 20mg, 40mg, 80mg</i>	1	QL(30/30)
<i>simvastatin tabs 10mg, 5mg</i>	1	QL(90/30)
Dyslipidemics, Other		
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
KYNAMRO	1	PA
<i>niacin er tbc 500mg</i>	1	QL(30/30)
<i>niacin er tbc 1000mg, 750mg</i>	1	QL(60/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>niacor</i>	1	
<i>omega-3-acid ethyl esters</i>	1	QL(120/30)
<i>prevalite</i>	1	
VASCEPA	1	QL(120/30)
ZETIA	1	QL(30/30)
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl</i>	1	
<i>minoxidil tabs</i>	1	
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide dinitrate tabs</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	1	
<i>nitroglycerin</i>	1	
<i>nitroglycerin lingual translingual soln</i>	1	
<i>nitroglycerin transdermal</i>	1	
NITROSTAT	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/ dextroamphetamine cp24</i>	1	QL(60/30)
<i>amphetamine/ dextroamphetamine tabs</i>	1	QL(90/30)
<i>dextroamphetamine sulfate er cp24 10mg, 5mg</i>	1	QL(90/30)
<i>dextroamphetamine sulfate er cp24 15mg</i>	1	QL(120/30)
<i>dextroamphetamine sulfate oral soln</i>	1	QL(1800/30)
<i>dextroamphetamine sulfate tabs 5mg</i>	1	QL(90/30)
<i>dextroamphetamine sulfate tabs 10mg</i>	1	QL(180/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>clonidine hcl er</i>	1	
<i>dexmethylphenidate hcl</i>	1	QL(60/30)
<i>metadate er</i>	1	QL(90/30)
<i>methylphenidate hcl er tbc 20mg</i>	1	QL(90/30)
<i>methylphenidate hcl sr</i>	1	QL(90/30)
<i>methylphenidate hcl tabs</i>	1	QL(90/30)
STRATTERA	1	
Central Nervous System, Other		
HETLIOZ	1	PA QL(30/30)
NUDEXTA	1	
<i>riluzole</i>	1	
XENAZINE TABS 12.5MG	1	PA QL(90/30)
XENAZINE TABS 25MG	1	PA QL(120/30)
Multiple Sclerosis Agents		
AMPYRA	1	PA QL(60/30)
AVONEX	1	PA QL(4/28)
AVONEX PEN	1	PA QL(4/28)
<i>glatopa</i>	1	QL(30/30)
<i>methylphenidate hcl er tbc 10mg</i>	1	QL(180/30)
REBIF	1	PA QL(6/28)
REBIF REBIDOSE	1	PA QL(6/28)
REBIF REBIDOSE TITRATION PACK	1	PA QL(4.2/28)
REBIF TITRATION PACK	1	PA QL(4.2/28)
TYSABRI	1	PA
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate oral rinse</i>	1	
<i>oralone</i>	1	
<i>paroex</i>	1	

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<i>periogard</i>	1	
<i>pilocarpine hcl</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone acetonide pste</i>	1	
<i>triamcinolone in orabase</i>	1	
Dermatological Agents		
Dermatological Agents		
<i>acitretin</i>	1	PA
<i>ammonium lactate</i>	1	
<i>amnesteam</i>	1	
<i>calcipotriene</i>	1	QL(120/30)
<i>calcitrene</i>	1	QL(120/30)
<i>calcitriol</i>	1	
CARAC	1	
<i>claravis</i>	1	
<i>curity gauze pads 2"x2"</i>	1	
<i>diclofenac sodium transdermal soln</i>	1	
ELIDEL	1	
<i>erythromycin/benzoyl peroxide</i>	1	
<i>fluorouracil crea</i>	1	
<i>fluorouracil external soln</i>	1	
<i>imiquimod</i>	1	
<i>methoxsalen</i>	1	
<i>myorisan caps 10mg, 20mg, 40mg</i>	1	
PICATO	1	ST
<i>podofilox</i>	1	
PRUDOXIN	1	
REGRANEX	1	PA
SANTYL	1	
<i>selenium sulfide lotn</i>	1	
<i>tacrolimus oint</i>	1	
TAZORAC CREA	1	QL(120/30)
TAZORAC GEL	1	QL(100/30)
<i>tretinoin crea</i>	1	PA QL(45/30)
<i>tretinoin gel 0.01%, 0.025%</i>	1	PA QL(45/30)
<i>tretinoin microsphere</i>	1	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tretinoin microsphere pump</i>	1	PA
UVADEX	1	B/D PA
VECTICAL	1	
VOLTAREN GEL	1	QL(1000/30) ST
<i>zenatane</i>	1	
ZONALON	1	
ZYCLARA	1	
ZYCLARA PUMP CREA 2.5%	1	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ADAGEN	1	PA
ALDURAZYME	1	PA
BUPHENYL TABS	1	
CEREZYME	1	B/D PA
CREON	1	
CYSTADANE	1	
CYSTAGON	1	
ELAPRASE	1	PA
FABRAZYME	1	B/D PA
KUVAN	1	PA
LUMIZYME	1	PA
NAGLAZYME	1	PA
ORFADIN	1	
PANCRELIPASE	1	
<i>sodium phenylbutyrate</i>	1	
VPRIV	1	PA
ZAVESCA	1	
ZENPEP	1	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>anaspaz</i>	1	
<i>atropine sulfate inj 0.05mg/ml, 0.1mg/ml, 0.4mg/ml, 1mg/ml</i>	1	
<i>dicyclomine hcl</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate</i>	1	
<i>hyoscyamine sulfate elix</i>	1	
<i>hyoscyamine sulfate odt</i>	1	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hyoscyamine sulfate subl</i>	1	
<i>hyoscyamine sulfate tabs</i>	1	
<i>hyoscyamine sulfate tbdp</i>	1	
<i>hyosyne elix</i>	1	
<i>methscopolamine bromide</i>	1	
<i>nulev</i>	1	
<i>oscimin</i>	1	
<i>propantheline bromide</i>	1	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
Gastrointestinal Agents, Other		
<i>cromolyn sodium conc</i>	1	
<i>diphenoxylate/atropine</i>	1	
GATTEX	1	PA
<i>loperamide hcl caps</i>	1	
<i>metoclopramide hcl</i>	1	
OSMOPREP	1	
RELISTOR INJ 8MG/0.4ML	1	PA QL(12/30)
RELISTOR INJ 12MG/0.6ML	1	PA QL(18/30)
<i>ursodiol</i>	1	
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
<i>famotidine inj</i>	1	
<i>famotidine premixed</i>	1	
<i>famotidine tabs 20mg, 40mg</i>	1	
<i>nizatidine caps</i>	1	
<i>ranitidine hcl caps</i>	1	
<i>ranitidine hcl inj 150mg/6ml</i>	1	
<i>ranitidine hcl syrp</i>	1	
<i>ranitidine hcl tabs</i>	1	
Irritable Bowel Syndrome Agents		
<i>alosetron hydrochloride</i>	1	PA QL(60/30)
AMITIZA	1	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Laxatives		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	1	
<i>lactulose</i>	1	
MOVIPREP	1	
<i>peg 3350/electrolytes</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/ kcl</i>	1	
<i>polyethylene glycol 3350 powd</i>	1	
<i>trilyte</i>	1	
Protectants		
CARAFATE SUSP	1	
MISOPROSTOL TABS 200MCG	1	
<i>misoprostol tabs 100mcg</i>	1	
<i>sucralfate</i>	1	
Proton Pump Inhibitors		
<i>esomeprazole magnesium</i>	1	QL(60/30)
ESOMEPRAZOLE SODIUM	1	
<i>lansoprazole</i>	1	
<i>omeprazole cpdr</i>	1	
<i>pantoprazole sodium</i>	1	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>flavoxate hcl</i>	1	
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er tb24 5mg</i>	1	QL(30/30)

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Covered Drugs By Category

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<i>oxybutynin chloride er tb24 10mg, 15mg</i>	1	QL(60/30)
<i>tolterodine tartrate</i>	1	
VESICARE	1	QL(30/30)
Benign Prostatic Hypertrophy Agents		
AVODART	1	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg</i>	1	QL(30/30)
<i>doxazosin mesylate tabs 8mg</i>	1	QL(60/30)
<i>finasteride tabs 5mg</i>	1	QL(30/30)
JALYN	1	
<i>tamsulosin hcl</i>	1	
<i>terazosin hcl caps 1mg, 5mg</i>	1	QL(30/30)
<i>terazosin hcl caps 10mg, 2mg</i>	1	QL(60/30)
Genitourinary Agents, Other		
<i>bethanechol chloride</i>	1	
ELMIRON	1	
<i>phenazopyridine hcl</i>	1	
Phosphate Binders		
AURYXIA	1	
<i>calcium acetate caps</i>	1	
<i>calcium acetate tabs 667mg</i>	1	
PHOSLYRA	1	
REVELA PACK	1	QL(180/30)
REVELA TABS	1	QL(540/30)
VELPHORO	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>a-hydrocort</i>	1	
<i>a-methapred</i>	1	
<i>ala cort</i>	1	
ALA SCALP	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i>	1	
<i>apexicon</i>	1	
<i>augmented betamethasone dipropionate</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol propionate crea</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emollient</i>	1	
<i>clobetasol propionate external soln</i>	1	
<i>clobetasol propionate foam</i>	1	
<i>clobetasol propionate gel</i>	1	
<i>clobetasol propionate oint</i>	1	
<i>clobetasol propionate sham</i>	1	
<i>clodan</i>	1	
<i>cormax scalp application</i>	1	
<i>cortisone acetate</i>	1	
DEPO-MEDROL INJ 20MG/ML	1	
<i>desonide lotn</i>	1	
<i>desonide oint</i>	1	
<i>desoximetasone crea</i>	1	
<i>desoximetasone gel</i>	1	
<i>desoximetasone oint 0.25%</i>	1	
<i>dexamethasone</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate inj 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	
<i>diflorasone diacetate</i>	1	
<i>fludrocortisone acetate</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide ear drops</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluticasone propionate crea</i>	1	
<i>fluticasone propionate oint</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone butyrate (lipid)</i>	1	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydrocortisone butyrate (lipophilic)</i>	1	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone enem</i>	1	
<i>hydrocortisone in absorbase</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%, 2.5%</i>	1	
<i>hydrocortisone tabs</i>	1	
<i>hydrocortisone valerate</i>	1	
MEDROL TABS 2MG	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone dose pack</i>	1	
<i>methylprednisolone sodiumsuccinate inj 125mg, 40mg</i>	1	
<i>methylprednisolone tabs</i>	1	
<i>mometasone furoate</i>	1	
<i>prednicarbate oint</i>	1	
<i>prednisolone oral soln</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc rectal crea</i>	1	
SOLU-CORTEF	1	
TEXACORT	1	
<i>triamcinolone acetonide crea</i>	1	
<i>triamcinolone acetonide lotn</i>	1	
<i>triamcinolone acetonide oint</i>	1	
<i>trianex</i>	1	
<i>triderm</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>chorionic gonadotropin</i>	1	PA
<i>desmopressin acetate</i>	1	
INCRELEX	1	PA
NOVAREL	1	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	1	PA
SAIZEN	1	PA
SAIZEN CLICK.EASY	1	PA
STIMATE	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM	1	PA QL(120/30)
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50	1	PA
<i>oxandrolone tabs 10mg</i>	1	PA QL(60/30)
<i>oxandrolone tabs 2.5mg</i>	1	PA QL(120/30)
Androgens		
ANDROGEL	1	PA
ANDROGEL PUMP	1	PA
ANDROXY	1	PA
<i>danazol</i>	1	
TESTIM	1	PA
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Estrogens		
ALORA	1	PA QL(8/28)
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethia lo</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aubra</i>	1	
<i>aviane</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>briellyn</i>	1	
<i>caziant</i>	1	
<i>chateal</i>	1	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
DELESTROGEN	1	
<i>delyla</i>	1	
DEPO-ESTRADIOL	1	
<i>desogestrel/ethinyl estradiol</i>	1	
<i>elinest</i>	1	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>estradiol pttw</i>	1	PA QL(8/28)
<i>estradiol ptwk</i>	1	PA QL(4/28)
<i>estradiol tabs</i>	1	PA
<i>estradiol valerate</i>	1	
<i>estradiol/norethindrone acetate</i>	1	PA
ESTRING	1	QL(1/90)
<i>falmina</i>	1	
FEMRING	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>gildagia</i>	1	
<i>gildess 1.5/30</i>	1	
<i>gildess 1/20</i>	1	
<i>gildess fe 1.5/30</i>	1	
<i>gildess fe 1/20</i>	1	
<i>introvale</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 20mcg; 0.1mg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>lopreeza</i>	1	PA
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>marlissa</i>	1	
MENEST	1	PA
MENOSTAR	1	PA QL(4/28)
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>mimvey</i>	1	PA
<i>mimvey lo</i>	1	PA
MINIVELLE	1	PA QL(8/28)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>mono-lynyah</i>	1	
<i>myzilra</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35</i>	1	
<i>necon 10/11-28</i>	1	
<i>necon 7/7/7</i>	1	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	1	
<i>norgestimate/ethinyl estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>ogestrel</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>pirmella 7/7/7</i>	1	
<i>portia-28</i>	1	
PREMARIN CREA	1	
PREMARIN INJ	1	
PREMARIN TABS	1	PA QL(30/30)
<i>previfem</i>	1	
<i>quasense</i>	1	
<i>reclipsen</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-lynyah</i>	1	
<i>tri-previfem</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tri-sprintec</i>	1	
<i>trivora-28</i>	1	
<i>velivet</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>wera</i>	1	
<i>zenchent</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
Progesterone Agonists/Antagonists		
<i>ella</i>	1	
Progestins		
<i>camila</i>	1	
<i>deblitane</i>	1	
DEPO-PROVERA	1	
<i>errin</i>	1	
<i>heather</i>	1	
<i>jencycla</i>	1	
<i>lyza</i>	1	
MAKENA	1	
<i>medroxyprogesterone acetate inj</i>	1	QL(1/90)
<i>medroxyprogesterone acetate tabs</i>	1	
<i>megestrol acetate susp 40mg/ml</i>	1	PA
<i>megestrol acetate tabs</i>	1	PA
<i>norethindrone</i>	1	
<i>norethindrone acetate</i>	1	
<i>norlyroc</i>	1	
<i>progesterone caps</i>	1	
<i>sharobel</i>	1	
Selective Estrogen Receptor Modifying Agents		
<i>raloxifene hydrochloride</i>	1	QL(30/30)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothyroxine sodium tabs</i>	1	
LEVOXYL	1	
<i>liothyronine sodium</i>	1	
SYNTHROID	1	
THYROLAR-1	1	
THYROLAR-1/2	1	
THYROLAR-1/4	1	
THYROLAR-2	1	
THYROLAR-3	1	
UNITHROID	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	1	
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR TABS 30MG, 60MG	1	QL(60/30)
SENSIPAR TABS 90MG	1	QL(120/30)
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	1	
ELIGARD INJ 30MG	1	PA QL(1/120)
ELIGARD INJ 45MG	1	PA QL(1/180)
ELIGARD INJ 7.5MG	1	PA QL(1/30)
ELIGARD INJ 22.5MG	1	PA QL(1/90)
FIRMAGON INJ 80MG	1	B/D PA QL(4/28)
FIRMAGON INJ 120MG	1	B/D PA QL(6/365)
<i>leuprolide acetate</i>	1	PA QL(5.6/28)
LUPRON DEPOT INJ 30MG	1	PA QL(1/112)
LUPRON DEPOT INJ 45MG	1	PA QL(1/168)
LUPRON DEPOT INJ 3.75MG, 7.5MG	1	PA QL(1/30)
LUPRON DEPOT INJ 22.5MG	1	PA QL(1/84)
LUPRON DEPOT INJ 11.25MG	1	PA QL(1/90)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LUPRON DEPOT-PED	1	PA QL(1/30)
<i>octreotide acetate</i>	1	PA
SANDOSTATIN LAR DEPOT	1	PA
SIGNIFOR	1	PA
SOMATULINE DEPOT	1	PA
SOMAVERT INJ 25MG, 30MG	1	PA QL(30/30)
SOMAVERT INJ 15MG, 20MG	1	PA QL(60/30)
SOMAVERT INJ 10MG	1	PA QL(90/30)
SYNAREL	1	PA
TRELSTAR INJ 3.75MG	1	PA QL(2/28)
TRELSTAR INJ 11.25MG	1	PA QL(2/84)
TRELSTAR MIXJECT INJ 22.5MG	1	PA QL(2/168)
TRELSTAR MIXJECT INJ 3.75MG	1	PA QL(2/28)
TRELSTAR MIXJECT INJ 11.25MG	1	PA QL(2/84)
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
Immunological Agents		
Angioedema (HAE) Agents		
CINRYZE	1	PA
FIRAZYR	1	PA
Immune Suppressants		
ASTAGRAF XL	1	PA
AZASAN	1	PA
<i>azathioprine</i>	1	PA
BENLYSTA	1	PA
CELLCEPT INTRAVENOUS	1	PA
<i>cyclosporine</i>	1	PA
<i>cyclosporine modified</i>	1	PA
ENBREL	1	PA QL(8/28)
ENBREL SURECLICK	1	PA QL(8/28)
<i>gengraf</i>	1	PA
HUMIRA INJ 10MG/0.2ML, 20MG/0.4ML	1	PA QL(2/28)
HUMIRA INJ 40MG/0.8ML	1	PA QL(6/28)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	1	PA QL(6/28)
HUMIRA PEN	1	PA QL(6/28)
HUMIRA PEN-CROHNS DISEASESTARTER	1	PA QL(6/28)
HUMIRA PEN-PSORIASIS STARTER	1	PA QL(6/28)
KINERET	1	PA QL(20.1/30)
<i>methotrexate</i>	1	
<i>methotrexate sodium</i>	1	
<i>mycophenolate mofetil</i>	1	PA
<i>mycophenolic acid dr</i>	1	PA
NULOJIX	1	PA
PROGRAF INJ	1	PA
RAPAMUNE ORAL SOLN	1	PA
REMICADE	1	PA
SANDIMMUNE ORAL SOLN	1	PA
<i>sirolimus</i>	1	PA
<i>tacrolimus caps</i>	1	PA
TORISEL	1	B/D PA
ZORTRESS	1	PA
Immunizing Agents, Passive		
ATGAM	1	PA
BIVIGAM	1	B/D PA
FLEBOGAMMA DIF	1	B/D PA
GAMASTAN S/D	1	B/D PA
GAMMAGARD LIQUID INJ 2.5GM/25ML, 30GM/300ML	1	B/D PA
GAMMAKED	1	B/D PA
GAMMAPLEX INJ 10GM/200ML, 5GM/100ML	1	B/D PA
GAMUNEX-C	1	B/D PA
OCTAGAM	1	B/D PA
PRIVIGEN INJ 10GM/100ML, 20GM/200ML, 5GM/50ML	1	B/D PA
THYMOGLOBULIN	1	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Immunomodulators		
ACTIMMUNE	1	PA
ARCALYST	1	PA
ILARIS	1	PA
<i>leflunomide</i>	1	QL(30/30)
RIDAURA	1	
SIMULECT	1	B/D PA
SYNAGIS INJ 50MG/0.5ML	1	PA
Vaccines		
ACTHIB	1	
ADACEL	1	
BEXSERO	1	
BOOSTRIX	1	
CERVARIX	1	
COMVAX	1	
DAPTACEL	1	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	1	
ENGRIX-B	1	B/D PA
GARDASIL	1	
GARDASIL 9	1	
HAVRIX	1	
IMOVAX RABIES (H.D.C.V.)	1	
INFANRIX	1	
IPOX INACTIVATED IPV	1	
IXIARO	1	
KINRIX	1	
M-M-R II	1	
MENACTRA	1	
MENOMUNE-A/C/Y/W-135	1	
MENVEO	1	
PEDVAX HIB	1	
PROQUAD	1	
QUADRACEL	1	

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RABAVERT	1	
RECOMBIVAX HB	1	B/D PA
ROTARIX	1	
ROTATEQ	1	
TENIVAC	1	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED	1	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
YF-VAX	1	
ZOSTAVAX	1	

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO	1	
<i>balsalazide disodium</i>	1	
DELZICOL	1	
<i>mesalamine</i>	1	

Glucocorticoids

<i>budesonide cp24</i>	1	
<i>colocort</i>	1	

Sulfonamides

<i>sulfasalazine</i>	1	
<i>sulfazine</i>	1	
<i>sulfazine ec</i>	1	

Metabolic Bone Disease Agents

Metabolic Bone Disease Agents

<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL(4/28)
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	1	QL(30/30)
<i>calcitonin-salmon</i>	1	QL(3.7/30)
<i>calcitriol</i>	1	
<i>doxercalciferol</i>	1	
<i>etidronate disodium</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
FORTEO	1	PA QL(2.4/28)
<i>ibandronate sodium tabs</i>	1	QL(1/28)
MIACALCIN INJ	1	
<i>pamidronate disodium</i>	1	B/D PA
<i>paricalcitol caps</i>	1	
PROLIA	1	QL(1/180) ST
<i>risedronate sodium tabs 150mg</i>	1	QL(1/28)
<i>risedronate sodium tabs 35mg</i>	1	QL(4/28)
<i>risedronate sodium tabs 30mg, 5mg</i>	1	QL(30/30)
XGEVA	1	PA
<i>zoledronic acid</i>	1	B/D PA

Miscellaneous Therapeutic Agents

Miscellaneous Therapeutic Agents

FERRIPROX	1	PA
<i>fomepizole</i>	1	
INTRALIPID	1	B/D PA
LACTATED RINGERS IRRIGATION	1	
<i>levocarnitine</i>	1	
LIPOSYN III	1	B/D PA
NATPARA	1	PA
<i>novofine 30gx8mm</i>	1	QL(200/30)
<i>novofine 31</i>	1	QL(200/30)
<i>novofine 32gx6mm</i>	1	QL(200/30)
<i>novofine autocover 30gx8mm</i>	1	QL(200/30)
<i>novotwist 30gx8mm</i>	1	QL(200/30)
<i>novotwist 32gx5mm</i>	1	QL(200/30)
PHYSIOLYTE	1	
PHYSIOSOL IRRIGATION	1	
RINGERS IRRIGATION	1	
<i>sodium chloride 0.9%</i>	1	
<i>sterile water irrigation</i>	1	

Ophthalmic Agents

Ophthalmic Prostaglandin and Prostanoid Analogs

<i>bimatoprost</i>	1	QL(5/30)
COMBIGAN	1	
<i>latanoprost</i>	1	QL(5/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LUMIGAN	1	QL(5/30)
TRAVATAN Z	1	QL(5/30)
Ophthalmic Agents, Other		
LACRISERT	1	
<i>naphazoline hcl</i>	1	
<i>neo-polycin</i>	1	
<i>polycin</i>	1	
<i>proparacaine hcl</i>	1	
RESTASIS	1	QL(64/30)
<i>tropicamide</i>	1	
Ophthalmic Anti-allergy Agents		
ALOCRIL	1	
<i>azelastine hcl ophthalmic soln</i>	1	
<i>cromolyn sodium ophthalmic soln</i>	1	
<i>epinastine hcl</i>	1	
PATADAY	1	
PAZEO	1	
Ophthalmic Anti-inflammatories		
<i>bromfenac</i>	1	
<i>dexamethasone sodium phosphate ophthalmic soln</i>	1	
<i>diclofenac sodium ophthalmic soln</i>	1	
DUREZOL	1	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	1	
<i>ketorolac tromethamine ophthalmic soln</i>	1	
LOTEMAX	1	
<i>neomycin/polymyxin/ dexamethasone</i>	1	
PRED MILD	1	
PRED-G	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PRED-G S.O.P.	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
TOBRADEX OINT	1	
<i>tobramycin/dexamethasone</i>	1	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er</i>	1	
<i>apraclonidine</i>	1	
AZOPT	1	
<i>betaxolol hcl</i>	1	
<i>brimonidine tartrate</i>	1	
<i>carteolol hcl</i>	1	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>levobunolol hcl ophthalmic soln 0.5%</i>	1	
<i>methazolamide</i>	1	
<i>metipranolol</i>	1	
PHOSPHOLINE IODIDE	1	
<i>pilocarpine hcl</i>	1	
SIMBRINZA	1	
<i>timolol maleate</i>	1	
Otic Agents		
Otic Agents		
<i>acetazol hc</i>	1	
<i>acetic acid</i>	1	
<i>acetic acid/aluminum acetate</i>	1	
COLY-MYCIN S	1	
CORTISPORIN-TC	1	
<i>fluocinolone acetonide</i>	1	
<i>hydrocortisone/acetic acid</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/ hydrocortisone</i>	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
<i>budesonide susp 32mcg/act</i>	1	QL(17.2/30)
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	B/D PA QL(120/30)
DULERA	1	QL(18/30)
FLOVENT DISKUS AEPB 250MCG/BLIST, 50MCG/BLIST	1	QL(120/30)
FLOVENT DISKUS AEPB 100MCG/BLIST	1	QL(180/30)
FLOVENT HFA AERO 44MCG/ACT	1	QL(22/30)
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	1	QL(24/30)
<i>flunisolide</i>	1	
<i>fluticasone propionate susp</i>	1	QL(16/30)
QVAR	1	QL(18/30)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	1	QL(12/30)
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	1	QL(14/30)
<i>triamcinolone acetonide aero</i>	1	QL(16.5/30)
Antihistamines		
<i>azelastine hcl nasal soln</i>	1	QL(60/30)
<i>desloratadine</i>	1	QL(30/30)
<i>desloratadine odt</i>	1	QL(30/30)
<i>diphenhydramine hcl inj</i>	1	
<i>levocetirizine dihydrochloride oral soln</i>	1	QL(300/30)
<i>levocetirizine dihydrochloride tabs</i>	1	QL(30/30)
Antileukotrienes		
<i>montelukast sodium</i>	1	QL(30/30)
<i>zafirlukast</i>	1	
Bronchodilators, Anticholinergic		
ATROVENT HFA	1	QL(26/30)
COMBIVENT RESPIMAT	1	QL(8/30)
<i>ipratropium bromide inhalation soln</i>	1	B/D PA QL(300/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ipratropium bromide nasal soln 0.06%</i>	1	QL(30/30)
<i>ipratropium bromide nasal soln 0.03%</i>	1	QL(60/30)
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D PA QL(540/30)
SPIRIVA HANDIHALER	1	QL(30/30)
SPIRIVA RESPIMAT	1	QL(4/30)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	1	
<i>albuterol sulfate nebu 0.5%</i>	1	B/D PA QL(360/30)
<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</i>	1	B/D PA QL(375/30)
<i>albuterol sulfate syrup</i>	1	
<i>albuterol sulfate tabs</i>	1	
<i>epinephrine hcl</i>	1	
EPIPEN 2-PAK	1	QL(2/30)
EPIPEN-JR 2-PAK	1	QL(2/30)
FORADIL AEROLIZER	1	QL(60/30)
<i>metaproterenol sulfate</i>	1	
PERFOROMIST	1	B/D PA QL(120/30)
PROAIR HFA	1	QL(17/30)
PROAIR RESPICLICK	1	QL(1.3/30)
STRIVERDI RESPIMAT	1	QL(4/30)
<i>terbutaline sulfate</i>	1	
Cystic Fibrosis Agents		
CAYSTON	1	PA
KALYDECO	1	PA QL(60/30)
PULMOZYME	1	B/D PA
TOBI PODHALER	1	QL(1568/365)
<i>tobramycin</i>	1	B/D PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebu</i>	1	B/D PA
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline</i>	1	
DALIRESP	1	PA QL(30/30)
THEO-24	1	
<i>theochron</i>	1	
<i>theophylline cr</i>	1	
<i>theophylline er</i>	1	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Pulmonary Antihypertensives		
ADEMPAS	1	PA QL(90/30)
LETAIRIS	1	PA QL(30/30)
OPSUMIT	1	PA QL(30/30)
REMODULIN	1	B/D PA
<i>sildenafil citrate</i>	1	PA QL(90/30)
SILDENAFIL TABS	1	PA QL(90/30)
TRACLEER	1	PA QL(60/30)
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation soln</i>	1	B/D PA
ARALAST NP INJ 400MG, 800MG	1	B/D PA
ESBRIET	1	PA
PROLASTIN-C	1	B/D PA
TYZINE PEDIATRIC NASAL DROPS	1	
VIRAZOLE	1	B/D PA
XOLAIR	1	PA
ZEMAIRA	1	B/D PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl tabs 10mg, 5mg</i>	1	PA
<i>orphenadrine citrate er</i>	1	PA
Sleep Disorder Agents		
GABA Receptor Modulators		
<i>temazepam</i>	1	QL(90/365)
<i>zaleplon</i>	1	QL(90/365)
<i>zolpidem tartrate</i>	1	PA QL(90/365)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Sleep Disorders, Other		
MODAFINIL TABS 100MG	1	PA QL(30/30)
<i>modafinil tabs 200mg</i>	1	PA QL(60/30)
ROZEREM	1	QL(30/30)
SILENOR	1	QL(30/30)
XYREM	1	PA QL(540/30)
Therapeutic Nutrients/Minerals/Electrolytes		
Electrolyte/Mineral Modifiers		
CHEMET	1	
CUPRIMINE	1	
DEPEN TITRATABS	1	
EXJADE	1	
JADENU	1	
<i>kionex</i>	1	
SAMSCA TABS 30MG	1	PA QL(60/30)
SAMSCA TABS 15MG	1	PA QL(90/30)
<i>sodium bicarbonate inj</i>	1	
<i>sodium bicarbonate partial fill</i>	1	
SODIUM LACTATE	1	B/D PA
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sodium polystyrene sulfonate susp 15gm/60ml, 30gm/120ml</i>	1	
<i>sps</i>	1	
SYPRINE	1	
Electrolyte/Mineral Replacement		
AMINOSYN 7%/ ELECTROLYTES	1	B/D PA
AMINOSYN 8.5%/ ELECTROLYTES	1	B/D PA
AMINOSYN II	1	B/D PA
AMINOSYN II 8.5%/ ELECTROLYTES	1	B/D PA

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AMINOSYN INJ 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML, 51MEQ/L; 448MG/100ML; 343MG/100ML; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 140MG/100ML; 154MG/100ML; 300MG/100ML; 147MG/100ML; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML, 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	1	B/D PA
AMINOSYN M	1	B/D PA
AMINOSYN-HBC	1	B/D PA
AMINOSYN-PF	1	B/D PA
AMINOSYN-PF 7%	1	B/D PA
AMINOSYN-RF	1	B/D PA
CARBAGLU	1	
CLINIMIX 2.75%/DEXTROSE 5%	1	B/D PA
CLINIMIX 4.25%/DEXTROSE 10%	1	B/D PA
CLINIMIX 4.25%/DEXTROSE 20%	1	B/D PA
CLINIMIX 4.25%/DEXTROSE 25%	1	B/D PA
CLINIMIX 4.25%/DEXTROSE 5%	1	B/D PA
CLINIMIX 5%/DEXTROSE 15%	1	B/D PA
CLINIMIX 5%/DEXTROSE 20%	1	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CLINIMIX 5%/DEXTROSE 25%	1	B/D PA
CLINIMIX E 2.75%/DEXTROSE 10%	1	B/D PA
CLINIMIX E 4.25%/DEXTROSE 10%	1	B/D PA
CLINIMIX E 4.25%/DEXTROSE 25%	1	B/D PA
CLINIMIX E 5%/DEXTROSE 25%	1	B/D PA
CLINISOL SF 15%	1	B/D PA
<i>dextrose 10%/nacl 0.45%</i>	1	B/D PA
<i>dextrose 5% /electrolyte #48 viaflex</i>	1	B/D PA
DEXTROSE 10% FLEX CONTAINER	1	B/D PA
<i>dextrose 10%/nacl 0.2%</i>	1	B/D PA
<i>dextrose 2.5%/nacl 0.45%</i>	1	B/D PA
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	B/D PA
DEXTROSE 20%	1	B/D PA
DEXTROSE 25%	1	B/D PA
DEXTROSE 30%	1	B/D PA
DEXTROSE 40%	1	B/D PA
DEXTROSE 5%	1	B/D PA
DEXTROSE 5%/LACTATED RINGERS	1	
<i>dextrose 5%/nacl 0.2%</i>	1	B/D PA
<i>dextrose 5%/nacl 0.225%</i>	1	B/D PA
DEXTROSE 5%/NACL 0.3%	1	B/D PA
<i>dextrose 5%/nacl 0.33%</i>	1	B/D PA
<i>dextrose 5%/nacl 0.45%</i>	1	B/D PA
<i>dextrose 5%/nacl 0.9%</i>	1	B/D PA
<i>dextrose 5%/potassium chloride 0.15%</i>	1	B/D PA
<i>dextrose 5%/sodium chloride 0.2%</i>	1	B/D PA
<i>dextrose 5%/sodium chloride 0.45%</i>	1	B/D PA
DEXTROSE 50%	1	B/D PA
DEXTROSE 70%	1	B/D PA
<i>fluoride chew 0.25mg, 1.1mg, 2.2mg</i>	1	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluoritab chew 0.5mg, 1mg</i>	1	
FREAMINE HBC 6.9%	1	B/D PA
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	1	B/D PA
HEPATAMINE	1	B/D PA
<i>k-sol</i>	1	
KABIVEN	1	B/D PA
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	B/D PA
<i>kcl 0.15%/d5w/ nacl 0.3%</i>	1	B/D PA
KCL 0.15%/D5W/LR	1	B/D PA
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	B/D PA
<i>kcl 0.15%/d5w/nacl 0.225%</i>	1	B/D PA
<i>kcl 0.15%/d5w/nacl 0.45%</i>	1	B/D PA
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	B/D PA
KCL 0.3%/D5W/LR IV LAC RING	1	B/D PA
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	B/D PA
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	B/D PA
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m20</i>	1	
LACTATED RINGERS DEXTROSE 5% VIAFLEX	1	
LACTATED RINGERS INJ 3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LACTATED RINGERS VIAFLEX	1	
<i>ludent</i>	1	
<i>magnesium sulfate inj</i>	1	B/D PA
MOZOBIL	1	QL(9.6/30)
NEPHRAMINE	1	B/D PA
NORMOSOL -R	1	B/D PA
NORMOSOL-M IN D5W	1	B/D PA
NORMOSOL-R	1	B/D PA
NORMOSOL-R IN D5W	1	B/D PA
NUTRILYTE INJ 2.03MEQ/ ML; 0.25MEQ/ML; 1.68MEQ/ ML; 0.25MEQ/ML; 0.4MEQ/ML; 2.03MEQ/ML; 1.25MEQ	1	B/D PA
PERIKABIVEN	1	B/D PA
<i>phospha 250 neutral</i>	1	
PLENAMINE	1	B/D PA
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	1	B/D PA
<i>potassium chloride 0.15% d5w/ nacl 0.33%</i>	1	B/D PA
<i>potassium chloride 0.15% d5w/ nacl 0.45%</i>	1	B/D PA
<i>potassium chloride 0.15% d5w/ nacl 0.45% viaflex</i>	1	B/D PA
<i>potassium chloride 0.15% w/ nacl 0.9% viaflex</i>	1	B/D PA
<i>potassium chloride 0.15%/d5w</i>	1	B/D PA
<i>potassium chloride 0.15%/nacl 0.9%</i>	1	B/D PA
<i>potassium chloride 0.22% d5w/ nacl 0.45%</i>	1	B/D PA
<i>potassium chloride 0.224%/ d5w/nacl 0.45%</i>	1	B/D PA
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	1	B/D PA

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POTASSIUM CHLORIDE 0.3%/D5W	1	B/D PA
<i>potassium chloride 0.3%/nacl 0.9%/viaflex</i>	1	B/D PA
<i>potassium chloride cr</i>	1	
<i>potassium chloride er</i>	1	
<i>potassium chloride inj 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	1	B/D PA
<i>potassium chloride liqd</i>	1	
<i>potassium chloride pack</i>	1	
POTASSIUM CHLORIDE SR TBCR 8MEQ	1	
<i>potassium chloride sr tbc 8meq</i>	1	
<i>potassium citrate er</i>	1	
PREMASOL	1	B/D PA
PROCALAMINE	1	B/D PA
PROSOL	1	B/D PA
RINGERS INJECTION	1	
<i>sodium chloride 0.45% viaflex</i>	1	B/D PA
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	1	B/D PA
<i>sodium fluoride chew 0.5mg, 1mg</i>	1	
<i>sodium fluoride tabs</i>	1	
TPN ELECTROLYTES	1	B/D PA
TRAVASOL	1	B/D PA
TROPHAMINE	1	B/D PA
<i>virt-phos 250 neutral</i>	1	
Therapeutic Nutrients/Minerals/Electrolytes		
INTRALIPID	1	B/D PA
LIPOSYN III	1	B/D PA
NUTRILIPID	1	B/D PA
Vitamins		
VP-PNV-DHA	1	
Unclassified		
No Classification		
<i>neo-polycin hc</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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Needles And Syringes

Miscellaneous Therapeutic Agents

Miscellaneous Therapeutic Agents

<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	1	QL(200/30)
<i>bd insulin syringe ultrafine/0.3ml/31g x 5/16"</i>	1	QL(200/30)
<i>bd insulin syringe ultrafine/0.5ml/30g x 1/2"</i>	1	QL(200/30)
<i>bd insulin syringe ultrafine/1ml/31g x 5/16"</i>	1	QL(200/30)
<i>bd pen needle/mini/ ultrafine/31g x 3/16"</i>	1	QL(200/30)
<i>bd pen needle/nano/ultra fine/32g x 4mm</i>	1	QL(200/30)
<i>bd pen needle/ultrafine/29g x 12.7mm</i>	1	QL(200/30)

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
A		AFINITOR DISPERZ TBSO		<i>alyacen 7/7/7</i>	34
<i>abacavir</i>	23	2MG, 3MG	20	<i>amantadine hcl</i>	24
<i>abacavir sulfate/lamivudine/</i>		AFINITOR DISPERZ TBSO 5MG	20	AMBISOME	17
<i>zidovudine</i>	23	AFINITOR TABS		<i>amcinonide</i>	32
ABELCET	17	2.5MG, 5MG, 7.5MG	20	<i>a-methapred</i>	32
ABILIFY DISCMLT	22	AFINITOR TABS 10MG	20	<i>amethia</i>	34
ABILIFY MAINTENA INJ 300MG	22	AGGRENOX	26	<i>amethia lo</i>	34
ABILIFY MAINTENA INJ 400MG	22	<i>a-hydrocort</i>	32	<i>amifostine</i>	19
ABRAXANE	19	<i>ak-poly-bac</i>	11	<i>amikacin sulfate</i>	11
<i>acamprosate calcium dr</i>	11	<i>ala cort</i>	32	<i>amiloride hcl</i>	28
<i>acarbose</i>	24	ALA SCALP	32	<i>amiloride/hydrochlorothiazide</i>	28
<i>acebutolol hcl</i>	27	ALBENZA	21	<i>aminophylline</i>	40
<i>acetaminophen/codeine #2</i>	9	<i>albuterol sulfate er</i>	40	AMINOSYN 7%/ELECTROLYTES	41
<i>acetaminophen/codeine #3</i>	9	<i>albuterol sulfate nebu 0.5%</i>	40	AMINOSYN 8.5%/ELECTROLYTES	41
<i>acetaminophen/codeine #4</i>	9	<i>albuterol sulfate nebu 0.083%,</i>	40	AMINOSYN-HBC	42
<i>acetaminophen/codeine oral soln</i>	9	<i>0.63mg/3ml, 1.25mg/3ml</i>	40	AMINOSYN II	41
<i>acetaminophen/codeine</i>		<i>albuterol sulfate syrp</i>	40	AMINOSYN II 8.5%/	
<i>phosphate tabs 300mg; 60mg</i>	9	<i>albuterol sulfate tabs</i>	40	ELECTROLYTES	41
<i>acetaminophen/codeine tabs</i>		<i>alclometasone dipropionate</i>	32	AMINOSYN INJ 50.3MEQ/L;	
<i>300mg; 15mg</i>	9	<i>alcohol prep pads</i>	11	695MG/100ML; 713MG/100ML;	
<i>acetaminophen/codeine tabs</i>		ALDURAZYME	30	490MG/100ML; 517MG/100ML;	
<i>300mg; 60mg</i>	9	<i>alendronate sodium tabs</i>		350MG/100ML; 210MG/100ML;	
<i>acetasol hc</i>	39	<i>10mg, 40mg, 5mg</i>	38	462MG/100ML; 700MG/100ML;	
<i>acetazolamide</i>	28	<i>alendronate sodium tabs</i>		735MG/100ML; 120MG/100ML;	
<i>acetazolamide er</i>	39	<i>35mg, 70mg</i>	38	209MG/100ML; 505MG/100ML;	
<i>acetazolamide sodium</i>	28	ALIMTA INJ 500MG	19	371MG/100ML; 31.3MEQ/L;	
<i>acetic acid</i>	39	ALINIA	21	280MG/100ML; 140MG/100ML;	
<i>acetic acid/aluminum acetate</i>	39	<i>allopurinol</i>	18	189MG/100ML; 350MG/100ML;	
<i>acetylcysteine inhalation soln</i>	41	ALOCRIL	39	51MEQ/L; 448MG/100ML;	
<i>acitretin</i>	30	ALOPRIM	18	343MG/100ML; 448MG/100ML;	
ACTHIB	37	ALORA	34	105MG/100ML; 252MG/100ML;	
ACTIMMUNE	37	<i>alosetron hydrochloride</i>	31	329MG/100ML; 252MG/100ML;	
<i>acyclovir</i>	24	ALOXI	17	140MG/100ML; 154MG/100ML;	
<i>acyclovir sodium inj 50mg/ml</i>	24	<i>alprazolam odt tbdp 0.25mg, 0.5mg</i>	24	300MG/100ML; 147MG/100ML;	
ADACEL	37	<i>alprazolam odt tbdp 1mg</i>	24	182MG/100ML; 56MG/100ML;	
ADAGEN	30	<i>alprazolam odt tbdp 2mg</i>	24	31MG/100ML; 280MG/100ML,	
<i>adefovir dipivoxil</i>	23	<i>alprazolam tabs 0.25mg, 0.5mg</i>	24	90MEQ/L; 1100MG/100ML;	
ADEMPAS	41	<i>alprazolam tabs 1mg</i>	24	850MG/100ML; 35MEQ/L;	
<i>adrucil</i>	19	<i>alprazolam tabs 2mg</i>	24	1100MG/100ML; 260MG/100ML;	
<i>afeditab cr</i>	27	<i>altavera</i>	34	620MG/100ML; 810MG/100ML;	
		<i>alyacen 1/35</i>	34	624MG/100ML; 340MG/100ML;	
				380MG/100ML; 5.4MEQ/L;	
				750MG/100ML; 370MG/100ML;	
				460MG/100ML; 150MG/100ML;	
				44MG/100ML; 680MG/100ML	42

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<i>bimatoprost</i>	38	<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	9	<i>carbidopa/levodopa odt</i>	21
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<i>briellyn</i>	34	C		<i>cefadroxil</i>	12
BRILINTA	26	<i>cabergoline</i>	36	<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	12
<i>brimonidine tartrate</i>	39	<i>cafergot</i>	18	<i>cefazolin sodium inj 10gm, 1gm, 1gm; 5%, 500mg</i>	12
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<i>bromfenac</i>	39	<i>calcitonin-salmon</i>	38	<i>cefepime</i>	12
<i>bromocriptine mesylate</i>	21	<i>calcitrene</i>	30	<i>cefixime</i>	12
<i>budesonide cp24</i>	38	<i>calcitriol</i>	30	<i>cefotaxime sodium inj 1gm, 2gm, 500mg</i>	12
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<i>budesonide susp 32mcg/act.</i>	40	<i>calcium acetate caps</i>	32	<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	12
<i>bumetanide</i>	28	<i>calcium acetate tabs 667mg.</i>	32	<i>cefpodoxime proxetil</i>	12
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<i>bupropion hcl sr tb12 150mg</i>	16	CARBAGLU	42	<i>cephalexin caps 250mg, 500mg</i>	13
<i>bupropion hcl xl tb24 150mg</i>	16	<i>carbamazepine</i>	15	<i>cephalexin susr</i>	13
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<i>chlorhexidine gluconate oral rinse</i>	29	<i>clindamycin hcl</i>	11	<i>clomipramine hcl</i>	16
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<i>chlorothiazide</i>	28	<i>add-vantage</i>	11	<i>0.125mg, 0.25mg, 0.5mg, 1mg</i>	14
<i>chlorothiazide sodium</i>	28	<i>clindamycin phosphate crea</i>	11	<i>clonazepam odt tbdp 2mg</i>	14
<i>chlorpromazine hcl</i>	21	<i>clindamycin phosphate</i>		<i>clonazepam tabs 0.5mg, 1mg</i>	14
<i>chlorthalidone tabs 25mg, 50mg</i>	28	<i>external soln</i>	12	<i>clonazepam tabs 2mg</i>	14
<i>cholestyramine</i>	28	<i>clindamycin phosphate gel</i>	12	<i>clonidine hcl er</i>	29
<i>cholestyramine light</i>	28	<i>clindamycin phosphate in d5w</i>	12	<i>clonidine hcl ptwk</i>	
<i>chorionic gonadotropin</i>	33	<i>clindamycin phosphate inj</i>		<i>0.1mg/24hr, 0.2mg/24hr</i>	26
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<i>ciclopirox olamine</i>	17	<i>clindamycin phosphate lotn</i>	12	<i>clopidogrel tabs 75mg</i>	26
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<i>megestrol acetate tabs</i>	35	<i>methylphenidate hcl sr</i>	29	2MG/ML	19
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<i>metadate er</i>	29	<i>metronidazole tabs</i>	12	<i>morphine sulfate inj</i>	
<i>metaproterenol sulfate</i>	40	<i>metronidazole vaginal</i>	12	0.5mg/ml, 1mg/ml	9
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		MIACALCIN INJ	38	10mg/ml, 15mg/ml, 1mg/ml,	
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SAIZEN CLICK.EASY	33	<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	44	STRIVERDI RESPIMAT	40
<i>salsalate</i>	9	SODIUM EDECRIN	28	SUBOXONE	11
SAMSCA TABS 15MG	41	<i>sodium fluoride chew 0.5mg, 1mg</i>	44	<i>sucralfate</i>	31
SAMSCA TABS 30MG	41	<i>sodium fluoride tabs</i>	44	<i>sulfacetamide sodium ophthalmic soln</i>	14
SANDIMMUNE ORAL SOLN	37	SODIUM LACTATE	41	<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	14
SANDOSTATIN LAR DEPOT	36	<i>sodium phenylbutyrate</i>	30	<i>sulfacetamide sodium susp</i>	14
SANTYL	30	<i>sodium polystyrene sulfonate powd</i>	41	<i>sulfadiazine</i>	14
SAPHRIS	22	<i>sodium polystyrene sulfonate susp 15gm/60ml, 30gm/120ml</i>	41	<i>sulfamethoxazole/trimethoprim</i>	14
<i>selegiline hcl</i>	21	<i>sodium sulfacetamide ophthalmic soln</i>	14	<i>sulfamethoxazole/trimethoprim ds</i>	14
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SEROQUEL XR TB24 300MG, 400MG, 50MG	22	<i>sorine</i>	27	<i>sumatriptan succinate inj 4mg/0.5ml</i>	18
<i>sertraline hcl conc</i>	16	<i>sotalol hcl</i>	27	<i>sumatriptan succinate inj 6mg/0.5ml</i>	18
<i>sertraline hcl tabs 25mg</i>	16	<i>sotalol hcl (af)</i>	27	<i>sumatriptan succinate refill</i>	18
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