

American Health Medicare

2012 Formulary

List of Covered Drugs

AHM_Platino Plus (HMO SNP)

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

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

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

American Health Medicare is a Medicare Advantage organization with a Medicare contract. American Health Medicare is a Coordinated Care plan with a Medicare Advantage contract and a contract with the Puerto Rico Government Insurance Health Plan (Mi Salud) program.

To obtain this document in another format such as large print or Braille please call Customer Services at 1-888-620-1919, Monday to Sunday from 8:00 AM to 8:00 PM. TTY/TDD users should call 1-866-620-2520.

What is the American Health Medicare Formulary?

A formulary is a list of covered drugs selected by American Health Medicare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. American Health Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an American Health Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2012. To get updated information about the drugs covered by American Health Medicare, please visit our Web site at www.ahmpr.com or call Customer Service at 1-888-620-1919, Monday to Sunday from 8:00 AM to 8:00 PM. TTY/TDD users should call 1-866-620-2520.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agent. If you know what your drug is used for, look for the category name in the list that begins 7. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 43. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find

coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

American Health Medicare 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:** American Health Medicare requires you to get prior authorization for certain drugs. This means that you will need to get approval from American Health Medicare before you fill your prescriptions. If you don't get approval, American Health Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, American Health Medicare limits the amount of the drug that American Health Medicare will cover. For example, American Health Medicare provides 9 tabs per 25 days per prescription for Imitrex tabs. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, American Health Medicare 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, American Health Medicare may not cover drug B unless you try Drug A first. If Drug A does not work for you, American Health Medicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about restrictions applied to specific covered drugs by visiting our Web site at www.ahmpr.com

You can ask American Health Medicare to make an exception to these restrictions or limits. See the section, "How do I request an exception to the American Health Medicare formulary?" on page 4 for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are normally covered by a Medicare Prescription Drug Plan. American Health Medicare pays for certain OTC drugs. American Health Medicare will provide these OTC drugs at no cost to you. The cost to American Health Medicare of these drugs will not count toward your total drug costs.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that American Health Medicare does not cover your drug, you have two options:

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

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, American Health Medicare 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 more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred/highest tier subject to the tiering exceptions process tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred/lowest tier subject to the tiering exceptions process instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

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

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

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

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

doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

Medicare Transition Plan Policy (Part D)

American Health Medicare has a 30-day override option for non-formulary drugs. This option will be available only for new Part D enrollees that currently on non-formulary medications and that are not residents of Long Term Care (LTC) facilities. For LTC residents, an additional 60-day supply override request will be available to accommodate the special needs of this population. For those enrollees that receive a one-time supply of non-formulary drugs through this override process, there will be a text message on their EOB's to alert these enrollees to the non-formulary status of their drug and the fact that one-time override was granted, and to encourage them to speak to their prescriber about changing their medication to an appropriate formulary medication substitute.

For more information

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

If you have questions about American Health Medicare, please call Customer Service at 1-888-620-1919, Monday to Sunday from 8:00 AM to 8:00 PM. TTY/TDD users should call 1-866-620-2520. Or visit www.ahmpr.com.

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

American Health Medicare Formulary

The formulary that begins below provides coverage information about some of the drugs covered by American Health Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 52. Remember: This is only a partial list of drugs covered by American Health Medicare. If your prescription is not in this partial formulary, please visit our Web site at www.ahmpr.com or call Customer Service at 1-888-620-1919, Monday to Sunday from 8:00 AM to 8:00 PM. TTY/TDD users should call 1-866-620-2520 for additional help.

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

Tier 1 Preferred Generic

Tier 2 Non Preferred Generic

Tier 3 Preferred Brand, Non Preferred Generics

Tier 4 Non Preferred Brand, Non Preferred Generics

Tier 5 Generics, Brand

The information in the Notes column tells you if American Health Medicare has any special requirements for coverage of your drug.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i>	1	
<i>allopurinol inj 500mg</i>	1	
<i>colchicine w/ probenecid</i>	1	
COLCRYS	2	QL (60 tabs / 30 days)
<i>probenecid</i>	1	
ULORIC	2	
NARCOTIC ANALGESICS		
<i>acetaminophen w/ codeine</i>	1	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1	
<i>butalbital-aspirin-caffeine w/cod</i>	1	
<i>butorphanol tartrate</i>	1	
<i>hydrocodone-acetaminophen</i>	1	
<i>hydrocodone-ibuprofen</i>	1	
NARCOTIC ANALGESICS, CII		
DILAUDID-5	2	
EXALGO	2	QL (60 ea / 30 days)
<i>fentanyl citrate</i>	2	QL (120 lpop / 30 days), PA
<i>fentanyl citrate inj 0.05 mg/ml</i>	1	B/D
<i>fentanyl patch</i>	1	QL (10 ea / 30 days)
<i>hydromorphone hcl 10mg/ml</i>	1	B/D
<i>hydromorphone hcl 2mg, 4mg, 8mg</i>	1	
KADIAN	2	QL (60 ea / 30 days)
<i>methadone hcl 10mg, 5mg</i>	1	QL (240 tabs / 30 days)
<i>methadone hcl 10mg/5ml, 10mg/ml, 5mg/5ml</i>	1	
MORPHINE SUL 20MG/ML ORAL SOL	1	oral solution
<i>morphine sulfate .5mg/ml, 1mg/ml</i>	1	B/D
<i>morphine sulfate 100mg, 15mg, 30mg, 60mg</i>	1	QL (90 ea / 30 days); ext rel
<i>morphine sulfate 200mg</i>	1	QL (60 ea / 30 days)
MORPHINE SULFATE 15mg, 30mg	1	
MORPHINE SULFATE 10mg/5ml, 20mg/5ml	2	oral solution
<i>oxycodone hcl 15mg, 30mg, 5mg</i>	1	
OXYCODONE HCL 20mg/ml, 5mg	1	
<i>oxycodone w/ acetaminophen</i>	1	

- PA – Prior Authorization – Pre Autorización
- QL – Quantity Limit – Medicamento tiene Cantidad Limitada
- ST – Step Therapy – Debe haber utilizado una terapia de medicamento previa a este
- B/D – Part B or D – Medicamento esta en ambas parte B o D y dependiendo del uso así es la cubierta
- LA - Limit Access – Acceso Limitado (medicamentos especializados que su distribución es limitada puede ser por farmacia especializada)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ aspirin</i>	1	
ROXICET SOL 5-325/5	2	
NON-NARCOTIC ANALGESICS		
<i>tramadol hcl tab 50 mg</i>	1	
<i>tramadol-acetaminophen</i>	1	
NSAIDS		
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen</i>	1	
INDOCIN	2	suspension
<i>indomethacin</i>	1	
<i>ketoprofen</i>	1	
<i>meloxicam</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
VIMOVO	2	
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.)</i>	1	
ANTI-INFECTIVES		
ANTIBACTERIALS		
<i>amikacin sulfate</i>	1	
<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin & sulbactam sodium</i>	1	
<i>ampicillin sodium</i>	1	
AVELOX	2	
AVELOX ABC PACK	2	
<i>azithromycin</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
BICILLIN C-R	2	
BICILLIN L-A	2	
<i>cefaclor</i>	1	
CEFACLOR ER	2	
<i>cefadroxil</i>	1	
CEFAZOLIN INJ 1GM/50ML	2	
<i>cefazolin sodium</i>	1	
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1	
<i>cefotaxime sodium</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftriaxone sodium</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin</i>	1	
CIPRO	2	suspension
<i>cipro i.v.</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl</i>	1	
<i>clarithromycin</i>	1	
<i>dicloxacillin sodium</i>	1	
<i>doxycycline (monohydrate)</i>	1	
<i>doxycycline hyclate</i>	1	
ERYPED 200	2	
ERYTHROCIN LACTOBIONATE	2	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin stearate</i>	1	
<i>gentamicin in saline</i>	1	
<i>gentamicin sulfate</i>	1	
<i>minocycline hcl</i>	1	
<i>nafcillin sodium</i>	1	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
<i>penicillin g potassium</i>	1	
PENICILLIN G PROCAINE	2	
<i>penicillin v potassium</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sodium-tazobactam sodium</i>	1	
<i>streptomycin sulfate</i>	1	
SULFADIAZINE	2	
SUPRAX	2	
<i>tetracycline hcl</i>	1	
<i>tobramycin sulfate</i>	1	
ANTIFUNGALS		
<i>amphotericin b</i>	1	B/D
ANCOBON	2	
CANCIDAS	2	
<i>clotrimazole</i>	1	
<i>fluconazole</i>	1	
<i>fluconazole in dextrose</i>	1	
GRIS-PEG	2	
<i>griseofulvin microsize</i>	1	
<i>itraconazole</i>	1	PA
<i>ketoconazole</i>	1	
NOXAFIL	2	
<i>nystatin</i>	1	
<i>terbinafine hcl</i>	1	QL (90 tabs / year)
VFEND IV	2	
VFEND SUS 40MG/ML	2	
<i>voriconazole</i>	2	
ANTIMALARIALS		
<i>chloroquine phosphate</i>	1	
COARTEM	2	
DARAPRIM	2	
MALARONE	2	
<i>mefloquine hcl</i>	1	
ANTIRETROVIRAL AGENTS		
APTIVUS	2	
ATRIPLA	2	
COMBIVIR	2	
CRIXIVAN	2	
<i>didanosine</i>	1	
EDURANT	2	
EMTRIVA	2	
EPIVIR	2	

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Drug Name	Drug Tier	Requirements/Limits
EPZICOM	2	
FUZEON	2	
INTELENCE	2	
INVIRASE	2	
ISENTRESS	2	
KALETRA	2	
LEXIVA	2	
NORVIR	2	
PREZISTA	2	
RESCRIPTOR	2	
RETROVIR IV INFUSION	2	
REYATAZ	2	
SELZENTRY	2	
<i>stavudine</i>	1	
SUSTIVA	2	
TRIZIVIR	2	
TRUVADA	2	
VIDEX	2	
VIRACEPT	2	
VIRAMUNE	2	
VIRAMUNE XR	2	
VIREAD	2	
ZIAGEN	2	
<i>zidovudine</i>	1	
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	2	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	
MYCOBUTIN	2	
PASER	2	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
SEROMYCIN	2	
TRECTOR	2	
ANTIVIRALS		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	
BARACLUDE	2	

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Drug Name	Drug Tier	Requirements/Limits
EPIVIR HBV	2	
<i>famciclovir</i>	1	
<i>ganciclovir 250mg</i>	1	
<i>ganciclovir 500mg</i>	2	
<i>ganciclovir inj 500mg</i>	1	B/D
HEPSERA	2	PA
REBETOL	2	PA
RELENZA DISKHALER	2	
<i>ribavirin (hepatitis c) 200mg</i>	1	PA
<i>ribavirin (hepatitis c) 200mg, 400mg, 600mg</i>	2	PA
<i>rimantadine hydrochloride</i>	1	
TAMIFLU	2	
TYZEKA	2	PA
<i>valacyclovir hcl</i>	1	
VALCYTE	2	
VICTRELIS	2	PA

MISCELLANEOUS

ALBENZA	2	
ALINIA 100mg/5ml	2	QL (3 bottles / 30 days)
ALINIA 500mg	2	QL (12 tabs / 30 days)
CLEOCIN CAP 75MG	2	
CLEOCIN PED SOL 75MG/5ML	2	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate</i>	1	
<i>colistimethate sodium</i>	1	B/D
CUBICIN	2	B/D
<i>dapsone</i>	1	
<i>erythromycin-sulfisoxazole</i>	1	
INVANZ	2	
MACRODANTIN CAP 25MG	2	
<i>mebendazole</i>	1	
MEPRON	2	
<i>methenamine hippurate</i>	1	
<i>metronidazole</i>	1	
<i>metronidazole in nacl</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
PRIMAXIN	2	
<i>sulfamethoxazole-trimethoprim</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole/trimetho</i>	1	
<i>trimethoprim</i>	1	
TYGACIL	2	
VANCOCIN HCL	2	
<i>vancomycin hcl</i>	1	B/D
ZYVOX	2	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BICNU	2	B/D
BUSULFEX	2	B/D
CEENU	2	
<i>cyclophosphamide</i>	1	B/D
<i>dacarbazine</i>	1	B/D
EMCYT	2	
HEXALEN	2	
IFEX	2	B/D
<i>ifosfamide</i>	2	B/D
LEUKERAN	2	
<i>melphalan hcl</i>	1	B/D
MUSTARGEN	2	B/D
TREANDA	2	B/D

ANTHRACYCLINES

<i>daunorubicin hcl</i>	1	B/D
DAUNOXOME	2	B/D
DOXIL	2	B/D
<i>doxorubicin hcl</i>	1	B/D
<i>epirubicin hcl</i>	2	B/D
<i>idarubicin hcl</i>	1	B/D

ANTIBIOTICS

<i>bleomycin sulfate</i>	1	B/D
COSMEGEN	2	B/D
<i>mitomycin</i>	1	B/D

ANTIMETABOLITES

ALIMTA	2	B/D
<i>cytarabine</i>	1	B/D
<i>fluorouracil</i>	1	B/D
<i>gemcitabine hcl</i>	2	B/D
<i>mercaptopurine</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium</i> 1gm, 25mg/ml	1	B/D
<i>pentostatin</i>	1	B/D
TABLOID	2	
VIDAZA	2	B/D
ANTIMITOTIC, TAXOIDS		
<i>paclitaxel</i>	2	B/D
TAXOTERE	2	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
VINBLASTINE SULFATE	2	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i>	1	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	2	B/D
CAMPATH	2	B/D
HERCEPTIN	2	B/D
ISTODAX	2	B/D
ONTAK	2	B/D
PROLEUKIN	2	B/D
RITUXAN	2	PA
VELCADE	2	B/D
ZOLINZA	2	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i>	1	
<i>bicalutamide</i>	1	
DEPO-PROVERA INJ 400/ML	2	B/D
<i>exemestane</i>	1	
FARESTON	2	
FASLODEX	2	B/D
<i>flutamide</i>	1	
<i>letrozole</i>	1	
<i>leuprolide acetate</i>	1	PA
LUPRON DEPOT	2	PA
LUPRON DEPOT-PED	2	PA
MEGACE ES	2	
<i>megestrol acetate</i>	1	
NILANDRON	2	
<i>tamoxifen citrate</i>	1	
TRELSTAR DEPOT MIXJECT	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
TRELSTAR LA MIXJECT	2	B/D
TRELSTAR MIXJECT	2	B/D
ZYTIGA	2	PA
<i>KINASE INHIBITORS</i>		
AFINITOR	2	
GLEEVEC	2	
NEXAVAR	2	
SPRYCEL	2	
SUTENT	2	
TARCEVA	2	
TASIGNA	2	
TYKERB	2	
VANDETANIB	2	
VOTRIENT	2	
<i>MISCELLANEOUS</i>		
DROXIA	2	
ELSPAR	2	B/D
<i>hydroxyurea</i>	1	
<i>irinotecan hcl</i>	2	B/D
LYSODREN	2	
MATULANE	2	
<i>mitoxantrone hcl</i>	2	B/D
PHOTOFRIN	2	B/D
TARGRETIN 75mg	2	
TRETINOIN 10mg	2	
TRISENOX	2	B/D
<i>NUCLEOSIDE ANALOGS</i>		
<i>cladribine</i>	1	B/D
<i>fludarabine phosphate</i>	2	B/D
<i>PLATINUM COORDINATION COMPLEX</i>		
<i>carboplatin</i>	1	B/D
<i>cisplatin</i>	1	B/D
<i>oxaliplatin</i>	2	B/D
<i>PROTECTIVE AGENTS</i>		
<i>amifostine crystalline</i>	2	B/D
<i>dexrazoxane</i>	1	B/D
ELITEK	2	B/D
<i>ifosfamide & mesna</i>	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>leucovor ca inj</i>	1	B/D
<i>leucovorin calcium 25mg, 5mg</i>	1	
LEUCOVORIN CALCIUM 10mg, 15mg	2	
<i>mesna</i>	1	B/D
MESNEX	2	

TOPOISOMERASE INHIBITORS

<i>etoposide</i>	1	B/D
<i>topotecan hcl</i>	2	B/D

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	

ACE INHIBITORS

<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	

ADRENOLYTICS, CENTRAL

<i>clonidine hcl</i>	1	
<i>guanfacine hcl</i>	1	

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone</i>	1	
<i>spironolactone</i>	1	

ALPHA BLOCKERS

<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>terazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
AZOR	2	
BENICAR HCT	2	
DIOVAN HCT	2	
EXFORGE	2	
EXFORGE HCT	2	
<i>losartan potassium & hydrochlorothiazide</i>	1	
TRIBENZOR	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
BENICAR	2	
DIOVAN	2	
<i>losartan potassium</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>	1	
<i>amiodarone inj 50mg/ml</i>	1	B/D
<i>disopyramide phosphate</i>	1	
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NORPACE CR	2	
PACERONE TAB 100MG	2	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
<i>sotalol hcl</i>	1	
TIKOSYN	2	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
CRESTOR	2	
LIPITOR	2	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>simvastatin</i>	1	
ANTILIPEMICS, MISCELLANEOUS		
ANTARA	2	
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
<i>fenofibrate</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized</i>	1	
<i>gemfibrozil</i>	1	
LIPOFEN	2	
NIASPAN	2	
TRICOR	2	
TRILIPIX	2	
WELCHOL	2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>labetalol hcl</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate</i>	1	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	1	
CARDIZEM CD	2	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl coated beads</i>	1	
<i>diltiazem hcl extended release beads</i>	1	
<i>felodipine</i>	1	
<i>isradipine</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine</i>	2	
<i>nisoldipine</i>	1	
<i>verapamil hcl</i>	1	

DIGITALIS GLYCOSIDES

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Drug Name	Drug Tier	Requirements/Limits
<i>digoxin</i>	1	
DIGOXIN SOL 50MCG/ML	1	
LANOXIN	2	
<i>DIRECT RENIN INHIBITORS/COMBINATIONS</i>		
AMTURNIDE	2	
TEKAMLO	2	
TEKTRNA	2	
TEKTRNA HCT	2	
VALTRNA	2	
<i>DIURETICS</i>		
<i>acetazolamide</i>	1	
<i>amiloride & hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>furosemide</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methazolamide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>toremide 100mg, 10mg, 20mg, 5mg</i>	1	
TORSEMIDE 20mg/2ml	2	
<i>triamterene & hydrochlorothiazide</i>	1	
<i>MISCELLANEOUS</i>		
BIDIL	2	
<i>hydralazine hcl</i>	1	
<i>methyldopa</i>	1	
<i>midodrine hcl</i>	1	
<i>minoxidil</i>	1	
RANEXA	2	
<i>NITRATES</i>		
ISORDIL TITRADOSE	2	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
NITRO-DUR	2	0.3mg, 0.8mg
<i>nitroglycerin</i>	1	patch

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Drug Name	Drug Tier	Requirements/Limits
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	
<i>PULMONARY ARTERIAL HYPERTENSION</i>		
ADCIRCA	2	PA
LETAIRIS	2	PA
REMODULIN	2	B/D
REVATIO	2	PA
TRACLEER	2	LA, PA
CENTRAL NERVOUS SYSTEM		
<i>ANTI-ANXIETY</i>		
<i>buspirone hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>ANTICONVULSANTS</i>		
BANZEL	2	
<i>carbamazepine</i>	1	
CELONTIN	2	
DILANTIN	2	
DILANTIN INFATABS	2	
<i>divalproex sodium</i>	1	
<i>ethosuximide</i>	1	
FELBATOL	2	
<i>gabapentin 100mg</i>	1	QL (1080 caps / 30 days)
<i>gabapentin 250mg/5ml</i>	1	QL (5 bottles / 30 days)
<i>gabapentin 300mg</i>	1	QL (360 caps / 30 days)
<i>gabapentin 400mg</i>	1	QL (270 caps / 30 days)
<i>gabapentin 600mg</i>	1	QL (180 tabs / 30 days)
<i>gabapentin 800mg</i>	1	QL (120 tabs / 30 days)
GABITRIL	2	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
LYRICA 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	2	QL (120 caps / 30 days)
LYRICA 300mg	2	QL (60 caps / 30 days)
<i>oxcarbazepine</i>	1	
PEGANONE	2	
<i>phenytoin</i>	1	
<i>phenytoin inj 50mg/ml</i>	1	
<i>phenytoin sodium extended</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>primidone</i>	1	
SABRIL	2	
TEGRETOL XR TAB 100MG	2	
<i>topiramate</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
VIMPAT	2	
<i>zonisamide</i>	1	
ANTIDEMENTIA		
<i>donepezil hydrochloride</i>	1	
EXELON 2mg/ml	2	soln
EXELON 4.6mg/24hr, 9.5mg/24hr	2	
<i>galantamine hydrobromide</i>	1	
NAMENDA	2	
NAMENDA TITRATION PAK	2	
<i>rivastigmine tartrate</i>	1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i>	1	
AMOXAPINE	2	
<i>bupropion hcl</i>	1	
<i>citalopram hydrobromide</i>	1	
<i>clomipramine hcl</i>	1	
CYMBALTA	2	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
EMSAM	2	
<i>fluoxetine hcl</i>	1	
<i>imipramine hcl</i>	1	
LEXAPRO	2	
<i>maprotiline hcl</i>	1	
MARPLAN	2	
<i>mirtazapine</i>	1	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl</i>	1	
<i>paroxetine hcl</i>	1	
<i>phenelzine sulfate</i>	1	
PRISTIQ	2	
<i>protriptyline hcl</i>	1	
<i>sertraline hcl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SURMONTIL	2	
<i>tranlycypromine sulfate</i>	1	
<i>trazodone hcl</i>	1	
<i>venlafaxine hcl</i>	1	
VIIBRYD	2	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i>	1	
APOKYN	2	
AZILECT	2	
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa-levodopa</i>	1	
COMTAN	2	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hydrochloride</i>	1	
<i>selegiline hcl</i>	1	
STALEVO 100	2	
STALEVO 125	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	
<i>trihexyphenidyl hcl</i>	1	
ANTIPSYCHOTICS		
ABILIFY	2	
ABILIFY DISCMELT	2	
CHLORPROMAZ INJ 25MG/ML	2	
<i>chlorpromazine hcl</i>	1	
<i>clozapine</i>	1	
FANAPT	2	
FANAPT TITRATION PACK	2	
FAZACLO	2	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
GEODON	2	
GEODON INJ	2	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
INVEGA	2	
INVEGA SUSTENNA	2	
LATUDA	2	
<i>loxapine succinate</i>	1	
ORAP	2	
<i>perphenazine</i>	1	
RISPERDAL CONSTA	2	
<i>risperidone</i> .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	ODT
<i>risperidone</i> .25mg, .5mg, 1mg, 1mg/ml, 2mg, 3mg, 4mg	1	
SAPHRIS	2	
SEROQUEL	2	
SEROQUEL XR	2	
<i>thioridazine hcl</i>	1	PA
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
ZYPREXA	2	
ZYPREXA ZYDIS	2	
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine</i>	1	PA
<i>dextroamphetamine sulfate</i>	1	PA
<i>methylphenidate hcl</i> 10mg, 20mg	1	
<i>methylphenidate hcl</i> 10mg, 10mg/5ml, 20mg, 5mg, 5mg/5ml	1	PA
STRATTERA	2	PA
HYPNOTICS		
<i>zaleplon</i>	1	QL (30 caps / 30 days)
<i>zolpidem tartrate</i>	1	QL (30 tabs / 30 days)
MIGRAINE		
<i>dihydroergotamine mesylate</i>	1	
<i>ergotamine w/ caffeine</i>	1	
MAXALT	2	QL (12 tabs / 30 days)
MAXALT-MLT	2	QL (12 ea / 30 days)
MIGERGOT	2	
<i>sumatriptan succinate</i> 100mg, 25mg, 50mg	1	QL (9 tabs / 30 days)
<i>sumatriptan succinate</i> 4mg/0.5ml, 6mg/0.5ml	1	QL (20 vials / 30 days)
MISCELLANEOUS		
GUANIDINE HCL	2	

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Drug Name	Drug Tier	Requirements/Limits
LITHIUM CARB TAB 300MG	1	
<i>lithium carbonate</i>	1	
LITHIUM CITRATE	2	
MESTINON	2	
MESTINON TIMESPAN	2	
NUDEXTA	2	PA
<i>pyridostigmine bromide</i>	1	
REGONOL	2	
RILUTEK	2	
XENAZINE	2	PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	2	PA
AVONEX	2	QL (4 syringes / 28 days), PA
COPAXONE	2	QL (30 syringes / 30 days), PA
EXTAVIA	2	QL (14 syringes / 28 days), PA
GILENYA	2	PA
REBIF	2	QL (12 syringes / 28 days), PA
REBIF TITRATION PACK	2	QL (12 syringes / 28 days), PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i>	1	
<i>carisoprodol</i>	1	QL (120 tabs / 30 days), PA
<i>chlorzoxazone</i>	1	PA
<i>cyclobenzaprine hcl</i>	1	PA
<i>dantrolene sodium</i>	1	
<i>metaxalone</i>	1	PA
<i>methocarbamol</i>	1	PA
<i>orphenadrine citrate</i>	1	PA
<i>orphenadrine w/ aspirin & caff</i>	1	PA
ROBAXIN INJ 100MG/ML	2	
<i>tizanidine hcl</i>	1	
NARCOLEPSY/CATAPLEXY		
NUVIGIL	2	PA
XYREM	2	LA, PA
PSYCHOTHERAPEUTIC-MISCELLANEOUS		

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Drug Name	Drug Tier	Requirements/Limits
ANTABUSE	2	
<i>buprenorphine hcl</i>	1	PA
<i>bupropion hcl (smoking deterrent)</i>	1	
CAMPRAL	2	PA
CHANTIX	2	PA
<i>naloxone hcl</i>	1	
<i>naltrexone hcl</i>	1	
NICOTROL INHALER	2	PA
NICOTROL NS	2	PA
<i>perphenazine-amitriptyline</i>	1	
SUBOXONE SL FILM	2	PA

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	2	PA
ANDRODERM	2	PA
ANDROXY	2	PA
<i>oxandrolone 2.5mg</i>	1	PA
<i>oxandrolone 10mg</i>	2	PA
TESTIM	2	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	

ANTIDIABETICS, INJECTABLE

ALCOHOL PREPS	2	
BYETTA	2	PA
HUMALOG	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 PEN	2	
HUMULIN N	2	
HUMULIN N U-100 PEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTR	2	
LANTUS	2	
LANTUS SOLOSTAR	2	

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Drug Name	Drug Tier	Requirements/Limits
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILL	2	
SYMLIN	2	PA
SYMLINPEN 120	2	PA
SYMLINPEN 60	2	PA
VICTOZA	2	QL (3 pens / 30 days)

ANTIDIABETICS, ORAL

<i>acarbose</i>	1	
ACTOPLUS MET	2	
ACTOS 15mg	2	QL (90 tabs / 30 days)
ACTOS 30mg	2	QL (45 tabs / 30 days)
ACTOS 45mg	2	QL (30 tabs / 30 days)
DUETACT	2	
<i>glimepiride</i> 1mg	1	QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> 2.5mg	1	QL (240 ea / 30 days)
<i>glipizide</i> 5mg	1	QL (120 ea / 30 days)
<i>glipizide</i> 5mg	1	QL (240 tabs / 30 days)
<i>glipizide er tab</i> 10mg	1	QL (60 ea / 30 days)
<i>glipizide-metformin hcl</i>	1	
<i>glyburide</i> 1.25mg	1	QL (480 tabs / 30 days)
<i>glyburide</i> 2.5mg	1	QL (240 tabs / 30 days)
<i>glyburide</i> 5mg	1	QL (120 tabs / 30 days)
<i>glyburide micronized</i> 1.5mg	1	QL (240 tabs / 30 days)
<i>glyburide micronized</i> 3mg	1	QL (120 tabs / 30 days)
<i>glyburide micronized</i> 6mg	1	QL (60 tabs / 30 days)
<i>glyburide-metformin</i>	1	
JANUMET	2	
JANUVIA	2	
KOMBIGLYZE XR	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl 1000mg, 850mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl 500mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl 750mg</i>	1	QL (90 ea / 30 days)
<i>metformin tab 500mg er</i>	1	QL (120 ea / 30 days)
<i>nateglinide</i>	1	
ONGLYZA	2	
PRANDIN	2	
BISPHOSPHONATES		
<i>alendronate sodium</i>	1	
BONIVA 150mg	2	
BONIVA 3mg/3ml	2	B/D
ZOMETA	2	B/D
CALCITONINS		
<i>calcitonin (salmon)</i>	1	
MIACALCIN	2	B/D
CALCIUM RECEPTOR ANTAGONISTS		
SENSIPAR	2	
CHELATING AGENTS		
EXJADE	2	PA
<i>sodium polystyrene sulfonate</i>	1	
SYPRINE	2	
CONTRACEPTIVES		
<i>desogestrel & ethinyl estradiol</i>	1	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
<i>ethynodiol diacet & eth estrad</i>	1	
<i>levonorgestrel & eth estradiol</i>	1	
<i>levonorgestrel (emergency oc)</i>	1	
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i>	1	
NECON 10/11-28	2	
<i>norethin acet & estrad-fe</i>	1	
<i>norethindrone & eth estradiol</i>	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acet & eth estra</i>	1	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	1	
<i>norethindrone-eth estradiol (triphasic)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol</i>	1	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	
<i>norgestrel & ethinyl estradiol</i>	1	
NUVARING	2	
ORTHO EVRA	2	
ORTHO TRI-CYCLEN LO	2	
<i>zovia</i>	1	
ENDOMETRIOSIS		
<i>danazol</i>	1	
SYNAREL	2	
ENZYME REPLACEMENTS		
ADAGEN	2	PA
ALDURAZYME	2	PA
BUPHENYL	2	
CEREZYME	2	PA
CYSTADANE	2	
CYSTAGON	2	
ELAPRASE	2	PA
FABRAZYME	2	PA
KUVAN	2	PA
<i>levocarnitine (metabolic modifiers)</i>	1	B/D
MYOZYME	2	PA
NAGLAZYME	2	PA
ORFADIN	2	PA
VPRIV	2	PA
ZAVESCA	2	PA
ESTROGEN/PROGESTINS		
<i>norethindrone acetate-ethinyl estradiol</i>	1	
ESTROGENS		
ESTRADERM	2	
<i>estradiol</i>	1	
<i>estropipate</i>	1	PA
VAGIFEM	2	
VIVELLE-DOT	2	
GLUCOCORTICOIDS		
<i>cortisone acetate</i>	1	
<i>dexamethasone</i>	1	
DEXAMETHASONE INTENSOL	2	

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<i>dexamethasone sodium phosphate</i>	1	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone sod succinate</i>	1	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sod succ</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
PREDNISONO INTENSOL	2	
SOLU-CORTEF	2	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	2	
HUMAN GROWTH HORMONES		
NORDITROPIN FLEXPRO	2	PA
NORDITROPIN NORDIFLEX PEN	2	PA
MISCELLANEOUS		
<i>cabergoline</i>	1	
<i>chorionic gonadotropin</i>	1	PA
INCRELEX	2	PA
<i>octreotide acetate</i>	2	PA
PROLIA	2	PA
SANDOSTATIN LAR DEPOT	2	PA
SOMATULINE DEPOT	2	PA
SOMAVERT	2	PA
PARATHYROID HORMONES		
FORTEO	2	PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i>	1	
FOSRENOL	2	
PHOSLO	2	
RENAGEL	2	
RENVELA	2	
PROGESTINS		
<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
EVISTA	2	
THYROID AGENTS		
<i>levothyroxine sodium</i>	1	
<i>liothyronine sodium</i>	1	
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
SYNTHROID	2	
VASOPRESSINS		
<i>desmopressin acetate</i>	1	
<i>desmopressin acetate refrigerated</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
GASTROINTESTINAL		
ANTIEMETICS		
<i>dronabinol</i>	2	QL (60 caps / 30 days), PA
EMEND 80mg	2	B/D, QL (4 caps / 30 days)
EMEND 125mg	2	B/D, QL (2 caps / 30 days)
EMEND 40mg	2	
<i>granisetron hcl</i>	1	B/D
<i>meclizine hcl</i>	1	
<i>metoclopramide hcl</i>	1	
<i>ondansetron</i>	1	B/D
<i>ondansetron hcl</i>	1	B/D
<i>ondansetron inj</i>	1	B/D
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl</i>	1	PA
<i>promethazine hcl inj</i>	1	
SANCUSO	2	QL (4 ptch / 30 days)
TRANSDERM-SCOP	2	QL (24 ea / year), PA
<i>trimethobenzamide hcl</i>	1	PA
ANTISPASMODICS		
<i>dicyclomine hcl</i>	1	PA
<i>dicyclomine inj</i>	1	
<i>glycopyrrolate</i>	1	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine inj 150mg/ml</i>	1	
<i>cimetidine sol 300/5ml</i>	1	
<i>famotidine</i>	1	
<i>ranitidine hcl</i>	1	
INFLAMMATORY BOWEL DISEASE		
APRISO	2	
<i>balsalazide disodium</i>	1	
CANASA	2	
ENTOCORT EC	2	
<i>hydrocortisone (intrarectal)</i>	1	
LIALDA	2	
<i>mesalamine</i>	1	
PENTASA	2	
<i>sulfasalazine</i>	1	
LAXATIVES		
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	
<i>polyethylene glycol 3350</i>	1	
RELISTOR	2	PA
MISCELLANEOUS		
AMITIZA	2	
CARAFATE	2	
<i>diphenoxylate w/ atropine</i>	1	PA
GASTROCROM	2	
<i>loperamide hcl</i>	1	
LOTRONEX	2	
<i>misoprostol</i>	1	
<i>sucrafate</i>	1	
<i>ursodiol</i>	1	
XIFAXAN TAB 550MG	2	PA
PANCREATIC ENZYMES		
CREON	2	ST
PANCREAZE	2	
ZENPEP	2	
PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS		

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Drug Name	Drug Tier	Requirements/Limits
PREVPAC	2	
PROTON PUMP INHIBITORS		
DEXILANT	2	QL (30 ea / 30 days)
NEXIUM	2	QL (30 ea / 30 days)
NEXIUM GRANULES	2	QL (30 / 30 days)
NEXIUM I.V.	2	
<i>omeprazole 10mg</i>	1	QL (30 ea / 30 days)
<i>omeprazole 20mg</i>	1	QL (60 ea / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>finasteride</i>	1	
<i>tamsulosin hcl</i>	1	
UROXATRAL	2	
MISCELLANEOUS		
<i>bethanechol chloride</i>	1	
ELMIRON	2	
<i>potassium citrate (alkalinizer)</i>	1	
URINARY ANTISPASMODICS		
DETROL LA	2	
ENABLEX	2	
GELNIQUE	2	
<i>oxybutynin chloride</i>	1	
<i>tropium chloride</i>	1	
VESICARE	2	
VAGINAL ANTI-INFECTIVES		
CLEOCIN VAG SUPP 100MG	2	
<i>clindamycin cre 2% vag</i>	1	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal</i>	1	
HEMATOLOGIC		
ANTICOAGULANTS		
ARIXTRA	2	
COUMADIN	2	
<i>enoxaparin sodium</i>	1	
FRAGMIN	2	
HEP SOD/NAACL INJ 25000	2	B/D
<i>heparin (porcine) in sodium chloride</i>	1	B/D
<i>heparin sod (porcine) in d5w</i>	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
HEPARIN SOD INJ 2000/ML	2	B/D
<i>heparin sodium (porcine)</i>	1	B/D
PRADAXA	2	
<i>warfarin sodium</i>	1	

HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE	2	PA
LEUKINE	2	PA
MOZOBIL	2	PA
NEUPOGEN	2	PA
PROCRIT	2	PA

MISCELLANEOUS

<i>anagrelide hcl</i>	1	PA
<i>cilostazol</i>	1	
CYKLOKAPRON	2	
<i>pentoxifylline</i>	1	
PROMACTA	2	PA

PLATELET AGGREGATION INHIBITORS

AGGRENOX	2	
<i>dipyridamole</i>	1	PA
EFFIENT	2	
PLAVIX	2	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

ACTEMRA	2	PA
ENBREL	2	PA
HUMIRA	2	PA
<i>hydroxychloroquine sulfate</i>	1	
<i>leflunomide</i>	1	
<i>methotrexate sodium 2.5mg</i>	1	
REMICADE	2	PA
RHEUMATREX	2	

IMMUNOGLOBULINS

GAMASTAN S/D	2	B/D
GAMMAGARD LIQUID	2	PA
GAMUNEX	2	PA

IMMUNOMODULATORS

ACTIMMUNE	2	PA
ARCALYST	2	PA

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Drug Name	Drug Tier	Requirements/Limits
INFERGEN	2	PA
INTRON-A	2	B/D
INTRON-A W/DILUENT	2	B/D
PEG-INTRON	2	PA
PEG-INTRON REDIPEN	2	PA
PEGASYS	2	PA
REVLIMID	2	LA, PA
THALOMID	2	PA
IMMUNOSUPPRESSANTS		
AZASAN	2	B/D
<i>azathioprine</i>	1	B/D
<i>azathioprine inj 100mg</i>	1	B/D
CELLCEPT	2	B/D
<i>cyclosporine</i>	1	B/D
<i>cyclosporine modified (for microemulsion)</i>	1	B/D
<i>mycophenolate mofetil</i>	1	B/D
MYFORTIC	2	B/D
NEORAL	2	B/D
PROGRAF	2	B/D
RAPAMUNE	2	B/D
SANDIMMUNE	2	B/D
<i>tacrolimus .5mg, 1mg</i>	1	B/D
<i>tacrolimus 5mg</i>	2	B/D
ZORTRESS	2	B/D
VACCINES		
ACTHIB	2	
ADACEL	2	
BOOSTRIX	2	
CERVARIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	B/D
DIPHThERIA/TETANUS TOXOID	2	B/D
ENGERIX-B	2	B/D
GARDASIL	2	
HAVRIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	

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Drug Name	Drug Tier	Requirements/Limits
IXIARO	2	
JE-VAX	2	
M-M-R II W/DILUENT 10 DOS	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D
ROTATEQ	2	
TETANUS TOXOID ADSORBED	2	B/D
TETANUS/DIPHThERIA TOXOID	2	B/D
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

KLOR-CON M15	2	
<i>parenteral electrolytes</i>	1	B/D
<i>potassium chloride 10meq, 2meq/ml, 8meq</i>	1	
<i>potassium chloride microencapsulated crystals cr</i>	1	
<i>sodium chloride 2.5meq/ml</i>	1	

IV NUTRITION

<i>amino acid electrolyte infusion</i>	1	B/D
<i>amino acid infusion</i>	1	B/D
AMINOSYN	2	B/D
AMINOSYN II	2	B/D
AMINOSYN II 3.5%/DEXTROSE	2	B/D
AMINOSYN II 3.5/DEXTROSE	2	B/D
AMINOSYN II 4.25/DEXTROSE	2	B/D
AMINOSYN II 5/DEXTROSE 25	2	B/D
AMINOSYN II M 3.5%/DEXTRO	2	B/D
AMINOSYN M	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-HBC	2	B/D
AMINOSYN-PF	2	B/D
AMINOSYN-PF 7%	2	B/D
CLINIMIX 2.75%/DEXTROSE 5	2	B/D
CLINIMIX 4.25%/DEXTROSE 1	2	B/D
CLINIMIX 4.25%/DEXTROSE 2	2	B/D
CLINIMIX 4.25%/DEXTROSE 5	2	B/D
CLINIMIX 5%/DEXTROSE 15%	2	B/D
CLINIMIX 5%/DEXTROSE 20%	2	B/D
CLINIMIX 5%/DEXTROSE 25%	2	B/D
CLINIMIX E 2.75%/DEXTROSE	2	B/D
CLINIMIX E 4.25%/DEXTROSE	2	B/D
CLINIMIX E 5%/DEXTROSE 15	2	B/D
CLINIMIX E 5%/DEXTROSE 20	2	B/D
CLINIMIX E 5%/DEXTROSE 25	2	B/D
<i>fat emulsion</i>	1	B/D
FREAMINE III 3%	2	B/D
HEPATASOL	2	B/D
INTRALIPID	2	B/D
LIPOSYN II	2	B/D
LIPOSYN III	2	B/D
NEPHRAMINE	2	B/D
PREMASOL	2	B/D
PROCALAMINE	2	B/D
PROSOL	2	B/D
TRAVASOL	2	B/D
TROPHAMINE	2	B/D

IV REPLACEMENT SOLUTIONS

<i>dextrose</i>	1	
DEXTROSE 5%	2	
DEXTROSE 5%/POTASSIUM CHL	2	
<i>dextrose w/ sodium chloride</i>	1	
<i>electrolyte-m in dextrose</i>	1	
<i>electrolyte-r</i>	1	
<i>electrolyte-r in dextrose</i>	1	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
IONOSOL-T/DEXTROSE 5%	2	
ISOLYTE-H/DEXTROSE 5%	2	

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Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S/DEXTROSE 5%	2	
KCL 0.15%/D10W/NACL 0.2%	2	
KCL 0.15%/D5W/LR	2	
KCL 0.15%/D5W/NACL 0.225%	2	
KCL 0.3%/D5W/NACL 0.9%	2	
<i>lactated ringer's</i>	1	
MAGNESIUM SULFATE IN D5W	2	
NORMOSOL-R	2	
PLASMA-LYTE 56	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PLASMA-LYTE-148/D5W	2	
PLASMA-LYTE-56/D5W	2	
<i>potassium chloride .4meq/ml, 10meq/100ml, 10meq/50ml, 30meq/100ml</i>	1	
POTASSIUM CHLORIDE 0.3%/	2	
<i>potassium chloride in d5w lactated ringers</i>	1	
<i>potassium chloride in dextrose</i>	1	
<i>potassium chloride in dextrose & sodium chloride</i>	1	
<i>potassium chloride in nacl</i>	1	
<i>ringer's</i>	1	
<i>sodium chloride .45%, .9%, 3%, 5%</i>	1	
VITAMINS		
<i>calcitriol</i>	1	B/D
ZEMPLAR	2	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	1	
BLEPHAMIDE S.O.P.	2	
<i>neomycin-polymy-dexameth</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
<i>sulfacetamide sod-prednisolone</i>	1	
<i>tobramycin-dexamethasone</i>	1	
ANTI-INFECTIVES		
AZASITE	2	
<i>bacitracin (ophthalmic)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b (ophth)</i>	1	
CILOXAN	2	
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gentamicin sulfate (ophth)</i>	1	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymy-gramicid</i>	1	
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (ophth)</i>	1	
<i>tobramycin sulfate (ophth)</i>	1	
TOBREX OINT 0.3%	2	
<i>trifluridine</i>	1	
VIGAMOX	2	
ZYMAR	2	
ZYMAXID	2	
ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>diclofenac sodium (ophth)</i>	1	
<i>fluorometholone (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	oint
<i>ketorolac tromethamine (ophth)</i>	1	
<i>prednisolone acetate (ophth)</i>	1	
PREDNISOLONE SODIUM PHOSP	2	
ANTIALLERGICS		
ALREX	2	
<i>azelastine hcl (ophth)</i>	1	
<i>cromolyn sodium (ophth)</i>	1	
PATADAY	2	
PATANOL	2	
ANTIGLAUCOMA		
ALPHAGAN P	2	
AZOPT	2	
<i>betaxolol hcl (ophth)</i>	1	
BETOPTIC-S	2	
<i>brimonidine tartrate</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carteolol hcl (ophth)</i>	1	
COMBIGAN	2	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>latanoprost</i>	1	QL (2.5ml / 30 days)
<i>levobunolol hcl</i>	1	
LUMIGAN	2	QL (2.5ml / 30 days)
<i>metipranolol</i>	1	
PILOPINE HS	2	
<i>timolol maleate (ophth) .25%, .5%</i>	1	gel
<i>timolol maleate (ophth) .25%, .5%</i>	1	
TRAVATAN Z	2	QL (2.5ml / 30 days)

MISCELLANEOUS

LACRISERT	2	
<i>naphazoline hcl</i>	1	
<i>proparacaine hcl</i>	1	
RESTASIS	2	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

COMBIVENT	2	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol</i>	1	B/D

ANTICHOLINERGICS

ATROVENT HFA	2	QL (2 inhalers / 30 days)
<i>ipratropium bromide (nasal)</i>	1	
<i>ipratropium sol inhal</i>	1	B/D
SPIRIVA HANDHALER	2	QL (30 caps / 30 days)

ANTI-HISTAMINES

ASTEPRO	2	QL (2 spray-bottles / 30 days)
<i>azelastine hcl</i>	1	QL (2 bottles / 30 days)
<i>cetirizine hcl</i>	1	
<i>clemastine fumarate</i>	1	
<i>cyproheptadine hcl</i>	1	PA
<i>diphenhydram inj 50mg/ml</i>	1	
<i>fexofenadine hcl</i>	1	
<i>hydroxyzine hcl</i>	1	PA
<i>hydroxyzine hcl inj</i>	1	
<i>hydroxyzine pamoate</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine tab 5 mg</i>	1	
BETA AGONISTS		
<i>albuterol sulfate .083%, .5%, .63mg/3ml, 1.25mg/3ml</i>	1	B/D
<i>albuterol sulfate 2mg, 2mg/5ml, 4mg, 8mg</i>	1	
FORADIL AEROLIZER	2	QL (60 caps / 30 days)
<i>levalbuterol hcl</i>	1	B/D
PERFOROMIST	2	B/D
PROAIR HFA	2	QL (2 inhalers / 30 days)
SEREVENT DISKUS	2	QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i>	1	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
SINGULAIR	2	
<i>zafirlukast</i>	1	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	1	B/D
MISCELLANEOUS		
<i>acetylcysteine</i>	1	B/D
ARALAST NP	2	PA
CAYSTON	2	PA
<i>epinephrine hcl</i>	1	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
<i>promethazine & phenylephrine</i>	1	PA
PULMOZYME	2	B/D
TOBI	2	B/D
XOLAIR	2	PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i>	1	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	1	QL (1 bottle / 30 days)
NASACORT AQ	2	QL (1 inhaler / 30 days)
STEROID INHALANTS		
ASMANEX 120 METERED DOSES	2	QL (2 inhalers / 30 days)
ASMANEX 14 METERED DOSES	2	QL (2 inhalers / 30 days)
ASMANEX 30 METERED DOSES	2	QL (2 inhalers / 30 days)
ASMANEX 60 METERED DOSES	2	QL (2 inhalers / 30 days)
<i>budesonide (inhalation)</i>	1	B/D
QVAR	2	QL (3 inhalers / 30 days)

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STEROID/BETA-AGONIST COMBINATIONS		
DULERA	2	QL (1 inhaler / 30 days)
SYMBICORT	2	QL (1 inhalers / 30 days)
XANTHINES		
<i>aminophylline</i>	1	
ELIXOPHYLLIN	2	
THEO-24	2	
<i>theophylline</i>	1	
TOPICAL		
DERMATOLOGY, ACNE		
<i>adapalene</i>	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>clindamycin phosphate (topical)</i>	1	
<i>clindamycin phosphate-benzoyl peroxide</i>	1	
<i>erythromycin (acne aid)</i>	1	
<i>isotretinoin cap 10 mg</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
<i>tretinoin .01%, .025%, .05%, .1%</i>	1	
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC	2	
<i>fluorouracil (topical)</i>	1	
SOLARAZE	2	
DERMATOLOGY, ANTIBIOTICS		
BACTROBAN	2	
<i>gentamicin sulfate (topical)</i>	1	
<i>mupirocin</i>	1	
<i>silver sulfadiazine</i>	1	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clotrimazole (topical)</i>	1	
<i>econazole nitrate</i>	1	
<i>ketoconazole (topical) 2%</i>	1	
<i>nystatin (topical)</i>	1	
<i>nystatin pow 100000</i>	1	
DERMATOLOGY, ANTIPRURITIC		
<i>hydrocortisone (rectal) 2.5%</i>	1	
ZONALON	2	

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Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIPSORIATICS		
<i>calcipotriene</i>	1	
DOVONEX	2	
OXSORALEN ULTRA	2	PA
TAZORAC	2	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical) 2%</i>	1	
<i>selenium sulfide</i>	1	
DERMATOLOGY, ANTIVIRALS		
DENAVIR	2	
ZOVIRAX	2	cream, ointment
DERMATOLOGY, CORTICOSTEROIDS		
<i>alclometasone dipropionate</i>	1	
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol propionate</i>	1	
<i>clobetasol propionate emollient base</i>	1	
DERMA-SMOOTHIE/FS BODY OIL	2	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>diflorasone diacetate</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluticasone propionate</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone (rectal) 1%</i>	1	
<i>hydrocortisone (topical)</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone furoate</i>	1	
<i>triamcinolone acetonide (topical)</i>	1	
DERMATOLOGY, IMMUNOMODULATORS		
ELIDEL	2	PA
PROTOPIC	2	PA
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl</i>	1	
<i>lidocaine-prilocaine</i>	1	
LIDODERM	2	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>imiquimod</i>	1	
<i>lactic acid (ammonium lactate)</i>	1	
PANRETIN	2	
PENNSAID	2	
<i>podofilox</i>	1	
TARGRETIN 1%	2	
VOLTAREN GEL 1%	2	
ZYCLARA	2	
DERMATOLOGY, ROSACEA		
METROGEL	2	
<i>metronidazole (topical)</i>	1	
ORACEA	2	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	1	
<i>permethrin</i>	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	2	PA
SANTYL	2	
<i>sodium chloride (gu irrigant)</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
EVOXAC	2	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	2	
<i>pilocarpine hcl (oral)</i>	1	
<i>triamcinolone acetonide (mouth)</i>	1	
OTIC		
<i>acetic acid (otic)</i>	1	
DERMOTIC	2	
<i>hydrocortisone w/acetic acid</i>	1	
<i>neomycin-polymyxin-hc (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	

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PHOSLO	29	PROGLYCEM	29
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<i>pilocarpine hcl (oral)</i>	43	PROLEUKIN	14
PILOPINE HS	39	PROLIA	29
<i>pindolol</i>	18	PROMACTA	33
<i>piperacillin sodium-tazobactam sodium</i>	10	<i>promethazine & phenylephrine</i>	40
<i>piroxicam</i>	8	<i>promethazine hcl</i>	30
PLASMA-LYTE 56	37	<i>promethazine hcl inj</i>	30
PLASMA-LYTE A	37	<i>propafenone hcl</i>	17
PLASMA-LYTE-148	37	<i>proparacaine hcl</i>	39
PLASMA-LYTE-148/D5W	37	<i>propranolol hcl</i>	18
PLASMA-LYTE-56/D5W	37	<i>propylthiouracil</i>	30
PLAVIX	33	PROQUAD	35
<i>podofilox</i>	43	PROSOL	36
<i>polyethylene glycol 3350</i>	31	PROTOPIC	42
<i>polymyxin b-trimethoprim</i>	38	<i>protriptyline hcl</i>	21
<i>potassium chloride</i>	35, 37	PULMOZYME	40
POTASSIUM CHLORIDE 0.3%/	37	<i>pyrazinamide</i>	11
<i>potassium chloride in d5w lactated ringers</i>	37	<i>pyridostigmine bromide</i>	24
<i>potassium chloride in dextrose</i>	37		
<i>potassium chloride in dextrose & sodium chloride</i>	37	Q	
<i>potassium chloride in nacl</i>	37	<i>quinapril hcl</i>	16
<i>potassium chloride microencapsulated crystals cr</i>	35	<i>quinapril-hydrochlorothiazide</i>	16
<i>potassium citrate (alkalinizer)</i>	32	<i>quinidine gluconate</i>	17
PRADAXA	33	<i>quinidine sulfate</i>	17
<i>pramipexole dihydrochloride</i>	22	QVAR	40
PRANDIN	27		
<i>pravastatin sodium</i>	17	R	
<i>prazosin hcl</i>	16	RABAVERT	35
<i>prednisolone acetate (ophth)</i>	38	<i>ramipril</i>	16
PREDNISOLONE SODIUM PHOSP	38	RANEXA	19
<i>prednisolone sodium phosphate</i>	29	<i>ranitidine hcl</i>	31
<i>prednisone</i>	29	RAPAMUNE	34
		REBETOL	12
		REBIF	24

REBIF TITRATION PACK	24
RECOMBIVAX HB	35
REGONOL	24
REGRANEX	43
RELENZA DISKHALER	12
RELISTOR	31
REMICADE	33
REMODULIN	20
RENAGEL	29
REVELA	29
RESCRIPTOR	11
RESTASIS	39
RETROVIR IV INFUSION	11
REVATIO	20
REVLIMID	34
REYATAZ	11
RHEUMATREX	33
<i>ribavirin (hepatitis c)</i>	12
<i>rifampin</i>	11
RILUTEK	24
<i>rimantadine hydrochloride</i>	12
<i>ringer's</i>	37
RISPERDAL CONSTA	23
<i>risperidone</i>	23
RITUXAN	14
<i>rivastigmine tartrate</i>	21
ROBAXIN INJ 100MG/ML	24
<i>ropinirole hydrochloride</i>	22
ROTATEQ	35
ROXICET SOL 5-325/5	8

S

SABRIL	21
SANCUSO	30
SANDIMMUNE	34
SANDOSTATIN LAR DEPOT	29
SANTYL	43
SAPHRIS	23
<i>selegiline hcl</i>	22
<i>selenium sulfide</i>	42
SELZENTRY	11
SENSIPAR	27
SEREVENT DISKUS	40
SEROMYCIN	11
SEROQUEL	23
SEROQUEL XR	23
<i>sertraline hcl</i>	21
<i>silver sulfadiazine</i>	41
<i>simvastatin</i>	17
SINGULAIR	40

<i>sodium chloride</i>	35, 37
<i>sodium chloride (gu irrigant)</i>	43
<i>sodium polystyrene sulfonate</i>	27
SOLARAZE	41
SOLU-CORTEF	29
SOMATULINE DEPOT	29
SOMAVERT	29
<i>sotalol hcl</i>	17
SPIRIVA HANDIHALER	39
<i>spironolactone</i>	16
<i>spironolactone & hydrochlorothiazide</i>	19
SPRYCEL	15
STALEVO 100	22
STALEVO 125	22
STALEVO 150	22
STALEVO 200	22
STALEVO 50	22
STALEVO 75	22
<i>stavudine</i>	11
STRATTERA	23
<i>streptomycin sulfate</i>	10
SUBOXONE SL FILM	25
<i>sucralfate</i>	31
<i>sulfacetamide sodium (acne)</i>	41
<i>sulfacetamide sodium (ophth)</i>	38
<i>sulfacetamide sod-prednisolone</i>	37
SULFADIAZINE	10
<i>sulfamethoxazole/trimetho</i>	13
<i>sulfamethoxazole-trimethoprim</i>	12
<i>sulfasalazine</i>	31
<i>sulindac</i>	8
<i>sumatriptan succinate</i>	23
SUPRAX	10
SURMONTIL	22
SUSTIVA	11
SUTENT	15
SYMBICORT	41
SYMLIN	26
SYMLINPEN 120	26
SYMLINPEN 60	26
SYNAREL	28
SYNTHROID	30
SYPRINE	27

T

TABLOID	14
<i>tacrolimus</i>	34
TAMIFLU	12
<i>tamoxifen citrate</i>	14
<i>tamsulosin hcl</i>	32

TARCEVA	15	TRELSTAR MIXJECT	15
TARGRETIN	15, 43	<i>tretinoin</i>	41
TASIGNA	15	TRETINOIN	15
TAXOTERE	14	<i>triamcinolone acetonide (mouth)</i>	43
TAZORAC	42	<i>triamcinolone acetonide (topical)</i>	42
TEGRETOL XR TAB 100MG	21	<i>triamterene & hydrochlorothiazide</i>	19
TEKAMLO	19	TRIBENZOR	17
TEKURNA	19	TRICOR	18
TEKURNA HCT	19	<i>trifluoperazine hcl</i>	23
<i>terazosin hcl</i>	17	<i>trifluridine</i>	38
<i>terbinafine hcl</i>	10	<i>trihexyphenidyl hcl</i>	22
<i>terbutaline sulfate</i>	40	TRILIPIX	18
<i>terconazole vaginal</i>	32	<i>trimethobenzamide hcl</i>	30
TESTIM	25	<i>trimethoprim</i>	13
<i>testosterone cypionate</i>	25	TRIPEDIA	35
<i>testosterone enanthate</i>	25	TRISENOX	15
TETANUS TOXOID ADSORBED	35	TRIZIVIR	11
TETANUS/DIPHThERIA TOXOID	35	TROPHAMINE	36
<i>tetracycline hcl</i>	10	<i>tropium chloride</i>	32
THALOMID	34	TRUVADA	11
THEO-24	41	TWINRIX	35
<i>theophylline</i>	41	TYGACIL	13
<i>thioridazine hcl</i>	23	TYKERB	15
<i>thiothixene</i>	23	TYPHIM VI	35
TIKOSYN	17	TYZEKA	12
<i>timolol maleate (ophth)</i>	39		
<i>tizanidine hcl</i>	24	U	
TOBI	40	ULORIC	7
<i>tobramycin sulfate</i>	10	UROXATRAL	32
<i>tobramycin sulfate (ophth)</i>	38	<i>ursodiol</i>	31
<i>tobramycin-dexamethasone</i>	37		
TOBREX OINT 0.3%	38	V	
<i>tolmetin sodium</i>	8	VAGIFEM	28
<i>topiramate</i>	21	<i>valacyclovir hcl</i>	12
<i>topotecan hcl</i>	16	VALCYTE	12
<i>torsemide</i>	19	<i>valproate sodium</i>	21
TORSEMIDE	19	<i>valproic acid</i>	21
TRACLEER	20	VALTURNA	19
<i>tramadol hcl tab 50 mg</i>	8	VANCOCIN HCL	13
<i>tramadol-acetaminophen</i>	8	<i>vancomycin hcl</i>	13
<i>trandolapril</i>	16	VANDETANIB	15
TRANSDERM-SCOP	30	VAQTA	35
<i>tranlycypromine sulfate</i>	22	VARIVAX	35
TRAVASOL	36	VELCADE	14
TRAVATAN Z	39	<i>venlafaxine hcl</i>	22
<i>trazodone hcl</i>	22	<i>verapamil hcl</i>	18
TREANDA	13	VESICARE	32
TRECTOR	11	VFEND IV	10
TRELSTAR DEPOT MIXJECT	14	VFEND SUS 40MG/ML	10
TRELSTAR LA MIXJECT	15	VICTOZA	26

VICTRELIS	12
VIDAZA.....	14
VIDEX	11
VIGAMOX.....	38
VIIBRYD	22
VIMOVO	8
VIMPAT.....	21
VINBLASTINE SULFATE.....	14
<i>vincristine sulfate</i>	14
<i>vinorelbine tartrate</i>	14
VIRACEPT	11
VIRAMUNE	11
VIRAMUNE XR.....	11
VIREAD.....	11
VIVELLE-DOT	28
VOLTAREN GEL 1%	43
<i>voriconazole</i>	10
VOTRIENT.....	15
VPRIV.....	28
W	
<i>warfarin sodium</i>	33
WELCHOL	18
X	
XENAZINE.....	24
XIFAXAN TAB 550MG	31
XOLAIR.....	40
XYREM	24

Y	
YF-VAX	35
Z	
<i>zafirlukast</i>	40
<i>zaleplon</i>	23
ZAVESCA	28
ZEMPLAR.....	37
ZENPEP	31
ZIAGEN.....	11
<i>zidovudine</i>	11
ZOLINZA	14
<i>zolpidem tartrate</i>	23
ZOMETA.....	27
ZONALON	41
<i>zonisamide</i>	21
ZORTRESS.....	34
ZOSTAVAX.....	35
<i>zovia</i>	28
ZOVIRAX.....	42
ZYCLARA.....	43
ZYMAR	38
ZYMAXID.....	38
ZYPREXA	23
ZYPREXA ZYDIS	23
ZYTIGA.....	15
ZYVOX.....	13