Group MedicareBlue℠ Rx (PDP)

Group Formulary

(List of covered drugs)
Effective January 1, 2015

2015

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

Formulary ID: 000015288 Version 6

This formulary was updated on 8/8/2014. For more recent information or other questions, please contact Group MedicareBlue Rx (PDP) at **1-877-838-3827** or, for TTY users, **711**, 8 a.m. to 8 p.m., daily, Central and Mountain Times, or visit **www.YourMedicareSolutions.com**.

Group MedicareBlue Rx (PDP) is a Medicare-approved Part D sponsor. Enrollment in Group MedicareBlue Rx depends on renewal of the plan sponsor's contract with Medicare.

S5743_ 082014_GB02 Internal Approval 08/26/2014

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

When this drug list (formulary) refers to "we," "us" or "our," it means Blue Cross and Blue Shield. When it refers to "plan" or "our plan," it means Group MedicareBlue Rx.

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2015. 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, premium and/or copayments/ coinsurance may change on January 1, 2016.

What is the formulary?

A formulary is a list of covered drugs selected by Group MedicareBlue Rx 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. Group MedicareBlue Rx will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a 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 (drug list) change?

Generally, if you are taking a drug on the 2015 formulary that was covered at the beginning of the year, the plan will not discontinue or reduce coverage of the drug during the 2015 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

Other types of formulary changes, such as removing a drug from the 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. Group MedicareBlue Rx feels 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 the plan, except for cases in which you can save additional money or improve the safety of your drugs.

If drugs are removed from the formulary, or prior authorization, quantity limits and/or step therapy restrictions are added to a drug, or a drug moves to a higher cost-sharing level, affected members will be notified 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 the formulary to be unsafe, or the drug's manufacturer removes the drug from the market, the drug will immediately be removed from the formulary and members who take the drug will be notified. If the plan makes a mid-year non-maintenance formulary change, members will be notified on their Explanation of Benefits or by other means as necessary. The printed formulary also will be updated with this change and a new PDF of the group formulary will be posted on **www.YourMedicareSolutions.com**. The online formulary will also be updated with the change. The enclosed formulary is current as of January 1, 2015. You can get updated information about the drugs covered by contacting us. Our contact information appears on the front and back cover pages.

How do I use the formulary?

There are two ways to find your drug in the formulary.

Medical condition

The formulary begins on page 5. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular." If you know what your drug is used for, look for the category name in the list that begins on page 5. 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 54. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs, including specialty 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 on the list.

What are generic drugs?

Group MedicareBlue Rx covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredients 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:** Group MedicareBlue Rx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from your plan before you fill your prescriptions. If you don't get approval, Group MedicareBlue Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, Group MedicareBlue Rx limits the amount of the drug that the plan will cover. For example, the plan provides 30 tablets per prescription for DEXILANT. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Group MedicareBlue Rx requires you to first try certain drugs to treat your medical condition before another drug will be covered for that condition. For example, if Drug A and Drug B both treat your medical condition, the plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Group MedicareBlue Rx 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 5. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the formulary?

If your drug is not included in this formulary, you should first contact your plan and ask if your drug is covered. If you learn that Group MedicareBlue Rx does not cover your drug, you have two options:

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

NOTE: Due to a change in Medicare, most Medicare Drug Plans do not cover sexual dysfunction products like Viagra, Cialis and Levitra. However, these may be covered on the Supplemental Drug List which is a separate list sent with this formulary. For more information, you can contact Group MedicareBlue Rx.

How do I request an exception to the formulary?

You can ask Group MedicareBlue Rx to make an exception to the coverage rules.

There are several types of exceptions that you can ask for:

- You can ask for your drug to be covered even if it is not on the formulary. 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 cover a formulary drug at a lower cost-sharing level. If approved this would lower the amount you must pay for your drug.
- You can ask for coverage restrictions or limits to be waived on your drug. For example, for certain drugs, Group MedicareBlue Rx limits the amount of the drug that will be covered. If your drug has a quantity limit, you can ask to have the limit waived and request the plan to cover a greater amount.

Generally, Group MedicareBlue Rx will only approve your request for an exception if the alternative drug is included on the plan's formulary, 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 your plan to ask for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, the plan must make a 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, a decision will be made no later than 24 hours after we receive 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 member in the plan, you may be taking drugs that are not on the formulary. Or, you may be taking a drug that is on the formulary but your ability to get it is limited. For example, you may need a prior authorization from the plan before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that is covered, or request a formulary exception so that the drug you take will be covered. While you talk to your doctor to determine the right course of action for you, your drug may be covered in certain cases during the first 90 days you are a member of the plan.

For each of your drugs that is not on the formulary or if your ability to get your drugs is limited, the plan will cover a temporary 30-day supply of a drug that is not on our formulary (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, the plan will not pay for these drugs, even if you have been a member 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 up to a 98-day transition supply, consistent with the dispensing increment (unless you have a prescription written for fewer days). Group MedicareBlue Rx will cover more than one refill of these drugs for the first 90 days you are a member of the plan. If you need a drug that is not on the formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in the plan, a 31-day emergency supply of that drug (unless you have a prescription for fewer days) will be covered while you pursue a formulary exception.

If you have a level of care change, such as being discharged from a hospital to your home or from a long-term care center to your home or a similar change in care settings, you may have to fill new prescriptions for the drugs you were taking in the hospital or long-term care facility. We have processes in place to make sure you can continue taking your prescriptions and not have a gap in your drug therapy.

If you **are not** a resident of a long-term care facility and have a level of care change, such as being discharged from a hospital to your home, a transition fill of each of your drugs will be provided automatically at your pharmacy. If you **are** a resident of a long-term care facility and have a level of care

change, such as being discharged from the long-term care facility to your home, your pharmacy will submit a request to allow you to get up to a 30-day supply of each of your drugs. Your pharmacist should be able to tell when he or she electronically files your claim that the prescription is the result of a level of care change. If the pharmacist cannot tell that from your claim, he or she can call the Pharmacy Help Desk and obtain the necessary permission to fill your prescription. That phone number is on the back of your member ID card.

For more information

For more detailed information about your Group MedicareBlue Rx prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions, contact us. Our contact information, along with the date we last updated the formulary, 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/ seven days a week. TTY hearing impaired users call **1-877-486-2048**. Or, visit **www.medicare.gov**.

Group MedicareBlue Rx covers four tiers of drugs:
Tier 1: Generic Drugs
Tier 2: Preferred Brand Drugs
Tier 3: Non-Preferred Brand Drugs
Tier 4: Specialty Drugs

Group MedicareBlue Rx formulary

The formulary that begins on page 5 provides coverage information about the drugs covered by Group MedicareBlue Rx. If you have trouble finding your drug on the list, turn to the Index that begins on page 54. The supplemental list of drugs for your plan is a separate list sent with this formulary.

Please refer to your plan's *Summary of Benefits* or *Evidence of Coverage* for information on prescription drug copayments and coinsurance amounts. The amount you pay will depend on your plan.

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., *glipizide*). The next column tells you into which cost-sharing tier the drug is categorized. The information in the Requirement/Limits column tells you if Group MedicareBlue Rx has any special utilization management requirements for coverage of that drug.

Please refer to your plan's *Summary of Benefits* or *Evidence of Coverage* for information on prescription drug copayments and coinsurance amounts. The amount you pay will depend on your plan option.

Most of the drugs on our formulary are also available by mail order. If you have questions about mail order please contact Customer Service. Our contact information appears on the front and back cover pages.

The key below can assist you as you read the information for your drug.

KEY

Uppercase = BRAND-NAME

Lower case italics = *generic*

1 = Tier 1: Preferred Generic drugs

2 = Tier 2: Non-Preferred Generic drugs

3 = Tier 3: Preferred Brand drugs

4 = Tier 4: Specialty drugs

B/D = Drugs that may be covered by Medicare Part B or Medicare Part D depending on the circumstance

LA = Limited Access

NM = Not available at mail order

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

Group MedicareBlue Rx

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol tab	1	
colchicine w/ probenecid	1	
COLCRYS	2	QL (120 tabs / 30 days)
probenecid	1	
ULORIC	2	ST
NSAIDS		
CELEBREX CAP 50MG	3	QL (60 caps / 30 days)
CELEBREX CAP 100MG	3	QL (60 caps / 30 days)
CELEBREX CAP 200MG	3	QL (60 caps / 30 days)
CELEBREX CAP 400MG	3	QL (60 caps / 30 days)
diclofenac potassium	1	
diclofenac sodium TB24; TBEC	1	
diflunisal	1	
etodolac	1	
etodolac er	1	
flurbiprofen TABS	1	
ibuprofen SUSP	1	
ibuprofen TABS 400mg, 600mg	1	
ibuprofen tab 800 mg	1	
ketoprofen CAPS	1	
MELOXICAM SUSP	1	
meloxicam TABS	1	
nabumetone TABS	1	
naproxen SUSP; TABS; TBEC	1	
naproxen sodium TABS 275mg, 550mg	1	
piroxicam CAPS	1	
sulindac TABS	1	
OPIOID ANALGESICS		
acetaminophen w/ codeine SOLN	1	QL (5000 mL / 30 days)
acetaminophen w/ codeine TABS	1	QL (400 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	1	
hydroco/apap tab 5-325mg	1	QL (360 tabs / 30 days)
hydroco/apap tab 7.5-325	1	QL (360 tabs / 30 days)
hydroco/apap tab 10-325mg	1	QL (360 tabs / 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15ml	1	QL (5400 mL / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	1	QL (150 tabs / 30 days)
tramadol hcl TABS	1	QL (240 tabs / 30 days)
tramadol-acetaminophen	1	
OPIOID ANALGESICS, CII		

Drug Name	Drug Tier	Requirements/Limits
DURAMORPH	1	B/D
endocet	1	QL (360 tabs / 30 days)
fentanyl 12mcg/hr, 25mcg/hr	1	QL (10 patches / 30 days)
fentanyl 50mcg/hr, 75mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
fentanyl citrate LPOP	4	QL (120 lozenges / 30 days), PA
hydromorphon inj 10mg/ml	1	B/D
hydromorphone hcl LIQD	1	
hydromorphone hcl TABS	1	QL (270 tabs / 30 days)
LAZANDA SPR 100MCG	4	QL (30 bottles / 30 days), PA
LAZANDA SPR 400MCG	4	QL (30 bottles / 30 days), PA
methadone hcl CONC	1	QL (120 mL / 30 days)
methadone hcl SOLN 5mg/5ml, 10mg/5ml	1	QL (600 mL / 30 days)
methadone hcl TABS	1	QL (240 tabs / 30 days)
morphine ext-rel tab 15mg, 30mg, 60mg, 100mg	1	QL (90 tabs / 30 days)
morphine ext-rel tab 200mg	1	QL (60 tabs / 30 days)
MORPHINE SUL INJ 1mg/ml, 4mg/ml, 10mg/ml, 15mg/ml	1	B/D
morphine sul inj .5mg/ml, 1mg/ml	1	B/D
morphine sulfate CP24 10mg, 20mg, 30mg, 50mg, 60mg	1	QL (60 caps / 30 days)
morphine sulfate CP24 80mg	4	QL (60 caps / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 8mg/ml	1	B/D
MORPHINE SULFATE TABS	1	QL (180 tabs / 30 days)
morphine sulfate beads	1	QL (60 caps / 30 days)
morphine sulfate cap 100mg er	4	QL (60 caps / 30 days)
MORPHINE SULFATE ORAL SOL	1	
oxycodone hcl CAPS	1	QL (180 caps / 30 days)
OXYCODONE HCL CONC	1	
oxycodone hcl SOLN	1	
oxycodone hcl TABS	1	QL (180 tabs / 30 days)
oxycodone hcl tab 5 mg	1	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen 2.5-325mg	1	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen 5-325mg	1	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen 7.5-325mg	1	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen 10-325mg	1	QL (360 tabs / 30 days)
roxicet soln	2	QL (1800 mL / 30 days soln)
roxicet tab 5-325mg	1	

ANESTHETICS

Drug Name	Drug Tier	Requirements/Limits
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.)	1	B/D
lidocaine inj 0.5%	1	B/D
lidocaine inj 1%	1	B/D
lidocaine inj 1.5%	1	B/D
lidocaine inj 2%	1	B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate SOLN	1	
gentamicin in saline	1	
gentamicin sulfate SOLN	1	
neomycin sulfate TABS	1	
paromomycin sulfate CAPS	1	
streptomycin sulfate SOLR	1	
sulfadiazine TABS	3	
tobramycin NEBU	4	B/D, NM
tobramycin sulfate SOLN; SOLR	1	
tobramycin sulfate in saline	2	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA	3	
ALINIA	3	
atovaquone SUSP	4	
AZACTAM	3	
AZACTAM/DEX INJ 1GM	3	
AZACTAM/DEX INJ 2GM	4	
aztreonam	1	
BILTRICIDE	2	
CAYSTON	4	NM, LA, PA
clindamycin cap 75mg	1	
clindamycin cap 300mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin phosphate inj	1	
clindamycin sol 75mg/5ml	1	
colistimethate sodium SOLR	1	
CUBICIN	4	B/D
dapsone TABS	1	
DARAPRIM	3	
e.s.p.	1	
ees/sulfisox sus 200-600	1	
imipenem-cilastatin	1	
INVANZ	3	
meropenem	1	
methenamine hippurate	1	
metronidazole TABS	1	
metronidazole in nacl	1	

Drug Name	Drug Tier	Requirements/Limits
NEBUPENT	3	B/D
nitrofurantoin macrocrystal	3	PA; 90 day limit if >64 yr
nitrofurantoin monohyd macro	3	PA; 90 day limit if >64 yr
PENTAM 300	3	
sulfamethoxazole-trimethoprim	1	
sulfamethoxazole-trimethoprim inj	1	
SYNERCID	4	
trimethoprim TABS	1	
TYGACIL	4	
vancomycin hcl CAPS	4	
vancomycin hcl SOLR	1	B/D
ZYVOX	4	
ANTIFUNGALS		
ABELCET	4	B/D
AMBISOME	4	B/D
amphotericin b SOLR	1	B/D
CANCIDAS	4	
ERAXIS	4	
fluconazole SUSR; TABS	1	
fluconazole in dextrose	1	
fluconazole in nacl	1	
flucytosine CAPS	4	
griseofulvin microsize	1	
griseofulvin ultramicrosize	1	
itraconazole CAPS	1	PA
ketoconazole TABS	1	PA
MYCAMINE	4	
NOXAFIL SUSP; TBEC	4	
nystatin TABS	1	
terbinafine hcl TABS	1	QL (90 tabs / 365 days)
voriconazole SOLR	1	
voriconazole SUSR; TABS	4	
ANTIMALARIALS		
atovaquone-proguanil hcl	1	
chloroquine phosphate TABS	1	
COARTEM	2	
mefloquine hcl	1	
PRIMAQUINE PHOSPHATE	2	
quinine sulfate CAPS	1	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate	1	
APTIVUS	4	
CRIXIVAN	3	

Drug Name	Drug Tier	Requirements/Limits
didanosine	1	
EDURANT	4	
EMTRIVA	2	
EPIVIR SOLN	2	
FUZEON	4	NM
INTELENCE 25mg	3	
INTELENCE 100mg, 200mg	4	
INVIRASE CAPS	3	
INVIRASE TABS	4	
ISENTRESS CHEW 25mg	2	
ISENTRESS CHEW 100mg	4	
ISENTRESS PACK	2	
ISENTRESS TABS	4	
lamivudine 150mg, 300mg	1	
LEXIVA SUSP	3	
LEXIVA TABS	4	
NEVIRAPINE SUSP	1	
nevirapine TABS; TB24	1	
NORVIR	2	
PREZISTA SUSP	4	
PREZISTA TABS 75mg, 150mg	2	
PREZISTA TABS 600mg, 800mg	4	
RESCRIPTOR	3	
RETROVIR IV INFUSION	2	
REYATAZ	4	
SELZENTRY	4	
stavudine	1	
SUSTIVA CAPS	2	
SUSTIVA TABS	4	
TIVICAY	4	
VIDEX PEDIATRIC	3	
VIRACEPT	4	
VIRAMUNE XR 100mg	3	
VIREAD	4	
ZIAGEN SOLN	3	
zidovudine	1	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine-zidovudine	4	
ATRIPLA	4	
COMPLERA	4	
EPZICOM	4	
KALETRA SOL	4	
KALETRA TAB 100-25MG	2	
KALETRA TAB 200-50MG	4	
lamivudine-zidovudine	4	

Drug Name	Drug Tier	Requirements/Limits
STRIBILD	4	
TRUVADA	4	QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	4	
ethambutol hcl TABS	1	
isoniazid TABS	1	
isoniazid inj 100 mg/ml	1	
isoniazid syp 50mg/5ml	1	
paser d/r	2	
PRIFTIN	3	
pyrazinamide	1	
rifabutin	1	
rifampin CAPS; SOLR	1	
RIFATER	3	
SIRTURO	4	LA, PA
TRECATOR	3	
ANTIVIRALS		
acyclovir CAPS; SUSP; TABS	1	
acyclovir sodium SOLN	1	B/D
acyclovir sodium SOLR 1000mg	1	B/D
adefovir dipivoxil	4	
BARACLUDE SOLN	2	
BARACLUDE TABS	4	
EPIVIR HBV SOLN	3	
famciclovir TABS	1	
foscarnet sodium	1	
ganciclovir inj 500mg	1	B/D
lamivudine 100mg	1	
moderiba 800 dose pack	4	NM, PA
moderiba pak 600/day	4	NM, PA
moderiba pak 1000/day	4	NM, PA
moderiba pak 1200/day	4	NM, PA
moderiba tab 200mg	1	NM, PA
OLYSIO	4	NM, PA
REBETOL SOLN	4	NM, PA
RELENZA DISKHALER	2	
ribapak mis 600/day	4	NM, PA
ribasphere CAPS	1	NM, PA
ribasphere TABS 200mg, 400mg	1	NM, PA
ribasphere TABS 600mg	4	NM, PA
ribasphere ribapak 800	4	NM, PA
ribasphere ribapak 1000	4	NM, PA
ribasphere ribapak 1200	4	NM, PA
ribavirin 200mg	1	NM, PA
rimantadine hydrochloride	1	

Drug Name	Drug Tier	Requirements/Limits
SOVALDI	4	NM, PA
TAMIFLU	2	
TYZEKA	4	
valacyclovir hcl TABS	1	
VALCYTE	4	
VICTRELIS	4	NM, PA
CEPHALOSPORINS		
cefaclor	1	
cefaclor monohydrate er	2	
cefadroxil	1	
cefazolin in d5w	2	
cefazolin inj	1	
cefazolin sodium 1gm, 20gm	1	
cefdinir	1	
cefepime hcl	1	
cefotaxime sodium	1	
cefoxitin sodium	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftazidime 1gm, 2gm, 6gm	1	
CEFTAZIDIME/DEXTROSE	3	
ceftriaxone sodium SOLR	1	
cefuroxime axetil TABS	1	
cefuroxime sodium 1.5gm, 7.5gm, 750mg	1	
cephalexin CAPS 250mg, 500mg	1	
cephalexin SUSR	1	
SUPRAX CAPS	2	
suprax CHEW	3	
suprax SUSR 100mg/5ml, 200mg/5ml	2	
SUPRAX SUSR 500mg/5ml	2	
suprax TABS	2	
tazicef SOLR	1	
tazicef vial	1	
TEFLARO	3	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACK	1	
azithromycin SOLR 500mg	1	
azithromycin SUSR	1	
azithromycin TABS	1	
clarithromycin TABS	1	
clarithromycin er	1	
clarithromycin for susp	1	
DIFICID	4	
e.e.s.	1	
e.e.s. 400	1	

Drug Name	Drug Tier	Requirements/Limits
E.E.S. GRANULES	3	
ery-tab	3	
ERYPED 200	3	
ERYPED 400	3	
erythrocin lactobionate 500mg	3	
erythrocin stearate	1	
erythromycin base	1	
erythromycin cap 250mg ec	1	
ZMAX	2	
FLUOROQUINOLONES		
ciprofloxacin SUSR	1	
ciprofloxacin er	1	
ciprofloxacin hcl tab	1	
ciprofloxacin in d5w	1	
ciprofloxacin inj	1	
levofloxacin TABS	1	
levofloxacin in d5w	1	
levofloxacin inj 25mg/ml	1	
levofloxacin oral soln 25 mg/ml	1	
PENICILLINS		
amoxicillin	1	
amoxicillin & pot clavulanate	1	
ampicillin & sulbactam sodium	1	
ampicillin cap 250 mg	1	
ampicillin cap 500 mg	1	
ampicillin for susp 125 mg/5ml	1	
ampicillin for susp 250 mg/5ml	1	
ampicillin inj	1	
ampicillin sodium	1	
BICILLIN L-A	3	
dicloxacillin sodium	1	
nafcillin sodium 1gm	1	
nafcillin sodium 2gm, 10gm	4	
oxacillin sodium 1gm, 2gm	1	
oxacillin sodium 10gm	4	
PENICILLIN G POT IN DEXTROSE	3	
penicillin g potassium	1	
penicillin g procaine	2	
penicillin g sodium	1	
penicillin v potassium	1	
penicilln gk inj 5mu	1	
piperacillin sodium-tazobactam sodium	1	
TIMENTIN SOLR	3	
TIMENTIN INJ 3.1GM	3	
TETRACYCLINES		

Drug Name	Drug Tier	Requirements/Limits
doxycycline (monohydrate) CAPS 50mg, 100mg	1	
doxycycline (monohydrate) TABS	1	
doxycycline hyclate CAPS; SOLR; TABS	1	
minocycline hcl CAPS	1	
VIBRAMYCIN SYRP	3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BICNU	3	B/D
BUSULFEX	3	B/D
cyclophosphamide SOLR; TABS	1	B/D
dacarbazine 200mg	1	B/D
EMCYT	3	
HEXALEN	4	
IFEX 3gm	3	B/D
ifosfamide inj 1gm	1	B/D
ifosfamide inj 1gm/20ml	1	B/D
IFOSFAMIDE INJ 3GM	3	B/D
ifosfamide inj 3gm/60ml	1	B/D
LEUKERAN	3	
LOMUSTINE	1	
melphalan hcl	4	B/D
MUSTARGEN	3	B/D
TREANDA	4	B/D, NM
ANTHRACYCLINES		
adriamycin 50mg	1	B/D
adriamycin inj 20mg	1	B/D
daunorubicin hcl	1	B/D
daunorubicin hcl for inj 20 mg	1	B/D
doxorubicin hcl for inj 50 mg	1	B/D
doxorubicin hcl liposomal inj 2mg/ml	4	B/D
doxorubicin inj 50mg	1	B/D
epirubicin hcl SOLN	1	B/D
idarubicin hcl	4	B/D
ANTIBIOTICS		
bleomycin sulfate	1	B/D
mitomycin SOLR	1	B/D
ANTIMETABOLITES		
adrucil	1	B/D
ALIMTA	4	B/D
azacitidine	4	B/D, NM
cladribine	4	B/D
cytarabine SOLN 20mg/ml	1	B/D
cytarabine SOLR 100mg	1	B/D
fludarabine phosphate	1	

Drug Name	Drug Tier	Requirements/Limits
fluorouracil SOLN	1	B/D
GEMCITABINE HCL SOLN	4	B/D
gemcitabine hcl SOLR	4	B/D
mercaptopurine TABS	1	
methotrexate sodium inj	1	B/D
TABLOID	3	
ANTIMITOTIC, TAXOIDS		
DOCETAXEL CONC 20mg/0.5ml, 20mg/ml, 80mg/4ml	4	B/D
docetaxel CONC 140mg/7ml	4	B/D
DOCETAXEL SOLN 80mg/8ml	4	B/D
paclitaxel	1	B/D
TAXOTERE 80mg/2ml	4	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
vinblastine sulfate SOLN	2	B/D
vincasar	1	B/D
vincristine sulfate	1	B/D
vinorelbine tartrate	1	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	4	B/D, NM
ERIVEDGE	4	NM, LA, PA
HERCEPTIN	4	B/D, NM
ISTODAX	4	B/D, NM
KADCYLA	4	B/D, NM
PROLEUKIN	4	B/D, NM
RITUXAN	4	NM, PA
VELCADE	4	B/D, NM
ZOLINZA	4	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
anastrozole TABS	1	
bicalutamide	1	
DEPO-PROVERA INJ 400/ML	3	B/D
exemestane	1	
FARESTON	4	
FASLODEX	4	B/D
flutamide	1	
letrozole TABS	1	
leuprolide acetate KIT	1	NM, PA
LUPR DEP-PED INJ 30MG (3-MONTH)	4	NM, PA
LUPRON DEPOT 3.75mg	4	NM, PA
LUPRON DEPOT INJ 11.25 MG	4	NM, PA
LUPRON DEPOT-PED	4	NM, PA
LYSODREN	2	
MEGACE ES	4	PA
megestrol acetate SUSP; TABS	3	

Drug Name	Drug Tier	Requirements/Limits
NILANDRON	4	
SOLTAMOX	3	
tamoxifen citrate TABS	1	
TRELSTAR DEP INJ 3.75MG	4	NM, PA
TRELSTAR LA INJ 11.25MG	4	NM, PA
XTANDI	4	NM, LA, PA
ZYTIGA	4	NM, PA
KINASE INHIBITORS		
AFINITOR	4	NM, PA
AFINITOR DISPERZ	4	NM, PA
BOSULIF	4	NM, PA
CAPRELSA	4	NM, LA, PA
COMETRIQ	4	NM, PA
GILOTRIF TAB 20MG	4	NM, LA, PA
GILOTRIF TAB 30MG	4	NM, LA, PA
GILOTRIF TAB 40MG	4	NM, LA, PA
GLEEVEC	4	NM, PA
ICLUSIG	4	NM, LA, PA
IMBRUVICA CAP 140MG	4	NM, LA, PA
INLYTA	4	NM, LA, PA
JAKAFI	4	NM, LA, PA
MEKINIST	4	NM, PA
NEXAVAR	4	NM, LA, PA
SPRYCEL	4	NM, PA
STIVARGA	4	NM, LA, PA
SUTENT 12.5mg, 25mg, 50mg	4	NM, PA
SUTENT 37.5mg	4	PA
TAFINLAR	4	NM, PA
TARCEVA	4	NM, PA
TASIGNA	4	NM, PA
TYKERB	4	NM, LA, PA
VOTRIENT	4	NM, PA
XALKORI	4	NM, LA, PA
ZELBORAF	4	NM, LA, PA
ZYKADIA	4	NM, LA, PA
MISCELLANEOUS		
DROXIA	2	
hydroxyurea CAPS	1	
MATULANE	4	
mitoxantrone hcl	1	B/D, NM
POMALYST CAP 1MG	4	NM, LA, PA
POMALYST CAP 2MG	4	NM, LA, PA
POMALYST CAP 3MG	4	NM, LA, PA
POMALYST CAP 4MG	4	NM, LA, PA
SYLATRON KIT 296MCG	4	

Drug Name	Drug Tier	Requirements/Limits
SYLATRON KIT 444MCG	4	NM, PA
SYLATRON KIT 888MCG	4	NM, PA
TARGRETIN CAPS	4	NM, PA
tretinoin (chemotherapy)	4	
TRISENOX	4	B/D
PLATINUM-BASED AGENTS		
carboplatin SOLN	1	B/D
cisplatin	1	B/D
oxaliplatin	4	B/D
PROTECTIVE AGENTS		
amifostine crystalline	4	B/D
dexrazoxane 250mg	4	B/D
ELITEK	4	B/D
leucovorin calcium SOLR	1	B/D
leucovorin calcium TABS	1	
leucovorin calcium for inj 500 mg	1	B/D
leucovorin calcium inj 10 mg/ml	1	B/D
mesna	1	B/D
MESNEX TABS	4	
TOPOISOMERASE INHIBITORS		
etoposide SOLN 500mg/25ml	1	B/D
irinotecan hcl	4	B/D
toposar 1gm/50ml	1	B/D
topotecan hcl SOLR	4	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine--benazepril hcl cap 10-20 mg	1	QL (30 caps / 30 days)
amlodipine-benazepril hcl cap 2.5-10 mg	1	QL (30 caps / 30 days)
amlodipine-benazepril hcl cap 5-10 mg	1	QL (30 caps / 30 days)
amlodipine-benazepril hcl cap 5-20 mg	1	QL (30 caps / 30 days)
amlodipine-benazepril hcl cap 5-40 mg	1	QL (30 caps / 30 days)
amlodipine-benazepril hcl cap 10-40mg	1	
benazepril & hydrochlorothiazide	1	
captopril & hydrochlorothiazide	1	
enalapril maleate & hydrochlorothiazide	1	
fosinopril sodium & hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide	1	
moexipril-hydrochlorothiazide	1	
quinapril-hydrochlorothiazide	1	
ACE INHIBITORS		
benazepril hcl TABS	1	
captopril TABS	1	
enalapril maleate TABS	1	
fosinopril sodium	1	
lisinopril TABS	1	

Drug Name	Drug Tier	Requirements/Limits
moexipril hcl	1	
perindopril erbumine	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone	1	
spironolactone TABS	1	
ALPHA BLOCKERS		
doxazosin mesylate 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days)
doxazosin mesylate 8mg	1	
prazosin hcl	1	
terazosin hcl	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
AZOR 10-40MG	2	
AZOR TAB 5-20MG	2	QL (30 tabs / 30 days)
AZOR TAB 5-40MG	2	QL (30 tabs / 30 days)
AZOR TAB 10-20MG	2	QL (30 tabs / 30 days)
BENICAR HCT 40-25MG	2	
BENICAR HCT TAB 20-12.5MG	2	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-12.5MG	2	QL (30 tabs / 30 days)
EXFORGE HCT/5- TAB 160-12.5	2	QL (30 tabs / 30 days)
EXFORGE HCT/5- TAB 160-25	2	QL (60 tabs / 30 days)
EXFORGE HCT/10- TAB 160-12.5	2	QL (30 tabs / 30 days)
EXFORGE HCT/10- TAB 160-25	2	QL (30 tabs / 30 days)
EXFORGE HCT/10- TAB 320-25	2	
EXFORGE TAB 5-160MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 5-320MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 10-160MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 10-320MG	2	
losartan-hctz 50-12.5mg	1	QL (30 tabs / 30 days)
losartan-hctz 100-12.5mg	1	QL (30 tabs / 30 days)
losartan-hctz 100-25mg	1	
TRIBENZOR40- TAB 10-25MG	2	
TRIBENZOR TAB 20-5-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-5-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-5-25MG	2	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-10-12.5	2	QL (30 tabs / 30 days)
valsartan & hctz tab 80-12.5mg	1	QL (30 tabs / 30 days)
valsartan & hctz tab 160-12.5mg	1	QL (30 tabs / 30 days)
valsartan & hctz tab 160-25mg	1	QL (30 tabs / 30 days)
valsartan & hctz tab 320-12.5mg	1	
valsartan & hctz tab 320-25mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
BENICAR 5mg	2	

Drug Name	Drug Tier	Requirements/Limits
BENICAR 20mg	2	QL (30 tabs / 30 days)
BENICAR 40mg	2	
DIOVAN 40mg, 80mg, 160mg	3	QL (60 tabs / 30 days)
DIOVAN 320mg	3	
losartan potassium 25mg, 50mg	1	QL (60 tabs / 30 days)
losartan potassium 100mg	1	
valsartan 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
valsartan 320mg	1	
ANTIARRHYTHMICS		
amiodarone hcl	1	
disopyramide phosphate	3	PA
flecainide acetate	1	
mexiletine hcl	1	
MULTAQ	3	
NORPACE CR	3	PA
pacerone	1	
propafenone hcl	1	
quinidine gluconate TBCR	1	
quinidine sulfate TABS	1	
sorine	1	
sotalol hcl	1	
sotalol hcl (afib/afl)	1	
TIKOSYN	3	NM
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium	1	QL (30 tabs / 30 days)
CRESTOR	2	QL (30 tabs / 30 days)
lovastatin 10mg	1	QL (30 tabs / 30 days)
lovastatin 20mg	1	QL (120 tabs / 30 days)
lovastatin 40mg	1	QL (60 tabs / 30 days)
pravastatin sodium	1	QL (30 tabs / 30 days)
simvastatin TABS	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine	1	
cholestyramine light	1	
choline fenofibrate	1	
colestipol hcl	1	
fenofibrate TABS	1	
fenofibrate micronized	1	
fenofibrate micronized cap	1	
gemfibrozil TABS	1	
niacin (antihyperlipidemic) 500mg	1	QL (90 tabs / 30 days)
niacin (antihyperlipidemic) 750mg, 1000mg	1	
niacor	1	
omega-3-acid ethyl esters	1	

Drug Name	Drug Tier	Requirements/Limits
prevalite	1	
VASCEPA	3	
WELCHOL	2	
ZETIA TAB 10MG	2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone	1	
bisoprolol & hydrochlorothiazide	1	
metoprolol & hctz tab 50-25mg	1	
metoprolol & hctz tab 100-25mg	1	
metoprolol & hctz tab 100-50mg	1	
propranolol & hydrochlorothiazide	1	
BETA-BLOCKERS		
acebutolol hcl CAPS	1	
atenolol TABS	1	
bisoprolol fumarate	1	
BYSTOLIC	3	
carvedilol	1	
labetalol hcl TABS	1	
metoprolol succinate 25mg, 50mg	1	QL (60 tabs / 30 days)
metoprolol succinate 100mg	1	QL (45 tabs / 30 days)
metoprolol succinate 200mg	1	
metoprolol tartrate SOLN; TABS	1	
nadolol TABS	1	
pindolol	1	
propranolol cap er	1	
propranolol hcl SOLN; TABS	1	
timolol maleate TABS	1	
CALCIUM CHANNEL BLOCKERS		
afeditab cr 30mg	1	QL (60 tabs / 30 days)
afeditab cr 60mg	1	
amlodipine besylate TABS 2.5mg, 5mg	1	QL (45 tabs / 30 days)
amlodipine besylate TABS 10mg	1	
cartia xt cap 120/24hr	1	
cartia xt cap 180/24hr	1	
cartia xt cap 240/24hr	1	
cartia xt cap 300/24hr	1	
dilt-cd cap	1	
dilt-xr cap	1	
diltiazem cap	1	
diltiazem cap 120mg/24hr	1	
diltiazem cap er/12hr	1	
diltiazem hcl SOLN; TABS	1	
diltiazem hcl coated beads CP24	1	
diltzac	1	
felodipine 2.5mg	1	

Drug Name	Drug Tier	Requirements/Limits
felodipine 5mg	1	QL (60 tabs / 30 days)
felodipine 10mg	1	
isradipine	1	
nicardipine hcl CAPS	1	
nifedical 30mg	1	QL (30 tabs / 30 days)
nifedical 60mg	1	
nifedipine TB24 30mg	1	QL (60 tabs / 30 days)
nifedipine TB24 60mg, 90mg	1	
nifedipine er 30mg	1	QL (30 tabs / 30 days)
nifedipine er 60mg, 90mg	1	
nimodipine CAPS	1	
NYMALIZE	4	
taztia	1	
verapamil cap er 100mg, 120mg, 180mg, 200mg, 240mg, 300mg	1	
VERAPAMIL CAP ER 360mg	1	
verapamil hcl SOLN; TABS	1	
verapamil tab er	1	
DIGITALIS GLYCOSIDES		
digoxin SOLN	1	
digoxin TABS 125mcg	1	QL (30 tabs / 30 days)
digoxin TABS 250mcg	1	PA
DIGOXIN SOL 50MCG/ML	1	PA
LANOXIN TABS 125mcg	2	QL (30 tabs / 30 days)
LANOXIN TABS 250mcg	2	PA
DIRECT RENIN INHIBITORS/COMBINATIONS		
AMTURNIDE TAB 150-5-12.5	2	QL (30 tabs / 30 days)
AMTURNIDE TAB 300-5-12.5	2	QL (30 tabs / 30 days)
AMTURNIDE TAB 300-5-25MG	2	QL (30 tabs / 30 days)
AMTURNIDE TAB 300-10-12.5	2	QL (30 tabs / 30 days)
AMTURNIDE TAB 300-10-25 MG	2	
TEKAMLO 300-10MG	2	
TEKAMLO TAB 150-5MG	2	QL (30 tabs / 30 days)
TEKAMLO TAB 150-10MG	2	QL (30 tabs / 30 days)
TEKAMLO TAB 300-5MG	2	QL (30 tabs / 30 days)
TEKTURNA 150mg	2	QL (30 tabs / 30 days)
TEKTURNA 300mg	2	
TEKTURNA HCT TAB 150-12.5MG	2	QL (30 tabs / 30 days)
TEKTURNA HCT TAB 150-25MG	2	QL (60 tabs / 30 days)
TEKTURNA HCT TAB 300-12.5MG	2	QL (30 tabs / 30 days)
TEKTURNA HCT TAB 300-25MG	2	
DIURETICS		
acetazolamide CP12; TABS	1	
amiloride & hydrochlorothiazide	1	
amiloride hcl	1	

Drug Name	Drug Tier	Requirements/Limits
bumetanide	1	
chlorothiazide	1	
chlorthalidone 25mg, 50mg	1	
DIURIL SUS 250/5ML	2	
DYRENIUM	3	
EDECRIN	3	
furosemide SOLN; TABS	1	
furosemide inj	1	
hydrochlorothiazide CAPS; TABS	1	
indapamide	1	
methazolamide TABS	1	
methyclothiazide	1	
metolazone	1	
spironolactone & hydrochlorothiazide	1	
torsemide inj	1	
torsemide tabs	1	
triamterene & hydrochlorothiazide TABS	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
MISCELLANEOUS		
clonidine hcl PTWK; TABS	1	
DEMSER	4	
hydralazine hcl	1	
midodrine hcl	1	
minoxidil TABS	1	
RANEXA	2	
NITRATES		
isosorb mononitrate tab	1	
isosorbide dinitrate	1	
isosorbide mononitrate er tab	1	
minitran	1	
nitro-bid	2	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
nitroglycerin PT24	1	
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	4	QL (60 tabs / 30 days), NM, PA
ADEMPAS	4	QL (90 tabs / 30 days), NM, PA
LETAIRIS	4	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	4	

Drug Name	Drug Tier	Requirements/Limits
sildenafil citrate (pulmonary hypertension)	4	QL (90 tabs / 30 days), NM, PA
TRACLEER 62.5mg	4	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER 125mg	4	QL (60 tabs / 30 days), NM, LA, PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam CONC	1	QL (300 mL / 30 days)
alprazolam tab 0.5mg	1	QL (240 tabs / 30 days)
alprazolam tab 0.25mg	1	QL (480 tabs / 30 days)
alprazolam tab 1mg	1	QL (120 tabs / 30 days)
alprazolam tab 2mg	1	QL (150 tabs / 30 days)
buspirone hcl TABS	1	
fluvoxamine maleate TABS 25mg, 50mg	1	QL (45 tabs / 30 days)
fluvoxamine maleate TABS 100mg	1	
lorazepam CONC	1	QL (150 mL / 30 days)
lorazepam SOLN	1	
lorazepam TABS	1	QL (150 tabs / 30 days)
ANTICONVULSANTS		
APTIOM 200mg	3	QL (180 tabs / 30 days)
APTIOM 400mg	3	QL (90 tabs / 30 days)
APTIOM 600mg	3	QL (60 tabs / 30 days)
APTIOM 800mg	3	QL (30 tabs / 30 days)
BANZEL SUS 40MG/ML	4	PA
BANZEL TAB 200MG	3	PA
BANZEL TAB 400MG	4	PA
carbamazepine CHEW; CP12; SUSP; TABS; TB12	1	
CELONTIN	3	
clonazepam TABS 1mg	1	QL (600 tabs / 30 days)
clonazepam TABS 2mg	1	QL (300 tabs / 30 days)
clonazepam TABS .5mg	1	QL (1200 tabs / 30 days)
clonazepam TBDP 1mg	1	QL (600 tabs / 30 days)
clonazepam TBDP 2mg	1	QL (300 tabs / 30 days)
clonazepam TBDP .5mg	1	QL (1200 tabs / 30 days)
clonazepam TBDP .25mg	1	QL (2400 tabs / 30 days)
clonazepam TBDP .125mg	1	QL (4800 tabs / 30 days)
clorazepate dipotassium 3.75mg, 7.5mg	1	QL (120 tabs / 30 days), PA
clorazepate dipotassium 15mg	1	

Drug Name	Drug Tier	Requirements/Limits
diazepam CONC	1	QL (240 mL / 30 days), PA
diazepam SOLN	1	QL (1200 mL / 30 days), PA
diazepam TABS	1	QL (120 tabs / 30 days), PA
DIAZEPAM GEL	1	
diazepam inj	1	
dilantin	2	
DILANTIN-125 SUS 125/5ML	2	
divalproex sodium	1	
epitol	1	
ethosuximide CAPS; SOLN	1	
felbamate SUSP	4	
felbamate TABS 400mg	1	
felbamate TABS 600mg	4	
FYCOMPA 2mg	3	QL (180 tabs / 30 days), PA
FYCOMPA 4mg	3	QL (90 tabs / 30 days), PA
FYCOMPA 6mg	3	QL (60 tabs / 30 days), PA
FYCOMPA 8mg, 10mg, 12mg	3	QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg	1	QL (1080 caps / 30 days)
gabapentin CAPS 300mg	1	QL (360 caps / 30 days)
gabapentin CAPS 400mg	1	QL (270 caps / 30 days)
gabapentin SOLN	1	QL (2160 mL / 30 days)
gabapentin TABS 600mg	1	QL (180 tabs / 30 days)
gabapentin TABS 800mg	1	QL (120 tabs / 30 days)
GABITRIL 12mg, 16mg	3	
lamotrigine CHEW; TABS; TB24	1	
levetiracetam SOLN; TABS; TB24	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days)
LYRICA CAPS 200mg	2	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	2	QL (60 caps / 30 days)
LYRICA SOLN	2	QL (946 mL / 30 days)
ONFI	3	PA
oxcarbazepine	1	
PEGANONE	3	
phenobarbital ELIX; TABS	3	PA
PHENOBARBITAL SODIUM 65mg/ml	3	PA
phenobarbital sodium 130mg/ml	3	PA
phenytek	2	
phenytoin CHEW; SUSP	1	

Drug Name	Drug Tier	Requirements/Limits
phenytoin sodium SOLN	1	
phenytoin sodium extended	1	
POTIGA 50mg	3	
POTIGA 200mg	3	QL (180 tabs / 30 days)
POTIGA 300mg, 400mg	3	QL (90 tabs / 30 days)
primidone TABS	1	
SABRIL PACK	4	QL (180 packets / 30 days), NM, LA, PA
SABRIL TABS	4	QL (180 tabs / 30 days), NM, LA, PA
TEGRETOL	3	
TEGRETOL-XR	3	
tiagabine hcl	1	
topiramate CPSP; TABS	1	
valproate sodium SOLN; SYRP	1	
valproic acid CAPS	1	
VIMPAT SOLN 10mg/ml	3	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	3	
VIMPAT TABS 50mg	3	QL (180 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	3	QL (60 tabs / 30 days)
zonisamide	1	
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg	1	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg, 23mg	1	
donepezil hydrochloride TBDP 5mg	1	QL (30 tabs / 30 days)
donepezil hydrochloride TBDP 10mg	1	
EXELON PATCHES	3	QL (30 patches / 30 days)
galantamine hydrobromide CP24 8mg, 16mg	1	QL (30 caps / 30 days)
galantamine hydrobromide CP24 24mg	1	
galantamine hydrobromide SOLN	1	
galantamine hydrobromide TABS 4mg	1	QL (180 tabs / 30 days)
galantamine hydrobromide TABS 8mg	1	QL (90 tabs / 30 days)
galantamine hydrobromide TABS 12mg	1	
NAMENDA SOL 10MG/5ML	2	PA; PA if <30 yr
NAMENDA XR 7mg, 14mg	3	QL (30 caps / 30 days), PA; PA if <30 yr
NAMENDA XR 21mg, 28mg	3	PA; PA if <30 yr
NAMENDA XR TITRATION PACK	3	PA; PA if <30 yr
rivastigmine tartrate	1	
ANTIDEPRESSANTS		
amitriptyline hcl TABS	3	PA
amoxapine tab 25mg	1	
amoxapine tab 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
amoxapine tab 100mg	1	
amoxapine tab 150mg	1	
BRINTELLIX 5mg	3	QL (120 tabs / 30 days)
BRINTELLIX 10mg	3	QL (60 tabs / 30 days)
BRINTELLIX 20mg	3	QL (30 tabs / 30 days)
bupropion hcl TABS	1	
bupropion hcl TB12	1	
bupropion hcl TB24 150mg	1	QL (90 tabs / 30 days)
bupropion hcl TB24 300mg	1	QL (30 tabs / 30 days)
citalopram hydrobromide SOLN	1	
citalopram hydrobromide TABS 10mg, 20mg	1	QL (45 tabs / 30 days)
citalopram hydrobromide TABS 40mg	1	QL (30 tabs / 30 days)
clomipramine hcl CAPS	3	PA
desipramine hcl TABS	1	
doxepin hcl CAPS; CONC	3	PA
duloxetine hcl CPEP	1	QL (60 caps / 30 days)
EMSAM	4	QL (30 patches / 30 days), PA
escitalopram oxalate SOLN	1	QL (600 mL / 30 days)
escitalopram oxalate TABS 5mg, 10mg	1	QL (45 tabs / 30 days)
escitalopram oxalate TABS 20mg	1	QL (60 tabs / 30 days)
FETZIMA 20mg	3	QL (180 caps / 30 days)
FETZIMA 40mg	3	QL (90 caps / 30 days)
FETZIMA 80mg, 120mg	3	QL (30 caps / 30 days)
FETZIMA TITRATION PACK	3	
fluoxetine hcl CAPS 10mg	1	QL (30 caps / 30 days)
fluoxetine hcl CAPS 20mg	1	QL (120 caps / 30 days)
fluoxetine hcl CAPS 40mg	1	
fluoxetine hcl SOLN	1	
fluoxetine hcl TABS 10mg	1	QL (45 tabs / 30 days)
fluoxetine hcl TABS 20mg	1	
imipramine hcl TABS	3	PA
maprotiline hcl	1	
MARPLAN TAB 10MG	3	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg, 15mg	1	QL (45 tabs / 30 days)
mirtazapine TABS 30mg, 45mg	1	
mirtazapine TBDP 15mg	1	QL (30 tabs / 30 days)
mirtazapine TBDP 30mg, 45mg	1	
nefazodone hcl	1	
nortriptyline hcl CAPS; SOLN	1	
paroxetine hcl TABS 10mg, 20mg, 40mg	1	QL (45 tabs / 30 days)
paroxetine hcl TABS 30mg	1	QL (60 tabs / 30 days)
PAXIL SUSP	3	QL (900 mL / 30 days)
phenelzine sulfate TABS	1	
PRISTIQ	2	

Drug Name	Drug Tier	Requirements/Limits
protriptyline hcl	1	
sertraline hcl CONC	1	
sertraline hcl TABS 25mg, 50mg	1	QL (45 tabs / 30 days)
sertraline hcl TABS 100mg	1	
SURMONTIL CAP 25MG	3	QL (240 caps / 30 days), PA
SURMONTIL CAP 50MG	3	QL (120 caps / 30 days), PA
SURMONTIL CAP 100MG	3	QL (60 caps / 30 days), PA
tranylcypromine sulfate	1	
trazodone hcl TABS 50mg, 100mg, 150mg	1	
venlafaxine hcl CP24 37.5mg, 75mg	1	QL (30 caps / 30 days)
venlafaxine hcl CP24 150mg	1	QL (60 caps / 30 days)
venlafaxine hcl TABS	1	
VIIBRYD KIT	3	
VIIBRYD TABS	3	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS; SYRP; TABS	1	
APOKYN	4	NM, LA, PA
AZILECT	2	
benztropine mesylate SOLN	1	
benztropine mesylate TABS	3	PA
bromocriptine mesylate CAPS; TABS	1	
carbidopa-levodopa	1	
CARBIDOPA/LEVODOPA/ENTACAPONE	1	
entacapone	1	
NEUPRO	3	
pramipexole dihydrochloride	1	
ropinirole hydrochloride TABS	1	
selegiline hcl CAPS; TABS	1	
ANTIPSYCHOTICS		
ABILIFY SOLN 1mg/ml	4	QL (900 mL / 30 days)
ABILIFY SOLN 9.75mg/1.3ml	3	QL (4 mL / 1 day)
ABILIFY TABS	4	QL (30 tabs / 30 days)
ABILIFY DISCMELT	4	QL (60 tabs / 30 days)
ABILIFY MAIN INJ 300MG	4	QL (1 vial / 28 days)
ABILIFY MAIN INJ 400MG	4	QL (1 vial / 28 days)
chlorpromazine hcl SOLN	3	
chlorpromazine hcl TABS	1	
clozapine TABS 25mg, 50mg	1	
clozapine TABS 100mg	1	QL (270 tabs / 30 days)
clozapine TABS 200mg	1	QL (135 tabs / 30 days)
CLOZAPINE TBDP 12.5mg, 25mg	1	

Drug Name	Drug Tier	Requirements/Limits
CLOZAPINE TBDP 100mg	1	QL (270 tabs / 30 days), PA
FANAPT	3	QL (60 tabs / 30 days), ST
FANAPT TITRATION PACK	3	ST
FAZACLO TAB 12.5/ODT	3	PA
FAZACLO TAB 25MG ODT	3	PA
FAZACLO TAB 100/ODT	3	QL (270 tabs / 30 days), PA
FAZACLO TAB 150MG	3	QL (180 tabs / 30 days), PA
FAZACLO TAB 200MG	3	QL (135 tabs / 30 days), PA
fluphenazine decanoate SOLN	1	
fluphenazine hcl	1	
GEODON SOLR	3	QL (6 mL / 3 days)
haloperidol TABS	1	
haloperidol decanoate SOLN	1	
haloperidol lactate	1	
haloperidol lactate oral conc 2 mg/ml	1	
INVEGA 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
INVEGA 6mg	4	QL (60 tabs / 30 days)
INVEGA SUST INJ 39 MG/0.25 ML	3	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	4	QL (1 injection / 28 days)
LATUDA 20mg	4	QL (240 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	4	QL (60 tabs / 30 days)
loxapine succinate	1	
olanzapine SOLR	1	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 7.5mg	1	QL (30 tabs / 30 days)
olanzapine TABS 10mg, 15mg, 20mg	1	QL (60 tabs / 30 days)
olanzapine TBDP 5mg	1	QL (30 tabs / 30 days)
olanzapine TBDP 10mg, 15mg	1	QL (60 tabs / 30 days)
olanzapine TBDP 20mg	4	QL (60 tabs / 30 days)
ORAP	3	
perphenazine TABS	1	
quetiapine fumarate	1	QL (90 tabs / 30 days)
RISPERDAL INJ 12.5MG	3	

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL INJ 25MG	3	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	4	QL (2 injections / 28 days)
risperidone SOLN	1	QL (240 mL / 30 days)
risperidone TABS 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
risperidone TABS 4mg	1	QL (120 tabs / 30 days)
risperidone TABS .25mg, .5mg	1	QL (90 tabs / 30 days)
risperidone TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
risperidone TBDP 4mg	1	QL (120 tabs / 30 days)
risperidone TBDP .25mg, .5mg	1	QL (90 tabs / 30 days)
SAPHRIS 5mg	3	QL (120 tabs / 30 days)
SAPHRIS 10mg	3	QL (60 tabs / 30 days)
SEROQUEL XR 50mg	3	QL (120 tabs / 30 days)
SEROQUEL XR 150mg, 200mg	3	QL (30 tabs / 30 days)
SEROQUEL XR 300mg, 400mg	3	QL (60 tabs / 30 days)
thioridazine hcl TABS	3	PA
thiothixene	1	
trifluoperazine hcl	1	
VERSACLOZ	4	QL (600 mL / 30 days), PA
ziprasidone hcl 20mg, 40mg	1	QL (60 caps / 30 days)
ziprasidone hcl 60mg, 80mg	1	QL (90 caps / 30 days)
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap sr 24hr 5 mg	1	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 10 mg	1	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 15 mg	1	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 20 mg	1	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 25 mg	1	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 30 mg	1	QL (30 caps / 30 days)
amphetamine-dextroamphetamine tab 5 mg	1	QL (360 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (240 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	1	QL (180 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (144 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 15 mg	1	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	1	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	1	QL (60 tabs / 30 days)
INTUNIV	3	
metadate tab 20mg er	1	QL (90 tabs / 30 days)
methylphenidate hcl TABS 5mg, 10mg	1	QL (180 tabs / 30 days)
methylphenidate hcl TABS 20mg	1	QL (90 tabs / 30 days)
methylphenidate hcl TBCR 10mg, 20mg	1	QL (90 tabs / 30 days)
methylphenidate hcl oral soln 5mg/5ml	1	QL (1800 mL / 30 days)
methylphenidate hcl oral soln 10mg/5ml	1	QL (900 mL / 30 days)
STRATTERA 10mg, 18mg, 25mg	3	QL (120 caps / 30 days)
STRATTERA 40mg	3	QL (60 caps / 30 days)
STRATTERA 60mg, 80mg, 100mg	3	QL (30 caps / 30 days)
HYPNOTICS		
ROZEREM	3	QL (30 tabs / 30 days)
SILENOR 3mg	2	QL (60 tabs / 30 days)
SILENOR 6mg	2	QL (30 tabs / 30 days)
temazepam 7.5mg	1	QL (30 caps / 30 days), PA; 90 day limit if >64 yr
temazepam 15mg	1	QL (60 caps / 30 days), PA; 90 day limit if >64 yr
zolpidem tartrate TABS	3	QL (30 tabs / 30 days), PA; 90 day limit if >64 yr
MIGRAINE		
cafergot	3	
dihydroergotamine mesylate	1	
naratriptan hcl	1	QL (9 tabs / 30 days)
RELPAX	2	QL (12 tabs / 30 days)
rizatriptan benzoate	1	QL (18 tabs / 30 days)
SUMATRIPTAN SOLN 5mg/act	1	QL (24 inhalers / 30 days)
SUMATRIPTAN SOLN 20mg/act	1	QL (12 inhalers / 30 days)
SUMATRIPTAN SUCCINATE SOCT	1	QL (6 mL / 30 days)
sumatriptan succinate SOSY	1	QL (6 mL / 30 days)
sumatriptan succinate TABS	1	QL (9 tabs / 30 days)
SUMATRIPTAN SUCCINATE INJ SOAJ 4mg/0.5ml	1	QL (6 mL / 30 days)
sumatriptan succinate inj SOAJ 6mg/0.5ml	1	QL (6 mL / 30 days)
SUMATRIPTAN SUCCINATE INJ SOCT	1	

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate inj SOLN	1	QL (6 mL / 30 days)
zolmitriptan TABS	1	QL (12 tabs / 30 days)
zolmitriptan odt	1	QL (12 tabs / 30 days)
MISCELLANEOUS		
lithium carbonate CAPS; TABS	1	
lithium carbonate er	1	
LITHIUM CITRATE	2	
NUEDEXTA	2	PA
pyridostigmine bromide TABS	1	
riluzole	1	
XENAZINE 12.5mg	4	QL (240 tabs / 30 days), NM, LA, PA
XENAZINE 25mg	4	QL (120 tabs / 30 days), NM, LA, PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON	4	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	4	QL (12 syringes / 28 days), NM, PA
COPAXONE KIT 20MG/ML	4	QL (1 kit / 30 days), NM, PA
GILENYA CAP 0.5MG	4	QL (28 caps / 28 days), NM, PA
TYSABRI	4	NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS	1	
cyclobenzaprine hcl TABS 5mg, 10mg	3	PA
dantrolene sodium CAPS	1	
tizanidine hcl TABS	1	
NARCOLEPSY/CATAPLEXY		
NUVIGIL 50mg	3	QL (150 tabs / 30 days), PA
NUVIGIL 150mg	3	QL (60 tabs / 30 days), PA
NUVIGIL 200mg, 250mg	3	QL (30 tabs / 30 days), PA
XYREM	4	QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium	1	
buprenorphine hcl SUBL	1	PA
buprenorphine hcl-naloxone hcl sl	1	QL (120 tabs / 30 days), PA
buproban	1	
CHANTIX	3	PA
CHANTIX STARTER PACK	3	

Drug Name	Drug Tier	Requirements/Limits
disulfiram TABS	1	
naloxone hcl SOLN	1	
naltrexone hcl TABS	1	
NICOTROL INHALER	3	
NICOTROL NS	3	
SUBOXONE MIS 2-0.5MG	3	QL (4 boxes / 30 days), PA
SUBOXONE MIS 4-1MG	3	QL (4 boxes / 30 days), PA
SUBOXONE MIS 8-2MG	3	QL (4 boxes / 30 days), PA
SUBOXONE MIS 12-3MG	3	QL (2 boxes / 30 days), PA
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANDRODERM	3	QL (30 patches / 30 days), PA
androxy	3	PA
oxandrolone TABS	1	PA
TESTIM	2	QL (300 grams / 30 days), PA
testosterone cypionate OIL	1	
testosterone enanthate OIL	1	
ANTIDIABETICS, INJECTABLE		
ALCOHOL SWABS	2	
GAUZE PADS 2" X 2"	2	
HUMULIN R INJ U-500	4	B/D
INSULIN PEN NEEDLE	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGE	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
NOVOLIN 70/30	2	RELION not covered
NOVOLIN N	2	RELION not covered
NOVOLIN R	2	RELION not covered
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILL	2	
NOVOLOG PENFILL	2	
SYMLINPEN 60	3	QL (8 pens / 30 days), PA
SYMLINPEN 120	3	

Drug Name	Drug Tier	Requirements/Limits
VICTOZA	2	QL (3 pens / 30 days)
ANTIDIABETICS, ORAL		
acarbose	1	
glimepiride 1mg	1	QL (240 tabs / 30 days)
glimepiride 2mg	1	QL (120 tabs / 30 days)
glimepiride 4mg	1	QL (60 tabs / 30 days)
glip/metform tab 5-500mg	1	QL (120 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg	1	QL (240 tabs / 30 days)
glipizide TB24 5mg	1	QL (120 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
INVOKANA 100mg	2	QL (90 tabs / 30 days)
INVOKANA 300mg	2	QL (30 tabs / 30 days)
JANUMET	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	2	QL (30 tabs / 30 days)
JANUVIA	2	QL (30 tabs / 30 days)
JENTADUETO	2	QL (60 tabs / 30 days)
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days)
metformin hcl TB24 750mg	1	QL (60 tabs / 30 days)
nateglinide	1	QL (90 tabs / 30 days)
pioglitazone hcl	1	QL (30 tabs / 30 days)
repaglinide 2mg	1	QL (240 tabs / 30 days)
repaglinide .5mg, 1mg	1	QL (120 tabs / 30 days)
RIOMET	3	QL (946 mL / 30 days)
TRADJENTA	2	QL (30 tabs / 30 days)
BISPHOSPHONATES		
alendronate sodium TABS 5mg, 10mg, 40mg	1	
alendronate sodium TABS 35mg, 70mg	1	QL (4 tabs / 28 days)
ibandronate sodium TABS	1	B/D, QL (1 tab / 30 days)
pamidronate disodium SOLN	1	B/D
zoledronic inj 4mg/5ml	4	B/D, NM
ZOMETA SOLN	4	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg	2	QL (120 tabs / 30 days),

Drug Name	Drug Tier	Requirements/Limits
SENSIPAR 60mg	4	QL (60 tabs / 30 days), NM
SENSIPAR 90mg	4	QL (120 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET	3	
DEPEN TITRATABS	4	
EXJADE	4	NM, LA, PA
kionex	1	
sodium polystyrene sulfonate	1	
sps susp 15gm/60ml	1	
SYPRINE	4	
CONTRACEPTIVES		
altavera	1	
apri 28 day	1	
aranelle 28	1	
aviane 28	1	
balziva 28 day	1	
briellyn 28 day	1	
camila 28 day	1	
cryselle 28	1	
cyclafem 1/35 28 day	1	
cyclafem 7/7/7 28 day	1	
drospirenone-ethinyl estradiol	1	
ELLA	2	
emoquette	1	
enpresse 28 day	1	
errin 28 day	1	
GIANVI	1	
gildagia	1	
heather	1	
introvale 91 day	1	
JOLIVETTE	1	
junel 1.5/30 21 day	1	
junel 1/20 21 day	1	
junel fe 1.5/30 28 day	1	
junel fe 1/20 28 day	1	
kariva 28 day	1	
larin 1/20	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
LEENA	1	
lessina 28 day	1	
levonest 28 day	1	
levonorgestrel (emergency oc)	1	

Drug Name	Drug Tier	Requirements/Limits
levonorgestrel-ethinyl estradiol (91-day)	1	
levora 0.15/30 28 day	1	
loryna 28 day	1	
low-ogestrel 28 day	1	
lutera 28 day	1	
lyza	1	
marlissa 28 day	1	
medroxyprogesterone acetate 150 mg/ml	1	
microgestin 1.5/30 21 day	1	
microgestin 1/20 21 day	1	
microgestin fe 1.5/30 28 day	1	
microgestin fe 1/20 28 day	1	
MONONESSA	1	
my way	1	
myzilra	1	
necon 0.5/35 28 day	1	
necon 1/35 28 day	1	
NECON 7/7/7	1	
necon 10/11 28 day	2	
NECON TAB 1/50-28	1	
next choice one dose	1	
NORA-BE TAB	1	
norethindrone (contraceptive)	1	
norgestimate-ethinyl estradiol (triphasic)	1	
nortrel 0.5/35 28 day	1	
nortrel 1/35 21 day	1	
nortrel 1/35 28 day	1	
nortrel 7/7/7 28 day	1	
NUVARING	3	
OCELLA TAB 3-0.03MG	1	
orsythia 28 day	1	
philith	1	
pimtrea pack	1	
pirmella 1/35 28 day	1	
portia 28 day	1	
previfem 28 day	1	
quasense 91 day	1	
reclipsen 28 day	1	
SOLIA	1	
sprintec 28 day	1	
sronyx	1	
tri-legest 28 day	1	
tri-previfem 28 day	1	
tri-sprintec 28 day	1	
TRINESSA	1	
trivora 28 day	1	

Drug Name	Drug Tier	Requirements/Limits
velivet 28 day	1	
vestura	1	
viorele	1	
vyfemia 28 day	1	
xulane	1	
zarah	1	
zenchent 28 day	1	
ENDOMETRIOSIS		
danazol CAPS	1	
SYNAREL	4	
ENZYME REPLACEMENTS		
ADAGEN	4	NM, LA, PA
ALDURAZYME	4	NM, LA, PA
CARBAGLU	4	NM, LA, PA
CEREZYME	4	NM, PA
CYSTADANE	4	NM
CYSTAGON	3	NM, PA
FABRAZYME	4	NM, PA
KUVAN	4	NM, PA
levocarnitine (metabolic modifiers)	1	B/D
LUMIZYME	4	NM, PA
MYOZYME	4	NM, PA
NAGLAZYME	4	NM, LA, PA
ORFADIN	4	NM, PA
sodium phenylbutyrate	4	NM
ZAVESCA	4	NM, LA, PA
ESTROGENS		
COMBIPATCH	3	PA
estradiol PTWK; TABS	3	PA
ESTRADIOL VALERATE OIL 10mg/ml, 40mg/ml	1	
estradiol valerate OIL 20mg/ml	1	
PREMARIN CREAM	3	
VAGIFEM	3	
GLUCOCORTICOIDS		
a-hydrocort	1	
cortisone acetate TABS	1	
dexamethasone CONC; ELIX; SOLN; TABS	1	
dexamethasone sodium phosphate	1	
fludrocortisone acetate TABS	1	
hydrocortisone TABS	1	
methylpr ace inj 40mg/ml	1	B/D
methylpr ace inj 80mg/ml	1	B/D
methylpr ss inj 1gm	1	

Drug Name	Drug Tier	Requirements/Limits
methylpr ss inj 40mg	1	B/D
methylpr ss inj 125mg	1	B/D
methylpr ss inj 500mg	1	B/D
methylpred pak 4mg	1	B/D
methylpred tab 4mg	1	B/D
methylpred tab 8mg	1	B/D
methylpred tab 16mg	1	B/D
methylpred tab 32mg	1	B/D
pred sod pho sol 5mg/5ml	1	B/D
prednisolone sol 15mg/5ml	1	B/D
prednisolone sol 25mg/5ml	1	B/D
prednisolone syp 15mg/5ml	1	B/D
prednisone con 5mg/ml	2	B/D
prednisone pak 5mg	1	B/D
prednisone pak 10mg	1	B/D
prednisone sol 5mg/5ml	1	B/D
prednisone tab 1mg	1	B/D
prednisone tab 2.5mg	1	B/D
prednisone tab 5mg	1	B/D
prednisone tab 10mg	1	B/D
prednisone tab 20mg	1	B/D
prednisone tab 50mg	1	B/D
SOLU-CORTEF 250mg	2	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM SUS 50MG/ML	3	
HUMAN GROWTH HORMONES		
NORDITROPIN FLEXPRO	4	NM, PA
NORDITROPIN NORDIFLEX PEN	4	NM, PA
TEV-TROPIN	4	NM, PA
MISCELLANEOUS		
cabergoline	1	
calcitonin (salmon)	1	
FORTICAL	2	
INCRELEX	4	NM, LA, PA
methylergonovine maleate TABS	1	
MIACALCIN 200unit/ml	3	B/D
octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml	1	NM, PA
octreotide acetate 500mcg/ml, 1000mcg/ml	4	NM, PA
PROLIA	3	QL (1 syringe / 180 days), NM
raloxifene hcl	1	

Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN LAR DEPOT	4	NM, PA
SOMATULINE DEPOT	4	NM, PA
SOMAVERT	4	NM, LA, PA
XGEVA	4	NM, PA
PARATHYROID HORMONES		
FORTEO	4	QL (1 pen / 28 days), NM, PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder)	1	
FOSRENOL	4	
PHOSLYRA	2	
RENVELA PAK 0.8GM	4	
RENVELA PAK 2.4GM	4	
RENVELA TAB 800MG	2	
PROGESTINS		
medroxyprogesterone acetate tab	1	
norethindrone acetate TABS	1	
THYROID AGENTS		
levothyroxine sodium TABS	1	
LEVOXYL	1	
liothyronine sodium TABS	1	
methimazole TABS	1	
propylthiouracil TABS	1	
SYNTHROID	3	
UNITHROID	1	
VASOPRESSINS		
desmopressin acetate spray	1	
desmopressin acetate spray refrigerated	1	
desmopressin acetate tabs	1	
desmopressin inj 4mcg/ml	1	
DESMOPRESSIN SOL 0.01%	1	
GASTROINTESTINAL		
ANTIEMETICS		
compro	1	
dronabinol 2.5mg, 5mg	1	B/D, QL (60 caps / 30 days)
dronabinol 10mg	4	B/D, QL (60 caps / 30 days)
EMEND CAP 40MG	3	PA
EMEND CAP 80MG	3	B/D
EMEND CAP 125MG	3	B/D
EMEND PAK 80 & 125	3	B/D
granisetron hcl SOLN	1	
granisetron hcl TABS	1	B/D
meclizine hcl TABS	1	

Drug Name	Drug Tier	Requirements/Limits
metoclopramide hcl SOLN; TABS	1	
metoclopramide inj	1	
ondansetron hcl SOLN	1	
ondansetron hcl TABS	1	B/D
ondansetron hcl inj	1	
ondansetron hcl oral soln	1	B/D
ondansetron odt	1	B/D
prochlorperazine inj	1	
prochlorperazine maleate TABS	1	
prochlorperazine supp	1	
promethazine hcl SOLN 25mg/ml, 50mg/ml	3	PA
TRANSDERM-SCOP	3	QL (10 patches / 30 days), PA
ANTISPASMODICS		
CUVPOSA	3	
dicyclomine hcl	1	
glycopyrrolate TABS	1	
glycopyrrolate inj	1	
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 40mg/4ml, 200mg/20ml	1	
famotidine SUSR	1	
famotidine TABS 20mg, 40mg	1	
famotidine inj	1	
ranitidine hcl SOLN	1	
ranitidine hcl TABS 150mg, 300mg	1	
ranitidine hcl inj	1	
ranitidine syrup	1	
INFLAMMATORY BOWEL DISEASE		
APRISO	2	
ASACOL HD	3	
balsalazide disodium	1	
budesonide ec	4	
CANASA	3	
colocort enema 100mg	1	
DELZICOL	3	
DIPENTUM	4	
HYDROCORTISONE (INTRARECTAL)	1	
LIALDA	3	
mesalamine enema	1	
mesalamine w/ cleanser	1	
PENTASA	3	
sulfasalazine TABS	1	
sulfasalazine ec	1	
UCERIS	4	

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
constulose	1	
enulose	1	
gaviltye-g	1	
gavilyte-c	1	
gavilyte-n	1	
generlac	1	
GOLYTELY	2	
lactulose	1	
lactulose (encephalopathy)	1	
MOVIPREP	3	
NULYTELY/FLAVOR PACKS	2	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	1	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	1	
PEG 3350/ELECTROLYTES	1	
polyethylene glycol 3350 PACK; POWD	1	
RELISTOR	3	PA
SUPREP BOWEL PREP	3	
trilyte	1	
MISCELLANEOUS		
AMITIZA CAP 8MCG	2	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	2	QL (60 caps / 30 days)
cromolyn sodium (mastocytosis)	4	
diphenoxylate w/ atropine	1	
LINZESS CAP 145MCG	2	QL (60 caps / 30 days)
LINZESS CAP 290MCG	2	QL (30 caps / 30 days)
loperamide hcl CAPS	1	
LOTRONEX	4	PA
misoprostol TABS	1	
SUCRAID	4	
sucralfate TABS	1	
ursodiol CAPS; TABS	1	
XIFAXAN 550mg	4	PA
PANCREATIC ENZYMES		
CREON	2	
ZENPEP	3	
PROTON PUMP INHIBITORS		
DEXILANT	2	QL (30 caps / 30 days)
esomeprazole sodium	1	
NEXIUM CAP	3	QL (30 caps / 30 days)
NEXIUM GRA 2.5MG DR	3	
NEXIUM GRA 5MG DR	3	

Drug Name	Drug Tier	Requirements/Limits
NEXIUM GRA 10MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	3	QL (30 packets / 30 days)
omeprazole CPDR 10mg, 40mg	1	QL (30 caps / 30 days)
omeprazole CPDR 20mg	1	QL (60 caps / 30 days)
pantoprazole sodium TBEC	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl	1	QL (30 tabs / 30 days)
AVODART	2	QL (30 caps / 30 days)
finasteride TABS 5mg	1	
JALYN	2	QL (30 caps / 30 days)
tamsulosin hcl	1	QL (60 caps / 30 days)
MISCELLANEOUS		
bethanechol chloride TABS	1	
ELMIRON	3	
POTASSIUM CITRATE (ALKALINIZER)	1	
URINARY ANTISPASMODICS		
MYRBETRIQ 25mg	3	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	3	QL (30 tabs / 30 days)
oxybutynin chloride SYRP	1	
oxybutynin chloride TABS	1	
oxybutynin chloride TB24 5mg	1	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
TOLTERODINE TARTRATE CAP ER	1	QL (30 caps / 30 days)
tolterodine tartrate tabs	1	
TOVIAZ	2	QL (30 tabs / 30 days)
trospium chloride TABS	1	QL (60 tabs / 30 days)
VESICARE	3	QL (30 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal	1	
metronidazole vaginal	1	
terconazole vaginal	1	
VANDAZOLE	1	
zazole .4%	1	
ZAZOLE .8%	1	
HEMATOLOGIC		
ANTICOAGULANTS		
COUMADIN	3	
ELIQUIS	2	

Drug Name	Drug Tier	Requirements/Limits
enoxaparin sodium 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 300mg/3ml	1	
enoxaparin sodium 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
fondaparinux sodium 2.5mg/0.5ml	1	
fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	
heparin sod inj 1000/ml	1	B/D
HEPARIN SOD INJ 2000/ML	2	B/D
HEPARIN SOD INJ 2500/ML	2	B/D
heparin sod inj 5000/ml	1	B/D
heparin sod inj 10000/ml	1	B/D
heparin sod inj 20000/ml	1	B/D
HEPARIN SODIUM/D5W	2	
HEPARIN SODIUM/NACL 0.45%	2	
HEPARIN SODIUM/SODIUM CHL	2	
jantoven	1	
PRADAXA	2	
warfarin sodium	1	
XARELTO	2	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX	4	NM, PA
LEUKINE	4	NM, PA
MOZOBIL	4	NM, PA
NEUMEGA	4	NM
NEUPOGEN	4	NM, PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	4	NM, PA
MISCELLANEOUS		
anagrelide hcl	1	
cilostazol	1	
CINRYZE	4	NM, LA, PA
FIRAZYR	4	NM, PA
pentoxifylline TBCR	1	
PROMACTA 12.5mg	4	QL (240 tabs / 30 days), NM, LA, PA
PROMACTA 25mg	4	QL (120 tabs / 30 days), NM, LA, PA
PROMACTA 50mg	4	QL (60 tabs / 30 days), NM, LA, PA
PROMACTA 75mg	4	QL (30 tabs / 30 days), NM, LA, PA
tranexamic acid SOLN; TABS	1	
PLATELET AGGREGATION INHIBITORS		

Drug Name	Drug Tier	Requirements/Limits
AGGRENOX	3	
BRILINTA	3	
clopidogrel bisulfate 75mg	1	QL (30 tabs / 30 days)
EFFIENT	3	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
CIMZIA	4	NM, PA
CIMZIA STARTER KIT	4	NM, PA
HUMIRA	4	NM, PA
HUMIRA KIT 40MG/0.8	4	NM, PA
HUMIRA PEN	4	NM, PA
HUMIRA PEN-CROHNS DISEASE	4	NM, PA
HUMIRA PEN-PSORIASIS STAR	4	NM, PA
hydroxychloroquine sulfate	1	
leflunomide TABS	1	
methotrexate sodium tabs	1	
REMICADE	4	NM, PA
IMMUNOGLOBULINS		
BIVIGAM 10gm/100ml	4	NM, PA
CARIMUNE NANOFILTERED	4	NM, PA
FLEBOGAMMA	4	NM, PA
FLEBOGAMMA DIF	4	NM, PA
GAMASTAN S/D	2	B/D, NM
GAMMAGARD LIQUID	4	NM, PA
GAMMAGARD S/D	4	NM, PA
GAMMAKED	4	NM, PA
GAMMAPLEX 2.5gm/50ml, 5gm/100ml, 10gm/200ml	4	NM, PA
GAMUNEX-C	4	NM, PA
GAMUNEX-C 1GM/10ML	4	NM, PA
OCTAGAM	4	NM, PA
PRIVIGEN	4	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE	4	NM, LA, PA
ARCALYST	4	NM, PA
INTRON-A INJ 10MU	4	B/D, NM
INTRON-A INJ 18MU	4	B/D, NM
INTRON-A INJ 25MU	4	B/D, NM
INTRON-A INJ 50MU	4	B/D, NM
PEG-INTRON	4	NM, PA
PEG-INTRON REDIPEN	4	NM, PA
REVLIMID	4	NM, LA, PA
THALOMID	4	NM, PA
IMMUNOSUPPRESSANTS		
azathioprine TABS	1	

Drug Name	Drug Tier	Requirements/Limits
CELLCEPT SUSR	4	B/D
cyclosporine CAPS; SOLN	1	B/D
cyclosporine modified (for microemulsion)	1	B/D
gengraf	1	B/D
mycophenolate mofetil	1	B/D
mycophenolate sodium 180mg	1	B/D
mycophenolate sodium 360mg	4	B/D
NEORAL	2	B/D
NULOJIX	4	B/D
PROGRAF CAPS 5mg	4	B/D
PROGRAF CAPS .5mg, 1mg	3	B/D
RAPAMUNE SOLN	4	B/D
RAPAMUNE TABS 1mg, 2mg	4	B/D
SANDIMMUNE CAPS	2	B/D
SANDIMMUNE SOLN 100mg/ml	2	B/D
sirolimus TABS	1	B/D
tacrolimus CAPS 5mg	4	B/D
tacrolimus CAPS .5mg, 1mg	1	B/D
ZORTRESS TAB 0.5MG	4	B/D
ZORTRESS TAB 0.25MG	3	B/D
ZORTRESS TAB 0.75MG	4	B/D
VACCINES		
ACTHIB	2	
ADACEL	2	
BCG VACCINE	2	
BOOSTRIX	2	
CERVARIX	2	
COMVAX	2	
DAPTACEL	2	
DIPHTHERIA/TETANUS TOXOID	2	B/D
ENGERIX-B SUSP	2	B/D
GARDASIL	2	
HAVRIX	2	
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	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	

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB	2	B/D
ROTARIX	2	
ROTATEQ	2	
SYNAGIS	4	
TENIVAC	2	B/D
TETANUS TOXOID ADSORBED	2	B/D
TETANUS/DIPHTHERIA TOXOID	2	B/D
TWINRIX INJ	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	QL (1 vial per lifetime)
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
KLOR-CON 8	1	
KLOR-CON 10	1	
klor-con m15	1	
klor-con m20	1	
klor-con pow 20meq	1	
MAGNESIUM SULFATE SOLN	2	
MAGNESIUM SULFATE IN D5W	2	
magnesium sulfate inj 50%	1	
potassium chloride CPCR	1	
potassium chloride LIQD	1	
POTASSIUM CHLORIDE TBCR	1	
POTASSIUM CHLORIDE ER	1	
potassium chloride microencapsulated crystals cr	1	
SODIUM CHLORIDE SOLN 2.5meq/ml	1	
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F) MG/ML SOLN	1	
TPN ELECTROLYTES	3	B/D
IV NUTRITION		
AMINOSYN	3	B/D
AMINOSYN 7%/ELECTROLYTES	3	B/D
AMINOSYN 8.5%/ELECTROLYTE	3	B/D
AMINOSYN II	3	B/D
AMINOSYN II 8.5%/ELECTROL	3	B/D
AMINOSYN M	3	B/D
AMINOSYN-HBC	3	B/D
AMINOSYN-PF	3	B/D
AMINOSYN-PF 7%	3	B/D
AMINOSYN-RF	3	B/D
CLINIMIX 2.75%/DEXTROSE 5%	3	

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 5%/DEXTROSE 25%	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 4.25/D20	3	B/D
FREAMINE HBC 6.9%	3	B/D
FREAMINE III	3	B/D
HEPATAMINE	3	B/D
hepatasol 8	1	B/D
INTRALIPID INJ 20%	2	B/D
INTRALIPID INJ 30%	2	B/D
NEPHRAMINE	3	B/D
premasol sol 6%	1	B/D
premasol sol 10%	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
travasol 10	3	B/D
TROPHAMINE INJ 10%	3	B/D
IV REPLACEMENT SOLUTIONS		
DEXTROSE 2.5%/NACL 0.45%	1	
DEXTROSE 5%	1	
DEXTROSE 5% /ELECTROLYTE	2	
DEXTROSE 5%/LACTATED RING	1	
DEXTROSE 5%/NACL 0.2%	1	
DEXTROSE 5%/NACL 0.3%	1	
DEXTROSE 5%/NACL 0.9%	1	
DEXTROSE 5%/NACL 0.33%	1	
DEXTROSE 5%/NACL 0.45%	1	
DEXTROSE 5%/NACL 0.225%	1	
DEXTROSE 5%/POTASSIUM CHL	1	
DEXTROSE 10% FLEX CONTAIN	1	
DEXTROSE 10%/NACL 0.2%	2	
DEXTROSE 10%/NACL 0.45%	1	
DEXTROSE 50%	1	
dextrose inj 70%	1	
IONOSOL-B/DEXTROSE 5%	3	
IONOSOL-MB/DEXTROSE 5%	3	
ISOLYTE P	3	
isolyte s	3	
KCL0.15%/D5W/NACL0.2%	1	
KCL0.15%/D5W/NACL0.225%	2	
KCL 0.3%/D5W/NACL 0.9%	1	
KCL 0.3%/D5W/NACL 0.45%	1	

Drug Name	Drug Tier	Requirements/Limits
KCL 0.15%/D5W/NACL 0.9%	1	
KCL 0.075%/D5W/NACL 0.45%	1	
KCL/D5W INJ 0.3%	1	
KCL/NACL INJ 0.3-0.9	1	
LACTATED RINGER'S INJ	1	
normosol-m	1	
NORMOSOL-R	3	
NORMOSOL-R IN D5W	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-56/D5W	3	
PLASMA-LYTE-148	3	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 20meq/100ml	1	
potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/50ml, 40meq/100ml	1	
POTASSIUM CHLORIDE 0.15%	1	
POTASSIUM CHLORIDE 0.22%	1	
potassium chloride in nacl	1	
RINGER'S	1	
SODIUM CHLORIDE SOLN 3%, 5%	1	
SODIUM CHLORIDE 0.45% VIA	1	
SODIUM CHLORIDE INJ 0.9%	1	
VITAMINS		
calcitriol CAPS	1	B/D
calcitriol inj	1	B/D
calcitriol oral soln 1 mcg/ml	1	B/D
paricalcitol	1	B/D
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	1	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-poly-neomycin-hc	1	
blephamide OINT	3	
neomycin-polymy-dexameth	1	
neomycin-polymyxin-hc (ophth)	1	
sulfacetamide sod-prednisolone	1	
TOBRADEX OINT	2	
TOBRADEX ST	2	
tobramycin-dexamethasone	1	
ZYLET	2	
ANTI-INFECTIVES		
bacitracin (ophthalmic)	1	
bacitracin-polymyxin b (ophth)	1	
BESIVANCE	2	
CILOXAN OINT	2	

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin hcl (ophth)	1	
erythromycin (ophth)	1	
gatifloxacin (ophth)	1	
gentak	1	
gentamicin sulfate (ophth)	1	
MOXEZA	2	
NATACYN	3	
neomycin-bacitracin zn-polymyxin	1	
neomycin-polymy-gramicid	1	
ofloxacin (ophth)	1	
polymyxin b-trimethoprim	1	
sulfacetamide sodium (ophth)	1	
tobramycin sulfate (ophth)	1	
TOBREX OINT	3	
trifluridine SOLN	1	
VIGAMOX	2	
ANTI-INFLAMMATORIES		
ALREX	2	
BROMFENAC SODIUM (OPHTH)(ONCE-DAILY)	1	
dexamethasone sodium phosphate (ophth)	1	
diclofenac sodium (ophth)	1	
DUREZOL	2	
FLUOROMETHOLONE	1	
flurbiprofen sodium	1	
ILEVRO	2	
ketorolac tromethamine (ophth)	1	
LOTEMAX	2	
MAXIDEX	2	
NEVANAC	2	
PREDNISOLONE ACETATE (OPHTH)	1	
prednisolone sodium phosphate (ophth)	2	
ANTIALLERGICS		
azelastine hcl (ophth)	1	
BEPREVE	2	
cromolyn sodium (ophth)	1	
LASTACAFT	3	
PATADAY	2	
PATANOL	2	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	2	
AZOPT	2	
betaxolol hcl (ophth)	1	
BETOPTIC-S	2	
brimonidine sol 0.2%	1	

Drug Name	Drug Tier	Requirements/Limits
BRIMONIDINE SOL 0.15%	1	
carteolol hcl (ophth)	1	
COMBIGAN	2	
dorzolamide hcl	1	
dorzolamide hcl-timolol maleate	1	
ISTALOL	2	
latanoprost	1	
levobunolol hcl .5%	1	
LEVOBUNOLOL HCL .25%	1	
LUMIGAN	2	
metipranolol	1	
PHOSPHOLINE IODIDE	2	
PILOCARPINE HCL SOLN	1	
SIMBRINZA	2	
timolol maleate (ophth)	1	
TIMOLOL MALEATE GEL	1	
TRAVATAN Z	2	
MISCELLANEOUS		
naphazoline 0.1%	1	
PROLENSA	2	
proparacaine hcl SOLN	1	
RESTASIS	2	QL (64 vials / 30 days)
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	2	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	3	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu	1	B/D
ANTICHOLINERGICS		
ATROVENT HFA	3	QL (2 inhalers / 30 days)
ipratropium bromide SOLN	1	B/D
ipratropium bromide (nasal)	1	
SPIRIVA HANDIHALER	2	QL (30 caps / 30 days)
TUDORZA PRESSAIR	2	QL (1 inhaler / 30 days)
ANTIHISTAMINES		
ASTEPRO	2	
azelastine hcl SOLN	1	
azelastine spr 0.1%	1	
cetirizine syrup	1	
diphenhydramine inj	1	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	3	PA
levocetirizine dihydrochloride	1	
PATANASE	2	
BETA AGONISTS		

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate NEBU	1	B/D
albuterol sulfate SYRP; TABS; TB12	1	
FORADIL AEROLIZER	2	QL (60 caps / 30 days)
levalbuterol conc 1.25mg/0.5ml	1	B/D
PERFOROMIST	3	B/D
PROAIR HFA	2	QL (2 inhalers / 30 days)
SEREVENT DISKUS	2	QL (1 inhaler / 30 days)
terbutaline sulfate SOLN; TABS	1	
XOPENEX HFA	2	QL (2 inhalers / 30 days)
LEUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast sodium CHEW; PACK; TABS	1	
zafirlukast	1	
MAST CELL STABILIZERS		
cromolyn sodium nebu	1	B/D
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	1	B/D
ARALAST NP	4	NM, LA, PA
AUVI-Q	2	
DALIRESP	3	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
PROLASTIN-C	4	NM, LA, PA
PULMOZYME	4	B/D, NM
XOLAIR	4	NM, LA, PA
ZEMAIRA	4	NM, LA, PA
NASAL STEROIDS		
flunisolide (nasal)	1	QL (2 bottles / 30 days)
fluticasone propionate (nasal)	1	QL (1 bottle / 30 days)
NASONEX	3	QL (2 bottles / 30 days)
STEROID INHALANTS		
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)
ASMANEX 120 METERED DOSES	2	QL (2 inhalers / 30 days)
budesonide (inhalation)	1	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	2	QL (2 inhalers / 30 days)
FLOVENT DISKUS 250mcg/blist	2	QL (4 inhalers / 30

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA	2	QL (2 inhalers / 30 days)
QVAR 40mcg/act	2	QL (1 inhaler / 30 days)
QVAR 80mcg/act	2	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	2	QL (1 inhaler / 30 days)
ADVAIR HFA	2	QL (1 inhaler / 30 days)
BREO ELLIPTA	2	QL (1 inhaler / 30 days)
DULERA	3	QL (1 inhaler / 30 days)
SYMBICORT	2	QL (1 inhaler / 30 days)
XANTHINES		
aminophylline inj	1	
elixophyllin	3	
theo-24	3	
theophylline	1	
TOPICAL		
DERMATOLOGY, ACNE		
adapalene CREA	1	
adapalene GEL .1%	1	
amnesteem	1	
AVITA	1	
benzoyl peroxide-erythromycin	1	
claravis	1	
clindamycin phosphate (topical) GEL; LOTN; SOLN; SWAB	1	
ery pad 2%	1	
erythromycin (acne aid)	1	
myorisan	1	
sulfacetamide sodium (acne)	1	
tretinoin CREA; GEL	1	
zenatane	1	
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical)	1	
mafenide acetate PACK	1	
mupirocin OINT	1	
SILVER SULFADIAZINE CREA	1	
SSD	1	
SULFAMYLON CREA	3	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox CREA; GEL; SUSP	1	
ciclopirox shampoo 1%	1	
clotrimazole (topical)	1	
econazole nitrate CREA	1	
ketoconazole cream	1	

Drug Name	Drug Tier	Requirements/Limits
nyamyc	1	
nystatin (topical)	1	
nystop	1	
pedi-dri	1	
DERMATOLOGY, ANTIPRURITIC		
procto-pak	1	
proctozone hc	1	
PRUDOXIN CRE 5%	1	
DERMATOLOGY, ANTIPSORIATICS		
acitretin	4	PA
calcipotriene CREA; OINT; SOLN	1	
calcitrene oin 0.005%	1	
8-MOP	3	
TAZORAC CREA	3	PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo	1	
selenium sulfide LOTN	1	
DERMATOLOGY, ANTIVIRALS		
acyclovir topical	1	
DENAVIR	3	
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ala-cort	1	
alclometasone dipropionate	1	
amcinonide CREA; LOTN	1	
amcinonide OINT	3	
betamethasone dipropionate (topical)	1	
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betamethasone valerate CREA; LOTN; OINT	1	
clobetasol propionate CREA	1	
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clobetasol propionate OINT	1	
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desoximetasone CREA	1	
desoximetasone GEL	1	
DESOXIMETASONE OINT .05%	1	
desoximetasone OINT .25%	1	
diflorasone diacetate	1	
fluocinolone acetonide CREA; OIL; OINT; SOLN	1	
fluocinonide CREA .05%	1	
fluocinonide GEL	1	
fluocinonide OINT	1	

Drug Name	Drug Tier	Requirements/Limits
fluocinonide SOLN	1	
fluocinonide emulsified base	1	
fluticasone propionate CREA	1	
fluticasone propionate OINT	1	
halobetasol propionate	1	
hydrocortisone (topical)	1	
hydrocortisone butyrate	1	
hydrocortisone valerate	1	
LOKARA LOTN 0.05%	1	
mometasone furoate CREA; OINT; SOLN	1	
texacort soln 2.5%	3	
triamcinolone acetonide (topical)	1	
triderm	1	
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lidocaine PTCH	1	QL (3 patches / 1 day), PA
lidocaine hcl GEL	1	
lidocaine hcl SOLN 4%	1	
lidocaine oint 5%	1	
lidocaine-prilocaine	1	B/D
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ammonium lactate CREA; LOTN	1	
ELIDEL	3	PA
fluorouracil (topical)	1	
imiquimod CREA	1	
laclotion lotn 12%	1	
metronidazole (topical) CREA; LOTN	1	
metronidazole gel 0.75%	1	
PANRETIN	4	
podofilox SOLN	1	
rosadan cre 0.75%	1	
TARGRETIN GEL	4	NM, PA
VALCHLOR	4	NM, LA, PA
VOLTAREN	2	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	3	
malathion	1	
permethrin CREA	1	
DERMATOLOGY, WOUND CARE AGENTS		
acetic acid .25%	1	
REGRANEX	4	PA
SANTYL	3	
SODIUM CHLORIDE 0.9%	1	
STERILE WATER IRRIGATION	1	
MOUTH/THROAT/DENTAL AGENTS		

Drug Name	Drug Tier	Requirements/Limits
cevimeline hcl	1	
chlorhexidine gluconate (mouth-throat)	1	
clotrimazole TROC	1	
lidocaine hcl (mouth-throat)	1	
nystatin (mouth-throat)	1	
periogard	1	
pilocarpine hcl (oral)	1	
triamcinolone acetonide (mouth)	1	
OTIC		
acetic acid (otic)	1	
acetic acid-aluminum acetate	1	
CIPRODEX	2	
fluocinolone acetonide (otic)	1	
neomycin-polymyxin-hc (otic)	1	
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Group
MedicareBlue℠ Rx (PDP)
A Medicare Prescription Drug Plan

Do you have a question or need more information?

This document includes a complete list of medications on the drug formulary as of January 1, 2015. Your Medicare prescription drug coverage is through a stand alone Medicare prescription drug plan, Group MedicareBlue Rx.

This formulary was updated on 8/8/2014. For more recent information or other questions, please contact Group MedicareBlue Rx at **1 877 838 3827** or, for TTY users, **711**, 8 a.m. to 8 p.m., daily, Central and Mountain Times, or visit **www.YourMedicareSolutions.com**.

Coverage is available to members of an employer or union group and separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa,* Blue Cross and Blue Shield of Minnesota,* Blue Cross and Blue Shield of Montana,* Blue Cross and Blue Shield of Nebraska,* Blue Cross Blue Shield of North Dakota,* Wellmark Blue Cross and Blue Shield of South Dakota,* and Blue Cross Blue Shield of Wyoming.*

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RAS1025R08 (9/14)