

2014 Comprehensive FORMULARY

(Complete list of covered drugs)

AARP® MedicareComplete® Mosaic (HMO)

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

For more recent information or if you have other questions, please contact AARP MedicareComplete Plans at:



1-866-870-9604, TTY 711

8 a.m. to 8 p.m. local time, 7 days a week



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This document includes a complete list of the drugs (formulary) for our plan and is current as of August 1, 2013. For an updated formulary (drug list), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means UnitedHealthcare. When it refers to “plan” or “our plan,” it means AARP MedicareComplete Plans.

Note to existing members: This complete formulary has changed since last year. Please review this document to make sure the plan still covers the drugs you take. You must generally use network pharmacies to use your prescription drug benefit.

The AARP Medicare Complete Plans

COMPREHENSIVE FORMULARY (drug list)

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

This document is a **complete** formulary (drug list) of the drugs covered by your plan.

For your drug to be covered by your plan, it must be included in the complete drug list. In most cases, your prescription must also be filled at one of our more than 65,000 network pharmacies. To find out if your drug is covered:

1. See if your drug is included in this complete drug list.
2. Visit your plan website. You can use online tools to look up your drugs. The information is updated on a regular basis. The Web address appears on the front and back cover pages.
3. Call UnitedHealthcare Customer Service. Our contact information appears on the front and back cover pages.

When the formulary (drug list) may change

We try to make as few changes to the formulary (drug list) as possible during the plan year. If there are changes to the formulary (drug list), such as regular or necessary updates, members may see information in their Explanation of Benefits (EOB) statements, member newsletters or other member mailings. If there are changes to the formulary (drug list) outside of regular or necessary updates, members may receive a special mailing.

The formulary (drug list) may change throughout the year when your plan:

- Adds a new drug.
- Removes a drug.
- Changes the requirements or limits for a drug.
- Moves a drug into a different tier.

Generally, if you are taking a drug on the 2014 formulary (drug list) that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2014 coverage year except when a new, less expensive generic drug becomes available or when new information about the safety or effectiveness of a drug is released.

Other types of formulary (drug list) changes, such as removing a drug from the formulary (drug list), will not affect members who are currently taking the drug. For those members it will remain available at the same cost for the remainder of the coverage year. We feel it is important for you to have access for the entire coverage year to the list of drugs that were available when you chose your plan, except when you can save additional money or your safety is a concern.

If we remove drugs from our formulary (drug list), 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 at least 60 days before the change becomes effective, or when the member requests a refill of the drug. At this time the member will receive a 60-day supply of the drug.

If the Food and Drug Administration (FDA) declares a drug on our formulary (drug list) to be unsafe or if the drug's manufacturer removes the drug from the market, your plan will immediately remove the drug from the formulary (drug list) and notify members who take the drug. The enclosed formulary (drug list) is current as of the date printed on the front and back cover pages. To get updated information about the drugs covered by your plan, please call UnitedHealthcare Customer Service or visit our website using the information provided on the cover pages of this formulary (drug list).

Drug tiers and drug payment stages

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

- **Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the stage you're in.
- **The drug tier for your drug.** Each covered drug is in one of five drug tiers. Each tier has a different copay or coinsurance amount. The chart below shows the differences between the tiers.

For more information about drug payment stages and copay or coinsurance amounts for each tier, please review your Evidence of Coverage.

Drug Tier	Includes
Tier 1: Preferred generic	Lower-cost, commonly used generic drugs.
Tier 2: Non-preferred generic	Most generic drugs.
Tier 3: Preferred brand	Many common brand name drugs, called preferred brands, and some higher-cost generic drugs.
Tier 4: Non-preferred brand	Non-preferred generic and non-preferred brand name drugs.
Tier 5: Specialty tier	Unique and/or very high-cost drugs.

If you qualify for Extra Help

If you qualify for Extra Help for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS Rider). Please read it to learn about your costs. You can also contact UnitedHealthcare Customer Service. Our contact information appears on the front and back cover pages.

How to use the formulary (drug list)

There are two ways to find your prescription drugs in this complete formulary (drug list):

1. **Medical condition:** Turn to the “Covered drugs by medical condition” section, which begins on page 10, to look for drugs based on your medical conditions. For example, if you want to find drugs used to treat high cholesterol, go to the “Cardiovascular Drugs” category and look under “Cholesterol Control Drugs”.
2. **Alphabetical list (index):** If you are not sure what category to look under, turn to the “Index of covered drugs” section, which begins on page 67. Find the name of your drug. The page number where you can find the drug will be next to it.

Important page numbers

Covered drugs by medical condition.....	10
Index of covered drugs	67

Generic drugs

Your plan 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 version. Generally, generic drugs cost less than brand name drugs. Talk with your doctor to see if any of the brand name drugs you take have generic versions.

The formulary (drug list) shows **brand name** drugs in **bold** type (for example, **Crestor**) and generic drugs in plain type (for example, Simvastatin).

Drug Name	Drug Requirements Tier & Limits		Drug Name	Drug Requirements Tier & Limits	
Antineoplastics - Drugs to Treat Cancer			Antineoplastics - Drugs to Treat Parasitic Infections		
Alkylating Agents - Chemotherapy Agents			Anthelmintics - Worm Infection Drugs		
Cyclophosphamide (Tablet)	3	B/D	Albenza	3	
Leukeran	3		Stromectol	3	
Antiangiogenic Agents - Chemotherapy Agents			Antiprotozoals - Protozoal Infection Drugs		
Revlimid (10mg Capsule, 15mg Capsule, 25mg Capsule, 5mg Capsule)	5	PA,LA	Atovaquone/ Proguanil HCl (250mg; 100mg Tablet)	3	
			Hydroxychloroquine Sulfate	2	PA

Restrictions on your coverage

Some of your plan's drugs may have additional requirements or limits on coverage. If your drug has any requirements or limits, there will be a code(s) in the "Requirements & Limits" column of the drug list. The codes and what they mean are shown below.

B/D	Medicare Part B or Part D Depending on how this drug is used, it may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs). Your doctor may need to provide the plan with more information about how this drug will be used to make sure it's correctly covered by Medicare.
LA	Limited access Drugs are considered "limited access" if the FDA says the drug can be given out only by certain facilities or doctors. These drugs may require extra handling, provider coordination or patient education that can't be done at a network pharmacy.
PA	Prior authorization The plan requires you or your doctor to get prior authorization for certain drugs. This means the plan needs more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. If you don't get approval, the plan may not cover the drug.
QL	Quantity limits The plan will cover only a certain amount of this drug for one copay/coinsurance or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.
ST	Step therapy There are effective, lower-cost drugs that treat the same medical condition as this drug. You may be required to try one or more of these other drugs before the plan will cover your drug. If you have already tried other drugs or your doctor thinks they are not right for you, you or your doctor can ask the plan to cover this drug.

You can find out if your drug has any additional requirements or limits by looking it up in the "Covered drugs by medical condition" section that begins on page 10. You can also get more information about the restrictions on specific covered drugs by visiting our website. Our contact information, along with the date we last updated the formulary (drug list), appears on the front and back cover pages.

You and your doctor may ask your plan for an exception to the requirement and/or limit for your drug. See "How to request an exception to the AARP Medicare Complete Plans formulary (drug list)" on the next page or review your Evidence of Coverage to learn more. If you do not get prior approval from your plan for a drug with a requirement or limit, you may be responsible for paying the full cost of the drug.

If your drug is not on the formulary (drug list)

If your drug is not included in this **complete** formulary (list of covered drugs), you should contact UnitedHealthcare Customer Service and ask if your drug is covered. Our contact information, along with the date we last updated the formulary (drug list), appears on the front and back cover pages.

If you learn that your plan does not cover your drug, you have two options:

1. Ask your plan for a list of similar drugs that it covers. Show the list to your doctor and ask him or her to prescribe one of the drugs from the list.
2. Ask your plan to make an exception and cover your drug. See below for information about how to request an exception.

How to request an exception to the AARP MedicareComplete Plans formulary (drug list)

At times you may need to ask for drug coverage that's not normally provided by your plan. When you do, your plan will consider your request and respond with a coverage decision (coverage determination).

You can ask your plan to make an exception to the coverage rules. There are several types of exceptions that you can ask your plan to make.

- **Formulary exception:** You can ask your plan to cover your drug even if it is not on the formulary (drug list). If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- **Tiering exception:** You can ask your plan to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- **Utilization exception:** You can ask your plan to waive coverage restrictions or limits on your drug. For example, your plan limits the amount it will cover for certain drugs. If your drug has a quantity limit, you can ask your plan to waive the limit and cover more.

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

Who can ask for a coverage decision

You, your authorized representative or your doctor can ask for an initial coverage decision for a formulary exception, tiering exception or utilization restriction exception.

When you are requesting a formulary exception, tiering exception or utilization restriction exception, your prescriber or physician should submit a statement supporting your request.

Receiving a coverage decision

Generally, your plan will make a coverage decision within 72 hours after receiving your prescribing physician's statement. You can request an expedited, or fast, decision if you or your doctor believe your health requires it. If your plan agrees to a fast decision, you will receive a decision within 24 hours after your plan receives your prescriber's or prescribing physician's supporting statement.

What to do while you talk to your doctor about changing your drugs or requesting an exception

New or continuing members

As a new or continuing member in your plan, you may be taking drugs that are not on the formulary (drug list). Or you may be taking a drug that is on the formulary (drug list) but your ability to get it is limited. For example, you may need prior authorization before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that your plan covers, or request a formulary exception so your plan will cover the drug. While you talk to your doctor to decide what to do, your plan may cover your drug in certain cases during the first 90 days you are a member of your plan.

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

Long-term care facility residents

If you're a resident of a long-term care facility, your plan will allow you to refill your prescription until we have provided you with a 91- and may be up to a 98-day transition supply of the drug consistent with dispensing increment (unless your prescription is written for fewer days). Your plan will also cover more than one refill of these drugs for the first 90 days you are a member of your plan. If you need a drug that's not on the formulary (drug list) or if you have limited ability to get your drugs but you are past the first 90 days of membership in the plan, your plan will cover a 31-day emergency supply of the drug (unless your prescription is for fewer days) while you request a formulary exception.

Other transitions

You may have an unplanned transition, like a hospital discharge or a change in your level of care, after the first 90 days of your plan membership. If this happens and your doctor prescribes a drug that's not on the drug list, or if it's difficult for you to get your drugs, you are required to use your plan's exception process. You may ask for a one-time emergency supply of up to 30 days to give you time to talk to your doctor about other treatment options or to try to get a formulary exception.

For more information

For more information about your plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials. If you have questions about your plan, please contact us. Our contact information, along with the date we last updated the formulary (drug list), appears on the front and back cover pages.

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

Covered drugs by medical condition

The comprehensive formulary (drug list) below provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the “Index of covered drugs”, which begins on page 67.

The first column of the chart lists the drug name. Brand name drugs are listed in **bold** type (for example, **Crestor**) and generic drugs are listed in plain type (for example, Simvastatin).

The information in the second column of the chart shows you which coverage level (tier) your drug is in.

The Requirements & Limits column shows you if your plan has any special coverage requirements for the drug. If quantity limits apply to a drug, the restriction amounts are shown in the chart on pages 62-66.

Drug Name	Drug Requirements Tier	Drug Requirements & Limits
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions		
Analgesics - Miscellaneous Analgesics		
Butalbital/ Acetaminophen/ Caffeine (325mg; 50mg; 40mg Tablet)	† 3	QL
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs		
Celebrex	3	
Diclofenac Potassium	2	
Diclofenac Sodium DR	2	
Diclofenac Sodium ER	2	
Diclofenac Sodium/ Misoprostol	4	
Diflunisal	2	
Etodolac	2	
Etodolac ER	2	
Fenoprofen Calcium	2	

Drug Name	Drug Requirements Tier	Drug Requirements & Limits
Flurbiprofen	2	
Ibuprofen (Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)	2	
Ketoprofen	3	
Ketoprofen ER	3	
Ketorolac Tromethamine (15mg/ml Injection, 30mg/ml Injection)	3	PA
Meclofenamate Sodium	3	
Mefenamic Acid	3	
Meloxicam (Tablet)	1	
Meloxicam (Suspension)	2	
Nabumetone	3	
Naproxen	2	
Naproxen DR	2	

Bold type = Brand name drug
B/D = Medicare Part B or Part D
PA = Prior authorization
ST = Step therapy

Plain type = Generic drug
LA = Limited access drug
QL = Quantity limits

† For this drug's specific quantity limit see pages 62-66.

Drug Name	Drug Requirements Tier & Limits	
Naproxen Sodium (275mg Tablet, 550mg Tablet)	2	
Oxaprozin	2	
Oxycodone/ Ibuprofen	3	
Piroxicam	3	
Sulindac	2	
Tolmetin Sodium	3	
Opioid Analgesics, Long-acting - Opioid Pain Relievers		
Astramorph	3	
Duramorph	3	
Fentanyl (Patch)	† 3	QL
Kadian (100mg Capsule Extended Release 24 Hour, 200mg Capsule Extended Release 24 Hour, 60mg Capsule Extended Release 24 Hour, 80mg Capsule Extended Release 24 Hour)	† 5	QL
Levorphanol Tartrate	3	
Methadone HCl (Concentrate, Oral Solution, 10mg Tablet, 5mg Tablet)	2	
Methadone HCl (Injection)	4	

Drug Name	Drug Requirements Tier & Limits	
Morphine Sulfate (Oral Solution, Tablet)	3	
Morphine Sulfate ER	† 3	QL
Nucynta ER	3	
Opana ER (Crush Resistant)	† 3	QL
Oxymorphone HCl ER	† 3	QL
Tramadol HCl ER 100mg, 200mg Tablet Extended Release 24 Hour (Generic Ultram ER)	† 4	QL
Tramadol HCl ER 300mg Tablet Extended Release 24 Hour (Generic Ryzolt)	† 4	QL
Opioid Analgesics, Short-acting - Opioid Pain Relievers		
Abstral	5	PA
Acetaminophen/ Caffeine/ Dihydrocodeine Bitartrate	† 3	QL
Acetaminophen/ Codeine	† 2	QL
Actiq	† 5	PA, QL
Butorphanol Tartrate	3	
Co-Gesic	† 3	QL
Codeine Sulfate (Tablet)	3	

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† For this drug's specific quantity limit see pages 62-66.

Drug Name	Drug Requirements Tier & Limits		
Endocet	†	3	QL
Endodan		3	
Exalgo (12mg Tablet Extended Release 24 Hour, 16mg Tablet Extended Release 24 Hour, 8mg Tablet Extended Release 24 Hour)	†	3	QL
Fentanyl Citrate Oral Transmucosal	†	5	PA, QL
Fentora	†	5	PA, QL
Hydrocodone/ Acetaminophen (Oral Solution, 300mg; 10mg Tablet, 300mg; 5mg Tablet, 300mg; 7.5mg Tablet, 325mg; 10mg Tablet, 325mg; 5mg Tablet, 325mg; 7.5mg Tablet, 500mg; 10mg Tablet, 500mg; 2.5mg Tablet, 500mg; 5mg Tablet, 500mg; 7.5mg Tablet, 650mg; 10mg Tablet, 650mg; 7.5mg Tablet, 660mg; 10mg Tablet, 750mg; 10mg Tablet, 750mg; 7.5mg Tablet)	†	3	QL
Hydrocodone/ Ibuprofen (7.5mg; 200mg Tablet)	†	3	QL

Drug Name	Drug Requirements Tier & Limits		
Hydromorphone HCl (500mg/50ml Injection, Immediate- Release Tablet)		2	
Lazanda		5	PA
Nalbuphine HCl		3	
Onsolis		5	PA
Oxycodone HCl (10mg Tablet, 20mg Tablet)		2	
Oxycodone HCl (Capsule, Concentrate, 15mg Tablet, 30mg Tablet, 5mg Tablet)		3	
Oxycodone/ Acetaminophen	†	3	QL
Oxycodone/Aspirin		3	
Oxymorphone HCl	†	3	QL
Roxicet (Oral Solution)	†	4	QL
Stagesic	†	3	QL
Subsys (100mcg Liquid, 1200mcg Liquid, 200mcg Liquid, 400mcg Liquid, 800mcg Liquid)		5	PA
Synalgos-DC		4	
Tramadol HCl	†	2	QL
Tramadol HCl/ Acetaminophen	†	2	QL
Vicodin	†	3	QL
Vicodin ES	†	3	QL
Vicodin HP	†	3	QL
Anesthetics - Drugs for Numbing Local Anesthetics			

Drug Name	Drug Requirements Tier	Requirements & Limits
Lidocaine (Ointment)	3	
Lidocaine 2% Viscous Solution	3	
Lidocaine HCl (External Solution)	3	
Lidocaine HCl (0.5% Injection, 1% Injection)	3	B/D
Lidocaine HCl (Gel)	3	
Lidocaine/Prilocaine (Cream)	3	
Lidoderm	† 3	QL
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrents		
Alcohol Deterrents/Anti-craving - Antidotes/Deterrents/Protectants		
Campral	4	
Disulfiram	3	
Naltrexone HCl	3	
Vivitrol	5	
Opioid Antagonists - Antidotes/Deterrents/Protectants		
Buprenorphine HCl	3	
Buprenorphine HCl/Naloxone HCl	4	
Naloxone HCl (1mg/ml Injection)	3	
Suboxone	4	
Smoking Cessation Agents - Deterrents		
Buproban	2	

Drug Name	Drug Requirements Tier	Requirements & Limits
Chantix	4	
Chantix Starting Month Pak	4	
Nicotrol Inhaler	4	
Nicotrol NS	3	
Antibacterials - Drugs to Treat Bacterial Infections		
Aminoglycosides - Antibiotics		
Amikacin Sulfate (1gm/4ml Injection, 50mg/ml Injection)	3	
Gentak (Ointment)	2	
Gentamicin Sulfate (Cream, Injection, 0.1% Ointment, Ophthalmic Solution)	2	
Gentamicin Sulfate/NaCl (1.6mg/ml; 0.9% Injection, 1 mg/ml; 0.9% Injection)	2	
Gentamicin Sulfate/NaCl (0.9mg/ml; 0.9% Injection, 1.4mg/ml; 0.9% Injection)	3	
Isotonic Gentamicin (0.8mg/ml; 0.9% Injection, 1.2mg/ml; 0.9% Injection)	2	
Neomycin Sulfate (Tablet)	2	

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† For this drug's specific quantity limit see pages 62-66.

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Drug Name	Drug Requirements Tier & Limits	
Neomycin/ Polymyxin B Sulfates	3	
Paromomycin Sulfate	3	
Streptomycin Sulfate	4	
TOBI	5	B/D
TOBI Podhaler	5	
Tobramycin Sulfate (Ophthalmic Solution)	2	
Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection)	3	
Tobramycin Sulfate/NaCl	3	
Tobrex (Ointment)	3	
Antibacterials, Other - Antibiotics		
Alcohol Preps (Pad)	2	
Altabax	4	
BACiiM	2	
Bacitracin	2	
Bacitracin/ Polymyxin B	2	
Chloramphenicol Sodium Succinate	3	
Clindamycin HCl	2	
Clindamycin Phosphate (Cream)	2	
Clindamycin Phosphate (150mg/ ml Injection)	3	
Clindamycin Phosphate in D5W	4	
Colistimethate Sodium	5	

Drug Name	Drug Requirements Tier & Limits		
Coly-Mycin M	4		ST
Cortisporin (Cream, Ointment)	4		
Cubicin	5		B/D
Flagyl ER	4		
Lincocin	4		
Mafenide Acetate	4		
Methenamine Hippurate	3		
MetroGel (1% Gel)	4		
Metronidazole (Cream, 0.75% Gel, Lotion, Tablet)	3		
Metronidazole in NaCl 0.79%	3		
Metronidazole Vaginal	3		
Mupirocin (Ointment)	2		
Mupirocin (Cream)	4		
Neomycin/ Bacitracin/ Polymyxin	2		
Neomycin/ Polymyxin/ Gramicidin	2		
Nitrofurantoin	†	3	QL
Nitrofurantoin Macrocrystalline (50mg Capsule)	†	3	QL
Nitrofurantoin Monohydrate	†	3	QL
Polymyxin B Sulfate	3		
Primsol	4		
Silver Sulfadiazine SSD	3		

Drug Name	Drug Requirements Tier	Requirements & Limits
Sulfamylon (Cream)	4	
Synercid	5	
Trimethoprim	2	
Trimethoprim Sulfate/Polymyxin B Sulfate	2	
Tygacil	5	
Vancocin HCl	5	PA
Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection)	3	B/D
Vancomycin HCl (Capsule)	5	PA
Vandazole	3	
Vibativ (250mg Injection)	4	
Xifaxan	5	
Zyvox	5	PA
Beta-Lactam, Cephalosporins - Antibiotics		
Cedax (Capsule)	4	
Cefaclor (Capsule)	2	
Cefaclor ER	2	
Cefadroxil	2	
Cefazolin Sodium (10gm Injection, 1gm Injection, 1gm; 5% Injection, 500mg Injection)	3	
Cefdinir	3	

Drug Name	Drug Requirements Tier	Requirements & Limits
Cefepime (1gm Injection, 2gm Injection)	3	
Cefotaxime Sodium (10gm Injection)	3	
Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	3	
Cefoxitin Sodium (1gm; 4% Injection, 2gm; 2.2% Injection)	4	
Cefpodoxime Proxetil	3	
Cefprozil	3	
Ceftazidime (1gm Injection, 2gm Injection, 6gm Injection)	3	
Ceftazidime/Dextrose	3	
Ceftriaxone Sodium	3	
Cefuroxime Axetil (Tablet)	2	
Cefuroxime Sodium (1.5gm Injection, 7.5gm Injection, 750mg Injection)	2	
Cephalexin (250mg Capsule, 500mg Capsule, Suspension Reconstituted, Tablet)	2	

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Drug Name	Drug Requirements Tier	Requirements & Limits
Claforan (1gm Injection)	4	
Fortaz (1gm/50ml; 5% Injection, 2gm/50ml; 5% Injection)	4	
Suprax	3	
Beta-Lactam, Other - Antibiotics		
Azactam in Iso-Osmotic Dextrose	4	
Aztreonam (1gm Injection)	3	
Cayston	5	PA, LA
Cefotetan	4	
Doribax (500mg Injection)	4	
Imipenem/Cilastatin	3	
Invanz	4	
Meropenem (500mg Injection)	3	
Beta-Lactam, Penicillins - Antibiotics		
Amoxicillin	2	
Amoxicillin/Potassium Clavulanate	2	
Amoxicillin/Potassium Clavulanate ER	2	
Ampicillin	3	
Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection)	3	
Ampicillin/Sulbactam (10gm; 5gm Injection, 2gm; 1gm Injection)	3	

Drug Name	Drug Requirements Tier	Requirements & Limits
Bactocill in Dextrose (1gm/50ml Injection)	4	
Bactocill in Dextrose (2gm/50ml Injection)	5	
Bicillin C-R	4	
Bicillin L-A	4	
Dicloxacillin Sodium	2	
Nafcillin Sodium (10gm Injection, 1gm Injection)	3	
Nallpen/Dextrose	4	
Oxacillin Sodium (10gm Injection, 1gm Injection)	4	
Penicillin G Potassium (5mu Injection)	4	
Penicillin G Potassium in Iso-Osmotic Dextrose (Injection)	3	
Penicillin G Procaine	4	
Penicillin G Sodium	4	
Penicillin V Potassium	2	
Piperacillin Sodium/Tazobactam Sodium (3gm; 0.375gm Injection, 4gm; 0.5gm Injection)	3	
Timentin (0.1gm; 3gm Injection)	4	
Zosyn (5%; 2gm/50ml; 0.25gm/50ml Injection, 5%; 3gm/50ml; 0.375gm/50ml Injection)	4	

Drug Name	Drug Requirements Tier	Drug Requirements & Limits
Macrolides - Antibiotics		
Akne-Mycin	4	
Azasite	3	
Azithromycin (500mg Injection, Suspension Reconstituted, Tablet)	2	
Clarithromycin	3	
Clarithromycin ER	3	
Dificid	5	PA
E.E.S. 400	2	
E.E.S. Granules	3	
Ery Pad 2%	2	
Ery-Tab	3	
EryPed	3	
Erythrocin Lactobionate (500mg Injection)	4	
Erythrocin Stearate	4	
Erythromycin (External Solution, Gel, Ointment)	2	
Erythromycin Base	2	
Erythromycin Ethylsuccinate	2	
Ketek	4	PA
PCE	4	
Zmax	4	
Quinolones - Antibiotics		

Drug Name	Drug Requirements Tier	Drug Requirements & Limits
Avelox (Tablet)	3	
Avelox (Injection)	4	
Avelox ABC Pack	3	
Besivance	3	
Ciloxan (Ointment)	4	
Cipro (Oral Suspension)	4	
Cipro HC	4	
Ciprodex	3	
Ciprofloxacin (400mg/40ml Injection)	2	
Ciprofloxacin ER	3	
Ciprofloxacin HCl	2	
Ciprofloxacin I.V. in D5W (200mg/100ml; 5% Injection)	2	
Levofloxacin	3	
Levofloxacin in D5W (5%; 500mg/100ml Injection)	3	
Moxeza	3	
Noroxin	4	
Ofloxacin	3	
Vigamox	3	
Zymaxid	3	
Sulfonamides - Antibiotics		

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Drug Name	Drug Requirements Tier & Limits
Sulfacetamide Sodium (Ointment, Ophthalmic Solution)	2
Sulfadiazine	3
Sulfamethoxazole/Trimethoprim	2
Sulfamethoxazole/Trimethoprim DS	2
Tetracyclines - Antibiotics	
Demeclocycline HCl	3
Doxycycline (75mg Capsule, Suspension Reconstituted)	3
Doxycycline Hyclate (Capsule, Injection, Tablet)	3
Doxycycline Hyclate DR	3
Doxycycline Monohydrate (150mg Tablet, 50mg Tablet, 75mg Tablet)	3
Minocycline HCl (Capsule)	2
Minocycline HCl (Tablet)	4
Minocycline HCl ER	4
Vibramycin (Syrup)	4
Anticonvulsants - Drugs to Treat Seizures	
Anticonvulsants, Other - Seizure Control Drugs	
Levetiracetam (500mg/5ml Injection, Oral Solution, Tablet)	2
Levetiracetam ER	3

Drug Name	Drug Requirements Tier & Limits
Phenobarbital (Elixir, Tablet)	2 PA
Potiga	4
Calcium Channel Modifying Agents - Seizure Control Drugs	
Celontin	4
Ethosuximide	3
Lyrica	† 3 QL
Zonisamide	2
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	
Clonazepam	2
Clonazepam ODT	4
Clorazepate Dipotassium	2 PA
Diazepam (Gel)	4
Divalproex Sodium	2
Divalproex Sodium DR	2
Divalproex Sodium ER	2
Gabapentin	2
Gabitril	4
Onfi	4 PA
Primidone	2
Sabril	5 PA, LA
Stavzor	4
Tiagabine HCl	4
Valproate Sodium (100mg/ml Injection)	3
Valproic Acid	2
Glutamate Reducing Agents - Seizure Control Drugs	
Felbamate (400mg Tablet)	4

Drug Name	Drug Requirements Tier & Limits
Felbamate (Suspension, 600mg Tablet)	5
Felbatol	5
Lamictal ODT (Tablet Dispersible)	4
Lamictal Starter Kit	4
Lamotrigine (Immediate-Release Tablet)	2
Lamotrigine (Tablet Chewable)	3
Topiramate	2
Sodium Channel Agents - Seizure Control Drugs	
Banzel (200mg Tablet)	4
Banzel (Suspension, 400mg Tablet)	5
Carbamazepine	3
Carbamazepine ER	3
Dilantin	3
Dilantin Infatabs	3
Epitol	3
Equetro	4
Fosphenytoin Sodium (100mg pe/ 2ml Injection)	3
Oxcarbazepine (Tablet)	3

Drug Name	Drug Requirements Tier & Limits
Oxcarbazepine (Suspension)	4
Peganone	4
Phenytek	2
Phenytoin (Suspension)	2
Phenytoin (Tablet Chewable)	3
Phenytoin Sodium (Injection)	2
Phenytoin Sodium Extended (Capsule)	2
Tegretol	4
Tegretol-XR (100mg Tablet Extended Release 12 Hour)	3
Tegretol-XR (200mg Tablet Extended Release 12 Hour, 400mg Tablet Extended Release 12 Hour)	4
Vimpat (Injection)	4 PA
Vimpat (Oral Solution, Tablet)	† 4 QL
Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia	
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	

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Drug Name	Drug Requirements Tier	Drug Requirements & Limits
Donepezil HCl (10mg Tablet Dispersible, 5mg Tablet Dispersible, 10mg Tablet, 5mg Tablet)	2	
Exelon (Oral Solution)	4	
Exelon (Patch 24 Hour)	4	ST
Galantamine Hydrobromide	3	
Rivastigmine Tartrate	3	
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs		
Namenda (Oral Solution, Tablet)	3	
Namenda Titration Pak (Tablet)	3	
Antidepressants - Drugs to Treat Depression		
Antidepressants, Other - Antidepressants		
Budeprion SR	2	
Bupropion HCl	2	
Bupropion HCl SR	2	
Bupropion HCl XL	2	
Maprotiline HCl	2	
Mirtazapine	2	
Mirtazapine ODT (30mg Tablet Dispersible, 45mg Tablet Dispersible)	2	
Nefazodone HCl	2	
Trazodone HCl	2	
Monoamine Oxidase Inhibitors - Antidepressants		

Drug Name	Drug Requirements Tier	Drug Requirements & Limits
Emsam	5	ST
Marplan	4	
Phenelzine Sulfate	2	
Tranylcypromine Sulfate	3	
Serotonin/Norepinephrine Reuptake Inhibitors - Antidepressants		
Citalopram Hydrobromide (Tablet)	1	
Citalopram Hydrobromide (Oral Solution)	3	
Cymbalta	†	4 PA, QL
Escitalopram Oxalate	2	
Fluoxetine DR	4	
Fluoxetine HCl	2	
Fluvoxamine Maleate (Tablet)	2	
Olanzapine/Fluoxetine (25mg; 3mg Capsule)	4	
Paroxetine HCl	2	
Paroxetine HCl ER	4	
Paxil (Suspension)	4	
Pexeva	4	
Pristiq	†	4 PA, QL
Sertraline HCl (Tablet)	1	
Sertraline HCl (Concentrate)	3	
Venlafaxine HCl	3	
Venlafaxine HCl ER	3	
Viibryd	4	
Tricyclics - Antidepressants		

Drug Name	Drug Requirements Tier	Requirements & Limits
Amitriptyline HCl	2	PA
Amoxapine (100mg Tablet, 25mg Tablet, 50mg Tablet)	2	
Amoxapine (150mg Tablet)	2	
Clomipramine HCl	2	PA
Desipramine HCl	3	
Doxepin HCl	2	PA
Imipramine HCl	2	PA
Imipramine Pamoate	3	PA
Nortriptyline HCl (Capsule)	2	
Pamelor	5	ST
Perphenazine/ Amitriptyline	2	
Protriptyline HCl	3	
Trimipramine Maleate	3	PA
Antiemetics - Drugs to Treat Nausea and Vomiting		
Antiemetics, Other - Nausea and Vomiting Drugs		
Meclizine HCl (Tablet)	2	
Transderm-Scop	4	
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs		
Aloxi	4	
Anzemet (Tablet)	5	B/D
Cesamet	5	B/D, PA

Drug Name	Drug Requirements Tier	Requirements & Limits
Dronabinol (2.5mg Capsule, 5mg Capsule)	3	B/D, PA
Dronabinol (10mg Capsule)	5	B/D, PA
Emend (Capsule)	3	B/D, PA
Granisetron HCl (0.1mg/ml Injection, 1mg/ml Injection)	3	
Granisetron HCl (Tablet)	3	B/D
Granisol	3	B/D
Ondansetron HCl (Tablet)	2	B/D
Ondansetron HCl (40mg/20ml Injection)	3	
Ondansetron HCl (Oral Solution)	3	B/D
Ondansetron ODT	2	B/D
Sancuso	5	
Zofran (Injection)	5	ST
Zofran (Oral Solution, Tablet)	5	B/D
Zofran ODT	5	B/D
Antifungals - Drugs to Treat Fungal Infections		
Antifungals - Fungal Infection Drugs		
Abelcet	5	B/D
AmBisome	5	B/D
Amphotericin B	3	B/D
Ancobon	5	

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Drug Name	Drug Requirements Tier	Limits
Candidas	5	
Ciclopirox	3	
Ciclopirox Nail Lacquer	3	
Ciclopirox Olamine	3	
Clotrimazole	2	
Clotrimazole/ Betamethasone Dipropionate	2	
Econazole Nitrate	2	
Eraxis (100mg Injection)	5	
Exelderm	4	
Fluconazole	2	
Fluconazole in Dextrose (56mg/ml; 400mg/200ml Injection)	2	
Flucytosine	5	
Griseofulvin Microsize	3	
Griseofulvin Ultramicrosize	4	
Gynazole-1	4	
Itraconazole	4	PA
Ketoconazole (Cream, Shampoo, Tablet)	2	
Ketoconazole (Foam)	4	
Lamisil (Packet)	4	
Mentax	4	
Miconazole 3	2	
Mycamine	5	
Naftin (1% Cream, Gel)	4	
Natacyn	3	

Drug Name	Drug Requirements Tier	Limits
Noxafil	5	
Nyamyc	2	
Nystatin (Cream, Ointment, 100000unit/gm Powder, Suspension, Tablet)	2	
Nystatin/ Triamcinolone	2	
Nystop	2	
ONMEL	5	PA
Oxistat	4	
Pedi-Dri	2	
Sporanox	5	PA
Terbinafine HCl (Tablet)	2	
Terconazole (Suppository)	2	
Terconazole (Cream)	3	
Vfend (Suspension Reconstituted)	5	
Vfend (Tablet)	5	ST
Voriconazole	5	
Zazole (Cream)	3	
Antigout Agents - Drugs to Treat Gout		
Antigout Agents - Gout Drugs		
Allopurinol (Tablet)	2	
Allopurinol Sodium (Injection)	2	
Colcrys	3	
Probenecid	2	
Probenecid/ Colchicine	2	
Uloric	3	ST

Drug Name	Drug Requirements Tier & Limits
Antimigraine Agents - Drugs to Treat Migraines	
Ergot Alkaloids - Migraine Drugs	
Dihydroergotamine Mesylate (Injection)	3
Migergot	3
Serotonin (5-HT) 1b/1d Receptor Agonists - Migraine Drugs	
Naratriptan HCl	2
Rizatriptan Benzoate	3
Sumatriptan Succinate (Tablet)	2
Sumatriptan Succinate (6mg/0.5ml Injection)	3
Sumavel DosePro	4
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis	
Parasympathomimetics - Myasthenia Gravis Drugs	
Guanidine HCl	4
Mestinon (Syrup)	4
Mestinon Timespan	4
Pyridostigmine Bromide	2
Regonol	3
Antimycobacterials - Drugs to Treat Infections	
Antimycobacterials, Other - Miscellaneous Anti-Infectives	
Dapsone	3

Drug Name	Drug Requirements Tier & Limits	
Mycobutin	4	
Antituberculars - Tuberculosis Drugs		
Capastat Sulfate	4	
Ethambutol HCl	3	
Isoniazid	3	
Paser	4	
Priftin	4	
Pyrazinamide	3	
Rifampin (Capsule)	3	
Rifampin (Injection)	4	
Rifater	4	
Seromycin	4	
Sirturo	5	
Trecator	4	
Antineoplastics - Drugs to Treat Cancer		
Alkylating Agents - Chemotherapy Agents		
Alkeran (Injection)	4	
BiCNU	4	
Busulfex	5	
CeeNU (10mg Capsule, 40mg Capsule)	4	
Cyclophosphamide (Tablet)	3	B/D
Dacarbazine (200mg Injection)	3	
Hexalen	5	PA
Ifosfamide (1gm Injection)	3	

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Drug Name	Drug Requirements Tier	Drug Requirements & Limits
Leukeran	3	
Matulane	5	
Melphalan HCl	5	
Mustargen	5	
Thiotepa	4	
Treanda (100mg Injection)	5	PA
Zanosar	4	
Antiangiogenic Agents - Chemotherapy Agents		
Caprelsa	5	PA, LA
Revlimid (10mg Capsule, 15mg Capsule, 25mg Capsule, 5mg Capsule)	5	PA, LA
Thalomid	5	PA
Antiestrogens/Modifiers - Chemotherapy Agents		
Emcyt	4	PA
Fareston	5	
Faslodex	5	
Soltamox	4	
Tamoxifen Citrate	2	
Antimetabolites - Chemotherapy Agents		
Cladribine	5	B/D
Clolar	5	
Cytarabine (500mg Injection)	3	B/D
Cytarabine Aqueous (20mg/ml Injection)	2	B/D
Cytarabine Aqueous (100mg/ml Injection)	3	B/D
Droxia	4	
Elitek (1.5mg Injection)	5	

Drug Name	Drug Requirements Tier	Drug Requirements & Limits
Fluorouracil (2.5gm/50ml Injection)	3	B/D
Folotyn (40mg/2ml Injection)	5	PA
Gemcitabine HCl (1gm Injection)	5	
Gemzar (1gm Injection)	5	
Hydroxyurea	2	
Mercaptopurine	3	
Nipent	5	ST
Pentostatin	5	
Tabloid	4	PA
Antineoplastics - Chemotherapy Agents		
Tafinlar	5	PA
Antineoplastics, Other - Chemotherapy Agents		
Abraxane	5	PA
Adriamycin (2mg/ml Injection)	3	B/D
Alimta (500mg Injection)	5	PA
Amifostine	5	
Arranon	5	
Bleomycin Sulfate (30unit Injection)	3	B/D
Camptosar (100mg/5ml Injection)	4	ST
Carboplatin (150mg/15ml Injection)	3	
Cerubidine	4	
Cisplatin (100mg/100ml Injection)	3	
Cometriq	5	PA
Cosmegen	5	
Dacogen	5	

Drug Name	Drug Requirements Tier & Limits	
Daunorubicin HCl (5mg/ml Injection)	2	
Dexrazoxane (500mg Injection)	5	PA
Docefrez	5	
Docetaxel (80mg/4ml Injection, 80mg/8ml Injection)	5	
Doxil	5	
Doxorubicin HCl (2mg/ml Injection)	3	B/D
Ellence (200mg/100ml Injection)	5	ST
Eloxatin (100mg/20ml Injection)	5	
Elspar	4	
Epirubicin HCl (50mg/25ml Injection)	3	
Erivedge	5	PA
Fludarabine Phosphate (50mg Injection)	4	
Fusilev	5	
Halaven	5	PA
Iclusig	5	PA
Idamycin PFS (20mg/20ml Injection)	5	ST
Idarubicin HCl (10mg/10ml Injection)	5	

Drug Name	Drug Requirements Tier & Limits	
Irinotecan (100mg/5ml Injection)	3	
Istodax	5	PA
Ixempra Kit (45mg Injection)	5	
Jakafi	5	PA, LA
Jevtana	5	PA
Leucovorin Calcium (100mg Injection, 350mg Injection, Tablet)	3	
Mekinist	5	PA
Menest	3	PA
Mesna	3	
Mesnex (Tablet)	5	
Mitomycin (20mg Injection)	3	
Mitoxantrone HCl	3	PA
Ontak	5	PA
Oxaliplatin (100mg/20ml Injection)	5	
Paclitaxel (300mg/50ml Injection)	3	
Picato	4	
Pomalyst	5	PA
Proleukin	5	PA
Sylatron	5	PA
Synribo	5	PA
Taxotere (80mg/4ml Injection)	5	
Trisenox	4	PA

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Drug Name	Drug Requirements Tier	Requirements & Limits
Velcade	5	PA
Vidaza	5	PA
Vinblastine Sulfate (10mg Injection)	3	B/D
Vincasar PFS	3	B/D
Vincristine Sulfate	3	B/D
Vinorelbine Tartrate (50mg/5ml Injection)	3	
Zaltrap (100mg/4ml Injection)	5	PA
Zinecard (250mg Injection)	5	PA
Zolinza	5	PA
Zytiga	5	PA
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents		
Anastrozole	2	
Aromasin	4	
Exemestane	3	
Letrozole	2	
Enzyme Inhibitors - Chemotherapy Agents		
Etopophos	5	
Etoposide (Injection)	3	
Hycamtin (Injection)	5	
Toposar	3	
Topotecan HCl (4mg Injection)	5	
Molecular Target Inhibitors - Chemotherapy Agents		
Afinitor	5	PA
Bosulif	5	PA
Gleevec	5	PA
Inlyta	5	PA
Nexavar	5	PA

Drug Name	Drug Requirements Tier	Requirements & Limits
Sprycel	5	PA
Stivarga	5	PA
Sutent	5	PA
Tarceva	5	PA
Tasigna	5	PA
Tykerb	5	PA
Votrient	5	PA
Xalkori	5	PA, LA
Zelboraf	5	PA
Monoclonal Antibodies - Chemotherapy Agents		
Arzerra (100mg/5ml Injection)	5	PA
Avastin (100mg/4ml Injection)	5	PA
Erbitux (100mg/50ml Injection)	5	PA
Herceptin	5	PA
Kadcyla (100mg Injection)	5	PA
Perjeta	5	PA
Rituxan	5	PA
Vectibix (100mg/5ml Injection)	5	PA
Yervoy (50mg/10ml Injection)	5	PA
Retinoids - Chemotherapy Agents		
Panretin	5	PA
Targretin	5	PA
Tretinoin (Capsule)	5	
Antiparasitics - Drugs to Treat Parasitic Infections		
Anthelmintics - Worm Infection Drugs		
Albenza	3	
Biltricide	3	
Stromectol	3	

Drug Name	Drug Requirements Tier & Limits	
Antiprotozoals - Protozoal Infection Drugs		
Alinia	4	
Atovaquone/ Proguanil HCl (250mg; 100mg Tablet)	3	
Chloroquine Phosphate	3	
Daraprim	3	
Hydroxychloroquine Sulfate	2	
Mefloquine HCl	2	
Mepron	5	
Nebupent	4	B/D
Pentam 300	4	
Primaquine Phosphate	4	
Quinine Sulfate	4	PA
Tinidazole	3	
Pediculicides/Scabicides - Scabies and Lice Drugs		
Eurax	4	
Lindane	3	
Malathion	3	
Permethrin (Cream)	2	
Ulesfia	4	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease		
Anticholinergics - Parkinson's Disease Drugs		

Drug Name	Drug Requirements Tier & Limits	
Benzotropine Mesylate	2	PA
Trihexyphenidyl HCl	2	PA
Antiparkinson Agents, Other - Parkinson's Disease Drugs		
Entacapone	3	
Tasmar	5	
Dopamine Agonists - Parkinson's Disease Drugs		
Apokyn	5	PA
Bromocriptine Mesylate	3	
Pramipexole Dihydrochloride (Immediate-Release Tablet)	3	
Ropinirole HCl (Immediate-Release Tablet)	2	
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs		
Carbidopa/ Levodopa	2	
Carbidopa/ Levodopa ER	2	
Carbidopa/ Levodopa ODT	2	
Lodosyn	4	
Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs		
Azilect	3	
Selegiline HCl	3	

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Drug Name	Drug Requirements Tier & Limits	
Zelapar	4	
Antipsychotics - Drugs to Treat Mood Disorders		
1st Generation/Typical - Mood Disorder Drugs		
Chlorpromazine HCl (Injection, Tablet)	2	
Compro	2	
Fluphenazine Decanoate	3	
Fluphenazine HCl (Concentrate, Elixir)	2	
Fluphenazine HCl (Injection, Tablet)	2	
Haloperidol	2	
Haloperidol Decanoate (Injection)	2	
Haloperidol Lactate (Injection)	2	
Loxapine Succinate (10mg Capsule, 25mg Capsule, 50mg Capsule)	2	
Loxapine Succinate (5mg Capsule)	† 2	QL
Orap	3	
Perphenazine	2	
Prochlorperazine	2	
Prochlorperazine Edisylate (Injection)	3	
Prochlorperazine Maleate	2	
Thioridazine HCl	3	
Thiothixene	2	
Trifluoperazine HCl	2	

Drug Name	Drug Requirements Tier & Limits	
2nd Generation/Atypical - Mood Disorder Drugs		
Abilify (9.75mg/1.3ml Injection)	4	
Abilify (Oral Solution, Tablet)	† 5	QL
Abilify Discmelt	† 5	QL
Abilify Maintena (300mg Injection)	5	
Fanapt (1mg Tablet, 2mg Tablet)	† 4	QL, ST
Fanapt (10mg Tablet, 12mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)	† 5	QL, ST
Fanapt Titration Pack	4	ST
Geodon (Injection)	4	
Invega	† 4	QL
Invega Sustenna (39mg/0.25ml Injection, 78mg/0.5ml Injection)	4	
Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection)	5	
Latuda	† 4	QL
Olanzapine (Injection)	3	
Olanzapine (Tablet)	† 3	QL
Olanzapine ODT	† 3	QL
Quetiapine Fumarate	† 2	QL

Drug Name	Drug Requirements Tier & Limits		
Risperdal Consta (12.5mg Injection, 25mg Injection)	4		
Risperdal Consta (37.5mg Injection, 50mg Injection)	5		
Risperidone (Tablet)	2		
Risperidone (Oral Solution)	3		
Risperidone ODT	3		
Saphris (10mg Tablet Sublingual)	4		
Saphris (5mg Tablet Sublingual)	†	4	QL
Seroquel XR	†	3	QL
Ziprasidone HCl (Capsule)	†	4	QL
Treatment-Resistant - Mood Disorder Drugs			
Clozapine	3		
Fazaclo (100mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible, 25mg Tablet Dispersible)	3		
Fazaclo (12.5mg Tablet Dispersible)	†	3	QL

Drug Name	Drug Requirements Tier & Limits		
Antispasticity Agents - Drugs to Treat Spasms			
Antispasticity Agents - Muscle Spasm Drugs			
Baclofen	2		
Dantrolene Sodium (Capsule)	3		
Gablofen (10000mcg/20ml Injection, 50mcg/ml Injection)	3		B/D, PA
Gablofen (40000mcg/20ml Injection)	5		B/D, PA
Lioresal Intrathecal (0.05mg/ml Injection, 10mg/20ml Injection)	3		B/D, PA
Lioresal Intrathecal (10mg/5ml Injection)	5		B/D, PA
Tizanidine HCl (Tablet)	2		
Antivirals - Drugs to Treat Viral Infections			
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs			
Cidofovir	5		
Foscarnet Sodium	3		B/D
Ganciclovir	4		B/D
Valcyte	5		
Vistide	5		

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Drug Name	Drug Requirements Tier & Limits
Zirgan	4
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors - HIV Drugs	
Atripla	5
Complera	5
Edurant	5
Intelence (100mg Tablet, 200mg Tablet)	5
Nevirapine (Tablet)	3
Rescriptor	4
Stribild	5
Sustiva	4
Viramune (Suspension)	4
Viramune XR	3
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors - HIV Drugs	
Abacavir	4
Combivir	5
Didanosine	3
Emtriva	4
Epivir (Oral Solution)	3
Epivir HBV	3
Epzicom	5
Lamivudine	3
Lamivudine/ Zidovudine	5
Retrovir IV Infusion	4
Stavudine	3
Trizivir	5
Truvada	5

Drug Name	Drug Requirements Tier & Limits
Videx Pediatric (2gm Oral Solution)	4
Viread	5
Ziagen (Oral Solution)	4
Zidovudine	3
Anti-HIV Agents, Other - HIV Drugs	
Fuzeon	5
Isentress (25mg Tablet Chewable)	3
Isentress (Tablet, 100mg Tablet Chewable)	5
Selzentry	5
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	
Aptivus	5
Crixivan	3
Invirase (Capsule)	4
Invirase (Tablet)	5
Kaletra (100mg; 25mg Tablet)	4
Kaletra (Oral Solution, 200mg; 50mg Tablet)	5
Lexiva (Suspension)	4
Lexiva (Tablet)	5
Norvir	4
Prezista (150mg Tablet, 75mg Tablet)	4
Prezista (Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)	5

Drug Name	Drug Requirements Tier & Limits	
Reyataz (100mg Capsule)	3	
Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule)	5	
Viracept	5	
Anti-Influenza Agents - Flu Drugs		
Amantadine HCl	2	
Relenza Diskhaler	4	
Rimantadine HCl	2	
Tamiflu	3	
Antihepatitis Agents - Hepatitis Drugs		
Baraclude (Oral Solution)	4	
Baraclude (Tablet)	5	
Copegus	5	PA
Hepsera	5	
Incivek	5	PA
Infergen (15mcg/0.5ml Injection)	5	PA
Intron-A (6000000unit/ml Injection)	4	PA
Intron-A W/ Diluent (10mu Injection)	5	PA
Peg-Intron (50mcg/0.5ml Injection)	5	PA

Drug Name	Drug Requirements Tier & Limits	
Peg-Intron Redipen	5	PA
Pegasys	5	PA
Pegasys ProClick (135mcg/0.5ml Injection)	5	PA
Rebetol	5	PA
Ribapak (Tablet)	5	PA
Ribasphere (Capsule, 200mg Tablet)	3	PA
Ribasphere (400mg Tablet, 600mg Tablet)	5	PA
Ribavirin	3	PA
Tyzeka	5	
Victrelis	5	PA
Virazole	5	
Antiherpetic Agents - Herpes Drugs		
Acyclovir (Capsule, Suspension, Tablet)	2	
Acyclovir (Ointment)	4	
Acyclovir Sodium (500mg Injection)	2	B/D
Denavir	4	
Famciclovir	3	
Trifluridine	3	
Valacyclovir HCl	3	
Zovirax (Cream, Ointment)	4	
Anxiolytics - Drugs to Treat Anxiety		
Anxiolytics, Other - Anxiety Drugs		

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Drug Name	Drug Requirements Tier	Drug Requirements & Limits
Alprazolam (Immediate-Release Tablet)	2	
Buspirone HCl	2	
Chlordiazepoxide HCl	2	PA
Chlordiazepoxide/Amitriptyline	2	
Diazepam (Oral Solution, Tablet)	2	PA
Diazepam Intensol (Oral Solution)	2	
Lorazepam (Tablet)	2	
Lorazepam Intensol (Oral Solution)	2	
Bipolar Agents - Drugs to Treat Mood Disorders		
Bipolar Agents, Other - Mood Disorder Drugs		
Olanzapine/Fluoxetine (25mg; 12mg Capsule, 25mg; 6mg Capsule, 50mg; 12mg Capsule, 50mg; 6mg Capsule)	4	
Mood Stabilizers - Mood Disorder Drugs		
Lithium Carbonate	2	
Lithium Carbonate ER	2	
Lithium Citrate	2	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar		
Antidiabetic Agents - Diabetic Drugs		
Acarbose	2	
Avandamet	4	PA, LA
Avandaryl	4	PA, LA
Avandia	4	PA, LA

Drug Name	Drug Requirements Tier	Drug Requirements & Limits
Byetta	3	
Cycloset	4	PA
Glimepiride	2	
Glipizide (Immediate-Release Tablet)	1	
Glipizide ER	2	
Glipizide/Metformin HCl	2	
Glyset	4	
Janumet	3	
Janumet XR	3	
Januvia	3	
Jentadueto	4	
Kombiglyze XR	3	
Metformin HCl	1	
Metformin HCl ER 500mg, 750mg Tablet Extended Release 24 Hour (Generic Glucophage XR)	2	
Nateglinide	3	
Onglyza	3	
Pioglitazone HCl	3	
Pioglitazone HCl/Glimepiride	3	
Pioglitazone HCl/Metformin HCl	3	
PrandiMet	4	
Prandin	4	
Riomet	4	
SymlinPen 120	4	PA
SymlinPen 60	4	PA
Tradjenta	4	
Victoza	3	
Glycemic Agents - Diabetic Drugs		

Drug Name	Drug Requirements Tier & Limits	
Clinimix 4.25%/Dextrose 20%	4	B/D
Clinimix 5%/Dextrose 15%	4	B/D
Clinimix 5%/Dextrose 20%	4	B/D
Clinimix E 2.75%/Dextrose 10%	4	B/D
Clinimix E 2.75%/Dextrose 5%	4	B/D
Clinimix E 4.25%/Dextrose 25%	4	B/D
Clinimix E 4.25%/Dextrose 5%	4	B/D
Clinimix E 5%/Dextrose 15%	4	B/D
Clinimix E 5%/Dextrose 25%	4	B/D
Dextrose 10% Flex Container	3	
Dextrose 10%/NaCl 0.2%	3	
Dextrose 10%/NaCl 0.45%	3	
Dextrose 2.5%/NaCl 0.45%	3	
Dextrose 5%	3	
Dextrose 5%/NaCl 0.2%	3	
Dextrose 5%/NaCl 0.225%	3	
Dextrose 5%/NaCl 0.33%	3	

Drug Name	Drug Requirements Tier & Limits	
Dextrose 5%/NaCl 0.45%	3	
Dextrose 5%/NaCl 0.9%	3	
Glucagen HypoKit	4	
Glucagon Emergency Kit	3	
Ionosol-B/Dextrose 5%	4	
Ionosol-MB/Dextrose 5%	4	
KCl 0.075%/D5W/NaCl 0.45%	3	
KCl 0.15%/D5W/LR	3	
KCl 0.15%/D5W/NaCl 0.2%	3	
KCl 0.15%/D5W/NaCl 0.225%	3	
KCl 0.15%/D5W/NaCl 0.9%	3	
KCl 0.3%/D5W/NaCl 0.45%	3	
KCl 0.3%/D5W/NaCl 0.9%	3	
Normosol-R in D5W	4	
Potassium Chloride 0.15%/D5W/NaCl 0.33%	3	
Potassium Chloride 0.15%/D5W/NaCl 0.45% Viaflex	3	

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Drug Name	Drug Requirements Tier & Limits
Potassium Chloride 0.22%/D5W/NaCl 0.45%	3
Proglycem	4
Insulins - Diabetic Drugs	
Apidra	3
Apidra SoloStar	3
Humalog (Vial)	3
Humalog KwikPen	3
Humulin (Vial)	3
Humulin Pen	3
Lantus	3
Lantus SoloStar	3
Levemir	3
Levemir FlexPen	3
Novolin (Vial)	3
Novolog (Vial)	3
Novolog FlexPen	3
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
Anticoagulants - Blood Thinners	
Argatroban (100mg/ml Injection, 125mg/125ml; 0.9% Injection)	5
Arixtra (2.5mg/0.5ml Injection)	4
Arixtra (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection)	5
Coumadin (Tablet)	3

Drug Name	Drug Requirements Tier & Limits
Coumadin (Injection)	4
Eliquis	4 PA
Enoxaparin Sodium (300mg/3ml Injection, 30mg/0.3ml Injection, 40mg/0.4ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection) †	4 QL
Enoxaparin Sodium (100mg/ml Injection, 120mg/0.8ml Injection, 150mg/ml Injection) †	5 QL
Fondaparinux Sodium (2.5mg/0.5ml Injection)	4
Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection)	5
Fragmin (2500unit/0.2ml Injection, 5000unit/0.2ml Injection)	4

Drug Name	Drug Requirements Tier & Limits	
Fragmin (10000unit/ml Injection, 12500unit/0.5ml Injection, 15000unit/0.6ml Injection, 18000unt/0.72ml Injection, 25000unit/ml Injection, 7500unit/0.3ml Injection)	5	
Heparin Sodium (10000unit/ml Injection, 1000unit/ml Injection, 20000unit/ml Injection, 5000unit/ml Injection)	3	
Heparin Sodium/ D5W (5%; 40unit/ml Injection)	3	
Heparin Sodium/ NaCl (100unit/ml; 0.45% Injection, 50unit/ml; 0.45% Injection)	3	
Heparin Sodium/ NaCl 0.9% Premix	3	
Jantoven	2	
Pradaxa	† 3	PA, QL
Warfarin Sodium	2	
Xarelto	3	PA

Drug Name	Drug Requirements Tier & Limits	
Blood Formation Modifiers - Blood Formation Drugs		
Anagrelide HCl	2	
Aranesp Albumin Free (25mcg/ 0.42ml Injection, 25mcg/ml Injection, 40mcg/ 0.4ml Injection, 40mcg/ml Injection, 60mcg/ 0.3ml Injection, 60mcg/ml Injection)	4	B/D, PA
Aranesp Albumin Free (100mcg/ 0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection)	5	B/D, PA
Epogen	4	B/D, PA
Leukine	5	PA
Mozobil	5	PA
Neulasta	5	PA

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Drug Name	Drug Requirements Tier & Limits	
Neumega	5	PA
Neupogen (300mcg/0.5ml Injection, 480mcg/0.8ml Injection, 480mcg/1.6ml Injection)	5	PA
Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)	4	B/D, PA
Procrit (20000unit/ml Injection, 40000unit/ml Injection)	5	B/D, PA
Promacta	5	PA
Blood Products/Modifiers/Volume Expanders		
Cinryze	5	PA
Coagulants - Blood Clotting Drugs		
Brilinta	3	
Tranexamic Acid (Injection)	3	
Platelet Modifying Agents - Platelet Modifying Drugs		
Aggrenox	3	
Cilostazol	2	
Clopidogrel	2	
Effient	3	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions		

Drug Name	Drug Requirements Tier & Limits	
Alpha-Adrenergic Agonists - Blood Pressure Drugs		
Clonidine HCl (Tablet)	2	
Clonidine HCl (Patch Weekly)	3	
Clorpres	4	
Methyldopa (250mg Tablet, 500mg Tablet)	2	PA
Methyldopate HCl	2	
Midodrine HCl	3	
Alpha-Adrenergic Blocking Agents - Blood Pressure Drugs		
Dibenzyline	4	
Prazosin HCl	2	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs		
Benicar	3	
Benicar HCT	3	
Diovan (160mg Tablet, 320mg Tablet, 40mg Tablet, 80mg Tablet)	3	
Edarbi	4	
Edarbyclor	4	
Irbesartan	2	
Irbesartan/ Hydrochlorothiazide	2	
Losartan Potassium	1	
Losartan Potassium/ Hydrochlorothiazide	1	
Micardis	4	
Micardis HCT	4	
Valsartan/ Hydrochlorothiazide	3	

Drug Name	Drug Requirements Tier & Limits
Angiotensin-converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	
Benazepril HCl	1
Benazepril HCl/ Hydrochlorothiazide	1
Captopril	2
Captopril/ Hydrochlorothiazide	2
Enalapril Maleate	2
Enalapril Maleate/ Hydrochlorothiazide	2
Fosinopril Sodium	2
Fosinopril Sodium/ Hydrochlorothiazide	2
Lisinopril	1
Lisinopril/ Hydrochlorothiazide	1
Moexipril HCl	3
Moexipril/ Hydrochlorothiazide	3
Perindopril Erbumine	2
Quinapril HCl	2
Quinapril/ Hydrochlorothiazide	2
Ramipril	2
Trandolapril	2
Antiarrhythmics - Heart Regulation Drugs	
Amiodarone HCl (50mg/ml Injection, Tablet)	2
Flecainide Acetate	2

Drug Name	Drug Requirements Tier & Limits
Mexiletine HCl	2
Multaq	3
Pacerone (200mg Tablet)	2
Pacerone (100mg Tablet)	4
Procainamide HCl	3
Propafenone HCl	2
Propafenone HCl ER	3
Quinidine Gluconate	4
Quinidine Gluconate CR	2
Quinidine Sulfate	2
Quinidine Sulfate ER	2
Sorine	2
Sotalol HCl (160mg Tablet, 240mg Tablet, 80mg Tablet)	2
Sotalol HCl (Injection)	3
Sotalol HCl (AF) (120mg Tablet)	2
Tikosyn	4
Beta-Adrenergic Blocking Agents - Blood Pressure Drugs	
Acebutolol HCl	2
Atenolol	1
Atenolol/ Chlorthalidone	1

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Drug Name	Drug Requirements Tier & Limits
Betaxolol HCl (Tablet)	2
Bisoprolol Fumarate	2
Bisoprolol Fumarate/ Hydrochlorothiazide	2
Bystolic	3
Carvedilol (12.5mg Tablet, 25mg Tablet, 3.125mg Tablet, 6.25mg Tablet)	1
Innopran XL	4
Labetalol HCl	2
Metoprolol Succinate ER	3
Metoprolol Tartrate (Tablet)	1
Metoprolol Tartrate (Injection)	3
Metoprolol/ Hydrochlorothiazide	3
Nadolol	3
Nadolol/ Bendroflumethiazide	3
Pindolol	2
Propranolol HCl	2
Propranolol HCl ER	2
Propranolol/ Hydrochlorothiazide	2
Timolol Maleate (Tablet)	2
Calcium Channel Blocking Agents - Blood Pressure Drugs	
Afedintab CR	2
Amlodipine Besylate	1
Amlodipine Besylate/Benazepril HCl	4

Drug Name	Drug Requirements Tier & Limits
Azor	3
Cartia XT	3
Dilt-CD (120mg Capsule Extended Release 24 Hour, 300mg Capsule Extended Release 24 Hour)	3
Dilt-XR (180mg Capsule Extended Release 24 Hour, 240mg Capsule Extended Release 24 Hour)	3
Diltiazem CD (120mg Capsule Extended Release 24 Hour, 240mg Capsule Extended Release 24 Hour, 300mg Capsule Extended Release 24 Hour)	3
Diltiazem HCl (100mg Injection, 50mg/10ml Injection, Tablet)	2
Diltiazem HCl ER (Capsule Extended Release 12 Hour, 180mg Capsule Extended Release 24 Hour, 360mg Capsule Extended Release 24 Hour, 420mg Capsule Extended Release 24 Hour)	3
Exforge	3
Exforge HCT	3
Felodipine ER	3

Drug Name	Drug Requirements Tier & Limits
Isradipine	3
Matzim LA	3
Nicardipine HCl	2
Nifediac CC (90mg Tablet Extended Release 24 Hour)	2
Nifedical XL	2
Nifedipine ER	2
Nimodipine	4
Nisoldipine	3
Nisoldipine ER	3
Taztia XT	3
Tribenzor	3
Twynsta	4
Verapamil HCl (Tablet)	2
Verapamil HCl (Injection)	3
Verapamil HCl ER (Tablet Extended Release)	2
Verapamil HCl ER (Capsule Extended Release 24 Hour)	3
Verapamil HCl SR (360mg Capsule Extended Release 24 Hour)	3
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Demser	5
Digoxin (Injection)	2

Drug Name	Drug Requirements Tier & Limits
Digoxin (Oral Solution, 0.125mg Tablet)	† 2 QL
Digoxin (0.25mg Tablet)	2 PA
Lanoxin (0.125mg Tablet)	† 4 QL
Lanoxin (0.25mg Tablet)	4 PA
Pentoxifylline ER	2
Ranexa	3 ST
Vecamyl	5 PA
Diuretics, Carbonic Anhydrase Inhibitors - Cardiac Drugs	
Acetazolamide Sodium (Injection)	3
Diuretics, Loop - Cardiac Drugs	
Bumetanide	2
Edecrin	4
Furosemide	2
Torsemide (20mg/2ml Injection, Tablet)	2
Diuretics, Potassium-sparing - Cardiac Drugs	
Amiloride HCl	2
Amiloride/ Hydrochlorothiazide	2
Dyrenium	4
Eplerenone	3
Spironolactone	2
Spironolactone/ Hydrochlorothiazide	2

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Drug Name	Drug Requirements Tier	Limits
Triamterene/ Hydrochlorothiazide	2	
Diuretics, Thiazide - Cardiac Drugs		
Chlorothiazide	2	
Chlorothiazide Sodium (Injection)	2	
Chlorthalidone (25mg Tablet, 50mg Tablet)	2	
Diuril	4	
Hydrochlorothiazide	2	
Indapamide	2	
Methyclothiazide	2	
Metolazone	2	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs		
Antara	3	
Fenofibrate (Tablet)	2	
Fenofibrate Micronized	2	
Gemfibrozil	2	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs		
Atorvastatin Calcium	2	
Crestor	3	
Lovastatin	2	
Pravastatin Sodium	1	
Simvastatin	1	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs		
Cholestyramine Light (Packet)	2	
Colestipol HCl (Tablet)	2	
Colestipol HCl (Granules)	3	
Juxtapid	5	PA

Drug Name	Drug Requirements Tier	Limits
Kynamro	5	PA
Lovaza	4	
Niaspan	3	
Prevalite (Powder)	2	
Vascepa	4	
Vytorin	4	
Welchol	3	
Zetia	3	
Vasodilators, Direct-acting Arterial - Chest Pain Drugs		
Hydralazine HCl	2	
Minoxidil (Tablet)	2	
Vasodilators, Direct-acting Arterial/ Venous - Chest Pain Drugs		
BiDil	3	
Dilatrate SR	4	
Isordil Titradose (40mg Tablet)	4	
Isosorbide Dinitrate	2	
Isosorbide Dinitrate ER	2	
Isosorbide Mononitrate	2	
Isosorbide Mononitrate ER	2	
Minitran	2	
Nitro-Bid	4	
Nitroglycerin (Injection, Patch)	2	
Nitrostat	3	
Central Nervous System Agents - Drugs to Treat Nerve Conditions		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs		

Drug Name	Drug Requirements Tier & Limits	
Amphetamine/ Dextroamphetamine (Capsule Extended Release 24 Hour)	2	
Amphetamine/ Dextroamphetamine (Tablet)	3	
Dextroamphetamine Sulfate (Tablet)	3	
Dextroamphetamine Sulfate ER	3	
Methamphetamine HCl	3	
Vyvanse	4	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs		
Dexmethylphenidate HCl	3	
Intuniv	4	PA
Metadate ER	2	
Methylphenidate HCl (Oral Solution, Tablet)	2	
Methylphenidate HCl ER (20mg Tablet Extended Release)	2	
Methylphenidate HCl ER (Capsule Extended Release 24 Hour)	3	
Strattera	4	ST

Drug Name	Drug Requirements Tier & Limits	
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs		
Butalbital/Aspirin/ Caffeine (Capsule)	† 3	QL
Nuedexta	4	PA
Rilutek	5	
Riluzole	3	
Xenazine	5	PA, LA
Fibromyalgia Agents - Fibromyalgia Drugs		
Savella	3	
Savella Titration Pack	3	
Multiple Sclerosis Agents - Multiple Sclerosis Drugs		
Ampyra	5	PA
Aubagio	5	PA
Copaxone	5	PA
Gilenya	5	PA
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions		
Dental and Oral Agents		
Chlorhexidine Gluconate Oral Rinse	2	
Kepivance	5	
Periogard	2	
Pilocarpine HCl (Tablet)	3	
Triamcinolone in Orabase	2	

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Drug Name	Drug Requirements Tier & Limits	
Dermatological Agents - Drugs to Treat Skin Conditions		
Dermatological Agents - Skin Agents		
8-MOP	4	
Absorica	5	PA
Adapalene	3	
Ammonium Lactate	2	
Amnesteem	3	
Avita	3	PA
Calcipotriene (External Solution, Ointment)	3	
Calcipotriene (Cream)	4	
Carac	4	
Claravis	3	
Clindamycin Phosphate (External Solution, Foam, Gel, Lotion, Swab)	3	
Clindamycin/Benzoyl Peroxide (1%-5% Gel)	3	
Elidel	4	ST
Erythromycin/Benzoyl Peroxide	2	
Finacea	3	
Fluorouracil (Cream, External Solution)	3	
Imiquimod	4	
Myorisan	3	
Oxsoralen	4	PA
Oxsoralen Ultra	5	PA
Podofilox	3	
Protopic	4	ST
Prudoxin	3	
Santyl	4	

Drug Name	Drug Requirements Tier & Limits	
Selenium Sulfide (Lotion)	2	
Solaraze	4	PA
Soriatane	5	
Stelara	5	PA
Sulfacetamide Sodium (Suspension)	3	
Tazorac	4	PA
Tretin-X (Kit)	4	PA
Tretinoin (Cream, 0.01% Gel, 0.025% Gel)	3	PA
Uvadex	4	
Veltin	4	PA
Voltaren (Gel)	3	
Ziana	4	PA
Zyclara	3	
Enzyme Replacement/Modifiers - Drugs to Treat Enzyme Deficiency		
Enzyme Replacement/Modifiers - Enzyme Replacement/Modifying Drugs		
Adagen	5	LA
Aldurazyme	5	
Buphenyl	5	
Carbaglu	5	LA
Cerezyme (200unit Injection)	5	PA
Creon	3	
Cystadane	5	
Cystagon	4	
Elaprase	5	
Elelyso	5	PA
Fabrazyme (35mg Injection)	5	
Kuvan	5	

Drug Name	Drug Requirements Tier	Requirements & Limits
Lumizyme	5	
Myozyme	5	
Naglazyme	5	
Orfadin	5	LA
RAVICTI	5	
Sodium Phenylbutyrate	5	
Sucraid	5	
Viokace (39150unit; 10440unit; 39150unit Tablet)	4	ST
Viokace (78300unit; 20880unit; 78300unit Tablet)	5	ST
VPRIV	5	PA
Zavesca	5	PA, LA
Zenpep	3	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics, Gastrointestinal - Bowel Treatment Drugs		
Atropine Sulfate (0.05mg/ml Injection, 0.1 mg/ml Injection)	2	PA
Cuvposa	4	
Dicyclomine HCl (Capsule, Oral Solution, Tablet)	2	PA

Drug Name	Drug Requirements Tier	Requirements & Limits
Glycopyrrolate (4mg/20ml Injection, Tablet)	3	
Methscopolamine Bromide	3	
Propantheline Bromide	2	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs		
Chenodal	5	
Cromolyn Sodium (Concentrate)	5	
Diphenoxylate/ Atropine	2	PA
Gastrocrom	5	
Gattex	5	PA
HalfLyte Bowel Prep/Flavor Packs	3	
Loperamide HCl (Capsule)	2	
Metoclopramide HCl (Oral Solution, Tablet)	2	
Metoclopramide HCl (Injection)	3	
OsmoPrep	4	
Relistor (12mg/ 0.6ml Injection)	4	PA
Ursodiol	3	
Histamine2 (H2) receptor Antagonists - Ulcer and Stomach Acid Drugs		
Cimetidine	2	

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Drug Name	Drug Requirements Tier & Limits		
Cimetidine HCl		2	
Famotidine (Injection, Suspension Reconstituted, 20mg Tablet, 40mg Tablet)		2	
Famotidine Premixed		3	
Nizatidine		2	
Ranitidine HCl (Capsule, 150mg/6ml Injection, Syrup, 150mg Tablet, 300mg Tablet)		2	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs			
Amitiza	†	3	QL
Lotronex		5	PA
Laxatives - Bowel Treatment Drugs			
Constulose		2	
Enulose		2	
GaviLyte-C		2	
GaviLyte-G		2	
GaviLyte-N/Flavor Pack		2	
Generlac		2	
Kristalose		4	
Lactulose		2	
MoviPrep		4	
Polyethylene Glycol 3350 (Powder)		2	
Suprep Bowel Prep		4	
TriLyte		2	
Protectants - Ulcer and Stomach Acid Drugs			

Drug Name	Drug Requirements Tier & Limits		
Carafate (Suspension)		4	
Misoprostol		2	
Sucralfate		2	
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs			
Dexilant		4	
Lansoprazole		4	
Nexium		3	
Nexium I.V.		4	
Omeprazole (Capsule Delayed Release)		2	
Pantoprazole Sodium (Tablet Delayed Release)		2	
Pantoprazole Sodium (Injection)		4	
Vimovo		3	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions			
Antispasmodics, Urinary - Bladder Control Drugs			
Flavoxate HCl		3	
Gelnique		3	
Myrbetriq		3	
Oxybutynin Chloride		2	
Oxybutynin Chloride ER		3	
Oxytrol		3	
Toviaz		3	
Trospium Chloride		3	
Trospium Chloride ER		4	
Vesicare		3	
Benign Prostatic Hypertrophy Agents - Prostate Enlargement Drugs			

Drug Name	Drug Requirements Tier	Requirements & Limits
Alfuzosin HCl ER	2	
Avodart	3	
Doxazosin Mesylate	2	
Finasteride (5mg Tablet)	2	
Rapaflo	3	
Tamsulosin HCl	2	
Terazosin HCl	2	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs		
Bethanechol Chloride	2	
Elmiron	4	
Phosphate Binders - Phosphate-Removing Agents		
Fosrenol	5	
Renagel	3	ST
Renvela	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones		
Glucocorticoids/Mineralocorticoids - Anti-Inflammatory Drugs		
A-Hydrocort	3	
Ala-Cort	3	
Alclometasone Dipropionate	2	
Amcinonide	2	
Augmented Betamethasone Dipropionate	2	

Drug Name	Drug Requirements Tier	Requirements & Limits
Betamethasone Dipropionate	2	
Betamethasone Valerate (Cream, Lotion, Ointment)	2	
Betamethasone Valerate (Foam)	4	
Capex	4	
Clobetasol Propionate (External Solution, Gel, Lotion, Ointment, Shampoo)	2	
Clobetasol Propionate (Foam)	3	
Clobetasol Propionate E	2	
Clobex (Liquid)	4	
Cloderm Pump	4	
Cordran Tape	4	
Cortifoam	4	
Cortisone Acetate	2	
Depo-Medrol (20mg/ml Injection)	4	
Desonate	4	
Desonide	2	
Desoximetasone (Cream, Gel, 0.25% Ointment)	3	
Dexamethasone (Elixir, Tablet)	2	

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Drug Name	Drug Requirements Tier & Limits
Dexamethasone Intensol (Oral Solution)	2
Dexamethasone Sodium Phosphate (4mg/ml Injection)	2
Diflorasone Diacetate	2
Fludrocortisone Acetate	2
Fluocinolone Acetonide	2
Fluocinolone Acetonide Body Oil	2
Fluocinonide (External Solution, Gel, Ointment)	2
Fluocinonide-E	2
Fluticasone Propionate (Cream, Lotion, Ointment)	2
Halobetasol Propionate	3
Halog	4
Hydrocortisone (1% Cream, 2.5% Cream, 2.5% Lotion, 1% Ointment, 2.5% Ointment, Tablet)	3
Hydrocortisone Butyrate	2
Hydrocortisone Valerate	3
Kenalog	4
Locoid (Lotion)	4
Locoid Lipocream	4
LoKara	3
Luxiq	4

Drug Name	Drug Requirements Tier & Limits
Methylprednisolone (16mg Tablet, 32mg Tablet, 8mg Tablet)	2
Methylprednisolone Acetate (Injection)	3
Methylprednisolone Dose Pack	2
Methylprednisolone Sodium Succinate (125mg Injection, 40mg Injection)	3
Mometasone Furoate (Cream, Lotion, Ointment)	2
Pandel	4
Prednicarbate	2
Prednisolone Sodium Phosphate (Oral Solution)	2
Prednisone	2
Prednisone Intensol (Oral Solution)	2
Procto-Pak	2
ProctoCream HC	2
Proctozone-HC	2
Rayos	4
Solu-Cortef (100mg Injection, 250mg Injection)	4
Solu-Medrol (2gm Injection)	4
Triamcinolone Acetonide (Cream, Lotion, Ointment)	2
Triderm	2
U-Cort	2
Vanos	4

Drug Name	Drug Requirements Tier & Limits	
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones		
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs		
Acthar HP	5	PA
Chorionic Gonadotropin	3	PA
DDAVP (Injection)	5	ST
Desmopressin Acetate	3	
Genotropin (12mg Injection, 5mg Injection)	5	PA
Genotropin Miniquick (0.2mg Injection)	4	PA
Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection)	5	PA
Humatrope	5	PA
Increlex	5	PA
Norditropin FlexPro	5	PA

Drug Name	Drug Requirements Tier & Limits	
Norditropin NordiFlex Pen	5	PA
Novarel	3	PA
Nutropin	5	PA
Nutropin AQ	5	PA
Omnitrope	5	PA
Pregnyl W/Diluent Benzyl Alcohol/NaCl	3	PA
Saizen	5	PA
Serostim	5	PA
Stimate	4	
Tev-Tropin	5	PA
Zorbtive	5	PA
Hormonal Agents, Stimulant/ Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones		
Hormonal Agents, Stimulant/ Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs		
Korlym	5	PA
Hormonal Agents, Stimulant/ Replacement/Modifying (Sex Hormones/ Modifiers) - Drugs to Regulate Hormones		
Anabolic Steroids - Hormone Replacement/Modifying Drugs		
Oxandrolone (2.5mg Tablet)	3	PA
Oxandrolone (10mg Tablet)	5	PA
Androgens - Hormone Replacement/ Modifying Drugs		

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Drug Name	Drug Requirements Tier	Requirements & Limits
Androderm	3	
Androgel (50mg/5gm Gel)	3	
Androgel Pump (1.62% Gel)	3	
Androxy	3	
Danazol	3	
Testosterone Cypionate	3	
Testosterone Enanthate	3	
Estrogens - Hormone Replacement/Modifying Drugs		
Amethia	3	
Amethyst	3	
Apri	3	
Aranelle	3	
Aviane	3	
Balziva	3	
Beyaz	4	
Brevicon	4	
Briellyn	3	
CombiPatch	4	PA
Cryselle	3	
Cyclafem 1/35	3	
Cyclafem 7/7/7	3	
Cyclessa	4	
Depo-Estradiol	4	
Desogen	4	
Drospirenone/ Ethinyl Estradiol	3	
Emoquette	3	
Enpresse	3	
Estrace (Cream)	4	

Drug Name	Drug Requirements Tier	Requirements & Limits
Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	2	PA
Estradiol Valerate (20mg/ml Injection, 40mg/ml Injection)	3	
Estring	4	
Estrostep Fe	4	
Femcon Fe	4	
Femring	4	
Generess Fe	4	
Gianvi	3	
Gildagia	3	
Introvale	3	
Junel	3	
Junel Fe	3	
Kariva	3	
Kelnor	3	
Leena	3	
Lessina	3	
Levonest	3	
Levonorgestrel/ Ethinyl Estradiol (0.03mg; 0.15mg Tablet)	3	
Levora	3	
Lo Loestrin Fe	4	
Loestrin Fe (20mcg; 75mg; 1mg Tablet)	4	
Loryna	3	
LoSeasonique	4	
Low-Ogestrel	3	
Lutera	3	
Marlissa	3	
Microgestin	3	

Drug Name	Drug Requirements Tier & Limits
Microgestin Fe	3
Minastrin 24 Fe	4
Modicon	4
MonoNessa	3
Necon	3
Necon 1/35	3
Nordette	4
Norinyl (35mcg; 1mg Tablet)	4
Nortrel	3
Nortrel 1/35	3
NuvaRing	3
Ocella	3
Ogestrel	3
Orsythia	3
Ortho Evra	4
Ortho Tri-Cyclen	4
Ortho Tri-Cyclen Lo	4
Ortho-Cept	4
Ortho-Cyclen	4
Ortho-Novum 7/7/7	4
Ovcon-35	4
Portia	3
Premarin (Cream)	3
Previfem	3
Quasense	3
Reclipsen	3
Safyral	4

Drug Name	Drug Requirements Tier & Limits
Seasonique	4
Sprintec	3
Sronyx	3
Tri-Legest Fe	3
Tri-Norinyl	4
Tri-Previfem	3
Tri-Sprintec	3
Trinessa	3
Trivora	3
Vagifem	4
Velivet	3
Yasmin	4
Yaz	4
Zenchant Fe	3
Zovia	3
Progesterone Agonists/Antagonists - Hormone Replacement/Modifying Drugs	
Ella	4
Progestins - Hormone Replacement/Modifying Drugs	
Camila	3
Crinone	4
Depo-Provera	4
Depo-SubQ Provera 104	4
Errin	3
Jolivette	3
Medroxyprogesterone Acetate (Tablet)	2

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Drug Name	Drug Requirements Tier & Limits	
Medroxyprogesterone Acetate (Injection)	4	
Megace ES	4	PA
Megestrol Acetate	2	PA
Nor-QD	4	
Nora-BE	3	
Norethindrone Acetate	2	
Ortho Micronor	4	
Progesterone (Capsule)	2	
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/ Modifying Drugs		
Evista	3	
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones		
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs		
Levothroid	3	
Levothyroxine Sodium (Tablet)	2	
Levoxyl	3	
Liothyronine Sodium	2	
Synthroid	3	
Thyrolar	3	
Thyrolar-1/2	3	

Drug Name	Drug Requirements Tier & Limits	
Unithroid (100mcg Tablet, 112mcg Tablet, 125mcg Tablet, 150mcg Tablet, 175mcg Tablet, 200mcg Tablet, 25mcg Tablet, 300mcg Tablet, 50mcg Tablet, 75mcg Tablet, 88mcg Tablet)	3	
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones		
Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants		
Lysodren	3	
Hormonal Agents, Suppressant (Parathyroid) - Drugs to Regulate Hormones		
Hormonal Agents, Suppressant (Parathyroid) - Hormone Suppressants		
Sensipar (30mg Tablet)	† 3	QL
Sensipar (60mg Tablet, 90mg Tablet)	† 5	QL
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones		
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants		
Cabergoline	3	
Eligard (22.5mg Injection, 30mg Injection, 7.5mg Injection)	4	PA
Eligard (45mg Injection)	5	PA
Firmagon (80mg Injection)	4	PA

Drug Name	Drug Requirements Tier & Limits	
Firmagon (120mg Injection)	5	PA
Leuprolide Acetate	3	PA
Lupron Depot (22.5mg Injection, 3.75mg Injection, 30mg Injection, 45mg Injection, 7.5mg Injection)	5	PA
Lupron Depot-PED (11.25mg Injection - 3 Month)	4	
Lupron Depot-PED (11.25mg Injection - 1 Month, 15mg Injection - 1 Month)	5	PA
Octreotide Acetate (100mcg/ml Injection, 50mcg/ml Injection)	4	PA
Octreotide Acetate (1000mcg/ml Injection, 200mcg/ml Injection, 500mcg/ml Injection)	5	PA
Sandostatin	5	PA
Sandostatin LAR Depot	5	PA
Signifor	5	PA

Drug Name	Drug Requirements Tier & Limits	
Somatuline Depot	5	PA
Somavert	5	PA
Synarel	5	PA
Trelstar Depot	5	PA
Trelstar LA	5	PA
Trelstar Mixject	5	PA
Hormonal Agents, Suppressant (Sex Hormones/Modifiers) - Drugs to Regulate Hormones		
Antiandrogens - Hormone Suppressants		
Bicalutamide	2	
Flutamide	3	
Nilandron	4	
Xtandi	5	PA
Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones		
Antithyroid Agents - Thyroid Suppressing Drugs		
Methimazole	2	
Propylthiouracil	2	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System		
Immune Suppressants - Immune System Drugs		
Azasan	4	
Azathioprine	2	
Azathioprine Sodium (Injection)	3	

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Drug Name	Drug Requirements Tier & Limits	
Benlysta (120mg Injection)	5	PA
Cellcept	5	B/D, PA
Cellcept Intravenous	4	B/D, PA
Cimzia	5	PA
Cyclosporine (Capsule)	3	B/D
Cyclosporine (Injection)	3	
Cyclosporine Modified	3	B/D
Enbrel	5	PA
Gengraf	3	B/D
Humira	5	PA
Humira Starter Kit	5	PA
Kineret	5	PA
Methotrexate (Tablet)	2	
Methotrexate Sodium (25mg/ml Injection)	2	
Methotrexate Sodium (1gm Injection)	3	
Mycophenolate Mofetil	3	B/D, PA
Myfortic (180mg Tablet Delayed Release)	4	B/D
Myfortic (360mg Tablet Delayed Release)	5	B/D
Nulojix	5	B/D, PA
Orencia	5	PA
Prograf (Injection)	4	B/D, PA

Drug Name	Drug Requirements Tier & Limits	
Rapamune (0.5mg Tablet)	4	B/D
Rapamune (Oral Solution, 1mg Tablet, 2mg Tablet)	5	B/D
Remicade	5	PA
Sandimmune (Capsule, Oral Solution)	4	B/D
Simponi (50mg/0.5ml Injection)	5	PA
Tacrolimus (0.5mg Capsule, 1mg Capsule)	3	B/D, PA
Tacrolimus (5mg Capsule)	5	B/D, PA
Torisel	5	
Trexall	4	
Zortress	5	B/D, PA
Immunizing Agents, Passive - Immune System Drugs		
Atgam	5	
Carimune Nanofiltered (3gm Injection)	5	B/D, PA
Gamastan S/D	3	PA
Gammagard Liquid	5	B/D, PA
Gammaplex (10gm/200ml Injection)	5	B/D, PA
Gamunex-C (1gm/10ml Injection)	5	B/D, PA
Privigen (20gm/200ml Injection)	5	B/D, PA
Thymoglobulin	5	

Drug Name	Drug Requirements Tier & Limits	
Immunomodulators - Immune System Drugs		
Actemra (200mg/10ml Injection)	5	PA
Actimmune	5	
Arcalyst	5	PA, LA
Avonex	5	PA
Betaseron	5	PA
Extavia	5	PA
Ilaris	5	PA
Leflunomide	2	
Rebif	5	PA
Rebif Titration Pack	5	PA
Ridaura	5	
Simulect (20mg Injection)	5	
Synagis (50mg/0.5ml Injection)	5	PA
Tecfidera	5	PA
Tecfidera Starter Pack	5	PA
Tysabri	5	PA
Xeljanz	5	PA
Vaccines		
ActHIB	3	
Adacel	3	
Boostrix	3	
Cervarix	4	
Comvax	3	
Daptacel	3	

Drug Name	Drug Requirements Tier & Limits	
Engerix-B	3	B/D
Gardasil	3	
Havrix	3	
Imovax Rabies (H.D.C.V.)	3	B/D
Infanrix	3	
IPOL	3	
Ixiaro	3	
M-M-R II	3	
Menactra	3	
Menomune-A/C/Y/W-135	3	
Menveo	3	
Pedvax HIB	3	
ProQuad	3	
Rabavert	3	
Recombivax HB (10mcg/ml Injection, 40mcg/ml Injection)	3	B/D
RotaTeq	3	
Tetanus Toxoid Adsorbed	3	
Tetanus/Diphtheria Toxoids-Adsorbed Adult	3	
Twinrix	3	
Typhim Vi	3	
VAQTA (25unit/0.5ml Injection)	3	
Varivax	3	

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Drug Name	Drug Requirements Tier & Limits
YF-Vax	3
Zostavax	4
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease	
Aminosalicylates - Inflammatory Bowel Disease Drugs	
Apriso	3
Balsalazide Disodium	3
Canasa	3
Dipentum	5
Giazo	5
Lialda	3
Mesalamine (Kit)	3
Pentasa	4
sfRowasa	5
Glucocorticoids - Inflammatory Bowel Disease Drugs	
Budesonide (Capsule Extended Release 24 Hour)	5
Colocort	3
Entocort EC	5
Hydrocortisone (Enema)	3
Methylprednisolone (4mg Tablet)	2
Millipred (Tablet)	4
Uceris	5 ST
Sulfonamides - Inflammatory Bowel Disease Drugs	
Sulfasalazine (Tablet)	2
Sulfazine EC	2
Metabolic Bone Disease Agents - Drugs to Treat Bone Conditions	

Drug Name	Drug Requirements Tier & Limits
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	
Actonel	3
Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet)	2
Alendronate Sodium (Oral Solution)	4
Atelvia	4
Binosto	4
Boniva (Injection)	4 B/D
Calcitonin-Salmon	3
Calcitriol (Capsule, Injection, Oral Solution)	2 B/D
Etidronate Disodium	3
Forteo	4 B/D, PA
Hectorol	3 B/D
Ibandronate Sodium	3
Miacalcin (Injection)	4 B/D, PA
Pamidronate Disodium (30mg/10ml Injection, 90mg/10ml Injection)	3 B/D
Pamidronate Disodium (6mg/ml Injection)	4 B/D
Prolia	4 PA
Reclast	4 PA
Xgeva	5 PA
Zemplar	4 B/D
Zoledronic Acid (5mg/100ml Injection)	4 PA

Drug Name	Drug Requirements Tier & Limits	
Zoledronic Acid (4mg/5ml Injection)	5	
Zometa	5	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Botox (100unit Injection)	5	PA
Ferriprox	5	PA
Firazyr	5	PA
Fomepizole	5	
Gauze Pads	3	
Insulin Syringes, Needles	3	
Intralipid (1.7%; 30% Injection)	4	B/D
Intralipid (2.25%; 20% Injection)	4	B/D
Lactated Ringers Irrigation	3	
Levocarnitine (Oral Solution, Tablet)	3	B/D
Levocarnitine (Injection)	4	B/D
Liposyn III	4	B/D
Methylergonovine Maleate (Tablet)	2	
Physiolyte	4	
Physiosol Irrigation	4	
Ringers Irrigation	3	

Drug Name	Drug Requirements Tier & Limits	
Sodium Chloride 0.9% (Irrigation Solution)	2	
Sterile Water Irrigation	3	
Ophthalmic Agents - Drugs to Treat Eye Conditions		
Ophthalmic Agents, Other - Miscellaneous Eye Drugs		
Cystaran	5	
Lacrisert	4	
Naphazoline HCl	2	
Proparacaine HCl	2	
Restasis	3	
Ophthalmic Anti-Allergy Agents - Allergy, Infection and Inflammation Drugs		
Alocril	4	
Alomide	4	
Azelastine HCl (Ophthalmic Solution)	3	
Bepreve	4	
Cromolyn Sodium (Ophthalmic Solution)	2	
Epinastine HCl	3	
Lastacraft	3	
Pataday	3	
Patanol	3	
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs		
Alex	3	

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Drug Name	Drug Requirements Tier & Limits
Blephamide	4
Blephamide S.O.P.	4
Bromday	4
Bromfenac	3
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	2
Diclofenac Sodium (Ophthalmic Solution)	2
Durezol	3
Flarex	4
Flurbiprofen Sodium	2
FML (Ointment)	4
FML Forte	4
Ilevro	3
Ketorolac Tromethamine (Ophthalmic Solution)	3
Neomycin/ Polymyxin/ Bacitracin/ Hydrocortisone	2
Neomycin/ Polymyxin/ Dexamethasone	2
Nevanac	3
Pred Mild	4
Pred-G	4
Pred-G S.O.P.	4
Prednisolone Acetate	2

Drug Name	Drug Requirements Tier & Limits
Prednisolone Sodium Phosphate (Ophthalmic Solution)	2
Sulfacetamide Sodium/ Prednisolone Sodium Phosphate	2
Tobradex (Ointment)	3
Tobradex ST (0.05%; 0.3% Suspension)	4
Tobramycin/ Dexamethasone	3
Vexol	4
Zylet	4
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	
Acetazolamide	2
Acetazolamide ER	3
Alphagan P (0.1% Ophthalmic Solution)	3
Apraclonidine	3
Azopt	3
Betaxolol HCl (Ophthalmic Solution)	2
Betimol	4
Betoptic-S	4
Brimonidine Tartrate	2
Carteolol HCl	2
Combigan	3
Dorzolamide HCl	2
Dorzolamide HCl/ Timolol Maleate	2

Drug Name	Drug Requirements Tier & Limits
Iopidine (1% Ophthalmic Solution)	4
Istalol	4
Levobunolol HCl (0.5% Ophthalmic Solution)	2
Methazolamide	2
Metipranolol	2
Phospholine Iodide	4
Pilopine HS	3
Timolol Maleate (Gel Forming Solution, Ophthalmic Solution)	2
Ophthalmic Prostaglandin and Prostanoid Analogs - Glaucoma Drugs	
Latanoprost	2
Lumigan	3
Travatan Z	3
Travoprost	3
Otic Agents - Drugs to Treat Ear Conditions	
Otic Agents - Ear Drugs	
Acetic Acid (Otic Solution)	2
Coly-Mycin S	4
Cortisporin (Suspension)	4
Hydrocortisone/Acetic Acid	3

Drug Name	Drug Requirements Tier & Limits
Neomycin/Polymyxin/Hydrocortisone	2
Respiratory Tract Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs	
Advair Diskus	† 3 QL
Advair HFA	3
Asmanex	4
Budesonide (Inhalation Suspension)	3 B/D
Dulera	4
Flovent Diskus	† 3 QL
Flovent HFA	3
Flunisolide	2
Fluticasone Propionate (Suspension)	2
Nasonex	4
Omnaris	4
Pulmicort (1mg/2ml Suspension)	4 B/D
Pulmicort Flexhaler	3
QVAR	3
Symbicort	3
Triamcinolone Acetonide (Inhaler)	3
Zetonna	4

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ST = Step therapy

Plain type = Generic drug
LA = Limited access drug
QL = Quantity limits

† For this drug's specific quantity limit see pages 62-66.

Drug Name	Drug Requirements Tier & Limits	
Antihistamines - Allergy Drugs		
Astepto	3	
Azelastine HCl (Nasal Solution)	† 3	QL
Cetirizine HCl (Syrup)	2	
Cyproheptadine HCl (Tablet)	4	PA
Dymista	3	
Hydroxyzine HCl (Injection, Tablet)	2	PA
Hydroxyzine Pamoate	2	PA
Levocetirizine Dihydrochloride (Tablet)	4	
Patanase	3	
Phenadoz (12.5mg Suppository)	3	PA
Promethazine HCl (Injection)	3	
Promethazine HCl (Suppository, Tablet)	3	PA
Promethegan (25mg Suppository, 50mg Suppository)	3	PA
Antileukotrienes - Asthma/Lung Drugs		
Montelukast Sodium	2	
Zafirlukast	2	
Zyflo	5	ST
Zyflo CR	5	ST
Bronchodilators, Anticholinergic - Asthma/Lung Drugs		
Atrovent HFA	4	
Combivent	3	
Combivent Respimat	3	

Drug Name	Drug Requirements Tier & Limits	
Ipratropium Bromide (Inhalation Solution)	2	B/D
Ipratropium Bromide (Nasal Solution)	2	
Ipratropium Bromide/Albuterol Sulfate	2	B/D
Spiriva Handihaler	† 3	QL
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines) - Asthma/Lung Drugs		
Aminophylline	2	
Theophylline ER (Tablet Extended Release 12 Hour, Tablet Extended Release 24 Hour)	2	
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs		
Albuterol Sulfate (Nebulization Solution)	2	B/D
Albuterol Sulfate (Syrup, Tablet)	2	
Albuterol Sulfate ER	2	
Arcapta Neohaler	4	
Brovana	4	B/D
EpiPen	3	
Foradil Aerolizer	3	
Levalbuterol HCl (0.31mg/3ml Nebulization Solution, 0.63mg/3ml Nebulization Solution, 1.25mg/0.5ml Nebulization Solution)	4	B/D, ST

Drug Name	Drug Requirements Tier & Limits	
Metaproterenol Sulfate	2	
Perforomist	4	B/D
Proair HFA	3	
Serevent Diskus †	3	QL
Terbutaline Sulfate (Tablet)	2	
Terbutaline Sulfate (Injection)	4	
Mast Cell Stabilizers - Asthma/Lung Drugs		
Cromolyn Sodium (Nebulization Solution)	3	B/D
Pulmonary Antihypertensives - Asthma/Lung Drugs		
Adcirca	5	PA
Letairis	5	LA
Remodulin	5	B/D, PA, LA
Revatio	5	PA
Sildenafil Citrate	3	PA
Tracleer	5	
Tyvaso	5	B/D, PA
Ventavis	5	B/D, PA
Respiratory Tract Agents, Other - Asthma/Lung Drugs		
Acetylcysteine (Inhalation Solution)	2	B/D
Aralast NP (400mg Injection)	5	PA, LA
Daliresp	4	PA

Drug Name	Drug Requirements Tier & Limits	
Glassia	5	PA, LA
Kalydeco	5	PA
Prolastin-C	5	PA, LA
Pulmozyme	5	B/D
Tyzine	3	
Xolair	5	PA
Zemaira	5	PA, LA
Sleep Disorder Agents - Drugs for Sedation and Sleep		
GABA Receptor Modulators - Sedation and Sleep Drugs		
Lunesta †	3	QL
Temazepam	4	PA
Zaleplon	† 2	QL
Zolpidem Tartrate (10mg Tablet, 5mg Tablet)	† 2	QL
Sleep Disorders, Other - Miscellaneous Sedation and Sleep Drugs		
Modafinil	† 4	PA, QL
Provigil †	5	PA, QL
Rozerem	4	
Xyrem	5	PA, LA
Therapeutic Nutrients/Minerals/ Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies		
Electrolyte/Mineral Modifiers - Vitamin, Mineral and Body Fluid Deficiency Drugs		
Ammonium Chloride	4	
Chemet	4	

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† For this drug's specific quantity limit see pages 62-66.

Drug Name	Drug Requirements Tier & Limits	
Exjade	5	PA
Kionex (Powder)	2	
Samsca	5	PA
Sodium Lactate (Injection)	2	
Sodium Polystyrene Sulfonate (15gm/60ml Suspension)	2	
Syprine	5	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs		
Aminosyn 8.5%/Electrolytes	4	B/D
Aminosyn II	4	B/D
Aminosyn II 8.5%/Electrolytes	4	B/D
Aminosyn M	4	B/D
Aminosyn-HBC	4	B/D
Aminosyn-PF	4	B/D
Calcium Acetate (Capsule)	3	
Clinimix 2.75%/Dextrose 5%	4	B/D
Clinimix 4.25%/Dextrose 10%	4	B/D
Clinimix 4.25%/Dextrose 25%	4	B/D
Clinimix 4.25%/Dextrose 5%	4	B/D
Clinimix 5%/Dextrose 25%	4	B/D
Clinimix E 5%/Dextrose 20%	4	B/D
Clinisol SF 15%	4	B/D
Dextrose 5%/Lactated Ringers	2	

Drug Name	Drug Requirements Tier & Limits	
Dextrose 5%/Potassium Chloride 0.15%	3	
Eliphos	3	
FreAmine III (8.5% Injection)	4	B/D
HepatAmine	4	B/D
Hepatasol	4	B/D
Isolyte-M/Dextrose 5%	3	
Isolyte-P/Dextrose 5%	4	
Isolyte-S	4	
K-Tabs	3	
Klor-Con 10	3	
Klor-Con 8	3	
Klor-Con M15	3	
Klor-Con M20	2	
Lactated Ringers Viaflex	3	
Magnesium Sulfate (50% Injection)	3	
Nephramine	4	B/D
Normosol-M in D5W	4	
Normosol-R	4	
PhosLo	3	
Phoslyra	4	ST
Plasma-Lyte	4	
Plasma-Lyte/D5W	4	
Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 2meq/ml Injection, 30meq/100ml Injection, 40meq/100ml Injection)	3	

Drug Name	Drug Requirements Tier & Limits	
Potassium Chloride 0.15%/NaCl 0.45% Viaflex	3	
Potassium Chloride 0.15%/NaCl 0.9%	3	
Potassium Chloride 0.3%/D5W	3	
Potassium Chloride 0.3%/NaCl 0.9%	3	
Potassium Chloride ER (Capsule Extended Release, 10meq Tablet Extended Release, 20meq Tablet Extended Release)	2	
Potassium Citrate (Tablet Extended Release)	3	
Premasol (6% Injection)	4	B/D
Premasol (10% Injection)	4	B/D
Procalamine	4	B/D
Prosol	4	B/D
Ringers Injection	3	
Sodium Chloride (0.9% Injection, 2.5meq/ml Injection, 3% Injection, 5% Injection)	2	
Sodium Chloride 0.45% Viaflex (Injection)	2	

Drug Name	Drug Requirements Tier & Limits	
TPN Electrolytes	3	
Travasol	4	B/D
Trophamine	4	B/D
Electrolytes/Minerals - Vitamin, Mineral and Body Fluid Deficiency Drugs		
Sodium Fluoride (Tablet)	2	
Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs		
Niacor	2	
Prenatabs OBN	2	

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† For this drug's specific quantity limit see pages 62-66.

Drugs with a quantity limit

This list shows drugs that have a quantity limit. Your plan will cover only a certain amount (days' supply or amount dispensed) of these drugs for one copay/coinsurance or over a certain number of days. These limits may be in place to ensure your safety.

Drugs are listed in alphabetical order in the chart below. Some drugs come in many strengths. Each strength may have a different quantity limit. If quantity limits for a drug vary by strength, the different strengths are listed on separate lines.

For more information about quantity limits, talk to your doctor or pharmacist. You can also contact us. Our contact information, along with the date we last updated the formulary (drug list), appears on the front and back cover pages.

Drug Name	Quantity Limit
Abilify (Oral Solution)	Maximum of 25 ml per day
Abilify (Tablet)	Maximum of 1 tablet per day
Abilify Discmelt (10mg Tablet Dispersible)	Maximum of 3 tablets per day
Abilify Discmelt (15mg Tablet Dispersible)	Maximum of 2 tablets per day
Acetaminophen/Caffeine/Dihydrocodeine Bitartrate	Maximum of 6 tablets per day
Acetaminophen/Codeine (Oral Solution)	Maximum of 140 ml per day
Acetaminophen/Codeine (Tablet)	Maximum of 13 tablets per day
Actiq	Maximum of 4 lozenges per day
Advair Diskus	Maximum of 1 inhaler (60 blisters) per 30 days
Amitiza	Maximum of 2 capsules per day
Azelastine HCl (Nasal Solution)	Maximum of 2 bottles (60ml) per 30 days
Butalbital/Acetaminophen/Caffeine (325mg; 50mg; 40mg Tablet)	Maximum of 6 tablets per day
Butalbital/Aspirin/Caffeine (Capsule)	Maximum of 6 capsules per day
Co-Gesic	Maximum of 8 tablets per day
Cymbalta	Maximum of 2 capsules per day
Digoxin (0.125mg Tablet)	Maximum of 1 tablet per day
Digoxin (Oral Solution)	Maximum of 2.5 ml per day
Endocet (325mg; 10mg Tablet, 325mg; 5mg Tablet, 325mg; 7.5mg Tablet)	Maximum of 12 tablets per day
Endocet (500mg; 7.5mg Tablet)	Maximum of 8 tablets per day
Endocet (650mg; 10mg Tablet)	Maximum of 6 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Enoxaparin Sodium (100mg/ml Injection, 150mg/ml Injection)	Maximum of 2 syringes (2ml) per day
Enoxaparin Sodium (120mg/0.8ml Injection, 80mg/0.8ml Injection)	Maximum of 2 syringes (1.6ml) per day
Enoxaparin Sodium (300mg/3ml Injection)	Maximum of 1 vial (3ml) per day
Enoxaparin Sodium (30mg/0.3ml Injection)	Maximum of 2 syringes (0.6ml) per day
Enoxaparin Sodium (40mg/0.4ml Injection)	Maximum of 2 syringes (0.8ml) per day
Enoxaparin Sodium (60mg/0.6ml Injection)	Maximum of 2 syringes (1.2ml) per day
Exalgo (12mg Tablet Extended Release 24 Hour)	Maximum of 6 tablets per day
Exalgo (16mg Tablet Extended Release 24 Hour, 8mg Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Fanapt	Maximum of 2 tablets per day
Fazaclo (12.5mg Tablet Dispersible)	Maximum of 2 tablets per day
Fentanyl (Patch)	Maximum of 30 patches per 30 days
Fentanyl Citrate Oral Transmucosal	Maximum of 4 lozenges per day
Fentora	Maximum of 4 tablets per day
Flovent Diskus	Maximum of 2 inhalers (120 blisters) per 30 days
Hydrocodone/Acetaminophen (300mg; 10mg Tablet, 300mg; 5mg Tablet, 300mg; 7.5mg Tablet)	Maximum of 13 tablets per day
Hydrocodone/Acetaminophen (325mg/15ml; 7.5mg/15ml Oral Solution)	Maximum of 180 ml per day
Hydrocodone/Acetaminophen (325mg; 10mg Tablet, 325mg; 5mg Tablet, 325mg; 7.5mg Tablet)	Maximum of 12 tablets per day
Hydrocodone/Acetaminophen (500mg/15ml; 7.5mg/15ml Oral Solution)	Maximum of 120 ml per day
Hydrocodone/Acetaminophen (500mg; 10mg Tablet, 500mg; 2.5mg Tablet, 500mg; 5mg Tablet, 500mg; 7.5mg Tablet)	Maximum of 8 tablets per day
Hydrocodone/Acetaminophen (650mg; 10mg Tablet, 650mg; 7.5mg Tablet, 660mg; 10mg Tablet)	Maximum of 6 tablets per day
Hydrocodone/Acetaminophen (750mg; 10mg Tablet, 750mg; 7.5mg Tablet)	Maximum of 5 tablets per day

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Plain type = Generic drug

Drug Name	Quantity Limit
Hydrocodone/Ibuprofen (7.5mg; 200mg Tablet)	Maximum of 5 tablets per day
Invega (1.5mg Tablet Extended Release 24 Hour)	Maximum of 8 tablets per day
Invega (3mg Tablet Extended Release 24 Hour)	Maximum of 4 tablets per day
Invega (6mg Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Invega (9mg Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Kadian (100mg Capsule Extended Release 24 Hour, 200mg Capsule Extended Release 24 Hour)	Maximum of 6 capsules per day
Kadian (60mg Capsule Extended Release 24 Hour, 80mg Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day
Lanoxin (0.125mg Tablet)	Maximum of 1 tablet per day
Latuda (120mg Tablet, 20mg Tablet, 40mg Tablet)	Maximum of 1 tablet per day
Latuda (80mg Tablet)	Maximum of 2 tablets per day
Lidoderm	Maximum of 3 patches per day
Loxapine Succinate (5mg Capsule)	Maximum of 50 capsules per day
Lunesta	Maximum of 90 days of use per year
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule)	Maximum of 3 capsules per day
Lyrica (225mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Lyrica (Oral Solution)	Maximum of 30 ml per day
Modafinil (100mg Tablet)	Maximum of 1 tablet per day
Modafinil (200mg Tablet)	Maximum of 2 tablets per day
Morphine Sulfate ER (100mg Capsule Extended Release 24 Hour)	Maximum of 6 capsules per day
Morphine Sulfate ER (100mg Tablet Extended Release, 200mg Tablet Extended Release)	Maximum of 6 tablets per day
Morphine Sulfate ER (15mg Tablet Extended Release, 30mg Tablet Extended Release, 60mg Tablet Extended Release)	Maximum of 4 tablets per day

Bold type = Brand name drug

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Drug Name	Quantity Limit
Morphine Sulfate ER (20mg Capsule Extended Release 24 Hour, 30mg Capsule Extended Release 24 Hour, 50mg Capsule Extended Release 24 Hour)	Maximum of 2 capsules per day
Morphine Sulfate ER (60mg Capsule Extended Release 24 Hour, 80mg Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day
Nitrofurantoin	Maximum of 90 days of use per year
Nitrofurantoin Macrocrystalline (50mg Capsule)	Maximum of 90 days of use per year
Nitrofurantoin Monohydrate	Maximum of 90 days of use per year
Olanzapine (Tablet)	Maximum of 1 tablet per day
Olanzapine ODT	Maximum of 1 tablet per day
Opana ER (Crush Resistant)	Maximum of 4 tablets per day
Oxycodone/Acetaminophen (325mg; 10mg Tablet, 325mg; 2.5mg Tablet, 325mg; 5mg Tablet, 325mg; 7.5mg Tablet)	Maximum of 12 tablets per day
Oxycodone/Acetaminophen (500mg; 7.5mg Tablet)	Maximum of 8 tablets per day
Oxycodone/Acetaminophen (650mg; 10mg Tablet)	Maximum of 6 tablets per day
Oxycodone/Acetaminophen (Capsule)	Maximum of 8 capsules per day
Oxymorphone HCl	Maximum of 6 tablets per day
Oxymorphone HCl ER	Maximum of 4 tablets per day
Pradaxa	Maximum of 2 capsules per day
Pristiq (100mg Tablet Extended Release 24 Hour)	Maximum of 4 tablets per day
Pristiq (50mg Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Provigil (100mg Tablet)	Maximum of 1 tablet per day
Provigil (200mg Tablet)	Maximum of 2 tablets per day
Quetiapine Fumarate (100mg Tablet)	Maximum of 8 tablets per day
Quetiapine Fumarate (200mg Tablet)	Maximum of 4 tablets per day
Quetiapine Fumarate (25mg Tablet)	Maximum of 32 tablets per day
Quetiapine Fumarate (300mg Tablet, 400mg Tablet)	Maximum of 2 tablets per day
Quetiapine Fumarate (50mg Tablet)	Maximum of 16 tablets per day
Roxicet (Oral Solution)	Maximum of 60 ml per day

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Drug Name	Quantity Limit
Saphris (5mg Tablet Sublingual)	Maximum of 2 tablets per day
Sensipar (30mg Tablet, 60mg Tablet)	Maximum of 2 tablets per day
Sensipar (90mg Tablet)	Maximum of 4 tablets per day
Serevent Diskus	Maximum of 1 inhaler (60 inhalations) per 30 days
Seroquel XR (150mg Tablet Extended Release 24 Hour, 200mg Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Seroquel XR (300mg Tablet Extended Release 24 Hour, 400mg Tablet Extended Release 24 Hour, 50mg Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Spiriva Handihaler	Maximum of 1 capsule per day
Stagesic	Maximum of 8 capsules per day
Tramadol HCl	Maximum of 8 tablets per day
Tramadol HCl ER (Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl/Acetaminophen	Maximum of 12 tablets per day
Vicodin	Maximum of 13 tablets per day
Vicodin ES	Maximum of 13 tablets per day
Vicodin HP	Maximum of 13 tablets per day
Vimpat (Oral Solution)	Maximum of 40 ml per day
Vimpat (Tablet)	Maximum of 2 tablets per day
Zaleplon	Maximum of 90 days of use per year
Ziprasidone HCl (20mg Capsule, 40mg Capsule, 80mg Capsule)	Maximum of 2 capsules per day
Ziprasidone HCl (60mg Capsule)	Maximum of 3 capsules per day
Zolpidem Tartrate	Maximum of 90 days of use per year

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C		Cefaclor	15	Chlorhexidine Gluconate Oral Rinse	41
Cabergoline	50	Cefaclor ER	15		
		Cefadroxil	15		

Chloroquine Phosphate.....	27	Clindamycin Phosphate in D5W	14	Clomipramine HCl.....	21
Chlorothiazide.....	40	Clindamycin/Benzoyl Peroxide	42	Clonazepam.....	18
Chlorothiazide Sodium.....	40	Clinimix 2.75%/Dextrose 5%	60	Clonazepam ODT.....	18
Chlorpromazine HCl.....	28	Clinimix 4.25%/Dextrose 10%	60	Clonidine HCl.....	36
Chlorthalidone.....	40	Clinimix 4.25%/Dextrose 20%	33	Clopidogrel.....	36
Cholestyramine Light.....	40	Clinimix 4.25%/Dextrose 25%	60	Clorazepate Dipotassium....	18
Chorionic Gonadotropin....	47	Clinimix 4.25%/Dextrose 5%	60	Clorpres.....	36
Ciclopirox.....	22	Clinimix 5%/Dextrose 15%	33	Clotrimazole.....	22
Ciclopirox Nail Lacquer.....	22	Clinimix 5%/Dextrose 20%	33	Clotrimazole/Betamethasone Dipropionate	22
Ciclopirox Olamine.....	22	Clinimix 5%/Dextrose 25%	60	Clozapine.....	29
Cidofovir.....	29	Clinimix E 2.75%/Dextrose 10%	33	Co-Gesic.....	11
Cilostazol.....	36	Clinimix E 2.75%/Dextrose 5%	33	Codeine Sulfate.....	11
Ciloxan.....	17	Clinimix E 4.25%/Dextrose 25%	33	Colcrys.....	22
Cimetidine.....	43	Clinimix E 4.25%/Dextrose 5%	33	Collestipol HCl.....	40
Cimetidine HCl.....	44	Clinimix E 5%/Dextrose 15%	33	Colistimethate Sodium.....	14
Cimzia.....	52	Clinimix E 5%/Dextrose 20%	60	Colocort.....	54
Cinryze.....	36	Clinimix E 5%/Dextrose 25%	33	Coly-Mycin M.....	14
Cipro.....	17	Clinisol SF 15%.....	60	Coly-Mycin S.....	57
Cipro HC.....	17	Clobetasol Propionate.....	45	Combigan.....	56
Ciprodex.....	17	Clobetasol Propionate E.....	45	CombiPatch.....	48
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Ciprofloxacin ER.....	17	Cloderm Pump.....	45	Combivent Respimat.....	58
Ciprofloxacin HCl.....	17	Clolar.....	24	Combivir.....	30
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Cisplatin.....	24			Complera.....	30
Citalopram Hydrobromide	20			Compro.....	28
Cladribine.....	24			Comvax.....	53
Claforan.....	16			Constulose.....	44
Claravis.....	42			Copaxone.....	41
Clarithromycin.....	17			Copegus.....	31
Clarithromycin ER.....	17			Cordran Tape.....	45
Clindamycin HCl.....	14			Cortifoam.....	45
Clindamycin Phosphate	14, 42			Cortisone Acetate.....	45

Cortisporin.....	14, 57	Daunorubicin HCl.....	25	Dextrose 5%/NaCl 0.225% ..	33
Cosmegen.....	24	DDAVP.....	47	Dextrose 5%/NaCl 0.33% ..	33
Coumadin.....	34	Demeclocycline HCl.....	18	Dextrose 5%/NaCl 0.45% ..	33
Creon.....	42	Demser.....	39	Dextrose 5%/NaCl 0.9%	33
Crestor.....	40	Denavir.....	31	Dextrose 5%/Potassium Chloride 0.15%.....	60
Crinone.....	49	Depo-Estradiol.....	48	Diazepam.....	18, 32
Crixivan.....	30	Depo-Medrol.....	45	Diazepam Intensol.....	32
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Cubicin.....	14	Desipramine HCl.....	21	Diclofenac Sodium.....	56
Cuvposa.....	43	Desmopressin Acetate.....	47	Diclofenac Sodium DR.....	10
Cyclafem 1/35.....	48	Desogen.....	48	Diclofenac Sodium ER.....	10
Cyclafem 7/7/7.....	48	Desonate.....	45	Diclofenac Sodium/ Misoprostol.....	10
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Cystagon.....	42	Dextroamphetamine Sulfate	41	Dilantin.....	19
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Cytarabine Aqueous.....	24	Dextrose 10%/NaCl 0.2% ..	33	Dilt-CD.....	38
D		Dextrose 10%/NaCl 0.45% ..	33	Dilt-XR.....	38
Dacarbazine.....	23	Dextrose 2.5%/NaCl 0.45%..	33	Diltiazem CD.....	38
Dacogen.....	24	Dextrose 5%.....	33	Diltiazem HCl.....	38
Daliresp.....	59	Dextrose 5%/Lactated Ringers.....	60	Diltiazem HCl ER.....	38
Danazol.....	48	Dextrose 5%/NaCl 0.2%	33	Diovan.....	36
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Divalproex Sodium ER	18	Elaprase	42	Epivir HBV	30
Docefrez	25	Elelyso	42	Eplerenone	39
Docetaxel	25	Elidel	42	Epogen	35
Donepezil HCl	20	Eligard	50	Epzicom	30
Doribax	16	Eliphos	60	Equetro	19
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Dorzolamide HCl/Timolol Maleate	56	Elitek	24	Erbitux	26
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Doxil	25	Elmiron	45	Ery Pad 2%	17
Doxorubicin HCl	25	Eloxatin	25	Ery-Tab	17
Doxycycline	18	Elspar	25	EryPed	17
Doxycycline Hyclate	18	Emcyt	24	Erythrocin Lactobionate	17
Doxycycline Hyclate DR	18	Emend	21	Erythrocin Stearate	17
Doxycycline Monohydrate	18	Emoquette	48	Erythromycin	17
Dronabinol	21	Emsam	20	Erythromycin Base	17
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Durezol	56	Endocet	12	Estradiol	48
Dymista	58	Endodan	12	Estradiol Valerate	48
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E		Enoxaparin Sodium	34	Estrostep Fe	48
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E.E.S. Granules	17	Entacapone	27	Ethosuximide	18
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		Epinastine HCl	55		


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Fazaclo.....	29	Fluocinonide-E.....	46	Galantamine Hydrobromide	20
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Gemfibrozil	40	Halobetasol Propionate	46	Hydromorphone HCl	12
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Generlac	44	Haloperidol Decanoate	28	Hydroxyzine HCl	58
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Geodon	28	Heparin Sodium/NaCl 0.9% Premix	35	Idarubicin HCl	25
Gianvi	48	HepatAmine	60	Ifosfamide	23
Giazo	54	Hepatasol	60	Ilaris	53
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Glassia	59	Hexalen	23	Imipramine HCl	21
Gleevec	26	Humalog	34	Imipramine Pamoate	21
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Glyset	32	Hydralazine HCl	40	Inlyta	26
Granisetron HCl	21	Hydrochlorothiazide	40	Innopran XL	38
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Isordil Titradoso.....	40	KCl 0.15%/D5W/LR.....	33	Lactated Ringers Irrigation	55
Isosorbide Dinitrate.....	40	KCl 0.15%/D5W/NaCl 0.2%	33	Lactated Ringers Viaflex.....	60
Isosorbide Dinitrate ER.....	40	KCl 0.15%/D5W/NaCl 0.225%.....	33	Lactulose.....	44
Isosorbide Mononitrate.....	40	KCl 0.15%/D5W/NaCl 0.9%.....	33	Lamictal ODT.....	19
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