



2014 Comprehensive Drug Formulary
Formulario Completo de Medicamentos 2014
2014年「處方藥一覽表」完整版



New York
Medicare

This formulary was updated on 09/01/2014. For more recent information or other questions, please contact Healthfirst Medicare Plan at **1-888-260-1010** or, for TTY users, **1-866-236-1069**, 7 days a week, from 8am to 8pm, or visit **www.healthfirst.org/medicare**.

HPMS Approved Formulary File Submission ID 00014335, Version 12

Healthfirst Medicare Plan

2014 Formulary (List of Covered Drugs)

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

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Healthfirst Medicare Plan. When it refers to “plan” or “our plan,” it means Healthfirst Medicare Plan.

This document includes list of the drugs (formulary) for our plan which is current as of September 1, 2014. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2015.

Plan Medicare de Healthfirst

Formulario (lista de medicamentos cubiertos) del 2014

POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN.

Nota a miembros actuales: Este formulario cambió del año pasado a la fecha. Por favor, revise este documento para asegurarse de que todavía contiene los medicamentos que usted usa.

Cuando en esta lista de medicamentos (formulario) se menciona “nosotros”, “a nosotros” o “nuestro”, se refiere al Plan Medicare de Healthfirst. Cuando dice “plan” o “nuestro plan” se refiere al Plan Medicare de Healthfirst. Por lo general, usted tendrá que usar farmacias pertenecientes a la red para recibir sus beneficios de medicamentos recetados.

Este documento incluye la lista de medicamentos (formulario) de nuestro plan que está vigente desde 1 de septiembre de 2014. Para un formulario actualizado, por favor, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la actualización más reciente del formulario, aparece en las páginas de la cubierta, al inicio y al final de este documento.

Por lo general, usted tendrá que usar farmacias pertenecientes a la red para recibir sus beneficios de medicamentos recetados. Los beneficios, el formulario, la red de farmacias, las primas y/o copagos/coseguros pudieran cambiar el 1 de enero de 2015.

第一保健「老人醫療保險計劃」

2014年「處方藥一覽表」(承保藥物目錄)

請閱讀：本文件含有關於我們在本計劃所承保藥物的資訊。

現有會員請注意：去年以來本「處方藥一覽表」已經更動。請查閱本文件以確保其中仍然含有您服用的藥物。

在本藥物目錄提及“我們(主格),” “我們(賓格),” 或“我們的,” 意思是第一保健「老人醫療保險」(Healthfirst Medicare Plan)。

在提到“計劃”或“我們的計劃,” 意思是第一保健「老人醫療保險」(Healthfirst Medicare Plan)。

本文件包括我們計劃的藥物目錄(formulary), 從「處方一覽表」更新日期2014年9月1日開始有效。如需要藥物目錄的最新資料, 請與我們聯絡。本冊的首頁和封底都有我們的聯絡資訊, 以及我們最近更新藥物目錄的日期。

您一般必須使用網絡內的藥房享受您配處方藥的福利。福利、藥物目錄、藥房網絡、保費與/或定額手續費/共同保險於2015年1月1日都可能改變。

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HPMS Approved Formulary File Submission ID 00014335, Version 12, Last Updated 09012014

2014 Drug Formulary

Formulario de medicamentos 2014

2014 年「處方藥一覽表」

What is the Healthfirst Medicare Plan Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2014 formulary 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 adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary

to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of September 1, 2014. To get updated information about the drugs covered by Healthfirst Medicare Plan, please contact us. Our contact information appears on the front and back cover pages. Healthfirst Medicare Plan may update this formulary on a monthly basis throughout the year. Updates include additions, deletions and utilization management changes based on the most recent CMS approved formulary. An up-to-date formulary can be downloaded from www.healthfirst.org/medicare or can be obtained by calling Member Services at the number on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Medications". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 54. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Healthfirst Medicare 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 drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Healthfirst Medicare Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Healthfirst Medicare Plan before you fill your prescriptions. If you don't get approval, Healthfirst Medicare Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Healthfirst Medicare Plan limits the amount of the drug that Healthfirst Medicare Plan will cover. For example, Healthfirst Medicare Plan provides 60 tablets every 30 days per prescription for omeprazole 20mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Healthfirst Medicare Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Healthfirst Medicare Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Healthfirst Medicare Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Healthfirst Medicare Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Healthfirst Medicare Plan's formulary?" on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Healthfirst Medicare Plan does not cover your drug, you have two options:

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

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How do I request an exception to the Healthfirst Medicare Plan's Formulary?

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted,

we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with up to a 93-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you are an existing member and experience a change in your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a one-time temporary supply for up to 30 days (or 31 days if you are a long-term care resident) from a network pharmacy. During this period, you should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

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

If you have questions about Healthfirst Medicare Plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Healthfirst Medicare Plan's Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by Healthfirst Medicare Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 54.

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

The information in the Requirements/Limits column tells you if Healthfirst Medicare Plan has any special requirements for coverage of your drug.

Drug Tiers

Tier	Tier Includes:
Tier 1: Generic Drugs	Tier 1 is your lowest-cost tier. Most generic drugs on the formulary are included in this tier. Generic drugs contain the same active ingredients as brand drugs and are equally safe and effective.
Tier 2: Preferred Brand Drugs	This is your middle-cost tier, and includes preferred brand drugs.
Tier 3: Non-Preferred Brand Drugs	This is your higher-cost tier and includes non-preferred brand drugs.
Tier 4: Specialty Tier Drugs	The Specialty tier is your highest-cost tier. A Specialty tier drug is a very high cost or unique prescription drug which may require special handling and/or close monitoring. Specialty drugs may be brand or generic.

Healthfirst Medicare Plan is an HMO plan with a Medicare contract and a contract with the New York Medicaid program. Enrollment in Healthfirst Medicare Plan depends on contract renewal.

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¿Qué es el Formulario del Plan Medicare de Healthfirst?

Un formulario es una lista de medicamentos cubiertos seleccionados por el Plan Medicare de Healthfirst en consulta con un equipo de proveedores del cuidado de la salud que representa las terapias de medicamentos recetados que se consideran una parte necesaria de un programa de tratamiento de calidad. El Plan Medicare de Healthfirst generalmente cubrirá los medicamentos que figuran en nuestro formulario siempre y cuando : el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red del Plan Medicare de Healthfirst, y se cumplan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, por favor, consulte su Evidencia de Cobertura.

¿Puede cambiar el Formulario (lista de medicamentos)?

Por lo general, si usted está tomando un medicamento de nuestro formulario para el año 2014 que estaba cubierto al principio del año, no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2014, excepto cuando aparece un medicamento genérico nuevo y menos costoso, o si se divulga información adversa nueva sobre la seguridad o la eficacia de un medicamento. Otros tipos de cambios en el formulario, como la eliminación de un medicamento de nuestro formulario, no afectarán a los miembros que actualmente están tomando el medicamento. Seguirá estando disponible con el mismo costo compartido durante el resto del año de cobertura para los miembros que lo están tomando. Creemos que es importante que usted tenga acceso continuo durante el resto del año de cobertura a los medicamentos del formulario que estaban disponibles cuando eligió nuestro plan, a excepción de los casos en los que usted pueda ahorrar más dinero o nosotros le podamos garantizar su seguridad.

Si quitamos medicamentos de nuestro

formulario o agregamos una autorización previa, límites a la cantidad y/o restricciones a la terapia en etapas de un medicamento o cambiamos un medicamento a un nivel más alto de costos compartidos, debemos notificar el cambio a los miembros afectados al menos 60 días antes de que dicho cambio entre en vigor o en el momento que el miembro solicite que le vuelvan a surtir un medicamento, en cuyo momento éste recibirá un suministro del medicamento para 60 días. Si la Administración de Drogas y Alimentos (FDA, por sus siglas en inglés) considera que un medicamento de nuestro formulario es inseguro o el fabricante del medicamento lo retira del mercado, quitaremos el medicamento de nuestro formulario de inmediato y avisaremos a los miembros que lo toman. El formulario adjunto tiene vigencia a partir del 1 de septiembre de 2014. Para encontrar información actualizada sobre los medicamentos cubiertos por el Plan Medicare de Healthfirst, por favor, comuníquese con nosotros. Nuestra información de contacto aparece en la cubierta, al inicio y al final de este documento. El Plan Medicare de Healthfirst puede actualizar este formulario mensualmente a lo largo del año. Las actualizaciones incluyen adiciones, eliminaciones y cambios en la administración de la utilización según el formulario más reciente aprobado por los Centros para los Servicios de Medicare y Medicaid (CMS, por sus siglas en inglés). Se puede descargar un formulario actualizado de www.healthfirst.org o se puede obtener llamando a Servicios a los Miembros a los números que aparecen al principio y al final de este documento.

¿Cómo uso el Formulario?

Hay dos maneras de encontrar su medicamento en el formulario:

Afección médica

El formulario comienza en la página 1. Los medicamentos de este formulario se agrupan en categorías según el tipo de afección médica

que tratan. Por ejemplo, los medicamentos que se utilizan para tratar una afección del corazón se enumeran en la categoría "Medicamentos Cardiovasculares". Si usted sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. Luego, busque su medicamento dentro de esa categoría.

Lista alfabética

Si no está seguro en qué categoría buscar, deberá buscar su medicamento en el Índice que comienza en la página 54. El Índice brinda una lista alfabética de todos los medicamentos que se incluyen en este documento. Tanto los medicamentos de marca como los medicamentos genéricos figuran en el Índice. Consulte el Índice y encuentre su medicamento. Al lado de su medicamento, verá el número de página en donde puede encontrar la información de cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

El Plan Medicare de Healthfirst cubre tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico es un medicamento aprobado por la FDA por contener el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Hay restricciones a mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos adicionales o límites a la cobertura. Dichos requisitos y límites pueden incluir:

- **Autorización previa:** el Plan Medicare de Healthfirst exige que usted o su médico obtenga una autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación del Plan Medicare de Healthfirst antes de surtir sus recetas. Si no obtiene la aprobación, es posible que

el Plan Medicare de Healthfirst no cubra el medicamento.

- **Límites a la cantidad:** para ciertos medicamentos, el Plan Medicare de Healthfirst limita la cantidad del medicamento que el Plan Medicare de Healthfirst cubrirá. Por ejemplo, el Plan Medicare de Healthfirst proporciona 60 tabletas cada 30 días por cada receta de omeprazole de 20mg. Esto puede ser aparte de un suministro estándar para uno o tres meses.
- **Terapia en etapas:** en algunos casos, el Plan Medicare de Healthfirst exige que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si tanto el Medicamento A como el Medicamento B sirven para tratar su afección médica, es posible que el Plan Medicare de Healthfirst no cubra el Medicamento B salvo que usted primero pruebe el Medicamento A. Si el Medicamento A no funciona para usted, el Plan Medicare de Healthfirst cubrirá entonces el Medicamento B.

Usted puede averiguar si su medicamento tiene requisitos o límites adicionales buscando en el formulario que comienza en la página 1. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos visitando nuestro sitio Web. Nuestra información de contacto, junto con la fecha de la actualización más reciente del formulario, aparece en las páginas de la cubierta, al inicio y al final de este documento.

Puede solicitar al Plan Medicare de Healthfirst que haga una excepción a estas restricciones o a estos límites. Consulte la sección "¿Cómo solicito una excepción al formulario del Plan Medicare de Healthfirst?" en la página vii para obtener información sobre cómo solicitar una excepción.

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¿Qué sucede si mi medicamento no se encuentra en el Formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), debe comunicarse primero con Servicios a los Miembros y preguntar si su medicamento está cubierto.

Si le informan que el Plan Medicare de Healthfirst no cubre su medicamento, usted tiene dos opciones:

- Puede solicitar a Servicios a los Miembros una lista de medicamentos similares que estén cubiertos por el Plan Medicare de Healthfirst. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por el Plan Medicare de Healthfirst.
- Usted puede solicitar al Plan Medicare de Healthfirst que haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario del Plan Medicare de Healthfirst?

Puede solicitar al Plan Medicare de Healthfirst que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede solicitarnos que cubramos su medicamento aunque no esté en nuestro formulario. En caso de que se apruebe la excepción, el medicamento estará cubierto a un nivel pre-determinado de costos compartidos.
- Puede solicitarnos cubrir un medicamento del formulario a un menor nivel de costos compartidos, si el medicamento no pertenece al nivel de medicamentos de especialidad. En caso de aprobación, la cantidad que usted tiene que pagar por el medicamento será menor.

- Puede solicitarnos que eliminemos las restricciones o los límites de cobertura de su medicamento. Por ejemplo, para ciertos medicamentos, el Plan Medicare de Healthfirst limita la cantidad de medicamento que cubriremos. Si su medicamento tiene un límite a la cantidad, usted puede pedirnos que eliminemos el límite y cubramos una cantidad mayor.

Por lo general, el Plan Medicare de Healthfirst sólo aprobará su solicitud de excepción si la alternativa a los medicamentos incluidos en el formulario del plan, el medicamento de nivel más bajo o las restricciones adicionales de utilización no fueran tan eficaces para tratar su afección y/o le provocaran efectos médicos adversos.

Debe comunicarse con nosotros para pedirnos una decisión de cobertura inicial para una excepción a las restricciones de formulario, nivel o utilización. **Cuando usted solicita una excepción a las restricciones de formulario, nivel o utilización, tiene que, para respaldar su solicitud, presentar una declaración de su médico o de la persona que hace la receta.** Por lo general, debemos tomar nuestra decisión dentro de las 72 horas de haber recibido la declaración de respaldo de su médico o la persona que receta. Puede solicitar una excepción expedita (acelerada) si usted o su médico cree que su salud pudiera verse gravemente perjudicada si tuviese que esperar una decisión hasta 72 horas. Si se le concede de la solicitud acelerada, debemos comunicarle una decisión dentro de las 24 horas de haber recibido la declaración de respaldo de su médico o la persona que receta.

¿Qué hago antes de poder hablar con mi médico sobre el cambio de mis medicamentos o la solicitud de una excepción?

Como miembro nuevo o continuo de nuestro plan, es posible que esté tomando

medicamentos que no se encuentran en nuestro formulario, o puede que esté tomando un medicamento que se encuentra en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, es posible que necesite una autorización previa de parte nuestra antes de poder surtir la receta. Tiene que hablar con su médico para decidir si debe cambiarse a un medicamento adecuado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que usted toma. Mientras habla con su médico para determinar el procedimiento correcto que debe seguir, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días que usted sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no se encuentran en nuestro formulario, o si su capacidad de obtener sus medicamentos es limitada, cubriremos un suministro temporal para 30 días (salvo que tenga una receta para menos días) cuando vaya a una farmacia de la red. Después de su primer suministro para 30 días, no pagaremos estos medicamentos aunque haya sido miembro del plan por menos de 90 días.

Si usted es residente de un centro de atención a largo plazo, le permitiremos volver a surtir su receta hasta que le hayamos dado un suministro de transición de 93 días, conforme al incremento por dispensación (salvo que tenga una receta para menos días). Cubriremos más de un surtido nuevo de estos medicamentos durante los primeros 90 días que usted sea miembro de nuestro plan. Si necesita un medicamento que no se encuentra en nuestro formulario, o si su capacidad para obtener sus medicamentos es limitada, pero han pasado los primeros 90 días de afiliación en nuestro plan; cubriremos un suministro de emergencia para 31 días de dicho medicamento (salvo que tenga una receta para menos días) mientras tramita una excepción al formulario.

Si usted ya es un miembro previo y experimenta cambios en su nivel de atención, como por ejemplo un traslado del hospital a un entorno doméstico, y necesitara un medicamento que no figura en nuestro formulario, o si tiene limitaciones para obtener los medicamentos, cubriremos un suministro único y temporal de hasta 30 días (o 31 días si usted está internado en un servicio de cuidado a largo plazo) que provenga de una farmacia de la red. Durante este período, debe utilizar el proceso de excepciones del plan si usted desea continuar con la cobertura del medicamento una vez que se haya terminado el suministro temporal.

Para obtener más información

Para obtener información más detallada sobre la cobertura de medicamentos recetados de su Plan Medicare de Healthfirst, por favor, consulte su Evidencia de Cobertura y los otros materiales del plan.

Si tiene preguntas sobre el Plan Medicare de Healthfirst, por favor, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la actualización más reciente del formulario, aparece en las páginas de la cubierta, al inicio y al final de este documento.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, por favor, llame a Medicare al **1-800-MEDICARE (1-800-633-4227)**, las 24 horas del día, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al **1-877-486-2048**. O visite **www.medicare.gov**.

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Formulario del Plan Medicare de Healthfirst

El formulario que comienza en la página 1 brinda información sobre la cobertura de algunos de los medicamentos cubiertos por el Plan Medicare de Healthfirst. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice que comienza en la página 54.

En la primera columna del cuadro figura el nombre del medicamento. Los medicamentos de marca aparecen en mayúscula (por ejemplo, **BENICAR**) y los medicamentos genéricos aparecen en letra cursiva minúscula (por ejemplo, *losartan*).

La información de la columna Requisitos/Límites le informa si el Plan Medicare de Healthfirst tiene requisitos especiales para la cobertura de su medicamento.

NIVELES DE MEDICAMENTOS

NIVEL	El nivel incluye:
Nivel 1: Medicamentos genéricos	El nivel 1 es su nivel de costo más bajo. La mayoría de los medicamentos genéricos del formulario se incluyen en este nivel. Los medicamentos genéricos contienen los mismos ingredientes activos de los medicamentos de marca y son igualmente seguros y eficaces.
Nivel 2: Medicamentos de marca preferidos	Este es su nivel de costo medio, e incluye los medicamentos de marca preferidos.
Nivel 3: Medicamentos de marca no preferidos	Este es su nivel de costo alto, e incluye los medicamentos de marca no preferidos.
Nivel 4: Medicamentos de especialidad	El nivel de medicamentos de especialidad es el nivel de costo más alto de todos. Los medicamentos de especialidad son aquellos de costo muy alto o medicamentos recetados únicos que requieren de manipulación especial y/o estrecha supervisión. Los medicamentos de especialidad pueden ser de marca o genéricos.

El Plan Medicare de Healthfirst es un plan HMO con un contrato con Medicare y con el programa Medicaid de Nueva York. La inscripción en el Plan Medicare de Healthfirst está sujeta a la renovación del contrato.

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第一保健老人醫療保險計劃的

「處方藥一覽表」(Formulary)是甚麼？

「處方藥一覽表」(Formulary)是第一保健老人醫療保險計劃(Healthfirst Medicare Plan)根據其保健護理服務提供者團隊的意見所選擇的承保藥物目錄，代表了公認為高品質治療計劃必不可少組成部份的處方藥物治療。第一保健老人醫療保險計劃(Healthfirst Medicare Plan)一般會承保我們的「處方藥一覽表」中列出的所有藥物，只要使用該藥物屬於醫療上所必需、處方藥物又是在第一保健老人醫療保險計劃(Healthfirst Medicare Plan)的網絡藥房購買、並且所有其他的承保規則均執行無誤。如要更多瞭解如何獲得您的處方配藥，請查閱您的「承保證書」(Evidence of Coverage)。

「處方藥一覽表」是否會更動？

一般來說，如果您所服用的藥物列入我們2014年的「處方藥一覽表」在年初的時候獲得承保，在2014承保年度我們不會終止或降低該藥物的承保，除非市面上有了新的價格低廉的副廠藥或有關某種藥物的安全性或有效性方面的負面資訊得以公佈。諸如將藥物從我們的「處方藥一覽表」上刪除等其他類型的更動則不會對目前使用該藥物的會員產生影響。該類藥物在本承保年度的剩餘時間內會以同樣的分攤費用為正在服用這些藥物的會員提供。我們覺得，重要的是，在本承保年度剩餘的時間裡，除了您能夠額外省錢或我們能夠確保您的安全的情況之外，您能夠不間斷地得到您選擇我們計劃的當時「處方藥一覽表」上所包括的藥物。

如果我們從「處方藥一覽表」中刪除藥物、或對一種藥物增加事前核准、數量限制及/或循序用藥限定、或將一種藥物挪到費用分攤數額較高的層次，我們必須在更動生效之前至少60天或在會員要求續配該藥物時通知受到影響的會員，而且從那時起會員將得到60天用量的該藥物。如果聯邦食品與藥物管理總署(Food and Drug Administration)認為我們「處方藥一覽表」上的某藥物不安全或者該藥物的製造商

從市場上撤回該藥物，我們會立即將該藥物從我們的「處方藥一覽表」上刪除，並通知服用該藥物的會員。此處所附的「處方藥一覽表」截止於2014年9月1日。

如要瞭解第一保健老人醫療保險計劃(Healthfirst Medicare Plan)所承保藥物的最新資訊，請與我們聯絡。「處方藥一覽表」的封頁和封底有我們的聯絡資訊。年度期間第一保健老人醫療保險計劃(Healthfirst Medicare Plan)可能會按月更新本「處方藥一覽表」。更新包括根據CMS最近核准的「處方藥一覽表」增加、刪除或用藥管理規定的更動。最新的「處方藥一覽表」可以到我們的網站www.healthfirst.org/medicare下載或致電會員服務部，本表封頁和封底有電話號碼。

我如何使用「處方藥一覽表」？

在「處方藥一覽表」上尋找藥物有兩種方法：

醫療狀況

「處方藥一覽表」從第1頁開始。本「處方藥一覽表」上的藥物根據其用於治療的醫療狀況分為不同的類別。例如，用來治療心臟狀況的藥物列在心血管用藥“Cardiovascular Medications”類別。如果您知道您的藥物用來治療甚麼症狀，即可到第1頁開始的目錄中尋找該類別名稱。然後在該名稱項下尋找您的藥物。

字母順序排列

如果您不能確定到哪一類去尋找，您可以到第54頁開始的索引中去尋找。索引提供了本文件中所包含的所有藥物，按字母順序排列。原廠藥與副廠藥都在索引中列出。到索引中去查找您的藥物。在您的藥物邊，您會看到頁碼，您可以在該頁找到承保資訊。翻到索引中列出的頁碼，在目錄的第一欄即可找到您的藥物的名稱。

甚麼叫副廠藥(generic drugs) ?

第一保健老人醫療保險計劃(Healthfirst Medicare Plan)既承保原廠藥，也承保副廠藥。副廠藥得到聯邦食品與藥物管理總署(FDA)的核准，與原廠藥有相同的有效成份。一般來說，副廠藥的費用要比原廠藥低。

我的承保是否有甚麼限制?

某些承保藥物可能有額外的承保規定或限制。這些規定與限制可能包括：

- **事前授權：**第一保健老人醫療保險計劃(Healthfirst Medicare Plan)規定某些藥物您或您的醫生必須取得事前授權。這意味著您必須得到第一保健老人醫療保險計劃(Healthfirst Medicare Plan)的核准才能去配藥。如果您不獲取核准，第一保健老人醫療保險計劃(Healthfirst Medicare Plan)可能不會承保該藥物。
- **數量限制：**某些藥物第一保健老人醫療保險計劃(Healthfirst Medicare Plan)對其承保該藥物的數量作出限制。例如：第一保健老人醫療保險計劃(Healthfirst Medicare Plan)對omeprazole 20毫克每30天允許提供60片。這可能是在標準的一個月或三個月用量之外的規定。
- **循序用藥：**某些情況下，第一保健老人醫療保險計劃(Healthfirst Medicare Plan)要求您先試用某些藥物來治療您的症狀，然後才能承保用於同樣症狀的其他藥物。例如，如果藥物甲與藥物乙均可用於治療您的症狀，除非您先試用藥物甲，否則第一保健老人醫療保險計劃(Healthfirst Medicare Plan)可能不會承保藥物乙。如果藥物甲對您的症狀無效，然後第一保健老人醫療保險計劃(Healthfirst Medicare Plan)才會承保藥物乙。

如需瞭解您服用的藥物是否有任何額外的規定或限制，請查看第1頁開始的「處方藥一覽表」。您亦可瀏覽我們的網站瞭解有關適用於某些特定承保藥物的限制的更多資訊。

您可以要求第一保健老人醫療保險計劃(Healthfirst Medicare Plan)對這些限制或限定作出例外處理或索取可以為您治病的其他、類似的藥物目錄。請閱讀『我如何要求對第一保健老人醫療保險計劃(Healthfirst Medicare Plan)的「處方藥一覽表」作出例外處理?』章節。有關如何要求作出例外處理，詳情請見第xiii頁。

如果我的藥物不在「處方藥一覽表」上怎麼辦?
如果您的藥物沒有列入「處方藥一覽表」〔承保藥物目錄〕，應首先聯絡會員服務部確認您的藥物是否獲得承保。

如果瞭解到第一保健老人醫療保險計劃(Healthfirst Medicare Plan)不承保您的藥物，您有兩種選擇：

- 您可以要求會員服務部提供一份獲得第一保健老人醫療保險計劃(Healthfirst Medicare Plan)承保的類似藥物目錄。收到目錄之後，將其持往您的醫生處要求醫生開具獲得第一保健老人醫療保險計劃(Healthfirst Medicare Plan)承保的類似藥物的處方。
- 您可以要求第一保健老人醫療保險計劃(Healthfirst Medicare Plan)作出例外處理，承保您的藥物。有關如何要求作出例外處理，詳情請見下文。

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2014 年「處方藥一覽表」

我如何要求對第一保健老人醫療保險計劃(Healthfirst Medicare Plan)的「處方藥一覽表」作出例外處理？

您可以要求第一保健老人醫療保險計劃(Healthfirst Medicare Plan)對我們的承保規則作出例外處理。您可以提出幾種類別的例外處理要求。

- 即使您的藥物不在我們的「處方藥一覽表」上，您也可以要求我們承保該藥物。如經核准，我們將以預先確定的費用分攤層次承保此藥。您無法要求我們降低費用分攤層次提供此藥。
- 如果「處方藥一覽表」上的藥不是特殊層次藥物，您可以要求我們降低費用分攤層次承保此藥。如果被核准，你的藥費會降低。
- 您可以要求我們豁免有關您所服用藥物的承保限制或限定。例如，對於某些藥物來說，第一保健老人醫療保險計劃(Healthfirst Medicare Plan)對該藥物的承保數量有限制。如果您的藥物有數量限制，您可以要求我們豁免該限制，承保更多數量。

一般說來，只有在本計劃「處方藥一覽表」上有的替代藥物、低費用分攤層次的藥物或額外的用藥限制對於治療您的症狀不那麼有效及/或可能給您帶來不良醫療效果的情況下，第一保健老人醫療保險計劃(Healthfirst Medicare Plan)才能核准您的例外處理要求。

如要對「處方藥一覽表」、藥物層次或用藥限制作出例外處理，您應該與我們聯絡，要求我們作出初始承保決定(initial coverage decision)。在提出「處方藥一覽表」、藥物層次或用藥限制的例外處理要求時您應該遞交一份醫生或其他開具處方者的證言來支持您的要求。一般來說，在收到為您開具處方的人士的支持證言之後，我們必須在72小時之內作出裁決。如果您或您的醫生認為等待達72小時才得到裁決可能會嚴重損害您的健康，您可以要求加快(快

速)例外處理。如果您的加速例外處理要求得到採納，在收到為您開具處方的人士或處方醫生的支持證言之後，我們必須不得晚於24小時給您裁決。

在與我的醫生討論更換藥物或要求作出例外處理之前我應該做甚麼？

作為我們計劃的新老會員，您很可能正在服用我們的「處方藥一覽表」上所沒有的藥物。或者，您服用的藥物我們的「處方藥一覽表」上有，但是您獲取該藥物的能力受到限制。例如，您可能必須得到我們的事前授權才能去配藥。您應該問一問您的醫生，確定是應該改用我們所承保的適當藥物，還是要求對「處方藥一覽表」作出例外處理，讓我們承保您所服用的藥物。在您與您的醫生討論確定對您有利的下一步，在某些情況下，我們可以在會員參加我們計劃的最初90天期間承保您的藥物。

我們「處方藥一覽表」上沒有，或者您獲取藥物的能力受到限制的藥物，如果您到網絡藥房配藥，您的每一種藥物我們會承保30天的臨時用量(除非處方規定較少的天數)。在最初的30天用量之後，即使您成為本計劃會員的時間尚不足90天我們也不會再承保這些藥物。

如果您住在一家長期護理設施，我們會容許您增配您的處方藥物，直到我們遵照發放數量增加的準則為您提供長達93天的過渡用量為止(除非您有處方規定較少的時間)。在您成為我們計劃會員的最初90天內，我們會承保這些藥物的一次以上增配。如果您需要的藥物我們「處方藥一覽表」上沒有，或者您獲取您的藥物的能力受到限制，但是您參加我們的計劃已經超過90天，在您尋求對「處方藥一覽表」進行例外處理期間我們會承保該藥物31天的緊急供應(除非處方給定較少的天數)。

如果您目前是我們的會員，您的護理層級發生更動，例如從醫院搬到家裡，和您需要的藥不在我們的「處方藥一覽表」上、或是您的能力

受到限制不能得到您的藥，我們可以承保從一個網絡藥房提供一次性臨時的至多30天(或是31天，如果您是長期護理的居民)的藥量。在這段期間，如果您的臨時供藥量用完後仍希望繼續該藥的承保，您就需要使用本計劃的例外處理程序。

如要瞭解詳情

有關您的第一保健老人醫療保險計劃(Healthfirst Medicare Plan)處方配藥承保的詳細資訊，請查閱您的「承保證書」(Evidence of Coverage)及計劃的其他材料。

如果您對第一保健老人醫療保險計劃(Healthfirst Medicare Plan)有問題，請與我們聯絡。本表的封頁和封底有我們的聯絡資訊以及我們對「處方藥一覽表」最新更正的日期。如果您對聯邦老人醫療保險處方配藥承保有一般性的問題，請致電聯邦老人醫療保險，電話號碼**1-800-MEDICARE (1-800-633-4227)**，服務時間每週7天每天24小時。聽力語言殘障人

士請致電TTY/TDD **1-877-486-2048**。或瀏覽網站**www.medicare.gov**。

第一保健老人醫療保險計劃(Healthfirst Medicare Plan)「處方藥一覽表」

從第1頁開始的「處方藥一覽表」提供有關第一保健老人醫療保險計劃(Healthfirst Medicare Plan)承保的某些藥物的承保資訊。如果您在目錄中找不到您的藥物，請翻到第54頁開始的索引。

圖表的第一欄列出的是藥物名稱。原廠藥名稱全部大寫(例如: **BENICAR**)，副廠藥名稱則以小寫斜體列出(例如: *losartan*)。

規定/限制(Requirements/Limits)一欄的資訊告訴您第一保健老人醫療保險計劃(Healthfirst Medicare Plan)對於您的藥物的承保是否有甚麼特別的規定。

藥物層次

費用分攤層次	層次包括：
第一層：副廠藥	第一層是您最低的費用分攤層次。這個層次有「配方一覽表」的多數副廠藥。副廠藥有與原廠藥同樣活性成分，安全程度和有效性相同。
第二層：優惠原廠藥	這是您費用分攤的中層，其中有優惠原廠藥。
第三層：非優惠原廠藥	這是您費用分攤的高層，其中包括非優惠原廠藥。
第四層：特殊層次藥物	特殊層次藥物是您最高的費用分攤層次。特殊層次藥的成本特高，是獨特的處方藥，有特殊用藥的方法，並需要密切觀察用藥者。特殊層次藥物可以是原廠或副廠製造。

第一保健老人醫療保險計劃是與聯邦老人醫療保險和紐約州醫療輔助有合約的管理式保健計劃。能否加入第一保健老人醫療保險計劃取決於政府合同是否延續。

DO_CY14_4T_STANDARD eff 09/01/2014

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
<i>GOUT</i>		
<i>allopurinol tab</i>	1	
<i>colchicine w/ probenecid</i>	1	
COLCRYS	2	QL (120 tabs / 30 days)
<i>probenecid</i>	1	
ULORIC	2	ST
<i>NSAIDS</i>		
CELEBREX	2	QL (60 caps / 30 days)
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i> TB24; TBEC	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>flurbiprofen</i> TABS	1	
<i>ibuprofen</i> SUSP	1	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>ketoprofen</i> CAPS; CP24	1	
<i>meloxicam</i> TABS	1	
MELOXICAM SUSP 7.5 MG/5ML	1	
<i>nabumetone</i> TABS	1	
<i>naproxen</i> SUSP; TABS; TBEC	1	
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i> CAPS	1	
<i>sulindac</i> TABS	1	
<i>OPIOID ANALGESICS</i>		
<i>acetaminophen w/ codeine</i> SOLN	1	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine</i> TABS	1	QL (400 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>hydroco/apap tab 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	1	QL (360 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	1	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	1	QL (5400mL / 30 days)
<i>hydrocodone-ibuprofen 7-5-200mg</i>	1	QL (150 tabs / 30 days)
<i>lorcet hd tab 10-325mg</i>	1	QL (360 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	1	QL (360 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>lortab</i>	1	QL (360 tabs / 30 days)
<i>tramadol hcl</i> TABS	1	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol-acetaminophen</i>	1	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII		
DURAMORPH	1	B/D
<i>endocet 5/325</i>	1	QL (360 tabs / 30 days)
<i>endocet 7.5/325</i>	1	QL (360 tabs / 30 days)
<i>endocet 10/325</i>	1	QL (360 tabs / 30 days)
ENDODAN	1	QL (360 tabs / 30 days)
<i>fentanyl 12mcg/hr, 25mcg/hr</i>	1	QL (10 ptch / 30 days)
<i>fentanyl 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	1	QL (10 ptch / 30 days), PA
<i>fentanyl citrate</i> LPOP	4	QL (120 lpop / 30 days), PA
<i>hydromorphon inj 10mg/ml</i>	1	B/D
<i>hydromorphone hcl</i> LIQD; TABS	1	
KADIAN	2	QL (60 caps / 30 days)
LAZANDA	4	QL (30 bottles / 30 days), PA
<i>methadone hcl</i> CONC	1	
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	
<i>methadone hcl</i> TABS	1	QL (240 tabs / 30 days)
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	1	QL (90 tabs / 30 days)
<i>morphine ext-rel tab 200mg</i>	1	QL (60 tabs / 30 days)
MORPHINE SUL INJ 1mg/ml, 4mg/ml, 10mg/ml, 15mg/ml	1	B/D
<i>morphine sul inj .5mg/ml, 1mg/ml</i>	1	B/D
<i>morphine sulfate</i> CP24	1	QL (60 ea / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 8mg/ml	1	B/D
MORPHINE SULFATE TABS	1	QL (180 tabs / 30 days)
<i>morphine sulfate beads cap sr</i>	1	QL (60 ea / 30 days)
MORPHINE SULFATE ORAL SOL	1	
OXYCODONE HCL CAPS	1	QL (180 caps / 30 days)
OXYCODONE HCL CONC	1	
<i>oxycodone hcl</i> SOLN	1	
<i>oxycodone hcl</i> TABS	1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 5 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone-aspirin</i>	1	QL (360 tabs / 30 days)
<i>roxicet soln</i>	2	QL (1800 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>roxicet tab 5-325mg</i>	1	QL (360 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.) 4%</i>	1	
<i>lidocaine hcl (local anesth.) .5%</i>	1	B/D
<i>lidocaine inj 0.5%</i>	1	B/D
<i>lidocaine inj 1%</i>	1	B/D
<i>lidocaine inj 1.5%</i>	1	B/D
<i>lidocaine inj 2%</i>	1	B/D

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate SOLN</i>	1	
<i>gentamicin in saline</i>	1	
<i>gentamicin sulfate SOLN</i>	1	
<i>neomycin sulfate TABS</i>	1	
<i>paramomycin sulfate CAPS</i>	1	
<i>streptomycin sulfate SOLR</i>	1	
<i>sulfadiazine TABS</i>	3	
<i>tobramycin NEBU</i>	4	B/D, NM
<i>tobramycin sulfate SOLN; SOLR</i>	1	
<i>tobramycin sulfate in saline</i>	2	

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	3	
ALINIA SUSR	3	QL (540 mL / 30 days)
ALINIA TABS	3	QL (20 tabs / 30 days)
<i>atovaquone SUSP</i>	4	
AZACTAM 2gm	3	
AZACTAM/DEX INJ 1GM	3	
AZACTAM/DEX INJ 2GM	4	
<i>aztreonam</i>	1	
BILTRICIDE	2	
<i>clindamycin cap 75mg</i>	1	
<i>clindamycin cap 300mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin phosphate inj</i>	1	
<i>clindamycin sol 75mg/5ml</i>	1	
<i>colistimethate sodium SOLR</i>	1	
CUBICIN	4	B/D
<i>dapsone TABS</i>	1	
DARAPRIM	3	
DORIBAX	3	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin-sulfisoxazole for susp 200-600 mg/5ml</i>	1	
<i>imipenem-cilastatin</i>	1	
INVANZ	3	
MACRODANTIN 25mg	2	PA; 90 day limit if >64 yr
<i>meropenem</i>	1	
<i>methenamine hippurate</i>	1	
METRO IV	2	
<i>metronidazole TABS</i>	1	
<i>metronidazole in nacl</i>	1	
NEBUPENT	3	B/D
<i>nitrofurantoin macrocrystal</i>	1	PA; 90 day limit if >64 yr
<i>nitrofurantoin monohyd macro</i>	1	PA; 90 day limit if >64 yr
PENTAM 300	3	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	1	
<i>trimethoprim TABS</i>	1	
TYGACIL	4	
<i>vancomycin hcl CAPS</i>	4	
<i>vancomycin hcl SOLR</i>	1	B/D
ZYVOX	4	
ANTIFUNGALS		
ABELCET	4	B/D
AMBISOME	4	B/D
<i>amphotericin b SOLR</i>	1	B/D
CANCIDAS	4	
ERAXIS	4	
<i>fluconazole SUSR; TABS</i>	1	
<i>fluconazole in dextrose</i>	1	
<i>fluconazole in nacl</i>	1	
<i>flucytosine CAPS</i>	4	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole CAPS</i>	1	PA
<i>ketoconazole TABS</i>	1	
MYCAMINE 50mg	3	
MYCAMINE 100mg	4	
NOXAFIL SUSP; TBEC	4	
<i>nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1	QL (90 tabs / year)

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole</i> SOLR	1	
<i>voriconazole</i> SUSR; TABS	4	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate</i> TABS	1	
COARTEM	2	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE	2	
ANTI RETROVIRAL AGENTS		
<i>abacavir sulfate</i>	1	
APTIVUS	4	
CRIXIVAN	3	
<i>didanosine</i>	1	
EDURANT	4	
EMTRIVA	2	
EPIVIR SOLN	2	
FUZEON	4	NM
INTELENCE 25mg	3	
INTELENCE 100mg, 200mg	4	
INVIRASE CAPS	3	
INVIRASE TABS	4	
ISENTRESS CHEW 25mg	2	
ISENTRESS CHEW 100mg	4	
ISENTRESS PACK	2	
ISENTRESS TABS	4	
<i>lamivudine</i> 150mg, 300mg	1	
LEXIVA SUSP	3	
LEXIVA TABS	4	
NEVIRAPINE SUSP	1	
<i>nevirapine</i> TABS; TB24	1	
NORVIR	2	
PREZISTA SUSP	4	
PREZISTA TABS 75mg, 150mg	2	
PREZISTA TABS 600mg, 800mg	4	
RESCRIPTOR	3	
RETROVIR IV INFUSION	2	
REYATAZ 100mg	2	
REYATAZ 150mg, 200mg, 300mg	4	
SELZENTRY	4	
<i>stavudine</i>	1	
SUSTIVA	2	
TIVICAY	4	

Drug Name	Drug Tier	Requirements/Limits
VIDEX PEDIATRIC	3	
VIRACEPT	4	
VIRAMUNE SUSP	3	
VIRAMUNE XR 100mg	3	
VIREAD	4	
ZIAGEN SOLN	3	
<i>zidovudine</i>	1	
ANTI RETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine-zidovudine</i>	4	
ATRIPLA	4	
COMPLERA	4	
EPZICOM	4	
KALETRA SOL	4	
KALETRA TAB 100-25MG	2	
KALETRA TAB 200-50MG	4	
<i>lamivudine-zidovudine</i>	4	
STRIBILD	4	
TRUVADA	4	
ANTI TUBERCULAR AGENTS		
CAPASTAT SULFATE	4	
<i>cycloserine CAPS</i>	1	
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid TABS</i>	1	
<i>isoniazid inj 100 mg/ml</i>	1	
<i>isoniazid syp 50mg/5ml</i>	1	
<i>paser d/r</i>	2	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin CAPS; SOLR</i>	1	
RIFATER	3	
<i>seromycin</i>	3	
SIRTURO	4	LA, PA
TRECTOR	3	
ANTIVIRALS		
<i>acyclovir CAPS; SUSP; TABS</i>	1	
<i>acyclovir sodium</i>	1	B/D
<i>adefovir dipivoxil</i>	4	ST
BARACLUDE SOLN	2	
BARACLUDE TABS	4	
EPIVIR HBV SOLN	3	
<i>famciclovir TABS</i>	1	
<i>ganciclovir inj 500mg</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
INCIVEK	4	NM, PA
<i>lamivudine</i> 100mg	1	
<i>moderiba pak</i>	4	NM, PA
<i>moderiba tab</i> 200mg	1	NM, PA
OLYSIO	4	NM, PA
REBETOL SOLN	4	NM, PA
RELENZA DISKHALER	2	
<i>ribapak mis</i> 600/day	4	NM, PA
<i>ribasphere</i> CAPS	1	NM, PA
<i>ribasphere</i> TABS 200mg, 400mg	1	NM, PA
<i>ribasphere</i> TABS 600mg	4	NM, PA
<i>ribasphere ribapak</i> 800	4	NM, PA
<i>ribasphere ribapak</i> 1000	4	NM, PA
<i>ribasphere ribapak</i> 1200	4	NM, PA
<i>ribavirin</i> 200mg	1	NM, PA
<i>rimantadine hydrochloride</i>	1	
SOVALDI	4	NM, PA
TAMIFLU	2	
TYZEKA	4	
<i>valacyclovir hcl</i> TABS	1	
VALCYTE	4	
VICTRELIS	4	NM, PA
CEPHALOSPORINS		
<i>cefaclor</i>	1	
<i>cefaclor monohydrate</i>	2	
<i>cefadroxil</i>	1	
<i>cefazolin in d5w</i>	2	
<i>cefazolin inj</i>	1	
<i>cefazolin sodium</i> 1gm, 20gm	1	
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1	
<i>cefotaxime sodium</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime solr</i>	1	
CEFTAZIDIME/DEXTROSE	2	
<i>ceftriaxone sodium</i> SOLR	1	
<i>cefuroxime axetil</i> TABS	1	
<i>cefuroxime sodium</i> 1.5gm, 7.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR	1	
SUPRAX CAPS	2	

Drug Name	Drug Tier	Requirements/Limits
<i>suprax</i> CHEW	3	
<i>suprax</i> SUSR 100mg/5ml, 200mg/5ml	2	
SUPRAX SUSR 500mg/5ml	2	
<i>suprax</i> TABS	2	
<i>tazicef</i> SOLR	1	
<i>tazicef</i> vial	1	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACK	1	
<i>azithromycin</i> SOLR 500mg	1	
<i>azithromycin</i> SUSR	1	
<i>azithromycin</i> TABS	1	
<i>clarithromycin</i> TABS	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin for susp</i>	1	
DIFICID	4	ST
<i>e.e.s.</i>	1	
E.E.S. GRANULES	3	
<i>ery-tab</i>	2	
ERYPED 200	3	
ERYPED 400	3	
<i>erythrocin stearate</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
ZMAX	2	
FLUOROQUINOLONES		
CIPRO SUSR	3	
<i>ciprofloxacin</i> SUSR	1	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin hcl tab</i>	1	
<i>ciprofloxacin in d5w</i>	1	
<i>ciprofloxacin inj</i>	1	
<i>levofloxacin</i> TABS	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin inj 25mg/ml</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin & sulbactam sodium</i>	1	
<i>ampicillin inj</i>	1	
<i>ampicillin sodium</i>	1	
BICILLIN C-R	3	

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A	3	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium</i> 1gm	1	
<i>nafcillin sodium</i> 2gm, 10gm	4	
<i>oxacillin sodium</i> 1gm, 2gm	1	
<i>oxacillin sodium</i> 10gm	4	
PENICILLIN G POT IN DEXTROSE	3	
<i>penicillin g potassium</i>	1	
<i>penicillin g procaine</i>	2	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
<i>penicillin gk inj 5mu</i>	1	
<i>piperacillin sodium-tazobactam sodium</i>	1	
TIMENTIN	3	
TIMENTIN INJ 3.1GM	3	
TETRACYCLINES		
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	1	
<i>doxycycline (monohydrate)</i> TABS	1	
<i>doxycycline hyclate</i> CAPS; SOLR; TABS	1	
<i>minocycline hcl</i> CAPS	1	
VIBRAMYCIN SYRP	3	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BICNU	3	B/D
BUSULFEX	3	B/D
CEENU CAP 10MG	2	
CEENU CAP 40MG	2	
<i>cyclophosphamide</i> SOLR; TABS	1	B/D
<i>dacarbazine</i> 200mg	1	B/D
EMCYT	3	
HEXALEN	4	
IFEX 3gm	3	B/D
<i>ifosfamide inj 1gm</i>	1	B/D
<i>ifosfamide inj 1gm/20ml</i>	1	B/D
IFOSFAMIDE INJ 3GM	3	B/D
<i>ifosfamide inj 3gm/60ml</i>	1	B/D
LEUKERAN	3	
LOMUSTINE	1	
<i>melphalan hcl</i>	4	B/D
MUSTARGEN	3	B/D
TREANDA	4	B/D, NM

ANTHRACYCLINES

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available
 at mail-order B/D - Covered under Medicare B or D LA - Limited Access

Drug Name	Drug Tier	Requirements/Limits
<i>adriamycin</i> 50mg	1	B/D
<i>daunorubicin hcl</i>	1	B/D
<i>daunorubicin hcl for inj 20 mg</i>	1	B/D
DOXIL INJ 2MG/ML	4	B/D
<i>doxorubicin hcl</i> SOLN	1	B/D
<i>doxorubicin hcl</i> SOLR 20mg, 50mg	1	B/D
<i>doxorubicin hcl liposomal</i>	4	B/D
<i>epirubicin hcl</i> SOLN	1	B/D
<i>idarubicin hcl</i>	4	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	1	B/D
COSMEGEN	4	B/D
<i>mitomycin</i> SOLR	1	B/D
<i>mitomycin inj 20mg</i>	1	B/D
ANTIMETABOLITES		
<i>adrucil</i>	1	B/D
ALIMTA	4	B/D
<i>azacitidine</i>	4	B/D, NM
<i>cladribine</i>	4	B/D
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>cytarabine</i> SOLR 100mg	1	B/D
<i>fludarabine phosphate</i>	1	B/D
<i>fluorouracil</i> SOLN	1	B/D
GEMCITABINE HCL SOLN	4	B/D
<i>gemcitabine hcl</i> SOLR	4	B/D
<i>mercaptopurine</i> TABS	1	
<i>methotrexate sodium inj</i>	1	B/D
NIPENT	4	B/D
TABLOID	3	
ANTIMITOTIC, TAXOIDS		
DOCETAXEL CONC 20mg/0.5ml, 20mg/ml, 4 80mg/4ml	4	B/D
<i>docetaxel</i> CONC 140mg/7ml	4	B/D
DOCETAXEL SOLN 80mg/8ml	4	B/D
<i>paclitaxel</i>	1	B/D
TAXOTERE	4	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i> SOLN	2	B/D
<i>vincasar</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i>	1	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	4	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE	4	NM, LA, PA
HERCEPTIN	4	B/D, NM
ISTODAX	4	B/D, NM
KADCYLA	4	B/D, NM
PROLEUKIN	4	B/D, NM
RITUXAN	4	NM, PA
VELCADE	4	B/D, NM
ZOLINZA	4	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole tab 1mg</i>	1	
<i>bicalutamide</i>	1	QL (30 tabs / 30 days)
DEPO-PROVERA INJ 400/ML	3	B/D
<i>exemestane tab 25mg</i>	1	
FARESTON	4	
FASLODEX	4	B/D
<i>flutamide</i>	1	
<i>letrozole tab 2.5mg</i>	1	
<i>leuprolide acetate KIT</i>	1	NM, PA
LUPR DEP-PED INJ 11.25MG (3-MONTH)	4	QL (1 kit [3 MONTH] / 84 days), NM, PA
LUPR DEP-PED INJ 30MG (3-MONTH)	4	QL (1 kit [3 MONTH] / 84 days), NM, PA
LUPRON DEPOT 3.75mg	4	QL (1 box / 30 days), NM, PA
LUPRON DEPOT-PED	4	NM, PA
LYSODREN	2	
MEGACE ES	2	QL (150 mL / 30 days), PA
<i>megestrol acetate SUSP; TABS</i>	1	PA
NILANDRON	4	
SOLTAMOX	3	
<i>tamoxifen citrate TABS</i>	1	
TRELSTAR DEP INJ 3.75MG	4	NM, PA
TRELSTAR LA INJ 11.25MG	4	NM, PA
XTANDI	4	NM, LA, PA
ZYTIGA	4	NM, PA
KINASE INHIBITORS		
AFINITOR	4	NM, PA
AFINITOR DISPERZ	4	NM, PA
BOSULIF	4	NM, PA
CAPRELSA	4	NM, LA, PA
COMETRIQ	4	NM, PA
GILOTRIF	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
GLEEVEC	4	NM, PA
ICLUSIG	4	NM, LA, PA
IMBRUVICA	4	NM, PA
INLYTA	4	NM, LA, PA
JAKAFI	4	NM, LA, PA
MEKINIST	4	NM, PA
NEXAVAR	4	NM, LA, PA
SPRYCEL	4	NM, PA
STIVARGA	4	NM, LA, PA
SUTENT	4	NM, PA
TAFINLAR	4	NM, PA
TARCEVA	4	NM, PA
TASIGNA	4	NM, PA
TYKERB	4	NM, LA, PA
VOTRIENT	4	NM, PA
XALKORI	4	NM, LA, PA
ZELBORAF	4	NM, LA, PA
ZYKADIA	4	NM, LA, PA

MISCELLANEOUS

DROXIA	2	
<i>hydroxyurea</i> CAPS	1	
MATULANE	4	
<i>mitoxantrone hcl</i>	1	B/D, NM
POMALYST CAP 1MG	4	NM, LA, PA
POMALYST CAP 2MG	4	NM, LA, PA
POMALYST CAP 3MG	4	NM, LA, PA
POMALYST CAP 4MG	4	NM, LA, PA
SYLATRON	4	NM, PA
TARGRETIN CAPS	4	NM, PA
<i>tretinoin (chemotherapy)</i>	4	
TRISENOX	4	B/D

PLATINUM-BASED AGENTS

<i>carboplatin</i> SOLN	1	B/D
<i>cisplatin</i> soln	1	B/D
<i>oxaliplatin</i>	4	B/D

PROTECTIVE AGENTS

<i>amifostine</i> crystalline	4	B/D
<i>dexrazoxane</i> 250mg	4	B/D
ELITEK	4	B/D
<i>leucovorin calcium</i> SOLR	1	B/D
<i>leucovorin calcium</i> TABS	1	
<i>leucovorin calcium inj 10 mg/ml</i>	1	B/D
<i>mesna</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
MESNEX TABS	4	
TOPOISOMERASE INHIBITORS		
<i>etoposide</i> SOLN 500mg/25ml	1	B/D
<i>irinotecan hcl</i>	4	B/D
<i>toposar</i> 1gm/50ml	1	B/D
<i>topotecan hcl</i> SOLR	4	B/D

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>		QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap 10-40mg</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	

ACE INHIBITORS

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

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone tab</i>	1	
<i>spironolactone</i> TABS	1	

ALPHA BLOCKERS

<i>doxazosin mesylate</i> 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days)
<i>doxazosin mesylate</i> 8mg	1	
<i>prazosin hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>terazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
AZOR 10-40MG	2	
AZOR TAB 5-20MG	2	QL (30 tabs / 30 days)
AZOR TAB 5-40MG	2	QL (30 tabs / 30 days)
AZOR TAB 10-20MG	2	QL (30 tabs / 30 days)
BENICAR HCT 40-25MG	2	
BENICAR HCT TAB 20-12.5MG	2	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-12.5MG	2	QL (30 tabs / 30 days)
EXFORGE 10-320MG	2	
EXFORGE HCT 5 160 12.5MG	2	QL (30 tabs / 30 days)
EXFORGE HCT 5 160 25MG	2	QL (60 tabs / 30 days)
EXFORGE HCT 10 160 12.5MG	2	QL (30 tabs / 30 days)
EXFORGE HCT 10 160 25MG	2	QL (30 tabs / 30 days)
EXFORGE HCT 10-320-25MG	2	
EXFORGE TAB 5-160MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 5-320MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 10-160MG	2	QL (30 tabs / 30 days)
<i>losartan-hctz 50-12.5mg</i>	1	QL (30 tabs / 30 days)
<i>losartan-hctz 100-12.5mg</i>	1	QL (30 tabs / 30 days)
<i>losartan-hctz 100-25mg</i>	1	
TRIBENZOR 40-10-25MG	2	
TRIBENZOR TAB 20-5-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-5-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-5-25MG	2	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-10-12.5	2	QL (30 tabs / 30 days)
<i>valsartan & hctz tab 80-12.5mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan & hctz tab 160-12.5mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan & hctz tab 160-25mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan & hctz tab 320-12.5mg</i>	1	
<i>valsartan-hctztab 320-25mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
BENICAR 5mg	2	QL (60 tabs / 30 days)
BENICAR 20mg	2	QL (30 tabs / 30 days)
BENICAR 40mg	2	
DIOVAN 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
DIOVAN 320mg	1	
<i>losartan potassium 25mg, 50mg</i>	1	QL (60 tabs / 30 days)
<i>losartan potassium 100mg</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>	1	
<i>disopyramide phosphate</i>	1	PA
<i>flecainide acetate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hcl</i>	1	
MULTAQ	3	
NORPACE CR	3	PA
<i>pacerone</i>	1	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate</i> TBCR	1	
<i>quinidine sulfate</i> TABS; TBCR	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (afib/af)</i>	1	
TIKOSYN	3	NM, PA
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	QL (30 tabs / 30 days)
CRESTOR	2	QL (30 tabs / 30 days)
<i>lovastatin 10mg</i>	1	QL (30 tabs / 30 days)
<i>lovastatin 20mg</i>	1	QL (120 tabs / 30 days)
<i>lovastatin 40mg</i>	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i>	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>choline fenofibrate</i>	1	
<i>colestipol hcl</i>	1	
<i>fenofibrate</i> TABS	1	
FENOFIBRATE MICRONIZED 43mg	1	QL (60 caps / 30 days)
<i>fenofibrate micronized 67mg</i>	1	QL (30 caps / 30 days)
FENOFIBRATE MICRONIZED 130mg	1	
<i>fenofibrate micronized 134mg, 200mg</i>	1	
<i>gemfibrozil</i> TABS	1	
LOVAZA	2	
<i>niacin er</i> TBCR 500mg	1	QL (90 ea / 30 days)
<i>niacin er</i> TBCR 750mg	1	QL (60 ea / 30 days)
<i>niacin er</i> TBCR 1000mg	1	
<i>omega-3-acid ethyl esters</i>	1	
<i>prevalite</i>	1	
VASCEPA	3	
WELCHOL	2	
ZETIA	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol & hydrochlorothiazide</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS</i>	1	
<i>atenolol TABS</i>	1	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC	3	
<i>carvedilol</i>	1	
<i>labetalol hcl TABS</i>	1	
<i>metoprolol succinate 25mg, 50mg</i>	1	QL (60 tabs / 30 days)
<i>metoprolol succinate 100mg</i>	1	QL (45 tabs / 30 days)
<i>metoprolol succinate 200mg</i>	1	
<i>metoprolol tartrate SOLN; TABS</i>	1	
<i>nadolol TABS</i>	1	
<i>pindolol</i>	1	
<i>propranolol cap er</i>	1	
<i>propranolol hcl SOLN; TABS</i>	1	
<i>propranolol tab</i>	1	
<i>timolol maleate TABS</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr 30mg</i>	1	QL (60 tabs / 30 days)
<i>afeditab cr 60mg</i>	1	
<i>amlodipine besylate TABS 2.5mg, 5mg</i>	1	QL (45 tabs / 30 days)
<i>amlodipine besylate TABS 10mg</i>	1	
<i>cartia 120mg</i>	1	QL (30 caps / 30 days)
<i>cartia 180mg, 240mg, 300mg</i>	1	
<i>dilt 120mg</i>	1	QL (30 caps / 30 days)
<i>dilt 180mg, 240mg</i>	1	
<i>dilt-cd cap 120mg</i>	1	QL (30 ea / 30 days)
<i>dilt-cd cap 180mg</i>	1	
<i>dilt-cd cap 240mg</i>	1	
<i>dilt-cd cap 300mg</i>	1	
<i>diltiazem cap</i>	1	
<i>diltiazem cap 60mg er</i>	1	
<i>diltiazem cap 90mg er</i>	1	
<i>diltiazem cap 120mg er CP12</i>	1	
<i>diltiazem cap 120mg er CP24</i>	1	QL (30 caps / 30 days)
<i>diltiazem cap 120mg/24</i>	1	QL (30 caps / 30 days)
<i>diltiazem hcl SOLN</i>	1	
<i>diltiazem hcl coated beads 120mg</i>	1	QL (30 caps / 30 days)
<i>diltiazem hcl coated beads 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem inj 50/10ml</i>	1	
<i>diltiazem tab 30mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem tab 60mg</i>	1	
<i>diltiazem tab 90mg</i>	1	
<i>diltiazem tab 120mg</i>	1	
<i>diltzac 120mg</i>	1	QL (30 caps / 30 days)
<i>diltzac 180mg, 240mg, 300mg</i>	1	
<i>felodipine 2.5mg</i>	1	QL (30 tabs / 30 days)
<i>felodipine 5mg</i>	1	QL (60 tabs / 30 days)
<i>felodipine 10mg</i>	1	
<i>isradipine</i>	1	
<i>matzim</i>	1	
<i>nicardipine hcl CAPS</i>	1	
<i>nifediac cc tab 30mg er</i>	1	QL (60 ea / 30 days)
<i>nifediac cc tab 60mg er</i>	1	
<i>nifediac cc tab 90mg er</i>	1	
<i>nifedical 30mg</i>	1	QL (30 tabs / 30 days)
<i>nifedical 60mg</i>	1	
<i>nifedipine TB24 30mg</i>	1	QL (60 ea / 30 days)
<i>nifedipine TB24 60mg</i>	1	
<i>nifedipine er 30mg</i>	1	QL (30 tabs / 30 days)
<i>nifedipine er 60mg, 90mg</i>	1	
<i>nimodipine CAPS</i>	1	
NYMALIZE	4	
<i>taztia 120mg</i>	1	QL (30 caps / 30 days)
<i>taztia 180mg, 240mg, 300mg, 360mg</i>	1	
<i>verapamil cap er 100mg, 120mg, 180mg, 200mg, 240mg, 300mg</i>	1	
VERAPAMIL CAP ER 360mg	1	
<i>verapamil hcl SOLN; TABS</i>	1	
<i>verapamil tab er</i>	1	
DIGITALIS GLYCOSIDES		
<i>digoxin</i>	1	
DIGOXIN SOL 50MCG/ML	1	PA
<i>digoxin tab 0.25mg</i>	1	PA
<i>digoxin tab 0.125mg</i>	1	QL (30 tabs / 30 days)
LANOXIN TAB 0.25MG	2	PA
LANOXIN TAB 0.125MG	2	QL (30 tabs / 30 days)
DIRECT RENIN INHIBITORS/COMBINATIONS		
AMTURNIDE 300-10-25MG	2	
AMTURNIDE TAB 150-5-12.5	2	QL (30 tabs / 30 days)
AMTURNIDE TAB 300-5-12.5	2	QL (30 tabs / 30 days)
AMTURNIDE TAB 300-5-25MG	2	QL (30 tabs / 30 days)
AMTURNIDE TAB 300-10-12.5	2	QL (30 tabs / 30 days)
TEKAMLO 300-10MG	2	

Drug Name	Drug Tier	Requirements/Limits
TEKAMLO TAB 150-5MG	2	QL (30 tabs / 30 days)
TEKAMLO TAB 150-10MG	2	QL (30 tabs / 30 days)
TEKAMLO TAB 300-5MG	2	QL (30 tabs / 30 days)
TEKTURNA 150mg	2	QL (30 tabs / 30 days)
TEKTURNA 300mg	2	
TEKTURNA HCT TAB 150-12.5MG	2	QL (30 tabs / 30 days)
TEKTURNA HCT TAB 150-25MG	2	QL (60 tabs / 30 days)
TEKTURNA HCT TAB 300-12.5MG	2	QL (30 tabs / 30 days)
TEKTURNA HCT TAB 300-25MG	2	

DIURETICS

<i>acetazolamide</i> CP12; TABS	1	
<i>amiloride & hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i> 25mg, 50mg	1	
DIURIL SUS 250/5ML	2	
DYRENIUM	3	
EDECIN	3	
<i>furosemide</i> SOLN; TABS	1	
<i>furosemide inj</i>	1	
<i>hydrochlorothiazide</i> CAPS; TABS	1	
<i>indapamide</i>	1	
<i>methazolamide</i> TABS	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>toremide inj</i>	1	
<i>toremide tabs</i>	1	
<i>triamterene & hydrochlorothiazide</i>	1	

MISCELLANEOUS

<i>clonidine hcl</i> PTWK; TABS	1	
DIBENZYLIN	3	
<i>hydralazine hcl soln</i>	1	
<i>hydralazine hcl tab</i>	1	
<i>midodrine hcl</i>	1	
<i>minoxidil</i> TABS	1	
RANEXA 500mg	3	QL (90 tabs / 30 days), PA
RANEXA 1000mg	3	QL (60 tabs / 30 days), PA

NITRATES

<i>isosorb mononitrate tab</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate sl tab 2.5 mg</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>minitran</i>	1	
<i>nitro-bid</i>	2	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
<i>nitroglycerin PT24</i>	1	
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA	4	QL (60 tabs / 30 days), NM, PA
ADEMPAS	4	QL (90 tabs / 30 days), NM, PA
LETAIRIS	4	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	4	B/D, NM, LA
<i>sildenafil citrate (pulmonary hypertension)</i>	4	QL (90 tabs / 30 days), NM, PA
TRACLEER 62.5mg	4	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER 125mg	4	QL (60 tabs / 30 days), NM, LA, PA

CENTRAL NERVOUS SYSTEM

ANTI ANXIETY

<i>alprazolam CONC</i>	1	QL (300 ml / 30 days)
<i>alprazolam tab 0.5mg</i>	1	QL (240 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	1	QL (480 tabs / 30 days)
<i>alprazolam tab 1mg</i>	1	QL (120 tabs / 30 days)
<i>alprazolam tab 2mg</i>	1	QL (150 tabs / 30 days)
<i>bupirone hcl TABS</i>	1	
<i>fluvoxamine maleate TABS 25mg, 50mg</i>	1	QL (45 tabs / 30 days)
<i>fluvoxamine maleate TABS 100mg</i>	1	
<i>lorazepam CONC</i>	1	QL (150 mL / 30 days)
<i>lorazepam SOLN</i>	1	
<i>lorazepam TABS</i>	1	QL (150 tabs / 30 days)

ANTI CONVULSANTS

APTIOM TAB 200MG	3	QL (180 tabs / 30 days)
APTIOM TAB 400MG	3	QL (90 tabs / 30 days)
APTIOM TAB 600MG	3	QL (60 tabs / 30 days)
APTIOM TAB 800MG	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
BANZEL SUSP	4	
BANZEL TABS 200mg	3	
BANZEL TABS 400mg	4	
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	1	
CELONTIN	3	
<i>clonazepam</i> TABS 1mg	1	QL (600 tabs / 30 days)
<i>clonazepam</i> TABS 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg	1	QL (1200 tabs / 30 days)
<i>clonazepam</i> TBDP 1mg	1	QL (600 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .5mg	1	QL (1200 tabs / 30 days)
<i>clonazepam</i> TBDP .25mg	1	QL (2400 tabs per 30 days)
<i>clonazepam</i> TBDP .125mg	1	QL (4800 tabs per 30 days)
<i>clorazepate dipotassium</i> 3.75mg, 7.5mg	1	QL (120 tabs / 30 days), PA
<i>clorazepate dipotassium</i> 15mg	1	QL (180 tabs / 30 days), PA
<i>diazepam</i> CONC	1	QL (240 mL / 30 days), PA
<i>diazepam</i> SOLN	1	QL (1200 mL / 30 days), PA
<i>diazepam</i> TABS	1	QL (120 tabs / 30 days), PA
DIAZEPAM GEL	1	
<i>diazepam inj</i>	1	
<i>dilantin</i>	2	
DILANTIN-125 SUS 125/5ML	2	
<i>divalproex sodium</i>	1	
<i>epitol</i>	1	
<i>ethosuximide</i> CAPS; SOLN	1	
<i>felbamate</i> SUSP	4	
<i>felbamate</i> TABS 400mg	1	
<i>felbamate</i> TABS 600mg	4	
FYCOMPA 2mg	3	QL (180 tabs / 30 days), PA
FYCOMPA 4mg	3	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA 6mg	3	QL (60 tabs / 30 days), PA
FYCOMPA 8mg, 10mg, 12mg	3	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	1	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
GABITRIL 12mg, 16mg	3	
<i>lamotrigine</i> CHEW; TABS; TB24	1	
<i>levetiracetam</i> SOLN; TABS; TB24	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days)
LYRICA CAPS 200mg	2	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	2	QL (60 caps / 30 days)
LYRICA SOLN	2	QL (946mL / 30 days)
ONFI SUS 2.5MG/ML	3	PA
ONFI TAB 10MG	3	PA
ONFI TAB 20MG	3	PA
<i>oxcarbazepine</i>	1	
PEGANONE	3	
<i>phenobarbital</i> ELIX; TABS	1	PA
PHENOBARBITAL SODIUM 65mg/ml	1	PA
<i>phenobarbital sodium</i> 130mg/ml	1	PA
<i>phenytek</i>	2	
<i>phenytoin</i> CHEW; SUSP	1	
<i>phenytoin sodium</i> SOLN	1	
<i>phenytoin sodium extended</i>	1	
POTIGA	3	
<i>primidone</i> TABS	1	
SABRIL PACK	4	QL (180 packets / 30 days), NM, LA, PA
SABRIL TABS	4	QL (180 tabs / 30 days), NM, LA, PA
TEGRETOL	3	
TEGRETOL-XR	3	
<i>tiagabine hcl</i>	1	
<i>topiramate</i> CPSP; TABS	1	
TRILEPTAL SUSP	3	
<i>valproate sodium</i> SOLN; SYRP	1	

Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid</i> CAPS	1	
VIMPAT SOLN	3	QL (1200 mL / 30 days)
VIMPAT TABS 50mg	3	QL (180 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	3	QL (60 tabs / 30 days)
<i>zonisamide</i>	1	

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg, 23mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	1	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr	3	QL (30 ptch / 30 days)
<i>galantamine hydrobromide</i> CP24 8mg, 16mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> CP24 24mg	1	
<i>galantamine hydrobromide</i> SOLN	1	
<i>galantamine hydrobromide</i> TABS 4mg	1	QL (180 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 8mg	1	QL (90 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 12mg	1	
NAMENDA SOLN	2	
NAMENDA TABS 5mg	2	QL (60 tabs / 30 days)
NAMENDA TABS 10mg	2	
NAMENDA TITRATION PAK	2	
NAMENDA XR	2	
NAMENDA XR TITRATION PACK	2	
<i>rivastigmine tartrate</i> 1.5mg, 3mg, 6mg	1	
<i>rivastigmine tartrate</i> 4.5mg	1	QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS	1	PA
<i>amoxapine tab</i> 25mg	1	
<i>amoxapine tab</i> 50mg	1	
<i>amoxapine tab</i> 100mg	1	
<i>amoxapine tab</i> 150mg	1	
BRINTELLIX 5mg	3	QL (120 tabs / 30 days)
BRINTELLIX 10mg	3	QL (60 tabs / 30 days)
BRINTELLIX 20mg	3	QL (30 tabs / 30 days)
<i>budeprion</i>	1	
<i>bupropion hcl</i> TABS	1	
<i>bupropion hcl</i> TB12	1	
<i>bupropion hcl</i> TB24 150mg	1	QL (90 ea / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 ea / 30 days)
<i>citalopram hydrobromide</i> SOLN	1	QL (600 mL / 30 days)
<i>citalopram hydrobromide</i> TABS 10mg, 20mg	1	QL (45 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide</i> TABS 40mg	1	QL (30 tabs / 30 days)
<i>clomipramine hcl</i> CAPS	1	PA
<i>desipramine hcl</i> TABS	1	
<i>doxepin hcl</i> CAPS; CONC	1	PA
<i>duloxetine hcl</i> CPEP	1	QL (60 ea / 30 days)
EMSAM	3	QL (30 ptch / 30 days), PA
<i>escitalopram oxalate</i> SOLN	1	QL (600 mL / 30 days)
<i>escitalopram oxalate</i> TABS 5mg, 10mg	1	QL (45 tabs / 30 days)
<i>escitalopram oxalate</i> TABS 20mg	1	QL (60 tabs / 30 days)
FETZIMA 20mg	3	QL (180 ea / 30 days)
FETZIMA 40mg	3	QL (90 ea / 30 days)
FETZIMA 80mg, 120mg	3	QL (30 ea / 30 days)
FETZIMA TITRATION PACK	3	
<i>fluoxetine hcl</i> CAPS 10mg	1	QL (30 caps / 30 days)
<i>fluoxetine hcl</i> CAPS 20mg	1	QL (120 caps / 30 days)
<i>fluoxetine hcl</i> CAPS 40mg	1	QL (60 caps / 30 days)
<i>fluoxetine hcl</i> SOLN	1	QL (600 mL / 30 days)
<i>fluoxetine hcl</i> TABS 10mg	1	QL (45 tabs / 30 days)
<i>fluoxetine hcl</i> TABS 20mg	1	QL (120 tabs / 30 days)
FORFIVO XL	3	
<i>imipramine hcl</i> TABS	1	PA
<i>maprotiline hcl</i>	1	
MARPLAN	3	
<i>mirtazapine</i> TABS 7.5mg, 15mg	1	QL (45 tabs / 30 days)
<i>mirtazapine</i> TABS 30mg, 45mg	1	
<i>mirtazapine</i> TBDP 15mg	1	QL (30 tabs / 30 days)
<i>mirtazapine</i> TBDP 30mg, 45mg	1	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl</i> CAPS; SOLN	1	
<i>paroxetine hcl</i> 10mg, 20mg, 40mg	1	QL (45 tabs / 30 days)
<i>paroxetine hcl</i> 30mg	1	QL (60 tabs / 30 days)
<i>paroxetine hcl er</i> 12.5mg	1	QL (30 tabs / 30 days)
<i>paroxetine hcl er</i> 25mg	1	QL (90 tabs / 30 days)
<i>paroxetine hcl er</i> 37.5mg	1	QL (60 tabs / 30 days)
PAXIL SUSP	3	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	1	
PRISTIQ	2	QL (30 tabs / 30 days)
<i>protriptyline hcl</i>	1	
<i>sertraline hcl</i> CONC	1	
<i>sertraline hcl</i> TABS 25mg, 50mg	1	QL (45 tabs / 30 days)
<i>sertraline hcl</i> TABS 100mg	1	
SURMONTIL	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i>	1	PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg	1	QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 150mg	1	QL (60 caps / 30 days)
<i>venlafaxine hcl</i> TABS	1	
VIIBRYD KIT	3	
VIIBRYD TABS	3	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS; SYRP; TABS	1	
APOKYN	4	NM, LA, PA
AZILECT	2	
<i>benztropine mesylate</i> SOLN	1	
<i>benztropine mesylate</i> TABS	1	PA
<i>bromocriptine mesylate</i> CAPS; TABS	1	
<i>carbidopa</i> TABS	1	
<i>carbidopa-levodopa</i>	1	
CARBIDOPA/LEVODOPA/ENTACAPONE	1	
<i>entacapone</i>	1	
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hydrochloride</i> TABS	1	
<i>selegiline hcl</i> CAPS; TABS	1	
ANTIPSYCHOTICS		
ABILIFY SOLN 1mg/ml	4	QL (900 mL / 30 days)
ABILIFY SOLN 9.75mg/1.3ml	3	QL (3 vials / 1 day)
ABILIFY TABS 2mg, 5mg, 10mg, 15mg	3	QL (30 tabs / 30 days)
ABILIFY TABS 20mg, 30mg	4	QL (30 tabs / 30 days)
ABILIFY DISCMELT	4	QL (60 tabs / 30 days)
ABILIFY MAINTENA	4	QL (1 vial / 30 days), PA
<i>chlorpromazine hcl</i> SOLN	3	
<i>chlorpromazine hcl</i> TABS	1	
<i>clozapine</i> 25mg, 50mg	1	
<i>clozapine</i> 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> 200mg	1	QL (135 tabs / 30 days)
CLOZAPINE ODT 12.5mg, 25mg	1	PA
CLOZAPINE ODT 100mg	1	QL (270 ea / 30 days), PA
FANAPT	3	QL (60 tabs / 30 days), ST
FANAPT TITRATION PACK	3	ST
FAZACLO 12.5mg, 25mg	3	PA

Drug Name	Drug Tier	Requirements/Limits
FAZACLO 100mg	3	QL (270 tabs / 30 days), PA
FAZACLO 150mg	3	QL (180 tabs / 30 days), PA
FAZACLO 200mg	3	QL (135 tabs / 30 days), PA
<i>fluphenazine decanoate</i> SOLN	1	
<i>fluphenazine hcl</i>	1	
GEODON SOLR	3	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	1	
<i>haloperidol decanoate</i> SOLN	1	
<i>haloperidol lactate</i>	1	
INVEGA 1.5mg, 3mg, 9mg	3	QL (30 tabs / 30 days)
INVEGA 6mg	3	QL (60 tabs / 30 days)
INVEGA SUSTENNA 39mg/0.25ml, 78mg/0.5ml	3	QL (1 inj / 28 days), PA
INVEGA SUSTENNA 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	QL (1 inj / 28 days), PA
LATUDA 20mg	3	
LATUDA 40mg, 120mg	3	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	3	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	1	
<i>olanzapine</i> SOLR	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 7.5mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg, 15mg, 20mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 20mg	4	QL (60 tabs / 30 days)
ORAP	3	
<i>perphenazine</i> TABS	1	
<i>quetiapine fumarate</i>	1	QL (90 tabs / 30 days)
RISPERDAL CONSTA 12.5mg, 25mg	3	QL (2 inj / 28 days), PA
RISPERDAL CONSTA 37.5mg, 50mg	4	QL (2 inj / 28 days), PA
<i>risperidone</i> SOLN	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> TABS 4mg	1	QL (120 tabs / 30 days)
<i>risperidone</i> TABS .25mg, .5mg	1	QL (90 tabs / 30 days)
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days)
SAPHRIS	3	
SEROQUEL XR 50mg	3	QL (120 tab / 30 days)
SEROQUEL XR 150mg, 200mg	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL XR 300mg, 400mg	3	QL (60 tabs / 30 days)
thioridazine hcl TABS	1	PA
thiothixene	1	
trifluoperazine hcl	1	
VERSACLOZ	4	QL (600 ML / 30 days)
ziprasidone hcl 20mg, 40mg	1	QL (60 caps / 30 days)
ziprasidone hcl 60mg, 80mg	1	QL (90 caps / 30 days)

ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-dextroamphetamine cap sr 24hr 5 mg	1	QL (90 ea / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 10 mg	1	QL (90 ea / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 15 mg	1	QL (30 ea / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 20 mg	1	QL (30 ea / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 25 mg	1	QL (30 ea / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 30 mg	1	QL (30 ea / 30 days)
amphetamine-dextroamphetamine tab 5 mg	1	QL (360 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (240 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	1	QL (180 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (144 tabs / 30 days)
amphetamine-dextroamphetamine tab 15 mg	1	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	1	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	1	QL (60 tabs / 30 days)
INTUNIV	3	ST
metadate tab 20mg er	1	QL (90 ea / 30 days)
methylphenidate hcl TABS 5mg, 10mg	1	QL (180 tabs / 30 days)
methylphenidate hcl TABS 20mg	1	QL (90 tabs / 30 days)
methylphenidate hcl TBCR 10mg, 20mg	1	QL (90 ea / 30 days)
methylphenidate hcl oral soln 5mg/5ml	1	QL (1800 mL / 30 days)
methylphenidate hcl oral soln 10mg/5ml	1	QL (900mL / 30 days)
STRATTERA 10mg, 18mg, 25mg	3	QL (120 caps / 30 days)
STRATTERA 40mg	3	QL (60 caps / 30 days)
STRATTERA 60mg, 80mg, 100mg	3	QL (30 caps / 30 days)

HYPNOTICS

Drug Name	Drug Tier	Requirements/Limits
<i>eszopiclone</i>	1	QL (30 tabs / 30 days), PA; 90 day limit if > 64 yr
SILENOR 3mg	2	QL (60 tabs / 30 days)
SILENOR 6mg	2	QL (30 tabs / 30 days)
<i>temazepam 7.5mg</i>	1	QL (30 caps / 30 days)
<i>temazepam 15mg</i>	1	QL (60 caps / 30 days)
<i>zaleplon</i>	1	QL (30 caps / 30 days), PA; 90 day limit if >64 yr
<i>zolpidem tartrate</i> TABS	1	QL (30 tabs / 30 days), PA; 90 day limit if >64 yr

MIGRAINE

<i>cafergot tab 1-100mg</i>	3	
<i>dihydroergotamine mesylate</i>	1	
<i>naratriptan hcl</i>	1	QL (9 tabs / 30 days)
RELPAK	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i> TABS	1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i> TBDP	1	QL (12 ea / 30 days)
SUMATRIPTAN SOLN	1	QL (12 inhalers / 30 days)
SUMATRIPTAN SUCCINATE SOCT	1	QL (4mL/30 days)
<i>sumatriptan succinate</i> SOSY	1	QL (4mL/30 days)
<i>sumatriptan succinate</i> TABS	1	QL (9 tabs / 30 days)
SUMATRIPTAN SUCCINATE INJ SOAJ 4mg/0.5ml	1	QL (4mL/30 days)
<i>sumatriptan succinate inj</i> SOAJ 6mg/0.5ml	1	QL (4mL/30 days)
SUMATRIPTAN SUCCINATE INJ SOCT	1	QL (4mL/30 days)
<i>sumatriptan succinate inj</i> SOLN	1	QL (4mL/30 days)
<i>zolmitriptan</i> TABS	1	QL (12 tabs per 30 days)
<i>zolmitriptan odt</i>	1	QL (12 tabs per 30 days)

MISCELLANEOUS

<i>lithium carbonate</i> CAPS; TABS	1	
<i>lithium carbonate er</i>	1	
LITHIUM CITRATE	2	
MESTINON SYRP	3	
MESTINON TIMESPAN	2	
NUEDEXTA	2	QL (60 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide</i> TABS	1	
RILUTEK	4	
<i>riluzole</i>	1	
SAVELLA 12.5mg	3	QL (480 tabs / 30 days)
SAVELLA 25mg	3	QL (240 tabs / 30 days)
SAVELLA 50mg	3	QL (120 tabs / 30 days)
SAVELLA 100mg	3	QL (60 tabs / 30 days)
SAVELLA TITRATION PACK	3	
XENAZINE 12.5mg	4	QL (240 tabs / 30 days), NM, LA, PA
XENAZINE 25mg	4	QL (120 tabs / 30 days), NM, LA, PA
MULTIPLE SCLEROSIS AGENTS		
AVONEX	4	QL (4 boxes / 28 days), NM, PA
AVONEX PEN	4	QL (4 boxes / 28 days), NM, PA
BETASERON	4	QL (14 vials / 28 days), NM, PA
COPAXONE INJ 40MG/ML	4	QL (12 syringes per 28 days), NM, PA
COPAXONE KIT 20MG/ML	4	QL (30 syringes / 30 days), NM, PA
GILENYA	4	QL (30 caps / 30 days), NM, PA
TYSABRI	4	NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS	1	
<i>dantrolene sodium</i> CAPS	1	
<i>tizanidine hcl</i> TABS	1	
NARCOLEPSY/CATAPLEXY		
<i>modafinil</i> 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> 200mg	4	QL (60 tabs / 30 days), PA
NUVIGIL 50mg	3	QL (150 tabs / 30 days), PA
NUVIGIL 150mg	3	QL (60 tabs / 30 days), PA
NUVIGIL 200mg, 250mg	3	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
XYREM	4	QL (540 mL / 30 days), LA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i>	1	
<i>buprenorphine hcl</i> SUBL	1	PA
<i>buprenorphine hcl-naloxone hcl sl</i>	1	QL (120 ea / 30 days), PA
<i>buproban</i>	1	
CHANTIX	3	QL (336 tabs / year), PA
CHANTIX STARTER PACK	3	QL (106 tabs / year), PA
<i>disulfiram</i> TABS	1	
<i>naloxone hcl</i> SOLN	1	
<i>naltrexone hcl</i> TABS	1	
NICOTROL INHALER	3	QL (2688 cartridges / year)
NICOTROL NS	3	QL (36 bottles / year)
SUBOXONE MIS 2-0.5MG	3	QL (4 boxes / 30 days), PA
SUBOXONE MIS 4-1MG	3	QL (4 boxes / 30 days), PA
SUBOXONE MIS 8-2MG	3	QL (4 boxes / 30 days), PA
SUBOXONE MIS 12-3MG	3	QL (2 boxes / 30 days), PA

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM	3	QL (30 ea / 30 days), PA
<i>androxy</i>	2	PA
<i>oxandrolone</i> TABS	1	PA
TESTIM	2	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> OIL	1	
<i>testosterone enanthate</i> OIL	1	

ANTIDIABETICS, INJECTABLE

ALCOHOL SWABS	2	
GAUZE PADS 2" X 2"	2	
HUMULIN R INJ U-500	4	B/D
INSULIN PEN NEEDLE	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGE	2	
LANTUS	2	
LANTUS SOLOSTAR	2	

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
LEVEMIR FLEXTOUCH	2	
NOVOLIN 70/30	2	RELION not covered
NOVOLIN N	2	RELION not covered
NOVOLIN R	2	RELION not covered
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILL	2	
NOVOLOG PENFILL	2	
SYMLINPEN 60	3	QL (8 pens / 30 days), PA
SYMLINPEN 120	3	QL (4 pens / 30 days), PA
VICTOZA	2	QL (9 mL / 30 days)
ANTIDIABETICS, ORAL		
<i>acarbose</i>	1	
<i>glimepiride</i> 1mg	1	QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	QL (60 tabs / 30 days)
<i>glip/metform</i> tab 2.5-250m	1	QL (240 tabs / 30 days)
<i>glip/metform</i> tab 2.5-500m	1	QL (120 tabs / 30 days)
<i>glip/metform</i> tab 5-500mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TB24 5mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glyb/metform</i> tab 1.25-250	1	QL (240 tabs / 30 days), PA
<i>glyb/metform</i> tab 2.5-500	1	QL (120 tabs / 30 days), PA
<i>glyb/metform</i> tab 5-500mg	1	QL (120 tabs / 30 days), PA
<i>glyburide</i> 1.25mg	1	QL (480 tabs / 30 days), PA
<i>glyburide</i> 2.5mg	1	QL (240 tabs / 30 days), PA
<i>glyburide</i> 5mg	1	QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide micronized</i> 1.5mg	1	QL (240 tabs / 30 days), PA
<i>glyburide micronized</i> 3mg	1	QL (120 tabs / 30 days), PA
<i>glyburide micronized</i> 6mg	1	QL (60 tabs / 30 days), PA
INVOKANA 100mg	2	QL (90 tabs / 30 days)
INVOKANA 300mg	2	QL (30 tabs / 30 days)
JANUMET	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	2	QL (30 tabs / 30 days)
JANUVIA	2	QL (30 tabs / 30 days)
JENTADUETO	2	QL (60 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	QL (120 tabs / 30 days)
RIOMET	3	QL (946 mL / 30 days)
TRADJENTA	2	QL (30 tabs / 30 days)
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS 5mg, 10mg, 40mg	1	
<i>alendronate sodium</i> TABS 35mg, 70mg	1	QL (4 tabs / 28 days)
<i>ibandronate sodium</i> TABS	1	B/D, QL (1 tab / 30 days)
<i>pamidronate disodium</i> SOLN	1	B/D
<i>zoledronic inj</i> 4mg/5ml	4	B/D, NM
ZOMETA	4	B/D, NM
CALCIUM RECEPTOR ANTAGONISTS		
SENSIPAR 30mg	2	QL (120 tabs / 30 days), NM
SENSIPAR 60mg	4	QL (60 tabs / 30 days), NM
SENSIPAR 90mg	4	QL (120 tabs / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
CHELATING AGENTS		
CHEMET	3	
EXJADE	4	NM, LA, PA
<i>kionex</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
<i>sps susp 15gm/60ml</i>	1	
SYPRINE	4	
CONTRACEPTIVES		
<i>altavera</i>	1	
<i>apri 28 day</i>	1	
<i>aranelle 28</i>	1	
<i>aviane 28</i>	1	
<i>balziva 28 day</i>	1	
<i>briellyn 28 day</i>	1	
<i>camila 28 day</i>	1	
<i>cryselle 28</i>	1	
<i>cyclafem 1/35 28 day</i>	1	
<i>cyclafem 7/7/7 28 day</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
ELLA	2	
<i>emoquette</i>	1	
<i>enpresse 28 day</i>	1	
<i>errin 28 day</i>	1	
GIANVI	1	
<i>gildagia</i>	1	
<i>heather</i>	1	
<i>introvale 91 day</i>	1	
JOLIVETTE	1	
<i>junel 1.5/30 21 day</i>	1	
<i>junel 1/20 21 day</i>	1	
<i>junel fe 1.5/30 28 day</i>	1	
<i>junel fe 1/20 28 day</i>	1	
<i>kariva 28 day</i>	1	
<i>kelnor 1/35 28 day</i>	1	
<i>larin 1/20</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
LEENA	1	
<i>lessina 28 day</i>	1	
<i>levonest 28 day</i>	1	
<i>levonorgestrel (emergency oc)</i>	1	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	1	
<i>levora 0.15/30 28 day</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri-previfem 28 day</i>	1	
<i>tri-sprintec 28 day</i>	1	
TRINESSA	1	
<i>trivora 28 day</i>	1	
<i>velivet 28 day</i>	1	
<i>vestura</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>xulane</i>	1	
<i>zarah</i>	1	
<i>zenchent 28 day</i>	1	
<i>zovia 1/35e 28 day</i>	1	
<i>zovia 1/50e 28 day</i>	1	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	1	
SYNAREL	4	
ENZYME REPLACEMENTS		
ADAGEN	4	NM, LA, PA
ALDURAZYME	4	NM, LA, PA
BUPHENYL TABS	4	NM
CARBAGLU	4	NM, LA, PA
CEREZYME	4	NM, PA
CYSTADANE	4	NM
CYSTAGON	3	NM, PA
ELAPRASE	4	NM, PA
ELELYSO	4	NM, PA
FABRAZYME	4	NM, PA
KUVAN	4	NM, PA
<i>levocarnitine (metabolic modifiers)</i>	1	B/D
LUMIZYME	4	NM, PA
MYOZYME	4	NM, PA
NAGLAZYME	4	NM, LA, PA
ORFADIN	4	NM, LA, PA
PROCYSBI	4	NM, LA, PA
<i>sodium phenylbutyrate</i>	4	NM
VPRIV	4	NM, PA
ZAVESCA	4	NM, LA, PA
ESTROGENS		
COMBIPATCH	3	PA
<i>estradiol PTWK; TABS</i>	1	PA
ESTRADIOL VALERATE OIL 10mg/ml	1	
<i>estradiol valerate OIL 20mg/ml, 40mg/ml</i>	1	
<i>menest</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
PREMARIN CREAM	3	
VAGIFEM	3	
GLUCOCORTICOIDS		
<i>a-hydrocort</i>	1	
<i>cortisone acetate</i> TABS	1	
<i>dexamethasone</i> CONC; ELIX; SOLN; TABS	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>fludrocortisone acetate</i> TABS	1	
<i>hydrocortisone</i> TABS	1	
<i>methylprednisolone</i> TABS	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sod succ</i>	1	
<i>methylprednisolone tab 4mg dose pack</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i> CONC	2	
<i>prednisone</i> SOLN; TABS	1	
SOLU-CORTEF 250mg	2	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	4	
HUMAN GROWTH HORMONES		
NORDITROPIN FLEXPRO	4	NM, PA
NORDITROPIN NORDIFLEX PEN	4	NM, PA
TEV-TROPIN	4	NM, PA
MISCELLANEOUS		
<i>cabergoline</i>	1	
<i>calcitonin (salmon)</i>	1	
FORTICAL	2	
INCRELEX	4	NM, LA, PA
<i>methylergonovine maleate</i> TABS	1	
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	1	NM, PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	4	NM, PA
PROLIA	3	QL (1 syringe / 180 days), NM
SANDOSTATIN LAR DEPOT	4	NM, PA
SOMATULINE DEPOT	4	NM, PA
SOMAVERT	4	NM, LA, PA
XGEVA	4	NM, PA
PARATHYROID HORMONES		

Drug Name	Drug Tier	Requirements/Limits
FORTEO	4	QL (1 pen / 28 days), NM, PA

PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder)</i>	1	
FOSRENOL	3	
PHOSLYRA	2	
REVELA	2	

PROGESTINS

<i>medroxyprogesterone acetate tab</i>	1	
<i>norethindrone acetate TABS</i>	1	

SELECTIVE ESTROGEN RECEPTOR MODULATORS

<i>raloxifene hcl</i>	1	
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THYROID AGENTS

<i>levothyroxine sodium TABS</i>	1	
LEVOXYL	1	
<i>liothyronine sodium TABS</i>	1	
<i>methimazole TABS</i>	1	
<i>propylthiouracil TABS</i>	1	
SYNTHROID	3	
UNITHROID	1	

VASOPRESSINS

<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
<i>desmopressin acetate tabs</i>	1	
<i>desmopressin inj 4mcg/ml</i>	1	
DESMOPRESSIN SOL 0.01%	1	

GASTROINTESTINAL

ANTIEMETICS

<i>compro</i>	1	
<i>dronabinol 2.5mg, 5mg</i>	1	B/D, QL (60 caps / 30 days)
<i>dronabinol 10mg</i>	4	B/D, QL (60 caps / 30 days)
EMEND CAPS 40mg	3	QL (3 caps / 180 days)
EMEND CAPS 80mg	3	B/D, QL (4 caps / 30 days)
EMEND CAPS 125mg	3	B/D, QL (2 caps / 30 days)
EMEND PAK 80 & 125	3	B/D, QL (12 caps / 30 days)
<i>granisetron hcl SOLN</i>	1	
<i>granisetron hcl TABS</i>	1	B/D

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole inj</i>	1	
NEXIUM 2.5mg, 5mg	2	
NEXIUM 10mg, 20mg, 40mg	2	QL (30 packets / 30 days)
NEXIUM CAPS	2	QL (30 caps / 30 days)
<i>omeprazole CPDR</i> 10mg, 40mg	1	QL (30 caps / 30 days)
<i>omeprazole CPDR</i> 20mg	1	QL (60 caps / 30 days)
<i>pantoprazole sodium TBEC</i>	1	QL (30 ea / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i>	1	QL (30 tabs / 30 days)
AVODART	2	QL (30 caps / 30 days)
<i>finasteride TABS</i> 5mg	1	QL (30 tabs / 30 days)
JALYN	2	QL (30 caps / 30 days)
<i>tamsulosin hcl</i>	1	QL (60 caps / 30 days)

MISCELLANEOUS

<i>bethanechol chloride TABS</i>	1	
ELMIRON	3	
POTASSIUM CITRATE (ALKALINIZER)	1	

URINARY ANTI SPASMODICS

MYRBETRIQ 25mg	3	QL (60 ea / 30 days)
MYRBETRIQ 50mg	3	QL (30 ea / 30 days)
<i>oxybutynin chloride SYRP</i>	1	
<i>oxybutynin chloride TABS</i>	1	
<i>oxybutynin chloride TB24</i> 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride TB24</i> 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er</i>	1	QL (30 ea / 30 days)
<i>tolterodine tartrate tabs</i>	1	
TOVIAZ	2	QL (30 tabs / 30 days)
<i>trospium chloride TABS</i>	1	QL (60 tabs / 30 days)
VESICARE	3	QL (30 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

CLEOCIN SUPP	3	
<i>clindamycin phosphate vaginal</i>	1	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal</i>	1	
VANDAZOLE	1	
<i>zazole .4%</i>	1	
ZAZOLE .8%	1	

HEMATOLOGIC

ANTICOAGULANTS

COUMADIN	3	
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Drug Name	Drug Tier	Requirements/Limits
ELIQUIS	2	
<i>enoxaparin sodium</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 300mg/3ml	1	
<i>enoxaparin sodium</i> 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	
<i>heparin sod inj</i> 1000/ml	1	B/D
HEPARIN SOD INJ 2000/ML	2	B/D
HEPARIN SOD INJ 2500/ML	2	B/D
<i>heparin sod inj</i> 5000/ml	1	B/D
<i>heparin sod inj</i> 10000/ml	1	B/D
<i>heparin sod inj</i> 20000/ml	1	B/D
HEPARIN SODIUM/D5W	2	
HEPARIN SODIUM/NACL 0.45%	2	
HEPARIN SODIUM/SODIUM CHL	2	
<i>jantoven</i>	1	
PRADAXA	2	
<i>warfarin sodium</i>	1	
XARELTO	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE 25mcg/0.42ml, 25mcg/ml, 40mcg/0.4ml, 40mcg/ml, 60mcg/0.3ml, 60mcg/ml	2	NM, PA
ARANESP ALBUMIN FREE 100mcg/0.5ml, 100mcg/ml, 150mcg/0.3ml, 150mcg/0.75ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/0.6ml, 300mcg/ml, 500mcg/ml	4	NM, PA
GRANIX	4	NM, PA
LEUKINE	4	NM, PA
MOZOBIL	4	QL (9.6 mL / 4 days), NM, PA
NEUMEGA	4	NM
NEUPOGEN	4	NM, PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	4	NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i>	1	PA
<i>cilostazol</i>	1	
<i>pentoxifylline</i> TBCR	1	
PROMACTA 12.5mg, 25mg, 50mg	4	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA 75mg	4	QL (30 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN; TABS	1	
PLATELET AGGREGATION INHIBITORS		
AGGRENEX	3	
BRILINTA	3	
<i>clopidogrel bisulfate</i> 75mg	1	QL (30 tabs / 30 days)
EFFIENT	3	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

ENBREL KIT	4	QL (16 syringes / 28 days), NM, PA
ENBREL SOLN	4	QL (8 syringes / 28 days), NM, PA
ENBREL SURECLICK	4	QL (8 syringes / 28 days), NM, PA
HUMIRA 20mg/0.4ml	4	QL (2 syringes / 28 days), NM, PA
HUMIRA 40mg/0.8ml	4	QL (4 syringes / 28 days), NM, PA
HUMIRA PEN	4	QL (4 syringes / 28 days), NM, PA
HUMIRA PEN-CROHNS DISEASE STARTER KIT	4	NM, PA
HUMIRA PEN-PSORIASIS STARTER KIT	4	NM, PA
<i>hydroxychloroquine sulfate</i>	1	
<i>leflunomide</i> TABS	1	
<i>methotrexate sodium tabs</i>	1	
REMICADE	4	NM, PA

IMMUNOGLOBULINS

BIVIGAM 10gm/100ml	4	NM, PA
CARIMUNE NANOFILTERED	4	NM, PA
FLEBOGAMMA	4	NM, PA
FLEBOGAMMA DIF	4	NM, PA
GAMASTAN S/D	2	B/D, NM
GAMMAGARD LIQUID	4	NM, PA
GAMMAGARD S/D	4	NM, PA
GAMMAKED	4	NM, PA
GAMMAPLEX 2.5gm/50ml, 5gm/100ml, 10gm/200ml	4	NM, PA
GAMUNEX	4	NM, PA
GAMUNEX-C	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C 1GM/10ML	3	NM, PA
OCTAGAM	4	NM, PA
PRIVIGEN	4	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE	4	NM, LA, PA
ARCALYST	4	NM, PA
INTRON-A	4	B/D, NM
INTRON-A W/DILUENT	4	B/D, NM
PEG-INTRON	4	NM, PA
PEG-INTRON REDIPEN	4	NM, PA
REVLIMID	4	NM, LA, PA
THALOMID	4	NM, PA
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> TABS	1	B/D
CELLCEPT SUSR	4	B/D
<i>cyclosporine</i> CAPS; SOLN	1	B/D
<i>cyclosporine modified (for microemulsion)</i>	1	B/D
<i>gengraf</i>	1	B/D
<i>mycophenolate mofetil</i>	1	B/D
<i>mycophenolate sodium</i> 180mg	1	B/D
<i>mycophenolate sodium</i> 360mg	4	B/D
NEORAL	2	B/D
NULOJIX	4	B/D
PROGRAF CAPS 5mg	4	B/D
PROGRAF CAPS .5mg, 1mg	3	B/D
RAPAMUNE SOLN	4	B/D
RAPAMUNE TABS 1mg, 2mg	4	B/D
SANDIMMUNE CAPS	2	B/D
SANDIMMUNE SOLN 100mg/ml	2	B/D
<i>sirolimus tab 0.5mg</i>	1	B/D
<i>tacrolimus</i> CAPS 5mg	4	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg	1	B/D
ZORTRESS	4	B/D
VACCINES		
ACTHIB	2	
ADACEL	2	
BCG VACCINE	2	
BOOSTRIX	2	
CERVARIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	B/D
DIPHThERIA/TETANUS TOXOID	2	B/D

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available
at mail-order B/D - Covered under Medicare B or D LA - Limited Access

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B SUSP	2	B/D
GARDASIL	2	
HAVRIX	2	
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
M-M-R II W/DILUENT 10 DOS	2	
MENACTRA	2	
MENHIBRIX	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D
ROTARIX	2	
ROTATEQ	2	
TENIVAC	2	B/D
TETANUS TOXOID ADSORBED	2	B/D
TETANUS/DIPHThERIA TOXOID	2	B/D
TWINRIX INJ	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>klor-con</i>	1	
KLOR-CON 8	1	
KLOR-CON 10	1	
<i>klor-con pow 20meq</i>	1	
MAGNESIUM SULFATE SOLN	2	
MAGNESIUM SULFATE IN D5W	2	
<i>magnesium sulfate inj 50%</i>	1	
<i>potassium chloride CPCR</i>	1	
<i>potassium chloride LIQD</i>	1	
POTASSIUM CHLORIDE TBCR	1	
POTASSIUM CHLORIDE ER	1	
<i>potassium chloride microencapsulated crystals cr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SODIUM CHLORIDE SOLN 2.5meq/ml	1	
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F) MG/ML SOLN	1	
TPN ELECTROLYTES	3	B/D

IV NUTRITION

AMINOSYN	3	B/D
AMINOSYN 7%/ELECTROLYTES	3	B/D
AMINOSYN 8.5%/ELECTROLYTE	3	B/D
AMINOSYN II	3	B/D
AMINOSYN II 8.5%/ELECTROL	3	B/D
AMINOSYN M	3	B/D
AMINOSYN-HBC	3	B/D
AMINOSYN-PF	3	B/D
AMINOSYN-PF 7%	3	B/D
AMINOSYN-RF	3	B/D
CLINIMIX 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 5%/DEXTROSE 25%	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 5%/DEXTROSE 25%	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 4.25/D20	3	B/D
<i>clinisol 15</i>	1	B/D
FREAMINE HBC 6.9%	3	B/D
FREAMINE III	3	B/D
HEPATAMINE	3	B/D
<i>hepatasol 8</i>	1	B/D
INTRALIPID INJ 20%	2	B/D
INTRALIPID INJ 30%	2	B/D
NEPHRAMINE	3	B/D
<i>premasol</i>	1	B/D
<i>premasol</i>	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>travasol 10</i>	3	B/D
TROPHAMINE INJ 10%	3	B/D
<i>IV REPLACEMENT SOLUTIONS</i>		
DEXTROSE 2.5%/NAACL 0.45%	1	
DEXTROSE 5%	1	
DEXTROSE 5% /ELECTROLYTE	2	
DEXTROSE 5%/LACTATED RING	1	
DEXTROSE 5%/NAACL 0.2%	1	
DEXTROSE 5%/NAACL 0.3%	1	
DEXTROSE 5%/NAACL 0.9%	1	
DEXTROSE 5%/NAACL 0.33%	1	
DEXTROSE 5%/NAACL 0.45%	1	
DEXTROSE 5%/NAACL 0.225%	1	
DEXTROSE 5%/POTASSIUM CHL	1	
DEXTROSE 10% FLEX CONTAIN	1	
DEXTROSE 10%/NAACL 0.2%	2	
DEXTROSE 10%/NAACL 0.45%	1	
DEXTROSE 50%	1	
<i>dextrose inj 70%</i>	1	
IONOSOL-B/DEXTROSE 5%	3	
IONOSOL-MB/DEXTROSE 5%	3	
ISOLYTE P	3	
<i>isolyte s</i>	3	
KCL0.15%/D5W/NAACL0.2%	1	
KCL0.15%/D5W/NAACL0.225%	2	
KCL 0.3%/D5W/NAACL 0.2%	1	
KCL 0.3%/D5W/NAACL 0.9%	1	
KCL 0.3%/D5W/NAACL 0.45%	1	
KCL 0.15%/D5W/NAACL 0.9%	1	
KCL 0.075%/D5W/NAACL 0.2%	1	
KCL 0.075%/D5W/NAACL 0.45%	1	
KCL 0.224%/D5W/NAACL 0.2%	1	
KCL/D5W INJ 0.3%	1	
KCL/NAACL INJ 0.3-0.9	1	
LACTATED RINGER'S INJ	1	
<i>normosol-m</i>	1	
NORMOSOL-R	3	
NORMOSOL-R IN D5W	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-56/D5W	3	
PLASMA-LYTE-148	3	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 20meq/100ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride</i> SOLN .4meq/ml, 2meq/ml, 10meq/50ml, 40meq/100ml	1	
POTASSIUM CHLORIDE 0.15%	1	
POTASSIUM CHLORIDE 0.22%	1	
<i>potassium chloride in nacl</i>	1	
POTASSIUM CHLORIDE SOLN 30 MEQ/100 ML	1	
RINGER'S	1	
SODIUM CHLORIDE SOLN 3%, 5%	1	
SODIUM CHLORIDE 0.45% VIA	1	
SODIUM CHLORIDE INJ 0.9%	1	

VITAMINS

<i>calcitriol</i> CAPS	1	B/D
<i>calcitriol inj</i>	1	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	1	B/D
<i>paricalcitol</i>	1	B/D
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	1	
ZEMPLAR INJ	3	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-poly-neomycin-hc</i>	1	
<i>blephamide</i> OINT	2	
<i>neomycin-polymy-dexameth</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
<i>sulfacetamide sod-prednisolone</i>	1	
TOBRADEX OINT	2	
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	2	

ANTI-INFECTIVES

AZASITE	2	
<i>bacitracin (ophthalmic)</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	2	
CILOXAN OINT	2	
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentak</i>	1	
<i>gentamicin sulfate (ophth)</i>	1	
MOXEZA	2	
NATACYN	3	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymy-gramicid</i>	1	
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (ophth)</i>	1	
<i>tobramycin sulfate (ophth)</i>	1	
TOBEX OINT	2	
<i>trifluridine SOLN</i>	1	
VIGAMOX	2	
ANTI-INFLAMMATORIES		
ALREX	2	
BROMDAY	2	
BROMFENAC SODIUM (OPHTH)(ONCE-DAILY)	1	
<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>diclofenac sodium (ophth)</i>	1	
DUREZOL	2	
FLUOROMETHOLONE SUSP	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
ILEVRO	2	
<i>ketorolac tromethamine (ophth)</i>	1	
LOTEMAX	2	
MAXIDEX	2	
NEVANAC	2	
PRED MILD	2	
PREDNISOLONE ACETATE SUSP	1	
<i>prednisolone sodium phosphate (ophth)</i>	2	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i>	1	
BEPREVE	2	
<i>cromolyn sodium (ophth)</i>	1	
PATADAY	2	
PATANOL	2	
ANTI GLAUCOMA		
ALPHAGAN P SOL 0.1%	2	
AZOPT	2	
<i>betaxolol hcl (ophth)</i>	1	
BETOPTIC-S	2	
<i>brimonidine sol 0.2%</i>	1	
BRIMONIDINE SOL 0.15%	1	
<i>carteolol hcl (ophth)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
COMBIGAN	2	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	
ISOPTO CARPINE	3	
ISTALOL	2	
<i>latanoprost</i>	1	
<i>levobunolol hcl .5%</i>	1	
LEVOBUNOLOL HCL .25%	1	
LUMIGAN	2	
<i>metipranolol</i>	1	
PHOSPHOLINE IODIDE	2	
PILOCARPINE HCL SOLN	1	
<i>timolol maleate (ophth)</i>	1	
TIMOLOL MALEATE GEL	1	
TRAVATAN Z	2	
MISCELLANEOUS		
<i>naphazoline 0.1%</i>	1	
PROLENSA	2	
<i>proparacaine hcl SOLN</i>	1	
RESTASIS	2	QL (64 vials / 30 days)

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

COMBIVENT RESPIMAT	3	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	1	B/D

ANTICHOLINERGICS

ATROVENT HFA	3	QL (2 inhalers / 30 days)
<i>ipratropium bromide SOLN</i>	1	B/D
<i>ipratropium bromide (nasal)</i>	1	
SPIRIVA HANDIHALER	2	QL (30 caps / 30 days)

ANTI HISTAMINES

ASTEPRO	2	
<i>azelastine hcl SOLN</i>	1	
<i>cetirizine syrup</i>	1	
<i>cyproheptadine hcl SYRP; TABS</i>	1	PA
<i>diphenhydramine inj</i>	1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	1	PA
<i>levocetirizine dihydrochloride</i>	1	
PATANASE	2	

BETA AGONISTS

<i>albuterol sulfate NEBU</i>	1	B/D
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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate</i> SYRP; TABS; TB12	1	
FORADIL AEROLIZER	2	QL (60 caps / 30 days)
<i>levalbuterol conc 1.25mg/0.5ml</i>	1	B/D
PERFOROMIST	3	B/D
PROAIR HFA	2	QL (2 inhalers / 30 days)
SEREVENT DISKUS	2	QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i> SOLN; TABS	1	
XOPENEX HFA	2	QL (2 inhalers / 30 days)
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium</i> CHEW; PACK; TABS	1	
<i>zafirlukast</i>	1	
MAST CELL STABILIZERS		
<i>cromolyn sodium nebu</i>	1	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP	4	NM, LA, PA
AUVI-Q	2	
CAYSTON	4	NM, LA, PA
DALIRESP	3	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
GLASSIA	4	NM, LA, PA
PROLASTIN-C	4	NM, LA, PA
PULMOZYME	4	B/D, NM
XOLAIR	4	NM, LA, PA
ZEMAIRA	4	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i>	1	QL (2 bottles / 30 days)
<i>flunisolide nasal soln 29 mcg/act (0.025%)</i>	1	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	1	QL (1 bottle / 30 days)
NASONEX	2	QL (2 bottles / 30 days)
<i>triamcinolone acetonide (nasal)</i>	1	QL (1 bottle / 30 days)
STEROID INHALANTS		
ASMANEX	2	QL (2 inhalers / 30 days)
ASMANEX 14 METERED DOSES	2	QL (2 inhalers per 30 days)
<i>budesonide (inhalation)</i>	1	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	2	QL (2 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS 250mcg/blist	2	QL (4 inhalers / 30 days)
FLOVENT HFA	2	QL (2 inhalers / 30 days)
PULMICORT 1mg/2ml	4	B/D
QVAR 40mcg/act	2	QL (1 inhaler / 30 days)
QVAR 80mcg/act	2	QL (2 inhalers / 30 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKUS	2	QL (1 inhaler / 30 days)
ADVAIR HFA	2	QL (1 inhaler / 30 days)
BREO ELLIPTA	2	QL (1 kit / 30 days)
DULERA	2	QL (1 inhaler / 30 days)
SYMBICORT	2	QL (1 inhaler / 30 days)

XANTHINES

<i>aminophylline inj</i>	1	
<i>elixophyllin</i>	3	
<i>theo-24</i>	3	
<i>theophylline</i> TB12; TB24	1	

TOPICAL

DERMATOLOGY, ACNE

<i>adapalene</i> CREA	1	
<i>adapalene</i> GEL .1%	1	
<i>amneesteem</i>	1	
AVITA	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>claravis</i>	1	
<i>clindamycin phosphate (topical)</i> GEL; LOTN; SOLN; SWAB	1	
<i>ery pad</i> 2%	1	
<i>erythromycin (acne aid)</i>	1	
<i>myorisan</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
<i>tretinoin</i> CREA; GEL	1	
<i>zenatane</i>	1	

DERMATOLOGY, ACTINIC KERATOSIS

CARAC	3	
<i>diclofenac sodium (actinic keratoses)</i>	1	PA
<i>fluorouracil (topical)</i>	1	

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i>	1	
<i>mafenide acetate</i> PACK	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mupirocin</i> OINT	1	
SILVER SULFADIAZINE CREA	1	
SSD	1	
SULFAMYLON CREA	2	
THERMAZENE	1	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> CREA; GEL; SUSP	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>clotrimazole (topical)</i>	1	
<i>econazole nitrate</i> CREA	1	
<i>ketoconazole cream</i>	1	
<i>nyamyc</i>	1	
<i>nystatin (topical)</i>	1	
<i>nystop</i>	1	
<i>pedi-dri</i>	1	
DERMATOLOGY, ANTI PRURITIC		
<i>procto-pak</i>	1	
<i>proctocream</i>	1	
<i>proctozone hc</i>	1	
PRUDOXIN CRE 5%	1	
ZONALON	3	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	4	PA
<i>calcipotriene</i> CREA; OINT; SOLN	1	
<i>calcitrene oin 0.005%</i>	1	
<i>methoxsalen rapid</i>	4	
OXSORALEN ULTRA	4	
TAZORAC	3	PA
DERMATOLOGY, ANTI SEBORRHEICS		
<i>ketoconazole shampoo</i>	1	
<i>selenium sulfide</i> LOTN	1	
DERMATOLOGY, ANTI VIRALS		
<i>acyclovir topical</i>	1	
DENAVIR	3	
ZOVIRAX CREA	3	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i> CREA; LOTN	1	
<i>amcinonide</i> OINT	3	
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate</i> CREA; LOTN; OINT	1	
<i>clobetasol propionate</i> CREA	1	
<i>clobetasol propionate</i> GEL	1	
<i>clobetasol propionate</i> OINT	1	
<i>clobetasol propionate</i> SOLN	1	
DESONIDE CREA	1	
<i>desonide</i> LOTN; OINT	1	
<i>desoximetasone</i> CREA	1	
<i>desoximetasone</i> GEL	1	
DESOXIMETASONE OINT .05%	1	
<i>desoximetasone</i> OINT .25%	1	
<i>diflorasone diacetate</i>	1	
<i>fluocinonide acetone</i> CREA; OIL; OINT; SOLN	1	
<i>fluocinonide</i> CREA .05%	1	
<i>fluocinonide</i> GEL	1	
<i>fluocinonide</i> OINT	1	
<i>fluocinonide</i> SOLN	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluticasone propionate</i> CREA	1	
<i>fluticasone propionate</i> OINT	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone (topical)</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
LOKARA LOTN 0.05%	1	
<i>mometasone furoate</i> CREA; OINT; SOLN	1	
<i>texacort soln 2.5%</i>	3	
<i>triamcinolone acetone (topical)</i>	1	
<i>triderm</i>	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i> PTCH	1	QL (3 ptch / 1 day), PA
<i>lidocaine hcl</i> GEL	1	
<i>lidocaine hcl</i> SOLN 4%	1	
<i>lidocaine oint 5%</i>	1	
<i>lidocaine-prilocaine</i>	1	B/D
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate</i> CREA; LOTN	1	
ELIDEL	3	PA
<i>imiquimod</i> CREA	1	
<i>laclotion lotn 12%</i>	1	
<i>metronidazole (topical)</i> CREA; LOTN	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole gel 0.75%</i>	1	
PANRETIN	4	
<i>podofilox SOLN</i>	1	
<i>rosadan cre 0.75%</i>	1	
TARGRETIN GEL	4	NM, PA
VALCHLOR	4	NM, LA, PA
VOLTAREN	2	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	3	
<i>malathion</i>	1	
<i>permethrin CREA</i>	1	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	1	
REGRANEX	4	PA
SANTYL	3	
SODIUM CHLORIDE 0.9%	1	
STERILE WATER IRRIGATION	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>clotrimazole TROC</i>	1	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl (oral)</i>	1	
<i>triamcinolone acetonide (mouth)</i>	1	
OTIC		
<i>acetic acid (otic)</i>	1	
<i>acetic acid-aluminum acetate</i>	1	
CIPRODEX	2	
<i>fluocinolone acetonide (otic)</i>	1	
<i>neomycin-polymyxin-hc (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	

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<i>calcitonin (salmon)</i>	35
<i>calcitrene oin 0.005%</i>	51
<i>calcitriol</i>	46
<i>calcitriol inj</i>	46
<i>calcitriol oral soln 1 mcg/ml</i>	46
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<i>carbidopa-levodopa</i>	24
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<i>cartia</i>	16
<i>carvedilol</i>	16
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CEENU CAP 10MG	9
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<i>cefaclor</i>	7
<i>cefaclor monohydrate</i>	7
<i>cefadroxil</i>	7
<i>cefazolin in d5w</i>	7
<i>cefazolin inj</i>	7
<i>cefazolin sodium</i>	7
<i>cefdinir</i>	7
<i>cefepime hcl</i>	7
<i>cefotaxime sodium</i>	7
<i>cefoxitin sodium</i>	7
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<i>cefprozil</i>	7
<i>ceftazidime solr</i>	7
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<i>ceftriaxone sodium</i>	7
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<i>chlorothiazide</i>	18
<i>chlorpromazine hcl</i>	24
<i>chlorthalidone</i>	18
<i>cholestyramine</i>	15
<i>cholestyramine light</i>	15
<i>choline fenofibrate</i>	15
<i>ciclopirox</i>	51
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<i>ciprofloxacin er</i>	8
<i>ciprofloxacin hcl (ophth)</i>	46
<i>ciprofloxacin hcl tab</i>	8
<i>ciprofloxacin in d5w</i>	8
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<i>clarithromycin</i>	8
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<i>clarithromycin for susp</i>	8
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<i>clindamycin cap 300mg</i>	3
<i>clindamycin cap 75mg</i>	3
<i>clindamycin hcl cap 150 mg</i>	3
<i>clindamycin phosphate (topical)</i>	50
<i>clindamycin phosphate inj</i>	3
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<i>desmopressin acetate spray refrigerated</i>	36
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<i>diclofenac sodium</i>	1
<i>diclofenac sodium (actinic keratoses)</i>	50
<i>diclofenac sodium (ophth)</i>	47
<i>dicloxacillin sodium</i>	9
<i>dicyclomine hcl</i>	37
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<i>dilt-cd cap 300mg</i>	16
<i>diltiazem cap</i>	16
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<i>doxepin hcl</i>	23
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<i>doxorubicin hcl liposomal</i>	10
<i>doxycycline (monohydrate)</i>	9
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<i>erythromycin (acne aid)</i>	50
<i>erythromycin (ophth)</i>	46
<i>erythromycin base</i>	8
<i>erythromycin ethylsuccinate</i>	8
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<i>ethosuximide</i>	20	<i>fluphenazine decanoate</i>	25
<i>etodolac</i>	1	<i>fluphenazine hcl</i>	25
<i>etoposide</i>	13	<i>flurbiprofen</i>	1
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<i>fluconazole in nacl</i>	4	<i>gavilyte-n</i>	38
<i>flucytosine</i>	4	GEMCITABINE HCL.....	10
<i>fludarabine phosphate</i>	10	<i>gemcitabine hcl</i>	10
<i>fludrocortisone acetate</i>	35	<i>gemfibrozil</i>	15
<i>flunisolide (nasal)</i>	49	<i>generlac</i>	38
<i>flunisolide nasal soln 29 mcg/act</i> <i>(0.025%)</i>	49	<i>gengraf</i>	42
<i>fluocinolone acetonide</i>	52	<i>gentak</i>	46
<i>fluocinolone acetonide (otic)</i>	53	<i>gentamicin in saline</i>	3
<i>fluocinonide</i>	52	<i>gentamicin sulfate</i>	3
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<i>glip/metform tab 2.5-500m</i>	30
<i>glip/metform tab 5-500mg</i>	30
<i>glipizide</i>	30
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<i>glyb/metform tab 1.25-250</i>	30
<i>glyb/metform tab 2.5-500</i>	30
<i>glyb/metform tab 5-500mg</i>	30
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<i>heparin sod inj 1000/ml</i>	40
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<i>hydrochlorothiazide</i>	18
<i>hydroco/apap tab 10-325mg</i>	1
<i>hydroco/apap tab 5-325mg</i>	1
<i>hydroco/apap tab 7.5-325</i>	1
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	1
<i>hydrocodone-ibuprofen 7-5-200mg</i>	1

<i>hydrocortisone</i>	35
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<i>hydrocortisone (topical)</i>	52
<i>hydrocortisone butyrate</i>	52
<i>hydrocortisone valerate</i>	52
<i>hydromorphon inj 10mg/ml</i>	2
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KCL 0.075%/D5W/NAACL 0.45%.....	45
KCL 0.15%/D5W/NAACL 0.9%.....	45
KCL 0.224%/D5W/NAACL 0.2%.....	45
KCL 0.3%/D5W/NAACL 0.2%.....	45
KCL 0.3%/D5W/NAACL 0.45%.....	45
KCL 0.3%/D5W/NAACL 0.9%.....	45
KCL/D5W INJ 0.3%.....	45
KCL/NAACL INJ 0.3-0.9.....	45
KCLO.15%/D5W/NAACL0.2%.....	45
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<i>ketoconazole cream</i>	51
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<i>ketoprofen</i>	1
<i>ketorolac tromethamine (ophth)</i>	47
<i>kionex</i>	32
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<i>lamivudine-zidovudine</i>	6
<i>lamotrigine</i>	21
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<i>larin fe 1.5/30</i>	32
<i>larin fe 1/20</i>	32
<i>latanoprost</i>	48
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<i>leflunomide</i>	41
<i>lessina 28 day</i>	32
LETAIRIS.....	19
<i>letrozole tab 2.5mg</i>	11
<i>leucovorin calcium</i>	12
<i>leucovorin calcium inj 10 mg/ml</i>	12
LEUKERAN.....	9
LEUKINE.....	40
<i>leuprolide acetate</i>	11
<i>levalbuterol conc 1.25mg/0.5ml</i>	49
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<i>levetiracetam</i>	21
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<i>levocarnitine (metabolic modifiers)</i>	34
<i>levocetirizine dihydrochloride</i>	48
<i>levofloxacin</i>	8
<i>levofloxacin in d5w</i>	8
<i>levofloxacin inj 25mg/ml</i>	8
<i>levofloxacin oral soln 25 mg/ml</i>	8
<i>levonest 28 day</i>	32
<i>levonorgestrel (emergency oc)</i>	32
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	32
<i>levora 0.15/30 28 day</i>	32
<i>levothyroxine sodium</i>	36
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<i>lidocaine hcl</i>	52
<i>lidocaine hcl (local anesth.)</i>	3
<i>lidocaine hcl (mouth-throat)</i>	53
<i>lidocaine inj 0.5%</i>	3
<i>lidocaine inj 1%</i>	3
<i>lidocaine inj 1.5%</i>	3
<i>lidocaine inj 2%</i>	3

<i>lidocaine oint 5%</i>	52
<i>lidocaine-prilocaine</i>	52
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<i>lithium carbonate</i>	27
<i>lithium carbonate er</i>	27
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LOMUSTINE.....	9
<i>loperamide hcl</i>	38
<i>lorazepam</i>	19
<i>lorcet hd tab 10-325mg</i>	1
<i>lorcet plus tab 7.5-325</i>	1
<i>lorcet tab 5-325mg</i>	1
<i>lortab</i>	1
<i>loryna 28 day</i>	33
<i>losartan potassium</i>	14
<i>losartan-hctz 100-12.5mg</i>	14
<i>losartan-hctz 100-25mg</i>	14
<i>losartan-hctz 50-12.5mg</i>	14
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<i>loxapine succinate</i>	25
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<i>medroxyprogesterone acetate 150 mg/ml</i>	33
<i>medroxyprogesterone acetate tab</i>	36
<i>mefloquine hcl</i>	5

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<i>megestrol acetate</i>	11
MEKINIST.....	12
<i>meloxicam</i>	1
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<i>mesna</i>	12
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<i>metformin hcl</i>	31
<i>methadone hcl</i>	2
<i>methazolamide</i>	18
<i>methenamine hippurate</i>	4
<i>methimazole</i>	36
<i>methotrexate sodium inj</i>	10
<i>methotrexate sodium tabs</i>	41
<i>methoxsalen rapid</i>	51
<i>methyclothiazide</i>	18
<i>methylergonovine maleate</i>	35
<i>methylphenidate hcl</i>	26
<i>methylphenidate hcl oral soln</i>	26
<i>methylprednisolone</i>	35
<i>methylprednisolone acetate</i>	35
<i>methylprednisolone sod succ</i>	35
<i>methylprednisolone tab 4mg dose pack</i>	35
<i>metipranolol</i>	48
<i>metoclopramide hcl</i>	37
<i>metoclopramide inj</i>	37
<i>metolazone</i>	18
<i>metoprolol & hydrochlorothiazide</i>	15
<i>metoprolol succinate</i>	16
<i>metoprolol tartrate</i>	16
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<i>metronidazole</i>	4
<i>metronidazole (topical)</i>	52
<i>metronidazole gel 0.75%</i>	53
<i>metronidazole in nacl</i>	4
<i>metronidazole vaginal</i>	39
<i>mexiletine hcl</i>	15
<i>microgestin 1.5/30 21 day</i>	33
<i>microgestin 1/20 21 day</i>	33
<i>microgestin fe 1.5/30 28 day</i>	33
<i>microgestin fe 1/20 28 day</i>	33
<i>midodrine hcl</i>	18
<i>minitran</i>	19
<i>minocycline hcl</i>	9
<i>minoxidil</i>	18
<i>mirtazapine</i>	23
<i>misoprostol</i>	38

<i>mitomycin</i>	10	<i>neomycin-bacitracin zn-polymyxin</i>	47
<i>mitomycin inj 20mg</i>	10	<i>neomycin-polymy-dexameth</i>	46
<i>mitoxantrone hcl</i>	12	<i>neomycin-polymy-gramicid</i>	47
<i>modafinil</i>	28	<i>neomycin-polymyxin-hc (ophth)</i>	46
<i>moderiba pak</i>	7	<i>neomycin-polymyxin-hc (otic)</i>	53
<i>moderiba tab 200mg</i>	7	NEORAL.....	42
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<i>morphine sulfate</i>	2	NEXIUM CAPS.....	39
<i>morphine sulfate beads cap sr</i>	2	<i>next choice one dose</i>	33
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<i>mupirocin</i>	51	<i>nifediac cc tab 60mg er</i>	17
MUSTARGEN.....	9	<i>nifediac cc tab 90mg er</i>	17
<i>my way</i>	33	<i>nifedical</i>	17
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<i>mycophenolate sodium</i>	42	NILANDRON.....	11
<i>myorisan</i>	50	<i>nimodipine</i>	17
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<i>myzilra</i>	33	NITRO-DUR DIS 0.3MG/HR.....	19
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N		<i>nitrofurantoin macrocrystal</i>	4
<i>nabumetone</i>	1	<i>nitrofurantoin monohyd macro</i>	4
<i>nadolol</i>	16	<i>nitroglycerin</i>	19
<i>nafcillin sodium</i>	9	NITROLINGUAL PUMPSPRAY.....	19
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<i>naltrexone hcl</i>	29	NORDITROPIN FLEXPRO.....	35
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NAMENDA XR TITRATION PACK.....	22	<i>norgestimate-ethinyl estradiol</i> <i>(triphasic)</i>	33
<i>naphazoline 0.1%</i>	48	NORINYL 1+50.....	33
<i>naproxen</i>	1	<i>normosol-m</i>	45
<i>naproxen sodium</i>	1	NORMOSOL-R.....	45
<i>naratriptan hcl</i>	27	NORMOSOL-R IN D5W.....	45
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<i>nateglinide</i>	31	<i>nortrel 1/35 21 day</i>	33
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<i>necon 10/11 28 day</i>	33	NORVIR.....	5
<i>necon 7/7/7</i>	33	NOVOLIN 70/30.....	30
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<i>nefazodone hcl</i>	23	NOVOLIN R.....	30
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<i>nystatin (topical)</i>	51	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	38
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<i>ofloxacin (otic)</i>	53	<i>penicillin g procaine</i>	9
<i>ogestrel 28 day</i>	33	<i>penicillin g sodium</i>	9
<i>olanzapine</i>	25	<i>penicillin v potassium</i>	9
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<i>omega-3-acid ethyl esters</i>	15	PENTAM 300.....	4
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<i>ondansetron hcl inj</i>	37	PERFOROMIST.....	49
<i>ondansetron hcl oral soln</i>	37	<i>perindopril erbumine</i>	13
<i>ondansetron odt</i>	37	<i>periogard</i>	53
ONFI SUS 2.5MG/ML.....	21	<i>permethrin</i>	53
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<i>oxacillin sodium</i>	9	<i>phenytoin</i>	21
<i>oxaliplatin</i>	12	<i>phenytoin sodium</i>	21
<i>oxandrolone</i>	29	<i>phenytoin sodium extended</i>	21
<i>oxaprozin</i>	1	<i>phillith</i>	33
<i>oxcarbazepine</i>	21	PHOSLYRA.....	36
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<i>oxybutynin chloride</i>	39	PILOCARPINE HCL.....	48
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<i>oxycodone hcl</i>	2	<i>pimtrea pack</i>	33
<i>oxycodone hcl tab 5 mg</i>	2	<i>pindolol</i>	16
<i>oxycodone w/ acetaminophen 10-325mg</i>	2	<i>pioglitazone hcl</i>	31
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	2	<i>pioglitazone hcl-glimepiride</i>	31
<i>oxycodone w/ acetaminophen 5-325mg</i>	2	<i>pioglitazone hcl-metformin hcl</i>	31
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	2	<i>piperacillin sodium-tazobactam sodium</i>	9
<i>oxycodone-aspirin</i>	2	<i>pirmella 1/35 28 day</i>	33
P		<i>piroxicam</i>	1
<i>pacerone</i>	15	PLASMA-LYTE A.....	45
<i>paclitaxel</i>	10	PLASMA-LYTE-148.....	45
<i>pamidronate disodium</i>	31	PLASMA-LYTE-56/D5W.....	45
		<i>podofilox</i>	53

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<i>polymyxin b-trimethoprim</i>	47	<i>propranolol & hydrochlorothiazide</i>	16
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POMALYST CAP 2MG.....	12	<i>propranolol hcl</i>	16
POMALYST CAP 3MG.....	12	<i>propranolol tab</i>	16
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POTASSIUM CHLORIDE 0.22%.....	46	PULMICORT.....	50
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<i>pramipexole dihydrochloride</i>	24	<i>quinapril hcl</i>	13
<i>pravastatin sodium</i>	15	<i>quinapril-hydrochlorothiazide</i>	13
<i>prazosin hcl</i>	13	<i>quinidine gluconate</i>	15
PRED MILD.....	47	<i>quinidine sulfate</i>	15
<i>prednisolone</i>	35	QVAR.....	50
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<i>prednisolone sodium phosphate (ophth)</i>	47	<i>raloxifene hcl</i>	36
<i>prednisone</i>	35	<i>ramipril</i>	13
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<i>prochlorperazine maleate</i>	37	<i>repaglinide</i>	31
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<i>proctocream</i>	51	REVLIMID.....	42
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PROLENSA.....	48	<i>ribasphere ribapak 800</i>	7
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<i>rosadan cre 0.75%</i>	53	SUBOXONE MIS 12-3MG.....	29
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<i>selenium sulfide</i>	51	<i>sulfasalazine</i>	37
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