

# Blue Shield Drug Formulary booklet

2011-2012  
Quarter 1 2012 update

# Introduction to the drug formulary

The 2011-2012 Blue Shield Drug Formulary was developed to serve as a guide for members, physicians, and other healthcare professionals in the selection of cost-effective drug therapy. To ensure that the medications prescribed are covered, and to minimize member out-of-pocket expenses, we recommend that members and physicians consult the Blue Shield Drug Formulary before writing or filling prescriptions.

The Blue Shield Drug Formulary is a list of preferred generic and brand-name medications that have been reviewed for safety, efficacy, and bio-equivalency, are approved by the Food and Drug Administration (FDA), and are eligible for coverage under the Blue Shield outpatient prescription drug benefit.

## Blue Shield offers these types of outpatient prescription drug benefits

- A closed formulary plan provides coverage for generic drugs, formulary brand-name drugs, and specialty drugs. Non-formulary drugs and most specialty drugs are covered only when prior authorization is approved.
- An incentive formulary plan provides coverage for generic drugs, formulary brand-name drugs, and specialty drugs. Non-formulary drugs are also covered for a higher copayment. Prior authorization approval may be required to cover some specialty drugs and certain non-formulary drugs. If coverage for a non-formulary drug requiring prior authorization is approved, members are responsible for the non-formulary copayment.
- Some plans underwritten by Blue Shield of California Life & Health Insurance Company do not cover brand-name drugs.

Copayments for generic drugs are always lower than the copayments for formulary brand-name, non-formulary, and specialty drugs. For most plans, if members select a brand-name drug when a generic equivalent is available, they will pay the difference between Blue Shield's cost for the brand-name drug and its equivalent generic alternative, in addition to their generic copayment.

Because there are thousands of medications included in Blue Shield's outpatient prescription drug benefit plan, we list only the most commonly prescribed ones. Please remember that this is not a complete list of medications covered under all plans. The fact that a drug is listed in the formulary does not guarantee that it will be prescribed by a physician. Additional information about specific prescription drug

benefits and drug benefit exclusions can be found in the Blue Shield Summary of Benefits and *Evidence of Coverage* (EOC) or *Certificate of Insurance* (COI)/Policy. Blue Shield's customer service can also provide additional information about specific plans. The Blue Shield customer service number is listed on the Blue Shield member ID card.

**The formulary is current as of the date listed on the back cover.** This formulary is subject to change on a quarterly basis. For the most current information, the formulary can be accessed on our website at [blueshieldca.com](http://blueshieldca.com) by clicking on the *Pharmacy* tab, then selecting the *Drug Database & Formulary*.

**Note:** The Blue Shield Drug Formulary applies to outpatient prescription drug benefits available through plans underwritten by Blue Shield of California and Blue Shield of California Life & Health Insurance Company (individually and/or collectively referred to as Blue Shield throughout this document).

## How to read the formulary

Drugs are listed in the drug formulary by therapeutic class, and a Table of Contents and Index of Drugs are provided for quick and easy reference. Additional information should be noted when consulting this formulary:

- Generic drugs begin with lowercase letters.
- Brand-name drugs begin with capital letters.
- The column titled "Tier" identifies the copayment tier where the drug is covered.

Tier number	Tier name	Description
1	Formulary generic	Formulary generic drugs
2	Formulary brand	Formulary brand-name drugs
3	Non-formulary brand	Non-formulary brand-name drugs
4	Specialty or home self-injectable	Covered specialty drugs or self-administered injectables*

\* See your *Evidence of Coverage* or *Certificate of Insurance* for further details about coverage of specialty or self-administered injectables in your benefit.

- The column titled “Limits/Notes” identifies coverage restrictions or limits for drugs when applicable.

<b>Limits/Notes</b>	<b>Definition</b>	<b>Description</b>
AL	Age Limit	Coverage restricted by age
GL	Gender Limit	Coverage restricted for gender
PA	Prior Authorization	Prior authorization required to determine coverage
QL	Quantity Limit	Coverage restricted by prescription quantity
ST	Step Therapy	Coverage determined based on use of other first-line therapies/drugs

## How is the drug formulary developed?

The formulary is developed, maintained, and updated quarterly by the Blue Shield Pharmacy and Therapeutics (P&T) Committee. Voting members of the P&T Committee are licensed physicians and pharmacists in community practice who are not employees of Blue Shield. The P&T Committee reviews medical literature concerning safety, effectiveness, and current use in therapy to determine whether the drug should be included in our formulary. The medical information reviewed is from a variety of nationally recognized sources such as Medline, other databases, pharmaceutical manufacturers, medical professional associations, and peer-reviewed journals.

## What is a brand-name drug?

A brand-name drug is a medication that has been approved by the FDA for sale and marketing in the United States, and that has patent protection that limits which manufacturer(s) can make and sell the medication. Generic versions of brand drugs cannot be made or sold until the patent has expired. Once the patent has expired, generic versions of the medication can be sold alongside the brand version. The Blue Shield Drug Formulary includes many brand-name drugs.

## What is a generic drug?

A generic drug has the same active ingredient and dosage form (e.g., tablet or capsule), and works in exactly the same way as its brand-name counterpart. When the patent on a brand-name drug expires, other drug manufacturers can apply to the FDA to make a generic version of the drug. The FDA approves generic drugs when manufacturers have proven that the generic version is equally as safe and effective as the brand-name counterpart. Generic drugs usually cost less than the brand-name equivalent. Therefore, using generic drugs instead of a brand-name drug is one of the easiest ways to reduce your prescription costs. Most Blue Shield health plans provide a lower copayment for generic drugs, compared with brand-name drugs. Most generic drugs are covered even if they are not listed in the drug formulary.

## What are specialty drugs?

Specialty drugs are those drugs used to treat complex or chronic conditions, and which usually require close monitoring, such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancer, and other conditions that are difficult to treat with traditional therapies. Specialty drugs may be self-administered in the home by injection (under the skin or into a muscle), by inhalation, by mouth, or on the skin. These drugs may also require special handling, special manufacturing processes, and may have limited prescribing or limited pharmacy availability. Specialty drugs are obtained from a Blue Shield specialty pharmacy, and may require prior authorization for medical necessity by Blue Shield. If coverage is approved, the drug can be obtained only through one of our specialty pharmacies.

## What is prior authorization?

Drug prior authorization is a process to obtain advance approval of coverage for a prescription medication. Most medications are covered by Blue Shield without requiring prior authorization. However, some select drugs require a physician to provide information about the patient's prescription to determine coverage. Physicians may provide information for a prior authorization review by calling or faxing a form to Blue Shield Pharmacy Services.

Drugs requiring prior authorization for medical necessity are listed in the formulary with "PA."

## What is step therapy?

Step therapy is the practice of beginning drug therapy for a medical condition with drugs considered first-line for safety and cost-effectiveness, then progressing to other drugs that may have more side effects or risks or that are more costly. Step therapy requirements are based on how the FDA recommends that a drug should be used, nationally recognized treatment guidelines, medical studies, information from the drug manufacturer, and the relative cost of treatment for a condition. Other common terms used for step therapy are: "prerequisite therapy," "prior therapy," or "step-therapy protocol." If step-therapy coverage requirements are not met for a prescription and a physician feels that the medication is medically necessary for a patient, a physician may request an exception to the coverage requirements by requesting a prior-authorization review by contacting Blue Shield Pharmacy Services by phone or fax.

Drugs requiring step therapy for medical necessity are listed in the formulary with an "ST."

## Participating retail pharmacies

Prescriptions may be filled at any participating (network) pharmacy, unless it is a prescription for a specialty drug. Based on the outpatient prescription drug plan, members may be limited to no more than a 30-day supply of medication from participating retail pharmacies. Blue Shield contracts with a wide network of retail pharmacies. To find a network pharmacy, check the *Pharmacy* section of [blueshieldca.com](https://www.blueshieldca.com).

## Mail-service pharmacy

Blue Shield offers an easy-to-use mail-service prescription drug program through our contracted mail-service pharmacy, PrimeMail.® Using the mail-service drug program can save time and money, and is a convenient way to fill maintenance medications for up to a 60-day or 90-day supply, depending on the plan. Maintenance medications are those prescribed to treat chronic conditions (like asthma, diabetes) and taken on a regular basis to maintain health. For more information on using the mail-order prescription benefit, please visit *Mail-Service Prescriptions* in the *Pharmacy* section of [blueshieldca.com](https://www.blueshieldca.com).

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Drug	Tier	Limits/ Notes
<b>Analgesics</b>		
<b>Analgesics</b>		
anolor 300	1	
bupap	1	(9 tabs/ day)
butalbital/ acetaminophen	1	(9 tabs/ day)
butalbital/ acetaminophen /caffeine (Esgic) caps	1	
butalbital/ acetaminophen /caffeine (Esgic) tabs 325mg; 50mg; 40mg	1	
butalbital/ acetaminophen /caffeine (Esgic-plus) tabs 500mg; 50mg; 40mg	1	
cephadyn	1	(9 tabs/ day)
Savella	3	ST QL (try 2 other drugs for fibromyal- gia first, 1 must be Cymbal- ta; 2 tabs/ day)
Savella titration pack	3	ST QL (try 2 other drugs for fibromyal- gia first, 1 must be Cymbal- ta; 1 pack/ month)
zebutal	1	

Drug	Tier	Limits/ Notes
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
anabar	1	(12 tabs/ day)
ascomp/ codeine	1	(9 caps/ day)
butalbital compound	1	
butalbital/aspirin /caffeine (Fiorinal) caps	1	
butalbital/aspirin /caffeine tabs	1	
butalbital/aspirin /caffeine/ codeine (Fiorinal/codeine #3)	1	(9 caps/ day)
cafgesic	1	(12 caps/ day)
Cambia	3	PA QL (9 packs/ month)
carisoprodol/ aspirin	1	AL (PA required for those 65 years of age or older)
carisoprodol/ aspirin/codeine	1	AL (PA required for those 65 years of age or older; 12 tabs/day)
Celebrex	3	PA QL (2 caps/ day)
choline magnesium trisalicylate	1	
diclofenac potassium (Cataflam)	1	

Drug	Tier	Limits/ Notes
diclofenac sodium er (Voltaren-xr) tb24	1	
diclofenac sodium er tbec	1	
diclofenac sodium tbec	1	
diflunisal	1	
duraxin	1	(12 caps/day)
ed-flex	1	(12 caps/day)
endodan	1	(18 tabs/day)
etodolac	1	
etodolac er	1	
fenoprofen calcium	1	
flurbiprofen	1	
hydrocodone/ibuprofen (Vicoprofen)	1	(8 tabs/day)
ibuprofen tabs	1	
indomethacin caps	1	
indomethacin er	1	
ketoprofen	1	
ketoprofen er	1	
ketorolac tromethamine tabs	1	
mefenamic acid (Ponstel)	1	
meloxicam (Mobic) tabs	1	
meloxicam susp	1	
nabumetone	1	
naproxen (Naprosyn) susp	1	
naproxen (Naprosyn) tabs 250mg, 375mg, 500mg	1	
naproxen dr	1	

Drug	Tier	Limits/ Notes
naproxen sodium (Anaprox ds) tabs 550mg	1	
naproxen sodium (Anaprox) tabs 275mg	1	
orphenadrine compound ds	1	AL (PA required for those 65 years of age or older)
orphenadrine/asa/caffeine	1	AL (PA required for those 65 years of age or older)
oxaprozin (Daypro)	1	
oxycodone/aspirin (Percodan)	1	(18 tabs/day)
oxycodone/ibuprofen	1	QL (28 tabs/fill)
piroxicam (Feldene)	1	
reprexain 10mg; 200mg	1	(9 tabs/day)
salsalate	1	
sulindac (Clinoril) tabs 200mg	1	
sulindac tabs 150mg	1	
tolmetin sodium	1	
Vimovo	3	PA QL (2 tabs/day)
<b>Opioid Analgesics</b>		
acetaminophen /caffeine/ dihydrocodeine bitartrate	1	(8 tabs/day)

AL – Age limit restriction  
GL – Gender limit restriction

PA – Prior authorization required  
QL – Quantity limit restriction

ST – Step therapy required

Drug	Tier	Limits/ Notes
acetaminophen /codeine (Tylenol/codeine #3) tabs 300mg; 30mg	1	(18 tabs/ day)
acetaminophen /codeine (Tylenol/codeine #4) tabs 300mg; 60mg	1	(9 tabs/ day)
acetaminophen /codeine oral soln	1	(170ml/ day)
acetaminophen /codeine tabs 300mg; 15mg	1	(20 tabs/ day)
acetaminophen /tramadol hydrochloride (Ultracet)	1	(12 tabs/ day)
ascomp/ codeine	1	(9 caps/ day)
Avinza cp24 30mg, 45mg, 60mg, 75mg	3	QL (1 cap/ day)
Avinza cp24 120mg	3	QL (13 caps/ day)
Avinza cp24 90mg	3	QL (3 caps/ day)
buprenorphine hcl (Subutex) subl 2mg	1	PA QL (16 tabs/ day)
buprenorphine hcl (Subutex) subl 8mg	1	PA QL (4 tabs/ day)
butalbital/ acetaminophen /caffeine/ codeine (Fioricet/ codeine)	1	(9 caps/ day)

Drug	Tier	Limits/ Notes
butalbital/aspirin /caffeine/ codeine (Fiorinal/codeine #3)	1	(9 caps/ day)
butorphanol tartrate nasal soln	1	PA QL (2 canisters/ fill)
Butrans	3	PA QL (1 patch/ week)
carisoprodol/ aspirin/codeine	1	AL (PA required for those 65 years of age or older; 12 tabs/day)
co-gesic	1	(12 tabs/ day)
codeine sulfate tabs 30mg	1	QL (18 tabs/ day)
codeine sulfate tabs 15mg	1	QL (36 tabs/ day)
codeine sulfate tabs 60mg	1	QL (9 tabs/ day)
endocet tabs 500mg; 7.5mg	1	(12 tabs/ day)
endocet tabs 325mg; 10mg, 325mg; 7.5mg	1	(18 tabs/ day)
endocet tabs 325mg; 5mg	1	QL (12 tabs/ day)
endocet tabs 650mg; 10mg	1	QL (9 tabs/ day)
endodan	1	(18 tabs/ day)

Drug	Tier	Limits/ Notes
fentanyl (Duragesic) pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	1	QL (20 patches/ month)
fentanyl citrate oral transmucosal (Actiq)	1	PA QL (4 lozenges/ day)
hydrocodone/ acetaminophen (Hycet) oral soln 325mg/15ml; 7.5mg/15ml	1	(270ml/ day)
hydrocodone/ acetaminophen (Lorcet 10/650) tabs 650mg; 10mg	1	(9 tabs/ day)
hydrocodone/ acetaminophen (Lorcet plus) tabs 650mg; 7.5mg	1	(9 tabs/ day)
hydrocodone/ acetaminophen (Lortab) oral soln 500mg/15ml; 7.5mg/15ml	1	(180 ml/ day)
hydrocodone/ acetaminophen (Lortab) tabs 500mg; 10mg, 500mg; 5mg, 500mg; 7.5mg	1	(12 tabs/ day)
hydrocodone/ acetaminophen (Maxidone) tabs 750mg; 10mg	1	QL (8 tabs/ day)

Drug	Tier	Limits/ Notes
hydrocodone/ acetaminophen (Norco) tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	1	QL (18 tabs/ day)
hydrocodone/ acetaminophen (Vicodin es) tabs 750mg; 7.5mg	1	(8 tabs/ day)
hydrocodone/ acetaminophen (Xodol) tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg	1	(20 tabs/ day)
hydrocodone/ acetaminophen tabs 500mg; 2.5mg	1	(12 tabs/ day)
hydrocodone/ acetaminophen tabs 660mg; 10mg	1	(9 tabs/ day)
hydrocodone/ ibuprofen (Vicoprofen)	1	(8 tabs/ day)
hydrogesic	1	(12 caps/ day)
hydromorphone hcl (Dilaudid) tabs 8mg	1	QL (15 tabs/ day)
hydromorphone hcl (Dilaudid) tabs 4mg	1	QL (30 tabs/ day)
hydromorphone hcl (Dilaudid) tabs 2mg	1	QL (60 tabs/ day)
hydromorphone hcl supp	1	QL (9 sup- positories /day)
Kadian cp24 100mg, 10mg, 30mg, 50mg	3	QL (2 caps/ day)

AL – Age limit restriction  
GL – Gender limit restriction

PA – Prior authorization required  
QL – Quantity limit restriction

ST – Step therapy required

Drug	Tier	Limits/ Notes
Kadian cp24 200mg, 60mg, 80mg	3	QL (3 caps/ day)
Kadian cp24 20mg	3	QL (4 caps/ day)
levorphanol tartrate	1	QL (9 tabs/ day)
meperidine hcl (Demerol) tabs 100mg	1	QL (18 tabs/ day)
meperidine hcl (Demerol) tabs 50mg	1	QL (36 tabs/ day)
meperidine hcl oral soln	1	QL (180 ml/ day)
meperitab tabs 100mg	1	(18 tabs/ day)
meperitab tabs 50mg	1	(36 tabs/ day)
methadone hcl (Dolophine hcl) tabs 5mg	1	QL (36 tabs/ day)
methadone hcl (Dolophine) tabs 10mg	1	QL (18 tabs/ day)
methadone hcl conc 10mg/ml	1	QL (18 ml/ day)
methadone hcl intensol	1	QL (18 ml/ day)
methadone hcl oral soln 5mg/5ml	1	QL (180 ml/ day)
methadone hcl oral soln 10mg/5ml	1	QL (90 ml/ day)
methadone hcl tbso	1	QL (5 tabs/ day)

Drug	Tier	Limits/ Notes
methadose conc	1	QL (18 ml/ day)
methadose tabs	1	QL (18 tabs/ day)
methadose tbso	1	QL (5 tabs/ day)
morphine sulfate er (Kadian) cp24 100mg, 30mg, 50mg	1	QL (2 caps/ day)
morphine sulfate er (Kadian) cp24 60mg, 80mg	1	QL (3 caps/ day)
morphine sulfate er (Kadian) cp24 20mg	1	QL (4 caps/ day)
morphine sulfate er (Ms contin) tb12 100mg, 200mg	1	QL (3 tabs/ day)
morphine sulfate er (Ms contin) tb12 60mg	1	QL (5 tabs/ day)
morphine sulfate er (Ms contin) tb12 15mg, 30mg	1	QL (6 tabs/ day)
morphine sulfate oral soln 10mg/5ml	1	QL (135 ml/ day)
morphine sulfate oral soln 20mg/ml	1	QL (14ml/ day)
morphine sulfate oral soln 20mg/5ml	1	QL (68 ml/ day)
morphine sulfate supp 20mg	1	QL (14 sup- positories /day)
morphine sulfate supp 10mg	1	QL (27 sup- positories /day)

Drug	Tier	Limits/ Notes
morphine sulfate supp 5mg	1	QL (54 sup- positories /day)
morphine sulfate supp 30mg	1	QL (9 sup- positories /day)
morphine sulfate tabs 15mg	1	QL (18 tabs/ day)
morphine sulfate tabs 30mg	1	QL (9 tabs/ day)
Nucynta tabs 50mg	3	QL (6 tabs/ day)
Nucynta tabs 100mg, 75mg	3	QL (7 tabs/ day)
Opana er tb12 10mg, 20mg, 30mg, 5mg	3	PA QL (2 tabs/ day)
Opana er tb12 40mg	3	PA QL (4 tabs/ day)
oxycodone hcl (Roxicodone) tabs 30mg, 5mg	1	QL (12 tabs/ day)
oxycodone hcl (Roxicodone) tabs 15mg	1	QL (24 tabs/ day)
oxycodone hcl caps	1	QL (12 caps/ day)
oxycodone hcl conc	1	QL (12ml/ day)
oxycodone hcl oral soln	1	QL (240ml/ day)
oxycodone hcl tabs 20mg	1	QL (18 tabs/ day)
oxycodone hcl tabs 10mg	1	QL (36 tabs/ day)

Drug	Tier	Limits/ Notes
oxycodone/ acetaminophen (Percocet) tabs 500mg; 7.5mg	1	(12 tabs/ day)
oxycodone/ acetaminophen (Percocet) tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	1	(18 tabs/ day)
oxycodone/ acetaminophen (Percocet) tabs 325mg; 5mg	1	QL (12 tabs/ day)
oxycodone/ acetaminophen (Percocet) tabs 650mg; 10mg	1	QL (9 tabs/ day)
oxycodone/ acetaminophen (Tylox) caps	1	(12 caps/ day)
oxycodone/ aspirin (Percodan)	1	(18 tabs/ day)
oxycodone/ ibuprofen	1	QL (28 tabs/ fill)
Oxycontin tb12 60mg	2	QL (2 tabs/ day)
Oxycontin tb12 40mg, 80mg	2	QL (4 tabs/ day)
Oxycontin tb12 15mg, 20mg, 30mg	2	QL (6 tabs/ day)
Oxycontin tb12 10mg	2	QL (9 tabs/ day)
oxymorphone hydrochloride (Opana)	1	PA QL (12 tabs/ day)
oxymorphone hydrochloride er	1	QL (2 tabs/ day)
pentazocine/ acetaminophen	1	(9 tabs/ day)

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Drug	Tier	Limits/ Notes
pentazocine/ naloxone hcl	1	(18 tabs/ day)
reprexain 10mg; 200mg	1	(9 tabs/ day)
Roxicet oral soln	2	(90ml/ day)
Roxicet tabs 500mg; 5mg	2	QL (18 tabs/ day)
roxicet tabs 325mg; 5mg	1	QL (12 tabs/ day)
tramadol hcl (Ultram)	1	
tramadol hcl er (Ryzolt) tb24 200mg, 300mg	1	ST QL (use tramadol [Ultram] ir or er first; 1 tab/ day)
tramadol hcl er (Ryzolt) tb24 100mg	1	ST QL (use tramadol [Ultram] ir or er first; 1 tab/ day)
tramadol hcl er (Ultram er) tb24 200mg, 300mg	1	QL (1 tab/ day)
tramadol hcl er (Ultram er) tb24 100mg	1	QL (3 tabs/ day)
tramadol hydrochloride/ acetaminophen (Ultracet)	1	(12 tabs/ day)
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
antipyrine/ benzocaine	1	
aurodex	1	
ethyl chloride	1	

Drug	Tier	Limits/ Notes
hydrocortisone acetate/ pramoxine (Analpram-hc) crea	1	
hydrocortisone acetate/ pramoxine (Analpram-hc) rectal crea	1	
hydrocortisone acetate/ pramoxine (Pramosone) external crea	1	
lidocaine hcl	1	
lidocaine hcl (Xylocaine jelly)	1	
lidocaine hcl (Xylocaine)	1	
lidocaine hcl/ hydrocortisone acetate	1	
lidocaine viscous	1	
lidocaine/ prilocaine (Emla)	1	
Lidoderm	3	QL (90 patches/ month)
parcaine	1	
phenazopyridine hcl (Pyridium) tabs 100mg, 200mg	1	
Pramosone	2	
proparacaine hcl (Alcaine)	1	
treagan otic	1	
<b>Anti-inflammatory Agents</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
anabar	1	(12 tabs/ day)
butalbital compound	1	

Drug	Tier	Limits/ Notes
butalbital/aspirin /caffeine (Fiorinal) caps	1	
butalbital/aspirin /caffeine tabs	1	
cafgesic	1	(12 caps/day)
Cambia	3	PA QL (9 packs/month)
Celebrex	3	PA QL (2 caps/day)
choline magnesium trisalicylate	1	
diclofenac potassium (Cataflam)	1	
diclofenac sodium er (Voltaren-xr) tb24	1	
diclofenac sodium er tbec	1	
diclofenac sodium tbec	1	
diflunisal	1	
duraxin	1	(12 caps/day)
ed-flex	1	(12 caps/day)
etodolac	1	
etodolac er	1	
fenoprofen calcium	1	
flurbiprofen	1	
ibuprofen tabs	1	
indomethacin caps	1	
indomethacin er	1	
ketoprofen	1	
ketoprofen er	1	
ketorolac tromethamine tabs	1	

Drug	Tier	Limits/ Notes
mefenamic acid (Ponstel)	1	
meloxicam (Mobic) tabs	1	
meloxicam susp	1	
nabumetone	1	
naproxen (Naprosyn) susp	1	
naproxen (Naprosyn) tabs 250mg, 375mg, 500mg	1	
naproxen dr	1	
naproxen sodium (Anaprox ds) tabs 550mg	1	
naproxen sodium (Anaprox) tabs 275mg	1	
oxaprozin (Daypro)	1	
piroxicam (Feldene)	1	
salsalate	1	
sulindac (Clinoril) tabs 200mg	1	
sulindac tabs 150mg	1	
tolmetin sodium	1	
Vimovo	3	PA QL (2 tabs/day)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
ak-tob	1	
gentamicin sulfate (Gentamicin sulfate) ophthalmic soln 0.3%	1	
gentamicin sulfate crea	1	
gentamicin sulfate oint	1	

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Drug	Tier	Limits/ Notes
neomycin sulfate	1	
paromomycin sulfate	1	
Tobi	4	PA QL (1 box/ month)
tobramycin sulfate (Tobrex) ophthalmic soln	1	
tobramycin/ dexamethasone (Tobradex)	1	
Zylet	2	
<b>Antibacterials, Other</b>		
ak-poly-bac	1	
bacitracin/ polymyxin b	1	
Bactroban	2	
Bactroban nasal	3	
Cleocin	2	QL (3 supp./ fill)
Clindagel	3	QL (1 bottle/ month)
clindamax	1	
clindamycin hcl (Cleocin)	1	
clindamycin palmitate hcl (Cleocin pediatric granules)	1	
clindamycin phosphate (Cleocin) crea	1	
clindamycin phosphate (Cleocin-t) external soln	1	
clindamycin phosphate (Cleocin-t) gel	1	
clindamycin phosphate (Cleocin-t) lotn	1	

Drug	Tier	Limits/ Notes
clindamycin phosphate (Cleocin-t) swab	1	
clindamycin phosphate (Evoclin) foam	1	QL (1 can/ month)
dermazene	1	
hydrocortisone/ iodoquinol	1	
methenamine hippurate (Hiprex)	1	
methenamine mandelate	1	
Metrogel	2	
metronidazole (Flagyl) caps	1	
metronidazole (Flagyl) tabs	1	
metronidazole (Metrocream) crea	1	
metronidazole (Metro lotion) lotn	1	
metronidazole gel	1	
metronidazole vaginal (Metrogel-vaginal)	1	
mupirocin (Bactroban)	1	
neo-polycin	1	
neomycin/ bacitracin/ polymyxin	1	
neomycin/ polymyxin/ bacitracin/ hydrocortisone	1	
neomycin/ polymyxin/ dexamethasone (Maxitrol)	1	

Drug	Tier	Limits/ Notes
neomycin/ polymyxin/ gramicidin (Neosporin)	1	
neomycin/ polymyxin/ hydrocortisone (Cortisporin) otic soln	1	
neomycin/ polymyxin/ hydrocortisone otic susp	1	
nitrofurantoin (Furadantin)	1	
nitrofurantoin macrocrystal (Macrochantin)	1	
nitrofurantoin macrocrystalline (Macrochantin)	1	
nitrofurantoin monohydrate (Macrobid)	1	
Noritrate	2	
poly-dex	1	
polycin b	1	
polymyxin b sulfate/ trimethoprim sulfate (Polytrim)	1	
Prevpac	3	
relagard	1	
rosadan	1	
silver sulfadiazine (Silvadene)	1	
sulfamethoxazo- le/trimethoprim	1	
trimethoprim	1	
trimethoprim sulfate/ polymyxin b sulfate (Polytrim)	1	
Vancocin hcl	2	
vandazole	1	
vitazol	1	

Drug	Tier	Limits/ Notes
Xifaxan	3	PA
Zyvox	2	PA
<b>Beta-lactam, Cephalosporins</b>		
cefaclor	1	
cefaclor er	1	QL (14 tabs/ fill)
cefadroxil	1	
cefdinir	1	
cefditoren pivoxil	1	
cefepodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil (Ceftin)	1	
cephalexin	1	
cephalexin (Keflex)	1	
Suprax	3	
<b>Beta-lactam, Other</b>		
Cayston	4	PA QL (1 box/ month)
<b>Beta-lactam, Penicillins</b>		
amoxicillin	1	
amoxicillin/ clavulanate potassium (Augmentin) susr 250mg/5ml; 62.5mg/5ml	1	
amoxicillin/ clavulanate potassium (Augmentin) tabs 500mg; 125mg	1	
amoxicillin/ clavulanate potassium (Augmentin) tabs 875mg; 125mg	1	QL (1 tab/ day)

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Drug	Tier	Limits/ Notes
amoxicillin/ clavulanate potassium chew	1	
amoxicillin/ clavulanate potassium er (Augmentin xr)	1	
amoxicillin/ clavulanate potassium susr 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml	1	
amoxicillin/ clavulanate potassium tabs 250mg; 125mg	1	
amoxicillin/ potassium clavulanate (Augmentin) tabs	1	
amoxicillin/ potassium clavulanate chew	1	
amoxicillin/ potassium clavulanate susr	1	
ampicillin	1	
Augmentin	2	
dicloxacillin sodium	1	
penicillin v potassium	1	
<b>Macrolides</b>		
Azasite	3	
azithromycin	1	
azithromycin (Zithromax)	1	
clarithromycin (Biaxin) susr 250mg/5ml	1	

Drug	Tier	Limits/ Notes
clarithromycin (Biaxin) tabs	1	QL (42 tabs/ fill)
clarithromycin er (Biaxin xl)	1	QL (42 tabs/ fill)
clarithromycin susr 125mg/5ml	1	
E.e.s. 400	2	
E.e.s. granules	2	
e.s.p.	1	
ery	1	
Eryped 400	2	
erythromycin	1	
erythromycin base	1	
erythromycin/ sulfisoxazole	1	
romycin	1	
<b>Quinolones</b>		
Avelox abc pack	2	QL (10 tabs/ fill)
Avelox tabs	2	QL (10 tabs/ fill)
Cipro susp	2	
Cipro hc	3	
Ciprodex	3	
ciprofloxacin er tb24 500mg; 0	1	(3 tabs/ fill)
ciprofloxacin er tb24 1000mg; 0	1	QL (14 tabs/ fill)
ciprofloxacin hcl (Ciloxan) ophthalmic soln	1	
ciprofloxacin hcl (Cipro) tabs 250mg, 500mg, 750mg	1	QL (2 tabs/ day)
ciprofloxacin hcl tabs 100mg	1	QL (2 tabs/ day)

Drug	Tier	Limits/ Notes
Levaquin oral soln	3	QL (300 ml/ fill)
Levaquin tabs	3	QL (10 tabs/ fill)
levofloxacin (Levaquin) oral soln	1	QL (300ml/ fill)
levofloxacin (Levaquin) tabs	1	QL (10 tabs/ fill)
levofloxacin ophthalmic soln	1	
ofloxacin (Ocuflox) ophthalmic soln	1	
ofloxacin otic soln	1	
ofloxacin tabs	1	
Vigamox	2	
<b>Sulfonamides</b>		
Avc	2	
Blephamide	2	
e.s.p.	1	
erythromycin/sulfisoxazole	1	
polymyxin b sulfate/ trimethoprim sulfate (Polytrim)	1	
sodium sulfacetamide (Bleph-10) ophthalmic soln	1	
sodium sulfacetamide lotn 10%	1	
sulfacetamide sodium/ prednisolone sodium phosphate	1	
Sulfamethoxazole/trimethoprim	1	

Drug	Tier	Limits/ Notes
Sulfamethoxazole/trimethoprim (Bactrim)	1	
Sulfamethoxazole/trimethoprim ds (Bactrim ds)	1	
trimethoprim sulfate/ polymyxin b sulfate (Polytrim)	1	
<b>Tetracyclines</b>		
avidoxy	1	
demeclocycline hcl	1	
Doryx	3	PA QL (20 tabs/ month)
doxycycline (Adoxa) caps 150mg	1	
doxycycline (Monodox) caps 75mg	1	
doxycycline hyclate (Vibramycin) caps 100mg	1	
doxycycline hyclate caps 50mg	1	
doxycycline hyclate cpep	1	
doxycycline hyclate tabs	1	
doxycycline hyclate tbec	1	
doxycycline monohydrate (Adoxa pak 1/150) tabs 150mg	1	
doxycycline monohydrate (Adoxa) tabs 100mg, 50mg, 75mg	1	

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Drug	Tier	Limits/ Notes
doxycycline monohydrate (Monodox) caps 100mg	1	
doxycycline monohydrate caps 50mg	1	
minocycline hcl (Dynacin) tabs	1	
minocycline hcl (Minocin) caps 100mg, 50mg	1	
minocycline hcl caps 75mg	1	
minocycline hcl er (Solodyn)	1	PA
morgidox	1	
Oracea	2	
Solodyn	3	PA
tetracycline hcl	1	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
Banzel susp	2	PA QL (80ml/day)
Banzel tabs 200mg	2	PA (1 tab/day)
Banzel tabs 400mg	2	PA QL (8 tabs/day)
clonazepam (Klonopin) tabs 2mg	1	(10 tabs/day)
clonazepam (Klonopin) tabs 1mg	1	(20 tabs/day)
clonazepam (Klonopin) tabs 0.5mg	1	(40 tabs/day)
clonazepam odt	1	PA
Keppra xr tb24 750mg	3	QL (4 tabs/day)

Drug	Tier	Limits/ Notes
Keppra xr tb24 500mg	3	QL (6 tabs/day)
lamotrigine tabs 100mg, 150mg, 200mg, 25mg	1	
levetiracetam (Keppra)	1	
levetiracetam er (Keppra xr) tb24 750mg	1	QL (4 tabs/day)
levetiracetam er (Keppra xr) tb24 500mg	1	QL (6 tabs/day)
Vimpat oral soln	3	PA QL (40 ml/day)
Vimpat tabs	3	PA QL (2 tabs/day)
<b>Calcium Channel Modifying Agents</b>		
ethosuximide (Zarontin)	1	
Lyrica caps 225mg, 300mg	3	PA QL (2 caps/day)
Lyrica caps 100mg, 150mg, 200mg, 25mg, 50mg, 75mg	3	PA QL (3 caps/day)
zonisamide (Zonegran) caps 100mg, 25mg	1	
zonisamide caps 50mg	1	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
clonazepam tabs 0.5mg	1	(40 tabs/day)
divalproex sodium (Depakote er) tb24	1	
divalproex sodium (Depakote sprinkles) cpsp	1	

Drug	Tier	Limits/ Notes
divalproex sodium (Depakote) tbec	1	
divalproex sodium er (Depakote er)	1	
gabapentin (Neurontin)	1	
Gabitril	2	
primidone (Mysoline)	1	
Sabril pack	4	PA QL (6 packs/day)
Sabril tabs	4	PA QL (6 tabs/day)
valproic acid (Depakene)	1	
<b>Glutamate Reducing Agents</b>		
felbamate (Felbatol)	1	
Felbatol	3	
Lamictal xr kit	3	ST QL (use lamotrigine tabs first; 1 kit/month)
Lamictal xr tb24 250mg	3	ST (use lamotrigine tabs first; 2 tabs/day)
Lamictal xr tb24 100mg, 25mg, 50mg	3	ST QL (use lamotrigine tabs first; 1 tab/day)

Drug	Tier	Limits/ Notes
Lamictal xr tb24 300mg	3	ST QL (use lamotrigine tabs first; 2 tabs/day)
Lamictal xr tb24 200mg	3	ST QL (use lamotrigine tabs first; 3 tabs/day)
lamotrigine (Lamictal chewable dispersible) chew	1	
lamotrigine (Lamictal) tabs 100mg, 150mg, 200mg, 25mg	1	
topiragen	1	
topiramate (Topamax sprinkle) cpsp	1	
topiramate (Topamax) tabs	1	
<b>Sodium Channel Inhibitors</b>		
Banzel tabs 200mg	2	PA (1 tab/day)
carbamazepine (Tegretol)	1	
carbamazepine er (Carbatrol) cp12	1	
carbamazepine er (Tegretol-xr) tb12	1	
Dilantin	2	
epitol	1	
Equetro	2	
oxcarbazepine (Trileptal)	1	

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Drug	Tier	Limits/ Notes
phenytoin (Dilantin) caps 100mg	1	
phenytoin (Dilantin) susp	1	
phenytoin (Phenytek) caps 200mg, 300mg	1	
Tegretol-xr	2	
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
ergoloid mesylates	1	
<b>Cholinesterase Inhibitors</b>		
Aricept 23mg	2	ST QL (use Aricept 10mg first; 1 tab/ day)
donepezil hcl (Aricept odt) tbdp	1	
donepezil hcl (Aricept) tabs	1	
Exelon oral soln	2	
Exelon pt24	2	QL (1 patch/ day)
galantamine (Razadyne)	1	
galantamine hydrobromide (Razadyne er) cp24	1	
galantamine hydrobromide (Razadyne) oral soln	1	
galantamine hydrobromide (Razadyne) tabs	1	

Drug	Tier	Limits/ Notes
rivastigmine tartrate (Exelon) caps 1.5mg, 3mg, 4.5mg, 6mg	1	
<b>Glutamate Pathway Modifiers</b>		
Namenda oral soln	2	
Namenda tabs	2	QL (2 tabs/ day)
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
Aplenzin	3	PA QL (1 tab/ day)
budeprion sr tb12 150mg	1	QL (3 tabs/ day)
budeprion sr tb12 100mg	1	QL (4 tabs/ day)
budeprion xl tb24 300mg	1	QL (1 tab/ day)
budeprion xl tb24 150mg	1	QL (3 tabs/ day)
bupropion hcl (Wellbutrin) tabs 100mg	1	QL (4 tabs/ day)
bupropion hcl (Wellbutrin) tabs 75mg	1	QL (6 tabs/ day)
bupropion hcl er (Wellbutrin sr) tb12 200mg	1	QL (2 tabs/ day)
bupropion hcl er (Wellbutrin sr) tb12 150mg	1	QL (3 tabs/ day)
bupropion hcl er (Wellbutrin sr) tb12 100mg	1	QL (4 tabs/ day)
bupropion hcl sr (Wellbutrin sr) tb12 200mg	1	QL (2 tabs/ day)

Drug	Tier	Limits/ Notes
bupropion hcl sr (Wellbutrin sr) tb12 150mg	1	QL (3 tabs/ day)
bupropion hcl sr (Wellbutrin sr) tb12 100mg	1	QL (4 tabs/ day)
bupropion hcl xl (Wellbutrin xl) tb24 300mg	1	QL (1 tab/ day)
bupropion hcl xl (Wellbutrin xl) tb24 150mg	1	QL (3 tabs/ day)
maprotiline hcl	1	
mirtazapine (Remeron soltab) tbdp	1	
mirtazapine (Remeron) tabs 15mg, 30mg, 45mg	1	
mirtazapine tabs 7.5mg	1	
nefazodone hcl	1	
Oleptro	3	PA QL (1 tab/ day)
trazodone hcl	1	
<b>Monoamine Oxidase Inhibitors</b>		
Emsam	3	
phenelzine sulfate (Nardil)	1	
selegiline hcl (Eldepryl) caps	1	
selegiline hcl tabs	1	
tranylcypromine sulfate (Parnate)	1	
<b>Serotonin/Norepinephrine Reuptake Inhibitors</b>		
citalopram hydrobromide (Celexa) tabs	1	
citalopram hydrobromide oral soln	1	

Drug	Tier	Limits/ Notes
Cymbalta cpep 60mg	2	QL (2 caps/ day)
Cymbalta cpep 20mg, 30mg	2	QL (3 caps/ day)
Effexor xr cp24 150mg, 37.5mg	3	QL (2 caps/ day)
Effexor xr cp24 75mg	3	QL (3 caps/ day)
fluoxetine dr (Prozac weekly)	1	QL (4 caps/ month)
fluoxetine hcl (Prozac) caps 10mg, 20mg, 40mg	1	
fluoxetine hcl caps 10mg, 20mg	1	
fluoxetine hcl oral soln	1	
fluoxetine hcl tabs	1	
fluvoxamine maleate	1	
Lexapro oral soln	3	ST QL (try 2 antide- pressants first; 3 bottles/ month)
Lexapro tabs 20mg, 5mg	3	ST QL (try 2 antide- pressants first; 1 tab/ day)

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Drug	Tier	Limits/ Notes
Lexapro tabs 10mg	3	ST QL (try 2 antide- pressants first; 1.5 tabs/day)
Luvox cr	3	ST (use fluvox- amine tabs first)
paroxetine hcl (Paxil)	1	
paroxetine hcl er (Paxil cr)	1	
Pexeva	3	PA
Pristiq	2	ST QL (use venlafax- ine ER or regular release, or a drug from the SSRI class first; 1 tab/day)
Savella	3	ST QL (try 2 other drugs for fibromy- algia first, 1 must be Cymbal- ta; 2 tabs/day)

Drug	Tier	Limits/ Notes
Savella titration pack	3	ST QL (try 2 other drugs for fibromy- algia first, 1 must be Cymbal- ta; 1 pack/ month)
sertraline hcl (Zoloft)	1	
Symbyax	3	
venlafaxine hcl	1	
venlafaxine hcl er (Effexor xr) cp24 150mg	1	QL (1 tab/ day)
venlafaxine hcl er (Effexor xr) cp24 150mg, 37.5mg	1	QL (2 caps/ day)
venlafaxine hcl er (Effexor xr) cp24 75mg	1	QL (3 caps/ day)
venlafaxine hcl er (Venlafaxine hcl er) tb24	1	QL (1 tab/ day)
<b>Tricyclics</b>		
amitriptyline hcl	1	
amoxapine	1	
chlordiazepox- ide/amitriptyline	1	AL (PA required for those 65 years of age or older)
clomipramine hcl (Anafranil)	1	
desipramine hcl (Norpramin)	1	
doxepin hcl	1	
imipramine hcl (Tofranil)	1	

Drug	Tier	Limits/ Notes
imipramine pamoate (Tofranil-pm)	1	
nortriptyline hcl (Pamelor) caps	1	
nortriptyline hcl oral soln	1	
perphenazine/ amitriptyline	1	
protriptyline hcl (Vivactil)	1	
Silenor	3	QL (1 tab/ day)
trimipramine maleate (Surmontil)	1	
<b>Antidotes, Deterrents, and Toxicologic Agents</b>		
<b>Antidotes</b>		
Chemet	2	
Cuprimine	2	
Exjade	4	
kalexate	1	
kionex	1	
leucovorin calcium tabs	1	
sodium polystyrene sulfonate (Kayexalate) powd	1	
<b>Antidotes, Deterrents, and Toxicologic Agents</b>		
sodium polystyrene sulfonate susp	1	
<b>Deterrents</b>		
Campral	3	
disulfiram (Antabuse)	1	
<b>Toxicologic Agents</b>		
buprenorphine hcl subl 2mg	1	PA QL (16 tabs/ day)

Drug	Tier	Limits/ Notes
buprenorphine hcl subl 8mg	1	PA QL (4 tabs/ day)
depade	1	
Ferriprox	4	QL (18 tabs/ day)
naltrexone hcl (Revia)	1	
pentazocine/nal oxone hcl	1	(18 tabs/ day)
Suboxone film 2mg; 0.5mg	3	PA QL (16 films/ day)
Suboxone film 8mg; 2mg	3	PA QL (4 films/ day)
Suboxone subl 2mg; 0.5mg	3	PA QL (16 tabs/ day)
Suboxone subl 8mg; 2mg	3	PA QL (4 tabs/ day)
<b>Antiemetics</b>		
<b>Antiemetics</b>		
Anzemet tabs	2	QL (1 tab/fill)
chlorpromazine hcl tabs	1	
compro	1	
dronabinol (Marinol)	1	
Emend caps	3	QL (3 caps/ fill)
Emend caps 40mg	3	PA QL (1 cap/ month)
Emend caps 80mg	3	PA QL (2 caps/ fill)
granisetron hcl tabs	1	QL (2 tabs/ fill)
granisol	1	QL (1 bottle/ fill)

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Drug	Tier	Limits/ Notes
hydroxyzine pamoate (Vistaril) caps 25mg, 50mg	1	
hydroxyzine pamoate caps 100mg	1	
metoclopramide hcl	1	
metoclopramide hcl (Reglan)	1	
ondansetron hcl (Zofran) oral soln	1	QL (1 bottle/ fill)
ondansetron hcl (Zofran) tabs 4mg, 8mg	1	QL (3 tabs/ day)
ondansetron hcl tabs 24mg	1	QL (1 tab/ fill)
ondansetron odt (Zofran odt)	1	QL (3 tabs/ day)
perphenazine	1	
prochlorperazine	1	
promethazine hcl	1	
promethegan	1	
Transderm-scop	3	
trimethobenzamide hcl (Tigan) caps	1	
Zuplenz	3	PA QL (3 films/ day)
<b>Antifungals</b>		
<b>Antifungals</b>		
Ancobon	2	
bensal hp	1	
ciclodan	1	
ciclopirox (Loprox shampoo) sham	1	
ciclopirox (Loprox) gel	1	

Drug	Tier	Limits/ Notes
ciclopirox nail lacquer (Penlac nail lacquer)	1	
ciclopirox olamine	1	
ciclopirox susp	1	
clotrimazole lozg	1	
clotrimazole troc	1	
clotrimazole/ betamethasone dipropionate (Lotrisone)	1	
econazole nitrate	1	
Ertaczo	3	QL (1 tube/ fill)
exoderm lotn	1	
fluconazole (Diflucan) susr	1	
fluconazole (Diflucan) tabs 100mg, 150mg, 200mg, 50mg	1	
flucytosine (Ancobon)	1	
Gris-peg	2	
griseofulvin microsize	1	
itraconazole (Sporanox)	1	PA
ketoconazole (Extina) foam	1	
ketoconazole (Nizoral) sham	1	
ketoconazole crea	1	
ketoconazole tabs	1	
miconazole 3	1	
Naffin	3	
Noxafil	2	PA
nyamyc	1	
nystatin	1	
nystatin/ triamcinolone	1	

Drug	Tier	Limits/ Notes
nystop	1	
Oxistat	3	
pedi-dri	1	
terbinafine hcl (Lamisil) tabs	1	QL (30 tabs/ month)
terconazole (Terazol 3) crea 0.8%	1	
terconazole (Terazol 3) supp	1	
terconazole (Terazol 7) crea 0.4%	1	
versiclear	1	
Vfend susr	2	PA
Vfend tabs	3	PA
voriconazole (Vfend)	1	PA
zazole	1	
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
allopurinol (Zyloprim)	1	
Colcrys	2	QL (4 tabs/ day)
probenecid	1	
probenecid/ colchicine	1	
Uloric	2	ST QL (use allopuri- nol first; 1 tab/day)
<b>Antimigraine Agents</b>		
<b>Abortive</b>		
Axert	3	QL (24 tabs/ month)
D.h.e. 45	3	PA
epidrin	1	(15 caps/ day)

Drug	Tier	Limits/ Notes
ergotamine tartrate/caffeine (Cafergot)	1	
Frova	3	QL (27 tabs/ month)
isometheptene/ caffeine/ acetaminophen (Prodrin)	1	(12 tabs/ day)
isometheptene/ dichloralphen- azone/ acetaminophen	1	(15 caps/ day)
Maxalt	2	QL (24 tabs/ month)
Maxalt-mlt	2	QL (24 tabs/ month)
migragesic ida	1	(15 caps/ day)
Migranal	2	QL (8 vials/ month)
naratriptan hcl (Amerge)	1	QL (18 tabs/ month)
nodolor	1	(15 caps/ day)
Relpax	3	QL (18 tabs/ month)
sumatriptan	1	QL (18 doses /month)
sumatriptan succinate (Ilimitrex statdose refill) inj	1	QL (16 injections /month at 4 injections /fill)

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Drug	Tier	Limits/ Notes
sumatriptan succinate (Imitrex) inj	1	QL (16 injections /month at 4 injections /fill)
sumatriptan succinate (Imitrex) tabs	1	QL (18 tabs/month)
Sumavel dosepro	2	QL (6 injections /fill, max 18 injections /month)
Zomig nasal soln	3	QL (18 doses /month)
Zomig tabs	3	QL (18 tabs/month)
Zomig zmt	3	QL (18 tabs/month)
<b>Prophylactic</b>		
divalproex sodium (Depakote er) tb24	1	
divalproex sodium (Depakote sprinkles) cpsp	1	
divalproex sodium (Depakote) tbec	1	
divalproex sodium er (Depakote er)	1	
propranolol hcl	1	
propranolol hcl er (Inderal la)	1	
timolol maleate tabs	1	
topiramate	1	

Drug	Tier	Limits/ Notes
topiramate (Topamax sprinkle) cpsp	1	
topiramate (Topamax) tabs	1	
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
guanidine hcl	1	
Mestinon	2	
pyridostigmine bromide (Mestinon)	1	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
dapsone	1	
Mycobutin	2	
<b>Antituberculars</b>		
ethambutol hcl	1	
isonarif	1	
isoniazid syrp	1	
isoniazid tabs	1	
Priftin	2	
pyrazinamide	1	
rifampin (Rifadin) caps	1	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
Alkeran tabs	2	
Ceenu	2	
cyclophosphamide tabs	1	
Leukeran	2	
Matulane	2	
Myleran	2	
<b>Antiangiogenic Agents</b>		
Revlimid caps 10mg, 5mg	4	PA QL (1 cap/day)
Revlimid caps 15mg, 25mg	4	PA QL (2 caps/day)
Thalomid caps 100mg, 50mg	4	PA QL (1 cap/day)

Drug	Tier	Limits/ Notes
Thalomid caps 150mg, 200mg	4	PA QL (2 caps/ day)
Vandetanib tabs 300mg	4	PA QL (1 tab/ day)
Vandetanib tabs 100mg	4	PA QL (2 tabs/ day)
Votrient	4	PA QL (4 tabs/ day)
<b>Antiestrogens/Modifiers</b>		
Emcyt	2	
Fareston	2	
tamoxifen citrate	1	
<b>Antimetabolites</b>		
fluorouracil external soln	1	
hydroxyurea (Hydrea)	1	
mercaptopurine (Purinethol)	1	
Tabloid	2	
Xeloda	4	
<b>Antineoplastics</b>		
Proleukin	4	PA
<b>Antineoplastics, Other</b>		
Etoposide caps	4	
Hycamtin caps	2	
Jakafi	4	PA QL (2 tabs/ day)
leucovorin calcium tabs	1	
Proleukin	4	PA
Sylatron	4	PA
Temodar	4	
Zolinza	4	PA QL (4 caps/ day)
Zortress	2	QL (2 tabs/ day)

Drug	Tier	Limits/ Notes
Zytiga	4	PA QL (4 tabs/ day)
<b>Aromatase Inhibitors, 3rd Generation</b>		
anastrozole (Arimidex)	1	AL GL (covered for female > 45 years of age)
exemestane (Aromasin)	1	AL GL (covered for female > 45 years of age)
letrozole (Femara)	1	AL GL (covered for female > 45 years of age)
<b>Molecular Target Inhibitors</b>		
Afinitor tabs 2.5mg, 5mg	4	PA QL (1 tab/ day)
Afinitor tabs 10mg	4	PA QL (2 tabs/ day)
Gleevec tabs 400mg	4	PA QL (2 tabs/ day)
Gleevec tabs 100mg	4	PA QL (8 tabs/ day)
Iressa	4	PA QL (2 tabs/ day)
Nexavar	4	PA QL (4 tabs/ day)
Sprycel tabs 100mg, 140mg	4	PA QL (1 tab/ day)

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Drug	Tier	Limits/ Notes
Sprycel tabs 70mg, 80mg	4	PA QL (2 tabs/ day)
Sprycel tabs 20mg, 50mg	4	PA QL (3 tabs/ day)
Sutent caps 25mg, 50mg	4	PA QL (1 cap/ day)
Sutent caps 12.5mg	4	PA QL (3 caps/ day)
Tarceva tabs 100mg, 150mg	4	PA QL (1 tab/ day)
Tarceva tabs 25mg	4	PA QL (3 tabs/ day)
Tasigna	4	PA QL (4 caps/ day)
Tykerb	4	PA QL (22 tabs/ day)
Xalkori	4	PA QL (2 caps/ day)
Zelboraf	4	PA QL (8 tabs/ day)
<b>Retinoids</b>		
Panretin	3	PA
Targretin	4	
<b>Antiparasitics</b>		
<b>Antiprotozoals</b>		
atovaquone/ proguanil hcl (Malarone) tabs 250mg; 100mg	1	QL (1 tab/ day)
atovaquone/ proguanil hcl tabs 62.5mg; 25mg	1	QL (3 tabs/ day)

Drug	Tier	Limits/ Notes
chloroquine phosphate (Aralen) tabs 500mg	1	
chloroquine phosphate tabs 250mg	1	
Coartem	2	QL (24 tabs/ fill)
Daraprim	2	
hydroxychloro- quine sulfate (Plaquenil)	1	
Malarone tabs 250mg; 100mg	2	QL (1 tab/ day)
Malarone tabs 62.5mg; 25mg	2	QL (3 tabs/ day)
mefloquine hcl	1	QL (4 tabs/ fill)
Mepron	2	PA
Qualaquin	3	QL (8 caps/ day)
Yodoxin	2	
<b>Pediculicides/Scabicides</b>		
acticin	1	
Eurax	2	
lindane	1	
malathion (Ovide)	1	
permethrin crea	1	
<b>Antiparkinson Agents</b>		
<b>Antiparkinson Agents</b>		
amantadine hcl	1	
Apokyn	4	PA
Azilect	2	QL (1 tab/ day)
benztropine mesylate tabs	1	

Drug	Tier	Limits/ Notes
bromocriptine mesylate (Parlodel)	1	
carbidopa/levodopa (Sinemet)	1	
carbidopa/levodopa er (Sinemet cr)	1	
carbidopa/levodopa er (Sinemet cr)	1	
carbidopa/levodopa odt (Parcopa)	1	QL (8 tabs/ day)
Comtan	2	QL (8 tab/ day)
pramipexole dihydrochloride (Mirapex)	1	
Requip xl tb24 2mg, 4mg, 6mg	3	QL (1 tab/ day)
Requip xl tb24 12mg	3	QL (2 tabs/ day)
Requip xl tb24 8mg	3	QL (3 tabs/ day)
ropinirole hcl (Requip)	1	
selegiline hcl (Eldepryl) caps	1	
selegiline hcl tabs	1	
Stalevo	2	
Tasmar	2	QL (6 tabs/ day)
trihexyphenidyl hcl	1	
<b>Antipsychotics</b>		
<b>Atypicals</b>		
Abilify	3	

Drug	Tier	Limits/ Notes
clozapine (Clozaril) tabs 100mg, 25mg	1	
clozapine tabs 200mg, 50mg	1	
Geodon caps	3	
Invega	3	PA
olanzapine (Zyprexa) tabs	1	
olanzapine odt (Zyprexa zydis)	1	
risperidone (Risperdal) oral soln	1	
risperidone (Risperdal) tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	1	
risperidone m-tab	1	
risperidone odt (Risperdal m-tab) tbdp 0.5mg, 1mg, 2mg, 3mg, 4mg	1	
risperidone odt tbdp 0.25mg	1	
Saphris	3	QL (2 tabs/ day)
Seroquel/XR	2	
Zyprexa tabs	2	
Zyprexa zydis	2	
<b>Conventional</b>		
chlorpromazine hcl tabs	1	
compro	1	
fluphenazine hcl	1	
haloperidol	1	
loxapine (Loxitane)	1	
loxapine succinate (Loxitane)	1	
Orap	2	

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Drug	Tier	Limits/ Notes
perphenazine	1	
perphenazine/ amitriptyline	1	
prochlorperazine	1	
thioridazine hcl	1	
thiothixene (Navane) caps 10mg, 2mg	1	
thiothixene caps 1mg, 5mg	1	
trifluoperazine hcl	1	
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
baclofen	1	
dantrolene sodium (Dantrium)	1	
ed baclofen	1	
tizanidine hcl (Zanaflex) tabs 4mg	1	
tizanidine hcl tabs 2mg	1	
Zanaflex	3	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
ganciclovir caps	1	
Valcyte	2	
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors</b>		
Atripla	2	
Complera	2	
Edurant	2	
Intelence	2	ST (use in combina- tion with other an- tiretroviral therapy)
Rescriptor	2	
Sustiva	2	

Drug	Tier	Limits/ Notes
Viramune	2	
Viramune xr	2	
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors</b>		
Atripla	2	
Combivir	2	
didanosine (Videx ec)	1	
Emtriva	2	
Epivir	2	
Epivir hbv oral soln	2	PA QL (3 (240ml) bottles/ month)
Epivir hbv tabs	2	PA QL (1 tab/ day)
Epzicom	2	
lamivudine (Epivir)	1	
lamivudine/ zidovudine (Combivir)	1	
stavudine (Zerit)	1	
Trizivir	2	
Truvada	2	
Tyzeka	2	PA QL (1 tab/ day)
Viread	2	
Ziagen	2	
zidovudine (Retrovir)	1	
<b>Anti-HIV Agents, Other</b>		
Fuzeon	4	QL (1 kit/ month)
Isentress	2	
Selzentry	2	PA

Drug	Tier	Limits/ Notes
<b>Anti-HIV Agents, Protease Inhibitors</b>		
Aptivus	2	ST (use in combination with other antiretroviral therapy)
Crixivan	2	
Invirase	2	
Kaletra	2	
Lexiva	2	
Norvir	2	
Prezista	2	
Reyataz	2	
Victrelis	4	PA QL (12 caps/day)
Viracept	2	
<b>Anti-influenza Agents</b>		
amantadine hcl	1	
rimantadine hcl (Flumadine)	1	
Tamiflu caps 45mg, 75mg	2	QL (20 caps/6 months)
Tamiflu caps 30mg	2	QL (40 caps/6 months)
Tamiflu susr	2	QL (6 bottles /6 months)
<b>Antih hepatitis Agents</b>		
Baraclude oral soln	2	QL (3 bottles/month)
Baraclude tabs	2	QL (1 tab/day)
Copegus	3	PA
Hepsera	2	QL (1 tab/day)

Drug	Tier	Limits/ Notes
Incivek	4	PA QL (6 tabs/day)
ribasphere	1	PA
ribavirin (Copegus) tabs	1	PA
ribavirin (Rebetol) caps	1	PA
<b>Antitherpeic Agents</b>		
acyclovir (Zovirax)	1	
famciclovir (Famvir)	1	
trifluridine (Viroptic)	1	
valacyclovir hcl (Valtrex)	1	
Zovirax	3	
<b>Anxiolytics</b>		
<b>Antidepressants</b>		
doxepin hcl	1	
Lexapro oral soln	3	ST QL (try 2 antidepressants first; 3 bottles/month)
Lexapro tabs 20mg, 5mg	3	ST QL (try 2 antidepressants first; 1 tab/day)
Lexapro tabs 10mg	3	ST QL (try 2 antidepressants first; 1.5 tabs/day)
paroxetine hcl (Paxil)	1	
paroxetine hcl er (Paxil cr)	1	
sertraline hcl (Zoloft)	1	

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Drug	Tier	Limits/ Notes
<b>Anxiolytics, Other</b>		
alprazolam (Xanax) tabs 1mg	1	(10 tabs/day)
alprazolam (Xanax) tabs 0.5mg	1	(20 tabs/day)
alprazolam (Xanax) tabs 0.25mg	1	(40 tabs/day)
alprazolam (Xanax) tabs 2mg	1	(5 tabs/day)
alprazolam er (Xanax xr) tb24 1mg	1	(10 tabs/day)
alprazolam er (Xanax xr) tb24 0.5mg	1	(20 tabs/day)
alprazolam er (Xanax xr) tb24 3mg	1	(3 tabs/day)
alprazolam er (Xanax xr) tb24 2mg	1	(5 tabs/day)
Alprazolam intensol	3	QL (4ml/day)
alprazolam odt (Niravam) tbdp 1mg	1	(10 tabs/day)
alprazolam odt (Niravam) tbdp 0.5mg	1	(20 tabs/day)
alprazolam odt (Niravam) tbdp 0.25mg	1	(40 tabs/day)
alprazolam odt (Niravam) tbdp 2mg	1	(5 tabs/day)
bupirone hcl	1	
chlordiazepoxide hcl caps 25mg	1	AL (PA required for those 65 years of age or older; 12 tabs/day)

Drug	Tier	Limits/ Notes
chlordiazepoxide hcl caps 10mg	1	AL (PA required for those 65 years of age or older; 30 tabs/day)
chlordiazepoxide hcl caps 5mg	1	AL (PA required for those 65 years of age or older; 60 tabs/day)
chlordiazepoxide/amitriptyline	1	AL (PA required for those 65 years of age or older)
chlordiazepoxide/clidinium caps 5mg; 2.5mg	1	AL (PA required for those 65 years of age or older)
clonazepam (Klonopin) tabs 2mg	1	(10 tabs/day)
clonazepam (Klonopin) tabs 1mg	1	(20 tabs/day)
clonazepam (Klonopin) tabs 0.5mg	1	(40 tabs/day)
clonazepam odt	1	PA
clorazepate dipotassium (Tranxene t) tabs 7.5mg	1	(12 tabs/day)
clorazepate dipotassium (Tranxene t) tabs 3.75mg	1	(24 tabs/day)

Drug	Tier	Limits/ Notes
clorazepate dipotassium (Tranxene t) tabs 15mg	1	(6 tabs/day)
diazepam (Valium) tabs 5mg	1	AL (PA required for those 65 years of age or older; 12 tabs/day)
diazepam (Valium) tabs 2mg	1	AL (PA required for those 65 years of age or older; 30 tabs/day)
diazepam (Valium) tabs 10mg	1	AL (PA required for those 65 years of age or older; 6 tabs/day)
diazepam gel	1	QL (1 kit (2 doses)/fill)
diazepam intensol	1	AL (PA required for those 65 years of age or older; 12 bottles/month)
diazepam oral soln	1	AL QL (PA required for those 65 years of age or older; 60ml/day)
lorazepam	1	QL (150ml/month)

Drug	Tier	Limits/ Notes
lorazepam (Ativan)	1	QL (10 tabs/day)
lorazepam (Ativan)	1	QL (20 tabs/day)
lorazepam (Ativan)	1	QL (5 tabs/day)
lorazepam intensol	1	(5 bottles/month)
meprobamate	1	AL (PA required for those 65 years of age or older)
midazolam hcl syrp	1	
oxazepam caps 10mg	1	(12 caps/day)
oxazepam caps 30mg	1	(4 caps/day)
oxazepam caps 15mg	1	(8 caps/day)
<b>Bipolar Agents</b>		
<b>Bipolar Agents</b>		
Abilify	3	
carbamazepine (Tegretol)	1	
carbamazepine er (Carbatrol) cp12	1	
carbamazepine er (Tegretol-xr) tb12	1	
divalproex sodium (Depakote er) tb24	1	
divalproex sodium (Depakote sprinkles) cpsp	1	

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Drug	Tier	Limits/ Notes
divalproex sodium (Depakote) tbec	1	
divalproex sodium er (Depakote er)	1	
epitol	1	
Equetro	2	
Geodon caps	3	
Lamictal xr kit	3	ST QL (use lamotrigine tabs first; 1 kit/month)
Lamictal xr tb24 250mg	3	ST (use lamotrigine tabs first; 2 tabs/day)
Lamictal xr tb24 100mg, 25mg, 50mg	3	ST QL (use lamotrigine tabs first; 1 tab/day)
Lamictal xr tb24 300mg	3	ST QL (use lamotrigine tabs first; 2 tabs/day)
Lamictal xr tb24 200mg	3	ST QL (use lamotrigine tabs first; 3 tabs/day)

Drug	Tier	Limits/ Notes
lamotrigine (Lamictal chewable dispersible) chew	1	
lamotrigine (Lamictal) tabs 100mg, 150mg, 200mg, 25mg	1	
lithium	1	
lithium carbonate	1	
lithium carbonate er (Lithobid) tbcr 300mg	1	
lithium carbonate er tbcr 450mg	1	
olanzapine (Zyprexa) tabs	1	
olanzapine odt (Zyprexa zydis)	1	
risperidone (Risperdal) oral soln	1	
risperidone (Risperdal) tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	1	
risperidone m-tab	1	
risperidone odt (Risperdal m-tab) tbdp 0.5mg, 1mg, 2mg, 3mg, 4mg	1	
risperidone odt tbdp 0.25mg	1	
Saphris	3	QL (2 tabs/day)
Symbyax	3	
Tegretol-xr	2	
Zyprexa tabs	2	
Zyprexa zydis	2	

Drug	Tier	Limits/ Notes
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
acarbose (Precose)	1	
Actoplus met	2	ST QL (use metformin first; 3 tabs/day)
Actoplus met xr	2	ST QL (use metformin first; 1 tab/day)
Actos	2	ST (use metformin first)
Byetta	2	PA QL (1 pen/month)
chlorpropamide	1	
Fortamet	3	
glimepiride (Amaryl)	1	
glipizide (Glucotrol)	1	
glipizide er (Glucotrol xl)	1	
glipizide/ metformin hcl (Metaglip) tabs 2.5mg; 250mg	1	
glipizide/ metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg	1	
Glumetza	3	PA
glyburide	1	
glyburide micronized (Glynase)	1	
glyburide/ metformin hcl (Glucovance)	1	

Drug	Tier	Limits/ Notes
Janumet	2	ST QL (use metformin first; 2 tabs/day)
Januvia	2	ST QL (try metformin or sulfonylurea first; 1 tab/day)
Juvisync	2	ST QL (try metformin or sulfonylurea first; 1 tab/day)
metformin hcl (Glucophage)	1	
metformin hcl er (Fortamet) tb24 1000mg, 500mg	1	
metformin hcl er (Glucophage xr) tb24 500mg, 750mg	1	
nateglinide (Starlix)	1	
Onglyza	3	QL (try metformin and either Januvia or Janumet first; 1 tab/day)
Prandin	3	
Symlin	3	PA
tolazamide	1	
tolbutamide	1	
Victoza	3	PA QL (3 pens/month)

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Drug	Tier	Limits/ Notes
<b>Glycemic Agents</b>		
Glucagen	2	QL (2 injections /fill)
Glucagen hypokit	2	QL (2 injections /fill)
Glucagon emergency kit	2	QL (2 kits/fill)
<b>Insulins</b>		
Apidra solostar	3	
Humalog	2	
Humalog kwikpen	2	
Humalog mix 50/50	2	
Humalog mix 50/50 kwikpen	2	
Humalog mix 75/25	2	
Humalog mix 75/25 kwikpen	2	
Humulin 70/30	2	
Humulin 70/30 pen	3	
Humulin n	2	
Humulin n u-100 pen	3	
Humulin r	2	
Humulin r u-500 (concentrated)	2	
Lantus	2	QL (40ml/ month)
Lantus solostar	2	QL (45ml/ month)
Levemir	2	QL (40ml/ month)
Levemir flexpen	2	QL (45ml/ month)
Novolin	3	

Drug	Tier	Limits/ Notes
Novolin n	3	
Novolin r	3	
Novolog	3	
Novolog flexpen	3	
Novolog mix	3	
Novolog mix prefilled flexpen	3	
Novolog penfill	3	
<b>Blood Products/Modifiers/Volume Expanders</b>		
<b>Anticoagulants</b>		
Arixtra	4	QL (11 syringes/ 2 months)
enoxaparin sodium (Lovenox)	4	QL (28 syringes/ 2 months)
fondaparinux sodium (Arixtra)	4	QL (11 syringes/ 2 months)
Fragmin	4	QL (14 syringes/ 2 months)
heparin sodium	1	
lprivask	4	QL (2 vials/day; 24 vials/ 68 days)
jantoven	1	
Lovenox	4	QL (28 syringes/ 2 months)
warfarin sodium (Coumadin)	1	
<b>Blood Formation Products</b>		
Aranesp albumin free	4	PA
Epogen	4	PA
Leukine	4	PA

Drug	Tier	Limits/ Notes
Neulasta	4	PA
Neumega	4	PA
Neupogen	4	PA
Procrit	4	PA
<b>Blood Products/Modifiers/Volume Expanders</b>		
Mozobil	4	PA
pentoxifylline er (Trental)	1	
Promacta tabs 50mg, 75mg	4	PA QL (1 tab/day)
Promacta tabs 25mg	4	PA QL (3 tabs/day)
<b>Coagulants</b>		
Amicar	2	
aminocaproic acid (Amicar)	1	
Lysteda	3	PA (30 tabs/month)
<b>Platelet Aggregation Inhibitors</b>		
Aggrenox	3	
cilostazol (Pletal)	1	
dipyridamole (Persantine)	1	
Effient	3	PA QL (1 tab/day)
Plavix	2	
ticlopidine hcl	1	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
clonidine hcl (Catapres) tabs 0.1mg, 0.2mg, 0.3mg	1	
clonidine hcl (Catapres-tts-1) ptwk 0.1mg/24hr	1	
clonidine hcl (Catapres-tts-2) ptwk 0.2mg/24hr	1	

Drug	Tier	Limits/ Notes
clonidine hcl (Catapres-tts-3) ptwk 0.3mg/24hr	1	
guanfacine hcl (Tenex)	1	
Intuniv	3	ST QL (use guanfacine first; 1 tab/day)
methyldopa	1	
midodrine hcl	1	
<b>Alpha-adrenergic Blocking Agents</b>		
clonidine hcl tabs 0.1mg, 0.2mg	1	
doxazosin mesylate (Cardura)	1	
prazosin hcl (Minipress)	1	
reserpine	1	
terazosin hcl	1	
<b>Antiarrhythmics</b>		
acebutolol hcl (Sectral)	1	
amiodarone hcl (Cordarone) tabs 200mg	1	
amiodarone hcl (Pacerone) tabs 400mg	1	
cartia xt	1	
Covera-hs	2	
dilt-cd	1	
diltiazem cd (Cardizem cd)	1	
diltiazem hcl (Tiazac) cp24	1	
diltiazem hcl er (Cardizem cd) cp24 120mg, 180mg, 240mg, 300mg	1	

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Drug	Tier	Limits/ Notes
diltiazem hcl er (Tiazac) cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
diltiazem hcl er cp24 360mg	1	
diltzac	1	
disopyramide phosphate (Norpace)	1	
flecainide acetate (Tambocor)	1	
matzim la	1	
mexiletine hcl	1	
Multaq	2	QL (2 tabs/ day)
Norpace cr	2	
pacerone	1	
propafenone hcl (Rythmol) tabs 150mg, 225mg	1	
propafenone hcl er (Rythmol sr)	1	
propafenone hcl tabs 300mg	1	
propranolol hcl	1	
propranolol hcl er (Inderal la)	1	
quinidine gluconate er	1	
quinidine sulfate	1	
quinidine sulfate er	1	
Rythmol sr	2	
sorine	1	
sotalol hcl (Betapace af) tabs 120mg, 160mg, 80mg	1	
sotalol hcl (Betapace) tabs 120mg, 160mg, 80mg	1	

Drug	Tier	Limits/ Notes
sotalol hcl tabs 240mg	1	
taztia xt	1	
Tikosyn	2	
verapamil hcl (Calan) tabs 120mg, 80mg	1	
verapamil hcl er (Calan sr) tbcr	1	
verapamil hcl er (Verelan pm) cp24 100mg, 200mg, 300mg	1	
verapamil hcl er (Verelan) cp24 120mg, 180mg, 240mg, 360mg	1	
verapamil hcl tabs 40mg	1	
<b>Beta-adrenergic Blocking Agents</b>		
acebutolol hcl (Sectral)	1	
atenolol (Tenormin)	1	
atenolol/ chlorthalidone (Tenoretic 100) tabs 100mg; 25mg	1	
atenolol/ chlorthalidone (Tenoretic 50) tabs 50mg; 25mg	1	
betaxolol hcl (Kerlone) tabs	1	
bisoprolol fumarate (Zebeta)	1	
bisoprolol fumarate/hydrochlorothiazide (Ziac)	1	
Bystolic tabs 10mg, 2.5mg, 5mg	3	PA QL (1 tab/ day)

Drug	Tier	Limits/ Notes
Bystolic tabs 20mg	3	PA QL (2 tabs/ day)
carvedilol (Coreg)	1	
Coreg cr	3	ST (use carvedilol [Coreg] first)
labetalol hcl (Trandate) tabs	1	
metoprolol succinate er (Toprol xl)	1	
metoprolol tartrate (Lopressor) tabs 100mg, 50mg	1	
metoprolol tartrate tabs 25mg	1	
metoprolol/hyd- rochlorothiazide (Lopressor hct)	1	
nadolol (Corgard)	1	
nadolol/bendro- flumethiazide (Corzide)	1	
pindolol	1	
propranolol hcl	1	
propranolol hcl er (Inderal la)	1	
timolol maleate tabs	1	
<b>Calcium Channel Blocking Agents</b>		
afeditab cr	1	
amlodipine besylate (Norvasc)	1	
amlodipine besylate/ benazepril hcl (Lotrel) caps 10mg; 40mg	1	QL (1 cap/ day)

Drug	Tier	Limits/ Notes
amlodipine besylate/ benazepril hcl (Lotrel) caps 5mg; 40mg	1	QL (2 caps/ day)
amlodipine besylate/ benazepril hydrochloride (Lotrel) caps 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg	1	
amlodipine besylate/ benazepril hydrochloride (Lotrel) caps 10mg; 20mg	1	QL (1 cap/ day)
Azor	3	ST QL (use Benicar or Benicar HCT first; 1 tab/day)
Caduet	3	QL (1 tab/day)
cartia xt	1	
Covera-hs	2	
dilt-cd	1	
dilt-xr	1	
diltiazem cd (Cardizem cd)	1	
diltiazem hcl (Cardizem) tabs	1	
diltiazem hcl (Tiazac) cp24	1	
diltiazem hcl er (Cardizem cd) cp24 120mg, 180mg, 240mg, 300mg	1	
diltiazem hcl er (Dilacor xr) cp24 240mg	1	

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Drug	Tier	Limits/ Notes
diltiazem hcl er (Tiazac) cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
diltiazem hcl er cp12	1	
diltiazem hcl er cp24 120mg, 180mg, 360mg	1	
diltzac	1	
Dynacirc cr	3	
Exforge	2	ST QL (use ACE inhibitor first; 1 tab/day)
Exforge hct	2	ST QL (use ACE inhibitor first; 1 tab/day)
felodipine er	1	
isradipine	1	
Lotrel caps 10mg; 20mg, 10mg; 40mg	3	QL (1 cap/day)
Lotrel caps 5mg; 40mg	3	QL (2 caps/day)
matzim la	1	
nicardipine hcl caps	1	
nifediac cc	1	
nifedical xl	1	
nifedipine (Procardia) caps 10mg	1	
nifedipine caps 20mg	1	
nifedipine er (Adalat cc) tb24 30mg, 60mg, 90mg	1	

Drug	Tier	Limits/ Notes
nifedipine er (Procardia xl) tb24 30mg, 60mg, 90mg	1	
nimodipine (Nimotop)	1	
nisoldipine (Sular) tb24 17mg, 34mg, 8.5mg	1	
nisoldipine er	1	
nisoldipine tb24 20mg, 30mg, 40mg	1	
taztia xt	1	
Tribenzor	3	ST QL (Use Benicar or Benicar HCT first; 1 tab/day)
verapamil hcl (Calan) tabs 120mg, 80mg	1	
verapamil hcl er (Calan sr) tbc	1	
verapamil hcl er (Verelan pm) cp24 100mg, 200mg, 300mg	1	
verapamil hcl er (Verelan) cp24 120mg, 180mg, 240mg, 360mg	1	
verapamil hcl tabs 40mg	1	
<b>Cardiovascular Agents, Other</b>		
digoxin	1	
digoxin (Lanoxin)	1	
Ranexa	3	PA QL (2 tabs/day)
<b>Diuretics</b>		
acetazolamide	1	

Drug	Tier	Limits/ Notes
acetazolamide er (Diamox)	1	
amiloride hcl (Midamor)	1	
amiloride/hydro- chlorothiazide	1	
Atacand hct tabs 32mg; 12.5mg, 32mg; 25mg	3	ST QL (try Avapro/ Avalide and Diovan/ Diovan HCT first; 1 tab/day)
Atacand hct tabs 16mg; 12.5mg	3	ST QL (try Avapro/ Avalide and Diovan/ Diovan HCT first; 2 tabs/day)
atenolol/ chlorthalidone (Tenoretic 100) tabs 100mg; 25mg	1	
atenolol/ chlorthalidone (Tenoretic 50) tabs 50mg; 25mg	1	
Avalide	2	ST QL (use ACE inhibitor first; 1 tab/day)
benazepril hcl/hydrochloro- thiazide (Lotensin hct) tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg	1	

Drug	Tier	Limits/ Notes
benazepril hcl/hydrochloro- thiazide tabs 5mg; 6.25mg	1	
Benicar hct	3	ST QL (try Avapro/ Avalide AND Diovan/ Diovan HCT first; 1 tab/day)
bisoprolol fumarate/hydro- chlorothiazide (Ziac)	1	
bumetanide tabs	1	
captopril/hydro- chlorothiazide	1	
chlorthalidone	1	
Diovan hct tabs 12.5mg; 320mg, 25mg; 320mg	2	ST QL (use ACE inhibitor first; 1 tab/day)
Diovan hct tabs 12.5mg; 160mg, 12.5mg; 80mg, 25mg; 160mg	2	ST QL (use ACE inhibitor first; 2 tabs/day)
enalapril maleate/hydro- chlorothiazide (Vaseretic) tabs 10mg; 25mg	1	
enalapril maleate/hydro- chlorothiazide tabs 5mg; 12.5mg	1	
eplerenone (Inspra)	1	

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Drug	Tier	Limits/ Notes
Exforge hct	2	ST QL (use ACE inhibitor first; 1 tab/day)
fosinopril sodium/hydro- chlorothiazide	1	
furosemide (Lasix) tabs	1	
furosemide oral soln	1	
hydrochlorothia- zide (Microzide) caps	1	
hydrochlorothia- zide tabs	1	
indapamide	1	
lisinopril/hydro- chlorothiazide (Prinzide) tabs 12.5mg; 10mg, 12.5mg; 20mg	1	
lisinopril/hydro- chlorothiazide (Zestoretic) tabs 25mg; 20mg	1	
losartan potassium/hy- drochlorothia- zide (Hyzaar) tabs 12.5mg; 100mg, 25mg; 100mg	1	QL (1 tab/ day)
losartan potassium/hy- drochlorothia- zide (Hyzaar) tabs 12.5mg; 50mg	1	QL (2 tabs/ day)
methazolamide (Neptazane)	1	
Methyclothia- zide	1	
metolazone (Zaroxolyn) tabs 2.5mg, 5mg	1	

Drug	Tier	Limits/ Notes
metolazone tabs 10mg	1	
metoprolol/hy- drochlorothiazide (Lopressor hct)	1	
Micardis hct tabs 12.5mg; 80mg, 25mg; 80mg	3	ST QL (try Avapro/ Avalide and Diovan/ Diovan HCT first; 2 tabs/day)
Micardis hct tabs 12.5mg; 40mg	3	ST QL (try Avapro/ Avalide and Diovan/ Diovan HCT first; 3 tabs/day)
moexipril/hydro- chlorothiazide (Uniretic)	1	
nadolol/bendro- flumethiazide (Corzide)	1	
quinapril/hydro- chlorothiazide (Accuretic) tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	1	
Samsca tabs 15mg	4	PA QL (1 tab/ day)
Samsca tabs 30mg	4	PA QL (2 tabs/ day)
spironolactone (Aldactone)	1	
spironolactone/ hydrochlorothia- zide (Aldactazide)	1	

Drug	Tier	Limits/ Notes
Tekturna hct	3	ST QL (try 3 antihyper- tensives, 1 must be an ACE and 1 an ARB; 1 tab/day)
Thalitone	2	
toremide (Demadex) tabs	1	
triamterene/hyd- rochlorothiazide (Dyazide) caps	1	
triamterene/hyd- rochlorothiazide (Maxzide) tabs 50mg; 75mg	1	
triamterene/hyd- rochlorothiazide (Maxzide-25) tabs 25mg; 37.5mg	1	
Tribenzor	3	ST QL (Use Benicar or Benicar HCT first; 1 tab/day)
<b>Dyslipidemics</b>		
Advicor	2	
Antara	3	
atorvastatin calcium (Lipitor)	1	QL (1 tab/ day)
Caduet	3	QL (1 tab/ day)
cholestyramine (Questran)	1	
cholestyramine light (Questran light)	1	
colestipol hcl (Colestid)	1	

Drug	Tier	Limits/ Notes
colestipol hcl for oral suspension (Colestid)	1	
Crestor	3	PA QL (1 tab/ day)
fenofibrate (Lofibra)	1	
fenofibrate micronized (Lofibra)	1	
fenofibric acid	1	
Fenoglide	3	
gemfibrozil (Lopid)	1	
Juvisync	2	ST QL (try mefform- in or sulfo- nylurea first; 1 tab/day)
Lescol	3	QL (1 cap/ day)
Lipitor	3	QL (1 tab/ day)
Lipofen	3	
Livalo	3	PA QL (1 tab/ day)
lovastatin (Mevacor) tabs 20mg, 40mg	1	
lovastatin tabs 10mg	1	
Lovaza	3	PA
micronized colestipol hcl	1	
Niaspan	2	
pravastatin sodium (Pravachol) tabs 20mg, 40mg, 80mg	1	QL (1 tab/ day)

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Drug	Tier	Limits/ Notes
pravastatin sodium tabs 10mg	1	QL (1 tab/day)
prevalite	1	
Simcor tb24 1000mg; 40mg, 500mg; 20mg, 500mg; 40mg	2	QL (1 tab/day)
Simcor tb24 1000mg; 20mg, 750mg; 20mg	2	QL (2 tabs/day)
simvastatin (Zocor)	1	QL (1 tab/day)
Tricor	2	
Trilipix	2	QL (1 cap/day)
Vytorin tabs 10mg; 40mg, 10mg; 80mg	2	QL (1 tab/day)
Vytorin tabs 10mg; 10mg, 10mg; 20mg	2	ST QL (use simvastatin [Zocor], lovastatin [Mevacor], or pravastatin [Pravachol] first; 1 tab/day)
Welchol	2	
Zetia	3	PA QL (1 tab/day)
<b>Renin-angiotensin-aldosterone System Inhibitors</b>		
amlodipine besylate/benazepril hcl (Lotrel) caps 10mg; 40mg	1	QL (1 cap/day)

Drug	Tier	Limits/ Notes
amlodipine besylate/benazepril hcl (Lotrel) caps 5mg; 40mg	1	QL (2 caps/day)
amlodipine besylate/benazepril hydrochloride (Lotrel) caps 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg	1	
amlodipine besylate/benazepril hydrochloride (Lotrel) caps 10mg; 20mg	1	QL (1 cap/day)
Atacand hct tabs 32mg; 12.5mg, 32mg; 25mg	3	ST QL (try Avapro/Avalide and Diovan/Diovan HCT first; 1 tab/day)
Atacand hct tabs 16mg; 12.5mg	3	ST QL (try Avapro/Avalide and Diovan/Diovan HCT first; 2 tabs/day)
Atacand tabs 32mg	3	ST QL (try Avapro/Avalide and Diovan/Diovan HCT first; 1 tab/day)

Drug	Tier	Limits/ Notes
Atacand tabs 16mg	3	ST QL (try Avapro/ Avalide and Diovan/ Diovan HCT first; 2 tabs/day)
Atacand tabs 8mg	3	ST QL (try Avapro/ Avalide and Diovan/ Diovan HCT first; 4 tabs/day)
Atacand tabs 4mg	3	ST QL (try Avapro/ Avalide and Diovan/ Diovan HCT first; 8 tabs/day)
Avalide	2	ST QL (use ACE inhibitor first; 1 tab/day)
Avapro	2	ST QL (use ACE inhibitor first; 1 tab/day)
Azor	3	ST QL (use Benicar or Benicar HCT first; 1 tab/day)
benazepril hcl (Lotensin) tabs 10mg, 20mg	1	QL (1 tab/ day)

Drug	Tier	Limits/ Notes
benazepril hcl (Lotensin) tabs 40mg	1	QL (2 tabs/ day)
benazepril hcl tabs 5mg	1	QL (1 tab/ day)
benazepril hcl/hydrochloro- thiazide (Lotensin hct) tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg	1	
benazepril hcl/hydrochloro- thiazide tabs 5mg; 6.25mg	1	
Benicar hct	3	ST QL (try Avapro/ Avalide AND Diovan/ Diovan HCT first; 1 tab/day)
Benicar tabs 20mg, 40mg	3	ST QL (try Avapro/ Avalide AND Diovan/ Diovan HCT first; 1 tab/day)
Benicar tabs 5mg	3	ST QL (try Avapro/ Avalide AND Diovan/ Diovan HCT first; 3 tabs/day)
captopril	1	

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Drug	Tier	Limits/ Notes
captopril/hydrochlorothiazide	1	
Diovan hct tabs 12.5mg; 320mg, 25mg; 320mg	2	ST QL (use ACE inhibitor first; 1 tab/day)
Diovan hct tabs 12.5mg; 160mg, 12.5mg; 80mg, 25mg; 160mg	2	ST QL (use ACE inhibitor first; 2 tabs/day)
Diovan tabs 320mg	2	ST QL (use ACE inhibitor first; 1 tab/day)
Diovan tabs 160mg, 40mg, 80mg	2	ST QL (use ACE inhibitor first; 2 tabs/day)
enalapril maleate (Vasotec)	1	
enalapril maleate/hydro- chlorothiazide (Vaseretic) tabs 10mg; 25mg	1	
enalapril maleate/hydro- chlorothiazide tabs 5mg; 12.5mg	1	
eplerenone (Inspra)	1	
eprosartan mesylate (Teveten)	1	
Exforge	2	ST QL (use ACE inhibitor first; 1 tab/day)

Drug	Tier	Limits/ Notes
Exforge hct	2	ST QL (use ACE inhibitor first; 1 tab/day)
fosinopril sodium tabs 10mg, 20mg	1	QL (1 tab/ day)
fosinopril sodium tabs 40mg	1	QL (2 tabs/ day)
fosinopril sodium/hydro- chlorothiazide	1	
lisinopril (Prinivil) tabs 10mg, 20mg, 5mg	1	
lisinopril (Zestril) tabs 2.5mg, 30mg, 40mg	1	
lisinopril/hydro- chlorothiazide (Prinzide) tabs 12.5mg; 10mg, 12.5mg; 20mg	1	
lisinopril/hydro- chlorothiazide (Zestoretic) tabs 25mg; 20mg	1	
losartan potassium (Cozaar) tabs 100mg	1	QL (1 tab/ day)
losartan potassium (Cozaar) tabs 50mg	1	QL (2 tabs/ day)
losartan potassium (Cozaar) tabs 25mg	1	QL (4 tabs/ day)
losartan potassium/hydro- chlorothiazide (Hyzaar) tabs 12.5mg; 100mg, 25mg; 100mg	1	QL (1 tab/ day)

Drug	Tier	Limits/ Notes
losartan potassium/hydrochlorothiazide (Hyzaar) tabs 12.5mg; 50mg	1	QL (2 tabs/day)
Lotensin tabs 10mg, 20mg	3	QL (1 tab/day)
Lotensin tabs 40mg	3	QL (2 tabs/day)
Lotrel caps 10mg; 20mg, 10mg; 40mg	3	QL (1 cap/day)
Lotrel caps 5mg; 40mg	3	QL (2 caps/day)
Micardis hct tabs 12.5mg; 80mg, 25mg; 80mg	3	ST QL (try Avapro/Avalide and Diovan/Diovan HCT first; 2 tabs/day)
Micardis hct tabs 12.5mg; 40mg	3	ST QL (try Avapro/Avalide and Diovan/Diovan HCT first; 3 tabs/day)
Micardis tabs 20mg, 40mg	3	ST QL (try Avapro/Avalide and Diovan/Diovan HCT first; 1 tab/day)

Drug	Tier	Limits/ Notes
Micardis tabs 80mg	3	ST QL (try Avapro/Avalide and Diovan/Diovan HCT first; 2 tabs/day)
moexipril hcl (Univasc)	1	
moexipril/hydrochlorothiazide (Uniretic)	1	
perindopril erbumine (Aceon) tabs 2mg, 4mg	1	QL (1 tab/day)
perindopril erbumine (Aceon) tabs 8mg	1	QL (2 tabs/day)
quinapril hcl (Accupril)	1	
quinapril/hydrochlorothiazide (Accuretic) tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	1	
ramipril (Altace)	1	
spironolactone (Aldactone)	1	
Tekturma	3	ST QL (try 3 antihypertensives, 1 must be an ACE and 1 an ARB; 1 tab/day)

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Drug	Tier	Limits/ Notes
Tekturna hct	3	ST QL (try 3 antihyper- tensives, 1 must be an ACE and 1 an ARB; 1 tab/day)
trandolapril (Mavik)	1	
Tribenzor	3	ST QL (Use Benicar or Benicar HCT first; 1 tab/day)
<b>Vasodilators</b>		
hydralazine hcl tabs	1	
isochron	1	
isoditrate er	1	
isosorbide dinitrate (Isordil titradose) tabs 5mg	1	
isosorbide dinitrate er	1	
isosorbide dinitrate subl	1	
isosorbide dinitrate tabs 10mg, 20mg, 30mg	1	
isosorbide mononitrate (Monoket)	1	
isosorbide mononitrate er (Imdur) tb24 120mg, 30mg, 60mg	1	
isoxsuprine hcl	1	
minitran	1	
minoxidil tabs	1	

Drug	Tier	Limits/ Notes
nitro-time	1	
nitroglycerin (Nitro-dur) pt24	1	
nitroglycerin er	1	
nitroglycerin lingual	1	
nitroglycerin transdermal (Nitro-dur)	1	
Nitrostat	2	
para-time	1	
<b>Central Nervous System Agents</b>		
<b>Amphetamines, ADHD</b>		
Adderall xr	2	QL (2 caps/ day)
amphetamine/ dextroamphet- amine (Adderall) tabs 5mg; 5mg; 5mg; 5mg	1	(3 tabs/ day)
amphetamine/ dextroamphet- amine (Adderall) tabs 7.5mg; 7.5mg; 7.5mg; 7.5mg	1	QL (2 tabs/ day)
amphetamine/ dextroamphet- amine (Adderall) tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg	1	QL (4 tabs/ day)

Drug	Tier	Limits/ Notes
amphetamine/ dextroamphetamine (Adderall) tabs 3.125mg; 3.125mg; 3.125mg; 3.125mg	1	QL (5 tabs/ day)
dextroamphetamine sulfate er (Dexedrine) cp24 5mg	1	QL (12 caps/ day)
dextroamphetamine sulfate er (Dexedrine) cp24 15mg	1	QL (4 caps/ day)
dextroamphetamine sulfate er (Dexedrine) cp24 10mg	1	QL (6 caps/ day)
dextroamphetamine sulfate tabs 10mg	1	QL (4 tabs/ day)
dextroamphetamine sulfate tabs 5mg	1	QL (8 tabs/ day)
methamphetamine hcl (Desoxyn)	1	QL (8 tabs/ day)
procentra	1	PA QL (40ml/ day)
Vyvanse	2	AL QL (PA required if less than 6 years; 1 cap/day)
<b>Central Nervous System Agents</b>		
ascomp/ codeine	1	(9 caps/ day)
butalbital compound	1	

Drug	Tier	Limits/ Notes
butalbital/ acetaminophen /caffeine/ codeine (Fioricet/ codeine)	1	(9 caps/ day)
butalbital/aspirin /caffeine (Fiorinal) caps	1	
butalbital/aspirin /caffeine/ codeine (Fiorinal/codeine #3)	1	(9 caps/ day)
<b>Non-amphetamines, ADHD</b>		
Concerta tbc 18mg, 27mg, 54mg	3	QL (1 tab/ day)
Concerta tbc 36mg	3	QL (2 tabs/ day)
Daytrana	3	QL (1 patch/ day)
Dexmethylphen- idate hcl (Focalin)	1	QL (2 tabs/ day)
Focalin	3	QL (2 tabs/ day)
Focalin xr	3	QL (1 cap/ day)
Metadate cd cpcr 40mg, 50mg, 60mg	3	QL (1 cap/ day)
Metadate cd cpcr 10mg, 20mg, 30mg	3	QL (2 caps/ day)
metadate er	1	(3 tabs/ day)
Methylin	3	QL (6 tabs/ day)

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Drug	Tier	Limits/ Notes
methylphenidate hcl (Methylin) oral soln 10mg/5ml	1	QL (30ml/ day)
methylphenidate hcl (Methylin) oral soln 5mg/5ml	1	QL (60ml/ day)
methylphenidate hcl (Ritalin) tabs 20mg	1	(3 tabs/ day)
methylphenidate hcl (Ritalin) tabs 5mg	1	QL (12 tabs/ day)
methylphenidate hcl (Ritalin) tabs 10mg	1	QL (6 tabs/ day)
methylphenidate hcl er (Ritalin la) cp24 40mg	1	QL (1 cap/ day)
methylphenidate hcl er (Ritalin la) cp24 20mg, 30mg	1	QL (2 caps/ day)
methylphenidate hcl er (Ritalin sr) tbcr 20mg	1	QL (3 tabs/ day)
methylphenidate hcl er tbcr 18mg, 27mg, 54mg	1	QL (1 tab/ day)
methylphenidate hcl er tbcr 36mg	1	QL (2 tabs/ day)
methylphenidate hcl er tbcr 10mg	1	QL (3 tabs/ day)
Ritalin la cp24 40mg	3	QL (1 cap/ day)
Ritalin la cp24 10mg, 20mg, 30mg	3	QL (2 caps/ day)
Strattera caps 100mg, 60mg, 80mg	2	QL (1 cap/ day)

Drug	Tier	Limits/ Notes
Strattera caps 40mg	2	QL (2 caps/ day)
Strattera caps 10mg, 18mg, 25mg	2	QL (4 caps/ day)
<b>Non-amphetamines, Other</b>		
caffeine citrate (Cafcit) oral soln 20mg/ml, 60mg/3ml	1	
Nuvigil tabs 150mg, 250mg	2	PA QL (1 tab/ day)
Nuvigil tabs 50mg	2	PA QL (2 tabs/ day)
Provigil tabs 200mg	3	PA QL (2 tabs/ day)
Provigil tabs 100mg	3	PA QL (3 tabs/ day)
Rilutek	2	
Xyrem	4	PA QL (3 bottles/ month)
<b>Dental and Oral Agents</b>		
<b>Dental and Oral Agents</b>		
Evoxic	2	
pilocarpine hcl (Salagen) tabs	1	
pilocarpine hydrochloride (Salagen)	1	
<b>Dermatological Agents</b>		
<b>Dermatological Agents</b>		
Acanya	3	ST (use generic Benzacilin first)
Aczone	3	PA

Drug	Tier	Limits/ Notes
adapalene (Differin)	1	AL (PA required if > 40 years)
aliclen	1	
amnesteem	1	
Atralin	3	AL (PA required if > 40 years)
avar cleanser	1	
avar-e emollient	1	
Avita	3	AL (PA required if > 40 years)
Benzaclin with pump	3	ST (use clindamycin 1%/ benzoyl peroxide 5% gel in jar first)
benzoyl peroxide (Benzefoam) foam	1	PA
benzoyl peroxide cleanser	1	
benzoyl peroxide cleansing	1	
benzoyl peroxide pads	1	
benzoyl peroxide short contact (Benzefoamult-ra)	1	PA
benzoyl peroxide wash liqd 7%	1	
bp 10-1	1	
bp cleansing wash	1	

Drug	Tier	Limits/ Notes
bp wash	1	
bpo 3% foaming cloths	1	PA
bpo 6% foaming cloths	1	PA
bpo 9% foaming cloths	1	PA
calcipotriene (Dovonex scalp) external soln	1	
calcipotriene oint	1	
calcitrene	1	
Carac	2	
cem-urea	1	PA
cerisa wash	1	
cerovel	1	
claravis	1	
claris clarifying wash	1	
clenia foaming wash	1	
clindacin-p	1	
clindamycin/ benzoyl peroxide (Benzacilin)	1	
Condylox	2	
cortalo	1	
Differin Lotion & 0.3% Gel	2	AL (PA required if > 40 years)
Dovonex	2	
Elidel	2	ST AL (PA required if 12 or older; use med, high, or very high potency topical steroid first; 1 tube/fill)

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Drug	Tier	Limits/ Notes
Epiduo	3	ST AL (PA required if > 40 years; try Differin and generic benzoyl peroxide first)
erythromycin/ benzoyl peroxide (Benzamycin)	1	
Finacea	3	QL (1 tube/ month)
Fluoroplex	2	
fluorouracil (Efudex) crea	1	
fluorouracil external soln	1	
garimide wash	1	
hydrocortisone acetate/aloe (Nuzon) gel	1	
hydrocortisone acetate/ pramoxine (Analpram-hc) crea	1	
hydrocortisone acetate/ pramoxine (Analpram-hc) rectal crea	1	
hydrocortisone acetate/ pramoxine (Pramosone) external crea	1	
imiquimod (Aldara)	1	QL (24 packs/ month)
lactic acid	1	
lactic acid e	1	

Drug	Tier	Limits/ Notes
latrix	1	
lidocaine hcl/ hydrocortisone acetate	1	
lidocaine/ prilocaine (Emla)	1	
mexar wash	1	
oscion	1	
podofilox (Condylox)	1	
pr benzoyl peroxide wash	1	
pramcort	1	
Pramosone	2	
prascion	1	
Protopic	3	ST QL (use a topical steroid from the medium, high or very high potency group first; 1 tube/fill)
Regranex	2	PA
remeven	1	
Retin-a micro	2	AL (PA required if > 40 years)
Retin-a micro pump	2	AL (PA required if > 40 years)
revina	1	
rosanil cleanser	1	
salacyn	1	
salicylic acid (Keralyt) gel	1	
salicylic acid (Salex) sham	1	
salicylic acid (Salvax) foam	1	

Drug	Tier	Limits/ Notes
salicylic acid crea	1	
salicylic acid lotn	1	
salicylic acid wart remover	1	
Santyl	2	
se 10-5 ss	1	
se bpo 3% foaming cloths	1	PA
se bpo 6% foaming cloths	1	PA
se bpo 9% foaming cloths	1	PA
selenium sulfide (Selsun shampoo) lotn 2.5%	1	
selenium sulfide sham	1	
sodium sulfacetamide (Klaron) lotn 10%	1	
sodium sulfacetamide (Klaron) susp	1	
sodium sulfacetamide wash (Ovace wash)	1	
sodium sulfacetamide/ sulfur (Clarifoam ef) foam	1	
sodium sulfacetamide/ sulfur (Sumaxin ts) susp 8%; 4%	1	
sodium sulfacetamide/ sulfur (Sumaxin) pads	1	
sodium sulfacetamide/ sulfur cleansing cloths (Plexion cleansing cloth)	1	

Drug	Tier	Limits/ Notes
sodium sulfacetamide/ sulfur lotn	1	
sodium sulfacetamide/ sulfur susp 10%; 5%	1	
sodium sulfacetamide/ sulfur wash (Sumaxin wash)	1	ST (use generic Plexion or sulfacet- amide 10%/sulfur 4%/urea 10% cleanser [Rosula] first)
Soriatane	2	
sotret	1	
sss 10-4	1	PA
sulfacetamide sodium/sulfur cleanser (Plexion cleanser)	1	
sulfacleanse 8/4	1	PA
Taclonex	3	PA
Tazorac	3	AL (PA required if > 40 years)
tl urea	1	
tretinoin (Retin- a)	1	AL (PA required if > 40 years)
u-cort	1	
umecta mousse	1	
urea	1	
urea	1	PA
urea (Umecta)	1	
urea (Uramaxin)	1	
urea nail	1	
vasolex	1	

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Drug	Tier	Limits/ Notes
Vectical	3	
x-viate	1	
zaclir cleansing	1	
zencia	1	
Zyclara	2	
<b>Enzyme Replacements/Modifiers</b>		
<b>Enzyme Replacements/Modifiers</b>		
Buphenyl powd	4	PA QL (20gm/ day)
Buphenyl tabs	4	PA QL (40 tabs/ day)
Carbaglu	4	PA QL (35 tabs/ day)
Creon	2	
Kuvan	4	PA QL (14 tabs/ day)
Orfadin caps 2mg	4	PA QL (10 caps/ day)
Orfadin caps 10mg	4	PA QL (14 caps/ day)
Orfadin caps 5mg	4	PA QL (2 caps/ day)
Pancreaze	2	
Pulmozyme	4	PA QL (5ml/day)
Sucraid	4	PA (12ml/ day)
Zavesca	4	QL (3 caps/ day)
Zenpep	2	
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
belladonna & opium	1	
belladonna alkaloids	1	

Drug	Tier	Limits/ Notes
belladonna alkaloids & opium	1	
belladonna alkaloids/ phenobarbital (Donnatal)	1	
chlordiazepoxi- de/clidinium (Librax) caps 5mg; 2.5mg	1	AL (PA required for those 65 years of age or older)
dicyclomine hcl (Bentyl)	1	
ed-spaz	1	
gastrinex nf	1	
glycopyrrolate (Robinul forte) tabs 2mg	1	
glycopyrrolate (Robinul) tabs 1mg	1	
hyomax	1	
hyoscyamine sulfate (Anaspaz) tbdp	1	
hyoscyamine sulfate (Levbid) tb12	1	
hyoscyamine sulfate (Levsin) tabs	1	
hyoscyamine sulfate (Levsin/sl) subl	1	
hyoscyamine sulfate elix	1	
hyoscyamine sulfate er (Levbid)	1	
hyoscyamine sulfate odt (Anaspaz)	1	
hyoscyamine sulfate oral soln	1	
hyosyne	1	

Drug	Tier	Limits/ Notes
methscopolamine bromide (Pamine forte) tabs 5mg	1	
methscopolamine bromide (Pamine) tabs 2.5mg	1	
nulev	1	
oscimin	1	
oscimin sr	1	
quadrapax	1	
se-donna pb hyos	1	
symax fastabs	1	
symax-sl	1	
symax-sr	1	
<b>Gastrointestinal Agents, Other</b>		
Amitiza	3	PA QL (2 caps/ day)
anucort-hc	1	
anusol-hc	1	
constulose	1	
diphenoxylate/atropine (Lomotil) tabs	1	
diphenoxylate/atropine liqd	1	
enulose	1	
gavilyte	1	
generlac	1	
hemril-30	1	
hydrocortisone acetate (Proctocort) supp 30mg	1	
hydrocortisone acetate supp 25mg	1	
lactulose	1	
lofene	1	
lonox	1	
loperamide hcl caps	1	

Drug	Tier	Limits/ Notes
Moviprep	3	
omeprazole/sodium bicarbonate (Zegerid)	1	ST (try omeprazole, pantoprazole, lansoprazole 30mg cap, and Dexilant first)
opium tincture	1	
Osmoprep	3	
paregoric	1	
peg- 3350/electrolytes (Colyte-flavor packs) oral soln 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	1	
peg- 3350/electrolytes (Golytely) oral soln 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	1	
peg-3350/nacl/na bicarbonate/kcl (Nulytely/flavor packs)	1	
Relistor	4	PA
trilyte	1	
ursodiol (Actigall) caps	1	
ursodiol (Urso 250) tabs 250mg	1	
ursodiol (Urso forte) tabs 500mg	1	

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Drug	Tier	Limits/ Notes
Zegerid caps	3	ST (try omeprazole, pantoprazole, lansoprazole 30mg cap, and Dexilant first)
Zegerid pack 40mg; 1680mg	3	ST QL (try omeprazole, pantoprazole, lansoprazole 30mg cap, and Dexilant first; 1 pack/day)
Zegerid pack 20mg; 1680mg	3	ST QL (try omeprazole, pantoprazole, lansoprazole 30mg cap, and Dexilant first; 2 packs/day)
<b>Histamine2 (H2) Blocking Agents</b>		
cimetidine	1	
cimetidine hcl oral soln	1	
famotidine (Pepcid) susr	1	
famotidine (Pepcid) tabs 40mg	1	
nizatidine (Axid)	1	

Drug	Tier	Limits/ Notes
ranitidine hcl	1	
ranitidine hcl (Zantac)	1	
<b>Protectants</b>		
misoprostol (Cytotec)	1	
sucralfate (Carafate)	1	
<b>Proton Pump Inhibitors</b>		
Dexilant	2	ST QL (use omeprazole, pantoprazole or lansoprazole first; 1 cap/day)
lansoprazole (Prevacid)	1	
lansoprazole odt (Prevacid solutab)	1	ST (try omeprazole, pantoprazole, lansoprazole, and Dexilant first)
Nexium	3	ST (try omeprazole, pantoprazole, lansoprazole 30mg cap, and Dexilant first)
omeprazole (Prilosec) cpdr	1	

Drug	Tier	Limits/ Notes
omeprazole/ sodium bicarbonate (Zegerid)	1	ST (try omeprazole, pantoprazole, lansoprazole 30mg cap, and Dexilant first)
pantoprazole sodium (Protonix)	1	
Prevpac	3	
Protonix pack	2	
Vimovo	3	PA QL (2 tabs/ day)
Zegerid caps	3	ST (try omeprazole, pantoprazole, lansoprazole 30mg cap, and Dexilant first)
Zegerid pack 40mg; 1680mg	3	ST QL (try omeprazole, pantoprazole, lansoprazole 30mg cap, and Dexilant first; 1 pack/ day)

Drug	Tier	Limits/ Notes
Zegerid pack 20mg; 1680mg	3	ST QL (try omeprazole, pantoprazole, lansoprazole 30mg cap, and Dexilant first; 2 packs/ day)
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
Detrol	3	ST QL (try oxybutynin [Ditropan], Enblex, and Vesicare first; 2 tabs/day)
Detrol la	3	ST QL (try oxybutynin [Ditropan], Enblex, and Vesicare first; 1 tab/day)
Enblex	2	ST (use oxybutynin [Ditropan] first)
flavoxate hcl	1	
hyophen	1	
oxybutynin chloride	1	

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Drug	Tier	Limits/ Notes
oxybutynin chloride er (Ditropan xl) tb24 5mg	1	QL (1 tab/day)
oxybutynin chloride er (Ditropan xl) tb24 15mg	1	QL (2 tabs/day)
oxybutynin chloride er (Ditropan xl) tb24 10mg	1	QL (3 tabs/day)
Oxytrol	2	ST (use oxybutynin [Ditropan] first)
phosphasal	1	
Sanctura xr	3	ST QL (try oxybutynin IR or XR, Enablex, and Vesicare first; 1 cap/day)
Toviaz	3	ST QL (try oxybutynin [Ditropan], Enablex, and Vesicare first; 1 tab/day)
tropium chloride (Sanctura)	1	QL (2 tabs/day)
uryl	1	
ustell	1	
uticap	1	
utira-c	1	
utrona-c	1	

Drug	Tier	Limits/ Notes
Vesicare tabs 10mg	2	ST QL (use oxybutynin [Ditropan] first; 1 tab/day)
Vesicare tabs 5mg	2	ST QL (use oxybutynin [Ditropan] first; 2 tabs/day)
<b>Benign Prostatic Hypertrophy Agents</b>		
alfuzosin hcl er (Uroxatral)	1	
doxazosin mesylate (Cardura)	1	
finasteride (Proscar)	1	
prazosin hcl (Minipress)	1	
tamsulosin hcl (Flomax)	1	
terazosin hcl	1	
Uroxatral	3	
<b>Genitourinary Agents, Other</b>		
bethanechol chloride (Urecholine)	1	
Cialis	3	PA QL (not available through mail-service; not covered for all plans; 6 tabs/month)
Cuprimine	2	

Drug	Tier	Limits/ Notes
Levitra	2	PA QL (not available through mail-service; not covered for all plans; 6 tabs/month)
phenazopyridine hcl (Pyridium) tabs 100mg, 200mg	1	
phosphasal	1	
relagard	1	
ur n-c	1	
uryl	1	
ustell	1	
uticap	1	
utira-c	1	
utrona-c	1	
Viagra	3	PA QL (not available through mail-service; not covered for all plans; 6 tabs/month)
yohimbine hcl	1	
<b>Phosphate Binders</b>		
calcium acetate (Eliphos) tabs 667mg	1	
calcium acetate (Phoslo) caps	1	
Fosrenol	3	
Renagel	2	

Drug	Tier	Limits/ Notes
Renvela pack	2	QL (6 packs/day)
Renvela tabs	2	QL (18 tabs/day)
<b>Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal)</b>		
<b>Glucocorticoids/ Mineralocorticoids</b>		
alclometasone dipropionate (Aclovote) crea	1	
alclometasone dipropionate oint	1	
alphatrex	1	
amcinonide	1	
anucort-hc	1	
anusol-hc	1	
apexicon	1	
augmented betamethasone dipropionate (Diprolene af) crea	1	
augmented betamethasone dipropionate (Diprolene) lotn	1	
augmented betamethasone dipropionate (Diprolene) oint	1	
augmented betamethasone dipropionate gel	1	
baycadron	1	
betamethasone dipropionate	1	
betamethasone valerate	1	
budesonide (Entocort ec) cp24	1	

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Drug	Tier	Limits/ Notes
clobetasol propionate (Clobex) lotn	1	PA
clobetasol propionate (Clobex) sham	1	PA
clobetasol propionate (Olux) foam	1	PA
clobetasol propionate (Temovate) crea	1	
clobetasol propionate (Temovate) external soln	1	
clobetasol propionate (Temovate) gel	1	
clobetasol propionate (Temovate) oint	1	
clobetasol propionate e	1	
clobetasol propionate emollient	1	
Clobex liqd	3	
Clobex lotn	3	PA
Clobex sham	3	PA
Cloderm	3	
Cloderm pump	3	
clotrimazole/ betamethasone dipropionate (Lotrisone)	1	
Cordran	3	
cormax	1	
cortalo	1	
cortisone acetate	1	
dermazene	1	
desonide (Desowen)	1	

Drug	Tier	Limits/ Notes
desoximetasone (Topicort Ip) crea 0.05%	1	
desoximetasone (Topicort) crea 0.25%	1	
desoximetasone (Topicort) gel	1	
desoximetasone (Topicort) oint	1	
dexamethasone	1	
dexamethasone intensol	1	
diflorasone diacetate	1	
hydrocortisone acetate	1	
fluocinolone acetonide	1	
fluocinolone acetonide body	1	
fluocinolone acetonide scalp	1	
fluocinonide	1	
fluocinonide emollient base	1	
fluocinonide-e	1	
fluticasone propionate (Cutivate) crea	1	
fluticasone propionate (Cutivate) oint	1	
halobetasol propionate (Ultravate)	1	
hemril-30	1	
hydrocortisone (Cortef) tabs	1	
hydrocortisone acetate (Proctocort) supp 30mg	1	
hydrocortisone acetate supp 25mg	1	

Drug	Tier	Limits/ Notes
hydrocortisone acetate/aloe (Nuzon) gel	1	
hydrocortisone acetate/pramoxine (Analpram-hc) crea	1	
hydrocortisone acetate/pramoxine (Analpram-hc) rectal crea	1	
hydrocortisone acetate/pramoxine (Pramosone) external crea	1	
hydrocortisone butyrate (Locoid)	1	
hydrocortisone crea 2.5%	1	
hydrocortisone lotn	1	
hydrocortisone oint 2.5%	1	
hydrocortisone valerate (Westcort) oint	1	
hydrocortisone valerate crea	1	
hydrocortisone/iodoquinol	1	
lidocaine hcl/hydrocortisone acetate	1	
Locoid lipocream	3	
lokara	1	
Luxiq	3	
methylprednisolone (Medrol dosepak) tabs 4mg	1	

Drug	Tier	Limits/ Notes
methylprednisolone (Medrol) tabs 16mg, 32mg, 4mg, 8mg	1	
mometasone furoate (Elocon)	1	
nystatin/triamcinolone	1	
Orapred odt	3	
Pramosone	2	
prednicarbate (Dermatop)	1	
prednisolone (Prelone)	1	
prednisolone sodium phosphate (Orapred) oral soln 15mg/5ml	1	
prednisolone sodium phosphate (Pediapred) oral soln 5mg/5ml, 6.7mg/5ml	1	
prednisone	1	
prednisone intensol	1	
procto-pak	1	
proctocream hc	1	
proctosol hc	1	
proctozone-hc	1	
scalacort	1	
Taclonex	3	PA
triamcinolone acetonide	1	
triderm	1	
u-cort	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
Acthar hp	4	PA
desmopressin acetate	1	

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Drug	Tier	Limits/ Notes
desmopressin acetate (Ddavp)	1	
Egriffa	4	PA QL (2 [1mg] vials/day)
Genotropin	4	PA
Humatrope	4	PA
Increlex	4	PA
minirin	1	
Norditropin flexpro	4	PA
Norditropin nordiflex pen	4	PA
Nutropin	4	PA
Nutropin aq	4	PA
Omnitrope	4	PA
Saizen	4	PA
Serostim	4	PA
Stimate	4	PA QL (required only for closed formulary plan; 2.5ml/day)
Tev-tropin	4	PA
Zorbive	4	PA

Drug	Tier	Limits/ Notes
<b>Hormonal Agents, Stimulant/ Replacement/Modifying (Prostaglandins)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/Modifying (Prostaglandins)</b>		
Caverject	2	PA QL (6 inj./month if approved) (not covered through mail service) (not covered for all plans)
Caverject impulse	2	PA QL (6 inj./month if approved) (not covered through mail service) (not covered for all plans)
Edex	2	PA QL (6 inj./month if approved) (not covered through mail service) (not covered for all plans)
misoprostol (Cytotec)	1	

Drug	Tier	Limits/ Notes
Muse	2	PA QL (6 supp/ month if approved)(not covered through mail service) (not covered for all plans)
<b>Hormonal Agents, Stimulant/ Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Anabolic Steroids</b>		
oxandrolone (Oxandrin)	1	
<b>Androgens</b>		
Androderm	3	ST QL (Use Androgel first; 1 patch/ day)
Androgel	2	QL (300 grams/ month)
Androgel pump gel 1.62%	2	QL (2 bottles/ month)
Androgel pump gel 1.25gm/act	2	QL (300 grams/ month)
Android	2	
androxy	1	
covaryx	1	
covaryx hs	1	
danazol	1	
Delatestryl	2	QL (5ml per month)

Drug	Tier	Limits/ Notes
Depo- testosterone	2	QL (10ml per month)
eemt	1	
eemt hs	1	
essian	1	
essian h.s.	1	
esterified estrogens/meth- yltestosterone	1	
esterified estrogens/meth- yltestosterone ds	1	
esterified estrogens/meth- yltestosterone hs	1	
Methitest	2	
methyltestoster- one/esterified estrogens	1	
methyltestoster- one/esterified estrogens hs	1	
testosterone cypionate (Depo- testosterone)	1	QL (10ml per month)
testosterone enanthate (Delatestryl)	1	QL (5ml per month)
Testred	2	
<b>Estrogens</b>		
altavera	1	
amethia	1	QL (1 pack for 3 copays at retail)
amethia lo	1	(1 pack for 3 copays at retail)
amethyst	1	
apri	1	
aranelle	1	
aviane	1	

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Drug	Tier	Limits/ Notes
azurette	1	
balziva	1	
brevicon-28	1	
brIELlyn	1	
camrese	1	QL (1 pack for 3 copays at retail)
camrese lo	1	(1 pack for 3 copays at retail)
caziant	1	
cesia	1	
Climara pro	2	
Combipatch	2	QL (8 patches/ month)
covaryx	1	
covaryx hs	1	
cryselle-28	1	
cyclaFem 1/35	1	
cyclaFem 7/7/7	1	
Divigel	3	QL (1 pack/ day)
eemt	1	
eemt hs	1	
emoquette	1	
Enjuvia	2	
enpresse-28	1	
essian	1	
essian h.s.	1	
esterified estrogens/meth- yltestosterone	1	
esterified estrogens/meth- yltestosterone ds	1	
esterified estrogens/meth- yltestosterone hs	1	
Estrace Cream	2	

Drug	Tier	Limits/ Notes
estradiol (Climara) ptwk	1	QL (8 patches/ month)
estradiol (Estrace) tabs	1	
estradiol valerate (Delestrogen)	1	
estradiol/ norethindrone acetate (Activella)	1	
Estring	2	
Estrogel	3	QL (1 bottle/ month)
estropipate	1	
Evamist	3	QL (2 bottles/ month)
Femcon fe	3	
Femhrt 1/5	3	
Femhrt low dose	3	
Femring	3	QL (1 ring/3 months)
gianvi	1	
gildess fe 1.5/30	1	
gildess fe 1/20	1	
introvale	1	(1 pack for 3 copays at retail)
jevantique	1	
jjinteli	1	
jolessa	1	(1 pack for 3 copays at retail)
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	

Drug	Tier	Limits/ Notes
kariva	1	
kelnor 1/35	1	
leena	1	
lessina-28	1	
levonorgestrel and ethinyl estradiol (Loseasonique)	1	(1 pack for 3 copays at retail)
levora 0.15/30-28	1	
Loestrin 24 fe	3	
loryna	1	
low-ogestrel	1	
lutera	1	
Lybrel	3	QL (1 tab/day)
Makena	4	PA QL (5ml/month)
methyltestosterone/esterified estrogens	1	
methyltestosterone/esterified estrogens hs	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe	1	
microgestin fe 1.5/30	1	
mimvey	1	
mononessa	1	
necon 0.5/35-28	1	
necon 1/35-28	1	
necon 7/7/7	1	
norethindrone/ethinyl estradiol/ferrous fumarate (Femcon fe)	1	
norgestimate/ethinyl estradiol (Ortho tri-cyclen)	1	

Drug	Tier	Limits/ Notes
norgestrel/ethinyl estradiol (Lo/ovral-28)	1	
norinyl 1+35	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
Nuvaring	2	QL (1 ring/month)
ocella	1	
orsythia	1	
Ortho evra	3	
Ortho tri-cyclen lo	3	
ortho-est	1	
Ovcon-50 28	2	
portia-28	1	
Premarin w/applicator	2	
Premphase	2	QL (28 tabs/month)
Prempro	2	QL (28 tabs/month)
previfem	1	
Prometrium	2	
quasense	1	(1 pack for 3 copays at retail)
reclipsen	1	
Seasonique	3	(1 pack for 3 copays at retail)
solia	1	
sprintec 28	1	
sronyx	1	
syeda	1	
tilia fe	1	
tri-legest fe	1	

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Drug	Tier	Limits/ Notes
tri-previfem	1	
tri-sprintec	1	
trinessa	1	
trivora-28	1	
Vagifem	2	
velivet	1	
Vivelle-dot	2	QL (16 patches/ month)
zarah	1	
zenchent	1	
zenchent fe	1	
zeosa	1	
zovia 1/35e	1	
zovia 1/50e	1	
<b>Progestins</b>		
altavera	1	
amethia	1	QL (1 pack for 3 copays at retail)
amethia lo	1	(1 pack for 3 copays at retail)
amethyst	1	
apri	1	
aranelle	1	
aviane	1	
azurette	1	
balziva	1	
brevicon-28	1	
brillyn	1	
camila	1	
camrese	1	QL (1 pack for 3 copays at retail)

Drug	Tier	Limits/ Notes
camrese lo	1	(1 pack for 3 copays at retail)
caziant	1	
cesia	1	
Climara pro	2	
Combipatch	2	QL (8 patches/ month) PA
Crinone	2	
cryselle-28	1	
cyclafem 1/35	1	
cyclafem 7/7/7	1	
emoquette	1	
enpresse-28	1	
errin	1	
estradiol/ norethindrone acetate (Activella)	1	
Femcon fe	3	
Femhrt 1/5	3	
Femhrt low dose	3	
gianvi	1	
gildess fe 1.5/30	1	
gildess fe 1/20	1	
heather	1	
introvale	1	(1 pack for 3 copays at retail)
jevantique	1	
jinteli	1	
jolessa	1	(1 pack for 3 copays at retail)
jolivette	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	

Drug	Tier	Limits/ Notes
kariva	1	
kelnor 1/35	1	
leena	1	
lessina-28	1	
levonorgestrel (Plan b)	1	
levonorgestrel and ethinyl estradiol (Loseasonique)	1	(1 pack for 3 copays at retail)
levora 0.15/30-28	1	
Loestrin 24 fe	3	
loryna	1	
low-ogestrel	1	
lutera	1	
Lybrel	3	QL (1 tab/ day)
Medroxyprogesterone acetate (Provera)	1	
megestrol acetate (Megace oral) susp	1	
megestrol acetate tabs	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe	1	
microgestin fe 1.5/30	1	
mimvey	1	
mononessa	1	
necon 0.5/35-28	1	
necon 1/35-28	1	
necon 7/7/7	1	
next choice	1	QL (2 tabs/ fill)
nora-be	1	
norethindrone (Nor-qd) tabs 0.35mg	1	

Drug	Tier	Limits/ Notes
norethindrone acetate (Aygestin)	1	
norethindrone/ethinyl estradiol/ferrous fumarate (Femcon fe)	1	
norgestimate/ethinyl estradiol (Ortho tri-cyclen)	1	
norgestrel/ethinyl estradiol (Lo/ovral-28)	1	
norinyl 1+35	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
ocella	1	
orsythia	1	
Ortho evra	3	
Ortho tri-cyclen lo	3	
Ovcon-50 28	2	
portia-28	1	
Premphase	2	QL (28 tabs/ month)
Prempro	2	QL (28 tabs/ month)
previfem	1	
progesterone	1	
Prometrium	2	
quasense	1	(1 pack for 3 copays at retail)
reclipsen	1	
Seasonique	3	(1 pack for 3 copays at retail)

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Drug	Tier	Limits/ Notes
solia	1	
sprintec 28	1	
sronyx	1	
syeda	1	
tilia fe	1	
tri-legest fe	1	
tri-previfem	1	
tri-sprintec	1	
trinessa	1	
trivora-28	1	
velivet	1	
zarah	1	
zenchent	1	
zenchent fe	1	
zeosa	1	
zovia 1/35e	1	
zovia 1/50e	1	
<b>Selective Estrogen Receptor Modifying Agents</b>		
Evista	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
Armour thyroid	2	
levothyroid	3	
levothyroxine sodium (Synthroid) tabs	1	
levoxyl	3	
liothyronine sodium (Cytomel)	1	
np thyroid	1	
Thyrolar	2	
unithroid	3	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
Lysodren	2	

Drug	Tier	Limits/ Notes
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
Sensipar	2	PA
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
bromocriptine mesylate (Parlodel)	1	
cabergoline	1	QL (16 tabs/month)
leuprolide acetate	4	PA
octreotide acetate (Sandostatin)	4	PA
Sandostatin	4	PA
Somavert	4	PA
Synarel	4	
<b>Hormonal Agents, Suppressant (Sex Hormones/Modifiers)</b>		
<b>Antiandrogens</b>		
bicalutamide (Casodex)	1	
finasteride (Proscar)	1	
flutamide	1	
Nilandron	2	
<b>Hormonal Agents, Suppressant (Sex Hormones/Modifiers)</b>		
clomiphene citrate (Clomid)	1	GL (covered for females only)

Drug	Tier	Limits/ Notes
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
methimazole (Tapazole) tabs 10mg, 5mg	1	
propylthiouracil	1	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
methimazole tabs 10mg	1	
<b>Immunological Agents</b>		
<b>Immune Suppressants</b>		
azathioprine (Imuran)	1	
Cellcept	2	
Cimzia	4	PA
Cuprimine	2	
cyclosporine (Sandimmune)	1	
cyclosporine modified (Neoral) caps 100mg, 25mg	1	
cyclosporine modified (Neoral) oral soln	1	
cyclosporine modified caps 50mg	1	
Enbrel	4	PA
gengraf	1	
Humira	4	PA
methotrexate	1	
methotrexate sodium	1	QL (8ml/ month)
mycophenolate mofetil (Cellcept)	1	
Myfortic	2	
Orencia inj 125mg/1ml	4	PA QL (4 syringes/ month)

Drug	Tier	Limits/ Notes
Rapamune	2	
Simponi	4	PA
tacrolimus (Prograf)	1	
Zortress	2	QL (2 tabs/ day)
<b>Immunomodulators</b>		
Actimmune	4	PA
Arcalyst	4	PA
Avonex	4	QL (4 inj./ month)
Betaseron	4	PA QL (15 inj./ month; Rebif preferred)
Copaxone	4	QL (1 kit/ month)
Extavia	4	PA QL (1 kit/ month; Rebif preferred)
Gilenya	4	PA QL (1 cap/ day)
Infergen	4	PA
Intron-a	4	PA
Kineret	4	PA
leflunomide (Arava)	1	
Peg-intron	4	PA
Pegasys inj 180mcg/0.5ml, 180mcg/ml	4	PA
Pegasys inj 180mcg/0.5ml	4	PA (1 syringe/ week)

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Drug	Tier	Limits/ Notes
Pegasys proclick	4	PA (1 pen/ week)
Rebif	4	QL (12 inj./ month)
Ridaura	2	
<b>Inflammatory Bowel Disease Agents</b>		
<b>Glucocorticoids</b>		
baycadron	1	
budesonide (Entocort ec) cp24	1	
colocort	1	
Cortifoam	2	
cortisone acetate	1	
dexamethasone	1	
dexamethasone intensol	1	
hydrocortisone (Cortenema) enem	1	
methylprednisol- one (Medrol dosepak) tabs 4mg	1	
methylprednisol- one (Medrol) tabs 16mg, 32mg, 4mg, 8mg	1	
Orapred odt	3	
prednisolone (Prelone)	1	
prednisolone sodium phosphate (Orapred) oral soln 15mg/5ml	1	
prednisolone sodium phosphate (Pediapred) oral soln 5mg/5ml, 6.7mg/5ml	1	
prednisone	1	

Drug	Tier	Limits/ Notes
prednisone intensol	1	
<b>Salicylates</b>		
Apriso	2	QL (4 caps/ day)
Asacol	2	
Asacol hd	2	
balsalazide disodium (Colazal)	1	
Canasa	2	
mesalamine	1	
<b>Sulfonamides</b>		
sulfasalazine (Azulfidine en- tabs) tbec	1	
sulfasalazine (Azulfidine) tabs	1	
sulfazine	1	
sulfazine ec	1	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
Actonel tabs 30mg	2	PA
Actonel tabs 5mg	3	ST (use alen- dronate [Fos- amax] first; 1 tab/ day)
Actonel tabs 150mg	3	ST (use alen- dronate [Fos- amax] first; 1 tab/ month)

Drug	Tier	Limits/ Notes
Actonel tabs 35mg	3	ST QL (use alen- dronate [Fos- amax] first; 4 tabs/ month)
alendronate sodium (Fosamax) tabs 10mg, 5mg	1	
alendronate sodium (Fosamax) tabs 40mg	1	QL (1 tab/ day)
alendronate sodium (Fosamax) tabs 35mg, 70mg	1	QL (4 tabs/ month)
Boniva tabs	3	ST QL (try alen- dronate and either Actonel or Atelvia first; 1 tab/ month)
calcitonin- salmon (Miacalcin)	1	PA QL (1 bottle/ month)
calcitriol (Rocaltrol)	1	
etidronate disodium (Didronel) tabs 400mg	1	
etidronate disodium tabs 200mg	1	
Forteo	4	PA
Fosamax plus d tabs 70mg; 5600unit	3	QL (4 tabs/ month)

Drug	Tier	Limits/ Notes
Fosamax plus d tabs 70mg; 2800unit	2	QL (4 tabs/ month)
Hectorol caps	2	
Miacalcin	4	PA
Xgeva	4	PA QL (1 vial/ month)
Zemplar caps	2	
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
Accu-check test strips	2	QL (200 strips/ month)
Accu-chek aviva plus	2	QL (200 strips/ month)
Accutrend glucose	2	QL (200 strips/ month)
anagrelide hydrochloride (Agrylin) caps 0.5mg	1	
anagrelide hydrochloride caps 1mg	1	
Fasttake test strips	2	QL (200 strips/ month)
Firazyr	4	PA QL (2 syringes/ fill)
leucovorin calcium tabs	1	
levocarnitine (Carnitor) oral soln	1	
levocarnitine (Carnitor) tabs	1	

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Drug	Tier	Limits/ Notes
Methylergonovine maleate (Methergine)	1	
Onetouch test strips	2	QL (200 strips/month)
Onetouch ultra blue	2	QL (200 strips/month)
Onetouch verio iq test strips	2	QL (200 strips/month)
Onetouch verio test strips	2	QL (200 strips/month)
Surestep test strips	2	QL (200 strips/month)
Xenazine tabs 25mg	4	PA QL (4 tabs/day)
Xenazine tabs 12.5mg	4	PA QL (8 tabs/day)
<b>Ophthalmic Agents</b>		
<b><i>Ophthalmic Agents, Other</i></b>		
ak-dilate	1	
ak-tob	1	
altafrin ophthalmic soln 10%, 2.5%	1	
atropine sulfate (Isopto atropine) ophthalmic soln	1	
atropine sulfate oint	1	
atropine-care	1	
cyclopentolate hcl (Cyclogyl)	1	
gentamicin sulfate oint	1	

Drug	Tier	Limits/ Notes
gentamicin sulfate ophthalmic soln 0.3%	1	
homatropaire	1	
homatropine hbr (Isopto homatropine)	1	
Isopto hyoscine	2	
mydral	1	
neofrin	1	
parcaine	1	
phenylephrine hcl (Mydrin) ophthalmic soln 2.5%	1	
phenylephrine hcl ophthalmic soln 10%	1	
proparacaine hcl (Alcaine)	1	
Restasis	2	QL (2/day)
tobramycin sulfate (Tobrex) ophthalmic soln	1	
tropicamide (Mydracyl) ophthalmic soln 1%	1	
tropicamide ophthalmic soln 0.5%	1	
<b><i>Ophthalmic Anti-allergy Agents</i></b>		
Alomide	2	
azelastine hcl (Optivar) ophthalmic soln	1	
Beprevé	3	QL (5ml/month)
cromolyn sodium ophthalmic soln	1	
Elestat	3	

Drug	Tier	Limits/ Notes
Emadine	3	ST (try azelastine [Optivar] and either Patanol or Pataday first)
epinastine hcl (Elestat)	1	
Pataday	2	QL (2.5 ml/ month)
Patanase	3	ST QL (use azelastine [Astelin] first; 1 bottle/ month)
Patanol	2	QL (10 ml/ month)
<b>Ophthalmic Anti-inflammatories</b>		
Acuvail	3	
Alex	2	
Blephamide	2	
bromfenac	1	
Cipro hc	3	
Ciprodex	3	
dexamethasone sodium phosphate ophthalmic soln	1	
diclofenac sodium (Voltaren) ophthalmic soln	1	
fluor-op	1	
fluorometholone (Fml liquifilm)	1	
flurbiprofen sodium (Ocufen)	1	

Drug	Tier	Limits/ Notes
ketorolac tromethamine (Acular ls) ophthalmic soln 0.4%	1	
ketorolac tromethamine (Acular) ophthalmic soln 0.5%	1	
Lofemax susp	2	
neomycin/ polymyxin/ bacitracin/ hydrocortisone	1	
neomycin/ polymyxin/ dexamethasone (Maxitrol)	1	
Nevanac	3	
poly-dex	1	
prednisolone acetate (Omnipred)	1	
prednisolone sodium phosphate ophthalmic soln	1	
sulfacetamide sodium/ prednisolone sodium phosphate	1	
tobramycin/ dexamethasone (Tobradex)	1	
Zylet	2	
<b>Ophthalmic Antiglaucoma Agents</b>		
acetazolamide	1	
acetazolamide er (Diamox)	1	
Alphagan p	2	
apraclonidine (Iopidine)	1	
Azopt	2	

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Drug	Tier	Limits/ Notes
betaxolol hcl ophthalmic soln	1	
Betimol	2	
brimonidine tartrate (Alphagan p) ophthalmic soln 0.15%	1	
brimonidine tartrate ophthalmic soln 0.2%	1	
carteolol hcl	1	
Combigan	3	
dorzolamide hcl (Trusopt)	1	
dorzolamide hcl/timolol maleate (Cosopt)	1	
Isopto carbachol	2	
Istalol	3	
levobunolol hcl (Betagan) ophthalmic soln 0.5%	1	
levobunolol hcl ophthalmic soln 0.25%	1	
methazolamide (Neptazane)	1	
metipranolol (Optipranolol)	1	
pilocarpine hcl (Isopto carpine) ophthalmic soln	1	
Pilopine hs	2	
timolol maleate (Timoptic) ophthalmic soln	1	
timolol maleate ophthalmic gel forming (Timoptic-xe)	1	

Drug	Tier	Limits/ Notes
<b>Ophthalmic Prostaglandin and Prostamide Analogs</b>		
latanoprost (Xalatan)	1	
Lumigan	2	QL (2.5 ml/ month)
Travatan z	2	
Xalatan	3	
<b>Otic Agents</b>		
<b>Otic Agents</b>		
acetazol hc	1	
acetic acid (Vosol)	1	
acetic acid/aluminum acetate	1	
aero otic hc	1	
antipyrine/ benzocaine	1	
aurax	1	
aurodex	1	
cyotic	1	
exotic-hc	1	
hydrocortisone/ acetic acid (Vosol hc)	1	
neomycin/ polymyxin/ hydrocortisone (Cortisporin) otic soln	1	
neomycin/ polymyxin/ hydrocortisone otic susp	1	
oficin	1	
oto-end 10	1	
otomar	1	
otomax-hc	1	
otozin	1	
pramoxine-hc (Cortane-b aqueous)	1	
treagan otic	1	

Drug	Tier	Limits/ Notes
<b>Respiratory Tract Agents</b>		
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
Advair diskus	2	QL (1 inhaler/ month)
Advair hfa	2	QL (1 inhaler/ month)
Alvesco aers 80mcg/act	3	QL (1 inhaler/ month)
Alvesco aers 160mcg/act	3	QL (2 inhalers/ month)
Asmanex	2	QL (1 inhaler/ month)
Beconase aq	3	QL (1 bottle/ month)
budesonide (Pulmicort) susp	1	QL (4ml/day)
Flovent diskus aepb 100mcg/blist, 50mcg/blist	2	QL (1 inhaler/ month)
Flovent diskus aepb 250mcg/blist	2	QL (4 inhalers/ month)
Flovent hfa	2	QL (2 inhalers/ month)
flunisolide	1	QL (2 bottles/ month)
fluticasone propionate (Flonase) susp	1	QL (1 bottle/ month)

Drug	Tier	Limits/ Notes
Nasacort aq	3	QL (1 inhaler/ month)
Nasonex	2	QL (1 bottle/ month)
Omnaris	3	ST QL (try 2 of the following first: flunisolide nasal, fluticaso- ne [Flon- ase], Nasonex; 1 bottle/ month)
Pulmicort flexhaler	2	QL (2 inhalers/ month)
Qvar aers 80mcg/act	2	QL (2 inhalers/ month)
Qvar aers 40mcg/act	2	QL (4 inhalers/ month)
Rhinocort aqua	3	ST QL (try 2 of the following first: flunisolide nasal, fluticas- one [Flonase], Nasonex; 2 bottles/ month)

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Drug	Tier	Limits/ Notes
Symbicort	2	QL (1 inhaler/ month)
triamcinolone acetonide (Nasacort aq)	1	QL (1 inhaler/ month)
Veramyst	3	ST QL (use fluticaso- ne [Flon- ase] first; 1 bottle/ month)
<b>Antihistamines</b>		
Astepro	2	QL (1 bottle/ month)
azelastine hcl (Astelin) nasal soln	1	QL (1 bottle/ month)
bromspiro	1	
carbinoxamine maleate (Palgic) liqd 4mg/5ml	1	
carbinoxamine maleate (Palgic) tabs	1	
Clarinetx	3	ST (use nasal steroid or nasal antihista- mine first)
Clarinetx-d	3	ST (use nasal steroid or nasal antihista- mine first)
clemastine fumarate	1	
cyproheptadine hcl	1	

Drug	Tier	Limits/ Notes
Dexchlorphenira- mine maleate	1	
entre-s	1	
hydroxyzine hcl	1	
hydroxyzine pamoate (Vistaril) caps 25mg, 50mg	1	
hydroxyzine pamoate caps 100mg	1	
levocetirizine dihydrochloride (Xyzal)	1	PA
Patanase	3	ST QL (use azelastine [Astelin] first; 1 bottle/ month)
promethazine hcl	1	
promethazine vc	1	
promethazine vc/codeine	1	
promethazine- dm	1	
promethegan	1	
respivent df	1	
trexbrom	1	
Xyzal	3	PA
<b>Antileukotrienes</b>		
Accolate	3	
Singulair chew	2	QL (1 tab/ day)
Singulair pack	2	QL (1 pack/ day)
Singulair tabs	2	QL (1 tab/ day)
zafirlukast (Accolate)	1	
Zyflo	3	

Drug	Tier	Limits/ Notes
Zyflo cr	3	
<b>Bronchodilators, Anticholinergic</b>		
Atrovent hfa	2	QL (2 inhalers/ month)
Combivent	3	QL (2 inhalers/ month)
ipratropium bromide (Atrovent) nasal soln 0.03%	1	QL (1 bottle/ month)
ipratropium bromide (Atrovent) nasal soln 0.06%	1	QL (3 bottles/ month)
ipratropium bromide inhalation soln 0.02%	1	QL (120 doses/ month)
ipratropium bromide inhalation soln 0.02%	1	QL (300ml/ month)
ipratropium bromide/albuterol sulfate (Duoneb)	1	QL (180 doses/ month)
<b>Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)</b>		
aminophylline tabs	1	
copd	1	
difil-g 400	1	
difil-g forte	1	
Elixophyllin	2	
Theo-24	2	
theochron	1	
theophylline er	1	
<b>Bronchodilators, Sympathomimetic</b>		
Adrenaclick	2	QL (2 syringes/ fill)

Drug	Tier	Limits/ Notes
Advair diskus	2	QL (1 inhaler/ month)
Advair hfa	2	QL (1 inhaler/ month)
albuterol sulfate (Accuneb) nebu 0.63mg/3ml, 1.25mg/3ml	1	QL (5 boxes/ month)
albuterol sulfate er (Vospire er)	1	
albuterol sulfate nebu 0.5%	1	QL (4 bottles/ month)
albuterol sulfate nebu 0.083%, 0.5%	1	QL (5 boxes/ month)
albuterol sulfate syrup	1	
albuterol sulfate tabs	1	
Combivent	3	QL (2 inhalers/ month)
epinephrine	1	QL (2 syringes/ fill)
Epipen	2	QL (2 syringes/ fill)
ipratropium bromide/albuterol sulfate (Duoneb)	1	QL (180 doses/ month)
levsalbuterol (Xopenex concentrate)	1	(90 vials/ month)

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Drug	Tier	Limits/ Notes
Maxair autohaler	2	QL (1 inhaler/ month)
metaproterenol sulfate	1	
Proair hfa	2	QL (2 inhalers/ month)
Serevent diskus	2	QL (1 inhaler/ month)
Symbicort	2	QL (1 inhaler/ month)
terbutaline sulfate tabs	1	
Twinject	2	QL (2 syringes/ fill)
Ventolin hfa	2	QL (2 inhalers/ month)
Xopenex	3	QL (96 vials/ month)
Xopenex concentrate	3	QL (90 vials/ month)
Xopenex hfa	3	QL (2 inhalers/ month)
<b>Mast Cell Stabilizers</b>		
cromolyn sodium conc	1	
cromolyn sodium nebu	1	QL (2 boxes/ month)

Drug	Tier	Limits/ Notes
<b>Pulmonary Antihypertensives</b>		
Adcirca	4	PA QL (2 tabs/ day)
Letairis	4	PA QL (1 tab/ day)
Revatio tabs	4	PA QL (3 tabs/ day)
Tracleer	4	PA QL (2 tabs/ day)
<b>Respiratory Tract Agents, Other</b>		
benzonatate (Tessalon perles) caps 100mg	1	
benzonatate (Tessalon) caps 200mg	1	
copd	1	
difil-g 400	1	
difil-g forte	1	
entre-s	1	
hydromet	1	(45ml/ day)
promethazine vc/codeine	1	
promethazine- dm	1	
Pulmozyme	4	PA QL (5ml/day)
respivent df	1	
sodium chloride (Hyper-sal) nebu 7%	1	
sodium chloride nebu 3%	1	
sski	1	
trexbrom	1	
tusnel c	1	
<b>Sedatives/Hypnotics</b>		
<b>Sedatives/Hypnotics</b>		
anolor 300	1	

Drug	Tier	Limits/ Notes
ascomp/ codeine	1	(9 caps/ day)
bupap	1	(9 tabs/ day)
butalbital compound	1	
butalbital/ acetaminophen	1	(9 tabs/ day)
butalbital/ acetaminophen /caffeine (Esgic) caps	1	
butalbital/ acetaminophen /caffeine (Esgic) tabs 325mg; 50mg; 40mg	1	
butalbital/ acetaminophen /caffeine (Esgic- plus) tabs 500mg; 50mg; 40mg	1	
butalbital/ acetaminophen /caffeine/ codeine (Fioricet/ codeine)	1	(9 caps/ day)
butalbital/aspirin /caffeine (Fiorinal) caps	1	
butalbital/aspirin /caffeine tabs	1	
butalbital/aspirin /caffeine/ codeine (Fiorinal/codeine #3)	1	(9 caps/ day)
cephadyn	1	(9 tabs/ day)
chloral hydrate	1	

Drug	Tier	Limits/ Notes
Chlordiazepox- ide/clidinium (Librax) caps 5mg; 2.5mg	1	AL (PA required for those 65 years of age or older)
estazolam tabs 2mg	1	(1 tab/ day)
estazolam tabs 1mg	1	(2 tabs/ day)
flurazepam hcl caps 30mg	1	AL (PA required for those 65 years of age or older; 1 cap/day)
flurazepam hcl caps 15mg	1	AL (PA required for those 65 years of age or older; 2 caps/ day)
hydroxyzine hcl	1	
Lunesta	3	ST QL (use zolpidem [Ambien] first; 1 tab/day)
midazolam hcl syrp	1	
phenobarbital	1	
Rozerem	3	ST QL (use zolpidem [Ambien] first; 1 tab/day)
Silenor	3	QL (1 tab/ day)
temazepam (Restoril) caps 30mg	1	(1 cap/ day)

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Drug	Tier	Limits/ Notes
temazepam (Restoril) caps 15mg	1	(2 caps/ day)
temazepam (Restoril) caps 7.5mg	1	(4 caps/ day)
temazepam (Restoril) caps 22.5mg	1	QL (1 cap/ day)
triazolam (Halcion) tabs 0.25mg	1	(2 tabs/ day)
triazolam tabs 0.125mg	1	(4 tabs/ day)
zaleplon (Sonata) caps 10mg	1	QL (2 caps/ day)
zaleplon (Sonata) caps 5mg	1	QL (4 caps/ day)
zebutal	1	
zolpidem tartrate (Ambien) tabs 10mg	1	QL (1 tab/ day)
zolpidem tartrate (Ambien) tabs 5mg	1	QL (2 tabs/ day)
zolpidem tartrate er (Ambien cr) tbcr 12.5mg	1	ST QL (use zolpidem IR first; 1 tab/day)
zolpidem tartrate er (Ambien cr) tbcr 6.25mg	1	ST QL (use zolpidem IR first; 2 tabs/day)

Drug	Tier	Limits/ Notes
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
Amrix	3	ST AL QL (PA required for those 65 years of age or older; use cyclobenzaprine [Flexeril] first; 1 cap/day)
carisoprodol (Soma) tabs 350mg	1	AL (PA required for those 65 years of age or older)
carisoprodol tabs 250mg	1	AL QL (PA required for those 65 years of age or older; 4 tabs/day)
carisoprodol/ aspirin	1	AL (PA required for those 65 years of age or older)
carisoprodol/ aspirin/codeine	1	AL (PA required for those 65 years of age or older; 12 tabs/day)
chlorzoxazone (Parafon forte dsc)	1	AL (PA required for those 65 years of age or older)

Drug	Tier	Limits/ Notes
cyclobenzaprine hcl (Fexmid) tabs 7.5mg	1	ST AL QL (PA required for those 65 years of age or older; use cyclobenzaprine [Flexeril] first; 3 tabs/day)
cyclobenzaprine hcl (Flexeril) tabs 10mg, 5mg	1	AL (PA required for those 65 years of age or older)
cyclobenzaprine hcl er (Amrix)	1	ST AL QL (PA required for those 65 years of age or older; use cyclobenzaprine [Flexeril] first; 1 cap/day)
metaxalone (Skelaxin)	1	AL QL (PA required for those 65 years of age or older; 4 tabs/day)
methocarbamol (Robaxin) tabs 500mg	1	AL (PA required for those 65 years of age or older)

Drug	Tier	Limits/ Notes
methocarbamol (Robaxin-750) tabs 750mg	1	AL (PA required for those 65 years of age or older)
orphenadrine citrate er	1	AL (PA required for those 65 years of age or older)
orphenadrine compounds	1	AL (PA required for those 65 years of age or older)
orphenadrine/asa/caffeine	1	AL (PA required for those 65 years of age or older)

### Therapeutic Nutrients/Minerals/ Electrolytes

#### Electrolytes/Minerals

citric acid/ sodium citrate (Shohl's solution modified)	1	
corvita	1	
corvita 150	1	
cytra k crystals	1	
cytra-2	1	
cytra-k	1	
effer-k	1	
effervescent potassium	1	
effervescent potassium/ chloride	1	
epiklor	1	
fe c plus	1	
Femcon fe	3	
ferocon	1	

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Drug	Tier	Limits/ Notes
ferotrin	1	
ferrex 150 forte	1	
ferrocite plus	1	
ferrogels forte	1	
folbee plus cz	1	
foltrin	1	
fumatinic	1	
hematinic plus vitamins/ minerals	1	
hematinic/folic acid	1	
hematogen forte	1	
iferex 150 forte	1	
k-effervescent	1	
k-prime	1	
klor-con	1	
multi- vitamin/fluoride	1	
myferon 150 forte	1	
nicotinamide/ zinc oxide/cupric oxide/folic acid	1	
norethindrone/ ethinyl estradiol/ferrous fumarate (Femcon fe)	1	
phospha 250 neutral	1	
poly-iron 150 forte	1	
poly-vitamin/ fluoride	1	
potassium bicarbonate	1	
potassium chloride	1	
potassium chloride er	1	
potassium chloride er (K- tabs)	1	

Drug	Tier	Limits/ Notes
potassium chloride er (Micro-k)	1	
potassium citrate (Urocit-k)	1	
potassium citrate/citric acid	1	
purevit dualfe plus	1	
se-tan plus	1	
taron-crystals	1	
tilia fe	1	
tl icon	1	
tl-hem 150	1	
tri-vit/fluoride/ iron	1	
tri-vitamin/ fluoride	1	
tricon	1	
trigels-f forte	1	
Urocit-k	2	
zenchent fe	1	
zeosa	1	
<b>Vitamins</b>		
calcitriol (Rocaltrol)	1	
corvita	1	
corvita 150	1	
Dialyvite	2	
ergocalciferol (Drisdol) caps	1	
fe c plus	1	
ferocon	1	
ferotrin	1	
ferrex 150 forte	1	
ferrocite plus	1	
ferrogels forte	1	
folbee	1	
folbee plus cz	1	
folplex 2.2	1	
foltrin	1	
fumatinic	1	

Drug	Tier	Limits/ Notes
hematinic plus vitamins/ minerals	1	
hematinic/folic acid	1	
hematogen forte	1	
iferex 150 forte	1	
Mephyton	2	
mi-omega nf	1	
multi-vitamin/ fluoride	1	
myferon 150 forte	1	
Nascobal	3	
nicotinamide/ zinc oxide/ cupric oxide/ folic acid	1	
O-cal fa	2	
poly-iron 150 forte	1	
poly-vitamin/ fluoride	1	

Drug	Tier	Limits/ Notes
prenatal low iron tabs 120mg; 0; 200mg; 400unit; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 3mg; 1.84mg; 22unit; 4000unit; 25mg	1	
purevit dualfe plus	1	
rena-vite rx	1	
se-tan plus	1	
tl icon	1	
tl-hem 150	1	
tri-vit/fluoride/ iron	1	
tri-vitamin/ fluoride	1	
tricon	1	
trigels-f forte	1	
vinate	1	
vitamin d (Drisdol) caps 50000unit	1	
vol-care rx	1	

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