

Blue Shield Drug Formulary booklet

2012-2013
Quarter 1 2013 update

Introduction to the drug formulary

The 2012-2013 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** 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.

Limits/Notes	Definition	Description
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 is a contraceptive drug or device?

Contraceptive drugs or devices include generic drugs, brand drugs, diaphragms, or cervical caps used predominantly for the purpose of preventing pregnancy.

All generic contraceptive drugs and most contraceptive devices do not require a copayment for members of qualifying Blue Shield plans.* Most brand contraceptives require a copayment, which may be waived based upon medical necessity. Physicians may provide medical necessity information using the prior authorization process, by calling or faxing a form to Blue Shield Pharmacy Services.

Contraceptive drugs or devices available at \$0 copayment are listed in the formulary with an "X," while those requiring a copayment are listed with an "XX."

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.

* Qualifying plans include all non-grandfathered individual family plans, and most employer group plans upon renewal beginning in July 2012.

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**.

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**.

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Drug	Tier	Limits/Notes
Analgesics		
Analgesics		
anolor 300	1	
butalbital/acetaminophen	1	QL (9 tabs/day)
butalbital/acetaminophen/caffeine (Esgic)	1	
Savella	3	ST QL (try 2 other drugs for fibromyalgia first, 1 must be Cymbalta; 2 tabs/day)
tencon	1	QL (9 tabs/day)
zebutal	1	
Nonsteroidal Anti-inflammatory Drugs		
ascomp/codeine	1	QL (9 caps/day)
butalbital compound	1	
butalbital/aspirin/caffeine (Fiorinal)	1	
butalbital/aspirin/caffeine/codeine (Fiorinal/codeine #3)	1	QL (9 caps/day)
carisoprodol/aspirin	1	AL (PA required for those 65 years of age or older)
carisoprodol/aspirin/codeine	1	AL QL (PA required for those 65 years of age or older; 12 tabs/day)
Celebrex caps 400mg	3	PA QL (1 cap/day)
Celebrex caps 100mg, 200mg, 50mg	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	
diflunisal	1	
Duexis	3	QL (3 tabs/day)
duraxin	1	QL (12 caps/day)
ed-flex	1	QL (12 caps/day)
endodan	1	QL (18 tabs/day)
etodolac	1	
etodolac er	1	
fenoprofen calcium	1	
flurbiprofen	1	
hydrocodone/ibuprofen (Reprexain) tabs 2.5mg; 200mg, 5mg; 200mg	1	QL (8 tabs/day)
hydrocodone/ibuprofen (Vicoprofen) tabs 7.5mg; 200mg	1	QL (8 tabs/day)
hydrocodone/ibuprofen tabs 10mg; 200mg	1	QL (9 tabs/day)
ibuprofen tabs 800mg	1	

Drug	Tier	Limits/Notes
indomethacin caps	1	
indomethacin er	1	
ketoprofen	1	
ketoprofen er	1	
ketorolac tromethamine tabs	1	AL (PA required for those 65 years of age or older)
meclofenamate sodium	1	
mefenamic acid (Ponstel)	1	
meloxicam (Mobic)	1	
nabumetone (Relafen)	1	
naproxen (Naprosyn)	1	
naproxen dr	1	
naproxen sodium (Anaprox ds) tabs 550mg	1	
naproxen sodium (Anaprox) tabs 275mg	1	
orphenadrine/asa/cafeine	1	AL (PA required for those 65 years of age or older)
oxaprozin (Daypro)	1	
oxycodone/aspirin (Percodan)	1	QL (18 tabs/day)
oxycodone/ibuprofen	1	QL (28 tabs/fill)
piroxicam (Feldene)	1	
reprexain tabs 10mg; 200mg	1	QL (9 tabs/day)
salsalate	1	
sulindac (Clinoril) tabs 200mg	1	
sulindac tabs 150mg	1	
tolmetin sodium	1	
Voltaren gel	3	QL (5 tubes/month)
Opioid Analgesics		
acetaminophen/cafeine/dihydrocodeine bitartrate	1	QL (8 tabs/day)
acetaminophen/codeine (Tylenol/codeine #3) tabs 300mg; 30mg	1	QL (18 tabs/day)
acetaminophen/codeine (Tylenol/codeine #4) tabs 300mg; 60mg	1	QL (9 tabs/day)
acetaminophen/codeine oral soln	1	QL (170ml/day)
acetaminophen/codeine tabs 300mg; 15mg	1	QL (20 tabs/day)
ascomp/codeine	1	QL (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)

AL – Age limit restriction

GL – Gender limit restriction

PA – Prior authorization required

QL – Quantity limit restriction

ST – Step therapy required

X – \$0 copay

XX – \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
butalbital/acetaminophen/caffeine/codeine (Fioricet/codeine)	1	QL (9 caps/day)
butalbital/aspirin/caffeine/codeine (Fiorinal/codeine #3)	1	QL (9 caps/day)
butorphanol tartrate (Stadol) nasal soln	1	QL (4 canisters/month at 2 canisters/fill)
Butrans	3	PA QL (1 patch/wk)
carisoprodol/aspirin/codeine	1	AL QL (PA required for those 65 years of age or older; 12 tabs/day)
co-gesic	1	QL (12 tabs/day)
codeine sulfate oral soln	1	QL (90ml/month)
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 325mg; 5mg, 500mg; 7.5mg	1	QL (12 tabs/day)
endocet tabs 325mg; 10mg, 325mg; 7.5mg	1	QL (18 tabs/day)
endocet tabs 650mg; 10mg	1	QL (9 tabs/day)
endodan	1	QL (18 tabs/day)
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	QL (270ml/day)
hydrocodone/acetaminophen (Lorcet 10/650) tabs 650mg; 10mg	1	QL (9 tabs/day)
hydrocodone/acetaminophen (Lorcet plus) tabs 650mg; 7.5mg	1	QL (9 tabs/day)
hydrocodone/acetaminophen (Lortab) oral soln 500mg/15ml; 7.5mg/15ml	1	QL (180 ml/day)
hydrocodone/acetaminophen (Lortab) oral soln 500mg/15ml; 7.5mg/15ml	1	QL (180ml/day)
hydrocodone/acetaminophen (Lortab) tabs 500mg; 10mg, 500mg; 5mg, 500mg; 7.5mg	1	QL (12 tabs/day)
hydrocodone/acetaminophen (Maxidone) tabs 750mg; 10mg	1	QL (8 tabs/day)
hydrocodone/acetaminophen (Norco) tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	1	QL (18 tabs/day)
hydrocodone/acetaminophen (Xodol) tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg	1	QL (20 tabs/day)

Drug	Tier	Limits/Notes
hydrocodone/acetaminophen tabs 500mg; 2.5mg	1	QL (12 tabs/day)
hydrocodone/acetaminophen tabs 325mg; 2.5mg	1	QL (18 tabs/day)
hydrocodone/acetaminophen tabs 750mg; 7.5mg	1	QL (8 tabs/day)
hydrocodone/acetaminophen tabs 660mg; 10mg	1	QL (9 tabs/day)
hydrocodone/ibuprofen (Reprexain) tabs 2.5mg; 200mg, 5mg; 200mg	1	QL (8 tabs/day)
hydrocodone/ibuprofen (Vicoprofen) tabs 7.5mg; 200mg	1	QL (8 tabs/day)
hydrocodone/ibuprofen tabs 10mg; 200mg	1	QL (9 tabs/day)
hydrogesic	1	QL (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 (Dilaudid-5) liqd	1	QL (120ml/day)
hydromorphone hcl supp	1	QL (9 suppositories/day)
Kadian cp24 100mg, 10mg, 30mg, 40mg, 50mg	3	QL (2 caps/day)
Kadian cp24 130mg, 150mg, 200mg, 60mg, 70mg, 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	AL QL (PA required for those 65 years of age or older; 18 tabs/day)
meperidine hcl (Demerol) tabs 50mg	1	AL QL (PA required for those 65 years of age or older; 36 tabs/day)
meperidine hcl oral soln	1	QL (180 ml/day)
meperitab tabs 100mg	1	AL QL (PA required for those 65 years of age or older; 18 tabs/day)
meperitab tabs 50mg	1	AL QL (PA required for those 65 years of age or older; 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 conc 10mg/ml	1	QL (18ml/day)
methadone hcl intensol	1	QL (18 ml/day)
methadone hcl oral soln 5mg/5ml	1	QL (180 ml/day)

AL – Age limit restriction

GL – Gender limit restriction

PA – Prior authorization required

QL – Quantity limit restriction

ST – Step therapy required

X – \$0 copay

XX – \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
methadone hcl oral soln 10mg/5ml	1	QL (90 ml/day)
methadone hcl tbso	1	QL (5 tabs/day)
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 10mg/5ml	1	QL (135ml/day)
morphine sulfate oral soln 100mg/5ml, 20mg/ml	1	QL (14ml/day)
morphine sulfate oral soln 20mg/5ml	1	QL (68 ml/day)
morphine sulfate supp 20mg	1	QL (14 suppositories/day)
morphine sulfate supp 10mg	1	QL (27 suppositories/day)
morphine sulfate supp 5mg	1	QL (54 suppositories/day)
morphine sulfate supp 30mg	1	QL (9 suppositories/day)
morphine sulfate tabs 15mg	1	QL (18 tabs/day)
morphine sulfate tabs 30mg	1	QL (9 tabs/day)
Nucynta er	3	QL (2 tabs/day)
Nucynta tabs 50mg	3	QL (6 tabs/day)
Nucynta tabs 100mg, 75mg	3	QL (7 tabs/day)
oxycodone hcl (Roxicodone) tabs 30mg	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 5mg	1	QL (12 caps/day)
oxycodone hcl tabs 20mg	1	QL (18 tabs/day)
oxycodone hcl tabs 10mg	1	QL (36 tabs/day)
oxycodone/acetaminophen (Percocet) tabs 325mg; 5mg, 500mg; 7.5mg	1	QL (12 tabs/day)
oxycodone/acetaminophen (Percocet) tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	1	QL (18 tabs/day)

Drug	Tier	Limits/Notes
oxycodone/acetaminophen (Percocet) tabs 650mg; 10mg	1	QL (9 tabs/day)
oxycodone/acetaminophen caps	1	QL (12 caps/day)
oxycodone/aspirin (Percodan)	1	QL (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 tb12 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg	1	PA QL (2 tabs/day)
oxymorphone hydrochloride er tb12 40mg	1	PA QL (4 tabs/day)
pentazocine/acetaminophen	1	AL QL (PA required for those 65 years of age or older; 9 tabs/day)
pentazocine/naloxone hcl	1	AL QL (PA required for those 65 years of age or older; 18 tabs/day)
primlev	1	QL (20 tabs/day)
reprexain tabs 10mg; 200mg	1	QL (9 tabs/day)
Roxicet oral soln	2	QL (90ml/day)
roxicet tabs	1	QL (12 tabs/day)
tramadol hcl (Ultram)	1	
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 hcl er tb24 100mg, 200mg, 300mg	1	ST QL (use tramadol [Ultram] ir or er first; 1 tab/day)
tramadol hydrochloride/acetaminophen (Ultracet)	1	QL (12 tabs/day)
trezix	1	QL (15 tabs/day)
xolox	1	QL (12 tabs/day)
Anesthetics		
Local Anesthetics		
antipyrine/benzocaine	1	
aurodex	1	
hydrocortisone acetate/pramoxine (Analpram-hc) crea	1	
hydrocortisone acetate/pramoxine (Pramosone) external crea	1	
lidocaine hcl (Xylocaine)	1	

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Drug	Tier	Limits/Notes
lidocaine hcl-hydrocortisone acetate with aloe	1	
lidocaine hcl/hydrocortisone acetate crea	1	
lidocaine viscous	1	
lidocaine/prilocaine (Emla) crea	1	
Lidoderm	3	QL (90 patches/month)
parcaine	1	
phenazopyridine hcl (Pyridium) tabs 100mg, 200mg	1	
Pramosone crea 2.5%; 1%	2	
Pramosone lotn	2	
Pramosone oint	2	
proparacaine hcl (Alcaine)	1	
treagan otic	1	
Anti-inflammatory Agents		
Nonsteroidal Anti-inflammatory Drugs		
Arthrotec 75	3	
butalbital compound	1	
butalbital/aspirin/caffeine (Fiorinal)	1	
Celebrex caps 400mg	3	PA QL (1 cap/day)
Celebrex caps 100mg, 200mg, 50mg	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/misoprostol (Arthrotec 50) tabs 50mg; 200mcg	1	
diclofenac sodium/misoprostol (Arthrotec 75) tabs 75mg; 200mcg	1	
diflunisal	1	
duraxin	1	QL (12 caps/day)
ed-flex	1	QL (12 caps/day)
etodolac	1	
etodolac er	1	
fenoprofen calcium	1	
flurbiprofen	1	
ibuprofen tabs 800mg	1	
indomethacin caps	1	
indomethacin er	1	
ketoprofen	1	
ketoprofen er	1	

Drug	Tier	Limits/Notes
ketorolac tromethamine tabs	1	AL (PA required for those 65 years of age or older)
meclofenamate sodium	1	
mefenamic acid (Ponstel)	1	
meloxicam (Mobic)	1	
nabumetone (Relafen)	1	
naproxen (Naprosyn)	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	
Antibacterials		
Aminoglycosides		
gentamicin sulfate (Gentamicin sulfate) ophthalmic soln 0.3%	1	
gentamicin sulfate oint 0.3%	1	
neomycin sulfate	1	
paromomycin sulfate	1	
Tobi	4	PA QL (1 box/month)
Tobradex oint	2	
Tobradex st	3	QL (5 ml/fill)
tobramycin sulfate (Tobrex) ophthalmic soln	1	
tobramycin/dexamethasone (Tobradex)	1	
Zylet	2	
Antibacterials, Other		
ak-poly-bac	1	
bacitracin ophthalmic oint	1	
bacitracin/polymyxin b	1	
Cleocin supp	2	QL (3 supp./fill)
clindamax	1	
clindamycin hcl (Cleocin)	1	
clindamycin palmitate hcl (Cleocin pediatric granules)	1	
clindamycin phosphate (Cleocin) crea	1	
clindamycin phosphate (Cleocin-t)	1	
clindamycin phosphate (Evoclin) foam	1	QL (1 can/month)

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Drug	Tier	Limits/Notes
dermazene	1	
hydrocortisone/iodoquinol	1	
mafenide acetate (Sulfamylon)	1	
methenamine hippurate (Hiprex)	1	
methenamine mandelate	1	
Metrogel 1%	2	
Metrogel pump 1%	2	
metronidazole (Flagyl) tabs	1	
metronidazole (Metrocream) crea	1	
metronidazole (Metro lotion) lotn	1	
metronidazole gel	1	
metronidazole vaginal (Metrogel-vaginal)	1	
mupirocin (Bactroban)	1	
mupirocin calcium (Bactroban)	1	
neo-polycin	1	
neo-polycin hc	1	
neomycin/bacitracin/polymyxin	1	
neomycin/polymyxin/bacitracin/ hydrocortisone	1	
neomycin/polymyxin/dexamethasone (Maxitrol)	1	
neomycin/polymyxin/gramicidin (Neosporin)	1	
neomycin/polymyxin/hydrocortisone (Cortisporin) otic soln	1	
neomycin/polymyxin/hydrocortisone ophthalmic susp	1	
neomycin/polymyxin/hydrocortisone otic susp	1	
nitrofurantoin (Furadantin)	1	AL (PA required for those 65 years of age or older)
nitrofurantoin macrocrystal (Macrochantin)	1	AL (PA required for those 65 years of age or older)
nitrofurantoin macrocrystalline (Macrochantin)	1	AL (PA required for those 65 years of age or older)
nitrofurantoin monohydrate (Macrobid)	1	AL (PA required for those 65 years of age or older)
Noritate	2	
poly-dex	1	
polycin	1	
polycin b	1	
polymyxin b sulfate/trimethoprim sulfate (Polytrim)	1	

Drug	Tier	Limits/Notes
Prevpac	3	QL (one 14-day course/month)
relagard	1	
rosadan	1	
silver sulfadiazine (Silvadene)	1	
sulfamethoxazole/trimethoprim	1	
trimethoprim	1	
trimethoprim sulfate/polymyxin b sulfate (Polytrim)	1	
vancomycin hcl (Vancocin hcl) caps	1	
Xifaxan tabs 550mg	3	PA QL (3 tabs/day)
Xifaxan tabs 200mg	3	PA QL (8 tabs/day)
Ziana	3	ST AL (use topical tretinoin and topical clindamycin first; PA required if > 40 years of age)
Zyvox	2	PA
Beta-lactam, Cephalosporins		
cefaclor	1	
cefaclor er	1	QL (14 tabs/fill)
cefadroxil	1	
cefdinir	1	
cefditoren pivoxil	1	
cefpodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil (Ceftin)	1	
cephalexin	1	
cephalexin (Keflex)	1	
Beta-lactam, Penicillins		
amoxicillin	1	
amoxicillin/clavulanate potassium (Augmentin es-600) susr 600mg/5ml; 42.9mg/5ml	1	
amoxicillin/clavulanate potassium (Augmentin)	1	
amoxicillin/clavulanate potassium (Augmentin) tabs 875mg; 125mg	1	QL (2 tabs/day)
amoxicillin/clavulanate potassium er (Augmentin xr)	1	
ampicillin	1	
Augmentin susr	2	
dicloxacillin sodium	1	

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Drug	Tier	Limits/Notes
penicillin v potassium	1	
Macrolides		
Azasite	3	
azithromycin (Zithromax)	1	
clarithromycin (Biaxin) susr 250mg/5ml	1	
clarithromycin (Biaxin) tabs	1	QL (42 tabs/fill)
clarithromycin er (Biaxin xl)	1	QL (42 tabs/fill)
clarithromycin susr 125mg/5ml	1	
e.s.p.	1	
Eryped 400	2	
erythromycin	1	
erythromycin base	1	
erythromycin/sulfisoxazole	1	
Quinolones		
Avelox tabs	2	QL (10 tabs/fill)
Cipro hc	3	
Ciprodex	3	
ciprofloxacin er (Cipro xr) tb24 1000mg	1	QL (14 tabs/fill)
ciprofloxacin er (Cipro xr) tb24 500mg	1	QL (3 tabs/fill)
ciprofloxacin hcl (Ciloxan) ophthalmic soln	1	
ciprofloxacin hcl (Cipro) tabs 100mg, 250mg, 500mg, 750mg	1	QL (2 tabs/day)
ciprofloxacin (Cetraxal) otic soln	1	
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	
Moxeza	2	
ofloxacin (Ocuflox) ophthalmic soln	1	
ofloxacin otic soln	1	
ofloxacin tabs	1	
Vigamox	2	
Zymaxid	3	QL (1 (2.5ml) bottle/month)
Sulfonamides		
Avc	2	
Blephamide	2	
Blephamide s.o.p.	2	
e.s.p.	1	
erythromycin/sulfisoxazole	1	

Drug	Tier	Limits/Notes
polymyxin b sulfate/trimethoprim sulfate (Polytrim)	1	
sodium sulfacetamide (Bleph-10) ophthalmic soln	1	
sodium sulfacetamide lotn 10%	1	
sodium sulfacetamide oint	1	
sulfacetamide sodium/prednisolone sodium phosphate	1	
sulfadiazine	1	
sulfamethoxazole/trimethoprim (Bactrim)	1	
sulfamethoxazole/trimethoprim ds (Bactrim ds)	1	
trimethoprim sulfate/polymyxin b sulfate (Polytrim)	1	
Tetracyclines		
avidoxy	1	
demeclocycline hcl	1	
Doryx	3	QL (20 tabs/month)
doxycycline (Adoxa) caps 150mg	1	
doxycycline (Monodox) caps 75mg	1	
doxycycline hyclate (Doryx) tbec 150mg	1	QL (20 tabs/month)
doxycycline hyclate (Vibramycin) caps 100mg	1	
doxycycline hyclate caps 50mg	1	
doxycycline hyclate cpep	1	
doxycycline hyclate tabs 100mg	1	
doxycycline hyclate tbec 100mg, 75mg	1	
doxycycline monohydrate (Adoxa pak 1/150) tabs 150mg	1	
doxycycline monohydrate (Adoxa) tabs 100mg, 50mg, 75mg	1	
doxycycline monohydrate (Monodox) caps 100mg	1	
doxycycline monohydrate caps 50mg	1	
dynacin	1	
minocycline hcl (Minocin) caps 100mg, 50mg	1	
minocycline hcl caps 75mg	1	
minocycline hcl er (Solodyn)	1	PA
minocycline hcl tabs	1	
Monodox	3	
morgidox caps	1	
Oracea	2	

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Drug	Tier	Limits/Notes
tetracycline hcl	1	
Anticonvulsants		
Anticonvulsants, Other		
Banzel susp	2	PA QL (80ml/day)
Banzel tabs 200mg	2	PA QL (1 tab/day)
Banzel tabs 400mg	2	PA QL (8 tabs/day)
clonazepam (Klonopin) tabs 2mg	1	QL (10 tabs/day)
clonazepam (Klonopin) tabs 1mg	1	QL (20 tabs/day)
clonazepam (Klonopin) tabs 0.5mg	1	QL (40 tabs/day)
clonazepam odt	1	PA
Keppra xr tb24 750mg	3	QL (4 tabs/day)
Keppra xr tb24 500mg	3	QL (6 tabs/day)
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)
phenobarbital	1	
Vimpat oral soln	3	PA QL (40 ml/day)
Vimpat tabs	3	PA QL (2 tabs/day)
Calcium Channel Modifying Agents		
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)
Lyrica oral soln	3	PA QL (30ml/day)
zonisamide (Zonegran) caps 50, 100mg, 25mg	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
divalproex sodium (Depakote sprinkles) cpsp	1	
divalproex sodium (Depakote) tbec	1	
divalproex sodium er (Depakote er)	1	
gabapentin (Neurontin)	1	
Gabitril tabs 12mg, 16mg	2	
primidone (Mysoline)	1	
tiagabine hydrochloride (Gabitril) tabs 2mg, 4mg	1	
valproic acid (Depakene)	1	
Glutamate Reducing Agents		
felbamate (Felbatol)	1	
Lamictal	3	

Drug	Tier	Limits/Notes
Lamictal xr kit	3	ST QL (use lamotrigine tabs first; 1 kit/month)
Lamictal xr tb24 100mg, 25mg, 50mg	3	ST QL (use lamotrigine tabs first; 1 tab/day)
Lamictal xr tb24 250mg, 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	1	
lamotrigine er (Lamictal xr) tb24 100mg, 25mg, 50mg	1	ST QL (use lamotrigine tabs first; 1 tab/day)
lamotrigine er (Lamictal xr) tb24 250mg, 300mg	1	ST QL (use lamotrigine tabs first; 2 tabs/day)
lamotrigine er (Lamictal xr) tb24 200mg	1	ST QL (use lamotrigine tabs first; 3 tabs/day)
topiragen	1	
topiramate (Topamax sprinkle) cpsp	1	
topiramate (Topamax) tabs	1	
Sodium Channel Inhibitors		
Banzel tabs 200mg	2	PA QL (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	
phenytoin (Dilantin)	1	
phenytoin (Phenytek) caps 200mg, 300mg	1	
phenytoin infatabs	1	
Tegretol-xr tb12 100mg	2	
Antidementia Agents		
Cholinesterase Inhibitors		
Aricept tabs 23mg	2	ST QL (use donepezil 10mg first; 1 tab/day)
donepezil hcl (Aricept odt) tbdp	1	
donepezil hcl (Aricept) tabs 10mg, 5mg	1	
Exelon oral soln	2	
Exelon pt24	2	QL (1 patch/day)
galantamine (Razadyne)	1	

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Drug	Tier	Limits/Notes
galantamine hydrobromide (Razadyne er) cp24	1	
galantamine hydrobromide (Razadyne) oral soln	1	
galantamine hydrobromide (Razadyne) tabs	1	
rivastigmine tartrate (Exelon) caps 1.5mg, 3mg, 4.5mg, 6mg	1	
Glutamate Pathway Modifiers		
Namenda oral soln	2	
Namenda tabs	2	QL (2 tabs/day)
Antidepressants		
Antidepressants, Other		
budeprion sr tb12 150mg	1	QL (3 tabs/day)
budeprion sr tb12 100mg	1	QL (4 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)
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 7.5mg, 15mg, 30mg, 45mg	1	
nefazodone hcl	1	
trazodone hcl	1	
Wellbutrin xl	3	QL (3 tabs/day)
Monoamine Oxidase Inhibitors		
phenelzine sulfate (Nardil)	1	
selegiline hcl (Eldepryl)	1	
tranylcypromine sulfate (Parnate)	1	
Serotonin/Norepinephrine Reuptake Inhibitors		
Celexa	3	
citalopram hydrobromide (Celexa) tabs	1	
citalopram hydrobromide oral soln	1	
Cymbalta cpep 60mg	2	QL (2 caps/day)
Cymbalta cpep 20mg, 30mg	2	QL (3 caps/day)

Drug	Tier	Limits/Notes
Effexor xr cp24 150mg, 37.5mg	3	QL (2 caps/day)
Effexor xr cp24 75mg	3	QL (3 caps/day)
escitalopram oxalate (Lexapro) oral soln 5mg/5ml	1	QL (24 ml/day)
escitalopram oxalate (Lexapro) tabs 20mg, 5mg	1	QL (1 tab/day)
escitalopram oxalate (Lexapro) tabs 10mg	1	QL (1.5 tabs/day)
fluoxetine dr (Prozac weekly)	1	QL (4 caps/month)
fluoxetine hcl (Prozac) 10mg, 20mg, 40mg	1	
fluoxetine hcl (Prozac) oral soln	1	
Fluoxetine hcl tabs 60mg	3	
fluvoxamine maleate	1	
Lexapro oral soln	3	QL (24ml/day)
Lexapro tabs 5mg	3	QL (1 tab/day)
Lexapro tabs 10mg, 20mg	3	QL (40mg/day)
Luvox cr cp24 150mg	3	ST QL (use fluvoxamine tabs first; 2 tabs/day)
Luvox cr cp24 100mg	3	ST QL (use fluvoxamine tabs first; 3 tabs/day)
olanzapine/fluoxetine (Symbyax)	1	
paroxetine hcl (Paxil)	1	
paroxetine hcl er (Paxil cr)	1	
Pristiq	2	ST QL (use venlafaxine ER or regular release, or a drug from the SSRI class first; 1 tab/day)
Savella	3	ST QL (try 2 other drugs for fibromyalgia first, 1 must be Cymbalta; 2 tabs/day)
sertraline hcl (Zoloft)	1	
venlafaxine hcl	1	
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 150mg, 37.5mg, 75mg	1	QL (1 tab/day)
Viibryd kit	3	ST QL (try 2 antidepressants first; 1 pack/month)
Viibryd tabs	3	ST QL (try 2 antidepressants first; 1 tab/day)
Tricyclics		
amitriptyline hcl	1	
amoxapine	1	

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Drug	Tier	Limits/Notes
chlordiazepoxide/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	
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	
Antidotes, Deterrents, and Toxicologic Agents		
Antidotes		
Chemet	2	
Cuprimine	2	
kalexate	1	
kionex	1	
leucovorin calcium tabs	1	
sodium polystyrene sulfonate (Kayexalate) powd	1	
Antidotes, Deterrents, and Toxicologic Agents		
sodium polystyrene sulfonate powd	1	
sodium polystyrene sulfonate susp	1	
Deterrents		
Chantix	2	(refer to EOC/COI on smoking cessation coverage)
disulfiram (Antabuse)	1	
Toxicologic Agents		
buprenorphine hcl (Subutex) subl 2mg	1	PA QL (16 tabs/day)
buprenorphine hcl (Subutex) subl 8mg	1	PA QL (4 tabs/day)
depade	1	
naltrexone hcl	1	
pentazocine/naloxone hcl	1	AL QL (PA required for those 65 years of age or older; 18 tabs/day)
revia	1	
Suboxone film 2mg; 0.5mg	3	PA QL (16 films/day)
Suboxone film 12mg; 3mg	3	PA QL (2 films/day)

Drug	Tier	Limits/Notes
Suboxone film 8mg; 2mg	3	PA QL (4 films/day)
Suboxone film 4mg; 1mg	3	PA QL (8 films/day)
Suboxone subl 2mg; 0.5mg	3	PA QL (16 tabs/day)
Suboxone subl 8mg; 2mg	3	PA QL (4 tabs/day)
Antiemetics		
Antiemetics		
Anzemet tabs	2	QL (1 tab/fill)
chlorpromazine hcl tabs	1	
compro	1	
dronabinol (Marinol)	1	QL (6 caps/day)
Emend caps 125mg	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)
hydroxyzine pamoate (Vistaril) caps 25mg, 50mg	1	AL (PA required for those 65 years of age or older)
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	AL (PA required for those 65 years of age or older)
promethegan supp 12.5mg, 25mg	1	
Transderm-scop	3	
trimethobenzamide hcl (Tigan) caps	1	AL (PA required for those 65 years of age or older)
Antifungals		
Antifungals		
bensal hp	1	
ciclodan	1	
ciclopirox (Loprox)	1	
ciclopirox nail lacquer (Penlac nail lacquer)	1	
ciclopirox olamine	1	
ciclopirox susp	1	
clotrimazole lozg	1	
clotrimazole troc	1	

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Drug	Tier	Limits/Notes
clotrimazole/betamethasone dipropionate (Lotrisone) crea	1	
econazole nitrate	1	
exoderm lotn	1	
fluconazole (Diflucan) susr	1	
fluconazole (Diflucan) tabs 100mg, 150mg, 200mg, 50mg	1	
flucytosine (Ancobon)	1	
griseofulvin microsize (Grifulvin v) tabs	1	
griseofulvin microsize susp	1	
griseofulvin ultramicrosize (Gris-peg)	1	
itraconazole (Sporanox)	1	PA
ketoconazole (Extina) foam	1	
ketoconazole (Nizoral) sham	1	
ketoconazole crea	1	
ketoconazole tabs	1	
ketodan	1	
miconazole 3	1	
Naftin	3	
Noxafil	2	PA
nystatin	1	
nystatin/triamcinolone	1	
nystop	1	
pedi-dri	1	
terbinafine hcl (Lamisil) tabs	1	QL (30 tabs/month)
terconazole (Terazol 3)	1	
terconazole (Terazol 7) crea 0.4%	1	
versiclear	1	
Vfend susr	2	PA
voriconazole (Vfend) tabs	1	PA
zazole crea 0.4%	1	
zazole supp	1	
Antigout Agents		
Antigout Agents		
allopurinol (Zyloprim)	1	
Colcrys	2	QL (quantity limit depends on diagnosis)
probenecid	1	
probenecid/colchicine	1	
Uloric	2	ST QL (use allopurinol first; 1 tab/day)

Drug	Tier	Limits/Notes
Antimigraine Agents		
Abortive		
Axert	3	QL (24 tabs/month)
epidrin	1	QL (15 caps/day)
Frova	3	QL (27 tabs/month)
isometheptene/cafeine/acetaminophen (Prodrin)	1	QL (12 tabs/day)
isometheptene/dichloralphenazone/acetaminophen	1	QL (15 caps/day)
migergot	1	QL (5 suppositories/week)
migragesic ida	1	QL (15 caps/day)
Migranal	2	QL (8 vials/month)
naratriptan hcl (Amerge)	1	QL (18 tabs/month)
nodolor	1	QL (15 caps/day)
Relpax	3	QL (18 tabs/month)
rizatriptan benzoate (Maxalt) tabs	1	QL (24 tabs/month)
rizatriptan benzoate (Maxalt-mlt) tbdp	1	QL (24 tabs/month)
sumatriptan (Imitrex) nasal spray	1	QL (18 nasal sprays/month)
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)
Prophylactic		
divalproex sodium (Depakote sprinkles) cpsp	1	
divalproex sodium (Depakote) tbec	1	
divalproex sodium er (Depakote er)	1	
propranolol hcl (Inderal)	1	
propranolol hcl er (Inderal la)	1	
timolol maleate ophthalmic soln 0.5%	1	
timolol maleate tabs	1	
topiragen	1	
topiramate (Topamax sprinkle) cpsp	1	
topiramate (Topamax) tabs	1	
Antimyasthenic Agents		
Parasympathomimetics		
guanidine hcl	1	

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Drug	Tier	Limits/Notes
Mestinon syrp	2	
pyridostigmine bromide (Mestinon)	1	
Antimycobacterials		
Antimycobacterials, Other		
dapsone	1	
Mycobutin	2	
Antituberculars		
ethambutol hcl (Myambutol)	1	
isoniazid syrp	1	
isoniazid tabs	1	
Priftin	2	
pyrazinamide	1	
rifampin (Rifadin) caps	1	
Antineoplastics		
Alkylating Agents		
Alkeran tabs	2	
Ceenu	2	
cyclophosphamide tabs	1	
Leukeran	2	
Matulane	2	
Myleran	2	
Antiangiogenic Agents		
Revlimid caps 10mg, 2.5mg, 5mg	4	PA QL (1 cap/day)
Revlimid caps 15mg, 25mg	4	PA QL (2 caps/day)
Antiestrogens/Modifiers		
Emcyt	2	
Fareston	2	
tamoxifen citrate	1	
Antimetabolites		
fluorouracil external soln	1	
hydroxyurea (Hydrea)	1	
mercaptopurine (Purinethol)	1	
Xeloda	4	
Antineoplastics, Other		
Hycamtin caps	2	
leucovorin calcium tabs	1	
Menest tabs 2.5mg	3	(PA required for those 65 years of age or older)
Menest tabs 0.3mg, 0.625mg, 1.25mg	3	AL (PA required for those 65 years of age or older)
Mesnex tabs	2	

Drug	Tier	Limits/Notes
Temodar caps	4	
Zortress tabs 0.25mg, 0.75mg	2	QL (2 tabs/day)
Zortress tabs 0.5mg	2	QL (4 tabs/day)
Zytiga	4	PA QL (4 tabs/day)
Aromatase Inhibitors, 3rd Generation		
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)
Molecular Target Inhibitors		
Bosulif tabs 500mg	4	PA QL (1 tab/day)
Bosulif tabs 100mg	4	PA QL (4 tabs/day)
Gleevec tabs 400mg	4	PA QL (2 tabs/day)
Gleevec tabs 100mg	4	PA QL (8 tabs/day)
Retinoids		
tretinoin caps	1	QL (9 caps/day)
Antiparasitics		
Antiprotozoals		
atovaquone/proguanil hcl (Malarone) tabs 250mg; 100mg	1	QL (1 tab/day)
atovaquone/proguanil hcl (Malarone) tabs 62.5mg; 25mg	1	QL (3 tabs/day)
chloroquine phosphate (Aralen) tabs 500mg	1	
chloroquine phosphate tabs 250mg	1	
Coartem	2	QL (24 tabs/fill)
Daraprim	2	
hydroxychloroquine sulfate (Plaquenil)	1	
mefloquine hcl	1	QL (4 tabs/fill)
Mepron	2	PA
primaquine phosphate	1	
quinine sulfate (Qualaquin)	1	QL (6 caps/day)
Tindamax tabs 500mg	3	QL (20 tabs/fill)
Tindamax tabs 250mg	3	QL (40 tabs/fill)
tinidazole (Tindamax) tabs 500mg	1	QL (20 tabs/fill)
tinidazole (Tindamax) tabs 250mg	1	QL (40 tabs/fill)
Yodoxin	2	
Pediculicides/Scabicides		
acticin	1	
Eurax	2	

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Drug	Tier	Limits/Notes
lindane	1	
malathion (Ovide)	1	
permethrin (Elimite) crea	1	
spinosad (Natroba)	1	QL (1 bottle/fill)
Antiparkinson Agents		
Antiparkinson Agents		
amantadine hcl	1	
Azilect	2	QL (1 tab/day)
benztropine mesylate tabs	1	
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)
carbidopa/levodopa/entacapone (Stalevo)	1	
entacapone (Comtan)	1	QL (8 tabs/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 er (Requip xl) tb24 2mg, 4mg, 6mg	1	QL (1 tab/day)
ropinirole er (Requip xl) tb24 12mg	1	QL (2 tabs/day)
ropinirole er (Requip xl) tb24 8mg	1	QL (3 tabs/day)
ropinirole hcl (Requip)	1	
selegiline hcl (Eldepryl) caps	1	
selegiline hcl tabs	1	
Tasmar	2	QL (6 tabs/day)
trihexyphenidyl hcl	1	
Antipsychotics		
Atypicals		
Abilify	3	
clozapine (Clozaril) tabs 100mg, 25mg	1	
clozapine odt (Fazaclo)	1	
clozapine tabs 200mg, 50mg	1	
Geodon caps	3	
Invega	3	PA
olanzapine (Zyprexa) tabs	1	
olanzapine odt (Zyprexa zydis)	1	
olanzapine/fluoxetine (Symbyax)	1	

Drug	Tier	Limits/Notes
quetiapine fumarate (Seroquel) tabs	1	
risperidone (Risperdal) oral soln	1	
risperidone (Risperdal) tabs	1	
risperidone m-tab	1	
risperidone odt (Risperdal m-tab) tbdp	1	
Saphris	3	QL (2 tabs/day)
Seroquel xr	2	
ziprasidone hcl (Geodon)	1	
Conventional		
chlorpromazine hcl tabs	1	
compro	1	
fluphenazine hcl	1	
haloperidol	1	
loxapine (Loxitane) caps 10mg, 5mg	1	
loxapine caps 25mg, 50mg	1	
loxapine succinate (Loxitane) caps 10mg, 5mg	1	
loxapine succinate caps 25mg, 50mg	1	
Orap	2	
perphenazine	1	
perphenazine/amitriptyline	1	
prochlorperazine	1	
thioridazine hcl	1	AL (PA required for those 65 years of age or older)
thiothixene	1	
trifluoperazine hcl	1	
Antispasticity Agents		
Antispasticity Agents		
baclofen	1	
dantrolene sodium (Dantrium) caps	1	
ed baclofen	1	
tizanidine hcl (Zanaflex)	1	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
Valcyte	2	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors		
Atripla	2	
Complera	2	
Edurant	2	

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Drug	Tier	Limits/Notes
Intelence	2	ST (use in combination with other antiretroviral therapy)
nevirapine (Viramune) tabs	1	
nevirapine (Viramune) susp	1	
Rescriptor	2	
Sustiva	2	
Viramune xr	2	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors		
abacavir (Ziagen) tab	1	
Atripla	2	
didanosine (Videx ec)	1	
Emtriva	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 powd	2	QL (3 bottles/month)
Viread tabs	2	QL (1 tab/day)
zidovudine (Retrovir)	1	
Anti-HIV Agents, Other		
Isentress	2	
Selzentry	2	PA
Anti-HIV Agents, Protease Inhibitors		
Aptivus	2	ST (use in combination with other antiretroviral therapy)
Crixivan	2	
Invirase	2	
Kaletra	2	
Lexiva	2	
Norvir	2	
Prezista	2	
Reyataz	2	
Viracept	2	

Drug	Tier	Limits/Notes
Anti-influenza Agents		
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)
Antihepatitis Agents		
Baraclude oral soln	2	QL (3 bottles/month)
Baraclude tabs	2	QL (1 tab/day)
Hepsera	2	QL (1 tab/day)
Incivek	4	PA QL (6 tabs/day)
ribasphere	1	PA
ribavirin (Copegus) tabs	1	PA
ribavirin (Rebetol) caps	1	PA
Victrelis	4	PA QL (12 caps/day)
Antiherpetic Agents		
acyclovir (Zovirax)	1	
Denavir	3	
famciclovir (Famvir)	1	
trifluridine (Viroptic)	1	
valacyclovir hcl (Valtrex)	1	
Zovirax crea	3	
Zovirax oint	3	
Anxiolytics		
Antidepressants		
doxepin hcl	1	
escitalopram oxalate (Lexapro) oral soln 5mg/5ml	1	QL (24 ml/day)
escitalopram oxalate (Lexapro) tabs 20mg, 5mg	1	QL (1 tab/day)
escitalopram oxalate (Lexapro) tabs 10mg	1	QL (1.5 tabs/day)
Lexapro oral soln	3	QL (24ml/day)
Lexapro tabs 10mg	3	QL (1.5 tabs/day)
Lexapro tabs 20mg, 5mg	3	QL (1 tab/day)
paroxetine hcl (Paxil)	1	
paroxetine hcl er (Paxil cr)	1	
sertraline hcl (Zoloft)	1	
Anxiolytics, Other		
alprazolam (Xanax) tabs 1mg	1	QL (10 tabs/day)
alprazolam (Xanax) tabs 0.5mg	1	QL (20 tabs/day)
alprazolam (Xanax) tabs 0.25mg	1	QL (40 tabs/day)

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Drug	Tier	Limits/Notes
alprazolam (Xanax) tabs 2mg	1	QL (5 tabs/day)
alprazolam er (Xanax xr) tb24 1mg	1	QL (10 tabs/day)
alprazolam er (Xanax xr) tb24 0.5mg	1	QL (20 tabs/day)
alprazolam er (Xanax xr) tb24 3mg	1	QL (3 tabs/day)
alprazolam er (Xanax xr) tb24 2mg	1	QL (5 tabs/day)
alprazolam intensol	1	QL (4ml/day)
alprazolam odt (Niravam) tbdp 1mg	1	QL (10 tabs/day)
alprazolam odt (Niravam) tbdp 0.5mg	1	QL (20 tabs/day)
alprazolam odt (Niravam) tbdp 0.25mg	1	QL (40 tabs/day)
alprazolam odt (Niravam) tbdp 2mg	1	QL (5 tabs/day)
buspirone hcl	1	
chlordiazepoxide hcl caps 25mg	1	AL QL (PA required for those 65 years of age or older; 12 tabs/day)
chlordiazepoxide hcl caps 10mg	1	AL QL (PA required for those 65 years of age or older; 30 tabs/day)
chlordiazepoxide hcl caps 5mg	1	AL QL (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	QL (10 tabs/day)
clonazepam (Klonopin) tabs 1mg	1	QL (20 tabs/day)
clonazepam (Klonopin) tabs 0.5mg	1	QL (40 tabs/day)
clonazepam odt	1	PA
clorazepate dipotassium (Tranxene t) tabs 7.5mg	1	QL (12 tabs/day)
clorazepate dipotassium (Tranxene t) tabs 3.75mg	1	QL (24 tabs/day)
clorazepate dipotassium (Tranxene t) tabs 15mg	1	QL (6 tabs/day)
diazepam (Valium) tabs 5mg	1	QL (12 tabs/day)
diazepam (Valium) tabs 2mg	1	QL (30 tabs/day)
diazepam (Valium) tabs 10mg	1	QL (6 tabs/day)
diazepam gel	1	QL (1 kit [2 doses]/fill)
diazepam intensol	1	QL (12 bottles/month)
diazepam oral soln	1	QL (60ml/day)
lorazepam conc	1	QL (150ml/month)
lorazepam (Ativan)	1	QL (10 tabs/day)
lorazepam (Ativan)	1	QL (20 tabs/day)

Drug	Tier	Limits/Notes
lorazepam (Ativan)	1	QL (5 tabs/day)
lorazepam intensol	1	QL (5 bottles/month)
meprobamate	1	AL (PA required for those 65 years of age or older)
oxazepam caps 10mg	1	QL (12 caps/day)
oxazepam caps 30mg	1	QL (4 caps/day)
oxazepam caps 15mg	1	QL (8 caps/day)
Bipolar Agents		
Bipolar Agents		
Abilify	3	
carbamazepine (Tegretol)	1	
carbamazepine er (Carbatrol) cp12	1	
carbamazepine er (Tegretol-xr) tb12	1	
divalproex sodium (Depakote sprinkles) cpsp	1	
divalproex sodium (Depakote) tbec	1	
divalproex sodium er (Depakote er)	1	
epitol	1	
Equetro	2	
Geodon caps	3	
Lamictal	3	
Lamictal xr kit	3	ST QL (use lamotrigine tabs first; 1 kit/month)
Lamictal xr tb24 100mg, 25mg, 50mg	3	ST QL (use lamotrigine tabs first; 1 tab/day)
Lamictal xr tb24 250mg, 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	1	
lamotrigine er (Lamictal xr) tb24 100mg, 25mg, 50mg	1	ST QL (use lamotrigine tabs first; 1 tab/day)
lamotrigine er (Lamictal xr) tb24 250mg, 300mg	1	ST QL (use lamotrigine tabs first; 2 tabs/day)
lamotrigine er (Lamictal xr) tb24 200mg	1	ST QL (use lamotrigine tabs first; 3 tabs/day)
lithium carbonate	1	
lithium carbonate er (Lithobid) tbc3 300mg	1	
lithium carbonate er tbc3 450mg	1	
olanzapine (Zyprexa) tabs	1	
olanzapine odt (Zyprexa zydis)	1	

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Drug	Tier	Limits/Notes
olanzapine/fluoxetine (Symbyax)	1	
quetiapine fumarate (Seroquel) tabs	1	
risperidone (Risperdal) oral soln	1	
risperidone (Risperdal) tabs	1	
risperidone m-tab	1	
risperidone odt (Risperdal m-tab) tbdp	1	
Saphris	3	QL (2 tabs/day)
Seroquel xr	2	
Tegretol-xr tb12 100mg	2	
ziprasidone hcl (Geodon)	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose (Precose)	1	
Actoplus met xr	2	ST QL (use metformin first; 1 tab/day)
Bydureon	2	PA QL (4 vials/month)
Byetta	2	PA QL (1 pen/month)
glimepiride (Amaryl)	1	
glipizide (Glucotrol)	1	
glipizide er (Glucotrol xl)	1	
glipizide/metformin hcl (Metaglip) tabs	1	
Glumetza	3	PA
glyburide	1	
glyburide micronized (Glynase)	1	
glyburide/metformin hcl (Glucovance)	1	
Janumet	2	ST QL (2 tabs/day)
Janumet xr tb24 1000mg; 100mg, 500mg; 50mg	2	ST QL (1 tab/day)
Janumet xr tb24 1000mg; 50mg	2	ST QL (2 tabs/day)
Januvia	2	ST QL (1 tab/day)
Juvisync	2	ST QL (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)
pioglitazone hcl (Actos)	1	ST (use metformin or sulfonylurea first)

Drug	Tier	Limits/Notes
pioglitazone hcl-glimepiride (Duetact)	1	ST QL (use pioglitazone or glimepiride first; 1 tab/day)
pioglitazone hcl/metformin hcl (Actoplus met)	1	ST QL (use metformin first; 3 tabs/day)
Prandin	3	
tolazamide	1	
tolbutamide	1	
Tradjenta	3	QL (try Januvia or Janumet first; 1 tab/day)
Victoza	3	PA QL (3 pens/month)
Glycemic Agents		
Glucagen	2	QL (2 injections/fill)
Glucagon emergency kit	2	QL (2 kits/fill)
Insulins		
Apidra solostar	3	
Humalog vial	2	
Humalog kwikpen	2	
Humalog mix 50/50 vial	2	
Humalog mix 50/50 kwikpen	2	
Humalog mix 75/25 vial	2	
Humalog mix 75/25 kwikpen	2	
Humulin 70/30 vial	2	
Humulin 70/30 pen	3	
Humulin n vial	2	
Humulin n u-100 pen	3	
Humulin r vial	2	
Humulin r u-500 (concentrated) vial	2	
Lantus vial	2	QL (40ml/month)
Lantus solostar	2	QL (45ml/month)
Levemir vial	2	QL (40ml/month)
Levemir flexpen	2	QL (45ml/month)
Novolin vial	3	
Novolin 70/30 relion	3	
Novolin n vial	3	
Novolin n relion	3	
Novolin r vial	3	
Novolin r relion	3	
Novolog vial	3	
Novolog flexpen	3	
Novolog mix vial	3	
Novolog mix prefilled flexpen	3	

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Drug	Tier	Limits/Notes
Novolog penfill	3	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
Arixtra	4	QL (1 syringe/day, max 11 syr/2 months)
Eliquis	2	PA QL (2 tabs/day)
enoxaparin sodium (Lovenox) inj syr	4	QL (2 syringes/day, max 28 syr/2 months)
enoxaparin sodium (Lovenox) inj 300mg/3ml vial	4	QL (2ml/day, max 28ml/2 months)
heparin sodium	1	
jantoven	1	
Pradaxa	3	PA QL (2 caps/day)
warfarin sodium (Coumadin)	1	
Xarelto tabs 10mg	2	QL (1 tab/day, max 35 tabs/6 months)
Xarelto tabs 15mg, 20mg	2	PA QL (1 tab/day)
Blood Formation Products		
Neupogen	4	PA
Procrit	4	PA
Blood Products/Modifiers/Volume Expanders		
pentoxifylline er (Trental)	1	
Coagulants		
aminocaproic acid (Amicar)	1	
tranexamic acid (Lysteda) tabs	1	QL (30 tabs/month)
Platelet Aggregation Inhibitors		
Aggrenox	3	
cilostazol (Pletal)	1	
clopidogrel (Plavix) tabs 75mg	1	
dipyridamole (Persantine) tabs	1	AL (PA required for those 65 years of age or older)
Effient	3	QL (1 tab/day)
ticlopidine hcl	1	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl (Catapres) tabs	1	
clonidine hcl (Catapres-tts) ptwk	1	
clorpres	1	
guanfacine hcl (Tenex)	1	
Intuniv	3	ST QL (use guanfacine first; 1 tab/day)
methyldopa	1	

Drug	Tier	Limits/Notes
methyldopa/hydrochlorothiazide	1	
midodrine hcl	1	
Alpha-adrenergic Blocking Agents		
clonidine hcl tabs	1	
doxazosin mesylate (Cardura)	1	
prazosin hcl (Minipress)	1	
reserpine	1	
terazosin hcl	1	
Antiarrhythmics		
acebutolol hcl (Sectral)	1	
amiodarone hcl (Cordarone) tabs 200mg	1	
amiodarone hcl (Pacerone) tabs 400mg	1	
diltiazem hcl (Tiazac) cp24	1	
diltiazem hcl er (Cardizem cd) cp24	1	
diltzac	1	
disopyramide phosphate (Norpace)	1	
flecainide acetate (Tambocor)	1	
matzim la	1	
mexiletine hcl	1	
Multaq	2	PA QL (2 tabs/day)
Norpace cr	2	
pacerone tabs 200mg	1	
propafenone hcl (Rythmol) tabs	1	
propafenone hcl er (Rythmol sr)	1	
propranolol hcl (Inderal)	1	
propranolol hcl er (Inderal la)	1	
quinidine gluconate er	1	
quinidine sulfate	1	
quinidine sulfate er	1	
sotalol hcl (Betapace) tabs	1	
taztia xt	1	
Tikosyn	2	
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	
Beta-adrenergic Blocking Agents		
acebutolol hcl (Sectral)	1	
atenolol (Tenormin)	1	

AL – Age limit restriction

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PA – Prior authorization required

QL – Quantity limit restriction

ST – Step therapy required

X – \$0 copay

XX – \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
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)
Bystolic tabs 20mg	3	PA QL (2 tabs/day)
carvedilol (Coreg)	1	
Coreg cr	3	ST (use carvedilol [Coreg] first)
labetalol hcl (Trandate) tabs 100mg, 200mg, 300mg	1	
metoprolol succinate er (Toprol xl)	1	
metoprolol tartrate (Lopressor) tabs	1	
metoprolol/hydrochlorothiazide (Lopressor hct) tabs	1	
nadolol (Corgard)	1	
nadolol/bendroflumethiazide (Corzide)	1	
pindolol	1	
propranolol hcl (Inderal)	1	
propranolol hcl er (Inderal la)	1	
propranolol/hydrochlorothiazide	1	
timolol maleate ophthalmic soln 0.5%	1	
timolol maleate tabs	1	
Toprol xl	3	
Calcium Channel Blocking Agents		
afeditab cr	1	
amlodipine besylate (Norvasc)	1	
amlodipine besylate/atorvastatin calcium (Caduet)	1	QL (1 tab/day)
amlodipine besylate/benazepril hcl (Lotrel) caps 10mg; 40mg	1	QL (1 cap/day)
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)

Drug	Tier	Limits/Notes
Azor	3	ST QL (try 2 formulary ARBs first; 1 tab/day)
Caduet	3	QL (1 tab/day)
diltiazem cd (Cardizem cd)	1	
diltiazem hcl (Cardizem) tabs	1	
diltiazem hcl er (Dilacor xr) cp24	1	
diltiazem hcl er (Tiazac) cp24	1	
felodipine er	1	
isradipine	1	
Lotrel caps 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg	3	
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	AL (PA required for those 65 years of age or older)
nifedipine caps 20mg	1	AL (PA required for those 65 years of age or older)
nifedipine er (Adalat cc) tb24	1	
nifedipine er (Procardia xl) tb24	1	
nimodipine (Nimotop)	1	
nisoldipine (Sular) tb24 17mg, 34mg, 8.5mg	1	
nisoldipine er	1	
nisoldipine tb24 20mg, 30mg, 40mg	1	
Norvasc	3	
taztia xt	1	
Tribenzor	3	ST QL (Use 2 formulary ARBs first; 1 tab/day)
verapamil hcl (Calan) tabs	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	
Cardiovascular Agents, Other		
digoxin oral soln 0.05mg/ml	1	AL QL (PA required if 65 years of age or older; 2.5ml/day)

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Drug	Tier	Limits/Notes
digoxin (Lanoxin) 0.25mg	1	AL QL (PA required if 65 years of age or older; 0.5 tab/day)
digoxin (Lanoxin) 0.125mg	1	AL QL (PA required if 65 years of age or older; 1 tab/day)
Ranexa	3	PA QL (2 tabs/day)
Diuretics		
acetazolamide er (Diamox)	1	
acetazolamide tabs 250mg	1	
amiloride hcl	1	
amiloride/hydrochlorothiazide	1	
Atacand hct tabs 32mg; 12.5mg, 32mg; 25mg	3	ST QL (use ACE inhibitor, losartan, or losartan hct first; 1 tab/day)
Atacand hct tabs 16mg; 12.5mg	3	ST QL (use ACE inhibitor, losartan, or losartan hct first; 2 tabs/day)
atenolol/chlorthalidone (Tenoretic 100) tabs 100mg; 25mg	1	
atenolol/chlorthalidone (Tenoretic 50) tabs 50mg; 25mg	1	
benazepril hcl/hydrochlorothiazide (Lotensin hct) tabs	1	
Benicar hct	3	ST QL (try 2 formulary ARBs first; 1 tab/day)
bisoprolol fumarate/hydrochlorothiazide (Ziac)	1	
bumetanide tabs	1	
candesartan cilexetil/hydrochlorothiazide (Atacand hct) tabs 32mg; 12.5mg, 32mg; 25mg	1	ST QL (use ACE inhibitor, losartan, or losartan hct first; 1 tab/day)
candesartan cilexetil/hydrochlorothiazide (Atacand hct) tabs 16mg; 12.5mg	1	ST QL (use ACE inhibitor, losartan, or losartan hct first; 2 tabs/day)
captopril/hydrochlorothiazide	1	
chlorothiazide	1	
chlorthalidone tabs 25mg	1	
clorpres	1	
Edarbyclor	2	ST QL (use ACE inhibitor, losartan, or losartan hct first; 1 tab/day)
enalapril maleate/hydrochlorothiazide (Vaseretic) tabs	1	

Drug	Tier	Limits/Notes
eplerenone (Inspra)	1	
fosinopril sodium/hydrochlorothiazide	1	
furosemide (Lasix) tabs	1	
furosemide oral soln	1	
hydrochlorothiazide (Microzide) caps	1	
hydrochlorothiazide tabs	1	
indapamide	1	
irbesartan/hydrochlorothiazide (Avalide) tabs 12.5mg; 300mg	1	ST QL (use ACE inhibitor, losartan, or losartan hct first; 1 tab/day)
irbesartan/hydrochlorothiazide (Avalide) tabs 12.5mg; 150mg	1	ST QL (use ACE inhibitor, losartan, or losartan hct first; 2 tabs/day)
lisinopril/hydrochlorothiazide (Zestoretic)	1	
losartan potassium/hydrochlorothiazide (Hyzaar) tabs 12.5mg; 100mg, 25mg; 100mg	1	QL (1 tab/day)
losartan potassium/hydrochlorothiazide (Hyzaar) tabs 12.5mg; 50mg	1	QL (2 tabs/day)
methazolamide (Neptazane)	1	
methyclothiazide	1	
methyl dopa/hydrochlorothiazide	1	
metolazone (Zaroxolyn) tabs 2.5mg, 5mg	1	
metolazone tabs 10mg	1	
metoprolol/hydrochlorothiazide (Lopressor hct) tabs	1	
Micardis hct tabs 12.5mg; 80mg, 25mg; 80mg	3	ST QL (try 2 formulary ARBs first; 2 tabs/day)
Micardis hct tabs 12.5mg; 40mg	3	ST QL (try 2 formulary ARBs first; 3 tabs/day)
moexipril/hydrochlorothiazide (Uniretic)	1	
nadolol/bendroflumethiazide (Corzide)	1	
propranolol/hydrochlorothiazide	1	
quinapril/hydrochlorothiazide (Accuretic)	1	
spironolactone (Aldactone)	1	
spironolactone/hydrochlorothiazide (Aldactazide)	1	
Tektura hct	3	ST QL (try an ARB, and either a beta-blocker, calcium channel blocker, or diuretic first; 1 tab/day)
torsemide (Demadex) tabs	1	
triamterene/hydrochlorothiazide (Dyazide) caps	1	

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Drug	Tier	Limits/Notes
triamterene/hydrochlorothiazide (Maxzide) tabs 50mg; 75mg	1	
triamterene/hydrochlorothiazide (Maxzide-25) tabs 25mg; 37.5mg	1	
Tribenzor	3	ST QL (Use 2 formulary ARBs first; 1 tab/day)
valsartan/hydrochlorothiazide (Diovan hct) tabs 12.5mg; 320mg, 25mg; 320mg	1	QL (use ACE inhibitor, losartan, or losartan/hctz first; 1 tab/day)
valsartan/hydrochlorothiazide (Diovan hct) tabs 12.5mg; 160mg, 12.5mg; 80mg, 25mg; 160mg	1	QL (use ACE inhibitor, losartan, losartan/hctz first; 2 tabs/day)
Dyslipidemics		
Advicor tb24 40mg; 1000mg	2	QL (1 tab/day)
Advicor tb24 20mg; 1000mg, 20mg; 500mg, 20mg; 750mg	2	QL (2 tabs/day)
amlodipine besylate/atorvastatin calcium (Caduet)	1	QL (1 tab/day)
Antara caps 130mg	3	QL (1 cap/day)
Antara caps 43mg	3	QL (2 caps/day)
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	
Crestor	3	PA QL (1 tab/day)
fenofibrate (Antara) caps 130mg	1	QL (1 cap/day)
fenofibrate (Antara) caps 43mg	1	QL (2 caps/day)
fenofibrate (Tricor) tabs 145mg	1	QL (1 tab/day)
fenofibrate (Tricor) tabs 48mg	1	QL (2 tabs/day)
fenofibrate micronized	1	QL (1 cap/day)
fenofibrate tabs 160mg	1	QL (1 tab/day)
fenofibrate tabs 54mg	1	QL (2 tabs/day)
fenofibric acid tabs 105mg	1	QL (1 tab/day)
fenofibric acid tabs 35mg	1	QL (2 tabs/day)
fluvastatin (Lescol)	1	QL (1 cap/day)
gemfibrozil (Lopid)	1	QL (2.5 tabs/day)
Juvisync	2	ST QL (1 tab/day)
Lescol xl	3	QL (1 tab/day)
Lipitor	3	QL (1 tab/day)
Lipofen caps 150mg	3	QL (1 cap/day)
Lipofen caps 50mg	3	QL (2 caps/day)

Drug	Tier	Limits/Notes
Livalo	3	PA QL (1 tab/day)
lofibra caps	1	QL (1 cap/day)
lofibra tabs 160mg	1	QL (1 tab/day)
lofibra tabs 54mg	1	QL (2 tabs/day)
lovastatin (Mevacor) tabs 10mg, 20mg	1	QL (1 tab/day)
lovastatin (Mevacor) tabs 40mg	1	QL (2 tabs/day)
Lovaza	3	PA QL (4 caps/day)
micronized colestipol hcl	1	
Niaspan tbcx 1000mg, 750mg	2	QL (2 tabs/day)
Niaspan tbcx 500mg	2	QL (4 tabs/day)
pravastatin sodium (Pravachol) tabs 10mg, 20mg, 40mg, 80mg	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)
Trilipix	2	QL (1 cap/day)
Welchol	2	
Zetia	3	PA QL (1 tab/day)
Renin-angiotensin-aldosterone System Inhibitors		
amlodipine besylate/benazepril hcl (Lotrel) caps 10mg; 40mg	1	QL (1 cap/day)
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 (use ACE inhibitor, losartan, or losartan hct first; 1 tab/day)
Atacand hct tabs 16mg; 12.5mg	3	ST QL (use ACE inhibitor, losartan, or losartan hct first; 2 tabs/day)
Atacand tabs 32mg	3	ST QL (try 2 formulary ARBs first; 1 tab/day)
Atacand tabs 16mg	3	ST QL (try 2 formulary ARBs first; 2 tabs/day)
Atacand tabs 8mg	3	ST QL (try 2 formulary ARBs first; 4 tabs/day)

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Drug	Tier	Limits/Notes
Atacand tabs 4mg	3	ST QL (try 2 formulary ARBs first; 8 tabs/day)
Azor	3	ST QL (try 2 formulary ARBs first; 1 tab/day)
benazepril hcl (Lotensin) tabs 5mg, 10mg, 20mg	1	QL (1 tab/day)
benazepril hcl (Lotensin) tabs 40mg	1	QL (2 tabs/day)
benazepril hcl/hydrochlorothiazide (Lotensin hct) tabs	1	
Benicar hct	3	ST QL (try 2 formulary ARBs first; 1 tab/day)
Benicar tabs 20mg, 40mg	3	ST QL (try 2 formulary ARBs first; 1 tab/day)
Benicar tabs 5mg	3	ST QL (try 2 formulary ARBs first; 3 tabs/day)
candesartan cilexetil/hydrochlorothiazide (Atacand hct) tabs 32mg; 12.5mg, 32mg; 25mg	1	ST QL (use ACE inhibitor, losartan, or losartan hct first; 1 tab/day)
candesartan cilexetil/hydrochlorothiazide (Atacand hct) tabs 16mg; 12.5mg	1	ST QL (use ACE inhibitor, losartan, or losartan hct first; 2 tabs/day)
captopril	1	
captopril/hydrochlorothiazide	1	
Cozaar tabs 100mg	3	QL (1 tab/day)
Cozaar tabs 50mg	3	QL (2 tabs/day)
Cozaar tabs 25mg	3	QL (4 tabs/day)
Edarbi	2	ST QL (use ACE inhibitor, losartan, or losartan hct first; 1 tab/day)
Edarbyclor	2	ST QL (use ACE inhibitor, losartan, or losartan hct first; 1 tab/day)
enalapril maleate (Vasotec)	1	
enalapril maleate/hydrochlorothiazide (Vaseretic) tabs	1	
eplerenone (Inspra)	1	
eprosartan mesylate (Teveten) 600mg	1	ST QL (try losartan, or losartan HCT 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/hydrochlorothiazide	1	

Drug	Tier	Limits/Notes
irbesartan (Avapro)	1	ST QL (use ACE inhibitor, losartan, or losartan hct first; 1 tab/day)
irbesartan/hydrochlorothiazide (Avalide) tabs 12.5mg; 300mg	1	ST QL (use ACE inhibitor, losartan, or losartan hct first; 1 tab/day)
irbesartan/hydrochlorothiazide (Avalide) tabs 12.5mg; 150mg	1	ST QL (use ACE inhibitor, losartan, or losartan hct first; 2 tabs/day)
lisinopril (Prinivil) tabs 10mg, 20mg, 5mg	1	
lisinopril (Zestril) tabs 2.5mg, 30mg, 40mg	1	
lisinopril/hydrochlorothiazide (Zestoretic)	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/hydrochlorothiazide (Hyzaar) tabs 12.5mg; 100mg, 25mg; 100mg	1	QL (1 tab/day)
losartan potassium/hydrochlorothiazide (Hyzaar) tabs 12.5mg; 50mg	1	QL (2 tabs/day)
Lotrel caps 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg	3	
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 2 formulary ARBs first; 2 tabs/day)
Micardis hct tabs 12.5mg; 40mg	3	ST QL (try 2 formulary ARBs first; 3 tabs/day)
Micardis tabs 20mg, 40mg	3	ST QL (try 2 formulary ARBs first; 1 tab/day)
Micardis tabs 80mg	3	ST QL (try 2 formulary ARBs first; 2 tabs/day)
moexipril hcl (Univasc)	1	
moexipril/hydrochlorothiazide (Uniretic)	1	
perindopril erbumine (Aceon) tabs 4mg	1	QL (1 tab/day)
perindopril erbumine (Aceon) tabs 8mg	1	QL (2 tabs/day)
perindopril erbumine tabs 2mg	1	QL (1 tab/day)
quinapril hcl (Accupril)	1	
quinapril/hydrochlorothiazide (Accuretic)	1	
ramipril (Altace)	1	
spironolactone (Aldactone)	1	
Tekturna	3	ST QL (try an ARB, and either a beta-blocker, calcium channel blocker, or diuretic first; 1 tab/day)

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Drug	Tier	Limits/Notes
Tektura hct	3	ST QL (try an ARB, and either a beta-blocker, calcium channel blocker, or diuretic first; 1 tab/day)
trandolapril (Mavik)	1	
Tribenzor	3	ST QL (use 2 formulary ARBs first; 1 tab/day)
valsartan/hydrochlorothiazide (Diovan hct) tabs 12.5mg; 320mg, 25mg; 320mg	1	QL (use ACE inhibitor, losartan, or losartan/hctz first; 1 tab/day)
valsartan/hydrochlorothiazide (Diovan hct) tabs 12.5mg; 160mg, 12.5mg; 80mg, 25mg; 160mg	1	QL (use ACE inhibitor, losartan, losartan/hctz first; 2 tabs/day)
Vasodilators		
hydralazine hcl tabs	1	
isodilate er	1	
isosorbide dinitrate (Isordil titradose) tabs 5mg	1	
isosorbide dinitrate er	1	
isosorbide dinitrate tabs 10mg, 20mg, 30mg	1	
isosorbide mononitrate	1	
isosorbide mononitrate er (Imdur)	1	
isoxsuprine hcl	1	
minitran	1	
minoxidil tabs	1	
Nitro-bid	2	
nitro-time	1	
nitroglycerin (Nitro-dur) pt24	1	
nitroglycerin er	1	
nitroglycerin lingual	1	
nitroglycerin transdermal (Nitro-dur)	1	
Nitrostat	2	
Central Nervous System Agents		
Amphetamines, ADHD		
Adderall xr	2	QL (2 caps/day)
amphetamine/dextroamphetamine (Adderall) tabs 30mg	1	QL (2 tabs/day)
amphetamine/dextroamphetamine (Adderall) tabs 20mg	1	QL (3 tabs/day)
amphetamine/dextroamphetamine (Adderall) tabs 5mg, 7.5mg, 10mg, 15mg	1	QL (4 tabs/day)
amphetamine/dextroamphetamine (Adderall) tabs 12.5mg	1	QL (5 tabs/day)

Drug	Tier	Limits/Notes
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	QL (1 cap/day)
Central Nervous System Agents		
ascomp/codeine	1	QL (9 caps/day)
butalbital compound	1	
butalbital/acetaminophen/cafeine/codeine (Fioricet/codeine)	1	QL (9 caps/day)
butalbital/aspirin/cafeine (Fiorinal)	1	
butalbital/aspirin/cafeine/codeine (Fiorinal/codeine #3)	1	QL (9 caps/day)
Non-amphetamines, ADHD		
Concerta tbc 18mg, 27mg, 54mg	3	QL (1 tab/day)
Concerta tbc 36mg	3	QL (2 tabs/day)
Daytrana	3	QL (1 patch/day)
dexmethylphenidate hcl (Focalin)	1	QL (2 tabs/day)
Focalin xr cp24	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	QL (3 tabs/day)
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 5mg	1	QL (12 tabs/day)
methylphenidate hcl (Ritalin) tabs 20mg	1	QL (3 tabs/day)
methylphenidate hcl (Ritalin) tabs 10mg	1	QL (6 tabs/day)
methylphenidate hcl cd (Metadate cd) cpcr 40mg, 50mg, 60mg	1	QL (1 cap/day)
methylphenidate hcl cd (Metadate cd) cpcr 10mg, 20mg, 30mg	1	QL (2 caps/day)
methylphenidate hcl er (Concerta) tbc 18mg, 27mg, 54mg	1	QL (1 tab/day)
methylphenidate hcl er (Concerta) tbc 36mg	1	QL (2 tabs/day)

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Drug	Tier	Limits/Notes
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) tbcx 20mg	1	QL (3 tabs/day)
methylphenidate hcl er (Metadate er) tbcx 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)
Strattera caps 40mg	2	QL (2 caps/day)
Strattera caps 10mg, 18mg, 25mg	2	QL (4 caps/day)
Non-amphetamines, Other		
Aubagio	4	PA QL (1 tab/day)
caffeine citrate (Cafcit) oral soln 20mg/ml, 60mg/3ml	1	
modafinil (Provigil) tabs 200mg	1	PA QL (2 tabs/day)
modafinil (Provigil) tabs 100mg	1	PA QL (3 tabs/day)
Nuedexta	2	QL (2 caps/day)
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	
Dental and Oral Agents		
Dental and Oral Agents		
cevimeline hcl (Evxac)	1	
pilocarpine hcl (Salagen) tabs	1	
Dermatological Agents		
Dermatological Agents		
Aczone	3	PA
adapalene (Differin)	1	AL (PA required if > 40 years)
aliclen	1	
amnestem	1	
Atralin	3	AL (PA required if > 40 years)
avar cleanser	1	
avar-e emollient	1	
avar-e green	1	
benzepto	1	

Drug	Tier	Limits/Notes
benzepro short contact	1	
benziq wash	1	
benzoyl peroxide (Benzefoam) foam	1	PA
benzoyl peroxide short contact (Benzefoamultra)	1	PA
bp 10-1	1	
bp cleansing wash	1	
bp wash liqd 2.5%	1	
bpo	1	
bpo 3% foaming cloths	1	PA
bpo 6% foaming cloths	1	PA
bpo 9% foaming cloths	1	PA
calcipotriene (Dovonex)	1	
calcitrene	1	
calcitriol	1	
Carac	2	
cem-urea	1	PA
cerisa wash	1	
cerovel	1	
claravis caps 10mg, 20mg, 40mg	1	
claris clarifying wash	1	
clindacin-p	1	
clindamycin/benzoyl peroxide (Benzacilin) gel 5%; 1%	1	
clindamycin/benzoyl peroxide (Duac) gel 5%; 1.2%	1	
Condylox	2	
cortalo	1	
Differin gel 0.3%	2	AL (PA required if > 40 years)
Differin gel 0.3% pump	2	AL (PA required if > 40 years)
Differin lotn	2	AL (PA required if > 40 years)
Elidel	2	ST AL QL (PA required if 12 or older; use med, high, or very high potency topical steroid first; 1 tube/fill)
Epiduo	3	ST AL (PA required if > 40 years; try Differin and generic benzoyl peroxide first)
erythromycin	1	

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Drug	Tier	Limits/Notes
erythromycin/benzoyl peroxide (Benzamycin)	1	
Finacea	3	QL (1 tube/month)
Fluoroplex	2	
fluorouracil (Efudex) crea	1	
fluorouracil external soln	1	
hydrocortisone acetate/aloe (Nuzon)	1	
hydrocortisone acetate/pramoxine (Analpram-hc) crea	1	
hydrocortisone acetate/pramoxine (Pramosone) external crea	1	
imiquimod (Aldara) crea 5%	1	QL (24 packs/month, max of 48 packs/6 months)
lactic acid	1	
lactic acid e	1	
latrix	1	
latrix xm	1	
lavoclen-4 creamy wash	1	
lavoclen-8 creamy wash	1	
lidocaine hcl-hydrocortisone acetate with aloe	1	
lidocaine hcl/hydrocortisone acetate crea	1	
lidocaine/prilocaine (Emla) crea	1	
mexar wash	1	
myorisan	1	
oscion	1	
Oxsoralen ultra	2	
podofilox (Condylox)	1	
pr benzoyl peroxide wash	1	
pramcort	1	
Pramosone crea 2.5%; 1%	2	
Pramosone lotn	2	
Pramosone oint	2	
prascion crea	1	
prascion emul	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	
revina	1	

Drug	Tier	Limits/Notes
rosanil cleanser	1	
salacyn	1	
salicylic acid (Keralyt) gel	1	
salicylic acid (Salex) sham	1	
salicylic acid (Salvax) foam	1	
salicylic acid crea	1	
salicylic acid liqd	1	
salicylic acid lotn	1	
Santyl	2	
se bpo 3% foaming cloths	1	PA
se bpo 6% foaming cloths	1	PA
se bpo 9% foaming cloths	1	PA
seb-prev wash	1	
selenium sulfide (Selsun shampoo) lotn	1	
selenium sulfide sham	1	
sodium sulfacetamide (Klaron) lotn 10%	1	
sodium sulfacetamide (Klaron) susp	1	
sodium sulfacetamide wash (Ovace wash) liqd 10%	1	
sodium sulfacetamide/sulfur (Clarifoam ef) foam	1	
sodium sulfacetamide/sulfur (Sumaxin ts) susp 8%; 4%	1	PA
sodium sulfacetamide/sulfur (Sumaxin) pads	1	
sodium sulfacetamide/sulfur cleanser	1	
sodium sulfacetamide/sulfur crea	1	
sodium sulfacetamide/sulfur green	1	
sodium sulfacetamide/sulfur lotn	1	
sodium sulfacetamide/sulfur susp 10%; 5%	1	
sodium sulfacetamide/sulfur wash (Sumaxin wash) liqd 9%; 4%	1	ST (use generic Plexion or sulfacetamide 10%/sulfur 4%/urea 10% cleanser [Rosulq] first)
sodium sulfacetamide/sulfur wash liqd 9%; 4.5%	1	
sodium sulfacetamide/urea	1	
Soriatane	2	
sss 10-4	1	PA
sulfacleanse 8/4	1	PA
Tazorac	3	AL (PA required if > 40 years)

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Drug	Tier	Limits/Notes
tretinoin (Retin-a) crea	1	AL (PA required if > 40 years)
tretinoin (Retin-a) gel	1	AL (PA required if > 40 years)
u-cort	1	
umecta mousse	1	
urea 35% foam, 45% nail film, 50% nail film	1	PA
urea (Aluvea)	1	
urea (Umecta)	1	
urea (Uramaxin)	1	
vasoalex	1	
Vectical	3	
virti-sulf	1	
x-viate	1	
zacfir cleansing	1	
zencia	1	
Ziana	3	ST AL (use topical tretinoin and topical clindamycin first; PA required if > 40 yrs of age)
Zyclara packet	2	QL (28 packets/month, max of 56 packets/ 6 months)
Zyclara pump	2	QL (1 bottle/month, max of 2 bottles/6 months)
Enzyme Replacements/Modifiers		
Enzyme Replacements/Modifiers		
Creon	2	
Pancreaze	2	
pancrelipase (Zenpep) cpep 5000unit	1	
Zenpep cpep 3000unit, 10000unit, 15000unit, 20000, 25000unit	2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
belladonna & opium	1	
chlordiazepoxide/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	

Drug	Tier	Limits/Notes
hyomax	1	
hyoscyamine sulfate (Anaspaz) tbdp	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	
methscopolamine bromide (Pamine forte) tabs 5mg	1	
methscopolamine bromide (Pamine) tabs 2.5mg	1	
nulev	1	
oscimin	1	
oscimin sr	1	
propantheline bromide	1	
symax fastabs	1	
symax-sl	1	
symax-sr	1	
Gastrointestinal Agents, Other		
Amitiza	3	PA QL (2 caps/day)
constulose	1	
cromolyn sodium (Gastrocrom) conc	1	
diphenoxylate/atropine (Lomotil)	1	
enulose	1	
gavilyte	1	
generlac	1	
hemril-30	1	
lactulose	1	
lofene	1	
lonox	1	
loperamide hcl caps	1	
methscopolamine bromide (Pamine) tabs	1	
Moviprep	3	
omeprazole/sodium bicarbonate (Zegerid) caps 40mg; 1100mg	1	ST (try omeprazole, pantoprazole, lansoprazole 30mg cap, and Dexilant first)
opium tincture	1	
Osmoprep	3	

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Drug	Tier	Limits/Notes
paregoric	1	
peg-3350/electrolytes (Colyte-flavor packs) oral soln	1	
peg-3350/electrolytes (Golytely) oral soln	1	
peg-3350/nacl/na bicarbonate/kcl (Nulytely/ flavor packs)	1	
polyethylene glycol 3350	1	
Suprep bowel prep	3	
trilyte	1	
ursodiol (Actigall) caps	1	
ursodiol (Urso 250) tabs 250mg	1	
ursodiol (Urso forte) tabs 500mg	1	
Histamine2 (H2) Blocking Agents		
cimetidine hcl oral soln	1	
cimetidine tabs 300mg, 400mg, 800mg	1	
Duexis	3	QL (3 tabs/day)
famotidine (Pepcid) susr	1	
famotidine (Pepcid) tabs 40mg	1	
nizatidine (Axid) caps 300mg	1	
nizatidine (Axid) oral soln	1	
nizatidine caps 150mg	1	
ranitidine hcl (Zantac)	1	
Protectants		
Arthrotec 75	3	
diclofenac sodium/misoprostol (Arthrotec 50) tabs 50mg; 200mcg	1	
diclofenac sodium/misoprostol (Arthrotec 75) tabs 75mg; 200mcg	1	
misoprostol (Cytotec)	1	
sucralfate (Carafate)	1	
Proton Pump Inhibitors		
Aciphex	3	ST (try omeprazole, pantoprazole [Prontonix], lansoprazole [Prevacid], and Dexilant first)
Dexilant	2	ST QL (use omeprazole, pantoprazole, or lansoprazole first; 1 cap/day)
lansoprazole (Prevacid) cpdr 30mg	1	

Drug	Tier	Limits/Notes
Nexium cpdr	3	ST (try omeprazole, pantoprazole, lansoprazole 30mg cap, and Dexilant first)
Nexium pack 10mg, 20mg, 40mg	3	ST (try omeprazole, pantoprazole, lansoprazole 30mg cap, and Dexilant first)
Nexium pack 2.5mg, 5mg	3	PA QL (1 pack/day)
omeprazole (Prilosec) cpdr	1	
omeprazole/sodium bicarbonate (Zegerid) caps 40mg; 1100mg	1	ST (try omeprazole, pantoprazole, lansoprazole 30mg cap, and Dexilant first)
pantoprazole sodium (Protonix) tbec	1	
Prevacid solutab	3	ST (try omeprazole, pantoprazole, lansoprazole, and Dexilant first)
Prevpac	3	QL (one 14-day course/month)
Protonix pack	2	
Protonix tbec	3	
Genitourinary Agents		
Antispasmodics, Urinary		
Detrol la	3	ST QL (try Vesicare, and either oxybutynin ir/er, or trospium ir/er first; 1 tab/day)
flavoxate hcl	1	
Gelnique gel 3% pump	2	ST QL (try oxybutynin ir or er first; 1 bottle/month)
Gelnique gel 10%	2	ST QL (try oxybutynin ir or er first; 1 pack/day)
hyophen	1	
oxybutynin chloride	1	
oxybutynin chloride er (Ditropan xl) tb24 10mg, 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)
phosphasal	1	

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Drug	Tier	Limits/Notes
tolterodine tartrate (Detrol)	1	ST QL (use oxybutynin ir or er first; 2 tabs/day)
Toviaz	3	ST QL (try Vesicare, and either oxybutynin ir/er, or trospium ir/er first; 1 tab/day)
trospium chloride (Sanctura)	1	QL (2 tabs/day)
trospium chloride er (Sanctura xr)	1	QL (1 cap/day)
urin d/s	1	
uryl	1	
ustell	1	
utira-c	1	
utrona-c	1	
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)
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er (Uroxatral)	1	
Avodart	3	ST QL (use doxazosin, finasteride, prazosin, tamsulosin, or terazosin first; 1 cap/day)
doxazosin mesylate (Cardura)	1	
finasteride (Proscar) tabs 5mg	1	
Flomax	3	
prazosin hcl (Minipress)	1	
Rapaflo	3	ST QL (use tamsulosin [Flomax] first; 1 cap/day)
tamsulosin hcl (Flomax)	1	
terazosin hcl	1	
Uroxatral	3	
Genitourinary Agents, Other		
bethanechol chloride (Urecholine)	1	
Cialis	3	PA QL (may not be available through mail service; may not be covered for all plans; QL depends on diagnosis)
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	
urin d/s	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)
Phosphate Binders		
calcium acetate (Phoslo)	1	
eliphas	1	
Renvela pack	2	QL (6 packs/day)
Renvela tabs	2	QL (18 tabs/day)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Glucocorticoids/Mineralocorticoids		
alclometasone dipropionate (Aclovate) crea	1	
alclometasone dipropionate oint	1	
alphatrex	1	
amcinonide	1	
anucort-hc	1	
anusol-hc supp	1	
apexicon	1	
apexicon e	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	

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Drug	Tier	Limits/Notes
betamethasone valerate (Luxiq) foam	1	
betamethasone valerate (Valisone)	1	
Capex	2	
clobetasol propionate (Clobex) lotn	1	PA
clobetasol propionate (Clobex) sham	1	PA
clobetasol propionate (Olux) foam 0.05%	1	PA
clobetasol propionate (Olux-e) foam 0.05%	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 (Olux-e) foam	1	PA
clobetasol propionate emollient crea	1	
Clobex spray	3	
Clobex lotn	3	PA
Clobex sham	3	PA
clotrimazole/betamethasone dipropionate (Lotrisone) crea	1	
clotrimazole/betamethasone dipropionate lotn	1	
cormax scalp application	1	
cortalo	1	
cortisone acetate	1	
Derma-smoothe/fs body oil	3	
Derma-smoothe/fs scalp oil	3	
dermazene	1	
desonide (Desowen)	1	
desoximetasone (Topicort) crea 0.25%	1	
desoximetasone (Topicort) gel	1	
desoximetasone (Topicort) oint 0.25%	1	
desoximetasone crea 0.05%	1	
desoximetasone oint 0.05%	1	
dexamethasone	1	
dexamethasone intensol	1	
diflorasone diacetate	1	
fludrocortisone acetate	1	
fluocinolone acetonide (Synalar) crea 0.025%	1	
fluocinolone acetonide (Synalar) oint	1	

Drug	Tier	Limits/Notes
fluocinolone acetonide body	1	
fluocinolone acetonide crea 0.01%	1	
fluocinolone acetonide external soln	1	
fluocinolone acetonide oil	1	
fluocinolone acetonide scalp	1	
fluocinonide	1	
fluocinonide-e	1	
fluticasone propionate (Cutivate) crea	1	
fluticasone propionate (Cutivate) lotn	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	
hydrocortisone acetate/aloe (Nuzon)	1	
hydrocortisone acetate/pramoxine (Analpram-hc) crea	1	
hydrocortisone acetate/pramoxine (Pramosone) external crea	1	
hydrocortisone butyrate (Locoid)	1	
hydrocortisone crea 2.5%	1	
hydrocortisone enem 100mg/60ml	1	
hydrocortisone lotn 2.5%	1	
hydrocortisone oint 2.5%	1	
hydrocortisone valerate (Westcort)	1	
hydrocortisone/iodoquinol	1	
lidocaine hcl-hydrocortisone acetate with aloe	1	
lidocaine hcl/hydrocortisone acetate crea	1	
Locoid lipocream	3	
lokara	1	
methylprednisolone (Medrol)	1	
methylprednisolone dose pack (Medrol dosepak)	1	
millipred dp	1	
millipred tabs	1	
mometasone furoate (Elocon)	1	
nystatin/triamcinolone	1	
Orapred odt	3	
Pramosone crea 2.5%; 1%	2	

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Drug	Tier	Limits/Notes
Pramosone lotn	2	
Pramosone oint	2	
prednicarbate (Dermatop)	1	
prednisolone (Prelone)	1	
prednisolone sodium phosphate (Orapred) oral soln 15mg/5ml	1	
prednisolone sodium phosphate oral soln 25mg/5ml, 5mg/5ml	1	
prednisone	1	
prednisone intensol	1	
procto-pak	1	
proctocream hc	1	
proctosol hc	1	
proctozone-hc	1	
scalacort	1	
triamcinolone acetonide	1	
trianex	1	
triderm	1	
u-cort	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate	1	
desmopressin acetate (Ddvp)	1	
minirin	1	
Nutropin	4	PA
Nutropin aq	4	PA
Saizen	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
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)
Korlym	4	PA QL (4 tabs/day)

Drug	Tier	Limits/Notes
misoprostol (Cytotec)	1	
Muse	2	PA QL (6 supp/month if approved)(not covered through mail service)(not covered for all plans)
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
oxandrolone (Oxandrin)	1	
Androgens		
Androderm	3	ST QL (use Androgel first; 1 patch/day)
Androgel gel 20.25mg/1.25gm	2	QL (1 packet/day)
Androgel gel 40.5mg/2.5gm	2	QL (2 packets/day)
Androgel gel 25mg/2.5gm, 50mg/5gm	2	QL (300 grams/month)
Androgel pump gel 1.62%	2	QL (2 bottles/month)
Androgel pump gel 1%	2	QL (300 grams/month)
Android	2	AL (PA required for those 65 years of age or older)
androxy	1	
covaryx	1	AL (PA required for those 65 years of age or older)
covaryx hs	1	AL (PA required for those 65 years of age or older)
danazol	1	
Delatesteryl	2	QL (5ml per month)
Depo-testosterone	2	QL (10ml per month)
eemt	1	AL (PA required for those 65 years of age or older)
eemt hs	1	AL (PA required for those 65 years of age or older)
esterified estrogens/methyltestosterone	1	AL (PA required for those 65 years of age or older)
esterified estrogens/methyltestosterone ds	1	AL (PA required for those 65 years of age or older)
esterified estrogens/methyltestosterone hs	1	AL (PA required for those 65 years of age or older)
Methitest	2	AL (PA required for those 65 years of age or older)
methyltestosterone/esterified estrogens	1	AL (PA required for those 65 years of age or older)
methyltestosterone/esterified estrogens hs	1	AL (PA required for those 65 years of age or older)
Testim	3	ST QL (use Androgel first; 10 grams/day)

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Drug	Tier	Limits/Notes
testosterone cypionate (Depo-testosterone)	1	QL (10ml per month)
testosterone enanthate (Delatestryl)	1	QL (5ml per month)
Testred	2	AL (PA required for those 65 years of age or older)
Estrogens		
altavera	1	X
alyacen 1/35	1	X
alyacen 7/7/7	1	X
amethia	1	X
amethia lo	1	X
amethyst	1	QL (1 pack/month) X
apri	1	X
aranelle	1	X
aviane	1	X
azurette	1	X
balziva	1	X
Beyaz	3	XX
brevicon-28	3	XX
briellyn	1	X
camrese	1	X
camrese lo	1	X
caziant	1	X
Cenestin	3	AL (PA required for those 65 years of age or older)
cesia	1	X
Climara	3	QL (8 patches/month)
Climara pro	2	QL (4 patches/month)
Combipatch	2	QL (8 patches/month)
covaryx	1	AL (PA required for those 65 years of age or older)
covaryx hs	1	AL (PA required for those 65 years of age or older)
cryselle-28	1	X
cyclafem 1/35	1	X
cyclafem 7/7/7	1	X
dasetta 1/35	1	X
dasetta 7/7/7	1	X
Divigel	3	QL (1 pack/day)
drospirenone/ethinyl estradiol (Yasmin 28)	1	X
eemt	1	AL (PA required for those 65 years of age or older)

Drug	Tier	Limits/Notes
eeem hs	1	AL (PA required for those 65 years of age or older)
elinet	1	X
emoquette	1	X
Enjuvia	2	AL (PA required for those 65 years of age or older)
enpresse-28	1	X
esterified estrogens/methyltestosterone	1	AL (PA required for those 65 years of age or older)
esterified estrogens/methyltestosterone ds	1	AL (PA required for those 65 years of age or older)
esterified estrogens/methyltestosterone hs	1	AL (PA required for those 65 years of age or older)
Estrace crea	2	
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 tabs 0.75mg, 1.5mg	1	AL (PA required for those 65 years of age or older)
Evamist	3	QL (2 bottles/month)
falmina	1	X
Femring	3	QL (1 ring/3 months)
gianvi	1	X
gildagia	1	X
gildess 1.5/30	1	X
gildess 1/20	1	X
gildess fe 1.5/30	1	X
gildess fe 1/20	1	X
introvale	1	X
jolessa	1	X
junel 1.5/30	1	X
junel 1/20	1	X
junel fe 1.5/30	1	X
junel fe 1/20	1	X
kariva	1	X
kelnor 1/35	1	X
kurvelo	1	X
leena	1	X
lessina	1	X

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Drug	Tier	Limits/Notes
levonest	1	X
levonorgestrel and ethinyl estradiol (Loseasonique)	1	X
levonorgestrel/ethinyl estradiol (Nordette-28) tabs 0.03mg; 0.15mg	1	X
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg	1	X
levora 0.15/30-28	1	X
Lo loestrin fe	3	XX
Loestrin 24 fe	3	XX
loryna	1	X
low-ogestrel	1	X
lutra	1	X
Makena	4	PA QL (5ml/month)
marlissa	1	X
Menest tabs 2.5mg	3	(PA required for those 65 years of age or older)
Menest tabs 0.3mg, 0.625mg, 1.25mg	3	AL (PA required for those 65 years of age or older)
methyltestosterone/esterified estrogens	1	AL (PA required for those 65 years of age or older)
methyltestosterone/esterified estrogens hs	1	AL (PA required for those 65 years of age or older)
microgestin 1.5/30	1	X
microgestin 1/20	1	X
microgestin fe	1	X
microgestin fe 1.5/30	1	X
mimvey	1	
mono-linyah	1	X
mononessa	1	X
myzilra	1	X
Natazia	3	X
necon 0.5/35-28	1	X
necon 1/35	1	X
necon 1/50-28	1	X
necon 10/11-28	1	X
necon 7/7/7	1	X
norgestimate/ethinyl estradiol (Ortho tri-cyclen) tabs 0; 0	1	X
norgestimate/ethinyl estradiol (Ortho-cyclen) tabs 35mcg; 0.25mg	1	X
norinyl 1+35	3	XX

Drug	Tier	Limits/Notes
nortrel 0.5/35 (28)	1	X
nortrel 1/35	1	X
nortrel 7/7/7	1	X
Nuvaring	2	QL (1 ring/month) X
ocella	1	X
ogestrel	1	X
orsythia	1	X
Ortho evra	3	X
Ortho tri-cyclen	3	XX
Ortho tri-cyclen lo	3	XX
Ortho-cyclen	3	XX
ortho-est	1	AL (PA required for those 65 years of age or older)
Ortho-novum 1/35	3	XX
Ortho-novum 7/7/7	3	XX
philith	1	X
portia-28	1	X
Premarin crea	3	
Premarin tabs	3	AL (PA required for those 65 years of age or older)
Premphase	2	AL QL (PA required for those 65 years of age or older; 28 tabs/month)
Prempro	2	AL QL (PA required for those 65 years of age or older; 28 tabs/month)
previfem	1	X
quasense	1	X
reclipsen	1	X
Safyral	3	XX
Seasonique	3	XX
solia	1	X
sprintec 28	1	X
sronyx	1	X
syeda	1	X
tilia fe	1	X
tri-legest fe	1	X
tri-linyah	1	X
tri-previfem	1	X
tri-sprintec	1	X
trinessa	1	X
trivora-28	1	X

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Drug	Tier	Limits/Notes
Vagifem	2	
velivet	1	X
violele	1	X
Vivelle-dot	2	QL (16 patches/month)
wymzya fe	1	X
Yasmin 28	3	XX
Yaz	3	XX
zarah	1	X
zenchent	1	X
zenchent fe	1	X
zovia 1/35e	1	X
zovia 1/50e	1	X
Progestins		
altavera	1	X
alyacen 1/35	1	X
alyacen 7/7/7	1	X
amethia	1	X
amethia lo	1	X
amethyst	1	QL (1 pack/month) X
apri	1	X
aranelle	1	X
aviane	1	X
azurette	1	X
balziva	1	X
Beyaz	3	XX
brevicon-28	3	XX
briellyn	1	X
camila	1	X
camrese	1	X
camrese lo	1	X
caziant	1	X
cesia	1	X
Climara pro	2	QL (4 patches/month)
Combipatch	2	QL (8 patches/month)
Crinone	2	PA
cryselle-28	1	X
cyclafem 1/35	1	X
cyclafem 7/7/7	1	X
dasetta 1/35	1	X
dasetta 7/7/7	1	X

Drug	Tier	Limits/Notes
drospirenone/ethinyl estradiol (Yasmin 28)	1	X
elimest	1	X
emoquette	1	X
enpresse-28	1	X
errin	1	X
estradiol/norethindrone acetate (Activella)	1	
falmina	1	X
gianvi	1	X
gildagia	1	X
gildess 1.5/30	1	X
gildess 1/20	1	X
gildess fe 1.5/30	1	X
gildess fe 1/20	1	X
heather	1	X
introvale	1	X
jolessa	1	X
jolivette	1	X
junel 1.5/30	1	X
junel 1/20	1	X
junel fe 1.5/30	1	X
junel fe 1/20	1	X
kariva	1	X
kelnor 1/35	1	X
kurvelo	1	X
leena	1	X
lessina	1	X
levonest	1	X
levonorgestrel (Plan b)	1	QL (2 tabs/fill) X
levonorgestrel and ethinyl estradiol (Loseasonique)	1	X
levonorgestrel/ethinyl estradiol (Nordette-28) tabs 0.03mg; 0.15mg	1	X
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg	1	X
levora 0.15/30-28	1	X
Lo loestrin fe	3	XX
Loestrin 24 fe	3	XX
loryna	1	X
low-ogestrel	1	X
lutera	1	X
marlissa	1	X

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Drug	Tier	Limits/Notes
medroxyprogesterone acetate (Provera) tabs	1	
Megace es	3	
megestrol acetate (Megace oral) susp 40mg/ml	1	
megestrol acetate (Megace) tabs	1	
microgestin 1.5/30	1	X
microgestin 1/20	1	X
microgestin fe	1	X
microgestin fe 1.5/30	1	X
mimvey	1	
mono-linyah	1	X
mononessa	1	X
myzilra	1	X
Natazia	3	X
necon 0.5/35-28	1	X
necon 1/35	1	X
necon 1/50-28	1	X
necon 10/11-28	1	X
necon 7/7/7	1	X
next choice one dose	1	QL (1 tab/fill) X
nora-be	1	X
norethindrone (Nor-qd) tabs 0.35mg	1	X
norethindrone acetate (Aygestin)	1	
norgestimate/ethinyl estradiol (Ortho tri-cyclen) tabs 0; 0	1	X
norgestimate/ethinyl estradiol (Ortho-cyclen) tabs 35mcg; 0.25mg	1	X
norinyl 1+35	3	XX
nortrel 0.5/35 (28)	1	X
nortrel 1/35	1	X
nortrel 7/7/7	1	X
ocella	1	X
ogestrel	1	X
orsythia	1	X
Ortho evra	3	X
Ortho tri-cyclen	3	XX
Ortho tri-cyclen lo	3	XX
Ortho-cyclen	3	XX
Ortho-novum 1/35	3	XX
Ortho-novum 7/7/7	3	XX

Drug	Tier	Limits/Notes
philit	1	X
portia-28	1	X
Premphase	2	AL QL (PA required for those 65 years of age or older; 28 tabs/month)
Prempro	2	AL QL (PA required for those 65 years of age or older; 28 tabs/month)
previfem	1	X
progesterone (Prometrium) caps	1	
progesterone inj	1	
quasense	1	X
reclipsen	1	X
Safyral	3	XX
Seasonique	3	XX
solia	1	X
sprintec 28	1	X
sronyx	1	X
syeda	1	X
tilia fe	1	X
tri-legest fe	1	X
tri-linyah	1	X
tri-previfem	1	X
tri-sprintec	1	X
trinessa	1	X
trivora-28	1	X
velivet	1	X
violele	1	X
wymzya fe	1	X
Yasmin 28	3	XX
Yaz	3	XX
zarah	1	X
zenchent	1	X
zenchent fe	1	X
zovia 1/35e	1	X
zovia 1/50e	1	X
Selective Estrogen Receptor Modifying Agents		
Evista	2	QL (1 tab/day)

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Drug	Tier	Limits/Notes
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Armour thyroid	2	AL (PA required for those 65 years of age or older)
Cytomel	3	
Levothroid	3	
levothyroxine sodium (Synthroid) tabs	1	
liothyronine sodium (Cytomel) tabs	1	
np thyroid	1	AL (PA required for those 65 years of age or older)
Synthroid	2	
Thyrolar	2	
Tirosint	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
Lysodren	2	
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
Sensipar	2	PA
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
bromocriptine mesylate (Parlodel)	1	
cabergoline	1	QL (16 tabs/month)
Hormonal Agents, Suppressant (Sex Hormones/Modifiers)		
Antiandrogens		
Avodart	3	ST QL (use doxazosin, finasteride, prazosin, tamsulosin, or terazosin first; 1 cap/day)
bicalutamide (Casodex)	1	
finasteride (Proscar) tabs 5mg	1	
flutamide	1	
Nilandron	2	
Xtandi	4	PA QL (4 caps/day)
Hormonal Agents, Suppressant (Sex Hormones/Modifiers)		
clomiphene citrate (Clomid)	1	GL (covered for females only)
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole (Tapazole)	1	
propylthiouracil	1	

Drug	Tier	Limits/Notes
Immunological Agents		
Immune Suppressants		
azathioprine (Imuran)	1	
Cellcept susr	2	
Cimzia inj 200mg/ml	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	
hecoria	1	
Humira	4	PA
methotrexate	1	
methotrexate sodium inj 100mg/4ml, 1gm, 1gm/40ml, 200mg/8ml, 250mg/10ml, 25mg/ml, 50mg/2ml	1	QL (8ml/month)
mycophenolate mofetil (Cellcept)	1	
Myfortic	2	
Orencia inj 125mg/1ml	4	PA QL (4 syringes/month)
Prograf caps	3	
Rapamune	2	
Sandimmune oral soln	2	
tacrolimus (Prograf)	1	
Zortress tabs 0.25mg, 0.75mg	2	QL (2 tabs/day)
Zortress tabs 0.5mg	2	QL (4 tabs/day)
Immunomodulators		
Avonex	4	QL (4 inj./month)
Avonex pen	4	QL (4 inj./month)
Copaxone	4	QL (1 kit/month)
leflunomide (Arava)	1	
Pegasys inj 180mcg/0.5ml, 180mcg/ml	4	PA
Pegasys inj 180mcg/0.5ml syr	4	PA QL (1 syringe/week)
Pegasys proclick	4	PA QL (1 pen/week)
Rebif	4	QL (12 inj./month)
Rebif rebidose	4	QL (12 inj./month)
Rebif rebidose titration pack	4	QL (12 inj./month)
Ridaura	2	

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Drug	Tier	Limits/Notes
Inflammatory Bowel Disease Agents		
Glucocorticoids		
baycadron	1	
budesonide cp24	1	
colocort	1	
Cortifoam	2	
cortisone acetate	1	
dexamethasone	1	
dexamethasone intensol	1	
hydrocortisone (Cortenema) enem 100mg/60ml	1	
methylprednisolone (Medrol)	1	
methylprednisolone dose pack (Medrol dosepak)	1	
millipred tabs	1	
Orapred odt	3	
prednisolone (Prelone)	1	
prednisolone sodium phosphate (Orapred) oral soln	1	
prednisone	1	
prednisone intensol	1	
Salicylates		
Apriso	2	QL (4 caps/day)
Asacol	2	QL (12 tabs/day)
Asacol hd	2	QL (6 tabs/day)
balsalazide disodium (Colazal)	1	
Canasa	2	
Delzicol	3	ST QL (use Apriso or Asacol HD first; 12 caps/day)
Lialda	3	ST QL (use Asacol, Asacol HD, or Apriso first; 4 tabs/day)
mesalamine (Rowasa) kit	1	
mesalamine enem	1	
Sulfonamides		
sulfasalazine (Azulfidine en-tabs) tbec	1	
sulfasalazine (Azulfidine) tabs	1	
sulfazine	1	
sulfazine ec	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
Actonel tabs 30mg	2	PA

Drug	Tier	Limits/Notes
Actonel tabs 5mg	3	ST QL (try alendronate and ibandronate first; 1 tab/day)
Actonel tabs 150mg	3	ST QL (try alendronate and ibandronate first; 1 tab/month)
Actonel tabs 35mg	3	ST QL (try alendronate and ibandronate first; 4 tabs/month)
alendronate sodium (Fosamax) tabs 70mg	1	QL (4 tabs/month)
alendronate sodium tabs 10mg, 5mg	1	
alendronate sodium tabs 35mg	1	QL (4 tabs/month)
Atelvia	3	ST QL (try alendronate and ibandronate first; 4 tabs/month)
Boniva tabs	3	ST QL (try alendronate first; 1 tab/month)
calcitonin salmon (Miacalcin)	1	PA QL (1 bottle/month)
calcitonin-salmon (Miacalcin)	1	PA QL (1 bottle/month)
calcitriol (Rocaltrol)	1	
etidronate disodium	1	
Forteo	4	PA
Fortical	2	PA QL (1 bottle/month)
Fosamax plus d tabs 70mg; 2800unit	2	QL (4 tabs/month)
Hectorol caps	2	
ibandronate sodium (Boniva)	1	ST QL (try alendronate first; 1 tab/month)
Zemplar caps	2	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Accu-check test strips strp	2	QL (200 strips/month)
Accu-check aviva plus strp	2	QL (200 strips/month)
Accu-check smartview strips	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)
Femcap	2	X
Freestyle lite test strips	3	QL (200 strips/month)
Freestyle test strips	3	QL (200 strips/month)
leucovorin calcium tabs	1	
levocarnitine (Carnitor) oral soln	1	

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Drug	Tier	Limits/Notes
levocarnitine (Carnitor) tabs	1	
methylergonovine maleate tabs	1	
One touch test strips	2	QL (200 strips/month)
One touch ultra blue	2	QL (200 strips/month)
One touch verio iq test strips	2	QL (200 strips/month)
One touch verio test strips	2	QL (200 strips/month)
Ortho diaphragm all-flex	2	X
Ortho diaphragm coil spring kit	2	X
Ortho diaphragm flat spring kit	2	X
Prentif cavity-rim cervical cap	2	X
Prentif fitting set	2	X
Surestep test strips	2	QL (200 strips/month)
Wide-seal silicone diaphragm kit 60	2	X
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
ak-con	1	
altafrin	1	
atropine sulfate (Isopto atropine) ophthalmic soln	1	
atropine-care	1	
gentamicin sulfate oint 0.3%	1	
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	
<i>Ophthalmic Anti-allergy Agents</i>		
Alomide	2	
azelastine hcl (Optivar) ophthalmic soln	1	
Bepreve	3	QL (5ml/month)

Drug	Tier	Limits/Notes
cromolyn sodium ophthalmic soln	1	
epinastine hcl (Elestat)	1	
Lastacaft	3	QL (1 bottle/month)
Pataday	2	QL (2.5 ml/month)
Patanase	3	ST QL (use azelastine [Astelin] first; 1 bottle/month)
Ophthalmic Anti-inflammatories		
Acular	3	
Acular ls	3	
Alex	2	
Blephamide	2	
Blephamide s.o.p.	2	
Bromday	3	
bromfenac	1	
Cipro hc	3	
Ciprodex	3	
dexamethasone sodium phosphate ophthalmic soln	1	
diclofenac sodium	1	
Durezol	3	
fluor-op	1	
fluorometholone (Fml liquifilm)	1	
flurbiprofen sodium (Ocufen)	1	
ketorolac tromethamine (Acular ls) ophthalmic soln 0.4%	1	
ketorolac tromethamine (Acular) ophthalmic soln 0.5%	1	
Lotemax gel	2	
Lotemax susp	2	
neo-polycin hc	1	
neomycin/polymyxin/bacitracin/hydrocortisone	1	
neomycin/polymyxin/dexamethasone (Maxitrol)	1	
neomycin/polymyxin/hydrocortisone ophthalmic susp	1	
Nevanac	3	
poly-dex	1	
prednisolone acetate (Omnipred)	1	
prednisolone sodium phosphate ophthalmic soln	1	

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Drug	Tier	Limits/Notes
sulfacetamide sodium/prednisolone sodium phosphate	1	
Tobradex oint	2	
Tobradex st	3	QL (5 ml/fill)
tobramycin/dexamethasone (Tobradex)	1	
Zylet	2	
Ophthalmic Antiglaucoma Agents		
acetazolamide er (Diamox)	1	
acetazolamide tabs 250mg	1	
Alphagan p ophthalmic soln 0.1%	2	
apraclonidine (Iopidine)	1	
Azopt	2	
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	
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%, 2%, 4%	1	
Pilopine hs	2	
timolol maleate (Timoptic) ophthalmic soln 0.25%, 0.5%	1	
timolol maleate ophthalmic gel forming (Timoptic-xe)	1	
Ophthalmic Prostaglandin and Prostanamide Analogs		
latanoprost (Xalatan)	1	
Lumigan	2	QL (2.5 ml/month)
Travatan z	2	QL (1 bottle/rx/month)
Xalatan	3	
Otic Agents		
Otic Agents		
acetazol hc	1	

Drug	Tier	Limits/Notes
acetic acid	1	
aero otic hc	1	
antipyrine/benzocaine	1	
aurax	1	
aurodex	1	
ciprofloxacin (Cetraxal) otic soln	1	
cortane-b-otic	1	
cyotic	1	
exotic-hc	1	
hydrocortisone/acetic acid (Vosol hc)	1	
neomycin/polymyxin/hydrocortisone (Cortisporin) otic soln	1	
neomycin/polymyxin/hydrocortisone ophthalmic susp	1	
neomycin/polymyxin/hydrocortisone otic susp	1	
oticin	1	
oticin hc nr	1	
oto-end 10	1	
otomax-hc	1	
pramoxine-hc (Cortane-b aqueous)	1	
treagan otic	1	
Respiratory Tract Agents		
Anti-inflammatories, Inhaled Corticosteroids		
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)
budesonide (Pulmicort) susp	1	QL (4ml/day)
Dulera	3	QL (1 inhaler/month)
Dymista	3	ST QL (use azelastine nasal or fluticasone nasal first; 1 bottle/month)
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)
Nasacort aq	3	QL (1 inhaler/month)
Nasonex	2	QL (1 bottle/month)

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Drug	Tier	Limits/Notes
Omnaris	3	ST QL (try 2 of the following first: flunisolide nasal, fluticasone nasal, triamcinolone nasal, Nasonex; 1 bottle/month)
Pulmicort flexhaler	2	QL (2 inhalers/month)
Pulmicort susp 1mg/2ml	2	QL (2ml/day)
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, fluticasone nasal, triamcinolone nasal, Nasonex; 1 bottle/month)
Symbicort	2	QL (1 inhaler/month)
triamcinolone acetonide (Nasacort aq)	1	QL (1 inhaler/month)
Veramyst	3	ST QL (use fluticasone [Flonase] first; 1 bottle/month)
Antihistamines		
Astepro	2	QL (1 bottle/month)
azelastine hcl (Astelin) nasal soln	1	QL (1 bottle/month)
carbinoxamine maleate	1	
Clarinetx syr	3	ST (try azelastine, fluticasone nasal, flunisolide nasal, or Nasonex first)
Clarinetx tabs	3	ST (try azelastine, fluticasone nasal, flunisolide nasal, or Nasonex first)
clemastine fumarate	1	
cypheptadine hcl	1	AL (PA required for those 65 years of age or older)
desloratadine (Clarinetx) tabs 5mg	1	ST (try azelastine, fluticasone nasal, flunisolide nasal, or Nasonex first)
desloratadine odt (Clarinetx)	1	ST (try azelastine, fluticasone nasal, flunisolide nasal, or Nasonex first)
dexchlorpheniramine maleate	1	

Drug	Tier	Limits/Notes
Dymista	3	ST QL (use azelastine nasal or fluticasone nasal first; 1 bottle/month)
hydroxyzine hcl	1	AL (PA required for those 65 years of age or older)
hydroxyzine pamoate (Vistaril) caps 25mg, 50mg	1	AL (PA required for those 65 years of age or older)
levocetirizine dihydrochloride (Xyzal)	1	PA
Patanase	3	ST QL (use azelastine [Astelin] first; 1 bottle/month)
promethazine hcl	1	
promethazine hcl	1	AL (PA required for those 65 years of age or older)
promethazine vc	1	AL (PA required for those 65 years of age or older)
promethazine vc/codeine	1	AL (PA required for those 65 years of age or older)
promethazine-dm	1	AL (PA required for those 65 years of age or older)
promethegan supp 12.5mg, 25mg	1	
Antileukotrienes		
montelukast sodium (Singulair) chew	1	QL (1 tab/day)
montelukast sodium (Singulair) pack	1	QL (1 pack/day)
montelukast sodium (Singulair) tabs	1	QL (1 tab/day)
zafirlukast (Accolate)	1	
Bronchodilators, Anticholinergic		
Atrovent hfa	2	QL (2 inhalers/month)
Combivent	2	ST QL (try Atrovent HFA or albuterol HFA first; 2 inhalers/month)
Combivent respimat	2	ST QL (try Atrovent HFA or albuterol HFA first; 1 inhaler/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	1	QL (120 doses/month)
ipratropium bromide/albuterol sulfate (Duoneb) inhalation soln 2.5mg/3ml; 0.5mg/3ml	1	QL (180 doses/month)

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Drug	Tier	Limits/Notes
ipratropium bromide/albuterol sulfate (Duoneb) inhalation soln 2.5mg/3ml; 0.5mg/3ml	1	QL (6 boxes/month)
Spiriva handihaler	2	QL (30 caps/month)
Tudorza pressair	2	QL (1 inhaler/month)
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)		
difil-g forte	1	
Elixophyllin	2	
Theo-24	2	
theochron	1	
theophylline	1	
theophylline er	1	
Bronchodilators, Sympathomimetic		
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	
Arcapta neohaler	2	PA QL (1 cap/day)
Auvi-q	2	QL (4 inj/Rx)
Combivent	2	ST QL (try Atrovent HFA or albuterol HFA first; 2 inhalers/month)
Combivent respimat	2	ST QL (try Atrovent HFA or albuterol HFA first; 1 inhaler/month)
Dulera	3	QL (1 inhaler/month)
Epipen	2	QL (2 syringes/fill)
ipratropium bromide/albuterol sulfate (Duoneb) inhalation soln	1	QL (6 boxes (30 doses/box)/month)
levalbuterol (Xopenex concentrate)	1	QL (90 vials/month)
levalbuterol hcl (Xopenex)	1	QL (90 nebs/month)
Maxair autohaler	2	QL (1 inhaler/month)
metaproterenol sulfate	1	
Proair hfa	2	QL (2 inhalers/month)
Proventil hfa	3	QL (2 inhalers/month)
Serevent diskus	2	QL (1 inhaler/month)
Symbicort	2	QL (1 inhaler/month)

Drug	Tier	Limits/Notes
terbutaline sulfate tabs	1	
Ventolin hfa	2	QL (2 inhalers/month)
Xopenex	3	QL (90 nebs/month)
Xopenex hfa	3	QL (2 inhalers/month at retail, 5 inhalers/month at mail order)
Mast Cell Stabilizers		
cromolyn sodium nebu	1	QL (2 boxes/month)
Pulmonary Antihypertensives		
Adcirca	4	PA QL (2 tabs/day)
Letairis	4	PA QL (1 tab/day)
sildenafil citrate (Revatio)	4	PA QL (3 tabs/day)
Respiratory Tract Agents, Other		
acetylcysteine inhalation soln	1	
benzonatate (Tessalon perles) caps 100mg	1	
benzonatate (Tessalon) caps 200mg	1	
difil-g forte	1	
hydromet	1	QL (45ml/day)
promethazine vc/codeine	1	AL (PA required for those 65 years of age or older)
promethazine-dm	1	AL (PA required for those 65 years of age or older)
Pulmozyme	4	PA QL (5ml/day)
sodium chloride (Hyper-sal) nebu 7%	1	
sodium chloride nebu 0.9%, 10%, 3%	1	
sski	1	
Sedatives/Hypnotics		
Sedatives/Hypnotics		
Ambien tabs 10mg	3	QL (1 tab/day)
Ambien tabs 5mg	3	QL (2 tabs/day)
anolor 300	1	
ascomp/codeine	1	QL (9 caps/day)
butalbital compound	1	
butalbital/acetaminophen	1	QL (9 tabs/day)
butalbital/acetaminophen/cafeine (Esgic)	1	
butalbital/acetaminophen/cafeine/codeine (Fioricet/codeine)	1	QL (9 caps/day)
butalbital/aspirin/cafeine (Fiorinal)	1	
butalbital/aspirin/cafeine/codeine (Fiorinal/codeine #3)	1	QL (9 caps/day)
chlordiazepoxide/clidinium (Librax) caps 5mg; 2.5mg	1	AL (PA required for those 65 years of age or older)

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Drug	Tier	Limits/Notes
estazolam tabs 2mg	1	QL (1 tab/day)
estazolam tabs 1mg	1	QL (2 tabs/day)
flurazepam hcl caps 30mg	1	AL QL (PA required for those 65 years of age or older; 1 cap/day)
flurazepam hcl caps 15mg	1	AL QL (PA required for those 65 years of age or older; 2 caps/day)
hydroxyzine hcl	1	AL (PA required for those 65 years of age or older)
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 22.5mg, 30mg	1	QL (1 cap/day)
temazepam (Restoril) caps 15mg	1	QL (2 caps/day)
temazepam (Restoril) caps 7.5mg	1	QL (4 caps/day)
tencon	1	QL (9 tabs/day)
triazolam (Halcion) tabs 0.25mg	1	QL (2 tabs/day)
triazolam tabs 0.125mg	1	QL (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) tbc 12.5mg	1	ST QL (use zolpidem IR first; 1 tab/day)
zolpidem tartrate er (Ambien cr) tbc 6.25mg	1	ST QL (use zolpidem IR first; 2 tabs/day)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
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)

Drug	Tier	Limits/Notes
carisoprodol/aspirin/codeine	1	AL QL (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)
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)
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)
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/asa/cafeine	1	AL (PA required for those 65 years of age or older)
Therapeutic Nutrients/Minerals/Electrolytes		
Electrolytes/Minerals		
calcium-folic acid plus d	1	
centratex	1	
Citranatal harmony	3	
citric acid/sodium citrate	1	
corvita	1	
corvita 150	1	
cytra k crystals	1	
cytra-2	1	
cytra-3	1	
effer-k tbfef 25meq	1	
effervescent potassium	1	
effervescent potassium/chloride	1	
ferocon	1	
ferraplus 90	1	
ferrex 150 forte	1	
ferrex 150 forte plus	1	
ferrex 28	1	
ferrocite plus	1	
ferrogels forte	1	

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Drug	Tier	Limits/Notes
folbee plus cz	1	
folivane-f	1	
folivane-plus	1	
hematinic plus vitamins/minerals	1	
hematinic/folic acid	1	
hematogen fa	1	
hematogen forte	1	
hemetab	1	
iferex 150 forte	1	
k-effervescent	1	
k-prime	1	
klor-con m10, m15, m20	1	
multi-vitamin/fluoride	1	
multigen	1	
multigen folic	1	
multigen plus	1	
myferon 150 forte	1	
Nexa select	3	
phospha 250 neutral	1	
poly-iron 150 forte	1	
potassium bicarbonate	1	
potassium chloride	1	
potassium chloride er	1	
potassium chloride er (K-tabs)	1	
potassium chloride er (Micro-k)	1	
promar	1	
purevit dualfe plus	1	
shohls solution modified	1	
taron forte	1	
taron-crystals	1	
tl icon	1	
tl-hem 150	1	
tri-vit/fluoride/iron	1	
tri-vitamin/fluoride	1	
tricitrates	1	
tricon	1	
trigels-f forte	1	
Urocit-k tbc 15meq	2	
Vitamins		
calcitriol (Rocaltrol)	1	

Drug	Tier	Limits/Notes
centratex	1	
Citranatal harmony	3	
corvita	1	
corvita 150	1	
Dialyvite	2	
ergocalciferol (Drisdol) caps	1	
fe c plus	1	
ferocon	1	
ferraplus 90	1	
ferrex 150 forte	1	
ferrex 150 forte plus	1	
ferrex 28	1	
ferrocite plus	1	
ferrogels forte	1	
folbee	1	
folbee plus cz	1	
folivane-f	1	
folivane-plus	1	
folplex 2.2	1	
hematinic plus vitamins/minerals	1	
hematinic/folic acid	1	
hematogen fa	1	
hematogen forte	1	
hemetab	1	
iferex 150 forte	1	
Mephyton	2	
mi-omega nf	1	
multi-vitamin/fluoride	1	
myferon 150 forte	1	
Nexa select	3	
O-cal fa	2	
poly-iron 150 forte	1	
prenatal low iron tabs 120mg; 0; 200mg; 400unit; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 3mg; 1.84mg; 22unit; 4000unit; 25mg	1	
Prenate essential	3	
promar	1	
purevit dualfe plus	1	
rena-vite rx	1	
se-tan plus	1	
taron forte	1	

Drug	Tier	Limits/Notes
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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