



**Piedmont Select Medicare Option One (PPO)  
Piedmont Select Medicare Option Two (PPO)**

**2012 Formulary  
(List of Covered Drugs)**

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

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

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

A Coordinated Care Plan with a Medicare Advantage contract.

This document may be available in an alternate format such as Braille, large print or audio. Contact Customer Service at 434-947-3671 or toll-free at 1-877-210-1719 for additional information. TTY users should call 1-877-295-1454.

## **What is the Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two Formulary?**

A formulary is a list of covered drugs selected by Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

### **Can the Formulary change?**

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2012. To get updated information about the drugs covered by Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two, please visit our Web site at [www.pchp.net](http://www.pchp.net) or call Customer Service at 1-866-494-9927, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-236-1069. In the event of Centers for Medicare & Medicaid Services (CMS) approved mid-year non-maintenance formulary changes, an update sheet will be mailed to affected members as an insert to this printed formulary.

### **How do I use the Formulary?**

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

#### **Medical Condition**

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on page number 20. Then look under the category name for your drug.

## **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 64. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## **Are there any restrictions on my coverage?**

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.pchp.net](http://www.pchp.net).

You can ask Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two formulary?" on page 4 for information about how to request an exception.

## **What if my drug is not on the Formulary?**

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that Piedmont Select Medicare Option One or Piedmont Select

Medicare Option Two does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two.
- You can ask Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two to make an exception and cover your drug. See below for information about how to request an exception.

## **How do I request an exception to the Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two Formulary?**

You can ask Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred/highest tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred/lowest tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty tier.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your

doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

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

## **For more information**

For more detailed information about your Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two, please call Customer Service at 1-866-494-9927, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-236-1069. Or visit [www.pchp.net](http://www.pchp.net).

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

## **Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two Formulary**

The formulary that begins on page 7 provides coverage information about some of the drugs covered by Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two. If you have trouble finding your drug in the list, turn to the Index that begins on page 64.

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

The information in the Requirements/Limits column tells you if Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two has any special requirements for coverage of your drug.

- **B/D:** Covered by Medicare part B or D.
- **LA: Limited Availability** – These prescriptions may be available only at certain pharmacies. For more information consult your pharmacy.
- **PA: Prior Authorization** – Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two before you fill your prescriptions. If you don't get approval, Piedmont Select Medicare Option One or Piedmont Select Medicare Option Two may not cover the drug.
- **QL: Quantity Limits** – For certain drugs, Piedmont Select Medicare Option One and Piedmont Select Medicare Option Two limits the amount of the drug that Piedmont Select Medicare Option One and Piedmont Select Medicare Option Two will cover.
- **ST: Step Therapy** - A utilization tool that requires you to first try another drug to treat your medical condition before we will cover the drug your physician may have initially prescribed.

### Drug Tier co-pay levels.

Piedmont Select Medicare Option One and Piedmont Select Medicare Option Two 2012 formulary covers most drugs identified by Medicare as Part D drugs. Your co-pay may differ depending upon the tier at which the drug resides. Co-pays and coinsurance are the same for Piedmont Select Medicare Option One and Piedmont Select Medicare Option Two.

**Tier 1 Preferred generic prescription drugs (lowest co-pay amount)**

**Tier 2 Preferred brand name prescription drugs**

**Tier 3 Non-preferred brand name prescription drugs**

**Tier 4 Specialty prescription drugs**

|        | Network Pharmacy (up to 30-day supply) | Mail Order Service (up to 30-day supply) | Network Pharmacy (90-day supply) | Mail Order Service (90-day supply) |
|--------|--|--|----------------------------------|------------------------------------|
| Tier 1 | \$8                                    | \$8                                      | \$24                             | \$16                               |
| Tier 2 | \$40                                   | \$40                                     | \$120                            | \$80                               |
| Tier 3 | \$80                                   | \$80                                     | \$240                            | \$160                              |
| Tier 4 | 33% coinsurance                        | 33% coinsurance                          | 33% coinsurance                  | 33% coinsurance                    |

- Non-specialty generic drugs are covered at lower co-pays than non-specialty brand name drugs.
- Specialty tier generic and brand name prescription drugs are always on the highest tier.
- You will be able to determine if a drug is a generic if it is in lower-case italic type.
- Brand name drugs will appear in UPPER-CASE TYPE.

Piedmont Select Medicare Option One and Piedmont Select Medicare Option Two Formulary

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS    |
|---|-----------|------------------------|
| <b>ANALGESICS</b>                                   |           |                        |
| <b>GOUT</b>   |           |                        |
| <i>allopurinol</i>                                  | 1         |                        |
| <i>allopurinol inj 500mg</i>                        | 1         |                        |
| ALOPRIM   | 3         |                        |
| <i>colchicine w/ probenecid</i>                     | 1         |                        |
| COLCRYS   | 2         | QL (60 tabs / 30 days) |
| <i>probenecid</i>                                   | 1         |                        |
| ULORIC  | 2         |                        |
| ZYLOPRIM  | 3         |                        |
| <b>MISCELLANEOUS</b>                                |           |                        |
| ARTHROTEC 50  | 3         |                        |
| ARTHROTEC 75  | 3         |                        |
| VIMOVO  | 2         |                        |
| <b>NARCOTIC ANALGESICS</b>                          |           |                        |
| <i>acetaminophen w/ codeine</i>                     | 1         |                        |
| <i>acetaminophen-caff-dihydrocod</i>                | 1         |                        |
| <i>butalbital-acetaminophen-caffeine w/ codeine</i> | 1         |                        |
| <i>butalbital-aspirin-caffeine w/cod</i>            | 1         |                        |
| <i>butorphanol tartrate 10mg/ml</i>                 | 1         | QL (9 ml / 25 days)    |
| <i>butorphanol tartrate 1mg/ml, 2mg/ml</i>          | 1         |                        |
| CAPITAL/CODEINE                                     | 3         |                        |
| FIORICET/CODEINE                                    | 3         |                        |
| FIORINAL/CODEINE #3                                 | 3         |                        |
| HYCET   | 3         |                        |
| <i>hydrocodone-acetaminophen</i>                    | 1         |                        |
| <i>hydrocodone-ibuprofen</i>                        | 1         |                        |
| LORCET 10/650                                       | 3         |                        |
| LORCET PLUS   | 3         |                        |
| LORTAB  | 3         |                        |
| MAXIDONE  | 3         |                        |
| NORCO   | 3         |                        |
| PANLOR SS   | 3         |                        |
| REPREXAIN   | 3         |                        |
| STADOL  | 3         |                        |

| DRUG NAME          | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------|-----------|---------------------|
| SYNALGOS-DC        | 3         |                     |
| TYLENOL/CODEINE #3 | 3         |                     |
| TYLENOL/CODEINE #4 | 3         |                     |
| VICODIN            | 3         |                     |
| VICODIN ES         | 3         |                     |
| VICOPROFEN         | 3         |                     |
| XODOL              | 3         |                     |
| ZAMICET            | 3         |                     |
| ZYDONE             | 3         |                     |

### **NARCOTIC ANALGESICS, CII**

|  |   |                             |
|--|---|-----------------------------|
| ABSTRAL  | 4 | QL (120 ea / 30 days), PA   |
| ACTIQ  | 4 | QL (120 lpop / 30 days), PA |
| AVINZA   | 3 | QL (60 ea / 30 days)        |
| CODEINE SULFATE 15mg   | 1 |                             |
| <i>codeine sulfate</i> 30mg, 60mg                                | 1 |                             |
| DILAUDID 1mg/ml, 2mg/ml, 4mg/ml                                  | 3 | B/D                         |
| DILAUDID 2mg, 4mg, 8mg   | 3 |                             |
| DILAUDID-5   | 2 |                             |
| DILAUDID-HP  | 3 | B/D                         |
| DOLOPHINE  | 3 | QL (240 tabs / 30 days)     |
| DURAGESIC 12mcg/hr, 25mcg/hr, 50mcg/hr                           | 3 | QL (10 ea / 30 days)        |
| DURAGESIC 100mcg/hr, 75mcg/hr                                    | 4 | QL (10 ea / 30 days)        |
| EMBEDA   | 3 | QL (60 ea / 30 days)        |
| EXALGO   | 2 | QL (60 ea / 30 days)        |
| <i>fentanyl citrate</i> 200mcg                                   | 1 | QL (120 lpop / 30 days), PA |
| <i>fentanyl citrate</i> 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg | 4 | QL (120 lpop / 30 days), PA |
| <i>fentanyl citrate inj 0.05 mg/ml</i>                           | 1 | B/D                         |
| <i>fentanyl patch</i>  | 1 | QL (10 ea / 30 days)        |
| FENTORA  | 4 | QL (120 tabs / 30 days), PA |
| <i>hydromorphone hcl</i> 10mg/ml                                 | 1 | B/D                         |
| <i>hydromorphone hcl</i> 2mg, 4mg, 8mg                           | 1 |                             |
| INFUMORPH 200  | 3 | B/D                         |
| INFUMORPH 500  | 3 | B/D                         |
| KADIAN   | 2 | QL (60 ea / 30 days)        |
| <i>levorphanol tartrate</i>                                      | 1 |                             |
| MAGNACET   | 3 |                             |

| DRUG NAME                                       | DRUG TIER | REQUIREMENTS/LIMITS           |
|---|-----------|-------------------------------|
| <i>methadone hcl</i> 10mg, 5mg                  | 1         | QL (240 tabs / 30 days)       |
| <i>methadone hcl</i> 10mg/5ml, 10mg/ml, 5mg/5ml | 1         |                               |
| METHADONE INJ 10MG/ML                           | 3         |                               |
| MORPHINE SUL 20MG/ML ORAL SOL                   | 1         | oral solution                 |
| <i>morphine sulfate</i> .5mg/ml, 1mg/ml         | 1         | B/D                           |
| <i>morphine sulfate</i> 100mg, 15mg, 30mg, 60mg | 1         | QL (90 ea / 30 days); ext rel |
| MORPHINE SULFATE 15mg, 30mg                     | 1         |                               |
| <i>morphine sulfate</i> 200mg                   | 1         | QL (60 ea / 30 days)          |
| MORPHINE SULFATE 10mg/5ml, 20mg/5ml             | 2         | oral solution                 |
| MS CONTIN 100mg, 15mg, 30mg, 60mg               | 3         | QL (90 ea / 30 days)          |
| MS CONTIN 200mg                                 | 3         | QL (60 ea / 30 days)          |
| NUCYNTA   | 3         |                               |
| NUCYNTA ER 100mg, 50mg                          | 3         | QL (120 / 30 days)            |
| NUCYNTA ER 150mg, 200mg, 250mg                  | 3         | QL (60 / 30 days)             |
| ONSOLIS   | 4         | QL (120 / 30 days), PA        |
| OPANA   | 3         |                               |
| OPANA ER  | 3         | QL (120 ea / 30 days)         |
| ORAMORPH SR                                     | 3         | QL (90 ea / 30 days)          |
| <i>oxycodone hcl</i> 15mg, 30mg, 5mg            | 1         |                               |
| OXYCODONE HCL 20mg/ml, 5mg                      | 1         |                               |
| <i>oxycodone w/ acetaminophen</i>               | 1         |                               |
| <i>oxycodone-aspirin</i>                        | 1         |                               |
| <i>oxycodone-ibuprofen</i>                      | 1         |                               |
| OXYCONTIN                                       | 2         | QL (120 ea / 30 days)         |
| <i>oxymorphone hcl</i>                          | 1         |                               |
| PERCOCET  | 3         |                               |
| PERCODAN  | 3         |                               |
| ROXICET   | 3         |                               |
| ROXICET SOL 5-325/5                             | 2         |                               |
| ROXICODONE                                      | 3         |                               |
| TYLOX   | 3         |                               |
| <b>NON-NARCOTIC ANALGESICS</b>                  |           |                               |
| RYZOLT  | 3         |                               |
| <i>tramadol hcl er</i>                          | 1         |                               |
| <i>tramadol hcl tab 50 mg</i>                   | 1         |                               |
| <i>tramadol-acetaminophen</i>                   | 1         |                               |
| ULTRACET  | 3         |                               |

| DRUG NAME                   | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------------------|-----------|---------------------|
| ULTRAM                      | 3         |                     |
| ULTRAM ER                   | 3         |                     |
| <b>NSAIDS</b>               |           |                     |
| ANAPROX                     | 3         |                     |
| ANAPROX DS                  | 3         |                     |
| CATAFLAM                    | 3         |                     |
| CELEBREX 100mg, 200mg, 50mg | 2         |                     |
| CELEBREX 400mg              | 2         | PA                  |
| CLINORIL                    | 3         |                     |
| DAYPRO                      | 3         |                     |
| <i>diclofenac potassium</i> | 1         |                     |
| <i>diclofenac sodium</i>    | 1         |                     |
| <i>diflunisal</i>           | 1         |                     |
| EC-NAPROSYN                 | 3         |                     |
| <i>etodolac</i>             | 1         |                     |
| FELDENE                     | 3         |                     |
| <i>fenoprofen calcium</i>   | 1         |                     |
| <i>flurbiprofen</i>         | 1         |                     |
| <i>ibuprofen</i>            | 1         |                     |
| INDOCIN                     | 2         | suspension          |
| <i>indomethacin</i>         | 1         |                     |
| <i>ketoprofen</i>           | 1         |                     |
| <i>mefenamic acid</i>       | 1         |                     |
| <i>meloxicam</i>            | 1         |                     |
| MOBIC                       | 3         |                     |
| <i>nabumetone</i>           | 1         |                     |
| NALFON                      | 3         |                     |
| NAPRELAN                    | 3         |                     |
| NAPROSYN                    | 3         |                     |
| <i>naproxen</i>             | 1         |                     |
| <i>naproxen sodium</i>      | 1         |                     |
| <i>oxaprozin</i>            | 1         |                     |
| <i>piroxicam</i>            | 1         |                     |
| PONSTEL                     | 3         |                     |
| <i>sulindac</i>             | 1         |                     |
| <i>tolmetin sodium</i>      | 1         |                     |
| VOLTAREN-XR                 | 3         |                     |

| DRUG NAME                                | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| ZIPSOR                                   | 3         |                     |
| <b>ANESTHETICS</b>                       |           |                     |
| <b>LOCAL ANESTHETICS</b>                 |           |                     |
| <i>lidocaine hcl (local anesth.)</i>     | 1         |                     |
| XYLOCAINE 1%                             | 3         |                     |
| <b>ANTI-INFECTIVES</b>                   |           |                     |
| <b>ANTIBACTERIALS</b>                    |           |                     |
| ADOXA                                    | 3         |                     |
| ADOXA PAK 1/100                          | 3         |                     |
| ADOXA PAK 1/150                          | 3         |                     |
| ADOXA PAK 1/75                           | 3         |                     |
| ADOXA PAK 2/100                          | 3         |                     |
| <i>amikacin sulfate</i>                  | 1         |                     |
| <i>amoxicillin</i>                       | 1         |                     |
| <i>amoxicillin &amp; pot clavulanate</i> | 1         |                     |
| <i>ampicillin</i>                        | 1         |                     |
| <i>ampicillin &amp; sulbactam sodium</i> | 1         |                     |
| <i>ampicillin sodium</i>                 | 1         |                     |
| AVELOX                                   | 2         |                     |
| AVELOX ABC PACK                          | 2         |                     |
| <i>azithromycin</i>                      | 1         |                     |
| BACTOCILL IN DEXTROSE                    | 3         |                     |
| BIAXIN                                   | 3         |                     |
| BIAXIN XL                                | 3         |                     |
| BIAXIN XL PAC                            | 3         |                     |
| BICILLIN C-R                             | 2         |                     |
| BICILLIN L-A                             | 2         |                     |
| CEDAX                                    | 3         |                     |
| <i>cefactor</i>                          | 1         |                     |
| CEFACTOR ER                              | 2         |                     |
| <i>cefadroxil</i>                        | 1         |                     |
| CEFAZOLIN INJ 1GM/50ML                   | 2         |                     |
| <i>cefazolin sodium</i>                  | 1         |                     |
| <i>cefdinir</i>                          | 1         |                     |
| <i>cefepime hcl</i>                      | 1         |                     |
| <i>cefotaxime sodium</i>                 | 1         |                     |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| CEFOTETAN  | 3         |                     |
| <i>cefoxitin sodium</i> 10gm, 1gm, 2gm             | 1         |                     |
| CEFOXITIN SODIUM                                   | 3         |                     |
| <i>cefepodoxime proxetil</i>                       | 1         |                     |
| <i>cefprozil</i>                                   | 1         |                     |
| <i>ceftazidime</i>                                 | 1         |                     |
| CEFTIN   | 3         |                     |
| <i>ceftriaxone sodium</i>                          | 1         |                     |
| <i>cefuroxime axetil</i>                           | 1         |                     |
| <i>cefuroxime sodium</i>                           | 1         |                     |
| <i>cephalexin</i>                                  | 1         |                     |
| CIPRO 500mg/5ml, 5gm/100ml                         | 2         | suspension          |
| CIPRO 250mg, 500mg, 750mg                          | 3         |                     |
| <i>cipro i.v.</i>                                  | 1         |                     |
| CIPRO I.V.-IN D5W                                  | 3         |                     |
| <i>ciprofloxacin hcl</i>                           | 1         |                     |
| <i>ciprofloxacin-ciprofloxacin hcl</i>             | 1         | ext rel             |
| CLAFORAN   | 3         |                     |
| <i>clarithromycin</i>                              | 1         |                     |
| <i>demeclocycline hcl</i>                          | 1         |                     |
| <i>dicloxacillin sodium</i>                        | 1         |                     |
| DIFICID  | 3         |                     |
| DORYX  | 3         |                     |
| <i>doxycycline (monohydrate)</i>                   | 1         |                     |
| DOXYCYCLINE CAP DR PARTICLES 100 MG                | 3         |                     |
| <i>doxycycline hyclate</i> 100mg, 20mg, 50mg, 75mg | 1         |                     |
| DOXYCYCLINE HYCLATE 75mg                           | 3         |                     |
| DYNACIN  | 3         |                     |
| E.E.S. GRANULES                                    | 3         |                     |
| ERY-TAB  | 3         |                     |
| ERYPED 200   | 2         |                     |
| ERYPED 400   | 3         |                     |
| ERYTHROCIN LACTOBIONATE                            | 2         |                     |
| <i>erythromycin base</i>                           | 1         |                     |
| <i>erythromycin ethylsuccinate</i>                 | 1         |                     |
| <i>erythromycin stearate</i>                       | 1         |                     |
| FACTIVE  | 3         |                     |

| DRUG NAME                                    | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| FORTAZ                                       | 3         |                     |
| <i>gentamicin in saline</i>                  | 1         |                     |
| <i>gentamicin sulfate</i>                    | 1         |                     |
| GENTAMICIN SULFATE/0.9% S                    | 3         |                     |
| KEFLEX                                       | 3         |                     |
| LEVAQUIN                                     | 3         |                     |
| LEVAQUIN INJ                                 | 3         |                     |
| LEVAQUIN ORAL SOLUTION                       | 3         |                     |
| MINOCIN                                      | 3         |                     |
| <i>minocycline hcl</i>                       | 1         |                     |
| MONODOX                                      | 3         |                     |
| MOXATAG                                      | 3         |                     |
| <i>nafcillin sodium</i>                      | 1         |                     |
| NALLPEN/DEXTROSE                             | 3         |                     |
| <i>neomycin sulfate</i>                      | 1         |                     |
| NOROXIN                                      | 3         |                     |
| <i>oxacillin sodium</i>                      | 1         |                     |
| <i>paromomycin sulfate</i>                   | 1         |                     |
| PCE  | 3         |                     |
| <i>penicillin g potassium</i>                | 1         |                     |
| PENICILLIN G POTASSIUM IN                    | 3         |                     |
| PENICILLIN G PROCAINE                        | 2         |                     |
| <i>penicillin g sodium</i>                   | 1         |                     |
| <i>penicillin v potassium</i>                | 1         |                     |
| PERIOSTAT                                    | 3         |                     |
| PFIZERPEN-G                                  | 3         |                     |
| PIPERACILLIN SODIUM                          | 3         |                     |
| <i>piperacillin sodium-tazobactam sodium</i> | 1         |                     |
| PROQUIN XR                                   | 3         |                     |
| ROCEPHIN                                     | 3         |                     |
| SOLODYN                                      | 3         |                     |
| <i>streptomycin sulfate</i>                  | 1         |                     |
| SULFADIAZINE                                 | 2         |                     |
| SUPRAX                                       | 2         |                     |
| TEFLARO                                      | 3         |                     |
| <i>tetracycline hcl</i>                      | 1         |                     |
| TIMENTIN                                     | 3         |                     |

| DRUG NAME                      | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------|-----------|---------------------|
| <i>tobramycin sulfate</i>      | 1         |                     |
| TOBRAMYCIN SULFATE/SODIUM      | 3         |                     |
| UNASYN                         | 3         |                     |
| UNASYN BULK PACK               | 3         |                     |
| VIBRAMYCIN                     | 3         |                     |
| ZINACEF                        | 3         |                     |
| ZINACEF IN ISO-OSMOTIC DE      | 3         |                     |
| ZINACEF IN ISO-OSMOTIC DI      | 3         |                     |
| ZITHROMAX                      | 3         |                     |
| ZITHROMAX TRI-PAK              | 3         |                     |
| ZITHROMAX Z-PAK                | 3         |                     |
| ZMAX                           | 2         |                     |
| ZOSYN                          | 3         |                     |
| <b>ANTIFUNGALS</b>             |           |                     |
| ABELCET                        | 3         | B/D                 |
| AMBISOME                       | 3         | B/D                 |
| AMPHOTEC                       | 3         | B/D                 |
| <i>amphotericin b</i>          | 1         | B/D                 |
| ANCOBON                        | 2         |                     |
| CANCIDAS                       | 4         |                     |
| <i>clotrimazole</i>            | 1         |                     |
| DIFLUCAN                       | 3         |                     |
| DIFLUCAN IN NACL               | 3         |                     |
| ERAXIS                         | 3         |                     |
| <i>fluconazole</i>             | 1         |                     |
| <i>fluconazole in dextrose</i> | 1         |                     |
| GRIFULVIN V                    | 3         |                     |
| GRIS-PEG                       | 2         |                     |
| <i>griseofulvin microsize</i>  | 1         |                     |
| <i>itraconazole</i>            | 1         | PA                  |
| <i>ketoconazole</i>            | 1         |                     |
| LAMISIL                        | 3         |                     |
| MYCAMINE                       | 3         |                     |
| NOXAFIL                        | 4         |                     |
| <i>nystatin</i>                | 1         |                     |
| SPORANOX 100mg                 | 3         | PA                  |
| SPORANOX 10mg/ml               | 4         |                     |

| DRUG NAME                    | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------|-----------|---------------------|
| SPORANOX PULSEPAK            | 3         | PA                  |
| <i>terbinafine hcl</i>       | 1         | QL (90 tabs / year) |
| VFEND                        | 4         |                     |
| VFEND IV                     | 2         |                     |
| VFEND SUS 40MG/ML            | 4         |                     |
| <i>voriconazole</i>          | 4         |                     |
| <b>ANTIMALARIALS</b>         |           |                     |
| ARALEN                       | 3         |                     |
| <i>chloroquine phosphate</i> | 1         |                     |
| COARTEM                      | 3         |                     |
| DARAPRIM                     | 2         |                     |
| MALARONE                     | 2         |                     |
| <i>mefloquine hcl</i>        | 1         |                     |
| PRIMAQUINE PHOSPHATE         | 3         |                     |
| QUALAQUIN                    | 3         |                     |
| <b>ANTIRETROVIRAL AGENTS</b> |           |                     |
| APTIVUS                      | 2         |                     |
| ATRIPLA                      | 4         |                     |
| COMBIVIR                     | 2         |                     |
| COMPLERA                     | 4         |                     |
| CRIXIVAN                     | 2         |                     |
| <i>didanosine</i>            | 1         |                     |
| EDURANT                      | 4         |                     |
| EMTRIVA                      | 2         |                     |
| EPIVIR                       | 2         |                     |
| EPZICOM                      | 2         |                     |
| FUZEON                       | 4         |                     |
| INTELENCE                    | 2         |                     |
| INVIRASE                     | 2         |                     |
| ISENTRESS                    | 4         |                     |
| KALETRA                      | 2         |                     |
| LEXIVA                       | 2         |                     |
| NORVIR                       | 2         |                     |
| PREZISTA 150mg, 75mg         | 2         |                     |
| PREZISTA 400mg, 600mg        | 4         |                     |
| RESCRIPTOR                   | 2         |                     |
| RETROVIR                     | 3         |                     |

| DRUG NAME            | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------|-----------|---------------------|
| RETROVIR IV INFUSION | 2         |                     |
| REYATAZ              | 2         |                     |
| SELZENTRY            | 4         |                     |
| <i>stavudine</i>     | 1         |                     |
| SUSTIVA              | 2         |                     |
| TRIZIVIR             | 2         |                     |
| TRUVADA              | 2         |                     |
| VIDEX EC             | 3         |                     |
| VIDEX PEDIATRIC      | 2         |                     |
| VIRACEPT             | 2         |                     |
| VIRAMUNE             | 2         |                     |
| VIRAMUNE XR          | 2         |                     |
| VIREAD               | 2         |                     |
| ZERIT                | 3         |                     |
| ZIAGEN               | 2         |                     |
| <i>zidovudine</i>    | 1         |                     |

#### **ANTITUBERCULAR AGENTS**

|                                 |   |  |
|---------------------------------|---|--|
| CAPASTAT SULFATE                | 3 |  |
| <i>ethambutol hcl</i>           | 1 |  |
| <i>isoniazid</i>                | 1 |  |
| <i>isoniazid &amp; rifampin</i> | 1 |  |
| MYAMBUTOL                       | 3 |  |
| MYCOBUTIN                       | 2 |  |
| PASER                           | 3 |  |
| PRIFTIN                         | 3 |  |
| <i>pyrazinamide</i>             | 1 |  |
| RIFADIN                         | 3 |  |
| RIFAMATE                        | 3 |  |
| <i>rifampin</i>                 | 1 |  |
| RIFATER                         | 3 |  |
| SEROMYCIN                       | 3 |  |
| TRECTOR                         | 3 |  |

#### **ANTIVIRALS**

|                         |   |  |
|-------------------------|---|--|
| <i>acyclovir</i>        | 1 |  |
| <i>acyclovir sodium</i> | 1 |  |
| BARACLUDE .05mg/ml      | 2 |  |
| BARACLUDE .5mg, 1mg     | 4 |  |

| DRUG NAME                              | DRUG TIER | REQUIREMENTS/LIMITS      |
|--|-----------|--------------------------|
| COPEGUS                                | 4         | PA                       |
| CYTOVENE                               | 3         | B/D                      |
| EPIVIR HBV                             | 2         |                          |
| <i>famciclovir</i>                     | 1         |                          |
| FAMVIR                                 | 3         |                          |
| <i>foscarnet sodium</i>                | 1         |                          |
| <i>ganciclovir 250mg</i>               | 1         |                          |
| <i>ganciclovir 500mg</i>               | 4         |                          |
| <i>ganciclovir inj 500mg</i>           | 1         | B/D                      |
| HEPSERA                                | 4         | PA                       |
| INCIVEK                                | 4         | PA                       |
| REBETOL                                | 4         | PA                       |
| RELENZA DISKHALER                      | 2         |                          |
| <i>ribapak pak</i>                     | 4         | PA                       |
| <i>ribasphere tab 400mg</i>            | 4         | PA                       |
| <i>ribasphere tab 600mg</i>            | 4         | PA                       |
| <i>ribavirin 200mg</i>                 | 1         | PA                       |
| <i>rimantadine hydrochloride</i>       | 1         |                          |
| TAMIFLU                                | 2         |                          |
| TYZEKA                                 | 4         | PA                       |
| <i>valacyclovir hcl</i>                | 1         |                          |
| VALCYTE                                | 4         |                          |
| VALTREX                                | 3         |                          |
| VICTRELIS                              | 4         | PA                       |
| VIRAZOLE                               | 4         |                          |
| VISTIDE                                | 3         |                          |
| ZOVIRAX 200mg, 200mg/5ml, 400mg, 800mg | 3         |                          |
| <b>MISCELLANEOUS</b>                   |           |                          |
| ALBENZA                                | 2         |                          |
| ALINIA 100mg/5ml                       | 2         | QL (3 bottles / 30 days) |
| ALINIA 500mg                           | 2         | QL (12 tabs / 30 days)   |
| AZACTAM                                | 3         |                          |
| AZACTAM IN ISO-OSMOTIC DE              | 3         |                          |
| <i>aztreonam</i>                       | 1         |                          |
| BACTRIM                                | 3         |                          |
| BACTRIM DS                             | 3         |                          |
| BILTRICIDE                             | 3         |                          |

| DRUG NAME                           | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------|-----------|---------------------|
| CLEOCIN 150mg, 300mg                | 3         |                     |
| CLEOCIN CAP 75MG                    | 2         |                     |
| CLEOCIN GALAXY                      | 3         |                     |
| CLEOCIN PED SOL 75MG/5ML            | 2         |                     |
| CLEOCIN PHOSPHATE                   | 3         |                     |
| <i>clindamycin hcl</i>              | 1         |                     |
| <i>clindamycin phosphate</i>        | 1         |                     |
| <i>colistimethate sodium</i>        | 1         | B/D                 |
| COLY-MYCIN M                        | 3         | B/D                 |
| CUBICIN                             | 4         | B/D                 |
| <i>dapsone</i>                      | 1         |                     |
| DORIBAX                             | 3         |                     |
| <i>erythromycin-sulfisoxazole</i>   | 1         |                     |
| FLAGYL                              | 3         |                     |
| FLAGYL ER                           | 3         |                     |
| FURADANTIN                          | 3         |                     |
| HIPREX                              | 3         |                     |
| INVANZ                              | 2         |                     |
| MACROBID                            | 3         |                     |
| MACRODANTIN                         | 3         |                     |
| MACRODANTIN CAP 25MG                | 2         |                     |
| <i>mebendazole</i>                  | 1         |                     |
| MEPRON                              | 4         |                     |
| <i>meropenem</i>                    | 1         |                     |
| MERREM                              | 3         |                     |
| <i>methenamine hippurate</i>        | 1         |                     |
| <i>metronidazole</i>                | 1         |                     |
| <i>metronidazole in nacl</i>        | 1         |                     |
| NEBUPENT                            | 3         | B/D                 |
| <i>nitrofurantoin</i>               | 1         |                     |
| <i>nitrofurantoin macrocrystal</i>  | 1         |                     |
| <i>nitrofurantoin monohyd macro</i> | 1         |                     |
| PENTAM 300                          | 3         |                     |
| <i>polymyxin b sulfate</i>          | 1         |                     |
| PRIMAXIN                            | 2         |                     |
| PRIMSOL                             | 3         |                     |
| SEPTRA                              | 3         |                     |

| DRUG NAME                        | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------|-----------|---------------------|
| SEPTRA DS                        | 3         |                     |
| STROMEKTOL                       | 3         |                     |
| <i>sulfamethoxazole/trimetho</i> | 1         |                     |
| SYNERCID                         | 4         |                     |
| <i>trimethoprim</i>              | 1         |                     |
| TYGACIL                          | 3         |                     |
| VANCOGIN HCL                     | 4         | capsule             |
| <i>vancomycin hcl</i>            | 1         | B/D                 |
| VIBATIV                          | 4         |                     |
| XIFAXAN                          | 3         |                     |
| ZYVOX                            | 4         |                     |

## ANTINEOPLASTIC AGENTS

### ALKYLATING AGENTS

|                         |   |     |
|-------------------------|---|-----|
| ALKERAN                 | 3 | B/D |
| BICNU                   | 2 | B/D |
| BUSULFEX                | 2 | B/D |
| CEENU                   | 2 |     |
| <i>cyclophosphamide</i> | 1 | B/D |
| <i>dacarbazine</i>      | 1 | B/D |
| EMCYT                   | 2 |     |
| HEXALEN                 | 4 |     |
| IFEX INJ 3GM            | 2 | B/D |
| IFOSFAMIDE              | 1 | B/D |
| LEUKERAN                | 2 |     |
| <i>melphalan hcl</i>    | 1 | B/D |
| MUSTARGEN               | 2 | B/D |
| THIOTEPA                | 3 | B/D |
| TREANDA                 | 4 | B/D |
| ZANOSAR                 | 3 | B/D |

### ANTHRACYCLINES

|                         |   |     |
|-------------------------|---|-----|
| CERUBIDINE              | 3 | B/D |
| <i>daunorubicin hcl</i> | 1 | B/D |
| DAUNOXOME               | 4 | B/D |
| DOXIL                   | 4 | B/D |
| <i>doxorubicin hcl</i>  | 1 | B/D |
| ELLENCE                 | 4 | B/D |
| EPIRUBICIN HCL          | 4 | B/D |

| DRUG NAME                           | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------|-----------|---------------------|
| IDAMYCIN PFS                        | 3         | B/D                 |
| <i>idarubicin hcl</i>               | 1         | B/D                 |
| <b>ANTIBIOTICS</b>                  |           |                     |
| <i>bleomycin sulfate</i>            | 1         | B/D                 |
| COSMEGEN                            | 2         | B/D                 |
| <i>mitomycin</i>                    | 1         | B/D                 |
| <b>ANTIMETABOLITES</b>              |           |                     |
| ALIMTA                              | 4         | B/D                 |
| ARRANON                             | 3         | B/D                 |
| CLOLAR                              | 3         | B/D                 |
| <i>cytarabine</i>                   | 1         | B/D                 |
| CYTARABINE AQUEOUS                  | 3         | B/D                 |
| DACOGEN                             | 3         | B/D                 |
| <i>fluorouracil inj</i>             | 1         | B/D                 |
| <i>gemcitabine hcl</i>              | 4         | B/D                 |
| GEMZAR                              | 4         | B/D                 |
| <i>mercaptopurine</i>               | 1         |                     |
| <i>methotrexate sodium</i>          | 1         | B/D                 |
| NIPENT                              | 3         | B/D                 |
| <i>pentostatin</i>                  | 1         | B/D                 |
| PURINETHOL                          | 3         |                     |
| TABLOID                             | 2         |                     |
| VIDAZA                              | 4         | B/D                 |
| <b>ANTIMITOTIC, TAXOIDS</b>         |           |                     |
| ABRAXANE                            | 4         | B/D                 |
| <i>paclitaxel</i>                   | 1         | B/D                 |
| TAXOTERE                            | 4         | B/D                 |
| <b>ANTIMITOTIC, VINCA ALKALOIDS</b> |           |                     |
| VINBLASTINE SULFATE                 | 2         | B/D                 |
| <i>vincristine sulfate</i>          | 1         | B/D                 |
| <i>vinorelbine tartrate</i>         | 1         | B/D                 |
| <b>BIOLOGIC RESPONSE MODIFIERS</b>  |           |                     |
| AVASTIN                             | 4         | B/D                 |
| CAMPATH                             | 2         | B/D                 |
| ERBITUX                             | 4         | B/D                 |
| HERCEPTIN                           | 4         | B/D                 |

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------|-----------|---------------------|
| ISTODAX   | 4         | B/D                 |
| ONTAK     | 2         | B/D                 |
| PROLEUKIN | 4         | B/D                 |
| RITUXAN   | 4         | PA                  |
| TORISEL   | 4         | B/D                 |
| VECTIBIX  | 3         | B/D                 |
| VELCADE   | 4         | B/D                 |
| ZOLINZA   | 4         |                     |

### ***HORMONAL ANTINEOPLASTIC AGENTS***

|                                  |   |     |
|----------------------------------|---|-----|
| <i>anastrozole</i>               | 1 |     |
| ARIMIDEX                         | 3 |     |
| AROMASIN                         | 3 |     |
| ARZERRA                          | 4 | B/D |
| <i>bicalutamide</i>              | 1 |     |
| CASODEX                          | 3 |     |
| DEPO-PROVERA INJ 400/ML          | 2 | B/D |
| ELIGARD                          | 3 | B/D |
| <i>exemestane</i>                | 1 |     |
| FARESTON                         | 2 |     |
| FASLODEX                         | 4 | B/D |
| FEMARA                           | 3 |     |
| FIRMAGON                         | 3 | B/D |
| <i>flutamide</i>                 | 1 |     |
| <i>letrozole</i>                 | 1 |     |
| <i>leuprolide acetate</i>        | 1 | PA  |
| LUPRON DEPOT 11.25mg, 3.75mg     | 2 | PA  |
| LUPRON DEPOT 22.5mg, 30mg, 7.5mg | 4 | PA  |
| LUPRON DEPOT-PED                 | 4 | PA  |
| MEGACE ES                        | 2 |     |
| MEGACE ORAL                      | 3 |     |
| <i>megestrol acetate</i>         | 1 |     |
| NILANDRON                        | 2 |     |
| <i>tamoxifen citrate</i>         | 1 |     |
| TRELSTAR DEPOT MIXJECT           | 2 | B/D |
| TRELSTAR LA MIXJECT              | 2 | B/D |
| TRELSTAR MIXJECT                 | 4 | B/D |
| ZYTIGA                           | 4 | PA  |

| DRUG NAME                        | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------|-----------|---------------------|
| <b><i>KINASE INHIBITORS</i></b>  |           |                     |
| AFINITOR                         | 4         |                     |
| GLEEVEC                          | 4         |                     |
| IRESSA                           | 4         |                     |
| NEXAVAR                          | 4         |                     |
| SPRYCEL                          | 4         |                     |
| SUTENT                           | 4         |                     |
| TARCEVA                          | 4         |                     |
| TASIGNA                          | 4         |                     |
| TYKERB                           | 4         |                     |
| VANDETANIB                       | 4         |                     |
| VOTRIENT                         | 4         |                     |
| XALKORI                          | 4         | PA                  |
| ZELBORAF                         | 4         | PA                  |
| <b><i>MISCELLANEOUS</i></b>      |           |                     |
| DROXIA                           | 2         |                     |
| ELSPAR                           | 2         | B/D                 |
| HALAVEN                          | 4         | B/D                 |
| HYDREA                           | 3         |                     |
| <i>hydroxyurea</i>               | 1         |                     |
| IRINOTECAN                       | 4         | B/D                 |
| IXEMPRA KIT                      | 4         | B/D                 |
| LYSODREN                         | 4         |                     |
| MATULANE                         | 4         |                     |
| <i>mitoxantrone hcl</i>          | 1         | B/D                 |
| NOVANTRONE                       | 4         | B/D                 |
| PHOTOFRIN                        | 2         | B/D                 |
| SYLATRON                         | 4         | PA                  |
| TARGRETIN 75mg                   | 4         |                     |
| TRETINOIN 10mg                   | 4         | capsule             |
| TRISENOX                         | 2         | B/D                 |
| UVADEX                           | 3         | B/D                 |
| <b><i>NUCLEOSIDE ANALOGS</i></b> |           |                     |
| <i>cladribine</i>                | 1         | B/D                 |
| FLUDARA                          | 4         | B/D                 |
| FLUDARABINE PHOSPHATE            | 4         | B/D                 |
| LEUSTATIN                        | 3         | B/D                 |

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

**PLATINUM COORDINATION COMPLEX**

|                    |   |     |
|--------------------|---|-----|
| <i>carboplatin</i> | 1 | B/D |
| <i>cisplatin</i>   | 1 | B/D |
| ELOXATIN           | 4 | B/D |
| OXALIPLATIN        | 4 | B/D |

**PROTECTIVE AGENTS**

|                                     |   |     |
|-------------------------------------|---|-----|
| <i>amifostine crystalline</i>       | 4 | B/D |
| <i>dexrazoxane</i>                  | 1 | B/D |
| ELITEK                              | 4 | B/D |
| ETHYOL                              | 4 | B/D |
| <i>ifosfamide &amp; mesna</i>       | 1 | B/D |
| KEPIVANCE                           | 3 | B/D |
| <i>leucovor ca inj</i>              | 1 | B/D |
| <i>leucovorin calcium 25mg, 5mg</i> | 1 |     |
| LEUCOVORIN CALCIUM 10mg, 15mg       | 2 |     |
| <i>mesna</i>                        | 1 | B/D |
| MESNEX 100mg/ml                     | 4 | B/D |
| MESNEX 400mg                        | 4 |     |
| ZINECARD                            | 3 | B/D |

**TOPOISOMERASE INHIBITORS**

|                      |   |                |
|----------------------|---|----------------|
| CAMPTOSAR            | 3 | B/D            |
| ETOPOPHOS            | 3 | B/D            |
| <i>etoposide</i>     | 1 | B/D            |
| HYCANTIN             | 4 | B/D; injection |
| <i>topotecan hcl</i> | 4 | B/D            |

**CARDIOVASCULAR**

**ACE INHIBITOR COMBINATIONS**

|  |   |  |
|--|---|--|
| ACCURETIC  | 3 |  |
| <i>amlodipine besylate-benazepril hcl</i>          | 1 |  |
| <i>benazepril &amp; hydrochlorothiazide</i>        | 1 |  |
| <i>captopril &amp; hydrochlorothiazide</i>         | 1 |  |
| <i>enalapril maleate &amp; hydrochlorothiazide</i> | 1 |  |
| <i>fosinopril sodium &amp; hydrochlorothiazide</i> | 1 |  |
| <i>lisinopril &amp; hydrochlorothiazide</i>        | 1 |  |
| LOTENSIN HCT                                       | 3 |  |
| LOTREL   | 3 |  |

| DRUG NAME                            | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------|-----------|---------------------|
| <i>moexipril-hydrochlorothiazide</i> | 1         |                     |
| PRINZIDE                             | 3         |                     |
| <i>quinapril-hydrochlorothiazide</i> | 1         |                     |
| TARKA                                | 3         |                     |
| UNIRETIC                             | 3         |                     |
| VASERETIC                            | 3         |                     |
| ZESTORETIC                           | 3         |                     |
| <b>ACE INHIBITORS</b>                |           |                     |
| ACCUPRIL                             | 3         |                     |
| ACEON                                | 3         |                     |
| ALTACE                               | 3         |                     |
| <i>benazepril hcl</i>                | 1         |                     |
| <i>captopril</i>                     | 1         |                     |
| <i>enalapril maleate</i>             | 1         |                     |
| <i>fosinopril sodium</i>             | 1         |                     |
| <i>lisinopril</i>                    | 1         |                     |
| LOTENSIN                             | 3         |                     |
| MAVIK                                | 3         |                     |
| <i>moexipril hcl</i>                 | 1         |                     |
| <i>perindopril erbumine</i>          | 1         |                     |
| PRINIVIL                             | 3         |                     |
| <i>quinapril hcl</i>                 | 1         |                     |
| <i>ramipril</i>                      | 1         |                     |
| <i>trandolapril</i>                  | 1         |                     |
| UNIVASC                              | 3         |                     |
| VASOTEC                              | 3         |                     |
| ZESTRIL                              | 3         |                     |
| <b>ADRENOLYTICS, CENTRAL</b>         |           |                     |
| CATAPRES                             | 3         |                     |
| CATAPRES-TTS-1                       | 3         |                     |
| CATAPRES-TTS-2                       | 3         |                     |
| CATAPRES-TTS-3                       | 3         |                     |
| <i>clonidine hcl</i>                 | 1         |                     |
| <i>guanabenz acetate</i>             | 1         |                     |
| <i>guanfacine hcl</i>                | 1         |                     |
| TENEX                                | 3         |                     |

#### **ALDOSTERONE RECEPTOR ANTAGONISTS**

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

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| ALDACTONE  | 3         |                     |
| <i>eplerenone</i>                                      | 1         |                     |
| INSPRA   | 3         |                     |
| <i>spironolactone</i>                                  | 1         |                     |
| <b>ALPHA BLOCKERS</b>                                  |           |                     |
| CARDURA  | 3         |                     |
| <i>doxazosin mesylate</i>                              | 1         |                     |
| MINIPRESS  | 3         |                     |
| <i>prazosin hcl</i>                                    | 1         |                     |
| <i>terazosin hcl</i>                                   | 1         |                     |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b> |           |                     |
| ATACAND HCT  | 3         |                     |
| AVALIDE  | 3         |                     |
| AZOR   | 2         |                     |
| BENICAR HCT  | 2         |                     |
| DIOVAN HCT   | 2         |                     |
| EXFORGE  | 2         |                     |
| EXFORGE HCT  | 2         |                     |
| HYZAAR   | 3         |                     |
| <i>losartan potassium &amp; hydrochlorothiazide</i>    | 1         |                     |
| MICARDIS HCT   | 3         |                     |
| TEVETEN HCT  | 3         |                     |
| TRIBENZOR  | 2         |                     |
| TWYNSTA  | 3         |                     |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>             |           |                     |
| ATACAND  | 3         |                     |
| AVAPRO   | 3         |                     |
| BENICAR  | 2         |                     |
| COZAAR   | 3         |                     |
| DIOVAN   | 2         |                     |
| EDARBI   | 3         |                     |
| <i>losartan potassium</i>                              | 1         |                     |
| MICARDIS   | 3         |                     |
| TEVETEN  | 3         |                     |
| <b>ANTIARRHYTHMICS</b>                                 |           |                     |
| <i>amiodarone hcl</i>                                  | 1         |                     |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <i>amiodarone inj 50mg/ml</i>                     | 1         | B/D                 |
| BETAPACE  | 3         |                     |
| BETAPACE AF                                       | 3         |                     |
| CORDARONE   | 3         |                     |
| <i>disopyramide phosphate</i>                     | 1         |                     |
| <i>flecainide acetate</i>                         | 1         |                     |
| <i>mexiletine hcl</i>                             | 1         |                     |
| MULTAQ  | 2         |                     |
| NORPACE   | 3         |                     |
| NORPACE CR 100mg                                  | 2         |                     |
| NORPACE CR 150mg                                  | 3         |                     |
| PACERONE  | 3         |                     |
| PACERONE TAB 100MG                                | 2         |                     |
| <i>propafenone hcl</i>                            | 1         |                     |
| <i>quinidine gluconate</i>                        | 1         |                     |
| <i>quinidine sulfate</i>                          | 1         |                     |
| RYTHMOL   | 3         |                     |
| RYTHMOL SR  | 3         |                     |
| <i>sotalol hcl</i>                                | 1         |                     |
| TAMBOCOR  | 3         |                     |
| TIKOSYN   | 2         |                     |
| <b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS</b> |           |                     |
| ALTOPREV  | 3         |                     |
| CRESTOR   | 1         |                     |
| LESCOL  | 3         |                     |
| LESCOL XL   | 3         |                     |
| LIPITOR   | 1         |                     |
| LIVALO  | 3         |                     |
| <i>lovastatin</i>                                 | 1         |                     |
| MEVACOR   | 3         |                     |
| PRAVACHOL   | 3         |                     |
| <i>pravastatin sodium</i>                         | 1         |                     |
| <i>simvastatin</i>                                | 1         |                     |
| ZOCOR   | 3         |                     |
| <b>ANTILIPEMICS, MISCELLANEOUS</b>                |           |                     |
| ADVICOR   | 3         |                     |
| ANTARA  | 2         |                     |

| DRUG NAME                     | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------|-----------|---------------------|
| <i>cholestyramine light</i>   | 1         |                     |
| COLESTID                      | 3         |                     |
| <i>colestipol hcl</i>         | 1         |                     |
| <i>fenofibrate</i>            | 1         |                     |
| <i>fenofibrate micronized</i> | 1         |                     |
| FENOGLIDE                     | 3         |                     |
| <i>gemfibrozil</i>            | 1         |                     |
| LIPOFEN                       | 2         |                     |
| LOFIBRA                       | 3         |                     |
| LOPID                         | 3         |                     |
| LOVAZA                        | 3         |                     |
| <i>niacin</i>                 | 1         |                     |
| NIASPAN                       | 2         |                     |
| QUESTRAN                      | 3         |                     |
| SIMCOR                        | 3         |                     |
| TRICOR                        | 2         |                     |
| TRIGLIDE                      | 3         |                     |
| TRILIPIX                      | 2         |                     |
| VYTORIN                       | 3         |                     |
| WELCHOL                       | 2         |                     |
| ZETIA                         | 2         |                     |

**BETA-BLOCKER/DIURETIC COMBINATIONS**

|  |   |  |
|--|---|--|
| <i>atenolol &amp; chlorthalidone</i>         | 1 |  |
| <i>bisoprolol &amp; hydrochlorothiazide</i>  | 1 |  |
| CORZIDE                                      | 3 |  |
| LOPRESSOR HCT                                | 3 |  |
| <i>metoprolol &amp; hydrochlorothiazide</i>  | 1 |  |
| <i>nadolol &amp; bendroflumethiazide</i>     | 1 |  |
| <i>propranolol &amp; hydrochlorothiazide</i> | 1 |  |
| TENORETIC 100                                | 3 |  |
| TENORETIC 50                                 | 3 |  |
| ZIAC   | 3 |  |

**BETA-BLOCKERS**

|                            |   |  |
|----------------------------|---|--|
| <i>acebutolol hcl</i>      | 1 |  |
| <i>atenolol</i>            | 1 |  |
| <i>betaxolol hcl</i>       | 1 |  |
| <i>bisoprolol fumarate</i> | 1 |  |

| DRUG NAME                   | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------------------|-----------|---------------------|
| BYSTOLIC                    | 2         |                     |
| <i>carvedilol</i>           | 1         |                     |
| COREG                       | 3         |                     |
| COREG CR                    | 3         |                     |
| CORGARD                     | 3         |                     |
| INDERAL LA                  | 3         |                     |
| KERLONE                     | 3         |                     |
| <i>labetalol hcl</i>        | 1         |                     |
| LEVATOL                     | 3         |                     |
| LOPRESSOR                   | 3         |                     |
| <i>metoprolol succinate</i> | 1         |                     |
| <i>metoprolol tartrate</i>  | 1         |                     |
| <i>nadolol</i>              | 1         |                     |
| <i>pindolol</i>             | 1         |                     |
| <i>propranolol hcl</i>      | 1         |                     |
| SECTRAL                     | 3         |                     |
| TENORMIN                    | 3         |                     |
| <i>timolol maleate</i>      | 1         |                     |
| TOPROL XL                   | 3         |                     |
| TRANDATE                    | 3         |                     |
| ZEBETA                      | 3         |                     |

**CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS**

|        |   |  |
|--------|---|--|
| CADUET | 3 |  |
|--------|---|--|

**CALCIUM CHANNEL BLOCKERS**

|  |   |  |
|--|---|--|
| ADALAT CC  | 3 |  |
| <i>amlodipine besylate</i>   | 1 |  |
| CALAN  | 3 |  |
| CALAN SR   | 3 |  |
| CARDIZEM   | 3 |  |
| CARDIZEM CD 360mg  | 2 |  |
| CARDIZEM CD 120mg, 180mg, 240mg, 300mg                               | 3 |  |
| CARDIZEM LA  | 3 |  |
| COVERA-HS  | 3 |  |
| DILACOR XR   | 3 |  |
| <i>diltiazem hcl</i> 120mg, 180mg, 240mg, 25mg/5ml, 30mg, 60mg, 90mg | 1 |  |
| DILTIAZEM HCL 100mg  | 3 |  |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <i>diltiazem hcl coated beads</i>                  | 1         |                     |
| <i>diltiazem hcl extended release beads</i>        | 1         |                     |
| DYNACIRC CR  | 3         |                     |
| <i>felodipine</i>                                  | 1         |                     |
| ISOPTIN SR   | 3         |                     |
| <i>isradipine</i>                                  | 1         |                     |
| <i>nicardipine hcl</i>                             | 1         |                     |
| <i>nifediac cc</i>                                 | 1         |                     |
| <i>nifedical xl</i>                                | 1         |                     |
| <i>nifedipine</i>                                  | 1         |                     |
| <i>nifedipine er</i>                               | 1         |                     |
| <i>nimodipine</i>                                  | 1         |                     |
| <i>nisoldipine</i>                                 | 1         |                     |
| NORVASC  | 3         |                     |
| PROCARDIA XL                                       | 3         |                     |
| SULAR  | 3         |                     |
| THIAZAC  | 3         |                     |
| <i>verapamil hcl</i>                               | 1         |                     |
| VERELAN  | 3         |                     |
| VERELAN PM   | 3         |                     |
| <b><i>DIGITALIS GLYCOSIDES</i></b>                 |           |                     |
| <i>digoxin</i>                                     | 1         |                     |
| DIGOXIN SOL 50MCG/ML                               | 1         |                     |
| LANOXIN .125mg, .25mg                              | 2         |                     |
| LANOXIN .1mg/ml, .25mg/ml                          | 3         |                     |
| <b><i>DIRECT RENIN INHIBITORS/COMBINATIONS</i></b> |           |                     |
| AMTURNIDE  | 2         |                     |
| TEKAMLO  | 2         |                     |
| TEKTURNA   | 2         |                     |
| TEKTURNA HCT                                       | 2         |                     |
| VALTURNIA  | 2         |                     |
| <b><i>DIURETICS</i></b>                            |           |                     |
| <i>acetazolamide</i>                               | 1         |                     |
| <i>acetazolamide sodium</i>                        | 1         |                     |
| ALDACTAZIDE  | 3         |                     |
| <i>amiloride &amp; hydrochlorothiazide</i>         | 1         |                     |
| <i>amiloride hcl</i>                               | 1         |                     |

| DRUG NAME                                       | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <i>bumetanide</i>                               | 1         |                     |
| <i>chlorothiazide</i>                           | 1         |                     |
| <i>chlorthalidone</i>                           | 1         |                     |
| DEMADEX   | 3         |                     |
| DIAMOX  | 3         |                     |
| DIURIL  | 3         |                     |
| DIURIL IV                                       | 3         |                     |
| DYAZIDE   | 3         |                     |
| DYRENIUM  | 3         |                     |
| EDECRIN   | 3         |                     |
| <i>furosemide</i> 10mg/ml, 20mg, 40mg, 80mg     | 1         |                     |
| FUROSEMIDE 8mg/ml                               | 3         |                     |
| <i>hydrochlorothiazide</i>                      | 1         |                     |
| <i>indapamide</i>                               | 1         |                     |
| LASIX   | 3         |                     |
| MAXZIDE   | 3         |                     |
| MAXZIDE-25                                      | 3         |                     |
| <i>methazolamide</i>                            | 1         |                     |
| <i>methyclothiazide</i>                         | 1         |                     |
| <i>metolazone</i>                               | 1         |                     |
| MICROZIDE                                       | 3         |                     |
| SODIUM EDECRIN                                  | 3         |                     |
| <i>spironolactone &amp; hydrochlorothiazide</i> | 1         |                     |
| THALITONE                                       | 3         |                     |
| <i>torseamide</i> 100mg, 10mg, 20mg, 5mg        | 1         |                     |
| TORSEMIDE 20mg/2ml                              | 2         |                     |
| <i>triamterene &amp; hydrochlorothiazide</i>    | 1         |                     |
| ZAROXOLYN                                       | 3         |                     |
| <b>MISCELLANEOUS</b>                            |           |                     |
| BIDIL   | 2         |                     |
| <i>clonidine &amp; chlorthalidone</i>           | 1         |                     |
| DEMSER  | 3         |                     |
| DIBENZYLINE                                     | 3         |                     |
| <i>hydralazine hcl</i>                          | 1         |                     |
| <i>methyldopa</i>                               | 1         |                     |
| <i>methyldopa &amp; hydrochlorothiazide</i>     | 1         |                     |
| <i>midodrine hcl</i>                            | 1         |                     |

| DRUG NAME        | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------|-----------|---------------------|
| <i>minoxidil</i> | 1         |                     |
| RANEXA           | 2         |                     |

### **NITRATES**

|  |   |              |
|--|---|--------------|
| DILATRATE SR                                 | 3 |              |
| ISORDIL TITRADOSE 40mg                       | 2 |              |
| ISORDIL TITRADOSE 5mg                        | 3 |              |
| <i>isosorbide dinitrate</i>                  | 1 |              |
| <i>isosorbide mononitrate</i>                | 1 |              |
| <i>minitran</i>                              | 1 | patch        |
| MONOKET                                      | 3 |              |
| NITRO-BID                                    | 3 |              |
| NITRO-DUR .3mg/hr, .8mg/hr                   | 2 | 0.3mg, 0.8mg |
| NITRO-DUR .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr | 3 |              |
| <i>nitroglycerin</i>                         | 1 | patch        |
| NITROLINGUAL PUMPSPRAY                       | 2 |              |
| NITROMIST                                    | 3 |              |
| NITROSTAT                                    | 2 |              |

### **PULMONARY ARTERIAL HYPERTENSION**

|           |   |        |
|-----------|---|--------|
| ADCIRCA   | 4 | PA     |
| LETAIRIS  | 4 | PA     |
| REMODULIN | 4 | B/D    |
| REVATIO   | 4 | PA     |
| TRACLEER  | 4 | LA, PA |
| VENTAVIS  | 4 | B/D    |

### **CENTRAL NERVOUS SYSTEM**

#### **ANTI-ANXIETY**

|                              |   |  |
|------------------------------|---|--|
| <i>buspirone hcl</i>         | 1 |  |
| <i>fluvoxamine maleate</i>   | 1 |  |
| <i>fluvoxamine tab 100mg</i> | 1 |  |
| LUVOX CR                     | 3 |  |

#### **ANTICONVULSANTS**

|                      |   |  |
|----------------------|---|--|
| BANZEL               | 3 |  |
| <i>carbamazepine</i> | 1 |  |
| CARBATROL            | 3 |  |
| CELONTIN             | 2 |  |
| DEPACON              | 3 |  |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS                |
|---|-----------|------------------------------------|
| DEPAKENE  | 3         |                                    |
| DEPAKOTE  | 3         |                                    |
| DEPAKOTE ER   | 3         |                                    |
| DEPAKOTE SPRINKLES                                  | 3         |                                    |
| DILANTIN  | 2         |                                    |
| DILANTIN INFATABS                                   | 2         |                                    |
| <i>divalproex sodium</i>                            | 1         |                                    |
| <i>ethosuximide</i>                                 | 1         |                                    |
| FELBATOL  | 3         |                                    |
| <i>gabapentin</i> 100mg                             | 1         | QL (1080 caps / 30 days)           |
| <i>gabapentin</i> 250mg/5ml                         | 1         | QL (5 bottles / 30 days)           |
| <i>gabapentin</i> 300mg                             | 1         | QL (360 caps / 30 days)            |
| <i>gabapentin</i> 400mg                             | 1         | QL (270 caps / 30 days)            |
| <i>gabapentin</i> 600mg                             | 1         | QL (180 tabs / 30 days)            |
| <i>gabapentin</i> 800mg                             | 1         | QL (120 tabs / 30 days)            |
| GABITRIL  | 3         |                                    |
| KEPPRA 1000mg, 100mg/ml, 250mg, 500mg, 750mg        | 3         |                                    |
| KEPPRA 500mg/5ml                                    | 3         | injection                          |
| KEPPRA XR   | 3         |                                    |
| LAMICTAL  | 3         |                                    |
| LAMICTAL CHEWABLE DISPERS                           | 3         |                                    |
| LAMICTAL ODT  | 3         |                                    |
| LAMICTAL STARTER                                    | 3         |                                    |
| LAMICTAL XR   | 3         |                                    |
| <i>lamotrigine</i>                                  | 1         |                                    |
| <i>levetiracetam</i>                                | 1         |                                    |
| LYRICA 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg | 2         | QL (120 caps / 30 days)            |
| LYRICA 300mg  | 2         | QL (60 caps / 30 days)             |
| MYSOLINE  | 3         |                                    |
| NEURONTIN 100mg                                     | 3         | QL (1080 caps / 30 days)           |
| NEURONTIN 250mg/5ml                                 | 3         | QL (5 bottles / 30 days); solution |
| NEURONTIN 300mg                                     | 3         | QL (360 caps / 30 days)            |
| NEURONTIN 400mg                                     | 3         | QL (270 caps / 30 days)            |
| NEURONTIN 600mg                                     | 3         | QL (180 tabs / 30 days)            |
| NEURONTIN 800mg                                     | 3         | QL (120 tabs / 30 days)            |
| <i>oxcarbazepine</i>                                | 1         |                                    |

| DRUG NAME                        | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------|-----------|---------------------|
| PEGANONE                         | 2         |                     |
| PHENYTEK                         | 3         |                     |
| <i>phenytoin</i>                 | 1         |                     |
| <i>phenytoin inj 50mg/ml</i>     | 1         |                     |
| <i>phenytoin sodium extended</i> | 1         |                     |
| <i>primidone</i>                 | 1         |                     |
| SABRIL                           | 4         |                     |
| STAVZOR                          | 3         |                     |
| TEGRETOL                         | 3         |                     |
| TEGRETOL XR TAB 100MG            | 2         |                     |
| TEGRETOL-XR                      | 3         |                     |
| TOPAMAX                          | 3         |                     |
| TOPAMAX SPRINKLE                 | 3         |                     |
| <i>topiramate</i>                | 1         |                     |
| TRILEPTAL                        | 3         |                     |
| <i>valproate sodium</i>          | 1         |                     |
| <i>valproic acid</i>             | 1         |                     |
| VIMPAT                           | 2         |                     |
| ZARONTIN                         | 3         |                     |
| ZONEGRAN                         | 3         |                     |
| <i>zonisamide</i>                | 1         |                     |
| <b>ANTIDEMENTIA</b>              |           |                     |
| ARICEPT                          | 3         |                     |
| ARICEPT ODT                      | 3         |                     |
| <i>donepezil hydrochloride</i>   | 1         |                     |
| EXELON 2mg/ml                    | 2         | soln                |
| EXELON 4.6mg/24hr, 9.5mg/24hr    | 2         | patch               |
| EXELON 1.5mg, 3mg, 4.5mg, 6mg    | 3         |                     |
| <i>galantamine hydrobromide</i>  | 1         |                     |
| NAMENDA                          | 2         |                     |
| NAMENDA TITRATION PAK            | 2         |                     |
| RAZADYNE                         | 3         |                     |
| RAZADYNE ER                      | 3         |                     |
| <i>rivastigmine tartrate</i>     | 1         |                     |
| <b>ANTIDEPRESSANTS</b>           |           |                     |
| <i>amitriptyline hcl</i>         | 1         |                     |
| AMOXAPINE                        | 2         |                     |

| DRUG NAME                      | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------|-----------|---------------------|
| ANAFRANIL                      | 3         |                     |
| ALENZIN                        | 3         |                     |
| <i>bupropion hcl</i>           | 1         |                     |
| CELEXA                         | 3         |                     |
| <i>citalopram hydrobromide</i> | 1         |                     |
| <i>clomipramine hcl</i>        | 1         |                     |
| CYMBALTA                       | 2         |                     |
| <i>desipramine hcl</i>         | 1         |                     |
| <i>doxepin hcl</i>             | 1         |                     |
| EFFEXOR XR                     | 3         |                     |
| EMSAM                          | 2         |                     |
| <i>fluoxetine hcl</i>          | 1         |                     |
| <i>imipramine hcl</i>          | 1         |                     |
| <i>imipramine pamoate</i>      | 1         |                     |
| LEXAPRO                        | 3         |                     |
| <i>maprotiline hcl</i>         | 1         |                     |
| MARPLAN                        | 2         |                     |
| <i>mirtazapine</i>             | 1         |                     |
| NARDIL                         | 3         |                     |
| <i>nefazodone hcl</i>          | 1         |                     |
| NORPRAMIN                      | 3         |                     |
| <i>nortriptyline hcl</i>       | 1         |                     |
| OLEPTRO                        | 3         |                     |
| PAMELOR                        | 3         |                     |
| PARNATE                        | 3         |                     |
| <i>paroxetine hcl</i>          | 1         |                     |
| PAXIL                          | 3         |                     |
| PAXIL CR                       | 3         |                     |
| PEXEVA                         | 3         |                     |
| <i>phenelzine sulfate</i>      | 1         |                     |
| PRISTIQ                        | 2         |                     |
| <i>protriptyline hcl</i>       | 1         |                     |
| PROZAC                         | 3         |                     |
| PROZAC WEEKLY                  | 3         |                     |
| REMERON                        | 3         |                     |
| REMERON SOLTAB                 | 3         |                     |
| <i>sertraline hcl</i>          | 1         |                     |

| DRUG NAME                      | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------|-----------|---------------------|
| SURMONTIL 100mg                | 2         |                     |
| SURMONTIL 25mg, 50mg           | 3         |                     |
| TOFRANIL                       | 3         |                     |
| TOFRANIL-PM                    | 3         |                     |
| <i>tranylcypromine sulfate</i> | 1         |                     |
| <i>trazodone hcl</i>           | 1         |                     |
| <i>venlafaxine hcl</i>         | 1         |                     |
| <i>venlafaxine hcl er</i>      | 1         |                     |
| VENLAFAXINE HCL ER TAB         | 3         |                     |
| VIIBRYD                        | 3         |                     |
| VIVACTIL                       | 3         |                     |
| WELLBUTRIN                     | 3         |                     |
| WELLBUTRIN SR                  | 3         |                     |
| WELLBUTRIN XL                  | 3         |                     |
| ZOLOFT                         | 3         |                     |

#### **ANTIPARKINSONIAN AGENTS**

|                                    |   |  |
|------------------------------------|---|--|
| <i>amantadine hcl</i>              | 1 |  |
| APOKYN                             | 4 |  |
| AZILECT                            | 2 |  |
| <i>benztropine mesylate</i>        | 1 |  |
| <i>bromocriptine mesylate</i>      | 1 |  |
| <i>carbidopa-levodopa</i>          | 1 |  |
| COGENTIN                           | 3 |  |
| COMTAN                             | 2 |  |
| ELDEPRYL                           | 3 |  |
| LODOSYN                            | 3 |  |
| MIRAPEX                            | 3 |  |
| MIRAPEX ER                         | 3 |  |
| PARCOPA                            | 3 |  |
| PARLODEL                           | 3 |  |
| <i>pramipexole dihydrochloride</i> | 1 |  |
| REQUIP                             | 3 |  |
| REQUIP XL                          | 3 |  |
| <i>ropinirole hydrochloride</i>    | 1 |  |
| <i>selegiline hcl</i>              | 1 |  |
| SINEMET                            | 3 |  |
| SINEMET CR                         | 3 |  |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| STALEVO 100   | 2         |                     |
| STALEVO 125   | 2         |                     |
| STALEVO 150   | 2         |                     |
| STALEVO 200   | 2         |                     |
| STALEVO 50  | 2         |                     |
| STALEVO 75  | 2         |                     |
| <i>trihexyphenidyl hcl</i>                          | 1         |                     |
| ZELAPAR   | 3         |                     |
| <b>ANTIPSYCHOTICS</b>                               |           |                     |
| ABILIFY   | 3         |                     |
| ABILIFY DISCMELT                                    | 3         |                     |
| CHLORPROMAZ INJ 25MG/ML                             | 2         |                     |
| <i>chlorpromazine hcl</i>                           | 1         |                     |
| <i>clozapine</i>                                    | 1         |                     |
| CLOZARIL  | 3         |                     |
| FANAPT  | 3         |                     |
| FANAPT TITRATION PACK                               | 3         |                     |
| FAZACLO   | 3         |                     |
| <i>fluphenazine decanoate</i>                       | 1         |                     |
| <i>fluphenazine hcl</i>                             | 1         |                     |
| GEODON  | 3         |                     |
| GEODON INJ  | 3         |                     |
| HALDOL  | 3         |                     |
| HALDOL DECANOATE 100                                | 3         |                     |
| HALDOL DECANOATE 50                                 | 3         |                     |
| <i>haloperidol</i>                                  | 1         |                     |
| <i>haloperidol decanoate</i>                        | 1         |                     |
| <i>haloperidol lactate</i>                          | 1         |                     |
| INVEGA  | 3         |                     |
| INVEGA SUSTENNA 39mg/0.25ml, 78mg/0.5ml             | 3         |                     |
| INVEGA SUSTENNA 117mg/0.75ml, 156mg/ml, 234mg/1.5ml | 4         |                     |
| LATUDA  | 3         |                     |
| <i>loxapine succinate</i>                           | 1         |                     |
| LOXITANE  | 3         |                     |
| NAVANE  | 3         |                     |
| <i>olanzapine</i>                                   | 1         |                     |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <i>olanzapine odt</i>                                      | 1         |                     |
| ORAP   | 2         |                     |
| <i>perphenazine</i>  | 1         |                     |
| RISPERDAL  | 3         |                     |
| RISPERDAL CONSTA 12.5mg, 25mg                              | 2         |                     |
| RISPERDAL CONSTA 37.5mg, 50mg                              | 4         |                     |
| RISPERDAL M-TAB  | 3         |                     |
| <i>risperidone</i> .25mg, .5mg, 1mg, 2mg, 3mg, 4mg         | 1         | ODT                 |
| <i>risperidone</i> .25mg, .5mg, 1mg, 1mg/ml, 2mg, 3mg, 4mg | 1         |                     |
| SAPHRIS  | 3         |                     |
| SEROQUEL   | 2         |                     |
| SEROQUEL XR  | 2         |                     |
| <i>thioridazine hcl</i>                                    | 1         | PA                  |
| <i>thiothixene</i>   | 1         |                     |
| <i>trifluoperazine hcl</i>                                 | 1         |                     |
| ZYPREXA  | 3         |                     |
| ZYPREXA ZYDIS  | 3         |                     |

#### **ATTENTION DEFICIT HYPERACTIVITY DISORDER**

|   |   |         |
|---|---|---------|
| ADDERALL XR   | 3 | PA      |
| <i>amphetamine-dextroamphetamine</i>                          | 1 | PA      |
| CONCERTA  | 3 | PA      |
| DAYTRANA  | 3 | PA      |
| DEXEDRINE   | 3 | PA      |
| <i>dextroamphetamine sulfate</i>                              | 1 | PA      |
| INTUNIV   | 3 |         |
| METADATE CD   | 3 | PA      |
| METHYLIN  | 3 | PA      |
| <i>methylphenidate hcl</i> 10mg, 20mg                         | 1 | ext rel |
| <i>methylphenidate hcl</i> 10mg, 10mg/5ml, 20mg, 5mg, 5mg/5ml | 1 | PA      |
| RITALIN   | 3 | PA      |
| RITALIN LA  | 3 | PA      |
| RITALIN SR  | 3 | PA      |
| STRATTERA   | 2 | PA      |
| VYVANSE   | 3 | PA      |

#### **HYPNOTICS**

|        |   |                        |
|--------|---|------------------------|
| AMBIEN | 3 | QL (30 tabs / 30 days) |
|--------|---|------------------------|

| DRUG NAME                               | DRUG TIER | REQUIREMENTS/LIMITS     |
|---|-----------|-------------------------|
| AMBIEN CR                               | 3         | QL (30 ea / 30 days)    |
| EDLUAR                                  | 3         | QL (30 ea / 30 days)    |
| LUNESTA                                 | 3         | QL (30 tabs / 30 days)  |
| ROZEREM                                 | 3         | QL (30 tabs / 30 days)  |
| SILENOR                                 | 2         |                         |
| SONATA                                  | 3         | QL (30 caps / 30 days)  |
| <i>zaleplon</i>                         | 1         | QL (30 caps / 30 days)  |
| <i>zolpidem tartrate</i> 10mg, 5mg      | 1         | QL (30 tabs / 30 days)  |
| <i>zolpidem tartrate</i> 12.5mg, 6.25mg | 1         | QL (30 ea / 30 days)    |
| ZOLPIMIST                               | 3         | QL (1 bottle / 30 days) |

### **MIGRAINE**

|   |   |                             |
|---|---|-----------------------------|
| AMERGE  | 3 | QL (9 tabs / 30 days)       |
| AXERT   | 3 | QL (12 tabs / 30 days)      |
| CAFERGOT  | 3 |                             |
| D.H.E. 45   | 3 |                             |
| <i>dihydroergotamine mesylate</i>                 | 1 |                             |
| ERGOMAR   | 3 |                             |
| <i>ergotamine w/ caffeine</i>                     | 1 |                             |
| FROVA   | 3 | QL (18 tabs / 30 days)      |
| IMITREX 100mg, 25mg, 50mg                         | 3 | QL (9 tabs / 30 days)       |
| IMITREX 20mg/act, 5mg/act                         | 3 | QL (12 inhalers / 30 days)  |
| IMITREX 6mg/0.5ml                                 | 3 | QL (20 vials / 30 days)     |
| IMITREX STATDOSE REFILL 4mg/0.5ml                 | 3 | QL (8 cartridges / 30 days) |
| IMITREX STATDOSE REFILL 6mg/0.5ml                 | 3 | QL (8 syringes / 30 days)   |
| MAXALT  | 2 | QL (12 tabs / 30 days)      |
| MAXALT-MLT  | 2 | QL (12 ea / 30 days)        |
| MIGERGOT  | 2 |                             |
| MIGRANAL  | 3 | QL (8 bottles / 30 days)    |
| <i>naratriptan hcl</i>                            | 1 | QL (9 tabs / 30 days)       |
| RELPAX  | 3 | QL (12 tabs / 30 days)      |
| <i>sumatriptan succinate</i> 100mg, 25mg, 50mg    | 1 | QL (9 tabs / 30 days)       |
| <i>sumatriptan succinate</i> 4mg/0.5ml, 6mg/0.5ml | 1 | QL (20 vials 30 days)       |
| TREXIMET  | 3 | QL (9 tabs / 30 days)       |
| ZOMIG 2.5mg, 5mg                                  | 3 | QL (12 tabs / 30 days)      |
| ZOMIG 5mg   | 3 | QL (2 bottles / 30 days)    |
| ZOMIG ZMT   | 3 | QL (12 ea / 30 days)        |

### **MISCELLANEOUS**

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

| DRUG NAME                     | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------|-----------|---------------------|
| EQUETRO                       | 3         |                     |
| GUANIDINE HCL                 | 2         |                     |
| HORIZANT                      | 3         |                     |
| LITHIUM CARB TAB 300MG        | 1         |                     |
| <i>lithium carbonate</i>      | 1         |                     |
| LITHIUM CITRATE               | 2         |                     |
| LITHOBID                      | 3         |                     |
| MESTINON 60mg/5ml             | 2         |                     |
| MESTINON 60mg                 | 3         |                     |
| MESTINON TIMESPAN             | 2         |                     |
| MYTELASE                      | 3         |                     |
| NUEDEXTA                      | 3         | PA                  |
| <i>pyridostigmine bromide</i> | 1         |                     |
| REGONOL                       | 2         |                     |
| RILUTEK                       | 4         |                     |
| SAVELLA                       | 2         |                     |
| SAVELLA TITRATION PACK        | 2         |                     |
| XENAZINE                      | 4         | PA                  |

#### **MULTIPLE SCLEROSIS AGENTS**

|                      |   |                                |
|----------------------|---|--------------------------------|
| AMPYRA               | 4 | PA                             |
| AVONEX               | 4 | QL (4 syringes / 28 days), PA  |
| BETASERON            | 4 | QL (14 vials / 28 days), PA    |
| COPAXONE             | 4 | QL (30 syringes / 30 days), PA |
| EXTAVIA              | 4 | QL (14 syringes / 28 days), PA |
| GILENYA              | 4 | PA                             |
| REBIF                | 4 | QL (12 syringes / 28 days), PA |
| REBIF TITRATION PACK | 4 | QL (12 syringes / 28 days), PA |
| TYSABRI              | 4 | LA, PA                         |

#### **MUSCULOSKELETAL THERAPY AGENTS**

|  |   |                             |
|--|---|-----------------------------|
| AMRIX  | 3 | PA                          |
| <i>baclofen</i>                              | 1 |                             |
| <i>carisoprodol</i>                          | 1 | QL (120 tabs / 30 days), PA |
| <i>carisoprodol w/ aspirin</i>               | 1 | QL (240 tabs / 30 days), PA |
| <i>carisoprodol w/ aspirin &amp; codeine</i> | 1 | QL (240 tabs / 30 days), PA |
| <i>chlorzoxazone</i>                         | 1 | PA                          |
| <i>cyclobenzaprine hcl</i>                   | 1 | PA                          |
| <i>cyclobenzaprine hcl er</i>                | 1 |                             |

| DRUG NAME                                 | DRUG TIER | REQUIREMENTS/LIMITS         |
|---|-----------|-----------------------------|
| DANTRIUM                                  | 3         |                             |
| <i>dantrolene sodium</i>                  | 1         |                             |
| FEXMID                                    | 3         | PA                          |
| FLEXERIL                                  | 3         | PA                          |
| <i>metaxalone</i>                         | 1         | PA                          |
| <i>methocarbamol</i>                      | 1         | PA                          |
| <i>orphenadrine citrate</i>               | 1         | PA                          |
| <i>orphenadrine w/ aspirin &amp; caff</i> | 1         | PA                          |
| PARAFON FORTE DSC                         | 3         | PA                          |
| ROBAXIN                                   | 3         | PA                          |
| ROBAXIN INJ 100MG/ML                      | 2         |                             |
| SKELAXIN                                  | 3         | PA                          |
| SOMA                                      | 3         | QL (120 tabs / 30 days), PA |
| <i>tizanidine hcl</i>                     | 1         |                             |
| ZANAFLEX                                  | 3         |                             |
| <b>NARCOLEPSY/CATAPLEXY</b>               |           |                             |
| NUVIGIL                                   | 2         | PA                          |
| PROVIGIL                                  | 3         | PA                          |
| XYREM                                     | 4         | LA, PA                      |
| <b>PSYCHOTHERAPEUTIC-MISCELLANEOUS</b>    |           |                             |
| ANTABUSE                                  | 2         |                             |
| <i>buprenorphine hcl</i>                  | 1         | PA                          |
| <i>bupropion hcl (smoking deterrent)</i>  | 1         |                             |
| CAMPRAL                                   | 2         | PA                          |
| CHANTIX                                   | 3         | PA                          |
| <i>fluoxetine hcl (pmdd)</i>              | 1         |                             |
| <i>naloxone hcl</i>                       | 1         |                             |
| <i>naltrexone hcl</i>                     | 1         |                             |
| NICOTROL INHALER                          | 3         | PA                          |
| NICOTROL NS                               | 3         | PA                          |
| <i>perphenazine-amitriptyline</i>         | 1         |                             |
| RE VIA                                    | 3         |                             |
| SARAFEM                                   | 3         |                             |
| SUBOXONE                                  | 3         | PA                          |
| SUBOXONE SL FILM                          | 2         | PA                          |
| SUBUTEX                                   | 3         | PA                          |
| VIVITROL                                  | 4         |                             |

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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------|-----------|---------------------|
| ZYBAN     | 3         |                     |

## ENDOCRINE AND METABOLIC

### **ANDROGENS**

|                               |   |                           |
|-------------------------------|---|---------------------------|
| ANADROL-50                    | 4 | PA                        |
| ANDRODERM                     | 2 | PA                        |
| ANDROGEL                      | 2 | QL (300 gm / 30 days), PA |
| ANDROGEL PUMP                 | 2 | QL (150 gm / 30 days), PA |
| ANDROXY                       | 2 | PA                        |
| AXIRON                        | 3 | PA                        |
| DEPO-TESTOSTERONE             | 3 |                           |
| FORTESTA                      | 3 | PA                        |
| OXANDRIN                      | 3 | PA                        |
| <i>oxandrolone</i> 2.5mg      | 1 | PA                        |
| <i>oxandrolone</i> 10mg       | 4 | PA                        |
| STRIANT                       | 3 | PA                        |
| TESTIM                        | 3 | QL (300 gm / 30 days), PA |
| <i>testosterone cypionate</i> | 1 |                           |
| <i>testosterone enanthate</i> | 1 |                           |

### **ANTIDIABETICS, INJECTABLE**

|                           |   |    |
|---------------------------|---|----|
| ALCOHOL PREPS             | 2 |    |
| APIDRA                    | 2 |    |
| APIDRA SOLOSTAR           | 2 |    |
| BYETTA                    | 2 | PA |
| GAUZE PADS 2X2            | 2 |    |
| HUMALOG                   | 2 |    |
| HUMALOG KWIKPEN           | 2 |    |
| HUMALOG MIX 50/50         | 2 |    |
| HUMALOG MIX 50/50 KWIKPEN | 2 |    |
| HUMALOG MIX 75/25         | 2 |    |
| HUMALOG MIX 75/25 KWIKPEN | 2 |    |
| HUMULIN 70/30             | 2 |    |
| HUMULIN 70/30 PEN         | 2 |    |
| HUMULIN N                 | 2 |    |
| HUMULIN N U-100 PEN       | 2 |    |
| HUMULIN R                 | 2 |    |
| HUMULIN R U-500 (CONCENTR | 2 |    |
| INSULIN PEN NEEDLES       | 2 |    |

| DRUG NAME                 | DRUG TIER | REQUIREMENTS/LIMITS   |
|---------------------------|-----------|-----------------------|
| INSULIN SAFETY NEEDLES    | 2         |                       |
| INSULIN SYRINGES          | 2         |                       |
| LANTUS                    | 2         |                       |
| LANTUS SOLOSTAR           | 2         |                       |
| LEVEMIR                   | 2         |                       |
| LEVEMIR FLEXPEN           | 2         |                       |
| NOVOLIN 70/30             | 2         |                       |
| NOVOLIN N                 | 2         |                       |
| NOVOLIN R                 | 2         |                       |
| NOVOLOG                   | 2         |                       |
| NOVOLOG FLEXPEN           | 2         |                       |
| NOVOLOG MIX 70/30         | 2         |                       |
| NOVOLOG MIX 70/30 PREFILL | 2         |                       |
| SYMLIN                    | 2         | PA                    |
| SYMLINPEN 120             | 2         | PA                    |
| SYMLINPEN 60              | 2         | PA                    |
| VICTOZA                   | 2         | QL (3 pens / 30 days) |

**ANTIDIABETICS, ORAL**

|                        |   |                         |
|------------------------|---|-------------------------|
| <i>acarbose</i>        | 1 |                         |
| ACTOPLUS MET           | 2 |                         |
| ACTOPLUS MET XR        | 3 |                         |
| ACTOS 15mg             | 2 | QL (90 tabs / 30 days)  |
| ACTOS 30mg             | 2 | QL (45 tabs / 30 days)  |
| ACTOS 45mg             | 2 | QL (30 tabs / 30 days)  |
| AMARYL 1mg             | 3 | QL (240 tabs / 30 days) |
| AMARYL 2mg             | 3 | QL (120 tabs / 30 days) |
| AMARYL 4mg             | 3 | QL (60 tabs / 30 days)  |
| DIABETA 1.25mg         | 3 | QL (480 tabs / 30 days) |
| DIABETA 2.5mg          | 3 | QL (240 tabs / 30 days) |
| DIABETA 5mg            | 3 | QL (120 tabs / 30 days) |
| DUETACT                | 2 |                         |
| FORTAMET               | 3 |                         |
| <i>glimepiride</i> 1mg | 1 | QL (240 tabs / 30 days) |
| <i>glimepiride</i> 2mg | 1 | QL (120 tabs / 30 days) |
| <i>glimepiride</i> 4mg | 1 | QL (60 tabs / 30 days)  |
| <i>glipizide</i> 10mg  | 1 | QL (120 tabs / 30 days) |
| <i>glipizide</i> 2.5mg | 1 | QL (240 ea / 30 days)   |

| DRUG NAME                            | DRUG TIER | REQUIREMENTS/LIMITS     |
|--------------------------------------|-----------|-------------------------|
| <i>glipizide</i> 5mg                 | 1         | QL (240 tabs / 30 days) |
| <i>glipizide er tab</i> 10mg         | 1         | QL (60 ea / 30 days)    |
| <i>glipizide er tab</i> 5mg          | 1         | QL (120 ea / 30 days)   |
| <i>glipizide-metformin hcl</i>       | 1         |                         |
| GLUCOPHAGE                           | 3         |                         |
| GLUCOPHAGE XR                        | 3         |                         |
| GLUCOTROL 10mg                       | 3         | QL (120 tabs / 30 days) |
| GLUCOTROL 5mg                        | 3         | QL (240 tabs / 30 days) |
| GLUCOTROL XL 10mg                    | 3         | QL (60 ea / 30 days)    |
| GLUCOTROL XL 2.5mg                   | 3         | QL (240 ea / 30 days)   |
| GLUCOTROL XL 5mg                     | 3         | QL (120 ea / 30 days)   |
| GLUCOVANCE                           | 3         |                         |
| GLUMETZA                             | 3         |                         |
| <i>glyburide</i> 1.25mg              | 1         | QL (480 tabs / 30 days) |
| <i>glyburide</i> 2.5mg               | 1         | QL (240 tabs / 30 days) |
| <i>glyburide</i> 5mg                 | 1         | QL (120 tabs / 30 days) |
| <i>glyburide micronized</i> 1.5mg    | 1         | QL (240 tabs / 30 days) |
| <i>glyburide micronized</i> 3mg      | 1         | QL (120 tabs / 30 days) |
| <i>glyburide micronized</i> 6mg      | 1         | QL (60 tabs / 30 days)  |
| <i>glyburide-metformin</i>           | 1         |                         |
| GLYCRON                              | 3         | QL (90 tabs / 30 days)  |
| GLYNASE 1.5mg                        | 3         | QL (240 tabs / 30 days) |
| GLYNASE 3mg                          | 3         | QL (120 tabs / 30 days) |
| GLYNASE 6mg                          | 3         | QL (60 tabs / 30 days)  |
| GLYSET                               | 3         |                         |
| JANUMET                              | 2         |                         |
| JANUVIA                              | 2         |                         |
| KOMBIGLYZE XR                        | 2         |                         |
| METAGLIP                             | 3         |                         |
| <i>metformin hcl</i> 1000mg, 850mg   | 1         | QL (90 tabs / 30 days)  |
| <i>metformin hcl</i> 500mg           | 1         | QL (150 tabs / 30 days) |
| <i>metformin hcl</i> 750mg           | 1         | QL (90 ea / 30 days)    |
| <i>metformin tab</i> 500mg <i>er</i> | 1         | QL (120 ea / 30 days)   |
| <i>nateglinide</i>                   | 1         |                         |
| ONGLYZA                              | 2         |                         |
| PRANDIMET                            | 3         |                         |
| PRANDIN                              | 2         |                         |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| PRECOSE  | 3         |                     |
| RIOMET   | 3         |                     |
| STARLIX  | 3         |                     |
| TRADJENTA  | 3         |                     |
| <b>BISPHOSPHONATES</b>                           |           |                     |
| ACTONEL  | 3         |                     |
| <i>alendronate sodium</i>                        | 1         |                     |
| AREDIA 30mg                                      | 3         | B/D                 |
| AREDIA 90mg                                      | 4         | B/D                 |
| ATELVIA  | 3         |                     |
| BONIVA 150mg                                     | 2         |                     |
| BONIVA 3mg/3ml                                   | 2         | B/D                 |
| FOSAMAX  | 3         |                     |
| FOSAMAX PLUS D                                   | 3         |                     |
| <i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml | 1         | B/D                 |
| PAMIDRONATE DISODIUM 6mg/ml                      | 3         | B/D                 |
| ZOMETA   | 4         | B/D                 |
| <b>CALCITONINS</b>                               |           |                     |
| <i>calcitonin (salmon)</i>                       | 1         |                     |
| MIACALCIN 200unit/ml                             | 2         | B/D; injection      |
| MIACALCIN 200unit/act                            | 3         |                     |
| <b>CALCIUM RECEPTOR ANTAGONISTS</b>              |           |                     |
| SENSIPAR 30mg                                    | 2         |                     |
| SENSIPAR 60mg, 90mg                              | 4         |                     |
| <b>CHELATING AGENTS</b>                          |           |                     |
| CHEMET   | 3         |                     |
| EXJADE 125mg                                     | 2         | PA                  |
| EXJADE 250mg, 500mg                              | 4         | PA                  |
| KAYEXALATE                                       | 3         |                     |
| <i>sodium polystyrene sulfonate</i>              | 1         |                     |
| SYPRINE  | 2         |                     |
| <b>CONTRACEPTIVES</b>                            |           |                     |
| BEYAZ  | 3         |                     |
| BREVICON-28                                      | 3         |                     |
| CYCLESSA   | 3         |                     |
| DEPO-PROVERA CONTRACEPTIV                        | 3         |                     |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| DEPO-SUBQ PROVERA 104                              | 3         |                     |
| DESOGEN  | 3         |                     |
| <i>desogestrel &amp; ethinyl estradiol</i>         | 1         |                     |
| <i>desogestrel-ethinyl estradiol (biphasic)</i>    | 1         |                     |
| <i>desogestrel-ethinyl estradiol (triphasic)</i>   | 1         |                     |
| <i>drospirenone-ethinyl estradiol</i>              | 1         |                     |
| ELLA   | 3         |                     |
| ESTROSTEP FE                                       | 3         |                     |
| <i>ethynodiol diacet &amp; eth estrad</i>          | 1         |                     |
| <i>levonorgestrel &amp; eth estradiol</i>          | 1         |                     |
| <i>levonorgestrel (emergency oc)</i>               | 1         |                     |
| <i>levonorgestrel-eth estradiol (triphasic)</i>    | 1         |                     |
| <i>levonorgestrel-ethinyl estradiol (91-day)</i>   | 1         |                     |
| LO/OVRAL-28  | 3         |                     |
| LOESTRIN 1.5/30-21                                 | 3         |                     |
| LOESTRIN 1/20-21                                   | 3         |                     |
| LOESTRIN 24 FE                                     | 3         |                     |
| LOESTRIN FE 1.5/30                                 | 3         |                     |
| LOESTRIN FE 1/20                                   | 3         |                     |
| LOSEASONIQUE                                       | 3         |                     |
| LYBREL   | 3         |                     |
| <i>medroxyprogesterone acetate (contraceptive)</i> | 1         |                     |
| MODICON-28   | 3         |                     |
| NECON 10/11-28                                     | 2         |                     |
| NOR-QD   | 3         |                     |
| NORDETTE-28  | 3         |                     |
| <i>norethin acet &amp; estrad-fe</i>               | 1         |                     |
| <i>norethindrone &amp; eth estradiol</i>           | 1         |                     |
| <i>norethindrone (contraceptive)</i>               | 1         |                     |
| <i>norethindrone acet &amp; eth estra</i>          | 1         |                     |
| <i>norethindrone acetate-ethinyl estradiol-fe</i>  | 1         |                     |
| <i>norethindrone-eth estradiol (triphasic)</i>     | 1         |                     |
| <i>norgestimate-ethinyl estradiol</i>              | 1         |                     |
| <i>norgestimate-ethinyl estradiol (triphasic)</i>  | 1         |                     |
| <i>norgestrel &amp; ethinyl estradiol</i>          | 1         |                     |
| NORINYL 1+35                                       | 3         |                     |
| NUVARING   | 2         |                     |

| DRUG NAME                                  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| ORTHO EVRA                                 | 2         |                     |
| ORTHO MICRONOR                             | 3         |                     |
| ORTHO TRI-CYCLEN LO                        | 2         |                     |
| ORTHO-CEPT                                 | 3         |                     |
| ORTHO-CYCLEN                               | 3         |                     |
| ORTHO-NOVUM 7/7/7-28                       | 3         |                     |
| OVCON-35                                   | 3         |                     |
| OVCON-50 28                                | 3         |                     |
| SEASONALE                                  | 3         |                     |
| SEASONIQUE                                 | 3         |                     |
| TRI-NORINYL 28                             | 3         |                     |
| YASMIN 28                                  | 3         |                     |
| YAZ  | 3         |                     |
| <i>zovia</i>                               | 1         |                     |
| <b>ENDOMETRIOSIS</b>                       |           |                     |
| <i>danazol</i>                             | 1         |                     |
| SYNAREL                                    | 2         |                     |
| <b>ENZYME REPLACEMENTS</b>                 |           |                     |
| ADAGEN                                     | 4         | PA                  |
| ALDURAZYME                                 | 4         | PA                  |
| BUPHENYL                                   | 4         |                     |
| BUPHENYL TAB 500MG                         | 4         |                     |
| CARNITOR                                   | 3         | B/D                 |
| CEREDASE                                   | 4         |                     |
| CEREZYME                                   | 4         | PA                  |
| CYSTADANE                                  | 4         |                     |
| CYSTAGON                                   | 2         |                     |
| ELAPRASE                                   | 4         | PA                  |
| FABRAZYME                                  | 4         | PA                  |
| KUVAN                                      | 4         | PA                  |
| <i>levocarnitine (metabolic modifiers)</i> | 1         | B/D                 |
| LUMIZYME                                   | 4         | PA                  |
| MYOZYME                                    | 4         | PA                  |
| NAGLAZYME                                  | 4         | PA                  |
| ORFADIN                                    | 4         | PA                  |
| VPRIV                                      | 4         | PA                  |
| ZAVESCA                                    | 4         | PA                  |

| DRUG NAME                                      | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <b><i>ESTROGEN/PROGESTINS</i></b>              |           |                     |
| ACTIVELLA                                      | 3         |                     |
| CLIMARA PRO                                    | 3         |                     |
| COMBIPATCH                                     | 3         |                     |
| <i>estradiol &amp; norethindrone acetate</i>   | 1         |                     |
| FEMHRT 1/5                                     | 3         |                     |
| FEMHRT LOW DOSE                                | 3         |                     |
| <i>norethindrone acetate-ethinyl estradiol</i> | 1         |                     |
| PREFEST  | 3         |                     |
| PREMPHASE                                      | 2         | PA                  |
| PREMPRO  | 2         | PA                  |
| <b><i>ESTROGENS</i></b>                        |           |                     |
| ALORA  | 3         |                     |
| CENESTIN                                       | 3         | PA                  |
| CLIMARA  | 3         |                     |
| DELESTROGEN                                    | 3         |                     |
| DEPO-ESTRADIOL                                 | 3         |                     |
| DIVIGEL  | 3         |                     |
| ELESTRIN                                       | 3         |                     |
| ENJUVIA  | 3         | PA                  |
| ESTRACE  | 3         |                     |
| ESTRADERM                                      | 2         |                     |
| <i>estradiol</i>                               | 1         |                     |
| <i>estradiol valerate</i>                      | 1         |                     |
| ESTRING  | 3         |                     |
| <i>estropipate</i>                             | 1         | PA                  |
| EVAMIST  | 3         |                     |
| FEMRING  | 3         |                     |
| FEMTRACE                                       | 3         |                     |
| MENEST   | 3         | PA                  |
| MENOSTAR                                       | 3         |                     |
| PREMARIN                                       | 2         | PA                  |
| PREMARIN INJ                                   | 2         |                     |
| PREMARIN VAGINAL CREAM                         | 2         |                     |
| VAGIFEM  | 3         |                     |
| VIVELLE-DOT                                    | 2         |                     |

***GLUCOCORTICOIDS***

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

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| CELESTONE  | 3         |                     |
| CORTEF   | 3         |                     |
| <i>cortisone acetate</i>   | 1         |                     |
| DEPO-MEDROL  | 3         |                     |
| <i>dexamethasone</i>   | 1         |                     |
| DEXAMETHASONE INTENSOL   | 2         |                     |
| <i>dexamethasone sodium phosphate</i>                                      | 1         |                     |
| DEXPAK 13 DAY  | 3         |                     |
| <i>fludrocortisone acetate</i>   | 1         |                     |
| <i>hydrocortisone</i>  | 1         |                     |
| <i>hydrocortisone sod succinate</i>  | 1         |                     |
| MEDROL   | 3         |                     |
| MEDROL DOSEPAK   | 3         |                     |
| <i>methylprednisolone</i>  | 1         |                     |
| <i>methylprednisolone acetate</i>  | 1         |                     |
| <i>methylprednisolone sod succ</i>   | 1         |                     |
| MILLIPRED  | 3         |                     |
| ORAPRED  | 3         |                     |
| ORAPRED ODT  | 3         |                     |
| PEDIAPRED  | 3         |                     |
| <i>prednisolone sodium phosphate</i>                                       | 1         |                     |
| <i>prednisone</i>  | 1         |                     |
| PREDNISON INTENSOL   | 2         |                     |
| SOLU-CORTEF  | 3         |                     |
| SOLU-CORTEF 250MG  | 2         |                     |
| SOLU-MEDROL  | 3         |                     |
| VERIPRED 20  | 3         |                     |
| <b>GLUCOSE ELEVATING AGENTS</b>  |           |                     |
| GLUCAGEN HYPOKIT   | 2         |                     |
| GLUCAGON EMERGENCY KIT   | 2         |                     |
| PROGLYCEM  | 2         |                     |
| <b>HUMAN GROWTH HORMONES</b>   |           |                     |
| GENOTROPIN   | 4         | PA                  |
| GENOTROPIN MINIQICK .2mg   | 3         | PA                  |
| GENOTROPIN MINIQICK .4mg, .6mg, .8mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 1mg, 2mg | 4         | PA                  |
| HUMATROPE 6mg  | 3         | PA                  |

| DRUG NAME                       | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------|-----------|---------------------|
| HUMATROPE 12mg, 24mg            | 4         | PA                  |
| HUMATROPE COMBO PACK            | 4         | PA                  |
| NORDITROPIN FLEXPRO             | 4         | PA                  |
| NORDITROPIN NORDIFLEX PEN       | 4         | PA                  |
| NUTROPIN                        | 4         | PA                  |
| NUTROPIN AQ NUSPIN 5            | 4         | PA                  |
| NUTROPIN AQ PEN                 | 4         | PA                  |
| OMNITROPE 10mg/1.5ml, 5mg/1.5ml | 3         | PA                  |
| OMNITROPE 5.8mg                 | 4         | PA                  |
| SAIZEN                          | 4         | PA                  |
| SAIZEN CLICK.EASY               | 4         | PA                  |
| SEROSTIM                        | 4         | PA                  |
| TEV-TROPIN                      | 4         | PA                  |
| ZORBTIVE                        | 4         | PA                  |

#### **MISCELLANEOUS**

|  |   |    |
|--|---|----|
| <i>cabergoline</i>                                       | 1 |    |
| <i>chorionic gonadotropin</i>                            | 1 | PA |
| EGRIFTA  | 4 | PA |
| INCRELEX   | 4 | PA |
| METHERGINE   | 3 |    |
| <i>octreotide acetate</i> 100mcg/ml, 200mcg/ml, 50mcg/ml | 1 | PA |
| <i>octreotide acetate</i> 1000mcg/ml, 500mcg/ml          | 4 | PA |
| PROLIA   | 3 | PA |
| SAMSCA   | 4 | PA |
| SANDOSTATIN  | 4 | PA |
| SANDOSTATIN LAR DEPOT                                    | 4 | PA |
| SOMATULINE DEPOT   | 4 | PA |
| SOMAVERT   | 4 | PA |
| XGEVA  | 4 | PA |

#### **PARATHYROID HORMONES**

|        |   |    |
|--------|---|----|
| FORTEO | 4 | PA |
|--------|---|----|

#### **PHOSPHATE BINDER AGENTS**

|   |   |  |
|---|---|--|
| <i>calcium acetate (phosphate binder)</i> | 1 |  |
| ELIPHOS                                   | 3 |  |
| FOSRENOL                                  | 2 |  |
| PHOSLO                                    | 2 |  |
| PHOSLYRA                                  | 2 |  |

| DRUG NAME                                      | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| RENAGEL  | 2         |                     |
| REVELA   | 2         |                     |
| <b>PROGESTINS</b>                              |           |                     |
| AYGESTIN                                       | 3         |                     |
| CRINONE  | 3         |                     |
| ENDOMETRIN                                     | 3         |                     |
| <i>medroxyprogesterone acetate</i>             | 1         |                     |
| <i>norethindrone acetate</i>                   | 1         |                     |
| PROMETRIUM                                     | 3         |                     |
| PROVERA  | 3         |                     |
| <b>SELECTIVE ESTROGEN RECEPTOR MODULATORS</b>  |           |                     |
| EVISTA   | 2         |                     |
| <b>THYROID AGENTS</b>                          |           |                     |
| CYTOMEL  | 3         |                     |
| <i>levothyroxine sodium</i>                    | 1         |                     |
| <i>levoxyl</i>                                 | 1         |                     |
| <i>liothyronine sodium</i>                     | 1         |                     |
| <i>methimazole</i>                             | 1         |                     |
| <i>propylthiouracil</i>                        | 1         |                     |
| SYNTHROID                                      | 2         |                     |
| TAPAZOLE                                       | 3         |                     |
| THYROLAR-1                                     | 3         |                     |
| THYROLAR-1/4                                   | 3         |                     |
| THYROLAR-2                                     | 3         |                     |
| THYROLAR-3                                     | 3         |                     |
| TIROSINT                                       | 3         |                     |
| <b>VASOPRESSINS</b>                            |           |                     |
| DDAVP .01%, .1mg, .2mg                         | 3         |                     |
| DDAVP 4mcg/ml                                  | 4         |                     |
| <i>desmopressin acetate</i>                    | 1         |                     |
| <i>desmopressin acetate refrigerated</i>       | 1         |                     |
| <i>desmopressin acetate spray refrigerated</i> | 1         |                     |
| STIMATE  | 3         |                     |
| <b>GASTROINTESTINAL</b>                        |           |                     |
| <b>ANTIEMETICS</b>                             |           |                     |
| ALOXI  | 4         | B/D                 |

| DRUG NAME                         | DRUG TIER | REQUIREMENTS/LIMITS         |
|-----------------------------------|-----------|-----------------------------|
| ANTIVERT                          | 3         |                             |
| CESAMET                           | 3         | B/D, QL (60 caps / 30 days) |
| <i>dronabinol</i> 2.5mg, 5mg      | 1         | QL (60 caps / 30 days), PA  |
| <i>dronabinol</i> 10mg            | 4         | QL (60 caps / 30 days), PA  |
| EMEND 125mg                       | 2         | B/D, QL (2 caps / 30 days)  |
| EMEND 40mg                        | 2         |                             |
| EMEND 80mg                        | 2         | B/D, QL (4 caps / 30 days)  |
| <i>granisetron hcl</i>            | 1         | B/D                         |
| GRANISOL                          | 3         | B/D                         |
| MARINOL 2.5mg                     | 3         | QL (60 caps / 30 days), PA  |
| MARINOL 10mg, 5mg                 | 4         | QL (60 caps / 30 days), PA  |
| <i>meclizine hcl</i>              | 1         |                             |
| <i>metoclopramide hcl</i>         | 1         |                             |
| METZOLV ODT                       | 3         |                             |
| <i>ondansetron</i>                | 1         | B/D                         |
| <i>ondansetron hcl</i>            | 1         | B/D                         |
| <i>ondansetron inj</i>            | 1         | B/D                         |
| PHENERGAN                         | 3         |                             |
| <i>prochlorperazine</i>           | 1         |                             |
| <i>prochlorperazine edisylate</i> | 1         |                             |
| <i>prochlorperazine maleate</i>   | 1         |                             |
| <i>promethazine hcl</i>           | 1         | PA                          |
| <i>promethazine hcl inj</i>       | 1         |                             |
| REGLAN                            | 3         |                             |
| SANCUSO                           | 2         | QL (4 ptch / 30 days)       |
| TIGAN                             | 3         | PA                          |
| TRANSDERM-SCOP                    | 2         | QL (24 ea / year), PA       |
| <i>trimethobenzamide hcl</i>      | 1         | PA                          |
| ZOFRAN                            | 3         | B/D                         |
| ZOFRAN ODT                        | 3         | B/D                         |
| ZUPLENZ                           | 3         | B/D                         |
| <b>ANTISPASMODICS</b>             |           |                             |
| <i>atropine sulfate</i>           | 1         |                             |
| BENTYL 10mg, 10mg/5ml, 20mg       | 3         | PA                          |
| BENTYL 10mg/ml                    | 3         |                             |
| CANTIL                            | 3         |                             |
| CUVPOSA                           | 3         |                             |

| DRUG NAME                      | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------|-----------|---------------------|
| <i>dicyclomine hcl</i>         | 1         | PA                  |
| <i>dicyclomine inj</i>         | 1         |                     |
| <i>glycopyrrolate</i>          | 1         |                     |
| <i>methscopolamine bromide</i> | 1         |                     |
| PAMINE                         | 3         |                     |
| PAMINE FORTE                   | 3         |                     |
| ROBINUL                        | 3         |                     |
| ROBINUL FORTE                  | 3         |                     |

### **H2-RECEPTOR ANTAGONISTS**

|                                |   |            |
|--------------------------------|---|------------|
| AXID                           | 3 |            |
| <i>cimetidine</i>              | 1 |            |
| <i>cimetidine inj 150mg/ml</i> | 1 |            |
| <i>cimetidine sol 300/5ml</i>  | 1 |            |
| <i>famotidine</i>              | 1 |            |
| <i>nizatidine</i>              | 1 |            |
| PEPCID 20mg, 40mg              | 3 |            |
| PEPCID 40mg/5ml                | 3 | suspension |
| PEPCID I.V.                    | 3 |            |
| <i>ranitidine hcl</i>          | 1 |            |
| ZANTAC                         | 3 |            |

### **INFLAMMATORY BOWEL DISEASE**

|                                     |   |    |
|-------------------------------------|---|----|
| APRISO                              | 2 |    |
| ASACOL                              | 3 |    |
| ASACOL HD                           | 3 |    |
| AZULFIDINE                          | 3 |    |
| AZULFIDINE EN-TABS                  | 3 |    |
| <i>balsalazide disodium</i>         | 1 |    |
| CANASA                              | 2 |    |
| CIMZIA                              | 4 | PA |
| COLAZAL                             | 3 |    |
| CORTENEMA                           | 3 |    |
| DIPENTUM                            | 3 |    |
| ENTOCORT EC                         | 4 |    |
| <i>hydrocortisone (intrarectal)</i> | 1 |    |
| LIALDA                              | 2 |    |
| <i>mesalamine</i>                   | 1 |    |
| PENTASA                             | 2 |    |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| ROWASA  | 3         |                     |
| <i>sulfasalazine</i>  | 1         |                     |
| <b>LAXATIVES</b>  |           |                     |
| COLYTE-FLAVOR PACKS   | 3         |                     |
| GOLYTELY  | 3         |                     |
| KRISTALOSE  | 3         |                     |
| <i>lactulose</i>  | 1         |                     |
| <i>lactulose (encephalopathy)</i>                               | 1         |                     |
| MOVIPREP  | 3         |                     |
| NULYTELY/FLAVOR PACKS   | 3         |                     |
| OSMOPREP  | 3         |                     |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>         | 1         |                     |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> | 1         |                     |
| <i>polyethylene glycol 3350</i>                                 | 1         |                     |
| RELISTOR  | 2         | PA                  |
| SUPREP BOWEL PREP   | 3         |                     |
| VISICOL   | 3         |                     |
| <b>MISCELLANEOUS</b>  |           |                     |
| ACTIGALL  | 3         |                     |
| AMITIZA   | 2         |                     |
| CARAFATE 1gm/10ml   | 2         | suspension          |
| CARAFATE 1gm  | 3         |                     |
| CYTOTEC   | 3         |                     |
| <i>diphenoxylate w/ atropine</i>                                | 1         | PA                  |
| GASTROCROM  | 4         |                     |
| HELIDAC   | 3         |                     |
| LOMOTIL   | 3         | PA                  |
| <i>loperamide hcl</i>   | 1         |                     |
| LOTRONEX  | 2         |                     |
| <i>misoprostol</i>  | 1         |                     |
| MOTOFEN   | 3         | PA                  |
| PYLERA  | 3         |                     |
| <i>sucrafate</i>  | 1         |                     |
| URSO 250  | 3         |                     |
| URSO FORTE  | 3         |                     |
| <i>ursodiol</i>   | 1         |                     |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS     |
|--|-----------|-------------------------|
| XIFAXAN TAB 550MG  | 4         | PA                      |
| <b>PANCREATIC ENZYMES</b>                                |           |                         |
| CREON  | 3         |                         |
| PANCREAZE  | 2         |                         |
| ZENPEP   | 2         |                         |
| <b>PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS</b> |           |                         |
| PREVPAC  | 2         |                         |
| <b>PROTON PUMP INHIBITORS</b>                            |           |                         |
| ACIPHEX  | 3         | QL (30 ea / 30 days)    |
| DEXILANT   | 2         | QL (30 ea / 30 days)    |
| <i>lansoprazole</i>                                      | 1         | QL (30 ea / 30 days)    |
| <i>lansoprazole odt</i>                                  | 1         | QL (30 ea / 30 days)    |
| NEXIUM   | 2         | QL (30 ea / 30 days)    |
| NEXIUM GRANULES 10mg                                     | 2         | QL (30 / 30 days)       |
| NEXIUM GRANULES 20mg, 40mg                               | 2         | QL (30 ea / 30 days)    |
| NEXIUM I.V.  | 2         |                         |
| <i>omeprazole</i> 10mg, 40mg                             | 1         | QL (30 ea / 30 days)    |
| <i>omeprazole</i> 20mg                                   | 1         | QL (60 ea / 30 days)    |
| <i>pantoprazole sodium</i>                               | 1         | QL (30 ea / 30 days)    |
| PREVACID   | 3         | QL (30 ea / 30 days)    |
| PREVACID SOLUTAB   | 3         | QL (30 ea / 30 days)    |
| PRILOSEC 10mg, 40mg                                      | 3         | QL (30 ea / 30 days)    |
| PRILOSEC 20mg  | 3         | QL (60 ea / 30 days)    |
| PROTONIX   | 3         | QL (30 ea / 30 days)    |
| PROTONIX INJ   | 3         |                         |
| ZEGERID  | 3         | QL (1 packet / 30 days) |

## GENITOURINARY

### **BENIGN PROSTATIC HYPERPLASIA**

|                       |   |  |
|-----------------------|---|--|
| AVODART               | 2 |  |
| CARDURA XL            | 3 |  |
| <i>finasteride</i>    | 1 |  |
| FLOMAX                | 3 |  |
| JALYN                 | 2 |  |
| PROSCAR               | 3 |  |
| RAPAFLO               | 3 |  |
| <i>tamsulosin hcl</i> | 1 |  |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| UROXATRAL   | 2         |                     |
| <b>MISCELLANEOUS</b>                                      |           |                     |
| <i>bethanechol chloride</i>                               | 1         |                     |
| ELMIRON   | 3         |                     |
| <i>potassium citrate (alkalinizer)</i>                    | 1         |                     |
| URECHOLINE  | 3         |                     |
| <b>URINARY ANTISPASMODICS</b>                             |           |                     |
| DETROL  | 3         |                     |
| DETROL LA   | 2         |                     |
| DITROPAN XL   | 3         |                     |
| ENABLEX   | 2         |                     |
| GELNIQUE  | 2         |                     |
| <i>oxybutynin chloride</i>                                | 1         |                     |
| OXYTROL   | 3         |                     |
| SANCTURA  | 3         |                     |
| SANCTURA XR   | 3         |                     |
| TOVIAZ  | 3         |                     |
| <i>trospium chloride</i>                                  | 1         |                     |
| VESICARE  | 2         |                     |
| <b>VAGINAL ANTI-INFECTIVES</b>                            |           |                     |
| CLEOCIN 2%  | 3         |                     |
| CLEOCIN VAG SUPP 100MG                                    | 2         |                     |
| <i>clindamycin cre 2% vag</i>                             | 1         |                     |
| CLINDESSE   | 3         |                     |
| GYNAZOLE-1  | 3         |                     |
| METROGEL-VAGINAL  | 3         |                     |
| <i>metronidazole vaginal</i>                              | 1         |                     |
| <i>miconazole nitrate vaginal</i>                         | 1         |                     |
| TERAZOL 3   | 3         |                     |
| TERAZOL 7   | 3         |                     |
| <i>terconazole vaginal</i>                                | 1         |                     |
| <b>HEMATOLOGIC</b>  |           |                     |
| <b>ANTICOAGULANTS</b>                                     |           |                     |
| ARIXTRA 2.5mg/0.5ml                                       | 2         |                     |
| ARIXTRA 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml                | 4         |                     |
| COUMADIN 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg | 2         |                     |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| COUMADIN 5mg  | 3         |                     |
| <i>enoxaparin sodium</i>  | 1         |                     |
| FRAGMIN 25000unit/ml, 2500unit/0.2ml, 5000unit/0.2ml                                    | 2         |                     |
| FRAGMIN 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 7500unit/0.3ml | 4         |                     |
| HEP SOD/NACL INJ 25000  | 2         | B/D                 |
| <i>heparin (porcine) in sodium chloride</i>   | 1         | B/D                 |
| <i>heparin sod (porcine) in d5w</i>   | 1         | B/D                 |
| HEPARIN SOD INJ 2000/ML   | 2         | B/D                 |
| <i>heparin sodium (porcine)</i>   | 1         | B/D                 |
| INNOHEP   | 3         |                     |
| LOVENOX   | 3         |                     |
| PRADAXA   | 2         |                     |
| <i>warfarin sodium</i>  | 1         |                     |
| XARELTO   | 2         |                     |

#### HEMATOPOIETIC GROWTH FACTORS

|  |   |    |
|--|---|----|
| ARANESP ALBUMIN FREE 100mcg/0.5ml, 100mcg/ml, 25mcg/0.42ml, 25mcg/ml, 40mcg/0.4ml, 40mcg/ml, 60mcg/0.3ml, 60mcg/ml | 2 | PA |
| ARANESP ALBUMIN FREE 150mcg/0.3ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/0.6ml, 300mcg/ml, 500mcg/ml                     | 4 | PA |
| EPOGEN   | 3 | PA |
| LEUKINE  | 4 | PA |
| MOZOBIL  | 4 | PA |
| NEULASTA   | 4 | PA |
| NEUPOGEN   | 4 | PA |
| PROCRIT 10000unit/ml, 2000unit/ml, 3000unit/ml, 4000unit/ml  | 2 | PA |
| PROCRIT 20000unit/ml, 40000unit/ml   | 4 | PA |

#### MISCELLANEOUS

|                       |   |    |
|-----------------------|---|----|
| AGRYLIN               | 3 |    |
| <i>anagrelide hcl</i> | 1 | PA |
| <i>cilostazol</i>     | 1 |    |
| CYKLOKAPRON           | 2 |    |
| LYSTEDA               | 3 |    |
| <i>pentoxifylline</i> | 1 |    |
| PLETAL                | 3 |    |

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------|-----------|---------------------|
| PROMACTA  | 4         | PA                  |
| TRENTAL   | 3         |                     |

#### ***PLATELET AGGREGATION INHIBITORS***

|                     |   |    |
|---------------------|---|----|
| AGGRENOX            | 2 |    |
| <i>dipyridamole</i> | 1 | PA |
| EFFIENT             | 2 |    |
| PERSANTINE          | 3 | PA |
| PLAVIX              | 2 |    |

#### **IMMUNOLOGIC AGENTS**

##### ***DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)***

|                                   |   |     |
|-----------------------------------|---|-----|
| ACTEMRA                           | 4 | PA  |
| ARAVA                             | 4 |     |
| ENBREL                            | 4 | PA  |
| HUMIRA                            | 4 | PA  |
| <i>hydroxychloroquine sulfate</i> | 1 |     |
| KINERET                           | 4 | PA  |
| <i>leflunomide</i>                | 1 |     |
| <i>methotrexate tab 2.5mg</i>     | 1 |     |
| ORENCIA                           | 4 | PA  |
| PLAQUENIL                         | 3 |     |
| REMICADE                          | 4 | PA  |
| RHEUMATREX                        | 2 |     |
| SIMPONI                           | 4 | PA  |
| TREXALL                           | 3 | B/D |

##### ***IMMUNOGLOBULINS***

|                       |   |     |
|-----------------------|---|-----|
| CARIMUNE NANOFILTERED | 4 | PA  |
| GAMASTAN S/D          | 2 | B/D |
| GAMMAGARD LIQUID      | 4 | PA  |
| GAMMAPLEX             | 4 | PA  |
| GAMUNEX               | 4 | PA  |
| HIZENTRA              | 4 | PA  |
| VIVAGLOBIN            | 4 | PA  |

##### ***IMMUNOMODULATORS***

|           |   |    |
|-----------|---|----|
| ACTIMMUNE | 4 | PA |
| ARCALYST  | 4 | PA |
| INFERGEN  | 4 | PA |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| INTRON-A   | 4         | B/D                 |
| INTRON-A W/DILUENT                               | 4         | B/D                 |
| PEG-INTRON                                       | 4         | PA                  |
| PEG-INTRON REDIPEN                               | 4         | PA                  |
| PEGASYS  | 4         | PA                  |
| REVLIMID   | 4         | LA, PA              |
| THALOMID   | 4         | PA                  |
| <b>IMMUNOSUPPRESSANTS</b>                        |           |                     |
| ATGAM  | 3         | B/D                 |
| AZASAN   | 2         | B/D                 |
| <i>azathioprine</i>                              | 1         | B/D                 |
| <i>azathioprine inj 100mg</i>                    | 1         | B/D                 |
| CELLCEPT   | 2         | B/D                 |
| CELLCEPT INTRAVENOUS                             | 3         | B/D                 |
| <i>cyclosporine</i>                              | 1         | B/D                 |
| <i>cyclosporine modified (for microemulsion)</i> | 1         | B/D                 |
| IMURAN   | 3         | B/D                 |
| <i>mycophenolate mofetil</i>                     | 1         | B/D                 |
| MYFORTIC   | 2         | B/D                 |
| NEORAL   | 2         | B/D                 |
| NULOJIX  | 4         | B/D                 |
| ORTHOCLONE OKT3                                  | 3         | B/D                 |
| PRIVIGEN   | 4         | PA                  |
| PROGRAF .5mg, 1mg                                | 2         | B/D                 |
| PROGRAF 5mg/ml                                   | 3         | B/D                 |
| PROGRAF 5mg                                      | 4         | B/D                 |
| RAPAMUNE   | 2         | B/D                 |
| SANDIMMUNE 100mg, 100mg/ml, 25mg                 | 2         | B/D                 |
| SANDIMMUNE 50mg/ml                               | 3         | B/D                 |
| SIMULECT   | 3         | B/D                 |
| <i>tacrolimus .5mg, 1mg</i>                      | 1         | B/D                 |
| <i>tacrolimus 5mg</i>                            | 4         | B/D                 |
| THYMOGLOBULIN                                    | 3         | B/D                 |
| ZORTRESS .25mg, .5mg                             | 2         | B/D                 |
| ZORTRESS .75mg                                   | 4         | B/D                 |
| <b>VACCINES</b>                                  |           |                     |
| ACTHIB   | 2         |                     |

| DRUG NAME                 | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------|-----------|---------------------|
| ADACEL                    | 2         |                     |
| BOOSTRIX                  | 2         |                     |
| CERVARIX                  | 2         |                     |
| COMVAX                    | 2         |                     |
| DAPTACEL                  | 2         |                     |
| DECAVAC                   | 2         | B/D                 |
| DIPHThERIA/TETANUS TOXOID | 2         | B/D                 |
| ENGERIX-B                 | 2         | B/D                 |
| GARDASIL                  | 2         |                     |
| HAVRIX                    | 2         |                     |
| IMOVAX RABIES (H.D.C.V.)  | 2         |                     |
| INFANRIX                  | 2         |                     |
| IPOL INACTIVATED IPV      | 2         |                     |
| IXIARO                    | 2         |                     |
| JE-VAX                    | 2         |                     |
| M-M-R II W/DILUENT 10 DOS | 2         |                     |
| MENACTRA                  | 2         |                     |
| MENOMUNE-A/C/Y/W-135      | 2         |                     |
| MENVEO                    | 2         |                     |
| PEDVAX HIB                | 2         |                     |
| PROQUAD                   | 2         |                     |
| RABAVERT                  | 2         |                     |
| RECOMBIVAX HB             | 2         | B/D                 |
| ROTATEQ                   | 2         |                     |
| SYNAGIS                   | 4         |                     |
| TETANUS TOXOID ADSORBED   | 2         | B/D                 |
| TETANUS/DIPHThERIA TOXOID | 2         | B/D                 |
| TRIPEDIA                  | 2         |                     |
| TWINRIX                   | 2         |                     |
| TYPHIM VI                 | 2         |                     |
| VAQTA                     | 2         |                     |
| VARIVAX                   | 2         |                     |
| YF-VAX                    | 2         |                     |
| ZOSTAVAX                  | 2         |                     |

#### NUTRITIONAL/SUPPLEMENTS

##### *ELECTROLYTES*

|                   |   |  |
|-------------------|---|--|
| AMMONIUM CHLORIDE | 3 |  |
|-------------------|---|--|

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| K-TABS  | 3         |                     |
| KLOR-CON M15  | 2         |                     |
| <i>magnesium sulfate 50%</i>                            | 1         |                     |
| MAGNESIUM SULFATE 40mg/ml, 80mg/ml                      | 3         |                     |
| <i>parenteral electrolytes</i>                          | 1         | B/D                 |
| <i>potassium chloride 10meq, 2meq/ml, 8meq</i>          | 1         |                     |
| <i>potassium chloride microencapsulated crystals cr</i> | 1         |                     |
| SOD FLUORIDE 2.2MG TAB                                  | 1         |                     |
| <i>sodium chloride 2.5meq/ml</i>                        | 1         |                     |

#### IV NUTRITION

|  |   |     |
|--|---|-----|
| <i>amino acid electrolyte infusion</i> | 1 | B/D |
| <i>amino acid infusion</i>             | 1 | B/D |
| AMINOSYN                               | 2 | B/D |
| AMINOSYN II                            | 2 | B/D |
| AMINOSYN II 3.5%/DEXTROSE              | 2 | B/D |
| AMINOSYN II 3.5%/DEXTROSE              | 2 | B/D |
| AMINOSYN II 4.25%/DEXTROSE             | 2 | B/D |
| AMINOSYN II 5%/DEXTROSE 25             | 2 | B/D |
| AMINOSYN II M 3.5%/DEXTRO              | 2 | B/D |
| AMINOSYN M                             | 2 | B/D |
| AMINOSYN-HBC                           | 2 | B/D |
| AMINOSYN-PF                            | 2 | B/D |
| AMINOSYN-PF 7%                         | 2 | B/D |
| CLINIMIX 2.75%/DEXTROSE 5              | 2 | B/D |
| CLINIMIX 4.25%/DEXTROSE 1              | 2 | B/D |
| CLINIMIX 4.25%/DEXTROSE 2              | 2 | B/D |
| CLINIMIX 4.25%/DEXTROSE 5              | 2 | B/D |
| CLINIMIX 5%/DEXTROSE 15%               | 2 | B/D |
| CLINIMIX 5%/DEXTROSE 20%               | 2 | B/D |
| CLINIMIX 5%/DEXTROSE 25%               | 2 | B/D |
| CLINIMIX E 2.75%/DEXTROSE              | 2 | B/D |
| CLINIMIX E 4.25%/DEXTROSE              | 2 | B/D |
| CLINIMIX E 5%/DEXTROSE 15              | 2 | B/D |
| CLINIMIX E 5%/DEXTROSE 20              | 2 | B/D |
| CLINIMIX E 5%/DEXTROSE 25              | 2 | B/D |
| <i>fat emulsion</i>                    | 1 | B/D |
| FREAMINE III 3%                        | 2 | B/D |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------|-----------|---------------------|
| HEPATASOL   | 2         | B/D                 |
| INTRALIPID  | 2         | B/D                 |
| LIPOSYN II  | 2         | B/D                 |
| LIPOSYN III | 2         | B/D                 |
| NEPHRAMINE  | 2         | B/D                 |
| PREMASOL    | 2         | B/D                 |
| PROCALAMINE | 2         | B/D                 |
| PROSOL      | 2         | B/D                 |
| TRAVASOL    | 2         | B/D                 |
| TROPHAMINE  | 2         | B/D                 |

#### **IV REPLACEMENT SOLUTIONS**

|                                    |   |  |
|------------------------------------|---|--|
| <i>dextrose</i>                    | 1 |  |
| DEXTROSE 5% /ELECTROLYTE           | 2 |  |
| DEXTROSE 5%/POTASSIUM CHL          | 2 |  |
| <i>dextrose w/ sodium chloride</i> | 1 |  |
| <i>electrolyte-m in dextrose</i>   | 1 |  |
| <i>electrolyte-r</i>               | 1 |  |
| <i>electrolyte-r in dextrose</i>   | 1 |  |
| IONOSOL-B/DEXTROSE 5%              | 2 |  |
| IONOSOL-MB/DEXTROSE 5%             | 2 |  |
| IONOSOL-T/DEXTROSE 5%              | 2 |  |
| ISOLYTE-H/DEXTROSE 5%              | 2 |  |
| ISOLYTE-P/DEXTROSE 5%              | 2 |  |
| ISOLYTE-S                          | 2 |  |
| ISOLYTE-S/DEXTROSE 5%              | 2 |  |
| KCL 0.15%/D10W/NACL 0.2%           | 2 |  |
| KCL 0.15%/D5W/LR                   | 2 |  |
| KCL 0.15%/D5W/NACL 0.225%          | 2 |  |
| KCL 0.3%/D5W/NACL 0.9%             | 2 |  |
| <i>lactated ringer's</i>           | 1 |  |
| MAGNESIUM SULFATE IN D5W           | 2 |  |
| NORMOSOL-R                         | 2 |  |
| PLASMA-LYTE 56                     | 2 |  |
| PLASMA-LYTE A                      | 2 |  |
| PLASMA-LYTE-148                    | 2 |  |
| PLASMA-LYTE-148/D5W                | 2 |  |
| PLASMA-LYTE-56/D5W                 | 2 |  |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <i>potassium chloride</i> .4meq/ml, 10meq/100ml, 10meq/50ml, 30meq/100ml | 1         |                     |
| POTASSIUM CHLORIDE 0.3%/   | 2         |                     |
| <i>potassium chloride in d5w lactated ringers</i>                        | 1         |                     |
| <i>potassium chloride in dextrose</i>                                    | 1         |                     |
| <i>potassium chloride in dextrose &amp; sodium chloride</i>              | 1         |                     |
| <i>potassium chloride in nacl</i>  | 1         |                     |
| <i>ringer's</i>  | 1         |                     |
| <i>sodium chloride</i> .45%, .9%, 3%, 5%                                 | 1         |                     |

### VITAMINS

|                          |   |     |
|--------------------------|---|-----|
| CALCIJEX                 | 3 | B/D |
| <i>calcitriol</i>        | 1 | B/D |
| HECTOROL                 | 3 | B/D |
| <i>prenatal vitamins</i> | 1 |     |
| ROCALTROL                | 3 | B/D |
| ZEMPLAR                  | 2 | B/D |

### OPHTHALMIC

#### ANTI-INFECTIVE/ANTI-INFLAMMATORY

|                                       |   |  |
|---------------------------------------|---|--|
| <i>bacitracin-poly-neomycin-hc</i>    | 1 |  |
| BLEPHAMIDE                            | 3 |  |
| BLEPHAMIDE S.O.P.                     | 2 |  |
| MAXITROL                              | 3 |  |
| <i>neomycin-polymy-dexameth</i>       | 1 |  |
| <i>neomycin-polymyxin-hc (ophth)</i>  | 1 |  |
| POLY-PRED                             | 3 |  |
| <i>sulfacetamide sod-prednisolone</i> | 1 |  |
| TOBRADEX                              | 3 |  |
| TOBRADEX ST                           | 3 |  |
| <i>tobramycin-dexamethasone</i>       | 1 |  |
| ZYLET                                 | 3 |  |

#### ANTI-INFECTIVES

|                                       |   |          |
|---------------------------------------|---|----------|
| AZASITE                               | 2 |          |
| <i>bacitracin (ophthalmic)</i>        | 1 |          |
| <i>bacitracin-polymyxin b (ophth)</i> | 1 |          |
| BESIVANCE                             | 3 |          |
| BLEPH-10                              | 3 |          |
| CILOXAN .3%                           | 2 | ointment |

| DRUG NAME                                     | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| CILOXAN .3%                                   | 3         |                     |
| <i>ciprofloxacin hcl (ophth)</i>              | 1         |                     |
| <i>erythromycin (ophth)</i>                   | 1         |                     |
| <i>gentamicin sulfate (ophth)</i>             | 1         |                     |
| <i>levofloxacin (ophth)</i>                   | 1         |                     |
| NATACYN                                       | 2         |                     |
| <i>neomycin-bacitracin zn-polymyxin</i>       | 1         |                     |
| <i>neomycin-polymy-gramicid</i>               | 1         |                     |
| NEOSPORIN                                     | 3         |                     |
| OCUFLOX                                       | 3         |                     |
| <i>ofloxacin (ophth)</i>                      | 1         |                     |
| <i>polymyxin b-trimethoprim</i>               | 1         |                     |
| POLYTRIM                                      | 3         |                     |
| QUIXIN  | 3         |                     |
| <i>sulfacetamide sodium (ophth)</i>           | 1         |                     |
| <i>tobramycin sulfate (ophth)</i>             | 1         |                     |
| TOBEX   | 3         |                     |
| TOBEX OINT 0.3%                               | 2         |                     |
| <i>trifluridine</i>                           | 1         |                     |
| VIGAMOX                                       | 2         |                     |
| VIROPTIC                                      | 3         |                     |
| ZIRGAN  | 3         |                     |
| ZYMAR   | 2         |                     |
| ZYMAXID                                       | 2         |                     |
| <b>ANTI-INFLAMMATORIES</b>                    |           |                     |
| ACULAR  | 3         |                     |
| ACULAR LS                                     | 3         |                     |
| ACUVAIL                                       | 3         |                     |
| BROMDAY                                       | 2         |                     |
| <i>bromfenac sodium (ophth)</i>               | 1         |                     |
| <i>dexamethasone sodium phosphate (ophth)</i> | 1         |                     |
| <i>diclofenac sodium (ophth)</i>              | 1         |                     |
| DUREZOL                                       | 2         |                     |
| FLAREX  | 3         |                     |
| <i>fluorometholone (ophth)</i>                | 1         |                     |
| <i>flurbiprofen sodium</i>                    | 1         |                     |
| FML   | 2         | oint                |

| DRUG NAME                             | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------|-----------|---------------------|
| FML FORTE                             | 3         |                     |
| FML LIQUIFILM                         | 3         |                     |
| <i>ketorolac tromethamine (ophth)</i> | 1         |                     |
| LOTEMAX                               | 3         |                     |
| MAXIDEX                               | 3         |                     |
| NEVANAC                               | 3         |                     |
| OCUFEN                                | 3         |                     |
| OMNIPRED                              | 3         |                     |
| PRED FORTE                            | 3         |                     |
| PRED MILD                             | 3         |                     |
| PRED-G                                | 3         |                     |
| PRED-G S.O.P.                         | 3         |                     |
| <i>prednisolone acetate (ophth)</i>   | 1         |                     |
| PREDNISOLONE SODIUM PHOSP             | 2         |                     |
| VEXOL                                 | 3         |                     |
| VOLTAREN                              | 3         |                     |
| <b>ANTIALLERGICS</b>                  |           |                     |
| ALAMAST                               | 3         |                     |
| ALOCRIIL                              | 3         |                     |
| ALOMIDE                               | 3         |                     |
| ALREX                                 | 2         |                     |
| <i>azelastine hcl (ophth)</i>         | 1         |                     |
| BEPREVE                               | 2         |                     |
| <i>cromolyn sodium (ophth)</i>        | 1         |                     |
| ELESTAT                               | 3         |                     |
| EMADINE                               | 3         |                     |
| <i>epinastine hcl (ophth)</i>         | 1         |                     |
| LASTACFT                              | 3         |                     |
| OPTIVAR                               | 3         |                     |
| PATADAY                               | 2         |                     |
| PATANOL                               | 2         |                     |
| <b>ANTIGLAUCOMA</b>                   |           |                     |
| ALPHAGAN P .1%                        | 2         |                     |
| ALPHAGAN P .15%                       | 3         |                     |
| AZOPT                                 | 2         |                     |
| BETAGAN                               | 3         |                     |
| <i>betaxolol hcl (ophth)</i>          | 1         |                     |

| DRUG NAME                                | DRUG TIER | REQUIREMENTS/LIMITS  |
|--|-----------|----------------------|
| BETIMOL                                  | 3         |                      |
| BETOPTIC-S                               | 2         |                      |
| <i>brimonidine tartrate</i>              | 1         |                      |
| <i>carteolol hcl (ophth)</i>             | 1         |                      |
| COMBIGAN                                 | 2         |                      |
| COSOPT                                   | 3         |                      |
| <i>dorzolamide hcl</i>                   | 1         |                      |
| <i>dorzolamide hcl-timolol maleate</i>   | 1         |                      |
| ISTALOL                                  | 3         |                      |
| <i>latanoprost</i>                       | 1         | QL (2.5ml / 30 days) |
| <i>levobunolol hcl</i>                   | 1         |                      |
| LUMIGAN                                  | 2         | QL (2.5ml / 30 days) |
| <i>metipranolol</i>                      | 1         |                      |
| OPTIPRANOLOL                             | 3         |                      |
| PHOSPHOLINE IODIDE                       | 3         |                      |
| PILOPINE HS                              | 2         |                      |
| <i>timolol maleate (ophth) .25%, .5%</i> | 1         | gel                  |
| <i>timolol maleate (ophth) .25%, .5%</i> | 1         |                      |
| TIMOPTIC OCUDOSE                         | 3         |                      |
| TIMOPTIC-XE                              | 3         |                      |
| TRAVATAN Z                               | 2         | QL (2.5ml / 30 days) |
| TRUSOPT                                  | 3         |                      |
| XALATAN                                  | 3         | QL (2.5ml / 30 days) |

#### MISCELLANEOUS

|                         |   |    |
|-------------------------|---|----|
| ALCAINE                 | 3 |    |
| BOTOX                   | 4 | PA |
| LACRISERT               | 2 |    |
| <i>naphazoline hcl</i>  | 1 |    |
| <i>proparacaine hcl</i> | 1 |    |
| RESTASIS                | 2 |    |
| <i>tropicamide</i>      | 1 |    |
| XEOMIN                  | 3 | PA |

#### RESPIRATORY

##### ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS            |
|--|-----------|--------------------------------|
| <b>ANTICHOLINERGICS</b>                                    |           |                                |
| ATROVENT   | 3         |                                |
| ATROVENT HFA   | 2         | QL (2 inhalers / 30 days)      |
| <i>ipratropium bromide (nasal)</i>                         | 1         |                                |
| <i>ipratropium sol inhal</i>                               | 1         | B/D                            |
| SPIRIVA HANDIHALER   | 2         | QL (30 caps / 30 days)         |
| <b>ANTIHISTAMINE/DECONGESTANT COMBINATIONS</b>             |           |                                |
| CLARINEX-D 12 HOUR   | 3         |                                |
| CLARINEX-D 24 HOUR   | 3         |                                |
| <i>promethazine &amp; phenylephrine</i>                    | 1         | PA                             |
| SEMPREX-D  | 3         |                                |
| <b>ANTIHISTAMINES</b>                                      |           |                                |
| ASTELIN  | 3         | QL (2 bottles / 30 days)       |
| ASTEPRO  | 2         | QL (2 spray-bottles / 30 days) |
| <i>azelastine hcl</i>                                      | 1         | QL (2 bottles / 30 days)       |
| <i>carbinoxamine maleate</i>                               | 1         |                                |
| <i>cetirizine hcl</i>                                      | 1         | syrup                          |
| CLARINEX   | 3         |                                |
| CLARINEX REDITABS  | 3         |                                |
| <i>clemastine fumarate</i>                                 | 1         |                                |
| <i>cyproheptadine hcl</i>                                  | 1         | PA                             |
| <i>dexchlorpheniramine maleate</i>                         | 1         |                                |
| <i>diphenhydram inj 50mg/ml</i>                            | 1         |                                |
| <i>fexofenadine hcl</i>                                    | 1         |                                |
| <i>hydroxyzine hcl</i>                                     | 1         | PA                             |
| <i>hydroxyzine hcl inj</i>                                 | 1         |                                |
| <i>hydroxyzine pamoate</i>                                 | 1         | PA                             |
| <i>levocetirizine tab 5 mg</i>                             | 1         |                                |
| PALGIC   | 3         |                                |
| PATANASE   | 3         |                                |
| VISTARIL   | 3         | PA                             |
| XYZAL  | 3         |                                |
| <b>BETA AGONISTS</b>                                       |           |                                |
| ACCUNEB  | 3         | B/D                            |
| <i>albuterol sulfate .083%, .5%, .63mg/3ml, 1.25mg/3ml</i> | 1         | B/D                            |
| <i>albuterol sulfate 2mg, 2mg/5ml, 4mg, 8mg</i>            | 1         |                                |

| DRUG NAME                  | DRUG TIER | REQUIREMENTS/LIMITS       |
|----------------------------|-----------|---------------------------|
| BROVANA                    | 3         | B/D                       |
| FORADIL AEROLIZER          | 2         | QL (60 caps / 30 days)    |
| <i>levalbuterol hcl</i>    | 1         | B/D                       |
| PERFOROMIST                | 3         | B/D                       |
| PROAIR HFA                 | 2         | QL (2 inhalers / 30 days) |
| PROVENTIL HFA              | 3         | QL (2 inhalers / 30 days) |
| SEREVENT DISKUS            | 3         | QL (1 inhaler / 30 days)  |
| <i>terbutaline sulfate</i> | 1         |                           |
| VENTOLIN HFA               | 3         | QL (2 inhalers / 30 days) |
| VOSPIRE ER                 | 3         |                           |
| XOPENEX                    | 3         | B/D                       |
| XOPENEX HFA                | 2         | QL (2 inhalers / 30 days) |

#### **LEUKOTRIENE RECEPTOR ANTAGONISTS**

|                    |   |  |
|--------------------|---|--|
| ACCOLATE           | 3 |  |
| SINGULAIR          | 2 |  |
| <i>zafirlukast</i> | 1 |  |
| ZYFLO CR           | 3 |  |

#### **MAST CELL STABILIZERS**

|                        |   |     |
|------------------------|---|-----|
| <i>cromolyn sodium</i> | 1 | B/D |
| DALIRESP               | 3 |     |

#### **MISCELLANEOUS**

|                           |   |     |
|---------------------------|---|-----|
| <i>acetylcysteine</i>     | 1 | B/D |
| ARALAST NP                | 4 | PA  |
| CAYSTON                   | 4 | PA  |
| <i>epinephrine hcl</i>    | 1 |     |
| EPIPEN 2-PAK              | 2 |     |
| EPIPEN-JR 2-PAK           | 2 |     |
| GLASSIA                   | 4 | PA  |
| PROLASTIN                 | 4 | PA  |
| PROLASTIN-C               | 4 | PA  |
| PULMOZYME                 | 4 | B/D |
| TOBI                      | 4 | B/D |
| TWINJECT                  | 3 |     |
| TYZINE                    | 3 |     |
| TYZINE PEDIATRIC NASAL DR | 3 |     |
| XOLAIR                    | 4 | PA  |
| ZEMAIRA                   | 4 | PA  |

| DRUG NAME                                | DRUG TIER | REQUIREMENTS/LIMITS       |
|--|-----------|---------------------------|
| <b>NASAL STEROIDS</b>                    |           |                           |
| BECONASE AQ                              | 3         | QL (2 inhalers / 30 days) |
| FLONASE                                  | 3         | QL (1 bottle / 30 days)   |
| <i>flunisolide (nasal)</i>               | 1         | QL (2 bottles / 30 days)  |
| <i>fluticasone propionate (nasal)</i>    | 1         | QL (1 bottle / 30 days)   |
| NASACORT AQ                              | 2         | QL (1 inhaler / 30 days)  |
| NASONEX                                  | 3         | QL (2 inhalers / 30 days) |
| OMNARIS                                  | 3         | QL (1 inhaler / 30 days)  |
| RHINOCORT AQUA                           | 3         | QL (2 inhalers / 30 days) |
| VERAMYST                                 | 3         | QL (1 bottle / 30 days)   |
| <b>STEROID INHALANTS</b>                 |           |                           |
| ALVESCO                                  | 3         | QL (2 inhalers / 30 days) |
| ASMANEX 120 METERED DOSES                | 2         | QL (2 inhalers / 30 days) |
| ASMANEX 14 METERED DOSES                 | 2         | QL (2 inhalers / 30 days) |
| ASMANEX 30 METERED DOSES                 | 2         | QL (2 inhalers / 30 days) |
| ASMANEX 60 METERED DOSES                 | 2         | QL (2 inhalers / 30 days) |
| <i>budesonide (inhalation)</i>           | 1         | B/D                       |
| FLOVENT DISKUS                           | 2         | QL (2 inhalers / 30 days) |
| FLOVENT HFA 110mcg/act, 220mcg/act       | 2         | QL (2 inhalers / 30 days) |
| FLOVENT HFA 44mcg/act                    | 2         | QL (2 inhalers / 30 days) |
| PULMICORT                                | 3         | B/D                       |
| PULMICORT FLEXHALER 180mcg/act           | 3         | QL (2 inhalers / 30 days) |
| PULMICORT FLEXHALER 90mcg/act            | 3         | QL (4 inhalers / 30 days) |
| QVAR                                     | 2         | QL (3 inhalers / 30 days) |
| <b>STEROID/BETA-AGONIST COMBINATIONS</b> |           |                           |
| ADVAIR DISKUS                            | 2         | QL (1 kit / 30 days)      |
| ADVAIR HFA                               | 2         | QL (1 inhaler / 30 days)  |
| DULERA                                   | 2         | QL (1 inhaler / 30 days)  |
| SYMBICORT                                | 2         | QL (1 inhaler / 30 days)  |
| <b>XANTHINES</b>                         |           |                           |
| <i>aminophylline</i>                     | 1         |                           |
| ELIXOPHYLLIN                             | 2         |                           |
| LUFYLLIN                                 | 3         |                           |
| THEO-24                                  | 2         |                           |
| <i>theophylline</i>                      | 1         |                           |

## TOPICAL

| DRUG NAME                                     | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <b>DERMATOLOGY, ACNE</b>                      |           |                     |
| ACANYA  | 3         |                     |
| ACZONE  | 3         |                     |
| <i>adapalene</i>                              | 1         |                     |
| AKNE-MYCIN                                    | 3         |                     |
| ATRALIN                                       | 3         |                     |
| AZELEX  | 3         |                     |
| BENZACLIN WITH PUMP                           | 3         |                     |
| BENZAMYCIN                                    | 3         |                     |
| <i>benzoyl peroxide-erythromycin</i>          | 1         |                     |
| CLEOCIN-T                                     | 3         |                     |
| CLINDAGEL                                     | 3         |                     |
| <i>clindamycin phosphate (topical)</i>        | 1         |                     |
| <i>clindamycin phosphate-benzoyl peroxide</i> | 1         |                     |
| DIFFERIN                                      | 3         |                     |
| EPIDUO  | 3         |                     |
| <i>erythromycin (acne aid)</i>                | 1         |                     |
| EVOCLIN                                       | 3         |                     |
| <i>isotretinoin cap 10 mg</i>                 | 1         |                     |
| KLARON  | 3         |                     |
| RETIN-A                                       | 3         |                     |
| RETIN-A MICRO                                 | 3         |                     |
| <i>sulfacetamide sodium (acne)</i>            | 1         |                     |
| TRETIN-X                                      | 3         |                     |
| <i>tretinoin .01%, .025%, .05%, .1%</i>       | 1         |                     |
| ZIANA   | 3         |                     |
| <b>DERMATOLOGY, ACTINIC KERATOSIS</b>         |           |                     |
| CARAC   | 2         |                     |
| EFUDEX  | 3         |                     |
| FLUOROPLEX                                    | 3         |                     |
| <i>fluorouracil (topical)</i>                 | 1         |                     |
| SOLARAZE                                      | 2         |                     |
| <b>DERMATOLOGY, ANTIBIOTICS</b>               |           |                     |
| ALTABAX                                       | 3         |                     |
| BACTROBAN 2%                                  | 2         | cream               |
| BACTROBAN 2%                                  | 3         | ointment            |
| BACTROBAN NASAL                               | 3         |                     |

| DRUG NAME                              | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| CORTISPORIN                            | 3         |                     |
| <i>gentamicin sulfate (topical)</i>    | 1         |                     |
| <i>mupirocin</i>                       | 1         |                     |
| PHISOHEX                               | 3         |                     |
| SILVADENE                              | 3         |                     |
| <i>silver sulfadiazine</i>             | 1         |                     |
| SULFAMYLON                             | 3         |                     |
| <b>DERMATOLOGY, ANTIFUNGALS</b>        |           |                     |
| <i>ciclopirox 0.77% crm, gel, susp</i> | 1         |                     |
| <i>ciclopirox shampoo 1%</i>           | 1         |                     |
| <i>clotrimazole (topical)</i>          | 1         |                     |
| <i>econazole nitrate</i>               | 1         |                     |
| ERTACZO                                | 3         |                     |
| EXELDERM                               | 3         |                     |
| EXTINA                                 | 3         |                     |
| <i>ketconazole (topical) 2%</i>        | 1         |                     |
| LOPROX                                 | 3         |                     |
| LOPROX SHAMPOO                         | 3         |                     |
| MENTAX                                 | 3         |                     |
| NAFTIN                                 | 3         |                     |
| <i>nystatin (topical)</i>              | 1         |                     |
| <i>nystatin pow 100000</i>             | 1         |                     |
| OXISTAT                                | 3         |                     |
| <b>DERMATOLOGY, ANTIPRURITIC</b>       |           |                     |
| ANUSOL-HC                              | 3         |                     |
| CORTIFOAM                              | 3         |                     |
| <i>hydrocortisone (rectal) 2.5%</i>    | 1         |                     |
| ZONALON                                | 2         |                     |
| <b>DERMATOLOGY, ANTIPSORIATICS</b>     |           |                     |
| 8-MOP                                  | 3         |                     |
| AMEVIVE                                | 4         |                     |
| <i>calcipotriene</i>                   | 1         |                     |
| DOVONEX                                | 2         | cream               |
| DOVONEX SCALP                          | 3         | solution            |
| OXSORALEN ULTRA                        | 4         | PA                  |
| SORIATANE                              | 4         | PA                  |
| STELARA                                | 4         | PA                  |

| DRUG NAME                                   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| TAZORAC                                     | 3         |                     |
| VECTICAL                                    | 3         |                     |
| <b>DERMATOLOGY, ANTISEBORRHEICS</b>         |           |                     |
| <i>ketoconazole (topical) 2%</i>            | 1         |                     |
| NIZORAL                                     | 3         |                     |
| <i>selenium sulfide</i>                     | 1         |                     |
| <b>DERMATOLOGY, ANTIVIRALS</b>              |           |                     |
| DENAVIR                                     | 2         |                     |
| ZOVIRAX 5%                                  | 2         | cream, ointment     |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>         |           |                     |
| ACLOVATE                                    | 3         |                     |
| ALA SCALP                                   | 3         |                     |
| <i>alclometasone dipropionate</i>           | 1         |                     |
| <i>amcinonide .1%</i>                       | 1         |                     |
| AMCINONIDE .1%                              | 3         |                     |
| <i>betamethasone dipropionate (topical)</i> | 1         |                     |
| <i>betamethasone dipropionate augmented</i> | 1         |                     |
| <i>betamethasone valerate</i>               | 1         |                     |
| CAPEX                                       | 3         |                     |
| CARMOL-HC                                   | 3         |                     |
| <i>clobetasol propionate</i>                | 1         |                     |
| <i>clobetasol propionate emollient base</i> | 1         |                     |
| CLOBEX                                      | 3         |                     |
| CLODERM                                     | 3         |                     |
| CORDRAN                                     | 3         |                     |
| CORDRAN SP                                  | 3         |                     |
| CORDRAN TAPE                                | 3         |                     |
| CUTIVATE                                    | 3         |                     |
| DERMA-SMOOTH/FS BODY OIL                    | 2         |                     |
| DERMATOP                                    | 3         |                     |
| DESONATE                                    | 3         |                     |
| <i>desonide</i>                             | 1         |                     |
| DESOWEN                                     | 3         |                     |
| DESOWEN LOTION/CETAPHIL C                   | 3         |                     |
| DESOWEN OINTMENT/CETAPHIL                   | 3         |                     |
| <i>desoximetasone</i>                       | 1         |                     |
| <i>diflorasone diacetate</i>                | 1         |                     |

| DRUG NAME                                | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| DIPROLENE                                | 3         |                     |
| DIPROLENE AF                             | 3         |                     |
| ELOCON                                   | 3         |                     |
| <i>fluocinolone acetonide</i>            | 1         |                     |
| <i>fluocinonide</i>                      | 1         |                     |
| <i>fluocinonide emulsified base</i>      | 1         |                     |
| <i>fluticasone propionate</i>            | 1         |                     |
| <i>halobetasol propionate</i>            | 1         |                     |
| HALOG                                    | 3         |                     |
| <i>hydrocortisone (rectal) 1%</i>        | 1         |                     |
| <i>hydrocortisone (topical)</i>          | 1         |                     |
| <i>hydrocortisone butyrate</i>           | 1         |                     |
| <i>hydrocortisone valerate</i>           | 1         |                     |
| KENALOG                                  | 3         |                     |
| LOCOID                                   | 3         |                     |
| LOCOID LIPOCREAM                         | 3         |                     |
| LUXIQ                                    | 3         |                     |
| <i>mometasone furoate</i>                | 1         |                     |
| OLUX-E                                   | 3         |                     |
| PANDEL                                   | 3         |                     |
| <i>prednicarbate</i>                     | 1         |                     |
| PROCTOCORT                               | 3         |                     |
| TACLONEX                                 | 2         |                     |
| TACLONEX SCALP                           | 2         |                     |
| TEMOVATE                                 | 3         |                     |
| TOPICORT                                 | 3         |                     |
| TOPICORT LP                              | 3         |                     |
| <i>triamcinolone acetonide (topical)</i> | 1         |                     |
| TRIAMCINOLONE ACETONIDE I                | 3         | .05% ointment       |
| ULTRAVATE                                | 3         |                     |
| <i>urea-hc acetate</i>                   | 1         |                     |
| VANOS                                    | 3         |                     |
| VERDESO                                  | 3         |                     |
| WESTCORT                                 | 3         |                     |
| <b>DERMATOLOGY, IMMUNOMODULATORS</b>     |           |                     |
| ELIDEL                                   | 2         | PA                  |
| PROTOPIC                                 | 2         | PA                  |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>                      |           |                     |
| EMLA   | 3         |                     |
| <i>lidocaine</i>   | 1         |                     |
| <i>lidocaine hcl</i>                                       | 1         |                     |
| <i>lidocaine-prilocaine</i>                                | 1         |                     |
| LIDODERM   | 2         | PA                  |
| SYNERA   | 3         |                     |
| XYLOCAINE 4%   | 3         |                     |
| XYLOCAINE JELLY  | 3         |                     |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b> |           |                     |
| ALDARA   | 3         |                     |
| <i>ammonium lactate</i>                                    | 1         |                     |
| CONDYLOX   | 3         |                     |
| <i>imiquimod</i>   | 1         |                     |
| LAC-HYDRIN   | 3         |                     |
| <i>lactic acid (ammonium lactate)</i>                      | 1         |                     |
| OXSORALEN  | 3         |                     |
| PANRETIN   | 4         |                     |
| PENNSAID   | 2         |                     |
| <i>podofilox</i>   | 1         |                     |
| TARGRETIN 1%   | 4         |                     |
| VOLTAREN GEL 1%  | 2         |                     |
| ZYCLARA  | 2         |                     |
| <b>DERMATOLOGY, ROSACEA</b>                                |           |                     |
| FINACEA  | 3         |                     |
| METROCREAM   | 3         |                     |
| METROGEL   | 2         |                     |
| METROLOTION  | 3         |                     |
| <i>metronidazole (topical)</i>                             | 1         |                     |
| NORITATE   | 3         |                     |
| ORACEA   | 2         |                     |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>             |           |                     |
| EURAX  | 3         |                     |
| <i>malathion</i>   | 1         |                     |
| OVIDE  | 3         |                     |
| <i>permethrin</i>  | 1         |                     |

| DRUG NAME                                     | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| ULESFIA                                       | 3         |                     |
| <b>DERMATOLOGY, WOUND CARE AGENTS</b>         |           |                     |
| <i>neomycin/polymyxin b gu</i>                | 1         |                     |
| REGRANEX                                      | 4         | PA                  |
| SANTYL  | 2         |                     |
| <i>sodium chloride (gu irrigant)</i>          | 1         |                     |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>             |           |                     |
| <i>chlorhexidine gluconate (mouth-throat)</i> | 1         |                     |
| EVOXAC  | 2         |                     |
| <i>lidocaine hcl (mouth-throat)</i>           | 1         |                     |
| <i>nystatin (mouth-throat)</i>                | 1         |                     |
| ORAVIG  | 2         |                     |
| <i>pilocarpine hcl (oral)</i>                 | 1         |                     |
| SALAGEN                                       | 3         |                     |
| <i>triamcinolone acetonide (mouth)</i>        | 1         |                     |
| <b>OTIC</b>                                   |           |                     |
| <i>acetic acid (otic)</i>                     | 1         |                     |
| <i>acetic acid sol/hc</i>                     | 1         |                     |
| CIPRO HC                                      | 3         |                     |
| CIPRODEX                                      | 3         |                     |
| COLY-MYCIN S                                  | 3         |                     |
| CORTISPORIN                                   | 3         |                     |
| CORTISPORIN-TC                                | 3         |                     |
| DERMOTIC                                      | 2         |                     |
| <i>hydrocortisone w/acetic acid</i>           | 1         |                     |
| <i>neomycin-polymyxin-hc (otic)</i>           | 1         |                     |
| <i>ofloxacin (otic)</i>                       | 1         |                     |

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