

# 2012 Comprehensive Formulary

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(Complete list of covered drugs)

Erickson Advantage® Guardian (HMO-POS SNP)  
Erickson Advantage® Signature with Drugs (HMO-POS)  
Erickson Advantage® Champion (HMO-POS SNP)

## Inside

- Drug tiers and drug payment stages
- Tier 1 drug savings
- Requirements and limits
- Complete list of drugs by category

**Please read:** This document contains information about the drugs covered by this plan.

**Note to existing members:** This complete formulary has changed since last year.

Please review this document to make sure it still contains the drugs you take.



## About this complete drug list

This is a **complete** list of prescription drugs that are covered by the Erickson Advantage® plan in 2012, called the Comprehensive Formulary.

For your drug to be covered by the plan, it must be included in the complete drug list. In most cases, your prescription must also be filled at one of our more than 60,000 network pharmacies. To find out if your drug is covered:

1. See if your drug is included in this complete drug list.
2. Go to the plan website at [www.EricksonAdvantage.com](http://www.EricksonAdvantage.com). The information is updated on a regular basis.
3. Call Customer Service at **1-866-314-8188**, TTY **711**, 8:00 am to 8:00 pm local time, 7 days a week. Customer Service can look up your drugs and let you know if they are covered.

### For more information

Please take the time to review your Evidence of Coverage and any other 2012 plan materials you have received. These materials give more detailed information about your drug coverage in the plan.

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

## Questions?

If you have questions, we're here to help.

Call Customer Service:



Call **1-866-314-8188**, TTY **711**,  
8:00 am to 8:00 pm local time,  
7 days a week



Visit us at:  
**[www.EricksonAdvantage.com](http://www.EricksonAdvantage.com)**

If you are a member of a group sponsored plan (your coverage is provided through a former employer, union group or trust), please call the Customer Service number on the back of your number member ID card.

**This complete formulary (drug list) is effective May 1, 2012. No changes made since May 2012.** Changes may have been made to this list after it was printed. Visit our plan website or call Customer Service at the number above for complete, updated information.

# 2012 Complete drug list

The Erickson Advantage® plan is designed to help you manage your prescription drug costs. An important part of this is giving you choices so you and your doctor can choose the best course of treatment for you.

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

This document is the comprehensive formulary, or complete list of drugs covered by the plan. For updated formulary information, please visit [www.EricksonAdvantage.com](http://www.EricksonAdvantage.com) or call **1-866-314-8188**, TTY **711**, 8:00 am to 8:00 pm local time, 7 days a week.

With your doctor's help, you can use this drug list as a tool to choose the drugs that work best for you and to find lower-cost drugs if needed.

## Quick guide

Here are some of the major categories of drugs and where to find them in the drug list.

Antidepressants . . . . .	page 19-20
Asthma/Lung . . . . .	page 55-57
Blood Pressure . . . . .	page 34-38
Cholesterol Control . . . . .	page 36-37
Diabetes . . . . .	page 31-32
Osteoporosis . . . . .	page 52
Ulcer and Stomach Acid . . . . .	page 41-42
Vaccines . . . . .	page 51

## Using the drug list

**There are two ways to find your prescription drugs in this complete drug list:**

1. Look for a drug in the index, which begins on page 81. The index is an **alphabetical list** of all of the drugs included in this document. Turn to the page shown in the index to find your drug.
2. The drug list begins on page 10. Look for a drug based on your **medical condition**. For example, if you want to find drugs used to treat high cholesterol, go to the Cardiovascular Drugs category and look under "Dyslipidemics — Cholesterol Control Drugs".

### Is it a generic or brand-name drug?

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

### More information about your drug

Some drugs have requirements or limits. Please see page 6 for more information on the requirements or limits your drug may have.

If your drug is not included in this drug list, you should contact Customer Service at **1-866-314-8188**, TTY **711**, 8:00 am to 8:00 pm local time, 7 days a week and ask if it's covered. If you learn that the plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by the plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by the plan.
- You can ask the plan to make an exception and cover your drug. See page 7 for information about how to request an exception.

# Drug tiers and drug payment stages

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

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

**For more information about drug payment stages and copay or coinsurance amounts for each tier, please refer to the plan's Evidence of Coverage (EOC).**

## If you qualify for extra help

If you qualify for extra help for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for extra help will receive the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS Rider). Please read it to find out what your costs are. You can also contact Customer Service.

Drug Tier Copay or Coinsurance	Includes	Helpful Tips
<b>Tier 1: Preferred generic Lowest copay</b>	Lower-cost, commonly used generic drugs.	Use Tier 1 drugs for the lowest out-of-pocket costs.
<b>Tier 2: Non-preferred generic Low copay</b>	Most generic drugs.	Use Tier 2 drugs, instead of Tier 3 or 4, to help reduce your out-of-pocket costs.
<b>Tier 3: Preferred brand Medium copay</b>	Many common brand-name drugs, called preferred brands, and some higher-cost generic drugs.	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
<b>Tier 4: Non-preferred brand Highest copay</b>	Non-preferred generic and non-preferred brand-name drugs.	Many Tier 4 drugs have lower-cost options in Tier 1, 2 or 3. Ask your doctor if you can switch to one of these drugs to help reduce your out-of-pocket costs.
<b>Tier 5 Specialty tier Coinsurance</b>	Unique and/or very high-cost drugs.	You pay a percentage of the total drug cost, called coinsurance.

# Tier 1 drug savings

## Save money with Tier 1 drugs

In 2012 the plan will offer some of the most commonly used drugs for the lowest copay in Tier 1. These drugs, listed below, treat conditions like diabetes, high blood pressure and high cholesterol. If you have one of these conditions and are taking a different drug or need to start a drug, ask your doctor if you could use any of these. Take this complete list of Tier 1 drugs to your next doctor appointment.

Tier 1 Drug	Commonly Treated Condition
Amlodipine Besylate	High blood pressure
Atenolol	High blood pressure
Benazepril HCl	High blood pressure
Carvedilol	High blood pressure
Citalopram Hydrobromide (Tablet)	Depression
Glipizide	Diabetes
Glyburide	Diabetes
Glyburide Micronized	Diabetes
Lisinopril	High blood pressure
Losartan Potassium	High blood pressure
Losartan Potassium/Hydrochlorothiazide	High blood pressure
Meloxicam (Tablet)	Pain
Metformin HCl	Diabetes
Metoprolol Tartrate (Tablet)	High blood pressure
Pravastatin Sodium	High cholesterol
Sertraline HCl (Tablet)	Depression
Simvastatin	High cholesterol

Some of the drugs listed may be used to treat more than one condition. Talk to your doctor to see if any of these drugs could be right for you.

## Generic drugs

The Erickson Advantage<sup>®</sup> plan covers both brand-name and generic drugs. The Food and Drug Administration (FDA) requires a generic drug to have the same active ingredient as the brand-name drug. Using generic drugs, whether preferred or non-preferred, may save you money on your copays or coinsurance and may help you stay out of the coverage gap if you have one

- To pay less out-of-pocket, talk with your doctor to see if any of the brand-name drugs you take have generic versions. While most generics are in Tier 2 of the drug list, some generics can be found in Tier 1.
- In 2012 the plan will offer some of the most commonly used drugs for even lower copays in Tier 1. A complete list of these drugs and the conditions they treat can be found on the previous page.
- While generic drugs usually cost less than brand name drugs, newly available generic drugs can be expensive so they may be in Tier 2, 3 or 4 of the drug list.

## Limited access drugs

Drugs are considered “limited access” if:

- The FDA says the drug can only be given out by certain facilities or doctors.
- Extra handling, provider coordination or patient education is needed to be able to distribute the drug and it can't be done at a network pharmacy.

The limited access drugs on the Erickson Advantage<sup>®</sup> drug list are:

- **Revlimid**
- **Xyrem**
- **Tracleer**
- **Tysabri**

For more information about limited access drugs, call Customer Service at **1-866-314-8188**, TTY **711**, 8:00 am to 8:00 pm local time, 7 days a week.

# Vaccines

The Erickson Advantage® plan covers vaccines for meningitis, shingles, diphtheria, tetanus and more. Some vaccines, like those for the flu and pneumonia, may be covered by Medicare Part B (doctor and outpatient health care).

The cost for vaccines depends on where you receive them. The Evidence of Coverage has information about vaccines and how they are paid for.

For the best coverage, Erickson Advantage® recommends that you get vaccines at a network pharmacy if your state allows it. The administration fee (the service cost that the health care professional charges for giving the vaccine) likely will be lower if you get your vaccine at a network pharmacy rather than at your doctor's office, so it may save you money. If the administration fee is less than \$20, all you will have to pay is your copay or coinsurance amount. You also won't have to fill out a form to get paid back (reimbursed). Check your Pharmacy Directory for a list of network pharmacies near you.

## There are several ways to get a vaccine:

Where and How	What You Pay
<p><b>At a retail pharmacy in your network.</b> (Many states allow pharmacists to administer vaccines in the pharmacy.)</p>	<p>The copay or coinsurance amount for the vaccine. The pharmacy automatically bills the administration fee to your plan. If the administration fee is more than \$20, you pay the extra amount. Any administration fee will be included as part of your out-of-pocket costs.</p>
<p><b>At your doctor's office.</b></p> <ol style="list-style-type: none"> <li>1. Your doctor writes a prescription and administers it.</li> </ol> <p style="text-align: center;"><b>or</b></p> <ol style="list-style-type: none"> <li>2. Your doctor writes a prescription. You pick it up at a pharmacy and bring it back to the doctor.</li> </ol> <p style="text-align: center;"><b>or</b></p> <ol style="list-style-type: none"> <li>3. Your doctor orders the vaccine from a specialty pharmacy. It is shipped to the doctor's office.</li> </ol>	<p>The copay or coinsurance amount for the vaccine, <b>plus</b> an administration fee that may be higher than at a retail pharmacy.</p> <p>You may have to submit a reimbursement form to your plan for the administration fee. The plan will pay up to \$20. You pay the difference. Any administration fee will be included as part of your out-of-pocket costs.</p>

To make sure a recommended vaccine is covered, call Customer Service at **1-866-314-8188**, TTY **711**, 8:00 am to 8:00 pm local time, 7 days a week. Or visit [www.EricksonAdvantage.com](http://www.EricksonAdvantage.com).

# Requirements and limits

The plan has requirements or limits for some of its covered drugs to ensure safe, effective and affordable use. These requirements and limits apply to prescriptions filled at retail and mail service pharmacies. Check the drug list starting on page 10 to see if your drug has any requirements or limits. If it does, there will be a code or codes in the “Requirements and Limits” column. The codes and what they mean are shown below.

You and your doctor may ask the plan for an exception to the requirement and/or limit for your drug. See the “Coverage decisions” section on the next page or refer to your Evidence of Coverage to learn more about asking for an exception.

**If you do not get approval from the Plan for a drug with a requirement or limit before using it, you may be responsible for paying the full cost of the drug.**

## **PA = Prior authorization**

The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don't get approval, the plan may not cover the drug.

## **B/D = Medicare Part B or Part D**

Depending on how this drug is used, it is covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs). Your doctor may need to provide the plan with more information about how this drug will be used to make sure it's correctly covered by Medicare.

## **QL = Quantity limits**

The plan will cover only a certain amount of this drug for one copay/coinsurance or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you and your doctor can ask the plan to cover the additional quantity.

See pages 61–80 for more information about drugs with quantity limits.

## **ST = Step therapy**

There are effective, lower-cost drugs that treat the same health condition as this drug. You may be required to try one or more of these other drugs before the plan will cover your drug. If you have already tried other drugs or your doctor thinks they are not right for you, you and your doctor can ask the plan to cover this drug.

# Coverage decisions

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

Examples of coverage decisions you may ask for include:

- Asking the plan to pay you back for the cost of a drug you bought at an out-of-network pharmacy.
- Asking for an exception to the plan's coverage rules.

## How to request an exception

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

- You can ask the plan to cover your drug even if it is not on the formulary.
- You can ask the plan to waive coverage restrictions or limits on your drug. For example, for certain drugs, the plan limits the amount of the drug that it will cover. If your drug has a quantity limit, you can ask the plan to waive the limit and cover more.
- You can ask the plan to provide a higher level of coverage for your drug. If your drug is contained in Tier 4, you can ask for it to be covered at the cost-sharing amount that applies to drugs in Tier 3 instead. This would lower the amount you must pay for your drug.

Please note, if the plan grants your request to cover a drug that is not on the formulary, you may not ask the plan to provide a higher level of coverage for the drug. Also, you may not ask the plan to provide a higher level of coverage for drugs that are in Tier 5.

Generally, the plan 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.

## Asking for a coverage decision

You (or your authorized representative) and your doctor can ask for an initial coverage decision by calling Customer Service at **1-866-314-8188**, TTY **711**, 8:00 am to 8:00 pm local time, 7 days a week.

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

See your Evidence of Coverage for more information.

## Receiving a coverage decision

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

## Drug list changes

The Erickson Advantage<sup>®</sup> plan recognizes that drug list stability is very important to you. It is important to make as few changes to the drug list as possible during the plan year. From time to time, drug list changes may be necessary for safety or other reasons.

The drug list may change throughout the year when the plan:

- Adds a new drug.
- Removes a drug.
- Changes the requirements or limits for a drug.
- Moves a drug to a lower-cost tier.
- Moves a drug to a higher-cost tier.

If the FDA declares a drug to be unsafe or the drug's manufacturer removes the drug from the market, the plan will immediately remove the drug from the drug list and inform affected members. If a drug moves to a higher-cost tier or undergoes some other change, the plan will inform affected members at least 60 days before the change 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.

Generally, if you are taking a drug on the 2012 drug list that was covered at the beginning of the year, the plan will not remove the drug from the drug list or move a drug to a higher tier during the 2012 coverage year except when a new, less expensive generic equivalent drug becomes available (for example, the brand-name drug moves to a higher tier and the less expensive drug is on the lower tier), or when new information about the safety or effectiveness of a drug is released.

Other types of formulary changes, such as removing a drug from the 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. 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 the plan, except for cases in which you can save additional money or the plan can ensure your safety.

If there are changes to the drug list such as regular or necessary updates, members may see information in the Explanation of Benefits statement, member newsletters or other member mailings. If there are changes to the drug list outside of regular or necessary updates, members may receive a special mailing.

# Transition supply process

## New or continuing members

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

For each of your drugs that is not on the formulary, or if your ability to get your drugs is limited, the plan will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, the plan will not pay for these drugs, even if you have been a member of the plan less than 90 days.

## Long-term care facility residents

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

## Other transitions

You may have an unplanned transition, like a hospital discharge or a change in your level of care, after the first 90 days of your plan membership. If this happens and your doctor prescribes a drug that's not on the drug list, or if it's difficult for you to get your drugs, you are required to use the plan's exception process.

You may ask for a one-time emergency supply of up to 31 days to give you time to talk to your doctor about other treatment options or to try to get a formulary exception.

## For more information

For more detailed information about the Erickson Advantage® plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials. If you have questions, please call Customer Service at:



**1-866-314-8188, TTY 711**

8:00 am to 8:00 pm local time, 7 days a week



Or visit: **[www.EricksonAdvantage.com](http://www.EricksonAdvantage.com)**

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

## Covered drugs by category

The comprehensive formulary (drug list) below provides coverage information about the drugs covered by the plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 81.

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

Drug Name	Drug Tier	Requirements & Limits
<b>Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions</b>		
<b>Analgesics, Other - Miscellaneous Analgesics</b>		
<b>Savella</b> <sup>†</sup>	T3	QL
<b>Savella Titration Pack</b> <sup>†</sup>	T3	QL
<b>Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs</b>		
<b>Arthrotec</b>	T4	
<b>Celebrex</b> <sup>†</sup>	T3	QL
Diclofenac Potassium	T2	
Diclofenac Sodium DR	T2	
Diclofenac Sodium XR	T2	
Diflunisal	T2	
Etodolac	T2	
Etodolac ER	T2	
Fenoprofen Calcium	T2	
Flurbiprofen	T2	
Ibuprofen	T2	
Indomethacin	T2	
Indomethacin ER	T3	

Drug Name	Drug Tier	Requirements & Limits
Ketoprofen	T2	
Ketoprofen ER	T3	
Ketorolac Tromethamine (Injection) <sup>†</sup>	T3	PA, QL
Ketorolac Tromethamine (Tablet) <sup>†</sup>	T3	QL
Meclofenamate Sodium	T3	
Mefenamic Acid	T3	
Meloxicam (Oral Suspension)	T3	
Meloxicam (Tablet)	T1	
Nabumetone	T3	
Naproxen	T2	
Naproxen DR	T2	
Oxaprozin	T2	
<b>Pennsaid</b>	T3	
Piroxicam	T2	
Sulindac	T2	
Tolmetin Sodium (Capsule)	T2	
Tolmetin Sodium (Tablet)	T3	
<b>Vimovo</b> <sup>†</sup>	T3	QL

**Bold type = Brand-name drug**

**LA = Limited access drug**

<sup>†</sup>For this drug's specific quantity limit see pages 61–80.

**PA = Prior authorization**

**QL = Quantity limits**

**B/D = Medicare Part B or Part D**

**ST = Step therapy**

Drug Name	Drug Tier	Requirements & Limits
<b>Voltaren (Gel)</b>	T3	
<b>Opioid Analgesics - Opioid Pain Relievers</b>		
Acetaminophen/ Caffeine/ Dihydrocodeine Bitartrate <sup>†</sup>	T3	QL
Acetaminophen/ Codeine <sup>†</sup>	T2	QL
<b>Actiq<sup>†</sup></b>	T5	PA, QL
Astramorph	T3	
<b>Avinza<sup>†</sup></b>	T3	QL
Buprenorphine HCl (Injection)	T3	
Buprenorphine HCl (Sublingual Tablet) <sup>†</sup>	T3	QL
Butalbital/ Acetaminophen/ Caffeine/Codeine <sup>†</sup>	T2	QL
Butalbital/Aspirin/ Caffeine/Codeine <sup>†</sup>	T3	QL
Butorphanol Tartrate (Injection)	T3	
Butorphanol Tartrate (Nasal Spray) <sup>†</sup>	T3	QL
Codeine Sulfate	T2	
Co-Gesic <sup>†</sup>	T2	QL
<b>Dilaudid (1mg/ml Injection, 2mg/ml Injection, 4mg/ml Injection)</b>	T4	
Duramorph	T3	
Endocet <sup>†</sup>	T2	QL
Endodan <sup>†</sup>	T3	QL

Drug Name	Drug Tier	Requirements & Limits
<b>Exalgo<sup>†</sup></b>	T3	QL
Fentanyl (Patch) <sup>†</sup>	T3	QL
Fentanyl Citrate (Injection)	T3	
Fentanyl Citrate Oral Transmucosal <sup>†</sup>	T5	PA, QL
<b>Fentora<sup>†</sup></b>	T5	PA, QL
Hydrocodone/ Acetaminophen <sup>†</sup>	T2	QL
Hydrocodone/ Ibuprofen <sup>†</sup>	T2	QL
Hydromorphone HCl (Injection)	T3	
Hydromorphone HCl (Tablet)	T2	
<b>Infumorph</b>	T4	
<b>Kadian (100mg 24- Hour Capsule, 10mg 24-Hour Capsule, 20mg 24-Hour Capsule, 30mg 24- Hour Capsule, 50mg 24-Hour Capsule, 60mg 24-Hour Capsule, 80mg 24- Hour Capsule)<sup>†</sup></b>	T3	QL
<b>Kadian (200mg 24- Hour Capsule)<sup>†</sup></b>	T5	QL
Levorphanol Tartrate	T3	
Margesic-H <sup>†</sup>	T2	QL
Methadone HCl (Concentrate, Oral Solution, Tablet)	T2	
<b>Methadone HCl (Injection)</b>	T4	

**Bold type = Brand-name drug**

**LA = Limited access drug**

<sup>†</sup>For this drug's specific quantity limit see pages 61–80.

**PA = Prior authorization**

**QL = Quantity limits**

**B/D = Medicare Part B or Part D**

**ST = Step therapy**

Drug Name	Drug Tier	Requirements & Limits
Methadose	T2	
Morphine Sulfate	T3	
Morphine Sulfate ER <sup>†</sup>	T3	QL
Nalbuphine HCl	T3	
<b>Onsolis<sup>†</sup></b>	T5	PA, QL
<b>Opana ER<sup>†</sup></b>	T3	QL
Oxycodone HCl	T2	
Oxycodone/ Acetaminophen <sup>†</sup>	T2	QL
Oxycodone/Aspirin (4.5mg-0.38mg-325mg Tablet) <sup>†</sup>	T3	QL
Oxycodone/Aspirin (4.8355-325mg Tablet) <sup>†</sup>	T2	QL
Oxycodone/Ibuprofen <sup>†</sup>	T3	QL
<b>Oxycontin<sup>†</sup></b>	T3	QL
Oxymorphone HCl <sup>†</sup>	T3	QL
Oxymorphone HCl ER <sup>†</sup>	T3	QL
<b>Roxicet (Oral Solution)<sup>†</sup></b>	T4	QL
Roxicet (Tablet) <sup>†</sup>	T2	QL
Stagesic <sup>†</sup>	T2	QL
<b>Synalgos-DC<sup>†</sup></b>	T4	QL
Tramadol HCl <sup>†</sup>	T2	QL
Tramadol HCl ER (100mg 24-Hour Tablet, 200mg 24-Hour Tablet) <sup>†</sup>	T4	QL

Drug Name	Drug Tier	Requirements & Limits
Tramadol HCl ER (300mg 24-Hour Tablet) <sup>†</sup>	T4	QL, ST
Tramadol HCl/ Acetaminophen <sup>†</sup>	T2	QL
Zerlor <sup>†</sup>	T3	QL
<b>Anesthetics - Drugs for Numbing</b>		
<b>Local Anesthetics</b>		
Lidocaine	T2	B/D
Lidocaine HCl (Gel, Topical Solution)	T2	
Lidocaine HCl (Injection)	T3	B/D
Lidocaine Viscous	T2	
Lidocaine/Prilocaine	T2	B/D
<b>Lidoderm<sup>†</sup></b>	T3	QL
<b>Antibacterials - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides - Antibiotics</b>		
Amikacin Sulfate	T3	
Gentak	T2	
Gentamicin Sulfate (Cream, Ointment, Ophthalmic Solution)	T2	
Gentamicin Sulfate (Injection)	T3	
Gentamicin Sulfate/ NaCl (100mg Injection, 60mg Injection, 80mg Injection)	T3	

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Drug Name	Drug Tier	Requirements & Limits
<b>Gentamicin Sulfate/ NaCl (70mg Injection, 90mg Injection)</b>	T3	
Gentasol	T2	
Isotonic Gentamicin	T3	
<b>Kanamycin Sulfate</b>	T3	
Neomycin Sulfate	T2	
Paromomycin Sulfate	T3	
<b>Streptomycin Sulfate</b>	T4	
<b>Tobi</b>	T5	B/D
Tobramycin Sulfate (Injection)	T3	
Tobramycin Sulfate (Ophthalmic Solution)	T2	
Tobramycin Sulfate/ NaCl	T3	
Tobrasol	T2	
<b>Tobrex (Ophthalmic Ointment)</b>	T3	
<b>Tobrex (Ophthalmic Solution)</b>	T4	
<b>Antibacterials, Other - Antibiotics</b>		
<b>Altabax</b>	T4	
BACiiM	T3	
Bacitracin (Injection)	T3	
Bacitracin (Ophthalmic Ointment)	T2	
Bacitracin/Neomycin/ Polymyxin	T2	
Bacitracin/Polymyxin B	T2	

Drug Name	Drug Tier	Requirements & Limits
<b>Bactroban (Cream)</b>	T4	
<b>Chloramphenicol Sodium Succinate</b>	T3	
<b>Cleocin (75mg Capsule)</b>	T4	
<b>Cleocin Galaxy</b>	T4	
<b>Cleocin in D5W</b>	T4	
<b>Cleocin Pediatric Granules</b>	T4	
<b>Cleocin Phosphate</b>	T4	
<b>Clindagel</b>	T4	
Clindamycin HCl	T2	
Clindamycin Phosphate (Cream, Gel, Lotion, Swab, Topical Solution)	T2	
Clindamycin Phosphate (Foam)	T3	
Clindamycin Phosphate Add-Vantage	T3	
<b>Clindesse</b>	T4	
Colistimethate Sodium	T4	
<b>Coly-Mycin M</b>	T4	ST
<b>Cortisporin</b>	T4	
<b>Cubicin</b>	T5	B/D
<b>Flagyl ER</b>	T4	
<b>Lincocin</b>	T4	
Methenamine Hippurate	T3	
<b>Metrogel</b>	T4	

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Drug Name	Drug Tier	Requirements & Limits
Metronidazole (Capsule, Lotion)	T3	
Metronidazole (Cream, Gel, Tablet)	T2	
Metronidazole in NaCl 0.79%	T3	
Metronidazole Vaginal	T2	
Mupirocin	T2	
Neomycin/Polymyxin B Sulfates	T3	
Neomycin/Polymyxin/ Gramicidin	T2	
Nitrofurantoin	T3	
Nitrofurantoin Macrocrystalline	T3	
Nitrofurantoin Monohydrate	T3	
<b>Noritrate</b>	T4	
Polymyxin B Sulfate	T3	
<b>Primsol</b>	T4	
Silver Sulfadiazine	T2	
SSD	T2	
<b>Sulfamylon</b>	T4	
<b>Synercid</b>	T5	
Thermazene	T2	
Trimethoprim	T2	
<b>Tygacil</b>	T4	
<b>Vancocin HCl</b>	T5	PA
Vancomycin HCl	T3	B/D

Drug Name	Drug Tier	Requirements & Limits
Vandazole	T2	
<b>Vibativ</b>	T4	
<b>Xifaxan (200mg Tablet)</b>	T4	
<b>Xifaxan (550mg Tablet)</b>	T5	
<b>Zyvox</b>	T5	PA
<b>Beta-Lactam, Cephalosporins - Antibiotics</b>		
<b>Cedax</b>	T4	
Cefaclor	T2	
Cefaclor ER	T2	
Cefadroxil (Capsule)	T2	
Cefadroxil (Oral Suspension, Tablet)	T3	
Cefazolin Sodium	T3	
Cefdinir (Capsule)	T2	
Cefdinir (Oral Suspension)	T3	
Cefepime	T3	
Cefotaxime Sodium	T3	
<b>Cefotetan</b>	T4	
Cefoxitin Sodium	T3	
<b>Cefoxitin Sodium/ Dextrose</b>	T4	
Cefpodoxime Proxetil	T3	
Cefprozil (Oral Suspension)	T2	
Cefprozil (Tablet)	T3	
Ceftazidime	T3	

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Drug Name	Drug Tier	Requirements & Limits
Ceftazidime/Dextrose	T3	
Ceftriaxone Sodium	T3	
Cefuroxime Axetil (Oral Suspension)	T3	
Cefuroxime Axetil (Tablet)	T2	
Cefuroxime Sodium	T3	
Cephalexin	T2	
<b>Claforan (1gm Injection, 2gm Injection)</b>	T4	
<b>Fortaz</b>	T4	
<b>Keflex (750mg Capsule)</b>	T4	
<b>Suprax</b>	T3	
Tazicef	T3	
<b>Zinacef</b>	T4	
<b>Zinacef in Iso-Osmotic Dextrose</b>	T4	
<b>Zinacef in Iso-Osmotic Diluent</b>	T4	
<b>Beta-Lactam, Other - Antibiotics</b>		
<b>Azactam in Iso-Osmotic Dextrose</b>	T4	
Aztreonam	T3	
<b>Cayston</b>	T5	PA
<b>Doribax</b>	T4	
Imipenem/Cilastatin	T3	
<b>Invanz</b>	T4	
Meropenem	T3	

Drug Name	Drug Tier	Requirements & Limits
<b>Primaxin</b>	T4	
<b>Beta-Lactam, Penicillins - Antibiotics</b>		
Amoxicillin	T2	
Amoxicillin/Potassium Clavulanate	T2	
Amoxicillin/Potassium Clavulanate ER	T3	
Ampicillin	T2	
Ampicillin Sodium	T3	
Ampicillin-Sulbactam	T3	
<b>Bactocill in Dextrose (1gm Injection)</b>	T4	
<b>Bactocill in Dextrose (2gm Injection)</b>	T5	
<b>Bicillin C-R</b>	T4	
<b>Bicillin L-A</b>	T4	
Dicloxacillin Sodium	T2	
Nafcillin Sodium	T3	
<b>Nallpen/Dextrose</b>	T4	
Oxacillin Sodium	T4	
Penicillin G Potassium	T3	
<b>Penicillin G Potassium in Iso-Osmotic Dextrose</b>	T3	
<b>Penicillin G Procaine</b>	T4	
Penicillin G Sodium	T3	
Penicillin V Potassium	T2	
<b>Pfizerpen-G</b>	T4	
<b>Piperacillin Sodium</b>	T4	

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Drug Name	Drug Tier	Requirements & Limits
Piperacillin Sodium/ Tazobactam Sodium	T3	
<b>Timentin</b>	T4	
<b>Unasyn (3gm Injection)</b>	T4	
<b>Zosyn</b>	T4	
<b>Macrolides - Antibiotics</b>		
<b>Akne-Mycin</b>	T4	
<b>Azasite</b>	T3	
Azithromycin (Injection)	T3	
Azithromycin (Oral Suspension, Tablet)	T2	
Clarithromycin (Oral Suspension)	T3	
Clarithromycin (Tablet)	T2	
Clarithromycin ER	T2	
<b>Dificid</b>	T5	PA
E.E.S. 400	T2	
<b>E.E.S. Granules</b>	T3	
Ery	T3	
<b>Eryped</b>	T3	
<b>Ery-Tab</b>	T3	
<b>Erythrocin Lactobionate</b>	T4	
<b>Erythrocin Stearate</b>	T4	
Erythromycin	T2	
Erythromycin Base	T2	
Erythromycin Ethylsuccinate	T2	

Drug Name	Drug Tier	Requirements & Limits
Erythromycin/ Sulfisoxazole	T2	
<b>Ketek</b>	T4	PA
<b>PCE</b>	T4	
Romycin	T2	
<b>Zmax</b>	T4	
<b>Quinolones - Antibiotics</b>		
<b>Avelox (Injection)</b>	T4	
<b>Avelox (Tablet)</b>	T3	
<b>Avelox ABC Pack</b>	T3	
<b>Besivance</b>	T3	
<b>Ciloxan (Ophthalmic Ointment)</b>	T4	
<b>Cipro (Oral Suspension)</b>	T4	
<b>Cipro IV</b>	T4	
Ciprofloxacin	T2	
Ciprofloxacin ER	T3	
Ciprofloxacin HCl	T2	
<b>Factive</b>	T4	
<b>Levaquin</b>	T4	
Levofloxacin (Injection, Oral Solution)	T3	
Levofloxacin (Ophthalmic Solution, Tablet)	T2	
Levofloxacin in D5W	T3	
<b>Moxeza</b>	T3	
<b>Noroxin</b>	T4	

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Drug Name	Drug Tier	Requirements & Limits
Ofloxacin (Ophthalmic Solution, Otic Solution)	T2	
Ofloxacin (Tablet)	T3	
<b>Vigamox</b>	T3	
<b>Zymar</b>	T3	
<b>Zymaxid</b>	T3	
<b>Sulfonamides - Antibiotics</b>		
Sulfacetamide Sodium (Ophthalmic Solution)	T2	
Sulfadiazine	T3	
Sulfamethoxazole/Trimethoprim (Injection)	T3	
Sulfamethoxazole/Trimethoprim (Oral Suspension, Tablet)	T2	
Trimethoprim Sulfate/Polymyxin B Sulfate	T2	
<b>Tetracyclines - Antibiotics</b>		
Demeclocycline HCl	T3	
<b>Doryx</b>	T4	
Doxycycline	T3	
Doxycycline Hyclate (Capsule)	T2	
Doxycycline Hyclate (Delayed Release Tablet, Extended Release Capsule, Injection, Tablet)	T3	
Doxycycline Monohydrate	T4	
Minocycline HCl (Capsule)	T2	

Drug Name	Drug Tier	Requirements & Limits
Minocycline HCl (Tablet)	T4	
Minocycline HCl ER	T4	
Tetracycline HCl	T2	
<b>Vibramycin (Oral Suspension, Syrup)</b>	T4	
<b>Anticonvulsants - Drugs to Treat Seizures</b>		
<b>Anticonvulsants, Other - Seizure Control Drugs</b>		
<b>Banzel<sup>†</sup></b>	T4	QL
<b>Keppra (Injection)</b>	T5	
Levetiracetam (Injection, Oral Solution)	T3	
Levetiracetam (Tablet)	T2	
Levetiracetam ER <sup>†</sup>	T3	QL
<b>Vimpat (Injection)<sup>†</sup></b>	T4	PA, QL
<b>Vimpat (Oral Solution, Tablet)<sup>†</sup></b>	T4	QL
<b>Calcium Channel Modifying Agents - Seizure Control Drugs</b>		
<b>Celontin</b>	T4	
Ethosuximide	T3	
<b>Lyrica<sup>†</sup></b>	T3	QL
Zonisamide	T2	
<b>Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs</b>		
Divalproex Sodium	T2	
Divalproex Sodium DR	T2	
Divalproex Sodium ER	T2	

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Drug Name	Drug Tier	Requirements & Limits
Gabapentin (Capsule, Tablet)	T2	
Gabapentin (Oral Solution)	T3	
<b>Gabril†</b>	T4	QL
Primidone	T2	
<b>Sabril†</b>	T5	PA, QL
<b>Stavzor</b>	T4	
Valproate Sodium	T3	
Valproic Acid	T2	
<b>Glutamate Reducing Agents - Seizure Control Drugs</b>		
Felbamate (Oral Suspension)	T5	
Felbamate (Tablet)	T4	
<b>Felbatol (Oral Suspension)</b>	T5	
<b>Felbatol (Tablet)</b>	T4	
<b>Lamictal ODT†</b>	T4	QL
<b>Lamictal Starter Kit</b>	T4	
Lamotrigine (Chewable Tablet)	T3	
Lamotrigine (Tablet)	T2	
Topiramate	T2	
<b>Sodium Channel Inhibitors - Seizure Control Drugs</b>		
Carbamazepine (Chewable Tablet, Tablet)	T2	
Carbamazepine (Oral Suspension)	T3	

Drug Name	Drug Tier	Requirements & Limits
Carbamazepine ER	T3	
<b>Carbatrol</b>	T3	
<b>Dilantin</b>	T3	
<b>Dilantin Infatabs</b>	T3	
Epitol	T2	
Fosphenytoin Sodium	T3	
Oxcarbazepine	T3	
<b>Peganone</b>	T4	
<b>Phenytek</b>	T2	
Phenytoin	T2	
Phenytoin Sodium	T2	
Phenytoin Sodium Extended	T2	
<b>Tegretol</b>	T3	
<b>Tegretol-XR</b>	T3	
<b>Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia</b>		
<b>Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs</b>		
<b>Aricept (23mg Tablet)†</b>	T3	QL
Donepezil HCl†	T2	QL
<b>Exelon (24-Hour Patch)†</b>	T4	QL, ST
<b>Exelon (Oral Solution)†</b>	T4	QL
Galantamine Hydrobromide†	T3	QL
Rivastigmine Tartrate†	T3	QL

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Drug Name	Drug Tier	Requirements & Limits
<b>Glutamate Pathway Modifiers - Alzheimer's Disease and Dementia Drugs</b>		
Namenda <sup>†</sup>	T3	QL
Namenda Titration Pak <sup>†</sup>	T3	QL
<b>Antidepressants - Drugs to Treat Depression</b>		
<b>Antidepressants, Other - Antidepressants</b>		
Budeprion SR <sup>†</sup>	T2	QL
Bupropion HCl <sup>†</sup>	T2	QL
Bupropion HCl SR <sup>†</sup>	T2	QL
Bupropion XL <sup>†</sup>	T3	QL
Maprotiline HCl	T2	
Mirtazapine <sup>†</sup>	T2	QL
Mirtazapine ODT <sup>†</sup>	T2	QL
Nefazodone HCl	T2	
Trazodone HCl	T2	
<b>Monoamine Oxidase Inhibitors - Antidepressants</b>		
Emsam <sup>†</sup>	T4	QL, ST
Marplan	T4	
Nardil	T3	
Phenelzine Sulfate	T2	
Tranlycypromine Sulfate	T3	

Drug Name	Drug Tier	Requirements & Limits
<b>Serotonin/Norepinephrine Reuptake Inhibitors - Antidepressants</b>		
Citalopram Hydrobromide (Oral Solution)	T3	
Citalopram Hydrobromide (Tablet)	T1	
<b>Cymbalta<sup>†</sup></b>	T3	QL
Fluoxetine DR <sup>†</sup>	T4	QL
Fluoxetine HCl	T2	
Fluvoxamine Maleate	T2	
<b>Lexapro<sup>†</sup></b>	T4	QL
Paroxetine HCl (Oral Suspension)	T3	
Paroxetine HCl (Tablet)	T2	
Paroxetine HCl ER <sup>†</sup>	T4	QL
<b>Pexeva</b>	T4	
<b>Pristiq<sup>†</sup></b>	T4	PA, QL
Selfemra	T4	ST
Sertraline HCl (Concentrate)	T3	
Sertraline HCl (Tablet)	T1	
Venlafaxine HCl <sup>†</sup>	T3	QL
Venlafaxine HCl ER (150mg 24-Hour Tablet, 37.5mg 24-Hour Tablet, 75mg 24-Hour Tablet) <sup>†</sup>	T4	QL
<b>Venlafaxine HCl ER (225mg 24-Hour Tablet)<sup>†</sup></b>	T4	QL

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Drug Name	Drug Tier	Requirements & Limits
Venlafaxine HCl ER (24-Hour Capsule) <sup>†</sup>	T2	QL
<b>Viibryd<sup>†</sup></b>	T4	QL, ST
<b>Tricyclics - Antidepressants</b>		
Amitriptyline HCl	T2	
Amoxapine	T2	
Clomipramine HCl	T2	
Desipramine HCl	T3	
Doxepin HCl	T2	
Imipramine HCl	T2	
Imipramine Pamoate	T3	
Nortriptyline HCl (Capsule)	T2	
Nortriptyline HCl (Oral Solution)	T3	
<b>Pamelor</b>	T5	ST
Protriptyline HCl	T3	
<b>Surmontil</b>	T4	
<b>Antidotes, Deterrents, and Toxicologic Agents - Drugs for Overdose or Deterrents</b>		
<b>Antidotes - Antidotes/Protectants</b>		
<b>Antizol</b>	T5	ST
<b>Chemet</b>	T4	
<b>Cuprimine</b>	T4	
<b>Exjade (125mg Soluble Tablet)</b>	T4	
<b>Exjade (250mg Soluble Tablet, 500mg Soluble Tablet)</b>	T5	

Drug Name	Drug Tier	Requirements & Limits
<b>Ferriprox</b>	T5	PA
Fomepizole	T5	
Kionex	T3	
Sodium Polystyrene Sulfonate	T3	
<b>Syprine</b>	T4	
<b>Deterrents - Antidotes/Protectants</b>		
<b>Antabuse</b>	T3	
Buproban <sup>†</sup>	T2	QL
<b>Campral</b>	T4	
<b>Chantix<sup>†</sup></b>	T4	QL
Disulfiram	T3	
<b>Nicotrol Inhaler<sup>†</sup></b>	T4	QL
<b>Nicotrol NS<sup>†</sup></b>	T4	QL
<b>Toxicologic Agents - Antidotes/Protectants</b>		
Depade	T3	
<b>Naloxone HCl (0.4mg/ml Injection)</b>	T3	
Naloxone HCl (1mg/ml Injection)	T3	
Naltrexone HCl	T3	
<b>Suboxone<sup>†</sup></b>	T4	QL
<b>Vivitrol</b>	T5	
<b>Antiemetics - Drugs to Treat Nausea and Vomiting</b>		
<b>Aloxi</b>	T4	
<b>Anzemet (100mg Tablet)<sup>†</sup></b>	T5	B/D, QL

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Drug Name	Drug Tier	Requirements & Limits
<b>Anzemet (50mg Tablet)<sup>†</sup></b>	T4	B/D, QL
<b>Cesamet<sup>†</sup></b>	T5	B/D, PA, QL
Compro	T2	
Dronabinol (10mg Capsule) <sup>†</sup>	T5	B/D, PA, QL
Dronabinol (2.5mg Capsule, 5mg Capsule) <sup>†</sup>	T3	B/D, PA, QL
<b>Emend<sup>†</sup></b>	T3	B/D, PA, QL
Granisetron HCl (Injection)	T3	
Granisetron HCl (Tablet) <sup>†</sup>	T3	B/D, QL
Granisol <sup>†</sup>	T3	B/D, QL
Hydroxyzine Pamoate	T2	
Meclizine HCl	T2	
Metoclopramide HCl (Injection)	T3	
Metoclopramide HCl (Oral Solution, Tablet)	T2	
Ondansetron HCl (Injection)	T3	
Ondansetron HCl (Oral Solution) <sup>†</sup>	T3	B/D, QL
Ondansetron HCl (Tablet) <sup>†</sup>	T2	B/D, QL
Ondansetron ODT <sup>†</sup>	T2	B/D, QL
Prochlorperazine	T2	
<b>Sancuso<sup>†</sup></b>	T5	QL
<b>Transderm-Scop</b>	T4	
<b>Zofran (Injection)</b>	T5	ST

Drug Name	Drug Tier	Requirements & Limits
<b>Zofran (Oral Solution, Tablet)<sup>†</sup></b>	T5	B/D, PA, QL
<b>Zofran ODT<sup>†</sup></b>	T5	B/D, PA, QL
<b>Antifungals - Drugs to Treat Fungal Infections</b>		
<b>Antifungals - Fungal Infection Drugs</b>		
<b>Abelcet</b>	T5	B/D
<b>Ambisome</b>	T5	B/D
<b>Amphotec (50mg Injection)</b>	T4	B/D
<b>Amphotericin B</b>	T3	B/D
<b>Ancobon</b>	T5	
<b>Candidas</b>	T5	
Ciclopirox (Gel, Shampoo)	T3	
Ciclopirox (Suspension)	T2	
Ciclopirox Nail Lacquer	T3	
Ciclopirox Olamine	T2	
Clotrimazole	T2	
Clotrimazole/ Betamethasone Dipropionate	T2	
<b>Diflucan in NaCl</b>	T4	
Econazole Nitrate	T2	
<b>Eraxis</b>	T5	
<b>Ertaczo</b>	T4	
<b>Exelderm</b>	T4	
Fluconazole	T2	

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Drug Name	Drug Tier	Requirements & Limits
Fluconazole in Dextrose	T3	
Flucytosine	T5	
<b>Grifulvin V</b>	T3	
Griseofulvin Microsize	T3	
<b>Gris-Peg</b>	T4	
<b>Gynazole-1</b>	T4	
Itraconazole <sup>†</sup>	T3	PA, QL
Ketoconazole	T2	
<b>Lamisil (Pack)</b>	T4	
<b>Mentax</b>	T4	
Miconazole 3	T2	
<b>Mycamine</b>	T5	
<b>Naftin</b>	T4	
<b>Natacyn</b>	T3	
<b>Noxafil</b>	T5	
Nyamyc	T2	
Nystatin	T2	
Nystatin/Triamcinolone	T2	
Nystop	T2	
<b>Oravig<sup>†</sup></b>	T4	QL
<b>Oxistat</b>	T4	
Pedi-Dri	T2	
<b>Sporanox (Capsule)<sup>†</sup></b>	T5	PA, QL
<b>Sporanox (Oral Solution)<sup>†</sup></b>	T4	PA, QL
Terbinafine HCl	T2	

Drug Name	Drug Tier	Requirements & Limits
Terconazole	T2	
<b>Vfend (Injection)</b>	T4	
<b>Vfend (Oral Suspension, Tablet)</b>	T5	
Voriconazole	T5	
Zazole	T2	
<b>Antigout Agents - Drugs to Treat Gout</b>		
<b>Antigout Agents - Gout Drugs</b>		
Allopurinol (Tablet)	T2	
Allopurinol Sodium (Injection)	T3	
<b>Colcryst<sup>†</sup></b>	T3	QL
Probenecid	T2	
Probenecid/Colchicine	T2	
<b>Uloric<sup>†</sup></b>	T3	QL, ST
<b>Antimigraine Agents - Drugs to Treat Migraines</b>		
<b>Abortive - Migraine Drugs</b>		
Dihydroergotamine Mesylate	T3	
Ergotamine Tartrate/Caffeine <sup>†</sup>	T2	QL
<b>Maxalt<sup>†</sup></b>	T3	QL
<b>Maxalt-MLT<sup>†</sup></b>	T3	QL
Migergot <sup>†</sup>	T3	QL
Naratriptan HCl <sup>†</sup>	T2	QL
Sumatriptan Succinate (Injection) <sup>†</sup>	T3	QL

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Drug Name	Drug Tier	Requirements & Limits
Sumatriptan Succinate (Tablet) <sup>†</sup>	T2	QL
<b>Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis</b>		
<b>Parasympathomimetics - Myasthenia Gravis Drugs</b>		
Guanidine HCl	T4	
Mestinon (Syrup)	T4	
Mestinon Timespan	T4	
Mytelase	T4	
Pyridostigmine Bromide	T2	
Regonol	T2	
<b>Antimycobacterials - Drugs to Treat Infections</b>		
<b>Antimycobacterials, Other - Miscellaneous Anti-Infectives</b>		
Dapsone	T3	
Mycobutin	T4	
<b>Antituberculars - Tuberculosis Drugs</b>		
Capastat Sulfate	T4	
Ethambutol HCl	T3	
Isonarif	T3	
Isoniazid (Injection, Syrup)	T3	
Isoniazid (Tablet)	T2	
Paser	T4	
Priftin	T4	

Drug Name	Drug Tier	Requirements & Limits
Pyrazinamide	T3	
Rifampin (Capsule)	T2	
Rifampin (Injection)	T5	
Rifater	T4	
Seromycin	T4	
Trecator	T4	
<b>Antineoplastics - Drugs to Treat Cancer</b>		
<b>Alkylating Agents - Chemotherapy Agents</b>		
Alkeran	T5	
BiCNU	T4	
Busulfex	T5	
CeeNU	T4	
Cyclophosphamide	T3	B/D
Dacarbazine	T3	
Hexalen	T5	PA
Ifosfamide	T3	
Ifosfamide/Mesna	T5	
Leukeran	T3	
Matulane	T5	
Melphalan HCl	T5	
Mustargen	T5	
Thiotepa	T4	
Treanda	T5	PA
Zanosar	T5	

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Drug Name	Drug Tier	Requirements & Limits
<b>Antiangiogenic Agents - Chemotherapy Agents</b>		
Caprelsa	T5	PA
Revlimid	T5	PA, LA
Thalomid	T5	PA
Vandetanib	T5	PA
Votrient	T5	PA
<b>Antiestrogens/Modifiers - Chemotherapy Agents</b>		
Emcyt	T4	PA
Fareston	T4	
Faslodex	T5	
Tamoxifen Citrate	T2	
<b>Antimetabolites - Chemotherapy Agents</b>		
Cladribine	T5	B/D
Clolar	T5	
Cytarabine	T3	B/D
Cytarabine Aqueous (100mg/ml Injection)	T3	B/D
Cytarabine Aqueous (20mg/ml Injection)	T2	B/D
Droxia	T4	
Elitek	T5	
Fluorouracil (Injection)	T2	B/D
Folotyn	T5	PA
Gemcitabine	T5	
Gemcitabine HCl	T5	

Drug Name	Drug Tier	Requirements & Limits
Gemzar	T5	
Hydroxyurea	T2	
Mercaptopurine	T3	
Nipent	T5	ST
Pentostatin	T5	
Tabloid	T4	PA
<b>Antineoplastics, Other - Chemotherapy Agents</b>		
Abraxane	T5	
Adriamycin	T3	B/D
Alimta	T5	PA
Amifostine	T5	
Arranon	T5	
Bleomycin Sulfate	T3	B/D
Camptosar	T4	ST
Carboplatin	T3	
Cerubidine	T4	
Cisplatin	T3	
Cosmegen	T4	
Dacogen	T5	
Daunorubicin HCl	T2	
Daunoxome	T4	
Dexrazoxane	T5	
Docefrez	T5	
Docetaxel	T5	

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Drug Name	Drug Tier	Requirements & Limits
<b>Doxil</b>	T5	B/D
Doxorubicin HCl	T3	B/D
<b>Ellence</b>	T5	ST
<b>Eloxatin</b>	T5	
<b>Elspar</b>	T4	
Epirubicin HCl	T3	
<b>Erivedge<sup>†</sup></b>	T5	PA, QL
<b>Ethyol</b>	T5	ST
<b>Etopophos</b>	T5	
Etoposide	T3	
<b>Firmagon (120mg Injection)<sup>†</sup></b>	T5	PA, QL
<b>Firmagon (80mg Injection)<sup>†</sup></b>	T4	PA, QL
<b>Fludara</b>	T5	
Fludarabine Phosphate	T5	
<b>Halaven</b>	T5	PA
<b>Hycamtin</b>	T5	
<b>Idamycin PFS</b>	T5	ST
Idarubicin HCl	T5	
Irinotecan	T3	
<b>Istodax</b>	T5	PA
<b>Ixempra Kit</b>	T5	
<b>Jakafi<sup>†</sup></b>	T5	PA, QL
<b>Jevtana</b>	T5	PA
Mesna	T3	

Drug Name	Drug Tier	Requirements & Limits
<b>Mesnex (Tablet)</b>	T4	
Mitomycin	T3	
Mitoxantrone HCl	T3	
<b>Novantrone</b>	T5	ST
<b>Ontak</b>	T5	PA
Oxaliplatin	T5	
Paclitaxel	T3	
<b>Proleukin</b>	T5	PA
<b>Sylatron</b>	T5	PA
<b>Taxotere</b>	T5	
Toposar	T3	
Topotecan HCl	T5	
<b>Torisel</b>	T5	
<b>Trisenox</b>	T4	PA
<b>Velcade</b>	T5	PA
<b>Vidaza</b>	T5	PA
Vinblastine Sulfate	T3	B/D
Vincasar PFS	T3	B/D
Vincristine Sulfate	T3	B/D
Vinorelbine Tartrate	T3	
<b>Zelboraf</b>	T5	PA
<b>Zinecard</b>	T5	
<b>Zolinza</b>	T5	PA
<b>Zytiga</b>	T5	PA

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Drug Name	Drug Tier	Requirements & Limits
<b>Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents</b>		
Anastrozole	T2	
<b>Aromasin</b>	T4	
Exemestane	T3	
Letrozole	T2	
<b>Molecular Target Inhibitors - Chemotherapy Agents</b>		
<b>Afinitor</b>	T5	PA
<b>Gleevec</b>	T5	PA
<b>Inlyta<sup>†</sup></b>	T5	PA, QL
<b>Iressa</b>	T5	
<b>Nexavar</b>	T5	PA
<b>Sprycel</b>	T5	PA
<b>Sutent</b>	T5	PA
<b>Tarceva</b>	T5	PA
<b>Tasigna</b>	T5	PA
<b>Tykerb</b>	T5	PA
<b>Xalkori</b>	T5	PA
<b>Monoclonal Antibodies - Chemotherapy Agents</b>		
<b>Arzerra</b>	T5	PA
<b>Avastin</b>	T5	PA
<b>Campath</b>	T5	PA
<b>Erbix</b>	T5	PA
<b>Herceptin</b>	T5	

Drug Name	Drug Tier	Requirements & Limits
<b>Rituxan</b>	T5	PA
<b>Vectibix</b>	T5	PA
<b>Yervoy</b>	T5	PA
<b>Retinoids - Chemotherapy Agents</b>		
<b>Panretin</b>	T5	PA
<b>Targetin</b>	T5	PA
Tretinoin (Capsule)	T5	
<b>Antiparasitics - Drugs to Treat Parasitic Infections</b>		
<b>Anthelmintics - Worm Infection Drugs</b>		
<b>Albenza</b>	T3	
<b>Biltricide</b>	T3	
Mebendazole	T2	
<b>Stromectol</b>	T3	
<b>Antiprotozoals - Protozoal Infection Drugs</b>		
<b>Alinia</b>	T4	
Atovaquone/Proguanil HCl	T3	
Chloroquine Phosphate	T2	
<b>Daraprim</b>	T3	
Hydroxychloroquine Sulfate	T2	
<b>Malarone</b>	T4	
Mefloquine HCl	T2	
<b>Mepron</b>	T5	
<b>Nebupent</b>	T4	B/D

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Drug Name	Drug Tier	Requirements & Limits
<b>Pentam 300</b>	T4	
<b>Primaquine Phosphate</b>	T4	
<b>Qualaquin</b>	T4	PA
<b>Pediculicides/Scabicides - Scabies and Lice Drugs</b>		
Acticin	T2	
<b>Eurax</b>	T4	
Lindane	T3	
Malathion	T3	
Permethrin	T2	
<b>Ulesfia</b>	T4	
<b>Antiparkinson Agents - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Agents - Parkinson's Disease Drugs</b>		
<b>Apokyn<sup>†</sup></b>	T5	QL
<b>Azilect</b>	T3	
Benztropine Mesylate (Injection)	T3	
Benztropine Mesylate (Tablet)	T2	
Bromocriptine Mesylate	T3	
Carbidopa/Levodopa	T2	
Carbidopa/Levodopa CR	T2	
Carbidopa/Levodopa ODT	T2	
<b>Cogentin</b>	T4	
<b>Comtan</b>	T3	

Drug Name	Drug Tier	Requirements & Limits
<b>Lodosyn</b>	T4	
<b>Parcopa</b>	T4	
Pramipexole Dihydrochloride	T3	
Ropinirole HCl	T2	
Selegiline HCl	T3	
<b>Stalevo</b>	T3	
<b>Tasmar<sup>†</sup></b>	T5	QL
Trihexyphenidyl HCl	T2	
<b>Zelapar</b>	T4	
<b>Antipsychotics - Drugs to Treat Mood Disorders</b>		
<b>Atypicals - Mood Disorder Drugs</b>		
<b>Abilify</b>	T4	
<b>Abilify Discmelt</b>	T4	
Clozapine	T3	
<b>Fanapt<sup>†</sup></b>	T4	QL, ST
<b>Fanapt Titration Pack<sup>†</sup></b>	T4	QL, ST
<b>Fazaclo</b>	T3	
<b>Geodon</b>	T4	
<b>Invega</b>	T4	ST
<b>Invega Sustenna (117mg/0.75ml Injection, 156mg/1ml Injection, 234mg/1.5ml Injection)<sup>†</sup></b>	T5	QL

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Drug Name	Drug Tier	Requirements & Limits
<b>Invega Sustenna (39mg/0.25ml Injection, 78mg/0.5ml Injection)<sup>†</sup></b>	T4	QL
<b>Latuda<sup>†</sup></b>	T4	QL
Olanzapine	T3	
Olanzapine ODT	T3	
<b>Risperdal Consta (12.5mg Injection, 25mg Injection)<sup>†</sup></b>	T4	QL
<b>Risperdal Consta (37.5mg Injection, 50mg Injection)<sup>†</sup></b>	T5	QL
Risperidone (Oral Solution)	T3	
Risperidone (Tablet)	T2	
Risperidone ODT	T3	
<b>Zyprexa</b>	T3	
<b>Zyprexa Zydis</b>	T3	
<b>Conventional - Mood Disorder Drugs</b>		
Chlorpromazine HCl (Injection)	T3	
Chlorpromazine HCl (Tablet)	T2	
Fluphenazine Decanoate	T3	
Fluphenazine HCl (Concentrate, Elixir, Injection)	T3	
Fluphenazine HCl (Tablet)	T2	
Haloperidol	T2	
Haloperidol Decanoate	T3	

Drug Name	Drug Tier	Requirements & Limits
Haloperidol Lactate	T2	
Loxapine Succinate	T2	
<b>Orap</b>	T3	
Perphenazine	T2	
Perphenazine/ Amitriptyline	T2	
Prochlorperazine Edisylate	T3	
Prochlorperazine Maleate	T2	
Thioridazine HCl	T3	
Thiothixene	T2	
Trifluoperazine HCl	T2	
<b>Antispasticity Agents - Drugs to Treat Spasms</b>		
<b>Antispasticity Agents - Muscle Spasm Drugs</b>		
Baclofen	T2	
Dantrolene Sodium	T3	
<b>Gablofen (10,000mcg/20ml Solution, 50mcg/ml Solution)</b>	T3	B/D, PA
<b>Gablofen (40,000mcg/20ml Solution)</b>	T5	B/D, PA
<b>Lioresal Intrathecal (0.05mg/ml Solution, 10mg/20ml Solution)</b>	T3	B/D, PA
<b>Lioresal Intrathecal (10mg/5ml Solution)</b>	T5	B/D, PA
Tizanidine HCl (Tablet)	T2	

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Drug Name	Drug Tier	Requirements & Limits
<b>Antivirals - Drugs to Treat Viral Infections</b>		
<b>Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs</b>		
<b>Cytovene</b>	T4	B/D
<b>Foscarnet Sodium</b>	T3	B/D
Ganciclovir (250mg Capsule)	T4	
Ganciclovir (500mg Capsule)	T5	
Ganciclovir (Injection)	T3	B/D
<b>Valcyte</b>	T5	
<b>Vistide</b>	T5	
<b>Antih hepatitis Agents - Hepatitis Drugs</b>		
<b>Baraclude (Oral Solution)</b>	T4	
<b>Baraclude (Tablet)</b>	T5	
<b>Copegus</b>	T5	PA
<b>Hepsera</b>	T5	
<b>Incivek<sup>†</sup></b>	T5	PA, QL
<b>Rebetol (Capsule)</b>	T5	PA
<b>Rebetol (Oral Solution)</b>	T4	PA
Ribapak	T5	PA
Ribasphere (200mg Tablet, Capsule)	T3	PA
Ribasphere (400mg Tablet, 600mg Tablet)	T5	PA
Ribavirin	T3	PA
<b>Virazole</b>	T5	

Drug Name	Drug Tier	Requirements & Limits
<b>Antiherpetic Agents - Herpes Drugs</b>		
Acyclovir (Capsule, Tablet)	T2	
Acyclovir (Oral Suspension)	T3	
Acyclovir Sodium	T3	B/D
<b>Denavir</b>	T4	
Famciclovir	T3	
Trifluridine	T3	
Valacyclovir HCl	T3	
<b>Zovirax (Cream, Ointment)</b>	T4	
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors - HIV Drugs</b>		
<b>Atripla</b>	T5	
<b>Complera</b>	T5	
<b>Edurant</b>	T5	
<b>Intelence</b>	T5	
<b>Rescriptor</b>	T4	
<b>Sustiva</b>	T4	
<b>Viramune (Oral Suspension)</b>	T4	
<b>Viramune (Tablet)</b>	T3	
<b>Viramune XR</b>	T3	
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors - HIV Drugs</b>		
<b>Combivir</b>	T5	
Didanosine	T3	

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Drug Name	Drug Tier	Requirements & Limits
Emtriva	T4	
Epivir	T3	
Epivir HBV	T3	
Epzicom	T5	
Lamivudine	T3	
Lamivudine/Zidovudine	T5	
Retrovir IV Infusion	T4	
Stavudine	T3	
Trizivir	T5	
Truvada	T5	
Tyzeka	T5	
Videx Pediatric	T4	
Viread	T5	
Ziagen	T4	
Zidovudine	T3	
<b>Anti-HIV Agents, Other - HIV Drugs</b>		
Fuzeon	T5	
Isentress	T5	
Selzentry	T5	
<b>Anti-HIV Agents, Protease Inhibitors - HIV Drugs</b>		
Aptivus	T5	
Crixivan	T3	
Invirase (Capsule)	T4	
Invirase (Tablet)	T5	

Drug Name	Drug Tier	Requirements & Limits
Kaletra (100-25mg Tablet)	T4	
Kaletra (200-50mg Tablet, Oral Solution)	T5	
Lexiva (Oral Suspension)	T4	
Lexiva (Tablet)	T5	
Norvir	T4	
Prezista (150mg Tablet, 75mg Tablet) <sup>†</sup>	T4	QL
Prezista (400mg Tablet, 600mg Tablet) <sup>†</sup>	T5	QL
Reyataz (100mg Capsule)	T3	
Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule)	T5	
Victrelis <sup>†</sup>	T5	PA, QL
Viracept (Powder)	T4	
Viracept (Tablet)	T5	
<b>Anti-Influenza Agents - Flu Drugs</b>		
Amantadine HCl	T2	
Relenza Diskhaler <sup>†</sup>	T4	QL
Rimantadine HCl	T2	
Tamiflu <sup>†</sup>	T3	QL
<b>Anxiolytics - Drugs to Treat Anxiety</b>		
<b>Anxiolytics, Other - Anxiety Drugs</b>		
Bupirone HCl	T2	

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Drug Name	Drug Tier	Requirements & Limits
Chlordiazepoxide/ Amitriptyline	T2	
<b>Bipolar Agents - Drugs to Treat Mood Disorders</b>		
<b>Bipolar Agents - Mood Disorder Drugs</b>		
<b>Equetro</b>	T4	
Lithium Carbonate	T2	
Lithium Carbonate ER	T2	
Lithium Citrate	T2	
<b>Lithobid</b>	T3	
<b>Saphris<sup>†</sup></b>	T3	QL
<b>Seroquel</b>	T4	
<b>Seroquel XR</b>	T3	
<b>Symbyax</b>	T4	
<b>Blood Glucose Regulators - Drugs to Regulate Blood Sugar</b>		
<b>Antidiabetic Agents - Diabetic Drugs</b>		
Acarbose <sup>†</sup>	T2	QL
<b>Actoplus Met<sup>†</sup></b>	T3	QL
<b>Actos<sup>†</sup></b>	T3	QL
<b>Avandamet<sup>†</sup></b>	T4	PA, QL
<b>Avandaryl<sup>†</sup></b>	T4	PA, QL
<b>Avandia<sup>†</sup></b>	T4	PA, QL
<b>Byetta<sup>†</sup></b>	T3	QL
<b>Duetact<sup>†</sup></b>	T3	QL
Glimepiride <sup>†</sup>	T2	QL

Drug Name	Drug Tier	Requirements & Limits
Glipizide <sup>†</sup>	T1	QL
Glipizide ER <sup>†</sup>	T2	QL
Glipizide/Metformin HCl <sup>†</sup>	T2	QL
Glyburide <sup>†</sup>	T1	QL
Glyburide Micronized <sup>†</sup>	T1	QL
Glyburide/Metformin HCl <sup>†</sup>	T2	QL
Glycron (1.5mg Tablet, 3mg Tablet, 6mg Tablet) <sup>†</sup>	T2	QL
<b>Glyset<sup>†</sup></b>	T4	QL
<b>Janumet<sup>†</sup></b>	T3	QL
<b>Januvia<sup>†</sup></b>	T3	QL
<b>Kombiglyze XR<sup>†</sup></b>	T3	QL
Metformin HCl <sup>†</sup>	T1	QL
Metformin HCl ER <sup>†</sup>	T2	QL
Nateglinide <sup>†</sup>	T3	QL
<b>Onglyza<sup>†</sup></b>	T3	QL
<b>Prandimet<sup>†</sup></b>	T4	QL
<b>Prandin<sup>†</sup></b>	T4	QL
<b>Riomet<sup>†</sup></b>	T4	QL
<b>Symlin<sup>†</sup></b>	T4	PA, QL
<b>SymlinPen 120<sup>†</sup></b>	T4	PA, QL
<b>SymlinPen 60<sup>†</sup></b>	T4	PA, QL
Tolazamide <sup>†</sup>	T2	QL
Tolbutamide <sup>†</sup>	T2	QL

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Drug Name	Drug Tier	Requirements & Limits
Victoza <sup>†</sup>	T3	QL
<b>Glycemic Agents - Diabetic Drugs</b>		
Glucagen Hypokit	T4	
Glucagon Emergency Kit	T3	
Proglycem	T4	
<b>Insulins - Diabetic Drugs</b>		
Apidra	T3	
Humalog	T3	
Humulin	T3	
Lantus	T3	
Levemir	T3	
Novolin	T3	
Novolog	T3	
<b>Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders</b>		
<b>Anticoagulants - Blood Thinners</b>		
Argatroban (100mg/ml Injection)	T5	
Argatroban (125mg/125ml Injection)	T5	
Arixtra (10mg/0.8ml Injection, 5.0mg/0.4ml Injection, 7.5mg/0.6ml Injection) <sup>†</sup>	T5	QL
Arixtra (2.5mg/0.5ml Injection) <sup>†</sup>	T4	QL
Coumadin (Injection)	T4	

Drug Name	Drug Tier	Requirements & Limits
<b>Coumadin (Tablet)</b>	T3	
Enoxaparin Sodium (100mg/1ml Injection, 120mg/0.8ml Injection, 150mg/1ml Injection) <sup>†</sup>	T5	QL
Enoxaparin Sodium (30mg/0.3ml Injection, 40mg/0.4ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection) <sup>†</sup>	T4	QL
Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection) <sup>†</sup>	T5	QL
Fondaparinux Sodium (2.5mg/0.5ml Injection) <sup>†</sup>	T4	QL
<b>Fragmin (10,000units/1ml Injection, 12,500units/0.5ml Injection, 15,000units/0.6ml Injection, 18,000units/0.72ml Injection, 7,500units/0.3ml Injection)<sup>†</sup></b>	T5	QL
<b>Fragmin (2,500units/0.2ml Injection, 25,000units/1ml Injection, 5,000units/0.2ml Injection)<sup>†</sup></b>	T4	QL
Heparin Sodium	T3	
Heparin Sodium/D5W	T3	
Heparin Sodium/NaCl	T3	

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Drug Name	Drug Tier	Requirements & Limits
Heparin Sodium/NaCl 0.9% Premix	T3	
Jantoven	T2	
Lovenox (300mg/3ml Injection) <sup>†</sup>	T4	QL
Pradaxa <sup>†</sup>	T3	PA, QL
Warfarin Sodium	T2	
Xarelto	T3	PA
<b>Blood Formation Products - Blood Formation Drugs</b>		
Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/1ml Injection, 25mcg/0.42ml Injection, 25mcg/1ml Injection, 40mcg/0.4ml Injection, 40mcg/1ml Injection, 60mcg/0.3ml Injection, 60mcg/1ml Injection) <sup>†</sup>	T4	B/D, PA, QL
Aranesp Albumin Free (150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/1ml Injection, 300mcg/0.6ml Injection, 300mcg/1ml Injection, 500mcg/1ml Injection) <sup>†</sup>	T5	B/D, PA, QL
Epogen <sup>†</sup>	T4	B/D, PA, QL
Leukine	T5	PA

Drug Name	Drug Tier	Requirements & Limits
Neulasta	T5	PA
Neumega	T3	PA
Neupogen	T5	PA
Procrit (10,000units/ml Injection, 2,000units/ml Injection, 3,000units/ml Injection, 4,000units/ml Injection) <sup>†</sup>	T4	B/D, PA, QL
Procrit (20,000units/ml Injection) <sup>†</sup>	T5	B/D, PA, QL
Procrit (40,000units/ml Injection)	T5	B/D, PA
<b>Blood Products/Modifiers/ Volume Expanders</b>		
Cinryze	T5	PA
Mozobil	T5	PA
Pentopak	T2	
Pentoxifylline ER	T2	
Promacta (12.5mg Tablet, 25mg Tablet, 50mg Tablet) <sup>†</sup>	T5	PA, QL
Promacta (75mg Tablet)	T5	PA
<b>Coagulants - Blood Clotting Drugs</b>		
Cyklokapron	T3	
Tranexamic Acid	T3	
<b>Platelet Aggregation Inhibitors - Blood Thinners</b>		
Aggrenox <sup>†</sup>	T3	QL
Brilinta <sup>†</sup>	T4	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
Cilostazol	T2	
Dipyridamole	T2	PA
<b>Effient<sup>†</sup></b>	T3	QL
<b>Plavix<sup>†</sup></b>	T3	QL
Ticlopidine HCl <sup>†</sup>	T2	QL
<b>Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Alpha-Adrenergic Agonists - Blood Pressure Drugs</b>		
<b>Catapres-TTS<sup>†</sup></b>	T4	QL
Clonidine HCl (Tablet)	T2	
Clonidine HCl (Weekly Patch) <sup>†</sup>	T3	QL
<b>Clorpres</b>	T4	
Guanabenz Acetate	T3	
Guanfacine HCl	T2	
Methyldopa	T2	
Methyldopa/ Hydrochlorothiazide	T2	
Methyldopate HCl	T3	
Midodrine HCl	T3	
<b>Alpha-Adrenergic Blocking Agents - Blood Pressure Drugs</b>		
<b>Dibenzyline</b>	T4	
Prazosin HCl	T2	
Reserpine	T2	

Drug Name	Drug Tier	Requirements & Limits
<b>Antiarrhythmics - Heart Regulation Drugs</b>		
Amiodarone HCl (Injection)	T3	
Amiodarone HCl (Tablet)	T2	
Disopyramide Phosphate	T2	
Flecainide Acetate	T2	
Mexiletine HCl	T2	
<b>Multaq</b>	T3	
<b>Pacerone (100mg Tablet)</b>	T4	
Pacerone (200mg Tablet)	T2	
Procainamide HCl (100mg/ml Injection)	T2	
Procainamide HCl (500mg/ml Injection)	T3	
Propafenone HCl	T2	
Propafenone HCl ER	T3	
<b>Quinidine Gluconate</b>	T4	
Quinidine Gluconate ER	T2	
Quinidine Sulfate	T2	
Quinidine Sulfate ER	T2	
<b>Rythmol SR</b>	T4	
Sorine	T2	
Sotalol HCl (Injection)	T3	
Sotalol HCl (Tablet)	T2	
<b>Tikosyn</b>	T4	

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Drug Name	Drug Tier	Requirements & Limits
<b>Beta-Adrenergic Blocking Agents - Blood Pressure Drugs</b>		
Acebutolol HCl	T2	
Atenolol	T1	
Atenolol/ Chlorthalidone	T2	
Betaxolol HCl	T2	
Bisoprolol Fumarate	T2	
Bisoprolol Fumarate/ Hydrochlorothiazide	T2	
<b>Bystolic<sup>†</sup></b>	T3	QL
Carvedilol	T1	
<b>Innopran XL</b>	T4	
Labetalol HCl (Injection)	T3	
Labetalol HCl (Tablet)	T2	
Metoprolol Succinate ER	T3	
Metoprolol Tartrate (Injection)	T3	
Metoprolol Tartrate (Tablet)	T1	
Metoprolol/ Hydrochlorothiazide	T2	
Nadolol	T2	
Nadolol/ Bendroflumethiazide	T3	
Pindolol	T2	
Propranolol HCl	T2	
Propranolol HCl ER	T2	

Drug Name	Drug Tier	Requirements & Limits
Propranolol/ Hydrochlorothiazide	T2	
Timolol Maleate	T2	
<b>Toprol XL</b>	T4	
<b>Calcium Channel Blocking Agents - Blood Pressure Drugs</b>		
Afeditab CR	T2	
Amlodipine Besylate	T1	
Amlodipine Besylate/ Benazepril HCl <sup>†</sup>	T4	QL
<b>Azor<sup>†</sup></b>	T3	QL
Cartia XT	T2	
Dilt-CD	T2	
Diltiazem CD	T2	
Diltiazem HCl (Injection)	T3	
Diltiazem HCl (Tablet)	T2	
Diltiazem HCl ER	T2	
Dilt-XR	T2	
Diltzac	T2	
<b>Exforge<sup>†</sup></b>	T3	QL
<b>Exforge HCT<sup>†</sup></b>	T3	QL
Felodipine ER	T3	
Isradipine	T3	
Matzim LA <sup>†</sup>	T3	QL
Nicardipine HCl (Capsule)	T2	
Nicardipine HCl (Injection)	T3	

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Drug Name	Drug Tier	Requirements & Limits
Nifediac CC	T2	
Nifedical XL	T2	
Nifedipine	T3	
Nifedipine ER	T2	
Nimodipine	T5	
Nisoldipine <sup>†</sup>	T3	QL
Nisoldipine ER <sup>†</sup>	T3	QL
Taztia XT	T2	
<b>Tribenzor<sup>†</sup></b>	T3	QL
<b>Twynsta<sup>†</sup></b>	T4	QL
Verapamil HCl (Injection)	T3	
Verapamil HCl (Tablet)	T2	
Verapamil HCl ER	T2	
<b>Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs</b>		
<b>Demser</b>	T5	
Digoxin (Injection)	T3	
Digoxin (Oral Solution, Tablet)	T2	
<b>Lanoxin (0.1mg/ml Injection)</b>	T4	
<b>Lanoxin (Tablet)</b>	T3	
<b>Ranexa</b>	T3	ST
<b>Diuretics - Blood Pressure Drugs</b>		
Acetazolamide Sodium	T3	
Amiloride HCl	T2	

Drug Name	Drug Tier	Requirements & Limits
Amiloride/ Hydrochlorothiazide	T2	
Bumetanide (Injection)	T3	
Bumetanide (Tablet)	T2	
Chlorothiazide	T2	
Chlorothiazide Sodium	T3	
Chlorthalidone	T2	
<b>Diuril</b>	T4	
<b>Dyrenium</b>	T4	
<b>Edecrin</b>	T4	
Eplerenone	T3	
Furosemide (Injection)	T3	
Furosemide (Oral Solution, Tablet)	T2	
Hydrochlorothiazide	T2	
Indapamide	T2	
Methyclothiazide	T2	
Metolazone	T2	
<b>Samsca<sup>†</sup></b>	T5	PA, QL
Spiro lactone	T2	
Spiro lactone/ Hydrochlorothiazide	T2	
Torsemide (Injection)	T3	
Torsemide (Tablet)	T2	
Triamterene/ Hydrochlorothiazide	T2	
<b>Dyslipidemics - Cholesterol Control Drugs</b>		
<b>Antara</b>	T3	

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Drug Name	Drug Tier	Requirements & Limits
Atorvastatin Calcium <sup>†</sup>	T3	QL
Cholestyramine	T2	
Colestipol HCl (Granules)	T3	
Colestipol HCl (Tablet)	T2	
<b>Crestor<sup>†</sup></b>	T3	QL
Fenofibrate	T2	
Fenofibrate Micronized	T2	
Gemfibrozil	T2	
<b>Lipitor<sup>†</sup></b>	T3	QL
<b>Livalo<sup>†</sup></b>	T4	QL
Lovastatin	T2	
<b>Lovaza</b>	T4	
Niacor	T2	
<b>Niaspan</b>	T3	
Pravastatin Sodium	T1	
Prevalite	T2	
Simvastatin	T1	
<b>Tricor</b>	T3	
<b>Trilipix</b>	T3	
<b>Vytorin<sup>†</sup></b>	T4	QL
<b>Welchol (Pack)<sup>†</sup></b>	T3	QL
<b>Welchol (Tablet)</b>	T3	
<b>Zetia<sup>†</sup></b>	T3	QL

Drug Name	Drug Tier	Requirements & Limits
<b>Renin-Angiotensin-Aldosterone System Inhibitors - Blood Pressure Drugs</b>		
Benazepril HCl	T1	
Benazepril HCl/ Hydrochlorothiazide	T2	
<b>Benicar<sup>†</sup></b>	T3	QL
<b>Benicar HCT<sup>†</sup></b>	T3	QL
Captopril	T2	
Captopril/ Hydrochlorothiazide	T2	
<b>Diovan<sup>†</sup></b>	T3	QL
<b>Diovan HCT<sup>†</sup></b>	T3	QL
Enalapril Maleate	T2	
Enalapril Maleate/ Hydrochlorothiazide	T2	
Fosinopril Sodium	T2	
Fosinopril Sodium/ Hydrochlorothiazide	T2	
Lisinopril	T1	
Lisinopril/ Hydrochlorothiazide	T2	
Losartan Potassium	T1	
Losartan Potassium/ Hydrochlorothiazide	T1	
<b>Micardis<sup>†</sup></b>	T4	QL
<b>Micardis HCT<sup>†</sup></b>	T4	QL
Moexipril HCl	T2	
Moexipril/ Hydrochlorothiazide	T2	
Perindopril Erbumine	T2	

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Drug Name	Drug Tier	Requirements & Limits
Quinapril HCl	T2	
Quinapril/ Hydrochlorothiazide	T2	
Ramipril	T2	
<b>Tekturna<sup>†</sup></b>	T3	QL, ST
<b>Tekturna HCT<sup>†</sup></b>	T3	QL, ST
Trandolapril	T2	
<b>Vasodilators - Chest Pain Drugs</b>		
<b>BiDil</b>	T3	
<b>Dilatrate SR</b>	T4	
Hydralazine HCl (Injection)	T3	
Hydralazine HCl (Tablet)	T2	
Isochron	T2	
<b>Isordil Titradoso (40mg Tablet)</b>	T4	
Isosorbide Dinitrate	T2	
Isosorbide Dinitrate ER	T2	
Isosorbide Mononitrate	T2	
Isosorbide Mononitrate ER	T2	
Minitran	T2	
Minoxidil (Tablet)	T2	
<b>Nitro-Bid</b>	T4	
<b>Nitro-Dur (0.3mg/ hr 24-Hour Patch, 0.8mg/hr 24-Hour Patch)</b>	T4	

Drug Name	Drug Tier	Requirements & Limits
Nitroglycerin (24-Hour Patch)	T2	
Nitroglycerin (Injection)	T3	
<b>Nitrolingual Pumpspray</b>	T4	
<b>Nitromist</b>	T4	
<b>Nitrostat</b>	T3	
<b>Central Nervous System Agents - Drugs to Treat Nerve Conditions</b>		
<b>Amphetamines, ADHD - ADHD Drugs</b>		
Amphetamine/ Dextroamphetamine <sup>†</sup>	T3	QL
Dextroamphetamine Sulfate <sup>†</sup>	T3	QL
Dextroamphetamine Sulfate ER <sup>†</sup>	T3	QL
Methamphetamine HCl <sup>†</sup>	T3	QL
<b>Vyvanse<sup>†</sup></b>	T4	QL
<b>Non-Amphetamines, ADHD - ADHD Drugs</b>		
Dexmethylphenidate HCl <sup>†</sup>	T3	QL
Metadate ER <sup>†</sup>	T4	QL
Methylin (Tablet) <sup>†</sup>	T2	QL
Methylin ER <sup>†</sup>	T3	QL
Methylphenidate HCl <sup>†</sup>	T2	QL
Methylphenidate HCl ER <sup>†</sup>	T3	QL
Methylphenidate HCl SR <sup>†</sup>	T3	QL
<b>Strattera<sup>†</sup></b>	T4	QL, ST

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Drug Name	Drug Tier	Requirements & Limits
<b>Non-Amphetamines, Other - Miscellaneous Nervous System Drugs</b>		
<b>Ampyra</b> <sup>†</sup>	T5	PA, QL
<b>Botox</b>	T4	PA
<b>Provigil</b> <sup>†</sup>	T4	PA, QL
<b>Rilutek</b>	T5	
<b>Xyrem</b> <sup>†</sup>	T3	PA, QL, LA
<b>Dental And Oral Agents - Drugs to Treat Mouth and Throat Conditions</b>		
<b>Dental and Oral Agents</b>		
Chlorhexidine Gluconate Oral Rinse	T2	
<b>Kepivance</b>	T5	
Periogard	T2	
Pilocarpine HCl	T3	
Triamcinolone in Orabase	T2	
<b>Dermatological Agents - Drugs to Treat Skin Conditions</b>		
<b>Dermatological Agents - Skin Agents</b>		
<b>8-Mop</b>	T5	
Adapalene	T3	
<b>Aldara</b>	T4	
<b>Amevive</b>	T5	PA
Ammonium Lactate	T2	
Amnesteem	T3	
Avita	T3	PA

Drug Name	Drug Tier	Requirements & Limits
Calcipotriene	T3	
<b>Carac</b>	T4	
Claravis	T3	
Clindamycin/Benzoyl Peroxide	T3	
<b>Dovonex</b>	T4	
<b>Elidel</b>	T4	ST
Erythromycin/Benzoyl Peroxide	T2	
<b>Finacea</b>	T3	
Fluorouracil (Cream, Topical Solution)	T3	
Imiquimod	T3	
Laclotion	T2	
<b>Oxsoralen</b>	T4	PA
<b>Oxsoralen Ultra</b>	T5	PA
<b>Picato</b>	T4	
Podofilox	T3	
<b>Protopic</b>	T4	ST
<b>Regranex</b> <sup>†</sup>	T5	PA, QL
<b>Retin-A Micro</b>	T4	PA
<b>Santyl</b>	T4	
Selenium Sulfide	T2	
<b>Solaraze</b>	T4	PA
<b>Soriatane</b>	T5	
Sotret	T3	
<b>Stelara</b>	T5	PA

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Drug Name	Drug Tier	Requirements & Limits
Sulfacetamide Sodium (Suspension)	T3	
<b>Tazorac</b>	T4	PA
Tretinoin (Cream)	T2	PA
Tretinoin (Gel)	T3	PA
<b>Tretin-X</b>	T4	PA
<b>Uvadex</b>	T4	
<b>Vectical</b>	T4	
<b>Veltin</b>	T4	PA
<b>Ziana</b>	T4	PA
<b>Zyclara</b>	T3	
<b>Enzyme Replacements/Modifiers - Drugs to Treat Enzyme Deficiency</b>		
<b>Enzyme Replacements/Modifiers - Enzyme Deficiency Drugs</b>		
<b>Adagen</b>	T5	
<b>Aldurazyme</b>	T5	
<b>Buphenyl</b>	T5	
<b>Carbaglu</b>	T5	
<b>Ceredase</b>	T5	PA
<b>Cerezyme</b>	T5	PA
<b>Creon</b>	T3	
<b>Cystadane</b>	T5	
<b>Cystagon</b>	T4	
<b>Elaprase</b>	T5	
<b>Fabrazyme</b>	T5	

Drug Name	Drug Tier	Requirements & Limits
<b>Kuvan</b>	T5	
<b>Lumizyme</b>	T5	
<b>Myozyme</b>	T5	
<b>Naglazyme</b>	T5	
<b>Orfadin</b>	T5	
<b>Sucraid</b>	T5	
<b>Vpriv</b>	T5	PA
<b>Zavesca</b>	T5	
<b>Zenpep</b>	T3	
<b>Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Antispasmodics, Gastrointestinal - Bowel Treatment Drugs</b>		
Atropine Sulfate (0.05mg/ml Injection)	T3	PA
Atropine Sulfate (0.1mg/ml Injection)	T2	PA
<b>Cuvposa</b>	T4	
Dicyclomine HCl (Capsule, Oral Solution, Tablet)	T2	PA
Dicyclomine HCl (Injection)	T3	PA
Glycopyrrolate	T3	
Methscopolamine Bromide	T3	
Propantheline Bromide	T2	
<b>Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs</b>		
<b>Amitiza<sup>†</sup></b>	T3	QL, ST

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Drug Name	Drug Tier	Requirements & Limits
Constulose	T2	
Cromolyn Sodium (Concentrate)	T3	
Diphenoxylate/Atropine	T2	PA
Enulose	T2	
<b>Gastrocrom</b>	T4	
Gavilyte-C <sup>†</sup>	T2	QL
Gavilyte-G <sup>†</sup>	T2	QL
Gavilyte-N/Flavor Pack <sup>†</sup>	T2	QL
<b>Halflytely Bowel Prep/Flavor Packs<sup>†</sup></b>	T3	QL
<b>Kristalose</b>	T4	
Lactulose	T2	
Loperamide HCl	T2	
<b>Moviprep</b>	T4	
<b>Nulytely/Flavor Packs<sup>†</sup></b>	T3	QL
<b>Osmoprep</b>	T4	
Polyethylene Glycol 3350	T2	
<b>Relistor</b>	T4	PA
<b>Suprep Bowel Prep<sup>†</sup></b>	T4	QL
Trilyte <sup>†</sup>	T2	QL
Ursodiol (Capsule)	T2	
Ursodiol (Tablet)	T3	
<b>Visicol</b>	T4	

Drug Name	Drug Tier	Requirements & Limits
<b>Histamine2 (H2) Blocking Agents - Ulcer and Stomach Acid Drugs</b>		
Cimetidine	T2	
Cimetidine HCl (Injection)	T3	
Cimetidine HCl (Oral Solution)	T2	
Famotidine (Injection, Oral Suspension)	T3	
Famotidine (Tablet)	T2	
Nizatidine (Capsule)	T2	
Nizatidine (Oral Solution)	T3	
Ranitidine HCl (Capsule, Tablet)	T2	
Ranitidine HCl (Injection, Syrup)	T3	
<b>Zantac (50mg/50ml Injection)</b>	T4	
<b>Irritable Bowel Syndrome Agents - Bowel Treatment Drugs</b>		
<b>Lotronex<sup>†</sup></b>	T5	PA, QL
<b>Protectants - Ulcer and Stomach Acid Drugs</b>		
<b>Carafate (Oral Suspension)</b>	T4	
Misoprostol	T2	
Sucralfate	T2	
<b>Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs</b>		
<b>Dexilant<sup>†</sup></b>	T4	QL
Lansoprazole <sup>†</sup>	T3	QL

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Drug Name	Drug Tier	Requirements & Limits
Nexium <sup>†</sup>	T3	QL
Nexium I.V.	T4	
Omeprazole <sup>†</sup>	T2	QL
Pantoprazole Sodium <sup>†</sup>	T2	QL
Protonix (Injection)	T4	
<b>Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions</b>		
<b>Antispasmodics, Urinary - Bladder Control Drugs</b>		
Enablex <sup>†</sup>	T3	QL
Flavoxate HCl	T3	
Gelnique <sup>†</sup>	T3	QL
Oxybutynin Chloride	T2	
Oxybutynin Chloride ER <sup>†</sup>	T3	QL
Oxytrol <sup>†</sup>	T3	QL
Sanctura XR <sup>†</sup>	T4	QL
Trospium Chloride <sup>†</sup>	T3	QL
Vesicare <sup>†</sup>	T3	QL
<b>Benign Prostatic Hypertrophy Agents - Prostate Enlargement Drugs</b>		
Alfuzosin HCl ER <sup>†</sup>	T2	QL
Avodart <sup>†</sup>	T3	QL
Doxazosin Mesylate	T2	
Finasteride (5mg Tablet) <sup>†</sup>	T2	QL
Rapaflo <sup>†</sup>	T3	QL

Drug Name	Drug Tier	Requirements & Limits
Tamsulosin HCl <sup>†</sup>	T2	QL
Terazosin HCl	T2	
Uroxatral <sup>†</sup>	T3	QL
<b>Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs</b>		
Bethanechol Chloride	T2	
Elmiron	T4	
<b>Phosphate Binders - Phosphate-Removing Agents</b>		
Calcium Acetate (Capsule)	T3	
Calcium Acetate (Tablet)	T4	
Eliphos	T4	
Fosrenol	T5	
Phoslo	T3	
Phoslyra	T4	ST
Renagel	T3	ST
Renvela	T3	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones</b>		
<b>Glucocorticoids/Mineralocorticoids - Anti-Inflammatory Drugs</b>		
A-Hydrocort	T3	
Ala Scalp	T4	
Ala-Cort	T2	

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Drug Name	Drug Tier	Requirements & Limits
Alclometasone Dipropionate	T2	
Amcinonide	T2	
A-Methapred	T3	
Augmented Betamethasone Dipropionate (Cream)	T2	
Augmented Betamethasone Dipropionate (Lotion, Ointment)	T3	
Betamethasone Dipropionate	T2	
Betamethasone Valerate	T2	
<b>Capex</b>	T4	
Clobetasol Propionate (Foam)	T3	
Clobetasol Propionate (Gel, Lotion, Ointment, Shampoo, Topical Solution)	T2	
Clobetasol Propionate E	T2	
<b>Clobex</b>	T4	
<b>Cloderm</b>	T4	
<b>Cordran</b>	T4	
<b>Cordran SP</b>	T4	
<b>Cordran Tape</b>	T4	
<b>Cortef</b>	T4	
Cortisone Acetate	T2	
<b>Cutivate (Lotion)</b>	T4	

Drug Name	Drug Tier	Requirements & Limits
<b>Depo-Medrol (20mg/ml Injection)</b>	T4	
<b>Derma-Smoothe/FS</b>	T4	
<b>Desonate</b>	T4	
Desonide	T2	
<b>Desowen</b>	T4	
<b>Desowen/Cetaphil</b>	T4	
Desoximetasone	T3	
Dexamethasone	T2	
Dexamethasone Intensol	T2	
Dexamethasone Sodium Phosphate (Injection)	T3	
Diflorasone Diacetate	T2	
Fludrocortisone Acetate	T2	
Fluocinolone Acetonide	T2	
Fluocinolone Acetonide Body	T2	
Fluocinonide	T2	
Fluocinonide-E	T2	
Fluticasone Propionate	T2	
Halobetasol Propionate	T2	
<b>Halog</b>	T4	
Hydrocortisone (Cream, Lotion, Ointment, Tablet)	T2	
Hydrocortisone Butyrate	T2	

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Drug Name	Drug Tier	Requirements & Limits
Hydrocortisone Valerate	T2	
<b>Kenalog</b>	T4	
<b>Locoid</b>	T4	
<b>Locoid Lipocream</b>	T4	
Lokara	T2	
<b>Luxiq</b>	T4	
Methylprednisolone	T2	
Methylprednisolone Acetate	T3	
Methylprednisolone Dose Pack	T2	
Methylprednisolone Sodium Succinate	T3	
Mometasone Furoate	T2	
<b>Olux-E</b>	T4	
<b>Pandel</b>	T4	
Prednicarbate	T2	
Prednisolone Sodium Phosphate	T2	
Prednisone	T2	
Prednisone Intensol	T2	
Proctocream HC	T2	
Procto-Pak	T2	
Proctosol HC	T2	
Proctozone-HC	T2	
<b>Solu-Cortef</b>	T4	
<b>Solu-Medrol</b>	T4	

Drug Name	Drug Tier	Requirements & Limits
Triamcinolone Acetonide (Cream, Lotion, Ointment)	T2	
Triamcinolone Acetonide in Absorbase	T2	
Triderm	T2	
U-Cort	T2	
<b>Vanos</b>	T4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs</b>		
Chorionic Gonadotropin	T3	PA
<b>DDAVP (Injection)</b>	T5	ST
Desmopressin Acetate	T3	
<b>Egrifta<sup>†</sup></b>	T5	PA, QL
<b>Genotropin</b>	T5	PA
<b>Genotropin Miniquick (0.2mg Injection)<sup>†</sup></b>	T4	PA, QL
<b>Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection)<sup>†</sup></b>	T5	PA, QL
<b>Humatrope</b>	T5	PA

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Drug Name	Drug Tier	Requirements & Limits
Increlex	T5	PA
Norditropin	T5	PA
Norditropin Flexpro	T5	PA
Novarel	T3	PA
Nutropin	T5	PA
Nutropin AQ	T5	PA
Omnitrope (10mg/1.5ml Injection)	T4	PA
Omnitrope (5.8mg Injection, 5mg/1.5ml Injection)	T5	PA
Pregnyl w/Diluent Benzyl Alcohol/NaCl	T3	PA
Saizen	T5	PA
Serostim	T5	PA
Stimate	T4	
Tev-Tropin	T4	PA
Zorbtive	T5	PA
<b>Hormonal Agents, Stimulant/ Replacement/Modifying (Sex Hormones/ Modifiers) - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids - Hormone Replacement/ Modifying Drugs</b>		
Anadrol-50	T5	PA
Oxandrin <sup>†</sup>	T5	PA, QL
Oxandrolone (10mg Tablet) <sup>†</sup>	T5	PA, QL
Oxandrolone (2.5mg Tablet) <sup>†</sup>	T3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
<b>Androgens - Hormone Replacement/Modifying Drugs</b>		
Androderm	T3	
Androgel	T3	
Androgel Pump	T3	
Androxy	T3	
Danazol	T3	
Testosterone Cypionate	T3	
Testosterone Enanthate	T3	
<b>Estrogens - Hormone Replacement/Modifying Drugs</b>		
Activella	T4	
Alora	T4	
Amethia	T2	
Amethyst	T2	
Apri	T2	
Aranelle	T2	
Aviane	T2	
Balziva	T2	
Briellyn	T2	
Cenestin	T4	
Cesia	T2	
Climara Pro	T4	
Combipatch	T4	
Cryselle	T2	
Cyclafem 1/35	T2	

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Drug Name	Drug Tier	Requirements & Limits
Cyclafem 7/7/7	T2	
<b>Cyclessa</b>	T4	
<b>Depo-Estradiol</b>	T4	
<b>Desogen</b>	T4	
<b>Divigel<sup>†</sup></b>	T4	QL
Emoquette	T2	
<b>Enjuvia</b>	T3	
Enpresse	T2	
<b>Estrace (Cream)</b>	T4	
<b>Estraderm</b>	T3	
Estradiol	T2	
Estradiol Valerate	T3	
Estradiol/Norethindrone Acetate	T2	
<b>Estring<sup>†</sup></b>	T4	QL
Estropipate	T2	
<b>Estrostep Fe</b>	T4	
<b>Femhrt Low Dose</b>	T4	
<b>Femring<sup>†</sup></b>	T4	QL
<b>Femtrace</b>	T4	
Gianvi	T2	
Introvale	T2	
Jinteli	T2	
Junel	T2	
Junel Fe	T2	
Kariva	T2	

Drug Name	Drug Tier	Requirements & Limits
Kelnor	T2	
Leena	T2	
Lessina	T2	
Levora	T2	
<b>Lo/Ovral</b>	T4	
<b>Loestrin</b>	T4	
<b>Loestrin Fe</b>	T4	
<b>Loseasonique</b>	T4	
Low-Ogestrel	T2	
Lutera	T2	
Menest	T3	
Microgestin	T2	
Microgestin Fe	T2	
MonoNessa	T2	
Necon	T2	
Nortrel	T2	
<b>NuvaRing</b>	T3	
Ocella	T2	
Ogestrel	T2	
Orsythia	T2	
<b>Ortho Evra</b>	T4	
<b>Ortho Tri-Cyclen Lo</b>	T4	
<b>Ortho-Cept</b>	T4	
<b>Ortho-Cyclen</b>	T4	
Ortho-Est	T2	

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Drug Name	Drug Tier	Requirements & Limits
<b>Ortho-Novum 7/7/7</b>	T4	
<b>Ovcon</b>	T4	
Portia	T2	
<b>Prefest</b>	T4	
<b>Premarin (Cream, Tablet)</b>	T3	
<b>Premphase</b>	T3	
<b>Prempro</b>	T3	
Previfem	T2	
Quasense	T2	
Reclipsen	T2	
<b>Seasonale</b>	T4	
<b>Seasonique</b>	T4	
Solia	T2	
Sprintec	T2	
Sronyx	T2	
Tri-Legest Fe	T2	
TriNessa	T2	
Tri-Previfem	T2	
Tri-Sprintec	T2	
Trivora	T2	
<b>Vagifem</b>	T4	
Velivet	T2	
Vestura	T2	
<b>Vivelle-Dot</b>	T3	
<b>Yasmin</b>	T4	

Drug Name	Drug Tier	Requirements & Limits
Zeosa	T2	
Zovia	T2	
<b>Progestins - Hormone Replacement/Modifying Drugs</b>		
Camila	T2	
<b>Crinone</b>	T4	
<b>Depo-Provera (400mg/ml Injection)</b>	T4	
<b>Ella</b>	T4	
Errin	T2	
Jolivette	T2	
Medroxyprogesterone Acetate (Injection)	T3	
Medroxyprogesterone Acetate (Tablet)	T2	
<b>Megace ES</b>	T4	
Megestrol Acetate	T2	
Next Choice	T2	
Nora-BE	T2	
Norethindrone Acetate	T2	
<b>Ortho Micronor</b>	T4	
<b>Prometrium</b>	T4	
<b>Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs</b>		
<b>Evista<sup>†</sup></b>	T3	QL

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Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs</b>		
Levothroid	T3	
Levothyroxine Sodium	T2	
Levoxyl	T2	
Liothyronine Sodium (Injection)	T3	
Liothyronine Sodium (Tablet)	T2	
Synthroid	T3	
Thyrolar	T3	
Unithroid	T2	
<b>Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones</b>		
<b>Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants</b>		
Lysodren	T3	
<b>Hormonal Agents, Suppressant (Parathyroid) - Drugs to Regulate Hormones</b>		
<b>Hormonal Agents, Suppressant (Parathyroid) - Hormone Suppressants</b>		
Sensipar (30mg Tablet) <sup>†</sup>	T3	QL
Sensipar (60mg Tablet, 90mg Tablet) <sup>†</sup>	T5	QL

Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones</b>		
<b>Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants</b>		
Cabergoline	T3	
Eligard <sup>†</sup>	T4	QL
Leuprolide Acetate	T3	
Lupron Depot (11.25mg Injection, 3.75mg Injection) <sup>†</sup>	T4	QL
Lupron Depot (22.5mg Injection, 30mg Injection, 45mg Injection, 7.5mg Injection) <sup>†</sup>	T5	QL
Lupron Depot-PED	T5	
Octreotide Acetate (1,000mcg/ml Injection)	T5	PA
Octreotide Acetate (100mcg/ml Injection, 50mcg/ml Injection) <sup>†</sup>	T4	PA, QL
Octreotide Acetate (200mcg/ml Injection, 500mcg/ml Injection) <sup>†</sup>	T5	PA, QL
Sandostatin (1,000mcg/ml Injection)	T5	PA
Sandostatin (100mcg/ml Injection, 200mcg/ml Injection, 500mcg/ml Injection, 50mcg/ml Injection) <sup>†</sup>	T5	PA, QL
Sandostatin LAR Depot	T5	PA

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Drug Name	Drug Tier	Requirements & Limits
Somatuline Depot	T5	PA
Somavert	T5	PA
Synarel	T5	PA
Trelstar Depot	T5	
Trelstar LA	T5	
Trelstar Mixject	T5	
<b>Hormonal Agents, Suppressant (Sex Hormones/Modifiers) - Drugs to Regulate Hormones</b>		
<b>Antiandrogens - Hormone Suppressants</b>		
Bicalutamide	T2	
Flutamide	T3	
Nilandron	T4	
<b>Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones</b>		
<b>Antithyroid Agents - Thyroid Suppressing Drugs</b>		
Methimazole	T2	
Propylthiouracil	T2	
<b>Immunological Agents - Drugs that Stimulate or Suppress the Immune System</b>		
<b>Immune Suppressants - Immune System Drugs</b>		
Actemra	T5	PA
Azasan	T4	
Azathioprine	T2	
Azathioprine Sodium	T3	

Drug Name	Drug Tier	Requirements & Limits
Benlysta	T5	PA
Cellcept (Capsule)	T4	B/D, PA
Cellcept (Oral Suspension, Tablet)	T5	B/D, PA
Cellcept Intravenous	T4	B/D, PA
Cimzia	T5	PA
Cyclosporine	T3	B/D
Cyclosporine Modified	T3	B/D
Enbrel <sup>†</sup>	T5	PA, QL
Gengraf (Capsule)	T3	B/D
Gengraf (Oral Solution)	T4	B/D
Humira <sup>†</sup>	T5	PA, QL
Humira Starter Kit <sup>†</sup>	T5	PA, QL
Methotrexate (Tablet)	T2	
Methotrexate Sodium (Injection)	T3	
Mycophenolate Mofetil	T3	B/D, PA
Myfortic (180mg Delayed Release Tablet)	T4	B/D
Myfortic (360mg Delayed Release Tablet)	T5	B/D
Nulojix	T5	B/D, PA
Orencia <sup>†</sup>	T5	PA, QL
Prograf (Injection)	T4	B/D, PA
Rapamune (0.5mg Tablet) <sup>†</sup>	T4	B/D, QL

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Drug Name	Drug Tier	Requirements & Limits
Rapamune (1mg Tablet, 2mg Tablet, Oral Solution)	T5	B/D
Remicade	T5	PA
Sandimmune (Capsule, Oral Solution)	T4	B/D
Simponi <sup>†</sup>	T5	PA, QL
Tacrolimus (0.5mg Capsule, 1mg Capsule) <sup>†</sup>	T3	B/D, PA, QL
Tacrolimus (5mg Capsule)	T5	B/D, PA
Trexall	T4	
Zortress (0.25mg Tablet) <sup>†</sup>	T4	B/D, PA, QL
Zortress (0.5mg Tablet, 0.75mg Tablet)	T5	B/D, PA
<b>Immunizing Agents, Passive - Immune System Drugs</b>		
Atgam	T5	B/D
Carimune Nanofiltered	T5	B/D, PA
Gamastan S/D	T3	PA
Gammagard Liquid	T5	B/D, PA
Gammaplex	T5	B/D, PA
Gamunex	T5	B/D, PA
Hizentra <sup>†</sup>	T5	B/D, PA, QL
Privigen	T5	B/D, PA
Thymoglobulin	T5	B/D
Vivaglobin	T5	B/D, PA

Drug Name	Drug Tier	Requirements & Limits
<b>Immunomodulators - Immune System Drugs</b>		
Actimmune	T5	
Arcalyst	T5	PA
Avonex <sup>†</sup>	T5	PA, QL
Betaseron <sup>†</sup>	T5	PA, QL
Copaxone <sup>†</sup>	T5	PA, QL
Gilenya <sup>†</sup>	T5	PA, QL
Ilaris	T5	PA
Infergen	T5	PA
Intron-A (10mu Injection, 10mu Pen Injection, 5mu Pen Injection)	T5	PA
Intron-A (3mu Pen Injection) <sup>†</sup>	T4	PA, QL
Intron-A (6mu Pen Injection)	T4	PA
Kineret <sup>†</sup>	T5	PA, QL
Leflunomide	T2	
Orthoclone OKT3	T5	B/D
Pegasys	T5	PA
Pegasys Proclick	T5	PA
Peg-Intron	T5	PA
Rebif <sup>†</sup>	T5	PA, QL
Rebif Titration Pack <sup>†</sup>	T5	PA, QL
Ridaura	T4	
Simulect	T5	B/D
Synagis	T5	

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Drug Name	Drug Tier	Requirements & Limits
Tysabri	T5	PA, LA
<b>Vaccines</b>		
Acthib	T3	
Adacel	T3	
Boostrix	T3	
Cervarix	T4	
Comvax	T3	
Daptacel	T3	
Decavac	T3	
Diphtheria/Tetanus Toxoid Pediatric	T3	
Engerix-B	T3	B/D
Gardasil	T3	
Havrix	T3	
Imovax Rabies (H.D.C.V.)	T3	B/D
Infanrix	T3	
Ipol Inactivated IPV	T3	
Ixiaro	T3	
Je-Vax	T3	
Menactra	T3	
Menomune-A/C/Y/W-135	T3	
Menveo	T3	
M-M-R II	T3	
Pedvax HIB	T3	
ProQuad	T3	

Drug Name	Drug Tier	Requirements & Limits
Rabavert	T3	
Recombivax HB	T3	B/D
RotaTeq	T3	
Tetanus Toxoid Adsorbed	T3	
Tetanus/Diphtheria Toxoids-Adsorbed Adult	T3	
Tripedia	T3	
Twinrix	T3	
Typhim Vi	T3	
Vaqta	T3	
Varivax	T3	
YF-Vax	T3	
Zostavax	T4	
<b>Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease</b>		
<b>Glucocorticoids - Inflammatory Bowel Disease Drugs</b>		
Budesonide (24-Hour Capsule)	T4	
Colocort	T3	
Cortifoam	T4	
Entocort EC	T4	
Hydrocortisone (Enema)	T3	
Millipred (Tablet)	T4	

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Drug Name	Drug Tier	Requirements & Limits
<b>Salicylates - Inflammatory Bowel Disease Drugs</b>		
<b>Apriso</b> <sup>†</sup>	T3	QL
<b>Asacol</b>	T3	
Balsalazide Disodium	T3	
<b>Canasa</b>	T3	
Mesalamine	T3	
<b>Pentasa</b>	T4	
<b>Rowasa</b>	T5	
<b>Sulfonamides - Inflammatory Bowel Disease Drugs</b>		
Sulfasalazine	T2	
Sulfazine EC	T2	
<b>Metabolic Bone Disease Agents - Drugs to Treat Bone Conditions</b>		
<b>Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs</b>		
<b>Actonel</b> <sup>†</sup>	T3	QL
Alendronate Sodium	T2	
<b>Aredia (30mg Injection)</b>	T4	B/D, ST
<b>Aredia (90mg Injection)</b>	T5	ST
<b>Atelvia</b> <sup>†</sup>	T3	QL
<b>Boniva (Injection)</b> <sup>†</sup>	T4	B/D, QL
Calcitonin-Salmon (Nasal Spray) <sup>†</sup>	T3	QL
Calcitriol (Capsule)	T2	B/D

Drug Name	Drug Tier	Requirements & Limits
Calcitriol (Injection, Oral Solution)	T3	B/D
Etidronate Disodium	T3	
<b>Forteo</b>	T4	B/D, PA
<b>Fortical</b> <sup>†</sup>	T3	QL
<b>Fosamax (Oral Solution)</b> <sup>†</sup>	T4	QL, ST
<b>Hectorol</b>	T3	B/D
<b>Miacalcin (Injection)</b>	T4	B/D, PA
Pamidronate Disodium (30mg/10ml Injection, 90mg/10ml Injection)	T3	
Pamidronate Disodium (6mg/1ml Injection)	T4	
<b>Prolia</b> <sup>†</sup>	T4	PA, QL
<b>Reclast</b>	T4	PA
<b>Xgeva</b> <sup>†</sup>	T5	PA, QL
<b>Zemplar</b>	T3	B/D
<b>Zometa</b>	T5	
<b>Miscellaneous Therapeutic Agents</b>		
<b>Agrylin</b>	T4	
Alcohol Preps	T2	
Anagrelide HCl	T2	
Dextrose 10%	T3	
Dextrose 5%	T3	
<b>Firazyr</b>	T5	PA
<b>Gauze Pads</b>	T3	
<b>Insulin Syringes, Needles</b>	T3	

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**ST = Step therapy**

Drug Name	Drug Tier	Requirements & Limits
Intralipid (20% Injection)	T4	B/D
<b>Intralipid (30% Injection)</b>	T4	B/D
Leucovorin Calcium (Injection)	T3	
Leucovorin Calcium (Tablet)	T2	
Levocarnitine	T3	B/D
<b>Liposyn II</b>	T4	B/D
<b>Liposyn III (10% Injection, 20% Injection)</b>	T4	B/D
Liposyn III (30% Injection)	T4	B/D
<b>Methergine</b>	T3	
Methylergonovine Maleate	T2	
Sterile Water Irrigation	T3	
<b>Xenazine</b>	T5	PA
<b>Ophthalmic Agents - Drugs to Treat Eye Conditions</b>		
<b>Ophthalmic Agents, Other - Miscellaneous Eye Drugs</b>		
AK-Con	T2	
<b>Alcaine</b>	T4	
<b>Lacrisert</b>	T4	
Parcaine	T2	
Proparacaine HCl	T2	
<b>Restasis<sup>†</sup></b>	T3	QL
Tropicamide	T2	

Drug Name	Drug Tier	Requirements & Limits
<b>Ophthalmic Anti-Allergy Agents - Allergy, Infection and Inflammation Drugs</b>		
<b>Alamast</b>	T4	
<b>Alocril</b>	T4	
<b>Alomide</b>	T4	
Azelastine HCl (Ophthalmic Solution)	T3	
<b>Bepreve<sup>†</sup></b>	T4	QL
Cromolyn Sodium (Ophthalmic Solution)	T2	
Epinastine HCl	T3	
<b>Lastacaft</b>	T3	
<b>Pataday</b>	T3	
<b>Patanol</b>	T3	
<b>Ophthalmic Antiglaucoma Agents - Glaucoma Drugs</b>		
Acetazolamide	T2	
Acetazolamide ER	T3	
<b>Alphagan P (0.1% Ophthalmic Solution)</b>	T3	
Apraclonidine	T3	
<b>Azopt</b>	T3	
Betaxolol HCl	T2	
<b>Betimol</b>	T4	
<b>Betoptic-S</b>	T4	
Brimonidine Tartrate	T2	
Carteolol HCl	T2	
<b>Combigan</b>	T3	

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Drug Name	Drug Tier	Requirements & Limits
Dorzolamide HCl†	T2	QL
Dorzolamide HCl/ Timolol Maleate†	T3	QL
<b>Iopidine (1% Ophthalmic Solution)</b>	T4	
<b>Istalol</b>	T4	
Levobunolol HCl	T2	
Methazolamide	T2	
Metipranolol	T2	
<b>Optipranolol</b>	T4	
<b>Phospholine Iodide</b>	T3	
<b>Pilopine HS</b>	T3	
Timolol Maleate	T2	
<b>Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs</b>		
<b>Alrex</b>	T3	
<b>Blephamide</b>	T3	
<b>Blephamide S.O.P.</b>	T3	
<b>Bromday</b>	T4	
Bromfenac	T3	
<b>Cortisporin</b>	T4	
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	T2	
Diclofenac Sodium	T2	
<b>Durezol</b>	T3	
<b>Flarex</b>	T3	
Fluorometholone	T2	

Drug Name	Drug Tier	Requirements & Limits
Flurbiprofen Sodium	T2	
<b>FML</b>	T3	
<b>FML Forte</b>	T3	
Ketorolac Tromethamine (Ophthalmic Solution)	T2	
<b>Lotemax</b>	T3	
Neomycin/Polymyxin/ Bacitracin/ Hydrocortisone	T2	
Neomycin/Polymyxin/ Dexamethasone	T2	
Neomycin/Polymyxin/ Hydrocortisone (Ophthalmic Suspension)	T2	
<b>Nevanac</b>	T3	
Poly-Dex	T2	
<b>Poly-Pred</b>	T4	
<b>Pred Mild</b>	T3	
<b>Pred-G</b>	T3	
<b>Pred-G S.O.P.</b>	T3	
Prednisolone Acetate	T2	
Prednisolone Sodium Phosphate	T2	
Sulfacetamide Sodium/ Prednisolone Sodium Phosphate	T2	
<b>Tobradex (Ophthalmic Ointment)</b>	T3	
<b>Tobradex (Ophthalmic Suspension)</b>	T4	

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Drug Name	Drug Tier	Requirements & Limits
Tobramycin/ Dexamethasone	T3	
<b>Vexol</b>	T4	
<b>Zylet</b>	T3	
<b>Ophthalmic Prostaglandin and Prostanoid Analogs - Glaucoma Drugs</b>		
Latanoprost <sup>†</sup>	T2	QL
<b>Lumigan<sup>†</sup></b>	T3	QL
<b>Travatan Z<sup>†</sup></b>	T3	QL
<b>Otic Agents - Drugs to Treat Ear Conditions</b>		
<b>Otic Agents - Ear Drugs</b>		
<b>Acetasol HC</b>	T3	
Acetic Acid	T2	
<b>Cipro HC</b>	T4	
<b>Ciprodex</b>	T3	
<b>Coly-Mycin S</b>	T4	
<b>Cortisporin</b>	T4	
<b>Cortisporin-TC</b>	T4	
Cortomycin	T2	
<b>Dermotic</b>	T3	
Fluocinolone Acetonide	T2	
Hydrocortisone/Acetic Acid	T3	
Neomycin/Polymyxin/ Hydrocortisone (Solution, Suspension)	T2	

Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory Tract Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions</b>		
<b>Antihistamines - Allergy Drugs</b>		
<b>Astepro<sup>†</sup></b>	T3	QL
Azelastine HCl (Nasal Spray) <sup>†</sup>	T3	QL
Carbinoxamine Maleate	T2	
Cetirizine HCl <sup>†</sup>	T2	QL
Clemastine Fumarate	T2	
Hydroxyzine HCl	T2	
<b>Patanase<sup>†</sup></b>	T3	QL
Phenadoz	T3	
Promethazine HCl	T3	
Promethegan	T3	
<b>Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs</b>		
<b>Advair Diskus<sup>†</sup></b>	T3	QL
<b>Advair HFA<sup>†</sup></b>	T3	QL
<b>Asmanex<sup>†</sup></b>	T4	QL
Budesonide (Nebulizer Suspension)	T3	B/D
<b>Dulera<sup>†</sup></b>	T4	QL
<b>Flovent Diskus<sup>†</sup></b>	T3	QL
<b>Flovent HFA<sup>†</sup></b>	T3	QL
Flunisolide	T2	
Fluticasone Propionate	T2	

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Drug Name	Drug Tier	Requirements & Limits
<b>Nasonex<sup>†</sup></b>	T3	QL
<b>Omnaris<sup>†</sup></b>	T4	QL
<b>Pulmicort (Nebulizer Suspension)</b>	T4	B/D
<b>Pulmicort Flexhaler<sup>†</sup></b>	T3	QL
<b>QVAR<sup>†</sup></b>	T3	QL
<b>Symbicort<sup>†</sup></b>	T3	QL
Triamcinolone Acetonide (Inhaler) <sup>†</sup>	T3	QL
<b>Antileukotrienes - Asthma/Lung Drugs</b>		
<b>Singulair<sup>†</sup></b>	T3	QL
Zafirlukast <sup>†</sup>	T2	QL
<b>Bronchodilators, Anticholinergic - Asthma/Lung Drugs</b>		
<b>Atrovent HFA<sup>†</sup></b>	T4	QL
<b>Combivent<sup>†</sup></b>	T3	QL
Ipratropium Bromide (Nasal Spray)	T2	
Ipratropium Bromide (Nebulizer Solution)	T2	B/D
Ipratropium Bromide/Albuterol Sulfate (Nebulizer Solution)	T2	B/D
<b>Spiriva Handihaler<sup>†</sup></b>	T3	QL
<b>Bronchodilators, Phosphodiesterase Inhibitors (Xanthines) - Asthma/Lung Drugs</b>		
Aminophylline (Injection)	T3	
Aminophylline (Tablet)	T2	
<b>Elixophyllin</b>	T3	

Drug Name	Drug Tier	Requirements & Limits
<b>Theo-24</b>	T3	
Theochron	T2	
Theophylline ER	T2	
<b>Bronchodilators, Sympathomimetic - Asthma/Lung Drugs</b>		
Albuterol Sulfate (Nebulizer Solution)	T2	B/D
Albuterol Sulfate (Syrup, Tablet)	T2	
Albuterol Sulfate ER	T2	
<b>Brovana</b>	T4	B/D
Epinephrine HCl	T3	
<b>Epipen<sup>†</sup></b>	T3	QL
<b>Foradil Aerolizer<sup>†</sup></b>	T3	QL, ST
Levalbuterol (Nebulizer Solution)	T4	B/D, ST
Metaproterenol Sulfate	T2	
<b>Perforomist</b>	T4	B/D
<b>Proair HFA</b>	T3	
<b>Serevent Diskus<sup>†</sup></b>	T3	QL, ST
Terbutaline Sulfate (Injection)	T3	
Terbutaline Sulfate (Tablet)	T2	
<b>Twinject<sup>†</sup></b>	T4	QL
<b>Mast Cell Stabilizers - Asthma/Lung Drugs</b>		
Cromolyn Sodium (Nebulizer Solution)	T3	B/D

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Drug Name	Drug Tier	Requirements & Limits
<b>Pulmonary Antihypertensives - Asthma/Lung Drugs</b>		
Adcirca <sup>†</sup>	T5	PA, QL
Letairis <sup>†</sup>	T5	QL
Remodulin	T5	B/D, PA
Revatio (Injection)	T5	PA
Revatio (Tablet) <sup>†</sup>	T5	PA, QL
Tracleer <sup>†</sup>	T5	QL, LA
Ventavis	T5	B/D, PA
<b>Respiratory Tract Agents, Other - Asthma/Lung Drugs</b>		
Acetylcysteine	T2	B/D
Aralast NP	T5	PA
Glassia	T5	PA
Kalydeco <sup>†</sup>	T5	PA, QL
Prolastin	T5	PA
Prolastin-C	T5	PA
Pulmozyme	T5	B/D
Tyzine	T3	
Xolair	T5	PA
Zemaira	T5	PA
<b>Sedatives/Hypnotics - Drugs for Sedation and Sleep</b>		
<b>Sedatives/Hypnotics - Sedation and Sleep Drugs</b>		
Lunesta <sup>†</sup>	T3	QL

Drug Name	Drug Tier	Requirements & Limits
Rozerem <sup>†</sup>	T4	QL
Zaleplon <sup>†</sup>	T2	QL
Zolpidem Tartrate (10mg Tablet)	T2	
Zolpidem Tartrate (5mg Tablet) <sup>†</sup>	T2	QL
<b>Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions</b>		
<b>Skeletal Muscle Relaxants - Pain/Swelling Management Drugs</b>		
Carisoprodol (Tablet) <sup>†</sup>	T3	QL
Chlorzoxazone <sup>†</sup>	T3	QL
Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet) <sup>†</sup>	T3	QL
Metaxalone <sup>†</sup>	T3	QL
Methocarbamol <sup>†</sup>	T3	QL
Orphenadrine Citrate ER <sup>†</sup>	T3	QL
Orphenadrine/Aspirin/Caffeine <sup>†</sup>	T3	QL
<b>Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies</b>		
<b>Electrolytes/Minerals - Electrolytes and Minerals</b>		
Aminosyn	T4	B/D
Aminosyn 8.5%/Electrolytes	T3	B/D
Aminosyn II	T4	B/D

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Drug Name	Drug Tier	Requirements & Limits
<b>Aminosyn II 3.5%/Dextrose 25%</b>	T4	B/D
<b>Aminosyn II 3.5%/Dextrose 5%</b>	T4	B/D
<b>Aminosyn II 4.25%/Dextrose 10%</b>	T4	B/D
<b>Aminosyn II 4.25%/Dextrose 20%</b>	T4	B/D
<b>Aminosyn II 4.25%/Dextrose 25%</b>	T4	B/D
<b>Aminosyn II 5%/Dextrose 25%</b>	T4	B/D
Aminosyn II 8.5%/Electrolytes	T3	B/D
<b>Aminosyn II M 3.5%/Dextrose 5%</b>	T4	B/D
<b>Aminosyn M</b>	T4	B/D
<b>Aminosyn-HBC</b>	T4	B/D
Aminosyn-HF	T3	B/D
<b>Aminosyn-PF</b>	T4	B/D
<b>Ammonium Chloride</b>	T4	
<b>Clinimix E 2.75%/Dextrose 10%</b>	T4	B/D
<b>Clinimix E 2.75%/Dextrose 5%</b>	T4	B/D
<b>Clinimix E 4.25%/Dextrose 25%</b>	T4	B/D
<b>Clinimix E 4.25%/Dextrose 5%</b>	T4	B/D
<b>Clinimix E 5%/Dextrose 15%</b>	T4	B/D
<b>Clinimix E 5%/Dextrose 20%</b>	T4	B/D

Drug Name	Drug Tier	Requirements & Limits
<b>Clinimix E 5%/Dextrose 25%</b>	T4	B/D
<b>Clinimix/Dextrose (2.75%/D5W Injection, 4.25%/D5W Injection, 5%/D15W Injection, 5%/D20W Injection, 5%/D25W Injection)</b>	T4	B/D
Clinimix/Dextrose (4.25%/D10W Injection, 4.25%/D20W Injection, 4.25%/D25W Injection)	T4	B/D
Clinisol SF 15%	T3	B/D
Dextrose 10%/NaCl 0.2%	T3	
<b>Dextrose 10%/NaCl 0.45%</b>	T3	
Dextrose 2.5%/NaCl 0.45%	T3	
<b>Dextrose 5%/Electrolyte #48</b>	T4	
Dextrose 5%/KCl 0.075%	T3	
Dextrose 5%/NaCl 0.2%	T3	
<b>Dextrose 5%/NaCl 0.225%</b>	T3	
Dextrose 5%/NaCl 0.33%	T3	
Dextrose 5%/NaCl 0.45%	T3	
Dextrose 5%/NaCl 0.9%	T3	
ED K+10	T2	
<b>Freamine III (3% Injection)</b>	T4	B/D

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Drug Name	Drug Tier	Requirements & Limits
Freamine III (8.5% Injection)	T4	B/D
Hepatamine	T3	B/D
<b>Hepatasol</b>	T4	B/D
<b>Ionosol-B/Dextrose 5%</b>	T4	
<b>Ionosol-MB/Dextrose 5%</b>	T4	
<b>Ionosol-T/Dextrose 5%</b>	T4	
<b>Isolyte-H/Dextrose 5%</b>	T4	
Isolyte-M/Dextrose 5%	T3	
<b>Isolyte-P/Dextrose 5%</b>	T4	
<b>Isolyte-S</b>	T4	
<b>Isolyte-S/Dextrose 5%</b>	T4	
KCl (0.4meq/1ml Injection, 10meq/100ml Injection, 2meq/1ml Injection, 30meq/100ml Injection)	T3	
<b>KCl (10meq/50ml Injection)</b>	T3	
KCl 0.075%/D5W/NaCl 0.225%	T3	
KCl 0.075%/D5W/NaCl 0.45%	T3	
KCl 0.15%/D5W/NaCl 0.45% Viaflex	T3	
KCl 0.15%/D10W/NaCl 0.2%	T3	
KCl 0.15%/D5W	T3	
KCl 0.15%/D5W/LR	T3	

Drug Name	Drug Tier	Requirements & Limits
KCl 0.15%/D5W/NaCl 0.2%	T3	
KCl 0.15%/D5W/NaCl 0.225%	T3	
KCl 0.15%/D5W/NaCl 0.33%	T3	
KCl 0.15%/D5W/NaCl 0.9%	T3	
KCl 0.15%/NaCl 0.45% Viaflex	T3	
KCl 0.15%/NaCl 0.9%	T3	
KCl 0.22%/D5W/NaCl 0.45%	T3	
KCl 0.224%/D5W	T3	
KCl 0.224%/D5W/NaCl 0.33%	T3	
KCl 0.3%/D5W	T3	
KCl 0.3%/D5W/LR IV LAC Ring	T3	
KCl 0.3%/D5W/NaCl 0.2%	T3	
KCl 0.3%/D5W/NaCl 0.45%	T3	
KCl 0.3%/D5W/NaCl 0.9%	T3	
<b>KCl 0.3%/NaCl 0.9%</b>	T3	
<b>Klor-Con 10</b>	T2	
<b>Klor-Con 8</b>	T2	
<b>Klor-Con M15</b>	T3	
<b>Klor-Con M20</b>	T2	
Lactated Ringer's	T3	
Lactated Ringer's Irrigation	T3	

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Drug Name	Drug Tier	Requirements & Limits
Magnesium Sulfate (40mg/ml Injection, 80mg/ml Injection)	T3	
Magnesium Sulfate (50% Injection)	T2	
Magnesium Sulfate in D5W	T3	
<b>Nephramine</b>	T4	B/D
Normosol-M in D5W	T3	
<b>Normosol-R</b>	T4	
<b>Normosol-R in D5W</b>	T3	
Physiolyte	T4	
<b>Physiosol Irrigation</b>	T4	
<b>Plasma-Lyte</b>	T4	
<b>Plasma-Lyte/D5W</b>	T4	
Plasma-Lyte-R	T3	
Potassium Chloride ER	T2	
Potassium Citrate ER	T3	
<b>Premasol (10% Injection)</b>	T4	B/D
Premasol (6% Injection)	T4	B/D
<b>Procalamine</b>	T4	B/D
<b>Prosol</b>	T4	B/D
Ringer's Injection	T3	
Ringer's Irrigation	T3	
Sodium Bicarbonate	T2	
Sodium Chloride	T2	
Sodium Chloride 0.45% Viaflex	T2	

Drug Name	Drug Tier	Requirements & Limits
Sodium Chloride 0.9%	T2	
Sodium Fluoride (Tablet)	T2	
Sodium Lactate	T3	
Tis-U-Sol	T3	
TPN Electrolytes	T3	
<b>Travasol</b>	T4	B/D
<b>Trophamine</b>	T4	B/D
<b>Therapeutic Nutrients/Minerals/Electrolytes - Electrolytes, Minerals and Nutrients</b>		
<b>Fusilev</b>	T5	
<b>Vitamins</b>		
Prenatal Vitamins	T2	

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## Drugs with a quantity limit

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

Drugs are listed in alphabetical order by name in the chart below. Some drugs come in many strengths and each strength may have a different quantity limit. If quantity limits vary by strength, the different strengths are listed on separate lines. For more information about quantity limits, talk to your doctor or pharmacist. You can also call Customer Service at **1-866-314-8188**, TTY **711**, 8:00 am to 8:00 pm local time, 7 days a week.

Drug Name	Quantity Limit
Acarbose (100mg Tablet)	Maximum of 3 tablets per day
Acarbose (25mg Tablet)	Maximum of 12 tablets per day
Acarbose (50mg Tablet)	Maximum of 6 tablets per day
Acetaminophen/Caffeine/ Dihydrocodeine Bitartrate	Maximum of 5 tablets per day
Acetaminophen/Codeine (300-15mg Tablet)	Maximum of 13 tablets per day
Acetaminophen/Codeine (300-30mg Tablet)	Maximum of 12 tablets per day
Acetaminophen/Codeine (300-60mg Tablet)	Maximum of 6 tablets per day
Acetaminophen/Codeine (Oral Solution)	Maximum of 150 ml per day
<b>Actiq</b>	Maximum of 4 lozenges per day
<b>Actonel (150mg Tablet)</b>	Maximum of 1 tablet per 28 days
<b>Actonel (30mg Tablet, 5mg Tablet)</b>	Maximum of 1 tablet per day
<b>Actonel (35mg Tablet)</b>	Maximum of 4 tablets per 28 days
<b>Actoplus Met</b>	Maximum of 3 tablets per day
<b>Actos (15mg Tablet)</b>	Maximum of 3 tablets per day
<b>Actos (30mg Tablet, 45mg Tablet)</b>	Maximum of 1 tablet per day
<b>Adcirca</b>	Maximum of 2 tablets per day
<b>Advair Diskus</b>	Maximum of 2 blisters per day
<b>Advair HFA</b>	Maximum of 1 inhaler per 30 days
<b>Aggrenox</b>	Maximum of 2 capsules per day
Alfuzosin HCl ER	Maximum of 1 tablet per day

**Bold type = Brand-name drug**

Drug Name	Quantity Limit
<b>Amitiza</b>	Maximum of 2 capsules per day
Amlodipine Besylate/Benazepril HCl	Maximum of 1 capsule per day
Amphetamine/Dextroamphetamine (10mg Tablet)	Maximum of 6 tablets per day
Amphetamine/Dextroamphetamine (12.5mg Tablet)	Maximum of 5 tablets per day
Amphetamine/Dextroamphetamine (15mg Tablet)	Maximum of 4 tablets per day
Amphetamine/Dextroamphetamine (20mg Tablet)	Maximum of 3 tablets per day
Amphetamine/Dextroamphetamine (30mg Tablet)	Maximum of 2 tablets per day
Amphetamine/Dextroamphetamine (5mg Tablet)	Maximum of 12 tablets per day
Amphetamine/Dextroamphetamine (7.5mg Tablet)	Maximum of 8 tablets per day
<b>Ampyra</b>	Maximum of 2 tablets per day
<b>Anzemet (100mg Tablet)</b>	Maximum of 3 tablets per prescription or 3 days supply
<b>Anzemet (50mg Tablet)</b>	Maximum of 6 tablets per prescription or 3 days supply
<b>Apokyn</b>	Maximum of 60 ml per 31 days
<b>Apriso</b>	Maximum of 4 capsules per day
<b>Aranesp Albumin Free (25mcg/0.42ml Injection, 40mcg/0.4ml Injection, 60mcg/0.3ml Injection, 100mcg/0.5ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 300mcg/0.6ml Injection)</b>	Maximum of 4 syringes per 28 days
<b>Aranesp Albumin Free (25mcg/1ml Injection, 40mcg/1ml Injection, 60mcg/1ml Injection, 100mcg/1ml Injection, 200mcg/1ml Injection, 300mcg/1ml Injection)</b>	Maximum of 4 vials per 28 days
<b>Aranesp Albumin Free (500mcg/1ml Injection)</b>	Maximum of 1 syringe per 21 days
<b>Aricept (23mg Tablet)</b>	Maximum of 1 tablet per day
<b>Arixtra</b>	Maximum of 1 syringe per day
<b>Asmanex</b>	Maximum of 1 inhaler per 30 days

**Bold type = Brand-name drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Astepro</b>	Maximum of 2 bottles per 31 days
<b>Atelvia</b>	Maximum of 4 tablets per 28 days
Atorvastatin Calcium	Maximum of 1 tablet per day
<b>Atrovent HFA</b>	Maximum of 2 inhalers per 31 days
<b>Avandamet (2-1,000mg Tablet, 4-1,000mg Tablet, 4-500mg Tablet)</b>	Maximum of 2 tablets per day
<b>Avandamet (2-500mg Tablet)</b>	Maximum of 4 tablets per day
<b>Avandaryl</b>	Maximum of 1 tablet per day
<b>Avandia (2mg Tablet)</b>	Maximum of 4 tablets per day
<b>Avandia (4mg Tablet)</b>	Maximum of 2 tablets per day
<b>Avandia (8mg Tablet)</b>	Maximum of 1 tablet per day
<b>Avinza (120mg 24-Hour Capsule)</b>	Maximum of 6 capsules per day
<b>Avinza (30mg 24-Hour Capsule, 45mg 24-Hour Capsule, 60mg 24-Hour Capsule, 75mg 24-Hour Capsule, 90mg 24-Hour Capsule)</b>	Maximum of 4 capsules per day
<b>Avodart</b>	Maximum of 1 capsule per day
<b>Avonex</b>	Maximum of 1 kit per 28 days
Azelastine HCl (Nasal Spray)	Maximum of 2 bottles per 31 days
<b>Azor</b>	Maximum of 1 tablet per day
<b>Banzel (Oral Suspension)</b>	Maximum of 80 ml per day
<b>Banzel (Tablet)</b>	Maximum of 8 tablets per day
<b>Benicar</b>	Maximum of 1 tablet per day
<b>Benicar HCT</b>	Maximum of 1 tablet per day
<b>Bepreve</b>	Maximum of 1 bottle per 30 days
<b>Betaseron</b>	Maximum of 14 vials per 28 days
<b>Boniva (Injection)</b>	Maximum of 1 syringe per 90 days
<b>Brilinta</b>	Maximum of 2 tablets per day
Budeprion SR (100mg 12-Hour Tablet)	Maximum of 4 tablets per day
Budeprion SR (150mg 12-Hour Tablet)	Maximum of 2 tablets per day

**Bold type = Brand-name drug**

Drug Name	Quantity Limit
Buprenorphine HCl (2mg Sublingual Tablet)	Maximum of 16 tablets per prescription
Buprenorphine HCl (8mg Sublingual Tablet)	Maximum of 8 tablets per prescription
Buproban	Maximum of 2 tablets per day
Bupropion HCl (100mg Tablet)	Maximum of 4 tablets per day
Bupropion HCl (75mg Tablet)	Maximum of 3 tablets per day
Bupropion HCl SR (100mg 12-Hour Tablet)	Maximum of 4 tablets per day
Bupropion HCl SR (150mg 12-Hour Tablet, 200mg 12-Hour Tablet)	Maximum of 2 tablets per day
Bupropion XL (150mg 24-Hour Tablet)	Maximum of 3 tablets per day
Bupropion XL (300mg 24-Hour Tablet)	Maximum of 1 tablet per day
Butalbital/Acetaminophen/Caffeine/Codeine	Maximum of 6 capsules per day
Butalbital/Aspirin/Caffeine/Codeine	Maximum of 6 capsules per day
Butorphanol Tartrate (Nasal Spray)	Maximum of 2 bottles per prescription
<b>Byetta</b>	Maximum of 1 pen per 30 days
<b>Bystolic (10mg Tablet, 5mg Tablet)</b>	Maximum of 3 tablets per day
<b>Bystolic (2.5mg Tablet)</b>	Maximum of 1 tablet per day
<b>Bystolic (20mg Tablet)</b>	Maximum of 2 tablets per day
Calcitonin-Salmon (Nasal Spray)	Maximum of 1 bottle per 31 days
Carisoprodol (Tablet)	Maximum of 4 tablets per day
<b>Catapres-TTS (0.1mg/24hr Weekly Patch)</b>	Maximum of 1 patch per 7 days
<b>Catapres-TTS (0.2mg/24hr Weekly Patch, 0.3mg/24hr Weekly Patch)</b>	Maximum of 2 patches per 7 days
<b>Celebrex</b>	Maximum of 2 capsules per day
<b>Cesamet</b>	Maximum of 20 capsules per prescription or 3 days supply
Cetirizine HCl	Maximum of 10 ml per day
<b>Chantix (0.5mg Tablet, 1mg Tablet)</b>	Maximum of 2 tablets per day
<b>Chantix Pak</b>	Maximum of 1 packet per prescription
Chlorzoxazone	Maximum of 6 tablets per day

**Bold type = Brand-name drug**

Drug Name	Quantity Limit
Clonidine HCl (0.1mg/24hr Weekly Patch)	Maximum of 1 patch per 7 days
Clonidine HCl (0.2mg/24hr Weekly Patch, 0.3mg/24hr Weekly Patch)	Maximum of 2 patches per 7 days
Co-Gesic	Maximum of 8 tablets per day
<b>Colcrys</b>	Maximum of 2 tablets per day
<b>Combivent</b>	Maximum of 2 inhalers per 31 days
<b>Copaxone</b>	Maximum of 1 kit per 30 days
<b>Crestor</b>	Maximum of 1 tablet per day
Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet)	Maximum of 3 tablets per day
<b>Cymbalta</b>	Maximum of 2 capsules per day
<b>Dexilant</b>	Maximum of 2 capsules per day
Dexmethylphenidate HCl (10mg Tablet)	Maximum of 2 tablets per day
Dexmethylphenidate HCl (2.5mg Tablet)	Maximum of 8 tablets per day
Dexmethylphenidate HCl (5mg Tablet)	Maximum of 4 tablets per day
Dextroamphetamine Sulfate (10mg Tablet)	Maximum of 6 tablets per day
Dextroamphetamine Sulfate (5mg Tablet)	Maximum of 12 tablets per day
Dextroamphetamine Sulfate ER (10mg 24-Hour Capsule)	Maximum of 5 capsules per day
Dextroamphetamine Sulfate ER (15mg 24-Hour Capsule)	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5mg 24-Hour Capsule)	Maximum of 2 capsules per day
<b>Diovan (160mg Tablet, 40mg Tablet, 80mg Tablet)</b>	Maximum of 2 tablets per day
<b>Diovan (320mg Tablet)</b>	Maximum of 1 tablet per day
<b>Diovan HCT (160mg-12.5mg Tablet, 160mg-25mg Tablet, 80mg-12.5mg Tablet)</b>	Maximum of 2 tablets per day
<b>Diovan HCT (320mg-12.5mg Tablet, 320mg-25mg Tablet)</b>	Maximum of 1 tablet per day
<b>Divigel</b>	Maximum of 60 packets per 31 days
Donepezil HCl (10mg Dispersible Tablet, 10mg Tablet)	Maximum of 2 tablets per day

**Bold type = Brand-name drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
Donepezil HCl (5mg Dispersible Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Dorzolamide HCl	Maximum of 10 ml per 31 days
Dorzolamide HCl/Timolol Maleate	Maximum of 10 ml per 31 days
Dronabinol (10mg Capsule)	Maximum of 2 capsules per day
Dronabinol (2.5mg Capsule, 5mg Capsule)	Maximum of 6 capsules per day
<b>Duetact</b>	Maximum of 1 tablet per day
<b>Dulera</b>	Maximum of 1 inhaler per 30 days
<b>Effient</b>	Maximum of 1 tablet per day
<b>Egrifta</b>	Maximum of 60 vials per 30 days
<b>Eligard (22.5mg Injection)</b>	Maximum of 1 kit per 84 days
<b>Eligard (30mg Injection)</b>	Maximum of 1 kit per 112 days
<b>Eligard (45mg Injection)</b>	Maximum of 1 kit per 168 days
<b>Eligard (7.5mg Injection)</b>	Maximum of 1 kit per 28 days
<b>Emend (125mg Capsule)</b>	Maximum of 2 capsules per prescription
<b>Emend (40mg Capsule)</b>	Maximum of 1 capsule per prescription
<b>Emend (80mg Capsule)</b>	Maximum of 4 capsules per prescription
<b>Emend Pak</b>	Maximum of 6 capsules per prescription
<b>Emsam</b>	Maximum of 1 patch per day
<b>Enablex</b>	Maximum of 1 tablet per day
<b>Enbrel</b>	Maximum of 8 syringes per 28 days
Endocet (10-325mg Tablet, 5-325mg Tablet, 7.5-325mg Tablet)	Maximum of 12 tablets per day
Endocet (10-650mg Tablet)	Maximum of 6 tablets per day
Endocet (7.5-500mg Tablet)	Maximum of 8 tablets per day
Endodan	Maximum of 12 tablets per day
Enoxaparin Sodium	Maximum of 2 syringes per day
<b>Epipen</b>	Maximum of 2 syringes per prescription
<b>Epogen (10,000units/ml Injection, 20,000units/ml Injection)</b>	Maximum of 12 ml per 28 days

**Bold type = Brand-name drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Epogen (2,000units/ml Injection)</b>	Maximum of 15 ml per 31 days
<b>Epogen (3,000units/ml Injection, 4,000units/ml Injection)</b>	Maximum of 30 ml per 31 days
Ergotamine Tartrate/Caffeine	Maximum of 6 tablets per day
<b>Erivedge</b>	Maximum of 1 capsule per day
<b>Estring</b>	Maximum of 1 ring per 90 days
<b>Evista</b>	Maximum of 1 tablet per day
<b>Exalgo</b>	Maximum of 6 tablets per day
<b>Exelon (24-Hour Patch)</b>	Maximum of 1 patch per day
<b>Exelon (Oral Solution)</b>	Maximum of 6 ml per day
<b>Exforge</b>	Maximum of 1 tablet per day
<b>Exforge HCT</b>	Maximum of 1 tablet per day
<b>Fanapt</b>	Maximum of 2 tablets per day
<b>Fanapt Titration Pack</b>	Maximum of 1 packet per prescription
<b>Femring</b>	Maximum of 1 ring per 90 days
Fentanyl (100mcg/hr 72-Hour Patch, 75mcg/hr 72-Hour Patch)	Maximum of 31 patches per 31 days
Fentanyl (12mcg/hr 72-Hour Patch, 25mcg/hr 72-Hour Patch, 50mcg/hr 72-Hour Patch)	Maximum of 15 patches per 31 days
Fentanyl Citrate Oral Transmucosal	Maximum of 4 lozenges per day
<b>Fentora</b>	Maximum of 4 tablets per day
Finasteride (5mg Tablet)	Maximum of 1 tablet per day
<b>Firmagon (120mg Injection)</b>	Maximum of 2 vials per 365 days
<b>Firmagon (80mg Injection)</b>	Maximum of 1 vial per 28 days
<b>Flovent Diskus</b>	Maximum of 2 inhalers per 30 days
<b>Flovent HFA</b>	Maximum of 2 inhalers per 30 days
Fluoxetine DR	Maximum of 1 capsule per 7 days
Fondaparinux Sodium	Maximum of 1 syringe per day
<b>Foradil Aerolizer</b>	Maximum of 2 capsules per day
<b>Fortical</b>	Maximum of 1 bottle per 31 days

**Bold type = Brand-name drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Fosamax (Oral Solution)</b>	Maximum of 5 bottles per 31 days
<b>Fragmin (10,000units/1ml Injection, 12,500units/0.5ml Injection, 15,000units/0.6ml Injection, 18,000units/0.72ml Injection, 7,500units/0.3ml Injection)</b>	Maximum of 1 syringe per day
<b>Fragmin (2,500units/0.2ml Injection, 5,000units/0.2ml Injection)</b>	Maximum of 2 syringes per day
<b>Fragmin (25,000units/1ml Injection)</b>	Maximum of 1 vial per day
<b>Gabitril (12mg Tablet, 2mg Tablet, 4mg Tablet)</b>	Maximum of 4 tablets per day
<b>Gabitril (16mg Tablet)</b>	Maximum of 3 tablets per day
Galantamine Hydrobromide (24-Hour Capsule)	Maximum of 1 capsule per day
Galantamine Hydrobromide (Oral Solution)	Maximum of 8 ml per day
Galantamine Hydrobromide (Tablet)	Maximum of 2 tablets per day
Gavilyte-C	Maximum of 1 bottle per prescription
Gavilyte-G	Maximum of 1 bottle per prescription
Gavilyte-N/Flavor Pack	Maximum of 1 bottle per prescription
<b>Gelnique</b>	Maximum of 1 packet per day
<b>Genotropin Miniquick</b>	Maximum of 1 cartridge per day
<b>Gilenya</b>	Maximum of 1 capsule per day
Glimepiride (1mg Tablet)	Maximum of 8 tablets per day
Glimepiride (2mg Tablet)	Maximum of 4 tablets per day
Glimepiride (4mg Tablet)	Maximum of 2 tablets per day
Glipizide (10mg Tablet)	Maximum of 4 tablets per day
Glipizide (5mg Tablet)	Maximum of 8 tablets per day
Glipizide ER (10mg 24-Hour Tablet)	Maximum of 2 tablets per day
Glipizide ER (2.5mg 24-Hour Tablet)	Maximum of 8 tablets per day
Glipizide ER (5mg 24-Hour Tablet)	Maximum of 4 tablets per day
Glipizide/Metformin HCl (2.5mg-250mg Tablet)	Maximum of 8 tablets per day

**Bold type = Brand-name drug**

Drug Name	Quantity Limit
Glipizide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet)	Maximum of 4 tablets per day
Glyburide (1.25mg Tablet)	Maximum of 16 tablets per day
Glyburide (2.5mg Tablet)	Maximum of 8 tablets per day
Glyburide (5mg Tablet)	Maximum of 4 tablets per day
Glyburide Micronized (1.5mg Tablet)	Maximum of 8 tablets per day
Glyburide Micronized (3mg Tablet)	Maximum of 4 tablets per day
Glyburide Micronized (6mg Tablet)	Maximum of 2 tablets per day
Glyburide/Metformin HCl (1.25mg-250mg Tablet)	Maximum of 8 tablets per day
Glyburide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet)	Maximum of 4 tablets per day
Glycron (1.5mg Tablet)	Maximum of 8 tablets per day
Glycron (3mg Tablet)	Maximum of 4 tablets per day
Glycron (6mg Tablet)	Maximum of 2 tablets per day
<b>Glyset (100mg Tablet)</b>	Maximum of 3 tablets per day
<b>Glyset (25mg Tablet)</b>	Maximum of 12 tablets per day
<b>Glyset (50mg Tablet)</b>	Maximum of 6 tablets per day
Granisetron HCl (Tablet)	Maximum of 6 tablets per prescription or 3 days supply
Granisol	Maximum of 30 ml per prescription or 3 days supply
<b>Halflytely Bowel Prep/Flavor Packs</b>	Maximum of 1 bottle per prescription
<b>Hizentra</b>	Maximum of 4 vials per 28 days
<b>Humira (20mg/0.4ml Injection)</b>	Maximum of 1 kit per 28 days
<b>Humira (40mg/0.8ml Injection)</b>	Maximum of 2 kits per 28 days
<b>Humira Starter Kit</b>	Maximum of 1 kit per 365 days
Hydrocodone/Acetaminophen (10-300mg Tablet, 5-300mg Tablet, 7.5-300mg Tablet)	Maximum of 13 tablets per day
Hydrocodone/Acetaminophen (10-325mg Tablet, 5-325mg Tablet, 7.5-325mg Tablet)	Maximum of 12 tablets per day
Hydrocodone/Acetaminophen (10-500mg Tablet, 2.5-500mg Tablet, 5-500mg Tablet, 7.5-500mg Tablet)	Maximum of 8 tablets per day

**Bold type = Brand-name drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
Hydrocodone/Acetaminophen (10-650mg Tablet, 10-660mg Tablet, 7.5-650mg Tablet)	Maximum of 6 tablets per day
Hydrocodone/Acetaminophen (10-750mg Tablet, 7.5-750mg Tablet)	Maximum of 5 tablets per day
Hydrocodone/Acetaminophen (7.5-325mg/15ml Oral Solution)	Maximum of 185 ml per day
Hydrocodone/Acetaminophen (7.5-500mg/15ml Oral Solution)	Maximum of 120 ml per day
Hydrocodone/Ibuprofen	Maximum of 5 tablets per day
<b>Incivek</b>	Maximum of 6 tablets per day
<b>Inlyta (1mg Tablet)</b>	Maximum of 8 tablets per day
<b>Inlyta (5mg Tablet)</b>	Maximum of 4 tablets per day
<b>Intron-A (3mu Pen Injection)</b>	Maximum of 4 syringes per 28 days
<b>Invega Sustenna</b>	Maximum of 1 syringe per 28 days
Itraconazole	Maximum of 130 capsules per 31 days
<b>Jakafi</b>	Maximum of 2 tablets per day
<b>Janumet</b>	Maximum of 2 tablets per day
<b>Januvia</b>	Maximum of 1 tablet per day
<b>Kadian (100mg 24-Hour Capsule, 200mg 24-Hour Capsule)</b>	Maximum of 6 capsules per day
<b>Kadian (10mg 24-Hour Capsule, 20mg 24-Hour Capsule, 30mg 24-Hour Capsule, 50mg 24-Hour Capsule, 60mg 24-Hour Capsule, 80mg 24-Hour Capsule)</b>	Maximum of 4 capsules per day
<b>Kalydeco</b>	Maximum of 2 tablets per day
Ketorolac Tromethamine (15mg/ml Injection)	Maximum of 40 ml per 31 days
Ketorolac Tromethamine (30mg/ml Injection)	Maximum of 20 ml per 31 days
Ketorolac Tromethamine (Tablet)	Maximum of 4 tablets per day up to 5 days
<b>Kineret</b>	Maximum of 1 syringe per day
<b>Kombiglyze XR (2.5-100mg 24-Hour Tablet)</b>	Maximum of 2 tablets per day
<b>Kombiglyze XR (5-1,000mg 24-Hour Tablet, 5-500mg 24-Hour Tablet)</b>	Maximum of 1 tablet per day

**Bold type = Brand-name drug**

Drug Name	Quantity Limit
<b>Lamictal ODT (100mg Dispersible Tablet, 200mg Dispersible Tablet)</b>	Maximum of 3 tablets per day
<b>Lamictal ODT (25mg Dispersible Tablet, 50mg Dispersible Tablet)</b>	Maximum of 1 tablet per day
Lansoprazole	Maximum of 2 capsules per day
Latanoprost	Maximum of 5 ml per 31 days
<b>Latuda</b>	Maximum of 1 tablet per day
<b>Letairis</b>	Maximum of 1 tablet per day
Levetiracetam ER (500mg 24-Hour Tablet)	Maximum of 6 tablets per day
Levetiracetam ER (750mg 24-Hour Tablet)	Maximum of 4 tablets per day
<b>Lexapro (Oral Solution)</b>	Maximum of 40 ml per day
<b>Lexapro (Tablet)</b>	Maximum of 2 tablets per day
<b>Lidoderm</b>	Maximum of 3 patches per day
<b>Lipitor</b>	Maximum of 1 tablet per day
<b>Livalo</b>	Maximum of 1 tablet per day
<b>Lotronex</b>	Maximum of 2 tablets per day
<b>Lovenox (300mg/3ml Injection)</b>	Maximum of 1 vial per day
<b>Lumigan</b>	Maximum of 5 ml per 31 days
<b>Lunesta</b>	Maximum of 1 tablet per day
<b>Lupron Depot (11.25mg Injection, 22.5mg Injection)</b>	Maximum of 1 kit per 84 days
<b>Lupron Depot (3.75mg Injection, 7.5mg Injection)</b>	Maximum of 1 kit per 28 days
<b>Lupron Depot (30mg Injection)</b>	Maximum of 1 kit per 112 days
<b>Lupron Depot (45mg Injection)</b>	Maximum of 1 kit per 168 days
<b>Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule)</b>	Maximum of 3 capsules per day
<b>Lyrica (225mg Capsule, 300mg Capsule)</b>	Maximum of 2 capsules per day
Margesic-H	Maximum of 8 capsules per day
Matzim LA	Maximum of 1 tablet per day

**Bold type = Brand-name drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Maxalt</b>	Maximum of 12 tablets per 30 days
<b>Maxalt-MLT</b>	Maximum of 12 tablets per 30 days
Metadate ER	Maximum of 3 tablets per day
Metaxalone	Maximum of 4 tablets per day
Metformin HCl (1,000mg Tablet)	Maximum of 2.5 tablets per day
Metformin HCl (500mg Tablet)	Maximum of 5 tablets per day
Metformin HCl (850mg Tablet)	Maximum of 3 tablets per day
Metformin HCl ER (500mg 24-Hour Tablet)	Maximum of 4 tablets per day
Metformin HCl ER (750mg 24-Hour Tablet)	Maximum of 2 tablets per day
Methamphetamine HCl	Maximum of 5 tablets per day
Methocarbamol (500mg Tablet)	Maximum of 9 tablets per day
Methocarbamol (750mg Tablet)	Maximum of 6 tablets per day
Methylin (10mg Tablet)	Maximum of 6 tablets per day
Methylin (20mg Tablet)	Maximum of 3 tablets per day
Methylin (5mg Tablet)	Maximum of 12 tablets per day
Methylin ER	Maximum of 3 tablets per day
Methylphenidate HCl (10mg Tablet)	Maximum of 6 tablets per day
Methylphenidate HCl (10mg/5ml Oral Solution)	Maximum of 30 ml per day
Methylphenidate HCl (20mg Tablet)	Maximum of 3 tablets per day
Methylphenidate HCl (5mg Tablet)	Maximum of 12 tablets per day
Methylphenidate HCl (5mg/5ml Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl ER (20mg 24-Hour Capsule)	Maximum of 3 capsules per day
Methylphenidate HCl ER (30mg 24-Hour Capsule)	Maximum of 2 capsules per day
Methylphenidate HCl ER (40mg 24-Hour Capsule)	Maximum of 1 capsule per day
Methylphenidate HCl SR	Maximum of 3 tablets per day
<b>Micardis</b>	Maximum of 1 tablet per day

**Bold type = Brand-name drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Micardis HCT</b>	Maximum of 1 tablet per day
Migergot	Maximum of 2 suppositories per day
Mirtazapine	Maximum of 2 tablets per day
Mirtazapine ODT	Maximum of 2 tablets per day
Morphine Sulfate ER (100mg 12-Hour Tablet, 200mg 12-Hour Tablet)	Maximum of 6 tablets per day
Morphine Sulfate ER (100mg 24-Hour Capsule)	Maximum of 6 capsules per day
Morphine Sulfate ER (15mg 12-Hour Tablet, 30mg 12-Hour Tablet, 60mg 12-Hour Tablet)	Maximum of 4 tablets per day
Morphine Sulfate ER (20mg 24-Hour Capsule, 30mg 24-Hour Capsule, 50mg 24-Hour Capsule, 60mg 24-Hour Capsule, 80mg 24-Hour Capsule)	Maximum of 4 capsules per day
<b>Namenda (Oral Solution)</b>	Maximum of 10 ml per day
<b>Namenda (Tablet)</b>	Maximum of 2 tablets per day
<b>Namenda Titration Pak</b>	Maximum of 1 packet per 28 days
Naratriptan HCl	Maximum of 9 tablets per 30 days
<b>Nasonex</b>	Maximum of 2 bottles per 30 days
Nateglinide (120mg Tablet)	Maximum of 3 tablets per day
Nateglinide (60mg Tablet)	Maximum of 6 tablets per day
<b>Nexium (Delayed Release Capsule)</b>	Maximum of 2 capsules per day
<b>Nexium (Pack)</b>	Maximum of 2 packets per day
<b>Nicotrol Inhaler</b>	Maximum of 18 inhalers per 180 days
<b>Nicotrol NS</b>	Maximum of 720 ml per 180 days
Nisoldipine	Maximum of 1 tablet per day
Nisoldipine ER	Maximum of 1 tablet per day
<b>Nulytely/Flavor Packs</b>	Maximum of 1 bottle per prescription
Octreotide Acetate (100mcg/ml Injection, 200mcg/ml Injection, 50mcg/ml Injection)	Maximum of 4 ml per day
Octreotide Acetate (500mcg/ml Injection)	Maximum of 3 ml per day

**Bold type = Brand-name drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
Omeprazole	Maximum of 2 capsules per day
<b>Omnaris</b>	Maximum of 1 bottle per 31 days
Ondansetron HCl (24mg Tablet)	Maximum of 3 tablets per prescription or 3 days supply
Ondansetron HCl (4mg Tablet, 8mg Tablet)	Maximum of 30 tablets per prescription
Ondansetron HCl (Oral Solution)	Maximum of 100 ml per prescription or 3 days supply
Ondansetron ODT	Maximum of 30 tablets per prescription
<b>Onglyza</b>	Maximum of 1 tablet per day
<b>Onsolis</b>	Maximum of 4 buccal films per day
<b>Opana ER</b>	Maximum of 4 tablets per day
<b>Oravig</b>	Maximum of 14 days supply per prescription
<b>Orencia</b>	Maximum of 4 vials per 28 days
Orphenadrine Citrate ER	Maximum of 2 tablets per day
Orphenadrine/Aspirin/Caffeine (25-385-30mg Tablet)	Maximum of 8 tablets per day
Orphenadrine/Aspirin/Caffeine (50-770-60mg Tablet)	Maximum of 4 tablets per day
<b>Oxandrin</b>	Maximum of 4 tablets per day
Oxandrolone (10mg Tablet)	Maximum of 2 tablets per day
Oxandrolone (2.5mg Tablet)	Maximum of 4 tablets per day
Oxybutynin Chloride ER (10mg 24-Hour Tablet, 15mg 24-Hour Tablet)	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5mg 24-Hour Tablet)	Maximum of 1 tablet per day
Oxycodone/Acetaminophen (10-325mg Tablet, 2.5-325mg Tablet, 5-325mg Tablet, 7.5-325mg Tablet)	Maximum of 12 tablets per day
Oxycodone/Acetaminophen (10-650mg Tablet)	Maximum of 6 tablets per day
Oxycodone/Acetaminophen (7.5-500mg Tablet)	Maximum of 8 tablets per day
Oxycodone/Acetaminophen (Capsule)	Maximum of 8 capsules per day
Oxycodone/Aspirin	Maximum of 12 tablets per day
Oxycodone/Ibuprofen	Maximum of 4 tablets per day

**Bold type = Brand-name drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Oxycontin (10mg 12-Hour Tablet, 15mg 12-Hour Tablet, 20mg 12-Hour Tablet, 30mg 12-Hour Tablet, 40mg 12-Hour Tablet, 60mg 12-Hour Tablet)</b>	Maximum of 4 tablets per day
<b>Oxycontin (80mg 12-Hour Tablet)</b>	Maximum of 6 tablets per day
Oxymorphone HCl	Maximum of 6 tablets per day
Oxymorphone HCl ER	Maximum of 4 tablets per day
<b>Oxytrol</b>	Maximum of 2 patches per 7 days
Pantoprazole Sodium	Maximum of 2 tablets per day
Paroxetine HCl ER (12.5mg 24-Hour Tablet)	Maximum of 6 tablets per day
Paroxetine HCl ER (25mg 24-Hour Tablet)	Maximum of 3 tablets per day
Paroxetine HCl ER (37.5mg 24-Hour Tablet)	Maximum of 2 tablets per day
<b>Patanase</b>	Maximum of 1 bottle per 31 days
<b>Plavix (300mg Tablet)</b>	Maximum of 3 tablets per prescription
<b>Plavix (75mg Tablet)</b>	Maximum of 1 tablet per day
<b>Pradaxa</b>	Maximum of 2 capsules per day
<b>Prandimet</b>	Maximum of 5 tablets per day
<b>Prandin (0.5mg Tablet)</b>	Maximum of 32 tablets per day
<b>Prandin (1mg Tablet)</b>	Maximum of 16 tablets per day
<b>Prandin (2mg Tablet)</b>	Maximum of 8 tablets per day
<b>Prezista (150mg Tablet)</b>	Maximum of 6 tablets per day
<b>Prezista (400mg Tablet, 600mg Tablet, 75mg Tablet)</b>	Maximum of 2 tablets per day
<b>Pristiq</b>	Maximum of 1 tablet per day
<b>Procrit (10,000units/ml Injection, 20,000units/ml Injection)</b>	Maximum of 12 ml per 28 days
<b>Procrit (2,000units/ml Injection)</b>	Maximum of 15 ml per 31 days
<b>Procrit (3,000units/ml Injection, 4,000units/ml Injection)</b>	Maximum of 30 ml per 31 days
<b>Prolia</b>	Maximum of 1 syringe per 180 days

**Bold type = Brand-name drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
Promacta (12.5mg Tablet)	Maximum of 2 tablets per day
Promacta (25mg Tablet)	Maximum of 3 tablets per day
Promacta (50mg Tablet)	Maximum of 1 tablet per day
Provigil (100mg Tablet)	Maximum of 1 tablet per day
Provigil (200mg Tablet)	Maximum of 2 tablets per day
Pulmicort Flexhaler	Maximum of 2 inhalers per 30 days
QVAR (40mcg/act Aerosol Solution)	Maximum of 2 inhalers per 30 days
QVAR (80mcg/act Aerosol Solution)	Maximum of 3 inhalers per 30 days
Rapaflo	Maximum of 1 capsule per day
Rapamune (0.5mg Tablet)	Maximum of 1 tablet per day
Rebif	Maximum of 12 syringes per 28 days
Rebif Titration Pack	Maximum of 1 pack per prescription
Regranex	Maximum of 2 tubes per 31 days
Relenza Diskhaler	Maximum of 62 blisters per 31 days
Restasis	Maximum of 60 vials per 30 days
Revatio (Tablet)	Maximum of 3 tablets per day
Riomet	Maximum of 25.5 ml per day
Risperdal Consta	Maximum of 2 vials per 28 days
Rivastigmine Tartrate	Maximum of 2 capsules per day
Roxicet (5-325mg Tablet)	Maximum of 12 tablets per day
Roxicet (5-500mg Tablet)	Maximum of 8 tablets per day
Roxicet (Oral Solution)	Maximum of 62 ml per day
Rozerem	Maximum of 1 tablet per day
Sabril (Pack)	Maximum of 6 packets per day
Sabril (Tablet)	Maximum of 6 tablets per day
Samsca (15mg Tablet)	Maximum of 1 tablet per day
Samsca (30mg Tablet)	Maximum of 2 tablets per day
Sanctura XR	Maximum of 1 capsule per day
Sancuso	Maximum of 2 patches per 28 days

**Bold type = Brand-name drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Sandostatin (100mcg/ml Injection, 200mcg/ml Injection, 50mcg/ml Injection)</b>	Maximum of 4 ml per day
<b>Sandostatin (500mcg/ml Injection)</b>	Maximum of 3 ml per day
<b>Saphris</b>	Maximum of 2 tablets per day
<b>Savella</b>	Maximum of 2 tablets per day
<b>Savella Titration Pack</b>	Maximum of 1 packet per prescription
<b>Sensipar (30mg Tablet, 60mg Tablet)</b>	Maximum of 2 tablets per day
<b>Sensipar (90mg Tablet)</b>	Maximum of 4 tablets per day
<b>Serevent Diskus</b>	Maximum of 2 blisters per day
<b>Simponi</b>	Maximum of 1 syringe per 28 days
<b>Singulair (Chewable Tablet, Tablet)</b>	Maximum of 1 tablet per day
<b>Singulair (Pack)</b>	Maximum of 1 packet per day
<b>Spiriva Handihaler</b>	Maximum of 1 capsule per day
<b>Sporanox (Capsule)</b>	Maximum of 130 capsules per 31 days
<b>Sporanox (Oral Solution)</b>	Maximum of 40 ml per day
<b>Stagesic</b>	Maximum of 8 capsules per day
<b>Strattera (100mg Capsule, 40mg Capsule, 60mg Capsule, 80mg Capsule)</b>	Maximum of 1 capsule per day
<b>Strattera (10mg Capsule, 18mg Capsule, 25mg Capsule)</b>	Maximum of 2 capsules per day
<b>Suboxone (Film)</b>	Maximum of 3 films per day
<b>Suboxone (Sublingual Tablet)</b>	Maximum of 3 tablets per day
<b>Sumatriptan Succinate (4mg/0.5ml Injection)</b>	Maximum of 8 doses per 31 days
<b>Sumatriptan Succinate (6mg/0.5ml Injection)</b>	Maximum of 8 doses per 30 days
<b>Sumatriptan Succinate (Tablet)</b>	Maximum of 9 tablets per 30 days
<b>Suprep Bowel Prep</b>	Maximum of 2 bottles per prescription
<b>Symbicort</b>	Maximum of 1 inhaler per 30 days
<b>Symlin</b>	Maximum of 4 vials per 31 days
<b>SymlinPen 120</b>	Maximum of 4 pens per 30 days

**Bold type = Brand-name drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>SymlynPen 60</b>	Maximum of 4 pens per 31 days
<b>Synalgos-DC</b>	Maximum of 12 capsules per day
Tacrolimus (0.5mg Capsule)	Maximum of 2 capsules per day
Tacrolimus (1mg Capsule)	Maximum of 8 capsules per day
<b>Tamiflu (12mg/ml Oral Suspension)</b>	Maximum of 194 ml per 31 days
<b>Tamiflu (30mg Capsule)</b>	Maximum of 62 capsules per 31 days
<b>Tamiflu (45mg Capsule, 75mg Capsule)</b>	Maximum of 31 capsules per 31 days
<b>Tamiflu (6mg/ml Oral Suspension)</b>	Maximum of 388 ml per 31 days
Tamsulosin HCl	Maximum of 2 capsules per day
<b>Tasmar</b>	Maximum of 6 tablets per day
<b>Tekturna</b>	Maximum of 1 tablet per day
<b>Tekturna HCT</b>	Maximum of 1 tablet per day
Ticlopidine HCl	Maximum of 2 tablets per day
Tolazamide (250mg Tablet)	Maximum of 4 tablets per day
Tolazamide (500mg Tablet)	Maximum of 2 tablets per day
Tolbutamide	Maximum of 6 tablets per day
<b>Tracleer</b>	Maximum of 2 tablets per day
Tramadol HCl	Maximum of 8 tablets per day
Tramadol HCl ER	Maximum of 1 tablet per day
Tramadol HCl/Acetaminophen	Maximum of 8 tablets per day
<b>Travatan Z</b>	Maximum of 5 ml per 31 days
Triamcinolone Acetonide (Inhaler)	Maximum of 1 bottle per 30 days
<b>Tribenzor</b>	Maximum of 1 tablet per day
Trilyte	Maximum of 1 bottle per prescription
Tropium Chloride	Maximum of 2 tablets per day
<b>Twinject</b>	Maximum of 2 syringes per prescription
<b>Twynsta</b>	Maximum of 1 tablet per day
<b>Uloric</b>	Maximum of 1 tablet per day

**Bold type = Brand-name drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Uroxatral</b>	Maximum of 1 tablet per day
Venlafaxine HCl (100mg Tablet, 25mg Tablet, 37.5mg Tablet, 75mg Tablet)	Maximum of 3 tablets per day
Venlafaxine HCl (50mg Tablet)	Maximum of 7 tablets per day
Venlafaxine HCl ER (150mg 24-Hour Capsule)	Maximum of 2 capsules per day
Venlafaxine HCl ER (150mg 24-Hour Tablet)	Maximum of 2 tablets per day
<b>Venlafaxine HCl ER (225mg 24-Hour Tablet)</b>	Maximum of 1 tablet per day
Venlafaxine HCl ER (37.5mg 24-Hour Capsule, 75mg 24-Hour Capsule)	Maximum of 3 capsules per day
Venlafaxine HCl ER (37.5mg 24-Hour Tablet, 75mg 24-Hour Tablet)	Maximum of 3 tablets per day
<b>Vesicare</b>	Maximum of 1 tablet per day
<b>Victoza</b>	Maximum of 3 pens per 30 days
<b>Victrelis</b>	Maximum of 12 capsules per day
<b>Viibryd</b>	Maximum of 1 tablet per day
<b>Vimovo</b>	Maximum of 2 tablets per day
<b>Vimpat (Injection, Oral Solution)</b>	Maximum of 40 ml per day
<b>Vimpat (Tablet)</b>	Maximum of 2 tablets per day
<b>Vytorin</b>	Maximum of 1 tablet per day
<b>Vyvanse</b>	Maximum of 1 capsule per day
<b>Welchol (Pack)</b>	Maximum of 1 packet per day
<b>Xgeva</b>	Maximum of 1.7 ml per 28 days
<b>Xyrem</b>	Maximum of 3 bottles per 30 days
Zafirlukast	Maximum of 2 tablets per day
Zaleplon (10mg Capsule)	Maximum of 2 capsules per day
Zaleplon (5mg Capsule)	Maximum of 1 capsule per day
Zerlor	Maximum of 5 tablets per day
<b>Zetia</b>	Maximum of 1 tablet per day
<b>Zofran (Oral Solution)</b>	Maximum of 100 ml per prescription or 3 days supply
<b>Zofran (Tablet)</b>	Maximum of 30 tablets per prescription

**Bold type = Brand-name drug**

Drug Name	Quantity Limit
<b>Zofran ODT</b>	Maximum of 30 tablets per prescription
Zolpidem Tartrate (5mg Tablet)	Maximum of 1 tablet per day
<b>Zortress (0.25mg Tablet)</b>	Maximum of 2 tablets per day

**Bold type = Brand-name drug**

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8:00 am to 8:00 pm local time, 7 days a week

This document includes the Erickson Advantage® plan's complete formulary as of May 1, 2012.

If you are a member of a group sponsored plan (your coverage is provided through a former employer, union group or trust), please call the Customer Service number on the back of your member ID card.

This information is available for free in other languages. Please contact our Customer Service number at **1-866-314-8188, TTY: 711**, 8:00 am to 8:00 pm local time, 7 days a week, for additional information.

Esta información está disponible sin costo en otros idiomas. Comuníquese con el nuestro Servicio al Cliente al número **1-866-314-8188, TTY: 711**, de 8:00 am a 8:00 pm hora local, los 7 días de la semana, para obtener más información.

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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.

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare Advantage organization with a Medicare contract.