



## **Medicare GenerationRx (Employer PDP)**

### **2013 Formulary**

### **(List of Covered Drugs)**

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

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

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2014.

A Medicare-approved Part D sponsor.

To receive this document in an alternate format, please call 1-877-MedRxHelp (1-877-633-7943), 24 hours a day/365 days a year. TTY/TDD users should call 711.

S9579\_13\_Comprehensive Formulary\_EGWP\_ After87 Retirees

Formulary ID: 70001.000, Version: 5

## **What is the Medicare GenerationRx Formulary?**

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

## **Can the Formulary change?**

Generally, if you are taking a drug on our 2013 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2013 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2013. To get updated information about the drugs covered by Medicare GenerationRx, please visit our Web site at [www.medicaregenerationrx.com/SOM](http://www.medicaregenerationrx.com/SOM) or call Member Services at 1-877-MedRxHelp (1-877-633-7943), 24 hours a day/7 days a week. TTY/TDD users should call 711. If mid-year non-maintenance formulary changes occur, affected members will be notified of formulary changes in their "Your Monthly Prescription Drug Summary", also referred to as their Part D Explanation of Benefits (EOB).

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

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

### **Medical Condition**

The formulary begins on page 11. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiac Drugs". If you know what your drug is used for, look for the category name in the list that begins on page 11. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

Medicare GenerationRx covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Medicare GenerationRx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Medicare GenerationRx before you fill your prescriptions. If you don't get approval, Medicare GenerationRx may not cover the drug.
- **Quantity Limits:** For certain drugs, Medicare GenerationRx limits the amount of the drug that Medicare GenerationRx will cover. For example, Medicare GenerationRx provides 18 tablets in 28 days per prescription for Maxalt. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Medicare GenerationRx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Medicare GenerationRx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medicare GenerationRx will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.medicaregenerationrx.com/SOM](http://www.medicaregenerationrx.com/SOM) or calling Member Services at 1-877-MedRxHelp (1-877-633-7943), 24 hours a day/365 days a year. TTY/TDD users should call 711.

You can ask Medicare GenerationRx to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Medicare GenerationRx's formulary?" on page 3-4 for information about how to request an exception.

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

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that Medicare GenerationRx does not cover your drug, you have two options:

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

## How do I request an exception to the Medicare GenerationRx Formulary?

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Medicare GenerationRx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Non-Preferred Brand tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the

Preferred Brand tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty Drug tier.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 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, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Current enrollees that are prescribed non-formulary drugs as a result of a change in level of care can be placed in a transition period. A one-time fill in these scenarios may be accommodated via a manual override at point-of-sale. Level of care changes include the following changes from one treatment setting to another:

- Entering a long-term care facility from a hospital or other settings;
- Leaving a long-term care facility and returning to the community;
- Discharge from a hospital to a home;
- Ending a stay in a skilled nursing facility covered under Medicare Part A (including pharmacy charges), and revert to coverage under Part D;
- Reverting from hospice status to standard Medicare Part A and B benefits; and
- Discharge from a psychiatric hospital with medication regimens that are highly individualized.

## For more information

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

If you have questions about Medicare GenerationRx, please call Member Services at 1-877-MedRxHelp (1-877-633-7943), 24 hours a day/365 days a year. TTY/TDD users should call 711.) Or visit [www.medicaregenerationrx.com/SOM](http://www.medicaregenerationrx.com/SOM).

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

## Medicare GenerationRx's Formulary

The formulary that begins on page 11 provides coverage information about the drugs covered by Medicare GenerationRx. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1. If you need help, please visit our Web site at [www.medicaregenerationrx.com/SOM](http://www.medicaregenerationrx.com/SOM) or call Member Services at 1-877-MedRxHelp (1-877-633-7943), 24 hours a day/365 days a year. TTY/TDD users should call 711 for additional help.

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

The second column of the chart lists the drug tier. A copayment or coinsurance amount applies to each drug tier, depending on your plan. Please refer to your Evidence of Coverage for more information.

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

Tier Number / Name	Your copay/coinsurance amount	
	Up to 31-day Supply	Up to 90-day Supply
<b>Tier 1: Generic drugs</b>	\$10.00	\$20.00
<b>Tier 2: Preferred Brand drugs</b>	\$20.00	\$40.00
<b>Tier 3: Non-Preferred Brand drugs</b>	\$40.00	\$80.00
<b>Tier 4: Specialty drugs</b>	\$40.00	\$80.00

The State of Michigan covers certain Part D vaccines at a \$0 cost share. These drugs are listed as Tier 0 on the formulary. Members must have a valid prescription and use a participating network provider.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

The following abbreviations may be found within the body of this document:

<b>Utilization Management Restrictions</b>		
<b>ABBREVIATION</b>	<b>DESCRIPTION</b>	<b>EXPLANATION</b>
ST	Step Therapy Restriction	Before Medicare GenerationRx will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from Medicare GenerationRx before you fill your prescription for this drug. Without prior approval, Medicare GenerationRx may not cover this drug.
QL	Quantity Limit Restriction	Medicare GenerationRx limits the amount of this drug that is covered per prescription, or within a specific time frame.

<b>Other Special Requirements for Coverage</b>		
<b>ABBREVIATION</b>	<b>DESCRIPTION</b>	<b>EXPLANATION</b>
EX	Excluded Part D Drug	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-877-MedRxHelp (1-877-633-7943), 24 hours a day/365 days a year. TTY/TDD users should call 711.
NM	Non-Mail Order Drug	You may be able to receive greater than a 1-month supply of most of the drugs on your formulary via mail order at a reduced cost share. Drugs <u>not</u> available via your mail order benefit are noted with "NM" in the notes column of your formulary.

<b>Strength and Dosage Form Abbreviations</b>	
<b>ABBREVIATION</b>	<b>DESCRIPTION</b>
adh. patch	adhesive patch
aer br act	aerosol, breath activated
aer pow	aerosol, powder
aer pow ba	aerosol powder, breath activated
aer refill	aerosol refill
aer w/adap	aerosol with adapter
ampul	ampule
blkbaginj	bulk bag injection

<b>Strength and Dosage Form Abbreviations</b>	
<b>ABBREVIATION</b>	<b>DESCRIPTION</b>
cap dr mp	capsule, delayed release multiphasic
cap ds pk	capsule, dose pack
cap er 12h	capsule, 12 hour extended release
cap er 24h	capsule, 24 hour extended release
cap er deg	capsule, extended release degradable
cap er pel	capsule, extended release pellets
cap mphase	capsule, multiphasic
cap.sa 24h	capsule, 24 hour sustained action
cap.sr 12h	capsule, 12 hour sustained release
cap.sr 24h	capsule, 24 hour sustained release
cap24h pct	capsule, 24 hour controlled-onset pellets
cap24h pel	capsule, 24 hour sustained release pellets
cap sprink	capsule, sprinkle
cap sr pel	capsule sustained release pellets
cap w/dev	capsule with device
capsule dr	capsule, delayed release
capsule er	capsule, extended release
capsule sa	capsule, sustained action
cmb cappad	combination: capsule, pad
cmb ont fm	combination: ointment, foam
cmb ont lt	combination: ointment, lotion
cmb tabpad	combination: tablet, pad
combo. pkg	combination package
cpmp 12hr	capsule, 12 hour multiphasic
cpmp 24hr	capsule, 24 hour multiphasic
cpmp 30-70	capsule, multiphasic, 30%-70%
cpmp 50-50	capsule, multiphasic, 50%-50%
cream(g), cream(gm)	cream (grams)
cream(ml)	cream (milliliters)
cream/appl	cream with applicator
cream, er (g)	cream, extended release (grams)
cream pack	cream, package
dehp fr bg	di(2-ethylhexyl)phthalate free bag
dis needle	disposable needle
disk w/dev	disk with inhalation device
disp syrin	disposable syringe
drops susp	drops, suspension
drps hpvis	drops, hyperviscous
emul adhes	emulsion adhesive

<b>Strength and Dosage Form Abbreviations</b>	
<b>ABBREVIATION</b>	<b>DESCRIPTION</b>
emul packt	emulsion packet
emulsn(g)	emulsion (grams)
foam/appl.	foam with applicator
froz.piggy	frozen piggyback
g	gram
gel/pf app	gel with prefilled applicator
gel (gm)	gel (grams)
gel (ml)	gel (milliliters)
gel md pmp	gel in metered dose pump
gel w/appl	gel with applicator
gel w/pump	gel with pump
gran pack	granule pack
hfa aer ad	hfa aerosol adapter
infus. btl	infusion bottle
insuln pen	insulin pen
ip soln	intraperitoneal solution
irrig soln	irrigating solution
iv soln.	intravenous solution
jel	jelly
jelly/app	jelly with applicator
jel/pf app	jelly with pre-filled applicator
kit cl&crm	kit: cleanser and cream
kt crm le	kit: cream, lotion emollient
kt lotn ce	kit: lotion, cream emollient
kt oint le	kit: ointment, lotion emollient
lotion, er	lotion, extended release
lozenge hd	lozenge handle
m.ht patch	medicated heated patch
ma buc tab	mucoadhesive buccal tablet
mcg	microgram
med. pad	medicated pad
med. swab	medicated swab
med. tape	medicated tape
mg	milligram
ml	milliliter
muc er 12h	mucoadhesive system, 12 hour extended release
ndl fr inj	needle for injection
nl fm susp	nail film suspension
oint. (g), oint.(gm)	ointment (grams)



<b>Strength and Dosage Form Abbreviations</b>	
<b>ABBREVIATION</b>	<b>DESCRIPTION</b>
oral conc	oral concentrate
oral susp	oral suspension
paste (g)	paste (grams)
patch td24	patch, 24 hour transdermal
patch td72	patch, 72 hour transdermal
patch tds	patch, biweekly transdermal
patch tdwk	patch, weekly transdermal
pca syring	patient-controlled analgesic syringe
pca vial	patient-controlled analgesic vial
pellet(ea)	pellet (each)
pen ij kit	pen injector kit
pen injectr	pen injector
pggybk btl	piggyback bottle
plast. bag	plastic bag
powd pack	powder pack
sol md pmp	solution with multi-dose pump
sol w/appl	solution with applicator
sol/pf app	solution with pre-filled applicator
sol-gel	solution, gel-forming
soln recon	solution, reconstituted
soln(gram)	solution (grams)
spray susp	spray, suspension
spray/pump	spray with pump
stick(ea)	stick (each)
supp.rect	suppository, rectal
supp.vag	suppository, vaginal
suppos.	suppository
sus er 24h	suspension, 24 hour extended release
sus er rec	suspension, extended release reconstituted
sus mc rec	suspension, microcapsule reconstituted
suspdr pkt	suspension, delayed release packet
susp recon	suspension, reconstituted
syringekit	syringe kit
tab chew	tablet, chewable
tab er 12h	tablet, 12 hour extended release
tab er 24h	tablet, 24 hour extended release
tab er prt	tablet, extended release particles
tab er seq	tablet, extended release sequels
tab disper	tablet, dispersable

<b>Strength and Dosage Form Abbreviations</b>	
<b>ABBREVIATION</b>	<b>DESCRIPTION</b>
tab ds pk	tablet, dose pack
tab er 24	tablet, 24 hour extended release
tab mphase	tablet, multiphasic
tab part	tablet, particles
tab rap dr	tablet, rapid disintegrating delayed release
tab rapdis	tablet, rapid disintegrating
tab subl	tablet, sublingual
tab.sr 12h	tablet, 12 hour sustained release
tab.sr 24h	tablet, 24 hour sustained release
tabergr24hr	tablet, 24 hour gradual extended release
tablet dr	tablet, delayed release
tablet, er	tablet, extended release
tablet eff	tablet, effervescent
tablet sa	tablet, sustained action
tablet sol	tablet, soluble
tb er dspk	tablet, extended release dosepack
tb mp dspk	tablet, multiphasic dosepack
tb rd dspk	tablet, rapid disintegrating dosepack
tbdspk 3mo	tablet, 3-month dosepack
tbmp 12hr	tablet, 12 hour multiphasic
tbmp 24hr	tablet, 24 hour multiphasic
u	unit
vag ring	vaginal ring

Drug Name	Drug Tier	Requirements/Limits	
<b>Adrenals</b>			
<b>Adrenals</b>			
ADVAIR DISKUS	2	QL: 62 in 31 days	
ADVAIR HFA	2	QL: 12 in 28 days	
AEROBID-M	3	QL: 14 in 25 days	
A-HYDROCORT	3	PA	(PA for Part B vs Part D Only)
ALVESCO	3	QL: 12.2 in 25 days	
ARISTOCORT	3	PA	(PA for Part B vs Part D Only)
ARISTOSPAN	3	PA	(PA for Part B vs Part D Only)
ASMANEX	3	QL: 1 in 14 days	aer pow ba: 220mcg(60)
ASMANEX	3	QL: 1 in 25 days	aer pow ba: 110mcg(30), 220mcg120
ASMANEX	3	QL: 1 in 7 days	aer pow ba: 220mcg(30)
<i>betamet acet/betamet na ph</i> (Celestone)	1	PA	(PA for Part B vs Part D Only)
<i>budesonide</i> (Entocort EC)	1		capdr & er
CELESTONE	3		solution
CELESTONE	3	PA	vial, (PA for Part B vs Part D Only)
CORTEF	3	PA	(PA for Part B vs Part D Only)
<i>cortisone acetate</i> (Cortisone Acetate)	1	PA	(PA for Part B vs Part D Only)
DEPO-MEDROL	3	PA	(PA for Part B vs Part D Only)
<i>dexamethasone acetate</i> (Dexamethasone Acetate)	1	PA	(PA for Part B vs Part D Only)
DEXAMETHASONE INTENSOL	3		
<i>dexamethasone sod phosphate</i> (Dexamethasone Sod Phosphate)	1	PA	vial: 10mg/ml, (PA for Part B vs Part D Only)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
<i>dexamethasone sod phosphate</i> (Dexamethasone Sod Phosphate)	1	PA	vial: 4mg/ml, (PA for Part B vs Part D Only)
<i>dexamethasone</i> (Dexamethasone)	1	PA	elixir, tablet, (PA for Part B vs Part D Only)
<i>dexamethasone</i> (Dexamethasone)	1	PA	tab ds pk, (PA for Part B vs Part D Only)
DEXPAK	3		tab ds pk: 1.5mg(51)
DEXPAK	3	PA	tab ds pk: 1.5mg(21), 1.5mg(35), (PA for Part B vs Part D Only)
DULERA	2	QL: 13 in 28 days	
ENTOCORT EC	3		
FLO-PRED	3		
FLOVENT DISKUS	2	QL: 120 in 30 days	disk w/dev: 250mcg
FLOVENT DISKUS	2	QL: 60 in 30 days	disk w/dev: 50mcg, 100mcg
FLOVENT HFA	2	QL: 12 in 28 days	aer w/adap: 110mcg
FLOVENT HFA	2	QL: 21.2 in 28 days	aer w/adap: 44mcg
FLOVENT HFA	2	QL: 24 in 28 days	aer w/adap: 220mcg
<i>fludrocortisone acetate</i> (Fludrocortisone Acetate)	1		
<i>hydrocortisone sod succinate</i> (Hydrocortisone Sod Succinate)	1	PA	(PA for Part B vs Part D Only)
<i>hydrocortisone</i> (Cortef)	1	PA	(PA for Part B vs Part D Only)
KENALOG-10	3	PA	(PA for Part B vs Part D Only)
KENALOG-40	3	PA	(PA for Part B vs Part D Only)
MEDROL	3	PA	tab ds pk, tablet: 4mg, 8mg, 16mg, 32mg, (PA for Part B vs Part D Only)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
MEDROL	3	PA	tablet: 2mg, (PA for Part B vs Part D Only)
<i>methylprednisolone acetate</i> (Depo-medrol)	1	PA	(PA for Part B vs Part D Only)
<i>methylprednisolone sod succ</i> (Solu-medrol)	1	PA	vial: 1000mg, (PA for Part B vs Part D Only)
<i>methylprednisolone sod succ</i> (Solu-medrol)	1	PA	vial: 125mg/2ml, (PA for Part B vs Part D Only)
<i>methylprednisolone</i> (Medrol)	1	PA	(PA for Part B vs Part D Only)
MILLIPRED DP	3		
MILLIPRED	3		solution
MILLIPRED	3		tablet
ORAPRED ODT	3		tab rapdis: 15mg, 30mg
ORAPRED ODT	3	PA	tab rapdis: 10mg, (PA for Part B vs Part D Only)
ORAPRED	3	PA	(PA for Part B vs Part D Only)
PEDIAPRED	3	PA	(PA for Part B vs Part D Only)
<i>prednisolone acetate</i> (Prednisolone Acetate)	1	PA	(PA for Part B vs Part D Only)
<i>prednisolone sod phosphate</i> (Orapred)	1	PA	(PA for Part B vs Part D Only)
<i>prednisolone</i> (Prednisolone)	1	PA	(PA for Part B vs Part D Only)
PREDNISONO INTENSOL	3	PA	(PA for Part B vs Part D Only)
<i>prednisone</i> (Prednisone)	1	PA	solution, tablet, (PA for Part B vs Part D Only)
<i>prednisone</i> (Prednisone)	1	PA	tab ds pk, (PA for Part B vs Part D Only)
PULMICORT FLEXHALER	3	ST, QL:	1 in 25 days

Drug Name	Drug Tier	Requirements/Limits	
QVAR	2	QL: 17.4 in 25 days	
SOLU-CORTEF (PF)	3	PA	(PA for Part B vs Part D Only)
SOLU-MEDROL (PF)	3	PA	(PA for Part B vs Part D Only)
SOLU-MEDROL	3	PA	(PA for Part B vs Part D Only)
SYMBICORT	3	ST, QL: 11 in 25 days	
<i>triamcinolone acetonide</i> (Kenalog-40)	1	PA	(PA for Part B vs Part D Only)
VERIPRED 20	1	PA	(PA for Part B vs Part D Only)
<b>Alpha-Adrenergic Blocking Agents</b>			
<b>Alpha-Adrenergic Blocking Agents</b>			
CARDURA XL	3		
CARDURA	3		
<i>doxazosin mesylate</i> (Cardura)	1		
HYTRIN	3		
MINIPRESS	3		
<i>prazosin hcl</i> (Minipress)	1		
<i>terazosin hcl</i> (Hytrin)	1		
<b>Ammonia Detoxicants</b>			
<b>Ammonia Detoxicants</b>			
AMMONUL	3		
BUPHENYL	2		
CARBAGLU	4		
<i>lactulose</i> (Lactulose)	1		solution
<i>lactulose</i> (Lactulose)	1		syrup
LITHOSTAT	2		
UCEPHAN	3		
<b>Analgesics and Antipyretics</b>			
<b>Analgesics And Antipyretics, Miscellaneous</b>			
<i>acetaminophen/phenyltolx cit</i> (Staflex)	1		
ACUFLEX	3		
ANABAR	3		
ASP	3		
DOLOGESIC	3		capsule
DURABAC FORTE	3		
DURABAC	3		

Drug Name	Drug Tier	Requirements/Limits
DURAXIN	3	
FLEXTRA PLUS	3	
FLEXTRA-650	3	
FLEXTRA-DS	3	
LAGESIC	3	
<i>mg sal/acetaminophn/p-tlox/caf</i> (Durabac Forte)	1	
OFIRMEV	3	
PIROSAL	3	
QFLEX	3	
RELAGESIC	3	
<i>sal-amide/acetamin/p-tlox/caff</i> (Durabac)	1	
<i>sal-amide/acetaminophn/p-tlox</i> (Asp)	1	
<i>salicylamide/acetaminophen</i> (Salicylamide/acetaminophen)	1	
STAFLEX	3	
ZGESIC	3	
<b>Nonsteroidal Anti-inflammatory Agents</b>		
ANAPROX DS	3	
ANAPROX	3	
ANSAID	3	
ARTHROTEC 50	3	
ARTHROTEC 75	3	
CALDOLOR	3	
CAMBIA	3	
CATAFLAM	3	
CELEBREX	2	ST, QL: 62 in 31 days
<i>choline sal/mag salicylate</i> (Choline Sal/mag Salicylate)	1	
CLINORIL	3	
DAYPRO	3	
<i>diclofenac potassium</i> (Cataflam)	1	
<i>diclofenac sodium</i> (Voltaren)	1	
<i>diflunisal</i> (Diflunisal)	1	
DUEXIS	3	QL: 90 in 30 days
EC-NAPROSYN	3	
<i>etodolac</i> (Etodolac)	1	capsule: 200mg; tab er 24h, tablet
<i>etodolac</i> (Etodolac)	1	capsule: 300mg
FELDENE	3	
<i>fenoprofen calcium</i> (Fenoprofen Calcium)	1	
FLECTOR	3	ST
<i>flurbiprofen</i> (Ansaid)	1	
<i>ibuprofen</i> (Motrin)	1	

Drug Name	Drug Tier	Requirements/Limits	
INDOCIN I.V.	3		(May be High Risk Med for Ages 65 and Older)
INDOCIN SR	3		(May be High Risk Med for Ages 65 and Older)
INDOCIN	3		oral susp, (May be High Risk Med for Ages 65 and Older)
INDOCIN	3		supp.rect, (May be High Risk Med for Ages 65 and Older)
<i>indomethacin sodium trihydrate</i> (Indocin I.v.)	1		(May be High Risk Med for Ages 65 and Older)
<i>indomethacin</i> (Indomethacin)	1		(May be High Risk Med for Ages 65 and Older)
<i>ketoprofen</i> (Ketoprofen)	1		
<i>ketorolac tromethamine</i> (Ketorolac Tromethamine)	1	QL: 20 in 31 days	vial: 60mg/2ml
<i>ketorolac tromethamine</i> (Ketorolac Tromethamine)	1	QL: 40 in 31 days	vial: 15mg/ml
<i>ketorolac tromethamine</i> (Toradol)	1	QL: 20 in 31 days	cartridge: 30mg/ml
<i>ketorolac tromethamine</i> (Toradol)	1	QL: 40 in 31 days	cartridge: 15mg/ml
LEVACET	3		
<i>magnesium salicylate</i> (Magnesium Salicylate)	1		
<i>meclofenamate sodium</i> (Meclofenamate Sodium)	1		
<i>mefenamic acid</i> (Ponstel)	1		
<i>meloxicam</i> (Mobic)	1		
MOBIC	3		
MOTRIN	3		
<i>nabumetone</i> (Relafen)	1		
NALFON	3		
NAPRELAN CR DOSE CARD	3		
NAPRELAN	3		
NAPROSYN	3		
<i>naproxen sodium</i> (Anaprox)	1		
<i>naproxen</i> (Naprosyn)	1		
NEOPROFEN	3		
<i>oxaprozin</i> (Oxaprozin)	1		
PENNSAID	3	ST	



Drug Name	Drug Tier	Requirements/Limits	
<i>piroxicam</i> (Feldene)	1		
PONSTEL	3		
RELAFEN	3		
<i>salsalate</i> (Salflex)	1		
SOLARAZE	3		
SPRIX	3	QL: 25 in 31 days	
<i>sulindac</i> (Clinoril)	1		
<i>tolmetin sodium</i> (Tolmetin Sodium)	1		
TORADOL	3	QL: 20 in 31 days	cartridge: 30mg/ml
TORADOL	3	QL: 40 in 31 days	cartridge: 15mg/ml
VIMOVO	3		
VOLTAREN	2	ST	gel (gram), (Topical Gel)
VOLTAREN	3		tablet dr
VOLTAREN-XR	3		
ZIPSOR	3		
ZORPRIN	3		
<b>Opiate Agonists</b>			
ABSTRAL	3	PA, QL: 120 in 30 days	tab subl: 100mcg
ABSTRAL	4	PA, QL: 120 in 30 days	tab subl: 200mcg, 300mcg, 400mcg, 600mcg, 800mcg
<i>acetaminophen with codeine</i> (Tylenol-codeine No.3)	1	QL: 180 in 30 days	tablet: 300mg-60mg
<i>acetaminophen with codeine</i> (Tylenol-codeine No.3)	1	QL: 180 in 30 days	tablet: 650mg-30mg, 650mg-60mg
<i>acetaminophen with codeine</i> (Tylenol-codeine No.3)	1	QL: 360 in 30 days	tablet: 300mg-15mg, 300mg-30mg
ACTIQ	4	PA, QL: 120 in 30 days	
ANEXSIA	3	QL: 180 in 30 days	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
AVINZA	3	ST, QL: 30 in 30 days	cpmp 24hr: 30mg, 45mg, 60mg, 75mg, 120mg
AVINZA	3	ST, QL: 60 in 30 days	cpmp 24hr: 90mg
CAPITAL W-CODEINE	3	QL: 2500 in 30 days	
<i>codeine phos/acetaminophen</i> (Codeine Phos/acetaminophen)	1	QL: 2500 in 30 days	
<i>codeine phosphate</i> (Codeine Phosphate)	1		(Injection)
<i>codeine sulfate</i> (Codeine Sulfate)	1	QL: 180 in 30 days	
CODEINE SULFATE	1	QL: 1800 in 30 days	
COMBUNOX	3	QL: 28 in 30 days	
CONZIP	3	QL: 30 in 30 days	
<i>dhcodeine bt/acetaminophn/caff</i> (Dhcodeine Bt/acetaminophn/ caff)	1	QL: 300 in 30 days	capsule
<i>dhcodeine bt/acetaminophn/caff</i> (Panlor SS)	1	QL: 150 in 30 days	tablet
DILAUDID	3		ampul
DILAUDID	3	QL: 180 in 30 days	tablet: 2mg, 4mg
DILAUDID	3	QL: 240 in 30 days	tablet: 8mg
DILAUDID-5	3	QL: 1200 in 30 days	
DILAUDID-HP	3		
DOLOPHINE HCL	3	QL: 360 in 30 days	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
DURAGESIC	3	PA, QL: 10 in 30 days	patch td72: 12mcg/ hr, 25mcg/hr, 50mcg/hr, 75mcg/hr
DURAGESIC	3	PA, QL: 20 in 30 days	patch td72: 100mcg/ hr
DURAMORPH	3		
EMBEDA	3	QL: 120 in 30 days	cap er pel: 80mg- 3.2mg, 100mg-4mg
EMBEDA	3	QL: 60 in 30 days	cap er pel: 20mg- 0.8mg, 30mg- 1.2mg, 50mg-2mg, 60mg-2.4mg
EXALGO	3	PA, QL: 120 in 30 days	tab er 24: 16mg
EXALGO	3	PA, QL: 30 in 30 days	tab er 24: 8mg, 12mg
<i>fentanyl citrate</i> (Actiq)	4	PA, QL: 120 in 30 days	
<i>fentanyl</i> (Duragesic)	1	PA, QL: 10 in 30 days	patch td72: 12mcg/ hr, 25mcg/hr, 50mcg/hr, 75mcg/hr
<i>fentanyl</i> (Duragesic)	1	PA, QL: 20 in 30 days	patch td72: 100mcg/ hr
FENTORA	4	PA, QL: 120 in 30 days	tablet eff: 100mcg, 200mcg, 400mcg, 600mcg, 800mcg
FENTORA	4	PA, QL: 120 in 30 days	tablet eff: 300mcg
HYCET	3	QL: 2700 in 30 days	
<i>hydrocodone bit/acetaminophen</i> (Hycet)	1	QL: 2025 in 30 days	solution: 10-300/15
<i>hydrocodone bit/acetaminophen</i> (Hycet)	1	QL: 2700 in 30 days	solution: 5-163/7.5

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
<i>hydrocodone bit/acetaminophen</i> (Hycet)	1	QL: 2700 in 30 days	solution: 7.5-325/ 15, 7.5-500/15
<i>hydrocodone bit/acetaminophen</i> (Vicodin)	1	QL: 150 in 30 days	tablet: 7.5-750mg, 10-750mg
<i>hydrocodone bit/acetaminophen</i> (Vicodin)	1	QL: 180 in 30 days	tablet: 7.5-650mg, 10-660mg, 10mg- 650mg
<i>hydrocodone bit/acetaminophen</i> (Vicodin)	1	QL: 240 in 30 days	capsule, tablet: 2.5- 500mg, 5mg- 500mg, 7.5-500mg, 10mg-500mg
<i>hydrocodone bit/acetaminophen</i> (Vicodin)	1	QL: 360 in 30 days	tablet: 2.5-325mg
<i>hydrocodone bit/acetaminophen</i> (Vicodin)	1	QL: 360 in 30 days	tablet: 5mg-325mg, 7.5-325mg, 10mg- 325mg
<i>hydrocodone bit/acetaminophen</i> (Vicodin)	1	QL: 390 in 30 days	tablet: 5mg-300mg, 7.5-300mg, 10mg- 300mg
<i>hydrocodone/ibuprofen</i> (Vicoprofen)	1	QL: 150 in 30 days	
<i>hydromorphone hcl</i> (Dilaudid)	1		vial
<i>hydromorphone hcl</i> (Dilaudid)	1	QL: 180 in 30 days	tablet: 2mg, 4mg
<i>hydromorphone hcl</i> (Dilaudid)	1	QL: 240 in 30 days	tablet: 8mg
<i>hydromorphone hcl</i> (Dilaudid-5)	1	QL: 1200 in 30 days	liquid
<i>hydromorphone hcl/pf</i> (Hydromorphone HCl/PF)	1		ampul, disp syrin
<i>hydromorphone hcl/pf</i> (Hydromorphone HCl/PF)	1		vial
IBUDONE	3	QL: 150 in 30 days	
<i>ibuprofen/oxycodone hcl</i> (Combunox)	1	QL: 28 in 30 days	
INFUMORPH	3		

Drug Name	Drug Tier	Requirements/Limits	
KADIAN	2	ST, QL: 60 in 30 days	cap er pel: 10mg
KADIAN	3	ST, QL: 60 in 30 days	cap er pel: 20mg, 30mg, 50mg, 60mg, 80mg
KADIAN	4	ST, QL: 120 in 30 days	cap er pel: 200mg
KADIAN	4	ST, QL: 60 in 30 days	cap er pel: 100mg
LAZANDA	4	PA, QL: 15 in 30 days	
<i>levorphanol tartrate</i> (Levo-dromoran)	1	QL: 180 in 30 days	
LORCET 10-650	3	QL: 180 in 30 days	
LORCET PLUS	3	QL: 180 in 30 days	
LORTAB	3	QL: 240 in 30 days	tablet
LORTAB	3	QL: 2700 in 30 days	solution
MAGNACET	3	QL: 300 in 30 days	tablet: 2.5-400mg
MAGNACET	3	QL: 300 in 30 days	tablet: 5mg-400mg, 7.5-400mg, 10mg- 400mg
MAXIDONE	3	QL: 150 in 30 days	
<i>methadone hcl</i> (Methadone HCl)	1		vial
<i>methadone hcl</i> (Methadone HCl)	1	QL: 1800 in 30 days	oral conc, solution

Drug Name		Drug Tier	Requirements/Limits	
<i>methadone hcl</i>	(Methadose)	1	QL: 360 in 30 days	tablet
<i>methadone hcl</i>	(Methadose)	1	QL: 90 in 30 days	tablet sol
METHADOSE		3	QL: 1800 in 30 days	oral conc
METHADOSE		3	QL: 360 in 30 days	tablet
<i>morphine sulfate in 0.9 % nacl</i>	(Morphine Sulfate In 0.9 % NaCl)	1		
<i>morphine sulfate</i>	(Kadian)	1	ST, QL: 60 in 30 days	cap er pel: 20mg, 30mg, 50mg, 60mg, 80mg
<i>morphine sulfate</i>	(Kadian)	4	ST, QL: 60 in 30 days	cap er pel: 100mg
<i>morphine sulfate</i>	(Morphine Sulfate)	1		disp syrin, pen injctr, supp.rect, vial
<i>morphine sulfate</i>	(MS Contin)	1	QL: 120 in 30 days	tablet er: 30mg, 60mg, 100mg
<i>morphine sulfate</i>	(MS Contin)	1	QL: 180 in 30 days	tablet, tablet er: 15mg, 200mg
<i>morphine sulfate</i>	(MSIR)	1	QL: 200 in 30 days	solution: 100mg/5ml
<i>morphine sulfate</i>	(MSIR)	1	QL: 300 in 30 days	solution: 20mg/5ml
<i>morphine sulfate</i>	(MSIR)	1	QL: 700 in 30 days	solution: 10mg/5ml
<i>morphine sulfate/d5w</i>	(Morphine Sulfate/D5W)	1		
<i>morphine sulfate/pf</i>	(Morphine Sulfate/PF)	1		pca vial, vial: 25mg/ml
<i>morphine sulfate/pf</i>	(Morphine Sulfate/PF)	1		vial: 0.5mg/ml, 1mg/ml
MS CONTIN		3	QL: 120 in 30 days	tablet er: 15mg, 30mg, 60mg, 100mg

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
MS CONTIN	3	QL: 180 in 30 days	tablet er: 200mg
MSIR	3	QL: 300 in 30 days	solution: 20mg/5ml
MSIR	3	QL: 700 in 30 days	solution: 10mg/5ml
NORCO	3	QL: 360 in 30 days	
NUCYNTA ER	2	QL: 60 in 30 days	
NUCYNTA	2	QL: 181 in 30 days	
NUMORPHAN	3		
ONSOLIS	4	PA, QL: 120 in 30 days	
OPANA ER	3	QL: 120 in 30 days	tab er 12h: 30mg, 40mg
OPANA ER	3	QL: 60 in 30 days	tab er 12h: 5mg, 10mg, 20mg
OPANA ER	3	QL: 60 in 30 days	tab er 12h: 7.5mg, 15mg
OPANA	3		ampul
OPANA	3	QL: 180 in 30 days	tablet
ORAMORPH SR	3	QL: 120 in 30 days	
OXECTA	3	QL: 360 in 30 days	
<i>oxycodone hcl</i> (Oxycodone HCl)	1	QL: 120 in 30 days	tab er 12h: 80mg
<i>oxycodone hcl</i> (Oxycodone HCl)	1	QL: 1300 in 30 days	solution

Drug Name		Drug Tier	Requirements/Limits	
<i>oxycodone hcl</i>	(Oxycodone HCl)	1	QL: 60 in 30 days	tab er 12h: 10mg, 20mg, 40mg
<i>oxycodone hcl</i>	(Roxicodone)	1	QL: 180 in 30 days	capsule, oral conc, tablet: 5mg, 15mg, 30mg
<i>oxycodone hcl</i>	(Roxicodone)	1	QL: 180 in 30 days	tablet: 10mg, 20mg
<i>oxycodone hcl</i>	(Roxicodone)	3	QL: 540 in 30 days	tablet orl, (Brand Name Oxecta)
<i>oxycodone hcl/acetaminophen</i>	(Oxycodone HCl/acetaminophen)	1	QL: 1800 in 30 days	solution
<i>oxycodone hcl/acetaminophen</i>	(Percocet)	1	QL: 180 in 30 days	tablet: 10mg-650mg
<i>oxycodone hcl/acetaminophen</i>	(Percocet)	1	QL: 240 in 30 days	capsule, tablet: 5mg-500mg, 7.5-500mg
<i>oxycodone hcl/acetaminophen</i>	(Percocet)	1	QL: 360 in 30 days	tablet: 2.5-325mg, 5mg-325mg, 7.5-325mg, 10mg-325mg
<i>oxycodone hcl/aspirin</i>	(Percodan)	1	QL: 360 in 30 days	
<i>oxycodone hcl/oxycodon ter/asa</i>	(Oxycodone HCl/oxycodon Ter/asa)	1	QL: 360 in 30 days	
OXYCONTIN		2	QL: 120 in 30 days	tab er 12h: 80mg
OXYCONTIN		2	QL: 60 in 30 days	tab er 12h: 10mg, 15mg, 20mg, 30mg, 40mg, 60mg
<i>oxymorphone hcl</i>	(Opana ER)	1	QL: 60 in 30 days	tab er 12h
<i>oxymorphone hcl</i>	(Opana)	1	QL: 180 in 30 days	tablet
PANLOR SS		3	QL: 150 in 30 days	



Drug Name	Drug Tier	Requirements/Limits	
PERCOCET	3	QL: 180 in 30 days	tablet: 10mg-650mg
PERCOCET	3	QL: 240 in 30 days	tablet: 7.5-500mg
PERCOCET	3	QL: 360 in 30 days	tablet: 2.5-325mg, 5mg-325mg, 7.5-325mg, 10mg-325mg
PERCODAN	3	QL: 360 in 30 days	
PERCOLONE	3	QL: 180 in 30 days	
POLYGESIC	3	QL: 240 in 30 days	
PRIMLEV	3	QL: 390 in 30 days	
ROXICODONE INTENSOL	3	QL: 180 in 30 days	
ROXICODONE	3	QL: 1300 in 30 days	solution
ROXICODONE	3	QL: 180 in 30 days	tablet
RYBIX ODT	3	QL: 240 in 30 days	
RYZOLT	3	QL: 30 in 30 days	tbmp 24hr: 200mg, 300mg
RYZOLT	3	QL: 90 in 30 days	tbmp 24hr: 100mg
STAGESIC-10	3	QL: 480 in 30 days	
SUBSYS	4	PA, QL: 120 in 30 days	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
SYNALGOS-DC	3	QL: 360 in 30 days	
<i>tramadol hcl</i> (Ultram ER)	1	QL: 30 in 30 days	tab er 24h: 200mg, 300mg
<i>tramadol hcl</i> (Ultram ER)	1	QL: 90 in 30 days	tab er 24h: 100mg
<i>tramadol hcl</i> (Ultram)	1	QL: 240 in 30 days	tablet
<i>tramadol hcl/acetaminophen</i> (Ultracet)	1	QL: 240 in 30 days	
TYLENOL-CODEINE NO.3	3	QL: 360 in 30 days	
TYLENOL-CODEINE NO.4	3	QL: 180 in 30 days	
TYLOX	3	QL: 240 in 30 days	
ULTRACET	3	QL: 240 in 30 days	
ULTRAM ER	3	QL: 30 in 30 days	tab er 24h: 200mg, 300mg
ULTRAM ER	3	QL: 90 in 30 days	tab er 24h: 100mg
ULTRAM	3	QL: 240 in 30 days	
VICODIN ES	3	QL: 150 in 30 days	
VICODIN HP	3	QL: 180 in 30 days	
VICODIN	3	QL: 240 in 30 days	
VICOPROFEN	3	QL: 150 in 30 days	

Drug Name	Drug Tier	Requirements/Limits	
XODOL 10-300	3	QL: 390 in 30 days	
XODOL 5-300	3	QL: 390 in 30 days	
XODOL 7.5-300	3	QL: 390 in 30 days	
XOLOX	3	QL: 240 in 30 days	
ZAMICET	3	QL: 2700 in 30 days	
ZYDONE	3	QL: 300 in 30 days	
<b>Opiate Partial Agonists</b>			
BUPRENEX	3		
<i>buprenorphine hcl</i> (Buprenorphine HCl)	1		disp syrin
<i>buprenorphine hcl</i> (Subutex)	1	PA, QL: 20 in 30 days	tab subl: 2mg
<i>buprenorphine hcl</i> (Subutex)	1	PA, QL: 5 in 30 days	tab subl: 8mg
<i>butorphanol tartrate</i> (Butorphanol Tartrate)	1		disp syrin
<i>butorphanol tartrate</i> (Butorphanol Tartrate)	1	QL: 5 in 28 days	spray
BUTRANS	3	QL: 4 in 28 days	
<i>nalbuphine hcl</i> (Nalbuphine HCl)	1		
SUBOXONE	3	PA, QL: 90 in 30 days	
SUBUTEX	3	PA, QL: 20 in 30 days	tab subl: 2mg
SUBUTEX	3	PA, QL: 5 in 30 days	tab subl: 8mg
<b>Androgens</b>			
<b>Androgens</b>			

Drug Name	Drug Tier	Requirements/Limits	
ANADROL-50	4		
ANDRODERM	3	QL: 30 in 30 days	patch td24: 2mg/24hr, 4mg/24hr
ANDROGEL	2	QL: 150 in 30 days	gel md pmp
ANDROGEL	2	QL: 300 in 30 days	gel packet
AXIRON	2	QL: 180 in 28 days	
<i>danazol</i> (Danocrine)	1		
DELATESTRYL	3	PA, QL: 5 in 28 days	
DEPO-TESTOSTERONE	3	PA	
<i>fluoxymesterone</i> (Fluoxymesterone)	1		
FORTESTA	3	PA, QL: 120 in 30 days	
OXANDRIN	3		
<i>oxandrolone</i> (Oxandrin)	1		
STRIANT	3	PA, QL: 60 in 30 days	
TESTIM	3	PA, QL: 300 in 30 days	
TESTOPEL	3	PA, QL: 6 in 84 days	
<i>testosterone cypionate</i> (Depo-testosterone)	1	PA	
<i>testosterone enanthate</i> (Delatestryl)	1	PA, QL: 5 in 28 days	
<b>Anorexigenics, Respiratory, Cerebral Stimulants</b>			
<b>Amphetamines</b>			
ADDERALL XR	3	PA, QL: 30 in 30 days	(PA for Ages 65 and Older; May be High Risk Med)
ADDERALL	3	PA, QL: 60 in 30 days	(PA for Ages 65 and Older; May be High Risk Med)

Drug Name	Drug Tier	Requirements/Limits	
<i>amphet asp/amphet/d-amphet</i> (Adderall XR)	1	PA, QL: 30 in 30 days	cap er 24h, (PA for Ages 65 and Older; May be High Risk Med)
<i>amphet asp/amphet/d-amphet</i> (Adderall)	1	PA, QL: 60 in 30 days	tablet, (PA for Ages 65 and Older; May be High Risk Med)
DEXEDRINE	3	PA, QL: 120 in 30 days	capsule er: 10mg, 15mg, (PA for Ages 65 and Older; May be High Risk Med)
DEXEDRINE	3	PA, QL: 90 in 30 days	capsule er: 5mg, (PA for Ages 65 and Older; May be High Risk Med)
<i>dextroamphetamine sulfate</i> (Dexedrine)	1	PA, QL: 120 in 30 days	capsule er, (PA for Ages 65 and Older; May be High Risk Med)
<i>dextroamphetamine sulfate</i> (Dextrostat)	1	PA, QL: 180 in 30 days	tablet, (PA for Ages 65 and Older; May be High Risk Med)
<i>methamphetamine hcl</i> (Desoxyn)	1	QL: 150 in 30 days	(May be High Risk Med for Ages 65 and Older)
PROCENTRA	3	PA, QL: 300 in 30 days	(PA for Ages 65 and Older; May be High Risk Med)
VYVANSE	3	PA, QL: 30 in 30 days	(PA for Ages 65 and Older; May be High Risk Med)
<b>Anorexigenics, Respiratory, Cerebral Stimulants, Miscellaneous</b>			
CAFCIT	3		
<i>caffeine citrated</i> (Cafcit)	1		
<i>caffeine/sodium benzoate</i> (Caffeine/sodium Benzoate)	1		
CONCERTA	3	PA, QL: 31 in 31 days	(PA for Ages 65 and Older; May be High Risk Med)
DAYTRANA	3	PA, QL: 30 in 30 days	(May be High Risk Med for Ages 65 and Older)

Drug Name	Drug Tier	Requirements/Limits	
<i>dexmethylphenidate hcl</i> (Focalin)	1	PA, QL: 60 in 30 days	(PA for Ages 65 and Older; May be High Risk Med)
FOCALIN XR	3	PA, QL: 30 in 30 days	(PA for Ages 65 and Older; May be High Risk Med)
FOCALIN	3	PA, QL: 60 in 30 days	(PA for Ages 65 and Older; May be High Risk Med)
METADATE CD	3	PA, QL: 30 in 30 days	(PA for Ages 65 and Older; May be High Risk Med)
METADATE ER	3	PA, QL: 90 in 30 days	(PA for Ages 65 and Older; May be High Risk Med)
METHYLIN	3	PA, QL: 180 in 30 days	tab chew: 10mg, (PA for Ages 65 and Older; May be High Risk Med)
METHYLIN	3	PA, QL: 90 in 30 days	tab chew: 2.5mg, 5mg, (PA for Ages 65 and Older; May be High Risk Med)
METHYLIN	3	PA, QL: 900 in 30 days	solution, (PA for Ages 65 and Older; May be High Risk Med)
<i>methylphenidate hcl</i> (Concerta)	1	PA, QL: 31 in 31 days	tab er 24, (PA for Ages 65 and Older; May be High Risk Med)
<i>methylphenidate hcl</i> (Methylin)	1	PA, QL: 900 in 30 days	solution, (PA for Ages 65 and Older; May be High Risk Med)
<i>methylphenidate hcl</i> (Ritalin LA)	1	PA, QL: 30 in 30 days	cpmp 50-50: 20mg, 40mg, (PA for Ages 65 and Older; May be High Risk Med)
<i>methylphenidate hcl</i> (Ritalin LA)	1	PA, QL: 60 in 30 days	cpmp 50-50: 30mg, (PA for Ages 65 and Older; May be High Risk Med)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
<i>methylphenidate hcl</i> (Ritalin)	1	PA, QL: 90 in 30 days	tablet er: 10mg, (PA for Ages 65 and Older; May be High Risk Med)
<i>methylphenidate hcl</i> (Ritalin)	1	PA, QL: 90 in 30 days	tablet, tablet er: 20mg, (PA for Ages 65 and Older; May be High Risk Med)
NUVIGIL	3	PA, QL: 30 in 30 days	tablet: 150mg, 250mg
NUVIGIL	3	PA, QL: 90 in 30 days	tablet: 50mg
PROVIGIL	3	PA, QL: 62 in 31 days	
RITALIN LA	3	PA, QL: 30 in 30 days	cpmp 50-50: 10mg, 20mg, 40mg, (PA for Ages 65 and Older; May be High Risk Med)
RITALIN LA	3	PA, QL: 60 in 30 days	cpmp 50-50: 30mg, (PA for Ages 65 and Older; May be High Risk Med)
RITALIN	3	PA, QL: 90 in 30 days	(PA for Ages 65 and Older; May be High Risk Med)
RITALIN-SR	3	PA, QL: 90 in 30 days	(PA for Ages 65 and Older; May be High Risk Med)
<b>Anthelmintics</b>			
<b>Anthelmintics</b>			
ALBENZA	2		
BILTRICIDE	3		
<i>mebendazole</i> (Mebendazole)	1		
STROMECTOL	2		
<b>Antiallergic Agents</b>			
<b>Antiallergic Agents</b>			
ALAMAST	3		
ALOMIDE	3		

Drug Name	Drug Tier	Requirements/Limits
ASTELIN	3	QL: 30 in 25 days
ASTEPRO	2	QL: 30 in 25 days
<i>azelastine hcl</i> (Astelin)	1	QL: 30 in 25 days spray/pump
<i>azelastine hcl</i> (Optivar)	1	drops
BEPREVE	3	ST
ELESTAT	3	ST
EMADINE	3	ST
<i>epinastine hcl</i> (Elestat)	1	
LASTACAFT	3	ST
OPTIVAR	3	
PATADAY	2	ST
PATANASE	3	QL: 30.5 in 30 days
PATANOL	2	ST
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate</i> (Amikacin Sulfate)	1	
GARAMYCIN	3	
<i>gentamicin in nacl, iso-osm</i> (Gentamicin In Nacl, Iso-osm)	1	piggyback: 60mg/100ml, 100mg/50ml
<i>gentamicin in nacl, iso-osm</i> (Gentamicin In Nacl, Iso-osm)	1	piggyback: 60mg/50ml, 70mg/50ml, 80mg/100ml, 80mg/50ml, 90mg/100ml, 100mg/0.11
<i>gentamicin sulfate</i> (Garamycin)	1	
<i>gentamicin sulfate/pf</i> (Gentamicin Sulfate/PF)	1	
<i>kanamycin sulfate</i> (Kanamycin Sulfate)	1	vial: 1g/3ml
<i>kanamycin sulfate</i> (Kanamycin Sulfate)	1	vial: 500mg/2ml
NEBCIN IN DEXTROSE	3	
NEBCIN	3	
<i>neomycin sulfate</i> (Neomycin Sulfate)	1	solution
<i>neomycin sulfate</i> (Neomycin Sulfate)	1	tablet
<i>streptomycin sulfate</i> (Streptomycin Sulfate)	1	
TOBI	4	PA (PA for Part B vs Part D Only)
<i>tobramycin sulfate</i> (Nebcin)	1	
<i>tobramycin/sodium chloride</i> (Tobramycin/sodium Chloride)	1	
<b>Antibacterials, Miscellaneous</b>		
<i>bacitracin</i> (Bacitracin)	1	



Drug Name	Drug Tier	Requirements/Limits	
<i>chloramphenicol na succ</i> (Chloramphenicol Na Succ)	1		
CLEOCIN HCL	3		
CLEOCIN PALMITATE	3		
CLEOCIN PHOSPHATE IN D5W	3		
CLEOCIN PHOSPHATE	3		
<i>clindamycin hcl</i> (Cleocin HCl)	1		capsule: 150mg, 300mg
<i>clindamycin hcl</i> (Cleocin HCl)	1		capsule: 75mg
<i>clindamycin palmitate hcl</i> (Cleocin Palmitate)	1		
<i>clindamycin phosphate</i> (Cleocin Phosphate)	1		
<i>colistin (colistimethate na)</i> (Coly-mycin M Parenteral)	1		
COLY-MYCIN M PARENTERAL	3		
CUBICIN	4	PA	(PA for ESRD Only)
HELIDAC	3		
LINCOCIN	3		
LINCOJECT	3		
<i>polymyxin b sulfate</i> (Polymyxin B Sulfate)	1		
PYLERA	3		
SYNERCID	4		
VANCOCIN HCL	4		
<i>vancomycin hcl</i> (Vancocin HCl)	4		capsule
<i>vancomycin hcl</i> (Vancomycin HCl)	1	PA	vial, (PA for ESRD Only)
<i>vancomycin hcl/d5w</i> (Vancomycin HCl/D5W)	1		
VANCOMYCIN HCL	3		
VIBATIV	3		
XIFAXAN	2	PA, QL: 60 in 30 days	tablet: 550mg
XIFAXAN	2	PA, QL: 9 in 30 days	tablet: 200mg
ZYVOX	4		
<b>Cephalosporins</b>			
ANCEF	3		
CEDAX	3		capsule
CEDAX	3		susp recon
<i>cefaclor</i> (Ceclor)	1		capsule, tab er 12h
<i>cefaclor</i> (Ceclor)	1		susp recon
<i>cefadroxil hydrate</i> (Cefadroxil Hydrate)	1		
<i>cefazolin sodium</i> (Ancef)	1		

Drug Name		Drug Tier	Requirements/Limits
<i>cefazolin sodium/dextrose,iso</i>	(Cefazolin Sodium/dextrose, Iso)	1	froz.piggy
<i>cefazolin sodium/dextrose,iso</i>	(Cefazolin Sodium/dextrose, Iso)	1	piggyback
<i>cefdinir</i>	(Omnicef)	1	
<i>cefditoren pivoxil</i>	(Spectracef)	1	
<i>cefepime hcl</i>	(Maxipime)	1	
CEFEPIME		2	
CEFEPIME-DEXTROSE		2	
<i>cefotaxime sodium</i>	(Claforan)	1	vial: 1g, 2g, 10g
<i>cefotaxime sodium</i>	(Claforan)	1	vial: 500mg
<i>cefpodoxime proxetil</i>	(Vantin)	1	
<i>cefprozil</i>	(Cefzil)	1	
<i>ceftazidime pentahydrate</i>	(Fortaz)	1	vial: 1g; vial port
<i>ceftazidime pentahydrate</i>	(Fortaz)	1	vial: 2g, 6g, 500mg
CEFTAZIDIME		1	
CEFTIN		3	
<i>ceftriaxone na/dextrose,iso</i>	(Ceftriaxone Na/dextrose, Iso)	1	
<i>ceftriaxone sodium</i>	(Rocephin)	1	
<i>cefuroxime axetil</i>	(Ceftin)	1	tablet
<i>cefuroxime axetil</i>	(Cefuroxime Axetil)	1	susp recon
<i>cefuroxime sodium</i>	(Zinacef)	1	
<i>cefuroxime sodium/dextrose,iso</i>	(Cefuroxime Sodium/dextrose, Iso)	1	
CEFZIL		3	
<i>cephalexin</i>	(Keflex)	1	
CLAFORAN GALAXY		3	
CLAFORAN		3	pggybk btl, vial: 1g
CLAFORAN		3	vial: 2g, 10g, 500mg
FORTAZ IN ISO-OSMOTIC DEXTROSE		3	
FORTAZ		3	vial: 1g
FORTAZ		3	vial: 2g, 6g
KEFLEX		3	capsule: 250mg, 500mg
KEFLEX		3	capsule: 750mg
MAXIPIME		3	
OMNICEF		3	
ROCEPHIN		3	vial: 10g
ROCEPHIN		3	vial: 500mg
SPECTRACEF		3	
SUPRAX		3	
TAZICEF IN DEXTROSE		2	
TEFLARO		3	
VANTIN		3	

Drug Name	Drug Tier	Requirements/Limits
ZINACEF IN ISO-OSMOTIC WATER	3	
ZINACEF ISO-OSMOTIC DEXTROSE	3	
ZINACEF	3	
<b>Macrolides</b>		
<i>azithromycin hydrogen citrate</i> (Azithromycin Hydrogen Citrate)	1	
<i>azithromycin</i> (Zithromax)	1	packet
<i>azithromycin</i> (Zithromax)	1	susp recon, tablet, vial
BIAXIN XL	3	
BIAXIN	3	susp recon: 125mg/5ml
BIAXIN	3	susp recon: 250mg/5ml; tablet
<i>clarithromycin</i> (Biaxin)	1	
DIFICID	4	QL: 20 in 10 days
E.E.S. 200	3	
<i>ery e-succ/sulfisoxazole</i> (Pediazole)	1	
ERYPED 400	3	
ERYPED	3	
ERY-TAB	1	
ERYTHROCIN LACTOBIONATE	2	vial port: 1g
ERYTHROCIN LACTOBIONATE	2	vial port: 500mg
<i>erythromycin base</i> (Eryc)	1	capsule dr
<i>erythromycin base</i> (Erythromycin Base)	1	tablet, tablet dr
<i>erythromycin ethylsuccinate</i> (Erythromycin Ethylsuccinate)	1	oral susp
<i>erythromycin ethylsuccinate</i> (Erythromycin Ethylsuccinate)	1	tablet
<i>erythromycin stearate</i> (Erythromycin Stearate)	1	tablet: 250mg
<i>erythromycin stearate</i> (Erythromycin Stearate)	1	tablet: 500mg
KETEK	3	ST
PCE	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX	3	packet
ZITHROMAX	3	susp recon, tablet, vial
ZMAX PEDIATRIC	3	
<b>Miscellaneous B-lactam Antibiotics</b>		
AZACTAM	3	

Drug Name	Drug Tier	Requirements/Limits
AZACTAM-ISO-OSMOTIC DEXTROSE	3	
<i>aztreonam</i> (Azactam)	1	
CAYSTON	4	LA
<i>cefotetan disod/dextrose,iso</i> (Cefotetan Disod/dextrose, Iso)	1	
<i>cefotetan disodium</i> (Cefotetan Disodium)	1	
<i>cefoxitin sodium</i> (Mefoxin)	1	
<i>cefoxitin sodium/dextrose,iso</i> (Cefoxitin Sodium/dextrose, Iso)	1	
DORIBAX	3	
<i>imipenem/cilastatin sodium</i> (Primaxin)	1	
INVANZ	3	vial
INVANZ	3	vial port
MEFOXIN	3	froz.piggy
MEFOXIN	3	vial
<i>meropenem</i> (Merrem)	1	
MERREM	3	
PRIMAXIN	3	
<b>Penicillins</b>		
<i>amoxicillin</i> (Amoxil)	1	capsule, susp recon, tab chew: 125mg, 250mg; tablet
<i>amoxicillin</i> (Amoxil)	1	tab chew: 200mg, 400mg
<i>amoxicillin/potassium clav</i> (Augmentin)	1	
AMOXIL	3	
<i>ampicillin sodium</i> (Totacillin-N)	1	vial
<i>ampicillin sodium</i> (Totacillin-N)	1	vial port
<i>ampicillin sodium/sulbactam na</i> (Unasyn)	1	vial
<i>ampicillin sodium/sulbactam na</i> (Unasyn)	1	vial port
<i>ampicillin trihydrate</i> (Ampicillin Trihydrate)	1	
AUGMENTIN ES-600	3	
AUGMENTIN XR	3	
AUGMENTIN	3	
BACTOCILL	3	
BICILLIN C-R	2	
BICILLIN L-A	2	
<i>dicloxacillin sodium</i> (Dicloxacillin Sodium)	1	
MOXATAG	3	
<i>nafcillin sodium</i> (Unipen)	1	vial
<i>nafcillin sodium</i> (Unipen)	1	vial port
<i>nafcillin sodium/d2.4w</i> (Nafcillin Sodium/d2.4w)	1	
NALLPEN	3	
NALLPEN-ISO-OSMOTIC DEXTROSE	3	

Drug Name		Drug Tier	Requirements/Limits
<i>oxacillin sodium</i>	(Oxacillin Sodium)	1	
<i>oxacillin sodium/dextrose,iso</i>	(Oxacillin Sodium/dextrose, Iso)	1	
<i>pen g pot/dextrose-water</i>	(Pen G Pot/dextrose-water)	1	froz.piggy: 1mm/50ml
<i>pen g pot/dextrose-water</i>	(Pen G Pot/dextrose-water)	1	froz.piggy: 2mm/50ml, 3mm/50ml
<i>penicillin g potassium</i>	(Penicillin G Potassium)	1	
<i>penicillin g potassium/d5w</i>	(Penicillin G Potassium/D5W)	1	
<i>penicillin g procaine</i>	(Penicillin G Procaine)	1	disp syrin: 1.2mm/2ml
<i>penicillin g procaine</i>	(Penicillin G Procaine)	1	disp syrin: 600000/ml
PENICILLIN G SODIUM		3	
<i>penicillin v potassium</i>	(Veetids 500)	1	
<i>piperacillin sodium</i>	(Piperacillin Sodium)	1	
<i>piperacillin sodium/tazobactam</i>	(Zosyn)	1	
PIPRACIL IN DEXTROSE		3	
TICAR IN DEXTROSE		3	
TICAR		3	
TIMENTIN		3	
TOTACILLIN-N		3	
UNASYN		3	vial
UNASYN		3	vial port
UNIPEN		3	
ZOSYN		3	froz.piggy
ZOSYN		3	vial
<b>Quinolones</b>			
AVELOX ABC PACK		2	
AVELOX IV		2	
AVELOX		2	
CIPRO I.V.		3	piggyback
CIPRO I.V.		3	vial
CIPRO XR		3	
CIPRO		3	sus mc rec
CIPRO		3	tablet
<i>ciprofloxacin hcl</i>	(Cipro)	1	
<i>ciprofloxacin lactate</i>	(Cipro I.V.)	1	
<i>ciprofloxacin lactate/d5w</i>	(Cipro I.V.)	1	
<i>ciprofloxacin/ciprofloxacin hcl</i>	(Cipro XR)	1	
FACTIVE		3	
LEVAQUIN		3	piggyback
LEVAQUIN		3	solution, tablet
LEVAQUIN		3	vial
<i>levofloxacin</i>	(Levaquin)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin/d5w</i> (Levaquin)	1	
MAXAQUIN	3	
<i>nalidixic acid</i> (Nalidixic Acid)	1	
NEGGRAM	3	
NOROXIN	3	
<i>ofloxacin</i> (Floxin)	1	
PROQUIN XR	3	
<b>Sulfonamides (Systemic)</b>		
AZULFIDINE	3	
BACTRIM DS	3	
BACTRIM	3	
SEPTRA DS	3	
SEPTRA	3	
<i>sulfadiazine</i> (Sulfadiazine)	1	
<i>sulfamethoxazole/trimethoprim</i> (Septra)	1	
<i>sulfasalazine</i> (Azulfidine)	1	
<b>Tetracyclines</b>		
ADOXA CK	3	
ADOXA PAK	3	
ADOXA TT	3	
ADOXA	3	
ALA-TET	3	
ALODOX	3	
AVIDOXY	3	
DECLOMYCIN	3	
<i>demeclocycline hcl</i> (Declomycin)	1	
DORYX	3	tablet dr: 150mg
DORYX	3	tablet dr: 75mg, 100mg
<i>doxycycline hyclate</i> (Vibramycin)	1	capsule, tablet dr, vial
<i>doxycycline hyclate</i> (Vibra-tabs)	1	capsule dr, tablet
<i>doxycycline monohydrate</i> (Adoxa)	1	capsule: 75mg; tablet
<i>doxycycline monohydrate</i> (Monodox)	1	capsule: 150mg
DYNACIN	3	capsule
DYNACIN	3	tablet
MINOCIN	3	capsule
MINOCIN	4	vial
<i>minocycline hcl</i> (Dynacin)	1	
MONODOX	3	capsule: 50mg
MONODOX	3	capsule: 75mg, 100mg
ORACEA	3	

Drug Name	Drug Tier	Requirements/Limits	
SOLODYN	4		
TERRAMYCIN IM	3		
TERRAMYCIN	3		
<i>tetracycline hcl</i> (Ala-tet)	1		capsule
<i>tetracycline hcl</i> (Tetracycline HCl)	1		oral susp
TYGACIL	4		
VIBRAMYCIN	3		capsule: 100mg
VIBRAMYCIN	3		capsule: 50mg
VIBRAMYCIN	3		susp recon
VIBRAMYCIN	3		syrup
VIBRA-TABS	3		
<b>Anticholinergic Agents</b>			
<b>Antimuscarinics/Antispasmodics</b>			
ATROPEN	3		
<i>atropine sulfate</i> (Atropine Sulfate)	1		ampul, vial
<i>atropine sulfate</i> (Atropine Sulfate)	1		disp syrin
ATROVENT HFA	2	QL: 25.8 in 28 days	
CANTIL	3		
CUVPOSA	3		
<i>dicyclomine hcl</i> (Bentyl)	1	PA	capsule, syrup, tablet, (PA for Ages 65 and Older; May be High Risk Med)
<i>glycopyrrolate</i> (Robinul)	1		
<i>isopropamide/prochlorperazine</i> (Isopropamide/prochlorperazine)	1		
<i>methscopolamine bromide</i> (Pamine)	1	PA	(PA for Ages 65 and Older; May be High Risk Med)
PAMINE FORTE	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
PAMINE	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
ROBINUL FORTE	3		
ROBINUL	3		tablet
ROBINUL	3		vial
SPIRIVA	2	QL: 30 in 30 days	
<b>Anticonvulsants</b>			
<b>Anticonvulsants, Miscellaneous</b>			

Drug Name	Drug Tier	Requirements/Limits
BANZEL	3	
<i>carbamazepine</i> (Tegretol XR)	1	tab er 12h
<i>carbamazepine</i> (Tegretol)	1	cpmp 12hr, oral susp, tab chew, tablet
CARBATROL	3	
DEPACON	3	
DEPAKENE	3	capsule
DEPAKENE	3	solution
DEPAKOTE ER	3	
DEPAKOTE SPRINKLE	3	
DEPAKOTE	3	
<i>divalproex sodium</i> (Depakote ER)	1	
EQUETRO	3	
<i>felbamate</i> (Felbatol)	1	
FELBATOL	3	
<i>gabapentin</i> (Neurontin)	1	
GABITRIL	2	
GRALISE	3	ST, QL: 78 in 30 days tab er 24h: 300-600mg
GRALISE	3	ST, QL: 90 in 30 days tab er 24h: 300mg, 600mg
HORIZANT	3	
KEPPRA XR	3	
KEPPRA	3	solution, tablet
KEPPRA	3	vial
LAMICTAL (BLUE)	3	
LAMICTAL (GREEN)	3	
LAMICTAL (ORANGE)	3	
LAMICTAL ODT (BLUE)	3	
LAMICTAL ODT (GREEN)	3	
LAMICTAL ODT (ORANGE)	3	
LAMICTAL ODT	3	
LAMICTAL XR (BLUE)	3	
LAMICTAL XR (GREEN)	3	
LAMICTAL XR (ORANGE)	3	
LAMICTAL XR	3	tab er 24: 25mg, 50mg, 100mg, 200mg, 250mg
LAMICTAL XR	3	tab er 24: 300mg
LAMICTAL	3	
<i>lamotrigine</i> (Lamictal (green))	1	tab ds pk



Drug Name		Drug Tier	Requirements/Limits
<i>lamotrigine</i>	(Lamictal)	1	tablet, tb chw dsp
<i>levetiracetam</i>	(Keppra)	1	
LYRICA		2	QL: 93 in 31 days
<i>magnesium chloride</i>	(Magnesium Chloride)	1	
<i>magnesium sulfate</i>	(Magnesium Sulfate)	1	disp syrin
<i>magnesium sulfate</i>	(Magnesium Sulfate)	1	infus. btl, piggyback, vial
<i>magnesium sulfate/d5w</i>	(Magnesium Sulfate/D5W)	1	
NEURONTIN		3	
<i>oxcarbazepine</i>	(Trileptal)	1	oral susp
<i>oxcarbazepine</i>	(Trileptal)	1	tablet
POTIGA		3	QL: 270 in 30 days tablet: 50mg
POTIGA		3	QL: 90 in 30 days tablet: 200mg, 300mg, 400mg
SABRIL		4	
STAVZOR		3	
TEGRETOL XR		2	tab er 12h: 100mg
TEGRETOL XR		3	tab er 12h: 200mg, 400mg
TEGRETOL		3	
TOPAMAX		3	
<i>topiramate</i>	(Topamax)	1	
TRILEPTAL		3	
<i>valproate sodium</i>	(Depakene)	1	
<i>valproic acid</i>	(Depakene)	1	
VIMPAT		3	QL: 1200 in 30 days solution
VIMPAT		3	QL: 200 in 5 days vial
VIMPAT		3	QL: 60 in 30 days tablet
ZONEGRAN		3	capsule: 25mg, 100mg
ZONEGRAN		3	capsule: 50mg
<i>zonisamide</i>	(Zonegran)	1	
<b>Hydantoins</b>			
CEREBYX		3	
DILANTIN-125		3	
DILANTIN		2	capsule: 30mg
DILANTIN		2	tab chew

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
DILANTIN	3		capsule: 100mg
<i>fosphenytoin sodium</i> (Cerebyx)	1		
PEGANONE	2		
PHENYTEK	2		
<i>phenytoin sodium extended</i> (Dilantin)	1		
<i>phenytoin sodium</i> (Phenytoin Sodium)	1		ampul
<i>phenytoin sodium</i> (Phenytoin Sodium)	1		disp syrin
<i>phenytoin</i> (Dilantin-125)	1		
<b>Succinimides</b>			
CELONTIN	2		
<i>ethosuximide</i> (Zarontin)	1		
ZARONTIN	3		

Drug Name	Drug Tier	Requirements/Limits	
<b>Antidiabetic Agents</b>			
<b>Antidiabetic Agents, Miscellaneous</b>			
<i>acarbose</i> (Precose)	1	QL: 90 in 30 days	
BYDUREON	2	ST, QL: 4 in 28 days	
BYETTA	2	ST, QL: 1.2 in 28 days	pen injctr: 5mcg/0.02
BYETTA	2	ST, QL: 2.4 in 28 days	pen injctr: 10mcg/0.04
CYCLOSET	3	QL: 180 in 30 days	
FORTAMET	3	QL: 120 in 30 days	tab er 24: 500mg
FORTAMET	3	QL: 60 in 30 days	tab er 24: 1000mg
GLUCOPHAGE XR	3	QL: 120 in 30 days	tab er 24h: 500mg
GLUCOPHAGE XR	3	QL: 60 in 30 days	tab er 24h: 750mg
GLUCOPHAGE	3	QL: 120 in 30 days	tablet: 500mg
GLUCOPHAGE	3	QL: 60 in 30 days	tablet: 1000mg
GLUCOPHAGE	3	QL: 90 in 30 days	tablet: 850mg
GLUMETZA	3	QL: 120 in 30 days	tabergr24h: 500mg
GLUMETZA	3	QL: 60 in 30 days	tabergr24h: 1000mg
GLYSET	3	QL: 90 in 30 days	
JANUMET XR	2	QL: 30 in 30 days	tbmp 24hr: 50mg-500mg, 100-1000mg

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
JANUMET XR	2	QL: 60 in 30 days	tbmp 24hr: 50-1000mg
JANUMET	2	QL: 60 in 30 days	
JANUVIA	2	QL: 30 in 30 days	
JENTADUETO	2	QL: 60 in 30 days	
JUVISYNC	2	QL: 30 in 30 days	
KOMBIGLYZE XR	3	QL: 30 in 30 days	
KORLYM	4	PA, QL: 112 in 28 days	
<i>metformin hcl</i> (Fortamet)	1	QL: 60 in 30 days	tab er 24
<i>metformin hcl</i> (Glucophage)	1	QL: 120 in 30 days	tab er 24h: 500mg; tablet: 500mg
<i>metformin hcl</i> (Glucophage)	1	QL: 60 in 30 days	tablet: 1000mg
<i>metformin hcl</i> (Glucophage)	1	QL: 90 in 30 days	tab er 24h: 750mg; tablet: 850mg
<i>nateglinide</i> (Starlix)	1	QL: 90 in 30 days	
ONGLYZA	3	QL: 30 in 30 days	
PRANDIMET	2	QL: 150 in 30 days	
PRANDIN	2	QL: 240 in 30 days	
PRECOSE	3	QL: 90 in 30 days	
RIOMET	3	QL: 765 in 30 days	
STARLIX	3	QL: 90 in 30 days	
SYMLIN	3	QL: 20 in 28 days	

Drug Name	Drug Tier	Requirements/Limits	
SYMLINPEN 120	3	QL: 16.2 in 28 days	
SYMLINPEN 60	3	QL: 9 in 28 days	
TRADJENTA	2	QL: 30 in 30 days	
VICTOZA 3-PAK	3	PA, QL: 9 in 28 days	
<b>Insulins</b>			
HUMALOG MIX 50-50	2	QL: 30 in 28 days	insuln pen
HUMALOG MIX 50-50	2	QL: 40 in 28 days	vial
HUMALOG MIX 75-25	2	QL: 30 in 28 days	insuln pen
HUMALOG MIX 75-25	2	QL: 40 in 28 days	vial
HUMALOG	2	QL: 30 in 28 days	insuln pen
HUMALOG	2	QL: 40 in 28 days	vial
HUMULIN 70-30	2	QL: 30 in 28 days	insuln pen
HUMULIN 70-30	2	QL: 40 in 28 days	vial
HUMULIN N	2	QL: 30 in 28 days	insuln pen
HUMULIN N	2	QL: 40 in 28 days	vial
HUMULIN R	2	QL: 40 in 28 days	
LANTUS SOLOSTAR	2	QL: 30 in 28 days	
LANTUS	2	QL: 40 in 28 days	
LEVEMIR	2	ST, QL: 30 in 28 days	insuln pen
LEVEMIR	2	ST, QL: 40 in 28 days	vial

Drug Name	Drug Tier	Requirements/Limits	
NOVOLIN 70-30 INNOLET	2	QL: 30 in 28 days	
NOVOLIN 70-30	2	QL: 40 in 28 days	
NOVOLIN N INNOLET	2	QL: 30 in 28 days	
NOVOLIN N	2	QL: 40 in 28 days	
NOVOLIN R	2	QL: 30 in 28 days	insuln pen
NOVOLIN R	2	QL: 40 in 28 days	vial
NOVOLOG MIX 70-30	2	QL: 30 in 28 days	insuln pen
NOVOLOG MIX 70-30	2	QL: 40 in 28 days	vial
NOVOLOG	2	QL: 30 in 28 days	insuln pen
NOVOLOG	2	QL: 40 in 28 days	vial
<b>Sulfonylureas</b>			
AMARYL	3	QL: 30 in 30 days	tablet: 1mg, 2mg
AMARYL	3	QL: 60 in 30 days	tablet: 4mg
DIABETA	3	PA, QL: 120 in 30 days	tablet: 5mg, (PA for Ages 65 and Older; May be High Risk Med)
DIABETA	3	PA, QL: 30 in 30 days	tablet: 1.25mg, 2.5mg, (PA for Ages 65 and Older; May be High Risk Med)
<i>glimepiride</i> (Amaryl)	1	QL: 30 in 30 days	tablet: 1mg, 2mg
<i>glimepiride</i> (Amaryl)	1	QL: 60 in 30 days	tablet: 4mg
<i>glipizide</i> (Glucotrol XL)	1	QL: 30 in 30 days	tab er 24: 2.5mg, 5mg
<i>glipizide</i> (Glucotrol)	1	QL: 120 in 30 days	tablet: 10mg

Drug Name		Drug Tier	Requirements/Limits	
<i>glipizide</i>	(Glucotrol)	1	QL: 60 in 30 days	tab er 24: 10mg; tablet: 5mg
<i>glipizide/metformin hcl</i>	(Metaglip)	1	QL: 120 in 30 days	tablet: 2.5-500mg, 5mg-500mg
<i>glipizide/metformin hcl</i>	(Metaglip)	1	QL: 60 in 30 days	tablet: 2.5-250mg
GLUCOTROL XL		3	QL: 30 in 30 days	tab er 24: 2.5mg, 5mg
GLUCOTROL XL		3	QL: 60 in 30 days	tab er 24: 10mg
GLUCOTROL		3	QL: 120 in 30 days	tablet: 10mg
GLUCOTROL		3	QL: 30 in 30 days	tablet: 5mg
GLUCOVANCE		3	PA, QL: 120 in 30 days	(PA for Ages 65 and Older; May be High Risk Med)
<i>glyburide</i>	(Micronase)	1	PA, QL: 120 in 30 days	tablet: 5mg, (PA for Ages 65 and Older; May be High Risk Med)
<i>glyburide</i>	(Micronase)	1	PA, QL: 30 in 30 days	tablet: 1.25mg, 2.5mg, (PA for Ages 65 and Older; May be High Risk Med)
<i>glyburide,micronized</i>	(Glynase)	1	PA, QL: 30 in 30 days	tablet: 1.5mg, 3mg, (PA for Ages 65 and Older; May be High Risk Med)
<i>glyburide,micronized</i>	(Glynase)	1	PA, QL: 60 in 30 days	tablet: 6mg, (PA for Ages 65 and Older; May be High Risk Med)
<i>glyburide/metformin hcl</i>	(Glucovance)	1	PA, QL: 120 in 30 days	tablet: 2.5-500mg, 5mg-500mg, (PA for Ages 65 and Older; May be High Risk Med)
<i>glyburide/metformin hcl</i>	(Glucovance)	1	PA, QL: 60 in 30 days	tablet: 1.25-250mg, (PA for Ages 65 and Older; May be High Risk Med)

Drug Name	Drug Tier	Requirements/Limits	
GLYNASE	3	PA, QL: 30 in 30 days	tablet: 1.5mg, 3mg, (PA for Ages 65 and Older; May be High Risk Med)
GLYNASE	3	PA, QL: 60 in 30 days	tablet: 6mg, (PA for Ages 65 and Older; May be High Risk Med)
METAGLIP	3	QL: 120 in 30 days	
MICRONASE	3	PA, QL: 120 in 30 days	tablet: 5mg, (PA for Ages 65 and Older; May be High Risk Med)
MICRONASE	3	PA, QL: 30 in 30 days	tablet: 2.5mg, (PA for Ages 65 and Older; May be High Risk Med)
<i>tolazamide</i> (Tolazamide)	1	QL: 120 in 30 days	tablet: 250mg
<i>tolazamide</i> (Tolazamide)	1	QL: 60 in 30 days	tablet: 500mg
<i>tolbutamide</i> (Tolbutamide)	1	QL: 180 in 30 days	
<b>Thiazolidinediones</b>			
ACTOPLUS MET XR	2	QL: 60 in 30 days	
ACTOPLUS MET	2	QL: 90 in 30 days	
ACTOS	3	QL: 30 in 30 days	
AVANDAMET	2	PA, QL: 60 in 30 days	
AVANDARYL	2	PA, QL: 30 in 30 days	
AVANDIA	2	PA, QL: 30 in 30 days	
DUETACT	2	QL: 30 in 30 days	



Drug Name	Drug Tier	Requirements/Limits
<b>Antidiarrhea Agents</b>		
<b>Antidiarrhea Agents</b>		
<i>diphenoxylate hcl/atropine</i> (Lomotil)	1	(May be High Risk Med for Ages 65 and Older)
LOMOTIL	3	liquid, (May be High Risk Med for Ages 65 and Older)
LOMOTIL	3	tablet, (May be High Risk Med for Ages 65 and Older)
<i>loperamide hcl</i> (Loperamide HCl)	1	
<i>paregoric</i> (Paregoric)	1	

Drug Name	Drug Tier	Requirements/Limits	
<b>Antiemetics</b>			
<b>5-ht3 Receptor Antagonists</b>			
ALOXI	3		
ANZEMET	3		vial
ANZEMET	4	PA	tablet, (PA for Part B vs Part D Only)
<i>granisetron hcl</i> (Kytril)	1		vial
<i>granisetron hcl</i> (Kytril)	1	PA	solution, tablet, (PA for Part B vs Part D Only)
<i>granisetron hcl/pf</i> (Kytril)	1		
KYTRIL	3		vial
KYTRIL	3	PA	tablet, (PA for Part B vs Part D Only)
<i>ondansetron hcl</i> (Zofran)	1		vial
<i>ondansetron hcl</i> (Zofran)	1	PA	solution, tablet, (PA for Part B vs Part D Only)
<i>ondansetron</i> (Zofran Odt)	1	PA	(PA for Part B vs Part D Only)
SANCUSO	3	QL: 4 in 28 days	
ZOFRAN ODT	4	PA	(PA for Part B vs Part D Only)
ZOFRAN	3	PA	solution, (PA for Part B vs Part D Only)
ZOFRAN	4		vial
ZOFRAN	4	PA	tablet, (PA for Part B vs Part D Only)
ZUPLENZ	3	PA	(PA for Part B vs Part D Only)
<b>Antiemetics, Miscellaneous</b>			
CESAMET	3		
<i>dronabinol</i> (Marinol)	1		
EMEND	2	PA, QL: 1 per fill	capsule: 40mg, 125mg, (PA for Part B vs Part D Only)
EMEND	2	PA, QL: 2 per fill	capsule: 80mg, (PA for Part B vs Part D Only)

Drug Name	Drug Tier	Requirements/Limits	
EMEND	2	PA, QL: 3 per fill	cap ds pk, (PA for Part B vs Part D Only)
EMEND	2	QL: 2 in 28 days	vial
MARINOL	3		
<b>Antihistamines (GI Drugs)</b>			
ANTIVERT	3		
COMPAZINE	3		vial
<i>dimenhydrinate</i> (Dimenhydrinate)	1		
<i>meclizine hcl</i> (Antivert)	1		
<i>prochlorperazine edisylate</i> (Compazine)	1		
<i>prochlorperazine maleate</i> (Compazine)	1		
<b>Antifungal (Systemic)</b>			
<b>Antifungals, Miscellaneous</b>			
ABELCET	4	PA	(PA for Part B vs Part D Only)
AMBISOME	4	PA	(PA for Part B vs Part D Only)
<i>amphotericin b</i> (Amphotericin B)	1	PA	(PA for Part B vs Part D Only)
ANCOBON	4		
<i>flucytosine</i> (Ancobon)	4		
FULVICIN U/F	3		
<i>griseofulvin,microsize</i> (Grifulvin V)	1		
GRIS-PEG	3		
LAMISIL	3		
<i>nystatin</i> (Mycostatin)	1		powder(ea), tablet
<i>nystatin</i> (Nystatin)	1		powder
<i>terbinafine hcl</i> (Lamisil)	1		
<i>triacetin</i> (Triacetin)	1		
<b>Azoles</b>			
DIFLUCAN IN SALINE	3		
DIFLUCAN	3		
<i>fluconazole in nacl,iso-osm</i> (Fluconazole In Nacl,iso-osm)	1		
<i>fluconazole</i> (Diflucan)	1		
<i>itraconazole</i> (Sporanox)	1		
<i>ketoconazole</i> (Nizoral)	1		
NIZORAL	3		
NOXAFIL	4		
SPORANOX	2		solution
SPORANOX	3		capsule
VFEND IV	3		
VFEND	4		

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole</i> (Vfend)	4	tablet
<b>Echinocandins</b>		
CANCIDAS	4	
ERAXIS (WATER DILUENT)	4	
MYCAMINE	4	
<b>Antiglaucoma Agents</b>		
<b>Antiglaucoma Agents</b>		
<i>acetazolamide sodium</i> (Acetazolamide Sodium)	1	
<i>acetazolamide</i> (Acetazolamide)	1	
ALPHAGAN P	2	drops: 0.1%
ALPHAGAN P	3	drops: 0.15%
AZOPT	2	
BETAGAN	3	
<i>betaxolol hcl</i> (Betaxolol HCl)	1	
BETIMOL	3	
BETOPTIC S	3	
<i>brimonidine tartrate</i> (Alphagan P)	1	
<i>brimonidine tartrate</i> (Alphagan P)	1	(Drops 0.15%)
COMBIGAN	2	
COSOPT	3	
DIAMOX SEQUELS	3	
<i>dorzolamide hcl</i> (Trusopt)	1	
<i>dorzolamide hcl/timolol maleat</i> (Cosopt)	1	
HUMORSOL	3	
ISOPTO CARPINE	2	drops: 8%
ISOPTO CARPINE	3	drops: 1%, 2%, 4%
ISTALOL	3	
<i>latanoprost</i> (Xalatan)	1	
<i>levobunolol hcl</i> (Betagan)	1	drops: 0.25%
<i>levobunolol hcl</i> (Betagan)	1	drops: 0.5%
LUMIGAN	2	QL: 2.5 in 25 days
<i>methazolamide</i> (Neptazane)	1	
<i>metipranolol</i> (Optipranolol)	1	
NEPTAZANE	3	
OPTIPRANOLOL	3	
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl</i> (Isopto Carpine)	1	
PILOPINE HS	3	
<i>timolol maleate</i> (Timoptic)	1	
TIMOPTIC	3	
TIMOPTIC-XE	3	

Drug Name	Drug Tier	Requirements/Limits	
TRAVATAN Z	2	QL: 2.5 in 25 days	
TRAVATAN	3	QL: 2.5 in 25 days	
TRUSOPT	3		
XALATAN	3	QL: 2.5 in 25 days	
<b>Antihistamines</b>			
<b>Antihistamines</b>			
BENADRYL	3		
BROVEX	3		(May be High Risk Med for Ages 65 and Older)
<i>carbinoxamine maleate</i> (Palgic)	1	PA	(PA for Ages 65 and Older; May be High Risk Med)
CLARINEX	3		
CLARINEX-D 12 HOUR	3		
CLARINEX-D 24 HOUR	3		
<i>clemastine fumarate</i> (Clemastine Fumarate)	1	PA	syrup, tablet: 2.68mg, (PA for Ages 65 and Older; May be High Risk Med)
<i>clemastine fumarate</i> (Clemastine Fumarate)	1	PA	tablet: 1.34mg, (PA for Ages 65 and Older; May be High Risk Med)
CODIMAL-A	3		(May be High Risk Med for Ages 65 and Older)
DALLERGY-JR	3		
<i>diphenhydramine hcl</i> (Benadryl)	1		vial
<i>diphenhydramine hcl</i> (Diphenhydramine HCl)	1		disp syrin
<i>levocetirizine dihydrochloride</i> (Xyzal)	1		
NOREL SR	3		
PALGIC	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
<i>p-epd tan/chlor-tan</i> (P-epd Tan/chlor-tan)	1		

Drug Name	Drug Tier	Requirements/Limits	
PHENERGAN	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
<i>phenyleph/acetaminop/p-tlox/cp</i> (Phenyleph/acetaminop/p-tlox/cp)	1		
<i>phenylephrine/chlor-tan</i> (Rynatan)	1		
<i>promethazine hcl</i> (Promethazine HCl)	1	PA	(PA for Ages 65 and Older; May be High Risk Med)
PROTID	3		
RICOBID	3		
RYNATAN PEDIATRIC	3		
RYNATAN	3		
SEMPREX-D	3		
<i>tripelennamine hcl</i> (Tripelennamine HCl)	1		
XYZAL	3		
<b>Anti-infectives (EENT)</b>			
<b>Anti-infectives (EENT)</b>			
<i>acetic acid</i> (Vosol)	1		
<i>acetic acid/aluminum acetate</i> (Domeboro)	1		
<i>acetic acid/hydrocortisone</i> (Vosol HC)	1		
AZASITE	3		
<i>bacitracin</i> (Bacitracin)	1		
<i>bacitracin/polymyxin b sulfat</i> (Polycin-b)	1		
BACTROBAN NASAL	3		
BESIVANCE	3	ST	
BLEPHAMIDE S.O.P.	2		
BLEPHAMIDE	3		
CETRAXAL	3		
<i>chlorhexidine gluconate</i> (Peridex)	1		
CILOXAN	3		
CIPRO HC	2		
CIPRODEX	2		
<i>ciprofloxacin hcl</i> (Ciloxan)	1		
COLY-MYCIN S	3		
CORTISPORIN	3		drops susp: 3.5-10k-1
CORTISPORIN	3		drops susp: 3.5-10k-10
CORTISPORIN	3		drops susp: n/a
CORTISPORIN-TC	3		
<i>cresyl ace/ben alc/butanol/ipa</i> (Cresyl Ace/ben Alc/butanol/ipa)	1		
DOMEBORO	3		
<i>doxycycline hyclate</i> (Periostat)	1		

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base</i> (Romycin)	1	
FLOXIN	3	
GARAMYCIN	3	
<i>gentamicin sulfate</i> (Garamycin)	1	
ILOTYCIN	3	
IQUIX	3	
<i>levofloxacin</i> (Quixin)	1	
MAXITROL	3	
MOXEZA	2	
NATACYN	2	
<i>neo/polymyx b sulf/dexameth</i> (Maxitrol)	1	
<i>neomy sulf/bacitra/polymyxin b</i> (Neomy Sulf/bacitra/polymyxin B)	1	packet
<i>neomy sulf/bacitra/polymyxin b</i> (Neo-polycin)	1	oint. (g)
<i>neomy sulf/bacitrac zn/poly/hc</i> (Triple Antibiotic HC)	1	
<i>neomycin sulfate/dex na ph</i> (Neomycin Sulfate/dex Na Ph)	1	
<i>neomycin/polymyxin b sulf/hc</i> (Oticin HC)	1	
<i>neomycin/polymyxn b/gramicidin</i> (Neosporin)	1	
NEO-POLYCYN	3	
NEOSPORIN	3	drops
NEOSPORIN	3	oint.(gm)
OCUFLOX	3	
<i>ofloxacin</i> (Floxin)	1	
OPTIMYD	3	
ORAXYL	3	
OTICIN HC	3	
PERIDEX	3	
PERIOSTAT	3	
POLYCYN-B	3	
<i>polymyxin b sulfate/tmp</i> (Polytrim)	1	
POLYTRIM	3	
PRED-G	3	
QUIXIN	3	
ROMYCIN	3	
SULFAC	3	
<i>sulfacetamide sodium</i> (Sulfac)	1	
<i>sulfacetamide/prednisolone sp</i> (Sulfacetamide/prednisolone Sp)	1	
TOBRADEX ST	3	
TOBRADEX	3	
<i>tobramycin sulf/dexamethasone</i> (Tobradex)	1	
<i>tobramycin sulfate</i> (Tobrex)	1	
TOBREX	3	
<i>trifluridine</i> (Viroptic)	1	

Drug Name	Drug Tier	Requirements/Limits
VIGAMOX	2	
VIROPTIC	3	
VOSOL HC	3	
VOSOL	3	
ZIRGAN	3	
ZYLET	2	
ZYMAR	2	
ZYMAXID	2	
<b>Anti-infectives (Skin and Mucous Membrane)</b>		
<b>Antibacterials (Skin and Mucous Membrane)</b>		
ACANYA	3	
AKNE-MYCIN	3	
ALTABAX	3	
BACTROBAN	3	cream (g)
BACTROBAN	3	oint. (g)
BENZAMYCIN	3	
CENTANY	3	
CLEOCIN T	3	
CLEOCIN	3	
CLINDACIN P	3	
CLINDAGEL	3	
<i>clindamycin phos/benzoyl perox</i> (Benzaclin)	1	gel (gram)
<i>clindamycin phos/benzoyl perox</i> (Duac)	1	gel er (g)
<i>clindamycin phosphate</i> (Cleocin T)	1	
CLINDAREACH	3	
CLINDESSE	3	
CORTISPORIN	3	cream (g)
CORTISPORIN	3	oint. (g)
DEL-MYCIN	3	
DUAC	3	
EMGEL	3	
ERYGEL	3	
<i>erythromycin base/ethanol</i> (Emgel)	1	
<i>erythromycin/benzoyl peroxide</i> (Benzamycin)	1	
EVOCLIN	3	
<i>gentamicin sulfate</i> (Gentamicin Sulfate)	1	
METROCREAM	3	
METROGEL	3	
METROGEL-VAGINAL	3	
METROLOTION	3	
<i>metronidazole</i> (Vitazol)	1	
<i>mupirocin</i> (Centany)	1	
<i>neomy sulf/polymyxin b sulfate</i> (Neosporin G.U. Irrigant)	1	



Drug Name	Drug Tier	Requirements/Limits
NEOSPORIN G.U. IRRIGANT	3	
NYDAMAX	3	
ROSADAN	3	
VANDAZOLE	3	
VELTIN	3	
VITAZOL	3	
ZIANA	3	
<b>Antifungals (Skin and Mucous Membrane)</b>		
BENSAL HP	3	
CICLODAN	3	cream (g)
CICLODAN	3	solution
<i>ciclopirox olamine</i> (Loprox)	1	
<i>ciclopirox</i> (Penlac)	1	
<i>clotrimazole</i> (Lotrimin)	1	
<i>clotrimazole/betamethasone dip</i> (Lotrisone)	1	
CNL 8	3	
<i>econazole nitrate</i> (Spectazole)	1	
ERTACZO	3	
EXELDERM	3	
EXTINA	3	
FUNGOID & HC	3	
GYNAZOLE-1	2	
<i>ketconazole</i> (Kuric)	1	
KETODAN	3	
KURIC	3	
LAMISIL	2	
LOPROX	3	
LOTRISONE	3	cream (g)
LOTRISONE	3	lotion
MENTAX	3	
<i>miconazole nitrate</i> (Monistat 3)	1	
MONISTAT 3	3	
MONISTAT-DERM	3	
MYCELEX	3	
MYCOSTATIN	3	
NAFTIN	3	cream (g): 1%; gel (gram)
NAFTIN	3	cream (g): 2%
NIZORAL	3	
<i>nystatin</i> (Mycostatin)	1	cream (g), oint. (g), powder
<i>nystatin</i> (Nystatin)	1	tablet
<i>nystatin/triamcin</i> (Mycogen II)	1	

Drug Name	Drug Tier	Requirements/Limits
ORAVIG	3	QL: 14 in 30 days
OXISTAT	3	
<i>sod propionate/inosi/aa14/urea</i> (Sod Propionate/inosi/aa14/urea)	1	
<i>sodium thiosulfate/sal acid</i> (Sodium Thiosulfate/sal Acid)	1	
SPECTAZOLE	3	
TERAZOL 3	3	
TERAZOL 7	3	
<i>terconazole</i> (Terazol 7)	1	
TRIPLE DYE	3	
VUSION	3	
XOLEGEL	3	
<b>Antivirals (Skin and Mucous Membrane)</b>		
DENAVIR	2	
VEREGEN	3	
XERESE	3	QL: 5 in 5 days
ZOVIRAX	3	
<b>Local Anti-infectives, Miscellaneous</b>		
<i>acetic ac/ricinoleic/oxyquinol</i> (Acetic Ac/ricinoleic/oxyquinol)	1	
<i>alcohol antiseptic pads</i> (Alcohol Antiseptic Pads)	1	
AVC	2	
FEM PH	3	
FURACIN	3	
KLARON	3	
PHISOHEX	3	
RELAGARD	3	
<i>selenium sulfide</i> (Selenium Sulfide)	1	suspension
<i>selenium sulfide</i> (Selseb)	1	shampoo
SELSEB	3	
SILVADENE	3	
<i>silver nitrate</i> (Silver Nitrate)	1	
<i>silver sulfadiazine</i> (Silvadene)	1	
<i>sulfacetamide sodium</i> (Klaron)	1	
SULFAMYLON	3	
TERSI FOAM	3	
THERMAZENE	3	
<b>Scabicides and Pediculicides</b>		
EURAX	2	
<i>lindane</i> (Lindane)	1	
<i>malathion</i> (Ovide)	1	
NATROBA	3	
OVIDE	3	
<i>permethrin</i> (Elimite)	1	

Drug Name	Drug Tier	Requirements/Limits
SKLICE	3	
ULESFIA	3	
<b>Anti-infectives (systemic), Miscellaneous</b>		
<b>Anti-infectives (systemic), Miscellaneous</b>		
FUROXONE	2	
<b>Anti-inflammatory Agents (EENT)</b>		
<b>Anti-inflammatory Agents (EENT)</b>		
ACULAR LS	3	
ACULAR	3	
ACUVAIL	3	
ALREX	2	
BECONASE AQ	3	QL: 50 in 28 days
BROMDAY	2	
<i>bromfenac sodium</i> (Bromfenac Sodium)	1	
DECADRON	3	
DERMOTIC	3	
<i>dexamethasone sod phosphate</i> (Ak-dex)	1	
DEXASOL	3	
<i>diclofenac sodium</i> (Voltaren)	1	
DUREZOL	2	
ECONOPRED PLUS	3	
FLAREX	3	
FLONASE	3	QL: 16 in 30 days
<i>flunisolide</i> (Nasarel)	1	QL: 50 in 25 days
<i>fluocinolone acetonide oil</i> (Dermotic)	1	
<i>fluorometholone</i> (Fluorometholone)	1	
<i>flurbiprofen sodium</i> (Ocufen)	1	
<i>fluticasone propionate</i> (Flonase)	1	QL: 16 in 30 days
FML FORTE	3	
FML S.O.P.	3	
FML	3	
<i>ketorolac tromethamine</i> (Acular LS)	1	
LOTEMAX	2	
MAXIDEX	3	
NASACORT AQ	3	QL: 16.5 in 30 days
NASONEX	2	QL: 34 in 28 days
NEVANAC	2	

Drug Name	Drug Tier	Requirements/Limits
OCUFEN	3	
OMNARIS	3	QL: 13 in 30 days
OMNIPRED	3	
PRED FORTE	3	
PRED MILD	3	
PREDNISOL	3	
<i>prednisolone acetate</i> (Pred Forte)	1	
<i>prednisolone sod phosphate</i> (Prednisol)	1	
QNASL	3	QL: 8.7 in 28 days
RESTASIS	3	PA, QL: 64 in 31 days
RHINOCORT AQUA	3	QL: 17.2 in 30 days
<i>triamcinolone acetonide</i> (Nasacort Aq)	1	QL: 16.5 in 30 days
VERAMYST	3	QL: 10 in 30 days
VEXOL	3	
VOLTAREN	3	
ZETONNA	3	QL: 6.1 in 30 days
<b>Anti-inflammatory Agents (GI Drugs)</b>		
<b>Anti-inflammatory Agents (GI Drugs)</b>		
APRISO	2	
ASACOL HD	3	
ASACOL	3	
<i>balsalazide disodium</i> (Colazal)	1	
CANASA	3	
COLAZAL	3	
DIPENTUM	2	
LIALDA	3	
<i>mesalamine w/cleansing wipes</i> (Rowasa)	1	
PENTASA	3	
ROWASA	3	
<b>Anti-inflammatory Agents (Respiratory)</b>		
<b>Anti-inflammatory Agents (Respiratory)</b>		
ACCOLATE	3	

Drug Name	Drug Tier	Requirements/Limits
ALOCRIIL	3	
<i>cromolyn sodium</i> (Cromolyn Sodium)	1	drops, solution
<i>cromolyn sodium</i> (Intal)	1	PA ampul-neb, (PA for Part B vs Part D Only)
GASTROCROM	3	
SINGULAIR	3	
<i>zafirlukast</i> (Accolate)	1	
ZYFLO CR	3	
ZYFLO	3	
<b>Anti-inflammatory Agents (Skin and Mucous)</b>		
<b>Anti-inflammatory Agents (Skin and Mucous)</b>		
ACLOVATE	3	cream (g)
ACLOVATE	3	oint. (g)
<i>alclometasone dipropionate</i> (Aclovate)	1	
<i>amcinonide</i> (Amcinonide)	1	
ANUSOL-HC	3	
APEXICON E	3	
APEXICON	3	
APHTHASOL	3	
AQUAPHILIC W/TAC + CARBAMIDE	3	
AQUAPHILIC W/ TRIAMCINOLONE	3	
<i>betamet diprop/prop gly</i> (Diprolene AF)	1	
<i>betamethasone dipropionate</i> (Betamethasone Dipropionate)	1	gel (gram)
<i>betamethasone dipropionate</i> (Del-beta)	1	cream (g), lotion, oint. (g)
<i>betamethasone valerate</i> (Betamethasone Valerate)	1	
CAPEX SHAMPOO	3	
CARMOL HC	3	
<i>clobetasol propionate</i> (Temovate)	1	
CLOBEX	3	
CLODERM	3	
CORDRAN SP	3	
CORDRAN	3	lotion, med. tape
CORDRAN	3	oint. (g)
CORTALO	3	
CORTIFOAM	3	
CUTIVATE	3	
DEL-BETA	3	
DERMA-SMOOTHIE-FS	3	
DERMATOP	3	
DESONATE	3	

Drug Name	Drug Tier	Requirements/Limits
<i>desonide</i> (Desowen)	1	
DESONIL	3	
DESOWEN	3	kt crm le
DESOWEN	3	kt lotn ce
DESOWEN	3	kt oint le
<i>desoximetasone</i> (Topicort)	1	cream (g), gel (gram), oint. (g): 0.25%
<i>desoximetasone</i> (Topicort)	1	oint. (g): 0.05%
<i>diflorasone diacetate</i> (Psorcon)	1	
DIPROLENE AF	3	
DIPROLENE	3	
DIPROSONE	3	
ELOCON	3	
<i>fluocinolone acetonide</i> (Fluocinolone Acetonide)	1	
<i>fluocinolone/shower cap</i> (Derma-smoothe-fs)	1	
<i>fluocinonide</i> (Fluocinonide)	1	
<i>fluticasone propionate</i> (Cutivate)	1	
<i>halobetasol propionate</i> (Ultravate)	1	
HALOG	3	
HALONATE PAC	3	
HALONATE	3	
<i>hydrocortisone acetate</i> (Hydrocortisone Acetate)	1	
<i>hydrocortisone acetate/aloe v</i> (Nuzon)	1	
<i>hydrocortisone acetate/urea</i> (Carmol HC)	1	
<i>hydrocortisone butyrate</i> (Locoid)	1	
<i>hydrocortisone valerate</i> (Hydrocortisone Valerate)	1	
<i>hydrocortisone</i> (Proctocort)	1	
KENALOG	3	aerosol
KENALOG	3	lotion
LACTICARE-HC	3	
LOCOID	3	
LUXIQ	3	
<i>mometasone furoate</i> (Elocon)	1	
NUCORT	3	
NUZON	3	
OLUX-E	3	
PANDEL	3	
<i>prednicarbate</i> (Dermatop)	1	
PROCTOCORT	3	
PROCTOCREAM-HC	3	
PROCTO-KIT	3	
REDERM	3	
SCALACORT	3	

Drug Name	Drug Tier	Requirements/Limits
TEMOVATE	3	
TEXACORT	3	
TOPICORT	3	cream (g), gel (gram), oint. (g): 0.25%
TOPICORT	3	ointment (g): 0.05%
<i>triamcinolone acetonide</i> (Triamcinolone Acetonide)	1	cream (g), lotion, oint. (g): 0.025%, 0.1%, 0.5%; paste (g)
<i>triamcinolone acetonide</i> (Triderm)	1	cream, oint. (g): 0.05%
TRIDERM	3	
TRIDESILON	3	
ULTRAVATE PAC	3	
ULTRAVATE	3	
VANOS	3	
VERDESO	3	
WESTCORT	3	
<b>Antilipemic Agents</b>		
<b>Antilipemic Agents, Miscellaneous</b>		
LOVAZA	2	
<i>niacin</i> (Niacin)	1	tablet: 500mg
NIASPAN	2	
VYTORIN	3	ST
ZETIA	3	
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine (with sugar)</i> (Questran)	1	
<i>cholestyramine/aspartame</i> (Questran Light)	1	
COLESTID	3	
<i>colestipol hcl</i> (Colestid)	1	
QUESTRAN	3	
WELCHOL	2	
<b>Fibric Acid Derivatives</b>		
ANTARA	3	
<i>fenofibrate</i> (Lofibra)	1	
<i>fenofibrate, micronized</i> (Lofibra)	1	
<i>fenofibric acid</i> (Fibricor)	1	
FENOGLIDE	3	
FIBRICOR	3	
<i>gemfibrozil</i> (Lopid)	1	
LIPOFEN	3	
LOFIBRA	3	capsule
LOFIBRA	3	tablet

Drug Name	Drug Tier	Requirements/Limits	
LOPID	3		
TRICOR	3		
TRIGLIDE	3		
TRILIPIX	2		
<b>HMG-CoA Reductase Inhibitors</b>			
ADVICOR	3	ST	
ALTOPREV	3		
<i>amlodipine/atorvastatin</i> (Caduet)	1		
<i>atorvastatin calcium</i> (Lipitor)	1		
CADUET	3		
CRESTOR	3	ST	
<i>fluvastatin sodium</i> (Lescol)	1		
LESCOL XL	3	ST	
LESCOL	3	ST	
LIPITOR	3		
LIVALO	3	QL: 30 in 30 days	tablet: 4mg
LIVALO	3	ST, QL: 30 in 30 days	tablet: 1mg, 2mg
<i>lovastatin</i> (Mevacor)	1		
MEVACOR	3		tablet: 10mg
MEVACOR	3		tablet: 20mg, 40mg
PRAVACHOL	3		tablet: 10mg
PRAVACHOL	3		tablet: 20mg, 40mg, 80mg
<i>pravastatin sodium</i> (Pravachol)	1		
SIMCOR	3		tbmp 24hr: 1000-20mg
SIMCOR	3		tbmp 24hr: 500mg-20mg, 500mg-40mg, 750mg-20mg, 1000-40mg
<i>simvastatin</i> (Zocor)	1	QL: 30 in 30 days	
ZOCOR	3	QL: 30 in 30 days	
<b>Antimigraine Agents</b>			
<b>Selective Serotonin Agonists</b>			
ALSUMA	3	QL: 4 in 28 days	
AMERGE	3	QL: 9 in 28 days	



Drug Name	Drug Tier	Requirements/Limits	
AXERT	3	QL: 12 in 28 days	
FROVA	3	QL: 18 in 28 days	
IMITREX	3	QL: 12 in 28 days	spray: 20mg
IMITREX	3	QL: 18 in 28 days	spray: 5mg
IMITREX	3	QL: 4 in 28 days	cartridge, pen injctr, vial
IMITREX	3	QL: 9 in 28 days	tablet
MAXALT MLT	3	QL: 18 in 28 days	
MAXALT	3	QL: 18 in 28 days	
<i>naratriptan hcl</i> (Amerge)	1	QL: 9 in 28 days	
RELPAX	3	QL: 6 in 28 days	
<i>sumatriptan succinate</i> (Imitrex)	1	QL: 4 in 28 days	cartridge, vial
<i>sumatriptan succinate</i> (Imitrex)	1	QL: 4 in 28 days	pen injctr
<i>sumatriptan succinate</i> (Imitrex)	1	QL: 9 in 28 days	tablet
<i>sumatriptan</i> (Imitrex)	1	QL: 12 in 28 days	spray: 20mg
<i>sumatriptan</i> (Imitrex)	1	QL: 18 in 28 days	spray: 5mg
SUMAVEL DOSEPRO	3	QL: 4 in 28 days	
TREXIMET	3	QL: 10 in 28 days	
ZOMIG ZMT	3	QL: 9 in 28 days	
ZOMIG	3	QL: 6 in 28 days	spray
ZOMIG	3	QL: 9 in 28 days	tablet
<b>Antimycobacterials</b>			
<b>Antimycobacterials</b>			
CAPASTAT SULFATE	2		
<i>dapsone</i> (Dapsone)	1		

Drug Name	Drug Tier	Requirements/Limits	
<i>ethambutol hcl</i> (Myambutol)	1		
<i>isoniazid</i> (Isoniazid)	1		
MYAMBTOL	3		
MYCOBUTIN	3		
PASER	2		
PRIFTIN	3		
<i>pyrazinamide</i> (Pyrazinamide)	1		
RIFADIN	3		
RIFAMATE	3		
<i>rifampin</i> (Rifadin)	1		
<i>rifampin/isoniazid</i> (Rifamate)	1		
RIFATER	3		
SEROMYCIN	3		
TRECTOR	2		
<b>Antineoplastic Agents</b>			
<b>Antineoplastic Agents</b>			
ABRAXANE	4		
ADCETRIS	4		
ADRIAMYCIN RDF	3	PA	(PA for Part B vs Part D Only)
AFINITOR	4	PA, QL: 28 in 28 days	
ALIMTA	4		
ALKERAN	3		
<i>anastrozole</i> (Arimidex)	1		
ARIMIDEX	3		
AROMASIN	3		
ARRANON	4		
ARZERRA	4	PA, QL: 80 in 30 days	
AVASTIN	4		
BEXXAR	4		
<i>bicalutamide</i> (Casodex)	1		
BICNU	3		
<i>bleomycin sulfate</i> (Bleomycin Sulfate)	1	PA	
BUSULFEX	4		
CAMPATH	4		
CAMPTOSAR	3		
CAPRELSA	4	PA, QL: 30 in 30 days	tablet: 300mg

Drug Name	Drug Tier	Requirements/Limits	
CAPRELSA	4	PA, QL: 60 in 30 days	tablet: 100mg
<i>carboplatin</i> (Paraplatin)	1		
CASODEX	3		
CEENU	2		
CERUBIDINE	3		
<i>cisplatin</i> (Cisplatin)	1		
<i>cladribine</i> (Leustatin)	1	PA	(PA for Part B vs Part D Only)
CLOLAR	4		
COSMEGEN	3		
<i>cyclophosphamide</i> (Cyclophosphamide)	1	PA, ST	tablet, (PA for Part B vs Part D Only)
<i>cyclophosphamide</i> (Cytoxan)	1	PA	vial, (PA for Part B vs Part D Only)
<i>cytarabine/pf</i> (Cytarabine/PF)	1	PA	(PA for Part B vs Part D Only)
<i>dacarbazine</i> (Dtic-Dome IV)	1		
DACOGEN	4		
<i>dactinomycin</i> (Cosmegen)	1		
<i>daunorubicin hcl</i> (Cerubidine)	1		
DAUNOXOME	3		
DOCEFREZ	4		
<i>docetaxel</i> (Taxotere)	4		vial: 20mg/2ml, 20mg/ml(1)
<i>docetaxel</i> (Taxotere)	4		vial: fnl20mg/2
DOXIL	4	PA	(PA for Part B vs Part D Only)
<i>doxorubicin hcl liposomal</i> (Doxil)	4	PA	(PA for Part B vs Part D Only)
<i>doxorubicin hcl</i> (Adriamycin RDF)	1	PA	
DROXIA	2		
DTIC-DOME IV	3		
ELIGARD	3	QL: 1 in 112 days	disp syrin: 30mg
ELIGARD	3	QL: 1 in 28 days	disp syrin: 7.5mg
ELIGARD	3	QL: 1 in 84 days	disp syrin: 22.5mg
ELIGARD	4	QL: 1 in 168 days	disp syrin: 45mg
ELLECE	3		
ELOXATIN	4		

Drug Name	Drug Tier	Requirements/Limits
ELSPAR	2	
EMCYT	2	
<i>epirubicin hcl</i> (Ellence)	1	
ERBITUX	3	
ERIVEDGE	4	PA, QL: 30 in 30 days
ERWINAZE	4	PA, QL: 60 in 30 days
ETOPOPHOS	3	
<i>etoposide</i> (Etoposide)	1	
<i>exemestane</i> (Aromasin)	1	
FARESTON	4	
FASLODEX	4	disp syrin: 125mg/ 2.5
FASLODEX	4	disp syrin: 250mg/ 5ml
FEMARA	3	
FIRMAGON	3	
<i>floxuridine</i> (FUDR)	1	PA (PA for Part B vs Part D Only)
<i>fludarabine phosphate</i> (Fludara)	4	
<i>fluorouracil</i> (Fluorouracil)	1	PA
<i>flutamide</i> (Flutamide)	1	
FOLOTYN	4	
FUDR	3	PA (PA for Part B vs Part D Only)
<i>gemcitabine hcl</i> (Gemzar)	4	vial: 1g
<i>gemcitabine hcl</i> (Gemzar)	4	vial: 200mg
GEMZAR	4	
GLEEVEC	4	QL: 60 in 30 days
HALAVEN	4	PA, QL: 24 in 28 days
HERCEPTIN	4	PA (PA for Part B vs Part D Only)
HEXALEN	4	
HYCAMTIN	4	
HYDREA	3	
<i>hydroxyurea</i> (Hydrea)	1	
IDAMYCIN PFS	3	
<i>idarubicin hcl</i> (Idamycin Pfs)	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
IFEX	3	PA	
<i>ifosfamide</i> (Ifex)	1	PA	(PA for Part B vs Part D Only)
<i>ifosfamide/mesna</i> (Ifex-mesnex)	4	PA	kit: 1g-1g, 3g-1g, (PA for Part B vs Part D Only)
INLYTA	4	PA, QL: 180 in 30 days	tablet: 1mg
INLYTA	4	PA, QL: 60 in 30 days	tablet: 5mg
IRESSA	4	PA, QL: 30 in 30 days	
<i>irinotecan hcl</i> (Camptosar)	4		
ISTODAX	4	PA	
IXEMPRA	4		
JAKAFI	4	PA, QL: 60 in 30 days	
JEVTANA	4		
<i>letrozole</i> (Femara)	1		
LEUKERAN	3		
<i>leuprolide acetate</i> (Lupron)	1	QL: 2 in 28 days	
LEUSTATIN	3	PA	(PA for Part B vs Part D Only)
LUPRON DEPOT	4	QL: 1 in 112 days	syringekit: 30mg
LUPRON DEPOT	4	QL: 1 in 168 days	syringekit: 45mg
LUPRON DEPOT	4	QL: 1 in 28 days	syringekit: 3.75mg
LUPRON DEPOT	4	QL: 1 in 84 days	syringekit: 11.25mg, 22.5mg
LUPRON DEPOT-PED	4	QL: 1 in 28 days	
LYSODREN	2		
MATULANE	4		
MEGACE ES	2		(May be High Risk Med for Ages 65 and Older)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
MEGACE	3		(May be High Risk Med for Ages 65 and Older)
<i>megestrol acetate</i> (Megace)	1		(May be High Risk Med for Ages 65 and Older)
<i>melphalan hcl</i> (Alkeran)	4		
<i>mercaptopurine</i> (Purinethol)	1		
<i>methotrexate sodium</i> (Methotrexate Sodium)	1	PA, ST	tablet, (PA for Part B vs Part D Only)
<i>methotrexate sodium</i> (Methotrexate Sodium)	1	PA	vial, (PA for Part B vs Part D Only)
<i>methotrexate sodium/pf</i> (Methotrexate Sodium/PF)	1	PA	(PA for Part B vs Part D Only)
<i>mitomycin</i> (Mitomycin)	1	PA	
<i>mitoxantrone hcl</i> (Novantrone)	1		
MUSTARGEN	2		
NAVELBINE	3		
NEXAVAR	4	PA, QL: 120 in 30 days	
NILANDRON	2		
NIPENT	4		
NOVANTRONE	3		
ONCASPAR	4		
ONTAK	4		
<i>oxaliplatin</i> (Oxaliplatin)	4		
<i>paclitaxel</i> (Taxol)	1		
<i>pentostatin</i> (Nipent)	4		
PHOTOFRIN	4		
PROLEUKIN	4		
PURINETHOL	3		
REVLIMID	4	LA, QL: 30 in 30 days	
RHEUMATREX	3	PA, ST	(PA for Part B vs Part D Only)
RITUXAN	4	PA	
SPRYCEL	4		
SUTENT	4	PA, QL: 30 in 30 days	
TABLOID	2		
<i>tamoxifen citrate</i> (Nolvadex)	1		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
TARCEVA	4	PA, QL: 30 in 30 days	
TARGRETIN	4		
TASIGNA	4		
TAXOTERE	4		vial: 20mg/ml(1)
TAXOTERE	4		vial: fnl20mg/2
<i>thiotepa</i> (Thiotepa)	1		
<i>topotecan hcl</i> (Hycamtin)	4		
TORISEL	4	PA	(PA for Part B vs Part D Only)
TREANDA	4		
TRELSTAR	4	QL: 1 in 168 days	disp syrin: 22.5mg/ 2ml
TRELSTAR	4	QL: 1 in 28 days	disp syrin: 3.75mg/ 2ml
TRELSTAR	4	QL: 1 in 84 days	disp syrin: 11.25/ 2ml
<i>tretinoin</i> (Tretinoin)	4		
TREXALL	2	PA, ST	(PA for Part B vs Part D Only)
TRISENOX	4		
TYKERB	4		
VALSTAR	4		
VANDETANIB	4	PA, QL: 30 in 30 days	tablet: 300mg
VANDETANIB	4	PA, QL: 60 in 30 days	tablet: 100mg
VECTIBIX	4		
VELCADE	4		
VIDAZA	4		
<i>vinblastine sulfate</i> (Vinblastine Sulfate)	1	PA	(PA for Part B vs Part D Only)
<i>vincristine sulfate</i> (Vincristine Sulfate)	1	PA	(PA for Part B vs Part D Only)
<i>vinorelbine tartrate</i> (Navelbine)	1		
VOTRIENT	4	PA, QL: 120 in 30 days	
VUMON	3		

Drug Name	Drug Tier	Requirements/Limits	
XALKORI	4	PA, QL: 60 in 30 days	
YERVOY	4	PA, QL: 30 in 21 days	
ZANOSAR	4		
ZELBORAF	4	PA, QL: 240 in 30 days	
ZOLADEX	3	QL: 1 in 28 days	implant: 3.6mg
ZOLADEX	3	QL: 1 in 84 days	implant: 10.8mg
ZOLINZA	4		
ZYTIGA	4	PA, QL: 120 in 30 days	

### Antiparkinsonian Agents

#### Antiparkinsonian Agents

<i>amantadine hcl</i> (Amantadine HCl)	1		
APOKYN	4		
AZILECT	2		
<i>benztropine mesylate</i> (Benztropine Mesylate)	1	PA	(PA for Ages 65 and Older; May be High Risk Med)
<i>bromocriptine mesylate</i> (Parlodel)	1		
<i>cabergoline</i> (Cabergoline)	1		
<i>carbidopa/levodopa</i> (Sinemet 25-100)	1		
COGENTIN	3	PA	
COMTAN	2		
MIRAPEX ER	3		
MIRAPEX	3		
PARCOPA	3		
PARLODEL	3		
<i>pramipexole di-hcl</i> (Mirapex)	1		
REQUIP XL	3		
REQUIP	3		
<i>ropinirole hcl</i> (Requip)	1		
<i>selegiline hcl</i> (Eldepryl)	1		
SINEMET 10-100	3		
SINEMET 25-100	3		
SINEMET 25-250	3		
SINEMET CR	3		



Drug Name	Drug Tier	Requirements/Limits
STALEVO 100	2	
STALEVO 125	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	
TASMAR	2	
<i>trihexyphenidyl hcl</i> (Trihexyphenidyl HCl)	1	PA (PA for Ages 65 and Older; May be High Risk Med)
ZELAPAR	3	
<b>Antiprotozoal Agents</b>		
<b>Antiprotozoal Agents</b>		
ALINIA	3	
<i>atovaquone/proguanil hcl</i> (Malarone)	1	tablet: 250-100mg
<i>atovaquone/proguanil hcl</i> (Malarone)	1	tablet: 62.5-25mg
<i>chloroquine phosphate</i> (Aralen Phosphate)	1	
COARTEM	3	
DARAPRIM	2	
FLAGYL ER	3	
FLAGYL	3	
HALFAN	2	
<i>hydroxychloroquine sulfate</i> (Plaquenil)	1	
LARIAM	3	
MALARONE	3	
<i>mefloquine hcl</i> (Lariam)	1	
MEPRON	4	
<i>metronidazole</i> (Flagyl)	1	
<i>metronidazole/sodium chloride</i> (Metro IV)	1	
<i>paromomycin sulfate</i> (Paromomycin Sulfate)	1	
PENTAM 300	3	
<i>pentamidine isethionate</i> (Pentam 300)	1	
PLAQUENIL	3	
PRIMAQUINE	2	QL: 93 in 31 days
QUALAQUIN	3	PA, QL: 42 in 30 days
TINDAMAX	3	
<i>tinidazole</i> (Tindamax)	1	
YODOXIN	2	
<b>Antipruritics and Local Anesthetics</b>		
<b>Antipruritics and Local Anesthetics</b>		

Drug Name	Drug Tier	Requirements/Limits	
AMERICAINE	2		
ANACAINE	2		
EMLA	3	PA	(PA for ESRD Only)
<i>lidocaine</i> (Lidocaine)	1	PA	(PA for ESRD Only)
<i>lidocaine/prilocaine</i> (EMLA)	1	PA	(PA for ESRD Only)
LIDODERM	3		
PONTOCAINE	3	PA	(PA for ESRD Only)
PRUDOXIN	3		
SYNERA	3	PA	(PA for ESRD Only)
ZONALON	3		
<b>Antiulcer Agents</b>			
<b>Antiulcer Agents</b>			
ACIPHEX	3		
AXID	3		capsule
AXID	3		solution
CARAFATE	2		oral susp
CARAFATE	3		tablet
<i>cimetidine hcl</i> (Cimetidine HCl)	1		(Rx Product Only)
<i>cimetidine in 0.9 % nacl</i> (Cimetidine In 0.9 % NaCl)	1		(Rx Product Only)
<i>cimetidine</i> (Tagamet)	1		(Rx Product Only)
CYTOTEC	3		
DEXILANT	3	ST	
<i>famotidine in nacl,iso-osm/pf</i> (Famotidine In Nacl,iso-osm/PF)	1		
<i>famotidine</i> (Pepcid)	1		(Rx Product Only)
KAPIDEX	3		
<i>lansoprazole</i> (Prevacid)	1	ST	capsule dr, (Rx Product Only)
<i>lansoprazole</i> (Prevacid)	1	ST	tab rap dr, (Rx Product Only)
<i>misoprostol</i> (Cytotec)	1		tablet: 100mcg
<i>misoprostol</i> (Cytotec)	1		tablet: 200mcg
NEXIUM I.V.	3		
NEXIUM	3	ST	
<i>nizatidine</i> (Axid)	1		
<i>omeprazole</i> (Prilosec)	1		capsule dr: 10mg, 20mg, 40mg, (Rx Product Only)
<i>omeprazole/sodium bicarbonate</i> (Zegerid)	1		(Rx Product Only)
<i>pantoprazole sodium</i> (Protonix)	1		

Drug Name	Drug Tier	Requirements/Limits
PEPCID RPD	3	
PEPCID	3	(Rx Product Only)
PREVACID IV	3	
PREVACID	3	ST (Rx Product Only)
PREVPAC	3	
PRILOSEC	3	capsule dr, (Rx Product Only)
PRILOSEC	3	suspdr pkt, (Rx Product Only)
PROTONIX IV	3	
PROTONIX	3	
<i>ranitidine hcl</i> (Zantac)	1	(Rx Product Only)
<i>sucralfate</i> (Carafate)	1	tablet
<i>sucralfate</i> (Sucralfate)	1	oral susp
TAGAMET	3	(Rx Product Only)
TALADINE	3	(Rx Product Only)
ZANTAC 25	3	
ZANTAC	3	piggyback
ZANTAC	3	syrup, tablet, vial, (Rx Product Only)
ZEGERID	3	(Rx Product Only)
<b>Antivirals (Systemic)</b>		
<b>Antiretrovirals</b>		
APTIVUS	3	solution
APTIVUS	4	capsule
ATRIPLA	4	
COMBIVIR	4	
COMPLERA	4	
CRIXIVAN	3	capsule: 100mg
CRIXIVAN	3	capsule: 200mg, 400mg
<i>didanosine</i> (Videx EC)	1	
EDURANT	4	
EMTRIVA	2	
EPIVIR HBV	3	
EPIVIR	3	
EPZICOM	4	
FUZEON	4	
INTELENCE	2	tablet: 25mg
INTELENCE	4	tablet: 100mg, 200mg
INVIRASE	4	
ISENTRESS	4	
KALETRA	2	tablet: 100mg-25mg

Drug Name	Drug Tier	Requirements/Limits	
KALETRA	4		solution, tablet: 200mg-50mg
<i>lamivudine</i> (Epivir)	1		
<i>lamivudine/zidovudine</i> (Combivir)	4		
LEXIVA	2		oral susp
LEXIVA	4		tablet
<i>nevirapine</i> (Viramune)	1		tablet
NORVIR	3		
PREZISTA	2		tablet: 75mg
PREZISTA	4		tablet: 150mg, 400mg, 600mg
RESCRIPTOR	3		
RETROVIR	2		vial
RETROVIR	3		capsule, syrup, tablet
REYATAZ	2		capsule: 100mg
REYATAZ	4		capsule: 150mg, 200mg, 300mg
SELZENTRY	4		
<i>stavudine</i> (Zerit)	1		capsule
<i>stavudine</i> (Zerit)	1		soln recon
SUSTIVA	3		capsule: 100mg
SUSTIVA	3		capsule: 50mg, 200mg; tablet
TRIZIVIR	4		
TRUVADA	4		
VIDEX EC	3		
VIDEX	2		
VIRACEPT	3		powder
VIRACEPT	3		tablet
VIRAMUNE XR	2		
VIRAMUNE	2		oral susp
VIRAMUNE	3		tablet
VIREAD	4		
ZERIT	3		
ZIAGEN	3		
<i>zidovudine</i> (Retrovir)	1		
<b>Antivirals, Miscellaneous</b>			
FLUMADINE	3		
<i>foscarnet sodium</i> (Foscavir)	1	PA	(PA for Part B vs Part D Only)
RELENZA	3		
<i>rimantadine hcl</i> (Flumadine)	1		
SYNAGIS	3		

Drug Name	Drug Tier	Requirements/Limits	
TAMIFLU	2		capsule, susp recon: 6mg/ml
<b>Hcv Protease Inhibitors</b>			
INCIVEK	4	PA, QL: 168 in 28 days	
VICTRELIS	4	PA, QL: 336 in 28 days	
<b>Interferons</b>			
ALFERON N	4		
INFERGEN	4	PA	
INTRON A	2	PA	pen ij kit: 3mm/ 0.2ml; vial: 10mm/ ml
INTRON A	4	PA	pen ij kit: 5mm/ 0.2ml, 10mm/0.2ml; vial: 6mmunit/ml
INTRON A	4	PA	vial: 18mmunit, 50mmunit
PEGASYS PROCLICK	4	PA	
PEGASYS	4	PA	
PEGINTRON REDIPEN	4	PA	
PEGINTRON	4	PA	kit: 50mcg/0.5
PEGINTRON	4	PA	kit: 80mcg/0.5, 120mcg/0.5, 150mcg/0.5
SYLATRON	4	PA, QL: 1 in 28 days	
<b>Nucleosides and Nucleotides</b>			
<i>acyclovir sodium</i> (Acyclovir Sodium)	1	PA	(PA for Part B vs Part D Only)
<i>acyclovir</i> (Zovirax)	1		
BARACLUDE	3		solution
BARACLUDE	4		tablet
COPEGUS	3		
CYTOVENE	3	PA	vial, (PA for Part B vs Part D Only)
CYTOVENE	4		capsule
<i>famciclovir</i> (Famvir)	1		
FAMVIR	3		
<i>ganciclovir sodium</i> (Cytovene)	1	PA	(PA for Part B vs Part D Only)

Drug Name		Drug Tier	Requirements/Limits
<i>ganciclovir</i>	(Cytovene)	1	capsule: 250mg
<i>ganciclovir</i>	(Cytovene)	4	capsule: 500mg
HEPSERA		4	
REBETOL		3	
RIBATAB		3	tablet
RIBATAB		4	tab ds pk: 400-400mg, 600-400mg
RIBATAB		4	tab ds pk: 600-600mg
<i>ribavirin</i>	(Copegus)	1	capsule, tablet
<i>ribavirin</i>	(Ribatab)	4	tab ds pk: 200-400mg
<i>ribavirin</i>	(Ribatab)	4	tab ds pk: 400-400mg, 600-400mg
TYZEKA		4	
<i>valacyclovir hcl</i>	(Valtrex)	1	
VALCYTE		3	soln recon
VALCYTE		4	tablet
VALTREX		3	
VISTIDE		4	
ZOVIRAX		3	
<b>Anxiolytics, Sedatives and Hypnotics</b>			
<b>Anxiolytics, Sedatives and Hypnotics, Miscellaneous</b>			
AMBIEN CR		3	PA, QL: (PA/QL for Ages 65 and Older; May be High Risk Med) 90 in 365 days
AMBIEN		3	PA, QL: (PA/QL for Ages 65 and Older; May be High Risk Med) 90 in 365 days
BUSPAR		3	
<i>bupirone hcl</i>	(Buspar)	1	
<i>droperidol</i>	(Inapsine)	1	
EDLUAR		3	PA, QL: (PA/QL for Ages 65 and Older; May be High Risk Med) 90 in 365 days
<i>glutethimide</i>	(Glutethimide)	1	
<i>hydroxyzine hcl</i>	(Hydroxyzine HCl)	1	PA (PA for Ages 65 and Older; May be High Risk Med)
<i>hydroxyzine pamoate</i>	(Vistaril)	1	PA (PA for Ages 65 and Older; May be High Risk Med)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
INTERMEZZO	3	PA, QL: 90 in 365 days	(PA/QL for Ages 65 and Older; May be High Risk Med)
LUNESTA	3	PA, QL: 90 in 365 days	(PA/QL for Ages 65 and Older; May be High Risk Med)
PLACIDYL	3		
ROZEREM	2		
SONATA	3	PA, QL: 90 in 365 days	(PA/QL for Ages 65 and Older; May be High Risk Med)
VANSPAR	3		
VISTARIL	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
<i>zaleplon</i> (Sonata)	1	PA, QL: 90 in 365 days	(PA/QL for Ages 65 and Older; May be High Risk Med)
<i>zolpidem tartrate</i> (Ambien)	1	PA, QL: 90 in 365 days	(PA/QL for Ages 65 and Older; May be High Risk Med)
ZOLPIMIST	3	PA, QL: 23.1 in 365 days	(PA/QL for Ages 65 and Older; May be High Risk Med)
<b>Astringents</b>			
<b>Astringents</b>			
<i>aluminum chloride</i> (Drysol)	1		
DRYSOL	3		
XERAC AC	2		
<b>Benzodiazepines</b>			
<b>Benzodiazepines</b>			
ALPRAZOLAM INTENSOL	3	QL: 180 in 30 days	
<i>alprazolam</i> (Xanax XR)	1	QL: 30 in 30 days	tab er 24h: 0.5mg, 1mg
<i>alprazolam</i> (Xanax XR)	1	QL: 60 in 30 days	tab er 24h: 2mg, 3mg
<i>alprazolam</i> (Xanax)	1	QL: 90 in 30 days	tab rapdis, tablet
ATIVAN	3	QL: 2 in 30 days	disp syrin, vial
ATIVAN	3	QL: 90 in 30 days	tablet

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
<i>clonazepam</i> (Klonopin)	1	QL: 300 in 30 days	tab rapdis: 2mg; tablet: 2mg
<i>clonazepam</i> (Klonopin)	1	QL: 90 in 30 days	tab rapdis: 0.125mg, 0.25mg, 0.5mg, 1mg; tablet: 0.5mg, 1mg
<i>clorazepate dipotassium</i> (Tranxene T-tab)	1	PA, QL: 120 in 30 days	tablet: 15mg, (PA for Ages 65 and Older; May be High Risk Med)
<i>clorazepate dipotassium</i> (Tranxene T-tab)	1	PA, QL: 60 in 30 days	tablet: 3.75mg, 7.5mg, (PA for Ages 65 and Older; May be High Risk Med)
DIASTAT ACUDIAL	3		
DIASTAT	3		
<i>diazepam</i> (Diastat)	1		kit
<i>diazepam</i> (Diazepam)	1	PA, QL: 1200 in 30 days	oral conc, solution, (PA for Ages 65 and Older; May be High Risk Med)
<i>diazepam</i> (Valium)	1	PA, QL: 120 in 30 days	tablet, (PA for Ages 65 and Older; May be High Risk Med)
<i>estazolam</i> (Prosom)	1	QL: 30 in 30 days	
HALCION	3	QL: 30 in 30 days	tablet: 0.125mg
HALCION	3	QL: 30 in 30 days	tablet: 0.25mg
KLONOPIN	3	QL: 300 in 30 days	tablet: 2mg
KLONOPIN	3	QL: 90 in 30 days	tablet: 0.5mg, 1mg
LORAZEPAM INTENSOL	3	QL: 150 in 30 days	
<i>lorazepam</i> (Ativan)	1	QL: 2 in 30 days	disp syrin, vial
<i>lorazepam</i> (Ativan)	1	QL: 90 in 30 days	tablet



Drug Name	Drug Tier	Requirements/Limits	
NIRAVAM	3	QL: 90 in 30 days	
ONFI	3	PA, QL: 60 in 30 days	
<i>oxazepam</i> (Oxazepam)	1	QL: 120 in 30 days	
RESTORIL	3	QL: 30 in 30 days	
<i>temazepam</i> (Restoril)	1	QL: 30 in 30 days	
<i>triazolam</i> (Halcion)	1	QL: 30 in 30 days	
XANAX XR	3	QL: 30 in 30 days	tab er 24h: 0.5mg, 1mg
XANAX XR	3	QL: 60 in 30 days	tab er 24h: 2mg, 3mg
XANAX	3	QL: 90 in 30 days	
<b>Beta-Adrenergic Blocking Agents</b>			
<b>Beta-Adrenergic Blocking Agents</b>			
<i>acebutolol hcl</i> (Sectral)	1		
<i>atenolol</i> (Tenormin)	1		
<i>atenolol/chlorthalidone</i> (Tenoretic 100)	1		
BETAPACE AF	3		
BETAPACE	3		tablet: 240mg
BETAPACE	3		tablet: 80mg, 160mg
<i>betaxolol hcl</i> (Kerlone)	1		
<i>bisoprolol fumarate</i> (Zebeta)	1		
<i>bisoprolol fumarate/hctz</i> (Ziac)	1		
BREVIBLOC	3	PA	(PA for Part B vs Part D Only)
BYSTOLIC	2		
<i>carvedilol</i> (Coreg)	1		
COREG CR	2		
COREG	3		
CORGARD	3		
CORZIDE	3		
DUTOPROL	2		
<i>esmolol hcl</i> (Brevibloc)	1	PA	
INDERAL LA	3		
INNOPRAN XL	3		

Drug Name	Drug Tier	Requirements/Limits
KERLONE	3	
<i>labetalol hcl</i> (Trandate)	1	disp syrin
<i>labetalol hcl</i> (Trandate)	1	tablet, vial
LEVATOL	3	
LOPRESSOR HCT	3	
LOPRESSOR	3	
<i>metoprolol succinate</i> (Toprol XL)	1	
<i>metoprolol tartrate</i> (Lopressor)	1	
<i>metoprolol/hydrochlorothiazide</i> (Lopressor HCT)	1	
<i>nadolol</i> (Corgard)	1	
<i>nadolol/bendroflumethiazide</i> (Corzide)	1	
NORMODYNE	3	
<i>pindolol</i> (Pindolol)	1	
<i>propranolol hcl</i> (Propranolol HCl)	1	
<i>propranolol/hydrochlorothiazid</i> (Propranolol/hydrochlorothiazid)	1	
SECTRAL	3	
<i>sotalol hcl</i> (Betapace)	1	
SOTALOL HCL	3	
TENORETIC 100	3	
TENORETIC 50	3	
TENORMIN	3	
<i>timolol maleate</i> (Timolol Maleate)	1	
TOPROL XL	3	
TRANDATE	3	disp syrin, tablet: 300mg
TRANDATE	3	tablet: 100mg, 200mg
ZEBETA	3	
ZIAC	3	
<b>Blood Derivatives</b>		
<b>Blood Derivatives</b>		
ALBUKED-25	2	
ALBUKED-5	2	
ALBUMIN (HUMAN)	2	
ALBUMINAR-25	2	
ALBUMINAR-5	2	
ALBURX	2	
ALBUTEIN	2	
BUMINATE	2	
FLEXBUMIN	2	
KEDBUMIN	2	
PLASBUMIN-25	2	
PLASBUMIN-5	2	
STERILE DILUENT	2	

Drug Name	Drug Tier	Requirements/Limits
<b>Calcium-Channel Blocking Agents</b>		
<b>Calcium-Channel Blocking Agents, Miscellaneous</b>		
CALAN SR	3	
CALAN	3	
CARDIZEM CD	3	
CARDIZEM LA	3	
CARDIZEM	3	
COVERA-HS	3	
DILACOR XR	3	cap er deg: 120mg, 180mg
DILACOR XR	3	cap er deg: 240mg
<i>diltiazem hcl</i> (Cardizem CD)	1	various dosage and/or strengths are available
<i>diltiazem hcl</i> (Tiazac)	1	capsule er: 420mg
ISOPTIN SR	3	
TIAZAC	3	
<i>verapamil hcl</i> (Calan)	1	cap24h pct, cap24h pel: 120mg, 180mg, 240mg; tablet, tablet er, vial
<i>verapamil hcl</i> (Verelan)	1	cap24h pel: 360mg; disp syrin
VERELAN PM	3	
VERELAN	3	
<b>Dihydropyridines</b>		
ADALAT CC	3	
<i>amlodipine besylate</i> (Norvasc)	1	
<i>amlodipine besylate/benazepril</i> (Lotrel)	1	
AZOR	3	ST
CARDENE I.V.	3	ampul
CARDENE I.V.	3	piggyback
CARDENE SR	3	
CLEVIPREX	3	
DYNACIRC CR	3	
EXFORGE HCT	2	ST
EXFORGE	2	ST
<i>felodipine</i> (Plendil)	1	
<i>isradipine</i> (Dynacirc)	1	
LOTREL	3	
<i>nicardipine hcl</i> (Nicardipine HCl)	1	
<i>nifedipine</i> (Procardia XL)	1	tab er 24, tablet er
<i>nimodipine</i> (Nimotop)	1	
NIMOTOP	3	

Drug Name	Drug Tier	Requirements/Limits	
<i>nisoldipine</i> (Sular)	1		
NORVASC	3		
PLENDIL	3		
PROCARDIA XL	3		
PROCARDIA	3		
SULAR	3		tab er 24h: 25.5mg
SULAR	3		tab er 24h: 8.5mg, 17mg, 34mg
<b>Caloric Agents</b>			
<b>Caloric Agents</b>			
AMINO ACIDS	2	PA	
AMINOSYN II 3.5% M-DEXTROSE 5%	2	PA	(PA for Part B vs Part D Only)
AMINOSYN II 3.5%-DEXTROSE 25%	2	PA	(PA for Part B vs Part D Only)
AMINOSYN II 3.5%-DEXTROSE 5%	2	PA	(PA for Part B vs Part D Only)
AMINOSYN II 4.25% M-DEXT 10%	2	PA	(PA for Part B vs Part D Only)
AMINOSYN II 4.25%-DEXTROSE 25%	2	PA	(PA for Part B vs Part D Only)
AMINOSYN II 5% IN 25% DEXTROSE	2	PA	(PA for Part B vs Part D Only)
AMINOSYN II IN DEXTROSE	2	PA	(PA for Part B vs Part D Only)
AMINOSYN II with LYTES-CA-DW	2	PA	iv soln: 3.5%, (PA for Part B vs Part D Only)
AMINOSYN II with LYTES-CA-DW	2	PA	iv soln: 4.25%, (PA for Part B vs Part D Only)
AMINOSYN II	2	PA	iv soln: 10%, (PA for Part B vs Part D Only)
AMINOSYN II	2	PA	iv soln: 15%, (PA for Part B vs Part D Only)
AMINOSYN II	2	PA	iv soln: 7%, (PA for Part B vs Part D Only)
AMINOSYN II	2	PA	iv soln: 8.5%, (PA for Part B vs Part D Only)

Drug Name	Drug Tier	Requirements/Limits	
AMINOSYN M	2	PA	(PA for Part B vs Part D Only)
AMINOSYN with ELECTROLYTES	2	PA	(PA for Part B vs Part D Only)
AMINOSYN	2	PA	iv soln: 10%, (PA for Part B vs Part D Only)
AMINOSYN	2	PA	iv soln: 3.5%, (PA for Part B vs Part D Only)
AMINOSYN	2	PA	iv soln: 5%, (PA for Part B vs Part D Only)
AMINOSYN	2	PA	iv soln: 7%, (PA for Part B vs Part D Only)
AMINOSYN	2	PA	iv soln: 8.5%, (PA for Part B vs Part D Only)
AMINOSYN	2	PA	iv soln: 8.5%, (PA for Part B vs Part D Only)
AMINOSYN-HBC	2	PA	(PA for Part B vs Part D Only)
AMINOSYN-HF	2	PA	(PA for Part B vs Part D Only)
AMINOSYN-PF	2	PA	iv soln: 10%, (PA for Part B vs Part D Only)
AMINOSYN-PF	2	PA	iv soln: 7%, (PA for Part B vs Part D Only)
AMINOSYN-RF	2	PA	(PA for Part B vs Part D Only)
BRANCHAMIN	2	PA	(PA for Part B vs Part D Only)
CLINIMIX E	2	PA	iv soln: 2.75%, (PA for Part B vs Part D Only)
CLINIMIX E	2	PA	iv soln: 4.25%, (PA for Part B vs Part D Only)
CLINIMIX E	2	PA	iv soln: 5%, (PA for Part B vs Part D Only)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
CLINIMIX	2	PA	iv soln: 2.75%, (PA for Part B vs Part D Only)
CLINIMIX	2	PA	iv soln: 4.25%, (PA for Part B vs Part D Only)
CLINIMIX	2	PA	iv soln: 5%, (PA for Part B vs Part D Only)
CLINISOL	2	PA	(PA for Part B vs Part D Only)
<i>cysteine hcl</i> (Cysteine HCl)	1	PA	(PA for Part B vs Part D Only)
<i>dextrose 10 % and 0.225 % nacl</i> (Dextrose 10 % and 0.225 % NaCl)	1		dehp fr bg
<i>dextrose 10 % and 0.225 % nacl</i> (Dextrose 10 % and 0.225 % NaCl)	1		iv soln
<i>dextrose 10 % and 0.9 % nacl</i> (Dextrose 10 % and 0.9 % NaCl)	1		
<i>dextrose 10%-0.5 normal saline</i> (Dextrose 10%-0.5 Normal Saline)	1		
<i>dextrose 10%-water</i> (Dextrose 10%-water)	1	PA	(PA for Part B vs Part D Only)
<i>dextrose 2.5 %-water</i> (Dextrose 2.5 %-water)	1	PA	(PA for Part B vs Part D Only)
<i>dextrose 2.5%-0.5normal saline</i> (Dextrose 2.5%-0.5 Normal Saline)	1		
<i>dextrose 20 % in water</i> (Dextrose 20 % in Water)	1	PA	(PA for Part B vs Part D Only)
<i>dextrose 20%-water</i> (Dextrose 20%-water)	1	PA	(PA for Part B vs Part D Only)
<i>dextrose 25%-water</i> (Dextrose 25%-water)	1	PA	(PA for Part B vs Part D Only)
<i>dextrose 40%-water</i> (Dextrose 40%-water)	1	PA	(PA for Part B vs Part D Only)
<i>dextrose 5 % and 0.33 % nacl</i> (Dextrose 5 % and 0.33 % NaCl)	1		
<i>dextrose 5 % and 0.9 % nacl</i> (Dextrose 5 % and 0.9 % NaCl)	1		
<i>dextrose 5 %-0.225 % nacl</i> (Dextrose 5 %-0.225 % NaCl)	1		
<i>dextrose 5 %-0.45 % nacl</i> (Dextrose 5 %-0.45 % NaCl)	1		
<i>dextrose 5 %-water</i> (Dextrose 5 %-water)	1		
<i>dextrose 50 % in water</i> (Dextrose 50 % in Water)	1	PA	(PA for Part B vs Part D Only)
<i>dextrose 60 % in water</i> (Dextrose 60 % in Water)	1	PA	(PA for Part B vs Part D Only)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
<i>dextrose 70 % in water</i> (Dextrose 70 % in Water)	1	PA	(PA for Part B vs Part D Only)
DEXTROSE IN WATER	3	PA	(PA for Part B vs Part D Only)
<i>ethyl alcohol/d5w</i> (Ethyl Alcohol/D5W)	1		
FREAMINE HBC	2	PA	(PA for Part B vs Part D Only)
FREAMINE III with ELECTROLYTES	2	PA	(PA for Part B vs Part D Only)
FREAMINE III	2	PA	iv soln: 10%, (PA for Part B vs Part D Only)
FREAMINE III	2	PA	iv soln: 8.5%, (PA for Part B vs Part D Only)
<i>fructose 10%</i> (Fructose 10%)	1	PA	(PA for Part B vs Part D Only)
HEPATAMINE	2	PA	(PA for Part B vs Part D Only)
HEPATASOL	2	PA	(PA for Part B vs Part D Only)
INTRALIPID	2	PA	emulsion: 10%, (PA for Part B vs Part D Only)
INTRALIPID	2	PA	emulsion: 20%, 30%, (PA for Part B vs Part D Only)
LIPOSYN II	2	PA	(PA for Part B vs Part D Only)
LIPOSYN III	2	PA	emulsion: 10%, 20%, (PA for Part B vs Part D Only)
LIPOSYN III	2	PA	emulsion: 30%, (PA for Part B vs Part D Only)
NEPHRAMINE	2	PA	(PA for Part B vs Part D Only)
NOVAMINE	2	PA	(PA for Part B vs Part D Only)
PREMASOL	2	PA	iv soln: 10%, (PA for Part B vs Part D Only)
PREMASOL	2	PA	iv soln: 6%, (PA for Part B vs Part D Only)

Drug Name	Drug Tier	Requirements/Limits	
PROCALAMINE	2	PA	(PA for Part B vs Part D Only)
PROSOL	2	PA	(PA for Part B vs Part D Only)
QUICK MIX with LYTES	2	PA	(PA for Part B vs Part D Only)
RENAMIN	2	PA	(PA for Part B vs Part D Only)
TRAVAMULSION	2	PA	(PA for Part B vs Part D Only)
TRAVASOL W/DEXTROSE	2	PA	(PA for Part B vs Part D Only)
TRAVASOL W/ ELECTROLYTES	2	PA	iv soln.: 5.5%, (PA for Part B vs Part D Only)
TRAVASOL W/ ELECTROLYTES	2	PA	iv soln.: 8.5%, (PA for Part B vs Part D Only)
TRAVASOL with DEXTROSE	2	PA	iv soln: 8.5%, (PA for Part B vs Part D Only)
TRAVASOL with ELECTROLYTES	2	PA	(PA for Part B vs Part D Only)
TRAVASOL	2	PA	iv soln: 10%, (PA for Part B vs Part D Only)
TRAVASOL	2	PA	iv soln: 5.5%, (PA for Part B vs Part D Only)
TRAVASOL	2	PA	iv soln: 8.5%, (PA for Part B vs Part D Only)
TRAVERT IN NORMAL SALINE	2	PA	(PA for Part B vs Part D Only)
TRAVERT	2	PA	iv soln: 10%, (PA for Part B vs Part D Only)
TRAVERT	2	PA	iv soln: 5%, (PA for Part B vs Part D Only)
TROPHAMINE	2	PA	iv soln: 10%, (PA for Part B vs Part D Only)



Drug Name	Drug Tier	Requirements/Limits	
TROPHAMINE	2	PA	iv soln: 6%, (PA for Part B vs Part D Only)
<b>Cardiac Drugs</b>			
<b>Antiarrhythmic Agents</b>			
<i>amiodarone hcl</i> (Amiodarone HCl)	1		disp syrin
<i>amiodarone hcl</i> (Cordarone)	1		tablet, vial
CORDARONE	3		
CORVERT	3		
<i>disopyramide phosphate</i> (Norpace)	1	PA	capsule er, (PA for Ages 65 and Older; May be High Risk Med)
<i>disopyramide phosphate</i> (Norpace)	1	PA	capsule, (PA for Ages 65 and Older; May be High Risk Med)
<i>flecainide acetate</i> (Tambocor)	1		
LIDOCAINE HCL IN 5% DEXTROSE	3		
<i>lidocaine hcl</i> (Lidocaine HCl)	1		
<i>lidocaine hcl/d5w/pf</i> (Lidocaine HCl/d5w/PF)	1		
<i>lidocaine hcl/pf</i> (Lidocaine HCl/PF)	1		
<i>mexiletine hcl</i> (Mexitil)	1		
MULTAQ	2		
NEXTERONE	3		
NORPACE CR	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
NORPACE	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
<i>procainamide hcl</i> (Procainamide HCl)	1		capsule, tablet sa
<i>procainamide hcl</i> (Procainamide HCl)	1		vial
PRONESTYL	2		
<i>propafenone hcl</i> (Rythmol)	1		
<i>quinidine gluconate</i> (Quinidine Gluconate)	1		
<i>quinidine sulfate</i> (Quinidine Sulfate)	1		
RYTHMOL SR	3		
RYTHMOL	3		tablet: 150mg, 225mg
RYTHMOL	3		tablet: 300mg
TAMBOCOR	3		
TIKOSYN	2		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
<b>Cardiac Drugs, Miscellaneous</b>			
<i>digoxin</i> (Lanoxin)	1	PA, QL: 30 in 30 days	tablet, (PA/QL for Ages 65 and Older; May be High Risk Med)
<i>digoxin</i> (Lanoxin)	1	PA	ampul, (PA for Ages 65 and Older; May be High Risk Med)
DIGOXIN	2	PA, QL: 75 in 30 days	(PA/QL for Ages 65 and Older; May be High Risk Med)
<i>inamrinone lactate</i> (Inamrinone Lactate)	1	PA	(PA for Part B vs Part D Only)
LANOXIN PEDIATRIC	3	PA	(PA/QL for Ages 65 and Older; May be High Risk Med)
LANOXIN	3	PA, QL: 30 in 30 days	tablet, (PA/QL for Ages 65 and Older; May be High Risk Med)
LANOXIN	3	PA	ampul, (PA/QL for Ages 65 and Older; May be High Risk Med)
<i>milrinone lactate</i> (Milrinone Lactate)	4	PA	(PA for Part B vs Part D Only)
<i>milrinone lactate/d5w</i> (Primacor in 5% Dextrose)	4	PA	(PA for Part B vs Part D Only)
RANEXA	2	QL: 120 in 30 days	tab er 12h: 500mg
RANEXA	2	QL: 60 in 30 days	tab er 12h: 1000mg
<b>Cathartics and Laxatives</b>			
<b>Cathartics and Laxatives</b>			
AMITIZA	2	QL: 60 in 30 days	
COLYTE with FLAVOR PACKETS	3		
GOLYTELY	3		
HALFLYTELY	3		
HALFLYTELY-BISACODYL	3		
MOVIPREP	3		

Drug Name	Drug Tier	Requirements/Limits	
NULYTELY with FLAVOR PACKS	3		
OCL	3		
OSMOPREP	3		
<i>peg 3350/na sulf,bicarb,cl/kcl</i> (Colyte with Flavor Packets)	1		
<i>polyethylene glycol 3350</i> (Polyethylene Glycol 3350)	1		
<i>sodium chloride/nahco3/kcl/peg</i> (Nulytely)	1		
SUPREP	3		
VISICOL	3		
<b>Cell Stimulants and Proliferants</b>			
<b>Cell Stimulants and Proliferants</b>			
ATRALIN	3	PA	
KEPIVANCE	4		
RETIN-A MICRO	3	PA	
RETIN-A	3	PA	
<i>tretinoin</i> (Retin-A)	1	PA	
<b>Central Nervous System Agents, Miscellaneous</b>			
<b>Central Nervous System Agents, Miscellaneous</b>			
BUTISOL SODIUM	3	PA, QL: 120 in 30 days	tablet: 30mg, (May be High Risk Med for Ages 65 and Older)
BUTISOL SODIUM	3	PA, QL: 473 in 30 days	elixir: 30mg/5ml, (May be High Risk Med for Ages 65 and Older)
BUTISOL SODIUM	3	PA, QL: 60 in 30 days	tablet: 50mg, (May be High Risk Med for Ages 65 and Older)
CAMPRAL	2		tab ds pk
CAMPRAL	2		tablet dr
ESKALITH CR	3		
ESKALITH	3		
<i>flumazenil</i> (Romazicon)	1		
INTUNIV	3	QL: 30 in 30 days	
KAPVAY	3		
<i>lithium carbonate</i> (Eskalith)	1		
<i>lithium citrate</i> (Lithium Citrate)	1		
LITHOBID	3		
LODOSYN	2		

Drug Name	Drug Tier	Requirements/Limits	
LUMINAL SODIUM	3	PA, QL: 2 in 30 days	disp syrin: 60mg/ ml, 130mg/ml
MYSOLINE	3		
NAMENDA	2	QL: 360 in 30 days	solution
NAMENDA	2	QL: 49 in 28 days	tab ds pk
NAMENDA	2	QL: 62 in 31 days	tablet
NUEDEXTA	2	QL: 60 in 30 days	
<i>phenobarbital sodium</i> (Phenobarbital Sodium)	1	PA, QL: 2 in 30 days	vial: 65mg/ml, 130mg/ml
<i>phenobarbital</i> (Phenobarbital)	1	PA, QL: 1500 in 30 days	elixir: 20mg/5ml, (May be High Risk Med for Ages 65 and Older)
<i>phenobarbital</i> (Phenobarbital)	1	PA, QL: 200 in 30 days	tablet: 30mg, (May be High Risk Med for Ages 65 and Older)
<i>phenobarbital</i> (Phenobarbital)	1	PA, QL: 90 in 30 days	tablet: 15mg, 60mg, 100mg, (May be High Risk Med for Ages 65 and Older)
<i>phenobarbital</i> (Phenobarbital)	1	PA, QL: 90 in 30 days	tablet: 16.2mg, 32.4mg, 64.8mg, 97.2mg, (May be High Risk Med for Ages 65 and Older)
<i>primidone</i> (Mysoline)	1		
RILUTEK	4		
ROMAZICON	3		
SAVELLA	2	QL: 60 in 30 days	
STRATTERA	2		
XENAZINE	4	PA, QL: 112 in 28 days	
XYREM	4	LA	
<b>Contraceptives</b>			

Drug Name	Drug Tier	Requirements/Limits	
<b>Contraceptives</b>			
BEYAZ	3		
BREVICON	3		
CYCLESSA	3		
DEMULEN 1-50-21	3		
DEMULEN 1-50-28	3		
DESOGEN	3		
<i>desogestrel-ethinyl estradiol</i> (Desogen)	1		
<i>desog-et estra/ethin estra</i> (Mircette)	1		
ELLA	3		
ESTROSTEP FE	3		
<i>ethinyl estradiol/drospirenone</i> (Yaz)	1		
<i>ethynodiol d-ethinyl estradiol</i> (Demulen 1-50-21)	1		
FEMCON FE	3		
IMPLANON	3		
<i>levonorgestrel</i> (Plan B)	1		
<i>levonorgestrel-eth estradiol</i> (Lybrel)	1		tablet
<i>levonorgestrel-eth estradiol</i> (Seasonale)	1	QL: 91 in 84 days	tbdspk 3mo
<i>l-norgest-eth estr/ethin estra</i> (Seasonique)	1	QL: 91 in 84 days	tbdspk 3mo: 100-20(84)
<i>l-norgest-eth estr/ethin estra</i> (Seasonique)	1	QL: 91 in 84 days	tbdspk 3mo: 150-30(84)
LO LOESTRIN FE	3		
LOESTRIN 24 FE	3		
LOESTRIN FE	3		
LOESTRIN	3		
LO-OVRAL-28	3		
LOSEASONIQUE	3	QL: 91 in 84 days	
LYBREL	3		
MICRONOR	3		
MIRCETTE	3		
MODICON	3		
NATAZIA	3		
NEXPLANON	3		
NORDETTE-28	3		
<i>noreth a-et estra/fe fumarate</i> (Loestrin Fe)	1		
<i>noreth-ethinyl estradiol/iron</i> (Femcon Fe)	1		
<i>norethindrone a-e estradiol</i> (Loestrin)	1		
<i>norethindrone</i> (Nor-Q-D)	1		
<i>norethindrone-ethinyl estrad</i> (Ovcon-35)	1		
<i>norethindrone-mestranol</i> (Ortho-novum)	1		
<i>norgestimate-ethinyl estradiol</i> (Ortho Tri-cyclen)	1		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
<i>norgestrel-ethinyl estradiol</i> (Lo-ovral-28)	1		
NORINYL 1+35	3		
NORINYL 1+50	3		
NOR-Q-D	3		
NUVARING	2	QL: 1 in 28 days	
ORTHO EVRA	3	QL: 3 in 28 days	
ORTHO TRI-CYCLEN LO	3		
ORTHO TRI-CYCLEN	3		
ORTHO-CEPT	3		
ORTHO-CYCLEN	3		
ORTHO-NOVUM	3		tablet: 1mg-35mcg, 7daysx3
ORTHO-NOVUM	3		tablet: 7daysx3
OVCON-35	3		
OVCON-50	3		
PLAN B ONE-STEP	3		
PLAN B	3		
SAFYRAL	3		
SEASONALE	3	QL: 91 in 84 days	
SEASONIQUE	3	QL: 91 in 84 days	
TRI-NORINYL	3		
YASMIN 28	3		
YAZ	3		

## Devices

### Devices

<i>needles, insulin disp., safety</i> (Needles, Insulin Disp., Safety)	1		
<i>needles, insulin disposable</i> (Needles, Insulin Disposable)	1		
<i>sub-q insulin device, 20 unit</i> (Sub-q Insulin Device, 20 Unit)	3	QL: 30 in 30 days	
<i>sub-q insulin device, 30 unit</i> (Sub-q Insulin Device, 30 Unit)	3	QL: 30 in 30 days	
<i>sub-q insulin device, 40 unit</i> (Sub-q Insulin Device, 40 Unit)	3	QL: 30 in 30 days	
<i>syring w-ndl, disp, insul, 0.3ml</i> (Syring W-ndl, disp, insul, 0.3ml)	1		
<i>syring w-ndl, disp, insul, 0.5ml</i> (Syring W-ndl, disp, insul, 0.5ml)	1		
<i>syringe &amp; needle, insulin, 1 ml</i> (Syringe & Needle, insulin, 1 MI)	1		

## Diuretics

### Diuretics, Miscellaneous

<i>chlorothiazide</i> (Chlorothiazide)	1		
<i>chlorthalidone</i> (Chlorthalidone)	1		

Drug Name	Drug Tier	Requirements/Limits
DIURIL SODIUM	3	
DIURIL	3	
<i>hydrochlorothiazide</i> (Hydrochlorothiazide)	1	
<i>indapamide</i> (Lozol)	1	
<i>methyclothiazide</i> (Methyclothiazide)	1	
<i>metolazone</i> (Zaroxolyn)	1	
MICROZIDE	3	
NATURETIN-5	3	
SALURON	3	
SAMSCA	4	QL: 30 in 30 days tablet: 15mg
SAMSCA	4	QL: 60 in 30 days tablet: 30mg
THALITONE	3	
VAPRISOL	3	ampul
VAPRISOL	3	plast. bag
ZAROXOLYN	3	
<b>Loop Diuretics</b>		
<i>bumetanide</i> (Bumex)	1	
DEMADEX	3	tablet: 100mg
DEMADEX	3	tablet: 5mg, 10mg, 20mg
EDECIN	3	
<i>furosemide</i> (Furosemide)	1	disp syrin
<i>furosemide</i> (Lasix)	1	solution, tablet, vial
LASIX	3	
SODIUM EDECIN	3	
<i>torseamide</i> (Demadex)	1	
<b>Potassium-sparing Diuretics</b>		
<i>amiloride hcl</i> (Midamor)	1	
<i>amiloride/hydrochlorothiazide</i> (Amiloride/hydrochlorothiazide)	1	
DYAZIDE	3	
DYRENIUM	3	
MAXZIDE-25 MG	3	
MAXZIDE	3	
MIDAMOR	3	
<i>triamterene/hydrochlorothiazid</i> (Maxzide-25mg)	1	
<b>EENT Drugs, Miscellaneous</b>		
<b>EENT Drugs, Miscellaneous</b>		
ADRENALIN CHLORIDE	3	
ALLERSOL	3	
<i>apraclonidine hcl</i> (Iopidine)	1	
<i>atropine sulfate</i> (Isopto Atropine)	1	

Drug Name	Drug Tier	Requirements/Limits	
ATROVENT	3	QL: 15 in 10 days	spray: 42mcg
ATROVENT	3	QL: 30 in 28 days	spray: 21mcg
<i>carteolol hcl</i> (Carteolol HCl)	1		
CYCLOGYL	2		drops: 0.5%
CYCLOGYL	3		drops: 1%, 2%
<i>cyclopentolate hcl</i> (Cyclogyl)	1		drops: 1%
<i>homatropine hbr</i> (Isopto Homatropine)	1		
IOPIDINE	3		
<i>ipratropium bromide</i> (Atrovent)	1	QL: 15 in 10 days	spray: 42mcg
<i>ipratropium bromide</i> (Atrovent)	1	QL: 30 in 28 days	spray: 21mcg
ISOPTO ATROPINE	3		
ISOPTO HOMATROPINE	2		drops: 2%
ISOPTO HOMATROPINE	3		drops: 5%
LACRISERT	2		
MYDFRIN	3		
MYDRAL	3		
MYDRIACYL	3		
<i>naphazoline hcl</i> (Albalon)	1		
<i>naphazoline hcl/antazoline</i> (Naphazoline HCl/antazoline)	1		
PENTOLAIR	3		
<i>phenylephrine hcl</i> (Mydfrin)	1		
PROPINE	2		
<i>tropicamide</i> (Mydral)	1		
TYZINE	2		drops
TYZINE	2		spray
<b>Enzymes</b>			
<b>Enzymes</b>			
ADAGEN	4		
ALDURAZYME	4		
CEREDASE	4		
CEREZYME	4		
ELAPRASE	4		
ELITEK	4		
FABRAZYME	4		
KRYSTEXXA	4		
LUMIZYME	4		
MYOZYME	4		
NAGLAZYME	4		
PULMOZYME	4	PA	(PA for Part B vs Part D Only)



Drug Name	Drug Tier	Requirements/Limits	
SUCRAID	4		
VPRIV	4		
XIAFLEX	4	PA, QL: 1 in 28 days	
<b>Estrogens and Antiestrogens</b>			
<b>Estrogens and Antiestrogens</b>			
ACTIVELLA	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
ALORA	3	PA, QL: 8 in 28 days	(PA for Ages 65 and Older; May be High Risk Med)
ANGELIQ	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
CENESTIN	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
CLIMARA PRO	3	PA, QL: 4 in 28 days	(PA for Ages 65 and Older; May be High Risk Med)
CLIMARA	3	PA, QL: 4 in 28 days	(PA for Ages 65 and Older; May be High Risk Med)
COMBIPATCH	2	PA, QL: 8 in 28 days	(PA for Ages 65 and Older; May be High Risk Med)
DELESTROGEN	3	PA	
DEPO-ESTRADIOL	3	PA	
DIVIGEL	3	PA, QL: 30 in 30 days	(PA for Ages 65 and Older; May be High Risk Med)
ELESTRIN	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
ENJUVIA	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
ESTRACE	2	PA	cream/appl
ESTRACE	3	PA	tablet, (PA for Ages 65 and Older; May be High Risk Med)

Drug Name		Drug Tier	Requirements/Limits	
<i>estradiol valerate</i>	(Delestrogen)	1	PA	
<i>estradiol</i>	(Climara)	1	PA, QL: 4 in 28 days	patch tdwk, (PA for Ages 65 and Older; May be High Risk Med)
<i>estradiol</i>	(Estrace)	1	PA	tablet, (PA for Ages 65 and Older; May be High Risk Med)
<i>estradiol/noreth ac</i>	(Activella)	1	PA	tablet: 0.5-0.1mg, (PA for Ages 65 and Older; May be High Risk Med)
<i>estradiol/noreth ac</i>	(Activella)	1	PA	tablet: 1-0.5mg, (PA for Ages 65 and Older; May be High Risk Med)
ESTRASORB		3	PA, QL: 97.44 in 28 days	(PA for Ages 65 and Older; May be High Risk Med)
ESTRING		3	PA, QL: 1 in 84 days	
ESTROGEL		3	PA, QL: 50 in 30 days	(PA for Ages 65 and Older; May be High Risk Med)
<i>estropipate</i>	(Ogen)	1	PA	(PA for Ages 65 and Older; May be High Risk Med)
EVAMIST		3	PA, QL: 8.1 in 25 days	(PA for Ages 65 and Older; May be High Risk Med)
EVISTA		2		
FEMHRT		3		
FEMRING		3	PA, QL: 1 in 84 days	
FEMTRACE		3	PA	tablet: 0.45mg, 0.9mg, (PA for Ages 65 and Older; May be High Risk Med)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
FEMTRACE	3	PA	tablet: 1.8mg, (PA for Ages 65 and Older; May be High Risk Med)
MENEST	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
MENOSTAR	3	PA, QL: 4 in 28 days	(PA for Ages 65 and Older; May be High Risk Med)
<i>norethind ac/ethinyl estradiol</i> (Femhrt)	1		
OGEN	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
PREFEST	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
PREMARIN	2	PA	
PREMARIN	2	PA	(PA for Ages 65 and Older; May be High Risk Med)
PREMPHASE	2	PA	(PA for Ages 65 and Older; May be High Risk Med)
PREMPRO	2	PA	(PA for Ages 65 and Older; May be High Risk Med)
VAGIFEM	2	PA, QL: 18 in 28 days	tablet: 10mcg
VAGIFEM	2	PA, QL: 8 in 28 days	tablet: 25mcg
VIVELLE-DOT	2	PA, QL: 8 in 28 days	(PA for Ages 65 and Older; May be High Risk Med)
<b>Genitourinary Smooth Muscle Relaxants</b>			
<b>Genitourinary Smooth Muscle Relaxants</b>			
DETROL LA	2		
DETROL	3		
DITROPAN XL	3		
ENABLEX	3		
<i>flavoxate hcl</i> (Urispas)	1		

Drug Name	Drug Tier	Requirements/Limits	
GELNIQUE	3	QL: 30 in 30 days	gel packet
GELNIQUE	3	QL: 92 in 30 days	gel md pmp
<i>oxybutynin chloride</i> (Ditropan)	1		
OXYTROL	3	QL: 8 in 28 days	
SANCTURA XR	3		
SANCTURA	3		
<i>tolterodine tartrate</i> (Detrol)	1		
TOVIAZ	2		
<i>tropium chloride</i> (Sanctura)	1		
VESICARE	2		
<b>GI Drugs, Miscellaneous</b>			
<b>GI Drugs, Miscellaneous</b>			
ACTIGALL	3		
CHENODAL	4	PA, QL: 120 in 30 days	
CIMZIA	4	PA, QL: 3 in 28 days	
CREON	2		
<i>lipase/protease/amylase</i> (Zenpep)	1		
LOTRONEX	4		
METOCLOPRAMIDE HCL INTENSOL	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
<i>metoclopramide hcl</i> (Metoclopramide HCl)	1	PA	disp syrin, (PA for Ages 65 and Older; May be High Risk Med)
<i>metoclopramide hcl</i> (Reglan)	1	PA	solution, tablet, vial, (PA for Ages 65 and Older; May be High Risk Med)
METOZOLV ODT	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
NUTRESTORE	2		
PANCREAZE	3		
PERTZYE	3		

Drug Name	Drug Tier	Requirements/Limits	
REGLAN	3	PA	tablet, (PA for Ages 65 and Older; May be High Risk Med)
REGLAN	3	PA	vial, (PA for Ages 65 and Older; May be High Risk Med)
RELISTOR	3	PA, QL: 28 in 28 days	disp syrin
RELISTOR	3	PA, QL: 28 in 28 days	vial
URSO FORTE	3		
URSO	3		
<i>ursodiol</i> (Actigall)	1		
ZENPEP	2		
<b>Heavy Metal Antagonists</b>			
<b>Heavy Metal Antagonists</b>			
BAL IN OIL	2		
CA-DTPA	3		
CALCIUM DISODIUM VERSENATE	2		
CHEMET	3		
CUPRIMINE	3		
<i>deferoxamine mesylate</i> (Desferal)	1	PA	
DEPEN	3		
DESFERAL	3	PA	(PA for Part B vs Part D Only)
<i>edetate disodium</i> (Edetate Disodium)	1		
ENDRATE	2		
EXJADE	2		tab disper: 125mg
EXJADE	4		tab disper: 250mg, 500mg
FERRIPROX	4		
GALZIN	3		
<i>na nitrite/na thiosul/amyl nit</i> (Na Nitrite/na Thiosul/amyl Nit)	1		
<i>sodium thiosulfate</i> (Sodium Thiosulfate)	1		
SYPRINE	4		
ZN-DTPA	3		
<b>Hematologic Agents</b>			
<b>Anticoagulants</b>			
ACD-A	3		
ANGIOMAX	3		

Drug Name	Drug Tier	Requirements/Limits	
ARIXTRA	3	PA, QL: 7 in 28 days	disp syrin: 2.5mg/ 0.5
ARIXTRA	4	PA, QL: 11.2 in 28 days	disp syrin: 10mg/ 0.8ml
ARIXTRA	4	PA, QL: 5.6 in 28 days	disp syrin: 5mg/ 0.4ml
ARIXTRA	4	PA, QL: 8.4 in 28 days	disp syrin: 7.5mg/ 0.6
CEPROTIN	4		
<i>citrate-phos-dex solution</i> (Citrate-phos-dex Solution)	1		
COUMADIN	3		
<i>enoxaparin sodium</i> (Lovenox)	1	QL: 13.6 in 30 days	disp syrin: 40mg/ 0.4ml
<i>enoxaparin sodium</i> (Lovenox)	1	QL: 18 in 30 days	disp syrin: 30mg/ 0.3ml
<i>enoxaparin sodium</i> (Lovenox)	1	QL: 20.4 in 30 days	disp syrin: 60mg/ 0.6ml
<i>enoxaparin sodium</i> (Lovenox)	1	QL: 27.2 in 30 days	disp syrin: 80mg/ 0.8ml
<i>enoxaparin sodium</i> (Lovenox)	4	QL: 27.2 in 30 days	disp syrin: 120mg/ .8ml
<i>enoxaparin sodium</i> (Lovenox)	4	QL: 34 in 30 days	disp syrin: 150mg/ ml
<i>enoxaparin sodium</i> (Lovenox)	4	QL: 36 in 30 days	disp syrin: 100mg/ ml
<i>fondaparinux sodium</i> (Arixtra)	1	QL: 11.2 in 28 days	disp syrin: 10mg/ 0.8ml
<i>fondaparinux sodium</i> (Arixtra)	1	QL: 5.6 in 28 days	disp syrin: 5mg/ 0.4ml
<i>fondaparinux sodium</i> (Arixtra)	1	QL: 7 in 28 days	disp syrin: 2.5mg/ 0.5
<i>fondaparinux sodium</i> (Arixtra)	1	QL: 8.4 in 28 days	disp syrin: 7.5mg/ 0.6

Drug Name	Drug Tier	Requirements/Limits	
FRAGMIN	3	QL: 10.2 in 30 days	disp syrin: 15000/0.6
FRAGMIN	3	QL: 12 in 30 days	disp syrin: 2500/0.2ml
FRAGMIN	3	QL: 12.24 in 30 days	disp syrin: 18000/0.72
FRAGMIN	3	QL: 15.2 in 30 days	vial
FRAGMIN	3	QL: 17 in 30 days	disp syrin: 10000/ml
FRAGMIN	3	QL: 5.1 in 30 days	disp syrin: 7500/0.3ml
FRAGMIN	3	QL: 6 in 30 days	disp syrin: 5000/0.2ml
FRAGMIN	3	QL: 8.5 in 30 days	disp syrin: 12500/0.5
HEPARIN SODIUM IN 5% DEXTROSE	3		
<i>heparin sodium,porcine</i> (Hep-lock)	1	PA	(PA for ESRD Only)
<i>heparin sodium,porcine/d5w</i> (Heparin Sodium, porcine/D5W)	1		
<i>heparin sodium,porcine/ns/pf</i> (Heparin Sodium, porcine/ns/PF)	1		
<i>heparin sodium,porcine/pf</i> (Hep-lock)	1		vial port
<i>heparin sodium,porcine/pf</i> (Hep-lock)	1	PA	vial, (PA for ESRD Only)
<i>heparin sodium,porcine/pf</i> (Monoject Prefill Advanced)	1	PA	disp syrin, (PA for ESRD Only)
IPRIVASK	4	PA, QL: 24 in 28 days	
LOVENOX	2	QL: 36 in 30 days	vial
LOVENOX	3	QL: 13.6 in 30 days	disp syrin: 40mg/0.4ml
LOVENOX	3	QL: 18 in 30 days	disp syrin: 30mg/0.3ml

Drug Name	Drug Tier	Requirements/Limits	
LOVENOX	3	QL: 20.4 in 30 days	disp syrin: 60mg/0.6ml
LOVENOX	4	QL: 27.2 in 30 days	disp syrin: 80mg/0.8ml, 120mg/.8ml
LOVENOX	4	QL: 34 in 30 days	disp syrin: 150mg/ml
LOVENOX	4	QL: 36 in 30 days	disp syrin: 100mg/ml
PRADAXA	3	PA, QL: 60 in 30 days	
REFLUDAN	3		
<i>warfarin sodium</i> (Coumadin)	1		
XARELTO	3	PA, QL: 30 in 30 days	
<b>Hematologic Agents, Miscellaneous</b>			
AGRYLIN	3		
AMICAR	3		
<i>aminocaproic acid</i> (Amicar)	1		
<i>anagrelide hcl</i> (Agrylin)	1		
CYKLOKAPRON	3		
LYSTEDA	3	QL: 30 in 30 days	
<i>pentoxifylline</i> (Trental)	1		
<i>protamine sulfate</i> (Protamine Sulfate)	1	PA	(PA for ESRD Only)
<i>tranexamic acid</i> (Tranexamic Acid)	1		
<b>Platelet-aggregation Inhibitors</b>			
BRILINTA	3	QL: 60 in 30 days	
<i>cilostazol</i> (Pletal)	1		
<i>clopidogrel bisulfate</i> (Plavix)	1		
EFFIENT	2	QL: 30 in 30 days	
PLAVIX	3		
PLETAL	3		
<b>Hematopoietic Agents</b>			
<b>Hematopoietic Agents</b>			
ARANESP	2	PA, QL: 1.2 in 28 days	disp syrin: 60mcg/0.3



Drug Name	Drug Tier	Requirements/Limits	
ARANESP	2	PA, QL: 1.6 in 28 days	disp syrin: 40mcg/ 0.4
ARANESP	2	PA, QL: 1.68 in 28 days	disp syrin: 25mcg/ 0.42
ARANESP	2	PA, QL: 4 in 28 days	vial: 25mcg/ml, 40mcg/ml, 60mcg/ ml
ARANESP	4	PA, QL: 1.2 in 28 days	disp syrin: 150mcg/ 0.3
ARANESP	4	PA, QL: 1.6 in 28 days	disp syrin: 200mcg/ 0.4
ARANESP	4	PA, QL: 2 in 28 days	disp syrin: 100mcg/ 0.5
ARANESP	4	PA, QL: 2.4 in 28 days	disp syrin: 300mcg/ 0.6
ARANESP	4	PA, QL: 4 in 28 days	disp syrin: 500mcg/ ml; vial: 100mcg/ ml, 200mcg/ml, 300mcg/ml
EPOGEN	2	PA, QL: 12 in 28 days	vial: 2000/ml, 3000/ ml, 4000/ml, 10000/ ml, 20000/ml
EPOGEN	4	PA, QL: 6 in 28 days	vial: 40000/ml
LEUKINE	4		
MOZOBIL	4	PA, QL: 9.6 per fill	
NEULASTA	4		
NEUMEGA	4		
NEUPOGEN	4		
PROCRIT	2	PA, QL: 12 in 28 days	vial: 2000/ml, 3000/ ml, 4000/ml, 10000/ ml
PROCRIT	4	PA, QL: 12 in 28 days	vial: 20000/ml

Drug Name	Drug Tier	Requirements/Limits	
PROCRIT	4	PA, QL: 6 in 28 days	vial: 40000/ml
PROMACTA	4	PA, QL: 30 in 30 days	
<b>Hypotensive Agents</b>			
<b>Hypotensive Agents, Miscellaneous</b>			
BIDIL	3		
CATAPRES	3		
CATAPRES-TTS 1	3	QL: 4 in 28 days	
CATAPRES-TTS 2	3	QL: 4 in 28 days	
CATAPRES-TTS 3	3	QL: 8 in 28 days	
<i>clonidine hcl</i> (Catapres)	1		
<i>clonidine hcl/chlorthalidone</i> (Clonidine HCl/chlorthalidone)	1		
<i>clonidine</i> (Catapres-TTS 3)	1	QL: 4 in 28 days	patch tdwk: 0.1mg/ 24hr, 0.2mg/24hr
<i>clonidine</i> (Catapres-TTS 3)	1	QL: 8 in 28 days	patch tdwk: 0.3mg/ 24hr
<i>fenoldopam mesylate</i> (Corloпам)	1	PA	(PA for Part B vs Part D Only)
<i>guanfacine hcl</i> (Tenex)	1	PA	(PA for Ages 65 and Older; May be High Risk Med)
<i>hydralazine hcl</i> (Apresoline)	1		
<i>hydralazine/hydrochlorothiazid</i> (Hydralazine/ hydrochlorothiazid)	1		
<i>hydralazine/reserpin/hctz</i> (Hydralazine/reserpin/hctz)	1	PA, QL: 30 in 30 days	(PA/QL for Ages 65 and Older; May be High Risk Med)
<i>minoxidil</i> (Minoxidil)	1		
NEXICLON XR	3		
PROGLYCEM	2		
<i>reserpine</i> (Reserpine)	1	PA, QL: 30 in 30 days	(PA/QL for Ages 65 and Older; May be High Risk Med)
<i>reserpine/hydrochlorothiazide</i> (Reserpine/hydrochlorothiazide)	1	PA, QL: 30 in 30 days	(PA/QL for Ages 65 and Older; May be High Risk Med)
TENEX	3		
<b>Ion-Removing Agents</b>			

Drug Name	Drug Tier	Requirements/Limits
<b>Ion-Removing Agents</b>		
<i>calcium acetate</i> (Phoslo)	1	
<i>calcium carbonate/mag carb/fa</i> (Calcium Carbonate/mag Carb/fa)	1	
FOSRENOL	3	
KAYEXALATE	3	
PHOSLO	3	
PHOSLYRA	3	
RENAGEL	2	
REVELA	2	powd pack: 2.4g; tablet
REVELA	3	powd pack: 0.8g
<i>sodium polystyrene sulfonate</i> (Sodium Polystyrene Sulfonate)	1	
<b>Irrigating Solutions</b>		
<b>Irrigating Solutions</b>		
<i>acetic acid</i> (Acetic Acid)	1	
<i>glycine</i> (Aminoacetic Acid)	1	
IRRIGATING SOLUTION G	3	
LACTATED RINGERS	2	
<i>mannitol/sorbitol solution</i> (Mannitol/sorbitol Solution)	1	
PHYSIOLYTE	3	
PHYSIOSOL	3	
RENACIDIN	3	
RESECTISOL	3	
<i>ringers solution</i> (Tis-u-sol)	1	
<i>sod chloride 0.45% irrig. soln</i> (Sod Chloride 0.45% Irrig. Soln)	1	
<i>sodium chloride irrig solution</i> (Sodium Chloride Irrig Solution)	1	
<i>sorbitol solution</i> (Sorbitol Solution)	1	
UROLOGIC SOLUTION G	2	
<i>water for irrigation,sterile</i> (Water for Irrigation, Sterile)	1	
<b>Keratolytic Agents</b>		
<b>Keratolytic Agents</b>		
BENZAC AC	3	
BENZAC W 10	3	
BENZAC W 2.5	3	
BENZAC W 5	3	
BENZAC W WASH	3	
BENZASHAVE	3	
BENZIQLS	3	
BENZIQL	3	
<i>benzoyl peroxide microspheres</i> (Neobenz Micro)	1	
<i>benzoyl peroxide</i> (Acne Medication-5)	1	cleanser, gel (gram), lotion, med. pad

Drug Name	Drug Tier	Requirements/Limits
<i>benzoyl peroxide/aloe vera</i> (Benzoyl Peroxide/aloe Vera)	1	
<i>benzoyl peroxide/hydrocortison</i> (Benzoyl Peroxide/hydrocortison)	1	
<i>benzoyl peroxide/urea</i> (Zoderm)	1	
BENZOYL PEROXIDE	3	
BICHLORACETIC ACID	3	
BREVOXYL-4	3	gel (gram)
BREVOXYL-8	3	gel (gram)
CLEANSE and TREAT	3	
CLEARPLEX V	3	
CLEARPLEX X	3	
CLINAC BPO	3	
DEL-AQUA-5	3	
DERMA-CAS	3	
DESEQUAM-X	3	
DURASAL	3	
EMERSAL	3	
GORDOFILM	3	
INOVA 4-1	3	
INOVA 8-2	3	
INOVA	3	
KERALYT	3	
NEOBENZ MICRO SD	3	
NEOBENZ MICRO	3	cleanser, kit cl&crm
PACNEX	3	
PANOXYL 10	3	
PANOXYL 5	3	
PANOXYL AQ 2.5	3	
PANOXYL AQ 5	3	
<i>potassium hydroxide</i> (Potassium Hydroxide)	1	
SALACYN	3	
SALEX	3	combo. pkg, kit clcmer
SALEX	3	shampoo
<i>salicylic acid</i> (Salacyn)	1	
<i>salicylic acid/ammon lact/aloe</i> (Salkera)	1	
<i>salicylic acid/ceramide cmb #1</i> (Salex)	1	
SALKERA	3	
<i>silver nitrate applicator</i> (Silver Nitrate Applicator)	1	
TRIAZ	3	
VANOXIDE-HC	3	
ZACARE	3	
ZODERM	3	

### Keratoplastic Agents

Drug Name	Drug Tier	Requirements/Limits
<b>Keratoplastic Agents</b>		
DRITHOCREME HP	3	
DRITHO-SCALP	2	
ROSULA NS	3	
<i>sulfacetamide sodium/urea</i> (Rosula Ns)	1	med. pad
<b>Local Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>aa/antipyrn/bcaine/polico#1/al</i> (Auralgan)	1	
<i>aa/anpty/bcaine/polico/al acet</i> (Aa/anpty/bcaine/polico/al Acet)	1	
AKTEN	3	
<i>antipyrine/benzocaine/glycerin</i> (Otra Nr)	1	
AURALGAN	3	
<i>benzocaine</i> (Omedia Otic)	1	
BENZOTIC	3	
<i>chloroprocaine hcl/pf</i> (Nesacaine-MPF)	1	
<i>chloroxylenol/pramoxine hcl</i> (Oticin)	1	
<i>cocaine hcl</i> (Cocaine HCl)	1	
FLUORESCEIN- PROPARACAINE HCL	3	
<i>lidocaine hcl</i> (Xylocaine)	1	jel (ml), jel/pf app, solution
<i>lidocaine hcl</i> (Xylocaine)	1	PA vial, (PA for ESRD Only)
<i>lidocaine hcl/pf</i> (Xylocaine-MPF)	1	PA (PA for ESRD Only)
<i>mepivacaine hcl/pf</i> (Mepivacaine HCl/PF)	1	
NEOTIC	3	
NESACAINE	3	
NESACAINE-MPF	3	vial: 20mg/ml
NESACAINE-MPF	3	vial: 30mg/ml
NOVOCAIN	3	
OPHTHETIC	3	
OTOGESIC	3	
OTRA NR	3	
<i>phenylephrine/antipy/b-caine</i> (Otogesic)	1	
PONTOCAINE	3	
PRAMOTIC	3	
<i>proparacaine hcl</i> (Ophthalmic)	1	
<i>proparacaine/fluorescein sod</i> (Proparacaine/fluorescein Sod)	1	
TETCAINE	3	
<i>tetracaine hcl/pf</i> (Tetracaine HCl/PF)	1	
TETRAVISC FORTE	3	
XYLOCAINE	1	vial: 20mg/ml
XYLOCAINE	3	jel (ml)

Drug Name	Drug Tier	Requirements/Limits	
XYLOCAINE	3		solution
XYLOCAINE	3	PA	vial: 10mg/ml, (PA for ESRD Only)
XYLOCAINE	3	PA	vial: 5mg/ml, (PA for ESRD Only)
XYLOCAINE-MPF	3	PA	ampul: 15mg/ml, (PA for ESRD Only)
XYLOCAINE-MPF	3	PA	ampul: 40mg/ml, (PA for ESRD Only)
<b>Miscellaneous Therapeutic Agents</b>			
<b>Miscellaneous Therapeutic Agents</b>			
ACTEMRA	4	PA, QL:	40 in 30 days
ACTHAR H.P.	4	PA, QL:	35 in 28 days
ACTIMMUNE	4		
ACTONEL with CALCIUM	2	QL: 28 in	28 days
ACTONEL	2	QL: 1 in	28 days tablet: 150mg
ACTONEL	2	QL: 31 in	31 days tablet: 5mg, 30mg
ACTONEL	2	QL: 4 in	28 days tablet: 35mg
<i>alendronate sodium</i> (Fosamax)	1		tablet: 5mg, 10mg, 40mg
<i>alendronate sodium</i> (Fosamax)	1	QL: 4 in	28 days tablet: 35mg, 70mg
<i>allopurinol sodium</i> (Aloprim)	1		
<i>allopurinol</i> (Zyloprim)	1		
ALOPRIM	3		
<i>amifostine crystalline</i> (Ethyol)	1		
<i>ammonium chloride</i> (Ammonium Chloride)	1		
AMPYRA	4	PA, QL:	60 in 30 days
ANTABUSE	3		
ANTIZOL	4		
ARAVA	3		
ARCALYST	4		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
AREDIA	3	PA	(PA for ESRD Only)
ATEL VIA	3	QL: 4 in 28 days	
ATGAM	4		
AVODART	2		
AVONEX ADMINISTRATION PACK	4	ST	
AVONEX	4	ST	
AZASAN	3	PA	(PA for Part B vs Part D Only)
<i>azathioprine sodium</i> (Azathioprine Sodium)	1	PA	(PA for Part B vs Part D Only)
<i>azathioprine</i> (Imuran)	1	PA	(PA for Part B vs Part D Only)
BENLYSTA	4	PA, QL: 2 in 28 days	
BERINERT	4	PA, QL: 4 in 300 days	
BETASERON	4	ST	
BONIVA	2	PA, QL: 3 in 84 days	disp syrin, (PA for ESRD Only)
BONIVA	2	QL: 31 in 31 days	tablet: 2.5mg
BONIVA	3	QL: 1 in 28 days	tablet: 150mg
BOTOX	3	PA, QL: 1 in 90 days	vial: 200unit
BOTOX	3	PA, QL: 4 in 90 days	vial: 100unit
CARNITOR	3	PA	solution, (PA for ESRD Only)
CARNITOR	3	PA	tablet, vial, (PA for ESRD Only)
CELLCEPT	3	PA	capsule, (PA for Part B vs Part D Only)
CELLCEPT	3	PA	vial, (PA for Part B vs Part D Only)

Drug Name	Drug Tier	Requirements/Limits	
CELLCEPT	4	PA	susp recon, tablet, (PA for Part B vs Part D Only)
CINRYZE	4	PA, QL: 20 in 28 days	
<i>citric acid/sodium citrate</i> (Bicitra)	1		
<i>colchicine/probenecid</i> (Colchicine/probenecid)	1		
COLCRYS	2		
COPAXONE	4		
<i>cyclosporine</i> (Sandimmune)	1	PA	capsule, vial, (PA for Part B vs Part D Only)
<i>cyclosporine</i> (Sandimmune)	1	PA	solution, (PA for Part B vs Part D Only)
<i>cyclosporine, modified</i> (Neoral)	1	PA	(PA for Part B vs Part D Only)
CYSTADANE	3		
CYSTAGON	3		
DEMSER	3		
<i>dexrazoxane</i> (Totect)	1		
DIDRONEL	3		
<i>disulfiram</i> (Antabuse)	1		
DUODOTE	2		
DYSPORT	3	PA, QL: 2 in 90 days	
ELMIRON	2		
ENBREL	4	PA, QL: 7.84 in 28 days	pen injctr
ENBREL	4	PA, QL: 8 in 28 days	kit
ENBREL	4	PA, QL: 8.16 in 28 days	disp syrin
ETHYOL	4		
<i>etidronate disodium</i> (Didronel)	1		
EXTAVIA	4	ST	
<i>finasteride</i> (Proscar)	1		
FIRAZYR	4		
FLUORITAB	3		



Drug Name	Drug Tier	Requirements/Limits	
FLURA-DROPS	3		
<i>fomepizole</i> (Antizol)	4		
FOSAMAX PLUS D	3	QL: 4 in 28 days	
FOSAMAX	3		tablet: 5mg, 10mg, 35mg, 40mg
FOSAMAX	3		tablet: 70mg
FOSAMAX	3	QL: 300 in 28 days	solution
FUSILEV	4		
GANITE	4		(PA for Part B vs Part D Only)
<i>gauze bandage</i> (Gauze Bandage)	1		
GILENYA	4	PA, QL: 28 in 28 days	
GLUCAGEN	2		
GLUCAGON EMERGENCY KIT	2		
<i>gold sodium thiomalate</i> (Myochrysine)	1		
HECORIA	3	PA	(PA for Part B vs Part D Only)
HUMIRA	4	PA, QL: 4 in 28 days	kit, pen ij kit: 40mg/0.8ml
HUMIRA	4	PA, QL: 6 in 28 days	pen ij kit: 40mg/0.8ml, (Starter Kit)
<i>ibandronate sodium</i> (Boniva)	1	QL: 1 in 28 days	
ILARIS	4		
IMURAN	3	PA	(PA for Part B vs Part D Only)
JALYN	3	ST, QL: 30 in 30 days	
KALBITOR	4		
KINERET	4	PA, QL: 18.76 in 28 days	
K-PHOS M.F.	2		
K-PHOS NEUTRAL	3		
K-PHOS NO.2	2		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
K-PHOS ORIGINAL	3		
KUVAN	4		
<i>leflunomide</i> (Arava)	1		
<i>leucovorin calcium</i> (Leucovorin Calcium)	1		
<i>levocarnitine (with sugar)</i> (Carnitor)	1	PA	(PA for ESRD Only)
<i>levocarnitine</i> (Carnitor)	1	PA	(PA for ESRD Only)
<i>mesna</i> (Mesnex)	1		
MESNEX	3		vial
MESNEX	4		tablet
METHERGINE	3		ampul
METHERGINE	3		tablet
<i>methylene blue</i> (Methylene Blue)	1		
<i>methylergonovine maleate</i> (Methergine)	1		tablet
<i>methylergonovine maleate</i> (Methylergonovine Maleate)	1		vial
MIFEPREX	3		
<i>mycophenolate mofetil</i> (Cellcept)	1	PA	(PA for Part B vs Part D Only)
MYFORTIC	3	PA	(PA for Part B vs Part D Only)
MYOBLOC	3	PA, QL: 1 in 90 days	
MYOCHRYSSINE	3		
NEORAL	3	PA	(PA for Part B vs Part D Only)
NEUT	3		
NITHIODOTE	3		
NPLATE	4	PA, QL: 8 in 28 days	
NULOJIX	4	PA	(PA for Part B vs Part D Only)
<i>octreotide acetate</i> (Sandostatin)	1		vial: 50mcg/ml, 100mcg/ml, 200mcg/ml
<i>octreotide acetate</i> (Sandostatin)	4		vial: 500mcg/ml, 1000mcg/ml
ORACIT	3		
ORENCIA	4	PA, QL: 4 in 28 days	disp syrin

Drug Name	Drug Tier	Requirements/Limits	
ORENCIA	4	PA, QL: 4 in 28 days	vial
ORFADIN	2		
ORTHOCLONE OKT-3	4	PA	(PA for Part B vs Part D Only)
<i>pamidronate disodium</i> (Aredia)	1	PA	(PA for ESRD Only)
PANHEMATIN	3		
<i>phosphorus #1</i> (K-phos Neutral)	1		
<i>potassium citrate</i> (Urocit-K)	1		
<i>potassium citrate/citric acid</i> (Polycitra-k)	1		
PRALIDOXIME CHLORIDE	2		
<i>probenecid</i> (Probenecid)	1		
PROGRAF	3	PA	(PA for Part B vs Part D Only)
PROLIA	3	PA, QL: 1 in 180 days	
PROSCAR	3		
PROTOPAM CHLORIDE	3		
RAPAMUNE	2	PA	solution, tablet: 0.5mg, (PA for Part B vs Part D Only)
RAPAMUNE	4	PA	tablet: 1mg, 2mg, (PA for Part B vs Part D Only)
REBIF	4		
RECLAST	3	QL: 100 in 300 days	
REMICADE	4	PA	
REVLIMID	4	LA, QL: 30 in 30 days	
RIDAURA	3		
SANDIMMUNE	3	PA	(PA for Part B vs Part D Only)
SANDOSTATIN LAR	4		
SANDOSTATIN	3		ampul: 50mcg/ml
SANDOSTATIN	4		ampul: 100mcg/ml, 500mcg/ml; vial
SENSIPAR	2		tablet: 30mg
SENSIPAR	4		tablet: 60mg, 90mg

Drug Name	Drug Tier	Requirements/Limits	
SIMPONI	4	PA, QL: 0.5 in 28 days	
SIMULECT	2	PA	(PA for Part B vs Part D Only)
SKELID	3		
<i>sod/pot/k cit/sod cit/cit acid</i> (Polycitra-lc)	1		
<i>sodium bicarbonate</i> (Sodium Bicarbonate)	1		
<i>sodium fluoride</i> (Sodium Fluoride)	3		drops, tab chew
<i>sodium lactate</i> (Sodium Lactate)	1		
SOLIRIS	4		
SOMATULINE DEPOT	4	QL: 1 in 28 days	
STELARA	4	PA, QL: 10 in 360 days	vial
STELARA	4	PA, QL: 5 in 360 days	disp syrin
SUPPRELIN LA	4	QL: 1 in 360 days	
SUPPRELIN	3		
SYNAREL	4		
<i>tacrolimus</i> (Prograf)	1	PA	(PA for Part B vs Part D Only)
THALOMID	4	QL: 60 in 30 days	
THAM	3		
THIOLA	3		
THYMOGLOBULIN	4		
TOTECT	3		
TYSABRI	4	LA, PA, QL: 15 in 28 days	
ULORIC	2	ST, QL: 31 in 31 days	
UROCIT-K	3		
VANTAS	3	QL: 1 in 360 days	
XEOMIN	3	PA, QL: 2 in 90 days	

Drug Name	Drug Tier	Requirements/Limits	
XGEVA	4	PA, QL: 1.7 in 28 days	
ZAVESCA	4		
ZINECARD	3		
ZOMETA	3		infus. btl
ZOMETA	3		vial
ZORTRESS	3	PA, QL: 60 in 30 days	tablet: 0.25mg, (PA for Part B vs Part D Only)
ZORTRESS	4	PA, QL: 60 in 30 days	tablet: 0.5mg, 0.75mg, (PA for Part B vs Part D Only)
ZYLOPRIM	3		
<b>Opiate Antagonists</b>			
<b>Opiate Antagonists</b>			
<i>naloxone hcl</i> (Naloxone HCl)	1		ampul, disp syrin: 0.4mg/ml; vial
<i>naloxone hcl</i> (Naloxone HCl)	1		disp syrin: 1mg/ml
<i>naltrexone hcl</i> (Revia)	1		
REVIA	3		
VIVITROL	4		
<b>Parasympathomimetics (Cholinergic Agents)</b>			
<b>Parasympathomimetics (Cholinergic Agents)</b>			
ARICEPT ODT	3	QL: 31 in 31 days	
ARICEPT	2	PA, QL: 31 in 31 days	tablet: 23mg
ARICEPT	3	QL: 31 in 31 days	tablet: 5mg, 10mg
<i>bethanechol chloride</i> (Urecholine)	1		
CHANTIX	2	PA, QL: 168 in 84 days	tablet
CHANTIX	2	PA, QL: 53 in 28 days	tab ds pk
<i>donepezil hcl</i> (Aricept)	1	QL: 31 in 31 days	
EVOXAC	3		

Drug Name	Drug Tier	Requirements/Limits	
EXELON	3	PA, QL: 30 in 30 days	patch td24
EXELON	3	QL: 240 in 31 days	solution
EXELON	3	QL: 62 in 31 days	capsule
<i>galantamine hbr</i> (Razadyne ER)	1	QL: 30 in 30 days	cap24h pel
<i>galantamine hbr</i> (Razadyne)	1	QL: 200 in 30 days	solution
<i>galantamine hbr</i> (Razadyne)	1	QL: 60 in 30 days	tablet
MESTINON	3		
MYTELASE	2		
<i>neostigmine methylsulfate</i> (Neostigmine Methylsulfate)	1		
NICOTROL NS	3	QL: 240 in 180 days	
NICOTROL	3	QL: 2016 in 365 days	
<i>physostigmine salicylate</i> (Physostigmine Salicylate)	1		
<i>pilocarpine hcl</i> (Salagen)	1		
PROSTIGMIN	2		
<i>pyridostigmine bromide</i> (Mestinon)	1		
RAZADYNE ER	3	QL: 30 in 30 days	
RAZADYNE	3	QL: 200 in 30 days	solution
RAZADYNE	3	QL: 60 in 30 days	tablet
REGONOL	3		
<i>rivastigmine tartrate</i> (Exelon)	1	QL: 62 in 31 days	
SALAGEN	3		
URECHOLINE	3		
<b>Parathyroid</b>			
<b>Parathyroid</b>			

Drug Name	Drug Tier	Requirements/Limits	
<i>calcitonin, salmon, synthetic</i> (Miacalcin)	1	QL: 3.7 in 28 days	
FORTEO	3	QL: 3 in 28 days	
FORTICAL	2	QL: 3.7 in 28 days	
MIACALCIN	2	PA	vial, (PA for ESRD Only)
MIACALCIN	3	QL: 3.7 in 28 days	spray/pump

Drug Name	Drug Tier	Requirements/Limits
<b>Pituitary</b>		
<b>Pituitary</b>		
CHORIONIC GONADOTROPIN	3	
DDAVP	2	ampul: 15mcg/ml
DDAVP	3	ampul: 4mcg/ml; solution, tablet
DDAVP	3	spray/pump
<i>desmopressin acetate</i> (DDAVP)	1	ampul, tablet
<i>desmopressin acetate</i> (Desmopressin Acetate)	1	QL: 15 in 30 days solution
<i>desmopressin acetate</i> (Desmopressin Acetate)	1	QL: 15 in 30 days spray/pump
GENOTROPIN	2	PA disp syrin: 0.2mg/0.25
GENOTROPIN	4	PA various dosage and/or strengths are available
HUMATROPE	4	PA
NORDITROPIN FLEXPRO	4	PA
NORDITROPIN NORDIFLEX	4	PA
NORDITROPIN	4	PA
NUTROPIN AQ NUSPIN	4	PA cartridge: 10mg/2ml
NUTROPIN AQ NUSPIN	4	PA cartridge: 5mg/2ml
NUTROPIN AQ	4	PA
NUTROPIN	4	PA
OMNITROPE	2	PA cartridge: 10mg/1.5ml
OMNITROPE	4	PA cartridge: 5mg/1.5ml; vial
PITRESSIN	3	
PREGNYL	3	
PROFASI	3	
SAIZEN	4	PA cartridge, vial: 5mg
SAIZEN	4	PA vial: 8.8mg
SEROSTIM	4	PA
STIMATE	3	
TEV-TROPIN	2	PA
<i>vasopressin</i> (Pitressin)	1	
ZORBTIVE	4	PA
<b>Progestins</b>		
<b>Progestins</b>		
AYGESTIN	3	
CRINONE	3	gel/pf app: 4%



Drug Name	Drug Tier	Requirements/Limits	
DEPO-PROVERA	2	QL: 10 in 28 days	vial: 400mg/ml
DEPO-PROVERA	3	QL: 1 in 84 days	disp syrin
DEPO-PROVERA	3	QL: 1 in 84 days	vial: 150mg/ml
DEPO-SUBQ PROVERA 104	3	QL: 1 in 84 days	
ENDOMETRIN	3		
MAKENA	4	PA, QL: 20 in 140 days	
<i>medroxyprogesterone acetate</i> (Depo-provera)	1	QL: 1 in 84 days	disp syrin
<i>medroxyprogesterone acetate</i> (Depo-provera)	1	QL: 1 in 84 days	vial
<i>medroxyprogesterone acetate</i> (Provera)	1		tablet
<i>norethindrone acetate</i> (Aygestin)	1		
<i>progesterone</i> (Progesterone In Oil)	1		
<i>progesterone, micronized</i> (Prometrium)	1		
PROMETRIUM	3		
PROVERA	3		
<b>Psychotherapeutic Agents</b>			
<b>Antidepressants</b>			
<i>amitriptyline hcl</i> (Amitriptyline HCl)	1	PA	(PA for Ages 65 and Older; May be High Risk Med)
<i>amoxapine</i> (Amoxapine)	1		
ANAFRANIL	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
APLENZIN	3		
<i>bupropion hcl</i> (Wellbutrin SR)	1		
CELEXA	3	QL: 30 in 30 days	
<i>citalopram hydrobromide</i> (Celexa)	1		solution
<i>citalopram hydrobromide</i> (Celexa)	1	QL: 30 in 30 days	tablet
<i>clomipramine hcl</i> (Anafranil)	1	PA	(PA for Ages 65 and Older; May be High Risk Med)
CYMBALTA	2	QL: 30 in 30 days	capsule dr: 30mg

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
CYMBALTA	2	QL: 60 in 30 days	capsule dr: 20mg, 60mg
<i>desipramine hcl</i> (Norpramin)	1		
<i>doxepin hcl</i> (Doxepin HCl)	1	PA	(PA for Ages 65 and Older; May be High Risk Med)
EFFEXOR XR	3		
EFFEXOR	3		
EMSAM	3	QL: 30 in 30 days	
<i>escitalopram oxalate</i> (Lexapro)	1		
<i>fluoxetine hcl</i> (Prozac)	1		capsule, capsule dr, solution, tablet: 10mg, 20mg
<i>fluoxetine hcl</i> (Rapiflux)	1		tablet: 60mg
<i>fluvoxamine maleate</i> (Fluvoxamine Maleate)	1		
<i>imipramine hcl</i> (Tofranil)	1	PA	(PA for Ages 65 and Older; May be High Risk Med)
<i>imipramine pamoate</i> (Tofranil-PM)	1	PA	(PA for Ages 65 and Older; May be High Risk Med)
LEXAPRO	3		
LUVOX CR	3		
<i>maprotiline hcl</i> (Maprotiline HCl)	1		
MARPLAN	3		
<i>mirtazapine</i> (Remeron)	1		
NARDIL	3		
<i>nefazodone hcl</i> (Nefazodone HCl)	1		
NORPRAMIN	3		
<i>nortriptyline hcl</i> (Pamelor)	1		
OLEPTRO ER	3	ST, QL: 30 in 30 days	tab er 24h: 300mg
OLEPTRO ER	3	ST, QL: 45 in 30 days	tab er 24h: 150mg
PAMELOR	3		
PARNATE	3		
<i>paroxetine hcl</i> (Paroxetine HCl)	1		oral susp
<i>paroxetine hcl</i> (Paxil)	1		tab er 24h, tablet
PAXIL CR	3		
PAXIL	3		

Drug Name	Drug Tier	Requirements/Limits	
<i>perphenazine/amitriptyline hcl</i> (Perphenazine/amitriptyline HCl)	1	PA	(PA for Ages 65 and Older; May be High Risk Med)
PEXEVA	3		
<i>phenelzine sulfate</i> (Nardil)	1		
PRISTIQ ER	3	QL: 31 in 31 days	
<i>protriptyline hcl</i> (Vivactil)	1		
PROZAC WEEKLY	3		
PROZAC	3		capsule
PROZAC	3		solution
RAPIFLUX	3		
REMERON	3		
SARAFEM	3		tablet: 10mg, 20mg
SARAFEM	3		tablet: 15mg
<i>sertraline hcl</i> (Zoloft)	1		
SILENOR	2	QL: 30 in 30 days	
SURMONTIL	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
SYMBYAX	3	QL: 30 in 30 days	
TOFRANIL	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
TOFRANIL-PM	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
<i>tranlycypromine sulfate</i> (Parnate)	1		
<i>trazodone hcl</i> (Trazodone HCl)	1		
<i>trimipramine maleate</i> (Surmontil)	1	PA	(PA for Ages 65 and Older; May be High Risk Med)
VENLAFAXINE HCL ER	1		
<i>venlafaxine hcl</i> (Effexor XR)	1		
VIIBRYD	3	QL: 30 in 30 days	
VIVACTIL	3		
WELLBUTRIN SR	3		
WELLBUTRIN XL	3		
WELLBUTRIN	3		
ZOLOFT	3		
ZYBAN	3		

Drug Name	Drug Tier	Requirements/Limits	
<b>Antipsychotic Agents</b>			
ABILIFY DISCMELT	2	ST, QL: 62 in 31 days	tab rapdis: 15mg
ABILIFY DISCMELT	2	ST, QL: 93 in 31 days	tab rapdis: 10mg
ABILIFY	2	ST, QL: 161.2 in 28 days	vial
ABILIFY	2	ST, QL: 31 in 31 days	tablet
ABILIFY	2	ST, QL: 930 in 31 days	solution
<i>chlorpromazine hcl</i> (Chlorpromazine HCl)	1		ampul, tablet
<i>chlorpromazine hcl</i> (Chlorpromazine HCl)	1		oral conc.
<i>clozapine</i> (Clozaril)	1	QL: 140 in 31 days	tablet: 200mg
<i>clozapine</i> (Clozaril)	1	QL: 279 in 31 days	tablet: 100mg
<i>clozapine</i> (Clozaril)	1	QL: 93 in 31 days	tablet: 25mg, 50mg
CLOZARIL	3	QL: 279 in 31 days	tablet: 100mg
CLOZARIL	3	QL: 93 in 31 days	tablet: 25mg
FANAPT	3	ST, QL: 60 in 30 days	tablet
FANAPT	3	ST, QL: 8 in 28 days	tab ds pk
FAZACLO	3	ST, QL: 124 in 31 days	tab rapdis: 200mg
FAZACLO	3	ST, QL: 186 in 31 days	tab rapdis: 150mg

Drug Name	Drug Tier	Requirements/Limits	
FAZACLO	3	ST, QL: 93 in 31 days	tab rapdis: 12.5mg, 25mg, 100mg
<i>fluphenazine decanoate</i> (Fluphenazine Decanoate)	1		
<i>fluphenazine hcl</i> (Fluphenazine HCl)	1		
GEODON	3	QL: 6 in 28 days	vial
GEODON	3	QL: 62 in 31 days	capsule
HALDOL DECANOATE 100	3		
HALDOL DECANOATE 50	3		
HALDOL	3		
<i>haloperidol decanoate</i> (Haloperidol Decanoate)	1		
<i>haloperidol lactate</i> (Haloperidol Lactate)	1		
<i>haloperidol</i> (Haloperidol)	1		
INVEGA SUSTENNA	2	QL: 0.25 in 28 days	disp syrin: 39mg/ 0.25
INVEGA SUSTENNA	2	QL: 0.5 in 28 days	disp syrin: 78mg/ 0.5ml
INVEGA SUSTENNA	4	QL: 0.75 in 28 days	disp syrin: 117mg/ 0.75
INVEGA SUSTENNA	4	QL: 1 in 28 days	disp syrin: 156mg/ ml
INVEGA SUSTENNA	4	QL: 1.5 in 28 days	disp syrin: 234mg/ 1.5
INVEGA	3	ST, QL: 31 in 31 days	tab er 24: 1.5mg, 3mg, 9mg
INVEGA	3	ST, QL: 62 in 31 days	tab er 24: 6mg
LATUDA	3	ST, QL: 30 in 30 days	
<i>loxapine succinate</i> (Loxitane)	1		
LOXITANE	3		
MOBAN	3		
NAVANE	3		
<i>olanzapine</i> (Zyprexa)	1	QL: 31 in 31 days	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
ORAP	3		
<i>perphenazine</i> (Perphenazine)	1		
<i>quetiapine fumarate</i> (Seroquel)	1	QL: 93 in 31 days	
RISPERDAL CONSTA	3	QL: 4 in 28 days	
RISPERDAL M-TAB	3	QL: 124 in 31 days	tab rapdis: 3mg, 4mg
RISPERDAL M-TAB	3	QL: 62 in 31 days	tab rapdis: 0.5mg, 1mg, 2mg
RISPERDAL	3	QL: 496 in 31 days	solution
RISPERDAL	3	QL: 62 in 31 days	tablet
<i>risperidone</i> (Risperdal M-tab)	1	QL: 124 in 31 days	tab rapdis: 3mg, 4mg
<i>risperidone</i> (Risperdal)	1	QL: 496 in 31 days	solution
<i>risperidone</i> (Risperdal)	1	QL: 62 in 31 days	tab rapdis: 0.25mg, 0.5mg, 1mg, 2mg; tablet
SAPHRIS	3	ST, QL: 60 in 30 days	
SEROQUEL XR	3	ST, QL: 31 in 31 days	tab er 24h: 200mg
SEROQUEL XR	3	ST, QL: 62 in 31 days	tab er 24h: 50mg, 150mg, 300mg, 400mg
SEROQUEL	3	QL: 93 in 31 days	
<i>thioridazine hcl</i> (Thioridazine HCl)	1	PA	oral conc., (PA for Ages 65 and Older; May be High Risk Med)
<i>thioridazine hcl</i> (Thioridazine HCl)	1	PA	tablet, (PA for Ages 65 and Older; May be High Risk Med)
<i>thiothixene</i> (Navane)	1		

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl</i> (Trifluoperazine HCl)	1	
<i>ziprasidone hcl</i> (Geodon)	1	QL: 62 in 31 days
ZYPREXA RELPREVV	4	QL: 2 in 28 days
ZYPREXA ZYDIS	3	QL: 31 in 31 days
ZYPREXA	3	QL: 31 in 31 days

Drug Name	Drug Tier	Requirements/Limits
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>		
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND HCT	3	ST
ATACAND	3	ST
AVALIDE	3	ST tablet: 150-12.5mg, 300-12.5mg
AVALIDE	3	ST tablet: 300mg-25mg
AVAPRO	3	ST
BENICAR HCT	2	ST
BENICAR	2	ST
COZAAR	3	
DIOVAN HCT	3	ST
DIOVAN	3	ST
EDARBI	3	ST
EDARBYCLOR	3	ST
<i>eprosartan mesylate</i> (Teveten)	1	
HYZAAR	3	
<i>irbesartan</i> (Avapro)	1	
<i>irbesartan/hydrochlorothiazide</i> (Avalide)	1	
<i>losartan potassium</i> (Cozaar)	1	
<i>losartan/hydrochlorothiazide</i> (Hyzaar)	1	
MICARDIS HCT	3	ST
MICARDIS	3	ST
TEVETEN HCT	3	ST
TEVETEN	3	ST
TRIBENZOR	3	ST
TWYNSTA	3	ST, QL: 30 in 30 days
<b>Angiotensin-Converting Enzyme Inhibitors</b>		
ACCUPRIL	3	
ACCURETIC	3	
ACEON	3	tablet: 2mg
ACEON	3	tablet: 4mg, 8mg
ALTACE	3	capsule
ALTACE	3	tablet
<i>benazepril hcl</i> (Lotensin)	1	
<i>benazepril/hydrochlorothiazide</i> (Lotensin HCT)	1	
CAPOTEN	3	
CAPOZIDE	3	
<i>captopril</i> (Capoten)	1	
<i>captopril/hydrochlorothiazide</i> (Capozide)	1	
<i>enalapril maleate</i> (Vasotec)	1	
<i>enalapril/hydrochlorothiazide</i> (Vaseretic)	1	



Drug Name		Drug Tier	Requirements/Limits
<i>enalaprilat dihydrate</i>	(Enalaprilat Dihydrate)	1	
<i>fosinopril sodium</i>	(Monopril)	1	
<i>fosinopril/hydrochlorothiazide</i>	(Monopril HCT)	1	
<i>lisinopril</i>	(Zestril)	1	
<i>lisinopril/hydrochlorothiazide</i>	(Prinzide)	1	
LOTENSIN HCT		3	tablet: 10-12.5mg, 20-12.5mg, 20-25mg
LOTENSIN HCT		3	tablet: 5-6.25mg
LOTENSIN		3	tablet: 10mg, 20mg, 40mg
LOTENSIN		3	tablet: 5mg
MAVIK		3	
<i>moexipril hcl</i>	(Univasc)	1	
<i>moexipril/hydrochlorothiazide</i>	(Uniretic)	1	
MONOPRIL HCT		3	
MONOPRIL		3	
<i>perindopril erbumine</i>	(Aceon)	1	
PRINIVIL		3	tablet: 2.5mg
PRINIVIL		3	tablet: 5mg, 10mg, 20mg
PRINZIDE		3	
<i>quinapril hcl</i>	(Accupril)	1	
<i>quinapril/hydrochlorothiazide</i>	(Accuretic)	1	
<i>ramipril</i>	(Altace)	1	
TARKA		3	
<i>trandolapril</i>	(Mavik)	1	
<i>trandolapril/verapamil hcl</i>	(Trandolapril/verapamil HCl)	1	
UNIRETIC		3	
UNIVASC		3	
VASERETIC		3	
VASOTEC		3	
ZESTORETIC		3	
ZESTRIL		3	
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>			
ALDACTAZIDE		3	
ALDACTONE		3	
AMTURNIDE		3	ST
<i>eplerenone</i>	(Inspra)	1	
INSpra		3	
<i>spironolact/hydrochlorothiazid</i>	(Aldactazide)	1	
<i>spironolactone</i>	(Aldactone)	1	
TEKAMLO		3	ST
TEKTURNA HCT		3	ST

Drug Name	Drug Tier	Requirements/Limits
TEKTURNA	3	ST
VALTURNA	3	ST
<b>Replacement Preparations</b>		
<b>Replacement Preparations</b>		
<i>0.9 % sodium chloride</i> (0.9 % Sodium Chloride)	1	
<i>calcium chloride</i> (Calcium Chloride)	1	
<i>calcium gluconate</i> (Calcium Gluconate)	1	PA
<i>dex 2.5%-half str lact.ringers</i> (Dex 2.5%-half Str Lact.ringers)	1	
<i>dextrose 2.5% in half ringers</i> (Dextrose 2.5% In Half Ringers)	1	
<i>dextrose 5% in ringers</i> (Dextrose 5% In Ringers)	1	
<i>dextrose 5%-lactated ringers</i> (Dextrose 5%-Lactated Ringers)	1	
DEXTROSE W/ ELECTROLYTE A	2	
DEXTROSE W/ ELECTROLYTE B	2	
EFFER-K	3	
<i>electrolyte-48 solution/d10w</i> (Electrolyte-48 Solution/d10w)	1	
<i>electrolyte-48 solution/d5w</i> (Electrolyte-48 Solution/D5W)	1	
<i>electrolyte-48/fructose 10%</i> (Electrolyte-48/fructose 10%)	1	
<i>electrolyte-48/fructose 5%</i> (Electrolyte-48/fructose 5%)	1	
<i>electrolyte-75 solution/d5w</i> (Electrolyte-75 Solution/D5W)	1	
<i>electrolyte-75/fructose 5%</i> (Electrolyte-75/fructose 5%)	1	
<i>electrolyte-r solution/d5w</i> (Normosol-r and Dextrose)	1	
HYPERLYTE CR	2	
HYPERLYTE R	2	
IONOSOL B with DEXTROSE 5%	2	
IONOSOL MB-DEXTROSE 5%	2	
IONOSOL T-DEXTROSE 5%	2	
ISOLYTE E	2	
ISOLYTE H W/DEXTROSE	2	
ISOLYTE M W/DEXTROSE	2	
ISOLYTE P with DEXTROSE	2	
ISOLYTE S with DEXTROSE	2	
ISOLYTE S	2	
KAOCHLOR-EFF	3	
KAON-CL 10	3	
K-DUR	3	
K-LOR	3	
K-TAB	3	
LACTATED RINGERS	3	
MICRO-K	3	

Drug Name	Drug Tier	Requirements/Limits
NORMOSOL-M and DEXTROSE	2	
NORMOSOL-R and DEXTROSE	3	
NORMOSOL-R PH 7.4	2	
NUTRILYTE II	2	
NUTRILYTE	2	
PLASMA-LYTE 148	2	
PLASMA-LYTE 56 IN DEXTROSE	2	
PLASMA-LYTE A PH 7.4	2	
PLASMA-LYTE M IN DEXTROSE	2	
<i>pot chloride/pot bicarb/cit ac</i> (K-lyte-cl)	1	
<i>potassium acetate</i> (Potassium Acetate)	1	
<i>potassium bicarbonate/cit ac</i> (K-lyte)	1	
<i>potassium chlorid/d10-0.2%nacl</i> (Potassium Chlorid/d10-0.2%NaCl)	1	
<i>potassium chlorid/d5-0.225nacl</i> (Potassium Chlorid/d5-0.225NaCl)	1	iv soln: 10meq/l, 30meq/l, 40meq/l
<i>potassium chlorid/d5-0.225nacl</i> (Potassium Chlorid/d5-0.225NaCl)	1	iv soln: 20meq/l
<i>potassium chloride in 0.9%nacl</i> (Potassium Chloride In 0.9%NaCl)	1	
<i>potassium chloride</i> (Kaochlor)	1	liquid, packet, tablet sa
<i>potassium chloride</i> (K-dur)	1	capsule er, piggyback, tab er prt, tablet er, vial
<i>potassium chloride/d5-0.25ns</i> (Potassium Chloride/D5-0.25 NS)	1	
<i>potassium chloride/d5-0.33nacl</i> (Potassium Chloride/d5-0.33NaCl)	1	
<i>potassium chloride/d5-0.45nacl</i> (Potassium Chloride/d5-0.45NaCl)	1	
<i>potassium chloride/d5-0.9%nacl</i> (Potassium Chloride/d5-0.9%NaCl)	1	
<i>potassium chloride/d5lr</i> (Potassium Chloride/D5 LR)	1	
<i>potassium chloride/d5w</i> (Potassium Chloride/D5W)	1	iv soln: 10meq/l
<i>potassium chloride/d5w</i> (Potassium Chloride/D5W)	1	iv soln: 20meq/l, 30meq/l, 40meq/l
<i>potassium chloride-0.45% nacl</i> (Potassium Chloride-0.45% NaCl)	1	
<i>potassium gluconate</i> (Potassium Gluconate)	1	

Drug Name	Drug Tier	Requirements/Limits	
<i>potassium phos,m-basic-d-basic</i> (Potassium Phos,m-basic-d-basic)	1		
QUIC-K	3		
<i>ringers solution</i> (Ringers Solution)	1		
<i>sodium acetate</i> (Sodium Acetate)	1		
<i>sodium chloride 0.45 %</i> (Sodium Chloride 0.45 %)	1		
<i>sodium chloride 3%</i> (Sodium Chloride 3%)	1		
<i>sodium chloride 5%</i> (Sodium Chloride 5%)	1		
<i>sodium chloride</i> (Sodium Chloride)	1		iv soln
<i>sodium chloride</i> (Sodium Chloride)	1		vial
<i>sodium phos,m-basic-d-basic</i> (Sodium Phos,m-basic-d-basic)	1		
TPN ELECTROLYTES	2		
TRAVERT-1/2 NS with KCL	3		
TRAVERT-ELECTROLYTE NO.1	2		
TRAVERT-ELECTROLYTE NO.2	2		iv soln: 10%
TRAVERT-ELECTROLYTE NO.2	2		iv soln: 5%
TRAVERT-ELECTROLYTE NO.3	2		
TRAVERT-ELECTROLYTE NO.4	2		
<b>Respiratory Tract Agents, Miscellaneous</b>			
<b>Respiratory Tract Agents, Miscellaneous</b>			
<i>acetylcysteine</i> (Acetylcysteine)	1	PA	(PA for Part B vs Part D Only)
<i>aminophylline</i> (Aminophylline)	1		liquid, tablet
<i>aminophylline</i> (Aminophylline)	1		vial
ARALAST	4		
DALIRESP	2	ST, QL:	30 in 30 days
GLASSIA	4	ST	
<i>guaifen/theop anhyd/p-ephed</i> (Guaifen/theop Anhyd/p-ephed)	1		
KALYDECO	4	PA, QL:	60 in 30 days
LUFYLLIN	3		
PROLASTIN C	4		
PROLASTIN	4		
THEO-24	3		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
<i>theophylline anhydrous</i> (Theochron)	1		elixir, tab er 12h: 100mg, 200mg, 300mg, 450mg; tablet er
<i>theophylline anhydrous</i> (Theochron)	1		solution, tab er 12h: 200mg
<i>theophylline/d5w</i> (Theophylline/D5W)	1		
UNIPHYL	3		
XOLAIR	4	PA, QL: 6 in 28 days	
ZEMAIRA	4		
<b>Scerosing Agents</b>			
<b>Scerosing Agents</b>			
<i>ethanolamine oleate</i> (Ethanolamine Oleate)	1		
<i>sodium morrhuate</i> (Sodium Morrhuate)	1		
<i>sodium tetradecyl sulfate</i> (Sodium Tetradecyl Sulfate)	1		
SOTRADECOL	3		
<b>Serums</b>			
<b>Serums</b>			
ANASCORP	4		
ANTIVENIN LATRODECTUS MACTANS	2		
ANTIVENIN MICRURUS FULVIUS	4		
CARIMUNE NF NANOFILTERED	4	PA	(PA for Part B vs Part D Only)
CROFAB	4		
CYTOGAM	4		
DIGIBIND	2		
DIGIFAB	2		
FLEBOGAMMA DIF	4	PA	(PA for Part B vs Part D Only)
FLEBOGAMMA	4	PA	(PA for Part B vs Part D Only)
GAMMAGARD LIQUID	4	PA	(PA for Part B vs Part D Only)
GAMMAKED	4	PA	(PA for Part B vs Part D Only)
GAMMAPLEX	4	PA	(PA for Part B vs Part D Only)
GAMUNEX-C	4	PA	(PA for Part B vs Part D Only)

Drug Name	Drug Tier	Requirements/Limits	
HIZENTRA	4	PA	(PA for Part B vs Part D Only)
HYPERRAB S-D	2		
HYPERRHO S-D	2		
IMOGAM RABIES-HT	2		
MICRHOGAM PLUS	2		
OCTAGAM	4	PA	(PA for Part B vs Part D Only)
PRIVIGEN	4	PA	(PA for Part B vs Part D Only)
RHOGAM PLUS	2		
RHOPHYLAC	2		
VIVAGLOBIN	4	PA	(PA for Part B vs Part D Only)
WINRHO SDF	2		
<b>Skeletal Muscle Relaxants</b>			
<b>Skeletal Muscle Relaxants</b>			
<i>baclofen</i> (Baclofen)	1		
<i>carisoprodol</i> (Soma)	1	PA, QL: 120 in 30 days	tablet: 250mg, (PA for Ages 65 and Older; May be High Risk Med)
<i>carisoprodol</i> (Soma)	1	PA, QL: 120 in 30 days	tablet: 350mg, (PA for Ages 65 and Older; May be High Risk Med)
<i>chlorzoxazone</i> (Parafon Forte DSC)	1	PA	(PA for Ages 65 and Older; May be High Risk Med)
<i>chlorzoxazone/acetaminophen</i> (Chlorzoxazone/acetaminophen)	1	PA	(PA for Ages 65 and Older; May be High Risk Med)
<i>cyclobenzaprine hcl</i> (Flexeril)	1	PA	tablet: 5mg, 10mg, (PA for Ages 65 and Older; May be High Risk Med)
DANTRIUM	3		capsule
DANTRIUM	3		vial
<i>dantrilene sodium</i> (Dantrium)	1		capsule
<i>dantrilene sodium</i> (Dantrium)	1		vial
FLEXERIL	3	PA	(PA for Ages 65 and Older; May be High Risk Med)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
<i>metaxalone</i> (Skelaxin)	1	PA	(PA for Ages 65 and Older; May be High Risk Med)
<i>methocarbamol</i> (Robaxin-750)	1	PA	(PA for Ages 65 and Older; May be High Risk Med)
PARAFON FORTE DSC	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
ROBAXIN	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
ROBAXIN-750	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
SKELAXIN	3	PA	(PA for Ages 65 and Older; May be High Risk Med)
SOMA	3	PA, QL: 120 in 30 days	(PA for Ages 65 and Older; May be High Risk Med)
<i>tizanidine hcl</i> (Zanaflex)	1		
ZANAFLEX	3		capsule, tablet: 4mg
ZANAFLEX	3		tablet: 2mg
<b>Skin and Mucous Membrane Agents, Miscellaneous</b>			
<b>Skin and Mucous Membrane Agents, Miscellaneous</b>			
8-MOP	2		
ACCUTANE	3		
ACZONE	3		
<i>adapalene</i> (Differin)	1		
ALDARA	3	PA, QL: 24 in 30 days	
AMEVIVE	4	PA, QL: 4 in 28 days	
<i>ammonium lactate</i> (Lac-hydrin)	1		
AZELEX	3		
<i>calcipotriene</i> (Calcipotriene)	1		
<i>calcitriol</i> (Vectical)	1		
CARAC	2		
CONDYLOX	3		gel (gram)
CONDYLOX	3		solution
CONSTANT CLENS	3		

Drug Name	Drug Tier	Requirements/Limits
DIFFERIN	3	cream (g), gel (gram), lotion
DIFFERIN	3	med. swab
DOVONEX	2	cream
DOVONEX	3	solution
EFUDEX	3	cream (g)
EFUDEX	3	solution
ELIDEL	2	PA
EPIDUO	3	
FINACEA	3	
FLUOROPLEX	2	
<i>fluorouracil</i> (Efudex)	1	cream (g)
<i>fluorouracil</i> (Efudex)	1	solution
<i>imiquimod</i> (Aldara)	1	PA, QL: 24 in 30 days
<i>isotretinoin</i> (Accutane)	1	
LAC-HYDRIN	3	
LEVULAN	2	
METVIXIA	2	
OXSORALEN	3	
OXSORALEN-ULTRA	4	
PANRETIN	4	
PICATO	3	PA, QL: 2 in 56 days gel (ea): 0.05%
PICATO	3	PA, QL: 3 in 56 days gel (ea): 0.015%
<i>podofilox</i> (Condylox)	1	
<i>podophyllum resin</i> (Pododerm)	1	
PROTOPIC	3	PA
PYROGALLIC ACID	3	
RECTIV	3	QL: 30 in 30 days
REGRANEX	3	PA, QL: 30 in 30 days
SANTYL	2	
SORIATANE	4	capsule: 10mg, 17.5mg, 25mg
SORIATANE	4	capsule: 22.5mg
SORILUX	3	



Drug Name	Drug Tier	Requirements/Limits	
STELARA	4	PA, QL: 10 in 360 days	
TACLONEX SCALP	2		
TACLONEX	1		
TARGRETIN	4		
TAZORAC	2		
UVADEX	3		
VECTICAL	3		
ZYCLARA	2	PA, QL: 28 in 28 days	
<b>Somatotropin Agonists and Antagonists</b>			
Somatotropin Agonists and Antagonists			
INCRELEX	4		
SOMAVERT	4		

Drug Name	Drug Tier	Requirements/Limits	
<b>Sympatholytic Adrenergic Blocking Agents</b>			
<b>Alpha-Adrenergic Blocking Agents</b>			
<i>alfuzosin hcl</i> (Uroxatral)	1		
CAFERGOT	3		
D.H.E.45	3		
DIBENZYLINE	3		
<i>dihydroergotamine mesylate</i> (D.H.E. 45)	1		
<i>ergotamine tartrate/caffeine</i> (Ergotamine Tartrate/caffeine)	1		
FLOMAX	3		
MIGRANAL	3	QL: 8 in 28 days	
<i>phentolamine mesylate</i> (Phentolamine Mesylate)	1	PA	
PHENTOLAMINE MESYLATE	1	PA	
RAPAFLO	3		
<i>tamsulosin hcl</i> (Flomax)	1		
UROXATRAL	3		
<b>Sympathomimetic (Adrenergic) Agents</b>			
<b>Sympathomimetic (Adrenergic) Agents</b>			
ADRENACLICK	3	QL: 2 in 30 days	
<i>albuterol sulfate</i> (Accuneb)	1	PA	solution, vial-neb: 0.63mg/3ml, 1.25mg/3ml, 2.5mg/3ml, (PA for Part B vs Part D Only)
<i>albuterol sulfate</i> (Proventil)	1		syrup, tab er 12h, tablet
<i>albuterol</i> (Ventolin)	1		
ALUPENT	3	QL: 28 in 25 days	
ARCAPTA NEOHALER	3	QL: 30 in 30 days	
COMBIVENT RESPIMAT	2	QL: 8 in 30 days	
COMBIVENT	2	QL: 29.4 in 30 days	
<i>dobutamine hcl</i> (Dobutamine HCl)	1	PA	(PA for Part B vs Part D Only)
<i>dobutamine hcl/d5w</i> (Dobutamine HCl/D5W)	1	PA	(PA for Part B vs Part D Only)
DOPAMINE HCL IN 5% DEXTROSE	3	PA	(PA for Part B vs Part D Only)

Drug Name		Drug Tier	Requirements/Limits	
<i>dopamine hcl</i>	(Dopamine HCl)	1	PA	(PA for Part B vs Part D Only)
<i>dopamine hcl/d5w</i>	(Dopamine HCl/D5W)	1	PA	(PA for Part B vs Part D Only)
<i>ephedrine sulfate</i>	(Ephedrine Sulfate)	1		
<i>epinephrine</i>	(Adrenacllick)	1	QL: 2 in 30 days	disp syrin: 0.3mg/0.3; pen injctr
<i>epinephrine</i>	(Epinephrine)	1		disp syrin: 0.1mg/ml
<i>epinephrine/pf</i>	(Epinephrine/PF)	1		
EPIPEN JR		3	QL: 2 in 30 days	
EPIPEN		3	QL: 2 in 30 days	
FORADIL		2	QL: 62 in 31 days	
<i>isoproterenol hcl</i>	(Isoproterenol HCl)	1		
ISUPREL		3		
LEVOPHED BITARTRATE		3	PA	(PA for Part B vs Part D Only)
MAXAIR AUTOHALER		3	QL: 14 in 30 days	
<i>metaproterenol sulfate</i>	(Metaproterenol Sulfate)	1		
<i>midodrine hcl</i>	(Proamatine)	1		
NEO-SYNEPHRINE		3		
<i>norepinephrine bit/0.9 % nacl</i>	(Norepinephrine Bit/0.9 % NaCl)	1	PA	(PA for Part B vs Part D Only)
<i>norepinephrine bitartrate</i>	(Norepinephrine Bitartrate)	1	PA	(PA for Part B vs Part D Only)
<i>phenylephrine hcl</i>	(Phenylephrine HCl)	1		
<i>phenylephrine tannate</i>	(Phenylephrine Tannate)	1		
PROAIR HFA		2	QL: 17 in 25 days	
PROAMATINE		3		
PROVENTIL HFA		3	QL: 13.4 in 25 days	
SEREVENT DISKUS		2	QL: 62 in 31 days	
SLOFED 60		3		
<i>terbutaline sulfate</i>	(Brethine)	1		
TWINJECT		3	QL: 2 in 30 days	

Drug Name	Drug Tier	Requirements/Limits	
VENTOLIN HFA	3	QL: 36 in	
XOPENEX HFA	3	QL: 30 in	
<b>Thyroid and Antithyroid Agents</b>			
<b>Thyroid and Antithyroid Agents</b>			
CYTOMEL	3		
LEVOTHROID	3		
<i>levothyroxine sodium</i> (Levothyroxine Sodium)	1		vial
<i>levothyroxine sodium</i> (Synthroid)	1		tablet
LEVOXYL	3		
<i>liothyronine sodium</i> (Cytomel)	1		
<i>methimazole</i> (Tapazole)	1		tablet: 20mg
<i>methimazole</i> (Tapazole)	1		tablet: 5mg, 10mg
<i>propylthiouracil</i> (Propylthiouracil)	1		
SYNTHROID	3		
TAPAZOLE	3		
THYROLAR-1/2	3		
TIROSINT	3		
TRIOSTAT	3		
UNITHROID	3		
<b>Toxoids</b>			
<b>Toxoids</b>			
ADACEL	2		disp syrin
ADACEL	2		vial
BOOSTRIX	2		
DAPTACEL	2		
DIPHThERIA-TETANUS TOXOID	2		
INFANRIX PF	2		
INFANRIX	2		
TE ANATOXAL BERNA	2	PA	(PA for Part B vs Part D Only)
TENIVAC	2		
TETANUS DIPHThERIA TOXOIDS	2		
TETANUS-DIPHThERIA-DECAVAC	2		
TRIHIBIT	2		
TRIPEDIA	2		
<b>Urinary Anti-infectives</b>			
<b>Urinary Anti-infectives</b>			
HIPREX	3		

Drug Name		Drug Tier	Requirements/Limits	
<i>methenamine mandelate</i>	(Mandelamine)	1		tablet: 1g
<i>methenamine mandelate</i>	(Mandelamine)	1		tablet: 500mg
MONUROL		3		
<i>nitrofurantoin macrocrystal</i>	(Macrobid)	1	PA, QL: 90 in 365 days	(PA/QL for Ages 65 and Older; May be High Risk Med)
PRIMSOL		3		
<i>trimethoprim</i>	(Trimethoprim)	1		
UREX		3		
<b>Vaccines</b>				
<b>Vaccines</b>				
ACTHIB		0		
ATTENUVAX VACCINE with DILUENT		0	PA	(PA for Part B vs Part D Only)
BCG VACCINE (TICE STRAIN)		0	PA	(PA for Part B vs Part D Only)
BIOTHRAX		0		
CERVARIX		0		disp syrin
CERVARIX		0		vial
COMVAX		0		
ENGERIX-B		0	PA	(PA for Part B vs Part D Only)
GARDASIL		0		disp syrin
GARDASIL		0		vial
HAVRIX		0	PA	(PA for Part B vs Part D Only)
IPOL		0		
IXIARO		0		
JE-VAX		0		
KINRIX		0		
MENACTRA		0		disp syrin
MENACTRA		0		vial
MENOMUNE-A-C-Y-W-135		0		
MENVEO A-C-Y-W-135-DIP		0		
MERUVAX II VACCINE W- DILUENT		0		
M-M-R II VACCINE		0		
MUMPSVAX VACCINE W- DILUENT		0		
PEDIARIX		0		
PEDVAXHIB		0		
PENTACEL		0		
PROQUAD		0		

Drug Name	Drug Tier	Requirements/Limits	
RABAVERT	0	PA	(PA for Part B vs Part D Only)
RECOMBIVAX HB	0	PA	disp syrin, (PA for Part B vs Part D Only)
RECOMBIVAX HB	0	PA	vial, (PA for Part B vs Part D Only)
ROTARIX	0		
ROTATEQ	0		
THERACYS	0	PA	(PA for Part B vs Part D Only)
TWINRIX	0		disp syrin
TWINRIX	0		vial
TYPHIM VI	0		
VAQTA	0	PA	disp syrin, (PA for Part B vs Part D Only)
VAQTA	0	PA	vial, (PA for Part B vs Part D Only)
VARIVAX VACCINE	0		
YF-VAX	0		
ZOSTAVAX	0		
<b>Vasodilating Agents</b>			
<b>Vasodilating Agents</b>			
ADCIRCA	4	PA, QL:	60 in 30 days
AGGRENOX	2	QL:	60 in 30 days
<i>alprostadil</i> (Alprostadil)	1	PA	
<i>amyl nitrite</i> (Amyl Nitrite)	1		
CIALIS	3	PA, QL:	30 in 30 days tablet: 2.5mg, 5mg
DILATRATE-SR	3		
<i>epoprostenol sodium (glycine)</i> (Flolan)	1	PA	vial: 0.5mg, (PA for Part B vs Part D Only)
<i>epoprostenol sodium (glycine)</i> (Flolan)	4	PA	vial: 1.5mg, (PA for Part B vs Part D Only)
FLOLAN	3	PA	vial: 0.5mg, (PA for Part B vs Part D Only)

Drug Name	Drug Tier	Requirements/Limits	
FLOLAN	4	PA	vial: 1.5mg, (PA for Part B vs Part D Only)
IMDUR	3		
ISMO	3		
ISOCHRON	3		
ISORDIL TITRADOSE	3		
ISORDIL	3		
<i>isosorbide dinitrate</i> (Isordil)	1		
<i>isosorbide mononitrate</i> (Imdur)	1		tab er 24h, tablet: 20mg
<i>isosorbide mononitrate</i> (Ismo)	1		tablet: 10mg
ISOVEX	2		
LETAIRIS	4	PA, QL: 30 in 30 days	
MONOKET	3		
NITRO-BID	2		
<i>nitroglycerin</i> (Nitro-dur)	1	QL: 30 in 30 days	patch td24: 0.1mg/hr, 0.2mg/hr, 0.6mg/hr
<i>nitroglycerin</i> (Nitro-dur)	1	QL: 60 in 30 days	patch td24: 0.4mg/hr
<i>nitroglycerin</i> (Nitroglycerin)	1		vial
<i>nitroglycerin</i> (Nitrolingual)	1		spray
<i>nitroglycerin/d5w</i> (Nitroglycerin/D5W)	1		
NITROLINGUAL	3		
NITROMIST	3		
NITROSTAT	2		
<i>nylidrin hcl</i> (Nylidrin HCl)	1		tablet: 12mg
<i>papaverine hcl</i> (Papaverine HCl)	1	PA	
PROSTIN VR PEDIATRIC	3	PA	
REMODULIN	4	PA	(PA for Part B vs Part D Only)
REVATIO	4	PA, QL: 37.5 in 1 day	vial
REVATIO	4	PA, QL: 90 in 30 days	tablet
TRACLEER	4	LA, PA, QL: 60 in 30 days	

Drug Name	Drug Tier	Requirements/Limits	
VELETRI	4	PA	(PA for Part B vs Part D Only)
<b>Vitamins and Minerals</b>			
<b>Vitamins and Minerals</b>			
CALCIJEX	3	PA	(PA for ESRD Only)
<i>calcitriol</i> (Rocaltrol)	1	PA	(PA for ESRD Only)
DHT	3		
FLUOR-A-DAY	3		
<i>fluoride/iron/vit a,c&amp;d</i> (Fluoride/iron/vit A,c&d)	3		
FLURA	3		
HECTOROL	2	PA	(PA for ESRD Only)
LOZI-FLUR	3		
<i>multivitamins with fluoride</i> (Multivitamins with Fluoride)	3		
MVC-FLUORIDE	3		
<i>ped mv a,c,d3 #21 w-fluoride</i> (Ped Mv A,c,d3 #21 W-fluoride)	3		
<i>pnv with ca,no.72/iron/fa</i> (Pnv with Ca,no.72/iron/fa)	2		(All Pre-Natal Vitamins are Covered)
ROCALTROL	3	PA	(PA for ESRD Only)
<i>sodium fluoride</i> (Luride)	3		drops
<i>sodium fluoride</i> (Luride)	3		tab chew
ZEMPLAR	3	PA	(PA for ESRD Only)



## State of Michigan Coverage of Excluded Part D Prescription Drugs

Drug Name	Drug Tier	Requirements/Limits	
<b>Behavioral Health – Other</b>			
<b>Anti-Anxiety</b>			
<i>alprazolam</i>	1	EX	
ATIVAN	2	EX	
<i>chlordiazepoxide hcl</i>	1	EX	
<i>diazepam</i>	1	EX	
<i>oxazepam</i>	1	EX	
TRANXENE T-TAB	2	EX	
<b>Sedative-Hypnotics, Non-Barbiturate</b>			
<i>estazolam</i>	1	EX	
<i>flurazepam hcl</i>	1	EX	
<i>temazepam</i>	1	EX	
<i>triazolam</i>	1	EX	
<b>Cardiovascular Disease – Lipid Irregularity</b>			
<b>Niacin Preparations</b>			
<i>niacin</i>	1	EX	
<b>Cough and Cold</b>			
<i>codeine/promethazine hcl</i>	1	EX	
<i>d-methorphan hb/prometh hcl</i>	1	EX	
<i>guaifenesin/codeine phosphate</i>	1	EX	
<i>hydrocodone/chlorphen polis</i>	1	EX	
<i>phenylephrine hcl/cod/prometh</i>	1	EX	
<i>phenylephrine/hydrocodone/cp</i>	1	EX	
<b>Dermatology – Acne</b>			
<b>Topical Preparations, Antibacterials</b>			
<i>hydrocortisone/iodoquinol</i>	1	EX	
<b>Dermatology – Anti-inflammatory</b>			
<b>Topical Anti-Inflammatory Steroidal</b>			
FIRST-HYDROCORTISONE	2	EX	
SCALACORT DK	2	EX	
<b>Dermatology – Miscellaneous</b>			

## State of Michigan Coverage of Excluded Part D Prescription Drugs

Drug Name	Drug Tier	Requirements/Limits	
BP WASH	2	EX	
OVACE PLUS	2	EX	
PRAMOSONE	2	EX	
PRAMOSONE E	2	EX	
<b>Endocrine Disorder - Fertility</b>			
<b>Drugs To Treat Impotency</b>			
CIALIS	2	EX	QL: 2 in 5 days
LEVITRA	2	EX	QL: 2 in 5 days
VIAGRA	2	EX	QL: 2 in 5 days
<b>Endocrine Disorder - Thyroid</b>			
<i>potassium iodide</i>	1	EX	
NP THYROID	1	EX	
WESTHROID	1	EX	
<b>Eye – Glaucoma</b>			
<b>Eye – Glaucoma</b>			
ISOPTO CARBACHOL	2	EX	
<b>Gout and Related Diseases</b>			
<b>Gout and Related Diseases</b>			
<i>colchicine</i>	1	EX	
<b>Hematological Disorders</b>			
<b>Hematological Disorders</b>			
<i>heparin flush</i>	1	EX	
MEPHYTON	2	EX	
<b>Hormonal Deficiency</b>			
<i>estrogen,ester/me-testosterone</i>	1	EX	
<b>Infectious Disease – Bacterial</b>			
<b>Chemotherapeutics, Antibacterial, Misc.</b>			
<i>mth/me blue/sod phos/phen/hyos</i>	1	EX	
PROSED-DS	2	EX	

## State of Michigan Coverage of Excluded Part D Prescription Drugs

Drug Name	Drug Tier	Requirements/Limits	
<b>Infectious Disease – Parasitic</b>			
<b>Infectious Disease - Parasitic</b>			
<i>quinine sulfate</i>	1	EX	
<b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>			
<b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>			
<i>hydrocortisone acetate</i>	1	EX	
<b>Pain Management – Analgesics</b>			
<b>Pain Management – Analgesics</b>			
<i>butalbital/aspirin/caffeine</i>	1	EX	
<i>butalb/acetaminophen/caffeine</i>	1	EX	
<i>hydromorphone hcl</i>	1	EX	
<i>isomethept/acetaminop/dichlphn</i>	1	EX	
PHRENILIN FORTE	2	EX	
<b>Seizure Disorder</b>			
<b>Anticonvulsants</b>			
<i>clonazepam</i>	1	EX	
KLONOPIN	2	EX	
<b>Upper Gastrointestinal Disorders - Spastic Disease</b>			
<b>Upper Gastrointestinal Disorders - Spastic Disease</b>			
<i>belladonna alkaloids/phenobarb</i>	1	EX	
<i>hyoscyamine sulfate</i>	1	EX	
LIBRAX	2	EX	
<i>phenobarb/hyoscy/atropine/scop</i>	1	EX	
<b>Vitamin and/or Mineral Deficiency</b>			
<b>Vitamin and/or Mineral Deficiency</b>			
<i>cyanocobalamin/fa/pyridoxine</i>	1	EX	
DRISDOL	2	EX	
<i>folic acid</i>	1	EX	
<i>multivitamins with min no.7/fa</i>	1	EX	

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