



2012 Comprehensive Formulary

(Complete list of covered drugs)

Citrus Total (HMO)

Inside

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

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

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

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



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About this complete drug list

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

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

1. See if your drug is included in this complete drug list.
2. Go to the plan website at www.CitrusHC.com. The information is updated on a regular basis.
3. Call Customer Service at **1-877-624-8787**, TTY **711**, 10/15-3/1: 8:00 am to 8:00 pm local zone, 7 days a week; 3/2-10/14: 8:00 am to 8:00 pm local time, Monday - Friday. Customer Service can look up your drugs and let you know if they are covered.

For more information

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

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

Questions?

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

Call Customer Service:



Call **1-877-624-8787**, TTY **711**,
10/15-3/1: 8:00 am to 8:00 pm local
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8:00 am to 8:00 pm local time,
Monday - Friday



Visit us at: **www.CitrusHC.com**

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

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

2012 Complete drug list

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

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

This document is the comprehensive formulary, or complete list of drugs covered by the plan. For updated formulary information, please visit www.CitrusHC.com or call **1-877-624-8787**, TTY **711**, 10/15-3/1: 8:00 am to 8:00 pm local zone, 7 days a week; 3/2-10/14: 8:00 am to 8:00 pm local time, Monday - Friday.

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

Quick guide

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

Antidepressants	page 18-19
Asthma/Lung	page 55-56
Blood Pressure	page 33-37
Cholesterol Control	page 36
Diabetes	page 30-31
Osteoporosis	page 51-52
Ulcer and Stomach Acid	page 40-41
Vaccines	page 50

Using the drug list

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

1. Look for a drug in the index, which begins on page 79. The index is an **alphabetical list** of all of the drugs included in this document. Turn to the page shown in the index to find your drug.
2. The drug list begins on page 10. Look for a drug based on your **medical condition**. For example, if you want to find drugs used to treat high cholesterol, go to the Cardiovascular Drugs category and look under "Dyslipidemias — Cholesterol Control Drugs".

Is it a generic or brand-name drug?

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

More information about your drug

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

If your drug is not included in this drug list, you should contact Customer Service at **1-877-624-8787**, TTY **711**, 10/15-3/1: 8:00 am to 8:00 pm local zone, 7 days a week; 3/2-10/14: 8:00 am to 8:00 pm local time, Monday - Friday and ask if it's covered. If you learn that the plan does not cover your drug, you have two options:

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

Drug tiers and drug payment stages

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

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

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

If you qualify for extra help

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

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

Tier 1 drug savings

Save money with Tier 1 drugs

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

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

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

Generic drugs

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

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

Limited access drugs

Drugs are considered “limited access” if:

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

The limited access drugs on the Citrus Total drug list are:

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

For more information about limited access drugs, call Customer Service at **1-877-624-8787**, TTY **711**, 10/15-3/1: 8:00 am to 8:00 pm local zone, 7 days a week; 3/2-10/14: 8:00 am to 8:00 pm local time, Monday - Friday.

Vaccines

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

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

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

There are several ways to get a vaccine:

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

To make sure a recommended vaccine is covered, call Customer Service at **1-877-624-8787**, TTY **711**, 10/15-3/1: 8:00 am to 8:00 pm local zone, 7 days a week; 3/2-10/14: 8:00 am to 8:00 pm local time, Monday - Friday. Or visit www.CitrusHC.com.

Requirements and limits

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

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

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

PA = Prior authorization

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

B/D = Medicare Part B or Part D

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

QL = Quantity limits

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

See pages 60–78 for more information about drugs with quantity limits.

ST = Step therapy

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

Coverage decisions

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

Examples of coverage decisions you may ask for include:

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

How to request an exception

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

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

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

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

Asking for a coverage decision

You (or your authorized representative) and your doctor can ask for an initial coverage decision by calling Customer Service at **1-877-624-8787**, TTY **711**, 10/15-3/1: 8:00 am to 8:00 pm local zone, 7 days a week; 3/2-10/14: 8:00 am to 8:00 pm local time, Monday - Friday.

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

See your Evidence of Coverage for more information.

Receiving a coverage decision

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

Drug list changes

The Citrus Total plan recognizes that drug list stability is very important to you. It is important to make as few changes to the drug list as possible during the plan year. From time to time, drug list changes may be necessary for safety or other reasons.

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

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

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

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

Other types of formulary changes, such as removing a drug from the formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. It is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose the plan, except for cases in which you can save additional money or the plan can ensure your safety.

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

Transition supply process

New or continuing members

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

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

Long-term care facility residents

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

Other transitions

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

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

For more information

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



1-877-624-8787, TTY 711

10/15-3/1: 8:00 am to 8:00 pm local zone, 7 days a week; 3/2-10/14: 8:00 am to 8:00 pm local time, Monday - Friday



Or visit: **www.CitrusHC.com**

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

Covered drugs by category

The comprehensive formulary (drug list) below provides coverage information about the drugs covered by the plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 79.

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

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions			Ketoprofen♦	T1	
Analgesics, Other - Miscellaneous Analgesics			Ketoprofen ER	T3	
Savella [†]	T3	QL	Ketorolac Tromethamine (Injection) [†]	T3	PA,QL
Savella Titration Pack [†]	T3	QL	Ketorolac Tromethamine (Tablet) [†]	T3	QL
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs			Meclofenamate Sodium	T3	
Arthrotec	T4		Mefenamic Acid	T3	
Celebrex [†]	T3	QL	Meloxicam♦	T1	
Diclofenac Potassium♦	T1		Nabumetone	T3	
Diclofenac Sodium DR♦	T1		Naproxen (250mg Tablet, 275mg Tablet, 375mg Tablet, 550mg Tablet, Oral Suspension)♦	T1	
Diclofenac Sodium XR♦	T1		Naproxen (500mg Tablet)	T2	
Diflunisal	T2		Naproxen DR♦	T1	
Etodolac♦	T1		Oxaprozin♦	T1	
Etodolac ER♦	T1		Pennsaid	T3	
Fenoprofen Calcium	T2		Piroxicam♦	T1	
Flurbiprofen♦	T1		Sulindac♦	T1	
Ibuprofen♦	T1		Tolmetin Sodium	T2	
Indomethacin♦	T1		Vimovo [†]	T3	QL
Indomethacin ER	T3				

Bold type = Brand-name drug

PA = Prior authorization

B/D = Medicare Part B or Part D

LA = Limited access drug

QL = Quantity limits

ST = Step therapy

[†]For this drug's specific quantity limit see pages 60–78.

♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

Drug Name	Drug Tier	Requirements & Limits
Voltaren (Gel)	T3	
Opioid Analgesics - Opioid Pain Relievers		
Acetaminophen/ Caffeine/ Dihydrocodeine Bitartrate [†]	T3	QL
Acetaminophen/ Codeine [†] ◆	T1	QL
Actiq[†]	T5	PA,QL
Ascomp/Codeine [†]	T3	QL
Astramorph	T3	
Avinza[†]	T3	QL
Buprenorphine HCl (Injection)	T3	
Buprenorphine HCl (Sublingual Tablet) [†]	T3	QL
Butalbital/ Acetaminophen/ Caffeine/Codeine [†] ◆	T1	QL
Butorphanol Tartrate (Injection)	T3	
Butorphanol Tartrate (Nasal Spray) [†]	T3	QL
Codeine Sulfate	T2	
Co-Gesic [†]	T2	QL
Dilaudid (1mg/ml Injection, 2mg/ml Injection, 4mg/ml Injection)	T4	
Duramorph	T3	
Endocet [†]	T2	QL
Endodan [†]	T3	QL

Drug Name	Drug Tier	Requirements & Limits
Exalgo[†]	T3	QL
Fentanyl (Patch) [†]	T3	QL
Fentanyl Citrate (Injection)	T3	
Fentanyl Citrate Oral Transmucosal [†]	T5	PA,QL
Fentora[†]	T5	PA,QL
Hydrocodone/ Acetaminophen [†] ◆	T1	QL
Hydrocodone/ Ibuprofen [†] ◆	T1	QL
Hydromorphone HCl (Injection)	T3	
Hydromorphone HCl (Tablet)	T2	
Infumorph	T4	
Kadian (100mg 24- Hour Capsule, 10mg 24-Hour Capsule, 20mg 24-Hour Capsule, 30mg 24- Hour Capsule, 50mg 24-Hour Capsule, 60mg 24-Hour Capsule, 80mg 24- Hour Capsule)[†]	T3	QL
Kadian (200mg 24- Hour Capsule)[†]	T5	QL
Levorphanol Tartrate	T3	
Margesic-H [†]	T2	QL
Methadone HCl (Concentrate, Oral Solution, Tablet)◆	T1	
Methadone HCl (Injection)	T4	

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◆Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

Drug Name	Drug Tier	Requirements & Limits
Methadose	T2	
Morphine Sulfate	T3	
Morphine Sulfate ER [†]	T3	QL
Nalbuphine HCl	T3	
Onsolis[†]	T5	PA,QL
Opana ER[†]	T3	QL
Oxycodone HCl (Capsule, Concentrate)	T2	
Oxycodone HCl (Tablet)♦	T1	
Oxycodone/Acetaminophen♦	T1	QL
Oxycodone/Aspirin (4.5mg-0.38mg-325mg Tablet) [†]	T3	QL
Oxycodone/Aspirin (4.8355-325mg Tablet) [†]	T2	QL
Oxycodone/Ibuprofen [†]	T3	QL
Oxycontin[†]	T3	QL
Oxymorphone HCl [†]	T3	QL
Oxymorphone HCl ER [†]	T3	QL
Roxicet (Oral Solution)[†]	T4	QL
Roxicet (Tablet) [†] ♦	T1	QL
Stagesic [†]	T2	QL
Synalgos-DC[†]	T4	QL
Tramadol HCl [†] ♦	T1	QL
Tramadol HCl ER [†]	T4	QL
Tramadol HCl/Acetaminophen [†] ♦	T1	QL

Drug Name	Drug Tier	Requirements & Limits
Zerlor [†]	T3	QL
Anesthetics - Drugs for Numbing		
Local Anesthetics		
Lidocaine♦	T1	B/D
Lidocaine HCl (Gel, Topical Solution)♦	T1	
Lidocaine HCl (Injection)	T3	B/D
Lidocaine Viscous	T2	
Lidocaine/Prilocaine♦	T1	B/D
Lidoderm[†]	T3	QL
Antibacterials - Drugs to Treat Bacterial Infections		
Aminoglycosides - Antibiotics		
AK-Tob	T2	
Amikacin Sulfate	T3	
Gentak♦	T1	
Gentamicin Sulfate (Cream, Ointment)♦	T1	
Gentamicin Sulfate (Injection)	T3	
Gentamicin Sulfate (Ophthalmic Solution)♦	T1	
Gentamicin Sulfate/NaCl (100mg Injection, 60mg Injection, 80mg Injection)	T3	
Gentamicin Sulfate/NaCl (70mg Injection, 90mg Injection)	T3	
Gentasol	T2	

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Drug Name	Drug Tier	Requirements & Limits
Isotonic Gentamicin	T3	
Kanamycin Sulfate	T3	
Neomycin Sulfate♦	T1	
Paromomycin Sulfate	T3	
Streptomycin Sulfate	T4	
Tobi	T5	B/D
Tobramycin Sulfate (0.3% Ophthalmic Solution)♦	T1	
Tobramycin Sulfate (Injection)	T3	
Tobramycin Sulfate/NaCl	T3	
Tobrasol	T2	
Tobrex (Ophthalmic Ointment)	T3	
Tobrex (Ophthalmic Solution)	T4	
Antibacterials, Other - Antibiotics		
Altabax	T4	
BACiiM	T3	
Bacitracin (Injection)	T3	
Bacitracin (Ophthalmic Ointment)	T2	
Bacitracin/Neomycin/Polymyxin♦	T1	
Bacitracin/Polymyxin B♦	T1	
Bactroban (Cream)	T4	
Chloramphenicol Sodium Succinate	T3	

Drug Name	Drug Tier	Requirements & Limits
Cleocin (75mg Capsule)	T4	
Cleocin Galaxy	T4	
Cleocin in D5W	T4	
Cleocin Pediatric Granules	T4	
Cleocin Phosphate	T4	
Clindagel	T4	
Clindamycin HCl♦	T1	
Clindamycin Phosphate♦	T1	
Clindamycin Phosphate Add-Vantage	T3	
Clindesse	T4	
Colistimethate Sodium	T4	
Coly-Mycin M	T4	ST
Cortisporin	T4	
Cubicin	T5	B/D
Flagyl ER	T4	
Lincocin	T4	
Methenamine Hippurate	T3	
Metrogel	T4	
Metronidazole♦	T1	
Metronidazole in NaCl 0.79%	T3	
Metronidazole Vaginal♦	T1	
Mupirocin♦	T1	
Neomycin/Polymyxin B Sulfates	T3	

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Drug Name	Drug Tier	Requirements & Limits
Neomycin/Polymyxin/ Gramicidin♦	T1	
Nitrofurantoin	T3	
Nitrofurantoin Macrocrystalline	T3	
Nitrofurantoin Monohydrate	T3	
Noritrate	T4	
Polymyxin B Sulfate	T3	
Primsol	T4	
Silver Sulfadiazine♦	T1	
SSD♦	T1	
Sulfamylon	T4	
Synercid	T5	
Thermazene♦	T1	
Trimethoprim	T2	
Tygacil	T4	
Vancocin HCl	T5	PA
Vancomycin HCl	T3	B/D
Vandazole♦	T1	
Vibativ	T4	
Xifaxan (200mg Tablet)	T4	
Xifaxan (550mg Tablet)	T5	
Zyvox	T5	PA
Beta-Lactam, Cephalosporins - Antibiotics		
Cedax	T4	

Drug Name	Drug Tier	Requirements & Limits
Cefaclor♦	T1	
Cefaclor ER♦	T1	
Cefadroxil♦	T1	
Cefazolin Sodium	T3	
Cefdinir♦	T1	
Cefepime	T3	
Cefotaxime Sodium	T3	
Cefotetan	T4	
Cefoxitin Sodium/ Dextrose	T3	
Cefoxitin Sodium	T3	
Cefpodoxime Proxetil	T3	
Cefprozil♦	T1	
Ceftazidime	T3	
Ceftazidime/Dextrose	T3	
Ceftriaxone Sodium	T3	
Cefuroxime Axetil♦	T1	
Cefuroxime Sodium	T3	
Cephalexin♦	T1	
Claforan	T4	
Fortaz	T4	
Keflex (750mg Capsule)	T4	
Suprax	T3	
Tazicef	T3	
Zinacef	T4	

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Drug Name	Drug Tier	Requirements & Limits
Zinacef in Iso-Osmotic Dextrose	T4	
Zinacef in Iso-Osmotic Diluent	T4	
Beta-Lactam, Other - Antibiotics		
Azactam in Iso-Osmotic Dextrose	T4	
Aztreonam	T3	
Cayston	T5	PA
Doribax	T4	
Imipenem/Cilastatin	T3	
Invanz	T4	
Meropenem	T3	
Primaxin	T4	
Beta-Lactam, Penicillins - Antibiotics		
Amoxicillin♦	T1	
Amoxicillin/Potassium Clavulanate♦	T1	
Amoxicillin/Potassium Clavulanate ER♦	T1	
Ampicillin♦	T1	
Ampicillin Sodium	T3	
Ampicillin-Sulbactam	T3	
Bactocill in Dextrose (1gm Injection)	T4	
Bactocill in Dextrose (2gm Injection)	T5	
Bicillin C-R	T4	
Bicillin L-A	T4	
Dicloxacillin Sodium♦	T1	

Drug Name	Drug Tier	Requirements & Limits
Nafcillin Sodium	T3	
Nallpen/Dextrose	T4	
Oxacillin Sodium	T4	
Penicillin G Potassium	T3	
Penicillin G Potassium in Iso-Osmotic Dextrose	T3	
Penicillin G Procaine	T4	
Penicillin G Sodium	T3	
Penicillin V Potassium (Solution for Reconstitution)	T2	
Penicillin V Potassium (Tablet)♦	T1	
Pfizerpen-G	T4	
Piperacillin Sodium	T4	
Piperacillin Sodium/Tazobactam Sodium	T3	
Timentin	T4	
Unasyn (3gm Injection)	T4	
Zosyn	T4	
Macrolides - Antibiotics		
Akne-Mycin	T4	
Azasite	T3	
Azithromycin (Injection)	T3	
Azithromycin (Oral Suspension, Tablet)♦	T1	
Clarithromycin♦	T1	
Clarithromycin ER	T2	

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Drug Name	Drug Tier	Requirements & Limits
Dificid	T5	PA
E.E.S. 400	T2	
E.E.S. Granules	T3	
Ery	T3	
Eryped	T3	
Ery-Tab	T3	
Erythrocin Lactobionate	T4	
Erythrocin Stearate	T4	
Erythromycin♦	T1	
Erythromycin Base	T2	
Erythromycin Ethylsuccinate	T2	
Erythromycin/ Sulfisoxazole	T2	
Ketek	T4	PA
PCE	T4	
Romycin	T2	
Zmax	T4	
Quinolones - Antibiotics		
Avelox (Injection)	T4	
Avelox (Tablet)	T3	
Avelox ABC Pack	T3	
Besivance	T3	
Ciloxan (Ophthalmic Ointment)	T4	
Cipro (Oral Suspension)	T4	

Drug Name	Drug Tier	Requirements & Limits
Cipro IV	T4	
Ciprofloxacin	T2	
Ciprofloxacin ER	T3	
Ciprofloxacin HCl♦	T1	
Factive	T4	
Levaquin	T4	
Levofloxacin (Injection, Oral Solution)	T3	
Levofloxacin (Ophthalmic Solution, Tablet)	T2	
Levofloxacin in D5W	T3	
Moxeza	T3	
Noroxin	T4	
Ofloxacin (Ophthalmic Solution, Otic Solution)♦	T1	
Ofloxacin (Tablet)	T3	
Vigamox	T3	
Zymar	T3	
Zymaxid	T3	
Sulfonamides - Antibiotics		
Sulfacetamide Sodium (Ophthalmic Solution)♦	T1	
Sulfadiazine	T3	
Sulfamethoxazole/ Trimethoprim (Injection)	T3	
Sulfamethoxazole/ Trimethoprim (Oral Suspension, Tablet)♦	T1	

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Drug Name	Drug Tier	Requirements & Limits
Trimethoprim Sulfate/ Polymyxin B Sulfate♦	T1	
Tetracyclines - Antibiotics		
Demeclocycline HCl	T3	
Doryx	T4	
Doxycycline	T3	
Doxycycline Hyclate (Capsule, Delayed Release Tablet, Extended Release Capsule, Tablet)♦	T1	
Doxycycline Hyclate (Injection)	T3	
Doxycycline Monohydrate♦	T1	
Minocycline HCl♦	T1	
Minocycline HCl ER	T4	
Tetracycline HCl♦	T1	
Vibramycin (Oral Suspension, Syrup)	T4	
Anticonvulsants - Drugs to Treat Seizures		
Anticonvulsants, Other - Seizure Control Drugs		
Banzel[†]	T4	QL
Keppra (Injection)	T5	
Levetiracetam (Injection)	T3	
Levetiracetam (Oral Solution, Tablet)♦	T1	
Levetiracetam ER [†]	T3	QL
Vimpat (Injection)[†]	T4	PA,QL

Drug Name	Drug Tier	Requirements & Limits
Vimpat (Oral Solution, Tablet)[†]	T4	QL
Calcium Channel Modifying Agents - Seizure Control Drugs		
Celontin	T4	
Ethosuximide	T3	
Lyrica[†]	T3	QL
Zonisamide♦	T1	
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs		
Divalproex Sodium♦	T1	
Divalproex Sodium DR♦	T1	
Divalproex Sodium ER♦	T1	
Gabapentin♦	T1	
Gabitril[†]	T4	QL
Primidone♦	T1	
Sabril[†]	T5	PA,QL
Stavzor	T4	
Valproate Sodium	T3	
Valproic Acid♦	T1	
Glutamate Reducing Agents - Seizure Control Drugs		
Felbamate (Oral Suspension)	T5	
Felbamate (Tablet)	T4	
Felbatol (Oral Suspension)	T5	
Felbatol (Tablet)	T4	

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Drug Name	Drug Tier	Requirements & Limits
Lamictal ODT [†]	T4	QL
Lamictal Starter Kit	T4	
Lamotrigine♦	T1	
Topiramate♦	T1	
Sodium Channel Inhibitors - Seizure Control Drugs		
Carbamazepine♦	T1	
Carbamazepine ER	T3	
Carbatrol	T3	
Dilantin	T3	
Dilantin Infatabs	T3	
Epitol♦	T1	
Fosphenytoin Sodium	T3	
Oxcarbazepine	T3	
Peganone	T4	
Phenytek	T2	
Phenytoin♦	T1	
Phenytoin Sodium	T2	
Phenytoin Sodium Extended♦	T1	
Tegretol	T3	
Tegretol-XR	T3	
Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia		
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs		
Aricept (23mg Tablet) [†]	T3	QL

Drug Name	Drug Tier	Requirements & Limits
Donepezil HCl [†]	T2	QL
Exelon (24-Hour Patch) [†]	T4	QL,ST
Exelon (Oral Solution) [†]	T4	QL
Galantamine Hydrobromide [†]	T3	QL
Rivastigmine Tartrate [†]	T3	QL
Glutamate Pathway Modifiers - Alzheimer's Disease and Dementia Drugs		
Namenda [†]	T3	QL
Namenda Titration Pak [†]	T3	QL
Antidepressants - Drugs to Treat Depression		
Antidepressants, Other - Antidepressants		
Budeprion SR [†]	T2	QL
Budeprion XL [†]	T3	QL
Bupropion HCl♦	T1	QL
Bupropion HCl SR [†] ♦	T1	QL
Maprotiline HCl	T2	
Mirtazapine [†] ♦	T1	QL
Mirtazapine ODT [†]	T2	QL
Nefazodone HCl	T2	
Trazodone HCl♦	T1	
Monoamine Oxidase Inhibitors - Antidepressants		
Emsam [†]	T4	QL,ST
Marplan	T4	

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Drug Name	Drug Tier	Requirements & Limits
Nardil	T3	
Phenelzine Sulfate	T2	
Tranylcypromine Sulfate	T3	
Serotonin/Norepinephrine Reuptake Inhibitors - Antidepressants		
Citalopram Hydrobromide♦	T1	
Cymbalta †	T3	QL
Fluoxetine DR†	T4	QL
Fluoxetine HCl♦	T1	
Fluvoxamine Maleate♦	T1	
Lexapro †	T4	QL
Paroxetine HCl♦	T1	
Paroxetine HCl ER†	T4	QL
Pexeva	T4	
Pristiq †	T4	PA,QL
Selfemra	T4	ST
Sertraline HCl♦	T1	
Venlafaxine HCl†	T3	QL
Venlafaxine HCl ER (150mg 24-Hour Tablet, 37.5mg 24-Hour Tablet, 75mg 24-Hour Tablet)†	T4	QL
Venlafaxine HCl ER (225mg 24-Hour Tablet) †	T4	QL
Venlafaxine HCl ER (24-Hour Capsule)†	T2	QL
Viibryd †	T4	QL,ST

Drug Name	Drug Tier	Requirements & Limits
Tricyclics - Antidepressants		
Amitriptyline HCl♦	T1	
Amoxapine	T2	
Clomipramine HCl♦	T1	
Desipramine HCl	T3	
Doxepin HCl♦	T1	
Imipramine HCl♦	T1	
Imipramine Pamoate	T3	
Nortriptyline HCl♦	T1	
Pamelor	T5	ST
Protriptyline HCl	T3	
Surmontil	T4	
Antidotes, Deterrents, and Toxicologic Agents - Drugs for Overdose or Deterrents		
Antidotes - Antidotes/Protectants		
Antizol	T5	ST
Chemet	T4	
Cuprimine	T4	
Exjade (125mg Soluble Tablet)	T4	
Exjade (250mg Soluble Tablet, 500mg Soluble Tablet)	T5	
Ferriprox	T5	PA
Fomepizole	T5	
Kionex	T3	
Sodium Polystyrene Sulfonate	T3	

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Drug Name	Drug Tier	Requirements & Limits
Syprine	T4	
Deterrents - Antidotes/Protectants		
Antabuse	T3	
Buproban [◆]	T1	QL
Campral	T4	
Chantix[†]	T4	QL
Disulfiram	T3	
Nicotrol Inhaler[†]	T4	QL
Nicotrol NS[†]	T4	QL
Toxicologic Agents - Antidotes/Protectants		
Depade	T3	
Naloxone HCl (0.4mg/ml Injection)	T3	
Naloxone HCl (1mg/ml Injection)	T3	
Naltrexone HCl	T3	
Suboxone[†]	T4	QL
Vivitrol	T5	
Antiemetics - Drugs to Treat Nausea and Vomiting		
Aloxi	T4	
Anzemet (100mg Tablet)[†]	T5	B/D,QL
Anzemet (50mg Tablet)[†]	T4	B/D,QL
Cesamet[†]	T5	B/D,PA,QL
Compro [◆]	T1	
Dronabinol (10mg Capsule)[†]	T5	B/D,PA,QL

Drug Name	Drug Tier	Requirements & Limits
Dronabinol (2.5mg Capsule, 5mg Capsule)[†]	T3	B/D,PA,QL
Emend[†]	T3	B/D,PA,QL
Granisetron HCl (Injection)	T3	
Granisetron HCl (Tablet) [†]	T3	B/D,QL
Granisol [†]	T3	B/D,QL
Hydroxyzine Pamoate (100mg Capsule) [◆]	T1	
Hydroxyzine Pamoate (25mg Capsule, 50mg Capsule)	T2	
Meclizine HCl [◆]	T1	
Metoclopramide HCl (Injection)	T3	
Metoclopramide HCl (Oral Solution, Tablet) [◆]	T1	
Ondansetron HCl (Injection)	T3	
Ondansetron HCl (Oral Solution, Tablet) ^{†◆}	T1	B/D,QL
Ondansetron ODT ^{†◆}	T1	B/D,QL
Prochlorperazine	T2	
Sancuso[†]	T5	QL
Transderm-Scop	T4	
Zofran (Injection)	T5	ST
Zofran (Oral Solution, Tablet)[†]	T5	B/D,PA,QL
Zofran ODT[†]	T5	B/D,PA,QL

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Drug Name	Drug Tier	Requirements & Limits
Antifungals - Drugs to Treat Fungal Infections		
Antifungals - Fungal Infection Drugs		
Abelcet	T5	B/D
Ambisome	T5	B/D
Amphotec (50mg Injection)	T4	B/D
Amphotericin B	T3	B/D
Ancobon	T5	
Cancidas	T5	
Ciclopirox (Gel, Shampoo)	T3	
Ciclopirox (Suspension)	T2	
Ciclopirox Nail Lacquer	T3	
Ciclopirox Olamine	T2	
Clotrimazole (Cream, Topical Solution)◆	T1	
Clotrimazole (Troche)	T2	
Clotrimazole/ Betamethasone Dipropionate◆	T1	
Diflucan in NaCl	T4	
Econazole Nitrate◆	T1	
Eraxis	T5	
Ertaczo	T4	
Exelderm	T4	
Fluconazole◆	T1	
Fluconazole in Dextrose	T3	

Drug Name	Drug Tier	Requirements & Limits
Flucytosine	T5	
Grifulvin V	T3	
Griseofulvin Microsize	T3	
Gris-Peg	T4	
Gynazole-1	T4	
Itraconazole [†]	T3	PA,QL
Ketoconazole◆	T1	
Lamisil (Pack)	T4	
Mentax	T4	
Miconazole 3	T2	
Mycamine	T5	
Naftin	T4	
Natacyn	T3	
Noxafil	T5	
Nyamyc	T2	
Nystatin◆	T1	
Nystatin/Triamcinolone◆	T1	
Nystop◆	T1	
Oravig[†]	T4	QL
Oxistat	T4	
Pedi-Dri	T2	
Sporanox (Capsule)[†]	T5	PA,QL
Sporanox (Oral Solution)[†]	T4	PA,QL
Terbinafine HCl◆	T1	
Terconazole◆	T1	

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Drug Name	Drug Tier	Requirements & Limits
Vfend (Injection)	T4	
Vfend (Oral Suspension, Tablet)	T5	
Voriconazole	T5	
Zazole	T2	
Antigout Agents - Drugs to Treat Gout		
Antigout Agents - Gout Drugs		
Allopurinol (Tablet)♦	T1	
Allopurinol Sodium (Injection)	T3	
Colcrys [†]	T3	QL
Probenecid♦	T1	
Probenecid/Colchicine♦	T1	
Uloric [†]	T3	QL,ST
Antimigraine Agents - Drugs to Treat Migraines		
Abortive - Migraine Drugs		
Dihydroergotamine Mesylate	T3	
Ergotamine Tartrate/Caffeine [†] ♦	T1	QL
Maxalt [†]	T3	QL
Maxalt-MLT [†]	T3	QL
Migergot [†]	T3	QL
Naratriptan HCl [†]	T2	QL
Sumatriptan Succinate (Injection) [†]	T3	QL
Sumatriptan Succinate (Tablet) [†] ♦	T1	QL

Drug Name	Drug Tier	Requirements & Limits
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
Parasympathomimetics - Myasthenia Gravis Drugs		
Guanidine HCl	T4	
Mestinon (Syrup)	T4	
Mestinon Timespan	T4	
Mytelase	T4	
Pyridostigmine Bromide♦	T1	
Regonol	T2	
Antimycobacterials - Drugs to Treat Infections		
Antimycobacterials, Other - Miscellaneous Anti-Infectives		
Dapsone	T3	
Mycobutin	T4	
Antituberculars - Tuberculosis Drugs		
Capastat Sulfate	T4	
Ethambutol HCl	T3	
Isonarif	T3	
Isoniazid (Injection)	T3	
Isoniazid (Syrup, Tablet)♦	T1	
Paser	T4	
Priftin	T4	
Pyrazinamide	T3	
Rifampin (Capsule)	T2	

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

Drug Name	Drug Tier	Requirements & Limits
Revlimid	T5	PA,LA
Thalomid	T5	PA
Vandetanib	T5	PA
Votrient	T5	PA
Antiestrogens/Modifiers - Chemotherapy Agents		
Emcyt	T4	PA
Fareston	T4	
Faslodex	T5	
Tamoxifen Citrate♦	T1	
Antimetabolites - Chemotherapy Agents		
Cladribine	T5	B/D
Clolar	T5	
Cytarabine	T2	B/D
Cytarabine Aqueous	T2	B/D
Droxia	T4	
Elitek	T5	
Fluorouracil (Injection)	T2	B/D
Folotyn	T5	PA
Gemcitabine	T5	
Gemcitabine HCl	T5	
Gemzar	T5	
Hydroxyurea♦	T1	
Mercaptopurine	T3	
Nipent	T5	ST

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Drug Name	Drug Tier	Requirements & Limits
Pentostatin	T5	
Tabloid	T4	PA
Antineoplastics, Other - Chemotherapy Agents		
Abraxane	T5	
Adriamycin	T3	B/D
Alimta	T5	PA
Amifostine	T5	
Arranon	T5	
Bleomycin Sulfate	T3	B/D
Camptosar	T4	ST
Carboplatin	T3	
Cerubidine	T4	
Cisplatin	T3	
Cosmegen	T4	
Dacogen	T5	
Daunorubicin HCl	T2	
Daunoxome	T4	
Dexrazoxane	T5	
Docefrez	T5	
Docetaxel	T5	
Doxil	T5	B/D
Doxorubicin HCl	T3	B/D
Ellence	T5	ST
Eloxatin	T5	
Elspar	T4	

Drug Name	Drug Tier	Requirements & Limits
Epirubicin HCl	T3	
Ethylol	T5	ST
Etopophos	T5	
Etoposide	T3	
Firmagon (120mg Injection)[†]	T5	PA,QL
Firmagon (80mg Injection)[†]	T4	PA,QL
Fludara	T5	
Fludarabine Phosphate	T5	
Halaven	T5	PA
Hycamtin	T5	
Idamycin PFS	T5	ST
Idarubicin HCl	T5	
Irinotecan	T3	
Istodax	T5	PA
Ixempra Kit	T5	
Jakafi[†]	T5	PA,QL
Jevtana	T5	PA
Mesna	T3	
Mesnex (Tablet)	T4	
Mitomycin	T3	
Mitoxantrone HCl	T3	
Novantrone	T5	ST
Ontak	T5	PA
Oxaliplatin	T5	

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♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

Drug Name	Drug Tier	Requirements & Limits
Paclitaxel	T3	
Proleukin	T5	PA
Sylatron	T5	PA
Taxotere	T5	
Toposar	T3	
Topotecan HCl	T5	
Torisel	T5	
Trisenox	T4	PA
Velcade	T5	PA
Vidaza	T5	PA
Vinblastine Sulfate	T3	B/D
Vincasar PFS	T3	B/D
Vincristine Sulfate	T3	B/D
Vinorelbine Tartrate	T3	
Zelboraf	T5	PA
Zinecard	T5	
Zolinza	T5	PA
Zytiga	T5	PA
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents		
Anastrozole♦	T1	
Aromasin	T4	
Exemestane	T3	
Letrozole	T2	

Drug Name	Drug Tier	Requirements & Limits
Molecular Target Inhibitors - Chemotherapy Agents		
Afinitor	T5	PA
Gleevec	T5	PA
Iressa	T5	
Nexavar	T5	PA
Sprycel	T5	PA
Sutent	T5	PA
Tarceva	T5	PA
Tasigna	T5	PA
Tykerb	T5	PA
Xalkori	T5	PA
Monoclonal Antibodies - Chemotherapy Agents		
Arzerra	T5	PA
Avastin	T5	PA
Campath	T5	PA
Erbix	T5	PA
Herceptin	T5	
Rituxan	T5	PA
Vectibix	T5	PA
Yervoy	T5	PA
Retinoids - Chemotherapy Agents		
Panretin	T5	PA
Targretin	T5	PA
Tretinoin (Capsule)	T5	

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Drug Name	Drug Tier	Requirements & Limits
Antiparasitics - Drugs to Treat Parasitic Infections		
Anthelmintics - Worm Infection Drugs		
Albenza	T3	
Biltricide	T3	
Mebendazole	T2	
Stromectol	T3	
Antiprotozoals - Protozoal Infection Drugs		
Alinia	T4	
Atovaquone/Proguanil HCl	T3	
Chloroquine Phosphate♦	T1	
Daraprim	T3	
Hydroxychloroquine Sulfate♦	T1	
Malarone	T4	
Mefloquine HCl♦	T1	
Mepron	T5	
Nebupent	T4	B/D
Pentam 300	T4	
Primaquine Phosphate	T4	
Qualaquin	T4	PA
Pediculicides/Scabicides - Scabies and Lice Drugs		
Acticin♦	T1	
Eurax	T4	
Lindane	T3	

Drug Name	Drug Tier	Requirements & Limits
Malathion	T3	
Permethrin♦	T1	
Ulesfia	T4	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease		
Antiparkinson Agents - Parkinson's Disease Drugs		
Apokyn[†]	T5	QL
Azilect	T3	
Benzotropine Mesylate♦	T1	
Bromocriptine Mesylate	T3	
Carbidopa/Levodopa♦	T1	
Carbidopa/Levodopa CR♦	T1	
Carbidopa/Levodopa ODT	T2	
Cogentin	T4	
Comtan	T3	
Lodosyn	T4	
Parcopa	T4	
Pramipexole Dihydrochloride	T3	
Ropinirole HCl♦	T1	
Selegiline HCl	T3	
Stalevo	T3	
Tasmar[†]	T5	QL
Trihexyphenidyl HCl♦	T1	
Zelapar	T4	

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Drug Name	Drug Tier	Requirements & Limits
Antipsychotics - Drugs to Treat Mood Disorders		
Atypicals - Mood Disorder Drugs		
Abilify	T4	
Abilify Discmelt	T4	
Clozapine♦	T1	
Fanapt [†]	T4	QL,ST
Fanapt Titration Pack [†]	T4	QL,ST
Fazaclo	T3	
Geodon	T4	
Invega	T4	ST
Invega Sustenna (117mg/0.75ml Injection, 156mg/1ml Injection, 234mg/1.5ml Injection) [†]	T5	QL
Invega Sustenna (39mg/0.25ml Injection, 78mg/0.5ml Injection) [†]	T4	QL
Latuda [†]	T4	QL
Olanzapine	T3	
Olanzapine ODT	T3	
Risperdal Consta (12.5mg Injection, 25mg Injection) [†]	T4	QL
Risperdal Consta (37.5mg Injection, 50mg Injection) [†]	T5	QL
Risperidone♦	T1	

Drug Name	Drug Tier	Requirements & Limits
Risperidone ODT	T3	
Zyprexa	T3	
Zyprexa Zydys	T3	
Conventional - Mood Disorder Drugs		
Chlorpromazine HCl (Injection)	T3	
Chlorpromazine HCl (Tablet)♦	T1	
Fluphenazine Decanoate	T3	
Fluphenazine HCl (Concentrate, Elixir, Tablet)♦	T1	
Fluphenazine HCl (Injection)	T3	
Haloperidol♦	T1	
Haloperidol Decanoate	T3	
Haloperidol Lactate♦	T1	
Loxapine Succinate♦	T1	
Orap	T3	
Perphenazine	T2	
Perphenazine/Amitriptyline	T2	
Prochlorperazine Edisylate	T3	
Prochlorperazine Maleate♦	T1	
Thioridazine HCl	T3	
Thiothixene♦	T1	
Trifluoperazine HCl♦	T1	

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♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

Drug Name	Drug Tier	Requirements & Limits
Antispasticity Agents - Drugs to Treat Spasms		
Antispasticity Agents - Muscle Spasm Drugs		
Baclofen♦	T1	
Dantrolene Sodium	T3	
Gablofen (40,000mcg/20ml Solution)	T5	B/D,PA
Gablofen (50mcg/ml Solution)	T3	B/D,PA
Lioresal Intrathecal (0.05mg/ml Solution)	T3	B/D,PA
Lioresal Intrathecal (10mg/5ml Solution)	T5	B/D,PA
Tizanidine HCl♦	T1	
Antivirals - Drugs to Treat Viral Infections		
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs		
Cytovene	T4	B/D
Foscarnet Sodium	T3	B/D
Ganciclovir (250mg Capsule)	T4	
Ganciclovir (500mg Capsule)	T5	
Ganciclovir (Injection)	T3	B/D
Valcyte	T5	
Vistide	T5	
Antih hepatitis Agents - Hepatitis Drugs		
Baraclude (Oral Solution)	T4	
Baraclude (Tablet)	T5	

Drug Name	Drug Tier	Requirements & Limits
Copegus	T5	PA
Hepsera	T5	
Incivek[†]	T5	PA,QL
Rebetol (Capsule)	T5	PA
Rebetol (Oral Solution)	T4	PA
Ribapak	T5	PA
Ribasphere (200mg Tablet, Capsule)	T3	PA
Ribasphere (400mg Tablet, 600mg Tablet)	T5	PA
Ribavirin	T3	PA
Virazole	T5	
Antiherpetic Agents - Herpes Drugs		
Acyclovir♦	T1	
Acyclovir Sodium	T3	B/D
Denavir	T4	
Famciclovir	T3	
Trifluridine	T3	
Valacyclovir HCl	T3	
Zovirax (Cream, Ointment)	T4	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors - HIV Drugs		
Atripla	T5	
Complera	T5	
Edurant	T5	
Intelece	T5	

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Drug Name	Drug Tier	Requirements & Limits
Rescriptor	T4	
Sustiva	T4	
Viramune (Oral Suspension)	T4	
Viramune (Tablet)	T3	
Viramune XR	T3	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors - HIV Drugs		
Combivir	T5	
Didanosine	T3	
Emtriva	T4	
EpiVir	T3	
EpiVir HBV	T3	
Epzicom	T5	
Lamivudine	T3	
Lamivudine/Zidovudine	T5	
Retrovir IV Infusion	T4	
Stavudine	T3	
Trizivir	T5	
Truvada	T5	
Tyzeka	T5	
Videx Pediatric	T4	
Viread	T5	
Ziagen	T4	
Zidovudine	T3	

Drug Name	Drug Tier	Requirements & Limits
Anti-HIV Agents, Other - HIV Drugs		
Fuzeon	T5	
Isentress	T5	
Selzentry	T5	
Anti-HIV Agents, Protease Inhibitors - HIV Drugs		
Aptivus	T5	
Crixivan	T3	
Invirase (Capsule)	T4	
Invirase (Tablet)	T5	
Kaletra (100-25mg Tablet)	T4	
Kaletra (200-50mg Tablet, Oral Solution)	T5	
Lexiva (Oral Suspension)	T4	
Lexiva (Tablet)	T5	
Norvir	T4	
Prezista (150mg Tablet, 75mg Tablet)[†]	T4	QL
Prezista (400mg Tablet, 600mg Tablet)[†]	T5	QL
Reyataz (100mg Capsule)	T3	
Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule)	T5	
Victrelis[†]	T5	PA,QL
Viracept (Powder)	T4	
Viracept (Tablet)	T5	

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Drug Name	Drug Tier	Requirements & Limits
Anti-Influenza Agents - Flu Drugs		
Amantadine HCl♦	T1	
Relenza Diskhalel[†]	T4	QL
Rimantadine HCl	T2	
Tamiflu[†]	T3	QL
Anxiolytics - Drugs to Treat Anxiety		
Anxiolytics, Other - Anxiety Drugs		
Buspirone HCl♦	T1	
Chlordiazepoxide/ Amitriptyline	T2	
Bipolar Agents - Drugs to Treat Mood Disorders		
Bipolar Agents - Mood Disorder Drugs		
Equetro	T4	
Lithium Carbonate♦	T1	
Lithium Carbonate ER♦	T1	
Lithium Citrate	T2	
Lithobid	T3	
Saphris[†]	T3	QL
Seroquel	T4	
Seroquel XR	T3	
Symbyax	T4	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar		
Antidiabetic Agents - Diabetic Drugs		
Acarbose [†] ♦	T1	QL

Drug Name	Drug Tier	Requirements & Limits
Actoplus Met[†]	T3	QL
Actos[†]	T3	QL
Avandamet[†]	T4	PA,QL
Avandaryl[†]	T4	PA,QL
Avandia[†]	T4	PA,QL
Byetta[†]	T3	QL
Duetact[†]	T3	QL
Glimepiride [†] ♦	T1	QL
Glipizide [†] ♦	T1	QL
Glipizide ER [†] ♦	T1	QL
Glipizide/Metformin HCl [†]	T2	QL
Glyburide [†] ♦	T1	QL
Glyburide Micronized [†] ♦	T1	QL
Glyburide/Metformin HCl [†] ♦	T1	QL
Glycron (1.5mg Tablet, 3mg Tablet, 6mg Tablet) [†]	T2	QL
Glyset[†]	T4	QL
Janumet[†]	T3	QL
Januvia[†]	T3	QL
Kombiglyze XR[†]	T3	QL
Metformin HCl [†] ♦	T1	QL
Metformin HCl ER [†] ♦	T1	QL
Nateglinide [†]	T3	QL
Onglyza[†]	T3	QL

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Drug Name	Drug Tier	Requirements & Limits
Prandimet [†]	T4	QL
Prandin [†]	T4	QL
Riomet [†]	T4	QL
Symlin [†]	T4	PA,QL
SymlinPen 120 [†]	T4	PA,QL
SymlinPen 60 [†]	T4	PA,QL
Tolazamide [†]	T2	QL
Tolbutamide [†]	T2	QL
Victoza [†]	T3	QL
Glycemic Agents - Diabetic Drugs		
Glucagen Hypokit	T2	
Glucagon Emergency Kit	T2	
Proglycem	T4	
Insulins - Diabetic Drugs		
Apidra	T3	
Humalog	T2	
Humulin	T2	
Lantus	T2	
Levemir	T2	
Novolin	T2	
Novolog	T2	

Drug Name	Drug Tier	Requirements & Limits
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders		
Anticoagulants - Blood Thinners		
Argatroban (100mg/ml Injection)	T5	
Argatroban (125mg/125ml Injection)	T5	
Arixtra (10mg/0.8ml Injection, 5.0mg/0.4ml Injection, 7.5mg/0.6ml Injection) [†]	T5	QL
Arixtra (2.5mg/0.5ml Injection) [†]	T4	QL
Coumadin (Injection)	T4	
Coumadin (Tablet)	T3	
Enoxaparin Sodium (100mg/1ml Injection, 120mg/0.8ml Injection, 150mg/1ml Injection) [†]	T5	QL
Enoxaparin Sodium (30mg/0.3ml Injection, 40mg/0.4ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection) [†]	T4	QL
Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection) [†]	T5	QL
Fondaparinux Sodium (2.5mg/0.5ml Injection) [†]	T4	QL

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Drug Name	Drug Tier	Requirements & Limits
Fragmin (10,000units/1ml Injection, 12,500units/0.5ml Injection, 15,000units/0.6ml Injection, 18,000units/0.72ml Injection, 7,500units/0.3ml Injection)[†]	T5	QL
Fragmin (2,500units/0.2ml Injection, 25,000units/1ml Injection, 5,000units/0.2ml Injection)[†]	T4	QL
Heparin Sodium (1,000units/ml Injection, 10,000units/ml Injection, 20,000units/ml Injection, 5,000units/ml Injection)	T3	
Heparin Sodium (2,000units/ml Injection)	T3	
Heparin Sodium/D5W	T3	
Heparin Sodium/NaCl	T3	
Heparin Sodium/NaCl 0.9% Premix	T3	
Jantoven♦	T1	
Lovenox (300mg/3ml Injection)[†]	T4	QL
Pradaxa[†]	T3	PA,QL
Warfarin Sodium♦	T1	

Drug Name	Drug Tier	Requirements & Limits
Xarelto	T3	PA
Blood Formation Products - Blood Formation Drugs		
Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/1ml Injection, 25mcg/0.42ml Injection, 25mcg/1ml Injection, 40mcg/0.4ml Injection, 40mcg/1ml Injection, 60mcg/0.3ml Injection, 60mcg/1ml Injection)[†]	T4	B/D,PA,QL
Aranesp Albumin Free (150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/1ml Injection, 300mcg/0.6ml Injection, 300mcg/1ml Injection, 500mcg/1ml Injection)[†]	T5	B/D,PA,QL
Epogen [†]	T4	B/D,PA,QL
Leukine	T5	PA
Neulasta	T5	PA
Neumega	T3	PA
Neupogen	T5	PA

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Drug Name	Drug Tier	Requirements & Limits
Procrit (10,000units/ml Injection, 2,000units/ml Injection, 3,000units/ml Injection, 4,000units/ml Injection) [†]	T4	B/D,PA,QL
Procrit (20,000units/ml Injection) [†]	T5	B/D,PA,QL
Procrit (40,000units/ml Injection)	T5	B/D,PA
Blood Products/Modifiers/ Volume Expanders		
Cinryze	T5	PA
Mozobil	T5	PA
Pentopak	T2	
Pentoxifylline ER♦	T1	
Promacta (12.5mg Tablet, 25mg Tablet, 50mg Tablet) [†]	T5	PA,QL
Promacta (75mg Tablet)	T5	PA
Coagulants - Blood Clotting Drugs		
Cyklokapron	T3	
Tranexamic Acid	T3	
Platelet Aggregation Inhibitors - Blood Thinners		
Aggrenox [†]	T3	QL
Brilinta [†]	T4	PA,QL
Cilostazol♦	T1	
Dipyridamole♦	T1	PA
Effient [†]	T3	QL

Drug Name	Drug Tier	Requirements & Limits
Plavix [†]	T2	QL
Ticlopidine HCl♦	T1	QL
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions		
Alpha-Adrenergic Agonists - Blood Pressure Drugs		
Catapres-TTS [†]	T4	QL
Clonidine HCl (Tablet)♦	T1	
Clonidine HCl (Weekly Patch) [†]	T3	QL
Clorpres	T4	
Guanabenz Acetate	T3	
Guanfacine HCl♦	T1	
Methyldopa♦	T1	
Methyldopa/ Hydrochlorothiazide♦	T1	
Methyldopate HCl	T3	
Midodrine HCl	T3	
Alpha-Adrenergic Blocking Agents - Blood Pressure Drugs		
Dibenzyliline	T4	
Prazosin HCl♦	T1	
Reserpine	T2	
Antiarrhythmics - Heart Regulation Drugs		
Amiodarone HCl (Injection)	T3	
Amiodarone HCl (Tablet)♦	T1	

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Drug Name	Drug Tier	Requirements & Limits
Disopyramide Phosphate♦	T1	
Flecainide Acetate♦	T1	
Mexiletine HCl	T2	
Multaq	T3	
Pacerone (100mg Tablet)	T4	
Pacerone (200mg Tablet)♦	T1	
Procainamide HCl (100mg/ml Injection)	T2	
Procainamide HCl (500mg/ml Injection)	T3	
Propafenone HCl♦	T1	
Propafenone HCl ER	T3	
Quinidine Gluconate	T4	
Quinidine Gluconate ER♦	T1	
Quinidine Sulfate♦	T1	
Quinidine Sulfate ER♦	T1	
Rythmol SR	T4	
Sorine	T2	
Sotalol HCl (Injection)	T3	
Sotalol HCl (Tablet)♦	T1	
Tikosyn	T4	
Beta-Adrenergic Blocking Agents - Blood Pressure Drugs		
Acebutolol HCl♦	T1	
Atenolol♦	T1	

Drug Name	Drug Tier	Requirements & Limits
Atenolol/Chlorthalidone♦	T1	
Betaxolol HCl (Tablet)♦	T1	
Bisoprolol Fumarate♦	T1	
Bisoprolol Fumarate/Hydrochlorothiazide♦	T1	
Bystolic [†]	T3	QL
Carvedilol♦	T1	
Innopran XL	T4	
Labetalol HCl (Injection)	T2	
Labetalol HCl (Tablet)♦	T1	
Metoprolol Succinate ER♦	T1	
Metoprolol Tartrate♦	T1	
Metoprolol/Hydrochlorothiazide♦	T1	
Nadolol♦	T1	
Nadolol/Bendroflumethiazide	T3	
Pindolol♦	T1	
Propranolol HCl♦	T1	
Propranolol HCl ER♦	T1	
Propranolol/Hydrochlorothiazide♦	T1	
Timolol Maleate♦	T1	
Toprol XL	T4	
Calcium Channel Blocking Agents - Blood Pressure Drugs		
Afeditab CR♦	T1	

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Drug Name	Drug Tier	Requirements & Limits
Amlodipine Besylate♦	T1	
Amlodipine Besylate/ Benazepril HCl†	T4	QL
Azor†	T3	QL
Cartia XT♦	T1	
Dilt-CD♦	T1	
Diltiazem CD♦	T1	
Diltiazem HCl♦	T1	
Diltiazem HCl ER♦	T1	
Dilt-XR♦	T1	
Diltzac♦	T1	
Exforge†	T3	QL
Exforge HCT†	T3	QL
Felodipine ER	T3	
Isradipine	T3	
Matzim LA†	T3	QL
Nicardipine HCl♦	T1	
Nifediac CC♦	T1	
Nifedical XL♦	T1	
Nifedipine♦	T1	
Nifedipine ER♦	T1	
Nimodipine	T5	
Nisoldipine†	T3	QL
Nisoldipine ER†	T3	QL
Taztia XT♦	T1	
Tribenzor†	T3	QL

Drug Name	Drug Tier	Requirements & Limits
Twynsta†	T4	QL
Verapamil HCl (Injection)	T3	
Verapamil HCl (Tablet)♦	T1	
Verapamil HCl ER♦	T1	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs		
Demser	T5	
Digoxin (Injection)	T3	
Digoxin (Oral Solution, Tablet)♦	T1	
Lanoxin (0.1mg/ml Injection)	T4	
Lanoxin (Tablet)	T3	
Ranexa	T3	ST
Diuretics - Blood Pressure Drugs		
Acetazolamide Sodium	T3	
Amiloride HCl♦	T1	
Amiloride/ Hydrochlorothiazide♦	T1	
Bumetanide (Injection)	T3	
Bumetanide (Tablet)♦	T1	
Chlorothiazide	T2	
Chlorothiazide Sodium	T3	
Chlorthalidone♦	T1	
Diuril	T4	
Dyrenium	T4	
Edecrin	T4	

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Drug Name	Drug Tier	Requirements & Limits
Eplerenone	T3	
Furosemide (Injection)	T3	
Furosemide (Oral Solution, Tablet)♦	T1	
Hydrochlorothiazide♦	T1	
Indapamide♦	T1	
Methyclothiazide	T2	
Metolazone♦	T1	
Samsca †	T5	PA,QL
Spironolactone♦	T1	
Spironolactone/ Hydrochlorothiazide♦	T1	
Torsemide (Injection)	T3	
Torsemide (Tablet)♦	T1	
Triamterene/ Hydrochlorothiazide♦	T1	
Dyslipidemics - Cholesterol Control Drugs		
Antara	T3	
Atorvastatin Calcium†	T2	QL
Cholestyramine♦	T1	
Colestipol HCl♦	T1	
Crestor †	T2	QL
Fenofibrate♦	T1	
Fenofibrate Micronized♦	T1	
Gemfibrozil♦	T1	
Lipitor †	T2	QL
Livalo †	T4	QL

Drug Name	Drug Tier	Requirements & Limits
Lovastatin♦	T1	
Lovaza	T4	
Niacor♦	T1	
Niaspan	T2	
Pravastatin Sodium♦	T1	
Prevalite	T2	
Simvastatin♦	T1	
Tricor	T3	
Trilipix	T3	
Vytorin †	T4	QL
Welchol (Pack) †	T3	QL
Welchol (Tablet)	T3	
Zetia †	T3	QL
Renin-Angiotensin-Aldosterone System Inhibitors - Blood Pressure Drugs		
Benazepril HCl♦	T1	
Benazepril HCl/ Hydrochlorothiazide♦	T1	
Benicar †	T2	QL
Benicar HCT †	T2	QL
Captopril♦	T1	
Captopril/ Hydrochlorothiazide♦	T1	
Diovan †	T2	QL
Diovan HCT †	T2	QL
Enalapril Maleate♦	T1	

Bold type = Brand-name drug

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†For this drug's specific quantity limit see pages 60–78.

♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

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B/D = Medicare Part B or Part D

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Drug Name	Drug Tier	Requirements & Limits
Enalapril Maleate/ Hydrochlorothiazide♦	T1	
Fosinopril Sodium♦	T1	
Fosinopril Sodium/ Hydrochlorothiazide♦	T1	
Lisinopril♦	T1	
Lisinopril/ Hydrochlorothiazide♦	T1	
Losartan Potassium♦	T1	
Losartan Potassium/ Hydrochlorothiazide♦	T1	
Micardis[†]	T4	QL
Micardis HCT[†]	T4	QL
Moexipril HCl♦	T1	
Moexipril/ Hydrochlorothiazide♦	T1	
Perindopril Erbumine	T2	
Quinapril HCl♦	T1	
Quinapril/ Hydrochlorothiazide♦	T1	
Ramipril♦	T1	
Tekturna[†]	T3	QL,ST
Tekturna HCT[†]	T3	QL,ST
Trandolapril♦	T1	
Vasodilators - Chest Pain Drugs		
BiDil	T3	
Dilatrate SR	T4	
Hydralazine HCl (Injection)	T2	

Drug Name	Drug Tier	Requirements & Limits
Hydralazine HCl (Tablet)♦	T1	
Isochron	T2	
Isordil Titradoso (40mg Tablet)	T4	
Isosorbide Dinitrate♦	T1	
Isosorbide Dinitrate ER♦	T1	
Isosorbide Mononitrate♦	T1	
Isosorbide Mononitrate ER♦	T1	
Minoxidil (Tablet)♦	T1	
Nitro-Bid	T4	
Nitro-Dur (0.3mg/ hr 24-Hour Patch, 0.8mg/hr 24-Hour Patch)	T4	
Nitroglycerin (24-Hour Patch)♦	T1	
Nitroglycerin (Injection)	T3	
Nitrolingual Pumpspray	T4	
Nitromist	T4	
Nitrostat	T2	
Central Nervous System Agents - Drugs to Treat Nerve Conditions		
Amphetamines, ADHD - ADHD Drugs		
Amphetamine/ Dextroamphetamine [†]	T3	QL
Dextroamphetamine Sulfate [†]	T3	QL
Dextroamphetamine Sulfate ER [†]	T3	QL

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ST = Step therapy

[†]For this drug's specific quantity limit see pages 60–78.

♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

Drug Name	Drug Tier	Requirements & Limits
Methamphetamine HCl [†]	T3	QL
Vyvanse[†]	T4	QL
Non-Amphetamines, ADHD - ADHD Drugs		
Dexmethylphenidate HCl [†]	T3	QL
Metadate ER [†]	T4	QL
Methylin (Tablet) [†]	T2	QL
Methylin ER [†]	T3	QL
Methylphenidate HCl [†] ◆	T1	QL
Methylphenidate HCl ER [†]	T3	QL
Methylphenidate HCl SR [†]	T3	QL
Strattera[†]	T4	QL,ST
Non-Amphetamines, Other - Miscellaneous Nervous System Drugs		
Ampyra[†]	T5	PA,QL
Botox	T4	PA
Provigil[†]	T4	PA,QL
Rilutek	T5	
Xyrem[†]	T3	PA,QL,LA
Dental And Oral Agents - Drugs to Treat Mouth and Throat Conditions		
Dental and Oral Agents		
Chlorhexidine Gluconate Oral Rinse◆	T1	
Kepivance	T5	
Periogard	T2	

Drug Name	Drug Tier	Requirements & Limits
Pilocarpine HCl	T3	
Triamcinolone in Orabase	T2	
Dermatological Agents - Drugs to Treat Skin Conditions		
Dermatological Agents - Skin Agents		
8-Mop	T5	
Adapalene	T3	
Aldara	T4	
Amevive	T5	PA
Ammonium Lactate◆	T1	
Amnesteem	T3	
Avita	T3	PA
Calcipotriene	T3	
Carac	T4	
Claravis	T3	
Clindamycin/Benzoyl Peroxide	T3	
Dovonex	T4	
Elidel	T4	ST
Erythromycin/Benzoyl Peroxide◆	T1	
Finacea	T3	
Fluorouracil (Cream, Topical Solution)	T3	
Imiquimod	T3	
Laclotion◆	T1	
Oxsoralen	T4	PA

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QL = Quantity limits

ST = Step therapy

[†]For this drug's specific quantity limit see pages 60–78.

◆Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

Drug Name	Drug Tier	Requirements & Limits
Oxsoralen Ultra	T5	PA
Podofilox	T3	
Protopic	T4	ST
Regranex[†]	T5	PA,QL
Retin-A Micro	T4	PA
Santyl	T4	
Selenium Sulfide	T2	
Solaraze	T4	PA
Soriatane	T5	
Sotret	T3	
Stelara	T5	PA
Sulfacetamide Sodium (Suspension)	T3	
Tazorac	T4	PA
Tretinoin (Cream)♦	T1	PA
Tretinoin (Gel)	T3	PA
Tretin-X	T4	PA
Uvadex	T4	
Vectical	T4	
Veltin	T4	PA
Ziana	T4	PA
Zyclara	T3	

Drug Name	Drug Tier	Requirements & Limits
Enzyme Replacements/Modifiers - Drugs to Treat Enzyme Deficiency		
Enzyme Replacements/Modifiers - Enzyme Deficiency Drugs		
Adagen	T5	
Aldurazyme	T5	
Buphenyl	T5	
Carbaglu	T5	
Ceredase	T5	PA
Cerezyme	T5	PA
Creon	T3	
Cystadane	T5	
Cystagon	T4	
Elaprase	T5	
Fabrazyme	T5	
Kuvan	T5	
Lumizyme	T5	
Myozyme	T5	
Naglazyme	T5	
Orfadin	T5	
Sucraid	T5	
Vpriv	T5	PA
Zavesca	T5	
Zenpep	T3	

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Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics, Gastrointestinal - Bowel Treatment Drugs		
Atropine Sulfate	T2	PA
Cuvposa	T4	
Dicyclomine HCl (Capsule, Oral Solution, Tablet)♦	T1	PA
Dicyclomine HCl (Injection)	T3	PA
Glycopyrrolate	T3	
Methscopolamine Bromide	T3	
Propantheline Bromide	T2	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs		
Amitiza †	T3	QL,ST
Constulose♦	T1	
Cromolyn Sodium (Concentrate)	T3	
Diphenoxylate/Atropine♦	T1	PA
Enulose♦	T1	
Gastrocrom	T4	
Gavilyte-C♦	T1	QL
Gavilyte-G♦	T1	QL
Gavilyte-N/Flavor Pack♦	T1	QL
Halflytely Bowel Prep/Flavor Packs †	T3	QL

Drug Name	Drug Tier	Requirements & Limits
Kristalose	T4	
Lactulose♦	T1	
Loperamide HCl♦	T1	
Moviprep	T4	
Nulytely/Flavor Packs †	T3	QL
Osmoprep	T4	
Polyethylene Glycol 3350	T2	
Relistor	T4	PA
Suprep Bowel Prep †	T4	QL
Trilyte♦	T1	QL
Ursodiol (Capsule)	T2	
Ursodiol (Tablet)	T3	
Visicol	T4	
Histamine2 (H2) Blocking Agents - Ulcer and Stomach Acid Drugs		
Cimetidine♦	T1	
Cimetidine HCl (Injection)	T3	
Cimetidine HCl (Oral Solution)	T2	
Famotidine (Injection)	T3	
Famotidine (Oral Suspension, Tablet)♦	T1	
Nizatidine♦	T1	
Ranitidine HCl (Capsule, Syrup, Tablet)♦	T1	
Ranitidine HCl (Injection)	T3	

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ST = Step therapy

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♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

Drug Name	Drug Tier	Requirements & Limits
Zantac (50mg/50ml Injection)	T4	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs		
Lotronex [†]	T5	PA, QL
Protectants - Ulcer and Stomach Acid Drugs		
Carafate (Oral Suspension)	T4	
Misoprostol♦	T1	
Sucralfate♦	T1	
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs		
Dexilant [†]	T4	QL
Lansoprazole [†]	T3	QL
Nexium [†]	T3	QL
Nexium I.V.	T4	
Omeprazole [†] ♦	T1	QL
Pantoprazole Sodium [†] ♦	T1	QL
Protonix (Injection)	T4	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions		
Antispasmodics, Urinary - Bladder Control Drugs		
Enablex [†]	T3	QL
Flavoxate HCl	T3	
Gelnique [†]	T3	QL
Oxybutynin Chloride♦	T1	

Drug Name	Drug Tier	Requirements & Limits
Oxybutynin Chloride ER [†]	T3	QL
Oxytrol [†]	T3	QL
Sanctura XR [†]	T4	QL
Trospium Chloride [†]	T3	QL
Vesicare [†]	T3	QL
Benign Prostatic Hypertrophy Agents - Prostate Enlargement Drugs		
Alfuzosin HCl ER [†]	T2	QL
Avodart [†]	T3	QL
Doxazosin Mesylate♦	T1	
Finasteride (5mg Tablet) [†] ♦	T1	QL
Rapaflo [†]	T3	QL
Tamsulosin HCl [†] ♦	T1	QL
Terazosin HCl♦	T1	
Uroxatral [†]	T3	QL
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs		
Bethanechol Chloride♦	T1	
Elmiron	T4	
Phosphate Binders - Phosphate-Removing Agents		
Calcium Acetate (Capsule)	T3	
Calcium Acetate (Tablet)	T4	
Eliphos	T4	
Fosrenol	T5	

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Drug Name	Drug Tier	Requirements & Limits
Phoslo	T3	
Phoslyra	T4	ST
Renagel	T3	ST
Renvela	T3	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones		
Glucocorticoids/Mineralocorticoids - Anti-Inflammatory Drugs		
A-Hydrocort	T3	
Ala Scalp	T4	
Ala-Cort	T2	
Alclometasone Dipropionate♦	T1	
Amcinonide♦	T1	
A-Methapred	T3	
Augmented Betamethasone Dipropionate (Cream)	T2	
Augmented Betamethasone Dipropionate (Lotion, Ointment)	T3	
Betamethasone Dipropionate♦	T1	
Betamethasone Valerate♦	T1	
Capex	T4	
Clobetasol Propionate (Foam)	T3	

Drug Name	Drug Tier	Requirements & Limits
Clobetasol Propionate (Gel, Lotion, Ointment, Shampoo, Topical Solution)♦	T1	
Clobetasol Propionate E♦	T1	
Clobex	T4	
Cloderm	T4	
Cordran	T4	
Cordran SP	T4	
Cordran Tape	T4	
Cortef	T4	
Cortisone Acetate♦	T1	
Cutivate (Lotion)	T4	
Depo-Medrol (20mg/ml Injection)	T4	
Derma-Smoothe/FS	T4	
Desonate	T4	
Desonide♦	T1	
Desowen	T4	
Desowen/Cetaphil	T4	
Desoximetasone	T3	
Dexamethasone♦	T1	
Dexamethasone Intensol♦	T1	
Dexamethasone Sodium Phosphate (Injection)	T3	
Diflorasone Diacetate♦	T1	
Fludrocortisone Acetate♦	T1	

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ST = Step therapy

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♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

Drug Name	Drug Tier	Requirements & Limits
Fluocinolone Acetonide	T2	
Fluocinolone Acetonide Body	T2	
Fluocinonide♦	T1	
Fluocinonide-E♦	T1	
Fluticasone Propionate♦	T1	
Halobetasol Propionate♦	T1	
Halog	T4	
Hydrocortisone (10mg Tablet, 20mg Tablet, Cream, Lotion, Ointment)♦	T1	
Hydrocortisone (5mg Tablet)	T2	
Hydrocortisone Butyrate♦	T1	
Hydrocortisone Valerate♦	T1	
Kenalog	T4	
Locoid	T4	
Locoid Lipocream	T4	
Lokara	T2	
Luxiq	T4	
Methylprednisolone♦	T1	
Methylprednisolone Acetate	T3	
Methylprednisolone Sodium Succinate	T3	
Millipred	T4	
Mometasone Furoate♦	T1	

Drug Name	Drug Tier	Requirements & Limits
Olux-E	T4	
Pandel	T4	
Prednicarbate	T2	
Prednisolone Sodium Phosphate (Oral Solution)♦	T1	
Prednisone♦	T1	
Prednisone Intensol♦	T1	
Proctocream HC	T2	
Procto-Pak	T2	
Proctosol HC♦	T1	
Proctozone-HC♦	T1	
Solu-Cortef	T4	
Solu-Medrol	T4	
Triamcinolone Acetonide (Cream, Lotion, Ointment)♦	T1	
Triamcinolone Acetonide in Absorbase	T2	
Triderm	T2	
U-Cort	T2	
Vanos	T4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs		
Chorionic Gonadotropin	T3	PA

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Drug Name	Drug Tier	Requirements & Limits
DDAVP (Injection)	T5	ST
Desmopressin Acetate	T3	
Egrifta[†]	T5	PA,QL
Genotropin	T5	PA
Genotropin Miniquick (0.2mg Injection)[†]	T4	PA,QL
Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection)[†]	T5	PA,QL
Humatrope	T5	PA
Increlex	T5	PA
Norditropin	T5	PA
Norditropin Flexpro	T5	PA
Novarel	T3	PA
Nutropin	T5	PA
Nutropin AQ	T5	PA
Omnitrope (10mg/1.5ml Injection)	T4	PA
Omnitrope (5.8mg Injection, 5mg/1.5ml Injection)	T5	PA
Pregnyl w/Diluent Benzyl Alcohol/NaCl	T3	PA
Saizen	T5	PA
Serostim	T5	PA

Drug Name	Drug Tier	Requirements & Limits
Stimate	T4	
Tev-Tropin	T4	PA
Zorbtive	T5	PA
Hormonal Agents, Stimulant/ Replacement/Modifying (Sex Hormones/ Modifiers) - Drugs to Regulate Hormones		
Anabolic Steroids - Hormone Replacement/ Modifying Drugs		
Anadrol-50	T5	PA
Oxandrin[†]	T5	PA,QL
Oxandrolone (10mg Tablet) [†]	T5	PA,QL
Oxandrolone (2.5mg Tablet) [†]	T3	PA,QL
Androgens - Hormone Replacement/ Modifying Drugs		
Androderm	T3	
Androgel	T3	
Androgel Pump	T3	
Androxy	T3	
Danazol	T3	
Testosterone Cypionate	T3	
Testosterone Enanthate	T3	
Estrogens - Hormone Replacement/Modifying Drugs		
Activella	T4	
Alora	T4	
Amethia	T2	

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Drug Name	Drug Tier	Requirements & Limits
Amethyst	T2	
Apri♦	T1	
Aranelle	T2	
Aviane	T2	
Balziva	T2	
Briellyn	T2	
Cenestin	T4	
Cesia	T2	
Climara Pro	T4	
Combipatch	T4	
Cryselle	T2	
Cyclafem 1/35	T2	
Cyclafem 7/7/7	T2	
Cyclessa	T4	
Depo-Estradiol	T4	
Desogen	T4	
Divigel[†]	T4	QL
Emoquette	T2	
Enjuvia	T3	
Enpresse	T2	
Estrace (Cream)	T4	
Estraderm	T3	
Estradiol♦	T1	
Estradiol Valerate	T3	
Estradiol/Norethindrone Acetate	T2	

Drug Name	Drug Tier	Requirements & Limits
Estring[†]	T4	QL
Estropipate♦	T1	
Estrostep Fe	T4	
Femhrt Low Dose	T4	
Femring[†]	T4	QL
Femtrace	T4	
Gianvi	T2	
Introvale	T2	
Jinteli	T2	
Junel♦	T1	
Junel Fe♦	T1	
Kariva♦	T1	
Kelnor	T2	
Leena	T2	
Lessina	T2	
Levora♦	T1	
Lo/Ovral	T4	
Loestrin	T4	
Loestrin Fe	T4	
Loseasonique	T4	
Low-Ogestrel	T2	
Lutera♦	T1	
Menest	T3	
Microgestin♦	T1	
Microgestin Fe♦	T1	

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♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

Drug Name	Drug Tier	Requirements & Limits
MonoNessa♦	T1	
Necon♦	T1	
Nortrel♦	T1	
NuvaRing	T3	
Ocella	T2	
Ogestrel	T2	
Orsythia	T2	
Ortho Evra	T4	
Ortho Tri-Cyclen Lo	T4	
Ortho-Cept	T4	
Ortho-Cyclen	T4	
Ortho-Est	T2	
Ortho-Novum 7/7/7	T4	
Ovcon	T4	
Portia♦	T1	
Prefest	T4	
Premarin (Cream, Tablet)	T3	
Premphase	T3	
Prempro	T3	
Previfem	T2	
Quasense♦	T1	
Reclipsen♦	T1	
Seasonale	T4	
Seasonique	T4	
Solia	T2	

Drug Name	Drug Tier	Requirements & Limits
Sprintec♦	T1	
Sronyx	T2	
Tri-Legest Fe	T2	
TriNessa♦	T1	
Tri-Previfem♦	T1	
Tri-Sprintec♦	T1	
Trivora♦	T1	
Vagifem	T4	
Velivet	T2	
Vestura♦	T1	
Vivelle-Dot	T3	
Yasmin	T4	
Zeosa	T2	
Zovia♦	T1	
Progestins - Hormone Replacement/Modifying Drugs		
Camila	T2	
Crinone	T4	
Depo-Provera (400mg/ml Injection)	T4	
Ella	T4	
Errin	T2	
Jolivette♦	T1	
Medroxyprogesterone Acetate (Injection)	T3	
Medroxyprogesterone Acetate (Tablet)♦	T1	

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Drug Name	Drug Tier	Requirements & Limits
Megace ES	T4	
Megestrol Acetate♦	T1	
Next Choice	T2	
Nora-BE♦	T1	
Norethindrone Acetate♦	T1	
Ortho Micronor	T4	
Prometrium	T4	
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs		
Evista[†]	T3	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs		
Levothroid	T3	
Levothyroxine Sodium♦	T1	
Levoxyl♦	T1	
Liothyronine Sodium (Injection)	T3	
Liothyronine Sodium (Tablet)♦	T1	
Synthroid	T3	
Thyrolar	T3	
Unithroid♦	T1	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones		
Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants		
Lysodren	T3	
Hormonal Agents, Suppressant (Parathyroid) - Drugs to Regulate Hormones		
Hormonal Agents, Suppressant (Parathyroid) - Hormone Suppressants		
Sensipar (30mg Tablet)[†]	T3	QL
Sensipar (60mg Tablet, 90mg Tablet)[†]	T5	QL
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones		
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants		
Cabergoline	T3	
Eligard[†]	T4	QL
Leuprolide Acetate	T3	
Lupron Depot (11.25mg Injection, 3.75mg Injection)[†]	T4	QL
Lupron Depot (22.5mg Injection, 30mg Injection, 45mg Injection, 7.5mg Injection)[†]	T5	QL
Lupron Depot-PED	T5	
Octreotide Acetate (1,000mcg/ml Injection)	T5	PA

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Drug Name	Drug Tier	Requirements & Limits
Octreotide Acetate (100mcg/ml Injection, 50mcg/ml Injection) [†]	T4	PA,QL
Octreotide Acetate (200mcg/ml Injection, 500mcg/ml Injection) [†]	T5	PA,QL
Sandostatin (1,000mcg/ml Injection)	T5	PA
Sandostatin (100mcg/ml Injection, 200mcg/ml Injection, 500mcg/ml Injection, 50mcg/ml Injection)[†]	T5	PA,QL
Sandostatin LAR Depot	T5	PA
Somatuline Depot	T5	PA
Somavert	T5	PA
Synarel	T5	PA
Trelstar Depot	T5	
Trelstar LA	T5	
Trelstar Mixject	T5	
Hormonal Agents, Suppressant (Sex Hormones/Modifiers) - Drugs to Regulate Hormones		
Antiandrogens - Hormone Suppressants		
Bicalutamide♦	T1	
Flutamide	T3	
Nilandron	T4	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones		
Antithyroid Agents - Thyroid Suppressing Drugs		
Methimazole♦	T1	
Propylthiouracil	T2	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System		
Immune Suppressants - Immune System Drugs		
Actemra	T5	PA
Azasan	T4	
Azathioprine♦	T1	
Azathioprine Sodium	T3	
Benlysta	T5	PA
Cellcept (Capsule)	T4	B/D,PA
Cellcept (Oral Suspension, Tablet)	T5	B/D,PA
Cellcept Intravenous	T4	B/D,PA
Cimzia	T5	PA
Cyclosporine	T3	B/D
Cyclosporine Modified	T3	B/D
Enbrel[†]	T5	PA,QL
Gengraf (Capsule)	T3	B/D
Gengraf (Oral Solution)	T4	B/D
Humira[†]	T5	PA,QL
Humira Starter Kit[†]	T5	PA,QL

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♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

Drug Name	Drug Tier	Requirements & Limits
Methotrexate (Tablet)♦	T1	
Methotrexate Sodium (1gm Injection)	T3	
Methotrexate Sodium (25mg/ml Injection)	T3	
Mycophenolate Mofetil	T3	B/D,PA
Myfortic (180mg Delayed Release Tablet)	T4	B/D
Myfortic (360mg Delayed Release Tablet)	T5	B/D
Nulojix	T5	B/D,PA
Orencia [†]	T5	PA,QL
Prograf (Injection)	T4	B/D,PA
Rapamune (0.5mg Tablet)[†]	T4	B/D,QL
Rapamune (1mg Tablet, 2mg Tablet, Oral Solution)	T5	B/D
Remicade	T5	PA
Sandimmune (Capsule, Oral Solution)	T4	B/D
Simponi[†]	T5	PA,QL
Tacrolimus (0.5mg Capsule, 1mg Capsule) [†]	T3	B/D,PA,QL
Tacrolimus (5mg Capsule)	T5	B/D,PA
Trexall	T4	
Zortress (0.25mg Tablet)[†]	T4	B/D,PA,QL
Zortress (0.5mg Tablet, 0.75mg Tablet)	T5	B/D,PA

Drug Name	Drug Tier	Requirements & Limits
Immunizing Agents, Passive - Immune System Drugs		
Atgam	T5	B/D
Carimune Nanofiltered	T5	B/D,PA
Gamastan S/D	T3	PA
Gammagard Liquid	T5	B/D,PA
Gammaplex	T5	B/D,PA
Gamunex	T5	B/D,PA
Hizentra[†]	T5	B/D,PA,QL
Privigen	T5	B/D,PA
Thymoglobulin	T5	B/D
Vivaglobin	T5	B/D,PA
Immunomodulators - Immune System Drugs		
Actimmune	T5	
Arcalyst	T5	PA
Avonex[†]	T5	PA,QL
Betaseron[†]	T5	PA,QL
Copaxone[†]	T5	PA,QL
Gilenya[†]	T5	PA,QL
Ilaris	T5	PA
Infergen	T5	PA
Intron-A (10mu Injection, 10mu Pen Injection, 5mu Pen Injection)	T5	PA
Intron-A (3mu Pen Injection)[†]	T4	PA,QL

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Drug Name	Drug Tier	Requirements & Limits
Intron-A (6mu Pen Injection)	T4	PA
Kineret [†]	T5	PA,QL
Leflunomide♦	T1	
Orthoclone OKT3	T5	B/D
Pegasys	T5	PA
Pegasys Proclick	T5	PA
Peg-Intron	T5	PA
Rebif [†]	T5	PA,QL
Rebif Titration Pack [†]	T5	PA,QL
Ridaura	T4	
Simulect	T5	B/D
Synagis	T5	
Tysabri	T5	PA,LA
Vaccines		
Acthib	T3	
Adacel	T3	
Boostrix	T3	
Cervarix	T4	
Comvax	T3	
Daptacel	T3	
Decavac	T3	
Diphtheria/Tetanus Toxoid Pediatric	T3	
Engerix-B	T3	B/D
Gardasil	T3	

Drug Name	Drug Tier	Requirements & Limits
Havrix	T3	
Imovax Rabies (H.D.C.V.)	T3	B/D
Infanrix	T3	
Ipol Inactivated IPV	T3	
Ixiaro	T3	
Je-Vax	T3	
Menactra	T3	
Menomune-A/C/Y/W-135	T3	
Menveo	T3	
M-M-R II	T3	
Pedvax HIB	T3	
ProQuad	T3	
Rabavert	T3	
Recombivax HB	T3	B/D
RotaTeq	T3	
Tetanus Toxoid Adsorbed	T3	
Tetanus/Diphtheria Toxoids-Adsorbed Adult	T3	
Tripedia	T3	
Twinrix	T3	
Typhim Vi	T3	
Vaqa	T3	
Varivax	T3	
YF-Vax	T3	
Zostavax	T4	

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♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

Drug Name	Drug Tier	Requirements & Limits
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease		
Glucocorticoids - Inflammatory Bowel Disease Drugs		
Budesonide (24-Hour Capsule)	T4	
Colocort	T3	
Cortifoam	T4	
Entocort EC	T4	
Hydrocortisone (Enema)	T3	
Millipred	T4	
Salicylates - Inflammatory Bowel Disease Drugs		
Apriso[†]	T3	QL
Asacol	T3	
Balsalazide Disodium	T3	
Canasa	T3	
Mesalamine	T3	
Pentasa	T4	
Rowasa	T5	
Sulfonamides - Inflammatory Bowel Disease Drugs		
Sulfasalazine♦	T1	
Sulfazine EC♦	T1	

Drug Name	Drug Tier	Requirements & Limits
Metabolic Bone Disease Agents - Drugs to Treat Bone Conditions		
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs		
Actonel[†]	T3	QL
Alendronate Sodium♦	T1	
Aredia (30mg Injection)	T4	B/D,ST
Aredia (90mg Injection)	T5	ST
Atelvia[†]	T3	QL
Boniva (Injection)[†]	T4	B/D,QL
Calcitonin-Salmon (Nasal Spray) [†]	T3	QL
Calcitriol (Capsule, Oral Solution)♦	T1	B/D
Calcitriol (Injection)	T3	B/D
Etidronate Disodium	T3	
Forteo	T4	B/D,PA
Fortical[†]	T3	QL
Fosamax (Oral Solution)[†]	T4	QL,ST
Hectorol	T3	B/D
Miacalcin (Injection)	T4	B/D,PA
Pamidronate Disodium	T3	
Prolia[†]	T4	PA,QL
Reclast	T4	PA
Xgeva[†]	T5	PA,QL
Zemplar	T3	B/D

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Drug Name	Drug Tier	Requirements & Limits
Zometa	T5	
Miscellaneous Therapeutic Agents		
Agrylin	T4	
Alcohol Preps♦	T1	
Anagrelide HCl♦	T1	
Dextrose 10%	T3	
Dextrose 5%	T3	
Firazyr	T5	PA
Gauze Pads♦	T1	
Insulin Syringes, Needles	T2	
Intralipid (20% Injection)	T4	B/D
Intralipid (30% Injection)	T4	B/D
Leucovorin Calcium (Injection)	T3	
Leucovorin Calcium (Tablet)	T2	
Levocarnitine	T3	B/D
Liposyn II	T4	B/D
Liposyn III (10% Injection, 20% Injection)	T4	B/D
Liposyn III (30% Injection)	T4	B/D
Methergine	T3	
Methylergonovine Maleate	T2	
Sterile Water Irrigation	T3	
Xenazine	T5	PA

Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs to Treat Eye Conditions		
Ophthalmic Agents, Other - Miscellaneous Eye Drugs		
AK-Con	T2	
Alcaine	T4	
Lacrisert	T4	
Parcaine	T2	
Proparacaine HCl	T2	
Restasis [†]	T3	QL
Tropicamide	T2	
Ophthalmic Anti-Allergy Agents - Allergy, Infection and Inflammation Drugs		
Alamast	T4	
Alocril	T4	
Alomide	T4	
Azelastine HCl (Ophthalmic Solution)	T3	
Bepreve [†]	T4	QL
Cromolyn Sodium (Ophthalmic Solution)♦	T1	
Epinastine HCl	T3	
Lastacaft	T3	
Pataday	T3	
Patanol	T3	
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs		
Acetazolamide♦	T1	

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Drug Name	Drug Tier	Requirements & Limits
Acetazolamide ER♦	T1	
Alphagan P (0.1% Ophthalmic Solution)	T3	
Apraclonidine	T3	
Azopt	T3	
Betaxolol HCl (Ophthalmic Solution)	T2	
Betimol	T4	
Betoptic-S	T4	
Brimonidine Tartrate (0.2% Ophthalmic Solution)♦	T1	
Carteolol HCl♦	T1	
Combigan	T3	
Dorzolamide HCl†♦	T1	QL
Dorzolamide HCl/ Timolol Maleate†	T3	QL
Iopidine (1% Ophthalmic Solution)	T4	
Istalol	T4	
Levobunolol HCl♦	T1	
Methazolamide♦	T1	
Metipranolol	T2	
Optipranolol	T4	
Phospholine Iodide	T3	
Pilopine HS	T3	
Timolol Maleate♦	T1	

Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs		
Alrex	T3	
Blephamide	T3	
Blephamide S.O.P.	T3	
Bromday	T4	
Bromfenac	T3	
Cortisporin	T4	
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	T2	
Diclofenac Sodium♦	T1	
Durezol	T3	
Flarex	T3	
Fluorometholone♦	T1	
Flurbiprofen Sodium♦	T1	
FML	T3	
FML Forte	T3	
Ketorolac Tromethamine (Ophthalmic Solution)	T2	
Lotemax	T3	
Neomycin/Polymyxin/ Bacitracin/ Hydrocortisone♦	T1	
Neomycin/Polymyxin/ Dexamethasone♦	T1	
Neomycin/Polymyxin/ Hydrocortisone (Ophthalmic Suspension)♦	T1	

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Drug Name	Drug Tier	Requirements & Limits
Nevanac	T3	
Poly-Dex	T2	
Poly-Pred	T4	
Pred Mild	T3	
Pred-G	T3	
Pred-G S.O.P.	T3	
Prednisolone Acetate♦	T1	
Prednisolone Sodium Phosphate (Ophthalmic Solution)	T2	
Sulfacetamide Sodium/ Prednisolone Sodium Phosphate	T2	
Tobradex (Ophthalmic Ointment)	T3	
Tobradex (Ophthalmic Suspension)	T4	
Tobramycin/ Dexamethasone	T3	
Vexol	T4	
Zylet	T3	
Ophthalmic Prostaglandin and Prostanoid Analogs - Glaucoma Drugs		
Latanoprost†	T2	QL
Lumigan†	T3	QL
Travatan Z†	T3	QL
Otic Agents - Drugs to Treat Ear Conditions		
Otic Agents - Ear Drugs		
Acetasol HC	T3	

Drug Name	Drug Tier	Requirements & Limits
Acetic Acid♦	T1	
Cipro HC	T4	
Ciprodex	T3	
Coly-Mycin S	T4	
Cortisporin	T4	
Cortisporin-TC	T4	
Cortomycin	T2	
Dermotic	T3	
Fluocinolone Acetonide	T2	
Hydrocortisone/Acetic Acid	T3	
Neomycin/Polymyxin/ Hydrocortisone (Solution, Suspension)♦	T1	
Respiratory Tract Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions		
Antihistamines - Allergy Drugs		
Astepro†	T3	QL
Azelastine HCl (Nasal Spray)†	T3	QL
Carbinoxamine Maleate♦	T1	
Cetirizine HCl†	T2	QL
Clemastine Fumarate♦	T1	
Hydroxyzine HCl (Injection)	T2	
Hydroxyzine HCl (Syrup, Tablet)♦	T1	
Patanase†	T3	QL

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Drug Name	Drug Tier	Requirements & Limits
Phenadoz	T3	
Promethazine HCl	T3	
Promethegan	T3	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs		
Advair Diskus[†]	T2	QL
Advair HFA[†]	T2	QL
Asmanex[†]	T4	QL
Budesonide (Nebulizer Suspension)	T3	B/D
Dulera[†]	T4	QL
Flovent Diskus[†]	T2	QL
Flovent HFA[†]	T2	QL
Flunisolide♦	T1	
Fluticasone Propionate♦	T1	
Nasonex[†]	T3	QL
Omnaris[†]	T4	QL
Pulmicort (Nebulizer Suspension)	T4	B/D
Pulmicort Flexhaler[†]	T2	QL
QVAR[†]	T2	QL
Symbicort[†]	T2	QL
Triamcinolone Acetonide (Inhaler) [†]	T3	QL
Antileukotrienes - Asthma/Lung Drugs		
Singulair[†]	T3	QL
Zafirlukast [†]	T2	QL

Drug Name	Drug Tier	Requirements & Limits
Bronchodilators, Anticholinergic - Asthma/Lung Drugs		
Atrovent HFA[†]	T4	QL
Combivent[†]	T2	QL
Ipratropium Bromide (Nasal Spray)♦	T1	
Ipratropium Bromide (Nebulizer Solution)♦	T1	B/D
Ipratropium Bromide/Albuterol Sulfate (Nebulizer Solution)♦	T1	B/D
Spiriva Handihaler[†]	T2	QL
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines) - Asthma/Lung Drugs		
Aminophylline (Injection)	T3	
Aminophylline (Tablet)	T2	
Elixophyllin	T3	
Theo-24	T3	
Theochron	T2	
Theophylline ER♦	T1	
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs		
Albuterol Sulfate (Nebulizer Solution)♦	T1	B/D
Albuterol Sulfate (Syrup, Tablet)♦	T1	
Albuterol Sulfate ER♦	T1	
Brovana	T4	B/D
Epinephrine HCl	T3	
Epipen[†]	T3	QL

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Drug Name	Drug Tier	Requirements & Limits
Foradil Aerolizer[†]	T3	QL,ST
Levalbuterol (Nebulizer Solution)	T4	B/D,ST
Metaproterenol Sulfate	T2	
Perforomist	T4	B/D
Proair HFA	T2	
Serevent Diskus[†]	T3	QL,ST
Terbutaline Sulfate (Injection)	T3	
Terbutaline Sulfate (Tablet)♦	T1	
Twinject[†]	T4	QL
Mast Cell Stabilizers - Asthma/Lung Drugs		
Cromolyn Sodium (Nebulizer Solution)	T3	B/D
Pulmonary Antihypertensives - Asthma/Lung Drugs		
Adcirca[†]	T5	PA,QL
Letairis[†]	T5	QL
Remodulin	T5	B/D,PA
Revatio (Injection)	T5	PA
Revatio (Tablet)[†]	T5	PA,QL
Tracleer[†]	T5	QL,LA
Ventavis	T5	B/D,PA
Respiratory Tract Agents, Other - Asthma/Lung Drugs		
Acetylcysteine	T2	B/D
Aralast NP	T5	PA

Drug Name	Drug Tier	Requirements & Limits
Glassia	T5	PA
Prolastin	T5	PA
Prolastin-C	T5	PA
Pulmozyme	T5	B/D
Tyzine	T3	
Xolair	T5	PA
Zemaira	T5	PA
Sedatives/Hypnotics - Drugs for Sedation and Sleep		
Sedatives/Hypnotics - Sedation and Sleep Drugs		
Lunesta[†]	T3	QL
Rozerem[†]	T4	QL
Zaleplon♦	T1	QL
Zolpidem Tartrate (10mg Tablet)♦	T1	
Zolpidem Tartrate (5mg Tablet) [†] ♦	T1	QL
Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions		
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs		
Carisoprodol (350mg Tablet) [†]	T3	QL
Chlorzoxazone [†]	T3	QL
Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet) [†]	T3	QL
Metaxalone [†]	T3	QL

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Drug Name	Drug Tier	Requirements & Limits
Methocarbamol [†]	T3	QL
Orphenadrine Citrate ER [†]	T3	QL
Orphenadrine/Aspirin/Caffeine [†]	T3	QL
Therapeutic Nutrients/Minerals/ Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies		
Electrolytes/Minerals - Electrolytes and Minerals		
Aminosyn	T4	B/D
Aminosyn 8.5%/ Electrolytes	T3	B/D
Aminosyn II	T4	B/D
Aminosyn II 3.5%/ Dextrose 25%	T4	B/D
Aminosyn II 3.5%/ Dextrose 5%	T4	B/D
Aminosyn II 4.25%/ Dextrose 10%	T4	B/D
Aminosyn II 4.25%/ Dextrose 20%	T4	B/D
Aminosyn II 4.25%/ Dextrose 25%	T4	B/D
Aminosyn II 5%/ Dextrose 25%	T4	B/D
Aminosyn II 8.5%/ Electrolytes	T3	B/D
Aminosyn II M 3.5%/ Dextrose 5%	T4	B/D
Aminosyn M	T4	B/D
Aminosyn-HBC	T4	B/D
Aminosyn-HF	T3	B/D

Drug Name	Drug Tier	Requirements & Limits
Aminosyn-PF	T4	B/D
Ammonium Chloride	T4	
Clinimix E 2.75%/ Dextrose 10%	T4	B/D
Clinimix E 2.75%/ Dextrose 5%	T4	B/D
Clinimix E 4.25%/ Dextrose 25%	T4	B/D
Clinimix E 4.25%/ Dextrose 5%	T4	B/D
Clinimix E 5%/ Dextrose 15%	T4	B/D
Clinimix E 5%/ Dextrose 20%	T4	B/D
Clinimix E 5%/ Dextrose 25%	T4	B/D
Clinimix/Dextrose (2.75%/D5W Injection, 4.25%/D5W Injection, 5%/D15W Injection, 5%/D20W Injection, 5%/D25W Injection)	T4	B/D
Clinimix/Dextrose (4.25%/D10W Injection, 4.25%/D20W Injection, 4.25%/D25W Injection)	T4	B/D
Clinisol SF 15%	T3	B/D
Dextrose 10%/NaCl 0.2%	T3	
Dextrose 10%/NaCl 0.45%	T3	
Dextrose 2.5%/NaCl 0.45%	T3	
Dextrose 5%/ Electrolyte #48	T4	

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Drug Name	Drug Tier	Requirements & Limits
Dextrose 5%/KCl 0.075%	T3	
Dextrose 5%/NaCl 0.2%	T3	
Dextrose 5%/NaCl 0.225%	T3	
Dextrose 5%/NaCl 0.33%	T3	
Dextrose 5%/NaCl 0.45%	T3	
Dextrose 5%/NaCl 0.9%	T3	
ED K+10	T2	
Freamine III (3% Injection)	T4	B/D
Freamine III (8.5% Injection)	T4	B/D
Hepatamine	T3	B/D
Hepatasol	T4	B/D
Ionosol-B/Dextrose 5%	T4	
Ionosol-MB/Dextrose 5%	T4	
Ionosol-T/Dextrose 5%	T4	
Isolyte-H/Dextrose 5%	T4	
Isolyte-M/Dextrose 5%	T3	
Isolyte-P/Dextrose 5%	T4	
Isolyte-S	T4	
Isolyte-S/Dextrose 5%	T4	

Drug Name	Drug Tier	Requirements & Limits
KCl (0.4meq/1ml Injection, 10meq/100ml Injection, 2meq/1ml Injection, 30meq/100ml Injection)	T3	
KCl (10meq/50ml Injection)	T3	
KCl 0.075%/D5W/NaCl 0.225%	T3	
KCl 0.075%/D5W/NaCl 0.45%	T3	
KCl 0.15%/D10W/NaCl 0.2%	T3	
KCl 0.15%/D5W	T3	
KCl 0.15%/D5W/LR	T3	
KCl 0.15%/D5W/NaCl 0.2%	T3	
KCl 0.15%/D5W/NaCl 0.225%	T3	
KCl 0.15%/D5W/NaCl 0.33%	T3	
KCl 0.15%/D5W/NaCl 0.45% Viaflex	T3	
KCl 0.15%/D5W/NaCl 0.9%	T3	
KCl 0.15%/NaCl 0.45% Viaflex	T3	
KCl 0.15%/NaCl 0.9%	T3	
KCl 0.22%/D5W/NaCl 0.45%	T3	
KCl 0.224%/D5W	T3	
KCl 0.224%/D5W/NaCl 0.33%	T3	
KCl 0.3%/D5W	T3	

Bold type = Brand-name drug

PA = Prior authorization

B/D = Medicare Part B or Part D

LA = Limited access drug

QL = Quantity limits

ST = Step therapy

†For this drug's specific quantity limit see pages 60–78.

♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

Drug Name	Drug Tier	Requirements & Limits
KCl 0.3%/D5W/LR IV LAC Ring	T3	
KCl 0.3%/D5W/NaCl 0.2%	T3	
KCl 0.3%/D5W/NaCl 0.45%	T3	
KCl 0.3%/D5W/NaCl 0.9%	T3	
KCl 0.3%/NaCl 0.9%	T3	
Klor-Con 10 ♦	T1	
Klor-Con 8 ♦	T1	
Klor-Con M15 ♦	T1	
Klor-Con M20 ♦	T1	
Lactated Ringer's	T3	
Lactated Ringer's Irrigation	T3	
Magnesium Sulfate (40mg/ml Injection, 80mg/ml Injection)	T3	
Magnesium Sulfate (50% Injection)	T2	
Magnesium Sulfate in D5W	T3	
Nephramine	T4	B/D
Normosol-M in D5W	T3	
Normosol-R	T4	
Normosol-R in D5W	T3	
Physiolyte	T4	
Physiosol Irrigation	T4	
Plasma-Lyte	T4	
Plasma-Lyte/D5W	T4	

Drug Name	Drug Tier	Requirements & Limits
Plasma-Lyte-R	T3	
Potassium Chloride ER♦	T1	
Potassium Citrate ER	T3	
Premasol (10% Injection)	T4	B/D
Premasol (6% Injection)	T4	B/D
Procalamine	T4	B/D
Prosol	T4	B/D
Ringer's Injection	T3	
Ringer's Irrigation	T3	
Sodium Bicarbonate	T2	
Sodium Chloride♦	T1	
Sodium Chloride 0.45% Viaflex♦	T1	
Sodium Chloride 0.9%♦	T1	
Sodium Fluoride (Tablet)	T2	
Sodium Lactate	T3	
Tis-U-Sol	T3	
TPN Electrolytes	T3	
Travasol	T4	B/D
Trophamine	T4	B/D
Therapeutic Nutrients/Minerals/Electrolytes - Electrolytes, Minerals and Nutrients		
Fusilev	T5	
Vitamins		
Prenatal Vitamins	T2	

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†For this drug's specific quantity limit see pages 60–78.

♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

Drugs with a quantity limit

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

Drugs are listed in alphabetical order by name in the chart below. Some drugs come in many strengths and each strength may have a different quantity limit. If quantity limits vary by strength, the different strengths are listed on separate lines. For more information about quantity limits, talk to your doctor or pharmacist. You can also call Customer Service at **1-877-624-8787**, TTY **711**, 10/15-3/1: 8:00 am to 8:00 pm local zone, 7 days a week; 3/2-10/14: 8:00 am to 8:00 pm local time, Monday - Friday.

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

Bold type = Brand-name drug

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

Bold type = Brand-name drug

Drug Name	Quantity Limit
Astepro	Maximum of 2 bottles per 31 days
Atelvia	Maximum of 4 tablets per 28 days
Atorvastatin Calcium	Maximum of 1 tablet per day
Atrovent HFA	Maximum of 2 inhalers per 31 days
Avandamet (2-1,000mg Tablet, 4-1,000mg Tablet, 4-500mg Tablet)	Maximum of 2 tablets per day
Avandamet (2-500mg Tablet)	Maximum of 4 tablets per day
Avandaryl	Maximum of 1 tablet per day
Avandia (2mg Tablet)	Maximum of 4 tablets per day
Avandia (4mg Tablet)	Maximum of 2 tablets per day
Avandia (8mg Tablet)	Maximum of 1 tablet per day
Avinza (120mg 24-Hour Capsule)	Maximum of 6 capsules per day
Avinza (30mg 24-Hour Capsule, 45mg 24-Hour Capsule, 60mg 24-Hour Capsule, 75mg 24-Hour Capsule, 90mg 24-Hour Capsule)	Maximum of 4 capsules per day
Avodart	Maximum of 1 capsule per day
Avonex	Maximum of 1 kit per 28 days
Azelastine HCl (Nasal Spray)	Maximum of 2 bottles per 31 days
Azor	Maximum of 1 tablet per day
Banzel (Oral Suspension)	Maximum of 80 ml per day
Banzel (Tablet)	Maximum of 8 tablets per day
Benicar	Maximum of 1 tablet per day
Benicar HCT	Maximum of 1 tablet per day
Bepreve	Maximum of 1 bottle per 30 days
Betaseron	Maximum of 14 vials per 28 days
Boniva (Injection)	Maximum of 1 syringe per 90 days
Brilinta	Maximum of 2 tablets per day
Budeprion SR (100mg 12-Hour Tablet)	Maximum of 4 tablets per day
Budeprion SR (150mg 12-Hour Tablet)	Maximum of 2 tablets per day
Budeprion XL (150mg 24-Hour Tablet)	Maximum of 3 tablets per day

Bold type = Brand-name drug

Drug Name	Quantity Limit
Budeprion XL (300mg 24-Hour Tablet)	Maximum of 1 tablet per day
Buprenorphine HCl (2mg Sublingual Tablet)	Maximum of 16 tablets per prescription
Buprenorphine HCl (8mg Sublingual Tablet)	Maximum of 8 tablets per prescription
Buproban	Maximum of 2 tablets per day
Bupropion HCl (100mg Tablet)	Maximum of 4 tablets per day
Bupropion HCl (75mg Tablet)	Maximum of 3 tablets per day
Bupropion HCl SR (100mg 12-Hour Tablet)	Maximum of 4 tablets per day
Bupropion HCl SR (150mg 12-Hour Tablet, 200mg 12-Hour Tablet)	Maximum of 2 tablets per day
Butalbital/Acetaminophen/Caffeine/Codeine	Maximum of 6 capsules per day
Butorphanol Tartrate (Nasal Spray)	Maximum of 2 bottles per prescription
Byetta	Maximum of 1 pen per 30 days
Bystolic (10mg Tablet, 5mg Tablet)	Maximum of 3 tablets per day
Bystolic (2.5mg Tablet)	Maximum of 1 tablet per day
Bystolic (20mg Tablet)	Maximum of 2 tablets per day
Calcitonin-Salmon (Nasal Spray)	Maximum of 1 bottle per 31 days
Carisoprodol (350mg Tablet)	Maximum of 4 tablets per day
Catapres-TTS (0.1mg/24hr Weekly Patch)	Maximum of 1 patch per 7 days
Catapres-TTS (0.2mg/24hr Weekly Patch, 0.3mg/24hr Weekly Patch)	Maximum of 2 patches per 7 days
Celebrex	Maximum of 2 capsules per day
Cesamet	Maximum of 20 capsules per prescription or 3 days supply
Cetirizine HCl	Maximum of 10 ml per day
Chantix (0.5mg Tablet, 1mg Tablet)	Maximum of 2 tablets per day
Chantix Pak	Maximum of 1 packet per prescription
Chlorzoxazone	Maximum of 6 tablets per day
Clonidine HCl (0.1mg/24hr Weekly Patch)	Maximum of 1 patch per 7 days

Bold type = Brand-name drug

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

Bold type = Brand-name drug

Drug Name	Quantity Limit
Dorzolamide HCl	Maximum of 10 ml per 31 days
Dorzolamide HCl/Timolol Maleate	Maximum of 10 ml per 31 days
Dronabinol (10mg Capsule)	Maximum of 2 capsules per day
Dronabinol (2.5mg Capsule, 5mg Capsule)	Maximum of 6 capsules per day
Duetact	Maximum of 1 tablet per day
Dulera	Maximum of 1 inhaler per 30 days
Effient	Maximum of 1 tablet per day
Egrifta	Maximum of 60 vials per 30 days
Eligard (22.5mg Injection)	Maximum of 1 kit per 84 days
Eligard (30mg Injection)	Maximum of 1 kit per 112 days
Eligard (45mg Injection)	Maximum of 1 kit per 168 days
Eligard (7.5mg Injection)	Maximum of 1 kit per 28 days
Emend (125mg Capsule)	Maximum of 2 capsules per prescription
Emend (40mg Capsule)	Maximum of 1 capsule per prescription
Emend (80mg Capsule)	Maximum of 4 capsules per prescription
Emend Pak	Maximum of 6 capsules per prescription
Emsam	Maximum of 1 patch per day
Enablex	Maximum of 1 tablet per day
Enbrel	Maximum of 8 syringes per 28 days
Endocet (10-325mg Tablet, 5-325mg Tablet, 7.5-325mg Tablet)	Maximum of 12 tablets per day
Endocet (10-650mg Tablet)	Maximum of 6 tablets per day
Endocet (7.5-500mg Tablet)	Maximum of 8 tablets per day
Endodan	Maximum of 12 tablets per day
Enoxaparin Sodium	Maximum of 2 syringes per day
Epipen	Maximum of 2 syringes per prescription
Epogen (10,000units/ml Injection, 20,000units/ml Injection)	Maximum of 12 ml per 28 days
Epogen (2,000units/ml Injection)	Maximum of 15 ml per 31 days

Bold type = Brand-name drug

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

Bold type = Brand-name drug

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

Bold type = Brand-name drug

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

Bold type = Brand-name drug

Drug Name	Quantity Limit
Hydrocodone/Acetaminophen (10-650mg Tablet, 10-660mg Tablet, 7.5-650mg Tablet)	Maximum of 6 tablets per day
Hydrocodone/Acetaminophen (10-750mg Tablet, 7.5-750mg Tablet)	Maximum of 5 tablets per day
Hydrocodone/Acetaminophen (7.5-325mg/15ml Oral Solution)	Maximum of 185 ml per day
Hydrocodone/Acetaminophen (7.5-500mg/15ml Oral Solution)	Maximum of 120 ml per day
Hydrocodone/Ibuprofen	Maximum of 5 tablets per day
Incivek	Maximum of 6 tablets per day
Intron-A (3mu Pen Injection)	Maximum of 4 syringes per 28 days
Invega Sustenna	Maximum of 1 syringe per 28 days
Itraconazole	Maximum of 130 capsules per 31 days
Jakafi	Maximum of 2 tablets per day
Janumet	Maximum of 2 tablets per day
Januvia	Maximum of 1 tablet per day
Kadian (100mg 24-Hour Capsule, 200mg 24-Hour Capsule)	Maximum of 6 capsules per day
Kadian (10mg 24-Hour Capsule, 20mg 24-Hour Capsule, 30mg 24-Hour Capsule, 50mg 24-Hour Capsule, 60mg 24-Hour Capsule, 80mg 24-Hour Capsule)	Maximum of 4 capsules per day
Ketorolac Tromethamine (15mg/ml Injection)	Maximum of 40 ml per 31 days
Ketorolac Tromethamine (30mg/ml Injection)	Maximum of 20 ml per 31 days
Ketorolac Tromethamine (Tablet)	Maximum of 4 tablets per day up to 5 days
Kineret	Maximum of 1 syringe per day
Kombiglyze XR (2.5-100mg 24-Hour Tablet)	Maximum of 2 tablets per day
Kombiglyze XR (5-1,000mg 24-Hour Tablet, 5-500mg 24-Hour Tablet)	Maximum of 1 tablet per day
Lamictal ODT (100mg Dispersible Tablet, 200mg Dispersible Tablet)	Maximum of 3 tablets per day
Lamictal ODT (25mg Dispersible Tablet, 50mg Dispersible Tablet)	Maximum of 1 tablet per day

Bold type = Brand-name drug

Drug Name	Quantity Limit
Lansoprazole	Maximum of 2 capsules per day
Latanoprost	Maximum of 5 ml per 31 days
Latuda	Maximum of 1 tablet per day
Letairis	Maximum of 1 tablet per day
Levetiracetam ER (500mg 24-Hour Tablet)	Maximum of 6 tablets per day
Levetiracetam ER (750mg 24-Hour Tablet)	Maximum of 4 tablets per day
Lexapro (Oral Solution)	Maximum of 40 ml per day
Lexapro (Tablet)	Maximum of 2 tablets per day
Lidoderm	Maximum of 3 patches per day
Lipitor	Maximum of 1 tablet per day
Livalo	Maximum of 1 tablet per day
Lotronex	Maximum of 2 tablets per day
Lovenox (300mg/3ml Injection)	Maximum of 1 vial per day
Lumigan	Maximum of 5 ml per 31 days
Lunesta	Maximum of 1 tablet per day
Lupron Depot (11.25mg Injection, 22.5mg Injection)	Maximum of 1 kit per 84 days
Lupron Depot (3.75mg Injection, 7.5mg Injection)	Maximum of 1 kit per 28 days
Lupron Depot (30mg Injection)	Maximum of 1 kit per 112 days
Lupron Depot (45mg Injection)	Maximum of 1 kit per 168 days
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule)	Maximum of 3 capsules per day
Lyrica (225mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Margesic-H	Maximum of 8 capsules per day
Matzim LA	Maximum of 1 tablet per day
Maxalt	Maximum of 12 tablets per 30 days
Maxalt-MLT	Maximum of 12 tablets per 30 days

Bold type = Brand-name drug

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

Bold type = Brand-name drug

Drug Name	Quantity Limit
Mirtazapine	Maximum of 2 tablets per day
Mirtazapine ODT	Maximum of 2 tablets per day
Morphine Sulfate ER (100mg 12-Hour Tablet, 200mg 12-Hour Tablet)	Maximum of 6 tablets per day
Morphine Sulfate ER (100mg 24-Hour Capsule)	Maximum of 6 capsules per day
Morphine Sulfate ER (15mg 12-Hour Tablet, 30mg 12-Hour Tablet, 60mg 12-Hour Tablet)	Maximum of 4 tablets per day
Morphine Sulfate ER (20mg 24-Hour Capsule, 30mg 24-Hour Capsule, 50mg 24-Hour Capsule, 60mg 24-Hour Capsule, 80mg 24-Hour Capsule)	Maximum of 4 capsules per day
Namenda (Oral Solution)	Maximum of 10 ml per day
Namenda (Tablet)	Maximum of 2 tablets per day
Namenda Titration Pak	Maximum of 1 packet per 28 days
Naratriptan HCl	Maximum of 9 tablets per 30 days
Nasonex	Maximum of 2 bottles per 30 days
Nateglinide (120mg Tablet)	Maximum of 3 tablets per day
Nateglinide (60mg Tablet)	Maximum of 6 tablets per day
Nexium (Delayed Release Capsule)	Maximum of 2 capsules per day
Nexium (Pack)	Maximum of 2 packets per day
Nicotrol Inhaler	Maximum of 18 inhalers per 180 days
Nicotrol NS	Maximum of 720 ml per 180 days
Nisoldipine	Maximum of 1 tablet per day
Nisoldipine ER	Maximum of 1 tablet per day
Nulytely/Flavor Packs	Maximum of 1 bottle per prescription
Octreotide Acetate (100mcg/ml Injection, 200mcg/ml Injection, 50mcg/ml Injection)	Maximum of 4 ml per day
Octreotide Acetate (500mcg/ml Injection)	Maximum of 3 ml per day
Omeprazole	Maximum of 2 capsules per day
Omnaris	Maximum of 1 bottle per 31 days

Bold type = Brand-name drug

Drug Name	Quantity Limit
Ondansetron HCl (24mg Tablet)	Maximum of 3 tablets per prescription or 3 days supply
Ondansetron HCl (4mg Tablet, 8mg Tablet)	Maximum of 30 tablets per prescription
Ondansetron HCl (Oral Solution)	Maximum of 100 ml per prescription or 3 days supply
Ondansetron ODT	Maximum of 30 tablets per prescription
Onglyza	Maximum of 1 tablet per day
Onsolis	Maximum of 4 buccal films per day
Opana ER	Maximum of 4 tablets per day
Oravig	Maximum of 14 days supply per prescription
Orencia	Maximum of 4 vials per 28 days
Orphenadrine Citrate ER	Maximum of 2 tablets per day
Orphenadrine/Aspirin/Caffeine (25-385-30mg Tablet)	Maximum of 8 tablets per day
Orphenadrine/Aspirin/Caffeine (50-770-60mg Tablet)	Maximum of 4 tablets per day
Oxandrin	Maximum of 4 tablets per day
Oxandrolone (10mg Tablet)	Maximum of 2 tablets per day
Oxandrolone (2.5mg Tablet)	Maximum of 4 tablets per day
Oxybutynin Chloride ER (10mg 24-Hour Tablet, 15mg 24-Hour Tablet)	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5mg 24-Hour Tablet)	Maximum of 1 tablet per day
Oxycodone/Acetaminophen (10-325mg Tablet, 2.5-325mg Tablet, 5-325mg Tablet, 7.5-325mg Tablet)	Maximum of 12 tablets per day
Oxycodone/Acetaminophen (10-650mg Tablet)	Maximum of 6 tablets per day
Oxycodone/Acetaminophen (7.5-500mg Tablet)	Maximum of 8 tablets per day
Oxycodone/Acetaminophen (Capsule)	Maximum of 8 capsules per day
Oxycodone/Aspirin	Maximum of 12 tablets per day
Oxycodone/Ibuprofen	Maximum of 4 tablets per day
Oxycontin (10mg 12-Hour Tablet, 15mg 12-Hour Tablet, 20mg 12-Hour Tablet, 30mg 12-Hour Tablet, 40mg 12-Hour Tablet, 60mg 12-Hour Tablet)	Maximum of 4 tablets per day

Bold type = Brand-name drug

Drug Name	Quantity Limit
Oxycontin (80mg 12-Hour Tablet)	Maximum of 6 tablets per day
Oxymorphone HCl	Maximum of 6 tablets per day
Oxymorphone HCl ER	Maximum of 4 tablets per day
Oxytrol	Maximum of 2 patches per 7 days
Pantoprazole Sodium	Maximum of 2 tablets per day
Paroxetine HCl ER (12.5mg 24-Hour Tablet)	Maximum of 6 tablets per day
Paroxetine HCl ER (25mg 24-Hour Tablet)	Maximum of 3 tablets per day
Paroxetine HCl ER (37.5mg 24-Hour Tablet)	Maximum of 2 tablets per day
Patanase	Maximum of 1 bottle per 31 days
Plavix (300mg Tablet)	Maximum of 3 tablets per prescription
Plavix (75mg Tablet)	Maximum of 1 tablet per day
Pradaxa	Maximum of 2 capsules per day
Prandimet	Maximum of 5 tablets per day
Prandin (0.5mg Tablet)	Maximum of 32 tablets per day
Prandin (1mg Tablet)	Maximum of 16 tablets per day
Prandin (2mg Tablet)	Maximum of 8 tablets per day
Prezista (150mg Tablet)	Maximum of 6 tablets per day
Prezista (400mg Tablet, 600mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
Pristiq	Maximum of 1 tablet per day
Procrit (10,000units/ml Injection, 20,000units/ml Injection)	Maximum of 12 ml per 28 days
Procrit (2,000units/ml Injection)	Maximum of 15 ml per 31 days
Procrit (3,000units/ml Injection, 4,000units/ml Injection)	Maximum of 30 ml per 31 days
Prolia	Maximum of 1 syringe per 180 days
Promacta (12.5mg Tablet)	Maximum of 2 tablets per day
Promacta (25mg Tablet)	Maximum of 3 tablets per day
Promacta (50mg Tablet)	Maximum of 1 tablet per day
Provigil (100mg Tablet)	Maximum of 1 tablet per day

Bold type = Brand-name drug

Drug Name	Quantity Limit
Provigil (200mg Tablet)	Maximum of 2 tablets per day
Pulmicort Flexhaler	Maximum of 2 inhalers per 30 days
QVAR (40mcg/act Aerosol Solution)	Maximum of 2 inhalers per 30 days
QVAR (80mcg/act Aerosol Solution)	Maximum of 3 inhalers per 30 days
Rapaflo	Maximum of 1 capsule per day
Rapamune (0.5mg Tablet)	Maximum of 1 tablet per day
Rebif	Maximum of 12 syringes per 28 days
Rebif Titration Pack	Maximum of 1 pack per prescription
Regranex	Maximum of 2 tubes per 31 days
Relenza Diskhaler	Maximum of 62 blisters per 31 days
Restasis	Maximum of 60 vials per 30 days
Revatio (Tablet)	Maximum of 3 tablets per day
Riomet	Maximum of 25.5 ml per day
Risperdal Consta	Maximum of 2 vials per 28 days
Rivastigmine Tartrate	Maximum of 2 capsules per day
Roxicet (5-325mg Tablet)	Maximum of 12 tablets per day
Roxicet (5-500mg Tablet)	Maximum of 8 tablets per day
Roxicet (Oral Solution)	Maximum of 62 ml per day
Rozerem	Maximum of 1 tablet per day
Sabril (Pack)	Maximum of 6 packets per day
Sabril (Tablet)	Maximum of 6 tablets per day
Samsca (15mg Tablet)	Maximum of 1 tablet per day
Samsca (30mg Tablet)	Maximum of 2 tablets per day
Sanctura XR	Maximum of 1 capsule per day
Sancuso	Maximum of 2 patches per 28 days
Sandostatin (100mcg/ml Injection, 200mcg/ml Injection, 50mcg/ml Injection)	Maximum of 4 ml per day
Sandostatin (500mcg/ml Injection)	Maximum of 3 ml per day
Saphris	Maximum of 2 tablets per day

Bold type = Brand-name drug

Drug Name	Quantity Limit
Savella	Maximum of 2 tablets per day
Savella Titration Pack	Maximum of 1 packet per prescription
Sensipar (30mg Tablet, 60mg Tablet)	Maximum of 2 tablets per day
Sensipar (90mg Tablet)	Maximum of 4 tablets per day
Serevent Diskus	Maximum of 2 blisters per day
Simponi	Maximum of 1 syringe per 28 days
Singulair (Chewable Tablet, Tablet)	Maximum of 1 tablet per day
Singulair (Pack)	Maximum of 1 packet per day
Spiriva Handihaler	Maximum of 1 capsule per day
Sporanox (Capsule)	Maximum of 130 capsules per 31 days
Sporanox (Oral Solution)	Maximum of 40 ml per day
Stagesic	Maximum of 8 capsules per day
Strattera (100mg Capsule, 40mg Capsule, 60mg Capsule, 80mg Capsule)	Maximum of 1 capsule per day
Strattera (10mg Capsule, 18mg Capsule, 25mg Capsule)	Maximum of 2 capsules per day
Suboxone (Film)	Maximum of 3 films per day
Suboxone (Sublingual Tablet)	Maximum of 3 tablets per day
Sumatriptan Succinate (4mg/0.5ml Injection)	Maximum of 8 doses per 31 days
Sumatriptan Succinate (6mg/0.5ml Injection)	Maximum of 8 doses per 30 days
Sumatriptan Succinate (Tablet)	Maximum of 9 tablets per 30 days
Suprep Bowel Prep	Maximum of 2 bottles per prescription
Symbicort	Maximum of 1 inhaler per 30 days
Symlin	Maximum of 4 vials per 31 days
SymlinPen 120	Maximum of 4 pens per 30 days
SymlinPen 60	Maximum of 4 pens per 31 days
Synalgos-DC	Maximum of 12 capsules per day
Tacrolimus (0.5mg Capsule)	Maximum of 2 capsules per day
Tacrolimus (1mg Capsule)	Maximum of 8 capsules per day

Bold type = Brand-name drug

Drug Name	Quantity Limit
Tamiflu (12mg/ml Oral Suspension)	Maximum of 194 ml per 31 days
Tamiflu (30mg Capsule)	Maximum of 62 capsules per 31 days
Tamiflu (45mg Capsule, 75mg Capsule)	Maximum of 31 capsules per 31 days
Tamiflu (6mg/ml Oral Suspension)	Maximum of 388 ml per 31 days
Tamsulosin HCl	Maximum of 2 capsules per day
Tasmar	Maximum of 6 tablets per day
Tekturna	Maximum of 1 tablet per day
Tekturna HCT	Maximum of 1 tablet per day
Ticlopidine HCl	Maximum of 2 tablets per day
Tolazamide (250mg Tablet)	Maximum of 4 tablets per day
Tolazamide (500mg Tablet)	Maximum of 2 tablets per day
Tolbutamide	Maximum of 6 tablets per day
Tracleer	Maximum of 2 tablets per day
Tramadol HCl	Maximum of 8 tablets per day
Tramadol HCl ER	Maximum of 1 tablet per day
Tramadol HCl/Acetaminophen	Maximum of 8 tablets per day
Travatan Z	Maximum of 5 ml per 31 days
Triamcinolone Acetonide (Inhaler)	Maximum of 1 bottle per 30 days
Tribenzor	Maximum of 1 tablet per day
Trilyte	Maximum of 1 bottle per prescription
Trospium Chloride	Maximum of 2 tablets per day
Twinject	Maximum of 2 syringes per prescription
Twynsta	Maximum of 1 tablet per day
Uloric	Maximum of 1 tablet per day
Uroxatral	Maximum of 1 tablet per day
Venlafaxine HCl (100mg Tablet, 25mg Tablet, 37.5mg Tablet, 75mg Tablet)	Maximum of 3 tablets per day
Venlafaxine HCl (50mg Tablet)	Maximum of 7 tablets per day
Venlafaxine HCl ER (150mg 24-Hour Capsule)	Maximum of 2 capsules per day

Bold type = Brand-name drug

Drug Name	Quantity Limit
Venlafaxine HCl ER (150mg 24-Hour Tablet)	Maximum of 2 tablets per day
Venlafaxine HCl ER (225mg 24-Hour Tablet)	Maximum of 1 tablet per day
Venlafaxine HCl ER (37.5mg 24-Hour Capsule, 75mg 24-Hour Capsule)	Maximum of 3 capsules per day
Venlafaxine HCl ER (37.5mg 24-Hour Tablet, 75mg 24-Hour Tablet)	Maximum of 3 tablets per day
Vesicare	Maximum of 1 tablet per day
Victoza	Maximum of 3 pens per 30 days
Victrelis	Maximum of 12 capsules per day
Viibryd	Maximum of 1 tablet per day
Vimovo	Maximum of 2 tablets per day
Vimpat (Injection, Oral Solution)	Maximum of 40 ml per day
Vimpat (Tablet)	Maximum of 2 tablets per day
Vytorin	Maximum of 1 tablet per day
Vyvanse	Maximum of 1 capsule per day
Welchol (Pack)	Maximum of 1 packet per day
Xgeva	Maximum of 1.7 ml per 28 days
Xyrem	Maximum of 3 bottles per 30 days
Zafirlukast	Maximum of 2 tablets per day
Zaleplon (10mg Capsule)	Maximum of 2 capsules per day
Zaleplon (5mg Capsule)	Maximum of 1 capsule per day
Zerlor	Maximum of 5 tablets per day
Zetia	Maximum of 1 tablet per day
Zofran (Oral Solution)	Maximum of 100 ml per prescription or 3 days supply
Zofran (Tablet)	Maximum of 30 tablets per prescription
Zofran ODT	Maximum of 30 tablets per prescription
Zolpidem Tartrate (5mg Tablet)	Maximum of 1 tablet per day
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Bold type = Brand-name drug

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		Crestor.....	36	DDAVP (Injection)	44
		Crinone.....	46	Decavac	50
		Crixivan.....	29	Demeclocycline HCl.....	17
		Cromolyn Sodium (Concentrate)	40	Demser	35
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Depo-Provera (400mg/ml Injection)	46	Diclofenac Potassium.....	10	Divalproex Sodium.....	17
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Desonate.....	42	Dicyclomine HCl (Injection).....	40	Donepezil HCl.....	18
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Dextrose 5%	52	Diltiazem HCl	35	Dronabinol (10mg Capsule).....	20
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Dextrose 5%/NaCl 0.9%	58	Diovan.....	36	Duramorph.....	11
Dextrose 5%/NaCl 0.33%	58	Diovan HCT	36	Durezol	53
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Firmagon (80mg Injection)	24	Fomepizole	19	Ganciclovir (500mg Capsule)	28
Firmagon (120mg Injection).....	24	Fondaparinux Sodium (2.5mg/0.5ml Injection).....	31	Ganciclovir (Injection)	28
Flagyl ER.....	13	Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection)	31	Gardasil.....	50
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I		Invega Sustenna (117mg/0.75ml Injection, 156mg/1ml Injection, 234mg/1.5ml Injection)	Istalol.....	53
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Idamycin PFS.....	24	Invirase (Tablet).....	Itraconazole	21
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Ifosfamide.....	23	Ionosol-MB/Dextrose 5%	Ixiaro	50
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Infanrix.....	50	Isolyte-P/Dextrose 5%.....	Kadian (100mg 24-Hour Capsule, 10mg 24-Hour Capsule, 20mg 24-Hour Capsule, 30mg 24-Hour Capsule, 50mg 24-Hour Capsule, 60mg 24-Hour Capsule, 80mg 24-Hour Capsule).....	11
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Intelence	28	Isoniazid (Syrup, Tablet).....	Kariva	45
Intralipid (20% Injection)	52	Isordil Titrados (40mg Tablet).37	KCl 0.3%/D5W	58
Intralipid (30% Injection)	52	Isosorbide Dinitrate	KCl 0.3%/D5W/LR IV LAC Ring.....	59
Intron-A (3mu Pen Injection)	49	Isosorbide Dinitrate ER.....	KCl 0.3%/D5W/NaCl 0.2%	59
Intron-A (6mu Pen Injection)	50	Isosorbide Mononitrate.....	KCl 0.3%/D5W/NaCl 0.9%	59
Intron-A (10mu Injection, 10mu Pen Injection, 5mu Pen Injection)	49	Isosorbide Mononitrate ER.....	KCl 0.3%/D5W/NaCl 0.45%....	59
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KCl 0.15%/D5W/NaCl 0.225%	58	Kuvan	39	Levetiracetam (Injection)	17
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KCl (10meq/50ml Injection).....	58	Lamictal ODT	18	Levothroid.....	47
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Kelnor.....	45	Lamisil (Pack)	21	Levoxyl.....	47
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Kepivance	38	Lamivudine/Zidovudine	29	Lexiva (Oral Suspension).....	29
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Ketoprofen.....	10	Lansoprazole	41	Lidocaine HCl (Injection)	12
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Lithium Citrate	30	Magnesium Sulfate in D5W	59	Mesnex (Tablet).....	24
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Lovaza.....	36	Megace ES	47	Methotrexate Sodium (1gm Injection)	49
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Methylin ER38	Mirtazapine ODT..... 18	Naloxone HCl (1mg/ml Injection). 20
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Methylphenidate HCl SR.....38	M-M-R II50	Naproxen (250mg Tablet, 275mg Tablet, 375mg Tablet, 550mg Tablet, Oral Suspension) 10
Methylprednisolone 43	Moexipril HCl.....37	Naproxen (500mg Tablet) 10
Methylprednisolone Acetate 43	Moexipril/Hydrochlorothiazide 37	Naproxen DR 10
Methylprednisolone Sodium Succinate..... 43	Mometasone Furoate..... 43	Naratriptan HCl.....22
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