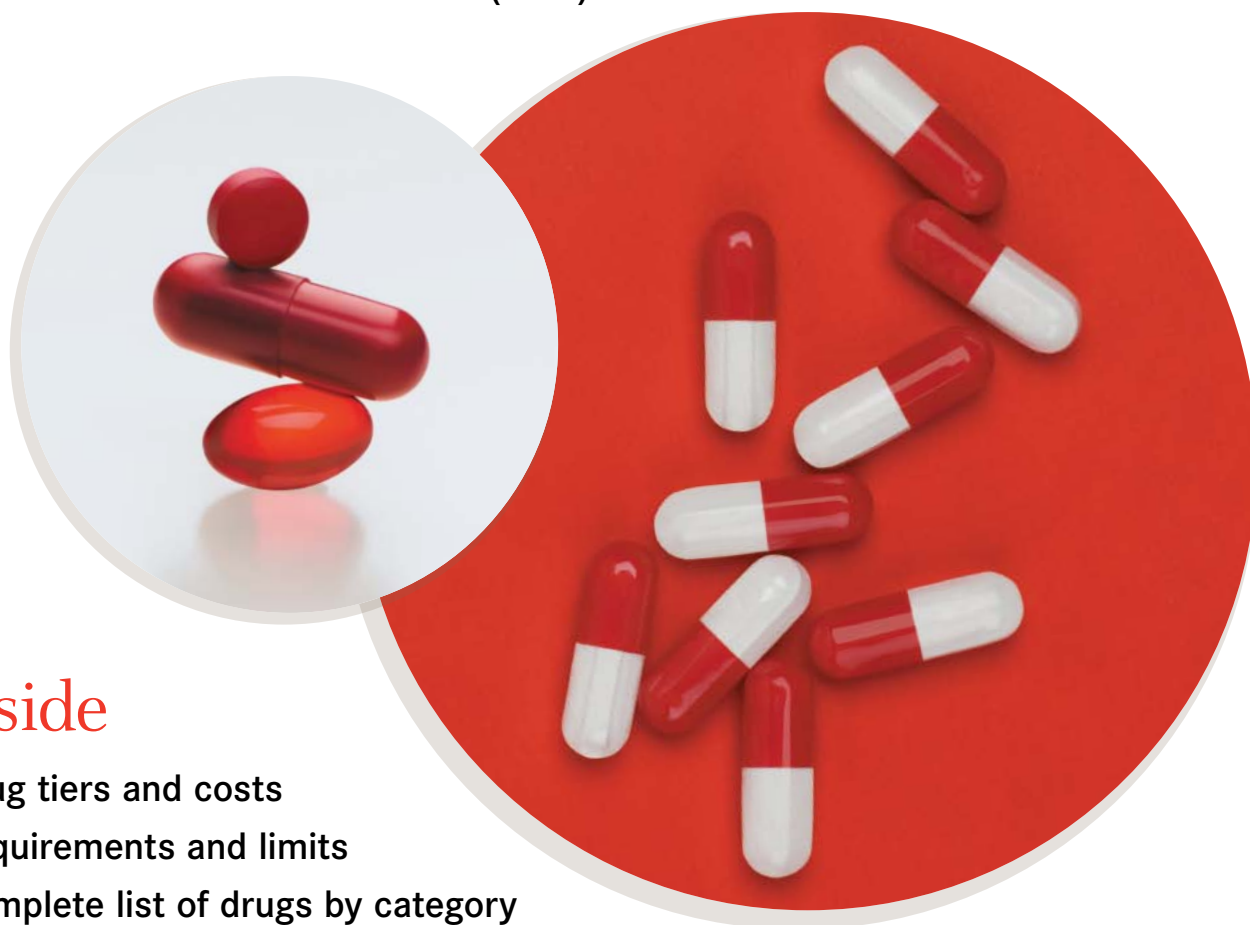


# 2011

# Comprehensive Formulary

(Complete List of Covered Drugs)

**AARP® MedicareRx Preferred (PDP)**



## Inside

- Drug tiers and costs
- Requirements and limits
- Complete list of drugs by category
- Drug index

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

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

# About This Complete Drug List

This is a complete list of prescription drugs that are covered by the plan in 2011, 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.AARPMedicareRx.com](http://www.AARPMedicareRx.com). You can use online tools to look up your drugs. The information is updated on a regular basis.
3. Call UnitedHealthcare® Customer Service at **1-888-867-5575**, TTY **711**, 8 a.m. to 8 p.m. local time, 7 days a week. UnitedHealthcare 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 2011 plan materials you have received. These materials give more detailed information about your drug coverage in the AARP MedicareRx Preferred (PDP) plan, insured through UnitedHealthcare.

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

## Questions?

If you have questions, we're here to help.  
Call UnitedHealthcare Customer Service:



Call **1-888-867-5575**, TTY **711**,  
8 a.m. to 8 p.m. local time,  
7 days a week



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

If you get your coverage through a former employer, union group or trust, please call the Customer Service number on the back of your member ID card.

## Online Tools

Visit [www.AARPMedicareRx.com](http://www.AARPMedicareRx.com) to:

- Look up your drugs and see what you could save with lower-tier drugs
- View your cost and benefits summary
- Track your payment status and claims history
- Find and map network pharmacies
- Print plan forms and materials

This drug list is effective January 1, 2011. It was updated September 2010. Changes may have been made to this list after it was printed. Visit our plan website or call UnitedHealthcare Customer Service for updated information.

# 2011 Complete Drug List

## AARP MedicareRx Preferred (PDP)

The AARP MedicareRx Preferred (PDP) 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 all the drugs covered by a Part D plan. This document is the comprehensive formulary, or complete list of drugs covered by the plan. The drug list is reviewed by UnitedHealthcare together with a team of health care providers who have expertise in the prescription drug needs of people with Medicare.

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 15-16
Asthma/Lung.....	page 41-42
Blood Pressure.....	page 26-29
Cholesterol Control.....	page 28
Osteoporosis.....	page 39
Smoking Cessation.....	page 16
Ulcer and Stomach Acid.....	page 31
Vaccines.....	page 38

## Using the Drug List

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

1. Look for a drug based on your **health condition**.  
For example, if you want to find drugs used to treat high cholesterol, go to the Cardiovascular Drugs category and look under "Cholesterol Control Drugs." For your convenience, we have also included a Quick Guide on this page. It lists some of the most commonly used drug types and where to find them in the list.
2. Look for a drug by name **alphabetically** in the index, which begins on page 45.

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

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

### More information about your drug.

Some drugs have requirements or limits. Please see page 5 for more information on the requirements or limits your drug may have.

If your drug is not in the complete drug list, you should talk with your doctor to see if the complete list includes a different drug choice that may work for you.

# Your Costs

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

- **Your coverage stage.** The AARP MedicareRx Preferred (PDP) plan has different stages of coverage. In each stage, the amount you pay for a drug may change.
- **The drug tier** for your drug. Each covered drug is in one of four drug tiers. Each tier has a different copay or coinsurance amount. The “Drug Tiers and Costs” chart below shows how costs change with each tier.

The Evidence of Coverage (EOC) has more information about the plan’s coverage stages and lists the copays and coinsurance amounts for each tier.

## 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) with their EOC. Please read it to find out what your costs are. You can also contact UnitedHealthcare Customer Service.

# Drug Tiers and Costs

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

# Generic Drugs

The AARP MedicareRx Preferred (PDP) plan covers brand name and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

- To pay less out-of-pocket, talk with your doctor to see if any of the brand-name drugs you take have generic versions. Most generics can be found in Tier 1 of the drug list.
- While generic drugs usually cost less than brand-name drugs, newly available generic drugs can be expensive so they may be in Tier 2 or Tier 3 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.

On the AARP MedicareRx Preferred (PDP) drug list, these drugs are:

- Revlimid
- Tysabri
- Tracleer
- Xyrem

For more information about limited access drugs, call UnitedHealthcare Customer Service at **1-888-867-5575**, TTY **711**, 8 a.m. to 8 p.m. local time, 7 days a week.

# Vaccines

The AARP MedicareRx Preferred (PDP) 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, UnitedHealthcare 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) will likely 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. And you 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 AARP MedicareRx Preferred (PDP) plan. If the administration fee is more than \$20, you pay the extra amount. Any administration fee will be included as part of your True Out-of-Pocket costs.</p>
<p>At your doctor’s office.</p> <ol style="list-style-type: none"> <li>1. Your doctor writes a prescription. You pick it up at a pharmacy and bring it back to the doctor.</li> </ol> <p style="text-align: center;"><b>or</b></p> <ol style="list-style-type: none"> <li>2. Your doctor writes a prescription and administers it.</li> </ol> <p style="text-align: center;"><b>or</b></p> <ol style="list-style-type: none"> <li>3. Your doctor orders the vaccine from a specialty pharmacy. It is shipped to the doctor’s office.</li> </ol>	<p>The copay or coinsurance amount for the vaccine, <b>plus</b> an administration fee that may be higher than at a retail pharmacy.</p> <p>You may have to submit a reimbursement form to your AARP MedicareRx Preferred (PDP) 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 True Out-of-Pocket costs.</p>

To make sure a recommended vaccine is covered or to request a reimbursement form, call UnitedHealthcare Customer Service at **1-888-867-5575**, TTY **711**, 8 a.m. to 8 p.m. local time, 7 days a week. Or visit [www.AARPMedicareRx.com](http://www.AARPMedicareRx.com) to download a reimbursement form.

# 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 8 to see if your drug has any requirements or limits. If it does, there will be a two-letter code(s) in the “Requirements and Limits” column. The codes and what they mean are shown below. You can get more information about any requirements or limits for your drug at [www.AARPMedicareRx.com](http://www.AARPMedicareRx.com).

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**

Before it will cover this drug, the plan needs more information from your doctor to make sure the drug is being used correctly for a health condition covered by Medicare. You may be required to try a different drug before the plan will cover this 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 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 62-74 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.

## Types of exceptions.

There are different types of exceptions you can ask for. You may:

- Ask for an exception to requirements or limits on your drug, such as prior authorization, step therapy and quantity limits.
- Ask for more coverage for your drug (a tiering exception). For example, if your drug is in Tier 3, you can ask the plan to cover it at the Tier 2 level, which has a lower copay. Tiering exceptions are not available for Tier 4 drugs.
- Ask to have your drug covered even if it's not on the drug list (a formulary exception). If the exception is approved, you would pay the Tier 3 copay for it. Please note: If the plan approves your request to cover a drug that is not on the drug list, you cannot ask the plan for a higher level of coverage for the drug (a tiering exception). A tiering exception cannot be made for drugs that are not covered under Medicare Part D.

Generally, the plan will approve an exception only if other, lower-tier drugs on the plan's drug list would not effectively treat your condition or would cause adverse side effects.

## Asking for a coverage decision.

You (or your authorized representative) and your doctor can ask for a coverage decision by calling UnitedHealthcare Customer Service at **1-866-729-6927**, TTY **711**, 8 a.m. to 8 p.m. local time, 7 days a week.

**When you and your doctor ask for an exception to a coverage rule, the plan will need a statement from your prescriber or doctor explaining the medical reason why you need the exception approved. The plan will then consider 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 doctor'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. If the plan agrees to a fast decision, you will receive a decision within 24 hours after the plan receives your prescriber's or doctor's statement.

## Drug List Changes

The AARP MedicareRx Preferred (PDP) 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 limitations or restrictions 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, 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. In some cases, you could get a one-time refill of up to a 60-day supply of the drug.

Generally, if you are taking a drug on the 2011 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 2011 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 by the FDA.

Other types of drug list changes made during the plan year, such as adding a prior authorization to a drug, will not affect members who are currently taking the drug. It will remain available without prior authorization requirements for members taking it for the remainder of the coverage year.

If there are changes to the drug list outside of regular or necessary updates, members may see information in the Explanation of Benefits statement, member newsletters or special mailings. The plan website also has up-to-date information.

## Transition Process

### **New members.**

If you are a new member of the AARP MedicareRx Preferred (PDP) plan, you may be taking drugs that are not on the drug list. Or you may be taking a drug that is on the drug list but a requirement or limit may apply. You can talk to your doctor to decide if you can try an alternative drug that the plan covers. You can also request a coverage decision to see if the plan will cover the drug you take.

While you talk to your doctor to determine what choice is right for you, the plan may cover your drug in certain cases during the first 90 days you are a new member of the plan. For each of your drugs that is not on the drug list, or if your ability to get your drugs is limited, the plan will cover a one-time temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy.

### **Continuing members.**

If you are a continuing member in the plan, you may notice that a medication you currently take is either not on the 2011 drug list or its cost-sharing or coverage is limited in the upcoming year. When this happens, you may submit an exception request.

- For coverage decision and exception requests received and approved by December 15, 2010, the plan will cover the drug as of January 1, 2011.
- For coverage requests started on or after December 16, 2010, normal time frames apply: You will receive an answer within 24 hours for urgent requests and 72 hours for all other requests.
- If your request is still in process on January 1, 2011, you may receive a temporary supply of the drug for your current plan cost-sharing until the plan answers your request.

### **Long-term care facility residents.**

If you are a resident of a long-term care facility, the plan will cover a temporary (transition) 31-day supply (unless you have a prescription written for fewer days). The plan will also cover one or more refills of these drugs for the first 90 days you are a member of the plan. If you need a drug that is not on the drug list or if your ability to get your drugs is limited but you are past the first 90 days of membership in a given plan, the plan will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you try to get 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 that you are enrolled as a member in the plan. 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.

# Covered Drugs By Category

Drug Name	Drug Tier	Requirements & Limits
<b>Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions</b>		
<b>▶ Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs</b>		
<b>Arthrotec</b>	3	
<b>Celebrex<sup>†</sup></b>	2	QL
Diclofenac Potassium	1	
Diclofenac Sodium	1	
Diclofenac Sodium EC	1	
Diclofenac Sodium XR	1	
Diflunisal	1	
Etodolac	1	
Etodolac ER	1	
Fenoprofen Calcium	1	
Flurbiprofen	1	
Ibuprofen	1	
Indomethacin	1	
Indomethacin ER	2	
Ketoprofen	1	
Ketoprofen ER	2	
Ketorolac Tromethamine (Injection) <sup>†</sup>	2	QL
Ketorolac Tromethamine (Tablet) <sup>†</sup>	1	QL
Meclofenamate Sodium	1	
Meloxicam (Oral Suspension)	2	
Meloxicam (Tablet)	1	
Nabumetone	1	
Naproxen	1	
Naproxen DR	1	

Drug Name	Drug Tier	Requirements & Limits
Oxaprozin	1	
Piroxicam	1	
Sulindac	1	
Tolmetin Sodium (Capsule)	1	
Tolmetin Sodium (Tablet)	2	
<b>Voltaren (Gel)</b>	2	
<b>▶ Opioid Analgesics - Opioid Pain Relievers</b>		
Acetaminophen/Codeine	1	
<b>Actiq<sup>†</sup></b>	4	PA, QL
Ascomp/Codeine	1	
Astramorph	2	
<b>Avinza<sup>†</sup></b>	2	QL
<b>Balacet 325</b>	2	
Buprenorphine HCl	2	
Butalbital/ Acetaminophen/Caffeine/ Codeine	1	
Butorphanol Tartrate (Injection)	2	
Butorphanol Tartrate (Nasal Spray) <sup>†</sup>	2	QL
Codeine Sulfate	1	
Co-Gesic	1	
<b>Dilaudid (1mg/ml Injection, 2mg/ml Injection, 4mg/ml Injection)</b>	3	
Duramorph	2	
Endocet	1	
Endodan	1	
Fentanyl (Patch) <sup>†</sup>	2	QL
Fentanyl Citrate (Injection)	2	

**Bold Type = Brand-Name Drugs**

**PA** = Prior Authorization

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

**LA** = Limited Access Drug

**QL** = Quantity Limits

**ST** = Step Therapy

<sup>†</sup>For this drug's specific quantity limit see pages 62-74.

Drug Name	Drug Tier	Requirements & Limits
Fentanyl Citrate Oral Transmucosal†	4	PA, QL
<b>Fentora†</b>	4	PA, QL
Hydrocodone/ Acetaminophen (10mg-325mg Tablet, 10mg-500mg Tablet, 10mg-650mg Tablet, 10mg-660mg Tablet, 2.5mg-500mg Tablet, 5mg-325mg Tablet, 5mg-500mg Tablet, 7.5-750mg Tablet, 7.5mg-325mg Tablet, 7.5mg-500mg Tablet, 7.5mg-650mg Tablet, Oral Solution)	1	
Hydrocodone/ Acetaminophen (10mg-750mg Tablet)	2	
Hydrocodone/Ibuprofen	1	
Hydromorphone HCl (Injection)	2	
Hydromorphone HCl (Tablet)	1	
<b>Infumorph</b>	3	
<b>Kadian (100mg 24-Hour Capsule, 10mg 24-Hour Capsule, 20mg 24-Hour Capsule, 30mg 24-Hour Capsule, 50mg 24-Hour Capsule, 60mg 24-Hour Capsule, 80mg 24-Hour Capsule)†</b>	2	QL
<b>Kadian (200mg 24-Hour Capsule)†</b>	4	QL
Levorphanol Tartrate	2	
Margesic-H	1	
Meperidine HCl (Injection)	1	

Drug Name	Drug Tier	Requirements & Limits
Meperidine HCl (Oral Solution, Tablet)	1	ST
Methadone HCl (Concentrate, Oral Solution, Tablet)	1	
<b>Methadone HCl (Injection)</b>	3	
Methadose	1	
Morphine Sulfate (Injection)	2	
Morphine Sulfate (Oral Solution, Tablet)	1	
Morphine Sulfate ER†	1	QL
<b>MS Contin (200mg 12-Hour Tablet)†</b>	4	QL, ST
Nalbuphine HCl	2	
<b>Onsolis†</b>	4	PA, QL
<b>Opana†</b>	2	QL
<b>Opana ER†</b>	2	QL
Oxycodone HCl	1	
Oxycodone/ Acetaminophen	1	
Oxycodone/Aspirin	1	
Oxycodone/Ibuprofen	2	
<b>Oxycontin†</b>	2	QL
Pentazocine/ Acetaminophen	1	ST
Pentazocine/Naloxone HCl	2	ST
Propoxyphene HCl	1	
Propoxyphene/ Acetaminophen	1	
Propoxyphene-N/ Acetaminophen	1	
<b>Roxicet (Oral Solution)</b>	3	
Roxicet (Tablet)	1	
Stagesic	1	
<b>Suboxone</b>	3	

**Bold Type = Brand-Name Drugs**

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†For this drug's specific quantity limit see pages 62-74.

Drug Name	Drug Tier	Requirements & Limits
Tramadol HCl	1	
Tramadol HCl ER (100mg Tablet, 200mg Tablet) <sup>†</sup>	2	QL
Tramadol HCl/ Acetaminophen	1	
<b>Anesthetics - Drugs for Numbing</b>		
<b>▶ Local Anesthetics</b>		
Anestacon	1	
Lidocaine	1	
Lidocaine HCl (Gel, Topical Solution)	1	
Lidocaine HCl (Injection)	2	
Lidocaine Viscous	1	
Lidocaine/Prilocaine	1	
<b>Lidoderm<sup>†</sup></b>	2	QL
<b>Antibacterials - Drugs to Treat Bacterial Infections</b>		
<b>▶ Aminoglycosides - Antibiotics</b>		
AK-Tob	1	
Amikacin Sulfate	2	
Gentak	1	
Gentamicin Sulfate (Cream, Ointment, Ophthalmic Solution)	1	
Gentamicin Sulfate (Injection)	2	
Gentamicin Sulfate/NaCl (100mg Injection, 60mg Injection, 80mg Injection)	2	
<b>Gentamicin Sulfate/NaCl (70mg Injection, 90mg Injection)</b>	2	
Gentasol	1	
Isotonic Gentamicin	2	
<b>Kanamycin Sulfate</b>	2	
<b>Neo-Fradin</b>	3	

Drug Name	Drug Tier	Requirements & Limits
Neomycin Sulfate	1	
Paromomycin Sulfate	1	
<b>Streptomycin Sulfate</b>	3	
<b>Tobi</b>	4	B/D
Tobramycin Sulfate (Injection)	2	
Tobramycin Sulfate (Ophthalmic Solution)	1	
Tobramycin Sulfate/NaCl	1	
Tobrasol	1	
<b>Tobrex (Ophthalmic Ointment)</b>	2	
<b>Tobrex (Ophthalmic Solution)</b>	3	
<b>▶ Antibacterials, Other - Antibiotics</b>		
<b>Altabax</b>	3	
BACiiM	2	
Bacitracin (Injection)	2	
Bacitracin (Ophthalmic Ointment)	1	
Bacitracin/Neomycin/ Polymyxin	1	
Bacitracin/Polymyxin B	1	
<b>Bactroban (Cream)</b>	3	
<b>Chloramphenicol Sodium Succinate</b>	2	
<b>Cleocin (75mg Capsule)</b>	3	
<b>Cleocin Galaxy</b>	3	
<b>Cleocin Pediatric Granules</b>	3	
<b>Cleocin Phosphate</b>	3	
<b>Clindagel</b>	3	
Clindamycin HCl	1	
Clindamycin Phosphate (Cream, Gel, Lotion, Swab, Topical Solution)	1	

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<sup>†</sup>For this drug's specific quantity limit see pages 62-74.

Drug Name	Drug Tier	Requirements & Limits
Clindamycin Phosphate (Foam)	2	
Clindamycin Phosphate Add-Vantage	2	
<b>Clindesse</b>	3	
Colistimethate Sodium	4	
<b>Coly-Mycin M</b>	4	ST
<b>Cortisporin</b>	3	
<b>Cubicin</b>	4	
<b>Flagyl ER</b>	3	
<b>Furadantin</b>	3	
<b>Lincocin</b>	3	
<b>Macrochantin</b>	3	
Methenamine Hippurate	2	
<b>Metrogel</b>	3	
Metronidazole (Capsule, Lotion)	2	
Metronidazole (Cream, Gel, Tablet)	1	
Metronidazole in NaCl 0.79%	1	
Metronidazole Vaginal	1	
Mupirocin	1	
Neomycin/Polymyxin B Sulfates	2	
Neomycin/Polymyxin/Bacitracin/Hydrocortisone	1	
Neomycin/Polymyxin/Gramicidin	1	
Neomycin/Polymyxin/Hydrocortisone	1	
Nitrofurantoin Macrocrystalline	1	
Nitrofurantoin Monohydrate	1	
<b>Noritrate</b>	3	
Polycin B	1	

Drug Name	Drug Tier	Requirements & Limits
Polymyxin B Sulfate	2	
<b>Primsol</b>	3	
Silver Sulfadiazine	1	
SSD	1	
<b>Sulfamylon</b>	3	
<b>Synercid</b>	4	
Thermazene	1	
Trimethoprim	1	
Trimethoprim Sulfate/Polymyxin B Sulfate	1	
<b>Tygacil</b>	3	
<b>Vancocin HCl</b>	4	PA
Vancomycin HCl	2	
<b>Vancomycin HCl Iso-Osmotic Dextrose</b>	3	
Vandazole	1	
<b>Vibativ</b>	4	
<b>Xifaxan</b>	3	
<b>Zyvox (Injection)</b>	4	
<b>Zyvox (Oral Suspension, Tablet)</b>	4	PA
<b>▶ Beta-Lactam, Cephalosporins - Antibiotics</b>		
<b>Cedax</b>	3	
Cefaclor	1	
Cefaclor ER	1	
Cefadroxil (Capsule, Oral Suspension)	1	
Cefadroxil (Tablet)	2	
Cefazolin Sodium/Dextrose	1	
Cefazolin Sodium	2	
Cefdinir (Capsule)	1	
Cefdinir (Oral Suspension)	2	
Cefepime	2	
Cefotaxime Sodium	2	
<b>Cefotetan</b>	3	

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Drug Name	Drug Tier	Requirements & Limits
<b>Cefoxitin Sodium/ Dextrose</b>	3	
Cefoxitin Sodium	2	
Cefpodoxime Proxetil	2	
Cefprozil	1	
Ceftazidime	2	
Ceftriaxone Sodium	2	
<b>Ceftriaxone/Dextrose</b>	2	
Cefuroxime Axetil (Oral Suspension)	2	
Cefuroxime Axetil (Tablet)	1	
Cefuroxime Sodium	2	
Cefuroxime/Dextrose	1	
Cephalexin	1	
<b>Claforan (1gm Injection, 2gm Injection)</b>	3	
Fortaz	3	
Keflex (750mg Capsule)	3	
Maxipime (2gm Injection)	3	
Rocephin	3	
Spectracef	3	
Suprax	3	
Tazicef	2	
<b>Zinacef (1.5gm Injection, 750mg Injection)</b>	3	
Zinacef (7.5gm Injection)	3	
<b>Zinacef in Iso-Osmotic Dextrose</b>	3	
<b>Zinacef in Iso-Osmotic Diluent</b>	3	
<b>► Beta-Lactam, Other - Antibiotics</b>		
<b>Azactam</b>	2	
<b>Azactam in Dextrose</b>	3	
<b>Azactam in Iso-Osmotic Dextrose</b>	3	
<b>Doribax</b>	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Invanz</b>	3	
<b>Merrem</b>	3	
<b>Primaxin</b>	3	
<b>► Beta-Lactam, Penicillins - Antibiotics</b>		
Amoxicillin	1	
Amoxicillin/ Potassium Clavulanate	1	
Amoxicillin/ Potassium Clavulanate ER	2	
Ampicillin	1	
Ampicillin Sodium (10gm Injection, 1gm Injection)	2	
<b>Ampicillin Sodium (125mg Injection)</b>	2	
Ampicillin-Sulbactam	2	
<b>Bactocill in Dextrose</b>	4	
<b>Bicillin C-R</b>	3	
<b>Bicillin L-A</b>	3	
Dicloxacillin Sodium	1	
Nafcillin Sodium	2	
<b>Nallpen/Dextrose</b>	3	
Oxacillin Sodium	3	
Penicillin G Potassium	2	
<b>Penicillin G Potassium in Iso-Osmotic Dextrose</b>	2	
<b>Penicillin G Procaine</b>	3	
Penicillin G Sodium	2	
Penicillin V Potassium	1	
<b>Pfizerpen-G</b>	3	
<b>Piperacillin Sodium</b>	3	
Piperacillin Sodium/ Tazobactam Sodium	2	
<b>Timentin</b>	3	
<b>Unasyn (3gm Injection)</b>	3	

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Drug Name	Drug Tier	Requirements & Limits
Zosyn (2-0.25gm/50ml Injection, 3-0.375gm/50ml Injection)	3	
<b>► Macrolides - Antibiotics</b>		
Akne-Mycin	3	
Azasite	2	
Azithromycin (Injection)	2	
Azithromycin (Oral Suspension, Tablet)	1	
Clarithromycin (Oral Suspension)	2	
Clarithromycin (Tablet)	1	
Clarithromycin ER	1	
E.E.S. 400	1	
<b>E.E.S. Granules</b>	2	
Ery	1	
<b>Eryped</b>	2	
<b>Ery-Tab</b>	2	
<b>Erythrocin Lactobionate</b>	3	
<b>Erythrocin Stearate</b>	3	
Erythromycin	1	
Erythromycin Base	1	
Erythromycin/ Sulfisoxazole	1	
<b>Ketek</b>	3	PA
<b>PCE</b>	3	
Romycin	1	
<b>Zmax</b>	3	
<b>► Quinolones - Antibiotics</b>		
<b>Avelox (Injection)</b>	3	
<b>Avelox (Tablet)</b>	2	
<b>Avelox ABC Pack</b>	2	
<b>Cetraxal</b>	3	ST
<b>Ciloxan</b>	3	
<b>Cipro (Oral Suspension)</b>	3	
<b>Cipro IV</b>	3	

Drug Name	Drug Tier	Requirements & Limits
Ciprofloxacin	1	
Ciprofloxacin ER	2	
Ciprofloxacin HCl	1	
<b>Factive</b>	3	
<b>Levaquin (Injection, Oral Solution)</b>	3	
<b>Levaquin (Tablet)</b>	2	
<b>Noroxin</b>	3	
Ofloxacin (Ophthalmic Solution, Otic Solution)	1	
Ofloxacin (Tablet)	2	
<b>Quixin</b>	3	
<b>Vigamox</b>	2	
<b>Zymar</b>	2	
<b>► Sulfonamides - Antibiotics</b>		
Sulfacetamide Sodium (Lotion)	2	
Sulfacetamide Sodium (Ophthalmic Solution)	1	
Sulfadiazine	2	
Sulfamethoxazole/ Trimethoprim (Injection)	2	
Sulfamethoxazole/ Trimethoprim (Oral Suspension, Tablet)	1	
Sulfatrim	1	
<b>► Tetracyclines - Antibiotics</b>		
Demeclocycline HCl	2	
<b>Doryx</b>	3	
Doxycycline Hyclate (100mg Tablet, Extended Release Capsule, Injection)	2	
Doxycycline Hyclate (20mg Tablet, Capsule)	1	
Doxycycline Monohydrate	2	
Minocycline HCl (Capsule)	1	
Minocycline HCl (Tablet)	2	

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Drug Name	Drug Tier	Requirements & Limits
Minocycline HCl ER	2	
<b>Monodox (75mg Capsule)</b>	3	
Tetracycline HCl	1	
<b>Vibramycin (Oral Suspension, Syrup)</b>	3	
<b>Anticonvulsants - Drugs to Treat Seizures</b>		
<b>▶ Anticonvulsants, Other - Seizure Control Drugs</b>		
<b>Banzel†</b>	3	QL
<b>Keppra (Injection)</b>	4	
<b>Keppra (Oral Solution, Tablet)</b>	3	
Levetiracetam (Injection)	4	
Levetiracetam (Oral Solution, Tablet)	2	
<b>Vimpat (Injection)†</b>	3	PA, QL
<b>Vimpat (Oral Solution, Tablet)†</b>	3	QL
<b>▶ Calcium Channel Modifying Agents - Seizure Control Drugs</b>		
<b>Celontin</b>	3	
Ethosuximide	2	
<b>Lyrica†</b>	2	QL
Zonisamide	1	
<b>▶ Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs</b>		
Divalproex Sodium (Delayed Release Tablet)	1	
Divalproex Sodium (Sprinkle Capsule)	2	
Divalproex Sodium ER	2	
Gabapentin	1	
<b>Gabitril (12mg Tablet, 16mg Tablet, 2mg Tablet)†</b>	3	QL
<b>Gabitril (4mg Tablet)</b>	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Neurontin (Oral Solution)</b>	3	
Primidone	1	
<b>Sabril†</b>	4	PA, QL
<b>Stavzor</b>	3	
Valproate Sodium	2	
Valproic Acid	1	
<b>▶ Glutamate Reducing Agents - Seizure Control Drugs</b>		
<b>Felbatol</b>	3	
<b>Lamictal</b>	3	
<b>Lamictal ODT†</b>	3	QL
<b>Lamictal Starter Kit</b>	3	
Lamotrigine	2	
Topiramate	1	
<b>▶ Sodium Channel Inhibitors - Seizure Control Drugs</b>		
Carbamazepine (Chewable Tablet, Tablet)	1	
Carbamazepine (Oral Suspension)	2	
Carbamazepine ER	2	
<b>Carbatrol</b>	2	
<b>Cerebyx</b>	3	
<b>Dilantin</b>	2	
<b>Dilantin Infatabs</b>	2	
Epitol	1	
Fosphenytoin Sodium	2	
Oxcarbazepine	2	
<b>Peganone</b>	3	
<b>Phenytek</b>	2	
Phenytoin	1	
Phenytoin Sodium	2	
Phenytoin Sodium Extended (100mg Capsule)	1	

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Drug Name	Drug Tier	Requirements & Limits
Phenytoin Sodium Extended (200mg Capsule, 300mg Capsule)	2	
<b>Tegretol</b>	2	
<b>Tegretol-XR</b>	2	
<b>Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia</b>		
▶ <b>Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs</b>		
<b>Aricept (5mg Tablet, 10mg Tablet)<sup>†</sup></b>	2	QL
<b>Aricept ODT (5mg Dispersible Tablet, 10mg Dispersible Tablet)<sup>†</sup></b>	2	QL
<b>Cognex</b>	3	
<b>Exelon<sup>†</sup></b>	3	QL
Galantamine Hydrobromide (24-Hour Capsule) <sup>†</sup>	2	QL
Galantamine Hydrobromide (Oral Solution, Tablet)	2	
<b>Razadyne (Oral Solution)</b>	3	
Rivastigmine Tartrate <sup>†</sup>	2	QL
▶ <b>Glutamate Pathway Modifiers - Alzheimer's Disease and Dementia Drugs</b>		
<b>Namenda<sup>†</sup></b>	2	QL
<b>Namenda Titration Pak<sup>†</sup></b>	2	QL
<b>Antidepressants - Drugs to Treat Depression</b>		
▶ <b>Antidepressants, Other - Antidepressants</b>		
Bupropion SR <sup>†</sup>	1	QL
Bupropion XL <sup>†</sup>	1	QL
Bupropion HCl <sup>†</sup>	1	QL
Bupropion HCl SR <sup>†</sup>	1	QL
Maprotiline HCl	1	
Mirtazapine	1	
Mirtazapine ODT	1	

Drug Name	Drug Tier	Requirements & Limits
Nefazodone HCl	1	
Trazodone HCl	1	
▶ <b>Monoamine Oxidase Inhibitors - Antidepressants</b>		
<b>Emsam<sup>†</sup></b>	3	QL, ST
<b>Marplan</b>	3	
<b>Nardil</b>	2	
Tranylcypromine Sulfate	2	
▶ <b>Serotonin/Norepinephrine Reuptake Inhibitors - Antidepressants</b>		
Citalopram Hydrobromide (Oral Solution)	2	
Citalopram Hydrobromide (Tablet)	1	
<b>Cymbalta<sup>†</sup></b>	2	QL
Fluoxetine DR <sup>†</sup>	2	QL
Fluoxetine HCl	1	
Fluvoxamine Maleate	1	
<b>Lexapro<sup>†</sup></b>	2	QL
Paroxetine HCl (Oral Suspension)	2	
Paroxetine HCl (Tablet)	1	
Paroxetine HCl ER <sup>†</sup>	2	QL
<b>Pexeva</b>	3	
<b>Pristiq<sup>†</sup></b>	3	PA, QL
Selfemra	2	ST
Sertraline HCl (Concentrate)	2	
Sertraline HCl (Tablet)	1	
Venlafaxine HCl <sup>†</sup>	1	QL
Venlafaxine HCl ER (24-Hour Capsule) <sup>†</sup>	2	QL
<b>Venlafaxine HCl ER (24-Hour Tablet)<sup>†</sup></b>	3	QL

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Drug Name	Drug Tier	Requirements & Limits
<b>▶ Tricyclics - Antidepressants</b>		
Amitriptyline HCl	1	
Amoxapine	1	
Chlordiazepoxide/ Amitriptyline	1	
Clomipramine HCl	1	
Desipramine HCl	1	
Doxepin HCl	1	
Imipramine HCl	1	
Imipramine Pamoate	2	
Nortriptyline HCl (Capsule)	1	
Nortriptyline HCl (Oral Solution)	2	
<b>Pamelor</b>	4	ST
Perphenazine/ Amitriptyline	1	
Protriptyline HCl	2	
<b>Surmontil</b>	3	
<b>Antidotes, Deterrents and Toxicologic Agents - Drugs for Overdose or Deterrents</b>		
<b>▶ Antidotes - Antidotes/Protectants</b>		
<b>Acetadote</b>	3	
Acetylcysteine	1	B/D
<b>Antizol</b>	4	ST
<b>Chemet</b>	3	
<b>Cuprimine</b>	3	
<b>Exjade</b>	4	
Fomepizole	4	
<b>Fusilev</b>	4	
Kionex	2	
Leucovorin Calcium (Injection)	2	
Leucovorin Calcium (Tablet)	1	
Sodium Polystyrene Sulfonate	2	
<b>Syprine</b>	3	

Drug Name	Drug Tier	Requirements & Limits
<b>▶ Deterrents - Antidotes/Protectants</b>		
<b>Antabuse</b>	2	
Buproban <sup>†</sup>	1	QL
<b>Campral</b>	3	
<b>Chantix<sup>†</sup></b>	3	QL
<b>Nicotrol Inhaler<sup>†</sup></b>	3	QL
<b>Nicotrol NS<sup>†</sup></b>	3	QL
<b>▶ Toxicologic Agents - Antidotes/Protectants</b>		
Depade	2	
Naloxone HCl	1	
Naltrexone HCl	2	
<b>Vivitrol</b>	4	
<b>Antiemetics - Drugs to Treat Nausea and Vomiting</b>		
<b>Aloxi</b>	4	
<b>Anzemet (100mg Tablet)<sup>†</sup></b>	4	B/D, QL
<b>Anzemet (50mg Tablet)<sup>†</sup></b>	3	B/D, QL
<b>Cesamet<sup>†</sup></b>	4	B/D, PA, QL
Dronabinol (10mg Capsule)	4	B/D, PA
Dronabinol (2.5mg Capsule) <sup>†</sup>	2	B/D, PA, QL
Dronabinol (5mg Capsule) <sup>†</sup>	4	B/D, PA, QL
<b>Emend<sup>†</sup></b>	2	B/D, PA, QL
Granisetron HCl (Injection)	2	
Granisetron HCl (Tablet) <sup>†</sup>	2	B/D, QL
Granisol <sup>†</sup>	2	B/D, QL
Hydroxyzine Pamoate	1	
<b>Kytril (Tablet)<sup>†</sup></b>	4	B/D, PA, QL
<b>Marinol (10mg Capsule)</b>	4	B/D, PA
<b>Marinol (2.5mg Capsule)<sup>†</sup></b>	3	B/D, PA, QL
<b>Marinol (5mg Capsule)<sup>†</sup></b>	4	B/D, PA, QL
Meclizine HCl	1	
Metoclopramide HCl (Injection)	2	

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Drug Name	Drug Tier	Requirements & Limits
Metoclopramide HCl (Oral Solution, Tablet)	1	
Ondansetron HCl (Injection)	2	
Ondansetron HCl (Oral Solution) <sup>†</sup>	2	B/D, QL
Ondansetron HCl (Tablet) <sup>†</sup>	1	B/D, QL
Ondansetron ODT <sup>†</sup>	1	B/D, QL
<b>Sancuso<sup>†</sup></b>	4	QL
<b>Transderm-Scop</b>	3	
Trimethobenzamide HCl (Capsule)	1	PA
Trimethobenzamide HCl (Injection)	2	PA
<b>Zofran (Injection)</b>	4	ST
<b>Zofran (Oral Solution, Tablet)<sup>†</sup></b>	4	B/D, PA, QL
<b>Zofran ODT<sup>†</sup></b>	4	B/D, PA, QL
<b>Antifungals - Drugs to Treat Fungal Infections</b>		
<b>▶ Antifungals - Fungal Infection Drugs</b>		
<b>Abelcet</b>	4	B/D
<b>Ambisome</b>	4	B/D
<b>Amphotec (50mg Injection)</b>	3	B/D
Amphotericin B	2	B/D
<b>Ancobon</b>	4	
<b>Cancidas</b>	4	
Ciclopirox (Gel, Shampoo)	2	
Ciclopirox (Suspension)	1	
Ciclopirox Nail Lacquer	2	
Ciclopirox Olamine	1	
Clotrimazole/ Betamethasone Dipropionate	1	
Clotrimazole	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Diflucan in NaCl</b>	3	
Econazole Nitrate	1	
<b>Eraxis</b>	4	
<b>Ertaczo</b>	3	
<b>Exelderm</b>	3	
Fluconazole	1	
Fluconazole in Dextrose	2	
<b>Grifulvin V</b>	2	
Griseofulvin Microsize	2	
<b>Gris-Peg</b>	3	
<b>Gynazole-1</b>	3	
Itraconazole <sup>†</sup>	2	PA, QL
Ketoconazole	1	
Kuric	1	
<b>Lamisil (Pack)</b>	3	
<b>Mentax</b>	3	
Miconazole 3	1	
<b>Mycamine</b>	4	
<b>Naftin</b>	3	
<b>Natacyn</b>	2	
<b>Noxafil</b>	4	
Nyamyc	1	
Nystatin	1	
Nystatin/Triamcinolone	1	
Nystop	1	
<b>Oxistat</b>	3	
Pedi-Dri	1	
<b>Sporanox (Capsule)<sup>†</sup></b>	4	PA, QL
<b>Sporanox (Oral Solution)<sup>†</sup></b>	3	PA, QL
Terbinafine HCl	1	
Terconazole	1	
<b>Vfend</b>	4	
<b>Xolegel</b>	3	
Zazole	1	

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Drug Name	Drug Tier	Requirements & Limits
<b>Antigout Agents - Drugs to Treat Gout</b>		
▶ <b>Antigout Agents - Gout Drugs</b>		
Allopurinol	1	
Allopurinol Sodium	2	
<b>Colcryst<sup>†</sup></b>	3	QL
Probenecid	1	
Probenecid/Colchicine	1	
<b>Uloric<sup>†</sup></b>	2	QL, ST
<b>Antimigraine Agents - Drugs to Treat Migraines</b>		
▶ <b>Abortive - Migraine Drugs</b>		
Acetaminophen/Caffeine/Dihydrocodeine Bitartrate	2	
<b>D.H.E. 45</b>	4	ST
Dihydroergotamine Mesylate	2	
Ergoloid Mesylates	2	
Ergotamine Tartrate/Caffeine	1	
<b>Maxalt<sup>†</sup></b>	2	QL
<b>Maxalt-MLT<sup>†</sup></b>	2	QL
Migergot	2	
Orphenadrine/Aspirin/Caffeine	2	
Sumatriptan Succinate (Injection) <sup>†</sup>	2	QL
Sumatriptan Succinate (Tablet) <sup>†</sup>	1	QL
<b>Sumavel Dosepro<sup>†</sup></b>	4	QL, ST
<b>Synalgos-DC</b>	3	
Zerlor	2	

Drug Name	Drug Tier	Requirements & Limits
<b>Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis</b>		
▶ <b>Parasympathomimetics - Myasthenia Gravis Drugs</b>		
<b>Guanidine HCl</b>	3	
<b>Mestinon (Syrup)</b>	3	
<b>Mestinon Timespan</b>	3	
<b>Mytelase</b>	3	
Pyridostigmine Bromide	1	
Regonol	1	
<b>Antimycobacterials - Drugs to Treat Infections</b>		
▶ <b>Antimycobacterials, Other - Miscellaneous Anti-Infectives</b>		
<b>Dapsone</b>	2	
<b>Mycobutin</b>	3	
▶ <b>Antituberculars - Tuberculosis Drugs</b>		
<b>Capastat Sulfate</b>	4	
Ethambutol HCl	2	
Isonarif	2	
Isoniazid (Injection)	2	
Isoniazid (Syrup, Tablet)	1	
<b>Paser</b>	3	
<b>Priftin</b>	3	
Pyrazinamide	1	
Rifampin (Capsule)	1	
Rifampin (Injection)	4	
<b>Rifater</b>	3	
<b>Seromycin</b>	3	
<b>Trecator</b>	3	
<b>Antineoplastics - Drugs to Treat Cancer</b>		
▶ <b>Alkylating Agents - Chemotherapy Agents</b>		
<b>Alkeran</b>	4	
<b>BiCNU</b>	3	

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Drug Name	Drug Tier	Requirements & Limits
<b>Busulfex</b>	4	
<b>CeeNU</b>	3	
Cyclophosphamide	2	B/D
Dacarbazine	2	
<b>Hexalen</b>	4	PA
Ifosfamide	2	
Ifosfamide/Mesna	4	
<b>Leukeran</b>	2	
<b>Matulane</b>	4	
Melphalan HCl	4	
<b>Mustargen</b>	4	
<b>Thiotepa</b>	3	
<b>Treanda</b>	4	PA
<b>Zanosar</b>	3	
<b>▶ Antiangiogenic Agents - Chemotherapy Agents</b>		
<b>Revlimid</b>	4	PA, LA
<b>Thalomid</b>	4	PA
<b>Votrient</b>	4	PA
<b>▶ Antiestrogens/Modifiers - Chemotherapy Agents</b>		
<b>Emcyt</b>	3	
<b>Fareston</b>	3	
<b>Faslodex</b>	4	
Tamoxifen Citrate	1	
<b>▶ Antimetabolites - Chemotherapy Agents</b>		
<b>Alimta</b>	4	PA
Cytarabine	2	B/D
Cytarabine Aqueous	1	B/D
<b>Droxia</b>	3	
<b>Elitek</b>	4	
<b>Gemzar</b>	4	
Hydroxyurea	1	
Mercaptopurine	1	
<b>Nipent</b>	4	ST

Drug Name	Drug Tier	Requirements & Limits
Pentostatin	4	
<b>Tabloid</b>	3	
<b>▶ Antineoplastics, Other - Chemotherapy Agents</b>		
<b>Abraxane</b>	4	
Adriamycin	2	B/D
<b>Afinitor</b>	4	PA
Amifostine	4	
<b>Arranon</b>	4	
Bleomycin Sulfate	2	B/D
<b>Camptosar</b>	4	ST
Carboplatin	2	
<b>Cerubidine</b>	3	
Cisplatin	2	
Cladribine	4	B/D
<b>Clolar</b>	4	
<b>Cosmegen</b>	3	
Daunorubicin HCl	1	
Dexrazoxane	4	
<b>Doxil</b>	4	B/D
Doxorubicin HCl	2	B/D
<b>Ellence</b>	4	ST
<b>Eloxatin</b>	4	
<b>Elspar</b>	3	
Epirubicin HCl	2	
<b>Ethylol</b>	4	ST
<b>Etopophos</b>	4	
Etoposide	2	
<b>Firmagon (120mg Injection)<sup>†</sup></b>	4	PA, QL
<b>Firmagon (80mg Injection)<sup>†</sup></b>	3	PA, QL
<b>Fludara</b>	4	
Fludarabine Phosphate	4	
<b>Hycamtin</b>	4	

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Drug Name	Drug Tier	Requirements & Limits
<b>Idamycin PFS</b>	4	ST
Idarubicin HCl	4	
Irinotecan	2	
<b>Istodax</b>	4	PA
<b>Ixempra Kit</b>	4	
Mesna	2	
<b>Mesnex (Tablet)</b>	4	
Mitomycin	2	
Mitoxantrone HCl	2	
<b>Novantrone</b>	4	ST
<b>Oncaspar</b>	4	
<b>Ontak</b>	4	
Oxaliplatin	4	
Paclitaxel	2	
<b>Photofrin</b>	4	
<b>Proleukin</b>	4	PA
<b>Taxotere</b>	4	
Toposar	2	
<b>Torisel</b>	4	
<b>Trisenox</b>	3	
<b>Velcade</b>	4	
<b>Vidaza</b>	4	
Vinblastine Sulfate	1	B/D
Vincasar PFS	2	B/D
Vincristine Sulfate	2	B/D
Vinorelbine Tartrate	2	
<b>Zinecard</b>	4	
<b>Zolinza</b>	4	PA
<b>▶ Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents</b>		
Anastrozole	2	
<b>Arimidex</b>	3	
<b>Aromasin</b>	3	
<b>Femara</b>	2	

Drug Name	Drug Tier	Requirements & Limits
<b>▶ Molecular Target Inhibitors - Chemotherapy Agents</b>		
<b>Gleevec</b>	4	PA
<b>Iressa</b>	4	
<b>Nexavar</b>	4	PA
<b>Sprycel</b>	4	PA
<b>Sutent</b>	4	PA
<b>Tarceva</b>	4	PA
<b>Tasigna</b>	4	PA
<b>Tykerb</b>	4	PA
<b>▶ Monoclonal Antibodies - Chemotherapy Agents</b>		
<b>Arzerra</b>	4	PA
<b>Avastin</b>	4	PA
<b>Campath</b>	4	
<b>Erbix</b>	4	PA
<b>Herceptin</b>	4	
<b>Rituxan</b>	4	PA
<b>Vectibix</b>	4	PA
<b>▶ Retinoids - Chemotherapy Agents</b>		
<b>Panretin</b>	4	
<b>Targretin (Capsule)</b>	4	PA
<b>Targretin (Gel)</b>	4	
Tretinoin (Capsule)	4	
<b>Antiparasitics - Drugs to Treat Parasitic Infections</b>		
<b>▶ Anthelmintics - Worm Infection Drugs</b>		
<b>Albenza</b>	2	
<b>Biltricide</b>	2	
Mebendazole	1	
<b>Stromectol</b>	2	
<b>▶ Antiprotozoals - Protozoal Infection Drugs</b>		
<b>Alinia</b>	3	
Chloroquine Phosphate	1	
<b>Daraprim</b>	2	

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Drug Name	Drug Tier	Requirements & Limits
Hydroxychloroquine Sulfate	1	
<b>Malarone</b>	3	
Mefloquine HCl	1	
<b>Mepron</b>	4	
<b>Nebupent</b>	3	B/D
<b>Pentam 300</b>	3	
<b>Primaquine Phosphate</b>	3	
<b>Qualaquin</b>	3	PA
<b>Tindamax</b>	2	
<b>► Pediculicides/Scabicides - Scabies and Lice Drugs</b>		
Acticin	1	
<b>Eurax</b>	3	
Lindane	2	
Malathion	2	
Permethrin	1	
<b>Ulesfia</b>	3	
<b>Antiparkinson Agents - Drugs to Treat Parkinson's Disease</b>		
<b>► Antiparkinson Agents - Parkinson's Disease Drugs</b>		
Amantadine HCl	1	
<b>Apokyn</b>	4	PA
Atamet	1	
<b>Azilect</b>	2	
Benzotropine Mesylate (Injection)	2	
Benzotropine Mesylate (Tablet)	1	
Bromocriptine Mesylate	2	
Carbidopa/Levodopa	1	
Carbidopa/Levodopa CR	1	
Carbidopa/Levodopa ODT	2	
<b>Cogentin</b>	3	
<b>Comtan</b>	2	

Drug Name	Drug Tier	Requirements & Limits
<b>Lodosyn</b>	3	
<b>Mirapex</b>	2	
<b>Parcopa</b>	3	
Pramipexole Dihydrochloride	2	
Ropinirole HCl	1	
Selegiline HCl	1	
<b>Stalevo</b>	2	
<b>Tasmar<sup>†</sup></b>	4	QL
Trihexyphenidyl HCl	1	
<b>Zelapar</b>	3	
<b>Antipsychotics - Drugs to Treat Mood Disorders</b>		
<b>► Atypicals - Mood Disorder Drugs</b>		
<b>Abilify</b>	3	
<b>Abilify Discmelt (10mg Dispersible Tablet)</b>	3	
<b>Abilify Discmelt (15mg Dispersible Tablet)</b>	4	
Clozapine	2	
<b>Fanapt<sup>†</sup></b>	3	QL, ST
<b>Fanapt Titration Pack<sup>†</sup></b>	3	QL, ST
<b>Fazaclo</b>	2	
<b>Invega</b>	3	ST
<b>Invega Sustenna (39mg/0.25ml Injection, 78mg/0.5ml Injection)<sup>†</sup></b>	3	QL
<b>Invega Sustenna (117mg/0.75ml Injection, 156mg/1ml Injection, 234mg/1.5ml Injection)<sup>†</sup></b>	4	QL
<b>Risperdal Consta (12.5mg Injection, 25mg Injection)<sup>†</sup></b>	3	QL
<b>Risperdal Consta (37.5mg Injection, 50mg Injection)<sup>†</sup></b>	4	QL

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Drug Name	Drug Tier	Requirements & Limits
<b>Risperdal M-Tab</b>	3	
Risperidone (Oral Solution)	2	
Risperidone (Tablet)	1	
Risperidone ODT	2	
<b>Saphris†</b>	3	PA, QL
<b>Seroquel</b>	3	
<b>Seroquel XR</b>	2	
<b>Zyprexa</b>	2	
<b>Zyprexa Zydis</b>	2	
<b>► Conventional - Mood Disorder Drugs</b>		
Chlorpromazine HCl	1	
Compro	1	
Fluphenazine Decanoate	2	
Fluphenazine HCl (Concentrate, Elixir, Tablet)	1	
Fluphenazine HCl (Injection)	2	
Haloperidol	1	
Haloperidol Decanoate	2	
Haloperidol Lactate	2	
Loxapine Succinate	1	
<b>Navane (20mg Capsule)</b>	3	
<b>Orap</b>	2	
Perphenazine	1	
Prochlorperazine	1	
Prochlorperazine Edisylate	2	
Prochlorperazine Maleate	1	
Thioridazine HCl	1	
Thiothixene	1	
Trifluoperazine HCl	1	
<b>Antispasticity Agents - Drugs to Treat Spasms</b>		
<b>► Antispasticity Agents - Muscle Spasm Drugs</b>		
Baclofen	1	
Dantrolene Sodium	2	

Drug Name	Drug Tier	Requirements & Limits
Tizanidine HCl	1	
<b>Antivirals - Drugs to Treat Viral Infections</b>		
<b>► Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs</b>		
Foscarnet Sodium	2	B/D
Ganciclovir	4	
<b>Valcyte</b>	4	
<b>Vistide</b>	4	
<b>► Antihepatitis Agents - Hepatitis Drugs</b>		
<b>Baraclude (Oral Solution)</b>	3	
<b>Baraclude (Tablet)</b>	4	
<b>Copegus</b>	4	PA
<b>Hepsera</b>	4	
<b>Rebetol</b>	4	PA
<b>Ribapak</b>	4	PA
Ribasphere (200mg Tablet, Capsule)	2	PA
Ribasphere (400mg Tablet, 600mg Tablet)	4	PA
Ribavirin (200mg Tablet, Capsule)	2	PA
Ribavirin (400mg Tablet, 600mg Tablet)	4	PA
<b>Tyzeka</b>	4	
<b>Virazole</b>	4	
<b>► Antiherpetic Agents - Herpes Drugs</b>		
Acyclovir (Capsule, Tablet)	1	
Acyclovir (Oral Suspension)	2	
Acyclovir Sodium	2	B/D
<b>Denavir</b>	3	
Famciclovir	2	
Trifluridine	2	
Valacyclovir HCl	2	
<b>Valtrex</b>	2	
<b>Zovirax (Cream, Ointment)</b>	3	

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Drug Name	Drug Tier	Requirements & Limits
<b>▶ Anti-HIV Agents, Non-Nucleoside Reverse Transcriptase Inhibitors - HIV Drugs</b>		
Rescriptor	3	
Sustiva	3	
Viramune (Oral Suspension)	3	
Viramune (Tablet)	2	
<b>▶ Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors - HIV Drugs</b>		
Atripla	4	
Combivir	4	
Didanosine	2	
Emtriva	3	
Epivir	2	
Epivir HBV	2	
Epzicom	4	
Retrovir IV Infusion	3	
Stavudine	2	
Trizivir	4	
Truvada	4	
Videx Pediatric	3	
Viread	3	
Ziagen	3	
Zidovudine	2	
<b>▶ Anti-HIV Agents, Other - HIV Drugs</b>		
Fuzeon	4	
Intelence	4	
Isentress	4	
Selzentry	4	
<b>▶ Anti-HIV Agents, Protease Inhibitors - HIV Drugs</b>		
Aptivus	4	
Crixivan	2	
Invirase	4	

Drug Name	Drug Tier	Requirements & Limits
Kaletra (100-25mg Tablet) <sup>†</sup>	3	QL
Kaletra (200-50mg Tablet, Oral Solution) <sup>†</sup>	4	QL
Lexiva (Oral Suspension)	3	
Lexiva (Tablet)	4	
Norvir (Capsule, Tablet)	3	
Norvir (Oral Solution)	4	
Prezista (400mg Tablet, 600mg Tablet) <sup>†</sup>	4	QL
Prezista (75mg Tablet) <sup>†</sup>	3	QL
Reyataz	4	
Viracept (Powder)	3	
Viracept (Tablet)	4	
<b>▶ Anti-Influenza Agents - Flu Drugs</b>		
Relenza Diskhaler <sup>†</sup>	3	QL
Rimantadine HCl	1	
Tamiflu <sup>†</sup>	2	QL
<b>Anxiolytics - Drugs to Treat Anxiety</b>		
<b>▶ Anxiolytics, Other - Anxiety Drugs</b>		
Bupirone HCl	1	
Meprobamate	2	PA
<b>Bipolar Agents - Drugs to Treat Mood Disorders</b>		
<b>▶ Bipolar Agents - Mood Disorder Drugs</b>		
Equetro	3	
Geodon (Capsule)	2	
Geodon (Injection)	3	
Lithium Carbonate	1	
Lithium Carbonate ER	1	
Lithium Citrate	1	
Lithobid	2	
Symbyax	3	

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Drug Name	Drug Tier	Requirements & Limits
<b>Blood Glucose Regulators - Drugs to Regulate Blood Sugar</b>		
▶ <b>Antidiabetic Agents - Diabetic Drugs</b>		
Acarbose	1	
<b>Actoplus Met</b>	2	ST
<b>Actos</b>	2	ST
<b>Avandamet</b>	3	ST
<b>Avandaryl</b>	3	ST
<b>Avandia</b>	3	ST
<b>Byetta</b> <sup>†</sup>	2	QL, ST
Chlorpropamide	1	ST
<b>Duetact</b>	2	ST
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glipizide/Metformin HCl	1	
Glyburide	1	
Glyburide Micronized	1	
Glyburide/Metformin HCl	1	
Glycron (1.5mg Tablet, 3mg Tablet, 6mg Tablet)	1	
<b>Glyset</b>	3	
<b>Janumet</b> <sup>†</sup>	2	QL, ST
<b>Januvia</b> <sup>†</sup>	2	QL, ST
Metformin HCl	1	
Metformin HCl ER	1	
Nateglinide <sup>†</sup>	2	QL
<b>Onglyza</b> <sup>†</sup>	2	QL, ST
<b>Prandimet</b> <sup>†</sup>	3	QL
<b>Prandin</b> <sup>†</sup>	3	QL
<b>Riomet</b>	3	
<b>Symlin</b> <sup>†</sup>	3	PA, QL
Tolazamide	1	
Tolbutamide	1	

Drug Name	Drug Tier	Requirements & Limits
▶ <b>Glycemic Agents - Diabetic Drugs</b>		
Glucagen Hypokit	3	
Glucagon Emergency Kit	2	
Proglycem	3	
▶ <b>Insulins - Diabetic Drugs</b>		
<b>Apidra</b>	2	
<b>Humalog</b>	2	
<b>Humulin</b>	2	
<b>Lantus</b>	2	
<b>Levemir</b>	2	
<b>Novolin</b>	2	
<b>Novolog</b>	2	
<b>Relion</b>	3	
<b>Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders</b>		
▶ <b>Anticoagulants - Blood Thinners</b>		
<b>Arixtra</b> (10mg/0.8ml Injection, 5.0mg/0.4ml Injection, 7.5mg/0.6ml Injection) <sup>†</sup>	4	QL
<b>Arixtra</b> (2.5mg/0.5ml Injection) <sup>†</sup>	3	QL
<b>Coumadin (Injection)</b>	3	
<b>Coumadin (Tablet)</b>	2	
<b>Fragmin</b> (10,000units/1ml Injection, 25,000units/1ml Injection, 7,500units/0.3ml Injection) <sup>†</sup>	4	QL
<b>Fragmin</b> (2,500units/0.2ml Injection, 5,000units/0.2ml Injection) <sup>†</sup>	3	QL

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Drug Name	Drug Tier	Requirements & Limits
Heparin Sodium (1,000units/ml Injection, 10,000units/ml Injection, 5,000units/ml Injection)	2	
<b>Heparin Sodium (2,000units/ml Injection, 2,500units/ml Injection)</b>	2	
Heparin Sodium DCU	2	
Heparin Sodium/D5W	2	
<b>Heparin Sodium/NaCl</b>	2	
Heparin Sodium/NaCl 0.9% Premix	2	
Jantoven	1	
<b>Lovenox (100mg/1ml Injection, 120mg/0.8ml Injection, 150mg/1ml Injection, 300mg/3ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection)†</b>	4	QL
<b>Lovenox (30mg/0.3ml Injection, 40mg/0.4ml Injection)†</b>	3	QL
Warfarin Sodium	1	
<b>▶ Blood Formation Products - Blood Formation Drugs</b>		
<b>Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/1ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/1ml Injection, 300mcg/0.6ml Injection, 300mcg/1ml Injection, 500mcg/1ml Injection, 60mcg/0.3ml Injection, 60mcg/1ml Injection)†</b>	4	B/D, PA, QL

Drug Name	Drug Tier	Requirements & Limits
<b>Aranesp Albumin Free (25mcg/0.42ml Injection, 25mcg/1ml Injection, 40mcg/0.4ml Injection, 40mcg/1ml Injection)†</b>	3	B/D, PA, QL
<b>Epogen (10,000units/ml Injection, 2,000units/ml Injection, 3,000units/ml Injection, 4,000units/ml Injection)†</b>	3	B/D, PA, QL
<b>Epogen (20,000units/ml Injection)†</b>	4	B/D, PA, QL
<b>Epogen (40,000units/ml Injection)</b>	4	B/D, PA
<b>Leukine</b>	4	PA
<b>Mozobil</b>	4	PA
<b>Neulasta</b>	4	PA
<b>Neumega</b>	2	PA
<b>Neupogen</b>	4	PA
<b>Procrit (10,000units/ml Injection, 2,000units/ml Injection, 3,000units/ml Injection, 4,000units/ml Injection)†</b>	3	B/D, PA, QL
<b>Procrit (20,000units/ml Injection)†</b>	4	B/D, PA, QL
<b>Procrit (40,000units/ml Injection)</b>	4	B/D, PA
<b>Promacta</b>	4	PA
<b>▶ Coagulants - Blood Clotting Drugs</b>		
<b>Cyklokapron</b>	2	
<b>▶ Platelet Aggregation Inhibitors - Blood Thinners</b>		
<b>Aggrenox†</b>	2	QL
Anagrelide HCl	1	
Cilostazol	1	
Dipyridamole	1	
<b>Effient†</b>	2	QL

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Drug Name	Drug Tier	Requirements & Limits
Pentopak	1	
Pentoxifylline ER	1	
<b>Plavix</b> <sup>†</sup>	2	QL
Ticlopidine HCl <sup>†</sup>	1	QL
<b>Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions</b>		
<b>▶ Alpha-Adrenergic Agonists - Blood Pressure Drugs</b>		
<b>Catapres-TTS</b> <sup>†</sup>	3	QL
Clonidine HCl (Tablet)	1	
Clonidine HCl (Weekly Patch) <sup>†</sup>	2	QL
Guanabenz Acetate	1	
Guanfacine HCl	1	
Methyldopa	1	
Methyldopate HCl	1	
Midodrine HCl	2	
<b>▶ Alpha-Adrenergic Blocking Agents - Blood Pressure Drugs</b>		
<b>Dibenzylidine</b>	3	
Doxazosin Mesylate	1	
Prazosin HCl	1	
Terazosin HCl	1	
<b>▶ Antiarrhythmics - Heart Regulation Drugs</b>		
Amiodarone HCl (Injection)	2	
Amiodarone HCl (Tablet)	1	
Disopyramide Phosphate	1	
Flecainide Acetate	1	
Mexiletine HCl	1	
<b>Multaq</b>	3	PA
<b>Pacerone (100mg Tablet, 400mg Tablet)</b>	3	
Pacerone (200mg Tablet)	1	
Procainamide HCl	1	
Propafenone HCl	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Quinidine Gluconate</b>	3	
Quinidine Gluconate CR	1	
Quinidine Sulfate	1	
Quinidine Sulfate ER	1	
<b>Rythmol SR</b>	3	
Sorine	1	
Sotalol HCl (Injection)	2	
Sotalol HCl (Tablet)	1	
<b>Tikosyn</b>	3	
<b>▶ Beta-Adrenergic Blocking Agents - Blood Pressure Drugs</b>		
Acebutolol HCl	1	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Betaxolol HCl	1	
Bisoprolol Fumarate	1	
Bisoprolol Fumarate/ Hydrochlorothiazide	1	
<b>Bystolic</b> <sup>†</sup>	2	QL
Carvedilol	1	
<b>Innopran XL</b>	3	
Labetalol HCl (Injection)	2	
Labetalol HCl (Tablet)	1	
Metoprolol Succinate ER	1	
Metoprolol Tartrate (Injection)	2	
Metoprolol Tartrate (Tablet)	1	
Metoprolol/ Hydrochlorothiazide	1	
Nadolol	1	
Nadolol/ Bendroflumethiazide	1	
Pindolol	1	
Propranolol HCl	1	
Propranolol HCl ER	1	

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Drug Name	Drug Tier	Requirements & Limits
Propranolol/ Hydrochlorothiazide	1	
Timolol Maleate	1	
<b>Toprol XL</b>	3	
<b>▶ Calcium Channel Blocking Agents - Blood Pressure Drugs</b>		
Afedtab CR	1	
Amlodipine Besylate	1	
Cartia XT	1	
Dilt-CD	1	
Diltiazem CD	1	
Diltiazem HCl (24-Hour Capsule, Tablet)	1	
Diltiazem HCl (Injection)	2	
Diltiazem HCl ER (12-Hour Capsule, 24-Hour Capsule)	1	
Diltiazem HCl ER (24-Hour Tablet) <sup>†</sup>	2	QL
Dilt-XR	1	
Diltzac	1	
<b>Exforge<sup>†</sup></b>	2	QL
<b>Exforge HCT<sup>†</sup></b>	2	QL
Felodipine ER	1	
Isradipine	1	
Nicardipine HCl (Capsule)	1	
Nicardipine HCl (Injection)	2	
Nifediac CC	1	
Nifedical XL	1	
Nifedipine	1	
Nifedipine ER	1	
Nimodipine	4	
Nisoldipine	1	
Taztia XT	1	
<b>Twynsta<sup>†</sup></b>	3	QL
Verapamil HCl (Injection)	2	
Verapamil HCl (Tablet)	1	

Drug Name	Drug Tier	Requirements & Limits
Verapamil HCl ER	1	
<b>▶ Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs</b>		
<b>Demser</b>	4	
Digoxin (Injection)	2	
Digoxin (Oral Solution, Tablet)	1	
<b>Lanoxin (0.1mg/ml Injection)</b>	3	
<b>Lanoxin (Tablet)</b>	2	
<b>Ranexa</b>	2	ST
Reserpine	1	
<b>▶ Diuretics - Blood Pressure Drugs</b>		
Acetazolamide Sodium	2	
Amiloride HCl	1	
Amiloride/ Hydrochlorothiazide	1	
Bumetanide (Injection)	2	
Bumetanide (Tablet)	1	
Chlorothiazide	1	
Chlorothiazide Sodium	2	
Chlorthalidone	1	
<b>Clorpres</b>	3	
<b>Diuril</b>	3	
<b>Dyrenium</b>	3	
<b>Edecrin</b>	3	
Eplerenone	2	
Furosemide (Injection)	2	
Furosemide (Oral Solution, Tablet)	1	
Hydrochlorothiazide	1	
Indapamide	1	
Methyclothiazide	1	
Methyldopa/ Hydrochlorothiazide	1	
Metolazone	1	

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Drug Name	Drug Tier	Requirements & Limits
<b>Samsca</b> <sup>†</sup>	4	PA, QL
Spironolactone	1	
Spironolactone/ Hydrochlorothiazide	1	
Torsemide (Injection)	2	
Torsemide (Tablet)	1	
Triamterene/ Hydrochlorothiazide	1	
<b>► Dyslipidemics - Cholesterol Control Drugs</b>		
<b>Antara</b>	2	
Cholestyramine	1	
Colestipol HCl (Granules)	2	
Colestipol HCl (Tablet)	1	
<b>Crestor</b> <sup>†</sup>	2	QL
Fenofibrate	1	
Fenofibrate Micronized	1	
Gemfibrozil	1	
<b>Lipitor</b> <sup>†</sup>	2	QL
Lovastatin	1	
<b>Lovaza</b>	3	
Niacor	1	
<b>Niaspan</b>	2	
Pravastatin Sodium	1	
Prevalite	1	
Simvastatin	1	
<b>Tricor</b>	2	
<b>Trilipix</b>	2	
<b>Vytorin</b> <sup>†</sup>	3	QL
<b>Welchol (Pack)</b> <sup>†</sup>	2	QL
<b>Welchol (Tablet)</b>	2	
<b>Zetia</b> <sup>†</sup>	2	QL
<b>► Renin-Angiotensin-Aldosterone System Inhibitors - Blood Pressure Drugs</b>		
Amlodipine Besylate/ Benazepril HCl <sup>†</sup>	1	QL
<b>Azor</b> <sup>†</sup>	2	QL

Drug Name	Drug Tier	Requirements & Limits
Benazepril HCl	1	
Benazepril HCl/ Hydrochlorothiazide	1	
<b>Benicar</b> <sup>†</sup>	2	QL
<b>Benicar HCT</b> <sup>†</sup>	2	QL
Captopril	1	
Captopril/ Hydrochlorothiazide	1	
<b>Diovan</b> <sup>†</sup>	2	QL
<b>Diovan HCT</b> <sup>†</sup>	2	QL
Enalapril Maleate	1	
Enalapril Maleate/ Hydrochlorothiazide	1	
Fosinopril Sodium	1	
Fosinopril Sodium/ Hydrochlorothiazide	1	
Lisinopril	1	
Lisinopril/ Hydrochlorothiazide	1	
Losartan Potassium <sup>†</sup>	1	QL
Losartan Potassium/ Hydrochlorothiazide <sup>†</sup>	1	QL
<b>Lotrel (10mg-40mg Capsule, 5mg-40mg Capsule)</b> <sup>†</sup>	3	QL
<b>Micardis</b> <sup>†</sup>	3	QL
<b>Micardis HCT</b> <sup>†</sup>	3	QL
Moexipril HCl	1	
Moexipril/ Hydrochlorothiazide	1	
Perindopril Erbumine	1	
Quinapril HCl	1	
Quinapril/ Hydrochlorothiazide	1	
Ramipril	1	
<b>Tekturna</b> <sup>†</sup>	2	QL, ST
<b>Tekturna HCT</b> <sup>†</sup>	2	QL, ST

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Drug Name	Drug Tier	Requirements & Limits
Trandolapril	1	
Trandolapril/Verapamil HCl	2	
<b>► Vasodilators - Chest Pain Drugs</b>		
<b>BiDil</b>	2	
<b>Dilatrate SR</b>	3	
Hydralazine HCl (Injection)	2	
Hydralazine HCl (Tablet)	1	
Isochron	1	
<b>Isordil Titrados</b> <b>(40mg Tablet)</b>	3	
Isosorbide Dinitrate	1	
Isosorbide Dinitrate ER	1	
Isosorbide Mononitrate	1	
Isosorbide Mononitrate ER	1	
Minitran	1	
Minoxidil (Tablet)	1	
<b>Nitro-Bid</b>	3	
<b>Nitro-Dur</b> <b>(0.3mg/hr 24-Hour Patch,</b> <b>0.8mg/hr 24-Hour Patch)</b>	3	
Nitroglycerin (24-Hour Patch, Injection)	1	
<b>Nitrolingual Pumpspray</b>	3	
<b>Nitrostat</b>	2	
<b>Ventavis</b>	4	B/D, PA
<b>Central Nervous System Agents - Drugs to Treat Nerve Conditions</b>		
<b>► Amphetamines, ADHD - ADHD Drugs</b>		
<b>Adderall XR<sup>†</sup></b>	3	QL
Amphetamine/ Dextroamphetamine (24-Hour Capsule) <sup>†</sup>	2	QL
Amphetamine/ Dextroamphetamine (Tablet) <sup>†</sup>	1	QL

Drug Name	Drug Tier	Requirements & Limits
Dextroamphetamine Sulfate <sup>†</sup>	1	QL
Dextroamphetamine Sulfate ER <sup>†</sup>	2	QL
Methamphetamine HCl <sup>†</sup>	2	QL
<b>Vyvanse<sup>†</sup></b>	3	QL
<b>► Central Nervous System Agents, Other - Miscellaneous Nervous System Drugs</b>		
<b>Ampyra<sup>†</sup></b>	4	PA, QL
<b>Botox</b>	4	PA
<b>Myobloc</b>	3	PA
<b>Savella<sup>†</sup></b>	2	QL
<b>Savella Titration Pack<sup>†</sup></b>	2	QL
<b>► Non-Amphetamines, ADHD - ADHD Drugs</b>		
Dexmethylphenidate HCl <sup>†</sup>	1	QL
Methylin (Tablet) <sup>†</sup>	1	QL
Methylin ER <sup>†</sup>	1	QL
Methylphenidate HCl <sup>†</sup>	1	QL
Methylphenidate HCl SR <sup>†</sup>	1	QL
<b>Strattera<sup>†</sup></b>	3	QL, ST
<b>► Non-Amphetamines, Other - Miscellaneous Nervous System Drugs</b>		
<b>Provigil<sup>†</sup></b>	3	PA, QL
<b>Rilutek</b>	4	
<b>Xenazine</b>	4	PA
<b>Xyrem<sup>†</sup></b>	2	QL, LA
<b>Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions</b>		
<b>► Dental and Oral Agents</b>		
Chlorhexidine Gluconate Oral Rinse	1	
<b>Keppivance</b>	4	
Periogard	1	
Pilocarpine HCl	2	
Triamcinolone in Orabase	1	

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Drug Name	Drug Tier	Requirements & Limits
<b>Dermatological Agents - Drugs to Treat Skin Conditions</b>		
<b>► Dermatological Agents - Skin Agents</b>		
<b>8-Mop</b>	4	
<b>Aldara</b>	3	
<b>Amevive</b>	4	PA
Ammonium Lactate	1	
Amnesteem	2	
Avita (Cream)	1	PA
Avita (Gel)	2	PA
Calcipotriene	2	
<b>Carac</b>	3	
Claravis	2	
Clindamycin/ Benzoyl Peroxide	2	
<b>Dovonex (Cream)</b>	3	
<b>Elidel</b>	3	ST
Erythromycin/ Benzoyl Peroxide	1	
<b>Finacea</b>	2	
Fluorouracil (Cream, Topical Solution)	2	
Fluorouracil (Injection)	1	B/D
Imiquimod	2	
Laclotion	1	
<b>Oxsoralen</b>	3	
<b>Oxsoralen Ultra</b>	4	
Podofilox	2	
<b>Protopic</b>	3	ST
<b>Regranex<sup>†</sup></b>	4	PA, QL
<b>Retin-A Micro</b>	3	PA
<b>Santyl</b>	3	
Selenium Sulfide	1	
<b>Solaraze</b>	3	
<b>Soriatane</b>	4	

Drug Name	Drug Tier	Requirements & Limits
Sotret (10mg Capsule, 20mg Capsule, 40mg Capsule)	2	
<b>Tazorac</b>	3	
Tretinoin (Cream)	1	PA
Tretinoin (Gel)	2	PA
<b>Tretin-X</b>	3	PA
U-Cort	1	
<b>Uvadex</b>	3	
<b>Vectical</b>	3	
<b>Ziana</b>	3	
<b>Enzyme Replacements/Modifiers - Drugs to Treat Enzyme Deficiency</b>		
<b>► Enzyme Replacements/Modifiers - Enzyme Deficiency Drugs</b>		
<b>Adagen</b>	4	
<b>Aldurazyme</b>	4	
<b>Buphenyl</b>	4	
<b>Ceredase</b>	4	
<b>Cerezyme</b>	4	PA
<b>Creon</b>	2	
<b>Cystadane</b>	4	
<b>Cystagon</b>	3	
<b>Elaprase</b>	4	
<b>Fabrazyme</b>	4	
<b>Kuvan</b>	4	
<b>Myozyme</b>	4	
<b>Naglazyme</b>	4	
<b>Orfadin</b>	4	
<b>Sucraid</b>	4	
<b>Vpriv</b>	4	PA
<b>Zavesca</b>	4	
<b>Zenpep</b>	3	

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Drug Name	Drug Tier	Requirements & Limits
<b>Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>▶ Antispasmodics, Gastrointestinal - Bowel Treatment Drugs</b>		
Atropine Sulfate	1	
Dicyclomine HCl (Capsule, Oral Solution, Tablet)	1	
Dicyclomine HCl (Injection)	2	
Glycopyrrolate	2	
Methscopolamine Bromide	2	
<b>▶ Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs</b>		
<b>Amitiza<sup>†</sup></b>	2	QL, ST
Constulose	1	
Diphenoxylate/Atropine	1	
Enulose	1	
Gavilyte-C <sup>†</sup>	1	QL
Gavilyte-G <sup>†</sup>	1	QL
Gavilyte-N/Flavor Pack <sup>†</sup>	1	QL
Generlac	1	
<b>Halflytely Bowel Prep<sup>†</sup></b>	2	QL
<b>Kristalose</b>	3	
Lactulose	1	
Loperamide HCl	1	
<b>Moviprep</b>	3	
<b>Nulytely/Flavor Packs<sup>†</sup></b>	2	QL
Polyethylene Glycol 3350	1	
<b>Relistor</b>	3	PA
Trilyte	3	
Ursodiol (Capsule)	2	
Ursodiol (Tablet)	1	
<b>▶ Histamine2 (H2) Blocking Agents - Ulcer and Stomach Acid Drugs</b>		
Cimetidine	1	
Cimetidine HCl (Injection)	2	

Drug Name	Drug Tier	Requirements & Limits
Cimetidine HCl (Oral Solution)	1	
Famotidine (Injection, Oral Suspension)	2	
Famotidine (Tablet)	1	
Nizatidine (Capsule)	1	
Nizatidine (Oral Solution)	2	
Ranitidine HCl (Capsule, Tablet)	1	
Ranitidine HCl (Injection, Syrup)	2	
<b>Zantac (50mg/50ml Injection)</b>	3	
<b>▶ Irritable Bowel Syndrome Agents - Bowel Treatment Drugs</b>		
<b>Lotronex<sup>†</sup></b>	4	PA, QL
<b>▶ Protectants - Ulcer and Stomach Acid Drugs</b>		
<b>Carafate (Oral Suspension)</b>	3	
Misoprostol	1	
Sucralfate	1	
<b>▶ Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs</b>		
<b>Dexilant<sup>†</sup></b>	3	QL
Lansoprazole <sup>†</sup>	2	QL
<b>Nexium<sup>†</sup></b>	2	QL
<b>Nexium I.V.</b>	3	
Omeprazole <sup>†</sup>	1	QL
Pantoprazole Sodium <sup>†</sup>	2	QL
<b>Protonix (Injection)</b>	3	
<b>Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions</b>		
<b>▶ Antispasmodics, Urinary - Bladder Control Drugs</b>		
<b>Enablex<sup>†</sup></b>	2	QL
Flavoxate HCl	2	

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Drug Name	Drug Tier	Requirements & Limits
<b>Gelnique<sup>†</sup></b>	3	QL
Oxybutynin Chloride	1	
Oxybutynin Chloride ER <sup>†</sup>	1	QL
<b>Oxytrol<sup>†</sup></b>	2	QL
<b>Sanctura XR<sup>†</sup></b>	3	QL
<b>Vesicare<sup>†</sup></b>	2	QL
<b>► Benign Prostatic Hypertrophy Agents - Prostate Enlargement Drugs</b>		
<b>Avodart<sup>†</sup></b>	2	QL
Finasteride (5mg Tablet)	1	
<b>Rapaflo<sup>†</sup></b>	3	QL
Tamsulosin HCl <sup>†</sup>	1	QL
<b>Uroxatral<sup>†</sup></b>	2	QL
<b>► Genitourinary Agents, Other - Miscellaneous Bladder, Genital and Kidney Conditions Drugs</b>		
Bethanechol Chloride	1	
<b>Elmiron</b>	3	
<b>Lithostat</b>	3	
<b>Methergine</b>	2	
<b>Thiola</b>	3	
<b>► Phosphate Binders - Phosphate-Removing Agents</b>		
Calcium Acetate	2	
Eliphos	3	
<b>Fosrenol</b>	3	
<b>Phoslo</b>	2	
<b>Renagel</b>	2	
<b>Renvela</b>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones</b>		
<b>► Glucocorticoids/Mineralocorticoids - Anti-Inflammatory Drugs</b>		
A-Hydrocort	2	
<b>Ala Scalp</b>	3	

Drug Name	Drug Tier	Requirements & Limits
Ala-Cort	1	
Alclometasone Dipropionate	1	
Amcinonide	1	
A-Methapred	2	
Augmented Betamethasone Dipropionate (Cream, Gel, Ointment)	1	
Augmented Betamethasone Dipropionate (Lotion)	2	
Betamethasone Dipropionate	1	
Betamethasone Valerate	1	
Beta-Val	1	
<b>Capex</b>	3	
Clobetasol Propionate (Foam)	2	
Clobetasol Propionate (Gel, Ointment, Topical Solution)	1	
Clobetasol Propionate E	1	
<b>Clobex</b>	3	
<b>Cloderm</b>	3	
Colocort	2	
<b>Cordran</b>	3	
<b>Cordran SP</b>	3	
<b>Cordran Tape</b>	3	
<b>Cortef</b>	3	
Cortisone Acetate	1	
<b>Cortisporin</b>	3	
<b>Cutivate (Lotion)</b>	3	
<b>Depo-Medrol (20mg/ml Injection)</b>	3	
<b>Derma-Smoother/FS</b>	3	
<b>Desonate</b>	3	
Desonide	1	

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Drug Name	Drug Tier	Requirements & Limits
<b>Desowen/Cetaphil</b>	3	
Desoximetasone	2	
Dexamethasone	1	
Dexamethasone Intensol	1	
Dexamethasone Sodium Phosphate (Injection)	2	
Diflorasone Diacetate	1	
<b>Entocort EC</b>	3	
Fludrocortisone Acetate	1	
Fluocinolone Acetonide	1	
Fluocinonide	1	
Fluocinonide-E	1	
Fluticasone Propionate	1	
Halobetasol Propionate	1	
<b>Halog</b>	3	
Hydrocortisone (Cream, Lotion, Ointment, Tablet)	1	
Hydrocortisone (Enema)	2	
Hydrocortisone Butyrate	1	
Hydrocortisone Valerate	1	
Isovate	1	
<b>Kenalog</b>	3	
<b>Locoid</b>	3	
<b>Locoid Lipocream</b>	3	
Lokara	1	
<b>Luxiq</b>	3	
Methylprednisolone	1	
Methylprednisolone Acetate	2	
Methylprednisolone Sodium Succinate	2	
<b>Millipred (Tablet)</b>	3	
Mometasone Furoate	1	
<b>Olux-E</b>	3	
<b>Pandel</b>	3	
Prednicarbate	1	

Drug Name	Drug Tier	Requirements & Limits
Prednisolone	1	
Prednisolone Sodium Phosphate	1	
Prednisone	1	
Prednisone Intensol	1	
Proctocream-HC	1	
Procto-Pak	1	
Proctosol HC	1	
Proctozone-HC	1	
<b>Solu-Cortef</b>	3	
<b>Solu-Medrol</b>	3	
Triamcinolone Acetonide	1	
Triamcinolone Acetonide in Absorbase	1	
Triderm	1	
<b>Vanos</b>	3	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones</b>		
<b>▶ Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs</b>		
Chorionic Gonadotropin	2	PA
<b>DDAVP (Injection)</b>	4	ST
Desmopressin Acetate	2	
<b>Genotropin</b>	4	PA
<b>Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection)†</b>	4	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
Genotropin Miniquick (0.2mg Injection) <sup>†</sup>	3	PA, QL
Humatrope	4	PA
Increlex	4	PA
Norditropin	4	PA
Novarel	2	PA
Nutropin	4	PA
Nutropin AQ	4	PA
Omnitrope	4	PA
Pregnyl w/Diluent Benzyl Alcohol/NaCl	2	PA
Saizen	4	PA
Serostim	4	PA
Stimate	3	
Tev-Tropin	4	PA
Zorbtive	4	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones</b>		
<b>▶ Anabolic Steroids - Hormone Replacement/Modifying Drugs</b>		
Anadrol-50	4	PA
Oxandrin (10mg Tablet) <sup>†</sup>	4	PA, QL
Oxandrin (2.5mg Tablet) <sup>†</sup>	3	PA, QL
Oxandrolone (10mg Tablet) <sup>†</sup>	4	PA, QL
Oxandrolone (2.5mg Tablet) <sup>†</sup>	2	PA, QL
<b>▶ Androgens - Hormone Replacement/Modifying Drugs</b>		
Androderm	2	PA
Androgel	2	PA
Androxy	2	
Danazol	2	
Testosterone Cypionate	2	PA
Testosterone Enanthate	2	PA

Drug Name	Drug Tier	Requirements & Limits
<b>▶ Estrogens - Hormone Replacement/Modifying Drugs</b>		
Activella	3	
Alora	3	
Apri	1	
Aranelle	1	
Aviane	1	
Balziva	1	
Brevicon	3	
Cenestin	3	
Cesia	1	
Climara Pro	3	
Combipatch	3	
Cryselle	1	
Cyclessa	3	
Depo-Estradiol	3	
Desogen	3	
Divigel <sup>†</sup>	3	QL
Enjuvia	2	
Enpresse	1	
Estrace (Cream)	3	
Estraderm	2	
Estradiol	1	
Estradiol Valerate	2	
Estradiol/Norethindrone Acetate	1	
Estring <sup>†</sup>	3	QL
Estrogel <sup>†</sup>	3	QL
Estropipate	1	
Estrostep Fe	3	
Femhrt	3	
Femring <sup>†</sup>	3	QL
Femtrace	3	
Gynodiol	3	

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Drug Name	Drug Tier	Requirements & Limits
Junel	1	
Junel Fe	1	
Kariva	1	
Kelnor	1	
Leena	1	
Lessina	1	
Levora	1	
<b>Lo/Ovral</b>	3	
<b>Loestrin</b>	3	
<b>Loestrin Fe</b>	3	
<b>Loseasonique</b>	3	
Low-Ogestrel	1	
Lutera	1	
<b>Menest</b>	2	
Microgestin	1	
Microgestin Fe	1	
MonoNessa	1	
Necon	1	
Nortrel	1	
<b>NuvaRing</b>	2	
Ocella	1	
Ogestrel	1	
<b>Ortho Evra</b>	3	
<b>Ortho Tri-Cyclen Lo</b>	3	
<b>Ortho-Cept</b>	3	
<b>Ortho-Cyclen</b>	3	
Ortho-Est	1	
<b>Ortho-Novum 7/7/7</b>	3	
<b>Ovcon</b>	3	
Portia	1	
<b>Prefest</b>	3	
<b>Premarin (Cream, Tablet)</b>	2	
<b>Premarin (Injection)</b>	3	
<b>Premphase</b>	2	
<b>Prempro</b>	2	

Drug Name	Drug Tier	Requirements & Limits
Previfem	1	
Quasense	1	
Reclipsen	1	
<b>Seasonale</b>	3	
<b>Seasonique</b>	3	
Solia	1	
Sprintec	1	
Sronyx	1	
Tri-Legest Fe	1	
TriNessa	1	
Tri-Previfem	1	
Tri-Sprintec	1	
Trivora	1	
<b>Vagifem</b>	3	
Velivet	1	
<b>Vivelle-Dot</b>	2	
<b>Yasmin</b>	3	
<b>Yaz</b>	3	
Zovia	1	
<b>► Progestins - Hormone Replacement/ Modifying Drugs</b>		
Camila	1	
<b>Depo-Provera (400mg/ml Injection)</b>	3	
Errin	1	
Jolivette	1	
Medroxyprogesterone Acetate (Injection)	2	
Medroxyprogesterone Acetate (Tablet)	1	
<b>Megace ES</b>	3	
Megestrol Acetate	1	
Next Choice	1	
Nora-BE	1	
Norethindrone Acetate	1	

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Drug Name	Drug Tier	Requirements & Limits
Ortho Micronor	3	
Prochieve	3	
Prometrium	3	
▶ Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs		
Evista <sup>†</sup>	2	QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones</b>		
▶ Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs		
Levothroid	2	
Levothyroxine Sodium	1	
Levoxyl	1	
Liothyronine Sodium (Injection)	2	
Liothyronine Sodium (Tablet)	1	
<b>Synthroid</b>	2	
<b>Thyrolar</b>	2	
Unithroid	1	
<b>Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones</b>		
▶ Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants		
Lysodren	4	
<b>Hormonal Agents, Suppressant (Parathyroid) - Drugs to Regulate Hormones</b>		
▶ Hormonal Agents, Suppressant (Parathyroid) - Hormone Suppressants		
Sensipar (30mg Tablet)	2	
Sensipar (60mg Tablet, 90mg Tablet)	4	

Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones</b>		
▶ Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants		
Cabergoline	2	
<b>Eligard<sup>†</sup></b>	3	QL
Leuprolide Acetate	2	
<b>Lupron Depot (11.25mg Injection, 3.75mg Injection)<sup>†</sup></b>	3	QL
<b>Lupron Depot (22.5mg Injection, 30mg Injection, 7.5mg Injection)<sup>†</sup></b>	4	QL
<b>Lupron Depot-PED</b>	4	
Octreotide Acetate (1,000mcg/ml Injection)	4	PA
Octreotide Acetate (100mcg/ml Injection, 200mcg/ml Injection, 500mcg/ml Injection) <sup>†</sup>	4	PA, QL
Octreotide Acetate (50mcg/ml Injection) <sup>†</sup>	3	PA, QL
<b>Sandostatin (1,000mcg/ml Injection)</b>	4	PA
<b>Sandostatin (100mcg/ml Injection, 200mcg/ml Injection, 500mcg/ml Injection, 50mcg/ml Injection)<sup>†</sup></b>	4	PA, QL
<b>Sandostatin LAR Depot</b>	4	PA
<b>Somatuline Depot</b>	4	PA
<b>Somavert</b>	4	PA
<b>Synarel</b>	4	
<b>Trelstar Depot</b>	4	
<b>Trelstar LA</b>	4	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents, Suppressant (Sex Hormones/Modifiers) - Drugs to Regulate Hormones</b>			Methotrexate Sodium	2	
<b>▶ Antiandrogens - Hormone Suppressants</b>			Mycophenolate Mofetil	2	B/D, PA
Bicalutamide	2		<b>Myfortic</b>	3	B/D
<b>Casodex</b>	3		<b>Orencia</b> <sup>†</sup>	4	PA, QL
Flutamide	2		<b>Orthoclone OKT3</b>	4	B/D
<b>Nilandron</b>	3		<b>Prograf (0.5mg Capsule, 1mg Capsule)</b> <sup>†</sup>	3	B/D, PA, QL
<b>Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones</b>			<b>Prograf (5mg Capsule)</b>	4	B/D, PA
<b>▶ Antithyroid Agents - Thyroid Suppressing Drugs</b>			<b>Prograf (Injection)</b>	3	B/D, PA
Methimazole	1		<b>Rapamune (Oral Solution)</b>	3	B/D
Propylthiouracil	1		<b>Rapamune (Tablet)</b>	4	B/D
<b>Immunological Agents - Drugs that Stimulate or Suppress the Immune System</b>			<b>Sandimmune (Capsule, Oral Solution)</b>	3	B/D
<b>▶ Immune Suppressants - Immune System Drugs</b>			<b>Simponi</b> <sup>†</sup>	4	PA, QL
<b>Actemra</b>	4	PA	<b>Simulect</b>	4	B/D
<b>Azasan</b>	3		<b>Stelara</b>	4	PA
Azathioprine	1		Tacrolimus (0.5mg Capsule, 1mg Capsule) <sup>†</sup>	2	B/D, PA, QL
Azathioprine Sodium	1		Tacrolimus (5mg Capsule)	4	B/D, PA
<b>Cellcept (Capsule)</b>	3	B/D, PA	<b>Trexall</b>	3	
<b>Cellcept (Oral Suspension, Tablet)</b>	4	B/D, PA	<b>▶ Immunizing Agents, Passive - Immune System Drugs</b>		
<b>Cellcept Intravenous</b>	3	B/D, PA	<b>Atgam</b>	4	B/D
<b>Cimzia</b>	4	PA	<b>Carimune Nanofiltered</b>	4	B/D, PA
Cyclosporine	2	B/D	<b>Flebogamma</b>	4	B/D, PA
Cyclosporine Modified	2	B/D	<b>Gamastan S/D</b>	2	B/D, PA
<b>Enbrel</b> <sup>†</sup>	4	PA, QL	<b>Gammagard Liquid</b>	4	B/D, PA
Gengraf (Capsule)	2	B/D	<b>Gamunex</b>	4	B/D, PA
Gengraf (Oral Solution)	4	B/D	<b>Octagam</b>	4	B/D, PA
<b>Humira</b> <sup>†</sup>	4	PA, QL	<b>Privigen</b>	4	B/D, PA
<b>Kineret</b> <sup>†</sup>	4	PA, QL	<b>Synagis</b>	4	
Methotrexate	1		<b>Thymoglobulin</b>	4	B/D
			<b>Vivaglobin</b>	4	B/D, PA
			<b>▶ Immunomodulators - Immune System Drugs</b>		
			<b>Actimmune</b>	4	
			<b>Alferon N</b>	3	

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Drug Name	Drug Tier	Requirements & Limits
Arcalyst	4	PA
Avonex <sup>†</sup>	4	PA, QL
Betaseron <sup>†</sup>	4	PA, QL
Copaxone <sup>†</sup>	4	PA, QL
Extavia <sup>†</sup>	4	PA, QL
Infergen	4	PA
Intron-A (10mu Injection, 10mu Pen Injection, 5mu Pen Injection, 18mu Injection)	4	PA
Intron-A (3mu Pen Injection) <sup>†</sup>	3	PA, QL
Leflunomide	1	
Pegasys	4	PA
Peg-Intron	4	PA
Rebif <sup>†</sup>	4	PA, QL
Rebif Titration Pack <sup>†</sup>	4	PA, QL
Remicade	4	PA
Ridaura	3	
Tysabri	4	PA, LA
<b>► Vaccines</b>		
Acthib	2	
Adacel	2	
Attenuvax	2	
Boostrix	2	
Cervarix	3	
Comvax	2	
Daptacel	2	
Decavac	2	
Diphtheria/Tetanus Toxoid Pediatric	2	
Engerix-B	2	B/D
Gardasil	2	
Havrix	2	
Imovax Rabies (H.D.C.V.)	2	
Infanrix	2	

Drug Name	Drug Tier	Requirements & Limits
Ipol Inactivated IPV	2	
Ixiaro	2	
Je-Vax	2	
Menactra	2	
Menomune-A/C/Y/W-135	2	
Meruvax II	2	
M-M-R II	2	
Pediarix	2	
Pedvax HIB	2	
ProQuad	2	
Rabavert	2	
Recombivax HB	2	B/D
RotaTeq	2	
Tetanus Toxoid Adsorbed	2	
Tetanus/Diphtheria Toxoids-Adsorbed Adult	2	
TriHiBit	2	
Tripedia	2	
Twinrix	2	
Typhim Vi	2	
Vaqta	2	
Varivax	2	
Vivotif Berna	2	
YF-Vax	2	
Zostavax	3	
<b>Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease</b>		
<b>► Salicylates - Inflammatory Bowel Disease Drugs</b>		
Apriso <sup>†</sup>	2	QL
Asacol	2	
Balsalazide Disodium	2	
Canasa	2	
Mesalamine	2	
Pentasa	3	

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Drug Name	Drug Tier	Requirements & Limits
Rowasa	3	
<b>► Sulfonamides - Inflammatory Bowel Disease Drugs</b>		
Sulfasalazine	1	
Sulfazine EC	1	
<b>Metabolic Bone Disease Agents - Drugs to Treat Bone Conditions</b>		
<b>► Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs</b>		
Actonel <sup>†</sup>	2	QL
Alendronate Sodium	1	
<b>Aredia (30mg Injection)</b>	3	ST
<b>Aredia (90mg Injection)</b>	4	ST
<b>Boniva (Injection)<sup>†</sup></b>	3	QL
<b>Boniva (Tablet)<sup>†</sup></b>	2	QL
Calcitonin-Salmon (Nasal Spray) <sup>†</sup>	2	QL
Calcitriol (1mcg/ml Injection)	2	
<b>Calcitriol (2mcg/ml Injection)</b>	2	
Calcitriol (Capsule, Oral Solution)	1	
Etidronate Disodium	2	
<b>Forteo</b>	3	B/D, PA
<b>Fortical<sup>†</sup></b>	2	QL
<b>Fosamax (Oral Solution)<sup>†</sup></b>	3	QL, ST
<b>Hectorol</b>	2	
<b>Miacalcin (Injection)</b>	3	B/D, PA
Pamidronate Disodium (30mg/10ml Injection, 90mg/10ml Injection)	2	
<b>Pamidronate Disodium (6mg/1ml Injection)</b>	3	
<b>Zemplar</b>	2	
<b>Zometa</b>	4	

Drug Name	Drug Tier	Requirements & Limits
<b>Miscellaneous Therapeutic Agents</b>		
Alcohol Preps	1	
Dextrose 10%	2	
Dextrose 5%	2	
<b>Gauze Pads</b>	2	
<b>Insulin Syringes, Needles</b>	2	
Sterile Water Irrigation	1	
<b>Ophthalmic Agents - Drugs to Treat Eye Conditions</b>		
<b>► Ophthalmic Agents, Other - Miscellaneous Eye Drugs</b>		
AK-Con	1	
<b>Alcaine</b>	3	
<b>Lacrisert</b>	3	
Mydral	1	
Naphazoline HCl	1	
Parcaine	1	
Proparacaine HCl	1	
<b>Restasis</b>	2	
Tropicamide	1	
<b>► Ophthalmic Anti-Allergy Agents - Allergy, Infection and Inflammation Drugs</b>		
<b>Alamast</b>	3	
<b>Alocril</b>	3	
<b>Alomide</b>	3	
Azelastine HCl (Ophthalmic Solution)	2	
Cromolyn Sodium (Ophthalmic Solution)	1	
<b>Elestat</b>	3	
<b>Pataday</b>	2	
<b>Patanol</b>	2	

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Drug Name	Drug Tier	Requirements & Limits
<b>► Ophthalmic Antiglaucoma Agents - Glaucoma Drugs</b>		
Acetazolamide (12-Hour Capsule)	2	
Acetazolamide (Tablet)	1	
<b>Alphagan P</b>	2	
Apraclonidine	2	
<b>Azopt</b>	2	
Betaxolol HCl	1	
<b>Betimol</b>	3	
<b>Betoptic-S</b>	3	
Brimonidine Tartrate	1	
Carteolol HCl	1	
<b>Combigan</b>	2	
Dorzolamide HCl <sup>†</sup>	1	QL
Dorzolamide HCl/Timolol Maleate <sup>†</sup>	2	QL
<b>Iopidine (1% Ophthalmic Solution)</b>	3	
<b>Istalol</b>	3	
Levobunolol HCl	1	
Methazolamide	1	
Metipranolol	1	
<b>Optipranolol</b>	3	
<b>Phospholine Iodide</b>	2	
<b>Pilopine HS</b>	2	
Timolol Maleate	1	
<b>► Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs</b>		
<b>Acular</b>	2	
<b>Acular LS</b>	2	
<b>Alrex</b>	2	
<b>Blephamide</b>	2	
<b>Blephamide S.O.P.</b>	2	

Drug Name	Drug Tier	Requirements & Limits
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	1	
Dexasporin	1	
Diclofenac Sodium	1	
<b>Durezol</b>	3	
<b>Flarex</b>	2	
Fluorometholone	1	
Flurbiprofen Sodium	1	
<b>FML</b>	2	
<b>FML Forte</b>	2	
Ketorolac Tromethamine (Ophthalmic Solution)	2	
<b>Lotemax</b>	2	
Neomycin/Polymyxin/Dexamethasone	1	
<b>Nevanac</b>	3	
Poly-Dex	1	
<b>Poly-Pred</b>	3	
<b>Pred Mild</b>	2	
<b>Pred-G</b>	2	
<b>Pred-G S.O.P.</b>	2	
Prednisolone Acetate	1	
Prednisolone Sodium Phosphate	1	
Sulfacetamide Sodium/Prednisolone Sodium Phosphate	1	
<b>Tobradex (Ophthalmic Ointment)</b>	2	
<b>Tobradex (Ophthalmic Suspension)</b>	3	
Tobramycin/Dexamethasone	1	
<b>Vexol</b>	3	
<b>Xibrom</b>	3	
<b>Zylet</b>	2	

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Drug Name	Drug Tier	Requirements & Limits
<b>▶ Ophthalmic Prostaglandin and Prostaglandin Analogs - Glaucoma Drugs</b>		
Lumigan <sup>†</sup>	2	QL
Travatan <sup>†</sup>	2	QL
Travatan Z <sup>†</sup>	2	QL
Xalatan <sup>†</sup>	3	QL, ST
<b>Otic Agents - Drugs to Treat Ear Conditions</b>		
<b>▶ Otic Agents - Ear Drugs</b>		
Acetasol HC	2	
Acetic Acid	1	
Acetic Acid/ Hydrocortisone	2	
Borofair	1	
Cipro HC	3	
Ciprodex	2	
Coly-Mycin S	3	
Cortisporin	3	
Cortisporin-TC	3	
Cortomycin	1	
<b>Dermotic</b>	2	
Neomycin/Polymyxin/ Hydrocortisone	1	
<b>Respiratory Tract Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions</b>		
<b>▶ Antihistamines - Allergy Drugs</b>		
Astelin <sup>†</sup>	2	QL
Astepro <sup>†</sup>	2	QL
Azelastine HCl (Nasal Spray) <sup>†</sup>	2	QL
Carbinoxamine Maleate	1	
Cetirizine HCl <sup>†</sup>	1	QL
Clemastine Fumarate	1	
Cyproheptadine HCl	1	
Dexchlorpheniramine Maleate	1	

Drug Name	Drug Tier	Requirements & Limits
Diphenhydramine HCl (Capsule, Elixir)	1	
Diphenhydramine HCl (Injection)	2	
Fexofenadine HCl	1	
Hydroxyzine HCl (Injection)	2	
Hydroxyzine HCl (Syrup, Tablet)	1	
<b>Patanase<sup>†</sup></b>	2	QL
Phenadoz	1	
Promethazine HCl (Injection)	2	
Promethazine HCl (Suppository, Syrup, Tablet)	1	
Promethazine VC	1	
Promethegan	1	
<b>▶ Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs</b>		
Advair Diskus <sup>†</sup>	2	QL
Advair HFA <sup>†</sup>	2	QL
Aerobid-M <sup>†</sup>	3	QL, ST
Alvesco <sup>†</sup>	3	QL, ST
Asmanex <sup>†</sup>	3	QL, ST
Budesonide (Nebulizer Suspension)	2	B/D
Flovent Diskus <sup>†</sup>	2	QL
Flovent HFA <sup>†</sup>	2	QL
Flunisolide	1	
Fluticasone Propionate	1	
<b>Nasonex<sup>†</sup></b>	2	QL
<b>Pulmicort (Nebulizer Suspension)</b>	3	B/D
<b>Pulmicort Flexhaler<sup>†</sup></b>	2	QL
<b>QVAR<sup>†</sup></b>	2	QL
<b>▶ Antileukotrienes - Asthma/Lung Drugs</b>		
<b>Accolate<sup>†</sup></b>	3	QL, ST

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Drug Name	Drug Tier	Requirements & Limits
Singular <sup>†</sup>	2	QL
Zyflo CR <sup>†</sup>	3	QL, ST
<b>► Bronchodilators, Anticholinergic - Asthma/Lung Drugs</b>		
Atrovent HFA	3	
Ipratropium Bromide (Nasal Spray)	1	
Ipratropium Bromide (Nebulizer Solution)	1	B/D
Spiriva Handihaler <sup>†</sup>	2	QL
<b>► Bronchodilators, Phosphodiesterase Inhibitors (Xanthines) - Asthma/Lung Drugs</b>		
Aminophylline (Injection)	2	
Aminophylline (Tablet)	1	
Elixophyllin	2	
Theo-24	2	
Theochron	1	
Theophylline ER	1	
<b>► Bronchodilators, Sympathomimetic - Asthma/Lung Drugs</b>		
Albuterol Sulfate (Nebulizer Solution)	1	B/D
Albuterol Sulfate (Syrup, Tablet)	1	
Albuterol Sulfate ER	1	
Combivent	2	
Epinephrine HCl	2	
Epipen <sup>†</sup>	2	QL
Foradil Aerolizer <sup>†</sup>	2	QL, ST
Ipratropium Bromide/Albuterol Sulfate (Nebulizer Solution)	1	B/D
Levalbuterol (Nebulizer Solution)	2	B/D, ST
Maxair Autohaler	3	
Metaproterenol Sulfate	1	

Drug Name	Drug Tier	Requirements & Limits
Proair HFA	2	
Serevent Diskus <sup>†</sup>	2	QL, ST
Symbicort <sup>†</sup>	2	QL
Terbutaline Sulfate (Injection)	2	
Terbutaline Sulfate (Tablet)	1	
Twinject <sup>†</sup>	3	QL
<b>► Mast Cell Stabilizers - Asthma/Lung Drugs</b>		
Cromolyn Sodium (Nebulizer Solution)	2	B/D
<b>► Pulmonary Antihypertensives - Asthma/Lung Drugs</b>		
Adcirca <sup>†</sup>	4	PA, QL
Letairis	4	PA
Remodulin	4	B/D, PA
Revatio	4	PA
Tracleer	4	PA, LA
<b>► Respiratory Tract Agents, Other - Asthma/Lung Drugs</b>		
Aralast NP	4	PA
Prolastin	4	PA
Pulmozyme	4	B/D
Tyzine	2	
Xolair	4	PA
Zemaira	4	PA
<b>Sedatives/Hypnotics - Drugs for Sedation and Sleep</b>		
<b>► Sedatives/Hypnotics - Sedation and Sleep Drugs</b>		
Lunesta <sup>†</sup>	2	QL
Rozerem <sup>†</sup>	3	QL
Zaleplon <sup>†</sup>	1	QL
Zolpidem Tartrate (10mg Tablet)	1	
Zolpidem Tartrate (5mg Tablet) <sup>†</sup>	1	QL

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Drug Name	Drug Tier	Requirements & Limits
<b>Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions</b>		
▶ <b>Skeletal Muscle Relaxants - Pain/Swelling Management Drugs</b>		
Carisoprodol	1	
Carisoprodol/Aspirin	1	
Carisoprodol/Aspirin/Codeine	2	
Chlorzoxazone	1	
Cyclobenzaprine HCl	1	
Metaxalone	2	
Methocarbamol	1	
Orphenadrine Citrate	2	
Orphenadrine Citrate ER	1	
<b>Robaxin (Injection)</b>	3	
<b>Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies</b>		
▶ <b>Electrolytes/Minerals - Electrolytes and Minerals</b>		
<b>Aminosyn</b>	3	B/D
<b>Aminosyn 7%/Electrolytes</b>	3	B/D
Aminosyn 8.5%/Electrolytes	2	B/D
<b>Aminosyn II (10% Injection, 7% Injection, 8.5% Injection)</b>	3	B/D
Aminosyn II 8.5%/Electrolytes	2	B/D
<b>Aminosyn II M/Dextrose</b>	3	B/D
<b>Aminosyn II/Dextrose</b>	3	B/D
<b>Aminosyn M</b>	3	B/D
<b>Aminosyn-HBC</b>	3	B/D
Aminosyn-HF	2	B/D

Drug Name	Drug Tier	Requirements & Limits
<b>Aminosyn-PF</b>	3	B/D
<b>Ammonium Chloride</b>	3	
<b>Clinimix E/Dextrose</b>	3	B/D
<b>Clinimix/Dextrose (2.75%/D5W Injection, 4.25%/D5W Injection, 5%/D15W Injection, 5%/D20W Injection, 5%/D25W Injection)</b>	3	B/D
Clinimix/Dextrose (4.25%/D10W Injection, 4.25%/D20W Injection, 4.25%/D25W Injection)	1	B/D
Clinisol SF 15%	2	B/D
Dextrose 10%/NaCl 0.2%	2	
<b>Dextrose 10%/NaCl 0.45%</b>	2	
Dextrose 2.5%/NaCl 0.45%	2	
<b>Dextrose 5%/Electrolyte #48</b>	3	
Dextrose 5%/KCl 0.075%	2	
Dextrose 5%/NaCl 0.2%	2	
<b>Dextrose 5%/NaCl 0.225%</b>	2	
Dextrose 5%/NaCl 0.33%	2	
Dextrose 5%/NaCl 0.45%	2	
Dextrose 5%/NaCl 0.9%	2	
ED K+10	1	
<b>Freamine HBC</b>	3	B/D
<b>Freamine III (3% Injection)</b>	3	B/D
Freamine III (8.5% Injection)	3	B/D
Hepatamine	2	B/D
<b>Hepatasol</b>	3	B/D
Intralipid (20% Injection)	2	B/D
<b>Intralipid (30% Injection)</b>	3	B/D

**Bold Type = Brand-Name Drugs**

**LA = Limited Access Drug**

**PA = Prior Authorization**

**QL = Quantity Limits**

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

**ST = Step Therapy**

†For this drug's specific quantity limit see pages 62-74.

Drug Name	Drug Tier	Requirements & Limits
<b>Ionosol-B/Dextrose 5%</b>	3	
<b>Ionosol-MB/Dextrose 5%</b>	3	
<b>Ionosol-T/Dextrose 5%</b>	3	
<b>Isolyte-H/Dextrose 5%</b>	3	
Isolyte-M/Dextrose 5%	2	
<b>Isolyte-P/Dextrose 5%</b>	3	
<b>Isolyte-S</b>	3	
<b>Isolyte-S/Dextrose 5%</b>	3	
Kaon-Cl-10	1	
KCl (0.4meq/1ml Injection, 10meq/100ml Injection, 2meq/1ml Injection, 30meq/100ml Injection)	2	
<b>KCl (10meq/50ml Injection)</b>	2	
KCl 0.15%/NaCl	2	
<b>KCl 0.3%/NaCl 0.9%</b>	2	
KCl ER	1	
KCl/D10W/NaCl	2	
KCl/D5W	2	
KCl/D5W/LR	2	
KCl/D5W/NaCl	2	
Klor-Con 10	1	
Klor-Con 8	1	
Klor-Con M10	1	
<b>Klor-Con M15</b>	2	
Klor-Con M20	1	
Lactated Ringer's	2	
Lactated Ringer's Irrigation	2	
Levocarnitine	2	
<b>Liposyn II</b>	3	B/D
<b>Liposyn III (10% Injection, 20% Injection)</b>	3	B/D
Liposyn III (30% Injection)	1	B/D
Magnesium Sulfate	1	
Magnesium Sulfate in D5W	2	

Drug Name	Drug Tier	Requirements & Limits
NaCl	2	
NaCl 0.45% Viaflex	2	
NaCl 0.9%	1	
<b>Nephramine</b>	3	B/D
Normosol-M in D5W	2	
<b>Normosol-R</b>	3	
Normosol-R in D5W	2	
Novamine	2	B/D
<b>Osmoprep</b>	3	
Physiolyte	1	
<b>Physiosol Irrigation</b>	3	
<b>Plasma-Lyte</b>	3	
<b>Plasma-Lyte/D5W</b>	3	
Plasma-Lyte-R	2	
Potassium Citrate Extended-Release	1	
<b>Premasol (10% Injection)</b>	3	B/D
Premasol (6% Injection)	2	B/D
<b>Procalamine</b>	3	B/D
<b>Prosol</b>	3	B/D
<b>Renamin</b>	3	B/D
Ringer's Injection	2	
Ringer's Irrigation	1	
Sodium Bicarbonate	1	
Sodium Fluoride	1	
Sodium Lactate	2	
Tis-U-Sol	1	
TPN Electrolytes FTV	2	
<b>Travasol</b>	3	B/D
<b>Trophamine (10% Injection)</b>	3	B/D
<b>Visicol</b>	3	
<b>▶ Therapeutic Nutrients/Minerals/Electrolytes - Electrolytes, Minerals and Nutrients</b>		
Alcohol 5%/Dextrose 5%	2	
<b>▶ Vitamins</b>		
Prenatal Vitamins	1	

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†For this drug's specific quantity limit see pages 62-74.

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				Tizanidine HCl.....	22

Tobi .....	10	Tri-Legest Fe .....	35	Tyzeka .....	22
Tobradex .....	40	Tri-Previfem .....	35	Tyzine .....	42
Tobramycin Sulfate.....	10	Tri-Sprintec .....	35	<b>U</b>	
Tobramycin Sulfate/NaCl .....	10	Triamcinolone Acetonide .....	33	U-Cort.....	30
Tobramycin/Dexamethasone... 40		Triamcinolone Acetonide in Absorbase.....	33	Ulesfia .....	21
Tobrasol.....	10	Triamcinolone in Orabase .....	29	Uloric.....	18
Tobrex .....	10	Triamterene/ Hydrochlorothiazide .....	28	Unasyn .....	12
Tolazamide.....	24	Tricor .....	28	Unithroid.....	36
Tolbutamide .....	24	Triderm .....	33	Uroxatral.....	32
Tolmetin Sodium .....	8	Trifluoperazine HCl.....	22	Ursodiol.....	31
Topiramate.....	14	Trifluridine.....	22	Uvadex .....	30
Toposar.....	20	Trihexyphenidyl HCl.....	21	<b>V</b>	
Toprol XL .....	27	TriHiBit.....	38	Vagifem .....	35
Torisel.....	20	Trilipix .....	28	Valacyclovir HCl .....	22
Torsemide.....	28	Trilyte .....	31	Valcyte .....	22
TPN Electrolytes FTV.....	44	Trimethobenzamide HCl .....	17	Valproate Sodium.....	14
Tracleer .....	42	Trimethoprim .....	11	Valproic Acid.....	14
Tramadol HCl .....	10	Trimethoprim Sulfate/ Polymyxin B Sulfate .....	11	Valtrex .....	22
Tramadol HCl ER .....	10	TriNessa.....	35	Vancocin HCl.....	11
Tramadol HCl/ Acetaminophen .....	10	Tripedia.....	38	Vancomycin HCl.....	11
Trandolapril.....	29	Trisenox.....	20	Vancomycin HCl Iso-Osmotic Dextrose .....	11
Trandolapril/Verapamil HCl .....	29	Trivora .....	35	Vandazole .....	11
Transderm-Scop .....	17	Trizivir .....	23	Vanos .....	33
Tranylcypromine Sulfate .....	15	Trophamine .....	44	Vaqta.....	38
Travasol .....	44	Tropicamide .....	39	Varivax.....	38
Travatan.....	41	Truvada.....	23	Vectibix.....	20
Travatan Z.....	41	Twinject .....	42	Vectical.....	30
Trazodone HCl .....	15	Twinrix .....	38	Velcade.....	20
Treanda.....	19	Twynsta .....	27	Velivet.....	35
Trecator .....	18	Tygacil .....	11	Venlafaxine HCl.....	15
Trelstar Depot .....	36	Tykerb.....	20	Venlafaxine HCl ER.....	15
Trelstar LA .....	36	Typhim Vi.....	38	Ventavis.....	29
Tretin-X.....	30	Tysabri.....	38	Verapamil HCl .....	27
Tretinoin.....	20, 30			Verapamil HCl ER.....	27
Trexall.....	37			Vesicare.....	32

Vexol .....	40	Xolair .....	42	Zostavax .....	38
Vfend.....	17	Xolegel.....	17	Zosyn.....	13
Vibativ .....	11	Xyrem .....	29	Zovia.....	35
Vibramycin.....	14	<b>Y</b>		Zovirax.....	22
Vidaza .....	20	Yasmin.....	35	Zyflo CR.....	42
Videx Pediatric .....	23	Yaz .....	35	Zylet .....	40
Vigamox.....	13	YF-Vax .....	38	Zymar .....	13
Vimpat.....	14	<b>Z</b>		Zyprexa.....	22
Vinblastine Sulfate .....	20	Zaleplon.....	42	Zyprexa Zydis .....	22
Vincasar PFS.....	20	Zanosar .....	19	Zyvox.....	11
Vincristine Sulfate .....	20	Zantac .....	31		
Vinorelbine Tartrate.....	20	Zavesca .....	30		
Viracept .....	23	Zazole.....	17		
Viramune .....	23	Zelapar .....	21		
Virazole .....	22	Zemaira .....	42		
Viread.....	23	Zemplar .....	39		
Visicol.....	44	Zenpep .....	30		
Vistide .....	22	Zerlor.....	18		
Vivaglobin .....	37	Zetia .....	28		
Vivelle-Dot.....	35	Ziagen .....	23		
Vivitrol .....	16	Ziana .....	30		
Vivotif Berna .....	38	Zidovudine .....	23		
Voltaren .....	8	Zinacef .....	12		
Votrient.....	19	Zinacef in Iso-Osmotic Dextrose .....	12		
Vpriv.....	30	Zinacef in Iso-Osmotic Diluent .....	12		
Vytorin.....	28	Zinecard .....	20		
Vyvanse.....	29	Zmax .....	13		
<b>W</b>		Zofran.....	17		
Warfarin Sodium .....	25	Zofran ODT .....	17		
Welchol .....	28	Zolinza .....	20		
<b>X</b>		Zolpidem Tartrate .....	42		
Xalatan .....	41	Zometa .....	39		
Xenazine .....	29	Zonisamide .....	14		
Xibrom.....	40	Zorbtive .....	34		
Xifaxan .....	11				

# 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 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 UnitedHealthcare Customer Service at **1-888-867-5575**, TTY **711**, 8 a.m. to 8 p.m. local time, 7 days a week.

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Accolate</b>	Maximum of 2 tablets per day
<b>Actiq</b>	Maximum of 4 lozenges per day
<b>Actonel (150mg Tablet)</b>	Maximum of 1 tablet per month
<b>Actonel (30mg Tablet, 5mg Tablet)</b>	Maximum of 1 tablet per day
<b>Actonel (35mg Tablet)</b>	Maximum of 4 tablets per month
<b>Adcirca</b>	Maximum of 2 tablets per day
<b>Adderall XR (10mg 24-Hour Capsule, 15mg 24-Hour Capsule, 5mg 24-Hour Capsule)</b>	Maximum of 2 capsules per day
<b>Adderall XR (20mg 24-Hour Capsule, 25mg 24-Hour Capsule, 30mg 24-Hour Capsule)</b>	Maximum of 1 capsule per day
<b>Advair Diskus</b>	Maximum of 2 blisters per day
<b>Advair HFA</b>	Maximum of 1 inhaler per month
<b>Aerobid-M</b>	Maximum of 3 inhalers per month
<b>Aggrenox</b>	Maximum of 2 capsules per day
<b>Alvesco</b>	Maximum of 2 inhalers per month
<b>Amitiza</b>	Maximum of 2 capsules per day
Amlodipine Besylate/Benazepril HCl	Maximum of 1 capsule per day
Amphetamine/Dextroamphetamine (10mg 24-Hour Capsule, 15mg 24-Hour Capsule, 5mg 24-Hour Capsule)	Maximum of 2 capsules per day
Amphetamine/Dextroamphetamine (20mg 24-Hour Capsule, 25mg 24-Hour Capsule, 30mg 24-Hour Capsule)	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

**Bold Type = Brand-Name Drug**



<b>Drug Name</b>	<b>Quantity Limit</b>
Amphetamine/Dextroamphetamine (15mg Tablet)	Maximum of 4 tablets per day
Amphetamine/Dextroamphetamine (20mg Tablet)	Maximum of 3 tablets per day
Amphetamine/Dextroamphetamine (30mg Tablet)	Maximum of 2 tablets per day
Amphetamine/Dextroamphetamine (5mg Tablet)	Maximum of 12 tablets per day
Amphetamine/Dextroamphetamine (7.5mg Tablet)	Maximum of 8 tablets per day
<b>Ampyra</b>	Maximum of 2 tablets per day
<b>Anzemet (100mg Tablet)</b>	Maximum of 3 tablets or a 3 day supply
<b>Anzemet (50mg Tablet)</b>	Maximum of 6 tablets or a 3 day supply
<b>Apriso</b>	Maximum of 4 capsules per day
<b>Aranesp Albumin Free (100mcg/0.5ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 25mcg/0.42ml Injection, 300mcg/0.6ml Injection, 40mcg/0.4ml Injection, 60mcg/0.3ml Injection)</b>	Maximum of 4 syringes per month
<b>Aranesp Albumin Free (100mcg/1ml Injection, 200mcg/1ml Injection, 25mcg/1ml Injection, 300mcg/1ml Injection, 40mcg/1ml Injection, 60mcg/1ml Injection)</b>	Maximum of 4 vials per month
<b>Aranesp Albumin Free (500mcg/1ml Injection)</b>	Maximum of 1 syringe per 3 weeks
<b>Aricept (5mg Tablet, 10mg Tablet)</b>	Maximum of 1 tablet per day
<b>Aricept ODT (5mg Dispersible Tablet, 10mg Dispersible Tablet)</b>	Maximum of 1 tablet per day
<b>Arixtra</b>	Maximum of 1 syringe per day
<b>Asmanex</b>	Maximum of 1 inhaler per month
<b>Astelin</b>	Maximum of 2 bottles per month
<b>Astepro</b>	Maximum of 2 bottles per month
<b>Avinza (120mg 24-Hour Capsule)</b>	Maximum of 6 capsules per day
<b>Avinza (30mg 24-Hour Capsule, 45mg 24-Hour Capsule, 60mg 24-Hour Capsule, 75mg 24-Hour Capsule, 90mg 24-Hour Capsule)</b>	Maximum of 4 capsules per day
<b>Avodart</b>	Maximum of 1 capsule per day
<b>Avonex</b>	Maximum of 1 kit per month
<b>Azelastine HCl (Nasal Spray)</b>	Maximum of 2 bottles per month
<b>Azor</b>	Maximum of 1 tablet per day

**Bold Type = Brand-Name Drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Banzel</b>	Maximum of 8 tablets per day
<b>Benicar (20mg Tablet)</b>	Maximum of 2 tablets per day
<b>Benicar (40mg Tablet, 5mg Tablet)</b>	Maximum of 1 tablet per day
<b>Benicar HCT</b>	Maximum of 1 tablet per day
<b>Betaseron</b>	Maximum of 14 vials per month
<b>Boniva (Injection)</b>	Maximum of 1 syringe per 3 months
<b>Boniva (Tablet)</b>	Maximum of 1 tablet per month
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
Budeprion XL (300mg 24-Hour Tablet)	Maximum of 1 tablet per day
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
Butorphanol Tartrate (Nasal Spray)	Maximum of 2 bottles per prescription
<b>Byetta</b>	Maximum of 1 pen per month
<b>Bystolic (10mg Tablet, 5mg Tablet)</b>	Maximum of 3 tablets per day
<b>Bystolic (2.5mg Tablet)</b>	Maximum of 1 tablet per day
<b>Bystolic (20mg Tablet)</b>	Maximum of 2 tablets per day
Calcitonin-Salmon (Nasal Spray)	Maximum of 1 bottle per month
<b>Catapres-TTS (0.1mg/24hr Weekly Patch)</b>	Maximum of 1 patch per 7 days
<b>Catapres-TTS (0.2mg/24hr Weekly Patch, 0.3mg/24hr Weekly Patch)</b>	Maximum of 2 patches per 7 days
<b>Celebrex</b>	Maximum of 2 capsules per day
<b>Cesamet</b>	Maximum of 20 capsules or a 3 day supply
Cetirizine HCl	Maximum of 10 ml per day

**Bold Type = Brand-Name Drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Chantix (0.5mg Tablet, 1mg Tablet)</b>	Maximum of 2 tablets per day
<b>Chantix Pak</b>	Maximum of 53 tablets per prescription
Clonidine HCl (0.1mg/24hr Weekly Patch)	Maximum of 1 patch per 7 days
Clonidine HCl (0.2mg/24hr Weekly Patch, 0.3mg/24hr Weekly Patch)	Maximum of 2 patches per 7 days
<b>Colcrys</b>	Maximum of 4 tablets per day
<b>Copaxone</b>	Maximum of 1 kit per month
<b>Crestor</b>	Maximum of 1 tablet per day
<b>Cymbalta (20mg Extended Release Capsule, 30mg Extended Release Capsule)</b>	Maximum of 2 capsules per day
<b>Cymbalta (60mg Extended Release Capsule)</b>	Maximum of 1 capsule per day
<b>Dexilant</b>	Maximum of 2 capsules per day
Dexmethylphenidate HCl (10mg Tablet)	Maximum of 2 tablets per day
Dexmethylphenidate HCl (2.5mg Tablet)	Maximum of 8 tablets per day
Dexmethylphenidate HCl (5mg Tablet)	Maximum of 4 tablets per day
Dextroamphetamine Sulfate (10mg Tablet)	Maximum of 6 tablets per day
Dextroamphetamine Sulfate (5mg Tablet)	Maximum of 12 tablets per day
Dextroamphetamine Sulfate ER (10mg 24-Hour Capsule)	Maximum of 5 capsules per day
Dextroamphetamine Sulfate ER (15mg 24-Hour Capsule)	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5mg 24-Hour Capsule)	Maximum of 2 capsules per day
Diltiazem HCl ER (24-Hour Tablet)	Maximum of 1 tablet per day
<b>Diovan (160mg Tablet, 40mg Tablet, 80mg Tablet)</b>	Maximum of 2 tablets per day
<b>Diovan (320mg Tablet)</b>	Maximum of 1 tablet per day
<b>Diovan HCT (160mg-12.5mg Tablet, 160mg-25mg Tablet, 80mg-12.5mg Tablet)</b>	Maximum of 2 tablets per day
<b>Diovan HCT (320mg-12.5mg Tablet, 320mg-25mg Tablet)</b>	Maximum of 1 tablet per day
<b>Divigel</b>	Maximum of 2 packets per day
Dorzolamide HCl	Maximum of 10 ml per month
Dorzolamide HCl/Timolol Maleate	Maximum of 10 ml per month
Dronabinol (2.5mg Capsule, 5mg Capsule)	Maximum of 6 capsules per day

**Bold Type = Brand-Name Drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
Effient	Maximum of 1 tablet per day
Eligard (22.5mg Injection)	Maximum of 1 kit per 3 months
Eligard (30mg Injection)	Maximum of 1 kit per 4 months
Eligard (45mg Injection)	Maximum of 1 kit per 6 months
Eligard (7.5mg Injection)	Maximum of 1 kit per month
Emend (125mg Capsule, 80mg Capsule)	Maximum of 2 capsules per prescription
Emend (40mg Capsule)	Maximum of 1 capsule 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 (25mg/0.5ml Injection, 50mg/1ml Injection)	Maximum of 8 syringes per month
Enbrel Kit (25mg Injection)	Maximum of 4 syringes per month
Epipen	Maximum of 2 syringes per prescription
Epogen (10,000units/ml Injection, 20,000units/ml Injection)	Maximum of 12 ml per month
Epogen (2,000units/ml Injection)	Maximum of 15 ml per month
Epogen (3,000units/ml Injection, 4,000units/ml Injection)	Maximum of 30 ml per month
Estring	Maximum of 1 ring per 3 months
Estrogel	Maximum of 1 bottle per month
Evista	Maximum of 1 tablet per day
Exelon (24-Hour Patch)	Maximum of 1 patch per day
Exelon (Capsule)	Maximum of 2 capsules per day
Exelon (Oral Solution)	Maximum of 6 ml per day
Exforge (10mg-160mg Tablet, 10mg-320mg Tablet, 5mg-320mg Tablet)	Maximum of 1 tablet per day
Exforge (5mg-160mg Tablet)	Maximum of 2 tablets per day
Exforge HCT	Maximum of 1 tablet per day
Extavia	Maximum of 15 vials per month
Fanapt	Maximum of 2 tablets per day

**Bold Type = Brand-Name Drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Fanapt Titration Pack</b>	Maximum of 1 packet per month
<b>Femring</b>	Maximum of 1 ring per 3 months
Fentanyl (100mcg/hr 72-Hour Patch, 75mcg/hr 72-Hour Patch)	Maximum of 31 patches per month
Fentanyl (12mcg/hr 72-Hour Patch, 25mcg/hr 72-Hour Patch, 50mcg/hr 72-Hour Patch)	Maximum of 15 patches per month
Fentanyl Citrate Oral Transmucosal	Maximum of 4 lozenges per day
<b>Fentora</b>	Maximum of 4 tablets per day
<b>Firmagon (120mg Injection)</b>	Maximum of 2 vials per month
<b>Firmagon (80mg Injection)</b>	Maximum of 1 vial per month
<b>Flovent Diskus</b>	Maximum of 2 inhalers per month
<b>Flovent HFA</b>	Maximum of 2 inhalers per month
Fluoxetine DR	Maximum of 4 capsules per month
<b>Foradil Aerolizer</b>	Maximum of 2 capsules per day
<b>Fortical</b>	Maximum of 1 bottle per month
<b>Fosamax (Oral Solution)</b>	Maximum of 5 bottles per month
<b>Fragmin (10,000units/1ml Injection, 7,500units/0.3ml Injection)</b>	Maximum of 1 syringe per day
<b>Fragmin (2,500units/0.2ml Injection, 5,000units/0.2ml Injection)</b>	Maximum of 2 syringes per day
<b>Fragmin (25,000units/1ml Injection)</b>	Maximum of 1 vial per day
<b>Gabitril (12mg Tablet, 2mg Tablet)</b>	Maximum of 4 tablets per day
<b>Gabitril (16mg Tablet)</b>	Maximum of 3 tablets per day
Galantamine Hydrobromide (24-Hour Capsule)	Maximum of 1 capsule per day
Gavilyte-C	Maximum of 1 bottle per prescription
Gavilyte-G	Maximum of 1 bottle per prescription
Gavilyte-N/Flavor Pack	Maximum of 1 bottle per prescription
<b>Gelnique</b>	Maximum of 1 pack per day
<b>Genotropin Miniquick</b>	Maximum of 1 cartridge per day
Granisetron HCl (Tablet)	Maximum of 6 tablets or a 3 day supply
Granisol	Maximum of 30 ml or a 3 day supply

**Bold Type = Brand-Name Drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
Halflytely Bowel Prep	Maximum of 1 kit per prescription
Humira (20mg/0.4ml injection)	Maximum of 1 kit per month
Humira (40mg/0.8ml Injection)	Maximum of 2 kits per month
Humira Starter Kit	Maximum of 1 kit per month
Intron-A (3mu Pen Injection)	Maximum of 4 syringes per month
Invega Sustenna	Maximum of 1 syringe per month
Itraconazole	Maximum of 130 capsules per month
Janumet	Maximum of 2 tablets per day
Januvia	Maximum of 1 tablet per day
<b>Kadian</b> (100mg 24-Hour Capsule, 200mg 24-Hour Capsule)	Maximum of 6 capsules per day
<b>Kadian</b> (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
<b>Kaletra (100-25mg Tablet)</b>	Maximum of 2 tablets per day
<b>Kaletra (200-50mg Tablet)</b>	Maximum of 4 tablets per day
<b>Kaletra (Oral Solution)</b>	Maximum of 13 ml per day
Ketorolac Tromethamine (15mg/ml Injection)	Maximum of 40 ml per month
Ketorolac Tromethamine (30mg/ml Injection)	Maximum of 20 ml per month
Ketorolac Tromethamine (Tablet)	Maximum of 4 tablets per day up to 5 days
<b>Kineret</b>	Maximum of 1 syringe per day
<b>Kytril (Tablet)</b>	Maximum of 6 tablets or a 3 day supply
<b>Lamictal ODT (100mg Dispersible Tablet, 200mg Dispersible Tablet)</b>	Maximum of 3 tablets per day
<b>Lamictal ODT (25mg Dispersible Tablet, 50mg Dispersible Tablet)</b>	Maximum of 1 tablet per day
Lansoprazole	Maximum of 2 capsules per day
<b>Lexapro (Oral Solution)</b>	Maximum of 20 ml per day
<b>Lexapro (Tablet)</b>	Maximum of 1 tablet per day
<b>Lidoderm</b>	Maximum of 3 patches per day

**Bold Type = Brand-Name Drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Lipitor</b>	Maximum of 1 tablet per day
Losartan Potassium	Maximum of 1 tablet per day
Losartan Potassium/Hydrochlorothiazide	Maximum of 1 tablet per day
<b>Lotrel (10mg-40mg Capsule, 5mg-40mg Capsule)</b>	Maximum of 1 capsule per day
<b>Lotronex</b>	Maximum of 2 tablets per day
<b>Lovenox (100mg/1ml Injection, 120mg/0.8ml Injection, 150mg/1ml Injection, 30mg/0.3ml Injection, 40mg/0.4ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection)</b>	Maximum of 2 syringes per day
<b>Lovenox (300mg/3ml Injection)</b>	Maximum of 1 vial per day
<b>Lumigan</b>	Maximum of 5 ml per month
<b>Lunesta</b>	Maximum of 1 tablet per day
<b>Lupron Depot (11.25mg Injection, 22.5mg Injection)</b>	Maximum of 1 kit per 3 months
<b>Lupron Depot (3.75mg Injection, 7.5mg Injection)</b>	Maximum of 1 kit per month
<b>Lupron Depot (30mg Injection)</b>	Maximum of 1 kit per 4 months
<b>Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule)</b>	Maximum of 3 capsules per day
<b>Lyrica (225mg Capsule, 300mg Capsule)</b>	Maximum of 2 capsules per day
<b>Marinol (2.5mg Capsule, 5mg Capsule)</b>	Maximum of 6 capsules per day
<b>Maxalt</b>	Maximum of 12 tablets per month
<b>Maxalt-MLT</b>	Maximum of 12 tablets per month
Methamphetamine HCl	Maximum of 5 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 (20mg Tablet)	Maximum of 3 tablets per day
Methylphenidate HCl (5mg Tablet)	Maximum of 12 tablets per day
Methylphenidate HCl SR	Maximum of 3 tablets per day

**Bold Type = Brand-Name Drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Micardis</b>	Maximum of 1 tablet per day
<b>Micardis HCT</b>	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 (15mg 12-Hour Tablet, 30mg 12-Hour Tablet, 60mg 12-Hour Tablet)	Maximum of 4 tablets per day
<b>MS Contin (200mg 12-Hour Tablet)</b>	Maximum of 6 tablets per day
<b>Namenda (Oral Solution)</b>	Maximum of 10 ml per day
<b>Namenda (Tablet)</b>	Maximum of 2 tablets per day
<b>Namenda Titration Pak</b>	Maximum of 1 packet per month
<b>Nasonex</b>	Maximum of 2 bottles per month
Nateglinide	Maximum of 3 tablets per day
<b>Nexium (Delayed Release Capsule)</b>	Maximum of 2 capsules per day
<b>Nexium (Pack)</b>	Maximum of 2 packets per day
<b>Nicotrol Inhaler</b>	Maximum of 18 inhalers per 6 months
<b>Nicotrol NS</b>	Maximum of 720 ml per 6 months
<b>Nulytely/Flavor Packs</b>	Maximum of 1 bottle per prescription
Octreotide Acetate (100mcg/ml Injection, 200mcg/ml Injection, 50mcg/ml Injection)	Maximum of 4 ml per day
Octreotide Acetate (500mcg/ml Injection)	Maximum of 3 ml per day
Omeprazole (10mg Delayed Release Capsule)	Maximum of 1 capsule per day
Omeprazole (20mg Delayed Release Capsule)	Maximum of 4 capsules per day
Omeprazole (40mg Delayed Release Capsule)	Maximum of 2 capsules per day
Ondansetron HCl (24mg Tablet)	Maximum of 3 tablets or a 3 day supply
Ondansetron HCl (4mg Tablet, 8mg Tablet)	Maximum of 30 tablets per prescription
Ondansetron HCl (Oral Solution)	Maximum of 100 ml or a 3 day supply
Ondansetron ODT	Maximum of 30 tablets per prescription
<b>Onglyza</b>	Maximum of 1 tablet per day
<b>Onsolis</b>	Maximum of 4 buccal films per day
<b>Opana</b>	Maximum of 6 tablets per day

**Bold Type = Brand-Name Drug**



<b>Drug Name</b>	<b>Quantity Limit</b>
Opana ER	Maximum of 4 tablets per day
Orencia	Maximum of 4 vials per month
<b>Oxandrin (10mg Tablet)</b>	Maximum of 2 tablets per day
<b>Oxandrin (2.5mg Tablet)</b>	Maximum of 4 tablets per day
Oxandrolone (10mg Tablet)	Maximum of 2 tablets per day
Oxandrolone (2.5mg Tablet)	Maximum of 4 tablets per day
Oxybutynin Chloride ER (10mg 24-Hour Tablet, 15mg 24-Hour Tablet)	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5mg 24-Hour Tablet)	Maximum of 1 tablet per day
<b>Oxycontin (10mg 12-Hour Tablet, 15mg 12-Hour Tablet, 20mg 12-Hour Tablet, 30mg 12-Hour Tablet, 40mg 12-Hour Tablet, 60mg 12-Hour Tablet)</b>	Maximum of 4 tablets per day
<b>Oxycontin (80mg 12-Hour Tablet)</b>	Maximum of 6 tablets per day
<b>Oxytrol</b>	Maximum of 2 patches per 7 days
Pantoprazole Sodium	Maximum of 2 tablets per day
Paroxetine HCl ER (12.5mg 24-Hour Tablet)	Maximum of 6 tablets per day
Paroxetine HCl ER (25mg 24-Hour Tablet)	Maximum of 3 tablets per day
Paroxetine HCl ER (37.5mg 24-Hour Tablet)	Maximum of 2 tablets per day
<b>Patanase</b>	Maximum of 1 bottle per month
<b>Plavix (300mg Tablet)</b>	Maximum of 3 tablets per prescription
<b>Plavix (75mg Tablet)</b>	Maximum of 1 tablet per day
<b>Prandimet</b>	Maximum of 5 tablets per day
<b>Prandin (0.5mg Tablet, 1mg Tablet)</b>	Maximum of 4 tablets per day
<b>Prandin (2mg Tablet)</b>	Maximum of 8 tablets per day
<b>Prezista</b>	Maximum of 2 tablets per day
<b>Pristiq</b>	Maximum of 1 tablet per day
<b>Procrit</b> (10,000units/ml Injection, 20,000units/ml Injection)	Maximum of 12 ml per month
<b>Procrit (2,000units/ml Injection)</b>	Maximum of 15 ml per month
<b>Procrit</b> (3,000units/ml Injection, 4,000units/ml Injection)	Maximum of 30 ml per month

**Bold Type = Brand-Name Drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
Prograf (0.5mg Capsule)	Maximum of 2 capsules per day
Prograf (1mg Capsule)	Maximum of 8 capsules per day
Provigil (100mg Tablet)	Maximum of 1 tablet per day
Provigil (200mg Tablet)	Maximum of 2 tablets per day
Pulmicort Flexhaler	Maximum of 2 inhalers per month
QVAR (40mcg/act Aerosol Solution)	Maximum of 2 inhalers per month
QVAR (80mcg/act Aerosol Solution)	Maximum of 3 inhalers per month
Rapaflo	Maximum of 1 capsule per day
Rebif	Maximum of 12 syringes per month
Rebif Titration Pack	Maximum of 1 pack per month
Regranex	Maximum of 2 tubes per month
Relenza Diskhaler	Maximum of 62 blisters per month
Risperdal Consta	Maximum of 2 vials per month
Rivastigmine Tartrate	Maximum of 2 capsules 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 5 patches per prescription
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
Savella	Maximum of 2 tablets per day
Savella Titration Pack	Maximum of 1 pack per prescription
Serevent Diskus	Maximum of 2 blisters per day

**Bold Type = Brand-Name Drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Simponi</b>	Maximum of 1 syringe per month
<b>Singulair (Chewable Tablet, Tablet)</b>	Maximum of 1 tablet per day
<b>Singulair (Pack)</b>	Maximum of 1 packet per day
<b>Spiriva Handihaler</b>	Maximum of 1 capsule per day
<b>Sporanox (Capsule)</b>	Maximum of 130 capsules per month
<b>Sporanox (Oral Solution)</b>	Maximum of 40 ml per day
<b>Strattera (100mg Capsule, 60mg Capsule, 80mg Capsule)</b>	Maximum of 1 capsule per day
<b>Strattera (10mg Capsule, 18mg Capsule, 25mg Capsule, 40mg Capsule)</b>	Maximum of 2 capsules per day
Sumatriptan Succinate (Injection)	Maximum of 8 doses per month
Sumatriptan Succinate (Tablet)	Maximum of 9 tablets per month
<b>Sumavel Dosepro</b>	Maximum of 8 doses per month
<b>Symbicort</b>	Maximum of 1 inhaler per month
<b>Symlin (1,000mcg/ml Injection)</b>	Maximum of 4 pens per month
<b>Symlin (600mcg/ml Injection)</b>	Maximum of 4 vials per month
Tacrolimus (0.5mg Capsule)	Maximum of 2 capsules per day
Tacrolimus (1mg Capsule)	Maximum of 8 capsules per day
<b>Tamiflu (30mg Capsule)</b>	Maximum of 62 capsules per month
<b>Tamiflu (45mg Capsule, 75mg Capsule)</b>	Maximum of 31 capsules per month
<b>Tamiflu (Oral Suspension)</b>	Maximum of 6 bottles per month
Tamsulosin HCl	Maximum of 2 capsules per day
<b>Tasmar</b>	Maximum of 6 tablets per day
<b>Tekturna</b>	Maximum of 1 tablet per day
<b>Tekturna HCT</b>	Maximum of 1 tablet per day
Ticlopidine HCl	Maximum of 2 tablets per day
Tramadol HCl ER (100mg Tablet, 200mg Tablet)	Maximum of 1 tablet per day
<b>Travatan</b>	Maximum of 5 ml per month
<b>Travatan Z</b>	Maximum of 5 ml per month

**Bold Type = Brand-Name Drug**

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Twinject</b>	Maximum of 2 syringes per prescription
<b>Twynsta</b>	Maximum of 1 tablet per day
<b>Uloric</b>	Maximum of 1 tablet per day
<b>Uroxatral</b>	Maximum of 1 tablet per day
Venlafaxine HCl	Maximum of 3 tablets per day
Venlafaxine HCl ER (150mg 24-Hour Capsule)	Maximum of 2 capsules per day
Venlafaxine HCl ER (37.5mg 24-Hour Capsule, 75mg 24-Hour Capsule)	Maximum of 3 capsules per day
<b>Venlafaxine HCl ER (150mg 24-Hour Tablet)</b>	Maximum of 2 tablet per day
<b>Venlafaxine HCl ER (225mg 24-Hour Tablet)</b>	Maximum of 1 tablets per day
<b>Venlafaxine HCl ER (37.5 24-Hour Tablet, 75mg 24-Hour Tablet)</b>	Maximum of 3 tablets per day
<b>Vesicare</b>	Maximum of 1 tablet per day
<b>Vimpat (Injection, Oral Solution)</b>	Maximum of 40 ml per day
<b>Vimpat (Tablet)</b>	Maximum of 2 tablets per day
<b>Vytorin</b>	Maximum of 1 tablet per day
<b>Vyvanse</b>	Maximum of 1 capsule per day
<b>Welchol (Pack)</b>	Maximum of 1 packet per day
<b>Xalatan</b>	Maximum of 5 ml per month
<b>Xyrem</b>	Maximum of 3 bottles per month
Zaleplon (10mg Capsule)	Maximum of 2 capsules per day
Zaleplon (5mg Capsule)	Maximum of 1 capsule per day
<b>Zetia</b>	Maximum of 1 tablet per day
<b>Zofran (Oral Solution)</b>	Maximum of 100 ml or a 3 day supply
<b>Zofran (Tablet)</b>	Maximum of 30 tablets per prescription
<b>Zofran ODT</b>	Maximum of 30 tablets per prescription
Zolpidem Tartrate (5mg Tablet)	Maximum of 1 tablet per day
<b>Zyflo CR</b>	Maximum of 4 tablets per day

**Bold Type = Brand-Name Drug**







This document includes the AARP MedicareRx Preferred (PDP) plan's complete formulary as of January 1, 2011. For updated formulary information, please visit [www.AARPMedicareRx.com](http://www.AARPMedicareRx.com) or call UnitedHealthcare Customer Service at **1-888-867-5575**, TTY **711**, 8 a.m. to 8 p.m. local time, 7 days a week.

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

This document may be available in alternative formats or languages. For more information, please call UnitedHealthcare Customer Service at the number listed above.

Para información en español, por favor llame al departamento de atención al cliente de UnitedHealthcare.

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## A UnitedHealthcare® Medicare Solution

Beneficiaries must use network pharmacies to access their prescription drug benefits. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2012.

This Medicare Prescription Drug Plan (PDP) is insured by UnitedHealthcare Insurance Company or UnitedHealthcare Insurance Company of New York for New York residents (together called "UnitedHealthcare").

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All decisions about prescription drugs are between you and your physician or other health care provider.

