



Comprehensive Formulary

(List of Covered Drugs)

Prescription Drug Plans

WellCare Signature (PDP)

Please Read: This document contains information about the drugs we cover in this plan.

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

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

Last updated 08/2011
Formulary File # 12166
Formulary version #6





We're always just a phone call away!

If you're ready to enroll or have questions about enrolling, call **1-877-818-8744**.

If you're *already* a member, call the number listed below.

Prescription Drug Plans	Classic/Signature	1-888-550-5252
	TTY.....	1-888-816-5252

Hours of operation are Monday–Sunday, 8 a.m. to 2 a.m. Eastern. Between 2/15/12 and 10/14/12, representatives are available Monday–Friday, 8 a.m. to 2 a.m. Eastern. Or visit us anytime at www.wellcarepdp.com.

What is the WellCare formulary?

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

Can the formulary change?

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

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 08/2011. To get updated information about the drugs covered by WellCare, please visit our website at www.wellcarepdp.com or call Customer Service at the telephone number listed for your state/plan on the inside cover of this formulary.

We update our printed formulary with any new changes via monthly addendum. Please contact Customer Service or visit our website at www.wellcarepdp.com for more information.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 50. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** WellCare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from WellCare before you fill your prescriptions. If you don't get approval, WellCare may not cover the drug.
- **Quantity Limits:** For certain drugs, WellCare limits the amount of the drug that WellCare will cover. For example, WellCare provides 9 tablets for 31 days per prescription for *sumatriptan* 25mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, WellCare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, WellCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, WellCare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.wellcarepdp.com.

You can ask WellCare to make an exception to these restrictions or limits. See the section, “How do I request an exception to the WellCare formulary?” on this page for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered.

If you learn that WellCare does not cover your drug, you have two options:

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

How do I request an exception to the WellCare formulary?

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, WellCare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Tier 4 (non-preferred brand), you can ask us to cover it at the cost-sharing amount that applies to drugs in the Tier 3 (preferred brand) instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Tier 5 (specialty).

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

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 93 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 93 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply consistent with the dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 98 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 98 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you experience a level of care change (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can call our Provider Service Center and request a one-time override. This one-time override will be a 31-day supply (unless you have a prescription written for fewer days).

For more information

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

If you have questions about WellCare, please call Customer Service at the telephone number listed for your state/plan on the inside cover of this formulary. Or visit www.wellcarepdp.com.

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

WellCare formulary

The comprehensive formulary that begins on page 1 provides coverage information about some of the drugs covered by WellCare. If you have trouble finding your drug in the list, turn to the Index that begins on page 50.

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

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

- MO means the drug is available for mail-order. Please see chapter 3 of your *Evidence of Coverage* for more information. With WellCare's convenient prescription mail-order process, you can order a 3-month supply of any Tier 1, 2, 3 or 4 medication through the mail and only pay 2½ months co-payment instead of the full three months.
- PA stands for Prior Authorization: Please see page II for details.
- QL stands for Quantity Limits: Please see page II for details.
- LA stands for Limited Access medication. This medication is available from the WellCare Specialty Pharmacy, and may be available from certain other pharmacies. For more information, please refer to the Specialty Pharmacy section of your Pharmacy Directory or contact Customer Service at the telephone number listed for your state/plan on the inside cover of this formulary.
- ST stands for Step Therapy: Please see page II for details.

Drug tier co-payment/coinsurance amounts

The WellCare formulary is divided into five tiers.

- Tier 1: Preferred Generic Drugs
- Tier 2: Non-Preferred Generic Drugs
- Tier 3: Preferred Brand Drugs
- Tier 4: Non-Preferred Brand Drugs
- Tier 5: Specialty

Brand drugs may be available in all tiers. Generic drugs are available in Tiers 1 and 2. Consult your Evidence of Coverage or Summary of Benefits for your applicable co-pays/coinsurance and deductible amounts.

How to read formulary listings:

DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS</i>			Therapeutic Category
<i>PLATELET AGGREGATION INHIBITORS</i>			Therapeutic Class
B	PLAVIX	3	QL (31 tablets per 31 days), MO
G	<i>ticlopidine hcl</i>	1	MO

Generic or Brand indicator	Name of Drug	Tier of Drug	Notes or Special Requirements such as: LA = Limited Access MO = Mail-Order Available PA = Prior Authorization QL = Quantity Limits ST = Step Therapy
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DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS			
OPIOID ANALGESICS			
G	acetaminophen/codeine #3	1	QL (248 tablets per 31 days), MO
G	acetaminophen/codeine #4	1	QL (248 tablets per 31 days), MO
G	acetaminophen/codeine solution	1	MO
G	acetaminophen/codeine tablet 300mg; 15mg	1	QL (248 tablets per 31 days), MO
G	butalbital/acetaminophen/caffeine/codeine	1	QL (186 capsules per 31 days), MO
G	co-gesic	1	QL (248 tablets per 31 days), MO
G	codeine sulfate	1	QL (248 tablets per 31 days), MO
G	duramorph	1	MO
G	endocet tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg, 500mg; 7.5mg	1	QL (248 tablets per 31 days), MO
G	endocet tablet 650mg; 10mg	1	QL (186 tablets per 31 days), MO
G	fentanyl citrate oral transmucosal	2	PA, MO
G	fentanyl patch	2	QL (20 patches per 31 days), MO
G	hydrocodone bitartrate/acetaminophen tablet 750mg; 10mg	1	QL (165 tablets per 31 days), MO
G	hydrocodone/acetaminophen solution 500mg/15ml; 7.5mg/15ml	1	MO
G	hydrocodone/acetaminophen tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg, 500mg; 10mg, 500mg; 2.5mg, 500mg; 5mg, 500mg; 7.5mg	1	QL (248 tablets per 31 days), MO
G	hydrocodone/acetaminophen tablet 650mg; 10mg, 650mg; 7.5mg, 660mg; 10mg	1	QL (186 tablets per 31 days), MO
G	hydrocodone/acetaminophen tablet 750mg; 7.5mg	1	QL (165 tablets per 31 days), MO
G	hydrocodone/ibuprofen	1	QL (155 tablets per 31 days), MO
G	hydromorphone hcl injection	1	MO
G	hydromorphone hcl tablet 2mg, 4mg	1	QL (248 tablets per 31 days), MO
G	hydromorphone hcl tablet 8mg	2	QL (248 tablets per 31 days), MO
G	methadone hcl tablet	1	QL (248 tablets per 31 days), MO
G	methadose	1	QL (248 tablets per 31 days), MO
G	morphine sulfate er	2	QL (248 tablets per 31 days), MO
G	morphine sulfate injection, oral solution	2	MO
G	morphine sulfate tablet	1	QL (248 tablets per 31 days), MO
G	oxycodone hcl tablet	1	QL (248 tablets per 31 days), MO

LA Limited Access MO Mail-Order Available

B Brand-Name G Generic PA Prior Authorization QL Quantity Limited ST Step Therapy

DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS (continued)			
OPIOID ANALGESICS (continued)			
G	<i>oxycodone/acetaminophen capsule</i>	1	QL (248 capsules per 31 days), MO
G	<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg, 500mg; 7.5mg</i>	1	QL (248 tablets per 31 days), MO
G	<i>oxycodone/acetaminophen tablet 650mg; 10mg</i>	1	QL (186 tablets per 31 days), MO
G	<i>reprexain tablet 10mg; 200mg</i>	1	QL (155 tablets per 31 days), MO
G	<i>tramadol hcl</i>	1	QL (248 tablets per 31 days), MO
G	<i>tramadol hydrochloride/acetaminophen</i>	1	QL (248 tablets per 31 days), MO
ANESTHETICS			
LOCAL ANESTHETICS			
G	<i>lidocaine hcl injection</i>	2	MO
G	<i>lidocaine hcl jelly</i>	1	MO
G	<i>lidocaine ointment</i>	1	MO
G	<i>lidocaine viscous</i>	1	MO
G	<i>lidocaine/prilocaine cream</i>	1	MO
B	LIDODERM	4	QL (93 patches per 31 days), PA, MO
G	<i>phenazopyridine hcl</i>	1	MO
ANTI-INFLAMMATORY AGENTS			
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS			
G	<i>diclofenac potassium</i>	1	MO
G	<i>diclofenac sodium ec tablet delayed release 50mg</i>	1	MO
G	<i>diclofenac sodium tablet</i>	1	MO
G	<i>diclofenac sodium xr</i>	1	MO
G	<i>diflunisal</i>	1	MO
G	<i>etodolac</i>	1	MO
G	<i>etodolac er</i>	1	MO
G	<i>fenoprofen calcium</i>	1	MO
G	<i>flurbiprofen tablet</i>	1	MO
G	<i>ibuprofen</i>	1	MO
G	<i>indomethacin</i>	1	MO
G	<i>ketoprofen</i>	1	MO

LA Limited Access MO Mail-Order Available

B Brand-Name G Generic PA Prior Authorization QL Quantity Limited ST Step Therapy

DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI-INFLAMMATORY AGENTS (continued)			
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (continued)			
G	<i>ketoprofen er</i>	1	QL (31 capsules per 31 days), MO
G	<i>meloxicam tablet</i>	1	MO
G	<i>nabumetone</i>	1	MO
G	<i>naproxen</i>	1	MO
G	<i>naproxen sodium</i>	1	MO
G	<i>oxaprozin</i>	1	MO
G	<i>piroxicam</i>	1	MO
G	<i>sulindac</i>	1	MO
B	VOLTAREN GEL	3	MO
ANTIBACTERIALS			
AMINOGLYCOSIDES			
G	<i>amikacin sulfate injection</i>	1	MO
G	<i>gentak ointment</i>	1	MO
G	<i>gentamicin sulfate cream, ointment, ophthalmic solution, injection</i>	1	MO
G	<i>neomycin sulfate</i>	1	MO
G	<i>paromomycin sulfate</i>	1	MO
B	TOBI	5	PA, MO
G	<i>tobramycin sulfate injection</i>	2	MO
G	<i>tobramycin sulfate ophthalmic solution</i>	1	MO
G	<i>tobrasol ophthalmic solution</i>	1	MO
ANTIBACTERIALS, OTHER			
G	<i>bacitracin</i>	1	MO
G	<i>bacitracin/polymyxin b</i>	1	MO
G	<i>clindamycin hcl capsule</i>	1	MO
G	<i>clindamycin phosphate injection</i>	2	MO
G	<i>colistimethate sodium injection</i>	2	MO
G	<i>methenamine hippurate</i>	2	MO
G	<i>metronidazole cream, tablet</i>	1	MO
G	<i>mupirocin</i>	1	MO
G	<i>neomycin/bacitracin/polymyxin</i>	1	MO
G	<i>nitrofurantoin macrocrystalline</i>	2	MO
G	<i>nitrofurantoin monohydrate</i>	2	MO

LA Limited Access MO Mail-Order Available

B Brand-Name G Generic PA Prior Authorization QL Quantity Limited ST Step Therapy

DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIBACTERIALS (continued)			
ANTIBACTERIALS, OTHER (continued)			
G	<i>polycin b</i>	1	MO
G	<i>silver sulfadiazine</i>	1	MO
G	<i>thermazene</i>	1	MO
G	<i>trimethoprim tablet</i>	1	MO
B	TYGACIL	5	MO
B	VANCOCIN HCL CAPSULE	5	PA, MO
G	<i>vancomycin hcl injection 1gm, 10gm</i>	2	PA, MO
G	<i>vandazole</i>	1	MO
B	ZYVOX	5	PA, MO
BETA-LACTAM, CEPHALOSPORINS			
G	<i>cefaclor</i>	1	MO
G	<i>cefadroxil</i>	1	MO
G	<i>cefazolin sodium</i>	2	MO
G	<i>cefdinir capsule</i>	1	MO
G	<i>cefdinir suspension reconstituted</i>	2	MO
G	<i>cefepime</i>	2	MO
G	<i>cefotaxime sodium</i>	1	MO
G	<i>cefoxitin sodium injection 10gm, 1gm</i>	2	MO
G	<i>cefoxitin sodium injection 2gm</i>	1	MO
G	<i>cefpodoxime proxetil suspension reconstituted</i>	2	MO
G	<i>cefpodoxime proxetil tablet</i>	1	MO
G	<i>cefprozil suspension reconstituted, tablet</i>	1	MO
G	<i>ceftazidime</i>	2	MO
G	<i>ceftriaxone sodium</i>	2	MO
G	<i>cefuroxime axetil suspension reconstituted</i>	2	MO
G	<i>cefuroxime axetil tablet</i>	1	MO
G	<i>cefuroxime sodium injection 1.5gm, 750mg</i>	2	MO
G	<i>cephalexin</i>	1	MO
B	SUPRAX	4	MO
BETA-LACTAM, OTHER			
B	INVANZ	4	MO
B	PRIMAXIN I.M.	3	MO

LA Limited Access MO Mail-Order Available

B Brand-Name G Generic PA Prior Authorization QL Quantity Limited ST Step Therapy

DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIBACTERIALS (continued)			
BETA-LACTAM, OTHER (continued)			
B	PRIMAXIN IV	3	MO
BETA-LACTAM, PENICILLINS			
G	<i>amoxicillin</i>	1	MO
G	<i>amoxicillin/clavulanate potassium</i>	1	MO
G	<i>amoxicillin/potassium clavulanate</i>	1	MO
G	<i>ampicillin</i>	1	MO
G	<i>ampicillin sodium injection 125mg, 1gm, 250mg, 2gm, 500mg</i>	2	MO
G	<i>ampicillin-sulbactam</i>	2	MO
B	BICILLIN C-R	3	MO
B	BICILLIN L-A	3	MO
G	<i>dicloxacillin sodium</i>	1	MO
G	<i>oxacillin sodium</i>	2	MO
G	<i>penicillin g potassium</i>	1	MO
B	PENICILLIN G PROCAINE	3	MO
G	<i>penicillin v potassium</i>	1	MO
G	<i>pfizerpen-g</i>	1	MO
G	<i>piperacillin sodium</i>	1	MO
G	<i>piperacillin sodium/tazobactam sodium</i>	2	MO
B	TIMENTIN	3	MO
MACROLIDES			
B	AZASITE	3	MO
G	<i>azithromycin injection, tablet</i>	1	MO
G	<i>azithromycin suspension reconstituted</i>	2	MO
G	<i>clarithromycin suspension reconstituted</i>	2	MO
G	<i>clarithromycin tablet</i>	1	MO
G	<i>e.e.s. 400</i>	1	MO
G	<i>e.e.s. granules</i>	2	MO
G	<i>ery-tab</i>	1	MO
G	<i>erythrocin lactobionate injection</i>	1	MO
G	<i>erythrocin stearate tablet</i>	1	MO
G	<i>erythromycin base tablet</i>	1	MO
G	<i>erythromycin ethylsuccinate tablet</i>	1	MO

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B Brand-Name G Generic PA Prior Authorization QL Quantity Limited ST Step Therapy

DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIBACTERIALS (continued)			
MACROLIDES (continued)			
G	<i>erythromycin ointment</i>	1	MO
G	<i>erythromycin/sulfisoxazole suspension</i>	1	MO
QUINOLONES			
G	<i>ciprofloxacin hcl ophthalmic solution</i>	1	MO
G	<i>ciprofloxacin hcl tablet 250mg, 500mg, 750mg</i>	1	MO
G	<i>ciprofloxacin injection</i>	1	MO
G	<i>levofloxacin tablet</i>	2	MO
B	MOXEZA	3	MO
G	<i>ofloxacin ophthalmic solution, otic solution</i>	1	MO
G	<i>ofloxacin tablet</i>	2	MO
B	VIGAMOX	3	MO
B	ZYMAXID	4	MO
SULFONAMIDES			
G	<i>sodium sulfacetamide solution</i>	1	MO
G	<i>sulfacetamide sodium solution</i>	1	MO
G	<i>sulfadiazine</i>	2	MO
G	<i>sulfamethoxazole/trimethoprim</i>	1	MO
G	<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
G	<i>trimethoprim sulfate/polymyxin b sulfate solution</i>	1	MO
TETRACYCLINES			
G	<i>demeclocycline hcl</i>	2	MO
G	<i>doxycycline hyclate capsule, injection</i>	1	MO
G	<i>doxycycline hyclate tablet 100mg</i>	1	MO
G	<i>minocycline hcl capsule</i>	1	MO
G	<i>ocudox</i>	1	MO
G	<i>tetracycline hcl</i>	1	MO
ANTICONVULSANTS			
ANTICONVULSANTS, OTHER			
B	BANZEL SUSPENSION	4	PA, MO
B	BANZEL TABLET 200MG	4	PA, MO
B	BANZEL TABLET 400MG	5	PA, MO
G	<i>levetiracetam injection, oral solution, tablet</i>	1	MO

LA Limited Access MO Mail-Order Available

B Brand-Name G Generic PA Prior Authorization QL Quantity Limited ST Step Therapy

DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTICONVULSANTS (continued)			
ANTICONVULSANTS, OTHER (continued)			
B	VIMPAT INJECTION, TABLET	4	PA, MO
B	VIMPAT ORAL SOLUTION	4	PA, MO
CALCIUM CHANNEL MODIFYING AGENTS			
B	CELONTIN	3	MO
G	<i>ethosuximide</i>	1	MO
B	LYRICA	4	PA, MO
G	<i>zonisamide</i>	1	MO
GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS			
G	<i>gabapentin capsule 100mg, 300mg</i>	1	QL (372 capsules per 31 days), MO
G	<i>gabapentin capsule 400mg</i>	1	QL (279 capsules per 31 days), MO
G	<i>gabapentin solution</i>	1	MO
G	<i>gabapentin tablet 600mg</i>	1	QL (186 tablets per 31 days), MO
G	<i>gabapentin tablet 800mg</i>	1	QL (140 tablets per 31 days), MO
B	GABITRIL	4	MO
G	<i>primidone</i>	1	MO
B	SABRIL PACKET	5	PA, LA
B	SABRIL TABLET	5	PA, LA
G	<i>valproate sodium</i>	1	MO
G	<i>valproic acid</i>	1	MO
GLUTAMATE REDUCING AGENTS			
B	FELBATOL SUSPENSION	5	MO
B	FELBATOL TABLET 400MG	4	MO
B	FELBATOL TABLET 600MG	5	MO
G	<i>lamotrigine</i>	1	MO
G	<i>topiramate capsule sprinkle, tablet</i>	1	MO
SODIUM CHANNEL INHIBITORS			
G	<i>carbamazepine suspension, tablet chewable, tablet</i>	1	MO
B	DILANTIN CAPSULE 30MG	3	MO
B	DILANTIN INFATABS	3	MO
G	<i>epitol</i>	1	MO
G	<i>fosphenytoin sodium</i>	1	MO
G	<i>oxcarbazepine</i>	2	MO

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B Brand-Name G Generic PA Prior Authorization QL Quantity Limited ST Step Therapy

DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTICONVULSANTS (continued)			
SODIUM CHANNEL INHIBITORS (continued)			
B	PEGANONE	4	MO
G	<i>phenytoin sodium extended capsule</i>	1	MO
G	<i>phenytoin sodium injection</i>	1	MO
G	<i>phenytoin suspension</i>	1	MO
ANTIDEMENTIA AGENTS			
ANTIDEMENTIA AGENTS, OTHER			
G	<i>ergoloid mesylates</i>	2	MO
CHOLINESTERASE INHIBITORS			
G	<i>donepezil hcl tablet</i>	1	MO
G	<i>donepezil hcl tablet dispersible</i>	2	MO
B	EXELON PATCH 24 HOUR, SOLUTION	3	MO
G	<i>galantamine hydrobromide</i>	2	MO
G	<i>rivastigmine tartrate</i>	2	MO
GLUTAMATE PATHWAY MODIFIERS			
B	NAMENDA	3	MO
B	NAMENDA TITRATION PAK	3	MO
ANTIDEPRESSANTS			
ANTIDEPRESSANTS, OTHER			
G	<i>budeprion sr</i>	1	MO
G	<i>budeprion xl</i>	1	MO
G	<i>buproban</i>	1	MO
G	<i>bupropion hcl</i>	1	MO
G	<i>bupropion hcl sr</i>	1	MO
G	<i>bupropion hcl xl</i>	1	QL (31 tablets per 31 days), MO
G	<i>mirtazapine</i>	1	MO
G	<i>mirtazapine odt</i>	1	MO
G	<i>nefazodone hcl</i>	1	MO
G	<i>trazodone hcl tablet 100mg, 150mg, 50mg</i>	1	MO
G	<i>trazodone hcl tablet 300mg</i>	2	MO
MONOAMINE OXIDASE INHIBITORS			
B	EMSAM	4	PA, MO
B	MARPLAN	4	MO

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B Brand-Name G Generic PA Prior Authorization QL Quantity Limited ST Step Therapy

DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIDEPRESSANTS (continued)			
MONOAMINE OXIDASE INHIBITORS (continued)			
B	NARDIL	4	MO
G	<i>phenelzine sulfate</i>	1	MO
G	<i>tranylcypromine sulfate</i>	2	MO
SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS			
G	<i>citalopram hydrobromide solution</i>	2	MO
G	<i>citalopram hydrobromide tablet</i>	1	MO
B	CYMBALTA	4	PA, MO
G	<i>fluoxetine hcl capsule, solution</i>	1	MO
G	<i>fluvoxamine maleate</i>	1	MO
B	LEXAPRO SOLUTION	4	ST, MO
B	LEXAPRO TABLET	4	QL (31 tablets per 31 days), ST, MO
G	<i>paroxetine hcl suspension</i>	2	MO
G	<i>paroxetine hcl tablet</i>	1	MO
B	PAXIL SUSPENSION	4	MO
B	PRISTIQ	4	PA, MO
B	SAVELLA	4	MO
B	SAVELLA TITRATION PACK	4	MO
G	<i>sertraline hcl concentrate, tablet</i>	1	MO
G	<i>venlafaxine hcl</i>	1	MO
G	<i>venlafaxine hcl er capsule extended release 24 hour</i>	1	QL (31 capsules per 31 days), MO
G	<i>venlafaxine hcl er tablet extended release 24 hour 150mg, 37.5mg, 75mg</i>	1	QL (31 tablets per 31 days), MO
B	VIIBRYD	4	ST, MO
TRICYCLICS			
G	<i>amitriptyline hcl</i>	1	MO
G	<i>amoxapine</i>	1	MO
G	<i>chlordiazepoxide/amitriptyline</i>	2	MO
G	<i>clomipramine hcl</i>	1	MO
G	<i>desipramine hcl</i>	2	MO
G	<i>doxepin hcl</i>	1	MO
G	<i>imipramine hcl</i>	1	MO
G	<i>imipramine pamoate</i>	2	MO

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B Brand-Name G Generic PA Prior Authorization QL Quantity Limited ST Step Therapy

DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIDEPRESSANTS (continued)			
TRICYCLICS (continued)			
G	<i>maprotiline hcl</i>	1	MO
G	<i>nortriptyline hcl capsule, solution</i>	1	MO
G	<i>perphenazine/amitriptyline</i>	1	MO
G	<i>protriptyline hcl</i>	2	MO
B	SURMONTIL	4	MO
ANTIDOTES, DETERRENTS, AND TOXICOLOGIC AGENTS			
ANTIDOTES			
B	EXJADE	5	PA, LA
G	<i>fomepizole</i>	1	MO
G	<i>kionex</i>	2	MO
B	RELISTOR	4	PA, MO
G	<i>sodium polystyrene sulfonate</i>	2	MO
G	<i>sps</i>	2	MO
B	SYPRINE	4	MO
DETERRENTS			
B	ANTABUSE	3	MO
B	CAMPRAL	4	MO
B	CHANTIX STARTER PACK	4	QL (106 tablets per 365 days), MO
B	CHANTIX TABLET 0.5MG, 1MG	4	QL (340 tablets per 365 days), MO
G	<i>disulfiram</i>	2	MO
B	NICOTROL NS	4	MO
TOXICOLOGIC AGENTS			
G	<i>buprenorphine hcl injection</i>	2	PA, MO
G	<i>buprenorphine hcl tablet sublingual</i>	2	PA, MO
G	<i>naloxone hcl injection 1mg/ml</i>	1	MO
G	<i>naltrexone hcl</i>	1	MO
B	SUBOXONE FILM	4	PA, MO
ANTIEMETICS			
ANTIEMETICS			
G	<i>compro</i>	1	MO
G	<i>dronabinol</i>	2	QL (62 capsules per 31 days), PA, MO
B	EMEND COMBO PACK, CAPSULE	4	PA, MO

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DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIEMETICS (continued)			
ANTIEMETICS (continued)			
G	<i>granisetron hcl injection</i>	2	QL (10 mls per 31 days), PA, MO
G	<i>granisetron hcl tablet</i>	2	QL (31 tablets per 31 days), PA, MO
G	<i>meclizine hcl</i>	1	MO
G	<i>ondansetron hcl injection</i>	2	PA, MO
G	<i>ondansetron hcl oral solution</i>	2	PA, MO
G	<i>ondansetron hcl tablet 24mg</i>	1	QL (31 tablets per 31 days), MO
G	<i>ondansetron hcl tablet 4mg, 8mg</i>	1	QL (62 tablets per 31 days), MO
G	<i>ondansetron odt</i>	1	QL (62 tablets per 31 days), MO
G	<i>phenadoz</i>	1	MO
G	<i>prochlorperazine edisylate injection</i>	1	MO
G	<i>prochlorperazine maleate tablet</i>	1	MO
G	<i>prochlorperazine suppository</i>	1	MO
G	<i>promethazine hcl</i>	2	MO
G	<i>promethegan</i>	2	MO
ANTIFUNGALS			
ANTIFUNGALS			
G	<i>amphotericin b</i>	2	MO
B	ANCOBON	4	MO
G	<i>ciclopirox gel, shampoo</i>	2	MO
G	<i>ciclopirox nail lacquer</i>	1	MO
G	<i>ciclopirox olamine</i>	1	MO
G	<i>ciclopirox suspension</i>	1	MO
G	<i>clotrimazole cream</i>	1	MO
G	<i>clotrimazole troche</i>	2	MO
G	<i>clotrimazole/betamethasone dipropionate</i>	1	MO
G	<i>econazole nitrate</i>	1	MO
G	<i>fluconazole in dextrose</i>	2	MO
G	<i>fluconazole in nacl</i>	2	MO
G	<i>fluconazole suspension reconstituted, tablet</i>	1	MO
B	GRIFULVIN V	4	MO
G	<i>griseofulvin microsize suspension</i>	2	MO
G	<i>itraconazole</i>	2	PA, MO

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B Brand-Name G Generic PA Prior Authorization QL Quantity Limited ST Step Therapy

DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIFUNGALS (continued)			
ANTIFUNGALS (continued)			
G	<i>ketoconazole</i>	1	MO
B	MYCAMINE	5	PA, MO
B	NAFTIN	3	MO
B	NATACYN	3	MO
G	<i>nyamyc</i>	1	MO
G	<i>nystatin cream, powder, ointment, suspension, tablet</i>	1	MO
G	<i>nystatin vaginal</i>	1	MO
G	<i>nystatin/triamcinolone</i>	1	MO
G	<i>nystop</i>	1	MO
G	<i>pedi-dri</i>	1	MO
G	<i>selenium sulfide</i>	1	MO
G	<i>terbinafine hcl</i>	1	MO
G	<i>terconazole cream, suppository</i>	1	MO
G	<i>voriconazole</i>	2	PA, MO
G	<i>zazole</i>	1	MO
ANTIGOUT AGENTS			
ANTIGOUT AGENTS			
G	<i>allopurinol</i>	1	MO
B	COLCRYS	4	MO
G	<i>probenecid</i>	1	MO
ANTIMIGRAINE AGENTS			
ABORTIVE			
G	<i>dihydroergotamine mesylate</i>	2	MO
G	<i>ergotamine tartrate/caffeine</i>	1	MO
G	<i>sumatriptan nasal spray</i>	2	QL (12 units per 31 days), MO
G	<i>sumatriptan succinate injection</i>	2	QL (8 mls per 31 days), MO
G	<i>sumatriptan succinate injection refill</i>	2	QL (8 mls per 31 days), MO
G	<i>sumatriptan succinate tablet</i>	1	QL (9 tablets per 31 days), MO
ANTIMYASTHENIC AGENTS			
PARASYMPATHOMIMETICS			
G	<i>bethanechol chloride tablet 10mg, 25mg, 5mg</i>	1	MO
G	<i>bethanechol chloride tablet 50mg</i>	2	MO

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DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIMYASTHENIC AGENTS (continued)			
PARASYMPATHOMIMETICS (continued)			
B	GUANIDINE HCL	3	MO
B	MESTINON SYRUP	3	MO
B	MESTINON TIMESPAN	3	MO
G	<i>pyridostigmine bromide</i>	1	MO
ANTIMYCOBACTERIALS			
ANTIMYCOBACTERIALS, OTHER			
B	DAPSONE	3	MO
B	MYCOBUTIN	4	MO
ANTITUBERCULARS			
B	CAPASTAT SULFATE	4	MO
G	<i>ethambutol hcl</i>	1	MO
G	<i>isoniazid syrup</i>	2	MO
G	<i>isoniazid tablet</i>	1	MO
B	PASER	4	MO
B	PRIFTIN	4	MO
G	<i>pyrazinamide</i>	1	MO
G	<i>rifampin capsule, injection</i>	1	MO
B	SEROMYCIN	3	MO
B	TRECTOR	4	MO
ANTINEOPLASTICS			
ALKYLATING AGENTS			
B	CEENU	3	MO
G	<i>cyclophosphamide injection</i>	1	PA, MO
G	<i>cyclophosphamide tablet</i>	2	PA, MO
B	HEXALEN	4	PA, MO
B	LEUKERAN	3	MO
B	MATULANE	5	MO
B	TREANDA	5	PA, MO
ANTIANGIOGENIC AGENTS			
B	REVLIMID	5	PA, LA
B	THALOMID	5	QL (28 capsules per 28 days), PA, MO
B	VANDETANIB	5	PA, MO

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DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTINEOPLASTICS (continued)			
ANTIESTROGENS/MODIFIERS			
B	EMCYT	4	PA, MO
B	FARESTON	5	MO
B	FASLODEX	5	PA, MO
G	<i>tamoxifen citrate</i>	1	MO
ANTIMETABOLITES			
B	DROXIA	3	MO
B	ELITEK	5	PA, MO
G	<i>hydroxyurea</i>	1	MO
G	<i>mercaptopurine</i>	2	MO
B	OFORTA	5	PA, MO
B	TABLOID	4	PA, MO
ANTINEOPLASTICS, OTHER			
B	ALIMTA	5	PA, MO
G	<i>amifostine</i>	1	PA, MO
G	<i>bleomycin sulfate</i>	1	PA, MO
G	<i>ifosfamide</i>	1	MO
B	IXEMPRA KIT	5	PA, MO
G	<i>leucovorin calcium</i>	2	MO
G	<i>mesna solution</i>	1	MO
B	MESNEX TABLET	5	MO
G	<i>mitoxantrone hcl</i>	1	PA, MO
B	ONTAK	5	PA, MO
G	<i>pentostatin</i>	1	PA, MO
B	PROLEUKIN	5	PA, MO
B	SYLATRON	5	PA, MO
B	TRISENOX	4	PA, MO
B	TYKERB	5	PA, LA
B	VELCADE	5	PA, MO
B	VIDAZA	5	PA, MO
B	ZOLINZA	5	PA, MO
B	ZYTIGA	5	PA, MO

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DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTINEOPLASTICS (continued)			
AROMATASE INHIBITORS, 3RD GENERATION			
G	<i>anastrozole</i>	1	QL (31 tablets per 31 days), MO
G	<i>exemestane</i>	2	MO
B	FEMARA	4	MO
G	<i>letrozole</i>	2	MO
MOLECULAR TARGET INHIBITORS			
B	AFINITOR	5	PA, MO
B	GLEEVEC	5	PA, MO
B	IRESSA	5	LA
B	NEXAVAR	5	QL (124 tablets per 31 days), PA, LA
B	SPRYCEL	5	QL (31 tablets per 31 days), PA, MO
B	SUTENT	5	QL (31 capsules per 31 days), PA, MO
B	TARCEVA	5	PA, MO
B	TASIGNA	5	PA, MO
B	VOTRIENT	5	PA, MO
MONOCLONAL ANTIBODIES			
B	AVASTIN	5	PA, MO
B	CAMPATH	5	PA, LA
B	RITUXAN	5	PA, LA
RETINOIDS			
B	PANRETIN	5	MO
B	TARGRETIN	5	PA, MO
G	<i>tretinoin capsule</i>	2	MO
ANTIPARASITICS			
ANTHELMINTICS			
B	ALBENZA	3	MO
G	<i>mebendazole</i>	1	MO
ANTIPROTOZOALS			
B	ALINIA	4	PA, MO
G	<i>chloroquine phosphate</i>	1	MO
B	DARAPRIM	3	MO
G	<i>hydroxychloroquine sulfate</i>	1	MO
G	<i>mefloquine hcl</i>	1	MO

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DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIPARASITICS (continued)			
ANTIPROTOZOALS (continued)			
B	MEPRON	5	MO
B	PENTAM 300	4	PA, MO
PEDICULICIDES/SCABICIDES			
G	<i>acticin</i>	1	MO
G	<i>malathion</i>	2	MO
G	<i>permethrin</i>	1	MO
ANTIPARKINSON AGENTS			
ANTIPARKINSON AGENTS			
B	APOKYN	5	PA, MO
B	AZILECT	4	MO
G	<i>benztropine mesylate tablet</i>	1	MO
G	<i>bromocriptine mesylate</i>	2	MO
G	<i>carbidopa/levodopa cr</i>	1	MO
G	<i>carbidopa/levodopa sr</i>	1	MO
G	<i>carbidopa/levodopa tablet</i>	1	MO
B	COMTAN	3	MO
B	LODOSYN	4	MO
G	<i>pramipexole dihydrochloride</i>	2	MO
G	<i>ropinirole hcl</i>	1	MO
G	<i>selegiline hcl</i>	2	MO
B	TASMAR	4	MO
G	<i>trihexyphenidyl hcl</i>	1	MO
B	ZELAPAR	4	MO
ANTIPSYCHOTICS			
ATYPICALS			
B	ABILIFY DISCMELT TABLET DISPERSIBLE 10MG	4	QL (93 tablets per 31 days), PA, MO
B	ABILIFY DISCMELT TABLET DISPERSIBLE 15MG	4	QL (62 tablets per 31 days), PA, MO
B	ABILIFY INJECTION	4	PA, MO
B	ABILIFY ORAL SOLUTION	4	QL (1050 mls per 31 days), PA, MO
B	ABILIFY TABLET	4	QL (31 tablets per 31 days), PA, MO
G	<i>clozapine</i>	1	MO
B	FANAPT	4	QL (62 tablets per 31 days), PA, MO

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DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIPSYCHOTICS (continued)			
ATYPICALS (continued)			
B	FANAPT TITRATION PACK	4	PA, MO
B	FAZACLO TABLET DISPERSIBLE 12.5MG	4	PA, MO
B	GEODON CAPSULE	4	QL (62 capsules per 31 days), PA, MO
B	GEODON INJECTION	4	QL (12 mls per 31 days), PA, MO
B	INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	5	PA, MO
B	INVEGA SUSTENNA INJECTION 39MG/0.25ML, 78MG/0.5ML	4	PA, MO
B	INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5MG, 3MG, 9MG	4	QL (31 tablets per 31 days), PA, MO
B	INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG	4	QL (62 tablets per 31 days), PA, MO
B	LATUDA	4	PA, MO
B	RISPERDAL CONSTA INJECTION 12.5MG, 25MG	4	QL (4 mls per 28 days), PA, MO
B	RISPERDAL CONSTA INJECTION 37.5MG, 50MG	5	QL (4 mls per 28 days), PA, MO
G	<i>risperidone m-tab</i>	2	QL (124 tablets per 31 days), MO
G	<i>risperidone odt</i>	2	QL (124 tablets per 31 days), MO
G	<i>risperidone solution</i>	2	QL (270 mls per 31 days), MO
G	<i>risperidone tablet</i>	1	QL (124 tablets per 31 days), MO
B	SAPHRIS	4	PA, MO
B	SEROQUEL	4	QL (93 tablets per 31 days), MO
B	ZYPREXA INJECTION	4	QL (6 vials per 31 days), PA, MO
B	ZYPREXA RELPREVV	5	PA, MO
B	ZYPREXA TABLET	4	QL (31 tablets per 31 days), PA, MO
B	ZYPREXA ZYDIS	4	QL (31 tablets per 31 days), PA, MO
CONVENTIONAL			
G	<i>chlorpromazine hcl injection</i>	2	MO
G	<i>chlorpromazine hcl tablet</i>	1	MO
G	<i>fluphenazine decanoate</i>	1	MO
G	<i>fluphenazine hcl concentrate, elixir</i>	2	MO
G	<i>fluphenazine hcl injection, tablet</i>	1	MO
B	HALDOL DECANOATE 100	3	MO
B	HALDOL DECANOATE 50	3	MO

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DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIPSYCHOTICS (continued)			
CONVENTIONAL (continued)			
G	<i>haloperidol</i>	1	MO
G	<i>haloperidol decanoate</i>	1	MO
G	<i>haloperidol lactate</i>	1	MO
G	<i>loxapine succinate</i>	2	MO
B	NAVANE CAPSULE 20MG	4	MO
B	ORAP	3	MO
G	<i>perphenazine</i>	2	MO
G	<i>thioridazine hcl</i>	1	MO
G	<i>thiothixene</i>	1	MO
G	<i>trifluoperazine hcl</i>	1	MO
ANTISPASTICITY AGENTS			
ANTISPASTICITY AGENTS			
G	<i>baclofen tablet</i>	1	MO
G	<i>tizanidine hcl</i>	1	MO
ANTIVIRALS			
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS			
G	<i>foscarnet sodium</i>	1	PA, MO
G	<i>ganciclovir capsule</i>	1	MO
B	VALCYTE	5	PA, MO
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS			
B	EDURANT	5	QL (31 tablets per 31 days), MO
B	RESCRIPTOR	3	MO
B	SUSTIVA	4	MO
B	VIRAMUNE	3	MO
B	VIRAMUNE XR	4	MO
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS			
B	ATRIPLA	5	MO
B	COMBIVIR	3	MO
G	<i>didanosine</i>	2	MO
B	EMTRIVA	3	MO
B	EPIVIR	4	MO
B	EPIVIR HBV	4	MO

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DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIVIRALS (continued)			
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (continued)			
B	EPZICOM	3	MO
B	INTELENCE	5	QL (124 tablets per 31 days), MO
B	RETROVIR IV INFUSION	4	MO
G	<i>stavudine</i>	2	MO
B	TRIZIVIR	5	MO
B	TRUVADA	5	MO
B	VIDEX PEDIATRIC	4	MO
B	VIREAD	4	MO
B	ZIAGEN	3	MO
G	<i>zidovudine syrup, tablet</i>	1	MO
ANTI-HIV AGENTS, OTHER			
B	FUZEON	5	MO
B	ISENTRESS	5	QL (62 tablets per 31 days), MO
B	SELZENTRY	5	QL (124 tablets per 31 days), MO
ANTI-HIV AGENTS, PROTEASE INHIBITORS			
B	APTIVUS	5	MO
B	CRIXIVAN	3	MO
B	INVIRASE	5	MO
B	KALETRA	4	MO
B	LEXIVA	4	MO
B	NORVIR	4	MO
B	PREZISTA TABLET 150MG, 75MG	3	MO
B	PREZISTA TABLET 400MG, 600MG	5	MO
B	REYATAZ CAPSULE 100MG	4	MO
B	REYATAZ CAPSULE 150MG, 200MG, 300MG	5	MO
B	VIRACEPT	3	MO
ANTI-INFLUENZA AGENTS			
G	<i>amantadine hcl capsule, syrup</i>	1	MO
B	RELENZA DISKHALER	3	MO
G	<i>rimantadine hcl</i>	1	MO
B	TAMIFLU	3	MO

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DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIVIRALS (continued)			
ANTIHEPATITIS AGENTS			
B	BARACLUDE SOLUTION	4	MO
B	BARACLUDE TABLET	5	MO
B	HEPSERA	5	MO
G	<i>ribasphere tablet 200mg</i>	2	MO
G	<i>ribavirin tablet 200mg</i>	2	MO
B	TYZEKA	4	PA, MO
ANTIHERPETIC AGENTS			
G	<i>acyclovir capsule, suspension, tablet</i>	1	MO
G	<i>acyclovir sodium injection</i>	1	MO
B	DENAVIR CREAM	3	MO
G	<i>famciclovir</i>	2	MO
G	<i>trifluridine</i>	2	MO
G	<i>valacyclovir hcl</i>	2	QL (62 tablets per 31 days), MO
B	ZOVIRAX CREAM, OINTMENT	4	MO
ANXIOLYTICS			
ANXIOLYTICS, OTHER			
G	<i>buspirone hcl</i>	1	MO
G	<i>meprobamate</i>	2	PA, MO
BIPOLAR AGENTS			
BIPOLAR AGENTS			
G	<i>divalproex sodium</i>	1	MO
G	<i>divalproex sodium er</i>	1	MO
G	<i>lithium carbonate</i>	1	MO
G	<i>lithium carbonate er</i>	1	MO
G	<i>lithium citrate syrup</i>	1	MO
BLOOD GLUCOSE REGULATORS			
ANTIDIABETIC AGENTS			
G	<i>acarbose</i>	1	MO
B	ACTOPLUS MET	4	QL (93 tablets per 31 days), MO
B	ACTOS	4	QL (31 tablets per 31 days), MO
B	AVANDAMET	4	QL (62 tablets per 31 days), MO
B	AVANDARYL	4	QL (31 tablets per 31 days), MO

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DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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VACCINES (continued)			
B	TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	3	
B	TRIHIBIT	3	
B	TRIPEDIA	3	
B	TWINRIX	3	
B	TYPHIM VI	3	
B	VAQTA	3	
B	VARIVAX	3	
B	YF-VAX	3	
B	ZOSTAVAX	4	
INFLAMMATORY BOWEL DISEASE AGENTS			
GLUCOCORTICOIDS			
G	<i>colocort</i>	2	MO
B	ENTOCORT EC	4	MO
G	<i>hydrocortisone enema</i>	2	MO
G	<i>prednisolone</i>	1	MO
SALICYLATES			
B	APRISO	4	MO
B	ASACOL	3	MO
G	<i>balsalazide disodium</i>	2	MO
B	CANASA	4	MO
G	<i>mesalamine</i>	2	MO
SULFONAMIDES			
G	<i>sulfasalazine</i>	1	MO
G	<i>sulfazine ec</i>	1	MO
METABOLIC BONE DISEASE AGENTS			
METABOLIC BONE DISEASE AGENTS			
G	<i>alendronate sodium tablet 10mg, 40mg, 5mg</i>	1	MO
G	<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (4 tablets per 28 days), MO
B	BONIVA INJECTION	4	PA, MO
B	BONIVA TABLET 150MG	4	QL (1 tablet per 28 days), MO
G	<i>calcitonin-salmon</i>	2	MO
G	<i>calcitriol capsule, injection</i>	1	PA, MO

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DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
METABOLIC BONE DISEASE AGENTS (continued)			
METABOLIC BONE DISEASE AGENTS (continued)			
G	<i>calcitriol oral solution</i>	2	PA, MO
G	<i>etidronate disodium</i>	2	MO
B	FORTEO	5	QL (2.4 mls per 28 days), PA, MO
G	<i>fortical</i>	1	MO
B	HECTOROL	3	PA, MO
B	MIACALCIN INJECTION	4	PA, MO
G	<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	2	PA, MO
B	PROLIA	4	PA, MO
B	ZOMETA	4	PA, MO
MISCELLANEOUS THERAPEUTIC AGENTS			
MISCELLANEOUS THERAPEUTIC AGENTS			
G	<i>alcohol preps</i>	1	MO
B	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	MO
B	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	3	MO
B	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	3	MO
B	BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	MO
B	BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	3	MO
B	CURITY GAUZE PADS 2"X2"	3	MO
B	HUMAPEN LUXURA HD	3	MO
B	HUMAPEN MEMOIR	3	MO
OPHTHALMIC AGENTS			
OPHTHALMIC AGENTS, OTHER			
G	<i>ak-con</i>	1	MO
G	<i>atropine sulfate ophthalmic solution, ointment</i>	2	MO
B	LACRISERT	4	MO
B	RESTASIS	4	MO
OPHTHALMIC ANTI-ALLERGY AGENTS			
B	ALOCRIIL	3	MO
G	<i>cromolyn sodium ophthalmic solution</i>	1	MO

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DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPHTHALMIC AGENTS (continued)			
OPHTHALMIC ANTI-ALLERGY AGENTS (continued)			
B	PATADAY	4	MO
B	PATANOL	4	MO
OPHTHALMIC ANTI-INFLAMMATORIES			
B	BROMDAY	4	QL (3.4 mls per 31 days), MO
G	<i>bromfenac</i>	2	QL (2.5 mls per 31 days), MO
B	CIPRODEX	4	MO
G	<i>dexamethasone sodium phosphate ophthalmic solution</i>	1	MO
G	<i>diclofenac sodium ophthalmic solution</i>	1	MO
B	DUREZOL	4	MO
G	<i>fluor-op</i>	1	MO
G	<i>fluorometholone</i>	1	MO
G	<i>flurbiprofen sodium ophthalmic solution</i>	1	MO
B	FML OINTMENT	3	MO
G	<i>ketorolac tromethamine</i>	2	MO
G	<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	MO
G	<i>neomycin/polymyxin/dexamethasone</i>	1	MO
G	<i>neomycin/polymyxin/hydrocortisone</i>	1	MO
B	NEVANAC	4	MO
G	<i>prednisolone acetate</i>	1	MO
G	<i>prednisolone sodium phosphate ophthalmic solution</i>	1	MO
G	<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	MO
B	TOBRADEX OINTMENT	4	MO
B	TOBRADEX ST	4	MO
G	<i>tobramycin/dexamethasone</i>	1	MO
B	VEXOL	4	MO
OPHTHALMIC ANTIGLAUCOMA AGENTS			
B	ALPHAGAN P 0.1%, 0.15%	4	MO
B	AZOPT	3	MO
G	<i>betaxolol hcl</i>	1	MO

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DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPHTHALMIC AGENTS (continued)			
OPHTHALMIC ANTIGLAUCOMA AGENTS (continued)			
B	BETOPTIC-S	3	MO
G	<i>brimonidine tartrate solution 0.15%</i>	2	MO
G	<i>brimonidine tartrate solution 0.2%</i>	1	MO
G	<i>carteolol hcl</i>	1	MO
G	<i>dorzolamide hcl</i>	1	MO
G	<i>dorzolamide hcl/timolol maleate</i>	1	MO
G	<i>levobunolol hcl</i>	1	MO
G	<i>methazolamide</i>	1	MO
G	<i>metipranolol</i>	1	MO
B	PILOPINE HS	3	MO
G	<i>timolol maleate ophthalmic gel forming</i>	1	MO
G	<i>timolol maleate ophthalmic solution</i>	1	QL (10 mls per 31 days), MO
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS			
G	<i>latanoprost</i>	1	MO
B	LUMIGAN	3	QL (5 mls per 31 days), MO
B	TRAVATAN Z	4	MO
OTIC AGENTS			
OTIC AGENTS			
G	<i>acetic acid</i>	1	MO
G	<i>acetic acid/aluminum acetate</i>	1	MO
G	<i>cortomycin</i>	1	MO
B	DERMOTIC	3	MO
G	<i>neomycin/polymyxin/hc</i>	1	MO
RESPIRATORY TRACT AGENTS			
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS			
B	ADVAIR DISKUS	3	QL (60 blisters per 30 days), MO
B	ADVAIR HFA	3	QL (12 grams per 30 days), MO
B	ASMANEX INHALER	3	MO
B	DULERA	3	QL (13 grams per 30 days), MO
B	FLOVENT DISKUS	3	MO
B	FLOVENT HFA	3	MO
G	<i>flunisolide</i>	1	MO

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DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RESPIRATORY TRACT AGENTS (continued)			
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS (continued)			
G	<i>fluticasone propionate nasal spray</i>	1	MO
B	NASONEX	4	MO
B	QVAR	3	QL (21.9 grams per 31 days), MO
B	SYMBICORT	4	MO
ANTIHISTAMINES			
G	<i>azelastine hcl nasal spray</i>	2	MO
G	<i>cyproheptadine hcl</i>	2	MO
G	<i>diphenhydramine hcl capsule 50mg</i>	2	MO
G	<i>diphenhydramine hcl elixir, injection</i>	2	MO
G	<i>hydroxyzine hcl</i>	2	MO
G	<i>hydroxyzine pamoate</i>	2	MO
G	<i>levocetirizine dihydrochloride</i>	2	MO
G	<i>promethazine vc</i>	2	MO
ANTILEUKOTRIENES			
B	SINGULAIR	3	QL (31 tablets per 31 days), MO
G	<i>zafirlukast</i>	1	QL (62 tablets per 31 days), MO
BRONCHODILATORS, ANTICHOLINERGIC			
B	ATROVENT HFA	3	MO
G	<i>ipratropium bromide inhalation solution</i>	1	PA, MO
G	<i>ipratropium bromide nasal solution</i>	1	MO
B	SPIRIVA HANDIHALER	4	QL (30 capsules per 30 days), MO
BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)			
G	<i>aminophylline</i>	1	MO
B	THEO-24	3	MO
G	<i>theochron</i>	1	MO
G	<i>theophylline er</i>	1	MO
BRONCHODILATORS, SYMPATHOMIMETIC			
G	<i>albuterol sulfate er</i>	2	MO
G	<i>albuterol sulfate nebulization solution</i>	1	PA, MO
G	<i>albuterol sulfate syrup, tablet</i>	1	MO
B	COMBIVENT	3	MO
G	<i>epinephrine</i>	2	MO

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DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RESPIRATORY TRACT AGENTS (continued)			
BRONCHODILATORS, SYMPATHOMIMETIC (continued)			
B	EPIPEN 2-PAK	4	MO
G	<i>ipratropium bromide/albuterol sulfate</i>	1	PA, MO
G	<i>metaproterenol sulfate syrup, tablet</i>	1	MO
B	SEREVENT DISKUS	3	QL (60 blisters per 30 days), MO
G	<i>terbutaline sulfate</i>	1	MO
B	VENTOLIN HFA	3	MO
MAST CELL STABILIZERS			
G	<i>cromolyn sodium nebulization solution</i>	1	PA, MO
PULMONARY ANTIHYPERTENSIVES			
B	ADCIRCA	5	PA, MO
B	LETAIRIS	5	QL (30 tablets per 30 days), PA, LA
B	REMODULIN	5	PA, MO
B	REVATIO TABLET	5	PA, MO
B	TRACLEER	5	PA, LA
RESPIRATORY TRACT AGENTS, OTHER			
G	<i>acetylcysteine</i>	1	PA, MO
B	PROLASTIN	5	PA, LA
B	PROLASTIN-C	5	PA, LA
B	PULMOZYME	5	PA, MO
B	TYZINE	3	MO
B	XOLAIR	5	PA, LA
SEDATIVES/HYPNOTICS			
SEDATIVES/HYPNOTICS			
G	<i>zaleplon</i>	1	MO
G	<i>zolpidem tartrate tablet 10mg</i>	1	QL (31 tablets per 31 days), MO
G	<i>zolpidem tartrate tablet 5mg</i>	1	QL (62 tablets per 31 days), MO
SKELETAL MUSCLE RELAXANTS			
SKELETAL MUSCLE RELAXANTS			
G	<i>carisoprodol tablet 350mg</i>	2	QL (124 tablets per 31 days), PA, MO
G	<i>cyclobenzaprine hcl</i>	2	QL (93 tablets per 31 days), PA, MO
G	<i>methocarbamol</i>	2	PA, MO

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DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES			
ELECTROLYTES/MINERALS			
B	AMINOSYN	3	MO
B	AMINOSYN-RF	3	MO
G	<i>citric acid/sodium citrate</i>	1	MO
B	CLINIMIX 2.75%/DEXTROSE 5%	4	MO
B	CLINIMIX 4.25%/DEXTROSE 10%	4	MO
B	CLINIMIX 4.25%/DEXTROSE 20%	4	MO
B	CLINIMIX 4.25%/DEXTROSE 25%	4	MO
B	CLINIMIX 4.25%/DEXTROSE 5%	4	MO
B	CLINIMIX 5%/DEXTROSE 15%	4	MO
B	CLINIMIX 5%/DEXTROSE 20%	4	MO
B	CLINIMIX 5%/DEXTROSE 25%	4	MO
B	CLINISOL SF 15%	3	MO
G	<i>cytra-2</i>	1	QL (3600 mls per 30 days), MO
G	<i>cytra-3</i>	1	QL (3600 mls per 30 days), MO
B	DEXTROSE 10%/NACL 0.45%	3	MO
B	DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX	3	MO
B	DEXTROSE 10% FLEX CONTAINER	3	MO
B	DEXTROSE 10%/NACL 0.2%	3	MO
B	DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	3	MO
B	DEXTROSE 5%	3	MO
B	DEXTROSE 5%/NACL 0.2%	3	MO
B	DEXTROSE 5%/NACL 0.225%	3	MO
B	DEXTROSE 5%/NACL 0.33%	3	MO
B	DEXTROSE 5%/NACL 0.45%	3	MO
B	DEXTROSE 5%/NACL 0.9%	3	MO
B	DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	3	MO
B	FREAMINE III	4	MO
B	HEPATAMINE	4	MO
B	INTRALIPID	3	MO
B	KCL 0.3%/D5W/LR IV LAC RING	3	MO
G	<i>klor-con 10</i>	1	MO
G	<i>klor-con 25</i>	1	MO

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DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES (continued)</i>			
<i>ELECTROLYTES/MINERALS (continued)</i>			
G	<i>klor-con 8</i>	1	MO
G	<i>klor-con m10</i>	1	MO
G	<i>klor-con m15</i>	1	MO
G	<i>klor-con m20</i>	1	MO
G	<i>klor-con packet</i>	1	MO
B	LACTATED RINGERS	3	MO
B	LACTATED RINGERS VIAFLEX	3	MO
B	LIPOSYN II	3	MO
B	LIPOSYN III	3	MO
B	NEPHRAMINE	4	MO
B	NORMOSOL-M IN D5W	3	MO
B	NORMOSOL-R	3	MO
B	NORMOSOL-R IN D5W	3	MO
B	NOVAMINE	3	MO
B	PHYSIOLYTE	3	MO
B	POTASSIUM CHLORIDE 0.15%/D5W	3	MO
G	<i>potassium chloride er capsule extended release 10meq</i>	1	MO
G	<i>potassium chloride er tablet extended release</i>	1	MO
G	<i>potassium chloride injection 2meq/ml</i>	1	MO
G	<i>potassium chloride liquid</i>	1	MO
G	<i>potassium chloride sr</i>	1	MO
G	<i>potassium citrate extended-release</i>	1	MO
B	PROCALAMINE	4	MO
G	<i>sodium bicarbonate</i>	1	MO
G	<i>sodium chloride</i>	1	MO
G	<i>sodium chloride 0.9%</i>	1	MO
G	<i>sodium chloride 0.45% viaflex</i>	1	MO
G	<i>tpn electrolytes ftv</i>	1	MO
B	TRAVASOL	4	MO

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DRUG TYPE	DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES (continued)</i>			
<i>ELECTROLYTES/MINERALS (continued)</i>			
B	TROPHAMINE INJECTION 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML;	3	MO
VITAMINS			
G	<i>prenatabs obn</i>	1	MO
G	<i>prenatal plus</i>	1	MO

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