

# Maricopa Care Advantage (HMO SNP)

## Formulario 2011

### (Lista de medicamentos cubiertos)

#### LEA LA SIGUIENTE INFORMACIÓN: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

**Nota para los miembros existentes:** Ha habido modificaciones en este formulario con respecto al año pasado. Revise este documento para asegurarse de que aún incluye los medicamentos que toma.

Este documento incluye el formulario parcial de Maricopa Care Advantage a partir del 1 de diciembre de 2011. Para obtener un formulario completo y actualizado, visite nuestro sitio web en [www.mcareaz.com](http://www.mcareaz.com) o llame al 1-877-874-3935, las 24 horas, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-800-367-8939.

Los beneficiarios deben utilizar las farmacias de la red para poder acceder al beneficio de medicamentos recetados. Es posible que los beneficios, el formulario, la red de farmacias, las primas o los copagos o coseguros cambien el 1 de diciembre de 2012.

*"Un plan médico con un contrato con Medicare"*

Esta información está disponible en un formato diferente, incluso en español. Llame al Departamento de Atención al Cliente al número indicado anteriormente si necesita obtener información sobre el plan en otro formato o idioma.

Esta información está disponible en un formato diferente, entre ellos el español. Por favor llame a nuestro Departamento de Atención al Cliente al número que aparece arriba si necesita información acerca del plan en otro formato o idioma.

## **¿Qué es el formulario de Maricopa Care Advantage?**

Un formulario es una lista de medicamentos cubiertos seleccionados por Maricopa Care Advantage con el asesoramiento de un equipo de proveedores de atención médica, que representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. En general, Maricopa Care Advantage cubrirá los medicamentos que aparecen en el formulario siempre y cuando el medicamento sea médicamente necesario, la receta se llene en una farmacia de la red de Maricopa Care Advantage y se cumplan otras reglas del plan. Para obtener más información acerca de cómo llenar sus recetas, consulte la Evidencia de cobertura.

Este documento es un formulario parcial e incluye sólo algunos de los medicamentos cubiertos por Maricopa Care Advantage. Para obtener un listado completo de todos los medicamentos cubiertos por Maricopa Care Advantage, visite nuestro sitio web en [www.mcareaz.com](http://www.mcareaz.com) o llame al 1-877-874-3935, las 24 horas, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-800-367-8939.

## **¿Puede cambiar el formulario?**

En general, si usted está tomando un medicamento que aparece en nuestro formulario 2010 que tenía cobertura al comienzo del año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2011, salvo que esté disponible un medicamento genérico nuevo y menos costoso o se publique nueva información negativa acerca de la seguridad y de la efectividad del medicamento. Otros tipos de cambios en el formulario, como la eliminación de un medicamento de nuestro formulario, no afectarán a los miembros que actualmente toman el medicamento. Permanecerá disponible con la misma participación en los costos para aquellos miembros que lo tomen durante el resto del año de cobertura. Consideramos que es importante que usted tenga acceso permanente durante el resto del año de cobertura a los medicamentos del formulario que estaban disponibles cuando eligió nuestro plan, salvo en los casos en que usted pueda ahorrar dinero adicional o nosotros podamos garantizar su seguridad.

Si eliminamos medicamentos del formulario o agregamos autorizaciones previas, límites en la cantidad o restricciones en la terapia escalonada de un medicamento o si cambiamos un medicamento a un nivel superior de participación en los costos, debemos notificar sobre el cambio a los miembros afectados al menos 60 días antes de que el cambio se haga efectivo o cuando el miembro solicite una renovación de la receta de un medicamento, en cuyo caso el miembro recibirá un suministro del medicamento para 60 días. Si la Administración de Drogas y Alimentos considera que un medicamento que aparece en el formulario no es seguro o el fabricante del medicamento lo retira del mercado, de inmediato lo eliminaremos del formulario y notificaremos a los miembros que toman el medicamento. El formulario adjunto está actualizado hasta el 1 de diciembre de 2011. Para obtener información actualizada acerca de los medicamentos cubiertos por Maricopa Care Advantage, visite nuestro sitio web en [www.mcareaz.com](http://www.mcareaz.com) o llame a nuestro Centro de Atención al Cliente al 1-877-874-3935, las 24 horas, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-800-367-8939.

Maricopa Care Advantage actualiza el formulario todos los meses (si corresponde) en el sitio web en [www.mcareaz.com](http://www.mcareaz.com). En el frente del formulario que aparece en el sitio web se incluye una fe de erratas con los cambios. Las fe de erratas también se incluyen en el frente de los formularios impresos. Si desea obtener una copia impresa actualizada del formulario que incluya la fe de erratas, llame al Centro de Atención al Cliente al 1-877-874-3935, las 24 horas, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-800-367-8939.

## ¿Cómo uso el formulario?

Hay dos formas de buscar su medicamento en el formulario:

### Afección médica

El formulario comienza en la página 8. Los medicamentos incluidos en este formulario se agrupan en categorías según el tipo de afecciones médicas para las que se utilizan. Por ejemplo, los medicamentos que se utilizan para tratar una afección cardíaca se incluyen en la categoría Medicamentos cardiovasculares. Si usted conoce el uso de su medicamento, busque el nombre de la categoría en la lista que comienza en la página 8, luego busque su medicamento debajo del nombre de la categoría.

### Listado alfabético

Si usted no está seguro en qué categoría buscar, deberá buscar su medicamento en el Índice que comienza en la página 67. El Índice proporciona un listado alfabético de todos los medicamentos que se incluyen en este documento. Tanto los medicamentos de marca como los genéricos aparecen en el Índice. Busque en el Índice y encuentre su medicamento. Junto al nombre del medicamento, verá el número de página en donde podrá encontrar información acerca de la cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

## ¿Qué son los medicamentos genéricos?

Maricopa Care Advantage cubre medicamentos de marca y medicamentos genéricos. Un medicamento genérico es aprobado por la Administración de Drogas y Alimentos (Food and Drug Administration, FDA) por tener los mismos componentes activos que el medicamento de marca.

## ¿Existe alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales en la cobertura. Estos requisitos y límites pueden incluir lo siguiente:

- **Autorización previa:** Maricopa Care Advantage exige que usted [o su médico] obtenga una autorización previa para determinados medicamentos. Esto significa que usted deberá obtener aprobación de Maricopa Care Advantage antes de llenar sus recetas. Si no obtiene aprobación, es posible que Maricopa Care Advantage no cubra el medicamento.

- **Límites en la cantidad:** Para determinados medicamentos, Maricopa Care Advantage limita la cantidad de medicamento que cubrirá. Por ejemplo, Maricopa Care Advantage proporciona dos unidades por receta para el medicamento EMEND. Dicha cantidad puede sumarse al suministro estándar para uno o tres meses.
- **Terapia escalonada:** En algunos casos, Maricopa Care Advantage requiere que usted pruebe primero determinados medicamentos para tratar su afección médica antes de que cubramos otro medicamento para la afección. Por ejemplo, si un medicamento A y un medicamento B tratan su afección médica, es posible que Maricopa Care Advantage no cubra el medicamento B a menos que usted pruebe el medicamento A primero. Si el medicamento A no funciona para usted, Maricopa Care Advantage entonces cubrirá el medicamento B.

Para averiguar si su medicamento tiene algún requisito o límite adicionales, consulte el formulario que comienza en la página 10. Además puede visitar el sitio web [www.mcareaz.com](http://www.mcareaz.com) para obtener más información acerca de las restricciones que se aplican a determinados medicamentos cubiertos.

Puede solicitar a Maricopa Care Advantage que haga una excepción a estas restricciones o límites. Consulte la sección: “¿Cómo puedo solicitar una excepción al formulario de Maricopa Care Advantage?” en la página 5 para obtener información sobre cómo solicitar una excepción.

### **¿Qué sucede si mi medicamento no aparece en el formulario?**

Si su medicamento no está incluido en esta lista de medicamentos cubiertos, primero deberá comunicarse con el Centro de Atención al Cliente y consultar si su medicamento tiene cobertura. Este documento incluye sólo una lista parcial de los medicamentos cubiertos, por lo tanto, es posible que Maricopa Care Advantage cubra su medicamento. Puede comunicarse con el Centro de Atención al Cliente al 1-877-874-3935, las 24 horas, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-800-367-8939.

Si averigua que Maricopa Care Advantage no cubre su medicamento, usted tiene dos opciones:

- Puede solicitar al Centro de Atención al Cliente una lista de medicamentos similares que estén cubiertos por Maricopa Care Advantage. Cuando reciba la lista, muéstresela a su médico y solicítele que le recete un medicamento similar que esté cubierto por Maricopa Care Advantage.
- Puede solicitar a Maricopa Care Advantage que haga una excepción y que cubra su medicamento. Consulte la información a continuación acerca de cómo solicitar una excepción.

### **¿Cómo puedo solicitar una excepción al formulario de Maricopa Care Advantage?**

Puede solicitar a Maricopa Care Advantage que haga una excepción a las reglas de cobertura. Existen varios tipos de excepciones que usted puede solicitarnos que hagamos.

- Puede pedirnos que cubramos su medicamento aunque no aparezca en el formulario.
- Puede pedirnos que no apliquemos restricciones o límites de cobertura en su medicamento. Por ejemplo, para determinados medicamentos, Maricopa Care Advantage limita la cantidad del medicamento que cubrirá. Si su medicamento tiene un límite en la cantidad, puede pedirnos que no apliquemos ese límite y que cubramos una mayor cantidad.
- Puede solicitarnos que brindemos un nivel más alto de cobertura para su medicamento. Si su medicamento está incluido en el nivel no preferido/más alto sujeto al nivel de proceso de excepciones de niveles, usted podrá solicitarnos que, en cambio, cubramos la parte del costo del medicamento que se aplica a los medicamentos en el nivel preferido/más bajo sujeto al nivel de proceso de excepciones de niveles. Esto reduciría el monto que usted deberá pagar por su medicamento. Tenga en cuenta que si accedemos a cubrir un medicamento que no aparece en el formulario, usted no podrá solicitarnos que brindemos un nivel más alto de cobertura para ese medicamento.

Por lo general, Maricopa Care Advantage sólo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento en un nivel más bajo o las restricciones adicionales para la utilización no fueran tan efectivas en el tratamiento de su afección o le provocaran efectos secundarios.

Deberá comunicarse con nosotros para solicitar una decisión de cobertura inicial con respecto a una excepción en el formulario, en el nivel de medicamento o en las restricciones de utilización. Cuando usted solicite una excepción en el formulario en el nivel de medicamento o en las restricciones de utilización, deberá presentar una declaración que respalde su solicitud del profesional que emite sus recetas o de su médico. Por lo general, debemos tomar la decisión dentro de las 72 horas de la recepción de la declaración de respaldo del médico que emite sus recetas. Usted puede solicitar una excepción expedita (rápida) si usted o su médico consideran que su salud podría perjudicarse gravemente si espera las 72 horas para obtener una decisión. Si se acepta su solicitud de agilizar el proceso, deberemos proporcionarle una decisión antes de las 24 horas después de haber recibido la declaración de respaldo del profesional o el médico que emite sus recetas.

## **¿Qué debo hacer antes de hablar con mi médico acerca de cambiar mis medicamentos o solicitar una excepción?**

Como miembro nuevo o existente del plan es posible que tome medicamentos que no aparezcan en el formulario. O, es posible que esté tomando un medicamento que aparezca en el formulario pero su posibilidad de obtenerlo es limitada. Por ejemplo, es posible que necesite una autorización previa de nosotros antes de poder llenar su receta. Deberá hablar con su médico para decidir si debe cambiar su medicamento por un medicamento adecuado que cubramos o solicitar una excepción en el formulario para que cubramos el medicamento que usted toma. Mientras usted analiza con su médico

los pasos a seguir adecuados para usted, en ciertos casos podemos cubrir su medicamento durante los primeros 90 días que es miembro del plan.

Por cada uno de sus medicamentos que no aparece en el formulario o si su posibilidad de obtener los medicamentos es limitada, cubriremos un suministro temporal para 30 días (salvo que su receta sea para menos días) cuando acuda a una farmacia de la red. Después de su primer suministro para 30 días, no pagaremos estos medicamentos, incluso si usted ha sido miembro del plan menos de 90 días.

Si es residente de un centro de atención a largo plazo, cubriremos un suministro temporal de transición para 31 días (salvo que su receta sea para menos días). Cubriremos más de una renovación de estos medicamentos para los primeros 90 días que sea miembro del plan. Si necesita un medicamento que no aparece en el formulario, o si su posibilidad de obtener los medicamentos es limitada, pero pasó los primeros 90 días de membresía en el plan, cubriremos un suministro de emergencia para 31 días de ese medicamento (salvo que su receta sea para menos días) mientras usted intenta obtener una excepción en el formulario.

### **Para obtener más información**

Para obtener más información acerca de su cobertura de medicamentos recetados de Maricopa Care Advantage, consulte la Evidencia de cobertura y otros documentos del plan.

Si tiene alguna pregunta con respecto a Maricopa Care Advantage, llame al Centro de Atención al Cliente al 1-877-874-3935, las 24 horas, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-800-367-8939 o visitar [www.mcareaz.com](http://www.mcareaz.com).

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-877-486-2048 o visitar [www.medicare.gov](http://www.medicare.gov).

## Formulario de Maricopa Care Advantage

El siguiente formulario resumido ofrece información de cobertura acerca de algunos de los medicamentos cubiertos por Maricopa Care Advantage. Si tiene problemas para encontrar su medicamento en la lista, vaya al Índice que comienza en la página 68. Recuerde: Ésta es sólo una lista parcial de los medicamentos cubiertos por Maricopa Care Advantage. Si su medicamento recetado no aparece en este formulario parcial, visite nuestro sitio web en [www.mcareaz.com](http://www.mcareaz.com) o llame al Centro de Atención al Cliente al 1-877-874-3935, las 24 horas, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-800-367-8939 para obtener asistencia adicional.

La primera columna del cuadro menciona el nombre del medicamento. Los medicamentos de marca aparecen en letra mayúscula (por ejemplo: *ALBENZA*) y los medicamentos genéricos aparecen en letra minúscula y cursiva [por ejemplo: *lidocaína*]).

La información en la columna Restricciones le indica si Maricopa Care Advantage tiene algún requisito especial para la cobertura de su medicamento.

<b>Anesthetics</b> . . . . . 10	Carbamazepines
Local Anesthetics	Class II Narcotics
Topical Anesthetics	Class III Narcotics
	CNS Stimulant Drugs
<b>Antiinfectives</b> . . . . . 11	Drugs to Prevent and Treat Headaches
Amebicides	Hydantoins
Aminoglycosides	MAO Inhibitors
Anthelmintics	Other Anticonvulsants
Antiinfectives Specialized Indications	Other Antidepressants
Antiretrovirals & Protease INH	Other Antiparkinson Drugs
Antituberculosis Drugs	Other CNS/Autonomic Drugs
Cephalosporins	Secondary Amines
Chloramphenicols	Sedative/Hypnotic Drugs
Clindamycins	Selective Serotonin Reuptake Inhibitors
Erythromycins	Smoking Cessation Products
Oral Antifungal Drugs	Succinimides
Other Antiinfective Drugs	Tertiary Amines
Other Antiviral Drugs	Valproic Acid and Derivatives
Other Macrolides	
Other Topical Antifungals	<b>Cardiovascular Medications</b> . . . . . 33
Parenteral Antifungals	Amiodarones
Penicillins	Angiotensin Converting Enzyme Inhibitors
Plasmodicides	Angiotensin II Receptor Antagonists
Quinolones	Antidysrhythmic Drugs

Sulfonamides	Beta-Adrenergic Antagonist Drugs
Tetracyclines	Calcium Antagonists
Topical Antibacterial Drugs	Cardiac Glycosides
Topical Antifungal-Corticosteroid Comb.	Centrally Acting Antihypertensives
Urinary Antiinfectives	Drugs for Pheochromocytoma
Vaginal Antifungals	Endothelin Recptr Antagonist
<b>Antineoplastic/Immunosuppressant Drugs</b> . . . . . 20	HMG-COA Reductase Inhibitors
<b>Autonomic and CNS Medications</b> . . . . . 22	Hypolipoproteinemics
Analgesics	Loop Diuretics
Antidementia Drugs	Nitrates
Antimania Drugs	Other Antiarrhythmics
Antiparkinson Anticholinergic Drugs	Other Antihypertensives
Antipsychotic Drugs	Other Cardiovascular Drugs
Antivertigo and Antiemetic Drugs	Other Vasodilating Drugs
Anxiolytics	Potassium Sparing Diuretics
<b>Dermatological Medications</b> . . . . . 39	Thiazide and Related Drugs
Antiacne Drugs	Vasodilator Antihypertensives
Antipruritic Drugs	Growth Hormones and Related Drugs
Antipsoriasis and Antieczema Drugs	Immunologicals and Vaccines
Keratolytic Drugs	Insulin Like Growth Factors-1
Oral Dermatological Drugs	Interferons
Scabicides	Interleukin Recptr Antagonist
Topical Corticosteroid Drugs	Interleukins
Topical Dermatological Drugs	Myeloid Stimulants
<b>Diagnostic &amp; Miscellaneous Medications</b> . . . . . 42	Thrombopoietic Agents
Diagnostic Products	<b>Medical (Miscellaneous) Supplies</b> . . . . . 52
Miscellaneous Drugs	Diabetic Supplies
<b>Ear-Nose-Throat Medications</b> . . . . . 42	<b>Musculoskeletal Medications</b> . . . . . 53
Drugs Affecting The Ear	Cns Muscle Relaxants
Drugs Affecting The Nose	Direct Muscle Relaxants
Drugs Affecting The Throat and Mouth	Drugs to Prevent and Treat Gout
<b>Endocrine Medications</b> . . . . . 43	Non-Steroidal Antiinflammatory Agents
Antithyroid Drugs	Other Drugs for Arthritis
Glucocorticoid Drugs	Salicylates and Related Drugs
Glucose Elevating Drugs	<b>Nutrition, Blood Modifiers, Electrolytes</b> . . . . . 55
Hypoglycemic Drugs	Antiplatelet Drugs
Insulin	Blood Detoxicants
	Electrolytes, Irrigating Solutions, Etc.
	Fluoride Products

Mineralocorticoid Drugs	Injectable Anticoagulants
Oral Hypoglycemics & Combos	Oral Anticoagulants, Vitamin K
Other Endocrine Drugs	Potassium Removing Resins
Thyroid Supplements	Potassium Supplements
<b>Gastrointestinal Medications</b> . . . . . 47	Therapeutic Vitamins & Minerals
Antidiarrheal Drugs	Vitamins & Minerals & Related Products
Antispasmodics/Drugs Affect GI Motility	<b>Obstetrical &amp; Gynecological</b>
Antiulcer Drugs	<b>Medications</b> . . . . . 59
Irritable Bowel Drugs	Androgen Drugs
Laxatives and Cathartics	Contraceptives
Other Antiulcer Drugs	Estrogen Drugs
Other GI Drugs	Estrogen/Progestin Combinations
Proton Pump Inhibitors	OB/GYN Topical Antiinfectives
<b>Immunologicals and Vaccines</b> . . . . . 49	Oxytocics
Progestin Drugs	Prenatal Vitamins
Selective Estrogen Receptor Modulator	<b>Respiratory Medications</b> . . . . . 64
Specialized OB/GYN Drugs	Antihistamines
<b>Ophthalmic Medications</b> . . . . . 62	Beta-2 Adrenergic Drugs
Antiglaucoma Drugs	Leukotriene Modifiers
Ophthalmic Antiinfective/Corticosteroids	Methyl Xanthine Drugs
Ophthalmic Corticosteroid Drugs	Other Drugs for Asthma
Ophthalmic Topical Antibacterial Drugs	Other Respiratory Drugs
Ophthalmic Topical Antiviral Drugs	<b>Urological Medications</b> . . . . . 66
Other Ophthalmic Drugs	Anticholinergic Antispasmodics
	Cholinergic Stimulants
	Other Genitourinary Products

This is not a complete list of drugs covered by Part D plan. For a complete listing, please call our Customer Care Center at 1-877-874-3935, 24 hours a day, 7 days a week. TTY/TDD users should call 1-800-367-8939.

The symbol [INJ] next to a drug name indicates that the drug is available in injectable form.

The symbol [G] next to a drug name indicates that the drug may be available in a generic form.

The symbol [LA] next to a drug name indicates that the drug has been noted as being restricted to certain pharmacies by the Food and Drug Administration. These drugs can only be obtained at specialty designated pharmacies able to appropriately handle the drugs.

The symbol [PAR] in the Restrictions column indicates that prior authorization may apply.

The symbol [QLL] in the Restrictions column indicates that quantities dispensed may be limited.

The symbol [ST] in the Restrictions column indicates that step therapy may apply.

Drug	Generic	Tier	Restrictions
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## MEDICAL (MISCELLANEOUS) SUPPLIES

### *DIABETIC SUPPLIES*

ACCU-CHEK ACTIVE		2	
ACCU-CHEK AVIVA		2	
ACCU-CHEK COMBINATION PACKAGE, -AVIVA SOLUTION, -ACTIVE CARE KIT, -ADVANTAGE KIT, -AVIVA MONITORING KIT, -COMPACT PLUS KIT		2	
ACCU-CHEK COMFORT CURVE		2	
ACCU-CHEK COMPACT		2	
ACCU-CHEK COMPACT BLUE CONTROL		2	
ASCENSIA AUTODISC		2	
AUTODISC NORMAL		2	
BREEZE 2		2	
CONTOUR		2	

Drug	Generic	Tier	Restrictions
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## ANESTHETICS

### LOCAL ANESTHETICS

<i>lidocaine hcl injection</i> [INJ]		1	
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### TOPICAL ANESTHETICS

<i>lidocaine hcl jel, -ointment, -solution non-oral</i>		1	
<i>lidocaine hcl viscous</i>		1	
<i>lidocaine-prilocaine</i>		1	
LIDODERM	<i>lidocaine</i>	2	[PAR]

## ANTIINFECTIVES

### AMEBICIDES

<i>paromomycin sulfate</i>		1	
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### AMINOGLYCOSIDES

<i>amikacin sulfate injection</i> [INJ]		1	
<i>gentamicin 90 mg/ns 100 ml pb, -100 mg/ns 100 ml, -60 mg/ns 50 ml pb, -70 mg/ns 50 ml pb, -80 mg/ns 50 ml pb</i> [INJ]		1	
<i>gentamicin sulfate injection</i> [INJ]		1	
<i>iso gentamicin 100 mg/100 ml, -isoton gentamicin 60 mg/50 ml, -isoton gentamicin 80 mg/50 ml</i> [INJ][G]		1	
<i>kanamycin sulfate injection</i> [INJ]		1	
<i>neomycin sulfate tablet</i>		1	
<i>tobramycin sulfate in ns</i> [INJ]		1	
<i>tobramycin sulfate injection</i> [INJ]		1	

### ANTHELMINTICS

ALBENZA	<i>albendazole</i>	2	
<i>mebendazole tablet chewable</i>		1	

Drug	Generic	Tier	Restrictions
STROMECTOL	<i>ivermectin</i>	2	

### ANTIINFECTIVES SPECIALIZED INDICATIONS

DAPSONE TABLET	<i>dapsone</i>	2	
<i>metronidazole capsule, -tablet</i>		1	
<i>metronidazole injection [INJ]</i>		1	

### ANTIRETROVIRALS AND PROTEASE INH

APTIVUS	<i>tipranavir</i>	3	
ATRIPLA	<i>emtricitabine/tenofovir/efavir</i>	3	
COMBIVIR	<i>lamivudine/zidovudine</i>	3	
CRIXIVAN	<i>indinavir</i>	2	
<i>didanosine</i>		1	
EDURANT	<i>rilpivirine hydrochloride</i>	3	
EMTRIVA	<i>emtricitabine</i>	2	
EPIVIR	<i>lamivudine</i>	2	
EPZICOM	<i>abacavir sulfate/lamivudine</i>	3	
FUZEON [INJ]	<i>enfuvirtide</i>	3	
INCIVEK	<i>telaprevir</i>	3	[PAR]
INTELENCE	<i>etravirine</i>	3	
INVIRASE	<i>saquinavir mesylate</i>	3	
ISENTRESS	<i>raltegravir potassium</i>	3	
KALETRA 100-25 MG TABLET	<i>ritonavir/lopinavir</i>	2	
KALETRA SOLUTION, -200-50 MG TABLET	<i>ritonavir/lopinavir</i>	3	
LEXIVA SUSPENSION ORAL	<i>fosamprenavir calcium</i>	2	
LEXIVA TABLET	<i>fosamprenavir calcium</i>	3	
NORVIR CAPSULE, -TABLET	<i>ritonavir</i>	2	
NORVIR SOLUTION	<i>ritonavir</i>	3	
PREZISTA 400 MG TABLET, -600 MG TABLET	<i>darunavir ethanolate</i>	3	
PREZISTA 75 MG TABLET, -150 MG TABLET	<i>darunavir ethanolate</i>	2	
RESCRIPTOR	<i>delavirdine mesylate</i>	2	
RETROVIR INJECTION [INJ]	<i>zidovudine</i>	2	
REYATAZ	<i>atazanavir sulfate</i>	3	
SELZENTRY	<i>maraviroc</i>	3	
<i>stavudine</i>		1	
SUSTIVA	<i>efavirenz</i>	2	
TRIZIVIR	<i>zidovudine/lamivudine/abacavir</i>	3	

Drug	Generic	Tier	Restrictions
TRUVADA	<i>emtricitabine/tenofovir</i>	3	
VICTRELIS	<i>boceprevir</i>	3	[PAR]
VIDEX	<i>didanosine</i>	2	
VIRACEPT	<i>nelfinavir mesylate</i>	2	
VIRAMUNE	<i>nevirapine</i>	2	
VIRAMUNE XR	<i>nevirapine</i>	2	
VIREAD	<i>tenofovir disproxil fumarate</i>	2	
ZIAGEN	<i>abacavir sulfate</i>	2	
<i>zidovudine</i>		1	

### ANTITUBERCULOSIS DRUGS

CAPASTAT SULFATE [INJ]	<i>capreomycin</i>	3	
<i>ethambutol hcl</i>		1	
<i>isonarif</i>		1	
<i>isoniazid injection</i> [INJ]		1	
<i>isoniazid syrup, -tablet</i>		1	
MYCOBUTIN	<i>rifabutin</i>	2	
PASER	<i>aminosalicylic acid</i>	2	
PRIFTIN	<i>rifapentine</i>	2	
<i>pyrazinamide</i>		1	
<i>rifampin capsule</i>		1	
<i>rifampin injection</i> [INJ]		3	
SEROMYCIN	<i>cycloserine</i>	2	
TRECATOR	<i>ethionamide</i>	2	

### CEPHALOSPORINS

<i>cefaclor</i>		1	
<i>cefaclor er</i>		1	
<i>cefadroxil</i>		1	
<i>cefazolin 20 gm bulk vial, -500 mg vial, -1 gm vial, -1 gm-d5w bag</i> [INJ]		1	
<i>cefdinir</i>		1	
<i>cefepime hcl</i> [INJ]		1	
<i>cefotaxime sodium</i> [INJ]		1	
<i>cefotetan</i> [INJ]		1	
<i>cefoxitin</i> [INJ]		1	
<i>cefoxitin sodium</i> [INJ]		1	
<i>cefpodoxime proxetil</i>		1	
<i>cefprozil</i>		1	

Drug	Generic	Tier	Restrictions
<i>ceftazidime</i> [INJ]		1	
<i>ceftriaxone</i> [INJ]		1	
<i>cefuroxime axetil</i>		1	
<i>cefuroxime injection</i> [INJ]		1	
<i>cefuroxime sod 750 mg vial, -sod 1.5 gm vial, -sod 7.5 gm vial</i> [INJ]		1	
<i>cefuroxime tablet</i>		1	
<i>cephalexin</i>		1	
SUPRAX	<i>cefixime</i>	2	

## CHLORAMPHENICOLS

<i>chloramphenicol sod succinate</i> [INJ]		1	
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## CLINDAMYCINS

CLEOCIN PALMITATE [G]	<i>clindamycin palmitate</i>	2	
<i>clindamycin hcl capsule</i>		1	
<i>clindamycin phosphate injection</i> [INJ]		1	

## ERYTHROMYCINS

E.E.S. 200	<i>erythromycin ethylsuccinate</i>	2	
ERYPED 200	<i>erythromycin ethylsuccinate</i>	2	
ERYPED 400	<i>erythromycin ethylsuccinate</i>	2	
ERY-TAB	<i>erythromycin base</i>	2	
ERYTHROCIN LACTOBIONATE [INJ]	<i>erythromycin lactobionate</i>	2	
<i>erythrocin stearate</i>		1	
<i>erythromycin ethylsuccinate tablet</i>		1	
<i>erythromycin tablet</i>		1	

## ORAL ANTIFUNGAL DRUGS

ANCOBON	<i>flucytosine</i>	3	
<i>clotrimazole troche</i>		1	
<i>fluconazole 150 mg tablet</i>		1	[QLL, 2/7]
<i>fluconazole 50 mg tablet, -100 mg tablet, -200 mg tablet</i>		1	[PAR]
<i>fluconazole suspension</i>		1	

Drug	Generic	Tier	Restrictions
GRIFULVIN V	<i>griseofulvin microsize</i>	2	
<i>griseofulvin suspension oral</i>		1	
GRIS-PEG	<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole capsule</i>		1	[PAR]
<i>ketoconazole tablet</i>		1	
LAMISIL PACKET	<i>terbinafine</i>	2	
NOXAFIL	<i>posaconazole</i>	3	
<i>nystatin suspension oral, -500,000 unit oral tab</i>		1	
SPORANOX SOLUTION	<i>itraconazole</i>	2	
<i>terbinafine hcl tablet</i>		1	[PAR]
VFEND SUSPENSION	<i>voriconazole</i>	3	[PAR]
VFEND TABLET [G]	<i>voriconazole</i>	3	[PAR]
<i>voriconazole 200 mg tablet</i>		3	[PAR]
<i>voriconazole 50 mg tablet</i>		1	[PAR]

### OTHER ANTIINFECTIVE DRUGS

ALINIA	<i>nitazoxanide</i>	2	
<i>aztreonam 1 gm vial [INJ]</i>		1	
<i>baciim [INJ]</i>		1	
<i>bacitracin injection [INJ]</i>		1	
CAYSTON [LA]	<i>aztreonam lysine</i>	3	[QLL, 84 vials/28]
<i>colistimethate 150 mg vial [INJ]</i>		3	
CUBICIN [INJ]	<i>daptomycin</i>	3	[PAR]
DORIBAX 500 MG VIAL [INJ]	<i>doripenem</i>	3	
INVANZ 1 GM VIAL [INJ]	<i>ertapenem sodium</i>	2	
MEPRON	<i>atovaquone</i>	3	
<i>meropenem [INJ]</i>		1	
<i>polymyxin b sulfate injection [INJ]</i>		1	
PRIMAXIN 250 MG VIAL [INJ]	<i>imipenem/cilastatin sodium</i>	2	
PRIMAXIN 500 MG VIAL [INJ]	<i>imipenem/cilastatin sodium</i>	3	
PRIMAXIN I.M. [INJ]	<i>imipenem/cilastatin sodium</i>	3	
SYNERCID [INJ]	<i>quinupristin/dalfopristin</i>	3	
TYGACIL [INJ]	<i>tigecycline</i>	3	
VANCOGIN HCL	<i>vancomycin</i>	3	
<i>vancomycin 1 gm vial, -10 gm vial [INJ]</i>		1	[PAR]
<i>vancomycin hcl 1g/200 ml bag [INJ]</i>		1	[PAR]
XIFAXAN 200 MG TABLET	<i>rifaximin</i>	2	

Drug	Generic	Tier	Restrictions
XIFAXAN 550 MG TABLET	<i>rifaximin</i>	3	
ZYVOX INJECTION [INJ]	<i>linezolid</i>	3	
ZYVOX SUSPENSION RECONSTITUTED ORAL, -TABLET	<i>linezolid</i>	3	[PAR]

### OTHER ANTIVIRAL DRUGS

<i>acyclovir capsule, -suspension oral, -tablet</i>		1	
<i>acyclovir sodium</i> [INJ]		1	
<i>amantadine</i>		1	
BARACLUDE SOLUTION	<i>entecavir</i>	2	
BARACLUDE TABLET	<i>entecavir</i>	3	
CYTOVENE [INJ][G]	<i>ganciclovir</i>	2	
DENAVIR	<i>penciclovir</i>	2	
EPIVIR HBV	<i>lamivudine</i>	2	
<i>famciclovir 125 mg tablet</i>		1	[QLL, 21/10]
<i>famciclovir 250 mg tablet</i>		1	[QLL, 68/34]
<i>famciclovir 500 mg tablet</i>		1	[QLL, 21/7]
<i>foscarnet sodium</i> [INJ]		1	
<i>ganciclovir</i>		3	
<i>ganciclovir sodium</i> [INJ]		1	
HEPSERA	<i>adefovir dipivoxil</i>	3	
RELENZA	<i>zanamivir</i>	2	[QLL, 60 inhalations/180]
<i>ribapak</i>		3	
<i>ribasphere 200 mg tablet</i>		1	
<i>ribasphere capsule, -400 mg tablet, -600 mg tablet</i>		3	
<i>ribavirin 200 mg tablet</i>		1	
<i>ribavirin capsule, -400 mg tablet, - 600 mg tablet</i>		3	
<i>rimantadine hcl</i>		1	
TAMIFLU 12 MG/ML SUSPENSION	<i>oseltamivir phosphate</i>	2	[QLL, 900 ml/180]
TAMIFLU 30 MG GELCAP	<i>oseltamivir phosphate</i>	2	[QLL, 84/180]
TAMIFLU 45 MG GELCAP, -75 MG GELCAP	<i>oseltamivir phosphate</i>	2	[QLL, 42/180]
TAMIFLU 6 MG/ML SUSPENSION	<i>oseltamivir phosphate</i>	2	[QLL, 600/180]
TYZEKA	<i>telbivudine</i>	2	
<i>valacyclovir</i>		1	[QLL, 34/34]
VALCYTE	<i>valganciclovir</i>	3	

Drug	Generic	Tier	Restrictions
VIRAZOLE	<i>ribavirin</i>	2	
XERESE	<i>acyclovir/hydrocortisone</i>	2	
ZOVIRAX CREAM, -OINTMENT	<i>acyclovir</i>	2	

### OTHER MACROLIDES

<i>azithromycin 100 mg/5 ml susp</i>		1	[QLL, 30 ml/5]
<i>azithromycin 200 mg/5 ml susp</i>		1	[QLL, 90 ml/5]
<i>azithromycin 250 mg tablet</i>		1	[QLL, 8/7]
<i>azithromycin 500 mg tablet</i>		1	[QLL, 4/4]
<i>azithromycin 600 mg tablet</i>		1	
<i>azithromycin injection [INJ]</i>		1	
<i>clarithromycin er</i>		1	
<i>clarithromycin suspension, -tablet</i>		1	

### OTHER TOPICAL ANTIFUNGALS

<i>ciclopirox cream, -gel, -shampoo, -suspension topical</i>		1	
<i>ciclopirox solution non-oral</i>		1	[PAR]
<i>clotrimazole 1% cream, -solution non-oral</i>		1	
<i>clotrimazole af 1% cream</i>		1	
<i>econazole nitrate cream</i>		1	
<i>ketoconazole cream, -shampoo</i>		1	
<i>nyamyc</i>		1	
<i>nystatin cream, -ointment, -100,000 unit/gm powd</i>		1	
<i>nystop</i>		1	
<i>pedi-dri</i>		1	

### PARENTERAL ANTIFUNGALS

ABELCET [INJ]	<i>amphotericin b lipid complex</i>	3	
AMBISOME [INJ]	<i>amphotericin b liposome</i>	3	
<i>amphotericin b injection [INJ]</i>		1	
CANCIDAS [INJ]	<i>caspofungin acetate</i>	3	
<i>fluconazole in dextrose [INJ]</i>		1	
MYCAMINE [INJ]	<i>micalfungin sodium</i>	3	
VFEND IV [INJ]	<i>voriconazole</i>	3	

Drug	Generic	Tier	Restrictions
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## PENICILLINS

<i>amox tr-potassium clavulanate</i>		1	
<i>amoxicillin</i>		1	
<i>amoxicillin-clavulanate er</i>		1	
<i>ampicillin sodium</i> [INJ]		1	
<i>ampicillin trihydrate</i>		1	
<i>ampicillin-sulbactam</i> [INJ]		1	
<i>dicloxacillin sodium</i>		1	
<i>nafcillin</i> [INJ]		3	
<i>nafcillin sodium</i> [INJ]		3	
<i>oxacillin</i> [INJ]		3	
<i>oxacillin 1 gm vial</i> [INJ]		1	
<i>oxacillin 10 gm vial</i> [INJ]		3	
<i>penicillin g potassium</i> [INJ]		1	
<i>penicillin g procaine</i> [INJ]		1	
<i>penicillin g sodium</i> [INJ]		1	
<i>penicillin v potassium</i>		1	
<i>piperacillin</i> [INJ]		1	
<i>piperacillin-tazobactam</i> [INJ]		1	

## PLASMODICIDES

<i>chloroquine phosphate tablet</i>		1	
COARTEM	<i>artemether/lumefantrine</i>	2	
DARAPRIM	<i>pyrimethamine</i>	2	
<i>hydroxychloroquine sulfate tablet</i>		1	
MALARONE 250-100 MG TABLET [G]	<i>atovaquone/proguanil hcl</i>	2	
MALARONE 62.5-25 MG PED TAB	<i>atovaquone/proguanil hcl</i>	2	
<i>mefloquine hcl</i>		1	
PRIMAQUINE	<i>primaquine</i>	2	
QUALAQUIN	<i>quinine sulfate</i>	2	

## QUINOLONES

AVELOX	<i>moxifloxacin</i>	2	
AVELOX ABC PACK	<i>moxifloxacin</i>	2	
AVELOX IV [INJ]	<i>moxifloxacin</i>	2	
<i>ciprofloxacin</i> [INJ]		1	
<i>ciprofloxacin er</i>		1	
<i>ciprofloxacin hcl tablet</i>		1	

Drug	Generic	Tier	Restrictions
<i>levofloxacin solution, -tablet</i>		1	
<i>levofloxacin-d5w [INJ]</i>		1	
<i>ofloxacin tablet</i>		1	

### SULFONAMIDES

<i>erythromycin-sulfisoxazole</i>		1	
<i>sulfadiazine tablet</i>		1	
<i>sulfamethoxazole-trimethoprim injection [INJ]</i>		1	
<i>sulfamethoxazole-trimethoprim suspension oral, -tablet</i>		1	
<i>sulfatrim</i>		1	

### TETRACYCLINES

<i>demeclocycline hcl</i>		1	
<i>doxycycline</i>		1	
<i>doxycycline hyclate capsule, -capsule enteric coated, -100 mg tab, -tablet enteric coated</i>		1	
<i>doxycycline hyclate injection [INJ]</i>		1	
<i>doxycycline monohydrate</i>		1	
<i>minocycline hcl capsule, -tablet, -tablet sustained release 24hr</i>		1	
<i>tetracycline hcl capsule</i>		1	

### TOPICAL ANTIBACTERIAL DRUGS

<i>gentamicin sulfate cream, -0.1% ointment</i>		1	
<i>mupirocin ointment</i>		1	
<i>silver sulfadiazine cream</i>		1	
<i>ssd</i>		1	
SULFAMYLON	<i>mafenide acetate</i>	2	
<i>thermazene</i>		1	

### TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.

<i>clotrimazole-betamethasone</i>		1	
<i>nystatin-triamcinolone</i>		1	

Drug	Generic	Tier	Restrictions
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### URINARY ANTIINFECTIVES

<i>methenamine hippurate</i>		1	
<i>nitrofurantoin macrocrystal capsule</i>		1	
<i>nitrofurantoin mono-macro</i>		1	
<i>nitrofurantoin suspension oral</i>		1	
PRIMSOL	<i>trimethoprim</i>	2	
<i>trimethoprim tablet</i>		1	

### VAGINAL ANTIFUNGALS

<i>miconazole 3 suppository vaginal</i>		1	[QLL, 3/3]
<i>terconazole 0.4% cream</i>		1	[QLL, 45 gm/7]
<i>terconazole 0.8% cream</i>		1	[QLL, 20 gm/3]
<i>terconazole suppository vaginal</i>		1	[QLL, 3/3]

### ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS

#### ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS

AFINITOR	<i>everolimus</i>	3	
ALIMTA [INJ]	<i>pemetrexed disodium</i>	3	
AMEVIVE [INJ][LA]	<i>alefacept</i>	3	[PAR]
<i>amifostine [INJ]</i>		3	
<i>anagrelide hcl</i>		1	
<i>anastrozole tablet</i>		1	
AVASTIN 100 MG/4 ML VIAL [INJ]	<i>bevacizumab</i>	2	
AZASAN	<i>azathioprine</i>	2	[PAR]
<i>azathioprine sodium [INJ]</i>		1	[PAR]
<i>azathioprine tablet</i>		1	[PAR]
<i>bicalutamide</i>		1	
CAMPATH [INJ]	<i>alemtuzumab</i>	3	
CEENU	<i>lomustine</i>	2	
CELLCEPT INJECTION [INJ]	<i>mycophenolate mofetil</i>	2	[PAR]
CELLCEPT SUSPENSION RECONSTITUTED ORAL	<i>mycophenolate mofetil</i>	3	[PAR]
<i>cyclophosphamide tablet</i>		1	[PAR]
<i>cyclosporine capsule, -solution</i>		1	[PAR]
<i>cyclosporine injection [INJ]</i>		1	[PAR]
<i>cyclosporine modified</i>		1	[PAR]
DACOGEN [INJ]	<i>decitabine</i>	3	

Drug	Generic	Tier	Restrictions
DEPO-PROVERA 400 MG/ML VIAL [INJ]	<i>medroxyprogesterone</i>	2	
DROXIA	<i>hydroxyurea</i>	2	
ELIGARD [INJ]	<i>leuprolide</i>	2	[PAR]
ELITEK [INJ]	<i>rasburicase</i>	3	
EMCYT	<i>estramustine phosphate sodium</i>	2	
ENBREL [INJ]	<i>etanercept</i>	3	[PAR]
<i>exemestane</i>		1	
FARESTON	<i>toremifene</i>	2	
FASLODEX [INJ]	<i>fulvestrant</i>	3	
<i>flutamide</i>		1	
<i>gengraf</i>		1	[PAR]
GLEEVEC	<i>imatinib mesylate</i>	3	
HALAVEN [INJ]	<i>eribulin mesylate</i>	3	
HEXALEN	<i>altretamine</i>	3	
HUMIRA 20 MG/0.4 ML SYRINGE, -40 MG/0.8 ML SYRINGE [INJ]	<i>adalimumab</i>	3	[PAR][QLL, 5 syringes/35]
HUMIRA 40 MG/0.8 ML PEN, - PSORIASIS STARTER PACK [INJ]	<i>adalimumab</i>	3	[PAR][QLL, 6/180]
HUMIRA CROHN'S STARTER PACK [INJ]	<i>adalimumab</i>	3	[PAR][QLL, 6 syringes/180]
<i>hydroxyurea capsule</i>		1	
IRESSA [LA]	<i>gefitinib</i>	3	
<i>leflunomide</i>		1	[QLL, 34/34]
<i>letrozole</i>		1	
<i>leucovorin calcium injection</i> [INJ]		1	
<i>leucovorin calcium tablet</i>		1	
LEUKERAN	<i>chlorambucil</i>	2	
LUPRON DEPOT 45 MG 6MO KIT [INJ]	<i>leuprolide</i>	3	[PAR]
LYSODREN	<i>mitotane</i>	3	
MATULANE	<i>procarbazine</i>	3	
MEGACE ES	<i>megestrol</i>	2	
<i>megestrol acetate suspension oral, -tablet</i>		1	
<i>mercaptopurine tablet</i>		1	
<i>mesna</i> [INJ]		1	
MESNEX TABLET	<i>mesna</i>	3	
<i>methotrexate injection</i> [INJ]		1	[PAR]
<i>methotrexate tablet</i>		1	[PAR]
<i>mitoxantrone hcl</i> [INJ]		3	[PAR]
MUSTARGEN [INJ]	<i>mechlorethamine</i>	2	

Drug	Generic	Tier	Restrictions
<i>mycophenolate mofetil capsule</i>		1	[PAR]
<i>mycophenolate mofetil tablet</i>		3	[PAR]
MYFORTIC	<i>mycophenolate sodium</i>	2	[PAR]
NEXAVAR [LA]	<i>sorafenib tosylate</i>	3	
NILANDRON	<i>nilutamide</i>	2	
NULOJIX [INJ]	<i>belatacept</i>	3	[PAR]
<i>octreotide acet 100 mcg/ml amp, - acet 200 mcg/ml vl, -acet 500 mcg/ml amp, -1,000 mcg/ml vial</i> [INJ]		3	
<i>octreotide acet 50 mcg/ml amp</i> [INJ]		1	
ORENCIA [INJ]	<i>abatacept/maltose</i>	3	[PAR]
ORTHOCLONE OKT-3 [INJ]	<i>muronab-cd3</i>	2	[PAR]
PROGRAF INJECTION [INJ]	<i>tacrolimus</i>	2	[PAR]
RAPAMUNE	<i>sirolimus</i>	2	[PAR]
REMICADE [INJ]	<i>infliximab</i>	3	[PAR]
REVLIMID [LA]	<i>lenalidomide</i>	3	
RITUXAN [INJ]	<i>rituximab</i>	3	[PAR]
SANDIMMUNE CAPSULE [G]	<i>cyclosporine</i>	2	[PAR]
SANDOSTATIN LAR 10 MG KIT, - 30 MG KIT [INJ]	<i>octreotide</i>	3	[QLL, 1/28]
SANDOSTATIN LAR 20 MG KIT [INJ]	<i>octreotide</i>	3	[QLL, 2/28]
SIMULECT [INJ]	<i>basiliximab</i>	2	[PAR]
SPRYCEL	<i>dasatinib</i>	3	
SUTENT	<i>sunitinib malate</i>	3	
TABLOID	<i>thioguanine</i>	2	
<i>tacrolimus 0.5 mg capsule, -1 mg capsule</i>		1	[PAR]
<i>tacrolimus 5 mg capsule</i>		3	[PAR]
<i>tamoxifen citrate tablet</i>		1	
TARCEVA	<i>erlotinib hcl</i>	3	
TARGRETIN	<i>bexarotene</i>	3	
TASIGNA	<i>nilotinib hydrochloride</i>	3	
TRELSTAR 22.5 MG VIAL [INJ]	<i>triptorelin pamoate</i>	3	
TRELSTAR 3.75 MG SYRINGE, - 11.25 MG SYRINGE [INJ]	<i>triptorelin pamoate</i>	2	
<i>tretinoin capsule</i>		3	
TYKERB	<i>lapatinib ditosylate</i>	3	
TYSABRI [INJ][LA]	<i>natalizumab</i>	3	[PAR]
VANDETANIB [LA]	<i>vandetanib</i>	3	
VELCADE [INJ]	<i>bortezomib</i>	3	

Drug	Generic	Tier	Restrictions
VIDAZA [INJ]	<i>azacitidine</i>	3	
VOTRIENT	<i>pazopanib</i>	3	
ZOLINZA	<i>vorinostat</i>	3	
ZORTRESS 0.25 MG TABLET	<i>everolimus</i>	2	[PAR]
ZORTRESS 0.5 MG TABLET, -0.75 MG TABLET	<i>everolimus</i>	3	[PAR]
ZYTIGA	<i>abiraterone acetate</i>	3	

## AUTONOMIC AND CNS MEDICATIONS

### ANALGESICS

<i>buprenorphine hcl injection</i> [INJ]		1	
<i>butorphanol tartrate injection</i> [INJ]		1	
<i>nalbuphine hcl injection</i> [INJ]		1	
<i>tramadol hcl tablet</i>		1	[QLL, 272/34]
<i>tramadol hcl tablet sustained release 24hr</i>		1	[QLL, 34/34]
<i>tramadol hcl-acetaminophen</i>		1	[QLL, 272/34]

### ANTIDEMENTIA DRUGS

<i>donepezil hcl</i>		1	
EXELON PATCH TRANSDERMAL 24 HOURS, -SOLUTION	<i>rivastigmine tartrate</i>	2	[ST]
<i>galantamine hbr</i>		1	
<i>galantamine hydrobromide</i>		1	
NAMENDA	<i>memantine hcl</i>	2	
<i>rivastigmine</i>		1	

### ANTIMANIA DRUGS

<i>lithium</i>		1	
<i>lithium carbonate capsule, -tablet, -tablet sustained action</i>		1	

### ANTIPARKINSON ANTICHOLINERGIC DRUGS

<i>benztropine mesylate injection</i> [INJ]		1	
<i>benztropine mesylate tablet</i>		1	
<i>trihexyphenidyl hcl</i>		1	

Drug	Generic	Tier	Restrictions
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## ANTIPSYCHOTIC DRUGS

ABILIFY DISCMELT	<i>aripiprazole</i>	2	[QLL, 68/34]
ABILIFY INJECTION [INJ]	<i>aripiprazole</i>	2	
ABILIFY SOLUTION	<i>aripiprazole</i>	2	
ABILIFY TABLET	<i>aripiprazole</i>	2	[QLL, 34/34]
<i>chlorpromazine hcl injection</i> [INJ]		1	
<i>chlorpromazine hcl tablet</i>		1	
<i>clozapine</i>		1	
FANAPT TABLET	<i>iloperidone</i>	2	[QLL, 68/34]
FANAPT TABLET DOSE PACK	<i>iloperidone</i>	2	[QLL, 1/34]
FAZACLO	<i>clozapine</i>	2	
<i>fluphenazine decanoate injection</i> [INJ]		1	
<i>fluphenazine hcl elixir, -solution, -tablet</i>		1	
<i>fluphenazine hcl injection</i> [INJ]		1	
GEODON CAPSULE	<i>ziprasidone</i>	2	[QLL, 68/34]
GEODON INJECTION [INJ]	<i>ziprasidone</i>	2	
<i>haloperidol decanoate</i> [INJ]		1	
<i>haloperidol lactate injection</i> [INJ]		1	
<i>haloperidol lactate solution</i>		1	
<i>haloperidol tablet</i>		1	
INVEGA ER 1.5 MG TABLET, -ER 3 MG TABLET, -ER 9 MG TABLET	<i>paliperidone</i>	2	[QLL, 34/34]
INVEGA ER 6 MG TABLET	<i>paliperidone</i>	2	[QLL, 68/34]
INVEGA SUSTENNA 117 MG PREF SY, -156 MG PREF SY, -234 MG PREF SY [INJ]	<i>paliperidone</i>	3	
INVEGA SUSTENNA 39 MG PREF SYR, -78 MG PREF SYR [INJ]	<i>paliperidone</i>	2	
LATUDA	<i>lurasidone hcl</i>	2	[QLL, 34/34]
<i>loxapine</i>		1	
ORAP	<i>pimozide</i>	2	
<i>perphenazine</i>		1	
RISPERDAL CONSTA 12.5 MG SYR, -25 MG SYR [INJ]	<i>risperidone</i>	2	
RISPERDAL CONSTA 37.5 MG SYR, -50 MG SYR [INJ]	<i>risperidone</i>	3	
<i>risperidone odt</i>		1	[QLL, 68/34]
<i>risperidone solution</i>		1	[QLL, 544 ml/34]

Drug	Generic	Tier	Restrictions
<i>risperidone tablet</i>		1	[QLL, 68/34]
SAPHRIS	<i>asenapine</i>	2	[QLL, 68/34]
SEROQUEL 25 MG TABLET, -50 MG TABLET, -100 MG TABLET, -200 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 102/34]
SEROQUEL 300 MG TABLET, -400 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 68/34]
SEROQUEL XR 150 MG TABLET, -200 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 34/34]
SEROQUEL XR 50 MG TABLET, -300 MG TABLET, -400 MG TABLET	<i>quetiapine fumarate</i>	2	[QLL, 68/34]
<i>thioridazine hcl</i>		1	
<i>thiothixene</i>		1	
<i>trifluoperazine hcl</i>		1	
ZYPREXA INJECTION [INJ]	<i>olanzapine</i>	2	
ZYPREXA TABLET [G]	<i>olanzapine</i>	2	[QLL, 34/34]
ZYPREXA ZYDIS [G]	<i>olanzapine</i>	2	[QLL, 34/34]

### ANTIVERTIGO AND ANTIEMETIC DRUGS

ALOXI [INJ]	<i>palonosetron hcl</i>	3	
CESAMET	<i>nabilone</i>	3	[QLL, 30/5]
<i>compro</i>		1	
<i>dronabinol 2.5 mg capsule</i>		1	[PAR]
<i>dronabinol 5 mg capsule, -10 mg capsule</i>		3	[PAR]
EMEND 40 MG CAPSULE, -125 MG CAPSULE	<i>aprepitant</i>	2	[PAR][QLL, 1/1]
EMEND 80 MG CAPSULE	<i>aprepitant</i>	2	[PAR][QLL, 2/2]
EMEND INJECTION [INJ]	<i>aprepitant</i>	2	
EMEND TRIFOLD PACK	<i>aprepitant</i>	2	[PAR][QLL, 3/3]
<i>granisetron hcl injection [INJ]</i>		1	
<i>granisetron hcl tablet</i>		1	[PAR][QLL, 2/1]
<i>granisol</i>		1	[PAR][QLL, 30 ml/3]
<i>meclizine hcl tablet</i>		1	
<i>ondansetron hcl 24 mg tablet</i>		1	[PAR][QLL, 1/1]
<i>ondansetron hcl 4 mg tablet, -8 mg tablet</i>		1	[PAR][QLL, 12/5]
<i>ondansetron hcl injection [INJ]</i>		1	
<i>ondansetron hcl solution</i>		1	[PAR][QLL, 150 ml/5]

Drug	Generic	Tier	Restrictions
<i>ondansetron odt</i>		1	[PAR][QLL, 12/5]
<i>phenadoz</i>		1	
<i>prochlorperazine edisylate</i> [INJ]		1	
<i>prochlorperazine maleate suppository rectal, -tablet</i>		1	
<i>promethazine hcl suppository rectal</i>		1	
<i>promethegan</i>		1	
<i>trimethobenzamide hcl capsule</i>		1	
<i>trimethobenzamide hcl injection</i> [INJ]		1	

### ANXIOLYTICS

<i>buspirone hcl tablet</i>		1	
<i>meprobamate</i>		1	

### CARBAMAZEPINES

<i>carbamazepine capsule sustained action, -suspension oral, -tablet, -tablet chewable</i>		1	
<i>carbamazepine xr</i>		1	
<i>epitol</i>		1	
<i>oxcarbazepine</i>		1	
TEGRETOL XR 100 MG TABLET	<i>carbamazepine</i>	2	

### CLASS II NARCOTICS

<i>codeine sulfate</i>		1	
<i>endocet</i>		1	
<i>endodan</i>		1	
<i>fentanyl</i>		1	
<i>fentanyl citrate injection</i> [INJ]		1	
<i>fentanyl citrate lozenge</i>		3	[PAR][QLL, 120/30]
<i>hydromorphone hcl injection</i> [INJ]		1	
<i>hydromorphone hcl tablet</i>		1	
<i>levorphanol tartrate tablet</i>		1	
<i>meperidine hcl injection</i> [INJ]		1	
<i>methadone hcl injection</i> [INJ]		1	

Drug	Generic	Tier	Restrictions
<i>methadone hcl solution, -tablet</i>		1	
<i>methadose</i>		1	
<i>morphine sulfate injection [INJ]</i>		1	
<i>morphine sulfate solution, -tablet</i>		1	
<i>morphine sulfate tablet sustained action</i>		1	[QLL, 120/30]
OPANA ER	<i>oxymorphone</i>	2	[QLL, 90/30][ST]
<i>oxycodone concentrate</i>		1	
<i>oxycodone hcl</i>		1	
<i>oxycodone hcl-acetaminophen</i>		1	
<i>oxycodone hcl-aspirin</i>		1	
<i>oxycodone hcl-ibuprofen</i>		1	
<i>oxycodone-acetaminophen</i>		1	
<i>oxycodone-aspirin</i>		1	
OXYCONTIN	<i>oxycodone</i>	2	[QLL, 90/30][ST]
<i>oxymorphone hcl tablet</i>		1	
<i>roxicet tablet</i>		1	

### CLASS III NARCOTICS

<i>acetaminoph-caff-dihydrocodein</i>		1	
<i>acetaminophen-codeine</i>		1	
<i>buprenorphine hcl tablet sublingual</i>		1	
<i>co-gesic</i>		1	
<i>hydrocodone bit-ibuprofen</i>		1	
<i>hydrocodone-acetaminophen</i>		1	
<i>margesic h</i>		1	
<i>reprexain</i>		1	
<i>stagesic</i>		1	
SUBOXONE FILM MEDICATED	<i>buprenorphine/naloxone</i>	2	
SUBOXONE TABLET SUBLINGUAL	<i>buprenorphine/naloxone</i>	2	[QLL, 102/34]
<i>zamicet</i>		1	

### CNS STIMULANT DRUGS

<i>amphetamine salt combo</i>		1	
<i>dexmethylphenidate hcl</i>		1	
<i>dextroamphetamine sulfate capsule sustained action, -tablet</i>		1	

Drug	Generic	Tier	Restrictions
METADATE CD	<i>methylphenidate</i>	2	
<i>metadate er</i>		1	
<i>methamphetamine hcl</i>		1	
<i>methylin er</i>		1	
<i>methylin tablet</i>		1	
<i>methylphenidate hcl solution, - tablet</i>		1	
<i>methylphenidate sr</i>		1	
PROVIGIL	<i>modafinil</i>	2	[PAR]

## DRUGS TO PREVENT AND TREAT HEADACHES

<i>ascomp with codeine</i>		1	
<i>butalb-caff-acetaminoph-codein</i>		1	
<i>butorphanol tartrate aerosol spray</i>		1	[QLL, 5 ml/3]
<i>dihydroergotamine mesylate injection [INJ]</i>		1	
<i>ergotamine-caffeine</i>		1	
FROVA	<i>frovatriptan</i>	2	[QLL, 27/28]
MAXALT	<i>rizatriptan benzoate</i>	2	[QLL, 36/28]
MAXALT MLT	<i>rizatriptan benzoate</i>	2	[QLL, 36/28]
<i>migergot</i>		1	
<i>naratriptan hcl</i>		1	[QLL, 18/28]
<i>sumatriptan 4 mg/0.5 ml vial, -6 mg/0.5 ml vial [INJ]</i>		1	[QLL, 8 vials/28]
<i>sumatriptan 6 mg/0.5 ml inject [INJ]</i>		1	[QLL, 8 vials/28]
<i>sumatriptan succinate tablet</i>		1	[QLL, 18/28]
ZOMIG SPRAY NON-AEROSOL	<i>zolmitriptan</i>	2	[QLL, 18 nasal sprayers/28]

## HYDANTOINS

DILANTIN 30 MG CAPSULE, - TABLET CHEWABLE	<i>phenytoin</i>	2	
<i>fosphenytoin sodium [INJ]</i>		1	
PEGANONE	<i>ethotoin</i>	2	
<i>phenytoin sodium extended</i>		1	
<i>phenytoin sodium injection [INJ]</i>		1	
<i>phenytoin suspension oral</i>		1	

Drug	Generic	Tier	Restrictions
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### MAO INHIBITORS

EMSAM	<i>selegiline</i>	2	
MARPLAN	<i>isocarboxazid</i>	2	
<i>phenelzine sulfate tablet</i>		1	
<i>tranylcypromine sulfate</i>		1	

### OTHER ANTICONVULSANTS

BANZEL 400 MG TABLET	<i>rufinamide</i>	3	
BANZEL SUSPENSION ORAL, -200 MG TABLET	<i>rufinamide</i>	2	
FELBATOL SUSPENSION ORAL	<i>felbamate</i>	2	
FELBATOL TABLET [G]	<i>felbamate</i>	2	
<i>gabapentin capsule, -solution, -tablet</i>		1	
GABITRIL	<i>tiagabine</i>	2	
<i>lamotrigine</i>		1	
<i>levetiracetam injection [INJ]</i>		1	
<i>levetiracetam solution, -tablet</i>		1	
LYRICA	<i>pregabalin</i>	2	[ST]
NEURONTIN SOLUTION [G]	<i>gabapentin</i>	2	
<i>primidone tablet</i>		1	
SABRIL [LA]	<i>vigabatrin</i>	3	
<i>topiramate capsule sprinkle, -tablet</i>		1	[PAR]
VIMPAT INJECTION [INJ]	<i>lacosamide</i>	2	
VIMPAT SOLUTION, -TABLET	<i>lacosamide</i>	2	
<i>zonisamide</i>		1	[PAR]

### OTHER ANTIDEPRESSANTS

<i>budeprion sr</i>		1	[QLL, 68/34]
<i>budeprion xl</i>		1	[QLL, 34/34]
<i>bupropion hcl sr 100 mg tablet, -200 mg tab</i>		1	[QLL, 68/34]
<i>bupropion hcl tablet</i>		1	
<i>bupropion sr 150 mg tablet</i>		1	
<i>chlordiazepoxide-amitriptyline</i>		1	
CYMBALTA 20 MG CAPSULE, -60 MG CAPSULE	<i>duloxetine</i>	2	[QLL, 68/34][ST]

Drug	Generic	Tier	Restrictions
CYMBALTA 30 MG CAPSULE	<i>duloxetine</i>	2	[QLL, 34/34][ST]
<i>maprotiline hcl</i>		1	
<i>mirtazapine</i>		1	
<i>nefazodone hcl</i>		1	
<i>perphenazine-amitriptyline</i>		1	
PRISTIQ	<i>desvenlafaxine succinate</i>	2	[QLL, 34/34][ST]
SAVELLA TABLET	<i>milnacipran hcl</i>	2	[QLL, 68/34][ST]
SAVELLA TABLET DOSE PACK	<i>milnacipran hcl</i>	2	[QLL, 1/34][ST]
<i>trazodone hcl tablet</i>		1	
<i>venlafaxine hcl</i>		1	[QLL, 102/34]
<i>venlafaxine hcl er 37.5 mg cap, - 150 mg cap</i>		1	[QLL, 34/34]
<i>venlafaxine hcl er 75 mg cap</i>		1	[QLL, 102/34]

### OTHER ANTIPARKINSON DRUGS

APOKYN [INJ][LA]	<i>apomorphine hcl</i>	3	
<i>bromocriptine mesylate capsule, - tablet</i>		1	
<i>carbidopa-levodopa</i>		1	
COMTAN	<i>entacapone</i>	2	
LODOSYN	<i>carbidopa</i>	2	
<i>pramipexole dihydrochloride</i>		1	
<i>ropinirole hcl</i>		1	
<i>selegiline hcl capsule, -tablet</i>		1	
STALEVO 100	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 125	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 150	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 200	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 50	<i>carbidopa/levodopa/entacap</i>	2	
STALEVO 75	<i>carbidopa/levodopa/entacap</i>	2	
TASMAR	<i>tolcapone</i>	2	

### OTHER CNS/AUTONOMIC DRUGS

ANTABUSE [G]	<i>disulfiram</i>	2	
<i>atropine sulfate injection [INJ]</i>		1	
<i>depade</i>		1	
<i>disulfiram tablet</i>		1	

Drug	Generic	Tier	Restrictions
<i>guanidine hcl</i>		1	
MESTINON SYRUP, -TABLET SUSTAINED ACTION	<i>pyridostigmine</i>	2	
<i>naloxone hcl injection</i> [INJ]		1	
<i>naltrexone hcl tablet</i>		1	
NUDEXTA	<i>dextromethorphan/quinidine</i>	2	[PAR]
<i>pyridostigmine bromide tablet</i>		1	
STRATTERA	<i>atomoxetine</i>	2	[ST]
XENAZINE [LA]	<i>tetrabenazine</i>	3	[PAR]
XYREM [LA]	<i>sodium oxybate</i>	3	

## SECONDARY AMINES

<i>amoxapine</i>		1	
<i>desipramine hcl tablet</i>		1	
<i>nortriptyline hcl capsule, -solution</i>		1	
<i>protriptyline hcl</i>		1	

## SEDATIVE/HYPNOTIC DRUGS

ROZEREM	<i>ramelteon</i>	2	[QLL, 34/34][ST]
<i>zaleplon 10 mg capsule</i>		1	[QLL, 68/34]
<i>zaleplon 5 mg capsule</i>		1	[QLL, 34/34]
<i>zolpidem tartrate</i>		1	[QLL, 34/34]

## SELECTIVE SEROTONIN REUPTAKE INHIBITORS

<i>citalopram hbr solution</i>		1	
<i>citalopram hbr tablet</i>		1	[QLL, 34/34]
<i>fluoxetine dr</i>		1	[QLL, 5/34]
<i>fluoxetine hcl 10 mg capsule, -10 mg tablet</i>		1	[QLL, 34/34]
<i>fluoxetine hcl 20 mg capsule, -solution, -20 mg tablet</i>		1	
<i>fluoxetine hcl 40 mg capsule</i>		1	[QLL, 68/34]
<i>fluvoxamine maleate 100 mg tab</i>		1	[QLL, 102/34]
<i>fluvoxamine maleate 25 mg tab</i>		1	[QLL, 34/34]
<i>fluvoxamine maleate 50 mg tab</i>		1	[QLL, 68/34]
<i>paroxetine hcl 10 mg tablet, -40 mg tablet</i>		1	[QLL, 34/34]

Drug	Generic	Tier	Restrictions
<i>paroxetine hcl 20 mg tablet, -30 mg tablet, -tablet sustained release 24hr</i>		1	[QLL, 68/34]
<i>paroxetine hcl suspension oral</i>		1	
<i>rapiflux</i>		1	
<i>selfemra 10 mg capsule</i>		1	[QLL, 35/14]
<i>selfemra 20 mg capsule</i>		1	[QLL, 140/14]
<i>sertraline hcl 25 mg tablet</i>		1	[QLL, 34/34]
<i>sertraline hcl 50 mg tablet, -100 mg tablet</i>		1	[QLL, 68/34]
<i>sertraline hcl solution</i>		1	
VIIBRYD	<i>vilazodone hydrochloride</i>	2	[QLL, 34/34][ST]

### SMOKING CESSATION PRODUCTS

<i>buproban</i>		1	
CHANTIX	<i>varenicline tartrate</i>	2	
NICOTROL	<i>nicotine inhaler</i>	2	
NICOTROL NS	<i>nicotine ns</i>	2	

### SUCCINIMIDES

CELONTIN	<i>methsuximide</i>	2	
<i>ethosuximide capsule, -syrup</i>		1	

### TERTIARY AMINES

<i>amitriptyline hcl tablet</i>		1	
<i>clomipramine hcl capsule</i>		1	
<i>doxepin hcl capsule, -solution</i>		1	
<i>imipramine hcl tablet</i>		1	
<i>imipramine pamoate</i>		1	
SURMONTIL	<i>trimipramine</i>	2	

### VALPROIC ACID AND DERIVATIVES

<i>divalproex sodium</i>		1	
<i>divalproex sodium er</i>		1	
<i>valproate sodium injection [INJ]</i>		1	
<i>valproic acid capsule, -syrup</i>		1	

Drug	Generic	Tier	Restrictions
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## CARDIOVASCULAR MEDICATIONS

### AMIODARONES

<i>amiodarone hcl injection</i> [INJ]		1	
<i>amiodarone hcl tablet</i>		1	
<i>pacerone</i>		1	

### ANGIOTENSIN CONVERTING ENZYME INHIBITORS

<i>benazepril hcl</i>		1	
<i>captopril tablet</i>		1	
<i>enalapril maleate tablet</i>		1	
<i>fosinopril sodium</i>		1	
<i>lisinopril tablet</i>		1	
<i>moexipril hcl</i>		1	
<i>perindopril erbumine</i>		1	
<i>quinapril hcl</i>		1	
<i>ramipril</i>		1	
<i>trandolapril</i>		1	

### ANGIOTENSIN II RECEPTOR ANTAGONISTS

DIOVAN	<i>valsartan</i>	2	[ST]
	<i>losartan potassium</i>	1	
MICARDIS	<i>telmisartan</i>	2	[ST]

### ANTIDYSRHYTHMIC DRUGS

<i>flecainide acetate</i>		1	
<i>mexiletine hcl capsule</i>		1	
<i>procainamide hcl injection</i> [INJ]		1	
<i>propafenone hcl</i>		1	
<i>quinidine gluconate injection</i> [INJ]		1	
<i>quinidine gluconate tablet sustained action</i>		1	
<i>quinidine sulfate tablet, -tablet sustained action</i>		1	

### BETA-ADRENERGIC ANTAGONIST DRUGS

<i>acebutolol hcl capsule</i>		1	
<i>atenolol tablet</i>		1	

Drug	Generic	Tier	Restrictions
<i>betaxolol hcl tablet</i>		1	
<i>bisoprolol fumarate</i>		1	
<i>carvedilol</i>		1	
<i>labetalol hcl injection [INJ]</i>		1	
<i>labetalol hcl tablet</i>		1	
<i>metoprolol succinate</i>		1	
<i>metoprolol tartrate injection [INJ]</i>		1	
<i>metoprolol tartrate tablet</i>		1	
<i>nadolol tablet</i>		1	
<i>pindolol</i>		1	
<i>propranolol hcl capsule sustained action, -solution, -tablet</i>		1	
<i>propranolol hcl injection [INJ]</i>		1	
<i>timolol maleate tablet</i>		1	

### CALCIUM ANTAGONISTS

<i>afeditab cr</i>		1	
<i>amlodipine besylate tablet</i>		1	
<i>cartia xt</i>		1	
<i>dilt-cd</i>		1	
<i>diltiazem 24hr er</i>		1	
<i>diltiazem er</i>		1	
<i>diltiazem hcl injection [INJ]</i>		1	
<i>diltiazem hcl tablet</i>		1	
<i>dilt-xr</i>		1	
<i>diltzac er</i>		1	
<i>felodipine er</i>		1	
<i>isradipine</i>		1	
<i>nicardipine hcl capsule</i>		1	
<i>nicardipine hcl injection [INJ]</i>		1	
<i>nifediac cc</i>		1	
<i>nifedical xl</i>		1	
<i>nifedipine capsule</i>		1	
<i>nifedipine er</i>		1	
<i>nimodipine</i>		3	
<i>nisoldipine</i>		1	
<i>taztia xt</i>		1	
<i>verapamil er</i>		1	
<i>verapamil er pm</i>		1	
<i>verapamil hcl injection [INJ]</i>		1	

Drug	Generic	Tier	Restrictions
<i>verapamil hcl tablet, -tablet sustained action</i>		1	

### CARDIAC GLYCOSIDES

<i>digoxin injection [INJ]</i>		1	
<i>digoxin solution, -tablet</i>		1	

### CENTRALLY ACTING ANTIHYPERTENSIVES

<i>clonidine</i>		1	[QLL, 5/35]
<i>clonidine hcl tablet</i>		1	
<i>guanabenz acetate tablet</i>		1	
<i>guanfacine hcl</i>		1	
<i>methyldopa</i>		1	
<i>methyldopate hcl [INJ]</i>		1	

### DRUGS FOR PHEOCHROMOCYTOMA

DEMSER	<i>metyrosine</i>	2	
DIBENZYLINE	<i>phenoxybenzamine</i>	2	

### ENDOTHELIN RECPTR ANTAGONIST

LETAIRIS [LA]	<i>ambrisentan</i>	3	[PAR]
TRACLEER [LA]	<i>bosentan</i>	3	[PAR]

### HMG-COA REDUCTASE INHIBITORS

ADVICOR 500 MG-20 MG TABLET	<i>lovastatin/niacin</i>	2	[QLL, 34/34]
ADVICOR 750 MG-20 MG TABLET, -1,000 MG-20 MG TABLET, -1,000 MG-40 MG TABLET	<i>lovastatin/niacin</i>	2	[QLL, 68/34]
CRESTOR 10 MG TABLET, -20 MG TABLET, -40 MG TABLET	<i>rosuvastatin calcium</i>	2	[QLL, 34/34]
CRESTOR 5 MG TABLET	<i>rosuvastatin calcium</i>	2	[QLL, 34/34][ST]
<i>lovastatin 10 mg tablet</i>		1	[QLL, 34/34]
<i>lovastatin 20 mg tablet, -40 mg tablet</i>		1	[QLL, 68/34]
<i>pravastatin sodium</i>		1	[QLL, 34/34]

Drug	Generic	Tier	Restrictions
SIMCOR 500-20 MG TABLET, - 500-40 MG TABLET, -1,000-40 MG TABLET	<i>niacin/simvastatin</i>	2	[QLL, 34/34]
SIMCOR 750-20 MG TABLET, - 1,000-20 MG TABLET	<i>niacin/simvastatin</i>	2	[QLL, 68/34]
<i>simvastatin</i>		1	[QLL, 34/34]
VYTORIN 10-10 MG TABLET	<i>ezetimibe/simvastatin</i>	2	[QLL, 34/34][ST]
VYTORIN 10-20 MG TABLET, -10- 40 MG TABLET, -10-80 MG TABLET	<i>ezetimibe/simvastatin</i>	2	[QLL, 34/34]

### *HYPOLIPOPROTEINEMICS*

<i>cholestyramine light</i>		1	
<i>colestipol hcl</i>		1	
<i>fenofibrate</i>		1	
<i>gemfibrozil tablet</i>		1	
LIPOFEN	<i>fenofibrate</i>	2	[ST]
LOVAZA	<i>omega-3 acid ethyl esters</i>	2	
NIASPAN	<i>niacin</i>	2	
<i>prevalite</i>		1	
ZETIA	<i>ezetimibe</i>	2	[ST]

### *LOOP DIURETICS*

<i>bumetanide injection</i> [INJ]		1	
<i>bumetanide tablet</i>		1	
<i>furosemide injection</i> [INJ]		1	
<i>furosemide solution, -tablet</i>		1	
<i>toremide injection</i> [INJ]		1	
<i>toremide tablet</i>		1	

### *NITRATES*

<i>isosorbide dinitrate</i>		1	
<i>isosorbide mononitrate</i>		1	
<i>isosorbide mononitrate er</i>		1	
<i>nitro-bid</i>		1	
<i>nitroglycerin injection</i> [INJ]		1	
<i>nitroglycerin patch</i>		1	
NITROSTAT	<i>nitroglycerin</i>	2	

Drug	Generic	Tier	Restrictions
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### OTHER ANTIARRHYTHMICS

<i>sorine</i>		1	
<i>sotalol</i>		1	
TIKOSYN	<i>dofetilide</i>	2	

### OTHER ANTIHYPERTENSIVES

<i>amlodipine besylate-benazepril</i>		1	
AMTURNIDE	<i>aliskiren/amlodipine/hctz</i>	2	[ST]
<i>atenolol-chlorthalidone</i>		1	
<i>benazepril-hydrochlorothiazide</i>		1	
<i>bisoprolol-hydrochlorothiazide</i>		1	
<i>captopril-hydrochlorothiazide</i>		1	
DIOVAN HCT	<i>hctz/valsartan</i>	2	[ST]
<i>enalapril-hydrochlorothiazide</i>		1	
EXFORGE	<i>amlodipine/valsartan</i>	2	[ST]
EXFORGE HCT	<i>amlodipine/valsartan/hctz</i>	2	[ST]
<i>fosinopril-hydrochlorothiazide</i>		1	
<i>lisinopril-hydrochlorothiazide</i>		1	
<i>losartan-hydrochlorothiazide</i>		1	
<i>methyldopa-hydrochlorothiazide</i>		1	
<i>metoprolol-hydrochlorothiazide</i>		1	
MICARDIS HCT	<i>telmisartan/hctz</i>	2	[ST]
<i>moexipril-hydrochlorothiazide</i>		1	
<i>nadolol-bendroflumethiazide</i>		1	
<i>propranolol-hydrochlorothiazid</i>		1	
<i>quinapril-hydrochlorothiazide</i>		1	
<i>reserpine tablet</i>		1	
TEKAMLO	<i>aliskiren/amlodipine</i>	2	[ST]
TEKURNA	<i>aliskiren hemifumarate</i>	2	[ST]
TEKURNA HCT	<i>aliskiren/hydrochlorothiazid</i>	2	[ST]
TWYNSTA	<i>telmisartan/amlodipine</i>	2	[ST]

### OTHER CARDIOVASCULAR DRUGS

<i>midodrine hcl</i>		1	
<i>pentopak</i>		1	
<i>pentoxifylline tablet sustained action</i>		1	
RANEXA	<i>ranolazine</i>	2	

Drug	Generic	Tier	Restrictions
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### OTHER VASODILATING DRUGS

ADCIRCA	<i>adcirca (tadalafil)</i>	3	[PAR][QLL, 68/34]
REMODULIN [INJ][LA]	<i>treprostinil sodium</i>	3	
REVATIO INJECTION [INJ]	<i>revatio (sildenafil citrate)</i>	3	
REVATIO TABLET	<i>revatio (sildenafil citrate)</i>	3	[PAR][QLL, 102/34]

### POTASSIUM SPARING DIURETICS

<i>amiloride hcl tablet</i>		1	
<i>amiloride-hydrochlorothiazide</i>		1	
<i>eplerenone</i>		1	
<i>spironolactone tablet</i>		1	
<i>spironolactone-hctz</i>		1	
<i>triamterene-hctz</i>		1	
<i>triamterene-hydrochlorothiazid</i>		1	

### THIAZIDE AND RELATED DRUGS

<i>chlorothiazide</i>		1	
<i>chlorothiazide sodium [INJ]</i>		3	
<i>chlorthalidone</i>		1	
<i>hydrochlorothiazide capsule, - tablet</i>		1	
<i>indapamide</i>		1	
<i>methyclothiazide</i>		1	
<i>metolazone</i>		1	

### VASODILATOR ANTIHYPERTENSIVES

<i>doxazosin mesylate 1 mg tab, -2 mg tab, -4 mg tab</i>		1	[QLL, 34/34]
<i>doxazosin mesylate 8 mg tab</i>		1	[QLL, 68/34]
<i>hydralazine hcl injection [INJ]</i>		1	
<i>hydralazine hcl tablet</i>		1	
<i>minoxidil tablet</i>		1	
<i>prazosin hcl</i>		1	
<i>terazosin 1 mg capsule, -2 mg capsule, -5 mg capsule</i>		1	[QLL, 34/34]

Drug	Generic	Tier	Restrictions
<i>terazosin 10 mg capsule</i>		1	[QLL, 68/34]

## DERMATOLOGICAL MEDICATIONS

### ANTIACNE DRUGS

<i>adapalene</i>		1	[PAR]
<i>clindamycin phosphate foam, -gel, -lotion, -solution non-oral, -swab medicated</i>		1	
<i>clindamycin-benzoyl peroxide</i>		1	
<i>ery</i>		1	
<i>erythromycin gel, -solution non-oral</i>		1	
<i>erythromycin-benzoyl peroxide</i>		1	
<i>metronidazole cream, -gel, -lotion</i>		1	
<i>tretinoin 0.025% cream, -0.05% cream, -0.1% cream, -gel</i>		1	[PAR]

### ANTIPRURITIC DRUGS

<i>hydroxyzine hcl injection [INJ]</i>		1	
<i>hydroxyzine hcl syrup, -tablet</i>		1	[PAR]
<i>hydroxyzine pamoate capsule</i>		1	[PAR]

### ANTIPSORIASIS AND ANTIECZEMA DRUGS

<i>calcipotriene</i>		1	
DOVONEX CREAM	<i>calcipotriene</i>	2	
<i>selenium sulfide 2.5% lotion</i>		1	
SORIATANE	<i>acitretin</i>	3	
SORIATANE CK	<i>acitretin/emollient comb</i>	3	
<i>sulfacetamide sodium suspension topical</i>		1	
TAZORAC	<i>tazarotene</i>	2	[PAR]

### KERATOLYTIC DRUGS

<i>podofilox</i>		1	
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### ORAL DERMATOLOGICAL DRUGS

8-MOP	<i>methoxsalen</i>	3	
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Drug	Generic	Tier	Restrictions
<i>amnesteem</i>		1	
<i>claravis</i>		1	
OXSORALEN-ULTRA	<i>methoxsalen</i>	3	
<i>sotret</i>		1	

## SCABICIDES

<i>acticin</i>		1	
EURAX	<i>crotamiton</i>	2	
LINDANE	<i>benzene hexachloride gamma</i>	2	
<i>malathion</i>		1	
<i>permethrin cream</i>		1	

## TOPICAL CORTICOSTEROID DRUGS

<i>alclometasone dipropionate</i>		1	
<i>amcinonide</i>		1	
<i>betamethasone dipropionate cream, -gel, -lotion, -ointment</i>		1	
<i>betamethasone valerate cream, -lotion, -ointment</i>		1	
<i>beta-val</i>		1	
<i>clobetasol emollient</i>		1	
<i>clobetasol propionate foam, -gel, -ointment, -solution non-oral</i>		1	
<i>desonide cream, -lotion, -ointment</i>		1	
<i>desoximetasone cream, -gel, -ointment</i>		1	
<i>diflorasone diacetate</i>		1	
<i>fluocinolone acetonide cream, -ointment, -solution non-oral</i>		1	
<i>fluocinonide emollient</i>		1	
<i>fluocinonide gel, -ointment, -solution non-oral</i>		1	
<i>fluticasone propionate cream, -ointment</i>		1	
<i>halobetasol propionate</i>		1	
<i>hydrocortisone 1% cream, -2.5% cream, -lotion, -1% absorbbase, -1% ointment, -2.5% ointment</i>		1	
<i>hydrocortisone acetate</i>		1	
<i>hydrocortisone butyrate</i>		1	

Drug	Generic	Tier	Restrictions
<i>hydrocortisone plus 1% cream, -- aloe 1% cream, -1% oint</i>		1	
<i>hydrocortisone valerate</i>		1	
<i>mometasone furoate cream, - ointment, -solution non-oral</i>		1	
<i>prednicarbate</i>		1	
<i>triamcinolone acetonide cream, - lotion, -ointment</i>		1	
<i>triderm</i>		1	

## TOPICAL DERMATOLOGICAL DRUGS

<i>ammonium lactate cream, -lotion</i>		1	
ELIDEL	<i>pimecrolimus</i>	2	[ST]
FLUOROPLEX	<i>fluorouracil</i>	2	
<i>fluorouracil cream, -solution non- oral</i>		1	
<i>imiquimod cream</i>		1	
OXSORALEN	<i>methoxsalen</i>	2	
PANRETIN	<i>alitretinoin</i>	3	
PROTOPIC	<i>tacrolimus</i>	2	[ST]
REGRANEX	<i>becaplermin</i>	2	[PAR][QLL, 30 gm/34]
SANTYL	<i>collagenase</i>	2	
SOLARAZE	<i>diclofenac sodium</i>	2	[PAR]
ZONALON	<i>doxepin</i>	2	
ZYCLARA	<i>imiquimod</i>	2	

## DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS

### DIAGNOSTIC PRODUCTS

CHEMET	<i>succimer</i>	2	
EXJADE [LA]	<i>deferasirox</i>	3	

### MISCELLANEOUS DRUGS

ADAGEN [INJ][LA]	<i>pegademase bovine</i>	3	
AMPYRA [LA]	<i>dalfampridine</i>	3	[PAR]
BUPHENYL	<i>sodium phenylbutyrate</i>	3	
COPAXONE [INJ]	<i>glatiramer acetate</i>	3	[PAR][QLL, 30 ml/30]
CYKLOKAPRON [INJ]	<i>tranexamic acid</i>	2	

Drug	Generic	Tier	Restrictions
<i>ergoloid mesylates tablet</i>		1	
<i>fomepizole [INJ]</i>		1	
GILENYA	<i>fingolimod hydrochloride</i>	3	[PAR]
ORFADIN [LA]	<i>nitisinone</i>	3	
THALOMID	<i>thalidomide</i>	3	

## EAR-NOSE-THROAT MEDICATIONS

### DRUGS AFFECTING THE EAR

<i>acetazol hc</i>		1	
<i>acetic acid solution non-oral</i>		1	
<i>borofair</i>		1	
CIPRODEX	<i>ciprofloxacin/dexameth</i>	2	
<i>cortomycin</i>		1	
DERMOTIC	<i>fluocinolone acetonide</i>	2	
<i>hydrocortisone-acetic acid</i>		1	
<i>neomycin-polymixin-hc ear susp, - ear susp</i>		1	
<i>neomycin-polymyxin-hydrocort</i>		1	
<i>ofloxacin 0.3% ear drops</i>		1	

### DRUGS AFFECTING THE NOSE

<i>azelastine hcl aerosol spray w/pump</i>		1	[QLL, 60 ml/34]
<i>flunisolide 0.025% spray</i>		1	[QLL, 75 ml/34]
<i>fluticasone propionate nasal inhaled steroids</i>		1	[QLL, 32 gm/34]
<i>ipratropium 0.03% spray</i>		1	[QLL, 60 ml/34]
<i>ipratropium 0.06% spray</i>		1	[QLL, 30 ml/34]
<i>triamcinolone acetonide aerosol spray</i>		1	[QLL, 33 gm/34]
TYZINE	<i>tetrahydrozoline</i>	2	

### DRUGS AFFECTING THE THROAT AND MOUTH

<i>chlorhexidine gluconate mouthwash</i>		1	
<i>doxycycline hyclate 20 mg tab</i>		1	
<i>perio gard</i>		1	
<i>pilocarpine hcl tablet</i>		1	
<i>triamcinolone acetonide paste</i>		1	

Drug	Generic	Tier	Restrictions
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## ENDOCRINE MEDICATIONS

### ANTITHYROID DRUGS

<i>methimazole tablet</i>		1	
<i>propylthiouracil tablet</i>		1	

### GLUCOCORTICOID DRUGS

<i>a-methapred [INJ]</i>		1	
<i>cortisone acetate tablet</i>		1	
<i>dexamethasone elixir, -tablet</i>		1	
<i>dexamethasone intensol</i>		1	
<i>dexamethasone sodium phosphate injection [INJ]</i>		1	
<i>hydrocortisone tablet</i>		1	
<i>methylprednisolone acetate injection [INJ]</i>		1	
<i>methylprednisolone sod succ [INJ]</i>		1	
<i>methylprednisolone tablet, -tablet dose pack</i>		1	
<i>prednisolone sodium phosphate solution</i>		1	
<i>prednisolone solution oral</i>		1	
<i>prednisone intensol</i>		1	
<i>prednisone solution, -tablet</i>		1	
<i>veripred 20</i>		1	

### GLUCOSE ELEVATING DRUGS

GLUCAGEN [INJ]	<i>glucagon, human recombinant</i>	2	
GLUCAGON EMERGENCY KIT [INJ]	<i>glucagon, human recombinant</i>	2	
PROGLYCEM	<i>diazoxide</i>	2	

### HYPOGLYCEMIC DRUGS

BYETTA 10 MCG DOSE PEN INJ [INJ]	<i>exenatide</i>	2	[PAR][QLL, 5 ml/34]
BYETTA 5 MCG DOSE PEN INJ [INJ]	<i>exenatide</i>	2	[PAR][QLL, 2 ml/34]
SYMLIN [INJ]	<i>pramlintide acetate</i>	2	[PAR][QLL, 35 ml/34]

Drug	Generic	Tier	Restrictions
SYMLINPEN 120 [INJ]	<i>pramlintide acetate</i>	2	[PAR][QLL, 22 ml/34]
SYMLINPEN 60 [INJ]	<i>pramlintide acetate</i>	2	[PAR][QLL, 12 pens/34]

## INSULIN

LANTUS 100 UNITS/ML VIAL [INJ]		2	
LEVEMIR 100 UNITS/ML VIAL [INJ]		2	
NOVOLIN 70-30 100 UNIT/ML VIAL [INJ]		2	
NOVOLIN N 100 UNITS/ML VIAL [INJ]		2	
NOVOLIN R 100 UNITS/ML VIAL [INJ]		2	
NOVOLOG [INJ]		2	
NOVOLOG MIX 70-30 [INJ]		2	

## MINERALOCORTICOID DRUGS

<i>fludrocortisone acetate tablet</i>		1	
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## ORAL HYPOGLYCEMICS AND COMBOS

<i>acarbose</i>		1	
ACTOPLUS MET	<i>pioglitazone hcl/metformin hc</i>	2	[QLL, 102/34][ST]
ACTOPLUS MET XR 15-1,000 MG TB	<i>pioglitazone hcl/metformin hc</i>	2	[QLL, 68/34][ST]
ACTOPLUS MET XR 30-1,000 MG TB	<i>pioglitazone hcl/metformin hc</i>	2	[QLL, 34/34][ST]
ACTOS	<i>pioglitazone hcl</i>	2	[QLL, 34/34][ST]
AVANDAMET	<i>rosiglitazone/metformin hcl</i>	2	[QLL, 68/34][ST]
AVANDARYL	<i>rosiglitazone maleate/glimepir</i>	2	[QLL, 34/34][ST]
AVANDIA 2 MG TABLET, -4 MG TABLET	<i>rosiglitazone maleate</i>	2	[QLL, 68/34][ST]
AVANDIA 8 MG TABLET	<i>rosiglitazone maleate</i>	2	[QLL, 34/34][ST]

Drug	Generic	Tier	Restrictions
DUETACT	<i>pioglitazone/glimepiride</i>	2	[QLL, 34/34][ST]
<i>glimepiride</i>		1	
<i>glipizide er</i>		1	
<i>glipizide tablet</i>		1	
<i>glipizide xl</i>		1	
<i>glipizide-metformin</i>		1	
<i>glyburide micronized</i>		1	
<i>glyburide tablet</i>		1	
<i>glyburide-metformin hcl</i>		1	
<i>glycron</i>		1	
JANUMET	<i>sitagliptin phos/metformin hcl</i>	2	[QLL, 68/34]
JANUVIA	<i>sitagliptin phosphate</i>	2	[QLL, 34/34]
KOMBIGLYZE XR 2.5-1,000 MG TAB	<i>saxagliptin hcl/metformin hcl</i>	2	[QLL, 68/34]
KOMBIGLYZE XR 5-1,000 MG TAB, -5-500 MG TABLET	<i>saxagliptin hcl/metformin hcl</i>	2	[QLL, 34/34]
<i>metformin hcl</i>		1	
<i>metformin hcl er tablet sustained release 24hr</i>		1	
<i>nateglinide</i>		1	
ONGLYZA	<i>saxagliptin hydrochloride</i>	2	[QLL, 34/34]
RIOMET	<i>metformin</i>	2	
<i>tolazamide</i>		1	
<i>tolbutamide</i>		1	

### OTHER ENDOCRINE DRUGS

ALDURAZYME [INJ][LA]	<i>laronidase</i>	3	
<i>alendronate sodium 35 mg tab, -70 mg tab</i>		1	[QLL, 5/35]
<i>alendronate sodium 5 mg tablet, -10 mg tab, -40 mg tab</i>		1	[QLL, 34/34]
BONIVA TABLET	<i>ibandronate</i>	2	[QLL, 1/34][ST]
<i>cabergoline</i>		1	[QLL, 20/34]
<i>calcitonin-salmon</i>		1	
CEREZYME [INJ][LA]	<i>imiglucerase</i>	3	
<i>desmopressin acetate aerosol spray w/pump, -solution, -tablet</i>		1	
<i>desmopressin acetate injection [INJ]</i>		1	
ELAPRASE [INJ][LA]	<i>idursulfase</i>	3	
<i>etidronate disodium</i>		1	

Drug	Generic	Tier	Restrictions
EVISTA	<i>raloxifene</i>	2	
FABRAZYME [INJ][LA]	<i>agalsidase</i>	3	
FORTEO [INJ]	<i>teriparatide</i>	2	[PAR][QLL, 1 pens/28]
<i>fortical</i>		1	
KUVAN [LA]	<i>sapropterin dihydrochloride</i>	3	
LUMIZYME [INJ][LA]	<i>alglucosidase alfa</i>	3	
MIACALCIN INJECTION [INJ]	<i>calcitonin</i>	2	[PAR]
MYOZYME [INJ][LA]	<i>alglucosidase alfa</i>	3	
NAGLAZYME [INJ][LA]	<i>galsulfase</i>	3	
<i>pamidronate disodium</i> [INJ]		1	[PAR]
RECLAST [INJ]	<i>zoledronic acid</i>	2	[PAR]
SAMSCA	<i>tolvaptan</i>	3	[PAR][QLL, 68/34]
SENSIPAR	<i>cinacalcet hcl</i>	2	
SOMAVERT [INJ][LA]	<i>pegvisomant</i>	3	
VPRIV [INJ]	<i>velaglucerase alfa</i>	3	
XGEVA [INJ]	<i>denosumab</i>	3	
ZAVESCA [LA]	<i>miglustat</i>	3	
ZOMETA [INJ]	<i>zoledronic acid</i>	3	

### THYROID SUPPLEMENTS

<i>levothroid</i>		1	
<i>levothyroxine sodium tablet</i>		1	
<i>levoxyl</i>		1	
<i>liothyronine sodium injection</i> [INJ]		1	
<i>liothyronine sodium tablet</i>		1	
THYROLAR-1	<i>liotrix</i>	2	
THYROLAR-1/4	<i>liotrix</i>	2	
THYROLAR-2	<i>liotrix</i>	2	
THYROLAR-3	<i>liotrix</i>	2	
<i>unithroid</i>		1	

### GASTROINTESTINAL MEDICATIONS

#### ANTIDIARRHEAL DRUGS

<i>diphenoxylate-atropine</i>		1	
<i>loperamide capsule</i>		1	

Drug	Generic	Tier	Restrictions
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### ANTISPASMODICS/DRUGS AFFECT GI MOTILITY

<i>dicyclomine hcl capsule, -syrup, -tablet</i>		1	
<i>dicyclomine hcl injection</i> [INJ]		1	
<i>glycopyrrolate injection</i> [INJ]		1	
<i>glycopyrrolate tablet</i>		1	
<i>metoclopramide hcl injection</i> [INJ]		1	
<i>metoclopramide hcl solution oral, -tablet</i>		1	
<i>propantheline bromide tablet</i>		1	

### ANTIULCER DRUGS

<i>cimetidine injection</i> [INJ]		1	
<i>cimetidine solution, -tablet</i>		1	
<i>famotidine injection</i> [INJ]		1	
<i>famotidine suspension oral, -20 mg tablet, -40 mg tablet</i>		1	
<i>nizatidine</i>		1	
<i>ranitidine hcl capsule, -syrup, -150 mg tablet, -300 mg tablet</i>		1	
<i>ranitidine hcl injection</i> [INJ]		1	

### IRRITABLE BOWEL DRUGS

AMITIZA	<i>lubiprostone</i>	2	
LOTRONEX	<i>alosetron</i>	3	

### LAXATIVES AND CATHARTICS

OSMOPREP	<i>sodium phosphate/na biphos</i>	2	
<i>polyethylene glycol 3350</i>		1	
<i>polyethylene glycol 3350 packet</i>		1	
VISICOL	<i>sodium phosphate/na biphos</i>	2	

### OTHER ANTIULCER DRUGS

CARAFATE SUSPENSION ORAL	<i>sucralfate</i>	2	
<i>misoprostol</i>		1	
<i>sucralfate tablet</i>		1	

Drug	Generic	Tier	Restrictions
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### OTHER GI DRUGS

APRISO	<i>mesalamine</i>	2	
<i>balsalazide disodium</i>		1	
<i>budesonide ec</i>		1	
CANASA	<i>mesalamine</i>	2	
CORTIFOAM	<i>hydrocortisone acetate</i>	2	
CREON	<i>amylase/lipase/protease</i>	2	
ENTOCORT EC [G]	<i>budesonide</i>	2	
<i>gavilyte-c</i>		1	
<i>gavilyte-g</i>		1	
<i>gavilyte-n</i>		1	
<i>hydrocortisone enema</i>		1	
<i>mesalamine enema</i>		1	
PANCRELIPASE 5,000	<i>amylase/lipase/protease</i>	2	
PENTASA	<i>mesalamine</i>	2	
<i>procto-pak</i>		1	
<i>proctosol-hc</i>		1	
<i>proctozone-hc</i>		1	
RELISTOR [INJ]	<i>methylnaltrexone bromide</i>	2	
<i>sulfasalazine tablet</i>		1	
<i>sulfazine ec</i>		1	
<i>trilyte with flavor packets</i>		1	
<i>ursodiol capsule, -tablet</i>		1	
ZENPEP DR 5,000 UNITS CAPSULE, -DR 10,000 UNITS CAPSULE, -DR 15,000 UNITS CAPSULE, -DR 20,000 UNITS CAPSULE	<i>amylase/lipase/protease</i>	2	

### PROTON PUMP INHIBITORS

<i>lansoprazole dr 15 mg capsule, - odt 15 mg tablet</i>		1	[QLL, 34/34]
<i>lansoprazole dr 30 mg capsule, - odt 30 mg tablet</i>		1	
NEXIUM DR 20 MG CAPSULE, -DR 10 MG PACKET, -DR 20 MG PACKET	<i>esomeprazole mag trihyd</i>	2	[QLL, 34/34][ST]
NEXIUM DR 40 MG CAPSULE, -DR 40 MG PACKET	<i>esomeprazole mag trihyd</i>	2	[ST]
NEXIUM I.V. [INJ]	<i>esomeprazole mag trihyd</i>	2	

Drug	Generic	Tier	Restrictions
<i>omeprazole dr 10 mg capsule</i>		1	[QLL, 34/34]
<i>omeprazole dr 20 mg capsule, -dr 40 mg capsule</i>		1	
<i>omeprazole-bicarb 20-1, 100 cap</i>		1	[QLL, 34/34]
<i>omeprazole-bicarb 40-1, 100 cap</i>		1	
<i>pantoprazole sod dr 20 mg tab</i>		1	[QLL, 34/34]
<i>pantoprazole sod dr 40 mg tab</i>		1	

## IMMUNOLOGICALS AND VACCINES

### *GROWTH HORMONES AND RELATED DRUGS*

EGRIFTA [INJ]	<i>tesamorelin acetate</i>	3	[PAR]
OMNITROPE [INJ]	<i>somatropin</i>	3	[PAR]
TEV-TROPIN [INJ]	<i>somatropin</i>	3	[PAR]

### *IMMUNOLOGICALS AND VACCINES*

ACTHIB [INJ]	<i>haemophilus b-tet toxoid</i>	2	
ADACEL [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	
ARANESP 25 MCG/0.42 ML SYRINGE, -25 MCG/ML VIAL, -40 MCG/0.4 ML SYRINGE, -40 MCG/ML VIAL [INJ]	<i>darbepoetin alfa</i>	2	[PAR]
ARANESP 60 MCG/0.3 ML SYRINGE, -60 MCG/ML VIAL, -100 MCG/0.5 ML SYRINGE, -100 MCG/ML VIAL, -200 MCG/0.4 ML SYRINGE, -150 MCG/0.3 ML SYRINGE, -200 MCG/ML VIAL, -300 MCG/0.6 ML SYRINGE, -300 MCG/ML VIAL, -500 MCG/1 ML SYRINGE, -150 MCG/0.75 ML VIAL [INJ]	<i>darbepoetin alfa</i>	3	[PAR]
ATGAM [INJ]	<i>lymphocyte immune globulin</i>	3	[PAR]
ATTENUVAX VACCINE WITH DILUENT [INJ]	<i>measles vaccine,atten</i>	2	
BOOSTRIX [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	
CARIMUNE NF NANOFILTERED [INJ]	<i>immune globulin - iv</i>	3	[PAR]
CERVARIX [INJ]	<i>human papillomav vacc bival/pf</i>	2	
CINRYZE [INJ]	<i>c1 esterase inhibitor</i>	3	[PAR]
COMVAX [INJ]	<i>hepatitis b/haemophilus b vacc</i>	2	
DAPTACEL [INJ]	<i>diphther,pertuss,tetanus vac</i>	2	

Drug	Generic	Tier	Restrictions
DIPHTHERIA-TETANUS TOXOID [INJ]	<i>tetanus, diphtheria toxoid</i>	2	
ENGERIX-B 10 MCG/0.5 ML PED VL, -10 MCG/0.5 ML SYRN, -20 MCG/ML SYRINGE [INJ]	<i>hepatitis b virus vaccine</i>	2	
GAMASTAN S-D [INJ]	<i>immune globulin - im</i>	2	
GAMUNEX [INJ]	<i>immune globulin - iv</i>	3	[PAR]
GARDASIL [INJ]	<i>human papillomavirus vacc</i>	2	
HAVRIX [INJ]	<i>hepatatis a virus vaccine</i>	2	
HIZENTRA 1 GRAM/5 ML VIAL [INJ]	<i>immune globulin- sq</i>	2	[PAR]
IMOVAX RABIES VACCINE [INJ]	<i>rabies vaccine, human diploid</i>	2	
INFANRIX [INJ]	<i>diphther, pertuss, tetanus vac</i>	2	
IPOL [INJ]	<i>poliomyelitis vac, killed</i>	2	
IXIARO [INJ]	<i>japanese encephalitis vaccine</i>	2	
JE-VAX [INJ]	<i>japanese encephalitis vaccine</i>	2	
KEPIVANCE [INJ][LA]	<i>palifermin</i>	3	
MENACTRA [INJ]	<i>meningococcal vac a,c,y,w-135</i>	2	
MENOMUNE-A-C-Y-W-135 [INJ]	<i>meningococcal vac a,c,y,w-135</i>	2	
MERUVAX II VACCINE W-DILUENT [INJ]	<i>rubella vaccine</i>	2	
M-M-R II VACCINE [INJ]	<i>measles, mumps &amp; rubella vaccine</i>	2	
MOZOBIL [INJ]	<i>plerixafor</i>	3	
PEDIARIX [INJ]	<i>hep b vaccine/dp (a) t-polio</i>	2	
PEDVAXHIB [INJ]	<i>haemophilus b vaccine</i>	2	
PRIVIGEN [INJ]	<i>immune globulin - iv</i>	3	[PAR]
PROCRIT 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -10,000 UNITS/ML VIAL [INJ]	<i>epoetin alfa</i>	2	[PAR]
PROCRIT 20,000 UNITS/ML VIAL, -40,000 UNITS/ML VIAL [INJ]	<i>epoetin alfa</i>	3	[PAR]
PROQUAD [INJ]	<i>measles, mumps, rub, varicella</i>	2	
RABAVERT [INJ]	<i>rabies vac, pf chick-emb cell</i>	2	
RECOMBIVAX HB [INJ]	<i>hepatitis b virus vaccine</i>	2	
ROTATEQ	<i>rotavirus vac, live pentav</i>	2	
TETANUS DIPHTHERIA TOXOIDS [INJ]	<i>tetanus, diphtheria toxoid</i>	2	
<i>tetanus toxoid adsorbed</i> [INJ]		1	
TETANUS-DIPHTERIA-DECAVAC [INJ]	<i>tetanus, diphtheria toxoid</i>	2	
TRIHIBIT [INJ]	<i>dp (a) ped/hib conj-tet</i>	2	
TRIPEDIA [INJ]	<i>diphther, pertuss, tetanus vac</i>	2	

Drug	Generic	Tier	Restrictions
TWINRIX [INJ]	<i>hep b vir recomb/hep a vir</i>	2	
TYPHIM VI [INJ]	<i>typhoid vaccine</i>	2	
VAQTA [INJ]	<i>hepatatis a virus vaccine</i>	2	
VARIVAX VACCINE [INJ]	<i>varicella virus vaccine live</i>	2	
YF-VAX [INJ]	<i>yellow fever vaccine</i>	2	
ZOSTAVAX [INJ]	<i>varicella vacc/pf</i>	2	

### INSULIN LIKE GROWTH FACTORS-1

INCRELEX [INJ][LA]	<i>mecasermin</i>	3	[PAR]
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### INTERFERONS

ACTIMMUNE [INJ][LA]	<i>interferon gamma-1b, recomb.</i>	3	
AVONEX [INJ]	<i>interferon beta-1a</i>	3	[PAR][QLL, 4 kits/28]
AVONEX ADMINISTRATION PACK [INJ]	<i>interferon beta-1a</i>	3	[PAR][QLL, 4 kits/28]
BETASERON [INJ]	<i>interferon beta-1b</i>	3	[PAR][QLL, 15/30]
INFERGEN [INJ]	<i>interferon alfacon-1</i>	3	
INTRON A 3 MILLION UNIT/ML PEN, -10 MILLION UNITS VIAL [INJ]	<i>interferon alfa-2b , recomb.</i>	2	
INTRON A 5 MILLION UNIT/ML PEN, -6 MILLION UNIT/ML VL, -10 MILLION UNIT PEN [INJ]	<i>interferon alfa-2b , recomb.</i>	3	
PEGASYS 180 MCG/0.5 ML SYRINGE [INJ]	<i>peginterferon alfa-2a</i>	3	[PAR][QLL, 4 syringes/28]
PEGASYS 180 MCG/ML VIAL [INJ]	<i>peginterferon alfa-2a</i>	3	[PAR][QLL, 4 vials/28]
PEGINTRON 50 MCG KIT [INJ]	<i>peginterferon alfa-2b</i>	3	[PAR][QLL, 5 kits/34]
PEGINTRON 80 MCG KIT, -120 MCG KIT, -150 MCG KIT [INJ]	<i>peginterferon alfa-2b</i>	3	[PAR][QLL, 5/34]
PEGINTRON REDIPEN [INJ]	<i>peginterferon alfa-2b</i>	3	[PAR][QLL, 5 pens/34]
REBIF 22 MCG/0.5 ML SYRINGE, -44 MCG/0.5 ML SYRINGE [INJ]	<i>interferon beta-1a/albumin</i>	3	[PAR][QLL, 8 syringes/35]
REBIF TITRATION PACK [INJ]	<i>interferon beta-1a/albumin</i>	3	[PAR][QLL, 12 syringes/28]
SYLATRON [INJ]	<i>peginterferon alfa-2b</i>	3	

Drug	Generic	Tier	Restrictions
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### INTERLEUKIN RECPTR ANTAGONIST

ACTEMRA 200 MG/10 ML VIAL [INJ]	<i>tocilizumab</i>	3	[PAR]
ARCALYST [INJ][LA]	<i>rilonacept</i>	3	[PAR]
ILARIS [INJ][LA]	<i>canakinumab</i>	3	[PAR]
KINERET [INJ]	<i>anakinra</i>	3	[PAR]

### INTERLEUKINS

NEUMEGA [INJ]	<i>oprelvekin</i>	3	[QLL, 21 vials/21]
PROLEUKIN [INJ]	<i>aldesleukin</i>	3	

### MYELOID STIMULANTS

LEUKINE [INJ]	<i>sargramostim</i>	3	
NEULASTA [INJ]	<i>pegfilgrastim</i>	3	[PAR][QLL, 2 syringes/30]
NEUPOGEN [INJ]	<i>filgrastim</i>	3	[PAR]

### THROMBOPOIETIC AGENTS

PROMACTA [LA]	<i>eltrombopag olamine</i>	3	
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## MEDICAL (MISCELLANEOUS) SUPPLIES

### DIABETIC SUPPLIES

ALCOHOL SWABS		2	
CURAD GAUZE PADS		2	
INSULIN SYRINGE		2	
NOVOFINE 32		2	
NOVOFINE AUTOCOVER		2	
PEN NEEDLE		2	
ULTILET INSULIN SYRINGE		2	

## MUSCULOSKELETAL MEDICATIONS

### CNS MUSCLE RELAXANTS

<i>carisoprodol compound</i>		1	[PAR]
<i>carisoprodol compound-codeine</i>		1	[PAR]
<i>carisoprodol tablet</i>		1	[PAR]

Drug	Generic	Tier	Restrictions
<i>chlorzoxazone</i>		1	[PAR]
<i>cyclobenzaprine hcl capsule sustained release 24 hr, -tablet</i>		1	[PAR]
<i>metaxalone</i>		1	[PAR]
<i>methocarbamol tablet</i>		1	[PAR]
<i>orphenadrine citrate injection [INJ]</i>		1	
<i>orphenadrine citrate tablet sustained action</i>		1	[PAR]
<i>orphenadrine compound</i>		1	[PAR]
<i>orphenadrine compound forte</i>		1	[PAR]
RILUTEK	<i>riluzole</i>	3	

### **DIRECT MUSCLE RELAXANTS**

<i>baclofen tablet</i>		1	
<i>dantrolene sodium capsule</i>		1	
<i>tizanidine hcl tablet</i>		1	

### **DRUGS TO PREVENT AND TREAT GOUT**

<i>allopurinol sodium [INJ]</i>		1	
<i>allopurinol tablet</i>		1	
COLCRYS	<i>colchicine</i>	2	
<i>probenecid</i>		1	
<i>probenecid-colchicine</i>		1	
ULORIC	<i>febuxostat</i>	2	[ST]

### **NON-STEROIDAL ANTIINFLAMMATORY AGENTS**

CELEBREX	<i>celecoxib</i>	2	[ST]
<i>diclofenac potassium</i>		1	
<i>diclofenac sodium tablet enteric coated, -tablet sustained release 24hr</i>		1	
<i>etodolac</i>		1	
<i>fenoprofen calcium tablet</i>		1	
<i>flurbiprofen tablet</i>		1	
<i>ibuprofen suspension oral, -400 mg tablet, -600 mg tablet, -800 mg tablet</i>		1	

Drug	Generic	Tier	Restrictions
<i>indomethacin capsule, -capsule sustained action</i>		1	
<i>ketoprofen capsule, -capsule 24hr sustained release pellets</i>		1	
<i>ketorolac tromethamine injection [INJ]</i>		1	
<i>ketorolac tromethamine tablet</i>		1	[QLL, 20/5]
<i>meclofenamate sodium capsule</i>		1	
<i>mefenamic acid capsule</i>		1	
<i>meloxicam 7.5 mg tablet</i>		1	[QLL, 34/34]
<i>meloxicam suspension oral, -15 mg tablet</i>		1	
<i>nabumetone</i>		1	
<i>naproxen sodium 275 mg tab, -550 mg tab</i>		1	
<i>naproxen suspension oral, -tablet, -tablet enteric coated</i>		1	
<i>oxaprozin</i>		1	
<i>piroxicam capsule</i>		1	
<i>sulindac tablet</i>		1	
<i>tolmetin sodium</i>		1	

### OTHER DRUGS FOR ARTHRITIS

CUPRIMINE	<i>penicillamine</i>	2	
RIDAURA	<i>auranofin</i>	2	
SYPRINE	<i>trientine</i>	2	

### SALICYLATES AND RELATED DRUGS

<i>diflunisal tablet</i>		1	
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### NUTRITION, BLOOD MODIFIERS, ELECTROLYTES

#### ANTIPLATELET DRUGS

AGGRENOX	<i>aspirin/dipyridamole</i>	2	
BRILINTA	<i>ticagrelor</i>	2	
<i>cilostazol</i>		1	
<i>dipyridamole tablet</i>		1	
EFFIENT	<i>prasugrel</i>	2	
PLAVIX	<i>clopidogrel</i>	2	

Drug	Generic	Tier	Restrictions
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*BLOOD DETOXICANTS*

<i>constulose</i>		1	
<i>enulose</i>		1	
<i>generlac</i>		1	
<i>lactulose</i>		1	
RENVELA	<i>sevelamer carbonate</i>	2	

*ELECTROLYTES, IRRIGATING SOLUTIONS, ETC.*

<i>alcohol in dextrose</i> [INJ]		1	
AMINOSYN [INJ]	<i>amino acids</i>	2	
AMINOSYN II [INJ]	<i>amino acids</i>	2	
AMINOSYN II 3.5% M-DEXTROSE 5% [INJ]	<i>amino acids</i>	2	
AMINOSYN II 3.5%-DEXTROSE 25% [INJ]	<i>amino acids</i>	2	
AMINOSYN II 3.5%-DEXTROSE 5% [INJ]	<i>amino acids</i>	2	
AMINOSYN II 4.25%-DEXTROSE 25% [INJ]	<i>amino acids</i>	2	
AMINOSYN II 5% IN 25% DEXTROSE [INJ]	<i>amino acids</i>	2	
AMINOSYN II IN DEXTROSE [INJ]	<i>amino acids</i>	2	
AMINOSYN II WITH LYTES-CA-DW [INJ]	<i>amino acids</i>	2	
AMINOSYN M [INJ]	<i>amino acids</i>	2	
AMINOSYN WITH ELECTROLYTES [INJ]	<i>amino acids</i>	2	
AMINOSYN-HBC [INJ]	<i>amino acids</i>	2	
AMINOSYN-HF [INJ]	<i>amino acids</i>	2	
AMINOSYN-PF [INJ]	<i>amino acids</i>	2	
AMMONIUM CHLORIDE INJECTION [INJ]	<i>ammonium chloride</i>	2	
CLINIMIX [INJ]	<i>amino acids</i>	2	
CLINIMIX E 2.75%-10% SOLUTION, -2.75%-5% SOLUTION, -4.25%-25% SOLUTION, -4.25%-5% SOLUTION, -5%-15% SOLUTION, -5%-20% SOLUTION, -5%-25% SOLUTION [INJ]	<i>amino acids</i>	2	
CLINISOL [INJ]	<i>amino acids</i>	2	

Drug	Generic	Tier	Restrictions
CYSTAGON [LA]	<i>cysteamine</i>	2	
<i>d5w/kcl 10 meq/l iv solution, - d5w-kcl 30 meq/l iv solution</i> [INJ]		1	
<i>dextrose 10%-1/4ns</i> [INJ]		1	
<i>dextrose 10%-1/4ns-kcl</i> [INJ]		1	
<i>dextrose 5%-1/2ns-kcl</i> [INJ]		1	
<i>dextrose 5%-1/3ns-kcl</i> [INJ]		1	
<i>dextrose 5%-1/4ns-kcl</i> [INJ]		1	
<i>dextrose 5%-electrolyte #48</i> [INJ]		1	
<i>dextrose 5%-ns-kcl</i> [INJ]		1	
<i>dextrose in water</i> [INJ]		1	
<i>dextrose with sodium chloride</i> [INJ]		1	
FREAMINE III [INJ]	<i>amino acids</i>	2	
HEPATAMINE [INJ]	<i>amino acids</i>	2	
HEPATASOL [INJ]	<i>amino acids</i>	2	
IONOSOL B WITH DEXTROSE 5% [INJ]	<i>electrolyte solutions</i>	2	
IONOSOL MB-DEXTROSE 5% [INJ]	<i>electrolyte solutions</i>	2	
IONOSOL T-DEXTROSE 5% [INJ]	<i>electrolyte solutions</i>	2	
ISOLYTE H WITH DEXTROSE [INJ]	<i>dextrose/electrolytes</i>	2	
ISOLYTE M WITH DEXTROSE [INJ]	<i>dextrose/electrolytes</i>	2	
ISOLYTE P WITH DEXTROSE [INJ]	<i>dextrose/electrolytes</i>	2	
ISOLYTE S [INJ]	<i>electrolyte solutions</i>	2	
ISOLYTE S WITH DEXTROSE [INJ]	<i>dextrose/electrolytes</i>	2	
<i>lactated ringers injection</i> [INJ]		1	
<i>magnesium sulfate injection</i> [INJ]		1	
MAGNESIUM SULFATE-D5W [INJ]	<i>magnesium sulfate/d5w</i>	2	
NEPHRAMINE [INJ]	<i>amino acids</i>	2	
NORMOSOL-M AND DEXTROSE [INJ]	<i>dextrose/electrolytes</i>	2	
NORMOSOL-R AND DEXTROSE [INJ]	<i>electrolyte solutions</i>	2	
NORMOSOL-R PH 7.4 [INJ]	<i>electrolyte solutions</i>	2	
NOVAMINE [INJ]	<i>amino acids</i>	2	
PLASMA-LYTE 148 [INJ]	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 148 IN DEXTROSE [INJ]	<i>electrolyte solutions</i>	2	
PLASMA-LYTE 56 [INJ]	<i>electrolyte solutions</i>	2	

Drug	Generic	Tier	Restrictions
PLASMA-LYTE 56 IN DEXTROSE [INJ]	<i>d5w/electrolyte-56 solution</i>	2	
PLASMA-LYTE A PH 7.4 [INJ]	<i>electrolyte solutions</i>	2	
PLASMA-LYTE R [INJ]	<i>electrolyte solutions</i>	2	
<i>potassium chl-normal saline</i> [INJ]		1	
<i>potassium chloride-nacl</i> [INJ]		1	
PREMASOL [INJ]	<i>amino acids</i>	2	
PROCALAMINE [INJ]	<i>aa 3%/electrolyte-tpn/glycerin</i>	2	
RENAMIN [INJ]	<i>amino acids</i>	2	
<i>ringers injection</i> [INJ]		1	
<i>saline 0.45% soln-excel con, -0.45% soln, -saline 0.9% soln-excel cont, -0.9% solution, -cl 2.5 meq/ml vial, -3% iv soln, -5% iv soln</i> [INJ]		1	
<i>sodium bicarbonate injection</i> [INJ]		1	
<i>sodium chloride solution</i>		1	
<i>sodium lactate injection</i> [INJ]		1	
TRAVASOL [INJ]	<i>amino acids</i>	2	
TROPHAMINE [INJ]	<i>amino acids</i>	2	

### FLUORIDE PRODUCTS

<i>sodium fluoride tablet</i>		1	
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### INJECTABLE ANTICOAGULANTS

ARIXTRA 2.5 MG SYRINGE [INJ][G]	<i>fondaparinux sodium</i>	2	
ARIXTRA 5 MG SYRINGE, -7.5 MG SYRINGE, -10 MG SYRINGE [INJ][G]	<i>fondaparinux sodium</i>	3	
<i>enoxaparin 120 mg/0.8 ml syr, -150 mg/ml syr</i> [INJ]		3	
<i>enoxaparin 30 mg/0.3 ml syr, -40 mg/0.4 ml syr, -60 mg/0.6 ml syr, -80 mg/0.8 ml syr, -100 mg/ml syr</i> [INJ]		1	
<i>fondaparinux 2.5 mg/0.5 ml syr, -5 mg/0.4 ml syr</i> [INJ]		1	
<i>fondaparinux 7.5 mg/0.6 ml syr, -10 mg/0.8 ml syr</i> [INJ]		3	

Drug	Generic	Tier	Restrictions
<i>heparin sodium in 0.45% nacl</i> [INJ]		1	[PAR]
<i>heparin sodium in 5% dextrose</i> [INJ]		1	[PAR]
<i>heparin sodium injection</i> [INJ]		1	[PAR]
<i>heparin sodium-ns</i> [INJ]		1	[PAR]
LOVENOX 300 MG VIAL, -300 MG/3 ML VIAL [INJ]	<i>enoxaparin</i>	3	

### ORAL ANTICOAGULANTS, VITAMIN K

<i>jantoven</i>		1	
PRADAXA	<i>dabigatran etexilate mesylate</i>	2	[PAR]
<i>warfarin sodium tablet</i>		1	
XARELTO	<i>rivaroxaban</i>	2	

### POTASSIUM REMOVING RESINS

<i>sodium polystyrene sulfonate powder</i>		1	
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### POTASSIUM SUPPLEMENTS

<i>dextrose in lactated ringers</i> [INJ]		1	
<i>kaon-cl 10</i>		1	
<i>kcl 20 meq in d5w solution, -kcl 40 meq in d5w solution</i> [INJ]		1	
<i>klor-con 10</i>		1	
<i>klor-con 8</i>		1	
<i>klor-con m15</i>		1	
<i>klor-con m20</i>		1	
<i>potassium chloride capsule sustained action, -solution, -tablet sust.releaseparticles/crystals, - tablet sustained action</i>		1	
<i>potassium chloride in d5lr</i> [INJ]		1	
<i>potassium chloride injection</i> [INJ]		1	

### THERAPEUTIC VITAMINS AND MINERALS

<i>calcitriol capsule, -solution</i>		1	[PAR]
<i>calcitriol injection</i> [INJ]		1	[PAR]

Drug	Generic	Tier	Restrictions
<i>calcium acetate capsule</i>		1	
<i>eliphos</i>		1	
<i>levocarnitine injection</i> [INJ]		1	[PAR]
<i>levocarnitine solution, -tablet</i>		1	[PAR]

### VITAMINS AND MINERALS AND RELATED PRODUCTS

INTRALIPID 30% IV FAT EMUL [INJ][G]	<i>fat emulsions</i>	2	
LIPOSYN II [INJ]	<i>fat emulsions</i>	2	
<i>liposyn iii</i> [INJ]		1	

### OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS

#### ANDROGEN DRUGS

ANADROL-50	<i>oxymetholone</i>	3	[PAR]
ANDROXY	<i>fluoxymesterone</i>	2	
<i>danazol capsule</i>		1	
METHITEST	<i>methyltestosterone</i>	2	
<i>oxandrolone tablet</i>		1	[PAR]
TESTIM	<i>testosterone</i>	2	[PAR]
<i>testosterone cypionate injection</i> [INJ]		1	
<i>testosterone enanthate injection</i> [INJ]		1	

#### CONTRACEPTIVES

<i>amethia</i>		1	
<i>amethyst</i>		1	
<i>apri</i>		1	
<i>aranelle</i>		1	
<i>aviane</i>		1	
<i>balziva</i>		1	
<i>briellyn</i>		1	
<i>cesia</i>		1	
<i>cryselle</i>		1	
<i>cyclafem</i>		1	
<i>emoquette</i>		1	
<i>enpresse</i>		1	
<i>gianvi</i>		1	
<i>introvale</i>		1	

Drug	Generic	Tier	Restrictions
<i>junel</i>		1	
<i>junel fe</i>		1	
<i>kariva</i>		1	
<i>kelnor 1-35</i>		1	
<i>leena</i>		1	
<i>lessina</i>		1	
<i>levora-28</i>		1	
<i>low-ogestrel</i>		1	
<i>lutera</i>		1	
<i>microgestin</i>		1	
<i>microgestin fe</i>		1	
<i>mononessa</i>		1	
<i>necon</i>		1	
<i>next choice</i>		1	
<i>nortrel</i>		1	
<i>ocella</i>		1	
<i>ogestrel</i>		1	
<i>orsythia</i>		1	
<i>portia</i>		1	
<i>previfem</i>		1	
<i>quasense</i>		1	
<i>reclipsen</i>		1	
<i>solia</i>		1	
<i>sprintec</i>		1	
<i>sronyx</i>		1	
<i>tri-legest fe</i>		1	
<i>trinessa</i>		1	
<i>tri-previfem</i>		1	
<i>tri-sprintec</i>		1	
<i>trivora-28</i>		1	
<i>velivet</i>		1	
<i>zeosa</i>		1	
<i>zovia 1-35e</i>		1	
<i>zovia 1-50e</i>		1	

## ESTROGEN DRUGS

ESTRACE CREAM WITH APPLICATOR	<i>estradiol</i>	2	
<i>estradiol patch transdermal weekly</i>		1	[QLL, 5/35]
<i>estradiol tablet</i>		1	

Drug	Generic	Tier	Restrictions
<i>estradiol valerate injection</i> [INJ]		1	
<i>estropipate</i>		1	
MENEST	<i>estrogens, esterified</i>	2	
PREMARIN CREAM WITH APPLICATOR	<i>estrogens, conjugated</i>	2	
VAGIFEM	<i>estradiol</i>	2	

### ESTROGEN/PROGESTIN COMBINATIONS

<i>estradiol-norethindrone acetat</i>		1	
<i>jinteli</i>		1	
PREMPHASE	<i>estrogen/medroxyprogesterone</i>	2	
PREMPRO	<i>estrogen/medroxyprogesterone</i>	2	

### OB/GYN TOPICAL ANTIINFECTIVES

<i>clindamycin phosphate cream with applicator</i>		1	
<i>metronidazole gel with applicator</i>		1	
<i>vandazole</i>		1	

### OXYTOCICS

METHERGINE TABLET [G]	<i>methylergonovine</i>	2	
<i>methylergonovine maleate tablet</i>		1	

### PROGESTIN DRUGS

<i>camila</i>		1	
<i>errin</i>		1	
<i>jolivette</i>		1	
<i>medroxyprogesterone acetate injection</i> [INJ]		1	[QLL, 1 ml/90]
<i>medroxyprogesterone acetate tablet</i>		1	
<i>nora-be</i>		1	
<i>norethindrone acetate tablet</i>		1	
PROMETRIUM	<i>progesterone</i>	2	

### SPECIALIZED OB/GYN DRUGS

<i>leuprolide acetate injection</i> [INJ]		1	
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Drug	Generic	Tier	Restrictions
LUPRON DEPOT 3.75 MG KIT, - 11.25 MG 3MO KIT, -22.5 MG 3MO KIT, --4 MONTH KIT [INJ]	<i>leuprolide</i>	2	[PAR]
LUPRON DEPOT 7.5 MG KIT [INJ]	<i>leuprolide</i>	3	[PAR]
LUPRON DEPOT-PED 11.25 MG KIT, -15 MG KIT [INJ]	<i>leuprolide</i>	3	[PAR]
SYNAREL	<i>nafarelin</i>	3	

## OPHTHALMIC MEDICATIONS

### ANTIGLAUCOMA DRUGS

<i>acetazolamide capsule sustained action, -tablet</i>		1	
<i>acetazolamide sodium</i> [INJ]		1	
ALPHAGAN P 0.1% DROPS	<i>brimonidine tartrate</i>	2	
<i>apraclonidine hcl</i>		1	
<i>betaxolol hcl drops</i>		1	
<i>brimonidine tartrate</i>		1	
<i>carteolol hcl</i>		1	
COMBIGAN	<i>brimonidine tartrate/timolol</i>	2	[ST]
<i>dorzolamide hcl</i>		1	
<i>dorzolamide-timolol</i>		1	
<i>latanoprost</i>		1	
<i>levobunolol hcl</i>		1	
LUMIGAN	<i>bimatoprost</i>	2	
<i>methazolamide tablet</i>		1	
<i>metipranolol</i>		1	
PHOSPHOLINE IODIDE	<i>echothiophate iodide</i>	2	
<i>timolol maleate drops, -gel- forming solution</i>		1	

### OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS

<i>dexasporin</i>		1	
<i>neomycin-bacitracin-poly-hc</i>		1	
<i>neomycin-poly-hc eye drops</i>		1	
<i>neomycin-polymyxin-dexameth</i>		1	
<i>poly-dex</i>		1	
<i>sulfacetamide-prednisolone</i>		1	
<i>tobramycin-dexamethasone</i>		1	
ZYLET	<i>tobramycin/lotepred etab</i>	2	

Drug	Generic	Tier	Restrictions
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### OPHTHALMIC CORTICOSTEROID DRUGS

<i>dexamethasone sodium phosphate drops</i>		1	
<i>fluorometholone suspension drops</i>		1	
FML S.O.P.	<i>fluorometholone</i>	2	
PRED MILD	<i>prednisolone acetate</i>	2	
<i>prednisolone acetate suspension drops</i>		1	
<i>prednisolone sodium phosphate drops</i>		1	

### OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS

<i>aktob</i>		1	
AZASITE	<i>azithromycin</i>	2	
<i>bacitracin 500 unit/gm ointmnt</i>		1	
<i>bacitracin-polymyxin eye oint</i>		1	
<i>ciprofloxacin hcl drops</i>		1	
<i>erythromycin ointment</i>		1	
<i>gentak</i>		1	
<i>gentamicin sulfata drops</i>		1	
<i>gentasol</i>		1	
<i>levofloxacin drops</i>		1	
MOXEZA	<i>moxifloxacin</i>	2	
<i>neomycin-bacitracin-polymyxin</i>		1	
<i>neomycin-polymyxin-gramicidin</i>		1	
<i>ofloxacin 0.3% eye drops</i>		1	
<i>polycin-b</i>		1	
<i>polymyxin b sul-trimethoprim</i>		1	
<i>romycin</i>		1	
<i>sulfacetamide sodium drops</i>		1	
<i>tobramycin sulfata drops</i>		1	
<i>tobrasol</i>		1	
VIGAMOX	<i>moxifloxacin</i>	2	

### OPHTHALMIC TOPICAL ANTIVIRAL DRUGS

<i>trifluridine drops</i>		1	
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Drug	Generic	Tier	Restrictions
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## OTHER OPHTHALMIC DRUGS

<i>ak-con</i>		1	
<i>azelastine hcl drops</i>		1	
BOTOX [INJ]	<i>botulinum toxin a</i>	2	[PAR]
<i>bromfenac sodium</i>		1	
<i>cromolyn sodium drops</i>		1	
<i>diclofenac sodium drops</i>		1	
<i>epinastine hcl</i>		1	
<i>flurbiprofen sodium</i>		1	
<i>ketorolac tromethamine drops</i>		1	
<i>mydral</i>		1	
<i>naphazoline hcl drops</i>		1	
NATACYN	<i>natamycin</i>	2	
<i>parcaine</i>		1	
<i>proparacaine hcl drops</i>		1	
RESTASIS	<i>cyclosporine</i>	2	[QLL, 60 vials/30]
<i>tropicamide drops</i>		1	

## RESPIRATORY MEDICATIONS

### ANTIHISTAMINES

<i>carbinoxamine maleate</i>		1	
<i>cetirizine hcl 1 mg/1 ml soln, -1 mg/ml soln, -5 mg/5 ml syrup</i>		1	
<i>cetirizine hcl 1 mg/ml syrup</i>		1	
<i>clemastine fumarate syrup, -fum 2.68 mg tab</i>		1	
<i>cyproheptadine hcl syrup, -tablet</i>		1	[PAR]
<i>dexchlorpheniramine maleate</i>		1	[PAR]
<i>diphenhydramine 50 mg capsule, -elixir</i>		1	[PAR]
<i>diphenhydramine hcl injection [INJ]</i>		1	
<i>fexofenadine hcl 180 mg tab</i>		1	[QLL, 34/34]
<i>fexofenadine hcl 180 mg tablet</i>		1	[QLL, 34/34]
<i>fexofenadine hcl 30 mg tablet, -60 mg tablet</i>		1	[QLL, 68/34]
<i>levocetirizine dihydrochloride</i>		1	[QLL, 34/34]
<i>palgic</i>		1	
<i>promethazine hcl injection [INJ]</i>		1	

Drug	Generic	Tier	Restrictions
<i>promethazine hcl syrup, -tablet</i>		1	[PAR]

### BETA-2 ADRENERGIC DRUGS

<i>albuterol sulfate nebs, -solution non-oral, -syrup, -tablet, -tablet sustained release 12hr, -vial nebulizer</i>		1	
FORADIL	<i>formoterol fumarate</i>	2	[QLL, 120/34]
<i>metaproterenol sulfate syrup, -tablet</i>		1	
PROAIR HFA	<i>albuterol</i>	2	[QLL, 26 gm/34]
PROVENTIL HFA	<i>albuterol</i>	2	[QLL, 20 gm/34]
<i>terbutaline sulfate injection [INJ]</i>		1	
<i>terbutaline sulfate tablet</i>		1	

### LEUKOTRIENE MODIFIERS

SINGULAIR	<i>montelukast sodium</i>	2	
<i>zafirlukast</i>		1	
ZYFLO CR	<i>zileuton</i>	2	

### METHYL XANTHINE DRUGS

<i>aminophylline injection [INJ]</i>		1	
<i>aminophylline tablet</i>		1	
<i>theochron</i>		1	
<i>theophylline</i>		1	
<i>theophylline anhydrous tablet sustained release 12hr</i>		1	

### OTHER DRUGS FOR ASTHMA

ADVAIR DISKUS	<i>salmeterol/fluticasone</i>	2	[PAR][QLL, 120 doses/34]
ADVAIR HFA	<i>salmeterol/fluticasone</i>	2	[PAR][QLL, 24 gm/34]
ASMANEX TWISTHALER 110 MCG #30, -TWISTHALER 110 MCG #7, -TWISTHALER 220 MCG #30	<i>mometasone</i>	2	[QLL, 60 doses/30]

Drug	Generic	Tier	Restrictions
ASMANEX TWISTHALER 220 MCG #14	<i>mometasone</i>	2	[QLL, 14 doses/14]
ASMANEX TWISTHALER 220 MCG #60	<i>mometasone</i>	2	[QLL, 120 doses/30]
ASMANEX TWISTHALR 220 MCG #120	<i>mometasone</i>	2	[QLL, 240 doses/30]
ATROVENT HFA	<i>ipratropium</i>	2	[QLL, 26 gm/34]
COMBIVENT	<i>albuterol sulfate/ipratropium</i>	2	[QLL, 44 gm/34]
<i>cromolyn sodium ampul for nebulization</i>		1	
<i>epinephrine 0.1 mg/ml syringe [INJ]</i>		1	
EIPEN [INJ]	<i>epinephrine hcl</i>	2	[QLL, 4 pens/2]
EIPEN JR [INJ]	<i>epinephrine hcl</i>	2	[QLL, 4 pens/2]
GASTROCROM	<i>cromolyn</i>	2	
<i>ipratropium bromide solution non-oral</i>		1	
QVAR	<i>beclomethasone</i>	2	[QLL, 22 gm/34]
SPIRIVA	<i>tiotropium bromide</i>	2	[QLL, 60 capsules/34]
SYMBICORT	<i>budesonide/formoterol fum</i>	2	[PAR][QLL, 20 gm/34]
XOLAIR [INJ][LA]	<i>omalizumab</i>	3	[PAR][QLL, 6 vials/28]

### OTHER RESPIRATORY DRUGS

ARALAST NP [INJ][LA]	<i>alpha-1-proteinase inhibitor</i>	3	[PAR]
PROLASTIN [INJ][LA]	<i>alpha-1-proteinase inhibitor</i>	3	[PAR]
PROLASTIN C [INJ][LA]	<i>alpha-1-proteinase inhibitor</i>	3	[PAR]

## UROLOGICAL MEDICATIONS

### ANTICHOLINERGIC ANTISPASMODICS

ENABLEX	<i>darifenacin hydrobromide</i>	2	[ST]
<i>flavoxate hcl</i>		1	
<i>oxybutynin chloride syrup, -tablet</i>		1	
<i>oxybutynin cl er 10 mg tablet, -cl er 15 mg tablet</i>		1	
<i>oxybutynin cl er 5 mg tablet</i>		1	[QLL, 34/34]

Drug	Generic	Tier	Restrictions
SANCTURA XR	<i>trospium chloride</i>	2	[ST]
<i>trospium chloride</i>		1	

### CHOLINERGIC STIMULANTS

<i>bethanechol chloride tablet</i>		1	
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### OTHER GENITOURINARY PRODUCTS

<i>alfuzosin hcl</i>		1	
CYSTADANE	<i>betaine hcl</i>	2	
ELMIRON	<i>pentosan polysulfate sodium</i>	2	
<i>finasteride tablet</i>		1	
<i>neomycin-polymyxin b [INJ]</i>		1	
<i>potassium citrate TABLET SUSTAINED ACTION</i>		1	
<i>tamsulosin hcl</i>		1	
UROXATRAL [G]	<i>alfuzosin hcl</i>	2	

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Ésta no es una lista completa de los medicamentos cubiertos por el plan de la Parte D. Para obtener un listado completo, comuníquese con el Centro de Atención al Cliente al 1-877-874-3935, las 24 horas, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-800-367-8939.

El símbolo [INJ] que aparece junto al nombre de un medicamento indica que el medicamento está disponible en inyectable.

El símbolo [G] que aparece junto al nombre de un medicamento indica que el medicamento puede estar disponible en genérico.

El símbolo [LA] que aparece junto al nombre de un medicamento indica que el medicamento ha sido registrado como limitado a ciertas farmacias por la Administración de Drogas y Alimentos. Estos medicamentos sólo pueden obtenerse en farmacias especializadas designadas que pueden administrar los medicamentos correctamente.

El símbolo [PAR] que aparece en la columna Restricciones indica que puede necesitarse autorización previa.

El símbolo [QLL] que aparece en la columna Restricciones indica que las cantidades entregadas pueden ser limitadas.

El símbolo [ST] que aparece en la columna Restricciones indica que puede aplicarse terapia escalonada.