



Blue Cross MedicareRx (PDP)SM

Blue Cross MedicareRxSM

2014 Formulary List of Covered Drugs

PLEASE READ:

THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

This formulary was updated on 08/14/2013. For more recent information or other questions, please contact Blue Cross MedicareRx Customer Service at 1-888-285-2249 or, for TTY/TDD users, 711, 8 a.m. - 8 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays, or visit mybluepartd.com.

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

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ABOUT THE DRUGS WE COVER IN THIS PLAN

HPMS Approved Formulary File Submission ID 00014131, Version Number 6

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When this drug list (formulary) refers to “we,” “us,” or “our,” it means Blue Cross and Blue Shield of Oklahoma. When it refers to “plan” or “our plan,” it means Blue Cross MedicareRxSM.

This document includes a list of the drugs (formulary) for our plan which is current as of August 2013. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

This information is available for free in other languages. Please call our Customer Service number at 1-888-285-2249. (TTY/TDD users should call 711). We are open between 8 a.m. and 8 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays. TTY/TDD: 711.

Esta información está disponible en otros idiomas de forma gratuita. Comuníquese a nuestro número de Servicio al cliente al 1-888-285-2249 (los usuarios de TTY/TDD deben llamar al 711). Nuestro horario es de 8 a.m. a 8 p.m., hora local, los 7 días de la semana. Si usted llama del 15 de febrero al 30 de septiembre, durante los fines de semana y feriados, se usarán tecnologías alternas (por ejemplo, correo de voz).



What is the Blue Cross MedicareRx Formulary?

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

Can the Formulary change?

Generally, if you are taking a drug on our 2014 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2014 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2014. To get updated information about the drugs covered by Blue Cross MedicareRx, please contact us. Our contact information appears on the front and back cover pages.

If the Blue MedicareRX formulary changes for any reason, an errata sheet explaining the changes will be mailed to affected members monthly. Errata sheets will include a statement explaining that Blue MedicareRx will continue to cover the drugs in question for enrollees taking the drug at the time of change for the remainder of the plan year as long as the drug continues to be medically necessary and prescribed by the member's physician and was not removed for safety reasons.

Formularies will also be updated on a monthly basis. To find an updated formulary visit www.mybluepartd.com/rxlist/ok or call customer service at 1-888-285-2249.



How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 34. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Blue Cross MedicareRx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Blue Cross MedicareRx before you fill your prescriptions. If you don't get approval, Blue Cross MedicareRx may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue Cross MedicareRx limits the amount of the drug that Blue Cross MedicareRx will cover. For example, Blue Cross MedicareRx provides 30 tablets per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Blue Cross MedicareRx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Blue Cross MedicareRx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue Cross MedicareRx will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.



You can ask Blue Cross MedicareRx to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Blue Cross MedicareRx’s formulary?” on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Services and ask if your drug is covered.

If you learn that Blue Cross MedicareRx does not cover your drug, you have two options:

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

How do I request an exception to the Blue Cross MedicareRx’s Formulary?

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

- You can ask us to cover your drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Blue Cross MedicareRx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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



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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91 to 98-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Circumstances exist in which unplanned transitions for current members could arise and in which prescribed drug regimens may not be on the formulary. These circumstances usually involve level of care changes in which a member is changing from one treatment setting to another. For these unplanned transitions, you must use our exceptions and appeals process. Coverage determinations and redeterminations will be processed as expeditiously as your health condition requires.

In order to prevent a temporary gap in care when a member is discharged to home, members are permitted to have a full outpatient supply available to continue therapy once their limited supply provided at discharge is exhausted. This outpatient supply is available in advance of discharge from a Part A stay.

When a member is admitted to or discharged from a long-term care facility, he or she does not have access to the remainder of the previously dispensed prescription. We will ensure you have a refill upon admission or discharge. A one-time override of the “refill too soon” edits, are provided, for each medication which would be impacted due to a member being admitted to or discharged from a long-term care facility. Early refill edits are not used to limit appropriate and necessary access to a member’s Part D benefit, and such members are allowed to access a refill upon admission or discharge.

For more information

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

If you have questions about Blue Cross MedicareRx, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Blue Cross MedicareRx's Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by Blue Cross MedicareRx. If you have trouble finding your drug in the list, turn to the Index that begins on page 34.

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

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

KEY

Uppercase = BRAND NAME

Lower case italics = *generic*

1 = Tier 1: Preferred Generic Drugs

2 = Tier 2: Non-Preferred Generic Drugs

3 = Tier 3: Preferred Brand Drugs

4 = Tier 4: Non-Preferred Brand Drugs

5 = Tier 5: Specialty Tier Drugs

X = Drugs that may be covered by Medicare Part B or Medicare Part D depending on the circumstance.

• = Utilization Management: Prior Authorization, Quantity Limits, Step Therapy

* Limited distribution drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-888-285-2249, 8 a.m.- 8 p.m., local time, 7 days a week. TTY users should call 711.

† Quantity limit restrictions apply. Restriction amounts are listed beginning on page 23.

The last three columns, Prior Authorization, Quantity Limit and Step Therapy, indicate if Blue Cross MedicareRx has any special requirements for coverage of that drug.



Copayment and Coinsurance Amounts:

	Basic
Tier 1 - Preferred Generic Drugs	\$1/\$6
Tier 2 - Non-Preferred Generic Drugs	\$4/\$10
Tier 3 - Preferred Brand Drugs	\$39/\$45
Tier 4 - Non-Preferred Brand Drugs	\$85/\$95
Tier 5 - Specialty Drugs	25%

You must continue to pay your Medicare Part B premium. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year.

Below is the key for abbreviations used within the drug list.

2014 DOSAGE FORM ABBREVIATIONS KEY			
caps	capsules	lotn	lotion
chew tabs	chewable tablets	mcg	microgram
conc	concentrate	mEq	milliequivalent
crm	cream	mg	milligram
DR	delayed-release	mL	milliliter
ER	extended-release	NF	non-formulary
g	gram	ODT	orally disintegrating tablets
hr	hour	oint	ointment
IM	intramuscular	SL	sublingual
inhal	inhalation	soln	solution
inj	injection	supp	suppositories
IR	immediate-release	susp	suspension
IV	intravenous	tabs	tablets
liq	liquid		



Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
Analgesics					
<i>acetaminophen/codeine oral soln, tabs</i>	2			•	
<i>butalbital/acetaminophen/caffeine/codeine</i>	4		•	•	
<i>butalbital/aspirin/caffeine/codeine</i>	4		•	•	
<i>butorphanol inj</i>	2				
<i>etodolac</i>	2				
<i>fentanyl transdermal</i>	2			•	
<i>fentanyl citrate oral lozenges</i>	5		•	•	
<i>hydrocodone/acetaminophen oral soln, 7.5-325 mg/15 mL; tabs, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg, 10-300 mg, 10-325 mg</i>	2			•	
<i>hydromorphone inj, 10 mg/mL</i>	2	X			
<i>hydromorphone liq, tabs</i>	2			•	
<i>ibuprofen tabs</i>	1				
<i>ketorolac tabs</i>	4		•		
LAZANDA	5		•	•	
<i>methadone tabs, 5 mg, 10 mg</i>	2			•	
<i>morphine sulfate inj, 0.5 mg/mL, 1 mg/mL</i>	2	X			
MORPHINE SULFATE tabs	4			•	
<i>morphine sulfate ER tabs</i>	2			•	
<i>naproxen tabs, 250 mg, 375 mg, 500 mg</i>	2				
<i>oxycodone tabs, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	2			•	
<i>oxycodone/acetaminophen tabs, 2.5-325 mg, 5-325 mg, 7.5-325 mg, 10-325 mg</i>	2			•	

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>tramadol</i>	2			•	
VOLTAREN gel	3			•	•
Anesthetics					
<i>lidocaine local inj, 1%; topical soln, 4%</i>	2				
<i>lidocaine viscous</i>	1				
<i>lidocaine/prilocaine</i>	2				
LIDODERM	4				
Anti-Addiction/Substance Abuse Treatment Agents					
<i>buprenorphine SL tabs</i>	2		•	•	
<i>buprenorphine/naloxone</i>	2		•	•	
<i>bupropion hcl ER, 12 hr (smoking deterrent)</i>	2				
CHANTIX	4			•	
<i>disulfiram</i>	2				
<i>naloxone inj, 1 mg/mL</i>	2				
<i>naltrexone</i>	2				
NICOTROL INHALER	4				
NICOTROL NS nasal spray	4				
SUBOXONE SL films	4		•	•	
Antibacterials					
<i>amikacin inj, 500 mg/2 mL, 1 g/4 mL</i>	2				
<i>amoxicillin caps, for susp, tabs</i>	1				
<i>amoxicillin/potassium clavulanate chew tabs, tabs</i>	2				
<i>ampicillin caps</i>	1				
AMPICILLIN for susp	4				
<i>ampicillin sodium for inj, 250 mg, 500 mg, 1 g, 2 g</i>	2				
AVELOX inj	4				

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>azithromycin for IV; for susp; tabs, 500 mg, 600 mg</i>	2				
<i>azithromycin tabs, 250 mg</i>	1				
<i>aztreonam for inj</i>	2				
<i>cefaclor caps</i>	2				
<i>cefazolin for inj, 500 mg, 1 g</i>	2				
<i>cefdinir</i>	2				
<i>cefepime for inj</i>	2				
<i>cefotaxime for inj, 500 mg, 1 g, 2 g, 10 g</i>	2				
<i>cefoxitin for inj, 1 g, 2 g</i>	4				
<i>cefprozil tabs</i>	2				
<i>ceftazidime for inj, 1 g, 2 g, 6 g; for IV, 1 g, 2 g</i>	2				
<i>ceftriaxone for inj, for IV</i>	2				
<i>cefuroxime axetil tabs</i>	1				
<i>cefuroxime sodium for inj, 750 mg, 1.5 g, 7.5 g; for IV, 1.5 g</i>	2				
<i>cephalexin caps, 250 mg, 500 mg</i>	1				
<i>cephalexin for susp</i>	2				
CHLORAMPHENICOL	4				
<i>ciprofloxacin for IV, 200 mg, 400 mg; for IV in dextrose</i>	2				
<i>ciprofloxacin tabs</i>	1				
<i>clarithromycin</i>	2				
<i>clindamycin caps</i>	1				
<i>clindamycin inj; IV soln, 600 mg/4 mL, 900 mg/6 mL; vaginal crm</i>	2				
<i>colistimethate sodium</i>	4				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>dicloxacillin</i>	2				
<i>doxycycline hyclate caps; tabs, 100 mg</i>	1				
<i>doxycycline hyclate for inj</i>	2				
ERY-TAB	4				
ERYTHROCIN for inj	4				
<i>gentamicin inj, IV soln</i>	2				
<i>imipenem/cilastatin</i>	2				
<i>levofloxacin IV in dextrose, IV soln, oral soln</i>	2				
<i>levofloxacin tabs</i>	1				
<i>meropenem</i>	2				
<i>metronidazole IV soln, vaginal gel</i>	2				
<i>metronidazole tabs</i>	1				
<i>minocycline caps</i>	2				
<i>nafcillin for inj</i>	2				
NAFCILLIN for IV	4				
<i>neomycin sulfate tabs</i>	2				
<i>nitrofurantoin macrocrystalline caps</i>	4			•	
<i>nitrofurantoin monohydrate/ macrocrystalline caps</i>	4			•	
<i>penicillin g potassium for inj, 5000000 units</i>	2				
PENICILLIN G POTASSIUM inj in dextrose	4				
<i>penicillin v potassium</i>	1				
<i>piperacillin/tazobactam for inj, 2-0.25 g, 3-0.375 g, 4-0.5 g</i>	4				
STREPTOMYCIN	4				
SULFADIAZINE	4				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
SULFAMETHOXAZOLE/ TRIMETHOPRIM inj	4				
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	1				
SUPRAX caps, chew tabs, tabs	4				
TEFLARO	4				
TETRACYCLINE	4				
TOBI inhal soln	5	X			
<i>tobramycin inj</i>	2				
<i>trimethoprim tabs</i>	1				
<i>vancomycin caps</i>	5				
<i>vancomycin for inj, 500 mg, 1 g, 5 g</i>	2				
XIFAXAN tabs, 550 mg	5				
ZYVOX for susp, tabs	5		•		
ZYVOX IV soln	5				
Anticonvulsants					
BANZEL susp; tabs, 400 mg	5				
BANZEL tabs, 200 mg	4				
<i>carbamazepine chew tabs, tabs</i>	1				
<i>carbamazepine susp</i>	2				
<i>carbamazepine ER</i>	2				
CELONTIN	4				
<i>clonazepam ODT, tabs</i>	4		•	•	
<i>clorazepate</i>	4		•	•	
DIAZEPAM oral soln	4		•	•	
DIAZEPAM rectal gel	4			•	
<i>diazepam tabs</i>	4		•	•	
DILANTIN caps, 30 mg	4				
<i>divalproex sprinkle caps</i>	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>divalproex DR tabs, 125 mg, 250 mg</i>	1				
<i>divalproex DR tabs, 500 mg</i>	2				
<i>divalproex ER</i>	2				
<i>ethosuximide</i>	2				
<i>felbamate</i>	4				
<i>fosphenytoin</i>	2				
<i>gabapentin caps</i>	1				
<i>gabapentin oral soln, tabs</i>	2				
LAMICTAL ODT	4				
<i>lamotrigine chew tabs</i>	2				
<i>lamotrigine tabs</i>	1				
<i>levetiracetam inj, oral soln, tabs</i>	2				
LYRICA	3				
ONFI	4		•	•	
<i>oxcarbazepine</i>	2				
PEGANONE	4				
<i>phenobarbital elixir; inj, 130 mg/mL; tabs, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 100 mg</i>	4		•		
PHENOBARBITAL inj, 65 mg/mL; tabs, 64.8 mg, 97.2 mg	4		•		
<i>phenytoin chew tabs, susp</i>	2				
<i>phenytoin sodium ER caps, 100 mg, 200 mg, 300 mg</i>	2				
POTIGA	4				
<i>primidone</i>	2				
SABRIL	4				
TEGRETOL-XR 100 mg	4				
<i>tiagabine</i>	2				
<i>topiramate sprinkle caps, tabs</i>	2				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>valproate inj</i>	2				
<i>valproic acid</i>	2				
VIMPAT	4				
<i>zonisamide</i>	2				
Antidementia Agents					
<i>donepezil</i>	2			•	
EXELON transdermal	3			•	
<i>galantamine</i>	2			•	
<i>galantamine ER</i>	2			•	
NAMENDA	3			•	
<i>rivastigmine caps</i>	2			•	
Antidepressants					
ABILIFY	3			•	
ABILIFY DISCMELT	3			•	
<i>amitriptyline</i>	4		•		
AMOXAPINE	4				
<i>bupropion hcl</i>	2			•	
<i>bupropion hcl ER, 12 hr, 24 hr</i>	2			•	
<i>citalopram oral soln</i>	2			•	
<i>citalopram tabs</i>	1			•	
<i>clomipramine</i>	4		•		
CYMBALTA	4			•	•
<i>desipramine</i>	2				
<i>doxepin caps, 10 mg, 25 mg, 50 mg, 100 mg, 150 mg; oral conc</i>	4		•		
EMSAM	5				
<i>escitalopram</i>	2			•	
<i>fluoxetine caps</i>	1			•	

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>fluoxetine oral soln; tabs, 10 mg, 20 mg</i>	2			•	
<i>fluvoxamine</i>	2			•	
<i>imipramine hcl</i>	4		•		
MAPROTILINE	4			•	•
MARPLAN	4				
<i>mirtazapine ODT, tabs</i>	2			•	
NEFAZODONE	4				
<i>nortriptyline caps</i>	1				
<i>paroxetine hcl tabs</i>	1			•	
<i>paroxetine hcl ER</i>	2			•	
PAXIL susp	4			•	•
<i>phenelzine</i>	2				
PRISTIQ	4			•	•
<i>protriptyline</i>	2				
<i>quetiapine</i>	2			•	
SEROQUEL XR	3			•	
<i>sertraline oral conc</i>	2			•	
<i>sertraline tabs</i>	1			•	
<i>tranylcypromine</i>	2				
<i>trazodone tabs, 300 mg</i>	2				
<i>trazodone tabs, 50 mg, 100 mg, 150 mg</i>	1				
<i>trimipramine</i>	4		•		
<i>venlafaxine tabs</i>	2			•	
<i>venlafaxine ER caps</i>	2			•	
VIIBRYD	4			•	•
Antiemetics					
ALOXI	4				
CHLORPROMAZINE inj	4				

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>chlorpromazine tabs</i>	2				
<i>diphenhydramine inj</i>	2				
<i>dronabinol</i>	4	X			
EMEND caps	3	X			
EMEND for IV	4				
<i>metoclopramide oral soln, tabs</i>	1				
<i>ondansetron inj</i>	2				
<i>ondansetron ODT</i>	2	X			
<i>perphenazine</i>	2				
PROCHLORPERAZINE inj	4				
<i>prochlorperazine supp</i>	2				
<i>prochlorperazine tabs</i>	1				
Antifungals					
AMBISOME	5	X			
AMPHOTERICIN B	4	X			
CANCIDAS	5				
<i>fluconazole for susp; inj in dextrose; inj in normal saline, 200 mg/100 mL, 400 mg/200 mL</i>	2				
<i>fluconazole tabs</i>	1				
<i>flucytosine</i>	5				
<i>griseofulvin microsize susp</i>	2				
<i>itraconazole caps</i>	4				
<i>ketoconazole tabs</i>	2				
MYCAMINE for IV, 100 mg	5				
MYCAMINE for IV, 50 mg	4				
NOXAFIL	5		•		
<i>nystatin susp</i>	2				
<i>terbinafine</i>	1				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>terconazole vaginal crm</i>	2				
<i>voriconazole for inj</i>	2		•		
<i>voriconazole tabs</i>	5		•		
Antigout Agents					
<i>allopurinol tabs</i>	1				
COLCRYS	3				
<i>probenecid</i>	2				
<i>probenecid/colchicine</i>	2				
ULORIC	3				
Anti-Inflammatory Agents					
<i>diclofenac potassium</i>	2				
<i>diclofenac sodium DR</i>	2				
<i>diclofenac sodium ER</i>	2				
<i>etodolac</i>	2				
<i>ibuprofen tabs</i>	1				
<i>meloxicam tabs</i>	1				
<i>nabumetone</i>	2				
<i>naproxen tabs, 250 mg, 375 mg, 500 mg</i>	2				
<i>sulindac</i>	2				
VOLTAREN gel	3			•	•
Antimigraine Agents					
<i>butalbital/acetaminophen/caffeine/codeine</i>	4		•	•	
<i>butalbital/aspirin/caffeine/codeine</i>	4		•	•	
<i>divalproex sprinkle caps</i>	2				
<i>divalproex DR tabs, 125 mg, 250 mg</i>	1				
<i>divalproex DR tabs, 500 mg</i>	2				
<i>divalproex ER</i>	2				
MIGERGOT	4				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
MIGRANAL	3				
<i>naratriptan</i>	2			•	
<i>propranolol tabs, 10 mg, 20 mg, 40 mg, 80 mg</i>	1				
<i>rizatriptan</i>	2			•	
<i>sumatriptan inj</i>	4				
SUMATRIPTAN nasal spray	4			•	
<i>sumatriptan tabs</i>	2			•	
<i>topiramate sprinkle caps, tabs</i>	2				
Antimyasthenic Agents					
GUANIDINE	4				
MESTINON syrup	4				
<i>pyridostigmine</i>	2				
Antimycobacterials					
DAPSONE	3				
<i>ethambutol</i>	2				
ISONIAZID inj	4				
<i>isoniazid tabs</i>	1				
MYCOBUTIN	4				
PRIFTIN	4				
<i>pyrazinamide</i>	2				
<i>rifampin</i>	2				
RIFATER	4				
SEROMYCIN	4				
Antineoplastics					
ABRAXANE	5				
AFINITOR	5		•	•	
AFINITOR DISPERZ	5		•	•	
ALIMTA	5				
<i>amifostine</i>	5				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>anastrozole</i>	2				
ARRANON	5				
ARZERRA*	5				
AVASTIN*	5				
BICNU	4				
<i>bleomycin</i>	2	X			
BOSULIF	5		•	•	
BUSULFEX	5				
CAMPATH	5				
CAPRELSA*	5		•	•	
<i>carboplatin IV soln</i>	2				
CEENU	4				
CISPLATIN inj, 200 mg/200 mL	2				
<i>cisplatin inj, 50 mg/50 mL, 100 mg/100 mL</i>	2				
<i>cladribine</i>	5	X			
CLOLAR	5				
COMETRIQ*	5		•	•	
COSMEGEN	5				
CYCLOPHOSPHAMIDE for inj	4				
CYCLOPHOSPHAMIDE tabs	4	X			
CYTARABINE for inj, 1 g	4	X			
<i>cytarabine for inj, 500 mg; inj</i>	2	X			
DACARBAZINE for inj, 100 mg	4				
<i>dacarbazine for inj, 200 mg</i>	2				
DACOGEN	5				
<i>daunorubicin</i>	2				
<i>decitabine</i>	5				
<i>dexrazoxane</i>	5				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
DOCETAXEL for inj, 20 mg/0.5 mL, 20 mg/mL, 80 mg/2 mL, 80 mg/4 mL, 140 mg/7 mL; for IV	5				
DOXIL	4	X			
<i>doxorubicin</i>	2	X			
<i>doxorubicin liposomal</i>	4	X			
ELITEK	5				
ELSPAR	4				
EMCYT	4				
<i>epirubicin inj</i>	2				
ERBITUX	5				
ERIVEDGE*	5		•	•	
ETOPOPHOS	4				
<i>etoposide inj</i>	2				
<i>exemestane</i>	2				
FARESTON	5				
FASLODEX	5				
<i>fludarabine</i>	2				
<i>fluorouracil inj</i>	2	X			
<i>gemcitabine for inj</i>	5				
GLEEVEC	5		•	•	
HALAVEN	5				
HERCEPTIN	5				
HEXALEN	5		•		
<i>hydroxyurea</i>	2				
ICLUSIG*	5		•	•	
<i>idarubicin</i>	5				
<i>ifosfamide for inj, 1 g</i>	5				
IFOSFAMIDE for inj, 3 g	5				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
INLYTA*	5		•	•	
INTRON-A	5				
<i>irinotecan</i>	2				
ISTODAX	5				
IXEMPRA	5				
JAKAFI*	5		•	•	
JEVTANA	5				
KADCYLA	5				
<i>letrozole</i>	2				
<i>leucovorin calcium for inj, 50 mg, 100 mg, 200 mg, 350 mg; tabs, 25 mg</i>	2				
LEUCOVORIN CALCIUM tabs, 10 mg, 15 mg	4				
<i>leucovorin calcium tabs, 5 mg</i>	1				
LEUKERAN	3				
MATULANE*	5		•		
MEKINIST	5		•	•	
<i>melphalan</i>	5				
<i>mercaptopurine</i>	2				
<i>mesna</i>	2				
MESNEX tabs	4				
<i>methotrexate for inj, inj</i>	2				
<i>methotrexate tabs</i>	1	X			
<i>mitomycin</i>	2				
<i>mitoxantrone</i>	2				
MUSTARGEN	4				
NEXAVAR*	5		•	•	
ONCASPAR	5				
ONTAK	5				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>oxaliplatin</i>	5				
<i>paclitaxel IV, 30 mg/5 mL, 100 mg/16.7 mL, 300 mg/50 mL</i>	2				
PANRETIN	5				
<i>pentostatin</i>	5				
PERJETA*	5				
POMALYST*	5		•	•	
PROLEUKIN	5				
REVLIMID*	5		•	•	
RITUXAN*	5		•		
SOLTAMOX	4				
SPRYCEL	5		•	•	
STIVARGA*	5		•	•	
SUTENT	5		•	•	
SYLATRON	5		•		
SYNRIBO	5				
TABLOID	4				
TAFINLAR	5		•	•	
<i>tamoxifen</i>	1				
TARCEVA	5		•	•	
TARGRETIN caps	5		•		
TARGRETIN gel	5				
TASIGNA	5		•	•	
TEMODAR for IV	5				
THALOMID	5		•	•	
THIOTEPA	4				
<i>topotecan for inj</i>	5				
TORISEL	5				
TREANDA	5				
<i>tretinoin caps</i>	5		•		

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
TRISENOX	4				
TYKERB*	5		•	•	
UVADEX	4				
VANDETANIB*	5		•	•	
VECTIBIX	5				
VELCADE	5				
VIDAZA	5				
VINBLASTINE	4	X			
<i>vincristine</i>	2				
<i>vinorelbine</i>	2				
VOTRIENT*	5		•	•	
XALKORI*	5		•	•	
YERVOY*	5				
ZALTRAP	5				
ZANOSAR	4				
ZELBORAF*	5		•	•	
ZOLINZA	5		•	•	
ZYTIGA*	5		•	•	
Antiparasitics					
ALBENZA	4				
ALINIA	4				
<i>atovaquone/proguanil tabs, 250-100 mg</i>	2				
BILTRICIDE	4				
<i>chloroquine phosphate</i>	2				
COARTEM	4				
DARAPRIM	4				
<i>hydroxychloroquine</i>	1				
<i>mefloquine</i>	2				
MEPRON	5				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
NEBUPENT	4	X			
<i>paromomycin</i>	2				
PENTAM 300	4	X			
<i>permethrin</i>	2				
PRIMAQUINE	4				
STROMEKTOL	3				
ULESFIA	4				
Antiparkinson Agents					
<i>amantadine caps, syrup</i>	2				
APOKYN*	5				
AZILECT	3				
<i>benztropine tabs</i>	4		•		
<i>carbidopa/levodopa</i>	2				
<i>carbidopa/levodopa ER</i>	2				
<i>diphenhydramine inj</i>	2				
<i>entacapone</i>	4				
NEUPRO	4				
<i>pramipexole</i>	2				
<i>ropinirole</i>	2				
<i>selegiline tabs</i>	2				
Antipsychotics					
ABILIFY	3			•	
ABILIFY DISCMELT	3			•	
ABILIFY MAINTENA	5			•	
CHLORPROMAZINE inj	4				
<i>chlorpromazine tabs</i>	2				
<i>clozapine</i>	2			•	
FANAPT	4			•	
FAZACLO	4			•	
FLUPHENAZINE DECANOATE	4				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
FLUPHENAZINE HCL elixir, inj, oral conc	4				
<i>fluphenazine hcl tabs</i>	2				
GEODON inj	4			•	
<i>haloperidol inj; tabs, 10 mg, 20 mg</i>	2				
<i>haloperidol oral conc; tabs, 0.5 mg, 1 mg, 2 mg, 5 mg</i>	1				
<i>haloperidol decanoate</i>	2				
INVEGA tabs, 1.5 mg, 3 mg, 6 mg	4			•	
INVEGA tabs, 9 mg	5			•	
INVEGA SUSTENNA inj, 117 mg, 156 mg, 234 mg	5			•	
INVEGA SUSTENNA inj, 39 mg, 78 mg	4			•	
LATUDA	4			•	
<i>loxapine</i>	2				
<i>olanzapine inj; ODT, 5 mg; tabs, 2.5 mg, 5 mg, 7.5 mg, 10 mg</i>	2			•	
<i>olanzapine ODT, 10 mg, 15 mg, 20 mg; tabs, 15 mg, 20 mg</i>	4			•	
ORAP	4				
<i>perphenazine</i>	2				
PROCHLORPERAZINE inj	4				
<i>prochlorperazine supp</i>	2				
<i>prochlorperazine tabs</i>	1				
<i>quetiapine</i>	2			•	
RISPERDAL CONSTA for inj, 12.5 mg, 25 mg	4			•	
RISPERDAL CONSTA for inj, 37.5 mg, 50 mg	5			•	
<i>risperidone ODT, oral soln, tabs</i>	2			•	

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
SAPHRIS	4			•	
SEROQUEL XR	3			•	
<i>thioridazine</i>	4		•		
<i>thiothixene</i>	1				
<i>trifluoperazine</i>	2				
<i>ziprasidone</i>	2			•	
ZYPREXA RELPREVV*	5			•	
Antispasticity Agents					
<i>baclofen tabs</i>	1				
<i>tizanidine tabs</i>	1				
Antivirals					
<i>abacavir</i>	4			•	
<i>acyclovir caps, susp, tabs</i>	2				
<i>acyclovir sodium for inj, 500 mg</i>	2	X			
<i>amantadine caps, syrup</i>	2				
APTIVUS	5			•	
ATRIPLA	5			•	
BARACLUDE oral soln	4				
BARACLUDE tabs	5				
COMPLERA	5			•	
CRIXIVAN	3			•	
<i>didanosine DR</i>	2			•	
EDURANT	5			•	
EMTRIVA	4			•	
EPIVIR oral soln	3			•	
EPIVIR-HBV	4				
EPZICOM	5			•	
FUZEON	5			•	
<i>ganciclovir for inj</i>	2	X			
HEPSERA	5				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
INCIVEK	5		•		
INTELENCE	5			•	
INTRON-A	5				
INVIRASE	5			•	
ISENTRESS	5			•	
KALETRA oral soln; tabs, 200-50 mg	5			•	
KALETRA tabs, 100-25 mg	4			•	
<i>lamivudine</i>	2			•	
<i>lamivudine/zidovudine</i>	5			•	
LEXIVA oral susp	4			•	
LEXIVA tabs	5			•	
<i>nevirapine tabs</i>	2			•	
NORVIR	4			•	
PREZISTA susp; tabs, 400 mg, 600 mg, 800 mg	5			•	
PREZISTA tabs, 75 mg, 150 mg	4			•	
RESCRIPTOR	4			•	
RETROVIR IV	4				
REYATAZ caps, 100 mg	4			•	
REYATAZ caps, 150 mg, 200 mg, 300 mg	5			•	
<i>ribavirin caps; tabs, 200 mg</i>	2				
<i>rimantadine</i>	2				
SELZENTRY	5			•	
<i>stavudine</i>	2			•	
STRIBILD	5			•	
SUSTIVA	4			•	
TAMIFLU	4				
TRIZIVIR	5			•	

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TRUVADA	5			•	
TYZEKA	4				
<i>valacyclovir</i>	2				
VALCYTE	5				
VICTRELIS	5		•		
VIDEX	4			•	
VIRACEPT	5			•	
VIRAMUNE susp	4			•	
VIRAMUNE XR	4			•	
VIREAD	5			•	
ZIAGEN oral soln	4			•	
<i>zidovudine</i>	2			•	
Anxiolytics					
<i>buspirone tabs, 30 mg</i>	2				
<i>buspirone tabs, 5 mg, 10 mg, 15 mg</i>	1				
BUSPIRONE tabs, 7.5 mg	4				
<i>clorazepate</i>	4		•	•	
CYMBALTA	4			•	•
DIAZEPAM oral soln	4		•	•	
<i>diazepam tabs</i>	4		•	•	
<i>doxepin caps, 10 mg, 25 mg, 50 mg, 100 mg, 150 mg; oral conc</i>	4		•		
<i>escitalopram</i>	2			•	
<i>lorazepam tabs</i>	2		•	•	
<i>paroxetine hcl tabs</i>	1			•	
<i>paroxetine hcl ER</i>	2			•	
PAXIL susp	4			•	•
<i>sertraline oral conc</i>	2			•	

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>sertraline tabs</i>	1			•	
<i>venlafaxine ER caps</i>	2			•	
Bipolar Agents					
ABILIFY	3			•	
ABILIFY DISCMELT	3			•	
<i>divalproex sprinkle caps</i>	2				
<i>divalproex DR tabs, 125 mg, 250 mg</i>	1				
<i>divalproex DR tabs, 500 mg</i>	2				
<i>divalproex ER</i>	2				
EQUETRO	4				
GEODON inj	4			•	
LAMICTAL ODT	4				
<i>lamotrigine chew tabs</i>	2				
<i>lamotrigine tabs</i>	1				
<i>lithium carbonate caps, tabs</i>	1				
<i>lithium carbonate ER</i>	2				
LITHIUM CITRATE	4				
<i>olanzapine inj; ODT, 5 mg; tabs, 2.5 mg, 5 mg, 7.5 mg, 10 mg</i>	2			•	
<i>olanzapine ODT, 10 mg, 15 mg, 20 mg; tabs, 15 mg, 20 mg</i>	4			•	
<i>quetiapine</i>	2			•	
RISPERDAL CONSTA for inj, 12.5 mg, 25 mg	4			•	
RISPERDAL CONSTA for inj, 37.5 mg, 50 mg	5			•	
<i>risperidone ODT, oral soln, tabs</i>	2			•	
SEROQUEL XR	3			•	
<i>valproic acid</i>	2				
<i>ziprasidone</i>	2			•	

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Blood Glucose Regulators					
<i>acarbose</i>	2			•	
ALCOHOL SWABS	3				
BYDUREON	3			•	
CYCLOSET	4			•	
GAUZE PADS 2" X 2"	3				
<i>glimepiride</i>	1			•	
<i>glipizide</i>	1			•	
<i>glipizide ER</i>	1			•	
GLUCAGEN KIT	3				
<i>glyburide</i>	4		•	•	
GLYBURIDE (distributor of Diabeta)	4		•	•	
<i>glyburide micronized</i>	4		•	•	
HUMALOG vials	3				
HUMALOG MIX vials	3				
HUMULIN N vials	3				
HUMULIN R vials	3				
HUMULIN 70/30 vials	3				
INSULIN SYRINGE/NEEDLE	3				
JANUMET	3			•	
JANUMET XR	3			•	
JANUVIA	3			•	
JENTADUETO	4			•	
JUVISYNC	3			•	
KOMBIGLYZE XR	3			•	
LANTUS vials	3				
<i>metformin</i>	1			•	
<i>metformin ER (Generic for Glucophage XR)</i>	1			•	

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>nateglinide</i>	2			•	
ONGLYZA	3			•	
<i>pioglitazone</i>	2			•	
PROGLYCEM	4				
SYMLINPEN	4				
TRADJENTA	4			•	
VICTOZA	3			•	
WELCHOL	3				
Blood Products/Modifiers/Volume Expanders					
AGGRENOX	4				
<i>anagrelide</i>	2				
BRILINTA	3				
<i>cilostazol</i>	2				
<i>clopidogrel tabs, 75 mg</i>	1				
EFFIENT	3				
<i>enoxaparin</i>	2			•	
EPOGEN	4		•		
<i>fondaparinux inj, 2.5 mg/0.5 mL</i>	2			•	
<i>fondaparinux inj, 5 mg/0.4 mL, 7.5 mg/0.6 mL, 10 mg/0.8 mL</i>	5			•	
<i>heparin inj in dextrose, 20,000 units/500 mL</i>	2				
<i>heparin inj, 1000 units/mL, 5000 units/mL, 10,000 units/mL, 20,000 units/mL</i>	2				
LEUKINE	5				
NEUMEGA	5				
NEUPOGEN	5				
<i>pentoxifylline ER tabs</i>	2				
PRADAXA	3			•	

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
PROCRIT inj, 20,000 units/mL, 40,000 units/mL	5		•		
PROCRIT inj, 2000 units/mL, 3000 units/mL, 4000 units/mL, 10,000 units/mL	4		•		
PROMACTA*	5		•		
<i>tranexamic acid inj</i>	2				
<i>warfarin tabs</i>	1				
XARELTO	3			•	
Cardiovascular Agents					
<i>acetazolamide tabs, 250 mg</i>	2				
<i>acetazolamide ER caps</i>	2				
ADCIRCA	5		•	•	
<i>amiloride</i>	2				
<i>amiodarone tabs, 200 mg</i>	1				
<i>amiodarone tabs, 400 mg</i>	2				
<i>amlodipine</i>	1				
<i>atenolol</i>	1				
<i>atorvastatin</i>	2			•	
AZOR	3			•	
<i>benazepril</i>	2				
<i>benazepril/hydrochlorothiazide</i>	2				
BENICAR	3			•	
BENICAR HCT	3			•	
<i>bumetanide inj, tabs</i>	2				
BYSTOLIC	3				
<i>captopril</i>	1				
<i>carvedilol</i>	1				
CHLORTHALIDONE tabs, 25 mg	4				
<i>cholestyramine powder</i>	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>cholestyramine light powder</i>	2				
<i>clonidine tabs</i>	1				
<i>colestipol</i>	2				
CRESTOR	3			•	
DIBENZYLINE	4				
DIGOXIN oral soln	4			•	
<i>digoxin tabs, 0.125 mg</i>	1			•	
<i>digoxin tabs, 0.25 mg</i>	4		•	•	
<i>diltiazem tabs</i>	2				
<i>diltiazem ER caps</i>	2				
<i>doxazosin</i>	1			•	
<i>enalapril</i>	1				
<i>enalapril/hydrochlorothiazide</i>	1				
EXFORGE	3			•	
EXFORGE HCT	3			•	
<i>fenofibrate tabs</i>	2			•	
<i>fenofibrate micronized caps, 67 mg, 134 mg, 200 mg</i>	2			•	
FIRAZYR	5			•	
<i>flecainide</i>	2				
<i>fosinopril</i>	1				
<i>furosemide inj</i>	2				
<i>furosemide oral soln, 10 mg/mL; tabs</i>	1				
<i>gemfibrozil</i>	2			•	
<i>hydralazine tabs</i>	2				
<i>hydrochlorothiazide</i>	1				
<i>irbesartan</i>	2			•	
<i>irbesartan/hydrochlorothiazide</i>	2			•	
<i>isosorbide dinitrate tabs</i>	1				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>isosorbide mononitrate ER tabs</i>	1				
<i>labetalol tabs</i>	2				
LETAIRIS*	5		•	•	
<i>lisinopril</i>	1				
<i>lisinopril/hydrochlorothiazide</i>	1				
<i>losartan</i>	1			•	
<i>losartan/hydrochlorothiazide</i>	1			•	
<i>lovastatin</i>	1			•	
<i>methazolamide</i>	2				
<i>metoprolol succinate ER</i>	2				
<i>metoprolol tartrate tabs</i>	1				
MICARDIS	4			•	
MICARDIS HCT	4			•	
<i>midodrine</i>	2				
<i>minoxidil</i>	2				
MULTAQ	3				
NIASPAN	3			•	
<i>nifedipine ER tabs</i>	2				
<i>nitroglycerin transdermal, 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2				
NITROSTAT	3				
PINDOLOL	4				
<i>pravastatin</i>	1			•	
<i>prazosin</i>	2				
<i>propafenone</i>	2				
<i>propafenone ER</i>	2				
<i>propranolol tabs, 10 mg, 20 mg, 40 mg, 80 mg</i>	1				
<i>quinapril</i>	1				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>quinidine sulfate</i>	2				
<i>ramipril</i>	2				
RANEXA	3				
REMODULIN*	5	X			
<i>sildenafil (Generic for Revatio)</i>	2		•	•	
<i>simvastatin</i>	1			•	
<i>sotalol tabs</i>	2				
<i>sotalol AF tabs</i>	2				
<i>spironolactone</i>	2				
TEKTURNA	3			•	
<i>terazosin</i>	2			•	
TIKOSYN	4				
TRACLEER*	5		•	•	
<i>triamterene/hydrochlorothiazide</i>	1				
TRIBENZOR	3			•	
<i>verapamil tabs, 80 mg, 120 mg</i>	1				
<i>verapamil ER tabs</i>	2				
VYTORIN	3			•	
WELCHOL	3				
ZETIA	3			•	
Central Nervous System Agents					
<i>amphetamine/ dextroamphetamine ER caps</i>	2			•	
AMPYRA*	5		•		
AVONEX	5		•	•	
BETASERON	5		•	•	
<i>caffeine citrate oral soln</i>	2				
COPAXONE	5		•	•	
CYMBALTA	4			•	•
<i>dexmethylphenidate tabs</i>	2			•	

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>dextroamphetamine tabs</i>	2			•	
INTUNIV	4		•	•	
LYRICA	3				
<i>methylphenidate tabs</i>	1			•	
<i>methylphenidate ER tabs, 20 mg</i>	2			•	
<i>mitoxantrone</i>	2				
NUEDEXTA	3				
<i>riluzole</i>	5				
STRATTERA	4			•	
TYSABRI*	5		•	•	
XENAZINE*	5		•	•	
Dental and Oral Agents					
<i>chlorhexidine gluconate oral rinse, 0.12%</i>	1				
KEPIVANCE	5				
<i>pilocarpine tabs</i>	2				
Dermatological Agents					
<i>acitretin</i>	5				
<i>ammonium lactate crm; lotn, 12%</i>	2				
<i>calcipotriene crm</i>	4				
<i>calcipotriene soln</i>	2				
<i>ciclopirox soln (nail lacquer)</i>	1				
CLARAVIS caps, 30 mg	4				
<i>clobetasol crm, crm (emollient), gel, oint, soln</i>	2				
ELIDEL	4				•
<i>erythromycin/benzoyl peroxide gel</i>	2				
FINACEA gel	4				
<i>fluocinonide crm, crm (emollient), gel</i>	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>fluorouracil crm, 5%</i>	2				
GENTAMICIN crm, oint	4				
<i>hydrocortisone crm; oint; rectal crm, 2.5%</i>	1				
<i>hydrocortisone lotn, 2.5%</i>	2				
<i>isotretinoin caps, 10 mg, 20 mg, 40 mg</i>	4				
<i>ketoconazole crm, shampoo</i>	2				
<i>lactic acid crm; lotn, 12%</i>	2				
<i>lidocaine gel, 2%</i>	2				
<i>metronidazole crm, gel, lotn</i>	2				
<i>mupirocin oint</i>	2				
<i>nystatin crm, oint, topical powder</i>	2				
<i>nystatin/triamcinolone crm</i>	2				
PANRETIN	5				
SANTYL	3				
<i>selenium sulfide lotn, shampoo</i>	1				
<i>silver sulfadiazine crm</i>	1				
SORIATANE caps	5				
<i>sulfacetamide sodium lotn</i>	2				
TARGRETIN gel	5				
TAZORAC crm, gel	4				
<i>triamcinolone crm; oint, 0.025%, 0.1%</i>	2				
TRIAMCINOLONE oint, 0.5%	4				
VOLTAREN gel	3			•	•
<i>water for irrigation</i>	2				
Enzyme Replacements/Modifiers					
ADAGEN*	5				
ALDURAZYME*	5				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
BUPHENYL tabs	5				
CEREZYME*	5				
CREON	3				
CYSTADANE	5				
CYSTAGON*	4				
ELAPRASE	5				
ELELYSO*	5				
FABRAZYME*	5				
KUVAN*	5		•		
MYOZYME	5				
NAGLAZYME*	5				
ORFADIN*	5				
<i>sodium phenylbutyrate oral powder</i>	5				
VPRIV	5				
ZAVESCA*	5				
ZENPEP	3				
Gastrointestinal Agents					
AMITIZA	3		•		
CHENODAL*	5				
<i>famotidine inj</i>	2				
<i>famotidine tabs</i>	1				
<i>glycopyrrolate tabs</i>	2				
<i>lactulose</i>	2				
<i>loperamide</i>	2				
LOTRONEX	5				
<i>methscopolamine</i>	2				
<i>metoclopramide oral soln, tabs</i>	1				
<i>misoprostol</i>	2				
NEXIUM	3			•	

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
NEXIUM I.V.	3				
<i>nizatidine caps</i>	2				
<i>omeprazole DR caps</i>	2			•	
<i>pantoprazole DR tabs</i>	2			•	
<i>peg 3350/kcl/sod bicarb/nacl for soln</i>	2				
<i>peg 3350/kcl/sod bicarb/nacl/sod sulf for soln</i>	2				
<i>polyethylene glycol 3350 oral powder</i>	2				
<i>ranitidine syrup</i>	2				
<i>ranitidine tabs</i>	1				
RELISTOR	4		•		
<i>sucralfate tabs</i>	2				
<i>ursodiol caps</i>	2				
Genitourinary Agents					
AVODART	3			•	
<i>bethanechol</i>	2				
<i>calcium acetate</i>	2				
DEPEN TITRATABS	4				
DETROL LA	3			•	
<i>doxazosin</i>	1			•	
<i>finasteride tabs, 5 mg</i>	2			•	
<i>methylergonovine tabs</i>	2				
<i>oxybutynin syrup, tabs</i>	1			•	
POTASSIUM CITRATE tabs	4				
<i>prazosin</i>	2				
RENVELA	4				
<i>tamsulosin</i>	2			•	
<i>terazosin</i>	2			•	

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
TOVIAZ	3			•	
VESICARE	3			•	
Hormonal Agents, Stimulant/Replacement/ Modifying (Adrenal)					
CORTISONE	4				
<i>dexamethasone elixir</i>	2				
<i>dexamethasone tabs, 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	1				
<i>dexamethasone sodium phosphate inj, 4 mg/mL</i>	2				
<i>fludrocortisone</i>	2				
<i>methylprednisolone tabs, 4 mg, 8 mg, 16 mg, 32 mg</i>	2	X			
<i>methylprednisolone sodium succinate for inj</i>	2				
PREDNISON oral soln, 5 mg/5 mL; tabs, 50 mg	4	X			
<i>prednisone tabs, 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg</i>	1	X			
Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary)					
<i>chorionic gonadotropin</i>	2				
<i>desmopressin nasal soln, nasal spray, tabs</i>	2				
INCRELEX*	5				
OMNITROPE for inj, 5.8 mg	4		•		
OMNITROPE inj	5		•		
STIMATE	4				
Hormonal Agents, Stimulant/Replacement/ Modifying (Sex Hormones/Modifiers)					
ANDRODERM	3		•	•	
ANDROGEL	3		•	•	

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
ANDROID	4		•		
ANDROXY	4		•		
<i>danazol</i>	2		•		
DEPO-PROVERA 400 mg/mL	4				
DIVIGEL	4		•		
ELLA	4				
ESTRACE vaginal crm	4				
<i>estradiol tabs</i>	4		•		
<i>estradiol transdermal</i>	4		•		
<i>estropipate tabs, 0.75 mg, 1.5 mg</i>	4		•		
EVISTA	3				
<i>medroxyprogesterone inj, 150 mg/mL</i>	2				
<i>medroxyprogesterone tabs</i>	1				
<i>megestrol</i>	4		•		
MENEST	4		•		
<i>norethindrone acetate</i>	2				
<i>oral contraceptives – all generics</i>	2				
<i>oxandrolone tabs, 10 mg</i>	5		•		
<i>oxandrolone tabs, 2.5 mg</i>	2		•		
PREMARIN vaginal crm	3				
<i>testosterone cypionate</i>	2		•		
VAGIFEM	3				
Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid)					
<i>levothyroxine tabs</i>	1				
<i>liothyronine tabs</i>	2				
Hormonal Agents, Suppressant (Adrenal)					
LYSODREN	3				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
Hormonal Agents, Suppressant (Parathyroid)					
SENSIPAR	3		•		
Hormonal Agents, Suppressant (Pituitary)					
<i>cabergoline</i>	2				
FIRMAGON 120 mg	5				
FIRMAGON 80 mg	4				
<i>leuprolide acetate</i>	2				
LUPRON DEPOT	5				
<i>octreotide inj, 50 mcg/mL, 100 mcg/mL, 200 mcg/mL</i>	2		•		
<i>octreotide inj, 500 mcg/mL, 1000 mcg/mL</i>	5		•		
SOMATULINE DEPOT	5		•		
SOMAVERT*	5		•		
SYNAREL	5				
TRELSTAR DEPOT	5				
TRELSTAR LA	5				
TRELSTAR LA MIXJECT	5				
TRELSTAR MIXJECT	5				
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)					
AVODART	3			•	
<i>bicalutamide</i>	2				
<i>finasteride tabs, 5 mg</i>	2			•	
<i>flutamide</i>	2				
NILANDRON	4				
XTANDI*	5		•	•	
ZYTIGA*	5		•	•	
Hormonal Agents, Suppressant (Thyroid)					
<i>methimazole</i>	1				
<i>propylthiouracil</i>	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
Immunological Agents					
ACTHIB	4				
ACTIMMUNE*	5				
ADACEL	4				
ARCALYST*	5		•		
AVONEX	5		•	•	
AZATHIOPRINE for inj	4	X			
<i>azathioprine tabs, 50 mg</i>	2	X			
BETASERON	5		•	•	
BOOSTRIX	4				
CELLCEPT for IV	4	X			
CELLCEPT for susp	5	X			
CERVARIX	4				
COMVAX	4				
<i>cyclosporine</i>	2	X			
<i>cyclosporine modified caps, 25 mg, 100 mg; oral soln</i>	2	X			
CYCLOSPORINE modified caps, 50 mg	4	X			
DAPTACEL	4				
DECAVAC	4				
DEPEN TITRATABS	4				
DIPHThERIA/TETANUS ADSORBED pediatric	4				
ELIDEL	4				•
ENBREL	5		•		
ENGERIX-B	4	X			
GAMMAGARD	3	X	•		
GAMMAGARD S/D	5	X	•		
GARDASIL	4				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
HAVRIX	4				
HIBERIX	4				
HUMIRA	5		•		
<i>imiquimod</i>	4		•		
IMOVAX	4	X			
INFANRIX	4				
IPOL	4				
IXIARO	4				
KINRIX	4				
<i>leflunomide</i>	2				
M-M-R II W/DILUENT	4				
MENACTRA	4				
MENOMUNE	4				
MENVEO	4				
<i>methotrexate for inj, inj</i>	2				
<i>methotrexate tabs</i>	1	X			
<i>mycophenolate mofetil</i>	2	X			
PEDVAX HIB	4				
PEG-INTRON	5		•		
PEGASYS	5		•		
PENTACEL	4				
PROQUAD	4				
RABAVERT	4	X			
RAPAMUNE oral soln	5	X			
RAPAMUNE tabs	4	X			
RECOMBIVAX HB	4	X			
REMICADE	5		•		
ROTARIX	4				
ROTATEQ	4				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
SANDIMMUNE oral soln	4	X			
SYNAGIS	5				
<i>tacrolimus</i>	4	X			
TENIVAC	4				
TETANUS ADSORBED	4	X			
TETANUS/DIPHTHERIA ADSORBED adult	3				
THALOMID	5		•	•	
THYMOGLOBULIN	5	X			
TRIPEDIA	4				
TWINRIX	4				
TYPHIM VI	4				
TYSABRI*	5		•	•	
VAQTA	4				
VARIVAX	4				
XOLAIR*	5		•		
YF-VAX	4				
ZORTRESS tabs, 0.25 mg	4	X			
ZORTRESS tabs, 0.5 mg, 0.75 mg	5	X			
ZOSTAVAX	4			•	
Inflammatory Bowel Disease Agents					
APRISO	4				
<i>balsalazide</i>	2				
<i>budesonide ER</i>	5				
CANASA	4				
DIPENTUM	4				
<i>hydrocortisone enema</i>	2				
LIALDA	3				
<i>mesalamine enema</i>	4				

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<i>sulfasalazine</i>	2				
Metabolic Bone Disease Agents					
ACTONEL	3			•	
<i>alendronate tabs, 5 mg, 10 mg, 35 mg, 70 mg</i>	2			•	
BONIVA inj	4				
<i>calcitonin nasal spray</i>	2				
<i>calcitriol caps, inj, oral soln</i>	2				
FORTEO	5		•		
<i>ibandronate tabs</i>	2			•	
PROLIA	4		•		
RECLAST	4				
XGEVA	5				
ZEMPLAR	3				
<i>zoledronic acid conc for IV, 4 mg/5 mL; IV soln, 5 mg/100 mL</i>	4				
ZOMETA	5				
Ophthalmic Agents					
<i>azelastine</i>	2				
BACITRACIN oint	4				
<i>brimonidine soln, 0.15%</i>	2				
<i>brimonidine soln, 0.2%</i>	1				
<i>carteolol</i>	1				
<i>ciprofloxacin</i>	1				
<i>cromolyn sodium</i>	1				
<i>dexamethasone sodium phosphate</i>	2				
<i>dorzolamide</i>	2				
<i>erythromycin</i>	2				
<i>fluorometholone</i>	1				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>flurbiprofen soln</i>	1				
<i>gentamicin oint, soln</i>	1				
<i>ketorolac</i>	2				
LACRISERT	4				
<i>latanoprost</i>	1				
NAPHAZOLINE	4				
NATACYN	4				
<i>neomycin/polymyxin B/ dexamethasone oint, susp</i>	2				
<i>neomycin/polymyxin B/gramicidin soln</i>	2				
<i>ofloxacin</i>	1				
PILOPINE HS	4				
<i>polymyxin B/trimethoprim</i>	1				
<i>prednisolone acetate</i>	1				
RESTASIS	3				
<i>sulfacetamide sodium soln</i>	2				
<i>sulfacetamide sodium/ prednisolone soln</i>	2				
<i>timolol maleate gel-forming soln</i>	2				
<i>timolol maleate soln</i>	1				
<i>tobramycin</i>	1				
TRAVATAN Z	3				
<i>trifluridine</i>	2				
Otic Agents					
<i>fluocinolone acetonide oil</i>	2				
<i>hydrocortisone/acetic acid soln</i>	2				
<i>neomycin/polymyxin B/ hydrocortisone soln, susp</i>	2				
<i>ofloxacin soln</i>	1				

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Respiratory Tract Agents					
<i>acetylcysteine inhal soln</i>	2	X			
ADVAIR DISKUS	3			•	
ADVAIR HFA	3			•	
<i>albuterol sulfate inhal soln</i>	2	X			
<i>albuterol sulfate syrup, tabs</i>	1				
ASMANEX	3			•	
ASTEPRO	3			•	
ATROVENT HFA	4			•	
<i>azelastine nasal spray, 137 mcg/ spray</i>	2			•	
<i>caffeine citrate oral soln</i>	2				
<i>cromolyn sodium inhal soln</i>	2	X			
<i>cyproheptadine tabs</i>	4		•		
DALIRESPI	4			•	
<i>diphenhydramine inj</i>	2				
DULERA	4			•	
EPIPEN	4				
EPIPEN-JR	4				
FLOVENT DISKUS	3			•	
FLOVENT HFA	3			•	
<i>fluticasone nasal spray</i>	2			•	
FORADIL AEROLIZER	4			•	
KALYDECO	5		•	•	
<i>levocetirizine tabs</i>	2				
LUFYLLIN	4				
<i>montelukast</i>	2				
NASONEX	3			•	
PROAIR HFA	3			•	
PROLASTIN-C*	5				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
PULMOZYME	5	X			
QVAR	3			•	
SEREVENT DISKUS	3			•	
SPIRIVA HANDIHALER	3			•	
SYMBICORT	3			•	
<i>terbutaline tabs</i>	2				
<i>theophylline ER tabs, 100 mg, 200 mg, 300 mg</i>	1				
<i>theophylline ER tabs, 400 mg, 450 mg, 600 mg</i>	2				
VENTOLIN HFA	3			•	
<i>zafirlukast</i>	2				
Sleep Disorder Agents					
<i>doxepin caps, 10 mg, 25 mg, 50 mg, 100 mg, 150 mg; oral conc</i>	4		•		
<i>modafinil tabs, 100 mg</i>	2		•	•	
<i>modafinil tabs, 200 mg</i>	5		•	•	
NUVIGIL	4		•	•	
XYREM*	5			•	
<i>zaleplon</i>	3			•	
<i>zolpidem</i>	4			•	
Skeletal Muscle Relaxants					
<i>cyclobenzaprine tabs</i>	4				•
<i>methocarbamol</i>	4				•
Therapeutic Nutrients/Minerals/Electrolytes					
<i>amino acid IV - generics</i>	2	X			
CHEMET	4				
DEPEN TITRATABS	4				
EXJADE*	5				
<i>fat emulsion IV, 20%, 30%</i>	2	X			

1 = Preferred Generic Drugs

2 = Non-Preferred Generic Drugs

3 = Preferred Brand Drugs

4 = Non-Preferred Brand Drugs

5 = Specialty Drugs

• = Utilization Management (UM)

* = Limited Distribution Drug

X = Drugs that may be covered by Medicare Part B or Medicare Part D depending on the circumstance

† = Quantity limit restrictions for these drugs are listed beginning on page 23

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
FREAMINE, 8.5%	4	X			
<i>iv fluids - generics</i>	2				
<i>levocarnitine oral soln, tabs</i>	2				
<i>potassium chloride ER caps; ER tabs, 8 mEq, 10 mEq, 20 mEq</i>	2				
POTASSIUM CITRATE tabs	4				
<i>sodium polystyrene sulfonate oral susp</i>	2				
SYPRINE	5				

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2014 Quantity Limits

Drug Name	Monthly Limit (unless otherwise noted)
<i>abacavir 300 mg</i>	60 tablets
ABILIFY DISCMELT - all strengths	60 tablets
ABILIFY injection	90 vials
ABILIFY MAINTENA	1 vial
ABILIFY oral solution	750 mL
ABILIFY tablets - all strengths	30 tablets
<i>acarbose 100 mg</i>	90 tablets
<i>acarbose 25 mg</i>	360 tablets
<i>acarbose 50 mg</i>	180 tablets
<i>acetaminophen w/codeine solution 120 mg/12 mg/5 mL</i>	2700 mL
<i>acetaminophen w/codeine 300-15 mg, 300-30 mg</i>	360 tablets
<i>acetaminophen w/codeine 300-60 mg</i>	180 tablets
ACTONEL 150 mg	1 tablet
ACTONEL 35 mg	4 tablets per 28 days
ACTONEL 5 mg, 30 mg	30 tablets
ADCIRCA 20 mg	60 tablets
ADVAIR DISKUS - all strengths	1 package of 60
ADVAIR HFA - all strengths	1 canister
AFINITOR DISPERZ 2 mg, 5 mg	60 tablets
AFINITOR DISPERZ 3 mg	90 tablets
AFINITOR 2.5 mg, 5 mg, 7.5 mg, 10 mg	30 tablets
<i>alendronate 10 mg</i>	120 tablets
<i>alendronate 35 mg, 70 mg</i>	4 tablets per 28 days
<i>alendronate 5 mg</i>	30 tablets
<i>amphetamine/dextroamphetamine ER 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i>	30 capsules
ANDRODERM 24 hr patch 2 mg, 4 mg	30 patches
ANDROGEL PUMP 1%	4 pumps
ANDROGEL 1.62%	2 pumps
ANDROGEL 1% 25 mg/2.5 gm, 50 mg/5 gm	60 packets
APTIVUS 100 mg/mL	4 bottles
APTIVUS 250 mg	120 capsules
<i>ascomp/codeine</i>	180 capsules
ASMANEX 30 AER 110 mcg	1 canister
ASMANEX 30, 60, 120 AER 220 mcg	1 canister
ASTEPRO	2 bottles
<i>atorvastatin 10 mg, 20 mg, 40 mg</i>	45 tablets
<i>atorvastatin 80 mg</i>	30 tablets

Drug Name	Monthly Limit (unless otherwise noted)
ATRIPLA 600-200-300 mg	30 tablets
ATROVENT HFA INHALER	2 canisters
AVODART 0.5 mg	30 capsules
AVONEX PEN KIT 30 mcg	1 kit per 28 days
AVONEX 30 mcg, 30 mcg/0.5 mL	4 syringes (1 box/kit) per 28 days
<i>azelastine hcl 0.1%</i>	2 bottles
AZOR 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg	30 tablets
BENICAR HCT 20-12.5 mg, 40-12.5 mg, 40-25 mg	30 tablets
BENICAR 20 mg, 40 mg	30 tablets
BENICAR 5 mg	60 tablets
BETASERON 0.3 mg	15 vials/syringes
BOSULIF 100mg	120 tablets
BOSULIF 500mg	30 tablets
<i>budeprion SR (12 hr) 100 mg, 150 mg</i>	60 tablets
<i>buprenorphine hcl 2 mg</i>	90 sublingual tablets
<i>buprenorphine hcl 8 mg</i>	90 sublingual tablets
<i>buprenorphine hcl/naloxone 2-0.5 mg, 8-2 mg</i>	90 sublingual tablets
<i>bupropion hcl ER (12 hr) 100 mg, 150 mg, 200 mg</i>	60 tablets
<i>bupropion hcl XL (24 hr) 150 mg, 300 mg</i>	30 tablets
<i>bupropion hcl 100 mg</i>	120 tablets
<i>bupropion hcl 75 mg</i>	60 tablets
<i>butalbital/acetaminophen/caffeine w/codeine 50-325-40-30 mg</i>	180 capsules
<i>butalbital/aspirin/caffeine/codeine 50-325-40-30 mg</i>	180 capsules
BYDUREON 2 mg	4 vials per 28 days
CAPRELSA 100 mg	60 tablets
CAPRELSA 300 mg	30 tablets
CHANTIX - all strengths	168 days of therapy
<i>citalopram 10 mg/5 mL</i>	600 mL
<i>citalopram 10 mg, 20 mg, 40 mg</i>	30 tablets
<i>clonazepam ODT 0.125 mg, 0.25 mg</i>	90 tablets
<i>clonazepam/clonazepam ODT 0.5 mg, 1 mg</i>	90 tablets
<i>clonazepam/clonazepam ODT 2 mg</i>	300 tablets
<i>clorazepate 15 mg</i>	180 tablets
<i>clorazepate 3.75 mg, 7.5 mg</i>	90 tablets
<i>clozapine 100 mg</i>	270 tablets
<i>clozapine 200 mg</i>	120 tablets
<i>clozapine 25 mg, 50 mg</i>	90 tablets
COMETRIQ 100 mg	56 capsules per 28 days
COMETRIQ 140 mg	112 capsules per 28 days
COMETRIQ 60 mg	84 capsules per 28 days

Drug Name	Monthly Limit (unless otherwise noted)
COMPLERA 200-25-300 mg	30 tablets
COPAXONE KIT 20 mg/mL	1 kit
CRESTOR 40 mg	30 tablets
CRESTOR 5 mg, 10 mg, 20 mg	45 tablets
CRIXIVAN 200 mg	270 capsules
CRIXIVAN 400 mg	180 capsules
CYCLOSET 0.8 mg	180 tablets
CYMBALTA 20 mg, 30 mg, 60 mg	60 capsules
DALIRESP 500 mcg	30 tablets
DETROL LA - all strengths	30 capsules
<i>dexmethylphenidate 2.5 mg, 5 mg, 10 mg</i>	60 tablets
<i>dextroamphetamine 10 mg</i>	180 tablets
<i>dextroamphetamine 5 mg</i>	60 tablets
<i>diazepam gel 2.5 mg, 10 mg, 20 mg</i>	5 twin packs
DIAZEPAM 1 mg/mL	1200 mL
<i>diazepam 10 mg</i>	120 tablets
<i>diazepam 2 mg</i>	120 tablets
<i>diazepam 5 mg</i>	120 tablets
<i>didanosine 125 mg, 200 mg, 250 mg, 400 mg</i>	30 capsules
<i>digoxin 0.125 mg, 0.25 mg</i>	30 tablets
<i>digoxin 50 mcg/mL</i>	75 mL
<i>donepezil ODT 5 mg, 10 mg</i>	30 tablets
<i>donepezil 5 mg, 10 mg</i>	30 tablets
<i>doxazosin 1 mg, 2 mg, 4 mg</i>	30 tablets
<i>doxazosin 8 mg</i>	60 tablets
DULERA - all strengths	1 canister
EDURANT 25 mg	30 tablets
EMTRIVA 10 mg/mL	5 bottles
EMTRIVA 200 mg	30 capsules
<i>endocet 10-325 mg</i>	180 tablets
<i>endocet 5-325 mg</i>	360 tablets
<i>endocet 7.5-325 mg</i>	240 tablets
<i>enoxaparin syringes</i>	30 syringes per 90 days
<i>enoxaparin 300 mg/3 mL vials</i>	10 vials per 90 days
EPIVIR 10 mg/mL	960 mL
EPZICOM 600-300 mg	30 tablets
ERIVEDGE 150 mg	30 capsules
<i>escitalopram 5 mg/5 mL</i>	600 mL
<i>escitalopram 5 mg, 10 mg, 20 mg</i>	30 tablets

Drug Name	Monthly Limit (unless otherwise noted)
EXELON 4.6 mg/24 hr, 9.5 mg/24 hr, 13.3 mg/24 hr	30 patches
EXFORGE HCT 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg	30 tablets
EXFORGE 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg	30 tablets
FANAPT TITRATION PAK	1 pak per 4 days
FANAPT 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	60 tablets
FAZACLO ODT 12.5 mg, 100 mg	90 tablets
FAZACLO ODT 25 mg	270 tablets
FAZACLO 150 mg	180 tablets
FAZACLO 200 mg	120 tablets
<i>fenofibrate micronized 67 mg, 134 mg, 200 mg</i>	30 capsules
<i>fenofibrate 145 mg, 160 mg</i>	30 tablets
<i>fenofibrate 48 mg, 54 mg</i>	60 tablets
<i>fentanyl citrate oral lozenges 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	120 lozenges
<i>fentanyl transdermal - all strengths</i>	15 patches
<i>finasteride 5 mg</i>	30 tablets
FIRAZYR	3 syringes
FLOVENT DISKUS 250 mcg	4 inhalers
FLOVENT DISKUS 50 mcg, 100 mcg	1 inhaler
FLOVENT HFA 220 mcg	2 canisters
FLOVENT HFA 44 mcg, 110 mcg	1 canister
<i>fluoxetine 10 mg</i>	30 capsules or tablets
<i>fluoxetine 20 mg</i>	120 capsules or tablets
<i>fluoxetine 20 mg/5 mL</i>	600 mL
<i>fluoxetine 40 mg</i>	60 capsules
<i>fluticasone nasal spray</i>	1 bottle
<i>fluvoxamine 100 mg</i>	90 tablets
<i>fluvoxamine 25 mg, 50 mg</i>	30 tablets
<i>fondaparinux solution 2.5 mg/0.5 mL, 5.0 mg/0.4 mL, 7.5 mg/0.6 mL, 10 mg/0.8 mL</i>	30 syringes per 90 days
FORADIL	1 package of 60
FUZEON injection 90 mg	60 vials
<i>galantamine ER 8 mg, 16 mg, 24 mg</i>	30 capsules
<i>galantamine oral solution 4 mg/mL</i>	200 mL
<i>galantamine 4 mg, 8 mg, 12 mg</i>	60 tablets
<i>gemfibrozil 600 mg</i>	60 tablets
GEODON injection	60 vials
GLEEVEC 100 mg	90 tablets
GLEEVEC 400 mg	60 tablets

Drug Name	Monthly Limit (unless otherwise noted)
<i>glimepiride 1 mg</i>	240 tablets
<i>glimepiride 2 mg</i>	120 tablets
<i>glimepiride 4 mg</i>	60 tablets
<i>glipizide ER 10 mg</i>	60 tablets
<i>glipizide ER 2.5 mg</i>	240 tablets
<i>glipizide ER 5 mg</i>	120 tablets
<i>glipizide XL 10 mg</i>	60 tablets
<i>glipizide XL 2.5 mg</i>	240 tablets
<i>glipizide XL 5 mg</i>	120 tablets
<i>glipizide 10 mg</i>	120 tablets
<i>glipizide 5 mg</i>	240 tablets
<i>glyburide micronized 1.5 mg</i>	240 tablets
<i>glyburide micronized 3 mg</i>	120 tablets
<i>glyburide micronized 6 mg</i>	60 tablets
<i>glyburide 1.25 mg</i>	480 tablets
GLYBURIDE 1.25 mg	480 tablets
<i>glyburide 2.5 mg</i>	240 tablets
GLYBURIDE 2.5 mg	240 tablets
<i>glyburide 5 mg</i>	120 tablets
GLYBURIDE 5 mg	120 tablets
<i>hydrocodone/acetaminophen 5-300 mg, 5-325 mg</i>	360 tablets
<i>hydrocodone/acetaminophen 7.5-300 mg, 7.5-325 mg, 10-300 mg, 10-325 mg</i>	180 tablets
<i>hydrocodone/acetaminophen 7.5-325 mg/15 mL</i>	3600 mL
<i>hydromorphone 1 mg/mL</i>	1440 mL
<i>hydromorphone 2 mg, 4 mg, 8 mg</i>	180 tablets
<i>ibandronate 150 mg</i>	1 tablet
ICLUSIG 15 mg	60 tablets
ICLUSIG 45 mg	30 tablets
INLYTA 1 mg	180 tablets
INLYTA 5 mg	120 tablets
INTELENCE 100 mg, 200 mg	60 tablets
INTELENCE 25 mg	120 tablets
INTUNIV 1 mg, 2 mg, 3 mg, 4 mg	30 tablets
INVEGA SUSTENNA	1 kit
INVEGA 1.5 mg, 3 mg, 9 mg	30 tablets
INVEGA 6 mg	60 tablets
INVIRASE 200 mg	300 capsules
INVIRASE 500 mg	120 tablets

Drug Name	Monthly Limit (unless otherwise noted)
<i>irbesartan 75 mg, 150 mg, 300 mg</i>	30 tablets
<i>irbesartan/HCTZ 150-12.5 mg, 300-12.5 mg</i>	30 tablets
ISENTRESS CHW 25 mg, 100 mg	180 tablets
ISENTRESS 400 mg	60 tablets
JAKAFI - all strengths	60 tablets
JANUMET - all strengths	60 tablets
JANUMET XR 100-1000 mg	30 tablets
JANUMET XR 50-500 mg, 50-1000 mg	60 tablets
JANUVIA 100 mg	30 tablets
JANUVIA 25 mg	120 tablets
JANUVIA 50 mg	60 tablets
JENTADUETO 2.5-500 mg, 2.5-850 mg, 2.5-1000 mg	60 tablets
JUVISYNC 50 mg/10 mg, 50 mg/20 mg	60 tablets
JUVISYNC 50 mg/40 mg, 100 mg/10 mg, 100 mg/20 mg, 100 mg/40 mg	30 tablets
KALETRA 100-25 mg	300 tablets
KALETRA 200-50 mg	120 tablets
KALETRA 400-100mg/5mL	2 bottles
KALYDECO 150 mg	60 tablets
KOMBIGLYZE XR 2.5-1000 mg	60 tablets
KOMBIGLYZE XR 5-500 mg, 5-1000 mg	30 tablets
<i>lamivudine 150 mg</i>	60 tablets
<i>lamivudine 300 mg</i>	30 tablets
<i>lamivudine/zidovudine 150-300 mg</i>	60 tablets
LATUDA 20mg, 40mg, 120mg	30 tablets
LATUDA 80mg	60 tablets
LAZANDA - all strengths	30 bottles
LETAIRIS 5 mg, 10 mg	30 tablets
LEXIVA 50 mg/mL	1800 mL
LEXIVA 700 mg	120 tablets
<i>lorazepam 0.5 mg, 1 mg</i>	90 tablets
<i>lorazepam 2 mg</i>	150 tablets
<i>losartan 100 mg</i>	30 tablets
<i>losartan 25 mg, 50 mg</i>	60 tablets
<i>losartan/HCTZ 50-12.5 mg, 100-12.5 mg, 100-25 mg</i>	30 tablets
<i>lovastatin - all strengths</i>	60 tablets
MAPROTILINE 25 mg, 50 mg, 75 mg	90 tablets
MEKINIST 0.5 mg	90 tablets
MEKINIST 2.0 mg	30 tablets
<i>metadate ER 20 mg</i>	90 tablets
<i>metformin ER 500 mg</i>	120 tablets

Drug Name	Monthly Limit (unless otherwise noted)
<i>metformin ER 750 mg</i>	60 tablets
<i>metformin 1000 mg</i>	60 tablets
<i>metformin 500 mg</i>	150 tablets
<i>metformin 850 mg</i>	90 tablets
<i>methadone 5 mg, 10 mg</i>	90 tablets
<i>methadose 10 mg</i>	90 tablets
<i>methylphenidate ER 20 mg</i>	90 tablets
<i>methylphenidate 5 mg, 10 mg, 20 mg</i>	90 tablets
MICARDIS HCT 40-12.5 mg, 80-25 mg	30 tablets
MICARDIS HCT 80-12.5 mg	60 tablets
MICARDIS 20 mg, 40 mg, 80 mg	30 tablets
<i>mirtazapine 7.5 mg</i>	30 tablets
<i>mirtazapine/mirtazapine ODT 15 mg, 30 mg, 45 mg</i>	30 tablets
<i>modafinil - all strengths</i>	30 tablets
<i>morphine sulfate ER 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	90 tablets
MORPHINE SULFATE 15 mg	240 tablets
MORPHINE SULFATE 30 mg	180 tablets
NAMENDA TITRATION PACK	49 tablets per 28 days
NAMENDA 10 mg/5 mL	360 mL
NAMENDA 5 mg, 10 mg	60 tablets
<i>naratriptan - all strengths</i>	18 tablets
NASONEX	2 bottles
<i>nateglinide 120 mg</i>	90 tablets
<i>nateglinide 60 mg</i>	180 tablets
<i>nevirapine 200 mg</i>	60 tablets
NEXAVAR 200 mg	120 tablets
NEXIUM - all strengths	30 capsules or packets
NIASPAN ER 500 mg	30 tablets
NIASPAN ER 750 mg, 1000 mg	60 tablets
<i>nitrofurantoin macrocrystalline 100 mg</i>	360 capsules per 365 days
<i>nitrofurantoin macrocrystalline 50 mg</i>	360 capsules per 365 days
<i>nitrofurantoin monohydrate 100 mg</i>	180 capsules per 365 days
NORVIR 100 mg	360 capsules or tablets
NORVIR 80 mg/mL	2 bottles
NUVIGIL - all strengths	30 tablets
<i>olanzapine IM injection, 10 mg</i>	90 vials
<i>olanzapine ODT 5 mg, 10 mg, 15 mg, 20 mg</i>	30 tablets
<i>olanzapine 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg</i>	30 tablets
<i>omeprazole 10 mg, 20 mg, 40 mg</i>	30 capsules

Drug Name	Monthly Limit (unless otherwise noted)
ONFI 5 mg, 10 mg, 20 mg	60 tablets
ONGLYZA 2.5 mg	60 tablets
ONGLYZA 5 mg	30 tablets
<i>oxybutynin syrup 5 mg/5 mL</i>	600 mL
<i>oxybutynin 5 mg</i>	120 tablets
<i>oxycodone w/acetaminophen 10-325 mg</i>	180 tablets
<i>oxycodone w/acetaminophen 2.5-325 mg, 5-325 mg</i>	360 tablets
<i>oxycodone w/acetaminophen 7.5-325 mg</i>	240 tablets
<i>oxycodone 10 mg, 15 mg, 20 mg, 30 mg</i>	180 tablets
<i>oxycodone 5 mg</i>	360 tablets
<i>pantoprazole tabs - all strengths</i>	30 tablets
<i>paroxetine hcl ER 12.5 mg</i>	30 tablets
<i>paroxetine hcl ER 25 mg, 37.5 mg</i>	60 tablets
<i>paroxetine hcl 10 mg, 20 mg, 40 mg</i>	30 tablets
<i>paroxetine hcl 30 mg</i>	60 tablets
PAXIL 10 mg/5 mL	900 mL
<i>pioglitazone 15 mg</i>	90 tablets
<i>pioglitazone 30 mg, 45 mg</i>	30 tablets
POMALYST 1 mg, 2 mg, 3 mg, 4 mg	21 capsules per 28 days
PRADAXA - all strengths	60 capsules
<i>pravastatin 10 mg, 20 mg, 40 mg</i>	45 tablets
<i>pravastatin 80 mg</i>	30 tablets
PREZISTA 100 mg/mL suspension	400 mL
PREZISTA 150 mg	180 tablets
PREZISTA 400 mg, 600 mg	60 tablets
PREZISTA 75 mg	300 tablets
PREZISTA 800mg	30 tablets
PRISTIQ - all strengths	30 tablets
PROAIR HFA	2 canisters
<i>quetiapine 25 mg, 50 mg, 100 mg, 200 mg</i>	90 tablets
<i>quetiapine 300 mg, 400 mg</i>	60 tablets
QVAR 40 mcg	1 canister
QVAR 80 mcg	2 canisters
RESCRIPTOR 100 mg	360 tablets
RESCRIPTOR 200 mg	180 tablets
REVLIMID 15 mg, 20 mg, 25 mg	21 capsules per 28 days
REVLIMID 2.5 mg, 5 mg, 10 mg	30 capsules
REYATAZ 100 mg, 150 mg, 300 mg	30 capsules
REYATAZ 200 mg	60 capsules
RISPERDAL CONSTA injection - all strengths	2 vials per 28 days

Drug Name	Monthly Limit (unless otherwise noted)
<i>risperidone ODT 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	60 tablets
<i>risperidone ODT 4 mg</i>	120 tablets
<i>risperidone oral solution</i>	480 mL
<i>risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	60 tablets
<i>risperidone 4 mg</i>	120 tablets
<i>rivastigmine 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	60 capsules
<i>rizatriptan odt 5 mg, 10 mg</i>	18 tablets
<i>rizatriptan 5 mg, 10 mg</i>	18 tablets
<i>roxicet 5-325 mg</i>	360 tablets
SAPHRIS 5 mg, 10 mg	60 tablets
SELZENTRY 150 mg	60 tablets
SELZENTRY 300 mg	120 tablets
SEREVENT DISKUS	1 package of 60
SEROQUEL XR 150 mg, 200 mg	30 tablets
SEROQUEL XR 50 mg, 300 mg, 400 mg	60 tablets
<i>sertraline 100 mg</i>	60 tablets
<i>sertraline 20 mg/mL</i>	300 mL
<i>sertraline 25 mg, 50 mg</i>	30 tablets
<i>sildenafil 20 mg</i>	90 tablets
<i>simvastatin 20 mg</i>	60 tablets
<i>simvastatin 5 mg, 10 mg, 40 mg</i>	45 tablets
<i>simvastatin 80 mg</i>	30 tablets
SPIRIVA	30 capsules
SPRYCEL 20 mg	60 tablets
SPRYCEL 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	30 tablets
<i>stavudine 1 mg/mL</i>	2400 mL
<i>stavudine 15 mg, 20 mg, 30 mg, 40 mg</i>	60 capsules
STIVARGA 40mg	84 tabs/28 days
STRATTERA 10 mg, 18 mg, 25 mg, 40 mg	60 capsules
STRATTERA 60 mg, 80 mg, 100 mg	30 capsules
STRIBILD	30 tablets
SUBOXONE MIS 12-3mg, 8-2 mg	60 films
SUBOXONE MIS 2-0.5 mg	90 films
SUBOXONE MIS 4-1mg	30 films
SUMATRIPTAN NASAL - all strengths	12 units/2 packages
<i>sumatriptan tablets - all strengths</i>	18 tablets
SUSTIVA 200 mg	60 capsules
SUSTIVA 50 mg	90 capsules
SUSTIVA 600 mg	30 tablets

Drug Name	Monthly Limit (unless otherwise noted)
SUTENT 12.5 mg	90 capsules
SUTENT 25 mg, 50 mg	30 capsules
SYMBICORT - all strengths	1 canister
TAFINLAR 50 mg, 75 mg	120 capsules
<i>tamsulosin 0.4 mg</i>	60 capsules
TARCEVA 100 mg, 150 mg	30 tablets
TARCEVA 25 mg	60 tablets
TASIGNA 150 mg, 200 mg	120 capsules
TEKTURNA 150 mg, 300 mg	30 tablets
<i>terazosin 1 mg, 2 mg, 5 mg</i>	30 capsules
<i>terazosin 10 mg</i>	60 capsules
THALOMID 150 mg, 200 mg	60 capsules
THALOMID 50 mg, 100 mg	30 capsules
TOVIAZ - all strengths	30 tablets
TRACLEER 62.5 mg, 125 mg	60 tablets
TRADJENTA	30 tablets
<i>tramadol hcl 50 mg</i>	240 tablets
TRIBENZOR - all strengths	30 tablets
TRIZIVIR 300-150-300 mg	60 tablets
TRUVADA 200-300 mg	30 tablets
TYKERB 250 mg	180 tablets
TYSABRI 300 mg/15 mL	1 vial per 28 days
VANDETANIB 100 mg	60 tablets
VANDETANIB 300 mg	30 tablets
<i>venlafaxine ER capsules 37.5 mg, 150 mg</i>	30 capsules
<i>venlafaxine ER capsules 75 mg</i>	90 capsules
<i>venlafaxine 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i>	90 tablets
VENTOLIN HFA	2 canisters
VESICARE - all strengths	30 tablets
<i>vicodin ES 7.5-300 mg</i>	180 tablets
<i>vicodin HP 10-300 mg</i>	180 tablets
<i>vicodin 5-300 mg</i>	360 tablets
VICTOZA 18 mg/3 mL 2 Pen Package	1 package of 2 pens
VICTOZA 18 mg/3 mL 3 Pen Package	1 package of 3 pens
VIDEX 2 gm, 4 gm	1200 mL
VIIBRYD - all strengths	30 tablets
VIIBRYD starter kit	1 kit per 30 days
VIRACEPT 250 mg	270 tablets
VIRACEPT 625 mg	120 tablets
VIRAMUNE XR 100 mg	90 tablets

Drug Name	Monthly Limit (unless otherwise noted)
VIRAMUNE XR 400 mg	30 tablets
VIRAMUNE 50 mg/5 mL	1200 mL
VIREAD 150 mg, 200 mg, 250 mg, 300 mg	30 tablets
VIREAD 40 mg/gm	240 gm
VOLTAREN gel 1%	10 tubes
VOTRIENT 200 mg	120 tablets
VYTORIN 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	30 tablets
XALKORI - all strengths	60 capsules
XARELTO 10 mg	35 tablets per 90 days
XARELTO 15 mg	60 tablets
XARELTO 20 mg	30 tablets
XENAZINE 12.5 mg	240 tablets
XENAZINE 25 mg	120 tablets
XTANDI 40 mg	120 capsules
XYREM 500 mg/mL	540 mL
<i>zaleplon 5 mg, 10 mg</i>	90 tablets per 365 days
ZELBORAF	240 tablets
ZENZEDI 10 mg	180 tablets
ZENZEDI 5 mg	60 tablets
ZETIA 10 mg	30 tablets
ZIAGEN 20 mg/mL	960 mL
<i>zidovudine syrup 10 mg/mL</i>	1920 mL
<i>zidovudine 100 mg</i>	180 capsules
<i>zidovudine 300 mg</i>	60 tablets
<i>ziprasidone capsules - all strengths</i>	60 capsules
ZOLINZA 100 mg	120 capsules
<i>zolpidem 5 mg, 10 mg</i>	90 tablets per 365 days
ZOSTAVAX	1 vaccine per lifetime
ZYPREXA RELPREVV 210 mg, 300 mg	2 vials per 28 days
ZYPREXA RELPREVV 405 mg	1 vial per 28 days
ZYTIGA	120 tablets

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		<i>meloxicam tabs</i>	5

<i>melphalan</i>	7	<i>morphine sulfate inj</i>	1
MENACTRA.....	19	MORPHINE SULFATE tabs.....	1
MENEST.....	17	MULTAQ.....	14
MENOMUNE.....	19	<i>mupirocin oint</i>	15
MENVEO.....	19	MUSTARGEN.....	7
MEPRON.....	8	MYCAMINE for IV.....	5
<i>mercaptopurine</i>	7	MYCAMINE for IV.....	5
<i>meropenem</i>	2	MYCOBUTIN.....	6
<i>mesalamine enema</i>	19	<i>mycophenolate mofetil</i>	19
<i>mesna</i>	7	MYOZYME.....	16
MESNEX tabs.....	7	N	
MESTINON syrup.....	6	<i>nabumetone</i>	5
<i>metformin</i>	12	<i>nafcillin for inj</i>	2
<i>metformin ER</i>	12	NAFCILLIN for IV.....	2
<i>methadone tabs</i>	1	NAGLAZYME*.....	16
<i>methazolamide</i>	14	<i>naloxone inj</i>	1
<i>methimazole</i>	18	<i>naltrexone</i>	1
<i>methocarbamol</i>	21	NAMENDA.....	4
<i>methotrexate for inj, inj</i>	7	NAPHAZOLINE eye soln.....	20
<i>methotrexate for inj, inj</i>	19	<i>naproxen tabs</i>	1
<i>methotrexate tabs</i>	7	<i>naproxen tabs</i>	5
<i>methotrexate tabs</i>	19	<i>naratriptan</i>	6
<i>methscopolamine</i>	16	NASONEX.....	21
<i>methylergonovine tabs</i>	16	NATACYN eye susp.....	20
<i>methylphenidate ER tabs</i>	15	<i>nateglinide</i>	12
<i>methylphenidate tabs</i>	15	NEBUPENT.....	9
<i>methylprednisolone sodium succinate for inj</i>	17	NEFAZODONE.....	4
<i>methylprednisolone tabs</i>	17	<i>neomycin/polymyxin B/dexamethasone eye oint,</i> <i>susp</i>	20
<i>metoclopramide oral soln, tabs</i>	5	<i>neomycin/polymyxin B/gramicidin eye soln</i>	20
<i>metoclopramide oral soln, tabs</i>	16	<i>neomycin/polymyxin B/hydrocortisone ear soln,</i> <i>susp</i>	20
<i>metoprolol succinate ER</i>	14	<i>neomycin sulfate tabs</i>	2
<i>metoprolol tartrate tabs</i>	14	NEUMEGA.....	12
<i>metronidazole crm, gel, lotn</i>	15	NEUPOGEN.....	12
<i>metronidazole IV soln, vaginal gel</i>	2	NEUPRO.....	9
<i>metronidazole tabs</i>	2	<i>nevirapine tabs</i>	10
MICARDIS.....	14	NEXAVAR*.....	7
MICARDIS HCT.....	14	NEXIUM.....	16
<i>midodrine</i>	14	NEXIUM I.V.....	16
MIGERGOT.....	5	NIASPAN.....	14
MIGRANAL.....	6	NICOTROL INHALER.....	1
<i>minocycline caps</i>	2	NICOTROL NS nasal spray.....	1
<i>minoxidil</i>	14	<i>nifedipine ER tabs</i>	14
<i>mirtazapine ODT, tabs</i>	4	NILANDRON.....	18
<i>misoprostol</i>	16	<i>nitrofurantoin macrocrystalline caps</i>	2
<i>mitomycin</i>	7	<i>nitrofurantoin monohydrate/macrocrystalline caps</i>	2
<i>mitoxantrone</i>	7	<i>nitroglycerin transdermal</i>	14
<i>mitoxantrone</i>	15	NITROSTAT.....	14
M-M-R II W/DILUENT.....	19	<i>nizatidine caps</i>	16
<i>modafinil tabs</i>	21	<i>norethindrone acetate</i>	17
<i>modafinil tabs</i>	21	<i>nortriptyline caps</i>	4
<i>montelukast</i>	21		
<i>morphine sulfate ER tabs</i>	1		

NORVIR.....	10	PEGASYS.....	19
NOXAFIL.....	5	PEG-INTRON.....	19
NUDEXTA.....	15	<i>penicillin g potassium for inj.</i>	2
NUVIGIL.....	21	PENICILLIN G POTASSIUM inj in dextrose.....	2
<i>nystatin/triamcinolone crm.</i>	15	<i>penicillin v potassium</i>	2
<i>nystatin crm, oint, topical powder</i>	15	PENTACEL.....	19
<i>nystatin susp.</i>	5	PENTAM 300.....	9
O		<i>pentostatin</i>	8
<i>octreotide inj.</i>	18	<i>pentoxifylline ER tabs.</i>	12
<i>octreotide inj.</i>	18	PERJETA*.....	8
<i>ofloxacin ear soln.</i>	20	<i>permethrin</i>	9
<i>ofloxacin eye soln.</i>	20	<i>perphenazine</i>	5
<i>olanzapine inj, ODT, tabs.</i>	9	<i>perphenazine</i>	9
<i>olanzapine inj, ODT, tabs.</i>	11	<i>phenelzine</i>	4
<i>olanzapine ODT, tabs.</i>	9	<i>phenobarbital elixir, inj, tabs.</i>	3
<i>olanzapine ODT, tabs.</i>	11	PHENOBARBITAL inj, tabs.....	3
<i>omeprazole DR caps.</i>	16	<i>phenytoin chew tabs, susp.</i>	3
OMNITROPE for inj.....	17	<i>phenytoin sodium ER caps.</i>	3
OMNITROPE inj.....	17	<i>pilocarpine tabs.</i>	15
ONCASPAR.....	7	PILOPINE HS eye gel.....	20
<i>ondansetron inj.</i>	5	PINDOLOL.....	14
<i>ondansetron ODT.</i>	5	<i>pioglitazone</i>	12
ONFI.....	3	<i>piperacillin/tazobactam for inj.</i>	2
ONGLYZA.....	12	<i>polyethylene glycol 3350 oral powder.</i>	16
ONTAK.....	7	<i>polymyxin B/trimethoprim eye soln.</i>	20
<i>oral contraceptives – all generics.</i>	17	POMALYST*.....	8
ORAP.....	9	<i>potassium chloride ER caps, ER tabs.</i>	22
ORFADIN*.....	16	POTASSIUM CITRATE tabs.....	16
<i>oxaliplatin</i>	8	POTASSIUM CITRATE tabs.....	22
<i>oxandrolone tabs.</i>	17	POTIGA.....	3
<i>oxandrolone tabs.</i>	17	PRADAXA.....	12
<i>oxcarbazepine.</i>	3	<i>pramipexole</i>	9
<i>oxybutynin syrup, tabs.</i>	16	<i>pravastatin</i>	14
<i>oxycodone/acetaminophen tabs.</i>	1	<i>prazosin</i>	14
<i>oxycodone tabs.</i>	1	<i>prazosin</i>	16
P		<i>prednisolone acetate eye susp.</i>	20
<i>paclitaxel IV</i>	8	PREDNISONE oral soln, tabs.....	17
PANRETIN.....	8	<i>prednisone tabs.</i>	17
PANRETIN.....	15	PREMARIN vaginal crm.....	17
<i>pantoprazole DR tabs.</i>	16	PREZISTA susp, tabs.....	10
<i>paromomycin</i>	9	PREZISTA tabs.....	10
<i>paroxetine hcl ER.</i>	4	PRIFTIN.....	6
<i>paroxetine hcl ER.</i>	11	PRIMAQUINE.....	9
<i>paroxetine hcl tabs.</i>	4	<i>primidone</i>	3
<i>paroxetine hcl tabs.</i>	11	PRISTIQ.....	4
PAXIL susp.....	4	PROAIR HFA.....	21
PAXIL susp.....	11	<i>probenecid</i>	5
PEDVAX HIB.....	19	<i>probenecid/colchicine</i>	5
<i>peg 3350/kcl/sod bicarb/nacl/sod sulf for soln.</i>	16	PROCHLORPERAZINE inj.....	5
<i>peg 3350/kcl/sod bicarb/nacl for soln.</i>	16	PROCHLORPERAZINE inj.....	9
PEGANONE.....	3	<i>prochlorperazine supp.</i>	5
		<i>prochlorperazine supp.</i>	9

<i>prochlorperazine tabs</i>	5	RISPERDAL CONSTA for inj.....	9
<i>prochlorperazine tabs</i>	9	RISPERDAL CONSTA for inj.....	9
PROCRIT inj.....	13	RISPERDAL CONSTA for inj.....	11
PROCRIT inj.....	13	RISPERDAL CONSTA for inj.....	11
PROGLYCEM.....	12	<i>risperidone ODT, oral soln, tabs</i>	9
PROLASTIN-C*.....	21	<i>risperidone ODT, oral soln, tabs</i>	11
PROLEUKIN.....	8	RITUXAN*.....	8
PROLIA.....	20	<i>rivastigmine caps</i>	4
PROMACTA*.....	13	<i>rizatriptan</i>	6
<i>propafenone</i>	14	<i>ropinirole</i>	9
<i>propafenone ER</i>	14	ROTARIX.....	19
<i>propranolol tabs</i>	6	ROTATEQ.....	19
<i>propranolol tabs</i>	14	S	
<i>propylthiouracil</i>	18	SABRIL.....	3
PROQUAD.....	19	SANDIMMUNE oral soln.....	19
<i>protriptyline</i>	4	SANTYL.....	15
PULMOZYME.....	21	SAPHRIS.....	10
<i>pyrazinamide</i>	6	<i>selegiline tabs</i>	9
<i>pyridostigmine</i>	6	<i>selenium sulfide lotn, shampoo</i>	15
Q		SELZENTRY.....	10
<i>quetiapine</i>	4	SENSIPAR.....	18
<i>quetiapine</i>	9	SEREVENT DISKUS.....	21
<i>quetiapine</i>	11	SEROMYCIN.....	6
<i>quinapril</i>	14	SEROQUEL XR.....	4
<i>quinidine sulfate</i>	14	SEROQUEL XR.....	10
QVAR.....	21	SEROQUEL XR.....	11
R		<i>sertraline oral conc</i>	4
RABAVERT.....	19	<i>sertraline oral conc</i>	11
<i>ramipril</i>	14	<i>sertraline tabs</i>	4
RANEXA.....	14	<i>sertraline tabs</i>	11
<i>ranitidine syrup</i>	16	<i>sildenafil</i>	14
<i>ranitidine tabs</i>	16	<i>silver sulfadiazine crm</i>	15
RAPAMUNE oral soln.....	19	<i>simvastatin</i>	14
RAPAMUNE tabs.....	19	<i>sodium phenylbutyrate oral powder</i>	16
RECLAST.....	20	<i>sodium polystyrene sulfonate oral susp</i>	22
RECOMBIVAX HB.....	19	SOLTAMOX.....	8
RELISTOR.....	16	SOMATULINE DEPOT.....	18
REMICADE.....	19	SOMAVERT*.....	18
REMODULIN*.....	14	SORIATANE caps.....	15
RENVELA.....	16	<i>sotalol AF tabs</i>	14
RESCRIPTOR.....	10	<i>sotalol tabs</i>	14
RESTASIS eye emulsion.....	20	SPIRIVA HANDIHALER.....	21
RETROVIR IV.....	10	<i>spironolactone</i>	14
REVLIMID*.....	8	SPRYCEL.....	8
REYATAZ caps.....	10	<i>stavudine</i>	10
REYATAZ caps.....	10	STIMATE.....	17
<i>ribavirin caps, tabs</i>	10	STIVARGA*.....	8
<i>rifampin</i>	6	STRATTERA.....	15
RIFATER.....	6	STREPTOMYCIN.....	2
<i>riluzole</i>	15	STRIBILD.....	10
<i>rimantadine</i>	10	STROMECTOL.....	9
		SUBOXONE SL films.....	1

<i>sucralfate tabs</i>	16	<i>theophylline ER tabs</i>	21
<i>sulfacetamide sodium/prednisolone eye soln</i>	20	<i>thioridazine</i>	10
<i>sulfacetamide sodium eye soln</i>	20	THIOTEPA.....	8
<i>sulfacetamide sodium lotn</i>	15	<i>thiothixene</i>	10
SULFADIAZINE.....	2	THYMOGLOBULIN.....	19
SULFAMETHOXAZOLE/TRIMETHOPRIM inj.....	3	<i>tiagabine</i>	3
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	3	TIKOSYN.....	14
<i>sulfasalazine</i>	20	<i>timolol maleate eye soln</i>	20
<i>sulindac</i>	5	<i>timolol maleate gel-forming eye soln</i>	20
<i>sumatriptan inj</i>	6	<i>tizanidine tabs</i>	10
SUMATRIPTAN nasal spray.....	6	TOBI inhal soln.....	3
<i>sumatriptan tabs</i>	6	<i>tobramycin eye soln</i>	20
SUPRAX caps, chew tabs, tabs.....	3	<i>tobramycin inj</i>	3
SUSTIVA.....	10	<i>topiramate sprinkle caps, tabs</i>	3
SUTENT.....	8	<i>topiramate sprinkle caps, tabs</i>	6
SYLATRON.....	8	<i>topotecan for inj</i>	8
SYMBICORT.....	21	TORISEL.....	8
SYMLINPEN.....	12	TOVIAZ.....	17
SYNAGIS.....	19	TRACLEER*.....	14
SYNAREL.....	18	TRADJENTA.....	12
SYNRIBO.....	8	<i>tramadol</i>	1
SYPRINE.....	22	<i>tranexamic acid inj</i>	13
T		<i>tranylcypromine</i>	4
TABLOID.....	8	TRAVATAN Z eye soln.....	20
<i>tacrolimus</i>	19	<i>trazodone tabs</i>	4
TAFINLAR.....	8	<i>trazodone tabs</i>	4
TAMIFLU.....	10	TREANDA.....	8
<i>tamoxifen</i>	8	TRELSTAR DEPOT.....	18
<i>tamsulosin</i>	16	TRELSTAR LA.....	18
TARCEVA.....	8	TRELSTAR LA MIXJECT.....	18
TARGRETIN caps.....	8	TRELSTAR MIXJECT.....	18
TARGRETIN gel.....	8	<i>tretinoin caps</i>	8
TARGRETIN gel.....	15	<i>triamcinolone crm, oint</i>	15
TASIGNA.....	8	TRIAMCINOLONE oint.....	15
TAZORAC crm, gel.....	15	<i>triamterene/hydrochlorothiazide</i>	14
TEFLARO.....	3	TRIBENZOR.....	14
TEGRETOL-XR.....	3	<i>trifluoperazine</i>	10
TEKTURNA.....	14	<i>trifluridine eye soln</i>	20
TEMODAR for IV.....	8	<i>trimethoprim tabs</i>	3
TENIVAC.....	19	<i>trimipramine</i>	4
<i>terazosin</i>	14	TRIPEDIA.....	19
<i>terazosin</i>	16	TRISENOX.....	8
<i>terbinafine</i>	5	TRIZIVIR.....	10
<i>terbutaline tabs</i>	21	TRUVADA.....	11
<i>terconazole vaginal crm</i>	5	TWINRIX.....	19
<i>testosterone cypionate</i>	17	TYKERB*.....	8
TETANUS/DIPHThERIA ADSORBED adult.....	19	TYPHIM VI.....	19
TETANUS ADSORBED.....	19	TYSABRI*.....	15
TETRACYCLINE.....	3	TYSABRI*.....	19
THALOMID.....	8	TYZEKA.....	11
THALOMID.....	19	U	
<i>theophylline ER tabs</i>	21	ULESFIA.....	9

ULORIC.....	5
<i>ursodiol caps</i>	16
UVADEX.....	8

V

VAGIFEM.....	17
<i>valacyclovir</i>	11
VALCYTE.....	11
<i>valproate inj</i>	4
<i>valproic acid</i>	4
<i>valproic acid</i>	11
<i>vancomycin caps</i>	3
<i>vancomycin for inj</i>	3
VANDETANIB*.....	8
VAQTA.....	19
VARIVAX.....	19
VECTIBIX.....	8
VELCADE.....	8
<i>venlafaxine ER caps</i>	4
<i>venlafaxine ER caps</i>	11
<i>venlafaxine tabs</i>	4
VENTOLIN HFA.....	21
<i>verapamil ER tabs</i>	14
<i>verapamil tabs</i>	14
VESICARE.....	17
VICTOZA.....	12
VICTRELIS.....	11
VIDAZA.....	8
VIDEX.....	11
VIIBRYD.....	4
VIMPAT.....	4
VINBLASTINE.....	8
<i>vincristine</i>	8
<i>vinorelbine</i>	8
VIRACEPT.....	11
VIRAMUNE susp.....	11
VIRAMUNE XR.....	11
VIREAD.....	11
VOLTAREN gel.....	1
VOLTAREN gel.....	5
VOLTAREN gel.....	15
<i>voriconazole for inj</i>	5
<i>voriconazole tabs</i>	5
VOTRIENT*.....	8
VPRIV.....	16
VYTORIN.....	14

W

<i>warfarin tabs</i>	13
<i>water for irrigation</i>	15
WELCHOL.....	12
WELCHOL.....	14

X

XALKORI*.....	8
XARELTO.....	13
XENAZINE*.....	15
XGEVA.....	20
XIFAXAN tabs.....	3
XOLAIR*.....	19
XTANDI*.....	18
XYREM*.....	21

Y

YERVOY*.....	8
YF-VAX.....	19

Z

<i>zafirlukast</i>	21
<i>zaleplon</i>	21
ZALTRAP.....	8
ZANOSAR.....	8
ZAVESCA*.....	16
ZELBORAF*.....	8
ZEMPLAR.....	20
ZENPEP.....	16
ZETIA.....	14
ZIAGEN oral soln.....	11
<i>zidovudine</i>	11
<i>ziprasidone</i>	10
<i>ziprasidone</i>	11
<i>zoledronic acid conc for IV, IV soln</i>	20
ZOLINZA.....	8
<i>zolpidem</i>	21
ZOMETA.....	20
<i>zonisamide</i>	4
ZORTRESS tabs.....	19
ZORTRESS tabs.....	19
ZOSTAVAX.....	19
ZYPREXA RELPREVV*.....	10
ZYTIGA*.....	8
ZYTIGA*.....	18
ZYVOX for susp, tabs.....	3
ZYVOX IV soln.....	3



This formulary was updated on 8/14/2013. For more recent information or other questions, please contact Blue Cross MedicareRx Customer Service at 1-888-285-2249 or, for TTY/TDD users, 711, 8 a.m. - 8 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays, or visit mybluepartd.com.

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