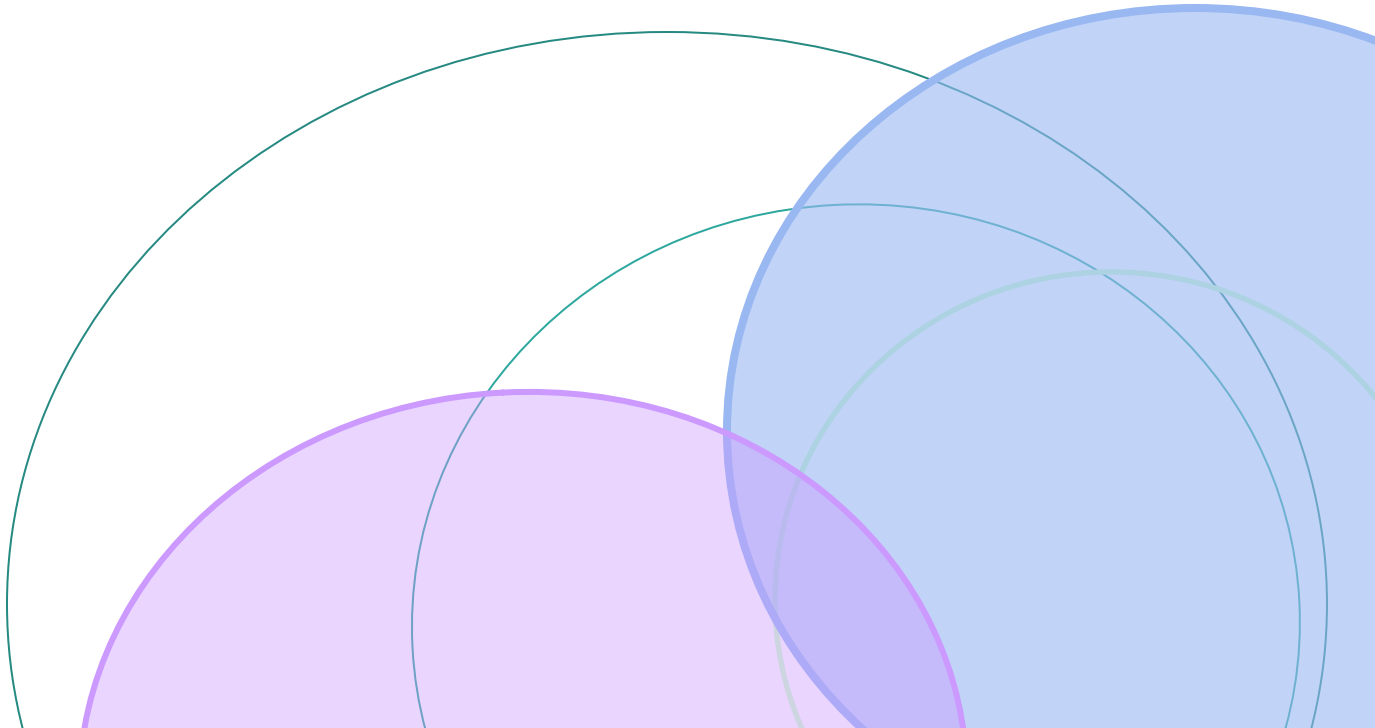


MEDICA   
HEALTH PLANS OF FLORIDA  
INC.

**EZ CARE**



Dear Member:

Coverage for prescription drugs is one of the most important benefits in a health care plan. To help you determine which medications are covered by your plan and how much your copayment will be, we are pleased to provide you with a copy of our **2010 Medica Health Plans of Florida, Inc. Preferred Drug List**.

### **What is the Medica Health Plans of Florida, Inc. Preferred Drug List (PDL)?**

A PDL is a list of prescription drugs selected by Medica Health Plans of Florida, Inc. which represents the prescription therapies believed to be a necessary part of a quality treatment program. These are the drugs that physicians refer to when they prescribe drugs. Medica Health Plans of Florida, Inc. will generally cover the drugs listed in the PDL as long as the drug is medically necessary, the prescription is filled at a Medica Health Plans of Florida, Inc. network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial PDL and includes only some of the drugs covered by Medica Health Plans of Florida, Inc. Because there are thousands of medications included in your pharmacy benefit, we only list the more commonly prescribed ones.

We encourage you to take this list with you when you see your doctor so you can determine what kind of copayment your medication may have. The list will also tell you whether or not any medications prescribed for you have any restrictions.

### **Who reviews medications for the PDL and how is the PDL developed?**

The drugs that appear on the Medica Health Plans of Florida, Inc. PDL were reviewed by the Pharmacy & Therapeutics (P&T) Committee, a team of physicians and pharmacists, and selected based on their effectiveness, quality, safety and cost. Medica Health Plans of Florida, Inc. P&T Committee reviews available clinical literature for medications that have been approved by the FDA. The P&T's clinical determinations are based on the strength of scientific evidence from literature and database searches from a number of on-line sources and other databases, including relevant findings of medical professional associations and peer-reviewed journals.

### **Can the PDL change?**

Medica Health Plans of Florida, Inc. P&T Committee meets periodically and evaluates new drugs, new drug indications and new clinical information on existing PDL drugs to verify that they continue to meet the criteria for safety, efficacy and cost-effectiveness. The PDL is subject to change. Please refer to the Medica Health Plans of Florida, Inc. website [www.EZcaremhpf.com](http://www.EZcaremhpf.com) for updates.

Medications may be covered at a higher copayment and/or we may add prior authorization, quantity limits and/or step therapy restrictions at any time

As brand name medications lose their patents and generic versions become available, the brand-name medication will be covered with the applicable copayment plus the difference in cost between the brand and the generic.

If the Food and Drug Administration deems a drug on our PDL to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our PDL.

Newly FDA-approved medications will be placed in the Non-Preferred Brand tier until reviewed by the Pharmacy & Therapeutics Committee.

If a medication becomes available without a prescription or when an over-the-counter (OTC) equivalent becomes available, the prescription medication may no longer be covered.

## What are generic drugs?

Medica Health Plans of Florida, Inc. covers both brand-name drugs and generic drugs. A generic drug has the same active-ingredient as the brand name drug although they may be a different color, shape, or size than brand-name products. Generic drugs are approved by the Food and Drug Administration (FDA) and usually cost less than brand name drugs. Your pharmacist can substitute a generic medication for a brand-name medication when filling your prescription when the generic is rated by the FDA as equivalent and where substitution is permitted by law and by your doctor. Generic medications on the PDL are available at the lowest copay. Ask your doctor or pharmacist whether generic medications are appropriate for you.

## Are there any restrictions on my coverage?

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

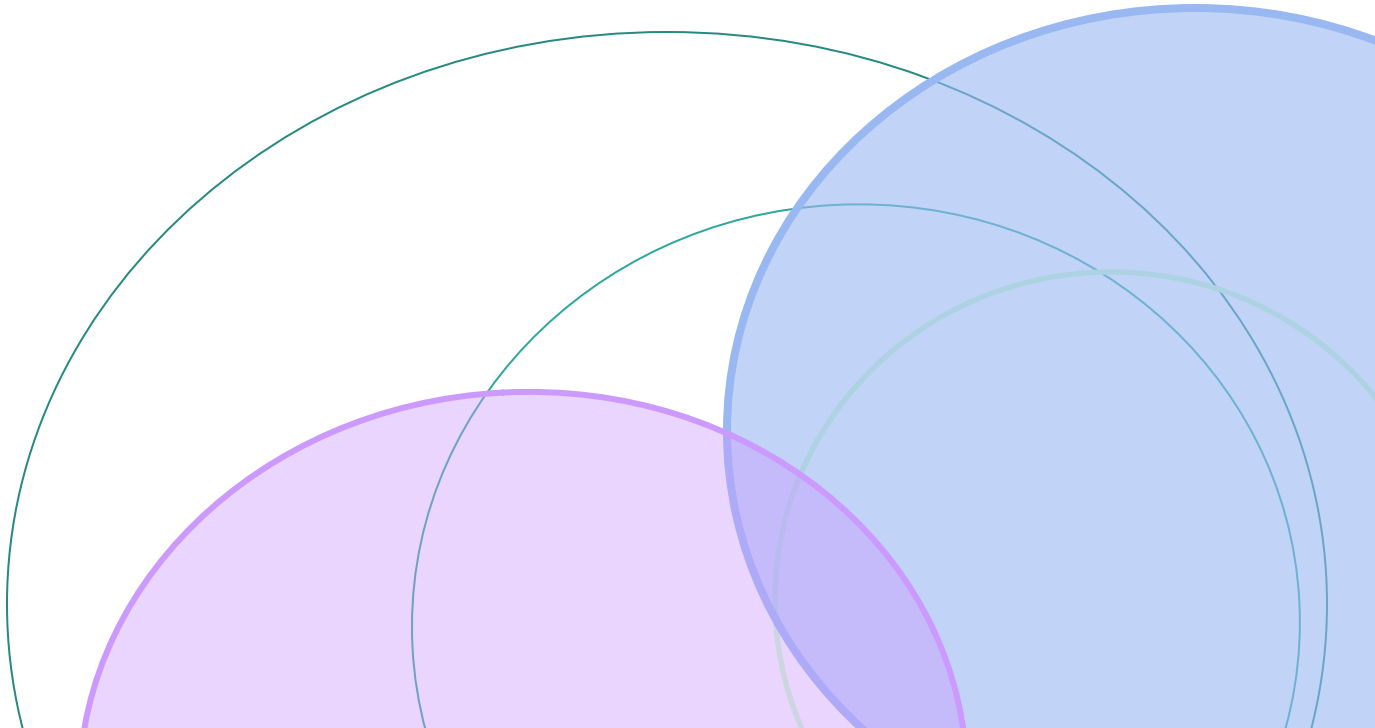
- **Prior Authorization (PA):** Medica Health Plans of Florida, Inc. requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Medica Health Plans of Florida, Inc. before you fill your prescriptions. If you don't get approval, Medica Health Plans of Florida, Inc. may not cover the drug. Medica Health Plans of Florida, Inc. will grant coverage of a requested drug if it is determined, based on specific criteria, that the drug requested meets clinical criteria established for the use of the drug and that other alternatives have been considered and would not be effective or yield adverse effects. These Prior Authorization requests will be approved if the prescribing physician deems the requested drug "medically necessary". Medications listed on the PDL must be used within the previous 12 months before receiving approval for alternative medications that are not listed.
- **Multisource Drug and Miscellaneous Prior Authorization:** Medica Health Plans of Florida, Inc. will authorize Brand Name drugs that are available in generic form if the prescriber considers the prescription Brand Name is "Medically Necessary" or you had an adverse reaction to a generic drug or have had, in the prescriber's medical opinion, better results when taking the Brand Name drug. The request will only be approved if the prescriber:
  - (1) Writes in his/her own handwriting on the valid prescription that the "Brand Name is Medically Necessary"; and
  - (2) Submits a completed "Multisource Drug and Miscellaneous Prior Authorization" form to Medica Health Plans of Florida, Inc. indicating that you have had an adverse reaction to a generic drug or have had, in the prescriber's medical opinion, better results when taking the brand-name drug.
  - (3) Documentation from your medical chart will be requested for review.
- **Quantity Limits (QL):** For certain drugs, Medica Health Plans of Florida, Inc. limits the amount of the drug that Medica Health Plans of Florida, Inc. will cover. For example, Medica Health Plans of Florida, Inc. provides 30 capsules per prescription for Prevacid. This may be in addition to a standard one month or three month supply.
- **Step Therapy (STP):** In some cases, Medica Health Plans of Florida, Inc. 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 Medica Health Plans of Florida, Inc. may not cover drug B unless you try Drug A first. If Drug A does not work for you, Medica Health Plans of Florida, Inc. will then cover Drug B. Step Therapy Prior Authorization requires the use of medications of a similar drug class or for a similar medical condition to be used first (within the previous 12 months) before a medication that is not listed on the PDL is approved. A drug that is subject to Step Therapy may be approved without meeting the step-therapy prior authorization criteria if the prescribing physician provides additional written medical or clinical documentation that the product is medically necessary.

To get updated information about the drugs covered by Medica Health Plans of Florida, Inc., please visit our Web site at [www.EZcarempfl.com](http://www.EZcarempfl.com) or call our Member Services Department at 305-421-1228 or toll free at 1-800-690-7783 Monday–Friday, 8:00 a.m. to 7:00 p.m. EST. TTY/TDD users should call 1-800-517-6923.

MEDICA   
HEALTH PLANS OF FLORIDA  
INC.

**EZ CARE**



Estimado Participante:

La cobertura de medicamentos por receta es uno de los beneficios más importantes que ofrecen los planes de atención médica. Para ayudarlo(a) a determinar cuales son los medicamentos que están cubiertos por su plan y cual será la cantidad de su copago, tenemos el gusto de suministrarle una copia de nuestra **Lista de Medicamentos Preferidos de Medica Health Plans of Florida, Inc. para el Año 2010.**

## **Qué es la Lista de Medicamentos Preferidos (PDL) de Medica Health Plans of Florida, Inc.?**

La Lista de Medicamentos Preferidos (PDL, por sus siglas en inglés) es una lista de medicamentos por receta que han sido seleccionados por Medica Health Plans of Florida, Inc. y que representan terapias de prescripción que se consideran parte necesaria en un programa de tratamiento de calidad. Estas son las medicinas que los doctores representan cuando recetan medicamentos. Por lo general, Medica Health Plans of Florida, Inc. cubrirá los medicamentos que se encuentran en la PDL, siempre y cuando la medicina sea médicamente necesaria, sea abastecida en una farmacia de la red de Medica Health Plans of Florida, Inc., y se sigan otras reglas del plan. Para mayor información sobre cómo abastecer sus recetas médicas, sírvase revisar su Constancia de Cobertura.

Esta Lista de Medicamentos Preferidos es un documento parcial e incluye únicamente algunos de los medicamentos cubiertos por Medica Health Plans of Florida, Inc. Debido a que existen miles de medicamentos incluidos bajo los beneficios de la farmacia, solamente hemos incluido los que se recetan con más regularidad.

Sugerimos que lleve esta lista con usted cuando visite a su doctor, para así determinar el tipo de copago que su medicina tendrá. La lista también le dará información en caso de que cualquiera de las medicinas que le son recetadas tuviera algún tipo de restricción.

## **Quién revisa los medicamentos de la PDL y cómo se desarrolla la PDL?**

Los medicamentos que aparecen en la PDL de Medica Health Plans of Florida, Inc. han sido revisados con el Comité de Farmacias y Terapéuticos (P&T, por sus siglas en inglés) y por un equipo de doctores y farmacéuticos, y han sido seleccionados en base a su efectividad, calidad, seguridad y costo. El Comité de P&T de Medica Health Plans of Florida, Inc. revisa la literatura clínica que existe en referencia a los medicamentos que han sido aprobados por la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés). Las determinaciones clínicas del P&T están basadas en la eficacia de la evidencia científica de la literatura y en la búsqueda de bases de datos en una cantidad de fuentes en línea y en otras bases de datos, incluyendo resultados pertinentes de asociaciones médicas profesionales y de registros revisados por paritarios.

## **Puede la PDL cambiar?**

El Comité de P&T de Medica Health Plans of Florida, Inc. se reúne periódicamente y evalúa los nuevos medicamentos, las indicaciones de los nuevos medicamentos, y cualquier nueva información clínica sobre los medicamentos existentes de la PDL, para cerciorarse de que estos continúan cumpliendo con el criterio de seguridad, eficacia, y rentabilidad. La PDL está sujeta a cambiar. En referencia a las actualizaciones, sírvase revisar la página web [www.EZcaremhpf.com](http://www.EZcaremhpf.com) de Medica Health Plans of Florida, Inc.

Los medicamentos pueden estar cubiertos con un copago más alto y/o en cualquier momento podemos añadir autorización previa, límites en la cantidad, y/o restricciones de terapia escalonada.

Conforme los medicamentos de marca vayan perdiendo sus patentes y las versiones genéricas lleguen a ser disponibles, los medicamentos de marca estarán cubiertos bajo el copago correspondiente, en adición a la diferencia del costo del medicamento de marca y el genérico.

Si la Administración de Alimentos y Medicamentos considera que uno de los medicamentos de nuestra PDL no es seguro, o el fabricante del medicamento retira el medicamento del mercado, inmediatamente retiraremos el medicamento de nuestra PDL.

Los medicamentos que han sido recientemente aprobados por la FDA serán situados en el nivel de Marcas No Preferidas hasta que sean revisados por el Comité de Farmacias y Terapéuticos.

Si un medicamento llega a ser disponible sin necesidad de receta médica, o cuando un equivalente sin receta (OTC, por sus siglas en inglés) llega a ser disponible, el medicamento por receta ya no estará cubierto.

## Qué son medicamentos genéricos?

Medica Health Plans of Florida, Inc. cubre medicamentos de marca y medicamentos genéricos. Los medicamentos genéricos contienen los mismos ingredientes activos que los medicamentos de marca, a pesar de que pueden ser de color, forma, o tamaño diferente a los productos de marca. Los medicamentos genéricos están aprobados por la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) y por lo general son más económicos que los medicamentos de marca. El farmacéutico puede substituir un medicamento genérico por uno de marca al abastecer su receta médica, siempre y cuando el medicamento genérico haya sido clasificado por la FDA como equivalente, y siempre que el reemplazo sea permitido por la ley y/o por su doctor. Los medicamentos genéricos de la PDL son disponibles bajo el copago más económico. Pregúntele a su doctor o a su farmacéutico si los medicamentos genéricos son adecuados para usted.

## Existen restricciones en mi cobertura?

Es posible que algunos de los medicamentos cubiertos tengan requisitos o límites adicionales en la cobertura. Estos requisitos y límites pueden incluir:

**Autorización Previa (PA, por sus siglas en inglés):** Medica Health Plans of Florida, Inc. requiere que, ya sea usted o su doctor, obtenga autorización previa cuando se trata de algunos medicamentos. Esto significa que usted necesitará obtener aprobación por parte de Medica Health Plans of Florida, Inc. antes de abastecer sus recetas médicas. Si no obtiene aprobación, es posible que Medica Health Plans of Florida, Inc. no cubra el medicamento. Medica Health Plans of Florida, Inc. otorgará cobertura de un medicamento que se haya solicitado si es que, en base a un criterio específico, se determina que el medicamento solicitado cumple con el criterio clínico establecido para el uso de tal medicamento y que otras alternativas han sido consideradas pero no serían efectivas o tendrían efectos adversos. Estas peticiones de Autorización Previa serán aprobadas si el doctor que le da la receta médica considera que esta medicina es "Medicamento Necesaria". Los medicamentos incluidos en la PDL deben de ser utilizados dentro de los 12 meses pasados, antes de recibir aprobación para los medicamentos alternos que no se encuentran en la lista.

- **Medicamentos de Diversas Fuentes y Autorización Previa de Diversos:** Medica Health Plans of Florida, Inc. autorizará Medicamentos de Marca que son disponibles en forma genérica si la persona que los prescribe considera que el Medicamento de Marca es "Medicamento Necesario", o si usted tuvo una reacción adversa a un medicamento genérico, o ha tenido, en la opinión médica de la persona que se los prescribe, mejores resultados cuando ha tomado el Medicamento de Marca. La petición será aprobada únicamente si la persona que se lo prescribe:

- (4) Escribe con su propia letra de mano en la receta válida que el “Medicamento de Marca es Medicamento Necesario”; y
  - (5) Le presenta a Medica Health Plans of Florida, Inc. una forma previamente llenada de “Medicamentos de Diversas Fuentes y Autorización Previa de Diversos” indicando que usted ha tenido una reacción adversa a un medicamento genérico, o ha tenido, en la opinión médica de la persona que se lo prescribe, mejores resultados cuando ha tomado un Medicamento de Marca.
  - (6) Se solicitará la documentación de su historial médico para ser revisada.
- **Límites en la Cantidad (QL, por sus siglas en inglés):** En referencia a ciertos medicamentos, Medica Health Plans of Florida, Inc. tiene un límite en la cantidad del medicamento que Medica Health Plans of Florida, Inc. cubrirá. Por ejemplo, Medica Health Plans of Florida, Inc. abastece 30 cápsulas por cada receta de Prevacid. Esto puede ser en adición a la provisión normal de un mes o de tres meses.
  - **Terapia Escalonada (STP, por sus siglas en inglés):** En algunos casos, Medica Health Plans of Florida, Inc. requiere que usted pruebe ciertos medicamentos para el tratamiento de su condición médica antes de cubrir otro medicamento para esa condición. Por ejemplo, si el Medicamento A y el Medicamento B sirven para el tratamiento de su condición médica, es posible que Medica Health Plans of Florida, Inc. no cubra el Medicamento B a menos que usted pruebe antes el Medicamento A. Si el Medicamento A no le da resultado, entonces Medica Health Plans of Florida, Inc. cubrirá el Medicamento B. La Autorización Previa de Terapia Escalonada requiere que primero se usen medicamentos de una clase de medicamentos similares o de una condición médica similar (dentro de los 12 meses anteriores) antes de que un medicamento que no está incluido en la PDL sea aprobado. Un medicamento que está sujeto a la Terapia Escalonada puede ser aprobado sin cumplir con el criterio de autorización previa de Terapia Escalonada, si es que el doctor que lo receta proporciona documentación adicional escrita, médica o clínica, indicando que el producto es medicamento necesario.

Para obtener información actualizada sobre los medicamentos cubiertos por Medica Health Plans of Florida, Inc., sírvase visitar nuestra página web [www.EZcarehpf.com](http://www.EZcarehpf.com) o llame a nuestro Departamento de Servicios al Miembro al 305-421-1228 o al teléfono gratuito 1-800-690-7783 de Lunes a Viernes entre las 8:00 a.m. y las 7:00 p.m. hora estándar del este. Los usuarios de TTY/TDD con problemas de audición, sírvanse llamar al 1-800-517-6923.

DRUG NAME	TIER	LIMITS/ NOTES
<b>ANESTHETICS</b>		
<b>TOPICAL ANESTHETICS</b>		
<i>lidocaine hcl</i>	F	
<i>lidocaine-prilocaine</i>	F	
<i>lidomar viscous</i>	F	
<b>ANTIINFECTIVES</b>		
<b>AMEBICIDES</b>		
<i>paromomycin sulfate</i>	F	
<b>AMINOGLYCOSIDES</b>		
TOBI	F	PA
<b>ANTHELMINTICS</b>		
ALBENZA	F	
<i>mebendazole</i>	F	
STROMECTOL	F	
<b>ANTIINFECTIVES SPECIALIZED INDICATIONS</b>		
DAPSONE	F	
<i>metronidazole 250 mg tablet</i>	F	
<i>metronidazole 375 mg capsule</i>	F	
<i>metronidazole 500 mg tablet</i>	F	
<b>ANTIRETROVIRALS AND PROTEASE INH</b>		
APTIVUS	F	
ATRIPLA	F	
COMBIVIR	F	
CRIXIVAN	F	
<i>didanosine</i>	F	
EMTRIVA	F	
EPIVIR	F	
EPZICOM	F	
FUZEON	F	
INTELENCE	F	
INVIRASE	F	
ISENTRESS	F	
KALETRA	F	
LEXIVA	F	
NORVIR	F	
PREZISTA	F	
RESCRIPTOR	F	
REYATAZ	F	
SELZENTRY	F	
<i>stavudine</i>	F	
SUSTIVA	F	
TRIZIVIR	F	
TRUVADA	F	
VIDEX	F	
VIRACEPT	F	
VIRAMUNE	F	
VIREAD	F	
ZIAGEN	F	
<i>zidovudine</i>	F	
<b>ANTITUBERCULOSIS DRUGS</b>		
<i>ethambutol hcl</i>	F	
<i>isonarif</i>	F	
<i>isoniazid</i>	F	
MYCOBUTIN	F	
PRIFTIN	F	
<i>pyrazinamide</i>	F	
<i>rifampin</i>	F	
<b>CEPHALOSPORINS</b>		

DRUG NAME	TIER	LIMITS/ NOTES
<b>ANTIINFECTIVES</b>		
<b>CEPHALOSPORINS</b>		
<i>cefaclor er</i>	F	
<i>cefaclor</i>	F	
<i>cefadroxil</i>	F	
<i>cefdinir</i>	F	
<i>cefepodoxime proxetil</i>	F	
<i>cefprozil</i>	F	
<i>cefuroxime axetil</i>	F	
<i>cefuroxime</i>	F	
<i>cephalexin</i>	F	
<b>CLINDAMYCINS</b>		
CLEOCIN PALMITATE	F	
<i>clindamycin hcl</i>	F	
<b>ERYTHROMYCINS</b>		
ERY-TAB	F	
<i>erythrocin stearate</i>	F	
<i>erythromycin 250 mg cap ec</i>	F	
<i>erythromycin 250 mg filmtab</i>	F	
<i>erythromycin 500 mg filmtab</i>	F	
<i>erythromycin ethylsuccinate</i>	F	
<b>ORAL ANTIFUNGAL DRUGS</b>		
ANCOBON	F	
<i>clotrimazole 10 mg troche</i>	F	
<i>fluconazole 10 mg/ml susp</i>	F	
<i>fluconazole 100 mg tablet</i>	F	
<i>fluconazole 150 mg tablet</i>	F	QL
<i>fluconazole 200 mg tablet</i>	F	
<i>fluconazole 40 mg/ml susp</i>	F	
<i>fluconazole 50 mg tablet</i>	F	
GRIFULVIN V	F	
<i>griseofulvin</i>	F	
GRIS-PEG	F	
<i>itraconazole</i>	F	PA
<i>ketoconazole 200 mg tablet</i>	F	
LAMISIL	F	PA
NOXAFIL	F	
<i>nystatin 100,000 units/ml susp</i>	F	
<i>nystatin 500,000 unit oral tab</i>	F	
SPORANOX	F	PA
<i>terbinafine hcl</i>	F	PA
VFEND	F	PA
<b>OTHER ANTIINFECTIVE DRUGS</b>		
ALINIA	F	
MEPRON	F	
NEBUPENT	F	
VANCOCIN HCL	F	
ZYVOX	F	PA
<b>OTHER ANTIVIRAL DRUGS</b>		
<i>acyclovir</i>	F	
<i>amantadine</i>	F	
BARACLUDE	F	
EPIVIR HBV	F	
<i>famciclovir</i>	F	QL
<i>ganciclovir</i>	F	
HEPSERA	F	
RELENZA	F	
<i>ribapak</i>	F	

PA = Prior Authorization STP = Step Therapy QL = Quantity Limits

DRUG NAME	TIER	LIMITS/ NOTES
<b>ANTIINFECTIVES</b>		
<b>OTHER ANTIVIRAL DRUGS</b>		
<i>ribasphere</i>	F	
<i>ribavirin</i>	F	
<i>rimantadine hcl</i>	F	
TAMIFLU 12 MG/ML SUSPENSION	F	
TAMIFLU 30 MG GELCAP	F	QL
TAMIFLU 45 MG GELCAP	F	QL
TAMIFLU 75 MG GELCAP	F	QL
TYZEKA	F	
VALCYTE	F	
ZOVIRAX	F	
<b>OTHER MACROLIDES</b>		
<i>azithromycin 1 gm pwd packet</i>	F	
<i>azithromycin 100 mg/5 ml susp</i>	F	QL
<i>azithromycin 200 mg/5 ml susp</i>	F	QL
<i>azithromycin 250 mg tablet</i>	F	QL
<i>azithromycin 500 mg tablet</i>	F	QL
<i>azithromycin 600 mg tablet</i>	F	
<i>clarithromycin</i>	F	
<b>OTHER TOPICAL ANTIFUNGALS</b>		
<i>ciclopirox 0.77% cream</i>	F	
<i>ciclopirox 0.77% gel</i>	F	
<i>ciclopirox 0.77% topical susp</i>	F	
<i>ciclopirox 8% solution</i>	F	PA
<i>clotrimazole 1% cream</i>	F	
<i>clotrimazole 1% solution</i>	F	
<i>econazole nitrate</i>	F	
<i>ketoconazole 2% cream</i>	F	
<i>ketoconazole 2% shampoo</i>	F	
<i>nyamyc</i>	F	
<i>nystatin 100,000 unit/gm cream</i>	F	
<i>nystatin 100,000 unit/gm powd</i>	F	
<i>nystatin 100,000 units/gm oint</i>	F	
<i>nystop</i>	F	
<i>pedi-dri</i>	F	
<b>PENICILLINS</b>		
<i>amoclan</i>	F	
<i>amox tr-potassium clavulanate</i>	F	
<i>amoxicillin</i>	F	
AMOXIL 250 MG/5 ML SUSPENSION	F	
AMOXIL 400 MG/5 ML SUSPENSION	F	
AMOXIL 50 MG/ML PED DROPS	F	
AMOXIL 500 MG CAPSULE	F	
<i>ampicillin trihydrate</i>	F	
<i>dicloxacillin sodium</i>	F	
<i>penicillin v potassium</i>	F	
<i>veetids 125</i>	F	
<i>veetids 250</i>	F	
<b>PLASMODICIDES</b>		
<i>chloroquine phosphate</i>	F	
DARAPRIM	F	
<i>hydroxychloroquine sulfate</i>	F	
MALARONE	F	
<i>mefloquine hcl</i>	F	
QUALAQUIN	F	
<b>QUINOLONES</b>		
AVELOX ABC PACK	F	

DRUG NAME	TIER	LIMITS/ NOTES
<b>ANTIINFECTIVES</b>		
<b>QUINOLONES</b>		
AVELOX	F	
<i>ciprofloxacin er</i>	F	
<i>ciprofloxacin hcl 100 mg tab</i>	F	
<i>ciprofloxacin hcl 250 mg tab</i>	F	
<i>ciprofloxacin hcl 500 mg tab</i>	F	
<i>ciprofloxacin hcl 750 mg tab</i>	F	
<i>ofloxacin 200 mg tablet</i>	F	
<i>ofloxacin 300 mg tablet</i>	F	
<i>ofloxacin 400 mg tablet</i>	F	
<b>SULFONAMIDES</b>		
<i>erythromycin-sulfisoxazole</i>	F	
GANTRISIN	F	
<i>sulfadiazine</i>	F	
<i>sulfamethoxazole-trimethoprim</i>	F	
<i>sulfatrim</i>	F	
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl</i>	F	PA
<i>doxycycline hyc dr 100 mg cap</i>	F	
<i>doxycycline hyc dr 75 mg cap</i>	F	
<i>doxycycline hyclate 100 mg cap</i>	F	
<i>doxycycline hyclate 100 mg tab</i>	F	
<i>doxycycline hyclate 50 mg cap</i>	F	
<i>doxycycline monohydrate</i>	F	
<i>doxycycline</i>	F	
<i>ed doxy-caps</i>	F	
<i>minocycline hcl</i>	F	
<i>tetracycline hcl</i>	F	
<b>TOPICAL ANTIBACTERIAL DRUGS</b>		
BACTROBAN NASAL	F	
BACTROBAN	F	
<i>gentamicin 0.1% cream</i>	F	
<i>gentamicin 0.1% ointment</i>	F	
<i>mupirocin</i>	F	
<i>silver sulfadiazine</i>	F	
<i>ssd af</i>	F	
<i>ssd</i>	F	
SULFAMYLON	F	
<i>thermazene</i>	F	
<b>TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.</b>		
<i>clotrimazole-betamethasone</i>	F	
<i>nystatin-triamcinolone</i>	F	
<b>URINARY ANTIINFECTIVES</b>		
FURADANTIN	F	
<i>methenamine hippurate</i>	F	
<i>nitrofurantoin mono-macro</i>	F	
<i>nitrofurantoin</i>	F	
<i>trimethoprim</i>	F	
<b>VAGINAL ANTIFUNGALS</b>		
<i>miconazole 3</i>	F	QL
<i>terconazole</i>	F	QL
<b>ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS</b>		
<b>ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS</b>		
AFINITOR	F	
<i>anagrelide hcl</i>	F	
ARIMIDEX	F	
AROMASIN	F	

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DRUG NAME	TIER	LIMITS/ NOTES
<b>ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS</b>		
<b>ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS</b>		
AZASAN	F	
<i>azathioprine</i>	F	
<i>bicalutamide</i>	F	
CASODEX	F	
CEENU	F	
CELLCEPT	F	
<i>cyclophosphamide</i>	F	
<i>cyclosporine</i>	F	
DEPO-PROVERA	F	
DROXIA	F	
ELIGARD	F	PA
EMCYT	F	
ENBREL	F	PA
FARESTON	F	
FEMARA	F	
<i>flutamide</i>	F	
<i>gengraf</i>	F	
GLEEVEC	F	
HEXALEN	F	
HUMIRA	F	PA
<i>hydroxyurea</i>	F	
IRESSA	F	
<i>leflunomide</i>	F	QL
<i>leucovorin calcium</i>	F	
LEUKERAN	F	
LYSODREN	F	
MATULANE	F	
<i>megestrol 20 mg tablet</i>	F	
<i>megestrol 40 mg tablet</i>	F	
<i>megestrol acet 40 mg/ml susp</i>	F	PA
<i>mercaptopurine</i>	F	
MESNEX	F	
<i>methotrexate</i>	F	
<i>mycophenolate mofetil</i>	F	
MYFORTIC	F	
NEXAVAR	F	
NILANDRON	F	
<i>octreotide acetate</i>	F	
PROGRAF	F	
RAPAMUNE	F	
REVLIMID	F	
SPRYCEL	F	
SUTENT	F	
<i>tacrolimus anhydrous</i>	F	
<i>tamoxifen citrate</i>	F	
TARCEVA	F	
TARGRETIN	F	PA
TASIGNA	F	
THIOGUANINE	F	
<i>tretinoin 10 mg capsule</i>	F	
TREXALL	F	
ZOLINZA	F	
<b>AUTONOMIC AND CNS MEDICATIONS</b>		
<b>ANALGESICS</b>		
<i>tramadol hcl</i>	F	
<i>tramadol hcl-acetaminophen</i>	F	

DRUG NAME	TIER	LIMITS/ NOTES
<b>AUTONOMIC AND CNS MEDICATIONS</b>		
<b>ANTIDEMENTIA DRUGS</b>		
ARICEPT ODT	F	
ARICEPT	F	
EXELON 1.5 MG CAPSULE	F	
EXELON 2 MG/ML ORAL SOLUTION	F	
EXELON 3 MG CAPSULE	F	
EXELON 4.5 MG CAPSULE	F	
EXELON 4.6 MG/24HR PATCH	F	PA
EXELON 6 MG CAPSULE	F	
EXELON 9.5 MG/24HR PATCH	F	PA
<i>galantamine hbr</i>	F	
NAMENDA	F	
<b>ANTIMANIA DRUGS</b>		
<i>lithium carbonate</i>	F	
<i>lithium citrate</i>	F	
<b>ANTIPARKINSON ANTICHOLINERGIC DRUGS</b>		
<i>benztropine mesylate</i>	F	
<i>trihexyphenidyl hcl</i>	F	
<b>ANTIPSYCHOTIC DRUGS</b>		
ABILIFY 10 MG TABLET	F	QL
ABILIFY 15 MG TABLET	F	QL
ABILIFY 2 MG TABLET	F	QL
ABILIFY 20 MG TABLET	F	QL
ABILIFY 30 MG TABLET	F	QL
ABILIFY 5 MG TABLET	F	QL
ABILIFY 9.7 MG/1.3 ML VIAL	F	
<i>chlorpromazine hcl</i>	F	
<i>clozapine</i>	F	
<i>fluphenazine hcl</i>	F	
HALDOL DECANOATE 100	F	
HALDOL DECANOATE 50	F	
<i>haloperidol decanoate</i>	F	
<i>haloperidol lactate</i>	F	
<i>haloperidol</i>	F	
<i>loxapine</i>	F	
<i>perphenazine</i>	F	
RISPERDAL CONSTA	F	
<i>risperidone 0.25 mg tablet</i>	F	QL
<i>risperidone 0.5 mg tablet</i>	F	QL
<i>risperidone 1 mg tablet</i>	F	QL
<i>risperidone 1 mg/ml solution</i>	F	
<i>risperidone 2 mg tablet</i>	F	QL
<i>risperidone 3 mg tablet</i>	F	QL
<i>risperidone 4 mg tablet</i>	F	QL
<i>risperidone odt</i>	F	QL
SEROQUEL XR	F	QL
SEROQUEL	F	QL
<i>thioridazine hcl</i>	F	
<i>thiothixene</i>	F	
<i>trifluoperazine hcl</i>	F	
ZYPREXA	F	QL
<b>ANTIVERTIGO AND ANTIEMETIC DRUGS</b>		
<i>compro</i>	F	
<i>dronabinol</i>	F	
<i>granisetron hcl</i>	F	QL
<i>granisol</i>	F	QL
<i>meclizine hcl</i>	F	

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DRUG NAME	TIER	LIMITS/ NOTES
<b>AUTONOMIC AND CNS MEDICATIONS</b>		
<b>ANTIVERTIGO AND ANTIEMETIC DRUGS</b>		
<i>ondansetron hcl</i>	F	QL
<i>ondansetron odt</i>	F	QL
<i>phenadoz</i>	F	
<i>prochlorperazine maleate</i>	F	
<i>promethazine 12.5 mg suppos</i>	F	
<i>promethazine 25 mg suppository</i>	F	
<i>promethazine 50 mg suppository</i>	F	
<i>promethegan</i>	F	
<i>trimethobenzamide hcl</i>	F	
<b>ANXIETY</b>		
<i>alprazolam intensol</i>	F	
<i>alprazolam</i>	F	
<i>cdp</i>	F	
<i>chlordiazepoxide hcl</i>	F	
<i>clorazepate dipotassium</i>	F	
<i>diazepam</i>	F	
<i>lorazepam</i>	F	
<i>oxazepam</i>	F	
<b>ANXIOLYTICS</b>		
<i>buspirone hcl</i>	F	
<i>meprobamate</i>	F	
<b>CARBAMAZEPINES</b>		
<i>carbamazepine xr</i>	F	
<i>carbamazepine</i>	F	
<i>epitol</i>	F	
<i>oxcarbazepine</i>	F	
TEGRETOL XR	F	
TRILEPTAL	F	
<b>CLASS II NARCOTICS</b>		
<i>codeine sulfate</i>	F	
<i>endocet</i>	F	
<i>fentanyl cit oftc 1,200 mcg</i>	F	PA QL
<i>fentanyl cit oftc 1,600 mcg</i>	F	PA
<i>fentanyl citrate oftc 200 mcg</i>	F	PA QL
<i>fentanyl citrate oftc 400 mcg</i>	F	PA QL
<i>fentanyl citrate oftc 600 mcg</i>	F	PA QL
<i>fentanyl citrate oftc 800 mcg</i>	F	PA QL
<i>fentanyl</i>	F	PA
<i>hydromorphone hcl</i>	F	
<i>levorphanol tartrate</i>	F	
<i>meperidine hcl</i>	F	
<i>meperitab</i>	F	
<i>methadone hcl</i>	F	
<i>methadose</i>	F	
<i>morphine sulfate</i>	F	
<i>oxycodone hcl 10 mg tablet</i>	F	
<i>oxycodone hcl 15 mg tablet</i>	F	
<i>oxycodone hcl 20 mg tablet</i>	F	
<i>oxycodone hcl 30 mg tablet</i>	F	
<i>oxycodone hcl 5 mg tablet</i>	F	
<i>oxycodone hcl er 10 mg tablet</i>	F	QL
<i>oxycodone hcl er 20 mg tablet</i>	F	QL
<i>oxycodone hcl er 40 mg tablet</i>	F	QL
<i>oxycodone hcl er 80 mg tablet</i>	F	QL
<i>oxycodone hcl-acetaminophen</i>	F	
<i>oxycodone hcl-ibuprofen</i>	F	

DRUG NAME	TIER	LIMITS/ NOTES
<b>AUTONOMIC AND CNS MEDICATIONS</b>		
<b>CLASS II NARCOTICS</b>		
<i>oxycodone-acetaminophen</i>	F	
<i>oxycodone-aspirin</i>	F	
OXYCONTIN 10 MG TABLET	F	QL
OXYCONTIN 15 MG TABLET	F	QL
OXYCONTIN 20 MG TABLET	F	QL
OXYCONTIN 30 MG TABLET	F	QL
OXYCONTIN 40 MG TABLET	F	QL
OXYCONTIN 60 MG TABLET	F	QL
OXYCONTIN 80 MG TABLET	F	QL
<i>perloxx</i>	F	
<i>roxicet</i>	F	
<b>CLASS III NARCOTICS</b>		
<i>acetaminophen-codeine</i>	F	
<i>co-gesic</i>	F	
<i>hydrocodone bit-ibuprofen</i>	F	
<i>hydrocodone-acetaminophen</i>	F	
<i>margesic h</i>	F	
<i>reprexain</i>	F	
<i>stagesic</i>	F	
SUBOXONE	F	QL
SUBUTEX	F	
<i>trezix</i>	F	
<i>zamicet</i>	F	
<b>CLASS IV NARCOTICS</b>		
<i>pentazocine-acetaminophen</i>	F	
<i>pentazocine-naloxone hcl</i>	F	
<i>propoxyphene hcl</i>	F	
<i>propoxyphene hcl-apap</i>	F	
<i>propoxyphene napsylate-apap</i>	F	
<b>CNS STIMULANT DRUGS</b>		
<i>amphetamine salt combo</i>	F	
DESOXYN	F	
<i>dexmethylphenidate hcl</i>	F	
<i>dextroamphetamine sulfate</i>	F	
<i>liquadd</i>	F	
<i>metadate er</i>	F	
<i>methylin er</i>	F	
<i>methylin</i>	F	
<i>methylphenidate er</i>	F	
<i>methylphenidate hcl</i>	F	
PROVIGIL	F	PA
VYVANSE	F	PA
<b>DRUGS TO PREVENT AND TREAT HEADACHES</b>		
<i>asa-butalb-caffeine-codeine</i>	F	
<i>ascomp with codeine</i>	F	
<i>butalbital-caff-apap-codeine</i>	F	
<i>butorphanol tartrate</i>	F	QL
<i>ergotamine-caffeine</i>	F	
<i>migergot</i>	F	
<i>sumatriptan succinate</i>	F	QL
<b>HYDANTOINS</b>		
DILANTIN	F	
PEGANONE	F	
<i>phenytoin sodium extended</i>	F	
<i>phenytoin</i>	F	
<b>MAO INHIBITORS</b>		

DRUG NAME	TIER	LIMITS/ NOTES
<b>AUTONOMIC AND CNS MEDICATIONS</b>		
<b>MAO INHIBITORS</b>		
NARDIL	F	
tranylcypromine sulfate	F	
<b>OTHER ANTICONVULSANTS</b>		
BANZEL	F	
FELBATOL	F	
gabapentin	F	
GABITRIL	F	
lamotrigine	F	
levetiracetam	F	
LYRICA	F	
NEURONTIN	F	
primidone	F	
topiramate	F	
VIMPAT	F	
zonisamide	F	
<b>OTHER ANTIDEPRESSANTS</b>		
amitriptyline-chlordiazepoxide	F	
budeprion sr	F	QL
bupropion hcl sr 100 mg tab	F	QL
bupropion hcl sr 200 mg tab	F	QL
bupropion hcl	F	
maprotiline hcl	F	
mirtazapine	F	
nefazodone hcl	F	
perphenazine-amitriptyline	F	
trazodone hcl	F	
venlafaxine hcl	F	
<b>OTHER ANTIPARKINSON DRUGS</b>		
APOKYN	F	
bromocriptine mesylate	F	
carbidopa-levodopa	F	
COMTAN	F	
LODOSYN	F	
MIRAPEX	F	
ropinirole hcl	F	
selegiline hcl	F	
STALEVO 100	F	
STALEVO 125	F	
STALEVO 150	F	
STALEVO 200	F	
STALEVO 50	F	
STALEVO 75	F	
TASMAR	F	
<b>OTHER CNS/AUTONOMIC DRUGS</b>		
ANTABUSE	F	
depade	F	
guanidine hcl	F	
MESTINON	F	
naltrexone hcl	F	
pyridostigmine bromide	F	
STRATTERA	F	PA
XYREM	F	PA
<b>SECONDARY AMINES</b>		
amoxapine	F	
desipramine hcl	F	
nortriptyline hcl	F	

DRUG NAME	TIER	LIMITS/ NOTES
<b>AUTONOMIC AND CNS MEDICATIONS</b>		
<b>SECONDARY AMINES</b>		
protriptyline hcl	F	
<b>SEDATIVE/HYPNOTIC DRUGS</b>		
zaleplon	F	QL
zolpidem tartrate	F	QL
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS</b>		
citalopram hbr	F	QL
citalopram	F	
fluoxetine 20 mg/5 ml solution	F	
fluoxetine hcl 10 mg capsule	F	QL
fluoxetine hcl 10 mg tablet	F	QL
fluoxetine hcl 20 mg capsule	F	
fluoxetine hcl 20 mg tablet	F	
fluvoxamine maleate	F	QL
paroxetine hcl 10 mg tablet	F	QL
paroxetine hcl 10 mg/5 ml susp	F	
paroxetine hcl 20 mg tablet	F	QL
paroxetine hcl 30 mg tablet	F	QL
paroxetine hcl 40 mg tablet	F	QL
sertraline 20 mg/ml oral conc	F	
sertraline hcl 100 mg tablet	F	QL
sertraline hcl 25 mg tablet	F	QL
sertraline hcl 50 mg tablet	F	QL
<b>SMOKING CESSATION PRODUCTS</b>		
buproban	F	
bupropion sr 150 mg tablet	F	
CHANTIX	F	
NICOTROL NS	F	
NICOTROL	F	
<b>SUCCINIMIDES</b>		
CELONTIN	F	
ethosuximide	F	
<b>TERTIARY AMINES</b>		
amitriptyline hcl	F	
clomipramine hcl	F	
doxepin hcl	F	
imipramine hcl	F	
imipramine pamoate	F	
trimipramine maleate	F	
<b>VALPROIC ACID AND DERIVATIVES</b>		
divalproex sodium er	F	
divalproex sodium	F	
valproic acid	F	
<b>CARDIOVASCULAR MEDICATIONS</b>		
<b>AMIODARONES</b>		
amiodarone hcl	F	
pacerone	F	
<b>ANGIOTENSIN CONVERTING ENZYME INHIBITORS</b>		
benazepril hcl	F	STP
captopril	F	STP
enalapril maleate	F	STP
fosinopril sodium	F	STP
lisinopril	F	STP
moexipril hcl	F	STP
quinapril hcl	F	STP
ramipril	F	STP
trandolapril	F	STP

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DRUG NAME	TIER	LIMITS/ NOTES
<b>CARDIOVASCULAR MEDICATIONS</b>		
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
BENICAR	F	STP
DIOVAN	F	STP
<b>ANTIDYSRHYTHMIC DRUGS</b>		
<i>disopyramide phosphate</i>	F	
<i>flecainide acetate</i>	F	
<i>mexiletine hcl</i>	F	
<i>propafenone hcl</i>	F	
<i>quinidine gluconate</i>	F	
<i>quinidine sulfate</i>	F	
<b>BETA-ADRENERGIC ANTAGONIST DRUGS</b>		
<i>acebutolol hcl</i>	F	
<i>atenolol</i>	F	
<i>betaxolol 10 mg tablet</i>	F	
<i>betaxolol 20 mg tablet</i>	F	
<i>bisoprolol fumarate</i>	F	
<i>carvedilol</i>	F	
<i>labetalol hcl</i>	F	
<i>metoprolol succinate</i>	F	
<i>metoprolol tartrate</i>	F	
<i>nadolol</i>	F	
<i>pindolol</i>	F	
<i>propranolol hcl</i>	F	
<i>timolol maleate 10 mg tablet</i>	F	
<i>timolol maleate 20 mg tablet</i>	F	
<i>timolol maleate 5 mg tablet</i>	F	
TOPROL XL	F	
<b>CALCIUM ANTAGONISTS</b>		
<i>afeditab cr</i>	F	
<i>amlodipine besylate</i>	F	
<i>cartia xt</i>	F	
<i>dilt-cd</i>	F	
<i>diltiazem 24hr er</i>	F	
<i>diltiazem er</i>	F	
<i>diltiazem hcl</i>	F	
<i>dilt-xr</i>	F	
<i>diltzac er</i>	F	
<i>felodipine er</i>	F	
<i>isradipine</i>	F	
<i>nicardipine hcl</i>	F	
<i>nifediac cc</i>	F	
<i>nifedical xl</i>	F	
<i>nifedipine er</i>	F	
<i>nifedipine</i>	F	
<i>nimodipine</i>	F	
<i>nisoldipine</i>	F	
<i>taztia xt</i>	F	
<i>verapamil er</i>	F	
<i>verapamil hcl</i>	F	
<b>CARDIAC GLYCOSIDES</b>		
<i>digitek</i>	F	
<i>digoxin</i>	F	
LANOXIN	F	
<b>CENTRALLY ACTING ANTIHYPERTENSIVES</b>		
<i>clonidine hcl</i>	F	
<i>guanabenz acetate</i>	F	
<i>guanfacine hcl</i>	F	

DRUG NAME	TIER	LIMITS/ NOTES
<b>CARDIOVASCULAR MEDICATIONS</b>		
<b>CENTRALLY ACTING ANTIHYPERTENSIVES</b>		
<i>methyl dopa</i>	F	
<b>DRUGS FOR PHEOCHROMOCYTOMA</b>		
DEMSEER	F	
DIBENZYLINE	F	
<b>ENDOTHELIN RECPTR ANTAGONIST</b>		
LETAIRIS	F	PA
TRACLEER	F	PA
<b>HMG-COA REDUCTASE INHIBITORS</b>		
CRESTOR	F	QL
<i>lovastatin</i>	F	QL
<i>pravastatin sodium</i>	F	QL
<i>simvastatin</i>	F	QL
VYTORIN	F	QL
<b>HYPOLIPOPROTEINEMICS</b>		
<i>cholestyramine light</i>	F	
<i>cholestyramine</i>	F	
<i>colestipol hcl</i>	F	
<i>fenofibrate</i>	F	
<i>gemfibrozil</i>	F	
LOVAZA	F	PA
NIASPAN	F	
<i>prevalite</i>	F	
ZETIA	F	
<b>LOOP DIURETICS</b>		
<i>bumetanide</i>	F	
<i>furosemide</i>	F	
<i>toremide</i>	F	
<b>NITRATES</b>		
<i>isosorbide dinitrate</i>	F	
<i>isosorbide mononitrate</i>	F	
<i>nitro-bid</i>	F	
<i>nitroglycerin patch</i>	F	
<b>OTHER ANTIARRHYTHMICS</b>		
<i>sorine</i>	F	
<i>sotalol af</i>	F	
<i>sotalol</i>	F	
TIKOSYN	F	
<b>OTHER ANTIHYPERTENSIVES</b>		
<i>amlodipine besylate-benazepril</i>	F	
<i>atenolol-chlorthalidone</i>	F	
<i>benazepril hcl-hctz</i>	F	STP
BENICAR HCT	F	STP
<i>bisoprolol fumarate-hctz</i>	F	
<i>captopril-hydrochlorothiazide</i>	F	STP
DIOVAN HCT	F	STP
<i>enalapril maleate-hctz</i>	F	STP
<i>fosinopril-hydrochlorothiazide</i>	F	STP
<i>lisinopril-hctz</i>	F	STP
<i>methyl dopa-hydrochlorothiazide</i>	F	
<i>metoprolol-hydrochlorothiazide</i>	F	
<i>moexipril-hydrochlorothiazide</i>	F	STP
<i>nadolol-bendroflumethiazide</i>	F	
<i>propranolol hcl-hctz</i>	F	
<i>quinapril-hydrochlorothiazide</i>	F	STP
<i>quinaretic</i>	F	STP
<i>reserpine</i>	F	

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<b>CARDIOVASCULAR MEDICATIONS</b>		
<b>OTHER ANTIHYPERTENSIVES</b>		
TEKURNA HCT	F	STP
TEKURNA	F	STP
<b>OTHER CARDIOVASCULAR DRUGS</b>		
<i>midodrine hcl</i>	F	
<i>pentopak</i>	F	
<i>pentoxifylline</i>	F	
<i>pentoxil</i>	F	
<b>OTHER VASODILATING DRUGS</b>		
ADCIRCA	F	PA QL
REVATIO	F	PA QL
VENTAVIS	F	PA
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl</i>	F	
<i>amiloride hcl-hctz</i>	F	
<i>eplerenone</i>	F	
<i>spironolactone</i>	F	
<i>spironolactone-hctz</i>	F	
<i>triamterene-hctz</i>	F	
<b>THIAZIDE AND RELATED DRUGS</b>		
<i>chlorothiazide</i>	F	
<i>chlorthalidone</i>	F	
<i>hydrochlorothiazide</i>	F	
<i>indapamide</i>	F	
<i>methyclothiazide</i>	F	
<i>metolazone</i>	F	
<b>VASODILATOR ANTIHYPERTENSIVES</b>		
<i>doxazosin mesylate</i>	F	STP QL
<i>hydralazine hcl</i>	F	
<i>minoxidil</i>	F	
<i>prazosin hcl</i>	F	
<i>terazosin hcl</i>	F	STP QL
<b>DERMATOLOGICAL MEDICATIONS</b>		
<b>ANTIACNE DRUGS</b>		
<i>clindamycin ph 1% gel</i>	F	
<i>clindamycin ph 1% solution</i>	F	
<i>clindamycin phos 1% pledget</i>	F	
<i>clindamycin phosp 1% lotion</i>	F	
<i>ery</i>	F	
<i>erythromycin 2% gel</i>	F	
<i>erythromycin 2% solution</i>	F	
<i>erythromycin-benzoyl peroxide</i>	F	
<i>metronidazole 0.75% cream</i>	F	
<i>metronidazole 0.75% lotion</i>	F	
<i>metronidazole topical 0.75% gl</i>	F	
<i>tretinoin 0.01% gel</i>	F	PA
<i>tretinoin 0.025% cream</i>	F	PA
<i>tretinoin 0.025% gel</i>	F	PA
<i>tretinoin 0.05% cream</i>	F	PA
<i>tretinoin 0.1% cream</i>	F	PA
<b>ANTIPRURITIC DRUGS</b>		
<i>hydroxyzine hcl</i>	F	
<i>hydroxyzine pamoate</i>	F	
<b>ANTIPSORIASIS AND ANTIECZEMA DRUGS</b>		
<i>calcipotriene</i>	F	
DOVONEX	F	
<i>selenium sulfide</i>	F	

DRUG NAME	TIER	LIMITS/ NOTES
<b>DERMATOLOGICAL MEDICATIONS</b>		
<b>ANTIPSORIASIS AND ANTIECZEMA DRUGS</b>		
<i>sodium sulfacetamide 10% lot</i>	F	
SORIATANE CK	F	
TAZORAC	F	
<b>KERATOLYTIC DRUGS</b>		
<i>podofilox</i>	F	
<b>ORAL DERMATOLOGICAL DRUGS</b>		
8-MOP	F	
<i>amnesteem</i>	F	PA
<i>claravis</i>	F	PA
<i>sotret</i>	F	PA
<b>SCABICIDES</b>		
<i>acticin</i>	F	
EURAX	F	
LINDANE	F	
<i>permethrin</i>	F	
<b>TOPICAL CORTICOSTEROID DRUGS</b>		
<i>alclometasone dipropionate</i>	F	
<i>amcinonide</i>	F	
<i>betamethasone dipropionate</i>	F	
<i>betamethasone valerate</i>	F	
<i>beta-val</i>	F	
<i>clobetasol emollient</i>	F	
<i>clobetasol propionate</i>	F	
<i>cormax</i>	F	
<i>del-beta</i>	F	
<i>desonide</i>	F	
<i>desoximetasone</i>	F	
<i>diflorasone diacetate</i>	F	
<i>fluocinolone acetonide</i>	F	
<i>fluocinonide emollient</i>	F	
<i>fluocinonide</i>	F	
<i>fluocinonide-e</i>	F	
<i>fluticasone prop 0.005% oint</i>	F	
<i>fluticasone prop 0.05% cream</i>	F	
<i>halobetasol propionate</i>	F	
<i>hydrocortisone 1% absorbbase</i>	F	
<i>hydrocortisone 1% cream</i>	F	
<i>hydrocortisone 1% lotion</i>	F	
<i>hydrocortisone 1% ointment</i>	F	
<i>hydrocortisone 2.5% cream</i>	F	
<i>hydrocortisone 2.5% lotion</i>	F	
<i>hydrocortisone 2.5% ointment</i>	F	
<i>hydrocortisone butyrate</i>	F	
<i>hydrocortisone valerate</i>	F	
<i>mometasone furoate</i>	F	
<i>prednicarbate</i>	F	
<i>triamcinolone 0.025% cream</i>	F	
<i>triamcinolone 0.025% lotion</i>	F	
<i>triamcinolone 0.025% oint</i>	F	
<i>triamcinolone 0.05% oint</i>	F	
<i>triamcinolone 0.1% cream</i>	F	
<i>triamcinolone 0.1% lotion</i>	F	
<i>triamcinolone 0.1% ointment</i>	F	
<i>triamcinolone 0.5% cream</i>	F	
<i>triamcinolone 0.5% ointment</i>	F	
<i>triderm</i>	F	

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DRUG NAME	TIER	LIMITS/ NOTES
<b>DERMATOLOGICAL MEDICATIONS</b>		
<b>TOPICAL DERMATOLOGICAL DRUGS</b>		
ALDARA	F	
<i>ammonium lactate</i>	F	
FLUOROPLEX	F	
<i>fluorouracil</i>	F	
PROTOPIC	F	PA
SANTYL	F	
<b>DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS</b>		
<b>DIAGNOSTIC PRODUCTS</b>		
CHEMET	F	
EXJADE	F	
<b>MISCELLANEOUS DRUGS</b>		
BUPHENYL	F	
COPAXONE	F	QL
<i>ergoloid mesylates</i>	F	
ORFADIN	F	
THALOMID	F	
<b>EAR-NOSE-THROAT MEDICATIONS</b>		
<b>DRUGS AFFECTING THE EAR</b>		
<i>acetazol hc</i>	F	
<i>acetic acid</i>	F	
<i>acetic acid-hydrocortisone</i>	F	
<i>borofair</i>	F	
CIPRODEX	F	
<i>cortomycin</i>	F	
<i>neomycin-polymyxin-hc ear soln</i>	F	
<i>neomycin-polymyxin-hc ear susp</i>	F	
<i>ofloxacin 0.3% ear drops</i>	F	
<i>oticin hc</i>	F	
<b>DRUGS AFFECTING THE NOSE</b>		
ASTELIN	F	QL
<i>flunisolide</i>	F	QL
<i>fluticasone prop 50 mcg spray</i>	F	QL
<i>ipratropium 0.03% spray</i>	F	QL
<i>ipratropium 0.06% spray</i>	F	QL
<b>DRUGS AFFECTING THE THROAT AND MOUTH</b>		
<i>chlorhexidine gluconate</i>	F	
<i>doxycycline hyclate 20 mg tab</i>	F	
<i>perio gard</i>	F	
<i>pilocarpine hcl</i>	F	
<i>triamcinolone 0.1% paste</i>	F	
<b>ENDOCRINE MEDICATIONS</b>		
<b>AMYLIN ANALOGUES</b>		
SYMLIN	F	QL
SYMLINPEN 120	F	QL
SYMLINPEN 60	F	
<b>ANTITHYROID DRUGS</b>		
<i>methimazole</i>	F	
<i>propylthiouracil</i>	F	
<b>DIPEPTIDYL PEPTIDASE-IV INHIB AND COMBOS</b>		
JANUVIA	F	QL
<b>GLUCOCORTICOID DRUGS</b>		
<i>cortisone</i>	F	
<i>dexamethasone intensol</i>	F	
<i>dexamethasone</i>	F	
<i>hydrocortisone 10 mg tablet</i>	F	
<i>hydrocortisone 20 mg tablet</i>	F	

DRUG NAME	TIER	LIMITS/ NOTES
<b>ENDOCRINE MEDICATIONS</b>		
<b>GLUCOCORTICOID DRUGS</b>		
<i>hydrocortisone 5 mg tablet</i>	F	
<i>methylprednisolone</i>	F	
<i>prednisolone 15 mg/5 ml soln</i>	F	
<i>prednisolone 6.7 mg/5 ml soln</i>	F	
<i>prednisolone</i>	F	
<i>prednisone intensol</i>	F	
<i>prednisone</i>	F	
<i>veripred 20</i>	F	
<b>GLUCOSE ELEVATING DRUGS</b>		
GLUCAGEN	F	
GLUCAGON EMERGENCY KIT	F	
PROGLYCEM	F	
<b>INCRETIN MIMETICS</b>		
BYETTA	F	QL
<b>INSULIN</b>		
APIDRA	F	
HUMALOG MIX 50-50	F	
HUMALOG MIX 75-25	F	
HUMALOG	F	
HUMULIN 50-50	F	
HUMULIN 70-30	F	
HUMULIN N	F	
HUMULIN R 100 UNITS/ML VIAL	F	
HUMULIN R 500 UNITS/ML VIAL	F	
LANTUS SOLOSTAR	F	
LANTUS	F	
LEVEMIR	F	
NOVOLIN 70-30 100 UNIT/ML VIAL	F	
NOVOLIN 70-30 INNOLET	F	
NOVOLIN 70-30 U100 CARTRIDGE	F	
NOVOLIN N 100 UNIT/ML CARTRID	F	
NOVOLIN N 100 UNITS/ML VIAL	F	
NOVOLIN N INNOLET	F	
NOVOLIN R 100 UNIT/ML CARTRID	F	
NOVOLIN R 100 UNIT/ML INNOLET	F	
NOVOLIN R 100 UNITS/ML VIAL	F	
NOVOLOG MIX 70-30	F	
NOVOLOG	F	
RELION NOVOLIN 70-30 VIAL	F	
RELION NOVOLIN N 100 UNITS/ML	F	
RELION NOVOLIN R 100 UNITS/ML	F	
<b>MINERALOCORTICOID DRUGS</b>		
<i>fludrocortisone acetate</i>	F	
<b>ORAL HYPOGLYCEMICS AND COMBOS</b>		
<i>acarbose</i>	F	
ACTOPLUS MET	F	QL
ACTOS	F	QL
AVANDAMET	F	QL
AVANDARYL	F	QL
AVANDIA	F	QL
<i>chlorpropamide</i>	F	
DUETACT	F	QL
<i>glimepiride</i>	F	
<i>glipizide er</i>	F	
<i>glipizide xl</i>	F	
<i>glipizide</i>	F	

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DRUG NAME	TIER	LIMITS/ NOTES
<b>ENDOCRINE MEDICATIONS</b>		
<b>ORAL HYPOGLYCEMICS AND COMBOS</b>		
<i>glipizide-metformin</i>	F	
<i>glyburide micronized</i>	F	
<i>glyburide</i>	F	
<i>glyburide-metformin hcl</i>	F	
<i>glycron</i>	F	
<i>metformin hcl er</i>	F	
<i>metformin hcl</i>	F	
PRANDIMET	F	
PRANDIN	F	
<i>tolazamide</i>	F	
<i>tolbutamide</i>	F	
<b>OTHER ENDOCRINE DRUGS</b>		
<i>alendronate sodium</i>	F	QL
<i>cabergoline</i>	F	QL
<i>calcitonin-salmon</i>	F	
<i>desmopressin acetate</i>	F	
<i>etidronate disodium</i>	F	
FORTEO	F	PA
<i>fortical</i>	F	
KUVAN	F	
MIACALCIN	F	
SENSIPAR	F	
SOMAVERT	F	PA
STIMATE	F	
ZAVESCA	F	
<b>THYROID SUPPLEMENTS</b>		
<i>levothroid</i>	F	
<i>levothyroxine sodium</i>	F	
<i>levoxyl</i>	F	
<i>liothyronine sodium</i>	F	
THYROLAR-1	F	
THYROLAR-1/2	F	
THYROLAR-1/4	F	
THYROLAR-2	F	
THYROLAR-3	F	
<i>unithroid</i>	F	
<b>GASTROINTESTINAL MEDICATIONS</b>		
<b>ANTIDIARRHEAL DRUGS</b>		
<i>diphenoxylate w/atropine</i>	F	
<i>diphenoxylate-atropine</i>	F	
<i>loperamide</i>	F	
<b>ANTISPASMODICS/DRUGS AFFECT GI MOTILITY</b>		
<i>dicyclomine hcl</i>	F	
<i>glycopyrrolate</i>	F	
<i>metoclopramide hcl</i>	F	
<i>propantheline bromide</i>	F	
<b>ANTIULCER DRUGS</b>		
<i>cimetidine</i>	F	
<i>famotidine</i>	F	
<i>nizatidine</i>	F	
<i>ranitidine hcl</i>	F	
<b>IRRITABLE BOWEL DRUGS</b>		
AMITIZA	F	
LOTRONEX	F	
<b>LAXATIVES AND CATHARTICS</b>		
<i>polyethylene glycol 3350</i>	F	

DRUG NAME	TIER	LIMITS/ NOTES
<b>GASTROINTESTINAL MEDICATIONS</b>		
<b>OTHER ANTIULCER DRUGS</b>		
CARAFATE	F	
<i>misoprostol</i>	F	
<i>sucralfate</i>	F	
<b>OTHER GI DRUGS</b>		
APRISO	F	
ASACOL HD	F	
ASACOL	F	
<i>balsalazide disodium</i>	F	
CANASA	F	
CORTIFOAM	F	
CREON 10	F	
CREON 20	F	
CREON 5	F	
CREON	F	
<i>dygase</i>	F	
ENTOCORT EC	F	
<i>gavilyte-g</i>	F	
<i>hydrocortisone 100 mg enema</i>	F	
<i>lapase</i>	F	
<i>lipram</i>	F	
<i>lipram-pn10</i>	F	
<i>lipram-pn16</i>	F	
<i>lipram-pn20</i>	F	
<i>lipram-ul12</i>	F	
<i>lipram-ul18</i>	F	
<i>lipram-ul20</i>	F	
<i>mesalamine</i>	F	
<i>palcaps 10</i>	F	
<i>palcaps 20</i>	F	
<i>pancrelipase mt-16</i>	F	
<i>pancrelipase</i>	F	
<i>pancron 10</i>	F	
<i>pancron 20</i>	F	
<i>pangestyme cn 10</i>	F	
<i>pangestyme cn 20</i>	F	
<i>pangestyme ec</i>	F	
<i>pangestyme mt 16</i>	F	
<i>pangestyme ul 12</i>	F	
<i>pangestyme ul 18</i>	F	
<i>pangestyme ul 20</i>	F	
<i>panocaps mt 16</i>	F	
<i>panocaps mt 20</i>	F	
<i>panocaps</i>	F	
<i>panokase</i>	F	
<i>panokase-16</i>	F	
<i>peg 3350-electrolyte</i>	F	
PENTASA	F	
<i>plaretase 8000</i>	F	
<i>procto-pak</i>	F	
<i>proctosol-hc</i>	F	
<i>proctozone-hc</i>	F	
RELISTOR	F	PA
SUCRAID	F	
<i>sulfasalazine dr</i>	F	
<i>sulfasalazine</i>	F	
<i>sulfazine ec</i>	F	

DRUG NAME	TIER	LIMITS/ NOTES
<b>GASTROINTESTINAL MEDICATIONS</b>		
<b>OTHER GI DRUGS</b>		
<i>sulfazine</i>	F	
<i>ultracaps mt 20</i>	F	
ULTRASE MT 12	F	
ULTRASE MT 18	F	
ULTRASE MT 20	F	
ULTRASE	F	
URSO FORTE	F	
URSO	F	
<i>ursodiol</i>	F	
VIOKASE	F	
<b>PROTON PUMP INHIBITORS</b>		
<i>omeprazole dr 10 mg capsule</i>	F	STP QL
<i>omeprazole dr 20 mg capsule</i>	F	STP
<i>omeprazole dr 40 mg capsule</i>	F	STP
<i>pantoprazole sod dr 20 mg tab</i>	F	STP QL
<i>pantoprazole sod dr 40 mg tab</i>	F	STP
<b>IMMUNOLOGICALS AND VACCINES</b>		
<b>ERYTHROID STIMULANTS</b>		
ARANESP	F	PA
EPOGEN	F	PA
PROCRIT	F	PA
<b>GROWTH HORMONES AND RELATED DRUGS</b>		
NORDITROPIN 15 MG/1.5 ML CRTG	F	PA
NORDITROPIN 5 MG/1.5 ML CRTG	F	PA
NORDITROPIN NORDIFLEX	F	PA
OMNITROPE 10 MG/1.5 ML CRTG	F	PA
OMNITROPE 5 MG/1.5 ML CRTG	F	PA
OMNITROPE 5.8 MG VIAL	F	PA
TEV-TROPIN	F	PA
<b>INSULIN LIKE GROWTH FACTORS-1</b>		
INCRELEX	F	PA
<b>INTERFERONS</b>		
ACTIMMUNE	F	
AVONEX ADMINISTRATION PACK	F	QL
AVONEX	F	QL
BETASERON	F	QL
INFERGEN	F	
INTRON A	F	
PEGASYS	F	QL
REBIF	F	QL
<b>INTERLEUKIN RECPTR ANTAGONIST</b>		
KINERET	F	PA
<b>INTERLEUKINS</b>		
NEUMEGA	F	QL
<b>MYELOID STIMULANTS</b>		
NEULASTA	F	PA
NEUPOGEN	F	PA
<b>THROMBOPOIETIC AGENTS</b>		
PROMACTA	F	
<b>MEDICAL (MISCELLANEOUS) SUPPLIES</b>		
<b>DIABETIC SUPPLIES</b>		
ALCOHOL SWABS	F	
BD SAFETYGLIDE	F	
INSULIN SYRINGE	F	
PEN NEEDLE	F	
<b>MUSCULOSKELETAL MEDICATIONS</b>		

DRUG NAME	TIER	LIMITS/ NOTES
<b>MUSCULOSKELETAL MEDICATIONS</b>		
<b>CNS MUSCLE RELAXANTS</b>		
<i>carisoprodol compound</i>	F	
<i>carisoprodol compound-codeine</i>	F	
<i>carisoprodol</i>	F	
<i>chlorzoxazone</i>	F	
<i>cyclobenzaprine hcl</i>	F	
<i>methocarbamol</i>	F	
<i>orphenadrine citrate</i>	F	
<i>orphenadrine compound forte</i>	F	
<i>orphenadrine compound</i>	F	
RILUTEK	F	
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>baclofen</i>	F	
<i>dantrolene sodium</i>	F	
<i>tizanidine hcl</i>	F	
<b>DRUGS TO PREVENT AND TREAT GOUT</b>		
<i>allopurinol</i>	F	STP
<i>probenecid</i>	F	STP
<i>probenecid-colchicine</i>	F	STP
ULORIC	F	STP
<b>NON-STEROIDAL ANTIINFLAMMATORY AGENTS</b>		
CELEBREX 100 MG CAPSULE	F	PA STP
CELEBREX 200 MG CAPSULE	F	PA STP
CELEBREX 400 MG CAPSULE	F	PA STP
CELEBREX 50 MG CAPSULE	F	PA STP
<i>diclofenac potassium</i>	F	
<i>diclofenac sod 25 mg tab ec</i>	F	
<i>diclofenac sod ec 50 mg tab</i>	F	
<i>diclofenac sod ec 75 mg tab</i>	F	
<i>diclofenac sod er 100 mg tab</i>	F	
<i>etodolac</i>	F	
<i>fenoprofen calcium</i>	F	
<i>flurbiprofen</i>	F	
<i>ibuprofen</i>	F	
<i>indomethacin</i>	F	
<i>ketoprofen</i>	F	
<i>ketorolac tromethamine</i>	F	QL
<i>meclofenamate sodium</i>	F	
<i>meloxicam 15 mg tablet</i>	F	
<i>meloxicam 7.5 mg tablet</i>	F	QL
<i>meloxicam 7.5 mg/5 ml susp</i>	F	
<i>nabumetone</i>	F	
<i>naproxen sodium</i>	F	
<i>naproxen</i>	F	
<i>oxaprozin</i>	F	
<i>piroxicam</i>	F	
<i>sulindac</i>	F	
<i>tolmetin sodium</i>	F	
<b>OTHER DRUGS FOR ARTHRITIS</b>		
CUPRIMINE	F	
RIDAURA	F	
<b>SALICYLATES AND RELATED DRUGS</b>		
<i>diflunisal</i>	F	
<b>NUTRITION, BLOOD MODIFIERS, ELECTROLYTES</b>		
<b>ANTIPLATELET DRUGS</b>		
AGGRENEX	F	
<i>cilostazol</i>	F	

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DRUG NAME	TIER	LIMITS/ NOTES
<b>NUTRITION,BLOOD MODIFIERS,ELECTROLYTES</b>		
<b>ANTIPLATELET DRUGS</b>		
dipyridamole	F	
EFFIENT	F	
PLAVIX	F	
<b>BLOOD DETOXICANTS</b>		
constulose	F	
enulose	F	
generlac	F	
lactulose	F	
RENAGEL	F	
RENVELA	F	
<b>ELECTROLYTES, IRRIGATING SOLUTIONS, ETC.</b>		
CYSTAGON	F	
<b>FLUORIDE PRODUCTS</b>		
sodium fluoride	F	
<b>INJECTABLE ANTICOAGULANTS</b>		
ARIXTRA	F	PA
LOVENOX	F	PA
<b>ORAL ANTICOAGULANTS, VITAMIN K</b>		
jantoven	F	
warfarin sodium	F	
<b>POTASSIUM REMOVING RESINS</b>		
sodium polystyrene sulfonate	F	
sps	F	
<b>POTASSIUM SUPPLEMENTS</b>		
ed k+10	F	
kaon-cl 10	F	
klor-con 10	F	
klor-con 8	F	
klor-con m10	F	
klor-con m15	F	
klor-con m20	F	
potassium chloride	F	
<b>THERAPEUTIC VITAMINS AND MINERALS</b>		
calcitriol	F	
calcium acetate	F	
eliphos	F	
HECTOROL	F	
levocarnitine	F	
ZEMPLAR	F	
<b>OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS</b>		
<b>ANDROGEN DRUGS</b>		
ANDROXY	F	
danazol	F	
METHITEST	F	
oxandrolone	F	
TESTIM	F	
<b>CONTRACEPTIVES</b>		
apri	F	
aranelle	F	
aviane	F	
balziva	F	
cesia	F	
cryselle	F	
enpresse	F	
junel fe	F	
junel	F	

DRUG NAME	TIER	LIMITS/ NOTES
<b>OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS</b>		
<b>CONTRACEPTIVES</b>		
kariva	F	
kelnor 1-35	F	
leena	F	
lessina	F	
levora-28	F	
low-ogestrel	F	
lutera	F	
microgestin fe	F	
microgestin	F	
mononessa	F	
necon	F	
next choice	F	
nortrel	F	
ocella	F	
ogestrel	F	
PLAN B	F	
portia	F	
previfem	F	
quasense	F	
reclipsen	F	
solia	F	
sprintec	F	
sronyx	F	
tri-legest fe	F	
tri-lo-sprintec	F	
trinessa	F	
tri-previfem	F	
tri-sprintec	F	
trivora-28	F	
velivet	F	
zovia 1-35e	F	
zovia 1-50e	F	
<b>ESTROGEN DRUGS</b>		
ESTRACE	F	
estradiol 0.05 mg/day patch	F	QL
estradiol 0.1 mg/day patch	F	QL
estradiol 0.5 mg tablet	F	
estradiol 1 mg tablet	F	
estradiol 2 mg tablet	F	
estradiol tds 0.025 mg/day	F	QL
estradiol tds 0.0375 mg/day	F	QL
estradiol tds 0.06 mg/day	F	QL
estradiol tds 0.075 mg/day	F	QL
estropipate	F	
MENEST	F	
PREMARIN	F	
VAGIFEM	F	
<b>ESTROGEN/PROGESTIN COMBINATIONS</b>		
estradiol-norethindrone acetat	F	
PREMPHASE	F	
PREMPRO	F	
<b>OB/GYN TOPICAL ANTIINFECTIVES</b>		
clindamycin 2% vaginal cream	F	
metronidazole vaginal 0.75% gl	F	
vandazole	F	
<b>OXYTOCICS</b>		

DRUG NAME	TIER	LIMITS/ NOTES
<b>OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS</b>		
<b>OXYTOCICS</b>		
METHERGINE	F	
<b>PRENATAL VITAMINS</b>		
prenatal rx 1	F	
<b>PROGESTIN DRUGS</b>		
camila	F	
CRINONE	F	
errin	F	
jolivette	F	
medroxyprogesterone acetate	F	
nora-be	F	
norethindrone acetate	F	
PROCHIEVE	F	
PROMETRIUM	F	
<b>SELECTIVE ESTROGEN RECEPTOR MODULATOR</b>		
EVISTA	F	
<b>SPECIALIZED OB/GYN DRUGS</b>		
leuprolide acetate	F	PA
LUPRON 1 MG/0.2 ML VIAL	F	PA
LUPRON 2-WK 1 MG/0.2 ML KIT	F	PA
LUPRON DEPOT	F	PA
LUPRON DEPOT-PED	F	PA
SYNAREL	F	PA
<b>OPHTHALMIC MEDICATIONS</b>		
<b>ANTIGLAUCOMA DRUGS</b>		
acetazolamide	F	
ALPHAGAN P 0.1% DROPS	F	
ALPHAGAN P 0.15% EYE DROPS	F	
apraclonidine hcl	F	
betaxolol hcl 0.5% eye drop	F	
brimonidine tartrate	F	
carteolol hcl	F	
dipivefrin hcl	F	
dorzolamide hcl	F	
dorzolamide-timolol	F	
levobunolol hcl	F	
LUMIGAN	F	
methazolamide	F	
metipranolol	F	
PHOSPHOLINE IODIDE	F	
timolol 0.25% eye drops	F	
timolol 0.25% gel-solution	F	
timolol 0.5% eye drops	F	
timolol 0.5% gel-solution	F	
XALATAN	F	
<b>OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS</b>		
dexasporin	F	
neomycin-bacitracin-poly-hc	F	
neomycin-poly-hc eye drops	F	
neomycin-polymyxin-dexameth	F	
poly-dex	F	
sulfacetamide-prednisolone	F	
tobramycin-dexamethasone	F	
<b>OPHTHALMIC CORTICOSTEROID DRUGS</b>		
dexamethasone sodium phosphate	F	
fluorometholone	F	
PRED MILD	F	

DRUG NAME	TIER	LIMITS/ NOTES
<b>OPHTHALMIC MEDICATIONS</b>		
<b>OPHTHALMIC CORTICOSTEROID DRUGS</b>		
prednisolone acetate	F	
prednisolone sod 1% eye drop	F	
<b>OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS</b>		
ak-poly-bac	F	
aktob	F	
bacitracin	F	
bacitracin-polymyxin	F	
ciprofloxacin 0.3% eye drop	F	
erythromycin eye ointment	F	
gentak	F	
gentamicin 3 mg/gm eye oint	F	
gentamicin 3 mg/ml eye drops	F	
gentasol	F	
neomycin-bacitracin-polymyxin	F	
neomycin-polymyxin-gramicidin	F	
ocusulf-10	F	
ofloxacin 0.3% eye drops	F	
polycin-b	F	
polymyxin b sul-trimethoprim	F	
romycin	F	
sulfacetamide 10% eye drops	F	
sulfacetamide 10% eye oint	F	
tobramycin sulfate	F	
tobrasol	F	
VIGAMOX	F	PA
ZYMAR	F	PA
<b>OPHTHALMIC TOPICAL ANTIVIRAL DRUGS</b>		
trifluridine	F	
<b>OTHER OPHTHALMIC DRUGS</b>		
ak-con	F	
cromolyn 4% eye drops	F	
diclofenac 0.1% eye drops	F	
flurbiprofen sodium	F	
mydral	F	
naphazoline hcl	F	
NATACYN	F	
parcaine	F	
proparacaine hcl	F	
RESTASIS	F	QL
tropicacyl	F	
tropicamide	F	
<b>RESPIRATORY MEDICATIONS</b>		
<b>ANTI-HISTAMINE/DECONGESTANT COMBINATIONS</b>		
promethazine vc	F	
<b>ANTI-HISTAMINES</b>		
carbinoxamine maleate	F	
cetirizine hcl	F	
clemastine fumarate	F	
cyproheptadine hcl	F	
dexchlorpheniramine maleate	F	
diphenhydramine hcl	F	
fexofenadine hcl	F	QL
palgic	F	
promethazine 12.5 mg tablet	F	
promethazine 25 mg tablet	F	
promethazine 50 mg tablet	F	

DRUG NAME	TIER	LIMITS/ NOTES
<b>RESPIRATORY MEDICATIONS</b>		
<b>ANTIHISTAMINES</b>		
<i>promethazine 6.25 mg/5 ml syr</i>	F	
<b>BETA-2 ADRENERGIC DRUGS</b>		
<i>albuterol sulfate</i>	F	
FORADIL	F	QL
<i>metaproterenol sulfate</i>	F	
PERFORMIST	F	
PROAIR HFA	F	QL
<i>terbutaline sulfate</i>	F	
<b>LEUKOTRIENE MODIFIERS</b>		
SINGULAIR	F	
<b>METHYL XANTHINE DRUGS</b>		
<i>aminophylline</i>	F	
<i>theochron</i>	F	
<i>theophylline anhydrous</i>	F	
<i>theophylline</i>	F	
<b>OTHER DRUGS FOR ASTHMA</b>		
ADVAIR DISKUS	F	QL
ADVAIR HFA	F	QL
ATROVENT HFA	F	QL
COMBIVENT	F	QL
<i>cromolyn nebulizer solution</i>	F	
EPIPEN JR	F	QL
EPIPEN	F	QL
GASTROCROM	F	
INTAL	F	
<i>ipratropium br 0.02% soln</i>	F	
<i>ipratropium-albuterol</i>	F	
PULMICORT FLEXHALER	F	QL
QVAR	F	QL
SYMBICORT	F	QL
<b>OTHER RESPIRATORY DRUGS</b>		
PULMOZYME	F	
<b>UROLOGICAL MEDICATIONS</b>		
<b>ANTICHOLINERGIC ANTISPASMODICS</b>		
ENABLEX	F	STP
<i>flavoxate hcl</i>	F	
<i>oxybutynin chloride</i>	F	STP
<i>oxybutynin cl er 10 mg tablet</i>	F	STP
<i>oxybutynin cl er 15 mg tablet</i>	F	STP
<i>oxybutynin cl er 5 mg tablet</i>	F	STP QL
SANCTURA XR	F	STP
<b>CHOLINERGIC STIMULANTS</b>		
<i>bethanechol chloride</i>	F	
<b>OTHER GENITOURINARY PRODUCTS</b>		
CYSTADANE	F	
ELMIRON	F	
<i>finasteride</i>	F	
FLOMAX	F	STP
<i>potassium citrate</i>	F	
UROXATRAL	F	STP
<b>OVER-THE-COUNTER PRODUCTS</b> Covered with a written prescription from the provider. Brand name OTCs will not be covered if a generic is available.		
<b>ANALGESICS</b>		
Acetaminophen	F	
<b>ANTIHISTAMINE/DECONGESTANT COM</b>		

DRUG NAME	TIER	LIMITS/ NOTES
<b>OVER-THE-COUNTER PRODUCTS</b> Covered with a written prescription from the provider. Brand name OTCs will not be covered if a generic is available.		
<b>ANTIHISTAMINE/DECONGESTANT COM</b>		
<i>loratadine/pseudoephedrine</i>	F	
<b>ANTIHISTAMINES</b>		
<i>cetirizine</i>	F	
<i>diphenhydramine 25 mg, 50mg</i>	F	
<i>loratadine</i>	F	
<b>ANTIVERTIGO AND ANTIEMETIC DRU</b>		
<i>meclizine</i>	F	
<b>DIABETIC SUPPLIES</b>		
<i>urine glucose test strips</i>	F	
<b>HYPOLIPOPROTEINEMICS</b>		
<i>niacin otc</i>	F	
<b>NON-STEROIDAL ANTIINFLAMMATORY</b>		
<i>ibuprofen</i>	F	
<b>OPICAL DERMATOLOGICAL DRUGS</b>		
<i>lactic acid lotion</i>	F	
<b>ORAL ANTIFUNGAL DRUGS</b>		
<i>clotrimazole</i>	F	
<b>OTHER OPHTHALMIC DRUGS</b>		
<i>naphazoline</i>	F	
<i>naphazoline/antazoline</i>	F	
<i>naphazoline/pheniramine</i>	F	
<b>OTHER TOPICAL ANTIFUNGALS</b>		
<i>ketoconazole</i>	F	
<i>terbinafine</i>	F	
<i>tolnafate</i>	F	
<b>PROTON PUMP INHIBITORS</b>		
<i>omeprazole</i>	F	
<b>SALICYLATES AND RELATED DRUGS</b>		
<i>acetylsalicylic acid</i>	F	
<i>aspirin</i>	F	
<b>SCABICIDES</b>		
<i>permethrin</i>	F	
<b>SMOKING CESSATION PRODUCTS</b>		
COMMIT	F	
NICODERM CQ	F	
NICORELIEF	F	
NICORETTE	F	
<i>nicotine gum</i>	F	
<i>nicotine lozenge</i>	F	
<i>nicotine patch</i>	F	
<b>TOPICAL CORTICOSTEROID DRUGS</b>		
<i>hydrocortisone</i>	F	
<i>hydrocortisone, cream, lotion, ointmen</i>	F	
<b>VAGINAL ANTIFUNGALS</b>		
<i>clotrimazole</i>	F	
<i>miconazole</i>	F	
<i>miconazole</i>	F	
<i>miconazole vaginal</i>	F	
<i>ticonazole</i>	F	
<b>VITAMINS &amp; MINERALS &amp; RELATED</b>		
<i>calcium carbonate</i>	F	
<i>ferrous sulfate</i>	F	