



MedicareRx  
Prescription Drug Coverage X

## HealthPartners Medicare Prescription Drug Program

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*2008 Formulary  
(List of Covered Drugs)*

**PLEASE READ:** This document contains information about the drugs we cover in this plan.

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

Formulary\_H2462 H9005 H9931\_116\_091107 9/7/07 440113 (6/08)

H2422 MSHO0720

Last updated: June 2008

## *HealthPartners Medicare Prescription Drug Program Formulary*

### **What is the HealthPartners Formulary?**

A formulary is a list of covered drugs selected by HealthPartners 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. HealthPartners will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a HealthPartners 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 2007 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2008 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 improve the safety of your drugs.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) 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 October 1, 2007. To get updated information about the drugs covered by HealthPartners, please visit our website at [healthpartner.com/medicare](http://healthpartner.com/medicare). Or call the following numbers from 8 a.m. to 8 p.m., seven days a week for prescription drug questions.

HealthPartners® Freedom members should call 952-883-7979 or 1-800-233-9645.

HealthPartners® Classic and Liberty members should call 952-883-7676 or 1-866-233-8734.

HealthPartners® Classic MSHO members should call 952-967-7029 or 1-888-820-4285.

All TTY users should call 952-883-6060 or 1-800-443-0156.

### **How do I use the Formulary?**

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

#### **Medical Condition**

The formulary begins on page 8. 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 6. 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 39. 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.

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### **What are generic drugs?**

**HealthPartners covers both brand name drugs and generic drugs.** A generic drug has the same active-ingredient as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the FDA.

### **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:** HealthPartners requires you to get prior authorization for certain drugs. This means that you will need to get approval from HealthPartners before you fill your prescriptions. If you don't get approval, HealthPartners may not cover the drug.
- **Quantity Limits:** For certain drugs, HealthPartners limits the amount of the drug that HealthPartners will cover. For example, HealthPartners provides 20 units per prescription for Ergomar. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, HealthPartners 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, HealthPartners may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthPartners 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 8.

You can ask HealthPartners to make an exception to these restrictions or limits. See the section, "How do I request an exception to the HealthPartners formulary?" below for information about how to request an exception.

### **What if my drug is not on the Formulary?**

If your drug is not included in this formulary, you should first contact Member Services and ask if your drug is covered. If you learn that HealthPartners does not cover your drug, you have two options:

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

NOTE: Due to a change in Medicare, most Medicare Drug Plans will no longer cover erectile dysfunction (ED) drugs like Viagra, Cialis, Levitra, and Caverject. For more information, you can contact Member Services.

### **How do I request an exception to the HealthPartners Formulary?**

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, HealthPartners limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty drug tier.

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Generally, HealthPartners will only approve your request for an exception if the alternative drugs included on the plan's formulary, 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 or utilization restriction exception. When you are requesting a formulary or utilization restriction exception you should submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 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 cover a temporary 31-day transition supply (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 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.

HealthPartners transition process will provide transitional medications to (1) new enrollees to HealthPartners Medicare Part D plans on January 1 following the annual coordinated election period; (2) newly eligible Medicare beneficiaries from other coverage; (3) the transition of individuals who switch from one plan to another after January 1; (4) enrollees residing in long-term care (LTC) facilities, and (5) those enrollees having changes in level of care, for example, those entering an LTC facility or being discharged from a hospital. In example (5), early refills will be granted due to change in their level of care, when appropriate.

HealthPartners will provide a one-time, temporary supply of a non-formulary Part D drug in order to accommodate the immediate needs of an enrollee. Non-Formulary drugs include (1) Part D drugs that are not on the plan's formulary, and (2) Part D drugs that are on the plan's formulary but require prior authorization or step therapy.

This transition policy provides a one-time temporary 1 to 30-day fill at the retail setting (unless the enrollee presents a prescription written

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for less than 30 days) anytime during the first 90 days of the beneficiary's enrollment in a plan, beginning on the enrollee's effective date of coverage. Thirty days allows the plan and/or the enrollee sufficient time to work with the prescriber to either switch to a therapeutically equivalent medication on HealthPartners formulary or complete an exception request to maintain the coverage of the non-formulary drug based upon medical necessity reasons. If the prescription is written for less than 30 days or if safety quantity limits are in place, HealthPartners will provide a refill override to fulfill the 30 day requirement.

The cost sharing for the one-time transition will never exceed the enrollee's maximum copayment or coinsurance amounts and includes enrollee's low income subsidy amounts, if eligible. Cost sharing will be based upon the appropriate tier the non-formulary drug is labeled meaning brand (single source) drugs will process under the brand copay when appropriate.

HealthPartners will send written notice to the enrollee within 3 business days of the transition fill indicating (1) an explanation of the temporary nature of the transition supply an enrollee has received; (2) instructions for working with the plan sponsor and the enrollee's prescriber to identify therapeutic alternatives, when available and appropriate; (3) an explanation of the enrollee's right to request a formulary exception; and (4) a description of the procedures for requesting a formulary exception.

Enrollees residing in a Long Term Care setting will receive a one-time temporary 1 to 31-day fill, unless the prescription is written for less than 31 days, with multiple fills as necessary, during the first 90 days of the beneficiary's enrollment with HealthPartners. In addition, HealthPartners will provide a one-time 1 to 31-day emergency supply of non-formulary drugs while an exception is being processed.

### **For more information**

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

For questions regarding medical and dental plan options, please call 8 a.m. to 6 p.m., Monday-Friday. For questions about Medicare Part D prescription drug benefits, including copayments, deductibles and network pharmacies, please call 8 a.m. to 8 p.m., seven days a week. HealthPartners® Freedom members should call 952-883-7979 or 1-800-233-9645. HealthPartners® Classic and Liberty members should call 952-883-7676 or 1-866-233-8734. HealthPartners® Classic MSHO members should call 952-967-7029 or 1-888-820-4285. All TTY users should call 952-883-6060 or 1-800-443-0156.

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/TDD users should call 1-877-486-2048. Or visit [www.medicare.gov](http://www.medicare.gov).

### **HealthPartners Formulary**

The formulary that begins on page 8 provides coverage information about some of the drugs covered by HealthPartners. If you have trouble finding your drug in the list, turn to the Index that begins on page 39.

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

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

## *Drug Category Listing*

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## *Drug Category Listing*

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**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
<b>Analgesics (Pain Medications)</b>		
<i>acetaminophen w/codeine</i>	Generic	Quantity Limit
<i>aspirin w/codeine</i>	Generic	
CELEBREX	BRAND	STEP THERAPY
<i>codeine sulfate</i>	Generic	
DEMEROL SYRUP	BRAND	
<i>diclofenac sodium regular release</i>	Generic	
DILAUDID-5 LIQUID	BRAND	
<i>fentanyl patches</i>	Generic	
<i>flurbiprofen</i>	Generic	
<i>hydrocodone / ibuprofen 7.5-200mg</i>	Generic	
<i>hydrocodone w/acetaminophen</i>	Generic	Quantity Limit
<i>hydromorphone hcl injection</i>	Generic	Prior Authorization
<i>hydromorphone oral</i>	Generic	
<i>ibuprofen</i>	Generic	
INDOCIN SUSPENSION	BRAND	
<i>indomethacin immediate release capsule</i>	Generic	
<i>ketorolac oral</i>	Generic	Quantity Limit
<i>meloxicam</i>	Generic	
<i>meperidine oral</i>	Generic	
<i>methadone</i>	Generic	
<i>morphine immediate release</i>	Generic	
<i>morphine rectal suppository</i>	Generic	
<i>morphine sulfate injection</i>	Generic	Prior Authorization
<i>morphine sustained release</i>	Generic	
<i>naproxen regular release</i>	Generic	
<i>naproxen sodium</i>	Generic	
<i>oxycodone concentrate</i>	Generic	
<i>oxycodone immediate release</i>	Generic	
<i>oxycodone sustained release</i>	Generic	Quantity Limit
<i>oxycodone w/acetaminophen</i>	Generic	Quantity Limit
<i>oxycodone w/aspirin</i>	Generic	
OXYCONTIN	BRAND	QUANTITY LIMIT
<i>piroxicam</i>	Generic	
<i>propoxyphene hydrochloride</i>	Generic	
<i>propoxyphene napsylate w/acetaminophen</i>	Generic	Quantity Limit
ROXICET 325-5MG/5ML ORAL SOLUTION	BRAND	QUANTITY LIMIT
ROXICET 5-500MG	BRAND	QUANTITY LIMIT
<i>salsalate</i>	Generic	
SUBOXONE	BRAND	
SUBUTEX	BRAND	PRIOR AUTHORIZATION
<i>sulindac</i>	Generic	
<i>tolmetin</i>	Generic	
<i>tramadol regular release</i>	Generic	

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
<b>Anesthetics</b>		
EMLA WITH TEGADERM	BRAND	QUANTITY LIMIT
<i>lidocaine / prilocaine topical cream</i>	<i>Generic</i>	<i>Quantity Limit</i>
<i>lidocaine injection</i>	<i>Generic</i>	
<i>lidocaine topical (prescription only)</i>	<i>Generic</i>	
<i>lidocaine viscous oral</i>	<i>Generic</i>	
LIDODERM PATCH	BRAND	STEP THERAPY
<b>Antibacterials</b>		
<i>acetic acid vaginal gel</i>	<i>Generic</i>	
ALTABAX	BRAND	STEP THERAPY
<i>amoxicillin</i>	<i>Generic</i>	
<i>amoxicillin / clavulanate acid</i>	<i>Generic</i>	
AMOXIL 50MG/ML DROPS	BRAND	
<i>ampicillin injection</i>	<i>Generic</i>	
<i>ampicillin oral</i>	<i>Generic</i>	
AUGMENTIN 125MG & 250MG CHEW TABLET & SUSPENSION	BRAND	
AVELOX	BRAND	
AZACTAM IN DEXTROSE	BRAND	
<i>azithromycin injection</i>	<i>Generic</i>	
<i>azithromycin oral</i>	<i>Generic</i>	
<i>bacitracin ophthalmic</i>	<i>Generic</i>	
BACTROBAN CREAM	BRAND	
BIAXIN SUSPENSION	BRAND	
<i>cefazolin injection</i>	<i>Generic</i>	
<i>cefdinir</i>	<i>Generic</i>	
<i>cefepime injection</i>	<i>Generic</i>	
<i>cefoxitin sodium injection</i>	<i>Generic</i>	
<i>cefprozil</i>	<i>Generic</i>	
CEFTIN SUSPENSION	BRAND	
<i>ceftriaxone injection</i>	<i>Generic</i>	
<i>cefuroxime tablet &amp; suspension</i>	<i>Generic</i>	
<i>cephalexin</i>	<i>Generic</i>	
CILOXAN OPHTHALMIC OINTMENT ONLY	BRAND	
CIPRO SUSPENSION	BRAND	
<i>ciprofloxacin regular release tablet</i>	<i>Generic</i>	
<i>clarithromycin suspension &amp; tablet</i>	<i>Generic</i>	
CLEOCIN 75MG CAPSULE	BRAND	
CLEOCIN PED SOLUTION	BRAND	
CLEOCIN VAGINAL SUPPOSITORY	BRAND	
<i>clindamycin capsule</i>	<i>Generic</i>	
<i>clindamycin topical</i>	<i>Generic</i>	
<i>clindamycin vaginal cream</i>	<i>Generic</i>	
CLINDESSE VAGINAL CREAM	BRAND	
<i>colistimethate sodium injection</i>	<i>Generic</i>	
CUBICIN INJECTION	BRAND	

\*\* = Part B drugs

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
<i>dicloxacillin</i>	Generic	
<i>doxycycline hyclate regular release</i>	Generic	
ERYPED 100MG/2.5ML, 200MG/5ML & 400MG/5ML FOR SUSPENSION	BRAND	
<i>erytab</i>	Generic	
<i>erythromycin base</i>	Generic	
<i>erythromycin ethylsuccinate suspension &amp; tablet</i>	Generic	
<i>erythromycin lactobionate injection</i>	Generic	
<i>erythromycin ophthalmic</i>	Generic	
<i>erythromycin stearate</i>	Generic	
<i>erythromycin topical</i>	Generic	
<i>erythromycin/sulfisoxazole</i>	Generic	
FURADANTIN	BRAND	
GANTRISIN SUSPENSION	BRAND	
<i>gentamicin ophthalmic</i>	Generic	
<i>gentamicin topical</i>	Generic	
GEOCILLIN	BRAND	
LEVAQUIN	BRAND	
MACRODANTIN 25MG	BRAND	
MAXIPIME INJECTION	BRAND	
METROGEL 1% TOPICAL	BRAND	
METROLOTION	BRAND	
<i>metronidazole 0.75% cream, gel, lotion</i>	Generic	
<i>metronidazole regular release oral tablet</i>	Generic	
<i>metronidazole vaginal gel</i>	Generic	
<i>minocycline capsule</i>	Generic	
<i>mupirocin ointment</i>	Generic	
<i>nafcillin injection</i>	Generic	
NEO-FRADIN SOLUTION	BRAND	
<i>neomycin oral tablet</i>	Generic	
NEUTREXIN INJECTION	SPECIALTY	PRIOR AUTHORIZATION
<i>nitrofurantoin macrocrystalline (MACRODANTIN equivalent)</i>	Generic	
<i>nitrofurantoin monohydrate macrocrystalline (MACROBID equivalent)</i>	Generic	
NORITATE	BRAND	
<i>ofloxacin ophthalmic</i>	Generic	
<i>penicillin g potassium injection</i>	Generic	Prior Authorization
<i>penicillin VK</i>	Generic	
<i>piperacillin sodium injection</i>	Generic	
<i>polymyxin b/bacitracin ophthalmic</i>	Generic	
<i>polymyxin b/bacitracin/neomycin ophthalmic</i>	Generic	
<i>polymyxin b/gramicidin/neomycin ophthalmic</i>	Generic	
<i>polymyxin b/trimethoprim ophthalmic</i>	Generic	
PRIMAXIN IV SOLUTION	BRAND	
<i>silver sulfadiazine topical</i>	Generic	
<i>sulfacetamide ophthalmic</i>	Generic	
<i>sulfadiazine</i>	Generic	
<i>sulfamethoxazole / trimethoprim</i>	Generic	
<i>sulfasalazine</i>	Generic	

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
<i>sulfasalazine delayed release</i>	Generic	
SUMYCIN SYRUP	BRAND	
<i>tetracycline</i>	Generic	
TOBI NEBULIZATION SOLUTION **	SPECIALTY	
<i>tobramycin ophthalmic solution</i>	Generic	
TOBEX OPTHALMIC OINTMENT	BRAND	
<i>trimethoprim</i>	Generic	
TYGACIL INJECTION	BRAND	
VANCOCIN ORAL	BRAND	
<i>vancomycin injection</i>	Generic	
VIGAMOX OPTHALMIC	BRAND	STEP THERAPY
ZOSYN INJECTION	BRAND	
ZYMAR OPTHALMIC	BRAND	STEP THERAPY
ZYVOX	BRAND	STEP THERAPY
<b>Anticonvulsants</b>		
<i>acetazolamide tablet</i>	Generic	
<i>carbamazepine immediate release</i>	Generic	
CARBATROL	BRAND	
CELONTIN	BRAND	
DEPAKOTE	BRAND	
DEPAKOTE SPRINKLE	BRAND	
DIAMOX CAPSULE	BRAND	
DILANTIN, DILANTIN INFATABS	BRAND	
<i>ethosuximide</i>	Generic	
FELBATOL	BRAND	PRIOR AUTHORIZATION
<i>gabapentin</i>	Generic	
GABITRIL	BRAND	
KEPPRA INJECTION	BRAND	
KEPPRA ORAL	BRAND	
LAMICTAL 100MG, 150MG, 200MG AND STARTER KITS	BRAND	
LAMICTAL 25MG TABLET	BRAND	QUANTITY LIMIT
<i>lamotrigine 5mg &amp; 25mg chewable tablet</i>	Generic	
LYRICA	BRAND	PRIOR AUTHORIZATION
NEURONTIN ORAL SOLUTION	BRAND	
<i>oxcarbazepine</i>	Generic	
PEGANONE	BRAND	
PHENYTEK	BRAND	
<i>phenytoin extended release</i>	Generic	
<i>phenytoin sodium injection</i>	Generic	
<i>phenytoin suspension</i>	Generic	
<i>primidone tablet</i>	Generic	
TEGRETOL XR	BRAND	
TOPAMAX	BRAND	
TRILEPTAL	BRAND	
<i>valproate sodium injection</i>	Generic	
<i>valproate sodium oral</i>	Generic	
<i>valproic acid oral</i>	Generic	
<i>zonisamide</i>	Generic	

\*\* = Part B drugs

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
<b>Antidementia Agents (including Alzheimer's Drugs)</b>		
ARICEPT	BRAND	
ARICEPT ODT	BRAND	
<i>ergoloid mesylates oral</i>	<i>Generic</i>	
NAMENDA	BRAND	PRIOR AUTHORIZATION
RAZADYNE	BRAND	PRIOR AUTHORIZATION
RAZADYNE ER	BRAND	PRIOR AUTHORIZATION
<b>Antidepressants</b>		
<i>amitriptyline</i>	<i>Generic</i>	
<i>amoxapine</i>	<i>Generic</i>	
<i>bupropion extended release 300mg - 24 hour</i>	<i>Generic</i>	
<i>bupropion immediate release</i>	<i>Generic</i>	
<i>bupropion sustained release - 12 hour</i>	<i>Generic</i>	
<i>citalopram</i>	<i>Generic</i>	
<i>clomipramine</i>	<i>Generic</i>	
CYMBALTA	BRAND	STEP THERAPY
<i>desipramine</i>	<i>Generic</i>	
<i>doxepin</i>	<i>Generic</i>	
EFFEXOR XR	BRAND	STEP THERAPY
EMSAM	BRAND	PRIOR AUTHORIZATION
<i>fluoxetine 10mg &amp; 20mg capsule, 10mg tablet, oral solution only</i>	<i>Generic</i>	
<i>fluvoxamine</i>	<i>Generic</i>	
<i>imipramine hcl</i>	<i>Generic</i>	
LEXAPRO	BRAND	STEP THERAPY
<i>maprotiline</i>	<i>Generic</i>	
MARPLAN	BRAND	
<i>mirtazapine dissolve tablet</i>	<i>Generic</i>	<i>Prior Authorization</i>
<i>mirtazapine regular tablet</i>	<i>Generic</i>	
NARDIL	BRAND	
<i>nefazodone</i>	<i>Generic</i>	<i>Prior Authorization</i>
<i>nortriptyline</i>	<i>Generic</i>	
PARNATE	BRAND	
<i>paroxetine hcl regular release</i>	<i>Generic</i>	
<i>paroxetine hcl suspension</i>	<i>Generic</i>	
<i>sertraline</i>	<i>Generic</i>	
SURMONTIL 100MG	BRAND	
<i>tranylcypromine</i>	<i>Generic</i>	
<i>trazodone</i>	<i>Generic</i>	
<i>trimipramine 25mg &amp; 50mg</i>	<i>Generic</i>	
<i>venlafaxine immediate release</i>	<i>Generic</i>	<i>Step Therapy</i>
VIVACTIL	BRAND	
WELLBUTRIN XL 150MG	BRAND	

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
<b>Antidotes, Deterrents, and Toxicologic Agents</b>		
ANTABUSE	BRAND	
ANTIZOL IV	SPECIALTY	PRIOR AUTHORIZATION
<i>bupropion sustained release - 12 hour (smoking deterrent)</i>	<i>Generic</i>	
CAMPRAL	BRAND	
CHANTIX	BRAND	
CHEMET	BRAND	
EXJADE	BRAND	PRIOR AUTHORIZATION
<i>fomepizole injection</i>	<i>Specialty</i>	<i>Prior Authorization</i>
<i>leucovorin calcium injection</i>	<i>Generic</i>	
<i>leucovorin calcium oral</i>	<i>Generic</i>	
MESNEX TABLET	BRAND	
<i>naloxone injection</i>	<i>Generic</i>	<i>Prior Authorization</i>
<i>naltrexone</i>	<i>Generic</i>	
NICOTROL NS NASAL SOLUTION	BRAND	
NICOTROL ORAL INHALER	BRAND	
<i>sodium polystyrene sulfonate</i>	<i>Generic</i>	
SUBOXONE	BRAND	
SUBUTEX	BRAND	PRIOR AUTHORIZATION
SYPRINE	BRAND	PRIOR AUTHORIZATION
<b>Antiemetics (including drugs for Nausea &amp; Vomiting)</b>		
<i>chlorpromazine injection</i>	<i>Generic</i>	<i>Prior Authorization</i>
<i>chlorpromazine oral **</i>	<i>Generic</i>	<i>Prior Authorization</i>
<i>diphenhydramine injection</i>	<i>Generic</i>	
EMEND **	BRAND	PRIOR AUTHORIZATION
<i>hydroxyzine pamoate capsule **</i>	<i>Generic</i>	<i>Prior Authorization</i>
MARINOL **	BRAND	PRIOR AUTHORIZATION
<i>metoclopramide</i>	<i>Generic</i>	
<i>ondansetron 24mg **</i>	<i>Generic</i>	<i>Prior Authorization</i>
<i>ondansetron 4mg &amp; 8mg **</i>	<i>Generic</i>	<i>Prior Authorization</i>
<i>ondansetron dissolve 4mg &amp; 8mg **</i>	<i>Generic</i>	<i>Prior Authorization</i>
<i>ondansetron oral solution **</i>	<i>Generic</i>	<i>Prior Authorization</i>
<i>perphenazine oral **</i>	<i>Generic</i>	<i>Prior Authorization</i>
<i>prochlorperazine edisylate injection</i>	<i>Generic</i>	<i>Prior Authorization</i>
<i>prochlorperazine oral **</i>	<i>Generic</i>	<i>Prior Authorization</i>
<i>prochlorperazine rectal suppository</i>	<i>Generic</i>	
<i>promethazine injection</i>	<i>Generic</i>	
<i>promethazine rectal suppository</i>	<i>Generic</i>	
<i>promethazine syrup</i>	<i>Generic</i>	
<i>promethazine tablet **</i>	<i>Generic</i>	<i>Prior Authorization</i>
TRANSDERM SCOP	BRAND	PRIOR AUTHORIZATION
<i>trimethobenzamide 300mg capsule **</i>	<i>Generic</i>	<i>Prior Authorization</i>
VISTARIL SUSPENSION **	BRAND	PRIOR AUTHORIZATION

\*\* = Part B drugs

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
<b>Antifungals</b>		
BIO-STATIN	BRAND	
CANCIDAS IV	SPECIALTY	PRIOR AUTHORIZATION
<i>ciclopirox cream &amp; suspension</i>	<i>Generic</i>	
<i>ciclopirox nail lacquer</i>	<i>Generic</i>	
<i>clotrimazole troche</i>	<i>Generic</i>	
<i>econazole topical</i>	<i>Generic</i>	
EXELDERM	BRAND	
<i>fluconazole in sodium chloride injection</i>	<i>Generic</i>	
<i>fluconazole oral</i>	<i>Generic</i>	
GRIFULVIN V 500MG TABLET	BRAND	
<i>griseofulvin</i>	<i>Generic</i>	
GRIS-PEG	BRAND	
<i>itraconazole capsule</i>	<i>Generic</i>	<i>Prior Authorization</i>
<i>ketoconazole cream</i>	<i>Generic</i>	
<i>ketoconazole oral</i>	<i>Generic</i>	
LOPROX GEL	BRAND	
NAFTIN	BRAND	
NOXAFIL	SPECIALTY	STEP THERAPY
<i>nystatin oral</i>	<i>Generic</i>	
<i>nystatin topical</i>	<i>Generic</i>	
PENLAC	BRAND	
SPORANOX SOLUTION	BRAND	PRIOR AUTHORIZATION
<i>terbinafine oral</i>	<i>Generic</i>	
<i>terconazole vaginal</i>	<i>Generic</i>	
VFEND ORAL	SPECIALTY	STEP THERAPY
<b>Antigout Agents</b>		
<i>allopurinol</i>	<i>Generic</i>	
<i>colchicine</i>	<i>Generic</i>	
<i>probenecid</i>	<i>Generic</i>	
<i>probenecid/colchicine</i>	<i>Generic</i>	
<b>Anti-inflammatory Agents (Oral)</b>		
CELEBREX	BRAND	STEP THERAPY
<i>diclofenac sodium regular release</i>	<i>Generic</i>	
<i>flurbiprofen</i>	<i>Generic</i>	
<i>ibuprofen</i>	<i>Generic</i>	
INDOCIN SUSPENSION	BRAND	
<i>indomethacin immediate release capsule</i>	<i>Generic</i>	
<i>meloxicam</i>	<i>Generic</i>	
<i>naproxen regular release</i>	<i>Generic</i>	
<i>naproxen sodium</i>	<i>Generic</i>	
<i>piroxicam</i>	<i>Generic</i>	
<i>prednisolone oral liquid</i>	<i>Generic</i>	
<i>prednisolone oral tablet **</i>	<i>Generic</i>	
<i>prednisolone sodium phosphate oral liquid</i>	<i>Generic</i>	
<i>prednisone 5mg/5ml oral solution</i>	<i>Generic</i>	

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
<i>prednisone 5mg/ml concentrate solution</i>	Generic	
<i>prednisone oral tablet **</i>	Generic	
<i>salsalate</i>	Generic	
<i>sulindac</i>	Generic	
<i>tolmetin</i>	Generic	
<b>Antimigraine Agents</b>		
DEPAKOTE ER	BRAND	
<i>dihydroergotamine injection</i>	Generic	
ERGOMAR	BRAND	QUANTITY LIMIT
<i>ergotamine w/caffeine oral tablet</i>	Generic	<i>Quantity Limit</i>
IMITREX INJECTION	BRAND	
IMITREX NASAL	BRAND	
IMITREX TABLET	BRAND	
INNOPRAN XL	BRAND	STEP THERAPY
MAXALT	BRAND	
MAXALT MLT	BRAND	
MIGERGOT RECTAL SUPPOSITORY	BRAND	QUANTITY LIMIT
MIGRANAL NASAL	BRAND	
<i>propranolol immediate release</i>	Generic	
<i>propranolol sustained release</i>	Generic	<i>Step Therapy</i>
RELPAK	BRAND	
<b>Antimyasthenic Agents</b>		
<i>guanidine hcl</i>	Generic	
MESTINON 180MG & SYRUP	BRAND	
<i>pyridostigmine 60mg tablet</i>	Generic	
<b>Antimycobacterials</b>		
<i>dapsone</i>	Generic	
<i>ethambutol</i>	Generic	
<i>isoniazid</i>	Generic	
MYCOBUTIN	BRAND	
<i>pyrazinamide</i>	Generic	
<i>rifampin</i>	Generic	
<b>Antineoplastics (Cancer Drugs)</b>		
ARIMIDEX	BRAND	
AROMASIN	BRAND	
<i>bleomycin sulfate injection</i>	Generic	<i>Prior Authorization</i>
CASODEX	BRAND	
CEENU	BRAND	
<i>cyclophosphamide oral **</i>	Generic	<i>Prior Authorization</i>
DEPO-PROVERA 400MG/ML INJECTION	BRAND	PRIOR AUTHORIZATION
EMCYT	BRAND	
FARESTON	BRAND	
FEMARA	BRAND	
<i>flutamide</i>	Generic	

\*\* = Part B drugs

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
GLEEVEC	SPECIALTY	
HEXALEN	SPECIALTY	
<i>hydroxyurea</i>	<i>Generic</i>	
INTRON-A INJECTION	BRAND	
IRESSA	SPECIALTY	PRIOR AUTHORIZATION
LEUKERAN	BRAND	
<i>leuprolide injection</i>	<i>Generic</i>	
LUPRON DEPOT INJECTION	BRAND	PRIOR AUTHORIZATION
LYSODREN	BRAND	
MATULANE	SPECIALTY	
MEGACE ES	BRAND	
<i>megestrol acetate</i>	<i>Generic</i>	
<i>mercaptopurine</i>	<i>Generic</i>	
MESNEX TABLET	BRAND	
<i>methotrexate 25mg/ml injection</i>	<i>Generic</i>	
<i>methotrexate oral **</i>	<i>Generic</i>	
<i>mitoxantrone hcl injection</i>	<i>Specialty</i>	<i>Prior Authorization</i>
NEXAVAR	SPECIALTY	
NILANDRON	BRAND	
ONTAK INJECTION	SPECIALTY	PRIOR AUTHORIZATION
PANRETIN TOPICAL	BRAND	
PROLEUKIN INJECTION	SPECIALTY	PRIOR AUTHORIZATION
REVLIMID	SPECIALTY	
RITUXAN INJECTION	SPECIALTY	PRIOR AUTHORIZATION
ROFERON-A INJECTION	BRAND	
SOLTAMOX	BRAND	
SPRYCEL	SPECIALTY	
SUTENT	SPECIALTY	
TABLOID	BRAND	
<i>tamoxifen citrate</i>	<i>Generic</i>	
TARCEVA	SPECIALTY	
TARGRETIN ORAL	SPECIALTY	
TARGRETIN TOPICAL	SPECIALTY	
TASIGNA	BRAND	
TESLAC	BRAND	
THALOMID	SPECIALTY	
THIOGUANINE (TABLOID)	BRAND	
<i>tretinoin oral</i>	<i>Specialty</i>	
TRISENOX INJECTION	SPECIALTY	PRIOR AUTHORIZATION
TYKERB	SPECIALTY	
VELCADE INJECTION	SPECIALTY	PRIOR AUTHORIZATION
VIDAZA INJECTION	SPECIALTY	PRIOR AUTHORIZATION
ZOLADEX	BRAND	PRIOR AUTHORIZATION
ZOLINZA	SPECIALTY	PRIOR AUTHORIZATION

\*\* = Part B drugs

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
<b>Antiparasitics</b>		
ALBENZA	BRAND	
ALINIA	BRAND	STEP THERAPY
BILTRICIDE	BRAND	
<i>chloroquine phosphate</i>	<i>Generic</i>	
DARAPRIM	BRAND	
EURAX	BRAND	
FANSIDAR	BRAND	
<i>hydroxychloroquine</i>	<i>Generic</i>	
MALARONE	BRAND	
<i>mebendazole</i>	<i>Generic</i>	
<i>mefloquine</i>	<i>Generic</i>	
MEPRON	BRAND	
<i>metronidazole regular release oral tablet</i>	<i>Generic</i>	
OVIDE	BRAND	
<i>permethrin 5% cream</i>	<i>Generic</i>	
STROMECTOL	BRAND	
YODOXIN	BRAND	
<b>Antiparkinson Agents</b>		
<i>amantadine</i>	<i>Generic</i>	
APOKYN INJECTION	SPECIALTY	PRIOR AUTHORIZATION
AZILECT	BRAND	PRIOR AUTHORIZATION
<i>benztropine</i>	<i>Generic</i>	
<i>bromocriptine</i>	<i>Generic</i>	
<i>carbidopa/levodopa immediate release</i>	<i>Generic</i>	
<i>carbidopa/levodopa sustained release</i>	<i>Generic</i>	
COMTAN	BRAND	
LODOSYN	BRAND	
MIRAPEX	BRAND	
PARCOPA	BRAND	
REQUIP	BRAND	
<i>selegiline</i>	<i>Generic</i>	
STALEVO	BRAND	
<i>trihexyphenidyl</i>	<i>Generic</i>	
<b>Antipsychotics</b>		
ABILIFY	BRAND	
ABILIFY DISCMELT	BRAND	PRIOR AUTHORIZATION
ABILIFY INJECTION	BRAND	
<i>chlorpromazine injection</i>	<i>Generic</i>	<i>Prior Authorization</i>
<i>chlorpromazine oral **</i>	<i>Generic</i>	<i>Prior Authorization</i>
<i>clozapine swallow tablet</i>	<i>Generic</i>	
FAZACLO	BRAND	
<i>fluphenazine deconate injection</i>	<i>Generic</i>	
<i>fluphenazine hcl injection</i>	<i>Generic</i>	

\*\* = Part B drugs

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
<i>fluphenazine oral</i>	Generic	
GEODON INJECTION	BRAND	
GEODON ORAL	BRAND	
<i>haloperidol decanoate injection</i>	Generic	
<i>haloperidol lactate injection</i>	Generic	
<i>haloperidol lactate oral concentrate</i>	Generic	
<i>haloperidol oral</i>	Generic	
INVEGA	BRAND	PRIOR AUTHORIZATION
<i>loxapine</i>	Generic	
MOBAN	BRAND	
ORAP	BRAND	PRIOR AUTHORIZATION
<i>perphenazine oral **</i>	Generic	Prior Authorization
<i>prochlorperazine edisylate injection</i>	Generic	Prior Authorization
<i>prochlorperazine oral **</i>	Generic	Prior Authorization
<i>prochlorperazine rectal suppository</i>	Generic	
RISPERDAL	BRAND	
RISPERDAL CONSTA INJECTION	BRAND	
RISPERDAL-M	BRAND	PRIOR AUTHORIZATION
SEROQUEL	BRAND	
SEROQUEL XR	BRAND	
<i>thioridazine</i>	Generic	
<i>thiothixene</i>	Generic	
<i>trifluoperazine</i>	Generic	
ZYPREXA INJECTION	BRAND	
ZYPREXA ORAL	BRAND	
ZYPREXA ZYDIS	BRAND	PRIOR AUTHORIZATION
<b>Antispasticity Agents</b>		
<i>baclofen</i>	Generic	
<i>dantrolene</i>	Generic	
<i>tizanadine tablet only</i>	Generic	
<b>Antivirals</b>		
<i>acyclovir</i>	Generic	
AGENERASE	BRAND	
<i>amantadine</i>	Generic	
APTIVUS	BRAND	
ATRIPLA	BRAND	
BARACLUDE	SPECIALTY	
COMBIVIR	BRAND	
CRIXIVAN	BRAND	
<i>didanosine delayed release</i>	Generic	
EMTRIVA	BRAND	
EPIVIR	BRAND	
EPIVIR HBV	BRAND	
EPZICOM	BRAND	
FLUMADINE SYRUP	BRAND	
FUZEON INJECTION	SPECIALTY	PRIOR AUTHORIZATION

\*\* = Part B drugs

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
<i>ganciclovir</i>	Generic	
HEPSERA	SPECIALTY	
INFERGEN INJECTION	SPECIALTY	PRIOR AUTHORIZATION
INTELENCE	BRAND	
INTRON-A INJECTION	BRAND	
INVIRASE	BRAND	
ISENTRESS	BRAND	
KALETRA	BRAND	
LEXIVA	BRAND	
NORVIR	BRAND	
PEGASYS INJECTION	SPECIALTY	PRIOR AUTHORIZATION
PEG-INTRON INJECTION	SPECIALTY	
PREZISTA	BRAND	
REBETOL SOLUTION	BRAND	
RELENZA	BRAND	
RESCRIPTOR	BRAND	
RETROVIR CAPSULE & INJECTION	BRAND	
REYATAZ	BRAND	
<i>ribavirin capsule</i>	Specialty	
<i>ribavirin tablet</i>	Specialty	
<i>rimantadine tablet</i>	Generic	
SELZENTRY	BRAND	
SUSTIVA	BRAND	
TAMIFLU	BRAND	
<i>trifluridine ophthalmic</i>	Generic	
TRIZIVIR	BRAND	
TRUVADA	BRAND	
TYZEKA	BRAND	
VALCYTE	SPECIALTY	
VALTREX	BRAND	
VIDEX	BRAND	
VIDEX EC 125MG	BRAND	
VIRACEPT	BRAND	
VIRAMUNE	BRAND	
VIREAD	BRAND	
ZERIT	BRAND	
ZIAGEN	BRAND	
<i>zidovudine capsule, syrup, tablet</i>	Generic	
<b>Anxiolytics (including drugs for Anxiety)</b>		
<i>bupirone</i>	Generic	
<i>doxepin</i>	Generic	
LEXAPRO	BRAND	STEP THERAPY
<i>paroxetine hcl regular release</i>	Generic	
<i>paroxetine hcl suspension</i>	Generic	
<i>sertraline</i>	Generic	

*Alphabetical by Drug Category*

<i>Drug Name</i>	<i>Drug Tier</i>	<i>Requirements/limits</i>
<b>Bipolar Agents</b>		
ABILIFY	BRAND	
ABILIFY DISCMELT	BRAND	PRIOR AUTHORIZATION
ABILIFY INJECTION	BRAND	
<i>carbamazepine immediate release</i>	<i>Generic</i>	
CARBATROL	BRAND	
DEPAKOTE	BRAND	
DEPAKOTE SPRINKLE	BRAND	
GEODON INJECTION	BRAND	
GEODON ORAL	BRAND	
<i>lithium carbonate extended release</i>	<i>Generic</i>	
<i>lithium carbonate immediate release</i>	<i>Generic</i>	
<i>lithium citrate</i>	<i>Generic</i>	
PHENYTEK	BRAND	
RISPERDAL	BRAND	
RISPERDAL CONSTA INJECTION	BRAND	
RISPERDAL-M	BRAND	PRIOR AUTHORIZATION
SEROQUEL	BRAND	
SEROQUEL XR	BRAND	
TEGRETOL XR	BRAND	
<i>valproate sodium injection</i>	<i>Generic</i>	
<i>valproate sodium oral</i>	<i>Generic</i>	
<i>valproic acid oral</i>	<i>Generic</i>	
ZYPREXA ORAL	BRAND	
ZYPREXA ZYDIS	BRAND	PRIOR AUTHORIZATION
<b>Blood Glucose Regulators (including Diabetes Agents)</b>		
ACTOPLUS MET	BRAND	STEP THERAPY
ACTOS	BRAND	STEP THERAPY
<i>alcohol swabs</i>	<i>Generic</i>	
AVANDAMET	BRAND	STEP THERAPY
AVANDARYL	BRAND	STEP THERAPY
AVANDIA	BRAND	STEP THERAPY
BYETTA INJECTION	BRAND	STEP THERAPY
DUETACT	BRAND	STEP THERAPY
<i>gauze</i>	<i>Generic</i>	
<i>glimepiride</i>	<i>Generic</i>	
<i>glipizide extended release</i>	<i>Generic</i>	
<i>glipizide immediate release</i>	<i>Generic</i>	
GLUCAGEN INJECTION	BRAND	
GLUCAGON INJECTION	BRAND	
<i>glyburide</i>	<i>Generic</i>	
<i>glyburide / metformin</i>	<i>Generic</i>	
<i>glyburide micronized</i>	<i>Generic</i>	
GLYSET	BRAND	
HUMULIN 50/50 INSULIN	BRAND	

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
INSULIN PEN DEVICE	BRAND	
<i>insulin pen needles</i>	<i>Generic</i>	
INSULIN SAFETY SYRINGES	BRAND	
<i>insulin syringes</i>	<i>Generic</i>	
JANUMET	BRAND	STEP THERAPY
JANUVIA	BRAND	STEP THERAPY
LANTUS INSULIN (VIAL, OPTICLICK & SOLOSTAR)	BRAND	
LEVEMIR INSULIN (VIAL & FLEXPEN)	BRAND	
<i>metformin extended release</i>	<i>Generic</i>	
<i>metformin immediate release</i>	<i>Generic</i>	
NOVOLIN N, R, 70/30 INSULIN (VIAL, INNOLET, PENFILL)	BRAND	
NOVOLOG INSULIN (VIAL, FLEXPEN, PENFILL)	BRAND	
NOVOLOG MIX INSULIN (VIAL, PENFILL, PREFILL)	BRAND	
PRANDIN	BRAND	
PRECOSE	BRAND	
PROGLYCEM ORAL	BRAND	PRIOR AUTHORIZATION
STARLIX	BRAND	
SYMLIN INJECTION	BRAND	PRIOR AUTHORIZATION
<b>Blood Products / Modifiers / Volume Expanders (including Anticoagulants &amp; Other Blood Modifying Products)</b>		
AGGRENOX	BRAND	
AMICAR 1000MG ORAL	BRAND	
<i>aminocaproic acid 500mg tablet and syrup</i>	<i>Generic</i>	
<i>anagrelide</i>	<i>Generic</i>	
ARANESP ALBUMIN FREE INJECTION **	BRAND	PRIOR AUTHORIZATION
ARANESP INJECTION **	BRAND	PRIOR AUTHORIZATION
ARIXTRA INJECTION	BRAND	PRIOR AUTHORIZATION
<i>cilostazol</i>	<i>Generic</i>	
CYKLOKAPRON INJECTION	BRAND	PRIOR AUTHORIZATION
<i>dipyridamole</i>	<i>Generic</i>	
<i>heparin injection (excluding heparin flush)</i>	<i>Generic</i>	
LEUKINE INJECTION	SPECIALTY	
LOVENOX INJECTION	BRAND	QUANTITY LIMIT
NEULASTA INJECTION	SPECIALTY	
NEUMEGA INJECTION	SPECIALTY	PRIOR AUTHORIZATION
NEUPOGEN INJECTION	SPECIALTY	
<i>pentoxifylline</i>	<i>Generic</i>	
PLAVIX	BRAND	
PROCRIT INJECTION **	BRAND	PRIOR AUTHORIZATION
<i>warfarin oral</i>	<i>Generic</i>	
<b>Cardiovascular Agents (including drugs for Cholesterol, Circulation, Heart Disease, High Blood Pressure)</b>		
<i>acetazolamide tablet</i>	<i>Generic</i>	
ALDACTAZIDE 50MG/50MG	BRAND	
ALTACE	BRAND	
<i>amiloride</i>	<i>Generic</i>	

\*\* = Part B drugs

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
<i>amiloride / hydrochlorothiazide</i>	Generic	
<i>amiodarone 200mg &amp; 400mg</i>	Generic	
<i>amlodipine</i>	Generic	
<i>amlodipine / benazepril 2.5-10mg, 5-10mg, 5-20mg, 10-20mg</i>	Generic	
<i>atenolol</i>	Generic	
<i>atenolol / chlorthalidone</i>	Generic	
AVALIDE	BRAND	STEP THERAPY
AVALIDE	BRAND	QUANTITY LIMIT & STEP THERAPY
AVAPRO	BRAND	STEP THERAPY
AVAPRO	BRAND	QUANTITY LIMIT & STEP THERAPY
<i>benazepril</i>	Generic	
<i>benazepril / hydrochlorothiazide</i>	Generic	
<i>bumetanide</i>	Generic	
<i>captopril</i>	Generic	
CARDIZEM CD 360MG	BRAND	
<i>carvedilol</i>	Generic	
CATAPRES-TTS PATCH	BRAND	
<i>chlorothiazide tablet</i>	Generic	
<i>chlorthalidone</i>	Generic	
<i>cholestyramine light powder - can &amp; packet</i>	Generic	
<i>cholestyramine powder - can &amp; packet</i>	Generic	
<i>clonidine oral</i>	Generic	
COLESTID TABLET	BRAND	
<i>colestipol tablet</i>	Generic	
COREG	BRAND	
COREG CR	BRAND	STEP THERAPY
DIAMOX CAPSULE	BRAND	
DIBENZYLINE	BRAND	
<i>digoxin elixir &amp; tablet</i>	Generic	
DILITRATE 40MG CAPSULE	BRAND	
<i>diltiazem extended release - 24 hour (Cardizem CD, Dilacor XR &amp; Tiazac equivalents only)</i>	Generic	
<i>diltiazem immediate release</i>	Generic	
<i>diltiazem sustained release - 12 hour</i>	Generic	
<i>dipyridamole</i>	Generic	
<i>disopyramide controlled release 150mg</i>	Generic	
<i>disopyramide immediate release</i>	Generic	
DIURIL SUSPENSION	BRAND	
<i>doxazosin</i>	Generic	
EDECIN	BRAND	
<i>enalapril</i>	Generic	
ETHMOZINE	BRAND	
<i>fenofibrate capsules (67mg, 134mg, 200mg) &amp; tablets (54mg, 160mg)</i>	Generic	Step Therapy
<i>flecainide</i>	Generic	

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
<i>furosemide</i>	Generic	
<i>gemfibrozil</i>	Generic	
<i>guanfacine</i>	Generic	
<i>hydralazine</i>	Generic	
<i>hydrochlorothiazide</i>	Generic	
<i>hydrochlorothiazide / spironolactone 25mg/25mg</i>	Generic	
<i>hydrochlorothiazide / triamterene capsule</i>	Generic	
<i>hydrochlorothiazide / triamterene tablet</i>	Generic	
<i>indapamide</i>	Generic	
INSPRA	BRAND	PRIOR AUTHORIZATION
ISMOTIC ORAL SOLUTION	BRAND	
ISORDIL 40MG	BRAND	
<i>isosorbide dinitrate</i>	Generic	
<i>isosorbide mononitrate immediate release</i>	Generic	
<i>isosorbide mononitrate sustained release</i>	Generic	
<i>labetalol</i>	Generic	
LANOXICAPS	BRAND	
LANOXIN	BRAND	
LETAIRIS	SPECIALTY	PRIOR AUTHORIZATION
LIPITOR	BRAND	QUANTITY LIMIT
<i>lisinopril</i>	Generic	
<i>lisinopril / hydrochlorothiazide</i>	Generic	
LOTREL 5-40MG & 10-40MG	BRAND	
<i>lovastatin regular release</i>	Generic	
LOVAZA	BRAND	STEP THERAPY
<i>methazolamide</i>	Generic	
<i>methyldopa</i>	Generic	
<i>metolazone</i>	Generic	
<i>metoprolol succinate sustained release</i>	Generic	
<i>metoprolol tartrate</i>	Generic	
<i>mexiletine</i>	Generic	
MICARDIS	BRAND	STEP THERAPY
MICARDIS	BRAND	QUANTITY LIMIT & STEP THERAPY
MICARDIS HCT	BRAND	STEP THERAPY
MICARDIS HCT	BRAND	QUANTITY LIMIT & STEP THERAPY
<i>midodrine</i>	Generic	
<i>minoxidil oral</i>	Generic	
<i>nadolol</i>	Generic	
NIASPAN	BRAND	
<i>nifedipine sustained release</i>	Generic	
<i>nimodipine</i>	Generic	
NITROBID OINTMENT	BRAND	
NITRO-DUR 0.3MG & 0.8MG PATCH	BRAND	
<i>nitroglycerin patch</i>	Generic	
<i>nitroglycerin sublingual tablet</i>	Generic	

\*\* = Part B drugs

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
NITROSTAT	BRAND	
NORPACE CR 100MG	BRAND	
OMACOR	BRAND	STEP THERAPY
PACERONE 100MG & 300MG	BRAND	
<i>pravastatin</i>	<i>Generic</i>	
<i>prazosin</i>	<i>Generic</i>	
<i>procainamide regular release</i>	<i>Generic</i>	
<i>procainamide sustained release</i>	<i>Generic</i>	
PROCANBID	BRAND	
PRONESTYL 375MG	BRAND	
<i>propafenone immediate release</i>	<i>Generic</i>	
<i>propranolol immediate release</i>	<i>Generic</i>	
<i>quinidine gluconate</i>	<i>Generic</i>	
<i>quinidine sulfate extended release</i>	<i>Generic</i>	
<i>quinidine sulfate immediate release</i>	<i>Generic</i>	
<i>ramipril</i>	<i>Generic</i>	
RANEXA	BRAND	PRIOR AUTHORIZATION
<i>reserpine</i>	<i>Generic</i>	
REVATIO	SPECIALTY	PRIOR AUTHORIZATION
<i>simvastatin</i>	<i>Generic</i>	<i>Quantity Limit</i>
<i>sotalol</i>	<i>Generic</i>	
<i>sotalol AF</i>	<i>Generic</i>	
<i>spironolactone</i>	<i>Generic</i>	
<i>spironolactone / hydrochlorothiazide 25mg/25mg</i>	<i>Generic</i>	
TEKTURNA	BRAND	PRIOR AUTHORIZATION
TEKTURNA HCT	BRAND	PRIOR AUTHORIZATION
<i>terazosin</i>	<i>Generic</i>	
THALITONE	BRAND	
TIKOSYN	BRAND	
TOPROL XL	BRAND	
TRACLEER	SPECIALTY	PRIOR AUTHORIZATION
<i>triamterene / hydrochlorothiazide capsule</i>	<i>Generic</i>	
<i>triamterene / hydrochlorothiazide tablet</i>	<i>Generic</i>	
TRICOR	BRAND	STEP THERAPY
<i>verapamil immediate release</i>	<i>Generic</i>	
<i>verapamil sustained release</i>	<i>Generic</i>	
VYTORIN	BRAND	STEP THERAPY
ZETIA	BRAND	
<b>Central Nervous System Agents (including drugs for ADHD, ALS, Narcolepsy)</b>		
ADDERALL XR	BRAND	
CONCERTA	BRAND	
<i>dextroamphetamine / amphetamine immediate release</i>	<i>Generic</i>	
<i>dextroamphetamine immediate release</i>	<i>Generic</i>	
<i>dextroamphetamine sustained release</i>	<i>Generic</i>	
FOCALIN XR	BRAND	STEP THERAPY
LYRICA	BRAND	PRIOR AUTHORIZATION

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
METADATE CD	BRAND	
<i>methylphenidate immediate release</i>	Generic	
<i>methylphenidate sustained release</i>	Generic	
PROVIGIL	BRAND	PRIOR AUTHORIZATION
RILUTEK	SPECIALTY	
STRATTERA	BRAND	
VYVANSE	BRAND	
XYREM	SPECIALTY	PRIOR AUTHORIZATION
<b>Dental and Oral Agents</b>		
<i>chlorhexidine gluconate 0.12% oral solution</i>	Generic	
<i>doxycycline hyclate 20mg</i>	Generic	
EVOXAC	BRAND	
<i>fluoride chew tablet, cream, drops, gel paste, rinse, tablet</i>	Generic	
<i>lidocaine viscous oral</i>	Generic	
<i>pilocarpine oral</i>	Generic	
<i>triamcinolone in orabase oral paste</i>	Generic	
<b>Dermatological Agents (Skin Products)</b>		
ALDARA	BRAND	
ALTABAX	BRAND	STEP THERAPY
<i>aluminum chloride topical solution</i>	Generic	
<i>amcinonide</i>	Generic	
<i>ammonium lactate (prescription product only)</i>	Generic	
<i>amnesteem</i>	Generic	Quantity Limit
AZELEX	BRAND	
BACTROBAN CREAM	BRAND	
<i>benzoyl peroxide (prescription products only)</i>	Generic	
<i>benzoyl peroxide creamy wash kit (prescription product only)</i>	Generic	
<i>betamethasone dipropionate</i>	Generic	
<i>betamethasone dipropionate, augmented</i>	Generic	
<i>betamethasone valerate</i>	Generic	
BREVOXYL	BRAND	
BREVOXYL ACNE WASH KIT	BRAND	
<i>calcipotriene solution</i>	Generic	
CAPEX	BRAND	
CARAC	BRAND	
<i>ciclopirox cream &amp; suspension</i>	Generic	
<i>ciclopirox nail lacquer</i>	Generic	
<i>claravis</i>	Generic	Quantity Limit
<i>clindamycin topical</i>	Generic	
<i>clobetasol propionate</i>	Generic	
CLOBEX SPRAY	BRAND	PRIOR AUTHORIZATION
CONDYLOX GEL	BRAND	
CORDRAN	BRAND	
DERMA-SMOOTHIE/FS	BRAND	
<i>desonide</i>	Generic	
<i>desoximetasone</i>	Generic	

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
DIFFERIN	BRAND	
<i>diflorasone</i>	Generic	
DOVONEX	BRAND	
<i>doxycycline hyclate regular release</i>	Generic	
DRITHO-SCALP	BRAND	
<i>econazole topical</i>	Generic	
EFUDEX 5% CREAM	BRAND	
ELIDEL	BRAND	
EMLA WITH TEGADERM	BRAND	QUANTITY LIMIT
ENBREL INJECTION	SPECIALTY	PRIOR AUTHORIZATION
<i>erythromycin topical</i>	Generic	
EURAX	BRAND	
EXELDERM	BRAND	
FINACEA	BRAND	
<i>fluocinolone acetonide</i>	Generic	
<i>fluocinonide</i>	Generic	
FLUOROPLEX	BRAND	
<i>fluorouracil 2% &amp; 5% topical solution</i>	Generic	
<i>fluorouracil 5% cream</i>	Generic	
<i>gentamicin topical</i>	Generic	
HALOG	BRAND	
<i>hydrocortisone 2.5% topical</i>	Generic	
<i>hydrocortisone valerate</i>	Generic	
<i>isotretinoin oral</i>	Generic	Quantity Limit
<i>ketoconazole cream</i>	Generic	
<i>ketoconazole shampoo</i>	Generic	
LAC-HYDRIN CREAM	BRAND	
<i>lactic acid (prescription product only)</i>	Generic	
<i>lidocaine / prilocaine topical cream</i>	Generic	Quantity Limit
<i>lidocaine topical (prescription only)</i>	Generic	
LIDODERM PATCH	BRAND	STEP THERAPY
LOPROX GEL	BRAND	
LUXIQ	BRAND	PRIOR AUTHORIZATION
METROGEL 1% TOPICAL	BRAND	
METROLOTION	BRAND	
<i>metronidazole 0.75% cream, gel, lotion</i>	Generic	
<i>mometasone topical</i>	Generic	
<i>mupirocin ointment</i>	Generic	
NAFTIN	BRAND	
NORITATE	BRAND	
<i>nystatin topical</i>	Generic	
OLUX, OLUX-E	BRAND	PRIOR AUTHORIZATION
OVIDE	BRAND	
OXSORALEN LOTION	BRAND	
OXSORALEN ULTRA ORAL	BRAND	

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
PANRETIN TOPICAL	BRAND	
<i>papain / urea ointment</i>	<i>Generic</i>	
PENLAC	BRAND	
<i>permethrin 5% cream</i>	<i>Generic</i>	
<i>podofilox solution</i>	<i>Generic</i>	
PROTOPIC	BRAND	
PSORiatec	BRAND	
RAPTIVA INJECTION	SPECIALTY	PRIOR AUTHORIZATION
REGRANEX	SPECIALTY	PRIOR AUTHORIZATION
RETIN-A MICRO	BRAND	
ROZEX	BRAND	
<i>selenium sulfide topical</i>	<i>Generic</i>	
<i>silver sulfadiazine topical</i>	<i>Generic</i>	
SOLARAZE	BRAND	
SORIATANE CK	BRAND	
SORIATANE ORAL	BRAND	
<i>sotret</i>	<i>Generic</i>	<i>Quantity Limit</i>
<i>sulfacetamide sodium lotion</i>	<i>Generic</i>	
TACLONEX	BRAND	PRIOR AUTHORIZATION
TARGRETIN TOPICAL	SPECIALTY	
TAZORAC	BRAND	QUANTITY LIMIT
<i>tretinoin topical</i>	<i>Generic</i>	
<i>triamcinolone acetonide topical</i>	<i>Generic</i>	
<i>urea 40% cream, emulsion, gel, lotion, suspension</i>	<i>Generic</i>	
ZONALON	BRAND	
<b>Enzyme Replacements / Modifiers</b>		
ADAGEN INJECTION	SPECIALTY	PRIOR AUTHORIZATION
ALDURAZYME INJECTION	SPECIALTY	PRIOR AUTHORIZATION
BUPHENYL ORAL	SPECIALTY	PRIOR AUTHORIZATION
CEREDASE INJECTION	SPECIALTY	PRIOR AUTHORIZATION
CEREZYME INJECTION	SPECIALTY	PRIOR AUTHORIZATION
CREON ORAL	BRAND	
CYSTADANE POWDER FOR ORAL SOLUTION	BRAND	PRIOR AUTHORIZATION
CYSTAGON ORAL	BRAND	PRIOR AUTHORIZATION
ELAPRASE INJECTION	SPECIALTY	PRIOR AUTHORIZATION
ELITEK INJECTION	SPECIALTY	PRIOR AUTHORIZATION
FABRAZYME INJECTION	SPECIALTY	PRIOR AUTHORIZATION
NAGLAZYME INJECTION	SPECIALTY	PRIOR AUTHORIZATION
ORFADIN ORAL	SPECIALTY	PRIOR AUTHORIZATION
PANOKASE	BRAND	
SUCRAID ORAL	SPECIALTY	PRIOR AUTHORIZATION
VIOKASE POWDER & TABLET	BRAND	
ZAVESCA ORAL	SPECIALTY	PRIOR AUTHORIZATION

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
<b>Gastrointestinal Agents (including Stomach and Ulcer Medications)</b>		
AMITIZA	BRAND	PRIOR AUTHORIZATION
CARAFATE SUSPENSION	BRAND	
<i>cimetidine</i>	<i>Generic</i>	
<i>dicyclomine</i>	<i>Generic</i>	
<i>diphenoxylate / atropine</i>	<i>Generic</i>	
ENTOCORT EC	BRAND	PRIOR AUTHORIZATION
<i>famotidine swallow tablet</i>	<i>Generic</i>	
GASTROCROM	BRAND	
GOLYTELY	BRAND	
<i>hyoscyamine dissolving tablet</i>	<i>Generic</i>	
<i>hyoscyamine immediate release</i>	<i>Generic</i>	
<i>lactulose</i>	<i>Generic</i>	
LOTRONEX	BRAND	PRIOR AUTHORIZATION
<i>metoclopramide</i>	<i>Generic</i>	
<i>misoprostol</i>	<i>Generic</i>	
MOVIPREP	BRAND	
NULYTELY	BRAND	
<i>octreotide injection</i>	<i>Specialty</i>	<i>Prior Authorization</i>
<i>omeprazole 10mg</i>	<i>Generic</i>	<i>Quantity Limit</i>
<i>omeprazole 20mg</i>	<i>Generic</i>	
<i>pantoprazole oral</i>	<i>Generic</i>	<i>Step Therapy</i>
<i>paregoric</i>	<i>Generic</i>	
PEPCID SUSPENSION	BRAND	
<i>polyethylene glycol oral powder 3350 (MIRALAX equivalent)</i>	<i>Generic</i>	
<i>polyethylene glycol-electrolyte (COLYTE equivalent)</i>	<i>Generic</i>	
PREVACID CAPSULE	BRAND	STEP THERAPY
PREVACID INJECTION	BRAND	PRIOR AUTHORIZATION
PREVACID SOLUTAB	BRAND	STEP THERAPY
PRO-BANTHINE 7.5MG	BRAND	
<i>propantheline 15mg</i>	<i>Generic</i>	
PROTONIX INJECTION	BRAND	PRIOR AUTHORIZATION
PROTONIX ORAL	BRAND	STEP THERAPY
<i>ranitidine syrup &amp; tablet</i>	<i>Generic</i>	
<i>sucrafate tablet</i>	<i>Generic</i>	
TRANSDERM SCOP	BRAND	PRIOR AUTHORIZATION
<i>trilyte (NULYTELY equivalent)</i>	<i>Generic</i>	
URSO FORTE	BRAND	
<i>ursodiol capsule</i>	<i>Generic</i>	
ZANTAC SYRUP	BRAND	
<b>Genitourinary Agents (including Benign Prostatic Hypertrophy, Overactive Bladder &amp; Other Genitourinary Agents)</b>		
AVODART	BRAND	
<i>bethanechol</i>	<i>Generic</i>	
CUPRIMINE	BRAND	
DEPEN	BRAND	

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
DETROL	BRAND	
DETROL LA	BRAND	
<i>doxazosin</i>	<i>Generic</i>	
ELMIRON	BRAND	
<i>finasteride</i>	<i>Generic</i>	
<i>hyoscyamine dissolving tablet</i>	<i>Generic</i>	
<i>hyoscyamine immediate release</i>	<i>Generic</i>	
<i>oxybutynin immediate release</i>	<i>Generic</i>	
<i>oxybutynin sustained release</i>	<i>Generic</i>	
<i>phenazopyridine oral</i>	<i>Generic</i>	
PHOSLO	BRAND	
<i>prazosin</i>	<i>Generic</i>	
RENAGEL	BRAND	
RENVELA	BRAND	
<i>terazosin</i>	<i>Generic</i>	
THIOLA	BRAND	PRIOR AUTHORIZATION
UROXATRAL	BRAND	

**Hormonal Agents, Stimulant / Replacement / Modifying (Adrenal - Including Oral & Topical Steroid Anti-inflammatories)**

<i>amcinonide</i>	<i>Generic</i>	
<i>betamethasone dipropionate</i>	<i>Generic</i>	
<i>betamethasone dipropionate, augmented</i>	<i>Generic</i>	
<i>betamethasone valerate</i>	<i>Generic</i>	
CAPEX	BRAND	
<i>clobetasol propionate</i>	<i>Generic</i>	
CLOBEX SPRAY	BRAND	PRIOR AUTHORIZATION
CORDRAN	BRAND	
CORTEF 5MG & 10MG	BRAND	
CORTIFOAM	BRAND	
DERMA-SMOOTH/FS	BRAND	
<i>desonide</i>	<i>Generic</i>	
<i>desoximetasone</i>	<i>Generic</i>	
<i>dexamethasone concentrate</i>	<i>Generic</i>	
<i>dexamethasone injection</i>	<i>Generic</i>	
<i>dexamethasone oral tablet &amp; solution</i>	<i>Generic</i>	
<i>dexamethasone sodium phosphate injection</i>	<i>Generic</i>	<i>Prior Authorization</i>
DEXPAK DOSEPAK	BRAND	
<i>diflorasone</i>	<i>Generic</i>	
<i>fludrocortisone</i>	<i>Generic</i>	
<i>fluocinolone acetonide</i>	<i>Generic</i>	
<i>fluocinonide</i>	<i>Generic</i>	
HALOG	BRAND	
<i>hydrocortisone 2.5% topical</i>	<i>Generic</i>	
<i>hydrocortisone 5mg, 10mg &amp; 20mg oral</i>	<i>Generic</i>	

\*\* = Part B drugs

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
<i>hydrocortisone rectal cream</i>	Generic	
<i>hydrocortisone rectal enema</i>	Generic	
<i>hydrocortisone valerate</i>	Generic	
KENALOG INJECTION	BRAND	PRIOR AUTHORIZATION
LUXIQ	BRAND	PRIOR AUTHORIZATION
MEDROL 2MG, 16MG, 32MG **	BRAND	
<i>methylprednisolone 4mg, 8mg, 16mg &amp; 32mg oral **</i>	Generic	
<i>methylprednisolone injection</i>	Generic	Prior Authorization
<i>mometasone topical</i>	Generic	
OLUX, OLUX-E	BRAND	PRIOR AUTHORIZATION
<i>prednisolone oral liquid</i>	Generic	
<i>prednisolone oral tablet **</i>	Generic	
<i>prednisolone sodium phosphate oral liquid</i>	Generic	
<i>prednisone 5mg/5ml oral solution</i>	Generic	
<i>prednisone 5mg/ml concentrate solution</i>	Generic	
<i>prednisone oral tablet **</i>	Generic	
<i>triamcinolone acetonide topical</i>	Generic	
<b>Hormonal Agents, Stimulant / Replacement / Modifying (Pituitary)</b>		
<i>chorionic gonadotropin injection</i>	Generic	Prior Authorization
<i>demeclocycline</i>	Generic	
<i>desmopressin nasal</i>	Generic	Prior Authorization
<i>desmopressin oral tablet</i>	Generic	Prior Authorization
INCRELEX INJECTION	SPECIALTY	PRIOR AUTHORIZATION
IPLEX INJECTION	SPECIALTY	PRIOR AUTHORIZATION
NORDITROPIN INJECTION	SPECIALTY	PRIOR AUTHORIZATION
NUTROPIN AQ INJECTION	SPECIALTY	PRIOR AUTHORIZATION
NUTROPIN INJECTION	SPECIALTY	PRIOR AUTHORIZATION
SEROSTIM INJECTION	SPECIALTY	PRIOR AUTHORIZATION
<b>Hormonal Agents, Stimulant / Replacement / Modifying (Prostaglandins)</b>		
<i>misoprostol</i>	Generic	
<b>Hormonal Agents, Stimulant / Replacement / Modifying (Sex Hormones / Modifiers)</b>		
ANADROL-50	BRAND	PRIOR AUTHORIZATION
ANDRODERM	BRAND	PRIOR AUTHORIZATION
ANDROGEL	BRAND	PRIOR AUTHORIZATION
ANDROID	BRAND	
ANDROXY	BRAND	
<i>apri (DESOGEN &amp; ORTHO-CEPT equivalent)</i>	Generic	
<i>aranelle (TRI-NORINYL equivalent)</i>	Generic	
<i>aviane (ALESSE equivalent)</i>	Generic	
<i>camila (NOR-QD &amp; ORTHO MICRONOR equivalent)</i>	Generic	
<i>cesia (CYCLESSA equivalent)</i>	Generic	
CLIMARA PRO	BRAND	
COMBIPATCH	BRAND	
<i>cryselle (LO/OVRAL equivalent)</i>	Generic	

\*\* = Part B drugs

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
<i>danazol</i>	Generic	
<i>enpresse (TRIPHASIL equivalent)</i>	Generic	
<i>errin (NOR-QD &amp; ORTHO MICRONOR equivalent)</i>	Generic	
ESTRACE VAGINAL	BRAND	
ESTRADERM	BRAND	
<i>estradiol oral</i>	Generic	
<i>estradiol weekly patch (CLIMARA equivalent)</i>	Generic	
ESTRING	BRAND	
<i>estropipate oral</i>	Generic	
EVISTA	BRAND	
FEMHRT	BRAND	
FEMHRT LOW-DOSE	BRAND	
GYNODIOL 1.5MG	BRAND	
<i>jolessa (SEASONALE equivalent)</i>	Generic	
<i>jolivette (NOR-QD &amp; ORTHO MICRONOR equivalent)</i>	Generic	
<i>junel (LOESTRIN equivalent)</i>	Generic	
<i>junel fe (LOESTRIN FE equivalent)</i>	Generic	
<i>kariva (MIRCETTE equivalent)</i>	Generic	
<i>kelnor (DEMULEN 1+35 only equivalent)</i>	Generic	
<i>leena (TRI-NORINYL equivalent)</i>	Generic	
<i>lessina (ALESSE equivalent)</i>	Generic	
<i>levora (NORDETTE equivalent)</i>	Generic	
<i>low-ogestrel (LO/OVRAL equivalent)</i>	Generic	
<i>lutra (ALESSE equivalent)</i>	Generic	
LYBREL	BRAND	
<i>medroxyprogesterone oral</i>	Generic	
MEGACE ES	BRAND	
<i>megestrol acetate</i>	Generic	
METHITEST	BRAND	
<i>microgestin (LOESTRIN equivalent)</i>	Generic	
<i>microgestin fe (LOESTRIN FE equivalent)</i>	Generic	
<i>mononessa (ORTHO-CYCLEN equivalent)</i>	Generic	
<i>necon 0.5/35 (BREVICON &amp; MODICON equivalent)</i>	Generic	
<i>necon 1/35, 1/50 (NORINYL &amp; ORTHO-NOVUM 1/35 &amp; 1/50 equivalents)</i>		Generic
NECON 10/11	BRAND	
<i>necon 7/7/7 (ORTHO-NOVUM 7/7/7 equivalent)</i>	Generic	
<i>nora-be (NOR-QD &amp; ORTHO MICRONOR equivalent)</i>	Generic	
<i>norethindrone oral</i>	Generic	
<i>nortrel 0.5/35 (BREVICON &amp; MODICON equivalent)</i>	Generic	
<i>nortrel 1/35 (NORINYL &amp; ORTHO-NOVUM 1/35 equivalent)</i>	Generic	
<i>nortrel 7/7/7 (ORTHO-NOVUM 7/7/7 equivalent)</i>	Generic	
NUVARING	BRAND	
OGESTREL	BRAND	
ORTHO EVRA PATCH	BRAND	
<i>oxandrolone oral</i>	Generic	Prior Authorization

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
PLAN B (PURCHASE OVER-THE-COUNTER FOR AGE 18 AND OLDER AND COVERED FOR ALL PATIENT AGE GROUPS WHO ARE COVERED UNDER A PREPAID MEDICAL ASSISTANCE PROGRAM)	BRAND	
<i>portia (NORDETTE equivalent)</i>	Generic	
PREMARIN ORAL	BRAND	
PREMARIN VAGINAL	BRAND	
PREMPHASE	BRAND	
PREMPRO	BRAND	
<i>previfem (ORTHO-CYCLEN equivalent)</i>	Generic	
PROMETRIUM	BRAND	
<i>quasense (SEASONALE equivalent)</i>	Generic	
<i>reclipsen (DESOGEN &amp; ORTHO-CEPT equivalent)</i>	Generic	
<i>solia (DESOGEN &amp; ORTHO-CEPT equivalent)</i>	Generic	
<i>sprintec (ORTHO-CYCLEN equivalent)</i>	Generic	
<i>sronyx (ALESSE equivalent)</i>	Generic	
<i>testosterone cypionate injection</i>	Generic	Prior Authorization
<i>trinessa (ORTHO TRI-CYCLEN equivalent)</i>	Generic	
<i>tri-previfem (ORTHO TRI-CYCLEN equivalent)</i>	Generic	
<i>tri-sprintec (ORTHO TRI-CYCLEN equivalent)</i>	Generic	
<i>trivora (TRIPHASIL equivalent)</i>	Generic	
VAGIFEM	BRAND	
<i>velivet (CYCLESSA equivalent)</i>	Generic	
VIVELLE	BRAND	
VIVELLE DOT	BRAND	
YASMIN	BRAND	
YAZ	BRAND	
<i>zovia (DEMULEN equivalent)</i>	Generic	
<b>Hormonal Agents, Stimulant / Replacement / Modifying (Thyroid)</b>		
CYTOMEL	BRAND	
<i>levothroid</i>	Generic	
<i>levothyroxine</i>	Generic	
SYNTHROID	BRAND	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	BRAND	
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
SENSIPAR	BRAND	PRIOR AUTHORIZATION
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>bromocriptine</i>	Generic	
<i>cabergoline</i>	Generic	
<i>leuprolide injection</i>	Generic	
LUPRON DEPOT INJECTION	BRAND	PRIOR AUTHORIZATION
LUPRON DEPOT-PED INJECTION	BRAND	PRIOR AUTHORIZATION
<i>octreotide injection</i>	Specialty	Prior Authorization
SOMAVERT INJECTION	SPECIALTY	PRIOR AUTHORIZATION
ZOLADEX	BRAND	PRIOR AUTHORIZATION

*Alphabetical by Drug Category*

<i>Drug Name</i>	<i>Drug Tier</i>	<i>Requirements/limits</i>
<b>Hormonal Agents, Suppressant (Sex Hormones / Modifiers)</b>		
CASODEX	BRAND	
<i>finasteride</i>	<i>Generic</i>	
<i>flutamide</i>	<i>Generic</i>	
NILANDRON	BRAND	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>methimazole</i>	<i>Generic</i>	
<i>propylthiouracil</i>	<i>Generic</i>	
<b>Immunological Agents (including drugs for Arthritis, Immunosuppressants, Multiple Sclerosis Agents and Vaccines)</b>		
ACTHIB	BRAND	PRIOR AUTHORIZATION
ACTIMMUNE INJECTION	SPECIALTY	PRIOR AUTHORIZATION
ADACEL	BRAND	PRIOR AUTHORIZATION
ATGAM INJECTION	SPECIALTY	PRIOR AUTHORIZATION
ATTENUVAX	BRAND	PRIOR AUTHORIZATION
AVONEX INJECTION	SPECIALTY	STEP THERAPY
AZASAN **	BRAND	PRIOR AUTHORIZATION
<i>azathioprine 50mg **</i>	<i>Generic</i>	<i>Prior Authorization</i>
BETASERON INJECTION	SPECIALTY	STEP THERAPY
BOOSTRIX	BRAND	PRIOR AUTHORIZATION
CAMPATH INJECTION	SPECIALTY	PRIOR AUTHORIZATION
CELLCEPT **	BRAND	PRIOR AUTHORIZATION
COMVAX	BRAND	PRIOR AUTHORIZATION
COPAXONE INJECTION	SPECIALTY	
CUPRIMINE	BRAND	
<i>cyclosporine **</i>	<i>Generic</i>	<i>Prior Authorization</i>
<i>cyclosporine modified **</i>	<i>Generic</i>	<i>Prior Authorization</i>
DECAVAC	BRAND	PRIOR AUTHORIZATION
DEPEN	BRAND	
<i>diphtheria / tetanus toxoid (adult &amp; pediatric)</i>	<i>Generic</i>	<i>Prior Authorization</i>
ENBREL INJECTION	SPECIALTY	PRIOR AUTHORIZATION
ENGERIX-B	BRAND	PRIOR AUTHORIZATION
GAMASTAN INJECTION	BRAND	PRIOR AUTHORIZATION
GAMMAGARD INJECTION	SPECIALTY	PRIOR AUTHORIZATION
GARDASIL	BRAND	PRIOR AUTHORIZATION
HAVIRX	BRAND	PRIOR AUTHORIZATION
HIBTITER	BRAND	PRIOR AUTHORIZATION
HUMIRA INJECTION	SPECIALTY	PRIOR AUTHORIZATION
IMOVAX RABIES (H.D.C.V.)	BRAND	PRIOR AUTHORIZATION
INFANRIX	BRAND	PRIOR AUTHORIZATION
INFERGEN INJECTION	SPECIALTY	PRIOR AUTHORIZATION
INTRON-A INJECTION	BRAND	
IPOL	BRAND	PRIOR AUTHORIZATION
JE-VAX	BRAND	PRIOR AUTHORIZATION
KINERET INJECTION	SPECIALTY	PRIOR AUTHORIZATION

\*\* = Part B drugs

*Alphabetical by Drug Category*

<i>Drug Name</i>	<i>Drug Tier</i>	<i>Requirements/limits</i>
<i>leflunomide</i>	<i>Generic</i>	<i>Step Therapy</i>
MENACTRA	BRAND	PRIOR AUTHORIZATION
MENOMUNE	BRAND	PRIOR AUTHORIZATION
MERUVAX II	BRAND	PRIOR AUTHORIZATION
<i>methotrexate 25mg/ml injection</i>	<i>Generic</i>	
<i>methotrexate oral **</i>	<i>Generic</i>	
M-M-R II	BRAND	PRIOR AUTHORIZATION
M-R-VAX II	BRAND	PRIOR AUTHORIZATION
MUMPSVAX	BRAND	PRIOR AUTHORIZATION
NEORAL **	BRAND	PRIOR AUTHORIZATION
PEDIARIX	BRAND	PRIOR AUTHORIZATION
PEDVAX HIB	BRAND	PRIOR AUTHORIZATION
PEGASYS INJECTION	SPECIALTY	PRIOR AUTHORIZATION
PEG-INTRON INJECTION	SPECIALTY	
PROGRAF **	BRAND	PRIOR AUTHORIZATION
PROQUAD	BRAND	PRIOR AUTHORIZATION
RABAVERT	BRAND	PRIOR AUTHORIZATION
RAPAMUNE **	BRAND	PRIOR AUTHORIZATION
REBIF INJECTION	SPECIALTY	
RECOMBIVAX-HB	BRAND	PRIOR AUTHORIZATION
REVLIMID	SPECIALTY	
RHEUMATREX	BRAND	
RIDAURA	BRAND	
ROFERON-A INJECTION	BRAND	
ROTATEQ	BRAND	PRIOR AUTHORIZATION
SANDIMMUNE **	BRAND	PRIOR AUTHORIZATION
SYPRINE	BRAND	PRIOR AUTHORIZATION
<i>tetanus toxoid</i>	<i>Generic</i>	<i>Prior Authorization</i>
TETANUS TOXOID, ADSORBED	BRAND	PRIOR AUTHORIZATION
THALOMID	SPECIALTY	
TWINRIX	BRAND	PRIOR AUTHORIZATION
TYPHIM VI	BRAND	PRIOR AUTHORIZATION
VAQTA	BRAND	PRIOR AUTHORIZATION
VARIVAX	BRAND	PRIOR AUTHORIZATION
VIVOTIF BERNA ORAL (TYPHOID VACCINE)	BRAND	
YF-VAX	BRAND	PRIOR AUTHORIZATION
ZOSTAVAX VACCINE (FDA-APPROVED AND COVERED ONLY FOR AGE 60 AND ABOVE)	BRAND	
<b>Inflammatory Bowel Disease Agents</b>		
ASACOL	BRAND	
<i>balsalazide</i>	<i>Generic</i>	<i>Prior Authorization</i>
CANASA RECTAL SUPPOSITORY	BRAND	
COLAZAL	BRAND	PRIOR AUTHORIZATION
CORTEF 5MG & 10MG	BRAND	

**Alphabetical by Drug Category**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
<i>dexamethasone concentrate</i>	Generic	
<i>dexamethasone oral tablet &amp; solution</i>	Generic	
<i>dexamethasone sodium phosphate injection</i>	Generic	Prior Authorization
DEXPAK DOSEPAK	BRAND	
ENTOCORT EC	BRAND	PRIOR AUTHORIZATION
<i>hydrocortisone 5mg, 10mg &amp; 20mg oral</i>	Generic	
KENALOG INJECTION	BRAND	PRIOR AUTHORIZATION
MEDROL 2MG, 16MG, 32MG **	BRAND	
<i>mesalamine enema</i>	Generic	
<i>methylprednisolone 4mg, 8mg, 16mg &amp; 32mg oral **</i>	Generic	
<i>methylprednisolone injection</i>	Generic	Prior Authorization
PENTASA	BRAND	
<i>prednisolone oral liquid</i>	Generic	
<i>prednisolone oral tablet **</i>	Generic	
<i>prednisolone sodium phosphate oral liquid</i>	Generic	
<i>prednisone 5mg/5ml oral solution</i>	Generic	
<i>prednisone 5mg/ml concentrate solution</i>	Generic	
<i>prednisone oral tablet **</i>	Generic	
<i>sulfasalazine</i>	Generic	
<i>sulfasalazine delayed release</i>	Generic	
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate tablet</i>	Generic	
BONIVA INJECTION ONLY	BRAND	PRIOR AUTHORIZATION
<i>calcitonin salmon nasal (fortical)</i>	Generic	
<i>calcitriol oral</i>	Generic	
<i>etidronate disodium</i>	Generic	
EVISTA	BRAND	
FORTEO INJECTION	SPECIALTY	PRIOR AUTHORIZATION
<i>fortical nasal</i>	Generic	
FOSAMAX	BRAND	
FOSAMAX PLUS D	BRAND	
MIACALCIN NASAL	BRAND	
<b>Ophthalmic Agents (Eye Preparations)</b>		
ACULAR LS OPHTHALMIC	BRAND	
ACULAR OPHTHALMIC	BRAND	
ACULAR PF OPHTHALMIC	BRAND	
ALAMAST OPHTHALMIC	BRAND	
ALPHAGAN-P OPHTHALMIC	BRAND	
ALREX OPHTHALMIC	BRAND	
<i>atropine sulfate ophthalmic</i>	Generic	
AZOPT OPHTHALMIC	BRAND	
<i>bacitracin ophthalmic</i>	Generic	
<i>betaxolol ophthalmic</i>	Generic	
BETIMOL OPHTHALMIC	BRAND	
BETOPTIC-S OPHTHALMIC	BRAND	
BLEPHAMIDE OPHTHALMIC	BRAND	

\*\* = Part B drugs

*Alphabetical by Drug Category*

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
BLEPHAMIDE S.O.P. OPHTHALMIC	BRAND	
<i>brimonidine ophthalmic</i>	<i>Generic</i>	
<i>carteolol ophthalmic</i>	<i>Generic</i>	
CILOXAN OPHTHALMIC OINTMENT ONLY	BRAND	
<i>ciprofloxacin ophthalmic solution</i>	<i>Generic</i>	
COMBIGAN OPHTHALMIC	BRAND	
COSOPT OPHTHALMIC	BRAND	
<i>cromolyn sodium ophthalmic</i>	<i>Generic</i>	
<i>dexamethasone/polymyxin b/neomycin ophthalmic</i>	<i>Generic</i>	
<i>diclofenac sodium ophthalmic</i>	<i>Generic</i>	
<i>dipivefrin ophthalmic</i>	<i>Generic</i>	
ELESTAT OPHTHALMIC	BRAND	
<i>erythromycin ophthalmic</i>	<i>Generic</i>	
<i>fluorometholone 0.1% ophthalmic</i>	<i>Generic</i>	
FML FORTE OPHTHALMIC	BRAND	
FML S.O.P. OPHTHALMIC	BRAND	
<i>gentamicin ophthalmic</i>	<i>Generic</i>	
ISOPTO HOMATROPINE OPHTHALMIC	BRAND	
ISOPTO HYOSCINE OPHTHALMIC	BRAND	
ISTALOL OPHTHALMIC	BRAND	
LACRISERT	BRAND	
<i>levobunolol ophthalmic</i>	<i>Generic</i>	
LOTEMAX OPHTHALMIC	BRAND	
LUMIGAN	BRAND	
NEVANAC OPHTHALMIC	BRAND	
<i>ofloxacin ophthalmic</i>	<i>Generic</i>	
OPTIVAR OPHTHALMIC	BRAND	
PATADAY OPHTHALMIC	BRAND	
PATANOL OPHTHALMIC	BRAND	
PHOSPHOLINE IODIDE OPHTHALMIC	BRAND	
<i>pilocarpine ophthalmic solution</i>	<i>Generic</i>	
PILOPINE HS OPHTHALMIC GEL	BRAND	
<i>polymyxin b/bacitracin ophthalmic</i>	<i>Generic</i>	
<i>polymyxin b/bacitracin/neomycin ophthalmic</i>	<i>Generic</i>	
<i>polymyxin b/gramicidin/neomycin ophthalmic</i>	<i>Generic</i>	
<i>polymyxin b/trimethoprim ophthalmic</i>	<i>Generic</i>	
PRED MILD OPHTHALMIC	BRAND	
<i>prednisolone acetate 1% ophthalmic</i>	<i>Generic</i>	
<i>prednisolone sodium phosphate 1% ophthalmic</i>	<i>Generic</i>	
RESTASIS OPHTHALMIC	BRAND	
<i>sulfacetamide ophthalmic</i>	<i>Generic</i>	
<i>timolol maleate ophthalmic gel forming solution</i>	<i>Generic</i>	
<i>timolol maleate ophthalmic solution</i>	<i>Generic</i>	
TOBRADEX OPHTHALMIC	BRAND	
<i>tobramycin ophthalmic solution</i>	<i>Generic</i>	
TOBEX OPHTHALMIC OINTMENT	BRAND	
TRAVATAN	BRAND	
TRAVATAN Z	BRAND	

*Alphabetical by Drug Category*

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/limits</b>
<i>trifluridine ophthalmic</i>	<i>Generic</i>	
TRUSOPT OPHTHALMIC	BRAND	
VIGAMOX OPHTHALMIC	BRAND	STEP THERAPY
VOLTAREN OPHTHALMIC	BRAND	
XIBROM OPHTHALMIC	BRAND	
ZYLET OPHTHALMIC	BRAND	
ZYMAR OPHTHALMIC	BRAND	STEP THERAPY
<b>Otic Agents (Ear Preparations)</b>		
<i>acetic acid otic</i>	<i>Generic</i>	
<i>benzocaine/antipyrine otic</i>	<i>Generic</i>	
CIPRO HC OTIC	BRAND	
CIPRODEX OTIC	BRAND	
DERMOTIC OTIC	BRAND	
FLOXIN OTIC	BRAND	
<i>hydrocortisone/acetic acid otic</i>	<i>Generic</i>	
<i>hydrocortisone/polymyxin b/neomycin otic</i>	<i>Generic</i>	
<i>ofloxacin otic</i>	<i>Generic</i>	
<b>Respiratory Tract Agents (includes drugs for Allergies, Asthma and COPD)</b>		
<i>acetylcysteine nebulization solution **</i>	<i>Generic</i>	<i>Prior Authorization</i>
ADRENALIN NASAL SOLUTION	BRAND	
ADVAIR DISKUS FOR ORAL INHALATION	BRAND	
ADVAIR HFA FOR ORAL INHALATION	BRAND	
<i>albuterol immediate release syrup &amp; tablet</i>	<i>Generic</i>	
<i>albuterol nebulization solution **</i>	<i>Generic</i>	
<i>albuterol oral inhaler</i>	<i>Generic</i>	
<i>albuterol sustained release</i>	<i>Generic</i>	
<i>albuterol/ipratropium nebulization solution **</i>	<i>Generic</i>	
ALLEGRA SUSPENSION	BRAND	
ALLEGRA-D 12 HOUR	BRAND	
ALLEGRA-D 24 HOUR	BRAND	
ALUPENT ORAL INHALER	BRAND	
<i>aminophylline</i>	<i>Generic</i>	
ASMANEX ORAL INHALER	BRAND	
ASTELIN NASAL	BRAND	
ATROVENT HFA ORAL INHALER	BRAND	
AZMACORT ORAL INHALER	BRAND	
<i>chlorpheniramine 8mg &amp; 12mg sustained release (prescription only)</i>	<i>Generic</i>	
<i>clemastine (prescription only)</i>	<i>Generic</i>	
COMBIVENT ORAL INHALER	BRAND	
<i>cromolyn sodium nebulization solution **</i>	<i>Generic</i>	
<i>cyproheptadine</i>	<i>Generic</i>	
<i>diphenhydramine injection</i>	<i>Generic</i>	
DUONEB NEBULIZATION SOLUTION **	BRAND	
EPIPEN INJECTOR	BRAND	
EPIPEN-JR INJECTOR	BRAND	
<i>fexofenadine</i>	<i>Generic</i>	

\*\* = Part B drugs

*Alphabetical by Drug Category*

<i>Drug Name</i>	<i>Drug Tier</i>	<i>Requirements/limits</i>
FLOVENT HFA ORAL INHALER	BRAND	
<i>flunisolide nasal inhaler (NASAREL equivalent)</i>	<i>Generic</i>	
<i>fluticasone nasal inhaler</i>	<i>Generic</i>	
<i>hydroxyzine hcl</i>	<i>Generic</i>	
<i>hydroxyzine pamoate capsule **</i>	<i>Generic</i>	<i>Prior Authorization</i>
INTAL ORAL INHALER	BRAND	
<i>ipratropium nasal spray</i>	<i>Generic</i>	
<i>ipratropium nebulization solution **</i>	<i>Generic</i>	
LETAIRIS	SPECIALTY	PRIOR AUTHORIZATION
MAXAIR AUTOHALER ORAL INHALER	BRAND	
MUCOMYST 10% NEBULIZATION SOLUTION **	BRAND	PRIOR AUTHORIZATION
NASONEX NASAL INHALER	BRAND	
PROAIR HFA ORAL INHALER	BRAND	
PROLASTIN INJECTION	BRAND	PRIOR AUTHORIZATION
<i>promethazine injection</i>	<i>Generic</i>	
<i>promethazine syrup</i>	<i>Generic</i>	
<i>promethazine tablet **</i>	<i>Generic</i>	<i>Prior Authorization</i>
PROVENTIL ORAL INHALER	BRAND	
PULMICORT FLEXHALER	BRAND	
PULMICORT RESPULES **	BRAND	
PULMICORT TURBUHALER	BRAND	
PULMOZYME NEBULIZATION SOLUTION **	SPECIALTY	
QVAR ORAL INHALER	BRAND	
REVATIO	SPECIALTY	PRIOR AUTHORIZATION
RHINOCORT AQUA NASAL INHALER	BRAND	
SEREVENT DISKUS FOR ORAL INHALATION	BRAND	
SINGULAIR	BRAND	STEP THERAPY
SPIRIVA ORAL INHALER	BRAND	
SYMBICORT FOR ORAL INHALATION	BRAND	
<i>terbutaline oral</i>	<i>Generic</i>	
<i>theophylline 12 hour sustained release capsule</i>	<i>Generic</i>	
<i>theophylline 12 hour sustained release tablet</i>	<i>Generic</i>	
<i>theophylline 24 hour sustained release tablet (uniphyl equivalent)</i>	<i>Generic</i>	
TILADE ORAL INHALER	BRAND	
TRACLEER	SPECIALTY	PRIOR AUTHORIZATION
TWINJECT INJECTOR	BRAND	
UNIPHYL	BRAND	
VENTAVIS **	SPECIALTY	PRIOR AUTHORIZATION
VISTARIL SUSPENSION **	BRAND	PRIOR AUTHORIZATION
ZYFLO	BRAND	PRIOR AUTHORIZATION
ZYRTEC SYRUP ONLY	BRAND	

*Alphabetical by Drug Category*

<i>Drug Name</i>	<i>Drug Tier</i>	<i>Requirements/limits</i>
<b>Sedatives / Hypnotics</b>		
AMBIEN CR	BRAND	STEP THERAPY
LUNESTA	BRAND	PRIOR AUTHORIZATION
<i>zolpidem regular release</i>	<i>Generic</i>	
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen</i>	<i>Generic</i>	
<i>chlorzoxazone</i>	<i>Generic</i>	
<i>cyclobenzaprine</i>	<i>Generic</i>	
<i>dantrolene</i>	<i>Generic</i>	
<i>methocarbamol</i>	<i>Generic</i>	
<i>tizanadine tablet only</i>	<i>Generic</i>	
<b>Therapeutic Nutrients / Minerals / Electrolytes</b>		
AMINESS INFUSION (AMINO ACID)	BRAND	PRIOR AUTHORIZATION
<i>dextrose 5% in lactated ringers injection</i>	<i>Generic</i>	
<i>dextrose in sodium chloride 5%-0.45% and 5%-0.9% injection</i>	<i>Generic</i>	
<i>dextrose in water 5% and 10% injection</i>	<i>Generic</i>	
<i>dextrose injection</i>	<i>Generic</i>	
<i>dextrose/potassium chloride/sodium chloride injection</i>	<i>Generic</i>	
<i>fluoride chew tablet, cream, drops, gel paste, rinse, tablet</i>	<i>Generic</i>	
<i>intralipid injection</i>	<i>Generic</i>	<i>Prior Authorization</i>
ISOLYTE-S INJECTION	BRAND	PRIOR AUTHORIZATION
<i>klor-con m10</i>	<i>Generic</i>	
KLOR-CON M15	BRAND	
KUVAN	SPECIALTY	PRIOR AUTHORIZATION
<i>levocarnitine (prescription only)</i>	<i>Generic</i>	
MICRO-K 8MEQ CAPSULE	BRAND	
PHOSLO	BRAND	
POLYCITRA LC	BRAND	
<i>potassium &amp; sodium citrates w/citric acid (POLYCITRA &amp; POLYCITRA LC equivalents)</i>		<i>Generic</i>
<i>potassium chloride capsule, injection, powder packet, or tablet</i>	<i>Generic</i>	
<i>potassium citrate &amp; citric acid powder packet &amp; solution (POLYCITRA-K equivalent)</i>		<i>Generic</i>
<i>potassium citrate tablet</i>	<i>Generic</i>	
<i>potassium phosphate w/sodium phosphate (K-Phos Neutral equivalent)</i>		<i>Generic</i>
<i>prenatal vitamins with folic acid</i>	<i>Generic</i>	
RENAMIN INFUSION (AMINO ACID)	BRAND	PRIOR AUTHORIZATION
<i>sodium chloride injection</i>	<i>Generic</i>	
<i>sodium chloride irrigating solution</i>	<i>Generic</i>	
<i>sodium citrate &amp; citric acid (BICITRA equivalent)</i>	<i>Generic</i>	

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ADACEL .....	33	aminophylline .....	37
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