PART D

2012 Comprehensive Formulary

(Complete list of covered drugs)
AARP® MedicareRx Preferred (PDP)

Inside

- Drug tiers and drug payment stages
- Tier 1 drug savings
- Requirements and limits
- Complete list of drugs by category

Please read: This document contains information about the drugs covered by this plan.

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

AARP® | MedicareRx Plans
insured through UnitedHealthcare

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About this complete drug list

This is a **complete** list of prescription drugs that are covered by the AARP® MedicareRx Preferred (PDP) plan, insured through UnitedHealthcare,® in 2012, called the Comprehensive Formulary.

For your drug to be covered by the plan, it must be included in the complete drug list. In most cases, your prescription must also be filled at one of our more than 60,000 network pharmacies. To find out if your drug is covered:

1. See if your drug is included in this complete drug list.
2. Go to the plan website at www.AARPMedicareRx.com. You can use online tools to look up your drugs. The information is updated on a regular basis.
3. Call UnitedHealthcare Customer Service at **1-888-867-5575,** TTY **711,** 8 a.m. to 8 p.m. local time, 7 days a week. UnitedHealthcare Customer Service can look up your drugs and let you know if they are covered.

For more information

Please take the time to review your Evidence of Coverage and any other 2012 plan materials you have received. These materials give more detailed information about your drug coverage in the plan.

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

Questions?

If you have questions, we're here to help. Call UnitedHealthcare Customer Service:

Call **1-888-867-5575,** TTY **711,**
8 a.m. to 8 p.m. local time, 7 days a week

Visit us at: **www.AARPMedicareRx.com**

If you are a member of a group sponsored plan (your coverage is provided through a former employer, union group or trust), please call the UnitedHealthcare Customer Service number on the back of your member ID card.

Online tools

Visit www.AARPMedicareRx.com to:

- Look up your drugs and see what you could save with lower-cost drugs
- View your cost and benefits summary
- Track your payment status and claims history
- Find network pharmacies
- Print plan forms and materials

This complete formulary (drug list) is effective January 1, 2012. It was updated August 2011. Changes may have been made to this list after it was printed. Visit our plan website or call UnitedHealthcare Customer Service at the number above for updated information.

2012 Complete drug list

The AARP MedicareRx Preferred (PDP) plan is designed to help you manage your prescription drug costs. An important part of this is giving you choices so you and your doctor can choose the best course of treatment for you.

A formulary is a list of the drugs covered by a Part D plan 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. The plan will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a plan 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 the comprehensive formulary, or complete list of drugs covered by the plan. For updated formulary information, please visit www.AARPMedicareRx.com or call **1-888-867-5575,** TTY **711,** 8 a.m. to 8 p.m. local time, 7 days a week.

With your doctor's help, you can use this drug list as a tool to choose the drugs that work best for you and to find lower-cost drugs if needed.

Quick guide

Here are some of the major categories of drugs and where to find them in the drug list.

Antidepressants . . . . . pages 17–18
Asthma/Lung . . . . . pages 47–48
Blood Pressure . . . . . pages 29–32
Cholesterol Control . . . . . page 31
Diabetes . . . . . page 27
Osteoporosis . . . . . page 44
Ulcer and Stomach Acid . . . . . page 35

Using the drug list

There are two ways to find your prescription drugs in this complete drug list:

1. Look for a drug in the index, which begins on page 72. The index is an **alphabetical list** of all of the drugs included in this document. Turn to the page shown in the index to find your drug.
2. The drug list begins on page 10. Look for a drug based on your **medical condition.** For example, if you want to find drugs used to treat high cholesterol, go to the Cardiovascular Drugs category and look under "Dyslipidemics — Cholesterol Control Drugs."

Is it a generic or brand name drug?

The drug list shows **brand name** drugs in **bold** type (for example, **Crestor**) and generic drugs in plain type (for example, Simvastatin).

More information about your drug

Some drugs have requirements or limits. Please see page 6 for more information on the requirements or limits your drug may have.

If your drug is not included in this drug list, you should contact UnitedHealthcare Customer Service at **1-888-867-5575,** TTY **711,** 8 a.m. to 8 p.m. local time, 7 days a week, and ask if it's covered. If you learn that the plan does not cover your drug, you have two options:

- You can ask UnitedHealthcare Customer Service for a list of similar drugs that are covered by the plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by the plan.
- You can ask the plan to make an exception and cover your drug. See page 7 for information about how to request an exception.

Drug tiers and drug payment stages

The amount you pay for a covered drug will depend on:

- **Your drug payment stage.** The AARP MedicareRx Preferred (PDP) plan has different stages of coverage. When you fill a prescription, the amount you pay depends on the stage you're in.
- **The drug tier for your drug.** Each covered drug is in one of five drug tiers. Each tier has a different copay or coinsurance amount. The chart below shows the differences between the tiers.

For more information about drug payment stages and copay and coinsurance amounts for each tier, please refer to the Evidence of Coverage (EOC).

If you qualify for extra help

If you qualify for extra help for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for extra help will receive the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS Rider). Please read it to find out what your costs are. You can also contact UnitedHealthcare Customer Service.

Drug Tier Copay or Coinsurance	Includes	Helpful Tips
Tier 1: **Preferred generic** **Lowest copay**	Lower-cost, commonly used generic drugs.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2: **Non-preferred generic** **Low copay**	Most generic drugs.	Use Tier 2 drugs, instead of Tier 3 or 4, to help reduce your out-of-pocket costs.
Tier 3: **Preferred brand** **Medium copay**	Many common brand name drugs, called preferred brands, and some higher-cost generic drugs.	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
Tier 4: **Non-preferred brand** **Highest copay**	Non-preferred generic and non-preferred brand name drugs.	Many Tier 4 drugs have lower-cost options in Tier 1, 2 or 3. Ask your doctor if you can switch to one of these drugs to help reduce your out-of-pocket costs.
Tier 5: **Specialty tier** **Coinsurance**	Unique and/or very high-cost drugs.	You pay a percentage of the total drug cost, called coinsurance.

Tier 1 drug savings

Save money with Tier 1 drugs

In 2012 the plan will offer some of the most commonly used drugs for the lowest copay in Tier 1. These drugs, listed below, treat conditions like diabetes, high blood pressure and high cholesterol. If you have one of these conditions and are taking a different drug or need to start a drug, ask your doctor if you could use any of these. Take this complete list of Tier 1 drugs to your next doctor appointment.

Tier 1 Drug	Commonly Treated Condition
Amlodipine Besylate	High blood pressure
Atenolol	High blood pressure
Benazepril HCl	High blood pressure
Carvedilol	High blood pressure
Citalopram Hydrobromide (Tablet)	Depression
Glipizide	Diabetes
Glyburide	Diabetes
Glyburide Micronized	Diabetes
Lisinopril	High blood pressure
Losartan Potassium	High blood pressure
Losartan Potassium/Hydrochlorothiazide	High blood pressure
Meloxicam (Tablet)	Pain
Metformin HCl	Diabetes
Metoprolol Tartrate (Tablet)	High blood pressure
Pravastatin Sodium	High cholesterol
Sertraline HCl (Tablet)	Depression
Simvastatin	High cholesterol

Some of the drugs listed may be used to treat more than one condition. Talk to your doctor to see if any of these drugs could be right for you.

Generic drugs

The AARP MedicareRx Preferred (PDP) plan covers both brand name and generic drugs. The Food and Drug Administration (FDA) requires a generic drug to have the same active ingredient as the brand name drug. Using generic drugs, whether preferred or non-preferred, may save you money on your copays or coinsurance and may help you stay out of the coverage gap if you have one.

- To pay less out-of-pocket, talk with your doctor to see if any of the brand name drugs you take have generic versions. While most generics are in Tier 2 of the drug list, some generics can be found in Tier 1.
- In 2012 the plan will offer some of the most commonly used drugs for even lower copays in Tier 1. A complete list of these drugs and the conditions they treat can be found on the previous page.
- While generic drugs usually cost less than brand name drugs, newly available generic drugs can be expensive so they may be in Tier 2, 3 or 4 of the drug list.

Limited access drugs

Drugs are considered "limited access" if:

- The FDA says the drug can only be given out by certain facilities or doctors.
- Extra handling, provider coordination or patient education is needed to be able to distribute the drug and it can't be done at a network pharmacy.

The limited access drugs on the AARP MedicareRx Preferred (PDP) drug list are:

- **Revlimid**
- **Tracleer**
- **Tysabri**
- **Xyrem**

For more information about limited access drugs, call UnitedHealthcare Customer Service at **1-888-867-5575,** TTY **711,** 8 a.m. to 8 p.m. local time, 7 days a week.

Vaccines

The AARP MedicareRx Preferred (PDP) plan covers vaccines for meningitis, shingles, diphtheria, tetanus and more. Some vaccines, like those for the flu and pneumonia, may be covered by Medicare Part B (doctor and outpatient health care).

The cost for vaccines depends on where you receive them. The Evidence of Coverage has information about vaccines and how they are paid for.

For the best coverage, UnitedHealthcare recommends that you get vaccines at a network pharmacy if your state allows it. The administration fee (the service cost that the health care professional charges for giving the vaccine) likely will be lower if you get your vaccine at a network pharmacy rather than at your doctor's office, so it may save you money. If the administration fee is less than $20, all you will have to pay is your copay or coinsurance amount. You also won't have to fill out a form to get paid back (reimbursed). Check your Pharmacy Directory for a list of network pharmacies near you.

There are several ways to get a vaccine:

Where and How	What You Pay
At a retail pharmacy in your network. (Many states allow pharmacists to administer vaccines in the pharmacy.)	The copay or coinsurance amount for the vaccine. The pharmacy automatically bills the administration fee to your plan. If the administration fee is more than $20, you pay the extra amount. Any administration fee will be included as part of your out-of-pocket costs.
At your doctor's office. 1. Your doctor writes a prescription and administers it. **or** 2. Your doctor writes a prescription. You pick it up at a pharmacy and bring it back to the doctor. **or** 3. Your doctor orders the vaccine from a specialty pharmacy. It is shipped to the doctor's office.	The copay or coinsurance amount for the vaccine, **plus** an administration fee that may be higher than at a retail pharmacy. You may have to submit a reimbursement form to your plan for the administration fee. The plan will pay up to $20. You pay the difference. Any administration fee will be included as part of your out-of-pocket costs.

To make sure a recommended vaccine is covered or to request a reimbursement form, call UnitedHealthcare Customer Service at **1-888-867-5575,** TTY **711,** 8 a.m. to 8 p.m. local time, 7 days a week. Or visit www.AARPMedicareRx.com to download a reimbursement form.

Requirements and limits

The plan has requirements or limits for some of its covered drugs to ensure safe, effective and affordable use. These requirements and limits apply to prescriptions filled at retail and mail service pharmacies. Check the drug list starting on page 10 to see if your drug has any requirements or limits. If it does, there will be a code or codes in the "Requirements and Limits" column. The codes and what they mean are shown below. You can get more information about any requirements or limits for your drug at www.AARPMedicareRx.com.

You and your doctor may ask the plan for an exception to the requirement and/or limit for your drug. See the "Coverage decisions" section on the next page or refer to your Evidence of Coverage to learn more about asking for an exception.

If you do not get approval from the plan for a drug with a requirement or limit before using it, you may be responsible for paying the full cost of the drug.

PA = Prior authorization

The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don't get approval, the plan may not cover the drug.

B/D = Medicare Part B or Part D

Depending on how this drug is used, it is covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs). Your doctor may need to provide the plan with more information about how this drug will be used to make sure it's correctly covered by Medicare.

QL = Quantity limits

The plan will cover only a certain amount of this drug for one copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you and your doctor can ask the plan to cover the additional quantity.

See pages 52–71 for more information about drugs with quantity limits.

ST = Step therapy

There are effective, lower-cost drugs that treat the same medical condition as this drug. You may be required to try one or more of these other drugs before the plan will cover your drug. If you have already tried other drugs or your doctor thinks they are not right for you, you and your doctor can ask the plan to cover this drug.

Coverage decisions

At times you may need to ask for drug coverage that's not normally provided by the plan. When you do, the plan will consider your request and respond with a coverage decision (coverage determination).

Examples of coverage decisions you may ask for include:

- Asking the plan to pay you back for the cost of a drug you bought at an out-of-network pharmacy.
- Asking for an exception to the plan's coverage rules.

How to request an exception

You can ask the plan to make an exception to the coverage rules. There are several types of exceptions that you can ask the plan to make.

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

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

Asking for a coverage decision

You (or your authorized representative) and your doctor can ask for an initial coverage decision by calling UnitedHealthcare Customer Service at **1-866-729-6927,** TTY **711,** 8 a.m. to 8 p.m. local time, 7 days a week.

When you are requesting a formulary, tiering or utilization restriction exception, your prescriber or physician should submit a statement supporting your request.

See your Evidence of Coverage for more information.

Receiving a coverage decision

Generally, the plan will make a coverage decision within 72 hours after receiving your prescribing physician's statement. You can request an expedited, or fast, decision if you or your doctor believe your health will be seriously harmed by waiting up to 72 hours for a decision. If the plan agrees to a fast decision, you will receive a decision within 24 hours after the plan receives your prescriber's or prescribing physician's supporting statement.

Drug list changes

The AARP MedicareRx Preferred (PDP) plan recognizes that drug list stability is very important to you. It is important to make as few changes to the drug list as possible during the plan year. From time to time, drug list changes may be necessary for safety or other reasons.

The drug list may change throughout the year when the plan:

- Adds a new drug.
- Removes a drug.
- Changes the requirements or limits for a drug.
- Moves a drug to a lower-cost tier.
- Moves a drug to a higher-cost tier.

If the FDA declares a drug to be unsafe or the drug's manufacturer removes the drug from the market, the plan will immediately remove the drug from the drug list and inform affected members. If a drug moves to a higher-cost tier or undergoes some other change, the plan will inform affected members at least 60 days before the change 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.

Generally, if you are taking a drug on the 2012 drug list that was covered at the beginning of the year, the plan will not remove the drug from the drug list or move a drug to a higher tier during the 2012 coverage year except when a new, less expensive generic equivalent drug becomes available (for example, the brand name drug moves to a higher tier and the less expensive drug is on the lower tier), or when new information about the safety or effectiveness of a drug is released.

Other types of formulary changes, such as removing a drug from the 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. 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 the plan, except for cases in which you can save additional money or the plan can ensure your safety.

If there are changes to the drug list such as regular or necessary updates, members may see information in the Explanation of Benefits statement, member newsletters or other member mailings. If there are changes to the drug list outside of regular or necessary updates, members may receive a special mailing. The plan website also has updated information.

Transition supply process

New or continuing members

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

For each of your drugs that is not on the formulary, or if your ability to get your drugs is limited, the plan will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, the plan will not pay for these drugs, even if you have been a member of the plan less than 90 days.

Long-term care facility residents

If you're a resident of a long-term care facility, the plan will allow you to refill your prescription until we have provided you with a 91- and up to a 98-day transition supply of your drug consistent with dispensing increment (unless your prescription is for fewer days). The plan will also cover one or more refills for the first 90 days of your membership. If you need a drug that's not on the drug list or if you have limited ability to get your drugs but you are past the first 90 days of your plan membership, the plan will cover a 31-day emergency supply of the drug (unless your prescription is for fewer days) while you request a formulary exception.

Other transitions

You may have an unplanned transition, like a hospital discharge or a change in your level of care, after the first 90 days of your plan membership. If this happens and your doctor prescribes a drug that's not on the drug list, or if it's difficult for you to get your drugs, you are required to use the plan's exception process.

You may ask for a one-time emergency supply of up to 31 days to give you time to talk to your doctor about other treatment options or to try to get a formulary exception.

For more information

For more detailed information about the AARP MedicareRx Preferred (PDP) plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials. If you have questions, please call UnitedHealthcare Customer Service at:

1-888-867-5575, TTY **711**
8 a.m. to 8 p.m. local time, 7 days a week

Or visit: **www.AARPMedicareRx.com**

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

Covered drugs by category

The comprehensive formulary (drug list) below provides coverage information about the drugs covered by the plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 72.

The first column of the chart lists the drug name. Brand name drugs are listed in **bold** type (for example, **Crestor**) and generic drugs are listed in plain type (for example, Simvastatin).

Drug Name	Drug Tier	Requirements & Limits
Analgesics — Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions		
Analgesics, Other — Miscellaneous Analgesics		
Savella †	3	QL
Savella Titration Pack †	3	QL
Nonsteroidal Anti-Inflammatory Drugs — Pain/Anti-Inflammatory Drugs Analgesics		
Arthrotec	4	
Celebrex †	3	QL
Diclofenac Potassium	2	
Diclofenac Sodium	2	
Diclofenac Sodium EC	2	
Diclofenac Sodium XR	2	
Diflunisal	2	
Etodolac	2	
Etodolac ER	2	
Fenoprofen Calcium	2	
Flurbiprofen	2	
Ibuprofen	2	
Indomethacin	2	
Indomethacin ER	3	
Ketoprofen	2	
Ketoprofen ER	3	
Ketorolac Tromethamine (Injection) †	3	PA, QL
Ketorolac Tromethamine (Tablet) †	3	QL
Meclofenamate Sodium	3	
Mefenamic Acid	3	
Meloxicam (Oral Suspension)	3	
Meloxicam (Tablet)	1	
Nabumetone	3	
Naproxen	2	
Naproxen DR	2	
Oxaprozin	2	
Piroxicam	2	
Sulindac	2	
Tolmetin Sodium (Capsule)	2	
Tolmetin Sodium (Tablet)	3	
Vimovo †	3	QL
Voltaren (Gel)	3	
Opioid Analgesics — Opioid Pain Relievers		
Acetaminophen/Caffeine/ Dihydrocodeine Bitartrate †	3	QL
Acetaminophen/Codeine †	2	QL
Actiq †	5	PA, QL
Ascomp/Codeine †	3	QL
Astramorph	3	
Avinza †	3	QL

Bold type = Brand name drug **PA** = Prior authorization **B/D** = Medicare Part B or Part D
LA = Limited access drug **QL** = Quantity limits **ST** = Step therapy
†For this drug's specific quantity limit see pages 52–71.

Drug Name	Drug Tier	Requirements & Limits
Buprenorphine HCl (Injection)	3	
Buprenorphine HCl (Sublingual Tablet)†	3	PA, QL
Butalbital/Acetaminophen/ Caffeine/Codeine†	2	QL
Butorphanol Tartrate (Injection)	3	
Butorphanol Tartrate (Nasal Spray)†	3	QL
Codeine Sulfate	2	
Co-Gesic†	2	QL
Dilaudid (1mg/ml Injection, 2mg/ml Injection, 4mg/ml Injection)	4	
Duramorph	3	
Endocet†	2	QL
Endodan†	3	QL
Exalgo†	3	QL
Fentanyl (Patch)†	3	QL
Fentanyl Citrate (Injection)	3	
Fentanyl Citrate Oral Transmucosal†	5	PA, QL
Fentora†	5	PA, QL
Hydrocodone/ Acetaminophen†	2	QL
Hydrocodone/Ibuprofen†	2	QL
Hydromorphone HCl (Injection)	3	
Hydromorphone HCl (Tablet)	2	
Infumorph	4	

Drug Name	Drug Tier	Requirements & Limits
Kadian (100mg 24-Hour Capsule, 10mg 24-Hour Capsule, 20mg 24-Hour Capsule, 30mg 24-Hour Capsule, 50mg 24-Hour Capsule, 60mg 24-Hour Capsule, 80mg 24-Hour Capsule)†	3	QL
Kadian (200mg 24-Hour Capsule)†	5	QL
Levorphanol Tartrate	3	
Margesic-H†	2	QL
Methadone HCl (Concentrate, Oral Solution, Tablet)	2	
Methadone HCl (Injection)	4	
Methadose	2	
Morphine Sulfate	3	
Morphine Sulfate ER†	3	QL
Nalbuphine HCl	3	
Onsolis†	5	PA, QL
Opana ER†	3	QL
Oxycodone HCl	2	
Oxycodone/ Acetaminophen†	2	QL
Oxycodone/Aspirin (325mg-4.5mg-0.38mg Tablet)†	3	QL
Oxycodone/Aspirin (325mg-4.8355mg Tablet)†	2	QL
Oxycodone/Ibuprofen†	3	QL

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LA = Limited access drug **QL** = Quantity limits **ST** = Step therapy
†For this drug's specific quantity limit see pages 52–71.

Drug Name	Drug Tier	Requirements & Limits
Oxycontin†	3	QL
Oxymorphone HCl†	3	QL
Roxicet (Oral Solution)†	4	QL
Roxicet (Tablet)†	2	QL
Stagesic†	2	QL
Synalgos-DC†	4	QL
Tramadol HCl†	2	QL
Tramadol HCl ER†	4	QL
Tramadol HCl/ Acetaminophen†	2	QL
Zerlor†	3	QL
Anesthetics — Drugs for Numbing		
Local Anesthetics		
Lidocaine	2	B/D
Lidocaine HCl (Gel, Topical Solution)	2	
Lidocaine HCl (Injection)	3	B/D
Lidocaine Viscous	2	
Lidocaine/Prilocaine	2	B/D
Lidoderm†	3	QL
Antibacterials — Drugs to Treat Bacterial Infections		
Aminoglycosides — Antibiotics		
AK-Tob	2	
Amikacin Sulfate	3	
Gentak	2	
Gentamicin Sulfate (Cream, Ointment, Ophthalmic Solution)	2	
Gentamicin Sulfate (Injection)	3	

Drug Name	Drug Tier	Requirements & Limits
Gentamicin Sulfate/NaCl (100mg Injection, 60mg Injection, 80mg Injection)	3	
Gentamicin Sulfate/ NaCl (70mg Injection, 90mg Injection)	3	
Gentasol	2	
Isotonic Gentamicin	3	
Kanamycin Sulfate	3	
Neomycin Sulfate	2	
Paromomycin Sulfate	3	
Streptomycin Sulfate	4	
Tobi	5	B/D
Tobramycin Sulfate (Injection)	3	
Tobramycin Sulfate (Ophthalmic Solution)	2	
Tobramycin Sulfate/NaCl	3	
Tobrasol	2	
Tobrex (Ophthalmic Ointment)	3	
Tobrex (Ophthalmic Solution)	4	
Antibacterials, Other — Antibiotics		
Altabax	4	
BACiiM	3	
Bacitracin (Injection)	3	
Bacitracin (Ophthalmic Ointment)	2	
Bacitracin/Neomycin/ Polymyxin	2	
Bacitracin/Polymyxin B	2	
Bactroban (Cream)	4	

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LA = Limited access drug **QL** = Quantity limits **ST** = Step therapy
†For this drug's specific quantity limit see pages 52–71.

Drug Name	Drug Tier	Requirements & Limits
Chloramphenicol Sodium Succinate	3	
Cleocin (75mg Capsule)	4	
Cleocin Galaxy	4	
Cleocin Pediatric Granules	4	
Cleocin Phosphate	4	
Clindagel	4	
Clindamycin HCl	2	
Clindamycin Phosphate (Cream, Gel, Lotion, Swab, Topical Solution)	2	
Clindamycin Phosphate (Foam)	3	
Clindamycin Phosphate Add-Vantage	3	
Clindesse	4	
Colistimethate Sodium	5	
Coly-Mycin M	4	ST
Cortisporin	4	
Cubicin	5	B/D
Flagyl ER	4	
Lincocin	4	
Methenamine Hippurate	3	
Metrogel	4	
Metronidazole (Capsule, Lotion)	3	
Metronidazole (Cream, Gel, Tablet)	2	
Metronidazole in NaCl 0.79%	3	
Metronidazole Vaginal	2	
Mupirocin	2	

Drug Name	Drug Tier	Requirements & Limits
Neomycin/Polymyxin B Sulfates	3	
Neomycin/Polymyxin/ Gramicidin	2	
Nitrofurantoin	3	
Nitrofurantoin Macrocrystalline	3	
Nitrofurantoin Monohydrate	3	
Noritate	4	
Polymyxin B Sulfate	3	
Primsol	4	
Silver Sulfadiazine	2	
SSD	2	
Sulfamylon	4	
Synercid	5	
Thermazene	2	
Trimethoprim	2	
Tygacil	4	
Vancocin HCl	5	PA
Vancomycin HCl	3	B/D
Vandazole	2	
Vibativ	4	
Xifaxan (200mg Tablet)	4	
Xifaxan (550mg Tablet)	5	
Zyvox	5	PA
Beta-Lactam, Cephalosporins — Antibiotics		
Cedax	4	
Cefaclor	2	
Cefaclor ER	2	
Cefadroxil (Capsule)	2	
Cefadroxil (Oral Suspension, Tablet)	3	

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Drug Name	Drug Tier	Requirements & Limits
Cefazolin Sodium	3	
Cefdinir (Capsule)	2	
Cefdinir (Oral Suspension)	3	
Cefepime	3	
Cefotaxime Sodium	3	
Cefotetan	4	
Cefoxitin Sodium	3	
Cefoxitin Sodium/ Dextrose	4	
Cefpodoxime Proxetil	3	
Cefprozil (Oral Suspension)	2	
Cefprozil (Tablet)	3	
Ceftazidime	3	
Ceftriaxone Sodium	3	
Cefuroxime Axetil (Oral Suspension)	3	
Cefuroxime Axetil (Tablet)	2	
Cefuroxime Sodium	3	
Cephalexin	2	
Claforan (1gm Injection, 2gm Injection)	4	
Fortaz	4	
Keflex (750mg Capsule)	4	
Suprax	4	
Tazicef	3	
Zinacef (1.5gm Injection, 750mg Injection)	4	
Zinacef (7.5gm Injection)	4	
Zinacef in Iso-Osmotic Dextrose	4	
Zinacef in Iso-Osmotic Diluent	4	

Drug Name	Drug Tier	Requirements & Limits
Beta-Lactam, Other — Antibiotics		
Azactam in Iso-Osmotic Dextrose	4	
Aztreonam	3	
Cayston	5	PA
Doribax	4	
Invanz	4	
Meropenem	3	
Primaxin	4	
Beta-Lactam, Penicillins — Antibiotics		
Amoxicillin	2	
Amoxicillin/Potassium Clavulanate	2	
Amoxicillin/Potassium Clavulanate ER	3	
Ampicillin	2	
Ampicillin Sodium (10gm Injection, 1gm Injection)	3	
Ampicillin Sodium (125mg Injection)	3	
Ampicillin-Sulbactam	3	
Bactocill in Dextrose (1gm Injection)	4	
Bactocill in Dextrose (2gm Injection)	5	
Bicillin C-R	4	
Bicillin L-A	4	
Dicloxacillin Sodium	2	
Nafcillin Sodium	3	
Nallpen/Dextrose	4	
Oxacillin Sodium	4	
Penicillin G Potassium	3	

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Drug Name	Drug Tier	Requirements & Limits
Penicillin G Potassium in Iso-Osmotic Dextrose	3	
Penicillin G Procaine	4	
Penicillin G Sodium	3	
Penicillin V Potassium	2	
Pfizerpen-G	4	
Piperacillin Sodium	4	
Piperacillin Sodium/ Tazobactam Sodium	3	
Timentin	4	
Unasyn (3gm Injection)	4	
Zosyn (2-0.25gm/50ml Injection, 3-0.375gm/50ml Injection)	4	
Macrolides — Antibiotics		
Akne-Mycin	4	
Azasite	3	
Azithromycin (Injection)	3	
Azithromycin (Oral Suspension, Tablet)	2	
Clarithromycin (Oral Suspension)	3	
Clarithromycin (Tablet)	2	
Clarithromycin ER	2	
E.E.S. 400	2	
E.E.S. Granules	3	
Ery	3	
Eryped	3	
Ery-Tab	3	
Erythrocin Lactobionate	4	
Erythrocin Stearate	4	
Erythromycin	2	

Drug Name	Drug Tier	Requirements & Limits
Erythromycin Base	2	
Erythromycin Ethylsuccinate	2	
Erythromycin/Sulfisoxazole	2	
Ketek	4	PA
PCE	4	
Romycin	2	
Zmax	4	
Quinolones — Antibiotics		
Avelox (Injection)	4	
Avelox (Tablet)	3	
Avelox ABC Pack	3	
Besivance	3	
Ciloxan (Ophthalmic Ointment)	4	
Cipro (Oral Suspension)	4	
Cipro IV	4	
Ciprofloxacin	2	
Ciprofloxacin ER	3	
Ciprofloxacin HCl	2	
Factive	4	
Levaquin	4	
Levofloxacin	2	
Noroxin	4	
Ofloxacin (Ophthalmic Solution, Solution)	2	
Ofloxacin (Tablet)	3	
Vigamox	3	
Zymar	3	
Zymaxid	3	

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Drug Name	Drug Tier	Requirements & Limits
Sulfonamides — Antibiotics		
Sulfacetamide Sodium (Ophthalmic Solution)	2	
Sulfadiazine	3	
Sulfamethoxazole/ Trimethoprim (Injection)	3	
Sulfamethoxazole/ Trimethoprim (Oral Suspension, Tablet)	2	
Sulfasalazine	2	
Sulfazine EC	2	
Trimethoprim Sulfate/ Polymyxin B Sulfate	2	
Tetracyclines — Antibiotics		
Demeclocycline HCl	3	
Doryx	4	
Doxycycline Hyclate (Capsule)	2	
Doxycycline Hyclate (Delayed Release Tablet, Extended Release Capsule, Injection, Tablet)	3	
Doxycycline Monohydrate	4	
Minocycline HCl (Capsule)	2	
Minocycline HCl (Tablet)	4	
Minocycline HCl ER	4	
Tetracycline HCl	2	
Vibramycin (Oral Suspension, Syrup)	4	
Anticonvulsants — Drugs to Treat Seizures		
Anticonvulsants, Other — Seizure Control Drugs		
Banzel†	4	QL

Drug Name	Drug Tier	Requirements & Limits
Keppra (Injection)	5	
Levetiracetam (Injection, Oral Solution)	3	
Levetiracetam (Tablet)	2	
Vimpat (Injection)†	4	PA, QL
Vimpat (Oral Solution, Tablet)†	4	QL
Calcium Channel Modifying Agents — Seizure Control Drugs		
Celontin	4	
Ethosuximide	3	
Lyrica†	3	QL
Zonisamide	2	
Gamma-Aminobutyric Acid (GABA) Augmenting Agents — Seizure Control Drugs		
Divalproex Sodium	2	
Divalproex Sodium ER	2	
Gabapentin (Capsule, Tablet)	2	
Gabapentin (Oral Solution)	3	
Gabitril†	4	QL
Primidone	2	
Sabril†	5	PA, QL
Stavzor	4	
Valproate Sodium	3	
Valproic Acid	2	
Glutamate Reducing Agents — Seizure Control Drugs		
Felbatol (Oral Suspension)	5	
Felbatol (Tablet)	4	
Lamictal ODT†	4	QL
Lamictal Starter Kit	4	

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Drug Name	Drug Tier	Requirements & Limits
Lamotrigine (Chewable Tablet)	3	
Lamotrigine (Tablet)	2	
Topiramate	2	
Sodium Channel Inhibitors — Seizure Control Drugs		
Carbamazepine (Chewable Tablet, Tablet)	2	
Carbamazepine (Oral Suspension)	3	
Carbamazepine ER	3	
Carbatrol	3	
Dilantin	3	
Dilantin Infatabs	3	
Epitol	2	
Fosphenytoin Sodium	3	
Oxcarbazepine	3	
Peganone	4	
Phenytek	2	
Phenytoin	2	
Phenytoin Sodium	2	
Phenytoin Sodium Extended	2	
Tegretol	3	
Tegretol-XR	3	
Antidementia Agents — Drugs to Treat Alzheimer's Disease and Dementia		
Cholinesterase Inhibitors — Alzheimer's Disease and Dementia Drugs		
Aricept (23mg Tablet)†	3	QL
Donepezil HCl†	2	QL
Exelon (24-Hour Patch)†	4	QL, ST
Exelon (Oral Solution)†	4	QL

Drug Name	Drug Tier	Requirements & Limits
Galantamine Hydrobromide†	3	QL
Rivastigmine Tartrate†	3	QL
Glutamate Pathway Modifiers — Alzheimer's Disease and Dementia Drugs		
Namenda†	3	QL
Namenda Titration Pak†	3	QL
Antidepressants — Drugs to Treat Depression		
Antidepressants, Other — Antidepressants		
Budeprion SR†	2	QL
Budeprion XL†	3	QL
Bupropion HCl†	2	QL
Bupropion HCl SR†	2	QL
Maprotiline HCl	2	
Mirtazapine†	2	QL
Mirtazapine ODT†	2	QL
Nefazodone HCl	2	
Trazodone HCl	2	
Monoamine Oxidase Inhibitors — Antidepressants		
Emsam†	4	QL, ST
Marplan	4	
Nardil	3	
Phenelzine Sulfate	2	
Tranylcypromine Sulfate	3	
Serotonin/Norepinephrine Reuptake Inhibitors — Antidepressants		
Citalopram Hydrobromide (Oral Solution)	3	
Citalopram Hydrobromide (Tablet)	1	

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Drug Name	Drug Tier	Requirements & Limits
Cymbalta†	3	QL
Fluoxetine DR†	4	QL
Fluoxetine HCl	2	
Fluvoxamine Maleate	2	
Lexapro†	4	QL
Paroxetine HCl (Oral Suspension)	3	
Paroxetine HCl (Tablet)	2	
Paroxetine HCl ER†	4	QL
Pexeva	4	
Pristiq†	4	PA, QL
Selfemra	4	ST
Sertraline HCl (Concentrate)	3	
Sertraline HCl (Tablet)	1	
Venlafaxine HCl†	3	QL
Venlafaxine HCl ER (150mg 24-Hour Tablet, 37.5mg 24-Hour Tablet, 75mg 24-Hour Tablet)†	4	QL
Venlafaxine HCl ER (225mg 24-Hour Tablet)†	4	QL
Venlafaxine HCl ER (24-Hour Capsule)†	2	QL
Viibryd†	4	QL, ST
Tricyclics — Antidepressants		
Amitriptyline HCl	2	
Amoxapine	2	
Clomipramine HCl	2	
Desipramine HCl	3	
Doxepin HCl	2	
Imipramine HCl	2	
Imipramine Pamoate	3	

Drug Name	Drug Tier	Requirements & Limits
Nortriptyline HCl (Capsule)	2	
Nortriptyline HCl (Oral Solution)	3	
Pamelor	5	ST
Protriptyline HCl	3	
Surmontil	4	
Antidotes, Deterrents and Toxicologic Agents — Drugs for Overdose or Deterrents		
Antidotes — Antidotes/Protectants		
Antizol	5	ST
Chemet	4	
Cuprimine	4	
Exjade (125mg Soluble Tablet)	4	
Exjade (250mg Soluble Tablet, 500mg Soluble Tablet)	5	
Fomepizole	5	
Kionex	3	
Sodium Polystyrene Sulfonate	3	
Syprine	4	
Deterrents — Antidotes/Protectants		
Antabuse	3	
Buproban†	2	QL
Campral	4	
Chantix†	4	PA, QL
Nicotrol Inhaler†	4	QL
Nicotrol NS†	4	QL

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Drug Name	Drug Tier	Requirements & Limits
Toxicologic Agents — Antidotes/Protectants		
Depade	3	
Naloxone HCl	3	
Naltrexone HCl	3	
Suboxone†	4	PA, QL
Vivitrol	5	
Antiemetics — Drugs to Treat Nausea and Vomiting		
Aloxi	4	
Anzemet (100mg Tablet)†	5	B/D, QL
Anzemet (50mg Tablet)†	4	B/D, QL
Cesamet†	5	B/D, PA, QL
Compro	2	
Dronabinol (10mg Capsule)†	5	B/D, PA, QL
Dronabinol (2.5mg Capsule, 5mg Capsule)†	3	B/D, PA, QL
Emend†	3	B/D, PA, QL
Granisetron HCl (Injection)	3	
Granisetron HCl (Tablet)†	3	B/D, QL
Granisol†	3	B/D, QL
Hydroxyzine Pamoate	2	
Meclizine HCl	2	
Metoclopramide HCl (Injection)	3	
Metoclopramide HCl (Oral Solution, Tablet)	2	
Ondansetron HCl (Injection)	3	
Ondansetron HCl (Oral Solution)†	3	B/D, QL
Ondansetron HCl (Tablet)†	2	B/D, QL
Ondansetron ODT†	2	B/D, QL
Prochlorperazine	2	
Sancuso†	5	QL
Transderm-Scop	4	
Zofran (Injection)	5	ST
Zofran (Oral Solution, Tablet)†	5	B/D, PA, QL
Zofran ODT†	5	B/D, PA, QL
Antifungals — Drugs to Treat Fungal Infections		
Antifungals — Fungal Infection Drugs		
Abelcet	5	B/D
Ambisome	5	B/D
Amphotec (50mg Injection)	4	B/D
Amphotericin B	3	B/D
Ancobon	5	
Cancidas	5	
Ciclopirox (Gel, Shampoo)	3	
Ciclopirox (Suspension)	2	
Ciclopirox Nail Lacquer	3	
Ciclopirox Olamine	2	
Clotrimazole	2	
Clotrimazole/ Betamethasone Dipropionate	2	
Diflucan in NaCl	4	
Econazole Nitrate	2	
Eraxis	5	
Ertaczo	4	
Exelderm	4	

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Drug Name	Drug Tier	Requirements & Limits
Fluconazole	2	
Fluconazole in Dextrose	3	
Grifulvin V	3	
Griseofulvin Microsize	3	
Gris-Peg	4	
Gynazole-1	4	
Itraconazole †	3	PA, QL
Ketoconazole	2	
Lamisil (Pack)	4	
Mentax	4	
Miconazole 3	2	
Mycamine	5	
Naftin	4	
Natacyn	3	
Noxafil	5	
Nyamyc	2	
Nystatin	2	
Nystatin/Triamcinolone	2	
Nystop	2	
Oravig †	4	QL
Oxistat	4	
Pedi-Dri	2	
Sporanox (Capsule) †	5	PA, QL
Sporanox (Oral Solution) †	4	PA, QL
Terbinafine HCl	2	
Terconazole	2	
Vfend (Injection)	4	
Vfend (Oral Suspension, Tablet)	5	
Voriconazole	5	
Zazole	2	

Drug Name	Drug Tier	Requirements & Limits
Antigout Agents — Drugs to Treat Gout		
Antigout Agents — Gout Drugs		
Allopurinol (Tablet)	2	
Allopurinol Sodium (Injection)	3	
Colcrys †	3	QL
Probenecid	2	
Probenecid/Colchicine	2	
Uloric †	3	QL, ST
Antimigraine Agents — Drugs to Treat Migraines		
Abortive — Migraine Drugs		
Dihydroergotamine Mesylate	3	
Ergotamine Tartrate/ Caffeine †	2	QL
Maxalt †	3	QL
Maxalt-MLT †	3	QL
Migergot †	3	QL
Naratriptan HCl †	2	QL
Sumatriptan Succinate (Injection) †	3	QL
Sumatriptan Succinate (Tablet) †	2	QL
Antimyasthenic Agents — Drugs to Treat Myasthenia Gravis		
Parasympathomimetics — Myasthenia Gravis Drugs		
Guanidine HCl	4	
Mestinon (Syrup)	4	
Mestinon Timespan	4	

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Drug Name	Drug Tier	Requirements & Limits
Mytelase	4	
Pyridostigmine Bromide	2	
Regonol	2	
Antimycobacterials — Drugs to Treat Infections		
Antimycobacterials, Other — Miscellaneous Anti-Infectives		
Dapsone	3	
Mycobutin	4	
Antituberculars — Tuberculosis Drugs		
Capastat Sulfate	4	
Ethambutol HCl	3	
Isonarif	3	
Isoniazid (Injection, Syrup)	3	
Isoniazid (Tablet)	2	
Paser	4	
Priftin	4	
Pyrazinamide	3	
Rifampin (Capsule)	2	
Rifampin (Injection)	5	
Rifater	4	
Seromycin	4	
Trecator	4	
Antineoplastics — Drugs to Treat Cancer		
Alkylating Agents — Chemotherapy Agents		
Alkeran	5	
BiCNU	4	
Busulfex	5	
CeeNU	4	
Cyclophosphamide	3	B/D
Dacarbazine	3	

Drug Name	Drug Tier	Requirements & Limits
Hexalen	5	PA
Ifosfamide	3	
Ifosfamide/Mesna	5	
Leukeran	3	
Matulane	5	
Melphalan HCl	5	
Mustargen	5	
Thiotepa	4	
Treanda	5	PA
Zanosar	5	
Antiangiogenic Agents — Chemotherapy Agents		
Revlimid	5	PA, LA
Thalomid	5	PA
Vandetanib	5	PA
Votrient	5	PA
Antiestrogens/Modifiers — Chemotherapy Agents		
Emcyt	4	PA
Fareston	4	
Faslodex	5	
Tamoxifen Citrate	2	
Antimetabolites — Chemotherapy Agents		
Cladribine	5	B/D
Clolar	5	
Cytarabine	3	B/D
Cytarabine Aqueous (100mg/ml Injection)	3	B/D
Cytarabine Aqueous (20mg/ml Injection)	2	B/D
Droxia	4	
Elitek	5	
Fluorouracil (Injection)	2	B/D
Folotyn	5	PA

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Drug Name	Drug Tier	Requirements & Limits
Gemcitabine HCl	5	
Gemzar	5	
Hydroxyurea	2	
Mercaptopurine	3	
Nipent	5	ST
Pentostatin	5	
Tabloid	4	PA
Antineoplastics, Other — Chemotherapy Agents		
Abraxane	5	
Adriamycin	3	B/D
Alimta	5	PA
Amifostine	5	
Arranon	5	
Bleomycin Sulfate	3	B/D
Camptosar	4	ST
Carboplatin	3	
Cerubidine	4	
Cisplatin	3	
Cosmegen	4	
Dacogen	5	
Daunorubicin HCl	2	
Daunoxome	4	
Dexrazoxane	5	
Docetaxel	5	
Doxil	5	B/D
Doxorubicin HCl	3	B/D
Ellence	5	ST
Eloxatin	5	
Elspar	4	
Epirubicin HCl	3	
Ethyol	5	ST
Etopophos	5	

Drug Name	Drug Tier	Requirements & Limits
Etoposide	3	
Firmagon (120mg Injection)†	5	PA, QL
Firmagon (80mg Injection)†	4	PA, QL
Fludara	5	
Fludarabine Phosphate	5	
Halaven	5	PA
Hycamtin	5	
Idamycin PFS	5	ST
Idarubicin HCl	5	
Irinotecan	3	
Istodax	5	PA
Ixempra Kit	5	
Jevtana	5	PA
Mesna	3	
Mesnex (Tablet)	4	
Mitomycin	3	
Mitoxantrone HCl	3	
Novantrone	5	ST
Ontak	5	PA
Oxaliplatin	5	
Paclitaxel	3	
Photofrin	5	
Proleukin	5	PA
Taxotere	5	
Toposar	3	
Topotecan HCl	5	
Torisel	5	
Trisenox	4	PA
Velcade	5	PA
Vidaza	5	PA

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Drug Name	Drug Tier	Requirements & Limits
Vinblastine Sulfate	3	B/D
Vincasar PFS	3	B/D
Vincristine Sulfate	3	B/D
Vinorelbine Tartrate	3	
Zinecard	5	
Zolinza	5	PA
Zytiga	5	PA
Aromatase Inhibitors, 3rd Generation — Chemotherapy Agents		
Anastrozole	2	
Aromasin	4	
Exemestane	3	
Letrozole	2	
Molecular Target Inhibitors — Chemotherapy Agents		
Afinitor	5	PA
Gleevec	5	PA
Iressa	5	
Nexavar	5	PA
Sprycel	5	PA
Sutent	5	PA
Tarceva	5	PA
Tasigna	5	PA
Tykerb	5	PA
Monoclonal Antibodies — Chemotherapy Agents		
Arzerra	5	PA
Avastin	5	PA
Campath	5	PA
Erbitux	5	PA
Herceptin	5	
Rituxan	5	PA
Vectibix	5	PA

Drug Name	Drug Tier	Requirements & Limits
Retinoids — Chemotherapy Agents		
Panretin	5	PA
Targretin	5	PA
Tretinoin (Capsule)	5	
Antiparasitics — Drugs to Treat Parasitic Infections		
Anthelmintics — Worm Infection Drugs		
Albenza	3	
Biltricide	3	
Mebendazole	2	
Stromectol	3	
Antiprotozoals — Protozoal Infection Drugs		
Alinia	4	
Chloroquine Phosphate	2	
Daraprim	3	
Hydroxychloroquine Sulfate	2	
Malarone	4	
Mefloquine HCl	2	
Mepron	5	
Nebupent	4	B/D
Pentam 300	4	
Primaquine Phosphate	4	
Qualaquin	4	PA
Pediculicides/Scabicides — Scabies and Lice Drugs		
Acticin	2	
Eurax	4	
Lindane	3	
Malathion	3	
Permethrin	2	
Ulesfia	4	

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Drug Name	Drug Tier	Requirements & Limits
Antiparkinson Agents — Drugs to Treat Parkinson's Disease		
Antiparkinson Agents — Parkinson's Disease Drugs		
Apokyn†	5	QL
Azilect	3	
Benztropine Mesylate (Injection)	3	
Benztropine Mesylate (Tablet)	2	
Bromocriptine Mesylate	3	
Carbidopa/Levodopa	2	
Carbidopa/Levodopa CR	2	
Carbidopa/Levodopa ODT	2	
Cogentin	4	
Comtan	3	
Lodosyn	4	
Parcopa	4	
Pramipexole Dihydrochloride	3	
Ropinirole HCl	2	
Selegiline HCl	3	
Stalevo	3	
Tasmar†	5	QL
Trihexyphenidyl HCl	2	
Zelapar	4	
Antipsychotics — Drugs to Treat Mood Disorders		
Atypicals — Mood Disorder Drugs		
Abilify	4	
Abilify Discmelt	4	

Drug Name	Drug Tier	Requirements & Limits
Clozapine	3	
Fanapt†	4	QL, ST
Fanapt Titration Pack†	4	QL, ST
Fazaclo	3	
Geodon	4	
Invega	4	ST
Invega Sustenna (117mg/0.75ml Injection, 156mg/1ml Injection, 234mg/1.5ml Injection)†	5	QL
Invega Sustenna (39mg/0.25ml Injection, 78mg/0.5ml Injection)†	4	QL
Latuda†	4	QL
Risperdal Consta (12.5mg Injection, 25mg Injection)†	4	QL
Risperdal Consta (37.5mg Injection, 50mg Injection)†	5	QL
Risperidone (Oral Solution)	3	
Risperidone (Tablet)	2	
Risperidone ODT	3	
Zyprexa	3	
Zyprexa Zydis	3	
Conventional — Mood Disorder Drugs		
Chlorpromazine HCl (Injection)	3	
Chlorpromazine HCl (Tablet)	2	
Fluphenazine Decanoate	3	
Fluphenazine HCl (Concentrate, Elixir, Injection)	3	
Fluphenazine HCl (Tablet)	2	

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Drug Name	Drug Tier	Requirements & Limits
Haloperidol	2	
Haloperidol Decanoate	3	
Haloperidol Lactate	3	
Loxapine Succinate	2	
Orap	3	
Perphenazine	2	
Perphenazine/Amitriptyline	2	
Prochlorperazine Edisylate	3	
Prochlorperazine Maleate	2	
Thioridazine HCl	3	
Thiothixene	2	
Trifluoperazine HCl	2	
Antispasticity Agents — Drugs to Treat Spasms		
Antispasticity Agents — Muscle Spasm Drugs		
Baclofen	2	
Dantrolene Sodium	3	
Tizanidine HCl	2	
Antivirals — Drugs to Treat Viral Infections		
Anti-Cytomegalovirus (CMV) Agents — Miscellaneous Antiviral Drugs		
Cytovene	4	B/D
Foscarnet Sodium	3	B/D
Ganciclovir (250mg Capsule)	4	
Ganciclovir (500mg Capsule)	5	
Ganciclovir (Injection)	3	B/D
Valcyte	5	
Vistide	5	

Drug Name	Drug Tier	Requirements & Limits
Antihepatitis Agents — Hepatitis Drugs		
Baraclude (Oral Solution)	4	
Baraclude (Tablet)	5	
Copegus	5	PA
Hepsera	5	
Rebetol (Capsule)	5	PA
Rebetol (Oral Solution)	4	PA
Ribapak	5	PA
Ribasphere (200mg Tablet, Capsule)	3	PA
Ribasphere (400mg Tablet, 600mg Tablet)	5	PA
Ribavirin	3	PA
Virazole	5	
Antiherpetic Agents — Herpes Drugs		
Acyclovir (Capsule, Tablet)	2	
Acyclovir (Oral Suspension)	3	
Acyclovir Sodium	3	B/D
Denavir	4	
Famciclovir	3	
Trifluridine	3	
Valacyclovir HCl	3	
Zovirax (Cream, Ointment)	4	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors — HIV Drugs		
Atripla	5	
Edurant	5	
Intelence	5	

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Drug Name	Drug Tier	Requirements & Limits
Rescriptor	4	
Sustiva	4	
Viramune (Oral Suspension)	4	
Viramune (Tablet)	3	
Viramune XR	3	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors — HIV Drugs		
Combivir	5	
Didanosine	3	
Emtriva	4	
Epivir	3	
Epivir HBV	3	
Epzicom	5	
Retrovir IV Infusion	4	
Stavudine	3	
Trizivir	5	
Truvada	5	
Tyzeka	5	
Videx Pediatric	4	
Viread	5	
Ziagen	4	
Zidovudine	3	
Anti-HIV Agents, Other — HIV Drugs		
Fuzeon	5	
Isentress	5	
Selzentry	5	
Anti-HIV Agents, Protease Inhibitors — HIV Drugs		
Aptivus	5	
Crixivan	3	
Invirase (Capsule)	4	

Drug Name	Drug Tier	Requirements & Limits
Invirase (Tablet)	5	
Kaletra (100-25mg Tablet)	4	
Kaletra (200-50mg Tablet, Oral Solution)	5	
Lexiva (Oral Suspension)	4	
Lexiva (Tablet)	5	
Norvir	4	
Prezista (150mg Tablet, 75mg Tablet)†	4	QL
Prezista (400mg Tablet, 600mg Tablet)†	5	QL
Reyataz (100mg Capsule)	3	
Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule)	5	
Victrelis†	5	PA, QL
Viracept (Powder)	4	
Viracept (Tablet)	5	
Anti-Influenza Agents — Flu Drugs		
Amantadine HCl	2	
Relenza Diskhaler†	4	QL
Rimantadine HCl	2	
Tamiflu†	3	QL
Anxiolytics — Drugs to Treat Anxiety		
Anxiolytics, Other — Anxiety Drugs		
Buspirone HCl	2	
Chlordiazepoxide/ Amitriptyline	2	

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Drug Name	Drug Tier	Requirements & Limits
Bipolar Agents — Drugs to Treat Mood Disorders		
Bipolar Agents — Mood Disorder Drugs		
Equetro	4	
Lithium Carbonate	2	
Lithium Carbonate ER	2	
Lithium Citrate	2	
Lithobid	3	
Saphris†	3	QL
Seroquel	4	
Seroquel XR	3	
Symbyax	4	
Blood Glucose Regulators — Drugs to Regulate Blood Sugar		
Antidiabetic Agents — Diabetic Drugs		
Acarbose†	2	QL
Actoplus Met†	3	QL
Actos†	3	QL
Avandamet†	4	PA, QL
Avandaryl†	4	PA, QL
Avandia†	4	PA, QL
Byetta†	3	QL
Duetact†	3	QL
Glimepiride†	2	QL
Glipizide†	1	QL
Glipizide ER†	2	QL
Glipizide/Metformin HCl†	2	QL
Glyburide†	1	QL
Glyburide Micronized†	1	QL
Glyburide/Metformin HCl†	2	QL

Drug Name	Drug Tier	Requirements & Limits
Glycron (1.5mg Tablet, 3mg Tablet, 6mg Tablet)†	2	QL
Glyset†	4	QL
Janumet†	3	QL
Januvia†	3	QL
Kombiglyze XR†	3	QL
Metformin HCl†	1	QL
Metformin HCl ER†	2	QL
Nateglinide†	3	QL
Onglyza†	3	QL
Prandimet†	4	QL
Prandin†	4	QL
Riomet†	4	QL
Symlin†	4	PA, QL
Tolazamide†	2	QL
Tolbutamide†	2	QL
Glycemic Agents — Diabetic Drugs		
Glucagen Hypokit	4	
Glucagon Emergency Kit	3	
Proglycem	4	
Insulins — Diabetic Drugs		
Humalog	3	
Humulin (100unit/ml Injection)	3	
Humulin (500unit/ml Injection)	3	B/D
Lantus	3	
Levemir	3	
Novolin	3	
Novolog	3	

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Drug Name	Drug Tier	Requirements & Limits
Blood Products/Modifiers/Volume Expanders — Drugs to Treat Blood Disorders		
Anticoagulants — Blood Thinners		
Arixtra (10mg/0.8ml Injection, 5.0mg/0.4ml Injection, 7.5mg/0.6ml Injection)†	5	QL
Arixtra (2.5mg/0.5ml Injection)†	4	QL
Coumadin (Injection)	4	
Coumadin (Tablet)	3	
Enoxaparin Sodium (100mg/1ml Injection, 120mg/0.8ml Injection, 150mg/1ml Injection)†	5	QL
Enoxaparin Sodium (30mg/0.3ml Injection, 40mg/0.4ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection)†	4	QL
Fragmin (10,000units/1ml Injection, 12,500units/0.5ml Injection, 15,000units/0.6ml Injection, 18,000units/0.72ml Injection, 7,500units/0.3ml Injection)†	5	QL
Fragmin (2,500units/0.2ml Injection, 25,000units/1ml Injection, 5,000units/0.2ml Injection)†	4	QL

Drug Name	Drug Tier	Requirements & Limits
Heparin Sodium (1,000unit/ml Injection, 10,000unit/ml Injection, 20,000unit/ml Injection, 5,000unit/ml Injection)	3	
Heparin Sodium (2,000units/ml Injection)	3	
Heparin Sodium/D5W	3	
Heparin Sodium/NaCl	3	
Heparin Sodium/ NaCl 0.9% Premix	3	
Jantoven	2	
Lovenox (300mg/3ml Injection)†	4	QL
Pradaxa†	3	PA, QL
Warfarin Sodium	2	
Blood Formation Products — Blood Formation Drugs		
Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/1ml Injection, 25mcg/0.42ml Injection, 25mcg/1ml Injection, 40mcg/0.4ml Injection, 40mcg/1ml Injection, 60mcg/0.3ml Injection, 60mcg/1ml Injection)†	4	B/D, PA, QL
Aranesp Albumin Free (150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/1ml Injection, 300mcg/0.6ml Injection, 300mcg/1ml Injection, 500mcg/1ml Injection)†	5	B/D, PA, QL
Epogen†	4	B/D, PA, QL

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Drug Name	Drug Tier	Requirements & Limits
Leukine	5	PA
Neulasta	5	PA
Neumega	3	PA
Neupogen	5	PA
Procrit (10,000units/ml Injection, 2,000units/ml Injection, 3,000units/ml Injection, 4,000units/ml Injection)†	4	B/D, PA, QL
Procrit (20,000units/ml Injection)†	5	B/D, PA, QL
Procrit (40,000units/ml Injection)	5	B/D, PA
Blood Products/Modifiers/Volume Expanders		
Mozobil	5	PA
Pentopak	2	
Pentoxifylline ER	2	
Promacta (25mg Tablet, 50mg Tablet)†	5	PA, QL
Promacta (75mg Tablet)	5	PA
Coagulants — Blood Clotting Drugs		
Cyklokapron	3	
Platelet Aggregation Inhibitors — Blood Thinners		
Aggrenox†	3	QL
Cilostazol	2	
Dipyridamole	2	PA
Effient†	3	QL
Plavix†	3	QL
Ticlopidine HCl†	2	QL

Drug Name	Drug Tier	Requirements & Limits
Cardiovascular Agents — Drugs to Treat Heart and Circulation Conditions		
Alpha-Adrenergic Agonists — Blood Pressure Drugs		
Catapres-TTS†	4	QL
Clonidine HCl (Tablet)	2	
Clonidine HCl (Weekly Patch)†	3	QL
Clorpres	4	
Guanabenz Acetate	3	
Guanfacine HCl	2	
Methyldopa	2	
Methyldopa/ Hydrochlorothiazide	2	
Methyldopate HCl	3	
Midodrine HCl	3	
Alpha-Adrenergic Blocking Agents — Blood Pressure Drugs		
Dibenzyline	4	
Prazosin HCl	2	
Reserpine	2	
Antiarrhythmics — Heart Regulation Drugs		
Amiodarone HCl (Injection)	3	
Amiodarone HCl (Tablet)	2	
Disopyramide Phosphate	2	
Flecainide Acetate	2	
Mexiletine HCl	2	
Multaq	3	
Pacerone (100mg Tablet)	4	
Pacerone (200mg Tablet)	2	

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Drug Name	Drug Tier	Requirements & Limits
Procainamide HCl (100mg/ml Injection)	2	
Procainamide HCl (500mg/ml Injection)	3	
Propafenone HCl	2	
Propafenone HCl ER	3	
Quinidine Gluconate	4	
Quinidine Gluconate ER	2	
Quinidine Sulfate	2	
Quinidine Sulfate ER	2	
Rythmol SR	4	
Sorine	2	
Sotalol HCl (Injection)	3	
Sotalol HCl (Tablet)	2	
Tikosyn	4	
Beta-Adrenergic Blocking Agents — Blood Pressure Drugs		
Acebutolol HCl	2	
Atenolol	1	
Atenolol/Chlorthalidone	2	
Betaxolol HCl	2	
Bisoprolol Fumarate	2	
Bisoprolol Fumarate/ Hydrochlorothiazide	2	
Bystolic†	3	QL
Carvedilol	1	
Innopran XL	4	
Labetalol HCl (Injection)	3	
Labetalol HCl (Tablet)	2	
Metoprolol Succinate ER	3	
Metoprolol Tartrate (Injection)	3	
Metoprolol Tartrate (Tablet)	1	

Drug Name	Drug Tier	Requirements & Limits
Metoprolol/ Hydrochlorothiazide	2	
Nadolol	2	
Nadolol/ Bendroflumethiazide	3	
Pindolol	2	
Propranolol HCl	2	
Propranolol HCl ER	2	
Propranolol/ Hydrochlorothiazide	2	
Timolol Maleate	2	
Toprol XL	4	
Calcium Channel Blocking Agents — Blood Pressure Drugs		
Afeditab CR	2	
Amlodipine Besylate	1	
Amlodipine Besylate/ Benazepril HCl†	4	QL
Azor†	3	QL
Cartia XT	2	
Dilt-CD	2	
Diltiazem CD	2	
Diltiazem HCl (Injection)	3	
Diltiazem HCl (Tablet)	2	
Diltiazem HCl ER	2	
Dilt-XR	2	
Diltzac	2	
Felodipine ER	3	
Isradipine	3	
Matzim LA†	3	QL
Nicardipine HCl (Capsule)	2	
Nicardipine HCl (Injection)	3	

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Drug Name	Drug Tier	Requirements & Limits
Nifediac CC	2	
Nifedical XL	2	
Nifedipine	3	
Nifedipine ER	2	
Nimodipine	5	
Nisoldipine †	3	QL
Nisoldipine ER †	3	QL
Taztia XT	2	
Tribenzor †	3	QL
Twynsta †	4	QL
Verapamil HCl (Injection)	3	
Verapamil HCl (Tablet)	2	
Verapamil HCl ER	2	
Cardiovascular Agents, Other — Miscellaneous Cardiac Drugs		
Demser	5	
Digoxin (Injection)	3	
Digoxin (Oral Solution, Tablet)	2	
Lanoxin (0.1mg/ml Injection)	4	
Lanoxin (Tablet)	3	
Ranexa	3	ST
Diuretics — Blood Pressure Drugs		
Acetazolamide Sodium	3	
Amiloride HCl	2	
Amiloride/ Hydrochlorothiazide	2	
Bumetanide (Injection)	3	
Bumetanide (Tablet)	2	
Chlorothiazide	2	
Chlorothiazide Sodium	3	

Drug Name	Drug Tier	Requirements & Limits
Chlorthalidone	2	
Diuril	4	
Dyrenium	4	
Edecrin	4	
Eplerenone	3	
Furosemide (Injection)	3	
Furosemide (Oral Solution, Tablet)	2	
Hydrochlorothiazide	2	
Indapamide	2	
Methyclothiazide	2	
Metolazone	2	
Samsca †	5	PA, QL
Spironolactone	2	
Spironolactone/ Hydrochlorothiazide	2	
Torsemide (Injection)	3	
Torsemide (Tablet)	2	
Triamterene/ Hydrochlorothiazide	2	
Dyslipidemics — Cholesterol Control Drugs		
Antara	3	
Cholestyramine	2	
Colestipol HCl (Granules)	3	
Colestipol HCl (Tablet)	2	
Crestor †	3	QL
Fenofibrate	2	
Fenofibrate Micronized	2	
Gemfibrozil	2	
Lipitor †	3	QL
Livalo †	4	QL
Lovastatin	2	

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Drug Name	Drug Tier	Requirements & Limits
Lovaza	4	
Niacor	2	
Niaspan	3	
Pravastatin Sodium	1	
Prevalite	2	
Simvastatin	1	
Tricor	3	
Trilipix	3	
Vytorin†	4	QL
Welchol (Pack)†	3	QL
Welchol (Tablet)	3	
Zetia†	3	QL
Renin-Angiotensin-Aldosterone System Inhibitors — Blood Pressure Drugs		
Benazepril HCl	1	
Benazepril HCl/ Hydrochlorothiazide	2	
Benicar†	3	QL
Benicar HCT†	3	QL
Captopril	2	
Captopril/ Hydrochlorothiazide	2	
Diovan†	3	QL
Diovan HCT†	3	QL
Enalapril Maleate	2	
Enalapril Maleate/ Hydrochlorothiazide	2	
Fosinopril Sodium	2	
Fosinopril Sodium/ Hydrochlorothiazide	2	
Lisinopril	1	

Drug Name	Drug Tier	Requirements & Limits
Lisinopril/ Hydrochlorothiazide	2	
Losartan Potassium	1	
Losartan Potassium/ Hydrochlorothiazide	1	
Micardis†	4	QL
Micardis HCT†	4	QL
Moexipril HCl	2	
Moexipril/ Hydrochlorothiazide	2	
Perindopril Erbumine	2	
Quinapril HCl	2	
Quinapril/ Hydrochlorothiazide	2	
Ramipril	2	
Tekturna†	3	QL, ST
Tekturna HCT†	3	QL, ST
Trandolapril	2	
Vasodilators — Chest Pain Drugs		
BiDil	3	
Dilatrate SR	4	
Hydralazine HCl (Injection)	3	
Hydralazine HCl (Tablet)	2	
Isochron	2	
Isordil Titradose (40mg Tablet)	4	
Isosorbide Dinitrate	2	
Isosorbide Dinitrate ER	2	
Isosorbide Mononitrate	2	
Isosorbide Mononitrate ER	2	
Minitran	2	
Minoxidil (Tablet)	2	

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Drug Name	Drug Tier	Requirements & Limits
Nitro-Bid	4	
Nitro-Dur (0.3mg/hr 24-Hour Patch, 0.8mg/hr 24-Hour Patch)	4	
Nitroglycerin (24-Hour Patch)	2	
Nitroglycerin (Injection)	3	
Nitrolingual Pumpspray	4	
Nitromist	4	
Nitrostat	3	
Central Nervous System Agents — Drugs to Treat Nerve Conditions		
Amphetamines, ADHD — ADHD Drugs		
Amphetamine/ Dextroamphetamine †	3	QL
Dextroamphetamine Sulfate †	3	QL
Dextroamphetamine Sulfate ER †	3	QL
Methamphetamine HCl †	3	QL
Vyvanse †	4	QL
Non-Amphetamines, ADHD — ADHD Drugs		
Dexmethylphenidate HCl †	3	QL
Metadate ER †	4	QL
Methylin (Tablet) †	2	QL
Methylin ER †	3	QL
Methylphenidate HCl †	2	QL
Methylphenidate HCl SR †	3	QL
Strattera †	4	QL, ST

Drug Name	Drug Tier	Requirements & Limits
Non-Amphetamines, Other — Miscellaneous Nervous System Drugs		
Ampyra †	5	PA, QL
Botox	4	PA
Provigil †	4	PA, QL
Rilutek	5	
Xyrem †	3	PA, QL, LA
Dental and Oral Agents — Drugs to Treat Mouth and Throat Conditions		
Dental and Oral Agents		
Chlorhexidine Gluconate Oral Rinse	2	
Kepivance	5	
Periogard	2	
Pilocarpine HCl	3	
Triamcinolone in Orabase	2	
Dermatological Agents — Drugs to Treat Skin Conditions		
Dermatological Agents — Skin Agents		
8-Mop	5	
Adapalene	3	
Aldara	4	
Amevive	5	PA
Ammonium Lactate	2	
Amnesteem	3	
Avita	3	PA
Calcipotriene	3	
Carac	4	
Claravis	3	
Clindamycin/ Benzoyl Peroxide	3	

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Drug Name	Drug Tier	Requirements & Limits
Dovonex	4	
Elidel	4	ST
Erythromycin/ Benzoyl Peroxide	2	
Finacea	3	
Fluorouracil (Cream, Topical Solution)	3	
Imiquimod	3	
Laclotion	2	
Oxsoralen	4	PA
Oxsoralen Ultra	5	PA
Podofilox	3	
Protopic	4	ST
Regranex†	5	PA, QL
Retin-A Micro	4	PA
Santyl	4	
Selenium Sulfide	2	
Solaraze	4	PA
Soriatane	5	
Sotret	3	
Stelara	5	PA
Sulfacetamide Sodium (Lotion)	3	
Tazorac	4	PA
Tretinoin (Cream)	2	PA
Tretinoin (Gel)	3	PA
Tretin-X	4	PA
Uvadex	4	
Vectical	4	
Ziana	4	PA
Zyclara	3	

Drug Name	Drug Tier	Requirements & Limits
Enzyme Replacements/Modifiers — Drugs to Treat Enzyme Deficiency		
Enzyme Replacements/Modifiers — Enzyme Deficiency Drugs		
Adagen	5	
Aldurazyme	5	
Buphenyl	5	
Ceredase	5	PA
Cerezyme	5	PA
Creon	3	
Cystadane	5	
Cystagon	4	
Elaprase	5	
Fabrazyme	5	
Kuvan	5	
Myozyme	5	
Naglazyme	5	
Orfadin	5	
Vpriv	5	PA
Zavesca	5	
Zenpep	3	
Gastrointestinal Agents — Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics, Gastrointestinal — Bowel Treatment Drugs		
Atropine Sulfate (0.05mg/ml Injection)	3	PA
Atropine Sulfate (0.1mg/ml Injection)	2	PA
Dicyclomine HCl (Capsule, Oral Solution, Tablet)	2	PA

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Drug Name	Drug Tier	Requirements & Limits
Dicyclomine HCl (Injection)	3	PA
Glycopyrrolate	3	
Methscopolamine Bromide	3	
Propantheline Bromide	2	
Gastrointestinal Agents, Other — Miscellaneous Gastrointestinal Drugs		
Amitiza†	3	QL, ST
Constulose	2	
Diphenoxylate/Atropine	2	PA
Enulose	2	
Gastrocrom	4	
Gavilyte-C†	2	QL
Gavilyte-G†	2	QL
Gavilyte-N/Flavor Pack†	2	QL
Kristalose	4	
Lactulose	2	
Loperamide HCl	2	
Moviprep	4	
Nulytely/Flavor Packs†	3	QL
Osmoprep	4	
Polyethylene Glycol 3350	2	
Trilyte†	2	QL
Ursodiol (Capsule)	2	
Ursodiol (Tablet)	3	
Visicol	4	
Histamine2 (H2) Blocking Agents — Ulcer and Stomach Acid Drugs		
Cimetidine	2	
Cimetidine HCl (Injection)	3	
Cimetidine HCl (Oral Solution)	2	

Drug Name	Drug Tier	Requirements & Limits
Famotidine (Injection, Oral Suspension)	3	
Famotidine (Tablet)	2	
Nizatidine (Capsule)	2	
Nizatidine (Oral Solution)	3	
Ranitidine HCl (Capsule, Tablet)	2	
Ranitidine HCl (Injection, Syrup)	3	
Zantac (50mg/50ml Injection)	4	
Irritable Bowel Syndrome Agents — Bowel Treatment Drugs		
Lotronex†	5	PA, QL
Protectants — Ulcer and Stomach Acid Drugs		
Carafate (Oral Suspension)	4	
Misoprostol	2	
Sucralfate	2	
Proton Pump Inhibitors — Ulcer and Stomach Acid Drugs		
Dexilant†	4	QL
Nexium†	3	QL
Nexium I.V.	4	
Omeprazole†	2	QL
Pantoprazole Sodium†	2	QL
Protonix (Injection)	4	
Genitourinary Agents — Drugs to Treat Bladder, Genital and Kidney Conditions		
Antispasmodics, Urinary — Bladder Control Drugs		
Enablex†	3	QL

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Drug Name	Drug Tier	Requirements & Limits
Flavoxate HCl	3	
Gelnique†	3	QL
Oxybutynin Chloride	2	
Oxybutynin Chloride ER†	3	QL
Oxytrol†	3	QL
Sanctura XR†	4	QL
Trospium Chloride†	3	QL
Vesicare†	3	QL
Benign Prostatic Hypertrophy Agents — Prostate Enlargement Drugs		
Avodart†	3	QL
Doxazosin Mesylate	2	
Finasteride (5mg Tablet)†	2	QL
Rapaflo†	3	QL
Tamsulosin HCl†	2	QL
Terazosin HCl	2	
Uroxatral†	3	QL
Genitourinary Agents, Other — Miscellaneous Bladder, Genital and Kidney Conditions Drugs		
Bethanechol Chloride	2	
Elmiron	4	
Relistor	4	PA
Phosphate Binders — Phosphate-Removing Agents		
Calcium Acetate	3	
Eliphos	4	
Fosrenol	5	
Phoslo	3	
Renagel	3	ST
Renvela	3	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) — Drugs to Regulate Hormones		
Glucocorticoids/Mineralocorticoids — Anti-Inflammatory Drugs		
A-Hydrocort	3	
Ala Scalp	4	
Ala-Cort	2	
Alclometasone Dipropionate	2	
Amcinonide	2	
A-Methapred	3	
Augmented Betamethasone Dipropionate (Cream)	2	
Augmented Betamethasone Dipropionate (Lotion, Ointment)	3	
Betamethasone Dipropionate	2	
Betamethasone Valerate	2	
Capex	4	
Clobetasol Propionate	2	
Clobetasol Propionate E	2	
Clobex	4	
Cloderm	4	
Cordran	4	
Cordran SP	4	
Cordran Tape	4	
Cortef	4	
Cortisone Acetate	2	

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Drug Name	Drug Tier	Requirements & Limits
Cutivate (Lotion)	4	
Depo-Medrol (20mg/ml Injection)	4	
Derma-Smoothe/FS	4	
Desonate	4	
Desonide	2	
Desowen	4	
Desowen/Cetaphil	4	
Desoximetasone	3	
Dexamethasone	2	
Dexamethasone Intensol	3	
Dexamethasone Sodium Phosphate (Injection)	3	
Diflorasone Diacetate	2	
Fludrocortisone Acetate	2	
Fluocinolone Acetonide	2	
Fluocinonide	2	
Fluocinonide-E	2	
Fluticasone Propionate	2	
Halobetasol Propionate	2	
Halog	4	
Hydrocortisone (Cream, Lotion, Ointment, Tablet)	2	
Hydrocortisone Butyrate	2	
Hydrocortisone Valerate	2	
Kenalog	4	
Locoid	4	
Locoid Lipocream	4	
Lokara	2	
Luxiq	4	
Methylprednisolone Acetate	3	

Drug Name	Drug Tier	Requirements & Limits
Methylprednisolone Sodium Succinate	3	
Mometasone Furoate	2	
Olux-E	4	
Pandel	4	
Prednicarbate	2	
Prednisolone Sodium Phosphate	2	
Prednisone	2	
Prednisone Intensol	2	
Proctocream HC	2	
Procto-Pak	2	
Proctosol HC	2	
Proctozone-HC	2	
Solu-Cortef	4	
Solu-Medrol	4	
Triamcinolone Acetonide	2	
Triamcinolone Acetonide in Absorbase	2	
Triderm	2	
U-Cort	2	
Vanos	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) — Drugs to Regulate Hormones		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) — Hormone Replacement/Modifying Drugs		
Chorionic Gonadotropin	3	PA
DDAVP (Injection)	5	ST
Desmopressin Acetate	3	
Egrifta†	5	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
Genotropin	5	PA
Genotropin Miniquick (0.2mg Injection)†	4	PA, QL
Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection)†	5	PA, QL
Humatrope	5	PA
Increlex	5	PA
Norditropin	5	PA
Norditropin Flexpro	5	PA
Novarel	3	PA
Nutropin	5	PA
Nutropin AQ	5	PA
Omnitrope (10mg/1.5ml Injection)	4	PA
Omnitrope (5.8mg Injection, 5mg/1.5ml Injection)	5	PA
Pregnyl w/ Diluent Benzyl Alcohol/NaCl	3	PA
Saizen	5	PA
Serostim	5	PA
Stimate	4	
Tev-Tropin	4	PA
Zorbtive	5	PA

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents, Stimulant/ Replacement/Modifying (Sex Hormones/ Modifiers) — Drugs to Regulate Hormones		
Anabolic Steroids — Hormone Replacement/ Modifying Drugs		
Anadrol-50	5	PA
Oxandrin†	5	PA, QL
Oxandrolone (10mg Tablet)†	5	PA, QL
Oxandrolone (2.5mg Tablet)†	3	PA, QL
Androgens — Hormone Replacement/ Modifying Drugs		
Androderm	3	PA
Androgel	3	PA
Androgel Pump	3	PA
Androxy	3	
Danazol	3	
Testosterone Cypionate	3	PA
Testosterone Enanthate	3	PA
Estrogens — Hormone Replacement/ Modifying Drugs		
Activella	4	
Alora	4	
Apri	2	
Aranelle	2	
Aviane	2	
Balziva	2	
Cenestin	4	
Cesia	2	
Climara Pro	4	
Combipatch	4	

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Drug Name	Drug Tier	Requirements & Limits
Cryselle	2	
Cyclafem 1/35	2	
Cyclafem 7/7/7	2	
Cyclessa	4	
Depo-Estradiol	4	
Desogen	4	
Divigel†	4	QL
Enjuvia	3	
Enpresse	2	
Estrace (Cream)	4	
Estraderm	3	
Estradiol	2	
Estradiol Valerate	3	
Estradiol/Norethindrone Acetate	2	
Estring†	4	QL
Estropipate	2	
Estrostep Fe	4	
Femhrt Low Dose	4	
Femring†	4	QL
Femtrace	4	
Gianvi	2	
Jinteli	2	
Junel	2	
Junel Fe	2	
Kariva	2	
Kelnor	2	
Leena	2	
Lessina	2	
Levora	2	
Lo/Ovral	4	
Loestrin	4	

Drug Name	Drug Tier	Requirements & Limits
Loestrin Fe	4	
Loseasonique	4	
Low-Ogestrel	2	
Lutera	2	
Menest	3	
Microgestin	2	
Microgestin Fe	2	
MonoNessa	2	
Necon	2	
Nortrel	2	
NuvaRing	3	
Ocella	2	
Ogestrel	2	
Ortho Evra	4	
Ortho Tri-Cyclen Lo	4	
Ortho-Cept	4	
Ortho-Cyclen	4	
Ortho-Est	2	
Ortho-Novum 7/7/7	4	
Ovcon	4	
Portia	2	
Prefest	4	
Premarin (Cream, Tablet)	3	
Premphase	3	
Prempro	3	
Previfem	2	
Quasense	2	
Reclipsen	2	
Seasonale	4	
Seasonique	4	
Solia	2	
Sprintec	2	

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Drug Name	Drug Tier	Requirements & Limits
Sronyx	2	
Tri-Legest Fe	2	
TriNessa	2	
Tri-Previfem	2	
Tri-Sprintec	2	
Trivora	2	
Vagifem	4	
Velivet	2	
Vivelle-Dot	3	
Yasmin	4	
Zeosa	2	
Zovia	2	
Progestins — Hormone Replacement/ Modifying Drugs		
Camila	2	
Crinone	4	
Depo-Provera (400mg/ml Injection)	4	
Ella	4	
Errin	2	
Jolivette	2	
Medroxyprogesterone Acetate (Injection)	3	
Medroxyprogesterone Acetate (Tablet)	2	
Megace ES	4	
Megestrol Acetate	2	
Next Choice	2	
Nora-BE	2	
Norethindrone Acetate	2	
Ortho Micronor	4	
Prometrium	4	

Drug Name	Drug Tier	Requirements & Limits
Selective Estrogen Receptor Modifying Agents — Hormone Replacement/Modifying Drugs		
Evista†	3	QL
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) — Drugs to Replace Thyroid Hormones		
Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid) — Thyroid Replacement Drugs		
Levothroid	3	
Levothyroxine Sodium	2	
Levoxyl	2	
Liothyronine Sodium (Injection)	3	
Liothyronine Sodium (Tablet)	2	
Synthroid	3	
Thyrolar	3	
Unithroid	2	
Hormonal Agents, Suppressant (Adrenal) — Drugs to Regulate Hormones		
Hormonal Agents, Suppressant (Adrenal) — Hormone Suppressants		
Lysodren	3	
Hormonal Agents, Suppressant (Parathyroid) — Drugs to Regulate Hormones		
Hormonal Agents, Suppressant (Parathyroid) — Hormone Suppressants		
Sensipar (30mg Tablet)†	3	QL
Sensipar (60mg Tablet, 90mg Tablet)†	5	QL

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Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents, Suppressant (Pituitary) — Drugs to Regulate Hormones		
Hormonal Agents, Suppressant (Pituitary) — Hormone Suppressants		
Cabergoline	3	
Eligard†	4	QL
Leuprolide Acetate	3	
Lupron Depot (11.25mg Injection, 3.75mg Injection)†	4	QL
Lupron Depot (22.5mg Injection, 30mg Injection, 7.5mg Injection)†	5	QL
Lupron Depot-PED	5	
Octreotide Acetate (1,000mcg/ml Injection)	5	PA
Octreotide Acetate (100mcg/ml Injection, 50mcg/ml Injection)†	4	PA, QL
Octreotide Acetate (200mcg/ml Injection, 500mcg/ml Injection)†	5	PA, QL
Sandostatin (1,000mcg/ml Injection)	5	PA
Sandostatin (100mcg/ml Injection, 200mcg/ml Injection, 500mcg/ml Injection, 50mcg/ml Injection)†	5	PA, QL
Sandostatin LAR Depot	5	PA
Somatuline Depot	5	PA
Somavert	5	PA

Drug Name	Drug Tier	Requirements & Limits
Synarel	5	PA
Trelstar Depot	5	
Trelstar LA	5	
Trelstar Mixject	5	
Hormonal Agents, Suppressant (Sex Hormones/Modifiers) — Drugs to Regulate Hormones		
Antiandrogens — Hormone Suppressants		
Bicalutamide	2	
Flutamide	3	
Nilandron	4	
Hormonal Agents, Suppressant (Thyroid) — Drugs to Suppress Thyroid Hormones		
Antithyroid Agents — Thyroid Suppressing Drugs		
Methimazole	2	
Propylthiouracil	2	
Immunological Agents — Drugs that Stimulate or Suppress the Immune System		
Immune Suppressants — Immune System Drugs		
Actemra	5	PA
Azasan	4	
Azathioprine	2	
Azathioprine Sodium	3	
Cellcept (Capsule)	4	B/D, PA
Cellcept (Oral Suspension, Tablet)	5	B/D, PA
Cellcept Intravenous	4	B/D, PA
Cimzia	5	PA

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Drug Name	Drug Tier	Requirements & Limits
Cyclosporine	3	B/D
Cyclosporine Modified	3	B/D
Enbrel†	5	PA, QL
Gengraf (Capsule)	3	B/D
Gengraf (Oral Solution)	4	B/D
Humira†	5	PA, QL
Methotrexate	2	
Methotrexate Sodium	3	
Mycophenolate Mofetil	3	B/D, PA
Myfortic (180mg Delayed Release Tablet)	4	B/D
Myfortic (360mg Delayed Release Tablet)	5	B/D
Orencia†	5	PA, QL
Prograf (Injection)	4	B/D, PA
Rapamune (0.5mg Tablet)†	4	B/D, QL
Rapamune (1mg Tablet, 2mg Tablet, Oral Solution)	5	B/D
Remicade	5	PA
Sandimmune (Capsule, Oral Solution)	4	B/D
Simponi†	5	PA, QL
Tacrolimus (0.5mg Capsule, 1mg Capsule)†	3	B/D, PA, QL
Tacrolimus (5mg Capsule)	5	B/D, PA
Trexall	4	
Zortress (0.25mg Tablet)†	4	B/D, PA, QL
Zortress (0.5mg Tablet, 0.75mg Tablet)	5	B/D, PA

Drug Name	Drug Tier	Requirements & Limits
Immunizing Agents, Passive — Immune System Drugs		
Atgam	5	B/D
Carimune Nanofiltered	5	B/D, PA
Gamastan S/D	3	PA
Gammagard Liquid	5	B/D, PA
Gammaplex	5	B/D, PA
Gamunex	5	B/D, PA
Hizentra†	5	B/D, PA, QL
Privigen	5	B/D, PA
Thymoglobulin	5	B/D
Vivaglobin	5	B/D, PA
Immunomodulators — Immune System Drugs		
Actimmune	5	
Arcalyst	5	PA
Avonex†	5	PA, QL
Betaseron†	5	PA, QL
Copaxone†	5	PA, QL
Gilenya†	5	PA, QL
Infergen	5	PA
Intron-A (10mu Injection, 10mu Pen Injection, 5mu Pen Injection)	5	PA
Intron-A (3mu Pen Injection)†	4	PA, QL
Intron-A (6,000,000unit/ml Injection)	4	PA
Kineret†	5	PA, QL
Leflunomide	2	
Orthoclone OKT3	5	B/D
Pegasys	5	PA
Peg-Intron	5	PA

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Drug Name	Drug Tier	Requirements & Limits
Rebif†	5	PA, QL
Rebif Titration Pack†	5	PA, QL
Ridaura	4	
Simulect	5	B/D
Synagis	5	
Tysabri	5	PA, LA
Vaccines		
Acthib	3	
Adacel	3	
Boostrix	3	
Cervarix	4	
Comvax	3	
Daptacel	3	
Decavac	3	
Diphtheria/Tetanus Toxoid Pediatric	3	
Engerix-B	3	B/D
Gardasil	3	
Havrix	3	
Imovax Rabies (H.D.C.V.)	3	B/D
Infanrix	3	
Ipol Inactivated IPV	3	
Ixiaro	3	
Je-Vax	3	
Menactra	3	
Menomune-A/C/Y/W-135	3	
Menveo	3	
M-M-R II	3	
Pedvax HIB	3	
ProQuad	3	
Rabavert	3	

Drug Name	Drug Tier	Requirements & Limits
Recombivax HB	3	B/D
RotaTeq	3	
Tetanus Toxoid Adsorbed	3	
Tetanus/Diphtheria Toxoids-Adsorbed Adult	3	
Tripedia	3	
Twinrix	3	
Typhim Vi	3	
Vaqta	3	
Varivax	3	
YF-Vax	3	
Zostavax	4	
Inflammatory Bowel Disease Agents — Drugs to Treat Inflammatory Bowel Disease		
Glucocorticoids — Inflammatory Bowel Disease Drugs		
Colocort	3	
Cortifoam	4	
Entocort EC	4	
Hydrocortisone (Enema)	3	
Methylprednisolone	2	
Millipred (Tablet)	4	
Salicylates — Inflammatory Bowel Disease Drugs		
Apriso†	3	QL
Asacol	3	
Balsalazide Disodium	3	
Canasa	3	
Mesalamine	3	
Pentasa	4	
Rowasa	5	

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Drug Name	Drug Tier	Requirements & Limits
Metabolic Bone Disease Agents — Drugs to Treat Bone Conditions		
Metabolic Bone Disease Agents — Osteoporosis (Bone Loss) Drugs		
Actonel†	3	QL
Alendronate Sodium	2	
Aredia (30mg Injection)	4	B/D, ST
Aredia (90mg Injection)	5	ST
Atelvia†	3	QL
Boniva (Injection)†	4	B/D, QL
Calcitonin-Salmon (Nasal Spray)†	3	QL
Calcitriol (Capsule)	2	B/D
Calcitriol (Injection, Oral Solution)	3	B/D
Etidronate Disodium	3	
Forteo	4	B/D, PA
Fortical†	3	QL
Fosamax (Oral Solution)†	4	QL, ST
Hectorol	3	B/D
Miacalcin (Injection)	4	B/D, PA
Pamidronate Disodium (30mg/10ml Injection, 90mg/10ml Injection)	3	
Pamidronate Disodium (6mg/1ml Injection)	4	
Prolia†	4	PA, QL
Reclast	4	PA
Xgeva†	5	PA, QL
Zemplar	3	B/D
Zometa	5	

Drug Name	Drug Tier	Requirements & Limits
Miscellaneous Therapeutic Agents		
Agrylin	4	
Alcohol Preps	2	
Anagrelide HCl	2	
Dextrose 10%	3	
Dextrose 5%	3	
Gauze Pads	3	
Insulin Syringes, Needles	3	
Intralipid (20% Injection)	4	B/D
Intralipid (30% Injection)	4	B/D
Lactated Ringer's Irrigation	3	
Leucovorin Calcium (Injection)	3	
Leucovorin Calcium (Tablet)	2	
Levocarnitine	3	B/D
Liposyn II	4	B/D
Liposyn III (10% Injection, 20% Injection)	4	B/D
Liposyn III (30% Injection)	4	B/D
Methergine	3	
Sterile Water Irrigation	3	
Xenazine	5	PA
Ophthalmic Agents — Drugs to Treat Eye Conditions		
Ophthalmic Agents, Other — Miscellaneous Eye Drugs		
AK-Con	2	
Alcaine	4	
Lacrisert	4	

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Drug Name	Drug Tier	Requirements & Limits
Parcaine	2	
Proparacaine HCl	2	
Restasis†	3	QL
Tropicamide	2	
Ophthalmic Anti-Allergy Agents — Allergy, Infection and Inflammation Drugs		
Alamast	4	
Alocril	4	
Alomide	4	
Azelastine HCl (Ophthalmic Solution)	3	
Cromolyn Sodium (Ophthalmic Solution)	2	
Epinastine HCl	3	
Pataday	3	
Patanol	3	
Ophthalmic Antiglaucoma Agents — Glaucoma Drugs		
Acetazolamide (12-Hour Capsule)	3	
Acetazolamide (Tablet)	2	
Alphagan P (0.1% Ophthalmic Solution)	3	
Apraclonidine	3	
Azopt	3	
Betaxolol HCl	2	
Betimol	4	
Betoptic-S	4	
Brimonidine Tartrate	2	
Carteolol HCl	2	
Combigan	3	
Dorzolamide HCl†	2	QL

Drug Name	Drug Tier	Requirements & Limits
Dorzolamide HCl/Timolol Maleate†	3	QL
Iopidine (1% Ophthalmic Solution)	4	
Istalol	4	
Levobunolol HCl	2	
Methazolamide	2	
Metipranolol	2	
Optipranolol	4	
Phospholine Iodide	3	
Pilopine HS	3	
Timolol Maleate	2	
Ophthalmic Anti-Inflammatories — Allergy, Infection and Inflammation Drugs		
Alrex	3	
Blephamide	3	
Blephamide S.O.P.	3	
Bromday	4	
Bromfenac	3	
Cortisporin	4	
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	2	
Diclofenac Sodium	2	
Durezol	3	
Flarex	3	
Fluorometholone	2	
Flurbiprofen Sodium	2	
FML	3	
FML Forte	3	
Ketorolac Tromethamine (Ophthalmic Solution)	2	

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Drug Name	Drug Tier	Requirements & Limits
Lotemax	3	
Neomycin/Polymyxin/ Bacitracin/Hydrocortisone	2	
Neomycin/Polymyxin/ Dexamethasone	2	
Neomycin/Polymyxin/ Hydrocortisone (Ophthalmic Suspension)	3	
Nevanac	3	
Poly-Dex	2	
Poly-Pred	4	
Pred Mild	3	
Pred-G	3	
Pred-G S.O.P.	3	
Prednisolone Acetate	2	
Prednisolone Sodium Phosphate	2	
Sulfacetamide Sodium/ Prednisolone Sodium Phosphate	2	
Tobradex (Ophthalmic Ointment)	3	
Tobradex (Ophthalmic Suspension)	4	
Tobramycin/ Dexamethasone	3	
Vexol	4	
Zylet	3	
Ophthalmic Prostaglandin and Prostamide Analogs — Glaucoma Drugs		
Latanoprost†	2	QL
Lumigan†	3	QL
Travatan Z†	3	QL

Drug Name	Drug Tier	Requirements & Limits
Otic Agents — Drugs to Treat Ear Conditions		
Otic Agents — Ear Drugs		
Acetasol HC	3	
Acetic Acid	2	
Acetic Acid/ Hydrocortisone	3	
Cipro HC	4	
Ciprodex	3	
Coly-Mycin S	4	
Cortisporin	4	
Cortisporin-TC	4	
Cortomycin	2	
Dermotic	3	
Neomycin/Polymyxin/ Hydrocortisone (Solution, Suspension)	2	
Respiratory Tract Agents — Drugs to Treat Allergies, Cough, Cold and Lung Conditions		
Antihistamines — Allergy Drugs		
Astepro†	3	QL
Azelastine HCl (Nasal Spray)†	3	QL
Carbinoxamine Maleate	2	
Cetirizine HCl†	2	QL
Clemastine Fumarate	2	
Fexofenadine HCl	2	
Hydroxyzine HCl	2	
Patanase†	3	QL
Phenadoz	3	

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Drug Name	Drug Tier	Requirements & Limits
Promethazine HCl	3	
Promethegan	3	
Anti-Inflammatories, Inhaled Corticosteroids — Asthma/Lung Drugs		
Advair Diskus†	3	QL
Advair HFA†	3	QL
Budesonide (Nebulizer Suspension)	3	B/D
Flovent Diskus†	3	QL
Flovent HFA†	3	QL
Flunisolide	2	
Fluticasone Propionate	2	
Nasonex†	3	QL
Omnaris†	4	QL
Pulmicort (Nebulizer Suspension)	4	B/D
Pulmicort Flexhaler†	3	QL
QVAR†	3	QL
Symbicort†	3	QL
Antileukotrienes — Asthma/Lung Drugs		
Singulair†	3	QL
Zafirlukast†	2	QL
Bronchodilators, Anticholinergic — Asthma/Lung Drugs		
Atrovent HFA†	4	QL
Combivent†	3	QL
Ipratropium Bromide (Nasal Spray)	2	
Ipratropium Bromide (Nebulizer Solution)	2	B/D
Ipratropium Bromide/ Albuterol Sulfate (Nebulizer Solution)	2	B/D

Drug Name	Drug Tier	Requirements & Limits
Spiriva Handihaler†	3	QL
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines) — Asthma/Lung Drugs		
Aminophylline (Injection)	3	
Aminophylline (Tablet)	2	
Elixophyllin	3	
Theo-24	3	
Theochron	2	
Theophylline ER	2	
Bronchodilators, Sympathomimetic — Asthma/Lung Drugs		
Albuterol Sulfate (Nebulizer Solution)	2	B/D
Albuterol Sulfate (Syrup, Tablet)	2	
Albuterol Sulfate ER	2	
Brovana	4	B/D
Epinephrine HCl	3	
Epipen†	3	QL
Foradil Aerolizer†	3	QL, ST
Levalbuterol (Nebulizer Solution)	4	B/D, ST
Metaproterenol Sulfate	2	
Proair HFA	3	
Serevent Diskus†	3	QL, ST
Terbutaline Sulfate (Injection)	3	
Terbutaline Sulfate (Tablet)	2	
Twinject†	4	QL
Mast Cell Stabilizers — Asthma/Lung Drugs		
Cromolyn Sodium (Nebulizer Solution)	3	B/D

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†For this drug's specific quantity limit see pages 52–71.

Drug Name	Drug Tier	Requirements & Limits
Pulmonary Antihypertensives — Asthma/Lung Drugs		
Adcirca†	5	PA, QL
Letairis†	5	QL
Remodulin	5	B/D, PA
Revatio (Injection)	5	PA
Revatio (Tablet)†	5	PA, QL
Tracleer†	5	QL, LA
Ventavis	5	B/D, PA
Respiratory Tract Agents, Other — Asthma/Lung Drugs		
Acetylcysteine	2	B/D
Aralast NP	5	PA
Glassia	5	PA
Prolastin	5	PA
Prolastin-C	5	PA
Pulmozyme	5	B/D
Tyzine	3	
Xolair	5	PA
Zemaira	5	PA
Sedatives/Hypnotics — Drugs for Sedation and Sleep		
Sedatives/Hypnotics — Sedation and Sleep Drugs		
Lunesta†	3	QL
Rozerem†	4	QL
Zaleplon†	2	QL
Zolpidem Tartrate (10mg Tablet)	2	
Zolpidem Tartrate (5mg Tablet)†	2	QL

Drug Name	Drug Tier	Requirements & Limits
Skeletal Muscle Relaxants — Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions		
Skeletal Muscle Relaxants — Pain/Swelling Management Drugs		
Carisoprodol (350mg Tablet)†	3	QL
Chlorzoxazone†	3	QL
Cyclobenzaprine HCl†	3	QL
Metaxalone†	3	QL
Methocarbamol†	3	QL
Orphenadrine Citrate ER†	3	QL
Orphenadrine/Aspirin/ Caffeine†	3	QL
Therapeutic Nutrients/Minerals/ Electrolytes — Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies		
Electrolytes/Minerals — Electrolytes and Minerals		
Aminosyn	4	B/D
Aminosyn 8.5%/ Electrolytes	3	B/D
Aminosyn II	4	B/D
Aminosyn II 3.5%/ Dextrose 25%	4	B/D
Aminosyn II 3.5%/ Dextrose 5%	4	B/D
Aminosyn II 4.25%/ Dextrose 10%	4	B/D
Aminosyn II 4.25%/ Dextrose 20%	4	B/D
Aminosyn II 4.25%/ Dextrose 25%	4	B/D

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Drug Name	Drug Tier	Requirements & Limits
Aminosyn II 5%/ Dextrose 25%	4	B/D
Aminosyn II 8.5%/ Electrolytes	3	B/D
Aminosyn II M 3.5%/ Dextrose 5%	4	B/D
Aminosyn M	4	B/D
Aminosyn-HBC	4	B/D
Aminosyn-HF	3	B/D
Aminosyn-PF	4	B/D
Ammonium Chloride	4	
Clinimix E 2.75%/ Dextrose 10%	4	B/D
Clinimix E 2.75%/ Dextrose 5%	4	B/D
Clinimix E 4.25%/ Dextrose 25%	4	B/D
Clinimix E 4.25%/ Dextrose 5%	4	B/D
Clinimix E 5%/ Dextrose 15%	4	B/D
Clinimix E 5%/ Dextrose 20%	4	B/D
Clinimix E 5%/ Dextrose 25%	4	B/D
Clinimix/Dextrose (2.75%/D5W Injection, 4.25%/D5W Injection, 5%/D15W Injection, 5%/D20W Injection, 5%/D25W Injection)	4	B/D
Clinimix/Dextrose (4.25%/D10W Injection, 4.25%/D20W Injection, 4.25%/D25W Injection)	4	B/D

Drug Name	Drug Tier	Requirements & Limits
Clinisol SF 15%	3	B/D
Dextrose 10%/NaCl 0.2%	3	
Dextrose 10%/ NaCl 0.45%	3	
Dextrose 2.5%/ NaCl 0.45%	3	
Dextrose 5%/ Electrolyte #48	4	
Dextrose 5%/KCl 0.075%	3	
Dextrose 5%/NaCl 0.2%	3	
Dextrose 5%/NaCl 0.225%	3	
Dextrose 5%/NaCl 0.33%	3	
Dextrose 5%/NaCl 0.45%	3	
Dextrose 5%/NaCl 0.9%	3	
ED K+10	2	
Freamine III (3% Injection)	4	B/D
Freamine III (8.5% Injection)	4	B/D
Hepatamine	3	B/D
Hepatasol	4	B/D
Ionosol-B/Dextrose 5%	4	
Ionosol-MB/Dextrose 5%	4	
Ionosol-T/Dextrose 5%	4	
Isolyte-H/Dextrose 5%	4	
Isolyte-M/Dextrose 5%	3	
Isolyte-P/Dextrose 5%	4	
Isolyte-S	4	
Isolyte-S/Dextrose 5%	4	

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Drug Name	Drug Tier	Requirements & Limits
KCl (0.4meq/1ml Injection, 10meq/100ml Injection, 2meq/1ml Injection, 30meq/100ml Injection)	3	
KCl (10meq/50ml Injection)	3	
KCl 0.075%/D5W/ NaCl 0.225%	3	
KCl 0.075%/D5W/ NaCl 0.45%	3	
KCl 0.15%/NaCl 0.45% Viaflex	3	
KCl 0.15%/D5W/ NaCl 0.33%	3	
KCl 0.15%/D5W/ NaCl 0.45% Viaflex	3	
KCl 0.15%/NaCl 0.9%	3	
KCl 0.15%/D10W/ NaCl 0.2%	3	
KCl 0.15%/D5W	3	
KCl 0.15%/D5W/LR	3	
KCl 0.15%/D5W/ NaCl 0.2%	3	
KCl 0.15%/D5W/ NaCl 0.225%	3	
KCl 0.15%/D5W/ NaCl 0.9%	3	
KCl 0.22%/D5W/ NaCl 0.45%	3	
KCl 0.224%/D5W	3	
KCl 0.224%/D5W/ NaCl 0.33%	3	
KCl 0.3%/NaCl 0.9%	3	
KCl 0.3%/D5W	3	

Drug Name	Drug Tier	Requirements & Limits
KCl 0.3%/D5W/ LR IV LAC Ring	3	
KCl 0.3%/D5W/ NaCl 0.2%	3	
KCl 0.3%/D5W/ NaCl 0.45%	3	
KCl 0.3%/D5W/ NaCl 0.9%	3	
Klor-Con 10	2	
Klor-Con 8	2	
Klor-Con M15	3	
Klor-Con M20	2	
Lactated Ringer's	3	
Magnesium Sulfate (40mg/ml Injection, 80mg/ml Injection)	3	
Magnesium Sulfate (50% Injection)	2	
Magnesium Sulfate in D5W	3	
Nephramine	4	B/D
Normosol-M in D5W	3	
Normosol-R	4	
Normosol-R in D5W	3	
Physiolyte	4	
Physiosol Irrigation	4	
Plasma-Lyte	4	
Plasma-Lyte/D5W	4	
Plasma-Lyte-R	3	
Potassium Chloride ER	2	
Potassium Citrate Extended-Release	3	
Premasol (10% Injection)	4	B/D
Premasol (6% Injection)	4	B/D

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Drug Name	Drug Tier	Requirements & Limits
Procalamine	4	B/D
Prosol	4	B/D
Ringer's Injection	3	
Ringer's Irrigation	3	
Sodium Bicarbonate	2	
Sodium Chloride	3	
Sodium Chloride 0.45% Viaflex	3	
Sodium Chloride 0.9%	2	
Sodium Fluoride (Tablet)	2	
Sodium Lactate	3	
Tis-U-Sol	3	
TPN Electrolytes FTV	3	
Travasol	4	B/D
Trophamine	4	B/D
Vitamins		
Prenatal Vitamins	2	

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Drugs with a quantity limit

This list shows drugs that have a quantity limit. The plan will cover only a certain amount (days' supply or amount dispensed) of these drugs for one copay/coinsurance or over a certain number of days. These limits may be in place to ensure safe and effective use of a drug.

Drugs are listed in alphabetical order by name in the chart below. Some drugs come in many strengths and each strength may have a different quantity limit. If quantity limits vary by strength, the different strengths are listed on separate lines. For more information about quantity limits, talk to your doctor or pharmacist. You can also call UnitedHealthcare Customer Service at **1-888-867-5575,** TTY **711,** 8 a.m. to 8 p.m. local time, 7 days a week.

Drug Name	Quantity Limit
Acarbose (100mg Tablet)	Maximum of 3 tablets per day
Acarbose (25mg Tablet)	Maximum of 12 tablets per day
Acarbose (50mg Tablet)	Maximum of 6 tablets per day
Acetaminophen/Caffeine/ Dihydrocodeine Bitartrate	Maximum of 5 tablets per day
Acetaminophen/Codeine (300-15mg Tablet)	Maximum of 13 tablets per day
Acetaminophen/Codeine (300-30mg Tablet)	Maximum of 12 tablets per day
Acetaminophen/Codeine (300-60mg Tablet)	Maximum of 6 tablets per day
Acetaminophen/Codeine (Oral Solution)	Maximum of 150 ml per day
Actiq	Maximum of 4 lozenges per day
Actonel (150mg Tablet)	Maximum of 1 tablet per 28 days
Actonel (30mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Actonel (35mg Tablet)	Maximum of 4 tablets per 28 days
Actoplus Met	Maximum of 3 tablets per day
Actos (15mg Tablet)	Maximum of 3 tablets per day
Actos (30mg Tablet, 45mg Tablet)	Maximum of 1 tablet per day
Adcirca	Maximum of 2 tablets per day
Advair Diskus	Maximum of 2 blisters per day
Advair HFA	Maximum of 1 inhaler per 30 days

Bold type = Brand name drug

Drug Name	Quantity Limit
Aggrenox	Maximum of 2 capsules per day
Amitiza	Maximum of 2 capsules per day
Amlodipine Besylate/Benazepril HCl	Maximum of 1 capsule per day
Amphetamine/Dextroamphetamine (10mg Tablet)	Maximum of 6 tablets per day
Amphetamine/Dextroamphetamine (12.5mg Tablet)	Maximum of 5 tablets per day
Amphetamine/Dextroamphetamine (15mg Tablet)	Maximum of 4 tablets per day
Amphetamine/Dextroamphetamine (20mg Tablet)	Maximum of 3 tablets per day
Amphetamine/Dextroamphetamine (30mg Tablet)	Maximum of 2 tablets per day
Amphetamine/Dextroamphetamine (5mg Tablet)	Maximum of 12 tablets per day
Amphetamine/Dextroamphetamine (7.5mg Tablet)	Maximum of 8 tablets per day
Ampyra	Maximum of 2 tablets per day
Anzemet (100mg Tablet)	Maximum of 3 tablets per prescription or 3 days supply
Anzemet (50mg Tablet)	Maximum of 6 tablets per prescription or 3 days supply
Apokyn	Maximum of 60 ml per 31 days
Apriso	Maximum of 4 capsules per day
Aranesp Albumin Free (25mcg/0.42ml Injection, 40mcg/0.4ml Injection, 60mcg/0.3ml Injection, 100mcg/0.5ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 300mcg/0.6ml Injection)	Maximum of 4 syringes per 28 days

Bold type = Brand name drug

Drug Name	Quantity Limit
Aranesp Albumin Free (25mcg/1ml Injection, 40mcg/1ml Injection, 60mcg/1ml Injection, 100mcg/1ml Injection, 200mcg/1ml Injection, 300mcg/1ml Injection)	Maximum of 4 vials per 28 days
Aranesp Albumin Free (500mcg/1ml Injection)	Maximum of 1 syringe per 21 days
Aricept (23mg Tablet)	Maximum of 1 tablet per day
Arixtra	Maximum of 1 syringe per day
Ascomp/Codeine	Maximum of 6 capsules per day
Astepro	Maximum of 2 bottles per 31 days
Atelvia	Maximum of 4 tablets per 28 days
Atrovent HFA	Maximum of 2 inhalers per 31 days
Avandamet (2-1,000mg Tablet, 4-1,000mg Tablet, 4-500mg Tablet)	Maximum of 2 tablets per day
Avandamet (2-500mg Tablet)	Maximum of 4 tablets per day
Avandaryl	Maximum of 1 tablet per day
Avandia (2mg Tablet)	Maximum of 4 tablets per day
Avandia (4mg Tablet)	Maximum of 2 tablets per day
Avandia (8mg Tablet)	Maximum of 1 tablet per day
Avinza (120mg 24-Hour Capsule)	Maximum of 6 capsules per day
Avinza (30mg 24-Hour Capsule, 45mg 24-Hour Capsule, 60mg 24-Hour Capsule, 75mg 24-Hour Capsule, 90mg 24-Hour Capsule)	Maximum of 4 capsules per day
Avodart	Maximum of 1 capsule per day
Avonex	Maximum of 1 kit per 28 days
Azelastine HCl (Nasal Spray)	Maximum of 2 bottles per 31 days
Azor	Maximum of 1 tablet per day

Bold type = Brand name drug

Drug Name	Quantity Limit
Banzel (Oral Suspension)	Maximum of 80 ml per day
Banzel (Tablet)	Maximum of 8 tablets per day
Benicar	Maximum of 1 tablet per day
Benicar HCT	Maximum of 1 tablet per day
Betaseron	Maximum of 14 vials per 28 days
Boniva (Injection)	Maximum of 1 syringe per 90 days
Budeprion SR (100mg 12-Hour Tablet)	Maximum of 4 tablets per day
Budeprion SR (150mg 12-Hour Tablet)	Maximum of 2 tablets per day
Budeprion XL (150mg 24-Hour Tablet)	Maximum of 3 tablets per day
Budeprion XL (300mg 24-Hour Tablet)	Maximum of 1 tablet per day
Buprenorphine HCl (2mg Sublingual Tablet)	Maximum of 16 tablets per prescription
Buprenorphine HCl (8mg Sublingual Tablet)	Maximum of 8 tablets per prescription
Buproban	Maximum of 2 tablets per day
Bupropion HCl (100mg Tablet)	Maximum of 4 tablets per day
Bupropion HCl (75mg Tablet)	Maximum of 3 tablets per day
Bupropion HCl SR (100mg 12-Hour Tablet)	Maximum of 4 tablets per day
Bupropion HCl SR (150mg 12-Hour Tablet, 200mg 12-Hour Tablet)	Maximum of 2 tablets per day
Butalbital/Acetaminophen/Caffeine/ Codeine	Maximum of 6 capsules per day
Butorphanol Tartrate (Nasal Spray)	Maximum of 2 bottles per prescription
Byetta	Maximum of 1 pen per 30 days
Bystolic (10mg Tablet, 5mg Tablet)	Maximum of 3 tablets per day
Bystolic (2.5mg Tablet)	Maximum of 1 tablet per day
Bystolic (20mg Tablet)	Maximum of 2 tablets per day
Calcitonin-Salmon (Nasal Spray)	Maximum of 1 bottle per 31 days

Bold type = Brand name drug

Drug Name	Quantity Limit
Carisoprodol	Maximum of 4 tablets per day
Catapres-TTS (0.1mg/24hr Weekly Patch)	Maximum of 1 patch per 7 days
Catapres-TTS (0.2mg/24hr Weekly Patch, 0.3mg/24hr Weekly Patch)	Maximum of 2 patches per 7 days
Celebrex	Maximum of 2 capsules per day
Cesamet	Maximum of 20 capsules per prescription or 3 days supply
Cetirizine HCl	Maximum of 10 ml per day
Chantix (0.5mg Tablet, 1mg Tablet)	Maximum of 2 tablets per day
Chantix Pak	Maximum of 1 packet per prescription
Chlorzoxazone	Maximum of 6 tablets per day
Clonidine HCl (0.1mg/24hr Weekly Patch)	Maximum of 1 patch per 7 days
Clonidine HCl (0.2mg/24hr Weekly Patch, 0.3mg/24hr Weekly Patch)	Maximum of 2 patches per 7 days
Co-Gesic	Maximum of 8 tablets per day
Colcrys	Maximum of 2 tablets per day
Combivent	Maximum of 2 inhalers per 31 days
Copaxone	Maximum of 1 kit per 30 days
Crestor	Maximum of 1 tablet per day
Cyclobenzaprine HCl	Maximum of 3 tablets per day
Cymbalta (20mg Extended Release Capsule, 30mg Extended Release Capsule)	Maximum of 2 capsules per day
Cymbalta (60mg Extended Release Capsule)	Maximum of 1 capsule per day
Dexilant	Maximum of 2 capsules per day
Dexmethylphenidate HCl (10mg Tablet)	Maximum of 2 tablets per day
Dexmethylphenidate HCl (2.5mg Tablet)	Maximum of 8 tablets per day
Dexmethylphenidate HCl (5mg Tablet)	Maximum of 4 tablets per day
Dextroamphetamine Sulfate (10mg Tablet)	Maximum of 6 tablets per day

Bold type = Brand name drug

Drug Name	Quantity Limit
Dextroamphetamine Sulfate (5mg Tablet)	Maximum of 12 tablets per day
Dextroamphetamine Sulfate ER (10mg 24-Hour Capsule)	Maximum of 5 capsules per day
Dextroamphetamine Sulfate ER (15mg 24-Hour Capsule)	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5mg 24-Hour Capsule)	Maximum of 2 capsules per day
Diovan (160mg Tablet, 40mg Tablet, 80mg Tablet)	Maximum of 2 tablets per day
Diovan (320mg Tablet)	Maximum of 1 tablet per day
Diovan HCT(160mg-12.5mg Tablet, 160mg-25mg Tablet, 80mg-12.5mg Tablet)	Maximum of 2 tablets per day
Diovan HCT (320mg-12.5mg Tablet, 320mg-25mg Tablet)	Maximum of 1 tablet per day
Divigel	Maximum of 60 packets per 31 days
Donepezil HCl (10mg Dispersible Tablet, 10mg Tablet)	Maximum of 2 tablets per day
Donepezil HCl (5mg Dispersible Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Dorzolamide HCl	Maximum of 10 ml per 31 days
Dorzolamide HCl/Timolol Maleate	Maximum of 10 ml per 31 days
Dronabinol (10mg Capsule)	Maximum of 2 capsules per day
Dronabinol (2.5mg Capsule, 5mg Capsule)	Maximum of 6 capsules per day
Duetact	Maximum of 1 tablet per day
Effient	Maximum of 1 tablet per day
Egrifta	Maximum of 60 vials per 30 days
Eligard (22.5mg Injection)	Maximum of 1 kit per 84 days
Eligard (30mg Injection)	Maximum of 1 kit per 112 days
Eligard (45mg Injection)	Maximum of 1 kit per 168 days
Eligard (7.5mg Injection)	Maximum of 1 kit per 28 days

Bold type = Brand name drug

Drug Name	Quantity Limit
Emend (125mg Capsule)	Maximum of 2 capsules per prescription
Emend (40mg Capsule)	Maximum of 1 capsule per prescription
Emend (80mg Capsule)	Maximum of 4 capsules per prescription
Emend Pak Capsule	Maximum of 6 capsules per prescription
Emsam	Maximum of 1 patch per day
Enablex	Maximum of 1 tablet per day
Enbrel	Maximum of 8 syringes per 28 days
Endocet (10-325mg Tablet, 5-325mg Tablet, 7.5-325mg Tablet)	Maximum of 12 tablets per day
Endocet (10-650mg Tablet)	Maximum of 6 tablets per day
Endocet (7.5-500mg Tablet)	Maximum of 8 tablets per day
Endodan	Maximum of 12 tablets per day
Enoxaparin Sodium	Maximum of 2 syringes per day
Epipen	Maximum of 2 syringes per prescription
Epogen (10,000units/ml Injection, 20,000units/ml Injection)	Maximum of 12 ml per 28 days
Epogen (2,000units/ml Injection)	Maximum of 15 ml per 31 days
Epogen (3,000units/ml Injection, 4,000units/ml Injection)	Maximum of 30 ml per 31 days
Ergotamine Tartrate/Caffeine	Maximum of 6 tablets per day
Estring	Maximum of 1 ring per 90 days
Evista	Maximum of 1 tablet per day
Exalgo	Maximum of 6 tablets per day
Exelon (24-Hour Patch)	Maximum of 1 patch per day
Exelon (Oral Solution)	Maximum of 6 ml per day
Fanapt	Maximum of 2 tablets per day
Fanapt Titration Pack	Maximum of 1 packet per prescription
Femring	Maximum of 1 ring per 90 days

Bold type = Brand name drug

Drug Name	Quantity Limit
Fentanyl (100mcg/hr 72-Hour Patch, 75mcg/hr 72-Hour Patch)	Maximum of 31 patches per 31 days
Fentanyl (12mcg/hr 72-Hour Patch, 25mcg/hr 72-Hour Patch, 50mcg/hr 72-Hour Patch)	Maximum of 15 patches per 31 days
Fentanyl Citrate Oral Transmucosal	Maximum of 4 lozenges per day
Fentora	Maximum of 4 tablets per day
Finasteride (5mg Tablet)	Maximum of 1 tablet per day
Firmagon (120mg Injection)	Maximum of 2 vials per 365 days
Firmagon (80mg Injection)	Maximum of 1 vial per 28 days
Flovent Diskus	Maximum of 2 inhalers per 30 days
Flovent HFA	Maximum of 2 inhalers per 30 days
Fluoxetine DR	Maximum of 1 capsule per 7 days
Foradil Aerolizer	Maximum of 2 capsules per day
Fortical	Maximum of 1 bottle per 31 days
Fosamax (Oral Solution)	Maximum of 5 bottles per 31 days
Fragmin (10,000units/1ml Injection, 12,500units/0.5ml Injection, 15,000units/0.6ml Injection, 18,000units/0.72ml Injection, 7,500units/0.3ml Injection)	Maximum of 1 syringe per day
Fragmin (2,500units/0.2ml Injection, 5,000units/0.2ml Injection)	Maximum of 2 syringes per day
Fragmin (25,000units/1ml Injection)	Maximum of 1 vial per day
Gabitril (12mg Tablet, 2mg Tablet, 4mg Tablet)	Maximum of 4 tablets per day
Gabitril (16mg Tablet)	Maximum of 3 tablets per day
Galantamine Hydrobromide (24-Hour Capsule)	Maximum of 1 capsule per day
Galantamine Hydrobromide (Oral Solution)	Maximum of 8 ml per day
Galantamine Hydrobromide (Tablet)	Maximum of 2 tablets per day

Bold type = Brand name drug

Drug Name	Quantity Limit
Gavilyte-C	Maximum of 1 bottle per prescription
Gavilyte-G	Maximum of 1 bottle per prescription
Gavilyte-N/Flavor Pack	Maximum of 1 bottle per prescription
Gelnique	Maximum of 1 packet per day
Genotropin Miniquick	Maximum of 1 cartridge per day
Gilenya	Maximum of 1 capsule per day
Glimepiride (1mg Tablet)	Maximum of 8 tablets per day
Glimepiride (2mg Tablet)	Maximum of 4 tablets per day
Glimepiride (4mg Tablet)	Maximum of 2 tablets per day
Glipizide (10mg Tablet)	Maximum of 4 tablets per day
Glipizide (5mg Tablet)	Maximum of 8 tablets per day
Glipizide ER (10mg 24-Hour Tablet)	Maximum of 2 tablets per day
Glipizide ER (2.5mg 24-Hour Tablet)	Maximum of 8 tablets per day
Glipizide ER (5mg 24-Hour Tablet)	Maximum of 4 tablets per day
Glipizide/Metformin HCl (2.5mg-250mg Tablet)	Maximum of 8 tablets per day
Glipizide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet)	Maximum of 4 tablets per day
Glyburide (1.25mg Tablet)	Maximum of 16 tablets per day
Glyburide (2.5mg Tablet)	Maximum of 8 tablets per day
Glyburide (5mg Tablet)	Maximum of 4 tablets per day
Glyburide Micronized (1.5mg Tablet)	Maximum of 8 tablets per day
Glyburide Micronized (3mg Tablet)	Maximum of 4 tablets per day
Glyburide Micronized (6mg Tablet)	Maximum of 2 tablets per day
Glyburide/Metformin HCl (1.25mg-250mg Tablet)	Maximum of 8 tablets per day
Glyburide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet)	Maximum of 4 tablets per day

Bold type = Brand name drug

Drug Name	Quantity Limit
Glycron (1.5mg Tablet)	Maximum of 8 tablets per day
Glycron (3mg Tablet)	Maximum of 4 tablets per day
Glycron (6mg Tablet)	Maximum of 2 tablets per day
Glyset (100mg Tablet)	Maximum of 3 tablets per day
Glyset (25mg Tablet)	Maximum of 12 tablets per day
Glyset (50mg Tablet)	Maximum of 6 tablets per day
Granisetron HCl (Tablet)	Maximum of 6 tablets per prescription or 3 days supply
Granisol	Maximum of 30 ml per prescription or 3 days supply
Hizentra	Maximum of 4 vials per 28 days
Humira (20mg/0.4ml Injection)	Maximum of 1 kit per 28 days
Humira (40mg/0.8ml Injection)	Maximum of 2 kits per 28 days
Humira Starter Kit	Maximum of 1 kit per 365 days
Hydrocodone/Acetaminophen (10-300mg Tablet, 5-300mg Tablet, 7.5-300mg Tablet)	Maximum of 13 tablets per day
Hydrocodone/Acetaminophen (10mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day
Hydrocodone/Acetaminophen (10mg-500mg Tablet, 2.5mg-500mg Tablet, 5mg-500mg Tablet, 7.5mg-500mg Tablet)	Maximum of 8 tablets per day
Hydrocodone/Acetaminophen (10mg-650mg Tablet, 10mg-660mg Tablet, 7.5mg-650mg Tablet)	Maximum of 6 tablets per day
Hydrocodone/Acetaminophen (10mg-750mg Tablet, 7.5-750mg Tablet)	Maximum of 5 tablets per day
Hydrocodone/Acetaminophen (Oral Solution)	Maximum of 120 ml per day
Hydrocodone/Ibuprofen	Maximum of 5 tablets per day
Intron-A (3mu Pen Injection)	Maximum of 4 syringes per 28 days
Invega Sustenna	Maximum of 1 syringe per 28 days

Bold type = Brand name drug

Drug Name	Quantity Limit
Itraconazole	Maximum of 130 capsules per 31 days
Janumet	Maximum of 2 tablets per day
Januvia	Maximum of 1 tablet per day
Kadian (100mg 24-Hour Capsule, 200mg 24-Hour Capsule)	Maximum of 6 capsules per day
Kadian (10mg 24-Hour Capsule, 20mg 24-Hour Capsule, 30mg 24-Hour Capsule, 50mg 24-Hour Capsule, 60mg 24-Hour Capsule, 80mg 24-Hour Capsule)	Maximum of 4 capsules per day
Ketorolac Tromethamine (15mg/ml Injection)	Maximum of 40 ml per 31 days
Ketorolac Tromethamine (30mg/ml Injection)	Maximum of 20 ml per 31 days
Ketorolac Tromethamine (Tablet)	Maximum of 4 tablets per day up to 5 days
Kineret	Maximum of 1 syringe per day
Kombiglyze XR (2.5-100mg 24-Hour Tablet)	Maximum of 2 tablets per day
Kombiglyze XR (5-1,000mg 24-Hour Tablet, 5-500mg 24-Hour Tablet)	Maximum of 1 tablet per day
Lamictal ODT (100mg Dispersible Tablet, 200mg Dispersible Tablet)	Maximum of 3 tablets per day
Lamictal ODT (25mg Dispersible Tablet, 50mg Dispersible Tablet)	Maximum of 1 tablet per day
Latanoprost	Maximum of 5 ml per 31 days
Latuda	Maximum of 1 tablet per day
Letairis	Maximum of 1 tablet per day
Lexapro (Oral Solution)	Maximum of 20 ml per day
Lexapro (Tablet)	Maximum of 1 tablet per day
Lidoderm	Maximum of 3 patches per day

Bold type = Brand name drug

Drug Name	Quantity Limit
Lipitor	Maximum of 1 tablet per day
Livalo	Maximum of 1 tablet per day
Lotronex	Maximum of 2 tablets per day
Lovenox (300mg/3ml Injection)	Maximum of 1 vial per day
Lumigan	Maximum of 5 ml per 31 days
Lunesta	Maximum of 1 tablet per day
Lupron Depot (11.25mg Injection, 22.5mg Injection)	Maximum of 1 kit per 84 days
Lupron Depot (3.75mg Injection, 7.5mg Injection)	Maximum of 1 kit per 28 days
Lupron Depot (30mg Injection)	Maximum of 1 kit per 112 days
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule)	Maximum of 3 capsules per day
Lyrica (225mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Margesic-H	Maximum of 8 capsules per day
Matzim LA	Maximum of 1 tablet per day
Maxalt	Maximum of 12 tablets per 30 days
Maxalt-MLT	Maximum of 12 tablets per 30 days
Metadate ER	Maximum of 3 tablets per day
Metaxalone	Maximum of 4 tablets per day
Metformin HCl (1,000mg Tablet)	Maximum of 2 tablets per day
Metformin HCl (500mg Tablet)	Maximum of 5 tablets per day
Metformin HCl (850mg Tablet)	Maximum of 3 tablets per day
Metformin HCl ER (500mg 24-Hour Tablet)	Maximum of 4 tablets per day
Metformin HCl ER (750mg 24-Hour Tablet)	Maximum of 2 tablets per day
Methamphetamine HCl	Maximum of 5 tablets per day

Bold type = Brand name drug

Drug Name	Quantity Limit
Methocarbamol (500mg Tablet)	Maximum of 9 tablets per day
Methocarbamol (750mg Tablet)	Maximum of 6 tablets per day
Methylin (10mg Tablet)	Maximum of 6 tablets per day
Methylin (20mg Tablet)	Maximum of 3 tablets per day
Methylin (5mg Tablet)	Maximum of 12 tablets per day
Methylin ER	Maximum of 3 tablets per day
Methylphenidate HCl (10mg Tablet)	Maximum of 6 tablets per day
Methylphenidate HCl (10mg/5ml Oral Solution)	Maximum of 30 ml per day
Methylphenidate HCl (20mg Tablet)	Maximum of 3 tablets per day
Methylphenidate HCl (5mg Tablet)	Maximum of 12 tablets per day
Methylphenidate HCl (5mg/5ml Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl SR	Maximum of 3 tablets per day
Micardis	Maximum of 1 tablet per day
Micardis HCT	Maximum of 1 tablet per day
Migergot	Maximum of 2 suppositories per day
Mirtazapine	Maximum of 1 tablet per day
Mirtazapine ODT	Maximum of 1 tablet per day
Morphine Sulfate ER (100mg 12-Hour Tablet, 200mg 12-Hour Tablet)	Maximum of 6 tablets per day
Morphine Sulfate ER (15mg 12-Hour Tablet, 30mg 12-Hour Tablet, 60mg 12-Hour Tablet)	Maximum of 4 tablets per day
Namenda (Oral Solution)	Maximum of 10 ml per day
Namenda (Tablet)	Maximum of 2 tablets per day
Namenda Titration Pak	Maximum of 1 packet per 28 days
Naratriptan HCl	Maximum of 9 tablets per 30 days

Bold type = Brand name drug

Drug Name	Quantity Limit
Nasonex	Maximum of 2 bottles per 30 days
Nateglinide (120mg Tablet)	Maximum of 3 tablets per day
Nateglinide (60mg Tablet)	Maximum of 6 tablets per day
Nexium (Delayed Release Capsule)	Maximum of 2 capsules per day
Nexium (Pack)	Maximum of 2 packets per day
Nicotrol Inhaler	Maximum of 18 inhalers per 180 days
Nicotrol NS	Maximum of 720 ml per 180 days
Nisoldipine	Maximum of 1 tablet per day
Nisoldipine ER	Maximum of 1 tablet per day
Nulytely/Flavor Packs	Maximum of 1 bottle per prescription
Octreotide Acetate (100mcg/ml Injection, 200mcg/ml Injection, 50mcg/ml Injection)	Maximum of 4 ml per day
Octreotide Acetate (500mcg/ml Injection)	Maximum of 3 ml per day
Omeprazole	Maximum of 2 capsules per day
Omnaris	Maximum of 1 bottle per 31 days
Ondansetron HCl (24mg Tablet)	Maximum of 3 tablets per prescription or 3 days supply
Ondansetron HCl (4mg Tablet, 8mg Tablet)	Maximum of 30 tablets per prescription
Ondansetron HCl (Oral Solution)	Maximum of 100 ml per prescription or 3 days supply
Ondansetron ODT	Maximum of 30 tablets per prescription
Onglyza	Maximum of 1 tablet per day
Onsolis	Maximum of 4 buccal films per day
Opana ER	Maximum of 4 tablets per day
Oravig	Maximum of 14 days supply per prescription
Orencia	Maximum of 4 vials per 28 days

Bold type = Brand name drug

Drug Name	Quantity Limit
Orphenadrine Citrate ER	Maximum of 2 tablets per day
Orphenadrine/Aspirin/Caffeine (25-385-30mg Tablet)	Maximum of 8 tablets per day
Orphenadrine/Aspirin/Caffeine (50-770-60mg Tablet)	Maximum of 4 tablets per day
Oxandrin	Maximum of 4 tablets per day
Oxandrolone (10mg Tablet)	Maximum of 2 tablets per day
Oxandrolone (2.5mg Tablet)	Maximum of 4 tablets per day
Oxybutynin Chloride ER (10mg 24-Hour Tablet, 15mg 24-Hour Tablet)	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5mg 24-Hour Tablet)	Maximum of 1 tablet per day
Oxycodone/Acetaminophen (10-325mg Tablet, 2.5-325mg Tablet, 5-325mg Tablet, 7.5-325mg Tablet)	Maximum of 12 tablets per day
Oxycodone/Acetaminophen (10-650mg Tablet)	Maximum of 6 tablets per day
Oxycodone/Acetaminophen (7.5-500mg Tablet)	Maximum of 8 tablets per day
Oxycodone/Acetaminophen (Capsule)	Maximum of 8 capsules per day
Oxycodone/Aspirin	Maximum of 12 tablets per day
Oxycodone/Ibuprofen	Maximum of 4 tablets per day
Oxycontin (10mg 12-Hour Tablet, 15mg 12-Hour Tablet, 20mg 12-Hour Tablet, 30mg 12-Hour Tablet, 40mg 12-Hour Tablet, 60mg 12-Hour Tablet)	Maximum of 4 tablets per day
Oxycontin (80mg 12-Hour Tablet)	Maximum of 6 tablets per day
Oxymorphone HCl	Maximum of 6 tablets per day
Oxytrol	Maximum of 2 patches per 7 days
Pantoprazole Sodium	Maximum of 2 tablets per day

Bold type = Brand name drug

Drug Name	Quantity Limit
Paroxetine HCl ER (12.5mg 24-Hour Tablet)	Maximum of 6 tablets per day
Paroxetine HCl ER (25mg 24-Hour Tablet)	Maximum of 3 tablets per day
Paroxetine HCl ER (37.5mg 24-Hour Tablet)	Maximum of 2 tablets per day
Patanase	Maximum of 1 bottle per 31 days
Plavix (300mg Tablet)	Maximum of 3 tablets per prescription
Plavix (75mg Tablet)	Maximum of 1 tablet per day
Pradaxa	Maximum of 2 capsules per day
Prandimet	Maximum of 5 tablets per day
Prandin (0.5mg Tablet)	Maximum of 32 tablets per day
Prandin (1mg Tablet)	Maximum of 16 tablets per day
Prandin (2mg Tablet)	Maximum of 8 tablets per day
Prezista (150mg Tablet)	Maximum of 6 tablets per day
Prezista (400mg Tablet, 600mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
Pristiq	Maximum of 1 tablet per day
Procrit (10,000units/ml Injection, 20,000units/ml Injection)	Maximum of 12 ml per 28 days
Procrit (2,000units/ml Injection)	Maximum of 15 ml per 31 days
Procrit (3,000units/ml Injection, 4,000units/ml Injection)	Maximum of 30 ml per 31 days
Prolia	Maximum of 1 syringe per 180 days
Promacta (25mg Tablet)	Maximum of 3 tablets per day
Promacta (50mg Tablet)	Maximum of 1 tablet per day
Provigil (100mg Tablet)	Maximum of 1 tablet per day
Provigil (200mg Tablet)	Maximum of 2 tablets per day
Pulmicort Flexhaler	Maximum of 2 inhalers per 30 days
QVAR (40mcg/act Aerosol Solution)	Maximum of 2 inhalers per 30 days
QVAR (80mcg/act Aerosol Solution)	Maximum of 3 inhalers per 30 days

Bold type = Brand name drug

Drug Name	Quantity Limit
Rapaflo	Maximum of 1 capsule per day
Rapamune (0.5mg Tablet)	Maximum of 1 tablet per day
Rebif	Maximum of 12 syringes per 28 days
Rebif Titration Pack	Maximum of 1 pack per prescription
Regranex	Maximum of 2 tubes per 31 days
Relenza Diskhaler	Maximum of 62 blisters per 31 days
Restasis	Maximum of 60 vials per 30 days
Revatio (Tablet)	Maximum of 3 tablets per day
Riomet	Maximum of 25.5 ml per day
Risperdal Consta	Maximum of 2 vials per 28 days
Rivastigmine Tartrate	Maximum of 2 capsules per day
Roxicet (5-325mg Tablet)	Maximum of 12 tablets per day
Roxicet (5-500mg Tablet)	Maximum of 8 tablets per day
Roxicet (Oral Solution)	Maximum of 62 ml per day
Rozerem	Maximum of 1 tablet per day
Sabril (Pack)	Maximum of 6 packets per day
Sabril (Tablet)	Maximum of 6 tablets per day
Samsca (15mg Tablet)	Maximum of 1 tablet per day
Samsca (30mg Tablet)	Maximum of 2 tablets per day
Sanctura XR	Maximum of 1 capsule per day
Sancuso	Maximum of 2 patches per 28 days
Sandostatin (100mcg/ml Injection, 200mcg/ml Injection, 50mcg/ml Injection)	Maximum of 4 ml per day
Sandostatin (500mcg/ml Injection)	Maximum of 3 ml per day
Saphris	Maximum of 2 tablets per day
Savella	Maximum of 2 tablets per day
Savella Titration Pack	Maximum of 1 packet per prescription

Bold type = Brand name drug

Drug Name	Quantity Limit
Sensipar (30mg Tablet, 60mg Tablet)	Maximum of 2 tablets per day
Sensipar (90mg Tablet)	Maximum of 4 tablets per day
Serevent Diskus	Maximum of 2 blisters per day
Simponi	Maximum of 1 syringe per 28 days
Singulair (Chewable Tablet, Tablet)	Maximum of 1 tablet per day
Singulair (Pack)	Maximum of 1 packet per day
Spiriva Handihaler	Maximum of 1 capsule per day
Sporanox (Capsule)	Maximum of 130 capsules per 31 days
Sporanox (Oral Solution)	Maximum of 40 ml per day
Stagesic	Maximum of 8 capsules per day
Strattera (100mg Capsule, 40mg Capsule, 60mg Capsule, 80mg Capsule)	Maximum of 1 capsule per day
Strattera (10mg Capsule, 18mg Capsule, 25mg Capsule)	Maximum of 2 capsules per day
Suboxone (Film)	Maximum of 3 films per day
Suboxone (Sublingual Tablet)	Maximum of 3 tablets per day
Sumatriptan Succinate (Injection)	Maximum of 8 doses per 30 days
Sumatriptan Succinate (Tablet)	Maximum of 9 tablets per 30 days
Symbicort	Maximum of 1 inhaler per 30 days
Symlin (1,000mcg/ml Injection)	Maximum of 4 pens per 30 days
Symlin (600mcg/ml Injection)	Maximum of 4 vials per 30 days
Synalgos-DC	Maximum of 12 capsules per day
Tacrolimus (0.5mg Capsule)	Maximum of 2 capsules per day
Tacrolimus (1mg Capsule)	Maximum of 8 capsules per day
Tamiflu (30mg Capsule)	Maximum of 62 capsules per 31 days
Tamiflu (45mg Capsule, 75mg Capsule)	Maximum of 31 capsules per 31 days
Tamiflu (Oral Suspension)	Maximum of 194 ml per 31 days

Bold type = Brand name drug

Drug Name	Quantity Limit
Tamsulosin HCl	Maximum of 2 capsules per day
Tasmar	Maximum of 6 tablets per day
Tekturna	Maximum of 1 tablet per day
Tekturna HCT	Maximum of 1 tablet per day
Ticlopidine HCl	Maximum of 2 tablets per day
Tolazamide (250mg Tablet)	Maximum of 4 tablets per day
Tolazamide (500mg Tablet)	Maximum of 2 tablets per day
Tolbutamide	Maximum of 6 tablets per day
Tracleer	Maximum of 2 tablets per day
Tramadol HCl	Maximum of 8 tablets per day
Tramadol HCl ER	Maximum of 1 tablet per day
Tramadol HCl/Acetaminophen	Maximum of 8 tablets per day
Travatan Z	Maximum of 5 ml per 31 days
Tribenzor	Maximum of 1 tablet per day
Trilyte	Maximum of 1 bottle per prescription
Trospium Chloride	Maximum of 2 tablets per day
Twinject	Maximum of 2 syringes per prescription
Twynsta	Maximum of 1 tablet per day
Uloric	Maximum of 1 tablet per day
Uroxatral	Maximum of 1 tablet per day
Venlafaxine HCl (100mg Tablet, 25mg Tablet, 37.5mg Tablet, 75mg Tablet)	Maximum of 3 tablets per day
Venlafaxine HCl (50mg Tablet)	Maximum of 7 tablets per day
Venlafaxine HCl ER (150mg 24-Hour Capsule)	Maximum of 2 capsules per day
Venlafaxine HCl ER (150mg 24-Hour Tablet)	Maximum of 2 tablets per day
Venlafaxine HCl ER (225mg 24-Hour Tablet)	Maximum of 1 tablet per day

Bold type = Brand name drug

Drug Name	Quantity Limit
Venlafaxine HCl ER (37.5mg 24-Hour Capsule, 75mg 24-Hour Capsule)	Maximum of 3 capsules per day
Venlafaxine HCl ER (37.5mg 24-Hour Tablet, 75mg 24-Hour Tablet)	Maximum of 3 tablets per day
Vesicare	Maximum of 1 tablet per day
Victrelis	Maximum of 12 capsules per day
Viibryd	Maximum of 1 tablet per day
Vimovo	Maximum of 2 tablets per day
Vimpat (Injection, Oral Solution)	Maximum of 40 ml per day
Vimpat (Tablet)	Maximum of 2 tablets per day
Vytorin	Maximum of 1 tablet per day
Vyvanse	Maximum of 1 capsule per day
Welchol (Pack)	Maximum of 1 packet per day
Xgeva	Maximum of 1.7 ml per 28 days
Xyrem	Maximum of 3 bottles per 30 days
Zafirlukast	Maximum of 2 tablets per day
Zaleplon (10mg Capsule)	Maximum of 2 capsules per day
Zaleplon (5mg Capsule)	Maximum of 1 capsule per day
Zerlor	Maximum of 5 tablets per day
Zetia	Maximum of 1 tablet per day
Zofran (Oral Solution)	Maximum of 100 ml per prescription or 3 days supply
Zofran (Tablet)	Maximum of 30 tablets per prescription
Zofran ODT	Maximum of 30 tablets per prescription
Zolpidem Tartrate (5mg Tablet)	Maximum of 1 tablet per day
Zortress (0.25mg Tablet)	Maximum of 2 tablets per day

Bold type = Brand name drug

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KCl 0.15%/D5W 50
KCl 0.15%/D5W/LR 50
KCl 0.15%/D5W/ NaCl 0.2% 50

KCl 0.15%/D5W/ NaCl 0.9% 50
KCl 0.15%/D5W/ NaCl 0.33% 50
KCl 0.15%/D5W/ NaCl 0.45% Viaflex 50
KCl 0.15%/D5W/ NaCl 0.225% 50
KCl 0.15%/D10W/ NaCl 0.2% 50
KCl 0.15%/NaCl 0.9% 50
KCl 0.15%/ NaCl 0.45% Viaflex 50
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“My Medications” worksheet

Take this worksheet with you each time you visit a doctor. Each of your doctors should be aware of every drug you take and you should have a list as well.

Name of Medicine and Strength	Drug Tier	I Take This Medicine For	Directions	Doctor
Example: Lisinopril, 20 mg	Tier 1	High blood pressure	One tablet daily	Dr. Johnson

Notes

Notes

For updated formulary information, please visit:

www.AARPMedicareRx.com

Or call UnitedHealthcare Customer Service at:

1-888-867-5575, TTY **711**

8 a.m. to 8 p.m. local time, 7 days a week

This document includes the AARP MedicareRx Preferred (PDP) plan's complete formulary as of January 1, 2012.

If you are a member of a group sponsored plan (your coverage is provided through a former employer, union group or trust), please call the UnitedHealthcare **Customer Service** number on the back of your member ID card.

This information is available for free in other languages. Please contact our UnitedHealthcare Customer Service number at **1-888-867-5575,** TTY **711,** 8 a.m. to 8 p.m. local time, 7 days a week, for additional information.

Esta información está disponible sin costo en otros idiomas. Comuníquese con el nuestro Servicio al Cliente de UnitedHealthcare al número **1-888-867-5575,** TTY **711,** de 8 a.m. a 8 p.m. hora local, los 7 días de la semana, para obtener más información.

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

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