

**Please read: This document contains information
about the drugs we cover in these plans.**

2012 Formulary

List of Covered Drugs for Priority Health **MIChild** plan.

Important: Priority Health requires the use of an A rated generic drug when one is available. This list changes frequently. For the most current information, please refer to our drug list at priorityhealth.com.

Last Updated: January 2012



| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---------------------------|---------------------------------------|---|-----------------------|--------------------------|
| RELENZA DISKHALER | Aerosol Powder Breath Activated | Anti-infective Agents; Antivirals | Not Covered | |
| ADVAIR DISKUS | Aerosol Powder Breath Activated | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | |
| SEREVENT DISKUS | Aerosol Powder Breath Activated | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Not Covered | |
| ASMANEX 120 METERED DOSES | Aerosol Powder Breath Activated | Hormones and Synthetic Substitutes; Adrenals | Not Covered | |
| ASMANEX 14 METERED DOSES | Aerosol Powder Breath Activated | Hormones and Synthetic Substitutes; Adrenals | Not Covered | |
| ASMANEX 30 METERED DOSES | Aerosol Powder Breath Activated | Hormones and Synthetic Substitutes; Adrenals | Not Covered | |
| ASMANEX 60 METERED DOSES | Aerosol Powder Breath Activated | Hormones and Synthetic Substitutes; Adrenals | Not Covered | |
| PULMICORT FLEXHALER | Aerosol Powder Breath Activated | Hormones and Synthetic Substitutes; Adrenals | Covered | |
| MAXAIR AUTOHALER | Aerosol Breath Activated | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Not Covered | |
| ADVAIR HFA | Aerosol | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | |
| COMBIVENT | Aerosol | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | |
| XOPENEX HFA | Aerosol | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | ST |
| DULERA | Aerosol | Hormones and Synthetic Substitutes; Adrenals | Covered | QL |
| FLOVENT HFA | Aerosol | Hormones and Synthetic Substitutes; Adrenals | Covered | |
| SYMBICORT | Aerosol | Hormones and Synthetic Substitutes; Adrenals | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---------------------|------------------|--|-----------------------|--------------------------|
| ATROVENT HFA | Aerosol Solution | Autonomic Drugs; Anticholinergic Agents | Covered | |
| PROAIR HFA | Aerosol Solution | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | |
| PROVENTIL HFA | Aerosol Solution | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Not Covered | |
| VENTOLIN HFA | Aerosol Solution | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | |
| cromolyn sodium | Aerosol Solution | Eye, Ear, Nose & Throat Preparations; Antiallergic Agents | Covered | |
| NASACORT AQ | Aerosol Solution | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | ST |
| ALVESCO | Aerosol Solution | Hormones and Synthetic Substitutes; Adrenals | Not Covered | |
| QVAR | Aerosol Solution | Hormones and Synthetic Substitutes; Adrenals | Covered | |
| broncho saline | Aerosol Solution | Respiratory Tract Agents; Mucolytic Agents | Covered | |
| diphenhydramine hcl | Capsule | Antihistamine Drugs; First Generation Antihistamines | Covered | |
| ADOXA | Capsule | Anti-infective Agents; Antibacterials | Not Covered | |
| amoxicillin | Capsule | Anti-infective Agents; Antibacterials | Covered | |
| ampicillin | Capsule | Anti-infective Agents; Antibacterials | Covered | |
| cefaclor | Capsule | Anti-infective Agents; Antibacterials | Covered | |
| cefadroxil | Capsule | Anti-infective Agents; Antibacterials | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-------------------------|-------------|--|-----------------------|--------------------------|
| cefdinir | Capsule | Anti-infective Agents; Antibacterials | Covered | |
| cephalexin | Capsule | Anti-infective Agents; Antibacterials | Covered | |
| clindamycin hcl | Capsule | Anti-infective Agents; Antibacterials | Covered | |
| dicloxacillin sodium | Capsule | Anti-infective Agents; Antibacterials | Covered | |
| doxycycline hyclate | Capsule | Anti-infective Agents; Antibacterials | Covered | |
| doxycycline monohydrate | Capsule | Anti-infective Agents; Antibacterials | Covered | |
| minocycline hcl | Capsule | Anti-infective Agents; Antibacterials | Covered | |
| tetracycline hcl | Capsule | Anti-infective Agents; Antibacterials | Covered | |
| itraconazole | Capsule | Anti-infective Agents; Antifungals | Covered | |
| PYLERA | Capsule | Anti-infective Agents; Anti-infectives, Miscellaneous | Not Covered | |
| rifampin | Capsule | Anti-infective Agents; Antimycobacterials | Covered | |
| QUALAQUIN | Capsule | Anti-infective Agents; Antiprotozoals | Not Covered | |
| acyclovir | Capsule | Anti-infective Agents; Antivirals | Covered | |
| CRIXIVAN | Capsule | Anti-infective Agents; Antivirals | Covered | |
| EMTRIVA | Capsule | Anti-infective Agents; Antivirals | Covered | |

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|---------------------------------|-------------|--|-----------------------|--------------------------|
| NORVIR | Capsule | Anti-infective Agents; Antivirals | Covered | |
| RETROVIR | Capsule | Anti-infective Agents; Antivirals | Covered | |
| REYATAZ | Capsule | Anti-infective Agents; Antivirals | Covered | |
| ribavirin | Capsule | Anti-infective Agents; Antivirals | Covered | |
| stavudine | Capsule | Anti-infective Agents; Antivirals | Covered | |
| SUSTIVA | Capsule | Anti-infective Agents; Antivirals | Covered | |
| TAMIFLU | Capsule | Anti-infective Agents; Antivirals | Covered | QL |
| VICTRELIS | Capsule | Anti-infective Agents; Antivirals | Covered | PA |
| ZERIT | Capsule | Anti-infective Agents; Antivirals | Not Covered | |
| zidovudine | Capsule | Anti-infective Agents; Antivirals | Covered | |
| MACRODANTIN | Capsule | Anti-infective Agents; Urinary Anti-infectives | Covered | QL |
| nitrofurantoin macrocrystalline | Capsule | Anti-infective Agents; Urinary Anti-infectives | Covered | |
| EMCYT | Capsule | Antineoplastic Agents; | Covered | |
| hydroxyurea | Capsule | Antineoplastic Agents; | Covered | |
| REVLIMID | Capsule | Antineoplastic Agents; | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|----------------------------|-------------|--|-----------------------|--------------------------|
| SUTENT | Capsule | Antineoplastic Agents; | Covered | |
| TARGRETIN | Capsule | Antineoplastic Agents; | Covered | |
| TASIGNA | Capsule | Antineoplastic Agents; | Covered | |
| TEMODAR | Capsule | Antineoplastic Agents; | Covered | PA |
| XALKORI | Capsule | Antineoplastic Agents; | Covered | PA |
| chlordiazepoxide/clidinium | Capsule | Autonomic Drugs; Anticholinergic Agents | Covered | |
| dicyclomine hcl | Capsule | Autonomic Drugs; Anticholinergic Agents | Covered | |
| SPIRIVA HANDIHALER | Capsule | Autonomic Drugs; Anticholinergic Agents | Covered | |
| EXELON | Capsule | Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents | Covered | |
| RAPAFLO | Capsule | Autonomic Drugs; Sympatholytic (Adrenergic Blocking) Agents | Not Covered | |
| FORADIL AEROLIZER | Capsule | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | |
| FERREX 150 FORTE PLUS | Capsule | Blood Formation,Coagulation & Thrombosis; Antianemia Drugs | Not Covered | |
| ferrex 150 forte | Capsule | Blood Formation,Coagulation & Thrombosis; Antianemia Drugs | Not Covered | |
| FERREX 150 PLUS | Capsule | Blood Formation,Coagulation & Thrombosis; Antianemia Drugs | Not Covered | |
| ferrex 150 | Capsule | Blood Formation,Coagulation & Thrombosis; Antianemia Drugs | Not Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|--|-------------|---|-----------------------|--------------------------|
| anagrelide hydrochloride | Capsule | Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents | Covered | |
| prazosin hcl | Capsule | Cardiovascular Drugs; alpha-Adrenergic Blocking Agents | Covered | |
| terazosin hcl | Capsule | Cardiovascular Drugs; alpha-Adrenergic Blocking Agents | Covered | |
| fenofibrate micronized | Capsule | Cardiovascular Drugs; Antilipemic Agents | Covered | |
| LESCOL | Capsule | Cardiovascular Drugs; Antilipemic Agents | Not Covered | |
| LIPOFEN | Capsule | Cardiovascular Drugs; Antilipemic Agents | Not Covered | |
| LOFIBRA | Capsule | Cardiovascular Drugs; Antilipemic Agents | Not Covered | |
| LOVAZA | Capsule | Cardiovascular Drugs; Antilipemic Agents | Covered | PA |
| acebutolol hcl | Capsule | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | |
| amlodipine besylate/benazepril hydrochloride | Capsule | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| LOTREL | Capsule | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| nicardipine hcl | Capsule | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| nifedipine | Capsule | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| disopyramide phosphate | Capsule | Cardiovascular Drugs; Cardiac Drugs | Covered | |
| MEXILETINE HCL | Capsule | Cardiovascular Drugs; Cardiac Drugs | Covered | |

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|---|-------------|--|-----------------------|--------------------------|
| ramipril | Capsule | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | QL |
| butalbital/acetaminophen/caffeine/codeine | Capsule | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| butalbital/asa/caffeine | Capsule | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| butalbital/aspirin/caffeine/codeine | Capsule | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| CELEBREX | Capsule | Central Nervous System Agents; Analgesics and Antipyretics | Covered | PA |
| etodolac | Capsule | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| indomethacin | Capsule | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| ketoprofen | Capsule | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| OXYCODONE HCL | Capsule | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| oxycodone/acetaminophen | Capsule | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| piroxicam | Capsule | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| PONSTEL | Capsule | Central Nervous System Agents; Analgesics and Antipyretics | Covered | QL |
| TREZIX | Capsule | Central Nervous System Agents; Analgesics and Antipyretics | Covered | QL |
| ZIPSOR | Capsule | Central Nervous System Agents; Analgesics and Antipyretics | Covered | ST |
| phentermine hcl | Capsule | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Not Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|--|-------------|--|-----------------------|--------------------------|
| VYVANSE | Capsule | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Covered | QL PA |
| CELONTIN | Capsule | Central Nervous System Agents; Anticonvulsants | Covered | |
| DILANTIN | Capsule | Central Nervous System Agents; Anticonvulsants | Covered | |
| ethosuximide | Capsule | Central Nervous System Agents; Anticonvulsants | Covered | |
| gabapentin | Capsule | Central Nervous System Agents; Anticonvulsants | Covered | |
| LYRICA | Capsule | Central Nervous System Agents; Anticonvulsants | Covered | QL |
| PHENYTEK | Capsule | Central Nervous System Agents; Anticonvulsants | Covered | |
| phenytoin sodium extended | Capsule | Central Nervous System Agents; Anticonvulsants | Covered | |
| valproic acid | Capsule | Central Nervous System Agents; Anticonvulsants | Covered | |
| zonisamide | Capsule | Central Nervous System Agents; Anticonvulsants | Covered | |
| lithium carbonate | Capsule | Central Nervous System Agents; Antimanic Agents | Covered | |
| isometheptene/dichloralphenaz one/acetaminophen | Capsule | Central Nervous System Agents; Antimigraine Agents | Covered | |
| amantadine hcl | Capsule | Central Nervous System Agents; Antiparkinsonian Agents | Covered | |
| bromocriptine mesylate | Capsule | Central Nervous System Agents; Antiparkinsonian Agents | Covered | |
| selegiline hcl | Capsule | Central Nervous System Agents; Antiparkinsonian Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|----------------------|-------------|---|-----------------------|--------------------------|
| chlordiazepoxide hcl | Capsule | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| flurazepam hcl | Capsule | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | QL |
| hydroxyzine pamoate | Capsule | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| oxazepam | Capsule | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| RESTORIL | Capsule | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| RESTORIL | Capsule | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Not Covered | |
| SECONAL | Capsule | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| SOMNOTE | Capsule | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| SONATA | Capsule | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Not Covered | QL PA |
| temazepam | Capsule | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | QL |
| zaleplon | Capsule | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | QL PA |
| NUDEXTA | Capsule | Central Nervous System Agents; Central Nervous System Agents, Misc | Not Covered | |
| STRATTERA | Capsule | Central Nervous System Agents; Central Nervous System Agents, Misc | Covered | QL |
| clomipramine hcl | Capsule | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| doxepin hcl | Capsule | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---------------------|-------------|---|-----------------------|--------------------------|
| fluoxetine hcl | Capsule | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| fluoxetine hcl | Capsule | Central Nervous System Agents; Psychotherapeutic Agents | Not Covered | |
| loxapine succinate | Capsule | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| nortriptyline hcl | Capsule | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| PROZAC | Capsule | Central Nervous System Agents; Psychotherapeutic Agents | Not Covered | |
| SURMONTIL | Capsule | Central Nervous System Agents; Psychotherapeutic Agents | Covered | PA |
| thiothixene | Capsule | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| TOFRANIL-PM | Capsule | Central Nervous System Agents; Psychotherapeutic Agents | Covered | PA |
| TOFRANIL-PM | Capsule | Central Nervous System Agents; Psychotherapeutic Agents | Covered | PA |
| hydrochlorothiazide | Capsule | Electrolytic, Caloric, and Water Balance; Diuretics | Covered | |
| MICROZIDE | Capsule | Electrolytic, Caloric, and Water Balance; Diuretics | Not Covered | |
| calcium acetate | Capsule | Electrolytic, Caloric, and Water Balance; Replacement Preparations | Covered | |
| PHOSLO | Capsule | Electrolytic, Caloric, and Water Balance; Replacement Preparations | Not Covered | |
| loperamide hcl | Capsule | Gastrointestinal Drugs; Antidiarrhea Agents | Covered | |
| CESAMET | Capsule | Gastrointestinal Drugs; Antiemetics | Not Covered | |

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|-------------------------------|-------------|--|-----------------------|--------------------------|
| EMEND | Capsule | Gastrointestinal Drugs; Antiemetics | Covered | QL |
| trimethobenzamide hcl | Capsule | Gastrointestinal Drugs; Antiemetics | Covered | |
| balsalazide disodium | Capsule | Gastrointestinal Drugs; Anti-inflammatory Agents | Covered | |
| omeprazole/sodium bicarbonate | Capsule | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Covered | |
| ranitidine hcl | Capsule | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Covered | |
| ZEGERID OTC | Capsule | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Covered | |
| ZEGERID | Capsule | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Not Covered | |
| d.o.s. | Capsule | Gastrointestinal Drugs; Cathartics and Laxatives | Covered | |
| docusate sodium | Capsule | Gastrointestinal Drugs; Cathartics and Laxatives | Covered | |
| dss | Capsule | Gastrointestinal Drugs; Cathartics and Laxatives | Covered | |
| ursodiol | Capsule | Gastrointestinal Drugs; Cholelitholytic Agents | Covered | |
| AMITIZA | Capsule | Gastrointestinal Drugs; GI Drugs, Miscellaneous | Covered | ST |
| AMITIZA | Capsule | Gastrointestinal Drugs; GI Drugs, Miscellaneous | Covered | ST |
| XENICAL | Capsule | Gastrointestinal Drugs; GI Drugs, Miscellaneous | Covered | PA |
| ANDROID | Capsule | Hormones and Synthetic Substitutes; Androgens | Not Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-----------------------|-------------|--|-----------------------|--------------------------|
| danazol | Capsule | Hormones and Synthetic Substitutes; Androgens | Covered | |
| TESTRED | Capsule | Hormones and Synthetic Substitutes; Androgens | Not Covered | |
| TIROSINT | Capsule | Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents | Not Covered | |
| GILENYA | Capsule | Miscellaneous Therapeutic Agents; Biologic Response Modifiers | Covered | PA |
| THALOMID | Capsule | Miscellaneous Therapeutic Agents; Biologic Response Modifiers | Covered | |
| cyclosporine modified | Capsule | Miscellaneous Therapeutic Agents; Immunosuppressive Agents | Covered | |
| mycophenolate mofetil | Capsule | Miscellaneous Therapeutic Agents; Immunosuppressive Agents | Covered | |
| tacrolimus | Capsule | Miscellaneous Therapeutic Agents; Immunosuppressive Agents | Covered | |
| ELMIRON | Capsule | Miscellaneous Therapeutic Agents; Other Miscellaneous Therapeutic Agents | Covered | QL |
| amnestem | Capsule | Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc | Covered | |
| claravis | Capsule | Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc | Covered | |
| sotret | Capsule | Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc | Covered | |
| OB-NATAL ONE | Capsule | Vitamins; Multivitamin Preparations | Covered | |
| renal | Capsule | Vitamins; Multivitamin Preparations | Covered | |
| VINATE IC | Capsule | Vitamins; Multivitamin Preparations | Covered | |

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|--------------------------------------|--------------------|--|-----------------------|--------------------------|
| calcitriol | Capsule | Vitamins; Vitamin D | Covered | |
| HECTOROL | Capsule | Vitamins; Vitamin D | Covered | |
| vitamin d3 | Capsule | Vitamins; Vitamin D | Covered | |
| ZEMPLAR | Capsule | Vitamins; Vitamin D | Covered | QL |
| cetirizine hcl | Tablet Chewable | Antihistamine Drugs; Second Generation Antihistamines | Covered | |
| CLARITIN | Tablet Chewable | Antihistamine Drugs; Second Generation Antihistamines | Covered | |
| amoxicillin/clavulanate potassium | Tablet Chewable | Anti-infective Agents; Antibacterials | Covered | |
| amoxicillin | Tablet Chewable | Anti-infective Agents; Antibacterials | Covered | |
| METHYLIN | Tablet Chewable | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Covered | PA |
| carbamazepine | Tablet Chewable | Central Nervous System Agents; Anticonvulsants | Covered | |
| DILANTIN INFATABS | Tablet Chewable | Central Nervous System Agents; Anticonvulsants | Covered | |
| lamotrigine | Tablet Chewable | Central Nervous System Agents; Anticonvulsants | Covered | |
| FOSRENOL | Tablet Chewable | Electrolytic, Caloric, and Water Balance; Ion-removing Agents | Not Covered | |
| calcium antacid extra strength | Tablet Chewable | Gastrointestinal Drugs; Antacids and Adsorbents | Covered | |
| chewable antacid | Tablet Chewable | Gastrointestinal Drugs; Antacids and Adsorbents | Covered | |

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|------------------------|--------------------|--|-----------------------|--------------------------|
| bismuth | Tablet Chewable | Gastrointestinal Drugs; Antidiarrhea Agents | Covered | |
| simethicone | Tablet Chewable | Gastrointestinal Drugs; Antiflatulents | Covered | |
| FEMCON FE | Tablet Chewable | Hormones and Synthetic Substitutes; Contraceptives | Not Covered | ST |
| GENERESS FE | Tablet Chewable | Hormones and Synthetic Substitutes; Contraceptives | Not Covered | |
| sodium fluoride | Tablet Chewable | Miscellaneous Therapeutic Agents; Cariostatic Agents | Covered | |
| SINGULAIR | Tablet Chewable | Respiratory Tract Agents; Anti-inflammatory Agents | Covered | QL |
| COMPLETENATE | Tablet Chewable | Vitamins; Multivitamin Preparations | Covered | |
| multivitamins/fluoride | Tablet Chewable | Vitamins; Multivitamin Preparations | Covered | |
| OXYCODONE HCL | Concentrate | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| ALPRAZOLAM INTENSOL | Concentrate | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| DIAZEPAM INTENSOL | Concentrate | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| LORAZEPAM INTENSOL | Concentrate | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| doxepin hcl | Concentrate | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| FLUPHENAZINE HCL | Concentrate | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| sertraline hcl | Concentrate | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |

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|--------------------------|--|--|-----------------------|--------------------------|
| ZOLOFT | Concentrate | Central Nervous System Agents; Psychotherapeutic Agents | Not Covered | |
| DEXAMETHASONE INTENSOL | Concentrate | Hormones and Synthetic Substitutes; Adrenals | Covered | |
| AGGRENOX | Capsule Extended Release 12 Hour | Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents | Not Covered | |
| diltiazem hcl er | Capsule Extended Release 12 Hour | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| diltiazem hcl er | Capsule Extended Release 12 Hour | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| CARBATROL | Capsule Extended Release 12 Hour | Central Nervous System Agents; Anticonvulsants | Covered | |
| CARBATROL | Capsule Extended Release 12 Hour | Central Nervous System Agents; Anticonvulsants | Covered | |
| EQUETRO | Capsule Extended Release 12 Hour | Central Nervous System Agents; Anticonvulsants | Covered | |
| acetazolamide er | Capsule Extended Release 12 Hour | Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents | Covered | |
| DIAMOX | Capsule Extended Release 12 Hour | Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents | Not Covered | |
| galantamine hydrobromide | Capsule Extended Release 24 Hour | Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents | Covered | |
| RAZADYNE ER | Capsule Extended Release 24 Hour | Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents | Not Covered | |
| AMRIX | Capsule Extended Release 24 Hour | Autonomic Drugs; Skeletal Muscle Relaxants | Not Covered | |
| COREG CR | Capsule Extended Release 24 Hour | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | ST |
| propranolol hcl er | Capsule Extended Release 24 Hour | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-----------------------------------|--|--|-----------------------|--------------------------|
| cartia xt | Capsule Extended Release 24 Hour | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| dilt-cd | Capsule Extended Release 24 Hour | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| diltiazem cd | Capsule Extended Release 24 Hour | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| diltiazem hcl er | Capsule Extended Release 24 Hour | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| diltiazem hcl | Capsule Extended Release 24 Hour | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| dilt-xr | Capsule Extended Release 24 Hour | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| diltzac | Capsule Extended Release 24 Hour | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| verapamil hcl er | Capsule Extended Release 24 Hour | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Not Covered | |
| verapamil hcl sr | Capsule Extended Release 24 Hour | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| KADIAN | Capsule Extended Release 24 Hour | Central Nervous System Agents; Analgesics and Antipyretics | Not Covered | |
| KETOPROFEN ER | Capsule Extended Release 24 Hour | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| ADDERALL XR | Capsule Extended Release 24 Hour | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Not Covered | |
| AMPHETAMINE/DEXTROAMPH ETAMINE | Capsule Extended Release 24 Hour | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Covered | QL |
| dextroamphetamine sulfate er | Capsule Extended Release 24 Hour | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Covered | |
| FOCALIN XR | Capsule Extended Release 24 Hour | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-----------------------|--|--|-----------------------|--------------------------|
| RITALIN LA | Capsule Extended Release 24 Hour | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Covered | |
| EFFEXOR XR | Capsule Extended Release 24 Hour | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| LUVOX CR | Capsule Extended Release 24 Hour | Central Nervous System Agents; Psychotherapeutic Agents | Covered | QL |
| APRISO | Capsule Extended Release 24 Hour | Gastrointestinal Drugs; Anti- inflammatory Agents | Not Covered | |
| ENTOCORT EC | Capsule Extended Release 24 Hour | Hormones and Synthetic Substitutes; Adrenals | Covered | QL |
| DETROL LA | Capsule Extended Release 24 Hour | Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants | Not Covered | |
| SANCTURA XR | Capsule Extended Release 24 Hour | Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants | Covered | QL ST |
| DILATRATE SR | Capsule Extended Release | Cardiovascular Drugs; Vasodilating Agents | Covered | |
| nitroglycerin er | Capsule Extended Release | Cardiovascular Drugs; Vasodilating Agents | Covered | |
| indomethacin er | Capsule Extended Release | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| METADATE CD | Capsule Extended Release | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Covered | |
| METADATE CD | Capsule Extended Release | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Covered | |
| potassium chloride er | Capsule Extended Release | Electrolytic, Caloric, and Water Balance; Replacement Preparations | Covered | |
| PENTASA | Capsule Extended Release | Gastrointestinal Drugs; Anti- inflammatory Agents | Covered | QL |
| niacin sr | Capsule Extended Release | Vitamins; Vitamin B Complex | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|--------------------|-----------------------------------|--|-----------------------|--------------------------|
| didanosine | Capsule Delayed Release | Anti-infective Agents; Antivirals | Covered | |
| TRILIPIX | Capsule Delayed Release | Cardiovascular Drugs; Antilipemic Agents | Covered | |
| PROZAC WEEKLY | Capsule Delayed Release | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| DEXILANT | Capsule Delayed Release | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Not Covered | QL ST |
| lansoprazole | Capsule Delayed Release | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Covered | |
| NEXIUM | Capsule Delayed Release | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Not Covered | QL ST |
| omeprazole | Capsule Delayed Release | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Covered | QL |
| omeprazole | Capsule Delayed Release | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Not Covered | QL |
| PREVACID 24HR | Capsule Delayed Release | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Covered | |
| PREVACID | Capsule Delayed Release | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Not Covered | |
| PRILOSEC | Capsule Delayed Release | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Not Covered | QL |
| ERYTHROMYCIN | Capsule Delayed Release Particles | Anti-infective Agents; Antibacterials | Covered | |
| CYMBALTA | Capsule Delayed Release Particles | Central Nervous System Agents; Psychotherapeutic Agents | Covered | QL |
| CREON | Capsule Delayed Release Particles | Gastrointestinal Drugs; Digestants | Covered | |
| DEPAKOTE SPRINKLES | Capsule Sprinkle | Central Nervous System Agents; Anticonvulsants | Not Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|--|------------------|--|-----------------------|--------------------------|
| divalproex sodium | Capsule Sprinkle | Central Nervous System Agents; Anticonvulsants | Covered | |
| TOPAMAX SPRINKLE | Capsule Sprinkle | Central Nervous System Agents; Anticonvulsants | Not Covered | |
| topiramate | Capsule Sprinkle | Central Nervous System Agents; Anticonvulsants | Covered | |
| PREMARIN W/APPLICATOR | Cream | Hormones and Synthetic Substitutes; Estrogens and Antiestrogens | Covered | |
| controlrx | Cream | Miscellaneous Therapeutic Agents; Cariostatic Agents | Covered | |
| denta 5000 plus | Cream | Miscellaneous Therapeutic Agents; Cariostatic Agents | Covered | |
| sf 5000 plus | Cream | Miscellaneous Therapeutic Agents; Cariostatic Agents | Covered | |
| ciclopirox olamine | Cream | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| clindamycin phosphate | Cream | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| clotrimazole/betamethasone dipropionate | Cream | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| clotrimazole | Cream | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| econazole nitrate | Cream | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| gentamicin sulfate | Cream | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| ketoconazole | Cream | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| metronidazole | Cream | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|--------------------------------------|-------------|---|-----------------------|--------------------------|
| miconazole nitrate | Cream | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| nystatin | Cream | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| permethrin | Cream | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| silver sulfadiazine | Cream | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| terconazole | Cream | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| tolnaftate 1% antifungal | Cream | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| XERESE | Cream | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| ZOVIRAX | Cream | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| amcinonide | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| augmented betamethasone dipropionate | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| betamethasone dipropionate | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| betamethasone valerate | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| clobetasol propionate e | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| clobetasol propionate | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| desonide | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-------------------------|-------------|---|-----------------------|--------------------------|
| desoximetasone | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| DIFLORASONE DIACETATE | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| FLUOCINOLONE ACETONIDE | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| FLUOCINOLONE ACETONIDE | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| fluocinonide-e | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| fluticasone propionate | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| halobetasol propionate | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| HALOG | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| hydrocortisone butyrate | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| hydrocortisone valerate | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| hydrocortisone | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| mometasone furoate | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| NYSTATIN/TRIAMCINOLONE | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| PRAMOSONE | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| prednicarbate | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|----------------------------------|-------------|--|-----------------------|--------------------------|
| PROTOCORT | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| proctosol hc | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| triamcinolone acetonide | Cream | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| ANALPRAM-HC SINGLES | Cream | Skin and Mucous Membrane Preparations; Antipruritics and Local Anesthetics | Covered | |
| ANALPRAM-HC | Cream | Skin and Mucous Membrane Preparations; Antipruritics and Local Anesthetics | Not Covered | |
| hydrocortisone acetate/pramoxine | Cream | Skin and Mucous Membrane Preparations; Antipruritics and Local Anesthetics | Covered | |
| lidocaine | Cream | Skin and Mucous Membrane Preparations; Antipruritics and Local Anesthetics | Covered | |
| tretinoin | Cream | Skin and Mucous Membrane Preparations; Cell Stimulants and Proliferants | Covered | |
| hydroquinone | Cream | Skin and Mucous Membrane Preparations; Depigmenting and Pigmenting Agents | Covered | |
| salicylic acid | Cream | Skin and Mucous Membrane Preparations; Keratolytic Agents | Covered | |
| ALDARA | Cream | Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc | Covered | QL |
| DOVONEX | Cream | Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc | Covered | |
| ELIDEL | Cream | Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc | Covered | QL |
| ZYCLARA | Cream | Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc | Not Covered | |
| EPINEPHRINE | Device | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | QL |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|--------------------------------------|-------------|--|-----------------------|--------------------------|
| EPIPEN 2-PAK | Device | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | QL |
| EPIPEN-JR 2-PAK | Device | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | QL |
| BREATHERITE VALVED MDI CHAMBER/RIGID | Device | Devices | Covered | QL |
| MINI WRIGHT PEAK FLOW METER | Device | Devices | Covered | QL |
| PEAK FLOW METER | Device | Devices | Covered | QL |
| VALVED HOLDING CHAMBER | Device | Devices | Covered | QL |
| BAYER BREEZE 2 TEST DISC | Disk | Diagnostic Agents; Diabetes Mellitus | Covered | |
| ORTHO DIAPHRAGM ALL-FLEX/65MM | Diaphragm | Contraceptives | Covered | |
| DONNATAL | Elixir | Autonomic Drugs; Anticholinergic Agents | Covered | |
| hyoscyamine sulfate | Elixir | Autonomic Drugs; Anticholinergic Agents | Covered | |
| trihexyphenidyl hcl | Elixir | Central Nervous System Agents; Antiparkinsonian Agents | Covered | |
| BUTISOL SODIUM | Elixir | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| phenobarbital | Elixir | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| FLUPHENAZINE HCL | Elixir | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| dexamethasone | Elixir | Hormones and Synthetic Substitutes; Adrenals | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-----------------------------------|-------------|--|-----------------------|--------------------------|
| DUREZOL | Emulsion | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Not Covered | |
| RESTASIS | Emulsion | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| mesalamine | Enema | Gastrointestinal Drugs; Anti- inflammatory Agents | Covered | |
| hydrocortisone | Enema | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| ZUPLENZ | Film | Gastrointestinal Drugs; Antiemetics | Not Covered | |
| VCF VAGINAL CONTRACEPTIVE FOAM | Foam | Contraceptives | Covered | |
| RID LICE KILLING MOUSSE | Foam | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| clobetasol propionate | Foam | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| EPIFOAM | Foam | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| VERDESO | Foam | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Not Covered | |
| PROCTOFOAM HC | Foam | Skin and Mucous Membrane Preparations; Antipruritics and Local Anesthetics | Covered | |
| DIASTAT ACUDIAL | Gel | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| DIASTAT PEDIATRIC | Gel | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| GYNOL II EXTRA STRENGTH | Gel | Contraceptives | Covered | |
| GYNOL II | Gel | Contraceptives | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---|-------------|--|-----------------------|--------------------------|
| ANDROGEL PUMP | Gel | Hormones and Synthetic Substitutes; Androgens | Covered | |
| ANDROGEL | Gel | Hormones and Synthetic Substitutes; Androgens | Covered | |
| FORTESTA | Gel | Hormones and Synthetic Substitutes; Androgens | Not Covered | |
| ACID JELLY | Gel | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| acne medication 10 | Gel | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| BENZACLIN | Gel | Skin and Mucous Membrane Preparations; Anti-infectives | Not Covered | |
| benzoyl peroxide | Gel | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| BPO | Gel | Skin and Mucous Membrane Preparations; Anti-infectives | Not Covered | |
| clindamycin phosphate | Gel | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| clindamycin/benzoyl peroxide | Gel | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| erythromycin/benzoyl peroxide | Gel | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| metronidazole vaginal | Gel | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| metronidazole | Gel | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| vandazole | Gel | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| augmented betamethasone dipropionate | Gel | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-----------------------|-------------|--|-----------------------|--------------------------|
| clobetasol propionate | Gel | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| desoximetasone | Gel | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| fluocinonide | Gel | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| lidocaine hcl jelly | Gel | Skin and Mucous Membrane Preparations; Antipruritics and Local Anesthetics | Covered | |
| ATRALIN | Gel | Skin and Mucous Membrane Preparations; Cell Stimulants and Proliferants | Covered | ST |
| tretinoin | Gel | Skin and Mucous Membrane Preparations; Cell Stimulants and Proliferants | Covered | |
| ACZONE | Gel | Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc | Covered | QL |
| adapalene | Gel | Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc | Covered | |
| EPIDUO | Gel | Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc | Not Covered | |
| FINACEA | Gel | Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc | Covered | ST |
| REGRANEX | Gel | Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc | Covered | PA |
| VOLTAREN | Gel | Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc | Covered | ST |
| ZIANA | Gel | Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc | Not Covered | |
| COLESTID | Granules | Cardiovascular Drugs; Antilipemic Agents | Not Covered | |
| colestipol hcl | Granules | Cardiovascular Drugs; Antilipemic Agents | Covered | |

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|--|-------------|--|-----------------------|--------------------------|
| nicotine polacrilex refill | Gum | Autonomic Drugs; Autonomic Drugs, Miscellaneous | Covered | |
| nicotine polacrilex | Gum | Autonomic Drugs; Autonomic Drugs, Miscellaneous | Covered | |
| NICOTROL INHALER | Inhaler | Autonomic Drugs; Autonomic Drugs, Miscellaneous | Covered | |
| FLULAVAL 2011-2012 | Injectable | Serums, Toxoids and Vaccines; Vaccines | Not Covered | |
| FLUVIRIN 2011-2012 | Injectable | Serums, Toxoids and Vaccines; Vaccines | Not Covered | |
| FLUZONE SPLIT 2011-2012 | Injectable | Serums, Toxoids and Vaccines; Vaccines | Not Covered | |
| PEGASYS | Kit | Anti-infective Agents; Antivirals | Covered | |
| PEG-INTRON | Kit | Anti-infective Agents; Antivirals | Covered | PA |
| INTRON-A | Kit | Antineoplastic Agents; | Covered | |
| SYLATRON | Kit | Antineoplastic Agents; | Covered | PA |
| ZEVALIN IN-111 | Kit | Antineoplastic Agents; | Not Covered | |
| ZEVALIN Y-90 | Kit | Antineoplastic Agents; | Not Covered | |
| LAMICTAL ODT | Kit | Central Nervous System Agents; Anticonvulsants | Covered | |
| LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE | Kit | Central Nervous System Agents; Anticonvulsants | Not Covered | |
| LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE | Kit | Central Nervous System Agents; Anticonvulsants | Not Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-------------------------------------|-------------|---|-----------------------|--------------------------|
| LAMICTAL STARTER/TAKING VALPROATE | Kit | Central Nervous System Agents; Anticonvulsants | Not Covered | |
| LAMICTAL XR | Kit | Central Nervous System Agents; Anticonvulsants | Covered | |
| ORTHO DIAPHRAGM COIL SPRING KIT 100 | Kit | Contraceptives | Covered | |
| ORTHO DIAPHRAGM COIL SPRING KIT 105 | Kit | Contraceptives | Covered | |
| ORTHO DIAPHRAGM COIL SPRING KIT 50 | Kit | Contraceptives | Covered | |
| ORTHO DIAPHRAGM FLAT SPRING KIT 55 | Kit | Contraceptives | Covered | |
| ORTHO DIAPHRAGM FLAT SPRING KIT 60 | Kit | Contraceptives | Covered | |
| ORTHO DIAPHRAGM FLAT SPRING KIT 65 | Kit | Contraceptives | Covered | |
| ORTHO DIAPHRAGM FLAT SPRING KIT 70 | Kit | Contraceptives | Covered | |
| ORTHO DIAPHRAGM FLAT SPRING KIT 75 | Kit | Contraceptives | Covered | |
| ORTHO DIAPHRAGM FLAT SPRING KIT 80 | Kit | Contraceptives | Covered | |
| ORTHO DIAPHRAGM FLAT SPRING KIT 85 | Kit | Contraceptives | Covered | |
| ORTHO DIAPHRAGM FLAT SPRING KIT 90 | Kit | Contraceptives | Covered | |
| ORTHO DIAPHRAGM FLAT SPRING KIT 95 | Kit | Contraceptives | Covered | |
| ROWASA | Kit | Gastrointestinal Drugs; Anti-inflammatory Agents | Not Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-------------------------------------|-------------|---|-----------------------|--------------------------|
| RELISTOR | Kit | Gastrointestinal Drugs; GI Drugs, Miscellaneous | Not Covered | |
| GLUCAGON EMERGENCY KIT | Kit | Hormones and Synthetic Substitutes; Antihypoglycemic Agents | Covered | |
| AVONEX | Kit | Miscellaneous Therapeutic Agents; Biologic Response Modifiers | Not Covered | |
| COPAXONE | Kit | Miscellaneous Therapeutic Agents; Biologic Response Modifiers | Covered | |
| ENBREL | Kit | Miscellaneous Therapeutic Agents; Disease-modifying Antirheumatic Agents | Covered | PA |
| HUMIRA PEN | Kit | Miscellaneous Therapeutic Agents; Disease-modifying Antirheumatic Agents | Covered | PA |
| HUMIRA PEN-CROHNS DISEASESTARTER | Kit | Miscellaneous Therapeutic Agents; Disease-modifying Antirheumatic Agents | Covered | PA |
| HUMIRA | Kit | Miscellaneous Therapeutic Agents; Disease-modifying Antirheumatic Agents | Covered | PA |
| TRETIN-X | Kit | Skin and Mucous Membrane Preparations; Cell Stimulants and Proliferants | Not Covered | |
| salicylic acid cream | Kit | Skin and Mucous Membrane Preparations; Keratolytic Agents | Covered | |
| salicylic acid lotion | Kit | Skin and Mucous Membrane Preparations; Keratolytic Agents | Covered | |
| cpm-pe | Liquid | Antihistamine Drugs; First Generation Antihistamines | Covered | |
| potassium chloride | Liquid | Electrolytic, Caloric, and Water Balance; Replacement Preparations | Covered | |
| potassium chloride | Liquid | Electrolytic, Caloric, and Water Balance; Replacement Preparations | Covered | |
| DIPHENOXYLATE/ATROPINE | Liquid | Gastrointestinal Drugs; Antidiarrhea Agents | Covered | |

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|---------------------------------|-------------|---|-----------------------|--------------------------|
| FLUMIST NASAL VACCINE 2011-2012 | Liquid | Serums, Toxoids and Vaccines; Vaccines | Not Covered | |
| PHISOHEX | Liquid | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| BENZOYL PEROXIDE | Lotion | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| clindamycin phosphate | Lotion | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| lindane | Lotion | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| metronidazole | Lotion | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| permethrin | Lotion | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| selenium sulfide | Lotion | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| ULESFIA | Lotion | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| AMCINONIDE | Lotion | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| betamethasone dipropionate | Lotion | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| betamethasone valerate | Lotion | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| desonide | Lotion | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| DIPROLENE | Lotion | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| hydrocortisone | Lotion | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-----------------------------|-------------------------|--|-----------------------|--------------------------|
| PRAMOSONE | Lotion | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| triamcinolone acetonide | Lotion | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| ANALPRAM-HC | Lotion | Skin and Mucous Membrane Preparations; Antipruritics and Local Anesthetics | Covered | |
| CALAMINE | Lotion | Skin and Mucous Membrane Preparations; Astringents | Covered | |
| minerin | Lotion | Skin and Mucous Membrane Preparations; Emollients, Demulcents, and Protectants | Covered | |
| salicylic acid | Lotion | Skin and Mucous Membrane Preparations; Keratolytic Agents | Covered | |
| nicotine polacrilex | Lozenge | Autonomic Drugs; Autonomic Drugs, Miscellaneous | Covered | |
| NEXICLON XR | Liquid Extended Release | Cardiovascular Drugs; Hypotensive Agents | Not Covered | |
| HELIDAC | Miscellaneous | Anti-infective Agents; Anti-infectives, Miscellaneous | Covered | |
| SAVELLA TITRATION PACK | Miscellaneous | Central Nervous System Agents; Fibromyalgia Agents | Covered | ST |
| CONDOMS-PREM LUBRICATED | Miscellaneous | Contraceptives | Covered | |
| AEROCHAMBER PLUS/LARGE MASK | Miscellaneous | Devices | Covered | QL |
| AEROCHAMBER PLUS/MASK | Miscellaneous | Devices | Covered | QL |
| AEROCHAMBER PLUS/SMALL MASK | Miscellaneous | Devices | Covered | QL |
| AEROCHAMBER PLUS | Miscellaneous | Devices | Covered | QL |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---|--------------------------|---|-----------------------|--------------------------|
| BD INSULIN SYRINGE MICROFINE IV/U- 100/0.5ML/28G X 1/2" | Miscellaneous | Devices | Covered | |
| BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X 1/2" | Miscellaneous | Devices | Covered | |
| BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" | Miscellaneous | Devices | Covered | |
| BREATHERITE W/SMALL MASK | Miscellaneous | Devices | Covered | QL |
| EASIVENT | Miscellaneous | Devices | Covered | QL |
| LANCETS | Miscellaneous | Devices | Covered | |
| OPTICHAMBER ADVANTAGE/LARGE MASK | Miscellaneous | Devices | Covered | QL |
| OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK | Miscellaneous | Devices | Covered | QL |
| OPTICHAMBER ADVANTAGE/SMALL FACE MASK | Miscellaneous | Devices | Covered | QL |
| OPTICHAMBER ADVANTAGE | Miscellaneous | Devices | Covered | QL |
| OPTICHAMBER FACE MASK/LARGE | Miscellaneous | Devices | Covered | QL |
| OPTICHAMBER FACE MASK/MEDIUM | Miscellaneous | Devices | Covered | QL |
| OPTICHAMBER FACE MASK/SMALL | Miscellaneous | Devices | Covered | QL |
| PREVPAC | Miscellaneous | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Covered | |
| TOBI | Nebulization Solution | Anti-infective Agents; Antibacterials | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|--|-----------------------|--|-----------------------|--------------------------|
| albuterol sulfate | Nebulization Solution | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | QL |
| BROVANA | Nebulization Solution | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | |
| PERFOROMIST | Nebulization Solution | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | |
| XOPENEX CONCENTRATE | Nebulization Solution | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | QL |
| XOPENEX | Nebulization Solution | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | QL |
| cromolyn sodium | Nebulization Solution | Respiratory Tract Agents; Anti-inflammatory Agents | Covered | |
| MAKENA | Oil | Hormones and Synthetic Substitutes; Progestins | Not Covered | |
| erythromycin | Ointment | Eye, Ear, Nose & Throat Preparations; Anti-infectives | Covered | |
| TOBREX | Ointment | Eye, Ear, Nose & Throat Preparations; Anti-infectives | Covered | |
| FML | Ointment | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| LOTEMAX | Ointment | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Not Covered | |
| neomycin/polymyxin/bacitracin/hydrocortisone | Ointment | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| neomycin/polymyxin/dexamethasone | Ointment | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| PRED-G S.O.P. | Ointment | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| TOBRADEX | Ointment | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---|-------------|--|-----------------------|--------------------------|
| atropine sulfate | Ointment | Eye, Ear, Nose & Throat Preparations; Mydriatics | Covered | |
| ALTABAX | Ointment | Skin and Mucous Membrane Preparations; Anti-infectives | Not Covered | |
| bacitracin/neomycin/polymyxin | Ointment | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| double antibiotic | Ointment | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| gentamicin sulfate | Ointment | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| mupirocin | Ointment | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| nystatin | Ointment | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| ZOVIRAX | Ointment | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| AMCINONIDE | Ointment | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| augmented betamethasone dipropionate | Ointment | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| BETAMETHASONE VALERATE | Ointment | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| clobetasol propionate | Ointment | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| DERMATOP | Ointment | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Not Covered | |
| desonide | Ointment | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| desoximetasone | Ointment | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-------------------------|-------------|--|-----------------------|--------------------------|
| diflorasone diacetate | Ointment | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| FLUOCINOLONE ACETONIDE | Ointment | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| fluocinonide | Ointment | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| fluticasone propionate | Ointment | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| halobetasol propionate | Ointment | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| HALOG | Ointment | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| hydrocortisone butyrate | Ointment | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| hydrocortisone valerate | Ointment | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| hydrocortisone | Ointment | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| mometasone furoate | Ointment | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| NYSTATIN/TRIAMCINOLONE | Ointment | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| PRAMOSONE | Ointment | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| prednicarbate | Ointment | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| triamcinolone acetonide | Ointment | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| lidocaine | Ointment | Skin and Mucous Membrane Preparations; Antipruritics and Local Anesthetics | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|------------------------------------|-------------|--|-----------------------|--------------------------|
| COAL TAR BASE | Ointment | Skin and Mucous Membrane Preparations; Keratoplastic Agents | Covered | |
| PROTOPIC | Ointment | Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc | Covered | |
| VECTICAL | Ointment | Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc | Covered | ST |
| MONUROL | Packet | Anti-infective Agents; Urinary Anti-infectives | Covered | QL |
| cholestyramine light | Packet | Cardiovascular Drugs; Antilipemic Agents | Covered | |
| COLESTID | Packet | Cardiovascular Drugs; Antilipemic Agents | Not Covered | |
| colestipol hcl for oral suspension | Packet | Cardiovascular Drugs; Antilipemic Agents | Covered | |
| prevalite | Packet | Cardiovascular Drugs; Antilipemic Agents | Covered | |
| ZEGERID | Packet | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Not Covered | |
| SINGULAIR | Packet | Respiratory Tract Agents; Anti-inflammatory Agents | Covered | QL |
| ALCOHOL PREPS | Pad | Devices | Covered | |
| ery | Pad | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| NYSTATIN | Powder | Anti-infective Agents; Antifungals | Covered | |
| cholestyramine light | Powder | Cardiovascular Drugs; Antilipemic Agents | Covered | |
| cholestyramine | Powder | Cardiovascular Drugs; Antilipemic Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---------------------------|---------------|--|-----------------------|--------------------------|
| prevalite | Powder | Cardiovascular Drugs; Antilipemic Agents | Covered | |
| natural fiber therapy | Powder | Gastrointestinal Drugs; Cathartics and Laxatives | Covered | |
| polyethylene glycol 3350 | Powder | Gastrointestinal Drugs; Cathartics and Laxatives | Covered | |
| nystop | Powder | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| tolnaftate | Powder | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| triamcinolone in orabase | Paste | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| nicotine | Patch 24 Hour | Autonomic Drugs; Autonomic Drugs, Miscellaneous | Covered | |
| EXELON | Patch 24 Hour | Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents | Covered | |
| nitroglycerin transdermal | Patch 24 Hour | Cardiovascular Drugs; Vasodilating Agents | Covered | |
| EMSAM | Patch 24 Hour | Central Nervous System Agents; Antiparkinsonian Agents | Covered | |
| ANDRODERM | Patch 24 Hour | Hormones and Synthetic Substitutes; Androgens | Covered | |
| fentanyl | Patch 72 Hour | Central Nervous System Agents; Analgesics and Antipyretics | Covered | QL |
| DAYTRANA | Patch | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Covered | PA |
| SANCUSO | Patch | Gastrointestinal Drugs; Antiemetics | Not Covered | QL |
| FLECTOR | Patch | Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc | Covered | ST |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---|-------------------------|--|-----------------------|--------------------------|
| VIVELLE-DOT | Patch Biweekly | Hormones and Synthetic Substitutes; Estrogens and Antiestrogens | Covered | QL |
| BUTRANS | Patch Weekly | Central Nervous System Agents; Analgesics and Antipyretics | Covered | QL ST |
| ORTHO EVRA | Patch Weekly | Hormones and Synthetic Substitutes; Contraceptives | Covered | ST |
| estradiol | Patch Weekly | Hormones and Synthetic Substitutes; Estrogens and Antiestrogens | Covered | |
| NUVARING | Ring | Hormones and Synthetic Substitutes; Contraceptives | Not Covered | ST |
| ESTRING | Ring | Hormones and Synthetic Substitutes; Estrogens and Antiestrogens | Covered | |
| FEMRING | Ring | Hormones and Synthetic Substitutes; Estrogens and Antiestrogens | Covered | |
| ketoconazole | Shampoo | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| licide | Shampoo | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| lindane | Shampoo | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| salicylic acid | Shampoo | Skin and Mucous Membrane Preparations; Keratolytic Agents | Covered | |
| timolol maleate ophthalmic gel forming | Gel Forming Solution | Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents | Covered | |
| bromaline | Solution | Antihistamine Drugs; First Generation Antihistamines | Covered | |
| loratadine hives relief | Solution | Antihistamine Drugs; Second Generation Antihistamines | Covered | |
| levofloxacin | Solution | Anti-infective Agents; Antibacterials | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---------------------|-------------|---|-----------------------|--------------------------|
| BARACLUDE | Solution | Anti-infective Agents; Antivirals | Not Covered | |
| EMTRIVA | Solution | Anti-infective Agents; Antivirals | Covered | |
| EPIVIR | Solution | Anti-infective Agents; Antivirals | Covered | |
| KALETRA | Solution | Anti-infective Agents; Antivirals | Covered | |
| NORVIR | Solution | Anti-infective Agents; Antivirals | Covered | |
| PEGASYS | Solution | Anti-infective Agents; Antivirals | Covered | |
| ZIAGEN | Solution | Anti-infective Agents; Antivirals | Covered | |
| AVASTIN | Solution | Antineoplastic Agents; | Covered | |
| HALAVEN | Solution | Antineoplastic Agents; | Not Covered | |
| INTRON-A | Solution | Antineoplastic Agents; | Covered | |
| methotrexate sodium | Solution | Antineoplastic Agents; | Covered | |
| CUVPOSA | Solution | Autonomic Drugs; Anticholinergic Agents | Covered | |
| dicyclomine hcl | Solution | Autonomic Drugs; Anticholinergic Agents | Covered | |
| hyoscyamine sulfate | Solution | Autonomic Drugs; Anticholinergic Agents | Covered | |
| ipratropium bromide | Solution | Autonomic Drugs; Anticholinergic Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---------------------------------------|-------------|---|-----------------------|--------------------------|
| NICOTROL NS | Solution | Autonomic Drugs; Autonomic Drugs, Miscellaneous | Covered | |
| EXELON | Solution | Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents | Covered | |
| galantamine hydrobromide | Solution | Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents | Covered | |
| MIGRANAL | Solution | Autonomic Drugs; Sympatholytic (Adrenergic Blocking) Agents | Covered | QL |
| ipratropium bromide/albuterol sulfate | Solution | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | |
| enoxaparin sodium | Solution | Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents | Covered | |
| heparin sodium | Solution | Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents | Covered | |
| LOVENOX | Solution | Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents | Not Covered | |
| ARANESP ALBUMIN FREE | Solution | Blood Formation,Coagulation & Thrombosis; Hematopoietic Agents | Covered | PA |
| ARANESP ALBUMIN FREE | Solution | Blood Formation,Coagulation & Thrombosis; Hematopoietic Agents | Covered | PA |
| EPOGEN | Solution | Blood Formation,Coagulation & Thrombosis; Hematopoietic Agents | Covered | |
| LEUKINE | Solution | Blood Formation,Coagulation & Thrombosis; Hematopoietic Agents | Covered | |
| NEULASTA | Solution | Blood Formation,Coagulation & Thrombosis; Hematopoietic Agents | Covered | PA |
| NEUPOGEN | Solution | Blood Formation,Coagulation & Thrombosis; Hematopoietic Agents | Covered | PA |
| PROCRIT | Solution | Blood Formation,Coagulation & Thrombosis; Hematopoietic Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---------------------------|-------------|--|-----------------------|--------------------------|
| PROPRANOLOL HCL | Solution | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | |
| DIGOXIN | Solution | Cardiovascular Drugs; Cardiac Drugs | Covered | |
| NITROLINGUAL PUMPSPRAY | Solution | Cardiovascular Drugs; Vasodilating Agents | Covered | |
| TYVASO | Solution | Cardiovascular Drugs; Vasodilating Agents | Covered | PA |
| VENTAVIS | Solution | Cardiovascular Drugs; Vasodilating Agents | Covered | PA |
| acetaminophen/codeine | Solution | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| acetaminophen | Solution | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| apap drops | Solution | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| butorphanol tartrate | Solution | Central Nervous System Agents; Analgesics and Antipyretics | Covered | QL |
| hydrocodone/acetaminophen | Solution | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| MEPERIDINE HCL | Solution | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| METHADONE HCL | Solution | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| MORPHINE SULFATE | Solution | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| SPRIX | Solution | Central Nervous System Agents; Analgesics and Antipyretics | Not Covered | |
| METHYLIN | Solution | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Covered | PA |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|------------------------------|-------------|---|-----------------------|--------------------------|
| ethosuximide | Solution | Central Nervous System Agents; Anticonvulsants | Covered | |
| KEPPRA | Solution | Central Nervous System Agents; Anticonvulsants | Not Covered | |
| levetiracetam | Solution | Central Nervous System Agents; Anticonvulsants | Covered | |
| NEURONTIN | Solution | Central Nervous System Agents; Anticonvulsants | Covered | |
| valproic acid | Solution | Central Nervous System Agents; Anticonvulsants | Covered | |
| ALSUMA | Solution | Central Nervous System Agents; Antimigraine Agents | Not Covered | |
| IMITREX STATDOSE REFILL | Solution | Central Nervous System Agents; Antimigraine Agents | Not Covered | QL |
| IMITREX STATDOSE SYSTEM | Solution | Central Nervous System Agents; Antimigraine Agents | Not Covered | QL |
| IMITREX | Solution | Central Nervous System Agents; Antimigraine Agents | Not Covered | QL |
| sumatriptan succinate refill | Solution | Central Nervous System Agents; Antimigraine Agents | Covered | QL |
| sumatriptan succinate | Solution | Central Nervous System Agents; Antimigraine Agents | Covered | QL |
| SUMATRIPTAN | Solution | Central Nervous System Agents; Antimigraine Agents | Covered | QL |
| ZOMIG | Solution | Central Nervous System Agents; Antimigraine Agents | Covered | QL ST |
| DIAZEPAM | Solution | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| NAMENDA | Solution | Central Nervous System Agents; Central Nervous System Agents, Misc | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-------------------------|-------------|--|-----------------------|--------------------------|
| XYREM | Solution | Central Nervous System Agents; Central Nervous System Agents, Misc | Covered | QL PA |
| ABILIFY | Solution | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| CHLORPROMAZINE HCL | Solution | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| citalopram hydrobromide | Solution | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| fluoxetine hcl | Solution | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| LEXAPRO | Solution | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| nortriptyline hcl | Solution | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| RISPERDAL | Solution | Central Nervous System Agents; Psychotherapeutic Agents | Not Covered | |
| risperidone | Solution | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| cytra-2 | Solution | Electrolytic, Caloric, and Water Balance; Alkalinizing Agents | Covered | |
| enulose | Solution | Electrolytic, Caloric, and Water Balance; Ammonia Detoxicants | Covered | |
| lactulose | Solution | Electrolytic, Caloric, and Water Balance; Ammonia Detoxicants | Covered | |
| furosemide | Solution | Electrolytic, Caloric, and Water Balance; Diuretics | Covered | |
| pediatric electrolyte | Solution | Electrolytic, Caloric, and Water Balance; Replacement Preparations | Covered | |
| PHOSLYRA | Solution | Electrolytic, Caloric, and Water Balance; Replacement Preparations | Not Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|----------------------|-------------|--|-----------------------|--------------------------|
| PULMOZYME | Solution | Enzymes | Covered | |
| alaway | Solution | Eye, Ear, Nose & Throat Preparations; Antiallergic Agents | Covered | |
| ALOMIDE | Solution | Eye, Ear, Nose & Throat Preparations; Antiallergic Agents | Covered | |
| ASTELIN | Solution | Eye, Ear, Nose & Throat Preparations; Antiallergic Agents | Not Covered | |
| azelastine hcl | Solution | Eye, Ear, Nose & Throat Preparations; Antiallergic Agents | Covered | ST |
| cromolyn sodium | Solution | Eye, Ear, Nose & Throat Preparations; Antiallergic Agents | Covered | |
| ELESTAT | Solution | Eye, Ear, Nose & Throat Preparations; Antiallergic Agents | Not Covered | |
| EMADINE | Solution | Eye, Ear, Nose & Throat Preparations; Antiallergic Agents | Covered | ST |
| epinastine hcl | Solution | Eye, Ear, Nose & Throat Preparations; Antiallergic Agents | Covered | |
| OPTIVAR | Solution | Eye, Ear, Nose & Throat Preparations; Antiallergic Agents | Not Covered | ST |
| PATANASE | Solution | Eye, Ear, Nose & Throat Preparations; Antiallergic Agents | Not Covered | |
| PATANOL | Solution | Eye, Ear, Nose & Throat Preparations; Antiallergic Agents | Covered | ST |
| ALPHAGAN P | Solution | Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents | Covered | |
| BETAXOLOL HCL | Solution | Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents | Covered | |
| brimonidine tartrate | Solution | Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents | Covered | |

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|---------------------------------------|-------------|--|-----------------------|--------------------------|
| carteolol hcl | Solution | Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents | Covered | |
| dorzolamide hcl | Solution | Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents | Covered | |
| LEVOBUNOLOL HCL | Solution | Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents | Covered | |
| pilocarpine hcl | Solution | Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents | Covered | |
| timolol maleate | Solution | Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents | Covered | |
| TRAVATAN Z | Solution | Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents | Covered | |
| TRUSOPT | Solution | Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents | Not Covered | |
| XALATAN | Solution | Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents | Covered | |
| AZASITE | Solution | Eye, Ear, Nose & Throat Preparations; Anti-infectives | Not Covered | |
| CETRAXAL | Solution | Eye, Ear, Nose & Throat Preparations; Anti-infectives | Not Covered | |
| chlorhexidine gluconate oral rinse | Solution | Eye, Ear, Nose & Throat Preparations; Anti-infectives | Covered | |
| ciprofloxacin hcl | Solution | Eye, Ear, Nose & Throat Preparations; Anti-infectives | Covered | |
| ear wax drops | Solution | Eye, Ear, Nose & Throat Preparations; Anti-infectives | Covered | |
| gentamicin sulfate | Solution | Eye, Ear, Nose & Throat Preparations; Anti-infectives | Covered | |
| levofloxacin | Solution | Eye, Ear, Nose & Throat Preparations; Anti-infectives | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|--------------------------------|-------------|---|-----------------------|--------------------------|
| MOXEZA | Solution | Eye, Ear, Nose & Throat Preparations; Anti-infectives | Covered | |
| neomycin/polymyxin/gramicidin | Solution | Eye, Ear, Nose & Throat Preparations; Anti-infectives | Covered | |
| ofloxacin | Solution | Eye, Ear, Nose & Throat Preparations; Anti-infectives | Covered | |
| POLYTRIM | Solution | Eye, Ear, Nose & Throat Preparations; Anti-infectives | Covered | |
| sodium sulfacetamide | Solution | Eye, Ear, Nose & Throat Preparations; Anti-infectives | Covered | |
| tobramycin sulfate | Solution | Eye, Ear, Nose & Throat Preparations; Anti-infectives | Covered | |
| trifluridine | Solution | Eye, Ear, Nose & Throat Preparations; Anti-infectives | Covered | |
| VIGAMOX | Solution | Eye, Ear, Nose & Throat Preparations; Anti-infectives | Covered | QL |
| acetazol hc | Solution | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| ACULAR | Solution | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| ACUVAIL | Solution | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Not Covered | |
| BROMDAY | Solution | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Not Covered | |
| dexamethasone sodium phosphate | Solution | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| FLUNISOLIDE | Solution | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| flurbiprofen sodium | Solution | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|--|-------------|--|-----------------------|--------------------------|
| neomycin/polymyxin/hc | Solution | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| sulfacetamide sodium/prednisolone sodium phosphate | Solution | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| acetic acid | Solution | Eye, Ear, Nose & Throat Preparations; EENT Drugs, Miscellaneous | Covered | |
| artificial tears | Solution | Eye, Ear, Nose & Throat Preparations; EENT Drugs, Miscellaneous | Covered | |
| hypotears | Solution | Eye, Ear, Nose & Throat Preparations; EENT Drugs, Miscellaneous | Covered | |
| antipyrine/benzocaine | Solution | Eye, Ear, Nose & Throat Preparations; Local Anesthetics | Covered | |
| antipyrine/benzocaine | Solution | Eye, Ear, Nose & Throat Preparations; Local Anesthetics | Covered | |
| lidocaine viscous | Solution | Eye, Ear, Nose & Throat Preparations; Local Anesthetics | Covered | |
| atropine sulfate | Solution | Eye, Ear, Nose & Throat Preparations; Mydriatics | Covered | |
| cyclopentolate hcl | Solution | Eye, Ear, Nose & Throat Preparations; Mydriatics | Covered | |
| homatropaire | Solution | Eye, Ear, Nose & Throat Preparations; Mydriatics | Covered | |
| ISOPTO HOMATROPINE | Solution | Eye, Ear, Nose & Throat Preparations; Mydriatics | Covered | |
| ISOPTO HYOSCINE | Solution | Eye, Ear, Nose & Throat Preparations; Mydriatics | Covered | |
| tropicamide | Solution | Eye, Ear, Nose & Throat Preparations; Mydriatics | Covered | |
| AK-CON | Solution | Eye, Ear, Nose & Throat Preparations; Vasoconstrictors | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|----------------------------------|-------------|---|-----------------------|--------------------------|
| ak-dilate | Solution | Eye, Ear, Nose & Throat Preparations; Vasoconstrictors | Covered | |
| opti-clear | Solution | Eye, Ear, Nose & Throat Preparations; Vasoconstrictors | Covered | |
| phenylephrine hcl | Solution | Eye, Ear, Nose & Throat Preparations; Vasoconstrictors | Covered | |
| ondansetron hcl | Solution | Gastrointestinal Drugs; Antiemetics | Covered | QL |
| trimethobenzamide hcl | Solution | Gastrointestinal Drugs; Antiemetics | Covered | |
| cimetidine hcl | Solution | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Covered | |
| SUPREP BOWEL PREP | Solution | Gastrointestinal Drugs; Cathartics and Laxatives | Not Covered | |
| RELISTOR | Solution | Gastrointestinal Drugs; GI Drugs, Miscellaneous | Not Covered | |
| metoclopramide hcl | Solution | Gastrointestinal Drugs; Prokinetic Agents | Covered | |
| DEXAMETHASONE | Solution | Hormones and Synthetic Substitutes; Adrenals | Covered | |
| prednisolone sodium phosphate | Solution | Hormones and Synthetic Substitutes; Adrenals | Covered | |
| PREDNISONE | Solution | Hormones and Synthetic Substitutes; Adrenals | Covered | |
| AXIRON | Solution | Hormones and Synthetic Substitutes; Androgens | Not Covered | |
| APIDRA SOLOSTAR | Solution | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| APIDRA | Solution | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-----------------|-------------|--|-----------------------|--------------------------|
| BYETTA | Solution | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | ST |
| HUMALOG KWIKPEN | Solution | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| HUMALOG | Solution | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| HUMULIN R | Solution | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| LANTUS SOLOSTAR | Solution | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| LANTUS | Solution | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| LEVEMIR FLEXPEN | Solution | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| LEVEMIR | Solution | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| NOVOLIN R | Solution | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| NOVOLOG FLEXPEN | Solution | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| NOVOLOG PENFILL | Solution | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| NOVOLOG | Solution | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| SYMLIN | Solution | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | PA |
| VICTOZA | Solution | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | ST |
| SYNAREL | Solution | Hormones and Synthetic Substitutes; Gonadotropins | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|----------------------|-------------|---|-----------------------|--------------------------|
| calcitonin-salmon | Solution | Hormones and Synthetic Substitutes; Parathyroid | Covered | |
| FORTEO | Solution | Hormones and Synthetic Substitutes; Parathyroid | Covered | PA |
| FORTICAL | Solution | Hormones and Synthetic Substitutes; Parathyroid | Covered | ST |
| desmopressin acetate | Solution | Hormones and Synthetic Substitutes; Pituitary | Covered | |
| STIMATE | Solution | Hormones and Synthetic Substitutes; Pituitary | Covered | QL |
| NORDITROPIN FLEXPRO | Solution | Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents | Covered | PA |
| NUTROPIN AQ PEN | Solution | Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents | Not Covered | |
| NUTROPIN AQ | Solution | Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents | Not Covered | |
| OMNITROPE | Solution | Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents | Not Covered | |
| SSKI | Solution | Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents | Covered | |
| REBIF TITRATION PACK | Solution | Miscellaneous Therapeutic Agents; Biologic Response Modifiers | Covered | |
| REBIF | Solution | Miscellaneous Therapeutic Agents; Biologic Response Modifiers | Covered | |
| XGEVA | Solution | Miscellaneous Therapeutic Agents; Bone Resorption Inhibitors | Not Covered | |
| sodium fluoride | Solution | Miscellaneous Therapeutic Agents; Cariostatic Agents | Covered | |
| ENBREL | Solution | Miscellaneous Therapeutic Agents; Disease-modifying Antirheumatic Agents | Covered | PA |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-------------------------|-------------|---|-----------------------|--------------------------|
| KINERET | Solution | Miscellaneous Therapeutic Agents; Disease-modifying Antirheumatic Agents | Covered | PA |
| SIMPONI | Solution | Miscellaneous Therapeutic Agents; Disease-modifying Antirheumatic Agents | Not Covered | QL |
| cyclosporine | Solution | Miscellaneous Therapeutic Agents; Immunosuppressive Agents | Covered | |
| levocarnitine | Solution | Miscellaneous Therapeutic Agents; Other Miscellaneous Therapeutic Agents | Covered | |
| octreotide acetate | Solution | Miscellaneous Therapeutic Agents; Other Miscellaneous Therapeutic Agents | Covered | |
| SOMATULINE DEPOT | Solution | Miscellaneous Therapeutic Agents; Other Miscellaneous Therapeutic Agents | Covered | |
| REZIRA | Solution | Respiratory Tract Agents; Antitussives | Not Covered | |
| ZUTRIPRO | Solution | Respiratory Tract Agents; Antitussives | Not Covered | |
| GLASSIA | Solution | Respiratory Tract Agents; Respiratory Tract Agents, Miscellaneous | Not Covered | |
| ciclopirox nail lacquer | Solution | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| clindamycin phosphate | Solution | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| clotrimazole | Solution | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| erythromycin | Solution | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| tolnaftate | Solution | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| clobetasol propionate | Solution | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|----------------------------|---------------------------|--|-----------------------|--------------------------|
| FLUOCINOLONE ACETONIDE | Solution | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| hydrocortisone butyrate | Solution | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| mometasone furoate | Solution | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Covered | |
| COAL TAR | Solution | Skin and Mucous Membrane Preparations; Keratoplastic Agents | Covered | |
| calcipotriene | Solution | Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc | Covered | |
| fluorouracil | Solution | Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc | Covered | |
| podofilox | Solution | Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc | Covered | |
| multi-vit/fluoride | Solution | Vitamins; Multivitamin Preparations | Covered | |
| multi-vit/iron/fluoride | Solution | Vitamins; Multivitamin Preparations | Covered | |
| tri-vit/fluoride | Solution | Vitamins; Multivitamin Preparations | Covered | |
| calciferol | Solution | Vitamins; Vitamin D | Covered | |
| calcitriol | Solution | Vitamins; Vitamin D | Covered | |
| CAYSTON | Solution Reconstituted | Anti-infective Agents; Antibacterials | Covered | |
| CLEOCIN PEDIATRIC GRANULES | Solution Reconstituted | Anti-infective Agents; Antibacterials | Not Covered | |
| clindamycin palmitate hcl | Solution Reconstituted | Anti-infective Agents; Antibacterials | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|------------------------|---------------------------|---|-----------------------|--------------------------|
| penicillin v potassium | Solution Reconstituted | Anti-infective Agents; Antibacterials | Covered | |
| NEBUPENT | Solution Reconstituted | Anti-infective Agents; Antiprotozoals | Covered | |
| VIDEX PEDIATRIC | Solution Reconstituted | Anti-infective Agents; Antivirals | Covered | |
| ZERIT | Solution Reconstituted | Anti-infective Agents; Antivirals | Covered | |
| INTRON-A W/DILUENT | Solution Reconstituted | Antineoplastic Agents; | Covered | |
| IXEMPRA KIT | Solution Reconstituted | Antineoplastic Agents; | Not Covered | |
| METHOTREXATE SODIUM | Solution Reconstituted | Antineoplastic Agents; | Covered | |
| TREANDA | Solution Reconstituted | Antineoplastic Agents; | Not Covered | |
| NEUMEGA | Solution Reconstituted | Blood Formation,Coagulation & Thrombosis; Hematopoietic Agents | Covered | |
| VPRIV | Solution Reconstituted | Enzymes | Not Covered | |
| gavilyte-g | Solution Reconstituted | Gastrointestinal Drugs; Cathartics and Laxatives | Covered | |
| GOLYTELY | Solution Reconstituted | Gastrointestinal Drugs; Cathartics and Laxatives | Covered | |
| GOLYTELY | Solution Reconstituted | Gastrointestinal Drugs; Cathartics and Laxatives | Covered | |
| peg 3350/electrolytes | Solution Reconstituted | Gastrointestinal Drugs; Cathartics and Laxatives | Covered | |
| EGRIFTA | Solution Reconstituted | Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents | Not Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|--|---------------------------|---|-----------------------|--------------------------|
| NUTROPIN | Solution Reconstituted | Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents | Not Covered | PA |
| ARCALYST | Solution Reconstituted | Miscellaneous Therapeutic Agents; Other Miscellaneous Therapeutic Agents | Covered | |
| XOLAIR | Solution Reconstituted | Respiratory Tract Agents; Respiratory Tract Agents, Miscellaneous | Covered | PA |
| BAYER CONTOUR BLOOD GLUCOSE TEST STRIPS | Strip | Diagnostic Agents; Diabetes Mellitus | Covered | |
| FREESTYLE LITE TEST STRIPS | Strip | Diagnostic Agents; Diabetes Mellitus | Covered | |
| FREESTYLE TEST STRIPS | Strip | Diagnostic Agents; Diabetes Mellitus | Covered | |
| TRUETRACK TEST | Strip | Diagnostic Agents; Diabetes Mellitus | Not Covered | |
| KETOSTIX | Strip | Diagnostic Agents; Urine and Feces Contents | Covered | |
| hyoscyamine sulfate | Tablet Sublingual | Autonomic Drugs; Anticholinergic Agents | Covered | |
| isosorbide dinitrate | Tablet Sublingual | Cardiovascular Drugs; Vasodilating Agents | Covered | |
| buprenorphine hcl | Tablet Sublingual | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| SUBOXONE | Tablet Sublingual | Central Nervous System Agents; Analgesics and Antipyretics | Covered | PA |
| EDLUAR | Tablet Sublingual | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Not Covered | |
| promethazine hcl | Suppository | Antihistamine Drugs; First Generation Antihistamines | Covered | |
| promethegan | Suppository | Antihistamine Drugs; First Generation Antihistamines | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-----------------------------------|-------------|---|-----------------------|--------------------------|
| HYDROMORPHONE HCL | Suppository | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| prochlorperazine | Suppository | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| bisacodyl | Suppository | Gastrointestinal Drugs; Cathartics and Laxatives | Covered | |
| miconazole nitrate | Suppository | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| terconazole | Suppository | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| ALLEGRA ALLERGY CHILDRENS | Suspension | Antihistamine Drugs; Second Generation Antihistamines | Covered | |
| sulfamethoxazole/trimethopri m | Suspension | Anti-infective Agents; Antibacterials | Covered | |
| griseofulvin microsize | Suspension | Anti-infective Agents; Antifungals | Covered | |
| NOXAFIL | Suspension | Anti-infective Agents; Antifungals | Not Covered | |
| nystatin | Suspension | Anti-infective Agents; Antifungals | Covered | |
| acyclovir | Suspension | Anti-infective Agents; Antivirals | Covered | |
| VIRAMUNE | Suspension | Anti-infective Agents; Antivirals | Covered | |
| FURADANTIN | Suspension | Anti-infective Agents; Urinary Anti- infectives | Covered | |
| megestrol acetate | Suspension | Antineoplastic Agents; | Covered | |
| ibuprofen | Suspension | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-------------------|-------------|---|-----------------------|--------------------------|
| infants mapap | Suspension | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| MELOXICAM | Suspension | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| naproxen | Suspension | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| carbamazepine | Suspension | Central Nervous System Agents; Anticonvulsants | Covered | |
| FELBATOL | Suspension | Central Nervous System Agents; Anticonvulsants | Covered | |
| phenytoin | Suspension | Central Nervous System Agents; Anticonvulsants | Covered | |
| TRILEPTAL | Suspension | Central Nervous System Agents; Anticonvulsants | Covered | |
| PAXIL | Suspension | Central Nervous System Agents; Psychotherapeutic Agents | Not Covered | |
| DIURIL | Suspension | Electrolytic, Caloric, and Water Balance; Diuretics | Not Covered | |
| kionex | Suspension | Electrolytic, Caloric, and Water Balance; Ion-removing Agents | Covered | |
| SPS | Suspension | Electrolytic, Caloric, and Water Balance; Ion-removing Agents | Not Covered | |
| calcium carbonate | Suspension | Electrolytic, Caloric, and Water Balance; Replacement Preparations | Covered | |
| BETOPTIC-S | Suspension | Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents | Covered | |
| BESIVANCE | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-infectives | Not Covered | |
| NATACYN | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-infectives | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---------------------------------------|-------------|---|-----------------------|--------------------------|
| BLEPHAMIDE | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| CIPRO HC | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| CIPRODEX | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| fluorometholone | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| fluticasone propionate | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| FML FORTE | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| LOTEMAX | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| NASONEX | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | ST |
| neomycin/polymyxin/dexamet hasone | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| NEOMYCIN/POLYMYXIN/HYDR OCORTISONE | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| NEVANAC | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Not Covered | |
| OMNARIS | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Not Covered | |
| PRED MILD | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| PRED-G | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| prednisolone acetate | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---------------------------|-------------|---|-----------------------|--------------------------|
| RHINOCORT AQUA | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | ST |
| TOBRADEX | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Not Covered | |
| tobramycin/dexamethasone | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Covered | |
| VERAMYST | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Not Covered | ST |
| ZYLET | Suspension | Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents | Not Covered | |
| antacid iii | Suspension | Gastrointestinal Drugs; Antacids and Adsorbents | Covered | |
| antacid | Suspension | Gastrointestinal Drugs; Antacids and Adsorbents | Covered | |
| bismatrol | Suspension | Gastrointestinal Drugs; Antidiarrhea Agents | Covered | |
| simethicone | Suspension | Gastrointestinal Drugs; Antiflatulents | Covered | |
| CARAFATE | Suspension | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Covered | |
| budesonide | Suspension | Hormones and Synthetic Substitutes; Adrenals | Covered | |
| PULMICORT | Suspension | Hormones and Synthetic Substitutes; Adrenals | Covered | |
| HUMALOG MIX 50/50 KWIKPEN | Suspension | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| HUMALOG MIX 50/50 | Suspension | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| HUMALOG MIX 75/25 KWIKPEN | Suspension | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|--|-------------|--|-----------------------|--------------------------|
| HUMALOG MIX 75/25 | Suspension | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| HUMULIN 70/30 PEN | Suspension | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| HUMULIN 70/30 | Suspension | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| HUMULIN N U-100 PEN | Suspension | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| HUMULIN N | Suspension | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| NOVOLIN 70/30 | Suspension | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| NOVOLIN N | Suspension | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN | Suspension | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| NOVOLOG MIX 70/30 | Suspension | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| FLUARIX 2011-2012 | Suspension | Serums, Toxoids and Vaccines; Vaccines | Not Covered | |
| FLUZONE HIGH-DOSE PF 2011- 2012 | Suspension | Serums, Toxoids and Vaccines; Vaccines | Not Covered | |
| FLUZONE PF 2011-2012 | Suspension | Serums, Toxoids and Vaccines; Vaccines | Not Covered | |
| ciclopirox | Suspension | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |
| NATROBA | Suspension | Skin and Mucous Membrane Preparations; Anti-infectives | Not Covered | ST |
| TACLONEX SCALP | Suspension | Skin and Mucous Membrane Preparations; Anti-inflammatory Agents | Not Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-----------------------------------|--------------------------|---------------------------------------|-----------------------|--------------------------|
| amoxicillin/clavulanate potassium | Suspension Reconstituted | Anti-infective Agents; Antibacterials | Covered | |
| amoxicillin/clavulanate potassium | Suspension Reconstituted | Anti-infective Agents; Antibacterials | Covered | |
| amoxicillin | Suspension Reconstituted | Anti-infective Agents; Antibacterials | Covered | |
| AMPICILLIN | Suspension Reconstituted | Anti-infective Agents; Antibacterials | Covered | |
| azithromycin | Suspension Reconstituted | Anti-infective Agents; Antibacterials | Covered | |
| cefdinir | Suspension Reconstituted | Anti-infective Agents; Antibacterials | Covered | |
| cefprozil | Suspension Reconstituted | Anti-infective Agents; Antibacterials | Covered | |
| cefuroxime axetil | Suspension Reconstituted | Anti-infective Agents; Antibacterials | Covered | |
| cephalexin | Suspension Reconstituted | Anti-infective Agents; Antibacterials | Covered | |
| clarithromycin | Suspension Reconstituted | Anti-infective Agents; Antibacterials | Covered | |
| ERYPED 400 | Suspension Reconstituted | Anti-infective Agents; Antibacterials | Covered | |
| erythromycin/sulfisoxazole | Suspension Reconstituted | Anti-infective Agents; Antibacterials | Covered | |
| SUPRAX | Suspension Reconstituted | Anti-infective Agents; Antibacterials | Covered | |
| ZMAX | Suspension Reconstituted | Anti-infective Agents; Antibacterials | Not Covered | |
| ZYVOX | Suspension Reconstituted | Anti-infective Agents; Antibacterials | Covered | PA |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|----------------------------------|-----------------------------|--|-----------------------|--------------------------|
| fluconazole | Suspension Reconstituted | Anti-infective Agents; Antifungals | Covered | |
| VFEND | Suspension Reconstituted | Anti-infective Agents; Antifungals | Covered | |
| ALINIA | Suspension Reconstituted | Anti-infective Agents; Antiprotozoals | Not Covered | |
| TAMIFLU | Suspension Reconstituted | Anti-infective Agents; Antivirals | Covered | QL |
| clemastine fumarate | Syrup | Antihistamine Drugs; First Generation Antihistamines | Covered | |
| cyproheptadine hcl | Syrup | Antihistamine Drugs; First Generation Antihistamines | Covered | |
| promethazine hcl plain | Syrup | Antihistamine Drugs; First Generation Antihistamines | Covered | |
| promethazine vc | Syrup | Antihistamine Drugs; First Generation Antihistamines | Covered | |
| cetirizine hcl childrens allergy | Syrup | Antihistamine Drugs; Second Generation Antihistamines | Covered | |
| childrens loratadine | Syrup | Antihistamine Drugs; Second Generation Antihistamines | Covered | |
| ZYRTEC CHILDRENS ALLERGY | Syrup | Antihistamine Drugs; Second Generation Antihistamines | Covered | |
| RETROVIR | Syrup | Anti-infective Agents; Antivirals | Covered | |
| zidovudine | Syrup | Anti-infective Agents; Antivirals | Covered | |
| albuterol sulfate | Syrup | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | |
| metaproterenol sulfate | Syrup | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|--------------------------|-------------|--|-----------------------|--------------------------|
| nasal decongestant | Syrup | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | |
| aminocaproic acid | Syrup | Blood Formation, Coagulation & Thrombosis; Antihemorrhagic Agents | Covered | |
| LITHIUM CITRATE | Syrup | Central Nervous System Agents; Antimanic Agents | Covered | |
| amantadine hcl | Syrup | Central Nervous System Agents; Antiparkinsonian Agents | Covered | |
| hydroxyzine hcl | Syrup | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| ranitidine hcl | Syrup | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Covered | |
| diocto | Syrup | Gastrointestinal Drugs; Cathartics and Laxatives | Covered | |
| IPECAC | Syrup | Gastrointestinal Drugs; Emetics | Covered | |
| tussin | Syrup | Respiratory Tract Agents; Expectorants | Covered | |
| oxybutynin chloride | Syrup | Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants | Covered | |
| chlorpheniramine maleate | Tablets | Antihistamine Drugs; First Generation Antihistamines | Covered | |
| clemastine fumarate | Tablets | Antihistamine Drugs; First Generation Antihistamines | Covered | |
| cyproheptadine hcl | Tablets | Antihistamine Drugs; First Generation Antihistamines | Covered | |
| diphenhist | Tablets | Antihistamine Drugs; First Generation Antihistamines | Covered | |
| diphenhydramine hcl | Tablets | Antihistamine Drugs; First Generation Antihistamines | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|--------------------------------------|-------------|--|-----------------------|--------------------------|
| genac | Tablets | Antihistamine Drugs; First Generation Antihistamines | Covered | |
| promethazine hcl | Tablets | Antihistamine Drugs; First Generation Antihistamines | Covered | |
| alavert | Tablets | Antihistamine Drugs; Second Generation Antihistamines | Covered | |
| cetirizine hcl | Tablets | Antihistamine Drugs; Second Generation Antihistamines | Covered | |
| fexofenadine hcl | Tablets | Antihistamine Drugs; Second Generation Antihistamines | Covered | |
| loratadine | Tablets | Antihistamine Drugs; Second Generation Antihistamines | Covered | |
| XYZAL | Tablets | Antihistamine Drugs; Second Generation Antihistamines | Not Covered | |
| STROMEKTOL | Tablets | Anti-infective Agents; Anthelmintics | Covered | QL |
| ADOXA | Tablets | Anti-infective Agents; Antibacterials | Not Covered | |
| amoxicillin/potassium clavulanate | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| amoxicillin/potassium clavulanate | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| amoxicillin | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| AVELOX | Tablets | Anti-infective Agents; Antibacterials | Not Covered | |
| azithromycin | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| cefadroxil | Tablets | Anti-infective Agents; Antibacterials | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-----------------------------|-------------|---------------------------------------|-----------------------|--------------------------|
| cefprozil | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| cefuroxime axetil | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| ciprofloxacin hcl | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| clarithromycin | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| demeclocycline hcl | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| DIFICID | Tablets | Anti-infective Agents; Antibacterials | Covered | ST |
| doxycycline hyclate | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| doxycycline monohydrate | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| ERYTHROCIN STEARATE | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| ERYTHROMYCIN BASE | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| ERYTHROMYCIN BASE | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| erythromycin ethylsuccinate | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| KETEK | Tablets | Anti-infective Agents; Antibacterials | Not Covered | |
| levofloxacin | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| minocycline hcl | Tablets | Anti-infective Agents; Antibacterials | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|----------------------------------|-------------|---------------------------------------|-----------------------|--------------------------|
| neomycin sulfate | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| ofloxacin | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| penicillin v potassium | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| SPECTRACEF | Tablets | Anti-infective Agents; Antibacterials | Not Covered | |
| sulfamethoxazole/trimethoprim ds | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| sulfamethoxazole/trimethoprim | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| sulfasalazine | Tablets | Anti-infective Agents; Antibacterials | Covered | |
| XIFAXAN | Tablets | Anti-infective Agents; Antibacterials | Covered | QL |
| ZYVOX | Tablets | Anti-infective Agents; Antibacterials | Covered | PA |
| fluconazole | Tablets | Anti-infective Agents; Antifungals | Covered | |
| GRIFULVIN V | Tablets | Anti-infective Agents; Antifungals | Covered | |
| GRIS-PEG | Tablets | Anti-infective Agents; Antifungals | Covered | |
| ketoconazole | Tablets | Anti-infective Agents; Antifungals | Covered | |
| nystatin | Tablets | Anti-infective Agents; Antifungals | Covered | |
| terbinafine hcl | Tablets | Anti-infective Agents; Antifungals | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|----------------------------|-------------|--|-----------------------|--------------------------|
| VFEND | Tablets | Anti-infective Agents; Antifungals | Covered | QL |
| ethambutol hcl | Tablets | Anti-infective Agents; Antimycobacterials | Covered | |
| isoniazid | Tablets | Anti-infective Agents; Antimycobacterials | Covered | |
| ALINIA | Tablets | Anti-infective Agents; Antiprotozoals | Not Covered | |
| chloroquine phosphate | Tablets | Anti-infective Agents; Antiprotozoals | Covered | |
| hydroxychloroquine sulfate | Tablets | Anti-infective Agents; Antiprotozoals | Covered | |
| mefloquine hcl | Tablets | Anti-infective Agents; Antiprotozoals | Covered | |
| metronidazole | Tablets | Anti-infective Agents; Antiprotozoals | Covered | |
| PRIMAQUINE PHOSPHATE | Tablets | Anti-infective Agents; Antiprotozoals | Covered | |
| acyclovir | Tablets | Anti-infective Agents; Antivirals | Covered | |
| ATRIPLA | Tablets | Anti-infective Agents; Antivirals | Covered | |
| BARACLUDE | Tablets | Anti-infective Agents; Antivirals | Not Covered | |
| COMBIVIR | Tablets | Anti-infective Agents; Antivirals | Covered | |
| COMPLERA | Tablets | Anti-infective Agents; Antivirals | Not Covered | |
| EDURANT | Tablets | Anti-infective Agents; Antivirals | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|------------------|-------------|-----------------------------------|-----------------------|--------------------------|
| EPIVIR | Tablets | Anti-infective Agents; Antivirals | Covered | |
| EPZICOM | Tablets | Anti-infective Agents; Antivirals | Covered | |
| famciclovir | Tablets | Anti-infective Agents; Antivirals | Covered | QL |
| HEPSERA | Tablets | Anti-infective Agents; Antivirals | Covered | ST |
| INCIVEK | Tablets | Anti-infective Agents; Antivirals | Covered | PA |
| INTELENCE | Tablets | Anti-infective Agents; Antivirals | Covered | ST |
| KALETRA | Tablets | Anti-infective Agents; Antivirals | Covered | |
| RESCRIPTOR | Tablets | Anti-infective Agents; Antivirals | Covered | |
| RETROVIR | Tablets | Anti-infective Agents; Antivirals | Covered | |
| ribavirin | Tablets | Anti-infective Agents; Antivirals | Covered | |
| rimantadine hcl | Tablets | Anti-infective Agents; Antivirals | Covered | |
| SUSTIVA | Tablets | Anti-infective Agents; Antivirals | Covered | |
| TRUVADA | Tablets | Anti-infective Agents; Antivirals | Covered | |
| TYZEKA | Tablets | Anti-infective Agents; Antivirals | Covered | ST |
| valacyclovir hcl | Tablets | Anti-infective Agents; Antivirals | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-----------------------|-------------|--|-----------------------|--------------------------|
| VALCYTE | Tablets | Anti-infective Agents; Antivirals | Covered | QL |
| VALTREX | Tablets | Anti-infective Agents; Antivirals | Covered | |
| VIRACEPT | Tablets | Anti-infective Agents; Antivirals | Covered | |
| VIRAMUNE | Tablets | Anti-infective Agents; Antivirals | Covered | |
| VIREAD | Tablets | Anti-infective Agents; Antivirals | Covered | |
| ZIAGEN | Tablets | Anti-infective Agents; Antivirals | Covered | |
| zidovudine | Tablets | Anti-infective Agents; Antivirals | Covered | |
| methenamine hippurate | Tablets | Anti-infective Agents; Urinary Anti-infectives | Covered | |
| trimethoprim | Tablets | Anti-infective Agents; Urinary Anti-infectives | Covered | |
| AFINITOR | Tablets | Antineoplastic Agents; | Covered | QL ST |
| ARIMIDEX | Tablets | Antineoplastic Agents; | Covered | |
| AROMASIN | Tablets | Antineoplastic Agents; | Covered | |
| bicalutamide | Tablets | Antineoplastic Agents; | Covered | |
| CAPRELSA | Tablets | Antineoplastic Agents; | Covered | PA |
| CASODEX | Tablets | Antineoplastic Agents; | Not Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-------------------|-------------|------------------------|-----------------------|--------------------------|
| CYCLOPHOSPHAMIDE | Tablets | Antineoplastic Agents; | Covered | |
| FEMARA | Tablets | Antineoplastic Agents; | Covered | QL |
| GLEEVEC | Tablets | Antineoplastic Agents; | Covered | |
| IRESSA | Tablets | Antineoplastic Agents; | Covered | PA |
| LEUKERAN | Tablets | Antineoplastic Agents; | Covered | |
| megestrol acetate | Tablets | Antineoplastic Agents; | Covered | |
| mercaptopurine | Tablets | Antineoplastic Agents; | Covered | |
| methotrexate | Tablets | Antineoplastic Agents; | Covered | |
| NEXAVAR | Tablets | Antineoplastic Agents; | Covered | |
| SPRYCEL | Tablets | Antineoplastic Agents; | Covered | ST |
| tamoxifen citrate | Tablets | Antineoplastic Agents; | Covered | |
| TARCEVA | Tablets | Antineoplastic Agents; | Covered | |
| TYKERB | Tablets | Antineoplastic Agents; | Covered | PA |
| VOTRIENT | Tablets | Antineoplastic Agents; | Covered | |
| XELODA | Tablets | Antineoplastic Agents; | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---------------------------------------|-------------|---|-----------------------|--------------------------|
| ZELBORAF | Tablets | Antineoplastic Agents; | Covered | PA |
| ZYTIGA | Tablets | Antineoplastic Agents; | Covered | PA |
| belladonna alkaloids/phenobarbital | Tablets | Autonomic Drugs; Anticholinergic Agents | Covered | |
| dicyclomine hcl | Tablets | Autonomic Drugs; Anticholinergic Agents | Covered | |
| glycopyrrolate | Tablets | Autonomic Drugs; Anticholinergic Agents | Covered | |
| hyoscyamine sulfate | Tablets | Autonomic Drugs; Anticholinergic Agents | Covered | |
| CHANTIX | Tablets | Autonomic Drugs; Autonomic Drugs, Miscellaneous | Covered | |
| ARICEPT | Tablets | Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents | Covered | |
| ARICEPT | Tablets | Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents | Covered | |
| bethanechol chloride | Tablets | Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents | Covered | |
| donepezil hcl | Tablets | Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents | Covered | |
| galantamine hydrobromide | Tablets | Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents | Covered | |
| pilocarpine hcl | Tablets | Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents | Covered | |
| pilocarpine hydrochloride | Tablets | Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents | Covered | |
| pyridostigmine bromide | Tablets | Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|------------------------|-------------|--|-----------------------|--------------------------|
| baclofen | Tablets | Autonomic Drugs; Skeletal Muscle Relaxants | Covered | |
| carisoprodol/aspirin | Tablets | Autonomic Drugs; Skeletal Muscle Relaxants | Covered | |
| carisoprodol | Tablets | Autonomic Drugs; Skeletal Muscle Relaxants | Covered | |
| chlorzoxazone | Tablets | Autonomic Drugs; Skeletal Muscle Relaxants | Covered | QL |
| cyclobenzaprine hcl | Tablets | Autonomic Drugs; Skeletal Muscle Relaxants | Covered | |
| metaxalone | Tablets | Autonomic Drugs; Skeletal Muscle Relaxants | Covered | |
| methocarbamol | Tablets | Autonomic Drugs; Skeletal Muscle Relaxants | Covered | |
| tizanidine hcl | Tablets | Autonomic Drugs; Skeletal Muscle Relaxants | Covered | |
| albuterol sulfate | Tablets | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | |
| METAPROTERENOL SULFATE | Tablets | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | |
| midodrine hcl | Tablets | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | |
| pseudoephedrine hcl | Tablets | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | |
| terbutaline sulfate | Tablets | Autonomic Drugs; Sympathomimetic (Adrenergic) Agents | Covered | |
| FERREX 28 | Tablets | Blood Formation,Coagulation & Thrombosis; Antianemia Drugs | Not Covered | |
| ferrous gluconate | Tablets | Blood Formation,Coagulation & Thrombosis; Antianemia Drugs | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|----------------------|-------------|--|-----------------------|--------------------------|
| ferrous sulfate | Tablets | Blood Formation,Coagulation & Thrombosis; Antianemia Drugs | Covered | |
| aminocaproic acid | Tablets | Blood Formation,Coagulation & Thrombosis; Antihemorrhagic Agents | Covered | |
| LYSTEDA | Tablets | Blood Formation,Coagulation & Thrombosis; Antihemorrhagic Agents | Covered | ST |
| BRILINTA | Tablets | Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents | Covered | |
| cilostazol | Tablets | Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents | Covered | |
| COUMADIN | Tablets | Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents | Covered | |
| EFFIENT | Tablets | Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents | Covered | |
| PLAVIX | Tablets | Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents | Covered | |
| ticlopidine hcl | Tablets | Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents | Not Covered | |
| warfarin sodium | Tablets | Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents | Covered | |
| XARELTO | Tablets | Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents | Covered | |
| PROMACTA | Tablets | Blood Formation,Coagulation & Thrombosis; Hematopoietic Agents | Covered | PA |
| doxazosin mesylate | Tablets | Cardiovascular Drugs; alpha-Adrenergic Blocking Agents | Covered | |
| atorvastatin calcium | Tablets | Cardiovascular Drugs; Antilipemic Agents | Covered | |
| COLESTID | Tablets | Cardiovascular Drugs; Antilipemic Agents | Not Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-------------------------|-------------|---|-----------------------|--------------------------|
| colestipol hcl | Tablets | Cardiovascular Drugs; Antilipemic Agents | Covered | |
| CRESTOR | Tablets | Cardiovascular Drugs; Antilipemic Agents | Covered | |
| fenofibrate | Tablets | Cardiovascular Drugs; Antilipemic Agents | Covered | |
| FENOFIBRIC ACID | Tablets | Cardiovascular Drugs; Antilipemic Agents | Covered | |
| FENOGLIDE | Tablets | Cardiovascular Drugs; Antilipemic Agents | Not Covered | |
| FIBRICOR | Tablets | Cardiovascular Drugs; Antilipemic Agents | Not Covered | |
| gemfibrozil | Tablets | Cardiovascular Drugs; Antilipemic Agents | Covered | |
| LIPITOR | Tablets | Cardiovascular Drugs; Antilipemic Agents | Not Covered | |
| LOFIBRA | Tablets | Cardiovascular Drugs; Antilipemic Agents | Not Covered | |
| lovastatin | Tablets | Cardiovascular Drugs; Antilipemic Agents | Covered | |
| pravastatin sodium | Tablets | Cardiovascular Drugs; Antilipemic Agents | Covered | |
| simvastatin | Tablets | Cardiovascular Drugs; Antilipemic Agents | Covered | |
| TRICOR | Tablets | Cardiovascular Drugs; Antilipemic Agents | Not Covered | |
| VYTORIN | Tablets | Cardiovascular Drugs; Antilipemic Agents | Not Covered | |
| atenolol/chlorthalidone | Tablets | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---|-------------|---|-----------------------|--------------------------|
| atenolol | Tablets | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | |
| betaxolol hcl | Tablets | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | |
| bisoprolol fumarate/hydrochlorothiazide | Tablets | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | |
| bisoprolol fumarate | Tablets | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | |
| BYSTOLIC | Tablets | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Not Covered | |
| carvedilol | Tablets | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | |
| labetalol hcl | Tablets | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | |
| LEVATOL | Tablets | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | |
| metoprolol tartrate | Tablets | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | |
| metoprolol/hydrochlorothiazide | Tablets | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | |
| nadolol | Tablets | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | |
| PINDOLOL | Tablets | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | |
| propranolol hcl | Tablets | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | |
| PROPRANOLOL/HYDROCHLOROTHIAZIDE | Tablets | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | |
| sotalol hcl | Tablets | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---------------------|-------------|---|-----------------------|--------------------------|
| TIMOLOL MALEATE | Tablets | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | |
| amlodipine besylate | Tablets | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| AZOR | Tablets | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | ST |
| diltiazem hcl | Tablets | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| EXFORGE HCT | Tablets | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | ST |
| EXFORGE | Tablets | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | ST |
| TRIBENZOR | Tablets | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Not Covered | |
| TWYNSTA | Tablets | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Not Covered | |
| verapamil hcl | Tablets | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| amiodarone hcl | Tablets | Cardiovascular Drugs; Cardiac Drugs | Covered | |
| digoxin | Tablets | Cardiovascular Drugs; Cardiac Drugs | Covered | |
| flecainide acetate | Tablets | Cardiovascular Drugs; Cardiac Drugs | Covered | |
| MULTAQ | Tablets | Cardiovascular Drugs; Cardiac Drugs | Covered | |
| propafenone hcl | Tablets | Cardiovascular Drugs; Cardiac Drugs | Covered | |
| quinidine sulfate | Tablets | Cardiovascular Drugs; Cardiac Drugs | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|------------------------------------|-------------|---|-----------------------|--------------------------|
| clonidine hcl | Tablets | Cardiovascular Drugs; Hypotensive Agents | Covered | |
| guanfacine hcl | Tablets | Cardiovascular Drugs; Hypotensive Agents | Covered | |
| hydralazine hcl | Tablets | Cardiovascular Drugs; Hypotensive Agents | Covered | |
| METHYLDOPA/HYDROCHLOROTHIAZIDE | Tablets | Cardiovascular Drugs; Hypotensive Agents | Covered | |
| methyldopa | Tablets | Cardiovascular Drugs; Hypotensive Agents | Covered | |
| minoxidil | Tablets | Cardiovascular Drugs; Hypotensive Agents | Covered | |
| AMTURNIDE | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | QL |
| benazepril hcl/hydrochlorothiazide | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | |
| benazepril hcl | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | |
| BENICAR HCT | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | ST |
| BENICAR | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | ST |
| captopril/hydrochlorothiazide | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | |
| captopril | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | |
| DIOVAN HCT | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | ST |
| DIOVAN HCT | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | ST |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|--|-------------|---|-----------------------|--------------------------|
| DIOVAN | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | ST |
| DIOVAN | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | ST |
| EDARBI | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Not Covered | |
| enalapril maleate/hydrochlorothiazide | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | |
| enalapril maleate | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | |
| eplerenone | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | QL |
| fosinopril sodium/hydrochlorothiazide | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | |
| fosinopril sodium | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | |
| lisinopril/hydrochlorothiazide | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | |
| lisinopril | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | |
| losartan potassium/hydrochlorothiazide | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | |
| losartan potassium | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | |
| moexipril hcl | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | |
| moexipril/hydrochlorothiazide | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | |
| quinapril hcl | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|------------------------------------|-------------|---|-----------------------|--------------------------|
| quinapril/hydrochlorothiazide | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | |
| spironolactone/hydrochlorothiazide | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | |
| spironolactone | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | |
| TEKAMLO | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | ST |
| TEKTURNA HCT | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | ST |
| TEKTURNA | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | ST |
| trandolapril | Tablets | Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib | Covered | |
| ADCIRCA | Tablets | Cardiovascular Drugs; Vasodilating Agents | Covered | PA |
| BIDIL | Tablets | Cardiovascular Drugs; Vasodilating Agents | Covered | |
| dipyridamole | Tablets | Cardiovascular Drugs; Vasodilating Agents | Covered | |
| isosorbide dinitrate | Tablets | Cardiovascular Drugs; Vasodilating Agents | Covered | |
| isosorbide mononitrate | Tablets | Cardiovascular Drugs; Vasodilating Agents | Covered | |
| LETAIRIS | Tablets | Cardiovascular Drugs; Vasodilating Agents | Covered | |
| REVATIO | Tablets | Cardiovascular Drugs; Vasodilating Agents | Covered | PA |
| TRACLEER | Tablets | Cardiovascular Drugs; Vasodilating Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---|-------------|---|-----------------------|--------------------------|
| acetaminophen/codeine #3 | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| acetaminophen/codeine | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| acetaminophen | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| ARTHROTEC 50 | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Not Covered | |
| ARTHROTEC 75 | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Not Covered | |
| aspirin | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| butalbital/acetaminophen/caff eine | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| butalbital/aspirin/caffeine | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| choline magnesium trisalicylate | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| diclofenac potassium | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| DIFLUNISAL | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| DUEXIS | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Not Covered | ST |
| etodolac | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| flurbiprofen | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| hydrocodone bitartrate/acetaminophen | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---------------------------|-------------|---|-----------------------|--------------------------|
| hydrocodone/acetaminophen | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| hydrocodone/acetaminophen | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| hydrocodone/ibuprofen | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | QL |
| hydromorphone hcl | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| ibuprofen | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| ibuprofen | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| ketorolac tromethamine | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | QL |
| meloxicam | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| methadone hcl | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| migraine formula | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| MORPHINE SULFATE | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| nabumetone | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| naproxen sodium | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| naproxen | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| NUCYNTA | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Not Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-----------------------------|-------------|---|-----------------------|--------------------------|
| OPANA | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Not Covered | |
| ORPHENADRINE COMPOUND DS | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| oxaprozin | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| OXYCODONE HCL | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| oxycodone hcl | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| oxycodone/acetaminophen | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| oxycodone/acetaminophen | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| oxycodone/aspirin | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| oxymorphone hydrochloride | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| pentazocine/acetaminophen | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| pentazocine/naloxone hcl | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| roxicet | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| salsalate | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| sulindac | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| TOLMETIN SODIUM | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-------------------------------|-------------|--|-----------------------|--------------------------|
| tramadol hcl | Tablets | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| amphetamine/dextroamphetamine | Tablets | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Covered | |
| amphetamine/dextroamphetamine | Tablets | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Covered | |
| dexmethylphenidate hcl | Tablets | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Covered | |
| dextroamphetamine sulfate | Tablets | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Covered | |
| methylphenidate hcl | Tablets | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Covered | |
| NUVIGIL | Tablets | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Not Covered | |
| phentermine hcl | Tablets | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Not Covered | |
| PROVIGIL | Tablets | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Covered | PA |
| BANZEL | Tablets | Central Nervous System Agents; Anticonvulsants | Covered | PA |
| carbamazepine | Tablets | Central Nervous System Agents; Anticonvulsants | Covered | |
| clonazepam | Tablets | Central Nervous System Agents; Anticonvulsants | Covered | |
| FELBATOL | Tablets | Central Nervous System Agents; Anticonvulsants | Covered | |
| gabapentin | Tablets | Central Nervous System Agents; Anticonvulsants | Covered | |
| GABITRIL | Tablets | Central Nervous System Agents; Anticonvulsants | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|------------------------------|-------------|---|-----------------------|--------------------------|
| KEPPRA | Tablets | Central Nervous System Agents; Anticonvulsants | Not Covered | |
| LAMICTAL | Tablets | Central Nervous System Agents; Anticonvulsants | Not Covered | |
| lamotrigine | Tablets | Central Nervous System Agents; Anticonvulsants | Covered | |
| levetiracetam | Tablets | Central Nervous System Agents; Anticonvulsants | Covered | |
| oxcarbazepine | Tablets | Central Nervous System Agents; Anticonvulsants | Covered | |
| PEGANONE | Tablets | Central Nervous System Agents; Anticonvulsants | Covered | |
| primidone | Tablets | Central Nervous System Agents; Anticonvulsants | Covered | |
| TOPAMAX | Tablets | Central Nervous System Agents; Anticonvulsants | Not Covered | |
| topiramate | Tablets | Central Nervous System Agents; Anticonvulsants | Covered | |
| TRILEPTAL | Tablets | Central Nervous System Agents; Anticonvulsants | Not Covered | |
| VIMPAT | Tablets | Central Nervous System Agents; Anticonvulsants | Covered | PA |
| ergotamine tartrate/caffeine | Tablets | Central Nervous System Agents; Antimigraine Agents | Covered | |
| IMITREX | Tablets | Central Nervous System Agents; Antimigraine Agents | Not Covered | QL |
| MAXALT | Tablets | Central Nervous System Agents; Antimigraine Agents | Covered | QL |
| naratriptan hcl | Tablets | Central Nervous System Agents; Antimigraine Agents | Covered | QL |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-----------------------------|-------------|---|-----------------------|--------------------------|
| RELPAX | Tablets | Central Nervous System Agents; Antimigraine Agents | Covered | QL ST |
| sumatriptan succinate | Tablets | Central Nervous System Agents; Antimigraine Agents | Covered | QL |
| TREXIMET | Tablets | Central Nervous System Agents; Antimigraine Agents | Not Covered | QL |
| ZOMIG | Tablets | Central Nervous System Agents; Antimigraine Agents | Covered | QL ST |
| benzotropine mesylate | Tablets | Central Nervous System Agents; Antiparkinsonian Agents | Covered | |
| bromocriptine mesylate | Tablets | Central Nervous System Agents; Antiparkinsonian Agents | Covered | |
| cabergoline | Tablets | Central Nervous System Agents; Antiparkinsonian Agents | Covered | |
| carbidopa/levodopa | Tablets | Central Nervous System Agents; Antiparkinsonian Agents | Covered | |
| MIRAPEX | Tablets | Central Nervous System Agents; Antiparkinsonian Agents | Not Covered | |
| pramipexole dihydrochloride | Tablets | Central Nervous System Agents; Antiparkinsonian Agents | Covered | |
| REQUIP | Tablets | Central Nervous System Agents; Antiparkinsonian Agents | Not Covered | |
| ropinirole hcl | Tablets | Central Nervous System Agents; Antiparkinsonian Agents | Covered | |
| selegiline hcl | Tablets | Central Nervous System Agents; Antiparkinsonian Agents | Covered | |
| trihexyphenidyl hcl | Tablets | Central Nervous System Agents; Antiparkinsonian Agents | Covered | |
| alprazolam | Tablets | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-------------------------|-------------|---|-----------------------|--------------------------|
| bupirone hcl | Tablets | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| BUTISOL SODIUM | Tablets | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| clorazepate dipotassium | Tablets | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| diazepam | Tablets | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| DORAL | Tablets | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | PA |
| estazolam | Tablets | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | QL |
| hydroxyzine hcl | Tablets | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| lorazepam | Tablets | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| LUNESTA | Tablets | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | QL PA |
| meprobamate | Tablets | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | PA |
| phenobarbital | Tablets | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| phenobarbital | Tablets | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | |
| ROZEREM | Tablets | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | QL PA |
| triazolam | Tablets | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | QL |
| zolpidem tartrate | Tablets | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | QL |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|--------------------------------|-------------|--|-----------------------|--------------------------|
| NAMENDA TITRATION PAK | Tablets | Central Nervous System Agents; Central Nervous System Agents, Misc | Covered | |
| NAMENDA | Tablets | Central Nervous System Agents; Central Nervous System Agents, Misc | Covered | |
| RILUTEK | Tablets | Central Nervous System Agents; Central Nervous System Agents, Misc | Covered | QL |
| XENAZINE | Tablets | Central Nervous System Agents; Central Nervous System Agents, Misc | Covered | QL |
| SAVELLA | Tablets | Central Nervous System Agents; Fibromyalgia Agents | Covered | ST |
| naltrexone hcl | Tablets | Central Nervous System Agents; Opiate Antagonists | Covered | |
| ABILIFY | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| amitriptyline hcl | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| AMOXAPINE | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| bupropion hcl | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | PA |
| CELEXA | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Not Covered | |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| chlorpromazine hcl | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| citalopram hydrobromide | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| citalopram hydrobromide | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---------------------|-------------|--|-----------------------|--------------------------|
| clozapine | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| desipramine hcl | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| desipramine hcl | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| fluoxetine hcl | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| fluoxetine hcl | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| fluphenazine hcl | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| fluvoxamine maleate | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| haloperidol | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| imipramine hcl | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| LEXAPRO | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| MAPROTILINE HCL | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| MARPLAN | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | PA |
| mirtazapine | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| NARDIL | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | PA |
| NEFAZODONE HCL | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|----------------------------|-------------|--|-----------------------|--------------------------|
| paroxetine hcl | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| PAXIL | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Not Covered | |
| PERPHENAZINE/AMITRIPTYLINE | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| perphenazine | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| PEXEVA | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| prochlorperazine maleate | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| protriptyline hcl | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| RISPERDAL | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Not Covered | |
| risperidone | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| SEROQUEL | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| sertraline hcl | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| SILENOR | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | ST |
| SILENOR | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Not Covered | |
| thioridazine hcl | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| tranylcypromine sulfate | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | PA |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-------------------------------|-------------|--|-----------------------|--------------------------|
| trazodone hcl | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| trazodone hcl | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| venlafaxine hcl | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| VIIBRYD | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Not Covered | ST |
| VIVACTIL | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Not Covered | |
| ZOLOFT | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Not Covered | |
| ZYPREXA | Tablets | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| CARBAGLU | Tablets | Electrolytic, Caloric, and Water Balance; Ammonia Detoxicants | Covered | PA |
| amiloride hcl | Tablets | Electrolytic, Caloric, and Water Balance; Diuretics | Covered | |
| amiloride/hydrochlorothiazide | Tablets | Electrolytic, Caloric, and Water Balance; Diuretics | Covered | |
| bumetanide | Tablets | Electrolytic, Caloric, and Water Balance; Diuretics | Covered | |
| chlorothiazide | Tablets | Electrolytic, Caloric, and Water Balance; Diuretics | Covered | |
| chlorthalidone | Tablets | Electrolytic, Caloric, and Water Balance; Diuretics | Covered | |
| EDECIN | Tablets | Electrolytic, Caloric, and Water Balance; Diuretics | Covered | |
| furosemide | Tablets | Electrolytic, Caloric, and Water Balance; Diuretics | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---------------------------------|-------------|---|-----------------------|--------------------------|
| hydrochlorothiazide | Tablets | Electrolytic, Caloric, and Water Balance; Diuretics | Covered | |
| indapamide | Tablets | Electrolytic, Caloric, and Water Balance; Diuretics | Covered | |
| metolazone | Tablets | Electrolytic, Caloric, and Water Balance; Diuretics | Covered | |
| MIDAMOR | Tablets | Electrolytic, Caloric, and Water Balance; Diuretics | Not Covered | |
| SAMSCA | Tablets | Electrolytic, Caloric, and Water Balance; Diuretics | Covered | PA |
| toremide | Tablets | Electrolytic, Caloric, and Water Balance; Diuretics | Covered | |
| triamterene/hydrochlorothiazide | Tablets | Electrolytic, Caloric, and Water Balance; Diuretics | Covered | |
| RENAGEL | Tablets | Electrolytic, Caloric, and Water Balance; Ion-removing Agents | Covered | ST |
| RENVELA | Tablets | Electrolytic, Caloric, and Water Balance; Ion-removing Agents | Covered | QL ST |
| calcarb 600 | Tablets | Electrolytic, Caloric, and Water Balance; Replacement Preparations | Covered | |
| calcium carbonate | Tablets | Electrolytic, Caloric, and Water Balance; Replacement Preparations | Covered | |
| oyster shell calcium/vitamin d | Tablets | Electrolytic, Caloric, and Water Balance; Replacement Preparations | Covered | |
| oyster-d | Tablets | Electrolytic, Caloric, and Water Balance; Replacement Preparations | Covered | |
| probenecid | Tablets | Electrolytic, Caloric, and Water Balance; Uricosuric Agents | Covered | |
| acetazolamide | Tablets | Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|------------------------|-------------|---|-----------------------|--------------------------|
| methazolamide | Tablets | Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents | Covered | |
| CALCIUM CARBONATE | Tablets | Gastrointestinal Drugs; Antacids and Adsorbents | Covered | |
| diphenoxylate/atropine | Tablets | Gastrointestinal Drugs; Antidiarrhea Agents | Covered | |
| granisetron hcl | Tablets | Gastrointestinal Drugs; Antiemetics | Covered | QL |
| meclizine hcl | Tablets | Gastrointestinal Drugs; Antiemetics | Covered | |
| ondansetron hcl | Tablets | Gastrointestinal Drugs; Antiemetics | Covered | QL |
| LOTRONEX | Tablets | Gastrointestinal Drugs; Anti- inflammatory Agents | Covered | |
| cimetidine | Tablets | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Covered | |
| famotidine | Tablets | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Covered | |
| misoprostol | Tablets | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Covered | |
| ranitidine hcl | Tablets | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Covered | |
| sucralfate | Tablets | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Covered | |
| doc-q-lax | Tablets | Gastrointestinal Drugs; Cathartics and Laxatives | Covered | |
| senna laxative | Tablets | Gastrointestinal Drugs; Cathartics and Laxatives | Covered | |
| senna-gen | Tablets | Gastrointestinal Drugs; Cathartics and Laxatives | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-------------------------|-------------|---|-----------------------|--------------------------|
| ursodiol | Tablets | Gastrointestinal Drugs; Cholelitholytic Agents | Covered | |
| metoclopramide hcl | Tablets | Gastrointestinal Drugs; Prokinetic Agents | Covered | |
| metoclopramide hcl | Tablets | Gastrointestinal Drugs; Prokinetic Agents | Covered | |
| dexamethasone | Tablets | Hormones and Synthetic Substitutes; Adrenals | Covered | |
| dexamethasone | Tablets | Hormones and Synthetic Substitutes; Adrenals | Covered | |
| fludrocortisone acetate | Tablets | Hormones and Synthetic Substitutes; Adrenals | Covered | |
| hydrocortisone | Tablets | Hormones and Synthetic Substitutes; Adrenals | Covered | |
| hydrocortisone | Tablets | Hormones and Synthetic Substitutes; Adrenals | Covered | |
| MEDROL | Tablets | Hormones and Synthetic Substitutes; Adrenals | Not Covered | |
| methylprednisolone | Tablets | Hormones and Synthetic Substitutes; Adrenals | Covered | |
| prednisone | Tablets | Hormones and Synthetic Substitutes; Adrenals | Covered | |
| acarbose | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| ACTOPLUS MET | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| ACTOS | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| AVANDAMET | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-------------------------|-------------|--|-----------------------|--------------------------|
| AVANDARYL | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| AVANDIA | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| chlorpropamide | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| CYCLOSET | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Not Covered | |
| DUETACT | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| glimepiride | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| glipizide/metformin hcl | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| glipizide | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| glyburide micronized | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| glyburide/metformin hcl | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| glyburide/metformin hcl | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| glyburide | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| JANUMET | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | PA |
| JANUVIA | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| metformin hcl | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-------------|-------------|--|-----------------------|--------------------------|
| ONGLYZA | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | ST |
| PRANDIMET | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Not Covered | |
| PRANDIN | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Not Covered | |
| PRECOSE | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Not Covered | |
| STARLIX | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Not Covered | |
| TOLAZAMIDE | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| TOLBUTAMIDE | Tablets | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| apri | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| aviane | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| balziva | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| BEYAZ | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Not Covered | |
| BREVICON-28 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| camila | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| cryselle-28 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| ELLA | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-------------------|-------------|---|-----------------------|--------------------------|
| enpresse-28 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| errin | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| jolivette | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| junel 1.5/30 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| junel 1/20 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| junel fe 1.5/30 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| junel fe 1/20 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| kariva | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| lessina-28 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| levora 0.15/30-28 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| LOESTRIN 24 FE | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Not Covered | ST |
| LOSEASONIQUE | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Not Covered | |
| low-ogestrel | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| lutera | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| LYBREL | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Not Covered | ST |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-----------------------|-------------|---|-----------------------|--------------------------|
| microgestin 1.5/30 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| microgestin 1/20 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| microgestin fe 1.5/30 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| microgestin fe | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| mononessa | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| NATAZIA | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | ST |
| necon 0.5/35-28 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| necon 1/35-28 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| NECON 1/50-28 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| NECON 10/11-28 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| necon 7/7/7 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| next choice | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| nora-be | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| nortrel 1/35 (21) | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| nortrel 7/7/7 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-----------------|-------------|---|-----------------------|--------------------------|
| ocella | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| OGESTREL | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| OVCON-50 28 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | ST |
| PLAN B ONE-STEP | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| PLAN B | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Not Covered | |
| portia-28 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| reclipsen | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| SAFYRAL | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Not Covered | |
| solia | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| sprintec 28 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| sronyx | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| trinessa | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| tri-sprintec | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| trivora-28 | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| velivet | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---|-------------|--|-----------------------|--------------------------|
| zenchent | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| zovia 1/35e | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| ZOVIA 1/50E | Tablets | Hormones and Synthetic Substitutes; Contraceptives | Covered | |
| estradiol/norethindrone acetate | Tablets | Hormones and Synthetic Substitutes; Estrogens and Antiestrogens | Covered | |
| estradiol | Tablets | Hormones and Synthetic Substitutes; Estrogens and Antiestrogens | Covered | |
| estropipate | Tablets | Hormones and Synthetic Substitutes; Estrogens and Antiestrogens | Covered | |
| EVISTA | Tablets | Hormones and Synthetic Substitutes; Estrogens and Antiestrogens | Covered | QL |
| FEMHRT LOW DOSE | Tablets | Hormones and Synthetic Substitutes; Estrogens and Antiestrogens | Covered | |
| jinteli | Tablets | Hormones and Synthetic Substitutes; Estrogens and Antiestrogens | Covered | |
| methyltestosterone/esterified estrogens hs | Tablets | Hormones and Synthetic Substitutes; Estrogens and Antiestrogens | Covered | |
| methyltestosterone/esterified estrogens | Tablets | Hormones and Synthetic Substitutes; Estrogens and Antiestrogens | Covered | |
| PREMARIN | Tablets | Hormones and Synthetic Substitutes; Estrogens and Antiestrogens | Covered | |
| PREMPHASE | Tablets | Hormones and Synthetic Substitutes; Estrogens and Antiestrogens | Covered | |
| PREMPRO | Tablets | Hormones and Synthetic Substitutes; Estrogens and Antiestrogens | Covered | |
| desmopressin acetate | Tablets | Hormones and Synthetic Substitutes; Pituitary | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-----------------------------|-------------|---|-----------------------|--------------------------|
| medroxyprogesterone acetate | Tablets | Hormones and Synthetic Substitutes; Progestins | Covered | |
| norethindrone acetate | Tablets | Hormones and Synthetic Substitutes; Progestins | Covered | |
| ARMOUR THYROID | Tablets | Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents | Covered | |
| ARMOUR THYROID | Tablets | Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents | Covered | |
| levothyroxine sodium | Tablets | Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents | Covered | |
| levothyroxine sodium | Tablets | Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents | Covered | |
| levoxyl | Tablets | Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents | Covered | |
| liothyronine sodium | Tablets | Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents | Covered | |
| methimazole | Tablets | Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents | Covered | |
| NATURE-THROID | Tablets | Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents | Covered | |
| propylthiouracil | Tablets | Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents | Covered | |
| WESTHROID | Tablets | Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents | Covered | |
| finasteride | Tablets | Miscellaneous Therapeutic Agents; Alcohol Deterrents | Covered | |
| ANTABUSE | Tablets | Miscellaneous Therapeutic Agents; Alcohol Deterrents | Covered | |
| leucovorin calcium | Tablets | Miscellaneous Therapeutic Agents; Antidotes | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-----------------------|-------------|---|-----------------------|--------------------------|
| allopurinol | Tablets | Miscellaneous Therapeutic Agents; Antigout Agents | Covered | |
| allopurinol | Tablets | Miscellaneous Therapeutic Agents; Antigout Agents | Covered | |
| ULORIC | Tablets | Miscellaneous Therapeutic Agents; Antigout Agents | Covered | ST |
| ACTONEL | Tablets | Miscellaneous Therapeutic Agents; Bone Resorption Inhibitors | Not Covered | |
| alendronate sodium | Tablets | Miscellaneous Therapeutic Agents; Bone Resorption Inhibitors | Covered | |
| BONIVA | Tablets | Miscellaneous Therapeutic Agents; Bone Resorption Inhibitors | Covered | ST |
| FOSAMAX | Tablets | Miscellaneous Therapeutic Agents; Bone Resorption Inhibitors | Not Covered | |
| leflunomide | Tablets | Miscellaneous Therapeutic Agents; Disease-modifying Antirheumatic Agents | Covered | |
| azathioprine | Tablets | Miscellaneous Therapeutic Agents; Immunosuppressive Agents | Covered | |
| mycophenolate mofetil | Tablets | Miscellaneous Therapeutic Agents; Immunosuppressive Agents | Covered | |
| MESNEX | Tablets | Miscellaneous Therapeutic Agents; Protective Agents | Covered | |
| METHERGINE | Tablets | Oxytocics | Covered | |
| ACCOLATE | Tablets | Respiratory Tract Agents; Anti- inflammatory Agents | Not Covered | |
| SINGULAIR | Tablets | Respiratory Tract Agents; Anti- inflammatory Agents | Covered | QL |
| zafirlukast | Tablets | Respiratory Tract Agents; Anti- inflammatory Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---------------------|-------------|--|-----------------------|--------------------------|
| DALIRESP | Tablets | Respiratory Tract Agents; Phosphodiesterase Type 4 Inhibitors | Not Covered | |
| phenazopyridine hcl | Tablets | Skin and Mucous Membrane Preparations; Antipruritics and Local Anesthetics | Covered | |
| urelief plus | Tablets | Skin and Mucous Membrane Preparations; Antipruritics and Local Anesthetics | Covered | |
| DETROL | Tablets | Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants | Not Covered | |
| flavoxate hcl | Tablets | Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants | Covered | |
| oxybutynin chloride | Tablets | Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants | Covered | |
| SANCTURA | Tablets | Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants | Covered | QL ST |
| tropium chloride | Tablets | Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants | Covered | |
| VESICARE | Tablets | Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants | Not Covered | |
| INATAL ADVANCE | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| INATAL GT | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| INATAL ULTRA | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| LACTOCAL-F | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| M-VIT | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| MYNATAL ADVANCE | Tablets | Vitamins; Multivitamin Preparations | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---------------------|-------------|-------------------------------------|-----------------------|--------------------------|
| MYNATAL PLUS | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| MYNATAL ULTRACAPLET | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| MYNATAL-Z | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| PRENAFIRST | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| PRENATABS FA | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| PRENATABS RX | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| PRENATAL AD | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| PRENATAL PLUS/IRON | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| PRENATAL PLUS | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| PRENATAL VITAMINS | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| TRICARE | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| TRINATE | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| ULTRA TABS | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| VINATE AZ | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| VINATE GT | Tablets | Vitamins; Multivitamin Preparations | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---|------------------------------------|--|-----------------------|--------------------------|
| VINATE M | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| VINATE ONE | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| VINATE ULTRA | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| VITAFOL-OB | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| VITAFOL-PN | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| VOL-NATE | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| VOL-TAB RX | Tablets | Vitamins; Multivitamin Preparations | Covered | |
| folbic | Tablets | Vitamins; Vitamin B Complex | Covered | |
| folic acid | Tablets | Vitamins; Vitamin B Complex | Covered | |
| niacin | Tablets | Vitamins; Vitamin B Complex | Covered | |
| vitamin d | Tablets | Vitamins; Vitamin D | Covered | |
| MEPHYTON | Tablets | Vitamins; Vitamin K Activity | Covered | |
| alavert allergy/sinus | Tablet Extended Release 12 Hour | Antihistamine Drugs; Second Generation Antihistamines | Covered | |
| ALLEGRA-D 12 HOUR ALLERGY & CONGESTION | Tablet Extended Release 12 Hour | Antihistamine Drugs; Second Generation Antihistamines | Not Covered | |
| cetirizine hcl/pseudoephedrine hcl er | Tablet Extended Release 12 Hour | Antihistamine Drugs; Second Generation Antihistamines | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---------------------------------|------------------------------------|---|-----------------------|--------------------------|
| ZYRTEC-D ALLERGY/CONGESTION | Tablet Extended Release 12 Hour | Antihistamine Drugs; Second Generation Antihistamines | Covered | |
| CEFACLOR ER | Tablet Extended Release 12 Hour | Anti-infective Agents; Antibacterials | Covered | |
| hyoscyamine sulfate sr | Tablet Extended Release 12 Hour | Autonomic Drugs; Anticholinergic Agents | Covered | |
| orphenadrine citrate er | Tablet Extended Release 12 Hour | Autonomic Drugs; Skeletal Muscle Relaxants | Covered | |
| KAPVAY | Tablet Extended Release 12 Hour | Cardiovascular Drugs; Hypotensive Agents | Covered | QL ST |
| morphine sulfate er | Tablet Extended Release 12 Hour | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| NUCYNTA ER | Tablet Extended Release 12 Hour | Central Nervous System Agents; Analgesics and Antipyretics | Not Covered | |
| OPANA ER | Tablet Extended Release 12 Hour | Central Nervous System Agents; Analgesics and Antipyretics | Not Covered | |
| OXYCONTIN | Tablet Extended Release 12 Hour | Central Nervous System Agents; Analgesics and Antipyretics | Covered | QL PA |
| OXYMORPHONE HYDROCHLORIDE ER | Tablet Extended Release 12 Hour | Central Nervous System Agents; Analgesics and Antipyretics | Covered | QL |
| carbamazepine er | Tablet Extended Release 12 Hour | Central Nervous System Agents; Anticonvulsants | Covered | |
| TEGRETOL-XR | Tablet Extended Release 12 Hour | Central Nervous System Agents; Anticonvulsants | Covered | |
| TEGRETOL-XR | Tablet Extended Release 12 Hour | Central Nervous System Agents; Anticonvulsants | Not Covered | |
| budeprion sr | Tablet Extended Release 12 Hour | Central Nervous System Agents; Psychotherapeutic Agents | Covered | QL |
| buproban | Tablet Extended Release 12 Hour | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---|------------------------------------|---|-----------------------|--------------------------|
| bupropion hcl sr | Tablet Extended Release 12 Hour | Central Nervous System Agents; Psychotherapeutic Agents | Covered | QL |
| AMPYRA | Tablet Extended Release 12 Hour | Miscellaneous Therapeutic Agents; Other Miscellaneous Therapeutic Agents | Covered | PA |
| ZYFLO CR | Tablet Extended Release 12 Hour | Respiratory Tract Agents; Anti- inflammatory Agents | Not Covered | |
| theophylline er | Tablet Extended Release 12 Hour | Smooth Muscle Relaxants; Respiratory Smooth Muscle Relaxants | Covered | |
| ALLEGRA-D 24 HOUR ALLERGY & CONGESTION | Tablet Extended Release 24 Hour | Antihistamine Drugs; Second Generation Antihistamines | Not Covered | |
| clear-atadine d | Tablet Extended Release 24 Hour | Antihistamine Drugs; Second Generation Antihistamines | Covered | |
| loratadine-d 24hr | Tablet Extended Release 24 Hour | Antihistamine Drugs; Second Generation Antihistamines | Covered | |
| ciprofloxacin er | Tablet Extended Release 24 Hour | Anti-infective Agents; Antibacterials | Covered | |
| clarithromycin er | Tablet Extended Release 24 Hour | Anti-infective Agents; Antibacterials | Covered | |
| MOXATAG | Tablet Extended Release 24 Hour | Anti-infective Agents; Antibacterials | Not Covered | |
| FLAGYL ER | Tablet Extended Release 24 Hour | Anti-infective Agents; Antiprotozoals | Covered | ST |
| VIRAMUNE XR | Tablet Extended Release 24 Hour | Anti-infective Agents; Antivirals | Covered | |
| UROXATRAL | Tablet Extended Release 24 Hour | Autonomic Drugs; Sympatholytic (Adrenergic Blocking) Agents | Covered | |
| ADVICOR | Tablet Extended Release 24 Hour | Cardiovascular Drugs; Antilipemic Agents | Covered | |
| ALTOPREV | Tablet Extended Release 24 Hour | Cardiovascular Drugs; Antilipemic Agents | Not Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---------------------------|---------------------------------|---|-----------------------|--------------------------|
| LESCOL XL | Tablet Extended Release 24 Hour | Cardiovascular Drugs; Antilipemic Agents | Not Covered | |
| SIMCOR | Tablet Extended Release 24 Hour | Cardiovascular Drugs; Antilipemic Agents | Covered | QL |
| metoprolol succinate er | Tablet Extended Release 24 Hour | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | |
| metoprolol succinate er | Tablet Extended Release 24 Hour | Cardiovascular Drugs; beta-Adrenergic Blocking Agents | Covered | |
| afeditab cr | Tablet Extended Release 24 Hour | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| DYNACIRC CR | Tablet Extended Release 24 Hour | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| felodipine er | Tablet Extended Release 24 Hour | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| felodipine er | Tablet Extended Release 24 Hour | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| matzim la | Tablet Extended Release 24 Hour | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| nifedical xl | Tablet Extended Release 24 Hour | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| nifedipine er | Tablet Extended Release 24 Hour | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| nisoldipine er | Tablet Extended Release 24 Hour | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| nisoldipine | Tablet Extended Release 24 Hour | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| NEXICLON XR | Tablet Extended Release 24 Hour | Cardiovascular Drugs; Hypotensive Agents | Not Covered | |
| isosorbide mononitrate er | Tablet Extended Release 24 Hour | Cardiovascular Drugs; Vasodilating Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|----------------------|------------------------------------|---|-----------------------|--------------------------|
| diclofenac sodium er | Tablet Extended Release 24 Hour | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| etodolac er | Tablet Extended Release 24 Hour | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| EXALGO | Tablet Extended Release 24 Hour | Central Nervous System Agents; Analgesics and Antipyretics | Covered | ST |
| ULTRAM ER | Tablet Extended Release 24 Hour | Central Nervous System Agents; Analgesics and Antipyretics | Covered | QL ST |
| DEPAKOTE ER | Tablet Extended Release 24 Hour | Central Nervous System Agents; Anticonvulsants | Not Covered | |
| divalproex sodium er | Tablet Extended Release 24 Hour | Central Nervous System Agents; Anticonvulsants | Covered | |
| HORIZANT | Tablet Extended Release 24 Hour | Central Nervous System Agents; Anticonvulsants | Covered | ST |
| KEPPRA XR | Tablet Extended Release 24 Hour | Central Nervous System Agents; Anticonvulsants | Covered | |
| LAMICTAL XR | Tablet Extended Release 24 Hour | Central Nervous System Agents; Anticonvulsants | Covered | |
| MIRAPEX ER | Tablet Extended Release 24 Hour | Central Nervous System Agents; Antiparkinsonian Agents | Not Covered | |
| REQUIP XL | Tablet Extended Release 24 Hour | Central Nervous System Agents; Antiparkinsonian Agents | Not Covered | |
| alprazolam er | Tablet Extended Release 24 Hour | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | QL PA |
| alprazolam er | Tablet Extended Release 24 Hour | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | PA |
| APLENZIN | Tablet Extended Release 24 Hour | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| budeprion xl | Tablet Extended Release 24 Hour | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-------------------|------------------------------------|---|-----------------------|--------------------------|
| budeprion xl | Tablet Extended Release 24 Hour | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| INVEGA | Tablet Extended Release 24 Hour | Central Nervous System Agents; Psychotherapeutic Agents | Not Covered | |
| paroxetine hcl er | Tablet Extended Release 24 Hour | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| PAXIL CR | Tablet Extended Release 24 Hour | Central Nervous System Agents; Psychotherapeutic Agents | Not Covered | |
| PRISTIQ | Tablet Extended Release 24 Hour | Central Nervous System Agents; Psychotherapeutic Agents | Covered | QL |
| WELLBUTRIN XL | Tablet Extended Release 24 Hour | Central Nervous System Agents; Psychotherapeutic Agents | Not Covered | |
| ACTOPLUS MET XR | Tablet Extended Release 24 Hour | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| FORTAMET | Tablet Extended Release 24 Hour | Hormones and Synthetic Substitutes; Antidiabetic Agents | Not Covered | |
| glipizide er | Tablet Extended Release 24 Hour | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| glipizide xl | Tablet Extended Release 24 Hour | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| GLUMETZA | Tablet Extended Release 24 Hour | Hormones and Synthetic Substitutes; Antidiabetic Agents | Not Covered | |
| KOMBIGLYZE XR | Tablet Extended Release 24 Hour | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | QL |
| metformin hcl er | Tablet Extended Release 24 Hour | Hormones and Synthetic Substitutes; Antidiabetic Agents | Covered | |
| DITROPAN XL | Tablet Extended Release 24 Hour | Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants | Not Covered | |
| ENABLEX | Tablet Extended Release 24 Hour | Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants | Not Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|------------------------|------------------------------------|--|-----------------------|--------------------------|
| oxybutynin chloride er | Tablet Extended Release 24 Hour | Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants | Covered | |
| TOVIAZ | Tablet Extended Release 24 Hour | Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants | Covered | QL ST |
| pentoxifylline er | Tablet Extended Release | Blood Formation,Coagulation & Thrombosis; Hemorrhologic Agents | Covered | |
| TARKA | Tablet Extended Release | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| verapamil hcl er | Tablet Extended Release | Cardiovascular Drugs; Calcium-Channel Blocking Agents | Covered | |
| quinidine gluconate cr | Tablet Extended Release | Cardiovascular Drugs; Cardiac Drugs | Covered | |
| QUINIDINE SULFATE ER | Tablet Extended Release | Cardiovascular Drugs; Cardiac Drugs | Covered | |
| CONCERTA | Tablet Extended Release | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Covered | |
| methylphenidate hcl sr | Tablet Extended Release | Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants | Covered | |
| lithium carbonate er | Tablet Extended Release | Central Nervous System Agents; Antimanic Agents | Covered | |
| carbidopa/levodopa er | Tablet Extended Release | Central Nervous System Agents; Antiparkinsonian Agents | Covered | |
| AMBIEN CR | Tablet Extended Release | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | QL PA |
| potassium citrate | Tablet Extended Release | Electrolytic, Caloric, and Water Balance; Alkalinizing Agents | Covered | |
| potassium chloride er | Tablet Extended Release | Electrolytic, Caloric, and Water Balance; Replacement Preparations | Covered | |
| potassium chloride er | Tablet Extended Release | Electrolytic, Caloric, and Water Balance; Replacement Preparations | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|------------------------|-------------------------|--|-----------------------|--------------------------|
| potassium chloride sr | Tablet Extended Release | Electrolytic, Caloric, and Water Balance; Replacement Preparations | Covered | |
| MYNATE 90 PLUS | Tablet Extended Release | Vitamins; Multivitamin Preparations | Covered | |
| CLARITIN REDITABS | Tablet Dispersible | Antihistamine Drugs; Second Generation Antihistamines | Covered | |
| ARICEPT ODT | Tablet Dispersible | Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents | Covered | |
| donepezil hcl | Tablet Dispersible | Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents | Covered | |
| STAXYN | Tablet Dispersible | Cardiovascular Drugs; Vasodilating Agents | Not Covered | |
| clonazepam odt | Tablet Dispersible | Central Nervous System Agents; Anticonvulsants | Covered | |
| LAMICTAL ODT | Tablet Dispersible | Central Nervous System Agents; Anticonvulsants | Covered | |
| MAXALT-MLT | Tablet Dispersible | Central Nervous System Agents; Antimigraine Agents | Covered | QL |
| ZOMIG ZMT | Tablet Dispersible | Central Nervous System Agents; Antimigraine Agents | Covered | QL ST |
| carbidopa/levodopa odt | Tablet Dispersible | Central Nervous System Agents; Antiparkinsonian Agents | Covered | PA |
| PARCOPA | Tablet Dispersible | Central Nervous System Agents; Antiparkinsonian Agents | Not Covered | PA |
| alprazolam odt | Tablet Dispersible | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Covered | PA |
| NIRAVAM | Tablet Dispersible | Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics | Not Covered | PA |
| FAZACLO | Tablet Dispersible | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|----------------------|---------------------------|---|-----------------------|--------------------------|
| mirtazapine odt | Tablet Dispersible | Central Nervous System Agents; Psychotherapeutic Agents | Covered | PA |
| mirtazapine odt | Tablet Dispersible | Central Nervous System Agents; Psychotherapeutic Agents | Covered | PA |
| mirtazapine | Tablet Dispersible | Central Nervous System Agents; Psychotherapeutic Agents | Covered | PA |
| ZYPREXA ZYDIS | Tablet Dispersible | Central Nervous System Agents; Psychotherapeutic Agents | Covered | |
| ondansetron odt | Tablet Dispersible | Gastrointestinal Drugs; Antiemetics | Covered | QL |
| lansoprazole odt | Tablet Dispersible | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Covered | |
| PREVACID SOLUTAB | Tablet Dispersible | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Not Covered | QL ST |
| DORYX | Tablet Delayed Release | Anti-infective Agents; Antibacterials | Not Covered | |
| DOXYCYCLINE HYCLATE | Tablet Delayed Release | Anti-infective Agents; Antibacterials | Covered | |
| aspirin ec | Tablet Delayed Release | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| diclofenac sodium ec | Tablet Delayed Release | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| diclofenac sodium ec | Tablet Delayed Release | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| diclofenac sodium | Tablet Delayed Release | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| naproxen dr | Tablet Delayed Release | Central Nervous System Agents; Analgesics and Antipyretics | Covered | |
| VIMOVO | Tablet Delayed Release | Central Nervous System Agents; Analgesics and Antipyretics | Not Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|---------------------------------|------------------------|--|-----------------------|--------------------------|
| DEPAKOTE | Tablet Delayed Release | Central Nervous System Agents; Anticonvulsants | Not Covered | |
| divalproex sodium | Tablet Delayed Release | Central Nervous System Agents; Anticonvulsants | Covered | |
| CAMPRAL | Tablet Delayed Release | Central Nervous System Agents; Central Nervous System Agents, Misc | Covered | |
| ASACOL HD | Tablet Delayed Release | Gastrointestinal Drugs; Anti-inflammatory Agents | Covered | QL |
| ASACOL | Tablet Delayed Release | Gastrointestinal Drugs; Anti-inflammatory Agents | Covered | |
| LIALDA | Tablet Delayed Release | Gastrointestinal Drugs; Anti-inflammatory Agents | Not Covered | |
| ACIPHEX | Tablet Delayed Release | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Covered | QL ST |
| OMEPRAZOLE | Tablet Delayed Release | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Covered | QL |
| pantoprazole sodium | Tablet Delayed Release | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Covered | QL |
| PRILOSEC OTC | Tablet Delayed Release | Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants | Covered | QL |
| bisacodyl ec | Tablet Delayed Release | Gastrointestinal Drugs; Cathartics and Laxatives | Covered | |
| ATELVIA | Tablet Delayed Release | Miscellaneous Therapeutic Agents; Bone Resorption Inhibitors | Not Covered | |
| CAVAN PRENATAL/EC CALCIUM | Tablet Delayed Release | Vitamins; Multivitamin Preparations | Covered | |
| effervescent potassium/chloride | Tablet Effervescent | Electrolytic, Caloric, and Water Balance; Replacement Preparations | Covered | |
| k-effervescent | Tablet Effervescent | Electrolytic, Caloric, and Water Balance; Replacement Preparations | Covered | |

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| Drug Name | Dosage Form | Therapeutic Category | Drug Tier/ Covered | Requirements/ Limits* |
|-----------------------|------------------------|---|-----------------------|--------------------------|
| potassium bicarbonate | Tablet Effervescent | Electrolytic, Caloric, and Water Balance; Replacement Preparations | Covered | |
| RYBIX ODT | Tablet Soluble | Central Nervous System Agents; Analgesics and Antipyretics | Not Covered | |
| KUVAN | Tablet Soluble | Miscellaneous Therapeutic Agents; Other Miscellaneous Therapeutic Agents | Covered | |
| clotrimazole | Troche | Skin and Mucous Membrane Preparations; Anti-infectives | Covered | |

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