

**Rocky Mountain Health Plans**  
**2012 Premier Medicare Formulary**  
**(List of Covered Drugs)**

**PLEASE READ:**  
**THIS DOCUMENT CONTAINS INFORMATION**  
**ABOUT THE DRUGS WE COVER IN THIS PLAN**

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

Beneficiaries must use network pharmacies to access their prescription drug benefit.

Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

Rocky Mountain Health Plans (RMHP) is a health plan with a Medicare contract

This document may be made available in other formats such as Braille, large print or other alternate formats. To request an alternate format call customer service at 970-244-7912 or 888-282-1420

No changes made since February 21, 2012.

## What is the Rocky Mountain Health Plans Formulary?

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

## Can the Formulary change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of February 21, 2012. To get updated information about the drugs covered by Rocky Mountain Health Plans, please visit our Web site at [www.rmhpmedicare.org](http://www.rmhpmedicare.org), or call Customer Service from 8:00 a.m. to 8:00 p.m., Mountain Time, 7 days a week at the numbers below. We update the printed version of our formulary annually.

- 970-244-7912 or 888-282-1420.
- TTY/TDD users, call 711.
- Para asistencia en español llame al 888-282-1420.

## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page number 7. Then look under the category name for your drug.

## Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 68. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** RMHP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from RMHP before you fill your prescriptions. If you don't get approval, RMHP may not cover the drug.
- **Quantity Limits:** For certain drugs, RMHP limits the amount of the drug that RMHP will cover. For example, RMHP provides 12 tablets per month for Imitrex tablets.
- **Step Therapy:** In some cases, RMHP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, RMHP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, RMHP will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.rmhpmedicare.org](http://www.rmhpmedicare.org).

You can ask RMHP to make an exception to these restrictions or limits. See the section, "How do I request an exception to the RMHP formulary?" on page 4 for information about how to request an exception.

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

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that RMHP does not cover your drug, you have two options:

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

## How do I request an exception to the RMHP Formulary?

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs; RMHP limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our highest tier subject to the tiering exceptions process, tier 4; you can ask us to cover it at the cost-sharing amount that applies to drugs in the lowest tier subject to the tiering exceptions process, tier 3 instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty tier.

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

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

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

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

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

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

drugs is limited; but you are past the first 90 days of membership in our plan, we will cover 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

When you have a level of care change (e.g. you are admitted to a Long Term Care facility), you may need additional supplies of your medications. When this occurs, the pharmacy can call the RMHP Pharmacy Help Desk to receive a transition supply of each affected drug. RMHP will not limit appropriate and necessary access to Part D benefits when you are being admitted to, or discharged from a Long Term Care facility.

## For more information

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

If you have questions about RMHP or your prescription drug coverage, please call Customer Service from 8:00 a.m. to 8:00 p.m., Mountain Time, 7 days a week, or visit [www.rmhpmedicare.org](http://www.rmhpmedicare.org).

- Call 970-244-7912 or 888-282-1420.
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If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).

## RMHP Formulary

The formulary that begins on page 7 provides coverage information about some of the drugs covered by RMHP. If you have trouble finding your drug in the list, turn to the Index that begins on page 68.

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

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

### **The RMHP formulary key for the Requirements/Limits column is as follows:**

- Drug Tier = 1 Generic Drugs (lowest cost generic drugs)
- Drug Tier = 2 Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)
- Drug Tier = 3 Preferred Brand Drugs
- Drug Tier = 4 Non - Preferred Brand Drugs
- Drug Tier = 5 Specialty Drugs

(See your Summary of Benefits or Evidence of Coverage to determine how much you will pay for prescription drugs in each tier. All formulary drugs are available from mail order pharmacies).

Drugs that appear with:

*italics* = Generic drugs

CAPITALIZATION = Brand name drugs

PA = Prior Authorization required

PA (Part B vs Part D only) = Prior Authorization required. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

QL = Quantity Limit applies

ST = Step Therapy

\*\* = Limited Access Drug. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 888-282-1420, 8:00 a.m. to 8:00 p.m., Mountain Time, 7 days a week. TTY/TDD users should call 711. Para asistencia en español llame al 888-282-1420.

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	2	
<i>acetaminophen/codeine</i>	2	
<i>acetaminophen/codeine #3</i>	2	
<i>ascomp/codeine</i>	2	
<i>astramorph</i>	2	
<i>buprenorphine hcl</i>	2	
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	
<i>butorphanol tartrate</i>	2	
<i>co-gesic</i>	2	
<i>codeine sulfate</i>	2	
<i>duramorph</i>	2	
<i>endocet</i>	2	
<i>endodan</i>	2	
<i>fentanyl</i>	2	QL (15 per 30 days)
<i>fentanyl citrate</i>	2	
<i>fentanyl citrate oral transmucosal</i>	2	PA
<i>hydrocodone bitartrate/acetaminophen</i>	2	
<i>hydrocodone/acetaminophen</i>	2	
<i>hydrocodone/ibuprofen</i>	2	
<i>hydromorphone hcl</i>	2	
<i>levorphanol tartrate</i>	2	
<i>margesic-h</i>	2	
<i>mefenamic acid</i>	2	
<i>meperidine hcl injection, tablet</i>	2	
<i>methadone hcl concentrate, tablet</i>	2	
<i>methadose</i>	2	
<i>morphine sulfate er</i>	2	
<i>morphine sulfate injection</i>	2	
<i>nalbuphine hcl</i>	2	
<i>naproxen</i>	2	
<i>naproxen sodium</i>	2	
<i>oxycodone hcl concentrate, tablet</i>	2	
<i>oxycodone/acetaminophen</i>	2	
<i>oxycodone/aspirin</i>	2	
<i>oxycodone/ibuprofen</i>	2	
<i>oxymorphone hydrochloride</i>	2	
<i>pentazocine/acetaminophen</i>	2	
<i>pentazocine/naloxone hcl</i>	2	
<i>roxicet tablet 325mg; 5mg</i>	2	
<i>stagesic</i>	2	
<i>tramadol hcl</i>	2	
<i>tramadol hcl er</i>	2	
<i>tramadol hydrochloride/acetaminophen</i>	2	

Drug Tier 1 = Generic Drugs (lowest cost generic drugs)

Drug Tier 2 = Non-Preferred Generic and Brand Drugs (may contain certain preferred brand name drugs)

Drug Tier 3 = Preferred Brand Drugs

Drug Tier 4 = Non - Preferred Brand Drugs

Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
<i>vicodin hp</i>	2	
AVINZA	3	
CAPITAL/CODEINE	3	
DILAUDID-5	3	
DILAUDID INJECTION	3	
HYCET	3	
INFUMORPH 200	3	
INFUMORPH 500	3	
MEPERIDINE HCL ORAL SOLUTION	3	
METHADONE HCL INJECTION, ORAL SOLUTION	3	
MORPHINE SULFATE ORAL SOLUTION, TABLET	3	
NUCYNTA	3	QL (60 per 30 days)
OPANA ER	3	
OXYCONTIN	3	
OXYMORPHONE HYDROCHLORIDE ER	3	
ROXICET SOLUTION	3	
ROXICET TABLET 500MG; 5MG	3	
SUBOXONE	3	
SUBUTEX	3	
SYNALGOS-DC	3	
TALWIN	3	
ULTRAM ER TABLET EXTENDED RELEASE 24 HOUR 300MG	3	
ZAMICET	3	
ZYDONE	3	
BUPRENEX	4	
DEMEROL	4	
DILAUDID-HP	4	
DILAUDID TABLET	4	
DOLOPHINE	4	
DOLOPHINE HCL	4	
DURAGESIC	4	QL (15 per 30 days)
FENTORA	4	PA
FIORICET/CODEINE	4	
FIORINAL/CODEINE #3	4	
KADIAN	4	
LORCET 10/650	4	
LORCET PLUS	4	
LORTAB	4	
MAGNACET	4	
MAXIDONE	4	
MS CONTIN	4	
NALFON	4	
NORCO	4	
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 150MG	4	QL (103 per 31 days)

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Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG	4	QL (155 per 31 days)
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 50MG	4	QL (310 per 31 days)
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 250MG	4	QL (62 per 31 days)
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200MG	4	QL (78 per 31 days)
OPANA	4	
ORAMORPH SR	4	
OXYCODONE HCL CAPSULE	4	
PERCOCET	4	
PERCODAN	4	
ROXICODONE	4	
TYLENOL/CODEINE #3	4	
TYLENOL/CODEINE #4	4	
TYLOX	4	
ULTRACET	4	
ULTRAM	4	
ULTRAM ER TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG	4	
VICODIN	4	
VICODIN ES	4	
VICOPROFEN	4	
XODOL	4	
<b>Anesthetics</b>		
<i>lidocaine</i>	2	
<i>lidocaine hcl</i>	2	
<i>lidocaine hcl jelly</i>	2	
<i>lidocaine viscous</i>	2	
<i>lidocaine/prilocaine</i>	2	
LIDODERM	3	
SYNERA	3	
EMLA	4	
XYLOCAINE	4	
XYLOCAINE JELLY	4	
<b>Anti-inflammatory Agents</b>		
<i>meloxicam tablet</i>	1	
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium xr</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>fenoprofen calcium</i>	2	
<i>flurbiprofen</i>	2	
<i>ibuprofen</i>	2	
<i>indomethacin</i>	2	
<i>indomethacin er</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ketoprofen</i>	2	
<i>ketorolac tromethamine</i>	2	
<i>nabumetone</i>	2	
<i>naproxen</i>	2	
<i>naproxen dr</i>	2	
<i>oxaprozin</i>	2	
<i>piroxicam</i>	2	
<i>sulindac</i>	2	
<i>tolmetin sodium capsule</i>	2	
DIFLUNISAL	3	
INDOCIN	3	
KETOPROFEN ER	3	
MECLOFENAMATE SODIUM	3	
MELOXICAM SUSPENSION	3	
NALFON	3	
PONSTEL	3	
TOLMETIN SODIUM TABLET	3	
ANAPROX	4	
ANAPROX DS	4	
ARTHROTEC 50	4	
ARTHROTEC 75	4	
CATAFLAM	4	
CELEBREX	4	
CLINORIL	4	
DAYPRO	4	
EC-NAPROSYN	4	
FELDENE	4	
MOBIC	4	
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375MG, 500MG	4	
NAPROSYN	4	
VOLTAREN-XR	4	
<b>Antibacterials</b>		
<i>amikacin sulfate</i>	2	
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	2	
<i>amoxicillin/potassium clavulanate</i>	2	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	2	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	2	
<i>ampicillin sodium injection 10gm, 1gm</i>	2	
<i>ampicillin-sulbactam</i>	2	
<i>ampicillin capsule</i>	2	
<i>azithromycin</i>	2	
<i>aztreonam</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>baciiim</i>	2	
<i>cefaclor</i>	2	
<i>cefadroxil</i>	2	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	2	
<i>cefdinir</i>	2	
<i>cefepime</i>	2	
<i>cefotaxime sodium</i>	2	
<i>cefotixin sodium injection 10gm, 1gm, 2gm</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime</i>	2	
<i>ceftriaxone sodium</i>	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	2	
<i>cephalexin capsule, suspension reconstituted</i>	2	
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin er</i>	2	
<i>ciprofloxacin hcl</i>	2	
<i>clarithromycin</i>	2	
<i>clarithromycin er</i>	2	
<i>clindamycin hcl</i>	2	
<i>clindamycin phosphate</i>	2	
<i>clindamycin phosphate add-vantage</i>	2	
<i>colistimethate sodium</i>	2	
<i>demeclocycline hcl</i>	2	
<i>dicloxacillin sodium</i>	2	
<i>doxycycline</i>	2	
<i>doxycycline hyclate capsule, injection, tablet</i>	2	
<i>doxycycline hyclate tablet delayed release 100mg</i>	2	
<i>doxycycline monohydrate tablet 50mg, 75mg</i>	2	
<i>e.e.s. 400</i>	2	
<i>ery</i>	2	
<i>erythrocin stearate</i>	2	
<i>erythromycin</i>	2	
<i>erythromycin ethylsuccinate</i>	2	
<i>erythromycin/sulfisoxazole</i>	2	
<i>gentamicin sulfate</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate/sodium chloride</i>	2	
<i>imipenem/cilastatin</i>	2	
<i>isotonic gentamicin</i>	2	
<i>levofloxacin</i>	2	
<i>levofloxacin in d5w</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>meropenem</i>	2	
<i>methenamine hippurate</i>	2	
<i>metronidazole</i>	2	
<i>metronidazole in nacl 0.79%</i>	2	
<i>metronidazole vaginal</i>	2	
<i>minocycline hcl</i>	2	
<i>mupirocin</i>	2	
<i>neomycin sulfate</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin b sulfates</i>	2	
<i>nitrofurantoin</i>	2	
<i>nitrofurantoin macrocrystalline</i>	2	
<i>nitrofurantoin monohydrate</i>	2	
<i>ofloxacin</i>	2	
<i>paromomycin sulfate</i>	2	
<i>penicillin g potassium</i>	2	
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium</i>	2	
<i>polymyxin b sulfate</i>	2	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
<i>sulfacetamide sodium</i>	2	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	2	
<i>tazicef</i>	2	
<i>tetracycline hcl</i>	2	
<i>thermazene</i>	2	
<i>tobramycin sulfate</i>	2	
<i>tobramycin/dexamethasone</i>	2	
<i>trimethoprim</i>	2	
<i>vancomycin hcl</i>	2	
<i>vandazole</i>	2	
<i>zinacef injection 7.5gm</i>	2	
AKNE-MYCIN	3	
AMOXICILLIN TABLET CHEWABLE 200MG	3	
AMPICILLIN SODIUM INJECTION 125MG	3	
AMPICILLIN SUSPENSION RECONSTITUTED	3	
AVELOX	3	
AVELOX ABC PACK	3	
AZACTAM	3	
AZACTAM IN ISO-OSMOTIC DEXTROSE	3	
BACTOCILL IN DEXTROSE	3	
BACTROBAN NASAL	3	
BACTROBAN CREAM	3	

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Drug Name	Drug Tier	Requirements/Limits
BICILLIN C-R	3	
BICILLIN L-A	3	
CEDAX	3	
CEFACLOR ER	3	
CEFAZOLIN SODIUM INJECTION 1GM; 5%	3	
CEFOTETAN	3	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	3	
CEFTAZIDIME/DEXTROSE	3	
CEPHALEXIN TABLET	3	
CHLORAMPHENICOL SODIUM SUCCINATE	3	
CIPRO SUSPENSION RECONSTITUTED	3	
CLAFORAN INJECTION 1GM	3	
CLEOCIN GALAXY	3	
CLEOCIN IN D5W	3	
CLEOCIN PEDIATRIC GRANULES	3	
CLEOCIN SUPPOSITORY	3	
CLEOCIN CAPSULE 75MG	3	
CORTISPORIN	3	
CUBICIN	3	
DORIBAX	3	
DOXYCYCLINE HYCLATE CAPSULE DELAYED RELEASE PARTICLES 75MG	3	
DOXYCYCLINE HYCLATE TABLET DELAYED RELEASE 75MG	3	
ERY-TAB	3	
ERYPED 400	3	
ERYTHROCIN LACTOBIONATE	3	
ERYTHROMYCIN BASE	3	
FLAGYL ER	3	
FORTAZ INJECTION 1GM/50ML; 5%, 2GM/50ML; 5%	3	
FURADANTIN	3	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 0.9MG/ML; 0.9%, 1.4MG/ML; 0.9%	3	
HELIDAC	3	
INVANZ	3	
KANAMYCIN SULFATE	3	
KEFLEX CAPSULE 750MG	3	
LEVAQUIN	3	
MACRODANTIN CAPSULE 25MG	3	
MERREM	3	
METROGEL	3	
MONUROL	3	
MOXEZA	3	
NAFCILLIN SODIUM	3	
NALLPEN/DEXTROSE	3	

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Drug Name	Drug Tier	Requirements/Limits
NORITATE	3	
ORACEA	3	
OXACILLIN SODIUM	3	
PCE	3	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	3	
PENICILLIN G PROCAINE	3	
PENICILLIN G SODIUM	3	
PHISOHEX	3	
PIPERACILLIN SODIUM	3	
PRIMAXIN I.M.	3	
PRIMAXIN IV	3	
PRIMSOL	3	
ROCEPHIN	3	
STREPTOMYCIN SULFATE	3	
SULFADIAZINE	3	
SULFAMETHOXAZOLE/TRIMETHOPRIM INJECTION	3	
SULFAMYLON	3	
SUPRAX	3	
SYNERCID	3	
TEFLARO	3	
TIMENTIN	3	
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	3	
TYGACIL	3	
VANCOCIN HCL	3	
VIBRAMYCIN SUSPENSION RECONSTITUTED, SYRUP	3	
XIFAXAN TABLET 200MG	3	
ZINACEF IN ISO-OSMOTIC DEXTROSE	3	
ZINACEF IN ISO-OSMOTIC DILUENT	3	
ZINACEF INJECTION 750MG	3	
ZMAX	3	
ZOSYN INJECTION 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML	3	
ZYMAR	3	QL (10 per 30 days)
ZYMAXID	3	
ZYVOX INJECTION	3	
ADOXA	4	
ADOXA PAK 1/150	4	
ADOXA PAK 1/75	4	
BACITRACIN	4	
BACTRIM	4	
BACTRIM DS	4	
BACTROBAN OINTMENT	4	
BESIVANCE	4	
BIAXIN	4	

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Drug Name	Drug Tier	Requirements/Limits
BIAXIN XL	4	
BIAXIN XL PAC	4	
CEFTIN	4	
CIPRO I.V.-IN D5W	4	
CIPRO TABLET	4	
CLAFORAN INJECTION 10GM, 2GM, 500MG	4	
CLEOCIN PHOSPHATE	4	
CLEOCIN CREAM	4	
CLEOCIN CAPSULE 150MG, 300MG	4	
COLY-MYCIN M	4	
DIFICID	4	PA
DYNACIN	4	
E.E.S. GRANULES	4	
ERYPED 200	4	
FACTIVE	4	
FLAGYL	4	
FORTAZ INJECTION 2GM, 6GM	4	
HIPREX	4	
IQUIX	4	
KEFLEX CAPSULE 250MG, 500MG	4	
KETEK	4	
KLARON	4	
LINCOCIN	4	
MACROBID	4	
MACRODANTIN CAPSULE 100MG, 50MG	4	
METROCREAM	4	
METROGEL-VAGINAL	4	
METROLOTION	4	
MINOCIN	4	
MONODOX	4	
NOROXIN	4	
PFIZERPEN-G	4	
PREVPAC	4	
QUIXIN	4	
SEPTRA	4	
SEPTRA DS	4	
SILVADENE	4	
UNASYN	4	
UNASYN BULK PACK	4	
VIBRAMYCIN CAPSULE	4	
ZINACEF INJECTION 1.5GM	4	
ZITHROMAX	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	

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Drug Name	Drug Tier	Requirements/Limits
ZOSYN INJECTION 3GM; 0.375GM	4	
CAYSTON	5	
SOLODYN	5	
TOBI	5	
XIFAXAN TABLET 550MG	5	
ZYVOX SUSPENSION RECONSTITUTED, TABLET	5	
<b>Anticonvulsants</b>		
<i>carbamazepine tablet</i>	1	
<i>epitol</i>	1	
<i>carbamazepine er</i>	2	
<i>carbamazepine tablet chewable, suspension</i>	2	
<i>dilantin infatabs</i>	2	
<i>dilantin capsule</i>	2	
<i>divalproex sodium</i>	2	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>ethosuximide</i>	2	
<i>felbamate</i>	2	
<i>fosphenytoin sodium</i>	2	
<i>gabapentin</i>	2	
<i>lamotrigine</i>	2	
<i>levetiracetam</i>	2	
<i>levetiracetam er</i>	2	
<i>oxcarbazepine</i>	2	
<i>phenytoin</i>	2	
<i>phenytoin sodium</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>primidone</i>	2	
<i>topiramate</i>	2	
<i>valproate sodium</i>	2	
<i>valproic acid</i>	2	
<i>zonisamide</i>	2	
BANZEL	3	
CARBATROL	3	
CELONTIN	3	
EQUETRO	3	
FELBATOL	3	
GABITRIL	3	
KEPPRA XR	3	
LAMICTAL ODT	3	
LAMICTAL XR	3	
PEGANONE	3	
PHENYTEK	3	
STAVZOR	3	

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Drug Name	Drug Tier	Requirements/Limits
VIMPAT	3	
DEPACON	4	
DEPAKENE	4	
DEPAKOTE	4	
DEPAKOTE ER	4	
DEPAKOTE SPRINKLES	4	
DILANTIN SUSPENSION	4	
HORIZANT	4	
KEPPRA	4	
LAMICTAL	4	
LAMICTAL CHEWABLE DISPERSIBLE	4	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	4	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	4	
LAMICTAL STARTER/TAKING VALPROATE	4	
LYRICA	4	
MYSOLINE	4	
NEURONTIN	4	
SABRIL	4	
TEGRETOL	4	
TEGRETOL-XR	4	
TOPAMAX	4	
TOPAMAX SPRINKLE	4	
TRILEPTAL	4	
ZARONTIN	4	
ZONEGRAN	4	
<b>Antidementia Agents</b>		
<i>donepezil hcl</i>	2	
<i>ergoloid mesylates</i>	2	
<i>galantamine hydrobromide</i>	2	
<i>rivastigmine tartrate</i>	2	
EXELON SOLUTION	3	
EXELON PATCH 24 HOUR	3	QL (30 per 30 days)
NAMENDA	3	
NAMENDA TITRATION PAK	3	
ARICEPT ODT	4	
ARICEPT TABLET 10MG, 5MG	4	
EXELON CAPSULE	4	
RAZADYNE	4	
RAZADYNE ER	4	
<b>Antidepressants</b>		
<i>citalopram hydrobromide tablet</i>	1	
<i>doxepin hcl capsule 100mg, 10mg, 25mg, 50mg, 75mg</i>	1	
<i>fluoxetine hcl capsule 10mg, 20mg</i>	1	

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<i>fluoxetine hcl tablet 10mg</i>	1	
<i>trazodone hcl tablet 100mg, 150mg, 50mg</i>	1	
<i>amitriptyline hcl</i>	2	
<i>budeprion sr</i>	2	
<i>budeprion xl</i>	2	
<i>buproban</i>	2	
<i>bupropion hcl</i>	2	
<i>bupropion hcl sr</i>	2	
<i>chlordiazepoxide/amitriptyline</i>	2	
<i>citalopram hydrobromide solution</i>	2	
<i>clomipramine hcl</i>	2	
<i>desipramine hcl</i>	2	
<i>doxepin hcl capsule 150mg</i>	2	
<i>doxepin hcl concentrate</i>	2	
<i>fluoxetine hcl capsule 40mg</i>	2	
<i>fluoxetine hcl solution</i>	2	
<i>fluoxetine hcl tablet 20mg</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>imipramine hcl</i>	2	
<i>imipramine pamoate</i>	2	
<i>mirtazapine</i>	2	
<i>mirtazapine odt</i>	2	
<i>nefazodone hcl</i>	2	
<i>nortriptyline hcl</i>	2	
<i>paroxetine hcl</i>	2	
<i>paroxetine hcl er</i>	2	
<i>phenelzine sulfite</i>	2	
<i>protriptyline hcl</i>	2	
<i>sertraline hcl</i>	2	
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl tablet 300mg</i>	2	
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er capsule extended release 24 hour</i>	2	
AMOXAPINE	3	
EMSAM	3	
LEXAPRO	3	
MAPROTILINE HCL	3	
MARPLAN	3	
NARDIL	3	
PERPHENAZINE/AMITRIPTYLINE	3	
SURMONTIL	3	
ANAFRANIL	4	
CELEXA	4	
CYMBALTA	4	

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Drug Name	Drug Tier	Requirements/Limits
EFFEXOR XR	4	
NORPRAMIN	4	
PAMELOR	4	
PARNATE	4	
PAXIL	4	
PRISTIQ	4	
PROZAC	4	
RAPIFLUX	4	
REMERON	4	
REMERON SOLTAB	4	
TOFRANIL	4	
TOFRANIL-PM	4	
VIIBRYD	4	
VIVACTIL	4	
WELLBUTRIN	4	
WELLBUTRIN SR	4	
WELLBUTRIN XL	4	
ZOLOFT	4	
<b>Antidotes, Deterrents, and Toxicologic Agents</b>		
<i>depade</i>	2	
<i>disulfiram</i>	2	
<i>fomepizole</i>	2	
<i>kionex</i>	2	
<i>naloxone hcl</i>	2	
<i>naltrexone hcl</i>	2	
<i>sodium polystyrene sulfonate</i>	2	
ANTABUSE	3	
CAMPRAL	3	
CHANTIX	3	QL (504 per 365 days)
CHANTIX STARTING MONTH PAK	3	QL (504 per 365 days)
CHEMET	3	
CUPRIMINE	3	
DEPEN TITRATABS	3	
NICOTROL INHALER	3	
NICOTROL NS	3	
RELISTOR	3	
SUBOXONE	3	
SYPRINE	3	
ANTIZOL	4	
EXJADE	4	PA
KAYEXALATE	4	
RE VIA	4	
ZYBAN	4	
<b>Antiemetics</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>compro</i>	2	
<i>dronabinol</i>	2	
<i>granisetron hcl injection</i>	2	
<i>granisetron hcl tablet</i>	2	PA (PART B VS PART D ONLY)
<i>granisol</i>	2	PA (PART B VS PART D ONLY)
<i>metoclopramide hcl</i>	2	
<i>ondansetron hcl injection</i>	2	
<i>ondansetron hcl oral solution, tablet</i>	2	PA (PART B VS PART D ONLY)
<i>ondansetron odt</i>	2	PA (PART B VS PART D ONLY)
<i>phenadoz</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate</i>	2	
<i>prochlorperazine maleate</i>	2	
<i>promethazine hcl</i>	2	
<i>promethegan</i>	2	
<i>trimethobenzamide hcl injection</i>	2	
<i>trimethobenzamide hcl capsule</i>	2	PA (PART B VS PART D ONLY)
ALOXI	3	
ANZEMET INJECTION	3	
ANZEMET TABLET	3	PA (PART B VS PART D ONLY)
CESAMET	3	
EMEND	3	PA
TRANSDERM-SCOP	3	
MARINOL	4	
PHENERGAN	4	
SANCUSO	4	PA
TIGAN INJECTION	4	
TIGAN CAPSULE	4	PA (PART B VS PART D ONLY)
ZOFRAN ODT	4	PA (PART B VS PART D ONLY)
ZOFRAN INJECTION	4	
ZOFRAN ORAL SOLUTION, TABLET	4	PA (PART B VS PART D ONLY)
<b>Antifungals</b>		
<i>amphotericin b</i>	2	PA (PART B VS PART D ONLY)
<i>ciclopirox</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine</i>	2	
<i>clotrimazole</i>	2	
<i>clotrimazole/betamethasone dipropionate</i>	2	
<i>econazole nitrate</i>	2	
<i>fluconazole</i>	2	
<i>fluconazole in dextrose</i>	2	
<i>flucytosine</i>	2	
<i>griseofulvin microsize</i>	2	
<i>itraconazole</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole</i>	2	
<i>nystatin</i>	2	
<i>nystatin/triamcinolone</i>	2	
<i>nystop</i>	2	
<i>pedi-dri</i>	2	
<i>terbinafine hcl</i>	2	
<i>terconazole</i>	2	
VFEND IV	2	
<i>voriconazole tablet 50mg</i>	2	
<i>zazole</i>	2	
ABELCET	3	PA (PART B VS PART D ONLY)
AMBISOME	3	PA (PART B VS PART D ONLY)
AMPHOTEC	3	PA (PART B VS PART D ONLY)
ERAXIS	3	
ERTACZO	3	
EXELDERM	3	
GRIS-PEG	3	
GYNAZOLE-1	3	
MENTAX	3	
MICONAZOLE 3	3	
NAFTIN	3	
OXISTAT	3	
SPORANOX SOLUTION	3	
DIFLUCAN	4	
DIFLUCAN IN NACL	4	
GRIFULVIN V	4	
LAMISIL	4	
LOPROX	4	
LOPROX SHAMPOO	4	
LOTRISONE	4	
NIZORAL	4	
ORAVIG	4	
PENLAC NAIL LACQUER	4	
SPORANOX PULSEPAK	4	
SPORANOX CAPSULE	4	
TERAZOL 3	4	
TERAZOL 7	4	
ANCOBON	5	
CANCIDAS	5	
MYCAMINE	5	
NOXAFIL	5	
VFEND	5	
VORICONAZOLE TABLET 200MG	5	
<b>Antigout Agents</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>allopurinol</i>	2	
<i>allopurinol sodium</i>	2	
<i>probenecid</i>	2	
<i>probenecid/colchicine</i>	2	
COLCRYS	3	
ULORIC	3	ST
ALOPRIM	4	
ZYLOPRIM	4	
<b>Antimigraine Agents</b>		
<i>dihydroergotamine mesylate</i>	2	
<i>ergotamine tartrate/caffeine</i>	2	
<i>naratriptan hcl</i>	2	
<i>sumatriptan succinate tablet</i>	2	
<i>sumatriptan succinate injection 6mg/0.5ml</i>	2	
<i>sumatriptan succinate injection 6mg/0.5ml</i>	2	QL (36 per 90 days)
<i>sumatriptan succinate injection 4mg/0.5ml</i>	2	
ERGOMAR	3	
IMITREX NASAL SOLUTION	3	QL (36 per 90 days)
MAXALT	3	QL (36 per 90 days)
MAXALT-MLT	3	QL (36 per 90 days)
MIGERGOT	3	
MIGRANAL	3	
AMERGE	4	QL (36 per 90 days)
AXERT	4	QL (36 per 90 days)
CAFERGOT	4	
D.H.E. 45	4	
FROVA	4	QL (36 per 90 days)
IMITREX STATDOSE REFILL	4	QL (36 per 90 days)
IMITREX TABLET	4	QL (12 per 30 days)
IMITREX INJECTION	4	QL (36 per 90 days)
RELPAK	4	QL (36 per 90 days)
ZOMIG	4	QL (36 per 90 days)
ZOMIG ZMT	4	QL (36 per 90 days)
<b>Antimyasthenic Agents</b>		
<i>bethanechol chloride</i>	2	
<i>pyridostigmine bromide</i>	2	
GUANIDINE HCL	3	
MESTINON TIMESPAN	3	
MESTINON SYRUP	3	
MYTELASE	3	
REGONOL	3	
MESTINON TABLET	4	
<b>Antimycobacterials</b>		
<i>ethambutol hcl</i>	2	

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<i>isonarif</i>	2	
<i>isoniazid tablet</i>	2	
<i>pyrazinamide</i>	2	
<i>rifampin</i>	2	
CAPASTAT SULFATE	3	
DAPSONE	3	
ISONIAZID INJECTION, SYRUP	3	
MYCOBUTIN	3	
PASER	3	
PRIFTIN	3	
RIFATER	3	
SEROMYCIN	3	
TRECTOR	3	
MYAMBUTOL	4	
RIFADIN	4	
RIFAMATE	4	
<b>Antineoplastics</b>		
<i>adriamycin</i>	2	
<i>amifostine</i>	2	
<i>anastrozole</i>	2	
<i>bleomycin sulfate</i>	2	
<i>carboplatin</i>	2	
<i>cisplatin</i>	2	
<i>cladribine</i>	2	
<i>cyclophosphamide</i>	2	PA (PART B VS PART D ONLY)
<i>cytarabine</i>	2	
<i>dacarbazine</i>	2	
<i>daunorubicin hcl</i>	2	
<i>doxorubicin hcl</i>	2	
<i>epirubicin hcl</i>	2	
<i>etoposide</i>	2	
<i>exemestane</i>	2	
<i>fludarabine phosphate</i>	2	
<i>fluorouracil</i>	2	
<i>gemcitabine hcl</i>	2	
<i>hydroxyurea</i>	2	
<i>idarubicin hcl</i>	2	
<i>ifosfamide</i>	2	
<i>ifosfamide/mesna</i>	2	
<i>irinotecan</i>	2	
<i>letrozole</i>	2	
<i>mercaptopurine</i>	2	
<i>mesna</i>	2	
<i>mitomycin</i>	2	

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<i>mitoxantrone hcl</i>	2	
<i>oxaliplatin</i>	2	
<i>paclitaxel</i>	2	
<i>pentostatin</i>	2	
<i>tamoxifen citrate</i>	2	
<i>thiotepa</i>	2	
<i>toposar</i>	2	
<i>topotecan hcl</i>	2	
<i>tretinoin</i>	2	
<i>vincasar pfs</i>	2	
<i>vincristine sulfate</i>	2	
<i>vinorelbine tartrate</i>	2	
ABRAXANE	3	
ALIMTA	3	
AROMASIN	3	
ARRANON	3	
BICNU	3	
BUSULFEX	3	
CAMPATH	3	
CEENU	3	
CLOLAR	3	
COSMEGEN	3	
CYTARABINE AQUEOUS INJECTION 20MG/ML	3	
DAUNOXOME	3	
DOCEFREZ	3	
DOCETAXEL	3	
DOXIL	3	
DROXIA	3	
ELITEK	3	
ELSPAR	3	
EMCYT	3	
ERBITUX	3	PA
ETOPOPHOS	3	
FARESTON	3	
FASLODEX	3	PA
FEMARA	3	
FOLOTYN	3	
HEXALEN	3	
HYCAMTIN	3	
LEUKERAN	3	
MESNEX TABLET	3	
MUSTARGEN	3	
ONTAK	3	
PANRETIN	3	

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Drug Name	Drug Tier	Requirements/Limits
PROLEUKIN	3	
TABLOID	3	
TAXOTERE	3	
TRISENOX	3	
VECTIBIX	3	PA
VIDAZA	3	
VINBLASTINE SULFATE	3	
ZANOSAR	3	
ARIMIDEX	4	
CAMPTOSAR	4	
CERUBIDINE	4	
CYTARABINE AQUEOUS INJECTION 100MG/ML	4	
ELLENC	4	
ELOXATIN	4	
ETHYOL	4	
FIRMAGON	4	
FLUDARA	4	
HYDREA	4	
IDAMYCIN PFS	4	
IFEX	4	
LEUSTATIN	4	
MESNEX INJECTION	4	
NIPENT	4	
NOVANTRONE	4	
PURINETHOL	4	
AFINITOR	5	PA
ALKERAN	5	PA (PART B VS PART D ONLY)
ARZERRA	5	PA
AVASTIN	5	PA
DACOGEN	5	
GEMCITABINE	5	
GEMZAR	5	
GLEEVEC	5	PA
HALAVEN	5	
HERCEPTIN	5	
IRESSA	5	PA
ISTODAX	5	PA
IXEMPRA KIT	5	PA
JAKAFI	5	
JEVTANA	5	
MATULANE	5	
MELPHALAN HYDROCHLORIDE	5	
NEXAVAR	5	PA

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Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
REVLIMID	5	PA ** Limited Access Drug. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 888-282-1420 8:00 a.m. - 8:00 p.m., Mtn. Time, 7 days a week. If you are hearing impaired and use TTY equipment, call 711.
RITUXAN	5	
SPRYCEL	5	PA
SUTENT	5	PA
SYLATRON	5	
TARCEVA	5	PA
TARGRETIN	5	
TASIGNA	5	PA
THALOMID	5	
TORISEL	5	PA
TREANDA	5	PA
TYKERB	5	PA
VANDETANIB	5	PA
VELCADE	5	
VOTRIENT	5	PA
YERVOY	5	
ZELBORAF	5	PA
ZOLINZA	5	PA
ZYTIGA	5	PA
<b>Antiparasitics</b>		
<i>acticin</i>	2	
<i>atovaquone/proguanil hcl</i>	2	
<i>chloroquine phosphate</i>	2	
<i>hydroxychloroquine sulfate</i>	2	
<i>lindane</i>	2	
<i>malathion</i>	2	
<i>mebendazole</i>	2	
<i>mefloquine hcl</i>	2	
<i>permethrin</i>	2	
ALBENZA	3	
ALINIA	3	
BILTRICIDE	3	
COARTEM	3	
DARAPRIM	3	
EURAX	3	
MALARONE	3	

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Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
NEBUPENT	3	
PENTAM 300	3	
PRIMAQUINE PHOSPHATE	3	
QUALAQUIN	3	
STROMEKTOL	3	
ARALEN	4	
OVIDE	4	
PLAQUENIL	4	
MEPRON	5	
<b>Antiparkinson Agents</b>		
<i>amantadine hcl capsule</i>	2	
<i>benztropine mesylate</i>	2	
<i>bromocriptine mesylate</i>	2	
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa cr</i>	2	
<i>carbidopa/levodopa odt</i>	2	
<i>carbidopa/levodopa sr</i>	2	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole hcl</i>	2	
<i>selegiline hcl</i>	2	
<i>trihexyphenidyl hcl</i>	2	
AMANTADINE HCL TABLET	3	
APOKYN	3	PA
AZILECT	3	
COMTAN	3	
LODOSYN	3	
MIRAPEX ER	3	
REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 12MG, 2MG, 4MG, 8MG	3	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR	3	
ZELAPAR	3	
COGENTIN	4	
ELDEPRYL	4	
MIRAPEX	4	
PARCOPA	4	
PARLODEL	4	
REQUIP	4	
SINEMET	4	

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Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
SINEMET CR	4	
<b>Antipsychotics</b>		
<i>chlorpromazine hcl tablet</i>	2	
<i>clozapine</i>	2	
<i>fluphenazine decanoate</i>	2	
<i>fluphenazine hcl tablet</i>	2	
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	2	
<i>haloperidol lactate</i>	2	
<i>loxapine succinate</i>	2	
<i>olanzapine</i>	2	
<i>olanzapine odt</i>	2	
<i>perphenazine</i>	2	
<i>risperidone</i>	2	
<i>risperidone odt tablet dispersible 0.5mg, 2mg, 3mg, 4mg</i>	2	
<i>thioridazine hcl</i>	2	
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
ABILIFY	3	
ABILIFY DISCMELT	3	
CHLORPROMAZINE HCL INJECTION	3	
FAZACLO	3	
FLUPHENAZINE HCL CONCENTRATE, ELIXIR, INJECTION	3	
GEODON	3	
INVEGA	3	
ORAP	3	
RISPERDAL CONSTA	3	
RISPERIDONE ODT TABLET DISPERSIBLE 0.25MG	3	
SEROQUEL	3	
SEROQUEL XR	3	
SYMBYAX	3	
ZYPREXA	3	
ZYPREXA ZYDIS	3	
CLOZARIL	4	
FANAPT	4	
FANAPT TITRATION PACK	4	
HALDOL	4	
HALDOL DECANOATE 100	4	
HALDOL DECANOATE 50	4	
INVEGA SUSTENNA	4	
LATUDA	4	
LOXITANE	4	
NAVANE	4	
RISPERDAL	4	

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Drug Name	Drug Tier	Requirements/Limits
RISPERDAL M-TAB	4	
SAPHRIS	4	
<b>Antispasticity Agents</b>		
<i>baclofen</i>	2	
<i>dantrolene sodium</i>	2	
<i>tizanidine hcl</i>	2	
ZANAFLEX CAPSULE	3	
DANTRIUM	4	
ZANAFLEX TABLET	4	
<b>Antivirals</b>		
<i>acyclovir</i>	2	
<i>acyclovir sodium</i>	2	
<i>amantadine hcl</i>	2	
<i>didanosine</i>	2	
<i>famciclovir</i>	2	
GANCICLOVIR CAPSULE 250MG	2	
<i>ganciclovir injection</i>	2	
<i>lamivudine</i>	2	
<i>ribapak tablet 400mg, 600mg</i>	2	
<i>ribasphere</i>	2	
<i>ribavirin</i>	2	
<i>rimantadine hcl</i>	2	
<i>stavudine</i>	2	
<i>valacyclovir hcl</i>	2	
<i>zidovudine</i>	2	
APTIVUS	3	
BARACLUDE	3	
CRIXIVAN	3	
DENAVIR	3	
EMTRIVA	3	
EPIVIR	3	
EPIVIR HBV	3	
EPZICOM	3	
HEPSERA	3	
INVIRASE	3	
ISENTRESS	3	
KALETRA	3	
LEXIVA SUSPENSION	3	
NORVIR	3	
PREZISTA	3	
REBETOL SOLUTION	3	
RELENZA DISKHALER	3	
RESCRIPTOR	3	
RETROVIR IV INFUSION	3	

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Drug Name	Drug Tier	Requirements/Limits
SELZENTRY	3	
SUSTIVA	3	
TAMIFLU	3	
TYZEKA	3	
VIDEX PEDIATRIC	3	
VIRACEPT	3	
VIRAMUNE	3	
VIRAMUNE XR	3	
VIRAZOLE	3	
VIREAD	3	
VISTIDE	3	
ZIAGEN	3	
ZOVIRAX CREAM, OINTMENT	3	
CYTOVENE	4	
FAMVIR	4	
RETROVIR	4	
REYATAZ CAPSULE 100MG	4	QL (30 per 30 days)
VALTREX	4	
VIDEX EC	4	
ZERIT	4	
ZIRGAN	4	
ZOVIRAX CAPSULE, SUSPENSION, TABLET	4	
ATRIPLA	5	
COMBIVIR	5	
COMPLERA	5	
COPEGUS	5	
EDURANT	5	
FUZEON	5	
GANCICLOVIR CAPSULE 500MG	5	
INCIVEK	5	
INTELENCE	5	
LEXIVA TABLET	5	
REBETOL CAPSULE	5	
REYATAZ CAPSULE 150MG, 200MG, 300MG	5	
RIBAPAK TABLET 0	5	
TRIZIVIR	5	
TRUVADA	5	
VALCYTE	5	
VICTRELIS	5	
<b>Anxiolytics</b>		
<i>bupirone hcl</i>	2	
<i>chlordiazepoxide/amitriptyline</i>	2	
<i>meprobamate</i>	2	
<i>paroxetine hcl er</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<b>Bipolar Agents</b>		
<i>lithium carbonate er</i>	2	
<i>lithium carbonate capsule</i>	2	
<i>lithium citrate</i>	2	
<i>risperidone odt</i>	2	
LITHIUM CARBONATE TABLET	3	
SYMBYAX	3	
LITHOBID	4	
RISPERDAL M-TAB	4	
<b>Blood Glucose Regulators</b>		
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glycron tablet 1.5mg, 3mg, 6mg</i>	1	
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
<i>acarbose</i>	2	
<i>chlorpropamide</i>	2	
<i>glipizide er</i>	2	
<i>glipizide/metformin hcl</i>	2	
<i>glyburide/metformin hcl</i>	2	
<i>nateglinide</i>	2	
<i>tolazamide</i>	2	
ACTOPLUS MET	3	
ACTOPLUS MET XR	3	
ACTOS	3	
BYETTA	3	
CYCLOSET	3	
DUETACT	3	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLYCRON TABLET 4.5MG	3	
HUMALOG	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 PEN	3	
HUMULIN N	3	
HUMULIN N U-100 PEN	3	
HUMULIN R	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMULIN R U-500 (CONCENTRATED)	3	
JANUVIA	3	
JUVISYNC	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
NOVOLIN 70/30	3	
NOVOLIN N	3	
NOVOLIN R	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
PROGLYCEM	3	
RIOMET	3	
SYMLIN	3	
SYMLINPEN 120	3	
SYMLINPEN 60	3	
TOLBUTAMIDE	3	
TRADJENTA	3	
AMARYL	4	
APIDRA	4	
APIDRA SOLOSTAR	4	
AVANDAMET	4	
AVANDARYL	4	
AVANDIA	4	
DIABETA	4	
GLUCOPHAGE	4	
GLUCOPHAGE XR	4	
GLUCOTROL	4	
GLUCOTROL XL	4	
GLUCOVANCE	4	
GLUMETZA	4	
GLYNASE	4	
GLYSET	4	
JANUMET	4	
METAGLIP	4	
PRANDIMET	4	
PRANDIN	4	
PRECOSE	4	
STARLIX	4	
VICTOZA	4	
<b>Blood Products/Modifiers/ Volume Expanders</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
<i>cilostazol</i>	2	
<i>dipyridamole</i>	2	
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium</i>	2	
<i>heparin sodium/d5w</i>	2	
<i>heparin sodium/sodium chloride 0.9% premix</i>	2	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	
<i>ticlopidine hcl</i>	2	
<i>tranexamic acid</i>	2	
AGGRENOX	3	
ARANESP ALBUMIN FREE	3	PA (PART B VS PART D ONLY)
ARIXTRA	3	
COUMADIN INJECTION	3	
CYKLOKAPRON	3	
EPOGEN	3	PA (PART B VS PART D ONLY)
FRAGMIN	3	
HEPARIN SODIUM/NACL 0.45%	3	
HEPARIN SODIUM INJECTION 2000UNIT/ML	3	
INNOHEP	3	
LEUKINE	3	
LOVENOX INJECTION 300MG/3ML	3	
LYSTEDA	3	
NEULASTA	3	
NEUMEGA	3	
PLAVIX	3	
PROCRIT	3	PA (PART B VS PART D ONLY)
BRILINTA	4	
COUMADIN TABLET	4	
LOVENOX INJECTION 100MG/ML, 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	4	
PERSANTINE	4	
PLETAL	4	
PRADAXA	4	
XARELTO	4	
ARGATROBAN	5	
CINRYZE	5	PA
MOZOBIL	5	
NEUPOGEN	5	
PROMACTA	5	
<b>Cardiovascular Agents</b>		
<i>amiloride/hydrochlorothiazide</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hcl</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>captopril</i>	1	
<i>carvedilol</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>digoxin tablet</i>	1	
<i>enalapril maleate</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>furosemide tablet</i>	1	
<i>hydrochlorothiazide capsule</i>	1	
<i>hydrochlorothiazide tablet 25mg, 50mg</i>	1	
<i>indapamide</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>lovastatin</i>	1	
<i>metoprolol tartrate tablet</i>	1	
<i>pravastatin sodium</i>	1	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>verapamil hcl tablet 120mg, 80mg</i>	1	
<i>acebutolol hcl</i>	2	
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
<i>acetazolamide sodium</i>	2	
<i>afeditab cr</i>	2	
<i>amiloride hcl</i>	2	
<i>amiodarone hcl</i>	2	
<i>amlodipine besylate</i>	2	
<i>amlodipine besylate/benazepril hcl</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	2	
<i>atorvastatin calcium</i>	2	
<i>benazepril hcl/hydrochlorothiazide</i>	2	
<i>betaxolol hcl</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>bumetanide</i>	2	
<i>captopril/hydrochlorothiazide</i>	2	
<i>cartia xt</i>	2	
<i>chlorothiazide sodium</i>	2	
<i>cholestyramine light</i>	2	
<i>clonidine hcl</i>	2	
<i>colestipol hcl</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>digoxin injection</i>	2	
<i>dilt-cd</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem cd</i>	2	
<i>diltiazem hcl er</i>	2	
<i>diltiazem hcl tablet</i>	2	
<i>diltiazem hcl injection 25mg/5ml</i>	2	
<i>diltzac</i>	2	
<i>disopyramide phosphate</i>	2	
<i>eplerenone</i>	2	
<i>eprosartan mesylate</i>	2	
<i>felodipine er</i>	2	
<i>fenofibrate</i>	2	
<i>fenofibrate micronized</i>	2	
<i>flecainide acetate</i>	2	
<i>fosinopril sodium</i>	2	
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>furosemide injection</i>	2	
<i>furosemide oral solution 10mg/ml</i>	2	
<i>gemfibrozil</i>	2	
<i>guanfacine hcl</i>	2	
<i>hydralazine hcl</i>	2	
<i>isochron</i>	2	
<i>isosorbide dinitrate</i>	2	
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>isradipine</i>	2	
<i>labetalol hcl</i>	2	
<i>losartan potassium</i>	2	
<i>losartan potassium/hydrochlorothiazide</i>	2	
<i>matzim la</i>	2	
<i>methyldopa</i>	2	
<i>metolazone</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate injection</i>	2	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>midodrine hcl</i>	2	
<i>minitran</i>	2	
<i>minoxidil</i>	2	
<i>moexipril hcl</i>	2	
<i>moexipril/hydrochlorothiazide</i>	2	
<i>nadolol</i>	2	
<i>nadolol/bendroflumethiazide</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>niacor</i>	2	
<i>nicardipine hcl</i>	2	
<i>nifediac cc</i>	2	
<i>nifedical xl</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine capsule 10mg</i>	2	
<i>nimodipine</i>	2	
<i>nisoldipine er</i>	2	
<i>nisoldipine tablet extended release 24 hour 17mg, 34mg, 8.5mg</i>	2	
<i>nitroglycerin</i>	2	
<i>nitroglycerin transdermal</i>	2	
<i>pacerone tablet 200mg</i>	2	
<i>perindopril erbumine</i>	2	
<i>prazosin hcl</i>	2	
<i>procainamide hcl injection 100mg/ml</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
<i>propranolol hcl</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol/hydrochlorothiazide</i>	2	
<i>quinapril hcl</i>	2	
<i>quinapril/hydrochlorothiazide</i>	2	
<i>quinidine gluconate er</i>	2	
<i>quinidine sulfate</i>	2	
<i>ramipril</i>	2	
<i>reserpine</i>	2	
<i>simvastatin</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>spironolactone</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>taztia xt</i>	2	
<i>torseamide tablet</i>	2	
<i>trandolapril</i>	2	
<i>triamterene/hydrochlorothiazide capsule 25mg; 50mg</i>	2	
<i>verapamil hcl er</i>	2	
<i>verapamil hcl injection</i>	2	
<i>verapamil hcl tablet 40mg</i>	2	
ALDACTAZIDE TABLET 50MG; 50MG	3	
BENICAR	3	
BENICAR HCT	3	
BIDIL	3	
BYSTOLIC	3	
CLORPRES	3	

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Drug Name	Drug Tier	Requirements/Limits
COVERA-HS	3	
CRESTOR	3	
DEMSER	3	
DIBENZYLINE	3	
DIGOXIN ORAL SOLUTION	3	
DILATRATE SR	3	
DILTIAZEM HCL INJECTION 100MG	3	
DIURIL	3	
DYRENIUM	3	
EDECIN	3	
FUROSEMIDE ORAL SOLUTION 8MG/ML	3	
GUANABENZ ACETATE	3	
ISORDIL TITRADOSE TABLET 40MG	3	
LANOXIN INJECTION 0.1MG/ML	3	
LEVATOL	3	
LOVAZA	3	
METHYCLOTHIAZIDE	3	
METHYLDOPA/HYDROCHLOROTHIAZIDE	3	
METHYLDOPATE HCL	3	
MEXILETINE HCL	3	
NIASPAN	3	
NIFEDIPINE CAPSULE 20MG	3	
NISOLDIPINE TABLET EXTENDED RELEASE 24 HOUR 20MG, 30MG, 40MG	3	
NITRO-BID	3	
NITROLINGUAL PUMPSPRAY	3	
NITROMIST	3	
NITROSTAT	3	
PACERONE TABLET 100MG	3	
PINDOLOL	3	
PROCAINAMIDE HCL INJECTION 500MG/ML	3	
QUINIDINE GLUCONATE	3	
QUINIDINE SULFATE ER	3	
SIMCOR	3	
SODIUM EDECIN	3	
SOTALOL HYDROCHLORIDE	3	
THALITONE	3	
TIKOSYN	3	
TIMOLOL MALEATE	3	
TORSEMIDE INJECTION	3	
VYTORIN	3	
WELCHOL	3	
ACCUPRIL	4	
ACCURETIC	4	

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Drug Name	Drug Tier	Requirements/Limits
ACEON	4	
ADALAT CC	4	
ADVICOR	4	
ALDACTAZIDE TABLET 25MG; 25MG	4	
ALDACTONE	4	
ALTACE	4	
ANTARA	4	
ATACAND	4	
ATACAND HCT	4	
AVALIDE	4	
AVAPRO	4	
BETAPACE	4	
BETAPACE AF	4	
CADUET	4	
CALAN	4	
CALAN SR	4	
CARDIZEM	4	
CARDIZEM CD	4	
CARDIZEM LA	4	
CARDURA XL	4	
CATAPRES	4	
CATAPRES-TTS-1	4	QL (8 per 28 days)
CATAPRES-TTS-2	4	QL (8 per 28 days)
CATAPRES-TTS-3	4	QL (8 per 28 days)
COLESTID	4	
CORDARONE	4	
COREG	4	
CORGARD	4	
CORZIDE	4	
COZAAR	4	
DEMADEX	4	
DIAMOX	4	
DILACOR XR	4	
DIOVAN	4	
DIOVAN HCT	4	
DIURIL IV	4	
DYAZIDE	4	
DYNACIRC CR	4	
FENOGLIDE	4	
HYZAAR	4	
INDERAL LA	4	
INNOPRAN XL	4	
INSPRA	4	
ISOPTIN SR	4	

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Drug Tier 3 = Preferred Brand Drugs

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Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
ISORDIL TITRADOSE TABLET 5MG	4	
LANOXIN TABLET	4	
LANOXIN INJECTION 0.25MG/ML	4	
LASIX	4	
LESCOL	4	
LESCOL XL	4	
LIPITOR	4	
LIPOFEN	4	
LOFIBRA	4	
LOPID	4	
LOPRESSOR	4	
LOPRESSOR HCT	4	
LOTENSIN	4	
LOTENSIN HCT	4	
LOTREL	4	
MAVIK	4	
MAXZIDE	4	
MAXZIDE-25	4	
MEVACOR	4	
MICARDIS	4	
MICARDIS HCT	4	
MICROZIDE	4	
MINIPRESS	4	
MONOKET	4	
MULTAQ	4	
NITRO-DUR	4	
NORPACE	4	
NORPACE CR	4	
NORVASC	4	
PACERONE TABLET 400MG	4	
PRAVACHOL	4	
PRINIVIL	4	
PRINZIDE	4	
PROCARDIA	4	
PROCARDIA XL	4	
QUESTRAN	4	
RYTHMOL	4	
RYTHMOL SR	4	
SECTRAL	4	
SULAR	4	
TAMBOCOR	4	
TARKA	4	
TEKTURNAL	4	
TEKTURNAL HCT	4	

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Drug Name	Drug Tier	Requirements/Limits
TENEX	4	
TENORETIC 100	4	
TENORETIC 50	4	
TENORMIN	4	
TEVETEN	4	
TEVETEN HCT	4	
TIAZAC	4	
TOPROL XL	4	
TRANDATE	4	
TRICOR	4	
TRIGLIDE	4	
TWYNSTA	4	
UNIRETIC	4	
UNIVASC	4	
VASERETIC	4	
VASOTEC	4	
VERELAN	4	
VERELAN PM	4	
ZAROXOLYN	4	
ZEBETA	4	
ZESTORETIC	4	
ZESTRIL	4	
ZETIA	4	
ZIAC	4	
ZOCOR	4	
SAMSCA	5	
<b>Central Nervous System Agents</b>		
<i>amphetamine/dextroamphetamine</i>	2	
<i>dexmethylphenidate hcl</i>	2	
<i>dextroamphetamine sulfate</i>	2	
<i>dextroamphetamine sulfate er</i>	2	
<i>metadate er</i>	2	
<i>methamphetamine hcl</i>	2	PA
<i>methylin er</i>	2	
<i>methylin tablet</i>	2	
<i>methylphenidate hcl</i>	2	
<i>methylphenidate hcl sr</i>	2	
<i>methylphenidate hydrochloride</i>	2	
CONCERTA	3	
METADATE CD	3	
METHYLIN TABLET CHEWABLE, SOLUTION	3	
NUEDEXTA	3	
PROVIGIL	3	PA
RILUTEK	3	

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Drug Name	Drug Tier	Requirements/Limits
RITALIN LA	3	
XYREM	3	PA ** Limited Access Drug. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 888-282-1420 8:00 a.m. - 8:00 p.m., Mtn. Time, 7 days a week. If you are hearing impaired and use TTY equipment, call 711.
ADDERALL XR	4	
DESOXYN	4	PA
DEXEDRINE	4	
RITALIN	4	
RITALIN SR	4	
STRATTERA	4	
VYVANSE	4	
<b>Dental and Oral Agents</b>		
<i>chlorhexidine gluconate oral rinse</i>	2	
<i>pilocarpine hcl</i>	2	
<i>pilocarpine hydrochloride</i>	2	
<i>triamcinolone in orabase</i>	2	
EVOXAC	3	
SALAGEN	4	
KEPIVANCE	5	
<b>Dermatological Agents</b>		
<i>adapalene</i>	2	
<i>ammonium lactate</i>	2	
<i>amnestem</i>	2	
<i>avita</i>	2	
<i>calcipotriene solution</i>	2	
<i>claravis</i>	2	
<i>clindamycin phosphate</i>	2	
<i>clindamycin/benzoyl peroxide</i>	2	
<i>erythromycin/benzoyl peroxide</i>	2	
<i>fluorouracil</i>	2	
<i>imiquimod</i>	2	
<i>laclotion</i>	2	
<i>podofilox</i>	2	
<i>selenium sulfide</i>	2	
<i>sotret</i>	2	
<i>tretinoin</i>	2	
8-MOP	3	
ATRALIN	3	

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Drug Tier 5 = Specialty Drugs

Drug Name	Drug Tier	Requirements/Limits
AZELEX	3	
BENZAACLIN WITH PUMP	3	
CALCIPOTRIENE OINTMENT	3	
CARAC	3	
CLINDACIN PAC	3	
CLINDAGEL	3	
CONDYLOX	3	
DIFFERIN GEL 0.3%	3	
DOVONEX	3	
FINACEA	3	
FLUOROPLEX	3	
OXSORALEN	3	
OXSORALEN ULTRA	3	
REGRANEX	3	
RETIN-A MICRO	3	
SANTYL	3	
SOLARAZE	3	
TAZORAC	3	
UVADEX	3	
VELTIN	3	
VEREGEN	3	
ZIANA	3	
ACZONE	4	
ALDARA	4	
BENZAMYCIN	4	
CLEOCIN-T	4	
DIFFERIN CREAM, LOTION	4	
DIFFERIN GEL 0.1%	4	
DOVONEX SCALP	4	
EFUDEX	4	
ELIDEL	4	
EVOCLIN	4	
LAC-HYDRIN	4	
PROTOPIC	4	
RETIN-A	4	
TACLONEX	4	
TACLONEX SCALP	4	
ZONALON	4	
AMEVIVE	5	PA
SORIATANE CAPSULE 10MG, 25MG	5	
STELARA	5	PA
XALKORI	5	PA
<b>Enzyme Replacements/ Modifiers</b>		
ADAGEN	3	

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Drug Name	Drug Tier	Requirements/Limits
CEREDASE	3	
CREON	3	
CYSTADANE	3	
CYSTAGON	3	
NAGLAZYME	3	
PANCREAZE	3	
ZENPEP	3	
ALDURAZYME	5	
BUPHENYL	5	
CARBAGLU	5	PA
CEREZYME	5	
ELAPRASE	5	
FABRAZYME	5	
KUVAN	5	PA
LUMIZYME	5	
MYOZYME	5	
ORFADIN	5	
VPRIV	5	
ZAVESCA	5	PA
<b>Gastrointestinal Agents</b>		
<i>cimetidine tablet 200mg, 300mg, 400mg</i>	1	
<i>atropine sulfate injection 0.1mg/ml</i>	2	
<i>cimetidine hcl</i>	2	
<i>cimetidine tablet 800mg</i>	2	
<i>constulose</i>	2	
<i>dicyclomine hcl</i>	2	
<i>diphenoxylate/atropine</i>	2	
<i>enulose</i>	2	
<i>famotidine</i>	2	
<i>famotidine premixed</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>glycopyrrolate</i>	2	
<i>lactulose</i>	2	
<i>lansoprazole</i>	2	ST
<i>lansoprazole odt</i>	2	
<i>loperamide hcl</i>	2	
<i>methscopolamine bromide</i>	2	
<i>metoclopramide hcl</i>	2	
<i>misoprostol</i>	2	
<i>nizatidine</i>	2	
<i>omeprazole</i>	2	
<i>pantoprazole sodium</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>polyethylene glycol 3350</i>	2	
<i>ranitidine hcl</i>	2	
<i>sucralfate</i>	2	
<i>trilyte</i>	2	
<i>ursodiol</i>	2	
ATROPINE SULFATE INJECTION 0.05MG/ML	3	
CANTIL	3	
CARAFATE SUSPENSION	3	
DEXILANT	3	QL (90 per 90 days) ST
DIPENTUM	3	
GASTROCROM	3	
GOLYTELY SOLUTION RECONSTITUTED 227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM	3	
KRISTALOSE	3	
LOTRONEX	3	
MOTOFEN	3	
MOVIPREP	3	
NEXIUM I.V.	3	
PROPANTHELINE BROMIDE	3	
PROTONIX INJECTION	3	ST
SUPREP BOWEL PREP	3	
VISICOL	3	
ZANTAC INJECTION 50MG/50ML; 0.45%	3	
ACIPHEX	4	ST
ACTIGALL	4	
AMITIZA	4	
AXID	4	
BENTYL	4	
CARAFATE TABLET	4	
COLYTE-FLAVOR PACKS	4	
CUVPOSA	4	
CYTOTEC	4	
GOLYTELY SOLUTION RECONSTITUTED 236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	4	
HALFLYTELY BOWEL PREP/FLAVOR PACKS	4	
LOMOTIL	4	
NEXIUM CAPSULE DELAYED RELEASE	4	ST
NEXIUM PACKET 10MG	4	
NEXIUM PACKET 20MG, 40MG	4	ST
NULYTELY/FLAVOR PACKS	4	
PAMINE	4	
PAMINE FORTE	4	
PEPCID	4	
PEPCID I.V.	4	

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Drug Name	Drug Tier	Requirements/Limits
PREVACID	4	ST
PREVACID SOLUTAB	4	
PRIOSECCAPSULE DELAYED RELEASE 10MG, 20MG	4	ST
PROTONIX PACKET, TABLET DELAYED RELEASE	4	ST
REGLAN	4	
ROBINUL	4	
ROBINUL FORTE	4	
URSO 250	4	
URSO FORTE	4	
ZANTAC SYRUP, TABLET, TABLET EFFERVESCENT	4	
ZANTAC INJECTION 25MG/ML	4	
<b>Genitourinary Agents</b>		
<i>doxazosin mesylate</i>	1	
<i>oxybutynin chloride tablet</i>	1	
<i>terazosin hcl</i>	1	
<i>alfuzosin hcl er</i>	2	
<i>calcium acetate</i>	2	
<i>finasteride</i>	2	
<i>flavoxate hcl</i>	2	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride syrup</i>	2	
<i>tamsulosin hcl</i>	2	
<i>tropium chloride</i>	2	
AVODART	3	
CLINDESSE	3	
DETROL	3	
DETROL LA	3	
ELMIRON	3	
FOSRENOL	3	
OXYTROL	3	QL (8 per 28 days)
PHOSLO	3	
PHOSLYRA	3	
RENAGEL	3	
RENVELA	3	
UROXATRAL	3	
CARDURA	4	
DITROPAN XL	4	
FLOMAX	4	
JALYN	4	
PROSCAR	4	
SANCTURA	4	
SANCTURA XR	4	
URECHOLINE	4	
VESICARE	4	

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Drug Name	Drug Tier	Requirements/Limits
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
<i>a-hydrocort</i>	2	
<i>a-methapred</i>	2	
<i>ala cort</i>	2	
<i>ala-cort</i>	2	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide cream</i>	2	
<i>augmented betamethasone dipropionate</i>	2	
<i>betamethasone dipropionate</i>	2	
<i>betamethasone valerate</i>	2	
<i>clobetasol propionate</i>	2	
<i>clobetasol propionate e</i>	2	
<i>cortisone acetate</i>	2	
<i>desonide</i>	2	
<i>desoximetasone</i>	2	
<i>dexamethasone sodium phosphate</i>	2	
<i>dexamethasone elixir</i>	2	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 4mg, 6mg</i>	2	
<i>diflorasone diacetate</i>	2	
<i>fludrocortisone acetate</i>	2	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide oil</i>	2	
<i>fluocinonide</i>	2	
<i>fluocinonide-e</i>	2	
<i>fluticasone propionate</i>	2	
<i>halobetasol propionate</i>	2	
<i>hydrocortisone</i>	2	
<i>hydrocortisone butyrate</i>	2	
<i>hydrocortisone valerate</i>	2	
<i>lokara</i>	2	
<i>methylprednisolone</i>	2	
<i>methylprednisolone acetate</i>	2	
<i>methylprednisolone sodiumsuccinate</i>	2	
<i>mometasone furoate</i>	2	
<i>prednicarbate</i>	2	
<i>prednisolone sodium phosphate</i>	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 5mg</i>	2	
<i>procto-pak</i>	2	
<i>proctocream hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
<i>triamcinolone acetonide</i>	2	
<i>triderm</i>	2	
<i>u-cort</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
AMCINONIDE LOTION, OINTMENT	3	
CAPEX	3	
CELESTONE	3	
CLOBEX	3	
CLODERM	3	
CORDRAN	3	
CORDRAN SP	3	
CORDRAN TAPE	3	
DEPO-MEDROL INJECTION 20MG/ML	3	
DERMA-SMOOTHIE/FS BODY OIL	3	
DESONATE	3	
DEXAMETHASONE INTENSOL	3	
DEXAMETHASONE TABLET 1MG, 2MG	3	
FLUOCINOLONE ACETONIDE CREAM, OINTMENT, SOLUTION	3	
HALOG	3	
KENALOG	3	
LOCOID LIPOCREAM	3	
LOCOID LOTION	3	
LUXIQ	3	
MILLIPRED	3	
OLUX-E	3	
ORAPRED ODT	3	
PANDEL	3	
PREDNISONE INTENSOL	3	
PREDNISONE SOLUTION	3	
PREDNISONE TABLET 50MG	3	
SOLU-CORTEF INJECTION 250MG	3	
SOLU-MEDROL INJECTION 2GM	3	
TRIAMCINOLONE ACETONIDE IN ABSORBABLE	3	
VANOS	3	
VERDESO	3	
ACLOVATE	4	
ALA SCALP	4	
ANUSOL-HC	4	
CARMOL-HC	4	
CORTEF	4	
CUTIVATE	4	
DEPO-MEDROL INJECTION 40MG/ML, 80MG/ML	4	
DERMATOP	4	
DESOWEN	4	
DESOWEN LOTION/CETAPHIL CREAM	4	
DESOWEN OINTMENT/CETAPHIL LOTION	4	
DEXPAK 13 DAY	4	
DIPROLENE	4	

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Drug Name	Drug Tier	Requirements/Limits
DIPROLENE AF	4	
ELOCON	4	
LOCOID OINTMENT, SOLUTION	4	
MEDROL	4	
MEDROL DOSEPAK	4	
ORAPRED	4	
PEDIAPRED	4	
PROCTOCORT	4	
SOLU-CORTEF INJECTION 100MG	4	
SOLU-MEDROL INJECTION 125MG, 40MG, 500MG	4	
TEMOVATE	4	
TOPICORT	4	
TOPICORT LP	4	
ULTRAVATE	4	
VERIPRED 20	4	
WESTCORT	4	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<i>chorionic gonadotropin</i>	2	
<i>desmopressin acetate</i>	2	
<i>novarel</i>	2	
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	2	
GENOTROPIN	3	PA
GENOTROPIN MINIQUICK	3	PA
HUMATROPE	3	PA
HUMATROPE COMBO PACK	3	PA
INCRELEX	3	
METHERGINE	3	
NORDITROPIN FLEXPPO	3	PA
NORDITROPIN NORDIFLEX PEN	3	PA
NUTROPIN	3	PA
NUTROPIN AQ NUSPIN 5	3	PA
NUTROPIN AQ PEN	3	PA
OMNITROPE	3	PA
SAIZEN	3	PA
SAIZEN CLICK.EASY	3	PA
SEROSTIM	3	
STIMATE	3	
TEV-TROPIN	3	PA
ZORBTIVE	3	PA
DDAVP	4	
EGRIFTA	5	PA
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
<i>amethia</i>	2	
<i>amethyst</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	2	
<i>cesia</i>	2	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>danazol</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>errin</i>	2	
<i>estrace cream</i>	2	
<i>estradiol valerate</i>	2	
<i>estradiol/norethindrone acetate</i>	2	
<i>estradiol tablet</i>	2	
<i>estradiol patch weekly 0.06mg/24hr, 37.5mcg/24hr</i>	2	
<i>estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	2	QL (4 per 28 days)
<i>estropipate</i>	2	
<i>gianvi</i>	2	
<i>introvale</i>	2	
<i>jinteli</i>	2	
<i>jolivette</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>leena</i>	2	
<i>lessina-28</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>medroxyprogesterone acetate</i>	2	
<i>megestrol acetate</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>mononessa</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>necon 0.5/35-28</i>	2	
<i>necon 1/35-28</i>	2	
<i>necon 7/7/7</i>	2	
<i>next choice</i>	2	
<i>nora-be</i>	2	
<i>norethindrone acetate</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>ocella</i>	2	
<i>orsythia</i>	2	
<i>ortho-est</i>	2	
<i>oxandrolone</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>quasense</i>	2	
<i>reclipsen</i>	2	
<i>solia</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>testosterone cypionate</i>	2	
<i>testosterone enanthate</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>trinessa</i>	2	
<i>trivora-28</i>	2	
<i>velivet</i>	2	
<i>zeosa</i>	2	
<i>zovia 1/35e</i>	2	
<i>zovia 1/50e</i>	2	
ALORA	3	QL (8 per 28 days)
ANADROL-50	3	
ANDRODERM	3	QL (60 per 30 days)
ANDROGEL	3	QL (300 per 30 days)
ANDROGEL PUMP	3	
ANDROID	3	
ANDROXY	3	
ANGELIQ	3	
CLIMARA PRO	3	QL (4 per 28 days)
COMBIPATCH	3	QL (8 per 28 days)
CRINONE	3	
DEPO-ESTRADIOL	3	

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Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA	3	
DEPO-SUBQ PROVERA 104	3	
ELESTRIN	3	QL (144 per 30 days)
ELLA	3	
ENDOMETRIN	3	
ESTRING	3	
EVAMIST	3	
EVISTA	3	
FEMRING	3	
FORTESTA	3	QL (120 per 30 days)
LOESTRIN 24 FE	3	
LOSEASONIQUE	3	
MEGACE ES	3	
MENEST	3	
MENOSTAR	3	QL (4 per 28 days)
METHITEST	3	
NECON 10/11-28	3	
NUVARING	3	
OGESTREL	3	
ORTHO EVRA	3	QL (3 per 28 days)
OVCON-50 28	3	
PREMARIN	3	
PREMARIN W/APPLICATOR	3	
PREMPHASE	3	
PREMPRO	3	
PROMETRIUM	3	
SEASONIQUE	3	
STRIANT	3	
TESTIM	3	QL (300 per 30 days)
TESTRED	3	
VAGIFEM	3	
ACTIVELLA	4	
AXIRON	4	
AYGESTIN	4	
BREVICON-28	4	
CENESTIN	4	
CLIMARA	4	QL (4 per 28 days)
CYCLESSA	4	
DELATESTRYL	4	
DELESTROGEN	4	
DEPO-PROVERA CONTRACEPTIVE	4	
DEPO-TESTOSTERONE	4	
DESOGEN	4	
ENJUVIA	4	

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Drug Name	Drug Tier	Requirements/Limits
ESTRACE TABLET	4	
ESTRADERM	4	QL (8 per 28 days)
ESTROSTEP FE	4	
FEMCON FE	4	
FEMHRT 1/5	4	
FEMHRT LOW DOSE	4	
FEMTRACE	4	
LO/OVRAL-28	4	
LOESTRIN 1.5/30-21	4	
LOESTRIN 1/20-21	4	
LOESTRIN FE 1.5/30	4	
LOESTRIN FE 1/20	4	
LYBREL	4	
MEGACE ORAL	4	
MODICON	4	
NOR-QD	4	
NORDETTE-28	4	
NORINYL 1+35	4	
ORTHO MICRONOR	4	
ORTHO TRI-CYCLEN LO	4	
ORTHO-CEPT	4	
ORTHO-CYCLEN	4	
ORTHO-NOVUM 7/7/7	4	
OVCON-35	4	
OXANDRIN	4	
PREFEST	4	
PROVERA	4	
SEASONALE	4	
TRI-NORINYL 28	4	
VIVELLE-DOT	4	QL (8 per 28 days)
YASMIN 28	4	
YAZ	4	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
<i>levothroid</i>	2	
<i>levothyroxine sodium</i>	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium</i>	2	
<i>unithroid</i>	2	
THYROLAR-1	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
CYTOMEL	4	
SYNTHROID	4	

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Drug Name	Drug Tier	Requirements/Limits
TIROSINT	4	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	3	
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
SENSIPAR	3	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline</i>	2	
<i>leuprolide acetate</i>	2	
<i>octreotide acetate</i>	2	
ELIGARD	3	
LUPRON DEPOT	3	
LUPRON DEPOT-PED	3	
SANDOSTATIN LAR DEPOT	3	
SOMAVERT	3	
SYNAREL	3	
TRELSTAR DEPOT MIXJECT	3	
TRELSTAR LA MIXJECT	3	
TRELSTAR MIXJECT	3	
SANDOSTATIN	4	
SOMATULINE DEPOT	5	
<b>Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)</b>		
<i>bicalutamide</i>	2	
<i>flutamide</i>	2	
NILANDRON	3	
CASODEX	4	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
TAPAZOLE	4	
<b>Immunological Agents</b>		
<i>azathioprine</i>	2	PA (PART B VS PART D ONLY)
<i>cyclosporine</i>	2	PA (PART B VS PART D ONLY)
<i>cyclosporine modified capsule 100mg</i>	2	
<i>cyclosporine modified solution</i>	2	PA (PART B VS PART D ONLY)
<i>gengraf</i>	2	PA (PART B VS PART D ONLY)
<i>leflunomide</i>	2	
<i>methotrexate</i>	2	PA (PART B VS PART D ONLY)
<i>methotrexate sodium</i>	2	
<i>mycophenolate mofetil</i>	2	
<i>tacrolimus</i>	2	
ACTHIB	3	
ADACEL	3	
ATGAM	3	
AZASAN	3	PA (PART B VS PART D ONLY)

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Drug Name	Drug Tier	Requirements/Limits
AZATHIOPRINE SODIUM	3	
BOOSTRIX	3	
CARIMUNE NANOFILTERED	3	PA
CELLCEPT INTRAVENOUS	3	
CELLCEPT SUSPENSION RECONSTITUTED	3	PA (PART B VS PART D ONLY)
CERVARIX	3	
COMVAX	3	
CYCLOSPORINE MODIFIED CAPSULE 50MG	3	PA (PART B VS PART D ONLY)
DAPTACEL	3	
DECAVAC	3	
DIPHThERIA/TETANUS TOXOID PEDIATRIC	3	
ENGERIX-B	3	PA (PART B VS PART D ONLY)
GAMASTAN S/D	3	PA
GAMMAGARD LIQUID	3	PA
GAMMAPLEX	3	PA
GAMUNEX	3	PA
GARDASIL	3	
HAVRIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
INFERGEN	3	
INTRON-A	3	
INTRON-A W/DILUENT	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
JE-VAX	3	
M-M-R II W/DILUENT 10 DOSE	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
MYFORTIC	3	PA (PART B VS PART D ONLY)
ORTHOCLONE OKT3	3	PA (PART B VS PART D ONLY)
PEDVAX HIB	3	
PRIVIGEN	3	PA
PROGRAF INJECTION	3	PA (PART B VS PART D ONLY)
PROQUAD	3	
RABAVERT	3	
RAPAMUNE SOLUTION	3	PA (PART B VS PART D ONLY)
RAPAMUNE TABLET 0.5MG	3	
RAPAMUNE TABLET 1MG, 2MG	3	PA (PART B VS PART D ONLY)
RECOMBIVAX HB	3	PA (PART B VS PART D ONLY)
RIDAURA	3	
ROTATEQ	3	
SIMULECT	3	PA (PART B VS PART D ONLY)

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Drug Name	Drug Tier	Requirements/Limits
TETANUS TOXOID ADSORBED	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	3	
THYMOGLOBULIN	3	
TREXALL	3	PA (PART B VS PART D ONLY)
TRIPEDIA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VIVAGLOBIN	3	PA
YF-VAX	3	
ZOSTAVAX	3	AL (min: 50y)
ARAVA	4	
CELLCEPT CAPSULE, TABLET	4	PA (PART B VS PART D ONLY)
GILENYA	4	PA
IMURAN	4	PA (PART B VS PART D ONLY)
NEORAL	4	PA (PART B VS PART D ONLY)
PROGRAF CAPSULE	4	PA (PART B VS PART D ONLY)
RHEUMATREX	4	PA (PART B VS PART D ONLY)
SANDIMMUNE	4	PA (PART B VS PART D ONLY)
ZORTRESS TABLET 0.25MG	4	PA (PART B VS PART D ONLY)
ACTEMRA	5	PA
ACTIMMUNE	5	
ARCALYST	5	
AVONEX	5	
BENLYSTA	5	PA
BETASERON	5	
CIMZIA	5	PA
COPAXONE	5	
ENBREL	5	PA
EXTAVIA	5	
HIZENTRA	5	PA
HUMIRA	5	PA
HUMIRA PEN-CROHNS DISEASESTARTER	5	
ILARIS	5	PA
KINERET	5	PA
NULOJIX	5	PA
ORENCIA INJECTION 125MG/1ML	5	PA
ORENCIA INJECTION 250MG	5	PA
PEG-INTRON	5	
PEG-INTRON REDIPEN	5	
PEGASYS	5	
REBIF	5	
REBIF TITRATION PACK	5	

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Drug Name	Drug Tier	Requirements/Limits
REMICADE	5	PA
SIMPONI	5	PA
TYSABRI	5	PA ** Limited Access Drug. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 888-282-1420 8:00 a.m. - 8:00 p.m., Mtn. Time, 7 days a week. If you are hearing impaired and use TTY equipment, call 711.
ZORTRESS TABLET 0.5MG, 0.75MG	5	PA (PART B VS PART D ONLY)
<b>Inflammatory Bowel Disease Agents</b>		
<i>balsalazide disodium</i>	2	
<i>budesonide</i>	2	
<i>colocort</i>	2	
<i>hydrocortisone</i>	2	
<i>mesalamine</i>	2	
<i>sulfasalazine</i>	2	
<i>sulfazine ec</i>	2	
ASACOL	3	
ASACOL HD	3	
CANASA	3	
CORTIFOAM	3	
LIALDA	3	
MILLIPRED	3	
PENTASA	3	
APRISO	4	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
COLAZAL	4	
CORTENEMA	4	
ENTOCORT EC	4	
ROWASA	4	
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium tablet 10mg, 40mg, 5mg</i>	2	
<i>alendronate sodium tablet 35mg, 70mg</i>	2	QL (4 per 28 days)
<i>calcitonin-salmon</i>	2	
<i>calcitriol</i>	2	
<i>etidronate disodium</i>	2	
<i>fortical</i>	2	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	2	
ACTONEL TABLET 150MG, 30MG, 5MG	3	
ACTONEL TABLET 35MG	3	QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
BONIVA INJECTION	3	
HECTOROL	3	
MIACALCIN INJECTION	3	
PAMIDRONATE DISODIUM INJECTION 6MG/ML	3	
RECLAST	3	
SKELID	3	
ZEMPLAR	3	
AREDIA	4	
BONIVA TABLET	4	QL (1 per 28 days)
CALCIJEX	4	
DIDRONEL	4	
FORTEO	4	PA
FOSAMAX PLUS D	4	QL (4 per 28 days)
FOSAMAX SOLUTION	4	
FOSAMAX TABLET 10MG, 40MG, 5MG	4	
FOSAMAX TABLET 35MG, 70MG	4	QL (4 per 28 days)
MIACALCIN NASAL SOLUTION	4	
PROLIA	4	PA
ROCALTROL	4	
XGEVA	5	PA
ZOMETA	5	
<b>Miscellaneous Therapeutic Agents</b>		
<i>anagrelide hydrochloride</i>	2	
<i>dexrazoxane</i>	2	
<i>intralipid injection 2.25%; 20%</i>	2	
<i>levocarnitine</i>	2	
<i>liposyn iii injection 1.8%; 2.5%; 30%</i>	2	
<i>methylergonovine maleate</i>	2	
<i>pentopak</i>	2	
<i>pentoxifylline er</i>	2	
<i>sterile water irrigation</i>	2	
ALCOHOL PREPS	3	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	3	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	3	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	3	
BOTOX	3	PA
CURITY GAUZE PADS 2"X2"	3	
XEOMIN	3	PA
AGRYLIN	4	
CARNITOR	4	
INTRALIPID INJECTION 1.7%; 30%	4	
LIPOSYN II	4	

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Drug Name	Drug Tier	Requirements/Limits
LIPOSYN III INJECTION 1.2%; 2.5%; 10%, 1.2%; 2.5%; 20%	4	
TRENTAL	4	
ZINECARD	4	
XENAZINE	5	
<b>Ophthalmic Agents</b>		
<i>levobunolol hcl solution 0.5%</i>	1	QL (10 per 30 days)
<i>ak-con</i>	2	
<i>ak-tob</i>	2	
<i>apraclonidine</i>	2	
<i>azelastine hcl</i>	2	
<i>bacitracin</i>	2	
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate</i>	2	
<i>carteolol hcl</i>	2	
<i>cromolyn sodium</i>	2	QL (50 per 30 days)
<i>dexamethasone sodium phosphate</i>	2	
<i>diclofenac sodium</i>	2	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>epinastine hcl</i>	2	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
<i>gentak</i>	2	
<i>gentasol</i>	2	
<i>ketorolac tromethamine</i>	2	
<i>latanoprost</i>	2	QL (2.5 per 30 days)
<i>levobunolol hcl solution 0.25%</i>	2	QL (10 per 30 days)
<i>methazolamide</i>	2	
<i>metipranolol</i>	2	QL (10 per 30 days)
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>neomycin/polymyxin/hydrocortisone</i>	2	
<i>ofloxacin</i>	2	
<i>parcaine</i>	2	
<i>poly-dex</i>	2	
<i>prednisolone acetate</i>	2	
<i>proparacaine hcl</i>	2	
<i>romycin</i>	2	
<i>sodium sulfacetamide</i>	2	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate solution 0.5%</i>	2	QL (10 per 30 days)

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<i>timolol maleate solution 0.25%</i>	2	QL (15 per 30 days)
<i>tobrasol</i>	2	
<i>trifluridine</i>	2	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	2	
<i>tropicamide</i>	2	
ALAMAST	3	QL (20 per 30 days)
ALOCRIAL	3	QL (10 per 30 days)
ALOMIDE	3	QL (30 per 30 days)
ALPHAGAN P	3	QL (15 per 30 days)
ALREX	3	QL (20 per 30 days)
AZASITE	3	QL (5 per 30 days)
BETAXOLOL HCL	3	
BETOPTIC-S	3	QL (20 per 30 days)
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
COMBIGAN	3	QL (10 per 30 days)
DUREZOL	3	QL (10 per 31 days)
ELESTAT	3	
EMADINE	3	
FLAREX	3	
FML	3	
FML FORTE	3	
LACRISERT	3	
LOTEMAX	3	
LUMIGAN SOLUTION 0.01%	3	
LUMIGAN SOLUTION 0.03%	3	QL (2.5 per 30 days)
MAXIDEX	3	
NATACYN	3	
NEVANAC	3	QL (3 per 30 days)
PATADAY	3	QL (3 per 30 days)
PATANOL	3	QL (10 per 30 days)
PHOSPHOLINE IODIDE	3	
PILOPINE HS	3	
POLY-PRED	3	
PRED MILD	3	
PRED-G	3	
PRED-G S.O.P.	3	
PREDNISOLONE SODIUM PHOSPHATE	3	
RESTASIS	3	QL (64 per 30 days)
TOBRADEX ST	3	
TOBRADEX OINTMENT	3	QL (4 per 30 days)
TOBREX OINTMENT	3	
VEXOL	3	
VIGAMOX	3	QL (6 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYLET	3	
ACULAR	4	QL (10 per 30 days)
ACULAR LS	4	QL (10 per 30 days)
ACUVAIL	4	
ALCAINE	4	
AZOPT	4	QL (15 per 30 days)
BETAGAN	4	QL (15 per 30 days)
BETIMOL	4	
BLEPH-10	4	
BROMDAY	4	
BROMFENAC	4	
CILOXAN SOLUTION	4	QL (20 per 30 days)
CILOXAN OINTMENT	4	QL (8 per 30 days)
COSOPT	4	QL (10 per 30 days)
FML LIQUIFILM	4	
IOPIDINE SOLUTION 1%	4	
IOPIDINE SOLUTION 0.5%	4	QL (10 per 30 days)
ISOPTO CARPINE	4	
ISTALOL	4	QL (5 per 30 days)
LASTACRAFT	4	
MAXITROL	4	
MYDRIACYL	4	
NEOSPORIN	4	
OCUFEN	4	
OCUFLOX	4	QL (10 per 30 days)
OMNIPRED	4	
OPTIPRANOLOL	4	
OPTIVAR	4	QL (6 per 30 days)
POLYTRIM	4	
PRED FORTE	4	
PROPINE	4	
TIMOPTIC OCUDOSE	4	QL (60 per 30 days)
TIMOPTIC-XE	4	QL (5 per 30 days)
TOBRADEX SUSPENSION	4	QL (20 per 30 days)
TOBEX SOLUTION	4	
TRAVATAN Z	4	QL (2.5 per 30 days)
TRUSOPT	4	QL (10 per 30 days)
VIROPTIC	4	
VOLTAREN	4	QL (5 per 30 days)
XALATAN	4	QL (2.5 per 30 days)
<b>Otic Agents</b>		
<i>acetazol hc</i>	2	
<i>acetic acid</i>	2	
<i>cortomycin</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone</i>	2	
CIPRO HC	3	
CIPRODEX	3	QL (8 per 30 days)
COLY-MYCIN S	3	
CORTISPORIN-TC	3	
DERMOTIC	3	
CORTISPORIN	4	
<b>Respiratory Tract Agents</b>		
<i>acetylcysteine</i>	2	
<i>albuterol sulfate</i>	2	
<i>albuterol sulfate er</i>	2	
<i>aminophylline</i>	2	
<i>asmanex 120 metered doses</i>	2	QL (2 per 30 days)
<i>asmanex 14 metered doses</i>	2	QL (2 per 30 days)
<i>asmanex 30 metered doses aerosol powder breath activated 110mcg/inh</i>	2	
<i>asmanex 30 metered doses aerosol powder breath activated 220mcg/inh</i>	2	QL (2 per 30 days)
<i>asmanex 60 metered doses</i>	2	QL (2 per 30 days)
<i>azelastine hcl</i>	2	QL (2 per 30 days)
<i>budesonide</i>	2	
<i>carbinoxamine maleate</i>	2	
<i>clemastine fumarate</i>	2	
<i>cromolyn sodium</i>	2	
<i>cyproheptadine hcl</i>	2	
<i>diphenhydramine hcl</i>	2	
<i>epinephrine hcl</i>	2	
<i>fexofenadine hcl</i>	2	
<i>flunisolide</i>	2	QL (50 per 30 days)
<i>fluticasone propionate</i>	2	QL (32 per 30 days)
<i>hydroxyzine hcl</i>	2	
<i>hydroxyzine pamoate</i>	2	
<i>ipratropium bromide/albuterol sulfate</i>	2	
<i>ipratropium bromide inhalation solution</i>	2	
<i>ipratropium bromide nasal solution 0.06%</i>	2	QL (30 per 30 days)
<i>ipratropium bromide nasal solution 0.03%</i>	2	QL (60 per 30 days)
<i>levalbuterol</i>	2	
<i>meclizine hcl</i>	2	
<i>metaproterenol sulfate syrup</i>	2	
<i>promethazine vc</i>	2	
<i>terbutaline sulfate</i>	2	
<i>theochron</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>theophylline er</i>	2	
<i>triamcinolone acetonide</i>	2	QL (34 per 30 days)
<i>zafirlukast</i>	2	
ADVAIR DISKUS	3	QL (60 per 30 days)
ADVAIR HFA	3	QL (12 per 30 days)
ALVESCO	3	
ARALAST NP	3	
ASTEPRO	3	
ATROVENT HFA	3	QL (26 per 30 days)
COMBIVENT	3	QL (30 per 30 days)
DEXCHLORPHENIRAMINE MALEATE	3	
DULERA AEROSOL 5MCG/ACT; 200MCG/ACT	3	QL (13 per 30 days)
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT	3	QL (3 per 90 days)
ELIXOPHYLLIN	3	
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
FLOVENT DISKUS	3	
FLOVENT HFA AEROSOL 44MCG/ACT	3	QL (22 per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL (24 per 30 days)
FORADIL AEROLIZER	3	QL (60 per 30 days)
LUFYLLIN	3	
METAPROTERENOL SULFATE TABLET	3	
NASONEX	3	QL (34 per 30 days)
PATANASE	3	
PERFOROMIST	3	
PROAIR HFA	3	QL (18 per 30 days)
PROLASTIN	3	PA
PULMICORT FLEXHALER	3	QL (2 per 30 days)
PULMICORT SUSPENSION 1MG/2ML	3	
QVAR	3	QL (24 per 30 days)
SEMPREX-D	3	
SEREVENT DISKUS	3	QL (60 per 30 days)
SINGULAIR	3	
SPIRIVA HANDIHALER	3	QL (90 per 30 days)
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT	3	QL (11 per 30 days)
SYMBICORT AEROSOL 80MCG/ACT; 4.5MCG/ACT	3	QL (7 per 30 days)
THEO-24	3	
TWINJECT	3	
TYZINE	3	
TYZINE PEDIATRIC NASAL DROPS	3	
VENTOLIN HFA	3	QL (36 per 30 days)
ZEMAIRA	3	
ACCOLATE	4	
ACCUNEB	4	

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Drug Name	Drug Tier	Requirements/Limits
ALLEGRA	4	
ANTIVERT	4	
ASTELIN	4	QL (2 per 30 days)
ATROVENT SOLUTION 0.06%	4	QL (30 per 30 days)
ATROVENT SOLUTION 0.03%	4	QL (60 per 30 days)
BECONASE AQ	4	QL (50 per 30 days)
DUONEB	4	
FLONASE	4	QL (32 per 30 days)
MAXAIR AUTOHALER	4	
NASACORT AQ	4	QL (34 per 30 days)
PALGIC	4	
PROVENTIL HFA	4	QL (14 per 30 days)
PULMICORT SUSPENSION 0.25MG/2ML, 0.5MG/2ML	4	QL (120 per 30 days)
RHINOCORT AQUA	4	QL (18 per 30 days)
VERAMYST	4	QL (20 per 30 days)
VISTARIL	4	
VOSPIRE ER	4	
XOPENEX	4	
XOPENEX HFA	4	
ZYFLO CR	4	
ADCIRCA	5	PA
GLASSIA	5	PA
LETAIRIS	5	PA
PROLASTIN-C	5	
PULMOZYME	5	
REMODULIN	5	
REVATIO	5	PA
TRACLEER	5	PA ** Limited Access Drug. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 888-282-1420 8:00 a.m. - 8:00 p.m., Mtn. Time, 7 days a week. If you are hearing impaired and use TTY equipment, call 711.
VENTAVIS	5	
XOLAIR	5	PA
<b>Sedatives/Hypnotics</b>		
<i>zaleplon</i>	2	
<i>zolpidem tartrate</i>	2	
AMBIEN	4	
LUNESTA	4	
ROZEREM	4	

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Drug Name	Drug Tier	Requirements/Limits
SONATA	4	
<b>Skeletal Muscle Relaxants</b>		
<i>carisoprodol</i>	2	
<i>carisoprodol/aspirin</i>	2	
<i>carisoprodol/aspirin/codeine</i>	2	
<i>chlorzoxazone</i>	2	
<i>cyclobenzaprine hcl tablet 10mg, 5mg</i>	2	
<i>metaxalone</i>	2	
<i>methocarbamol</i>	2	
<i>orphenadrine citrate</i>	2	
<i>orphenadrine citrate er</i>	2	
<i>orphenadrine/asa/caffeine</i>	2	
ORPHENADRINE COMPOUND DS	3	
ROBAXIN INJECTION	3	
FLEXERIL	4	
NORFLEX	4	
PARAFON FORTE DSC	4	
ROBAXIN TABLET	4	
SKELAXIN	4	
SOMA TABLET 350MG	4	
<b>Therapeutic Nutrients/Minerals/ Electrolytes</b>		
<i>ed k+10</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>aminosyn 8.5%/electrolytes</i>	2	
<i>aminosyn ii 8.5%/electrolytes</i>	2	
<i>aminosyn-hf</i>	2	
<i>clinimix 4.25%/dextrose 10%</i>	2	
<i>clinimix 4.25%/dextrose 20%</i>	2	
<i>clinimix 4.25%/dextrose 25%</i>	2	
<i>clinisol sf 15%</i>	2	
<i>dextrose 10% flex container</i>	2	
<i>dextrose 10%/nacl 0.2%</i>	2	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/nacl 0.2%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.9%</i>	2	
<i>freamine iii</i>	2	
<i>hepatamine</i>	2	
<i>isolyte-m/dextrose 5%</i>	2	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.2%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>klor-con m20</i>	2	
<i>lactated ringers irrigation</i>	2	
<i>leucovorin calcium injection</i>	2	
<i>leucovorin calcium tablet 25mg, 5mg</i>	2	
<i>magnesium sulfate injection 50%</i>	2	
<i>normosol-m in d5w</i>	2	
<i>normosol-r in d5w</i>	2	
<i>physiolyte</i>	2	
<i>physiosol irrigation</i>	2	
<i>plasma-lyte-r</i>	2	
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	2	
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	2	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	2	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	2	
<i>potassium chloride 0.15% nacl 0.9%</i>	2	
<i>potassium chloride 0.15%/d5w</i>	2	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	2	
<i>potassium chloride 0.224%/d5w</i>	2	
<i>potassium chloride 0.3%/d5w</i>	2	
<i>potassium chloride er</i>	2	
<i>potassium chloride injection 0.4meq/ml, 10meq/100ml, 2meq/ml, 30meq/100ml</i>	2	
<i>potassium citrate er</i>	2	
<i>premasol injection 56meq/</i>	2	
<i>prenatabs obn</i>	2	
<i>ringers injection</i>	2	
<i>ringers irrigation</i>	2	
<i>sodium bicarbonate injection 7.5%</i>	2	
<i>sodium chloride</i>	2	
<i>sodium chloride 0.45% viaflex</i>	2	
<i>sodium chloride 0.9%</i>	2	
<i>sodium fluoride</i>	2	
<i>tis-u-sol</i>	2	
<i>tpn electrolytes</i>	2	
AMINOSYN	3	
AMINOSYN II 3.5%/DEXTROSE25%	3	
AMINOSYN II 3.5%/DEXTROSE5%	3	
AMINOSYN II 3.5/DEXTROSE 25%	3	
AMINOSYN II 4.25/DEXTROSE10%	3	
AMINOSYN II 4.25/DEXTROSE20%	3	
AMINOSYN II 4.25/DEXTROSE25%	3	

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II 5/DEXTROSE 25	3	
AMINOSYN II M 3.5%/DEXTROSE 5%	3	
AMINOSYN II INJECTION 50.3MEQ/L	3	
AMINOSYN M	3	
AMINOSYN-HBC	3	
AMINOSYN-PF	3	
AMINOSYN-PF 7%	3	
AMMONIUM CHLORIDE	3	
CLINIMIX 2.75%/DEXTROSE 5%	3	
CLINIMIX 4.25%/DEXTROSE 5%	3	
CLINIMIX 5%/DEXTROSE 15%	3	
CLINIMIX 5%/DEXTROSE 20%	3	
CLINIMIX 5%/DEXTROSE 25%	3	
CLINIMIX E 2.75%/DEXTROSE 10%	3	
CLINIMIX E 2.75%/DEXTROSE 5%	3	
CLINIMIX E 4.25%/DEXTROSE 25%	3	
CLINIMIX E 4.25%/DEXTROSE 5%	3	
CLINIMIX E 5%/DEXTROSE 15%	3	
CLINIMIX E 5%/DEXTROSE 20%	3	
CLINIMIX E 5%/DEXTROSE 25%	3	
DEXTROSE 10%/NACL 0.45%	3	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	3	
DEXTROSE 5%/NACL 0.225%	3	
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	3	
FREAMINE III 3%	3	
HEPATASOL	3	
IONOSOL-PA (PART B VS PART D ONLY)EXTROSE 5%	3	
IONOSOL-MPA (PART B VS PART D ONLY)EXTROSE 5%	3	
IONOSOL-T/DEXTROSE 5%	3	
ISOLYTE-H/DEXTROSE 5%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	
ISOLYTE-S/DEXTROSE 5%	3	
KCL 0.15%/D10W/NACL 0.2%	3	
KCL 0.15%/D5W/LR	3	
KCL 0.15%/D5W/NACL 0.225%	3	
KCL 0.3%/D5W/LR IV LAC RING	3	
KCL 0.3%/D5W/NACL 0.9%	3	
KLOR-CON M15	3	
LEUCOVORIN CALCIUM TABLET 10MG, 15MG	3	
MAGNESIUM SULFATE IN D5W	3	
MAGNESIUM SULFATE INJECTION 40MG/ML, 80MG/ML	3	
NEPHRAMINE	3	
NORMOSOL-R	3	

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Drug Name	Drug Tier	Requirements/Limits
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PLASMA-LYTE 56	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
PLASMA-LYTE-148/D5W	3	
PLASMA-LYTE-56/D5W	3	
POTASSIUM CHLORIDE 0.224%D5W/NACL 0.33%	3	
POTASSIUM CHLORIDE INJECTION 10MEQ/50ML	3	
PREMASOL INJECTION 52MEQ/L	3	
PROCALAMINE	3	
PROSOL	3	
SODIUM LACTATE	3	
TRAVASOL	3	
TROPHAMINE INJECTION 97MEQ/L	3	
AMINOSYN II INJECTION 107.6MEQ/L	4	
K-TABS	4	
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	4	
TROPHAMINE INJECTION 0	4	

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<i>ipratropium bromide/albuterol sulfate</i>	61	KCL 0.15%/D5W/NACL 0.225%	66
IQUIX	15	<i>kcl 0.15%/d5w/nacl 0.9%</i>	65
IRESSA	25	KCL 0.3%/D5W/LR IV LAC RING	66
<i>irinotecan</i>	23	<i>kcl 0.3%/d5w/nacl 0.2%</i>	65
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