

• FAMILY CARE PARTNERSHIP •

Community Care Family Care Partnership Program (HMO SNP)

Formulary

(2012 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 co-payments may change on January 1, 2012.

Community Care Family Care Partnership Program (HMO SNP) (Community Care) is a Coordinated Care plan with a Medicare Advantage contract and a contract with the Wisconsin Medicaid program.



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INTERPRETER SERVICES

Interpreter services are available free of charge.

- For help to translate or understand this, please call 1-866-992-6600 (TTY call the Wisconsin Relay System at 711 or 1-800-947 -3529).
- Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 866-992-6600 (TTY call the Wisconsin Relay System at 711 or 1-800-947 -3529).
- Если вам не всё понятно в этом документе, позвоните по телефону 866-992-6600 (TTY call the Wisconsin Relay System at 711 or 1-800-947 -3529).
- Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 866-992-6600 (TTY call the Wisconsin Relay System at 711 or 1-800-947 -3529).
- ເພື່ອຊ່ວຍໃນການແປ ຫລືເຂົ້າໃຈເນື້ອຫາໃນນີ້, ກະລຸນາໂທລະສັບຫາ 866-992-6600 (TTY call the Wisconsin Relay System at 711 or 1-800-947 -3529).

NOTE TO TTY USERS

If you are using a TTY machine, dial the Wisconsin Relay System's toll free TTY access number: 711, or if no answer: 800-947-3529. A Wisconsin Relay Communication Assistant (CA) will answer your call. Provide the area code and phone number of your Team and the CA will connect you with someone who can help you. There is always a doctor or nurse practitioner on call to help you.

Community Care is a Health plan with a Medicare contract.

Community Care contracts with the Centers for Medicare and Medicaid Services (CMS) and the Wisconsin Department of Health Services (DHS) to offer this Medicare Advantage Special Needs Plan (SNP) that is fully integrated with the Wisconsin Family Care Partnership Program.

What is the Community Care Formulary?

A formulary is a list of covered drugs selected by Community Care 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. Community Care will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Community Care network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage (EOC)/ Member Handbook.

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 co-payment 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 or 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 30-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 April 18, 2012.

To get updated information about the drugs covered by Community Care, please visit our Web site at www.communitycareinc.org, contact your Team or call Customer Service at 1-866-992-6600, seven days a week from 8:00 AM until 8:00 PM. TTY users should call the Wisconsin Relay System at 711 or 1-800-947-3529. Calls to these numbers are free.

The monthly Explanation of Benefits (EOB) that you receive lists all changes to the formulary if any changes have been made. New members receive a copy of the formulary with their member ID card. An updated printed copy of the formulary can be obtained by contacting the Pharmacy Administrative Assistant at (414) 902-2539. The most current version of our formulary is also available on our website at www.communitycareinc.org. If you have questions about the formulary, please contact your Team.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 6. 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, "category Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 6. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 34. 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?

Community Care 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:** Community Care requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Community Care before you fill your prescriptions. If you don't get approval, Community Care may not cover the drug.
- **Quantity Limits:** For certain drugs, Community Care limits the amount of the drug that Community Care will cover. For example, Community Care provides up to 12 Transderm Scop patches within a 30-day period.
- **Step Therapy:** In some cases, Community Care 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, Community Care may not cover drug B unless you try Drug A first. If Drug A does not work for you, Community Care 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 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.communitycareinc.org.

You can ask Community Care to make an exception to these restrictions or limits. See the section, "How do I request an exception to Community Care's formulary?" on page 5 for information about how to request an exception.

For more information regarding coverage restrictions on prescription drugs please contact your Team or visit our website at www.communitycareinc.org.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Community Care pays for certain OTC drugs. A list of OTC drugs covered by Community Care is at the end of this booklet. The cost to Community Care of these OTC drugs will not count toward your total drug costs.

What if my drug is not on the Formulary?

If your drug is not included in this list of covered drugs, you should first contact your Team and ask if your drug is covered. If you learn that Community Care does not cover your drug, you have two options:

- You can ask your Team for a list of similar drugs that are covered by Community Care. When you receive the list, show it to your doctor or other prescriber and ask him or her to prescribe a similar drug that is covered by Community Care.
- You can ask Community Care 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 Community Care's Formulary?

You can ask Community Care 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, Community Care 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.

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

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you are requesting a formulary or utilization restriction exception, you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement.

You can request an expedited (fast) exception if you or your doctor or other prescriber believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

What do I do before I can talk to my doctor or other prescriber 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 or other prescriber 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 or other prescriber to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or 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 a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If your level of care changes and you become a resident of a of long-term care facility, Community Care will provide at least a 31-day supply (unless the prescription is written for less) with refills provided, if needed, up to a 93-day supply.

For more information

For more detailed information about your Community Care prescription drug coverage, please review your Evidence of Coverage (EOC)/ Member Handbook and other plan materials.

If you have questions about Community Care, please call your Team or Customer Service at 1-866-992-6600, seven days a week from 8:00 AM until 8:00 PM. If you are using a TTY machine, dial the Wisconsin Relay System's toll free TTY access number: 711, or if no answer: 800-947-3529. A Wisconsin Relay Communication Assistant (CA) will answer your call. Provide the area code and phone number of your Team and the CA will connect you with someone who can help you. There is always a doctor or nurse practitioner on call to help you. Or, visit www.communitycarinc.org.

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.

For more information about Medicaid, please contact the Wisconsin Department of Health Services by calling 1-800-362-3002. You can also get information by visiting their website at www.dhs.wisconsin.gov/Medicaid.

Community Care's Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Community Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 34. The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g. PLAVIX and generic drugs are listed in lower-case italics (e.g., *clopidogrel bisulfate*). The information in the Notes column tells you if Community Care has any special requirements for coverage of your drug.

The Formulary Key:

QL = Quantity Limits

PA = Prior Authorization for all members,

PA-NS = Prior Authorization for members starting medication,

PA-BD = Prior Authorization to determine Medicare Part B vs. Part D coverage,

ST = Step Therapy,

ST-NS = Step Therapy for members starting medication, and

LA = Limited Access

| Example: Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| ANTIBACTERIALS | | |
| <i>Antibacterials, Ophthalmic Agents</i> | | |
| GENTAK | 1 | |
| VIGAMOX | 2 | |
| <i>Antibacterials, Other</i> | | |
| CLEOCIN OVULES | 2 | |
| VANCOGIN | 2 | PA |
| Serotonin/ Norepinephrine Reuptake Inhibitors | | |
| EFFEXOR | 2 | |
| LEXAPRO | 2 | ST |

Generic drugs are in Tier 1 of the Community Care Formulary and brand name drugs are in Tier 2.

Because you have both Medicaid and Medicare, you will have no co-payments for covered prescription drugs in 2012. If you have questions about your drugs, please contact Customer Service or talk to your Team.

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| Analgesics | | |
| Nonsteroidal Anti-inflammatory Drugs | | |
| CELEBREX CAPS 100MG, 200MG | 2 | PA (Celcoxib (Celebrex)) |
| INDOCIN | 2 | |
| <i>indomethacin</i> | 1 | |
| <i>indomethacin er</i> | 1 | |
| <i>ketoprofen</i> | 1 | |
| KETOPROFEN ER | 2 | |
| <i>ketorolac tromethamine inj</i> | 1 | |
| <i>meloxicam tabs</i> | 1 | |
| <i>naproxen dr</i> | 1 | |
| <i>naproxen tabs</i> | 1 | |
| <i>piroxicam</i> | 1 | |
| Opioid Analgesics | | |
| <i>acetaminophen/codeine</i> | 1 | |
| <i>acetaminophen/codeine #3</i> | 1 | |
| <i>buprenorphine hcl</i> | 1 | |
| CODEINE SULFATE | 2 | |
| DILAUDID INJ | 2 | |
| <i>fentanyl</i> | 1 | QL (15 EA per 30 days) PA (Fentanyl Transdermal Patch) PA (Fentanyl Lozenge) |
| <i>fentanyl citrate oral transmucosal</i> | 1 | |
| <i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg, 500mg; 10mg, 500mg; 5mg, 650mg; 10mg, 750mg; 7.5mg</i> | 1 | |
| <i>hydromorphone hcl</i> | 1 | |
| INFUMORPH 500 | 2 | |
| <i>latanoprost</i> | 1 | QL (2.5 ML per 30 days) |
| METHADONE HCL INJ, ORAL SOLN | 2 | |
| <i>methadone hcl conc, tabs</i> | 1 | |
| <i>methadose</i> | 1 | |
| <i>morphine sulfate er tb12</i> | 1 | |
| MORPHINE SULFATE ORAL SOLN, TABS | 2 | |
| <i>morphine sulfate inj</i> | 1 | |
| <i>oxycodone hcl tabs</i> | 1 | |
| <i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i> | 1 | |
| OXYCONTIN TB12 10MG, 20MG, 30MG, 40MG, 60MG, 80MG | 2 | ST (Opioid Analgesics #2) |
| ROXICET SOLN | 2 | |
| <i>roxicet tabs 325mg; 5mg</i> | 1 | |
| <i>tramadol hcl</i> | 1 | |
| <i>tramadol hcl er tb24 100mg, 200mg</i> | 1 | |
| ULTRAM ER TB24 300MG | 2 | |
| Anesthetics | | |
| Local Anesthetics | | |
| <i>lidocaine</i> | 1 | |
| <i>lidocaine hcl jelly</i> | 1 | |
| <i>lidocaine hcl inj, external soln</i> | 1 | |
| <i>lidocaine viscous</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------------|
| <i>lidocaine/prilocaine</i> | 1 | |
| LIDODERM | 2 | PA (Lidocaine transdermal (Lidoderm)) |
| Anti-inflammatory Agents | | |
| Nonsteroidal Anti-inflammatory Drugs | | |
| <i>diclofenac potassium</i> | 1 | |
| <i>diclofenac sodium dr</i> | 1 | |
| <i>diclofenac sodium xr</i> | 1 | |
| <i>etodolac</i> | 1 | |
| <i>etodolac er</i> | 1 | |
| <i>ibuprofen</i> | 1 | |
| <i>nabumetone</i> | 1 | |
| Antibacterials | | |
| Aminoglycosides | | |
| <i>amikacin sulfate</i> | 1 | |
| <i>gentak</i> | 1 | |
| <i>gentamicin sulfate</i> | 1 | |
| <i>gentamicin sulfate/0.9% sodium chloride</i> | 1 | |
| <i>gentamicin sulfate/sodium chloride</i> | 1 | |
| <i>isotonic gentamicin</i> | 1 | |
| <i>paromomycin sulfate</i> | 1 | |
| TOBI | 2 | B/D |
| <i>tobramycin sulfate/sodium chloride</i> | 1 | |
| <i>tobramycin sulfate inj</i> | 1 | |
| <i>tobramycin sulfate ophthalmic soln 0.3%</i> | 1 | |
| Antibacterials, Other | | |
| ALCOHOL PREPS | 2 | |
| <i>bacitracin/polymyxin b</i> | 1 | |
| <i>bacitracin oint</i> | 1 | |
| CLEOCIN SUPP | 2 | |
| <i>clindamycin hcl</i> | 1 | |
| <i>clindamycin phosphate add-vantage</i> | 1 | |
| <i>clindamycin phosphate gel, lotn, soln</i> | 1 | |
| <i>colistimethate sodium</i> | 1 | |
| <i>methenamine hippurate</i> | 1 | |
| <i>metronidazole in nacl 0.79%</i> | 1 | |
| <i>metronidazole vaginal</i> | 1 | |
| <i>metronidazole crea, gel, lotn, tabs</i> | 1 | |
| <i>mupirocin</i> | 1 | |
| <i>neomycin sulfate</i> | 1 | |
| <i>neomycin/bacitracin/polymyxin</i> | 1 | |
| <i>neomycin/polymyxin b sulfates</i> | 1 | |
| <i>nitrofurantoin macrocrystalline</i> | 1 | |
| <i>nitrofurantoin monohydrate</i> | 1 | |
| <i>polymyxin b sulfate</i> | 1 | |
| <i>silver sulfadiazine</i> | 1 | |
| <i>trimethoprim</i> | 1 | |
| VANCOCIN HCL | 2 | PA (Vancomycin Oral Solution) |
| <i>vancomycin hcl inj 1000mg, 500mg</i> | 1 | B/D |
| <i>vandazole</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| XIFAXAN TABS 200MG | 2 | PA (Rifaximin (Xifaxan)) |
| ZYVOX INJ, TABS | 2 | PA (Linezolid (Zyvox)) |
| Beta-lactam, Cephalosporins | | |
| CEFAZOLIN SODIUM INJ 1GM; 5% | 2 | |
| <i>cefazolin sodium inj 10gm, 1gm, 500mg</i> | 1 | |
| <i>cefepime</i> | 1 | |
| <i>cefepodoxime proxetil</i> | 1 | |
| <i>ceftriaxone sodium</i> | 1 | |
| <i>cefuroxime axetil tabs</i> | 1 | |
| <i>cefuroxime sodium</i> | 1 | |
| <i>cephalexin caps, susr</i> | 1 | |
| TEFLARO | 2 | |
| Beta-lactam, Other | | |
| <i>aztreonam</i> | 1 | |
| INVANZ | 2 | |
| Beta-lactam, Penicillins | | |
| <i>amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml, 400mg/5ml; 57mg/5ml</i> | 1 | |
| <i>amoxicillin/potassium clavulanate</i> | 1 | |
| <i>amoxicillin chew 250mg</i> | 1 | |
| <i>amoxicillin caps</i> | 1 | |
| <i>amoxicillin susr 250mg/5ml</i> | 1 | |
| <i>amoxicillin tabs 500mg</i> | 1 | |
| <i>ampicillin-sulbactam inj 2gm; 1gm</i> | 1 | |
| BICILLIN L-A | 2 | |
| <i>dicloxacillin sodium</i> | 1 | |
| <i>nafcillin sodium</i> | 1 | |
| NALLPEN/DEXTROSE | 2 | |
| <i>penicillin v potassium tabs</i> | 1 | |
| <i>piperacillin sodium</i> | 1 | |
| <i>piperacillin sodium/tazobactam sodium</i> | 1 | |
| ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML | 2 | |
| Macrolides | | |
| AKNE-MYCIN | 2 | |
| <i>azithromycin</i> | 1 | |
| <i>clarithromycin</i> | 1 | |
| DIFICID | 2 | PA (Fidaxomicin (Difcid)) |
| <i>ery</i> | 1 | |
| ERYTHROCIN STEARATE | 2 | |
| <i>erythromycin</i> | 1 | |
| ERYTHROMYCIN BASE | 2 | |
| KETEK | 2 | |
| Quinolones | | |
| CIPRO I.V.-IN D5W | 2 | |
| CIPRO SUSR | 2 | |
| <i>ciprofloxacin</i> | 1 | |
| <i>ciprofloxacin hcl soln</i> | 1 | |
| <i>ciprofloxacin hcl tabs 250mg, 500mg, 750mg</i> | 1 | |
| LEVAQUIN | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>levofloxacin in d5w</i> | 1 | |
| LEVOFLOXACIN INJ | 2 | |
| <i>levofloxacin oral soln, tabs</i> | 1 | |
| <i>ofloxacin soln</i> | 1 | |
| VIGAMOX | 2 | |
| ZYMAR | 2 | |
| Sulfonamides | | |
| <i>sodium sulfacetamide</i> | 1 | |
| <i>sulfacetamide sodium</i> | 1 | |
| SULFADIAZINE | 2 | |
| <i>sulfamethoxazole/trimethoprim ds</i> | 1 | |
| SULFAMETHOXAZOLE/TRIMETHOPRIM INJ | 2 | B/D |
| <i>sulfamethoxazole/trimethoprim susp, tabs</i> | 1 | |
| <i>trimethoprim sulfate/polymyxin b sulfate</i> | 1 | |
| Tetracyclines | | |
| <i>demeclocycline hcl</i> | 1 | |
| <i>doxycycline hyclate caps, inj</i> | 1 | |
| <i>doxycycline hyclate tabs 100mg</i> | 1 | |
| <i>doxycycline monohydrate tabs 50mg, 75mg</i> | 1 | |
| <i>minocycline hcl caps 100mg, 50mg</i> | 1 | |
| <i>minocycline hcl tabs 100mg, 50mg</i> | 1 | |
| VIBRAMYCIN SYRP | 2 | |
| Anticonvulsants | | |
| Anticonvulsants, Other | | |
| BANZEL | 2 | |
| <i>levetiracetam</i> | 1 | |
| <i>levetiracetam er</i> | 1 | |
| VIMPAT | 2 | |
| Calcium Channel Modifying Agents | | |
| CELONTIN | 2 | |
| <i>ethosuximide</i> | 1 | |
| LYRICA | 2 | ST (Neuropathic Pain Agents #2, new starts only) PA (Pregabalin (Lyrica), new starts only) |
| <i>zonisamide</i> | 1 | |
| Gamma-aminobutyric Acid (GABA) Augmenting Agents | | |
| <i>divalproex sodium</i> | 1 | |
| <i>divalproex sodium dr</i> | 1 | |
| <i>divalproex sodium er</i> | 1 | |
| <i>gabapentin</i> | 1 | |
| GABITRIL | 2 | |
| <i>primidone</i> | 1 | |
| SABRIL | 2 | |
| <i>valproate sodium</i> | 1 | |
| <i>valproic acid</i> | 1 | |
| Glutamate Reducing Agents | | |
| <i>felbamate</i> | 1 | |
| FELBATOL | 2 | |
| LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| LAMICTAL STARTER/TAKING VALPROATE | 2 | |
| <i>lamotrigine</i> | 1 | |
| <i>topiramate</i> | 1 | |
| Sodium Channel Inhibitors | | |
| <i>carbamazepine</i> | 1 | |
| <i>carbamazepine er</i> | 1 | |
| CARBATROL | 2 | |
| DILANTIN INFATABS | 2 | |
| <i>dilantin caps 30mg</i> | 1 | |
| <i>fosphenytoin sodium</i> | 1 | |
| <i>oxcarbazepine</i> | 1 | |
| PEGANONE | 2 | |
| <i>phenytoin</i> | 1 | |
| <i>phenytoin sodium</i> | 1 | |
| <i>phenytoin sodium extended</i> | 1 | |
| TEGRETOL-XR TB12 100MG | 2 | |
| Antidementia Agents | | |
| Antidementia Agents, Other | | |
| <i>ergoloid mesylates</i> | 1 | |
| Cholinesterase Inhibitors | | |
| <i>donepezil hcl tabs</i> | 1 | |
| <i>galantamine hydrobromide cp24, tabs</i> | 1 | |
| <i>rivastigmine tartrate</i> | 1 | |
| Glutamate Pathway Modifiers | | |
| NAMENDA TITRATION PAK | 2 | |
| NAMENDA TABS | 2 | |
| Antidepressants | | |
| Antidepressants, Other | | |
| <i>budeprion sr</i> | 1 | |
| <i>budeprion xl</i> | 1 | |
| <i>buproban</i> | 1 | |
| <i>bupropion hcl</i> | 1 | |
| <i>bupropion hcl sr</i> | 1 | |
| MAPROTILINE HCL | 2 | |
| <i>mirtazapine</i> | 1 | |
| <i>mirtazapine odt</i> | 1 | |
| NEFAZODONE HCL | 2 | |
| <i>trazodone hcl</i> | 1 | |
| Monoamine Oxidase Inhibitors | | |
| EMSAM | 2 | PA (Selegilene transdermal, new starts only) |
| MARPLAN | 2 | |
| <i>phenelzine sulfate</i> | 1 | |
| <i>tranylcypromine sulfate</i> | 1 | |
| Serotonin/ Norepinephrine Reuptake Inhibitors | | |
| <i>citalopram hydrobromide tabs</i> | 1 | |
| CYMBALTA | 2 | QL (34 EA per 34 days) PA (Duloxetine(Cymbalta), new starts only) |
| <i>fluoxetine hcl</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>fluvoxamine maleate</i> | 1 | |
| LEXAPRO | 2 | ST (Selective Serotonin Reuptake Inhibitors #2, new starts only) |
| <i>paroxetine hcl</i> | 1 | |
| <i>paroxetine hcl er</i> | 1 | ST (Selective Serotonin Reuptake Inhibitors #2, new starts only) |
| PRISTIQ | 2 | PA (Desvenlafaxine Succinate (Pristiq), new starts only) |
| <i>sertraline hcl</i> | 1 | |
| <i>venlafaxine hcl</i> | 1 | |
| VENLAFAXINE HCL ER TB24 | 2 | |
| <i>venlafaxine hcl er cp24</i> | 1 | |
| VIIBRYD | 2 | PA (Vilazodone (Viibryd), new starts only) |
| Tricyclics | | |
| <i>amitriptyline hcl</i> | 1 | |
| <i>amoxapine</i> | 1 | |
| <i>clomipramine hcl</i> | 1 | |
| <i>desipramine hcl</i> | 1 | |
| <i>doxepin hcl</i> | 1 | |
| <i>imipramine hcl</i> | 1 | |
| <i>nortriptyline hcl</i> | 1 | |
| <i>protriptyline hcl</i> | 1 | |
| SURMONTIL | 2 | ST (Tricyclics #2, new starts only) |
| Antidotes, Deterrents, and Toxicologic Agents | | |
| Antidotes | | |
| EXJADE | 2 | |
| RELISTOR | 2 | PA (Methylnaltrexone (Relistor)) |
| <i>sodium polystyrene sulfonate</i> | 1 | |
| Deterrents | | |
| CAMPRAL | 2 | PA (Acamprosate (Campral)) |
| CHANTIX | 2 | PA (Varenicline (Chantix)) |
| CHANTIX STARTING MONTH PAK | 2 | PA (Varenicline (Chantix)) |
| NICOTROL INHALER | 2 | QL (168 EA per 30 days) PA (Nicotine Replacement) |
| Toxicologic Agents | | |
| FERRIPROX | 2 | |
| <i>naloxone hcl</i> | 1 | |
| <i>naltrexone hcl</i> | 1 | |
| SUBOXONE SUBL | 2 | |
| Antiemetics | | |
| Antiemetics | | |
| <i>dronabinol</i> | 1 | PA (tetrahydrocannabinol) |
| EMEND | 2 | PA (Aprepitant (Emend)) |
| <i>granisetron hcl tabs</i> | 1 | PA (Granisetron) |
| <i>granisetron hcl inj 1mg/ml</i> | 1 | PA (Granisetron) |
| <i>meclizine hcl</i> | 1 | |
| <i>metoclopramide hcl</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------------|
| <i>ondansetron hcl inj, oral soln</i> | 1 | |
| <i>ondansetron hcl tabs</i> | 1 | QL (30 EA per 15 days) |
| <i>prochlorperazine</i> | 1 | |
| <i>prochlorperazine edisylate</i> | 1 | |
| <i>prochlorperazine maleate</i> | 1 | |
| <i>promethazine hcl</i> | 1 | |
| TRANSDERM-SCOP | 2 | QL (12 EA per 30 days) |
| Antifungals | | |
| Antifungals | | |
| <i>amphotericin b</i> | 1 | |
| ANCOBON | 2 | |
| CANCIDAS | 2 | |
| <i>clotrimazole</i> | 1 | |
| <i>clotrimazole/betamethasone dipropionate crea</i> | 1 | |
| <i>fluconazole</i> | 1 | |
| <i>fluconazole in dextrose</i> | 1 | |
| <i>flucytosine</i> | 1 | |
| GRIFULVIN V | 2 | |
| GRIS-PEG | 2 | |
| GNAZOLE-1 | 2 | |
| <i>itraconazole</i> | 1 | |
| <i>ketoconazole crea, sham, tabs</i> | 1 | |
| MICONAZOLE 3 | 2 | |
| MYCAMINE | 2 | PA (Micafungin (Mycamine)) |
| <i>nyamyc</i> | 1 | |
| <i>nystatin</i> | 1 | |
| <i>nystatin/triamcinolone</i> | 1 | |
| <i>nystop</i> | 1 | |
| <i>terbinafine hcl</i> | 1 | PA (Terbinafine) |
| <i>terconazole crea 0.8%</i> | 1 | |
| <i>terconazole supp</i> | 1 | |
| Antigout Agents | | |
| Antigout Agents | | |
| <i>allopurinol</i> | 1 | |
| COLCRYS | 2 | |
| <i>probenecid</i> | 1 | |
| ULORIC | 2 | ST (Xanthine Oxidase Inhibitors #2) |
| Antimigraine Agents | | |
| Abortive | | |
| <i>dihydroergotamine mesylate</i> | 1 | |
| ERGOMAR | 2 | |
| IMITREX STATDOSE REFILL INJ 6MG/0.5ML | 2 | |
| MIGRANAL | 2 | |
| <i>naratriptan hcl</i> | 1 | QL (9 EA per 30 days) |
| <i>sumatriptan succinate inj</i> | 1 | |
| <i>sumatriptan succinate tabs</i> | 1 | QL (9 EA per 30 days) |
| Prophylactic | | |
| <i>propranolol hcl er</i> | 1 | |
| <i>propranolol hcl tabs</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------------|-----------|--|
| TIMOLOL MALEATE | 2 | |
| Antimyasthenic Agents | | |
| <i>Parasympathomimetics</i> | | |
| GUANIDINE HCL | 2 | |
| MESTINON TIMESPAN | 2 | |
| MESTINON SYRP | 2 | |
| <i>pyridostigmine bromide</i> | 1 | |
| REGONOL | 2 | |
| Antimycobacterials | | |
| <i>Antimycobacterials, Other</i> | | |
| DAPSONE | 2 | |
| MYCOBUTIN | 2 | |
| <i>Antituberculars</i> | | |
| CAPASTAT SULFATE | 2 | |
| <i>ethambutol hcl</i> | 1 | |
| ISONIAZID INJ | 2 | |
| <i>isoniazid tabs</i> | 1 | |
| MYAMBUTOL | 2 | |
| PASER | 2 | |
| PRIFTIN | 2 | |
| <i>pyrazinamide</i> | 1 | |
| <i>rifampin</i> | 1 | |
| SEROMYCIN | 2 | |
| TRECTOR | 2 | |
| Antineoplastics | | |
| <i>Alkylating Agents</i> | | |
| CEENU | 2 | |
| HEXALEN | 2 | |
| LEUKERAN | 2 | |
| MATULANE | 2 | |
| <i>Antiangiogenic Agents</i> | | |
| AFINITOR | 2 | |
| CAPRELSA | 2 | |
| REVLIMID | 2 | PA (Lenalidomide (Revlimid), new starts only) LA |
| THALOMID | 2 | |
| VANDETANIB TABS 300MG | 2 | |
| <i>vandetanib tabs 100mg</i> | 2 | |
| VOTRIENT | 2 | |
| <i>Antiestrogens/Modifiers</i> | | |
| EMCYT | 2 | |
| FARESTON | 2 | |
| FASLODEX | 2 | |
| <i>tamoxifen citrate</i> | 1 | |
| <i>Antimetabolites</i> | | |
| ALIMTA | 2 | |
| ELITEK | 2 | |
| <i>hydroxyurea</i> | 1 | |
| <i>mercaptopurine</i> | 1 | |
| TABLOID | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| Antineoplastics, Other | | |
| <i>amifostine</i> | 1 | |
| AVASTIN | 2 | |
| <i>bleomycin sulfate</i> | 1 | |
| ERIVEDGE | 2 | |
| <i>etoposide</i> | 1 | B/D |
| FIRMAGON | 2 | |
| HALAVEN | 2 | |
| ISTODAX | 2 | |
| JAKAFI | 2 | |
| JEVTANA | 2 | |
| <i>mesna</i> | 1 | |
| MESNEX TABS | 2 | |
| <i>mitoxantrone hcl</i> | 1 | PA (Mitoxantrone (Novantrone)) |
| ONTAK | 2 | |
| PROLEUKIN | 2 | B/D |
| SYLATRON | 2 | PA (Peginterferon Alfa-2a (Pegasys), new starts only) |
| TASIGNA | 2 | |
| TRISENOX | 2 | |
| VELCADE | 2 | |
| VIDAZA | 2 | |
| ZOLINZA | 2 | |
| ZYTIGA | 2 | |
| Aromatase Inhibitors, 3rd Generation | | |
| <i>anastrozole</i> | 1 | |
| <i>exemestane</i> | 1 | |
| <i>letrozole</i> | 1 | |
| Molecular Target Inhibitors | | |
| AFINITOR | 2 | |
| GLEEVEC | 2 | |
| INLYTA | 2 | |
| IRESSA | 2 | |
| NEXAVAR | 2 | |
| SPRYCEL | 2 | |
| SUTENT | 2 | |
| TARCEVA | 2 | |
| TASIGNA | 2 | |
| TYKERB | 2 | |
| XALKORI | 2 | |
| ZELBORAF | 2 | PA (Vemurafenib (Zelboraf), new starts only) |
| Monoclonal Antibodies | | |
| ARZERRA | 2 | |
| CAMPATH | 2 | |
| RITUXAN | 2 | |
| YERVOY | 2 | |
| Retinoids | | |
| PANRETIN | 2 | |
| TARGRETIN | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>tretinoin</i> | 1 | PA (Tretinoin, new starts only) |
| Antiparasitics | | |
| Anthelmintics | | |
| ALBENZA | 2 | |
| BILTRICIDE | 2 | |
| <i>mebendazole</i> | 1 | |
| STROMECTOL | 2 | |
| Antiprotozoals | | |
| DARAPRIM | 2 | |
| <i>hydroxychloroquine sulfate</i> | 1 | |
| MEPRON | 2 | |
| NEBUPENT | 2 | |
| PENTAM 300 | 2 | |
| PRIMAQUINE PHOSPHATE | 2 | |
| Pediculicides/ Scabicides | | |
| LINDANE SHAM | 2 | |
| <i>lindane lotn</i> | 1 | |
| <i>permethrin</i> | 1 | |
| Antiparkinson Agents | | |
| Antiparkinson Agents | | |
| <i>amantadine hcl</i> | 1 | |
| APOKYN | 2 | PA (apomorphine (Apokyn)) |
| <i>benztropine mesylate tabs</i> | 1 | |
| <i>bromocriptine mesylate</i> | 1 | |
| <i>carbidopa/levodopa</i> | 1 | |
| <i>carbidopa/levodopa cr</i> | 1 | |
| <i>carbidopa/levodopa sr</i> | 1 | |
| COMTAN | 2 | |
| <i>pramipexole dihydrochloride</i> | 1 | |
| <i>ropinirole hcl</i> | 1 | |
| SELEGILINE HCL TABS | 2 | |
| <i>selegiline hcl caps</i> | 1 | |
| STALEVO 100 | 2 | |
| STALEVO 125 | 2 | |
| STALEVO 150 | 2 | |
| STALEVO 200 | 2 | |
| STALEVO 50 | 2 | |
| STALEVO 75 | 2 | |
| TASMAR | 2 | |
| <i>trihexyphenidyl hcl tabs</i> | 1 | |
| Antipsychotics | | |
| Atypicals | | |
| ABILIFY DISCMELT | 2 | |
| ABILIFY ORAL SOLN | 2 | |
| ABILIFY INJ | 2 | QL (90 ML per 3 days) ST (Atypical Antipsychotic Agents #2, new starts only) |
| ABILIFY TABS 5MG | 2 | |
| ABILIFY TABS 10MG, 15MG, 20MG, 2MG, 30MG | 2 | QL (34 EA per 34 days) |
| <i>clozapine</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------------|-----------|---|
| FANAPT | 2 | |
| FANAPT TITRATION PACK | 2 | |
| FAZACLO | 2 | |
| GEODON CAPS | 2 | |
| GEODON INJ | 2 | ST (Atypical Antipsychotic Agents #2, new starts only) |
| INVEGA | 2 | |
| INVEGA SUSTENNA | 2 | ST (Atypical Antipsychotic Agents #2, new starts only) |
| LATUDA | 2 | ST (Atypical Antipsychotic Agents #2, new starts only) |
| <i>olanzapine odt</i> | 1 | QL (34 EA per 34 days) |
| <i>olanzapine inj</i> | 1 | |
| <i>olanzapine tabs</i> | 1 | QL (34 EA per 34 days) |
| RISPERDAL CONSTA | 2 | ST (Atypical Antipsychotic Agents #2, new starts only) PA (Risperidone Injection (Risperdal Consta), new starts only) |
| <i>risperidone</i> | 1 | |
| <i>risperidone odt</i> | 1 | QL (68 EA per 34 days) |
| SAPHRIS | 2 | ST (Atypical Antipsychotic Agents #2, new starts only) |
| SEROQUEL | 2 | |
| SEROQUEL XR | 2 | |
| ZYPREXA ZYDIS | 2 | QL (34 EA per 34 days) |
| ZYPREXA TABS | 2 | QL (34 EA per 34 days) |
| ZYPREXA INJ | 2 | QL (34 EA per 34 days) ST (Atypical Antipsychotic Agents #2, new starts only) |
| Conventional | | |
| CHLORPROMAZINE HCL INJ | 2 | |
| <i>chlorpromazine hcl tabs</i> | 1 | |
| <i>fluphenazine decanoate</i> | 1 | |
| FLUPHENAZINE HCL CONC, ELIX, INJ | 2 | |
| <i>fluphenazine hcl tabs</i> | 1 | |
| <i>haloperidol</i> | 1 | |
| <i>haloperidol decanoate</i> | 1 | |
| <i>haloperidol lactate</i> | 1 | |
| <i>loxapine succinate</i> | 1 | |
| ORAP | 2 | |
| <i>perphenazine</i> | 1 | |
| <i>thioridazine hcl</i> | 1 | |
| <i>thiothixene</i> | 1 | |
| <i>trifluoperazine hcl</i> | 1 | |
| Antispasticity Agents | | |
| Antispasticity Agents | | |
| <i>baclofen</i> | 1 | |
| <i>dantrolene sodium</i> | 1 | |
| <i>tizanidine hcl</i> | 1 | |
| Antivirals | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| Anti-cytomegalovirus (CMV) Agents | | |
| <i>foscarnet sodium</i> | 1 | |
| GANCICLOVIR CAPS | 2 | |
| <i>ganciclovir inj</i> | 1 | |
| VALCYTE | 2 | PA (Valganciclovir (Valcyte)) |
| VISTIDE | 2 | |
| ZIRGAN | 2 | |
| Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors | | |
| COMPLERA | 2 | |
| EDURANT | 2 | |
| INTELENCE | 2 | |
| RESCRIPTOR | 2 | |
| SUSTIVA | 2 | |
| VIRAMUNE | 2 | |
| VIRAMUNE XR | 2 | |
| Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors | | |
| ATRIPLA | 2 | |
| COMBIVIR | 2 | |
| <i>didanosine</i> | 1 | |
| EMTRIVA | 2 | |
| EPIVIR | 2 | |
| EPIVIR HBV | 2 | |
| EPZICOM | 2 | |
| <i>lamivudine</i> | 1 | |
| <i>lamivudine/zidovudine</i> | 1 | |
| RETROVIR IV INFUSION | 2 | |
| STAVUDINE SOLR | 2 | |
| <i>stavudine caps</i> | 1 | |
| TRIZIVIR | 2 | |
| TRUVADA | 2 | |
| TYZEKA | 2 | |
| VIDEX PEDIATRIC | 2 | |
| VIREAD | 2 | |
| ZIAGEN | 2 | |
| <i>zidovudine</i> | 1 | |
| Anti-HIV Agents, Other | | |
| FUZEON | 2 | |
| ISENTRESS | 2 | |
| SELZENTRY | 2 | |
| Anti-HIV Agents, Protease Inhibitors | | |
| APTIVUS | 2 | |
| CRIXIVAN | 2 | |
| INVIRASE | 2 | |
| KALETRA | 2 | |
| LEXIVA | 2 | |
| NORVIR | 2 | |
| PREZISTA | 2 | |
| REYATAZ | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------|-----------|-----------------------------|
| VICTRELIS | 2 | PA (Boceprevir (Victrelis)) |
| VIRACEPT | 2 | |
| Anti-influenza Agents | | |
| <i>amantadine hcl</i> | 1 | |
| RELENZA DISKHALER | 2 | |
| <i>rimantadine hcl</i> | 1 | |
| TAMIFLU CAPS 75MG | 2 | |
| Antihepatitis Agents | | |
| BARACLUDE | 2 | |
| HEPSERA | 2 | PA (Adefovir (Hepsera)) |
| INCIVEK | 2 | PA (Telaprevir (Incivek)) |
| REBETOL SOLN | 2 | PA (Ribavirin Oral) |
| <i>ribavirin</i> | 1 | PA (Ribavirin Oral) |
| VIRAZOLE | 2 | |
| Antitherpetic Agents | | |
| <i>acyclovir sodium</i> | 1 | |
| <i>acyclovir caps, tabs</i> | 1 | |
| <i>famciclovir</i> | 1 | |
| <i>valacyclovir hcl</i> | 1 | |
| ZOVIRAX CREA, OINT | 2 | |
| Anxiolytics | | |
| Anxiolytics, Other | | |
| <i>buspirone hcl</i> | 1 | |
| <i>meprobamate</i> | 1 | |
| Bipolar Agents | | |
| Bipolar Agents | | |
| <i>lithium carbonate er</i> | 1 | |
| LITHIUM CARBONATE TABS | 2 | |
| <i>lithium carbonate caps</i> | 1 | |
| Blood Glucose Regulators | | |
| Antidiabetic Agents | | |
| <i>acarbose</i> | 1 | |
| ACTOPLUS MET | 2 | |
| ACTOPLUS MET XR | 2 | |
| ACTOS | 2 | QL (34 EA per 34 days) |
| AVANDIA | 2 | |
| <i>glimepiride</i> | 1 | |
| <i>glipizide</i> | 1 | |
| <i>glipizide er</i> | 1 | |
| <i>glipizide/metformin hcl</i> | 1 | |
| <i>glyburide</i> | 1 | |
| <i>glyburide/metformin hcl</i> | 1 | |
| JANUMET | 2 | |
| JANUVIA | 2 | |
| <i>metformin hcl</i> | 1 | |
| <i>metformin hcl er</i> | 1 | |
| PRANDIN | 2 | |
| SYMLIN | 2 | |
| SYMLINPEN 120 | 2 | |
| SYMLINPEN 60 | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| VICTOZA | 2 | PA (Liraglutide (Victoza)) |
| Glycemic Agents | | |
| GLUCAGEN HYPOKIT | 2 | |
| GLUCAGON EMERGENCY KIT | 2 | QL (2 EA per 30 days) |
| PROGLYCEM | 2 | |
| Insulins | | |
| HUMALOG | 2 | |
| HUMALOG MIX 50/50 | 2 | |
| HUMALOG MIX 75/25 | 2 | |
| HUMULIN 70/30 | 2 | |
| HUMULIN N | 2 | |
| HUMULIN R | 2 | |
| HUMULIN R U-500 (CONCENTRATED) | 2 | |
| LANTUS | 2 | |
| NOVOLIN 70/30 | 2 | |
| NOVOLIN N | 2 | |
| NOVOLIN R | 2 | |
| NOVOLOG | 2 | |
| NOVOLOG MIX 70/30 | 2 | |
| Blood Products/Modifiers/ Volume Expanders | | |
| Anticoagulants | | |
| ARIXTRA | 2 | PA (Fondaparinux (Arixtra)) |
| <i>enoxaparin sodium</i> | 1 | PA (Enoxaparin (Lovenox)) |
| <i>fondaparinux sodium</i> | 1 | PA (Fondaparinux (Arixtra)) |
| <i>heparin sodium/d5w</i> | 1 | |
| <i>heparin sodium/nacl 0.45%</i> | 1 | |
| <i>heparin sodium/sodium chloride 0.9% premix</i> | 1 | |
| HEPARIN SODIUM INJ 2000UNIT/ML | 2 | |
| <i>heparin sodium inj 20000unit/ml, 5000unit/ml</i> | 1 | |
| <i>heparin sodium inj 10000unit/ml, 1000unit/ml</i> | 1 | B/D |
| <i>jantoven</i> | 1 | |
| LOVENOX | 2 | PA (Enoxaparin (Lovenox)) |
| PRADAXA | 2 | PA (Dabigatran (Pradaxa)) |
| <i>warfarin sodium</i> | 1 | |
| XARELTO | 2 | PA (Rivaroxaban (Xarelto)) |
| Blood Formation Products | | |
| EPOGEN | 2 | PA (epoetin (Epogen)) |
| LEUKINE | 2 | PA (sargramostim (Leukine)) |
| MOZOBIL | 2 | PA (Plerixafor (Mozobil)) |
| NEUMEGA | 2 | PA (oprelvekin (Neumega)) |
| NEUPOGEN | 2 | PA (Filgrastim (Neupogen)) |
| PROCRIT | 2 | PA (Epoetin (Procrit)) |
| Blood Products/Modifiers/ Volume Expanders | | |
| <i>pentoxifylline er</i> | 1 | ST (Peripheral Arterial Disease Agents #2) |
| PROMACTA TABS 75MG | 2 | |
| PROMACTA TABS 12.5MG, 25MG, 50MG | 2 | PA (eltrombopag (Promacta)) |
| Coagulants | | |
| CYKLOKAPRON | 2 | |
| LYSTEDA | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| Platelet Aggregation Inhibitors | | |
| AGGRENEX | 2 | |
| <i>cilostazol</i> | 1 | |
| PLAVIX TABS 75MG | 2 | PA (Clopidogrel (Plavix)) |
| <i>ticlopidine hcl</i> | 1 | |
| Cardiovascular Agents | | |
| Alpha-adrenergic Agonists | | |
| <i>clonidine hcl</i> | 1 | |
| <i>guanfacine hcl</i> | 1 | |
| <i>methyldopa</i> | 1 | |
| METHYLDOPATE HCL | 2 | |
| <i>midodrine hcl</i> | 1 | |
| Alpha-adrenergic Blocking Agents | | |
| <i>prazosin hcl</i> | 1 | |
| <i>terazosin hcl</i> | 1 | |
| Antiarrhythmics | | |
| <i>amiodarone hcl tabs</i> | 1 | |
| <i>disopyramide phosphate</i> | 1 | |
| <i>flecainide acetate</i> | 1 | |
| MEXILETINE HCL | 2 | |
| <i>pacerone tabs 200mg</i> | 1 | |
| <i>propafenone hcl</i> | 1 | |
| <i>propafenone hcl er</i> | 1 | |
| <i>quinidine gluconate er</i> | 1 | |
| <i>quinidine sulfate</i> | 1 | |
| QUINIDINE SULFATE ER | 2 | |
| <i>sotalol hcl</i> | 1 | |
| TIKOSYN | 2 | |
| Beta-adrenergic Blocking Agents | | |
| <i>atenolol</i> | 1 | |
| <i>atenolol/chlorthalidone</i> | 1 | |
| <i>carvedilol</i> | 1 | |
| <i>labetalol hcl tabs</i> | 1 | |
| <i>metoprolol succinate er</i> | 1 | |
| <i>metoprolol tartrate tabs</i> | 1 | |
| METOPROLOL/HYDROCHLOROTHIAZIDE TABS 50MG; 100MG | 2 | |
| <i>metoprolol/hydrochlorothiazide tabs 25mg; 100mg, 25mg; 50mg</i> | 1 | |
| <i>nadolol</i> | 1 | |
| <i>pindolol</i> | 1 | |
| Calcium Channel Blocking Agents | | |
| <i>afeditab cr</i> | 1 | |
| <i>amlodipine besylate</i> | 1 | |
| <i>cartia xt</i> | 1 | |
| <i>dilt-cd</i> | 1 | |
| <i>dilt-xr</i> | 1 | |
| <i>diltiazem cd</i> | 1 | |
| <i>diltiazem hcl er</i> | 1 | |
| <i>diltiazem hcl tabs</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| DILTIAZEM HCL INJ 100MG | 2 | |
| <i>diltiazem hcl inj 25mg/5ml</i> | 1 | |
| <i>diltzac</i> | 1 | |
| <i>matzim la</i> | 1 | |
| <i>nifediac cc</i> | 1 | |
| <i>nifedical xl</i> | 1 | |
| <i>nifedipine er</i> | 1 | |
| <i>nimodipine</i> | 1 | |
| <i>taztia xt</i> | 1 | |
| <i>verapamil hcl</i> | 1 | |
| <i>verapamil hcl er</i> | 1 | |
| Cardiovascular Agents, Other | | |
| DIGOXIN ORAL SOLN | 2 | |
| <i>digoxin inj, tabs</i> | 1 | |
| RANEXA | 2 | PA (Ranolazine (Ranexa)) |
| Diuretics | | |
| <i>acetazolamide</i> | 1 | |
| <i>acetazolamide er</i> | 1 | |
| ALDACTAZIDE TABS 50MG; 50MG | 2 | |
| <i>amiloride hcl</i> | 1 | |
| <i>amiloride/hydrochlorothiazide</i> | 1 | |
| <i>bumetanide tabs</i> | 1 | |
| <i>chlorthalidone</i> | 1 | |
| DYRENIUM | 2 | |
| <i>furosemide inj, tabs</i> | 1 | |
| FUROSEMIDE ORAL SOLN 8MG/ML | 2 | |
| <i>furosemide oral soln 10mg/ml</i> | 1 | |
| <i>hydrochlorothiazide caps</i> | 1 | |
| HYDROCHLOROTHIAZIDE TABS 12.5MG | 2 | |
| <i>hydrochlorothiazide tabs 25mg, 50mg</i> | 1 | |
| <i>indapamide</i> | 1 | |
| <i>losartan potassium/hydrochlorothiazide</i> | 1 | |
| <i>metolazone</i> | 1 | |
| <i>spironolactone</i> | 1 | |
| <i>spironolactone/hydrochlorothiazide</i> | 1 | |
| <i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i> | 1 | |
| <i>triamterene/hydrochlorothiazide tabs</i> | 1 | |
| Dyslipidemics | | |
| <i>atorvastatin calcium</i> | 1 | |
| <i>cholestyramine light</i> | 1 | |
| CRESTOR TABS 10MG, 20MG, 40MG | 2 | |
| <i>fenofibrate micronized</i> | 1 | |
| <i>gemfibrozil</i> | 1 | |
| LIPITOR TABS 40MG | 2 | |
| LIPITOR TABS 80MG | 2 | QL (34 EA per 34 days) |
| LOVAZA | 2 | |
| NIASPAN | 2 | |
| <i>pravastatin sodium</i> | 1 | |
| <i>prevalite</i> | 1 | |
| <i>simvastatin tabs 10mg, 20mg, 40mg, 80mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| ZETIA | 2 | QL (34 EA per 34 days) |
| Renin-angiotensin-aldosterone System Inhibitors | | |
| DIOVAN | 2 | ST (Angiotensin Receptor Antagonists #2) |
| DIOVAN HCT | 2 | ST (Angiotensin Receptor Antagonists #2) |
| <i>enalapril maleate</i> | 1 | |
| <i>enalapril maleate/hydrochlorothiazide</i> | 1 | |
| <i>lisinopril</i> | 1 | |
| <i>lisinopril/hydrochlorothiazide</i> | 1 | |
| <i>losartan potassium</i> | 1 | |
| <i>losartan potassium/hydrochlorothiazide</i> | 1 | |
| TEKTURNA | 2 | PA (Aliskiren Fumarate (Tekturna)) |
| TEKTURNA HCT | 2 | PA (Aliskiren Fumarate (Tekturna)) |
| Vasodilators | | |
| <i>hydralazine hcl tabs</i> | 1 | |
| <i>isosorbide dinitrate er</i> | 1 | |
| <i>isosorbide dinitrate tabs</i> | 1 | |
| <i>isosorbide mononitrate</i> | 1 | |
| <i>isosorbide mononitrate er</i> | 1 | |
| <i>minoxidil</i> | 1 | |
| NITRO-BID | 2 | |
| NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR | 2 | |
| <i>nitroglycerin transdermal</i> | 1 | |
| <i>nitroglycerin pt24</i> | 1 | |
| NITROLINGUAL PUMPSPRAY | 2 | |
| NITROSTAT SUBL 0.3MG, 0.4MG | 2 | |
| TRACLEER | 2 | LA |
| Central Nervous System Agents | | |
| Amphetamines, ADHD | | |
| <i>amphetamine/dextroamphetamine</i> | 1 | |
| <i>dextroamphetamine sulfate er</i> | 1 | |
| DEXTROAMPHETAMINE SULFATE TABS 10MG | 2 | |
| <i>dextroamphetamine sulfate tabs 5mg</i> | 1 | |
| Non-amphetamines, ADHD | | |
| METHYLIN CHEW 10MG, 5MG | 2 | |
| <i>methylin tabs 10mg</i> | 1 | |
| <i>methylphenidate hcl</i> | 1 | |
| <i>methylphenidate hcl er</i> | 1 | |
| STRATTERA | 2 | |
| Non-amphetamines, Other | | |
| PROVIGIL | 2 | QL (68 EA per 34 days) PA (Modafanil (Provigil)) |
| RILUTEK | 2 | |
| XENAZINE | 2 | PA (tetrabenazine (Xenazine)) |
| XYREM | 2 | LA |
| Dental and Oral Agents | | |
| Dental and Oral Agents | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------|
| <i>chlorhexidine gluconate oral rinse</i> | 1 | |
| <i>pilocarpine hcl</i> | 1 | |
| <i>pilocarpine hydrochloride</i> | 1 | |
| <i>triamcinolone in orabase</i> | 1 | |
| Dermatological Agents | | |
| Dermatological Agents | | |
| 8-MOP | 2 | |
| <i>ammonium lactate</i> | 1 | |
| <i>calcipotriene</i> | 1 | |
| DOVONEX | 2 | |
| <i>erythromycin/benzoyl peroxide</i> | 1 | |
| FLUOROPLEX | 2 | |
| <i>fluorouracil</i> | 1 | |
| <i>imiquimod</i> | 1 | |
| OXSORALEN | 2 | |
| OXSORALEN ULTRA | 2 | |
| <i>podofilox</i> | 1 | |
| PROTOPIC | 2 | |
| SANTYL | 2 | |
| <i>selenium sulfide</i> | 1 | |
| SOLARAZE | 2 | PA (Diclofenac (Solaraze)) |
| TAZORAC | 2 | |
| <i>tretinoin</i> | 1 | |
| UVADEX | 2 | |
| ZONALON | 2 | |
| Enzyme Replacements/ Modifiers | | |
| Enzyme Replacements/ Modifiers | | |
| ADAGEN | 2 | |
| ALDURAZYME | 2 | |
| BUPHENYL | 2 | |
| CEREDASE | 2 | |
| CEREZYME | 2 | |
| CYSTADANE | 2 | |
| CYSTAGON | 2 | |
| ELAPRASE | 2 | |
| FABRAZYME | 2 | |
| KUVAN | 2 | |
| NAGLAZYME | 2 | |
| ORFADIN | 2 | |
| SUCRAID | 2 | |
| ZAVESCA | 2 | |
| ZENPEP | 2 | |
| Gastrointestinal Agents | | |
| Antispasmodics, Gastrointestinal | | |
| <i>dicyclomine hcl caps, tabs</i> | 1 | |
| <i>glycopyrrolate</i> | 1 | |
| Gastrointestinal Agents, Other | | |
| COLYTE-FLAVOR PACKS | 2 | |
| <i>diphenoxylate/atropine</i> | 1 | |
| <i>enulose</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| GOLYTELY | 2 | |
| <i>lactulose</i> | 1 | |
| <i>loperamide hcl</i> | 1 | |
| <i>polyethylene glycol 3350</i> | 1 | |
| <i>trilyte</i> | 1 | |
| <i>ursodiol caps</i> | 1 | |
| Histamine2 (H2) Blocking Agents | | |
| <i>famotidine tabs</i> | 1 | ST (Antacid/Histamine (2) Blocking Agents #2) |
| <i>ranitidine hcl inj, syrp, tabs</i> | 1 | |
| Irritable Bowel Syndrome Agents | | |
| LOTRONEX | 2 | PA (Alosetron (Lotronex)) |
| Protectants | | |
| <i>misoprostol</i> | 1 | |
| <i>sucralfate</i> | 1 | |
| Proton Pump Inhibitors | | |
| <i>lansoprazole</i> | 1 | ST (Proton Pump Inhibitors #2) |
| <i>lansoprazole odt</i> | 1 | ST (Proton Pump Inhibitors #2) |
| <i>omeprazole cpdr 20mg, 40mg</i> | 1 | |
| PANTOPRAZOLE SODIUM TBEC 40MG | 2 | |
| PROTONIX INJ | 2 | |
| PROTONIX PACK | 2 | ST (Proton Pump Inhibitors #2) |
| Genitourinary Agents | | |
| Antispasmodics, Urinary | | |
| DETROL LA | 2 | QL (34 EA per 34 days) |
| <i>oxybutynin chloride</i> | 1 | |
| <i>oxybutynin chloride er</i> | 1 | |
| OXYTROL | 2 | ST (Urinary Antispsmodics #2) |
| <i>tropium chloride</i> | 1 | ST (Urinary Antispsmodics #2) |
| VESICARE | 2 | ST (Urinary Antispsmodics #2) |
| Benign Prostatic Hypertrophy Agents | | |
| <i>alfuzosin hcl er</i> | 1 | |
| AVODART | 2 | ST (Benign Prostatic Hypertrophy Agents #2) |
| <i>doxazosin mesylate</i> | 1 | |
| <i>tamsulosin hcl</i> | 1 | |
| Genitourinary Agents, Other | | |
| <i>bethanechol chloride</i> | 1 | |
| ELMIRON | 2 | |
| Phosphate Binders | | |
| <i>calcium acetate</i> | 1 | |
| FOSRENOL | 2 | |
| RENAGEL TABS 800MG | 2 | |
| REVELA TABS | 2 | |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) | | |
| Glucocorticoids/ Mineralocorticoids | | |
| <i>betamethasone dipropionate</i> | 1 | |
| <i>betamethasone valerate</i> | 1 | |
| CELESTONE | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>clobetasol propionate e</i> | 1 | |
| <i>clobetasol propionate gel, oint, soln</i> | 1 | |
| <i>desonide</i> | 1 | |
| <i>dexamethasone sodium phosphate</i> | 1 | |
| <i>fludrocortisone acetate</i> | 1 | |
| <i>fluocinolone acetonide oil</i> | 1 | |
| <i>fluocinonide</i> | 1 | |
| <i>fluocinonide-e</i> | 1 | |
| <i>hydrocortisone</i> | 1 | |
| <i>methylprednisolone</i> | 1 | |
| <i>methylprednisolone acetate inj 80mg/ml</i> | 1 | |
| <i>methylprednisolone dose pack</i> | 1 | |
| <i>methylprednisolone sodiumsuccinate</i> | 1 | |
| <i>prednisolone sodium phosphate oral soln 5mg/5ml</i> | 1 | |
| <i>prednisone intensol</i> | 1 | |
| PREDNISON SOLN | 2 | |
| PREDNISON TABS 50MG | 2 | |
| <i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 5mg</i> | 1 | |
| <i>procto-pak</i> | 1 | |
| <i>proctosol hc</i> | 1 | |
| <i>triamcinolone acetonide crea 0.1%</i> | 1 | |
| <i>triamcinolone acetonide lotn 0.1%</i> | 1 | |
| <i>triamcinolone acetonide oint 0.1%</i> | 1 | |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) | | |
| <i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i> | | |
| <i>chorionic gonadotropin</i> | 1 | |
| <i>desmopressin acetate</i> | 1 | |
| GENOTROPIN | 2 | |
| GENOTROPIN MINIQUICK | 2 | |
| HUMATROPE | 2 | |
| HUMATROPE COMBO PACK | 2 | |
| INCRELEX | 2 | |
| NORDITROPIN FLEXPRO INJ 15MG/1.5ML, 5MG/1.5ML | 2 | |
| NUTROPIN | 2 | |
| NUTROPIN AQ NUSPIN 5 | 2 | |
| NUTROPIN AQ PEN | 2 | |
| SAIZEN | 2 | |
| SAIZEN CLICK.EASY | 2 | |
| SEROSTIM INJ 4MG, 6MG | 2 | |
| ZORBTIVE | 2 | |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | | |
| <i>Anabolic Steroids</i> | | |
| ANADROL-50 | 2 | |
| <i>oxandrolone</i> | 1 | |
| <i>Androgens</i> | | |
| ANDRODERM | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------|
| ANDROXY | 1 | |
| danazol | 1 | |
| testosterone cypionate | 1 | |
| testosterone enanthate | 1 | |
| Estrogens | | |
| amethia | 1 | |
| apri | 1 | |
| cryselle-28 | 1 | |
| cyclafem 1/35 | 1 | |
| cyclafem 7/7/7 | 1 | |
| estrace crea | 1 | |
| estradiol | 1 | |
| kariva | 1 | |
| levora 0.15/30-28 | 1 | |
| MENEST | 2 | |
| necon 1/35-28 | 1 | |
| NECON 10/11-28 | 2 | |
| necon 7/7/7 | 1 | |
| ocella | 1 | |
| ORTHO TRI-CYCLEN LO | 2 | |
| portia-28 | 1 | |
| PREMARIN | 2 | |
| PREMARIN W/APPLICATOR | 2 | |
| PREMPRO TABS 0.625MG; 2.5MG, 0.625MG; 5MG | 2 | |
| tri-legest fe | 1 | |
| trivora-28 | 1 | |
| VAGIFEM | 2 | |
| Progestins | | |
| errin | 1 | |
| medroxyprogesterone acetate | 1 | |
| megestrol acetate tabs | 1 | |
| megestrol acetate susp | 1 | PA (Megestrol) |
| NEXT CHOICE | 2 | |
| PROMETRIUM | 2 | |
| Selective Estrogen Receptor Modifying Agents | | |
| EVISTA | 2 | |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid) | | |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid) | | |
| levothyroxine sodium | 1 | |
| liothyronine sodium tabs | 1 | |
| Hormonal Agents, Suppressant (Adrenal) | | |
| Hormonal Agents, Suppressant (Adrenal) | | |
| LYSODREN | 2 | |
| Hormonal Agents, Suppressant (Parathyroid) | | |
| Hormonal Agents, Suppressant (Parathyroid) | | |
| SENSIPAR | 2 | PA (Cinacalcet (Sensipar)) |
| Hormonal Agents, Suppressant (Pituitary) | | |
| Hormonal Agents, Suppressant (Pituitary) | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>cabergoline</i> | 1 | |
| ELIGARD | 2 | B/D |
| <i>leuprolide acetate</i> | 1 | B/D |
| LUPRON DEPOT INJ 45MG | 2 | |
| LUPRON DEPOT INJ 22.5MG, 3.75MG, 30MG | 2 | B/D |
| <i>octreotide acetate</i> | 1 | PA (Octreotide) |
| SOMATULINE DEPOT | 2 | |
| SOMAVERT | 2 | |
| SYNAREL | 2 | |
| Hormonal Agents, Suppressant (Sex Hormones/ Modifiers) | | |
| Antiandrogens | | |
| <i>bicalutamide</i> | 1 | |
| <i>finasteride</i> | 1 | |
| <i>flutamide</i> | 1 | |
| NILANDRON | 2 | |
| Hormonal Agents, Suppressant (Thyroid) | | |
| Antithyroid Agents | | |
| <i>methimazole</i> | 1 | |
| <i>propylthiouracil</i> | 1 | |
| Immunological Agents | | |
| Immune Suppressants | | |
| CELLCEPT INTRAVENOUS | 2 | B/D |
| CELLCEPT SUSR | 2 | B/D |
| <i>cyclosporine</i> | 1 | B/D |
| CYCLOSPORINE MODIFIED CAPS 50MG | 2 | B/D |
| <i>cyclosporine modified caps 100mg</i> | 1 | |
| <i>cyclosporine modified soln</i> | 1 | B/D |
| ENBREL | 2 | PA (Etanercept (Enbrel)) |
| <i>gengraf</i> | 1 | B/D |
| HUMIRA | 2 | PA (Adalimumab (Humira)) |
| <i>methotrexate</i> | 1 | B/D |
| <i>methotrexate sodium</i> | 1 | B/D |
| <i>mycophenolate mofetil</i> | 1 | |
| NULOJIX | 2 | |
| ORENCIA | 2 | |
| PROGRAF INJ | 2 | B/D |
| RAPAMUNE | 2 | |
| REMICADE | 2 | PA (Infliximab (Remicade)) |
| <i>tacrolimus</i> | 1 | PA (Tacrolimus (Prograf), new starts only) |
| ZORTRESS | 2 | |
| Immunizing Agents, Passive | | |
| ATGAM | 2 | |
| CARIMUNE NANOFILTERED | 2 | |
| GAMMAGARD LIQUID | 2 | |
| THYMOGLOBULIN | 2 | |
| VIVAGLOBIN | 2 | |
| Immunological Agents | | |
| <i>azathioprine</i> | 1 | |
| AZATHIOPRINE SODIUM | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|---|
| SIMULECT | 2 | |
| Immunomodulators | | |
| ACTIMMUNE | 2 | |
| ARCALYST | 2 | |
| AVONEX | 2 | PA ("Interferon Beta 1A (Rebif, Avonex)") |
| BETASERON | 2 | PA (Interferon Beta 1B (Betaseron)) |
| COPAXONE | 2 | PA (Glatiramer (Copaxone)) |
| GILENYA | 2 | PA (Fingolimod (Gilenya)) |
| INTRON-A | 2 | PA (Interferon Alpha 2B, new starts only) |
| INTRON-A W/DILUENT | 2 | PA (Interferon Alpha 2B, new starts only) |
| KINERET | 2 | |
| <i>leflunomide</i> | 1 | |
| PEG-INTRON | 2 | PA (Peginterferon Alfa-2b) |
| PEG-INTRON REDIPEN | 2 | PA (Peginterferon Alfa-2b) |
| PEGASYS PROCLICK | 2 | PA (Peginterferon Alfa-2a (Pegasys)) |
| PEGASYS INJ 180MCG/ML | 2 | |
| PEGASYS INJ 180MCG/0.5ML | 2 | PA (Peginterferon Alfa-2a (Pegasys)) |
| REBIF | 2 | PA ("Interferon Beta 1A (Rebif, Avonex)") |
| REBIF TITRATION PACK | 2 | PA ("Interferon Beta 1A (Rebif, Avonex)") |
| Vaccines | | |
| ACTHIB | 2 | |
| ADACEL | 2 | |
| BOOSTRIX | 2 | |
| CERVARIX | 2 | |
| COMVAX | 2 | |
| DAPTACEL | 2 | |
| DECAVAC | 2 | |
| DIPHThERIA/TETANUS TOXOID PEDIATRIC | 2 | |
| ENGERIX-B | 2 | |
| GARDASIL | 2 | |
| HAVRIX | 2 | |
| IMOVAX RABIES (H.D.C.V.) | 2 | |
| INFANRIX | 2 | |
| IPOL INACTIVATED IPV | 2 | |
| IXIARO | 2 | |
| JE-VAX | 2 | |
| M-M-R II W/DILUENT 10 DOSE | 2 | |
| MENACTRA | 2 | |
| MENOMUNE-A/C/Y/W-135 | 2 | |
| MENVEO | 2 | |
| PEDVAX HIB | 2 | |
| PROQUAD | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------|
| RABAVERT | 2 | |
| RECOMBIVAX HB | 2 | |
| ROTATEQ | 2 | |
| TETANUS TOXOID ADSORBED | 2 | |
| TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT | 2 | |
| TRIPEDIA | 2 | |
| TWINRIX | 2 | |
| TYPHIM VI | 2 | |
| VAQTA | 2 | |
| VARIVAX | 2 | |
| YF-VAX | 2 | |
| ZOSTAVAX | 2 | |
| Inflammatory Bowel Disease Agents | | |
| Glucocorticoids | | |
| <i>budesonide</i> | 1 | |
| <i>dexamethasone elix</i> | 1 | |
| DEXAMETHASONE TABS 1MG, 2MG | 2 | |
| <i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 4mg, 6mg</i> | 1 | |
| ENTOCORT EC | 2 | |
| Salicylates | | |
| APRISO | 2 | |
| ASACOL | 2 | |
| ASACOL HD | 2 | |
| CANASA | 2 | |
| DIPENTUM | 2 | |
| LIALDA | 2 | |
| <i>mesalamine</i> | 1 | |
| PENTASA | 2 | |
| Sulfonamides | | |
| <i>sulfasalazine</i> | 1 | |
| Metabolic Bone Disease Agents | | |
| Metabolic Bone Disease Agents | | |
| <i>alendronate sodium tabs 70mg</i> | 1 | QL (4 EA per 28 days) |
| BONIVA TABS | 2 | ST (Calcium Regulators #2) |
| <i>calcitonin-salmon</i> | 1 | |
| <i>calcitriol caps, inj</i> | 1 | |
| FORTEO | 2 | PA (Teriparatide (Forteo)) |
| <i>fortical</i> | 1 | |
| HECTOROL CAPS | 2 | |
| ZOMETA | 2 | |
| Miscellaneous Therapeutic Agents | | |
| Miscellaneous Therapeutic Agents | | |
| BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" | 2 | |
| BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" | 2 | |
| BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" | 2 | |
| BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16" | 2 | |
| BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM | 2 | |
| CURITY GAUZE PADS 2"X2" | 2 | |
| <i>dextrose 10% flex container</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>dextrose 5%</i> | 1 | |
| <i>intralipid inj 2.25%; 20%</i> | 1 | |
| <i>lactated ringers irrigation</i> | 1 | |
| <i>leucovorin calcium</i> | 1 | |
| <i>sterile water irrigation</i> | 1 | |
| Ophthalmic Agents | | |
| Ophthalmic Agents, Other | | |
| LACRISERT | 2 | |
| RESTASIS | 2 | PA (Cyclosporine Ophthalmic (Restasis)) |
| <i>trifluridine</i> | 1 | |
| <i>tropicamide</i> | 1 | |
| Ophthalmic Anti-allergy Agents | | |
| ALOCRIL | 2 | |
| <i>azelastine hcl</i> | 1 | |
| <i>cromolyn sodium</i> | 1 | |
| Ophthalmic Anti-inflammatories | | |
| BLEPHAMIDE | 2 | |
| BLEPHAMIDE S.O.P. | 2 | |
| CIPRO HC | 2 | |
| <i>dexamethasone sodium phosphate</i> | 1 | |
| <i>fluorometholone</i> | 1 | |
| <i>flurbiprofen sodium</i> | 1 | |
| FML FORTE | 2 | |
| <i>ketorolac tromethamine</i> | 1 | |
| LOTEMAX | 2 | |
| <i>neomycin/polymyxin/dexamethasone</i> | 1 | |
| POLY-PRED | 2 | |
| PRED MILD | 2 | |
| <i>prednisolone acetate</i> | 1 | |
| PREDNISOLONE SODIUM PHOSPHATE | 2 | |
| <i>sulfacetamide sodium/prednisolone sodium phosphate</i> | 1 | |
| TOBRADEX OINT | 2 | |
| <i>tobramycin/dexamethasone</i> | 1 | |
| VEXOL | 2 | |
| Ophthalmic Antiglaucoma Agents | | |
| AZOPT | 2 | |
| BETOPTIC-S | 2 | |
| <i>brimonidine tartrate soln 0.2%</i> | 1 | |
| <i>carteolol hcl</i> | 1 | |
| COMBIGAN | 2 | |
| <i>dorzolamide hcl</i> | 1 | |
| <i>dorzolamide hcl/timolol maleate</i> | 1 | |
| ISOPTO CARPINE | 2 | |
| <i>levobunolol hcl</i> | 1 | |
| PILOPINE HS | 2 | |
| <i>timolol maleate</i> | 1 | |
| <i>timolol maleate ophthalmic gel forming</i> | 1 | |
| Ophthalmic Prostaglandin and Prostanoid Analogs | | |
| LUMIGAN SOLN 0.03% | 2 | QL (2.5 ML per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| TRAVATAN Z | 2 | QL (2.5 ML per 30 days) |
| Otic Agents | | |
| Otic Agents | | |
| <i>acetazol hc</i> | 1 | |
| <i>acetic acid</i> | 1 | |
| DERMOTIC | 2 | |
| <i>hydrocortisone/acetic acid</i> | 1 | |
| <i>neomycin/polymyxin/hc</i> | 1 | |
| <i>neomycin/polymyxin/hydrocortisone</i> | 1 | |
| Respiratory Tract Agents | | |
| Anti-inflammatories, Inhaled Corticosteroids | | |
| ADVAIR DISKUS | 2 | QL (60 EA per 30 days) |
| ADVAIR HFA | 2 | |
| <i>budesonide</i> | 1 | |
| FLOVENT HFA | 2 | QL (13 GM per 30 days) |
| <i>fluticasone propionate</i> | 1 | |
| PULMICORT FLEXHALER AEPB 180MCG/ACT | 2 | |
| Antihistamines | | |
| <i>azelastine hcl</i> | 1 | |
| CLARINEX TABS | 2 | |
| <i>clemastine fumarate tabs</i> | 1 | |
| <i>diphenhydramine hcl</i> | 1 | |
| <i>hydroxyzine hcl tabs</i> | 1 | |
| <i>hydroxyzine pamoate</i> | 1 | |
| <i>levocetirizine dihydrochloride tabs</i> | 1 | |
| <i>promethazine hcl</i> | 1 | |
| Antileukotrienes | | |
| SINGULAIR TABS | 2 | |
| <i>zafirlukast</i> | 1 | |
| ZYFLO CR | 2 | |
| Bronchodilators, Anticholinergic | | |
| ATROVENT HFA | 2 | |
| COMBIVENT | 2 | |
| <i>ipratropium bromide/albuterol sulfate</i> | 1 | B/D |
| <i>ipratropium bromide soln</i> | 1 | |
| SPIRIVA HANDIHALER | 2 | ST (Anticholinergic Bronchodilators #2) |
| Bronchodilators, Phosphodiesterase Inhibitors (Xanthines) | | |
| <i>aminophylline tabs</i> | 1 | |
| <i>theophylline er</i> | 1 | |
| Bronchodilators, Sympathomimetic | | |
| <i>albuterol sulfate er</i> | 1 | |
| <i>albuterol sulfate tabs</i> | 1 | |
| <i>albuterol sulfate nebu 0.083%, 0.5%, 0.63mg/3ml</i> | 1 | B/D |
| <i>epinephrine hcl</i> | 1 | |
| EIPEN 2-PAK | 2 | QL (2 EA per 30 days) |
| <i>levalbuterol</i> | 1 | B/D |
| PROAIR HFA | 2 | |
| PROVENTIL HFA | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------|
| SEREVENT DISKUS | 2 | QL (60 EA per 30 days) |
| VENTOLIN HFA | 2 | |
| XOPENEX HFA | 2 | |
| XOPENEX NEBU 0.31MG/3ML, 0.63MG/3ML | 2 | B/D |
| Mast Cell Stabilizers | | |
| <i>cromolyn sodium</i> | 1 | |
| Pulmonary Antihypertensives | | |
| ADCIRCA | 2 | |
| LETAIRIS | 2 | PA (Ambrisentan (Letairis)) LA |
| REMODULIN | 2 | |
| REVATIO TABS | 2 | |
| Respiratory Tract Agents, Other | | |
| <i>acetylcysteine</i> | 1 | B/D |
| DALIRESP | 2 | PA (Roflumilast (Daliresp)) |
| PROLASTIN | 2 | |
| PULMOZYME | 2 | |
| TYZINE | 2 | |
| XOLAIR | 2 | LA |
| ZEMAIRA | 2 | |
| Sedatives/Hypnotics | | |
| Sedatives/Hypnotics | | |
| <i>zaleplon</i> | 1 | ST (Sedatives / Hypnotics #2) |
| <i>zolpidem tartrate</i> | 1 | QL (34 EA per 34 days) |
| <i>zolpidem tartrate er</i> | 1 | |
| Skeletal Muscle Relaxants | | |
| Skeletal Muscle Relaxants | | |
| <i>cyclobenzaprine hcl tabs 10mg, 5mg</i> | 1 | |
| <i>methocarbamol</i> | 1 | |
| Therapeutic Nutrients/Minerals/ Electrolytes | | |
| Electrolytes/Minerals | | |
| <i>aminosyn 8.5%/electrolytes</i> | 1 | |
| <i>aminosyn ii 8.5%/electrolytes</i> | 1 | |
| AMINOSYN II M 3.5%/DEXTROSE 5% | 2 | |
| <i>clinimix 4.25%/dextrose 10%</i> | 1 | |
| <i>clinimix 4.25%/dextrose 20%</i> | 1 | |
| <i>clinimix 4.25%/dextrose 25%</i> | 1 | |
| DEXTROSE 10%/NACL 0.45% | 2 | |
| <i>dextrose 10%/nacl 0.2%</i> | 1 | |
| <i>dextrose 2.5%/sodium chloride 0.45%</i> | 1 | |
| <i>dextrose 5%/nacl 0.2%</i> | 1 | |
| DEXTROSE 5%/NACL 0.225% | 2 | |
| <i>dextrose 5%/nacl 0.33%</i> | 1 | |
| <i>dextrose 5%/nacl 0.45%</i> | 1 | |
| <i>dextrose 5%/nacl 0.9%</i> | 1 | |
| DEXTROSE 5%/POTASSIUM CHLORIDE 0.075% | 2 | |
| <i>ed k+10</i> | 1 | |
| <i>isolyte-m/dextrose 5%</i> | 1 | |
| <i>kcl 0.075%/d5w/nacl 0.45%</i> | 1 | |
| KCL 0.15%/D10W/NACL 0.2% | 2 | |
| <i>kcl 0.15%/d5w/nacl 0.2%</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>kcl 0.15%/d5w/nacl 0.9%</i> | 1 | |
| <i>kcl 0.3%/d5w/lr iv lac ring</i> | 1 | |
| <i>kcl 0.3%/d5w/nacl 0.2%</i> | 1 | |
| <i>kcl 0.3%/d5w/nacl 0.45%</i> | 1 | |
| <i>klor-con 10</i> | 1 | |
| <i>klor-con m20</i> | 1 | |
| <i>lactated ringers</i> | 1 | |
| <i>normosol-m in d5w</i> | 1 | |
| <i>normosol-r in d5w</i> | 1 | |
| <i>potassium chloride 0.075%/d5w/nacl 0.225%</i> | 1 | |
| <i>potassium chloride 0.15% d5w/nacl 0.33%</i> | 1 | |
| <i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i> | 1 | |
| <i>potassium chloride 0.15%/d5w</i> | 1 | |
| <i>potassium chloride 0.22% d5w/nacl 0.45%</i> | 1 | |
| <i>potassium chloride 0.224%/d5w</i> | 1 | |
| <i>potassium chloride 0.3%/d5w</i> | 1 | |
| <i>potassium chloride er cpcr 10meq</i> | 1 | |
| <i>potassium chloride er tbc</i> | 1 | |
| POTASSIUM CHLORIDE INJ 10MEQ/50ML | 2 | |
| <i>potassium chloride inj 0.4meq/ml, 10meq/100ml, 2meq/ml, 30meq/100ml</i> | 1 | |
| <i>potassium citrate er</i> | 1 | |
| <i>sodium bicarbonate inj 8.4%</i> | 1 | |
| <i>sodium chloride 0.45% viaflex</i> | 1 | |
| <i>sodium chloride 0.9%</i> | 1 | |
| <i>sodium chloride inj 0.9%, 2.5meq/ml, 5%</i> | 1 | |
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| <i>tpn electrolytes</i> | 1 | |
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| <i>methylprednisolone dose pack</i> | 25 | <i>neomycin/polymyxin/hc</i> | 31 |
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| <i>metronidazole in nacl 0.79%</i> | 7 | <i>nifediac cc</i> | 21 |
| <i>metronidazole vaginal</i> | 7 | <i>nifedical xl</i> | 21 |
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| NAMENDA TITRATION PAK | 10 | <i>nystatin/triamcinolone</i> | 12 |
| <i>naproxen</i> | 6 | <i>nystop</i> | 12 |
| <i>naproxen dr</i> | 6 | <i>ocella</i> | 26 |
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| ORENCIA | 27 |
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| <i>oxcarbazepine</i> | 10 |
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| <i>oxycodone hcl</i> | 6 |
| <i>oxycodone/acetaminophen</i> | 6 |
| OXYCONTIN | 6 |
| OXYTROL | 24 |
| <i>pacerone</i> | 20 |
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| <i>phenytoin</i> | 10 |
| <i>phenytoin sodium</i> | 10 |
| <i>phenytoin sodium extended</i> | 10 |
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| <i>potassium chloride 0.15% d5w/nacl</i> | 33 |
| <i>0.33%</i> | |
| <i>potassium chloride 0.15% d5w/nacl</i> | 33 |
| <i>0.45% viaflex</i> | |
| <i>potassium chloride 0.15%/d5w</i> | 33 |
| <i>potassium chloride 0.22% d5w/nacl</i> | 33 |
| <i>0.45%</i> | |
| <i>potassium chloride 0.224%/d5w</i> | 33 |
| <i>potassium chloride 0.3%/d5w</i> | 33 |
| <i>potassium chloride er</i> | 33 |
| <i>potassium citrate er</i> | 33 |
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| <i>pyridostigmine bromide</i> | 13 |
| <i>quinidine gluconate er</i> | 20 |
| <i>quinidine sulfate</i> | 20 |
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| <i>silver sulfadiazine</i> | 7 |
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| <i>sodium chloride</i> | 33 |
| <i>sodium chloride 0.45% viaflex</i> | 33 |
| <i>sodium chloride 0.9%</i> | 33 |
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| <i>terbinafine hcl</i> | 12 |
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| TOBI | 7 |
| TOBRADEX | 30 |
| <i>tobramycin sulfate</i> | 7 |
| <i>tobramycin sulfate/sodium chloride</i> | 7 |
| <i>tobramycin/dexamethasone</i> | 30 |
| <i>topiramate</i> | 10 |
| <i>tpn electrolytes</i> | 33 |
| TRACLEER | 22 |
| <i>tramadol hcl</i> | 6 |
| <i>tramadol hcl er</i> | 6 |
| TRANSDERM-SCOP | 12 |
| <i>tranylcyromine sulfate</i> | 10 |
| TRAVATAN Z | 31 |
| <i>trazodone hcl</i> | 10 |
| TRECTOR | 13 |
| <i>tretinoin</i> | 15 |
| <i>tretinoin</i> | 23 |
| <i>triamcinolone acetonide</i> | 25 |
| <i>triamcinolone in orabase</i> | 23 |
| <i>triamterene/hydrochlorothiazide</i> | 21 |
| <i>trifluoperazine hcl</i> | 16 |
| <i>trifluridine</i> | 30 |
| <i>trihexyphenidyl hcl</i> | 15 |
| <i>tri-legest fe</i> | 26 |
| <i>trilyte</i> | 24 |
| <i>trimethoprim</i> | 7 |
| <i>trimethoprim sulfate/polymyxin b sulfate</i> | 9 |
| TRIPEDIA | 29 |
| TRISENOX | 14 |
| <i>trivora-28</i> | 26 |
| TRIZIVIR | 17 |
| <i>tropicamide</i> | 30 |
| <i>trospium chloride</i> | 24 |
| TRUVADA | 17 |
| TWINRIX | 29 |
| TYKERB | 14 |
| TYPHIM VI | 29 |
| TYZEKA | 17 |
| TYZINE | 32 |
| ULORIC | 12 |
| ULTRAM ER | 6 |
| <i>ursodiol</i> | 24 |
| UVADEX | 23 |
| VAGIFEM | 26 |
| <i>valacyclovir hcl</i> | 18 |
| VALCYTE | 17 |
| <i>valproate sodium</i> | 9 |
| <i>valproic acid</i> | 9 |
| VANCOCIN HCL | 7 |
| <i>vancomycin hcl</i> | 7 |
| <i>vandazole</i> | 7 |

| Drug Name | Page # |
|-----------------------------|--------|
| VANDETANIB | 13 |
| VAQTA | 29 |
| VARIVAX | 29 |
| VELCADE | 14 |
| <i>venlafaxine hcl</i> | 11 |
| VENLAFAXINE HCL ER | 11 |
| VENTOLIN HFA | 32 |
| <i>verapamil hcl</i> | 21 |
| <i>verapamil hcl er</i> | 21 |
| VESICARE | 24 |
| VEXOL | 30 |
| VIBRAMYCIN | 9 |
| VICTOZA | 19 |
| VICTRELIS | 18 |
| VIDAZA | 14 |
| VIDEX PEDIATRIC | 17 |
| VIGAMOX | 9 |
| VIIBRYD | 11 |
| VIMPAT | 9 |
| VIRACEPT | 18 |
| VIRAMUNE | 17 |
| VIRAMUNE XR | 17 |
| VIRAZOLE | 18 |
| VIREAD | 17 |
| VISTIDE | 17 |
| VIVAGLOBIN | 27 |
| VOTRIENT | 13 |
| <i>warfarin sodium</i> | 19 |
| XALKORI | 14 |
| XARELTO | 19 |
| XENAZINE | 22 |
| XIFAXAN | 8 |
| XOLAIR | 32 |
| XOPENEX | 32 |
| XOPENEX HFA | 32 |
| XYREM | 22 |
| YERVOY | 14 |
| YF-VAX | 29 |
| <i>zafirlukast</i> | 31 |
| <i>zaleplon</i> | 32 |
| ZAVESCA | 23 |
| ZELBORAF | 14 |
| ZEMAIRA | 32 |
| ZENPEP | 23 |
| ZETIA | 22 |
| ZIAGEN | 17 |
| <i>zidovudine</i> | 17 |
| ZIRGAN | 17 |
| ZOLINZA | 14 |
| <i>zolpidem tartrate</i> | 32 |
| <i>zolpidem tartrate er</i> | 32 |

| Drug Name | Page # |
|-------------------|--------|
| ZOMETA | 29 |
| ZONALON | 23 |
| <i>zonisamide</i> | 9 |
| ZORBTIVE | 25 |
| ZORTRESS | 27 |
| ZOSTAVAX | 29 |
| ZOSYN | 8 |
| ZOVIRAX | 18 |
| ZYFLO CR | 31 |
| ZYMAR | 9 |
| ZYPREXA | 16 |
| ZYPREXA ZYDIS | 16 |
| ZYTIGA | 14 |
| ZYVOX | 8 |

**Community Care
2012 List of Additional Covered Products**

INFANT CARE PRODUCTS - SHAMPOO*

ACETAMINOPHEN
 ACETIC ACID (BULK)
 ALPRAZOLAM
 ALUM & MAG HYDROX-SIMETHICONE
 ALUMINUM HYDROXIDE
 ARTIFICIAL SALIVA
 ARTIFICIAL TEAR OINTMENT
 ARTIFICIAL TEAR SOLUTION
 ASCORBIC ACID 1 month supply
 ASPIRIN
 BACITRACIN (TOPICAL)
 BACITRACIN ZINC
 BACITRACIN-POLYMYXIN B
 B-COMPLEX W/ C & FOLIC ACID
 BENZOCAINE & ANTIPYRINE
 BENZOCAINE (DENTAL)
 BISACODYL
 CALCIUM
 CALCIUM 500 MG W/ VITAMIN D TAB
 CALCIUM CARBONATE (ANTACID)
 CALCIUM CARBONATE-VITAMIN D
 CALCIUM POLYCARBOPHIL
 CALCIUM W/ VITAMIN D
 CAPSAICIN 0.025%
 CARBAMIDE PEROXIDE (OTIC)
 CARBOXYMETHYLCELLULOSE SODIUM (OPHTH)
 CHLORAL HYDRATE
 CHLORDIAZEPOXIDE HCL
 CHOLECALCIFEROL
 CLONAZEPAM
 CLORAZEPATE DIPOTASSIUM
 CLOTRIMAZOLE
 COAL TAR EXTRACT
 CRANBERRY (VACCINIUM MACROCARPON)
 CYANOCOBALAMIN
 CYANOCOBALAMIN INJ 1000 MCG/ML
 CYANOCOBALAMIN TAB 500 MCG
 DAKIN'S SOLUTION
 DEXTROMETHORPHAN-GUAIFENESIN SYRUP 10-100 MG/
 DEXTROSE (DIABETIC USE)
 DIAZEPAM
 DIPHENHYDRAMINE HCL
 DOCUSATE SODIUM
 ERGOCALCIFEROL
 FERROUS SULFATE
 FIBER

FLUMAZENIL
 FOLIC ACID
 GLUCOSE-VITAMIN C CHEW TAB 4-0.006 GM
 GUAIFENESIN (LIQUID AND MUCINEX ONLY)
 GUAIFENESIN-CODEINE LIQUID
 HAMAMELIS WATER-GLYCERIN
 HYDROCORTISONE (TOPICAL)
 HYDROCORTISONE ACETATE (RECTAL)
 HYDROCORTISONE ACETATE (TOPICAL)
 HYPROMELLOSE (OPHTH)
 INSULIN PEN NEEDLE MISC
 LACTASE
 LEUCOVORIN CALCIUM TAB 5 MG
 LIDOCAINE (ANORECTAL)
 LINDANE
 Loperamide 2 mg
 LORAZEPAM
 MAGNESIUM HYDROXIDE
 MAGNESIUM OXIDE-PYRIDOXINE HCL
 MICONAZOLE NITRATE (TOPICAL)
 MIDAZOLAM HCL
 MULTIPLE VITAMIN
 MULTIPLE VITAMINS W/ IRON
 MULTIPLE VITAMINS W/ MINERALS
 NEOMYCIN-BACITRACIN-POLYMYXIN
 NIACIN
 NICOTINE PA
 NICOTINE PT24 PA
 OXAZEPAM
 OYSTER SHELL
 PENTOBARBITAL
 PENTOBARBITAL SODIUM
 PERMETHRIN
 PETROLATUM (EMOLLIENT)
 PHENAZOPYRIDINE HCL TAB 200 MG 3 day supply
 PHENOBARBITAL
 PHENYLEPHRINE-SHARK LIVER
 OIL-GLYCERIN-PETROL
 PHENYLEPHRINE-SHARK LIVER OIL-MINERAL
 OIL-PET
 PHYTONADIONE
 POLYVINYL ALCOHOL
 POTASSIUM CHLORIDE ORAL LIQ 10% (20 MEQ/15ML)
 POTASSIUM CHLORIDE ORAL LIQ 20% (40 MEQ/15ML)
 PSEUDOEPHEDRINE HCL
 PSYLLIUM
 PYRIDOXINE HCL
 SALINE
 SALINE, BACTERIOSTATIC

SENNA
SENNA-DSS
SENNOSIDES
SENNOSIDES-DOCUSATE SODIUM
SHARK LIVER OIL IN PETROLATUM
SIMETHICONE
SKIN PROTECTANTS, MISC.
SODIUM BICARBONATE (ANTACID)
SODIUM CHLORIDE HYPERTONIC OPHTH OINT
5%
SODIUM CHLORIDE HYPERTONIC OPHTH
SOLN 2%
SODIUM CHLORIDE HYPERTONIC OPHTH
SOLN 5%
SORBITOL
TEMAZEPAM
TERCONAZOLE VAGINAL
THIAMINE HCL
TRIAZOLAM
TROLAMINE SALICYLATE
UREA (EMOLLIENT)
VAGINAL LUBRICANT
VITAMIN A
VITAMIN D
VITAMINS A & D (TOPICAL)
WHITE PETROLATUM
WITCH HAZEL-GLYCERIN
ZINC 1 month supply

Community Care is a private, non-profit organization that integrates health care and well-being services to provide the wider range of help that seniors and adults with disabilities need. In business since 1977, our services allow people to continue living independently, in their own homes and communities.

Community Care has a contract with the Wisconsin Department of Health Services and is a certified care management organization.



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