

# SmartValue Plus 2008 Formulary

(List of Covered Drugs)

For Select Counties in Missouri



**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.

Si usted necesita asistencia en español para poder entender este documento, podrá requerirla sin costo alguno llamándonos gratis al número telefónico que se muestra en este material. M0013\_08\_014 07/2007

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## What Is the Plan's Formulary?

A formulary is a list of covered drugs selected by us 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.

Your plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a 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 2008 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2008 coverage year, except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year.

We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or improve the safety of your drugs.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.

If the Food and Drug Administration 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 **January 1, 2008**. To get updated information about the drugs covered by your plan, please visit our Web site at [www.anthem.com/medicare](http://www.anthem.com/medicare) or call Customer Service at 1-866-865-9330, from 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call 1-800-425-5705.

## How Do I Use the Formulary?

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

**Medical Condition:** The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions 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 1. 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 27. 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?

Your plan covers both brand-name drugs and generic drugs. A generic drug has the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs and are approved by the Food and Drug Administration (FDA).

## Are There Any Restrictions on My Coverage?

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

- **Prior Authorization:** Your plan requires you to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. **If you don't get approval, your plan may not cover the drug.**
- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 4 tablets (35mg) or 30 tablets (5mg or 30mg) per prescription for Actonel. This may be in addition to a standard one-month or three-month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1.

You can ask your plan to make an exception to these restrictions or limits. *See the section, "How Do I Request an Exception to the Plan's Formulary?" 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 ask if your drug is covered.

If you learn that your plan does not cover your drug, you have two options:

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

**Note:** Due to a change in Medicare, most Medicare Drug Plans no longer cover erectile dysfunction (ED) drugs like Viagra, Cialis, Levitra and Caverject. For more information, you can contact Customer Service at 1-866-865-9330, from 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call 1-800-425-5705.

## How Do I Request an Exception to the Plan's Formulary?

You can ask your plan 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, we limit 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 Non-Preferred Brand Drug tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Preferred Brand Drug tier 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, your plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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 physician supporting your request.

Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement.

You can request an *expedited (fast) exception* if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision.

If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

## What Do I Do Before I Can Talk to My Doctor About Changing My Drugs or Requesting an Exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription.

You should talk to your doctor to decide if you should switch to an appropriate drug that we cover, or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs 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 retail pharmacy or;
- a temporary 90-day supply if you use a network mail-service pharmacy or network retail pharmacy that has contracted with us to fill a 90-day supply of prescriptions.

*After your initial 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 34-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan.

If you need a drug that is not on our formulary or your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

## For More Information

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

If you have questions about your plan, please call Customer Service at 1-866-865-9330, from 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call 1-800-425-5705. Or visit [www.anthem.com/medicare](http://www.anthem.com/medicare).

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).

## Your Plan's Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 27.

The **first column** of the chart lists the drug name. Brand-name drugs are capitalized (e.g. PREVACID) and generic drugs are listed in lowercase italics (e.g. *digoxin*).

The **second column** of the chart identifies the coverage level or tier placement of each medication. Your plan has a tiered formulary, which means that for most covered drugs you buy at network pharmacies, you pay your lowest copayment for Generic Drugs, your middle copayment for Preferred Brand Drugs and your highest copayment for Non-Preferred Brand Drugs.

The **third column** tells you if your plan has any special requirements for coverage of your drug. For example:

**QL – Quantity Limits:** restricts the amount of medication for which you can obtain benefits during a specific period of time (most often set on a monthly basis)

**PA – Prior Authorization:** the process of obtaining approval before benefits for certain prescriptions may be approved

If you believe you should receive an exception to these requirements, please ask your pharmacist to contact us at 1-866-841-8953. If more information is needed, we may contact your physician and engage your health plan.

**Please refer to your Summary of Benefits for the dollar copayment amounts and coinsurance percentages you will pay for your prescription drugs, based on the drug tier.**

# Covered Medications by Therapeutic Category

## Legend

Generic drugs are shown in lowercase italics (e.g. *digoxin*)

Brand-name drugs are shown in capital letters (e.g. PREVACID)

QL = Drugs with Quantity Limits

PA = Drugs requiring Prior Authorization

Please see page iv for a detailed description of this legend.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Analgesics</b>			<i>hydrocodone bit/acetaminophen solution</i>	1	QL
<i>acetaminophen and hydrocodone bitartrate caps</i>	1	QL	<i>hydrocodone bit/acetaminophen tablet</i>	1	QL
ACTIQ LOLLIPOP	5	QL, PA	<i>hydrocodone/ibuprofen tablet</i>	1	QL
<i>anexsia tablet</i>	1	QL	<i>hydromorphone hcl injectable</i>	4	
BUPRENEX INJECTABLE	4		<i>hydromorphone hcl tablet</i>	1	
<i>buprenorphine hcl disp syrin</i>	4		INFUMORPH INJECTABLE	4	
<i>butorphanol tartrate injectable</i>	4		LEVO-DROMORAN INJECTABLE	4	
<i>butorphanol tartrate spray</i>	1	QL	<i>levorphanol tartrate tablet</i>	1	
<i>codeine phos/acetaminophen elixir</i>	1	QL	<i>meperidine hcl injectable</i>	4	
<i>codeine phos/acetaminophen tablet</i>	1	QL	<i>meperidine hcl solution</i>	1	
<i>codeine phos/aspirin tablet</i>	1		<i>meperidine hcl tablet</i>	1	
<i>codeine/apap/caffeine/butalb capsule</i>	1	QL	<i>methadone hcl injectable</i>	4	
<i>codeine/asa/caffeine/butalb capsule</i>	1		<i>methadone hcl oral conc</i>	1	
<i>co-gesic tablet</i>	1	QL	<i>methadone hcl tablet</i>	1	
DEMEROL INJECTABLE	4		<i>morphine sulfate injectable</i>	4	
DEPODUR INJECTABLE	4		<i>morphine sulfate solution</i>	1	QL
<i>dh codeine bt/acetaminophn/caff tablet</i>	1	QL	<i>morphine sulfate supp rect</i>	1	
DILAUDID-HP INJECTABLE	4		<i>morphine sulfate tablet</i>	1	
<i>fentanyl citrate lollipop</i>	5	QL, PA	<i>morphine sulfate tablet sa</i>	1	QL
<i>fentanyl citrate/pf disp syrin</i>	4		<i>nalbuphine hcl injectable</i>	4	
<i>fentanyl patch td72</i>	1	QL	NUBAIN INJECTABLE	4	
FENTORA TABS 300MCG	5	QL, PA	NUMORPHAN INJECTABLE	4	
FENTORA TABLET EFF	5	QL, PA	<i>oramorph sr tablet sa</i>	1	QL
<i>hydrocet capsule</i>	1	QL	<i>oxycodone hcl capsule</i>	1	
<i>hydrocodone bit/acetaminophen capsule</i>	1	QL	<i>oxycodone hcl oral conc</i>	1	
			<i>oxycodone hcl solution</i>	1	
			<i>oxycodone hcl tab sr 12h</i>	1	QL
			<i>oxycodone hcl tablet</i>	1	
			<i>oxycodone hcl/acetaminophen capsule</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>oxycodone hcl/acetaminophen tablet</i>	1	QL	<i>amoxicillin tab chew</i>	1	
<i>oxycodone/ibuprofen tablet</i>	1	QL	<i>amoxicillin tablet</i>	1	
OXYCONTIN TAB SR 12H	2	QL	<i>amoxil capsule</i>	1	
OXYCONTIN TB12	2	QL	<i>ampicillin capsule</i>	1	
<i>pentazocine hcl/acetaminophen tablet</i>	1		<i>ampicillin sodium injectable</i>	4	
<i>pentazocine hcl/naloxone hcl tablet</i>	1		<i>ampicillin sodium/sulbactam na injectable</i>	4	
<i>propoxyphene hcl capsule</i>	1		<i>ampicillin trihydrate susp recon</i>	1	
<i>propoxyphene hcl/acetaminophen tablet</i>	1	QL	AVELOX ABC PACK TABLET	3	QL
<i>rms-suppository supp rect</i>	1		AVELOX IV PIGGYBACK	4	
<i>roxanol solution</i>	1	QL	AVELOX TABLET	3	QL
STADOL INJECTABLE	4		AZACTAM INJECTABLE	4	
SUBOXONE TAB SUBL	2		AZACTAM/ISO-OSMOTIC DEXTROSE INJECTABLE	4	
SUBUTEX TAB SUBL	2	QL	<i>azithromycin injectable</i>	4	
TALWIN INJECTABLE	4		<i>azithromycin packet</i>	1	QL
<i>tramadol hcl tablet</i>	1	QL	<i>azithromycin susp recon</i>	1	QL
<i>tramadol hcl/acetaminophen tablet</i>	1	QL	<i>azithromycin tablet</i>	1	QL
<b>Anesthetics</b>			<i>bacitracin injectable</i>	4	
<i>lidocaine hcl injectable</i>	4		<i>bacitracin oint</i>	1	
<i>lidocaine hcl jel</i>	1		BICILLIN C-R DISP SYRIN	4	
<i>lidocaine hcl oint</i>	1		BICILLIN L-A DISP SYRIN	4	
<i>lidocaine hcl solution</i>	1		<i>cefaclor capsule</i>	1	
<i>lidocaine/prilocaine cream</i>	1	QL	<i>cefaclor susp recon</i>	1	QL
LIDODERM ADH PATCH	2		<i>cefaclor tab sr 12h</i>	1	QL
<i>proparacaine hcl drops</i>	1		<i>cefadroxil hydrate capsule</i>	1	QL
XYLOCAINE INJECTABLE	4		<i>cefadroxil hydrate susp recon</i>	1	QL
<b>Antibacterials</b>			<i>cefadroxil hydrate tablet</i>	1	QL
<i>amikacin sulfate injectable</i>	4		<i>cefazolin sodium injectable</i>	4	
AMIKIN INJECTABLE	4		<i>cefdinir capsule</i>	1	QL
AMIKIN PEDIATRIC INJECTABLE	4		<i>cefdinir susp recon</i>	1	QL
<i>amox tr/potassium clavulanate susp recon</i>	1	QL	<i>cefepime solr 1gm, 2gm</i>	4	
<i>amox tr/potassium clavulanate tab chew</i>	1	QL	CEFIZOX INJECTION	4	
<i>amox tr/potassium clavulanate tablet</i>	1	QL	<i>cefotaxime sodium injectable</i>	4	
<i>amoxicillin capsule</i>	1		<i>cefotetan solr</i>	4	
<i>amoxicillin susp recon</i>	1	QL	<i>cefoxitin sodium injectable</i>	4	
			<i>cefpodoxime proxetil susp</i>	1	QL
			<i>cefpodoxime proxetil tablet</i>	1	QL
			<i>cefprozil susp recon</i>	1	QL
			<i>cefprozil tablet</i>	1	
			<i>ceftazidime pentahydrate injectable</i>	4	
			<i>ceftazidime sodium injectable</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>ceftriaxone injectable</i>	4		<i>erythromycin base capsule dr</i>	1	
<i>cefuroxime axetil susr</i> <i>125mg/5ml, 250mg/5ml</i>	1		<i>erythromycin base oint</i>	1	QL
<i>cefuroxime axetil tablet</i>	1	QL	<i>erythromycin base tablet</i>	1	QL
<i>cefuroxime sodium injectable</i>	4		<i>erythromycin base/ethanol gel</i>	1	
<i>cephalexin monohydrate capsule</i>	1		<i>erythromycin base/ethanol med swab</i>	1	
<i>cephalexin monohydrate susp recon</i>	1	QL	<i>erythromycin base/ethanol solution</i>	1	
<i>cephalexin monohydrate tablet</i>	1		<i>erythromycin ethylsuccinate oral susp</i>	1	QL
<i>chloramphenicol na succ injectable</i>	4		<i>erythromycin ethylsuccinate tablet</i>	1	
CIPRO IV INJECTABLE	5		FORTAZ INJECTABLE	4	
<i>ciprofloxacin hcl drops</i>	1	QL	GANTRISIN ORAL SUSP	2	
<i>ciprofloxacin hcl er tablet</i>	1	QL	<i>gentamicin injectable</i>	4	
<i>ciprofloxacin hcl tablet</i>	1	QL	<i>gentamicin sulfate cream</i>	1	
<i>ciprofloxacin iv -in d5w soln</i>	4		<i>gentamicin sulfate drops</i>	1	QL
<i>ciprofloxacin lactate injectable</i>	4		<i>gentamicin sulfate oint</i>	1	QL
CLAFORAN INJECTABLE	4		GEOCILLIN TABLET	2	QL
<i>clarithromycin susp recon</i>	1	QL	INVANZ INJECTABLE	4	
<i>clarithromycin tab sr 24h</i>	1	QL	KANAMYCIN SULFATE INJECTABLE	4	
<i>clarithromycin tablet</i>	1	QL	KETEK TABLET	2	QL
CLEOCIN PHOSPHATE INJECTABLE	4		LEVAQUIN INJECTABLE	4	
<i>clindamycin hcl capsule</i>	1	QL	LEVAQUIN SOLUTION	2	
<i>clindamycin phosphate cream/appl</i>	1	QL	LEVAQUIN TABLET	2	QL
<i>clindamycin phosphate gel</i>	1		LINCOCIN INJECTABLE	4	
<i>clindamycin phosphate injectable</i>	4		MAXIPIME INJECTABLE	5	
<i>clindamycin phosphate lotion</i>	1	QL	MEFOXIN INJECTABLE	4	
<i>clindamycin phosphate med swab</i>	1	QL	MERREM INJECTABLE	5	
<i>clindamycin phosphate solution</i>	1		<i>methenamine hippurate tablet</i>	1	
<i>colistimethate sodium injectable</i>	5		METRO INJECTABLE	4	
COLY-MYCIN M PARENTERAL INJECTABLE	5		<i>metronidazole capsule</i>	1	
CUBICIN INJECTABLE	5		<i>metronidazole cream</i>	1	
<i>demeclocycline hcl tablet</i>	1	QL	<i>metronidazole gel</i>	1	
<i>dicloxacillin sodium capsule</i>	1		<i>metronidazole gel w/appl</i>	1	QL
DORIBAX SOLR	5		<i>metronidazole injectable</i>	4	
<i>doxycycline hyclate capsule</i>	1	QL	<i>metronidazole lotion</i>	1	
<i>doxycycline hyclate injectable</i>	4		<i>metronidazole tablet</i>	1	
<i>doxycycline hyclate tablet</i>	1	QL	<i>minocycline hcl capsule</i>	1	QL
<i>doxycycline monohydrate capsule</i>	1	QL	<i>minocycline hcl tablet</i>	1	QL
<i>doxycycline monohydrate tablet</i>	1		<i>mupirocin oint</i>	1	
<i>ery e-succ/sulfisoxazole susp recon</i>	1	QL	<i>myrac tablet</i>	1	QL
<i>eryderm solution</i>	1		<i>nafcillin sodium injectable</i>	4	
ERYTHROCIN LACTOBIONATE INJECTABLE	4		<i>neomycin sulfate tablet</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>nitrofurantoin macrocrystal capsule</i>	1	QL	<i>vancomycin hcl injectable</i>	4	
NALLPEN INJECTABLE	4		ZINACEF INJECTABLE	4	
<i>ofloxacin drops</i>	1	QL	ZITHROMAX INJECTABLE	4	
<i>ofloxacin tablet</i>	1	QL	ZMAX SUS SR REC	2	QL
<i>oxacillin sodium injectable</i>	4		ZOSYN INJECTABLE	5	
<i>paromomycin sulfate capsule</i>	1		ZYVOX IV SOLN	5	
<i>penicillin g potassium injectable</i>	4		ZYVOX SUSP RECON	5	QL, PA
<i>penicillin g procaine disp syrin</i>	4		ZYVOX TABLET	5	QL, PA
<i>penicillin g sodium injectable</i>	4				
<i>penicillin v potassium susp recon</i>	1		<b>Anticonvulsants</b>		
<i>penicillin v potassium tablet</i>	1		<i>carbamazepine oral susp</i>	1	
PFIZERPEN INJECTABLE	4		<i>carbamazepine tab chew</i>	1	
<i>piperacillin sodium injectable</i>	4		<i>carbamazepine tablet</i>	1	
POLYMYXIN B SULFATE INJECTABLE	4		CARBATROL CPMP 12HR	2	
PRIMAXIN INJECTABLE	5		CELONTIN CAPSULE	2	
ROCEPHIN INJECTABLE	5		CEREBYX INJECTABLE	4	
<i>silver sulfadiazine cream</i>	1		DEPACON INJECTABLE	4	
SOLODYN TAB SR 24H	2		DILANTIN CAPSULE	2	
STREPTOMYCIN SULFATE INJECTABLE	4		DILANTIN TAB CHEW	2	
<i>sulfacetamide sodium drops</i>	1	QL	DILANTIN-125 ORAL SUSP	2	
<i>sulfacetamide sodium lotion</i>	1		<i>ethosuximide capsule</i>	1	
<i>sulfacetamide sodium oint</i>	1	QL	<i>ethosuximide syrup</i>	1	
<i>sulfadiazine tablet</i>	1		FELBATOL ORAL SUSP	2	
<i>sulfamethoxazole and trimethoprim tabs</i>	1		FELBATOL TABLET	2	
<i>sulfamethoxazole/trimethoprim injectable</i>	4		<i>fosphenytoin sodium soln 100mg pe/2ml</i>	4	
<i>sulfamethoxazole/trimethoprim oral susp</i>	1		<i>gabapentin capsule</i>	1	
TAZICEF INJECTABLE	4		<i>gabapentin tablet</i>	1	
<i>tetracycline hcl capsule</i>	1		GABITRIL TABLET	2	
TIMENTIN INJECTABLE	4		KEPPRA INJECTABLE	5	
TOBI AMPUL-NEB	5		KEPPRA SOLUTION	2	
<i>tobramycin sulfate drops</i>	1	QL	KEPPRA TABLET	2	
<i>tobramycin sulfate injectable</i>	4		LYRICA CAPSULE	2	PA
<i>trimethoprim tablet</i>	1		NEURONTIN SOLUTION	2	
TYGACIL INJECTABLE	5		<i>oxcarbazepine tablet</i>	1	
UNASYN INJECTABLE	4		PEGANONE TABLET	2	
UNASYN PIGGYBACK	4		PHENYTEK CAPSULE	2	
<i>urex tablet</i>	1		<i>phenytoin oral susp</i>	1	
VANCOCIN HCL CAPSULE	5		<i>phenytoin sodium extended capsule</i>	1	
VANCOCIN HCL INJECTABLE	4		<i>phenytoin sodium injectable</i>	4	
			<i>primidone tablet</i>	1	
			TEGRETOL ORAL SUSP	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
TEGRETOL TAB CHEW	2		<i>fluvoxamine maleate tablet</i>	1	
TEGRETOL TABLET	2		<i>imipramine hcl tablet</i>	1	
TEGRETOL XR TAB SR 12H	2		<i>imipramine pamoate capsule</i>	1	
TRILEPTAL ORAL SUSP	2		LEXAPRO SOLUTION	2	QL
TRILEPTAL TABLET	2		LEXAPRO TABLET	2	QL
<i>valproate sodium injectable</i>	4		<i>maprotiline hcl tablet</i>	1	
<i>valproate sodium syrup</i>	1		MARPLAN TABLET	2	
<i>valproic acid capsule</i>	1		<i>mirtazapine tab rapdis</i>	1	
<i>zonisamide capsule</i>	1		<i>mirtazapine tablet</i>	1	
<b>Antidementia Agents</b>			NARDIL TABLET	2	
ARICEPT ODT TAB RAPDIS	2		<i>nefazodone hcl tablet</i>	1	
ARICEPT TABLET	2		<i>nortriptyline hcl capsule</i>	1	
<i>ergoloid mesylates tablet</i>	1		<i>nortriptyline hcl solution</i>	1	
EXELON CAPSULE	2		<i>paroxetine hcl oral susp</i>	1	
EXELON PT24	2		<i>paroxetine hcl tablet</i>	1	
EXELON SOLUTION	2		PAXIL CR TAB SR 24H	3	
NAMENDA SOLUTION	2		<i>sertraline hcl oral conc</i>	1	
NAMENDA TAB DS PK	2		<i>sertraline hcl tablet</i>	1	
NAMENDA TABLET	2		<i>tranylcypromine sulfate tablet</i>	1	
RAZADYNE ER CAP 24H PEL	2		<i>trazodone hcl tablet</i>	1	
RAZADYNE SOLUTION	2		<i>trimipramine maleate capsule</i>	1	
RAZADYNE TABLET	2		<i>venlafaxine hcl tablet</i>	1	
<b>Antidepressants</b>			VIVACTIL TABLET	2	
<i>amitrip hcl/chlordiazepoxide tablet</i>	1		WELLBUTRIN XL TAB SR 24H 150MG	2	
<i>amitriptyline hcl tablet</i>	1		<b>Antidotes, Deterrents, and Toxicologic Agents</b>		
<i>amitriptyline hcl/perphenazine tablet</i>	1		ACETADOTE INJECTABLE	4	
<i>amoxapine tablet</i>	1		ANTABUSE TABLET	2	
<i>bupropion hcl tab sr 24h</i>	1		ANTIZOL INJECTABLE	5	
<i>bupropion hcl tablet</i>	1		CAMPRAL TAB DS PK	2	
<i>bupropion hcl tablet sa</i>	1		EXJADE TAB DISPER	5	
<i>citalopram hydrobromide solution</i>	1		<i>fomepizole soln 1gm/ml</i>	5	
<i>citalopram hydrobromide tablet</i>	1		<i>naloxone hcl injectable</i>	4	
<i>clomipramine hcl capsule</i>	1		<i>naltrexone hcl tablet</i>	1	
CYMBALTA CAPSULE DR	2	QL	NARCAN INJECTABLE	4	
CYMBALTA 20MG CPEP	2	QL	<i>nicotine patch td24</i>	1	QL
<i>desipramine hcl tablet</i>	1		NICOTROL NS SPRAY	2	
EFFEXOR XR CAP SR 24H	2		REVEX INJECTABLE	4	
EMSAM PATCH TD24	3		<i>sodium polystyrene sulfonate enema</i>	1	
<i>fluoxetine hcl capsule</i>	1		<i>sodium polystyrene sulfonate oral susp</i>	1	
<i>fluoxetine hcl solution</i>	1				
<i>fluoxetine hcl tablet</i>	1				

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>sodium polystyrene sulfonate powder</i>	1		DIFLUCAN IN SALINE PGGYBK BTL	4	
SYPRINE CAPSULE	2		<i>econazole nitrate cream</i>	1	
<b>Antiemetics</b>			<i>fluconazole injectable</i>	4	
ANZEMET INJECTABLE	4		<i>fluconazole susp recon</i>	1	
EMEND CAPSULE	2	QL, PA	<i>fluconazole tablet</i>	1	
<i>granisetron hcl soln 0.1mg/ml, 1mg/ml</i>	4		<i>griseofulvin, microsize oral susp</i>	1	
<i>granisetron hcl tabs 1mg</i>	1	QL, PA	GRIS-PEG TABLET	2	
KYTRIL INJECTABLE	5		<i>itraconazole capsule</i>	1	
KYTRIL TABLET	5	QL, PA	<i>ketoconazole cream</i>	1	
MARINOL CAPSULE	5	PA	<i>ketoconazole shampoo</i>	1	
<i>meclizine hcl tablet</i>	1		<i>ketoconazole tablet</i>	1	
<i>metoclopramide hcl injectable</i>	4		<i>miconazole nitrate supp vag</i>	1	QL
<i>metoclopramide hcl solution</i>	1		MYCAMINE INJECTABLE	5	
<i>metoclopramide hcl tablet</i>	1		NATACYN DROPS SUSP	2	
<i>ondansetron hcl injectable</i>	4		<i>nystatin cream</i>	1	
<i>ondansetron hcl solution</i>	1	QL	<i>nystatin oint</i>	1	
<i>ondansetron hcl tablet</i>	1	QL	<i>nystatin oral susp</i>	1	
<i>ondansetron hcl/d5w/ pf piggyback</i>	4		<i>nystatin powder</i>	1	
<i>ondansetron tab rapids</i>	1	QL	<i>nystatin tablet</i>	1	
REGLAN INJECTABLE	4		<i>pedi-dri powder</i>	1	
TIGAN INJECTABLE	4		SPORANOX SOLUTION	3	
<i>trimethobenzamide hcl capsule</i>	1		<i>terbinafine hcl tablet</i>	1	
<i>trimethobenzamide hcl injectable</i>	4		<i>terbinafine tablets</i>	1	PA
ZOFRAN INJECTABLE	4		<i>terconazole cream/appl</i>	1	QL
<b>Antifungals</b>			<i>terconazole supp vag</i>	1	
ABELCET INJECTABLE	5		VFEND IV INJECTABLE	5	
AMBISOME INJECTABLE	5		VFEND SUSP RECON	5	
AMPHOTEC INJECTABLE	5		VFEND TABLET	5	PA
<i>amphotericin b injectable</i>	4		XOLEGEL GEL	2	
ANCOBON CAPSULE	2		<b>Antigout Agents</b>		
CANCIDAS INJECTABLE	5		<i>allopurinol sodium injectable</i>	4	
<i>ciclopirox nail lacquer soln</i>	1	PA	<i>allopurinol tablet</i>	1	
<i>ciclopirox olamine cream</i>	1		ALOPRIM INJECTABLE	4	
<i>ciclopirox olamine suspension</i>	1		COLCHICINE INJECTABLE	4	
<i>clotrimazole cream</i>	1		<i>colchicine tablet</i>	1	
<i>clotrimazole solution</i>	1		<i>colchicine/probenecid tablet</i>	1	
<i>clotrimazole troche</i>	1		<i>probenecid tablet</i>	1	
DIFLUCAN IN DEXTROSE			<b>Anti-inflammatory Agents</b>		
PIGGYBACK	5		CELEBREX CAPSULE	3	QL, PA
			<i>diclofenac potassium tablet</i>	1	
			<i>diclofenac sodium tab sr 24h</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>diclofenac sodium tablet dr</i>	1		IMITREX PEN KIT	4	QL
<i>diflunisal tablet</i>	1		IMITREX SPRAY	2	QL
<i>etodolac capsule</i>	1		IMITREX TABLET	2	QL
<i>etodolac tab sr 24h</i>	1		MAXALT MLT TAB RAPDIS	2	QL
<i>etodolac tablet</i>	1		MAXALT TABLET	2	QL
<i>fenoprofen calcium tablet</i>	1		TOPAMAX CAP SPRINKLE	2	PA
<i>flurbiprofen tablet</i>	1		TOPAMAX TABLET	2	PA
<i>ibuprofen oral susp</i>	1		<b>Antimyasthenic Agents</b>		
<i>ibuprofen tablet</i>	1		<i>guanidine hcl tablet</i>	1	
<i>indomethacin capsule</i>	1		MESTINON SYRUP	2	
<i>indomethacin capsule sa</i>	1		MESTINON TABLET SA	2	
<i>ketoprofen cap 24h pel</i>	1		<i>pyridostigmine bromide tablet</i>	1	
<i>ketoprofen capsule</i>	1		REGONOL INJECTABLE	4	
<i>ketorolac tromethamine injectable</i>	4		<b>Antimycobacterials</b>		
<i>ketorolac tromethamine tablet</i>	1	QL	<i>dapsone tablet</i>	1	
<i>magnesium salicylate tablet</i>	1		<i>ethambutol hcl tablet</i>	1	
<i>meclofenamate sodium capsule</i>	1		<i>isoniazid injectable</i>	4	
<i>meloxicam oral susp</i>	1		<i>isoniazid syrup</i>	1	
<i>meloxicam tablet</i>	1	QL	<i>isoniazid tablet</i>	1	
<i>nabumetone tablet</i>	1		MYCOBUTIN CAPSULE	2	
<i>naproxen oral susp</i>	1		NYDRAZID INJECTABLE	4	
<i>naproxen sodium tablet</i>	1		PRIFTIN TABLET	2	
<i>naproxen sodium tablet sa</i>	1		<i>pyrazinamide tablet</i>	1	
<i>naproxen tablet</i>	1		RIFADIN IV INJECTABLE	4	
<i>naproxen tablet dr</i>	1		<i>rifampin capsule</i>	1	
<i>oxaprozin tablet</i>	1		<i>rifampin injectable</i>	4	
<i>piroxicam capsule</i>	1		<i>rifampin/isoniazid capsule</i>	1	
<i>sulindac tablet</i>	1		RIFATER TABLET	2	
<i>tolmetin sodium capsule</i>	1		<b>Antineoplastics</b>		
<i>tolmetin sodium tablet</i>	1		ABRAXANE INJECTABLE	5	
<b>Antimigraine Agents</b>			ADRIAMYCIN INJECTABLE	4	
<i>cafergot tablet</i>	1		ALIMTA INJECTABLE	5	
DHE 45 INJECTABLE	4		ALKERAN INJECTABLE	5	
DEPAKOTE ER TAB 24H	2		ARIMIDEX TABLET	2	
<i>dihydroergotamine mesylate injectable</i>	4		AROMASIN TABLET	2	
<i>ergotamine tartrate/caffeine supp rect</i>	1		ARRANON INJECTABLE	4	
<i>ergotamine tartrate/caffeine tablet</i>	1		BEXXAR INJECTABLE	4	
IMITREX CARTRIDGE	4	QL	BICNU INJECTABLE	5	
IMITREX INJECTABLE	4	QL	BLENOXANE INJECTABLE	5	
			<i>bleomycin sulfate injectable</i>	4	
			BUSULFEX INJECTABLE	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
CAMPTOSAR INJECTABLE	5		<i>hydroxyurea capsule</i>	1	
<i>carboplatin injectable</i>	4		IDAMYCIN PFS INJECTABLE	5	
CEENU CAPSULE	2		<i>idarubicin hcl injectable</i>	5	
CERUBIDINE INJECTABLE	5		IFEX INJECTABLE	5	
<i>cisplatin injectable</i>	4		IFEX/MESNEX KIT	5	
<i>cladribine injectable</i>	5		<i>ifosfamide injectable</i>	5	
CLOLAR INJECTABLE	5		<i>ifosfamide solution</i>	5	
COSMEGEN INJECTABLE	5		<i>ifosfamide/mesna kit</i>	5	
<i>cyclophosphamide injectable</i>	4		IRESSA TABLET	5	
<i>cyclophosphamide tablet</i>	1	PA	<i>irinotecan soln 20mg/ml</i>	4	
<i>cytarabine injectable</i>	4		IXEMPRA KIT SOLR	5	
CYTOXAN INJECTABLE	4		LEUKERAN TABLET	2	
<i>dacarbazine injectable</i>	4		LEUSTATIN INJECTABLE	5	
DACARBAZINE INJECTABLE	4		MATULANE CAPSULE	2	
DACOGEN INJECTABLE	5		<i>mercaptopurine tablet</i>	1	
<i>daunorubicin hcl injectable</i>	5		<i>mitomycin injectable</i>	4	
DAUNOXOME INJECTABLE	5		<i>mitoxantrone hcl injectable</i>	4	
DOXIL INJECTABLE	4		MUSTARGEN INJECTABLE	4	
<i>doxorubicin hcl injectable</i>	4		MUTAMYCIN INJECTABLE	4	
DTIC-DOME IV INJECTABLE	4		NAVELBINE INJECTABLE	5	
ELLENCEN INJECTABLE	4		NEXAVAR TABLET	5	PA
ELOXATIN INJECTABLE	5		NIPENT INJECTABLE	5	
ELSPAR INJECTABLE	5		NOVANTRONE INJECTABLE	4	
EMCYT CAPSULE	2		ONCASPAR INJECTABLE	5	
EPIRUBICIN HCL INJECTABLE	4		ONTAK INJECTABLE	5	
<i>epirubicin hcl solution</i>	4		<i>paclitaxel, semi-synthetic injectable</i>	5	
ERBITUX INJECTABLE	5	PA	PANRETIN GEL	5	
ETOPOPHOS INJECTABLE	4		PARAPLATIN INJECTABLE	5	
<i>etoposide injectable</i>	4		<i>pentostatin solr</i>	5	
FARESTON TABLET	2		PHOTOFRIN INJECTABLE	5	
FASLODEX DISP SYRIN	5		PLATINOL-AQ INJECTABLE	4	
FEMARA TABLET	2		PROLEUKIN INJECTABLE	5	
<i>floxuridine injectable</i>	4		REVLIMID CAPSULE	5	QL, PA
FLUDARA INJECTABLE	5		RITUXAN INJECTABLE	5	PA
<i>fludarabine phosphate injectable</i>	5		SOLTAMOX SOLUTION	2	
FLUOROURACIL INJECTABLE	4		SPRYCEL TABLET	5	PA
FUDR INJECTABLE	4		SUTENT CAPSULE	5	PA
GEMZAR INJECTABLE	5		<i>tamoxifen citrate tablet</i>	1	
GLEEVEC TABLET	5	PA	TARCEVA TABLET	5	PA
HERCEPTIN INJECTABLE	5		TARGRETIN CAPSULE	5	PA
HEXALEN CAPSULE	5		TARGRETIN GEL	5	
HYCAMTIN INJECTABLE	5				

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
TASIGNA CAPSULE	5	PA	<i>carbidopa/levodopa tablet sa</i>	1	
TAXOL INJECTABLE	5		COGENTIN INJECTABLE	4	
TAXOTERE INJECTABLE	5		COMTAN TABLET	2	
TESLAC TABLET	2		MIRAPEX TABLET	2	
THALOMID CAPSULE	5	PA	REQUIP TABLET	2	
THIOGUANINE TABLET	3		<i>selegiline hcl capsule</i>	1	
<i>thiotepa injectable</i>	5		<i>selegiline hcl tablet</i>	1	
TORISEL INJECTION	5		STALEVO TABLET	2	
TREANDA SOLR 100MG	5		STALEVO 200 TABLET	2	
<i>tretinoin capsule</i>	1		TASMAR TABLET	2	
TRISENOX INJECTABLE	4		<i>trihexyphenidyl hcl elixir</i>	1	
TYKERB TABLET	5		<i>trihexyphenidyl hcl tablet</i>	1	
VELCADE INJECTABLE	5		<b>Antipsychotics</b>		
VESANOID CAPSULE	5		<i>chlorpromazine hcl injectable</i>	4	
VIDAZA INJECTABLE	5		<i>chlorpromazine hcl tablet</i>	1	
VINBLASTINE SULFATE INJECTABLE	4		<i>clozapine tablet</i>	1	
<i>vincristine sulfate injectable</i>	4		FAZACLO TAB RAPDIS	2	
<i>vinorelbine tartrate injectable</i>	5		FAZACLO TBDP 12.5MG	2	
VUMON INJECTABLE	4		<i>fluphenazine decanoate injectable</i>	4	
ZANOSAR INJECTABLE	4		<i>fluphenazine hcl elixir</i>	1	
ZOLINZA CAPSULE	5		<i>fluphenazine hcl injectable</i>	4	
<b>Antiparasitics</b>			<i>fluphenazine hcl oral conc</i>	1	
<i>chloroquine phosphate tablet</i>	1		<i>fluphenazine hcl tablet</i>	1	
DARAPRIM TABLET	2		HALDOL INJECTABLE	4	
<i>hydroxychloroquine sulfate tablet</i>	1		<i>haloperidol decanoate injectable</i>	4	
<i>lindane lotion</i>	1		<i>haloperidol lactate injectable</i>	4	
<i>lindane shampoo</i>	1		<i>haloperidol lactate oral conc</i>	1	
<i>mebendazole tab chew</i>	1		<i>haloperidol tablet</i>	1	
<i>mefloquine hcl tablet</i>	1		INVEGA TAB OSM 24	3	
MEPRON ORAL SUSP	5		<i>loxapine succinate capsule</i>	1	
NEBUPENT INJECTABLE	2		MOBAN TABLET	2	
NEUTREXIN INJECTABLE	5		ORAP TABLET	2	
PENTAM 300 INJECTABLE	4		<i>perphenazine tablet</i>	1	
<i>pentamidine isethionate injectable</i>	4		<i>prochlorperazine edisylate injectable</i>	4	
<i>permethrin cream</i>	1		<i>prochlorperazine maleate supp rect</i>	1	
PRIMAQUINE TABLET	2		<i>prochlorperazine maleate tablet</i>	1	
STROMECTOL TABLET	2		<i>thioridazine hcl tablet</i>	1	
<b>Antiparkinson Agents</b>			<i>thiothixene capsule</i>	1	
APOKYN CARTRIDGE	5		<i>trifluoperazine hcl tablet</i>	1	
<i>benztropine mesylate tablet</i>	1				
<i>carbidopa/levodopa tablet</i>	1				

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<b>Antispasticity Agents</b>			KALETRA SOLUTION	2	
<i>baclofen tablet</i>	1		KALETRA TABLET	2	
<i>dantrolene sodium capsule</i>	1		LEXIVA SUSP 50MG/ML	2	
<i>tizanidine hcl tablet</i>	1		LEXIVA TABLET	2	
<b>Antivirals</b>			NORVIR CAPSULE	2	
<i>acyclovir capsule</i>	1		NORVIR SOLUTION	2	
<i>acyclovir oral susp</i>	1		PREZISTA TABLET	2	
<i>acyclovir sodium injectable</i>	4		REBETOL CAPSULE	5	
<i>acyclovir tablet</i>	1		REBETOL SOLUTION	5	
AGENERASE CAPSULE	2		RELENZA DISK W/DEV	2	QL, PA
AGENERASE SOLUTION	2		RESCRIPTOR TAB DISPER	2	
<i>amantadine hcl capsule</i>	1		RESCRIPTOR TABLET	2	
<i>amantadine hcl syrup</i>	1		RETROVIR IV INJECTABLE	4	
<i>amantadine hcl tablet</i>	1		REYATAZ CAPSULE	2	
APTIVUS CAPSULE	5		RIBAPAK TABLET	5	
ATRIPLA TABLET	2		RIBASPHERE CAPSULE	5	
BARACLUDE SOLUTION	5		RIBASPHERE TABLET	5	
BARACLUDE TABLET	5		<i>ribavirin capsule</i>	5	
COMBIVIR TABLET	2		<i>ribavirin tablet</i>	5	
COPEGUS TABLET	5		<i>rimantadine hcl tablet</i>	1	
CRIXIVAN CAPSULE	2		SELZENTRY TABLET	5	
CYTOVENE INJECTABLE	4		SUSTIVA CAPSULE	2	
DENAVIR CREAM	2		SUSTIVA TABLET	2	
<i>didanosine capsule dr</i>	1		TAMIFLU CAPSULE	2	QL, PA
EMTRIVA CAPSULE	2		TAMIFLU SUSP RECON	2	QL, PA
EMTRIVA SOLUTION	2		<i>trifluridine drops</i>	1	QL
EPIVIR HBV SOLUTION	2		TRIZIVIR TABLET	2	
EPIVIR HBV TABLET	2		TRUVADA TABLET	2	
EPIVIR SOLUTION	2		VALCYTE TABLET	2	
EPIVIR TABLET	2		VALTREX TABLET	2	QL
EPZICOM TABLET	2		VIDEX SOLN RECON	2	
<i>famciclovir tabs</i>	1		VIRACEPT POWDER	2	
<i>foscarnet sodium infus btl</i>	5		VIRACEPT TABLET	2	
FOSCAVIR INFUS BTL	5		VIRAMUNE ORAL SUSP	2	
FUZEON KIT	5	QL	VIRAMUNE TABLET	2	
<i>ganciclovir capsule</i>	1		VIRAZOLE INJECTABLE	5	
HEPSERA TABLET	5		VIREAD TABLET	2	
INTELENCE TABS 100MG	5		VISTIDE INJECTABLE	5	
INVIRASE CAPSULE	2		ZERIT CAPSULE	2	
INVIRASE TABLET	2		ZERIT SOLN RECON	2	
ISENTRESS TABLET	5		ZIAGEN SOLUTION	2	
KALETRA CAPSULE	2		ZIAGEN TABLET	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>zidovudine capsule</i>	1		AVANDAMET TABLET	2	QL
<i>zidovudine syrup</i>	1		AVANDARYL TABLET	2	QL
<i>zidovudine tablet</i>	1		AVANDIA TABLET	2	QL
ZOVIRAX CREAM	2		BYETTA PEN INJCTR	2	QL
ZOVIRAX OINT	2		<i>chlorpropamide tablet</i>	1	
<b>Anxiolytics</b>			DUETACT TABLET	2	QL
<i>bupirone hcl tablet</i>	1		<i>glimepiride tablet</i>	1	
<i>doxepin hcl capsule</i>	1		<i>glipizide tab osm 24</i>	1	
<i>doxepin hcl oral conc</i>	1		<i>glipizide tablet</i>	1	
<i>meprobamate tablet</i>	1		<i>glipizide/metformin hcl tablet</i>	1	
<b>Bipolar Agents</b>			GLUCAGEN KIT	4	
ABILIFY DISCMELT TAB RAPDIS	2		GLUCAGON EMERGENCY KIT	4	
ABILIFY INJECTABLE	4		<i>glyburide tablet</i>	1	
ABILIFY SOLUTION	2		<i>glyburide, micronized tablet</i>	1	
ABILIFY TABLET	2		<i>glyburide/metformin hcl tablet</i>	1	
DEPAKOTE SPRINKLE CAP	2		HUMALOG INJECTABLE	2	
DEPAKOTE TABLET DR	2		HUMALOG INSULN PEN	2	
EQUETRO CPMP 12HR	2		HUMALOG MIX 50/50 INSULN PEN	2	
GEODON CAPSULE	2		HUMALOG MIX 50/50 VIAL	2	
GEODON INJECTABLE	4		HUMALOG MIX 75/25 INSULN PEN	2	
LAMICTAL TABLET	2		HUMALOG MIX 75/25 VIAL	2	
<i>lamotrigine tab disper</i>	1		HUMULIN 50/50 VIAL	2	
<i>lithium carbonate capsule</i>	1		HUMULIN 70/30 INSULN PEN	2	
<i>lithium carbonate tablet</i>	1		HUMULIN 70/30 VIAL	2	
<i>lithium carbonate tablet sa</i>	1		HUMULIN N INSULN PEN	2	
<i>lithium citrate solution</i>	1		HUMULIN N VIAL	2	
LITHOBID TABLET SA	2		HUMULIN R VIAL	2	
RISPERDAL CONSTA DISP SYRIN	5		JANUMET TABLET	2	QL
RISPERDAL SOLUTION	2		JANUVIA TABLET	2	QL
RISPERDAL TAB RAPDIS	2		LANTUS CARTRIDGE	2	
RISPERDAL TABLET	2		LANTUS SOLOSTAR SOLN		
SEROQUEL TABLET	2		100 UNIT/ML	2	
SEROQUEL XR TABLET	2		LANTUS VIAL	2	
ZYPREXA INJECTABLE	4		LEVEMIR INJECTABLE	2	
ZYPREXA TABLET	2		LEVEMIR INSULN PEN	2	
ZYPREXA ZYDIS TAB RAPDIS	2		<i>metformin hcl tab sr 24h</i>	1	
<b>Blood Glucose Regulators</b>			<i>metformin hcl tablet</i>	1	
ACTOPLUS MET TABLET	2	QL	NOVOLIN 70/30 CARTRIDGE	2	
ACTOS TABLET	2	QL	NOVOLIN 70/30 INJECTABLE	2	
APIDRA CARTRIDGE	2		NOVOLIN 70/30 INNOLET		
APIDRA INJECTABLE	2		INSULN PEN	2	
			NOVOLIN 70/30 INSULN PEN	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
NOVOLIN N CARTRIDGE	2		FRAGMIN INJECTABLE 5,000 UNIT/ 0.2ML, 7,500 UNIT/0.3ML, 10,000, 25,000 UNIT/ML	5	
NOVOLIN N INJECTABLE	2		<i>heparin sodium injectable</i>	4	
NOVOLIN N INNOLET INSULN PEN	2		LEUKINE INJECTABLE	5	PA
NOVOLIN N INSULN PEN	2		LOVENOX INJECTABLE	5	
NOVOLIN R CARTRIDGE	2		NEULASTA DISP SYRIN	5	QL, PA
NOVOLIN R INJECTABLE	2		NEUMEGA INJECTABLE	5	PA
NOVOLIN R INSULN PEN	2		NEUPOGEN INJECTABLE	5	PA
NOVOLIN R U-100 SOLN	2		<i>pentoxifylline tablet sa</i>	1	
NOVOLOG CARTRIDGE	2		PLAVIX TABLET	2	
NOVOLOG INJECTABLE	2		PROCRIT INJECTABLE 2,000, 3,000, 4,000 UNITS	4	PA
NOVOLOG INSULN PEN	2		PROCRIT INJECTABLE 10,000, 20,000, 40,000 UNITS	5	PA
NOVOLOG MIX 70/30 CARTRIDGE	2		<i>ticlopidine hcl tablet</i>	1	
NOVOLOG MIX 70/30 INJECTABLE	2		<i>warfarin sodium tablet</i>	1	
NOVOLOG MIX 70/30 INSULN PEN	2		<b>Cardiovascular Agents</b>		
PRECOSE TABLET	2		<i>acebutolol hcl capsule</i>	1	
PROGLYCEM ORAL SUSP	2		ACEON TABLET	2	
STARLIX TABLET	2		ALTACE CAPSULE	2	
SYMLIN INJECTABLE	2		<i>amiloride hcl tablet</i>	1	
SYMLINPEN 120 SOLN 1000MCG/ML	2		<i>amiloride/ hydrochlorothiazide tablet</i>	1	
SYMPINPEN 60 SOLN 1000MCG/ML	2		<i>amiodarone hcl injectable</i>	4	
<i>tolazamide tablet</i>	1		<i>amiodarone hcl tablet</i>	1	
<i>tolbutamide tablet</i>	1		<i>amlodipine besylate tablet</i>	1	QL
<b>Blood Products/Modifiers/ Volume Expanders</b>			<i>amlodipine besylate/ benazepril hcl capsule</i>	1	
AGGRENOX CPMP 12HR	2		<i>atenolol tablet</i>	1	
AGRYLIN CAPSULE	5		<i>atenolol/chlorthalidone tablet</i>	1	
<i>anagrelide hcl capsule</i>	1		AVALIDE TABLET	3	
ARANESP DISP SYRIN	5	PA	AVAPRO TABLET	3	
ARANESP INJECTABLE	5	PA	<i>benazepril hcl tablet</i>	1	
ARIXTRA DISP SYRIN	5		<i>benazepril/ hydrochlorothiazide tablet</i>	1	
<i>cilostazol tablet</i>	1		<i>betaxolol hcl tablet</i>	1	
COUMADIN INJECTABLE	4		BIDIL TABLET	2	
COUMADIN TABLET	2		<i>bisoprol/ hydrochlorothiazide tablet</i>	1	
CYKLOKAPRON INJECTABLE	4		<i>bisoprolol fumarate tablet</i>	1	
<i>dipyridamole tablet</i>	1		<i>bumetanide injectable</i>	4	
EPOGEN INJECTABLE 2,000, 3,000, 4,000 UNITS	4	PA	<i>bumetanide tablet</i>	1	
EPOGEN INJECTABLE 10,000, 20,000, 40,000 UNIT	5	PA			
FRAGMIN INJECTABLE 2,500 UNIT/0.2ML	4				

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>captopril tablet</i>	1		<i>enalapril/ hydrochlorothiazide tablet</i>	1	
<i>captopril/ hydrochlorothiazide tablet</i>	1		EPIPEN JR PEN INJECTOR	4	QL
CARDENE INJECTABLE	4		EPIPEN PEN INJECTOR	4	QL
<i>carvedilol tablet</i>	1		EXFORGE TABS	2	
<i>chlorothiazide tablet</i>	1		<i>felodipine tab sr 24h</i>	1	
<i>chlorthalidone tablet</i>	1		<i>fenofibrate, micronized capsule</i>	1	
<i>cholestyramine/ aspartame packet</i>	1		<i>fenofibrate, micronized tablet</i>	1	
<i>cholestyramine/ aspartame powder</i>	1		<i>flecainide acetate tablet</i>	1	
<i>cholestyramine/ sucrose packet</i>	1		<i>fosinopril sodium tablet</i>	1	
<i>cholestyramine/ sucrose powder</i>	1		<i>fosinopril/ hydrochlorothiazide tablet</i>	1	
<i>clonidine hcl tablet</i>	1		<i>furosemide injectable</i>	4	
<i>colestipol hcl granules</i>	1		<i>furosemide solution</i>	1	
<i>colestipol hcl tablet</i>	1		<i>furosemide tablet</i>	1	
CORDARONE TABLET	2		<i>gemfibrozil tablet</i>	1	
COREG CR CAPSULE	2		<i>guanabenz acetate tablet</i>	1	
COREG TABLET	2		<i>guanfacine hcl tablet</i>	1	
COZAAR TABLET	2		<i>hydralazine hcl injectable</i>	4	
CRESTOR TABLET	3	QL	<i>hydralazine hcl tablet</i>	1	
DEMADEX INJECTABLE	4		<i>hydrochlorothiazide capsule</i>	1	
<i>dexrazoxane injectable</i>	5		<i>hydrochlorothiazide tablet</i>	1	
<i>digoxin injectable</i>	4		HYZAAR TABLET	2	
<i>digoxin solution</i>	1		<i>indapamide tablet</i>	1	
<i>digoxin tablet</i>	1		<i>isosorbide dinitrate tab subl</i>	1	
<i>diltiazem hcl cap sr 12h</i>	1		<i>isosorbide dinitrate tablet</i>	1	
<i>diltiazem hcl cap sr 24h</i>	1		<i>isosorbide dinitrate tablet sa</i>	1	
<i>diltiazem hcl capsule cr</i>	1		<i>isosorbide mononitrate tab sr 24h</i>	1	
<i>diltiazem hcl injectable</i>	4		<i>isosorbide mononitrate tablet</i>	1	
<i>diltiazem hcl tablet</i>	1		<i>isradipine capsule</i>	1	
DIOVAN HCT TABLET	2		<i>labetalol hcl injectable</i>	4	
DIOVAN TABLET	2		<i>labetalol hcl tablet</i>	1	
<i>disopyramide phosphate capsule</i>	1		LANOXICAPS CAPSULE	2	
<i>disopyramide phosphate capsule sa</i>	1		LANOXIN INJECTABLE	4	
DIURIL SODIUM INJECTABLE	4		LANOXIN PEDIATRIC INJECTABLE	4	
<i>doxazosin mesylate tablet</i>	1		LANOXIN TABLET	2	
DURACLON INJECTABLE	4		LESCOL XL TAB SR 24H	3	QL
EDECRIIN SODIUM INJECTABLE	4		<i>lidocaine hcl injectable</i>	4	
<i>enalapril maleate tablet</i>	1		LIPITOR TABLET	2	QL
			<i>lisinopril tablet</i>	1	
			<i>lisinopril/ hydrochlorothiazide tablet</i>	1	
			LOPRESSOR INJECTABLE	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
LOTREL CAPSULE 5/40, 10/40	2		<i>propranolol hcl cap sa 24h</i>	1	
<i>lovastatin tablet</i>	1	QL	<i>propranolol hcl injectable</i>	4	
LOVAZA	2		<i>propranolol hcl solution</i>	1	
<i>methyclothiazide tablet</i>	1		<i>propranolol hcl tablet</i>	1	
<i>methyldopa tablet</i>	1		<i>propranolol/</i>		
<i>methyldopa/</i>			<i>hydrochlorothiazide tablet</i>	1	
<i>hydrochlorothiazide tablet</i>	1		<i>questran light powder</i>	1	
<i>methyldopate hcl injectable</i>	4		<i>quinapril hcl tablet</i>	1	
<i>metolazone tablet</i>	1		<i>quinapril/</i>		
<i>metoprol/</i>			<i>hydrochlorothiazide tablet</i>	1	
<i>hydrochlorothiazide tablet</i>	1		<i>quinidine gluconate injectable</i>	4	
<i>metoprolol succinate er tb24</i>	1		<i>quinidine gluconate tablet sa</i>	1	
<i>metoprolol succinate</i>			<i>quinidine sulfate tablet</i>	1	
<i>tab sr 24h 25mg</i>	1		<i>quinidine sulfate tablet sa</i>	1	
<i>metoprolol tartrate injectable</i>	4		<i>ramipril caps</i>	1	
<i>metoprolol tartrate tablet</i>	1		RANEXA TAB SR 12H	2	
<i>mexiletine hcl capsule</i>	1		RANEXA TB12 1000MG	2	
<i>midodrine hcl tablet</i>	1		<i>reserpine tablet</i>	1	
<i>minoxidil tablet</i>	1		<i>simvastatin tablet</i>	1	QL
<i>moexipril hcl tablet</i>	1		<i>sotalol hcl tablet</i>	1	
<i>moexipril/hydrochlorothiazide</i>	1		<i>spironolact/</i>		
<i>nadolol tablet</i>	1		<i>hydrochlorothiazide tablet</i>	1	
<i>nadolol/bendroflumethiazi tablet</i>	1		<i>spironolactone tablet</i>	1	
NIASPAN TABLET SA	2		TEKTURNA HCT TABS	2	
<i>nicardipine hcl capsule</i>	1		TEKTURNA TABS	2	
<i>nifedipine capsule</i>	1		TENORMIN INJECTABLE	4	
<i>nifedipine tab osm 24</i>	1		<i>terazosin hcl capsule</i>	1	
<i>nifedipine tablet sa</i>	1		THALITONE TABLET	2	
<i>nimodipine capsule</i>	5	QL	TIKOSYN CAPSULE	3	
NIMOTOP CAPSULE	5	QL	<i>timolol maleate tablet</i>	1	
NITREK PATCH TD24	1	QL	TOPROL XL TAB SR 24H 50MG, 100MG, 200MG	3	
<i>nitroglycerin injectable</i>	4		<i>torse mide tablet</i>	1	
<i>nitroglycerin patch td24</i>	1	QL	TRANDATE INJECTABLE	4	
NITROSTAT TAB SUBL	2		<i>trandolapril tablet</i>	1	
PACERONE TABLET	2		<i>triamterene/</i>		
<i>papaverine hcl injectable</i>	4		<i>hydrochlorothiazide capsule</i>	1	
<i>pindolol tablet</i>	1		<i>triamterene/</i>		
<i>pravastatin sodium tablet</i>	1		<i>hydrochlorothiazide tablet</i>	1	
<i>prazosin hcl capsule</i>	1		TRICOR TABLET	2	
<i>procainamide hcl capsule</i>	1		TWINJECT PEN INJCTR	4	QL
<i>procainamide hcl injectable</i>	4		<i>verapamil hcl cap 24h</i>	1	
<i>procainamide hcl tablet sa</i>	1		<i>verapamil hcl er cp24</i>	1	
<i>propafenone hcl tablet</i>	1				

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>verapamil hcl injectable</i>	4		<i>amnesteem capsule</i>	1	
<i>verapamil hcl tablet</i>	1		<i>avita gel</i>	1	QL
<i>verapamil hcl tablet sa</i>	1		<i>calcipotriene solr</i>	1	QL
VYTORIN TABLET	3	QL	<i>claravis capsule</i>	1	
XYLOCAINE IV FOR CARDIAC INJECTABLE	4		<i>clotrimazole/betamet diprop cream</i>	1	
ZETIA TABLET	2	QL, PA	<i>clotrimazole/betamet diprop lotion</i>	1	
ZINECARD INJECTABLE	5		DOVONEX CREAM	2	QL
<b>Central Nervous System Agents</b>			DOVONEX OINT	2	QL
ADDERALL XR CAP SR 24H	2		DOVONEX SOLUTION	2	QL
<i>amphet asp/amphet/d-amphet tablet</i>	1		<i>erythromycin base/benz per gel</i>	1	QL
CONCERTA TAB OSM 24	2		<i>fluorouracil cream</i>	1	
<i>d-amphetamine sulfate capsule sa</i>	1		<i>fluorouracil solution</i>	1	
<i>d-amphetamine sulfate tablet</i>	1		<i>isotretinoin capsule</i>	1	
<i>dexmethylphenidate hcl tablet</i>	1		LEVULAN SOL W/APPL	2	
DEXTROSTAT TABLET	1		<i>nystatin/triamcin cream</i>	1	
METADATE CD CPMP 30-70	2		<i>nystatin/triamcin oint</i>	1	
<i>metadate er tablet sa</i>	1		OXSORALEN LOTION	2	
METHYLIN SOLUTION	2		OXSORALEN-ULTRA CAPSULE	5	
METHYLIN TAB CHEW	2		<i>podofilox solution</i>	1	
<i>methylphenidate hcl tablet</i>	1		RAPTIVA KIT	5	QL, PA
<i>methylphenidate hcl tablet sa</i>	1		REGRANEX GEL	5	PA
PROVIGIL TABLET	2	QL, PA	SANTYL OINT	2	
RILUTEK TABLET	5		<i>selenium sulfide shampoo</i>	1	
RITALIN LA CPMP 50-50	2		SOLARAZE GEL	2	
STRATTERA CAPSULE	2	QL	SORIATANE CAPSULE	5	
VYVANSE CAPSULE	3		SORIATANE CK KIT	5	
XYREM SOLUTION	5	QL	<i>sotret capsule</i>	1	
<b>Dental and Oral Agents</b>			<i>tretinoin cream</i>	1	QL
<i>chlorhexidine gluconate mouthwash</i>	1		<i>tretinoin gel</i>	1	QL
<i>doxycycline hyclate tablet</i>	1		<i>u-cort cream</i>	1	
KEPIVANCE INJECTABLE	5		UVADEX INJECTABLE	4	
<i>pilocarpine hcl tablet</i>	1		<b>Enzyme Replacements/Modifiers</b>		
<i>triamcinolone acetonide paste</i>	1		ADAGEN INJECTABLE	5	
<b>Dermatological Agents</b>			ALDURAZYME INJECTABLE	5	
ACCUTANE CAPSULE	5		<i>amylase/lipase/protease capsule</i>	1	
ALDARA PACKET	2		<i>amylase/lipase/protease capsule dr</i>	1	
AMEVIVE INJECTABLE	5	PA	<i>amylase/lipase/protease tablet</i>	1	
<i>ammonium lactate cream</i>	1		BUPHENYL POWDER	2	
<i>ammonium lactate lotion</i>	1		BUPHENYL TABLET	5	
			CARNITOR INJECTABLE	4	
			CEREDASE INJECTABLE	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
CEREZYME INJECTABLE	5		<i>glycopyrrolate injectable</i>	4	
CREON CAPSULE DR	2		<i>glycopyrrolate tablet</i>	1	
CYSTADANE POWDER	2		HALFLYTELY WITH FLAVOR PACKS COMBO PKG	2	
CYSTAGON CAPSULE	2		<i>lactulose solution</i>	1	
ELAPRASE INJECTABLE	5		<i>loperamide hcl capsule</i>	1	
ELITEK INJECTABLE	5		LOTRONEX TABLET	2	QL, PA
FABRAZYME INJECTABLE	5		NEXIUM CAPSULE DR	2	QL
KUTRASE CAPSULE	2		NEXIUM IV INJECTABLE	4	
KU-ZYME CAPSULE	2		NEXIUM SUSP DR REC	2	QL
<i>levocarnitine injectable</i>	4		<i>nizatidine capsule</i>	1	
<i>levocarnitine liquid</i>	1		<i>omeprazole capsule dr</i>	1	QL
<i>levocarnitine tablet</i>	1		<i>opium tincture</i>	1	
NAGLAZYME INJECTABLE	5		<i>pantoprazole sodium tbec</i>	1	QL
ORFADIN CAPSULE	2		<i>paregoric liquid</i>	1	
PANCREASE MT CAPSULE DR	2		PEPCID INJECTABLE	4	
PANCRECARB MS CAPSULE DR	2		<i>polyethylene glycol 3350 powder</i>	1	
<i>panocaps capsule dr</i>	1		PREVACID CAPSULE DR	2	QL
SUCRAID SOLUTION	2		PREVACID IV INJECTABLE	4	
ULTRACAPS MT 20 CAPSULE DR	1		PREVACID SUSP DR REC	2	QL
ULTRASE CAPSULE DR	2		PREVACID TAB RAP DR	2	QL
ULTRASE MT CAPSULE DR	2		PREVPAC COMBO PKG	2	
VIKASE POWDER	2		<i>propantheline bromide tablet</i>	1	
VIKASE TABLET	2		PROTONIX INJECTABLE	4	
ZAVESCA CAPSULE	2		<i>ranitidine hcl capsule</i>	1	
<b>Gastrointestinal Agents</b>			<i>ranitidine hcl injectable</i>	4	
ACIPHEX TABLET DR	3	QL	<i>ranitidine hcl syrup</i>	1	
<i>atreza tablet</i>	1		<i>ranitidine hcl tablet</i>	1	
<i>atropine sulfate injectable</i>	4		ROBINUL INJECTABLE	4	
BENTYL INJECTABLE	4		<i>scopolamine methylbromide tablet</i>	1	
<i>cimetidine hcl injectable</i>	4		<i>sod sulf/sod/nahco3/ kcl/peg's soln recon</i>	1	
<i>cimetidine hcl liquid</i>	1		<i>sucralfate tablet</i>	1	
<i>cimetidine tablet</i>	1		URSO FORTE TABLET	2	
<i>dicyclomine hcl capsule</i>	1		URSO TABLET	2	
<i>dicyclomine hcl injectable</i>	4		<i>ursodiol capsule</i>	1	
<i>dicyclomine hcl syrup</i>	1		ZANTAC INJECTABLE	4	
<i>dicyclomine hcl tablet</i>	1		<b>Genitourinary Agents</b>		
<i>diphenoxylate hcl/atrop sulf liquid</i>	1		<i>bethanechol chloride tablet</i>	1	
<i>diphenoxylate hcl/atrop sulf tablet</i>	1		DETROL LA CAP SR 24H	2	
<i>famotidine injectable</i>	4		DETROL TABLET	2	
<i>famotidine tablet</i>	1		<i>flavoxate hcl tablet</i>	1	
GASTROCROM SOLUTION	2				

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
FLOMAX CAP SR 24H	2		<i>desoximetasone oint</i>	1	
METHERGINE INJECTABLE	4		<i>diflorasone diacetate cream</i>	1	
<i>oxybutynin chloride syrup</i>	1		<i>diflorasone diacetate oint</i>	1	
<i>oxybutynin chloride tab osm 24</i>	1		<i>fludrocortisone acetate tablet</i>	1	
<i>oxybutynin chloride tablet</i>	1		<i>fluocinolone acetonide cream</i>	1	
PHOSLO CAPSULE	2		<i>fluocinolone acetonide oint</i>	1	
RENAGEL TABLET	2		<i>fluocinolone acetonide solution</i>	1	
<i>sod propionate/inosi/aa14/urea cream/appl</i>	1		<i>fluocinonide cream</i>	1	
THIOLA TABLET	2		<i>fluocinonide gel</i>	1	
VESICARE TABLET	2		<i>fluocinonide oint</i>	1	
<b>Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal)</b>			<i>fluocinonide solution</i>	1	
<i>alclometasone dipropionate cream</i>	1		<i>fluocinonide/emollient cream</i>	1	
<i>alclometasone dipropionate oint</i>	1		<i>fluticasone propionate cream</i>	1	
<i>amcinonide cream</i>	1		<i>fluticasone propionate oint</i>	1	
<i>amcinonide lotion</i>	1		<i>halobetasol propionate cream</i>	1	
<i>amcinonide oint</i>	1		<i>halobetasol propionate oint</i>	1	
ARISTOSPAN INJECTABLE	4		<i>hydrocortisone butyrate cream</i>	1	
<i>betamet diprop/prop gly cream</i>	1		<i>hydrocortisone butyrate oint</i>	1	
<i>betamet diprop/prop gly oint</i>	1		<i>hydrocortisone butyrate solution</i>	1	
<i>betamethasone dipropionate cream</i>	1		<i>hydrocortisone cream</i>	1	
<i>betamethasone dipropionate gel</i>	1		<i>hydrocortisone in absorba ointment</i>	1	
<i>betamethasone dipropionate lotion</i>	1		<i>hydrocortisone lotion</i>	1	
<i>betamethasone dipropionate oint</i>	1		<i>hydrocortisone oint</i>	1	
<i>betamethasone valerate cream</i>	1		<i>hydrocortisone tablet</i>	1	
<i>betamethasone valerate lotion</i>	1		<i>hydrocortisone valerate cream</i>	1	
<i>betamethasone valerate oint</i>	1		<i>hydrocortisone valerate oint</i>	1	
<i>clobetasol propionate cream</i>	1		<i>locoïd cream</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1		<i>locoïd oint</i>	1	
<i>clobetasol propionate gel</i>	1		<i>locoïd solution</i>	1	
<i>clobetasol propionate oint</i>	1		<i>lokara lotion</i>	1	
<i>clobetasol propionate solution</i>	1		<i>mometasone furoate cream</i>	1	
<i>desonide cream</i>	1		<i>mometasone furoate oint</i>	1	
<i>desonide lotion</i>	1		<i>mometasone furoate solution</i>	1	
<i>desonide oint</i>	1		<i>prednicarbate cream</i>	1	
<i>desoximetasone cream</i>	1		<i>prednicarbate oint</i>	1	
<i>desoximetasone gel</i>	1		<i>triamcinolone acetonide cream</i>	1	
			<i>triamcinolone acetonide lotion</i>	1	
			<i>triamcinolone acetonide oint</i>	1	
			VERDESO FOAM	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>			DEPO-SUBQ PROVERA 104		
DDAVP INJECTABLE	4		DISP SYRIN	4	
<i>desmopressin acetate injectable</i>	4		DEPO-TESTOSTERONE INJECTABLE	4	
<i>desmopressin acetate solution</i>	1	QL	<i>desogestrel-ethinyl estradiol tablet</i>	1	QL
<i>desmopressin acetate tablet</i>	1		<i>desog-et estra/ethin estra tablet</i>	1	QL
GENOTROPIN CARTRIDGE	5	QL, PA	<i>estradiol patch tdwk</i>	1	QL
GENOTROPIN DISP SYRIN	5	QL, PA	<i>estradiol tablet</i>	1	
HUMATROPE CARTRIDGE	5	QL, PA	<i>estropipate tablet</i>	1	
HUMATROPE INJECTABLE	5	QL, PA	<i>estradiol valerate oil</i>	4	
INCRELEX INJECTABLE	5		<i>estradiol/norethindrone a tabs</i>	1	QL
NORDITROPIN CARTRIDGE	5	QL, PA	<i>ethynodiol d-ethinyl estradiol tablet</i>	1	QL
NORDITROPIN NORDIFLEX			EVISTA TABLET	2	QL
PEN INJCTR	5	QL, PA	<i>levlite-28 tablet</i>	1	QL
NUTROPIN AQ CARTRIDGE	5	QL, PA	<i>levonorgestrel-eth estra tablet</i>	1	QL
NUTROPIN AQ INJECTABLE	5	QL, PA	<i>medroxyprogesterone acet injectable</i>	4	
NUTROPIN AQ PEN SOLN 20MG/ML	5	QL, PA	<i>medroxyprogesterone acet tablet</i>	1	
NUTROPIN INJECTABLE	5	QL, PA	<i>megestrol acetate oral susp</i>	1	
OMNITROPE SOLR	5	QL, PA	<i>megestrol acetate tablet</i>	1	
PREGNYL INJECTABLE	4		<i>noreth a-et estra/ fe fumarate tablet</i>	1	QL
SAIZEN CARTRIDGE	5	QL, PA	<i>norethindrone acetate tablet</i>	1	
SAIZEN INJECTABLE	5	QL, PA	<i>norethindrone a-e estradiol tablet</i>	1	QL
SEROSTIM INJECTABLE	5	QL, PA	<i>norethindrone tablet</i>	1	QL
TEV-TROPIN INJECTABLE	5	QL, PA	<i>norethindrone-mestranol tablet</i>	1	QL
ZORBTIVE INJECTABLE	5	QL, PA	<i>norgestimate-ethinyl estradiol tablet</i>	1	QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>			<i>norgestrel-ethinyl estradiol tablet</i>	1	QL
<i>misoprostol tablet</i>	1		ORTHO EVRA PATCH TDWK	2	QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>			OXANDRIN TABLET	5	
ALORA PATCH TDSW	2	QL	<i>oxandrolone tablet</i>	1	
ANADROL-50 TABLET	5	PA	PREMARIN CREAM/APPL	2	QL
ANDRODERM PATCH TD24	2	QL, PA	PREMARIN INJECTABLE	4	
ANDROGEL GEL MD PMP	2	QL, PA	PREMARIN TABLET	2	
ANDROGEL GEL PACKET	2	QL, PA	PREMPHASE TABLET	2	
ANDROXY TABLET	2	PA	PREMPRO TABLET	2	
CLIMARA PRO PATCH TDWK	2	QL	PROMETRIUM CAPSULE	2	
<i>danazol capsule</i>	1		<i>testosterone cypionate injectable</i>	4	
DELESTROGEN INJECTABLE	4		<i>testosterone enanthate injectable</i>	4	
DEPO-ESTRADIOL INJECTABLE	4		<i>tri-legest fe tablet</i>	1	QL
DEPO-PROVERA INJECTABLE	4		VIVELLE PATCH TDSW	2	QL
			VIVELLE-DOT PATCH TDSW	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>			<i>finasteride tablet</i>	1	
CYTOMEL TABLET	2		<i>flutamide capsule</i>	1	
<i>levothroid tablet</i>	1		NILANDRON TABLET	2	
<i>levothyroxine sodium injectable</i>	4		PLENAXIS INJECTABLE	5	
<i>levothyroxine sodium tablet</i>	1		<b>Hormonal Agents, Suppressants (Thyroid)</b>		
<i>levoxyl tablet</i>	1		<i>methimazole tablet</i>	1	
<i>liothyronine sodium injectable</i>	5		<i>propylthiouracil tablet</i>	1	
SYNTHROID TABLET	2		<b>Immunological Agents</b>		
THYROLAR TABLET	2		ACTHIB INJECTABLE	4	
<b>Hormonal Agents, Suppressant (Adrenal)</b>			ACTIMMUNE INJECTABLE	5	PA
LYSODREN TABLET	2		ADACEL INJECTABLE	4	
<b>Hormonal Agents, Suppressant (Parathyroid)</b>			ALFERON N INJECTABLE	5	
SENSIPAR TABLET	5		ATTENUVAX VACCINE W/DILUENT INJECTABLE	4	
<b>Hormonal Agents, Suppressant (Pituitary)</b>			AVASTIN INJECTABLE	5	
<i>bromocriptine mesylate capsule</i>	1		AVONEX KIT	5	PA
<i>bromocriptine mesylate tablet</i>	1		<i>azathioprine sodium injectable</i>	4	PA
<i>cabergoline tablet</i>	1		<i>azathioprine tablet</i>	1	PA
ELIGARD DISP SYRIN	4	PA	BETASERON INJECTABLE	5	PA
<i>leuprolide acetate injectable 1mg/.2ml</i>	5	PA	BOOSTRIX INJECTABLE	4	
<i>leuprolide acetate kit 5mg/ml</i>	4	PA	CAMPATH SOLN	5	
LUPRON DEPOT DISP SYRIN	5	PA	CARIMUNE INJECTABLE	5	PA
LUPRON DEPOT KIT	5	PA	CARIMUNE NF NANOFILTERED INJECTABLE	5	PA
LUPRON DEPOT KIT 3.75MG, 7.5MG	4	PA	CELLCEPT CAPSULE	2	PA
LUPRON DEPOT KIT 11.25MG, 22.5MG, 30MG	5	PA	CELLCEPT INJECTABLE	4	PA
LUPRON DEPOT-PED 7.5MG, 11.25MG, 15MG	5	PA	CELLCEPT SUSP RECON	2	PA
LUPRON DEPOT-PED KIT	5	PA	CELLCEPT TABLET	2	PA
LUPRON INJECTABLE	5	PA	COMVAX INJECTABLE	4	
LUPRON KIT	5	PA	COPAXONE KIT	5	PA
<i>octreotide acetate injectable</i>	5		CUPRIMINE CAPSULE	2	
SANDOSTATIN INJECTABLE	5		<i>cyclosporine capsule</i>	1	PA
SANDOSTATIN LAR KIT	5		<i>cyclosporine injectable</i>	4	PA
SOMAVERT INJECTABLE	5		<i>cyclosporine solution</i>	1	PA
SYNAREL SPRAY	5	PA	<i>cyclosporine, modified capsule</i>	1	PA
ZOLADEX IMPLANT	4	PA	<i>cyclosporine, modified solution</i>	1	PA
<b>Hormonal Agents, Suppressant (Sex Hormones/Modifiers)</b>			DAPTACEL INJECTABLE	4	
AVODART CAPSULE	2		DECAVAC DISP SYRIN	4	
CASODEX TABLET	2		DEPEN TABLET	2	

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DIPHtheria-TETANUS TOXOID INJECTABLE	4		ORTHOCLONE OKT-3 INJECTABLE	5	PA
ENBREL DISP SYRIN	5	QL, PA	PANGLOBULIN INJECTABLE	5	PA
ENBREL KIT	5	QL, PA	PANGLOBULIN NF INJECTABLE	5	PA
ENBREL PEN INJCTR	5	QL, PA	PANGLOBULIN SOLR	5	PA
ENGERIX-B INJECTABLE	4	PA	PEDIARIX INJECTABLE	4	
FLEBOGAMMA INJECTABLE	5	PA	PEDVAXHIB INJECTABLE	4	
GAMMAGARD LIQUID INJECTABLE	5	PA	PEGASYS KIT	5	PA
GAMMAGARD S/D INJECTABLE	5	PA	PEG-INTRON KIT	5	PA
GAMUNEX INJECTABLE	5	PA	PEG-INTRON REDIPEN PEN IJ KIT	5	PA
GARDASIL INJECTABLE	4		POLYGAM S/D INJECTABLE	5	PA
HAVRIX INJECTABLE	4		PROGRAF CAPSULE	2	PA
HIBTITER INJECTABLE	4		PROGRAF INJECTABLE	4	PA
HUMIRA KIT	5	QL, PA	PROQUAD INJECTABLE	4	
HUMIRA PEN	5	QL, PA	RABAVERT KIT	4	
<i>immu globulin, gamma injectable</i>	5	PA	RAPAMUNE SOLUTION	2	PA
IMOVAX RABIES VACCINE INJECTABLE	4		RAPAMUNE TABLET	2	PA
INFANRIX INJECTABLE	4		REBIF DISP SYRIN	5	PA
INFERGEN INJECTABLE	5	PA	RECOMBIVAX HB INJECTABLE	4	
INTRON A INJECTABLE	5	PA	REMICADE INJECTABLE	5	PA
IPOL INJECTABLE	4		ROFERON-A KIT	4	PA
IVEEGAM EN INJECTABLE	5	PA	ROTATEQ ORAL SUSP	2	
JE-VAX INJECTABLE	4		SANDIMMUNE CAPSULE	2	PA
KINERET DISP SYRIN	5	QL, PA	SANDIMMUNE INJECTABLE	4	PA
<i>leflunomide tablet</i>	1		SANDIMMUNE SOLUTION	2	PA
MENACTRA INJECTABLE	4		SIMULECT INJECTABLE	5	
MENOMUNE-A/C/Y/W-135 INJECTABLE	4		TETANUS DIPHtheria TOXOIDS INJECTABLE	4	
MERUVAX II VACCINE W/DILUENT INJECTABLE	4		TETANUS TOXOID ADSORBED INJECTABLE	4	
<i>methotrexate sodium injectable</i>	4		<i>tetanus toxoid, fluid injectable</i>	4	
<i>methotrexate sodium tablet</i>	1		THERACYS INJECTABLE	4	
M-M-R II VACCINE W/DILUENT INJECTABLE	4		THYMOGLOBULIN INJECTABLE	5	
M-R-VAX II VACCINE W/DILUENT INJECTABLE	4		TICE BCG INJECTABLE	4	
MUMPSVAX VACCINE W/DILUENT INJECTABLE	4		TRIHIBIT KIT	4	
NEORAL CAPSULE	2	PA	TRIPEDIA INJECTABLE	4	
NEORAL SOLUTION	2	PA	TWINRIX INJECTABLE	4	
OCTAGAM INJECTABLE	5	PA	TYPHIM VI INJECTABLE	4	
ORENCIA INJECTABLE	5	PA	VAQTA DISP SYRIN	4	
			VAQTA INJECTABLE	4	
			VARIVAX VACCINE INJECTABLE	4	
			VECTIBIX INJECTABLE	5	PA
			VENOGLOBULIN-S INJECTABLE	5	PA

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VIVAGLOBIN INJECTABLE	5	PA	<i>sulfasalazine tablet</i>	1	
VIVOTIF BERNA CAPSULE DR	2		<i>sulfasalazine tablet dr</i>	1	
YF-VAX INJECTABLE	4				
ZENAPAX INJECTABLE	5				
ZOSTAVAX INJECTABLE	4				
<b>Inflammatory Bowel Disease Agents</b>			<b>Metabolic Bone Disease Agents</b>		
ASACOL TABLET DR	2		ACTONEL TABLET	2	QL
<i>a-hydrocort solr 100mg</i>	4		ACTONEL WITH CALCIUM TAB DS PK	2	QL
<i>balsalazide disodium caps 750mg</i>	1		<i>alendronate sodium tabs</i>	1	QL
CANASA SUPP RECT	2		AREDIA INJECTABLE	4	
COLAZAL CAPSULE	2		<i>calcitonin, salmon, synthetic spray/pump</i>	1	QL
<i>cortisone acetate tablet</i>	1		DIDRONEL INJECTABLE	4	
DEPO-MEDROL INJECTABLE	4		<i>etidronate disodium tablet</i>	1	
<i>dexamethasone elixir</i>	1		FORTEO PEN INJECTOR	5	QL, PA
<i>dexamethasone sod phosphate injectable</i>	4		FOSAMAX PLUS D TABLET	2	QL
<i>dexamethasone solution</i>	1		FOSAMAX SOLUTION	2	QL
<i>dexamethasone tablet</i>	1		FOSAMAX TABLET	2	QL
ENTOCORT EC CAP SR 24H	2		HECTOROL CAPSULE	2	
<i>hydrocortisone enema</i>	1		HECTOROL INJECTABLE	4	
KENALOG-10 INJECTABLE	4		MIACALCIN INJECTABLE	4	
KENALOG-40 INJECTABLE	4		<i>pamidronate disodium injectable</i>	4	
<i>mesalamine enema</i>	1		ZOMETA INJECTABLE	5	
<i>methylprednisolone acetate injectable</i>	4		<b>Miscellaneous Therapeutic Agents</b>		
<i>methylprednisolone sod succ injectable</i>	4		<i>alcohol swabs med pad</i>	1	
<i>methylprednisolone sodium solr 500mg</i>	4		<i>amifostine solr 500mg</i>	5	
<i>methylprednisolone tablet</i>	1		BD ECLIPSE LUER-LOK SYRINGE		
PENTASA CAPSULE SA	2		DISP SYRIN	2	QL
<i>prednisolone sod phosphate solution</i>	1		BD INSULIN SYRINGE		
<i>prednisolone syrup</i>	1		SAFETYGLIDE DISP SYRIN	2	QL
<i>prednisolone tablet</i>	1		BOTOX INJECTABLE	5	PA
<i>prednisone intensol conc</i>	1		ETHYOL INJECTABLE	5	
<i>prednisone solution</i>	1		<i>gauze bandage</i>	1	QL
<i>prednisone tablet</i>	1		<i>leucovorin calcium injectable</i>	4	
<i>proctocream-hc cream</i>	1		<i>leucovorin calcium tablet</i>	1	
SOLU-CORTEF INJECTABLE	4		<i>mesna injectable</i>	5	
SOLU-MEDROL INJECTABLE	4		MESNEX INJECTABLE	4	
SOLU-MEDROL W/DILUENT INJECTABLE	4		MESNEX TABLET	2	
			MYOBLOC INJECTABLE	4	PA
			NEEDLES DIS NEEDLE	2	QL
			<i>neomy sulf/polymyxin b sulfate injectable</i>	4	
			<i>oxytocin injectable</i>	4	
			<i>sodium cl irrig soln</i>	4	

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SYRINGE DISP	2	QL	NEVANAC DROPS SUSP	2	
UNIFINE PENTIPS DIS NEEDLE	2	QL	PATADAY DROPS	2	QL
<b>Ophthalmic Agents</b>			PATANOL DROPS	2	QL
<i>acetazolamide sodium injectable</i>	4		<i>polymyxin b sulfate/tmp drops</i>	1	QL
<i>acetazolamide tablet</i>	1		<i>prednisolone acetate drops susp</i>	1	QL
ALPHAGAN P DROPS	2		<i>prednisolone sod phosphate drops</i>	1	QL
<i>atropine sulfate drops</i>	1		RESTASIS DROPERETTE	2	
<i>atropine sulfate oint</i>	1		<i>timolol maleate drops</i>	1	QL
<i>bacitracin zinc and neomycin sulfate and polymyxin</i>	1		<i>timolol maleate sol-gel</i>	1	QL
<i>bacitracin/polymyxin b sulfate oint</i>	1		TOBRADEX DROPS SUSP	2	QL
<i>betaxolol hcl drops</i>	1	QL	TOBRADEX OINT	2	QL
<i>brimonidine tartrate drops</i>	1		TRAVATAN DROPS	2	
<i>carbachol injectable</i>	4		TRAVATAN Z DROPS	2	
<i>carteolol hcl drops</i>	1		<i>tropicamide drops</i>	1	
COMBIGAN SOLN 0.2%, 0.5%	2		TRUSOPT DROPS	2	QL
COSOPT DROPS	2	QL	XALATAN DROPS	2	
<i>cromolyn sodium drops</i>	1	QL	<b>Otic Agents</b>		
<i>dexamethasone sod phosphate drops</i>	1	QL	<i>acetic acid solution</i>	1	
<i>diclofenac sodium soln 0.1%</i>	1		<i>acetic acid/aluminum acetate drops</i>	1	
<i>dipivefrin hcl drops</i>	1		<i>acetic acid/hydrocortisone drops</i>	1	QL
<i>fluorometholone drops susp</i>	1	QL	CIPRODEX DROPS SUSP	2	
<i>flurbiprofen sodium drops</i>	1		DERMOTIC DROPS	3	
<i>ketotifen fumarate drops</i>	1	QL	FLOXIN DROPERETTE	2	QL
LACRISERT INSERT	2	QL	FLOXIN DROPS	2	QL
<i>levobunolol hcl drops</i>	1	QL	<i>neomy sulf/polymyx b sulf/hc drops susp</i>	1	QL
<i>methazolamide tablet</i>	1		<i>neomy sulf/polymyx b sulf/hc solution</i>	1	QL
<i>metipranolol drops</i>	1		<i>ofloxacin solution</i>	1	QL
<i>na sulfacetm/prednis sp drops</i>	1	QL	<i>pramoxine hcl/chloroxylenol drops</i>	1	
<i>naphazoline hcl drops</i>	1		<b>Respiratory Tract Agents</b>		
<i>neo/polymyx b sulf/dexameth drops susp</i>	1		ACCOLATE TABLET	3	QL, PA
<i>neo/polymyx b sulf/dexameth oint</i>	1		ACCUNEB SOLUTION	2	
<i>neomy sulf/bacitra/polymyxin b oint</i>	1		<i>acetylcysteine injectable</i>	1	
<i>neomy sulf/bacitrac zn/poly/hc oint</i>	1		ADRENALIN CHLORIDE INJECTABLE	4	
<i>neomy sulf/gramicid d/poly drops</i>	1		ADVAIR DISKUS DISK W/DEV	2	QL
<i>neomy sulf/polymyx b sulf/hc drops susp</i>	1		ADVAIR HFA AER W/ADAP	2	QL
<i>neomycin/gramicidin/polymyxn b drops</i>	1		<i>albuterol aerosol</i>	1	QL
			<i>albuterol sulfate nebu</i>	1	
			<i>albuterol sulfate solution</i>	1	
			<i>albuterol sulfate syrup</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>albuterol sulfate tablet</i>	1		LETAIRIS TABLET	5	
<i>albuterol sulfate/ipratro solution</i>	1		<i>metaproterenol sulfate solution</i>	1	
ALUPENT AER W/ADAP	2	QL	<i>metaproterenol sulfate syrup</i>	1	
<i>aminophylline injectable</i>	4		<i>metaproterenol sulfate tablet</i>	1	
<i>aminophylline tablet</i>	1		NASONEX SPRAY	2	QL
ARALAST INJECTABLE	4		<i>palgic liquid</i>	1	
ASMANEX AER POW BA	2		PERFOROMIST NEBU	3	QL
ASTELIN SPRAY/PUMP	2	QL	PHENERGAN INJECTABLE	4	
ATROVENT HFA AER W/ADAP	2	QL	<i>phenylephrine hcl/prometh hcl syrup</i>	1	
AZMACORT AER W/ADAP	3	QL	PROAIR HFA AER	2	QL
BENADRYL INJECTABLE	4		PROLASTIN INJECTABLE	4	
BRETHINE INJECTABLE	4		<i>promethazine hcl injectable</i>	4	
<i>clemastine fumarate syrup</i>	1		<i>promethazine hcl supp rect</i>	1	
<i>clemastine fumarate tablet</i>	1		<i>promethazine hcl syrup</i>	1	
COMBIVENT AER W/ADAP	2	QL	<i>promethazine hcl tablet</i>	1	
<i>cromolyn sodium ampul-neb</i>	1		PROVENTIL HFA AEROSOL	2	QL
<i>cyproheptadine hcl syrup</i>	1		REVATIO TABLET	5	QL, PA
<i>cyproheptadine hcl tablet</i>	1		SEREVENT DISKUS	2	QL
<i>dexchlorpheniramine maleate syrup</i>	1		SINGULAIR GRAN PACK	2	QL
DILOR INJECTABLE	4		SINGULAIR TAB CHEW	2	QL
<i>diphenhydramine hcl capsule</i>	1		SINGULAIR TABLET	2	QL
<i>diphenhydramine hcl disp syrin</i>	4		SODIUM CHLORIDE AMPUL-NEB	2	
<i>diphenhydramine hcl elixir</i>	1		SPIRIVA CAP W/DEV	2	QL
DUONEB SOLUTION	2		SYMBICORT INHALER	2	QL
ELIXOPHYLLIN ELIXIR	2		<i>terbutaline sulfate injectable</i>	4	
<i>epinephrine disp syrin</i>	4		<i>terbutaline sulfate tablet</i>	1	
<i>epinephrine injectable</i>	4		THEO-24 CAP SR 24H	2	
<i>fenofenadine hcl tablet</i>	1	QL	THEOCAP CAP SR 12H	2	
FLOVENT DISKUS	2	QL	THEOCHRON TAB SR 12H	2	
FLOVENT HFA AER W/ADAP	2	QL	<i>theophylline anhydrous cap sr 12h</i>	1	
<i>flunisolide solution</i>	1	QL	<i>theophylline anhydrous tab sr 12h</i>	1	
<i>flunisolide spray</i>	1	QL	<i>theophylline er tb24</i>	1	
<i>fluticasone propionate spray</i>	1		TILADE AER W/ADAP	2	
<i>hydroxyzine hcl injectable</i>	4		TRACLEER TABLET	5	
<i>hydroxyzine hcl syrup</i>	1		TYZINE DROPS	2	
<i>hydroxyzine hcl tablet</i>	1		UNIPHYL TABLET SA	2	
<i>hydroxyzine pamoate capsule</i>	1		VENTAVIS AMPUL-NEB	2	
INTAL AEROSOL	2	QL	VENTOLIN HFA AEROSOL	2	QL
<i>ipratropium bromide solution</i>	1		VERAMYST SUSP	2	QL
<i>ipratropium bromide spray</i>	1	QL	XOLAIR VIAL	5	PA
ISUPREL INJECTABLE	4		XOPENEX AMPUL-NEB	2	
			XOPENEX HFA AER W/ADAP	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
XOPENEX SOLUTION	2		CLINIMIX IV SOLN	4	PA
ZEMAIRA INJECTABLE	4		DELFLX W/4.25% DEXTROSE IP SOLN	4	
ZYFLO CR TB12	2	QL, PA	<i>dextrose-lactated ringers iv soln</i>	4	
ZYRTEC SYRUP	2	QL	<i>dextrose-normal saline iv soln</i>	4	
<b>Sedatives/Hypnotics</b>			<i>dextrose-water iv soln</i>	4	
AMBIEN CR TAB	2	QL	<i>dialysis solutions ip soln</i>	4	
LUNESTA TABLET	3	QL, PA	DIANEAL PD-2 W/DEXTROSE IP SOLN	4	
SONATA CAPSULE	2	QL	<i>electrolyte solution injectable</i>	4	PA
<i>zolpidem tartrate</i>	1	QL	<i>fat emulsions emulsion</i>	4	PA
<b>Skeletal Muscle Relaxants</b>			FREAMINE HBC IV SOLN	4	PA
<i>aspirin and caffeine and orphenadrine citrate tabs</i>	1		FREAMINE III KIT	4	PA
<i>carisoprodol tablet</i>	1		FREAMINE III W/ELECTROLYTES IV SOLN	4	PA
<i>carisoprodol/aspirin tablet</i>	1		INTRALIPID EMULSION	4	PA
<i>chlorzoxazone tablet</i>	1		<i>inverted sugar 10% iv soln</i>	4	PA
<i>codeine phos/carisoprodol/asa tablet</i>	1		IONOSOL B W/DEXTROSE 5% IV SOLN	4	
<i>cyclobenzaprine hcl tablet</i>	1		IONOSOL MB W/DEXTROSE 5% IV SOLN	4	
<i>methocarbamol tablet</i>	1		IONOSOL T-DEXTROSE 5% IV SOLN	4	
NORFLEX INJECTABLE	4		ISOLYTE H W/DEXTROSE IV SOLN	4	
<i>orphenadrine citrate injectable</i>	4		ISOLYTE P W/DEXTROSE IV SOLN	4	
<i>orphenadrine citrate tablet sa</i>	1		ISOLYTE S IV SOLN	4	
<i>orphenadrine/aspirin/caffeine tablet</i>	1		ISOLYTE S W/DEXTROSE IV SOLN	4	
ROBAXIN INJECTABLE	4		<i>kaon-cl 10 tablet sa</i>	1	
<b>Therapeutic Nutrients/Minerals/ Electrolytes</b>			<i>klor-con m15 tab prt sr</i>	1	
<i>0.5 normal saline iv soln</i>	4		<i>klotrix tablet sa</i>	1	
<i>aa 4.25%/calcium/lytes/d25w iv soln</i>	4	PA	LIPOSYN EMULSION	4	PA
<i>aa electrolyte-tpn soln iv soln</i>	4	PA	<i>magnesium sulfate injectable</i>	4	
ALCOHOL IN DEXTROSE IV SOLN	4		NEPHRAMINE IV SOLN	4	PA
AMINESS IV SOLN	4	PA	NIACOR TABLET	2	
<i>amino acids iv soln</i>	4	PA	<i>normal saline iv soln</i>	4	
AMINOSYN IV SOLN	4	PA	NORMOSOL-R PH 7.4 IV SOLN	4	
AMMONIUM CHLORIDE INJECTABLE	4		<i>perit dialysis &amp; dex soln</i>	4	
CALCIJEX INJECTABLE	4		<i>physiological irrigation soln</i>	4	
<i>calcitriol capsule</i>	1		PHYSIOSOL IRRIG SOLN	4	
<i>calcitriol injectable</i>	4		PLASMA-LYTE A PH 7.4 IV SOLN	4	
CALCITRIOL INJECTABLE	4		PLASMA-LYTE IN DEXTROSE IV SOLN	4	
<i>calcitriol solution</i>	1				
CLINIMIX E IV SOLN	4	PA			

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
PLASMA-LYTE IV SOLN	4		<i>ringers solution, lactated irrig soln</i>	4	
<i>potassium chloride capsule sa</i>	1		<i>ringers solution, lactated iv soln</i>	4	
<i>potassium chloride injectable</i>	4		<i>sodium bicarbonate disp syrin</i>	4	
<i>potassium chloride packet</i>	1		<i>sodium chloride injectable</i>	4	
<i>potassium chloride tablet sa</i>	1		<i>sodium lactate injectable</i>	4	
<i>potassium chloride/d5-ns iv soln</i>	4		TRAVASOL IV SOLN	4	PA
<i>potassium chloride/d5w iv soln</i>	4		TRAVASOL W/DEXTROSE IV SOLN	4	PA
<i>potassium chloride/ns iv soln</i>	4		TRAVASOL W/ELECTROLYTES IV SOLN	4	PA
<i>potassium citrate tablet sa</i>	1		TRAVERT IN NORMAL SALINE IV SOLN	4	PA
<i>prenatal with folic acid (&gt;.8mg) n/a</i>	1		TRAVERT-1/2 NORMAL SALINE W/KCL IV SOLN	4	PA
PROCALAMINE IV SOLN	4		TROPHAMINE IV SOLN	4	PA
QUICK MIX W/LYTES IV SOLN	4	PA	<i>water for irrigation, sterile</i>	4	
RENAMIN IV SOLN	4	PA			
<i>ringers solution irrig soln</i>	4				
<i>ringers solution iv soln</i>	4				

# Barbiturates and Benzodiazepines

## Legend

Generic drugs are shown in lowercase italics (e.g. *digoxin*)

Brand-name drugs are shown in capital letters (e.g. PREVACID)

QL = Drugs with Quantity Limits

PA = Drugs requiring Prior Authorization

Please see page iv for a detailed description of this legend.

These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for these drugs does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>alprazolam</i>	1		<i>lorazepam</i>	1	
<i>chlordiazepoxide hcl</i>	1		<i>mephobarbital</i>	1	
<i>clonazepam</i>	1		<i>midazolam hcl</i>	1	
<i>clorazepate dipotassium</i>	1		<i>oxazepam</i>	1	
<i>diazepam</i>	1		<i>phenobarbital</i>	1	
<i>estazolam</i>	1		<i>temazepam</i>	1	
<i>flurazepam hcl</i>	1		<i>triazolam</i>	1	

# Index of Drugs

## Legend

Generic drugs are shown in lowercase italics (e.g. *digoxin*)

Brand-name drugs are shown in capital letters (e.g. PREVACID)

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<i>sulfacetamide sodium oint</i>	4	<i>terconazole cream/appl</i>	6
<i>sulfadiazine tablet</i>	4	<i>terconazole supp vag</i>	6
<i>sulfamethoxazole and trimethoprim tabs</i>	4	TESLAC TABLET	9
<i>sulfamethoxazole/trimethoprim injectable</i>	4	<i>testosterone cypionate injectable</i>	18

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TETANUS TOXOID ADSORBED INJECTABLE	20	<i>toremide tablet</i>	14
<i>tetanus toxoid, fluid injectable</i>	20	TRACLEER TABLET	23
<i>tetracycline hcl capsule</i>	4	<i>tramadol hcl/acetaminophen tablet</i>	2
TEV-TROPIN INJECTABLE	18	<i>tramadol hcl tablet</i>	2
THALITONE TABLET	14	TRANDATE INJECTABLE	14
THALOMID CAPSULE	9	<i>trandolapril tablet</i>	14
THEO-24 CAP SR 24H	23	<i>tranylcypromine sulfate tablet</i>	5
THEOCAP CAP SR 12H	23	TRAVASOL IV SOLN	25
THEOCHRON TAB SR 12H	23	TRAVASOL W/DEXTROSE IV SOLN	25
<i>theophylline anhydrous cap sr 12h</i>	23	TRAVASOL W/ELECTROLYTES IV SOLN	25
<i>theophylline anhydrous tab sr 12h</i>	23	TRAVATAN DROPS	22
<i>theophylline er tb24</i>	23	TRAVATAN Z DROPS	22
THERACYS INJECTABLE	20	TRAVERT-1/2 NORMAL SALINE W/KCL IV SOLN	25
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<i>thioridazine hcl tablet</i>	9	TREANDA SOLR 100MG	9
<i>thiotepa injectable</i>	9	<i>tretinoin capsule</i>	9
<i>thiothixene capsule</i>	9	<i>tretinoin cream</i>	15
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THYROLAR TABLET	19	<i>triamcinolone acetonide cream</i>	17
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<i>ticlopidine hcl tablet</i>	12	<i>triamcinolone acetonide oint</i>	17
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<i>timolol maleate sol-gel</i>	22	<i>trifluridine drops</i>	10
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<i>tizanidine hcl tablet</i>	10	<i>trihexyphenidyl hcl tablet</i>	9
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TOBRADEX OINT	22	TRILEPTAL ORAL SUSP	5
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<i>tobramycin sulfate injectable</i>	4	<i>trimethobenzamide hcl capsule</i>	6
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