



# Blue Cross MedicareRx<sup>SM</sup> Plus 2009 Formulary (List of Covered Drugs)

For California

**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.*

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# Part D Formulary

## 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 2009 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2009 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

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

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

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

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of **January 1, 2009**. To get updated information about the drugs covered by your plan, please visit our website at [www.medicarerx.anthem.com](http://www.medicarerx.anthem.com) or call Customer Service at 1-800-928-6201, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call 1-877-247-1657.

## 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 that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents."

If you know what your drug is used for, look for the category name in the list that begins on page 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 29. 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 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:** 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 30 tablets per prescription for Simcor. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, your plan 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, your plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, your plan 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 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 confirm your drug is not 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 below 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 1-800-928-6201, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call 1-877-247-1657.

## 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 and Non-Preferred Generic 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 that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary one-time fill when you go to a network pharmacy. *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 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 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 1-800-928-6201, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call 1-877-247-1657. Or visit [www.medicarerx.anthem.com](http://www.medicarerx.anthem.com).

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

## Your Plan's Formulary

The abridged 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 29.

The **first column** of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LEXAPRO) 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 and Non-Preferred Generic 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

**ST – Step Therapy:** the process of first trying certain drugs to treat your medical condition before your plan will cover another drug for that condition.

**Please refer to your Summary of Benefits for the dollar copayment amount 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. LEXAPRO)

**QL** = Drugs with Quantity Limits

**PA** = Drugs requiring Prior Authorization

**ST** = Drugs requiring Step Therapy

† = **A single cross after a listed drug means:** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-800-928-6201, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call 1-877-247-1657.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<b>Analgesics</b>			<i>hydrocodone/apap tablet</i>	1	QL
<i>acetaminophen/codeine oral solution</i>	1	QL	<i>hydrocodone/ibuprofen tablet</i>	1	QL
<i>acetaminophen/codeine tablet</i>	1	QL	<i>hydromorphone hcl injectable</i>	4	
ACTIQ LOLLIPOP	5	QL, PA	<i>hydromorphone hcl tablet</i>	1	
<i>ascomp/codeine capsule</i>	1		INFUMORPH INJECTABLE	4	
<i>astramorph injectable</i>	4		LEVO DROMORAN INJECTABLE	4	
<i>balacet tablet</i>	1	QL	<i>levorphanol tartrate tablet</i>	1	
BUPRENEX INJECTABLE	4		<i>margesic-h capsule</i>	1	QL
<i>buprenorphine hcl injectable</i>	4		<i>meperidine hcl injectable</i>	4	
<i>butalbital/acetaminophen/caffeine/codeine capsule</i>	1	QL	<i>meperidine hcl oral solution</i>	1	
<i>butalbital/aspirin/caffeine/codeine capsule</i>	1		<i>meperidine hcl tablet</i>	1	
<i>butorphanol tartrate injectable</i>	4		<i>meperitab tablet</i>	1	
<i>butorphanol tartrate nasal spray</i>	1		<i>methadone hcl concentrate</i>	1	
CO-GESIC TABLET	2	QL	<i>methadone hcl injectable</i>	4	
DEMEROL INJECTABLE	4		<i>methadone hcl oral solution</i>	1	
DILAUDID-HP INJECTABLE	4		<i>methadone hcl tablet</i>	1	
<i>dolorex forte capsule</i>	1	QL	<i>methadose tablet</i>	1	
<i>duramorph injectable</i>	4		<i>morphine sulfate er tablet</i>	1	QL
<i>endocet tablet</i>	1	QL	<i>morphine sulfate injectable</i>	4	
<i>fentanyl citrate injectable</i>	4		<i>morphine sulfate tablet</i>	1	
<i>fentanyl citrate oral transmucosal lollipop</i>	5	QL, PA	<i>nalbuphine hcl injectable</i>	4	
<i>fentanyl patch</i>	1	QL	<i>narvox tablet</i>	1	QL
FENTORA TABLET	5	QL, PA	ORAMORPH SR TABLET	2	QL
<i>hydrocodone/acetaminophen oral solution</i>	1	QL	<i>oxycodone hcl tablet</i>	1	
			<i>oxycodone/acetaminophen capsule</i>	1	QL
			<i>oxycodone/aspirin tablet</i>	1	
			<i>oxycodone/ibuprofen tablet</i>	1	QL
			<i>oxycodone-apap tablet</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>
OXYCONTIN TABLET	2	QL	<i>amoxicillin tablet</i>	1	
<i>pentazocine/acetaminophen tablet</i>	1		<i>amoxicillin/clavulanate</i>		
<i>pentazocine/naloxone hcl tablet</i>	1	QL	<i>potassium chewable tablet</i>	1	QL
<i>phrenilin w/caffeine/</i>			<i>amoxicillin/clavulanate</i>		
<i>codeine capsule</i>	1	QL	<i>potassium tablet</i>	1	QL
<i>propoxyphene hcl capsule</i>	1		<i>amoxicillin/potassium</i>		
<i>propoxyphene/</i>			<i>clavulanate oral suspension</i>	1	QL
<i>acetaminophen tablet</i>	1	QL	<i>amoxil capsule</i>	1	
<i>propoxyphene-n/</i>			<i>amoxil oral suspension 250mg/5ml</i>	1	QL
<i>acetaminophen tablet</i>	1	QL	<i>ampicillin capsule</i>	1	
<i>roxicet tablet</i>	1	QL	<i>ampicillin oral suspension</i>	1	
STADOL INJECTABLE	4		<i>ampicillin sodium injectable</i>	4	
<i>stagesic capsule</i>	1	QL	<i>ampicillin-sulbactam injectable</i>	4	
SUBOXONE SUBLINGUAL TABLET	2	PA	AVELOX ABC PACK TABLET	3	QL
SUBUTEX SUBLINGUAL TABLET	2	QL, PA	AVELOX IV SOLUTION	4	
TALWIN INJECTABLE	4		AVELOX TABLET	3	QL
<i>tramadol hcl tablet</i>	1	QL	AZACTAM IN DEXTROSE IV		
<i>tramadol hydrochloride/</i>			SOLUTION	4	
<i>acetaminophen tablet</i>	1	QL	AZACTAM INJECTABLE	4	
<i>vanacet tablet</i>	1	QL	<i>azithromycin iv solution</i>	4	
<i>zerlor tablet</i>	1	QL	<i>azithromycin oral suspension</i>	1	QL
<b>Anesthetics</b>			<i>azithromycin pack</i>	1	QL
<i>lidocaine hcl gel</i>	1		<i>azithromycin tablet</i>	1	QL
<i>lidocaine hcl injectable</i>	4		<i>baciim injectable</i>	4	
<i>lidocaine hcl topical solution</i>	1		<i>bacitracin injectable</i>	4	
<i>lidocaine ointment</i>	1		<i>bacitracin ophthalmic ointment</i>	1	
<i>lidocaine/prilocaine cream</i>	1	QL	BACTOCILL IN DEXTROSE IV		
LIDODERM PATCH	2		SOLUTION	4	
<i>lidomar viscous solution</i>	1		BICILLIN C-R INJECTABLE	4	
<i>parcaine ophthalmic solution</i>	1		BICILLIN L-A INJECTABLE	4	
<i>proparacaine hcl</i>			<i>cefaclor capsule</i>	1	
<i>ophthalmic solution</i>	1		<i>cefaclor er tablet</i>	1	QL
XYLOCAINE INJECTABLE	4		<i>cefaclor oral suspension</i>	1	QL
<b>Antibacterials</b>			<i>cefadroxil capsule</i>	1	QL
<i>ak-tob ophthalmic solution</i>	1	QL	<i>cefadroxil oral suspension</i>	1	QL
<i>amikacin sulfate injectable</i>	4		<i>cefadroxil tablet</i>	1	QL
AMIKIN INJECTABLE	4		<i>cefazolin sodium injectable</i>	4	
<i>amoclan oral suspension</i>	1	QL	<i>cefdinir capsule</i>	1	QL
<i>amoxicillin capsule</i>	1		<i>cefdinir oral suspension</i>	1	QL
<i>amoxicillin chewable tablet</i>	1		<i>cefepime injectable</i>	4	
<i>amoxicillin oral suspension</i>	1	QL	CEFIZOX IN DEXTROSE 5% IV		
			SOLUTION	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>cefotaxime sodium injectable</i>	4		<i>clindamycin phosphate topical solution</i>	1	
<i>cefotetan injectable</i>	4		<i>clindamycin phosphate add-vantage iv solution</i>	4	
<i>cefoxitin sodium injectable</i>	4		<i>colistimethate sodium injectable</i>	5	
<i>cefpodoxime proxetil oral suspension</i>	1	QL	COLY-MYCIN-M INJECTABLE	5	
<i>cefpodoxime proxetil tablet</i>	1	QL	CUBICIN IV SOLUTION	5	
<i>cefprozil oral suspension</i>	1	QL	<i>demeclocycline hcl tablet</i>	1	QL
<i>cefprozil tablet</i>	1		<i>dicloxacillin sodium capsule</i>	1	
<i>ceftriaxone in iso-osmotic dextrose iv solution</i>	5		DORIBAX IV SOLUTION	5	
<i>ceftriaxone sodium injectable</i>	4		<i>doxy-caps capsule</i>	1	QL
<i>cefuroxime axetil oral suspension</i>	1		<i>doxycycline hyclate capsule</i>	1	QL
<i>cefuroxime axetil tablet</i>	1	QL	<i>doxycycline hyclate iv solution</i>	4	
<i>cefuroxime sodium injectable</i>	4		<i>doxycycline hyclate tablet</i>	1	QL
<i>cefuroxime/dextrose iv solution</i>	4		<i>doxycycline monohydrate capsule</i>	1	QL
<i>cephalexin capsule</i>	1		<i>doxycycline monohydrate tablet</i>	1	
<i>cephalexin oral suspension</i>	1	QL	<i>eryderm topical solution</i>	1	
<i>cephalexin tablet</i>	1		ERYTHROCIN IV SOLUTION	4	
<i>chloramphenicol sodium succinate iv solution</i>	4		ERYTHROCIN LACTOBIONATE IV SOLUTION	4	
CIPRO IV SOLUTION 200MG	4		<i>erythromycin base tablet</i>	1	
CIPRO IV SOLUTION 400MG	5		<i>erythromycin capsule</i>	1	
CIPRO IV-IN D5W SOLUTION 200MG/5%	4		<i>erythromycin ethylsuccinate oral suspension</i>	1	QL
CIPRO IV-IN D5W SOLUTION 400MG/5%	5		<i>erythromycin ethylsuccinate tablet</i>	1	
<i>ciprofloxacin er tablet</i>	1	QL	<i>erythromycin gel</i>	1	
<i>ciprofloxacin hcl ophthalmic solution</i>	1	QL	<i>erythromycin lactobionate iv solution</i>	4	
<i>ciprofloxacin iv-in d5w solution</i>	4		<i>erythromycin ophthalmic ointment</i>	1	QL
<i>ciprofloxacin iv solution</i>	4		<i>erythromycin pads</i>	1	
CLAFORAN IV SOLUTION	4		<i>erythromycin topical solution</i>	1	
CLAFORAN/D5W IV SOLUTION	4		<i>erythromycin/sulfisoxazole oral suspension</i>	1	QL
<i>clarithromycin er tablet</i>	1	QL	FORTAZ IV SOLUTION	4	
<i>clarithromycin oral suspension</i>	1	QL	GANTRISIN PEDIATRIC ORAL SUSPENSION	2	
CLEOCIN IV SOLUTION	4		<i>gentak ophthalmic solution</i>	1	QL
CLEOCIN PHOSPHATE IV SOLUTION	4		<i>gentamicin sulfate cream</i>	1	
<i>clindamycin hcl capsule</i>	1	QL	<i>gentamicin sulfate injectable</i>	4	
<i>clindamycin phosphate cream</i>	1	QL	<i>gentamicin sulfate ointment</i>	1	
<i>clindamycin phosphate gel</i>	1		<i>gentamicin sulfate ophthalmic ointment</i>	1	QL
<i>clindamycin phosphate lotion</i>	1	QL			
<i>clindamycin phosphate swab</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>gentamicin sulfate ophthalmic solution</i>	1	QL	<i>nitrofurantoin monohydrate capsule</i>	1	QL
<i>gentamicin sulfate/sodium chloride iv solution</i>	4		<i>ocusulf ophthalmic solution</i>	1	QL
<i>gentasol ophthalmic solution</i>	1	QL	<i>ofloxacin tablet</i>	1	QL
INVANZ INJECTABLE	4		<i>oxacillin sodium injectable</i>	4	
<i>kanamycin sulfate injectable</i>	4		<i>paromomycin sulfate capsule</i>	1	
KETEK TABLET	2	QL	<i>penicillin g potassium in iso-osmotic dextrose iv</i>	4	
LEVAQUIN IV SOLUTION	4		<i>penicillin g potassium injectable</i>	4	
LEVAQUIN LEVA-PAK TABLET	2	QL	<i>penicillin g procaine injectable</i>	4	
LEVAQUIN ORAL SOLUTION	2		<i>penicillin g sodium injectable</i>	4	
LEVAQUIN PREMIX IV SOLUTION	4		<i>penicillin v potassium oral solution</i>	1	
LEVAQUIN TABLET	2	QL	<i>penicillin v potassium tablet</i>	1	
LINCOCIN INJECTABLE	4		PFIZERPEN-G INJECTABLE	4	
MAXIPIME INJECTABLE 2GM	5		<i>piperacillin sodium iv solution</i>	4	
MAXIPIME INJECTABLE 500MG, 1GM	4		<i>polymyxin b sulfate injectable</i>	4	
MAXIPIME IV SOLUTION 1GM, 2GM	5		PRIMAXIN IM INJECTABLE	5	
MEFOXIN IN DEXTROSE 2.2% IV SOLUTION	4		PRIMAXIN IV ADD-VANTAGE IV SOLUTION	5	
MEFOXIN INJECTABLE	4		ROCEPHIN IN ISO-OSMOTIC DEXTROSE IV SOLUTION	5	
MERREM IV SOLUTION	5		ROCEPHIN INJECTABLE 250MG	4	
<i>methenamine hippurate tablet</i>	1		ROCEPHIN IV SOLUTION 1GM, 2GM, 10GM	5	
METRO IV SOLUTION	4		<i>romycin ophthalmic ointment</i>	1	QL
<i>metronidazole capsule</i>	1		<i>silver sulfadiazine cream</i>	1	
<i>metronidazole cream</i>	1		<i>sodium sulfacetamide lotion</i>	1	
<i>metronidazole in nacl 0.79% iv solution</i>	4		SOLODYN TABLET	2	
<i>metronidazole lotion</i>	1		<i>ssd af cream</i>	1	
<i>metronidazole tablet</i>	1		<i>ssd cream</i>	1	
<i>metronidazole vaginal gel</i>	1	QL	<i>streptomycin sulfate injectable</i>	4	
<i>minocycline hcl capsule</i>	1	QL	<i>sulfacetamide sodium ophthalmic ointment</i>	1	QL
<i>minocycline hcl tablet</i>	1	QL	<i>sulfadiazine tablet</i>	1	
<i>mupirocin ointment</i>	1		<i>sulfamethoxazole/trimethoprim ds tablet</i>	1	
<i>myrac tablet</i>	1	QL	<i>sulfamethoxazole/trimethoprim iv solution</i>	4	
<i>nafcillin sodium injectable</i>	4		<i>sulfamethoxazole/trimethoprim oral suspension</i>	1	
NALLPEN ISO-OSMOTIC IN DEXTROSE IV SOLUTION	4		<i>sulfamethoxazole/trimethoprim tablet</i>	1	
NALLPEN/DEXTROSE IV SOLUTION	4		<i>sulfatrim oral suspension</i>	1	
<i>neomycin sulfate tablet</i>	1				
<i>nitrofurantoin macrocrystalline 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>
TAZICEF IV SOLUTION	4		CEREBYX INJECTABLE	4	
<i>tetracycline hcl capsule</i>	1		DEPACON IV SOLUTION	4	
<i>thermazene cream</i>	1		DILANTIN CAPSULE	2	
TIMENTIN IV SOLUTION	4		DILANTIN INFATABS		
TOBI NEBULIZER SOLUTION	5		CHEWABLE TABLET	2	
<i>tobramycin sulfate injectable</i>	4		DILANTIN ORAL SUSPENSION	2	
<i>tobramycin sulfate</i>			<i>epitol tablet</i>	1	QL
<i>ophthalmic solution</i>	1	QL	<i>ethosuximide capsule</i>	1	
<i>tobramycin sulfate/</i>			<i>ethosuximide oral solution</i>	1	
<i>sodium chloride iv solution</i>	4		FELBATOL ORAL SUSPENSION	2	
<i>tobrasol ophthalmic solution</i>	1	QL	FELBATOL TABLET	2	
<i>trimethoprim tablet</i>	1		<i>fosphenytoin sodium injectable</i>	4	
<i>trimethoprim/</i>			<i>gabapentin capsule</i>	1	QL
<i>sulfamethoxazole ds tablet</i>	1		<i>gabapentin tablet</i>	1	QL
<i>trimox capsule</i>	1		GABITRIL TABLET	2	
TYGACIL IV SOLUTION	5		KEPPRA IV SOLUTION	5	
UNASYN BULK PACK INJECTABLE	4		KEPPRA ORAL SOLUTION	2	
VANCOCIN HCL CAPSULE	5		KEPPRA TABLET	2	
VANCOCIN HCL ISO-OSMOTICDEXTROSE IV SOLUTION	4		LAMICTAL STARTER KIT	2	
VANCOCIN HCL IV SOLUTION	4		<i>lamotrigine chewable</i>		
<i>vancomycin hcl iv solution</i>	4		<i>dispersible tablet</i>	1	QL
<i>vandazole gel</i>	1	QL	<i>lamotrigine tablet</i>	1	QL
<i>veetids oral solution</i>	1		LYRICA CAPSULE	3	QL, PA
<i>veetids tablet</i>	1		NEURONTIN ORAL SOLUTION	2	QL
ZINACEF IV SOLUTION	4		<i>oxcarbazepine tablet</i>	1	
ZINACEFIN ISO-OSMOTIC DEXTROSE IV SOLUTION	4		PEGANONE TABLET	2	
ZINACEFIN ISO-OSMOTIC DILUENT IV SOLUTION	4		PHENYTEK CAPSULE	2	
ZITHROMAX IV SOLUTION	4		<i>phenytoin oral suspension</i>	1	
ZMAX ORAL SUSPENSION	2	QL	<i>phenytoin sodium</i>		
ZOSYN IV SOLUTION	5		<i>extended capsule</i>	1	
ZYVOX IV SOLUTION	5		<i>phenytoin sodium injectable</i>	4	
ZYVOX ORAL SUSPENSION	5	QL, PA	<i>primidone tablet</i>	1	
ZYVOX TABLET	5	QL, PA	TEGRETOL CHEWABLE TABLET	2	QL
<b>Anticonvulsants</b>			TEGRETOL ORAL SUSPENSION	2	QL
<i>carbamazepine chewable tablet</i>	1	QL	TEGRETOL TABLET	2	QL
<i>carbamazepine oral suspension</i>	1	QL	TEGRETOL-XR TABLET	2	QL
<i>carbamazepine tablet</i>	1	QL	TRILEPTAL ORAL SUSPENSION	2	QL
CARBATROL CAPSULE	2	QL	<i>valproate sodium iv solution</i>	4	
CELONTIN CAPSULE	2		<i>valproic acid capsule</i>	1	QL
			<i>valproic acid syrup</i>	1	
			<i>zonisamide capsule</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>Antidementia Agents</b>			<i>nefazodone hcl tablet</i>	1	QL
ARICEPT ODT TABLET	2	QL	<i>nortriptyline hcl capsule</i>	1	QL
ARICEPT TABLET	2	QL	<i>nortriptyline hcl oral solution</i>	1	QL
<i>ergoloid mesylates tablet</i>	1	QL	<i>perphenazine/amitriptyline tablet</i>	1	QL
EXELON CAPSULE	2	QL	<i>sertraline hcl tablet</i>	1	QL
EXELON ORAL SOLUTION	2	QL	<i>sertraline hydrochloride concentrate</i>	1	QL
EXELON PATCH	2	QL	<i>tranylcypromine sulfate tablet</i>	1	QL
NAMENDA ORAL SOLUTION	2	QL	<i>trazodone hcl tablet</i>	1	QL
NAMENDA TABLET	2	QL	<i>trimipramine maleate capsule</i>	1	
NAMENDA TITRATION PAK TABLET	2	QL	<i>venlafaxine hcl tablet</i>	1	QL
RAZADYNE ER CAPSULE	2	QL	VIVACTIL TABLET	2	QL
RAZADYNE ORAL SOLUTION	2	QL	WELLBUTRIN XL TABLET 150MG	2	QL
RAZADYNE TABLET	2	QL	<b>Antidotes, Deterrents, and Toxicologic Agents</b>		
<b>Antidepressants</b>			<i>acetadote iv solution</i>	4	
<i>amitriptyline hcl tablet</i>	1	QL	ANTABUSE TABLET	2	
<i>amoxapine tablet</i>	1		ANTIZOL IV SOLUTION	5	
<i>budeprion sr tablet</i>	1	QL	<i>buproban tablet</i>	1	QL
<i>budeprion xl tablet</i>	1	QL	<i>bupropion hcl sr tablet</i>	1	QL
<i>bupropion hcl tablet</i>	1	QL	CAMPRAL TABLET EC	2	
<i>chlordiazepoxide/ amitriptyline tablet</i>	1		<i>depade tablet</i>	1	
<i>citalopram hydrobromide oral solution</i>	1	QL	EXJADE TABLET	5	
<i>citalopram hydrobromide tablet</i>	1	QL	<i>fomepizole iv solution</i>	5	
<i>clomipramine hcl capsule</i>	1	QL	<i>kionex powder</i>	1	
CYMBALTA CAPSULE	3	QL	<i>naloxone hcl injectable</i>	4	
<i>desipramine hcl tablet</i>	1	QL	<i>naltrexone hcl tablet</i>	1	
EMSAM PATCH	3	QL	<i>nicotine patch</i>	1	QL
<i>fluoxetine hcl capsule</i>	1	QL	NICOTROL NS NASAL SPRAY	2	
<i>fluoxetine hcl oral solution</i>	1	QL	<i>sodium polystyrene sulfonate oral suspension</i>	1	
<i>fluoxetine hcl tablet</i>	1	QL	<i>sodium polystyrene sulfonate powder</i>	1	
<i>fluvoxamine maleate tablet</i>	1	QL	<i>sps suspension</i>	1	
<i>imipramine hcl tablet</i>	1	QL	SYPRINE CAPSULE	2	
<i>imipramine pamoate capsule</i>	1	QL	<b>Antiemetics</b>		
LEXAPRO ORAL SOLUTION	2	QL	ANZEMET IV SOLUTION	4	
LEXAPRO TABLET	2	QL	<i>dronabinol capsule</i>	1	PA
<i>maprotiline hcl tablet</i>	1	QL	EMEND CAPSULE	2	QL, PA
MARPLAN TABLET	2	QL	<i>granisetron hcl iv solution</i>	4	
<i>mirtazapine odt tablet</i>	1	QL	<i>granisetron hcl tablet</i>	1	QL, PA
<i>mirtazapine tablet</i>	1	QL	KYTRIL IV SOLUTION 0.1MG/ML	4	
NARDIL TABLET	2	QL	KYTRIL IV SOLUTION 1MG/ML	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
KYTRIL TABLET	5	QL, PA	GRIS-PEG TABLET	2	
<i>meclizine hcl tablet</i>	1		<i>itraconazole capsule</i>	1	
<i>metoclopramide hcl injectable</i>	4		<i>ketoconazole cream</i>	1	
<i>metoclopramide hcl oral solution</i>	1		<i>ketoconazole shampoo</i>	1	
<i>metoclopramide hcl tablet</i>	1		<i>ketoconazole tablet</i>	1	
<i>ondansetron hcl iv solution</i>	4		<i>kuric cream</i>	1	
<i>ondansetron hcl oral solution</i>	1	QL, PA	<i>miconazole 3 suppository</i>	1	QL
<i>ondansetron hcl tablet</i>	1	QL, PA	MYCAMINE IV SOLUTION	5	
<i>ondansetron odt tbdp</i>	1	QL, PA	NATACYN OPHTHALMIC SUSPENSION	2	
REGLAN INJECTABLE	4		<i>nyamyc powder</i>	1	
TIGAN INJECTABLE	4		<i>nystatin cream</i>	1	
<i>trimethobenzamide hcl capsule</i>	1		<i>nystatin ointment</i>	1	
<i>trimethobenzamide hcl injectable</i>	4		<i>nystatin powder</i>	1	
ZOFRAN IV SOLUTION	4		<i>nystatin suspension</i>	1	
<b>Antifungals</b>			<i>nystatin tablet</i>	1	
ABELCET IV SUSPENSION	5		<i>nystop powder</i>	1	
AMBISOME IV SUSPENSION	5		<i>pedi-dri powder</i>	1	
AMPHOTEC IV SUSPENSION	5		SPORANOX ORAL SOLUTION	3	
<i>amphotericin b injectable</i>	4		<i>terbinafine hcl tablet</i>	1	
ANCOBON CAPSULE 250MG	2		<i>terconazole cream</i>	1	QL
ANCOBON CAPSULE 500MG	5		<i>terconazole suppository</i>	1	
CANCIDAS IV SOLUTION	5		VFEND IV SOLUTION	5	
<i>ciclopirox nail lacquer topical solution</i>	1	PA	VFEND ORAL SUSPENSION	5	
<i>ciclopirox olamine cream</i>	1		VFEND TABLET	5	PA
<i>ciclopirox suspension</i>	1		<i>zazole cream</i>	1	QL
<i>clotrimazole cream</i>	1		<i>zazole suppository</i>	1	
<i>clotrimazole lozenge</i>	1		<b>Antigout Agents</b>		
<i>clotrimazole topical solution</i>	1		<i>allopurinol sodium iv solution</i>	4	
<i>clotrimazole troche</i>	1		<i>allopurinol tablet</i>	1	
DIFLUCAN IN ISO-OSMOTIC DEXTROSE IV SOLUTION	5		ALOPRIM IV SOLUTION	4	
DIFLUCAN IN NACL IV SOLUTION	4		<i>colchicine tablet</i>	1	
<i>econazole nitrate cream</i>	1		<i>probenecid tablet</i>	1	
<i>fluconazole in dextrose iv solution</i>	4		<i>probenecid/colchicine tablet</i>	1	
<i>fluconazole in nacl iv solution</i>	4		<b>Anti-inflammatory Agents</b>		
<i>fluconazole oral suspension</i>	1		<i>diclofenac potassium tablet</i>	1	
<i>fluconazole tablet</i>	1		<i>diclofenac sodium dr tablet</i>	1	
<i>griseofulvin microsize oral suspension</i>	1		<i>diclofenac sodium er tablet</i>	1	
			<i>diclofenac sodium xr tablet</i>	1	
			<i>diflunisal 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>etodolac capsule</i>	1		TOPAMAX TABLET	2	PA
<i>etodolac er tablet</i>	1		<b>Antimyasthenic Agents</b>		
<i>etodolac tablet</i>	1		<i>guanidine hcl tablet</i>	1	
<i>fenoprofen calcium tablet</i>	1		MESTINON SYRUP	2	
<i>flurbiprofen tablet</i>	1		MESTINON TIMESPAN TABLET	2	
<i>ibuprofen oral suspension</i>	1		<i>pyridostigmine bromide tablet</i>	1	
<i>ibuprofen tablet</i>	1		REGONOL INJECTABLE	4	
<i>indomethacin capsule</i>	1		<b>Antimycobacterials</b>		
<i>indomethacin er capsule</i>	1		<i>dapsone tablet</i>	1	
<i>ketoprofen capsule</i>	1		<i>ethambutol hcl tablet</i>	1	
<i>ketoprofen er capsule</i>	1		<i>isonarif capsule</i>	1	
<i>ketorolac tromethamine injectable</i>	4		<i>isoniazid injectable</i>	4	
<i>ketorolac tromethamine tablet</i>	1	QL	<i>isoniazid syrup</i>	1	
<i>meclofenamate sodium capsule</i>	1		<i>isoniazid tablet</i>	1	
<i>meloxicam oral suspension</i>	1		MYCOBUTIN CAPSULE	2	
<i>meloxicam tablet</i>	1	QL	NYDRAZID INJECTABLE	4	
<i>nabumetone tablet</i>	1		PRIFTIN TABLET	2	
<i>naproxen oral suspension</i>	1		<i>pyrazinamide tablet</i>	1	
<i>naproxen sodium tablet</i>	1		RIFADIN IV SOLUTION	4	
<i>naproxen tablet</i>	1		<i>rifampin capsule</i>	1	
<i>naproxen tablet dr</i>	1		<i>rifampin iv solution</i>	4	
<i>oxaprozin tablet</i>	1		RIFATER TABLET	2	
<i>piroxicam capsule</i>	1		<b>Antineoplastics</b>		
<i>sulindac tablet</i>	1		ABRAXANE IV SUSPENSION	5	
<i>tolmetin sodium capsule</i>	1		<i>adriamycin iv solution</i>	4	
<i>tolmetin sodium tablet</i>	1		ALIMTA IV SOLUTION	5	
<b>Antimigraine Agents</b>			ALKERAN IV SOLUTION	5	
CAFERGOT TABLET	2		ARIMIDEX TABLET	2	
DEPAKOTE ER TABLET	2	QL	AROMASIN TABLET	2	
DHE INJECTABLE	4		ARRANON IV SOLUTION	4	
<i>dihydroergotamine mesylate injectable</i>	4		BICNU W/DILUENT ABSOLUTE		
<i>ergotamine tartrate/caffeine tablet</i>	1		ETHANOL IV SOLUTION	5	
IMITREX INJECTABLE	4	QL	BLENOXANE INJECTABLE	5	
IMITREX NASAL SPRAY	2	QL	<i>bleomycin sulfate injectable</i>	4	
IMITREX STATDOSE REFILL KIT	4	QL	BUSULFEX IV SOLUTION	4	
IMITREX TABLET	2	QL	CAMPTOSAR IV SOLUTION	5	
MAXALT TABLET	2	QL	<i>carboplatin iv solution</i>	4	
MAXALT-MLT TBDP	2	QL	CEENU CAPSULE	2	
<i>migergot suppository</i>	1		CERUBIDINE IV SOLUTION	4	
TOPAMAX SPRINKLE CAPSULE	2	QL, PA	<i>cisplatin iv solution</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>cladribine iv solution</i>	5		IRESSA TABLET	5	
CLOLAR IV SOLUTION	5		<i>irinotecan iv solution</i>	4	
COSMEGEN IV SOLUTION	5		IXEMPRA KIT IV SOLUTION	5	
<i>cyclophosphamide injectable</i>	4		LEUKERAN TABLET	2	
<i>cyclophosphamide tablet</i>	1	PA	LEUSTATIN IV SOLUTION	5	
CYTARABINE INJECTABLE	4		MATULANE CAPSULE	5	
CYTOXAN INJECTABLE	4		<i>mercaptopurine tablet</i>	1	
<i>dacarbazine iv solution</i>	4		<i>mitomycin iv solution</i>	4	
DACOGEN IV SOLUTION	5		<i>mitoxantrone hcl concentrate</i>	4	
<i>daunorubicin hcl injectable</i>	4		MUSTARGEN INJECTABLE	4	
<i>daunorubicin hcl iv solution</i>	5		NAVELBINE IV SOLUTION	5	
DAUNOXOME INJECTABLE	5		NEXAVAR TABLET	5	PA
DOXIL INJECTABLE	4		NIPENT IV SOLUTION	5	
<i>doxorubicin hcl iv solution</i>	4		NOVANTRONE CONCENTRATE	4	
DTIC-DOME IV SOLUTION	4		ONCASPAR INJECTABLE	5	
ELLENCEN IV SOLUTION	4		ONTAK IV SOLUTION	5	
ELOXATIN IV SOLUTION	5		<i>onxol concentrate</i>	5	
ELSPAR INJECTABLE	5		<i>paclitaxel concentrate</i>	4	
EMCYT CAPSULE	5		PANRETIN GEL	5	
<i>epirubicin hcl iv solution</i>	4		<i>pentostatin iv solution</i>	5	
ERBITUX IV SOLUTION	5	PA	PHOTOFRIN IV SOLUTION	5	
<i>etopophos iv solution</i>	4		PLATINOL AQ IV SOLUTION	4	
<i>etoposide iv solution</i>	4		PROLEUKIN IV SOLUTION	5	
FARESTON TABLET	2		REVLIMID CAPSULE	5	QL, PA, †
FASLODEX INJECTABLE	5		RITUXAN CONCENTRATE	5	PA
FEMARA TABLET	2		SOLTAMOX ORAL SOLUTION	2	
FLUDARA IV SOLUTION	5		SPRYCEL TABLET	5	PA
<i>fludarabine phosphate iv solution</i>	5		SUTENT CAPSULE	5	PA
<i>fluorouracil iv solution</i>	4		TABLOID TABLET	3	
GEMZAR IV SOLUTION	5		<i>tamoxifen citrate tablet</i>	1	
GLEEVEC TABLET	5	PA	TARCEVA TABLET	5	PA
HERCEPTIN IV SOLUTION	5		TARGRETIN CAPSULE	5	PA
HEXALEN CAPSULE	5		TARGRETIN GEL	5	
HYCAMTIN IV SOLUTION	5		TASIGNA CAPSULE	5	PA
<i>hydroxyurea capsule</i>	1		TAXOL CONCENTRATE	5	
IDAMYCIN PFS IV SOLUTION	5		TAXOTERE CONCENTRATE	5	
<i>idarubicin iv solution</i>	5		THALOMID CAPSULE	5	PA
IFEX IV SOLUTION	5		<i>thiotepa injectable</i>	5	
IFEX/MESNEX COMBO PACK KIT	5		<i>toposar iv solution</i>	4	
<i>ifosfamide iv solution</i>	5		TORISEL IV SOLUTION	5	
<i>ifosfamide/mesna kit</i>	5		TREANDA SOLR	5	
			<i>tretinoin capsule</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
TRISENOX IV SOLUTION	4		<i>selegiline hcl tablet</i>	1	
TYKERB TABLET	5	PA	STALEVO TABLET	2	
VELCADE IV SOLUTION	5		TASMAR TABLET	2	
VESANOID CAPSULE	5		<i>trihexyphenidyl hcl elixir</i>	1	
VIDAZA INJECTABLE	5		<i>trihexyphenidyl hcl tablet</i>	1	
<i>vinblastine sulfate iv solution</i>	4		<b>Antipsychotics</b>		
<i>vincasar pfs iv solution</i>	4		<i>chlorpromazine hcl injectable</i>	4	
<i>vincristine sulfate iv solution</i>	4		<i>chlorpromazine hcl tablet</i>	1	QL
<i>vinorelbine tartrate iv solution 10mg/ml</i>	5		<i>clozapine tablet</i>	1	QL
<i>vinorelbine tartrate iv solution 50mg/5ml, 50mg/ml</i>	4		<i>compro suppository</i>	1	
ZANOSAR IV SOLUTION	4		FAZACLO TABLET	2	QL
ZOLINZA CAPSULE	5	PA	<i>fluphenazine decanoate injectable</i>	4	
<b>Antiparasitics</b>			<i>fluphenazine hcl concentrate</i>	1	
<i>acticin cream</i>	1		<i>fluphenazine hcl elixir</i>	1	
<i>chloroquine phosphate tablet</i>	1		<i>fluphenazine hcl injectable</i>	4	
DARAPRIM TABLET	2		<i>fluphenazine hcl tablet</i>	1	QL
<i>hydroxychloroquine sulfate tablet</i>	1		HALDOL DECANOATE-100 INJECTABLE	4	
<i>lindane lotion</i>	1		HALDOL INJECTABLE	4	
<i>lindane shampoo</i>	1		<i>haloperidol concentrate</i>	1	
<i>mebendazole chewable tablet</i>	1		<i>haloperidol decanoate injectable</i>	4	
<i>mefloquine hcl tablet</i>	1		<i>haloperidol lactate injectable</i>	4	
MEPRON ORAL SUSPENSION	5		<i>haloperidol tablet</i>	1	QL
NEBUPENT INHALATION SOLUTION	2		INVEGA TABLET	3	QL
NEUTREXIN IV SOLUTION	5		<i>loxapine succinate capsule</i>	1	QL
PENTAM INJECTABLE	4		MOBAN TABLET	2	QL
<i>permethrin cream</i>	1		ORAP TABLET	2	QL
PRIMAQUINE PHOSPHATE TABLET	2		<i>perphenazine tablet</i>	1	QL
STROMECTOL TABLET	2		<i>prochlorperazine edisylate injectable</i>	4	
<b>Antiparkinson Agents</b>			<i>prochlorperazine maleate tablet</i>	1	
APOKYN INJECTABLE	5		<i>prochlorperazine suppository</i>	1	
<i>atamet tablet</i>	1		<i>thioridazine hcl tablet</i>	1	QL
<i>benztropine mesylate tablet</i>	1		<i>thiothixene capsule</i>	1	QL
<i>carbidopa/levodopa er tablet</i>	1		<i>trifluoperazine hcl tablet</i>	1	QL
<i>carbidopa/levodopa tablet</i>	1		ZYPREXA INJECTABLE	4	
COGENTIN INJECTABLE	4		ZYPREXA TABLET	2	QL
COMTAN TABLET	2		ZYPREXA ZYDIS TABLET	2	QL
MIRAPEX TABLET	2				
<i>ropinirole hcl tablet</i>	1				
<i>selegiline hcl capsule</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 TABLET	5	
<i>baclofen tablet</i>	1		LEXIVA ORAL SUSPENSION	5	
<i>dantrolene sodium capsule</i>	1		LEXIVA TABLET	5	
<i>tizanidine hcl tablet</i>	1		NORVIR CAPSULE	5	
<b>Antivirals</b>			NORVIR ORAL SOLUTION	5	
<i>acyclovir capsule</i>	1		PREZISTA TABLET	5	
<i>acyclovir oral suspension</i>	1		REBETOL CAPSULE	5	
<i>acyclovir sodium iv solution</i>	4		REBETOL ORAL SOLUTION	5	
<i>acyclovir tablet</i>	1		RELENZA DISKHALER	2	QL, PA
<i>amantadine hcl capsule</i>	1		RESCRIPTOR TABLET	2	
<i>amantadine hcl tablet</i>	1		RETROVIR IV INFUSION	4	
APTIVUS CAPSULE	5		REYATAZ CAPSULE	5	
ATRIPLA TABLET	5		<i>ribapak misc</i>	5	
BARACLUDE ORAL SOLUTION	5		<i>ribasphere capsule</i>	5	
BARACLUDE TABLET	5		<i>ribasphere tablet</i>	5	
COMBIVIR TABLET	5		<i>ribatab misc</i>	5	
COPEGUS TABLET	5		<i>ribatab tablet</i>	5	
CRIXIVAN CAPSULE	2		<i>ribavirin capsule</i>	5	
CYTOVENE IV SOLUTION	4		<i>ribavirin tablet</i>	5	
DENAVIR CREAM	2		<i>rimantadine hcl tablet</i>	1	
<i>didanosine capsule dr</i>	1		SELZENTRY TABLET	5	
EMTRIVA CAPSULE	2		SUSTIVA CAPSULE	2	
EMTRIVA ORAL SOLUTION	2		SUSTIVA TABLET	2	
EPIVIR HBV ORAL SOLUTION	2		TAMIFLU CAPSULE	2	QL, PA
EPIVIR HBV TABLET	2		TAMIFLU ORAL SUSPENSION	2	QL, PA
EPIVIR ORAL SOLUTION	2		<i>trifluridine ophthalmic solution</i>	1	QL
EPIVIR TABLET	2		TRIZIVIR TABLET	5	
EPZICOM TABLET	5		TRUVADA TABLET	5	
<i>famciclovir tablet</i>	1		TYZEKA TABLET	2	PA
<i>foscarnet sodium iv solution</i>	5		VALCYTE TABLET	5	
FOSCAVIR IV SOLUTION	5		VALTREX TABLET	2	QL
FUZEON KIT	5	QL	VIDEX EC CAPSULE 125MG	2	
<i>ganciclovir capsule</i>	1		VIDEX ORAL SOLUTION	2	
HEPSERA TABLET	5		VIRACEPT POWDER	5	
INTELENCE TABLET	5		VIRACEPT TABLET	2	
INVIRASE CAPSULE	5		VIRAMUNE ORAL SUSPENSION	2	
INVIRASE TABLET	5		VIRAMUNE TABLET	2	
ISENTRESS TABLET	5		VIRAZOLE INHALATION SOLUTION	5	
KALETRA CAPSULE	5		VIREAD TABLET	2	
KALETRA ORAL SOLUTION	5		VISTIDE IV SOLUTION	5	
			ZERIT CAPSULE	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
ZERIT ORAL SOLUTION	2		<b>Blood Glucose Regulators</b>		
ZIAGEN ORAL SOLUTION	2		<i>acarbose tablet</i>	1	
ZIAGEN TABLET	2		ACTOPLUS MET TABLET	2	QL
<i>zidovudine capsule</i>	1		ACTOS TABLET	2	QL
<i>zidovudine syrup</i>	1		APIDRA INJECTABLE	2	
<i>zidovudine tablet</i>	1		AVANDAMET TABLET	2	QL
ZOVIRAX CREAM	2		AVANDARYL TABLET	2	QL
ZOVIRAX OINTMENT	2		AVANDIA TABLET	2	QL
<b>Anxiolytics</b>			BYETTA INJECTABLE	2	QL
<i>bupirone hcl tablet</i>	1	QL	<i>chlorpropamide tablet</i>	1	
<i>doxepin hcl capsule</i>	1	QL	DUETACT TABLET	2	QL
<i>doxepin hcl concentrate</i>	1	QL	<i>glimepiride tablet</i>	1	
<i>meprobamate tablet</i>	1	QL	<i>glipizide er tablet</i>	1	
<i>paroxetine hcl er tb24</i>	1	QL	<i>glipizide tablet</i>	1	
<i>paroxetine hcl oral suspension</i>	1	QL	<i>glipizide xl tablet</i>	1	
<i>paroxetine hcl tablet</i>	1	QL	<i>glipizide/metformin hcl tablet</i>	1	
PAXIL CR TABLET	3	QL	GLUCAGEN HYPOKIT INJECTABLE	4	
<b>Bipolar Agents</b>			GLUCAGON EMERGENCY KIT	4	
ABILIFY DISCMELT TABLET	2	QL	<i>glyburide micronized tablet</i>	1	
ABILIFY INJECTABLE	4		<i>glyburide tablet</i>	1	
ABILIFY ORAL SOLUTION	2	QL	<i>glyburide/metformin hcl tablet</i>	1	
ABILIFY TABLET	2	QL	<i>glycron tablet 1.5mg, 3mg, 6mg</i>	1	
DEPAKOTE SPRINKLES CAPSULE	2		HUMALOG INJECTABLE	2	
DEPAKOTE TABLET EC	2	QL	HUMALOG MIX 50/50 PEN SUSPENSION	2	
EQUETRO CAPSULE	2	QL	HUMALOG MIX 50/50 SUSPENSION	2	
GEODON CAPSULE	2	QL	HUMALOG MIX 75/25 PEN SUSPENSION	2	
GEODON INJECTABLE	4		HUMALOG MIX 75/25 SUSPENSION	2	
<i>lithium carbonate capsule</i>	1	QL	HUMALOG PEN INJECTABLE	2	
<i>lithium carbonate er tablet</i>	1	QL	HUMULIN 50/50 SUSPENSION	2	
<i>lithium carbonate tablet</i>	1	QL	HUMULIN 70/30 PEN SUSPENSION	2	
<i>lithium citrate syrup</i>	1		HUMULIN 70/30 SUSPENSION	2	
LITHOBID TABLET	2	QL	HUMULIN N SUSPENSION	2	
RISPERDAL CONSTA INJECTABLE 12.5MG, 25MG	4	QL	HUMULIN N U-100 PEN SUSPENSION	2	
RISPERDAL CONSTA INJECTABLE 37.5MG, 50MG	5	QL	HUMULIN R INJECTABLE	2	
RISPERDAL M TABLET	2	QL	JANUMET TABLET	2	QL
RISPERDAL ORAL SOLUTION	2	QL	JANUVIA TABLET	2	QL
<i>risperidone tablet</i>	1	QL	LANTUS INJECTABLE	2	
SEROQUEL TABLET	2	QL	LANTUS SOLOSTAR INJECTABLE	2	
SEROQUEL XR TABLET	2	QL	LEVEMIR FLEXPEN INJECTABLE	2	
			LEVEMIR INJECTABLE	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>metformin hcl er tablet</i>	1		ARANESP ALBUMIN FREE INJECTABLE		
<i>metformin hcl tablet</i>	1		25MCG/ML, 25MCG/0.42ML	4	PA
NOVOLIN 70/30 INNOLET SUSPENSION	2		ARANESP ALBUMIN FREE INJECTABLE		
NOVOLIN 70/30 PENFILL SUSPENSION	2		40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML, 40MCG/0.4ML, 150MCG/0.3ML, 200MCG/0.4ML, 500MCG/ML, 150MCG/0.75ML, 300MCG/ML	5	PA
NOVOLIN 70/30 SUSPENSION	2		ARANESP ALBUMIN FREE SURECLICK INJECTABLE	5	PA
NOVOLIN N INNOLET SUSPENSION	2		ARIXTRA INJECTABLE	5	
NOVOLIN N SUSPENSION	2		<i>cilostazol tablet</i>	1	
NOVOLIN N U-100 PENFILL SUSPENSION	2		COUMADIN IV SOLUTION	4	
NOVOLIN R INJECTABLE	2		COUMADIN TABLET	2	
NOVOLIN R INNOLET INJECTABLE	2		CYKLOKAPRON IV SOLUTION	4	
NOVOLIN R U-100 PENFILL INJECTABLE	2		<i>dipyridamole tablet</i>	1	
NOVOLOG FLEXPEN INJECTABLE	2		EPOGEN INJECTABLE 2,000U/ML, 3,000U/ML, 4,000U/ML	4	PA
NOVOLOG INJECTABLE	2		EPOGEN INJECTABLE 10,000U/ML, 20,000U/ML, 40,000U/ML	5	PA
NOVOLOG MIX 70/30 PENFILL SUSPENSION	2		FRAGMIN INJECTABLE 5,000U/0.2ML, 2,500U/0.2ML	4	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUSPENSION	2		FRAGMIN INJECTABLE 7,500U/0.3ML, 10,000U/ML, 25,000U/ML	5	
NOVOLOG MIX 70/30 SUSPENSION	2		<i>heparin sodium injectable</i>	4	
NOVOLOG PENFILL INJECTABLE	2		<i>heparin sodium/d5w iv solution</i>	4	
PROGLYCEM ORAL SUSPENSION	2		<i>heparin sodium/nacl injectable</i>	4	
RELION 70/30 INNOLET SUSPENSION	2		<i>jantoven tablet</i>	1	
RELION 70/30 SUSPENSION	2		LEUKINE INJECTABLE 500MCG	5	PA
RELION N INNOLET SUSPENSION	2		LEUKINE IV SOLUTION 250MCG	5	PA
RELION N SUSPENSION	2		LOVENOX INJECTABLE 40MG/0.4ML 30MG/0.3ML	4	
RELION R INJECTABLE	2		LOVENOX INJECTABLE 60MG/0.6ML, 80MG/0.8ML, 100MG/ML, 120MG/0.8ML, 150MG/0.8ML	5	
STARLIX TABLET	2		NEULASTA INJECTABLE	5	QL, PA
SYMLIN INJECTABLE	2		NEUMEGA INJECTABLE	5	PA
SYMLINPEN 60 INJECTABLE	2		NEUPOGEN INJECTABLE	5	PA
<i>tolazamide tablet</i>	1		<i>pentopak tablet cr</i>	1	
<i>tolbutamide tablet</i>	1		<i>pentoxifylline er tablet</i>	1	
<b>Blood Products/Modifiers/Volume Expanders</b>			<i>pentoxil tablet cr</i>	1	
AGGRENOX CAPSULE	2		PLAVIX TABLET	2	
AGRYLIN CAPSULE	5		PROCRIT INJECTABLE 2,000U/ML, 3,000U/ML, 4,000U/ML	4	PA
<i>anagrelide hydrochloride capsule</i>	1				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PROCRIT INJECTABLE 10,000U/ML, 20,000U/ML, 40,000U/ML	5	PA	CORDARONE TABLET	2	
<i>ticlopidine hcl tablet</i>	1		COZAAR TABLET	2	
<i>warfarin sodium tablet</i>	1		CRESTOR TABLET	3	QL
<b>Cardiovascular Agents</b>			DEMADEX IV SOLUTION	4	
<i>acebutolol hcl capsule</i>	1		<i>dexrazoxane iv solution</i>	5	
<i>afeditab cr tablet</i>	1		<i>digitek tablet</i>	1	
<i>amiloride hcl tablet</i>	1		<i>digoxin injectable</i>	4	
<i>amiloride/hydrochlorothiazide tablet</i>	1		<i>digoxin oral solution</i>	1	
<i>amiodarone hcl iv solution</i>	4		<i>digoxin tablet</i>	1	
<i>amiodarone hcl tablet</i>	1		<i>dilt-cd capsule</i>	1	
<i>amlodipine besylate tablet</i>	1	QL	<i>diltiazem cd capsule</i>	1	
<i>amlodipine besylate/</i>			<i>diltiazem hcl er capsule 12 hour</i>	1	
<i>benazepril hydrochloride capsule</i>	1		<i>diltiazem hcl er capsule 24 hour</i>	1	
<i>atenolol tablet</i>	1		DILTIAZEM HCL IV SOLUTION	4	
<i>atenolol/chlorthalidone tablet</i>	1		<i>diltiazem hcl tablet</i>	1	
AVALIDE TABLET	3		<i>dilt-xr capsule</i>	1	
AVAPRO TABLET	3		DIOVAN HCT TABLET	2	
<i>benazepril hcl tablet</i>	1		DIOVAN TABLET	2	
<i>benazepril hcl/</i>			<i>disopyramide phosphate capsule</i>	1	
<i>hydrochlorothiazide tablet</i>	1		<i>disopyramide phosphate er capsule</i>	1	
<i>betaxolol hcl tablet</i>	1		DIURIL IV SOLUTION	4	
BIDIL TABLET	2		<i>doxazosin mesylate tablet</i>	1	
<i>bisoprolol fumarate tablet</i>	1		<i>enalapril maleate tablet</i>	1	
<i>bisoprolol fumarate/</i>			<i>enalapril maleate/</i>		
<i>hydrochlorothiazide tablet</i>	1		<i>hydrochlorothiazide tablet</i>	1	
<i>bumetanide injectable</i>	4		EPIPEN 2-PAK DEVICE	4	QL
<i>bumetanide tablet</i>	1		EPIPEN-JR 2-PAK DEVICE	4	QL
<i>captopril tablet</i>	1		EXFORGE TABLET	2	
<i>captopril/hydrochlorothiazide tablet</i>	1		<i>felodipine er tablet</i>	1	
CARDENE IV SOLUTION	4		<i>fenofibrate capsule</i>	1	
<i>cartia xt capsule</i>	1		<i>fenofibrate tablet</i>	1	
<i>carvedilol tablet</i>	1		<i>flecainide acetate tablet</i>	1	
<i>chlorothiazide tablet</i>	1		<i>fosinopril sodium tablet</i>	1	
<i>chlorthalidone tablet</i>	1		<i>fosinopril sodium/</i>		
<i>cholestyramine light powder</i>	1		<i>hydrochlorothiazide tablet</i>	1	
<i>cholestyramine lite packet</i>	1		<i>furosemide injectable</i>	4	
<i>cholestyramine packet</i>	1		<i>furosemide oral solution</i>	1	
<i>cholestyramine powder</i>	1		<i>furosemide tablet</i>	1	
<i>clonidine hcl tablet</i>	1	QL	<i>gemfibrozil tablet</i>	1	
<i>colestipol hcl granule</i>	1		<i>guanabenz acetate tablet</i>	1	
			<i>guanfacine hcl tablet</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>
hydralazine hcl injectable	4		moexipril/ hydrochlorothiazide tablet	1	
hydralazine hcl tablet	1		nadolol tablet	1	
hydrochlorothiazide capsule	1		nadolol/ bendroflumethiazide tablet	1	
hydrochlorothiazide tablet	1		NIASPAN TABLET CR	2	
HYZAAR TABLET	2		nicardipine hcl capsule	1	
indapamide tablet	1		nifediac cc tablet	1	
isosorbide dinitrate er tablet	1		nifedical xl tablet	1	
isosorbide dinitrate sublingual tablet	1		nifedipine capsule	1	
isosorbide dinitrate tablet	1		nifedipine er tablet	1	
isosorbide mononitrate er tablet	1		nimodipine capsule	5	QL
isosorbide mononitrate tablet	1		NIMOTOP CAPSULE	5	QL
isradipine capsule	1		nitroglycerin iv solution	4	
labetalol hcl iv solution	4		nitroglycerin transdermal patch	1	QL
labetalol hcl tablet	1		NITROSTAT SUBLINGUAL TABLET	2	
LANOXIN INJECTABLE	4		PACERONE TABLET 100MG, 300MG	2	
LANOXIN TABLET	2		pacerone tablet 200mg	1	
LESCOL XL TABLET	3	QL	pindolol tablet	1	
lidocaine hcl iv solution	4	PA	pravastatin sodium tablet	1	
LIPITOR TABLET	2	QL	prazosin hcl capsule	1	
lisinopril tablet	1		prevalite pack	1	
lisinopril/hydrochlorothiazide tablet	1		prevalite powder	1	
LOPRESSOR IV SOLUTION	4		procainamide hcl injectable	4	
LOTREL CAPSULE 5/40, 10/40	2		propafenone hcl tablet	1	
lovastatin tablet	1	QL	propranolol hcl er capsule	1	
LOVAZA CAPSULE	2		propranolol hcl iv solution	4	
methyclothiazide tablet	1		propranolol hcl oral solution	1	
methyldopa tablet	1		propranolol hcl tablet	1	
methyldopa/ hydrochlorothiazide tablet	1		propranolol/ hydrochlorothiazide tablet	1	
methyldopate hcl iv solution	4		quinapril hcl tablet	1	
metolazone tablet	1		quinapril/hydrochlorothiazide tablet	1	
metoprolol succinate er tablet	1		quinaretic tablet	1	
metoprolol tartrate iv solution	4		quinidine gluconate cr tablet	1	
metoprolol tartrate tablet	1		quinidine gluconate injectable	4	
metoprolol/ hydrochlorothiazide tablet	1		quinidine sulfate er tablet	1	
mexiletine hcl capsule	1		quinidine sulfate tablet	1	
midodrine hcl tablet	1		ramipril capsule	1	
minoxidil tablet	1		RANEXA TABLET	2	
moexipril hcl tablet	1		reserpine tablet	1	
			SIMCOR TB24	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>simvastatin tablet</i>	1	QL	<i>methylphenidate hcl tablet</i>	1	QL
SODIUM EDECIN IV SOLUTION	4		PROVIGIL TABLET	2	QL, PA
<i>sorine tablet</i>	1		RILUTEK TABLET	5	
<i>sotalol hcl (af) tablet</i>	1		XYREM ORAL SOLUTION	5	QL, †
<i>sotalol hcl tablet</i>	1		<b>Dental and Oral Agents</b>		
<i>spironolactone tablet</i>	1		<i>chlorhexidine gluconate solution</i>	1	
<i>spironolactone/ hydrochlorothiazide tablet</i>	1		KEPIVANCE IV SOLUTION	5	
<i>taztia xt capsule</i>	1		<i>periogard solution</i>	1	
TEKTURNA HCT TABLET	2		<i>pilocarpine hydrochloride tablet</i>	1	
TEKTURNA TABLET	2		<i>triamcinolone in orabase paste</i>	1	
<i>terazosin hcl capsule</i>	1		<b>Dermatological Agents</b>		
THALITONE TABLET	2		ACCUTANE CAPSULE	5	
TIKOSYN CAPSULE	3		ALDARA CREAM	2	
<i>timolol maleate tablet</i>	1		AMEVIVE INJECTABLE	5	PA
<i>torse mide tablet</i>	1		<i>ammonium lactate cream</i>	1	
TRANDATE IV SOLUTION	4		<i>ammonium lactate lotion</i>	1	
<i>trandolapril tablet</i>	1		<i>amnesteem capsule</i>	1	
<i>triamterene/ hydrochlorothiazide capsule</i>	1		<i>avita cream</i>	1	QL
<i>triamterene/ hydrochlorothiazide tablet</i>	1		<i>avita gel</i>	1	QL
TRICOR TABLET	2		<i>calcipotriene solution</i>	1	QL
TWINJECT DEVICE	4	QL	CARAC CREAM	3	
<i>verapamil hcl er capsule</i>	1		<i>claravis capsule</i>	1	
<i>verapamil hcl er tablet</i>	1		<i>clotrimazole/betamethasone dipropionate cream</i>	1	
<i>verapamil hcl iv solution</i>	4		<i>clotrimazole/betamethasone dipropionate lotion</i>	1	
<i>verapamil hcl tablet</i>	1		DOVONEX CREAM	2	QL
VYTORIN TABLET	3	QL, PA	<i>erythromycin/benzoyl peroxide gel</i>	1	QL
ZETIA TABLET	2	QL, PA	<i>fluorouracil cream</i>	1	
ZINECARD IV SOLUTION	5		<i>fluorouracil topical solution</i>	1	
<b>Central Nervous System Agents</b>			<i>laclotion lotion</i>	1	
<i>amphetamine salt combo tablet</i>	1	QL	<i>nystatin/triamcinolone cream</i>	1	
<i>dexmethylphenidate hcl tablet</i>	1	QL	<i>nystatin/triamcinolone ointment</i>	1	
<i>dextroamphetamine sulfate tablet</i>	1	QL	OXSORALEN LOTION	2	
<i>dextroamphetamine sulfate cr capsule</i>	1	QL	OXSORALEN ULTRA CAPSULE	5	
<i>dextrostat tablet</i>	1	QL	<i>podofilox topical solution</i>	1	
<i>methylin er tablet</i>	1	QL	RAPTIVA KIT	5	QL, PA
<i>methylin tablet</i>	1	QL	REGRANEX GEL	5	PA
<i>methylphenidate hcl er tablet</i>	1	QL	SANTYL OINTMENT	2	
			<i>selenium sulfide lotion</i>	1	
			SOLARAZE GEL	2	
			SORIATANE CK KIT	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>sotret capsule</i>	1		<i>pangestyme mt capsule</i>	1	
<i>tretinoin cream</i>	1	QL	<i>pangestyme ul capsule</i>	1	
<i>tretinoin gel</i>	1	QL	PANOCAPS CAPSULE	2	
<i>u-cort cream</i>	1		PANOCAPS MT CAPSULE	2	
UVADEX INJECTABLE	4		<i>panokase tablet</i>	1	
<b>Enzyme Replacements/Modifiers</b>			<i>plaretase 8,000 tablet</i>	1	
ADAGEN INJECTABLE	5		SUCRAID ORAL SOLUTION	5	
ALDURAZYME IV SOLUTION	5		ULTRACAPS MT CAPSULE	2	
BUPHENYL POWDER	5		ULTRASE CAPSULE	2	
BUPHENYL TABLET	5		ULTRASE MT CAPSULE	2	
CARNITOR IV SOLUTION	4		VIOKASE POWDER	2	
CEREDASE IV SOLUTION	5		VIOKASE TABLET	2	
CEREZYME IV SOLUTION	5		ZAVESCA CAPSULE	5	
CREON CAPSULE EC	2		<b>Gastrointestinal Agents</b>		
CYSTADANE POWDER	2		ACIPHEX TABLET	3	QL
CYSTAGON CAPSULE	2		<i>atropine sulfate injectable</i>	4	
<i>dygase capsule</i>	1		BENTYL INJECTABLE	4	
ELAPRASE IV SOLUTION	5		<i>cimetidine hcl injectable</i>	4	
ELITEK IV SOLUTION	5		<i>cimetidine hcl oral solution</i>	1	
FABRAZYME IV SOLUTION	5		<i>cimetidine tablet</i>	1	
KUTRASE CAPSULE	2		<i>constulose oral solution</i>	1	
KUVAN TBSO	5		<i>dicyclomine hcl capsule</i>	1	
KU-ZYME CAPSULE	2		<i>dicyclomine hcl injectable</i>	4	
KU-ZYME HP CAPSULE	2		<i>dicyclomine hcl oral solution</i>	1	
<i>lapase capsule</i>	1		<i>dicyclomine hcl tablet</i>	1	
<i>levocarnitine iv solution</i>	4		<i>diphenoxylate/atropine liquid</i>	1	
<i>levocarnitine oral solution</i>	1		<i>diphenoxylate/atropine tablet</i>	1	
<i>levocarnitine tablet</i>	1		<i>enulose oral solution</i>	1	
<i>lipram capsule</i>	1		<i>famotidine iv solution</i>	4	
<i>lipram-pn capsule</i>	1		<i>famotidine tablet</i>	1	
<i>lipram-ul capsule</i>	1		GASTROCROM CONCENTRATE	2	
NAGLAZYME IV SOLUTION	5		<i>glycopyrrolate injectable</i>	4	
ORFADIN CAPSULE	5		<i>glycopyrrolate tablet</i>	1	
<i>palcaps capsule</i>	1		<i>lactulose oral solution</i>	1	
PANCREASE MT CAPSULE	2		<i>lofene tablet</i>	1	
PANCRECARB MS CAPSULE	2		<i>lonox tablet</i>	1	
<i>pancrelipase mst capsule</i>	1		<i>loperamide hcl capsule</i>	1	
<i>pancrelipase tablet</i>	1		LOTRONEX TABLET	2	QL, PA
<i>pancron capsule</i>	1		<i>methscopolamine bromide tablet</i>	1	
<i>pangestyme cn capsule</i>	1		<i>misoprostol tablet</i>	1	
<i>pangestyme ec capsule</i>	1				

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	
NEXIUM CAPSULE	2	QL	<b>Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal)</b>			
NEXIUM IV SOLUTION	4					
NEXIUM PACK	2	QL		<i>ala-cort lotion</i>	1	
<i>nizatidine capsule</i>	1			<i>alclometasone dipropionate cream</i>	1	
<i>omeprazole capsule</i>	1	QL		<i>alclometasone dipropionate ointment</i>	1	
<i>pantoprazole sodium tablet ec</i>	1	QL		<i>amcinonide cream</i>	1	
<i>peg 3350/electrolytes oral solution</i>	1			<i>amcinonide lotion</i>	1	
PEPCID PREMIXED IV SOLUTION	4			<i>amcinonide ointment</i>	1	
<i>polyethylene glycol 3350 powder</i>	1			<i>a-methapred injectable</i>	4	
PREVACID CAPSULE DR	2	QL		<i>augmented betamethasone dipropionate cream</i>	1	
PREVACID SOLUTAB	2	QL		<i>augmented betamethasone dipropionate gel</i>	1	
PREVPAC MISC	2			<i>augmented betamethasone dipropionate lotion</i>	1	
<i>propantheline bromide tablet</i>	1			<i>augmented betamethasone dipropionate ointment</i>	1	
PROTONIX IV SOLUTION	4			<i>betamethasone dipropionate cream</i>	1	
<i>ranitidine hcl capsule</i>	1			<i>betamethasone dipropionate gel</i>	1	
<i>ranitidine hcl injectable</i>	4			<i>betamethasone dipropionate lotion</i>	1	
<i>ranitidine hcl syrup</i>	1			<i>betamethasone dipropionate ointment</i>	1	
<i>ranitidine hcl tablet</i>	1			<i>betamethasone valerate cream</i>	1	
ROBINUL INJECTABLE	4			<i>betamethasone valerate lotion</i>	1	
<i>sucralfate tablet</i>	1			<i>betamethasone valerate ointment</i>	1	
URSO FORTE TABLET	2			<i>beta-val cream</i>	1	
URSO TABLET	2			<i>beta-val lotion</i>	1	
<i>ursodiol capsule</i>	1			<i>clobetasol propionate cream</i>	1	
ZANTAC INJECTABLE	4			<i>clobetasol propionate emollient cream</i>	1	
ZANTAC IV SOLUTION	4			<i>clobetasol propionate foam</i>	1	
<b>Genitourinary Agents</b>				<i>clobetasol propionate gel</i>	1	
<i>bethanechol chloride tablet</i>	1			<i>clobetasol propionate ointment</i>	1	
CUPRIMINE CAPSULE	2			<i>clobetasol propionate topical solution</i>	1	
DETROL LA CAPSULE	2			<i>del-beta lotion</i>	1	
DETROL TABLET	2			DEPO-MEDROL INJECTABLE	4	
<i>finasteride tablet</i>	1			<i>desonide cream</i>	1	
<i>flavoxate hcl tablet</i>	1			<i>desonide lotion</i>	1	
FLOMAX CAPSULE	2		<i>desonide ointment</i>	1		
<i>oxybutynin chloride er tablet</i>	1		<i>desoximetasone cream</i>	1		
<i>oxybutynin chloride tablet</i>	1		<i>desoximetasone gel</i>	1		
PHOSLO CAPSULE	2					
RENAGEL TABLET	2					
THIOLA TABLET	2					
VESICARE 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>desoximetasone ointment</i>	1		<i>procto-pak cream</i>	1	
<i>diflorasone diacetate cream</i>	1		SOLU-MEDROL INJECTABLE	4	
<i>diflorasone diacetate ointment</i>	1		<i>triamcinolone acetonide cream</i>	1	
<i>fludrocortisone acetate tablet</i>	1		<i>triamcinolone acetonide lotion</i>	1	
<i>fluocinolone acetonide cream</i>	1		<i>triamcinolone acetonide ointment</i>	1	
<i>fluocinolone acetonide ointment</i>	1		<i>triderm cream</i>	1	
<i>fluocinolone acetonide topical solution</i>	1		<i>triderm ointment</i>	1	
<i>fluocinonide emollient base cream</i>	1		VERDESO FOAM	2	
<i>fluocinonide gel</i>	1		<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>fluocinonide ointment</i>	1		DDAVP INJECTABLE	4	
<i>fluocinonide topical solution</i>	1		<i>desmopressin acetate injectable</i>	4	
<i>fluocinonide-e cream</i>	1		<i>desmopressin acetate nasal spray</i>	1	QL
<i>fluticasone propionate cream</i>	1		<i>desmopressin acetate tablet</i>	1	
<i>fluticasone propionate ointment</i>	1		GENOTROPIN INJECTABLE	5	QL, PA
<i>halobetasol propionate cream</i>	1		GENOTROPIN MINIQUICK INJECTABLE 0.2MG	4	QL, PA
<i>halobetasol propionate ointment</i>	1		GENOTROPIN MINIQUICK INJECTABLE 0.4MG, 0.6MG, 0.8MG, 1MG, 1.2 MG, 1.4MG, 1.8MG, 13.8MG	5	QL, PA
<i>hydrocortisone butyrate cream</i>	1		HUMATROPE INJECTABLE	5	QL, PA
<i>hydrocortisone butyrate ointment</i>	1		INCRELEX INJECTABLE	5	
<i>hydrocortisone butyrate topical solution</i>	1		NORDITROPIN NORDIFLEX PEN INJECTABLE	5	QL, PA
<i>hydrocortisone cream</i>	1		NUTROPIN AQ INJECTABLE	5	QL, PA
<i>hydrocortisone in absorbase ointment</i>	1		NUTROPIN INJECTABLE	5	QL, PA
<i>hydrocortisone lotion</i>	1		OMNITROPE INJECTABLE	5	QL, PA
<i>hydrocortisone ointment</i>	1		<i>pregnyl w/diluent benzylalcohol/nacl injectable</i>	4	
<i>hydrocortisone tablet</i>	1		SAIZEN CLICK EASY INJECTABLE	5	QL, PA
<i>hydrocortisone valerate cream</i>	1		SEROSTIM INJECTABLE	5	QL, PA
<i>hydrocortisone valerate ointment</i>	1		STIMATE NASAL SPRAY	5	
<i>isovate cream</i>	1		TEV-TROPIN INJECTABLE	5	QL, PA
<i>lokara lotion</i>	1		ZORBITIVE INJECTABLE	5	QL, PA
<i>methylprednisolone acetate injectable</i>	4		<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<i>methylprednisolone sodium succinate injectable</i>	4		ALORA PATCH	2	QL
<i>methylprednisolone tablet</i>	1		ANADROL TABLET	5	PA
<i>mometasone furoate cream</i>	1		ANDRODERM PATCH	2	QL, PA
<i>mometasone furoate ointment</i>	1		ANDROGEL GEL	2	QL, PA
<i>mometasone furoate topical solution</i>	1		ANDROGEL PUMP GEL	2	QL, PA
<i>prednicarbate cream</i>	1				
<i>prednicarbate ointment</i>	1				

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
ANDROXY TABLET	2	PA	<i>microgestin fe tablet</i>	1	QL
<i>apri tablet</i>	1	QL	<i>microgestin tablet</i>	1	QL
<i>aranelle tablet</i>	1	QL	<i>mononessa tablet</i>	1	QL
<i>aviane tablet</i>	1	QL	<i>necon 7/7/7 tablet</i>	1	QL
<i>balziva tablet</i>	1	QL	<i>necon tablet</i>	1	QL
<i>camila tablet</i>	1	QL	<i>nora-be tablet</i>	1	QL
<i>cesia tablet</i>	1	QL	<i>norethindrone acetate tablet</i>	1	
CLIMARA PRO PATCH	2	QL	<i>nortrel 7/7/7 tablet</i>	1	QL
<i>cryselle tablet</i>	1	QL	<i>nortrel tablet</i>	1	QL
<i>danazol capsule</i>	1		<i>ocella tablet</i>	1	QL
DELESTROGEN OIL	4		<i>ogestrel tablet</i>	1	QL
DEPO-ESTRADIOL OIL	4		ORTHO EVRA PATCH	2	QL
DEPO-PROVERA CONTRACEPTIVE INJECTABLE	4		OXANDRIN TABLET	5	
DEPO-SUBQ PROVERA INJECTABLE	4		<i>oxandrolone tablet</i>	1	
DEPO-TESTOSTERONE OIL	4		<i>portia tablet</i>	1	QL
<i>enpresse-28 tablet</i>	1	QL	PREMARIN INJECTABLE	4	
<i>errin tablet</i>	1	QL	PREMARIN TABLET	2	
<i>estradiol patch</i>	1	QL	PREMARIN W/APPLICATOR CREAM	2	QL
<i>estradiol tablet</i>	1		PREMPHASE TABLET	2	
<i>estradiol valerate oil</i>	4		PREMPRO TABLET	2	
<i>estradiol/norethindrone a tablet</i>	1		<i>previfem tablet</i>	1	QL
<i>estropipate tablet</i>	1		PROMETRIUM CAPSULE	2	
EVISTA TABLET	2	QL	<i>quasense tablet</i>	1	QL
<i>gynodiol tablet 0.5mg, 1mg, 2mg</i>	1		<i>reclipsen tablet</i>	1	QL
<i>jolivette tablet</i>	1	QL	<i>solia tablet</i>	1	QL
<i>junel fe tablet</i>	1	QL	<i>sprintec tablet</i>	1	QL
<i>junel tablet</i>	1	QL	<i>sronyx tablet</i>	1	QL
<i>kariva tablet</i>	1	QL	<i>testosterone cypionate oil</i>	4	
<i>kelnor tablet</i>	1	QL	<i>testosterone enanthate oil</i>	4	
<i>leena tablet</i>	1	QL	<i>tri-legest fe tablet</i>	1	QL
<i>lessina tablet</i>	1	QL	<i>trinessa tablet</i>	1	QL
<i>levlite tablet</i>	1	QL	<i>tri-previfem tablet</i>	1	QL
<i>levora tablet</i>	1	QL	<i>tri-sprintec tablet</i>	1	QL
<i>low-ogestrel tablet</i>	1	QL	<i>trivora tablet</i>	1	QL
<i>lutera tablet</i>	1	QL	<i>velivet tablet</i>	1	QL
<i>medroxyprogesterone acetate injectable</i>	4		VIVELLE-DOT PATCH	2	QL
<i>medroxyprogesterone acetate tablet</i>	1		<i>zovia tablet</i>	1	QL
<i>megestrol acetate oral suspension</i>	1		<b>Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid)</b>		
<i>megestrol acetate tablet</i>	1		CYTOMEL TABLET	2	
			<i>levothroid tablet</i>	1	
			<i>levothyroxine sodium 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>levoxyl tablet</i>	1		<b>Immunological Agents</b>		
<i>liothyronine sodium iv solution</i>	5		ACTHIB INJECTABLE	2	
SYNTHROID TABLET	2		ACTIMMUNE INJECTABLE	5	PA
THYROLAR TABLET	2		ADACEL INJECTABLE	2	
<i>unithroid tablet</i>	1		ALFERON N INJECTABLE	5	
<b>Hormonal Agents, Suppressant (Adrenal)</b>			ARCALYST SOLR	5	
LYSODREN TABLET	2		ATTENUVAX INJECTABLE	2	
<b>Hormonal Agents, Suppressant (Parathyroid)</b>			AVASTIN IV SOLUTION	5	
SENSIPAR TABLET	5		AVONEX KIT	5	PA
<b>Hormonal Agents, Suppressant (Pituitary)</b>			<i>azathioprine sodium injectable</i>	4	PA
<i>bromocriptine mesylate capsule</i>	1		<i>azathioprine tablet</i>	1	PA
<i>bromocriptine mesylate tablet</i>	1		BETASERON INJECTABLE	5	PA
<i>cabergoline tablet</i>	1		BOOSTRIX INJECTABLE	2	
ELIGARD KIT	4	PA	CAMPATH IV SOLUTION	5	
<i>leuprolide acetate injectable 1mg/0.2ml</i>	5	PA	CARIMUNE NANOFILTERED IV SOLUTION	5	PA
<i>leuprolide acetate kit 1mg/0.2ml, 5mg/ml</i>	4	PA	CELLCEPT CAPSULE 250MG	3	PA
LUPRON 2 WEEK SUPPLY KIT	5	PA	CELLCEPT INTRAVENOUS IV SOLUTION	5	PA
LUPRON 6-PACK INJECTABLE	5	PA	CELLCEPT ORAL SUSPENSION	5	PA
LUPRON DEPOT INJ 3.75MG, 7.5MG, 11.25MG	4	PA	CELLCEPT TABLET 500MG	5	PA
LUPRON DEPOT INJ 22.5MG, 30MG	5	PA	CIMZIA KIT	5	QL, PA
LUPRON DEPOT-PED KIT	5	PA	COMVAX INJECTABLE	2	
<i>octreotide acetate injectable</i>	5		COPAXONE KIT	5	PA
SANDOSTATIN INJECTABLE	5		<i>cyclosporine capsule</i>	1	PA
SANDOSTATIN LAR DEPOT KIT	5		<i>cyclosporine iv solution</i>	4	PA
SOMAVERT INJECTABLE	5		<i>cyclosporine modified capsule</i>	1	PA
SYNAREL NASAL SPRAY	5	PA	<i>cyclosporine modified oral solution</i>	1	PA
<b>Hormonal Agents, Suppressant (Sex Hormones/Modifiers)</b>			<i>cyclosporine oral solution</i>	1	PA
AVODART CAPSULE	2		DAPTACEL INJECTABLE	2	
CASODEX TABLET	2		DECAVAC INJECTABLE	2	
<i>flutamide capsule</i>	1		DEPEN TITRATABS TABLET	2	
NILANDRON TABLET	2		DIPHTHERIA/TETANUS TOXOID PEDIATRIC INJECTABLE	2	
<b>Hormonal Agents, Suppressants (Thyroid)</b>			ENBREL INJECTABLE	5	QL, PA
<i>methimazole tablet</i>	1		ENBREL KIT	5	QL, PA
<i>propylthiouracil tablet</i>	1		ENBREL SURECLICK INJECTABLE	5	QL, PA
			ENGERIX-B INJECTABLE	2	PA
			FLEBOGAMMA IV SOLUTION	5	PA
			GAMASTAN S/D INJECTABLE	5	PA
			GAMMAGARD LIQUID IV SOLUTION	5	PA
			GAMUNEX IV SOLUTION	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
GARDASIL INJECTABLE	2		PROGRAF IV SOLUTION	4	PA
<i>gengraf capsule</i>	1	PA	PROQUAD INJECTABLE	2	
<i>gengraf oral solution</i>	1	PA	RABAVERT INJECTABLE	2	
HAVRIX INJECTABLE	2		RAPAMUNE ORAL SOLUTION	2	PA
HIBTITER INJECTABLE	2		RAPAMUNE TABLET	2	PA
HUMIRA KIT	5	QL, PA	REBIF INJECTABLE	5	PA
HUMIRA PEN KIT	5	QL, PA	REBIF TITRATION PACK INJECTABLE	5	PA
IMOVAX RABIES (HDCV) INJECTABLE	2		RECOMBIVAX HB INJECTABLE	2	PA
INFANRIX INJECTABLE	2		REMICADE IV SOLUTION	5	PA
INFERGEN INJECTABLE	5	PA	ROTATEQ ORAL SUSPENSION	2	
INTRON-A 3MU/0.2ML	4	PA	SANDIMMUNE CAPSULE	2	PA
INTRON-A KIT 5MU/0.2ML, 10MU/0.2ML	5	PA	SANDIMMUNE IV SOLUTION	4	PA
INTRON-A W/DILUENT INJECTABLE	5	PA	SANDIMMUNE ORAL SOLUTION	2	PA
IPOL INACTIVATED IPV INJECTABLE	2		SIMULECT IV SOLUTION	5	PA
IVEEGAM EN IV SOLUTION	5	PA	TETANUS TOXOID ADSORBED INJECTABLE	2	
JE-VAX INJECTABLE	2		TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT INJECTABLE	2	
KINERET INJECTABLE	5	QL, PA	THYMOGLOBULIN IV SOLUTION	5	
<i>leflunomide tablet</i>	1		TRIHIBIT KIT	2	
MENACTRA INJECTABLE	2		TRIPEDIA INJECTABLE	2	
MENOMUNE-A/C/Y/ W-135 INJECTABLE	2		TWINRIX INJECTABLE	2	
MERUVAX II W/DILUENT 10 DOSE INJECTABLE	2		TYPHIM VI INJECTABLE	2	
<i>methotrexate sodium injectable</i>	4		VAQTA INJECTABLE	2	
<i>methotrexate tablet</i>	1		VARIVAX INJECTABLE	2	
M-M-R II W/DILUENT 10 DOS INJECTABLE	2		VECTIBIX IV SOLUTION	5	PA
NEORAL CAPSULE	2	PA	VIVAGLOBIN INJECTABLE	5	PA
NEORAL ORAL SOLUTION	2	PA	VIVOTIF BERNA CAPSULE DR	2	
OCTAGAM IV SOLUTION	5	PA	YF-VAX INJECTABLE	2	
ORENCIA IV SOLUTION	5	PA	ZENAPAX CONCENTRATE	5	PA
ORTHOCLONE OKT3 INJECTABLE	5	PA	ZOSTAVAX INJECTABLE	2	
PANGLOBULIN IV SOLUTION	5	PA	<b>Inflammatory Bowel Disease Agents</b>		
PANGLOBULIN NF IV SOLUTION	5	PA	<i>a-hydrocort injectable</i>	4	
PEDIARIX INJECTABLE	2		ASACOL TABLET DR	2	
PEDVAX HIB INJECTABLE	2		<i>balsalazide disodium capsule</i>	1	
PEGASYS KIT	5	PA	CANASA SUPPOSITORY	2	
PEG-INTRON KIT	5	PA	COLAZAL CAPSULE	2	
PEG-INTRON REDIPEN PAK 4 KIT	5	PA	<i>cortisone acetate tablet</i>	1	
POLYGAM S/D IV SOLUTION	4	PA	<i>dexamethasone elixir</i>	1	
PROGRAF CAPSULE	2	PA	<i>dexamethasone oral solution</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>dexamethasone sodium phosphate injectable</i>	4		ETHYOL IV SOLUTION	5	
<i>dexamethasone tablet</i>	1		<i>leucovorin calcium injectable</i>	4	
ENTOCORT EC CAPSULE	2		<i>leucovorin calcium iv solution</i>	4	
<i>hydrocortisone enema</i>	1		<i>leucovorin calcium tablet</i>	1	
<i>mesalamine enema</i>	1		<i>mesna iv solution</i>	5	
PENTASA CAPSULE	2		MESNEX IV SOLUTION	4	
<i>prednisolone sodium phosphate liquid</i>	1		MESNEX TABLET	2	
<i>prednisolone sodium phosphate oral solution</i>	1		MYOBLOC INJECTABLE	4	PA
<i>prednisolone syrup</i>	1		<i>neomycin/polymyxin b sulfates irrigation solution</i>	4	
<i>prednisolone tablet</i>	1		<i>sodium chloride 0.9% irrigation solution</i>	4	
<i>prednisone intensol concentrate</i>	1		<b>Ophthalmic Agents</b>		
<i>prednisone oral solution</i>	1		<i>acetazolamide sodium injectable</i>	4	
<i>prednisone tablet</i>	1		<i>acetazolamide tablet</i>	1	
<i>proctocream-hc cream</i>	1		<i>ak-con ophthalmic solution</i>	1	
<i>proctosol hc cream</i>	1		<i>ak-poly-bac ophthalmic ointment</i>	1	
<i>proctozone-hc cream</i>	1		ALPHAGAN P OPHTHALMIC SOLUTION	2	
SOLU-CORTEF INJECTABLE	4		<i>bac/poly/neomy/hc ophthalmic ointment</i>	1	
<i>sulfasalazine tablet</i>	1		<i>bacitracin/neomycin/polymyxin ophthalmic ointment</i>	1	
<i>sulfasalazine tablet ec</i>	1		<i>bacitracin/polymyxin b ophthalmic ointment</i>	1	
<i>sulfazine ec tablet</i>	1		<i>betaxolol hcl ophthalmic solution</i>	1	QL
<i>sulfazine tablet</i>	1		<i>brimonidine tartrate ophthalmic solution</i>	1	
<b>Metabolic Bone Disease Agents</b>			<i>carteolol hcl ophthalmic solution</i>	1	
<i>alendronate sodium tablet</i>	1	QL	COMBIGAN OPHTHALMIC SOLUTION	2	
AREDIA IV SOLUTION	4		COSOPT OPHTHALMIC SOLUTION	2	QL
BONIVA KIT	4		<i>cromolyn sodium ophthalmic solution</i>	1	QL
<i>etidronate disodium tablet</i>	1		<i>dexamethasone sodium phosphate ophthalmic solution</i>	1	QL
FORTEO INJECTABLE	5	QL, PA	<i>dexasporin ophthalmic suspension</i>	1	
<i>fortical nasal spray</i>	1	QL	<i>diclofenac sodium ophthalmic solution</i>	1	
HECTOROL CAPSULE	2		<i>dipivefrin hcl ophthalmic solution</i>	1	
HECTOROL IV SOLUTION	4		<i>fluorometholone ophthalmic suspension</i>	1	QL
MIACALCIN INJECTABLE	4		<i>fluor-op ophthalmic suspension</i>	1	QL
<i>pamidronate disodium iv solution</i>	4				
ZOMETA CONCENTRATE	5				
<b>Miscellaneous Therapeutic Agents</b>					
<i>alcohol swabs pads</i>	1				
<i>amifostine solr</i>	5				
BOTOX INJECTABLE	4	PA			
DIABETIC SUPPLIES, MISC	2	QL			
<i>diabetic supplies, misc pads</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>flurbiprofen sodium ophthalmic solution</i>	1		TOBRADEX OPHTHALMIC SUSPENSION	2	QL
<i>ketotifen fumarate ophthalmic solution</i>	1	QL	TRAVATAN OPHTHALMIC SOLUTION	2	
LACRISERT INSERT	2	QL	TRAVATAN Z OPHTHALMIC SOLUTION	2	
<i>levobunolol hcl ophthalmic solution</i>	1	QL	<i>trimethoprim sulfate/ polymyxin b sulfate ophthalmic</i>	1	QL
LUMIGAN OPHTHALMIC SOLUTION	2		<i>tropicacyl ophthalmic solution</i>	1	
<i>methazolamide tablet</i>	1		<i>tropicamide ophthalmic solution</i>	1	
<i>metipranolol ophthalmic solution</i>	1		TRUSOPT OPHTHALMIC SOLUTION	2	QL
<i>mydral ophthalmic solution</i>	1				
<i>naphazoline hcl ophthalmic solution</i>	1		<b>Otic Agents</b>		
<i>neo/poly/bac/hc ophthalmic ointment</i>	1		<i>acetic acid otic solution</i>	1	
<i>neomycin/bacitracin/ polymyxin ophthalmic ointment</i>	1		<i>acetic acid/ hydrocortisone otic solution</i>	1	QL
<i>neomycin/polymyxin/dexamethasone ophthalmic ointment</i>	1		<i>borofair otic solution</i>	1	
<i>neomycin/polymyxin/dexamethasone ophthalmic suspension</i>	1		CIPRODEX OTIC SUSPENSION	2	
<i>neomycin/polymyxin/gramicidin ophthalmic solution</i>	1		<i>cortomycin otic solution</i>	1	QL
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension</i>	1		<i>cortomycin otic suspension</i>	1	QL
NEVANAC OPHTHALMIC SUSPENSION	2		DERMOTIC OIL	2	
PATADAY OPHTHALMIC SOLUTION	2	QL, PA	<i>neomycin/polymyxin/ hydrocortisone otic solution</i>	1	QL
PATANOL OPHTHALMIC SOLUTION	2	QL, PA	<i>ofloxacin otic solution</i>	1	QL
PILOPINE HS OPHTHALMIC GEL	3	QL	<i>oticin hc otic suspension</i>	1	QL
<i>polycin b ophthalmic ointment</i>	1				
<i>poly-dex ophthalmic ointment</i>	1		<b>Respiratory Tract Agents</b>		
<i>poly-dex ophthalmic suspension</i>	1		ACCOLATE TABLET	3	QL, PA
<i>polymyxin b sulfate/ trimethoprim sulfate ophthalmic</i>	1	QL	<i>acetylcysteine nebulizer solution</i>	1	
<i>prednisolone acetate ophthalmic suspension</i>	1	QL	ADVAIR DISKUS MISC	2	QL
<i>prednisolone sodium phosphate ophthalmic solution</i>	1	QL	ADVAIR HFA INHALER	2	QL
RESTASIS OPHTHALMIC EMULSION	2		<i>albuterol sulfate er tablet</i>	1	
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	1	QL	<i>albuterol sulfate nebulizer solution</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	QL	<i>albuterol sulfate syrup</i>	1	
<i>timolol maleate ophthalmic solution</i>	1	QL	<i>albuterol sulfate tablet</i>	1	
TOBRADEX OPHTHALMIC OINTMENT	2	QL	<i>albuterol sulfate/ipratropium bromide nebulizer solution</i>	1	
			ALUPENT INHALER	2	QL
			<i>aminophylline iv solution</i>	4	
			<i>aminophylline tablet</i>	1	
			ARALAST IV SOLUTION	4	
			ASMANEX METERED DOSE AEROSOL	2	
			ASTELIN NASAL SPRAY	2	QL
			ATROVENT HFA INHALER	2	QL
			AZMACORT INHALER	3	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
BRETHINE INJECTABLE	4		<i>promethazine hcl tablet</i>	1	
<i>cetirizine hcl syrup</i>	1	QL	<i>promethazine vc syrup</i>	1	
<i>clemastine fumarate syrup</i>	1		<i>promethegan suppository</i>	1	
<i>clemastine fumarate tablet</i>	1		PROVENTIL HFA INHALER	2	QL
COMBIVENT INHALER	2	QL	QVAR INHALER	2	QL
<i>cromolyn sodium nebulizer solution</i>	1		REVATIO TABLET	5	QL, PA
<i>cyproheptadine hcl syrup</i>	1		SEREVENT DISKUS	2	QL
<i>cyproheptadine hcl tablet</i>	1		SINGULAIR CHEWABLE TABLET	2	QL
<i>dexchlorpheniramine maleate syrup</i>	1		SINGULAIR PACK	2	QL
<i>diphenhydramine hcl capsule</i>	1		SINGULAIR TABLET	2	QL
<i>diphenhydramine hcl elixir</i>	1		SPIRIVA HANDIHALER CAPSULE	2	QL
<i>diphenhydramine hcl injectable</i>	4		SYMBICORT INHALER	2	QL
ELIXOPHYLLIN ELIXIR	2		<i>terbutaline sulfate injectable</i>	4	
<i>epinephrine hcl injectable</i>	4		<i>terbutaline sulfate tablet</i>	1	
<i>fexofenadine hcl tablet</i>	1	QL	THEO-24 CAPSULE	2	
FLOVENT HFA INHALER	2	QL	<i>theochron tablet</i>	1	
<i>flunisolide nasal spray</i>	1	QL	<i>theophylline cr tablet</i>	1	
<i>fluticasone propionate nasal spray</i>	1	QL	<i>theophylline er tablet</i>	1	
<i>hydroxyzine hcl injectable</i>	4		<i>theophylline td tablet</i>	1	
<i>hydroxyzine hcl syrup</i>	1	QL	TRACLEER TABLET	5	†
<i>hydroxyzine hcl tablet</i>	1	QL	TYZINE NASAL SPRAY	2	
<i>hydroxyzine pamoate capsule</i>	1	QL	TYZINE PEDIATRIC NASAL DROPS NASAL SPRAY	3	
INTAL INHALER	2	QL	UNIPHYL TABLET	2	
<i>ipratropium bromide nasal spray</i>	1	QL	VENTAVIS NEBULIZER SOLUTION	5	
<i>ipratropium bromide nebulizer solution</i>	1		VERAMYST NASAL SPRAY	2	QL
LETAIRIS TABLET	5		XOLAIR INJECTABLE	5	PA
<i>metaproterenol sulfate nebulizer solution</i>	1		XOPENEX NEBULIZER SOLUTION	2	
<i>metaproterenol sulfate syrup</i>	1		ZEMAIRA IV SOLUTION	4	
<i>metaproterenol sulfate tablet</i>	1		ZYFLO CR TABLET	3	QL, PA
NASONEX NASAL SPRAY	2	QL	<b>Sedatives/Hypnotics</b>		
<i>palgic liquid</i>	1		AMBIEN CR TABLET	3	QL, PA
PERFOROMIST NEBU	3	QL	LUNESTA TABLET	3	QL, PA
<i>phenadoz suppository</i>	1		<i>zaleplon capsule</i>	1	QL, PA
PHENERGAN INJECTABLE	4		<i>zolpidem tartrate tablet</i>	1	QL
PROAIR HFA INHALER	2	QL	<b>Skeletal Muscle Relaxants</b>		
PROLASTIN IV SOLUTION	4		<i>carisoprodol tablet</i>	1	
PROLASTIN IV SUSPENSION	4		<i>carisoprodol/aspirin tablet</i>	1	
<i>promethazine hcl injectable</i>	4		<i>carisoprodol/aspirin/codeine tablet</i>	1	
<i>promethazine hcl plain syrup</i>	1		<i>chlorzoxazone tablet</i>	1	
<i>promethazine hcl suppository</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>cyclobenzaprine hcl tablet</i>	1		<i>calcitriol oral solution</i>	1	
<i>methocarbamol tablet</i>	1		CLINIMIX 5%/DEXTROSE 15% IV SOLUTION	4	PA
NORFLEX INJECTABLE	4		CLINIMIX E/DEXTROSE 5% IV SOLUTION	4	PA
<i>orphenadrine citrate er tablet</i>	1		CLINIMIX E/DEXTROSE 10% IV SOLUTION	4	PA
<i>orphenadrine citrate injectable</i>	4		CLINIMIX E/DEXTROSE 15% IV SOLUTION	4	PA
<i>orphenadrine compound ds tablet</i>	1		CLINIMIX E/DEXTROSE 20% IV SOLUTION	4	PA
<i>orphenadrine compound tablet</i>	1		CLINIMIX E/DEXTROSE 25% IV SOLUTION	4	PA
<i>orphenadrine/asa/caff tablet</i>	1		CLINIMIX E/DEXTROSE 35% IV SOLUTION	4	PA
ROBAXIN INJECTABLE	4		CLINIMIX/DEXTROSE 5% IV SOLUTION	4	PA
<b>Therapeutic Nutrients/ Minerals/Electrolytes</b>			<i>climimix/dextrose 10% iv solution</i>	4	PA
<i>alcohol 5%/ dextrose 5% iv solution</i>	4		<i>climimix/dextrose 20% iv solution</i>	4	PA
AMINESS IV SOLUTION	4	PA	<i>climimix/dextrose 25% iv solution</i>	4	PA
AMINOSYN II IV SOLUTION	4	PA	<i>clinisol sf iv solution</i>	4	PA
AMINOSYN II M/DEXTROSE 5% IV SOLUTION	4	PA	<i>dextrose 2.5%/ nacl 0.45% iv solution</i>	4	
AMINOSYN II M/DEXTROSE 10% IV SOLUTION	4	PA	<i>dextrose 5%/nacl 0.2% iv solution</i>	4	
AMINOSYN II M/DEXTROSE 25% IV SOLUTION	4	PA	<i>dextrose 10%/ nacl 0.2% iv solution</i>	4	
AMINOSYN II/DEXTROSE 5% IV SOLUTION	4	PA	<i>dextrose 5% iv solution</i>	4	
AMINOSYN II/DEXTROSE 10% IV SOLUTION	4	PA	<i>dextrose 5%/electrolyte #75 viaflex iv solution</i>	4	
AMINOSYN II/DEXTROSE 20% IV SOLUTION	4	PA	<i>dextrose/potassium chloride 0.075% iv solution</i>	4	
AMINOSYN II/DEXTROSE 25% IV SOLUTION	4	PA	<i>ed k+ cr tablet</i>	1	
<i>aminosyn ii/ electrolytes iv solution</i>	4	PA	FREAMINE HBC IV SOLUTION	4	PA
AMINOSYN IV SOLUTION	4	PA	FREAMINE III IV SOLUTION	4	PA
AMINOSYN M IV SOLUTION	4	PA	<i>hepatamine iv solution</i>	4	PA
AMINOSYN/ ELECTROLYTES IV SOLUTION	4	PA	HEPATASOL IV SOLUTION	4	PA
AMINOSYN-HBC IV SOLUTION	4	PA	<i>intralipid emulsion</i>	4	PA
<i>aminosyn-hf iv solution</i>	4	PA	IONOSOL-B/ DEXTROSE IV SOLUTION	4	
AMINOSYN-PF IV SOLUTION	4	PA	IONOSOL-MB/ DEXTROSE IV SOLUTION	4	
AMMONIUM CHLORIDE IV SOLUTION	4		IONOSOL-T/ DEXTROSE IV SOLUTION	4	
CALCIJEX IV SOLUTION	4				
<i>calcitriol capsule</i>	1				
CALCITRIOL IV SOLUTION	4				

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
ISOLYTE-H/ DEXTROSE IV SOLUTION	4		PLASMA-LYTE-A IV SOLUTION	4	
<i>isolyte-m/dextrose iv solution</i>	4		<i>plasma-lyte-r iv solution</i>	4	
ISOLYTE-P/ DEXTROSE IV SOLUTION	4		<i>potassium chloride 0.075%/ d5w/nacl 0.225% iv solution</i>	4	
ISOLYTE-S IV SOLUTION	4		<i>potassium chloride 0.15%/ nacl 0.45% viaflex iv solution</i>	4	
ISOLYTE-S/ DEXTROSE IV SOLUTION	4		<i>potassium chloride er capsule</i>	1	
<i>kaon-cl tablet cr</i>	1		<i>potassium chloride er tablet</i>	1	
<i>kcl/d10w/nacl iv solution</i>	4		<i>potassium chloride iv solution</i>	4	
<i>kcl/d5w/lr iv solution</i>	4		<i>potassium chloride/ nacl iv solution</i>	4	
<i>klor-con m tablet er</i>	1		<i>potassium citrate</i>		
<i>klor-con tablet er</i>	1		<i>extended-release tablet</i>	1	
<i>klotrix tablet cr</i>	1		<i>premasol iv solution</i>	4	PA
<i>lactated ringer's dextrose 5% viaflex iv solution</i>	4		PROCALAMINE IV SOLUTION	4	
<i>lactated ringer's irrigation solution</i>	4		PROSOL SOLUTION	4	PA
<i>lactated ringer's viaflex iv solution</i>	4		RENAMIN IV SOLUTION	4	PA
<i>magnesium sulfate in d5w iv solution</i>	4		<i>ringer's injection iv solution</i>	4	
<i>magnesium sulfate injectable</i>	4		<i>ringer's irrigation solution</i>	4	
NEPHRAMINE IV SOLUTION	4	PA	<i>sodium bicarbonate iv solution</i>	4	
NIACOR TABLET	2		<i>sodium chloride 0.45% viaflex iv solution</i>	4	
<i>normosol-m in d5w iv solution</i>	4		<i>sodium lactate iv solution</i>	4	
<i>normosol-r in d5w iv solution</i>	4		<i>sterile water irrigation solution</i>	4	
<i>normosol-r iv solution</i>	4		<i>tis-u-sol viaflex irrigation solution</i>	4	
<i>novamine iv solution</i>	4	PA	<i>tpn electrolytes ftv iv solution</i>	4	PA
<i>physiolyte irrigation solution</i>	4		TRAVASOL IV SOLUTION	4	PA
PHYSIOSOL IRRIGATION SOLUTION	4		TRAVASOL/DEXTROSE IV SOLUTION	4	PA
PLASMA-LYTE-148 IV SOLUTION	4		<i>travasol/electrolytes iv solution</i>	4	PA
PLASMA-LYTE-148/ D5W IV SOLUTION	4		TROPHAMINE IV SOLUTION	4	PA
			<i>vitamin/mineral, misc n/a</i>	1	

# Barbiturates and Benzodiazepines

## Legend

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

**QL** = Drugs with Quantity Limits

**PA** = Drugs requiring Prior Authorization

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 tablet</i>	1		<i>flurazepam hcl capsule</i>	1	
<i>alprazolam er tb24</i>	1		<i>lorazepam tablet</i>	1	
<i>alprazolam xr tb24</i>	1		<i>mephobarbital tablet</i>	1	
<i>chlordiazepoxide hcl capsule</i>	1		<i>midazolam hcl syrup</i>	1	
<i>clonazepam tablet</i>	1		<i>oxazepam capsule</i>	1	
<i>clonazepam orally disinte tbdp</i>	1		<i>phenobarbital elixir</i>	1	
<i>clorazepate dipotassium tablet</i>	1		<i>phenobarbital tablet</i>	1	
<i>diazepam tablet</i>	1		<i>temazepam capsule</i>	1	
<i>estazolam tablet</i>	1		<i>triazolam tablet</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. LEXAPRO)

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<i>acebutolol hcl capsule</i>	14	<i>albuterol sulfate syrup</i>	24
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<i>acetaminophen/codeine oral solution</i>	1	<i>alclometasone dipropionate cream</i>	18
<i>acetaminophen/codeine tablet</i>	1	<i>alclometasone dipropionate ointment</i>	18
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<i>butorphanol tartrate injectable</i>	1	<i>cefadroxil tablet</i>	2
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<i>chlorpromazine hcl tablet</i>	10	<i>clindamycin phosphate gel</i>	3
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