



# Blue Cross MedicareRx<sup>SM</sup> Value 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 28. 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 28.

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.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Analgesics</b>			<i>hydrocodone/acetaminophen oral solution</i>	1	QL
<i>acetaminophen/codeine oral solution</i>	1	QL	<i>hydrocodone/apap tablet</i>	1	QL
<i>acetaminophen/codeine tablet</i>	1	QL	<i>hydrocodone/ibuprofen tablet</i>	1	QL
ACTIQ LOLLIPOP	5	QL, PA	<i>hydromorphone hcl injectable</i>	4	
<i>ascomp/codeine capsule</i>	1		<i>hydromorphone hcl tablet</i>	1	
<i>astramorph injectable</i>	4		INFUMORPH INJECTABLE	4	
<i>balacet tablet</i>	1	QL	LEVO DROMORAN INJECTABLE	4	
BUPRENEX INJECTABLE	4		<i>levorphanol tartrate tablet</i>	1	
<i>buprenorphine hcl injectable</i>	4		<i>margescic-h capsule</i>	1	QL
<i>butalbital/acetaminophen/caffeine/codeine capsule</i>	1	QL	<i>meperidine hcl injectable</i>	4	
<i>butalbital/aspirin/caffeine/codeine capsule</i>	1		<i>meperidine hcl oral solution</i>	1	
<i>butorphanol tartrate injectable</i>	4		<i>meperidine hcl tablet</i>	1	
<i>butorphanol tartrate nasal spray</i>	1		<i>meperitab tablet</i>	1	
CO-GESIC TABLET	2	QL	<i>methadone hcl concentrate</i>	1	
DEMEROL INJECTABLE	4		<i>methadone hcl injectable</i>	4	
DILAUDID-HP INJECTABLE	4		<i>methadone hcl oral solution</i>	1	
<i>dolorex forte capsule</i>	1	QL	<i>methadone hcl tablet</i>	1	
<i>duramorph injectable</i>	4		<i>methadose tablet</i>	1	
<i>endocet tablet</i>	1	QL	<i>morphine sulfate er tablet</i>	1	QL
<i>fentanyl citrate injectable</i>	4		<i>morphine sulfate injectable</i>	4	
<i>fentanyl citrate oral transmucosal lollipop</i>	5	QL, PA	<i>morphine sulfate tablet</i>	1	
<i>fentanyl patch</i>	1	QL	<i>nalbuphine hcl injectable</i>	4	
FENTORA TABLET	5	QL, PA	<i>narvox tablet</i>	1	QL
			ORAMORPH SR TABLET	2	QL
			<i>oxycodone hcl tablet</i>	1	
			<i>oxycodone/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/aspirin tablet</i>	1		<i>amoxicillin capsule</i>	1	
<i>oxycodone/ibuprofen tablet</i>	1	QL	<i>amoxicillin chewable tablet</i>	1	
<i>oxycodone-apap tablet</i>	1	QL	<i>amoxicillin oral suspension</i>	1	QL
OXYCONTIN TABLET	2	QL	<i>amoxicillin tablet</i>	1	
<i>pentazocine/acetaminophen tablet</i>	1		<i>amoxicillin/clavulanate potassium chewable tablet</i>	1	QL
<i>pentazocine/naloxone hcl tablet</i>	1	QL	<i>amoxicillin/clavulanate potassium tablet</i>	1	QL
<i>phrenilin w/caffeine/codeine capsule</i>	1	QL	<i>amoxicillin/potassium clavulanate oral suspension</i>	1	QL
<i>propoxyphene hcl capsule</i>	1		<i>amoxil capsule</i>	1	
<i>propoxyphene/acetaminophen tablet</i>	1	QL	<i>amoxil oral suspension 250mg/5ml</i>	1	QL
<i>propoxyphene-n/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 IV SOLUTION	4	
SUBUTEX SUBLINGUAL TABLET	2	QL, PA	AZACTAM IN DEXTROSE IV SOLUTION	4	
TALWIN INJECTABLE	4		AZACTAM INJECTABLE	4	
<i>tramadol hcl tablet</i>	1	QL	<i>azithromycin iv solution</i>	4	
<i>tramadol hydrochloride/acetaminophen tablet</i>	1	QL	<i>azithromycin oral suspension</i>	1	QL
<i>vanacet tablet</i>	1	QL	<i>azithromycin pack</i>	1	QL
<i>zerlor tablet</i>	1	QL	<i>azithromycin tablet</i>	1	QL
<b>Anesthetics</b>			<i>baciim injectable</i>	4	
<i>lidocaine hcl gel</i>	1		<i>bacitracin injectable</i>	4	
<i>lidocaine hcl injectable</i>	4		<i>bacitracin ophthalmic ointment</i>	1	
<i>lidocaine hcl topical solution</i>	1		BACTOCILL IN DEXTROSE IV SOLUTION	4	
<i>lidocaine ointment</i>	1		BICILLIN C-R INJECTABLE	4	
<i>lidocaine/prilocaine cream</i>	1	QL	BICILLIN L-A INJECTABLE	4	
LIDODERM PATCH	2		<i>cefaclor capsule</i>	1	
<i>lidomar viscous solution</i>	1		<i>cefaclor er tablet</i>	1	QL
<i>parcaine ophthalmic solution</i>	1		<i>cefaclor oral suspension</i>	1	QL
<i>proparacaine hcl ophthalmic solution</i>	1		<i>cefadroxil capsule</i>	1	QL
XYLOCAINE INJECTABLE	4		<i>cefadroxil oral suspension</i>	1	QL
<b>Antibacterials</b>			<i>cefadroxil tablet</i>	1	QL
<i>ak-tob ophthalmic solution</i>	1	QL	<i>cefazolin sodium injectable</i>	4	
<i>amikacin sulfate injectable</i>	4		<i>cefdinir capsule</i>	1	QL
AMIKIN INJECTABLE	4		<i>cefdinir oral suspension</i>	1	QL
<i>amoclan oral suspension</i>	1	QL	<i>cefepime 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>
CEFIZOX IN DEXTROSE 5% IV SOLUTION	4		<i>clindamycin phosphate swab</i>	1	QL
<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 solution</i>	4		<i>erythromycin ophthalmic ointment</i>	1	QL
<i>ciprofloxacin iv -in d5w 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 sulfite cream</i>	1	
<i>clindamycin hcl capsule</i>	1	QL	<i>gentamicin sulfite injectable</i>	4	
<i>clindamycin phosphate cream</i>	1	QL	<i>gentamicin sulfite ointment</i>	1	
<i>clindamycin phosphate gel</i>	1		<i>gentamicin sulfite ophthalmic ointment</i>	1	QL
<i>clindamycin phosphate lotion</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>ocusulf ophthalmic solution</i>	1	QL
<i>gentamicin sulfate/sodium chloride iv solution</i>	4		<i>ofloxacin tablet</i>	1	QL
<i>gentasol ophthalmic solution</i>	1	QL	<i>oxacillin sodium injectable</i>	4	
INVANZ INJECTABLE	4		<i>paromomycin sulfate capsule</i>	1	
<i>kanamycin sulfate injectable</i>	4		<i>penicillin g potassium in iso-osmotic dextrose iv</i>	4	
KETEK TABLET	2	QL	<i>penicillin g potassium injectable</i>	4	
LEVAQUIN IV SOLUTION	4		<i>penicillin g procaine injectable</i>	4	
LEVAQUIN LEVA-PAK TABLET	2	QL	<i>penicillin g sodium injectable</i>	4	
LEVAQUIN ORAL SOLUTION	2		<i>penicillin v potassium oral solution</i>	1	
LEVAQUIN PREMIX IV SOLUTION	4		<i>penicillin v potassium tablet</i>	1	
LEVAQUIN TABLET	2	QL	PFIZERPEN-G INJECTABLE	4	
LINCOCIN INJECTABLE	4		<i>piperacillin sodium iv solution</i>	4	
MAXIPIME INJECTABLE 2GM	5		<i>polymyxin b sulfate injectable</i>	4	
MAXIPIME INJECTABLE 500MG, 1GM	4		PRIMAXIN IM INJECTABLE	5	
MAXIPIME IV SOLUTION 1GM, 2GM	5		PRIMAXIN IV ADD-VANTAGE IV SOLUTION	5	
MEFOXIN IN DEXTROSE 2.2% IV SOLUTION	4		ROCEPHIN IN ISO-OSMOTIC DEXTROSE IV SOLUTION	5	
MEFOXIN INJECTABLE	4		ROCEPHIN INJECTABLE 250MG	4	
MERREM IV SOLUTION	5		ROCEPHIN IV SOLUTION 1GM, 2GM, 10GM	5	
<i>methenamine hippurate tablet</i>	1		<i>romycin ophthalmic ointment</i>	1	QL
METRO IV SOLUTION	4		<i>silver sulfadiazine cream</i>	1	
<i>metronidazole capsule</i>	1		<i>sodium sulfacetamide lotion</i>	1	
<i>metronidazole cream</i>	1		SOLODYN TABLET	2	
<i>metronidazole in nacl 0.79% iv solution</i>	4		<i>ssd af cream</i>	1	
<i>metronidazole lotion</i>	1		<i>ssd cream</i>	1	
<i>metronidazole tablet</i>	1		<i>streptomycin sulfate injectable</i>	4	
<i>metronidazole vaginal gel</i>	1	QL	<i>sulfacetamide sodium ophthalmic ointment</i>	1	QL
<i>minocycline hcl capsule</i>	1	QL	<i>sulfadiazine tablet</i>	1	
<i>minocycline hcl tablet</i>	1	QL	<i>sulfamethoxazole/trimethoprim ds tablet</i>	1	
<i>mupirocin ointment</i>	1		<i>sulfamethoxazole/trimethoprim iv solution</i>	4	
<i>myrac tablet</i>	1	QL	<i>sulfamethoxazole/trimethoprim oral suspension</i>	1	
<i>nafcillin sodium injectable</i>	4		<i>sulfamethoxazole/trimethoprim tablet</i>	1	
NALLPEN ISO-OSMOTIC IN DEXTROSE IV SOLUTION	4		<i>sulfatrim oral suspension</i>	1	
NALLPEN/DEXTROSE IV SOLUTION	4		TAZICEF IV SOLUTION	4	
<i>neomycin sulfate tablet</i>	1		<i>tetracycline hcl capsule</i>	1	
<i>nitrofurantoin macrocrystalline capsule</i>	1	QL			
<i>nitrofurantoin monohydrate 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>thermazene cream</i>	1		DEPACON IV SOLUTION	4	
TIMENTIN IV SOLUTION	4		DILANTIN CAPSULE	2	
TOBI NEBULIZER SOLUTION	5		DILANTIN INFATABS		
<i>tobramycin sulfate injectable</i>	4		CHEWABLE TABLET	2	
<i>tobramycin sulfate ophthalmic solution</i>	1	QL	DILANTIN ORAL SUSPENSION	2	
<i>tobramycin sulfate/ sodium chloride iv solution</i>	4		<i>epitol tablet</i>	1	QL
<i>tobrasol ophthalmic solution</i>	1	QL	<i>ethosuximide capsule</i>	1	
<i>trimethoprim tablet</i>	1		<i>ethosuximide oral solution</i>	1	
<i>trimethoprim/ sulfamethoxazole ds tablet</i>	1		FELBATOL ORAL SUSPENSION	2	
<i>trimox capsule</i>	1		FELBATOL TABLET	2	
TYGACIL IV SOLUTION	5		<i>fosphenytoin sodium injectable</i>	4	
UNASYN BULK PACK INJECTABLE	4		<i>gabapentin capsule</i>	1	QL
VANCOCIN HCL CAPSULE	5		<i>gabapentin tablet</i>	1	QL
VANCOCIN HCL ISO-OSMOTICDEXTROSE IV SOLUTION	4		GABITRIL TABLET	2	
VANCOCIN HCL IV SOLUTION	4		KEPPRA IV SOLUTION	5	
<i>vancomycin hcl iv solution</i>	4		KEPPRA ORAL SOLUTION	2	
<i>vandazole gel</i>	1	QL	KEPPRA TABLET	2	
<i>veetids oral solution</i>	1		LAMICTAL STARTER KIT	2	
<i>veetids tablet</i>	1		<i>lamotrigine chewable dispersible tablet</i>	1	QL
ZINACEF IV SOLUTION	4		<i>lamotrigine tablet</i>	1	QL
ZINACEFIN ISO-OSMOTIC DEXTROSE IV SOLUTION	4		LYRICA CAPSULE	3	QL, PA
ZINACEFIN ISO-OSMOTIC DILUENT IV SOLUTION	4		NEURONTIN ORAL SOLUTION	2	QL
ZITHROMAX IV SOLUTION	4		<i>oxcarbazepine tablet</i>	1	
ZMAX ORAL SUSPENSION	2	QL	PEGANONE TABLET	2	
ZOSYN IV SOLUTION	5		PHENYTEK CAPSULE	2	
ZYVOX IV SOLUTION	5		<i>phenytoin oral suspension</i>	1	
ZYVOX ORAL SUSPENSION	5	QL, PA	<i>phenytoin sodium extended capsule</i>	1	
ZYVOX TABLET	5	QL, PA	<i>phenytoin sodium injectable</i>	4	
<b>Anticonvulsants</b>			<i>primidone tablet</i>	1	
<i>carbamazepine chewable tablet</i>	1	QL	TEGRETOL CHEWABLE TABLET	2	QL
<i>carbamazepine oral suspension</i>	1	QL	TEGRETOL ORAL SUSPENSION	2	QL
<i>carbamazepine tablet</i>	1	QL	TEGRETOL TABLET	2	QL
CARBATROL CAPSULE	2	QL	TEGRETOL-XR TABLET	2	QL
CELONTIN CAPSULE	2		TRILEPTAL ORAL SUSPENSION	2	QL
CEREBYX INJECTABLE	4		<i>valproate sodium iv solution</i>	4	
			<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 capsule</i>	1	
TYKERB TABLET	5	PA	<i>selegiline hcl tablet</i>	1	
VELCADE IV SOLUTION	5		STALEVO TABLET	2	
VESANOID CAPSULE	5		TASMAR TABLET	2	
VIDAZA INJECTABLE	5		<i>trihexyphenidyl hcl elixir</i>	1	
<i>vinblastine sulfate iv solution</i>	4		<i>trihexyphenidyl hcl tablet</i>	1	
<i>vincasar pfs iv solution</i>	4		<b>Antipsychotics</b>		
<i>vincristine sulfate iv solution</i>	4		<i>chlorpromazine hcl injectable</i>	4	
<i>vinorelbine tartrate iv solution 10mg/ml</i>	5		<i>chlorpromazine hcl tablet</i>	1	QL
<i>vinorelbine tartrate iv solution 50mg/5ml, 50mg/ml</i>	4		<i>clozapine tablet</i>	1	QL
ZANOSAR IV SOLUTION	4		<i>compro suppository</i>	1	
ZOLINZA CAPSULE	5	PA	FAZACLO TABLET	2	QL
<b>Antiparasitics</b>			<i>fluphenazine decanoate injectable</i>	4	
<i>acticin cream</i>	1		<i>fluphenazine hcl concentrate</i>	1	
<i>chloroquine phosphate tablet</i>	1		<i>fluphenazine hcl elixir</i>	1	
DARAPRIM TABLET	2		<i>fluphenazine hcl injectable</i>	4	
<i>hydroxychloroquine sulfate tablet</i>	1		<i>fluphenazine hcl tablet</i>	1	QL
<i>lindane lotion</i>	1		HALDOL DECANOATE-100 INJECTABLE	4	
<i>lindane shampoo</i>	1		HALDOL INJECTABLE	4	
<i>mebendazole chewable tablet</i>	1		<i>haloperidol concentrate</i>	1	
<i>mefloquine hcl tablet</i>	1		<i>haloperidol decanoate injectable</i>	4	
MEPRON ORAL SUSPENSION	5		<i>haloperidol lactate injectable</i>	4	
NEBUPENT INHALATION SOLUTION	2		<i>haloperidol tablet</i>	1	QL
NEUTREXIN IV SOLUTION	5		INVEGA TABLET	3	QL
PENTAM INJECTABLE	4		<i>loxapine succinate capsule</i>	1	QL
<i>permethrin cream</i>	1		MOBAN TABLET	2	QL
PRIMAQUINE PHOSPHATE TABLET	2		ORAP TABLET	2	QL
STROMECTOL TABLET	2		<i>perphenazine tablet</i>	1	QL
<b>Antiparkinson Agents</b>			<i>prochlorperazine edisylate injectable</i>	4	
APOKYN INJECTABLE	5		<i>prochlorperazine maleate tablet</i>	1	
<i>atamet tablet</i>	1		<i>prochlorperazine suppository</i>	1	
<i>benztropine mesylate tablet</i>	1		<i>thioridazine hcl tablet</i>	1	QL
<i>carbidopa/levodopa er tablet</i>	1		<i>thiothixene capsule</i>	1	QL
<i>carbidopa/levodopa tablet</i>	1		<i>trifluoperazine hcl tablet</i>	1	QL
COGENTIN INJECTABLE	4		ZYPREXA INJECTABLE	4	
COMTAN TABLET	2		ZYPREXA TABLET	2	QL
MIRAPEX TABLET	2		ZYPREXA ZYDIS TABLET	2	QL
<i>ropinirole hcl tablet</i>	1				

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<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	
<b>Bipolar Agents</b>			GLUCAGEN HYPOKIT INJECTABLE	4	
ABILIFY DISCMELT TABLET	2	QL	GLUCAGON EMERGENCY KIT	4	
ABILIFY INJECTABLE	4		<i>glyburide micronized tablet</i>	1	
ABILIFY ORAL SOLUTION	2	QL	<i>glyburide tablet</i>	1	
ABILIFY TABLET	2	QL	<i>glyburide/metformin hcl tablet</i>	1	
DEPAKOTE SPRINKLES CAPSULE	2		<i>glycron tablet 1.5mg, 3mg, 6mg</i>	1	
DEPAKOTE TABLET EC	2	QL	HUMALOG INJECTABLE	2	
EQUETRO CAPSULE	2	QL	HUMALOG MIX 50/50 PEN SUSPENSION	2	
GEODON CAPSULE	2	QL	HUMALOG MIX 50/50 SUSPENSION	2	
GEODON INJECTABLE	4		HUMALOG MIX 75/25 PEN SUSPENSION	2	
<i>lithium carbonate capsule</i>	1	QL	HUMALOG MIX 75/25 SUSPENSION	2	
<i>lithium carbonate er tablet</i>	1	QL	HUMALOG PEN INJECTABLE	2	
<i>lithium carbonate tablet</i>	1	QL	HUMULIN 50/50 SUSPENSION	2	
<i>lithium citrate syrup</i>	1		HUMULIN 70/30 PEN SUSPENSION	2	
LITHOBID TABLET	2	QL	HUMULIN 70/30 SUSPENSION	2	
RISPERDAL CONSTA INJECTABLE 12.5MG, 25MG	4	QL	HUMULIN N SUSPENSION	2	
RISPERDAL CONSTA INJECTABLE 37.5MG, 50MG	5	QL	HUMULIN N U-100 PEN SUSPENSION	2	
RISPERDAL M TABLET	2	QL	HUMULIN R INJECTABLE	2	
RISPERDAL ORAL SOLUTION	2	QL	JANUMET TABLET	2	QL
<i>risperidone tablet</i>	1	QL	JANUVIA TABLET	2	QL
SEROQUEL TABLET	2	QL	LANTUS INJECTABLE	2	
SEROQUEL XR TABLET	2	QL	LANTUS SOLOSTAR INJECTABLE	2	
			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		40MCG/ML, 60MCG/ML, 100MCG/ML,		
NOVOLIN 70/30 INNOLET			200MCG/ML, 40MCG/0.4ML,		
SUSPENSION	2		150MCG/0.3ML, 200MCG/0.4ML,		
NOVOLIN 70/30 PENFILL			500MCG/ML, 150MCG/0.75ML,	5	PA
SUSPENSION	2		300MCG/ML		
NOVOLIN 70/30 SUSPENSION	2		ARANESP ALBUMIN FREE		
NOVOLIN N INNOLET SUSPENSION	2		SURECLICK INJECTABLE	5	PA
NOVOLIN N SUSPENSION	2		ARIXTRA INJECTABLE	5	
NOVOLIN N U-100 PENFILL			<i>cilostazol tablet</i>	1	
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			<i>dipyridamole tablet</i>	1	
INJECTABLE	2		EPOGEN INJECTABLE 2,000U/ML,		
NOVOLOG FLEXPEN INJECTABLE	2		3,000U/ML, 4,000U/ML	4	PA
NOVOLOG INJECTABLE	2		EPOGEN INJECTABLE 10,000U/ML,		
NOVOLOG MIX 70/30 PENFILL			20,000U/ML, 40,000U/ML	5	PA
SUSPENSION	2		FRAGMIN INJECTABLE 5,000U/0.2ML,		
NOVOLOG MIX 70/30			2,500U/0.2ML	4	
PREFILLED FLEXPEN SUSPENSION	2		FRAGMIN INJECTABLE 7,500U/0.3ML,		
NOVOLOG MIX 70/30 SUSPENSION	2		10,000U/ML, 25,000U/ML	5	
NOVOLOG PENFILL INJECTABLE	2		<i>heparin sodium injectable</i>	4	
PROGLYCEM ORAL SUSPENSION	2		<i>heparin sodium/d5w iv solution</i>	4	
RELION 70/30 INNOLET			<i>heparin sodium/nacl injectable</i>	4	
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/		
RELION R INJECTABLE	2		0.4ML 30MG/0.3ML	4	
STARLIX TABLET	2		LOVENOX INJECTABLE 60MG/0.6ML,		
SYMLIN INJECTABLE	2		80MG/0.8ML, 100MG/ML,		
SYMLINPEN 60 INJECTABLE	2		120MG/0.8ML, 150MG/0.8ML	5	
<i>tolazamide tablet</i>	1		NEULASTA INJECTABLE	5	QL, PA
<i>tolbutamide tablet</i>	1		NEUMEGA INJECTABLE	5	PA
<b>Blood Products/Modifiers/ Volume Expanders</b>			NEUPOGEN INJECTABLE	5	PA
AGGRENOX CAPSULE	2		<i>pentopak tablet cr</i>	1	
AGRYLIN CAPSULE	5		<i>pentoxifylline er tablet</i>	1	
<i>anagrelide hydrochloride capsule</i>	1		<i>pentoxil tablet cr</i>	1	
ARANESP ALBUMIN FREE INJECTABLE			PLAVIX TABLET	2	
25MCG/ML, 25MCG/0.42ML	4	PA	PROCRIT INJECTABLE 2,000U/ML,		
			3,000U/ML, 4,000U/ML	4	PA

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>sotalol hcl (af) tablet</i>	1		<b>Dental and Oral Agents</b>		
<i>sotalol hcl tablet</i>	1		<i>chlorhexidine gluconate solution</i>	1	
<i>spironolactone tablet</i>	1		KEPIVANCE IV SOLUTION	5	
<i>spironolactone/ hydrochlorothiazide tablet</i>	1		<i>periogard solution</i>	1	
<i>taztia xt capsule</i>	1		<i>pilocarpine hydrochloride tablet</i>	1	
TEKTURNA HCT TABLET	2		<i>triamcinolone in orabase paste</i>	1	
TEKTURNA TABLET	2		<b>Dermatological Agents</b>		
<i>terazosin hcl capsule</i>	1		ACCUTANE CAPSULE	5	
THALITONE TABLET	2		ALDARA CREAM	2	
TIKOSYN CAPSULE	3		AMEVIVE INJECTABLE	5	PA
<i>timolol maleate tablet</i>	1		<i>ammonium lactate cream</i>	1	
<i>torse mide tablet</i>	1		<i>ammonium lactate lotion</i>	1	
TRANDATE IV SOLUTION	4		<i>amnesteem capsule</i>	1	
<i>trandolapril tablet</i>	1		<i>avita cream</i>	1	QL
<i>triamterene/ hydrochlorothiazide capsule</i>	1		<i>avita gel</i>	1	QL
<i>triamterene/ hydrochlorothiazide tablet</i>	1		<i>calcipotriene soln</i>	1	QL
TRICOR TABLET	2		CARAC CREAM	3	
TWINJECT DEVICE	4	QL	<i>claravis capsule</i>	1	
<i>verapamil hcl er capsule</i>	1		<i>clotrimazole/betamethasone dipropionate cream</i>	1	
<i>verapamil hcl er tablet</i>	1		<i>clotrimazole/betamethasone dipropionate lotion</i>	1	
<i>verapamil hcl iv solution</i>	4		DOVONEX CREAM	2	QL
<i>verapamil hcl tablet</i>	1		<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>methylphenidate hcl tablet</i>	1	QL	<i>selenium sulfide lotion</i>	1	
PROVIGIL TABLET	2	QL, PA	SOLARAZE GEL	2	
RILUTEK TABLET	5		SORIATANE CK KIT	5	
XYREM ORAL SOLUTION	5	QL, †	<i>sotret capsule</i>	1	
			<i>tretinoin cream</i>	1	QL
			<i>tretinoin gel</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>u-cort cream</i>	1		PANOCAPS CAPSULE	2	
UVADEX INJECTABLE	4		PANOCAPS MT CAPSULE	2	
<b>Enzyme Replacements/Modifiers</b>			<i>panokase tablet</i>	1	
ADAGEN INJECTABLE	5		<i>plaretase 8,000 tablet</i>	1	
ALDURAZYME IV SOLUTION	5		SUCRAID ORAL SOLUTION	5	
BUPHENYL POWDER	5		ULTRACAPS MT CAPSULE	2	
BUPHENYL TABLET	5		ULTRASE CAPSULE	2	
CARNITOR IV SOLUTION	4		ULTRASE MT CAPSULE	2	
CEREDASE IV SOLUTION	5		VIKASE POWDER	2	
CEREZYME IV SOLUTION	5		VIKASE TABLET	2	
CREON CAPSULE EC	2		ZAVESCA CAPSULE	5	
CYSTADANE POWDER	2		<b>Gastrointestinal Agents</b>		
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 capsule</i>	1		<i>loperamide hcl capsule</i>	1	
<i>pancrelipase mst capsule</i>	1		LOTRONEX TABLET	2	QL, PA
<i>pancrelipase tablet</i>	1		<i>methscopolamine bromide tablet</i>	1	
<i>pancron capsule</i>	1		<i>misoprostol tablet</i>	1	
<i>pangestyme cn capsule</i>	1		NEXIUM CAPSULE	2	QL
<i>pangestyme ec capsule</i>	1		NEXIUM IV SOLUTION	4	
<i>pangestyme mt capsule</i>	1		NEXIUM PACK	2	QL
<i>pangestyme ul 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>
<i>nizatidine capsule</i>	1		<i>alclometasone dipropionate ointment</i>	1	
<i>omeprazole capsule</i>	1	QL	<i>amcinonide cream</i>	1	
<i>pantoprazole sodium tablet ec</i>	1	QL	<i>amcinonide lotion</i>	1	
<i>peg 3350/electrolytes oral solution</i>	1		<i>amcinonide ointment</i>	1	
PEPCID PREMIXED IV SOLUTION	4		<i>a-methapred injectable</i>	4	
<i>polyethylene glycol 3350 powder</i>	1		<i>augmented betamethasone dipropionate cream</i>	1	
PREVACID CAPSULE DR	2	QL	<i>augmented betamethasone dipropionate gel</i>	1	
PREVACID SOLUTAB	2	QL	<i>augmented betamethasone dipropionate lotion</i>	1	
PREVPAC MISC	2		<i>augmented betamethasone dipropionate ointment</i>	1	
<i>propantheline bromide tablet</i>	1		<i>betamethasone dipropionate cream</i>	1	
PROTONIX IV SOLUTION	4		<i>betamethasone dipropionate gel</i>	1	
<i>ranitidine hcl capsule</i>	1		<i>betamethasone dipropionate lotion</i>	1	
<i>ranitidine hcl injectable</i>	4		<i>betamethasone dipropionate ointment</i>	1	
<i>ranitidine hcl syrup</i>	1		<i>betamethasone valerate cream</i>	1	
<i>ranitidine hcl tablet</i>	1		<i>betamethasone valerate lotion</i>	1	
ROBINUL INJECTABLE	4		<i>betamethasone valerate ointment</i>	1	
<i>sucralfate tablet</i>	1		<i>beta-val cream</i>	1	
URSO FORTE TABLET	2		<i>beta-val lotion</i>	1	
URSO TABLET	2		<i>clobetasol propionate cream</i>	1	
<i>ursodiol capsule</i>	1		<i>clobetasol propionate emollient cream</i>	1	
ZANTAC INJECTABLE	4		<i>clobetasol propionate foam</i>	1	
ZANTAC IV SOLUTION	4		<i>clobetasol propionate gel</i>	1	
<b>Genitourinary Agents</b>			<i>clobetasol propionate ointment</i>	1	
<i>bethanechol chloride tablet</i>	1		<i>clobetasol propionate topical solution</i>	1	
CUPRIMINE CAPSULE	2		<i>del-beta lotion</i>	1	
DETROL LA CAPSULE	2		DEPO-MEDROL INJECTABLE	4	
DETROL TABLET	2		<i>desonide cream</i>	1	
<i>finasteride tablet</i>	1		<i>desonide lotion</i>	1	
<i>flavoxate hcl tablet</i>	1		<i>desonide ointment</i>	1	
FLOMAX CAPSULE	2		<i>desoximetasone cream</i>	1	
<i>oxybutynin chloride er tablet</i>	1		<i>desoximetasone gel</i>	1	
<i>oxybutynin chloride tablet</i>	1		<i>desoximetasone ointment</i>	1	
PHOSLO CAPSULE	2				
RENAGEL TABLET	2				
THIOLA TABLET	2				
VESICARE TABLET	2				
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>					
<i>ala-cort lotion</i>	1				
<i>alclometasone dipropionate cream</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>diflorasone diacetate cream</i>	1		SOLU-MEDROL INJECTABLE	4	
<i>diflorasone diacetate ointment</i>	1		<i>triamcinolone acetonide cream</i>	1	
<i>fludrocortisones 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		ANDROXY TABLET	2	PA
<i>prednicarbate ointment</i>	1		<i>apri tablet</i>	1	QL
<i>procto-pak cream</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>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>microgestin fe tablet</i>	1	QL	<i>levothroid tablet</i>	1	
<i>microgestin tablet</i>	1	QL	<i>levothyroxine sodium tablet</i>	1	
			<i>levoxyl tablet</i>	1	
			<i>liothyronine sodium iv solution</i>	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
SYNTHROID TABLET	2		<b>Immunological Agents</b>		
THYROLAR TABLET	2		ACTHIB INJECTABLE	2	
<i>unithroid tablet</i>	1		ACTIMMUNE INJECTABLE	5	PA
<b>Hormonal Agents, Suppressant (Adrenal)</b>			ADACEL INJECTABLE	2	
LYSODREN TABLET	2		ALFERON N INJECTABLE	5	
<b>Hormonal Agents, Suppressant (Parathyroid)</b>			ARCALYST SOLR	5	
SENSIPAR TABLET	5		ATTENUVAX INJECTABLE	2	
<b>Hormonal Agents, Suppressant (Pituitary)</b>			AVASTIN IV SOLUTION	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 KIT	4	PA	BETASERON INJECTABLE	5	PA
<i>leuprolide acetate injectable 1mg/0.2ml</i>	5	PA	BOOSTRIX INJECTABLE	2	
<i>leuprolide acetate kit 1mg/0.2ml, 5mg/ml</i>	4	PA	CAMPATH IV SOLUTION	5	
LUPRON 2 WEEK SUPPLY KIT	5	PA	CARIMUNE NANOFILTERED IV SOLUTION	5	PA
LUPRON 6-PACK INJECTABLE	5	PA	CELLCEPT CAPSULE 250MG	3	PA
LUPRON DEPOT INJ 3.75MG, 7.5MG, 11.25MG	4	PA	CELLCEPT INTRAVENOUS IV SOLUTION	5	PA
LUPRON DEPOT INJ 22.5MG, 30MG	5	PA	CELLCEPT ORAL SUSPENSION	5	PA
LUPRON DEPOT-PED KIT	5	PA	CELLCEPT TABLET 500MG	5	PA
<i>octreotide acetate injectable</i>	5		CIMZIA KIT	5	QL, PA
SANDOSTATIN INJECTABLE	5		COMVAX INJECTABLE	2	
SANDOSTATIN LAR DEPOT KIT	5		COPAXONE KIT	5	PA
SOMAVERT INJECTABLE	5		<i>cyclosporine capsule</i>	1	PA
SYNAREL NASAL SPRAY	5	PA	<i>cyclosporine iv solution</i>	4	PA
<b>Hormonal Agents, Suppressant (Sex Hormones/Modifiers)</b>			<i>cyclosporine modified capsule</i>	1	PA
AVODART CAPSULE	2		<i>cyclosporine modified oral solution</i>	1	PA
CASODEX TABLET	2		<i>cyclosporine oral solution</i>	1	PA
<i>flutamide capsule</i>	1		DAPTACEL INJECTABLE	2	
NILANDRON TABLET	2		DECAVAC INJECTABLE	2	
<b>Hormonal Agents, Suppressants (Thyroid)</b>			DEPEN TITRATABS TABLET	2	
<i>methimazole tablet</i>	1		DIPHTHERIA/TETANUS TOXOID PEDIATRIC INJECTABLE	2	
<i>propylthiouracil tablet</i>	1		ENBREL INJECTABLE	5	QL, PA
			ENBREL KIT	5	QL, PA
			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 KIT 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		<i>diabetic supplies, misc pads</i>	1	QL
<i>dexamethasone tablet</i>	1		ETHYOL IV SOLUTION	5	
ENTOCORT EC CAPSULE	2		<i>leucovorin calcium injectable</i>	4	
<i>hydrocortisone enema</i>	1		<i>leucovorin calcium iv solution</i>	4	
<i>mesalamine enema</i>	1		<i>leucovorin calcium tablet</i>	1	
PENTASA CAPSULE	2		<i>mesna iv solution</i>	5	
<i>prednisolone sodium phosphate liquid</i>	1		MESNEX IV SOLUTION	4	
<i>prednisolone sodium phosphate oral solution</i>	1		MESNEX TABLET	2	
<i>prednisolone syrup</i>	1		MYOBLOC INJECTABLE	4	PA
<i>prednisolone tablet</i>	1		<i>neomycin/polymyxin b sulfates irrigation solution</i>	4	
<i>prednisone intensol concentrate</i>	1		<i>sodium chloride 0.9% irrigation solution</i>	4	
<i>prednisone oral solution</i>	1				
<i>prednisone tablet</i>	1		<b>Ophthalmic Agents</b>		
<i>proctocream-hc cream</i>	1		<i>acetazolamide sodium injectable</i>	4	
<i>proctosol hc cream</i>	1		<i>acetazolamide tablet</i>	1	
<i>proctozone-hc cream</i>	1		<i>ak-con ophthalmic solution</i>	1	
SOLU-CORTEF INJECTABLE	4		<i>ak-poly-bac ophthalmic ointment</i>	1	
<i>sulfasalazine tablet</i>	1		ALPHAGAN P OPHTHALMIC SOLUTION	2	
<i>sulfasalazine tablet ec</i>	1		<i>bac/poly/neomy/hc ophthalmic ointment</i>	1	
<i>sulfazine ec tablet</i>	1		<i>bacitracin/neomycin/polymyxin ophthalmic ointment</i>	1	
<i>sulfazine tablet</i>	1		<i>bacitracin/polymyxin b ophthalmic ointment</i>	1	
<b>Metabolic Bone Disease Agents</b>			<i>betaxolol hcl ophthalmic solution</i>	1	QL
<i>alendronate sodium tablet</i>	1	QL	<i>brimonidine tartrate ophthalmic solution</i>	1	
AREDIA IV SOLUTION	4		<i>carteolol hcl ophthalmic solution</i>	1	
BONIVA KIT	4		COMBIGAN OPHTHALMIC SOLUTION	2	
<i>etidronate disodium tablet</i>	1		COSOPT OPHTHALMIC SOLUTION	2	QL
FORTEO INJECTABLE	5	QL, PA	<i>cromolyn sodium ophthalmic solution</i>	1	QL
<i>fortical nasal spray</i>	1	QL	<i>dexamethasone sodium phosphate ophthalmic solution</i>	1	QL
HECTOROL CAPSULE	2		<i>dexasporin ophthalmic suspension</i>	1	
HECTOROL IV SOLUTION	4		<i>diclofenac sodium ophthalmic solution</i>	1	
MIACALCIN INJECTABLE	4		<i>dipivefrin hcl ophthalmic solution</i>	1	
<i>pamidronate disodium iv solution</i>	4		<i>fluorometholone ophthalmic suspension</i>	1	QL
ZOMETA CONCENTRATE	5		<i>fluor-op ophthalmic suspension</i>	1	QL
<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			

<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
			BRETHINE INJECTABLE	4	
			<i>cetirizine hcl syrup</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>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		
INTAL INHALER	2	QL	NASAL SPRAY	3	
<i>ipratropium bromide nasal spray</i>	1	QL	UNIPHYL TABLET	2	
<i>ipratropium bromide nebulizer solution</i>	1		VENTAVIS NEBULIZER SOLUTION	5	
LETAIRIS TABLET	5		VERAMYST NASAL SPRAY	2	QL
<i>metaproterenol sulfate nebulizer solution</i>	1		XOLAIR INJECTABLE	5	PA
<i>metaproterenol sulfate syrup</i>	1		XOPENEX NEBULIZER SOLUTION	2	
<i>metaproterenol sulfate tablet</i>	1		ZEMAIRA IV SOLUTION	4	
NASONEX NASAL SPRAY	2	QL	ZYFLO CR TABLET	3	QL, PA
<i>palgic liquid</i>	1		<b>Sedatives/Hypnotics</b>		
PERFOROMIST NEBU	3	QL	AMBIEN CR TABLET	3	QL, PA
<i>phenadoz suppository</i>	1		LUNESTA TABLET	3	QL, PA
PHENERGAN INJECTABLE	4		<i>zaleplon capsule</i>	1	QL, PA
PROAIR HFA INHALER	2	QL	<i>zolpidem tartrate tablet</i>	1	QL
PROLASTIN IV SOLUTION	4		<b>Skeletal Muscle Relaxants</b>		
PROLASTIN IV SUSPENSION	4		<i>carisoprodol tablet</i>	1	
<i>promethazine hcl injectable</i>	4		<i>carisoprodol/aspirin tablet</i>	1	
<i>promethazine hcl plain syrup</i>	1		<i>carisoprodol/aspirin/codeine tablet</i>	1	
<i>promethazine hcl suppository</i>	1		<i>chlorzoxazone tablet</i>	1	
<i>promethazine hcl tablet</i>	1		<i>cyclobenzaprine hcl tablet</i>	1	
<i>promethazine vc syrup</i>	1		<i>methocarbamol 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>
NORFLEX INJECTABLE	4		CLINIMIX E/DEXTROSE		
<i>orphenadrine citrate er tablet</i>	1		10% IV SOLUTION	4	PA
<i>orphenadrine citrate injectable</i>	4		CLINIMIX E/DEXTROSE		
<i>orphenadrine compound ds tablet</i>	1		15% IV SOLUTION	4	PA
<i>orphenadrine compound tablet</i>	1		CLINIMIX E/DEXTROSE		
<i>orphenadrine/asa/caff tablet</i>	1		20% IV SOLUTION	4	PA
ROBAXIN INJECTABLE	4		CLINIMIX E/DEXTROSE		
<b>Therapeutic Nutrients/Minerals/ Electrolytes</b>			25% IV SOLUTION	4	PA
<i>alcohol 5%/dextrose 5% iv solution</i>	4		CLINIMIX E/DEXTROSE		
AMINESS IV SOLUTION	4	PA	35% IV SOLUTION	4	PA
AMINOSYN II IV SOLUTION	4	PA	CLINIMIX/DEXTROSE		
AMINOSYN II M/DEXTROSE			5% IV SOLUTION	4	PA
5% IV SOLUTION	4	PA	<i>climimix/dextrose 10% iv solution</i>	4	PA
AMINOSYN II M/DEXTROSE			<i>climimix/dextrose 20% iv solution</i>	4	PA
10% IV SOLUTION	4	PA	<i>climimix/dextrose 25% iv solution</i>	4	PA
AMINOSYN II M/DEXTROSE			<i>clinisol sf iv solution</i>	4	PA
25% IV SOLUTION	4	PA	<i>dextrose 2.5%/nacl 0.45% iv solution</i>	4	
AMINOSYN II/DEXTROSE			<i>dextrose 5%/nacl 0.2% iv solution</i>	4	
5% IV SOLUTION	4	PA	<i>dextrose 10%/nacl 0.2% iv solution</i>	4	
AMINOSYN II/DEXTROSE			<i>dextrose 5% iv solution</i>	4	
10% IV SOLUTION	4	PA	<i>dextrose 5%/electrolyte #75 viaflex iv solution</i>	4	
AMINOSYN II/DEXTROSE			<i>dextrose/potassium chloride 0.075% iv solution</i>	4	
20% IV SOLUTION	4	PA	<i>ed k+ cr tablet</i>	1	
AMINOSYN II/DEXTROSE			FREAMINE HBC IV SOLUTION	4	PA
25% IV SOLUTION	4	PA	FREAMINE III IV SOLUTION	4	PA
<i>aminosyn ii/electrolytes iv solution</i>	4	PA	<i>hepatamine iv solution</i>	4	PA
AMINOSYN IV SOLUTION	4	PA	HEPATASOL IV SOLUTION	4	PA
AMINOSYN M IV SOLUTION	4	PA	<i>intralipid emulsion</i>	4	PA
AMINOSYN/ELECTROLYTES IV			IONOSOL-B/DEXTROSE IV SOLUTION	4	
SOLUTION	4	PA	IONOSOL-MB/DEXTROSE IV		
AMINOSYN-HBC IV SOLUTION	4	PA	SOLUTION	4	
<i>aminosyn-hf iv solution</i>	4	PA	IONOSOL-T/DEXTROSE IV SOLUTION	4	
AMINOSYN-PF IV SOLUTION	4	PA	ISOLYTE-H/DEXTROSE IV SOLUTION	4	
AMMONIUM CHLORIDE IV SOLUTION	4		<i>isolyte-m/dextrose iv solution</i>	4	
CALCIJEX IV SOLUTION	4		ISOLYTE-P/DEXTROSE IV SOLUTION	4	
<i>calcitriol capsule</i>	1		ISOLYTE-S IV SOLUTION	4	
CALCITRIOL IV SOLUTION	4		ISOLYTE-S/DEXTROSE IV SOLUTION	4	
<i>calcitriol oral solution</i>	1		<i>kaon-cl tablet cr</i>	1	
CLINIMIX 5%/DEXTROSE			<i>kcl/d10w/nacl iv solution</i>	4	
15% IV SOLUTION	4	PA	<i>kcl/d5w/lr iv solution</i>	4	
CLINIMIX E/DEXTROSE					
5% IV SOLUTION	4	PA			

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