

# **AvMed Premier Care HMO**

## **2010 Formulary (List of Covered Drugs)**

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

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. *Effective as of January 1, 2010.*

## What is the AvMed Premier Care HMO Formulary?

A formulary is a list of covered drugs selected by AvMed Premier Care HMO 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. AvMed Premier Care HMO will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an AvMed Premier Care HMO 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 2010 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2010 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, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 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 September 29, 2009. To get updated information about the drugs covered by AvMed Premier Care HMO please visit our Web site at [www.avmed.org](http://www.avmed.org) or call Member Services at 1-800-782-8633, 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-442-8633. AvMed Premier Care HMO's monthly formulary updates include all changes approved by CMS and is posted monthly at [www.avmed.org](http://www.avmed.org) (<http://www.avmed.org/>). You may request a printed formulary by calling 1-800-782-8633, 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-442-8633.

## How do I use the Formulary?

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

### Medical Condition

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

## **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 43. 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?**

AvMed Premier Care HMO 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:** AvMed Premier Care HMO requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from AvMed Premier Care HMO before you fill your prescriptions. If you don't get approval, AvMed Premier Care HMO may not cover the drug.
- **Quantity Limits:** For certain drugs, AvMed Premier Care HMO limits the amount of the drug that AvMed Premier Care HMO will cover. For example, AvMed Premier Care HMO provides 30 tablets per prescription for Zetia. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, AvMed Premier Care HMO 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, AvMed Premier Care HMO may not cover drug B unless you try Drug A first. If Drug A does not work for you, AvMed Premier Care HMO will then cover Drug B.

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

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

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

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that AvMed Premier Care HMO does not cover your drug, you have two options:

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

## How do I request an exception to the AvMed Premier Care HMO Formulary?

You can ask AvMed Premier Care HMO 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, AvMed Premier Care HMO limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Non-Preferred Brand Name Drug tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Preferred Brand Name 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 Non-Preferred Brand Name Drug tier.

Generally, AvMed Premier Care HMO 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 30 day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30 day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

exception.

### **For more information**

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

If you have questions about AvMed Premier Care HMO, please call Member Services at 1-800-782-8633, 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-442-8633. Or visit [www.avmed.org](http://www.avmed.org).

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

## AvMed Premier Care HMO Formulary

The formulary that begins on page 7 provides coverage information about some of the drugs covered by AvMed Premier Care HMO. If you have trouble finding your drug in the list, turn to the Index that begins on page 43.

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

The information in the Notes column tells you if AvMed Premier Care HMO has any special requirements for coverage of your drug.

- “QL” indicates that there is a *quantity limit* for the medication.
- “PA” indicates that a *prior authorization* is required before the medication will be covered.
- “ST” indicates that the medication has a *step therapy* and a preferred medication must first be tried.
- “LA” indicates *limited availability*. This prescription may be available only at certain pharmacies.
- “ED” indicates this prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards 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 this drug.
- “MO” indicates this is a medication that can be obtained through mail order.

For more information consult your Pharmacy Directory or call Member Services at 1-800-782-8633, 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-442-8633.

Drug Name	Drug Tier	Notes
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium ec</i>	1	
<i>diclofenac sodium xr</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>fenoprofen calcium</i>	1	
<i>flurbiprofen</i>	1	
<i>ibu</i>	1	
<i>ibuprofen tabs 800mg</i>	1	
<i>indomethacin er</i>	1	
<i>indomethacin caps 50mg</i>	1	
<i>ketoprofen er</i>	1	
<i>ketoprofen caps 75mg</i>	1	
<i>ketorolac tromethamine inj</i>	1	PA
<i>ketorolac tromethamine tabs</i>	1	QL
MECLOFENAMATE SODIUM	3	
<i>meloxicam</i>	1	QL
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
<b>Opioid Analgesics</b>		
<i>acetaminophen/codeine #3</i>	1	QL
<i>acetaminophen/codeine #4</i>	1	QL
<i>acetaminophen/codeine soln</i>	1	
<i>acetaminophen/codeine tabs</i>	1	QL
<i>ascomp/codeine</i>	1	QL
AVINZA CP24 120MG, 30MG, 60MG, 90MG	2	
AVINZA CP24 45MG, 75MG	2	QL
<i>buprenorphine SL</i>	1	
<i>butalbital /apap /caffeine /codeine</i>	1	QL
<i>co-gesic</i>	1	QL
DILAUDID LIQ	3	
<i>duramorph</i>	1	PA
EMBEDA	3	QL
<i>endocet tabs 325mg; 5mg</i>	1	QL
<i>fentanyl</i>	1	QL
<i>fentanyl citrate oral transmucosal</i>	3	QL
FENTORA	3	QL
<i>hydrocodone /acetaminophen-hs</i>	1	QL
<i>hydrocodone /acetaminophen tabs</i>	1	QL

Drug Name	Drug Tier	Notes
<i>hydrocodone /acetaminophen soln 500mg/15ml; 7.5mg/15ml</i>	1	
<i>hydrocodone /ibuprofen</i>	1	QL
<i>hydrocodone bitartrate/acetaminophen</i>	1	QL
<i>hydromorphone hcl tabs</i>	1	
<i>hydromorphone hcl inj</i>	1	PA
KADIAN	2	
<i>margesic-h</i>	1	QL
<i>meperidine hcl oral soln, tabs</i>	1	
<i>meperidine hcl inj 10mg/ml</i>	1	PA
<i>methadone hcl conc, oral soln, tabs</i>	1	
<i>methadone hcl inj</i>	1	PA
<i>methadose</i>	1	
<i>morphine sulfate er</i>	1	
<i>morphine sulfate tabs</i>	1	
<i>morphine sulfate inj 0.5mg/ml, 5mg/ml</i>	1	PA
ONSOLIS	3	QL
<i>oxycodone /acetaminophen caps</i>	1	QL
<i>oxycodone /acetaminophen tabs 325mg; 5mg</i>	1	QL
<i>oxycodone /apap</i>	1	QL
<i>oxycodone /aspirin</i>	1	QL
<i>oxycodone /ibuprofen</i>	1	QL
<i>oxycodone hcl</i>	1	
<i>oxycodone-apap</i>	1	QL
OXYCONTIN	2	QL
<i>pentazocine /acetaminophen</i>	1	QL
<i>pentazocine/naloxone hcl</i>	1	QL
ROXICET SOLN	3	QL
ROXICET TABS 500MG; 5MG	3	QL
<i>roxicet tabs 325mg; 5mg</i>	1	QL
SUBOXONE	3	
<i>tramadol hcl</i>	1	QL
<i>tramadol hydrochloride/acetaminophen</i>	1	QL
<i>tramadol ER</i>	1	QL
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
AKTEN	3	QL
<i>lidocaine</i>	1	
<i>lidocaine hcl jelly</i>	1	
<i>lidocaine/prilocaine</i>	1	
LIDODERM	3	QL
SYNERA	2	QL
<b>Anti-inflammatory Agents</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
ARTHROTEC 50	3	QL
ARTHROTEC 75	3	QL
CELEBREX	3	QL ST
FLECTOR	3	QL
<b>Antibacterials</b>		

Drug Name	Drug Tier	Notes
<b>Aminoglycosides</b>		
<i>amikacin sulfate inj 50mg/ml</i>	1	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJ3 0.9MG/ML; 0.9%		PA
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1mg/ml; 0.9%</i>	1	PA
<i>gentamicin sulfate/sodium chloride</i>	1	PA
<i>gentamicin sulfate crea, external oint, ophthalmic oint, ophthalmic soln</i>	1	
GENTAMICIN SULFATE INJ 10MG/ML	3	
<i>isotonic gentamicin</i>	1	PA
<i>kanamycin sulfate</i>	1	PA
NEO-FRADIN	3	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
STREPTOMYCIN SULFATE	3	PA
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	3	PA
<i>tobramycin sulfate ophthalmic soln</i>	1	
<i>tobramycin sulfate inj</i>	1	PA
<b>Antibacterials, Other</b>		
ALTABAX	3	QL
<i>baciim</i>	1	PA
BACTROBAN CREA	2	
CLEOCIN GALAXY	3	PA
CLEOCIN PEDIATRIC GRANULES	3	
CLEOCIN SUPP	2	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate</i>	1	
<i>clindamycin phosphate add-vantage</i>	1	PA
<i>colistimethate sodium</i>	1	PA
CUBICIN	3	PA
FURADANTIN	3	
LINCOCIN	3	PA
<i>methenamine hippurate</i>	1	
<i>metronidazole</i>	1	
<i>metronidazole in nacl 0.79%</i>	1	
<i>metronidazole vaginal</i>	1	
MONUROL	2	
<i>mupirocin</i>	1	
<i>neomycin /bacitracin /polymyxin</i>	1	
NEUTREXIN	2	PA
<i>nitrofurantoin macrocrystalline</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
<i>polymyxin b sulfate</i>	1	
PRIMSOL	2	
PYLERA	3	QL
<i>silver sulfadiazine</i>	1	

Drug Name	Drug Tier	Notes
<i>ssd</i>	1	
<i>thermazene</i>	1	
<i>trimethoprim</i>	1	
TYGACIL	3	PA
VANCOCIN HCL	2	ST
VANCOMYCIN HCL ISO-OSMOTIC DEXTROSE	3	PA
<i>vancomycin hcl inj 10gm</i>	1	PA
<i>vancomycin hcl inj 1000mg</i>	3	PA
<i>vandazole</i>	1	
VIBATIV	3	PA
XIFAXAN	3	QL
ZYVOX INJ	2	PA
ZYVOX SUSR, TABS	2	QL PA
<b>Beta-lactam, Cephalosporins</b>		
CEDAX	3	
<i>cefaclor</i>	1	
<i>cefaclor er</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium inj 1gm; 5%, 1gm, 20gm, 500mg; 5%</i>	1	PA
<i>cefdinir</i>	1	
<i>cefepime</i>	1	PA
<i>cefizox in dextrose 5%</i>	1	PA
<i>cefotaxime sodium</i>	1	PA
<i>cefoxitin sodium</i>	1	PA
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	PA
<i>ceftriaxone/dextrose</i>	1	PA
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	1	PA
<i>cefuroxime/dextrose inj 750mg; 4.1%</i>	1	
<i>cefuroxime/dextrose inj 1.5gm; 2.9%</i>	1	PA
<i>cephalexin</i>	1	
CLAFORAN/D5W	3	PA
FORTAZ INJ 1GM/50ML; 5%, 2GM/50ML; 5%	3	PA
SPECTRACEF	3	
SUPRAX SUSR 100MG/5ML	3	
<i>tazicef</i>	1	PA
<b>Beta-lactam, Other</b>		
AZACTAM	3	
AZACTAM IN DEXTROSE INJ 2GM; 0	3	
INVANZ	3	
MERREM	2	
PRIMAXIN I.M.	3	
PRIMAXIN IV	3	
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium chew, tabs</i>	1	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml;</i>	1	

Drug Name	Drug Tier	Notes
28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml		
<i>amoxicillin/potassium clavulanate</i>	1	
AMOXIL SUSR 250MG/5ML	2	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	PA
<i>ampicillin-sulbactam</i>	1	PA
AUGMENTIN XR	2	QL
BACTOCILL IN DEXTROSE	3	PA
BICILLIN C-R	3	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium inj 1gm</i>	1	PA
<i>oxacillin sodium</i>	1	PA
<i>penicillin g potassium</i>	1	PA
<i>penicillin g potassium in iso-osmotic dextrose</i>	1	PA
<i>penicillin g procaine</i>	1	PA
<i>penicillin g sodium</i>	1	PA
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium</i>	1	PA
<i>piperacillin/tazobactam</i>	1	PA
TIMENTIN	3	PA
<i>trimox</i>	1	
<i>veetids</i>	1	
<b>Macrolides</b>		
<i>azithromycin inj, susr</i>	1	
<i>azithromycin tabs</i>	1	QL
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
<i>ery</i>	1	
ERY-TAB	2	
ERYTHROCIN LACTOBIONATE	3	PA
<i>erythrocin stearate</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin /sulfoxazole</i>	1	
ERYTHROMYCIN BASE	2	
KETEK	3	PA
ZMAX	2	
<b>Quinolones</b>		
AVELOX TABS	2	
AVELOX INJ	2	PA
BESIVANCE	3	
CIPRO SUSR	2	
<i>ciprofloxacin</i>	1	PA
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin extended-release</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>factive</i>	2	
LEVAQUIN PREMIX	3	PA
LEVAQUIN ORAL SOLN, TABS	3	

Drug Name	Drug Tier	Notes
LEVAQUIN INJ	3	PA
<i>ofloxacin</i>	1	
QUIXIN	3	
ZYMAR	2	
<b>Sulfonamides</b>		
GANTRISIN PEDIATRIC	2	
SULFADIAZINE	2	
<i>sulfamethoxazole /trimethoprim susp, tabs</i>	1	
<i>sulfamethoxazole /trimethoprim inj</i>	1	PA
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfatrim</i>	1	
<b>Tetracyclines</b>		
<i>demeclocycline hcl</i>	1	
<i>doxy-caps</i>	1	
<i>doxycycline hyclate caps, cpep, tabs</i>	1	
<i>doxycycline hyclate inj 100mg</i>	1	PA
<i>doxycycline monohydrate susr</i>	1	
<i>doxycycline monohydrate tabs 50mg, 75mg</i>	1	
<i>minocycline hcl</i>	1	
<i>tetracycline hcl</i>	1	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
BANZEL	3	QL; MO
KEPPRA XR	2	QL; MO
KEPPRA INJ	3	
<i>levetiracetam soln</i>	1	MO
<i>levetiracetam tabs</i>	1	QL; MO
VIMPAT INJ	3	PA
VIMPAT TABS	3	QL; MO
<b>Calcium Channel Modifying Agents</b>		
CELONTIN	2	MO
<i>ethosuximide</i>	1	MO
LYRICA	3	QL; MO
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
<i>divalproex sodium</i>	1	MO
<i>gabapentin</i>	1	MO
GABITRIL	2	MO
NEURONTIN SOLN	2	QL; MO
<i>primidone</i>	1	MO
SABRIL	4	QL LA
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	MO
<i>zonisamide</i>	1	MO
<b>Glutamate Reducing Agents</b>		
FELBATOL	2	MO
<i>lamotrigine</i>	1	MO
<i>topiramate</i>	1	MO
<b>Sodium Channel Inhibitors</b>		
<i>carbamazepine</i>	1	MO

Drug Name	Drug Tier	Notes
DILANTIN INFATABS	2	MO
DILANTIN CAPS 30MG	2	MO
<i>epitol</i>	1	MO
<i>fosphenytoin sodium</i>	1	PA
<i>oxcarbazepine</i>	1	MO
<i>oxcarbazepine susp</i>	1	MO
PEGANONE	2	MO
<i>phenytoin</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
TEGRETOL-XR	2	MO
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates</i>	1	
<b>Cholinesterase Inhibitors</b>		
ARICEPT	2	QL; MO
COGNEX	3	MO
EXELON	2	QL; MO
<i>galantamine hydrobromide</i>	1	QL; MO
<b>Glutamate Pathway Modifiers</b>		
NAMENDA	2	QL; MO
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
<i>budeprion sr</i>	1	QL; MO
<i>budeprion xl</i>	1	QL; MO
<i>bupropion hcl</i>	1	MO
<i>bupropion hcl sr tb12 150mg</i>	1	QL
<i>bupropion hcl sr tb12 100mg, 200mg</i>	1	QL; MO
EFFEXOR XR	3	QL; MO
<i>mirtazapine</i>	1	MO
<i>mirtazapine odt</i>	1	MO
<i>nefazodone hcl</i>	1	QL; MO
<i>trazodone hcl</i>	1	MO
<i>venlafaxine hcl</i>	1	QL; MO
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	3	QL; MO
MARPLAN	3	MO
NARDIL	3	MO
<i>tranylcypromine sulfate</i>	1	MO
<b>Serotonin/ Norepinephrine Reuptake Inhibitors</b>		
<i>citalopram hydrobromide</i>	1	MO
CYMBALTA	2	QL; MO
<i>fluoxetine hcl</i>	1	MO
<i>fluvoxamine maleate</i>	1	MO
LEXAPRO	2	QL; MO
<i>paroxetine hcl</i>	1	MO
<i>paroxetine hcl er</i>	1	QL; MO
PRISTIQ	3	QL; MO
PROZAC WEEKLY	3	QL; MO
SAVELLA	2	QL; MO

Drug Name	Drug Tier	Notes
SAVELLA TITRATION PACK	2	QL
<i>sertraline hcl tabs</i>	1	MO
<i>sertraline hcl conc</i>	1	QL; MO
VENLAFAXINE HCL ER	2	QL; MO
<b>Tricyclics</b>		
<i>amitriptyline hcl</i>	1	MO
<i>amoxapine</i>	1	MO
<i>chlordiazepoxide /amitriptyline</i>	1	MO
<i>clomipramine hcl</i>	1	MO
<i>desipramine hcl</i>	1	MO
<i>doxepin hcl</i>	1	MO
<i>imipramine hcl</i>	1	MO
<i>imipramine pamoate</i>	1	MO
<i>maprotiline hcl</i>	1	MO
<i>nortriptyline hcl</i>	1	MO
<i>perphenazine /amitriptyline</i>	1	MO
<i>protriptyline hcl</i>	1	MO
<i>trimipramine maleate</i>	1	MO
<b>Antidotes, Deterrents, and Toxicologic Agents</b>		
<b>Antidotes</b>		
CUPRIMINE	3	
DEPEN TITRATABS	3	
EXJADE	2	LA
<i>fomepizole</i>	1	PA
RELISTOR	3	QL PA
<i>sodium polystyrene sulfonate</i>	1	
SYPRINE	2	
<b>Deterrents</b>		
ANTABUSE	2	
CHANTIX	3	
<i>depade</i>	1	
NICOTROL INHALER	2	
NICOTROL NS	2	
<b>Toxicologic Agents</b>		
<i>naloxone hcl</i>	1	PA
<i>naltrexone hcl</i>	1	
SUBOXONE	3	
<b>Antiemetics</b>		
<b>Antiemetics</b>		
ANZEMET TABS	3	QL PA
CESAMET	3	QL
<i>compro</i>	1	MO
<i>diphenhydramine hcl inj</i>	1	PA
<i>dronabinol</i>	1	QL PA
EMEND	2	QL PA
<i>granisetron hcl tabs</i>	1	QL PA
<i>metoclopramide hcl tabs</i>	1	
<i>ondansetron hcl inj</i>	1	
<i>ondansetron hcl oral soln, tabs</i>	1	QL PA

Drug Name	Drug Tier	Notes
<i>ondansetron odt</i>	1	QL PA
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	MO
<i>promethazine hcl supp, syrp, tabs</i>	1	
<i>promethazine hcl inj</i>	1	PA
SANCUSO	3	QL PA
<i>trimethobenzamide hcl caps</i>	1	
<i>trimethobenzamide hcl inj</i>	1	PA

## Antifungals

### Antifungals

ANCOBON	3	
CANCIDAS	3	PA
<i>ciclopirox</i>	1	
<i>ciclopirox nail lacquer</i>	1	QL PA
<i>ciclopirox olamine</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>clotrimazole crea, troc</i>	1	
<i>econazole nitrate</i>	1	
ERAXIS	3	PA
EXELDERM	3	
<i>fluconazole in dextrose</i>	1	PA
<i>fluconazole susr</i>	1	
<i>fluconazole tabs 100mg, 200mg, 50mg</i>	1	
<i>fluconazole tabs 150mg</i>	1	QL
<i>griseofulvin microsize</i>	1	
<i>itraconazole</i>	1	PA
<i>ketoconazole</i>	1	
<i>kuric</i>	1	
LOPROX SHAMPOO	3	
<i>miconazole 3</i>	1	
NAFTIN	2	
NOXAFIL	2	PA
<i>nystatin</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystop</i>	1	
<i>pedi-dri</i>	1	
<i>selenium sulfide</i>	1	
<i>terbinafine hcl</i>	1	QL PA
<i>terconazole</i>	1	QL
VFEND	3	QL
VFEND IV	4	PA
<i>zazole supp</i>	1	
<i>zazole crea</i>	1	QL

## Antigout Agents

### Antigout Agents

<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	1	PA

Drug Name	Drug Tier	Notes
<i>colchicine</i>	1	MO
<i>probenecid</i>	1	MO
<i>probenecid/colchicine</i>	1	MO
ULORIC	3	QL PA; MO
<b>Antimigraine Agents</b>		
<b>Abortive</b>		
AMERGE	3	QL
<i>dihydroergotamine mesylate</i>	1	PA
<i>ergotamine tartrate/caffeine</i>	1	QL
FROVA	3	QL
MAXALT	2	QL
MAXALT-MLT	2	QL
<i>migergot</i>	1	QL
MIGRANAL	3	QL
RELPAX	2	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate refill</i>	1	QL
<i>sumatriptan succinate tabs</i>	1	QL
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL
ZOMIG	3	QL
ZOMIG ZMT	3	QL
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<i>bethanechol chloride</i>	1	MO
<i>guanidine hcl</i>	1	
MESTINON SYRP	3	
MYTELASE	3	
<i>pyridostigmine bromide</i>	1	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
DAPSONE	2	
MYCOBUTIN	2	
<b>Antituberculars</b>		
CAPASTAT SULFATE	3	PA
<i>ethambutol hcl</i>	1	
<i>isonarif</i>	1	
<i>isoniazid syrup, tabs</i>	1	
<i>isoniazid inj</i>	1	PA
PASER	2	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifampin caps</i>	1	
<i>rifampin inj</i>	1	PA
RIFATER	2	
SEROMYCIN	2	
TRECTOR	2	
<b>Antineoplastic Agents</b>		
<b>Antineoplastic Agents</b>		
AFINITOR	4	QL

Drug Name	Drug Tier	Notes
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
CEENU	3	
HEXALEN	4	
LEUKERAN	2	
MATULANE	4	
<b>Antiangiogenic Agents</b>		
REVLIMID	4	QL LA
THALOMID	4	
<b>Antiestrogens/Modifiers</b>		
EMCYT	3	
FARESTON	3	
<i>tamoxifen citrate</i>	1	MO
<b>Antimetabolites</b>		
DROXIA	2	
ELITEK	2	PA
<i>hydroxyurea</i>	1	MO
<i>mercaptopurine</i>	1	MO
TABLOID	3	
<b>Antineoplastics, Other</b>		
ABRAXANE	2	PA
BLEOMYCIN SULFATE	2	PA
<i>cyclophosphamide</i>	1	MO
<i>etoposide</i>	1	PA
MESNEX TABS	2	
<i>mitoxantrone hcl</i>	1	PA
ONTAK	2	PA
PROLEUKIN	2	PA
TRISENOX	2	PA
TYKERB	4	QL
VELCADE	2	PA
VIDAZA	2	PA
ZOLINZA	4	QL
<b>Aromatase Inhibitors, 3rd Generation</b>		
ARIMIDEX	2	
AROMASIN	2	
FEMARA	2	
<b>Molecular Target Inhibitors</b>		
GLEEVEC	4	
IRESSA	4	QL LA
NEXAVAR	4	QL LA
SPRYCEL TABS 20MG, 50MG, 70MG	4	QL
SUTENT	4	
TARCEVA	4	
TASIGNA	4	QL
<b>Monoclonal Antibodies</b>		
CAMPATH	2	PA LA
RITUXAN	4	PA LA
<b>Retinoids</b>		

Drug Name	Drug Tier	Notes
PANRETIN	2	
TARGRETIN GEL	2	
TARGRETIN CAPS	4	
<i>tretinoin</i>	1	MO
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
ALBENZA	3	
BILTRICIDE	3	
<i>mebendazole</i>	1	
<b>Antiprotozoals</b>		
ALINIA	3	QL
<i>chloroquine phosphate</i>	1	
DARAPRIM	2	
<i>hydroxychloroquine sulfate</i>	1	MO
MEPRON	2	
NEBUPENT	3	
PENTAM 300	3	PA
QUALAQUIN	2	PA
<b>Pediculicides/ Scabicides</b>		
EURAX	3	
OVIDE	3	
<i>permethrin</i>	1	
<b>Antiparkinson Agents</b>		
<b>Antiparkinson Agents</b>		
<i>amantadine hcl</i>	1	MO
APOKYN	4	QL LA
AZILECT	2	QL; MO
<i>benztropine mesylate tabs</i>	1	MO
<i>bromocriptine mesylate</i>	1	MO
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa cr</i>	1	MO
<i>carbidopa/levodopa sr</i>	1	MO
COMTAN	2	MO
MIRAPEX	2	MO
REQUIP XL	2	QL; MO
<i>ropinirole hcl</i>	1	MO
SELEGILINE HCL TABS	1	MO
<i>selegiline hcl caps</i>	1	MO
STALEVO 100	2	MO
STALEVO 125	2	MO
STALEVO 150	2	MO
STALEVO 200	2	MO
STALEVO 50	2	MO
STALEVO 75	2	MO
TASMAR TABS 100MG	2	MO
<i>trihexyphenidyl hcl</i>	1	MO
<b>Antipsychotics</b>		
<b>Atypicals</b>		
ABILIFY DISCMELT	2	MO

Drug Name	Drug Tier	Notes
ABILIFY INJ	2	
ABILIFY ORAL SOLN, TABS	2	MO
<i>clozapine</i>	1	MO
FAZACLO	2	MO
GEODON INJ	2	
GEODON CAPS	2	QL; MO
INVEGA	3	QL; MO
INVEGA SUST	3	QL; MO
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	2	
RISPERDAL M-TAB TBDP 1MG	3	MO
<i>risperidone</i>	1	MO
<i>risperidone odt</i>	1	MO
SAPHRIS	3	QL; MO
SEROQUEL XR	2	QL; MO
SEROQUEL TABS 50MG	2	MO
SEROQUEL TABS 100MG, 200MG, 25MG, 300MG, 400MG	2	QL; MO
SYMBYAX CAPS 25MG; 12MG, 25MG; 6MG, 50MG; 12MG, 50MG; 6MG	2	QL; MO
ZYPREXA ZYDIS	2	QL; MO
ZYPREXA INJ	2	
ZYPREXA TABS	2	QL; MO
<b>Conventional</b>		
<i>chlorpromazine hcl inj</i>	1	
<i>chlorpromazine hcl tabs</i>	1	MO
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl inj</i>	1	
<i>fluphenazine hcl conc, elix, tabs</i>	1	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>loxapine succinate</i>	1	MO
MOBAN	2	MO
ORAP	2	
<i>perphenazine</i>	1	MO
<i>thioridazine hcl</i>	1	MO
<i>thiothixene</i>	1	MO
<i>trifluoperazine hcl</i>	1	MO
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen</i>	1	
<i>dantrolene sodium</i>	1	
<i>tizanidine hcl</i>	1	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
CYTOVENE	3	PA
<i>foscarnet sodium</i>	1	PA
<i>ganciclovir</i>	1	MO
VALCYTE	3	MO

Drug Name	Drug Tier	Notes
VISTIDE	3	PA
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors</b>		
RESCRIPTOR	3	MO
SUSTIVA	2	MO
VIRAMUNE	2	MO
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors</b>		
ATRIPLA	4	QL; MO
COMBIVIR	2	MO
<i>didanosine</i>	1	MO
EMTRIVA	3	MO
EPIVIR	2	MO
EPZICOM	2	QL; MO
INTELENCE	4	QL; MO
RETROVIR IV INFUSION	3	
<i>stavudine</i>	1	MO
TRIZIVIR	4	MO
TRUVADA	4	QL; MO
VIDEX PEDIATRIC	3	MO
VIREAD	3	MO
ZERIT SOLR	3	MO
ZIAGEN	2	MO
<i>zidovudine</i>	1	MO
<b>Anti-HIV Agents, Other</b>		
FUZEON	4	QL
ISENTRESS	4	QL; MO
SELZENTRY	4	QL; MO
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS CAPS	3	MO
APTIVUS SOLN	3	QL; MO
CRIXIVAN	3	MO
INVIRASE	3	MO
KALETRA SOLN	4	MO
KALETRA TABS 100MG; 25MG	3	MO
KALETRA TABS 200MG; 50MG	4	MO
LEXIVA	3	MO
NORVIR	3	MO
PREZISTA	3	MO
REYATAZ	2	MO
VIRACEPT	3	MO
<b>Anti-influenza Agents</b>		
RELENZA DISKHALER	3	QL
<i>rimantadine hcl</i>	1	
TAMIFLU	2	QL
<b>Antihepatitis Agents</b>		
BARACLUDE	2	QL
EPIVIR HBV	2	MO
HEPSERA	2	QL

Drug Name	Drug Tier	Notes
REBETOL SOLN	2	PA
<i>ribasphere</i>	1	PA
<i>ribavirin caps</i>	1	PA
<i>ribavirin tabs 200mg</i>	1	PA
TYZEKA	2	QL
<b>Antiherpetic Agents</b>		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	PA
DENAVIR	3	
<i>famciclovir</i>	1	QL
VALTREX	2	QL
ZOVIRAX CREA, OINT	2	QL
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>alprazolam</i>	1	QL ED
<i>buspirone hcl</i>	1	MO
<i>chlordiazepoxide hcl</i>	1	QL ED
<i>clorazepate dipotassium</i>	1	QL ED
<i>diazepam</i>	1	QL ED
<i>lorazepam</i>	1	QL ED
<i>meprobamate</i>	1	
<i>oxazepam</i>	1	QL ED
<b>Bipolar Agents</b>		
<b>Bipolar Agents</b>		
<i>lithium carbonate er</i>	1	MO
LITHIUM CARBONATE TABS	1	MO
<i>lithium carbonate caps</i>	1	MO
<i>lithium citrate</i>	1	MO
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose</i>	1	QL; MO
ACTOPLUS MET	2	QL; MO
ACTOS	2	QL; MO
AVANDAMET	2	QL; MO
AVANDARYL	2	QL; MO
AVANDIA	2	QL; MO
BYETTA	2	QL ST; MO
<i>chlorpropamide</i>	1	MO
DUETACT	2	QL; MO
<i>glimepiride</i>	1	MO
<i>glipizide</i>	1	MO
<i>glipizide er</i>	1	MO
<i>glipizide xl</i>	1	MO
<i>glipizide/metformin hcl</i>	1	MO
GLUMETZA	3	QL; MO
<i>glyburide</i>	1	MO
<i>glyburide micronized</i>	1	MO
<i>glyburide/metformin hcl</i>	1	MO
<i>glycron</i>	1	MO

Drug Name	Drug Tier	Notes
GLYSET	2	QL; MO
JANUMET	2	QL; MO
JANUVIA	2	QL; MO
<i>metformin hcl</i>	1	QL; MO
<i>metformin hcl er</i>	1	QL; MO
<i>nateglinide</i>	1	QL; MO
ONGLYZA	3	QL; MO
PRANDIN	2	MO
SYMLIN	2	QL ST; MO
SYMLINPEN 60	2	QL ST; MO
<i>tolazamide</i>	1	MO
<b>Glycemic Agents</b>		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	QL; MO
PROGLYCEM	2	MO
<b>Insulins</b>		
APIDRA	3	QL; MO
HUMALOG	2	QL; MO
HUMALOG MIX 50/50	2	QL; MO
HUMALOG MIX 75/25	2	QL; MO
HUMULIN 50/50	2	QL; MO
HUMULIN 70/30	2	QL; MO
HUMULIN N	2	QL; MO
HUMULIN R	2	QL; MO
LANTUS	2	QL; MO
LEVEMIR	3	QL; MO
NOVOLOG	3	QL; MO
NOVOLOG MIX 70/30	3	QL; MO
<b>Blood Products/Modifiers/ Volume Expanders</b>		
<b>Anticoagulants</b>		
ARIXTRA	2	QL
COUMADIN TABS	2	MO
FRAGMIN	3	QL
HEPARIN SODIUM DCU	2	
HEPARIN SODIUM/D5W INJ 5%; 50UNIT/ML	2	PA
<i>heparin sodium/d5w inj 5%; 100unit/ml, 5%; 40unit/ml</i>	1	PA
<i>heparin sodium/nacl 0.9%</i>	1	PA
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 5000unit/ml</i>	1	
<i>jantoven</i>	1	MO
LOVENOX	2	QL
<i>warfarin sodium</i>	1	MO
<b>Blood Formation Products</b>		
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML	3	QL PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	4	QL PA

Drug Name	Drug Tier	Notes
EPOGEN INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
EPOGEN INJ 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	4	PA
LEUKINE	2	PA
NEULASTA	4	PA
NEUMEGA	4	PA
NEUPOGEN	4	PA
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	4	PA
<b>Blood Products/Modifiers/ Volume Expanders</b>		
PROMACTA	4	QL PA
<b>Coagulants</b>		
CYKLOKAPRON	2	PA
<b>Platelet Aggregation Inhibitors</b>		
AGGRENOX	2	QL; MO
<i>cilostazol</i>	1	MO
<i>dipyridamole</i>	1	MO
EFFIENT	2	QL; MO
PLAVIX TABS 75MG	2	QL; MO
<i>ticlopidine hcl</i>	1	MO
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine patch</i>	1	QL; MO
<i>clonidine hcl tabs</i>	1	MO
<i>guanabenz acetate</i>	1	MO
<i>guanfacine hcl</i>	1	MO
<i>methyldopa</i>	1	MO
<i>methyldopa /hydrochlorothiazide</i>	1	MO
<i>midodrine hcl</i>	1	MO
<b>Alpha-adrenergic Blocking Agents</b>		
<i>prazosin hcl</i>	1	MO
RESERPINE TABS 0.25MG	3	MO
<b>Antiarrhythmics</b>		
<i>amiodarone hcl tabs</i>	1	MO
<i>disopyramide phosphate</i>	1	MO
<i>flecainide acetate</i>	1	MO
<i>mexiletine hcl</i>	1	MO
MULTAQ	3	QL
<i>propafenone hcl</i>	1	MO
<i>quinidine gluconate cr</i>	1	MO
<i>quinidine sulfate</i>	1	MO
<i>quinidine sulfate er</i>	1	MO
RYTHMOL SR	3	MO
<i>sorine</i>	1	MO
<i>sotalol hcl</i>	1	MO
TIKOSYN	2	MO
<b>Beta-adrenergic Blocking Agents</b>		

Drug Name	Drug Tier	Notes
<i>acebutolol hcl</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol/chlorthalidone</i>	1	MO
<i>betaxolol hcl</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO
BYSTOLIC TABS 2.5MG, 5MG	2	MO
BYSTOLIC TABS 10MG, 20MG	2	QL; MO
<i>carvedilol</i>	1	QL; MO
COREG CR	2	QL; MO
<i>labetalol hcl tabs</i>	1	MO
<i>labetalol hcl inj</i>	1	PA
<i>metoprolol /hydrochlorothiazide</i>	1	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate tabs</i>	1	MO
<i>metoprolol tartrate inj</i>	1	PA
<i>nadolol</i>	1	MO
<i>nadolol /bendroflumethiazide</i>	1	MO
<i>pindolol</i>	1	MO
<i>propranolol /hydrochlorothiazide</i>	1	MO
<i>propranolol hcl er</i>	1	MO
<i>propranolol hcl soln, tabs</i>	1	MO
<i>timolol maleate</i>	1	MO
<b>Calcium Channel Blocking Agents</b>		
<i>afeditab cr</i>	1	QL; MO
<i>amlodipine besylate</i>	1	QL; MO
CARDIZEM LA	3	QL; MO
<i>cartia xt</i>	1	MO
<i>dilt-cd cp24 180mg</i>	1	MO
<i>dilt-xr cp24 240mg</i>	1	MO
<i>diltiazem cd</i>	1	MO
<i>diltiazem hcl er</i>	1	MO
<i>diltiazem hcl cp24, tabs</i>	1	MO
<i>diltiazem hcl inj 100mg</i>	1	
<i>diltiazem hcl inj 25mg/5ml</i>	1	PA
DYNACIRC CR	3	QL; MO
DYNACIRC-CR	3	MO
EXFORGE HCT	2	QL; MO
<i>felodipine er</i>	1	MO
<i>isradipine</i>	1	MO
<i>nicardipine hcl caps</i>	1	MO
<i>nifediac cc</i>	1	QL; MO
<i>nifedical xl</i>	1	QL; MO
<i>nifedipine</i>	1	MO
<i>nifedipine er</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine</i>	1	QL; MO
<i>taztia xt</i>	1	MO
<i>verapamil hcl er</i>	1	MO

Drug Name	Drug Tier	Notes
<i>verapamil hcl tabs</i>	1	MO
<b>Cardiovascular Agents, Other</b>		
<i>digoxin soln, tabs</i>	1	MO
LANOXIN TABS	2	MO
RANEXA	2	QL; MO
<b>Diuretics</b>		
<i>acetazolamide tabs</i>	1	MO
<i>amiloride /hydrochlorothiazide</i>	1	MO
<i>amiloride hcl</i>	1	MO
<i>bumetanide tabs</i>	1	MO
<i>chlorothiazide</i>	1	MO
<i>chlorthalidone</i>	1	MO
DYRENIUM	2	MO
<i>furosemide oral soln, tabs</i>	1	MO
<i>furosemide inj</i>	1	PA
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>methyclothiazide</i>	1	MO
<i>metolazone</i>	1	MO
<i>toremide</i>	1	MO
<i>triamterene /hydrochlorothiazide</i>	1	MO
<b>Dyslipidemics</b>		
ADVICOR	2	QL; MO
ANTARA	3	QL; MO
CADUET	2	QL; MO
<i>cholestyramine</i>	1	MO
<i>cholestyramine light powd</i>	1	MO
<i>colestipol hcl gran</i>	1	MO
CRESTOR	2	QL; MO
<i>fenofibrate</i>	1	QL; MO
<i>fenofibrate micronized</i>	1	QL; MO
<i>gemfibrozil</i>	1	QL; MO
LESCOL XL	3	QL; MO
LIPITOR	2	QL; MO
<i>lovastatin</i>	1	QL; MO
LOVAZA	2	QL; MO
NIASPAN	2	QL; MO
<i>pravastatin sodium</i>	1	QL; MO
SIMCOR	2	QL; MO
<i>simvastatin</i>	1	QL; MO
TRICOR	2	QL; MO
TRILIPIX	2	QL; MO
VYTORIN	2	QL; MO
WELCHOL	2	QL; MO
ZETIA	3	QL; MO
<b>Renin-angiotensin-aldosterone System Inhibitors</b>		
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL; MO
ATACAND	3	QL; MO
ATACAND HCT	3	QL; MO

Drug Name	Drug Tier	Notes
AVALIDE	3	QL; MO
AVAPRO	3	QL; MO
AZOR	3	QL; MO
<i>benazepril hcl</i>	1	MO
<i>benazepril hcl/hydrochlorothiazide</i>	1	MO
BENICAR	3	QL; MO
BENICAR HCT	3	QL; MO
<i>captopril</i>	1	MO
<i>captopril /hydrochlorothiazide</i>	1	MO
COZAAR	2	QL; MO
DIOVAN	2	QL; MO
DIOVAN HCT	2	QL; MO
<i>enalapril maleate</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>eperenone</i>	1	QL ST; MO
EXFORGE	2	QL; MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
HYZAAR	2	QL; MO
<i>lisinopril</i>	1	MO
<i>lisinopril /hydrochlorothiazide</i>	1	MO
LOTREL CAPS 10MG; 40MG, 5MG; 40MG	2	QL; MO
MICARDIS	3	QL; MO
MICARDIS HCT	3	QL; MO
<i>moexipril /hydrochlorothiazide</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>perindopril</i>	1	QL; MO
<i>quinapril /hydrochlorothiazide</i>	1	MO
<i>quinapril hcl</i>	1	MO
<i>quinaretic</i>	1	MO
<i>ramipril</i>	1	QL; MO
<i>spironolactone</i>	1	MO
<i>spironolactone /hydrochlorothiazide</i>	1	MO
TARKA	3	QL; MO
TEKTURNA	2	QL; MO
TEKTURNA HCT	2	QL; MO
TEVETEN	3	QL; MO
TEVETEN HCT	3	QL; MO
<i>trandolapril</i>	1	MO
VALTURNA	2	QL; MO
<b>Vasodilators</b>		
BIDIL	3	QL; MO
<i>hydralazine hcl tabs</i>	1	MO
<i>hydralazine hcl inj</i>	1	PA
<i>isosorbide dinitrate</i>	1	MO
<i>isosorbide dinitrate er</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
<i>minoxidil</i>	1	MO

Drug Name	Drug Tier	Notes
<i>nitroglycerin transdermal</i>	1	MO
<i>nitroglycerin subl</i>	1	
<i>nitroglycerin pt24</i>	1	MO
NITROLINGUAL PUMPSPRAY	2	MO
<b>Central Nervous System Agents</b>		
<b>Amphetamines, ADHD</b>		
ADDERALL XR	3	QL
<i>amphetamine /dextroamphetamine</i>	1	QL
<i>amphetamine salt combo</i>	1	QL
<i>dextroamphetamine sulfate</i>	1	QL
<i>dextroamphetamine sulfate er</i>	1	QL
<b>Non-amphetamines, ADHD</b>		
CONCERTA	3	QL
<i>dexmethylphenidate hcl</i>	1	QL
FOCALIN XR	3	QL
<i>metadate er</i>	1	QL
<i>methylin er</i>	1	QL
<i>methylin tabs</i>	1	QL
<i>methylphenidate hcl</i>	1	QL
<i>methylphenidate hcl sr</i>	1	QL
RITALIN LA	3	QL
STRATTERA	2	QL
<b>Non-amphetamines, Other</b>		
NUVIGIL	3	QL
PROVIGIL	3	QL
RILUTEK	2	QL; MO
<b>Dental and Oral Agents</b>		
<b>Dental and Oral Agents</b>		
<i>chlorhexidine gluconate oral rinse</i>	1	QL
EVOXAC	3	
<i>periogard</i>	1	QL
<i>pilocarpine hcl</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone in orabase</i>	1	
<b>Dermatological Agents</b>		
<b>Dermatological Agents</b>		
ALDARA	2	QL
<i>ammonium lactate lotn</i>	1	
<i>amneesteem</i>	1	
<i>calcipotriene</i>	1	QL
CARAC	2	
<i>claravis</i>	1	
<i>clindamycin phosphate</i>	1	
CONDYLOX GEL	2	
DOVONEX CREA	2	QL
ELIDEL	2	
<i>fluoroplex</i>	2	
<i>fluorouracil</i>	1	
OXSORALEN ULTRA	2	

Drug Name	Drug Tier	Notes
<i>podofilox</i>	1	
PROTOPIC	3	
<i>pradoxin</i>	1	
REGRANEX	3	
SANTYL	2	
SOLARAZE	2	
SORIATANE CK	3	
<i>sotret</i>	1	
TACLONEX SCALP	3	QL
ZONALON	3	QL

### Enzyme Replacements/ Modifiers

#### *Enzyme Replacements/ Modifiers*

ADAGEN	2	PA LA
ALDURAZYME	2	PA LA
BUPHENYL	2	
CEREDASE	2	PA LA
CEREZYME	4	PA LA
CREON	2	MO
CYSTAGON	2	
FABRAZYME	4	PA LA
LIPRAM 4500	3	MO
LIPRAM-PN10	3	MO
LIPRAM-PN16	3	MO
LIPRAM-PN20	3	MO
LIPRAM-UL12	3	MO
LIPRAM-UL18	3	MO
LIPRAM-UL20	3	MO
NAGLAZYME	4	PA LA
ORFADIN	2	
PANCREASE MT 10	3	MO
PANCREASE MT 16	3	MO
PANCREASE MT 20	3	MO
PANCREASE MT 4	2	MO
PANCRECARB MS-16	2	MO
PANCRECARB MS-4	2	MO
PANCRECARB MS-8	2	MO
PANCRELIPASE	2	MO
PANCRELIPASE MST-16	2	MO
PANCRON 10	2	MO
PANCRON 20	2	MO
SUCRAID	2	MO
ULTRASE	2	MO
ULTRASE MT 12	2	MO
ULTRASE MT 18	2	MO
ULTRASE MT 20	2	MO
VIOKASE	2	MO
ZAVESCA	2	MO
ZENPEP	3	MO

### Gastrointestinal Agents

Drug Name	Drug Tier	Notes
<b>Antispasmodics, Gastrointestinal</b>		
ATROPINE SULFATE INJ 0.05MG/ML	2	
<i>dicyclomine hcl caps, oral soln, tabs</i>	1	
<i>dicyclomine hcl inj</i>	1	PA
<i>glycopyrrolate tabs</i>	1	
<i>methscopolamine bromide</i>	1	
<i>propantheline bromide</i>	1	
<b>Gastrointestinal Agents, Other</b>		
AMITIZA	2	QL
DIPENTUM	3	QL; MO
<i>diphenoxylate/atropine</i>	1	
<i>gavilyte</i>	1	
<i>lactulose</i>	1	
<i>metoclopramide hcl</i>	1	
<i>peg 3350/electrolytes</i>	1	
URSO 250	2	MO
URSO FORTE	2	MO
<i>ursodiol caps</i>	1	MO
<b>Histamine2 (H2) Blocking Agents</b>		
<i>famotidine premixed</i>	1	PA
<i>famotidine tabs</i>	1	
<i>famotidine inj</i>	1	PA
<i>nizatidine</i>	1	
<i>ranitidine hcl caps, syrp, tabs</i>	1	
<i>ranitidine hcl inj</i>	1	PA
<b>Irritable Bowel Syndrome Agents</b>		
LOTRONEX	2	QL PA
<b>Protectants</b>		
CARAFATE SUSP	2	QL
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
<b>Proton Pump Inhibitors</b>		
ACIPHEX	3	QL ST
KAPIDEX	3	QL ST
<i>lansoprazole</i>	1	QL
NEXIUM I.V.	3	PA
NEXIUM CPDR	3	QL ST
<i>omeprazole</i>	1	QL
<i>pantoprazole sodium</i>	1	QL
PREVACID SOLUTAB	2	QL
PROTONIX INJ	3	
ZEGERID	3	QL ST
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
DETROL	2	QL; MO
DETROL LA	2	QL; MO
ENABLEX	3	QL; MO
<i>flavoxate hcl</i>	1	MO
GELNIQUE	3	QL

Drug Name	Drug Tier	Notes
<i>oxybutynin chloride er</i>	1	QL; MO
<i>oxybutynin chloride tabs</i>	1	MO
OXYTROL	3	QL; MO
SANCTURA	3	QL; MO
SANCTURA XR	3	QL; MO
TOVIAZ	3	QL; MO
VESICARE	2	QL; MO
<b>Benign Prostatic Hypertrophy Agents</b>		
AVODART	2	QL; MO
<i>doxazosin mesylate</i>	1	MO
<i>finasteride</i>	1	QL; MO
FLOMAX	2	QL; MO
<i>terazosin hcl caps 10mg, 1mg, 2mg</i>	1	MO
<i>terazosin hcl caps 5mg</i>	1	QL; MO
UROXATRAL	2	QL; MO
<b>Genitourinary Agents, Other</b>		
CLINDESSE	3	
ELMIRON	3	MO
THIOLA	2	
<b>Phosphate Binders</b>		
<i>calcium acetate</i>	1	MO
FOSRENOL CHEW 250MG, 500MG, 750MG	2	MO
FOSRENOL CHEW 1000MG	2	QL; MO
RENAGEL	2	QL; MO
RENVELA	2	QL; MO
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
<b>Glucocorticoids/ Mineralocorticoids</b>		
<i>a-methapred inj 40mg</i>	1	PA
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i>	1	
<i>augmented betamethasone dipropionate lotn</i>	1	
<i>beta-val</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
CAPEX	2	
CELESTONE	3	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate gel, oint, soln</i>	1	
CLOBEX LOTN, SHAM	3	
CORTIFOAM	2	
<i>cortisone acetate</i>	1	
<i>del-beta</i>	1	
DEPO-MEDROL INJ 20MG/ML	3	PA
DERMA-SMOOTHIE/FS BODY OIL	2	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>dexamethasone</i>	1	
<i>diflorasone diacetate</i>	1	

Drug Name	Drug Tier	Notes
<i>fludrocortisone acetate</i>	1	MO
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emollient base</i>	1	
<i>fluticasone propionate</i>	1	
<i>halobetasol propionate</i>	1	
HALOG	2	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone crea 2.5%</i>	1	
<i>hydrocortisone tabs</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>lokara</i>	1	
LUXIQ	3	
<i>methylprednisolone acetate</i>	1	PA
<i>methylprednisolone sodiumsuccinate</i>	1	PA
<i>methylprednisolone tabs 4mg</i>	1	
<i>methylprednisolone tabs 16mg, 32mg, 8mg</i>	1	
<i>mometasone furoate</i>	1	
<i>prednicarbate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
PREDNISONO INTENSOL	2	
PREDNISONO SOLN	2	
<i>prednisone tabs</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
SOLU-CORTEF INJ 250MG	3	PA
SOLU-MEDROL INJ 2GM	3	PA
<i>triamcinolone acetonide</i>	1	
TRIAMCINOLONE ACETONIDE IN ABSORBASE	2	
<i>triderm</i>	1	

**Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)**

**Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)**

DESMOPRESSIN ACETATE INJ	3	PA
<i>desmopressin acetate tabs</i>	1	MO
<i>desmopressin acetate nasal soln 0.01%</i>	1	MO
OMNITROPE INJ 5.8MG	4	PA LA

**Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)**

**Anabolic Steroids**

ANADROL-50	3	MO
<i>oxandrolone</i>	1	QL; MO

**Androgens**

ANDRODERM	2	QL; MO
ANDROGEL	2	QL; MO
ANDROXY	2	MO

Drug Name	Drug Tier	Notes
<i>danazol</i>	1	MO
<i>testosterone cypionate</i>	1	
<b>Estrogens</b>		
ACTIVELLA TABS 0.5MG; 0.1MG	2	MO
ALORA	2	QL; MO
CENESTIN	2	MO
ESTRACE CREA	2	MO
<i>estradiol/norethindrone acetate</i>	1	MO
<i>estradiol tabs</i>	1	MO
<i>estradiol ptwk</i>	1	QL; MO
ESTRING	3	QL; MO
<i>estropipate</i>	1	MO
FEMRING	3	QL; MO
FEMTRACE	2	MO
MENEST	2	MO
<i>ocella</i>	1	QL; MO
PREMARIN W/APPLICATOR	2	MO
PREMARIN TABS	2	MO
PREMARIN INJ	2	PA
<i>tri-legest fe</i>	1	MO
VAGIFEM	2	MO
VIVELLE-DOT	2	QL; MO
<b>Progestins</b>		
ANGELIQ	2	QL; MO
<i>apri</i>	1	QL; MO
<i>aviane</i>	1	QL; MO
<i>camila</i>	1	QL; MO
<i>cesia</i>	1	QL; MO
COMBIPATCH	2	QL; MO
CRINONE	3	
<i>cryselle-28</i>	1	QL; MO
<i>enpresse-28</i>	1	QL; MO
<i>errin</i>	1	QL; MO
FEMHRT 1/5	2	MO
FEMHRT LOW DOSE	2	MO
<i>jolivette</i>	1	QL; MO
<i>junel 1.5/30</i>	1	QL; MO
<i>junel 1/20</i>	1	QL; MO
<i>junel fe 1.5/30</i>	1	QL; MO
<i>junel fe 1/20</i>	1	QL; MO
<i>kariva</i>	1	QL; MO
<i>kelnor 1/35</i>	1	QL; MO
<i>leena</i>	1	QL; MO
<i>lessina-28</i>	1	QL; MO
<i>levora 0.15/30-28</i>	1	QL; MO
<i>low-ogestrel</i>	1	QL; MO
<i>lutera</i>	1	QL; MO
<i>medroxyprogesterone acetate</i>	1	MO
MEGACE ES	3	MO

Drug Name	Drug Tier	Notes
<i>megestrol acetate</i>	1	MO
<i>microgestin 1.5/30</i>	1	QL; MO
<i>microgestin 1/20</i>	1	QL; MO
<i>microgestin fe</i>	1	QL; MO
<i>microgestin fe 1.5/30</i>	1	QL; MO
<i>mononessa</i>	1	QL; MO
<i>necon 0.5/35-28</i>	1	QL; MO
<i>necon 1/35-28</i>	1	QL; MO
<i>necon 1/50-28</i>	1	QL; MO
<i>necon 10/11-28</i>	1	QL; MO
<i>necon 7/7/7</i>	1	QL; MO
<i>nora-be</i>	1	QL; MO
<i>norethindrone acetate</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	QL; MO
<i>nortrel 1/35 (21)</i>	1	QL; MO
<i>nortrel 1/35 (28)</i>	1	QL; MO
<i>nortrel 7/7/7</i>	1	QL; MO
NUVARING	2	QL; MO
<i>ogestrel</i>	1	QL; MO
ORTHO EVRA	2	QL; MO
PLAN B	2	
<i>portia-28</i>	1	QL; MO
PREFEST	2	MO
PREMPHASE	2	QL; MO
PREMPRO	2	QL; MO
<i>previfem</i>	1	QL; MO
PROMETRIUM	3	MO
<i>quasense</i>	1	QL; MO
<i>reclipsen</i>	1	QL; MO
SEASONIQUE	3	QL; MO
<i>solia</i>	1	QL; MO
<i>sprintec 28</i>	1	QL; MO
<i>tri-previfem</i>	1	QL; MO
<i>tri-sprintec</i>	1	QL; MO
<i>trinessa</i>	1	QL; MO
<i>trivora-28</i>	1	QL; MO
<i>velivet</i>	1	QL; MO
YAZ	2	QL; MO
<i>zovia 1/35e</i>	1	QL; MO
<i>zovia 1/50e</i>	1	QL; MO
<b>Selective Estrogen Receptor Modifying Agents</b>		
EVISTA	2	QL; MO
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
<i>levothroid</i>	1	MO
<i>levothyroxine sodium</i>	1	MO
<i>levoxyl</i>	1	MO

Drug Name	Drug Tier	Notes
SYNTHROID	1	MO
THYROLAR-1	2	MO
THYROLAR-1/2	2	MO
THYROLAR-1/4	2	MO
THYROLAR-2	2	MO
THYROLAR-3	2	MO
<i>unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	2	
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
<i>Hormonal Agents, Suppressant (Parathyroid)</i>		
SENSIPAR	2	QL; MO
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	1	
LEUPROLIDE ACETATE	3	PA
LUPRON DEPOT-PED INJ 15MG	4	PA
LUPRON DEPOT INJ 22.5MG, 30MG, 7.5MG	4	PA
OCTREOTIDE ACETATE INJ 1000MCG/ML, 200MCG/ML, 50MCG/ML	3	PA
TRELSTAR LA	2	PA LA
<b>Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)</b>		
<i>Antiandrogens</i>		
<i>bicalutamide</i>	1	MO
<i>flutamide</i>	1	MO
NILANDRON	2	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>Antithyroid Agents</i>		
<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	1	MO
<b>Hormones and Synthetic Substitutes</b>		
<i>Thyroid and Antithyroid Agents</i>		
<i>liothyronine sodium</i>	1	MO
<b>Immunological Agents</b>		
<i>Immune Suppressants</i>		
<i>azathioprine</i>	1	MO
CELLCEPT	2	MO
CIMZIA	4	PA
<i>cyclosporine modified caps 50mg</i>	1	MO
<i>cyclosporine modified soln</i>	1	MO
<i>cyclosporine caps</i>	1	MO
ENBREL	4	PA
ENBREL SURECLICK	4	PA
HUMIRA	4	PA
HUMIRA PEN-CROHNS DISEASESTARTER	4	PA
<i>methotrexate</i>	1	MO

Drug Name	Drug Tier	Notes
<i>methotrexate sodium inj 25mg/ml</i>	1	PA
MYFORTIC	3	MO
ORENCIA	4	PA
RAPAMUNE SOLN	2	MO
RAPAMUNE TABS 2MG	2	MO
REMICADE	4	PA
SIMPONI	4	PA
<i>tacrolimus</i>	1	MO
<b>Immunizing Agents, Passive</b>		
GAMMAGARD LIQUID	2	PA
POLYGAM S/D	4	PA
VIVAGLOBIN	4	PA
<b>Immunomodulators</b>		
ACTIMMUNE	4	LA
AVONEX	4	QL
BETASERON	4	QL
COPAXONE	4	
INTRON-A W/DILUENT	3	PA
INTRON-A INJ 3MU/0.2ML	3	PA
INTRON-A INJ 10MU/0.2ML, 5MU/0.2ML, 6000000UNIT/ML	4	PA
KINERET	4	PA
<i>leflunomide</i>	1	MO
PEG-INTRON	4	PA
PEG-INTRON REDIPEN	4	PA
PEG-INTRON REDIPEN PAK 4	4	PA
PEGASYS	4	PA
REBIF	4	QL
REBIF TITRATION PACK	4	QL
RIDAURA	2	MO
<b>Vaccines</b>		
ACTHIB	2	
ADACEL	2	
ATTENUVAX	2	
BOOSTRIX	2	
COMVAX	2	PA
DAPTACEL	2	
DECAVAC	2	
DIPHThERIA/TETANUS TOXOID PEDIATRIC	2	
ENGERIX-B INJ 10MCG/0.5ML	2	PA
ENGERIX-B INJ 20MCG/ML	2	PA
GARDASIL	2	
HAVRIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
JE-VAX	2	
M-M-R II W/DILUENT 10 DOSE	2	
MENACTRA	2	

Drug Name	Drug Tier	Notes
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II W/DILUENT 10 DOSE	2	
PEDIARIX	2	PA
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	PA
ROTATEQ	2	PA
TETANUS TOXOID ADSORBED	3	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	2	
TRIHIBIT	2	
TRIPEDIA	2	
TWINRIX	2	PA
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VIVOTIF BERNA	2	
YF-VAX	2	
ZOSTAVAX	2	
<b>Inflammatory Bowel Disease Agents</b>		
<b>Glucocorticoids</b>		
ENTOCORT EC	3	
<i>hydrocortisone</i>	1	
<b>Salicylates</b>		
APRISO	3	QL; MO
ASACOL	2	QL; MO
ASACOL HD	2	QL; MO
<i>balsalazide disodium</i>	1	QL; MO
CANASA	2	QL; MO
LIALDA	2	QL; MO
<i>mesalamine</i>	1	MO
PENTASA	2	QL; MO
<b>Sulfonamides</b>		
<i>sulfasalazine</i>	1	MO
<i>sulfazine</i>	1	MO
<i>sulfazine ec</i>	1	MO
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
ACTONEL	3	QL ST; MO
ACTONEL WITH CALCIUM	3	QL ST; MO
<i>alendronate sodium</i>	1	QL; MO
<i>calcitriol caps, oral soln</i>	1	
<i>calcitriol inj</i>	1	PA
<i>etidronate disodium</i>	1	MO
FORTEO	4	PA
<i>fortical</i>	1	QL; MO
FOSAMAX SOLN	3	QL; MO
HECTOROL CAPS	3	
HECTOROL INJ	3	PA

Drug Name	Drug Tier	Notes
ZEMPLAR CAPS	2	
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
ALCOHOL PREPS	2	MO
<i>anagrelide hydrochloride</i>	1	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL; MO
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	QL; MO
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	QL; MO
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	QL; MO
BD ULTRA-FINE ORIGINAL PEN NEEDLES/29G X 12.7MM	2	QL; MO
CURITY GAUZE PADS 2"X2"	2	
<i>dextrose 10% flex container</i>	1	PA
<i>dextrose 5%</i>	1	PA
<i>intralipid inj 2.25%; 20%</i>	1	PA
<i>levocarnitine tabs</i>	1	
<i>pentoxifylline er</i>	1	MO
<i>pentoxil</i>	1	MO
XENAZINE	4	
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Agents, Other</b>		
<i>ak-poly-bac</i>	1	
<i>ak-tob</i>	1	
AZASITE	3	QL
<i>bac /poly /neomy /hc</i>	1	
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
CILOXAN	2	QL
<i>gentasol</i>	1	
LACRISERT	3	QL
NATACYN	3	
<i>neomycin /polymyxin /gramicidin</i>	1	
<i>ocusulf-10</i>	1	
<i>ofloxacin</i>	1	
<i>polycin b</i>	1	
RESTASIS	2	QL
<i>romycin</i>	1	
<i>tobrasol</i>	1	
TOBEX OINT	2	
<i>trifluridine</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
VIGAMOX	2	
<b>Ophthalmic Anti-allergy Agents</b>		
ALAMAST	3	QL
ALOCRIAL	3	QL
ALOMIDE	2	QL
<i>azelastine</i>	1	QL
<i>cromolyn sodium</i>	1	
ELESTAT	3	QL

Drug Name	Drug Tier	Notes
EMADINE	3	QL
PATADAY	2	QL
PATANOL	2	QL
<b>Ophthalmic Anti-inflammatories</b>		
ACULAR LS	2	QL
ALREX	3	QL
BLEPHAMIDE	2	QL
BLEPHAMIDE S.O.P.	2	
<i>dexamethasone sodium phosphate</i>	1	
<i>diclofenac sodium</i>	1	QL
DUREZOL	3	QL
FLAREX	3	QL
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	QL
FML	2	
FML FORTE	2	
<i>ketorolac sol</i>	1	QL
LOTEMAX	3	QL
<i>neomycin /polymyxin /dexamethasone</i>	1	
<i>neomycin /polymyxin /hydrocortisone</i>	1	
<i>poly-dex</i>	1	
PRED MILD	2	
PRED-G	3	QL
PRED-G S.O.P.	3	QL
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX OINT	3	QL
<i>tobramycin /dexamethasone</i>	1	QL
VEXOL	3	QL
XIBROM	3	QL
ZYLET	3	
<b>Ophthalmic Antiglaucoma Agents</b>		
ALPHAGAN P	3	QL; MO
<i>apraclonidine 0.5%</i>	1	QL; MO
AZOPT	2	QL; MO
<i>betaxolol hcl</i>	1	QL; MO
BETIMOL	2	QL; MO
BETOPTIC-S	3	QL; MO
<i>brimonidine tartrate</i>	1	MO
<i>carteolol hcl</i>	1	QL; MO
COMBIGAN	3	QL; MO
<i>dipivefrin hcl</i>	1	MO
<i>dorzolamide hcl</i>	1	QL; MO
<i>dorzolamide hcl/timolol maleate</i>	1	QL; MO
IOPIDINE SOLN 1%	3	MO
ISTALOL	2	QL; MO
<i>levobunolol hcl</i>	1	QL; MO

Drug Name	Drug Tier	Notes
<i>methazolamide</i>	1	MO
<i>metipranolol</i>	1	MO
PHOSPHOLINE IODIDE	3	MO
PILOPINE HS	2	MO
<i>timolol maleate</i>	1	QL; MO
<b>Ophthalmic Prostaglandin and Prostanamide Analogs</b>		
LUMIGAN	2	QL; MO
TRAVATAN Z	2	QL; MO
XALATAN	2	QL; MO
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid</i>	1	
<i>acetic acid/hydrocortisone</i>	1	
<i>borofair</i>	1	
CIPRO HC	3	
CIPRODEX	3	QL
<i>cortomycin</i>	1	
<i>neomycin /polymyxin /hc</i>	1	
<i>neomycin /polymyxin /hydrocortisone</i>	1	
<b>Respiratory Tract Agents</b>		
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ADVAIR DISKUS	2	QL; MO
ADVAIR HFA	2	QL; MO
AEROBID-M	3	QL; MO
ASMANEX 120 METERED DOSES	3	QL; MO
ASMANEX 30 METERED DOSES	3	QL; MO
ASMANEX 60 METERED DOSES	3	QL; MO
AZMACORT	3	QL; MO
BECONASE AQ	3	QL
FLOVENT HFA	2	QL; MO
<i>fluticasone propionate</i>	1	QL
NASACORT AQ	2	QL
PULMICORT FLEXHALER	3	QL; MO
QVAR	3	QL; MO
RHINOCORT AQUA	2	QL
SYMBICORT	2	QL; MO
VERAMYST	3	QL
<b>Antihistamines</b>		
ASTELIN	2	
ASTEPRO	2	QL
<i>cyproheptadine hcl</i>	1	
<i>fexofenadine hcl</i>	1	QL
<i>hydroxyzine hcl syrp, tabs</i>	1	
<i>hydroxyzine hcl inj</i>	1	PA
<i>hydroxyzine pamoate</i>	1	
XYZAL TABS	3	QL
<b>Antileukotrienes</b>		

Drug Name	Drug Tier	Notes
ACCOLATE	3	QL; MO
SINGULAIR PACK, TABS	2	QL; MO
ZYFLO CR	2	QL; MO
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	3	MO
<i>ipratropium bromide soln</i>	1	QL
SPIRIVA HANDIHALER	2	QL; MO
<b>Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)</b>		
<i>aminophylline tabs</i>	1	MO
ELIXOPHYLLIN	3	MO
<i>theochron</i>	1	MO
<i>theophylline cr</i>	1	MO
<i>theophylline er</i>	1	MO
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate er</i>	1	MO
<i>albuterol sulfate syrp, tabs</i>	1	MO
<i>albuterol sulfate nebu</i>	1	QL PA; MO
COMBIVENT	2	QL; MO
EIPEN 2-PAK	2	QL
EIPEN-JR 2-PAK	2	QL
FORADIL AEROLIZER	2	MO
<i>ipratropium bromide/albuterol sulfate</i>	1	QL PA; MO
MAXAIR	3	QL; MO
PROAIR HFA	2	QL; MO
PROVENTIL HFA	3	QL; MO
SEREVENT DISKUS	2	QL; MO
<i>terbutaline sulfate tabs</i>	1	MO
<i>theophylline cr</i>	1	MO
<i>theophylline er</i>	1	MO
TWINJECT	3	QL
VENTOLIN HFA	2	QL; MO
XOPENEX HFA	3	QL; MO
<b>Pulmonary Antihypertensives</b>		
ADCIRCA	2	QL PA
LETAIRIS	4	QL
REVATIO	2	QL PA
TRACLEER	4	QL LA
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine</i>	1	
ARALAST	2	PA LA
<i>flunisolide</i>	1	QL
<i>ipratropium bromide</i>	1	QL
NASONEX	2	QL
TYZINE	3	
XOLAIR	4	PA LA

## Sedatives/Hypnotics

### Sedatives/Hypnotics

Drug Name	Drug Tier	Notes
AMBIEN CR	3	QL
<i>diphenhydramine hcl</i>	1	
<i>estazolam</i>	1	QL ED
<i>flurazepam hcl</i>	1	QL ED
<i>hydroxyzine pamoate</i>	1	
LUNESTA	3	QL
ROZEREM	2	QL
<i>temazepam</i>	1	QL ED
<i>triazolam</i>	1	QL ED
<i>zaleplon</i>	1	QL
<i>zolpidem tartrate</i>	1	QL

### Skeletal Muscle Relaxants

#### Skeletal Muscle Relaxants

<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine /asa /caffeine</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine compound ds</i>	1	
SKELAXIN	3	

### Therapeutic Nutrients/Minerals/ Electrolytes

#### Electrolytes/Minerals

AMINOSYN 8.5%/ELECTROLYTES	2	PA
AMINOSYN II	2	PA
AMINOSYN II 3.5%/DEXTROSE25%	2	PA
AMINOSYN II 4.25/DEXTROSE10%	2	PA
AMINOSYN II 4.25/DEXTROSE20%	2	PA
AMINOSYN II 4.25/DEXTROSE25% INJ 30.6MEQ/L; 422MG/100ML; 432MG/100ML; 298MG/100ML; 25%; 314MG/100ML; 212MG/100ML; 128MG/100ML; 280MG/100ML; 425MG/100ML; 446MG/100ML; 73MG/100ML; 126MG/100ML; 307MG/100ML; 225MG/100ML; 19MEQ/L; 170MG/100ML; 85MG/100ML; 115MG/100ML; 212MG/100ML	2	PA
AMINOSYN II 5/DEXTROSE 25	2	PA
AMINOSYN II M 3.5%/DEXTROSE 5%	2	PA
AMINOSYN M	2	PA
AMINOSYN-HBC	2	PA
AMINOSYN-HF	2	PA
AMINOSYN INJ 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML, 51MEQ/L; 448MG/100ML; 343MG/100ML; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 140MG/100ML; 154MG/100ML; 300MG/100ML; 147MG/100ML;	2	PA

Drug Name	Drug Tier	Notes
182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML		
CLINIMIX 4.25%/DEXTROSE 5%	2	PA
CLINIMIX 5%/DEXTROSE 15%	2	PA
CLINIMIX 5%/DEXTROSE 20%	2	PA
CLINIMIX E 2.75%/DEXTROSE 10%	2	PA
CLINIMIX E 2.75%/DEXTROSE 5%	2	PA
CLINIMIX E 4.25%/DEXTROSE 5%	2	PA
CLINIMIX E 5%/DEXTROSE 15%	2	PA
CLINIMIX E 5%/DEXTROSE 20%	2	PA
CLINIMIX E 5%/DEXTROSE 25%	2	PA
CLINIMIX E 5%/DEXTROSE 35%	2	PA
<i>dextrose 10%/nacl 0.45%</i>	1	PA
<i>dextrose 10%/nacl 0.2%</i>	1	PA
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	PA
<i>dextrose 5%/nacl 0.2%</i>	1	PA
<i>dextrose 5%/nacl 0.225%</i>	1	PA
<i>dextrose 5%/nacl 0.33%</i>	1	PA
<i>dextrose 5%/nacl 0.45%</i>	1	PA
<i>dextrose 5%/nacl 0.9%</i>	1	PA
<i>ed k+10</i>	1	MO
FREAMINE HBC 6.9%	2	PA
FREAMINE III 3%	2	PA
ISOLYTE-H/DEXTROSE 5%	2	PA
ISOLYTE-M/DEXTROSE 5%	2	PA
ISOLYTE-P/DEXTROSE 5%	2	PA
ISOLYTE-S	2	PA
ISOLYTE-S/DEXTROSE 5%	2	PA
<i>kaon-cl-10</i>	1	MO
<i>kcl 0.15%/d10w/nacl 0.2%</i>	1	PA
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	PA
<i>kcl 0.224%/d5w/nacl 0.2%</i>	1	PA
<i>kcl 0.3%/d5w/lr iv lac ring</i>	1	PA
<i>kcl 0.3%/d5w/nacl 0.2%</i>	1	PA
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	PA
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>lactated ringers irrigation</i>	1	
<i>lactated ringers viaflex</i>	1	PA
<i>leucovorin calcium</i>	1	MO
NEPHRAMINE	2	PA
NORMOSOL-M IN D5W	2	PA
<i>normosol-r</i>	1	PA
<i>normosol-r in d5w</i>	1	PA
<i>novamine</i>	1	PA
<i>physiolyte</i>	1	PA
PLASMA-LYTE 56	2	PA

Drug Name	Drug Tier	Notes
PLASMA-LYTE A	2	PA
PLASMA-LYTE-148	2	PA
PLASMA-LYTE-148/D5W	2	PA
PLASMA-LYTE-56/D5W	2	PA
<i>plasma-lyte-r</i>	1	PA
<i>potassium chloride</i>	1	PA
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	1	PA
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	1	PA
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	1	PA
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	1	PA
<i>potassium chloride 0.15% nacl 0.9%</i>	1	PA
<i>potassium chloride 0.15%/d5w</i>	1	PA
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	1	PA
<i>potassium chloride 0.224%d5w/nacl 0.33%</i>	1	PA
<i>potassium chloride 0.3%/ nacl 0.9%</i>	1	PA
<i>potassium chloride 0.3%/d5w</i>	1	PA
<i>potassium chloride cr</i>	1	MO
<i>potassium chloride er</i>	1	MO
<i>potassium citrate extended-release</i>	1	
<i>premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>	1	PA
PROCALAMINE	2	PA
<i>ringers irrigation</i>	1	
<i>sodium chloride 0.45% viaflex</i>	1	PA
<i>sodium chloride inj 2.5meq/ml, 3%, 5%</i>	1	PA
<i>tis-u-sol</i>	1	PA
<i>tpn electrolytes ftv</i>	1	PA
TRAVASOL 2.75%/DEXTROSE 10%	2	PA
TRAVASOL 2.75%/DEXTROSE 5%	2	PA
TRAVASOL 8.5%/DEXTROSE 10%	2	PA
TRAVASOL 8.5%/DEXTROSE 20%	2	PA
TRAVASOL 8.5%/DEXTROSE 50%	2	PA
TRAVASOL INJ 43MEQ/L; 1140MG/100ML; 570MG/100ML; 22MEQ/L; 1140MG/100ML; 241MG/100ML; 263MG/100ML; 340MG/100ML; 318MG/100ML; 318MG/100ML; 340MG/100ML; 230MG/100ML; 230MG/100ML; 99MG/100ML; 22MG/100ML; 252MG/100ML	2	PA
TROPHAMINE	3	PA
<b>Vitamins</b>		
<i>prenatabs obn</i>	1	
<b>Unclassified</b>		
<b>No Classification</b>		
<i>ciprofloxacin i.v.-in d5w</i>	1	PA

Drug Name	Drug Tier	Notes
<i>clonazepam</i>	1	QL ED
DIASTAT ACUDIAL	3	QL ED
LOSEASONIQUE	3	QL
<i>methylprednisolone sodiumsuccinate</i>	1	PA
<i>paroxetine hcl er</i>	1	QL
<i>scalacort</i>	1	
Samsca	4	QL
<i>sumatriptan succinate refill</i>	1	QL

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adcirca .....	40	298mg/100ml 25% 314mg/100ml	
adderall xr .....	27	212mg/100ml 128mg/100ml	
advair diskus .....	39	280mg/100ml 425mg/100ml	
advair hfa .....	39	446mg/100ml 73mg/100ml	
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albenza .....	18	940mg/100ml 720mg/100ml	
albuterol sulfate er .....	40	400mg/100ml 440mg/100ml 5.4meq/l	
albuterol sulfate nebu.....	40	860mg/100ml 420mg/100ml	
albuterol sulfate syrp, tabs .....	40	520mg/100ml 160mg/100ml	
alclometasone dipropionate .....	30	44mg/100ml 800mg/100ml, 51meq/l	
alcohol preps.....	37	448mg/100ml 343mg/100ml	
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252mg/100ml 329mg/100ml		200mcg/ml, 300mcg/0.6ml,	
252mg/100ml 140mg/100ml		300mcg/ml, 500mcg/ml, 60mcg/0.3ml,	
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57mg/5ml, 600mg/5ml 42.9mg/5ml.	10	atenolol/chlorthalidone .....	24
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fumarate/hydrochlorothiazide .....	24	20gm, 500mg 5% .....	10
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490mg/100ml 200mg/100ml		pyrazinamide.....	16
290mg/100ml 410mg/100ml		pyridostigmine bromide .....	16
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250mg/100ml 120mg/100ml		quasense.....	33
140mg/100ml 470mg/100ml.....	43	quinapril /hydrochlorothiazide.....	26
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testosterone cypionate.....	32	570mg/100ml 22meq/l 1140mg/100ml	
tetanus toxoid adsorbed.....	36	241mg/100ml 263mg/100ml	
tetanus/diphtheria toxoids-adsorbed		340mg/100ml 318mg/100ml	
adult .....	36	318mg/100ml 340mg/100ml	
tetracycline hcl .....	12	230mg/100ml 230mg/100ml	
teveten .....	26	99mg/100ml 22mg/100ml	
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