

Blue MedicareRx Premier 2008 Formulary

For Colorado, Nevada and Wisconsin



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 2008 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2008 coverage year, except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

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

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

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

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

The enclosed formulary is current as of **January 1, 2008**. To get updated information about the drugs covered by your plan, please visit our Web site at www.bmedicarerx.com or call Customer Service at 1-800-928-6201, from 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 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 37. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index.

Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What Are Generic Drugs?

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

Are There Any Restrictions on My Coverage?

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

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

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

You can ask your plan to make an exception to these restrictions or limits. *See the section, "How Do I Request an Exception to the Plan's Formulary?" for information about how to request an exception.*

What If My Drug Is Not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and ask if your drug is covered.

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

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

Note: Due to a change in Medicare, most Medicare Drug Plans no longer cover erectile dysfunction (ED) drugs like Viagra, Cialis, Levitra and Caverject. For more information, you can contact Customer Service at 1-800-928-6201, from 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 Drug tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Preferred Brand Drug tier instead. This would lower the amount you must pay for your drug.

Please note: If we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty tier.

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

You should contact us to ask us for an *initial coverage decision* for a formulary, tiering or utilization restriction exception.

When you are requesting a formulary, tiering or utilization restriction exception, you should submit a statement from your physician supporting your request.

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

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

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

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

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

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

For each of your drugs not on our formulary or if your ability to get your drugs is limited, we will cover:

- a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network retail pharmacy or;
- a temporary 90-day supply if you use a network mail-service pharmacy or network retail pharmacy that has contracted with us to fill a 90-day supply of prescriptions.

After your initial supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will cover a temporary 34-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan.

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

For More Information

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

If you have questions about your plan, please call Customer Service at 1-800-928-6201, from 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call 1-877-247-1657. Or visit www.bmedicarerx.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, seven days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Your Plan's Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 37.

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

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

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

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

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

If you believe you should receive an exception to these requirements, please ask your pharmacist to contact us at 1-800-338-6180. If more information is needed, we may contact your physician and engage your health plan.

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

Covered Medications by Therapeutic Category

Legend

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

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

QL = Drugs with Quantity Limits

PA = Drugs requiring Prior Authorization

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Analgesics			DILAUDID TABLET	3	
<i>acetaminophen and hydrocodone bitartrate caps</i>	1	QL	DILAUDID-5 LIQUID	3	
ACTIQ LOLLIPOP	5	QL, PA	DILAUDID-HP INJECTABLE	4	
ANEXSIA TABLET	1	QL	DOLOPHINE HCL TABLET	3	
AVINZA CPMP 24HR	3	QL	DURAGESIC PATCH TD72	3	QL
BUPRENEX INJECTABLE	4		EQUAGESIC TABLET	3	
<i>buprenorphine hcl disp syrin</i>	4		<i>fentanyl citrate lollipop</i>	5	QL, PA
<i>butorphanol tartrate injectable</i>	4		<i>fentanyl citrate/pf disp syrin</i>	4	
<i>butorphanol tartrate spray</i>	1	QL	<i>fentanyl patch td72</i>	1	QL
CAPITAL W-CODEINE ORAL SUSP	3	QL	FENTORA TABLET EFF	5	QL, PA
<i>codeine phos/acetaminophen elixir</i>	1	QL	FIORICET W/CODEINE CAPSULE	3	QL
<i>codeine phos/acetaminophen tablet</i>	1	QL	FIORINAL W/CODEINE #3 CAPSULE	3	
<i>codeine phos/aspirin tablet</i>	1		HYCET SOLUTION	3	QL
<i>codeine phosphate tablet sol</i>	3		HYDROCET CAPSULE	1	QL
<i>codeine/apap/caffeine/butalb capsule</i>	1	QL	<i>hydrocodone bit/acetaminophen capsule</i>	1	QL
<i>codeine/asa/caffeine/butalb capsule</i>	1		<i>hydrocodone bit/acetaminophen solution</i>	1	QL
CO-GESIC TABLET	1	QL	<i>hydrocodone bit/acetaminophen tablet</i>	1	QL
COMBUNOX TABLET	3	QL	<i>hydrocodone/ibuprofen tablet</i>	1	QL
DARVOCET A500 TABLET	3	QL	<i>hydromorphone hcl injectable</i>	4	
DARVOCET TABLET	3	QL	<i>hydromorphone hcl tablet</i>	1	
DARVON CAPSULE	3		INFUMORPH INJECTABLE	4	
DARVON-N TABLET	3		KADIAN CAP SR PEL	3	QL
DEMEROL INJECTABLE	4		LEVO-DROMORAN INJECTABLE	4	
DEMEROL SOLUTION	3		LEVO-DROMORAN TABLET	3	
DEMEROL TABLET	3		<i>levorphanol tartrate tablet</i>	1	
DEPODUR INJECTABLE	4		LORCET TABLET	3	QL
<i>dhcodeine bt/acetaminophn/caff tablet</i>	1	QL	LORTAB SOLUTION	3	QL

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
LORTAB TABLET	3	QL	<i>phenazopyridine hcl tablet</i>	1	
LYNOX TABLET	3	QL	<i>propoxyphene hcl capsule</i>	1	
MAXIDONE TABLET	3	QL	<i>propoxyphene hcl/acetaminophen tablet</i>	1	QL
<i>meperidine hcl injectable</i>	4		PYRIDIUM TABLET	3	
<i>meperidine hcl solution</i>	1		REPREXAIN TABLET	3	QL
<i>meperidine hcl tablet</i>	1		RMS-SUPPOSITORY SUPP RECT	1	
<i>methadone hcl injectable</i>	4		ROXANOL SOLUTION	1	QL
<i>methadone hcl oral conc</i>	1		ROXICET SOLUTION	3	QL
<i>methadone hcl tablet</i>	1		ROXICET TABLET	3	QL
<i>morphine sulfate injectable</i>	4		ROXICODONE LIQUID	3	
<i>morphine sulfate solution</i>	1	QL	ROXICODONE TABLET	3	
<i>morphine sulfate supp rect</i>	1		STADOL INJECTABLE	4	
<i>morphine sulfate tablet</i>	1		SUBOXONE TAB SUBL	2	
<i>morphine sulfate tablet sa</i>	1	QL	SUBUTEX TAB SUBL	2	QL
MS CONTIN TABLET SA	3	QL	SYNALGOS-DC CAPSULE	3	QL
<i>nalbuphine hcl injectable</i>	4		TALACEN TABLET	3	
NORCO TABLET	3	QL	TALWIN INJECTABLE	4	
NUBAIN INJECTABLE	4		TALWIN NX TABLET	3	
NUMORPHAN INJECTABLE	4		<i>tramadol hcl tablet</i>	1	QL
ORAMORPH SR TABLET SA	1	QL	<i>tramadol hcl/acetaminophen tablet</i>	1	QL
<i>oxycodone hcl capsule</i>	1		TYLENOL W/CODEINE TABLET	3	QL
<i>oxycodone hcl oral conc</i>	1		TYLOX CAPSULE	3	QL
<i>oxycodone hcl solution</i>	1		ULTRACET TABLET	3	QL
<i>oxycodone hcl tab sr 12h</i>	1	QL	ULTRAM ER TAB SR 24H	3	QL
<i>oxycodone hcl tablet</i>	1		ULTRAM TABLET	3	QL
<i>oxycodone hcl/acetaminophen capsule</i>	1	QL	VICODIN TABLET	3	QL
<i>oxycodone hcl/acetaminophen tablet</i>	1	QL	VICOPROFEN TABLET	3	QL
<i>oxycodone/aspirin tablet</i>	1		VOPAC TABLET	3	QL
OXYCONTIN TAB SR 12H	2	QL	XODOL TABLET	3	QL
OXYFAST ORAL CONC	3		ZYDONE TABLET	3	QL
OXYIR CAPSULE	3		Anesthetics		
PANLOR DC CAPSULE	3	QL	ALCAINE DROPS	3	
PANLOR SS TABLET	3		EMLA CREAM	3	QL
<i>pentazocine hcl/acetaminophen tablet</i>	1		<i>lidocaine hcl injectable</i>	4	
<i>pentazocine hcl/naloxone hcl tablet</i>	1		<i>lidocaine hcl jel</i>	1	
PERCOCET TABLET	3	QL	<i>lidocaine hcl oint</i>	1	
PERCODAN TABLET	3		<i>lidocaine hcl solution</i>	1	
PERCOLONE TABLET	3		<i>lidocaine/prilocaine cream</i>	1	QL
PERLOXX TABLET	3	QL	LIDODERM ADH PATCH	2	
			<i>proparacaine hcl drops</i>	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
XYLOCAINE INJECTABLE	4		<i>azithromycin tablet</i>	1	QL
XYLOCAINE JEL	3		<i>bacitracin injectable</i>	4	
XYLOCAINE SOLUTION	3		<i>bacitracin oint</i>	1	
Antibacterials			BACTRIM DS TABLET	3	
ADOXA TABLET	3		BACTRIM TABLET	3	
AKNE-MYCIN OINT	3		BACTROBAN CREAM	3	
<i>amikacin sulfate injectable</i>	4		BACTROBAN NASAL OINT	3	
AMIKIN INJECTABLE	4		BACTROBAN OINT	3	
AMIKIN PEDIATRIC INJECTABLE	4		BIAXIN SUSP RECON	3	QL
<i>amox tr/potassium clavulanate susp recon</i>	1	QL	BIAXIN TABLET	3	QL
<i>amox tr/potassium clavulanate tab chew</i>	1	QL	BIAXIN XL TAB SR 24H	3	QL
<i>amox tr/potassium clavulanate tablet</i>	1	QL	BICILLIN C-R DISP SYRIN	4	
<i>amoxicillin capsule</i>	1		BICILLIN L-A DISP SYRIN	4	
<i>amoxicillin susp recon</i>	1	QL	BLEPH-10 DROPS	3	QL
<i>amoxicillin tab chew</i>	1		CEDAX CAPSULE	3	QL
<i>amoxicillin tablet</i>	1		CEDAX SUSP RECON	3	
AMOXIL CAPSULE	1		<i>cefaclor capsule</i>	1	
AMOXIL DROP RECON	3	QL	<i>cefaclor susp recon</i>	1	QL
AMOXIL SUSP RECON	3	QL	<i>cefaclor tab sr 12h</i>	1	QL
AMOXIL TAB CHEW	3		<i>cefadroxil hydrate capsule</i>	1	QL
AMOXIL TABLET	3		<i>cefadroxil hydrate susp recon</i>	1	QL
<i>ampicillin capsule</i>	1		<i>cefadroxil hydrate tablet</i>	1	QL
<i>ampicillin sodium injectable</i>	4		<i>cefazolin sodium injectable</i>	4	
<i>ampicillin sodium/sulbactam na injectable</i>	4		<i>cefdinir capsule</i>	1	QL
<i>ampicillin trihydrate susp recon</i>	1		<i>cefdinir susp recon</i>	1	QL
AUGMENTIN SUSP RECON	3	QL	CEFIZOX INJECTION	4	
AUGMENTIN TAB CHEW	3	QL	<i>cefotaxime sodium injectable</i>	4	
AUGMENTIN TABLET	3	QL	<i>cefodoxitin sodium injectable</i>	4	
AUGMENTIN XR TAB SR 12H	3	QL	<i>cefpodoxime proxetil susp</i>	1	QL
AVELOX ABC PACK TABLET	3	QL	<i>cefpodoxime proxetil tablet</i>	1	QL
AVELOX IV PIGGYBACK	4		<i>cefprozil susp recon</i>	1	QL
AVELOX TABLET	3	QL	<i>cefprozil tablet</i>	1	
AZACTAM INJECTABLE	4		<i>ceftazidime pentahydrate injectable</i>	4	
AZACTAM/ISO-OSMOTIC			<i>ceftazidime sodium injectable</i>	4	
DEXTROSE INJECTABLE	4		CEFTIN SUSP RECON	3	
<i>azithromycin injectable</i>	4		CEFTIN TABLET	3	QL
<i>azithromycin packet</i>	1	QL	<i>ceftriaxone injectable</i>	4	
<i>azithromycin susp recon</i>	1	QL	<i>cefuroxime axetil tablet</i>	1	QL
			<i>cefuroxime sodium injectable</i>	4	
			CEFZIL SUSP RECON	3	QL
			CEFZIL TABLET	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>cephalexin monohydrate capsule</i>	1		CORTISPORIN OINT	3	
<i>cephalexin monohydrate susp recon</i>	1	QL	CUBICIN INJECTABLE	5	
<i>cephalexin monohydrate tablet</i>	1		DECLOMYCIN TABLET	3	QL
<i>chloramphenicol na succ injectable</i>	4		<i>demeclocycline hcl tablet</i>	1	QL
CILOXAN DROPS	3	QL	<i>dicloxacillin sodium capsule</i>	1	
CILOXAN OINT	3	QL	DISPERMOX TAB DISPER	3	
CIPRO IV INJECTABLE	5		DORYX TABLET DR	3	
CIPRO SUSP RECON	3		<i>doxycycline hyclate capsule</i>	1	QL
CIPRO TABLET	3	QL	<i>doxycycline hyclate injectable</i>	4	
CIPRO XR TAB SR 24H	3	QL	<i>doxycycline hyclate tablet</i>	1	QL
<i>ciprofloxacin hcl drops</i>	1	QL	<i>doxycycline monohydrate capsule</i>	1	QL
<i>ciprofloxacin hcl er tablet</i>	1	QL	<i>doxycycline monohydrate tablet</i>	1	
<i>ciprofloxacin hcl tablet</i>	1	QL	DURICEF SUSP RECON	3	QL
<i>ciprofloxacin lactate injectable</i>	4		DYNABAC TABLET DR	3	
CLAFORAN INJECTABLE	4		DYNACIN CAPSULE	3	QL
<i>clarithromycin susp recon</i>	1	QL	DYNACIN TABLET	3	QL
<i>clarithromycin tab sr 24h</i>	1	QL	EES SUSP RECON	3	
<i>clarithromycin tablet</i>	1	QL	<i>ery e-succ/sulfisoxazole susp recon</i>	1	QL
CLEOCIN CREAM/APPL	3	QL	ERYC CAPSULE DR	3	
CLEOCIN HCL CAPSULE	3	QL	ERYDERM SOLUTION	1	
CLEOCIN PALMITATE SOLN RECON	3		ERYGEL GEL	3	
CLEOCIN PHOSPHATE INJECTABLE	4		ERYPED DROPS	3	
CLEOCIN SUPP VAG	3		ERYPED SUSP RECON	3	
CLEOCIN T GEL	3		ERY-TAB TABLET DR	3	
CLEOCIN T LOTION	3	QL	ERYTHROCIN LACTOBIONATE INJECTABLE	4	
CLEOCIN T MED SWAB	3	QL	<i>erythromycin base capsule dr</i>	1	
CLEOCIN T SOLUTION	3		<i>erythromycin base oint</i>	1	QL
CLINDAGEL GEL	3		<i>erythromycin base tablet</i>	1	QL
<i>clindamycin hcl capsule</i>	1	QL	<i>erythromycin base/ethanol gel</i>	1	
<i>clindamycin phosphate cream/appl</i>	1	QL	<i>erythromycin base/ethanol med swab</i>	1	
<i>clindamycin phosphate gel</i>	1		<i>erythromycin base/ethanol solution</i>	1	
<i>clindamycin phosphate injectable</i>	4		<i>erythromycin ethylsuccinate oral susp</i>	1	QL
<i>clindamycin phosphate lotion</i>	1	QL	<i>erythromycin ethylsuccinate tablet</i>	1	
<i>clindamycin phosphate med swab</i>	1	QL	<i>erythromycin stearate tablet</i>	3	
<i>clindamycin phosphate solution</i>	1		EVOCLIN FOAM	3	
CLINDESSE CRM SR	3		FACTIVE TABLET	3	QL
CLINDETS MED SWAB	3	QL	FLAGYL 375 CAPSULE	3	
<i>colistimethate sodium injectable</i>	5		FLAGYL ER TABLET	3	
COLY-MYCIN M PARENTERAL INJECTABLE	5		FLAGYL TABLET	3	
CORTISPORIN CREAM	3				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FORTAZ INJECTABLE	4		MONODOX CAPSULE	3	QL
FURADANTIN ORAL SUSP	3		MONUROL PACKET	3	
GANTRISIN ORAL SUSP	2		<i>mupirocin oint</i>	1	
<i>gentamicin injectable</i>	4		MYRAC TABLET	1	QL
<i>gentamicin sulfate cream</i>	1		<i>nafcillin sodium injectable</i>	4	
<i>gentamicin sulfate drops</i>	1	QL	NALLPEN INJECTABLE	4	
<i>gentamicin sulfate oint</i>	1	QL	NEO-FRADIN SOLUTION	3	
GEOCILLIN TABLET	2	QL	<i>neomycin sulfate tablet</i>	1	
HIPREX TABLET	3		<i>nitrofurantoin macrocrystal capsule</i>	1	QL
HUMATIN CAPSULE	3		NORITATE CREAM	3	
INVANZ INJECTABLE	4		NOROXIN TABLET	3	QL
KANAMYCIN SULFATE INJECTABLE	4		OCUFLOX DROPS	3	QL
KEFLEX CAPSULE	3		<i>ofloxacin drops</i>	1	QL
KEFLEX SUSP RECON	3	QL	<i>ofloxacin tablet</i>	1	QL
KETEK TABLET	2	QL	OMNICEF CAPSULE	3	QL
KLARON LOTION	3		OMNICEF SUSP RECON	3	QL
LEVAQUIN INJECTABLE	4		<i>oxacillin sodium injectable</i>	4	
LEVAQUIN SOLUTION	2		PANIXINE TAB DISPER	3	
LEVAQUIN TABLET	2	QL	<i>paramomycin sulfate capsule</i>	1	
LINCOCIN INJECTABLE	4		PCE TAB PART	3	QL
MACROBID CAPSULE	3	QL	PEDIAZOLE SUSP RECON	3	QL
MACRODANTIN CAPSULE	3	QL	<i>penicillin g potassium injectable</i>	4	
MAXIPIME INJECTABLE	5		<i>penicillin g procaine disp syrin</i>	4	
MEFOXIN INJECTABLE	4		<i>penicillin g sodium injectable</i>	4	
MERREM INJECTABLE	5		<i>penicillin v potassium susp recon</i>	1	
<i>methenamine hippurate tablet</i>	1		<i>penicillin v potassium tablet</i>	1	
METRO INECTABLE	4		PFIZERPEN INJECTABLE	4	
METROCREAM CREAM	3		<i>piperacillin sodium injectable</i>	4	
METROGEL GEL	3		POLYMYXIN B SULFATE INJECTABLE	4	
METROGEL-VAGINAL GEL W/APPL	3	QL	PRIMAXIN INJECTABLE	5	
METROLOTION LOTION	3		PRIMSOL SOLUTION	3	
<i>metronidazole capsule</i>	1		PROQUIN XR TAB SR 24H	3	QL
<i>metronidazole cream</i>	1		QUIXIN DROPS	3	
<i>metronidazole gel</i>	1		RANICLOR TAB CHEW	3	
<i>metronidazole gel w/appl</i>	1	QL	ROCEPHIN INJECTABLE	5	
<i>metronidazole injectable</i>	4		ROZEX EMULSN	3	
<i>metronidazole lotion</i>	1		SEPTRA DS TABLET	3	
<i>metronidazole tablet</i>	1		SEPTRA TABLET	3	
MINOCIN CAPSULE	3	QL	SILVADENE CREAM	3	
<i>minocycline hcl capsule</i>	1	QL	<i>silver sulfadiazine cream</i>	1	
<i>minocycline hcl tablet</i>	1	QL	SOLODYN TAB SR 24H	2	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
SPECTRACEF TABLET	3		ZINACEF INJECTABLE	4	
STREPTOMYCIN SULFATE INJECTABLE	4		ZITHROMAX INJECTABLE	4	
<i>sulfacetamide sodium drops</i>	1	QL	ZITHROMAX PACKET	3	QL
<i>sulfacetamide sodium lotion</i>	1		ZITHROMAX SUSP RECON	3	QL
<i>sulfacetamide sodium oint</i>	1	QL	ZITHROMAX TABLET	3	QL
<i>sulfadiazine tablet</i>	1		ZITHROMAX TRI-PAK TABLET	3	QL
<i>sulfamethoxazole and trimethoprim tabs</i>	1		ZMAX SUS SR REC	2	QL
<i>sulfamethoxazole/ trimethoprim injectable</i>	4		ZOSYN INJECTABLE	5	
<i>sulfamethoxazole/ trimethoprim oral susp</i>	1		ZYMAR DROPS	3	
SULFAMYLON CREAM	3		ZYVOX IV SOLN	5	PA
SULFAMYLON PACKET	3		ZYVOX SUSP RECON	5	QL, PA
SUMYCIN ORAL SUSP	3		ZYVOX TABLET	5	QL, PA
SUMYCIN TABLET	3		Anticonvulsants		
SUPRAX SUSP RECON	3	QL	<i>carbamazepine oral susp</i>	1	
TAZICEF INJECTABLE	4		<i>carbamazepine tab chew</i>	1	
<i>tetracycline hcl capsule</i>	1		<i>carbamazepine tablet</i>	1	
TIMENTIN INJECTABLE	4		CARBATROL CPMP 12HR	2	
TOBI AMPUL-NEB	5		CELONTIN CAPSULE	2	
<i>tobramycin sulfate drops</i>	1	QL	CEREBYX INJECTABLE	4	
<i>tobramycin sulfate injectable</i>	4		DEPACON INJECTABLE	4	
TOBREX DROPS	3	QL	DEPAKENE CAPSULE	3	
TOBREX OINT	3	QL	DEPAKENE SYRUP	3	
<i>trimethoprim tablet</i>	1		DILANTIN CAPSULE	2	
TYGACIL INJECTABLE	5		DILANTIN TAB CHEW	2	
UNASYN INJECTABLE	4		DILANTIN-125 ORAL SUSP	2	
UNASYN PIGGYBACK	4		<i>ethosuximide capsule</i>	1	
UREX TABLET	1		<i>ethosuximide syrup</i>	1	
VANCOCIN HCL CAPSULE	5		FELBATOL ORAL SUSP	2	
VANCOCIN HCL INJECTABLE	4		FELBATOL TABLET	2	
<i>vancomycin hcl injectable</i>	4		<i>gabapentin capsule</i>	1	
VANTIN SUSP RECON	3	QL	<i>gabapentin tablet</i>	1	
VANTIN TABLET	3	QL	GABITRIL TABLET	2	
VIBRAMYCIN CAPSULE	3	QL	KEPPRA INJECTABLE	5	
VIBRAMYCIN SUSP RECON	3		KEPPRA SOLUTION	2	
VIBRAMYCIN SYRUP	3		KEPPRA TABLET	2	
VIBRA-TABS TABLET	3	QL	LYRICA CAPSULE	2	PA
VIGAMOX DROPS	3		MYSOLINE TABLET	3	
XIFAXAN TABLET	3		NEURONTIN CAPSULE	3	
			NEURONTIN SOLUTION	2	
			NEURONTIN TABLET	3	
			PEGANONE TABLET	2	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PHENYTEK CAPSULE	2		<i>bupropion hcl tab sr 24h</i>	1	
<i>phenytoin oral susp</i>	1		<i>bupropion hcl tablet</i>	1	
<i>phenytoin sodium extended capsule</i>	1		<i>bupropion hcl tablet sa</i>	1	
<i>phenytoin sodium injectable</i>	4		CELEXA SOLUTION	3	
<i>primidone tablet</i>	1		CELEXA TABLET	3	
TEGRETOL ORAL SUSP	2		<i>citalopram hydrobromide solution</i>	1	
TEGRETOL TAB CHEW	2		<i>citalopram hydrobromide tablet</i>	1	
TEGRETOL TABLET	2		<i>clomipramine hcl capsule</i>	1	
TEGRETOL XR TAB SR 12H	2		CYMBALTA CAPSULE DR	2	QL
TRILEPTAL ORAL SUSP	2		<i>desipramine hcl tablet</i>	1	
TRILEPTAL TABLET	2		EFFEXOR TABLET	3	
<i>valproate sodium injectable</i>	4		EFFEXOR XR CAP SR 24H	2	
<i>valproate sodium syrup</i>	1		EMSAM PATCH TD24	3	
<i>valproic acid capsule</i>	1		<i>fluoxetine hcl capsule</i>	1	
<i>valproic acid liquid</i>	1		<i>fluoxetine hcl solution</i>	1	
ZARONTIN CAPSULE	3		<i>fluoxetine hcl tablet</i>	1	
ZARONTIN SYRUP	3		<i>fluvoxamine maleate tablet</i>	1	
ZONEGRAN CAPSULE	3		<i>imipramine hcl tablet</i>	1	
<i>zonisamide capsule</i>	1		<i>imipramine pamoate capsule</i>	1	
Antidementia Agents			LEXAPRO SOLUTION	2	QL
ARICEPT ODT TAB RAPDIS	2		LEXAPRO TABLET	2	QL
ARICEPT TABLET	2		LIMBITROL DS TABLET	3	
COGNEX CAPSULE	3		LIMBITROL TABLET	3	
<i>ergoloid mesylates tablet</i>	1		<i>maprotiline hcl tablet</i>	1	
EXELON CAPSULE	2		MARPLAN TABLET	2	
EXELON SOLUTION	2		<i>mirtazapine tab rapdis</i>	1	
NAMENDA SOLUTION	2		<i>mirtazapine tablet</i>	1	
NAMENDA TAB DS PK	2		NARDIL TABLET	2	
NAMENDA TABLET	2		<i>nefazodone hcl tablet</i>	1	
RAZADYNE ER CAP 24H PEL	2		NORPRAMIN TABLET	3	
RAZADYNE SOLUTION	2		<i>nortriptyline hcl capsule</i>	1	
RAZADYNE TABLET	2		<i>nortriptyline hcl solution</i>	1	
Antidepressants			PAMELOR CAPSULE	3	
<i>amitrip hcl/</i>			PAMELOR SOLUTION	3	
<i>chlordiazepoxide tablet</i>	1		PARNATE TABLET	3	
<i>amitriptyline hcl tablet</i>	1		<i>paroxetine hcl oral susp</i>	1	
<i>amitriptyline hcl/</i>			<i>paroxetine hcl tablet</i>	1	
<i>perphenazine tablet</i>	1		PAXIL CR TAB SR 24H	3	
<i>amoxapine tablet</i>	1		PAXIL ORAL SUSP	3	
ANAFRANIL CAPSULE	3		PAXIL TABLET	3	
			PEXEVA TABLET	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PROZAC CAPSULE	3		REVEX INJECTABLE	4	
PROZAC SOLUTION	3		REVIA TABLET	3	
PROZAC TABLET	3		<i>sodium polystyrene sulfonate enema</i>	1	
PROZAC WEEKLY CAPSULE DR	3		<i>sodium polystyrene sulfonate oral susp</i>	1	
RAPIFLUX TABLET	3		<i>sodium polystyrene sulfonate powder</i>	1	
REMERON TAB RAPDIS	3		SYPRINE CAPSULE	2	
REMERON TABLET	3		ZYBAN TABLET SA	3	
SARAFEM CAPSULE	3		Antiemetics		
<i>sertraline hcl oral conc</i>	1		ANTIVERT TABLET	3	
<i>sertraline hcl tablet</i>	1		ANZEMET INJECTABLE	4	
SURMONTIL CAPSULE	3		ANZEMET TABLET	3	QL, PA
SYMBYAX CAPSULE	3		CESAMET CAPSULE	3	
TOFRANIL TABLET	3		EMEND CAPSULE	2	QL, PA
TOFRANIL-PM CAPSULE	3		KYTRIL INJECTABLE	5	PA
<i>tranylcypromine sulfate tablet</i>	1		KYTRIL SOLUTION	3	QL, PA
<i>trazodone hcl tablet</i>	1		KYTRIL TABLET	5	QL, PA
<i>trimipramine maleate capsule</i>	1		MARINOL CAPSULE	5	PA
<i>venlafaxine hcl tablet</i>	1		<i>meclizine hcl tablet</i>	1	
VIVACTIL TABLET	2		<i>metoclopramide hcl injectable</i>	4	
WELLBUTRIN SR TABLET SA	3		<i>metoclopramide hcl solution</i>	1	
WELLBUTRIN TABLET	3		<i>metoclopramide hcl tablet</i>	1	
WELLBUTRIN XL TAB SR 24H 150MG	2		<i>ondansetron hcl injectable</i>	4	
WELLBUTRIN XL TAB SR 24H 300MG	3		<i>ondansetron hcl solution</i>	1	QL
ZOLOFT ORAL CONC	3		<i>ondansetron hcl tablet</i>	1	QL
ZOLOFT TABLET	3		<i>ondansetron hcl/d5w/pf piggyback</i>	4	
Antidotes, Deterrents, and Toxicologic Agents			<i>ondansetron tab rapdis</i>	1	QL
ACETADOTE INJECTABLE	4		REGLAN INJECTABLE	4	
ANTABUSE TABLET	2		REGLAN TABLET	3	
ANTIZOL INJECTABLE	5		TIGAN CAPSULE	3	
CAMPRAL TAB DS PK	2		TIGAN INJECTABLE	4	
CHANTIX TABLET	3		TRANSDERM-SCOP PATCH TD72	3	QL
CHEMET CAPSULE	3		<i>trimethobenzamide hcl capsule</i>	1	
EXJADE TAB DISPER	5		<i>trimethobenzamide hcl injectable</i>	4	
KAYEXALATE POWDER	3		ZOFRAN INJECTABLE	4	
<i>naloxone hcl injectable</i>	4		ZOFRAN ODT TAB RAPDIS	3	QL
<i>naltrexone hcl tablet</i>	1		ZOFRAN SOLUTION	3	QL
NARCAN INJECTABLE	4		ZOFRAN TABLET	3	QL
<i>nicotine patch td24</i>	1	QL			
NICOTROL CARTRIDGE	3				
NICOTROL NS SPRAY	2				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Antifungals			<i>miconazole nitrate supp vag</i>	1	QL
ABELCET INJECTABLE	5		MONISTAT 7 COMBO PKG	3	
AMBISOME INJECTABLE	5		MYCAMINE INJECTABLE	5	
AMPHOTEC INJECTABLE	5		MYCELEX TROCHE	3	
<i>amphotericin b injectable</i>	4		MYCOSTATIN CREAM	3	
ANCOBON CAPSULE	2		MYCOSTATIN POWDER	3	
BIO-STATIN CAPSULE	3		NAFTIN CREAM	3	
CANCIDAS INJECTABLE	5		NAFTIN GEL	3	
<i>ciclopirox olamine cream</i>	1		NATACYN DROPS SUSP	2	
<i>ciclopirox olamine suspension</i>	1		NIZORAL SHAMPOO	3	
<i>clotrimazole cream</i>	1		NIZORAL TABLET	3	
<i>clotrimazole solution</i>	1		<i>nystatin cream</i>	1	
<i>clotrimazole troche</i>	1		<i>nystatin oint</i>	1	
DIFLUCAN IN DEXTROSE PIGGYBACK	5		<i>nystatin oral susp</i>	1	
DIFLUCAN IN SALINE PGGYBK BTL	4		<i>nystatin powder</i>	1	
DIFLUCAN SUSP RECON	3		<i>nystatin tablet</i>	1	
DIFLUCAN TABLET	3		OXISTAT CREAM	3	
<i>econazole nitrate cream</i>	1		OXISTAT LOTION	3	
ERTACZO CREAM	3		PEDI-DRI POWDER	1	
EXELDERM CREAM	3		PENLAC SOLUTION	3	PA
EXELDERM SOLUTION	3		SPORANOX CAPSULE	3	PA
<i>fluconazole injectable</i>	4		SPORANOX KIT	4	PA
<i>fluconazole susp recon</i>	1		SPORANOX SOLUTION	3	PA
<i>fluconazole tablet</i>	1		TERAZOL 3 SUPP VAG	3	
GRIFULVIN V ORAL SUSP	3		TERAZOL CREAM/APPL	3	QL
GRIFULVIN V TABLET	3		<i>terbinafine tablets</i>	1	PA
<i>griseofulvin, microsize oral susp</i>	1		<i>terconazole cream/appl</i>	1	QL
GRIS-PEG TABLET	2		<i>terconazole supp vag</i>	1	
GYNAZOLE-1 CRM SR	3		VFEND IV INJECTABLE	5	PA
<i>itraconazole capsule</i>	1	PA	VFEND SUSP RECON	5	PA
<i>ketoconazole cream</i>	1		VFEND TABLET	5	PA
<i>ketoconazole shampoo</i>	1		XOLEGEL GEL	2	
<i>ketoconazole tablet</i>	1				
LAMISIL SPRAY	3	PA	Antigout Agents		
LAMISIL TABLET	3	PA	<i>allopurinol sodium injectable</i>	4	
LOPROX CREAM	3		<i>allopurinol tablet</i>	1	
LOPROX GEL	3		ALOPRIM INJECTABLE	4	
LOPROX SHAMPOO	3		COLCHICINE INJECTABLE	4	
LOPROX SUSPENSION	3		<i>colchicine tablet</i>	1	
MENTAX CREAM	3		<i>colchicine/probenecid tablet</i>	1	
			<i>probenecid tablet</i>	1	
			ZYLOPRIM TABLET	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Anti-inflammatory Agents			NAPROSYN TABLET	3	
ANAPROX DS TABLET	3		<i>naproxen oral susp</i>	1	
ANAPROX TABLET	3		<i>naproxen sodium tablet</i>	1	
ANSAID TABLET	3		<i>naproxen sodium tablet sa</i>	1	
ARTHROTEC TABLET DR	3	PA	<i>naproxen tablet</i>	1	
CATAFLAM TABLET	3		<i>naproxen tablet dr</i>	1	
CELEBREX CAPSULE	3	QL, PA	<i>oxaprozin tablet</i>	1	
CLINORIL TABLET	3		<i>piroxicam capsule</i>	1	
DAYPRO TABLET	3		PONSTEL CAPSULE	3	
<i>diclofenac potassium tablet</i>	1		<i>sulindac tablet</i>	1	
<i>diclofenac sodium tab sr 24h</i>	1		<i>tolmetin sodium capsule</i>	1	
<i>diclofenac sodium tablet dr</i>	1		<i>tolmetin sodium tablet</i>	1	
<i>diflunisal tablet</i>	1		VOLTAREN TABLET DR	3	
EC-NAPROSYN TABLET DR	3		VOLTAREN-XR TAB SR 24H	3	
<i>etodolac capsule</i>	1		Antimigraine Agents		
<i>etodolac tab sr 24h</i>	1		AMERGE TABLET	3	QL
<i>etodolac tablet</i>	1		AXERT TABLET	3	QL
FELDENE CAPSULE	3		CAFERGOT TABLET	1	
<i>fenoprofen calcium tablet</i>	1		DHE 45 INJECTABLE	4	
<i>flurbiprofen tablet</i>	1		DEPAKOTE ER TAB 24H	2	
<i>ibuprofen oral susp</i>	1		<i>dihydroergotamine mesylate injectable</i>	4	
<i>ibuprofen tablet</i>	1		ERGOMAR TAB SUBL	3	
INDOCIN ORAL SUSP	3		<i>ergotamine tartrate/caffeine supp rect</i>	1	
INDOCIN SR CAPSULE SA	3		<i>ergotamine tartrate/caffeine tablet</i>	1	
<i>indomethacin capsule</i>	1		FROVA TABLET	3	QL
<i>indomethacin capsule sa</i>	1		IMITREX CARTRIDGE	4	QL
<i>ketoprofen cap 24h pel</i>	1		IMITREX INJECTABLE	4	QL
<i>ketoprofen capsule</i>	1		IMITREX PEN KIT	4	QL
<i>ketorolac tromethamine injectable</i>	4		IMITREX SPRAY	2	QL
<i>ketorolac tromethamine tablet</i>	1	QL	IMITREX TABLET	2	QL
<i>magnesium salicylate tablet</i>	1		MAXALT MLT TAB RAPDIS	2	QL
<i>meclofenamate sodium capsule</i>	1		MAXALT TABLET	2	QL
<i>meloxicam oral susp</i>	1		MIGRANAL SPRAY/PUMP	3	
<i>meloxicam tablet</i>	1	QL	RELPAK TABLET	3	QL
MOBIC ORAL SUSP	3		TOPAMAX CAP SPRINKLE	2	PA
MOBIC TABLET	3	QL	TOPAMAX TABLET	2	PA
MOTRIN TABLET	3		ZOMIG SPRAY	3	QL
<i>nabumetone tablet</i>	1		ZOMIG TABLET	3	QL
NALFON CAPSULE	3				
NAPRELAN TABLET SA	3				
NAPROSYN ORAL SUSP	3				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ZOMIG ZMT TAB RAPDIS	3	QL	BLENOXANE INJECTABLE	5	
Antimyasthenic Agents			<i>bleomycin sulfate injectable</i>	4	
GUANIDINE HCL TABLET	1		BUSULFEX INJECTABLE	4	
MESTINON SYRUP	2		CAMPTOSAR INJECTABLE	5	
MESTINON TABLET	3		<i>carboplatin injectable</i>	4	
MESTINON TABLET SA	2		CEENU CAPSULE	2	
MYTELASE TABLET	3		CERUBIDINE INJECTABLE	5	
<i>pyridostigmine bromide tablet</i>	1		<i>cisplatin injectable</i>	4	
REGONOL INJECTABLE	4		<i>cladribine injectable</i>	5	
Antimycobacterials			CLOLAR INJECTABLE	5	
DAPSONE TABLET	1		COSMEGEN INJECTABLE	5	
<i>ethambutol hcl tablet</i>	1		<i>cyclophosphamide injectable</i>	4	PA
<i>isoniazid injectable</i>	4		<i>cyclophosphamide tablet</i>	1	PA
<i>isoniazid syrup</i>	1		<i>cytarabine injectable</i>	4	
<i>isoniazid tablet</i>	1		CYTOXAN INJECTABLE	4	PA
MYAMBUTOL TABLET	3		CYTOXAN TABLET	3	PA
MYCOBUTIN CAPSULE	2		<i>dacarbazine injectable</i>	4	
NYDRAZID INJECTABLE	4		DACARBAZINE INJECTABLE	4	
PASER PACKET	3		DACOGEN INJECTABLE	5	
PRIFTIN TABLET	2		<i>daunorubicin hcl injectable</i>	5	
<i>pyrazinamide tablet</i>	1		DAUNOXOME INJECTABLE	5	
RIFADIN CAPSULE	3		DOXIL INJECTABLE	4	
RIFADIN IV INJECTABLE	4		<i>doxorubicin hcl injectable</i>	4	
RIFAMATE CAPSULE	3		DROXIA CAPSULE	3	
<i>rifampin capsule</i>	1		DTIC-DOME IV INJECTABLE	4	
<i>rifampin injectable</i>	4		ELLENCEN INJECTABLE	4	
<i>rifampin/isoniazid capsule</i>	1		ELOXATIN INJECTABLE	5	
RIFATER TABLET	2		ELSPAR INJECTABLE	5	
SEROMYCIN CAPSULE	3	PA	EMCYT CAPSULE	2	
TRECATOR TABLET	3		EPIRUBICIN HCL INJECTABLE	4	
Antineoplastics			ERBITUX INJECTABLE	5	PA
ABRAXANE INJECTABLE	5		ETOPOPHOS INJECTABLE	4	
ADRIAMYCIN INJECTABLE	4		<i>etoposide injectable</i>	4	
ALIMTA INJECTABLE	5		FARESTON TABLET	2	
ALKERAN INJECTABLE	5	PA	FASLODEX DISP SYRIN	5	
ARIMIDEX TABLET	2		FEMARA TABLET	2	
AROMASIN TABLET	2		<i>floxuridine injectable</i>	4	
ARRANON INJECTABLE	4		FLUDARA INJECTABLE	5	
BEXXAR INJECTABLE	4		<i>fludarabine phosphate injectable</i>	5	
BICNU INJECTABLE	5		FLUOROURACIL INJECTABLE	4	
			FUDR INJECTABLE	4	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
GEMZAR INJECTABLE	5		<i>tamoxifen citrate tablet</i>	1	
GLEEVEC TABLET	5	PA	TARCEVA TABLET	5	PA
HERCEPTIN INJECTABLE	5		TARGRETIN CAPSULE	5	PA
HEXALEN CAPSULE	5		TARGRETIN GEL	5	PA
HYCAMTIN INJECTABLE	5		TAXOL INJECTABLE	5	
HYDREA CAPSULE	3		TAXOTERE INJECTABLE	5	
<i>hydroxyurea capsule</i>	1		TESLAC TABLET	2	
IDAMYCIN PFS INJECTABLE	5		THALOMID CAPSULE	5	PA
<i>idarubicin hcl injectable</i>	5		THIOGUANINE TABLET	3	
IFEX INJECTABLE	5		<i>thiotepa injectable</i>	5	
IFEX/MESNEX KIT	5		TORISEL INJECTION	5	
<i>ifosfamide injectable</i>	5		<i>tretinoin capsule</i>	1	
<i>ifosfamide/mesna kit</i>	5		TRISENOX INJECTABLE	4	
IRESSA TABLET	5		TYKERB TABLET	5	
LEUKERAN TABLET	2		VELCADE INJECTABLE	5	
LEUSTATIN INJECTABLE	5		VESANOID CAPSULE	5	
MATULANE CAPSULE	2		VIDAZA INJECTABLE	5	
<i>mercaptopurine tablet</i>	1		VINBLASTINE SULFATE INJECTABLE	4	
<i>mitomycin injectable</i>	4		<i>vincristine sulfate injectable</i>	4	
<i>mitoxantrone hcl injectable</i>	4		<i>vinorelbine tartrate injectable</i>	5	
MUSTARGEN INJECTABLE	4		VUMON INJECTABLE	4	
MUTAMYCIN INJECTABLE	4		ZANOSAR INJECTABLE	4	
NAVELBINE INJECTABLE	5		ZOLINZA CAPSULE	5	
NEXAVAR TABLET	5	PA	Antiparasitics		
NIPENT INJECTABLE	5		ALBENZA TABLET	3	
NOVANTRONE INJECTABLE	4		ALINIA SUSP RECON	3	
ONCASPAR INJECTABLE	5		ALINIA TABLET	3	
ONTAK INJECTABLE	5		ARALEN PHOSPHATE TABLET	3	
<i>paclitaxel, semi-synthetic injectable</i>	5		BILTRICIDE TABLET	3	
PANRETIN GEL	5		<i>chloroquine phosphate tablet</i>	1	
PARAPLATIN INJECTABLE	5		DARAPRIM TABLET	2	
PHOTOFRIN INJECTABLE	5		ELIMITE CREAM	3	
PLATINOL-AQ INJECTABLE	4		EURAX CREAM	3	
PROLEUKIN INJECTABLE	5		EURAX LOTION	3	
PURINETHOL TABLET	3		FANSIDAR TABLET	3	
REVLIMID CAPSULE	5	QL, PA	<i>hydroxychloroquine sulfate tablet</i>	1	
RITUXAN INJECTABLE	5	PA	LARIAM TABLET	3	
SOLTAMOX SOLUTION	2		<i>lindane lotion</i>	1	
SPRYCEL TABLET	5	PA	<i>lindane shampoo</i>	1	
SUTENT CAPSULE	5	PA	MALARONE TABLET	3	
			<i>mebendazole tab chew</i>	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>mefloquine hcl tablet</i>	1		Antipsychotics		
MEPRON ORAL SUSP	5		<i>chlorpromazine hcl injectable</i>	4	
MINTEZOL ORAL SUSP	3		<i>chlorpromazine hcl tablet</i>	1	
MINTEZOL TAB CHEW	3		<i>clozapine tablet</i>	1	
NEBUPENT INJECTABLE	2		CLOZARIL TABLET	3	
NEUTREXIN INJECTABLE	5		FAZACLO TAB RAPDIS	2	
OVIDE LOTION	3		<i>fluphenazine decanoate injectable</i>	4	
PENTAM 300 INJECTABLE	4		<i>fluphenazine hcl elixir</i>	1	
<i>pentamidine isethionate injectable</i>	4		<i>fluphenazine hcl injectable</i>	4	
<i>permethrin cream</i>	1		<i>fluphenazine hcl oral conc</i>	1	
PLAQUENIL TABLET	3		<i>fluphenazine hcl tablet</i>	1	
PRIMAQUINE TABLET	2		HALDOL INJECTABLE	4	
QUALAQUIN CAPSULE	3		<i>haloperidol decanoate injectable</i>	4	
STROMECTOL TABLET	2		<i>haloperidol lactate injectable</i>	4	
TINDAMAX TABLET	3		<i>haloperidol lactate oral conc</i>	1	
Antiparkinson Agents			<i>haloperidol tablet</i>	1	
AKINETON TABLET	3		INVEGA TAB OSM 24	3	
APOKYN CARTRIDGE	5		<i>loxapine succinate capsule</i>	1	
<i>benztropine mesylate tablet</i>	1		LOXITANE CAPSULE	3	
<i>carbidopa/levodopa tablet</i>	1		MOBAN TABLET	2	
<i>carbidopa/levodopa tablet sa</i>	1		NAVANE CAPSULE	3	
COGENTIN INJECTABLE	4		ORAP TABLET	2	
COMTAN TABLET	2		<i>perphenazine tablet</i>	1	
ELDEPRYL CAPSULE	3		<i>prochlorperazine edisylate injectable</i>	4	
KEMADRIN TABLET	3		<i>prochlorperazine maleate supp rect</i>	1	
LODOSYN TABLET	3		<i>prochlorperazine maleate tablet</i>	1	
MIRAPEX TABLET	2		<i>thioridazine hcl tablet</i>	1	
PARCOPA TAB RAPDIS	3		<i>thiothixene capsule</i>	1	
REQUIP TABLET	2		<i>trifluoperazine hcl tablet</i>	1	
<i>selegiline hcl capsule</i>	1		Antispasticity Agents		
<i>selegiline hcl tablet</i>	1		<i>baclofen tablet</i>	1	
SINEMET CR TABLET SA	3		DANTRIUM CAPSULE	3	
SINEMET TABLET	3		<i>dantrolene sodium capsule</i>	1	
STALEVO TABLET	2		<i>tizanidine hcl tablet</i>	1	
TASMAR TABLET	2		ZANAFLEX CAPSULE	3	
<i>trihexyphenidyl hcl elixir</i>	1		ZANAFLEX TABLET	3	
<i>trihexyphenidyl hcl tablet</i>	1				
ZELAPAR TAB RAPDIS	3				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Antivirals			NORVIR CAPSULE	2	
<i>acyclovir capsule</i>	1		NORVIR SOLUTION	2	
<i>acyclovir oral susp</i>	1		PREZISTA TABLET	2	
<i>acyclovir sodium injectable</i>	4		REBETOL CAPSULE	5	
<i>acyclovir tablet</i>	1		REBETOL SOLUTION	5	
AGENERASE CAPSULE	2		RELENZA DISK W/DEV	2	QL, PA
AGENERASE SOLUTION	2		RESCRIPTOR TAB DISPER	2	
<i>amantadine hcl capsule</i>	1		RESCRIPTOR TABLET	2	
<i>amantadine hcl syrup</i>	1		RETROVIR CAPSULE	3	
<i>amantadine hcl tablet</i>	1		RETROVIR IV INJECTABLE	4	
APTIVUS CAPSULE	5		RETROVIR SYRUP	3	
ATRIPLA TABLET	2		RETROVIR TABLET	3	
BARACLUDE SOLUTION	5		REYATAZ CAPSULE	2	
BARACLUDE TABLET	5		RIBAPAK TABLET	5	
COMBIVIR TABLET	2		RIBASPHERE CAPSULE	5	
COPEGUS TABLET	5		RIBASPHERE TABLET	5	
CRIXIVAN CAPSULE	2		<i>ribavirin capsule</i>	5	
CYTOVENE INJECTABLE	4		<i>ribavirin tablet</i>	5	
DENAVIR CREAM	2		<i>rimantadine hcl tablet</i>	1	
<i>didanosine capsule dr</i>	1		SUSTIVA CAPSULE	2	
EMTRIVA CAPSULE	2		SUSTIVA TABLET	2	
EMTRIVA SOLUTION	2		SYMMETREL TABLET	3	
EPIVIR HBV SOLUTION	2		TAMIFLU CAPSULE	2	QL, PA
EPIVIR HBV TABLET	2		TAMIFLU SUSP RECON	2	QL, PA
EPIVIR SOLUTION	2		<i>trifluridine drops</i>	1	QL
EPIVIR TABLET	2		TRIZIVIR TABLET	2	
EPZICOM TABLET	2		TRUVADA TABLET	2	
FAMVIR TABLET	3		VALCYTE TABLET	2	
FLUMADINE SYRUP	3		VALTREX TABLET	2	QL
FLUMADINE TABLET	3		VIDEX EC CAPSULE DR	3	
<i>foscarnet sodium infus btl</i>	5		VIDEX SOLN RECON	2	
FOSCAVIR INFUS BTL	5		VIRACEPT POWDER	2	
FUZEON KIT	5	QL	VIRACEPT TABLET	2	
<i>ganciclovir capsule</i>	1		VIRAMUNE ORAL SUSP	2	
HEPSERA TABLET	5		VIRAMUNE TABLET	2	
INVIRASE CAPSULE	2		VIRAZOLE INJECTABLE	5	
INVIRASE TABLET	2		VIREAD TABLET	2	
KALETRA CAPSULE	2		VIROPTIC DROPS	3	QL
KALETRA SOLUTION	2		VISTIDE INJECTABLE	5	
KALETRA TABLET	2		ZERIT CAPSULE	2	
LEXIVA TABLET	2		ZERIT SOLN RECON	2	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ZIAGEN SOLUTION	2		SEROQUEL XR TABLET	2	
ZIAGEN TABLET	2		ZYPREXA INJECTABLE	4	
<i>zidovudine capsule</i>	1		ZYPREXA TABLET	2	
<i>zidovudine syrup</i>	1		ZYPREXA ZYDIS TAB RAPDIS	2	
<i>zidovudine tablet</i>	1				
ZOVIRAX CAPSULE	3		Blood Glucose Regulators		
ZOVIRAX CREAM	2		ACTOPLUS MET TABLET	2	QL
ZOVIRAX OINT	2		ACTOS TABLET	2	QL
ZOVIRAX ORAL SUSP	3		AMARYL TABLET	3	
ZOVIRAX TABLET	3		APIDRA CARTRIDGE	2	
			APIDRA INJECTABLE	2	
Anxiolytics			AVANDAMET TABLET	2	QL
BUSPAR TABLET	3		AVANDARYL TABLET	2	QL
<i>bupirone hcl tablet</i>	1		AVANDIA TABLET	2	QL
<i>doxepin hcl capsule</i>	1		BYETTA PEN INJCTR	2	QL
<i>doxepin hcl oral conc</i>	1		<i>chlorpropamide tablet</i>	1	
<i>meprobamate tablet</i>	1		DIABETA TABLET	3	
VANSPAR TABLET	3		DIABINESE TABLET	3	
			DUETACT TABLET	2	QL
Bipolar Agents			FORTAMET TAB OSM 24	3	
ABILIFY DISCMELT TAB RAPDIS	2	QL	<i>glimpiride tablet</i>	1	
ABILIFY INJECTABLE	4		<i>glipizide tab osm 24</i>	1	
ABILIFY SOLUTION	2		<i>glipizide tablet</i>	1	
ABILIFY TABLET	2	QL	<i>glipizide/metformin hcl tablet</i>	1	
DEPAKOTE SPRINKLE CAP SPRINK	2		GLUCAGEN KIT	4	
DEPAKOTE TABLET DR	2		GLUCAGON EMERGENCY KIT	4	
EQUETRO CPMP 12HR	2		GLUCOPHAGE TABLET	3	
GEODON CAPSULE	2		GLUCOPHAGE XR TAB SR 24H	3	
GEODON INJECTABLE	4		GLUCOTROL TABLET	3	
LAMICTAL TAB DISPER	3		GLUCOTROL XL TAB OSM 24	3	
LAMICTAL TABLET	2		GLUCOVANCE TABLET	3	
<i>lamotrigine tab disper</i>	1		GLUMETZA TAB SR GR 24H	3	
<i>lithium carbonate capsule</i>	1		<i>glyburide tablet</i>	1	
<i>lithium carbonate tablet</i>	1		<i>glyburide, micronized tablet</i>	1	
<i>lithium carbonate tablet sa</i>	1		<i>glyburide/metformin hcl tablet</i>	1	
<i>lithium citrate solution</i>	1		GLYCRON TABLET	3	
LITHOBID TABLET SA	2		GLYNASE TABLET	3	
RISPERDAL CONSTA DISP SYRIN	5		GLYSET TABLET	3	
RISPERDAL SOLUTION	2		HUMALOG INJECTABLE	2	
RISPERDAL TAB RAPDIS	2		HUMALOG INSULN PEN	2	
RISPERDAL TABLET	2		HUMALOG MIX 50/50 INSULN PEN	2	
SEROQUEL TABLET	2				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HUMALOG MIX 50/50 VIAL	2		SYMLIN INJECTABLE	2	
HUMALOG MIX 75/25 INSULN PEN	2		<i>tolazamide tablet</i>	1	
HUMALOG MIX 75/25 VIAL	2		<i>tolbutamide tablet</i>	1	
HUMULIN 50/50 VIAL	2		Blood Products/Modifiers/ Volume Expanders		
HUMULIN 70/30 INSULN PEN	2		AGGRENOX CPMP 12HR	2	
HUMULIN 70/30 VIAL	2		AGRYLIN CAPSULE	5	
HUMULIN N INSULN PEN	2		<i>anagrelide hcl capsule</i>	1	
HUMULIN N VIAL	2		ARANESP DISP SYRIN	5	PA
HUMULIN R VIAL	2		ARANESP INJECTABLE	5	PA
LANTUS CARTRIDGE	2		ARIXTRA DISP SYRIN	5	
LANTUS VIAL	2		<i>cilostazol tablet</i>	1	
LEVEMIR INJECTABLE	2		COUMADIN INJECTABLE	4	
LEVEMIR INSULN PEN	2		COUMADIN TABLET	2	
METAGLIP TABLET	3		CYKLOKAPRON INJECTABLE	4	
<i>metformin hcl tab sr 24h</i>	1		<i>dipyridamole tablet</i>	1	
<i>metformin hcl tablet</i>	1		EPOGEN INJECTABLE 2,000, 3,000, 4,000 UNITS	4	PA
MICRONASE TABLET	3		EPOGEN INJECTABLE 10,000, 20,000, 40,000 UNITS	5	PA
NOVOLIN 70/30 CARTRIDGE	2		<i>heparin sodium injectable</i>	4	
NOVOLIN 70/30 INJECTABLE	2		LEUKINE INJECTABLE	5	PA
NOVOLIN 70/30 INNOLET INSULN PEN	2		LOVENOX INJECTABLE	5	
NOVOLIN 70/30 INSULN PEN	2		NEULASTA DISP SYRIN	5	QL, PA
NOVOLIN N CARTRIDGE	2		NEUMEGA INJECTABLE	5	PA
NOVOLIN N INJECTABLE	2		NEUPOGEN INJECTABLE	5	PA
NOVOLIN N INNOLET INSULN PEN	2		<i>pentoxifylline tablet sa</i>	1	
NOVOLIN N INSULN PEN	2		PERSANTINE TABLET	3	
NOVOLIN R CARTRIDGE	2		PLAVIX TABLET	2	
NOVOLIN R INJECTABLE	2		PLETAL TABLET	3	
NOVOLIN R INSULN PEN	2		PROCRIT INJECTABLE 2,000, 3,000, 4,000 UNITS	4	PA
NOVOLIN R U-100 SOLN	2		PROCRIT INJECTABLE 20,000, 30,000, 40,000 UNITS	5	PA
NOVOLOG CARTRIDGE	2		TICLID TABLET	3	
NOVOLOG INJECTABLE	2		<i>ticlopidine hcl tablet</i>	1	
NOVOLOG INSULN PEN	2		TRENTAL TABLET SA	3	
NOVOLOG MIX 70/30 CARTRIDGE	2		<i>warfarin sodium tablet</i>	1	
NOVOLOG MIX 70/30 INJECTABLE	2				
NOVOLOG MIX 70/30 INSULN PEN	2				
PRANDIN TABLET	3				
PRECOSE TABLET	2				
PROGLYCEM ORAL SUSP	2				
RIOMET SOLUTION	3				
STARLIX TABLET	2				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Cardiovascular Agents			BUMEX TABLET	3	
ACCUPRIL TABLET	3		CADUET TABLET	3	QL
ACCURETIC TABLET	3		CALAN SR TABLET SA	3	
<i>acebutolol hcl capsule</i>	1		CALAN TABLET	3	
ACEON TABLET	2		CAPOTEN TABLET	3	
ADALAT CC TABLET SA	3		CAPOZIDE TABLET	3	
ADRENALIN CHLORIDE NASAL SOLUTION	3		<i>captopril tablet</i>	1	
ADVICOR TBMP 24HR	3		<i>captopril/ hydrochlorothiazide tablet</i>	1	
ALDACTAZIDE TABLET	3		CARDENE CAPSULE	3	
ALDACTONE TABLET	3		CARDENE INJECTABLE	4	
ALTACE CAPSULE	2		CARDENE SR CAPSULE SA	3	
ALTOPREV TAB SR 24H	3	QL	CARDIZEM CD CAP SR 24H	3	
<i>amiloride hcl tablet</i>	1		CARDIZEM LA TAB SR 24H	3	
<i>amiloride/ hydrochlorothiazide tablet</i>	1		CARDIZEM TABLET	3	
<i>amiodarone hcl injectable</i>	4		CARDURA TABLET	3	
<i>amiodarone hcl tablet</i>	1		CATAPRES TABLET	3	
<i>amlodipine besylate tablet</i>	1	QL	CATAPRES-TTS PATCH TDWK	3	QL
<i>amlodipine besylate/ benazepril hcl capsule</i>	1		<i>chlorothiazide tablet</i>	1	
ANTARA CAPSULE	3		<i>chlorthalidone tablet</i>	1	
ATACAND HCT TABLET	3		<i>cholestyramine/aspartame packet</i>	1	
ATACAND TABLET	3		<i>cholestyramine/aspartame powder</i>	1	
<i>atenolol tablet</i>	1		<i>cholestyramine/sucrose packet</i>	1	
<i>atenolol/chlorthalidone tablet</i>	1		<i>cholestyramine/sucrose powder</i>	1	
AVALIDE TABLET	3		<i>clonidine hcl tablet</i>	1	
AVAPRO TABLET	3		CLORPRES TABLET	3	
<i>benazepril hcl tablet</i>	1		COLESTID GRANULES	3	
<i>benazepril/ hydrochlorothiazide tablet</i>	1		COLESTID PACKET	3	
BENICAR HCT TABLET	3		COLESTID TABLET	3	
BENICAR TABLET	3		<i>colestipol hcl granules</i>	1	
BETAPACE AF TABLET	3		<i>colestipol hcl tablet</i>	1	
BETAPACE TABLET	3		CORDARONE TABLET	2	
<i>betaxolol hcl tablet</i>	1		COREG CR CAPSULE	2	
BIDIL TABLET	2		COREG TABLET	2	
<i>bisoprol/hydrochlorothiazide tablet</i>	1		CORGARD TABLET	3	
<i>bisoprolol fumarate tablet</i>	1		CORZIDE TABLET	3	
<i>bumetanide injectable</i>	4		COVERA-HS TAB OSM 24	3	
<i>bumetanide tablet</i>	1		COZAAR TABLET	2	
			CRESTOR TABLET	3	QL
			DEMADEX INJECTABLE	4	
			DEMADEX TABLET	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
DEMSER CAPSULE	3		<i>gemfibrozil tablet</i>	1	
<i>dexrazoxane injectable</i>	5		<i>guanabenz acetate tablet</i>	1	
DIBENZYLINE CAPSULE	3		<i>guanfacine hcl tablet</i>	1	
<i>digoxin injectable</i>	4		<i>hydralazine hcl injectable</i>	4	
<i>digoxin solution</i>	1		<i>hydralazine hcl tablet</i>	1	
<i>digoxin tablet</i>	1		<i>hydrochlorothiazide capsule</i>	1	
DILACOR XR CAPSULE CR	3		<i>hydrochlorothiazide tablet</i>	1	
DILATRATE-SR CAPSULE SA	3		HYTRIN CAPSULE	3	
<i>diltiazem hcl cap sr 12h</i>	1		HYZAAR TABLET	2	
<i>diltiazem hcl cap sr 24h</i>	1		IMDUR TAB SR 24H	3	
<i>diltiazem hcl capsule cr</i>	1		<i>indapamide tablet</i>	1	
<i>diltiazem hcl injectable</i>	4		INDERAL LA CAP SA 24H	3	
<i>diltiazem hcl tablet</i>	1		INDERAL TABLET	3	
DIOVAN HCT TABLET	2		INDERIDE-40/25 TABLET	3	
DIOVAN TABLET	2		INNOPRAN XL CAP SR 24H	3	
<i>disopyramide phosphate capsule</i>	1		INSPIRA TABLET	3	QL
<i>disopyramide phosphate capsule sa</i>	1		INVERSINE TABLET	3	
DIURIL ORAL SUSP	3		ISMO TABLET	3	
DIURIL SODIUM INJECTABLE	4		ISMOTIC SOLUTION	3	
<i>doxazosin mesylate tablet</i>	1		ISOPTIN SR TABLET SA	3	
DURACLON INJECTABLE	4		ISORDIL TABLET	3	
DYAZIDE CAPSULE	3		<i>isosorbide dinitrate tab subl</i>	1	
DYNACIRC CR TAB OSM 24	3		<i>isosorbide dinitrate tablet</i>	1	
DYRENIUM CAPSULE	3		<i>isosorbide dinitrate tablet sa</i>	1	
EDECIN SODIUM INJECTABLE	4		<i>isosorbide mononitrate tab sr 24h</i>	1	
EDECIN TABLET	3		<i>isosorbide mononitrate tablet</i>	1	
<i>enalapril maleate tablet</i>	1		<i>isradipine capsule</i>	1	
<i>enalapril/</i>			KERLONE TABLET	3	
<i>hydrochlorothiazide tablet</i>	1		<i>labetalol hcl injectable</i>	4	
EPIPEN JR PEN INJECTOR	4	QL	<i>labetalol hcl tablet</i>	1	
EPIPEN PEN INJECTOR	4	QL	LANOXICAPS CAPSULE	2	
ETHMOZINE TABLET	3		LANOXIN INJECTABLE	4	
<i>felodipine tab sr 24h</i>	1		LANOXIN PEDIATRIC INJECTABLE	4	
<i>fenofibrate, micronized capsule</i>	1		LANOXIN TABLET	2	
<i>fenofibrate, micronized tablet</i>	1		LASIX TABLET	3	
<i>flecainide acetate tablet</i>	1		LESCOL CAPSULE	3	QL
<i>fosinopril sodium tablet</i>	1		LESCOL XL TAB SR 24H	3	QL
<i>fosinopril/</i>			LEVATOL TABLET	3	
<i>hydrochlorothiazide tablet</i>	1		LEXXEL TABLET SA	3	
<i>furosemide injectable</i>	4		<i>lidocaine hcl injectable</i>	4	
<i>furosemide solution</i>	1		LIPITOR TABLET	2	QL
<i>furosemide tablet</i>	1				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>lisinopril tablet</i>	1		<i>moexipril/ hydrochlorothiazide tablet</i>	1	
<i>lisinopril/ hydrochlorothiazide tablet</i>	1		MONOKET TABLET	3	
LOFIBRA CAPSULE	3		MONOPRIL HCT TABLET	3	
LOFIBRA TABLET	3		MONOPRIL TABLET	3	
LOPID TABLET	3		<i>nadolol tablet</i>	1	
LOPRESSOR HCT TABLET	3		NIASPAN TABLET SA	2	
LOPRESSOR INJECTABLE	4		<i>nicardipine hcl capsule</i>	1	
LOPRESSOR TABLET	3		<i>nifedipine capsule</i>	1	
LOTENSIN HCT TABLET	3		<i>nifedipine tab osm 24</i>	1	
LOTENSIN TABLET	3		<i>nifedipine tablet sa</i>	1	
LOTREL CAPSULE 2.5/10, 5/10, 5/20, 10/20	3		NIMOTOP CAPSULE	5	QL
LOTREL CAPSULE 5/40, 10/40	2		NITREK PATCH TD24	1	QL
<i>lovastatin tablet</i>	1	QL	NITRO-BID OINT	3	QL
LOVAZA	2		NITRO-DUR PATCH TD24	3	QL
MAVIK TABLET	3		<i>nitroglycerin capsule sa</i>	1	QL
MAXZIDE TABLET	3		<i>nitroglycerin injectable</i>	4	
MAXZIDE-25MG TABLET	3		<i>nitroglycerin patch td24</i>	1	QL
<i>methyclothiazide tablet</i>	1		NITROLINGUAL SPRAY	3	QL
<i>methyldopa tablet</i>	1		NITROSTAT TAB SUBL	2	
<i>methyldopa/ hydrochlorothiazide tablet</i>	1		NORPACE CAPSULE	3	
<i>methyldopate hcl injectable</i>	4		NORPACE CR CAPSULE SA	3	
<i>metolazone tablet</i>	1		NORVASC TABLET	3	QL
<i>metoprol/ hydrochlorothiazide tablet</i>	1		PACERONE TABLET	2	
<i>metoprolol succinate tab sr 24h 25mg</i>	1		<i>papaverine hcl injectable</i>	4	
<i>metoprolol tartrate injectable</i>	4		<i>pindolol tablet</i>	1	
<i>metoprolol tartrate tablet</i>	1		PLENDIL TAB SR 24H	3	
MEVACOR TABLET	3	QL	PRAVACHOL TABLET	3	
<i>mexiletine hcl capsule</i>	1		<i>pravastatin sodium tablet</i>	1	
MICARDIS HCT TABLET	3		<i>prazosin hcl capsule</i>	1	
MICARDIS TABLET	3		PRINIVIL TABLET	3	
MICROZIDE CAPSULE	3		PRINZIDE TABLET	3	
<i>midodrine hcl tablet</i>	1		PROAMATINE TABLET	3	
MINIPRESS CAPSULE	3		<i>procainamide hcl capsule</i>	1	
MINITRAN PATCH TD24	3	QL	<i>procainamide hcl injectable</i>	4	
<i>minoxidil tablet</i>	1		<i>procainamide hcl tablet sa</i>	1	
<i>moexipril hcl tablet</i>	1		PROCANBID TAB SR 12H	3	
			PROCARDIA CAPSULE	3	
			PROCARDIA XL TAB	3	
			PRONESTYL CAPSULE	3	
			PRONESTYL TABLET	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PRONESTYL-SR TABLET SA	3		TIAZAC CAPSULE SA	3	
<i>propafenone hcl tablet</i>	1		TIKOSYN CAPSULE	3	
<i>propranolol hcl cap sa 24h</i>	1		TIMOLIDE TABLET	3	
<i>propranolol hcl injectable</i>	4		<i>timolol maleate tablet</i>	1	
<i>propranolol hcl solution</i>	1		TOPROL XL TAB SR 24H 25MG	3	
<i>propranolol hcl tablet</i>	1		TOPROL XL TAB S4 24H 50MG, 100MG, 200MG	3	
<i>propranolol/ hydrochlorothiazide tablet</i>	1		<i>toremide tablet</i>	1	
QUESTRAN LIGHT PACKET	3		TRANDATE INJECTABLE	4	
QUESTRAN LIGHT POWDER	1		TRANDATE TABLET	3	
QUESTRAN PACKET	3		<i>trandolapril tablet</i>	1	
QUESTRAN POWDER	3		<i>triamterene/ hydrochlorothiazide capsule</i>	1	
<i>quinapril hcl tablet</i>	1		<i>triamterene/ hydrochlorothiazide tablet</i>	1	
<i>quinapril/ hydrochlorothiazide tablet</i>	1		TRICOR TABLET	2	
<i>quinidine gluconate injectable</i>	4		TRIGLIDE TABLET	3	
<i>quinidine gluconate tablet sa</i>	1		TWINJECT PEN INJCTR	4	QL
<i>quinidine sulfate tablet</i>	1		UNIRETIC TABLET	3	
<i>quinidine sulfate tablet sa</i>	1		UNIVASC TABLET	3	
RANEXA TAB SR 12H	2		VASERETIC TABLET	3	
RAUWOLFIA/ BENDROFLUMETHIA TABS	3		VASOTEC TABLET	3	
<i>reserpine tablet</i>	1		<i>verapamil hcl cap 24h</i>	1	
RYTHMOL SR CAP SR 12H	3		<i>verapamil hcl injectable</i>	4	
RYTHMOL TABLET	3		<i>verapamil hcl tablet</i>	1	
SECTRAL CAPSULE	3		<i>verapamil hcl tablet sa</i>	1	
<i>simvastatin tablet</i>	1	QL	VERELAN CAP 24H	3	
<i>sotalol hcl tablet</i>	1		VERELAN PM CAP 24H	3	
<i>spironolact/ hydrochlorothiazide tablet</i>	1		VYTORIN TABLET	3	QL
<i>spironolactone tablet</i>	1		WELCHOL TABLET	3	
SULAR TAB SR 24H	3		XYLOCAINE IV FOR CARDIAC INJECTABLE	4	
TAMBOCOR TABLET	3		ZAROXOLYN TABLET	3	
TARKA TBMP 24HR	3		ZEBETA TABLET	3	
TENEX TABLET	3		ZESTORETIC TABLET	3	
TENORETIC TABLET	3		ZESTRIL TABLET	3	
TENORMIN INJECTABLE	4		ZETIA TABLET	2	QL, PA
TENORMIN TABLET	3		ZIAC TABLET	3	
<i>terazosin hcl capsule</i>	1		ZINECARD INJECTABLE	5	
TEVETEN HCT TABLET	3		ZOCOR TABLET	3	QL
TEVETEN TABLET	3				
THALITONE TABLET	2				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Central Nervous System Agents			Dermatological Agents		
ADDERALL TABLET	3		8-MOP CAPSULE	3	
ADDERALL XR CAP SR 24H	2		AC CUTANE CAPSULE	5	
<i>amphet asp/amphet/ d-amphet tablet</i>	1		ALDARA PACKET	2	
CONCERTA TAB OSM 24	2		AMEVIVE INJECTABLE	5	PA
<i>d-amphetamine sulfate capsule sa</i>	1		<i>ammonium lactate cream</i>	1	
<i>d-amphetamine sulfate tablet</i>	1		<i>ammonium lactate lotion</i>	1	
DESOXYN TABLET	3		<i>amnesteem capsule</i>	1	
DEXEDRINE CAPSULE SA	3		AVITA GEL	1	QL
<i>dexmethylphenidate hcl tablet</i>	1		AZELEX CREAM	3	
DEXTROSTAT TABLET	1		BENOQUIN CREAM	3	
FOCALIN TABLET	3		BENZA CLIN GEL	3	QL
FOCALIN XR CPMP 50-50	3		BENZAMYCIN GEL	3	QL
METADATE CD CPMP 30-70	2		CARAC CREAM	3	
METADATE ER TABLET SA	1		CARMOL HC CREAM	3	
METHYLIN SOLUTION	2		<i>claravis capsule</i>	1	
METHYLIN TAB CHEW	2		<i>clotrimazole/betamet diprop cream</i>	1	
<i>methylphenidate hcl tablet</i>	1		<i>clotrimazole/betamet diprop lotion</i>	1	
<i>methylphenidate hcl tablet sa</i>	1		CONDYLOX GEL	3	
PROVIGIL TABLET	2	QL, PA	CONDYLOX SOLUTION	3	
RILUTEK TABLET	5		DIFFERIN CREAM	3	
RITALIN LA CPMP 50-50	2		DIFFERIN GEL	3	
RITALIN TABLET	3		DOVONEX CREAM	2	QL
RITALIN-SR TABLET SA	3		DOVONEX OINT	2	QL
STRATTERA CAPSULE	2	QL	DOVONEX SOLUTION	2	QL
XYREM SOLUTION	5	QL	DUAC GEL	3	QL
Dental and Oral Agents			EFUDEX CREAM	3	
APHTHASOL PASTE	3		EFUDEX KIT	3	
<i>chlorhexidine gluconate mouthwash</i>	1		EFUDEX SOLUTION	3	
<i>doxycycline hyclate tablet</i>	1		ELIDEL CREAM	3	PA
EVOXAC CAPSULE	3		<i>erythromycin base/benz per gel</i>	1	QL
KEPIVANCE INJECTABLE	5		FINACEA GEL	3	
PERIDEX MOUTHWASH	3		FLUOROPLEX CREAM	3	
PERIOSTAT TABLET	3		<i>fluorouracil solution</i>	1	
<i>pilocarpine hcl tablet</i>	1		<i>isotretinoin capsule</i>	1	
SALAGEN TABLET	3		LAC-HYDRIN CREAM	3	
<i>triamcinolone acetonide paste</i>	1		LAC-HYDRIN LOTION	3	
			LEVULAN SOL W/APPL	2	
			LOTRISONE CREAM	3	
			LOTRISONE LOTION	3	
			<i>nystatin/triamcin cream</i>	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>nystatin/triamcin oint</i>	1		CREON CAPSULE DR	2	
ORACEA CPMP 24HR	3		CYSTADANE POWDER	2	
OXSORALEN LOTION	2		CYSTAGON CAPSULE	2	
OXSORALEN-ULTRA CAPSULE	5		ELAPRASE INJECTABLE	5	
PODOCON-25 LIQUID	3		ELITEK INJECTABLE	5	
<i>podofilox solution</i>	1		ENZYMAX TABLET	3	
PROTOPIC OINT	3	PA	FABRAZYME INJECTABLE	5	
RAPTIVA KIT	5	QL, PA	KUTRASE CAPSULE	2	
REGRANEX GEL	5	PA	KU-ZYME CAPSULE	2	
RETIN-A CREAM	3	QL	<i>levocarnitine injectable</i>	4	
RETIN-A GEL	3	QL	<i>levocarnitine liquid</i>	1	
RETIN-A MICRO GEL	3	QL	<i>levocarnitine tablet</i>	1	
SANTYL OINT	2		NAGLAZYME INJECTABLE	5	
<i>selenium sulfide shampoo</i>	1		ORFADIN CAPSULE	2	
SELSUN RX SHAMPOO	3		PANCREASE MT CAPSULE DR	2	
SOLARAZE GEL	2		PANCRECARB MS CAPSULE DR	2	
SORIATANE CAPSULE	5		PANOCAPS CAPSULE DR	1	
<i>sotret capsule</i>	1		SUCRAID SOLUTION	2	
TAZORAC CREAM	3		ULTRACAPS MT 20 CAPSULE DR	1	
TAZORAC GEL	3		ULTRASE CAPSULE DR	2	
<i>tretinoin cream</i>	1	QL	ULTRASE MT CAPSULE DR	2	
<i>tretinoin gel</i>	1	QL	VIOKASE POWDER	2	
U-CORT CREAM	1		VIOKASE TABLET	2	
UVADEX INJECTABLE	4		ZAVESCA CAPSULE	2	
Z-CLINZ 5 COMBO PKG	3				
Z-CLINZ 10 COMBO PKG	3		Gastrointestinal Agents		
ZONALON CREAM	3		ACIPHEX TABLET DR	3	QL
			ACTIGALL CAPSULE	3	
Enzyme Replacements/Modifiers			ATREZA TABLET	1	
ADAGEN INJECTABLE	5		<i>atropine sulfate injectable</i>	4	
ALDURAZYME INJECTABLE	5		AXID CAPSULE	3	
<i>amylase/lipase/protease capsule</i>	1		AXID SOLUTION	3	
<i>amylase/lipase/protease capsule dr</i>	1		BENTYL CAPSULE	3	
<i>amylase/lipase/protease tablet</i>	1		BENTYL INJECTABLE	4	
BUPHENYL POWDER	2		BENTYL SYRUP	3	
BUPHENYL TABLET	5		BENTYL TABLET	3	
CARNITOR INJECTABLE	4		CANTIL TABLET	3	
CARNITOR LIQUID	3		CARAFATE ORAL SUSP	3	
CARNITOR TABLET	3		CARAFATE TABLET	3	
CEREDASE INJECTABLE	5		<i>cimetidine hcl injectable</i>	4	
CEREZYME INJECTABLE	5		<i>cimetidine hcl liquid</i>	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>cimetidine tablet</i>	1		PEPCID TABLET	3	
COLYTE SOLN RECON	3		<i>polyethylene glycol 3350 powder</i>	1	
COLYTE WITH FLAVOR PACKETS SOLN RECON	3		PREVACID CAPSULE DR	2	QL
<i>dicyclomine hcl capsule</i>	1		PREVACID IV INJECTABLE	4	
<i>dicyclomine hcl injectable</i>	4		PREVACID NAPRAPAC COMBO PKG	3	
<i>dicyclomine hcl syrup</i>	1		PREVACID SUSP DR REC	2	QL
<i>dicyclomine hcl tablet</i>	1		PREVACID TAB RAP DR	2	QL
<i>diphenoxylate hcl/atrop sulf liquid</i>	1		PREVPAC COMBO PKG	2	
<i>diphenoxylate hcl/atrop sulf tablet</i>	1		PRILOSEC CAPSULE DR	3	QL
<i>famotidine injectable</i>	4		PRO-BANTHINE TABLET	3	
<i>famotidine tablet</i>	1		<i>propantheline bromide tablet</i>	1	
GASTROCROM SOLUTION	2		PROTONIX INJECTABLE	4	
<i>glycopyrrolate injectable</i>	4		PROTONIX TABLET DR	3	QL
<i>glycopyrrolate tablet</i>	1		<i>ranitidine hcl capsule</i>	1	
GOLYTELY PACKET	3		<i>ranitidine hcl injectable</i>	4	
GOLYTELY SOLN RECON	3		<i>ranitidine hcl tablet</i>	1	
HALFLYTELY WITH FLAVOR PACKS COMBO PKG	2		ROBINUL FORTE TABLET	3	
HELIDAC COMBO PKG	3		ROBINUL INJECTABLE	4	
KRISTALOSE PACKET	3		ROBINUL TABLET	3	
LACTULOSE SOLN	1		<i>scopolamine methylbromide tablet</i>	1	
<i>lactulose solution</i>	1		<i>sod chloride/nahco3/kcl/peg's soln recon</i>	3	
LOMOTIL LIQUID	3		<i>sod sulf/sod/nahco3/kcl/peg's soln recon</i>	1	
LOMOTIL TABLET	3		<i>sucralfate tablet</i>	1	
<i>loperamide hcl capsule</i>	1		TAGAMET TABLET	3	
LOTRONEX TABLET	2	QL, PA	TALADINE CAPSULE	3	
MOTOFEN TABLET	3		URSO FORTE TABLET	2	
NEXIUM CAPSULE DR	2	QL	URSO TABLET	2	
NEXIUM IV INJECTABLE	4		<i>ursodiol capsule</i>	1	
NEXIUM SUSP DR REC	2	QL	VISICOL TABLET	3	
<i>nizatidine capsule</i>	1		ZANTAC 25 TABLET EFF	3	
NULYTELY SOLN RECON	3		ZANTAC INJECTABLE	4	
<i>omeprazole capsule dr</i>	1	QL	ZANTAC PACKET	3	
OPIUM TINCTURE	1		ZANTAC SYRUP	3	
OSMOPREP TABLET	3		ZANTAC TABLET	3	
PAMINE FORTE TABLET	3		ZANTAC TABLET EFF	3	
PAMINE TABLET	3		ZEGERID CAPSULE	3	QL
<i>paregoric liquid</i>	1				
PEPCID INJECTABLE	4				
PEPCID ORAL SUSP	3				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Genitourinary Agents			<i>betamet diprop/prop gly cream</i>	1	
<i>bethanechol chloride tablet</i>	1		<i>betamet diprop/prop gly oint</i>	1	
CARDURA XL TAB OSM 24	3		<i>betamethasone dipropionate cream</i>	1	
DETROL LA CAP SR 24H	2		<i>betamethasone dipropionate gel</i>	1	
DETROL TABLET	2		<i>betamethasone dipropionate lotion</i>	1	
DITROPAN SYRUP	3		<i>betamethasone dipropionate oint</i>	1	
DITROPAN TABLET	3		<i>betamethasone valerate cream</i>	1	
DITROPAN XL TAB OSM 24	3		<i>betamethasone valerate lotion</i>	1	
ELMIRON CAPSULE	3		<i>betamethasone valerate oint</i>	1	
ENABLEX TAB SR 24H	3		CAPEX SHAMPOO	3	
<i>flavoxate hcl tablet</i>	1		CELESTONE SOLUTION	3	
FLOMAX CAP SR 24H	2		CETACORT LOTION	3	
FOSRENOL TAB CHEW	3		<i>clobetasol propionate cream</i>	1	
LITHOSTAT TABLET	3		<i>clobetasol propionate gel</i>	1	
METHERGINE INJECTABLE	4		<i>clobetasol propionate oint</i>	1	
METHERGINE TABLET	3		<i>clobetasol propionate solution</i>	1	
<i>oxybutynin chloride syrup</i>	1		CLOBEX LOTION	3	
<i>oxybutynin chloride tab osm 24</i>	1		CLOBEX SHAMPOO	3	
<i>oxybutynin chloride tablet</i>	1		CLOBEX SPRAY	3	
OXYTROL PATCH TDSW	3		CLODERM CREAM	3	
PHOSLO CAPSULE	2		CORDRAN LOTION	3	
RENAGEL TABLET	2		CORDRAN MED TAPE	3	
SANCTURA TABLET	3		CORDRAN OINT	3	
<i>sod propionate/inosi/aa14/urea cream/appl</i>	1		CORDRAN SP CREAM	3	
THIOLA TABLET	2		CORMAX CREAM	3	
URECHOLINE TABLET	3		CORMAX OINT	3	
URISPAS TABLET	3		CORMAX SOLUTION	3	
UROXATRAL TAB SR 24H	3		CORTEF TABLET	3	
VESICARE TABLET	2		CUTIVATE CREAM	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			CUTIVATE LOTION	3	
ACLOVATE CREAM	3		CUTIVATE OINT	3	
ACLOVATE OINT	3		DERMA-SMOOTHIE/FS OIL	3	
ALA-SCALP HP LOTION	3		DERMATOP CREAM	3	
<i>alclometasone dipropionate cream</i>	1		DERMATOP OINT	3	
<i>alclometasone dipropionate oint</i>	1		<i>desonide cream</i>	1	
<i>amcinonide cream</i>	1		<i>desonide lotion</i>	1	
<i>amcinonide lotion</i>	1		<i>desonide oint</i>	1	
<i>amcinonide oint</i>	1		DESOWEN CREAM	3	
ARISTOSPAN INJECTABLE	4		DESOWEN LOTION	3	
			DESOWEN OINT	3	
			<i>desoximetasone cream</i>	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>desoximetasone gel</i>	1		KENALOG LOTION	3	
<i>desoximetasone oint</i>	1		KENALOG OINT	3	
<i>diflorasone diacetate cream</i>	1		LACTICARE-HC LOTION	3	
<i>diflorasone diacetate oint</i>	1		LIDEX CREAM	3	
DIPROLENE AF CREAM	3		LIDEX GEL	3	
DIPROLENE LOTION	3		LIDEX OINT	3	
DIPROLENE OINT	3		LIDEX SOLUTION	3	
ELOCON CREAM	3		LIDEX-E CREAM	3	
ELOCON OINT	3		LOCOID CREAM	1	
ELOCON SOLUTION	3		LOCOID LIPOCREAM CREAM	3	
FLORINEF ACETATE TABLET	3		LOCOID OINT	1	
<i>fludrocortisone acetate tablet</i>	1		LOCOID SOLUTION	1	
<i>fluocinolone acetonide cream</i>	1		LOKARA LOTION	1	
<i>fluocinolone acetonide oint</i>	1		LUXIQ FOAM	3	
<i>fluocinolone acetonide solution</i>	1		<i>mometasone furoate cream</i>	1	
<i>fluocinonide cream</i>	1		<i>mometasone furoate oint</i>	1	
<i>fluocinonide gel</i>	1		<i>mometasone furoate solution</i>	1	
<i>fluocinonide oint</i>	1		OLUX-E FOAM	3	
<i>fluocinonide solution</i>	1		OLUX FOAM	3	
<i>fluocinonide/emollient cream</i>	1		PANDEL CREAM	3	
<i>fluticasone propionate cream</i>	1		<i>prednicarbate cream</i>	1	
<i>fluticasone propionate oint</i>	1		<i>prednicarbate oint</i>	1	
<i>halobetasol propionate cream</i>	1		PROCTOCORT CREAM	3	
<i>halobetasol propionate oint</i>	1		PSORCON E CREAM	3	
HALOG CREAM	3		SYNALAR CREAM	3	
HALOG OINT	3		SYNALAR OINT	3	
HALOG SOLUTION	3		SYNALAR SOLUTION	3	
<i>hc/mineral oil/petrolat, wht oint</i>	3		TEMOVATE CREAM	3	
<i>hydrocortisone butyrate cream</i>	1		TEMOVATE E CREAM	3	
<i>hydrocortisone butyrate oint</i>	1		TEMOVATE GEL	3	
<i>hydrocortisone butyrate solution</i>	1		TEMOVATE OINT	3	
<i>hydrocortisone cream</i>	1		TEMOVATE SOLUTION	3	
<i>hydrocortisone lotion</i>	1		TEXACORT SOLUTION	3	
<i>hydrocortisone oint</i>	1		TOPICORT CREAM	3	
<i>hydrocortisone solution</i>	3		TOPICORT GEL	3	
<i>hydrocortisone tablet</i>	1		TOPICORT LP CREAM	3	
<i>hydrocortisone valerate cream</i>	1		TOPICORT OINT	3	
<i>hydrocortisone valerate oint</i>	1		<i>triamcinolone acetonide cream</i>	1	
HYTONE CREAM	3		<i>triamcinolone acetonide lotion</i>	1	
KENALOG AEROSOL	3		<i>triamcinolone acetonide oint</i>	1	
KENALOG CREAM	3		TRIAMCINOLONE ACETONIDE OINT	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ULTRAVATE CREAM	3		ALORA PATCH TDSW	2	QL
ULTRAVATE OINT	3		ANADROL-50 TABLET	5	PA
VANOS CREAM	3		ANDRODERM PATCH TD24	2	QL, PA
VERDESO FOAM	2		ANDROGEL GEL MD PMP	2	QL, PA
WESTCORT CREAM	3		ANDROGEL GEL PACKET	2	QL, PA
WESTCORT OINT	3		ANDROID CAPSULE	3	PA
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary)			ANDROXY TABLET	2	PA
DDAVP INJECTABLE	4		AYGESTIN TABLET	3	
DDAVP SPRAY/PUMP	3	QL	BREVICON TABLET	3	QL
DDAVP TABLET	3		CENESTIN TABLET	3	
<i>desmopressin acetate injectable</i>	4		CLIMARA PATCH TDWK	3	QL
<i>desmopressin acetate solution</i>	1	QL	CLIMARA PRO PATCH TDWK	2	QL
<i>desmopressin acetate spray/pump</i>	3	QL	COMBIPATCH PATCH TDSW	3	QL
<i>desmopressin acetate tablet</i>	1		CRINONE GEL/PF APP	3	
GENOTROPIN CARTRIDGE	5	QL, PA	CYCLESSA TABLET	3	QL
GENOTROPIN DISP SYRIN	5	QL, PA	<i>danazol capsule</i>	1	
HUMATROPE CARTRIDGE	5	QL, PA	DELESTROGEN INJECTABLE	4	
HUMATROPE INJECTABLE	5	QL, PA	DEPO-ESTRADIOL INJECTABLE	4	
INCRELEX INJECTABLE	4		DEPO-PROVERA INJECTABLE	4	
NORDITROPIN CARTRIDGE	5	QL, PA	DEPO-SUBQ PROVERA 104 DISP SYRIN	4	
NORDITROPIN NORDIFLEX PEN INJCTR	5	QL, PA	DEPO-TESTOSTERONE INJECTABLE	4	
NUTROPIN AQ CARTRIDGE	5	QL, PA	DESOGEN TABLET	3	QL
NUTROPIN AQ INJECTABLE	5	QL, PA	<i>desogestrel-ethinyl estradiol tablet</i>	1	QL
NUTROPIN INJECTABLE	5	QL, PA	<i>desog-et estra/ethin estra tablet</i>	1	QL
PREGNYL INJECTABLE	4		ENJUVIA TABLET	3	
SAIZEN CARTRIDGE	5	QL, PA	ESTRACE CREAM/APPL	3	QL
SAIZEN INJECTABLE	5	QL, PA	ESTRACE TABLET	3	
SEROSTIM INJECTABLE	5	QL, PA	ESTRADERM PATCH TDSW	3	QL
STIMATE SPRAY/PUMP	3		<i>estradiol patch tdwk</i>	1	QL
TEV-TROPIN INJECTABLE	5	QL, PA	<i>estradiol tablet</i>	1	
ZORBTVIVE INJECTABLE	5	QL, PA	ESTRASORB EMUL PACKT	3	QL
Hormonal Agents, Stimulant/ Replacement/Modifying (Prostaglandins)			ESTRING VAG RING	3	QL
CYTOTEC TABLET	3		ESTROGEL GEL MD PMP	3	QL
<i>misoprostol tablet</i>	1		<i>estropipate tablet</i>	1	
Hormonal Agents, Stimulant/Replacement/ Modifying (Sex Hormones/Modifiers)			ESTROSTEP FE TABLET	3	QL
ACTIVELLA TABLET	3		<i>ethynodiol d-ethinyl estradiol tablet</i>	1	QL
ALESSE-28 TABLET	3	QL	EVISTA TABLET	2	QL
			FEMHRT TABLET	3	
			FEMRING VAG RING	3	QL

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FEMTRACE TABLET	3		<i>oxandrolone tablet</i>	1	
GYNODIOL TABLET	3		PREFEST TABLET	3	
LEVLITE-28 TABLET	1	QL	PREMARIN CREAM/APPL	2	QL
<i>levonorgestrel-eth estra tablet</i>	1	QL	PREMARIN INJECTABLE	4	
LO/OVRAL-28 TABLET	3	QL	PREMARIN TABLET	2	
LOESTRIN 24 FE TABLET	3	QL	PREMPHASE TABLET	2	
LOESTRIN FE TABLET	3	QL	PREMPRO TABLET	2	
LOESTRIN TABLET	3	QL	PROCHIEVE GEL/PF APP	3	
<i>medroxyprogesterone acet injectable</i>	4		PROMETRIUM CAPSULE	2	
<i>medroxyprogesterone acet tablet</i>	1		PROVERA TABLET	3	
MEGACE ES ORAL SUSP	3		SEASONALE TBDSPK 3MO	3	QL
MEGACE ORAL SUSP	3		TESTIM GEL	3	QL, PA
<i>megestrol acetate oral susp</i>	1		<i>testosterone cypionate injectable</i>	4	
<i>megestrol acetate tablet</i>	1		<i>testosterone enanthate injectable</i>	4	
MENEST TABLET	3		TESTRED CAPSULE	3	
MENOSTAR PATCH TDWK	3	QL	TRI-LEVLEN 28 TABLET	3	QL
METHITEST TABLET	3		TRI-NORINYL TABLET	3	QL
MODICON TABLET	3	QL	TRIPHASIL-28 TABLET	3	QL
NORDETTE-28 TABLET	3	QL	VAGIFEM TABLET	3	
<i>noreth a-et estra/fe fumarate tablet</i>	1	QL	VIVELLE PATCH TDSW	2	QL
<i>norethindrone acetate tablet</i>	1		VIVELLE-DOT PATCH TDSW	2	QL
<i>norethindrone a-e estradiol tablet</i>	1	QL	YASMIN 28 TABLET	3	QL
<i>norethindrone tablet</i>	1	QL	YAZ TABLET	3	QL
<i>norethindrone-mestranol tablet</i>	1	QL	Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid)		
<i>norgestimate-ethinyl estradiol tablet</i>	1	QL	CYTOMEL TABLET	2	
<i>norgestrel-ethinyl estradiol tablet</i>	1	QL	LEVOTHROID TABLET	1	
NORINYL 1+35 TABLET	3	QL	<i>levothyroxine sodium injectable</i>	4	
NOR-Q-D TABLET	3	QL	<i>levothyroxine sodium tablet</i>	1	
NUVARING VAG RING	3	QL	<i>liothyronine sodium injectable</i>	5	
OGEN TABLET	3		SYNTHROID TABLET	2	
ORTHO EVRA PATCH TDWK	2	QL	THYROLAR TABLET	2	
ORTHO MICRONOR TABLET	3	QL	Hormonal Agents, Suppressant (Adrenal)		
ORTHO-CEPT TABLET	3	QL	LYSODREN TABLET	2	
ORTHO-CYCLEN TABLET	3	QL	Hormonal Agents, Suppressant (Parathyroid)		
ORTHO-EST TABLET	3		SENSIPAR TABLET	5	
ORTHO-NOVUM TABLET	3	QL			
OVCON-35 TABLET	3	QL			
OVCON-50 TABLET	3	QL			
OXANDRIN TABLET	5				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Hormonal Agents, Suppressant (Pituitary)			Immunological Agents		
<i>bromocriptine mesylate capsule</i>	1		ACTHIB INJECTABLE	4	
<i>bromocriptine mesylate tablet</i>	1		ACTIMMUNE INJECTABLE	5	PA
<i>cabergoline tablet</i>	1		ADACEL INJECTABLE	4	
DOSTINEX TABLET	3		ALFERON N INJECTABLE	5	
ELIGARD DISP SYRIN	4	PA	ARAVAL TABLET	5	
<i>leuprolide acetate injectable 1mg/.2ml</i>	5	PA	ATTENUVAX VACCINE W/DILUENT INJECTABLE	4	
<i>leuprolide acetate kit 5mg/ml</i>	4	PA	AVASTIN INJECTABLE	5	
LUPRON DEPOT DISP SYRIN	5	PA	AVONEX KIT	5	PA
LUPRON DEPOT KIT	5	PA	AZASAN TABLET	3	PA
LUPRON DEPOT KIT 3.75MG, 7.5MG	4	PA	<i>azathioprine sodium injectable</i>	4	PA
LUPRON DEPOT KIT 11.25MG, 22.5MG, 30MG	5	PA	<i>azathioprine tablet</i>	1	PA
LUPRON DEPOT-PED 7.5MG, 11.25MG, 15MG	5	PA	BETASERON INJECTABLE	5	PA
LUPRON DEPOT-PED KIT	5	PA	BOOSTRIX INJECTABLE	4	
LUPRON INJECTABLE	5	PA	CARIMUNE INJECTABLE	5	PA
LUPRON KIT	5	PA	CARIMUNE NF NANOFILTERED INJECTABLE	5	PA
<i>octreotide acetate injectable</i>	5		CELLCEPT CAPSULE	2	PA
PARLODEL CAPSULE	3		CELLCEPT INJECTABLE	4	PA
PARLODEL TABLET	3		CELLCEPT SUSP RECON	2	PA
SANDOSTATIN INJECTABLE	5		CELLCEPT TABLET	2	PA
SANDOSTATIN LAR KIT	5		COMVAX INJECTABLE	4	
SOMAVERT INJECTABLE	5		COPAXONE KIT	5	PA
SYNAREL SPRAY	5	PA	CUPRIMINE CAPSULE	2	
ZOLADEX IMPLANT	4	PA	<i>cyclosporine capsule</i>	1	PA
Hormonal Agents, Suppressant (Sex Hormones/Modifiers)			<i>cyclosporine injectable</i>	4	PA
AVODART CAPSULE	2		<i>cyclosporine solution</i>	1	PA
CASODEX TABLET	2		<i>cyclosporine, modified capsule</i>	1	PA
<i>finasteride tablet</i>	1		<i>cyclosporine, modified solution</i>	1	PA
<i>flutamide capsule</i>	1		DAPTACEL INJECTABLE	4	
NILANDRON TABLET	2		DECAVAC DISP SYRIN	4	
PLENAXIS INJECTABLE	5		DEPEN TABLET	2	
PROSCAR TABLET	3		DIPHThERIA-TETANUS TOXOID INJECTABLE	4	
Hormonal Agents, Suppressants (Thyroid)			ENBREL DISP SYRIN	5	QL, PA
<i>methimazole tablet</i>	1		ENBREL KIT	5	QL, PA
<i>propylthiouracil tablet</i>	1		ENBREL PEN INJCTR	5	QL, PA
TAPAZOLE TABLET	3		ENGERIX-B INJECTABLE	4	PA
			FLEBOGAMMA INJECTABLE	5	PA
			GAMMAGARD LIQUID INJECTABLE	5	PA

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
VIVOTIF BERNA CAPSULE DR	2		<i>prednisolone tablet</i>	1	
YF-VAX INJECTABLE	4		<i>prednisone oral conc</i>	3	
ZENAPAX INJECTABLE	5		<i>prednisone solution</i>	1	
ZOSTAVAX INJECTABLE	4		<i>prednisone tablet</i>	1	
Inflammatory Bowel Disease Agents			PRELONE SYRUP	3	
ANUSOL-HC CREAM	3		PROCTOCREAM-HC CREAM	1	
ASACOL TABLET DR	2		ROWASA ENEMA	3	
AZULFIDINE TABLET	3		SOLU-CORTEF INJECTABLE	4	
AZULFIDINE TABLET DR	3		SOLU-MEDROL INJECTABLE	4	
CANASA SUPP RECT	2		SOLU-MEDROL W/DILUENT INJECTABLE	4	
COLAZAL CAPSULE	2		STERAPRED DS TAB DS PK	3	
CORTIFOAM FOAM/APPL	3		STERAPRED TAB DS PK	3	
<i>cortisone acetate tablet</i>	1		<i>sulfasalazine tablet</i>	1	
DEPO-MEDROL INJECTABLE	4		<i>sulfasalazine tablet dr</i>	1	
<i>dexamethasone elixir</i>	1		Metabolic Bone Disease Agents		
DEXAMETHASONE			ACTONEL TABLET	2	QL
INTENSOL DROPS	3		ACTONEL WITH CALCIUM TAB DS PK	2	QL
<i>dexamethasone sod phosphate injectable</i>	4		AREDIA INJECTABLE	4	
<i>dexamethasone solution</i>	1		<i>calcitonin, salmon, synthetic spray/pump</i>	1	QL
<i>dexamethasone tablet</i>	1		DIDRONEL INJECTABLE	4	
DEXPAK TAB DS PK	3		DIDRONEL TABLET	3	
DIPENTUM CAPSULE	3		<i>etidronate disodium tablet</i>	1	
ENTOCORT EC CAP SR 24H	2		FORTEO PEN INJECTOR	5	QL, PA
<i>hydrocortisone enema</i>	1		FOSAMAX PLUS D TABLET	2	QL
KENALOG-10 INJECTABLE	4		FOSAMAX SOLUTION	2	QL
KENALOG-40 INJECTABLE	4		FOSAMAX TABLET	2	QL
MEDROL TAB DS PK	3		HECTOROL CAPSULE	2	
MEDROL TABLET	3		HECTOROL INJECTABLE	4	
<i>mesalamine enema</i>	1		MIACALCIN INJECTABLE	4	
<i>methylprednisolone acetate injectable</i>	4		MIACALCIN SPRAY/PUMP	3	QL
<i>methylprednisolone sod succ injectable</i>	4		<i>pamidronate disodium injectable</i>	4	
<i>methylprednisolone tablet</i>	1		SKELID TABLET	3	
ORAPRED ODT TAB RAPDIS	3		ZOMETA INJECTABLE	5	
ORAPRED SOLUTION	3		Miscellaneous Therapeutic Agents		
PEDIAPRED SOLUTION	3		ALCOHOL SWABS MED PAD	1	
PENTASA CAPSULE SA	2		<i>bacteriostatic sodium chloride injectable</i>	4	
<i>prednisolone sod phosphate solution</i>	1		BD ECLIPSE LUER-LOK SYRINGE DISP SYRIN	2	QL
<i>prednisolone syrup</i>	1				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
BD INSULIN SYRINGE SAFETYGLIDE DISP SYRIN	2	QL	BLEPHAMIDE DROPS SUSP	3	QL
BOTOX INJECTABLE	5	PA	BLEPHAMIDE SOP OINT	3	QL
ETHYOL INJECTABLE	5		<i>brimonidine tartrate drops</i>	3	
GAUZE BANDAGE	1	QL	<i>carbachol injectable</i>	4	
<i>leucovorin calcium injectable</i>	4		<i>carteolol hcl drops</i>	1	
<i>leucovorin calcium tablet</i>	1		CORTISPORIN DROPS SUSP	3	
<i>mesna injectable</i>	5		COSOPT DROPS	2	QL
MESNEX INJECTABLE	4		CROLOM DROPS	3	QL
MESNEX TABLET	2		<i>cromolyn sodium drops</i>	1	QL
MYOBLOC INJECTABLE	4	PA	<i>dexamethasone sod phosphate drops</i>	1	QL
NEEDLES DIS NEEDLE	2	QL	DIAMOX SEQUELS CAPSULE SA	3	
<i>neomy sulf/polymyxin b sulfate injectable</i>	4		<i>dipivefrin hcl drops</i>	1	
<i>oxytocin injectable</i>	4		ECONOPRED PLUS DROPS SUSP	3	QL
<i>sodium cl irrig soln</i>	4		ELESTAT DROPS	3	QL
SYRINGE DISP	2	QL	EMADINE DROPS	3	QL
UNIFINE PENTIPS DIS NEEDLE	2	QL	FLAREX DROPS SUSP	3	QL
Ophthalmic Agents			<i>fluorometholone drops susp</i>	1	QL
<i>acetazolamide sodium injectable</i>	4		<i>flurbiprofen sodium drops</i>	1	
<i>acetazolamide tablet</i>	1		FML DROPS SUSP	3	QL
ACULAR DROPS	3	QL	FML FORTE DROPS SUSP	3	QL
ACULAR LS DROPS	3		FML SOP OINT	3	QL
ACULAR PF DROPERETTE	3	QL	IOPIDINE DROPERETTE	3	QL
ALAMAST DROPS	3	QL	IOPIDINE DROPS	3	QL
ALBALON DROPS	3		ISOPTO HOMATROPINE DROPS	3	
ALOCRIAL DROPS	3	QL	ISTALOL DROP DAILY	3	QL
ALOMIDE DROPS	3	QL	<i>ketotifen fumarate drops</i>	1	QL
ALPHAGAN P DROPS	2		LACRISERT INSERT	2	QL
ALREX DROPS SUSP	3		<i>levobunolol hcl drops</i>	1	QL
<i>atropine sulfate drops</i>	1		LOTEMAX DROPS SUSP	3	
<i>atropine sulfate oint</i>	1		LUMIGAN DROPS	3	
AZOPT DROPS SUSP	3		MAXIDEX DROPS SUSP	3	
<i>bacitracin zinc and neomycin sulfate and polymyxin</i>	1		MAXITROL DROPS SUSP	3	
<i>bacitracin/polymyxin b sulfate oint</i>	1		MAXITROL OINT	3	
BETAGAN C CAP QD SOLN	3	QL	<i>methazolamide tablet</i>	1	
BETAGAN DROPS	3	QL	<i>metipranolol drops</i>	1	
<i>betaxolol hcl drops</i>	1	QL	MYDRIACYL DROPS	3	
BETIMOL DROPS	3	QL	<i>na sulfacetm/prednis sp drops</i>	1	QL
BETOPTIC S DROPS SUSP	3	QL	<i>naphazoline hcl drops</i>	1	
			<i>neo/polymyx b sulf/dexameth drops susp</i>	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>neo/polymyx b sulf/ dexameth oint</i>	1		TRUSOPT DROPS	2	QL
<i>neomy sulf/bacitra/ polymyxin b oint</i>	1		VEXOL DROPS SUSP	3	
<i>neomy sulf/bacitrac zn/ poly/hc oint</i>	1		VOLTAREN DROPS	3	QL
<i>neomy sulf/gramicid d/ poly drops</i>	1		XALATAN DROPS	2	
<i>neomy sulf/polymyx b sulf/ hc drops susp</i>	1		ZYLET DROPS SUSP	3	
<i>neomycin/gramicidin/ polymyxn b drops</i>	1		Otic Agents		
NEOSPORIN DROPS	3		<i>acetic acid solution</i>	1	
NEVANAC DROPS SUSP	3		<i>acetic acid/aluminum acetate drops</i>	1	
OCUFEN DROPS	3		<i>acetic acid/hydrocortisone drops</i>	1	QL
OPTIPRANOLOL DROPS	3		CIPRO HC DROPS SUSP	3	
OPTIVAR DROPS	3	QL	CIPRODEX DROPS SUSP	2	
PATADAY DROPS	2	QL	COLY-MYCIN S DROPS SUSP	3	QL
PATANOL DROPS	2	QL	CORTISPORIN DROPS SUSP	3	QL
PHOSPHOLINE IODIDE DROPS	3		CORTISPORIN SOLUTION	3	QL
PILOPINE HS GEL	3	QL	CORTISPORIN-TC DROPS SUSP	3	
<i>polymyxin b sulfate/tmp drops</i>	1	QL	DERMOTIC DROPS	3	
POLY-PRED DROPS SUSP	3		FLOXIN DROPERETTE	2	QL
POLYTRIM DROPS	3	QL	FLOXIN DROPS	2	QL
PRED FORTE DROPS SUSP	3	QL	<i>neomy sulf/polymyx b sulf/ hc drops susp</i>	1	QL
PRED MILD DROPS SUSP	3	QL	<i>neomy sulf/polymyx b sulf/ hc solution</i>	1	QL
PRED-G DROPS SUSP	3		PEDIOTIC DROPS SUSP	3	QL
PRED-G OINT	3		<i>pramoxine hcl/chloroxyleneol drops</i>	1	
<i>prednisolone acetate drops susp</i>	1	QL	Respiratory Tract Agents		
<i>prednisolone sod phosphate drops</i>	1	QL	ACCOLATE TABLET	3	QL, PA
PROPINE DROPS	3		ACCUNEb SOLUTION	2	
RESTASIS DROPERETTE	2		<i>acetylcysteine injectable</i>	1	
<i>timolol maleate drops</i>	1	QL	ADRENALIN CHLORIDE INJECTABLE	4	
<i>timolol maleate sol-gel</i>	1	QL	ADVAIR DISKUS DISK W/DEV	2	QL
TIMOPTIC DROPERETTE	3	QL	ADVAIR HFA AER W/ADAP	2	QL
TIMOPTIC DROPS	3	QL	AEROBID AER W/ADAP	3	QL
TIMOPTIC-XE SOL-GEL	3	QL	AEROBID-M AER W/ADAP	3	QL
TOBRADEX DROPS SUSP	2	QL	<i>albuterol aerosol</i>	1	QL
TOBRADEX OINT	2	QL	<i>albuterol sulfate solution</i>	1	
TRAVATAN DROPS	2		<i>albuterol sulfate syrup</i>	1	
TRAVATAN Z DROPS	2		<i>albuterol sulfate tablet</i>	1	
<i>tropicamide drops</i>	1		ALLEGRA ORAL SUSP	3	QL
			ALLEGRA TABLET	3	QL
			ALLEGRA-D 12 HOUR TAB SR 12H	3	QL

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ALLEGRA-D 24 HOUR TAB SR 24H	3	QL	<i>hydroxyzine hcl injectable</i>	4	
ALUPENT AER W/ADAP	2	QL	<i>hydroxyzine hcl syrup</i>	1	
<i>aminophylline injectable</i>	4		<i>hydroxyzine hcl tablet</i>	1	
<i>aminophylline tablet</i>	1		<i>hydroxyzine pamoate capsule</i>	1	
ARALAST INJECTABLE	4		INTAL AEROSOL	2	QL
ASMANEX AER POW BA	2		INTAL AMPUL-NEB	3	
ASTELIN SPRAY/PUMP	2	QL	<i>ipratropium bromide solution</i>	1	
ATROVENT HFA AER W/ADAP	2	QL	<i>ipratropium bromide spray</i>	1	QL
ATROVENT SPRAY	3	QL	ISUPREL INJECTABLE	4	
AZMACORT AER W/ADAP	3	QL	LUFYLLIN TABLET	3	
BECONASE AQ SPRAY	3	QL	LUFYLLIN-400 TABLET	3	
BENADRYL CAPSULE	3		MAXAIR AUTOHALER AER BR ACT	3	QL
BENADRYL INJECTABLE	4		<i>metaproterenol sulfate solution</i>	1	
BRETHINE INJECTABLE	4		<i>metaproterenol sulfate syrup</i>	1	
BRETHINE TABLET	3		<i>metaproterenol sulfate tablet</i>	1	
CLARINEX SYRUP	3	QL	MUCOMYST-10 INJECTABLE	3	
CLARINEX TAB RAPDIS	3	QL	NASACORT AQ SPRAY	3	QL
CLARINEX TABLET	3	QL	NASAREL SPRAY	3	QL
CLARINEX-D 12 HOUR TBMP 12HR	3	QL	NASONEX SPRAY	2	QL
CLARINEX-D 24 HOUR TBMP 24HR	3	QL	PALGIC LIQUID	1	
<i>clemastine fumarate syrup</i>	1		PALGIC TABLET	3	
<i>clemastine fumarate tablet</i>	1		PHENERGAN INJECTABLE	4	
COMBIVENT AER W/ADAP	2	QL	<i>phenylephrine hcl/</i>		
<i>cromolyn sodium ampul-neb</i>	1		<i>prometh hcl syrup</i>	1	
<i>cyproheptadine hcl syrup</i>	1		PROAIR HFA AER	2	QL
<i>cyproheptadine hcl tablet</i>	1		PROLASTIN INJECTABLE	4	
<i>dexchlorpheniramine maleate syrup</i>	1		<i>promethazine hcl injectable</i>	4	
DILOR INJECTABLE	4		<i>promethazine hcl supp rect</i>	1	
<i>diphenhydramine hcl capsule</i>	1		<i>promethazine hcl syrup</i>	1	
<i>diphenhydramine hcl disp syrin</i>	4		<i>promethazine hcl tablet</i>	1	
<i>diphenhydramine hcl elixir</i>	1		PROVENTIL AEROSOL	3	QL
DUONEB SOLUTION	2		PROVENTIL HFA AEROSOL	2	QL
ELIXOPHYLLIN ELIXIR	2		PROVENTIL SOLUTION	3	
<i>epinephrine disp syrin</i>	4		PULMICORT INHALER	3	QL
<i>epinephrine injectable</i>	4		PULMICORT AMPUL-NEB	3	QL
<i>fexofenadine hcl tablet</i>	1	QL	QVAR AER W/ADAP	3	QL
FLONASE SPRAY	3	QL	REVATIO TABLET	5	QL, PA
FLOVENT HFA AER W/ADAP	2	QL	RHINOCORT AQUA SPRAY	3	QL
<i>flunisolide spray</i>	1	QL	SEMPREX-D CAPSULE	3	
<i>fluticasone propionate spray</i>	1		SEREVENT DISKUS	2	QL
FORADIL CAP W/DEV	3	QL	SINGULAIR GRAN PACK	2	QL

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes	
SINGULAIR TAB CHEW	2	QL	Skeletal Muscle Relaxants <i>aspirin and caffeine and orphenadrine citrate tabs</i> <i>carisoprodol tablet</i> <i>carisoprodol/aspirin tablet</i> <i>chlorzoxazone tablet</i> <i>codeine phos/carisoprodol/asa tablet</i> <i>cyclobenzaprine hcl tablet</i> FLEXERIL TABLET <i>methocarbamol tablet</i> NORFLEX INJECTABLE <i>orphenadrine citrate injectable</i> <i>orphenadrine citrate tablet sa</i> <i>orphenadrine/aspirin/caffeine tablet</i> PARAFON FORTE DSC TABLET ROBAXIN INJECTABLE ROBAXIN TABLET ROBAXIN-750 TABLET SKELAXIN TABLET SOMA COMPOUND TABLET SOMA COMPOUND W/CODEINE TABLET SOMA TABLET			
SINGULAIR TABLET	2	QL				
SODIUM CHLORIDE AMPUL-NEB	2				1	
SPIRIVA CAP W/DEV	2	QL			1	
SYMBICORT INHALER	2	QL			1	
<i>terbutaline sulfate injectable</i>	4				1	
<i>terbutaline sulfate tablet</i>	1				1	
THEO-24 CAP SR 24H	2				1	
THEOCAP CAP SR 12H	2				1	
THEOCHRON TAB SR 12H	2				3	
<i>theophylline anhydrous cap sr 12h</i>	1				1	
<i>theophylline anhydrous tab sr 12h</i>	1				4	
TILADE AER W/ADAP	2				4	
TRACLEER TABLET	5				1	
TYZINE DROPS	2				1	
UNIPHYL TABLET SA	2				3	
VENTAVIS AMPUL-NEB	2				3	
VENTOLIN HFA AEROSOL	2	QL			4	
VISTARIL CAPSULE	3				3	
VISTARIL ORAL SUSP	3				3	
VOSPIRE ER TAB SR 12H	3				3	
XOLAIR VIAL	5	PA			3	
XOPENEX AMPUL-NEB	2				3	
XOPENEX HFA AER W/ADAP	2	QL			3	
XOPENEX SOLUTION	2					
ZEMAIRA INJECTABLE	4			Therapeutic Nutrients/Minerals/ Electrolytes		
ZYFLO TABLET	2	QL, PA		<i>0.5 normal saline iv soln</i>	4	
ZYRTEC SYRUP	2	QL		<i>aa 4.25%/calcium/lytes/d25w iv soln</i>	4	PA
ZYRTEC TAB CHEW	2	QL		<i>aa electrolyte-tpn soln iv soln</i>	4	PA
ZYRTEC TABLET	2	QL		ALCOHOL IN DEXTROSE IV SOLN	4	
ZYRTEC-D TAB SR 12H	3	QL		AMINESS IV SOLN	4	PA
Sedatives/Hypnotics				<i>amino acids iv soln</i>	4	PA
AMBIEN CR TAB	2	QL	AMINOSYN IV SOLN	4	PA	
AMBIEN TABLET	3	QL	AMMONIUM CHLORIDE INJECTABLE	4		
LUNESTA TABLET	3	QL, PA	<i>bacteriostatic sodium chloride injectable</i>	4		
SONATA CAPSULE	2	QL	CALCIJEX INJECTABLE	4		
<i>zolpidem tartrate</i>	1	QL	<i>calcitriol capsule</i>	1		
			<i>calcitriol injectable</i>	4		
			CALCITRIOL INJECTABLE	4		

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>calcitriol solution</i>	1		<i>perit dialysis & dex soln</i>	4	
CLINIMIX E IV SOLN	4	PA	<i>physiological irrigation soln</i>	4	
CLINIMIX IV SOLN	4	PA	PHYSIOSOL IRRIG SOLN	4	
DELFLEX W/4.25% DEXTROSE IP SOLN	4		PLASMA-LYTE A PH 7.4 IV SOLN	4	
<i>dextrose-lactated ringers iv soln</i>	4		PLASMA-LYTE IN DEXTROSE IV SOLN	4	
<i>dextrose-normal saline iv soln</i>	4		PLASMA-LYTE IV SOLN	4	
<i>dextrose-water iv soln</i>	4		<i>potassium chloride capsule sa</i>	1	
<i>dialysis solutions ip soln</i>	4		<i>potassium chloride injectable</i>	4	
DIANEAL PD-2 W/DEXTROSE IP SOLN	4		<i>potassium chloride packet</i>	1	
DIANEAL W/DEXTROSE IP SOLN	4		<i>potassium chloride tablet sa</i>	1	
<i>electrolyte solution injectable</i>	4	PA	<i>potassium chloride/d5-ns iv soln</i>	4	
<i>fat emulsions emulsion</i>	4	PA	<i>potassium chloride/d5w iv soln</i>	4	
FREAMINE HBC IV SOLN	4	PA	<i>potassium chloride/ns iv soln</i>	4	
FREAMINE III KIT	4	PA	<i>potassium citrate tablet sa</i>	1	
FREAMINE III W/ELECTROLYTES IV SOLN	4	PA	<i>prenatal with folic acid (>.8mg) n/a</i>	1	
INTRALIPID EMULSION	4	PA	PROCALAMINE IV SOLN	4	
<i>inverted sugar 10% iv soln</i>	4	PA	QUICK MIX W/LYTES IV SOLN	4	PA
IONOSOL B W/DEXTROSE 5% IV SOLN	4		RENAMIN IV SOLN	4	PA
IONOSOL MB W/DEXTROSE 5% IV SOLN	4		<i>ringers solution irrig soln</i>	4	
IONOSOL T-DEXTROSE 5% IV SOLN	4		<i>ringers solution iv soln</i>	4	
ISOLYTE H W/DEXTROSE IV SOLN	4		<i>ringers solution, lactated irrig soln</i>	4	
ISOLYTE P W/DEXTROSE IV SOLN	4		<i>ringers solution, lactated iv soln</i>	4	
ISOLYTE S IV SOLN	4		ROCALTROL CAPSULE	3	
ISOLYTE S W/DEXTROSE IV SOLN	4		ROCALTROL SOLUTION	3	
KAON-CL 10 TABLET SA	1		<i>sodium bicarbonate disp syrin</i>	4	
KLOR-CON M15 TAB PRT SR	1		<i>sodium chloride injectable</i>	4	
KLOTRIX TABLET SA	1		<i>sodium lactate injectable</i>	4	
K-TAB TABLET SA	3		TRAVASOL IV SOLN	4	PA
LIPOSYN EMULSION	4	PA	TRAVASOL W/DEXTROSE IV SOLN	4	PA
<i>magnesium sulfate injectable</i>	4		TRAVASOL W/ELECTROLYTES IV SOLN	4	PA
MICRO-K 10 CAPSULE SA	3		TRAVERT IN NORMAL SALINE IV SOLN	4	PA
NEPHRAMINE IV SOLN	4	PA	TRAVERT-1/2 NORMAL SALINE W/KCL IV SOLN	4	PA
NIACOR TABLET	2		TROPHAMINE IV SOLN	4	PA
<i>normal saline iv soln</i>	4		UROKIT-K TABLET SA	3	
NORMOSOL-R PH 7.4 IV SOLN	4		<i>water for irrigation, sterile</i>	4	

Barbiturates and Benzodiazepines

Legend

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

QL = Drugs with Quantity Limits

PA = Drugs requiring Prior Authorization

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

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

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

Index of Drugs

Legend

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

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

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8-MOP CAPSULE	21	ACTOPLUS MET TABLET	15
<i>aa 4.25%/calcium/lytes/ d25w iv soln</i>	34	ACTOS TABLET	15
<i>aa electrolyte-tpn soln iv soln</i>	34	ACULAR DROPS	31
ABELCET INJECTABLE	9	ACULAR LS DROPS	31
ABILIFY DISCMELT TAB RAPDIS	15	ACULAR PF DROPERETTE	31
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ABILIFY SOLUTION	15	<i>acyclovir oral susp</i>	14
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ABRAXANE INJECTABLE	11	<i>acyclovir tablet</i>	14
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Please Note: The plan's formulary may change several times during a given year. To view the most current formulary, please visit our Web site at www.bmedicarerx.com. You may also obtain customized drug look-up information or request a copy of the most current formulary by calling Customer Service at 1-800-928-6201, 8 a.m. to 8 p.m., 7 days a week. TTY/TTD users should call 1-877-247-1657 during these hours.

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