



GroupHealth

**Group Health  
Clear Care Part D Formulary**

**2009 Comprehensive 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.

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## **What is the Group Health Clear Care Part D Formulary?**

A formulary is a list of covered drugs selected by Group Health 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. Group Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Group Health network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## **Can the Formulary change?**

Generally, if you are taking a drug on our 2009 Group Health Clear Care formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2009 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2009. To get updated information about the drugs covered by Group Health, please visit our Web site at [www.ghc.org](http://www.ghc.org) or call Customer Services at 1-888-901-4600, Monday – Friday, 8 a.m. to 8 p.m. From Nov. 15, 2008, through Mar. 1, 2009, we will be available every day of the week from 8 a.m. to 8 p.m. TTY/TDD users should call TTY WA Relay: 711 or 1-800-833-6388

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page number 6. 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, Cardiac Drugs. If you know what your drug is used for, look for the category name in the list that begins on page number 6. 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 number 71. 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?

Group Health 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:** Group Health requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Group Health before you fill your prescriptions. If you don't get approval, Group Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Group Health limits the amount of the drug that Group Health will cover. For example, Group Health provides 12 doses per prescription for MAXALT. 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 number 6.

You can ask Group Health to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Group Health formulary?" on page number 3 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. You can contact Customer Service at 1-888-901-4600, Monday – Friday, 8 a.m. to 8 p.m. From Nov. 15, 2008, through Mar. 1, 2009, we will be available every day of the week from 8 a.m. to 8 p.m. TTY/TDD users should call TTY WA Relay: 711 or 1-800-833-6388.

The 2009 Group Health Clear Care Formulary includes all Medicare Part D allowable prescription drugs. Group Health does not cover any drugs that Medicare does not cover. Medicare Part D (and therefore Group Health) does not cover the following types of drugs:

- Benzodiazepines—mood drugs such as Valium
- Barbiturates such as Phenobarbital
- Cosmetic or hair-growth products.
- Drugs for weight loss or weight gain.
- Drugs for symptomatic relief of cough and cold
- Prescription vitamins and minerals
- Erectile dysfunction (ED) drugs like Viagra, Cialis, Levitra, and Caverject

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

- You can ask Customer Services for a list of similar drugs that are covered by Group Health. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Group Health.

- You can ask Group Health 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 2009 Group Health Clear Care Formulary?**

You can ask Group Health 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 waive coverage restrictions or limits on your drug. For example, for certain drugs, Group Health 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 Generic or 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 Generic or Preferred Brand-name drug tier instead. This would lower the amount you must pay for your drug.

Generally, Group Health will only approve your request for an exception if the Preferred Generic or Preferred Brand-name drug is included on the plan's formulary, 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 tiering or utilization restriction exception. **When you are requesting a 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 covered at the Non-Preferred Generic or Non-Preferred Brand-name Coverage level. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. 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 drugs 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.

Group Health assures that members in transition have access to covered medications without an interruption in therapy.

## For more information

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

If you have questions about Group Health, please call Customer Service at 1-888-901-4600, Monday – Friday, 8 a.m. to 8 p.m. From Nov. 15, 2008, through Mar. 1, 2009, we will be available every day of the week from 8 a.m. to 8 p.m. TTY/TDD users should call TTY WA Relay: 711 or 1-800-833-6388. Or visit [www.ghc.org](http://www.ghc.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).

## Group Health 2009 Clear Care Part D Formulary

The formulary below provides coverage information about some of the drugs covered by Group Health. If you have trouble finding your drug in the list, turn to the Index that begins on page number 71.

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

The second column of the chart lists the drug tier or coverage level. Group Health covers all Medicare Part D allowable prescription drugs at three levels of coverage: Preferred Generic (Tier 1), Preferred Brand (Tier 2), and Non-Preferred Generic and Non-Preferred Brand-name drugs (Tier 3). To determine the coverage level you will need to determine the tier level (1, 2, or 3) of your drug. Once you have found your drug, look in the “Tier” column to determine whether your drug is Tier 1 (Preferred Generic), Tier 2 (Preferred Brand-name), or Tier 3 (Non-Preferred Generic or Non-Preferred Brand-name). Once you have determined the type of drug, you can refer to your 2009 Summary of Benefits or Evidence of Coverage for information on the level of coverage.

### Initial Coverage Level\*

Tier	Coverage Level	Clear Care Essential	Clear Care Optimal	Clear Care Sound
1	Preferred Generic	15% coinsurance	\$9 copayment	\$10 copayment
2	Preferred Brand	30% coinsurance	\$15 copayment	\$10 copayment
3	Non-Preferred Generic or Brand	50% coinsurance	50% coinsurance	50% coinsurance

\*Coverage level shown does not reflect deductibles, gap coverage, or catastrophic benefit coverage. Please refer to your 2009 Summary of Benefits or Evidence of Coverage for details.

The information in the Notes column tells you if Group Health has any special requirements for coverage of your drug. The following abbreviations are used:

- **PA = Prior Authorization:** Group Health requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Group

Health before you fill your prescriptions. If you don't get approval, Group Health may not cover the drug.

- **QL = Quantity Limits:** For certain drugs, Group Health limits the amount of the drug that Group Health will cover. For example, Group Health provides 12 doses per prescription for MAXALT. This may be in addition to a standard one month or three month supply.
- **ML = Maintenance List:** For certain drugs you take on a regular basis, for a chronic or long term medical condition, you may order up to a 90 day supply of the drugs through mail-order prescription drug services or retail pharmacies who have agreed to accept the mail-order cost-sharing amount for an extended supply of maintenance medications.
- **LA = Limited Availability:** This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or please call Customer Service at 1-888-901-4600, Monday – Friday, 8 a.m. to 8 p.m. From Nov. 15, 2008, through Mar. 1, 2009, we will be available every day of the week from 8 a.m. to 8 p.m. TTY/TDD users should call TTY WA Relay: 711 or 1-800-833-6388.
- **HI = Home Infusion:** For certain drugs, Group Health may be covered under your medical benefit. For more information, call Customer Service at 1-888-901-4600, Monday – Friday, 8 a.m. to 8 p.m. From Nov. 15, 2008, through Mar. 1, 2009, we will be available every day of the week from 8 a.m. to 8 p.m. TTY/TDD users should call TTY WA Relay: 711 or 1-800-833-6388

Drug Name	Drug Tier	Notes
<b>ACIDIFYING AGENTS</b>		
<b>ACIDIFYING AGENTS</b>		
AMMONIUM CHLORIDE	2	
<b>ADRENALS</b>		
<b>ADRENALS</b>		
<i>a-hydrocort</i>	1	
<i>a-methapred</i>	1	
AEROBID	3	
AEROBID-M	3	
ALVESCO	3	
ASMANEX 120 METERED DOSES	2	
ASMANEX 14 METERED DOSES	3	
ASMANEX 30 METERED DOSES	3	
ASMANEX 60 METERED DOSES	2	
AZMACORT	3	
CELESTONE	3	
CORTEF TABS 10MG, 5MG	2	
CORTEF TABS 20MG	3	
<i>cortisone acetate</i>	1	
DEPO-MEDROL INJ 20MG/ML	2	
DEPO-MEDROL INJ 40MG/ML, 80MG/ML	3	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone sodium phosphate</i>	3	
DEXAMETHASONE SOLN	3	
<i>dexamethasone elix, tabs</i>	1	
DEXPAK 13 DAY	3	
ENTOCORT EC	3	
FLOVENT DISKUS	3	
FLOVENT HFA	2	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i>	1	
MEDROL DOSEPAK	3	
MEDROL TABS 2MG	2	
MEDROL TABS 16MG, 32MG, 4MG, 8MG	3	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodiumsuccinate</i>	1	
MILLIPRED	3	
ORAPRED	3	
ORAPRED ODT	3	
PEDIAPRED	3	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
PREDNISON INTENSOL	3	
PREDNISON SOLN	3	
PREDNISON TABS 50MG	2	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 5mg</i>	1	
PRELONE	3	
PULMICORT	2	

Drug Name	Drug Tier	Notes
PULMICORT FLEXHALER	3	
QVAR	2	
SOLU-CORTEF	2	
SOLU-MEDROL	3	
SOLU-MEDROL ACT-O-VIAL	3	
STERAPRED	3	
STERAPRED 12 DAY	3	
STERAPRED DS	3	
STERAPRED DS 12 DAY	3	
SYMBICORT	3	
<i>veripred 20</i>	3	
<b>ALKALINIZING AGENTS</b>		
<b>ALKALINIZING AGENTS</b>		
<i>potassium citrate extended-release</i>	1	
<i>sodium bicarbonate</i>	1	
SODIUM LACTATE INJ 167MEQ/L	3	
<i>sodium lactate inj 5meq/ml</i>	1	
UROCIT-K 10	3	
UROCIT-K 5	3	
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
CARDURA	3	
CARDURA XL	3	
<i>doxazosin mesylate</i>	1	
HYTRIN	3	
MINIPRESS	3	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
<b>AMMONIA DETOXICANTS</b>		
<b>AMMONIA DETOXICANTS</b>		
BUPHENYL	3	
<i>constulose</i>	1	
ENULOSE	3	
<i>generlac</i>	1	
KRISTALOSE	3	
<i>lactulose</i>	1	
LITHOSTAT	3	
<b>ANALGESICS AND ANTIPYRETICS</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ANAPROX	3	
ANAPROX DS	3	
ARTHROTEC 50	3	
ARTHROTEC 75	3	
CATAFLAM	3	
CELEBREX	3	
CLINORIL	3	
DAYPRO	3	
<i>diclofenac potassium</i>	3	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium dr</i>	1	

Drug Name	Drug Tier	Notes
<i>diclofenac sodium ec</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium xr</i>	1	
<i>diflunisal</i>	1	
EC-NAPROSYN	3	
EQUAGESIC	3	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
FELDENE	3	
<i>fenoprofen calcium</i>	3	
<i>flurbiprofen</i>	1	
<i>ibuprofen</i>	1	
INDOCIN	3	
INDOCIN SR	3	
<i>indomethacin</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen</i>	3	
<i>ketoprofen er</i>	3	
<i>ketorolac tromethamine inj</i>	1	
<i>ketorolac tromethamine tabs</i>	3	
<i>meclofenamate sodium</i>	1	
<i>meloxicam tabs</i>	1	
<i>meloxicam susp</i>	3	
MOBIC	3	
MOTRIN	3	
<i>nabumetone</i>	1	
NALFON	3	
NAPRELAN	3	
NAPROSYN	3	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	3	
<i>piroxicam</i>	1	
PONSTEL	3	
PREVACID NAPRAPAC	3	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
VOLTAREN	3	
VOLTAREN-XR	3	
<b>OPIATE AGONISTS</b>		
<i>acetaminophen/codeine</i>	1	
<i>acetaminophen/codeine #2</i>	1	
<i>acetaminophen/codeine #3</i>	1	
<i>acetaminophen/codeine #4</i>	1	
ACTIQ	3	
<i>ascomp/codeine</i>	3	
ASTRAMORPH	2	
AVINZA	3	
BALACET 325	3	

Drug Name	Drug Tier	Notes
<i>butal/asa/caff/cod</i>	3	
<i>butalbital /apap /caffeine /codeine</i>	3	
CAPITAL/CODEINE	3	
<i>co-gesic</i>	1	
COMBUNOX	3	
DARVOCET A500	3	
DARVOCET-N 100	3	
DARVOCET-N 50	3	
DARVON	3	
DARVON-N	3	
DEMEROL TABS	3	
DEMEROL INJ 100MG/ML, 25MG/ML, 75MG/ML	2	
DEMEROL INJ 50MG/ML, 75MG/1.5ML	3	
DILAUDID	3	
DILAUDID-5	3	
DILAUDID-HP	3	
DOLOPHINE	3	
<i>dolophine hcl</i>	1	
<i>dolorex forte</i>	1	
DURAGESIC	3	
DURAMORPH INJ 1MG/ML	2	
DURAMORPH INJ 0.5MG/ML	3	
<i>endocet</i>	1	
<i>fentanyl</i>	1	
<i>fentanyl citrate</i>	1	
<i>fentanyl citrate oral transmucosal</i>	3	
FENTORA	3	
FIORICET /CODEINE	3	
FIORINAL/CODEINE #3	3	
HYCET	3	
<i>hydrocodone /acetaminophen</i>	1	
<i>hydrocodone /acetaminophen-hs</i>	1	
<i>hydrocodone /ibuprofen</i>	3	
<i>hydrocodone bitartrate/acetaminophen</i>	1	
<i>hydromorphone hcl</i>	1	
INFUMORPH 200	2	
INFUMORPH 500	2	
KADIAN	3	
LEVO DROMORAN	3	
<i>levo-dromoran</i>	1	
<i>levorphanol tartrate</i>	1	
LORCET 10/650	3	
LORCET PLUS	3	
LORTAB	3	
LORTAB 10	3	
LORTAB 2.5	3	
LORTAB 5	3	
LORTAB 7.5	3	
MAGNACET	3	
<i>margesic-h</i>	1	

Drug Name	Drug Tier	Notes
MAXIDONE	3	
<i>meperidine hcl oral soln, tabs</i>	1	
MEPERIDINE HCL INJ 10MG/ML, 25MG/ML, 75MG/ML	2	
<i>meperidine hcl inj 50mg/ml</i>	1	
<i>meperitab</i>	1	
<i>methadone hcl</i>	1	
<i>methadose</i>	1	
<i>morphine sulfate er</i>	1	
<i>morphine sulfate oral soln, tabs</i>	1	
MORPHINE SULFATE INJ 5MG/ML	3	
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	1	
MS CONTIN	3	
NARVOX	3	
NORCO	3	
OPANA	3	
OPANA ER	3	
ORAMORPH SR TB12 30MG, 60MG	3	
<i>oramorph sr tb12 100mg, 15mg</i>	3	
<i>oxycodone /acetaminophen</i>	1	
<i>oxycodone /apap</i>	1	
<i>oxycodone /aspirin</i>	1	
<i>oxycodone /ibuprofen</i>	3	
<i>oxycodone hcl er</i>	1	
<i>oxycodone hcl tabs 15mg, 30mg, 5mg</i>	1	
<i>oxycodone hcl tabs 10mg, 20mg</i>	3	
<i>oxycodone-apap</i>	1	
OXYCONTIN	2	
<i>panlor dc</i>	3	
PANLOR SS	3	
PERCOCET	3	
PERCODAN	3	
PERLOXX	3	
PHRENILIN W/CAFFEINE/CODEINE	3	
<i>propoxyphene /acetaminophen</i>	3	
<i>propoxyphene hcl</i>	1	
<i>propoxyphene-n /acetaminophen</i>	1	
REPREXAIN TABS 5MG; 200MG	3	
<i>reprexain tabs 10mg; 200mg, 2.5mg; 200mg</i>	3	
ROXICET SOLN	3	
ROXICET TABS 500MG; 5MG	3	
<i>roxicet tabs 325mg; 5mg</i>	1	
ROXICODONE	3	
RYZOLT	3	
<i>stagesic</i>	1	
SYNALGOS-DC	3	
<i>tramadol hcl</i>	1	
<i>tramadol hydrochloride/acetaminophen</i>	3	
<i>trezix</i>	3	
TYLENOL/CODEINE #3	3	
TYLENOL/CODEINE #4	3	

Drug Name	Drug Tier	Notes
TYLOX	3	
ULTRACET	3	
ULTRAM	3	
ULTRAM ER	3	
<i>vanacet</i>	1	
VICODIN	3	
VICODIN ES	3	
VICODIN HP	3	
VICOPROFEN	3	
VOPAC	3	
XODOL	3	
ZAMICET	3	
<i>zerlor</i>	3	
ZYDONE	3	
<b>OPIATE PARTIAL AGONISTS</b>		
BUPRENEX	3	
BUPRENORPHINE HCL	3	
<i>butorphanol tartrate</i>	1	
<i>nalbuphine hcl</i>	1	
<i>pentazocine /acetaminophen</i>	3	
<i>pentazocine/naloxone hcl</i>	3	
STADOL	3	
SUBOXONE	2	
SUBUTEX	3	
TALACEN	3	
TALWIN	3	
TALWIN NX	3	
<b>ANDROGENS</b>		
<b>ANDROGENS</b>		
ANADROL-50	3	
ANDRODERM	2	
ANDROGEL	3	
ANDROGEL PUMP	3	
ANDROID	2	
<i>androxy</i>	3	
<i>danazol</i>	1	
DEPO-TESTOSTERONE INJ 100MG/ML	2	
DEPO-TESTOSTERONE INJ 200MG/ML	3	
METHITEST	2	
OXANDRIN	3	
<i>oxandrolone</i>	1	
STRIANT	3	
TESTIM	3	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
TESTRED	2	
<b>ANOREXIGENICS,RESPIR.,CEREBRAL STIMULANT</b>		
<b>AMPHETAMINES</b>		
ADDERALL	3	
<i>adderall xr</i>	1	

Drug Name	Drug Tier	Notes
<i>amphetamine salt combo</i>	1	
DESOXYN	3	
DEXEDRINE	3	
<i>dextroamphetamine sulfate</i>	1	
<i>dextroamphetamine sulfate cr</i>	1	
DEXTROSTAT TABS 10MG	3	
<i>dextrostat tabs 5mg</i>	1	
LIQUADD	3	
VYVANSE	3	
<b>ANOREX.,RESPIR.,CEREBRAL STIMULANTS,MISC</b>		
CONCERTA	2	
DAYTRANA	3	
<i>dexmethylphenidate hcl</i>	3	
FOCALIN	3	
FOCALIN XR	3	
METADATE CD	3	
METADATE ER	3	
<i>methylin er</i>	1	
METHYLIN CHEW, SOLN	3	
<i>methylin tabs</i>	1	
<i>methylphenidate hcl</i>	1	
<i>methylphenidate hcl er</i>	1	
PROVIGIL	2	
RITALIN	3	
RITALIN LA	3	
RITALIN SR	3	
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
ALBENZA	3	
BILTRICIDE	2	
<i>mebendazole</i>	1	
STROMECTOL	3	
<b>ANTI-INFECTIVES (EENT)</b>		
<b>ANTIBACTERIALS (EENT)</b>		
<i>ak-poly-bac</i>	1	
<i>ak-tob</i>	1	
AZASITE	3	
<i>bac /poly /neomy /hc</i>	1	
<i>bacitracin</i>	1	
<i>bacitracin /neomycin /polymyxin</i>	3	
<i>bacitracin/polymyxin b</i>	1	
BACTROBAN NASAL	3	
<i>bleph-10</i>	3	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
CILOXAN OINT	2	
CILOXAN SOLN	3	
CIPRO HC	2	
CIPRODEX	2	
<i>ciprofloxacin hcl</i>	1	

Drug Name	Drug Tier	Notes
COLY-MYCIN-S	3	
CORTISPORIN	3	
CORTISPORIN-TC	3	
<i>cortomycin</i>	1	
<i>dexasporin</i>	1	
<i>doxycycline hyclate</i>	1	
<i>erythromycin</i>	1	
FLOXIN OTIC	2	
FLOXIN OTIC SINGLES	2	
<i>genoptic</i>	1	
<i>gentak</i>	1	
<i>gentamicin sulfate</i>	1	
<i>gentasol</i>	1	
IQUIX	3	
MAXITROL	3	
<i>neo /poly /bac /hc</i>	1	
<i>neomycin /bacitracin /polymyxin</i>	3	
<i>neomycin /polymyxin /dexamethasone</i>	1	
<i>neomycin /polymyxin /gramicidin</i>	1	
<i>neomycin /polymyxin /hc</i>	1	
<i>neomycin /polymyxin /hydrocortisone</i>	1	
<i>neomycin/bacitracin zn/polymyx</i>	3	
NEOSPORIN	3	
OCUFLOX	3	
<i>ocusulf-10</i>	3	
<i>ofloxacin</i>	1	
<i>oticin hc</i>	1	
PEDIOTIC	3	
PERIOSTAT	3	
<i>poly-dex</i>	1	
POLY-PRED	3	
<i>polycin b</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
POLYTRIM	3	
PRED-G	2	
PRED-G S.O.P.	2	
QUIXIN	2	
ROMYCIN	3	
<i>sodium sulfacetamide</i>	1	
<i>sulf-10</i>	1	
<i>sulfacetamide sodium</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX	2	
<i>tobramycin /dexamethasone</i>	1	
<i>tobramycin sulfate</i>	1	
<i>tobrasol</i>	1	
TOBEX OINT	2	
TOBEX SOLN	3	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
VIGAMOX	2	

Drug Name	Drug Tier	Notes
ZYLET	3	
ZYMAR	2	
<b>ANTIFUNGALS (EENT)</b>		
NATACYN	2	
<b>ANTIVIRALS (EENT)</b>		
<i>trifluridine</i>	1	
VIROPTIC	3	
<b>EENT ANTI-INFECTIVES, MISCELLANEOUS</b>		
<i>acetazol hc</i>	1	
<i>acetic acid</i>	1	
<i>acetic acid/hydrocortisone</i>	1	
<i>borofair</i>	3	
<i>chlorhexadine gluconate oral rinse</i>	3	
<i>chlorhexidine gluconate</i>	3	
PERIDEX ORAL RINSE	3	
<i>periogard</i>	3	
<b>ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)</b>		
<b>ANTIBACTERIALS (SKIN AND MUCOUS MEMBRANE)</b>		
ACANYA	3	
AKNE-MYCIN	2	
ALTABAX	3	
BACTROBAN CREA	2	
BACTROBAN OINT	3	
BENZACLIN	2	
BENZAMYCIN	3	
CLEOCIN-T	3	
CLEOCIN SUPP	2	
CLEOCIN CREA	3	
CLINDAGEL	2	
<i>clindamycin phosphate</i>	1	
CLINDESSE	3	
CORTISPORIN OINT	2	
CORTISPORIN CREA	3	
<i>ery</i>	1	
<i>eryderm</i>	1	
ERYGEL	3	
<i>erythromycin</i>	1	
<i>erythromycin/benzoyl peroxide</i>	1	
EVOCLIN	3	
<i>gentamicin sulfate</i>	1	
METROGEL-VAGINAL	3	
<i>metronidazole vaginal</i>	1	
<i>mupirocin</i>	1	
<i>neomycin/polymyxin b sulfates</i>	1	
<i>vandazole</i>	1	
ZIANA	3	
<b>ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)</b>		
<i>ciclopirox</i>	3	
<i>ciclopirox nail lacquer</i>	3	
<i>ciclopirox olamine</i>	3	

Drug Name	Drug Tier	Notes
<i>clotrimazole</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>econazole nitrate</i>	1	
ERTACZO	3	
EXELDERM	3	
EXTINA	3	
GYNAZOLE-1	3	
<i>ketoconazole</i>	1	
<i>kuric</i>	1	
LAMISIL	3	
LOPROX	3	
LOPROX SHAMPOO	3	
LOTRISONE	3	
MENTAX	3	
<i>miconazole 3</i>	1	
MYCELEX	3	
MYCOSTATIN	3	
NAFTIN	3	
NAFTIN-MP	3	
NIZORAL	3	
<i>nyamyc</i>	1	
<i>nystatin</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystop</i>	1	
OXISTAT	3	
<i>pedi-dri</i>	1	
PENLAC NAIL LACQUER	3	
TERAZOL 3	3	
TERAZOL 7	3	
<i>terconazole</i>	3	
XOLEGEL	3	
<i>zazole</i>	3	
<b>ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)</b>		
DENAVIR	3	
VEREGEN	3	
ZOVIRAX	3	
<b>LOCAL ANTI-INFECTIVES, MISCELLANEOUS</b>		
<i>alcohol preps</i>	1	
KLARON	3	
METROCREAM	3	
METROGEL	3	
METROLOTION	3	
<i>metronidazole</i>	1	
NORITATE	3	
PHISOHEX	2	
<i>selenium sulfide</i>	1	
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>sodium sulfacetamide</i>	1	
<i>ssd</i>	1	

Drug Name	Drug Tier	Notes
<i>ssd af</i>	1	
SULFAMYLON	3	
<i>thermazene</i>	1	
<b>SCABICIDES AND PEDICULICIDES</b>		
<i>acticin</i>	1	
ELIMITE	3	
EURAX	2	
<i>lindane</i>	3	
OVIDE	3	
<i>permethrin</i>	1	
<b>ANTI-INFLAMMATORY AGENTS (EENT)</b>		
<b>CORTICOSTEROIDS (EENT)</b>		
ALREX	3	
BECONASE AQ	3	
DERMOTIC	2	
<i>dexamethasone sodium phosphate</i>	1	
DUREZOL	3	
<i>econopred plus</i>	1	
FLAREX	2	
FLONASE	3	
<i>flunisolide</i>	1	
<i>fluor-op</i>	1	
<i>fluorometholone</i>	1	
<i>fluticasone propionate</i>	1	
FML	2	
FML FORTE	2	
FML LIQUIFILM	3	
LOTEMAX	3	
MAXIDEX	2	
NASACORT AQ	3	
NASAREL	2	
NASONEX	3	
OMNARIS	3	
PRED FORTE	3	
PRED MILD	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
RHINOCORT AQUA	3	
VERAMYST	3	
VEXOL	3	
<b>EENT ANTI-INFLAMMATORY AGENTS, MISC.</b>		
RESTASIS	2	
<b>EENT NONSTEROIDAL ANTI-INFLAM. AGENTS</b>		
ACULAR	2	
ACULAR LS	2	
ACULAR PF	2	
<i>diclofenac sodium</i>	1	
<i>flurbiprofen sodium</i>	1	
NEVANAC	3	
OCUFEN	3	

Drug Name	Drug Tier	Notes
VOLTAREN	3	
XIBROM	3	
<b>ANTI-INFLAMMATORY AGENTS (GI DRUGS)</b>		
<b>ANTI-INFLAMMATORY AGENTS (GI DRUGS)</b>		
APRISO	3	
ASACOL	2	
<i>balsalazide disodium</i>	3	
CANASA	3	
COLAZAL	3	
DIPENTUM	3	
LIALDA	3	
<i>mesalamine</i>	1	
PENTASA CPCR 250MG	2	
PENTASA CPCR 500MG	3	
ROWASA	3	
<b>ANTI-INFLAMMATORY AGENTS (RESPIRATORY)</b>		
<b>LEUKOTRIENE MODIFIERS</b>		
ACCOLATE	3	
SINGULAIR	2	
ZYFLO CR	3	
<b>MAST-CELL STABILIZERS</b>		
ALOCRIL	3	
<i>crolom</i>	1	
<i>cromolyn sodium</i>	1	
GASTROCROM	2	
INTAL	3	
INTAL INHALER	2	
<b>ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS)</b>		
<b>ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS)</b>		
ACLOVATE	3	
<i>ala-cort</i>	1	
<i>ala-scalp</i>	1	
<i>alclometasone dipropionate</i>	3	
<i>amcinonide</i>	3	
<i>anusol-hc</i>	1	
<i>augmented betamethasone dipropionate</i>	1	
<i>beta-val</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
CAPEX	2	
CARMOL-HC	3	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emollient</i>	1	
<i>clobetasol propionate crea, gel, oint, soln</i>	1	
<i>clobetasol propionate foam</i>	3	
CLOBEX	3	
CLODERM	3	
<i>colocort</i>	1	
CORDRAN	3	
CORDRAN SP	3	

Drug Name	Drug Tier	Notes
CORDRAN TAPE	2	
<i>cormax</i>	1	
CORTENEMA	2	
CORTIFOAM	2	
CUTIVATE	3	
<i>del-beta</i>	1	
DERMA-SMOOTHIE/FS BODY OIL	2	
DERMA-SMOOTHIE/FS SCALP OIL	2	
DERMATOP	3	
DESONATE	3	
<i>desonide</i>	1	
DESOWEN CREA, LOTN	3	
<i>desowen oint</i>	1	
<i>desoximetasone crea, oint</i>	1	
<i>desoximetasone gel</i>	3	
<i>diflorasone diacetate</i>	3	
DIPROLENE AF	3	
DIPROLENE LOTN	2	
DIPROLENE OINT	3	
ELOCON	3	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emollient base</i>	3	
<i>fluocinonide-e</i>	3	
<i>fluticasone propionate</i>	3	
<i>halobetasol propionate</i>	3	
HALOG	3	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate</i>	3	
<i>hydrocortisone in absorbbase</i>	3	
<i>hydrocortisone valerate</i>	1	
HYTONE	3	
KENALOG	3	
LOCOID	3	
LOCOID LIPOCREAM	3	
<i>lokara</i>	1	
LUXIQ	3	
<i>mometasone furoate</i>	3	
OLUX	3	
OLUX-E	3	
PANDEL	3	
<i>prednicarbate</i>	3	
<i>procto-pak</i>	1	
PROCTOCORT	3	
PROCTOCREAM-HC	3	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
PSORCON E	3	
TEMOVATE	3	
TEMOVATE E	3	

Drug Name	Drug Tier	Notes
TEXACORT SOLN 2.5%	2	
TEXACORT SOLN 1%	3	
TOPICORT	3	
TOPICORT LP	3	
<i>triamcinolone acetonide</i>	1	
TRIAMCINOLONE ACETONIDE IN ABSORBASE	3	
<i>triamcinolone in orabase</i>	1	
<i>triderm</i>	1	
<i>u-cort</i>	1	
ULTRAVATE	3	
VANOS	3	
VERDESO	3	
WESTCORT	3	
<b>ANTIALLERGIC AGENTS</b>		
<b>ANTIALLERGIC AGENTS</b>		
ALAMAST	3	
ALOMIDE	2	
ASTELIN	2	
ASTEPRO	3	
ELESTAT	3	
EMADINE	3	
OPTIVAR	2	
PATADAY	3	
PATANASE	3	
PATANOL	2	
<b>ANTIBACTERIALS</b>		
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate</i>	1	
AMIKIN	3	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJ2 0.9MG/ML; 0.9%, 1.4MG/ML; 0.9%		
<i>gentamicin sulfate/0.9% sodium chloride inj 0.8mg/ml;</i> <i>0.9%, 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	1	
GENTAMICIN SULFATE/SODIUM CHLORIDE	3	
<i>gentamicin sulfate inj 10mg/ml</i>	1	
GENTAMICIN SULFATE INJ 10MG/ML	2	
<i>gentamicin sulfate inj 40mg/ml</i>	1	
ISOTONIC GENTAMICIN INJ 1.2MG/ML; 0.9%	2	
<i>isotonic gentamicin inj 0.6mg/ml; 0.9%, 0.8mg/ml; 0.9%,</i> <i>1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	1	
<i>kanamycin sulfate</i>	3	
<i>neo-fradin</i>	1	
<i>neomycin sulfate</i>	1	
STREPTOMYCIN SULFATE	2	
TOBI	2	
<i>tobramycin sulfate</i>	1	
<i>tobramycin sulfate add-vantage</i>	1	
<i>tobramycin sulfate fliptop</i>	1	
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	2	
<b>ANTIBACTERIALS, MISCELLANEOUS</b>		

Drug Name	Drug Tier	Notes
<i>baciim</i>	1	
BACITRACIN	3	
CLEOCIN GALAXY	2	
CLEOCIN PEDIATRIC GRANULES	2	
CLEOCIN PHOSPHATE	3	
CLEOCIN CAPS 75MG	2	
CLEOCIN CAPS 150MG, 300MG	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate</i>	1	
<i>clindamycin phosphate add-vantage</i>	1	
<i>colistimethate sodium</i>	3	
COLY-MYCIN-M	3	
CUBICIN	2	
HELIDAC	2	
LINCOCIN	3	
POLYMYXIN B SULFATE	3	
PYLERA	3	
SYNERCID	3	
VANCOCIN HCL	2	
<i>vancomycin hcl</i>	1	
<i>vancomycin hcl iso-osmotic dextrose</i>	1	
XIFAXAN	3	
ZYVOX	2	
<b>CEPHALOSPORINS</b>		
CEDAX	3	
<i>cefaclor</i>	3	
<i>cefaclor er</i>	3	
<i>cefadroxil</i>	3	
CEFAZOLIN SODIUM INJ 1GM; 5%, 500MG; 5%	2	
<i>cefazolin sodium inj 10gm, 1gm, 20gm, 500mg</i>	1	
<i>cefdinir susr</i>	1	
<i>cefdinir caps</i>	3	
<i>cefepime</i>	1	
CEFIZOX IN DEXTROSE 5%	3	
CEFOTAXIME SODIUM INJ 20GM	2	
<i>cefotaxime sodium inj 10gm, 1gm, 2gm, 500mg</i>	1	
<i>cefpodoxime proxetil</i>	3	
<i>cefprozil</i>	3	
CEFTIN	3	
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
<i>ceftriaxone sodium</i>	1	
CEFTRIAZONE/DEXTROSE	3	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
CEFUROXIME/DEXTROSE	2	
CEFZIL	3	
<i>cephalexin</i>	1	
CLAFORAN/D5W	2	
CLAFORAN INJ 1GM	2	
CLAFORAN INJ 2GM	2	

Drug Name	Drug Tier	Notes
CLAFORAN INJ 1GM	3	
CLAFORAN INJ 2GM	3	
CLAFORAN INJ 10GM, 500MG	3	
FORTAZ INJ 1GM/50ML; 5%, 2GM/50ML; 5%	2	
FORTAZ INJ 1GM, 2GM, 500MG, 6GM	3	
KEFLEX	3	
MAXIPIME	3	
OMNI-PAC	3	
OMNICEF	3	
RANICLOR	3	
ROCEPHIN	3	
ROCEPHIN IN ISO-OSMOTIC DEXTROSE	3	
SPECTRACEF	3	
SUPRAX TABS	2	
SUPRAX SUSR 100MG/5ML	2	
SUPRAX SUSR 200MG/5ML	3	
TAZICEF INJ 1GM/50ML; 4.4%	2	
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	
VANTIN	3	
ZINACEF IN ISO-OSMOTIC DEXTROSE	2	
ZINACEF IN ISO-OSMOTIC DILUENT	2	
ZINACEF INJ 750MG	3	
ZINACEF INJ 750MG	2	
ZINACEF INJ 1.5GM, 7.5GM	3	
<b>CHLORAMPHENICOL</b>		
CHLORAMPHENICOL SODIUM SUCCINATE	3	
<b>MACROLIDES</b>		
<i>azithromycin</i>	1	
BIAXIN	3	
BIAXIN XL	3	
BIAXIN XL PAC	3	
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	3	
E.E.S. 200	2	
E.E.S. 400 SUSP	2	
E.E.S. 400 TABS	3	
E.E.S. GRANULES	3	
ERY-TAB	2	
ERYPED	2	
ERYPED 200	3	
ERYPED 400	2	
ERYTHROCIN LACTOBIONATE	2	
ERYTHROCIN STEARATE	2	
<i>erythromycin</i>	1	
<i>erythromycin /sulfisoxazole</i>	1	
ERYTHROMYCIN BASE	2	
ERYTHROMYCIN ETHYLSUCCINATE SUSP	2	
ERYTHROMYCIN ETHYLSUCCINATE TABS	3	
KETEK	3	
PCE	2	

Drug Name	Drug Tier	Notes
PEDIAZOLE	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZITHROMAX INJ	2	
ZITHROMAX PACK, SUSR, TABS	3	
ZMAX	2	
<b>MISCELLANEOUS B-LACTAM ANTIBIOTICS</b>		
AZACTAM	3	
AZACTAM IN DEXTROSE	3	
CEFOTETAN INJ 1GM	2	
<i>cefotetan inj 10gm, 2gm</i>	1	
CEFOXITIN SODIUM INJ 10GM, 1GM	3	
<i>cefoxitin sodium inj 2gm</i>	3	
DORIBAX	3	
INVANZ	2	
<i>mefoxin add-vantage</i>	3	
MEFOXIN IN DEXTROSE 2.2%	3	
MEFOXIN IN DEXTROSE 3.9%	3	
MEFOXIN INJ 1GM, 2GM	3	
<i>mefoxin inj 10gm</i>	3	
MERREM	2	
PRIMAXIN I.M.	2	
PRIMAXIN IV	2	
PRIMAXIN IV ADD-VANTAGE	2	
<b>PENICILLINS</b>		
<i>amoclan</i>	1	
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/potassium clavulanate</i>	1	
AMOXIL	3	
<i>ampicillin</i>	1	
<i>ampicillin sodium inj 1gm</i>	1	
AMPICILLIN SODIUM INJ 1GM	3	
AMPICILLIN SODIUM INJ 10GM, 125MG, 250MG, 2GM, 500MG	2	
<i>ampicillin-sulbactam</i>	3	
AUGMENTIN	3	
AUGMENTIN ES-600	3	
AUGMENTIN XR	3	
BACTOCILL IN DEXTROSE	3	
BICILLIN C-R	2	
BICILLIN L-A	2	
<i>dicloxacillin sodium</i>	1	
MOXATAG	3	
<i>nafcillin sodium inj 1gm</i>	3	
NAFCILLIN SODIUM INJ 1GM	3	
NAFCILLIN SODIUM INJ 10GM, 2GM	3	
NALLPEN ISO-OSMOTIC IN DEXTROSE	3	
NALLPEN/DEXTROSE	3	
OXACILLIN SODIUM	3	

Drug Name	Drug Tier	Notes
<i>penicillin g potassium</i>	1	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	2	
PENICILLIN G PROCAINE	2	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
<i>pfizerpen-g</i>	1	
PIPERACILLIN SODIUM INJ 2GM, 3GM, 4GM	2	
<i>piperacillin sodium inj 40gm</i>	1	
TIMENTIN	3	
<i>trimox</i>	1	
UNASYN	3	
UNASYN ADD-VANTAGE	3	
UNASYN BULK PACK	3	
<i>veetids</i>	1	
ZOSYN	2	
<b>QUINOLONES</b>		
AVELOX	2	
AVELOX ABC PACK	2	
CIPRO I.V.-IN D5W	3	
CIPRO I.V. INJ 200MG	2	
CIPRO I.V. INJ 400MG	3	
CIPRO SUSR	2	
CIPRO TABS	3	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin er</i>	3	
<i>ciprofloxacin extended-release</i>	3	
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	
FACTIVE	3	
LEVAQUIN LEVA-PAK	2	
LEVAQUIN PREMIX	2	
LEVAQUIN INJ, TABS	2	
LEVAQUIN ORAL SOLN	3	
NOROXIN	3	
<i>ofloxacin</i>	3	
PROQUIN XR	3	
<b>SULFONAMIDES (SYSTEMIC)</b>		
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
BACTRIM	3	
BACTRIM DS	3	
GANTRISIN PEDIATRIC	3	
SEPTRA	3	
SEPTRA DS	3	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole /trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfasalazine</i>	1	
<i>sulfatrim</i>	1	

Drug Name	Drug Tier	Notes
<i>sulfazine</i>	1	
<i>sulfazine ec</i>	1	
<i>trimethoprim/sulfamethoxazole ds</i>	1	
<b>TETRACYCLINES</b>		
ADOXA	3	
ADOXA PAK 1/100	3	
ADOXA PAK 1/150	3	
ADOXA PAK 1/75	3	
ADOXA PAK 2/100	3	
DECLOMYCIN	3	
<i>demeclocycline hcl</i>	3	
DORYX	3	
<i>doxy-caps</i>	1	
<i>doxycycline hyclate</i>	1	
<i>doxycycline monohydrate caps, susr</i>	1	
<i>doxycycline monohydrate tabs 100mg, 50mg, 75mg</i>	1	
<i>doxycycline monohydrate tabs 150mg</i>	3	
DYNACIN TABS 100MG, 75MG	3	
<i>dynacin tabs 50mg</i>	1	
MINOCIN	3	
MINOCIN PAC	3	
<i>minocycline hcl</i>	1	
MONODOX	3	
<i>myrac</i>	1	
ORACEA	3	
SOLODYN	3	
<i>tetracycline hcl</i>	1	
TYGACIL	3	
VIBRAMYCIN SUSR, SYRP	2	
VIBRAMYCIN CAPS	3	
VIBRATAB	3	
<b>ANTICHOLINERGIC AGENTS</b>		
<b>ANTIMUSCARINICS/ANTISPASMODICS</b>		
ATROPINE SULFATE INJ 0.05MG/ML	2	
<i>atropine sulfate inj 0.1mg/ml</i>	1	
ATROVENT HFA	2	
BENTYL INJ	2	
BENTYL CAPS, SYRP, TABS	3	
CANTIL	3	
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i>	1	
<i>ipratropium bromide</i>	1	
<i>methscopolamine bromide</i>	3	
PAMINE	3	
PAMINE FORTE	3	
<i>propantheline bromide</i>	1	
ROBINUL	3	
ROBINUL FORTE	3	
SPIRIVA HANDIHALER	2	
<b>ANTICONVULSANTS</b>		

Drug Name	Drug Tier	Notes
<b>ANTICONVULSANTS, MISCELLANEOUS</b>		
BANZEL	3	
<i>carbamazepine</i>	1	
CARBATROL	2	
DEPACON	3	
DEPAKENE	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	2	
<i>divalproex sodium cpsp, tbec</i>	1	
<i>divalproex sodium tb24</i>	3	
<i>epitol</i>	1	
EQUETRO	3	
FELBATOL	3	
<i>gabapentin</i>	1	
GABITRIL	3	
KEPPRA	2	
KEPPRA XR	3	
LAMICTAL	3	
LAMICTAL CHEWABLE DISPERSIBLE	3	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	3	
LAMICTAL STARTER/TAKING VALPROATE	3	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
LYRICA	3	
MAGNESIUM SULFATE IN D5W	2	
MAGNESIUM SULFATE INJ 40MG/ML, 80MG/ML	2	
<i>magnesium sulfate inj 50%</i>	1	
NEURONTIN SOLN	2	
NEURONTIN CAPS, TABS	3	
<i>oxcarbazepine</i>	3	
STAVZOR	3	
TEGRETOL	3	
TEGRETOL-XR	2	
TOPAMAX	2	
TOPAMAX SPRINKLE	2	
<i>topiramate</i>	1	
TRILEPTAL	3	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
VIMPAT	3	
ZONEGRAN	3	
<i>zonisamide</i>	3	
<b>BARBITURATES (ANTICONVULSANTS)</b>		
MYSOLINE	3	
<i>primidone</i>	1	
<b>HYDANTOINS</b>		
CEREBYX	2	

Drug Name	Drug Tier	Notes
DILANTIN	2	
DILANTIN INFATABS	2	
<i>fosphenytoin sodium</i>	1	
PEGANONE	3	
PHENYTEK	2	
<i>phenytoin</i>	1	
PHENYTOIN SODIUM	2	
<i>phenytoin sodium extended</i>	1	
<b>SUCCINIMIDES</b>		
CELONTIN	2	
<i>ethosuximide</i>	1	
ZARONTIN	3	
<b>ANTIDIABETIC AGENTS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose</i>	1	
GLYSET	3	
PRECOSE	3	
<b>AMYLINOMIMETICS</b>		
SYMLIN	2	
SYMLINPEN 120	2	
SYMLINPEN 60	2	
<b>BIGUANIDES</b>		
FORTAMET	3	
GLUCOPHAGE	3	
GLUCOPHAGE XR	3	
GLUMETZA	3	
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
RIOMET	3	
<b>DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS</b>		
JANUMET	3	
JANUVIA	2	
<b>INCRETIN MIMETICS</b>		
BYETTA	3	
<b>INSULINS</b>		
APIDRA	3	
HUMALOG	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 50/50 PEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMALOG MIX 75/25 PEN	3	
HUMALOG PEN	3	
HUMULIN 50/50	3	
HUMULIN 70/30	3	
HUMULIN 70/30 PEN	3	
HUMULIN N	3	
HUMULIN N U-100 PEN	3	

Drug Name	Drug Tier	Notes
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	2	
LANTUS	2	
LANTUS FOR OPTICLIK	2	
LANTUS SOLOSTAR	2	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
NOVOLIN 70/30	2	
NOVOLIN 70/30 INNOLET	2	
NOVOLIN 70/30 PENFILL	2	
NOVOLIN N	2	
NOVOLIN N INNOLET	2	
NOVOLIN N U-100 PENFILL	2	
NOVOLIN R	2	
NOVOLIN R INNOLET	2	
NOVOLIN R U-100 PENFILL	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PENFILL	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG PENFILL	2	
RELION 70/30	2	
RELION 70/30 INNOLET	2	
RELION N	2	
RELION N INNOLET	2	
RELION R	2	
<b>MEGLITINIDES</b>		
PRANDIMET	3	
PRANDIN	2	
STARLIX	3	
<b>SULFONYLUREAS</b>		
AMARYL	3	
<i>chlorpropamide</i>	3	
DIABETA	3	
DIABINESE	3	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hcl</i>	3	
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUCOVANCE	3	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	3	
<i>glyburide/metformin hcl</i>	3	
GLYCRON TABS 4.5MG	3	
<i>glycron tabs 1.5mg, 3mg, 6mg</i>	3	
GLYNASE	3	

Drug Name	Drug Tier	Notes
METAGLIP	3	
MICRONASE	3	
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	
<b>THIAZOLIDINEDIONES</b>		
ACTOPLUS MET	3	
ACTOS	3	
AVANDAMET	3	
AVANDARYL	3	
AVANDIA	3	
DUETACT	3	
<b>ANTIDIARRHEA AGENTS</b>		
<b>ANTIDIARRHEA AGENTS</b>		
<i>diphenoxylate/atropine</i>	1	
<i>lofene</i>	1	
LOMOTIL	3	
<i>lonox</i>	1	
<i>loperamide hcl</i>	1	
MOTOFEN	3	
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
ALOXI	3	PA
ANZEMET	3	PA
<i>granisetron hcl inj</i>	3	
<i>granisetron hcl tabs</i>	3	PA
GRANISOL	3	PA
KYTRIL INJ	3	
KYTRIL ORAL SOLN, TABS	3	PA
<i>ondansetron hcl</i>	1	PA
<i>ondansetron odt</i>	1	PA
SANCUSO	3	
ZOFRAN	3	PA
ZOFRAN ODT	3	PA
<b>ANTIEMETICS, MISCELLANEOUS</b>		
CESAMET	3	
<i>dronabinol</i>	1	
EMEND	2	PA
MARINOL	3	
TRANSDERM-SCOP	2	
<b>ANTIHISTAMINES (GI DRUGS)</b>		
ANTIVERT TABS 50MG	2	
ANTIVERT TABS 12.5MG, 25MG	3	
<i>compro</i>	1	
<i>meclizine hcl</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
TIGAN	3	
<i>trimethobenzamide hcl</i>	3	
<b>ANTIFUNGAL (SYSTEMIC)</b>		

Drug Name	Drug Tier	Notes
<b>ALLYLAMINES</b>		
LAMISIL	3	
<i>terbinafine hcl</i>	1	
<b>ANTIFUNGALS, MISCELLANEOUS</b>		
GRIFULVIN V TABS	2	
GRIFULVIN V SUSP	3	
GRIS-PEG	2	
<i>griseofulvin microsize</i>	1	
<b>AZOLES</b>		
DIFLUCAN	3	
DIFLUCAN IN ISO-OSMOTIC DEXTROSE	3	
DIFLUCAN IN NACL	3	
<i>fluconazole</i>	1	
<i>fluconazole in dextrose</i>	1	
<i>fluconazole in nacl</i>	1	
<i>itraconazole</i>	1	
<i>ketoconazole</i>	1	
NOXAFIL	3	
SPORANOX PULSEPAK	3	
SPORANOX SOLN	2	
SPORANOX CAPS	3	
VFEND	2	
VFEND IV	3	
<b>ECHINOCANDINS</b>		
CANCIDAS	2	
ERAXIS	3	
MYCAMINE	3	
<b>POLYENES</b>		
ABELCET	3	PA
AMBISOME	2	PA
AMPHOTEC	3	PA
<i>amphotericin b</i>	1	PA
<i>nystatin</i>	1	
<b>PYRIMIDINES</b>		
ANCOBON	2	
<b>ANTIGLAUCOMA AGENTS</b>		
<b>ALPHA-ADRENERGIC AGONISTS (EENT)</b>		
ALPHAGAN P	3	
<i>brimonidine tartrate</i>	1	
COMBIGAN	3	
<b>BETA-ADRENERGIC BLOCKING AGENTS (EENT)</b>		
BETAGAN	3	
BETAGAN WITHOUT C CAP	3	
<i>betaxolol hcl</i>	1	
BETIMOL	3	
BETOPTIC-S	2	
ISTALOL	3	
<i>levobunolol hcl</i>	1	
<i>metipranolol</i>	1	
OPTIPRANOLOL	3	

Drug Name	Drug Tier	Notes
<i>timolol maleate</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	3	
TIMOPTIC-XE	3	
<b>CARBONIC ANHYDRASE INHIBITORS (EENT)</b>		
<i>acetazolamide</i>	1	
ACETAZOLAMIDE SODIUM	2	
AZOPT	2	
COSOPT	3	
DIAMOX	2	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>methazolamide</i>	1	
TRUSOPT	3	
<b>MIOTICS</b>		
PHOSPHOLINE IODIDE	3	
PILOPINE HS	3	
<b>PROSTAGLANDIN ANALOGS</b>		
TRAVATAN	2	
TRAVATAN Z	2	
XALATAN	2	
<b>ANTIHEMORRHAGIC AGENTS</b>		
<b>HEMOSTATICS</b>		
CYKLOKAPRON	2	
<b>ANTIHYPOGLYCEMIC AGENTS</b>		
<b>GLYCOGENOLYTIC AGENTS</b>		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
<b>ANTILIPEMIC AGENTS</b>		
<b>ANTILIPEMIC AGENTS, MISCELLANEOUS</b>		
LOVAZA	3	
NIACOR	3	
NIASPAN	2	
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
COLESTID	3	
COLESTID FLAVORED	3	
<i>colestipol hcl</i>	1	
<i>colestipol hcl for oral suspension</i>	1	
<i>prevalite</i>	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
WELCHOL	3	
<b>CHOLESTEROL ABSORPTION INHIBITORS</b>		
VYTORIN	2	
ZETIA	2	
<b>FIBRIC ACID DERIVATIVES</b>		
ANTARA	3	

Drug Name	Drug Tier	Notes
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	3	
FENOGLIDE	3	
<i>gemfibrozil</i>	1	
LIPOFEN	3	
LOFIBRA	3	
LOPID	3	
TRICOR	3	
TRIGLIDE	3	
TRILIPIX	3	
<b>HMG-COA REDUCTASE INHIBITORS</b>		
ADVICOR	3	
ALTOPREV	3	
CADUET	3	
CRESTOR	3	
LESCOL	3	
LESCOL XL	3	
LIPITOR TABS 80MG	2	
LIPITOR TABS 10MG, 20MG, 40MG	3	
<i>lovastatin</i>	1	
MEVACOR	3	
PRAVACHOL	3	
<i>pravastatin sodium</i>	1	
SIMCOR	3	
<i>simvastatin</i>	1	
ZOCOR	3	
<b>ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium carbonate er</i>	1	
LITHIUM CARBONATE CAPS 600MG	2	
<i>lithium carbonate caps 600mg</i>	3	
<i>lithium carbonate caps 150mg, 300mg</i>	1	
<i>lithium carbonate tabs</i>	1	
<i>lithium citrate</i>	1	
LITHOBID	3	
<b>ANTIMIGRAINE AGENTS</b>		
<b>SELECTIVE SEROTONIN AGONISTS</b>		
AMERGE	2	QL
AXERT	3	QL
FROVA	3	QL
IMITREX	3	QL
IMITREX STATDOSE REFILL	3	QL
IMITREX STATDOSE SYSTEM	3	QL
MAXALT	3	QL
MAXALT-MLT	2	QL
RELPAX	3	QL
<i>sumatriptan succinate tabs</i>	1	QL
<i>sumatriptan succinate inj 4mg/0.5ml</i>	1	
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL
TREXIMET	3	QL

Drug Name	Drug Tier	Notes
ZOMIG	3	QL
ZOMIG ZMT	3	QL
<b>ANTIMYCOBACTERIALS</b>		
<b>ANTIMYCOBACTERIALS, MISCELLANEOUS</b>		
DAPSONE	2	
<b>ANTITUBERCULOSIS AGENTS</b>		
CAPASTAT SULFATE	3	
<i>ethambutol hcl</i>	1	
<i>isonarif</i>	3	
<i>isoniazid</i>	1	
MYAMBUTOL	3	
MYCOBUTIN	3	
NYDRAZID	2	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
RIFADIN	3	
RIFAMATE	3	
<i>rifampin</i>	1	
RIFATER	3	
SEROMYCIN	3	
TRECTOR	3	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ANTINEOPLASTIC AGENTS</b>		
ABRAXANE	3	PA
<i>adriamycin</i>	1	PA
AFINITOR	3	
ALIMTA INJ 100MG	2	
ALIMTA INJ 500MG	2	PA
ALKERAN	2	PA
ARIMIDEX	2	
AROMASIN	3	
ARRANON	3	PA
AVASTIN	2	PA
BICNU	2	PA
BLENOXANE	3	PA
<i>bleomycin sulfate</i>	1	PA
BUSULFEX	3	PA
CAMPATH	3	PA
CAMPTOSAR	3	PA
<i>carboplatin</i>	1	PA
CASODEX	2	
CEENU	2	
CERUBIDINE	3	PA
<i>cisplatin</i>	1	
<i>cladribine</i>	1	PA
CLOLAR	3	PA
COSMEGEN	2	PA
<i>cyclophosphamide tabs</i>	1	
<i>cyclophosphamide inj</i>	1	PA

Drug Name	Drug Tier	Notes
<i>cytarabine aqueous</i>	1	PA
CYTARABINE INJ 1GM	3	PA
<i>cytarabine inj 100mg, 2gm, 500mg</i>	1	PA
CYTOXAN TABS	2	
CYTOXAN INJ	3	PA
DACARBAZINE INJ 100MG	2	PA
<i>dacarbazine inj 200mg</i>	1	PA
DACOGEN	3	PA
DAUNORUBICIN HCL INJ 5MG/ML	3	PA
<i>daunorubicin hcl inj 20mg</i>	1	PA
DAUNOXOME	3	PA
DEGARELIX	3	
DOXIL	3	PA
<i>doxorubicin hcl</i>	1	PA
DROXIA	2	
DTIC-DOME	3	PA
ELIGARD	3	
ELLENC	3	PA
ELOXATIN	2	PA
ELSPAR	2	PA
EMCYT	2	
<i>epirubicin hcl</i>	3	PA
ERBITUX	2	PA
ETOPOPHOS	3	PA
<i>etoposide</i>	1	PA
FARESTON	3	
FASLODEX	3	PA
FEMARA	2	
FLUDARA	3	PA
<i>fludarabine phosphate</i>	1	PA
<i>fluorouracil</i>	1	PA
<i>flutamide</i>	1	
GEMZAR	2	PA
GLEEVEC	2	
HERCEPTIN	2	PA
HEXALEN	3	
HYCAMTIN	2	PA
HYDREA	3	
<i>hydroxyurea</i>	1	
IDAMYCIN PFS	3	PA
<i>idarubicin hcl</i>	1	PA
IFEX	3	PA
IFEX/MESNEX COMBO PACK	3	PA
<i>ifosfamide/mesna</i>	1	PA
IFOSFAMIDE INJ 1GM/20ML, 3GM/60ML	2	PA
<i>ifosfamide inj 1gm, 3gm</i>	1	PA
IRESSA	3	LA
<i>irinotecan</i>	1	
IXEMPRA KIT	3	
LEUKERAN	2	

Drug Name	Drug Tier	Notes
<i>leuprolide acetate</i>	1	
LEUSTATIN	3	PA
LUPRON 2 WEEK SUPPLY	3	
LUPRON 6-PACK	3	
LUPRON DEPOT	2	PA
LUPRON DEPOT-PED	2	PA
LYSODREN	2	
MATULANE	2	
MEGACE ES	2	
MEGACE ORAL	3	
<i>megestrol acetate</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate</i>	1	
METHOTREXATE SODIUM INJ 25MG/ML	2	PA
<i>methotrexate sodium inj 1gm</i>	1	PA
<i>mitomycin</i>	1	PA
<i>mitoxantrone hcl</i>	1	PA
MUSTARGEN	2	PA
MYLOTARG	2	PA
NAVELBINE	3	PA
NEXAVAR	2	
NILANDRON	3	
NIPENT	3	PA
NOVANTRONE	3	PA
ONCASPAR	3	PA
ONTAK	3	PA
<i>onxol</i>	1	PA
<i>paclitaxel</i>	1	PA
<i>pentostatin</i>	3	PA
PHOTOFRIN	3	PA
PLATINOL AQ	3	
PROLEUKIN	2	PA
PURINETHOL	3	
RHEUMATREX	3	
RITUXAN	2	PA
SOLTAMOX	2	
SPRYCEL	2	
SUTENT	2	
TABLOID	2	
<i>tamoxifen citrate</i>	1	
TARCEVA	2	
TARGRETIN	3	
TASIGNA	3	
TAXOL	3	PA
TAXOTERE	2	PA
<i>thiotepa</i>	1	PA
<i>toposar</i>	1	PA
TORISEL	2	
TREANDA	3	PA
TRELSTAR DEPOT	3	PA

Drug Name	Drug Tier	Notes
TRELSTAR LA	3	PA
<i>tretinoin</i>	1	
TREXALL	3	
TRISENOX	3	PA
TYKERB	2	
VANTAS	3	
VECTIBIX	3	PA
VELCADE	2	PA
VESANOID	3	
VIDAZA	2	
<i>vinblastine sulfate</i>	1	PA
<i>vincasar pfs</i>	1	PA
<i>vincristine sulfate</i>	1	PA
<i>vinorelbine tartrate</i>	1	PA
ZANOSAR	2	PA
ZOLINZA	3	
<b>ANTIPARKINSONIAN AGENTS</b>		
<b>ADAMANTANES (CNS)</b>		
<i>amantadine hcl</i>	1	
<b>ANTICHOLINERGIC AGENTS (CNS)</b>		
<i>benztropine mesylate</i>	1	
COGENTIN	2	
KEMADRIN	3	
<i>trihexyphenidyl hcl</i>	1	
<b>CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.</b>		
COMTAN	2	
TASMAR	3	
<b>DOPAMINE PRECURSORS</b>		
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa cr</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	3	
<i>carbidopa/levodopa sr</i>	1	
LODOSYN	2	
PARCOPA	3	
SINEMET	3	
SINEMET CR	3	
STALEVO 100	2	
STALEVO 125	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	
<b>DOPAMINE RECEPTOR AGONISTS</b>		
APOKYN	3	
<i>bromocriptine mesylate</i>	1	
<i>cabergoline</i>	1	
MIRAPEX	2	
PARLODEL	3	
REQUIP	3	

Drug Name	Drug Tier	Notes
REQUIP XL	3	
<i>ropinirole hcl</i>	1	
<b>MONOAMINE OXIDASE B INHIBITORS</b>		
AZILECT	2	
ELDEPRYL	3	
EMSAM	3	
<i>selegiline hcl</i>	1	
ZELAPAR	3	
<b>ANTIPROTOZOALS</b>		
<b>AMEBICIDES</b>		
<i>paromomycin sulfate</i>	1	
<b>ANTIMALARIALS</b>		
ARALEN	3	
<i>chloroquine phosphate</i>	3	
DARAPRIM	2	
FANSIDAR	3	
<i>hydroxychloroquine sulfate</i>	1	
LARIAM	3	
MALARONE	2	
<i>mefloquine hcl</i>	1	
PLAQUENIL	3	
PRIMAQUINE PHOSPHATE	2	
QUALAQUIN	3	
<b>ANTIPROTOZOALS, MISCELLANEOUS</b>		
ALINIA	2	
FLAGYL	3	
FLAGYL ER	3	
MEPRON	2	
<i>metro iv</i>	1	
<i>metronidazole</i>	1	
<i>metronidazole in nacl 0.79%</i>	1	
NEBUPENT	2	
NEUTREXIN	3	
PENTAM 300	3	
TINDAMAX	3	
<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>		
<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>		
EMLA	3	
EMLA /TEGADERM	3	
<i>lidocaine</i>	1	
<i>lidocaine/prilocaine</i>	1	
LIDODERM	2	
SYNERA	3	
ZONALON	3	
<b>ANTITHROMBOTIC AGENTS</b>		
<b>ANTICOAGULANTS</b>		
ARIXTRA	2	
COUMADIN INJ	2	
COUMADIN TABS	3	
FRAGMIN	3	

Drug Name	Drug Tier	Notes
<i>heparin sodium dcu</i>	1	
HEPARIN SODIUM/D5W INJ 5%; 40UNIT/ML	2	
<i>heparin sodium/d5w inj 5%; 100unit/ml, 5%; 50unit/ml</i>	1	
HEPARIN SODIUM/NACL 0.45%	2	
<i>heparin sodium/nacl 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	
HEPARIN SODIUM INJ 2000UNIT/ML, 2500UNIT/ML	2	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 5000unit/ml</i>	1	
INNOHEP	3	
<i>jantoven</i>	1	
LOVENOX	2	
<i>warfarin sodium</i>	1	
<b>PLATELET-AGGREGATION INHIBITORS</b>		
<i>cilostazol</i>	3	
PLAVIX TABS 75MG	2	
PLAVIX TABS 300MG	3	
PLETAL	3	
TICLID	3	
<i>ticlopidine hcl</i>	1	
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>		
<b>HISTAMINE H2-ANTAGONISTS</b>		
AXID	3	
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
<i>famotidine</i>	1	
<i>famotidine premixed</i>	1	
<i>nizatidine</i>	3	
PEPCID PREMIXED	3	
PEPCID SUSR	2	
PEPCID TABS	3	
<i>ranitidine hcl</i>	1	
TALADINE	3	
ZANTAC PACK, SYRP, TABS, TBEF	3	
ZANTAC INJ 50MG/50ML; 0.45%	2	
ZANTAC INJ 25MG/ML	3	
<b>PROSTAGLANDINS</b>		
CYTOTEC	3	
<i>misoprostol</i>	1	
<b>PROTECTANTS</b>		
CARAFATE SUSP	2	
CARAFATE TABS	3	
<i>sucralfate</i>	1	
<b>PROTON-PUMP INHIBITORS</b>		
ACIPHEX	3	
KAPIDEX	3	
NEXIUM	3	
NEXIUM I.V.	3	
<i>omeprazole cpdr 10mg, 20mg</i>	1	
<i>omeprazole cpdr 40mg</i>	3	

Drug Name	Drug Tier	Notes
<i>pantoprazole sodium</i>	1	
PREVACID	3	
PREVACID SOLUTAB	3	
PREVPAC	3	
PRILOSEC	3	
PROTONIX INJ	2	
PROTONIX PACK	3	
PROTONIX TBEC 20MG	3	
<i>protonix tbec 40mg</i>	1	
ZEGERID	3	
<b>ANTIVIRALS (SYSTEMIC)</b>		
<b>ADAMANTANES</b>		
FLUMADINE	3	
<i>rimantadine hcl</i>	1	
<b>ANTIRETROVIRALS</b>		
APTIVUS	2	
ATRIPLA	2	
COMBIVIR	2	
CRIXIVAN	2	
<i>didanosine</i>	1	
EMTRIVA	2	
EPIVIR	2	
EPIVIR HBV	2	
EPZICOM	2	
FUZEON	2	
INTELENCE	2	
INVIRASE	2	
ISENTRESS	2	
KALETRA	2	
LEXIVA	2	
NORVIR	2	
PREZISTA	2	
RESCRIPTOR	2	
RETROVIR	3	
RETROVIR IV INFUSION	3	
REYATAZ	2	
SELZENTRY	2	
<i>stavudine</i>	1	
SUSTIVA	2	
TRIZIVIR	2	
TRUVADA	2	
VIDEX EC CPDR 125MG	2	
VIDEX EC CPDR 200MG, 250MG, 400MG	3	
VIDEX PEDIATRIC	2	
VIRACEPT	2	
VIRAMUNE	2	
VIREAD	2	
ZERIT	2	
ZIAGEN	2	
<i>zidovudine</i>	1	

Drug Name	Drug Tier	Notes
<b>ANTIVIRALS, MISCELLANEOUS</b>		
<i>foscarnet sodium</i>	1	PA
FOSCAVIR	3	PA
<b>INTERFERONS</b>		
ALFERON N	3	
INFERGEN	3	
INTRON-A	2	
INTRON-A W/DILUENT	2	
PEG-INTRON	3	
PEG-INTRON REDIPEN	3	
PEG-INTRON REDIPEN PAK 4	3	
PEGASYS	2	
<b>MONOCLONAL ANTIBODIES</b>		
SYNAGIS	2	
<b>NEURAMINIDASE INHIBITORS</b>		
RELENZA DISKHALER	3	
TAMIFLU	2	QL
<b>NUCLEOSIDES AND NUCLEOTIDES</b>		
<i>acyclovir</i>	1	
ACYCLOVIR SODIUM INJ 50MG/ML	3	PA
<i>acyclovir sodium inj 1000mg, 500mg</i>	1	PA
BARACLUDE	2	
COPEGUS	3	
CYTOVENE	2	PA
<i>famciclovir</i>	3	
FAMVIR	3	
<i>ganciclovir</i>	1	
HEPSERA	2	
REBETOL	3	
<i>ribapak</i>	1	
<i>ribasphere caps</i>	1	
RIBASPHERE TABS 600MG	3	
<i>ribasphere tabs 200mg, 400mg</i>	1	
<i>ribatab</i>	1	
<i>ribavirin</i>	1	
TYZEKA	3	
VALCYTE	2	
VALTREX	3	
VIRAZOLE	3	
VISTIDE	2	
ZOVIRAX	3	
<b>ANXIOLYTICS, SEDATIVES AND HYPNOTICS</b>		
<b>ANXIOLYTICS, SEDATIVES AND HYPNOTICS, MISC.</b>		
AMBIEN	3	
AMBIEN CR	3	
BUSPAR	3	
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
LUNESTA	3	

Drug Name	Drug Tier	Notes
<i>meprobamate</i>	3	
ROZEREM	3	
SONATA	3	
VANSPAR	3	
VISTARIL	3	
<i>zaleplon</i>	3	
<i>zolpidem tartrate</i>	1	
<b>AUTONOMIC DRUGS, MISCELLANEOUS</b>		
<b>AUTONOMIC DRUGS, MISCELLANEOUS</b>		
CHANTIX	2	
NICOTROL INHALER	3	
NICOTROL NS	3	
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	3	
BETAPACE	2	
BETAPACE AF	2	
<i>betaxolol hcl</i>	3	
<i>bisoprolol fumarate</i>	3	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	3	
BYSTOLIC	3	
CARTROL	3	
<i>carvedilol</i>	1	
COREG	3	
COREG CR	3	
CORGARD	3	
CORZIDE	3	
INDERAL LA	3	
INNOPRAN XL	3	
KERLONE	3	
<i>labetalol hcl</i>	1	
LEVATOL	3	
LOPRESSOR	3	
LOPRESSOR HCT	3	
<i>metoprolol /hydrochlorothiazide</i>	3	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate</i>	1	
<i>nadolol</i>	1	
<i>nadolol /bendroflumethiazide</i>	3	
<i>pindolol</i>	1	
<i>propranolol /hydrochlorothiazide</i>	3	
<i>propranolol hcl er</i>	3	
PROPRANOLOL HCL ORAL SOLN	2	
PROPRANOLOL HCL INJ	3	
<i>propranolol hcl tabs</i>	1	
SECTRAL	3	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	

Drug Name	Drug Tier	Notes
<i>sotalol hcl (af)</i>	1	
TENORETIC 100	3	
TENORETIC 50	3	
TENORMIN	3	
<i>timolol maleate</i>	1	
TOPROL XL	3	
TRANDATE	3	
TRANDATE IV	3	
ZEBETA	3	
ZIAC	3	
<b>CALCIUM-CHANNEL BLOCKING AGENTS</b>		
<b>CALCIUM-CHANNEL BLOCKING AGENTS, MISC.</b>		
CALAN	3	
CALAN SR	3	
CARDIZEM	3	
CARDIZEM CD	3	
CARDIZEM LA	3	
<i>cartia xt</i>	1	
COVERA-HS	3	
DILACOR XR	3	
<i>dilt-cd</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i>	1	
<i>diltiazem hcl er</i>	1	
<i>diltiazem hcl cp24, tabs</i>	1	
DILTIAZEM HCL INJ 100MG	3	
<i>diltiazem hcl inj 5mg/ml</i>	1	
<i>diltzac</i>	1	
ISOPTIN SR	3	
<i>taztia xt</i>	1	
TIAZAC	3	
<i>verapamil hcl</i>	1	
<i>verapamil hcl er</i>	1	
VERELAN	3	
VERELAN PM	3	
<b>DIHYDROPYRIDINES</b>		
ADALAT CC	3	
<i>afeditab cr</i>	1	
<i>amlodipine besylate</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	3	
AZOR	3	
CARDENE	3	
CARDENE I.V.	3	
CARDENE SR	3	
DYNACIRC CR	3	
DYNACIRC-CR	3	
EXFORGE	3	
<i>felodipine er</i>	1	
<i>isradipine</i>	3	
LOTREL	3	

Drug Name	Drug Tier	Notes
<i>nicardipine hcl</i>	3	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine</i>	1	
NIMOTOP	3	
<i>nisoldipine</i>	3	
NORVASC	3	
PLENDIL	3	
PROCARDIA	3	
PROCARDIA XL	3	
SULAR	3	

## CALORIC AGENTS

### CALORIC AGENTS

<i>alcohol 5%/dextrose 5%</i>	1	
AMINOSYN	2	PA
AMINOSYN 7%/ELECTROLYTES	2	PA
AMINOSYN 8.5%/ELECTROLYTES	2	PA
AMINOSYN II 3.5%/DEXTROSE25%	2	PA
AMINOSYN II 3.5%/DEXTROSE5%	2	PA
AMINOSYN II 3.5/DEXTROSE 25%	2	PA
AMINOSYN II 4.25/DEXTROSE10%	2	PA
<i>aminosyn ii 4.25/dextrose20%</i>	1	PA
AMINOSYN II 4.25/DEXTROSE25%	2	PA
AMINOSYN II 5/DEXTROSE 25	2	PA
AMINOSYN II 8.5%/ELECTROLYTES	2	PA
AMINOSYN II M 3.5%/DEXTROSE 5%	2	PA
AMINOSYN II M 4.25/DEXTROSE 10%	2	PA
AMINOSYN II INJ 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML, 61.1MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 146MG/100ML; 253MG/100ML; 614MG/100ML; 450MG/100ML; 33.3MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML, 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 45.3MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	2	PA
<i>aminosyn ii inj 107.6meq/l; 1490mg/100ml;</i>	1	PA

Drug Name	Drug Tier	Notes
1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 62.7meq/l; 600mg/100ml; 300mg/100ml; 405mg/100ml; 750mg/100ml		
AMINOSYN M	2	PA
AMINOSYN-HBC	2	PA
<i>aminosyn-hf</i>	1	PA
AMINOSYN-PF	2	PA
AMINOSYN-PF 7%	2	PA
CLINIMIX 2.75%/DEXTROSE 5%	2	PA
CLINIMIX 4.25%/DEXTROSE 10%	2	PA
CLINIMIX 4.25%/DEXTROSE 20%	2	PA
CLINIMIX 4.25%/DEXTROSE 25%	2	PA
CLINIMIX 4.25%/DEXTROSE 5%	2	PA
CLINIMIX 5%/DEXTROSE 15%	2	PA
CLINIMIX 5%/DEXTROSE 20%	2	PA
CLINIMIX 5%/DEXTROSE 25%	2	PA
CLINIMIX E 2.75%/DEXTROSE 10%	2	PA
CLINIMIX E 2.75%/DEXTROSE 5%	2	PA
CLINIMIX E 4.25%/DEXTROSE 25%	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
CLINISOL SF 15%	2	PA
DEXTROSE 10%/NACL 0.45%	2	
<i>dextrose 10% flex container</i>	1	PA
DEXTROSE 10%/NACL 0.2%	2	
<i>dextrose 2.5%/nacl 0.45%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%</i>	1	
<i>dextrose 5%/nacl 0.2%</i>	1	
<i>dextrose 5%/nacl 0.225%</i>	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
DEXTROSE 5%/NACL 0.9%	2	
<i>dextrose 5%/sodium chloride 0.2%</i>	1	
<i>dextrose 5%/sodium chloride 0.33%</i>	1	
<i>dextrose 5%/sodium chloride 0.45%</i>	1	
DEXTROSE 5%/SODIUM CHLORIDE 0.9%	2	
FREAMINE HBC 6.9%	2	PA
FREAMINE III 3%	2	PA
HEPATAMINE	2	PA
<i>hepatasol</i>	1	PA
<i>intralipid</i>	1	PA
<i>intralipid 20%</i>	1	PA
NEPHRAMINE	2	PA

Drug Name	Drug Tier	Notes
NOVAMINE	2	PA
<i>premasol</i>	1	PA
PROCALAMINE	2	PA
PROSOL	3	PA
RENAMIN	2	PA
TRAVASOL 2.75%/DEXTROSE 10%	2	PA
TRAVASOL 2.75%/DEXTROSE 5%	2	PA
TRAVASOL 3.5%/ELECTROLYTES	2	PA
<i>travasol 4.25%/dextrose 10%</i>	1	PA
TRAVASOL 4.25%/DEXTROSE 25%	2	PA
TRAVASOL 5.5%/DEXTROSE 10%	2	PA
TRAVASOL 5.5%/DEXTROSE 20%	2	PA
TRAVASOL 5.5%/ELECTROLYTES	2	PA
TRAVASOL 8.5%/DEXTROSE 10%	2	PA
TRAVASOL 8.5%/DEXTROSE 20%	2	PA
TRAVASOL 8.5%/DEXTROSE 50%	2	PA
TRAVASOL 8.5%/ELECTROLYTES	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
<i>travasol inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml, 67meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 152mg/100ml; 34mg/100ml; 390mg/100ml; 390mg/100ml</i>	1	PA
TROPHAMINE INJ 0; 0.32GM/100ML; 0.73GM/100ML; 0.19GM/100ML; 0.014GM/100ML; 0.22GM/100ML; 0.29GM/100ML; 0.49GM/100ML; 0.3GM/100ML; 0.84GM/100ML; 0.49GM/100ML; 0.2GM/100ML; 0.29GM/100ML; 0.41GM/100ML; 0.23GM/100ML; 0.05GM/100ML; 0.015GM/100ML; 0.25GM/100ML; 0.12GM/100ML; 0.14GM/100ML; 0.47GM/100ML	2	PA
<i>trophamine inj 97meq/l; 0.54gm/100ml; 1.2gm/100ml; 0.32gm/100ml; 0; 0; 0.5gm/100ml; 0.36gm/100ml; 0.48gm/100ml; 0.82gm/100ml; 1.4gm/100ml; 1.2gm/100ml; 0.34gm/100ml; 0.48gm/100ml; 0.68gm/100ml; 0.38gm/100ml; 5meq/l; 0.025gm/100ml; 0.42gm/100ml; 0.2gm/100ml; 0.24gm/100ml; 0.78gm/100ml</i>	1	PA

## CARDIAC DRUGS

### ANTIARRHYTHMIC AGENTS

*amiodarone hcl*

1

Drug Name	Drug Tier	Notes
CORDARONE	3	
<i>disopyramide phosphate</i>	1	
<i>disopyramide phosphate er</i>	1	
<i>flecainide acetate</i>	1	
<i>lidocaine hcl</i>	1	
<i>mexiletine hcl</i>	1	
NORPACE	3	
NORPACE CR	3	
PACERONE TABS 100MG, 300MG	2	
PACERONE TABS 400MG	3	
<i>pacerone tabs 200mg</i>	1	
<i>procainamide hcl</i>	1	
PROCANBID	2	
<i>pronestyl sr</i>	3	
PRONESTYL CAPS 375MG	3	
<i>pronestyl caps 250mg</i>	3	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine gluconate cr</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine gluconate sa</i>	1	
<i>quinidine sulfate</i>	1	
<i>quinidine sulfate er</i>	1	
RYTHMOL	3	
RYTHMOL SR	3	
TAMBOCOR	3	
TIKOSYN	3	
<b>CARDIAC DRUGS, MISCELLANEOUS</b>		
RANEXA TB12 500MG	2	
RANEXA TB12 1000MG	3	
<b>CARDIOTONIC AGENTS</b>		
<i>digitek</i>	1	
DIGOXIN ORAL SOLN	2	
<i>digoxin inj, tabs</i>	1	
LANOXIN	2	
<b>CATHARTICS AND LAXATIVES</b>		
<b>CATHARTICS AND LAXATIVES</b>		
AMITIZA	3	
COLYTE	2	
COLYTE-FLAVOR PACKS	2	
GOLYTELY SOLR 227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM	2	
GOLYTELY SOLR 236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	3	
HALFLYTELY BOWEL PREP	3	
HALFLYTELY BOWEL PREP/FLAVOR PACKS	3	
MOVIPREP	3	
NULYTELY	3	
NULYTELY/FLAVOR PACKS	3	
OSMOPREP	2	

Drug Name	Drug Tier	Notes
<i>peg 3350/electrolytes</i>	1	
<i>polyethylene glycol 3350</i>	1	
<i>trilyte</i>	1	
VISICOL	3	
<b>CELL STIMULANTS AND PROLIFERANTS</b>		
<b>CELL STIMULANTS AND PROLIFERANTS</b>		
ATRALIN	3	
<i>avita</i>	1	
KEPIVANCE	3	
<i>retin-a</i>	1	
RETIN-A MICRO	2	
<i>tretinoin</i>	1	
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISC.</b>		
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISC.</b>		
CAMPRAL	3	
NAMENDA	2	
NAMENDA TITRATION PAK	2	
RILUTEK	2	
STRATTERA	2	
XENAZINE	3	
XYREM	3	LA
<b>CHOLELITHOLYTIC AGENTS</b>		
<b>CHOLELITHOLYTIC AGENTS</b>		
ACTIGALL	3	
URSO 250	2	
URSO FORTE	2	
<i>ursodiol</i>	1	
<b>CONTRACEPTIVES</b>		
<b>CONTRACEPTIVES</b>		
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
<i>brevicon-28</i>	1	
<i>camila</i>	1	
<i>cesia</i>	1	
<i>cryselle-28</i>	1	
CYCLESSA	3	
DESOGEN	3	
<i>enpresse-28</i>	1	
<i>errin</i>	1	
ESTROSTEP FE	3	
<i>jolivette</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>leena</i>	1	

Drug Name	Drug Tier	Notes
<i>lessina-28</i>	1	
LEVLITE-28	3	
<i>levora 0.15/30-28</i>	1	
LO/OVRAL-28	3	
LOESTRIN 1.5/30-21	3	
LOESTRIN 1/20-21	3	
LOESTRIN 24 FE	3	
LOESTRIN FE 1.5/30	3	
LOESTRIN FE 1/20	3	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
LYBREL	3	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
MODICON-28	3	
<i>mononessa</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35-28</i>	1	
<i>necon 1/50-28</i>	1	
<i>necon 10/11-28</i>	1	
<i>necon 7/7/7</i>	1	
<i>nor-qd</i>	1	
<i>nora-be</i>	1	
NORDETTE-28	3	
NORINYL 1+35	2	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
NUVARING	2	
<i>ocella</i>	3	
<i>ogestrel</i>	1	
ORTHO EVRA	2	
ORTHO MICRONOR	3	
ORTHO TRI-CYCLEN LO	3	
ORTHO-CEPT-28	3	
ORTHO-CYCLEN-28	3	
ORTHO-NOVUM 1/50-28	3	
ORTHO-NOVUM 7/7/7-28	3	
OVCON-35	3	
OVCON-50 28	3	
PLAN B	2	
<i>portia-28</i>	1	
<i>previfem</i>	1	
<i>quasense</i>	3	
<i>reclipsen</i>	1	
SEASONALE	3	
SEASONIQUE	3	

Drug Name	Drug Tier	Notes
<i>solia</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>tri-legest fe</i>	3	
TRI-NORINYL 28	3	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trinessa</i>	1	
<i>trivora-28</i>	1	
<i>velivet</i>	1	
YASMIN 28	2	
YAZ	3	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
<b>DEPIGMENTING AND PIGMENTING AGENTS</b>		
<b>DEPIGMENTING AGENTS</b>		
BENOQUIN	2	
<b>PIGMENTING AGENTS</b>		
8-MOP	2	
OXSORALEN	2	
OXSORALEN ULTRA	2	
UVADEX	2	
<b>DEVICES</b>		
<b>DEVICES</b>		
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	1	
<i>bd insulin syringe ultrafine/0.3ml/31g x 5/16"</i>	1	
<i>bd insulin syringe ultrafine/0.5ml/30g x 1/2"</i>	1	
<i>bd insulin syringe ultrafine/1ml/31g x 5/16"</i>	1	
<i>bd ultra-fine original pen needles/29g x 12.7mm</i>	1	
<b>DIGESTANTS</b>		
<b>DIGESTANTS</b>		
CREON 5	3	
CREON 10	3	
CREON 20	3	
<i>dygase</i>	3	
ENZYMAX	3	
KU-ZYME	3	
KU-ZYME HP	3	
KUTRASE	3	
<i>lapase</i>	3	
<i>lipram 4500</i>	3	
<i>lipram-pn10</i>	3	
<i>lipram-pn16</i>	3	
<i>lipram-pn20</i>	3	
<i>lipram-ul12</i>	3	
<i>lipram-ul18</i>	3	
<i>lipram-ul20</i>	3	
<i>palcaps 10</i>	3	
<i>palcaps 20</i>	3	
PANCREASE MT 10	2	

Drug Name	Drug Tier	Notes
PANCREASE MT 16	2	
PANCREASE MT 20	2	
PANCREASE MT 4	2	
PANCRECARB MS-16	3	
PANCRECARB MS-4	3	
PANCRECARB MS-8	3	
<i>pancrelipase mst-16</i>	3	
<i>pancrelipase cpep</i>	1	
<i>pancrelipase tabs</i>	3	
<i>pancron 10</i>	3	
<i>pancron 20</i>	3	
<i>pangestyme cn 10</i>	1	
<i>pangestyme cn 20</i>	1	
<i>pangestyme ec</i>	1	
<i>pangestyme mt 16</i>	1	
<i>pangestyme ul 12</i>	1	
<i>pangestyme ul 18</i>	1	
<i>pangestyme ul 20</i>	1	
<i>panocaps</i>	1	
<i>panocaps mt 16</i>	1	
<i>panocaps mt 20</i>	1	
<i>panokase</i>	3	
<i>panokase-16</i>	3	
<i>plaretase 8000</i>	3	
<i>ultracaps mt 20</i>	3	
ULTRASE	3	
ULTRASE MT 12	2	
ULTRASE MT 18	2	
ULTRASE MT 20	2	
VIOKASE	3	
VIOKASE 16	2	
VIOKASE 8	2	
<b>DIURETICS</b>		
<b>LOOP DIURETICS</b>		
<i>bumetanide</i>	1	
BUMEX	3	
DEMADEX	3	
EDECRIN	2	
<i>furosemide inj, tabs</i>	1	
FUROSEMIDE ORAL SOLN 8MG/ML	2	
<i>furosemide oral soln 10mg/ml</i>	1	
LASIX	3	
SODIUM EDECRIN	2	
<i>toremide</i>	3	
<b>POTASSIUM-SPARING DIURETICS</b>		
<i>amiloride /hydrochlorothiazide</i>	3	
<i>amiloride hcl</i>	3	
DYAZIDE	3	
DYRENIUM	2	
MAXZIDE	3	

Drug Name	Drug Tier	Notes
MAXZIDE-25	3	
<i>triamterene /hydrochlorothiazide</i>	1	
<b>THIAZIDE DIURETICS</b>		
<i>chlorothiazide</i>	1	
DIURIL	2	
DIURIL IV	2	
<i>hydrochlorothiazide</i>	1	
<i>methyclothiazide</i>	3	
MICROZIDE	3	
<b>THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
THALITONE	2	
ZAROXOLYN	3	
<b>EENT DRUGS, MISCELLANEOUS</b>		
<b>EENT DRUGS, MISCELLANEOUS</b>		
ATROVENT	3	
<i>carteolol hcl</i>	1	
IOPIDINE	3	
<i>ipratropium bromide nasal soln 0.03%</i>	1	
<i>ipratropium bromide nasal soln 0.06%</i>	3	
LACRISERT	3	
LUMIGAN	2	
<b>EMOLLIENTS, DEMULCENTS, AND PROTECTANTS</b>		
<b>BASIC LOTIONS AND LINIMENTS</b>		
<i>ammonium lactate</i>	3	
LAC-HYDRIN	3	
<i>laclotion</i>	3	
<b>BASIC OINTMENTS AND PROTECTANTS</b>		
LAC-HYDRIN	3	
<b>ENZYMES</b>		
<b>ENZYMES</b>		
ADAGEN	2	
ALDURAZYME	2	
ARALAST	2	
CEREDASE	2	
CEREZYME	2	
ELAPRASE	2	
ELITEK	3	
FABRAZYME	2	
MYOZYME	3	
NAGLAZYME	3	
PROLASTIN	2	
PULMOZYME	2	
SUCRAID	2	
ZEMAIRA	2	
<b>ESTROGENS AND ANTIESTROGENS</b>		
<b>ESTROGEN AGONIST-ANTAGONISTS</b>		
EVISTA	2	

Drug Name	Drug Tier	Notes
<b>ESTROGENS</b>		
ACTIVELLA	3	
ALORA	3	
ANGELIQ	3	
CENESTIN	3	
CLIMARA	2	
CLIMARA PRO	3	
COMBIPATCH	3	
DELESTROGEN	2	
DEPO-ESTRADIOL	2	
DIVIGEL	3	
ELESTRIN	3	
ENJUVIA	3	
ESTRACE CREA	2	
ESTRACE TABS	3	
ESTRADERM	3	
<i>estradiol</i>	1	
<i>estradiol valerate</i>	1	
<i>estradiol/norethindrone acetate</i>	3	
ESTRASORB	3	
ESTRING	2	
ESTROGEL	3	
<i>estropipate</i>	1	
EVAMIST	3	
FEMHRT 1/5	3	
FEMHRT LOW DOSE	3	
FEMRING	3	
FEMTRACE	3	
GYNODIOL TABS 1.5MG	3	
<i>gynodiol tabs 0.5mg, 1mg, 2mg</i>	1	
MENEST	3	
MENOSTAR	3	
OGEN	3	
<i>ortho-est</i>	1	
PREFEST	3	
PREMARIN	2	
PREMARIN W/APPLICATOR	2	
PREMPHASE	3	
PREMPRO	3	
VAGIFEM	2	
VIVELLE-DOT	3	
<b>FIRST GENERATION ANTIHISTAMINES</b>		
<b>ETHANOLAMINE DERIVATIVES</b>		
<i>clemastine fumarate</i>	3	
<i>diphenhydramine hcl</i>	1	
PALGIC TABS	3	
<i>palgic liqd</i>	3	
<b>FIRST GEN. ANTIHIST. DERIVATIVES, MISC.</b>		
<i>cyproheptadine hcl</i>	1	
<b>PHENOTHIAZINE DERIVATIVES</b>		

Drug Name	Drug Tier	Notes
<i>phenadoz</i>	1	
PHENERGAN	3	
<i>promethazine hcl plain</i>	1	
<i>promethazine hcl supp, syrp, tabs</i>	1	
PROMETHAZINE HCL INJ 50MG/ML	2	
<i>promethazine hcl inj 50mg/ml</i>	1	
<i>promethazine hcl inj 25mg/ml</i>	1	
<i>promethazine vc</i>	3	
<i>promethegan</i>	1	
<b>PROPYLAMINE DERIVATIVES</b>		
<i>dexchlorpheniramine maleate</i>	1	
<b>GENITOURINARY SMOOTH MUSCLE RELAXANTS</b>		
<b>GENITOURINARY SMOOTH MUSCLE RELAXANTS</b>		
DETROL	2	
DETROL LA	2	
DITROPAN	3	
DITROPAN XL	3	
ENABLEX	3	
<i>flavoxate hcl</i>	3	
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er</i>	1	
OXYTROL	2	
SANCTURA	3	
SANCTURA XR	3	
TOVIAZ	3	
URISPAS	3	
VESICARE	3	
<b>GI DRUGS, MISCELLANEOUS</b>		
<b>GI DRUGS, MISCELLANEOUS</b>		
LOTRONEX	3	
RELISTOR INJ 12MG/0.6ML	3	
RELISTOR INJ 12MG/0.6ML	2	
<b>GOLD COMPOUNDS</b>		
<b>GOLD COMPOUNDS</b>		
RIDAURA	2	
<b>GONADOTROPINS</b>		
<b>GONADOTROPINS</b>		
<i>chorionic gonadotropin</i>	1	
NOVAREL	3	
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	3	
SYNAREL	3	
<b>HEAVY METAL ANTAGONISTS</b>		
<b>HEAVY METAL ANTAGONISTS</b>		
CHEMET	3	
CUPRIMINE	2	
DEPEN TITRATABS	2	
EXJADE	3	
SYPRINE	3	
<b>HEMATOPOIETIC AGENTS</b>		
<b>HEMATOPOIETIC AGENTS</b>		

Drug Name	Drug Tier	Notes
ARANESP ALBUMIN FREE	3	
ARANESP ALBUMIN FREE SURECLICK	3	
EPOGEN	2	
LEUKINE	2	
NEULASTA	3	
NEUPOGEN	2	
PROCRIT	2	
<b>HEMORRHEOLOGIC AGENTS</b>		
<b>HEMORRHEOLOGIC AGENTS</b>		
<i>pentopak</i>	1	
<i>pentoxifylline er</i>	1	
<i>pentoxil</i>	1	
TRENTAL	3	
<b>HYPOTENSIVE AGENTS</b>		
<b>CENTRAL ALPHA-AGONISTS</b>		
CATAPRES	3	
CATAPRES-TTS-1	2	
CATAPRES-TTS-2	2	
CATAPRES-TTS-3	2	
<i>clonidine hcl</i>	1	
CLORPRES	3	
<i>guanabenz acetate</i>	3	
<i>guanfacine hcl</i>	1	
<i>methyldopa</i>	1	
<i>methyldopa /hydrochlorothiazide</i>	3	
<i>methyldopate hcl</i>	1	
TENEX	3	
<b>DIRECT VASODILATORS</b>		
BIDIL	3	
<i>hydralazine hcl</i>	1	
<i>minoxidil</i>	1	
PROGLYCEM	2	
<b>HYPOTENSIVE AGENTS, MISCELLANEOUS</b>		
INVERSINE	2	
<b>PERIPHERAL ADRENERGIC INHIBITORS</b>		
<i>reserpine</i>	1	
<b>ION-REMOVING AGENTS</b>		
<b>PHOSPHATE-REMOVING AGENTS</b>		
<i>calcium acetate</i>	1	
FOSRENOL	3	
PHOSLO	2	
RENAGEL	2	
RENVELA	3	
<b>POTASSIUM-REMOVING AGENTS</b>		
KAYEXALATE	3	
<i>kionex</i>	1	
<i>sodium polystyrene sulfonate powd, oral susp</i>	1	
<i>sodium polystyrene sulfonate rectal susp</i>	3	
SPS SUSP 15GM/60ML	3	
<i>sps susp 15gm/60ml</i>	1	

Drug Name	Drug Tier	Notes
<b>IRRIGATING SOLUTIONS</b>		
<b>IRRIGATING SOLUTIONS</b>		
LACTATED RINGER'S IRRIGATION	3	
<i>physiolyte</i>	1	
PHYSIOSOL IRRIGATION	3	
PHYSIOSOL IRRIGATION PH 7.4	3	
<i>ringer's irrigation</i>	1	
<i>sodium chloride 0.9%</i>	1	
SODIUM CHLORIDE 0.9%	3	
<i>sterile water irrigation</i>	1	
<i>tis-u-sol</i>	1	
<i>tis-u-sol viaflex</i>	1	
<b>KERATOPLASTIC AGENTS</b>		
<b>KERATOPLASTIC AGENTS</b>		
VECTICAL	3	
<b>LOCAL ANESTHETICS (EENT)</b>		
<b>LOCAL ANESTHETICS (EENT)</b>		
<i>alcaine</i>	1	
<i>lidocaine hcl</i>	1	
<i>lidocaine hcl jelly</i>	1	
<i>lidomar viscous</i>	1	
<i>parcaine</i>	1	
<i>proparacaine hcl</i>	1	
XYLOCAINE	3	
XYLOCAINE JELLY	3	
XYLOCAINE VISCOUS	3	
<b>LOCAL ANESTHETICS (PARENTERAL)</b>		
<b>LOCAL ANESTHETICS (PARENTERAL)</b>		
<i>lidocaine hcl</i>	1	
XYLOCAINE	3	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
ACETADOTE	3	
ACTIMMUNE	3	LA
ACTONEL WITH CALCIUM	3	
ACTONEL TABS 30MG, 35MG, 5MG, 75MG	2	
ACTONEL TABS 150MG	3	
AGRYLIN	3	
<i>alendronate sodium</i>	1	
<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	
ALOPRIM	3	
<i>amifostine</i>	1	PA
<i>anagrelide hydrochloride</i>	1	
ANTABUSE	2	
ANTIZOL	3	
APHTHASOL	3	
ARAVA	3	
ARCALYST	3	
AREZIA	3	

Drug Name	Drug Tier	Notes
ATGAM	3	
AVODART	3	
AVONEX	2	QL
AZASAN	2	PA
<i>azathioprine</i>	1	PA
<i>azathioprine sodium</i>	1	PA
BETASERON	2	QL
BONIVA	3	
BOTOX	2	
CARNITOR	3	
CELLCEPT	2	PA
CELLCEPT INTRAVENOUS	2	PA
CIMZIA	3	
<i>colchicine</i>	1	
COPAXONE	2	QL
<i>cyclosporine</i>	1	PA
CYCLOSPORINE MODIFIED CAPS 50MG	2	PA
<i>cyclosporine modified caps 100mg, 25mg</i>	1	PA
<i>cyclosporine modified soln</i>	1	PA
CYSTADANE	2	
CYSTAGON	2	
DEMSEER	3	
<i>dexrazoxane</i>	1	PA
DIDRONEL	3	
ELMIRON	2	
ENBREL	2	
ENBREL SURECLICK	2	
ETHYOL	3	PA
<i>etidronate disodium</i>	1	
<i>finasteride</i>	1	
FLOMAX	3	
<i>fomepizole</i>	3	
FOSAMAX PLUS D	3	
FOSAMAX SOLN	2	
FOSAMAX TABS	3	
<i>gengraf</i>	1	PA
HUMIRA	2	
HUMIRA PEN	2	
HUMIRA PEN-CROHNS DISEASESTARTER	2	
IMURAN	2	PA
KINERET	3	
KUVAN	3	
<i>leflunomide</i>	1	
<i>leucovorin calcium</i>	1	
<i>levocarnitine</i>	1	
<i>mesna</i>	1	PA
MESNEX TABS	2	
MESNEX INJ	3	PA
MYFORTIC	2	PA
MYOBLOC	3	

Drug Name	Drug Tier	Notes
NEORAL	3	PA
NEUMEGA	3	
<i>octreotide acetate</i>	1	
ORENCIA	2	
ORFADIN	2	
ORTHOCLONE OKT3	2	PA
PAMIDRONATE DISODIUM INJ 6MG/ML, 90MG/10ML	3	
<i>pamidronate disodium inj 30mg, 90mg</i>	1	
<i>pamidronate disodium inj 30mg/10ml</i>	3	
PROGRAF	2	PA
PROMACTA	3	
PROSCAR	3	
RAPAFLO	3	
RAPAMUNE	2	PA
REBIF	2	QL
REBIF TITRATION PACK	2	
REMICADE	2	PA
REVLIMID	2	LA
SANDIMMUNE	3	PA
SANDOSTATIN	3	
SANDOSTATIN LAR DEPOT	3	
SENSIPAR	2	
SIMULECT	3	PA
SKELID	3	
SODIUM FLUORIDE	2	
SOMATULINE DEPOT	3	
THALOMID	2	
THIOLA	3	
THYMOGLOBULIN	3	PA
TYSABRI	3	LA
ULORIC	3	
UROXATRAL	3	
ZAVESCA	2	
ZENAPAX	3	PA
ZINECARD	3	
ZOMETA	2	
ZYLOPRIM	3	
<b>MUCOLYTIC AGENTS</b>		
<b><i>MUCOLYTIC AGENTS</i></b>		
<i>acetylcysteine</i>	1	
<b>MULTIVITAMIN PREPARATIONS</b>		
<b><i>MULTIVITAMIN PREPARATIONS</i></b>		
<i>prenatal rx 1</i>	1	
<b>MYDRIATICS</b>		
<b><i>MYDRIATICS</i></b>		
<i>dipivefrin hcl</i>	1	
<i>mydral</i>	1	
MYDRIACYL	3	
PROPINE	3	
<i>tropicacyl</i>	1	

Drug Name	Drug Tier	Notes
<i>tropicamide</i>	1	
<b>OPIATE ANTAGONISTS</b>		
<b>OPIATE ANTAGONISTS</b>		
<i>depade</i>	3	
NALOXONE HCL	2	
<i>naltrexone hcl</i>	1	
REVIA	3	
VIVITROL	3	
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
METHERGINE	2	
<b>PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)</b>		
<b>PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)</b>		
ARICEPT	2	
ARICEPT ODT	3	
<i>bethanechol chloride</i>	1	
COGNEX	3	
EVOXAC	3	
EXELON	3	
<i>galantamine hydrobromide</i>	3	
<i>guanidine hcl</i>	3	
MESTINON TIMESPAN	2	
MESTINON SYRP	2	
MESTINON TABS	3	
MYTELASE	3	
<i>pilocarpine hcl</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>pyridostigmine bromide</i>	1	
RAZADYNE	3	
RAZADYNE ER	3	
REGONOL	2	
SALAGEN	3	
URECHOLINE	3	
<b>PARATHYROID</b>		
<b>PARATHYROID</b>		
<i>calcitonin-salmon</i>	1	
FORTEO	3	
FORTICAL	2	
MIACALCIN	3	
<b>PHARMACEUTICAL AIDS</b>		
<b>PHARMACEUTICAL AIDS</b>		
<i>curity gauze pads 2"x2"</i>	1	
<b>PITUITARY</b>		
<b>PITUITARY</b>		
DDAVP	3	
<i>desmopressin acetate</i>	1	
GENOTROPIN	3	
GENOTROPIN MINIQUICK	3	
HUMATROPE	3	
HUMATROPE COMBO PACK	3	

Drug Name	Drug Tier	Notes
MINIRIN	3	
NORDITROPIN CARTRIDGE	2	
NORDITROPIN NORDIFLEX PEN	2	
NUTROPIN	3	
NUTROPIN AQ	3	
NUTROPIN AQ PEN	3	
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML	2	
OMNITROPE INJ 5.8MG	3	
SAIZEN	3	
SAIZEN CLICK.EASY	3	
SEROSTIM	3	
STIMATE	2	
TEV-TROPIN	3	
ZORBTIVE	3	
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
AYGESTIN	3	
CRINONE	3	
DEPO-PROVERA	2	
DEPO-PROVERA CONTRACEPTIVE	3	
DEPO-SUBQ PROVERA 104	2	
ENDOMETRIN	3	
<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i>	1	
PROCHIEVE	3	
PROMETRIUM	3	
PROVERA	3	
<b>PROKINETIC AGENTS</b>		
<b>PROKINETIC AGENTS</b>		
METOCLOPRAMIDE HCL INJ	3	
<i>metoclopramide hcl oral soln, tabs</i>	1	
REGLAN	3	
<b>PSYCHOTHERAPEUTIC AGENTS</b>		
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL	3	
APLENZIN	3	
<i>budeprion sr</i>	1	
<i>budeprion xl</i>	3	
<i>buproban</i>	1	
<i>bupropion hcl</i>	1	
<i>bupropion hcl sr</i>	1	
CELEXA	3	
<i>chlordiazepoxide /amitriptyline</i>	3	
<i>citalopram hydrobromide</i>	1	
<i>clomipramine hcl</i>	1	
CYMBALTA	2	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	

Drug Name	Drug Tier	Notes
EFFEXOR	3	
EFFEXOR XR	2	
<i>fluoxetine hcl</i>	1	
<i>fluvoxamine maleate</i>	3	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
LEXAPRO	3	
LIMBITROL	3	
LIMBITROL DS	3	
LUVOX CR	3	
<i>maprotiline hcl</i>	1	
MARPLAN	3	
<i>mirtazapine</i>	1	
<i>mirtazapine odt</i>	1	
NARDIL	2	
<i>nefazodone hcl</i>	3	
NORPRAMIN	3	
<i>nortriptyline hcl</i>	1	
PAMELOR	3	
PARNATE	3	
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	3	
PAXIL	3	
PAXIL CR	3	
<i>perphenazine /amitriptyline</i>	1	
PEXEVA	3	
PRISTIQ	3	
<i>protriptyline hcl</i>	1	
PROZAC	3	
PROZAC WEEKLY	3	
<i>rapiflux</i>	1	
REMERON	3	
REMERON SOLTAB	3	
SARAFEM	3	
<i>selfemra</i>	1	
<i>sertraline hcl</i>	1	
<i>sertraline hydrochloride</i>	1	
SURMONTIL	3	
SYMBYAX	3	
TOFRANIL	3	
TOFRANIL-PM	3	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i>	1	
<i>trimipramine maleate</i>	3	
<i>venlafaxine hcl</i>	1	
VENLAFAXINE HCL ER	2	
VIVACTIL	2	
WELLBUTRIN	3	
WELLBUTRIN SR	3	
WELLBUTRIN XL	3	

Drug Name	Drug Tier	Notes
ZOLOFT	3	
ZYBAN	3	
<b>ANTIPSYCHOTIC AGENTS</b>		
ABILIFY DISCMELT	3	
ABILIFY ORAL SOLN, TABS	2	
ABILIFY INJ	3	
<i>chlorpromazine hcl</i>	1	
CLOZAPINE TABS 200MG	2	
<i>clozapine tabs 100mg, 25mg, 50mg</i>	1	
CLOZARIL	3	
FAZACLO	3	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
GEODON	2	
HALDOL	3	
HALDOL DECANOATE-100	3	
HALDOL DECANOATE-50	3	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
INVEGA	3	
<i>loxapine succinate</i>	1	
LOXITANE	3	
MOBAN	2	
NAVANE	3	
ORAP TABS 2MG	2	
ORAP TABS 1MG	3	
<i>perphenazine</i>	1	
RISPERDAL	3	
RISPERDAL CONSTA	2	
RISPERDAL M-TAB	3	
<i>risperidone</i>	1	
SEROQUEL	2	
SEROQUEL XR	3	
<i>thioridazine hcl</i>	3	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
ZYPREXA	2	
ZYPREXA ZYDIS	3	
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB</b>		
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
ATACAND	3	
ATACAND HCT	3	
AVALIDE	3	
AVAPRO	3	
BENICAR	3	
BENICAR HCT	3	
COZAAR	2	
DIOVAN	3	
DIOVAN HCT	3	

Drug Name	Drug Tier	Notes
HYZAAR	3	
MICARDIS	3	
MICARDIS HCT	3	
TEVETEN	3	
TEVETEN HCT	3	
<b>ANGIOTENSIN-CONVERTING ENZYME INHIBITORS</b>		
ACCUPRIL	3	
ACCURETIC	3	
ACEON	3	
ALTACE	3	
<i>benazepril hcl</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	3	
CAPOTEN	3	
CAPOZIDE	3	
<i>captopril</i>	1	
<i>captopril /hydrochlorothiazide</i>	3	
<i>enalapril maleate</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	3	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	3	
LEXXEL	3	
<i>lisinopril</i>	1	
<i>lisinopril /hydrochlorothiazide</i>	1	
LOTENSIN	3	
LOTENSIN HCT	3	
MAVIK	3	
<i>moexipril /hydrochlorothiazide</i>	3	
<i>moexipril hcl</i>	3	
MONOPRIL	3	
MONOPRIL HCT	3	
PRINIVIL	3	
PRINZIDE	3	
<i>quinapril /hydrochlorothiazide</i>	3	
<i>quinapril hcl</i>	1	
<i>quinaretic</i>	3	
<i>ramipril</i>	3	
TARKA	3	
<i>trandolapril</i>	3	
UNIRETIC	3	
UNIVASC	3	
VASERETIC	3	
VASOTEC	3	
ZESTORETIC	3	
ZESTRIL	3	
<b>MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS</b>		
ALDACTAZIDE TABS 50MG; 50MG	2	
ALDACTAZIDE TABS 25MG; 25MG	3	
ALDACTONE	3	
<i>eplerenone</i>	1	
INSPRA	2	

Drug Name	Drug Tier	Notes
<i>spironolactone</i>	1	
<i>spironolactone /hydrochlorothiazide</i>	1	
<b>RENIN INHIBITORS</b>		
TEKTURNA	3	
TEKTURNA HCT	3	
<b>REPLACEMENT PREPARATIONS</b>		
<b>REPLACEMENT PREPARATIONS</b>		
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
DEXTROSE 5% /ELECTROLYTE #75 VIAFLEX	2	
<i>dextrose 5%/lactated ringer's</i>	1	
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	2	
<i>dextrose 5%/potassium chloride 0.15%</i>	1	
<i>ed k+10</i>	1	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
IONOSOL-T/DEXTROSE 5%	2	
ISOLYTE-H/DEXTROSE 5%	2	
ISOLYTE-M/DEXTROSE 5%	2	
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S PH 7.4	2	
ISOLYTE-S/DEXTROSE 5%	2	
<i>k-tabs</i>	1	
KAON-CL-10	3	
KCL 0.075%/D5W/NACL 0.2%	2	
KCL 0.075%/D5W/NACL 0.45%	2	
KCL 0.15%/D10W/NACL 0.2%	2	
<i>kcl 0.15%/d5w/ nacl 0.3%</i>	1	
<i>kcl 0.15%/d5w/lr</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.225%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
KCL 0.224%/D5W/NACL 0.2%	2	
KCL 0.3%/D5W/LR	2	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	1	
KCL 0.3%/D5W/NACL 0.2%	2	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
KCL 0.3%/D5W/NACL 0.9%	2	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klotrix</i>	1	
<i>lactated ringer's dextrose 5% viaflex</i>	1	
<i>lactated ringer's viaflex</i>	1	
MICRO-K	3	
<i>normosol -r</i>	1	
<i>normosol-m in d5w</i>	1	

Drug Name	Drug Tier	Notes
NORMOSOL-R	2	
NORMOSOL-R IN D5W	2	
PLASMA-LYTE 56	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PLASMA-LYTE-148/D5W	2	
PLASMA-LYTE-56/D5W	2	
PLASMA-LYTE-R	2	
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	1	
POTASSIUM CHLORIDE 0.15% /NACL 0.45%	2	
VIAFLEX		
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	1	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	1	
<i>potassium chloride 0.15% nacl 0.9%</i>	1	
<i>potassium chloride 0.15%/d5w</i>	1	
<i>potassium chloride 0.15%/nacl 0.9%</i>	1	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	1	
<i>potassium chloride 0.224%/d5w</i>	1	
<i>potassium chloride 0.224%/d5w/nacl 0.45%</i>	1	
POTASSIUM CHLORIDE 0.224%D5W/NACL 0.33%	2	
<i>potassium chloride 0.3%/ nacl 0.9%</i>	1	
<i>potassium chloride 0.3%/d5w</i>	1	
POTASSIUM CHLORIDE 0.3%/NACL 0.9%/VIAFLEX	2	
<i>potassium chloride cr</i>	1	
<i>potassium chloride er cpcr 10meq</i>	1	
<i>potassium chloride er cpcr 8meq</i>	3	
<i>potassium chloride er tbc</i>	1	
<i>potassium chloride sr</i>	1	
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 30MEQ/100ML	3	
<i>potassium chloride inj 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i>	1	
<i>ringer's injection</i>	1	
<i>sodium chloride</i>	1	
<i>sodium chloride 0.45% viaflex</i>	1	
TPN ELECTROLYTES FTV	2	
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>		
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>		
<i>aminophylline tabs</i>	1	
<i>aminophylline inj</i>	1	PA
<i>elixophyllin</i>	1	
LUFYLLIN	3	
THEO-24	3	
<i>theochron</i>	1	
<i>theophylline cr</i>	1	
<i>theophylline er</i>	1	
<i>theophylline td</i>	1	
UNIPHYL	2	
<b>RESPIRATORY TRACT AGENTS, MISCELLANEOUS</b>		
<b>RESPIRATORY TRACT AGENTS, MISCELLANEOUS</b>		

Drug Name	Drug Tier	Notes
XOLAIR	2	PA
<b>SECOND GENERATION ANTIHISTAMINES</b>		
<b>SECOND GENERATION ANTIHISTAMINES</b>		
ALLEGRA	3	
ALLEGRA-D 12 HOUR	3	
ALLEGRA-D 24 HOUR	3	
<i>cetirizine hcl</i>	1	
CLARINEX	3	
CLARINEX REDITABS	3	
CLARINEX-D 12 HOUR	3	
CLARINEX-D 24 HOUR	3	
<i>fexofenadine hcl</i>	1	
SEMPREX-D	3	
XYZAL	3	
<b>SERUMS</b>		
<b>SERUMS</b>		
CARIMUNE NANOFILTERED	2	PA
FLEBOGAMMA	3	PA
GAMASTAN S/D	3	PA
GAMMAGARD LIQUID	3	PA
GAMUNEX	3	PA
IVEEGAM EN	3	PA
OCTAGAM	3	PA
PANGLOBULIN NF	3	PA
POLYGAM S/D	3	PA
VIVAGLOBIN	3	PA
<b>SKELETAL MUSCLE RELAXANTS</b>		
<b>CENTRALLY ACTING SKELETAL MUSCLE RELAXNT</b>		
AMRIX	3	
<i>carisoprodol</i>	3	
<i>carisoprodol /aspirin /codeine</i>	3	
<i>carisoprodol/aspirin</i>	3	
<i>chlorzoxazone</i>	3	
<i>cyclobenzaprine hcl</i>	1	
FEXMID	3	
FLEXERIL	3	
<i>methocarbamol</i>	1	
PARAFON FORTE DSC	3	
ROBAXIN-750	3	
ROBAXIN INJ	2	
ROBAXIN TABS	3	
SKELAXIN	3	
SOMA	3	
SOMA COMPOUND	3	
SOMA COMPOUND/CODEINE	3	
<i>tizanidine hcl</i>	1	
ZANAFLEX CAPS	2	
ZANAFLEX TABS	3	
<b>DIRECT-ACTING SKELETAL MUSCLE RELAXANTS</b>		
DANTRIUM	3	

Drug Name	Drug Tier	Notes
<i>dantrolene sodium</i>	1	
<b>GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT</b>		
<i>baclofen</i>	1	
<b>SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS</b>		
NORFLEX	3	
<i>orphenadrine /asa /caffeine</i>	3	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine compound ds</i>	3	
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISC.</b>		
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISC.</b>		
ACCUTANE	3	
ALDARA	2	
AMEVIVE	3	
<i>amnesteem</i>	1	
AZELEX	2	
<i>calcipotriene</i>	1	
CARAC	2	
<i>claravis</i>	1	
CONDYLOX	2	
CONDYLOX W/APPLICATORS	3	
DIFFERIN	2	
DOVONEX CREA	2	
DOVONEX SOLN	3	
EFUDEX OCCLUSION PACK	2	
EFUDEX CREA	2	
EFUDEX SOLN	3	
ELIDEL	3	
EPIDUO	3	
FINACEA	2	
FLECTOR	3	
FLUOROPLEX	2	
<i>fluorouracil</i>	1	
PANRETIN	3	
<i>podofilox</i>	1	
PROTOPIC	2	
REGRANEX	3	
SANTYL	3	
SOLARAZE	2	
SORIATANE CK	2	
<i>sotret</i>	1	
TACLONEX	3	
TACLONEX SCALP	3	
TARGRETIN	3	
TAZORAC	2	
<b>SOMATOTROPIN AGONISTS AND ANTAGONISTS</b>		
<b>SOMATOTROPIN AGONISTS</b>		
INCRELEX	3	
IPLEX	3	
<b>SOMATOTROPIN ANTAGONISTS</b>		

Drug Name	Drug Tier	Notes
SOMAVERT	2	LA
<b>SYMPATHOLYTIC ADRENERGIC BLOCKING AGENTS</b>		
<b>SYMPATHOLYTIC ADRENERGIC BLOCKING AGENTS</b>		
CAFERGOT	3	
D.H.E. 45	3	
DIBENZYLIN	2	
<i>dihydroergotamine mesylate</i>	1	
<i>ergoloid mesylates</i>	1	
ERGOMAR	2	
<i>ergotamine tartrate/caffeine</i>	1	
<i>migergot</i>	1	
MIGRANAL	2	
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>		
<b>ALPHA- AND BETA-ADRENERGIC AGONISTS</b>		
<i>epinephrine hcl</i>	1	
EIPEN 2-PAK	2	
EIPEN-JR 2-PAK	2	
TWINJECT	2	
<b>ALPHA-ADRENERGIC AGONISTS</b>		
<i>midodrine hcl</i>	1	
PROAMATINE	3	
<b>BETA-ADRENERGIC AGONISTS</b>		
ACCUNEB	3	
ADVAIR DISKUS	3	
ADVAIR HFA	3	
<i>albuterol sulfate</i>	1	
<i>albuterol sulfate er</i>	1	
ALUPENT	2	QL
BRETHINE INJ	2	
BRETHINE TABS	3	
COMBIVENT	2	
DUONEB	2	
FORADIL AEROLIZER	3	
MAXAIR AUTOHALER	3	QL
<i>metaproterenol sulfate</i>	1	
PROAIR HFA	2	QL
PROVENTIL HFA	3	QL
SEREVENT DISKUS	2	
<i>terbutaline sulfate</i>	1	
VENTOLIN HFA	2	QL
VOSPIRE ER	3	
XOPENEX	3	
XOPENEX CONCENTRATE	3	
XOPENEX HFA	3	QL
<b>THYROID AND ANTITHYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
TAPAZOLE	3	
<b>THYROID AGENTS</b>		

Drug Name	Drug Tier	Notes
CYTOMEL	2	
LEVOTHROID	2	
<i>levothyroxine sodium</i>	1	
LEVOXYL	3	
<i>lithyronine sodium</i>	1	
SYNTHROID	3	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
UNITHROID	3	
<b>TOXOIDS</b>		
<b>TOXOIDS</b>		
ADACEL	2	
BOOSTRIX	2	
DAPTACEL	2	
DECAVAC	2	
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	2	
INFANRIX	2	
<i>tetanus toxoid adsorbed</i>	1	PA
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	2	
TRIHIBIT	2	
TRIPEDIA	2	
<b>URICOSURIC AGENTS</b>		
<b>URICOSURIC AGENTS</b>		
<i>probenecid</i>	1	
<i>probenecid/colchicine</i>	1	
<b>URINARY ANTI-INFECTIVES</b>		
<b>URINARY ANTI-INFECTIVES</b>		
FURADANTIN	2	
HIPREX	3	
MACROBID	3	
MACRODANTIN	3	
<i>methenamine hippurate</i>	1	
MONUROL	2	
<i>nitrofurantoin macrocrystalline</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
PRIMSOL	2	
<i>trimethoprim</i>	1	
<i>urex</i>	1	
<b>VACCINES</b>		
<b>VACCINES</b>		
ACTHIB	2	
ATTENUVAX	2	PA
COMVAX	2	
ENGERIX-B	2	PA
GARDASIL	2	
HAVRIX INJ 1440ELU/ML	2	

Drug Name	Drug Tier	Notes
HAVRIX INJ 720ELU/0.5ML	2	PA
HIBTITER	2	
IMOVAX RABIES (H.D.C.V.)	2	PA
IPOL INACTIVATED IPV	2	
JE-VAX	2	
M-M-R II W/DILUENT 10 DOSE	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II W/DILUENT 10 DOSE	3	
PEDIARIX	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	PA
RECOMBIVAX HB	2	PA
ROTATEQ	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA INJ 50UNIT/ML	2	
VAQTA INJ 25UNIT/0.5ML	2	PA
VARIVAX	2	
VIVOTIF BERNA	2	
<i>yf-vax</i>	1	
ZOSTAVAX	2	
<b>VASOCONSTRICTORS</b>		
<b>VASOCONSTRICTORS</b>		
<i>ak-con</i>	3	
ALBALON	3	
<i>naphazoline hcl</i>	3	
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
<b>VASODILATING AGENTS</b>		
<b>NITRATES AND NITRITES</b>		
DILATRATE SR	3	
IMDUR	3	
<i>ismo</i>	3	
<i>isochron</i>	1	
ISORDIL TITRADOSE	3	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	1	
MONOKET	3	
NITRO-DUR PT24 0.1MG/HR, 0.3MG/HR	2	
NITRO-DUR PT24 0.2MG/HR, 0.4MG/HR, 0.6MG/HR, 0.8MG/HR	3	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin pt24</i>	1	
<i>nitroglycerin inj</i>	1	PA
NITROLINGUAL PUMPSPRAY	3	

Drug Name	Drug Tier	Notes
NITROSTAT	2	
<b>PHOSPHODIESTERASE INHIBITORS</b>		
REVATIO	2	
<b>VASODILATING AGENTS, MISCELLANEOUS</b>		
AGGRENOX	2	
<i>dipyridamole</i>	1	
LETAIRIS	3	
PERSANTINE	3	
REMODULIN	3	PA
TRACLEER	2	LA
VENTAVIS	2	LA
<b>VITAMIN D</b>		
<b>VITAMIN D</b>		
CALCIJEX	3	
<i>calcitriol caps, oral soln</i>	1	
CALCITRIOL INJ 2MCG/ML	3	
<i>calcitriol inj 1mcg/ml</i>	1	
HECTOROL	2	
ROCALTROL	3	
ZEMPLAR	3	

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