



VANTAGE MEDICARE
A D V A N T A G E



VANTAGE HEALTH PLAN, INC.
Making Healthcare Work!

Prescription Drug Plan 2011

For Retired OGB Plan Members with
Medicare Parts A & B

Abridged Formulary
(List of covered Drugs)

Current as of April 1, 2011



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. This document includes Vantage Medicare Advantage's partial formulary. Please visit our web site at www.vhp-stategroup.com to search for drugs. For additional assistance, please call (888) 823-1910, 8am – 8pm, seven days a week from November 15, 2010 through March 1, 2011. After March 1, 2011, Member Services may be reached from 8am – 8pm, Monday – Friday. TTY users should call (866) 524-5144.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayment/coinsurance may change on January 1, 2012. Vantage Health Plan is a health plan with a Medicare Advantage contract.

Vantage Medicare Advantage Prescription Drug Plan

2011 Abridged Formulary

What is the Vantage Medicare Advantage Formulary?

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

This document is a partial formulary and includes only some of the drugs covered by Vantage Medicare Advantage. For a complete listing of all prescription drugs covered by Vantage Medicare Advantage, please visit our website at www.vhp-stategroup.com or call (888) 823-1910, 8am – 8pm, and seven days a week from November 15, 2010, through March 1, 2011. After March 1, 2011, Member Services may be reached from 8am – 8pm Monday – Friday. TTY users should call (866) 524-5144.

Can the Formulary change?

Generally, if you are taking a drug on our 2011 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2011 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, or add prior authorization, quantity limits, and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of the date printed on the cover. To get updated information about the drugs covered by Vantage Medicare Advantage, please visit our website at www.vhp-stategroup.com or call Member Services at (888) 823-1910, 8am – 8pm, and seven days a week from November 15, 2010, through March 1, 2011. After March 1, 2011, Member Services may be reached from 8am – 8pm Monday – Friday. TTY users should call (866) 524-5144.

In the event of mid-year non-maintenance formulary changes that are approved by CMS, Vantage Medicare Advantage shall update the printed formulary. The updated version of the printed formulary will be available upon request and the changes will be included in notices to members using the affected drug(s) no less than 60

days prior to the effective date of the change. The mid-year non-maintenance formulary changes will also be made to the searchable online formulary as well.

How do I use the Formulary?

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

Medical Condition The formulary begins on page 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, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in this formulary. 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 found at the back of this book. 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?

Vantage Medicare Advantage covers both brand-name drugs and generic drugs. A generic drug is a prescription drug that 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:** Vantage Medicare Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Vantage Medicare Advantage before you fill your prescriptions. If you do not get approval, Vantage Medicare Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, Vantage Medicare Advantage limits the amount of the drug that Vantage Medicare Advantage will cover. This may be in addition to a standard one month or three-month supply.
- **Step Therapy:** In some cases, Vantage Medicare Advantage requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Vantage Medicare Advantage may not cover drug B unless you try Drug A first. If Drug A does not work for you, Vantage Medicare Advantage will then cover Drug B.
- **Generic Substitution:** When there is a generic version of a brand-name drug available, the Vantage Medicare Advantage network pharmacies will automatically give you the generic version, unless your

doctor has informed the plan that you must take the brand-name drug and the request has been approved.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6.

You can ask Vantage Medicare Advantage to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Vantage Medicare Advantage Formulary?” below 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 list of covered drugs, you should first contact Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so Vantage Medicare Advantage may cover your drug. You can contact Member Services at (888) 823-1910, 8am – 8pm, and seven days a week from November 15, 2010, through March 1, 2011. After March 1, 2011, Member Services may be reached from 8am – 8pm Monday – Friday. TTY users should call (866) 524-5144.

If you learn that the Vantage Medicare Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Vantage Medicare Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Vantage Medicare Advantage.
- You can ask Vantage Medicare Advantage 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 Vantage Medicare Advantage Formulary?

You can ask Vantage Medicare Advantage 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, Vantage Medicare Advantage limits the amount of the drug that is covered. 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 tier, you can ask us to cover it at the cost-sharing amount that applies to the drugs in the preferred 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 Drug tier (Tier 4).

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. When you are requesting a formulary, tiering, or utilization restriction exception, you should submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover, or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-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 written for fewer days) while you pursue a formulary exception.

Current enrollees with a level of care change (e.g., from a hospital to a long-term care facility) must follow standard Prior Authorization procedures during the transition period. Vantage Medicare Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Vantage before you fill your prescriptions during the transition period.

For more information

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

If you have questions about Vantage Medicare Advantage, please call Member Services at (888) 823-1910, 8am – 8pm, and seven days a week November 15, 2010, through March 1, 2011. After March 1, 2011, Member Services may be reached from 8am – 8pm Monday – Friday. TTY users should call (866) 524-5144. Or, visit www.vhp-stategroup.com.

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

Vantage Medicare Advantage's Formulary

The abridged formulary that begins on the next page provides coverage information about some of the drugs covered by Vantage Medicare Advantage. If you have trouble finding your drug in the list, turn to the Index at the back of the book. Remember, this is only a partial list of drugs covered by Vantage Medicare Advantage. If your prescription is not in the partial formulary, please visit our website at www.vhp-stategroup.com or call Member Services at (888) 823-1910, 8am-8pm, and seven days a week November 15, 2010, through March 1, 2011. After March 1, 2011, Member Services may be reached from 8am – 8pm Monday – Friday. TTY users should call (866) 524-5144 for additional help.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR) and generic drugs are listed in lower-case italics (e.g., *acetaminophen/codeine*). The information in the Notes column tells you if Vantage Medicare Advantage has any special requirements for coverage of your drug. The formulary includes drugs which may have a Quantity Limit (QL) for that particular drug, or which may require Prior Authorization (PA) from Vantage Medicare Advantage before receiving them. B versus D determination drugs require the plan to make a determination as to whether a drug is covered under the Medicare Part B or Part D benefits.

Employer group plans include coverage through the gap for both generic and brand name drugs.

2011 Vantage Choice Abridged Formulary

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2011 Vantage Choice Abridged Formulary

CURRENT AS OF 4/1/2011

<p>UPPERCASE= Brand name drugs</p> <p>lowercase italics= Generic drugs</p>	<p>Tier</p> <p>1= Tier 1</p> <p>2= Tier 2</p> <p>3= Tier 3</p> <p>4= Tier 4</p>	<p>Notes</p> <p>PA= Prior Authorization</p> <p>PA-NS= PA-New Starts Only</p> <p>BvD= B vs D PA</p> <p>ST= Step Therapy</p> <p>ST-NS= ST-New Starts Only</p> <p>MO= Mail Order</p> <p>LA= Limited Access</p> <p>QL= Quantity Limit</p>

Drug	Tier	Notes
Analgesics		
Opioid Analgesics, Long-acting		
AVINZA ORAL	2	QL (60 EA per 25 day(s))
EMBEDA CAP 30-1.2 mg, 50-2 mg	3	QL (60 EA per 30 day(s))
<i>fentanyl td</i>	1	QL (10 EA per 25 day(s))
KADIAN ORAL	2	QL (60 EA per 25 day(s))
OPANA ER ORAL	2	QL (120 EA per 25 day(s))
OXYCONTIN ORAL	2	QL (120 EA per 25 day(s))
Opioid Analgesics, Short-acting		
<i>acetaminophen-codeine elixir</i>	1	
<i>acetaminophen-codeine tab 300-15 mg</i>	1	
ASCOMP W/CODEINE ORAL	1	
ASTRAMORPH-PF INJ	1	
<i>buprenorphine sl</i>	1	
CO-GESIC ORAL	1	
DILAUDID-5 ORAL	2	

Drug	Tier	Notes
DURAMORPH INJ	1	
ENDOCET ORAL	1	
FENTORA BUCL	4	PA; QL (120 EA per 25 day(s))
<i>hydrocodone-acetaminophen oral soln 7.5-500 mg/15 mL</i>	1	
<i>hydrocodone-acetaminophen tab 10-325 mg, 10-500 mg, 10-650 mg, 10-660 mg, 5-325 mg, 5-500 mg, 7.5-325 mg, 7.5-500 mg, 7.5-650 mg, 7.5-750 mg</i>	1	
<i>hydromorphone oral</i>	1	
<i>hydromorphone (pf) inj</i>	1	
<i>ibuprofen-oxycodone oral</i>	1	
<i>levorphanol tartrate oral</i>	1	
MARGESIC-H ORAL	1	
<i>methadone inj</i>	3	
<i>methadone oral concentrate</i>	1	
<i>methadone oral soln</i>	1	
<i>methadone tab</i>	1	QL (240 EA per 25 day(s))
METHADOSE ORAL	1	QL (240 EA per 25 day(s))
<i>nalbuphine inj</i>	1	
<i>oxycodone oral</i>	1	
<i>oxycodone hcl-oxycodone-asa oral</i>	1	
<i>oxycodone-acetaminophen cap</i>	1	
<i>oxycodone-acetaminophen tab 10-650 mg, 2.5-325 mg, 5-325 mg</i>	1	
<i>pentazocine-acetaminophen oral</i>	1	
<i>pentazocine-naloxone oral</i>	1	
ROXICET ORAL SOLN	2	
ROXICET TAB 5-325 mg	1	
ROXICET TAB 5-500 mg	3	
STAGESIC ORAL	1	
SUBOXONE SUBLINGUAL TAB	2	

Drug	Tier	Notes
SUBUTEX SL	2	
VICODIN HP ORAL	1	
ZERLOR ORAL	1	
Anesthetics		
Local Anesthetics		
EMLA TOP	3	
<i>lidocaine (pf) inj</i>	1	
<i>lidocaine hcl inj</i>	1	
<i>lidocaine hcl top</i>	1	
<i>lidocaine mucosal gel</i>	1	
<i>lidocaine mucosal soln</i>	1	
<i>lidocaine-prilocaine top</i>	1	
LIDODERM TOP	2	PA
PARCAINE OPHT	1	
Antibacterials		
Amino Derivative Penicillins		
<i>amoxicillin oral</i>	1	
<i>amoxicillin-pot clavulanate chewable tab</i>	1	
<i>amoxicillin-pot clavulanate er 12 hr tab</i>	1	
<i>amoxicillin-pot clavulanate oral susp</i>	1	
<i>amoxicillin-pot clavulanate tab 250-125 mg</i>	1	
<i>ampicillin oral</i>	1	
<i>ampicillin sodium inj</i>	1	
<i>ampicillin-sulbactam inj</i>	1	
Aminoglycosides		
<i>amikacin inj</i>	1	
<i>gentamicin inj</i>	1	
<i>gentamicin opht</i>	1	
<i>gentamicin top</i>	1	
<i>gentamicin sulfate (pf) iv</i>	1	

Drug	Tier	Notes
<i>kanamycin inj</i>	1	
<i>neomycin oral</i>	1	
<i>paromomycin oral</i>	1	
<i>streptomycin im</i>	1	
<i>tobramycin sulfate inj</i>	1	
<i>tobramycin sulfate ophth</i>	1	
Antifolate Antibacterials		
<i>trimethoprim oral</i>	1	
Beta-lactam, Other		
INVANZ INJ	2	
Cephalosporin Antibacterials, 1st Generation		
<i>cefadroxil oral</i>	1	
<i>cephalexin oral</i>	1	
Cephalosporin Antibacterials, 2nd Generation		
<i>cefaclor oral</i>	1	
<i>cefoxitin iv</i>	1	
<i>cefprozil oral</i>	1	
<i>cefuroxime axetil oral</i>	1	
<i>cefuroxime sodium inj</i>	1	
<i>cefuroxime sodium iv</i>	1	
ZINACEF IV SOLUTION 7.5 gram	1	
ZINACEF IV SOLUTION 1.5 gram, 750 mg	3	
ZINACEF IN DEXTROSE (ISO-OSM) IV	3	
ZINACEF IN STERILE WATER IV	3	
Cephalosporin Antibacterials, 3rd Generation		
<i>cefdinir oral</i>	1	
<i>cefepime inj</i>	1	
<i>cefotaxime inj</i>	1	
<i>cefpodoxime oral</i>	1	
<i>ceftriaxone inj</i>	1	

Drug	Tier	Notes
TAZICEF INJ	1	
TAZICEF IV	1	
Extended Spectrum Penicillins		
ZOSYN IV	2	
ZOSYN IN DEXTROSE (ISO-OSM) IV	2	
Glycopeptide Antibacterials		
<i>vancomycin iv solution 1,000 mg, 10 gram</i>	1	
Lincomycin Antibacterials		
CLEOCIN CAP 75 mg	2	
CLEOCIN CAP 300 mg	3	
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	2	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin phosphate vagl</i>	1	
Macrolides		
<i>azithromycin iv</i>	1	
<i>azithromycin oral</i>	1	
<i>clarithromycin oral</i>	1	
E.E.S. 400 ORAL	1	
ERYTHROCIN IV	2	
ERYTHROCIN STEARATE ORAL	1	
<i>erythromycin ophl</i>	1	
<i>erythromycin oral</i>	1	
<i>erythromycin-sulfisoxazole oral</i>	1	
Miscellaneous Antibacterials		
<i>alcohol swabs top</i>	2	
ALTABAX TOP	2	
BACI-IM IM	1	
BACTROBAN OINTMENT	3	
BACTROBAN TOPICAL CREAM	2	

Drug	Tier	Notes
BACTROBAN NASAL NASL	3	
<i>colistimethate sodium inj</i>	1	BvD
<i>methenamine hippurate oral</i>	1	
METROGEL TOP	2	
<i>metronidazole oral</i>	1	
<i>metronidazole top</i>	1	
<i>metronidazole vagl</i>	1	
<i>mupirocin top</i>	1	
<i>neomycin-polymyxin-hc ear soln</i>	1	
<i>polymyxin b sulfate inj</i>	1	
PREVPAC ORAL	2	
<i>silver sulfadiazine top</i>	1	
SSD TOP	1	
SULFATRIM ORAL	1	
THERMAZENE TOP	1	
VANDAZOLE VAGL	1	
Natural Penicillins		
BICILLIN C-R IM	2	
BICILLIN L-A IM	2	
<i>penicillin g sodium inj</i>	1	
<i>penicillin v potassium oral</i>	1	
Nitrofurantoin Antibacterials		
FURADANTIN ORAL	3	
MACRODANTIN CAP 25 mg	2	
MACRODANTIN CAP 100 mg, 50 mg	3	
<i>nitrofurantoin (macrocryst25%) oral</i>	1	
Penicillinase-resistant Penicillins		
<i>dicloxacillin oral</i>	1	
<i>nafcillin inj</i>	1	
<i>oxacillin inj</i>	1	

Drug	Tier	Notes
Quinolones		
AVELOX ORAL	2	
AVELOX ABC PACK ORAL	2	
AVELOX IN NACL (ISO-OSMOTIC) IV	2	
<i>ciprofloxacin iv</i>	1	
<i>ciprofloxacin opht</i>	1	
<i>ciprofloxacin oral</i>	1	
<i>ciprofloxacin er multiphase 24 hr tab 1,000 mg</i>	1	
LEVAQUIN IV	2	
LEVAQUIN ORAL	2	
LEVAQUIN IN D5W IV	2	
<i>ofloxacin opht</i>	1	
<i>ofloxacin oral</i>	1	
<i>ofloxacin otic</i>	1	
Sulfonamides		
<i>sulfacetamide sodium (acne) top</i>	1	
<i>sulfadiazine oral</i>	1	
<i>sulfamethoxazole-trimethoprim iv</i>	1	
<i>sulfamethoxazole-trimethoprim oral susp</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
Tetracyclines		
<i>demeclocycline oral</i>	1	
<i>doxycycline monohydrate oral</i>	1	
<i>minocycline cap</i>	1	
<i>minocycline tab</i>	1	
ORACEA ORAL	2	
<i>tetracycline oral</i>	1	
Anticonvulsants		
Anticonvulsants, Other		
KEPPRA IV	2	

Drug	Tier	Notes
<i>levetiracetam oral</i>	1	MO
Calcium Channel Modifying Agents		
CELONTIN ORAL	2	MO
<i>ethosuximide oral</i>	1	MO
LYRICA CAP 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	2	MO; QL (120 EA per 25 day(s))
LYRICA CAP 300 mg	2	MO; QL (60 EA per 25 day(s))
<i>zonisamide oral</i>	1	MO
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>divalproex sprinkle cap</i>	1	MO
<i>divalproex tab, delayed release</i>	1	MO
<i>gabapentin cap 100 mg</i>	1	MO; QL (1080 EA per 25 day(s))
<i>gabapentin cap 400 mg</i>	1	MO; QL (270 EA per 25 day(s))
<i>gabapentin cap 300 mg</i>	1	MO; QL (360 EA per 25 day(s))
<i>gabapentin tab 800 mg</i>	1	MO; QL (120 EA per 25 day(s))
<i>gabapentin tab 600 mg</i>	1	MO; QL (180 EA per 25 day(s))
GABITRIL ORAL	2	MO
<i>primidone oral</i>	1	MO
<i>valproate sodium iv</i>	1	
<i>valproic acid oral</i>	1	MO
<i>valproic acid (as sodium salt) oral</i>	1	MO
Glutamate Reducing Agents		
<i>lamotrigine oral</i>	1	MO
TOPAMAX ORAL	2	MO
Sodium Channel Inhibitors		
<i>carbamazepine chewable tab</i>	1	MO
<i>carbamazepine oral susp</i>	1	MO
<i>carbamazepine tab</i>	1	MO
CARBATROL ORAL	2	MO
DILANTIN EXTENDED ORAL	2	MO

Drug	Tier	Notes
DILANTIN INFATABS ORAL	2	MO
DILANTIN-125 ORAL	2	MO
EPITOL ORAL	1	MO
<i>fosphenytoin inj</i>	1	
<i>oxcarbazepine oral</i>	1	MO
PEGANONE ORAL	2	MO
PHENYTEK ORAL	3	MO
<i>phenytoin oral</i>	1	MO
<i>phenytoin sodium extended oral</i>	1	MO
TEGRETOL XR ORAL	2	MO
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid oral</i>	1	MO
Cholinesterase Inhibitors		
ARICEPT TAB 10 mg, 5 mg	2	MO
ARICEPT ODT ORAL	2	MO
EXELON ORAL	2	MO
EXELON TD	2	MO
<i>galantamine oral</i>	1	MO
Glutamate Pathway Modifiers		
NAMENDA ORAL	2	MO
NAMENDA TITRATION PAK ORAL	2	MO
Antidepressants		
Antidepressants, Other		
BUDEPRION SR ORAL	1	MO
BUDEPRION XL 24 HR TAB 150 mg	1	
BUDEPRION XL 24 HR TAB 300 mg	1	MO
BUPROBAN ORAL	1	PA-NS; MO; QL (62 EA per 31 day(s))
<i>bupropion hcl sr tab 100 mg, 200 mg</i>	1	MO

Drug	Tier	Notes
<i>bupropion hcl sr tab 150 mg</i>	1	PA-NS; MO; QL (62 EA per 31 day(s))
<i>bupropion hcl tab</i>	1	MO
<i>maprotiline oral</i>	1	MO
<i>mirtazapine oral</i>	1	MO
<i>nefazodone oral</i>	1	MO
<i>trazodone oral</i>	1	MO
Monoamine Oxidase Inhibitors		
EMSAM TD	2	MO
MARPLAN ORAL	2	MO
<i>tranylcypromine oral</i>	1	MO
Serotonin/ Norepinephrine Reuptake Inhibitors		
CYMBALTA ORAL	2	MO
EFFEXOR XR ORAL	2	MO
PRISTIQ ORAL	2	MO
<i>venlafaxine tab</i>	1	MO
Tricyclics		
<i>amitriptyline oral</i>	1	MO
<i>amoxapine oral</i>	1	MO
<i>clomipramine oral</i>	1	MO
<i>desipramine oral</i>	1	MO
<i>doxepin cap 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>doxepin oral concentrate</i>	1	MO
<i>imipramine hcl oral</i>	1	MO
<i>imipramine pamoate oral</i>	1	MO
<i>nortriptyline oral</i>	1	MO
<i>perphenazine-amitriptyline oral</i>	1	MO
<i>protriptyline oral</i>	1	MO
Antidotes, Deterrents, and Toxicologic Agents		
Alcohol Deterrents		

Drug	Tier	Notes
ANTABUSE TAB 250 mg	2	
ANTABUSE TAB 500 mg	3	
CAMPRAL DOSE PAK ORAL	2	
Antidotes		
<i>acetylcysteine misc</i>	1	
<i>amifostine crystalline iv</i>	1	
EXJADE ORAL	4	
<i>leucovorin calcium inj</i>	1	
<i>leucovorin calcium oral</i>	1	MO
<i>mesna iv</i>	1	
MESNEX ORAL	2	
SYPRINE ORAL	2	
Opioid Antagonists		
<i>buprenorphine inj</i>	1	
DEPADE ORAL	1	
<i>naloxone inj</i>	1	
<i>naltrexone oral</i>	1	
Smoking Cessation Agents		
CHANTIX ORAL	2	PA
CHANTIX STARTING MONTH PAK ORAL	2	PA
NICOTROL INHL	3	PA; QL (174 EA per 31 day(s))
Antiemetics		
5-Hydroxytryptamine 3 (5-HT3) Antagonists		
<i>granisetron iv</i>	1	
<i>granisetron oral</i>	1	BvD
<i>granisetron (pf) iv</i>	1	
GRANISOL ORAL	1	BvD
<i>ondansetron oral</i>	1	BvD; QL (45 EA per 30 day(s))
<i>ondansetron hcl oral soln</i>	1	BvD
<i>ondansetron hcl tab 4 mg, 8 mg</i>	1	BvD; QL (45 EA per 30 day(s))

Drug	Tier	Notes
<i>ondansetron hcl tab 24 mg</i>	1	BvD; QL (7 EA per 30 day(s))
<i>ondansetron hcl (pf) inj</i>	1	
ZOFRAN IV	3	
ZOFRAN ORAL	3	BvD
ZOFRAN ODT ORAL	3	BvD
Antiemetics, Other		
COMPRO RECT	1	
<i>meclizine oral</i>	1	
<i>metoclopramide inj</i>	1	
<i>metoclopramide oral</i>	1	
PHENADOZ RECT	1	
<i>prochlorperazine rect</i>	1	
<i>prochlorperazine edisylate inj</i>	1	
<i>prochlorperazine maleate oral</i>	1	
<i>promethazine inj</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rect</i>	1	
PROMETHAZINE VC ORAL	1	
PROMETHEGAN RECT	1	
TRANSDERM-SCOP TD	2	
<i>trimethobenzamide im</i>	1	
<i>trimethobenzamide oral</i>	1	
Neurokinin 1 (NK1) Receptor Antagonists		
EMEND CAP 40 mg	2	BvD; QL (1 EA per 30 day(s))
EMEND CAP 125 mg	2	BvD; QL (2 EA per 25 day(s))
EMEND CAP 80 mg	2	BvD; QL (4 EA per 25 day(s))
EMEND CAPS IN DOSE PACK	2	BvD; QL (12 EA per 30 day(s))
Antifungals		
Allylamine Antifungals		
<i>terbinafine oral</i>	1	PA

Drug	Tier	Notes
Antifungals (Other)		
ANCOBON ORAL	2	
<i>ciclopirox top</i>	1	
GRIFULVIN V ORAL	3	
<i>griseofulvin microsize oral</i>	1	
GRIS-PEG ORAL	2	
LOPROX SHAMPOO	2	
Azole Antifungals		
<i>clotrimazole mm</i>	1	
<i>clotrimazole top</i>	1	
DIFLUCAN TAB 200 mg	3	
<i>econazole top</i>	1	
ERTACZO TOP	3	
<i>fluconazole oral</i>	1	
<i>itraconazole oral</i>	1	PA
<i>ketoconazole oral</i>	1	
<i>ketoconazole top</i>	1	
KURIC TOP	1	
MICONAZOLE-3 VAGL	1	
NIZORAL TOP	3	
<i>terconazole vagl</i>	1	
ZAZOLE VAGL	1	
Polyene Antifungals		
<i>amphotericin b inj</i>	1	
NATACYN OPHT	2	
<i>nystatin oral</i>	1	
<i>nystatin top</i>	1	
<i>nystatin-triamcinolone top</i>	1	
NYSTOP TOP	1	
PEDI-DRI TOP	1	

Drug	Tier	Notes
Antigout Agents		
Antigout Agents (Non-renal Tubular Blocking Agents and Non-xanthine Inhibitors)		
COLCRYS ORAL	2	MO; QL (120 EA per 30 day(s))
Renal Tubular Blocking Agents		
<i>colchicine-probenecid oral</i>	1	MO
<i>probenecid oral</i>	1	MO
Xanthine Oxidase Inhibitors		
<i>allopurinol sodium iv</i>	1	
Anti-inflammatory Agents		
Nonsteroidal Anti-inflammatory Drugs		
CELEBREX ORAL	2	
<i>diclofenac potassium oral</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diflunisal oral</i>	1	
<i>etodolac oral</i>	1	
<i>fenoprofen oral</i>	1	
<i>flurbiprofen oral</i>	1	
<i>ibuprofen oral</i>	1	
<i>indomethacin oral</i>	1	
<i>ketoprofen oral</i>	1	
<i>meclofenamate oral</i>	1	
<i>meloxicam oral</i>	1	
<i>nabumetone oral</i>	1	
<i>naproxen oral</i>	1	
<i>naproxen sodium oral</i>	1	
<i>oxaprozin oral</i>	1	
<i>piroxicam oral</i>	1	
<i>sulindac oral</i>	1	
<i>tolmetin oral</i>	1	
Antimigraine Agents		

Drug	Tier	Notes
Ergot Alkaloids		
<i>dihydroergotamine inj</i>	1	
<i>ergotamine-caffeine oral</i>	1	
MIGERGOT RECT	1	
MIGRANAL NASL	2	QL (8 ML per 25 day(s))
Triptans		
AXERT TAB 12.5 mg	3	QL (12 EA per 25 day(s))
FROVA ORAL	3	QL (18 EA per 25 day(s))
RELPAK ORAL	2	QL (12 EA per 25 day(s))
<i>sumatriptan sub-q 6 mg/0.5 mL</i>	1	QL (10 ML per 25 day(s))
<i>sumatriptan sub-q 4 mg/0.5 mL</i>	1	QL (4 ML per 25 day(s))
<i>sumatriptan succinate oral</i>	1	QL (9 EA per 25 day(s))
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine oral</i>	2	
<i>pyridostigmine bromide oral</i>	1	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral</i>	1	
MYCOBUTIN ORAL	2	
Antituberculars		
<i>ethambutol oral</i>	1	
ISONARIF ORAL	1	
<i>isoniazid inj</i>	1	
<i>isoniazid oral</i>	1	
<i>pyrazinamide oral</i>	1	
<i>rifampin iv</i>	1	
<i>rifampin oral</i>	1	
Antineoplastics		
Alkylating Agents, Other		

Drug	Tier	Notes
<i>carboplatin iv</i>	1	
<i>cisplatin iv</i>	1	
<i>dacarbazine iv</i>	1	
IFEX IV	3	
<i>ifosfamide iv</i>	1	
<i>ifosfamide-mesna iv</i>	1	
<i>thiotepa inj</i>	1	
<i>vincristine iv</i>	1	
Antiangiogenic Agents		
REVLIMID ORAL	4	PA-NS; MO; LA
THALOMID ORAL	4	PA-NS; MO
Anti-CD20 Antibodies		
AVASTIN IV	4	
CAMPATH IV	2	
RITUXAN IV	2	PA-NS
Antimetabolites, Other		
DROXIA ORAL	2	MO
<i>fluorouracil iv</i>	2	
<i>hydroxyurea oral</i>	1	MO
<i>idarubicin iv</i>	1	
Antineoplastics, Other		
ADRIAMYCIN PFS IV	1	
<i>bleomycin inj</i>	1	
COSMEGEN IV	2	
<i>daunorubicin iv</i>	2	
<i>doxorubicin iv</i>	1	
ELLENCE IV	2	
<i>epirubicin iv</i>	1	
<i>etoposide iv</i>	1	
<i>irinotecan iv</i>	1	

Drug	Tier	Notes
<i>mitomycin iv</i>	1	
<i>mitoxantrone iv</i>	1	
ONTAK IV	2	
<i>paclitaxel iv</i>	1	
TOPOSAR IV	1	
<i>vinorelbine iv</i>	1	
ZOLINZA ORAL	4	MO
Aromatase Inhibitors, 3rd Generation		
ARIMIDEX ORAL	2	MO
AROMASIN ORAL	2	MO
FEMARA ORAL	2	MO
Epidermal Growth Factor Receptor Tyrosine Kinase Inhibitors		
IRESSA ORAL	4	MO
TARCEVA TAB 100 mg, 150 mg	4	PA-NS; MO; QL (31 EA per 31 day(s))
TARCEVA TAB 25 mg	4	PA-NS; MO; QL (62 EA per 31 day(s))
Estrogen-nitrosoureas		
EMCYT ORAL	2	MO
FASLODEX IM	2	
Multitargeted Kinase Inhibitors, Bcr-Abl/c-kit Receptor Tyrosine Kinase Inhibitors		
GLEEVEC ORAL	4	MO
SPRYCEL TAB 100 mg	4	
SPRYCEL TAB 20 mg, 50 mg, 70 mg	4	MO
TASIGNA ORAL	4	MO
Multitargeted Kinase Inhibitors, HER2 Receptor Tyrosine Kinase Inhibitors		
TYKERB ORAL	4	MO
Multitargeted Kinase Inhibitors, Vascular Endothelial Growth Factor Receptor Tyrosine Kinase Inhib.		
AFINITOR TAB 5 mg	4	PA-NS; MO; QL (31 EA per 31 day(s))

Drug	Tier	Notes
AFINITOR TAB 10 mg	4	PA-NS; MO; QL (62 EA per 31 day(s))
NEXAVAR ORAL	4	PA-NS; MO; QL (124 EA per 31 day(s))
SUTENT CAP 12.5 mg	4	PA-NS; MO; QL (124 EA per 31 day(s))
SUTENT CAP 50 mg	4	PA-NS; MO; QL (31 EA per 31 day(s))
SUTENT CAP 25 mg	4	PA-NS; MO; QL (62 EA per 31 day(s))
Nitrogen Mustards		
ALKERAN IV	3	
LEUKERAN ORAL	2	MO
MUSTARGEN INJ	3	
Nitrosoureas		
BICNU IV	3	
CEENU ORAL	2	MO
Purine Analogs and Related Inhibitors		
<i>cladribine iv</i>	1	
<i>cytarabine (pf) solution for injection</i>	1	
<i>fludarabine iv</i>	1	
GEMZAR IV	2	
<i>mercaptopurine oral</i>	1	MO
<i>pentostatin iv</i>	1	
TABLOID ORAL	2	MO
Retinoids		
TARGRETIN ORAL	4	MO
TARGRETIN TOP	4	MO
<i>tretinoin (chemotherapy) oral</i>	4	MO
Selective Estrogen Receptor Modulators, 1st Generation		
FARESTON ORAL	2	MO
<i>tamoxifen oral</i>	1	MO

Drug	Tier	Notes
Antiparasitics		
Anthelmintics		
ALBENZA ORAL	2	
<i>mebendazole oral</i>	1	
Antimalarials		
<i>chloroquine phosphate oral</i>	1	
DARAPRIM ORAL	2	
<i>hydroxychloroquine oral</i>	1	
MALARONE ORAL	2	
<i>mefloquine oral</i>	1	
QUALAQUIN ORAL	2	
Antiprotozoals (Non-antimalarials)		
ALINIA ORAL SUSP	2	QL (180 ML per 25 day(s))
ALINIA TAB	2	QL (12 EA per 25 day(s))
Pediculicides/ Scabicides		
ACTICIN TOP	1	
EURAX TOP	2	
<i>lindane top</i>	1	
OVIDE TOP	2	
<i>permethrin top</i>	1	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine inj</i>	1	
<i>benztropine oral</i>	1	MO
COGENTIN INJ	2	
<i>trihexyphenidyl oral</i>	1	MO
Antiparkinson Agents, Other		
<i>amantadine cap</i>	1	MO
<i>amantadine syrup</i>	1	
<i>amantadine tab</i>	1	MO

Drug	Tier	Notes
Catechol O-methyltransferase (COMT) Inhibitors		
COMTAN ORAL	2	MO
TASMAR ORAL	3	MO
Dopamine Agonists, Ergot		
<i>bromocriptine oral</i>	1	MO
<i>cabergoline oral</i>	1	MO
Dopamine Agonists, Nonergot		
MIRAPEX ORAL	2	MO
<i>pramipexole tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i>	1	MO
<i>ropinirole oral</i>	1	MO
Dopamine Precursors		
ATAMET ORAL	1	MO
<i>carbidopa-levodopa er tab</i>	1	MO
<i>carbidopa-levodopa tab, rapid dissolve</i>	1	MO
STALEVO 100 ORAL	2	MO
STALEVO 125 ORAL	2	MO
STALEVO 150 ORAL	2	MO
STALEVO 200 ORAL	2	MO
STALEVO 50 ORAL	2	MO
STALEVO 75 ORAL	2	MO
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT ORAL	2	MO
<i>selegiline hcl oral</i>	1	MO
Antipsychotics		
Atypicals		
ABILIFY IM	3	
ABILIFY ORAL	3	MO
ABILIFY DISCMELT ORAL	3	MO
<i>clozapine oral</i>	1	MO

Drug	Tier	Notes
FANAPT TAB 6 mg, 8 mg	3	ST-NS; MO
FAZACLO TAB, RAPID DISSOLVE 100 mg, 12.5 mg, 25 mg	2	MO
GEODON IM	2	
GEODON ORAL	2	MO
<i>risperidone oral soln</i>	1	MO
<i>risperidone tab</i>	1	MO
SAPHRIS SL	3	MO; QL (62 EA per 31 day(s))
SEROQUEL ORAL	2	MO
SEROQUEL XR 24 HR TAB 150 mg, 50 mg	2	
SEROQUEL XR 24 HR TAB 200 mg, 300 mg, 400 mg	2	MO
ZYPREXA IM	2	
ZYPREXA ORAL	2	MO
ZYPREXA ZYDIS ORAL	2	MO
Conventional		
<i>chlorpromazine inj</i>	1	
<i>chlorpromazine oral</i>	1	MO
<i>fluphenazine decanoate inj</i>	1	
<i>fluphenazine hcl inj</i>	1	
<i>fluphenazine hcl oral</i>	1	MO
HALDOL INJ	3	
HALDOL DECANOATE IM	3	
<i>haloperidol oral</i>	1	MO
<i>haloperidol decanoate im</i>	1	
<i>haloperidol lactate inj</i>	1	
<i>haloperidol lactate oral</i>	1	MO
<i>loxapine succinate oral</i>	1	MO
ORAP ORAL	2	
<i>perphenazine oral</i>	1	MO
<i>thioridazine oral</i>	1	MO

Drug	Tier	Notes
<i>thiothixene oral</i>	1	MO
<i>trifluoperazine oral</i>	1	MO
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral</i>	1	
<i>dantrolene oral</i>	1	
<i>tizanidine oral</i>	1	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>foscarnet iv</i>	1	
<i>ganciclovir cap 250 mg</i>	1	
<i>ganciclovir cap 500 mg</i>	4	
Antihepatitis Agents		
BARACLUDE ORAL	2	
COPEGUS ORAL	4	PA
HEPSERA ORAL	4	
REBETOL ORAL	4	PA
RIBAPAK DOSE PACK ORAL	4	PA
RIBASPHERE CAP	4	PA
RIBASPHERE TAB 200 mg	1	PA
RIBASPHERE TAB 400 mg, 600 mg	4	PA
TYZEKA ORAL	2	
Antiherpetic Agents		
<i>acyclovir oral</i>	1	
<i>acyclovir sodium iv</i>	1	
DENAVIR TOP	2	
<i>famciclovir oral</i>	1	
VALCYTE ORAL	4	
VALTREX ORAL	2	
ZOVIRAX ORAL	3	

Drug	Tier	Notes
ZOVIRAX TOP	2	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors		
ATRIPLA ORAL	4	MO
INTELENCE ORAL	2	MO
RESCRIPTOR ORAL	2	MO
SUSTIVA ORAL	2	MO
VIRAMUNE ORAL	2	MO
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors		
COMBIVIR ORAL	2	MO
<i>didanosine oral</i>	1	MO
EMTRIVA ORAL	2	MO
EPIVIR ORAL	2	MO
EPIVIR HBV ORAL	2	MO
EPZICOM ORAL	2	MO
RETROVIR IV	2	
<i>stavudine cap</i>	1	MO
<i>stavudine oral solution</i>	1	
TRIZIVIR ORAL	2	MO
TRUVADA ORAL	2	MO
VIDEX 2 GRAM PEDIATRIC ORAL	2	MO
VIDEX EC ORAL	3	MO
VIREAD ORAL	2	MO
ZERIT CAP	3	MO
ZIAGEN ORAL	2	MO
<i>zidovudine oral</i>	1	MO
Anti-HIV Agents, Other		
FUZEON SUBQ	4	
ISENTRESS ORAL	4	MO
SELZENTRY ORAL	4	MO
Anti-HIV Agents, Protease Inhibitors		

Drug	Tier	Notes
APTIVUS ORAL	2	MO
CRIXIVAN ORAL	2	MO
INVIRASE ORAL	2	MO
KALETRA ORAL	2	MO
LEXIVA ORAL	2	MO
NORVIR CAP	2	MO
NORVIR ORAL SOLN	2	MO
NORVIR TAB	2	
PREZISTA TAB 75 mg	2	MO
PREZISTA TAB 400 mg, 600 mg	4	MO
REYATAZ ORAL	2	MO
VIRACEPT ORAL	2	MO
Anti-influenza Agents		
<i>rimantadine oral</i>	1	
TAMIFLU ORAL	2	
Anxiolytics		
Antidepressants		
<i>citalopram oral</i>	1	MO
<i>fluoxetine cap</i>	1	MO
<i>fluoxetine cap, delayed release</i>	1	
<i>fluoxetine oral soln</i>	1	MO
<i>fluoxetine tab</i>	1	MO
<i>fluvoxamine oral</i>	1	MO
LEXAPRO ORAL	2	MO
NARDIL ORAL	2	MO
<i>paroxetine hcl oral</i>	1	MO
<i>sertraline oral</i>	1	MO
Anxiolytics, Other		
<i>amitriptyline-chlordiazepoxide oral</i>	1	MO
<i>bupirone oral</i>	1	MO

Drug	Tier	Notes
<i>meprobamate oral</i>	1	MO
Bipolar Agents		
Bipolar Agents		
<i>lithium carbonate oral</i>	1	
<i>lithium citrate oral</i>	1	
Blood Glucose Regulators		
Alpha Glucosidase Inhibitors		
<i>acarbose oral</i>	1	MO
Amylinomimetics		
SYMLIN SUBQ	2	
SYMLINPEN 120 SUBQ	2	
SYMLINPEN 60 SUBQ	2	
Biguanides		
FORTAMET ORAL	3	MO
GLUMETZA ORAL	3	MO
<i>metformin oral</i>	1	MO
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
JANUMET ORAL	2	MO
JANUVIA ORAL	2	MO
ONGLYZA ORAL	2	MO
Glycemic Agents		
GLUCAGEN HYPOKIT INJ	2	
GLUCAGON EMERGENCY INJ	2	
Incretin Mimetics		
BYETTA SUBQ	2	
VICTOZA SUBQ	2	
Insulin Mixtures, Analogs		
HUMALOG MIX 50-50 SUBQ	2	
HUMALOG MIX 75-25 SUBQ	2	
NOVOLOG MIX 70-30 SUBQ	2	

Drug	Tier	Notes
Insulin Mixtures, Short-acting and Intermediate-acting		
HUMULIN 70/30 SUBQ	2	
HUMULIN 70/30 PEN SUBQ	2	
NOVOLIN 70/30 SUBQ	2	
Insulin, Intermediate-acting		
HUMULIN N SUBQ	2	
NOVOLIN N SUBQ	2	
Insulin, Long-acting		
LANTUS SUBQ	2	
LEVEMIR SUBQ	2	
Insulin, Rapid-acting		
APIDRA SUBQ	2	
HUMALOG SUBQ	2	
NOVOLOG SUBQ	2	
Insulin, Short-acting		
HUMULIN R INJ	2	
HUMULIN R U-500 "CONCENTRATED" INJ	2	
NOVOLIN R INJ	2	
Meglitinides		
<i>nateglinide oral</i>	1	MO
PRANDIN ORAL	2	MO
Sulfonylureas		
<i>chlorpropamide oral</i>	1	MO
<i>glimepiride oral</i>	1	MO
<i>glipizide oral</i>	1	MO
<i>glipizide-metformin oral</i>	1	MO
GLUCOTROL TAB 10 mg	3	MO
GLUCOTROL XL 24 HR TAB 10 mg, 2.5 mg	3	MO
GLUCOVANCE TAB 2.5-500 mg, 5-500 mg	3	MO
<i>glyburide oral</i>	1	MO

Drug	Tier	Notes
<i>glyburide micronized oral</i>	1	MO
<i>glyburide-metformin oral</i>	1	MO
GLYCRON TAB 1.5 mg, 3 mg, 6 mg	1	MO
GLYCRON TAB 4.5 mg	3	MO
GLYNASE TAB 3 mg	3	MO
<i>tolazamide oral</i>	1	MO
<i>tolbutamide oral</i>	1	MO
Thiazolidinediones		
ACTOPLUS MET ORAL	2	MO
ACTOPLUS MET XR ORAL	2	
ACTOS ORAL	2	MO
AVANDAMET ORAL	2	MO
AVANDARYL ORAL	2	MO
AVANDIA ORAL	2	MO
DUETACT ORAL	2	MO
Blood Products/Modifiers/ Volume Expanders		
Adenosine Diphosphate P2Y12 Inhibitors		
PLAVIX ORAL	2	MO
<i>ticlopidine oral</i>	1	MO
Anticoagulants, Oral		
COUMADIN IV	3	
COUMADIN ORAL	2	MO
JANTOVEN ORAL	1	MO
<i>warfarin oral</i>	1	MO
Colony Stimulating Factors		
LEUKINE INJ	4	PA
NEULASTA SUBQ	3	PA
NEUPOGEN INJ	4	PA
Cyclic Adenosine Monophosphate Reuptake Inhibitors		
AGGRENOX ORAL	2	MO

Drug	Tier	Notes
<i>anagrelide oral</i>	1	MO
<i>dipyridamole oral</i>	1	MO
Erythropoietins		
ARANESP (POLYSORBATE) INJ	3	PA
EPOGEN INJECTION 2,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL	2	PA; QL (12 ML per 30 day(s))
EPOGEN INJECTION 20,000 unit/2 mL, 20,000 unit/mL, 40,000 unit/mL	4	PA; QL (12 ML per 30 day(s))
NEUMEGA SUBQ	4	PA; QL (21 EA per 30 day(s))
PROCRIT INJECTION 10,000 unit/mL, 2,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL	2	PA; QL (12 ML per 30 day(s))
PROCRIT INJECTION 20,000 unit/mL, 40,000 unit/mL	4	PA; QL (12 ML per 30 day(s))
PROMACTA TAB 25 mg, 50 mg	4	PA-NS; MO
Factor Xa Inhibitors, Indirect		
ARIXTRA SUBQ	2	
Low Molecular Weight Heparins		
FRAGMIN SUB-Q	4	
FRAGMIN SUB-Q SYRINGE 2,500 unit/0.2 mL, 5,000 unit/0.2 mL, 7,500 unit/0.3 mL	3	
FRAGMIN SUB-Q SYRINGE 10,000 unit/mL	4	
<i>heparin (porcine) injection 1,000 unit/mL</i>	1	
<i>heparin (porcine) in d5w iv</i>	1	
LOVENOX SUBQ	2	
Phosphodiesterase III/Adenosine Uptake Inhibitors		
<i>cilostazol oral</i>	1	MO
Cardiovascular Agents		
3-hydroxy-3-methylglutaryl coenzyme A (HMG CoA) Reductase Inhibitors		
CRESTOR ORAL	2	MO
LIPITOR ORAL	2	MO
<i>lovastatin oral</i>	1	MO
<i>pravastatin oral</i>	1	MO

Drug	Tier	Notes
SIMCOR 24 HR TAB 1,000-20 mg, 500-20 mg, 750-20 mg	2	MO
<i>simvastatin oral</i>	1	MO
Alpha-adrenergic Agonists		
<i>clonidine oral</i>	1	MO
<i>clonidine td</i>	1	MO
CLORPRES TAB 0.2-15 mg	3	MO
<i>guanabenz oral</i>	1	MO
<i>guanfacine oral</i>	1	MO
<i>methyldopa oral</i>	1	MO
<i>methyldopate iv</i>	1	
<i>midodrine oral</i>	1	MO
Alpha-adrenergic Blocking Agents		
CARDURA XL ORAL	3	MO
<i>doxazosin oral</i>	1	MO
<i>prazosin oral</i>	1	MO
<i>terazosin oral</i>	1	MO
Angiotensin II Receptor Antagonists		
BENICAR ORAL	3	
BENICAR HCT ORAL	3	
DIOVAN ORAL	2	MO
DIOVAN HCT ORAL	2	MO
Angiotensin-converting Enzyme (ACE) Inhibitors		
AZOR TAB 5-20 mg	3	MO
<i>benazepril oral</i>	1	MO
<i>captopril oral</i>	1	MO
<i>captopril-hydrochlorothiazide tab 25-15 mg</i>	1	MO
<i>enalapril maleate oral</i>	1	MO
<i>enalapril-hydrochlorothiazide tab 10-25 mg</i>	1	MO
<i>fosinopril oral</i>	1	MO

Drug	Tier	Notes
<i>lisinopril oral</i>	1	MO
<i>moexipril oral</i>	1	MO
<i>quinapril oral</i>	1	MO
<i>ramipril oral</i>	1	MO
<i>trandolapril oral</i>	1	MO
Antiarrhythmics - Class IA/II/III/IV		
<i>amiodarone iv</i>	1	
<i>amiodarone oral</i>	1	MO
PACERONE TAB 200 mg	1	MO
PACERONE TAB 100 mg	2	MO
PACERONE TAB 400 mg	3	MO
Antiarrhythmics - Class II		
<i>metoprolol tartrate iv</i>	1	
<i>propranolol iv</i>	1	
Antiarrhythmics - Class II/III		
<i>sotalol oral</i>	1	MO
Antiarrhythmics - Class III		
TIKOSYN ORAL	2	MO
Antiarrhythmics - Class IV		
<i>diltiazem iv</i>	1	
<i>diltiazem iv powder for solution</i>	3	
<i>verapamil iv</i>	1	
Antiarrhythmics - Classes IA, B, and C		
<i>disopyramide oral</i>	1	MO
<i>flecainide oral</i>	1	MO
<i>mexiletine oral</i>	1	MO
<i>propafenone tab</i>	1	MO
<i>quinidine gluconate oral</i>	1	MO
<i>quinidine sulfate oral</i>	1	MO
Beta-adrenergic Blocking Agents with Vasodilating Properties		

Drug	Tier	Notes
BYSTOLIC TAB 20 mg	2	
BYSTOLIC TAB 10 mg, 2.5 mg, 5 mg	2	MO
<i>carvedilol oral</i>	1	MO
COREG CR ORAL	2	MO
<i>labetalol iv</i>	1	
<i>labetalol oral</i>	1	MO
Bile Acid Sequestrants		
CHOLESTYRAMINE LIGHT ORAL	1	MO
<i>colestipol oral</i>	1	MO
PREVALITE ORAL	1	MO
WELCHOL ORAL	2	MO
Calcium Channel Blocking Agents (Non-dihydropyridines)		
CARDIZEM TAB 30 mg	3	MO
CARDIZEM CD 24 HR CAP 360 mg	2	MO
CARDIZEM CD 24 HR CAP 120 mg, 180 mg, 240 mg, 300 mg	3	MO
CARDIZEM LA ORAL	3	MO
CARTIA XT ORAL	1	MO
<i>diltiazem cd 24 hr cap</i>	1	MO
<i>diltiazem er 12 hr cap</i>	1	MO
<i>diltiazem er 24 hr tab</i>	1	
<i>diltiazem er cap</i>	1	MO
<i>diltiazem tab</i>	1	MO
DILT-XR ORAL	1	MO
TAZTIA XT ORAL	1	MO
<i>verapamil oral</i>	1	MO
Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral</i>	1	MO
<i>acetazolamide sodium inj</i>	1	
<i>methazolamide oral</i>	1	MO

Drug	Tier	Notes
Cardioselective Beta-adrenergic Blocking Agents		
<i>acebutolol oral</i>	1	MO
<i>atenolol oral</i>	1	MO
<i>atenolol-chlorthalidone oral</i>	1	MO
<i>betaxolol oral</i>	1	MO
<i>bisoprolol fumarate oral</i>	1	MO
<i>metoprolol succinate oral</i>	1	MO
<i>metoprolol tartrate oral</i>	1	MO
Cardiovascular Agents, Other		
<i>dexrazoxane iv</i>	1	
<i>digoxin inj</i>	1	
<i>digoxin oral</i>	1	MO
LANOXIN ORAL	2	MO
RANEXA ORAL	2	MO
<i>reserpine oral</i>	1	MO
Cholesterol Absorption Inhibitors		
ZETIA ORAL	2	MO
Dihydropyridines		
AFEDITAB CR ORAL	1	MO
<i>amlodipine oral</i>	1	MO
<i>amlodipine-benazepril cap 10-20 mg</i>	1	MO
CADUET ORAL	3	MO
<i>felodipine oral</i>	1	MO
<i>isradipine oral</i>	1	MO
<i>nicardipine iv</i>	1	
<i>nicardipine oral</i>	1	MO
NIFEDIAC CC ORAL	1	MO
NIFEDICAL XL ORAL	1	MO
<i>nifedipine cap 10 mg</i>	1	MO
<i>nifedipine cap 20 mg</i>	3	MO

Drug	Tier	Notes
<i>nifedipine er 24 hr tab</i>	1	MO
<i>nimodipine oral</i>	1	MO
<i>nisoldipine oral</i>	1	MO
Direct Renin Inhibitors		
TEKTURNAL ORAL	2	MO
Fibrates		
<i>fenofibrate oral</i>	1	MO
<i>fenofibrate micronized oral</i>	1	MO
<i>gemfibrozil oral</i>	1	MO
TRICOR ORAL	2	MO
Loop Diuretics		
<i>bumetanide inj</i>	1	
<i>bumetanide oral</i>	1	MO
<i>furosemide inj</i>	1	
<i>furosemide oral</i>	1	MO
<i>torseamide iv</i>	1	
<i>torseamide oral</i>	1	MO
Nicotinic Acid		
NIACOR ORAL	1	MO
NIASPAN EXTENDED-RELEASE ORAL	2	MO
Nonselective Beta-adrenergic Blocking Agents		
<i>nadolol oral</i>	1	MO
<i>nadolol-bendroflumethiazide oral</i>	1	MO
<i>pindolol oral</i>	1	MO
<i>propranolol oral</i>	1	MO
SORINE ORAL	1	MO
<i>timolol maleate oral</i>	1	MO
Potassium-sparing Diuretics		
ALDACTAZIDE TAB 50-50 mg	2	MO
ALDACTAZIDE TAB 25-25 mg	3	MO

Drug	Tier	Notes
<i>amiloride oral</i>	1	MO
<i>amiloride-hydrochlorothiazide oral</i>	1	MO
<i>eplerenone oral</i>	1	MO
<i>spironolactone oral</i>	1	MO
Thiazide Diuretics		
<i>chlorothiazide oral</i>	1	MO
<i>chlorthalidone oral</i>	1	MO
DIURIL ORAL	3	MO
DIURIL IV IV	3	
<i>hydrochlorothiazide oral</i>	1	MO
<i>indapamide oral</i>	1	MO
<i>methyclothiazide oral</i>	1	MO
<i>metolazone oral</i>	1	MO
THALITONE ORAL	2	MO
Vasodilators, Direct-acting Arterial		
<i>hydralazine inj</i>	1	
<i>hydralazine oral</i>	1	MO
<i>minoxidil oral</i>	1	MO
Vasodilators, Direct-acting Arterial/Venous		
BIDIL ORAL	2	MO
ISOCHRON ORAL	1	MO
<i>isosorbide dinitrate oral</i>	1	MO
<i>isosorbide dinitrate sl</i>	1	MO
<i>isosorbide mononitrate oral</i>	1	MO
MINITRAN TD	1	MO
<i>nitroglycerin iv</i>	1	
<i>nitroglycerin td</i>	1	MO
NITROLINGUAL TL	2	MO
NITROSTAT SL	2	MO
PENTOPAK ORAL	1	MO

Drug	Tier	Notes
<i>pentoxifylline oral</i>	1	MO
PROGLYCEM ORAL	2	MO
Central Nervous System Agents		
Amphetamines, ADHD		
AMPHETAMINE SALT COMBO TAB 10 mg	1	PA
Non-amphetamines, ADHD		
DESOXYN ORAL	3	PA
<i>dexmethylphenidate oral</i>	1	PA
FOCALIN TAB 2.5 mg	3	PA
METADATE CD ORAL	3	PA
METADATE ER ORAL	1	PA
METHYLIN CHEWABLE TAB	3	PA
METHYLIN ORAL SOLN	3	PA
METHYLIN TAB	1	PA
METHYLIN ER ORAL	1	
<i>methylphenidate oral</i>	1	PA
STRATTERA ORAL	2	PA
Non-amphetamines, Other		
PROVIGIL ORAL	2	PA; QL (31 EA per 31 day(s))
XENAZINE ORAL	4	PA
XYREM ORAL	4	LA
Dental and Oral Agents		
Dental and Oral Agents		
CYKLOKAPRON IV	2	
EVOXAC ORAL	2	
PERIOGARD MM	1	
<i>pilocarpine tab 7.5 mg</i>	1	
<i>triamcinolone acetonide dent</i>	1	
Dermatological Agents		
Dermatological Acne Agents		

Drug	Tier	Notes
AMNESTEEM ORAL	1	
AVITA TOP	1	PA
AZELEX TOP	2	
CLARAVIS ORAL	1	
CLEOCIN T LOTION	3	
CLEOCIN T TOPICAL GEL	3	
<i>clindamycin phosphate top</i>	1	
DIFFERIN TOPICAL CREAM	2	PA
DIFFERIN TOPICAL GEL	2	PA
ERY PADS TOP	1	
<i>erythromycin with ethanol top</i>	1	
<i>erythromycin-benzoyl peroxide top</i>	1	
SOTRET ORAL	1	
<i>tretinoin top</i>	1	PA
Dermatological Anti-inflammatory Agents		
SOLARAZE TOP	2	
Dermatological Antipruritic Agents		
ZONALON TOP	2	
Dermatological Calcineurin Inhibitors		
ELIDEL TOP	2	ST-NS
PROTOPIC TOP	2	ST-NS
Dermatological Caustic Agents		
<i>podofilox top</i>	1	
Dermatological Emollients		
<i>ammonium lactate top</i>	1	
LACLOTION TOP	1	
Dermatological Genital Wart Agents		
<i>imiquimod top</i>	1	
Dermatological Mitotic Inhibitors		
<i>selenium sulfide top</i>	1	

Drug	Tier	Notes
Dermatological Non-melanoma Skin Cancer Agents		
CARAC TOP	2	
FLUOROPLEX TOP	2	
<i>fluorouracil top</i>	1	
Dermatological Photochemotherapy Agents		
OXSORALEN ULTRA ORAL	4	
Dermatological Psoriasis Agents		
<i>calcipotriene topical soln</i>	1	
DOVONEX TOPICAL CREAM	2	
Dermatological Wound Care Agents		
REGRANEX TOP	4	PA
SANTYL TOP	2	
<i>water for irrigation, sterile ir</i>	1	
Enzyme Replacements/ Modifiers		
Anti-cystine Agents		
CYSTAGON ORAL	2	
Pancrelipase Replacement		
CREON ORAL	2	MO
ZENPEP ORAL	2	MO
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>atropine inj</i>	1	
<i>dicyclomine im</i>	1	
<i>dicyclomine oral</i>	1	
<i>glycopyrrolate inj</i>	1	
<i>glycopyrrolate oral</i>	1	
<i>methscopolamine oral</i>	1	
Gastrointestinal Agents, Other		
AMITIZA ORAL	2	
CONSTULOSE ORAL	1	

Drug	Tier	Notes
DIPENTUM ORAL	2	
<i>diphenoxylate-atropine oral</i>	1	
ENULOSE ORAL	1	
GAVILYTE-C ORAL	1	
GAVILYTE-G ORAL	1	
HALFLYTELY-BISACODYL BOWEL KIT ORAL	2	
HELIDAC ORAL	3	
KAYEXALATE ORAL	3	
<i>lactulose oral</i>	1	
<i>loperamide oral</i>	1	
RELISTOR SUBQ	2	
TRILYTE WITH FLAVOR PACKETS ORAL	1	
URSO 250 ORAL	2	MO
URSO FORTE ORAL	2	MO
<i>ursodiol cap</i>	1	MO
<i>ursodiol tab</i>	1	
Histamine2 (H2) Blocking Agents		
AXID CAP 300 mg	3	
<i>cimetidine inj</i>	1	
<i>cimetidine oral soln</i>	1	
<i>cimetidine tab 200 mg</i>	1	
<i>famotidine tab</i>	1	
<i>famotidine (pf) iv</i>	1	
<i>famotidine(pf) in sal (iso-os) iv</i>	1	
<i>nizatidine oral</i>	1	
PEPCID ORAL SUSP	2	
PEPCID TAB	3	
PEPCID IN NAACL (ISO-OSMOTIC) IV	3	
<i>ranitidine hcl inj</i>	1	

Drug	Tier	Notes
<i>ranitidine hcl oral</i>	1	
Irritable Bowel Syndrome Agents		
LOTRONEX ORAL	2	
Protectants		
CARAFATE ORAL SUSP	2	
CARAFATE TAB	3	
<i>misoprostol oral</i>	1	
<i>sucralfate oral</i>	1	
Proton Pump Inhibitors		
<i>lansoprazole cap, delayed release</i>	1	
<i>omeprazole oral</i>	1	
<i>pantoprazole oral</i>	1	
Genitourinary Agents		
5 Alpha-reductase Inhibitors		
AVODART ORAL	2	MO
<i>finasteride oral</i>	1	MO
Alpha 1-adrenergic Blocking Agents		
FLOMAX ORAL	2	MO
UROXATRAL ORAL	2	MO
Antispasmodics, Urinary		
DETROL LA ORAL	2	MO
DITROPAN XL ORAL	3	MO
ENABLEX ORAL	2	MO
<i>flavoxate oral</i>	1	MO
<i>oxybutynin chloride oral</i>	1	MO
OXYTROL TD	2	MO
SANCTURA XR ORAL	2	MO
VESICARE ORAL	2	MO
Genitourinary Agents, Other		
<i>bethanechol chloride oral</i>	1	MO

Drug	Tier	Notes
ELMIRON ORAL	2	MO
Phosphate Binders		
<i>calcium acetate oral</i>	1	
FOSRENOL CHEWABLE TAB 750 mg	3	MO
PHOSLO ORAL	2	MO
RENVELA ORAL	2	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Glucocorticoids-Systemic		
A-HYDROCORT INJ	1	
A-METHAPRED INJ	1	
CORTEF TAB 20 mg	3	
<i>cortisone oral</i>	1	
<i>dexamethasone oral</i>	1	
DEXAMETHASONE INTENSOL ORAL	1	
<i>hydrocortisone oral</i>	1	
<i>methylprednisolone oral</i>	1	
<i>methylprednisolone acetate inj</i>	1	
<i>prednisolone sodium phosphate oral soln 15 mg/5 mL</i>	1	
<i>prednisone oral</i>	1	
PREDNISONE INTENSOL ORAL	2	
Glucocorticoids-Topical-High Potency		
<i>amcinonide top</i>	1	
<i>fluocinonide top</i>	1	
HALOG OINTMENT	3	
<i>triamcinolone acetonide ointment 0.5 %</i>	1	
<i>triamcinolone acetonide topical cream</i>	1	
TRIDERM TOP	1	
Glucocorticoids-Topical-Low Potency		
ALA-CORT LOTION	1	

Drug	Tier	Notes
<i>alclometasone top</i>	1	
COLOCORT RECT	1	
CORTENEMA RECT	3	
DESONATE TOP	3	
<i>desonide top</i>	1	
<i>hydrocortisone rect</i>	1	
<i>hydrocortisone top</i>	1	
LOKARA TOP	1	
PROCTOCORT RECT	3	
PROCTOCREAM-HC RECT	1	
PROCTOSOL HC RECT	1	
PROCTOZONE-HC RECT	1	
SOLU-CORTEF (PF) SOLUTION FOR INJECTION 250 mg/2 mL	2	
SOLU-CORTEF (PF) SOLUTION FOR INJECTION 100 mg/2 mL	3	
U-CORT TOP	1	
Glucocorticoids-Topical-Medium Potency		
<i>betamethasone valerate top</i>	1	
BETA-VAL TOP	1	
<i>desoximetasone top</i>	1	
<i>fluocinolone top</i>	1	
<i>fluticasone top</i>	1	
<i>hydrocortisone butyrate top</i>	1	
<i>hydrocortisone valerate top</i>	1	
<i>mometasone top</i>	1	
<i>prednicarbate top</i>	1	
<i>triamcinolone acetonide lotion</i>	1	
<i>triamcinolone acetonide ointment 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical cream</i>	1	
Glucocorticoids-Topical-Very High Potency		

Drug	Tier	Notes
<i>betamethasone dipropionate ointment</i>	1	
<i>betamethasone dipropionate topical cream</i>	1	
<i>betamethasone, augmented lotion</i>	1	
<i>clobetasol top</i>	1	
CLOBETASOL PROPIONATE 0.5 MG/ML TOPICAL CREAM [ISOVATE]	1	
<i>clobetasol-emollient top</i>	1	
<i>diflorasone top</i>	1	
<i>fluocinonide-emollient top</i>	1	
<i>halobetasol propionate top</i>	1	
Mineralocorticoids		
<i>fludrocortisone oral</i>	1	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Gonadotropins		
<i>chorionic gonadotropin, human im</i>	1	BvD
NOVAREL IM	1	BvD
PREGNYL IM	1	BvD
Growth Hormone Analogs		
GENOTROPIN SUBQ	4	PA
GENOTROPIN MINIQUICK SUB-Q SYRINGE 0.2 mg/0.25 mL	2	PA
GENOTROPIN MINIQUICK SUB-Q SYRINGE 0.4 mg/0.25 mL, 0.6 mg/0.25 mL, 0.8 mg/0.25 mL, 1 mg/0.25 mL, 1.2 mg/0.25 mL, 1.4 mg/0.25 mL, 1.6 mg/0.25 mL, 1.8 mg/0.25 mL, 2 mg/0.25 mL	4	PA
HUMATROPE INJ	4	PA
NORDITROPIN NORDIFLEX SUB-Q PEN INJECTOR 10 mg/1.5 mL (6.7 mg/mL)	4	PA
NUTROPIN SUBQ	4	PA
NUTROPIN AQ SUB-Q	4	PA
SAIZEN SUBQ	4	PA

Drug	Tier	Notes
SAIZEN CLICK.EASY SUBQ	4	PA
SEROSTIM SUBQ	4	PA
TEV-TROPIN SUBQ	4	PA
ZORBTIVE SUBQ	4	PA
Insulin-like Growth Factor Analogs		
INCRELEX SUBQ	4	PA
Vasopressin Analogs		
DDAVP INJ	3	
DDAVP NASAL SPRAY AEROSOL	3	MO
DDAVP ORAL	3	MO
<i>desmopressin inj</i>	1	
<i>desmopressin nasal soln</i>	1	MO
<i>desmopressin nasal spray</i>	1	
<i>desmopressin oral</i>	1	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Androgens		
ANDROGEL TD	2	PA; MO
<i>danazol oral</i>	1	MO
TESTIM TD	2	PA
<i>testosterone cypionate im</i>	1	PA-NS
<i>testosterone enanthate im</i>	1	PA-NS
Estrogens		
ALORA TD	2	MO
APRI ORAL	1	MO
CENESTIN TAB 0.9 mg, 1.25 mg	3	MO
CESIA ORAL	1	MO
CLIMARA TRANSDERM PATCH 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	3	MO
COMBIPATCH TD	2	MO
CRYSSELLE (28) ORAL	1	MO

Drug	Tier	Notes
DESOGEN ORAL	3	MO
ELESTRIN TD	3	MO
ESTRADERM TD	2	MO
<i>estradiol oral</i>	1	MO
<i>estradiol td</i>	1	MO
<i>estradiol valerate im</i>	1	
<i>estradiol-norethindrone acet oral</i>	1	MO
<i>estropipate oral</i>	1	MO
GYNODIOL ORAL	2	MO
KARIVA ORAL	1	MO
KELNOR 1/35 (28) ORAL	1	MO
MONONESSA (28) ORAL	1	MO
NUVARING VAGL	2	MO
OCELLA ORAL	1	MO
OGESTREL (28) ORAL	1	MO
ORTHO TRI-CYCLEN LO ORAL	2	MO
ORTHO-EST 0.625 ORAL	1	MO
ORTHO-EST 1.25 ORAL	1	MO
PREMARIN INJ	2	
PREMARIN ORAL	2	MO
PREMARIN VAGL	2	MO
PREMPHASE ORAL	2	MO
PREMPRO ORAL	2	MO
PREVIFEM ORAL	1	MO
RECLIPSEN (28) ORAL	1	MO
SOLIA ORAL	1	MO
SPRINTEC (28) ORAL	1	MO
TRI-PREVIFEM (28) ORAL	1	MO
TRI-SPRINTEC (28) ORAL	1	MO
VAGIFEM VAGL	2	MO

Drug	Tier	Notes
VELIVET ORAL	1	MO
VIVELLE-DOT TD	2	MO
ZOVIA 1/35E (28) ORAL	1	MO
ZOVIA 1/50E (28) ORAL	1	MO
Progestins		
ARANELLE (28) ORAL	1	MO
AVIANE ORAL	1	MO
BALZIVA (28) ORAL	1	MO
CAMILA ORAL	1	MO
CLIMARA PRO TD	2	MO
DEPO-PROVERA IM	2	
DEPO-SUBQ PROVERA 104 SUBQ	3	
ENPRESSE ORAL	1	MO
ERRIN ORAL	1	MO
JOLIVETTE ORAL	1	MO
JUNEL 1.5/30 (21) ORAL	1	MO
JUNEL 1/20 (21) ORAL	1	MO
JUNEL FE 1.5/30 (28) ORAL	1	MO
JUNEL FE 1/20 (28) ORAL	1	MO
LEENA 28 ORAL	1	MO
LESSINA ORAL	1	MO
LEVORA-28 ORAL	1	MO
LOW-OGESTREL (28) ORAL	1	MO
LUTERA (28) ORAL	1	MO
<i>medroxyprogesterone im</i>	1	
<i>medroxyprogesterone oral</i>	1	MO
MEGACE ES ORAL	2	MO
MEGACE ORAL ORAL	3	MO
<i>megestrol oral</i>	1	MO
MICROGESTIN 1.5/30 (21) ORAL	1	MO

Drug	Tier	Notes
MICROGESTIN 1/20 (21) ORAL	1	MO
MICROGESTIN FE 1.5/30 (28) ORAL	1	MO
MICROGESTIN FE 1/20 (28) ORAL	1	MO
NECON 0.5/35 (28) ORAL	1	MO
NECON 1/35 (28) ORAL	1	MO
NECON 10/11 (28) ORAL	2	MO
NECON 7/7/7 (28) ORAL	1	MO
NORDETTE-28 ORAL	3	MO
<i>norethindrone acetate oral</i>	1	MO
NORTREL 0.5/35 (28) ORAL	1	MO
NORTREL 1/35 (21) ORAL	1	MO
NORTREL 1/35 (28) ORAL	1	MO
NORTREL 7/7/7 (28) ORAL	1	MO
ORTHO EVRA TD	2	MO
PORTIA ORAL	1	MO
PROMETRIUM ORAL	3	MO
QUASENSE ORAL	1	MO
SRONYX ORAL	1	MO
TRI-LEGEST FE ORAL	1	MO
TRI-NORINYL (28) ORAL	3	MO
TRIVORA (28) ORAL	1	MO
Selective Estrogen Receptor Modifying Agents		
EVISTA ORAL	2	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL ORAL	2	MO
LEVOTHROID ORAL	1	MO
<i>levothyroxine oral</i>	1	MO
LEVOXYL ORAL	1	MO
<i>liothyronine iv</i>	1	

Drug	Tier	Notes
<i>liothyronine oral</i>	1	
SYNTHROID ORAL	2	MO
UNITHROID ORAL	1	MO
Hormonal Agents, Suppressant (Parathyroid)		
Calcimimetics		
SENSIPAR TAB 30 mg	2	MO
SENSIPAR TAB 60 mg, 90 mg	4	MO
Hormonal Agents, Suppressant (Pituitary)		
Gonadotropin-releasing Hormone Analogs		
ELIGARD SUB-Q SYRINGE 22.5 mg, 30 mg, 45 mg	3	
<i>leuprolide subq</i>	1	
LUPRON DEPOT IM KIT	2	
LUPRON DEPOT IM SYRINGE	4	
LUPRON DEPOT (3 MONTH) IM KIT	2	
LUPRON DEPOT (3 MONTH) IM SYRINGE	4	
LUPRON DEPOT (4 MONTH) IM	4	
LUPRON DEPOT-PED IM	4	
SYNAREL NASL	2	
Growth Hormone Antagonists		
SOMAVERT SUBQ	2	PA; QL (30 EA per 30 day(s))
Somatostatin Analogs		
<i>octreotide acetate injection 50 mcg/mL</i>	1	PA
<i>octreotide acetate injection 1,000 mcg/mL, 100 mcg/mL, 200 mcg/mL, 500 mcg/mL</i>	4	PA
SANDOSTATIN INJ	4	PA
SANDOSTATIN LAR DEPOT IM	4	PA
SOMATULINE DEPOT SUBQ	4	PA
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)		
Antiandrogens		
CASODEX ORAL	2	MO

Drug	Tier	Notes
<i>flutamide oral</i>	1	MO
NILANDRON ORAL	2	MO
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral</i>	1	
<i>propylthiouracil oral</i>	1	
Immunological Agents		
Immune Suppressants (Non-TNF Inhibitors)		
AZASAN ORAL	2	BvD; MO
<i>azathioprine oral</i>	1	BvD; MO
<i>azathioprine sodium inj</i>	1	
CELLCEPT CAP	2	BvD; MO
CELLCEPT ORAL SUSP	2	BvD; MO
CUPRIMINE ORAL	2	MO
<i>cyclosporine iv</i>	1	
<i>cyclosporine oral</i>	1	BvD; MO
GENGRAF ORAL	1	BvD; MO
<i>methotrexate sodium inj</i>	1	
<i>methotrexate sodium oral</i>	1	MO
<i>methotrexate sodium (pf) inj</i>	1	
NEORAL ORAL	2	BvD; MO
ORENCIA IV	4	PA
PROGRAF IV	3	
PROGRAF ORAL	2	BvD; MO
RAPAMUNE ORAL SOLN	2	BvD; MO
RAPAMUNE TAB 1 mg, 2 mg	2	BvD; MO
RHEUMATREX ORAL	2	MO
<i>tacrolimus oral</i>	1	BvD; MO
Immunoglobulins		
GAMASTAN S/D IM	2	

Drug	Tier	Notes
GAMMAGARD LIQUID IV	4	PA
GAMUNEX IV	4	PA
Immunomodulators, Other		
COPAXONE SUBQ	4	PA-NS
KINERET SUBQ	4	PA
<i>leflunomide oral</i>	1	MO
PROLEUKIN IV	4	
RIDAURA ORAL	2	MO
SYNAGIS IM	4	
Interferons, Alfa		
INFERGEN SUBQ	4	PA
INTRON A INJ	2	PA-NS
INTRON A SUBQ	2	PA-NS
PEGASYS CONVENIENCE PACK SUBQ	4	PA-NS; QL (2 EA per 30 day(s))
PEGINTRON SUBQ	4	PA-NS; QL (4 EA per 30 day(s))
PEGINTRON REDIPEN SUBQ	4	PA-NS; QL (4 EA per 30 day(s))
Interferons, Beta		
AVONEX IM	4	PA-NS
AVONEX ADMINISTRATION PACK IM	4	PA-NS
BETASERON SUBQ	4	PA-NS
REBIF SUBQ	4	PA-NS
REBIF TITRATION PACK SUBQ	4	PA-NS
Interferons, Gamma		
ACTIMMUNE SUBQ	4	
Tumor Necrosis Factor (TNF) Inhibitors		
ENBREL SUBQ	4	PA
HUMIRA SUBQ	4	PA
HUMIRA CROHN'S DIS START PCK SUBQ	4	PA
REMICADE IV	4	PA
Vaccines to Prevent Diphtheria		

Drug	Tier	Notes
ADACEL (ADOLESCENT & ADULT) IM	2	
DECAVAC IM	2	BvD
<i>tetanus, diphtheria toxid ped-pf im</i>	2	BvD
Vaccines to Prevent Haemophilus Type B		
ACTHIB IM	2	
COMVAX IM	2	
PEDVAX HIB IM	2	
TRIHIBIT PRESERVATIVE FREE IM	2	
Vaccines to Prevent Hepatitis A		
HAVRIX (PF) IM	2	
TWINRIX (PF) IM	2	
VAQTA (PF) IM	2	
Vaccines to Prevent Hepatitis B		
ENGERIX-B (PF) IM	2	BvD
PEDIARIX (PF) IM	2	
RECOMBIVAX HB (PF) IM	2	BvD
Vaccines to Prevent Japanese Encephalitis		
JE-VAX SUBQ	2	
Vaccines to Prevent Measles		
ATTENUVAX (PF) SUBQ	2	
M-M-R II (PF) SUBQ	2	
Vaccines to Prevent Meningococcal Disease		
MENACTRA IM	2	
MENOMUNE - A/C/Y/W-135 (PF) SUBQ	2	
Vaccines to Prevent Mumps		
PROQUAD SUBQ	2	
Vaccines to Prevent Papillomavirus Disease		
GARDASIL IM	2	
Vaccines to Prevent Pertussis		
TRIPEDIA (PF) IM	2	

Drug	Tier	Notes
Vaccines to Prevent Poliovirus		
IPOL INJ	2	
Vaccines to Prevent Rabies		
IMOVAX RABIES VACCINE IM	2	
RABAVERT (PF) IM	2	
Vaccines to Prevent Rotavirus Disease		
ROTATEQ VACCINE ORAL	2	
Vaccines to Prevent Rubella		
MERUVAX II (PF) SUBQ	2	
Vaccines to Prevent Tetanus		
BOOSTRIX IM	2	
DAPTACEL (PEDIATRIC) (PF) IM	2	
INFANRIX (PF) IM	2	
<i>tetanus toxoid,adsorbed (pf) im</i>	2	BvD
<i>tetanus-diphtheria toxoids-td im</i>	2	BvD
Vaccines to Prevent Typhoid		
TYPHIM VI IM	2	
Vaccines to Prevent Varicella		
VARIVAX (PF) SUBQ	2	
Vaccines to Prevent Yellow Fever		
YF-VAX SUBQ	2	
Vaccines to Prevent Zoster		
ZOSTAVAX SUBQ	2	
Inflammatory Bowel Disease Agents		
Glucocorticoids		
ENTOCORT EC ORAL	2	MO
Salicylates		
<i>balsalazide oral</i>	1	MO
CANASA RECT	2	MO
<i>mesalamine rect</i>	1	MO

Drug	Tier	Notes
Sulfonamides		
<i>sulfasalazine oral</i>	1	MO
Metabolic Bone Disease Agents		
Bisphosphonates, Oral		
<i>alendronate tab 10 mg, 35 mg, 5 mg, 70 mg</i>	1	MO
<i>alendronate tab 40 mg</i>	1	ST-NS; MO
<i>etidronate disodium oral</i>	1	MO
Bisphosphonates, Parenteral		
<i>pamidronate iv 30 mg/10 mL (3 mg/mL), 90 mg/10 mL (9 mg/mL)</i>	1	
<i>pamidronate iv 60 mg/10 mL (6 mg/mL)</i>	3	
Calcium Regulating Hormones		
FORTICAL NASL	1	MO
MIACALCIN INJ	2	
MIACALCIN NASL	3	MO
Parathyroid Hormone Analogs		
FORTEO SUBQ	4	PA; QL (2.4 ML per 30 day(s))
Vitamin D–related Agents/Metabolic Bone Disease Agents		
<i>calcitriol cap 0.5 mcg</i>	1	
CYSTADANE ORAL	2	
HECTOROL IV	2	
HECTOROL ORAL	2	
Ophthalmic Agents		
Alpha-adrenergic Agonists, Ophthalmic		
ALPHAGAN P OPHT	2	MO
<i>brimonidine oph</i>	1	MO
Beta-adrenergic Blocking Agents, Ophthalmic		
<i>betaxolol oph</i>	1	MO
BETOPTIC S OPHT	2	MO
<i>carteolol oph</i>	1	MO

Drug	Tier	Notes
COMBIGAN OPHT	2	MO
<i>levobunolol opht</i>	1	MO
<i>metipranolol opht</i>	1	MO
<i>timolol maleate eye drops</i>	1	MO
Carbonic Anhydrase Inhibitors, Ophthalmic		
AZOPT OPHT	2	MO
<i>dorzolamide opht</i>	1	MO
Cholinergic Agonists, Ophthalmic		
PILOPINE HS OPHT	2	MO
Glucocorticoids, Ophthalmic		
<i>fluorometholone opht</i>	1	
FML S.O.P. OPHT	2	
POLY-PRED OPHT	3	
<i>prednisolone acetate opht</i>	1	
<i>prednisolone sodium phosphate opht</i>	1	
Nonsteroidal Anti-inflammatory Drugs, Ophthalmic		
<i>diclofenac sodium opht</i>	1	
<i>flurbiprofen sodium opht</i>	1	
XIBROM OPHT	2	
Ophthalmic Agents, Other		
AK-CON OPHT	1	
AK-TOB OPHT	1	
AZASITE OPHT	3	
<i>bacitracin-polymyxin b opht</i>	1	
BLEPH-10 OPHT	3	
BLEPHAMIDE OPHT	3	
BLEPHAMIDE S.O.P. OPHT	2	
CILOXAN EYE DROPS	3	
CILOXAN EYE OINTMENT	2	
DEXASPORIN OPHT	1	

Drug	Tier	Notes
GENTAK OPHT	1	
GENTASOL OPHT	1	
LACRISERT OPHT	2	
MYDRAL OPHT	1	
<i>naphazoline oph</i>	1	
<i>neomycin-polymyxin-gramicidin oph</i>	1	
NEOSPORIN OPHT	3	
POLYCIN B OPHT	1	
POLY-DEX OPHT	1	
<i>proparacaine oph</i>	1	
RESTASIS OPHT	2	
ROMYCIN OPHT	1	
<i>sulfacetamide sodium oph</i>	1	
<i>tobramycin-dexamethasone oph</i>	1	
TOBRASOL OPHT	1	
TOBREX EYE DROPS	3	
TOBREX EYE OINTMENT	2	
<i>trifluridine oph</i>	1	
<i>tropicamide oph</i>	1	
VIGAMOX OPHT	2	
Ophthalmic Anti-allergy Agents		
ALREX OPHT	2	
<i>cromolyn oph</i>	1	
ELESTAT OPHT	3	
PATADAY OPHT	2	
PATANOL OPHT	2	
Ophthalmic Prostaglandin and Prostanoid Analogs		
TRAVATAN Z OPHT	2	MO
Otic Agents		
Otic Anti-inflammatories		

Drug	Tier	Notes
ACETASOL HC OTIC	1	
<i>acetic acid otic</i>	1	
BOROFAIR OTIC	1	
CORTOMYCIN OTIC	1	
DERMOTIC OIL OTIC	2	
Respiratory Tract Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHL	2	MO; QL (60 EA per 25 day(s))
ADVAIR HFA INHL	2	MO; QL (12 GM per 25 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (30 doses)	2	MO; QL (15 GM per 25 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (60 doses)	2	MO; QL (29 GM per 25 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (120 doses)	2	MO; QL (58 GM per 25 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (14 doses)	2	MO; QL (7 GM per 25 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 110 mcg (30 doses)	2	QL (30 GM per 25 day(s))
<i>budesonide inhl</i>	1	MO; QL (120 ML per 25 day(s))
FLOVENT DISKUS INHL	2	MO; QL (120 EA per 25 day(s))
FLOVENT HFA INHL	2	MO; QL (24 GM per 25 day(s))
<i>flunisolide nasl</i>	1	QL (50 ML per 25 day(s))
<i>fluticasone nasl</i>	1	QL (16 GM per 25 day(s))
NASONEX NASL	2	QL (34 GM per 25 day(s))
QVAR INHL	2	MO; QL (24 GM per 25 day(s))
SYMBICORT INHL	2	MO; QL (11 GM per 25 day(s))
Bronchodilators, Anticholinergic		
ATROVENT HFA INHL	2	MO; QL (26 GM per 25 day(s))
COMBIVENT INHL	2	MO; QL (30 GM per 25 day(s))
SPIRIVA WITH HANDIHALER INHL	2	MO; QL (30 EA per 25 day(s))
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)		

Drug	Tier	Notes
<i>aminophylline iv</i>	1	
<i>aminophylline oral</i>	1	MO
ELIXOPHYLLIN ORAL	2	MO
THEO-24 ORAL	2	MO
THEOCHRON ORAL	1	MO
<i>theophylline oral</i>	1	MO
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate neb solution 0.63 mg/3 mL</i>	1	MO; QL (300 ML per 25 day(s))
<i>albuterol sulfate syrup</i>	1	MO
<i>albuterol sulfate tab 2 mg</i>	1	MO
<i>epinephrine hcl inj</i>	1	
EPIPEN IM	2	
EPIPEN JR IM	2	
<i>metaproterenol oral</i>	1	MO
PROAIR HFA INHL	2	MO; QL (18 GM per 25 day(s))
SEREVENT DISKUS INHL	2	MO; QL (60 EA per 25 day(s))
<i>terbutaline oral</i>	1	MO
<i>terbutaline subq</i>	1	
H1 Blocking Agents, Sedating		
<i>clemastine oral</i>	1	
<i>cyproheptadine oral</i>	1	
<i>dexchlorpheniramine maleate oral</i>	1	
<i>diphenhydramine hcl inj</i>	1	
<i>diphenhydramine hcl oral</i>	1	
<i>hydroxyzine hcl im</i>	1	
<i>hydroxyzine hcl oral</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
Histamine1 (H1) Blocking Agents, Mildly/Non-sedating		
ALLEGRA-D 12 HOUR ORAL	3	
ASTELIN NASL	2	QL (60 ML per 25 day(s))

Drug	Tier	Notes
<i>azelastine nasl</i>	1	QL (60 ML per 25 day(s))
CLARINEX-D 12 HOUR ORAL	3	
<i>fexofenadine oral</i>	1	
Mast Cell Stabilizers		
<i>cromolyn inhl</i>	1	BvD; QL (240 ML per 25 day(s))
GASTROCROM ORAL	2	
Pulmonary Antihypertensives		
LETAIRIS ORAL	4	
REMODULIN INJ	4	
REVATIO IV	4	PA
REVATIO ORAL	4	PA
TRACLEER ORAL	4	LA
VENTAVIS INHL	4	BvD
Receptor Antagonists		
ACCOLATE ORAL	3	MO
SINGULAIR ORAL	2	MO
Respiratory Tract Agents, Other		
TYZINE NASL	2	
Sedatives/Hypnotics		
Sedatives/Hypnotics		
<i>zaleplon oral</i>	1	
<i>zolpidem tab</i>	1	
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol oral</i>	1	
<i>carisoprodol-asa-codeine oral</i>	1	
<i>carisoprodol-aspirin oral</i>	1	
<i>chlorzoxazone oral</i>	1	
<i>cyclobenzaprine oral</i>	1	
<i>metaxalone oral</i>	1	

Drug	Tier	Notes
<i>methocarbamol oral</i>	1	
<i>orphenadrine citrate inj</i>	1	
<i>orphenadrine citrate oral</i>	1	
ORPHENADRINE COMPOUND ORAL	1	
ORPHENADRINE COMPOUND-DS ORAL	1	
SKELAXIN ORAL	2	
Therapeutic Nutrients/Minerals/ Electrolytes		
Electrolytes/Minerals		
<i>alcohol in d5w iv</i>	1	
AMINOSYN 10 % IV	2	BvD
AMINOSYN 3.5 % IV	2	BvD
AMINOSYN 5 % IV	2	BvD
AMINOSYN 7 % IV	2	BvD
AMINOSYN 7 % WITH ELECTROLYTES IV	2	BvD
AMINOSYN 8.5 % IV	2	BvD
AMINOSYN 8.5 %-ELECTROLYTES IV	1	BvD
AMINOSYN II 10 % IV	2	BvD
AMINOSYN II 15% IV	2	BvD
AMINOSYN II 3.5 %-DEXTROSE 25% IV	2	BvD
AMINOSYN II 3.5% M/DEXTROSE 5% IV	2	BvD
AMINOSYN II 4.25%/DEXTROSE 20% IV	2	BvD
AMINOSYN II 4.25%-DEXTROSE 10% IV	2	BvD
AMINOSYN II 5%/DEXTROSE 25% IV	2	BvD
AMINOSYN II 7 % IV	2	BvD
AMINOSYN II 8.5 % IV	2	BvD
AMINOSYN II 8.5 %-ELECTROLYTES IV	1	BvD
AMINOSYN M 3.5 % IV	2	BvD
AMINOSYN-HBC 7% IV	2	BvD
AMINOSYN-HF 8 % IV	1	BvD
AMINOSYN-PF 10 % IV	2	BvD

Drug	Tier	Notes
AMINOSYN-PF 7 % (SULFITE-FREE) IV	2	BvD
CLINIMIX 2.75%/D5 SULFITE FREE IV	2	BvD
CLINIMIX 4.25%/D5 SULFITE FREE IV	2	BvD
CLINIMIX 4.25/D10 SULFITE FREE IV	1	BvD
CLINIMIX 4.25/D20 SULFITE FREE IV	1	BvD
CLINIMIX 4.25/D25 SULFITE FREE IV	1	BvD
CLINIMIX 5%/D15 SULFITE FREE IV	2	BvD
CLINIMIX 5%/D20 SULFITE FREE IV	2	BvD
CLINIMIX 5%/D25 SULFITE FREE IV	2	BvD
CLINIMIX E 2.75/D10 SULFITFREE IV	2	BvD
CLINIMIX E 2.75/D5 SULFITEFREE IV	2	BvD
CLINIMIX E 4.25/D25 SULFITFREE IV	2	BvD
CLINIMIX E 4.25/D5 SULFITEFREE IV	2	BvD
CLINIMIX E 5%/D15 SULFITE FREE IV	2	BvD
CLINIMIX E 5%/D20 SULFITE FREE IV	2	BvD
CLINIMIX E 5%/D25 SULFITE FREE IV	2	BvD
CLINISOL SF 15% IV	1	BvD
<i>d10 %-0.45 % sodium chloride iv</i>	1	
<i>d10-0.2 % nacl & potassium cl iv</i>	2	
<i>d5 %-0.45 % sodium chloride iv</i>	1	
<i>d5 %-0.9 % sodium chloride iv</i>	1	
<i>d5-1/2 ns and potassium chloride iv 10 mEq/L, 40 mEq/L</i>	1	
<i>d5-1/4 ns & potassium chloride iv 20 mEq/L, 40 mEq/L</i>	1	
<i>d5-lr with potassium chloride iv 20 mEq/L</i>	2	
<i>d5-ns with potassium chloride iv 20 mEq/L</i>	1	
<i>d5-ns with potassium chloride iv 40 mEq/L</i>	2	
<i>dextrose 10%-1/4 normal saline iv</i>	1	
<i>dextrose 5% in water (d5w) iv</i>	1	
<i>dextrose 5%-0.3 % sod.chloride iv</i>	1	

Drug	Tier	Notes
<i>dextrose 5%-1/4 normal saline iv</i>	1	
ED K+10 ORAL	1	MO
<i>electrolyte-48 in d5w iv</i>	2	
FREAMINE HBC 6.9 % IV	2	BvD
FREAMINE III 3 %-ELECTROLYTES IV	2	BvD
FREAMINE III 8.5 % IV	1	BvD
HEPATAMINE 8% IV	1	BvD
HEPATASOL 8 % IV	2	BvD
INTRALIPID IV 20 %	1	BvD
INTRALIPID IV 30 %	2	BvD
IONOSOL-B IN D5W IV	2	
IONOSOL-MB IN D5W IV	2	
IONOSOL-T IN D5W IV	2	
ISOLYTE-H IN D5W IV	2	
ISOLYTE-M IN D5W IV	1	
ISOLYTE-P IN D5W IV	2	
ISOLYTE-S IV	2	
ISOLYTE-S IN D5W IV	2	
KLOR-CON ORAL	1	MO
KLOR-CON 10 ORAL	1	MO
KLOR-CON M15 ORAL	1	MO
KLOR-CON M20 ORAL	1	MO
K-TAB ORAL	3	MO
<i>levocarnitine iv</i>	1	
<i>levocarnitine oral</i>	1	
<i>levocarnitine (with sucrose) oral</i>	1	
<i>magnesium sulfate in d5w iv</i>	2	
NEPHRAMINE 5.4 % IV	2	BvD
NORMOSOL-M IN D5W IV	1	
NORMOSOL-R IN D5W IV	1	

Drug	Tier	Notes
NORMOSOL-R PH 7.4 IV	2	
NOVAMINE 15 % IV	1	BvD
PHYSIOLYTE IR	1	
PHYSIOSOL IRRIGATION IR	1	
PLASMA-LYTE 148 IV	2	
PLASMA-LYTE 148 IN D5W IV	2	
PLASMA-LYTE 56 IV	2	
PLASMA-LYTE A IV	2	
PLASMA-LYTE R IV	1	
PLASMA-LYTE-56 IN D5W IV	2	
<i>potassium chloride er cap</i>	1	MO
<i>potassium chloride er tab, particles/crystals</i>	1	MO
<i>potassium chloride iv</i>	1	
PREMASOL 10 % IV	2	BvD
PREMASOL 6 % IV	1	BvD
PRENATABS OBN ORAL	1	
PROCALAMINE 3% IV	2	BvD
PROSOL 20% IV	2	BvD
RENAMIN 6.5 % IV	2	BvD
<i>sodium bicarbonate iv</i>	1	
<i>sodium chloride iv</i>	1	
<i>sodium chloride 0.9 % iv</i>	1	
<i>sodium chloride 3 % iv</i>	1	
<i>sodium chloride 5 % iv</i>	1	
<i>sodium fluoride oral</i>	1	
<i>sodium lactate iv</i>	1	
TIS-U-SOL IR	1	
TPN ELECTROLYTES IV	1	
TRAVASOL 10 % IV	2	BvD
TROPHAMINE 10 % IV	2	BvD

Drug	Tier	Notes
TROPHAMINE 6% IV	2	BvD

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Actoplus Met XR	34	Aminosyn II 10 %	65	Aptivus.....	31
Actos	34	Aminosyn II 15%	65	Aranelle (28).....	52
acyclovir.....	29	Aminosyn II 3.5 %-Dextrose	65	Aranesp (polysorbate).....	35
acyclovir sodium.....	29	25%	65	Aricept.....	16
Adacel (Adolescent & Adult).....	57	Aminosyn II 3.5% M/Dextrose	65	Aricept ODT	16
Adriamycin PFS.....	23	5%	65	Arimidex	24
Advair Diskus	62	Aminosyn II 4.25%/Dextrose	65	Arixtra	35
Advair HFA.....	62	20%	65	Aromasin.....	24
Afeditab CR	39	Aminosyn II 4.25%-Dextrose	65	Ascomp w/Codeine.....	8
Afinitor.....	24, 25	10%	65	Asmanex Twisthaler	62
Aggrenox.....	34	Aminosyn II 5%/Dextrose 25%	65	Astelin	63
A-Hydrocort.....	47	65	Astramorph-PF.....	8
AK-Con.....	60	Aminosyn II 7 %	65	Atamet.....	27
AK-Tob	60	Aminosyn II 8.5 %	65	atenolol.....	39
Ala-Cort	47	Aminosyn II 8.5 %-Electrolytes	65	atenolol-chlorthalidone	39
Albenza	26	65	ATRIPLA.....	30
albuterol sulfate.....	63	Aminosyn M 3.5 %.....	65	atropine	44
alclometasone.....	48	Aminosyn-HBC 7%.....	65	Atrovent HFA	62
alcohol in D5W	65	Aminosyn-HF 8 %.....	65	Attenuvax (PF).....	57
alcohol swabs	12	Aminosyn-PF 10 %	65	AVANDAMET.....	34
Aldactazide.....	40	Aminosyn-PF 7 % (Sulfite-Free).....	66	Avandaryl.....	34
alendronate	59	amiodarone	37	Avandia	34
Alinia.....	26	Amitiza	44	AVASTIN	23
Alkeran.....	25	amitriptyline	17	Avelox.....	14
Allegra-D 12 Hour	63	amitriptyline-chlordiazepoxide	31	Avelox ABC Pack.....	14
allopurinol sodium	21	31	Avelox in NaCl (iso-osmotic)	14
Alora.....	50	amlodipine	39	Aviane	52
Alphagan P.....	59	amlodipine-benazepril	39	Avinza	8
Alrex.....	61	ammonium lactate	43	Avita.....	43
Altabax	12			Avodart	46
amantadine	26				

Avonex.....	56	Budeprion XL.....	16	cefuroxime axetil.....	11
Avonex Administration Pack	56	budesonide.....	62	cefuroxime sodium.....	11
Axert.....	22	bumetanide.....	40	Celebrex.....	21
Axid.....	45	buprenorphine.....	8, 18	CellCept.....	55
Azasan.....	55	Buproban.....	16	Celontin.....	15
Azasite.....	60	bupropion HCl.....	16, 17	Cenestin.....	50
azathioprine.....	55	buspirone.....	31	cephalexin.....	11
azathioprine sodium.....	55	Byetta.....	32	Cesia.....	50
azelastine.....	64	Bystolic.....	38	Chantix.....	18
Azelex.....	43	cabergoline.....	27	Chantix Starting Month Pak..	18
AZILECT.....	27	Caduet.....	39	chloroquine phosphate.....	26
azithromycin.....	12	calcipotriene.....	44	chlorothiazide.....	41
Azopt.....	60	calcitriol.....	59	chlorpromazine.....	28
Azor.....	36	calcium acetate.....	47	chlorpropamide.....	33
Baci-IM.....	12	Camila.....	52	chlorthalidone.....	41
bacitracin-polymyxin B.....	60	Campath.....	23	chlorzoxazone.....	64
baclofen.....	29	Campral Dose Pak.....	18	Cholestyramine Light.....	38
Bactroban.....	12	Canasa.....	58	chorionic gonadotropin, human	49
Bactroban Nasal.....	13	captopril.....	36	.....	49
balsalazide.....	58	captopril-hydrochlorothiazide	36	ciclopirox.....	20
Balziva (28).....	52	.....	36	cilostazol.....	35
Baraclude.....	29	Carac.....	44	Ciloxan.....	60
benazepril.....	36	Carafate.....	46	cimetidine.....	45
Benicar.....	36	carbamazepine.....	15	ciprofloxacin.....	14
Benicar HCT.....	36	Carbatrol.....	15	ciprofloxacin (mixture).....	14
benztropine.....	26	carbidopa-levodopa.....	27	cisplatin.....	23
betamethasone dipropionate..	49	carboplatin.....	23	citalopram.....	31
betamethasone valerate.....	48	Cardizem.....	38	cladribine.....	25
betamethasone, augmented...	49	Cardizem CD.....	38	Claravis.....	43
Betaseron.....	56	Cardizem LA.....	38	Clarinet-D 12 HOUR.....	64
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bethanechol chloride.....	46	carisoprodol-ASA-codeine...	64	Cleocin.....	12
Betoptic S.....	59	carisoprodol-aspirin.....	64	Cleocin T.....	43
Bicillin C-R.....	13	carteolol.....	59	Climara.....	50
Bicillin L-A.....	13	Cartia XT.....	38	Climara Pro.....	52
BiCNU.....	25	carvedilol.....	38	clindamycin HCl.....	12
BiDil.....	41	Casodex.....	54	clindamycin phosphate....	12, 43
bisoprolol fumarate.....	39	CeeNU.....	25	Clinimix 2.75%/D5 Sulfite Free	66
bleomycin.....	23	cefaclor.....	11	.....	66
Bleph-10.....	60	cefadroxil.....	11	Clinimix 4.25%/D5 Sulfite Free	66
Blephamide.....	60	cefdinir.....	11	.....	66
Blephamide S.O.P.....	60	cefepime.....	11	Clinimix 4.25/D10 Sulfite Free	66
BOOSTRIX.....	58	cefotaxime.....	11	.....	66
Borofair.....	62	cefoxitin.....	11	Clinimix 4.25/D20 Sulfite Free	66
brimonidine.....	59	cefopodoxime.....	11	.....	66
bromocriptine.....	27	cefprozil.....	11	Clinimix 4.25/D25 Sulfite Free	66
Budeprion SR.....	16	ceftriaxone.....	11	.....	66

Clinimix 5%/D15 Sulfite Free	66	Copegus	29	Denavir.....	29
Clinimix 5%/D20 Sulfite Free	66	Coreg CR.....	38	Depade	18
Clinimix 5%/D25 Sulfite Free	66	Cortef.....	47	Depo-Provera	52
Clinimix E 2.75/D10 SulfitFree	66	Cortenema.....	48	Depo-SubQ provera 104	52
Clinimix E 2.75/D5 SulfiteFree	66	cortisone	47	DermOtic Oil	62
Clinimix E 4.25/D25 SulfitFree	66	Cortomycin	62	desipramine	17
Clinimix E 4.25/D5 SulfiteFree	66	Cosmegen	23	desmopressin.....	50
Clinimix E 5%/D15 Sulfite Free.....	66	Coumadin	34	Desogen.....	51
Clinimix E 5%/D20 Sulfite Free.....	66	Creon	44	Desonate.....	48
Clinimix E 5%/D25 Sulfite Free.....	66	Crestor	35	desonide	48
Clinisol SF 15%	66	Crixivan	31	desoximetasone	48
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clobetasol-emollient	49	Cyklokapron	42	dexchlorpheniramine maleate	63
clomipramine	17	Cymbalta.....	17	dexmethylphenidate	42
clonidine.....	36	cyproheptadine	63	dextrazoxane	39
Clorpres	36	Cystadane	59	dextrose 10%-1/4 normal saline	66
clotrimazole.....	20	Cystagon.....	44	dextrose 5% in water (D5W)	66
clozapine	27	cytarabine (PF)	25	dextrose 5%-0.3 % sod.chloride	66
Cogentin	26	Cytomel	53	dextrose 5%-1/4 normal saline	67
Co-Gesic.....	8	D10 %-0.45 % sodium chloride	66	diclofenac potassium.....	21
colchicine-probenecid	21	D10-0.2 % NaCl & Potassium Cl	66	diclofenac sodium	21, 60
Colcrys	21	D5 %-0.45 % sodium chloride	66	dicloxacillin.....	13
colestipol	38	D5 %-0.9 % sodium chloride	66	dicyclomine.....	44
colistimethate sodium	13	D5-1/2 NS & potassium chloride	66	didanosine	30
Colocort.....	48	D5-1/4 NS & potassium chloride	66	Differin.....	43
Combigan	60	D5-LR with potassium chloride	66	diflorasone.....	49
CombiPatch.....	50	D5-NS with potassium chloride	66	Diflucan.....	20
Combivent.....	62	dacarbazine	23	diflunisal	21
Combivir	30	danazol.....	50	digoxin	39
Compro	19	dantrolene	29	dihydroergotamine	22
Comtan	27	dapsone	22	Dilantin Extended	15
Comvax	57	Daptacel (Pediatric) (PF).....	58	Dilantin Infatabs.....	16
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		DECAVAC.....	57	DILT-XR.....	38
		demeclocycline	14	Diovan.....	36
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				Dipentum.....	45
				diphenhydramine HCl.....	63
				diphenoxylate-atropine	45

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Ditropan XL.....	46	eplerenone.....	41	flecainide.....	37
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Diuril IV.....	41	Epzicom.....	30	Flovent Diskus	62
divalproex.....	15	ergoloid.....	16	Flovent HFA	62
dorzolamide.....	60	ergotamine-caffeine.....	22	fluconazole.....	20
Dovonex	44	Errin.....	52	fludarabine	25
doxazosin	36	Ertaczo.....	20	fludrocortisone	49
doxepin.....	17	Ery Pads.....	43	flunisolide	62
doxorubicin	23	Erythrocin.....	12	fluocinolone	48
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Droxia.....	23	erythromycin.....	12	fluocinonide-emollient.....	49
DUETACT.....	34	erythromycin with ethanol....	43	fluorometholone.....	60
Duramorph	9	erythromycin-benzoyl peroxide		Fluoroplex	44
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econazole.....	20	erythromycin-sulfisoxazole ..	12	fluoxetine	31
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Effexor XR.....	17	estradiol	51	fluphenazine HCl	28
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ELESTAT	61	estradiol-norethindrone acet .	51	flurbiprofen sodium	60
Elestrin	51	estropipate.....	51	flutamide	55
Elidel.....	43	ethambutol	22	fluticasone	48, 62
Eligard.....	54	ethosuximide.....	15	fluvoxamine	31
Elixophyllin.....	63	etidronate disodium	59	FML S.O.P.	60
Ellence.....	23	etodolac.....	21	Focalin.....	42
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EMLA	10	Exelon.....	16	fosinopril.....	36
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Emtriva.....	30	famciclovir.....	29	FOSRENOL.....	47
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Enbrel.....	56	Fareston	25	Freamine III 8.5 %	67
Endocet.....	9	Faslodex.....	24	Frova	22
Engerix-B (PF).....	57	FazaClo.....	28	Furadantin	13
Enpresse	52	felodipine.....	39	furosemide.....	40
Entocort EC.....	58	Femara	24	Fuzeon.....	30
Enulose.....	45	fenofibrate.....	40	gabapentin	15
epinephrine HCl.....	63	fenofibrate micronized.....	40	Gabitril	15
EpiPen	63	fenopfen.....	21	galantamine	16
EpiPen Jr	63	fentanyl.....	8	GamaSTAN S/D	55
epirubicin	23	Fentora.....	9	Gammagard Liquid	56
Epitol.....	16	fexofenadine	64	Gamunex	56

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GARDASIL.....	57	haloperidol lactate.....	28	Intelence.....	30
Gastrocrom.....	64	Havrix (PF).....	57	Intralipid.....	67
Gavilyte-C.....	45	Hectorol.....	59	Intron A.....	56
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Gemzar.....	25	heparin (porcine) in D5W.....	35	Ionosol-B in D5W.....	67
Gengraf.....	55	Hepatitis 8%.....	67	Ionosol-MB in D5W.....	67
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Glucagon Emergency.....	32	Humulin R.....	33	isoniazid.....	22
Glucotrol.....	33	Humulin R U-500.....	33	isosorbide dinitrate.....	41
Glucotrol XL.....	33	hydralazine.....	41	isosorbide mononitrate.....	41
Glucovance.....	33	hydrochlorothiazide.....	41	isradipine.....	39
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polymyxin B sulfate	13	propranolol	37, 40	ropinirole.....	27
Poly-Pred.....	60	propylthiouracil	55	RotaTeq Vaccine.....	58
Portia	53	ProQuad.....	57	Roxicet	9
potassium chloride	68	Prosol 20%.....	68	Saizen	49
pramipexole.....	27	Protopic.....	43	Saizen click.easy	50
Prandin	33	protriptyline	17	Sanctura XR.....	46
pravastatin	35	Provigil	42	Sandostatin.....	54
prazosin	36	pyrazinamide	22	Sandostatin LAR Depot	54
prednicarbate.....	48	pyridostigmine bromide.....	22	Santyl	44
prednisolone acetate.....	60	Quaaluin	26	Saphris.....	28
prednisolone sodium phosphate	47, 60	Quasense.....	53	selegiline HCl.....	27
prednisone	47	quinapril.....	37	selenium sulfide	43
Prednisone Intensol.....	47	quinidine gluconate	37	Selzentry	30
Pregnyl	49	quinidine sulfate	37	Sensipar.....	54
Premarin	51	Qvar	62	Serevent Diskus	63
Premasol 10 %	68	RabAvert (PF)	58	Seroquel	28
Premasol 6 %	68	ramipril	37	Seroquel XR.....	28
Premphase	51	Ranexa	39	Serostim	50
Prempro.....	51	ranitidine HCl	45, 46	sertraline.....	31
Prenatabs OBN.....	68	Rapamune	55	silver sulfadiazine	13
Prevalite	38	REBETOL	29	Simcor	36
Previfem.....	51	Rebif	56	simvastatin	36
Prevpac.....	13	Rebif Titration Pack	56	Singulair.....	64
Prezista	31	Reclipsen (28).....	51	Skelaxin.....	65
primidone	15	Recombivax HB (PF)	57	sodium bicarbonate	68
Pristiq	17	Regranex	44	sodium chloride.....	68
ProAir HFA.....	63	Relistor	45	sodium chloride 0.9 %	68
probenecid.....	21	Relpax.....	22	sodium chloride 3 %	68
Procalamine 3%	68	Remicade	56	sodium chloride 5 %	68
prochlorperazine.....	19	Remodulin	64	sodium fluoride	68
prochlorperazine Edisylate....	19	Renamin 6.5 %	68	sodium lactate	68
prochlorperazine maleate	19	Renvela.....	47	Solaraze.....	43
Procrit.....	35	Rescriptor	30	Solia	51
Proctocort	48	reserpine	39	Solu-Cortef (PF).....	48
ProctoCream-HC.....	48	Restasis	61	Somatuline Depot.....	54
Proctosol HC.....	48	Retrovir.....	30	SOMAVERT.....	54
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Proglycem	42	REVLIMID.....	23	sotalol	37
Prograf.....	55	Reyataz	31	Sotret	43
Proleukin	56	Rheumatrex.....	55	Spiriva with HandiHaler	62
Promacta.....	35	RibaPak Dose Pack.....	29	spironolactone	41
promethazine.....	19	Ribasphere	29	Sprintec (28).....	51
Promethazine VC	19	Ridaura	56	Sprycel	24
		rifampin	22	Sronyx	53

SSD	13	terconazole.....	20	trifluoperazine	29
Stagesic	9	Testim	50	trifluridine	61
Stalevo 100.....	27	testosterone cypionate	50	trihexyphenidyl	26
Stalevo 125.....	27	testosterone enanthate.....	50	TriHIBit Preservative Free....	57
Stalevo 150.....	27	tetanus toxoid,adsorbed (PF)	58	Tri-Legest Fe.....	53
Stalevo 200.....	27	tetanus,diphtheria toxd ped-PF	57	TriLyte With Flavor Packets.	45
Stalevo 50.....	27	.....	57	trimethobenzamide.....	19
Stalevo 75.....	27	tetanus-diphtheria toxoids-Td58		trimethoprim	11
stavudine	30	tetracycline	14	Tri-Norinyl (28)	53
Strattera	42	Tev-Tropin.....	50	Tripedia (PF).....	57
streptomycin.....	11	Thalitone.....	41	Tri-Previfem (28)	51
Suboxone.....	9	Thalomid.....	23	Tri-Sprintec (28)	51
Subutex	10	Theo-24.....	63	Trivora (28).....	53
sucralfate	46	Theochron.....	63	Trizivir	30
sulfacetamide sodium.....	61	theophylline	63	TrophAmine 10 %.....	68
sulfacetamide sodium (acne).14		Thermazene	13	Trophamine 6%.....	69
sulfadiazine	14	thioridazine	28	tropicamide	61
sulfamethoxazole-trimethoprim		thiotepa	23	Truvada	30
.....	14	thiothixene	29	Twinrix (PF).....	57
sulfasalazine	59	ticlopidine	34	Tykerb	24
Sulfatrim.....	13	Tikosyn.....	37	Typhim VI.....	58
sulindac	21	timolol maleate	40, 60	Tyzeka.....	29
sumatriptan succinate.....	22	Tis-U-Sol	68	Tyzine	64
Sustiva.....	30	tizanidine	29	U-Cort	48
Sutent	25	tobramycin sulfate	11	Unithroid.....	54
Symbicort.....	62	tobramycin-dexamethasone..	61	Uroxatral	46
Symlin	32	Tobrasol.....	61	URSO 250.....	45
SymlinPen 120	32	Tobrex.....	61	URSO Forte	45
SymlinPen 60	32	tolazamide.....	34	ursodiol	45
Synagis	56	tolbutamide	34	Vagifem.....	51
Synarel	54	tolmetin.....	21	Valcyte	29
Synthroid.....	54	Topamax	15	valproate sodium	15
Syprine	18	Toposar	24	valproic acid.....	15
Tabloid	25	torsemide	40	valproic acid (as sodium salt)15	
tacrolimus.....	55	TPN Electrolytes	68	Valtrex.....	29
Tamiflu.....	31	Tracleer.....	64	vancomycin	12
tamoxifen	25	trandolapril	37	Vandazole	13
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Targretin.....	25	tranylcypromine.....	17	Varivax (PF).....	58
Tasigna	24	Travasol 10 %	68	Velivet.....	52
Tasmar.....	27	Travatan Z	61	venlafaxine	17
TAZICEF	12	trazodone	17	Ventavis	64
Taztia XT	38	tretinoin.....	43	verapamil.....	37, 38
Tegretol XR.....	16	tretinoin (chemotherapy)	25	Vesicare.....	46
Tekturna	40	triamcinolone acetonide. 42, 47,	48	Vicodin HP.....	10
terazosin	36	.....	48	Victoza	32
terbinafine	19	Tricor	40	Videx 2 gram Pediatric	30
terbutaline.....	63	Triderm	47	Videx EC.....	30

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