

# Fallon Senior Plan Group 2

## 2010 Formulary (List of Covered Drugs)

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

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

last updated: 09/14/09



## What is the Fallon Senior Plan Group 2 Formulary?

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

## Can the Formulary change?

Generally, if you are taking a drug on our 2010 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2010 coverage year except when a new, less-expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization and/or 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 September 14, 2009. To get updated information about the drugs covered by Fallon Community Health Plan, please visit our Web site at [www.fchp.org/Seniors/OnlineDrugFormulary](http://www.fchp.org/Seniors/OnlineDrugFormulary), select 'group' and then, depending on which plan you are enrolled in, select 'Fallon Senior Plan Premier HMO- Group 2' or 'Fallon Senior Plan Premier Preferred PPO- Group 2'. Or, call Customer Service at 1-800-868-5200, seven days a week from 8 a.m. to 8 p.m. TDD/TTY users should call 1-877-608-7677.

Non-maintenance formulary changes, which include changing preferred or non-preferred formulary drugs, adding utilization management, increasing cost sharing on preferred drugs, removing dosage forms or exchanging therapeutic alternatives (either by formulary addition/removal or tier exchanges), are not implemented until receipt of notification of approval from CMS. Notification of such changes to affected members, practitioners and other entities as required by CMS occurs after approval has been obtained and is sent at least 60 days in advance of the change. Notifications occur by direct mailings, practitioner's manuals, newsletters, e-mail, FCHP Web site and through the FCHP pharmacy benefit manager (CVS Caremark). All members will be mailed an update to their printed formulary that details all non-maintenance formulary changes when they occur.

## How do I use the Formulary?

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

### **Medical condition**

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 2. 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 65. 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?**

**Fallon Senior Plan covers both brand-name drugs and generic drugs.** A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## **Are there any restrictions on my coverage?**

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

- **Prior authorization:** Fallon Community Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Community Health Plan before you fill your prescriptions. If you don't get approval, Fallon Community Health Plan may not cover the drug.
- **Quantity limits:** For certain drugs, Fallon Community Health Plan limits the amount of the drug that Fallon Senior Plan will cover. For example, Fallon Community Health Plan provides 30 tablets per 30-day supply per prescription for ACTOS. 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 2. You can get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.fchp.org](http://www.fchp.org).

## **For more information**

For more detailed information about your Fallon Senior Plan prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Fallon Senior Plan, please call Customer Service at 1-800-868-5200, seven days a week from 8 a.m. to 8 p.m. TDD/TTY users should call 1-877-608-7677. Or visit [www.fchp.org](http://www.fchp.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. TDD/TTY users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).

## Fallon Senior Plan Group 2 Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Fallon Senior Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 65.

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

The information in the Requirements/Limits column tells you if Fallon Senior Plan has any special requirements for coverage of your drug. The following is an explanation the codes that may appear in this column.

Code	Explanation
PA	Prior authorization is required. Your health care provider must contact Fallon Community Health Plan to arrange this.
QL	Quantity limits may be set for certain drugs depending upon available safety data. For example, only nine tablets of AMBIEN per 30 days.
ND	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
LA	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-868-5200, seven days a week from 8 a.m. to 8 p.m. TDD/TTY users should call 1-877-608-7677.

Drug Name	Drug Tier	Requirements / Needs
<b>Analgesics</b>		
<i>acetaminophen/codeine #2</i>	1	
<i>acetaminophen/codeine #3</i>	1	
<i>acetaminophen/codeine #4</i>	1	
<i>acetaminophen/codeine tabs</i>	1	
ACTIQ	3	PA
ACUFLEX	3	
<i>ali-flex</i>	1	
<i>anabar</i>	1	
<i>anolor 300</i>	1	ND
<i>asp 300/200/20</i>	1	
AVINZA CP24 120MG, 30MG, 60MG, 90MG	3	
<i>bupap</i>	1	ND
<i>buprenorphine hcl</i>	1	PA
<i>butal /asa /caff /cod</i>	1	
<i>butalbital /apap /caffeine /codeine</i>	1	
<i>butalbital compound</i>	1	ND
<i>butalbital/acetaminophen</i>	1	ND
<i>butalbital/apap/caffeine</i>	1	ND
<i>butorphanol tartrate soln</i>	1	PA
CAPITAL/CODEINE	3	
<i>cephadyn</i>	1	ND
<i>choline magnesium trisalicylate</i>	1	
<i>co-gesic</i>	1	
<i>codeine sulfate</i>	1	
COMBUNOX	3	
DARVOCET A500	3	
DARVOCET-N 50	3	
DARVON	3	
DARVON-N	3	
DEMEROL TABS	3	
DILAUDID-5	3	
DILAUDID TABS	3	
<i>dolacet</i>	1	
DOLGIC PLUS	3	ND
DOLOGESIC	3	
DOLOPHINE	3	
DOLOPHINE HCL	3	
DURAGESIC	3	
EASPRIN	3	
<i>ed-flex</i>	1	
<i>endocet</i>	1	
ESGIC	3	ND
ESGIC-PLUS	3	ND
<i>fentanyl</i>	1	
<i>fentanyl citrate</i>	1	PA
FENTANYL CITRATE ORAL TRANSMUCOSAL	3	PA

Drug Name	Drug Tier	Requirements / Needs
FENTORA	3	PA
FIORICET	3	ND
FIORINAL	3	ND
FRENADOL	3	
<i>genecar</i>	1	
HYCET	3	
<i>hydrocodone /acetaminophen-hs</i>	1	
<i>hydrocodone /acetaminophen tabs</i>	1	
<i>hydrocodone /acetaminophen soln 500mg/15ml; 7.5mg/15ml</i>	1	
<i>hydrocodone /ibuprofen</i>	1	
<i>hydrocodone bitartrate/acetaminophen</i>	1	
<i>hydrocodone/ibuprofen</i>	1	
<i>hydromorphone hcl supp, tabs</i>	1	
<i>ibu</i>	1	
<i>ibuprofen</i>	1	
KADIAN	3	
LEVACET	3	
<i>levorphanol tartrate</i>	1	
LORTAB	3	
MAGNACET TABS 400MG; 2.5MG, 400MG; 5MG, 400MG; 7.5MG	3	
<i>margesic</i>	1	ND
<i>margesic-h</i>	1	
<i>marten-tab</i>	1	ND
MAXIDONE	3	
<i>medigesic</i>	1	ND
<i>meperidine hcl soln, tabs</i>	1	
<i>meperitab</i>	1	
METHADONE HCL INTENSOL	3	
METHADONE HCL SOLN	3	
<i>methadone hcl conc, tabs, tbso</i>	1	
<i>methadose</i>	1	
<i>methadose sugar-free</i>	1	
<i>morphine sulfate er</i>	1	
<i>morphine sulfate supp, tabs</i>	1	
<i>morphine sulfate inj 1mg/ml, 5mg/ml</i>	1	PA
<i>morphine sulfate oral soln 20mg/ml</i>	1	
<i>mst 600</i>	1	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i>	1	
NORCO TABS 325MG; 5MG, 325MG; 7.5MG	3	
<i>novagesic</i>	1	
OPANA	3	PA
OPANA ER TB12 10MG, 20MG, 40MG, 5MG	3	PA
OPANA ER TB12 15MG, 30MG, 7.5MG	3	QL
<i>oxycodone /acetaminophen</i>	1	

Drug Name	Drug Tier	Requirements / Needs
<i>oxycodone /apap</i>	1	
<i>oxycodone /aspirin</i>	1	
<i>oxycodone /ibuprofen</i>	1	
<i>oxycodone hcl er</i>	1	QL PA
<i>oxycodone hcl caps, conc, soln</i>	1	
OXYCODONE HCL TABS 10MG, 20MG	3	
<i>oxycodone hcl tabs 15mg, 30mg, 5mg</i>	1	
<i>oxycodone-apap</i>	1	
<i>oxycontin tb12 40mg</i>	1	QL PA
OXYCONTIN TB12 10MG, 15MG, 20MG, 30MG, 60MG, 80MG	3	QL PA
OXYIR	3	
PANLOR DC	3	
PANLOR SS	3	
<i>pentazocine /acetaminophen</i>	1	
<i>pentazocine/naloxone hcl</i>	1	
PERCOCET TABS 325MG; 10MG, 325MG; 2.5MG, 325MG; 7.5MG, 500MG; 7.5MG, 650MG; 10MG	3	
PHRENILIN	3	ND
<i>propoxyphene hcl</i>	1	
<i>propoxyphene-n /acetaminophen tabs 325mg; 50mg</i>	1	
RELAGESIC	3	
<i>repan</i>	1	ND
REPREXAIN TABS 2.5MG; 200MG, 5MG; 200MG	3	
<i>reprexain tabs 10mg; 200mg</i>	1	
<i>rhinoflex</i>	1	
<i>rhinoflex-650</i>	1	
RID-A-PAIN	3	
ROXICET SOLN	3	
ROXICET TABS 500MG; 5MG	3	
<i>roxicet tabs 325mg; 5mg</i>	1	
ROXICODONE	3	
<i>salsalate</i>	1	
SEDAPAP	3	ND
SUBOXONE	3	PA
SUBUTEX	3	PA
TALACEN	3	
TALWIN NX	3	
<i>tencet</i>	1	ND
<i>tencon</i>	1	ND
<i>tetra-mag</i>	1	
<i>tramadol hcl</i>	1	
<i>tramadol hydrochloride/acetaminophen</i>	1	
TYLENOL/CODEINE #3	3	
TYLENOL/CODEINE #4	3	
TYLOX	3	
ULTRAM	3	
ULTRAM ER	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Needs</b>
<i>vanacet</i>	1	
<i>vicodin hp</i>	1	
VOLTAREN	3	
ZAMICET	3	
<i>zebutal</i>	1	ND
ZORPRIN	3	
ZYDONE	3	
<b>Anesthetics</b>		
EMLA	3	
<i>lidocaine</i>	1	
<i>lidocaine hcl jelly</i>	1	
<i>lidocaine hcl soln</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine/prilocaine</i>	1	
LIDODERM	3	QL
XYLOCAINE JELLY	3	
XYLOCAINE SOLN	3	
<b>Anti-inflammatory Agents</b>		
ANAPROX	3	
ANAPROX DS	3	
CELEBREX	2	PA
CLINORIL	3	
DAYPRO	3	
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<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	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
FELDENE	3	
<i>fenoprofen calcium</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen</i>	1	
INDOCIN SR	3	
<i>indomethacin</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen</i>	1	
<i>ketoprofen er</i>	1	
<i>ketorolac tromethamine tabs</i>	1	PA
<i>meclofenamate sodium</i>	1	
MELOXICAM SUSP	3	
<i>meloxicam tabs</i>	1	
MOBIC	3	PA
<i>nabumetone</i>	1	
NAPRELAN	3	PA

Drug Name	Drug Tier	Requirements / Needs
NAPROSYN	3	
<i>naproxen</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
PONSTEL	3	
<i>sulindac</i>	1	
<i>tolmetin sodium caps</i>	1	
<i>tolmetin sodium tabs 600mg</i>	1	
VOLTAREN	3	
VOLTAREN-XR	3	
<b>Antibacterials</b>		
ADOXA	3	
AKNE-MYCIN	2	
<i>amikacin sulfate inj 250mg/ml</i>	1	PA
<i>amoclan</i>	1	
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/potassium clavulanate</i>	1	
<i>amoxil caps</i>	1	
AMOXIL SUSR 400MG/5ML	3	
<i>amoxil susr 250mg/5ml</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium inj 1gm</i>	1	PA
AUGMENTIN XR	3	
AUGMENTIN TABS 250MG; 125MG	3	
AUGMENTIN TABS 500MG; 125MG, 875MG; 125MG	3	
AVELOX ABC PACK	2	
AVELOX TABS	2	
AZACTAM IN DEXTROSE	3	PA
AZITHROMYCIN PACK	3	
<i>azithromycin susr, tabs</i>	1	
<i>azithromycin inj</i>	1	PA
BACTROBAN	3	
BACTROBAN NASAL	3	QL
BIAXIN SUSR	3	
CEDAX	3	PA
<i>cefaclor</i>	1	
CEFACLOR ER	3	
<i>cefadroxil</i>	1	
<i>cefazolin sodium inj 1gm, 20gm</i>	1	PA
<i>cefdinir</i>	1	
<i>cefepime</i>	1	PA
<i>cefotaxime sodium inj 500mg</i>	1	PA
<i>cefoxitin sodium inj 1gm</i>	1	PA
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
CEFTIN TABS	3	
<i>ceftriaxone sodium inj 500mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Needs
<i>cefuroxime axetil</i>	1	
<i>cephalexin</i>	1	
CIPRO	2	
CIPRO I.V.-IN D5W	3	PA
CIPRO XR	2	QL
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin extended-release</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
CLEOCIN PEDIATRIC GRANULES	2	
CLEOCIN CREA	2	
CLEOCIN SUPP	3	
CLEOCIN CAPS 150MG, 75MG	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate</i>	1	
<i>clindamycin phosphate add-vantage</i>	1	PA
<i>colistimethate sodium</i>	1	PA
CORTISPORIN	3	
CUBICIN	3	PA
DECLOMYCIN	2	
<i>dicloxacillin sodium</i>	1	
DORYX	3	
<i>doxy-caps</i>	1	
<i>doxycycline hyclate caps, tabs</i>	1	
<i>doxycycline hyclate inj 100mg</i>	1	PA
<i>doxycycline monohydrate caps, susr</i>	1	
<i>doxycycline monohydrate tabs 100mg, 50mg, 75mg</i>	1	
DYNABAC D5-PAK	3	
DYNACIN	3	
<i>e.e.s. 400</i>	1	
E.E.S. GRANULES	3	
<i>ery</i>	1	
ERY-TAB	2	
ERYPED 200	3	
ERYPED 400	2	
ERYTHROCIN LACTOBIONATE	3	PA
<i>erythrocin stearate</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin /sulfisoxazole</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
FACTIVE	3	PA
FLAGYL	3	
FLAGYL ER	3	
FURADANTIN	2	
GANTRISIN PEDIATRIC	3	
<i>gentamicin sulfate crea, external oint, ophthalmic oint,</i>	1	

Drug Name	Drug Tier	Requirements / Needs
<i>ophthalmic soln</i>		
<i>gentamicin sulfate inj 10mg/ml</i>	1	PA
HIPREX	3	
IQUIX	3	
KEFLEX CAPS 750MG	3	
KETEK	3	
LEVAQUIN SOLN, TABS	3	
MACROBID	3	
MACRODANTIN CAPS 25MG	2	
MACRODANTIN CAPS 100MG, 50MG	3	
MERREM	3	PA
<i>methenamine hippurate</i>	1	
METROCREAM	3	
METROGEL-VAGINAL	2	
<i>metronidazole</i>	1	
<i>metronidazole vaginal</i>	1	
MINOCIN	3	
<i>minocycline hcl</i>	1	
MONODOX	3	
MONUROL	3	PA
MOXATAG	3	PA
<i>mupirocin</i>	1	
NAFCILLIN SODIUM	3	PA
NEO-FRADIN	3	
<i>neomycin /bacitracin /polymyxin</i>	1	
<i>neomycin sulfate</i>	1	
NEUTREXIN	3	PA
<i>nitrofurantoin macrocrystalline</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
NORITATE	3	
NOROXIN	3	
<i>ofloxacin soln, tabs</i>	1	
OMNICEF	3	
ORACEA	3	PA
<i>paromomycin sulfate</i>	1	
PCE	3	
<i>penicillin g potassium</i>	1	PA
<i>penicillin v potassium</i>	1	
PHISOHEX	3	
PIPERACILLIN SODIUM	3	PA
PRIMAXIN IV	2	PA
PRIMSOL	3	
PROQUIN XR	3	QL
QUIXIN	2	
SEPTRA	3	
SEPTRA DS	3	
SILVADENE	3	
<i>silver sulfadiazine</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Needs</b>
<i>sodium sulfacetamide</i>	1	
SOLODYN	3	PA
SPECTRACEF	3	PA
<i>ssd</i>	1	
SULFADIAZINE	3	
<i>sulfamethoxazole /trimethoprim susp, tabs</i>	1	
<i>sulfamethoxazole /trimethoprim inj</i>	1	PA
<i>sulfamethoxazole/trimethoprim ds</i>	1	
SULFAMYLON	3	
<i>sulfatrim</i>	1	
SUPRAX	3	
<i>tetracycline hcl</i>	1	
<i>thermazene</i>	1	
TINDAMAX	3	QL
TOBI	3	
<i>tobramycin sulfate soln</i>	1	
<i>trimethoprim</i>	1	
<i>trimox</i>	1	QL
TYGACIL	3	PA
UREX	3	
VANCOCIN HCL	3	PA
VANCOMYCIN HCL INJ 10GM	3	PA
<i>vancomycin hcl inj 1000mg</i>	1	PA
<i>vandazole</i>	1	
VANTIN	2	
<i>veetids</i>	1	
VIBRAMYCIN	3	
VIBRATAB	3	
XIFAXAN	3	QL
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	2	
ZITHROMAX PACK	3	
ZITHROMAX SUSR 100MG/5ML	3	
ZITHROMAX TABS 250MG, 500MG	3	
ZITHROMAX TABS 600MG	3	PA
ZMAX	3	QL
ZYMAR	3	QL
ZYVOX	3	PA
<b>Anticonvulsants</b>		
BANZEL	3	PA
<i>carbamazepine</i>	1	
<i>carbamazepine er</i>	1	
CARBATROL	3	
CELONTIN	3	
<i>clonazepam</i>	1	ND
DEPACON	3	
DEPAKENE	3	
DEPAKOTE	2	

Drug Name	Drug Tier	Requirements / Needs
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	2	
DIASTAT ACUDIAL	3	ND
DIASTAT PEDIATRIC	3	ND
DILANTIN	2	
DILANTIN INFATABS	2	
<i>divalproex sodium</i>	1	
<i>epitol</i>	1	
EQUETRO	3	
<i>ethosuximide</i>	1	
FELBATOL	3	
<i>gabapentin</i>	1	
GABARONE	3	
GABITRIL	3	
KEPPRA XR	3	
KEPPRA ORAL SOLN, TABS	3	
KEPPRA INJ	3	PA
KLONOPIN	3	ND
KLONOPIN WAFERS	3	ND
LAMICTAL CHEWABLE DISPERSIBLE	3	
LAMICTAL ODT	2	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	2	
LAMICTAL STARTER/TAKING VALPROATE	2	
LAMICTAL TBDP	2	
LAMICTAL TABS	3	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
LYRICA	3	PA
MEBARAL	3	ND
MYSOLINE TABS 250MG	2	
NEURONTIN CAPS, TABS	2	
NEURONTIN SOLN	3	
<i>oxcarbazepine</i>	1	
PEGANONE	3	
<i>phenobarbital</i>	1	ND
PHENYTEK	2	
<i>phenytoin</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>primidone</i>	1	
STAVZOR	3	PA
TEGRETOL-XR	2	
TEGRETOL SUSP, TABS	3	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
<i>topiramate</i>	1	
TRILEPTAL SUSP	3	
TRILEPTAL TABS 300MG	3	

Drug Name	Drug Tier	Requirements / Needs
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
VIMPAT TABS	3	PA
ZARONTIN	3	
ZONEGRAN	3	
<i>zonisamide</i>	1	
<b>Antidementia Agents</b>		
ARICEPT	2	
ARICEPT ODT	2	
COGNEX	3	PA
<i>ergoloid mesylates</i>	1	
EXELON CAPS, SOLN	3	
EXELON PT24	3	QL
<i>galantamine hydrobromide</i>	1	
NAMENDA	2	
NAMENDA TITRATION PAK	2	
RAZADYNE ER	3	
RAZADYNE TABS	3	
<b>Antidepressants</b>		
<i>amitriptyline hcl</i>	1	
AMOXAPINE	3	
ANAFRANIL	3	
<i>budeprion sr</i>	1	
<i>budeprion xl tb24 150mg</i>	1	
<i>budeprion xl tb24 300mg</i>	1	QL
<i>bupropion hcl</i>	1	
<i>bupropion hcl sr</i>	1	
CELEXA TABS	2	
<i>chlordiazepoxide /amitriptyline</i>	1	
<i>citalopram hydrobromide</i>	1	
<i>clomipramine hcl</i>	1	
CYMBALTA	3	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
EFFEXOR XR	2	
EFFEXOR TABS 25MG, 37.5MG, 50MG	2	
EMSAM	3	PA
<i>fluoxetine hcl caps 10mg, 20mg</i>	1	
<i>fluoxetine hcl caps 40mg</i>	1	PA
<i>fluoxetine hcl soln, tabs</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>imipramine hcl</i>	1	
LEXAPRO	2	
LIMBITROL	3	
LUVOX CR	3	QL
<i>maprotiline hcl</i>	1	
MARPLAN	2	
<i>mirtazapine</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Needs</b>
<i>mirtazapine odt</i>	1	
NARDIL	2	
<i>nefazodone hcl</i>	1	
NORPRAMIN	3	
<i>nortriptyline hcl</i>	1	
PAMELOR CAPS 10MG, 50MG, 75MG	3	
PARNATE	3	
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
PAXIL	2	
PAXIL CR TB24 25MG	2	
PAXIL CR TB24 12.5MG, 37.5MG	3	
<i>perphenazine /amitriptyline</i>	1	
PRISTIQ	3	PA
<i>protriptyline hcl</i>	1	
PROZAC WEEKLY	3	QL PA
PROZAC TABS	3	
PROZAC CAPS 10MG, 40MG	3	
RAPIFLUX	3	
REMERON	3	
REMERON SOLTAB	3	
<i>sertraline hcl</i>	1	
SURMONTIL	2	
TOFRANIL	3	
TOFRANIL-PM CAPS 150MG, 75MG	3	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i>	1	
<i>trimipramine maleate</i>	1	
<i>venlafaxine hcl</i>	1	
VENLAFAXINE HCL ER	2	
VIVACTIL	2	
WELLBUTRIN	3	
WELLBUTRIN SR	2	
WELLBUTRIN XL	2	QL
ZOLOFT CONC	2	
ZOLOFT TABS 25MG	2	
<b>Antidotes, Deterrents, and Toxicologic Agents</b>		
ANTABUSE	2	
<i>buproban</i>	1	
CAMPRAL	3	PA
CHANTIX	3	
CHEMET	2	
CUPRIMINE	3	
CYANIDE ANTIDOTE PKG	3	
<i>depade</i>	1	
DEPEN TITRATABS	3	
EXJADE	3	
KAYEXALATE	2	

Drug Name	Drug Tier	Requirements / Needs
<i>kionex</i>	1	
<i>naltrexone hcl</i>	1	
NICOTROL INHALER	3	PA
PENTETATE CALCIUM TRISODIUM	3	PA
PENTETATE ZINC TRISODIUM	3	PA
REVIA	3	
<i>sodium polystyrene sulfonate</i>	1	
SPS	3	
SUBOXONE	3	PA
<b>Antiemetics</b>		
ANTIVERT	3	
ANZEMET TABS	2	QL
CESAMET	3	PA
<i>compro</i>	1	
<i>dronabinol</i>	1	PA
EMEND	3	PA
<i>granisetron hcl tabs</i>	1	PA
<i>granisol</i>	1	PA
KYTRIL TABS	2	QL
<i>maldemar</i>	1	
MARINOL	2	QL
<i>metoclopramide hcl tabs</i>	1	
<i>ondansetron hcl</i>	1	PA
<i>ondansetron odt</i>	1	PA
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl supp, syrup, tabs</i>	1	
<i>promethazine hcl inj</i>	1	PA
<i>promethegan</i>	1	
REGLAN TABS	3	
SANCUSO	3	PA
SCOPACE	3	
TIGAN CAPS	3	
TRANSDERM-SCOP	2	QL
<i>trimethobenzamide hcl caps</i>	1	
<i>vertin-32</i>	1	
ZOFRAN ODT	3	QL
ZOFRAN SOLN, TABS	3	QL
<b>Antifungals</b>		
ANCOBON	3	
BIO-STATIN	3	
CANCIDAS	3	PA
<i>ciclopirox</i>	1	
<i>ciclopirox nail lacquer</i>	1	PA
<i>ciclopirox olamine</i>	1	
<i>clotrimazole</i>	1	

Drug Name	Drug Tier	Requirements / Needs
<i>clotrimazole/betamethasone dipropionate</i>	1	
DIFLUCAN SUSR	3	
DIFLUCAN TABS 100MG, 50MG	3	
DIFLUCAN TABS 150MG, 200MG	3	QL
<i>econazole nitrate</i>	1	
ERTACZO	3	
EXELDERM	2	
<i>fluconazole in dextrose</i>	1	PA
<i>fluconazole susr</i>	1	
<i>fluconazole tabs 100mg, 50mg</i>	1	
<i>fluconazole tabs 150mg, 200mg</i>	1	QL
GRIFULVIN V	2	
GRIS-PEG	3	
<i>griseofulvin microsize</i>	1	
GNAZOLE-1	3	
<i>itraconazole</i>	1	PA
<i>ketoconazole</i>	1	
<i>kuric</i>	1	
LAMISIL SOLN	3	
LAMISIL TABS	3	QL
LAMISIL PACK 187.5MG	3	PA
LOPROX	3	
LOPROX SHAMPOO	2	
LOTRISONE	3	
<i>miconazole 3</i>	1	
MONISTAT 7 COMBINATION PACK	3	
MYCOSTATIN	3	
NAFTIN	3	
NIZORAL	3	
NOXAFIL	3	PA
<i>nystatin</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystop</i>	1	
OXISTAT	2	
<i>pedi-dri</i>	1	
PENLAC NAIL LACQUER	3	PA
<i>selenium sulfide</i>	1	
SELSUN SHAMPOO	3	
SPORANOX PULSEPAK	3	PA
SPORANOX SOLN	3	PA
TERAZOL 3	3	
TERAZOL 7	3	
<i>terbinafine hcl</i>	1	
<i>terconazole</i>	1	
VFEND	3	PA
XOLEGEL	3	
<i>zazole</i>	1	

Drug Name	Drug Tier	Requirements / Needs
<b>Antigout Agents</b>		
<i>allopurinol</i>	1	
<i>colchicine</i>	1	
<i>probenecid</i>	1	
<i>probenecid/colchicine</i>	1	
ULORIC	3	PA
ZYLOPRIM	3	
<b>Antimigraine Agents</b>		
AMERGE	3	QL PA
AXERT	3	QL
<i>butal/asa/caff</i>	1	ND
<i>butalbital /acetaminophen /caffeine</i>	1	ND
<i>butalbital /aspirin /caffeine</i>	1	ND
<i>butalbital/apap/caffeine</i>	1	ND
CAFERGOT	2	
D.H.E. 45	3	
<i>dihydroergotamine mesylate</i>	1	
<i>divalproex sodium</i>	1	
<i>epidrin</i>	1	
ERGOMAR	2	
<i>ergotamine tartrate/caffeine</i>	1	
FROVA	3	QL
IMITREX	3	QL
IMITREX STATDOSE REFILL INJ 6MG/0.5ML	3	QL
IMITREX STATDOSE SYSTEM	3	QL
<i>isometheptene /apap /dichloral</i>	1	
<i>isometheptene /caffeine /apap</i>	1	
<i>isometheptene /dichloralphenazone /apap</i>	1	
MAXALT	3	QL
MAXALT-MLT TBDP 5MG	3	QL
<i>migergot</i>	1	
MIGRANAL	3	
<i>propranolol hcl tabs</i>	1	
RELPAK	2	QL
<i>sumatriptan</i>	2	QL
<i>sumatriptan succinate refill</i>	2	QL
<i>sumatriptan succinate tabs</i>	2	QL PA
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL PA
<i>timolol maleate</i>	1	
TREXIMET	3	QL PA
ZOMIG	3	QL
ZOMIG ZMT	3	QL
<b>Antimyasthenic Agents</b>		
<i>bethanechol chloride</i>	1	
GUANIDINE HCL	3	
MESTINON TIMESPAN	2	
MESTINON SYRP	2	
MESTINON TABS	3	

Drug Name	Drug Tier	Requirements / Needs
MYTELASE	2	
PROSTIGMIN	3	
<i>pyridostigmine bromide</i>	1	
<b>Antimycobacterials</b>		
CAPASTAT SULFATE	3	PA
DAPSONE	3	
<i>ethambutol hcl</i>	1	
<i>isonarif</i>	1	
ISONIAZID SYRP	3	
<i>isoniazid tabs</i>	1	
MYAMBUTOL	3	
MYCOBUTIN	2	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
RIFADIN CAPS	3	
RIFAMATE	3	
<i>rifampin caps</i>	1	
RIFATER	3	
SEROMYCIN	3	
TRECTOR	3	
<b>Antineoplastics</b>		
AFINITOR	3	PA
ALKERAN TABS	3	
ARIMIDEX	2	
AROMASIN	3	
AVASTIN	2	
<i>bleomycin sulfate</i>	1	PA
CAMPATH	3	PA
CEENU	3	
CYCLOPHOSPHAMIDE TABS	3	
DROXIA	3	
ELITEK	3	PA
EMCYT	2	
<i>etoposide caps</i>	1	
FARESTON	3	
FASLODEX	2	PA
FEMARA	3	
GLEEVEC	2	
HERCEPTIN	2	PA
HEXALEN	3	
HYCAMTIN CAPS	3	PA
HYDREA	3	
<i>hydroxyurea</i>	1	
IRESSA	3	
LEUKERAN	2	
MATULANE	2	
<i>mercaptopurine</i>	1	

Drug Name	Drug Tier	Requirements / Needs
MESNEX TABS	3	
<i>mitoxantrone hcl</i>	1	PA
MYLERAN	3	
NEXAVAR	2	PA LA
PANRETIN	3	
PROLEUKIN	3	PA
PURINETHOL	3	
REVLIMID	3	PA LA
RITUXAN	2	PA
SOLTAMOX	3	
SPRYCEL	3	PA
SUTENT	2	PA
TABLOID	3	
<i>tamoxifen citrate</i>	1	
TARCEVA	2	PA
TARGRETIN	2	
TASIGNA	3	PA
TEMODAR	2	
THALOMID	2	PA
<i>tretinoin</i>	1	
TRISENOX	3	PA
TYKERB	3	PA LA
VELCADE	3	PA
VESANOID	3	
VIDAZA	3	PA
XELODA	3	
ZOLINZA	3	PA
<b>Antiparasitics</b>		
<i>acticin</i>	1	
ALBENZA	3	
ALINIA	3	
ARALEN	3	
BILTRICIDE	3	
<i>chloroquine phosphate</i>	1	
DARAPRIM	3	
ELIMITE	3	
EURAX	3	
FANSIDAR	3	
HALFAN	3	
<i>hydroxychloroquine sulfate</i>	1	
LARIAM	3	
LINDANE SHAM	3	
<i>lindane lotn</i>	1	
MALARONE	2	
<i>mebendazole</i>	1	
<i>mefloquine hcl</i>	1	
MEPRON	2	
NEBUPENT	3	

Drug Name	Drug Tier	Requirements / Needs
OVIDE	3	
<i>permethrin</i>	1	
PLAQUENIL	3	
PRIMAQUINE PHOSPHATE	3	
QUALAQUIN	3	PA
STROMECTOL	3	
YODOXIN	3	
<b>Antiparkinson Agents</b>		
<i>amantadine hcl</i>	1	
APOKYN	3	PA LA
<i>atamet</i>	1	
AZILECT	3	
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa cr</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa/levodopa sr</i>	1	
COMTAN	2	
ELDEPRYL	3	
LODOSYN	3	
MIRAPEX	3	
PARCOPA	3	
PARLODEL	3	
REQUIP	2	
REQUIP XL TB24 6MG	3	
<i>ropinirole hcl</i>	1	
<i>selegiline hcl</i>	1	
SINEMET	3	
SINEMET CR	3	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR	3	
<i>trihexyphenidyl hcl</i>	1	
ZELAPAR	3	PA
<b>Antipsychotics</b>		
ABILIFY DISCMELT	3	QL
ABILIFY INJ	3	PA
ABILIFY TABS	3	QL
CHLORPROMAZINE HCL INJ	3	
<i>chlorpromazine hcl tabs</i>	1	
CLOZAPINE TABS 200MG	3	
<i>clozapine tabs 100mg, 25mg, 50mg</i>	1	

Drug Name	Drug Tier	Requirements / Needs
CLOZARIL	3	
FAZACLO	3	
<i>fluphenazine decanoate</i>	1	
FLUPHENAZINE HCL CONC, ELIX, INJ	3	
<i>fluphenazine hcl tabs</i>	1	
GEODON	3	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
INVEGA	3	PA
<i>loxapine succinate</i>	1	
LOXITANE	3	
MOBAN	2	
NAVANE	3	
ORAP	2	
<i>perphenazine</i>	1	
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	3	
RISPERDAL M-TAB	3	QL
RISPERDAL SOLN	2	QL
<i>risperidone</i>	1	QL
<i>risperidone odt</i>	1	QL
SEROQUEL	3	
SEROQUEL XR	3	QL
SYMBYAX	3	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
ZYPREXA	3	
ZYPREXA ZYDIS	3	
<b>Antispasticity Agents</b>		
<i>baclofen</i>	1	
DANTRIUM	2	
<i>dantrolene sodium</i>	1	
<i>tizanidine hcl</i>	1	
ZANAFLEX	3	PA
<b>Antivirals</b>		
<i>acyclovir</i>	1	
APTIVUS	3	
ATRIPLA	3	
BARACLUDE	3	PA
COMBIVIR	2	
COPEGUS	3	PA
CRIXIVAN	2	
DENAVIR	3	
<i>didanosine</i>	1	
EMTRIVA	3	
EPIVIR	2	
EPIVIR HBV	2	

Drug Name	Drug Tier	Requirements / Needs
EPZICOM	3	
<i>famciclovir</i>	1	
FAMVIR	3	
FLUMADINE	3	
FUZEON	2	
<i>ganciclovir</i>	1	
HEPSERA	3	PA
INTELENCE	3	
INVIRASE	2	
ISENTRESS	3	
KALETRA	2	
LEXIVA	3	
NORVIR	2	
PREZISTA	3	
REBETOL	3	PA
RELENZA DISKHALER	3	PA
RESCRIPTOR	2	
RETROVIR	3	
RETROVIR IV INFUSION	2	
REYATAZ	3	
RIBAPAK MISC	3	PA
<i>ribapak tabs</i>	1	PA
<i>ribasphere</i>	1	PA
<i>ribavirin</i>	1	PA
<i>rimantadine hcl</i>	1	
SELZENTRY	3	
<i>stavudine</i>	1	
SUSTIVA	2	
TAMIFLU	3	
TRIZIVIR	3	
TRUVADA	3	
TYZEKA	3	
VALCYTE	2	PA
VALTREX	2	
VIDEX EC	3	
VIDEX PEDIATRIC SOLR 4GM	2	
VIDEX PEDIATRIC SOLR 2GM	3	
VIRACEPT	2	
VIRAMUNE	2	
VIRAZOLE	3	
VIREAD	2	
ZERIT	3	
ZIAGEN	2	
<i>zidovudine</i>	1	
ZOVIRAX	3	
<b>Anxiolytics</b>		
<i>alprazolam</i>	1	ND
<i>alprazolam er</i>	1	QL ND

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Needs</b>
ALPRAZOLAM INTENSOL	3	ND
ATIVAN	3	ND
BUSPAR TABS 10MG, 5MG	3	
<i>bupirone hcl</i>	1	
<i>chlordiazepoxide hcl</i>	1	ND
<i>clorazepate dipotassium</i>	1	ND
<i>diazepam</i>	1	ND
DIAZEPAM INTENSOL	3	ND
LIBRIUM	3	ND
<i>lorazepam</i>	1	ND
LORAZEPAM INTENSOL	2	ND
<i>meprobamate</i>	1	
NIRAVAM	3	ND
<i>oxazepam</i>	1	ND
TRANXENE T	3	ND
VALIUM	3	ND
XANAX	3	ND
XANAX XR	3	QL ND
<b>Bipolar Agents</b>		
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	2	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate caps</i>	1	
<i>lithium citrate</i>	1	
LITHOBID	2	
SYMBYAX	3	
<b>Blood Glucose Regulators</b>		
<i>acarbose</i>	1	QL
ACTOPLUS MET	2	
ACTOS	2	
AMARYL	3	
APIDRA	3	
AVANDAMET	2	
AVANDARYL	2	
AVANDIA	2	
BYETTA	3	PA
<i>chlorpropamide</i>	1	
DIABETA	3	
DUETACT	2	
FORTAMET	3	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hcl</i>	1	
GLUCAGEN	2	
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
GLUCOPHAGE	3	

Drug Name	Drug Tier	Requirements / Needs
GLUCOPHAGE XR	3	
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUCOVANCE	3	QL
GLUMETZA	3	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hcl</i>	1	QL
GLYCRON TABS 4.5MG	3	
<i>glycron tabs 1.5mg, 3mg, 6mg</i>	1	
GLYNASE	3	
GLYSET	2	
HUMALOG	2	
HUMALOG KWIKPEN	3	PA
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	PA
HUMALOG MIX 50/50 PEN	3	PA
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	PA
HUMALOG MIX 75/25 PEN	3	PA
HUMALOG PEN	3	PA
HUMULIN 50/50	2	
HUMULIN 70/30	2	
HUMULIN 70/30 PEN	3	PA
HUMULIN N	2	
HUMULIN N U-100 PEN	3	PA
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
JANUMET	3	
JANUVIA	3	
LANTUS	2	
LANTUS FOR OPTICLIK	3	PA
LANTUS SOLOSTAR	3	PA
LEVEMIR	3	
LEVEMIR FLEXPEN	3	PA
METAGLIP	3	
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
NOVOLIN 70/30	3	
NOVOLIN 70/30 INNOLET	3	PA
NOVOLIN N	3	
NOVOLIN N INNOLET	3	PA
NOVOLIN R	3	
NOVOLIN R INNOLET	3	PA
NOVOLOG	3	PA
NOVOLOG FLEXPEN	3	PA
NOVOLOG MIX 70/30	3	PA
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	PA

Drug Name	Drug Tier	Requirements / Needs
NOVOLOG PENFILL	3	PA
PRANDIMET	2	QL
PRANDIN	2	QL
PRECOSE	3	QL
PROGLYCEM	3	
RELION 70/30	2	
RELION N	2	
RELION R	2	
RIOMET	3	
STARLIX	3	
SYMLIN	3	PA
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
<i>tolazamide</i>	1	
TOLBUTAMIDE	3	
<b>Blood Products/Modifiers/ Volume Expanders</b>		
AGGRENEX	3	
ARANESP ALBUMIN FREE	3	PA
ARIXTRA	2	
<i>cilostazol</i>	1	
COUMADIN TABS	3	
CYKLOKAPRON	2	PA
<i>dipyridamole</i>	1	
EPOGEN	3	PA
FRAGMIN	2	
HEPARIN SODIUM DCU	3	
<i>heparin sodium/nacl 0.9%</i>	1	
HEPARIN SODIUM INJ 2500UNIT/ML	3	
<i>heparin sodium inj 1000unit/ml, 5000unit/ml</i>	1	
<i>jantoven</i>	1	
LOVENOX	2	
NEULASTA	3	PA
NEUPOGEN	2	PA
PLAVIX	2	
PROCRIT	2	PA
<i>ticlopidine hcl</i>	1	
<i>warfarin sodium</i>	1	
<b>Blood Products/Modifiers/Volume Expanders</b>		
AGRYLIN	2	PA
PERSANTINE	3	
PLAVIX	2	QL
PLETAL	3	
<b>Cardiovascular Agents</b>		
ACCUPRIL	3	QL
ACCURETIC	3	QL
<i>acebutolol hcl</i>	1	
ACEON	3	
<i>acetazolamide</i>	1	

Drug Name	Drug Tier	Requirements / Needs
ADALAT CC	3	QL
ADVICOR TB24 20MG; 1000MG, 20MG; 500MG, 40MG; 1000MG	3	
<i>afeditab cr</i>	1	QL
ALDACTAZIDE	3	
ALDACTONE	3	
ALTACE CAPS	3	
<i>amiloride /hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>amiodarone hcl tabs</i>	1	
<i>amlodipine besylate</i>	1	QL
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
ATACAND	3	
ATACAND HCT TABS 32MG; 25MG	3	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
AVALIDE	3	
AVAPRO	3	
AZOR	3	QL
<i>benazepril hcl</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
BENICAR	2	
BENICAR HCT	2	
BETAPACE	3	
BETAPACE AF	3	PA
<i>betaxolol hcl</i>	1	
BIDIL	3	PA
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>bumetanide tabs</i>	1	
BUMEX	3	
BYSTOLIC TABS 2.5MG	3	QL
CADUET	3	QL
CALAN	3	
CALAN SR	3	
CAPOTEN TABS 12.5MG, 25MG, 50MG	3	
<i>captopril</i>	1	
<i>captopril /hydrochlorothiazide</i>	1	
CARDENE SR	3	
CARDIZEM	3	
CARDIZEM CD	3	
CARDIZEM LA	3	
<i>cartia xt</i>	1	
CARTROL	3	
<i>carvedilol</i>	1	
CATAPRES	3	
CATAPRES-TTS-1	3	
CATAPRES-TTS-2	3	

Drug Name	Drug Tier	Requirements / Needs
CATAPRES-TTS-3	3	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>clonidine hcl</i>	1	
CLORPRES	3	
COLESTID FLAVORED	2	
COLESTID PACK	2	
COLESTID GRAN, TABS	3	
<i>colestipol hcl</i>	1	
CORDARONE	3	
COREG	3	
COREG CR	2	
CORGARD	3	
CORZIDE	3	
COVERA-HS	3	
COZAAR	3	
CRESTOR	3	QL
DEMADEX TABS	3	
DEMSEER	3	
DIAMOX	3	
DIBENZYLINE	3	
<i>digoxin soln, tabs</i>	1	
DILACOR XR	3	
DILATRATE SR	2	
<i>dilt-cd cp24 120mg, 180mg, 240mg</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	
<i>diltzac cp24 240mg</i>	1	
DIOVAN	2	
DIOVAN HCT	2	
<i>disopyramide phosphate</i>	1	
<i>disopyramide phosphate er</i>	1	
DIURIL	3	
DYAZIDE	3	
DYNACIRC CR	3	
DYNACIRC-CR	3	
DYRENIUM	3	
EDECRIN	2	
<i>enalapril maleate</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>epplerenone</i>	1	PA
EXFORGE	3	QL
EXFORGE HCT	3	QL
<i>felodipine er</i>	1	

Drug Name	Drug Tier	Requirements / Needs
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
FENOGLIDE	3	
<i>flecainide acetate</i>	1	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>furosemide tabs</i>	1	
FUROSEMIDE SOLN 8MG/ML	3	
<i>furosemide soln 10mg/ml</i>	1	
<i>gemfibrozil</i>	1	
<i>guanabenz acetate</i>	1	
<i>guanfacine hcl</i>	1	
<i>hydralazine /hydrochlorothiazide</i>	1	
<i>hydralazine hcl tabs</i>	1	
<i>hydrochlorothiazide</i>	1	
HYZAAR	3	QL
IMDUR	3	
<i>indapamide</i>	1	
INDERAL LA	3	
INNOPRAN XL	3	
INTROL	3	
INVERSINE	3	
ISMO	3	
<i>isochron</i>	1	
ISOPTIN SR	3	
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>isradipine</i>	1	
KERLONE	3	
<i>labetalol hcl tabs</i>	1	
LANOXIN TABS	3	
LASIX	3	
LESCOL	2	
LESCOL XL	2	
LEVATOL	3	PA
LIPITOR	2	
LIPOFEN	3	
<i>lisinopril</i>	1	QL
<i>lisinopril /hydrochlorothiazide</i>	1	
LOFIBRA	2	
LOPRESSOR HCT	3	
LOPRESSOR TABS	3	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	3	

Drug Name	Drug Tier	Requirements / Needs
<i>lovastatin</i>	1	
LOVAZA	3	PA
MAVIK	3	
MAXZIDE	3	
MAXZIDE-25	3	
METHYCLOTHIAZIDE	3	
<i>methyldopa</i>	1	
<i>methyldopa /hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol /hydrochlorothiazide</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tabs</i>	1	
MEVACOR	3	
<i>mexiletine hcl</i>	1	
MICARDIS	3	
MICARDIS HCT	3	
MICROZIDE	3	
<i>midodrine hcl</i>	1	
MINIPRESS	3	
<i>minitran</i>	1	
<i>minoxidil</i>	1	
<i>moexipril /hydrochlorothiazide</i>	1	
<i>moexipril hcl</i>	1	
MONOKET	3	
MONOPRIL	3	
MONOPRIL HCT	3	
<i>nadolol</i>	1	
<i>nadolol /bendroflumethiazide</i>	1	
<i>niacor</i>	1	
NIASPAN	3	
<i>nicardipine hcl caps</i>	1	
<i>nifediac cc</i>	1	QL
<i>nifedical xl</i>	1	QL
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	QL
<i>nimodipine</i>	1	
NITRO-BID	3	
NITRO-DUR	3	
<i>nitro-time</i>	1	
<i>nitroglycerin cr</i>	1	
<i>nitroglycerin sr</i>	1	
<i>nitroglycerin td</i>	1	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin pt24, subl</i>	1	
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	3	
NORPACE	2	
NORPACE CR	2	

Drug Name	Drug Tier	Requirements / Needs
NORVASC	3	QL
PACERONE TABS 100MG, 300MG	3	
<i>pacerone tabs 200mg</i>	1	
<i>pindolol</i>	1	
PRAVACHOL	3	QL
<i>pravastatin sodium</i>	1	QL
<i>prazosin hcl</i>	1	
<i>prevalite</i>	1	
PRINIVIL	3	
PROAMATINE	2	PA
PROCARDIA	3	
PROCARDIA XL	3	QL
<i>propafenone hcl</i>	1	
<i>propranolol /hydrochlorothiazide</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl soln</i>	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
<i>quinapril /hydrochlorothiazide</i>	1	QL
<i>quinapril hcl</i>	1	QL
<i>quinaretic</i>	1	QL
<i>quinidine gluconate cr</i>	1	
<i>quinidine gluconate sa</i>	1	
<i>quinidine sulfate</i>	1	
QUINIDINE SULFATE ER	3	
<i>ramipril</i>	1	
RANEXA	2	PA
<i>rauwolfia /bendroflumethiazide</i>	1	
RESERPINE	3	
RYTHMOL SR	3	
SECTRAL	3	
SIMCOR	3	QL
<i>simvastatin</i>	1	QL
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af)</i>	1	PA
<i>spironolactone</i>	1	
<i>spironolactone /hydrochlorothiazide</i>	1	
TAMBOCOR	3	
TARKA	3	
<i>taztia xt</i>	1	
TEKTURNA	3	PA
TEKTURNA HCT	3	PA
TENORETIC 100	3	
TENORETIC 50	3	
TENORMIN	3	
TEVETEN	3	
TEVETEN HCT	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Needs</b>
THALITONE	3	
TIAZAC	3	
TIKOSYN	3	
TIMOLIDE 10/25	3	
TOPROL XL	3	
<i>toremide</i>	1	
TRANDATE	3	
<i>trandolapril</i>	1	
<i>triamterene /hydrochlorothiazide</i>	1	
TRICOR	3	
TRIGLIDE	3	
UNIRETIC	3	
UNIVASC	3	
VASERETIC	3	
VASOTEC TABS 5MG	3	
VENTAVIS	3	PA LA
<i>verapamil hcl er</i>	1	
<i>verapamil hcl sr</i>	1	
<i>verapamil hcl tabs</i>	1	
VERELAN	3	
VERELAN PM	3	
VYTORIN	3	
WELCHOL	3	
ZAROXOLYN	3	
ZEBETA	3	
ZESTORETIC	3	
ZESTRIL	3	QL
ZETIA	3	
ZIAC	3	
<b>Central Nervous System Agents</b>		
ADDERALL	3	
ADDERALL XR	3	QL
<i>amphetamine salt combo</i>	1	
CONCERTA	3	QL
DAYTRANA PTCH 10MG/9HR, 20MG/9HR	3	PA
DESOXYN	3	
DEXEDRINE	3	
<i>dexmethylphenidate hcl</i>	1	
<i>dextroamphetamine sulfate</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
FOCALIN	3	
FOCALIN XR	3	
METADATE CD CPR 10MG, 20MG, 30MG	3	
<i>metadate er</i>	1	
<i>methylin er</i>	1	
METHYLIN CHEW, SOLN	3	
<i>methylin tabs</i>	1	
<i>methylphenidate hcl</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Needs</b>
<i>methylphenidate hcl sr</i>	1	
PROCENTRA	3	
PROVIGIL	2	QL PA
RILUTEK	2	
RITALIN	3	
RITALIN LA	3	
RITALIN SR	3	
STRATTERA	3	PA
VYVANSE	3	PA
XYREM	3	LA
<b>Dental and Oral Agents</b>		
APHTHASOL	3	
<i>chlorhexidine gluconate</i>	1	
<i>chlorhexidine gluconate oral rinse</i>	1	
<i>controlrx</i>	1	
DEBACTEROL	3	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
EVOXAC	3	
FIRST-MOUTHWASH BLM	3	
GEL-KAM ORAL CARE RINSE	3	
<i>karigel</i>	1	
<i>karigel-n</i>	1	
<i>neutragard advanced</i>	1	
ORASEP	3	
PERIDEX ORAL RINSE	3	
<i>perio med</i>	1	
<i>periogard</i>	1	
<i>perisol</i>	1	
<i>phos-flur</i>	1	
<i>pilocarpine hcl</i>	1	
<i>pilocarpine hydrochloride</i>	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT FLUORIDE	3	
SALAGEN	2	
<i>salicept</i>	1	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride plain</i>	1	
<i>stannous fluoride oral rinse</i>	1	
THERA-FLUR-N	3	
<i>triamcinolone in orabase</i>	1	
<b>Dermatological Agents</b>		
8-MOP	3	
ACANYA	3	PA
ACZONE	3	PA

Drug Name	Drug Tier	Requirements / Needs
ALA-QUIN	3	
ALCORTIN A	3	
ALDARA	3	
ALLANENZYME	3	
<i>alphatrex</i>	1	
<i>ammonium lactate</i>	1	
<i>amnesteam</i>	1	
ANACAINE	3	
<i>apexicon</i>	1	
<i>apexicon e</i>	1	
AVAR	3	
<i>avar cleanser</i>	1	
<i>avar-e green</i>	1	
<i>avita</i>	1	
AZELEX	3	
BENSAL HP	3	
BENZAC AC	3	
BENZAC AC WASH	3	
BENZAC W WASH	3	
BENZACLIN	3	PA
BENZAMYCIN	3	
BENZAMYCINPAK	3	
<i>benzashave 10</i>	2	
BENZASHAVE 5	2	
BENZIQ	3	
BENZIQ LS	3	
BENZIQ WASH	3	
<i>benzoyl peroxide</i>	1	
<i>benzoyl peroxide wash</i>	1	
<i>betamethasone dipropionate</i>	1	
BREVOXYL	2	
BREVOXYL-4 CREAMY WASH COMPLETE PACK	3	
BREVOXYL-8 CREAMY WASH COMPLETE PACK	3	
<i>calcipotriene</i>	1	
CARAC	3	
CARMOL 40 GEL, LOTN	2	
<i>carmol 40 crea</i>	1	
CARMOL SCALP TREATMENT	2	
CETACAINE	3	
CETACAINE MEDICAL KIT E	3	
<i>claravis</i>	1	
CLARIFOAM EF	3	
<i>clearplex x</i>	1	
<i>clenia</i>	1	
<i>clenia foaming wash</i>	1	
CLEOCIN-T	3	
CLINAC BPO	3	
CLINDAGEL	3	

Drug Name	Drug Tier	Requirements / Needs
<i>clindamax</i>	1	
<i>clindamycin phosphate</i>	1	
<i>clobetasol propionate</i>	1	
<i>clobetasol propionate emollient</i>	1	
CLOBEX	3	PA
<i>cocaine hcl</i>	1	
CONDYLOX	3	
CORTANE-B	3	
<i>del-aqua</i>	1	
DERMA-SMOOTH/FS SCALP OIL	2	
<i>dermazene</i>	1	
DESQUAM-X WASH	3	
DIFFERIN	2	
DOVONEX	2	
DRITHO-SCALP	2	
DRYSOL	3	
DUAC CS	3	PA
EFUDEX CREA	2	
EFUDEX SOLN	3	
ELIDEL	3	
EMLA /TEGADERM	3	
EPIFOAM	3	
<i>erythromycin/benzoyl peroxide</i>	1	
ETHYL CHLORIDE	3	
EVOCLIN	3	PA
<i>exoderm</i>	1	
EXTINA	3	PA
FINACEA	3	
FIRST-HYDROCORTISONE	2	PA
FLECTOR	3	PA
<i>fluocinonide</i>	1	
<i>fluocinonide-e</i>	1	
FLUOROPLEX	3	
<i>fluorouracil</i>	1	
GORDOFILM	3	
GORDON'S UREA	3	
GRANULEX	3	
HYDRO 40 FOAM	3	
<i>hydrocortisone /iodoquinol</i>	1	
<i>hypercare</i>	1	
KERALAC	3	
<i>keratol 40</i>	1	
KEROL	3	
KLARON	2	
<i>kovia</i>	1	
LAC-HYDRIN	3	
<i>laclotion</i>	1	
<i>lactic acid w/vitamin e</i>	1	

Drug Name	Drug Tier	Requirements / Needs
LACTINOL-E	3	
LIDAMANTLE	3	
LIDAMANTLE HC	3	
<i>lidocaine</i>	1	
<i>lidocaine hcl/hydrocortisone acetate</i>	1	
<i>locoid</i>	1	
LOCOID LIPOCREAM	3	
LUXIQ	3	PA
MENTAX	2	
METROGEL	2	
METROLOTION	2	
<i>mexar wash</i>	1	
NEOBENZ MICRO	3	
NEOBENZ MICRO WASH	3	
NOVACORT	3	
NUCORT	3	
NUOX	3	
NUZON	3	
OLUX	3	PA
OLUX OLUX-E COMPLETE PACK	3	PA
OLUX-E	3	PA
OVACE	3	
OVACE PLUS	3	
OVACE WASH	3	
OXSORALEN ULTRA	2	
PERANEX HC	3	PA
PLEXION CLEANSER	3	
PLEXION CLEANSING CLOTH	3	
PLEXION SCT	3	
<i>podocon 25 in benzoin tincture</i>	1	
<i>podofilox</i>	1	
PRAMOSONE	3	
<i>prascion</i>	1	
PROTOPIC	2	
<i>prudoxin</i>	1	
PYROGALLIC ACID	3	
<i>re 10 wash</i>	1	
<i>re 40</i>	1	
REGRANEX	3	PA
RETIN-A MICRO	3	
RETIN-A CREA 0.1%	3	
ROSAC	3	
<i>rosaderm</i>	1	
ROSULA	3	
ROSULA CLARIFYING WASH	3	
ROSULA NS	3	
SALEX	3	
SALKERA	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Needs</b>
SANTYL	2	
SELSEB	3	
<i>sodium sulfacetamide/sulfur</i>	1	
<i>sodium sulfacetamide/sulfur wash</i>	1	
SOLARAZE	3	PA
SORIATANE CK	2	
<i>sotret</i>	1	
<i>ssd af</i>	1	
<i>sulfacetamide sodium/sulfur cleanser</i>	1	
SULFOAM	3	
<i>suphera</i>	1	
TACLONEX	3	PA
TACLONEX SCALP	3	PA
<i>tbc</i>	1	
TEMOVATE E	3	
TERSI FOAM	3	PA
<i>tretinoin</i>	1	
TRIAZ	3	
TRIAZ CLEANSER	3	
ULTRALYTIC 2	3	
UMECTA	3	
<i>urea</i>	1	
<i>urea nail</i>	1	
<i>urealac</i>	1	
VANOXIDE HC	3	
VEREGEN	3	PA
<i>versiclear</i>	1	
VUSION	3	
<i>x-viate</i>	1	
XENADERM	3	
XERAC AC	3	
<i>zaclir cleansing</i>	1	
<i>ziox</i>	1	
ZODERM	3	
ZODERM CLEANSER	3	
<b>Enzyme Replacements/ Modifiers</b>		
ADAGEN	3	PA
ALDURAZYME	3	PA LA
BUPHENYL	3	
CEREZYME	3	PA LA
CREON	2	
CYSTADANE	3	
CYSTAGON	3	
FABRAZYME	3	PA LA
LIPRAM 4500	3	
LIPRAM-PN10	3	
LIPRAM-PN16	3	
LIPRAM-PN20	3	

Drug Name	Drug Tier	Requirements / Needs
LIPRAM-UL12	3	
LIPRAM-UL18	3	
LIPRAM-UL20	3	
NAGLAZYME	3	PA LA
ORFADIN	3	PA
PANCREASE MT 10	3	
PANCREASE MT 16	3	
PANCREASE MT 20	3	
PANCREASE MT 4	3	
PANCRECARB MS-16	3	
PANCRECARB MS-4	3	
PANCRECARB MS-8	3	
PANCRELIPASE	3	
PANCRELIPASE MST-16	3	
PANCRON 10	3	
PANCRON 20	3	
PULMOZYME	3	
SUCRAID	3	
ULTRASE	3	
ULTRASE MT 12	3	
ULTRASE MT 18	3	
ULTRASE MT 20	3	
VIOKASE	2	
VIOKASE 16	2	
VIOKASE 8	2	
ZAVESCA	3	
<b>Enzyme Replacements/Modifiers</b>		
BUPHENYL	3	
CREON 5	2	
CREON 10	2	
CREON 20	2	
KUVAN	3	PA
<b>Gastrointestinal Agents</b>		
ACIPHEX	3	QL PA
ACTIGALL	3	
AMITIZA	3	PA
ANASPAZ	3	
AXID SOLN	3	
AXID CAPS 300MG	3	
<i>belladonna &amp; opium</i>	1	
BELLADONNA ALKALOIDS	3	
<i>belladonna alkaloids &amp; opium</i>	1	
<i>belladonna alkaloids/phenobarbital</i>	1	
BENTYL CAPS, SYRP, TABS	3	
CANTIL	3	
CARAFATE	3	
<i>chlordiazepoxide hcl/clidinium bromide</i>	1	
<i>cimetidine</i>	1	

Drug Name	Drug Tier	Requirements / Needs
<i>cimetidine hcl soln</i>	1	
<i>colidrops pediatric</i>	1	
COLYTE	3	
COLYTE-FLAVOR PACKS	3	
COLYTROL	3	
COLYTROL PEDIATRIC	3	
<i>constulose</i>	1	
CYTOTEC TABS 100MCG	3	
<i>dicyclomine hcl caps, soln, tabs</i>	1	
DIGEX NF	3	
DIPENTUM	2	
<i>diphenoxylate/atropine</i>	1	
DONNATAL	3	
DONNATAL EXTENTABS	3	
ENTEREG	3	PA
<i>enulose</i>	1	
<i>famotidine tabs 40mg</i>	1	
<i>gastrinex nf</i>	1	
GASTROCROM	3	
<i>gavilyte-g</i>	1	
<i>generlac</i>	1	
<i>glycopyrrolate tabs</i>	1	
GOLYTELY	3	
HALFLYTELY BOWEL PREP	3	
HALFLYTELY BOWEL PREP/FLAVOR PACKS	3	
HELIDAC	3	PA
HOMAPIN-10	3	
<i>hyoscyamine sulfate</i>	1	
<i>hyosyne</i>	1	
KAPIDEX	3	PA
KRISTALOSE	2	
<i>lactulose</i>	1	
LEVBID	3	
LEVSIN	3	
LEVSIN /SL	3	
LEVSINEX	3	
LIBRAX	3	
<i>lofene</i>	1	
LOMOTIL	3	
<i>lonox</i>	1	
<i>loperamide hcl</i>	1	
LOTRONEX	2	QL PA
<i>methscopolamine bromide</i>	1	
<i>metoclopramide hcl</i>	1	
<i>misoprostol</i>	1	
MOTOFEN	3	
MOVIPREP	3	
NEXIUM	3	QL PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Needs</b>
NEXIUM I.V. INJ 20MG	3	PA
<i>nizatidine caps 300mg</i>	1	
NULYTELY/FLAVOR PACKS	3	
<i>omeprazole cpdr 10mg</i>	2	QL
<i>omeprazole cpdr 40mg</i>	2	QL PA
PAMINE	3	
PAMINE FORTE	3	
<i>pantoprazole sodium tbec 20mg</i>	2	QL
<i>paregoric</i>	1	
<i>peg 3350/electrolytes</i>	1	
PEPCID SUSR	3	
<i>polyethylene glycol 3350</i>	1	
PREVACID	3	
PREVACID SOLUTAB	3	
PREVPAC	3	QL
PRILOSEC PACK	3	PA
PRILOSEC CPDR 10MG, 40MG	3	QL PA
PROPANTHELINE BROMIDE	3	
PROTONIX PACK, TBEC	3	QL PA
PYLERA	3	QL PA
<i>ranitidine hcl caps, syrp, tabs</i>	1	
RELISTOR	3	PA
ROBINUL FORTE	3	
ROBINUL TABS	3	
SAL-TROPINE	3	
<i>servira</i>	1	
SIMETYL	3	
<i>sucralfate</i>	1	
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
TALADINE	3	
<i>trilyte</i>	1	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	
VISICOL	3	
ZANTAC SYRP	2	
ZANTAC PACK, TABS, TBEF	3	
ZEGERID	3	QL PA
<b>Genitourinary Agents</b>		
AVODART	2	
CALCIBIND	3	
<i>calcium acetate</i>	1	
CARDURA	3	QL
CARDURA XL	3	QL
CITROLITH	3	

Drug Name	Drug Tier	Requirements / Needs
CLINDESSE	3	
<i>cytra k crystals</i>	1	
<i>cytra-2</i>	1	
<i>cytra-3</i>	1	
<i>cytra-k</i>	1	
DETROL	3	
DETROL LA	3	
DITROPAN XL	3	
<i>doxazosin mesylate</i>	1	QL
ELMIRON	2	
ENABLEX	3	QL
<i>finasteride</i>	1	QL
<i>flavoxate hcl</i>	1	
FLOMAX	3	
FOSRENOL	3	PA
<i>hyoscyamine</i>	1	
K-PHOS MF	2	
K-PHOS NO 2	2	
LITHOSTAT	3	
ORACIT	3	
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er</i>	1	
OXYTROL	3	QL
PHOSLO	3	
POLYCITRA-K CRYSTALS	3	
PROSCAR	3	QL
PYRIDIUM	3	
RAPAFLO	3	PA
RENAGEL	2	
REVELA	2	
SANCTURA	3	
SANCTURA XR	3	
SHOHL'S SOLUTION MODIFIED	3	
<i>terazosin hcl</i>	1	
THIOLA	3	
TOVIAZ	3	PA
URECHOLINE	3	
UROXATRAL	3	QL
VESICARE	2	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
ACLOVATE	3	
<i>ala-cort</i>	1	
ALA-SCALP	3	
<i>alclometasone dipropionate</i>	1	
AMCINONIDE OINT	3	
<i>amcinonide crea, lotn</i>	1	
ANUSOL-HC	3	

Drug Name	Drug Tier	Requirements / Needs
<i>augmented betamethasone dipropionate crea, lotn, oint</i>	1	
<i>beta-val</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
CAPEX	3	
CARMOL-HC	3	
CELESTONE	3	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate gel, oint, soln</i>	1	
CLODERM	3	
CORDRAN	3	
CORDRAN SP	3	
CORDRAN TAPE	3	
<i>cormax</i>	1	
CORTEF	3	
CORTIFOAM	2	
<i>cortisone acetate</i>	1	
CUTIVATE LOTN	2	
CUTIVATE CREA, OINT	3	
<i>del-beta</i>	1	
DERMA-SMOOTH/FS BODY OIL	2	
DERMATOP	3	
<i>desonide</i>	1	
DESOWEN CREAM/CETAPHIL LOTION	3	
DESOWEN LOTION/CETAPHIL CREAM	3	
DESOWEN OINTMENT/CETAPHIL LOTION	3	
<i>desoximetasone</i>	1	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone sodium phosphate</i>	1	PA
DEXAMETHASONE ELIX	3	
DEXAMETHASONE TABS 1MG, 2MG	3	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 4mg, 6mg</i>	1	
DEXPAK 13 DAY	3	
<i>diflorasone diacetate</i>	1	
DIPROLENE	3	
DIPROLENE AF	3	
ELOCON	3	
<i>fludrocortisone acetate</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emollient base</i>	1	
<i>fluticasone propionate</i>	1	
<i>halobetasol propionate</i>	1	
HALOG	2	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone in absorbbase</i>	1	
<i>hydrocortisone valerate</i>	1	

Drug Name	Drug Tier	Requirements / Needs
<i>isovate</i>	1	
KENALOG	3	
<i>lokara</i>	1	
MEDROL	3	
MEDROL DOSEPAK	3	
<i>methylprednisolone tabs 4mg</i>	1	
<i>methylprednisolone tabs 16mg, 32mg, 8mg</i>	1	
<i>mometasone furoate</i>	1	
ORAPRED	3	
ORAPRED ODT	3	
PEDIAPRED	3	
<i>prednicarbate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
PREDNISON INTENSOL	3	
PREDNISON SOLN	3	
PREDNISON TABS 50MG	3	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 5mg</i>	1	
PRELONE	3	
<i>procto-pak</i>	1	
PROCTOCORT	3	
<i>proctocream-hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
STERAPRED 12 DAY	3	
STERAPRED DS 12 DAY	3	
TEMOVATE	3	
TEXACORT SOLN 2.5%	3	
<i>texacort soln 1%</i>	1	
TOPICORT	3	
TOPICORT LP	3	
<i>triamcinolone acetonide</i>	1	
TRIAMCINOLONE ACETONIDE IN ABSORBASE	3	
<i>triderm</i>	1	
<i>u-cort</i>	1	
ULTRAVATE	3	
VANOS	3	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
DDAVP INJ, TABS	3	
DDAVP NASAL SOLN 0.01%	3	
<i>desmopressin acetate inj, tabs</i>	1	
<i>desmopressin acetate nasal soln 0.01%</i>	1	
INCRELEX	3	PA LA
METHERGINE	3	
SAIZEN	3	PA LA
SAIZEN CLICK.EASY	3	PA LA
STIMATE	3	
TEV-TROPIN	2	PA LA

Drug Name	Drug Tier	Requirements / Needs
ZORBTIVE	3	PA
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
ABILIFY	3	QL
ACTIVELLA	3	
ALORA	3	QL
ANADROL-50	3	PA
ANDRODERM	3	QL
ANDROGEL	3	
ANDROID	3	PA
ANDROXY	3	
ANGELIQ	3	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aviane</i>	1	
AYGESTIN	3	
<i>balziva</i>	1	
BREVICON-28	3	
<i>camila</i>	1	
CENESTIN	3	
<i>cesia</i>	1	
CLIMARA	3	
CLIMARA PRO	3	
COMBIPATCH	3	
CRINONE	3	PA
<i>cryselle-28</i>	1	
CYCLESSA	3	
<i>danazol</i>	1	
DEPO-PROVERA CONTRACEPTIVE	3	QL
DEPO-SUBQ PROVERA 104	2	QL
DEPO-TESTOSTERONE	2	PA
DESOGEN	3	
ENJUVIA	3	
<i>enpresse-28</i>	1	
<i>errin</i>	1	
ESTRACE CREA	2	
ESTRACE TABS	3	
ESTRADERM	2	QL
<i>estradiol</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
ESTRASORB	3	
ESTRING	3	
ESTROGEL	3	
<i>estropipate</i>	1	
ESTROSTEP FE	3	
EVISTA	2	QL
FEMHRT 1/5	3	
FEMHRT LOW DOSE	3	

Drug Name	Drug Tier	Requirements / Needs
FEMRING	3	
FEMTRACE	3	
GYNODIOL TABS 1.5MG	3	
<i>gynodiol tabs 0.5mg, 1mg, 2mg</i>	1	
<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	
<i>lessina-28</i>	1	
<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	
<i>medroxyprogesterone acetate tabs</i>	1	
<i>medroxyprogesterone acetate inj</i>	1	QL
MEGACE ES	3	
MEGACE ORAL	3	
<i>megestrol acetate</i>	1	
MENEST	2	
MENOSTAR	3	
METHITEST	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	
NECON 10/11-28	3	
<i>necon 7/7/7</i>	1	
NOR-QD	3	
<i>nora-be</i>	1	
NORDETTE-28	3	
<i>norethindrone acetate</i>	1	
NORINYL 1+35	3	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	

Drug Name	Drug Tier	Requirements / Needs
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
NUVARING	3	
<i>ocella</i>	1	
OGEN	3	
OGESTREL	3	
ORTHO EVRA	3	
ORTHO MICRONOR	3	
ORTHO TRI-CYCLEN LO	3	
ORTHO-CEPT-28	3	
ORTHO-CYCLEN	3	
<i>ortho-est</i>	1	
ORTHO-NOVUM 7/7/7-28	3	
OVCON-35	3	
OVCON-50 28	3	
OXANDRIN	3	PA
<i>oxandrolone</i>	1	PA
PLAN B	3	
<i>portia-28</i>	1	
PREFEST	3	
PREMARIN W/APPLICATOR	2	
PREMARIN TABS	3	
PREMPHASE	3	
PREMPRO	3	
<i>previfem</i>	1	
PROCHIEVE	3	
PROMETRIUM	2	
PROVERA	3	
<i>quasense</i>	1	
<i>reclipsen</i>	1	
SEASONALE	3	
SEASONIQUE	3	
<i>solia</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
STRIANT	3	PA
TESTIM	3	PA
<i>testosterone enanthate</i>	1	PA
TESTRED	3	
<i>tri-legest fe</i>	1	
<i>tri-lo-sprintec</i>	1	
TRI-NORINYL 28	3	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trinessa</i>	1	
<i>trivora-28</i>	1	
VAGIFEM	3	
<i>velivet</i>	1	

Drug Name	Drug Tier	Requirements / Needs
VIVELLE-DOT	3	QL
YASMIN 28	3	
YAZ	3	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
CYTOMEL	3	
<i>levothroid</i>	1	
<i>levothyroxine sodium</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium tabs</i>	1	
SYNTHROID	3	
THYROLAR-1	2	
THYROLAR-1/2	2	
THYROLAR-1/4	2	
THYROLAR-2	2	
THYROLAR-3	2	
<i>unithroid</i>	1	
<b>Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal)</b>		
<i>dexamethasone</i>	1	
MILLIPRED	3	
<i>prednisolone</i>	1	
STERAPRED	3	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
GENOTROPIN	3	PA
GENOTROPIN MINIQUICK	3	PA
HUMATROPE	3	PA
<i>minirin</i>	1	
NORDITROPIN CARTRIDGE	3	PA
NORDITROPIN NORDIFLEX PEN	3	PA
NUTROPIN	3	PA
NUTROPIN AQ	3	PA
NUTROPIN AQ PEN	3	PA
SAIZEN	3	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
ANDROGEL PUMP	3	
ELESTRIN	3	
<i>esterified estrogens/methyltestosterone ds</i>	1	
<i>esterified estrogens/methyltestosterone hs</i>	1	
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT	3	
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT	3	
FIRST-PROGESTERONE VGS 50 COMPOUNDING	3	

Drug Name	Drug Tier	Requirements / Needs
KIT		
FIRST-TESTOSTERONE	2	
FIRST-TESTOSTERONE MC COMPOUNDING KIT	2	
<i>progesterone</i>	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
ARMOUR THYROID	2	
BIO-THROID	3	
<i>nature-throid</i>	1	
<i>thyroid</i>	1	
<i>westhroid</i>	1	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	2	
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
SENSIPAR	2	PA
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline</i>	1	QL
ELIGARD	3	PA
<i>leuprolide acetate</i>	1	
LUPRON 2 WEEK SUPPLY	3	
<i>octreotide acetate</i>	1	PA
SANDOSTATIN	3	PA
SOMAVERT	3	PA LA
<b>Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)</b>		
<i>bicalutamide</i>	1	
CASODEX	2	
<i>flutamide</i>	1	
NILANDRON	3	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
TAPAZOLE	3	
<b>Immunological Agents</b>		
ACTHIB	2	
ACTIMMUNE	3	PA LA
ADACEL	3	
ALFERON N	3	
ARAVA	2	
ATTENUVAX	3	
AVONEX	2	
AZASAN	3	PA
<i>azathioprine</i>	1	PA
AZATHIOPRINE SODIUM	3	PA
BETASERON	2	
BOOSTRIX	3	
CELLCEPT	2	PA
COMVAX	2	
COPAXONE	2	

Drug Name	Drug Tier	Requirements / Needs
CYCLOSPORINE MODIFIED CAPS 50MG	3	PA
<i>cyclosporine modified caps 25mg</i>	1	
<i>cyclosporine modified soln</i>	1	PA
<i>cyclosporine soln</i>	1	
<i>cyclosporine caps</i>	1	PA
DAPTACEL	2	
DECAVAC	3	
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	3	
ENBREL	2	QL
ENBREL SURECLICK	2	QL
ENGERIX-B INJ 10MCG/0.5ML	3	PA
GAMMAGARD LIQUID	2	PA
GARDASIL	3	
<i>gengraf</i>	1	PA
HAVRIX INJ 1440ELU/ML	3	
HIBTITER	3	
HUMIRA	3	QL
HUMIRA PEN	3	QL
HUMIRA PEN-CROHNS DISEASESTARTER	3	QL
IMOVAX RABIES (H.D.C.V.)	3	
IMURAN	3	PA
INFANRIX	3	
INFERGEN	2	
INTRON-A W/DILUENT INJ 10MU	2	PA
INTRON-A W/DILUENT INJ 18MU, 50MU	3	PA
INTRON-A INJ 10MU/0.2ML, 3MU/0.2ML, 5MU/0.2ML, 6000000UNIT/ML	2	PA
INTRON-A INJ 10MU/ML	3	PA
IPOL INACTIVATED IPV	2	
JE-VAX	3	
<i>leflunomide</i>	1	
M-M-R II W/DILUENT 10 DOSE	2	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II W/DILUENT 10 DOSE	3	
<i>methotrexate</i>	1	
<i>mycophenolate mofetil</i>	1	PA
MYFORTIC	3	PA
NEORAL	3	PA
PEDIARIX	3	
PEDVAX HIB	3	
PEG-INTRON	3	PA
PEG-INTRON REDIPEN	3	PA
PEG-INTRON REDIPEN PAK 4	3	PA
PEGASYS	3	PA
POLYGAM S/D	3	PA
PROGRAF CAPS	3	PA
PROQUAD	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Needs</b>
RABAVERT	3	
RAPAMUNE	2	PA
REBIF	3	PA
REBIF TITRATION PACK	3	PA
RECOMBIVAX HB INJ 40MCG/ML	2	
RECOMBIVAX HB INJ 10MCG/ML	2	PA
REMICADE	3	PA
RHEUMATREX	3	
RIDAURA	2	
ROTATEQ	3	
SANDIMMUNE CAPS, SOLN	3	PA
TETANUS TOXOID ADSORBED	3	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	3	
THYMOGLOBULIN	3	PA
TREXALL	3	PA
TRIHIBIT	3	
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	3	
VAQTA	2	
VARIVAX	2	
VIVAGLOBIN	3	PA
VIVOTIF BERNA	3	
YF-VAX	3	
ZOSTAVAX	3	
<b>Inflammatory Bowel Disease Agents</b>		
APRISO	3	PA
ASACOL	2	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide disodium</i>	1	
CANASA	2	
COLAZAL	3	
<i>colocort</i>	1	
CORTENEMA	3	
ENTOCORT EC	3	QL
<i>hydrocortisone</i>	1	
LIALDA	3	PA
<i>mesalamine</i>	1	
PENTASA	3	
ROWASA	3	
<i>sulfasalazine</i>	1	
<i>sulfazine</i>	1	
<i>sulfazine ec</i>	1	
<b>Metabolic Bone Disease Agents</b>		
ACTONEL	3	QL
ACTONEL WITH CALCIUM	3	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Needs</b>
<i>alendronate sodium</i>	1	QL
BONIVA TABS	3	QL
<i>calcitriol caps, soln</i>	1	
DIDRONEL	3	
<i>etidronate disodium</i>	1	
FORTEO	3	PA
<i>fortical</i>	1	
FOSAMAX PLUS D	2	QL
FOSAMAX SOLN	2	
FOSAMAX TABS 35MG, 40MG, 5MG	2	
HECTOROL CAPS	3	
MIACALCIN	3	
ROCALTROL	3	
SKELID	3	
ZEMPLAR CAPS	3	PA
<b>Miscellaneous Therapeutic Agents</b>		
<i>acid jelly</i>	1	
ADRENALIN	3	
ALCOHOL PREPS	3	
AMICAR	3	
<i>aminobenzoate potassium</i>	1	ND
<i>aminocaproic acid</i>	1	
<i>anagrelide hydrochloride</i>	1	PA
ANALPRAM-HC	2	
ANAMANTLE HC	3	
ANAMANTLE HC FORTE	3	
<i>anucort-hc</i>	1	
ARCALYST	3	PA
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	3	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	3	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	
BD ULTRA-FINE ORIGINAL PEN NEEDLES/29G X 12.7MM	3	
BRAVELLE	3	QL PA ND
CAFCIT	3	PA
CARNITOR SOLN, TABS	3	
CAVERJECT	3	QL
CAVERJECT IMPULSE	3	QL
CETROTIDE	3	PA ND
<i>chorionic gonadotropin</i>	1	QL PA
CIALIS	3	QL
CIMZIA	3	PA
CLOMID	3	ND
<i>clomiphene citrate</i>	1	ND
CURITY GAUZE PADS 2"X2"	3	
<i>dextrose 10% flex container</i>	1	PA
<i>dextrose 5%</i>	1	PA

Drug Name	Drug Tier	Requirements / Needs
DRISDOL	3	ND
EDEX	3	QL
EPIPEN	2	
EPIPEN-JR	2	
FEM PH	3	
FOLLISTIM AQ	3	QL PA ND
GANIRELIX ACETATE	3	PA ND
GONAL-F	2	QL PA ND
GONAL-F RFF	2	QL PA ND
GONAL-F RFF PEN	2	QL PA ND
<i>hemorrhoidal-hc</i>	1	
<i>hemril-30</i>	1	
<i>hydrocortisone acetate</i>	1	
INTRALIPID INJ 1.7%; 30%	3	
<i>isoxsuprine hcl</i>	1	
LEVITRA	3	QL
<i>levocarnitine soln, tabs</i>	1	
<i>lidazone hc</i>	1	
<i>lidocaine hcl/hydrocortisone acetate</i>	1	
LUSONAL	3	
LUVERIS	3	QL PA ND
MENOPUR	3	QL PA ND
MEPHYTON	2	
MIFEPREX	3	QL
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/25G X 1.25"	2	
MONOJECT HYPODERMIC NEEDLE 25GX1" REGULAR BEVEL	2	
MONOJECT HYPODERMIC NEEDLE 25GX5/8" REGULAR BEVEL	2	
MONOJECT HYPODERMIC NEEDLE 26GX1/2" INTERMEDIATE BEVEL	2	
MONOJECT HYPODERMIC NEEDLE 27GX1/2" REGULAR BEVEL	2	
MONOJECT HYPODERMIC NEEDLE 30GX3/4" REGULAR BEVEL	2	
MONOJECT INSUIN SYRINGE REGULAR LUER TIP/SOFTPACK/1ML	2	
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1/2ML/29G X 1/2"	2	
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	2	
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/3/10ML/29G X 1/2"	2	
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	2	
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	

Drug Name	Drug Tier	Requirements / Needs
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	2	
MOZOBIL	3	PA
MUSE	3	QL
NASOP12	3	
NORINYL 1+50	2	
<i>novarel</i>	1	QL PA
OMNIFLEX DIAPHRAGM	3	
ONTAK	3	PA
ORTHO DIAPHRAGM COIL SPRING KIT 100	3	
ORTHO DIAPHRAGM COIL SPRING KIT 105	3	
ORTHO DIAPHRAGM COIL SPRING KIT 50	3	
ORTHO DIAPHRAGM FLAT SPRING KIT 55	3	
ORTHO DIAPHRAGM FLAT SPRING KIT 60	3	
ORTHO DIAPHRAGM FLAT SPRING KIT 65	3	
ORTHO DIAPHRAGM FLAT SPRING KIT 70	3	
ORTHO DIAPHRAGM FLAT SPRING KIT 75	3	
ORTHO DIAPHRAGM FLAT SPRING KIT 80	3	
ORTHO DIAPHRAGM FLAT SPRING KIT 85	3	
ORTHO DIAPHRAGM FLAT SPRING KIT 90	3	
ORTHO DIAPHRAGM FLAT SPRING KIT 95	3	
ORTHO TRI-CYCLEN	3	
ORTHO-NOVUM 1/35-28	3	
OVIDREL	2	QL PA ND
<i>papaverine hcl cr</i>	1	
<i>para-time</i>	1	
<i>pentopak</i>	1	
<i>pentoxifylline er</i>	1	
<i>pentoxil</i>	1	
POTABA	2	ND
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	1	QL PA
PRENTIF CAVITY-RIM CERVICAL CAP	3	
PROCTOFOAM HC	2	
PROMACTA	3	PA
RELAGARD	3	
REPRONEX	2	QL PA ND
SARAFEM	3	PA
SELFEMRA	3	PA
<i>serophene</i>	1	ND
SOMATULINE DEPOT	3	PA
SYNAREL	2	
TRENTAL	3	
<i>urelief plus</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Needs</b>
URETRON D/S	3	
<i>urin d/s</i>	1	
<i>uritact ds</i>	1	
<i>urogesic-blue</i>	1	
UROQID #2	3	
UTA	3	
VIAGRA	3	QL
<i>vitamin d</i>	1	ND
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	3	
XENAZINE	3	PA
XENICAL	3	PA
<i>yohimbine hcl</i>	1	
<b>Ophthalmic Agents</b>		
<i>acetazolamide</i>	1	
ACULAR	3	
ACULAR LS	3	
<i>ak-con</i>	1	
<i>ak-dilate</i>	1	
<i>ak-pentolate</i>	1	
<i>ak-poly-bac</i>	1	
<i>ak-tob</i>	1	
<i>akorn balanced salt solution</i>	1	
ALAMAST	3	
ALCAINE	3	
ALOCRIIL	3	
ALOMIDE	3	
ALPHAGAN P	2	
ALREX	2	
<i>altafrin</i>	1	
<i>atropine sulfate</i>	1	
<i>atropine-care</i>	1	
AZASITE	3	
AZOPT	3	
<i>bac /poly /neomy /hc</i>	1	
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
<i>balanced salt solution</i>	1	
BETAGAN	3	
BETAGAN WITHOUT C CAP	3	
BETAXOLOL HCL	3	
BETIMOL	2	

Drug Name	Drug Tier	Requirements / Needs
BETOPTIC-S	2	
BLEPH-10	3	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
<i>brimonidine tartrate</i>	1	
<i>carteolol hcl</i>	1	
CILOXAN OINT	2	
CILOXAN SOLN	3	
COMBIGAN	3	
COSOPT	3	
CROLOM	3	
<i>cromolyn sodium</i>	1	
CYCLOGYL	3	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl</i>	1	
<i>cylate</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>dexasol</i>	1	
<i>dexasporin</i>	1	
<i>diclofenac sodium</i>	1	
<i>dipivefrin hcl</i>	1	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	
DUREZOL	3	
ELESTAT	3	
EMADINE	3	
FLAREX	3	
<i>fluor-op</i>	1	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
FML LIQUIFILM	3	
<i>genoptic</i>	1	
<i>gentak</i>	1	
<i>gentasol</i>	1	
<i>homatropaire</i>	1	
IOPIDINE	2	
ISOPTO ATROPINE	3	
ISOPTO CARBACHOL	2	
ISOPTO CARPINE	3	
ISOPTO HOMATROPINE	3	
ISOPTO HYOSCINE	2	
ISTALOL	3	
LACRISERT	3	
<i>levobunolol hcl</i>	1	
LOTEMAX	3	
LUMIGAN	3	

Drug Name	Drug Tier	Requirements / Needs
MAXIDEX	2	
MAXITROL	3	
<i>methazolamide</i>	1	
<i>metipranolol</i>	1	
MUROCOLL-2	3	
MYDFRIN	3	
<i>mydral</i>	1	
MYDRIACYL	3	
<i>naphazoline hcl</i>	1	
NATACYN	2	
<i>neocin</i>	1	
<i>neocin-pg</i>	1	
<i>neofrin</i>	1	
<i>neomycin /polymyxin /dexamethasone</i>	1	
<i>neomycin /polymyxin /gramicidin</i>	1	
<i>neomycin /polymyxin /hydrocortisone</i>	1	
NEOSPORIN	3	
NEVANAC	3	
OCUFEN	3	
OCUFLOX	3	
<i>ocusulf-10</i>	1	
OPTIPRANOLOL	3	
OPTIVAR	3	
<i>parcaine</i>	1	
PATADAY	3	
PATANOL	3	
<i>phenoptic</i>	1	
<i>phenylephrine hcl</i>	1	
PHOSPHOLINE IODIDE	3	
<i>pilocar</i>	1	
<i>pilocarpine hcl</i>	1	
PILOPINE HS	2	
<i>piloptic-1</i>	1	
<i>piloptic-1/2</i>	1	
<i>piloptic-2</i>	1	
<i>piloptic-3</i>	1	
<i>piloptic-4</i>	1	
<i>piloptic-6</i>	1	
<i>poly-dex</i>	1	
POLY-PRED	3	
<i>polycin b</i>	1	
POLYTRIM	3	
PRED FORTE	3	
PRED MILD	3	
PRED-G	2	
PRED-G S.O.P.	2	
<i>prednisolone acetate</i>	1	
PREDNISOLONE SODIUM PHOSPHATE	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Needs</b>
<i>proparacaine hcl</i>	1	
PROPINE	3	
RESTASIS	2	PA
<i>romycin</i>	1	
<i>sodium sulfacetamide</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
<i>timolol maleate</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	3	
TIMOPTIC-XE	3	
TOBRADEX OINT	2	
TOBRADEX SUSP	3	
<i>tobramycin /dexamethasone</i>	1	
<i>tobrasol</i>	1	
TOBREX OINT	2	
TOBREX SOLN	3	
TRAVATAN	2	
TRAVATAN Z	2	
<i>trifluridine</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
<i>triple antibiotic</i>	1	
<i>tropicacyl</i>	1	
<i>tropicamide</i>	1	
TRUSOPT	3	
VEXOL	2	
VIGAMOX	3	QL
VIROPTIC	3	
VOLTAREN	3	
XALATAN	2	
XIBROM	3	
ZYLET	3	
<b>Otic Agents</b>		
<i>acetazol hc soln 2%; 1%</i>	1	
<i>acetic acid</i>	1	
<i>acetic acid/aluminum acetate</i>	1	
<i>aero otic hc</i>	1	
<i>antipyrine /benzocaine</i>	1	
<i>aurodex</i>	1	
<i>auroguard</i>	1	
<i>balagan</i>	1	
<i>borofair</i>	1	
CIPRO HC	2	
CIPRODEX	3	
COLY-MYCIN S	3	
CORTANE-B AQUEOUS	3	
CORTANE-B-OTIC	3	
<i>cortic-nd</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Needs</b>
CORTISPORIN	3	
CORTISPORIN-TC	3	
<i>cortomycin</i>	1	
CRESYLATE	3	
<i>cyotic</i>	1	
DERMOTIC	3	
<i>exotic-hc</i>	1	
FLOXIN OTIC	3	
FLOXIN OTIC SINGLES	3	
<i>genexotic-hc</i>	1	
<i>neomycin /polymyxin /hc</i>	1	
<i>neomycin /polymyxin /hydrocortisone soln</i>	1	
NEOTIC	3	
<i>otirx</i>	1	
<i>otomar</i>	1	
PEDIOTIC	3	
PRAMOTIC	3	
<i>pro-otic</i>	1	
<i>uni-otic</i>	1	
ZINOTIC	3	
<b>Respiratory Tract Agents</b>		
ACCOLATE	3	QL
ACCUNEB	3	
<i>acetylcysteine</i>	1	
ADVAIR DISKUS	2	
ADVAIR HFA	2	
AEROBID	3	
AEROBID-M	3	
AEROHIST	3	
AEROKID	3	ND
AH-CHEW II	3	ND
AH-CHEW SUSP	3	ND
<i>ah-chew chew</i>	1	ND
ALACOL DM	3	ND
<i>albuterol sulfate</i>	1	
<i>albuterol sulfate er</i>	1	
ALLEGRA-D 24 HOUR	3	QL
ALLEGRA SUSP	3	QL
ALLERSCRIPT	3	ND
ALVESCO	3	
<i>amdry-c</i>	1	ND
<i>amdry-d</i>	1	ND
<i>aminophylline tabs</i>	1	
ANAPLEX DMX	3	ND
<i>andehist dm nr</i>	1	ND
<i>andehist nr</i>	1	ND
ARALAST	3	PA LA
ASMANEX 120 METERED DOSES	3	

Drug Name	Drug Tier	Requirements / Needs
ASMANEX 14 METERED DOSES	3	
ASMANEX 30 METERED DOSES	3	
ASMANEX 60 METERED DOSES	3	
ASTELIN	3	
ASTEPRO	3	
ATROVENT	3	
ATROVENT HFA	2	
AZMACORT	3	
BALTUSSIN	3	ND
BECONASE AQ	3	
<i>benzonatate</i>	1	
BETATAN	3	ND
<i>betavent</i>	1	ND
<i>bidhist-d</i>	1	ND
<i>bpm</i>	1	
<i>bpm pseudo</i>	1	ND
BRETHINE TABS	3	
BROMFED	3	ND
<i>bromfed dm</i>	1	ND
<i>bromhist pdx</i>	1	ND
<i>bromhist pediatric</i>	1	ND
<i>bromhist-dm</i>	1	ND
<i>bromhist-dm pediatric</i>	1	ND
<i>bromhist-nr</i>	1	ND
<i>bromhist-pdx</i>	1	ND
<i>bromplex dm</i>	1	ND
BRONCAP	3	
BRONCODUR	3	
BRONCOMAR-1	3	
BRONCOPECTOL	3	ND
BRONDIL	3	
BRONTEX	3	ND
BRONTUSS SF	3	ND
BROVANA	3	PA
<i>c-tanna 12</i>	1	ND
CARBAPHEN 12	3	ND
CARBAPHEN 12 PED	3	ND
<i>carbinoxamine maleate</i>	1	
<i>carbodex dm</i>	1	ND
<i>carbofed dm</i>	1	ND
<i>cheratussin ac</i>	1	ND
<i>chlor-mes d</i>	1	ND
<i>chlordex gp</i>	1	ND
<i>chlorpheniramine /phenyltoloxamine /phenylephrine</i>	1	ND
<i>chlorpheniramine /pseudoephedrine</i>	1	ND
<i>chlorpheniramine/pseudoephedrine cr</i>	1	ND
CLARINEX	3	QL
CLARINEX REDITABS TBDP 2.5MG	3	QL

Drug Name	Drug Tier	Requirements / Needs
CLARINEX-D 12 HOUR	3	QL
CLARINEX-D 24 HOUR	3	QL
<i>clemastine fumarate tabs</i>	1	
<i>coldamine</i>	1	ND
<i>coldcough pd</i>	1	ND
<i>coldec dm</i>	1	ND
COMBIVENT	2	
COMHIST	3	ND
<i>copd</i>	1	
<i>corfen-dm</i>	1	ND
<i>cpm 8/pe 20/msc 1.25</i>	1	ND
<i>crantex</i>	1	ND
<i>cromolyn sodium</i>	1	
<i>cyproheptadine hcl</i>	1	
<i>dacex-dm</i>	1	ND
DALLERGY	3	ND
DALLERGY JR	3	ND
DALLERGY-JR	3	ND
<i>de-chlor dm</i>	1	ND
<i>de-chlor dr</i>	1	ND
<i>decon dm</i>	1	ND
DECON-A	3	ND
DECON-G	3	ND
<i>dehistine</i>	1	ND
DELTUSS DMX	3	ND
DESPEC DM	3	ND
DESPEC LIQD 4MG/ML; 20MG/ML; 20MG/ML	3	ND
<i>despec liqd 100mg/5ml; 5mg/5ml</i>	1	ND
<i>dex pc</i>	1	ND
<i>dexchlorpheniramine maleate</i>	1	
<i>dg 200</i>	1	
DIFIL-G	3	
<i>difil-g forte</i>	1	
<i>diphenhydramine hcl caps</i>	1	
<i>diphenhydramine hcl inj</i>	1	PA
DONATUSSIN	3	ND
<i>drysec</i>	1	ND
<i>duradryl</i>	1	ND
DURAFU	3	ND
DURATUSS DM	3	ND
<i>dy-g</i>	1	
DYLIX	3	
<i>dynatuss ex</i>	1	ND
<i>dyphylline-gg</i>	1	
DYTAN	3	
DYTAN-CS	3	ND
<i>dytuss</i>	1	
ED A-HIST	3	ND

Drug Name	Drug Tier	Requirements / Needs
ED DM	3	ND
<i>ed-a-hist dm</i>	1	ND
ED-BRON G	3	
ED-CHLOR-TAN	3	
ELIXOPHYLLIN	3	
<i>endacof-pd</i>	1	ND
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
EXTENDRYL SR	3	ND
<i>fexofenadine hcl</i>	2	QL
FLONASE	3	
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	
<i>flunisolide</i>	1	
<i>fluticasone propionate</i>	1	
FORADIL AEROLIZER	2	
<i>g/p</i>	1	ND
<i>gandidin nr</i>	1	
<i>gani-tuss dm nr</i>	1	ND
<i>gani-tuss nr</i>	1	ND
<i>genantuss</i>	1	ND
<i>genebrom dm</i>	1	ND
<i>genebronco-d</i>	1	ND
<i>genedel</i>	1	ND
<i>genedotuss-dm</i>	1	ND
GENELAN	3	ND
GENEPATUSS	3	ND
<i>genetuss</i>	1	ND
<i>genetuss-2</i>	1	ND
GENEXPECT DM	3	ND
GENEXPECT-PE	3	ND
GENEXPECT-SF	3	ND
<i>gfn 1200/dm 60</i>	1	ND
GFN 550/PSE 60	3	ND
GILTUSS	3	ND
GILTUSS PED-C	3	ND
GILTUSS PEDIATRIC	3	ND
GILTUSS TR	3	ND
<i>guaifenesin /phenylephrine</i>	1	ND
<i>guaifenesin nr</i>	1	
<i>guaifenesin/codeine phosphate</i>	1	ND
<i>guiadex dm</i>	1	ND
<i>histacol dm</i>	1	ND
<i>ht-tuss dm</i>	1	ND
<i>hydrocodone /homatropine</i>	1	
<i>hydromet</i>	1	
<i>hydroxyzine hcl syrp, tabs</i>	1	
<i>hydroxyzine pamoate</i>	1	

Drug Name	Drug Tier	Requirements / Needs
HYPER-SAL	3	
INTAL INHALER	3	
<i>iophen c-nr</i>	1	ND
<i>iophen dm-nr</i>	1	ND
<i>iophen-nr</i>	1	
<i>ipratropium bromide</i>	1	
<i>ipratropium bromide/albuterol sulfate</i>	1	
<i>jay-phyl</i>	1	
<i>k-tan</i>	1	ND
<i>kgs-pe</i>	1	ND
LARTUS	3	ND
LEMOHIST PLUS	3	ND
LETAIRIS	3	PA
<i>liquibid</i>	1	
LODRANE	3	ND
LODRANE 12 HOUR	3	
LODRANE 12D	3	ND
LODRANE 24	3	
LODRANE D	3	ND
<i>lohist-12</i>	1	
<i>lohist-12d</i>	1	ND
<i>lohist-d</i>	1	ND
LUFYLLIN	3	
LUFYLLIN-GG	3	
<i>m-end dm</i>	1	ND
MAXAIR AUTOHALER	2	
<i>meclizine hcl</i>	1	
METAPROTERENOL SULFATE TABS	3	
<i>metaproterenol sulfate syrup</i>	1	
<i>mintuss dr</i>	1	ND
NALEX-A	3	ND
<i>nalex-a 12</i>	1	ND
NASACORT AQ	3	
NASONEX	2	
NEOTUSS-D	3	ND
NOREL DM	3	ND
<i>norel sd</i>	1	ND
NOREL SR	3	ND
<i>nortuss-de</i>	1	ND
<i>nortuss-ex</i>	1	ND
<i>novagest expectorant/codeine</i>	1	ND
OMNARIS	3	
OMNIHIST II LA	3	ND
<i>organ-i nr</i>	1	
ORGANIDIN NR LIQD	3	
<i>organidin nr tabs</i>	1	
<i>p chlor gg</i>	1	ND
PALGIC	3	

Drug Name	Drug Tier	Requirements / Needs
PANATUSS DXP	3	ND
PANATUSS DXP PEDIATRIC	3	ND
PATANASE	3	
<i>pcm</i>	1	ND
<i>pcm la</i>	1	ND
<i>pdm gg</i>	1	ND
<i>pediahist dm</i>	1	ND
PERFOROMIST	3	PA
PHANASIN	3	
<i>phenabid</i>	1	ND
PHENABID DM	3	ND
<i>phencarb gg</i>	1	ND
PHENYDEX	3	ND
PHENYDEX PEDIATRIC LIQD 5MG/5ML; 50MG/5ML; 2.5MG/5ML	3	ND
<i>phenydex pediatric liqd 50mg/ml; 5mg/ml</i>	1	ND
<i>phenylephrine /cpmm /methscopalamine</i>	1	ND
<i>phenylephrine cm</i>	1	ND
<i>pre-hist d</i>	1	ND
<i>pro-tannate pediatric</i>	1	ND
PROAIR HFA	2	
PROLEX DM	3	ND
<i>promethazine /codeine</i>	1	ND
<i>promethazine /dextromethorphan</i>	1	ND
PROTID	3	ND
PROVENTIL HFA	3	
<i>pse bpm</i>	1	ND
<i>pse brom dm</i>	1	ND
<i>pseudo cm</i>	1	ND
<i>pseudoephedrine /guaifenesin</i>	1	ND
<i>pseudoephedrine/chlorpheniramine/methscopalamine sr</i>	1	ND
<i>pulexn dm</i>	1	ND
PULMICORT	3	
PULMICORT FLEXHALER	2	
QUIBRON 300	3	
QVAR	2	
<i>r-tanna pediatric</i>	1	ND
<i>r-tannamine pediatric</i>	1	ND
REMODULIN	3	PA
RESCON-JR	3	ND
RESCON-MX	3	ND
RESPA DM	3	ND
RESPA-1ST	3	ND
RESPA-A.R.	3	ND
RESPA-PE	3	ND
<i>respahist</i>	1	ND
REVATIO	3	PA
RHINOCORT AQUA	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Needs</b>
<i>romilar ac</i>	1	ND
<i>rondex</i>	2	ND
<i>rondex-dm</i>	2	ND
RU-TUSS DM	3	ND
RYNA-12	3	ND
RYNA-12 S	3	ND
RYNA-12X	3	ND
RYNATAN	3	ND
RYNATAN PEDIATRIC	3	ND
RYNATUSS	3	ND
SEMPREX-D	2	
SEREVENT DISKUS	2	
<i>sildec</i>	1	ND
<i>sildec dm</i>	1	ND
SINA-12X	3	ND
SINGULAIR	2	
SINUTUSS DM	3	ND
SINUVENT PE	3	ND
<i>sodium chloride dey-pak</i>	1	
SPIRIVA HANDIHALER	3	
<i>su-tuss dm</i>	1	ND
<i>suclor</i>	1	ND
<i>sudatrate</i>	1	ND
<i>sudatuss dm</i>	1	ND
<i>sudatuss-2</i>	1	ND
<i>sudatuss-sf</i>	1	ND
<i>supress-dx pediatric</i>	1	ND
SUTTAR-2	3	ND
SUTTAR-SF	3	ND
SYMBICORT	3	
<i>tannic-12 s</i>	1	ND
<i>tannihist-12 rf</i>	1	ND
<i>terbutaline sulfate tabs</i>	1	
TESSALON	3	
TESSALON PERLES	3	
THEO-24	2	
<i>theochron</i>	1	
<i>theophylline cr</i>	1	
<i>theophylline er tb12</i>	1	
<i>theophylline td</i>	1	
TRACLEER	2	PA LA
TRIKOF-D	3	ND
<i>triotann pediatric</i>	1	ND
<i>triotann-s pediatric</i>	1	ND
TRISPEC DMX	3	ND
TRISPEC DMX PEDIATRIC	3	ND
TRISPEC PSE	3	ND
TRISPEC PSE PEDIATRIC	3	ND

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Needs</b>
TRISPEC SFX	3	ND
<i>trital dm</i>	1	ND
TRITUSS	3	ND
TUSNEL	3	ND
TUSNEL PED-C	3	ND
TUSNEL PEDIATRIC	3	ND
TUSNEL-DM PEDIATRIC	3	ND
TUSS-DA NR	3	ND
<i>tussafed</i>	1	ND
<i>tussafed ex</i>	1	ND
TUSSALL	3	ND
TUSSALL-ER	3	ND
TUSSI-12	3	ND
TUSSI-12 S	3	ND
TUSSI-12D	3	ND
TUSSI-12D S	3	ND
TUSSI-PRES	3	ND
TUSSI-PRES PEDIATRIC	3	ND
TUSSIONEX PENNKINETIC EXTENDED RELEASE	2	ND
TUSSIREX	3	ND
<i>tussizone-12 rf</i>	1	ND
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
<i>uni-hist</i>	1	ND
<i>uni-hist pdx</i>	1	ND
UNIPHYL	2	
VAZOL	3	
VENTOLIN HFA	3	
VERAMYST	3	
VIRATAN-DM CHEW	3	ND
<i>viratan-dm susp</i>	1	ND
VISTARIL	3	
VOSPIRE ER	3	
<i>we allergy</i>	1	ND
<i>xiratuss</i>	1	ND
XOLAIR	3	PA LA
XOPENEX	3	
XOPENEX CONCENTRATE	3	PA
XOPENEX HFA	3	PA
XYZAL	3	QL PA
YODEFAN	3	
YODEFAN-NF	3	
ZOTEX	3	ND
ZOTEX -GP	3	ND
ZOTEX PEDIATRIC	3	ND
ZOTEX-G	3	ND
ZYFLO CR	3	QL
<b>Sedatives/Hypnotics</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Needs</b>
AMBIEN CR	3	QL PA
AMBIEN TABS 5MG	2	QL
BUTISOL SODIUM	2	ND
<i>estazolam</i>	1	QL ND
<i>flurazepam hcl</i>	1	ND
HALCION	3	PA ND
LUNESTA	3	PA
<i>midazolam hcl</i>	1	ND
RESTORIL	3	ND
ROZEREM	3	PA
SECONAL	2	ND
SOMNOTE	3	
SONATA	3	QL
<i>temazepam</i>	1	ND
<i>triazolam</i>	1	ND
<i>zaleplon</i>	1	QL
<i>zolpidem tartrate</i>	1	QL
<b>Skeletal Muscle Relaxants</b>		
AMRIX	3	PA
<i>carisoprodol</i>	1	
<i>carisoprodol /aspirin</i>	1	
<i>carisoprodol /aspirin /codeine</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
FEXMID	3	
FLEXERIL	3	
<i>methocarbamol</i>	1	
<i>orphenadrine /asa /caffeine</i>	1	
<i>orphenadrine citrate er</i>	1	
ORPHENADRINE COMPOUND DS	3	
PARAFON FORTE DSC	3	
ROBAXIN TABS	3	
SKELAXIN	3	
<b>Therapeutic Nutrients/Minerals/ Electrolytes</b>		
AMINESS	3	
<i>dextrose 10%/nacl 0.2%</i>	1	PA
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	PA
<i>dextrose 5%/nacl 0.2%</i>	1	PA
<i>ed k+10</i>	1	
K-TABS	3	
<i>kaon-cl-10</i>	1	
KCL 0.3%/D5W/LR IV LAC RING	3	PA
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
KLOR-CON M15	3	
<i>klor-con m20</i>	1	
<i>lactated ringer's viaflex</i>	1	PA
<i>leucovorin calcium inj</i>	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Needs</b>
LEUCOVORIN CALCIUM TABS 10MG, 15MG	3	
<i>leucovorin calcium tabs 25mg, 5mg</i>	1	
OSMOPREP	3	
<i>potassium chloride cr</i>	1	
<i>potassium chloride er</i>	1	
<i>potassium chloride inj 0.4meq/ml, 10meq/50ml</i>	1	PA
<i>potassium citrate extended-release</i>	1	
PRENATABS OBN	3	
<i>sodium chloride 0.9%</i>	1	
<i>sodium chloride inj 0.9%, 5%</i>	1	PA
SODIUM FLUORIDE	3	
<i>tpn electrolytes ftv</i>	1	PA
UROCIT-K 10	3	
UROCIT-K 5	3	
<b>Therapeutic Nutrients/Minerals/Electrolytes</b>		
CALOMIST	3	PA ND
EFFER-K TBEF 0.84GM; 1GM, 1.68GM; 2GM	3	
<i>effer-k tbe 25meq</i>	1	
<i>effervescent pot chloride</i>	1	
<i>effervescent potassium/chloride</i>	1	
FLUORABON	3	
<i>fluoritab</i>	1	
<i>flura-drops</i>	1	
<i>folic acid</i>	1	ND
IODINE STRONG	3	ND
<i>k-effervescent</i>	1	
K-PHOS	2	ND
K-PHOS NEUTRAL	2	ND
<i>k-vescent</i>	1	
<i>karidium</i>	1	
<i>klor-con</i>	1	
KLOR-CON 25	3	
<i>klor-con m10</i>	1	
<i>klor-con/ef</i>	1	
<i>lozi-flur</i>	1	
LURIDE	3	
MICRO-K	3	
NASCOBAL	3	PA ND
<i>phospha 250 neutral</i>	1	ND
<i>potassium bicarbonate</i>	1	
<i>potassium chloride</i>	1	
<i>potassium chloride cr</i>	1	
<i>potassium chloride er</i>	1	
<i>sodium fluoride</i>	1	
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