

Fallon Senior Plan Enhanced Rx

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.

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What is the Fallon Senior Plan Enhanced Rx 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 Senior Plan, please visit our Web site at www.fchp.org/Seniors/OnlineDrugFormulary 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 42. 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.

You can ask Fallon Community Health Plan to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Fallon Senior Plan Enhanced Rx formulary?" on page ii for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that Fallon Senior Plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Fallon Senior Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Fallon Senior Plan.
- You can ask Fallon Community Health Plan 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 Fallon Senior Plan Enhanced Rx Formulary?

You can ask Fallon Community Health Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Fallon Senior Plan may limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in the highest tier subject to the tiering exceptions process tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in a lower tier subject to the tiering exceptions process 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.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you are a new member who has been on a medication that is not on our formulary or needs a prior authorization, Fallon Community Health Plan ensures that you will be able to receive a 30-day supply of this medication within the first 90 days of your membership, as of your effective date of coverage. However, this 30-day supply will be considered a "transitional supply" of the medication. You will need to either have your provider prescribe a medication that is on our formulary or request a formulary exception.

When you pick up your prescription, the pharmacist may tell you that the prescription is a transitional supply. Within three business days, you will receive a notice from Fallon Community Health Plan confirming that you received a transitional supply. You also will receive information about how to work with your prescribing

provider and Fallon Community Health Plan to identify alternative medications that are on our formulary, an explanation of your right to request a formulary exception (that is, prior authorization approval to continue with the current medication), and the procedures for requesting a formulary exception.

If the pharmacist fills your transitional supply of medication for less than the prescribed amount (due to a plan limitation such as a quantity limit), Fallon Community Health Plan will allow refills of this medication up to the prescribed amount while you are pursuing a formulary exception.

Copayment amounts for transitional supplies are based on approved cost-sharing tiers and are consistent with cost-sharing amounts that Fallon Community Health Plan charges for non-formulary drugs approved under a coverage exception. If you receive extra help for your Medicare prescription drug coverage, the copayments for transitional supplies of medication will not exceed the current statutory maximum copayment amounts.

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.

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.

Fallon Senior Plan Enhanced Rx **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 42.

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 Community Health 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 / Limits
Analgesics		
<i>acetaminophen/codeine #3</i>	1	
<i>acetaminophen/codeine #4</i>	1	
<i>acetaminophen/codeine tabs</i>	1	
<i>buprenorphine hcl</i>	1	PA
<i>butorphanol tartrate soln</i>	1	PA
<i>co-gesic</i>	1	
DARVON	3	
DARVON-N	3	
DEMEROL TABS	3	
DILAUDID-5	3	
DILAUDID TABS	3	
DOLOPHINE	3	
DOLOPHINE HCL	3	
DURAGESIC	3	
<i>endocet tabs 325mg; 5mg</i>	1	
<i>fentanyl</i>	1	
<i>fentanyl citrate</i>	1	PA
<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>hydromorphone hcl tabs</i>	1	
<i>ibu</i>	1	
<i>ibuprofen</i>	1	
<i>levorphanol tartrate</i>	1	
<i>meperidine hcl soln, tabs</i>	1	
METHADONE HCL SOLN	3	
<i>methadone hcl conc, tabs</i>	1	
<i>methadose</i>	1	
<i>morphine sulfate er</i>	1	
<i>morphine sulfate tabs</i>	1	
<i>morphine sulfate inj 1mg/ml, 5mg/ml</i>	1	PA
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i>	1	
<i>oxycodone /acetaminophen caps</i>	1	
<i>oxycodone /acetaminophen tabs 325mg; 2.5mg, 325mg; 5mg</i>	1	
<i>oxycodone /apap</i>	1	
<i>oxycodone /aspirin</i>	1	
<i>oxycodone /ibuprofen</i>	1	
<i>oxycodone hcl er</i>	1	QL PA
OXYCODONE HCL TABS 10MG, 20MG	3	
<i>oxycodone hcl tabs 15mg, 30mg, 5mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone-apap</i>	1	
OXYCONTIN TB12 40MG	3	QL PA
<i>oxycontin tb12 40mg</i>	1	QL PA
OXYCONTIN TB12 10MG, 15MG, 20MG, 30MG, 60MG, 80MG	3	QL PA
<i>pentazocine /acetaminophen</i>	1	
<i>pentazocine/naloxone hcl</i>	1	
<i>propoxyphene hcl</i>	1	
ROXICET SOLN	3	
<i>roxicet tabs 325mg; 5mg</i>	1	
ROXICODONE	3	
SUBOXONE	3	PA
SUBUTEX	3	PA
TALWIN NX	3	
<i>tramadol hcl</i>	1	
<i>tramadol hydrochloride/acetaminophen</i>	1	
TYLENOL/CODEINE #3	3	
TYLENOL/CODEINE #4	3	
<i>vanacet</i>	1	
<i>vicodin hp</i>	1	
VOLTAREN GEL	3	
Anesthetics		
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	
Anti-inflammatory Agents		
CELEBREX	2	PA
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium ec</i>	1	
<i>diclofenac sodium xr</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>fenoprofen calcium</i>	1	
<i>flurbiprofen</i>	1	
<i>indomethacin</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen</i>	1	
<i>ketoprofen er</i>	1	
<i>meclofenamate sodium</i>	1	
MELOXICAM SUSP	3	

Drug Name	Drug Tier	Requirements / Limits
<i>meloxicam tabs</i>	1	
<i>nabumetone</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium caps</i>	1	
Antibacterials		
AKNE-MYCIN	2	
<i>amikacin sulfate inj 250mg/ml</i>	1	PA
<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
AVELOX ABC PACK	2	
AVELOX TABS	2	
AZACTAM IN DEXTROSE	3	PA
<i>azithromycin susr, tabs</i>	1	
<i>azithromycin inj</i>	1	PA
BACTROBAN	3	
<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	
<i>ceftriaxone sodium inj 500mg</i>	1	PA
<i>cefuroxime axetil</i>	1	
<i>cephalexin caps, susr</i>	1	
CIPRO I.V.-IN D5W	3	PA
CIPRO SUSR	2	
<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 SUPP	3	
CLEOCIN CAPS 75MG	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate add-vantage</i>	1	PA
<i>colistimethate sodium</i>	1	PA
CORTISPORIN	3	
CUBICIN	3	PA
<i>dicloxacillin sodium</i>	1	
<i>doxy-caps</i>	1	
<i>doxycycline hyclate caps, tabs</i>	1	
<i>doxycycline hyclate inj 100mg</i>	1	PA
<i>doxycycline monohydrate susr</i>	1	
<i>doxycycline monohydrate tabs 50mg, 75mg</i>	1	
<i>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 /sulfoxazole</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
FLAGYL ER	3	
FURADANTIN	2	
GANTRISIN PEDIATRIC	3	
<i>gentamicin sulfate crea, external oint, ophthalmic oint, ophthalmic soln</i>	1	
<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	
<i>metronidazole</i>	1	
<i>metronidazole vaginal</i>	1	
<i>minocycline hcl</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>nitrofurantoin monohydrate</i>	1	
NORITATE	3	
NOROXIN	3	
<i>ofloxacin</i>	1	
OMNICEF CAPS	3	
ORACEA	3	PA
<i>paromomycin sulfate</i>	1	
<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	
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>sodium sulfacetamide</i>	1	
<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	
TOBI	3	
<i>tobramycin sulfate soln</i>	1	
<i>trimethoprim</i>	1	
<i>trimox</i>	1	
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	
<i>veetids</i>	1	
XIFAXAN	3	QL
ZITHROMAX SUSR 100MG/5ML	3	
ZMAX	3	QL
ZYMAR	3	QL
ZYVOX	3	PA
Anticonvulsants		
BANZEL	3	PA
<i>carbamazepine</i>	1	
<i>carbamazepine er</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CARBATROL	3	
CELONTIN	3	
<i>clonazepam</i>	1	ND
DEPACON	3	
DEPAKENE SYRP	3	
DEPAKOTE	2	
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	
GABITRIL	3	
KEPPRA ORAL SOLN, TABS	3	
KEPPRA INJ	3	PA
LAMICTAL	3	
LAMICTAL CHEWABLE DISPERSIBLE	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	2	
LAMICTAL STARTER/TAKING VALPROATE	2	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
LYRICA	3	PA
MEBARAL	3	ND
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	
TEGRETOL-XR	2	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
<i>topiramate</i>	1	
TRILEPTAL SUSP	3	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
VIMPAT TABS	3	PA
<i>zonisamide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
Antidementia Agents		
ARICEPT	2	
ARICEPT ODT	2	
<i>ergoloid mesylates</i>	1	
<i>galantamine hydrobromide</i>	1	
NAMENDA	2	
NAMENDA TITRATION PAK	2	
Antidepressants		
<i>amitriptyline hcl</i>	1	
AMOXAPINE	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	
<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	
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	
<i>maprotiline hcl</i>	1	
MARPLAN	2	
<i>mirtazapine</i>	1	
<i>mirtazapine odt</i>	1	
NARDIL	2	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl</i>	1	
PARNATE	3	
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
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
<i>sertraline hcl</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>trimipramine maleate</i>	1	
<i>venlafaxine hcl</i>	1	
Antidotes, Deterrents, and Toxicologic Agents		
ANTABUSE	2	
CAMPRAL	3	PA
CHANTIX	3	
CUPRIMINE	3	
<i>depade</i>	1	
<i>kionex</i>	1	
<i>naltrexone hcl</i>	1	
NICOTROL INHALER	3	PA
<i>sodium polystyrene sulfonate</i>	1	
SUBOXONE	3	PA
Antiemetics		
<i>compro</i>	1	
<i>dronabinol</i>	1	PA
EMEND	3	PA
<i>granisetron hcl tabs</i>	1	PA
<i>granisol</i>	1	PA
<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	
TIGAN CAPS	3	
TRANSDERM-SCOP	2	QL
<i>trimethobenzamide hcl caps</i>	1	
Antifungals		
CANCIDAS	3	PA
<i>ciclopirox</i>	1	
<i>ciclopirox nail lacquer</i>	1	PA
<i>ciclopirox olamine</i>	1	
<i>clotrimazole</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>fluconazole tabs 150mg, 200mg</i>	1	QL
GRIFULVIN V	2	
GRIS-PEG	3	
<i>griseofulvin microsize</i>	1	
<i>itraconazole</i>	1	PA
<i>ketoconazole</i>	1	
<i>kuric</i>	1	
LAMISIL SOLN	3	
LOPROX	3	
LOPROX SHAMPOO	2	
LOTRISONE	3	
<i>miconazole 3</i>	1	
MYCOSTATIN	3	
NAFTIN	3	
NIZORAL	3	
<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	
<i>terbinafine hcl</i>	1	
<i>terconazole</i>	1	
VFEND	3	PA
XOLEGEL	3	
<i>zazole</i>	1	
Antigout Agents		
<i>allopurinol</i>	1	
<i>colchicine</i>	1	
<i>probenecid</i>	1	
<i>probenecid/colchicine</i>	1	
ZYLOPRIM	3	
Antimigraine Agents		
<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
D.H.E. 45	3	
<i>dihydroergotamine mesylate</i>	1	
<i>divalproex sodium</i>	1	
ERGOMAR	2	
MIGRANAL	3	
<i>propranolol hcl tabs</i>	1	
RELPAK	2	QL
<i>sumatriptan succinate tabs</i>	2	QL PA
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL PA

Drug Name	Drug Tier	Requirements / Limits
<i>timolol maleate</i>	1	
ZOMIG	3	QL
ZOMIG ZMT	3	QL
Antimyasthenic Agents		
<i>bethanechol chloride</i>	1	
GUANIDINE HCL	3	
MESTINON TIMESPAN	2	
MESTINON SYRP	2	
MESTINON TABS	3	
MYTELASE	2	
<i>pyridostigmine bromide</i>	1	
Antimycobacterials		
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	
Antineoplastics		
AFINITOR	3	PA
ARIMIDEX	2	
AROMASIN	3	
AVASTIN	2	
<i>bleomycin sulfate</i>	1	PA
CAMPATH	3	PA
CEENU	3	
CYCLOPHOSPHAMIDE TABS	3	
ELITEK	3	PA
EMCYT	2	
FARESTON	3	
FASLODEX	2	PA
FEMARA	3	
GLEEVEC	2	
HERCEPTIN	2	PA
HEXALEN	3	
HYDREA	3	
<i>hydroxyurea</i>	1	

Drug Name	Drug Tier	Requirements / Limits
IRESSA	3	
LEUKERAN	2	
MATULANE	2	
<i>mercaptopurine</i>	1	
MESNEX TABS	3	
<i>mitoxantrone hcl</i>	1	PA
NEXAVAR	2	PA LA
PANRETIN	3	
PROLEUKIN	3	PA
PURINETHOL	3	
REVLIMID	3	PA LA
RITUXAN	2	PA
SPRYCEL	3	PA
SUTENT	2	PA
TABLOID	3	
<i>tamoxifen citrate</i>	1	
TARCEVA	2	PA
TARGRETIN	2	
TASIGNA	3	PA
THALOMID	2	PA
<i>tretinoin</i>	1	
TRISENOX	3	PA
TYKERB	3	PA LA
VELCADE	3	PA
VESANOID	3	
VIDAZA	3	PA
ZOLINZA	3	PA
Antiparasitics		
<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	
<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	
OVIDE	3	

Drug Name	Drug Tier	Requirements / Limits
<i>permethrin</i>	1	
PLAQUENIL	3	
PRIMAQUINE PHOSPHATE	3	
STROMECTOL	3	
Antiparkinson Agents		
<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 odt</i>	1	
<i>carbidopa/levodopa sr</i>	1	
COMTAN	2	
LODOSYN	3	
MIRAPEX	3	
PARLODEL	3	
<i>ropinirole hcl</i>	1	
<i>selegiline hcl caps</i>	1	
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
Antipsychotics		
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	
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	

Drug Name	Drug Tier	Requirements / Limits
MOBAN	2	
ORAP	2	
<i>perphenazine</i>	1	
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	3	
RISPERDAL M-TAB	3	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	
Antispasticity Agents		
<i>baclofen</i>	1	
<i>dantrolene sodium</i>	1	
<i>tizanidine hcl</i>	1	
Antivirals		
<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	
EPZICOM	3	
<i>famciclovir</i>	1	
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
RESCRIPTOR	2	
RETROVIR	3	

Drug Name	Drug Tier	Requirements / Limits
RETROVIR IV INFUSION	2	
REYATAZ	3	
<i>ribasphere</i>	1	PA
<i>ribavirin caps</i>	1	PA
<i>ribavirin tabs 200mg</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	3	
VIRACEPT	2	
VIRAMUNE	2	
VIRAZOLE	3	
VIREAD	2	
ZERIT	3	
ZIAGEN	2	
<i>zidovudine</i>	1	
ZOVIRAX CREA, OINT	3	
Anxiolytics		
<i>alprazolam</i>	1	ND
<i>alprazolam er</i>	1	QL ND
ALPRAZOLAM INTENSOL	3	ND
<i>buspirone hcl</i>	1	
<i>chlordiazepoxide hcl</i>	1	ND
<i>clorazepate dipotassium</i>	1	ND
<i>diazepam</i>	1	ND
<i>lorazepam</i>	1	ND
<i>meprobamate</i>	1	
<i>oxazepam</i>	1	ND
Bipolar Agents		
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	2	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate caps</i>	1	
<i>lithium citrate</i>	1	
SYMBYAX	3	
Blood Glucose Regulators		
<i>acarbose</i>	1	QL
ACTOPLUS MET	2	
ACTOS	2	
AMARYL	3	
APIDRA	3	

Drug Name	Drug Tier	Requirements / Limits
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 HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
GLUCOPHAGE	3	
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 MIX 50/50	3	
HUMALOG MIX 50/50 PEN	3	PA
HUMALOG MIX 75/25	3	
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 SOLOSTAR	3	PA
LEVEMIR	3	
LEVEMIR FLEXPEN	3	PA
METAGLIP	3	

Drug Name	Drug Tier	Requirements / Limits
<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
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 60	3	PA
<i>tolazamide</i>	1	
TOLBUTAMIDE	3	
Blood Products/Modifiers/ Volume Expanders		
AGGRENOX	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 TABS 75MG	2	
PROCRIT	2	PA
<i>ticlopidine hcl</i>	1	
<i>warfarin sodium</i>	1	
Cardiovascular Agents		
ACCUPRIL	3	QL

Drug Name	Drug Tier	Requirements / Limits
ACCURETIC	3	QL
<i>acebutolol hcl</i>	1	
ACEON	3	
<i>acetazolamide</i>	1	
ADALAT CC	3	QL
<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	
<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	
<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	
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-TTS-1	3	
CATAPRES-TTS-2	3	
CATAPRES-TTS-3	3	
<i>chlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>chlorthalidone</i>	1	
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>clonidine hcl</i>	1	
COLESTID	3	
<i>colestipol hcl</i>	1	
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 180mg</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	
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>flecainide acetate</i>	1	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>furosemide tabs</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>furosemide inj</i>	1	PA
FUROSEMIDE ORAL SOLN 8MG/ML	3	
<i>furosemide oral soln 10mg/ml</i>	1	
<i>gemfibrozil</i>	1	
<i>guanfacine hcl</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	
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	
<i>lisinopril</i>	1	QL
<i>lisinopril /hydrochlorothiazide</i>	1	
LOPRESSOR HCT	3	
LOPRESSOR TABS	3	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	3	
<i>lovastatin</i>	1	
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	

Drug Name	Drug Tier	Requirements / Limits
<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>nitroglycerin transdermal</i>	1	
<i>nitroglycerin pt24</i>	1	
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	3	
NORPACE CR CP12 100MG	2	
NORVASC	3	QL
PACERONE TABS 100MG, 300MG	3	
<i>pacerone tabs 200mg</i>	1	
<i>pindolol</i>	1	
<i>pravastatin sodium</i>	1	QL
<i>prazosin hcl</i>	1	
<i>prevalite</i>	1	
PRINIVIL	3	
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

Drug Name	Drug Tier	Requirements / Limits
<i>quinaretic</i>	1	QL
<i>quinidine gluconate cr</i>	1	
<i>quinidine sulfate</i>	1	
QUINIDINE SULFATE ER	3	
<i>ramipril</i>	1	
RANEXA	2	PA
RESERPINE	3	
RYTHMOL SR	3	
SECTRAL	3	
<i>simvastatin</i>	1	QL
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone /hydrochlorothiazide</i>	1	
TARKA	3	
<i>taztia xt</i>	1	
TEKTURNA	3	PA
TENORETIC 100	3	
TENORETIC 50	3	
TENORMIN	3	
TEVETEN	3	
TEVETEN HCT	3	
THALITONE	3	
TIAZAC	3	
TIKOSYN	3	
TIMOLIDE 10/25	3	
TOPROL XL	3	
<i>torse mide</i>	1	
TRANDATE	3	
<i>trandolapril</i>	1	
<i>triamterene /hydrochlorothiazide</i>	1	
TRICOR	3	
TRIGLIDE TABS 160MG	3	
UNIRETIC	3	
UNIVASC	3	
VASERETIC	3	
VENTAVIS	3	PA LA
<i>verapamil hcl er</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	

Drug Name	Drug Tier	Requirements / Limits
ZIAC	3	
Central Nervous System Agents		
ADDERALL	3	
ADDERALL XR	3	QL
<i>amphetamine salt combo</i>	1	
CONCERTA	3	QL
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 CPCR 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	
<i>methylphenidate hcl sr</i>	1	
PROVIGIL	2	QL PA
RILUTEK	2	
RITALIN	3	
RITALIN LA	3	
RITALIN SR	3	
STRATTERA	3	PA
XYREM	3	LA
Dental and Oral Agents		
APHTHASOL	3	
<i>chlorhexidine gluconate oral rinse</i>	1	
EVOXAC	3	
PERIDEX ORAL RINSE	3	
<i>periogard</i>	1	
<i>pilocarpine hcl</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone in orabase</i>	1	
Dermatological Agents		
ALDARA	3	
<i>ammonium lactate</i>	1	
<i>amnesteem</i>	1	
<i>avita</i>	1	
AZELEX	3	
<i>calcipotriene</i>	1	
CARAC	3	
<i>claravis</i>	1	
CLINDAGEL	3	
<i>clindamycin phosphate</i>	1	
CONDYLOX	3	

Drug Name	Drug Tier	Requirements / Limits
DIFFERIN	2	
DOVONEX CREA	2	
EFUDEX SOLN	3	
<i>erythromycin/benzoyl peroxide</i>	1	
FINACEA	3	
FLUOROPLEX	3	
<i>fluorouracil</i>	1	
LAC-HYDRIN	3	
<i>laclotion</i>	1	
OXSORALEN ULTRA	2	
<i>podofilox</i>	1	
PROTOPIC	2	
REGRANEX	3	PA
RETIN-A MICRO	3	
SANTYL	2	
SORIATANE CK	2	
<i>sotret</i>	1	
<i>tretinoin</i>	1	
Enzyme Replacements/ Modifiers		
ADAGEN	3	PA
ALDURAZYME	3	PA LA
BUPHENYL TABS	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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
Gastrointestinal Agents		
ACIPHEX	3	QL PA
ACTIGALL	3	
BENTYL CAPS, SYRP, TABS	3	
CANTIL	3	
CARAFATE SUSP	3	
<i>cimetidine</i>	1	
<i>cimetidine hcl soln</i>	1	
COLYTE	3	
<i>constulose</i>	1	
<i>dicyclomine hcl caps, soln, tabs</i>	1	
DIPENTUM	2	
<i>diphenoxylate/atropine</i>	1	
<i>enulose</i>	1	
<i>famotidine tabs 40mg</i>	1	
GASTROCROM	3	
<i>gavilyte-g</i>	1	
<i>glycopyrrolate tabs</i>	1	
GOLYTELY	3	
HALFLYTELY BOWEL PREP	3	
KRISTALOSE	2	
<i>lactulose</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 I.V. INJ 20MG	3	PA
NEXIUM CPDR	3	QL PA
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>peg 3350/electrolytes</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PEPCID SUSR	3	
<i>polyethylene glycol 3350</i>	1	
PREVACID	3	
PREVACID SOLUTAB	3	
PRILOSEC CPDR 10MG, 40MG	3	QL PA
PROPANTHELINE BROMIDE	3	
<i>ranitidine hcl caps, syr, tabs</i>	1	
ROBINUL FORTE	3	
ROBINUL TABS	3	
<i>sucralfate</i>	1	
<i>trilyte</i>	1	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	
VISICOL	3	
Genitourinary Agents		
AVODART	2	
<i>calcium acetate</i>	1	
CARDURA	3	QL
CARDURA XL	3	QL
CLINDESSE	3	
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
LITHOSTAT	3	
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er</i>	1	
PHOSLO	3	
PROSCAR	3	QL
REVELA	2	
SANCTURA	3	
SANCTURA XR	3	
<i>terazosin hcl</i>	1	
THIOLA	3	
URECHOLINE	3	
UROXATRAL	3	QL
VESICARE	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACLOVATE	3	
<i>ala-cort</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ALA-SCALP	3	
<i>alclometasone dipropionate</i>	1	
AMCINONIDE OINT	3	
<i>amcinonide crea, lotn</i>	1	
ANUSOL-HC	3	
<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	

Drug Name	Drug Tier	Requirements / Limits
HALOG	2	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone in absorbbase</i>	1	
<i>hydrocortisone valerate</i>	1	
<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	
PREDNISONO INTENSOL	3	
PREDNISONO SOLN	3	
PREDNISONO 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	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
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

Drug Name	Drug Tier	Requirements / Limits
METHERGINE	3	
SAIZEN	3	PA LA
SAIZEN CLICK.EASY	3	PA LA
STIMATE	3	
TEV-TROPIN	2	PA LA
ZORBTIVE	3	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
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	

Drug Name	Drug Tier	Requirements / Limits
<i>estropipate</i>	1	
ESTROSTEP FE	3	
EVISTA	2	QL
FEMHRT 1/5	3	
FEMHRT LOW DOSE	3	
FEMRING	3	
FEMTRACE	3	
GYNODIOL TABS 1.5MG	3	
<i>gynodiol tabs 0.5mg, 1mg, 2mg</i>	1	
<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>lutera</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	

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>tri-sprintec</i>	1	
<i>trinessa</i>	1	
<i>trivora-28</i>	1	
VAGIFEM	3	
<i>velivet</i>	1	
VIVELLE-DOT	3	QL
YASMIN 28	3	
YAZ	3	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
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	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR	2	PA
Hormonal Agents, Suppressant (Pituitary)		
<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
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)		
<i>bicalutamide</i>	1	
CASODEX	2	
<i>flutamide</i>	1	
NILANDRON	3	
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
TAPAZOLE	3	
Immunological Agents		
ACTHIB	2	
ACTIMMUNE	3	PA LA

Drug Name	Drug Tier	Requirements / Limits
ADACEL	3	
ALFERON N	3	
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	
<i>cyclosporine</i>	1	PA
CYCLOSPORINE MODIFIED CAPS 50MG	3	PA
<i>cyclosporine modified soln</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-CROHNS DISEASESTARTER	3	QL
IMOVAX RABIES (H.D.C.V.)	3	
IMURAN	3	PA
INFANRIX	3	
INFERGEN	2	
INTRON-A	2	PA
INTRON-A W/DILUENT	2	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

Drug Name	Drug Tier	Requirements / Limits
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	
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	
VIVOTIF BERNA	3	
YF-VAX	3	
ZOSTAVAX	3	
Inflammatory Bowel Disease Agents		
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	
<i>mesalamine</i>	1	
PENTASA	3	
ROWASA	3	
<i>sulfasalazine</i>	1	
<i>sulfazine</i>	1	
<i>sulfazine ec</i>	1	

Drug Name	Drug Tier	Requirements / Limits
Metabolic Bone Disease Agents		
ACTONEL	3	QL
ACTONEL WITH CALCIUM	3	QL
<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	
HECTOROL CAPS	3	
MIACALCIN	3	
ROCALTROL	3	
SKELID	3	
ZEMPLAR CAPS	3	PA
Miscellaneous Therapeutic Agents		
ALCOHOL PREPS	3	
<i>anagrelide hydrochloride</i>	1	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	
CARNITOR SOLN, TABS	3	
CURITY GAUZE PADS 2"X2"	3	
<i>dextrose 10% flex container</i>	1	PA
<i>dextrose 5%</i>	1	PA
INTRALIPID INJ 1.7%; 30%	3	
<i>levocarnitine soln, tabs</i>	1	
ONTAK	3	PA
<i>pentopak</i>	1	
<i>pentoxifylline er</i>	1	
<i>pentoxil</i>	1	
TRENTAL	3	
Ophthalmic Agents		
<i>acetazolamide</i>	1	
ACULAR	3	
ACULAR LS	3	
<i>ak-con</i>	1	
<i>ak-poly-bac</i>	1	
<i>ak-tob</i>	1	
ALAMAST	3	
ALCAINE	3	
ALOCRIIL	3	
ALOMIDE	3	

Drug Name	Drug Tier	Requirements / Limits
ALPHAGAN P	2	
ALREX	2	
AZASITE	3	
AZOPT	3	
<i>bac /poly /neomy /hc</i>	1	
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
BETAGAN	3	
BETAGAN WITHOUT C CAP	3	
BETAXOLOL HCL	3	
BETIMOL	2	
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	
<i>dexamethasone sodium phosphate</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	
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	
IOPIDINE	2	
ISTALOL	3	
LACRISERT	3	
<i>levobunolol hcl</i>	1	
LOTEMAX	3	
LUMIGAN	3	
MAXIDEX	2	

Drug Name	Drug Tier	Requirements / Limits
MAXITROL	3	
<i>methazolamide</i>	1	
<i>metipranolol</i>	1	
<i>mydral</i>	1	
MYDRIACYL	3	
<i>naphazoline hcl</i>	1	
NATACYN	2	
<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	
<i>ofloxacin</i>	1	
OPTIPRANOLOL	3	
<i>parcaine</i>	1	
PATANOL	3	
PHOSPHOLINE IODIDE	3	
PILOPINE HS	2	
<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	
<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	
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 Z	2	
<i>trifluridine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>trimethoprim sulfate/polymyxin b sulfate</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	
Otic Agents		
<i>acetazol hc</i>	1	
<i>acetic acid</i>	1	
<i>borofair</i>	1	
CIPRO HC	2	
CIPRODEX	3	
COLY-MYCIN S	3	
CORTISPORIN	3	
CORTISPORIN-TC	3	
<i>cortomycin</i>	1	
DERMOTIC	3	
FLOXIN OTIC	3	
<i>neomycin /polymyxin /hc</i>	1	
<i>neomycin /polymyxin /hydrocortisone</i>	1	
PEDIOTIC	3	
Respiratory Tract Agents		
ACCOLATE	3	QL
ACCUNEB	3	
<i>acetylcysteine</i>	1	
ADVAIR DISKUS	2	
ADVAIR HFA	2	
AEROBID-M	3	
<i>albuterol sulfate</i>	1	
<i>albuterol sulfate er</i>	1	
<i>aminophylline tabs</i>	1	
ARALAST	3	PA LA
ASMANEX 120 METERED DOSES	3	
ASMANEX 14 METERED DOSES	3	
ASMANEX 30 METERED DOSES	3	
ASMANEX 60 METERED DOSES	3	
ASTELIN	3	
ATROVENT	3	
ATROVENT HFA	2	
AZMACORT	3	
BRETHINE TABS	3	
<i>carbinoxamine maleate</i>	1	
<i>clemastine fumarate tabs</i>	1	

Drug Name	Drug Tier	Requirements / Limits
COMBIVENT	2	
<i>cromolyn sodium</i>	1	
<i>cyproheptadine hcl</i>	1	
<i>diphenhydramine hcl caps</i>	1	
<i>diphenhydramine hcl inj</i>	1	PA
ELIXOPHYLLIN	3	
EIPEN 2-PAK	2	
EIPEN-JR 2-PAK	2	
<i>fexofenadine hcl</i>	2	QL
FLOVENT HFA	2	
<i>flunisolide</i>	1	
<i>fluticasone propionate</i>	1	
FORADIL AEROLIZER	2	
<i>hydroxyzine hcl syrp, tabs</i>	1	
<i>hydroxyzine pamoate</i>	1	
INTAL INHALER	3	
<i>ipratropium bromide</i>	1	
<i>ipratropium bromide/albuterol sulfate</i>	1	
LUFYLLIN	3	
<i>meclizine hcl</i>	1	
METAPROTERENOL SULFATE TABS	3	
<i>metaproterenol sulfate syrp</i>	1	
NASONEX	2	
PALGIC	3	
PROAIR HFA	2	
PROVENTIL HFA	3	
PULMICORT	3	
PULMICORT FLEXHALER	2	
QVAR	2	
REVATIO	3	PA
SEREVENT DISKUS	2	
SINGULAIR	2	
SPIRIVA HANDIHALER	3	
SYMBICORT	3	
<i>terbutaline sulfate tabs</i>	1	
THEO-24	2	
<i>theochron</i>	1	
<i>theophylline cr</i>	1	
<i>theophylline er tb12</i>	1	
TRACLEER	2	PA LA
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
VENTOLIN HFA	3	
VOSPIRE ER	3	
XOLAIR	3	PA LA
XOPENEX	3	
XOPENEX HFA	3	PA
ZYFLO CR	3	QL

Drug Name	Drug Tier	Requirements / Limits
Sedatives/Hypnotics		
BUTISOL SODIUM	2	ND
<i>estazolam</i>	1	QL ND
<i>flurazepam hcl</i>	1	ND
<i>midazolam hcl</i>	1	ND
ROZEREM	3	PA
<i>temazepam</i>	1	ND
<i>triazolam</i>	1	ND
<i>zaleplon</i>	1	QL
<i>zolpidem tartrate</i>	1	QL
Skeletal Muscle Relaxants		
<i>carisoprodol</i>	1	
<i>carisoprodol /aspirin</i>	1	
<i>carisoprodol /aspirin /codeine</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
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	
SKELAXIN	3	
Therapeutic Nutrients/Minerals/ Electrolytes		
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
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

Drug Name	Drug Tier	Requirements / Limits
SODIUM FLUORIDE	3	
<i>tpn electrolytes ftv</i>	1	PA
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UROCIT-K 5	3	

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<i>acetaminophen/codeine #4</i>	2
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KETEK	5
<i>ketoconazole</i>	10
<i>ketoprofen</i>	3
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<i>kionex</i>	9
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<i>metoprolol /hydrochlorothiazide</i>	20
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