



# Arkansas BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

## **Medi-Pak Advantage (PFFS)**

### **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.

H4213\_ADV\_Formulary\_2010  
(9/20/2009)

Last Updated August 27, 2010

## **What is the Medi-Pak Advantage (PFFS) Formulary?**

A formulary is a list of covered drugs selected by Medi-Pak Advantage (PFFS) 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. Medi-Pak Advantage (PFFS) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Medi-Pak Advantage (PFFS) 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, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of August 27, 2010. To get updated information about the drugs covered by Medi-Pak Advantage (PFFS), please visit our Web site at [arkansasbluecross.com](http://arkansasbluecross.com) or call Member Services at (866) 494-6699, 24 hours a day/7 days a week. TTY/TDD users should call (866) 236-1069. This document will include an errata sheet in the event of mid-year non-maintenance formulary changes.

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

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

### **Medical Condition**

The formulary begins on page 7. 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". If you know what your drug is used for, look for the category name in the list that begins on page 7. 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 49. 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?**

Medi-Pak Advantage (PFFS) 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:** Medi-Pak Advantage (PFFS) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Medi-Pak Advantage (PFFS) before you fill your prescriptions. If you don't get approval, Medi-Pak Advantage (PFFS) may not cover the drug.
- **Quantity Limits:** For certain drugs, Medi-Pak Advantage (PFFS) limits the amount of the drug that Medi-Pak Advantage (PFFS) will cover. For example, Medi-Pak Advantage (PFFS) provides 9 tablets per prescription for certain doses of Imitrex. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Medi-Pak Advantage (PFFS) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Medi-Pak Advantage (PFFS) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medi-Pak Advantage (PFFS) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [arkansasbluecross.com](http://arkansasbluecross.com).

You can ask Medi-Pak Advantage (PFFS) to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Medi-Pak Advantage (PFFS) formulary?" on page 4 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 Member Services and confirm that your drug is not covered. If you learn that Medi-Pak Advantage (PFFS) does not cover your drug, you have two options:

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

You can ask Medi-Pak Advantage (PFFS) 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, Medi-Pak Advantage (PFFS) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty tier.

Generally, Medi-Pak Advantage (PFFS) 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.

## **For more information**

For more detailed information about your Medi-Pak Advantage (PFFS) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Medi-Pak Advantage (PFFS), please call Member Services at (866) 494-6699, 24 hours a day/7 days a week. TTY/TDD users should call (866) 236-1069. Or visit [arkansasbluecross.com](http://arkansasbluecross.com).

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

## **Medi-Pak Advantage's (PFFS) Formulary**

The formulary that begins on the next page provides coverage information about some of the

drugs covered by Medi-Pak Advantage (PFFS). If you have trouble finding your drug in the list, turn to the Index that begins on page 49.

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 Notes column tells you if Medi-Pak Advantage (PFFS) has any special requirements for coverage of your drug.

## List of Abbreviations

**Tier 1** = Generic

**Tier 2** = Preferred Brand

**Tier 3** = Non-Preferred Brand

**Tier 4** = Specialty

**QL:** Quantity Limit. For certain drugs, Medi-Pak Advantage (PFFS) limits the amount of the drug that Medi-Pak Advantage (PFFS) will cover. For example, Medi-Pak Advantage (PFFS) provides 9 tablets per prescription for certain doses of Imitrex. This may be in addition to a standard one month or three month supply.

**ST:** Step Therapy. In some cases, Medi-Pak Advantage (PFFS) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Medi-Pak Advantage (PFFS) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medi-Pak Advantage (PFFS) will then cover Drug B.

**PA:** Prior Authorization. Medi-Pak Advantage (PFFS) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Medi-Pak Advantage (PFFS) before you fill your prescriptions. If you don't get approval, Medi-Pak Advantage (PFFS) may not cover the drug.

**LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at (866) 494-6699, 24 hours a day/7 days a week. TTY/TDD users should call (866) 236-1069.

Drug	Tier	Notes
<b>ANALGESICS</b>		
<b>COX-2 INHIBITORS</b>		
CELEBREX	2	PA
<b>GOUT</b>		
allopurinol	1	
allopurinol sodium	1	
ALOPRIM	3	
colchicine w/ probenecid	1	
probenecid	1	
ULORIC	3	
ZYLOPRIM	3	
<b>MISCELLANEOUS</b>		
ARTHROTEC 50	3	
ARTHROTEC 75	3	
nalbuphine hcl	1	
PREVACID NAPRAPAC	3	
<b>NARCOTIC ANALGESICS</b>		
acetaminophen w/ codeine	1	
acetaminophen-caff-dihydrocod	1	
butalbital-acetaminophen-caffeine w/ codeine	1	
butalbital-aspirin-caffeine w/cod	1	
butorphanol tartrate 10mg/ml	1	QL (9 / 25 days)
butorphanol tartrate 1mg/ml, 2mg/ml	1	
CAPITAL/CODEINE	3	
DARVOCET A500	3	
DARVOCET-N 100	3	
DARVOCET-N 50	3	
DARVON	3	
DARVON-N	3	
EQUAGESIC	3	
FIORICET/CODEINE	3	
FIORINAL/CODEINE #3	3	
HYCET	3	
hydrocodone-acetaminophen	1	
hydrocodone-ibuprofen	1	
LORCET 10/650	3	
LORCET PLUS	3	
LORTAB	3	
LORTAB 10	3	
LORTAB 5	3	
LORTAB 7.5	3	
MAXIDONE	3	
NORCO	3	
PANLOR DC	3	
PANLOR SS	3	

Drug	Tier	Notes
pentazocine w/ apap	1	
pentazocine w/ naloxone	1	
propoxyphene hcl	1	
propoxyphene hcl w/ apap	1	
propoxyphene-n w/ apap	1	
REPREXAIN	3	
STADOL	3	
SYNALGOS-DC	3	
TALACEN	3	
TALWIN	3	
TALWIN NX	3	
TYLENOL/CODEINE #3	3	
TYLENOL/CODEINE #4	3	
VICODIN	3	
VICODIN ES	3	
VICOPROFEN	3	
XODOL	3	
ZAMICET	3	
ZYDONE	3	

#### NARCOTIC ANALGESICS, CII

ACTIQ	4	QL (120 lpop / 25 days), PA
AVINZA	2	QL (60 ea / 25 days)
codeine sulfate	1	
COMBUNOX	3	
DEMEROL	3	
DILAUDID	3	
DILAUDID-5	2	
DILAUDID-HP	3	
DOLOPHINE	3	QL (240 / 25 days)
DOLOPHINE HCL	3	QL (240 / 25 days)
DURAGESIC 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	3	QL (10 ea / 25 days)
DURAGESIC 100mcg/hr	4	QL (10 ea / 25 days)
fentanyl	1	QL (10 ea / 25 days)
fentanyl citrate .05mg/ml	1	
fentanyl citrate 1200mcg, 1600mcg, 200mcg, 400mcg, 600mcg, 800mcg	4	QL (120 lpop / 25 days), PA
FENTORA	4	QL (120 tabs / 25 days), PA
hydromorphone hcl	1	
INFUMORPH 200	3	
INFUMORPH 500	3	
KADIAN	2	QL (60 ea / 25 days)
LEVO DROMORAN	3	
levorphanol tartrate	1	

Drug	Tier	Notes
MAGNACET	3	
meperidine hcl	1	
methadone hcl 10mg, 5mg	1	QL (240 / 25 days)
methadone hcl 10mg/5ml, 10mg/ml, 5mg/5ml	1	
METHADONE HCL 10mg/ml	3	
morphine sulfate .5mg/ml, 15mg, 1mg/ml, 20mg/ml, 30mg, 5mg/ml	1	
morphine sulfate 100mg, 15mg, 30mg, 60mg	1	QL (90 ea / 25 days)
morphine sulfate 200mg	1	QL (60 ea / 25 days)
MORPHINE SULFATE 10mg/5ml, 20mg/5ml	2	
MS CONTIN 100mg, 15mg, 30mg, 60mg	3	QL (90 ea / 25 days)
MS CONTIN 200mg	3	QL (60 ea / 25 days)
NUCYNTA	3	
OPANA	3	
OPANA ER	2	QL (120 ea / 25 days)
ORAMORPH SR	3	QL (90 ea / 25 days)
oxycodone hcl	1	
oxycodone w/ acetaminophen	1	
oxycodone w/ aspirin	1	
oxycodone-ibuprofen	1	
OXYCONTIN	2	QL (120 ea / 25 days)
PERCOCET	3	
PERCODAN	3	
ROXICET	2	
ROXICET	3	
ROXICODONE	3	
TYLOX	3	
<b>NON-NARCOTIC ANALGESICS</b>		
RYZOLT	3	
tramadol hcl	1	
tramadol-acetaminophen	1	
ULTRACET	3	
ULTRAM	3	
ULTRAM ER	3	
<b>NSAIDS</b>		
ANAPROX	3	
ANAPROX DS	3	
CATAFLAM	3	
CLINORIL	3	
DAYPRO	3	
diclofenac potassium	1	
diclofenac sodium	1	
diflunisal	1	
EC-NAPROSYN	3	
etodolac	1	
FELDENE	3	

Drug	Tier	Notes
fenoprofen calcium	1	
flurbiprofen	1	
ibuprofen	1	
INDOCIN	2	
INDOCIN SR	3	
indomethacin	1	
ketoprofen	1	
ketorolac tromethamine 10mg	1	QL (20 / 25 days)
ketorolac tromethamine 15mg/ml, 30mg/ml	1	
meclofenamate sodium	1	
meloxicam	1	
MOBIC	3	
nabumetone	1	
NALFON	3	
NAPRELAN	3	
NAPROSYN	3	
naproxen	1	
naproxen sodium	1	
oxaprozin	1	
piroxicam	1	
PONSTEL	3	
sulindac	1	
tolmetin sodium	1	
VOLTAREN 1%	2	GEL
VOLTAREN 75mg	3	
VOLTAREN-XR	3	
ZIPSOR	3	

## ANESTHETICS

### LOCAL ANESTHETICS

lidocaine hcl (local anesth.)	1	
XYLOCAINE .5%, 1%	3	

## ANTI -INFECTIVES

### ANTIBACTERIALS

ADOXA	3	
ADOXA PAK 1/150	3	
ADOXA PAK 1/75	3	
amikacin sulfate	1	
AMIKIN	3	
amoxicillin	1	
amoxicillin & pot clavulanate	1	
AMOXIL	3	
ampicillin	1	
ampicillin & sulbactam sodium	1	
ampicillin sodium	1	
AUGMENTIN	3	
AUGMENTIN ES-600	3	

Drug	Tier Notes
AUGMENTIN XR	3
AVELOX	2
AVELOX ABC PACK	2
azithromycin	1
BACTOCILL IN DEXTROSE	3
BIAXIN	3
BIAXIN XL	3
BIAXIN XL PAC	3
BICILLIN C-R	2
BICILLIN L-A	2
CEDAX	3
cefaclor	1
cefaclor monohydrate	1
cefadroxil	1
cefazolin sodium 1gm, 20gm, 500mg	1
CEFAZOLIN SODIUM	2
cefdinir	1
cefepime hcl	1
CEFIZOX IN DEXTROSE 5%	3
cefotaxime sodium	1
CEFOTETAN	3
cefoxitin sodium	1
cefpodoxime proxetil	1
cefprozil	1
ceftazidime	1
CEFTIN	3
ceftriaxone sodium	1
CEFTRIAZONE/DEXTROSE	3
cefuroxime axetil	1
cefuroxime sodium	1
CEFUROXIME/DEXTROSE	2
CEFUROXIME/DEXTROSE	3
cephalexin	1
CIPRO 500mg/5ml, 5gm/100ml	2
CIPRO 250mg, 500mg, 750mg	3
CIPRO I.V.-IN D5W	3
ciprofloxacin	1
ciprofloxacin hcl	1
ciprofloxacin-ciprofloxacin hcl	1
CLAFORAN	3
CLAFORAN/D5W	3
clarithromycin	1
DECLOMYCIN	3
demeclocycline hcl	1
dicloxacillin sodium	1
DORYX	3

Drug	Tier Notes
doxycycline (monohydrate)	1
doxycycline hyclate 100mg, 20mg, 50mg	1
DOXYCYCLINE HYCLATE 100mg, 75mg	3
DYNACIN	3
E.E.S. GRANULES	3
ERY-TAB	3
ERYPED 200	3
ERYPED 400	3
ERYTHROCIN LACTOBIONATE	2
erythromycin base	1
erythromycin ethylsuccinate	1
erythromycin stearate	1
FACTIVE	3
FORTAZ	3
GANTRISIN PEDIATRIC	3
gentamicin in saline	1
gentamicin sulfate	1
GENTAMICIN SULFATE/0.9% S	3
kanamycin sulfate	1
KEFLEX	3
KETEK	3
LEVAQUIN	2
MAXIPIME	3
MINOCIN	3
minocycline hcl	1
MONODOX	3
MOXATAG	3
nafcillin sodium	1
NALLPEN/DEXTROSE	3
NEO-FRADIN	3
neomycin sulfate	1
NOROXIN	3
ofloxacin	1
OMNICEF	3
oxacillin sodium	1
paromomycin sulfate	1
PCE	3
penicillin g potassium	1
PENICILLIN G POTASSIUM IN	3
PENICILLIN G PROCAINE	2
penicillin g sodium	1
penicillin v potassium	1
PERIOSTAT	3
PFIZERPEN-G	3
PIPERACILLIN SODIUM	3
piperacillin sodium-tazobactam sodium	1

Drug	Tier	Notes
PROQUIN XR	3	
RANICLOR	3	
ROCEPHIN	3	
ROCEPHIN IN ISO-OSMOTIC D	3	
SOLODYN	3	
SPECTRACEF	3	
streptomycin sulfate	1	
sulfadiazine	1	
SUPRAX	3	
tetracycline hcl	1	
TIMENTIN	3	
tobramycin sulfate	1	
TOBRAMYCIN SULFATE/SODIUM	3	
UNASYN	3	
UNASYN BULK PACK	3	
VANTIN	3	
VIBRAMYCIN	3	
VIBRATAB	3	
ZINACEF	3	
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZMAX	3	
ZOSYN	2	
ZOSYN	3	
ANTI FUNGALS		
ABELCET	3	
AMBISOME	3	
AMPHOTEC	3	
amphotericin b	1	
ANCOBON	2	
CANCIDAS	3	
clotrimazole	1	
DIFLUCAN	3	
DIFLUCAN IN NAACL	3	
ERAXIS	3	
fluconazole	1	
fluconazole in dextrose	1	
GRIFULVIN V	3	
GRIS-PEG	2	
griseofulvin microsize	1	
itraconazole	1	PA
ketoconazole	1	
LAMISIL 125mg, 187.5mg, 250mg	3	PA
MYCAMINE	3	
NOXAFIL	3	

Drug	Tier	Notes
nystatin	1	
SPORANOX 100mg	3	PA
SPORANOX 10mg/ml	3	
SPORANOX PULSEPAK	3	PA
terbinafine hcl	1	PA
VFEND	4	
VFEND IV	4	
<b>ANTIMALARIALS</b>		
ARALEN	3	
chloroquine phosphate	1	
COARTEM	3	
DARAPRIM	2	
FANSIDAR	3	
LARIAM	3	
MALARONE	2	
mefloquine hcl	1	
PRIMAQUINE PHOSPHATE	3	
QUALAQUIN	2	
<b>ANTIRETROVIRAL AGENTS</b>		
APTIVUS	2	
ATRIPLA	4	
COMBIVIR	2	
CRIXIVAN	2	
didanosine	1	
EMTRIVA	2	
EPIVIR	2	
EPZICOM	2	
FUZEON	4	
INTELENCE	2	
INVIRASE	2	
ISENTRESS	4	
KALETRA	2	
LEXIVA	2	
NORVIR	2	
PREZISTA 75mg	2	
PREZISTA 400mg, 600mg	4	
RESCRIPTOR	2	
RETROVIR	3	
RETROVIR IV INFUSION	2	
REYATAZ	2	
SELZENTRY	4	
stavudine	1	
SUSTIVA	2	
TRIZIVIR	2	
TRUVADA	2	
VIDEX	2	

Drug	Tier	Notes
VIDEX EC	3	
VIRACEPT	2	
VIRAMUNE	2	
VIREAD	2	
ZERIT	3	
ZIAGEN	2	
zidovudine	1	
<b>ANTI TUBERCULAR AGENTS</b>		
CAPASTAT SULFATE	3	
ethambutol hcl	1	
isoniazid	1	
isoniazid & rifampin	1	
MYAMBUTOL	3	
MYCOBUTIN	2	
PASER	3	
PRIFTIN	3	
pyrazinamide	1	
RIFADIN	3	
RIFAMATE	3	
rifampin	1	
RIFATER	3	
SEROMYCIN	3	
TRECTOR	3	
<b>ANTIVIRALS</b>		
acyclovir	1	
acyclovir sodium	1	
BARACLUDE	2	
COPEGUS	4	PA
CYTOVENE	2	
EPIVIR HBV	2	
famciclovir	1	
FAMVIR	3	
FLUMADINE	3	
foscarnet sodium	1	
ganciclovir 250mg	1	
ganciclovir 500mg	4	
HEPSERA	4	
REBETOL	4	PA
RELENZA DISKHALER	2	
ribavirin (hepatitis c) 200mg	1	PA; TAB
ribavirin (hepatitis c) 200mg, 400mg, 600mg	4	PA
rimantadine hydrochloride	1	
TAMIFLU	2	
TYZEKA	2	
valacyclovir hcl	1	
VALCYTE	4	

Drug	Tier	Notes
VALTREX	3	
VIRAZOLE	4	
VISTIDE	3	
ZOVIRAX 200mg, 200mg/5ml, 400mg, 800mg	3	
MISCELLANEOUS		
ALBENZA	2	
ALINIA 100mg/5ml	2	QL (180 / 25 days)
ALINIA 500mg	2	QL (12 tabs / 25 days)
AZACTAM	3	
AZACTAM IN DEXTROSE	3	
bacitracin 50000unit	1	
BACITRACIN 50000unit	3	
BACTRIM	3	
BACTRIM DS	3	
BILTRICIDE	3	
chloramphenicol sodium succinate	1	
CLEOCIN 75mg	2	
CLEOCIN 150mg, 300mg	3	
CLEOCIN PEDIATRIC GRANULE	2	
CLEOCIN PHOSPHATE	3	
clindamycin hcl	1	
clindamycin phosphate	1	
colistimethate sodium	1	B/D
COLY-MYCIN M	3	B/D
CUBICIN	4	
dapsone	1	
DORIBAX	4	
erythromycin-sulfisoxazole	1	
FLAGYL	3	
FLAGYL ER	3	
FURADANTIN	3	
HIPREX	3	
INVANZ	2	
LINCOCIN	3	
MACROBID	3	
MACRODANTIN 25mg	2	
MACRODANTIN 100mg, 50mg	3	
mebendazole	1	
MEPRON	3	
MERREM	3	
methenamine hippurate	1	
metronidazole	1	
metronidazole in nacl	1	
MONUROL	3	
NEBUPENT	3	B/D
NEUTREXIN	3	

Drug	Tier	Notes
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd macro	1	
PENTAM 300	3	
polymyxin b sulfate	1	
PRIMAXIN I.M.	2	
PRIMAXIN IV	2	
PRIMSOL	3	
SEPTRA	3	
SEPTRA DS	3	
STROMECTOL	3	
sulfamethoxazole-trimethoprim	1	
SYNERCID	4	
TINDAMAX	2	
trimethoprim	1	
TYGACIL	4	
UREX	3	
VANCOCIN HCL	4	
vancomycin hcl	1	
VANCOMYCIN HCL ISO-OSMOTI	2	
XIFAXAN	3	
ZYVOX	4	

#### ANTI NEOPLASTIC AGENTS

##### ALKYLATING AGENTS

ALKERAN	3	
BICNU	2	
BUSULFEX	2	
CEENU	2	
cyclophosphamide 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE 1gm, 500mg	2	
CYTOXAN	3	
dacarbazine	1	
EMCYT	2	
HEXALEN	4	
IFEX	2	
ifosfamide	1	
LEUKERAN	2	
melphalan hcl	1	
MUSTARGEN	2	
thiotepa	1	
TREANDA	4	
ZANOSAR	3	

##### ANTHRACYCLINES

CERUBIDINE	3	
DAUNORUBICIN HCL	2	
DAUNOXOME	2	
DOXIL	4	

Drug	Tier	Notes
doxorubicin hcl	1	
ELLENC	2	
epirubicin hcl	1	
IDAMYCIN PFS	3	
idarubicin hcl	1	
<b>ANTIBIOTICS</b>		
bleomycin sulfate	1	
COSMEGEN	2	
mitomycin	1	
<b>ANTIMETABOLITES</b>		
ALIMTA	4	
ARRANON	3	
CLOLAR	3	
cytarabine	1	
DACOGEN	3	
FLUOROURACIL	2	
GEMZAR	2	
mercaptopurine	1	
methotrexate sodium 1gm, 25mg/ml	1	
NIPENT	3	
pentostatin	1	
PURINETHOL	3	
TABLOID	2	
VIDAZA	4	
<b>ANTIMITOTIC, TAXOIDS</b>		
ABRAXANE	3	
paclitaxel	1	
TAXOTERE	4	
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
NAVELBINE	3	
VINBLASTINE SULFATE	2	
vincristine sulfate	1	
vinorelbine tartrate	1	
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN	4	
CAMPATH	2	
ERBITUX	3	
HERCEPTIN	4	
ISTODAX	4	
MYLOTARG	3	
ONTAK	2	
PROLEUKIN	4	
RITUXAN	4	PA
TORISEL	4	
VECTIBIX	3	
VELCADE	4	

Drug	Tier	Notes
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
ARIMIDEX	2	
AROMASIN	2	
bicalutamide	1	
CASODEX	3	
DEPO-PROVERA	2	
ELIGARD	3	
FARESTON	2	
FASLODEX	2	
FEMARA	2	
FIRMAGON	3	
flutamide	1	
leuprolide acetate	1	
LUPRON 2 WEEK SUPPLY	3	
LUPRON DEPOT 11.25mg, 3.75mg	2	
LUPRON DEPOT 22.5mg, 30mg, 7.5mg	4	
LUPRON DEPOT-PED	4	
MEGACE ES	2	
MEGACE ORAL	3	
megestrol acetate	1	
NILANDRON	2	
tamoxifen citrate	1	
TRELSTAR DEPOT	2	
TRELSTAR LA	2	
<b>KINASE INHIBITORS</b>		
AFINITOR	4	PA
GLEEVEC	4	
IRESSA	4	
NEXAVAR	4	
SPRYCEL	4	
SUTENT	4	
TARCEVA	4	
TASIGNA	4	
TYKERB	4	
VOTRIENT	4	
<b>MISCELLANEOUS</b>		
DROXIA	2	
ELSPAR	2	
HYDREA	3	
hydroxyurea	1	
irinotecan hcl	1	
IXEMPRA KIT	4	
LYSODREN	2	
MATULANE	2	
mitoxantrone hcl	1	
NOVANTRONE	3	

Drug	Tier	Notes
ONCASPAR	2	
PHOTOFRIN	2	
TARGRETIN 75mg	4	
tretinoin (chemotherapy)	4	CAPS
TRISENOX	2	
UVADEX	3	
ZOLINZA	4	
<b>NUCLEOSIDE ANALOGS</b>		
cladribine	1	
FLUDARA	3	
fludarabine phosphate	1	
LEUSTATIN	3	
<b>PLATINUM COORDINATION COMPLEX</b>		
carboplatin	1	
cisplatin	1	
ELOXATIN	4	
PLATINOL AQ	3	
<b>PROTECTIVE AGENTS</b>		
amifostine crystalline	1	
dexrazoxane	1	
ELITEK	3	
ETHYOL	3	
ifosfamide & mesna	1	
KEPIVANCE	3	
leucovorin calcium	1	
mesna	1	
MESNEX 400mg	2	
MESNEX 100mg/ml	3	
ZINECARD	3	
<b>TOPOISOMERASE INHIBITORS</b>		
CAMPTOSAR	4	
ETOPOPHOS	3	
etoposide	1	
HYCAMTIN	2	
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
ACCURETIC	3	
amlodipine besylate-benazepril hcl	1	
benazepril & hydrochlorothiazide	1	
captopril & hydrochlorothiazide	1	
enalapril maleate & hydrochlorothiazide	1	
fosinopril sodium & hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide	1	
LOTENSIN HCT	3	
LOTREL	2	
LOTREL	3	

Drug	Tier Notes
moexipril-hydrochlorothiazide	1
MONOPRIL HCT	3
PRINZIDE	3
quinapril-hydrochlorothiazide	1
TARKA	3
trandolapril-verapamil hcl	1
UNIRETIC	3
VASERETIC	3
ZESTORETIC	3
<b>ACE INHIBITORS</b>	
ACCUPRIL	3
ACEON	3
ALTACE	3
benazepril hcl	1
CAPOTEN	3
captopril	1
enalapril maleate	1
fosinopril sodium	1
lisinopril	1
LOTENSIN	3
MAVIK	3
moexipril hcl	1
MONOPRIL	3
perindopril erbumine	1
PRINIVIL	3
quinapril hcl	1
ramipril	1
trandolapril	1
UNIVASC	3
VASOTEC	3
ZESTRIL	3
<b>ADRENOLYTICS, CENTRAL</b>	
CATAPRES	3
CATAPRES-TTS-1	3
CATAPRES-TTS-2	3
CATAPRES-TTS-3	3
clonidine hcl	1
guanabenz acetate	1
guanfacine hcl	1
TENEX	3
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>	
ALDACTONE	3
epirenone	1
INSPRA	3
spironolactone	1
<b>ALPHA BLOCKERS</b>	

Drug	Tier	Notes
CARDURA	3	
doxazosin mesylate	1	
MINIPRESS	3	
prazosin hcl	1	
terazosin hcl	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
ATACAND HCT	3	
AVALIDE	2	
AZOR	3	
BENICAR HCT	3	
DIOVAN HCT	2	
EXFORGE	2	
EXFORGE HCT	2	
HYZAAR	3	
losartan potassium & hydrochlorothiazide	1	
MICARDIS HCT	3	
TEVETEN HCT	3	
VALTURNA	2	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
ATACAND	3	
AVAPRO	2	
BENICAR	3	
COZAAR	3	
DIOVAN	2	
losartan potassium	1	
MICARDIS	3	
TEVETEN	3	
<b>ANTIARRHYTHMICS</b>		
amiodarone hcl	1	
BETAPACE	3	
BETAPACE AF	3	
CORDARONE	3	
disopyramide phosphate	1	
flecainide acetate	1	
mexiletine hcl	1	
MULTAQ	2	
NORPACE	3	
NORPACE CR 100mg	2	
NORPACE CR 150mg	3	
PACERONE 100mg, 300mg	2	
PACERONE 400mg	3	
PROCAINAMIDE HCL	3	
propafenone hcl	1	
quinidine gluconate 324mg	1	
QUINIDINE GLUCONATE 80mg/ml	3	
quinidine sulfate	1	

Drug	Tier Notes
RYTHMOL	3
RYTHMOL SR	2
sotalol hcl	1
TAMBOCOR	3
TIKOSYN	2
<b>ANTI LIPEMICS</b>	
ADVICOR	3
ALTOPREV	3
ANTARA	3
cholestyramine	1
cholestyramine light	1
COLESTID	3
colestipol hcl	1
CRESTOR	2
fenofibrate	1
fenofibrate micronized	1
FENOGLIDE	3
gemfibrozil	1
LESCOL	3
LESCOL XL	3
LIPITOR	2
LIPOFEN	3
LIVALO	3
LOFIBRA	3
LOPID	3
lovastatin	1
LOVAZA	3
MEVACOR	3
niacin	1
NIASPAN	2
PRAVACHOL	3
pravastatin sodium	1
QUESTRAN	3
QUESTRAN LIGHT	3
SIMCOR	2
simvastatin	1
TRICOR	2
TRIGLIDE	3
TRILIPIX	2
VYTORIN	3
WELCHOL	2
ZETIA	2
ZOCOR	3
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>	
atenolol & chlorthalidone	1
bisoprolol & hydrochlorothiazide	1

Drug	Tier Notes
CORZIDE	3
LOPRESSOR HCT	3
metoprolol & hydrochlorothiazide	1
nadolol & bendroflumethiazide	1
propranolol & hydrochlorothiazide	1
TENORETIC 100	3
TENORETIC 50	3
ZIAC	3
<b>BETA-BLOCKERS</b>	
acebutolol hcl	1
atenolol	1
betaxolol hcl	1
bisoprolol fumarate	1
BYSTOLIC	2
CARTROL	3
carvedilol	1
COREG	3
COREG CR	2
CORGARD	3
INDERAL LA	3
INNOPRAN XL	3
KERLONE	3
labetalol hcl	1
LEVATOL	3
LOPRESSOR	3
metoprolol succinate	1
metoprolol tartrate	1
nadolol	1
pindolol	1
propranolol hcl	1
SECTRAL	3
TENORMIN	3
timolol maleate	1
TOPROL XL	3
TRANDATE	3
ZEBETA	3
<b>CALCIUM CHANNEL BLOCKER/ANTI LIPEMIC COMBINATIONS</b>	
CADUET	3
<b>CALCIUM CHANNEL BLOCKERS</b>	
ADALAT CC	3
amlodipine besylate	1
CALAN	3
CALAN SR	3
CARDENE I.V.	3
CARDENE SR	3
CARDIZEM	3

Drug	Tier	Notes
CARDIZEM CD 360mg	2	
CARDIZEM CD 120mg, 180mg, 240mg, 300mg	3	
CARDIZEM LA	3	
COVERA-HS	3	
DILACOR XR	3	
diltiazem hcl 120mg, 180mg, 240mg, 25mg/5ml, 30mg, 60mg, 90mg	1	
DILTIAZEM HCL 100mg	3	
diltiazem hcl coated beads	1	
diltiazem hcl extended release beads	1	
DYNACIRC CR	3	
DYNACIRC-CR	3	
felodipine	1	
ISOPTIN SR	3	
isradipine	1	
nicardipine hcl	1	
nifedipine 10mg, 30mg, 60mg, 90mg	1	
NIFEDIPINE 20mg	3	
nimodipine	1	
nisoldipine	1	
NORVASC	3	
PROCARDIA	3	
PROCARDIA XL	3	
SULAR	3	
TIAZAC	3	
verapamil hcl	1	
VERELAN	3	
VERELAN PM	3	
<b>DIGITALIS GLYCOSIDES</b>		
digoxin	1	
LANOXIN .125mg, .25mg	2	
LANOXIN .1mg/ml, .25mg/ml	3	
<b>DIRECT RENIN INHIBITORS</b>		
TEKURNA	2	
TEKURNA HCT	2	
<b>DIURETICS</b>		
acetazolamide	1	
acetazolamide sodium	1	
ALDACTAZIDE	2	
ALDACTAZIDE	3	
amiloride & hydrochlorothiazide	1	
amiloride hcl	1	
bumetanide	1	
BUMEX	3	
chlorothiazide	1	
chlorthalidone	1	

Drug	Tier Notes
DEMADEX 10mg/ml	2
DEMADEX 10mg, 20mg, 5mg	3
DIAMOX	3
DIURIL	3
DIURIL IV	3
DYAZIDE	3
DYRENIUM	3
EDECRIN	3
furosemide	1
hydrochlorothiazide	1
indapamide	1
LASIX	3
MAXZIDE	3
MAXZIDE-25	3
methazolamide	1
methyclothiazide	1
metolazone	1
MICROZIDE	3
SODIUM EDECRIN	3
spironolactone & hydrochlorothiazide	1
THALITONE	2
torsemide 100mg, 10mg, 20mg, 5mg	1
torsemide 20mg/2ml	2
triamterene & hydrochlorothiazide	1
ZAROXOLYN	3
<b>MISCELLANEOUS</b>	
BIDIL	2
CLORPRES	3
DEMSEK	3
DIBENZYLINE	3
hydralazine hcl	1
methyldopa	1
methyldopa & hydrochlorothiazide	1
methyldopate hcl	1
midodrine hcl	1
minoxidil	1
PROAMATINE	3
RANEXA	2
reserpine	1
<b>NITRATES</b>	
DILATRATE SR	3
IMDUR	3
ISMO	3
ISORDIL TITRADOSE 40mg	2
ISORDIL TITRADOSE 5mg	3
isosorbide dinitrate	1

Drug	Tier	Notes
isosorbide mononitrate	1	
MONOKET	3	
NITRO-BID	3	
NITRO-DUR .3mg/hr, .8mg/hr	2	
NITRO-DUR .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
nitroglycerin .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
nitroglycerin 5mg/ml	1	INJ
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	

#### PULMONARY ARTERIAL HYPERTENSION

ADCIRCA	4	PA
LETAIRIS	4	
REMODULIN	4	
REVATIO	4	PA
TRACLEER	4	LA
VENTAVIS	4	B/D

#### CENTRAL NERVOUS SYSTEM

##### ANTI ANXIETY

BUSPAR	3	
bupirone hcl	1	
fluvoxamine maleate	1	
LUVOX CR	3	
meprobamate	1	

##### ANTI CONVULSANTS

BANZEL	3	
carbamazepine	1	
CARBATROL	2	
CELONTIN	2	
CEREBYX	3	
DEPACON	3	
DEPAKENE	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
DILANTIN	2	
DILANTIN INFATABS	2	
divalproex sodium	1	
ethosuximide	1	
FELBATOL	3	
fosphenytoin sodium	1	
gabapentin 100mg	1	QL (1080 caps / 25 days)
gabapentin 300mg	1	QL (360 caps / 25 days)
gabapentin 400mg	1	QL (270 caps / 25 days)
gabapentin 600mg	1	QL (180 tabs / 25 days)

Drug	Tier	Notes
gabapentin 800mg	1	QL (120 tabs / 25 days)
GABITRIL	2	
KEPPRA 500mg/5ml	2	
KEPPRA 1000mg, 100mg/ml, 250mg, 500mg, 750mg	3	
KEPPRA XR	3	
LAMICTAL	3	
LAMICTAL CHEWABLE DISPERS	3	
LAMICTAL ODT	3	
LAMICTAL STARTER/NOT TAKI	3	
LAMICTAL STARTER/TAKING C	3	
LAMICTAL STARTER/TAKING V	3	
LAMICTAL XR	3	
lamotrigine	1	
levetiracetam	1	
LYRICA 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	2	QL (120 caps / 25 days)
LYRICA 300mg	2	QL (60 caps / 25 days)
MYSOLINE	3	
NEURONTIN 250mg/5ml	2	QL (2350 / 25 days)
NEURONTIN 100mg	3	QL (1080 caps / 25 days)
NEURONTIN 300mg	3	QL (360 caps / 25 days)
NEURONTIN 400mg	3	QL (270 caps / 25 days)
NEURONTIN 600mg	3	QL (180 tabs / 25 days)
NEURONTIN 800mg	3	QL (120 tabs / 25 days)
oxcarbazepine	1	
PEGANONE	2	
PHENYTEK	3	
phenytoin	1	
phenytoin sodium	1	
phenytoin sodium extended	1	
primidone	1	
SABRIL	4	
STAVZOR	3	
TEGRETOL	3	
TEGRETOL-XR 100mg	2	
TEGRETOL-XR 200mg, 400mg	3	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
topiramate	1	
TRILEPTAL 150mg, 300mg, 600mg	3	
TRILEPTAL 300mg/5ml	3	SUSP
valproate sodium	1	
valproic acid	1	
VIMPAT	2	
ZARONTIN	3	

Drug	Tier	Notes
ZONEGRAN	3	
zonisamide	1	
<b>ANTI-DEMENTIA</b>		
ARICEPT	2	
ARICEPT ODT	2	
COGNEX	3	
EXELON	2	
galantamine hydrobromide	1	
NAMENDA	2	
NAMENDA TITRATION PAK	2	
RAZADYNE 12mg, 4mg, 8mg	3	
RAZADYNE 4mg/ml	3	SOLN
RAZADYNE ER	3	
<b>ANTI-DEPRESSANTS</b>		
amitriptyline hcl	1	
amoxapine	1	
ANAFRANIL	3	
APLENZIN	3	
bupropion hcl	1	
bupropion hcl (smoking deterrent) 150mg	1	
CELEXA	3	
citalopram hydrobromide	1	
clomipramine hcl	1	
CYMBALTA	2	
desipramine hcl	1	
doxepin hcl	1	
EFFEXOR	3	
EFFEXOR XR	2	
EMSAM	2	
fluoxetine hcl	1	
imipramine hcl	1	
imipramine pamoate	1	
LEXAPRO	2	
maprotiline hcl	1	
MARPLAN	2	
mirtazapine	1	
NARDIL	2	
nefazodone hcl	1	
NORPRAMIN	3	
nortriptyline hcl	1	
OLEPTRO	3	
PAMELOR	3	
PARNATE	3	
paroxetine hcl	1	
PAXIL	3	
PAXIL CR	3	

Drug	Tier	Notes
PEXEVA	3	
PRISTIQ	2	
protriptyline hcl	1	
PROZAC	3	
PROZAC WEEKLY	3	
RAPIFLUX	3	
REMERON	3	
REMERON SOLTAB	3	
sertraline hcl	1	
SURMONTIL 100mg	2	
SURMONTIL 25mg, 50mg	3	
TOFRANIL	3	
TOFRANIL-PM	3	
tranylcypromine sulfate	1	
trazodone hcl	1	
trimipramine maleate	1	
venlafaxine hcl	1	
VENLAFAXINE HCL ER	2	
VIVACTIL	3	
WELLBUTRIN	3	
WELLBUTRIN SR	3	
WELLBUTRIN XL	3	
ZOLOFT	3	

#### ANTIPARKINSONIAN AGENTS

amantadine hcl	1	
APOKYN	4	
AZILECT	2	
benztropine mesylate	1	
bromocriptine mesylate	1	
carbidopa-levodopa	1	
COGENTIN	3	INJ
COMTAN	2	
ELDEPRYL	3	
LODOSYN	3	
MIRAPEX .75mg	2	
MIRAPEX .125mg, .25mg, .5mg, 1.5mg, 1mg	3	
MIRAPEX ER	3	
PARCOPA	3	
PARLODEL	3	
pramipexole dihydrochloride	1	
REQUIP	3	
REQUIP XL	3	
ropinirole hydrochloride	1	
selegiline hcl	1	
SINEMET	3	
SINEMET CR	3	

Drug	Tier	Notes
STALEVO 100	2	
STALEVO 125	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	
TASMAR	3	
trihexyphenidyl hcl	1	
ZELAPAR	3	

#### ANTI PSYCHOTICS

ABILIFY	3	
ABILIFY DISCMELT	3	
chlorpromazine hcl	1	
clozapine	1	
CLOZARIL	3	
FANAPT	3	
FANAPT TITRATION PACK	3	
FAZACLO	2	
fluphenazine decanoate	1	
fluphenazine hcl	1	
GEODON	2	
HALDOL	3	
HALDOL DECANOATE 100	3	
HALDOL DECANOATE 50	3	
haloperidol	1	
haloperidol decanoate	1	
haloperidol lactate	1	
INVEGA	3	
INVEGA SUSTENNA 39mg/0.25ml, 78mg/0.5ml	3	
INVEGA SUSTENNA 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	
loxapine succinate	1	
LOXITANE	3	
MOBAN	2	
NAVANE 20mg	2	
NAVANE 10mg, 2mg, 5mg	3	
ORAP	2	
perphenazine	1	
RISPERDAL .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	3	
RISPERDAL 1mg/ml	3	SOLN
RISPERDAL CONSTA	2	
RISPERDAL M-TAB	3	
risperidone	1	
SAPHRIS	3	

Drug	Tier	Notes
SEROQUEL	2	
SEROQUEL XR	2	
thioridazine hcl	1	
thiothixene	1	
trifluoperazine hcl	1	
ZYPREXA	2	
ZYPREXA ZYDIS	2	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
ADDERALL	3	PA
ADDERALL XR	3	PA
amphetamine-dextroamphetamine	1	PA
CONCERTA	3	PA
DAYTRANA	3	PA
DESOXYN	3	PA
DEXEDRINE	3	PA
dexmethylphenidate hcl	1	PA
dextroamphetamine sulfate 10mg, 5mg	1	PA
dextroamphetamine sulfate 10mg, 15mg, 5mg	1	ext-release
FOCALIN	3	PA
FOCALIN XR	3	PA
LIQUADD	3	PA
METADATE CD	3	PA
methamphetamine hcl	1	PA
METHYLIN	3	PA
methylphenidate hcl 10mg, 20mg	1	ER
methylphenidate hcl 10mg, 20mg, 5mg	1	PA
methylphenidate hcl 20mg	1	PA; ER
RITALIN	3	PA
RITALIN LA	3	PA
RITALIN SR	3	PA
STRATTERA	2	PA
VYVANSE	3	PA
<b>HUNTINGTON'S DISEASE AGENT</b>		
XENAZINE	4	PA
<b>HYPNOTICS</b>		
AMBIEN	3	
AMBIEN CR	3	
EDLUAR	3	
LUNESTA	3	
ROZEREM	3	
SONATA	3	
zaleplon	1	
zolpidem tartrate	1	
<b>MIGRAINE</b>		
AMERGE	3	QL (9 tabs / 25 days)
AXERT	3	QL (12 tabs / 25 days)

Drug	Tier	Notes
CAFERGOT	3	
D.H.E. 45	3	
dihydroergotamine mesylate	1	
ERGOMAR	3	
ergotamine w/ caffeine	1	
FROVA	3	QL (18 tabs / 25 days)
IMITREX 100mg, 25mg, 50mg	3	QL (9 tabs / 25 days)
IMITREX 20mg/act, 5mg/act	3	QL (12 inhalers / 25 days)
IMITREX 6mg/0.5ml	3	QL (10 / 25 days)
IMITREX STATDOSE REFILL	3	QL (4 boxes / 25 days)
MAXALT	2	QL (12 tabs / 25 days)
MAXALT-MLT	2	QL (12 ea / 25 days)
MIGRANAL	2	QL (8 / 25 days)
RELPAK	3	QL (12 tabs / 25 days)
sumatriptan succinate 100mg, 25mg, 50mg	1	QL (9 tabs / 25 days)
sumatriptan succinate 4mg/0.5ml, 6mg/0.5ml	1	QL (10 / 25 days)
TREXIMET	3	QL (9 tabs / 25 days)
ZOMIG 2.5mg, 5mg	3	QL (12 tabs / 25 days)
ZOMIG 5mg	3	QL (2 bottles / 25 days)
ZOMIG ZMT	3	QL (12 ea / 25 days)
<b>MISCELLANEOUS</b>		
EQUETRO	3	
ergoloid mesylates	1	
GUANIDINE HCL	2	
lithium carbonate	1	
lithium citrate	1	
LITHOBID	3	
MESTINON 60mg/5ml	2	
MESTINON 60mg	3	
MESTINON TIMESPAN	2	
MYTELASE	3	
pyridostigmine bromide	1	
REGONOL	2	
RILUTEK	4	
SAVELLA	2	
SAVELLA TITRATION PACK	2	
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	4	PA
AVONEX	4	
BETASERON	4	
COPAXONE	4	
EXTAVIA	4	
REBIF	4	
REBIF TITRATION PACK	4	
TYSABRI	4	LA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		

Drug	Tier	Notes
AMRIX	3	
baclofen	1	
carisoprodol	1	
carisoprodol w/ aspirin	1	
carisoprodol w/ aspirin & codeine	1	
chlorzoxazone	1	
cyclobenzaprine hcl	1	
DANTRIUM	3	
dantrolene sodium	1	
FEXMID	3	
FLEXERIL	3	
metaxalone	1	
methocarbamol	1	
MYOBLOC	3	
NORFLEX	3	
orphenadrine citrate	1	
orphenadrine w/ aspirin & caff	1	
PARAFON FORTE DSC	3	
ROBAXIN 100mg/ml	2	
ROBAXIN 500mg	3	
ROBAXIN-750	3	
SKELAXIN	2	
SOMA	3	
tizanidine hcl	1	
ZANAFLEX	3	
NARCOLEPSY/CATAPLEXY		
NUVIGIL	3	PA
PROVIGIL	2	PA
XYREM	4	LA
PSYCHOTHERAPEUTIC-MISCELLANEOUS		
ANTABUSE 250mg	2	
ANTABUSE 500mg	3	
BUPRENEX	3	
buprenorphine hcl	1	
bupropion hcl (smoking deterrent) 150mg	1	
CAMPRAL	2	
CHANTIX	2	PA
chlordiazepoxide-amitriptyline	1	
fluoxetine hcl (pmdd)	1	
LIMBITROL	3	
naloxone hcl	1	
naltrexone hcl	1	
NICOTROL INHALER	2	
NICOTROL NS	3	
perphenazine-amitriptyline	1	
REVIA	3	

Drug	Tier	Notes
SARAFEM	3	
SUBOXONE	2	
SUBUTEX	3	
SYMBYAX	3	
VIVITROL	4	
ZYBAN	3	

## ENDOCRINE AND METABOLIC

### ANDROGENS

ANADROL-50	3	
ANDRODERM	2	PA
ANDROGEL	2	PA
ANDROID	3	
ANDROXY	3	
DEPO-TESTOSTERONE	3	
METHITEST	3	
OXANDRIN 2.5mg	3	PA
OXANDRIN 10mg	4	PA
oxandrolone 2.5mg	1	PA
oxandrolone 10mg	4	PA
STRIANT	3	PA
TESTIM	2	PA
testosterone cypionate	1	
testosterone enanthate	1	
TESTRED	3	

### ANTI DIABETICS

acarbose	1	
ACTOPLUS MET	2	
ACTOPLUS MET XR	3	
ACTOS	2	
ALCOHOL PREPS	2	
AMARYL	3	
APIDRA	2	
APIDRA SOLOSTAR	2	
AVANDAMET	2	
AVANDARYL	2	
AVANDIA	2	
BD INSULIN SYRINGE SAFETY	2	
BD INSULIN SYRINGE ULTRAF	2	
BD PEN NEEDLE/ULTRAFINE/2	2	
BYETTA	2	
chlorpropamide	1	
CURITY GAUZE PADS 2"X2"	2	
DIABETA	3	
DUETACT	2	
FORTAMET	3	
glimepiride	1	

Drug	Tier Notes
glipizide	1
glipizide-metformin hcl	1
GLUCOPHAGE	3
GLUCOPHAGE XR	3
GLUCOTROL	3
GLUCOTROL XL	3
GLUCOVANCE	3
GLUMETZA	3
glyburide	1
glyburide micronized	1
glyburide-metformin	1
GLYCRON	3
GLYNASE	3
GLYSET	3
HUMALOG	2
HUMALOG MIX 50/50	2
HUMALOG MIX 50/50 PEN	2
HUMALOG MIX 75/25	2
HUMALOG MIX 75/25 PEN	2
HUMALOG PEN	2
HUMULIN 50/50	2
HUMULIN 70/30	2
HUMULIN 70/30 PEN	2
HUMULIN N	2
HUMULIN N U-100 PEN	2
HUMULIN R	2
HUMULIN R U-500 (CONCENTR	2
JANUMET	2
JANUVIA	2
LANTUS	2
LANTUS SOLOSTAR	2
LEVEMIR	2
LEVEMIR FLEXPEN	2
METAGLIP	3
metformin hcl	1
nateglinide	1
NOVOLIN 70/30	2
NOVOLIN 70/30 INNOLET	2
NOVOLIN N	2
NOVOLIN N INNOLET	2
NOVOLIN R	2
NOVOLIN R INNOLET	2
NOVOLOG	2
NOVOLOG FLEXPEN	2
NOVOLOG MIX 70/30	2
NOVOLOG MIX 70/30 PREFILL	2

Drug	Tier Notes
ONGLYZA	2
PRANDIMET	3
PRANDIN	2
PRECOSE	3
RELION 70/30	2
RELION N	2
RELION R	2
RIOMET	3
STARLIX	3
SYMLIN	2
SYMLINPEN 120	2
SYMLINPEN 60	2
tolazamide	1
tolbutamide	1
<b>BISPHOSPHONATES</b>	
ACTONEL	3
ACTONEL WITH CALCIUM	3
alendronate sodium	1
AREDIA 30mg	3
AREDIA 90mg	4
BONIVA	2
DIDRONEL	3
etidronate disodium	1
FOSAMAX	3
FOSAMAX PLUS D	3
pamidronate disodium 30mg/10ml, 90mg/10ml	1
PAMIDRONATE DISODIUM 6mg/ml	3
SKELID	3
ZOMETA	4
<b>CALCITONINS</b>	
calcitonin (salmon)	1
MIACALCIN 200unit/ml	2
MIACALCIN 200unit/act	3
<b>CALCIUM RECEPTOR ANTAGONISTS</b>	
SENSIPAR 30mg	2
SENSIPAR 60mg, 90mg	4
<b>CHELATING AGENTS</b>	
CHEMET	3
EXJADE	4
SYPRINE	2
<b>CONTRACEPTIVES</b>	
BREVICON-28	3
CYCLESSA	3
DEPO-PROVERA CONTRACEPTIV	3
DEPO-SUBQ PROVERA 104	3

Drug	Tier Notes
DESOGEN	3
desogestrel & ethinyl estradiol	1
desogestrel-ethinyl estradiol (triphasic)	1
drospirenone-ethinyl estradiol	1
ESTROSTEP FE	3
ethynodiol diacet & eth estrad	1
levonorgestrel & eth estradiol	1
levonorgestrel (emergency oc)	1
levonorgestrel-eth estradiol (triphasic)	1
levonorgestrel-ethinyl estradiol (91-day)	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
LOSEASONIQUE	3
LYBREL	3
medroxyprogesterone acetate (contraceptive)	1
MODICON-28	3
NECON 10/11-28	2
NOR-QD	3
NORDETTE-28	3
norethin acet & estrad-fe	1
norethindrone & eth estradiol	1
norethindrone & mestranol	1
norethindrone (contraceptive)	1
norethindrone acet & eth estra	1
norethindrone acetate-ethinyl estradiol-fe	1
norethindrone-eth estradiol (triphasic)	1
norgestimate-ethinyl estradiol	1
norgestimate-ethinyl estradiol (triphasic)	1
norgestrel & ethinyl estradiol	1
NORINYL 1+35	3
NUVARING	2
ORTHO EVRA	2
ORTHO MICRONOR	3
ORTHO TRI-CYCLEN LO	2
ORTHO-CEPT-28	3
ORTHO-CYCLEN	3
ORTHO-NOVUM 7/7/7-28	3
OVCON-35	3
OVCON-50 28	3
PLAN B	3
SEASONALE	3
SEASONIQUE	3

Drug	Tier Notes
TRI-NORINYL 28	3
YASMIN 28	3
YAZ	3
<b>ENDOMETRIOSIS</b>	
danazol	1
SYNAREL	2
<b>ENZYME REPLACEMENTS</b>	
ADAGEN	4
ALDURAZYME	4
BUPHENYL	3
BUPHENYL 500mg	4
CARNITOR	3
CEREDASE	4
CEREZYME	4
CYSTADANE	2
CYSTAGON	2
ELAPRASE	4
FABRAZYME	4
KUVAN	4
levocarnitine (metabolic modifiers)	1
MYOZYME	4
NAGLAZYME	4
ORFADIN	4
SUCRAID	4
ZAVESCA	4
<b>ESTROGEN/PROGESTINS</b>	
ACTIVELLA	3
ANGELIQ	3
CLIMARA PRO	2
COMBIPATCH	2
estradiol & norethindrone acetate	1
FEMHRT 1/5	3
FEMHRT LOW DOSE	3
PREFEST	3
PREMPHASE	2
PREMPRO	2
<b>ESTROGENS</b>	
ALORA	2
CENESTIN	3
CLIMARA	3
DELESTROGEN	3
DEPO-ESTRADIOL	3
DIVIGEL	3
ELESTRIN	3
ENJUVIA	3
ESTRACE	3

Drug	Tier Notes
ESTRADERM	2
estradiol	1
estradiol valerate	1
ESTRASORB	3
ESTRING	3
ESTROGEL	3
estropipate	1
EVAMIST	3
FEMRING	3
FEMTRACE	3
GYNODIOL	2
MENEST	3
MENOSTAR	3
OGEN	3
PREMARIN	2
PREMARIN W/APPLICATOR	2
VAGIFEM	2
VIVELLE-DOT	2
GLUCOCORTICOIDS	
CELESTONE	3
CORTEF	3
cortisone acetate	1
DEPO-MEDROL	3
dexamethasone	1
dexamethasone sodium phosphate	1
DEXPAK 13 DAY	2
fludrocortisone acetate	1
hydrocortisone	1
hydrocortisone sod succinate	1
MEDROL 2mg	2
MEDROL 16mg, 32mg, 4mg, 8mg	3
MEDROL DOSEPAK	3
methylprednisolone	1
methylprednisolone acetate	1
methylprednisolone sod succ	1
MILLIPRED	3
ORAPRED	3
ORAPRED ODT	3
PEDIAPRED	3
prednisolone	1
prednisolone sodium phosphate	1
prednisone	1
PREDNISONO INTENSOL	2
PRELONE	3
SOLU-CORTEF 250mg	2
SOLU-CORTEF 100mg	3

Drug	Tier	Notes
SOLU-MEDROL	3	
STERAPRED 12 DAY	3	
STERAPRED DS 12 DAY	3	
VERIPRED 20	3	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	2	
<b>HUMAN GROWTH HORMONES</b>		
GENOTROPIN	4	PA
GENOTROPIN MINIUICK .2mg	2	PA
GENOTROPIN MINIUICK .4mg, .6mg, .8mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 1mg, 2mg	4	PA
HUMATROPE	4	PA
HUMATROPE COMBO PACK	4	PA
INCRELEX	4	PA
NORDITROPIN CARTRIDGE	4	PA
NORDITROPIN NORDIFLEX PEN	4	PA
NUTROPIN	4	PA
NUTROPIN AQ	4	PA
NUTROPIN AQ PEN	4	PA
SAIZEN	4	PA
SAIZEN CLICK.EASY	4	PA
SEROSTIM	4	PA
TEV-TROPIN	4	PA
ZORBTIVE	4	PA
<b>MISCELLANEOUS</b>		
cabergoline	1	
chorionic gonadotropin	1	B/D
METHERGINE	3	
octreotide acetate	4	PA
SAMSCA	4	
SANDOSTATIN	4	PA
SANDOSTATIN LAR DEPOT	4	PA
SOMATULINE DEPOT	4	PA
SOMAVERT	4	PA
<b>PARATHYROID HORMONES</b>		
FORTEO	4	PA
<b>PHOPHATE BINDER AGENTS</b>		
calcium acetate (phosphate binder)	1	
FOSRENOL	2	
PHOSLO	2	
RENAGEL	2	
RENVELA	2	
<b>PROGESTINS</b>		
AYGESTIN	3	

Drug	Tier	Notes
CRINONE	3	
ENDOMETRIN	3	
medroxyprogesterone acetate	1	
norethindrone acetate	1	
PROCHIEVE	3	
PROMETRIUM	3	
PROVERA	3	
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS</b>		
EVISTA	2	
<b>THYROID AGENTS</b>		
CYTOMEL	3	
levothyroxine sodium	1	
liothyronine sodium	1	
methimazole	1	
propylthiouracil	1	
SYNTHROID	2	
TAPAZOLE	3	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
<b>VASOPRESSINS</b>		
DDAVP	3	
desmopressin acetate	1	
desmopressin acetate refrigerated	1	
desmopressin acetate spray refrigerated	1	
STIMATE	3	
<b>GASTROINTESTINAL</b>		
<b>ANTIDIARRHEALS</b>		
diphenoxylate w/ atropine	1	
LOMOTIL	3	
loperamide hcl	1	
MOTOFEN	3	
<b>ANTIEMETICS</b>		
ALOXI	3	
ANTIVERT 50mg	2	
ANTIVERT 12.5mg, 25mg	3	
ANZEMET 100mg, 50mg	3	B/D
ANZEMET 20mg/ml	3	
CESAMET	3	B/D, QL (60 caps / 25 days)
dronabinol 2.5mg, 5mg	1	QL (60 caps / 25 days)
dronabinol 10mg	4	QL (60 caps / 25 days)
EMEND 125mg	2	B/D, QL (2 caps / 25 days)

Drug	Tier	Notes
EMEND 40mg	2	
EMEND 80mg	2	B/D, QL (4 caps / 25 days)
granisetron hcl .1mg/ml, 1mg/ml	1	
granisetron hcl 1mg, 2mg/10ml	1	B/D
KYTRIL .1mg/ml, 1mg/ml	3	
KYTRIL 1mg	3	B/D
MARINOL 2.5mg	3	QL (60 caps / 25 days)
MARINOL 10mg, 5mg	4	QL (60 caps / 25 days)
meclizine hcl	1	
metoclopramide hcl	1	
METOZOLV ODT	3	
ondansetron	1	B/D
ondansetron hcl 24mg, 4mg, 4mg/5ml, 8mg	1	B/D
ondansetron hcl 4mg/2ml	1	
PHENERGAN	3	
prochlorperazine	1	
prochlorperazine edisylate	1	
prochlorperazine maleate	1	
promethazine hcl	1	
REGLAN	3	
SANCUSO	2	QL (2 ptch / 15 days)
TIGAN	3	
TRANSDERM-SCOP	2	
trimethobenzamide hcl	1	
ZOFRAN 40mg/20ml	3	
ZOFRAN 4mg, 4mg/5ml, 8mg	3	B/D
ZOFRAN ODT	3	B/D
<b>ANTI SPASMODICS</b>		
atropine sulfate	1	
BENTYL	3	
CANTIL	3	
dicyclomine hcl	1	
glycopyrrolate	1	
methscopolamine bromide	1	
PAMINE	3	
PAMINE FORTE	3	
propantheline bromide	1	
ROBINUL	3	
ROBINUL FORTE	3	
<b>H2-RECEPTOR ANTAGONISTS</b>		
AXID	3	
cimetidine	1	
cimetidine hcl	1	
famotidine	1	
famotidine in nacl	1	

Drug	Tier	Notes
nizatidine	1	
PEPCID 40mg/5ml	2	
PEPCID 20mg, 40mg	3	
PEPCID PREMIXED	3	
ranitidine hcl	1	
ZANTAC	3	
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO	2	
ASACOL	3	
ASACOL HD	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
CANASA	2	
CIMZIA	4	PA
COLAZAL	3	
CORTENEMA	3	
CORTIFOAM	3	
DIPENTUM	2	
ENTOCORT EC	2	
hydrocortisone (intrarectal)	1	
LIALDA	2	
mesalamine	1	
PENTASA	2	
ROWASA	3	
sulfasalazine	1	
<b>IRRITABLE BOWEL SYNDROME</b>		
LOTRONEX	2	
<b>LAXATIVES</b>		
COLYTE	3	
GOLYTELY	3	
HALFLYTELY BOWEL PREP	2	
KRISTALOSE	3	
lactulose	1	
lactulose (encephalopathy)	1	
MOVIPREP	3	
NULYTELY/FLAVOR PACKS	3	
OSMOPREP	3	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	1	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	1	
polyethylene glycol 3350	1	
RELISTOR	2	
VISICOL	3	
<b>MISCELLANEOUS</b>		

Drug	Tier Notes
ACTIGALL	3
AMITIZA	2
CARAFATE 1gm/10ml	2
CARAFATE 1gm	3
CYTOTEC	3
GASTROCROM	2
HELIDAC	3
misoprostol	1
PYLERA	3
sucralfate	1
URSO 250	3
URSO FORTE	3
ursodiol	1
<b>PANCREATIC ENZYMES</b>	
CREON	2
PANCREAZE	2
ZENPEP	2
<b>PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS</b>	
PREVPAC	2
<b>PROTON PUMP INHIBITORS</b>	
ACIPHEX	3
DEXILANT	2
KAPIDEX	2
lansoprazole	1
NEXIUM	2
NEXIUM I.V.	2
omeprazole	1
pantoprazole sodium	1
PREVACID	3
PREVACID SOLUTAB	3
PRILOSEC	3
PROTONIX	3
ZEGERID	3
<b>SALIVA STIMULANTS</b>	
EVOXAC	2
pilocarpine hcl (oral)	1
SALAGEN	3
<b>GENITOURINARY</b>	
<b>BENIGN PROSTATIC HYPERPLASIA</b>	
AVODART	2
CARDURA XL	3
finasteride	1
FLOMAX	3
PROSCAR	3
tamsulosin hcl	1
UROXATRAL	2

Drug	Tier	Notes
<b>MISCELLANEOUS</b>		
bethanechol chloride	1	
ELMIRON	2	
LITHOSTAT	3	
potassium citrate (alkalinizer)	1	
THIOLA	2	
URECHOLINE	3	
UROCIT-K 10	3	
UROCIT-K 5	3	
<b>URINARY ANTI SPASMODICS</b>		
DETROL	3	
DETROL LA	2	
DITROPAN XL	3	
ENABLEX	2	
flavoxate hcl	1	
GELNIQUE	3	
oxybutynin chloride	1	
OXYTROL	2	
SANCTURA	2	
SANCTURA XR	2	
TOVIAZ	3	
VESICARE	2	
<b>VAGINAL ANTI -INFECTIVES</b>		
CLEOCIN 100mg	2	
CLEOCIN 2%	3	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
GYNAZOLE-1	3	
METROGEL-VAGINAL	3	
metronidazole vaginal	1	
miconazole nitrate vaginal	1	
TERAZOL 3	3	
TERAZOL 7	3	
terconazole vaginal	1	
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
ARIXTRA	2	
COUMADIN 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	2	
COUMADIN 5mg	3	
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml	2	
FRAGMIN 10000unit/ml, 25000unit/ml	4	
heparin (porcine) in sodium chloride	1	
heparin sod (porcine) in d5w	1	
HEPARIN SODIUM	2	

Drug	Tier	Notes
heparin sodium (porcine)	1	
HEPARIN SODIUM/D5W	2	
INNOHEP	3	
LOVENOX	2	
warfarin sodium	1	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP ALBUMIN FREE 25mcg/0.42ml, 25mcg/ml	2	PA
ARANESP ALBUMIN FREE 100mcg/0.5ml, 100mcg/ml, 150mcg/0.3ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/0.6ml, 300mcg/ml, 40mcg/0.4ml, 40mcg/ml, 500mcg/ml, 60mcg/0.3ml, 60mcg/ml	4	PA
EPOGEN 2000unit/ml, 3000unit/ml, 4000unit/ml	2	PA
EPOGEN 10000unit/ml, 20000unit/ml, 40000unit/ml	4	PA
LEUKINE	4	PA
MOZOBIL	4	PA
NEULASTA	4	PA
NEUMEGA	4	PA
NEUPOGEN	4	PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml	2	PA
PROCRIT 10000unit/ml, 20000unit/ml, 40000unit/ml	4	PA
<b>IDIOPATHIC THROMBOCYTOPENIC PURPURA AGENT</b>		
PROMACTA	4	
<b>MISCELLANEOUS</b>		
AGRYLIN	3	
anagrelide hcl	1	
cilostazol	1	
CYKLOKAPRON	2	
pentoxifylline	1	
PLETAL	3	
TRENTAL	3	
<b>PLATELET AGGREGATION INHIBITORS</b>		
AGGRENOX	2	
dipyridamole	1	
EFFIENT	2	
PERSANTINE	3	
PLAVIX	2	
TICLID	3	
ticlopidine hcl	1	

#### IMMUNOLOGIC AGENTS

##### DI SEASE-MODIFYING ANTI -RHEUMATIC DRUGS (DMARDS)

Drug	Tier	Notes
ACTEMRA	4	PA
ARAVA	3	
CUPRIMINE	2	
DEPEN TITRATABS	3	
ENBREL	4	PA
ENBREL SURECLICK	4	PA
HUMIRA	4	PA
HUMIRA PEN-CROHNS DISEASE	4	PA
hydroxychloroquine sulfate	1	
KINERET	4	PA
leflunomide	1	
methotrexate sodium 2.5mg	1	
ORENCIA	4	PA
PLAQUENIL	3	
REMICADE	4	PA
RHEUMATREX	2	
RIDAURA	2	
SIMPONI	4	PA
TREXALL	3	B/D
<b>IMMUNOGLOBULINS</b>		
CARIMUNE NANOFILTERED	4	PA
FLEBOGAMMA	4	PA
GAMASTAN S/D	2	
GAMMAGARD LIQUID	4	PA
GAMUNEX	4	PA
OCTAGAM	4	PA
POLYGAM S/D	4	PA
VIVAGLOBIN	4	PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	4	
ALFERON N	4	
ARCALYST	4	
INFERGEN	4	PA
INTRON-A	4	
INTRON-A W/DILUENT	2	
PEG-INTRON	4	PA
PEG-INTRON REDIPEN	4	PA
PEG-INTRON REDIPEN PAK 4	4	PA
PEGASYS	4	PA
REVLIMID	4	LA, PA
THALOMID	4	PA
<b>IMMUNOSUPPRESSANTS</b>		
ATGAM	3	
AZASAN	2	B/D
azathioprine	1	B/D
azathioprine sodium	1	

Drug	Tier	Notes
CELLCEPT	2	B/D
CELLCEPT INTRAVENOUS	3	
cyclosporine 100mg, 25mg	1	B/D
cyclosporine 50mg/ml	1	
CYCLOSPORINE MODIFIED	3	B/D
cyclosporine modified (for microemulsion)	1	B/D
IMURAN	3	B/D
mycophenolate mofetil	1	B/D
MYFORTIC	2	B/D
NEORAL	2	B/D
ORTHOCLONE OKT3	3	
PROGRAF .5mg, 1mg, 5mg	2	B/D
PROGRAF 5mg/ml	3	
RAPAMUNE	2	B/D
SANDIMMUNE 100mg, 100mg/ml, 25mg	2	B/D
SANDIMMUNE 50mg/ml	3	
SIMULECT	3	
tacrolimus	1	B/D
THYMOGLOBULIN	3	
ZENAPAX	3	
<b>VACCINES</b>		
ACTHIB	2	
ADACEL	2	
ATTENUVAX	2	
BOOSTRIX	2	
CERVARIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	B/D
DIPHThERIA/TETANUS TOXOID	2	B/D
ENGERIX-B	2	B/D
GARDASIL	2	
HAVRIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
JE-VAX	2	
M-M-R II W/DILUENT 10 DOS	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II W/DILUENT 10 D	2	
PEDIARIX	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	

Drug	Tier	Notes
RECOMBIVAX HB	2	B/D
ROTATEQ	2	
SYNAGIS	4	
TETANUS TOXOID ADSORBED	2	B/D
TETANUS/DIPHTHERIA TOXOID	2	B/D
TRIHIBIT	2	
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VIVOTIF BERNA	2	
YF-VAX	2	
ZOSTAVAX	2	

## NUTRITIONAL/SUPPLEMENTS

### ELECTROLYTES

AMMONIUM CHLORIDE	3	
K-TABS	3	
KAYEXALATE	3	
magnesium sulfate 50%	1	
MAGNESIUM SULFATE 40mg/ml, 80mg/ml	3	
parenteral electrolytes	1	
potassium chloride 10meq, 2meq/ml, 8meq	1	
potassium chloride microencapsulated crystals cr	1	
sodium bicarbonate	1	
sodium chloride 2.5meq/ml	1	
sodium fluoride	1	
sodium lactate	1	
sodium polystyrene sulfonate	1	

### IV NUTRITION

amino acid electrolyte infusion	1	B/D
amino acid infusion	1	B/D
amino acid infusion in d10w	1	B/D
amino acid infusion in d20w	1	B/D
amino acid infusion in d25w	1	B/D
AMINOSYN	2	B/D
AMINOSYN 7%/ELECTROLYTES	2	B/D
AMINOSYN II	2	B/D
AMINOSYN II 3.5%/DEXTROSE	2	B/D
AMINOSYN II 3.5/DEXTROSE	2	B/D
AMINOSYN II 4.25/DEXTROSE	2	B/D
AMINOSYN II 5/DEXTROSE 25	2	B/D
AMINOSYN II M 3.5%/DEXTRO	2	B/D
AMINOSYN M	2	B/D
AMINOSYN-HBC	2	B/D

Drug	Tier	Notes
AMINOSYN-PF	2	B/D
AMINOSYN-PF 7%	2	B/D
CLINIMIX 2.75%/DEXTROSE 5	2	B/D
CLINIMIX 4.25%/DEXTROSE 5	2	B/D
CLINIMIX 5%/DEXTROSE 15%	2	B/D
CLINIMIX 5%/DEXTROSE 20%	2	B/D
CLINIMIX 5%/DEXTROSE 25%	2	B/D
CLINIMIX E 2.75%/DEXTROSE	2	B/D
CLINIMIX E 4.25%/DEXTROSE	2	B/D
CLINIMIX E 5%/DEXTROSE 15	2	B/D
CLINIMIX E 5%/DEXTROSE 20	2	B/D
CLINIMIX E 5%/DEXTROSE 25	2	B/D
CLINIMIX E 5%/DEXTROSE 35	2	B/D
fat emulsion	1	B/D
FREAMINE HBC 6.9%	2	B/D
FREAMINE III 3%	2	B/D
HEPATASOL	2	B/D
INTRALIPID	2	B/D
LIPOSYN II	2	B/D
LIPOSYN III	2	B/D
NEPHRAMINE	2	B/D
PREMASOL	2	B/D
PROCALAMINE	2	B/D
PROSOL	2	B/D
RENAMIN	2	B/D
TRAVASOL	2	B/D
TRAVASOL 2.75%/DEXTROSE 1	2	B/D
TRAVASOL 2.75%/DEXTROSE 5	2	B/D
TRAVASOL 8.5%/DEXTROSE 10	2	B/D
TRAVASOL 8.5%/DEXTROSE 20	2	B/D
TRAVASOL 8.5%/DEXTROSE 50	2	B/D
TROPHAMINE	2	B/D

#### IV REPLACEMENT SOLUTIONS

alcohol in d5w	1	
dextrose	1	
DEXTROSE 5%	2	
DEXTROSE 5%/POTASSIUM CHL	2	
dextrose in lactated ringers	1	
dextrose w/ sodium chloride	1	
electrolyte-m in dextrose	1	
electrolyte-r	1	
electrolyte-r in dextrose	1	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
IONOSOL-T/DEXTROSE 5%	2	
ISOLYTE-H/DEXTROSE 5%	2	

Drug	Tier	Notes
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S/DEXTROSE 5%	2	
KCL 0.15%/D10W/NAACL 0.2%	2	
KCL 0.15%/D5W/LR	2	
KCL 0.15%/D5W/NAACL 0.225%	2	
KCL 0.3%/D5W/LR IV LAC RI	2	
KCL 0.3%/D5W/NAACL 0.9%	2	
lactated ringer's	1	
MAGNESIUM SULFATE IN D5W	2	
NORMOSOL-R	2	
PLASMA-LYTE 56	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PLASMA-LYTE-148/D5W	2	
PLASMA-LYTE-56/D5W	2	
potassium chloride .4meq/ml, 10meq/100ml, 10meq/50ml, 30meq/100ml	1	
POTASSIUM CHLORIDE 0.15%	2	
POTASSIUM CHLORIDE 0.3%/	2	
potassium chloride in dextrose	1	
potassium chloride in dextrose & sodium chloride	1	
potassium chloride in nacl	1	
ringer's	1	
sodium chloride .45%, .9%, 3%, 5%	1	
<b>VITAMINS</b>		
CALCIJEX	3	
calcitriol .25mcg, .5mcg, 1mcg/ml	1	
CALCITRIOL 2mcg/ml	2	
HECTOROL	2	
prenatal without a vit w/ iron carbonyl-folic acid	1	
ROCALTROL	3	
ZEMPLAR	3	
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
COMBIVENT	2	QL (2.041 inhalers / 25 days)
DUONEB	3	B/D, QL (180 bags / 25 days)
ipratropium-albuterol	1	B/D, QL (180 vials / 25 days)
<b>ANTICHOLINERGICS</b>		
ATROVENT	3	
ATROVENT HFA	2	QL (2.016 inhalers / 25 days)

Drug	Tier	Notes
		days)
ipratropium bromide	1	B/D, QL (126 bags / 25 days)
ipratropium bromide (nasal)	1	
SPIRIVA HANDIHALER	2	QL (30 caps / 25 days)
<b>ANTIHI STAMINE/DECONGESTANT COMBINATIONS</b>		
ALLEGRA-D 12 HOUR	3	
ALLEGRA-D 24 HOUR	3	
CLARINEX-D 12 HOUR	3	
CLARINEX-D 24 HOUR	3	
promethazine & phenylephrine	1	
SEMPREX-D	3	
<b>ANTIHI STAMINES, LOW/NONSEDATING</b>		
ALLEGRA	3	
ASTELIN	2	QL (2 bottles / 25 days)
ASTEPRO .15%	2	QL (2 inhalers per 25 days)
ASTEPRO 137mcg/spray	2	QL (2 bottles / 25 days)
azelastine hcl	1	QL (2 inhalers / 25 days)
CLARINEX	3	
CLARINEX REDITABS	3	
fexofenadine hcl	1	
PATANASE	3	
XYZAL	3	
<b>ANTIHI STAMINES, SEDATING</b>		
carbinoxamine maleate	1	
clemastine fumarate	1	
cyproheptadine hcl	1	
dexchlorpheniramine maleate	1	
diphenhydramine hcl	1	
hydroxyzine hcl	1	
hydroxyzine pamoate	1	
PALGIC	3	
VISTARIL	3	
<b>BETA AGONISTS</b>		
ACCUNEB	3	B/D, QL (100 bags / 25 days)
albuterol sulfate .083%, .63mg/3ml, 1.25mg/3ml	1	B/D, QL (100 bags / 25 days)
albuterol sulfate .5%	1	B/D, QL (3 bottles / 25 days)
albuterol sulfate 2mg, 2mg/5ml, 4mg, 8mg	1	
BRETHINE	3	
BROVANA	3	B/D, QL (60 bags / 25 days)
FORADIL AEROLIZER	3	QL (60 caps / 25 days)

Drug	Tier	Notes
metaproterenol sulfate	1	
PERFOROMIST	3	B/D, QL (60 bags / 25 days)
PROAIR HFA	2	QL (2.118 inhalers / 25 days)
PROVENTIL HFA	3	QL (2.09 inhalers / 25 days)
SEREVENT DISKUS	2	QL (1 inhaler / 25 days)
terbutaline sulfate	1	
VENTOLIN HFA	3	QL (2 inhalers / 25 days)
VOSPIRE ER	3	
XOPENEX	3	B/D, QL (288 / 25 days)
XOPENEX HFA	3	QL (2 inhalers / 25 days)
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
ACCOLATE	3	
SINGULAIR	2	
ZYFLO CR	3	
<b>MAST CELL STABILIZERS</b>		
cromolyn sodium	1	B/D, QL (240 / 25 days)
<b>MISCELLANEOUS</b>		
acetylcysteine	1	B/D
ARALAST NP	4	B/D
epinephrine hcl	1	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
PROLASTIN	4	B/D
PULMOZYME	4	B/D
TOBI	4	B/D
TWINJECT	3	
TYZINE	2	
TYZINE PEDIATRIC NASAL DR	2	
XOLAIR	4	PA
ZEMAIRA	4	B/D
<b>NASAL STEROIDS</b>		
BECONASE AQ	3	QL (2 inhalers / 25 days)
FLONASE	3	QL (1 bottle / 25 days)
flunisolide (nasal)	1	QL (2 bottles / 25 days)
fluticasone propionate (nasal)	1	QL (1 bottle / 25 days)
NASACORT AQ	2	QL (1.03 inhalers / 25 days)
NASAREL	3	QL (2 bottles / 25 days)
NASONEX	3	QL (2 inhalers per 25 days)
OMNARIS	3	QL (1.04 inhalers / 25 days)
RHINOCORT AQUA	3	QL (2.093 bottles / 25

Drug	Tier	Notes
VERAMYST	3	QL (1 bottle / 25 days)
<b>STEROID INHALANTS</b>		
AEROBID-M	3	QL (3 inhalers / 25 days)
ALVESCO	3	QL (2.131 inhalers / 25 days)
ASMANEX 120 METERED DOSES	2	QL (241.667 inhalers / 25 days)
ASMANEX 14 METERED DOSES	2	QL (29.167 inhalers / 25 days)
ASMANEX 30 METERED DOSES 110mcg/inh	2	QL (2 inhalers per 25 days)
ASMANEX 30 METERED DOSES 220mcg/inh	2	QL (62.5 inhalers / 25 days)
ASMANEX 60 METERED DOSES	2	QL (120.833 inhalers / 25 days)
AZMACORT	3	QL (2 inhalers / 25 days)
budesonide (inhalation)	1	B/D, QL (120 / 25 days)
FLOVENT DISKUS	2	QL (2 inhalers / 25 days)
FLOVENT HFA 110mcg/act, 220mcg/act	2	QL (2 inhalers / 25 days)
FLOVENT HFA 44mcg/act	2	QL (2.264 inhalers / 25 days)
PULMICORT .25mg/2ml, .5mg/2ml	3	B/D, QL (120 / 25 days)
PULMICORT 1mg/2ml	3	B/D, QL (60 / 25 days)
QVAR	2	QL (3.288 inhalers / 25 days)
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKUS	2	QL (60 / 25 days)
ADVAIR HFA	2	QL (1 inhaler / 25 days)
PULMICORT FLEXHALER 180mcg/act	3	QL (2 inhalers / 25 days)
PULMICORT FLEXHALER 90mcg/act	3	QL (4 inhalers / 25 days)
SYMBICORT	2	QL (1.594 inhalers / 25 days)
SYMBICORT	2	QL (1.078 inhalers / 25 days)
<b>XANTHINES</b>		
aminophylline	1	
ELIXOPHYLLIN	2	
LUFYLLIN	3	
THEO-24	2	
theophylline	1	
UNIPHYL	3	
<b>TOPICAL</b>		
<b>DERMATOLOGY, ACNE</b>		
ACANYA	3	
ACCUTANE	3	
AKNE-MYCIN	3	

Drug	Tier	Notes
ATRALIN	3	PA
AZELEX	2	
BENZAACLIN CARE KIT	3	
BENZAMYCIN	3	
benzoyl peroxide-erythromycin	1	
CLEOCIN-T	3	
CLINDAGEL	3	
clindamycin phosphate (topical)	1	
clindamycin phosphate-benzoyl peroxide	1	
DIFFERIN	2	PA
EPIDUO	3	
erythromycin (acne aid)	1	
EVOCLIN	3	
isotretinoin	1	
KLARON	3	
RETIN-A	3	PA
RETIN-A MICRO	3	PA
sulfacetamide sodium (acne)	1	
tretinoin	1	PA
ZIANA	3	
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC	2	
EFUDEX	3	
FLUOROPLEX	2	
fluorouracil (topical)	1	
SOLARAZE	2	
DERMATOLOGY, ANTI BIOTICS		
ALTABAX	2	
BACTROBAN 2%	2	
BACTROBAN 2%	3	
BACTROBAN NASAL	3	
CORTISPORIN	3	
gentamicin sulfate (topical)	1	
mupirocin	1	
PHISOHEX	3	
SILVADENE	3	
silver sulfadiazine	1	
SULFAMYLON	3	
DERMATOLOGY, ANTI FUNGALS		
ciclopirox	1	
ciclopirox olamine	1	
clotrimazole (topical)	1	
clotrimazole w/ betamethasone	1	
econazole nitrate	1	
ERTACZO	3	
EXELDERM	3	

Drug	Tier	Notes
EXTINA	3	
ketoconazole (topical) 2%	1	
LAMISIL 1%	3	
LOPROX	3	
LOPROX SHAMPOO	3	
LOTRISONE	3	
MENTAX	3	
MYCOSTATIN	3	
NAFTIN	3	
nystatin (topical)	1	
nystatin-triamcinolone	1	
OXISTAT	3	
PENLAC NAIL LACQUER	3	
XOLEGEL	3	
<b>DERMATOLOGY, ANTI PRURITIC</b>		
ANUSOL-HC	3	
hydrocortisone (rectal)	1	
ZONALON	2	
<b>DERMATOLOGY, ANTI PSORIATICS</b>		
8-MOP	3	
AMEVIVE	4	
calcipotriene	1	
DOVONEX .005%	2	
DOVONEX .005%	3	
OXSORALEN ULTRA	4	
SORIATANE	3	
SORIATANE CK	3	
STELARA	4	PA
TAZORAC	3	
VECTICAL	3	
<b>DERMATOLOGY, ANTI SEBORRHEICS</b>		
ketoconazole (topical) 2%	1	
NIZORAL	3	
selenium sulfide	1	
SELSUN SHAMPOO	3	
<b>DERMATOLOGY, ANTI VIRALS</b>		
DENAVIR	2	
ZOVIRAX 5%	2	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
ACLOVATE	3	
ALA SCALP	3	
alclometasone dipropionate	1	
amcinonide	1	
betamethasone dipropionate (topical)	1	
betamethasone dipropionate augmented	1	
betamethasone valerate	1	

Drug	Tier Notes
CAPEX	3
CARMOL-HC	3
clobetasol propionate	1
clobetasol propionate emollient base	1
CLOBEX	3
CLODERM	3
CORDRAN	3
CORDRAN SP	3
CORDRAN TAPE	3
CUTIVATE	3
DERMA-SMOOTH/FS BODY OIL	3
DERMATOP	3
DESONATE	3
desonide	1
DESOWEN CREAM/CETAPHIL LO	3
DESOWEN LOTION/CETAPHIL C	3
DESOWEN OINTMENT/CETAPHIL	2
desoximetasone	1
diflorasone diacetate	1
DIPROLENE	3
DIPROLENE AF	3
ELOCON	3
fluocinolone acetonide	1
fluocinonide	1
fluocinonide emulsified base	1
fluticasone propionate	1
halobetasol propionate	1
HALOG	3
hydrocortisone (topical)	1
hydrocortisone butyrate	1
hydrocortisone valerate	1
KENALOG	2
LOCOID	3
LOCOID LIPOCREAM	3
LUXIQ	3
mometasone furoate	1
OLUX-E	3
PANDEL	3
prednicarbate	1
PROCTOCORT	3
TACLONEX	3
TACLONEX SCALP	3
TEMOVATE	3
TEXACORT	2
TOPICORT	3
TOPICORT LP	3

Drug	Tier	Notes
triamcinolone acetonide (topical)	1	
TRIAMCINOLONE ACETONIDE I	3	
ULTRAVATE	3	
urea-hc acetate	1	
VANOS	3	
VERDESO	3	
WESTCORT	3	
<b>DERMATOLOGY, IMMUNOMODULATORS</b>		
ELIDEL	2	ST
PROTOPIC	2	ST
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
EMLA	3	
lidocaine	1	
lidocaine hcl	1	
lidocaine-prilocaine	1	
LIDODERM	2	PA
SYNERA	3	
XYLOCAINE 4%	3	
XYLOCAINE JELLY	3	
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
ALDARA	3	
CONDYLOX	3	
imiquimod	1	
LAC-HYDRIN	3	
lactic acid (ammonium lactate)	1	
OXSORALEN	3	
PANRETIN	4	
podofilox	1	
TARGRETIN 1%	4	
<b>DERMATOLOGY, ROSACEA</b>		
FINACEA	3	
METROCREAM	3	
METROGEL	2	
METROLOTION	3	
metronidazole (topical)	1	
NORITATE	3	
ORACEA	2	
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
ELIMITE	3	
EURAX	2	
lindane	1	
malathion	1	
OVIDE	3	
permethrin	1	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		

Drug	Tier	Notes
irrigation solutions, physiological	1	
lactated ringer's (irrigation)	1	
neomycin/polymyxin b gu	1	
REGRANEX	4	PA
ringer's irrigation	1	
SANTYL	2	
sodium chloride (gu irrigant)	1	
water for irrigation, sterile	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
APHTHASOL	3	
chlorhexidine gluconate (mouth-throat)	1	
lidocaine hcl (mouth-throat)	1	
nystatin (mouth-throat)	1	
PERIDEX ORAL RINSE	3	
triamcinolone acetonide (mouth)	1	
<b>OPHTHALMIC</b>		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
ALAMAST	3	
ALCAINE	3	
ALOCRIAL	3	
ALOMIDE	3	
ALPHAGAN P	2	
ALREX	2	
apraclonidine hcl	1	
AZASITE	2	
azelastine hcl (ophth)	1	
AZOPT	2	
bacitracin (ophthalmic)	1	
bacitracin-poly-neomycin-hc	1	
bacitracin-polymyxin b (ophth)	1	
BEPREVE	3	
BETAGAN	3	
BETAGAN WITHOUT C CAP	3	
betaxolol hcl (ophth)	1	
BETIMOL	3	
BETOPTIC-S	2	
BLEPH-10	3	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	2	
BOTOX	3	
brimonidine tartrate	1	
carteolol hcl (ophth)	1	
CILOXAN .3%	2	
CILOXAN .3%	3	

Drug	Tier Notes
ciprofloxacin hcl (ophth)	1
COMBIGAN	2
COSOPT	3
CROLOM	3
cromolyn sodium (ophth)	1
dexamethasone sodium phosphate (ophth)	1
diclofenac sodium (ophth)	1
dipivefrin hcl	1
dorzolamide hcl	1
dorzolamide-timolol	1
DUREZOL	3
ELESTAT	3
EMADINE	3
erythromycin (ophth)	1
FLAREX	3
fluorometholone (ophth)	1
flurbiprofen sodium	1
FML	2
FML FORTE	3
FML LIQUIFILM	3
gentamicin sulfate (ophth)	1
IOPIDINE	3
IQUIX	3
ISTALOL	3
ketorolac tromethamine (ophth)	1
LACRISERT	2
levobunolol hcl	1
LOTEMAX	3
LUMIGAN	2
MAXIDEX	3
MAXITROL	3
metipranolol	1
MYDRIACYL	3
naphazoline hcl	1
NATACYN	2
neomycin-bacitracin zn-polymyxin	1
neomycin-polymy-dexameth	1
neomycin-polymy-gramicid	1
neomycin-polymyxin-hc (ophth)	1
NEOSPORIN	3
NEVANAC	3
OCUFEN	3
OCUFLOX	3
ofloxacin (ophth)	1
OPTIPRANOLOL	3
OPTIVAR	3

Drug	Tier Notes
PATADAY	2
PATANOL	2
PHOSPHOLINE IODIDE	3
PILOPINE HS	2
POLY-PRED	3
polymyxin b-trimethoprim	1
POLYTRIM	3
PRED FORTE	3
PRED MILD	3
PRED-G	3
PRED-G S.O.P.	3
prednisolone acetate (ophth)	1
prednisolone sodium phosphate (ophth)	1
proparacaine hcl	1
PROPINE	3
QUIXIN	3
RESTASIS	2
sulfacetamide sod-prednisolone	1
sulfacetamide sodium (ophth)	1
timolol maleate (ophth)	1
TIMOPTIC OCUDOSE	3
TIMOPTIC-XE	3
TOBRADEX	3
tobramycin sulfate (ophth)	1
tobramycin-dexamethasone	1
TOBREX .3%	2
TOBREX .3%	3
TRAVATAN Z	3
trifluridine	1
tropicamide	1
TRUSOPT	3
VEXOL	3
VIGAMOX	2
VIROPTIC	3
VOLTAREN .1%	3
XALATAN	2
XIBROM	2
ZYLET	3
ZYMAR	2
ZYMAXID	3
OTIC	
acetic acid (otic)	1
acetic acid-aluminum acetate	1
CIPRO HC	3
CIPRODEX	3
COLY-MYCIN S	3

Drug	Tier Notes
CORTISPORIN	3
CORTISPORIN-TC	3
DERMOTIC	2
FLOXIN OTIC	3
hydrocortisone w/acetic acid	1
neomycin-polymyxin-hc (otic)	1
ofloxacin (otic)	1
PEDIOTIC	3

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