

KelseyCare Advantage



Preferred &
Preferred+Choice

2011
Comprehensive
Formulary



KelseyCare Advantage

2011 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.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2012.

KelseyCare Advantage is a Medicare Advantage organization with a Medicare contract. To receive this material in an alternate format or language, such as Spanish, please call our Member Services Department at 713-442-CARE (713-442-2273) or toll free at 1-866-589-5222, 24 hours a day, seven days a week. TTY/TDD users should call TTY/TDD: 1-888-206-8041.

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What is the KelseyCare Advantage formulary?

A formulary is a list of covered drugs selected by KelseyCare Advantage in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. KelseyCare Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a KelseyCare Advantage 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 2011 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2011 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, 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 January 1, 2011. To get updated information about the drugs covered by KelseyCare Advantage, please call Member Services at 1-866-589-5222, 24 hours a day, seven days a week. TTY/TDD users should call 1-888-206-8041.

To review formulary changes during the year, you may request a copy of the Formulary Addendum to be mailed to your home. Please call Member Services at 713-442-CARE (2273) or 1-866-535-8343, 8:00 a.m. to 8:00 p.m., 7 days a week. TTY/TDD users should call 1-866-302-9336.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 9. 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 9. 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 60. 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?

KelseyCare Advantage 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:** KelseyCare Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from KelseyCare Advantage before you fill your prescriptions. If you don't get approval, KelseyCare Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, KelseyCare Advantage limits the amount of the drug that KelseyCare Advantage will cover. For example, KelseyCare Advantage provides 30 tablets per prescription for Crestor. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, KelseyCare Advantage requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, KelseyCare Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, KelseyCare Advantage 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 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.kelseycareadvantage.com.

You can ask KelseyCare Advantage to make an exception to these restrictions or limits. See the section, “How do I request an exception to the KelseyCare Advantage’s 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 KelseyCare Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by KelseyCare Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by KelseyCare Advantage.
- You can ask KelseyCare Advantage to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the KelseyCare Advantage formulary?

You can ask KelseyCare Advantage to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, KelseyCare Advantage limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred 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, KelseyCare Advantage will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's or 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 prescriber's or 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.

Unexpected medication changes due to level-of-care changes

When you transfer from one treatment setting to another, such as moving from an inpatient hospital setting to home, it is called a level-of-care change. These types of changes often do not leave you enough time to determine if a new prescription contains a drug that is on the plan formulary. In these unexpected situations, KelseyCare Advantage will cover a temporary 30-day transition supply (unless you have a prescription written for fewer days). If your level-of-care change involves moving to a long-term care facility and a new drug is prescribed, the plan covers a temporary 31-day transition supply (unless you have a prescription written for fewer days).

For more information

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

If you have questions about KelseyCare Advantage, please call Member Services at 1-866-589-5222, 24 hours a day, seven days a week. TTY/TDD users should call 1-888-206-8041. Or visit www.kelseycareadvantage.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.

KelseyCare Advantage's Formulary

The formulary that begins on page 9 provides coverage information about some of the drugs covered by KelseyCare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 60.

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

The information in the Notes column tells you if KelseyCare Advantage has any special requirements for coverage of your drug.

The abbreviations represent special drug requirements, limits that are described on page 3, and other informational abbreviation descriptions.

LA= Limited Access

PA = Prior Authorization Required

QL = Quantity Limits Apply

ST = Step Therapy Applies

Drugs indicated with a "LA" have limited distribution. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-866-589-5222, 24 hours a day, 7 days a week. TTY/TDD users should call 1-888-206-8041.

Next to the drug name column is a column labeled Tier. This identifies in which tier the drug is assigned and will determine the amount you pay for your prescription.

The amount you pay for your prescriptions depends on the medication's tier. Every drug on the plan's Drug List is in one of five cost-sharing tiers. In general, the higher cost-sharing tier number, the higher your cost for the drug:

Cost Sharing Tier	Drugs included in tier
Tier 1 (lowest)	Preferred Generic
Tier 2	Non-Preferred Generic
Tier 3	Preferred Brand
Tier 4	Non-Preferred Brand
Tier 5 (highest)	Specialty

Tier 1 – Preferred Generic

Lowest cost tier – Generic drugs have the same active ingredient formula as a brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be safe and effective as brand name drugs. Not all generic drugs on the drug list (formulary) are included in this tier.

Tier 2 – Non-Preferred Generic

Middle cost tier – includes non-preferred generics that are high-cost generic drugs and/or generic drugs only available from one manufacturer.

Tier 3 – Preferred Brand

Middle cost tier – includes preferred brand drugs.

Tier 4 – Non-Preferred Brand

Higher cost tier – includes non-preferred brand drugs.

Tier 5 – Specialty

Highest cost tier – contains very high cost brand and generic prescription drugs that may require special handling and/or close monitoring. Specialty drugs may be brand or generic.

The copays/coinsurance are:

In-Network Pharmacy		
Tier	30-day Supply	90-day Supply
1	\$10	\$30
2	\$30	\$90
3	\$30	\$90
4	\$45	\$135
5	\$45	N/A

Drug Table

Drug Name	Tier	Notes
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions		
<i>acetaminophen-codeine elixir</i>	1	
<i>acetaminophen-codeine tab</i>	1	QL (360 EA per 30 day(s))
<i>ascomp w/codeine oral</i>	1	QL (240 EA per 30 day(s))
<i>buprenorphine sl</i>	2	
<i>butorphanol tartrate injection 1 mg/mL</i>	1	
<i>butorphanol tartrate injection 2 mg/mL</i>	2	
<i>butorphanol tartrate nasl</i>	1	QL (10 ML per 30 day(s))
<i>cod-butalbital-acetaminop-caf oral</i>	1	QL (240 EA per 30 day(s))
<i>codeine sulfate oral</i>	1	
<i>co-gesic oral</i>	1	QL (240 EA per 30 day(s))
<i>dihydrocode-acetaminophen-caff oral</i>	1	
DILAUDID-5 ORAL	3	
<i>duramorph inj</i>	1	PA;
<i>endocet tab 10-650 mg</i>	1	QL (180 EA per 30 day(s))
<i>endocet tab 7.5-500 mg</i>	1	QL (240 EA per 30 day(s))
<i>endocet tab 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 EA per 30 day(s))
<i>endodan oral</i>	1	
<i>fentanyl transderm patch 12 mcg/hr; 25 mcg/hr; 50 mcg/hr; 75 mcg/hr</i>	2	QL (15 EA per 30 day(s))
<i>fentanyl transderm patch 100 mcg/hr</i>	2	QL (30 EA per 30 day(s))
<i>fentanyl citrate bucl</i>	5	PA; QL (120 EA per 30 day(s))
<i>hydrocodone-acetaminophen oral soln</i>	1	
<i>hydrocodone-acetaminophen tab 10-750 mg, 7.5-750 mg</i>	1	QL (150 EA per 30 day(s))
<i>hydrocodone-acetaminophen tab 10-650 mg, 10-660 mg, 7.5-650 mg</i>	1	QL (180 EA per 30 day(s))
<i>hydrocodone-acetaminophen tab 10-500 mg, 2.5- 500 mg, 5-500 mg, 7.5-500 mg</i>	1	QL (240 EA per 30 day(s))
<i>hydrocodone-acetaminophen tab 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 EA per 30 day(s))
<i>hydrocodone-ibuprofen oral</i>	1	QL (240 EA per 30 day(s))
<i>hydromorphone oral</i>	2	
<i>hydromorphone (pf) inj</i>	2	
<i>ibuprofen-oxycodone oral</i>	1	QL (150 EA per 30 day(s))
<i>levorphanol tartrate oral</i>	2	
<i>margesic-h oral</i>	1	QL (240 EA per 30 day(s))
<i>meperidine oral</i>	1	

Drug Name	Tier	Notes
<i>meperidine (pf) inj</i>	1	
<i>methadone oral</i>	1	
<i>methadose oral</i>	1	
<i>morphine inj</i>	1	
<i>morphine oral soln</i>	1	
<i>morphine sr tab 60 mg</i>	1	
<i>morphine sr tab 100 mg, 15 mg, 200 mg, 30 mg</i>	2	
<i>morphine tab</i>	1	
<i>morphine (pf) inj</i>	1	
<i>morphine concentrate oral</i>	1	
<i>nalbuphine inj</i>	2	
<i>oxycodone oral</i>	1	
<i>oxycodone hcl-oxycodone-asa oral</i>	1	QL (360 EA per 30 day(s))
<i>oxycodone-acetaminophen cap</i>	1	QL (240 EA per 30 day(s))
<i>oxycodone-acetaminophen tab 7.5-500 mg</i>	1	QL (240 EA per 30 day(s))
<i>oxycodone-acetaminophen tab 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 EA per 30 day(s))
<i>oxycodone-acetaminophen tab 2.5-325 mg</i>	2	QL (360 EA per 30 day(s))
OXYCONTIN 12 HR TAB 10 mg, 20 mg, 30 mg, 40 mg	3	QL (62 EA per 31 day(s))
OXYCONTIN 12 HR TAB 80 mg	5	QL (124 EA per 31 day(s))
<i>pentazocine-acetaminophen oral</i>	1	QL (180 EA per 30 day(s))
<i>pentazocine-naloxone oral</i>	1	
<i>propoxyphene oral</i>	1	
<i>propoxyphene n-acetaminophen tab 100-650 mg</i>	1	QL (180 EA per 30 day(s))
<i>propoxyphene n-acetaminophen tab 100-500 mg</i>	1	QL (240 EA per 30 day(s))
<i>propoxyphene n-acetaminophen tab 50-325 mg</i>	1	QL (360 EA per 30 day(s))
<i>propoxyphene-acetaminophen oral</i>	1	QL (180 EA per 30 day(s))
<i>roxicet oral</i>	1	QL (360 EA per 30 day(s))
<i>stagesic oral</i>	1	
<i>tramadol er 24 hr tab 200 mg</i>	2	QL (30 EA per 30 day(s))
<i>tramadol er 24 hr tab 100 mg</i>	2	QL (90 EA per 30 day(s))
<i>tramadol tab</i>	1	QL (240 EA per 30 day(s))
<i>tramadol-acetaminophen oral</i>	1	QL (240 EA per 30 day(s))
<i>zerlor oral</i>	1	
Anesthetics - Drugs for Numbing		
<i>anestacon mm</i>	1	
<i>lidocaine (pf) inj</i>	1	
<i>lidocaine hcl inj</i>	1	

Drug Name	Tier	Notes
<i>lidocaine hcl mm</i>	1	
<i>lidocaine hcl top</i>	1	
<i>lidocaine-prilocaine top</i>	1	
LIDODERM TOP	3	PA; QL (90 EA per 30 day(s))
<i>parcaine opht</i>	1	
Antibacterials - Drugs to Treat Bacterial Infections		
<i>alcohol swabs top</i>	1	
<i>amikacin injection 500 mg/2 mL</i>	1	
<i>amikacin injection 100 mg/2 mL</i>	2	
<i>amoxicillin oral</i>	1	
<i>amoxicillin-pot clavulanate oral</i>	1	
<i>ampicillin oral</i>	1	
<i>ampicillin sodium inj</i>	2	
<i>ampicillin-sulbactam inj</i>	2	
AVELOX ORAL	3	
AVELOX ABC PACK ORAL	3	
AVELOX IN NACL (ISO-OSMOTIC) IV	3	
<i>azithromycin iv</i>	2	
<i>azithromycin oral susp</i>	1	
<i>azithromycin tab 250 mg, 500 mg</i>	1	QL (12 EA per 30 day(s))
<i>azithromycin tab 600 mg</i>	1	QL (30 EA per 30 day(s))
<i>baci-im im</i>	1	PA;
BACTROBAN TOP	3	
BICILLIN C-R IM	3	
BICILLIN L-A IM	3	
<i>cefaclor oral</i>	1	
<i>cefadroxil oral</i>	1	
<i>cefazolin inj</i>	1	
<i>cefazolin in dextrose (iso-os) iv</i>	1	
<i>cefdinir oral</i>	1	
<i>cefepime inj</i>	2	
<i>cefotaxime inj</i>	2	
<i>cefoxitin iv</i>	1	
<i>cefpodoxime oral</i>	1	
<i>cefprozil oral</i>	1	
<i>ceftazidime inj</i>	1	
<i>ceftriaxone solution for injection 10 gram</i>	1	
<i>ceftriaxone solution for injection 250 mg, 500 mg</i>	2	

Drug Name	Tier	Notes
<i>cefuroxime axetil oral</i>	1	
<i>cefuroxime sodium inj</i>	2	
<i>cefuroxime sodium iv</i>	2	
CEFUROXIME-DEXTROSE (ISO-OSM) IV	3	
<i>cephalexin oral</i>	1	
CIPRO ORAL	4	
CIPRO HC OTIC	3	
CIPRODEX OTIC	4	QL (7.5 ML per 25 day(s))
<i>ciprofloxacin iv</i>	1	
<i>ciprofloxacin opht</i>	1	
<i>ciprofloxacin oral</i>	1	
<i>ciprofloxacin er oral</i>	1	
<i>clarithromycin oral</i>	1	
<i>clarithromycin er oral</i>	1	
CLEOCIN CAP 75MG	4	
CLEOCIN PED SOL 75MG/5ML	4	
CLEOCIN VAGL	3	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin phosphate iv</i>	1	
<i>clindamycin phosphate vagl</i>	1	
<i>colistimethate sodium inj</i>	5	
CUBICIN IV	5	
<i>demeclocycline oral</i>	2	
<i>dicloxacillin oral</i>	1	
DORYX ORAL	4	
<i>doxycycline hyclate iv</i>	2	
<i>doxycycline hyclate oral</i>	1	
<i>doxycycline monohydrate oral</i>	1	
<i>e.e.s. 400 oral</i>	1	
E.E.S. GRANULES ORAL	3	
ERYPED 200 ORAL	3	
ERYTHROCIN IV	3	
<i>erythrocin stearate oral</i>	1	
<i>erythromycin opht</i>	1	
<i>erythromycin oral</i>	1	
<i>erythromycin-sulfisoxazole oral</i>	1	
FURADANTIN ORAL	4	
<i>gentamicin inj</i>	1	

Drug Name	Tier	Notes
<i>gentamicin opht</i>	1	
<i>gentamicin top</i>	1	
<i>gentamicin in nacl (iso-osm) iv</i>	1	
<i>gentamicin sulfate (pf) iv</i>	1	
INVANZ INJ	4	
<i>kanamycin inj</i>	1	
LEVAQUIN IV	3	
LEVAQUIN ORAL	3	
LEVAQUIN IN D5W IV	3	
MACRODANTIN ORAL	3	
<i>methenamine hippurate oral</i>	1	
<i>metronidazole oral</i>	1	
<i>metronidazole top</i>	1	
<i>metronidazole vagl</i>	1	
<i>metronidazole in nacl (iso-os) iv</i>	1	
<i>minocycline cap</i>	1	
<i>minocycline tab</i>	2	
<i>mupirocin top</i>	1	
<i>nafcillin solution for injection 10 gram</i>	1	
<i>nafcillin solution for injection 1 gram</i>	2	
<i>neomycin oral</i>	1	
<i>neomycin-polymyxin b gu ir</i>	1	
<i>neomycin-polymyxin-hc otic</i>	1	
<i>nitrofurantoin (macrocryst25%) oral</i>	1	
<i>nitrofurantoin macrocrystal oral</i>	1	
<i>ofloxacin opht</i>	1	
<i>ofloxacin oral</i>	1	
<i>ofloxacin otic</i>	1	
ORACEA ORAL	3	
<i>paromomycin oral</i>	1	
<i>penicillin g potassium inj</i>	2	
<i>penicillin g procaine im</i>	1	
<i>penicillin g sodium inj</i>	1	
<i>penicillin v potassium oral</i>	1	
<i>pfizerpen-g inj</i>	1	
<i>piperacillin-tazobactam iv</i>	2	
<i>polymyxin b sulfate inj</i>	1	
PREVPAC ORAL	4	

Drug Name	Tier	Notes
PRIMAXIN IM IM	5	
PRIMAXIN IV SOLUTION 250 mg	3	
PRIMAXIN IV SOLUTION 500 mg	5	
<i>silver sulfadiazine top</i>	1	
SPECTRACEF ORAL	3	
<i>ssd top</i>	1	
STREPTOMYCIN IM	4	
<i>sulfacetamide sodium (acne) top</i>	1	
<i>sulfacetamide-prednisolone opht</i>	1	
<i>sulfadiazine oral</i>	2	
<i>sulfamethoxazole-trimethoprim iv</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim oral</i>	1	
SUPRAX ORAL	4	
<i>tazicef inj</i>	1	
<i>tazicef iv</i>	1	
<i>tetracycline oral</i>	1	
<i>thermazene top</i>	1	
TIMENTIN IV	4	
TOBI INHL	5	PA
<i>tobramycin sulfate inj</i>	2	
<i>tobramycin sulfate opht</i>	2	
<i>trimethoprim oral</i>	1	
TYGACIL IV	5	
VANCOCIN ORAL	5	PA
<i>vancomycin iv</i>	1	
<i>vandazole vagl</i>	1	
VIBATIV IV	5	PA
VIBRAMYCIN ORAL	3	
ZOSYN IN DEXTROSE (ISO-OSM) IV	3	
ZYVOX IV	3	PA
ZYVOX ORAL	3	PA
Anticonvulsants - Drugs to Treat Seizures		
<i>BANZEL ORAL</i>	3	QL (240 EA per 30 day(s))
<i>carbamazepine oral</i>	1	
<i>CARBATROL ORAL</i>	3	
<i>CELONTIN ORAL</i>	4	
<i>DILANTIN INFATABS ORAL</i>	3	

Drug Name	Tier	Notes
<i>divalproex oral</i>	1	
<i>epitol oral</i>	1	
<i>ethosuximide oral</i>	1	
FELBATOL ORAL	4	
<i>fosphenytoin inj</i>	1	
<i>gabapentin cap 400 mg</i>	1	QL (270 EA per 25 day(s))
<i>gabapentin cap 100 mg</i>	1	QL (300 EA per 25 day(s))
<i>gabapentin cap 300 mg</i>	1	QL (360 EA per 25 day(s))
<i>gabapentin tab 800 mg</i>	1	QL (120 EA per 25 day(s))
<i>gabapentin tab 600 mg</i>	1	QL (180 EA per 25 day(s))
GABITRIL TAB 12 mg, 2 mg	4	QL (124 EA per 31 day(s))
GABITRIL TAB 4 mg	4	QL (420 EA per 30 day(s))
GABITRIL TAB 16 mg	4	QL (93 EA per 31 day(s))
KEPPRA IV	3	
KEPPRA XR 24 HR TAB 750 mg	3	QL (120 EA per 30 day(s))
KEPPRA XR 24 HR TAB 500 mg	3	QL (180 EA per 30 day(s))
<i>lamotrigine dispersible tab</i>	2	
<i>lamotrigine tab</i>	1	
<i>levetiracetam oral soln</i>	1	
<i>levetiracetam tab 250 mg, 750 mg</i>	1	QL (120 EA per 30 day(s))
<i>levetiracetam tab 500 mg</i>	1	QL (180 EA per 30 day(s))
<i>levetiracetam tab 1,000 mg</i>	1	QL (90 EA per 30 day(s))
LYRICA CAP 150 mg, 225 mg, 25 mg, 300 mg, 75 mg	3	PA; QL (60 EA per 30 day(s))
LYRICA CAP 100 mg, 200 mg, 50 mg	3	PA; QL (90 EA per 30 day(s))
NEURONTIN ORAL	3	QL (2160 ML per 30 day(s))
<i>oxcarbazepine oral</i>	2	
PEGANONE ORAL	4	
PHENYTEK ORAL	3	
<i>phenytoin oral</i>	1	
<i>phenytoin sodium iv</i>	1	
<i>phenytoin sodium extended oral</i>	1	
<i>primidone oral</i>	1	
SABRIL ORAL	5	LA; QL (180 EA per 30 day(s))
TEGRETOL XR 12 HR TAB 100 mg	3	
TEGRETOL XR 12 HR TAB 200 mg, 400 mg	4	
<i>topiramate sprinkle cap</i>	2	
<i>topiramate tab</i>	1	
TRILEPTAL ORAL	3	

Drug Name	Tier	Notes
<i>valproate sodium iv</i>	2	
<i>valproic acid oral</i>	1	
<i>valproic acid (as sodium salt) oral</i>	1	
VIMPAT IV	3	QL (1200 ML per 30 day(s))
VIMPAT ORAL	3	QL (60 EA per 30 day(s))
<i>zonisamide oral</i>	1	
Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia		
ARICEPT ORAL	3	QL (30 EA per 30 day(s))
ARICEPT ODT ORAL	3	QL (30 EA per 30 day(s))
<i>ergoloid oral</i>	2	
EXELON CAP	3	QL (60 EA per 30 day(s))
EXELON ORAL SOLN	3	QL (180 ML per 30 day(s))
EXELON TD	3	QL (30 EA per 30 day(s))
<i>galantamine oral soln</i>	1	QL (180 ML per 30 day(s))
<i>galantamine sr 24 hr cap</i>	1	QL (31 EA per 31 day(s))
<i>galantamine tab</i>	1	QL (60 EA per 30 day(s))
NAMENDA ORAL SOLN	3	QL (300 ML per 30 day(s))
NAMENDA TAB 10 mg	3	QL (60 EA per 30 day(s))
NAMENDA TAB 5 mg	3	QL (90 EA per 30 day(s))
NAMENDA TITRATION PAK ORAL	3	
Antidepressants - Drugs to Treat Depression		
<i>amitriptyline oral</i>	1	
<i>amoxapine oral</i>	1	
APLENZIN ORAL	4	QL (90 EA per 30 day(s))
<i>budeprion sr oral</i>	1	QL (60 EA per 30 day(s))
<i>budeprion xl 24 hr tab 150 mg</i>	1	QL (30 EA per 30 day(s))
<i>budeprion xl 24 hr tab 300 mg</i>	1	QL (90 EA per 30 day(s))
<i>buproban oral</i>	1	
<i>bupropion hcl sr tab 150 mg, 200 mg</i>	1	QL (60 EA per 30 day(s))
<i>bupropion hcl sr tab 100 mg</i>	1	QL (90 EA per 30 day(s))
<i>bupropion hcl tab 100 mg</i>	1	QL (120 EA per 30 day(s))
<i>bupropion hcl tab 75 mg</i>	1	QL (90 EA per 30 day(s))
<i>clomipramine oral</i>	1	
CYMBALTA CAP 60 mg	3	ST; QL (30 EA per 30 day(s))
CYMBALTA CAP 20 mg, 30 mg	3	ST; QL (60 EA per 30 day(s))
<i>desipramine oral</i>	1	
<i>doxepin oral</i>	1	
EFFEXOR XR 24 HR CAP 150 mg	4	ST; QL (60 EA per 30 day(s))

Drug Name	Tier	Notes
EFFEXOR XR 24 HR CAP 37.5 mg, 75 mg	4	ST; QL (90 EA per 30 day(s))
EMSAM TD	4	QL (30 EA per 30 day(s))
<i>imipramine hcl oral</i>	1	
<i>imipramine pamoate oral</i>	2	
<i>maprotiline tab 75 mg</i>	1	
<i>maprotiline tab 25 mg, 50 mg</i>	1	QL (93 EA per 31 day(s))
MARPLAN ORAL	4	
<i>mirtazapine oral</i>	1	QL (30 EA per 30 day(s))
<i>nefazodone tab 100 mg, 150 mg, 250 mg, 50 mg</i>	1	QL (60 EA per 30 day(s))
<i>nefazodone tab 200 mg</i>	1	QL (90 EA per 30 day(s))
<i>nortriptyline oral</i>	1	
<i>perphenazine-amitriptyline oral</i>	1	
PRISTIQ ORAL	4	ST; QL (30 EA per 30 day(s))
<i>protriptyline oral</i>	1	
SAVELLA TAB	3	ST; QL (60 EA per 30 day(s))
SAVELLA TABS IN A DOSE PACK	3	ST; QL (55 EA per 28 day(s))
SURMONTIL ORAL	4	
<i>tranlycypromine oral</i>	1	
<i>trazodone oral</i>	1	
<i>venlafaxine tab 75 mg</i>	1	QL (150 EA per 30 day(s))
<i>venlafaxine tab 37.5 mg</i>	1	QL (60 EA per 30 day(s))
<i>venlafaxine tab 100 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 day(s))
VENLAFAXINE ER 24 HR TAB 225 mg	3	ST; QL (30 EA per 30 day(s))
VENLAFAXINE ER 24 HR TAB 150 mg	3	ST; QL (60 EA per 30 day(s))
VENLAFAXINE ER 24 HR TAB 37.5 mg, 75 mg	3	ST; QL (90 EA per 30 day(s))
Antidotes, Deterrents, and Toxicologic Agents - Drugs for Overdose or Deterrants		
<i>acetylcysteine misc</i>	1	PA;
<i>amifostine iv</i>	5	
ANTABUSE ORAL	3	
<i>buprenorphine inj</i>	2	
CAMPRAL DOSE PAK ORAL	3	QL (180 EA per 30 day(s))
CHANTIX ORAL	3	PA; QL (60 EA per 30 day(s))
<i>depade oral</i>	1	
ETHYOL IV	3	
EXJADE ORAL	5	PA; LA
<i>fomepizole iv</i>	1	
FUSILEV IV	4	

Drug Name	Tier	Notes
<i>kionex oral</i>	1	
<i>leucovorin calcium inj</i>	1	
<i>leucovorin calcium oral</i>	2	
<i>mesna iv</i>	2	
MESNEX ORAL	5	
<i>naloxone inj</i>	2	
<i>naltrexone oral</i>	1	
NICOTROL INHL	3	
<i>sodium polystyrene sulfonate oral</i>	1	
SYPRINE ORAL	4	
Antiemetics - Drugs to Treat Nausea and Vomiting		
<i>compro rect</i>	1	
<i>dronabinol cap 2.5 mg</i>	2	PA; QL (60 EA per 30 day(s))
<i>dronabinol cap 10 mg, 5 mg</i>	5	PA; QL (60 EA per 30 day(s))
EMEND CAP 125 mg, 40 mg	3	PA; QL (1 EA per 1 day(s))
EMEND CAP 80 mg	3	PA; QL (2 EA per 1 day(s))
EMEND CAPS IN DOSE PACK	3	PA; QL (3 EA per 1 day(s))
<i>granisetron iv</i>	2	PA
<i>granisetron oral</i>	5	PA; QL (60 EA per 30 day(s))
<i>granisetron (pf) iv</i>	2	PA
<i>granisol oral</i>	2	PA
<i>meclizine oral</i>	1	
<i>metoclopramide inj</i>	1	
<i>metoclopramide oral</i>	1	
METZOLV ODT ORAL	4	
<i>ondansetron tab, rapid dissolve 8 mg</i>	1	PA; QL (45 EA per 30 day(s))
<i>ondansetron tab, rapid dissolve 4 mg</i>	1	PA; QL (9 EA per 3 day(s))
<i>ondansetron hcl tab 24 mg</i>	1	PA; QL (18 EA per 30 day(s))
<i>ondansetron hcl tab 4 mg, 8 mg</i>	1	PA; QL (9 EA per 3 day(s))
<i>ondansetron hcl oral soln</i>	5	PA; QL (450 ML per 30 day(s))
<i>ondansetron hcl (pf) inj</i>	1	PA;
<i>phenadoz rect</i>	1	
<i>prochlorperazine rect</i>	1	
<i>prochlorperazine edisylate inj</i>	1	
<i>prochlorperazine maleate oral</i>	1	
<i>promethazine inj</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rect</i>	1	

Drug Name	Tier	Notes
<i>promethazine vc oral</i>	1	
<i>promethegan rect</i>	1	
SANCUSO TD	4	PA; QL (4 EA per 28 day(s))
<i>transderm-scop td</i>	2	
<i>trimethobenzamide im</i>	1	
<i>trimethobenzamide oral</i>	1	PA;
Antifungals - Drugs to Treat Fungal Infections		
<i>amphotericin b inj</i>	1	
ANCOBON ORAL	5	
CANCIDAS IV	5	PA
<i>ciclopirox shampoo</i>	2	
<i>ciclopirox topical cream</i>	2	PA
<i>ciclopirox topical gel</i>	2	PA
<i>ciclopirox topical soln</i>	2	PA
<i>ciclopirox topical susp</i>	2	PA
<i>clotrimazole mm</i>	1	
<i>clotrimazole top</i>	1	
<i>clotrimazole-betamethasone top</i>	1	
<i>econazole top</i>	1	
ERAXIS(WATER DILUENT) IV	4	PA
EXTINA TOP	4	
<i>fluconazole oral</i>	1	
<i>fluconazole in dextrose(iso-o) iv</i>	2	
<i>griseofulvin microsize oral</i>	1	
GRIS-PEG ORAL	4	
<i>itraconazole oral</i>	2	PA
<i>ketoconazole oral</i>	1	
<i>ketoconazole top</i>	1	
<i>kuric top</i>	1	
<i>miconazole-3 vagl</i>	1	
NATACYN OPHT	3	
NOXAFIL ORAL	5	PA; ST
<i>nyamyc top</i>	1	
<i>nystatin oral</i>	1	
<i>nystatin top</i>	1	
<i>nystatin-triamcinolone top</i>	1	
<i>nystop top</i>	1	
OXISTAT TOP	4	

Drug Name	Tier	Notes
<i>pedi-dri top</i>	1	
SPORANOX ORAL	4	PA
<i>terbinafine oral</i>	1	PA; QL (30 EA per 30 day(s))
<i>terconazole vagl</i>	1	
VFEND ORAL SUSP	5	PA; QL (300 ML per 30 day(s))
VFEND TAB 50 mg	5	PA; QL (120 EA per 30 day(s))
VFEND TAB 200 mg	5	PA; QL (60 EA per 30 day(s))
VFEND IV	5	PA
<i>zazole vagl</i>	1	
Antigout Agents - Drugs to Treat Gout		
<i>allopurinol oral</i>	1	
<i>allopurinol sodium iv</i>	1	
<i>colchicine-probenecid oral</i>	1	
COLCRYS ORAL	3	QL (120 EA per 30 day(s))
<i>probenecid oral</i>	1	
ULORIC ORAL	3	PA; QL (30 EA per 30 day(s))
<i>Anti-inflammatory Agents</i>		
CELEBREX CAP 100 mg	3	ST; QL (30 EA per 30 day(s))
CELEBREX CAP 200 mg, 400 mg, 50 mg	3	ST; QL (60 EA per 30 day(s))
<i>diclofenac potassium oral</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diflunisal oral</i>	1	
<i>etodolac oral</i>	1	
<i>fenoprofen oral</i>	1	
FLECTOR TOP	4	QL (60 EA per 30 day(s))
<i>flurbiprofen oral</i>	1	
<i>ibuprofen oral</i>	1	
<i>indomethacin oral</i>	1	
<i>ketoprofen oral</i>	1	
<i>ketorolac injection 30 mg/mL (1 mL)</i>	1	QL (20 ML per 30 day(s))
<i>ketorolac injection 15 mg/mL</i>	1	QL (40 ML per 30 day(s))
<i>ketorolac oral</i>	1	QL (20 EA per 30 day(s))
<i>meclofenamate oral</i>	1	
<i>meloxicam oral susp</i>	1	QL (300 ML per 30 day(s))
<i>meloxicam tab</i>	1	QL (30 EA per 30 day(s))
<i>nabumetone oral</i>	1	
<i>naproxen oral</i>	1	
<i>naproxen sodium oral</i>	1	

Drug Name	Tier	Notes
<i>oxaprozin oral</i>	1	
<i>piroxicam oral</i>	1	
<i>sulindac oral</i>	1	
<i>tolmetin oral</i>	1	
Antimigraine Agents - Drugs to Treat Migraines		
<i>dihydroergotamine inj</i>	2	QL (24 ML per 28 day(s))
<i>ergotamine-caffeine oral</i>	1	QL (40 EA per 30 day(s))
FROVA ORAL	4	ST; QL (12 EA per 30 day(s))
MAXALT ORAL	4	ST; QL (12 EA per 30 day(s))
MAXALT-MLT ORAL	4	ST; QL (12 EA per 30 day(s))
MIGERGOT RECT	3	QL (20 EA per 28 day(s))
MIGRANAL NASL	4	QL (12 ML per 30 day(s))
RELPAX ORAL	3	ST; QL (9 EA per 30 day(s))
<i>sumatriptan succinate oral</i>	1	QL (9 EA per 30 day(s))
<i>sumatriptan succinate subq</i>	1	QL (4 ML per 30 day(s))
ZOMIG NASL	4	ST; QL (6 EA per 30 day(s))
ZOMIG ORAL	4	ST; QL (9 EA per 30 day(s))
ZOMIG ZMT ORAL	4	ST; QL (9 EA per 30 day(s))
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
GUANIDINE ORAL	4	
MESTINON ORAL	3	
MESTINON TIMESPAN ORAL	3	
<i>pyridostigmine bromide oral</i>	1	
REGONOL INJ	3	
Antimycobacterials - Drugs to Treat Infections		
CAPASTAT INJ	3	
DAPSONE ORAL	3	
<i>ethambutol oral</i>	1	
<i>isonarif oral</i>	1	
<i>isoniazid inj</i>	1	
<i>isoniazid oral</i>	1	
MYCOBUTIN ORAL	4	
PASER ORAL	4	
PRIFTIN ORAL	4	
<i>pyrazinamide oral</i>	1	
<i>rifamate oral</i>	1	
<i>rifampin oral</i>	1	
<i>rifampin IV</i>	5	

Drug Name	Tier	Notes
SEROMYCIN ORAL	4	
TRECATOR ORAL	4	
Antineoplastics - Drugs to Treat Cancer and Cancer Treatment Side Effects		
ABRAXANE IV	4	
<i>adriamycin pfs iv</i>	1	
AFINITOR ORAL	5	PA
ALIMTA IV	5	
ALKERAN IV	5	
ARIMIDEX ORAL	3	
AROMASIN ORAL	4	
ARRANON IV	4	
ARZERRA IV	5	PA
AVASTIN IV	5	PA
BICNU IV	3	
<i>bleomycin inj</i>	2	
BUSULFEX IV	3	
CAMPATH IV	5	
CAMPTOSAR IV	3	
<i>carboplatin iv</i>	1	
CEENU ORAL	3	
<i>cerubidine iv</i>	1	
<i>cisplatin iv</i>	1	
<i>cladribine iv</i>	1	
CLOLAR IV	4	
COSMEGEN IV	3	
<i>cyclophosphamide oral</i>	2	PA
<i>cytarabine inj</i>	1	
<i>cytarabine (pf) inj</i>	1	
<i>dacarbazine iv</i>	1	
<i>daunorubicin iv</i>	1	
DOXIL IV	5	
<i>doxorubicin iv</i>	1	
DROXIA ORAL	3	
ELOXATIN IV	4	
ELSPAR INJ	3	
EMCYT ORAL	3	
<i>epirubicin iv</i>	2	
ERBITUX IV	5	PA

Drug Name	Tier	Notes
ETOPOPHOS IV	4	
<i>etoposide iv</i>	1	
FARESTON ORAL	3	
FASLODEX IM	5	
FEMARA ORAL	3	
<i>fludarabine iv</i>	5	
<i>fluorouracil iv</i>	1	
GEMZAR IV	4	
GLEEVEC TAB 400 mg	5	PA; QL (60 EA per 30 day(s))
GLEEVEC TAB 100 mg	5	PA; QL (90 EA per 30 day(s))
HERCEPTIN IV	5	
HEXALEN ORAL	5	PA
HYCANTIN IV	3	
<i>hydroxyurea oral</i>	1	
<i>idarubicin iv</i>	5	
IFEX IV	4	
<i>ifosfamide iv</i>	2	
IFOSFAMIDE-MESNA IV	5	
IRESSA ORAL	5	PA
<i>irinotecan iv</i>	2	
ISTODAX IV	5	PA
IXEMPRA IV	5	PA
LEUKERAN ORAL	3	
LYSODREN ORAL	3	
MATULANE ORAL	5	
<i>melphalan iv</i>	5	
<i>mercaptopurine oral</i>	1	
<i>mitomycin iv</i>	1	
<i>mitoxantrone iv</i>	2	
MUSTARGEN INJ	3	
NEXAVAR ORAL	5	PA; LA
NIPENT IV	5	
ONCASPAR INJ	3	
ONTAK IV	5	
<i>oxaliplatin iv</i>	5	
<i>paclitaxel iv</i>	1	
PANRETIN TOP	5	
<i>pentostatin iv</i>	5	

Drug Name	Tier	Notes
PHOTOFRIN IV	3	
REVLIMID ORAL	5	PA; LA
RITUXAN IV	5	PA
SPRYCEL TAB 20 mg	5	PA; ST; QL (150 EA per 30 day(s))
SPRYCEL TAB 100 mg, 50 mg, 70 mg	5	PA; ST; QL (60 EA per 30 day(s))
SUTENT CAP 25 mg, 50 mg	5	PA; QL (30 EA per 30 day(s))
SUTENT CAP 12.5 mg	5	PA; QL (90 EA per 30 day(s))
<i>tamoxifen oral</i>	1	
TARCEVA ORAL	5	PA
TARGRETIN ORAL	5	PA
TARGRETIN TOP	5	
TASIGNA ORAL	5	PA; ST; QL (120 EA per 30 day(s))
TAXOTERE IV	5	
THALOMID ORAL	5	PA
THIOGUANINE ORAL	4	
THIOTEPA INJ	4	
<i>toposar iv</i>	1	
TORISEL IV	4	PA
TREANDA IV	5	
TRETINOIN (CHEMOTHERAPY) ORAL	5	
TRISENOX IV	4	
TYKERB ORAL	5	PA; LA
VECTIBIX IV	5	PA
VELCADE IV	5	
VIDAZA SUBQ	5	
<i>vinblastine iv</i>	1	
<i>vincristine iv</i>	1	
<i>vinorelbine iv</i>	1	
VOTRIENT ORAL	5	PA
ZANOSAR IV	4	
ZOLINZA ORAL	5	PA; ST
Antiparasitics - Drugs to Treat Parasitic Infections		
<i>acticin top</i>	1	
ALBENZA ORAL	3	
ALINIA ORAL SUSP	3	QL (150 ML per 30 day(s))
ALINIA TAB	3	QL (6 EA per 30 day(s))

Drug Name	Tier	Notes
<i>chloroquine phosphate oral</i>	1	
DARAPRIM ORAL	3	
EURAX TOP	3	
<i>hydroxychloroquine oral</i>	1	
<i>lindane top</i>	2	
MALARONE ORAL	4	
<i>malathion top</i>	1	
<i>mebendazole oral</i>	1	
<i>mefloquine oral</i>	1	
MEPRON ORAL	5	
<i>permethrin top</i>	1	
QUALAQUIN ORAL	3	
TINDAMAX ORAL	3	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease		
<i>amantadine oral</i>	1	
APOKYN SUBQ	5	PA; LA; QL (60 ML per 30 day(s))
<i>atamet oral</i>	1	
AZILECT ORAL	3	QL (30 EA per 30 day(s))
<i>benztropine inj</i>	2	
<i>benztropine oral</i>	1	
<i>bromocriptine cap</i>	2	
<i>bromocriptine tab</i>	1	
<i>cabergoline oral</i>	1	
<i>carbidopa-levodopa oral</i>	2	
COMTAN ORAL	3	
<i>pramipexole oral</i>	2	
<i>ropinirole oral</i>	1	
<i>selegiline hcl oral</i>	1	
STALEVO 100 ORAL	3	
STALEVO 125 ORAL	3	
STALEVO 150 ORAL	3	
STALEVO 200 ORAL	3	
STALEVO 50 ORAL	3	
STALEVO 75 ORAL	3	
TASMAR ORAL	4	
<i>trihexyphenidyl oral</i>	1	
Antipsychotics - Drugs to Treat Mood Disorders		

Drug Name	Tier	Notes
ABILIFY IM	4	
ABILIFY ORAL SOLN	4	QL (900 ML per 30 day(s))
ABILIFY TAB	4	QL (30 EA per 30 day(s))
ABILIFY DISCMELT ORAL	4	QL (60 EA per 30 day(s))
<i>chlorpromazine inj</i>	1	
<i>chlorpromazine oral</i>	1	
<i>clozapine tab 200 mg, 25 mg, 50 mg</i>	2	ST; QL (120 EA per 30 day(s))
<i>clozapine tab 100 mg</i>	2	ST; QL (270 EA per 30 day(s))
FANAPT ORAL	4	ST
FAZACLO TAB, RAPID DISSOLVE 12.5 mg, 25 mg	4	ST; QL (120 EA per 30 day(s))
FAZACLO TAB, RAPID DISSOLVE 100 mg	4	ST; QL (270 EA per 30 day(s))
<i>fluphenazine decanoate inj</i>	1	
<i>fluphenazine hcl inj</i>	1	
<i>fluphenazine hcl oral</i>	1	
GEODON IM	3	QL (60 EA per 30 day(s))
GEODON ORAL	3	QL (60 EA per 30 day(s))
<i>haloperidol oral</i>	1	
<i>haloperidol decanoate im</i>	1	
<i>haloperidol lactate inj</i>	1	
<i>haloperidol lactate oral</i>	1	
INVEGA 24 HR TAB 1.5 mg, 3 mg, 9 mg	4	QL (30 EA per 30 day(s))
INVEGA 24 HR TAB 6 mg	4	QL (60 EA per 30 day(s))
INVEGA SUSTENNA IM SYRINGE 39 mg/0.25 mL, 78 mg/0.5 mL	4	QL (1 ML per 28 day(s))
INVEGA SUSTENNA IM SYRINGE 117 mg/0.75 mL, 156 mg/mL (1 mL), 234 mg/1.5 mL	5	QL (1 ML per 28 day(s))
<i>loxapine succinate oral</i>	1	
NAVANE ORAL	3	
ORAP ORAL	3	
<i>perphenazine oral</i>	1	
RISPERDAL CONSTA IM SYRINGE 12.5 mg/2 mL, 25 mg/2 mL	4	
RISPERDAL CONSTA IM SYRINGE 37.5 mg/2 mL, 50 mg/2 mL	5	
<i>risperidone oral soln</i>	2	QL (240 ML per 30 day(s))
<i>risperidone tab</i>	2	QL (120 EA per 30 day(s))
<i>risperidone tab, rapid dissolve</i>	2	QL (120 EA per 30 day(s))
SAPHRIS SL	4	QL (62 EA per 31 day(s))
SEROQUEL TAB 400 mg	3	QL (60 EA per 30 day(s))

Drug Name	Tier	Notes
SEROQUEL TAB 100 mg, 200 mg, 25 mg, 300 mg, 50 mg	3	QL (90 EA per 30 day(s))
SEROQUEL XR 24 HR TAB 150 mg, 200 mg	3	QL (30 EA per 30 day(s))
SEROQUEL XR 24 HR TAB 300 mg, 400 mg, 50 mg	3	QL (60 EA per 30 day(s))
<i>thioridazine oral</i>	1	
<i>thiothixene oral</i>	1	
<i>trifluoperazine oral</i>	1	
ZYPREXA IM	3	QL (30 EA per 30 day(s))
ZYPREXA ORAL	3	QL (30 EA per 30 day(s))
ZYPREXA ZYDIS ORAL	3	QL (30 EA per 30 day(s))
Antispasticity Agents - Drugs to Treat Spasms		
<i>baclofen oral</i>	1	
<i>dantrolene oral</i>	2	
<i>tizanidine oral</i>	1	
Antivirals - Drugs to Treat Viral Infections		
<i>acyclovir oral</i>	1	
<i>acyclovir sodium iv</i>	1	
APTIVUS CAP	5	QL (120 EA per 30 day(s))
APTIVUS ORAL SOLN	5	QL (300 ML per 30 day(s))
ATRIPLA ORAL	5	QL (30 EA per 30 day(s))
BARACLUDE ORAL SOLN	3	QL (600 ML per 30 day(s))
BARACLUDE TAB	5	QL (30 EA per 30 day(s))
COMBIVIR ORAL	3	
CRIXIVAN ORAL	3	
DENAVIR TOP	3	
<i>didanosine oral</i>	2	
EMTRIVA ORAL	4	
EPIVIR ORAL	3	
EPIVIR HBV ORAL	3	
EPZICOM ORAL	5	
<i>famciclovir tab 500 mg</i>	2	QL (60 EA per 30 day(s))
<i>famciclovir tab 125 mg, 250 mg</i>	2	QL (90 EA per 30 day(s))
<i>foscarnet iv</i>	2	
FUZEON SUBQ	5	QL (60 EA per 30 day(s))
GANCICLOVIR CAP 250 mg	3	
GANCICLOVIR CAP 500 mg	5	
HEPSERA ORAL	5	QL (30 EA per 30 day(s))
INTELENCE ORAL	5	QL (120 EA per 30 day(s))
INVIRASE ORAL	5	

Drug Name	Tier	Notes
ISENTRESS ORAL	5	QL (60 EA per 30 day(s))
KALETRA ORAL SOLN	5	
KALETRA TAB 100-25 mg	4	
KALETRA TAB 200-50 mg	5	
LEXIVA ORAL SUSP	4	
LEXIVA TAB	5	
NORVIR CAP	3	
NORVIR ORAL SOLN	5	
PREZISTA TAB 75 mg	4	
PREZISTA TAB 400 mg, 600 mg	5	
REBETOL ORAL	5	PA
RESCRIPTOR ORAL	4	
RETROVIR IV	5	
REYATAZ ORAL	5	
<i>ribasphere cap 200mg</i>	2	PA
<i>ribasphere tab 200 mg</i>	2	PA
<i>ribasphere tab 400 mg, 600 mg</i>	5	PA
<i>ribavirin tab 200 mg</i>	2	PA
<i>ribavirin cap 200mg</i>	5	PA
<i>ribavirin tab 400 mg, 600 mg</i>	5	PA
<i>rimantadine oral</i>	1	
SELZENTRY TAB 300 mg	5	QL (120 EA per 30 day(s))
SELZENTRY TAB 150 mg	5	QL (60 EA per 30 day(s))
<i>stavudine oral</i>	2	
SUSTIVA ORAL	4	
TAMIFLU CAP 45 mg, 75 mg	3	QL (28 EA per 180 day(s))
TAMIFLU CAP 30 mg	3	QL (84 EA per 90 day(s))
TAMIFLU ORAL SUSP	3	QL (275 ML per 180 day(s))
TRIZIVIR ORAL	5	
TRUVADA ORAL	5	
TYZEKA ORAL	5	QL (30 EA per 30 day(s))
<i>valacyclovir oral</i>	2	QL (60 EA per 30 day(s))
VALCYTE ORAL	5	
VALTREX ORAL	3	QL (60 EA per 30 day(s))
VIDEX 2 GRAM PEDIATRIC ORAL	4	
VIRACEPT ORAL POWDER	4	
VIRACEPT TAB	5	
VIRAMUNE ORAL	3	

Drug Name	Tier	Notes
VIREAD ORAL	4	
ZIAGEN ORAL	3	
<i>zidovudine oral</i>	2	
ZOVIRAX OINTMENT	3	QL (30 GM per 30 day(s))
ZOVIRAX TOPICAL CREAM	3	QL (15 GM per 30 day(s))
Anxiolytics - Drugs to Treat Anxiety		
<i>amitriptyline-chlordiazepoxide oral</i>	1	
<i>buspirone oral</i>	1	
<i>citalopram oral soln</i>	1	QL (600 ML per 30 day(s))
<i>citalopram tab 10 mg, 40 mg</i>	1	QL (30 EA per 30 day(s))
<i>citalopram tab 20 mg</i>	1	QL (90 EA per 30 day(s))
<i>fluoxetine cap 20 mg</i>	1	QL (120 EA per 30 day(s))
<i>fluoxetine cap 10 mg, 40 mg</i>	1	QL (60 EA per 30 day(s))
<i>fluoxetine oral soln</i>	1	QL (600 ML per 30 day(s))
<i>fluoxetine tab 20 mg</i>	1	QL (120 EA per 30 day(s))
<i>fluoxetine tab 10 mg</i>	1	QL (60 EA per 30 day(s))
<i>fluvoxamine oral</i>	1	QL (90 EA per 30 day(s))
LEXAPRO ORAL SOLN	3	ST; QL (600 ML per 30 day(s))
LEXAPRO TAB	3	ST; QL (30 EA per 30 day(s))
<i>meprobamate oral</i>	1	
NARDIL ORAL	3	
<i>paroxetine oral susp</i>	2	QL (900 ML per 30 day(s))
<i>paroxetine sr 24 hr tab 12.5 mg</i>	1	QL (60 EA per 30 day(s))
<i>paroxetine sr 24 hr tab 25 mg</i>	1	QL (90 EA per 30 day(s))
<i>paroxetine tab</i>	1	QL (30 EA per 30 day(s))
<i>sertraline oral concentrate</i>	1	QL (300 ML per 30 day(s))
<i>sertraline tab</i>	1	QL (60 EA per 30 day(s))
Bipolar Agents - Drugs to Treat Mood Disorders		
<i>lithium carbonate oral</i>	1	
<i>lithium citrate oral</i>	1	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar		
<i>acarbose oral</i>	1	QL (90 EA per 30 day(s))
ACTOPLUS MET ORAL	3	ST; QL (90 EA per 30 day(s))
ACTOS TAB 30 mg, 45 mg	3	ST; QL (30 EA per 30 day(s))
ACTOS TAB 15 mg	3	ST; QL (60 EA per 30 day(s))
APIDRA SUBQ	3	QL (35 ML per 30 day(s))
APIDRA SOLOSTAR SUBQ	3	QL (35 ML per 30 day(s))
AVANDAMET ORAL	3	ST; QL (120 EA per 30 day(s))

Drug Name	Tier	Notes
AVANDARYL TAB 4-1 mg, 4-4 mg, 8-2 mg, 8-4 mg	3	ST; QL (30 EA per 30 day(s))
AVANDARYL TAB 4-2 mg	3	ST; QL (60 EA per 30 day(s))
AVANDIA TAB 2 mg, 8 mg	3	ST; QL (30 EA per 30 day(s))
AVANDIA TAB 4 mg	3	ST; QL (60 EA per 30 day(s))
BYETTA SUB-Q PEN INJECTOR 10 mcg/0.04 mL	3	ST; QL (2.4 ML per 30 day(s))
BYETTA SUB-Q PEN INJECTOR 5 mcg/0.02 mL	3	ST; QL (4.6 ML per 30 day(s))
<i>chlorpropamide oral</i>	1	
<i>curity gauze top</i>	1	
DUETACT ORAL	3	ST; QL (60 EA per 30 day(s))
<i>glimepiride tab 1 mg, 2 mg</i>	1	QL (30 EA per 30 day(s))
<i>glimepiride tab 4 mg</i>	1	QL (60 EA per 30 day(s))
<i>glipizide er 24 hr tab 2.5 mg</i>	1	QL (30 EA per 30 day(s))
<i>glipizide xl 24 hr tab 5 mg</i>	1	QL (30 EA per 30 day(s))
<i>glipizide xl 24 hr tab 10 mg</i>	1	QL (60 EA per 30 day(s))
<i>glipizide tab 10 mg</i>	1	QL (120 EA per 30 day(s))
<i>glipizide tab 5 mg</i>	1	QL (240 EA per 30 day(s))
<i>glipizide-metformin oral</i>	1	QL (120 EA per 30 day(s))
GLUCAGEN HYPOKIT INJ	4	
GLUCAGON EMERGENCY INJ	3	QL (2 EA per 30 day(s))
<i>glyburide oral</i>	1	
<i>glyburide micronized tab 1.5 mg, 3 mg</i>	1	QL (30 EA per 30 day(s))
<i>glyburide micronized tab 6 mg</i>	1	QL (60 EA per 30 day(s))
<i>glyburide-metformin tab 5-500 mg</i>	1	QL (120 EA per 30 day(s))
<i>glyburide-metformin tab 1.25-250 mg, 2.5-500 mg</i>	1	QL (60 EA per 30 day(s))
<i>glycron oral</i>	1	
GLYSET ORAL	4	QL (90 EA per 30 day(s))
HUMALOG SUBQ	3	QL (35 ML per 30 day(s))
HUMALOG MIX 50-50 SUBQ	3	QL (35 ML per 30 day(s))
HUMALOG MIX 75-25 SUBQ	3	QL (35 ML per 30 day(s))
HUMALOG PEN SUBQ	3	QL (35 ML per 30 day(s))
HUMULIN 70/30 SUBQ	3	QL (35 ML per 30 day(s))
HUMULIN 70/30 PEN SUBQ	3	QL (35 ML per 30 day(s))
HUMULIN N SUBQ	3	QL (35 ML per 30 day(s))
HUMULIN N PEN SUBQ	3	QL (35 ML per 30 day(s))
HUMULIN R INJ	3	QL (35 ML per 30 day(s))
“HUMULIN R U-500 “”CONCENTRATED”” INJ”	3	QL (35 ML per 30 day(s))
INSULIN PEN NEEDLE MISC	3	QL (100 EA per 30 day(s))
INSULIN SYRINGE-NEEDLE U-100 MISC	3	QL (100 EA per 30 day(s))

Drug Name	Tier	Notes
JANUMET ORAL	3	ST; QL (60 EA per 30 day(s))
JANUVIA ORAL	3	ST; QL (30 EA per 30 day(s))
LANTUS SUBQ	3	QL (35 ML per 30 day(s))
LANTUS SOLOSTAR SUBQ	3	QL (35 ML per 30 day(s))
LEVEMIR SUBQ	3	QL (35 ML per 30 day(s))
LEVEMIR FLEXPEN SUBQ	3	QL (35 ML per 30 day(s))
<i>metformin er 24 hr tab 500 mg</i>	1	QL (120 EA per 30 day(s))
<i>metformin er 24 hr tab 750 mg</i>	1	QL (90 EA per 30 day(s))
<i>metformin tab 500 mg</i>	1	QL (120 EA per 30 day(s))
<i>metformin tab 1,000 mg</i>	1	QL (60 EA per 30 day(s))
<i>metformin tab 850 mg</i>	1	QL (90 EA per 30 day(s))
<i>nateglinide oral</i>	2	QL (90 EA per 30 day(s))
NOVOLIN 70/30 SUBQ	3	QL (35 ML per 30 day(s))
NOVOLIN 70/30 INNOLET SUBQ	3	QL (35 ML per 30 day(s))
NOVOLIN N SUBQ	3	QL (35 ML per 30 day(s))
NOVOLIN N INNOLET SUBQ	3	QL (35 ML per 30 day(s))
NOVOLIN R INJ	3	QL (35 ML per 30 day(s))
NOVOLOG SUBQ	3	QL (35 ML per 30 day(s))
NOVOLOG FLEXPEN SUBQ	3	QL (35 ML per 30 day(s))
NOVOLOG MIX 70-30 SUBQ	3	QL (35 ML per 30 day(s))
NOVOLOG MIX 70-30 FLEXPEN SUBQ	3	QL (35 ML per 30 day(s))
ONGLYZA ORAL	3	ST; QL (30 EA per 30 day(s))
PRANDIN TAB 0.5 mg, 1 mg	3	QL (120 EA per 30 day(s))
PRANDIN TAB 2 mg	3	QL (240 EA per 30 day(s))
SAFETY NEEDLES MISC	3	QL (100 EA per 30 day(s))
SYMLIN SUBQ	3	PA; QL (20 ML per 30 day(s))
SYMLINPEN 120 SUBQ	3	PA; QL (5.4 ML per 30 day(s))
SYMLINPEN 60 SUBQ	3	PA; QL (6 ML per 30 day(s))
<i>tolazamide oral</i>	1	
<i>tolbutamide oral</i>	1	
VICTOZA SUBQ	4	ST; QL (9 ML per 30 day(s))
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders		
AGGRENOX ORAL	3	QL (60 EA per 30 day(s))
<i>anagrelide oral</i>	1	
ARANESP (POLYSORBATE) INJECTION 40 mcg/mL	4	PA
ARANESP (POLYSORBATE) INJECTION 25 mcg/mL	4	PA; QL (4 ML per 30 day(s))
ARANESP (POLYSORBATE) INJECTION 100 mcg/mL, 200 mcg/mL, 300 mcg/mL, 60 mcg/mL	5	PA

Drug Name	Tier	Notes
ARANESP (POLYSORBATE) SYRINGE 40 mcg/0.4 mL	4	PA
ARANESP (POLYSORBATE) SYRINGE 25 mcg/0.42 mL	4	PA; QL (1.7 ML per 30 day(s))
ARANESP (POLYSORBATE) SYRINGE 100 mcg/0.5 mL, 150 mcg/0.3 mL, 200 mcg/0.4 mL, 300 mcg/0.6 mL, 500 mcg/mL, 60 mcg/0.3 mL	5	PA
ARIXTRA SUB-Q SYRINGE 2.5 mg/0.5 mL	3	PA; QL (5.5 ML per 30 day(s))
ARIXTRA SUB-Q SYRINGE 5 mg/0.4 mL	5	PA; QL (4.4 ML per 30 day(s))
ARIXTRA SUB-Q SYRINGE 7.5 mg/0.6 mL	5	PA; QL (6.6 ML per 30 day(s))
ARIXTRA SUB-Q SYRINGE 10 mg/0.8 mL	5	PA; QL (8.8 ML per 11 day(s))
<i>cilostazol oral</i>	1	
COUMADIN ORAL	3	
<i>dipyridamole oral</i>	1	
EFFIENT TAB 10 mg	3	PA; QL (36 EA per 30 day(s))
EFFIENT TAB 5 mg	3	PA; QL (43 EA per 30 day(s))
EPOGEN INJECTION 2,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL	4	PA; QL (12 ML per 30 day(s))
EPOGEN INJECTION 20,000 unit/2 mL, 20,000 unit/mL, 40,000 unit/mL	5	PA
<i>heparin (porcine) inj</i>	1	
<i>heparin (porcine) in d5w iv</i>	1	PA;
<i>heparin (porcine) in ns (pf) iv</i>	1	
<i>heparin (porcine)-0.45% nacl iv</i>	1	PA;
<i>heparin, porcine (pf) iv</i>	1	
<i>jantoven oral</i>	1	
LEUKINE INJ	3	PA
LOVENOX SUB-Q	3	PA; QL (5 ML per 30 day(s))
LOVENOX SUB-Q SYRINGE 120 mg/0.8 mL, 80 mg/0.8 mL	3	PA; QL (11.2 ML per 30 day(s))
LOVENOX SUB-Q SYRINGE 100 mg/mL, 150 mg/mL	3	PA; QL (14 ML per 30 day(s))
LOVENOX SUB-Q SYRINGE 30 mg/0.3 mL	3	PA; QL (4.2 ML per 30 day(s))
LOVENOX SUB-Q SYRINGE 40 mg/0.4 mL	3	PA; QL (5.6 ML per 30 day(s))
LOVENOX SUB-Q SYRINGE 60 mg/0.6 mL	3	PA; QL (8.4 ML per 30 day(s))
MOZOBIL SUBQ	5	PA
NEULASTA SUBQ	5	PA
NEUMEGA SUBQ	5	QL (21 EA per 30 day(s))
NEUPOGEN INJ	5	PA
PLAVIX TAB 300 mg	3	PA
PLAVIX TAB 75 mg	3	PA; QL (34 EA per 30 day(s))
PROCRIT INJECTION 10,000 unit/mL, 20,000 unit/mL	3	PA; QL (12 ML per 28 day(s))

Drug Name	Tier	Notes
PROCRIT INJECTION 2,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL, 40,000 unit/mL	3	PA; QL (12 ML per 30 day(s))
PROMACTA ORAL	5	PA; LA; QL (30 EA per 30 day(s))
<i>ticlopidine oral</i>	1	QL (60 EA per 30 day(s))
<i>warfarin oral</i>	1	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions		
<i>acebutolol oral</i>	1	
<i>acetazolamide oral</i>	1	
ADVICOR 24 HR TAB 1,000-40 mg	4	ST; QL (30 EA per 30 day(s))
ADVICOR 24 HR TAB 1,000-20 mg, 500-20 mg, 750-20 mg	4	ST; QL (60 EA per 30 day(s))
<i>afeditab cr oral</i>	1	QL (90 EA per 30 day(s))
ALDACTAZIDE ORAL	4	
<i>amiloride oral</i>	1	
<i>amiloride-hydrochlorothiazide oral</i>	1	
<i>amiodarone tab 400 mg</i>	2	
AMIODARONE IV	3	
AMIODARONE TAB 200 mg	3	
<i>amlodipine tab 10 mg, 2.5 mg</i>	1	QL (30 EA per 30 day(s))
<i>amlodipine tab 5 mg</i>	1	QL (45 EA per 30 day(s))
<i>amlodipine-benazepril oral</i>	1	QL (30 EA per 30 day(s))
ATACAND ORAL	4	ST; QL (30 EA per 30 day(s))
ATACAND HCT ORAL	4	ST; QL (30 EA per 30 day(s))
<i>atenolol oral</i>	1	
<i>atenolol-chlorthalidone oral</i>	1	
AVALIDE TAB 300-12.5 mg, 300-25 mg	4	ST; QL (30 EA per 30 day(s))
AVALIDE TAB 150-12.5 mg	4	ST; QL (60 EA per 30 day(s))
AVAPRO ORAL	4	ST; QL (30 EA per 30 day(s))
AZOR ORAL	4	ST; QL (30 EA per 30 day(s))
<i>benazepril oral</i>	1	QL (60 EA per 30 day(s))
<i>benazepril-hydrochlorothiazide tab 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	QL (120 EA per 30 day(s))
<i>benazepril-hydrochlorothiazide tab 10-12.5 mg</i>	1	QL (240 EA per 30 day(s))
BENICAR ORAL	4	ST; QL (30 EA per 30 day(s))
BENICAR HCT ORAL	4	ST; QL (30 EA per 30 day(s))
<i>betaxolol oral</i>	1	
<i>bisoprolol fumarate oral</i>	1	
<i>bisoprolol-hydrochlorothiazide oral</i>	1	

Drug Name	Tier	Notes
<i>bumetanide inj</i>	1	
<i>bumetanide oral</i>	1	
BYSTOLIC TAB 10 mg	3	QL (120 EA per 30 day(s))
BYSTOLIC TAB 2.5 mg	3	QL (30 EA per 30 day(s))
BYSTOLIC TAB 20 mg	3	QL (60 EA per 30 day(s))
BYSTOLIC TAB 5 mg	3	QL (90 EA per 30 day(s))
CADUET ORAL	3	ST; QL (30 EA per 30 day(s))
<i>captopril tab 100 mg</i>	1	QL (120 EA per 30 day(s))
<i>captopril tab 12.5 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 day(s))
<i>captopril-hydrochlorothiazide tab 25-15 mg, 25-25 mg, 50-15 mg</i>	1	QL (30 EA per 30 day(s))
<i>captopril-hydrochlorothiazide tab 50-25 mg</i>	1	QL (90 EA per 30 day(s))
<i>cartia xt oral</i>	1	
<i>carvedilol oral</i>	1	QL (60 EA per 30 day(s))
<i>chlorothiazide oral</i>	1	
<i>chlorothiazide sodium iv</i>	5	
<i>chlorthalidone oral</i>	1	
<i>cholestyramine light oral</i>	1	
<i>clonidine oral</i>	1	
<i>clonidine weekly transderm patch 0.1 mg/24 hr</i>	1	QL (8 EA per 30 day(s))
<i>clonidine weekly transderm patch 0.2 mg/24 hr, 0.3 mg/24 hr</i>	2	QL (8 EA per 30 day(s))
<i>colestipol oral</i>	1	
COREG CR ORAL	3	QL (30 EA per 30 day(s))
COZAAR ORAL	3	ST; QL (30 EA per 30 day(s))
CRESTOR ORAL	3	ST; QL (30 EA per 30 day(s))
<i>dexrazoxane iv</i>	5	
<i>digoxin inj</i>	1	
<i>digoxin oral</i>	1	
<i>dilt-cd oral</i>	1	
<i>diltiazem hcl iv</i>	1	
<i>diltiazem hcl oral</i>	1	
<i>dilt-xr oral</i>	1	
<i>diltzac er oral</i>	1	
DIOVAN ORAL	3	ST; QL (30 EA per 30 day(s))
DIOVAN HCT ORAL	3	ST; QL (30 EA per 30 day(s))
<i>disopyramide oral</i>	1	
<i>doxazosin oral</i>	1	QL (62 EA per 31 day(s))
<i>enalapril maleate oral</i>	1	QL (60 EA per 30 day(s))

Drug Name	Tier	Notes
<i>enalapril-hydrochlorothiazide tab 5-12.5 mg</i>	1	QL (30 EA per 30 day(s))
<i>enalapril-hydrochlorothiazide tab 10-25 mg</i>	1	QL (60 EA per 30 day(s))
<i>eplerenone tab 25 mg</i>	1	QL (30 EA per 30 day(s))
<i>eplerenone tab 50 mg</i>	1	QL (60 EA per 30 day(s))
EXFORGE ORAL	4	ST; QL (30 EA per 30 day(s))
EXFORGE HCT ORAL	4	ST; QL (30 EA per 30 day(s))
<i>felodipine oral</i>	1	
<i>fenofibrate oral</i>	1	QL (30 EA per 30 day(s))
<i>fenofibrate micronized oral</i>	1	QL (30 EA per 30 day(s))
FENOGLIDE TAB 120 mg	4	QL (30 EA per 30 day(s))
FENOGLIDE TAB 40 mg	4	QL (60 EA per 30 day(s))
<i>flecainide oral</i>	1	
<i>fosinopril oral</i>	1	QL (60 EA per 30 day(s))
<i>fosinopril-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (120 EA per 30 day(s))
<i>fosinopril-hydrochlorothiazide tab 10-12.5 mg</i>	1	QL (30 EA per 30 day(s))
<i>furosemide inj</i>	1	
<i>furosemide oral</i>	1	
<i>gemfibrozil oral</i>	1	QL (60 EA per 30 day(s))
<i>guanabenz oral</i>	1	
<i>guanfacine oral</i>	1	
<i>hydralazine inj</i>	1	
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide oral</i>	1	
HYZAAR ORAL	3	ST; QL (30 EA per 30 day(s))
<i>indapamide oral</i>	1	
<i>isochron oral</i>	1	
ISORDIL ORAL	3	
<i>isosorbide dinitrate oral</i>	1	
<i>isosorbide dinitrate sl</i>	1	
<i>isosorbide mononitrate oral</i>	1	
<i>isradipine oral</i>	1	
<i>labetalol iv</i>	1	
<i>labetalol oral</i>	1	
LESCOL XL ORAL	4	ST; QL (30 EA per 30 day(s))
LIPITOR ORAL	4	ST; QL (30 EA per 30 day(s))
<i>lisinopril tab 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL (30 EA per 30 day(s))
<i>lisinopril tab 30 mg, 40 mg</i>	1	QL (60 EA per 30 day(s))
<i>lisinopril-hydrochlorothiazide tab 20-25 mg</i>	1	QL (120 EA per 30 day(s))

Drug Name	Tier	Notes
<i>lisinopril-hydrochlorothiazide tab</i> <i>10-12.5 mg, 20-12.5 mg</i>	1	QL (30 EA per 30 day(s))
<i>lovastatin tab 10 mg, 20 mg</i>	1	QL (30 EA per 30 day(s))
<i>lovastatin tab 40 mg</i>	1	QL (60 EA per 30 day(s))
<i>methazolamide oral</i>	1	
<i>methyclothiazide oral</i>	1	
<i>methyldopa oral</i>	1	
<i>methyldopa-hydrochlorothiazide oral</i>	1	
<i>metolazone oral</i>	1	
<i>metoprolol succinate oral</i>	1	
<i>metoprolol tartrate iv</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>metoprolol-hydrochlorothiazide oral</i>	1	
<i>mexiletine oral</i>	1	
MICARDIS ORAL	4	ST; QL (30 EA per 30 day(s))
MICARDIS HCT ORAL	4	ST; QL (30 EA per 30 day(s))
<i>midodrine oral</i>	2	
<i>minitran td</i>	1	
<i>minoxidil oral</i>	1	
<i>moexipril oral</i>	1	QL (60 EA per 30 day(s))
<i>moexipril-hydrochlorothiazide tab</i> <i>15-12.5 mg, 7.5-12.5 mg</i>	1	QL (30 EA per 30 day(s))
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1	QL (60 EA per 30 day(s))
MULTAQ ORAL	4	
<i>nadolol oral</i>	1	
<i>nadolol-bendroflumethiazide oral</i>	1	
<i>niacor oral</i>	1	
NIASPAN ORAL	3	QL (60 EA per 30 day(s))
<i>nicardipine iv</i>	1	
<i>nicardipine oral</i>	1	
<i>nifediac cc tab 90 mg</i>	1	QL (60 EA per 30 day(s))
<i>nifediac cc tab 30 mg, 60 mg</i>	1	QL (90 EA per 30 day(s))
<i>nifedical xl 24 hr tab 60 mg</i>	1	QL (30 EA per 30 day(s))
<i>nifedical xl 24 hr tab 30 mg</i>	1	QL (90 EA per 30 day(s))
<i>nifedipine oral</i>	1	
<i>nimodipine oral</i>	5	
<i>nisoldipine oral</i>	1	QL (30 EA per 30 day(s))
NITRO-DUR TD	3	
<i>nitroglycerin iv</i>	1	

Drug Name	Tier	Notes
<i>nitroglycerin td</i>	1	
NITROLINGUAL TL	4	
NITROSTAT SL	3	
PACERONE ORAL	3	
<i>pentopak oral</i>	1	
<i>pentoxifylline oral</i>	1	
<i>perindopril erbumine tab 2 mg, 4 mg</i>	2	QL (30 EA per 30 day(s))
<i>perindopril erbumine tab 8 mg</i>	2	QL (60 EA per 30 day(s))
<i>pindolol oral</i>	1	
<i>pravastatin oral</i>	1	QL (30 EA per 30 day(s))
<i>prazosin cap 5 mg</i>	1	QL (120 EA per 30 day(s))
<i>prazosin cap 1 mg</i>	1	QL (124 EA per 31 day(s))
<i>prazosin cap 2 mg</i>	1	QL (240 EA per 30 day(s))
<i>prevalite oral</i>	1	
<i>procainamide inj</i>	1	
PROGLYCEM ORAL	4	
<i>propafenone tab 150 mg, 225 mg</i>	1	
<i>propafenone tab 300 mg</i>	2	
<i>propranolol iv</i>	1	
<i>propranolol oral</i>	1	
<i>propranolol-hydrochlorothiazid oral</i>	1	
<i>quinapril oral</i>	1	QL (60 EA per 30 day(s))
<i>quinapril-hydrochlorothiazide oral</i>	1	QL (30 EA per 30 day(s))
<i>quinidine gluconate inj</i>	1	
<i>quinidine gluconate oral</i>	1	
<i>quinidine sulfate oral</i>	1	
<i>ramipril oral</i>	1	QL (60 EA per 30 day(s))
RANEXA ORAL	4	PA; ST; QL (120 EA per 30 day(s))
<i>reserpine oral</i>	1	
RYTHMOL SR ORAL	3	
SAMSCA TAB 15 mg	5	QL (30 EA per 30 day(s))
SAMSCA TAB 30 mg	5	QL (60 EA per 30 day(s))
SIMCOR 24 HR TAB 500-20 mg, 750-20 mg	3	ST; QL (30 EA per 30 day(s))
SIMCOR 24 HR TAB 1,000-20 mg	3	ST; QL (60 EA per 30 day(s))
<i>simvastatin oral</i>	1	QL (30 EA per 30 day(s))
<i>sorine oral</i>	1	
<i>sotalol iv</i>	1	

Drug Name	Tier	Notes
<i>sotalol oral</i>	1	
<i>spironolactone oral</i>	1	
<i>spironolacton-hydrochlorothiaz oral</i>	1	
<i>taztia xt oral</i>	1	
TEKTURNA ORAL	4	ST; QL (30 EA per 30 day(s))
TEKTURNA HCT ORAL	4	ST; QL (30 EA per 30 day(s))
<i>terazosin oral</i>	1	QL (60 EA per 30 day(s))
TIKOSYN ORAL	4	
<i>timolol maleate oral</i>	1	
<i>torseמידe oral</i>	1	
<i>trandolapril oral</i>	1	QL (60 EA per 30 day(s))
<i>triamterene-hydrochlorothiazid oral</i>	1	
TRICOR ORAL	4	QL (30 EA per 30 day(s))
TRILIPIX ORAL	3	QL (30 EA per 30 day(s))
<i>verapamil iv</i>	1	
<i>verapamil oral</i>	1	
WELCHOL ORAL POWDER PACK	3	
WELCHOL TAB	3	QL (210 EA per 30 day(s))
ZETIA ORAL	3	ST; QL (30 EA per 30 day(s))
Central Nervous System Agents - Drugs to Treat Nerve Conditions		
ADDERAL XR ORAL	2	PA; QL (30 EA per 30 day(s))
<i>amphetamine salt combo oral</i>	1	PA; QL (60 EA per 30 day(s))
CONCERTA 24 HR TAB 18 mg, 27 mg, 54 mg	3	PA; QL (30 EA per 30 day(s))
CONCERTA 24 HR TAB 36 mg	3	PA; QL (60 EA per 30 day(s))
<i>dexmethylphenidate oral</i>	1	PA; QL (60 EA per 30 day(s))
<i>dextroamphetamine sr cap</i>	2	PA; QL (120 EA per 30 day(s))
<i>dextroamphetamine tab</i>	2	PA
METADATE CD ORAL	4	PA
<i>metadate er oral</i>	1	PA; QL (90 EA per 30 day(s))
<i>methylin oral</i>	1	PA; QL (90 EA per 30 day(s))
<i>methylin er oral</i>	1	PA; QL (90 EA per 30 day(s))
<i>methylphenidate oral</i>	1	PA; QL (90 EA per 30 day(s))
NUVIGIL ORAL	4	PA; QL (31 EA per 31 day(s))
PROVIGIL TAB 200 mg	3	PA; QL (60 EA per 30 day(s))
PROVIGIL TAB 100 mg	3	PA; QL (90 EA per 30 day(s))
RILUTEK ORAL	5	PA
RITALIN LA CAP 10 mg, 20 mg, 40 mg	4	PA; QL (30 EA per 30 day(s))
RITALIN LA CAP 30 mg	4	PA; QL (60 EA per 30 day(s))

Drug Name	Tier	Notes
STRATTERA ORAL	3	PA; QL (30 EA per 30 day(s))
XENAZINE ORAL	5	PA; LA; QL (124 EA per 25 day(s))
XYREM ORAL	3	PA; LA; QL (540 ML per 30 day(s))
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions		
<i>chlorhexidine gluconate mm</i>	1	
CYKLOKAPRON IV	3	
EVOXAC ORAL	4	
KEPIVANCE IV	5	
<i>periogard mm</i>	1	
<i>pilocarpine tab 5 mg</i>	1	
<i>pilocarpine tab 7.5 mg</i>	2	
<i>triamcinolone acetonide dent</i>	1	
Dermatological Agents - Drugs to Treat Skin Conditions		
ACANYA TOP	4	PA
ALDARA TOP	3	QL (12 EA per 30 day(s))
<i>ammonium lactate top</i>	1	
<i>amnesteem oral</i>	2	
ATRALIN TOP	4	PA
<i>avita top</i>	1	PA;
AZELEX TOP	4	
BENZACLIN CAREKIT TOP	3	
<i>calcipotriene top</i>	2	QL (60 ML per 30 day(s))
CARAC TOP	3	
<i>claravis oral</i>	2	
<i>clindamycin phosphate top</i>	1	
<i>clindamycin-benzoyl peroxide top</i>	2	
CONDYLOX TOP	3	
DIFFERIN TOP	3	PA
DOVONEX TOP	3	QL (120 GM per 30 day(s))
ELIDEL TOP	3	ST
<i>ery pads top</i>	1	
<i>erythromycin with ethanol top</i>	1	
<i>erythromycin-benzoyl peroxide top</i>	1	
FINACEA TOP	4	
FLUOROPLEX TOP	3	
<i>fluorouracil topical cream</i>	2	
<i>fluorouracil topical soln</i>	1	

Drug Name	Tier	Notes
<i>laclotion top</i>	1	
OXSORALEN ULTRA ORAL	5	
<i>podofilox top</i>	1	
PROTOPIC TOP	4	ST
REGRANEX TOP	5	PA
RETIN-A MICRO TOP	4	PA
SANTYL TOP	4	
<i>selenium sulfide top</i>	1	
SOLARAZE TOP	4	
<i>sotret cap 10 mg, 20 mg, 40 mg</i>	2	
SOTRET CAP 30 mg	3	
<i>tretinoin top</i>	1	PA;
VECTICAL TOP	3	
VEREGEN TOP	4	QL (15 GM per 30 day(s))
<i>water for irrigation, sterile ir</i>	1	
ZONALON TOP	3	QL (45 GM per 30 day(s))
Enzyme Replacements/Modifiers - Drugs to Treat Enzyme Deficiency		
ADAGEN IM	5	PA; LA
ALDURAZYME IV	5	PA; LA
BUPHENYL ORAL	4	
CEREDASE IV	5	PA
CEREZYME IV	5	PA; LA
CREON ORAL	3	
CYSTAGON ORAL	4	LA
ELAPRASE IV	5	PA
ELITEK IV	5	PA
FABRAZYME IV	5	PA; LA
KUVAN ORAL	3	PA
NAGLAZYME IV	5	PA; LA
ORFADIN ORAL	5	LA
SUCRAID ORAL	5	PA
ZAVESCA ORAL	5	LA
ZENPEP ORAL	3	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions		
ACIPHEX ORAL	4	ST; QL (30 EA per 30 day(s))
<i>atropine inj</i>	1	
CARAFATE ORAL	3	

Drug Name	Tier	Notes
<i>cimetidine inj</i>	1	
<i>cimetidine oral</i>	1	
CIMZIA SUBQ	5	PA
<i>constulose oral</i>	1	
<i>dicyclomine im</i>	2	
<i>dicyclomine oral</i>	1	
DIPENTUM ORAL	4	
<i>diphenoxylate-atropine oral</i>	1	
<i>enulose oral</i>	1	
<i>famotidine oral</i>	1	
<i>famotidine (pf) iv</i>	1	
<i>famotidine(pf) in sal (iso-os) iv</i>	1	
<i>gavilyte-c oral</i>	1	
<i>gavilyte-g oral</i>	1	
<i>gavilyte-n oral</i>	1	
<i>generlac oral</i>	1	
<i>glycopyrrolate inj</i>	1	
<i>glycopyrrolate oral</i>	1	
HALFLYTELY-BISACODYL BOWEL KIT ORAL	3	
KRISTALOSE ORAL	4	
<i>lactulose oral</i>	1	
<i>lansoprazole oral</i>	2	QL (30 EA per 30 day(s))
<i>loperamide oral</i>	1	
LOTRONEX ORAL	3	PA; QL (60 EA per 30 day(s))
<i>methscopolamine oral</i>	1	
<i>misoprostol oral</i>	1	
NEXIUM ORAL	3	ST; QL (30 EA per 30 day(s))
NEXIUM IV IV	3	ST
NEXIUM PACKET ORAL	3	ST; QL (30 EA per 30 day(s))
<i>nizatidine cap</i>	1	
<i>nizatidine oral soln</i>	2	
<i>omeprazole cap, delayed release 40 mg</i>	1	QL (30 EA per 30 day(s))
<i>omeprazole cap, delayed release 10 mg, 20 mg</i>	1	QL (60 EA per 30 day(s))
OSMOPREP ORAL	3	
<i>pantoprazole oral</i>	1	QL (30 EA per 30 day(s))
<i>polyethylene glycol 3350 oral</i>	1	
PROTONIX IV	3	ST
<i>ranitidine hcl inj</i>	1	

Drug Name	Tier	Notes
<i>ranitidine hcl oral</i>	1	
RELISTOR SUBQ	4	PA; QL (18 ML per 30 day(s))
<i>sucralfate oral</i>	1	
<i>trilyte with flavor packets oral</i>	1	
<i>ursodiol oral</i>	2	
VISICOL ORAL	3	
ZEGERID CAP 20-1.1 mg-gram	4	ST; QL (30 EA per 30 day(s))
ZEGERID CAP 40-1.1 mg-gram	4	ST; QL (60 EA per 30 day(s))
ZEGERID ORAL PACKET	4	ST; QL (30 EA per 30 day(s))
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions		
AVODART ORAL	3	QL (30 EA per 30 day(s))
<i>bethanechol chloride oral</i>	1	
<i>calcium acetate oral</i>	1	
DETROL ORAL	3	QL (60 EA per 30 day(s))
DETROL LA ORAL	3	QL (30 EA per 30 day(s))
ELMIRON ORAL	4	
ENABLEX ORAL	4	QL (30 EA per 30 day(s))
<i>finasteride oral</i>	1	QL (30 EA per 30 day(s))
<i>flavoxate oral</i>	1	
FLOMAX ORAL	3	QL (60 EA per 30 day(s))
FOSRENOL ORAL	3	QL (90 EA per 30 day(s))
<i>oxybutynin chloride er 24 hr tab 5 mg</i>	1	QL (30 EA per 30 day(s))
<i>oxybutynin chloride er 24 hr tab 10 mg, 15 mg</i>	1	QL (60 EA per 30 day(s))
<i>oxybutynin chloride syrup</i>	1	
<i>oxybutynin chloride tab</i>	1	
OXYTROL TD	3	QL (8 EA per 28 day(s))
RENAGEL ORAL	3	
RENVELA ORAL PWPK 2.4 gram	3	QL (175 EA per 30 day(s))
RENVELA ORAL PWPK 0.8 gram	3	QL (525 EA per 30 day(s))
RENVELA TAB	3	QL (525 EA per 30 day(s))
SANCTURA XR ORAL	4	QL (30 EA per 30 day(s))
THIOLA ORAL	4	
UROXATRAL ORAL	3	QL (30 EA per 30 day(s))
VESICARE ORAL	3	QL (30 EA per 30 day(s))
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
<i>α-hydrocort inj</i>	1	
<i>ala-cort top</i>	1	
<i>alclometasone top</i>	1	

Drug Name	Tier	Notes
<i>amcinonide top</i>	1	
<i>α-methapred inj</i>	1	
<i>betamethasone dipropionate top</i>	1	
<i>betamethasone valerate top</i>	1	
<i>betamethasone, augmented top</i>	1	
<i>beta-val top</i>	1	
<i>clobetasol ointment</i>	1	
<i>clobetasol topical foam</i>	2	
<i>clobetasol topical gel</i>	1	
<i>clobetasol topical soln</i>	1	
<i>clobetasol propionate 0.5 mg/ml topical cream [isovate]</i>	1	
<i>clobetasol-emollient top</i>	1	
<i>colocort rect</i>	2	
CORDRAN TOP	4	
<i>cortisone oral</i>	1	
DERMA-SMOOTH/FS BODY OIL TOP	4	
<i>desonide top</i>	1	
<i>desoximetasone ointment</i>	2	
<i>desoximetasone topical cream</i>	1	
<i>desoximetasone topical gel</i>	1	
<i>dexamethasone oral</i>	1	
<i>dexamethasone intensol oral</i>	1	
<i>dexamethasone sodium phosphate inj</i>	1	
<i>diflorasone top</i>	1	
<i>fludrocortisone oral</i>	1	
<i>fluocinolone top</i>	1	
<i>fluocinonide top</i>	1	
<i>fluocinonide-emollient top</i>	1	
<i>fluticasone top</i>	1	
<i>halobetasol propionate top</i>	1	
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone rect</i>	2	
<i>hydrocortisone top</i>	1	
<i>hydrocortisone butyrate top</i>	1	
<i>hydrocortisone valerate top</i>	1	
<i>lokara top</i>	1	
LUXIQ TOP	4	
<i>methylprednisolone oral</i>	1	

Drug Name	Tier	Notes
<i>methylprednisolone acetate inj</i>	1	
<i>methylprednisolone sodium succ inj</i>	1	
<i>mometasone top</i>	1	
<i>prednicarbate top</i>	1	
<i>prednisolone oral</i>	1	
<i>prednisolone sodium phosphate oral</i>	1	
<i>prednisone oral</i>	1	
<i>prednisone intensol oral</i>	1	
<i>proctocream-hc rect</i>	1	
<i>procto-pak rect</i>	1	
<i>proctosol hc rect</i>	1	
<i>proctozone-hc rect</i>	1	
SOLU-CORTEF INJ	3	
<i>triamcinolone acetonide top</i>	1	
<i>triderm top</i>	1	
<i>u-cort top</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
<i>chorionic gonadotropin, human im</i>	2	PA
<i>ddavp inj</i>	2	
<i>ddavp nasl</i>	2	
<i>desmopressin inj</i>	2	
<i>desmopressin nasl</i>	2	
<i>desmopressin oral</i>	2	
GENOTROPIN SUBQ	5	PA
GENOTROPIN MINIQUICK SUBQ	4	PA
HUMATROPE INJ	5	PA
INCRELEX SUBQ	5	PA
NORDITROPIN CARTRIDGE SUBQ	5	PA
NORDITROPIN NORDIFLEX SUBQ	5	PA
NUTROPIN SUBQ	5	PA
NUTROPIN AQ SUBQ	5	PA
<i>pregnyl im</i>	1	
SAIZEN SUBQ	5	PA
SAIZEN CLICK.EASY SUBQ	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
ACTIVELLA ORAL	3	
ALORA TD	4	QL (8 EA per 28 day(s))

Drug Name	Tier	Notes
ANADROL-50 ORAL	5	PA
ANDRODERM TD	3	PA
ANDROGEL TD	3	PA; QL (300 GM per 30 day(s))
<i>apri oral</i>	1	QL (28 EA per 28 day(s))
<i>aranelle (28) oral</i>	1	
<i>aviane oral</i>	1	QL (28 EA per 28 day(s))
<i>balziva (28) oral</i>	1	
<i>camila oral</i>	1	QL (28 EA per 28 day(s))
CENESTIN ORAL	4	
<i>cesia oral</i>	1	QL (28 EA per 28 day(s))
CLIMARA PRO TD	4	
COMBIPATCH TD	3	QL (8 EA per 28 day(s))
<i>cryselle (28) oral</i>	1	QL (28 EA per 28 day(s))
<i>danazol oral</i>	2	
DEPO-PROVERA IM	3	
<i>enpresse oral</i>	1	QL (28 EA per 28 day(s))
<i>errin oral</i>	1	QL (28 EA per 28 day(s))
ESTRACE VAGL	4	
ESTRADERM TD	3	
<i>estradiol oral</i>	1	
<i>estradiol weekly transderm patch 0.0375 mg/24 hr; 0.05 mg/24 hr; 0.06 mg/24 hr; 0.1 mg/24 hr</i>	1	QL (4 EA per 28 day(s))
<i>estradiol weekly transderm patch 0.025 mg/24 hr; 0.075 mg/24 hr</i>	1	QL (8 EA per 28 day(s))
<i>estradiol valerate im</i>	1	
<i>estradiol-norethindrone acet oral</i>	1	
ESTRING VAGL	4	QL (1 EA per 90 day(s))
<i>estropipate oral</i>	1	
EVISTA ORAL	3	QL (30 EA per 30 day(s))
FEMHRT 1/5 ORAL	4	
FEMHRT LOW DOSE ORAL	4	
FEMRING VAGL	4	QL (1 EA per 90 day(s))
GYNODIOL ORAL	3	
<i>jolivette oral</i>	1	QL (28 EA per 28 day(s))
<i>junel 1.5/30 (21) oral</i>	1	QL (28 EA per 28 day(s))
<i>junel 1/20 (21) oral</i>	1	QL (28 EA per 28 day(s))
<i>junel fe 1.5/30 (28) oral</i>	1	QL (28 EA per 28 day(s))
<i>junel fe 1/20 (28) oral</i>	1	QL (28 EA per 28 day(s))
<i>kariva oral</i>	1	QL (28 EA per 28 day(s))

Drug Name	Tier	Notes
<i>kelnor 1/35 (28) oral</i>	1	QL (28 EA per 28 day(s))
<i>leena 28 oral</i>	1	QL (28 EA per 28 day(s))
<i>lessina oral</i>	1	QL (28 EA per 28 day(s))
<i>levora-28 oral</i>	1	QL (28 EA per 28 day(s))
<i>low-ogestrel (28) oral</i>	1	QL (28 EA per 28 day(s))
<i>lutera (28) oral</i>	1	QL (28 EA per 28 day(s))
<i>medroxyprogesterone im</i>	1	
<i>medroxyprogesterone oral</i>	1	
MEGACE ES ORAL	4	
<i>megestrol oral</i>	1	
MENEST ORAL	3	
<i>microgestin 1.5/30 (21) oral</i>	1	QL (28 EA per 28 day(s))
<i>microgestin 1/20 (21) oral</i>	1	QL (28 EA per 28 day(s))
<i>microgestin fe 1.5/30 (28) oral</i>	1	QL (28 EA per 28 day(s))
<i>microgestin fe 1/20 (28) oral</i>	1	QL (28 EA per 28 day(s))
<i>mononessa (28) oral</i>	1	QL (28 EA per 28 day(s))
<i>necon 0.5/35 (28) oral</i>	1	QL (28 EA per 28 day(s))
<i>necon 1/35 (28) oral</i>	1	QL (28 EA per 28 day(s))
<i>necon 10/11 (28) oral</i>	1	QL (28 EA per 28 day(s))
<i>necon 7/7/7 (28) oral</i>	1	QL (28 EA per 28 day(s))
<i>next choice oral</i>	2	
<i>nora-be oral</i>	1	QL (28 EA per 28 day(s))
<i>norethindrone acetate oral</i>	1	
<i>nortrel 0.5/35 (28) oral</i>	1	QL (28 EA per 28 day(s))
<i>nortrel 1/35 (21) oral</i>	1	QL (28 EA per 28 day(s))
<i>nortrel 1/35 (28) oral</i>	1	QL (28 EA per 28 day(s))
<i>nortrel 7/7/7 (28) oral</i>	1	QL (28 EA per 28 day(s))
NUVARING VAGL	4	QL (1 EA per 28 day(s))
<i>ocella oral</i>	1	QL (28 EA per 28 day(s))
<i>ogestrel (28) oral</i>	1	
ORTHO EVRA TD	4	QL (3 EA per 28 day(s))
<i>ortho-est 0.625 oral</i>	1	
<i>ortho-est 1.25 oral</i>	1	
<i>oxandrolone tab 2.5 mg</i>	2	PA; QL (60 EA per 30 day(s))
<i>oxandrolone tab 10 mg</i>	5	PA; QL (60 EA per 30 day(s))
<i>portia oral</i>	1	QL (28 EA per 28 day(s))
PREFEST ORAL	4	
PREMARIN INJ	3	

Drug Name	Tier	Notes
PREMARIN ORAL	3	
PREMARIN VAGL	3	
PREMPHASE ORAL	3	QL (28 EA per 28 day(s))
PREMPRO ORAL	3	QL (28 EA per 28 day(s))
<i>previfem oral</i>	1	QL (28 EA per 28 day(s))
PROMETRIUM ORAL	4	
<i>quasense oral</i>	1	QL (28 EA per 28 day(s))
<i>reclipsen (28) oral</i>	1	QL (28 EA per 28 day(s))
<i>solia oral</i>	1	QL (28 EA per 28 day(s))
<i>sprintec (28) oral</i>	1	QL (28 EA per 28 day(s))
<i>sronyx oral</i>	1	
TESTIM TD	4	PA
<i>testosterone cypionate im</i>	1	PA;
<i>testosterone enanthate im</i>	1	PA;
<i>tri-legest fe oral</i>	1	
<i>trinessa (28) oral</i>	1	QL (28 EA per 28 day(s))
<i>tri-previfem (28) oral</i>	1	QL (28 EA per 28 day(s))
<i>tri-sprintec (28) oral</i>	1	QL (28 EA per 28 day(s))
<i>trivora (28) oral</i>	1	QL (28 EA per 28 day(s))
VAGIFEM VAGL	3	
<i>velivet oral</i>	1	QL (28 EA per 28 day(s))
VIVELLE-DOT TD	3	QL (8 EA per 30 day(s))
YAZ 28 ORAL	4	QL (28 EA per 28 day(s))
<i>zovia 1/35e (28) oral</i>	1	QL (28 EA per 28 day(s))
<i>zovia 1/50e (28) oral</i>	1	QL (28 EA per 28 day(s))
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones		
CYTOMEL ORAL	4	
<i>levothroid oral</i>	1	
<i>levothyroxine oral</i>	1	
<i>levoxyl oral</i>	1	
<i>liothyronine iv</i>	1	
<i>liothyronine oral</i>	1	
SYNTHROID ORAL	3	
<i>unithroid oral</i>	1	
Hormonal Agents, Suppressant (Parathyroid) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
SENSIPAR TAB 30 mg	3	PA; QL (120 EA per 30 day(s))
SENSIPAR TAB 90 mg	5	PA; QL (120 EA per 30 day(s))

Drug Name	Tier	Notes
SENSIPAR TAB 60 mg	5	PA; QL (150 EA per 30 day(s))
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
ELIGARD SUBQ	4	PA
FIRMAGON SUB-Q SOLN 80 mg	4	PA
FIRMAGON SUB-Q SOLN 120 mg	5	PA
<i>leuprolide subq</i>	1	PA;
LUPRON DEPOT IM KIT	4	PA
LUPRON DEPOT IM SYRINGE	5	PA
LUPRON DEPOT (3 MONTH) IM KIT	4	PA
LUPRON DEPOT (3 MONTH) IM SYRINGE	5	PA
LUPRON DEPOT (4 MONTH) IM	5	PA
LUPRON DEPOT-PED IM	5	PA
<i>octreotide acetate injection 50 mcg/mL</i>	2	PA
<i>octreotide acetate injection 1,000 mcg/mL, 100 mcg/mL, 200 mcg/mL, 500 mcg/mL</i>	5	PA
SANDOSTATIN LAR DEPOT IM	5	PA
SOMATULINE DEPOT SUBQ	5	PA
SOMAVERT SUBQ	5	PA; LA
SYNAREL NASL	5	PA
TRELSTAR IM	5	PA
Hormonal Agents, Suppressant (Sex Hormones/Modifiers) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
<i>bicalutamide oral</i>	2	
<i>flutamide oral</i>	1	
NILANDRON ORAL	3	
Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones		
<i>methimazole oral</i>	1	
<i>propylthiouracil oral</i>	1	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System		
ACTHIB IM	3	
ACTIMMUNE SUBQ	5	PA; LA
ADACEL (ADOLESCENT & ADULT) IM	3	
ALFERON N INJ	4	
ARCALYST SUBQ	5	PA
ATTENUVAX (PF) SUBQ	3	
AVONEX IM	5	PA; QL (4 EA per 30 day(s))
AVONEX ADMINISTRATION PACK IM	5	PA; QL (4 EA per 30 day(s))
AZASAN ORAL	4	PA

Drug Name	Tier	Notes
<i>azathioprine oral</i>	1	PA;
BETASERON SUBQ	5	PA
BOOSTRIX IM	3	
CELLCEPT ORAL	5	PA
CERVARIX IM	4	
COMVAX IM	3	
COPAXONE SUBQ	5	PA
CUPRIMINE ORAL	3	
<i>cyclosporine iv</i>	1	PA;
<i>cyclosporine oral</i>	2	PA
<i>cyclosporine modified cap 50 mg</i>	1	PA;
<i>cyclosporine modified cap 100 mg</i>	2	PA
<i>cyclosporine modified oral soln</i>	2	PA
DAPTACEL (PEDIATRIC) (PF) IM	3	
DECAVAC IM	3	
ENBREL SUB-Q KIT	5	PA; ST; QL (16 EA per 30 day(s))
ENBREL SUB-Q SYRINGE	5	PA; ST
ENGERIX-B (PF) IM	3	PA
EXTAVIA SUBQ	5	PA
GAMASTAN S/D IM	3	PA
GAMUNEX IV	5	PA
GARDASIL IM	3	
<i>gengraf oral</i>	2	PA
HAVRIX (PF) IM	3	
HUMIRA SUBQ	5	PA; ST; QL (6 EA per 28 day(s))
HUMIRA CROHN'S DIS START PCK SUBQ	5	PA; ST; QL (6 EA per 28 day(s))
IMOVAX RABIES VACCINE IM	3	
INFANRIX (PF) IM	3	
INFERGEN SUBQ	5	PA
INTRON A INJECTION 18 mu	5	PA
INTRON A SOLUTION FOR INJECTION 10 mu	4	PA
INTRON A SUBQ PEN KIT 3,000,000 unit/0.2 mL	4	PA; QL (2.4 EA per 30 day(s))
INTRON A SUBQ PEN KIT 10,000,000 unit/0.2 mL, 5,000,000 unit/0.2 mL	5	PA
IPOL INJ	3	
JE-VAX SUBQ	3	
KINERET SUBQ	5	PA; ST; QL (18.8 ML per 28 day(s))
<i>leflunomide oral</i>	1	QL (30 EA per 30 day(s))

Drug Name	Tier	Notes
MENACTRA IM	3	
MENOMUNE - A/C/Y/W-135 (PF) SUBQ	3	
MERUVAX II (PF) SUBQ	3	
<i>methotrexate sodium inj</i>	1	
<i>methotrexate sodium oral</i>	1	
<i>methotrexate sodium (pf) inj</i>	1	
M-M-R II (PF) SUBQ	3	
<i>mycophenolate mofetil cap</i>	1	PA;
<i>mycophenolate mofetil tab</i>	5	PA
MYFORTIC ORAL	4	PA
NEORAL ORAL	4	PA
PEDIARIX (PF) IM	3	
PEDVAX HIB IM	3	
PEGASYS CONVENIENCE PACK SUBQ	5	PA
PEGINTRON SUBQ	5	PA
PEGINTRON REDIPEN SUBQ	5	PA
PROLEUKIN IV	5	PA
PROQUAD SUBQ	3	
RABAVERT (PF) IM	3	
RAPAMUNE ORAL	4	PA
REBIF SUBQ	5	PA
REBIF TITRATION PACK SUBQ	5	PA
RECOMBIVAX HB (PF) IM	3	PA
REMICADE IV	5	PA
RIDAURA ORAL	4	
ROTATEQ VACCINE ORAL	3	
SANDIMMUNE IV	4	PA
SANDIMMUNE ORAL	4	PA
SIMPONI SUBQ	5	PA
STELARA SUBQ	5	PA; QL (1 ML per 28 day(s))
<i>tacrolimus oral</i>	2	PA
TETANUS TOXOID, ADSORBED (PF) IM	3	
TETANUS, DIPHTHERIA TOXD PED-PF IM	3	
TETANUS-DIPHTHERIA TOXOIDS-TD IM	3	
TREXALL ORAL	4	
TRIHIBIT PRESERVATIVE FREE IM	3	
TRIPEDIA (PF) IM	3	
TWINRIX (PF) IM	3	
TYPHIM VI IM	3	

Drug Name	Tier	Notes
TYSABRI IV	5	PA; LA
VAQTA (PF) IM	3	
VARIVAX (PF) SUBQ	3	
VIVOTIF BERNA VACCINE ORAL	3	
YF-VAX SUBQ	3	
ZOSTAVAX SUBQ	3	
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease		
APRISO ORAL	3	QL (120 EA per 30 day(s))
ASACOL ORAL	3	QL (360 EA per 30 day(s))
<i>balsalazide oral</i>	2	
CANASA RECT	3	QL (60 EA per 30 day(s))
ENTOCORT EC ORAL	4	
<i>mesalamine rect</i>	2	
PENTASA ORAL	3	QL (240 EA per 30 day(s))
<i>sulfasalazine oral</i>	1	
<i>sulfazine ec oral</i>	1	
Metabolic Bone Disease Agents - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
ACTONEL TAB 150 mg	4	ST; QL (1 EA per 28 day(s))
ACTONEL TAB 30 mg, 5 mg	4	ST; QL (30 EA per 30 day(s))
ACTONEL TAB 35 mg	4	ST; QL (4 EA per 30 day(s))
<i>alendronate tab 10 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 day(s))
<i>alendronate tab 35 mg, 70 mg</i>	1	QL (4 EA per 28 day(s))
BONIVA ORAL	4	ST; QL (1 EA per 30 day(s))
<i>calcitonin (salmon) nasl</i>	1	QL (3.7 ML per 30 day(s))
<i>calcitriol cap</i>	1	
<i>calcitriol iv</i>	2	
<i>calcitriol oral soln</i>	2	
CYSTADANE ORAL	3	
<i>etidronate disodium oral</i>	1	
FORTEO SUBQ	5	PA
<i>fortical nasl</i>	2	QL (4 ML per 28 day(s))
FOSAMAX ORAL	4	ST; QL (300 ML per 28 day(s))
FOSAMAX PLUS D ORAL	4	ST; QL (4 EA per 28 day(s))
HECTOROL IV	4	
HECTOROL ORAL	4	
MIACALCIN INJ	4	PA
<i>pamidronate iv</i>	2	
ZEMPLAR IV	4	

Drug Name	Tier	Notes
ZEMPLAR ORAL	4	
ZOMETA IV	5	PA
Ophthalmic Agents - Drugs to Treat Eye Conditions		
<i>ak-con opht</i>	1	
<i>ak-tob opht</i>	1	
ALOCRIL OPHT	4	QL (15 ML per 30 day(s))
ALOMIDE OPHT	4	QL (30 ML per 30 day(s))
ALPHAGAN P OPHT	3	QL (15 ML per 25 day(s))
ALREX OPHT	4	QL (15 ML per 30 day(s))
<i>apraclonidine opht</i>	2	QL (20 ML per 25 day(s))
AZASITE OPHT	3	QL (5 ML per 15 day(s))
<i>azelastine opht</i>	2	QL (6 ML per 30 day(s))
AZOPT OPHT	3	QL (10 ML per 25 day(s))
<i>bacitracin opht</i>	1	
<i>bacitracin-polymyxin b opht</i>	1	
<i>betaxolol opht</i>	1	
BETIMOL OPHT	4	QL (10 ML per 25 day(s))
BETOPTIC S OPHT	3	QL (20 ML per 25 day(s))
BLEPHAMIDE S.O.P. OPHT	3	
<i>brimonidine opht</i>	1	
<i>carteolol opht</i>	1	QL (10 ML per 25 day(s))
CILOXAN OPHT	3	QL (4 GM per 15 day(s))
COMBIGAN OPHT	4	QL (10 ML per 25 day(s))
<i>cromolyn opht</i>	1	
<i>dexamethasone sodium phosphate opht</i>	1	
<i>dexasporin opht</i>	1	
<i>diclofenac sodium opht</i>	1	QL (5 ML per 25 day(s))
<i>dorzolamide opht</i>	1	QL (10 ML per 25 day(s))
<i>dorzolamide-timolol opht</i>	1	QL (10 ML per 25 day(s))
DUREZOL OPHT	4	QL (10 ML per 25 day(s))
<i>fluorometholone opht</i>	1	
<i>flurbiprofen sodium opht</i>	1	QL (2.5 ML per 25 day(s))
FML S.O.P. OPHT	3	
<i>gentak opht</i>	1	
<i>gentasol opht</i>	1	
<i>ketorolac opht</i>	2	QL (10 ML per 25 day(s))
LACRISERT OPHT	3	QL (60 EA per 25 day(s))
<i>levobunolol opht</i>	1	QL (10 ML per 25 day(s))

Drug Name	Tier	Notes
LOTEMAX OPHT	3	QL (20 ML per 25 day(s))
LUMIGAN OPHT	3	PA; QL (5 ML per 30 day(s))
<i>metipranolol opht</i>	1	
<i>mydral opht</i>	1	
<i>naphazoline opht</i>	1	
<i>neomycin-bacitracin-poly-hc opht</i>	1	
<i>neomycin-bacitracin-polymyxin opht</i>	1	
<i>neomycin-polymyxin-dexameth opht</i>	1	
<i>neomycin-polymyxin-gramicidin opht</i>	1	
<i>neomycin-polymyxin-hc opht</i>	1	
OPTIVAR OPHT	3	QL (6 ML per 25 day(s))
PATADAY OPHT	3	QL (7.5 ML per 30 day(s))
PATANOL OPHT	3	QL (15 ML per 30 day(s))
PHOSPHOLINE IODIDE OPHT	3	
<i>polycin b opht</i>	1	
<i>poly-dex opht</i>	1	
PRED MILD OPHT	3	
<i>prednisolone acetate opht</i>	1	
<i>prednisolone sodium phosphate opht</i>	1	
<i>proparacaine opht</i>	1	
QUIXIN OPHT	4	
RESTASIS OPHT	3	QL (60 EA per 30 day(s))
<i>romycin opht</i>	1	
<i>sulfacetamide sodium opht</i>	1	
<i>timolol eye gel forming soln ,</i>	1	
<i>timolol maleate eye drops ,</i>	1	QL (10 ML per 25 day(s))
<i>tobramycin-dexamethasone opht</i>	1	QL (20 ML per 25 day(s))
<i>tobrasol opht</i>	1	
TRAVATAN Z OPHT	3	QL (5 ML per 30 day(s))
<i>trifluridine opht</i>	1	
<i>trimethoprim-polymyxin b opht</i>	1	
<i>tropicamide opht</i>	1	
VIGAMOX OPHT	3	
XALATAN OPHT	3	QL (2.5 ML per 30 day(s))
XIBROM OPHT	3	QL (10 ML per 365 day(s))
ZYMAR OPHT	3	
Otic Agents - Drugs to Treat Ear Conditions		
<i>acetazol hc otic</i>	1	

Drug Name	Tier	Notes
<i>acetic acid otic</i>	1	
<i>borofair otic</i>	1	
<i>cortomycin otic</i>	1	
<i>hydrocortisone-acetic acid otic</i>	1	
Respiratory Tract Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions		
ACCOLATE ORAL	4	ST; QL (60 EA per 30 day(s))
ADCIRCA ORAL	5	PA; QL (60 EA per 30 day(s))
ADVAIR DISKUS INHL	3	QL (60 EA per 30 day(s))
ADVAIR HFA INHL	3	QL (60 GM per 30 day(s))
<i>albuterol sulfate neb solution</i> 0.63 mg/3 mL, 1.25 mg/3 mL, 2.5 mg /3 mL (0.083 %)	1	PA; QL (360 ML per 25 day(s))
<i>albuterol sulfate neb solution 5 mg/mL</i>	1	PA; QL (60 ML per 25 day(s))
<i>albuterol sulfate oral</i>	1	
ALLEGRA-D 12 HOUR ORAL	4	QL (60 EA per 30 day(s))
ALLEGRA-D 24 HOUR ORAL	4	QL (30 EA per 30 day(s))
ALVESCO INHL	4	QL (18.3 GM per 25 day(s))
<i>aminophylline iv</i>	1	
<i>aminophylline oral</i>	1	
ARALAST NP IV	5	LA
ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (120 doses)	3	QL (120 GM per 30 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (14 doses)	3	QL (2 GM per 25 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (30 doses)	3	QL (30 GM per 30 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (60 doses)	3	QL (60 GM per 30 day(s))
ASTELIN NASL	3	QL (68 ML per 30 day(s))
ASTEPRO NASL	3	QL (30 ML per 25 day(s))
ATROVENT HFA INHL	3	QL (25.8 GM per 30 day(s))
BROVANA INHL	4	PA; QL (120 ML per 25 day(s))
<i>budesonide inhl</i>	2	PA; QL (120 ML per 25 day(s))
<i>carbinoxamine maleate oral</i>	1	
<i>cetirizine oral</i>	1	
CLARINEX ORAL	4	
CLARINEX-D 12 HOUR ORAL	4	
CLARINEX-D 24 HOUR ORAL	4	
<i>clemastine oral</i>	1	
COMBIVENT INHL	3	QL (29.4 GM per 30 day(s))

Drug Name	Tier	Notes
<i>cromolyn inhl</i>	1	PA; QL (240 ML per 25 day(s))
<i>cyproheptadine oral</i>	1	
<i>dexchlorpheniramine maleate oral</i>	1	
<i>diphenhydramine hcl inj</i>	1	
<i>diphenhydramine hcl oral</i>	1	
ELIXOPHYLLIN ORAL	3	
<i>epinephrine hcl inj</i>	1	
EPIPEN IM	3	QL (2 EA per 30 day(s))
EPIPEN JR IM	3	QL (2 EA per 30 day(s))
<i>fexofenadine tab 180 mg</i>	1	QL (30 EA per 30 day(s))
<i>fexofenadine tab 30 mg, 60 mg</i>	1	QL (60 EA per 30 day(s))
FLOVENT DISKUS INHL	3	QL (120 EA per 25 day(s))
FLOVENT HFA AEROSOL INHALER 44 mcg/Actuation	3	QL (21.2 GM per 30 day(s))
FLOVENT HFA AEROSOL INHALER 110 mcg/Actuation, 220 mcg/Actuation	3	QL (24 GM per 30 day(s))
<i>flunisolide nasl</i>	1	QL (16 ML per 25 day(s))
<i>fluticasone nasl</i>	1	QL (16 GM per 25 day(s))
FORADIL AEROLIZER INHL	3	PA; QL (60 EA per 30 day(s))
GASTROCROM ORAL	3	
<i>hydroxyzine hcl im</i>	1	
<i>hydroxyzine hcl oral</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
<i>ipratropium bromide inhl</i>	1	PA; QL (252 ML per 25 day(s))
<i>ipratropium bromide nasl</i>	1	QL (30 ML per 30 day(s))
<i>ipratropium-albuterol inhl</i>	1	PA; QL (540 ML per 25 day(s))
LETAIRIS ORAL	5	PA; LA; QL (30 EA per 30 day(s))
<i>levalbuterol hcl inhl</i>	2	PA
MAXAIR AUTOHALER INHL	4	QL (14 GM per 25 day(s))
<i>metaproterenol oral</i>	1	
MYOZYME IV	5	PA
NASACORT AQ NASL	4	QL (16.5 GM per 30 day(s))
NASONEX NASL	3	QL (34 GM per 25 day(s))
PROAIR HFA INHL	3	QL (17 GM per 30 day(s))
PROLASTIN IV	5	
PROVENTIL HFA INHL	3	QL (13.4 GM per 30 day(s))
PULMICORT INHL	4	PA; QL (120 ML per 30 day(s))
PULMICORT FLEXHALER INHL	4	QL (1 EA per 30 day(s))

Drug Name	Tier	Notes
PULMOZYME INHL	5	PA
QVAR INHL	4	QL (29.2 GM per 30 day(s))
REVATIO IV	5	PA
REVATIO ORAL	5	PA; QL (90 EA per 30 day(s))
RHINOCORT AQUA NASL	4	QL (17.2 GM per 30 day(s))
SEREVENT DISKUS INHL	3	PA; QL (60 EA per 30 day(s))
SINGULAIR ORAL	3	ST; QL (30 EA per 30 day(s))
SPIRIVA WITH HANDIHALER INHL	3	QL (30 EA per 25 day(s))
SYMBICORT INHL	3	QL (11 GM per 30 day(s))
<i>terbutaline oral</i>	1	
<i>terbutaline subq</i>	2	
THEO-24 ORAL	3	
<i>theochron oral</i>	1	
<i>theophylline oral</i>	1	
TRACLEER TAB 62.5 mg	5	PA; LA; QL (120 EA per 30 day(s))
TRACLEER TAB 125 mg	5	PA; LA; QL (60 EA per 30 day(s))
TWINJECT AUTOINJECTOR IM	3	QL (4 EA per 365 day(s))
TYZINE NASL	3	
VENTOLIN HFA INHL	3	QL (36 GM per 30 day(s))
VERAMYST NASL	4	QL (10 GM per 30 day(s))
XOLAIR SUBQ	5	PA; ST; LA
XOPENEX INHL	3	PA
XOPENEX HFA INHL	3	QL (30 GM per 30 day(s))
XYZAL ORAL SOLN	4	
XYZAL TAB	4	QL (30 EA per 30 day(s))
Sedatives/Hypnotics - Drugs for Sedation and Sleep		
AMBIEN CR ORAL	4	QL (30 EA per 30 day(s))
LUNESTA ORAL	3	QL (30 EA per 30 day(s))
<i>zaleplon oral</i>	1	QL (15 EA per 30 day(s))
<i>zolpidem oral</i>	1	QL (15 EA per 30 day(s))
Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions		
<i>carisoprodol oral</i>	1	
<i>carisoprodol-asa-codeine oral</i>	1	
<i>carisoprodol-aspirin oral</i>	1	
<i>chlorzoxazone oral</i>	1	
<i>cyclobenzaprine oral</i>	1	

Drug Name	Tier	Notes
<i>methocarbamol oral</i>	1	
<i>orphenadrine citrate inj</i>	2	
<i>orphenadrine citrate oral</i>	1	
<i>orphenadrine compound oral</i>	1	
SKELAXIN ORAL	3	
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies		
<i>1/2 ns with potassium chloride iv</i>	1	
<i>alcohol in d5w iv</i>	1	
AMINOSYN 3.5 % IV	3	
AMINOSYN 5 % IV	3	
AMINOSYN 7 % WITH ELECTROLYTES IV	3	
AMINOSYN 8.5 % IV	3	
<i>aminosyn 8.5 %-electrolytes iv</i>	1	
AMINOSYN II 15% IV	3	
AMINOSYN II 3.5 %/DEXTROSE 5 % IV	3	
AMINOSYN II 3.5 %-DEXTROSE 25% IV	3	
AMINOSYN II 3.5% M/DEXTROSE 5% IV	3	
AMINOSYN II 3.5%-LYTES-CA-D25W IV	3	
AMINOSYN II 4.25%/DEXTROSE 20% IV	3	
AMINOSYN II 4.25%-DEXTROSE 10% IV	3	
AMINOSYN II 4.25%-DEXTROSE 25% IV	3	
AMINOSYN II 4.25%-LYTES-CA-D25 IV	3	
AMINOSYN II 5%/DEXTROSE 25% IV	3	
<i>aminosyn II 8.5 %-electrolytes iv</i>	1	
AMINOSYN M 3.5 % IV	3	
AMINOSYN-HBC 7% IV	3	
<i>aminosyn-hf 8 % iv</i>	1	
AMINOSYN-PF 10 % IV	3	
CLINIMIX 2.75%/D5 SULFITE FREE IV	3	
CLINIMIX 4.25%/D5 SULFITE FREE IV	3	
CLINIMIX 5%/D15 SULFITE FREE IV	3	
CLINIMIX 5%/D20 SULFITE FREE IV	3	
CLINIMIX 5%/D25 SULFITE FREE IV	3	
<i>d10 %-0.45 % sodium chloride iv</i>	1	
<i>d10-1/4ns & potassium chloride iv</i>	1	
<i>d2.5 %-0.45 % sodium chloride iv</i>	1	
<i>d5 %-0.45 % sodium chloride iv</i>	1	
<i>d5 %-0.9 % sodium chloride iv</i>	1	

Drug Name	Tier	Notes
<i>d5-1/2 ns & potassium chloride iv</i>	1	
<i>d5-1/3 ns & potassium chloride iv</i>	1	
<i>d5-1/4 ns & potassium chloride iv</i>	1	
<i>d5-lr with potassium chloride iv</i>	1	
<i>d5-ns with potassium chloride iv</i>	1	
<i>d5w with potassium chloride iv</i>	1	
<i>dextrose 10% in water (d10w) iv</i>	1	
<i>dextrose 10%-1/4 normal saline iv</i>	1	
<i>dextrose 5% in water (d5w) iv</i>	1	
<i>dextrose 5%-0.3 % sod.chloride iv</i>	1	
<i>dextrose 5%-1/4 normal saline iv</i>	1	
<i>ed k+10 oral</i>	1	
<i>intralipid iv</i>	1	PA;
ISOLYTE-H IN D5W IV	3	
<i>isolyte-m in d5w iv</i>	1	
ISOLYTE-P IN D5W IV	3	
ISOLYTE-S IV	3	
ISOLYTE-S IN D5W IV	3	
<i>kaon cl-10 oral</i>	1	
<i>klor-con oral</i>	1	
KLOR-CON M15 ORAL	3	
<i>klor-con m20 oral</i>	1	
<i>lactated ringers ir</i>	1	
<i>lactated ringers iv</i>	1	
<i>levocarnitine iv</i>	1	
<i>levocarnitine oral</i>	1	
<i>levocarnitine (with sucrose) oral</i>	1	
<i>liposyn iii iv</i>	1	PA;
NEPHRAMINE 5.4 % IV	3	
<i>normosol-m in d5w iv</i>	1	
<i>normosol-r in d5w iv</i>	1	
<i>normosol-r ph 7.4 iv</i>	1	
<i>novamine 15 % iv</i>	1	PA;
<i>ns with potassium chloride iv</i>	1	
<i>physiolyte ir</i>	1	PA;
PLASMA-LYTE 148 IV	3	
PLASMA-LYTE 148 IN D5W IV	3	
PLASMA-LYTE 56 IV	3	

Drug Name	Tier	Notes
PLASMA-LYTE A IV	3	
<i>plasma-lyte r iv</i>	1	
PLASMA-LYTE-56 IN D5W IV	3	
<i>potassium chloride iv</i>	1	
<i>potassium chloride oral</i>	1	
<i>potassium citrate oral</i>	1	
<i>premasol 6 % iv</i>	1	
<i>prenatabs obn oral</i>	1	
PROCALAMINE 3% IV	3	
<i>ringers ir</i>	1	
<i>sodium bicarbonate iv</i>	1	
<i>sodium chloride ir</i>	1	
<i>sodium chloride iv</i>	1	
<i>sodium chloride 0.45 % iv</i>	1	
<i>sodium chloride 0.9 % iv</i>	1	
<i>sodium chloride 3 % iv</i>	1	
<i>sodium chloride 5 % iv</i>	1	
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GAMASTAN S/D IM	49	GRIS-PEG ORAL	19
GAMUNEX IV.	49	guanabenz oral	35
GANCICLOVIR CAP 250 mg	27	guanfacine oral.	35
GANCICLOVIR CAP 500 mg	27	GUANIDINE ORAL	21
GARDASIL IM.	49	GYNODIOL ORAL	45
GASTROCROM ORAL	55	HALFLYTELY-BISACODYL BOWEL KIT ORAL	41
gavilyte-c oral.	41	halobetasol propionate top	43
gavilyte-g oral.	41	haloperidol decanoate im.	26
gavilyte-n oral.	41	haloperidol lactate inj	26
gemfibrozil oral.	35	haloperidol lactate oral	26
GEMZAR IV	23	haloperidol oral	26
generlac oral.	41	HAVRIX (PF) IM	49
gengraf oral.	49	HECTOROL IV	52
GENOTROPIN MINIQUICK SUBQ	44		
GENOTROPIN SUBQ.	44		

HECTOROL ORAL	52	imipramine hcl oral	17
heparin (porcine)-0.45% nacl iv	32	imipramine pamoate oral	17
heparin (porcine) in d5w iv	32	IMOVAX RABIES VACCINE IM	49
heparin (porcine) inj	32	INCRELEX SUBQ	44
heparin (porcine) in ns (pf) iv	32	indapamide oral	35
heparin, porcine (pf) iv	32	indomethacin oral	20
HEPSERA ORAL	27	INFANRIX (PF) IM	49
HERCEPTIN IV	23	INFERGEN SUBQ	49
HEXALEN ORAL	23	INSULIN PEN NEEDLE MISC	31
HUMALOG MIX 50-50 SUBQ	30	INSULIN SYRINGE-NEEDLE U-100 MISC	31
HUMALOG MIX 75-25 SUBQ	30	INTELENCE ORAL	28
HUMALOG PEN SUBQ	30	intralipid iv	58
HUMALOG SUBQ	30	INTRON A INJECTION 18 mu	49
HUMATROPE INJ	44	INTRON A SOLUTION FOR INJECTION 10 mu	49
HUMIRA CROHN'S DIS START PCK SUBQ	49	INTRON A SUBQ PEN KIT	50
HUMIRA SUBQ	49	INVANZ INJ	13
HUMULIN 70/30 PEN SUBQ	30	INVEGA 24 HR TAB 1.5 mg, 3 mg, 9 mg	26
HUMULIN 70/30 SUBQ	30	INVEGA 24 HR TAB 6 mg	26
HUMULIN N PEN SUBQ	30	INVEGA SUSTENNA IM SYRINGE 39 mg/0.25 mL, 78 mg/0.5 mL	26
HUMULIN N SUBQ	30	INVEGA SUSTENNA IM SYRINGE 117 mg/0.75 mL, 156 mg/mL (1 mL), 234 mg/1.5 mL	26
HUMULIN R INJ	30	INVIRASE ORAL	28
"HUMULIN R U-500 "CONCENTRATED" " INJ"	30	IPOL INJ	50
HYCAMTIN IV	23	ipratropium-albuterol inhl	55
hydralazine inj	35	ipratropium bromide inhl	55
hydralazine oral	35	ipratropium bromide nasl	55
hydrochlorothiazide oral	35	IRESSA ORAL	23
hydrocodone-acetaminophen oral soln	9	irinotecan iv	23
hydrocodone-acetaminophen tab	9	ISENTRESS ORAL	28
hydrocodone-ibuprofen oral	9	isochron oral	35
hydrocortisone-acetic acid otic	54	ISOLYTE-H IN D5W IV	58
hydrocortisone butyrate top	44	isolyte-m in d5w iv	58
hydrocortisone oral	43	ISOLYTE-P IN D5W IV	58
hydrocortisone rect	43	ISOLYTE-S IN D5W IV	58
hydrocortisone top	43	ISOLYTE-S IV	58
hydrocortisone valerate top	44	isonarif oral	21
hydromorphone oral	9	isoniazid inj	21
hydromorphone (pf) inj	9	isoniazid oral	21
hydroxychloroquine oral	25	ISORDIL ORAL	35
hydroxyurea oral	23	isosorbide dinitrate oral	35
hydroxyzine hcl im	55	isosorbide dinitrate sl	35
hydroxyzine hcl oral	55	isosorbide mononitrate oral	35
hydroxyzine pamoate oral	55	isradipine oral	35
HYZAAR ORAL	35	ISTODAX IV	23
ibuprofen oral	20	itraconazole oral	19
ibuprofen-oxycodone oral	9	IXEMPRA IV	23
idarubicin iv	23	jantoven oral	32
IFEX IV	23		
ifosfamide iv	23		
IFOSFAMIDE-MESNA IV	23		

JANUMET ORAL	31	LETAIRIS ORAL	56
JANUVIA ORAL	31	leucovorin calcium inj	18
JE-VAX SUBQ.	50	leucovorin calcium oral	18
jolivette oral	46	LEUKERAN ORAL	23
junel 1.5/30 (21) oral	46	LEUKINE INJ	32
junel 1/20 (21) oral	46	leuprolide subq.	48
junel fe 1.5/30 (28) oral	46	levalbuterol hcl inhl	56
junel fe 1/20 (28) oral	46	LEVAQUIN IN D5W IV	13
KALETRA ORAL SOLN	28	LEVAQUIN IV	13
KALETRA TAB 100-25 mg	28	LEVAQUIN ORAL	13
KALETRA TAB 200-50 mg	28	LEVEMIR FLEXPEN SUBQ.	31
kanamycin inj	13	LEVEMIR SUBQ.	31
kaon cl-10 oral	58	levetiracetam oral soln.	15
kariva oral	46	levetiracetam tab 1,000 mg	15
kelnor 1/35 (28) oral	46	levetiracetam tab 250 mg, 750 mg	15
KEPIVANCE IV	39	levetiracetam tab 500 mg.	15
KEPPRA IV	15	levobunolol opht.	53
KEPPRA XR 24 HR TAB 500 mg.	15	levocarnitine iv	58
KEPPRA XR 24 HR TAB 750 mg.	15	levocarnitine oral	59
ketoconazole oral	19	levocarnitine (with sucrose) oral	59
ketoconazole top	19	levora-28 oral	46
ketoprofen oral	20	levorphanol tartrate oral	9
ketorolac injection 15 mg/mL	20	levothroid oral	47
ketorolac injection 30 mg/mL (1 mL)	20	levothyroxine oral	47
ketorolac opht	53	levoxyl oral	47
ketorolac oral	20	LEXAPRO ORAL SOLN	29
KINERET SUBQ.	50	LEXAPRO TAB.	29
kionex oral	18	LEXIVA ORAL SUSP	28
KLOR-CON M15 ORAL	58	LEXIVA TAB.	28
klor-con m20 oral	58	lidocaine hcl inj	10
klor-con oral	58	lidocaine hcl mm	11
KRISTALOSE ORAL	41	lidocaine hcl top.	11
kuric top	19	lidocaine (pf) inj.	10
KUVAN ORAL.	40	lidocaine-prilocaine top	11
labetalol iv.	35	LIDODERM TOP	11
labetalol oral.	35	lindane top	25
laclotion top	40	liothyronine iv.	47
LACRISERT OPHT.	53	liothyronine oral.	48
lactated ringers ir.	58	LIPITOR ORAL.	35
lactated ringers iv.	58	liposyn iii iv.	59
lactulose oral	41	lisinopril-hydrochlorothiazide tab	36
lamotrigine dispersible tab	15	lisinopril tab 10 mg, 2.5 mg, 20 mg, 5 mg	35
lamotrigine tab	15	lisinopril tab 30 mg, 40 mg.	36
lansoprazole oral	41	lithium carbonate oral	29
LANTUS SOLOSTAR SUBQ.	31	lithium citrate oral	29
LANTUS SUBQ.	31	lokara top	44
leena 28 oral	46	loperamide oral	41
leflunomide oral	50	LOTEMAX OPHT	53
LESCOL XL ORAL	35	LOTRONEX ORAL.	41
lessina oral	46	lovastatin tab 10 mg, 20 mg.	36

lovastatin tab 40 mg	36	mesalamine rect	51
LOVENOX SUB-Q	32	mesna iv	18
LOVENOX SUB-Q SYRINGE	32	MESNEX ORAL	18
low-ogestrel (28) oral	46	MESTINON ORAL	21
loxapine succinate oral	26	MESTINON TIMESPAN ORAL	21
LUMIGAN OPHT	53	METADATE CD ORAL	38
LUNESTA ORAL	57	metadate er oral	38
LUPRON DEPOT (3 MONTH) IM KIT	48	metaproterenol oral	56
LUPRON DEPOT (3 MONTH) IM SYRINGE	48	metformin er 24 hr tab 500 mg	31
LUPRON DEPOT (4 MONTH) IM	48	metformin er 24 hr tab 750 mg	31
LUPRON DEPOT IM KIT	48	metformin tab 1,000 mg	31
LUPRON DEPOT IM SYRINGE	48	metformin tab 500 mg	31
LUPRON DEPOT-PED IM	48	metformin tab 850 mg	31
lutera (28) oral	46	methadone oral	10
LUXIQ TOP	44	methadose oral	10
LYRICA CAP 100 mg, 200 mg, 50 mg	15	methazolamide oral	36
LYRICA CAP 150 mg, 225 mg, 25 mg, 300 mg, 75 mg	15	methenamine hippurate oral	13
LYSODREN ORAL	23	methimazole oral	48
MACRODANTIN ORAL	13	methocarbamol oral	57
MALARONE ORAL	25	methotrexate sodium inj	50
malathion top	25	methotrexate sodium oral	50
maprotiline tab 25 mg, 50 mg	17	methotrexate sodium (pf) inj	50
maprotiline tab 75 mg	17	methscopolamine oral	41
margesic-h oral	9	methyclothiazide oral	36
MARPLAN ORAL	17	methyldopa-hydrochlorothiazide oral	36
MATULANE ORAL	23	methyldopa oral	36
MAXAIR AUTOHALER INHL	56	methylin er oral	38
MAXALT-MLT ORAL	21	methylin oral	38
MAXALT ORAL	21	methylyphenidate oral	38
mebendazole oral	25	methylprednisolone acetate inj	44
meclizine oral	18	methylprednisolone oral	44
meclofenamate oral	20	methylprednisolone sodium succ inj	44
medroxyprogesterone im	46	metipranolol opht	53
medroxyprogesterone oral	46	metoclopramide inj	18
mefloquine oral	25	metoclopramide oral	18
MEGACE ES ORAL	46	metolazone oral	36
megestrol oral	46	metoprolol-hydrochlorothiazide oral	36
meloxicam oral susp	20	metoprolol succinate oral	36
meloxicam tab	20	metoprolol tartrate iv	36
melphalan iv	23	metoprolol tartrate oral	36
MENACTRA IM	50	METOZOLV ODT ORAL	18
MENEST ORAL	46	metronidazole in nacl (iso-os) iv	13
MENOMUNE - A/C/Y/W-135 (PF) SUBQ	50	metronidazole oral	13
meperidine oral	9	metronidazole top	13
meperidine (pf) inj	10	metronidazole vagl	13
meprobamate oral	29	mexiletine oral	36
MEPRON ORAL	25	MIACALCIN INJ	52
mercaptopurine oral	23	MICARDIS HCT ORAL	36
MERUVAX II (PF) SUBQ	50	MICARDIS ORAL	36
		miconazole-3 vagl	19

microgestin 1.5/30 (21) oral	46	NAMENDA TITRATION PAK ORAL	16
microgestin 1/20 (21) oral	46	naphazoline opht	53
microgestin fe 1.5/30 (28) oral	46	naproxen oral	21
microgestin fe 1/20 (28) oral	46	naproxen sodium oral	21
midodrine oral	36	NARDIL ORAL	29
MIGERGOT RECT	21	NASACORT AQ NASL	56
MIGRANAL NASL	21	NASONEX NASL	56
minitran td	36	NATACYN OPHT	19
minocycline cap	13	nateglinide oral	31
minocycline tab	13	NAVANE ORAL	26
minoxidil oral	36	necon 0.5/35 (28) oral	46
mirtazapine oral	17	necon 1/35 (28) oral	46
misoprostol oral	41	necon 7/7/7 (28) oral	46
mitomycin iv	23	necon 10/11 (28) oral	46
mitoxantrone iv	23	nefazodone tab	17
M-M-R II (PF) SUBQ	50	neomycin-bacitracin-poly-hc opht	53
moexipril-hydrochlorothiazide tab	36	neomycin-bacitracin-polymyxin opht	53
moexipril oral	36	neomycin oral	13
mometasone top	44	neomycin-polymyxin b gu ir	13
mononessa (28) oral	46	neomycin-polymyxin-dexameth opht	53
morphine concentrate oral	10	neomycin-polymyxin-gramicidin opht	53
morphine inj	10	neomycin-polymyxin-hc opht	53
morphine oral soln	10	neomycin-polymyxin-hc otic	13
morphine (pf) inj	10	NEORAL ORAL	50
morphine sr tab 60 mg	10	NEPHRAMINE 5.4 % IV	59
morphine sr tab 100 mg, 15 mg, 200 mg, 30 mg	10	NEULASTA SUBQ	32
morphine tab	10	NEUMEGA SUBQ	32
MOZOBIL SUBQ	32	NEUPOGEN INJ	32
MULTAQ ORAL	36	NEURONTIN ORAL	15
mupirocin top	13	NEXAVAR ORAL	23
MUSTARGEN INJ	23	NEXIUM IV IV	41
MYCOBUTIN ORAL	21	NEXIUM ORAL	41
mycophenolate mofetil cap	50	NEXIUM PACKET ORAL	41
mycophenolate mofetil tab	50	next choice oral	46
mydral opht	53	niacor oral	36
MYFORTIC ORAL	50	NIASPAN ORAL	36
MYOZYME IV	56	nicardipine iv	36
nabumetone oral	20	nicardipine oral	36
nadolol-bendroflumethiazide oral	36	NICOTROL INHL	18
nadolol oral	36	nifediac cc tab 30 mg, 60 mg	36
nafcillin solution for injection 1 gram	13	nifediac cc tab 90 mg	36
nafcillin solution for injection 10 gram	13	nifedical xl 24 hr tab 30 mg	36
NAGLAZYME IV	40	nifedical xl 24 hr tab 60 mg	36
nalbuphine inj	10	nifedipine oral	36
naloxone inj	18	NILANDRON ORAL	48
naltrexone oral	18	nimodipine oral	36
NAMENDA ORAL SOLN	16	NIPENT IV	23
NAMENDA TAB 5 mg	16	nisoldipine oral	36
NAMENDA TAB 10 mg	16	NITRO-DUR TD	37
		nitrofurantoin (macrocryst25%) oral	13

nitrofurantoin macrocrystal oral	13	omeprazole cap, delayed release 40 mg	41
nitroglycerin iv	37	ONCASPAR INJ	23
nitroglycerin td.	37	ondansetron hcl oral soln	18
NITROLINGUAL TL	37	ondansetron hcl (pf) inj.	18
NITROSTAT SL	37	ondansetron hcl tab 4 mg, 8 mg	18
nizatidine cap	41	ondansetron hcl tab 24 mg	18
nizatidine oral soln.	41	ondansetron tab, rapid dissolve 4 mg	18
nora-be oral	46	ondansetron tab, rapid dissolve 8 mg	18
NORDITROPIN CARTRIDGE SUBQ	44	ONGLYZA ORAL	31
NORDITROPIN NORDIFLEX SUBQ	44	ONTAK IV	23
norethindrone acetate oral	46	OPTIVAR OPHT	53
normosol-m in d5w iv	59	ORACEA ORAL	13
normosol-r in d5w iv	59	ORAP ORAL	26
normosol-r ph 7.4 iv	59	ORFADIN ORAL	40
nortrel 0.5/35 (28) oral	46	orphenadrine citrate inj.	57
nortrel 1/35 (21) oral	46	orphenadrine citrate oral	57
nortrel 1/35 (28) oral	46	orphenadrine compound oral	57
nortrel 7/7/7 (28) oral	46	ortho-est 0.625 oral	46
nortriptyline oral	17	ortho-est 1.25 oral	47
NORVIR CAP	28	ORTHO EVRA TD	46
NORVIR ORAL SOLN	28	OSMOPREP ORAL	41
novamine 15 % iv	59	oxaliplatin iv	23
NOVOLIN 70/30 INNOLET SUBQ	31	oxandrolone tab 2.5 mg	47
NOVOLIN 70/30 SUBQ	31	oxandrolone tab 10 mg	47
NOVOLIN N INNOLET SUBQ	31	oxaprozin oral	21
NOVOLIN N SUBQ	31	oxcarbazepine oral	15
NOVOLIN R INJ	31	OXISTAT TOP	20
NOVOLOG FLEXPEN SUBQ	31	OXSORALEN ULTRA ORAL	40
NOVOLOG MIX 70-30 FLEXPEN SUBQ	31	oxybutynin chloride er 24 hr tab 5 mg	42
NOVOLOG MIX 70-30 SUBQ	31	oxybutynin chloride er 24 hr tab 10 mg, 15 mg	42
NOVOLOG SUBQ	31	oxybutynin chloride syrup	42
NOXAFIL ORAL	19	oxybutynin chloride tab	42
ns with potassium chloride iv	59	oxycodone-acetaminophen cap.	10
NUTROPIN AQ SUBQ	44	oxycodone-acetaminophen tab	10
NUTROPIN SUBQ	44	oxycodone hcl-oxycodone-asa oral	10
NUVARING VAGL	46	oxycodone oral	10
NUVIGIL ORAL	38	OXYCONTIN 12 HR TAB	10
nyamyc top	19	OXYTROL TD	42
nystatin oral	19	PACERONE ORAL	37
nystatin top	19	paclitaxel iv	23
nystatin-triamcinolone top	19	pamidronate iv	52
nystop top	19	PANRETIN TOP	24
ocella oral	46	pantoprazole oral	42
octreotide acetate injection	48	parcaine opht	11
ofloxacin opht.	13	paromomycin oral	13
ofloxacin oral	13	paroxetine oral susp.	29
ofloxacin otic	13	paroxetine sr 24 hr tab 12.5 mg	29
ogestrel (28) oral	46	paroxetine sr 24 hr tab 25 mg	29
omeprazole cap, delayed release 10 mg, 20 mg	41	paroxetine tab	29
		PASER ORAL	21

PATADAY OPHT	53	polyethylene glycol 3350 oral	42
PATANOL OPHT	53	polymyxin b sulfate inj.	13
PEDIARIX (PF) IM	50	portia oral	47
pedi-dri top.	20	potassium chloride iv	59
PEDVAX HIB IM	50	potassium chloride oral	59
PEGANONE ORAL	15	potassium citrate oral	59
PEGASYS CONVENIENCE PACK SUBQ	50	pramipexole oral	25
PEGINTRON REDIPEN SUBQ	50	PRANDIN TAB 0.5 mg, 1 mg	31
PEGINTRON SUBQ	50	PRANDIN TAB 2 mg	31
penicillin g potassium inj.	13	pravastatin oral	37
penicillin g procaine im	13	prazosin cap 1 mg.	37
penicillin g sodium inj	13	prazosin cap 2 mg.	37
penicillin v potassium oral	13	prazosin cap 5 mg.	37
PENTASA ORAL	51	PRED MILD OPHT	53
pentazocine-acetaminophen oral	10	prednicarbate top.	44
pentazocine-naloxone oral.	10	prednisolone acetate opht.	53
pentopak oral	37	prednisolone oral	44
pentostatin iv	24	prednisolone sodium phosphate opht.	53
pentoxifylline oral	37	prednisolone sodium phosphate oral	44
perindopril erbumine tab 2 mg, 4 mg	37	prednisone intensol oral	44
perindopril erbumine tab 8 mg	37	prednisone oral.	44
periogard mm.	39	PREFEST ORAL	47
permethrin top.	25	pregnyl im.	44
perphenazine-amitriptyline oral	17	PREMARIN INJ	47
perphenazine oral.	26	PREMARIN ORAL	47
pfizerpen-g inj.	13	PREMARIN VAGL	47
phenadoz rect.	18	premasol 6 % iv	59
PHENYTEK ORAL	15	PREMPHASE ORAL	47
phenytoin oral	15	PREMPRO ORAL	47
phenytoin sodium extended oral.	15	prenatabs obn oral	59
phenytoin sodium iv.	15	prevalite oral.	37
PHOSPHOLINE IODIDE OPHT.	53	previfem oral	47
PHOTOFRIN IV	24	PREVPAC ORAL	13
physiolyte ir	59	PREZISTA TAB 75 mg	28
pilocarpine tab 5 mg.	39	PREZISTA TAB 400 mg, 600 mg	28
pilocarpine tab 7.5 mg	39	PRIFTIN ORAL	21
pindolol oral	37	PRIMAXIN IM IM	14
piperacillin-tazobactam iv	13	PRIMAXIN IV SOLUTION 250 mg.	14
piroxicam oral.	21	PRIMAXIN IV SOLUTION 500 mg.	14
PLASMA-LYTE-56 IN D5W IV	59	primidone oral	15
PLASMA-LYTE 56 IV	59	PRISTIQ ORAL	17
PLASMA-LYTE 148 IN D5W IV	59	PROAIR HFA INHL	56
PLASMA-LYTE 148 IV	59	probenecid oral	20
PLASMA-LYTE A IV	59	procainamide inj.	37
plasma-lyte r iv.	59	PROCALAMINE 3% IV.	59
PLAVIX TAB 75 mg	33	prochlorperazine edisylate inj.	18
PLAVIX TAB 300 mg	32	prochlorperazine maleate oral.	18
podofilox top.	40	prochlorperazine rect	18
polycin b opht.	53	PROCRIT INJECTION	33
poly-dex opht	53	proctocream-hc rect	44

procto-pak rect.	44	ramipril oral	37
proctosol hc rect	44	RANEXA ORAL	37
proctozone-hc rect.	44	ranitidine hcl inj.	42
PROGLYCEM ORAL.	37	ranitidine hcl oral.	42
PROLASTIN IV.	56	RAPAMUNE ORAL.	50
PROLEUKIN IV	50	REBETOL ORAL	28
PROMACTA ORAL.	33	REBIF SUBQ	50
promethazine inj.	18	REBIF TITRATION PACK SUBQ.	50
promethazine oral	18	reclipsen (28) oral	47
promethazine rect	19	RECOMBIVAX HB (PF) IM	50
promethazine vc oral	19	REGONOL INJ	21
promethegan rect.	19	REGRANEX TOP	40
PROMETRIUM ORAL	47	RELISTOR SUBQ.	42
propafenone tab 150 mg, 225 mg	37	RELPAK ORAL.	21
propafenone tab 300 mg	37	REMICADE IV	50
proparacaine opht	53	RENAGEL ORAL	42
propoxyphene-acetaminophen oral	10	REVELA ORAL PWPK 0.8 gram.	42
propoxyphene n-acetaminophen tab 50-325 mg	10	REVELA ORAL PWPK 2.4 gram.	42
propoxyphene n-acetaminophen tab 100-500 mg	10	REVELA TAB.	42
propoxyphene n-acetaminophen tab 100-650 mg	10	RESCRIPTOR ORAL	28
propoxyphene oral.	10	reserpine oral	37
propranolol-hydrochlorothiazid oral.	37	RESTASIS OPHT	53
propranolol iv	37	RETIN-A MICRO TOP	40
propranolol oral	37	RETROVIR IV.	28
propylthiouracil oral.	48	REVATIO IV	56
PROQUAD SUBQ.	50	REVATIO ORAL	56
PROTONIX IV.	42	REVLIMID ORAL	24
PROTOPIC TOP	40	REYATAZ ORAL.	28
protriptyline oral	17	RHINOCORT AQUA NASL	56
PROVENTIL HFA INHL.	56	ribasphere cap 200mg	28
PROVIGIL TAB 100 mg	39	ribasphere tab 200 mg	28
PROVIGIL TAB 200 mg	38	ribasphere tab 400 mg, 600 mg	28
PULMICORT FLEXHALER INHL	56	ribavirin cap 200mg	28
PULMICORT INHL.	56	ribavirin tab 200 mg	28
PULMOZYME INHL	56	ribavirin tab 400 mg, 600 mg.	28
pyrazinamide oral.	21	RIDAURA ORAL.	50
pyridostigmine bromide oral	21	rifamate oral	21
QUALAQUIN ORAL	25	rifampin IV	22
quasense oral	47	rifampin oral.	22
quinapril-hydrochlorothiazide oral	37	RILUTEK ORAL	39
quinapril oral	37	rimantadine oral.	28
quinidine gluconate inj.	37	ringers ir	59
quinidine gluconate oral	37	RISPERDAL CONSTA IM SYRINGE	26
quinidine sulfate oral	37	risperidone oral soln	26
QUIXIN OPHT	53	risperidone tab	26
QVAR INHL.	56	risperidone tab, rapid dissolve	26
RABAVERT (PF) IM	50	RITALIN LA CAP 10 mg, 20 mg, 40 mg	39
		RITALIN LA CAP 30 mg.	39
		RITUXAN IV.	24
		romycin opht	53

ropinirole oral	25	sodium fluoride oral	59
ROTATEQ VACCINE ORAL	50	sodium lactate iv	59
roxicet oral	10	sodium polystyrene sulfonate oral	18
RYTHMOL SR ORAL	37	SOLARAZE TOP	40
SABRIL ORAL	15	solia oral	47
SAFETY NEEDLES MISC	31	SOLU-CORTEF INJ	44
SAIZEN CLICK.EASY SUBQ	45	SOMATULINE DEPOT SUBQ	48
SAIZEN SUBQ	45	SOMAVERT SUBQ	48
SAMSCA TAB 15 mg	37	sorine oral	38
SAMSCA TAB 30 mg	37	sotalol iv	38
SANCTURA XR ORAL	42	sotalol oral	38
SANCUSO TD	19	sotret cap 10 mg, 20 mg, 40 mg	40
SANDIMMUNE IV	50	SOTRET CAP 30 mg	40
SANDIMMUNE ORAL	50	SPECTRACEF ORAL	14
SANDOSTATIN LAR DEPOT IM	48	SPIRIVA WITH HANDIHALER INHL	56
SANTYL TOP	40	spironolactone oral	38
SAPHRIS SL	27	spironolacton-hydrochlorothiaz oral	38
SAVELLA TAB	17	SPORANOX ORAL	20
SAVELLA TABS IN A DOSE PACK	17	sprintec (28) oral	47
selegiline hcl oral	25	SPRYCEL TAB 20 mg	24
selenium sulfide top	40	SPRYCEL TAB 100 mg, 50 mg, 70 mg	24
SELZENTRY TAB 150 mg	28	sronyx oral	47
SELZENTRY TAB 300 mg	28	ssd top	14
SENSIPAR TAB 30 mg	48	stagesic oral	10
SENSIPAR TAB 60 mg	48	STALEVO 50 ORAL	25
SENSIPAR TAB 90 mg	48	STALEVO 75 ORAL	25
SEREVENT DISKUS INHL	56	STALEVO 100 ORAL	25
SEROMYCIN ORAL	22	STALEVO 125 ORAL	25
SEROQUEL TAB 100 mg, 200 mg, 25 mg, 300 mg, 50 mg	27	STALEVO 150 ORAL	25
SEROQUEL TAB 400 mg	27	STALEVO 200 ORAL	25
SEROQUEL XR 24 HR TAB 150 mg, 200 mg	27	stavudine oral	28
SEROQUEL XR 24 HR TAB 300 mg, 400 mg, 50 mg	27	STELARA SUBQ	50
sertraline oral concentrate	29	STRATTERA ORAL	39
sertraline tab	29	STREPTOMYCIN IM	14
silver sulfadiazine top	14	SUCRAID ORAL	40
SIMCOR 24 HR TAB 1,000-20 mg	37	sucralfate oral	42
SIMCOR 24 HR TAB 500-20 mg, 750-20 mg	37	sulfacetamide-prednisolone opht	14
SIMPONI SUBQ	50	sulfacetamide sodium (acne) top	14
simvastatin oral	37	sulfacetamide sodium opht	53
SINGULAIR ORAL	56	sulfadiazine oral	14
SKELAXIN ORAL	57	sulfamethoxazole-trimethoprim iv	14
sodium bicarbonate iv	59	sulfamethoxazole-trimethoprim oral	14
sodium chloride 0.9 % iv	59	sulfasalazine oral	51
sodium chloride 0.45 % iv	59	sulfatrim oral	14
sodium chloride 3 % iv	59	sulfazine ec oral	51
sodium chloride 5 % iv	59	sulindac oral	21
sodium chloride ir	59	sumatriptan succinate oral	21
sodium chloride iv	59	sumatriptan succinate subq	21
		SUPRAX ORAL	14
		SURMONTIL ORAL	17

SUSTIVA ORAL	28	ticlopidine oral	33
SUTENT CAP 12.5 mg	24	TIKOSYN ORAL	38
SUTENT CAP 25 mg, 50 mg	24	TIMENTIN IV	14
SYMBICORT INHL	56	timolol eye gel forming soln ,	53
SYMLINPEN 60 SUBQ	31	timolol maleate eye drops ,	53
SYMLINPEN 120 SUBQ	31	timolol maleate oral	38
SYMLIN SUBQ	31	TINDAMAX ORAL	25
SYNAREL NASL	48	tis-u-sol ir	59
SYNTHROID ORAL	48	tizanidine oral	27
SYPRINE ORAL	18	TOBI INHL	14
tacrolimus oral	50	tobramycin-dexamethasone opht	53
TAMIFLU CAP 30 mg	28	tobramycin sulfate inj	14
TAMIFLU CAP 45 mg, 75 mg	28	tobramycin sulfate opht	14
TAMIFLU ORAL SUSP	28	tobrasol opht	53
tamoxifen oral	24	tolazamide oral	31
TARCEVA ORAL	24	tolbutamide oral	31
TARGRETIN ORAL	24	tolmetin oral	21
TARGRETIN TOP	24	topiramate sprinkle cap	15
TASIGNA ORAL	24	topiramate tab	15
TASMAR ORAL	25	toposar iv	24
TAXOTERE IV	24	TORISEL IV	24
tazicef inj	14	torsemide oral	38
tazicef iv	14	tpn electrolytes iv	59
taztia xt oral	38	TRACLEER TAB 62.5 mg	56
TEGRETOL XR 12 HR TAB 100 mg	15	TRACLEER TAB 125 mg	56
TEGRETOL XR 12 HR TAB 200 mg, 400 mg	15	tramadol-acetaminophen oral	10
TEKTURNA HCT ORAL	38	tramadol er 24 hr tab 100 mg	10
TEKTURNA ORAL	38	tramadol er 24 hr tab 200 mg	10
terazosin oral	38	tramadol tab	10
terbinafine oral	20	trandolapril oral	38
terbutaline oral	56	transderm-scop td	19
terbutaline subq	56	tranylcypromine oral	17
terconazole vagl	20	TRAVATAN Z OPHT	53
TESTIM TD	47	trazodone oral	17
testosterone cypionate im	47	TREANDA IV	24
testosterone enanthate im	47	TRECTOR ORAL	22
TETANUS,DIPHThERIA TOXD PED-PF IM	51	TRELSTAR IM	48
TETANUS-DIPHThERIA TOXOIDS-TD IM	51	TRETINOIN (CHEMOTHERAPY) ORAL	24
TETANUS TOXOID,ADSORBED (PF) IM	51	tretinoin top	40
tetracycline oral	14	TREXALL ORAL	51
THALOMID ORAL	24	triamcinolone acetonide dent	39
THEO-24 ORAL	56	triamcinolone acetonide top	44
theochron oral	56	triamterene-hydrochlorothiazid oral	38
theophylline oral	56	TRICOR ORAL	38
thermazene top	14	triderm top	44
THIOGUANINE ORAL	24	trifluoperazine oral	27
THIOLA ORAL	42	trifluridine opht	53
thioridazine oral	27	trihexyphenidyl oral	26
THIOTEPA INJ	24	TRIHIBIT PRESERVATIVE FREE IM	51
thiothixene oral	27	tri-legest fe oral	47

TRILEPTAL ORAL.....	15	venlafaxine tab 75 mg.....	17
TRILIPIX ORAL.....	38	venlafaxine tab 100 mg, 25 mg, 50 mg.....	17
trilyte with flavor packets oral.....	42	VENTOLIN HFA INHL.....	56
trimethobenzamide im.....	19	VERAMYST NASL.....	56
trimethobenzamide oral.....	19	verapamil iv.....	38
trimethoprim oral.....	14	verapamil oral.....	38
trimethoprim-polymyxin b opht.....	54	VEREGEN TOP.....	40
trinessa (28) oral.....	47	VESICARE ORAL.....	42
TRIPEDIA (PF) IM.....	51	VFEND IV.....	20
tri-previfem (28) oral.....	47	VFEND ORAL SUSP.....	20
TRISENOX IV.....	24	VFEND TAB 50 mg.....	20
tri-sprintec (28) oral.....	47	VFEND TAB 200 mg.....	20
trivora (28) oral.....	47	VIBATIV IV.....	14
TRIZIVIR ORAL.....	28	VIBRAMYCIN ORAL.....	14
tropicamide opht.....	54	VICTOZA SUBQ.....	31
TRUVADA ORAL.....	28	VIDAZA SUBQ.....	24
TWINJECT AUTOINJECTOR IM.....	56	VIDEX 2 GRAM PEDIATRIC ORAL.....	28
TWINRIX (PF) IM.....	51	VIGAMOX OPHT.....	54
TYGACIL IV.....	14	VIMPAT IV.....	16
TYKERB ORAL.....	24	VIMPAT ORAL.....	16
TYPHIM VI IM.....	51	vinblastine iv.....	24
TYSABRI IV.....	51	vincristine iv.....	24
TYZEKA ORAL.....	28	vinorelbine iv.....	24
TYZINE NASL.....	56	VIRACEPT ORAL POWDER.....	28
u-cort top.....	44	VIRACEPT TAB.....	29
ULORIC ORAL.....	20	VIRAMUNE ORAL.....	29
unithroid oral.....	48	VIREAD ORAL.....	29
UROXATRAL ORAL.....	42	VISICOL ORAL.....	42
ursodiol oral.....	42	VIVELLE-DOT TD.....	47
VAGIFEM VAGL.....	47	VIVOTIF BERNA VACCINE ORAL.....	51
valacyclovir oral.....	28	VOTRIENT ORAL.....	24
VALCYTE ORAL.....	28	warfarin oral.....	33
valproate sodium iv.....	16	water for irrigation, sterile ir.....	40
valproic acid (as sodium salt) oral.....	16	WELCHOL ORAL POWDER PACK.....	38
valproic acid oral.....	16	WELCHOL TAB.....	38
VALTREX ORAL.....	28	XALATAN OPHT.....	54
VANCOGIN ORAL.....	14	XENAZINE ORAL.....	39
vancomycin iv.....	14	XIBROM OPHT.....	54
vandazole vagl.....	14	XOLAIR SUBQ.....	56
VAQTA (PF) IM.....	51	XOPENEX HFA INHL.....	56
VARIVAX (PF) SUBQ.....	51	XOPENEX INHL.....	56
VECTIBIX IV.....	24	XYREM ORAL.....	39
VECTICAL TOP.....	40	XYZAL ORAL SOLN.....	56
VELCADE IV.....	24	XYZAL TAB.....	57
velivet oral.....	47	YAZ 28 ORAL.....	47
VENLAFAXINE ER 24 HR TAB		YF-VAX SUBQ.....	51
37.5 mg, 75 mg.....	17	zaleplon oral.....	57
VENLAFAXINE ER 24 HR TAB 150 mg.....	17	ZANOSAR IV.....	24
VENLAFAXINE ER 24 HR TAB 225 mg.....	17	ZAVESCA ORAL.....	40
venlafaxine tab 37.5 mg.....	17	zazole vagl.....	20

ZEGERID CAP 20-1.1 mg-gram.	42
ZEGERID CAP 40-1.1 mg-gram.	42
ZEGERID ORAL PACKET	42
ZEMPLAR IV	52
ZEMPLAR ORAL	52
ZENPEP ORAL.	40
zerlor oral	10
ZETIA ORAL.	38
ZIAGEN ORAL	29
zidovudine oral.	29
ZOLINZA ORAL	24
zolpidem oral	57
ZOMETA IV.	52
ZOMIG NASL	21
ZOMIG ORAL	21
ZOMIG ZMT ORAL.	21
ZONALON TOP	40
zonisamide oral.	16
ZOSTAVAX SUBQ.	51
ZOSYN IN DEXTROSE (ISO-OSM) IV	14
zovia 1/35e (28) oral	47
zovia 1/50e (28) oral	47
ZOVIRAX OINTMENT	29
ZOVIRAX TOPICAL CREAM.	29
ZYMAR OPHT.	54
ZYPREXA IM	27
ZYPREXA ORAL.	27
ZYPREXA ZYDIS ORAL.	27
ZYVOX IV	14
ZYVOX ORAL	14

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