



2009 Formulary

(List of 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 2008. Please review this document to make sure that it still contains the drugs you take.

What is the Freedom Health Formulary?

A formulary is a list of covered drugs selected by Freedom Health 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. Freedom Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Freedom Health 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 2009 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2009 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug

from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of January 1, 2009. To get updated information about the drugs covered by Freedom Health, please visit our Web site at www.freedomhealth.com or call Member Services at 1-888-796-0946. Hours of operation from November 15, 2008 to March 1, 2009, are 7 days a week from 8:00 AM to 8:00 PM. From March 2, 2009 to November 14, 2009, hours of operation are Monday through Friday from 8:00 AM to 8:00 PM. TTY/TDD users should call 1-800-955-8771.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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 19. 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 41. 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?

Freedom Health 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:** Freedom Health requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Freedom Health before you fill your prescriptions. If you don't get approval, Freedom Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Freedom Health limits the amount of the drug that Freedom Health will cover. For example, Freedom Health provides nine per prescription for Imitrex tablets. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Freedom Health 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, Freedom Health may not cover drug B unless you try Drug A first. If Drug A does not work for you, Freedom Health 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 1.

You can ask Freedom Health to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Freedom Health's formulary?" on page 3 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 Freedom Health does not cover your drug, you have two options:

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

You can ask Freedom Health 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, Freedom Health 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 Brand tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred Brand tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty drug tier.

Generally, Freedom Health will only approve your request for an exception if the alternative drugs

included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 60-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 60-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 60-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.

Members who have a change in level of care (i.e. hospitalization) will be allowed a onetime 60-day transition supply per drug per level.

For more information

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

If you have questions about Freedom Health, please call Member Services at 1-888-796-0946. Hours of operation from November 15, 2008 to March 1, 2009 are 7 days a week from 8:00 AM to 8:00 PM. From March 2, 2009 to November 14, 2009, hours of operation are Monday through Friday from 8:00 AM to 8:00 PM. TTY/TDD users should call 1-800-955-8771.) Or visit www.freedomhealth.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.

Freedom Health's Formulary

The formulary below provides coverage information about some of the drugs covered by Freedom Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 41.

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

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

Drug Tier

Tier 1 = **Formulary Generics**

Tier 2 = **Preferred Brands**

Tier 3 = **Non-Preferred Brands**

Tier 4 = **Specialty Drugs**

Requirements/Limits Abbreviations

QL: Quantity Limit. For certain drugs, Freedom Health limits the amount of the drug that Freedom Health will cover. For example, Freedom Health provides 9 tablets per prescription for lmitrex. This may be in addition to a standard one month or three month supply.

ST: Step Therapy. In some cases, Freedom Health 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, Freedom Health may not cover drug B unless you try Drug A first. If Drug A does not work for you, Freedom Health will then cover Drug B.

PA: Prior Authorization. Freedom Health requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Freedom Health before you fill your prescriptions. If you don't get approval, Freedom Health may not cover the drug.

GC: Gap Coverage. We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-888-796-0946. Hours of operation from November 15, 2008 to March 1, 2009, are 7 days a week from 8:00 AM to 8:00 PM. From March 2, 2009 to November 14, 2009, hours of operation are Monday through Friday from 8:00 AM to 8:00 PM. TTY/TDD users should call 1-800-955-8771.

ED: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Drug Name	Drug Tier	Notes
Analgesics		
Opioid Analgesics		
<i>acetaminophen/codeine #2</i>	1	QL GC
<i>acetaminophen/codeine #3</i>	1	QL GC
<i>acetaminophen/codeine #4</i>	1	QL GC
<i>acetaminophen/codeine soln</i>	1	GC
AVINZA	3	
<i>buprenorphine hcl</i>	1	GC
<i>co-gesic</i>	1	GC
<i>endocet</i>	1	QL GC
<i>fentanyl</i>	1	QL GC
<i>hydrocodone /acetaminophen-hs</i>	1	QL GC
<i>hydrocodone /acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg, 500mg; 7.5mg, 650mg; 10mg, 650mg; 7.5mg, 750mg; 7.5mg</i>	1	QL GC
<i>hydrocodone bitartrate/acetaminophen</i>	1	QL GC
<i>hydrocodone bitartrate/apap</i>	1	QL GC
<i>hydromorphone hcl tabs</i>	1	QL GC
<i>hydromorphone hcl inj 10mg/ml</i>	1	QL GC
LEVO DROMORAN	3	PA
<i>meperidine hcl oral soln, tabs</i>	1	QL GC
<i>meperidine hcl inj 10mg/ml</i>	1	PA GC
<i>methadone hcl inj</i>	1	PA GC
<i>methadone hcl conc, tabs</i>	1	QL GC
<i>morphine sulfate er</i>	1	QL GC
<i>morphine sulfate tabs</i>	1	GC
<i>morphine sulfate inj 1mg/ml</i>	1	PA GC
<i>morphine sulfate inj 1mg/ml</i>	1	GC
<i>morphine sulfate inj 0.5mg/ml</i>	1	QL GC
<i>oxycodone hcl</i>	1	QL GC
<i>oxycodone-apap</i>	1	QL GC
<i>oxycodone/acetaminophen</i>	1	QL GC
<i>oxycodone/apap</i>	1	QL GC
<i>oxycodone/aspirin</i>	1	QL GC
<i>propoxyphene /acetaminophen</i>	1	QL GC
<i>propoxyphene hcl</i>	1	QL GC
<i>propoxyphene-n /acetaminophen tabs 325mg; 50mg, 650mg; 100mg</i>	1	QL GC
<i>roxicec tabs 325mg; 5mg</i>	1	QL GC
SUBOXONE	2	
SUBUTEX	2	
<i>tramadol hcl</i>	1	QL GC
VICODIN HP	3	
Anesthetics		
Local Anesthetics		
<i>lidocaine</i>	1	GC
<i>lidocaine hcl gel, external soln</i>	1	GC

Drug Name	Drug Tier	Notes
<i>lidocaine hcl inj 0.5%</i>	1	PA GC
<i>lidocaine/prilocaine</i>	1	GC
LIDODERM	2	QL
<i>lidomar viscous</i>	1	GC
SYNERA	3	
Anti-inflammatory Agents		
Nonsteroidal Antiinflammatory Drugs		
CELEBREX	3	QL ST
<i>diclofenac potassium</i>	1	GC
<i>diclofenac sodium</i>	1	GC
<i>diclofenac sodium dr</i>	1	GC
<i>diclofenac sodium ec</i>	1	GC
<i>diclofenac sodium er</i>	1	QL GC
<i>diflunisal</i>	1	GC
<i>etodolac</i>	1	GC
<i>etodolac er</i>	1	QL GC
<i>fenoprofen calcium</i>	1	GC
<i>flurbiprofen</i>	1	GC
<i>ibuprofen</i>	1	GC
<i>indomethacin</i>	1	GC
<i>indomethacin er</i>	1	GC
<i>ketoprofen</i>	1	GC
<i>ketoprofen er</i>	1	QL GC
<i>ketorolac tromethamine tabs</i>	1	QL GC
<i>ketorolac tromethamine inj</i>	1	QL PA GC
<i>meloxicam</i>	1	QL GC
<i>nabumetone</i>	1	GC
<i>naproxen</i>	1	GC
<i>naproxen dr</i>	1	GC
<i>naproxen sodium</i>	1	GC
<i>oxaprozin</i>	1	GC
<i>piroxicam</i>	1	GC
<i>sulindac</i>	1	GC
<i>tolmetin sodium</i>	1	GC
antibacterials		
Aminoglycosides		
<i>gentamicin sulfate crea, oint</i>	1	GC
<i>neomycin sulfate</i>	1	GC
<i>neomycin/polymyxin b sulfates</i>	1	GC
Antibacterial Other		
<i>bacitracin</i>	1	PA GC
BACTROBAN	3	
<i>chloramphenicol sodium succinate</i>	1	PA GC
CLEOCIN GALAXY	2	
<i>clindamycin hcl</i>	1	GC
<i>colistimethate sodium</i>	1	GC
CUBICIN	4	PA

Drug Name	Drug Tier	Notes
LINCOCIN	2	
<i>methenamine hippurate</i>	1	GC
METRO IV	3	PA
<i>metronidazole</i>	1	GC
MONUROL	3	
<i>mupirocin</i>	1	GC
<i>nitrofurantoin macrocrystalline</i>	1	GC
<i>nitrofurantoin monohydrate</i>	1	GC
<i>silver sulfadiazine</i>	1	GC
<i>trimethoprim</i>	1	GC
TYGACIL	2	
VANCOCIN HCL	3	
<i>vancomycin hcl</i>	1	PA GC
ZYVOX INJ, SUSR	4	PA
ZYVOX TABS	4	QL PA
beta-lactam cephalosporins		
<i>cefaclor</i>	1	GC
<i>cefaclor er</i>	1	GC
<i>cefadroxil</i>	1	QL GC
CEFAZOLIN SODIUM	3	PA
CEFIZOX IN DEXTROSE 5%	2	PA
<i>cefotaxime sodium</i>	1	PA GC
<i>cefoxitin sodium</i>	1	PA GC
<i>cefpodoxime proxetil</i>	1	QL GC
<i>ceftriaxone sodium</i>	1	GC
<i>cefuroxime axetil</i>	1	QL GC
<i>cefuroxime sodium</i>	1	PA GC
<i>cephalexin</i>	1	GC
FORTAZ	2	PA
MAXIPIME	2	
OMNICEF SUSR	3	
OMNICEF CAPS	3	QL
Beta-Lactam other		
AZACTAM	2	
DORIBAX	4	PA
INVANZ	3	PA
MERREM	3	PA
PRIMAXIN IV	3	
beta-lactam penicillins		
<i>amoclan</i>	1	GC
<i>amoxicillin</i>	1	GC
<i>amoxicillin/clavulanate potassium</i>	1	GC
AMOXIL	2	
<i>ampicillin</i>	1	GC
<i>ampicillin sodium</i>	1	PA GC
<i>ampicillin-sulbactam</i>	1	PA GC
<i>dicloxacillin sodium</i>	1	GC

Drug Name	Drug Tier	Notes
<i>nafcillin sodium</i>	1	GC
<i>oxacillin sodium</i>	1	GC
<i>penicillin g potassium</i>	1	PA GC
<i>penicillin v potassium</i>	1	GC
PIPERACILLIN SODIUM	2	PA
TIMENTIN INJ 0.1GM; 3GM	2	
TIMENTIN INJ 1GM; 30GM	2	PA
ZOSYN	2	PA
ketolides		
KETEK	3	QL
macrolides		
<i>azithromycin inj</i>	1	GC
<i>azithromycin tabs</i>	1	QL GC
<i>clarithromycin susr</i>	1	GC
<i>clarithromycin tabs</i>	1	QL GC
ERY-TAB	2	
ERYPED	2	
ERYPED 400	2	
ERYTHROCIN LACTOBIONATE INJ 500MG	3	PA
<i>erythrocine stearate</i>	1	GC
<i>erythromycin</i>	1	GC
ERYTHROMYCIN BASE	2	
<i>erythromycin ethylsuccinate</i>	1	GC
quinolones		
AVELOX INJ	3	PA
AVELOX TABS	3	QL
CIPRO I.V.-IN D5W INJ 400MG; 5%	3	PA
<i>ciprofloxacin hcl tabs 250mg, 500mg, 750mg</i>	1	QL GC
LEVAQUIN TABS	3	QL
LEVAQUIN INJ 25MG/ML	3	PA
<i>ofloxacin tabs</i>	1	GC
sulfonamides		
GANTRISIN PEDIATRIC	2	
SULFADIAZINE	2	
<i>sulfamethoxazole /trimethoprim susp, tabs</i>	1	GC
<i>sulfamethoxazole /trimethoprim inj</i>	1	PA GC
<i>sulfamethoxazole/trimethoprim ds</i>	1	GC
tetracyclines		
<i>doxycycline hyclate caps</i>	1	GC
<i>doxycycline hyclate inj</i>	1	PA GC
<i>doxycycline hyclate tabs 100mg</i>	1	GC
<i>doxycycline monohydrate caps</i>	1	GC
<i>doxycycline monohydrate tabs 75mg</i>	1	GC
<i>minocycline hcl</i>	1	GC
<i>tetracycline hcl</i>	1	GC
Anticonvulsants		
Anticonvulsants Other		

Drug Name	Drug Tier	Notes
KEPPRA INJ	3	
KEPPRA ORAL SOLN, TABS	3	QL
Calcium Channel Modifying Agents		
CELONTIN	2	
<i>ethosuximide</i>	1	GC
LYRICA	3	QL
<i>zonisamide</i>	1	GC
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES	2	
<i>gabapentin</i>	1	QL GC
GABITRIL	3	
NEURONTIN SOLN	2	
<i>primidone</i>	1	GC
<i>valproate sodium</i>	1	GC
<i>valproic acid</i>	1	GC
Glutamate Reducing Agents		
FELBATOL	3	
LAMICTAL	2	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	2	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	2	
LAMICTAL STARTER/TAKING VALPROATE	2	
<i>lamotrigine chewable dispersible</i>	1	GC
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
Sodium Channel Inhibitors		
<i>carbamazepine</i>	1	GC
CARBATROL	3	QL
CEREBYX	3	PA
DILANTIN INFATABS	2	
DILANTIN CAPS 30MG	2	
PEGANONE	3	
PHENYTEK	3	
<i>phenytoin</i>	1	GC
<i>phenytoin sodium</i>	1	GC
<i>phenytoin sodium extended</i>	1	GC
TEGRETOL-XR	3	QL
TRILEPTAL	3	
Antidementia Agents		
Antidementia Agents Other		
<i>ergoloid mesylates</i>	1	GC
Cholinesterase Inhibitors		
ARICEPT ODT	3	QL
ARICEPT TABS 10MG	3	QL
COGNEX	3	

Drug Name	Drug Tier	Notes
EXELON SOLN	2	QL
EXELON CAPS 1.5MG	2	
EXELON CAPS 3MG, 4.5MG, 6MG	2	QL
RAZADYNE	2	
RAZADYNE ER	2	QL
Glutamate Pathway Modifiers		
NAMENDA	3	QL
NAMENDA TITRATION PAK	3	
Antidepressants		
Antidepressants Other		
<i>budeprion xl</i>	1	QL GC
<i>bupropion hcl</i>	1	GC
<i>bupropion hcl sr</i>	1	QL GC
MAPROTILINE HCL TABS 50MG, 75MG	2	
<i>maprotiline hcl tabs 25mg</i>	1	GC
<i>mirtazapine</i>	1	GC
<i>mirtazapine odt</i>	1	GC
<i>nefazodone hcl</i>	1	GC
<i>trazodone hcl</i>	1	GC
WELLBUTRIN XL	3	QL ST
Monoamine Oxidase Inhibitors		
MARPLAN	2	
NARDIL	2	
<i>tranylcypromine sulfate</i>	1	GC
Serotonin/Norepinephrine Reuptake Inhibitors		
<i>citalopram hydrobromide</i>	1	QL GC
CYMBALTA	3	QL
EFFEXOR XR	2	QL
<i>fluoxetine hcl</i>	1	QL GC
<i>fluvoxamine maleate</i>	1	QL GC
LEXAPRO	3	QL
<i>paroxetine hcl</i>	1	QL GC
PAXIL	2	QL
<i>sertraline hcl</i>	1	QL GC
<i>venlafaxine hcl</i>	1	GC
Tricyclics		
<i>amitriptyline hcl</i>	1	GC
<i>amoxapine</i>	1	GC
<i>chlordiazepoxide /amitriptyline tabs 12.5mg; 5mg</i>	1	GC
<i>clomipramine hcl</i>	1	GC
<i>desipramine hcl</i>	1	GC
<i>doxepin hcl</i>	1	GC
<i>imipramine hcl</i>	1	GC
<i>imipramine pamoate</i>	1	QL GC
<i>nortriptyline hcl</i>	1	GC
SURMONTIL	2	
<i>trimipramine maleate</i>	1	GC

Drug Name	Drug Tier	Notes
VIVACTIL	2	
Antidotes Deterrents and Toxicologic Agents		
Antidotes		
EXJADE	2	
<i>sodium polystyrene sulfonate</i>	1	GC
SYPRINE	2	
Deterrents		
ANTABUSE	2	
CAMPRAL	3	
CHANTIX	3	QL
<i>nicotine</i>	1	GC
NICOTROL INHALER	2	
NICOTROL NS	2	
Toxicologic Agents		
<i>naltrexone hcl</i>	1	GC
VIVITROL	3	
Antiemetics		
Antiemetics		
ALOXI	3	PA
ANZEMET INJ	3	PA
ANZEMET TABS	3	QL PA
EMEND MISC	3	QL PA
EMEND CAPS 125MG, 80MG	3	QL PA
KYTRIL ORAL SOLN	3	PA
KYTRIL TABS	3	QL PA
KYTRIL INJ 0.1MG/ML	3	PA
<i>meclizine hcl</i>	1	GC
<i>metoclopramide hcl oral soln, tabs</i>	1	GC
<i>metoclopramide hcl inj</i>	1	PA GC
<i>ondansetron hcl soln</i>	1	PA GC
<i>ondansetron hcl tabs 24mg</i>	1	PA GC
<i>ondansetron hcl tabs 4mg, 8mg</i>	1	QL PA GC
<i>ondansetron odt</i>	1	QL PA GC
<i>trimethobenzamide hcl caps</i>	1	GC
<i>trimethobenzamide hcl inj</i>	1	PA GC
antifungals		
antifungals		
ABELCET	3	PA
AMBISOME	3	PA
AMPHOTEC	3	PA
ANCOBON	2	
CANCIDAS	3	
<i>ciclopirox</i>	1	GC
<i>ciclopirox nail lacquer</i>	1	GC
<i>ciclopirox olamine</i>	1	GC
<i>clotrimazole/betamethasone dipropionate</i>	1	GC
<i>clotrimazole crea, soln, troc</i>	1	GC

Drug Name	Drug Tier	Notes
<i>econazole nitrate</i>	1	GC
ERAXIS INJ 50MG	4	
<i>fluconazole in nacl inj 200mg/100ml; 0.9%</i>	1	PA GC
<i>fluconazole susr</i>	1	GC
<i>fluconazole tabs 100mg, 200mg, 50mg</i>	1	GC
<i>fluconazole tabs 150mg</i>	1	QL GC
GRIFULVIN V TABS	2	
<i>griseofulvin microsize</i>	1	GC
GNAZOLE-1	3	
<i>itraconazole</i>	1	PA GC
<i>ketoconazole</i>	1	GC
MYCAMINE INJ 50MG	3	
<i>nystatin/triamcinolone</i>	1	GC
NYSTATIN TABS	2	
<i>nystatin crea, oint, powd, susp</i>	1	GC
PENLAC NAIL LACQUER	3	
SPORANOX SOLN	2	PA
<i>terbinafine hcl</i>	1	QL GC
<i>terconazole supp</i>	1	GC
VFEND	3	
VFEND IV	3	PA
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol</i>	1	GC
<i>allopurinol sodium</i>	1	PA GC
<i>colchicine</i>	1	GC
<i>probenecid</i>	1	GC
Antimigraine Agents		
<i>Abortive</i>		
AMERGE	3	QL
<i>dihydroergotamine mesylate</i>	1	PA GC
<i>ergotamine tartrate/caffeine</i>	1	GC
FROVA	3	QL
IMITREX STATDOSE REFILL	3	QL PA
IMITREX NASAL SOLN, TABS	2	QL
IMITREX INJ	3	QL PA
MAXALT	3	QL
MAXALT-MLT	3	QL
<i>migergot</i>	1	GC
RELPAX	3	QL
ZOMIG	2	QL
ZOMIG ZMT	2	QL
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
GUANIDINE HCL	2	
MESTINON	3	
MESTINON TIMESPAN	3	

Drug Name	Drug Tier	Notes
MYTELASE	2	
<i>pyridostigmine bromide</i>	1	GC
<i>regonol</i>	1	PA GC
antimycobacterials		
<i>Antimycobacterials Other</i>		
DAPSONE	2	
MYCOBUTIN	2	
<i>antituberculars</i>		
<i>ethambutol hcl</i>	1	GC
ISONIAZID SYRP	2	
<i>isoniazid tabs</i>	1	GC
<i>isoniazid inj</i>	1	PA GC
PASER	2	
PRIFTIN	3	QL
<i>pyrazinamide</i>	1	GC
<i>rifampin caps</i>	1	GC
<i>rifampin inj</i>	1	PA GC
Antineoplastics		
<i>Alkylating Agents</i>		
ALKERAN	3	PA
BICNU	2	PA
BUSULFEX	3	PA
CEENU	2	
<i>cyclophosphamide tabs</i>	1	PA GC
CYTOXAN INJ 500MG	2	PA
DACARBAZINE INJ 100MG	3	PA
HEXALEN	2	
<i>ifosfamide inj 1gm</i>	1	PA GC
LEUKERAN	2	
MATULANE	2	
MUSTARGEN	2	PA
<i>thiotepa</i>	1	PA GC
ZANOSAR	3	PA
<i>Antiangiogenic Agents</i>		
REVLIMID	4	PA LA
THALOMID	4	
<i>Antiestrogen/Modifier</i>		
EMCYT	2	
FARESTON	3	
SOLTAMOX	3	QL
<i>tamoxifen citrate tabs 10mg</i>	1	GC
<i>tamoxifen citrate tabs 20mg</i>	1	QL GC
<i>antimetabolite</i>		
<i>cladribine</i>	1	PA GC
CLOLAR	3	PA
<i>cytarabine aqueous</i>	1	PA GC
ELITEK	3	PA

Drug Name	Drug Tier	Notes
<i>fludarabine phosphate</i>	1	PA GC
<i>fluorouracil</i>	1	PA GC
GEMZAR	2	PA
<i>hydroxyurea</i>	1	GC
<i>mercaptopurine</i>	1	GC
TABLOID	2	
Antineoplastic other		
IXEMPRA KIT	4	PA
MITOXANTRONE HCL	2	PA
PACLITAXEL	3	PA
TRISENOX	4	PA
VECTIBIX	4	
ZOLINZA	4	
Antineoplastic		
<i>bleomycin sulfate</i>	1	PA GC
CAMPTOSAR	2	PA
<i>carboplatin</i>	1	PA GC
<i>cisplatin</i>	1	PA GC
COSMEGEN	3	PA
DACOGEN	3	
<i>daunorubicin hcl</i>	1	PA GC
<i>dexrazoxane</i>	1	PA GC
<i>doxorubicin hcl</i>	1	PA GC
ELLENC	3	PA
ELOXATIN	3	PA
ELSPAR	3	PA
FASLODEX	3	PA
HYCAMTIN	4	PA
<i>idarubicin hcl</i>	1	PA GC
<i>mesna</i>	1	PA GC
MESNEX	2	
<i>mitomycin</i>	1	PA GC
ONCASPAR	3	PA
ONTAK	3	PA
PHOTOFRIN	3	PA
PROLEUKIN	4	PA
<i>toposar</i>	1	PA GC
VELCADE	3	PA
VIDAZA	3	PA
Aromatase Inhibitors 3rd generation		
ARIMIDEX	3	QL
AROMASIN	2	
FEMARA	3	
Molecular Target Inhibitors		
GLEEVEC	4	QL PA
IRESSA	4	QL PA
NEXAVAR	4	

Drug Name	Drug Tier	Notes
SPRYCEL	4	ST
SUTENT	4	
TARCEVA	4	QL PA
TASIGNA	4	
TYKERB	4	QL
Monoclonal Antibodies		
CAMPATH	2	PA
RITUXAN	4	PA
Retinoids		
PANRETIN	2	
TARGRETIN	2	
VESANOID	3	
Antiparasitics		
Anthelmintics		
BILTRICIDE	2	
<i>mebendazole</i>	1	GC
STROMECTOL	2	
Antiprotozoals		
ALINIA	2	QL
<i>chloroquine phosphate tabs 500mg</i>	1	GC
DARAPRIM	2	
<i>hydroxychloroquine sulfate</i>	1	GC
MALARONE TABS 62.5MG; 25MG	2	
<i>mefloquine hcl</i>	1	GC
MEPRON	2	
NEUTREXIN	3	
<i>pentam 300</i>	1	PA GC
<i>qualaquin</i>	1	GC
Pediculicides/Scabicides		
OVIDE	3	
<i>permethrin</i>	1	GC
Antiparkinson Agents		
Antiparkinson Agents		
<i>amantadine hcl</i>	1	GC
AZILECT	3	
<i>benztropine mesylate</i>	1	GC
<i>bromocriptine mesylate</i>	1	GC
<i>carbidopa/levodopa</i>	1	GC
<i>carbidopa/levodopa er tbc 25mg; 100mg</i>	1	GC
<i>carbidopa/levodopa sr tbc 50mg; 200mg</i>	1	GC
COGENTIN	3	PA
COMTAN	2	
EMSAM	3	QL
KEMADRIN	3	
MIRAPEX TABS 0.125MG, 0.25MG, 0.5MG, 1.5MG, 1MG	2	QL
REQUIP	3	

Drug Name	Drug Tier	Notes
<i>selegiline hcl caps</i>	1	GC
STALEVO 100	3	
STALEVO 150	3	
STALEVO 50	3	
TASMAR	2	
<i>trihexyphenidyl hcl</i>	1	GC
Antipsychotics		
Atypicals		
ABILIFY DISCMELT	3	QL
ABILIFY INJ	3	
ABILIFY ORAL SOLN, TABS	3	QL
<i>clozapine</i>	1	GC
FAZACLO TBDP 100MG, 25MG	3	
GEODON CAPS	2	QL
GEODON INJ	3	QL
INVEGA	3	QL
RISPERDAL	2	QL
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	3	QL
RISPERDAL M-TAB	2	QL
SEROQUEL	2	
ZYPREXA ZYDIS	3	QL
ZYPREXA INJ	3	
ZYPREXA TABS	3	QL
Conventional		
<i>chlorpromazine hcl</i>	1	GC
<i>fluphenazine decanoate</i>	1	GC
FLUPHENAZINE HCL INJ	3	
<i>fluphenazine hcl conc, elix, tabs</i>	1	GC
<i>haloperidol decanoate</i>	1	GC
<i>haloperidol lactate</i>	1	GC
<i>haloperidol conc</i>	1	GC
<i>haloperidol tabs 0.5mg, 1mg, 2mg, 5mg</i>	1	GC
<i>loxapine succinate</i>	1	GC
MOBAN	2	
NAVANE CAPS 20MG	2	
ORAP	2	
<i>perphenazine</i>	1	GC
<i>prochlorperazine</i>	1	GC
<i>prochlorperazine edisylate</i>	1	GC
<i>prochlorperazine maleate</i>	1	GC
<i>thioridazine hcl</i>	1	GC
<i>thiothixene</i>	1	GC
<i>trifluoperazine hcl</i>	1	GC
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen</i>	1	GC
<i>dantrolene sodium</i>	1	GC

Drug Name	Drug Tier	Notes
<i>tizanidine hcl</i>	1	GC
ZANAFLEX CAPS	3	
Antivirals		
"Anti-HIV Agents, Nucleoside and Nucleotide, Reverse Transcriptase Inhibitors"		
COMBIVIR	2	
<i>didanosine</i>	1	GC
EMTRIVA	2	
EPIVIR	2	
EPZICOM	4	
RETROVIR IV INFUSION	3	
TRIZIVIR	2	
TRUVADA	2	
VIDEX EC	2	
VIDEX PEDIATRIC	2	
VIREAD	2	
ZERIT	2	
ZIAGEN	2	
<i>zidovudine</i>	1	GC
Anti-cytomegalovirus agents		
CYTOVENE	3	PA
<i>ganciclovir</i>	1	GC
VALCYTE	3	
Anti-HIV Agents Integrase Inhibitor		
ISENTRESS	4	QL
Anti-HIV Agents Nonnucleoside Reverse Transcriptase Inhibitors		
INTELENCE	4	
RESCRIPTOR	2	
SUSTIVA	2	
VIRAMUNE	2	
Anti-HIV Agents Nucleoside and Nucleotide Reverse Transcriptase Inhibitors		
ATRIPLA	4	
Anti-HIV Agents Protease Inhibitors		
APTIVUS	2	
CRIXIVAN	2	
INVIRASE	2	
KALETRA	2	
LEXIVA	4	
NORVIR	2	
PREZISTA	2	
REYATAZ	2	
VIRACEPT	2	
Anti-human Immunodeficiency Virus (HIV) Agents Fusion Inhibitors		
FUZEON	4	

Drug Name	Drug Tier	Notes
Anti-human Immunodeficiency Virus (HIV) CCR5 Antagonist		
SELZENTRY	4	
Anti-influenza Agents		
FLUMADINE	2	
<i>rimantadine hcl</i>	1	GC
TAMIFLU SUSR	2	QL
TAMIFLU CAPS 75MG	2	QL
Antihepatitis Agents		
BARACLUDE	4	
EPIVIR HBV	2	
HEPSERA	4	
REBETOL SOLN	2	
<i>ribavirin caps</i>	1	GC
TYZEKA	2	
Antiherpetic Agents		
<i>acyclovir</i>	1	GC
ACYCLOVIR SODIUM INJ 50MG/ML	3	PA
DENAVIR	3	
FAMVIR	3	
VALTREX	2	
Anxiolytics		
Anxiolytics Other		
<i>bupirone hcl</i>	1	GC
<i>meprobamate</i>	1	QL GC
Anxiolytics, Other		
<i>alprazolam</i>	1	ED
<i>chlordiazepoxide hcl</i>	1	ED
<i>clorazepate dipotassium</i>	1	ED
DIAZEPAM INJ	2	ED
<i>diazepam tabs</i>	1	ED
LORAZEPAM INJ	2	ED
<i>lorazepam tabs</i>	1	ED
<i>oxazepam</i>	1	ED
Bipolar Agents		
Bipolar Agents		
<i>lithium carbonate er tbc 450mg</i>	1	GC
<i>lithium carbonate caps 600mg</i>	1	GC
<i>lithium carbonate caps 150mg</i>	1	GC
<i>lithium carbonate tabs</i>	1	GC
<i>lithium citrate</i>	1	GC
Blood Glucose Regulators		
Antidiabetic Agents		
ACTOS	3	QL ST
AVANDAMET	2	QL ST
AVANDARYL TABS 1MG; 4MG, 2MG; 4MG, 4MG; 4MG	2	QL ST
AVANDIA	2	QL ST

Drug Name	Drug Tier	Notes
BYETTA	3	ST
<i>chlorpropamide</i>	1	GC
DUETACT	3	QL ST
<i>fortamet tb24 1000mg</i>	1	GC
<i>glimepiride</i>	1	GC
<i>glipizide</i>	1	GC
<i>glipizide er tb24 5mg</i>	1	QL GC
<i>glipizide xl</i>	1	QL GC
<i>glipizide/metformin hcl</i>	1	GC
<i>glyburide</i>	1	GC
<i>glyburide micronized</i>	1	GC
<i>glyburide/metformin hcl</i>	1	GC
GLYCRON TABS 4.5MG	2	
JANUMET	3	QL ST
JANUVIA	3	QL ST
<i>metformin hcl</i>	1	GC
<i>metformin hcl er</i>	1	GC
PRANDIN	3	QL
PRECOSE	3	QL
STARLIX	3	
SYMLIN	3	ST
<i>tolazamide</i>	1	GC
TOLBUTAMIDE	2	
Glycemic Agents		
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	2	
Insulin		
HUMALOG	2	QL
HUMALOG MIX 50/50	2	QL
HUMALOG MIX 75/25	2	QL
HUMULIN 50/50	2	QL
HUMULIN 70/30	2	QL
HUMULIN N	2	QL
HUMULIN R	2	QL
LANTUS	2	QL
LANTUS SOLOSTAR	3	
LEVEMIR	3	QL
NOVOLOG	2	QL
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	QL
<i>relion 70/30</i>	1	QL GC
<i>relion 70/30 innolet</i>	1	QL GC
<i>relion n</i>	1	QL GC
<i>relion n innolet</i>	1	QL GC
<i>relion r</i>	1	QL GC
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		

Drug Name	Drug Tier	Notes
ARIXTRA	3	PA
COUMADIN	3	
HEPARIN SODIUM DCU	3	
HEPARIN SODIUM/NACL 0.45%	3	
<i>heparin sodium/nacl 0.9%</i>	1	GC
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	GC
HEPARIN SODIUM INJ 2000UNIT/ML, 2500UNIT/ML	3	
<i>heparin sodium inj 1000unit/ml</i>	1	GC
LOVENOX	3	QL
<i>warfarin sodium</i>	1	GC
Blood Formation Products		
ARANESP ALBUMIN FREE SURECLICK	4	PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML, 25MCG/ML	3	PA
ARANESP ALBUMIN FREE INJ 100MCG/ML, 150MCG/0.3ML, 150MCG/0.75ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/ML, 40MCG/0.4ML, 40MCG/ML, 500MCG/ML, 60MCG/ML	4	PA
EPOGEN	2	PA
LEUKINE	4	PA
NEULASTA	4	PA
NEUMEGA	4	PA
NEUPOGEN	4	PA
Coagulants		
CYKLOKAPRON	2	
Platelet Aggregation Inhibitors		
AGGRENOX	3	
<i>cilostazol</i>	1	GC
<i>dipyridamole</i>	1	GC
PLAVIX	3	QL
<i>ticlopidine hcl</i>	1	GC
Cardiovascular Agents		
Alpha-adrenergic Agonists		
CATAPRES-TTS-1	3	QL
CATAPRES-TTS-2	3	QL
CATAPRES-TTS-3	3	QL
<i>clonidine hcl</i>	1	GC
<i>guanfacine hcl</i>	1	GC
<i>methyldopa</i>	1	GC
<i>methyldopa /hydrochlorothiazide</i>	1	GC
<i>methyldopate hcl</i>	1	PA GC
<i>midodrine hcl</i>	1	GC
Alpha-adrenergic Blocking Agents		
CARDURA XL	3	QL
DIBENZYLINE	2	
<i>doxazosin mesylate</i>	1	QL GC
<i>prazosin hcl</i>	1	GC

Drug Name	Drug Tier	Notes
<i>terazosin hcl</i>	1	QL GC
Antiarrhythmics		
<i>amiodarone hcl</i>	1	GC
<i>disopyramide phosphate</i>	1	GC
<i>disopyramide phosphate er</i>	1	GC
<i>flecainide acetate</i>	1	GC
<i>mexiletine hcl</i>	1	GC
PROCAINAMIDE HCL INJ 100MG/ML	3	PA
PROCANBID	2	
<i>propafenone hcl tabs 225mg, 300mg</i>	1	GC
QUINIDINE GLUCONATE	3	PA
<i>quinidine gluconate sa</i>	1	GC
<i>quinidine sulfate</i>	1	GC
RYTHMOL SR	2	QL
TIKOSYN	3	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl</i>	1	GC
<i>atenolol</i>	1	GC
<i>atenolol/chlorthalidone</i>	1	GC
<i>betaxolol hcl</i>	1	GC
<i>bisoprolol fumarate</i>	1	GC
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	GC
<i>carvedilol</i>	1	QL GC
<i>labetalol hcl tabs</i>	1	GC
<i>labetalol hcl inj</i>	1	PA GC
<i>metoprolol /hydrochlorothiazide</i>	1	GC
<i>metoprolol succinate er</i>	1	QL GC
<i>metoprolol tartrate tabs</i>	1	GC
<i>metoprolol tartrate inj</i>	1	PA GC
<i>nadolol</i>	1	GC
<i>pindolol</i>	1	GC
<i>propranolol /hydrochlorothiazide</i>	1	GC
<i>propranolol hcl er</i>	1	QL GC
<i>propranolol hcl tabs</i>	1	GC
<i>propranolol hcl inj</i>	1	PA GC
<i>sotalol hcl</i>	1	GC
<i>sotalol hcl (af)</i>	1	GC
<i>timolol maleate</i>	1	GC
Calcium Channel Blocking Agents		
<i>amlodipine besylate</i>	1	QL GC
CARDENE I.V.	3	PA
<i>diltiazem cd cp24 300mg</i>	1	GC
<i>diltiazem cd cp24 120mg, 240mg</i>	1	QL GC
<i>diltiazem hcl er cp24 180mg, 240mg, 300mg, 360mg</i>	1	QL GC
<i>diltiazem hcl er cp12</i>	1	QL GC
<i>diltiazem hcl cp24 240mg, 300mg, 360mg</i>	1	QL GC
<i>diltiazem hcl tabs</i>	1	GC

Drug Name	Drug Tier	Notes
<i>diltiazem hcl inj 5mg/ml</i>	1	PA GC
<i>felodipine er</i>	1	QL GC
LOTREL	3	QL
<i>nicardipine hcl</i>	1	GC
<i>nifedipine</i>	1	GC
<i>nifedipine er</i>	1	QL GC
<i>taztia xt cp24 360mg</i>	1	QL GC
VERAPAMIL HCL ER CP24 300MG	3	QL
<i>verapamil hcl er cp24 180mg</i>	1	GC
<i>verapamil hcl er cp24 120mg, 240mg</i>	1	QL GC
<i>verapamil hcl er tbc 180mg</i>	1	GC
<i>verapamil hcl er tbc 120mg, 240mg</i>	1	QL GC
<i>verapamil hcl tabs</i>	1	GC
<i>verapamil hcl inj</i>	1	PA GC
Cardiovascular Agents Other		
<i>digoxin</i>	1	GC
LANOXIN	3	PA
RANEXA	2	
Diuretics		
<i>acetazolamide</i>	1	GC
ACETAZOLAMIDE SODIUM	3	
<i>amiloride /hydrochlorothiazide</i>	1	GC
<i>amiloride hcl</i>	1	GC
<i>bumetanide</i>	1	GC
<i>chlorothiazide</i>	1	GC
<i>chlorthalidone</i>	1	GC
DEMADEX INJ	3	
DIURIL IV	3	PA
<i>furosemide inj, tabs</i>	1	GC
<i>hydrochlorothiazide caps</i>	1	GC
<i>hydrochlorothiazide tabs 25mg, 50mg</i>	1	GC
<i>indapamide</i>	1	GC
<i>methazolamide</i>	1	GC
<i>methyclothiazide</i>	1	GC
<i>metolazone</i>	1	GC
<i>spironolactone</i>	1	GC
<i>spironolactone /hydrochlorothiazide</i>	1	GC
<i>toremide</i>	1	GC
<i>triamterene /hydrochlorothiazide caps 25mg; 50mg</i>	1	GC
<i>triamterene /hydrochlorothiazide tabs</i>	1	GC
Dyslipidemics		
ANTARA	3	ST
<i>cholestyramine</i>	1	GC
<i>cholestyramine light pack</i>	1	GC
CRESTOR	2	QL ST
<i>fenofibrate</i>	1	ST GC
<i>gemfibrozil</i>	1	GC

Drug Name	Drug Tier	Notes
LIPITOR	2	QL ST
<i>lovastatin</i>	1	QL GC
LOVAZA	2	
NIASPAN	3	
<i>pravastatin sodium tabs 10mg, 20mg, 40mg</i>	1	QL GC
<i>simvastatin</i>	1	QL GC
TRICOR	3	ST
VYTORIN	2	QL
ZETIA	2	QL
Renin-angiotensin aldosterone System Inhibitors		
<i>benazepril hcl</i>	1	QL GC
<i>benazepril hcl/hydrochlorothiazide</i>	1	QL GC
BENICAR	3	QL ST
BENICAR HCT	3	QL ST
<i>captopril</i>	1	GC
<i>captopril /hydrochlorothiazide</i>	1	GC
DIOVAN	2	QL ST
DIOVAN HCT	2	QL ST
<i>enalapril maleate</i>	1	GC
<i>enalapril maleate/hydrochlorothiazide</i>	1	GC
<i>fosinopril sodium</i>	1	QL GC
<i>fosinopril sodium/hydrochlorothiazide</i>	1	QL GC
<i>lisinopril</i>	1	QL GC
<i>lisinopril /hydrochlorothiazide</i>	1	QL GC
MICARDIS	3	QL ST
MICARDIS HCT	3	QL ST
<i>quinapril hcl</i>	1	QL GC
<i>quinaretic</i>	1	QL GC
<i>trandolapril</i>	1	QL GC
Vasodilators		
<i>hydralazine hcl tabs</i>	1	GC
<i>hydralazine hcl inj</i>	1	PA GC
<i>isosorbide dinitrate</i>	1	GC
<i>isosorbide dinitrate er</i>	1	GC
<i>isosorbide mononitrate</i>	1	GC
<i>isosorbide mononitrate er</i>	1	GC
<i>minitran</i>	1	QL GC
<i>minoxidil</i>	1	GC
<i>nitroglycerin</i>	1	PA GC
NITROSTAT	2	
REMODULIN	4	PA
VENTAVIS	4	PA
Central Nervous System Agents		
Amphetamines ADHD		
<i>amphetamine salt combo</i>	1	QL GC
DESOXYN	3	QL
<i>dextroamphetamine sulfate</i>	1	QL GC

Drug Name	Drug Tier	Notes
<i>dextroamphetamine sulfate</i>	1	QL GC
Non-amphetamines ADHD		
FOCALIN	3	QL
<i>methylin er</i>	1	QL GC
<i>methylphenidate hcl</i>	1	QL GC
Non-amphetamines Other		
PROVIGIL	3	QL
RILUTEK	2	
XYREM	4	LA
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate</i>	1	GC
EVOXAC	2	
KEPIVANCE	3	
ORACEA	3	
<i>pilocarpine hcl</i>	1	GC
<i>pilocarpine hydrochloride</i>	1	GC
<i>triamcinolone in orabase</i>	1	GC
Dermatological Agents		
Dermatological Agents		
8-MOP	2	
ALDARA	3	
AMEVIVE	4	PA
CARAC	2	
<i>claravis caps 10mg, 30mg, 40mg</i>	1	GC
<i>clindamycin phosphate</i>	1	GC
DOVONEX	2	
EFUDEX CREA	3	
ELIDEL	2	ST
<i>ery</i>	1	GC
<i>erythromycin</i>	1	GC
FLUOROPLEX	3	
<i>fluorouracil external soln</i>	1	GC
LEVULAN KERASTICK	2	
<i>metronidazole</i>	1	GC
<i>metronidazole vaginal</i>	1	GC
OXSORALEN ULTRA	2	
<i>podofilox</i>	1	GC
PROTOPIC	3	ST
REGRANEX	4	QL
SANTYL	2	
<i>selenium sulfide</i>	1	GC
<i>selsun shampoo</i>	1	GC
SOLARAZE	2	
<i>sotret caps 10mg, 20mg, 40mg</i>	1	GC
TAZORAC	2	
<i>tretinoin</i>	1	PA GC

Drug Name	Drug Tier	Notes
VEREGEN	3	
ZONALON	2	
Enzyme Replacements/Modifiers		
<i>Enzyme Replacements/Modifiers</i>		
ADAGEN	3	
ALDURAZYME	3	PA
ANTIZOL	4	
BUPHENYL	2	
CEREDASE	4	PA
CEREZYME	4	PA
CREON 5	3	QL
CREON 10	3	QL
CREON 20	3	QL
CYSTADANE	2	
ENZYMAX	2	
FABRAZYME	4	PA
KU-ZYME	2	
KU-ZYME HP	2	
KUTRASE	2	
LIPRAM-UL12	2	
MYOZYME	4	
NAGLAZYME	4	
ORFADIN	4	
PANCREASE MT 10	2	QL
PANCREASE MT 16	2	QL
PANCREASE MT 20	2	QL
PANCREASE MT 4	2	QL
PANCRECARB MS-16	2	QL
PANCRECARB MS-4	2	QL
PANCRECARB MS-8	2	QL
<i>pancrelipase</i>	1	QL GC
PANCRON 10	2	QL
<i>panocaps</i>	1	QL GC
<i>panocaps mt 16</i>	1	QL GC
<i>panocaps mt 20</i>	1	QL GC
PANOKASE-16	2	QL
SUCRAID	4	
ULTRASE	3	QL
ULTRASE MT 12	3	QL
ULTRASE MT 18	3	QL
ULTRASE MT 20	3	QL
VIOKASE	3	
VIOKASE 16	3	
VIOKASE 8	3	
ZAVESCA	4	
Gastrointestinal Agents		
<i>Antispasmodics Gastrointestinal</i>		

Drug Name	Drug Tier	Notes
<i>dicyclomine hcl caps, tabs</i>	1	GC
<i>dicyclomine hcl inj</i>	1	PA GC
<i>glycopyrrolate tabs</i>	1	GC
<i>glycopyrrolate inj</i>	1	PA GC
Gastrointestinal Agents Other		
AMITIZA	3	QL ST
<i>diphenoxylate/atropine</i>	1	GC
<i>lactulose</i>	1	GC
<i>loperamide hcl</i>	1	GC
<i>peg 3350/electrolytes</i>	1	GC
<i>polyethylene glycol 3350</i>	1	GC
<i>trilyte</i>	1	GC
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	GC
Gastrointestinal Agents		
GASTROCROM	3	
Histamine2 (H2) Blocking Agents		
<i>cimetidine</i>	1	GC
<i>cimetidine hcl oral soln</i>	1	GC
<i>cimetidine hcl inj</i>	1	PA GC
<i>famotidine tabs</i>	1	GC
<i>famotidine inj</i>	1	PA GC
<i>nizatidine</i>	1	GC
<i>ranitidine hcl caps, syrp</i>	1	GC
<i>ranitidine hcl inj 25mg/ml, 50mg/2ml</i>	1	PA GC
Irritable Bowel Syndrome Agents		
LOTRONEX	2	QL
Protectants		
<i>misoprostol</i>	1	GC
<i>sucralfate</i>	1	GC
Proton Pump Inhibitors		
NEXIUM I.V.	3	PA
NEXIUM CPDR	3	QL
<i>omeprazole tbec</i>	1	ED
<i>omeprazole cpdr</i>	1	QL GC
PREVACID	3	QL
PREVACID SOLUTAB	3	QL
<i>prilosec otc</i>	1	ED
PRILOSEC CPDR 40MG	3	QL
PROTONIX INJ	3	PA
ZEGERID CAPS	3	QL ST
Genitourinary Agents		
"Genitourinary Agents, other"		
CUPRIMINE	2	
DEPEN TITRATABS	2	
Antispasmodics Urinary		

Drug Name	Drug Tier	Notes
<i>bethanechol chloride</i>	1	GC
DETROL LA	3	QL
DITROPAN	3	
ENABLEX	3	
<i>flavoxate hcl</i>	1	GC
<i>oxybutynin chloride</i>	1	GC
<i>oxybutynin chloride er</i>	1	QL GC
Benign Prostatic Hypertrophy Agents		
AVODART	2	QL
<i>finasteride</i>	1	QL GC
FLOMAX	3	QL
Genitourinary Agents other		
ELMIRON	3	
<i>phenazopyridine hcl</i>	1	
THIOLA	2	
Genitourinary Agents, Other		
CIALIS	2	QL ED
LEVITRA	2	QL ED
VIAGRA	2	QL ED
Phosphate Binders		
PHOSLO	2	
RENAGEL	2	
Hormonal Agents Stimulant/Replacement/Modifying (Adrenal)		
Glucocorticoids/Mineralocorticoids		
<i>alclometasone dipropionate</i>	1	GC
<i>amcinonide</i>	1	GC
<i>augmented betamethasone dipropionate</i>	1	GC
<i>betamethasone dipropionate</i>	1	GC
<i>betamethasone valerate</i>	1	GC
<i>clobetasol propionate</i>	1	GC
<i>clobetasol propionate emollient</i>	1	GC
<i>cortisone acetate</i>	1	GC
DEPO-MEDROL	3	PA
<i>desonide</i>	1	GC
<i>desoximetasone</i>	1	GC
<i>dexamethasone</i>	1	GC
<i>dexamethasone sodium phosphate</i>	1	PA GC
<i>diflorasone diacetate</i>	1	GC
<i>fludrocortisone acetate</i>	1	GC
<i>fluocinolone acetonide</i>	1	GC
<i>fluticasone propionate</i>	1	GC
<i>halobetasol propionate</i>	1	GC
<i>hydrocortisone</i>	1	GC
<i>hydrocortisone butyrate</i>	1	GC
<i>hydrocortisone valerate</i>	1	GC
<i>methylprednisolone</i>	1	GC

Drug Name	Drug Tier	Notes
<i>mometasone furoate</i>	1	GC
<i>prednicarbate</i>	1	GC
<i>prednisolone</i>	1	GC
<i>prednisolone sodium phosphate</i>	1	GC
PREDNISON TABS 10MG, 5MG	2	
<i>prednisone tabs 1mg, 2.5mg, 20mg</i>	1	GC
<i>proctozone-hc</i>	1	GC
SOLU-CORTEF INJ 1000MG, 250MG	3	PA
<i>solu-cortef inj 100mg</i>	1	PA GC
SOLU-MEDROL	3	PA
STERAPRED	2	
STERAPRED 12 DAY	2	
STERAPRED DS	2	
STERAPRED DS 12 DAY	2	
<i>triamcinolone acetonide</i>	1	GC
TRIAMCINOLONE ACETONIDE IN ABSORBASE	2	
Hormonal Agents Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>chorionic gonadotropin</i>	2	PA
<i>desmopressin acetate nasal soln, tabs</i>	1	GC
<i>desmopressin acetate inj</i>	1	PA GC
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK	3	PA
HUMATROPE	4	PA
HUMATROPE COMBO PACK	4	PA
IPLEX	3	
NUTROPIN	4	PA
NUTROPIN AQ	4	PA
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	1	PA GC
ZORBTIVE	3	PA
Hormonal Agents Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
ANADROL-50	4	
<i>oxandrolone</i>	1	GC
<i>Androgens</i>		
ANDRODERM	2	QL PA
<i>danazol</i>	1	GC
<i>testosterone cypionate</i>	1	PA GC
<i>testosterone enanthate</i>	1	PA GC
<i>Estrogens</i>		
ALORA	2	QL
<i>apri</i>	1	GC
<i>aranelle</i>	1	GC
ENJUVIA	2	QL

Drug Name	Drug Tier	Notes
<i>enpresse-28</i>	1	GC
ESTRACE	3	
ESTRADERM	2	QL
<i>estradiol tabs</i>	1	GC
<i>estradiol ptwk 0.05mg/24hr, 0.1mg/24hr</i>	1	GC
<i>estradiol ptwk 0.025mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 37.5mcg/24hr</i>	1	QL GC
<i>estropipate</i>	1	GC
GYNODIOL TABS 1.5MG	2	
<i>gynodiol tabs 1mg</i>	1	GC
<i>junel 1/20</i>	1	GC
<i>junel fe 1.5/30</i>	1	GC
<i>junel fe 1/20</i>	1	GC
<i>kariva</i>	1	GC
<i>lessina-28</i>	1	GC
MENOSTAR	2	
<i>microgestin 1.5/30</i>	1	GC
<i>necon 1/50-28</i>	1	GC
<i>necon 10/11-28</i>	1	GC
<i>necon 7/7/7</i>	1	GC
<i>nortrel 0.5/35 (28)</i>	1	GC
<i>nortrel 1/35 (21)</i>	1	GC
NUVARING	3	
<i>ogestrel</i>	1	GC
ORTHO EVRA	3	
<i>ortho-est</i>	1	GC
<i>portia-28</i>	1	GC
PREMARIN	2	QL
PREMARIN W/APPLICATOR	3	
PREMPHASE	2	QL
PREMPRO	2	QL
<i>previfem</i>	1	GC
<i>tri-previfem</i>	1	GC
VAGIFEM	3	
<i>velivet</i>	1	GC
VIVELLE-DOT	2	QL
<i>zovia 1/35e</i>	1	GC
<i>zovia 1/50e</i>	1	GC
Progestin		
<i>errin</i>	1	GC
<i>medroxyprogesterone acetate tabs</i>	1	GC
<i>medroxyprogesterone acetate inj</i>	1	QL GC
MEGACE ES	3	QL
<i>megestrol acetate</i>	1	GC
<i>norethindrone acetate</i>	1	GC
PLAN B	3	
Selective Estrogen Receptor Modifying Agents		

Drug Name	Drug Tier	Notes
EVISTA	2	QL
Hormonal Agents Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents Stimulant/Replacement/Modifying (Thyroid)</i>		
CYTOMEL	2	
<i>levothroid</i>	1	GC
<i>levothyroxine sodium</i>	1	QL GC
<i>liothyronine sodium</i>	1	GC
SYNTHROID	2	QL
THYROLAR-1	2	
THYROLAR-1/2	2	
THYROLAR-1/4	2	
THYROLAR-2	2	
THYROLAR-3	2	
Hormonal Agents Suppressant (Adrenal)		
<i>Hormonal Agents Suppressant (Adrenal)</i>		
LYSODREN	2	
Hormonal Agents Suppressant (Parathyroid)		
<i>Hormonal Agents Suppressant (Parathyroid)</i>		
SENSIPAR	2	
Hormonal Agents Suppressant (Pituitary)		
<i>Hormonal Agents Suppressant (Pituitary)</i>		
<i>cabergoline</i>	1	QL GC
ELIGARD	3	PA
<i>leuprolide acetate</i>	1	PA GC
LUPRON DEPOT	3	PA
SANDOSTATIN LAR DEPOT	4	PA
SOMAVERT	4	PA
TRELSTAR DEPOT	3	PA
TRELSTAR LA	3	PA
Hormonal Agents Suppressant (Thyroid)		
<i>Antithyroid Agent</i>		
<i>methimazole</i>	1	GC
<i>propylthiouracil</i>	1	GC
Hormonal Agents Suppressant Sex Hormones Modifiers		
<i>Hormonal Agents Suppressant Sex Hormones Modifiers</i>		
CASODEX	2	
<i>flutamide</i>	1	GC
NILANDRON	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>		
METHERGINE	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		

Drug Name	Drug Tier	Notes
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
CAVERJECT	3	QL ED
CAVERJECT IMPULSE	3	QL ED
EDEX	3	QL ED
MUSE	3	QL ED
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Androgens		
<i>methitest</i>	1	GC
Estrogens		
SEASONIQUE	3	
<i>sronyx</i>	1	GC
YAZ	3	
Immunological Agents		
"Immunizing Agents,"		
THYMOGLOBULIN	2	
Immune Stimulants		
ACTHIB	2	PA
ATTENUVAX	2	PA
COMVAX	2	PA
DAPTACEL	2	PA
<i>decavac</i>	1	GC
<i>diphtheria/tetanus toxoid pediatric</i>	1	GC
ENGERIX-B	2	PA
GARDASIL	3	
HAVRIX	2	PA
HIBTITER	2	PA
IMOVAX RABIES (H.D.C.V.)	2	PA
INFANRIX	2	PA
IPOL INACTIVATED IPV	2	PA
JE-VAX	2	PA
M-M-R II W/DILUENT 10 DOSE	2	PA
MENACTRA	2	PA
MENOMUNE-A/C/Y/W-135	2	PA
MERUVAX II W/DILUENT 10 DOSE	2	PA
PEDIARIX	2	PA
PEDVAX HIB	2	PA
PROQUAD	2	
RABAVERT	2	PA
RECOMBIVAX HB	2	PA
ROTATEQ	2	PA
<i>tetanus toxoid adsorbed</i>	1	GC
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	1	GC
TRIPEDIA	2	PA
TWINRIX	2	PA
TYPHIM VI	2	PA

Drug Name	Drug Tier	Notes
VAQTA	2	PA
VARIVAX	2	PA
VIVOTIF BERNA	2	
YF-VAX	2	PA
ZOSTAVAX	2	PA
Immune Suppressants		
AZASAN	2	PA
<i>azathioprine</i>	1	PA GC
AZATHIOPRINE SODIUM	3	PA
CELLCEPT	3	PA
CELLCEPT INTRAVENOUS	3	PA
<i>cyclosporine</i>	1	PA GC
CYCLOSPORINE MODIFIED CAPS 50MG	2	PA
<i>cyclosporine modified caps 100mg, 25mg</i>	1	PA GC
<i>cyclosporine modified soln</i>	1	PA GC
ENBREL	4	PA
ENBREL SURECLICK	4	PA
HUMIRA	4	PA
<i>methotrexate</i>	1	GC
<i>methotrexate sodium inj 25mg/ml</i>	1	PA GC
MYFORTIC	3	PA
ORTHOCLONE OKT3	3	
PROGRAF	3	PA
RAPAMUNE	2	PA
REMICADE	4	PA
TREXALL	3	
Immunizing Agents Passive		
GAMMAGARD LIQUID	4	
Immunomodulators		
ACTIMMUNE	3	PA
ALFERON N	4	PA
AVONEX INJ 30MCG/VIAL	4	PA
BETASERON	4	PA
COPAXONE	4	PA
INFERGEN	4	PA
INTRON-A INJ 3MU/0.2ML	3	PA
KINERET	4	PA
<i>leflunomide</i>	1	QL GC
PEG-INTRON INJ 50MCG/0.5ML	4	PA
PEGASYS	4	PA
RIDAURA	2	
ROFERON-A	3	PA
TYSABRI	4	LA
Inflammatory Bowel Disease Agents		
Salicylates		
ASACOL	2	
CANASA	2	QL

Drug Name	Drug Tier	Notes
DIPENTUM	2	
<i>mesalamine</i>	1	GC
PENTASA	3	QL
Sulfonamides		
<i>sulfasalazine tabs</i>	1	GC
<i>sulfazine ec</i>	1	GC
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
ACTONEL TABS 30MG, 35MG, 5MG	3	QL
<i>alendronate sodium</i>	1	QL GC
BONIVA INJ	3	
BONIVA TABS	3	QL
FORTEO	4	PA
<i>fortical</i>	1	GC
FOSAMAX PLUS D TABS 70MG; 2800UNIT	3	
FOSAMAX SOLN	3	QL
HECTOROL CAPS	3	
HECTOROL INJ	3	PA
MIACALCIN INJ	3	PA
ZEMPLAR CAPS	2	
ZEMPLAR INJ 2MCG/ML	2	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREPS	2	
AMINESS	2	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	1	GC
<i>bd insulin syringe ultrafine/0.3ml/31g x 5/16"</i>	1	GC
<i>bd insulin syringe ultrafine/0.5ml/30g x 1/2"</i>	1	GC
<i>bd insulin syringe ultrafine/1ml/31g x 5/16"</i>	1	GC
<i>bd ultra-fine original pen needles/29g x 12.7mm</i>	1	GC
CURITY GAUZE PADS 2"X2"	1	GC
<i>dextrose 10% flex container</i>	1	GC
<i>dextrose 5%</i>	1	GC
ETHYOL	2	PA
INTRALIPID	2	
INTRALIPID 20%	2	
<i>leucovorin calcium inj 10mg/ml</i>	1	PA GC
LEUCOVORIN CALCIUM TABS 10MG, 15MG	2	
<i>leucovorin calcium tabs 25mg, 5mg</i>	1	GC
<i>levocarnitine inj, oral soln</i>	1	GC
MYOBLOC	3	PA
<i>pentoxifylline er</i>	1	GC
RENAMIN	2	
Ophthalmic Agents		
Ophthalmic Agents Other		
<i>atropine sulfate</i>	1	GC
LACRISERT	3	

Drug Name	Drug Tier	Notes
<i>naphazoline hcl</i>	1	GC
RESTASIS	3	QL
Ophthalmic Agents		
<i>bacitracin</i>	1	GC
<i>bacitracin /neomycin /polymyxin</i>	1	GC
<i>bacitracin/polymyxin b</i>	1	GC
BLEPH-10	3	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>ciprofloxacin hcl</i>	1	GC
<i>erythromycin</i>	1	GC
<i>gentak</i>	1	GC
<i>gentamicin sulfate</i>	1	GC
NATACYN	2	
<i>ofloxacin</i>	1	GC
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	GC
<i>sodium sulfacetamide</i>	1	GC
TOBRADEX	3	
<i>tobramycin sulfate</i>	1	GC
TOBEX	3	
<i>trifluridine</i>	1	GC
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	GC
VIGAMOX	3	
ZYMAR	3	
Ophthalmic Anti-allergy Agents		
ALAMAST	3	
ALOCRIAL	3	
ALOMIDE	3	
<i>cromolyn sodium</i>	1	GC
<i>ketotifen fumarate</i>	1	GC
OPTIVAR	2	QL
PATANOL	3	QL
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P	3	QL
AZOPT	3	QL
BETAXOLOL HCL	2	
BETOPTIC-S	2	
<i>brimonidine tartrate</i>	1	GC
<i>carteolol hcl</i>	1	GC
COSOPT	3	
IOPIDINE	3	
<i>levobunolol hcl</i>	1	GC
<i>metipranolol</i>	1	GC
PILOPINE HS	3	
<i>timolol maleate</i>	1	GC
<i>timolol maleate ophthalmic gel forming</i>	1	GC
TRUSOPT	3	

Drug Name	Drug Tier	Notes
Ophthalmic Antiinflammatories		
ACULAR	3	QL
ACULAR LS	3	QL
ALREX	3	
<i>dexamethasone sodium phosphate</i>	1	GC
<i>dexasporin</i>	1	GC
FLAREX	3	
<i>fluorometholone</i>	1	GC
FML FORTE	3	
FML S.O.P.	3	
LOTEMAX	3	
<i>neomycin /polymyxin /dexamethasone</i>	1	GC
PRED MILD	3	
<i>prednisolone sodium phosphate</i>	1	GC
VOLTAREN	3	
Ophthalmic Prostaglandin and Prostanoid Analogs		
LUMIGAN	2	QL
TRAVATAN	3	QL
TRAVATAN Z	3	QL
XALATAN	3	QL
Otic Agents		
Otic Agents		
<i>acetic acid/hydrocortisone</i>	1	GC
CIPRO HC	3	
CIPRODEX	2	
DERMOTIC	3	
FLOXIN OTIC SINGLES	2	
<i>neomycin /polymyxin /hc</i>	1	GC
<i>neomycin /polymyxin /hydrocortisone susp</i>	1	GC
Respiratory Tract Agents		
Anti-inflammatory Inhaled Corticosteroids		
ADVAIR DISKUS	3	QL
ADVAIR HFA	3	QL
AEROBID	3	
AEROBID-M	3	
AZMACORT	3	QL
BECONASE AQ	2	
FLOVENT HFA	2	QL
<i>fluticasone propionate</i>	1	QL GC
NASACORT AQ	2	QL
NASAREL	2	
NASONEX	3	QL
QVAR	3	QL
RHINOCORT AQUA	2	
Antihistamines		
ASTELIN	3	
<i>cetirizine hcl children's allergy</i>	1	ED

Drug Name	Drug Tier	Notes
<i>cetirizine hcl chew, tabs</i>	1	ED
CLARINEX-D 24 HOUR	3	QL
<i>clemastine fumarate</i>	1	GC
CYPROHEPTADINE HCL SYRP	2	
<i>cyproheptadine hcl tabs</i>	1	GC
<i>diphenhydramine hcl</i>	1	GC
<i>fexofenadine hcl</i>	1	QL GC
<i>hydroxyzine hcl syrp, tabs</i>	1	GC
<i>hydroxyzine hcl inj 25mg/ml</i>	1	PA GC
<i>hydroxyzine pamoate</i>	1	GC
<i>loratadine</i>	1	ED
<i>loratadine hives relief</i>	1	ED
PALGIC LIQD	3	
<i>promethazine hcl plain</i>	1	GC
<i>promethazine hcl supp</i>	1	GC
<i>promethazine hcl inj 25mg/ml</i>	1	PA GC
<i>promethazine hcl tabs 25mg, 50mg</i>	1	GC
Antileukotrienes		
ACCOLATE	2	QL
SINGULAIR	3	QL ST
ZYFLO CR	2	
Bronchodilators Anticholinergic		
ATROVENT HFA	2	QL
SPIRIVA HANDIHALER	2	
Bronchodilators Phosphodiesterase Inhibitors (Xanthines)		
<i>aminophylline</i>	1	GC
ELIXOPHYLLIN	2	
<i>lufyllin</i>	1	GC
THEO-24	3	QL
<i>theophylline cr</i>	1	GC
<i>theophylline er</i>	1	GC
<i>theophylline td</i>	1	GC
Bronchodilators Sympathomimetic		
<i>albuterol sulfate er</i>	1	GC
<i>albuterol sulfate syrp, tabs</i>	1	GC
<i>albuterol sulfate nebu</i>	1	PA GC
ALUPENT	2	
COMBIVENT	2	QL
EIPEN 2-PAK	2	QL
EIPEN-JR 2-PAK	2	QL
METAPROTERENOL SULFATE TABS	2	
<i>metaproterenol sulfate syrp</i>	1	GC
PROAIR HFA	2	QL
SEREVENT DISKUS	3	
<i>terbutaline sulfate</i>	1	GC
Mast Cell Stabilizers		

Drug Name	Drug Tier	Notes
INTAL INHALER	2	
Pulmonary Antihypertensives		
REVATIO	4	QL PA
TRACLEER	4	PA LA
Respiratory Tract Agents Other		
ARALAST	4	PA
TYZINE	2	
XOLAIR	4	PA
ZEMAIRA	4	PA
Sedatives/Hypnotics		
Sedatives/Hypnotics		
AMBIEN	3	QL
<i>estazolam</i>	1	ED
<i>flurazepam hcl</i>	1	ED
LUNESTA	3	QL
SONATA	3	QL
<i>temazepam</i>	1	ED
<i>zolpidem tartrate</i>	1	QL GC
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol</i>	1	QL GC
<i>chlorzoxazone</i>	1	GC
<i>cyclobenzaprine hcl</i>	1	QL GC
<i>methocarbamol</i>	1	GC
<i>orphenadrine citrate</i>	1	PA GC
<i>orphenadrine citrate er</i>	1	GC
ROBAXIN INJ	3	
SKELAXIN	2	
somatostatin analog		
somatostatin analog		
<i>octreotide acetate</i>	4	PA
SOMATULINE DEPOT	4	PA
Therapeutic Nutrients/Minerals/Electrolytes		
Electrolytes/Minerals		
<i>ammonium chloride</i>	1	GC
<i>dextrose 10%/nacl 0.45%</i>	1	GC
<i>dextrose 10%/nacl 0.2%</i>	1	GC
<i>dextrose 2.5%/nacl 0.45%</i>	1	GC
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	GC
<i>dextrose 5%/lactated ringer's</i>	1	GC
<i>dextrose 5%/nacl 0.2%</i>	1	GC
<i>dextrose 5%/nacl 0.225%</i>	1	GC
<i>dextrose 5%/nacl 0.33%</i>	1	GC
<i>dextrose 5%/nacl 0.45%</i>	1	GC
<i>dextrose 5%/nacl 0.9%</i>	1	GC
<i>dextrose 5%/sodium chloride 0.2%</i>	1	GC
<i>dextrose 5%/sodium chloride 0.33%</i>	1	GC

Drug Name	Drug Tier	Notes
<i>dextrose 5%/sodium chloride 0.45%</i>	1	GC
<i>dextrose 5%/sodium chloride 0.9%</i>	1	GC
KCL 0.15%/D5W/ NACL 0.3%	2	
<i>kcl 0.15%/d5w/lr</i>	1	GC
KCL 0.15%/D5W/NACL 0.2%	2	
KCL 0.15%/D5W/NACL 0.225%	2	
KCL 0.15%/D5W/NACL 0.45%	2	
KCL 0.15%/D5W/NACL 0.9%	2	
KLOR-CON M15	3	
<i>klotrix</i>	1	GC
<i>magnesium sulfate in d5w</i>	1	GC
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NORMOSOL-M IN D5W	2	
<i>potassium chloride</i>	1	GC
<i>potassium chloride cr</i>	1	GC
<i>potassium chloride er</i>	1	GC
<i>potassium chloride sr</i>	1	GC
<i>potassium citrate extended-release</i>	1	GC
RINGER'S INJECTION	2	
SODIUM BICARBONATE	3	
<i>sodium chloride</i>	1	GC
<i>sodium chloride 0.9%</i>	1	GC
<i>sodium chloride 0.45% viaflex</i>	1	GC
<i>sodium chloride 0.9%</i>	1	GC
<i>sodium lactate</i>	1	GC
<i>sterile water irrigation</i>	1	GC
TPN ELECTROLYTES FTV	2	
Vitamins		
<i>prenatal rx 1</i>	1	GC
Unclassified		
No Classification		
<i>butalbital compound</i>	1	ED
<i>butalbital/apap/caffeine</i>	1	ED
<i>cetirizine hcl/pseudoephedrine hcl er</i>	1	ED
<i>clonazepam</i>	1	ED
DIASTAT ACUDIAL	3	ED
DIASTAT PEDIATRIC	3	ED
<i>folic acid</i>	1	ED
<i>loratadine-d 24hr</i>	1	ED
MEPHYTON	2	ED
<i>phenobarbital</i>	1	ED
<i>phenobarbital sodium</i>	1	ED

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<i>hydrocodone /acetaminophen</i>	1
<i>hydrocodone /acetaminophen-hs</i>	1
<i>hydrocodone bitartrate/acetaminophen</i>	1
<i>hydrocodone bitartrate/apap</i>	1
<i>hydrocortisone</i>	23
<i>hydrocortisone butyrate</i>	23
<i>hydrocortisone valerate</i>	23
<i>hydromorphone hcl</i>	1
<i>hydroxychloroquine sulfate</i>	11
<i>hydroxyurea</i>	10
<i>hydroxyzine hcl</i>	32
<i>hydroxyzine pamoate</i>	32
<i>ibuprofen</i>	2
<i>idarubicin hcl</i>	10
<i>ifosfamide</i>	9
<i>imipramine hcl</i>	6
<i>imipramine pamoate</i>	6
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<i>indomethacin</i>	2
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<i>isosorbide dinitrate</i>	19
<i>isosorbide dinitrate er</i>	19
<i>isosorbide mononitrate</i>	19
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<i>itraconazole</i>	8
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<i>junel fe 1/20</i>	25
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<i>kariva</i>	25
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<i>kcl 0.15%/d5w/lr</i>	34
KCL 0.15%/D5W/NACL 0.2%	34
KCL 0.15%/D5W/NACL 0.225%	34
KCL 0.15%/D5W/NACL 0.45%	34
KCL 0.15%/D5W/NACL 0.9%	34
KEMADRIN	11
KEPIVANCE	20
KEPPRA	5
KETEK	4
<i>ketoconazole</i>	8
<i>ketoprofen</i>	2
<i>ketoprofen er</i>	2
<i>ketorolac tromethamine</i>	2
<i>ketotifen fumarate</i>	30
KINERET	28
KLOR-CON M15	34
<i>klotrix</i>	34
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KU-ZYME	21
KU-ZYME HP	21
KYTRIL	7
<i>labetalol hcl</i>	17
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<i>lactulose</i>	22
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LAMICTAL STARTER/NOT TAKING	5
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LAMICTAL STARTER/TAKING	5
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<i>lamotrigine chewable dispersible</i>	5
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LANTUS	15
LANTUS SOLOSTAR	15
<i>leflunomide</i>	28
<i>lessina-28</i>	25
<i>leucovorin calcium</i>	29
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<i>levothroid</i>	26
<i>levothyroxine sodium</i>	26
LEVULAN KERASTICK	20
LEXAPRO	6
LEXIVA	13
<i>lidocaine</i>	1
<i>lidocaine hcl</i>	1
<i>lidocaine/prilocaine</i>	2
LIDODERM	2
<i>lidomar viscous</i>	2
LINCOCIN	3
<i>liothyronine sodium</i>	26
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LIPRAM-UL12	21
<i>lisinopril</i>	19
<i>lisinopril /hydrochlorothiazide</i>	19
<i>lithium carbonate</i>	14
<i>lithium carbonate er</i>	14
<i>lithium citrate</i>	14
<i>loperamide hcl</i>	22
<i>loratadine</i>	32
<i>loratadine hives relief</i>	32
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<i>loxapine succinate</i>	12
<i>lufyllin</i>	32
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<i>mefloquine hcl</i>	11
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<i>megestrol acetate</i>	25
<i>meloxicam</i>	2
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MENOSTAR	25
<i>meperidine hcl</i>	1
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<i>meprobamate</i>	14
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<i>mercaptapurine</i>	10
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<i>mesna</i>	10
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<i>metformin hcl</i>	15
<i>metformin hcl er</i>	15
<i>methadone hcl</i>	1
<i>methazolamide</i>	18
<i>methenamine hippurate</i>	3
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<i>methimazole</i>	26
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<i>methocarbamol</i>	33
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<i>methylphenidate hcl</i>	20
<i>methylprednisolone</i>	23
<i>metipranolol</i>	30
<i>metoclopramide hcl</i>	7
<i>metolazone</i>	18
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<i>metoprolol tartrate</i>	17
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<i>mirtazapine odt</i>	6
<i>misoprostol</i>	22
<i>mitomycin</i>	10
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<i>morphine sulfate</i>	1
<i>morphine sulfate er</i>	1
<i>mupirocin</i>	3
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MYCAMINE	8
MYCOBUTIN	9
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<i>nabumetone</i>	2
<i>nadolol</i>	17
<i>nafcillin sodium</i>	4
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<i>naltrexone hcl</i>	7
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<i>naproxen dr</i>	2
<i>naproxen sodium</i>	2
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<i>necon 10/11-28</i>	25
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<i>neomycin /polymyxin /hc</i>	31
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<i>ofloxacin</i>	30
<i>ogestrel</i>	25
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<i>orphenadrine citrate er</i>	33
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<i>ortho-est</i>	25
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<i>oxandrolone</i>	24
<i>oxaprozin</i>	2
<i>oxazepam</i>	14
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<i>oxybutynin chloride</i>	23
<i>oxybutynin chloride er</i>	23
<i>oxycodone hcl</i>	1
<i>oxycodone/acetaminophen</i>	1
<i>oxycodone/apap</i>	1
<i>oxycodone/aspirin</i>	1
<i>oxycodone-apap</i>	1
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<i>phenytoin sodium</i>	5
<i>phenytoin sodium extended</i>	5
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<i>prochlorperazine edisylate</i>	12
<i>prochlorperazine maleate</i>	12
<i>proctozone-hc</i>	24
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<i>promethazine hcl plain</i>	32
<i>propafenone hcl</i>	17
<i>propoxyphene /acetaminophen</i>	1
<i>propoxyphene hcl</i>	1
<i>propoxyphene-n /acetaminophen</i>	1
<i>propranolol /hydrochlorothiazide</i>	17
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