

# **Optima Medicare (PPO)**

## **2010 Formulary (List of Covered Drugs)**

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

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

## **What is the Optima Medicare Formulary?**

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

## **Can the Formulary change?**

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of <formulary date>. To get updated information about the drugs covered by Optima Medicare, please visit our Web site at [www.optimahealth.com](http://www.optimahealth.com) or call Member Services at 1-800-927-6048, Sunday-Saturday, 8am-8pm. TTY/TDD users should call 1-800-225-7784. For any mid-year non-maintenance changes, an "Upcoming Changes for Medicare Formulary" grid will be posted on the web, copies will be sent to all Medicare members and a Negative Change letter will be mailed to each affected member.

## **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 1. 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 <page number>. 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?**

Optima Medicare (PPO) 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:** Optima Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Optima Medicare before you fill your prescriptions. If you don't get approval, Optima Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Optima Medicare limits the amount of the drug that Optima Medicare will cover. For example, Optima Medicare provides 12 tablets per prescription for Relpax. This may be in addition to a standard one month or three month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.optimahealth.com](http://www.optimahealth.com).

You can ask Optima Medicare to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Optima Medicare 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 Optima Medicare (PPO) does not cover your drug, you have two options:

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

You can ask Optima Medicare 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, Optima Medicare 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 fourth (specialty) tier.

Generally, Optima Medicare will only approve your request for an exception if the alternative drugs included on the plan's formulary, 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 31day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-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 34-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.

We will provide transition supplies to you if you are a current member with a level of care change. We will make coverage determinations and redeterminations as expeditiously as your health condition requires during the level of care change. You will not be qualified for a level of care transition fill if you fail to submit a coverage determination or exception request unless we determine there was a life-threatening emergency.

### **For more information**

For more detailed information about your Optima Medicare (PPO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Optima Medicare (PPO), please call Member Services at 1-800-927-6048, Sunday-Saturday, 8am-8pm. (TTY/TDD users should call 1-800-2259-7784). Or visit [www.OptimaHealth.com](http://www.OptimaHealth.com).

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

### **Optima Medicare's Formulary**

The formulary below provides coverage information about some of the drugs covered by Optima Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 28.

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

The information in the Notes column tells you if Optima Medicare (PPO) has any special requirements for coverage of your drug.

- **QL:** Quantity Limit. For certain drugs, Optima Medicare limits the amount of the drug that Optima Medicare will cover. For example, Optima Medicare provides 12 tablets per prescription for Relpax. This may be in addition to a standard one month or three month supply.
- **PA:** Prior Authorization. Optima Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Optima Medicare before you fill your prescriptions. If you don't get approval, Optima Medicare may not cover the drug.

- **LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-800-927-6048, 8am-8pm. TTY/TDD users should call 1-800-225-7784.
- **NMO:** Not Available through Mail Order. (Note: all Optima Medicare formulary drugs are available through Mail Order.)

### **Tier Placement:**

- Tier 1: \$4 copay for a 31 day supply purchased at an in-network retail pharmacy; \$12 copay for a 90 day supply purchased at an in-network retail pharmacy or through mail order.
- Tier 2: \$30 copay for a 31 day supply purchased at an in-network retail pharmacy; \$90 copay for a 90 day supply purchased at an in-network retail pharmacy or through mail order.
- Tier 3: \$60 copay for a 31 day supply purchased at an in-network retail pharmacy; \$180 copay for a 90 day supply purchased at an in-network retail pharmacy or through mail order.
- Tier 4: 30% coinsurance for a 31 day supply purchased at an in-network retail pharmacy; 30% coinsurance for a 90 day supply purchased at an in-network retail pharmacy or through mail order.

Drug Name	Drug Tier	Notes
<b>Analgesics</b>		
<b>Opioid Analgesics</b>		
<i>acetaminophen/codeine #3</i>	1	
<i>acetaminophen/codeine #4</i>	1	
<i>acetaminophen/codeine tabs</i>	1	
ACTIQ	3	
<i>ascomp/codeine</i>	1	
<i>astramorph</i>	1	
<i>balacet 325</i>	1	
<i>buprenorphine hcl</i>	1	
<i>butalbital /apap /caffeine /codeine</i>	1	
<i>butorphanol tartrate soln</i>	1	QL 5 per 30 days
<i>duramorph</i>	1	
<i>fentanyl</i>	1	
<i>fentanyl citrate</i>	1	
<i>fentanyl citrate oral transmucosal</i>	1	
<i>hydrocodone /acetaminophen-hs</i>	1	
<i>hydrocodone /acetaminophen tabs</i>	1	
<i>hydrocodone /ibuprofen</i>	1	
<i>hydrocodone bitartrate/acetaminophen</i>	1	
<i>hydromorphone hcl inj</i>	1	
<i>hydromorphone hcl tabs</i>	1	
<i>meperidine hcl oral soln, tabs</i>	1	
<i>meperidine hcl inj</i>	1	
<i>methadone hcl</i>	1	
<i>methadose</i>	1	
<i>morphine sulfate</i>	1	
<i>morphine sulfate er</i>	1	
<i>nalbuphine hcl</i>	1	
<i>oxycodone /acetaminophen tabs</i>	1	
<i>oxycodone /apap</i>	1	
<i>oxycodone /aspirin</i>	1	

Drug Name	Drug Tier	Notes
<i>oxycodone /ibuprofen</i>	1	
<i>oxycodone hcl er</i>	1	
<i>oxycodone-apap</i>	1	
<i>oxycontin</i>	1	
OXYCONTIN TAB	3	
<i>propoxyphene /acetaminophen</i>	1	
<i>propoxyphene hcl</i>	1	
<i>propoxyphene-n /acetaminophen</i>	1	
SUBOXONE	2	
SUBUTEX	2	
TALWIN	3	
<i>tramadol hcl</i>	1	
<i>tramadol hydrochloride/acetaminophen</i>	1	
<i>trezix</i>	1	
<i>vanacet</i>	1	
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>lidocaine hcl soln</i>	1	
<i>lidocaine/prilocaine</i>	1	
LIDODERM	3	
<b>Anti-inflammatory Agents</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
CELEBREX CAPS	3	
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium ec</i>	1	
<i>diclofenac sodium xr</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen susp</i>	1	
<i>indomethacin</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen</i>	1	
<i>ketoprofen er</i>	1	
<i>ketorolac tromethamine inj</i>	1	
<i>ketorolac tromethamine tabs</i>	1	QL 20 per

Drug Name	Drug Tier	Notes
		5 day
<i>meclofenamate sodium</i>	1	
<i>meloxicam susp</i>	1	
<i>meloxicam tabs</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>gentamicin sulfate</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride</i>	1	
<i>gentamicin sulfate/sodium chloride</i>	1	
<i>isotonic gentamicin</i>	1	
<i>neomycin sulfate</i>	1	
<i>streptomycin sulfate</i>	1	
TOBI	4	PA
<i>tobramycin /dexamethasone</i>	1	
<i>tobramycin sulfate</i>	1	
<i>tobramycin sulfate/sodium chloride</i>	1	
<b>Antibacterials, Other</b>		
<i>baciim</i>	1	
<i>bacitracin</i>	1	
CLEOCIN CAPS 75MG	3	
<i>clindamycin hcl</i>	1	
COLISTIMETHATE SODIUM	4	
CUBICIN	4	
LINCOCIN	3	
MACRODANTIN CAPS 25MG	2	
<i>methenamine hippurate</i>	1	
METROGEL	2	
<i>metronidazole in nacl 0.79%</i>	1	
<i>metronidazole vaginal</i>	1	
<i>metronidazole caps,</i>	1	

Drug Name	Drug Tier	Notes
<i>cream, gel, lotn</i>		
<i>mupirocin</i>	1	
<i>neomycin /bacitracin /polymyxin</i>	1	
NEUTREXIN	4	
<i>nitrofurantoin macrocrystalline</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
PRIMSOL	2	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<i>trimethoprim</i>	1	
TYGACIL	3	
VANCOCCIN HCL	2	
<i>vancomycin hcl</i>	1	
VANCOMYCIN HCL ISO-OSMOTIC DEXTROSE	2	
<i>vandazole</i>	1	
ZYVOX	2	
<b>Beta-lactam, Cephalosporins</b>		
<i>cefaclor</i>	1	
<i>cefaclor er</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefotetan</i>	1	
<i>cefoxitin sodium inj</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	
<i>ceftriaxone sodium</i>	1	
<i>ceftriaxone/dextrose</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cefuroxime/dextrose inj</i>	1	
<i>cephalexin caps, susr</i>	1	
<i>cephalexin tabs</i>	1	
MAXIPIME INJ 2GM	3	
SUPRAX	3	
<i>tazicef</i>	1	
ZINACEF IN ISO-OSMOTIC DEXTROSE	3	

Drug Name	Drug Tier	Notes
ZINACEF IN ISO-OSMOTIC DILUENT	3	
ZINACEF	3	
<b>Beta-lactam, Other</b>		
AZACTAM	2	
AZACTAM IN DEXTROSE	2	
PRIMAXIN I.M.	3	
PRIMAXIN IV	3	
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>ampicillin sodium</i>	1	
<i>ampicillin susr</i>	1	
AUGMENTIN SUSR	3	
AUGMENTIN TABS 250MG; 125MG	3	
BACTOCILL IN DEXTROSE	3	
BICILLIN C-R	3	
BICILLIN L-A	3	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium</i>	1	
NALLPEN/DEXTROSE	3	
OXACILLIN SODIUM	3	
<i>penicillin g potassium</i>	1	
<i>penicillin g procaine</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
PFIZERPEN-G INJ 20MU	3	
<i>pfizerpen-g inj 5mu</i>	1	
<i>piperacillin sodium</i>	1	
TIMENTIN	3	
<i>trimox</i>	1	
<i>veetids</i>	1	
ZOSYN	3	
<b>Macrolides</b>		
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
<i>erythromycin base tabs</i>	1	
<i>erythromycin</i>	1	
KETEK	2	
<b>Quinolones</b>		
AVELOX TABS	2	

Drug Name	Drug Tier	Notes
CIPRO SUSR	3	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin hcl soln</i>	1	
<i>ciprofloxacin hcl tabs</i>	1	
LEVAQUIN PREMIX	3	
<i>ofloxacin</i>	1	
<b>Sulfonamides</b>		
<i>sodium sulfacetamide</i>	1	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole /trimethoprim</i>	1	
<i>sulfamethoxazole/trimetho prim ds</i>	1	
<i>sulfatrim</i>	1	
<b>Tetracyclines</b>		
<i>doxycycline hyclate</i>	1	
<i>doxycycline hyclate inj</i>	1	
<i>doxycycline monohydrate</i>	1	
<i>minocycline</i>	1	
<i>tetracycline hcl</i>	1	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
BANZEL	2	
KEPPRA XR	2	
KEPPRA INJ	2	
<i>levetiracetam</i>	1	
VIMPAT	3	
<b>Calcium Channel Modifying Agents</b>		
CELONTIN	2	
<i>ethosuximide</i>	1	
LYRICA	3	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
<i>divalproex sodium</i>	1	
<i>gabapentin</i>	1	
GABITRIL	2	
NEURONTIN SOLN	3	
<i>primidone</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>zonisamide</i>	1	
<b>Glutamate Reducing</b>		

Drug Name	Drug Tier	Notes
<b>Agents</b>		
FELBATOL	2	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	2	
LAMICTAL STARTER/TAKING VALPROATE	2	
<i>lamotrigine</i>	1	
TOPAMAX	3	
TOPAMAX SPRINKLE	2	
<b>Sodium Channel Inhibitors</b>		
<i>carbamazepine</i>	1	
CARBATROL	2	
DILANTIN INFATABS	3	
DILANTIN CAPS 30MG	3	
<i>epitol</i>	1	
<i>fosphenytoin sodium</i>	1	
<i>oxcarbazepine</i>	1	
PEGANONE	2	
<i>phenytek</i>	1	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
TRILEPTAL SUSP	2	
<b>Antidementia Agents</b>		
<b>Cholinesterase Inhibitors</b>		
ARICEPT	2	
ARICEPT ODT	2	
EXELON	2	
<i>galantamine hydrobromide</i>	1	
RAZADYNE SOLN	3	
<b>Glutamate Pathway Modifiers</b>		
NAMENDA	2	
NAMENDA TITRATION PAK	2	
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
<i>budeprion sr</i>	1	
<i>budeprion xl</i>	1	

Drug Name	Drug Tier	Notes
<i>bupropion hcl</i>	1	
<i>bupropion hcl sr</i>	1	
EFFEXOR XR	2	
<i>mirtazapine</i>	1	
<i>mirtazapine odt</i>	1	
<i>nefazodone hcl</i>	1	
<i>trazodone hcl</i>	1	
<i>venlafaxine hcl</i>	1	
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	3	
MARPLAN	3	
NARDIL	2	
<i>tranylcypromine sulfate</i>	1	
<b>Serotonin/ Norepinephrine Reuptake Inhibitors</b>		
<i>citalopram hydrobromide</i>	1	
CYMBALTA	3	
<i>fluoxetine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
LEXAPRO	3	
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
PRISTIQ	3	
<i>sertraline hcl</i>	1	
<i>venlafaxine hcl, er</i>	1	
<b>Tricyclics</b>		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>chlordiazepoxide /amitriptyline</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>maprotiline hcl</i>	1	
<i>nortriptyline hcl</i>	1	
<i>perphenazine /amitriptyline</i>	1	
<i>protriptyline hcl</i>	1	
SURMONTIL CAPS 100MG	2	
<i>trimipramine maleate</i>	1	

Drug Name	Drug Tier	Notes
<b>Antidotes, Deterrents, and Toxicologic Agents</b>		
<b>Antidotes</b>		
ANTIZOL	4	
CUPRIMINE	2	
DEPEN TITRATABS	3	
EXJADE	4	
<i>fomepizole</i>	1	
KIONEX	3	
<i>sodium polystyrene sulfonate</i>	1	
SYPRINE	3	
<b>Deterrents</b>		
ANTABUSE	2	
CHANTIX	3	
<i>depade</i>	1	
NICOTROL INHALER	3	
NICOTROL NS	3	
<b>Toxicologic Agents</b>		
<i>naloxone hcl</i>	1	
<i>naltrexone hcl</i>	1	
SUBOXONE	2	
<b>Antiemetics</b>		
<b>Antiemetics</b>		
<i>compro</i>	1	
<i>dronabinol</i>	1	
EMEND PACK	2	QL 1 per 2 days
EMEND CAPS	2	QL 3 per 2 days
<i>granisetron hcl</i>	1	
<i>ondansetron hcl</i>	1	
<i>ondansetron odt</i>	1	
<i>phenadoz</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl</i>	1	
<i>promethegan</i>	1	
TRANSDERM-SCOP	2	
<i>trimethobenzamide hcl</i>	1	
<b>Antifungals</b>		
<b>Antifungals</b>		
AMBISOME	4	

Drug Name	Drug Tier	Notes
ANCOBON	2	
CANCIDAS	3	
<i>ciclopirox</i>	1	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clotrimazole</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>econazole nitrate</i>	1	
ERAXIS	3	
<i>fluconazole</i>	1	
<i>fluconazole in dextrose</i>	1	
GRIFULVIN V	2	
GRIS-PEG	2	
GYNAZOLE-1	2	
<i>itraconazole</i>	1	
<i>ketoconazole</i>	1	
<i>kuric</i>	1	
NAFTIN	2	
<i>nystatin/triamcinolone</i>	1	
<i>nystatin</i>	1	
<i>nystop</i>	1	
<i>pedi-dri</i>	1	
SPORANOX SOLN	3	
<i>terbinafine hcl</i>	1	
<i>terconazole</i>	1	
VFEND	3	
VFEND IV	4	
<i>zazole</i>	1	
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	
<i>colchicine</i>	1	
<i>probenecid</i>	1	
<i>probenecid/colchicine</i>	1	
<b>Antimigraine Agents</b>		
<b>Abortive</b>		
AMERGE	3	QL 9 per 30 days
AXERT	3	QL 12 per 30

Drug Name	Drug Tier	Notes
		days
<i>dihydroergotamine mesylate</i>	1	
ERGOMAR	3	
<i>ergotamine tartrate/caffeine</i>	1	
FROVA	3	QL 12 per 30 days
IMITREX STATDOSE REFILL	2	QL 4 per 30 days
IMITREX SOLN	2	QL 8 per 30
MAXALT	3	QL 12 per 30 days
MAXALT-MLT	3	QL 12 per 30 days
MIGRANAL	2	QL 8 per 30 days
RELPAK	2	QL 12 per 30 days
<i>sumatriptan succinate tabs</i>	1	QL 9 per 30 days
<i>sumatriptan succinate inj</i>	1	QL 4 per 30 days
ZOMIG	3	QL 12 per 30 days
ZOMIG ZMT	3	QL

Drug Name	Drug Tier	Notes
		12 per 30 days
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<i>bethanechol chloride</i>	1	
<i>guanidine hcl</i>	1	
MESTINON TIMESPAN	2	
MESTINON SYRP	2	
<i>pyridostigmine bromide</i>	1	
REGONOL	2	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone</i>	1	
MYCOBUTIN	3	
<b>Antituberculars</b>		
CAPASTAT SULFATE	2	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	
PASER	3	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
SEROMYCIN	3	
TRECTOR	3	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
ALKERAN	4	
BICNU	3	
BUSULFEX	4	
CEENU	3	
HEXALEN	2	
LEUKERAN	3	
MATULANE	4	
MUSTARGEN	3	
TREANDA	4	
ZANOSAR	4	
<b>Antiangiogenic Agents</b>		
REVLIMID	4	LA
THALOMID	4	
<b>Antiestrogens/Modifiers</b>		
EMCYT	2	
FARESTON	3	
FASLODEX	4	

Drug Name	Drug Tier	Notes
<i>tamoxifen citrate</i>	1	
<b>Antimetabolites</b>		
CLADRIBINE	4	
DROXIA	3	
ELITEK	4	
<i>fludarabine phosphate</i>	1	
GEMZAR	4	LA
<i>hydroxyurea</i>	1	
LEUSTATIN	4	
<i>mercaptopurine</i>	1	
NIPENT	4	
TABLOID	3	
<b>Antineoplastics, Other</b>		
ABRAXANE	4	
<i>adriamycin</i>	1	
ALIMTA	4	
AMIFOSTINE	4	
ARRANON	4	
AVASTIN	4	
<i>bleomycin sulfate</i>	1	
<i>carboplatin</i>	1	
<i>cisplatin</i>	1	
CLOLAR	4	
COSMEGEN	4	
<i>cyclophosphamide</i>	1	
<i>cytarabine</i>	1	
<i>cytarabine aqueous</i>	1	
<i>dacarbazine</i>	1	
DACOGEN	4	
<i>daunorubicin hcl</i>	1	
<i>daunoxome</i>	1	
DOXIL	4	
<i>doxorubicin hcl</i>	1	
ELLENCE	4	
ELOXATIN	4	
ELSPAR	3	
EPIRUBICIN HCL	3	
ETOPOPHOS	4	
<i>etoposide</i>	1	
HYCAMTIN	4	
IDAMYCIN PFS	4	
<i>idarubicin hcl</i>	1	
IFEX	3	
<i>ifosfamide</i>	1	

Drug Name	Drug Tier	Notes
<i>ifosfamide/mesna</i>	1	
<i>irinotecan</i>	1	
IXEMPRA KIT	4	
<i>mesna</i>	1	
MESNEX TABS	3	
<i>mitomycin</i>	1	
<i>mitoxantrone hcl</i>	1	
ONCASPAR	4	
ONTAK	4	
<i>paclitaxel</i>	1	
PENTOSTATIN	4	
PHOTOFRIN	4	
PROLEUKIN	4	
TAXOTERE	4	
<i>toposar</i>	1	
TRISENOX	3	
TYKERB	4	
VELCADE	4	
VIDAZA	4	
<i>vinblastine sulfate</i>	1	
<i>vincasar pfs</i>	1	
<i>vincristine sulfate</i>	1	
<i>vinorelbine tartrate</i>	1	
ZOLINZA	4	
<b>Aromatase Inhibitors, 3rd Generation</b>		
ARIMIDEX	2	
AROMASIN	2	
FEMARA	2	
<b>Molecular Target Inhibitors</b>		
AFINITOR	4	
GLEEVEC	4	
IRESSA	4	
NEXAVAR	4	
SPRYCEL TABS	4	
SUTENT	4	
TARCEVA	4	
TASIGNA	4	
<b>Monoclonal Antibodies</b>		
CAMPATH	4	
ERBITUX	4	
HERCEPTIN	4	LA
RITUXAN	4	PA LA
VECTIBIX	4	

Drug Name	Drug Tier	Notes
<b>Retinoids</b>		
PANRETIN	3	
TARGRETIN	4	
<i>tretinoin</i>	1	PA
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>mebendazole</i>	1	
STROMECTOL	3	
<b>Antiprotozoals</b>		
<i>chloroquine phosphate</i>	1	
DARAPRIM	3	
<i>hydroxychloroquine sulfate</i>	1	
<i>mefloquine hcl</i>	1	
MEPRON	2	
NEBUPENT	3	PA
PENTAM 300	3	PA
<b>Pediculicides/ Scabicides</b>		
<i>acticin</i>	1	
OVIDE	3	
<i>permethrin</i>	1	
<b>Antiparkinson Agents</b>		
<b>Antiparkinson Agents</b>		
<i>amantadine hcl</i>	1	
APOKYN	4	LA
<i>atamet</i>	1	
AZILECT	3	
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa cr</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa/levodopa sr</i>	1	
COMTAN	2	
MIRAPEX	2	
REQUIP XL	2	
<i>ropinirole hcl</i>	1	
<i>selegiline hcl</i>	1	
STALEVO	2	
TASMAR	2	
<i>trihexyphenidyl hcl</i>	1	
ZELAPAR	3	
<b>Antipsychotics</b>		
<b>Atypicals</b>		
ABILIFY	2	

Drug Name	Drug Tier	Notes
ABILIFY DISCMELT	2	
<i>clozapine</i>	1	
FAZACLO	3	
GEODON CAPS	2	
GEODON INJ	3	
INVEGA	3	
RISPERDAL CONSTA	3	
RISPERDAL M-TAB	2	
<i>risperidone</i>	1	
SEROQUEL	2	
SEROQUEL XR	2	
SYMBYAX	3	
ZYPREXA ZYDIS	2	
ZYPREXA TABS	2	
ZYPREXA INJ	3	
<b>Conventional</b>		
<i>chlorpromazine hcl</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>loxapine succinate</i>	1	
MOBAN	2	
NAVANE CAPS 20MG	3	
ORAP	2	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen</i>	1	
<i>dantrolene sodium</i>	1	
<i>tizanidine hcl</i>	1	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
CYTOVENE	3	
<i>ganciclovir</i>	1	
VALCYTE	4	
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors</b>		

Drug Name	Drug Tier	Notes
INTELENCE	2	
RESCRIPTOR	2	
SUSTIVA	2	
VIRAMUNE	2	
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors</b>		
ATRIPLA	2	
COMBIVIR	2	
<i>didanosine</i>	1	
EMTRIVA	2	
EPIVIR	2	
EPIVIR HBV	2	
EPZICOM	2	
RETROVIR IV INFUSION	3	
<i>stavudine caps</i>	1	
TRIZIVIR	2	
TRUVADA	2	
VIDEX PEDIATRIC	2	
VIREAD	2	
ZERIT SOLR	2	
ZIAGEN	2	
<i>zidovudine</i>	1	
<b>Anti-HIV Agents, Other</b>		
FUZEON	4	
ISENTRESS	2	
SELZENTRY	2	
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS	2	
CRIXIVAN	2	
INVIRASE	2	
KALETRA	2	
LEXIVA	2	
NORVIR	2	
PREZISTA	2	
REYATAZ CAPS	2	
VIRACEPT	2	
<b>Anti-influenza Agents</b>		
RELENZA DISKHALER	3	
<i>rimantadine hcl</i>	1	
TAMIFLU	3	
<b>Antihepatitis Agents</b>		
BARACLUDGE SOLN	3	

Drug Name	Drug Tier	Notes
BARACLUDGE TABS	3	
HEPSERA	2	
REBETOL SOLN	3	
<i>ribapak</i>	1	
<i>ribasphere tabs</i>	1	
<i>ribavirin caps</i>	1	
<i>ribavirin tabs</i>	1	
TYZEKA	3	
VIRAZOLE	4	PA
<b>Antitherpetic Agents</b>		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	
<i>famciclovir</i>	1	
VALTREX	2	
ZOVIRAX OINT	2	
ZOVIRAX CREA	3	
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>buspirone hcl</i>	1	
<i>chlordiazepoxide /amitriptyline</i>	1	
<i>meprobamate</i>	1	
<b>Bipolar Agents</b>		
<b>Bipolar Agents</b>		
LAMICTAL	2	
STARTER/NOT TAKING CARBAMAZEPINE		
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium citrate</i>	1	
SYMBYAX	3	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
ACTOPLUS MET	2	
ACTOS	2	
AVANDAMET	2	
AVANDARYL	2	
AVANDIA	2	
BYETTA	2	
DUETACT	2	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	

Drug Name	Drug Tier	Notes
<i>glipizide/metformin hcl</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hcl</i>	1	
<i>glycron</i>	1	
GLYSET	2	
JANUMET	2	
JANUVIA	2	
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
PRANDIN	3	
STARLIX	2	
SYMLIN	2	
SYMLINPEN 60	2	
<i>tolbutamide</i>	1	
<b>Glycemic Agents</b>		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	3	
<b>Insulins</b>		
APIDRA	3	
HUMALOG	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 75/25	2	
HUMULIN 50/50	2	
HUMULIN 70/30	2	
HUMULIN N	2	
HUMULIN R	2	
LANTUS	2	
LEVEMIR	3	
NOVOLOG	3	
NOVOLOG MIX 70/30	3	
<b>Blood Products/Modifiers/Volume Expanders</b>		
<b>Anticoagulants</b>		
ARIXTRA INJ 2.5MG/0.5ML	3	
ARIXTRA INJ 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	4	
COUMADIN INJ	3	
FRAGMIN	3	
<i>heparin sodium</i>	1	

Drug Name	Drug Tier	Notes
<i>heparin sodium dcu</i>	1	
<i>heparin sodium/d5w</i>	1	
<i>heparin sodium/nacl 0.9%</i>	1	
INNOHEP	3	
<i>jantoven</i>	1	
LOVENOX INJ 150MG/ML, 30MG/0.3ML, 40MG/0.4ML	3	
LOVENOX INJ 100MG/ML, 120MG/0.8ML, 300MG/3ML, 60MG/0.6ML, 80MG/0.8ML	4	
<i>warfarin sodium</i>	1	
<b>Blood Formation Products</b>		
ARANESP	3	PA
EPOGEN	3	PA
LEUKINE	4	PA
NEULASTA	4	PA
NEUMEGA	4	PA
NEUPOGEN	4	PA
PROCRIT	2	PA
<b>Blood Products/Modifiers/Volume Expanders</b>		
PROMACTA	4	
<b>Coagulants</b>		
CYKLOKAPRON	2	
<b>Platelet Aggregation Inhibitors</b>		
AGGRENOX	2	
<i>cilostazol</i>	1	
<i>dipyridamole</i>	1	
PLAVIX	2	
<i>ticlopidine hcl</i>	1	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
CATAPRES	2	
<i>clonidine hcl</i>	1	
<i>guanabenz acetate</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyl dopa</i>	1	

Drug Name	Drug Tier	Notes
<i>methyldopa</i> <i>/hydrochlorothiazide</i>	1	
<i>methyldopate hcl</i>	1	
<i>midodrine hcl</i>	1	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>prazosin hcl</i>	1	
<i>reserpine</i>	1	
<b>Antiarrhythmics</b>		
<i>amiodarone hcl</i>	1	
<i>disopyramide phosphate</i>	1	
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
PACERONE	3	
<i>procainamide hcl</i>	1	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine gluconate cr</i>	1	
<i>quinidine sulfate</i>	1	
<i>quinidine sulfate er</i>	1	
RYTHMOL SR	2	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
TIKOSYN	3	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hcl</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
<i>labetalol hcl</i>	1	
<i>metoprolol /hydrochlorothiazide</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate</i>	1	
<i>nadolol</i>	1	
<i>nadolol /bendroflumethiazide</i>	1	
<i>pindolol</i>	1	
<i>propranolol</i>	1	

Drug Name	Drug Tier	Notes
<i>/hydrochlorothiazide</i>		
<i>propranolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>timolol maleate</i>	1	
<b>Calcium Channel Blocking Agents</b>		
<i>afeditab cr</i>	1	
<i>amlodipine besylate</i>	1	
CARDIZEM CD CP24 360MG	3	
<i>cartia xt</i>	1	
<i>dilt-cd cp24</i>	1	
<i>dilt-xr cp24</i>	1	
<i>diltiazem cd</i>	1	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl er</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
<i>taztia xt</i>	1	
<i>verapamil hcl</i>	1	
<i>verapamil hcl er</i>	1	
<b>Cardiovascular Agents, Other</b>		
<i>digoxin</i>	1	
LANOXIN INJ 0.1MG/ML	2	
RANEXA	2	
<b>Diuretics</b>		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	
<i>amiloride /hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
DIURIL IV	3	
<i>eplerenone</i>	1	
<i>furosemide</i>	1	
<i>hydrochlorothiazide caps</i>	1	
<i>hydrochlorothiazide tabs</i>	1	

Drug Name	Drug Tier	Notes
<i>indapamide</i>	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
<i>toremide</i>	1	
<i>triamterene /hydrochlorothiazide</i>	1	
<b>Dyslipidemics</b>		
CADUET	3	
<i>cholestyramine</i>	1	
<i>cholestyramine light powd</i>	1	
<i>colestipol hcl</i>	1	
CRESTOR	2	
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>gemfibrozil</i>	1	
LESCOL	3	
LESCOL XL	3	
LIPITOR	2	
<i>lovastatin</i>	1	
LOVAZA	2	
<i>niacor</i>	1	
NIASPAN	2	
<i>pravastatin sodium tabs</i>	1	
<i>prevalite pack</i>	1	
<i>simvastatin</i>	1	
TRICOR	2	
VYTORIN	3	
WELCHOL	2	
ZETIA	3	
<b>Renin-angiotensin-aldosterone System Inhibitors</b>		
ALTACE TABS	3	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
ATACAND	3	
ATACAND HCT	3	
<i>benazepril hcl</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>captopril</i>	1	
<i>captopril /hydrochlorothiazide</i>	1	
COZAAR	2	

Drug Name	Drug Tier	Notes
DIOVAN	2	
DIOVAN HCT	2	
<i>enalapril maleate</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
HYZAAR	2	
<i>lisinopril</i>	1	
<i>lisinopril /hydrochlorothiazide</i>	1	
LOTREL	3	
<i>moexipril /hydrochlorothiazide</i>	1	
<i>moexipril hcl</i>	1	
<i>quinapril /hydrochlorothiazide</i>	1	
<i>quinapril hcl</i>	1	
<i>quinaretic</i>	1	
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone /hydrochlorothiazide</i>	1	
TEKTURNA	3	
TEKTURNA HCT	3	
<i>trandolapril</i>	1	
<b>Vasodilators</b>		
<i>hydralazine hcl</i>	1	
<i>isochron</i>	1	
ISORDIL TITRADOSE TABS 40MG	3	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>isosorbide mononitrate tabs</i>	1	
<i>minoxidil</i>	1	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	3	
<i>nitroglycerin</i>	1	
<i>nitroglycerin transdermal</i>	1	
NITROLINGUAL	2	

Drug Name	Drug Tier	Notes
PUMPSPRAY		
<b>Central Nervous System Agents</b>		
<b>Amphetamines, ADHD</b>		
<i>amphetamine salt combo</i>	1	
<i>dextroamphetamine sulfate</i>	1	
<b>Non-amphetamines, ADHD</b>		
<i>dexmethylphenidate hcl</i>	1	
METADATE ER	3	
<i>methylin</i>	1	
<i>methylin er</i>	1	
<i>methylphenidate hcl</i>	1	
<i>methylphenidate hcl sr</i>	1	
STRATTERA	3	
<b>Non-amphetamines, Other</b>		
PROVIGIL	2	
RILUTEK	4	
XYREM	4	LA
<b>Dental and Oral Agents</b>		
<b>Dental and Oral Agents</b>		
<i>chlorhexidine gluconate oral rinse</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone in orabase</i>	1	
<b>Dermatological Agents</b>		
<b>Dermatological Agents</b>		
ALDARA	2	
AMEVIVE	4	LA
<i>ammonium lactate</i>	1	
<i>amnesteam</i>	1	
ATRALIN	3	PA
<i>avita</i>	1	PA
<i>calcipotriene</i>	1	
CARAC	3	
<i>claravis</i>	1	
<i>clindamycin phosphate</i>	1	
CONDYLOX GEL	3	
DIFFERIN	2	PA
DOVONEX CREAM	3	
ELIDEL	2	

Drug Name	Drug Tier	Notes
FLUOROPLEX	3	
<i>fluorouracil</i>	1	
LACLOTION	3	
OXSORALEN	2	
OXSORALEN ULTRA	2	
<i>podofilox</i>	1	
PROTOPIC	3	
REGRANEX	3	
RETIN-A MICRO	2	PA
SANTYL	2	
<i>selenium sulfide</i>	1	
SOLARAZE	2	
<i>sotret</i>	1	
<i>tretinoin</i>	1	PA
VEREGEN	2	
ZONALON	3	
<b>Enzyme Replacements/ Modifiers</b>		
<b>Enzyme Replacements/ Modifiers</b>		
ADAGEN	4	LA
ALDURAZYME	4	LA
BUPHENYL	4	
CEREDASE	4	
CEREZYME	4	
CYSTADANE	3	
<i>cystagon</i>	1	
ELAPRASE	4	
FABRAZYME	4	LA
KUVAN	2	
NAGLAZYME	4	
ORFADIN	4	LA
<i>pancrelipase mst-16</i>	1	
<i>pancron 10</i>	1	
<i>pancron 20</i>	1	
PULMOZYME	4	PA
SUCRAID	4	
ULTRASE	3	
ULTRASE MT	3	
ZAVESCA	4	
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
<i>atropine sulfate</i>	1	
<i>dicyclomine hcl</i>	1	

Drug Name	Drug Tier	Notes
<i>glycopyrrolate</i>	1	
<i>methscopolamine bromide</i>	1	
<i>propantheline bromide</i>	1	
<b>Gastrointestinal Agents, Other</b>		
AMITIZA	2	
<i>constulose</i>	1	
<i>diphenoxylate/atropine</i>	1	
<i>enulose</i>	1	
GASTROCROM	3	
GOLYTELY	3	
HALFLYTELY BOWEL PREP	3	
<i>lactulose</i>	1	
<i>lonox</i>	1	
<i>loperamide hcl</i>	1	
<i>metoclopramide hcl</i>	1	
<i>peg 3350/electrolytes</i>	1	
<i>ursodiol caps</i>	1	
<b>Histamine2 (H2) Blocking Agents</b>		
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
<i>famotidine</i>	1	
<i>famotidine premixed</i>	1	
<i>nizatidine</i>	1	
<i>ranitidine hcl</i>	1	
ZANTAC TB EFFERVESCENT	3	
ZANTAC INJ	3	
<b>Irritable Bowel Syndrome Agents</b>		
LOTRONEX	2	
<b>Protectants</b>		
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
<b>Proton Pump Inhibitors</b>		
ACIPHEX	3	
NEXIUM	2	
NEXIUM I.V.	3	
<i>omeprazole</i>	1	
<i>pantoprazole sodium</i>	1	
PROTONIX INJ, PACK	3	
ZEGERID	3	
<b>Genitourinary Agents</b>		

Drug Name	Drug Tier	Notes
<b>Antispasmodics, Urinary</b>		
DETROL	2	
DETROL LA	2	
ENABLEX	3	
<i>flavoxate hcl</i>	1	
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er</i>	1	
<b>Benign Prostatic Hypertrophy Agents</b>		
AVODART	3	
<i>doxazosin mesylate</i>	1	
<i>finasteride</i>	1	
FLOMAX	2	
RAPAFLO	3	
<i>terazosin hcl</i>	1	
<b>Genitourinary Agents, Other</b>		
ELMIRON	3	
THIOLA	3	
<b>Phosphate Binders</b>		
<i>calcium acetate</i>	1	
FOSRENOL	3	
RENVELA	2	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
<b>Glucocorticoids/ Mineralocorticoids</b>		
<i>a-hydrocort</i>	1	
<i>a-methapred</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>beta-val</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate foam, oint, soln</i>	1	
<i>cortisone acetate</i>	1	
<i>del-beta</i>	1	
DEPO-MEDROL INJ 20MG/ML	3	
DESONATE	3	
<i>desonide</i>	1	

Drug Name	Drug Tier	Notes
<i>desoximetasone</i>	1	
<i>dexamethasone</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>fludrocortisone acetate</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emollient base</i>	1	
<i>fluticasone propionate</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone tabs</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>lokara</i>	1	
LUXIQ	3	
MEDROL TABS 2MG	3	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodiumsuccinate</i>	1	
<i>methylprednisolone</i>	1	
<i>methylprednisolone tabs</i>	1	
<i>mometasone furoate</i>	1	
OLUX-E	3	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
<i>proctocream-hc</i>	1	
<i>proctosol hc</i>	1	
SOLU-MEDROL INJ 2GM	3	
<i>triamcinolone acetonide</i>	1	
<i>triderm</i>	1	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<i>chorionic gonadotropin</i>	1	PA
<i>desmopressin acetate inj,</i>	1	

Drug Name	Drug Tier	Notes
<i>tabs</i>		
GENOTROPIN	3	LA
MINIQUICK		
HUMATROPE	4	LA
HUMATROPE COMBO PACK	4	LA
INCRELEX	4	
NORDITROPIN	4	LA
NORDIFLEX PEN		
NUTROPIN	4	
NUTROPIN AQ	4	
OMNITROPE	4	LA
SAIZEN	4	LA
SAIZEN CLICK.EASY	4	LA
SEROSTIM	4	LA
TEV-TROPIN	4	
ZORBTIVE	4	LA
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
<b>Anabolic Steroids</b>		
ANADROL-50	4	
OXANDRIN TABS 10MG	4	
<i>oxandrolone</i>	1	
<b>Androgens</b>		
ANDROGEL	2	
<i>danazol</i>	1	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
<b>Estrogens</b>		
ACTIVELLA TABS	3	
ESTRACE CREAM	3	
ESTRADERM	3	
<i>estradiol</i>	1	
<i>estradiol valerate</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
<i>estropipate</i>	1	
<i>gynodiol tabs</i>	1	
MENEST	2	
PREMARIN	2	
PREMARIN W/APPLICATOR	2	
<i>tri-legest fe</i>	1	

Drug Name	Drug Tier	Notes
VIVELLE-DOT	3	
<b>Progestins</b>		
<i>apri</i>	1	
<i>aviane</i>	1	
<i>camila</i>	1	
<i>cryselle-28</i>	1	
DEPO-PROVERA	3	
<i>enpresse-28</i>	1	
<i>errin</i>	1	
<i>jolivette</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>lessina-28</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>medroxyprogesterone acetate</i>	1	
<i>megestrol acetate</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>mononessa</i>	1	
<i>necon 1/50-28</i>	1	
<i>nora-be</i>	1	
<i>norethindrone acetate</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
NUVARING	2	
<i>ogestrel</i>	1	
<i>portia-28</i>	1	
PREMPHASE	2	
PREMPRO	2	
<i>previfem</i>	1	
PROMETRIUM	3	
<i>quasense</i>	1	
<i>solia</i>	1	
<i>sprintec 28</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trinessa</i>	1	
<i>trivora-28</i>	1	
<b>Selective Estrogen Receptor Modifying Agents</b>		

Drug Name	Drug Tier	Notes
EVISTA	2	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
CYTOMEL	3	
<i>levoxyl</i>	1	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	3	
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
SENSIPAR	2	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline</i>	1	
<i>leuprolide acetate</i>	1	
<i>octreotide acetate</i>	1	
SANDOSTATIN LAR DEPOT	4	
SOMAVERT	4	
SYNAREL	4	PA
<b>Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)</b>		
<b>Antiandrogens</b>		
CASODEX	2	
<i>flutamide</i>	1	
NILANDRON	3	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
<b>Immunological Agents</b>		

Drug Name	Drug Tier	Notes
<b>Immune Suppressants</b>		
AZASAN	2	PA
<i>azathioprine</i>	1	PA
<i>azathioprine sodium</i>	1	PA
CELLCEPT	2	PA
CELLCEPT INTRAVENOUS	3	PA
<i>cyclosporine</i>	1	PA
<i>cyclosporine modified caps</i>	1	PA
<i>cyclosporine modified soln</i>	1	PA
ENBREL	4	
<i>gengraf</i>	1	PA
HUMIRA	4	
HUMIRA PEN-CROHNS DISEASESTARTER	4	
<i>methotrexate</i>	1	
<i>methotrexate sodium</i>	1	
MYFORTIC	2	PA
ORENCIA	4	
PROGRAF	2	PA
RAPAMUNE	2	PA
REMICADE	4	
RHEUMATREX	3	
TREXALL	3	
<b>Immunizing Agents, Passive</b>		
ATGAM	2	
CARIMUNE NANOFILTERED	4	PA
FLEBOGAMMA	4	PA
GAMASTAN S/D	3	PA
GAMMAGARD LIQUID	4	PA
GAMUNEX	4	PA
OCTAGAM	4	PA
POLYGAM S/D	4	PA
THYMOGLOBULIN	2	
VIVAGLOBIN	4	PA
<b>Immunomodulators</b>		
ACTIMMUNE	4	LA
AVONEX INJ	4	
BETASERON	4	
COPAXONE	4	
INTRON-A W/DILUENT	3	
INTRON-A INJ	3	

Drug Name	Drug Tier	Notes
3MU/0.2ML		
INTRON-A INJ 10MU/0.2ML, 5MU/0.2ML, 6000000UNIT/ML	4	
KINERET	4	
<i>leflunomide</i>	1	
PEG-INTRON	2	
PEG-INTRON REDIPEN	2	
PEG-INTRON REDIPEN PAK 4	2	
PEGASYS	3	
REBIF	4	
REBIF TITRATION PACK	4	
SYNAGIS	4	LA
TYSABRI	4	LA
<b>Vaccines</b>		
ACTHIB	3	
ADACEL	3	
ATTENUVAX	3	
BOOSTRIX	3	
COMVAX	3	
DAPTACEL	3	
DECAVAC	3	
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	3	
ENGERIX-B	3	PA
GARDASIL	2	
HAVRIX	3	
HIBTITER	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
JE-VAX	3	
M-M-R II W/DILUENT 10 DOSE	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MERUVAX II W/DILUENT 10 DOSE	3	
PEDIARIX	3	
PEDVAX HIB	3	
PROQUAD	2	
RABAVERT	3	

Drug Name	Drug Tier	Notes
RECOMBIVAX HB	3	PA
ROTATEQ	3	
TETANUS TOXOID ADSORBED	3	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	3	
TRIHIBIT	3	
TRIPEDIA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VIVOTIF BERNA	3	
YF-VAX	3	
ZOSTAVAX	2	
<b>Inflammatory Bowel Disease Agents</b>		
<b>Glucocorticoids</b>		
ENTOCORT EC	3	
<i>hydrocortisone</i>	1	
<b>Salicylates</b>		
<i>balsalazide disodium</i>	1	
<i>mesalamine</i>	1	
<b>Sulfonamides</b>		
<i>sulfasalazine</i>	1	
<i>sulfazine</i>	1	
<i>sulfazine ec</i>	1	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium</i>	1	
AREDIA	3	
<i>calcitonin-salmon</i>	1	
<i>calcitriol</i>	1	
<i>etidronate disodium tabs</i>	1	
FORTEO	3	
<i>fortical</i>	1	
FOSAMAX PLUS D	2	
FOSAMAX SOLN	2	
HECTOROL	3	
ZEMPLAR CAPS	2	
ZEMPLAR INJ	3	
<b>Miscellaneous</b>		

Drug Name	Drug Tier	Notes
<b>Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
<i>alcohol preps</i>	1	
<i>anagrelide hydrochloride</i>	1	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	1	
<i>bd insulin syringe ultrafine/0.3ml/31g x 5/16"</i>	1	
<i>bd insulin syringe ultrafine/0.5ml/30g x 1/2"</i>	1	
<i>bd insulin syringe ultrafine/1ml/31g x 5/16"</i>	1	
<i>bd ultra-fine original pen needles/29g x 12.7mm</i>	1	
BOTOX	3	PA
<i>curity gauze pads 2"x2"</i>	1	
<i>dexrazoxane</i>	1	
<i>dextrose 10% flex container</i>	1	
<i>dextrose 5%</i>	1	
INTRALIPID INJ	3	
MYOBLOC	3	PA
<i>pentopak</i>	1	
<i>pentoxifylline er</i>	1	
<i>pentoxil</i>	1	
XENAZINE	4	
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Agents, Other</b>		
<i>ak-poly-bac</i>	1	
<i>ak-tob</i>	1	
<i>bac /poly /neomy /hc</i>	1	
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
<i>genoptic</i>	1	
<i>gentak</i>	1	
<i>gentasol</i>	1	
LACRISERT	2	
NATACYN	3	
<i>neomycin /polymyxin /gramicidin</i>	1	
<i>ocusulf-10</i>	1	
<i>ofloxacin</i>	1	
<i>polycin b</i>	1	

Drug Name	Drug Tier	Notes
RESTASIS	3	
<i>romycin</i>	1	
<i>tobrasol</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
VIGAMOX	2	
<b>Ophthalmic Anti-allergy Agents</b>		
ALOMIDE	2	
<i>cromolyn sodium</i>	1	
<b>Ophthalmic Anti-inflammatory</b>		
ACULAR	2	
ACULAR LS	2	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
<i>dexamethasone sodium phosphate</i>	1	
<i>dexasporin</i>	1	
<i>diclofenac sodium</i>	1	
<i>fluor-op</i>	1	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>neomycin /polymyxin /dexamethasone</i>	1	
<i>poly-dex</i>	1	
PRED MILD	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX OINT	2	
<b>Ophthalmic Antiglaucoma Agents</b>		
ALPHAGAN P	2	
AZOPT	2	
<i>betaxolol hcl</i>	1	
BETOPTIC-S	2	
<i>brimonidine tartrate</i>	1	
<i>carteolol hcl</i>	1	
<i>dipivefrin hcl</i>	1	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol</i>	1	

Drug Name	Drug Tier	Notes
<i>maleate</i>		
IOPIDINE	2	
<i>levobunolol hcl</i>	1	
<i>methazolamide</i>	1	
<i>metipranolol</i>	1	
PHOSPHOLINE IODIDE	2	
PILOPINE HS	3	
<i>timolol maleate</i>	1	
<b>Ophthalmic Prostaglandin and Prostanamide Analogs</b>		
TRAVATAN Z	2	
XALATAN	2	
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid</i>	1	
CIPRO HC	2	
CIPRODEX	2	
<i>cortomycin</i>	1	
DERMOTIC	2	
<i>neomycin /polymyxin /hc</i>	1	
<i>neomycin /polymyxin /hydrocortisone susp</i>	1	
<b>Respiratory Tract Agents</b>		
<b>Anti-inflammatory, Inhaled Corticosteroids</b>		
ADVAIR DISKUS	2	
ADVAIR HFA	2	
ALVESCO	3	
ASMANEX	2	
FLOVENT HFA	2	
<i>fluticasone propionate</i>	1	
PULMICORT	2	PA
PULMICORT FLEXHALER	2	
RHINOCORT AQUA	2	
SYMBICORT	2	
<b>Antihistamines</b>		
ASTELIN	3	
<i>clemastine fumarate</i>	1	
<i>cyproheptadine hcl</i>	1	
<i>diphenhydramine hcl caps, inj</i>	1	
<i>fexofenadine hcl</i>	1	

Drug Name	Drug Tier	Notes
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
<b>Antileukotrienes</b>		
ACCOLATE	2	
SINGULAIR	2	
ZYFLO CR	2	
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	2	
<i>ipratropium bromide/albuterol sulfate</i>	1	PA
<i>ipratropium bromide nasal soln</i>	1	
<i>ipratropium bromide inhalation soln</i>	1	PA
SPIRIVA HANDIHALER	2	
<b>Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)</b>		
<i>aminophylline</i>	1	
<i>theophylline cr</i>	1	
<i>theophylline er</i>	1	
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate er</i>	1	
<i>albuterol sulfate syrp, tabs</i>	1	
<i>albuterol sulfate nebu</i>	1	PA
BROVANA	3	PA
COMBIVENT	2	
<i>epinephrine hcl</i>	1	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
FORADIL AEROLIZER	2	
<i>metaproterenol sulfate</i>	1	
PROVENTIL HFA	2	
SEREVENT DISKUS	2	
<i>terbutaline sulfate</i>	1	
XOPENEX	3	PA
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium</i>	1	PA
INTAL INHALER	3	
<b>Pulmonary Antihypertensives</b>		
LETAIRIS TABS	4	LA
REVATIO	2	

Drug Name	Drug Tier	Notes
TRACLEER	2	LA
<b>Respiratory Tract Agents, Other</b>		
ACETADOTE	3	PA
<i>acetylcysteine</i>	1	PA
ARALAST	4	
<i>flunisolide</i>	1	
<i>ipratropium bromide</i>	1	
NASONEX	2	
PROLASTIN	4	
TYZINE	3	
TYZINE PEDIATRIC NASAL DROPS	3	
XOLAIR	4	LA
ZEMAIRA	4	
<b>Sedatives/Hypnotics</b>		
<b>Sedatives/Hypnotics</b>		
AMBIEN CR	3	QL 30 per 30 days
LUNESTA	3	QL 30 per 30 days
ROZEREM	3	QL 30 per 30 days
<i>zaleplon</i>	1	QL 30 per 30 days
<i>zolpidem tartrate 5mg</i>	1	QL 60 per 30 days
<i>zolpidem tartrate</i>	1	QL 30 per 30 days
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		

Drug Name	Drug Tier	Notes
<i>carisoprodol</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine citrate er</i>	1	
SKELAXIN	2	
<b>Therapeutic Nutrients/Minerals/ Electrolytes</b>		
<b>Electrolytes/Minerals</b>		
AMINESS	3	
<i>dextrose 10%/nacl 0.45%</i>	1	
<i>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/nacl 0.2%</i>	1	
<i>dextrose 5%/nacl 0.225%</i>	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
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<i>lactated ringers irrigation</i>	1	
<i>lactated ringers viaflex</i>	1	
<i>leucovorin calcium</i>	1	
<i>magnesium sulfate inj 50%</i>	1	
<i>normosol-r in d5w</i>	1	
<i>plasma-lyte-r</i>	1	
<i>potassium chloride</i>	1	
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	1	
<i>potassium chloride 0.15% nacl 0.9%</i>	1	
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<i>potassium chloride cr</i>	1	
<i>potassium chloride er tbc</i>	1	
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