



2010

Care Improvement Plus  
**Formulary**  
(List of Covered Drugs)

**Tier 4**  
**Formulary**

**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.



**CARE IMPROVEMENT PLUS**

*Specialized Care for Medicare Beneficiaries*

**This formulary is for the following Care Improvement Plus plans**

<b>Plan</b>	<b>Region</b>
Gold Rx CSNP (HMO) H5665-002	Maryland
Silver Rx CSNP (PPO) R9896-008	South Carolina/Georgia
Gold Rx CSNP (PPO) R9896-009	South Carolina/Georgia
Gold Rx Advantage CSNP (PPO) R6896-010	South Carolina/Georgia
Medicare Advantage MA-PD (PPO) R9896-012	South Carolina/Georgia
Silver Rx CSNP (PPO) R3444-008	Arkansas/Missouri
Gold Rx CSNP (PPO) R3444-009	Arkansas/Missouri
Gold Rx Advantage CSNP (PPO) R3444-010	Arkansas/Missouri
Medicare Advantage MA-PD (PPO) R3444-012	Arkansas/Missouri
Medicare Advantage MA-PD (LPPO) R6528-001	Arkansas
Silver Rx CSNP (PPO) R6801-008	Texas
Gold Rx CSNP (PPO) R6801-009	Texas
Gold Rx Advantage CSNP (PPO) R6801-010	Texas
Medicare Advantage MA-PD (PPO) R6801-012	Texas
Medicare Advantage MA-PD (LPPO) R6801-001	Texas

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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 Care Improvement Plus Formulary?**

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

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### **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 January 2010.

To get updated information about the drugs covered by Care Improvement Plus please visit our Web site at [www.careimprovementplus.com](http://www.careimprovementplus.com) or call Pharmacy Services at 1-866-673-3561, 7 days-a-week, 24 hours a day. TTY/TDD users should call 1-866-673-3563. Care Improvement Plus will update printed formularies with an insert indicating all changes to the formulary. This insert will be updated monthly when applicable based on changes to the formulary. The insert will be called "Changes to Care Improvement Plus Tier 4 Formulary."

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

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

## **Medical Condition**

The formulary begins on **page 11**. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on **page 11**. 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 52**. 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.

Drugs are grouped into one of four tiers – 1, 2, 3, or 4.

- Tier 1 – Generic
  - Tier 2 – Formulary Preferred
  - Tier 3 – Non-preferred Brand
  - Tier 4 - Specialty
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## **What are generic drugs?**

Care Improvement Plus 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.

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## **How much will I pay for Care Improvement Plus covered drugs?**

If you qualified for extra help with your drug costs, your costs may be different than those described below. Please refer to your Evidence of coverage or call Pharmacy Services to find out what your costs are.

The amount you pay depends on which drug category your drug falls under in the formulary and whether you fill your prescription at a network pharmacy.

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## **Drug Categories**

- **Generic** – drugs that have the same active ingredients as brand drugs and are prescribed for the same reasons. The Food and Drug Administration (FDA) requires generic drugs to have the same quality, strength, purity, and stability as brand drugs. Generally, your cost for generic drugs is usually lower than your cost for brand drugs.
- **Formulary Preferred** – these are preferred brand name medications that are covered on the formulary and will cost you less out of pocket than medications in the non-preferred brand name tier (tier 3) and specialty medications (tier 4).
- **Non-preferred Brand** – these are non-preferred brand name medications that are covered on the formulary but may cost you more out of pocket than your formulary preferred (tier 2) medications.
- **Specialty** – Some injectables and other high-cost drugs.

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## 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:** Care Improvement Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Care Improvement Plus before you fill your prescriptions. If you don't get approval, Care Improvement Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, Care Improvement Plus limits the amount of the drug that Care Improvement Plus will cover. For example, Care Improvement Plus provides 2 inhalers per 25 days per prescription for Atrovent HFA. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Care Improvement Plus 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, Care Improvement Plus may not cover drug B unless you try Drug A first. If Drug A does not work for you, Care Improvement Plus will then cover Drug B.
- **Medicare B/D:** These are drugs that need a Medicare Part B or Medicare Part D determination. It ensures that drugs are billed appropriately to the Medicare Part B or Medicare Part D benefit.
- **Limited Access:** These are drugs that meet the Food and Drug Administration (FDA) limited distribution requirements or ensure that appropriate dispensing of drugs that require special handling, provider coordination, or patient education when such requirements cannot be met by a network pharmacy.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on **page 11**. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.careimprovementplus.com](http://www.careimprovementplus.com).

You can ask Care Improvement Plus to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Care Improvement Plus's formulary?" for information about how to request an exception.

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## 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 Care Improvement Plus does not cover your drug, you have two options:

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

You can ask Care Improvement Plus 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, Care Improvement Plus 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 Tier 4.

Generally, Care Improvement Plus 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.

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

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

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

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

emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Members who are experiencing a level of care change (discharge from hospital for example) that causes their prescription to initially reject at the pharmacy for being refilled too soon will be allowed to receive a 31-day transition supply.

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### **For more information**

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

If you have questions about Care Improvement Plus, please call Pharmacy Services at **1-866-673-3561, 7 days-a-week, 24 hours a day. (TTY/TDD users should call 1-866-673-3563)**. Or visit [www.careimprovementplus.com](http://www.careimprovementplus.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).

## Care Improvement Plus's Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Care Improvement Plus.

If you have trouble finding your drug in the list, turn to the Index that begins on **page 52**.

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

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The information in the **Notes column** tells you if Care Improvement Plus has any special requirements for coverage of your drug. You can find out if your drug has any additional Utilization Management requirements by looking for these symbols in the Notes column.

**PA** – Prior Authorization

**QL** – Quantity Limits

**ST** – Step Therapy

**LA** – Limited Access

**B/D** – Medicare Part B/D Billing

See page 5 for more details on Utilization Management requirements.

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The information in the **Tier column** of the chart lists the tier the drug is in. The amount you pay depends on which tier your drug falls under and if you fill your prescription at a network pharmacy. The tiers for your plan are:

### Maryland:

<b>Drug Tier</b>	<b>Drug Category</b>	<b>Retail Network Pharmacy (30-day supply)</b>	<b>Retail Network Pharmacy (90-day supply)</b>	<b>Mail Order Pharmacy (90-day supply)</b>
1	Generic	\$9	\$27	\$23
2	Formulary Preferred	\$37	\$111	\$93
3	Non-preferred Brand	\$95	\$285	\$238
4	Specialty	30%	30%	30%

### South Carolina/Georgia:

	Silver Rx	Gold Rx	Gold Rx Advantage	Medicare Advantage
<b>Retail Network Pharmacy (30-day supply)</b>				
Tier 1 – Generic	\$0	\$4	\$4	\$9
Tier 2 – Formulary Preferred	\$45	\$45	\$45	\$37
Tier 3 – Non-preferred Brand	\$95	\$95	\$95	\$95
Tier 4 - Specialty	33%	33%	33%	33%
<b>Retail Network Pharmacy (90-day supply)</b>				
Tier 1 – generic	\$0	\$12	\$12	\$27
Tier 2 – Formulary Preferred	\$135	\$135	\$135	\$111
Tier 3 – Non-preferred Brand	\$285	\$285	\$285	\$285
Tier 4 - Specialty	33%	33%	33%	33%
<b>Mail Order Pharmacy (90-day supply)</b>				
Tier 1 – generic	\$0	\$10	\$10	\$22.50
Tier 2 – Formulary Preferred	\$112.50	\$112.50	\$112.50	\$92.50
Tier 3 – Non-preferred Brand	\$237.50	\$237.50	\$237.50	\$237.50
Tier 4 - Specialty	33%	33%	33%	33%

**Arkansas/Missouri:**

	<b>Silver Rx</b>	<b>Gold Rx</b>	<b>Gold Rx Advantage</b>	<b>Medicare Advantage</b>	<b>AR Medicare Advantage (LPPO)</b>
<b>Retail Network Pharmacy (30-day supply)</b>					
Tier 1 – Generic	\$0	\$4	\$4	\$9	\$9
Tier 2 – Formulary Preferred	\$45	\$45	\$45	\$36	\$36
Tier 3 – Non-preferred Brand	\$95	\$95	\$95	\$95	\$95
Tier 4 - Specialty	33%	33%	33%	33%	33%
<b>Retail Network Pharmacy (90-day supply)</b>					
Tier 1 – generic	\$0	\$12	\$12	\$27	\$27
Tier 2 – Formulary Preferred	\$135	\$135	\$135	\$108	\$108
Tier 3 – Non-preferred Brand	\$285	\$285	\$285	\$285	\$285
Tier 4 - Specialty	33%	33%	33%	33%	33%
<b>Mail Order Pharmacy (90-day supply)</b>					
Tier 1 – generic	\$0	\$10	\$10	\$22.50	\$22.50
Tier 2 – Formulary Preferred	\$112.50	\$112.50	\$112.50	\$90	\$90
Tier 3 – Non-preferred Brand	\$237.50	\$237.50	\$237.50	\$237.50	\$237.50
Tier 4 - Specialty	33%	33%	33%	33%	33%

**Texas:**

	<b>Silver Rx</b>	<b>Gold Rx</b>	<b>Gold Rx Advantage</b>	<b>Medicare Advantage</b>	<b>TX Medicare Advantage (LPPO)</b>
<b>Retail Network Pharmacy (30-day supply)</b>					
Tier 1 – Generic	\$9	\$4	\$4	\$9	\$9
Tier 2 – Formulary Preferred	\$43	\$45	\$45	\$39	\$39
Tier 3 – Non-preferred Brand	\$95	\$95	\$95	\$95	\$95
Tier 4 - Specialty	33%	33%	33%	33%	33%
<b>Retail Network Pharmacy (90-day supply)</b>					
Tier 1 – generic	\$27	\$12	\$12	\$27	\$27
Tier 2 – Formulary Preferred	\$129	\$135	\$135	\$117	\$117
Tier 3 – Non-preferred Brand	\$285	\$285	\$285	\$285	\$285
Tier 4 - Specialty	33%	33%	33%	33%	33%
<b>Mail Order Pharmacy (90-day supply)</b>					
Tier 1 – generic	\$22.50	\$10	\$10	\$22.50	\$22.50
Tier 2 – Formulary Preferred	\$107.50	\$112.50	\$112.50	\$97.50	\$97.50
Tier 3 – Non-preferred Brand	\$237.50	\$237.50	\$237.50	\$237.50	\$237.50
Tier 4 - Specialty	33%	33%	33%	33%	33%

## Commonly Prescribed Therapeutic Drug Categories

### ANTI - INFECTIVES

#### ANTIFUNGAL AGENTS

Drug Name	Drug Tier	Reqs./ Limits
<b>Generic</b>		
<i>amphotericin b</i>	1	
<i>clotrimazole troc</i>	1	
<i>fluconazole susr;tabs</i>	1	
<i>fluconazole in dextrose inj 400mg/200ml</i>	1	
<i>griseofulvin microsize</i>	1	
<i>itraconazole</i>	1	PA
<i>ketoconazole</i>	1	
<i>nystatin susp;tabs</i>	1	
<i>terbinafine tabs</i>	1	PA
<b>Brand</b>		
ANCOBON	2	
CANCIDAS	2	
GRIS-PEG	2	
NOXAFIL	2	
SPORANOX ORAL SOLN	3	
VFEND	4	
VFEND IV	4	
<b>ANTIVIRALS</b>		
<b>Generic</b>		
<i>acyclovir caps;inj 500mg;susp;tabs</i>	1	
<i>amantadine</i>	1	
<i>didanosine</i>	1	
<i>famciclovir</i>	1	
<i>ganciclovir caps</i>	1	
<i>ribapak</i>	4	PA
<i>ribasphere tabs 200mg</i>	1	PA
<i>ribasphere caps;tabs 600mg;400mg</i>	4	PA
<i>ribavirin tabs 200mg</i>	1	PA
<i>ribavirin caps</i>	4	PA
<i>rimantadine hcl</i>	1	
<i>stavudine</i>	1	
<i>valacyclovir hcl</i>	1	
<i>zidovudine</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<b>Brand</b>		
APTIVUS	2	
ATRIPLA	4	
BARACLUDE	2	
COMBIVIR	2	
CRIXIVAN	2	
CYTOVENE	2	
EMTRIVA	2	
EPIVIR	2	
EPIVIR HBV	2	
EPZICOM	2	
FUZEON	4	
HEPSERA	2	
INTELENCE	2	
INVIRASE	2	
ISENTRESS	4	
KALETRA	2	
LEXIVA	2	
NORVIR	2	
PREZISTA TABS 75MG	3	
PREZISTA TABS 600MG;400MG	4	
REBETOL ORAL SOLN	4	PA
RELENZA DISKHALER	2	QL(300 per 365 days)
RESCRIPTOR	2	
RETROVIR IV INFUSION	2	
REYATAZ	2	
SELZENTRY	4	
SUSTIVA	2	
TAMIFLU	2	
TRIZIVIR	2	
TRUVADA	2	
TYZEKA	2	
VALCYTE	4	
VIDEX PEDIATRIC ORAL SOLN 2GM	2	
VIRACEPT	2	
VIRAMUNE	2	
VIREAD	2	
ZIAGEN	2	
<b>CEPHALOSPORINS</b>		
<b>Generic</b>		
<i>cefaclor</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>cefadroxil</i>	1	
<i>cefazolin inj 1gm;5%;inj 20gm;500mg;1gm</i>	1	
<i>cefdinir</i>	1	
<i>cefepime inj 2gm;1gm</i>	1	
<i>cefoxitin sodium inj 10gm;2gm;1gm</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime inj 1gm;2gm;6gm</i>	1	
<i>ceftriaxone sodium inj 10gm;250mg;500mg</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium inj 1.5gm;750mg</i>	1	
<i>cefuroxime/dextrose inj 750mg;4.1%</i>	1	
<i>cephalexin caps;susr</i>	1	
<b>Brand</b>		
CEDAX	3	
CEFAZOLIN INJ 500MG;5%	2	
SUPRAX	3	
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<b>Generic</b>		
<i>azithromycin inj 500mg;susr;tabs</i>	1	
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
<i>e.e.s. 400</i>	1	
<i>erythrocin stearate</i>	1	
<i>erythromycin / sulfisoxazole</i>	1	
<b>Brand</b>		
ERYPED 200	2	
ERYTHROCIN LACTOBIONATE INJ 500MG	2	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<b>Generic</b>		
<i>amikacin sulfate</i>	1	
<i>amikin inj 250mg/ml</i>	1	
<i>chloroquine</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate add-vantage</i>	1	
<i>colistimethate sodium</i>	1	B/D PA
<i>dapsone</i>	1	
<i>ethambutol</i>	1	
<i>gentamicin sulfate inj</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>gentamicin sulfate/0.9% sodium chloride inj</i>	1	
<i>gentamicin sulfate/sodium chloride inj 1.2mg/ml;0.9%</i>	1	
<i>hydroxychloroquine</i>	1	
<i>isoniazid</i>	1	
<i>mebendazole</i>	1	
<i>mefloquine hcl</i>	1	
<i>metronidazole</i>	1	
<i>metronidazole in nacl 0.79%</i>	1	
<i>neomycin sulfate</i>	1	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
<i>tobramycin inj 80mg/2ml; 10mg/ml</i>	1	
<b>Brand</b>		
ALBENZA	2	
ALINIA SUSR	2	QL(180 per 25 days)
ALINIA TABS	2	QL(6 per 25 days)
AZACTAM INJ 2GM	2	
AZACTAM IN DEXTROSE	2	
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 1GM;0	2	
CAPASTAT SULFATE	3	
CLEOCIN CAPS 75MG	2	
CLEOCIN PEDIATRIC GRANULES	2	
COARTEM	2	
CUBICIN	4	
DARAPRIM	2	
FANSIDAR	2	
INVANZ	2	
MALARONE	2	
MEPRON	4	
MYCOBUTIN	2	
PASER	2	
PRIMAXIN I.M.	2	
PRIMAXIN IV INJ	2	
QUALAQUIN	2	
SEROMYCIN	2	
TINDAMAX	2	
TOBI	4	B/D
TRECTOR	2	
TYGACIL	4	
XIFAXAN TABS 200MG	3	PA QL(9 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
ZYVOX	4	
<b>PENICILLINS</b>		
<b>Generic</b>		
<i>amoclan susr</i>	1	
<i>200mg/5ml;28.5mg/5ml;400mg/5ml;57mg/5ml</i>		
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium chew;susr;tabs</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin/potassium clavulanate tabs 875mg;125mg</i>	1	
<i>amoxil caps;susr 250mg/5ml</i>	1	
<i>ampicillin caps;inj 1gm;10gm;125mg;susr</i>	1	
<i>ampicillin-sulbactam inj 10gm;5gm;2gm;1gm</i>	1	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium inj 1gm;10gm</i>	1	
<i>penicillin g potassium</i>	1	
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/ tazobactam sodium inj</i>	1	
<i>3gm;0.375gm</i>		
<i>veetids</i>	1	
<b>Brand</b>		
AUGMENTIN CHEW;SUSR	3	
250MG/5ML;62.5MG/5ML;125MG/5ML;31.25MG/5ML		
AUGMENTIN XR	3	
BICILLIN C-R	2	
BICILLIN L-A	2	
PENICILLIN G PROCAINE	2	
ZOSYN INJ	2	
5%;2GM/50ML;0.25GM/50ML;5%;3GM/50ML;0.375GM/50ML		
<b>QUINOLONONES</b>		
<b>Generic</b>		
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin extended-release</i>	1	
<b>Brand</b>		
AVELOX	2	
AVELOX ABC PACK	2	
CIPRO SUSR	2	
LEVAQUIN	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<b>SULFA'S / RELATED AGENTS</b>		
<b>Generic</b>		
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole / trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfatrim</i>	1	
<b>Brand</b>		
GANTRISIN PEDIATRIC	3	
<b>TETRACYCLINES</b>		
<b>Generic</b>		
<i>doxy-caps</i>	1	
<i>doxycycline hyclate caps;inj;tabs</i>	1	
<i>doxycycline monohydrate susr</i>	1	
<i>minocycline hcl caps;tabs</i>	1	
<i>tetracycline hcl</i>	1	
<b>Brand</b>		
ORACEA	2	
VIBRAMYCIN SYRP	2	
<b>URINARY TRACT AGENTS</b>		
<b>Generic</b>		
<i>nitrofurantoin macrocrystalline caps 50mg</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
<i>trimethoprim</i>	1	
<b>Brand</b>		
FURADANTIN	3	
MACRODANTIN CAPS 25MG	2	
<b>VANCOMYCIN</b>		
<b>Generic</b>		
<i>vancomycin inj 10gm;1000mg</i>	1	
<b>Brand</b>		
VANCOCIN ORAL	2	
VIBATIV INJ 250MG	2	
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<b>Generic</b>		
<i>amifostine</i>	1	
<i>dexrazoxane inj 500mg</i>	1	
<i>leucovorin calcium inj 350mg;100mg;tabs</i>	1	
<i>mesna</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<b>Brand</b>		
ELITEK INJ 1.5MG	4	
MESNEX TABS	2	
ZINECARD INJ 250MG	2	
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>Generic</b>		
<i>adriamycin inj 2mg/ml</i>	1	
<i>azathioprine</i>	1	B/D
<i>azathioprine sodium</i>	1	B/D
<i>bicalutamide</i>	1	
<i>bleomycin sulfate inj 30unit</i>	1	
<i>carboplatin inj 150mg/15ml</i>	1	
<i>cisplatin</i>	1	
<i>cladribine</i>	1	
<i>cyclophosphamide inj 500mg; 1gm</i>	1	
<i>cyclophosphamide tabs</i>	1	B/D
<i>cyclosporine caps 25mg; 100mg; 100mg; oral soln 100mg/ml</i>	1	B/D
<i>cytarabine inj 500mg</i>	1	
<i>cytarabine aqueous inj</i>	1	
<i>dacarbazine inj 200mg</i>	1	
<i>doxorubicin hcl</i>	1	
<i>epirubicin hcl inj 50mg/25ml</i>	1	
<i>etoposide inj</i>	1	
<i>fludarabine phosphate</i>	1	
<i>fluorouracil</i>	1	
<i>flutamide</i>	1	
<i>gengraf</i>	1	B/D
<i>hydroxyurea</i>	1	
<i>idarubicin hcl</i>	1	
<i>ifosfamide inj 1gm</i>	1	
<i>ifosfamide/mesna</i>	1	
<i>irinotecan</i>	1	
<i>leuprolide acetate</i>	1	
<i>megestrol acetate</i>	1	
<i>melphalan hydrochloride</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate</i>	1	
<i>methotrexate sodium inj</i>	1	
<i>mitomycin inj 20mg</i>	1	
<i>mitoxantrone hcl</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>mycophenolate mofetil</i>	1	B/D
<i>octreotide inj 50mcg/ml</i>	1	PA
<i>octreotide inj 500mcg/ml;100mcg/ml;200mcg/ml;1000mcg/ml</i>	4	PA
<i>oxaliplatin inj 100mg/20ml</i>	1	
<i>paclitaxel</i>	1	
<i>pentostatin</i>	1	
<i>tacrolimus</i>	1	B/D
<i>tamoxifen citrate</i>	1	
<i>thiotepa</i>	1	
<i>toposar</i>	1	
<i>tretinoin caps</i>	4	
<i>vinblastine sulfate inj 10mg</i>	1	
<i>vincasar pfs</i>	1	
<i>vincristine sulfate</i>	1	
<i>vinorelbine tartrate</i>	1	

**Brand**

AFINITOR TABS 10MG;5MG	4	
ALIMTA INJ 500MG	4	
ALKERAN INJ	2	
ARIMIDEX	2	
AROMASIN	2	
ARZERRA	2	
AVASTIN	4	
AZASAN	2	B/D
BICNU	2	
BUSULFEX	2	
CAMPATH	2	
CAMPTOSAR	4	
CEENU	2	
CELLCEPT SUSR	2	B/D
CELLCEPT INTRAVENOUS	2	B/D
COSMEGEN	2	
DACOGEN	2	
DAUNORUBICIN HCL INJ	2	
DAUNOXOME	2	
DOXIL	4	
DROXIA	2	
ELLEENCE	2	
ELOXATIN	4	
ELSPAR	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
EMCYT	2	
FARESTON	2	
FASLODEX	2	
FEMARA	2	
FIRMAGON INJ 80MG	2	
FIRMAGON INJ 120MG	4	
GEMZAR INJ 1GM	2	
GLEEVEC	4	
HERCEPTIN	4	
HEXALEN	4	
HYCAMTIN INJ	2	
IFEX INJ 3GM	2	
ISTODAX	2	
IXEMPRA KIT INJ 45MG	4	
LEUKERAN	2	
LUPRON DEPOT KIT 3.75MG;11.25MG	2	
LUPRON DEPOT KIT 7.5MG;30MG;22.5MG	4	
LUPRON DEPOT-PED KIT 11.25MG;15MG	4	
LYSODREN	2	
MATULANE	2	
MEGACE ES	2	
MUSTARGEN	2	
MYFORTIC	2	B/D
NEORAL	2	B/D
NEXAVAR	4	
NILANDRON	2	
ONCASPAR	2	
ONTAK	2	
ORTHOCLONE OKT3	2	
PHOTOFRIN	2	
PROGRAF INJ	2	B/D
RAPAMUNE ORAL SOLN;TABS 1MG;2MG	2	B/D
REVLIMID	4	LA PA
RHEUMATREX	2	
RITUXAN	4	PA
SANDIMMUNE CAPS;ORAL SOLN 100MG/ML	2	B/D
SANDOSTATIN LAR DEPOT	4	PA
SIMULECT INJ 20MG	2	
SOMATULINE DEPOT	4	PA
SPRYCEL	4	
SUTENT	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
TABLOID	2	
TARCEVA	4	
TARGRETIN	4	
TASIGNA CAPS 200MG	4	
TAXOTERE	4	
THALOMID	4	PA
TORISEL	4	PA
TREANDA INJ 100MG	4	
TRELSTAR DEPOT	2	
TRELSTAR LA	2	
TRISENOX	2	
TYKERB	4	
VECTIBIX	4	
VELCADE	4	
VIDAZA	4	
VOTRIENT	4	
ZENAPAX	2	
ZOLINZA	4	

## **AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH**

### **ANTICONVULSANTS**

#### **Generic**

<i>carbamazepine</i>	1	
<i>carbamazepine er</i>	1	
<i>divalproex sodium cpsp;tbec</i>	1	
<i>divalproex sodium er</i>	1	
<i>epitol</i>	1	
<i>ethosuximide</i>	1	
<i>gabapentin caps 100mg</i>	1	QL(1080 per 25 days)
<i>gabapentin tabs 800mg</i>	1	QL(120 per 25 days)
<i>gabapentin tabs 600mg</i>	1	QL(180 per 25 days)
<i>gabapentin caps 400mg</i>	1	QL(270 per 25 days)
<i>gabapentin caps 300mg</i>	1	QL(360 per 25 days)
<i>lamotrigine</i>	1	
<i>levetiracetam oral soln 100mg/ml;tabs</i>	1	
<i>oxcarbazepine</i>	1	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>primidone</i>	1	
<i>topiramate</i>	1	
<i>valproate sodium</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>valproic acid</i>	1	
<i>zonisamide</i>	1	
<b>Brand</b>		
BANZEL	2	
CARBATROL	2	
CELONTIN	2	
DILANTIN	2	
DILANTIN INFATABS	2	
FELBATOL	3	
GABITRIL	2	
KEPPRA INJ 500MG/5ML	2	
LAMICTAL STARTER/NOT TAKING	2	
CARBAMAZEPINE		
LAMICTAL STARTER/TAKING	2	
CARBAMAZEPINE/NOT TAKING VALPROATE		
LAMICTAL STARTER/TAKING VALPROATE	2	
LYRICA CAPS 300MG;225MG	2	QL(60 per 25 days)
LYRICA CAPS 25MG;75MG;200MG;100MG;150MG;50MG	2	QL(90 per 25 days)
NEURONTIN ORAL SOLN	2	QL(2160 per 25 days)
PEGANONE	2	
SABRIL	2	
TEGRETOL-XR TB12 100MG	2	
VIMPAT	2	
<b>ANTIPARKINSONISM AGENTS</b>		
<b>Generic</b>		
<i>atamet</i>	1	
<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 tbc 50mg;200mg</i>	1	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole</i>	1	
<i>selegiline</i>	1	
<i>trihexyphenidyl</i>	1	
<b>Brand</b>		
APOKYN	4	
AZILECT	2	
COGENTIN	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
COMTAN	2	
LODOSYN	2	
MIRAPEX TABS 0.75MG	2	
MIRAPEX ER	3	
REQUIP XL	3	
STALEVO 100	2	
STALEVO 125	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	

### **MIGRAINE / CLUSTER HEADACHE THERAPY**

#### **Generic**

<i>dihydroergotamine mesylate</i>	1	
<i>ergotamine tartrate / caffeine</i>	1	
<i>migergot</i>	1	
<i>sumatriptan succinate inj 4mg/0.5ml</i>	1	QL(4 per 25 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL(5 per 25 days)
<i>sumatriptan succinate tabs</i>	1	QL(9 per 25 days)

#### **Brand**

FROVA	3	QL(18 per 25 days)
IMITREX NASAL SOLN 20MG/ACT;5MG/ACT	2	QL(12 per 25 days)
IMITREX STATDOSE REFILL KIT 6MG/0.5ML	2	QL(4 per 25 days)
MAXALT	2	QL(12 per 25 days)
MAXALT-MLT	2	QL(12 per 25 days)
MIGRANAL	2	QL(8 per 25 days)
RELPAX	2	QL(12 per 25 days)
ZOMIG	3	QL(6 per 25 days)
ZOMIG ZMT	3	QL(6 per 25 days)

### **MISCELLANEOUS NEUROLOGICAL THERAPY**

#### **Generic**

<i>galantamine hydrobromide</i>	1	
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#### **Brand**

ARICEPT TABS 5MG;10MG	2	
ARICEPT ODT	2	
COPAXONE	4	
EXELON	2	
NAMENDA	2	
NAMENDA TITRATION PAK	2	
RAZADYNE ORAL SOLN	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
XENAZINE	4	
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<b>Generic</b>		
<i>baclofen</i>	1	
<i>carisoprodol</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>dantrolene sodium</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine /asa /caffeine</i>	1	
<i>pyridostigmine bromide</i>	1	
<i>regonol</i>	1	
<i>tizanidine hcl</i>	1	
<b>Brand</b>		
MESTINON SYRP	2	
MESTINON TIMESPAN	2	
ROBAXIN INJ	2	
SKELAXIN	2	
<b>NARCOTIC ANALGESICS</b>		
<b>Generic</b>		
<i>acetaminophen / codeine oral soln;tabs 300mg;15mg</i>	1	
<i>acetaminophen/codeine #3</i>	1	
<i>acetaminophen/codeine #4</i>	1	
<i>buprenorphine hcl subl</i>	1	
<i>codeine sulfate</i>	1	
<i>co-gesic</i>	1	
<i>endocet</i>	1	
<i>fentanyl patches</i>	1	
<i>hydrocodone / acetaminophen oral soln;tabs</i>	1	
<i>hydrocodone /acetaminophen-hs</i>	1	
<i>hydrocodone bitartrate/acetaminophen</i>	1	
<i>hydromorphone hcl inj 10mg/ml;tabs</i>	1	
<i>morphine sulfate inj 5mg/ml;oral soln 10mg/5ml;20mg/5ml;20mg/ml;tabs</i>	1	
<i>morphine sulfate er</i>	1	
<i>oxycodone /acetaminophen caps;tabs 325mg;5mg;650mg;10mg;325mg;2.5mg</i>	1	
<i>oxycodone /apap tabs 500mg;7.5mg</i>	1	
<i>oxycodone hcl tabs 30mg;15mg;5mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>oxycodone hcl er</i>	1	
<i>oxycodone-apap</i>	1	
<i>roxicet tabs 325mg;5mg</i>	1	
<b>Brand</b>		
AVINZA	2	
DILAUDID-5	2	
ONSOLIS	2	
OPANA ER	2	
OXYCONTIN	2	
ROXICET ORAL SOLN	2	
<b>NON-NARCOTIC ANALGESICS</b>		
<b>Generic</b>		
<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>ibuprofen susp;tabs 400mg;600mg;800mg</i>	1	
<i>indomethacin caps</i>	1	
<i>indomethacin er</i>	1	
<i>meloxicam</i>	1	
<i>nabumetone</i>	1	
<i>naloxone</i>	1	
<i>naltrexone</i>	1	
<i>naproxen</i>	1	
<i>naproxen sodium tabs 275mg;550mg</i>	1	
<i>oxaprozin</i>	1	
<i>sulindac</i>	1	
<i>tramadol</i>	1	
<i>tramadol hcl / acetaminophen</i>	1	
<i>tramadol hcl er</i>	1	
<b>Brand</b>		
CELEBREX	2	PA
INDOCIN SUSP	2	
SUBOXONE	2	
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
<b>Generic</b>		
<i>amitriptyline</i>	1	
<i>amoxapine</i>	1	
<i>budeprion sr</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>budeprion xl</i>	1	
<i>bupropion hcl</i>	1	
<i>bupropion hcl sr tb12</i>	1	
<i>bupirone hcl</i>	1	
<i>chlorpromazine</i>	1	
<i>citalopram</i>	1	
<i>clomipramine</i>	1	
<i>clozapine</i>	1	
<i>desipramine</i>	1	
<i>dextroamphetamine sulfate</i>	1	PA
<i>dextroamphetamine sulfate er</i>	1	PA
<i>doxepin</i>	1	
<i>fluoxetine caps;oral soln;tabs</i>	1	
<i>fluoxetine dr</i>	1	
<i>fluphenazine</i>	1	
<i>fluphenazine decanoate inj</i>	1	
<i>fluvoxamine</i>	1	
<i>guanidine hcl</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate inj</i>	1	
<i>haloperidol lactate inj</i>	1	
<i>imipramine</i>	1	
<i>imipramine pamoate</i>	1	
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium citrate</i>	1	
<i>loxapine</i>	1	
<i>maprotiline</i>	1	
<i>methylin tabs</i>	1	PA
<i>methylin er</i>	1	PA
<i>methylphenidate hcl</i>	1	PA
<i>mirtazapine</i>	1	
<i>mirtazapine odt tbdp 30mg;45mg</i>	1	
<i>nefazodone</i>	1	
<i>nortriptyline</i>	1	
<i>paroxetine</i>	1	
<i>paroxetine er tb24 12.5mg;25mg</i>	1	
<i>perphenazine</i>	1	
<i>protriptyline hcl</i>	1	
<i>risperidone</i>	1	
<i>risperidone odt</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>sertraline</i>	1	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>tranlycypromine</i>	1	
<i>trazodone</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine maleate</i>	1	
<i>venlafaxine hcl</i>	1	
<i>zaleplon</i>	1	QL(30 per 30 days)
<i>zolpidem</i>	1	QL(30 per 30 days)

<b>Brand</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
ABILIFY	2	
ABILIFY DISCMELT	2	
ADDERALL XR	2	PA
CONCERTA	3	PA
CYMBALTA	2	
EFFEXOR XR	2	
EMSAM	2	
FANAPT	3	
FANAPT TITRATION PACK	3	
FAZACLO	2	
GEODON	2	
HALDOL	2	
INVEGA	2	
INVEGA SUSTENNA	2	
LEXAPRO	2	
LUNESTA	2	QL(30 per 30 days)
MARPLAN	2	
METADATE CD	3	PA
METHYLIN CHEW;ORAL SOLN	3	PA
MOBAN	2	
NARDIL	2	
NAVANE CAPS 20MG	2	
ORAP	2	
PAXIL SUSP	2	
PAXIL CR TB24 37.5MG	3	
PRISTIQ	2	
PROVIGIL	2	PA
RISPERDAL CONSTA	2	
RITALIN LA	3	PA
SAPHRIS	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
SEROQUEL	2	
SEROQUEL XR	2	
STRATTERA	2	
SURMONTIL	2	
WELLBUTRIN XL TB24 150MG	2	
XYREM	2	LA PA
ZYPREXA	2	
ZYPREXA ZYDIS	2	

## **CARDIOVASCULAR, HYPERTENSION / LIPIDS**

### **ANTIARRHYTHMIC AGENTS**

#### **Generic**

<i>amiodarone</i>	1	
<i>disopyramide phosphate</i>	1	
<i>flecainide acetate</i>	1	
<i>mexiletine</i>	1	
<i>pacerone tabs 200mg</i>	1	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate cr</i>	1	
<i>quinidine sulfate</i>	1	
<i>quinidine sulfate er</i>	1	
<i>sorine</i>	1	
<i>sotalol</i>	1	

#### **Brand**

NORPACE CR CP12 100MG	2	
PACERONE TABS 300MG;100MG	2	
RYTHMOL SR	2	
TIKOSYN	2	

### **ANTIHYPERTENSIVE THERAPY**

#### **Generic**

<i>afeditab cr</i>	1	
<i>amiloride</i>	1	
<i>amiloride / hydrochlorothiazide</i>	1	
<i>amlodipine / benazepril</i>	1	
<i>amlodipine besylate</i>	1	
<i>atenolol</i>	1	
<i>atenolol / chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril / hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate / hydrochlorothiazide</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>bumetanide</i>	1	
<i>captopril</i>	1	
<i>captopril / hydrochlorothiazide</i>	1	
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone tabs 25mg;50mg</i>	1	
<i>clonidine</i>	1	
<i>dilt-cd cp24 180mg;120mg;300mg</i>	1	
<i>diltiazem cd cp24 120mg;240mg;300mg</i>	1	
<i>diltiazem hcl cp24 360mg;inj 25mg/5ml;tabs</i>	1	
<i>diltiazem hcl er cp12;cp24 420mg;tb24</i>	1	
<i>dilt-xr cp24 240mg;180mg</i>	1	
<i>diltzac</i>	1	
<i>doxazosin</i>	1	
<i>enalapril</i>	1	
<i>enalapril / hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>felodipine er</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril / hydrochlorothiazide</i>	1	
<i>furosemide</i>	1	
<i>guanfacine hcl</i>	1	
<i>hydralazine</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>labetalol</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril / hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>methyldopa</i>	1	
<i>metolazone</i>	1	
<i>metoprolol / hydrochlorothiazide</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate</i>	1	
<i>minoxidil tabs</i>	1	
<i>nadolol</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine er tb24</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>perindopril erbumine</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>quinapril</i>	1	
<i>quinaretic</i>	1	
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone / hydrochlorothiazide</i>	1	
<i>taztia xt</i>	1	
<i>terazosin hcl</i>	1	
<i>toremide</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril/verapamil hcl</i>	1	
<i>triamterene / hydrochlorothiazide</i>	1	
<i>verapamil</i>	1	
<i>verapamil er</i>	1	

<b>Brand</b>		
ALDACTAZIDE TABS 50MG;50MG	2	
ATACAND	3	
ATACAND HCT	3	
AVALIDE	2	
AVAPRO	2	
BENICAR	3	
BENICAR HCT	3	
BIDIL	2	
BYSTOLIC	2	
CARDIZEM CD CP24 360MG	2	
CARDIZEM LA	3	
CATAPRES-TTS	2	
COREG CR	2	
COZAAR	2	
DEMADEX INJ	2	
DIBENZYLINE	3	
DIOVAN	2	
DIOVAN HCT	2	
EXFORGE	2	
HYZAAR	2	
LOTREL CAPS 5MG;40MG;10MG;40MG	2	
MICARDIS	3	
MICARDIS HCT	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
TARKA	2	
TEKTURNA	2	
TEKTURNA HCT	2	
THALITONE	2	
TOPROL XL	3	
<b>CARDIAC GLYCOSIDES</b>		
<b>Generic</b>		
<i>digoxin</i>	1	
<b>COAGULATION THERAPY</b>		
<b>Generic</b>		
<i>cilostazol</i>	1	
<i>dipyridamole tabs</i>	1	
<i>heparin sodium inj 5000unit/ml;10000unit/ml</i>	1	
<i>heparin sodium dcu</i>	1	
<i>heparin sodium/nacl 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	
<i>jantoven</i>	1	
<i>pentoxifylline er</i>	1	
<i>warfarin</i>	1	
<b>Brand</b>		
AGGRENOX	2	
ARIXTRA	2	
COUMADIN TABS	2	
CYKLOKAPRON	2	
EFFIENT	3	PA
FRAGMIN	2	
HEPARIN SODIUM INJ 2000UNIT/ML	2	
LOVENOX	2	
PLAVIX	2	
PROMACTA TABS 25MG	4	LA PA QL(270 per 90 days)
PROMACTA TABS 50MG	4	LA PA QL(90 per 90 days)
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<b>Generic</b>		
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol</i>	1	
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>gemfibrozil</i>	1	
<i>lovastatin</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>pravastatin</i>	1	
<i>prevalite pack</i>	1	
<i>simvastatin</i>	1	
<b>Brand</b>		
CRESTOR	2	
LIPITOR	2	
LOVAZA	2	PA
NIASPAN	2	
SIMCOR	2	
TRICOR	2	
TRILIPIX	2	
VYTORIN	3	
WELCHOL	2	
ZETIA	2	
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
<b>Brand</b>		
RANEXA	2	
<b>NITRATES</b>		
<b>Generic</b>		
<i>isosorbide dinitrate tabs</i>	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	1	
<i>nitro-bid</i>	1	
<i>nitroglycerin pt24</i>	1	
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	1	
<b>Brand</b>		
IMDUR TB24 120MG;30MG	3	
ISORDIL TITRADOSE TABS 40MG	2	
MONOKET TABS 10MG	3	
NITRO-DUR PT24 0.8MG/HR;0.3MG/HR	2	
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<b>Generic</b>		
<i>calcipotriene</i>	1	
<i>selenium sulfide lotn 2.5%</i>	1	
<b>Brand</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
DOVONEX CREA	2	
SORIATANE CAPS 17.5MG;22.5MG	3	
SORIATANE CK	3	
<b>BURN THERAPY</b>		
<b>Generic</b>		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<i>thermazene</i>	1	
<b>Brand</b>		
SULFAMYLON	2	
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
<b>Generic</b>		
<i>ammonium lactate</i>	1	
<i>fluorouracil</i>	1	
<i>imiquimod</i>	1	
<i>laclotion</i>	1	
<i>podofilox</i>	1	
<b>Brand</b>		
ALDARA	3	
CARAC	2	
CONDYLOX GEL	3	
ELIDEL	2	ST
FLUOROPLEX	2	
OXSORALEN ULTRA	2	
PANRETIN	4	
PROTOPIC	2	ST
REGRANEX	4	PA
SOLARAZE	2	
ULESFIA	3	
ZONALON	2	
<b>THERAPY FOR ACNE</b>		
<b>Generic</b>		
<i>amnestem</i>	1	
<i>avita</i>	1	PA
<i>claravis</i>	1	
<i>clindamycin phosphate foam;gel;lotn;external soln;swab</i>	1	
<i>clindamycin/benzoyl peroxide</i>	1	
<i>ery</i>	1	
<i>erythromycin gel;external soln</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>erythromycin / benzoyl peroxide</i>	1	
<i>metronidazole</i>	1	
<i>sotret</i>	1	
<i>tretinoin crea;gel</i>	1	PA
<b>Brand</b>		
AZELEX	2	
BENZACLIN CARE KIT	3	
DIFFERIN CREA;GEL	2	PA
FINACEA	3	
METROGEL	2	
RETIN-A MICRO	3	PA
<b>TOPICAL ANESTHETICS</b>		
<b>Generic</b>		
<i>lidocaine gel;external soln 4%;inj 0.5%;1%</i>	1	
<i>lidocaine / prilocaine crea</i>	1	
<i>lidocaine viscous</i>	1	
<b>Brand</b>		
LIDODERM	2	
<b>TOPICAL ANTIBACTERIALS</b>		
<b>Generic</b>		
<i>gentamicin sulfate crea;oint</i>	1	
<i>mupirocin</i>	1	
<i>sodium sulfacetamide</i>	1	
<b>Brand</b>		
ALTABAX	2	
BACTROBAN CREA	2	
<b>TOPICAL ANTIFUNGALS</b>		
<b>Generic</b>		
<i>ciclopirox</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clotrimazole crea;external soln</i>	1	
<i>econazole nitrate</i>	1	
<i>ketoconazole</i>	1	
<i>nystatin crea;oint;powd</i>	1	
<i>nystop</i>	1	
<i>pedi-dri</i>	1	
<b>Brand</b>		
MENTAX	3	
OXISTAT	3	
<b>TOPICAL ANTIVIRALS</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<b>Brand</b>		
DENAVIR	2	
ZOVIRAX CREA;OINT	2	
<b>TOPICAL CORTICOSTEROIDS</b>		
<b>Generic</b>		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>augmented betamethasone dipropionate</i>	1	
<i>betamethasone dipropionate crea;gel;oint</i>	1	
<i>betamethasone valerate</i>	1	
<i>beta-val</i>	1	
<i>clobetasol propionate foam;oint;external soln</i>	1	
<i>clobetasol propionate e</i>	1	
<i>del-beta</i>	1	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>diflorasone diacetate</i>	1	
<i>fluocinolone acetonide crea 0.025%;oint;external soln</i>	1	
<i>fluocinonide gel;oint;external soln</i>	1	
<i>fluocinonide emollient base</i>	1	
<i>fluticasone propionate crea;oint</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone crea 2.5%;lotn 1%;oint 2.5%</i>	1	
<i>hydrocortisone butyrate oint;external soln</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone furoate</i>	1	
<i>triamcinolone acetonide crea;lotn;oint</i>	1	
<i>triderm</i>	1	
<b>Brand</b>		
CORDRAN	3	
CORDRAN TAPE	3	
DERMA-SMOOTH / FS BODY OIL	2	
DESOWEN OINTMENT/CETAPHIL LOTION	2	
KENALOG	2	
LOCOID LIPOCREAM	3	
LUXIQ	3	
TEXACORT	2	
<b>TOPICAL ENZYMES</b>		
<b>Brand</b>		
SANTYL	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<b>Generic</b>		
<i>acticin</i>	1	
<i>malathion</i>	1	
<i>permethrin crea</i>	1	
<b>Brand</b>		
EURAX	2	
OVIDE	2	
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<b>Generic</b>		
<i>alcohol 5%/dextrose 5%</i>	1	
<i>alendronate sodium</i>	1	
<i>anagrelide hydrochloride</i>	1	
<i>dextrose 10%/nacl 0.45%</i>	1	
<i>dextrose 10% flex container</i>	1	
<i>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%</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	
<i>kionex powd</i>	1	
<i>levocarnitine oral soln 1gm/10ml;tabs</i>	1	
<i>midodrine</i>	1	
<i>pilocarpine hcl tabs</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sodium polystyrene sulfonate powd</i>	1	
<b>Brand</b>		
ACTONEL	2	
ADAGEN	4	
ANTABUSE TABS 250MG	2	
ARALAST NP INJ 400MG	4	
BUPHENYL TABS	4	
CAMPRAL	2	
CHEMET	2	
CLINIMIX / DEXTROSE INJ	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
CLINIMIX E / DEXTROSE	2	
EVOXAC	2	
EXJADE	4	
FOSRENOL	3	
INCRELEX	4	PA
ORFADIN	4	
PLASMA-LYTE INJ	2	
RENAGEL	2	
RENVELA	2	
RILUTEK	4	
SYPRINE	2	
THIOLA	2	
<b>SMOKING DETERRENTS</b>		
<b>Generic</b>		
<i>buproban</i>	1	
<i>bupropion hcl sr tb12</i>	1	
<b>Brand</b>		
CHANTIX	2	PA
NICOTROL INHALER	2	
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<b>Generic</b>		
<i>azelastine hcl nasal soln 137mcg/spray</i>	1	QL(60 per 25 days)
<i>ipratropium bromide nasal soln 0.03%;0.06%</i>	1	
<i>triamcinolone in orabase</i>	1	
<b>Brand</b>		
ASTELIN	2	QL(60 per 25 days)
ASTEPRO	3	QL(60 per 25 days)
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<b>Generic</b>		
<i>acetasol hc</i>	1	
<i>acetic acid</i>	1	
<i>acetic acid / hydrocortisone</i>	1	
<i>borofair</i>	1	
<i>ofloxacin otic soln</i>	1	
<b>Brand</b>		
DERMOTIC	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<b>OTIC STEROID / ANTIBIOTIC</b>		
<b>Generic</b>		
<i>cortomycin</i>	1	
<i>neomycin /polymyxin /hc</i>	1	
<b>Brand</b>		
CIPRO HC	3	
CIPRODEX	3	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
<b>Generic</b>		
<i>a-hydrocort</i>	1	
<i>a-methapred inj 125mg</i>	1	
<i>dexamethasone elix;inj 4mg/ml;tabs</i>	1	
<i>dexamethasone intensol</i>	1	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone tabs</i>	1	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodiumsuccinate inj 40mg;1000mg;125mg</i>	1	
<i>prednisolone syrp</i>	1	
<i>prednisolone sodium phosphate oral soln 15mg/5ml</i>	1	
<i>prednisone oral soln;tabs</i>	1	
<b>Brand</b>		
DEXPAK 13 DAY	2	
MEDROL TABS 2MG	2	
PREDNISON INTENSOL	2	
SOLU-CORTEF INJ 250MG	2	
<b>ANTITHYROID AGENTS</b>		
<b>Generic</b>		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
<b>DIABETES THERAPY</b>		
<b>Generic</b>		
<i>acarbose</i>	1	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide / metformin</i>	1	
<i>glipizide er tb24 2.5mg</i>	1	
<i>glipizide xl tb24 10mg;5mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>glyburide</i>	1	
<i>glyburide / metformin</i>	1	
<i>glyburide micronized</i>	1	
<i>glycron tabs 3mg</i>	1	
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
<i>nateglinide</i>	1	
<b>Brand</b>		
ACTOPLUS MET	2	
ACTOS	2	
ALCOHOL PREPS	2	
AVANDAMET	2	
AVANDARYL	2	
AVANDIA	2	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	2	
BYETTA	2	
CURITY GAUZE PADS 2"X2"	2	
DUETACT	2	
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
HUMALOG	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 PEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 PEN	2	
HUMALOG PEN	2	
HUMULIN 50/50	2	
HUMULIN 70/30	2	
HUMULIN 70/30 PEN	2	
HUMULIN N	2	
HUMULIN N U-100 PEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
JANUMET	2	
JANUVIA	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 INNOLET	2	
NOVOLIN N	2	
NOVOLIN N INNOLET	2	
NOVOLIN R	2	
NOVOLIN R INNOLET	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
PRANDIN	2	
PROGLYCEM	2	
RELION 70/30	2	
RELION N	2	
RELION R	2	
SYMLIN	2	
SYMLINPEN 120	2	
SYMLINPEN 60	2	

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### **MISCELLANEOUS HORMONES**

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#### **Generic**

<i>cabergoline</i>	1	
<i>calcitonin-salmon</i>	1	
<i>calcitriol caps;inj 1mcg/ml;oral soln 1mcg/ml</i>	1	
<i>chorionic gonadotropin</i>	1	B/D
<i>danazol</i>	1	
<i>ddavp nasal soln 0.01%</i>	1	
<i>desmopressin acetate inj;nasal soln;tabs</i>	1	
<i>fortical</i>	1	
<i>oxandrolone</i>	1	PA
<i>testosterone cypionate oil 100mg/ml</i>	1	
<i>testosterone enanthate</i>	1	

#### **Brand**

ALDURAZYME	4	
ANDRODERM	2	PA
ANDROGEL	2	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
CALCITRIOL INJ 2MCG/ML	2	
CEREZYME INJ 200UNIT	4	
ELAPRASE	4	
FABRAZYME INJ 35MG	4	
HECTOROL	2	
KUVAN	4	
MIACALCIN INJ 200UNIT/ML	2	
MYOZYME	4	
NAGLAZYME	4	
SAMSCA	4	QL(20 per 180 days)
SENSIPAR	2	PA
SOMAVERT	4	PA
STIMATE	2	
SYNAREL	2	
TESTIM	2	PA
ZAVESCA	4	
ZOMETA	4	

## **THYROID HORMONES**

### **Generic**

<i>levothroid</i>	1	
<i>levothyroxine tabs</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium tabs</i>	1	
<i>unithroid</i>	1	

### **Brand**

CYTOMEL	2	
SYNTHROID	2	

## **GASTROENTEROLOGY**

### **ANTIDIARRHEALS / ANTISPASMODICS**

#### **Generic**

<i>dicyclomine hcl</i>	1	
<i>diphenoxylate / atropine</i>	1	
<i>glycopyrrolate</i>	1	
<i>lonox</i>	1	
<i>loperamide hcl caps</i>	1	

### **MISCELLANEOUS GASTROINTESTINAL AGENTS**

#### **Generic**

<i>colocort</i>	1	
<i>compro</i>	1	
<i>constulose</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>dronabinol</i>	1	QL(60 per 25 days)
<i>enulose</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	1	
<i>granisetron inj</i>	1	
<i>granisetron tabs</i>	1	B/D
<i>granisol</i>	1	B/D
<i>hydrocortisone enem</i>	1	
<i>lactulose oral soln</i>	1	
<i>meclizine hcl</i>	1	
<i>mesalamine enem</i>	1	
<i>metoclopramide</i>	1	
<i>ondansetron hcl inj 4mg/2ml</i>	1	
<i>ondansetron hcl oral soln 4mg/5ml;tabs</i>	1	B/D
<i>ondansetron odt</i>	1	B/D
<i>peg 3350 / electrolytes</i>	1	
<i>polyethylene glycol 3350 powd</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<i>sulfasalazine tabs</i>	1	
<i>sulfazine</i>	1	
<i>sulfazine ec</i>	1	
<i>trilyte</i>	1	
<i>trimethobenzamide hcl</i>	1	
<i>ursodiol</i>	1	

<b>Brand</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
AMITIZA	2	PA
ANTIVERT TABS 50MG	2	
ASACOL	2	
ASACOL HD	2	
CANASA	2	
CORTIFOAM	3	
CREON	2	
CYSTADANE	2	
DIPENTUM	2	
EMEND CAPS	2	B/D QL(12 per 25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
EMEND CAPS 125MG	2	B/D QL(2 per 25 days)
EMEND CAPS 80MG	2	B/D QL(4 per 25 days)
EMEND CAPS 40MG	2	QL(6 per 180 days)
ENTOCORT EC	2	
GASTROCROM	2	
KRISTALOSE	3	
LIALDA	2	
LOTRONEX	2	
NULYTELY/FLAVOR PACKS	3	
PENTASA	3	
RELISTOR INJ	2	PA
REMICADE	4	PA
SUCRAID	4	
TRANSDERM-SCOP	2	
VISICOL	3	
ZENPEP	2	

## **ULCER THERAPY**

### **Generic**

<i>famotidine inj;tabs 20mg;40mg</i>	1	
<i>famotidine premixed</i>	1	
<i>lansoprazole</i>	1	QL(90 per 365 days)
<i>misoprostol</i>	1	
<i>nizatidine oral soln</i>	1	
<i>omeprazole cpdr 20mg</i>	1	QL(180 per 365 days)
<i>omeprazole cpdr 10mg;40mg</i>	1	QL(90 per 365 days)
<i>ranitidine hcl caps;inj;syrp;tabs 300mg;150mg</i>	1	
<i>sucralfate</i>	1	

### **Brand**

CARAFATE SUSP	2	
DEXILANT	3	QL(90 per 365 days) ST
KAPIDEX	3	QL(90 per 365 days) ST
NEXIUM	2	QL(90 per 365 days)
NEXIUM I.V.	2	
PEPCID SUSR	2	
PREVPAC	2	

## **IMMUNOLOGY, VACCINES / BIOTECHNOLOGY**

### **BIOTECHNOLOGY DRUGS**

#### **Brand**

ACTIMMUNE	4	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
ARANESP INJ 25MCG/0.42ML;40MCG/0.4ML;25MCG/ML;40MCG /ML	2	PA
ARANESP INJ 300MCG/ML;300MCG/0.6ML;60MCG/0.3ML;100M CG/0.5ML;60MCG/ML;100MCG/ML;200MCG/ML;2 00MCG/0.4ML;500MCG/ML;150MCG/0.3ML	4	PA
ARCALYST	4	LA PA
AVONEX	4	
BETASERON	4	
EPOGEN INJ 2000UNIT/ML;4000UNIT/ML;3000UNIT/ML	2	PA
EPOGEN INJ 10000UNIT/ML;20000UNIT/ML;40000UNIT/ML	4	PA
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK INJ 0.2MG	2	PA
GENOTROPIN MINIQUICK INJ 2MG;1.6MG;1.8MG;0.4MG;0.6MG;1MG;0.8MG;1.2 MG;1.4MG	4	PA
HUMATROPE	4	PA
HUMATROPE COMBO PACK	4	PA
INFERGEN	4	PA
INTRON-A KIT;INJ	4	
INTRON-A WITH DILUENT INJ 10MU	2	
MOZOBIL	4	
NEULASTA	4	PA
NEUMEGA	4	PA QL(63 per 90 days)
NEUPOGEN	4	PA
NORDITROPIN CARTRIDGE	4	PA
NORDITROPIN NORDIFLEX PEN INJ	4	PA
NUTROPIN	4	PA
NUTROPIN AQ	4	PA
NUTROPIN AQ PEN	4	PA
PEGASYS KIT	4	PA
PEG-INTRON KIT 50MCG/0.5ML	4	PA
PEG-INTRON REDIPEN	4	PA
PEG-INTRON REDIPEN PAK 4 KIT	4	PA
PROCRIT INJ 4000UNIT/ML;2000UNIT/ML;3000UNIT/ML;10000 UNIT/ML	2	PA
PROCRIT INJ 40000UNIT/ML;20000UNIT/ML	4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
PROLEUKIN	4	
REBIF	4	
REBIF TITRATION PACK	4	
SAIZEN INJ 5MG	4	PA
SAIZEN CLICK.EASY	4	PA
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
<b>Generic</b>		
<i>diphtheria/tetanus toxoid pediatric</i>	1	B/D
<i>tetanus / diphtheria toxoids-adsorbed adult</i>	1	B/D
<i>tetanus toxoid adsorbed</i>	1	B/D
<b>Brand</b>		
ACTHIB	2	
ADACEL	2	
ATTENUVAX	2	
BOOSTRIX	2	
CERVARIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	B/D
ENGERIX-B SUSP	2	B/D
GAMASTAN S/D	2	
GAMMAGARD LIQUID	4	B/D
GAMUNEX	4	B/D
GARDASIL	2	
HAVRIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
JE-VAX	2	
LEUKINE	4	PA
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II W/DILUENT 10 DOSE	2	
M-M-R II W/DILUENT 10 DOSE	2	
PEDIARIX	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D
ROTATEQ	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
TRIHIBIT	2	
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA SUSP	2	
VARIVAX	2	
VIVOTIF BERNA	2	
YF-VAX	2	
ZOSTAVAX	2	

## **MUSCULOSKELETAL / RHEUMATOLOGY**

### **GOUT THERAPY**

#### **Generic**

<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	
<i>probenecid</i>	1	

#### **Brand**

COLCRYS	2	
ULORIC	3	

### **OSTEOPOROSIS THERAPY**

#### **Generic**

<i>alendronate sodium</i>	1	
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#### **Brand**

ACTONEL	2	
BONIVA TABS 150MG	3	
EVISTA	2	
FORTEO	4	PA
FOSAMAX ORAL SOLN	2	
FOSAMAX PLUS D	2	

### **OTHER RHEUMATOLOGICALS**

#### **Generic**

<i>leflunomide</i>	1	
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#### **Brand**

CUPRIMINE	2	
ENBREL	4	PA
HUMIRA	4	PA
HUMIRA PEN-CROHNS DISEASE STARTER	4	PA
RIDAURA	2	

## **OBSTETRICS / GYNECOLOGY**

### **ESTROGENS / PROGESTINS**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<b>Generic</b>		
<i>camila</i>	1	
<i>errin</i>	1	
<i>estradiol</i>	1	
<i>estropipate</i>	1	
<i>gynodiol tabs 1mg;2mg;0.5mg</i>	1	
<i>jolivette</i>	1	
<i>medroxyprogesterone acetate</i>	1	
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>ortho-est</i>	1	
<b>Brand</b>		
ALORA	2	
CENESTIN	3	
CLIMARA PRO	2	
COMBIPATCH	2	
CRINONE	2	PA
DEPO-PROVERA	2	
ESTRACE CREA	3	
ESTRADERM	2	
ESTRING	3	
FEMHRT 1/5	3	
FEMHRT LOW DOSE	3	
FEMRING	3	
GYNODIOL TABS 1.5MG	2	
PREFEST	3	
PREMARIN	2	
PREMARIN W/APPLICATOR	2	
PREMPHASE	2	
PREMPRO	2	
PROMETRIUM	3	
VAGIFEM	2	
VIVELLE-DOT	2	
<b>MISCELLANEOUS OB/GYN</b>		
<b>Generic</b>		
<i>clindamycin phosphate crea</i>	1	
<i>metronidazole vaginal</i>	1	
<i>terconazole crea 0.4%;supp</i>	1	
<i>vandazole</i>	1	
<i>zazole supp</i>	1	
<b>Brand</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
CLEOCIN SUPP	2	
NUVARING	2	
ORTHO EVRA	2	

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**ORAL CONTRACEPTIVES / RELATED AGENTS**

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**Generic**

<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aviane</i>		
	1	
<i>cesia</i>	1	
<i>cryselle-28</i>	1	
<i>enpresse-28</i>	1	
<i>junel</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>kariva</i>	1	
<i>lessina-28</i>	1	
<i>levora</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>mononessa</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35-28</i>	1	
<i>necon 1/50-28</i>	1	
<i>necon 10/11-28</i>	1	
<i>necon 7/7/7</i>	1	
<i>next choice</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>ocella</i>	1	
<i>portia-28</i>	1	
<i>previfem</i>	1	
<i>quasense</i>	1	
<i>solia</i>	1	
<i>sprintec 28</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>tri-legest fe</i>	1	
<i>trinessa</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trivora-28</i>	1	
<i>velivet</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
<b>Brand</b>		
ORTHO TRI-CYCLEN LO	2	
PLAN B	2	
<b>OXYTOCICS</b>		
<b>Brand</b>		
METHERGINE TABS	2	
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<b>Generic</b>		
<i>ak-poly-bac</i>	1	
<i>ak-tob</i>	1	
<i>bacitracin oint</i>	1	
<i>bacitracin / polymyxin b</i>	1	
<i>ciprofloxacin</i>	1	
<i>erythromycin oint</i>	1	
<i>gentak ophthalmic soln</i>	1	
<i>gentamicin sulfate oint;ophthalmic soln</i>	1	
<i>neomycin /bacitracin /polymyxin</i>	1	
<i>neomycin /polymyxin /gramicidin</i>	1	
<i>ofloxacin ophthalmic soln</i>	1	
<i>romycin</i>	1	
<i>tobramycin ophthalmic soln 0.3%</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
<b>Brand</b>		
CILOXAN OINT	2	
NATACYN	2	
QUIXIN	3	
TOBREX OINT	2	
VIGAMOX	2	
ZYMAR	3	
<b>ANTIVIRALS</b>		
<b>Generic</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>trifluridine</i>	1	
<b>Brand</b>		
ZIRGAN	3	
<b>BETA-BLOCKERS</b>		
<b>Generic</b>		
<i>levobunolol hcl</i>	1	
<i>metipranolol</i>	1	
<i>timolol maleate ophthalmic soln</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	
<b>Brand</b>		
BETOPTIC-S	2	
<b>DIRECT ACTING MIOTICS</b>		
<b>Brand</b>		
PILOPINE HS	2	
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<b>Generic</b>		
<i>azelastine hcl ophthalmic soln 0.05%</i>	1	
<i>cromolyn sodium ophthalmic soln</i>	1	
<b>Brand</b>		
ALOCRIIL	3	
ALOMIDE	3	
LACRISERT	2	
PATADAY	2	
PATANOL	2	
RESTASIS	2	
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<b>Generic</b>		
<i>diclofenac sodium</i>	1	
<i>ketorolac tromethamine ophthalmic soln 0.4%;0.5%</i>	1	
<b>Brand</b>		
XIBROM	2	
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<b>Generic</b>		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	
<b>OTHER GLAUCOMA DRUGS</b>		
<b>Generic</b>		
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<b>Brand</b>		
AZOPT	2	
COMBIGAN	2	
LUMIGAN	2	
TRAVATAN Z	2	
XALATAN	3	
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<b>Generic</b>		
<i>dexasporin</i>	1	
<i>neomycin /polymyxin /bacitracin /hydrocortisone</i>	1	
<i>neomycin /polymyxin /dexamethasone</i>	1	
<i>neomycin /polymyxin /hydrocortisone susp</i>	1	
<i>poly-dex</i>	1	
<i>tobramycin /dexamethasone</i>	1	
<b>Brand</b>		
TOBRADEX OINT	3	
<b>STEROIDS</b>		
<b>Generic</b>		
<i>dexamethasone ophthalmic soln 0.1%</i>	1	
<i>fluorometholone</i>	1	
<i>fluor-op</i>	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	
<b>Brand</b>		
ALREX	2	
FML	2	
LOTEMAX	3	
PRED MILD	3	
<b>STEROID-SULFONAMIDE COMBINATIONS</b>		
<b>Generic</b>		
<i>sulfacetamide sodium / prednisolone sodium phospho</i>	1	
<b>Brand</b>		
BLEPHAMIDE S.O.P.	2	
<b>SULFONAMIDES</b>		
<b>Generic</b>		
<i>ocusulf-10</i>	1	
<i>sodium sulfacetamide</i>	1	
<b>SYMPATHOMIMETICS</b>		
<b>Generic</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>apraclonidine</i>	1	
<i>brimonidine tartrate ophthalmic soln 0.2%</i>	1	
<b>Brand</b>		
ALPHAGAN P	2	
IOPIDINE	3	
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS</b>		
<b>Generic</b>		
<i>clemastine fumarate syrup; tabs 2.68mg</i>	1	
<i>diphenhydramine hcl caps 50mg; inj</i>	1	
<i>fexofenadine hcl</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>phenadoz</i>	1	
<i>promethazine hcl</i>	1	
<i>promethegan supp 25mg; 50mg</i>	1	
<b>Brand</b>		
CLARINEX	3	
CLARINEX REDITABS	3	
EPIPEN DEVI	2	
EPIPEN-JR DEVI	2	
<b>COUGH / COLD THERAPY</b>		
<b>Generic</b>		
<i>promethazine vc</i>	1	
<b>Brand</b>		
ALLEGRA-D 12 HOUR	3	
ALLEGRA-D 24 HOUR	3	
<b>PULMONARY AGENTS</b>		
<b>Generic</b>		
<i>acetylcysteine</i>	1	B/D
<i>albuterol sulfate syrup; tabs</i>	1	
<i>albuterol sulfate nebu 0.083%; 1.25mg/3ml; 0.63mg/3ml</i>	1	B/D QL(300 per 25 days)
<i>albuterol sulfate nebu 0.5%</i>	1	B/D QL(60 per 25 days)
<i>albuterol sulfate er</i>	1	
<i>aminophylline</i>	1	
<i>budesonide</i>	1	B/D QL(120 per 25 days)
<i>cromolyn sodium nebu</i>	1	B/D QL(240 per 25 days)
<i>flunisolide nasal soln 0.025%</i>	1	QL(50 per 25 days)
<i>fluticasone propionate susp</i>	1	QL(16 per 25 days)
<i>ipratropium bromide inhalation soln 0.02%</i>	1	B/D QL(315 per 25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D QL(540 per 25 days)
<i>levalbuterol</i>	1	B/D QL(288 per 25 days)
<i>terbutaline sulfate</i>	1	
<i>theochron</i>	1	
<i>theophylline cr tb12 200mg;300mg</i>	1	
<i>theophylline er</i>	1	
<b>Brand</b>		
ACCOLATE	3	
ADVAIR DISKUS	2	QL(60 per 25 days)
ADVAIR HFA	2	QL(12 per 25 days)
ASMANEX 120 METERED DOSES	2	QL(58 per 25 days)
ASMANEX 14 METERED DOSES	2	QL(7 per 25 days)
ASMANEX 30 METERED DOSES AEPB 220MCG/INH	2	QL(15 per 25 days)
ASMANEX 30 METERED DOSES AEPB 110MCG/INH	2	QL(2 per 25 days)
ASMANEX 60 METERED DOSES	2	QL(29 per 25 days)
ATROVENT HFA	2	QL(26 per 25 days)
AZMACORT	2	QL(40 per 25 days)
COMBIVENT	2	QL(30 per 25 days)
ELIXOPHYLLIN	2	
FLOVENT HFA	2	QL(24 per 25 days)
FORADIL AEROLIZER	2	QL(60 per 25 days)
LETAIRIS	4	PA
NASACORT AQ	2	QL(17 per 25 days)
NASONEX	2	QL(34 per 25 days)
PROAIR HFA	2	QL(18 per 25 days)
PROVENTIL HFA	2	QL(14 per 25 days)
PULMICORT SUSP 1MG/2ML	3	B/D QL(60 per 25 days)
PULMICORT FLEXHALER AEPB 180MCG/ACT	3	QL(2 per 25 days)
PULMICORT FLEXHALER AEPB 90MCG/ACT	3	QL(4 per 25 days)
PULMOZYME	4	B/D
QVAR	2	QL(24 per 25 days)
REVATIO TABS	4	PA
RHINOCORT AQUA	3	QL(18 per 25 days)
SEREVENT DISKUS	2	QL(60 per 25 days)
SINGULAIR	2	
SPIRIVA HANDIHALER	2	QL(30 per 25 days)
SYMBICORT	2	QL(11 per 25 days)
THEO-24	2	
TRACLEER	4	LA PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
VENTAVIS INHALATION SOLN 10MCG/ML	4	B/D
VENTOLIN HFA	2	QL(36 per 25 days)
XOPENEX	2	B/D QL(288 per 25 days)
XOPENEX HFA	2	QL(30 per 25 days)
ZYFLO CR	3	QL(360 per 90 days)

## **UROLOGICALS**

### **ANTICHOLINERGICS / ANTISPASMODICS**

#### **Generic**

<i>oxybutynin</i>	1
<i>oxybutynin er</i>	1

#### **Brand**

DETROL	3
DETROL LA	2
ENABLEX	2
OXYTROL	2
SANCTURA	2
SANCTURA XR	2
VESICARE	2

### **BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY**

#### **Generic**

<i>finasteride</i>	1
<i>tamsulosin hcl</i>	1

#### **Brand**

AVODART	2
FLOMAX	2
UROXATRAL	2

### **CHOLINERGIC STIMULANTS**

#### **Generic**

<i>bethanechol chloride</i>	1
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### **MISCELLANEOUS UROLOGICALS**

#### **Generic**

<i>potassium citrate extended-release</i>	1
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#### **Brand**

CYSTAGON	2
ELMIRON	2

### **VITAMINS, HEMATINICS / ELECTROLYTES**

#### **ELECTROLYTES**

#### **Generic**

<i>calcium acetate</i>	1
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
<i>ed k+10</i>	1	
<i>kaon-cl-10</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/lr</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
<i>kcl 0.224%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	1	
<i>kcl 0.3%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>lactated ringers viaflex</i>	1	
<i>normosol inj</i>	1	
<i>plasma-lyte inj</i>	1	
<i>potassium chloride inj</i>	1	
<i>0.4meq/ml; 10meq/100ml; 30meq/100ml; 10meq/50ml</i>		
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	1	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	1	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	1	
<i>potassium chloride 0.15% nacl 0.9%</i>	1	
<i>potassium chloride 0.15%/d5w</i>	1	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	1	
<i>potassium chloride 0.224%/d5w</i>	1	
<i>potassium chloride 0.224%d5w/nacl 0.33%</i>	1	
<i>potassium chloride 0.3%/d5w</i>	1	
<i>potassium chloride cr</i>	1	
<i>potassium chloride er cpcr;tbc 20meq</i>	1	
<i>potassium chloride sr</i>	1	
<i>ringers injection</i>	1	
<i>sodium bicarbonate inj 8.4%</i>	1	
<i>sodium chloride inj 3%;5%</i>	1	
<i>sodium chloride 0.45% viaflex</i>	1	
<b>Brand</b>		
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	2	
KCL 0.15%/D5W/NACL 0.225%	2	
MAGNESIUM SULFATE INJ	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
MAGNESIUM SULFATE IN D5W INJ 5%;10MG/ML	2	
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX	2	
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	2	
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
<b>Generic</b>		
<i>aminosyn inj</i>	1	
<i>aminosyn ii inj</i>	1	
<i>aminosyn-hf</i>	1	
<i>clinimix / dextrose inj</i>	1	
<i>clinisol sf</i>	1	
<i>freamine iii inj</i>	1	
<i>hepatamine</i>	1	
<i>intralipid emul 2.25%;20%</i>	1	
<i>isolyte inj</i>	1	
<i>normosol inj</i>	1	
<i>novamine</i>	1	
<i>premasol</i>	1	
<i>travasol inj</i>	1	
<i>travasol 3.5%/electrolytes</i>	1	
<i>travasol 8.5%/electrolytes</i>	1	
<b>Brand</b>		
AMINOSYN INJ	2	
AMINOSYN II INJ	2	
AMINOSYN II M	2	
AMINOSYN M	2	
AMINOSYN-HBC	2	
AMINOSYN-PF	2	
AMINOSYN-PF 7%	2	
CLINIMIX / DEXTROSE INJ	2	
CLINIMIX E / DEXTROSE	2	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
FREAMINE HBC	2	
FREAMINE III INJ	2	
HEPATASOL	2	
INTRALIPID EMUL 1.7%;30%	2	
IONOSOL	2	
ISOLYTE INJ	2	
KCL 0.15%/D10W/NACL 0.2%	2	
LIPOSYN II	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Reqs./ Limits</b>
LIPOSYN III	2	
NEPHRAMINE	2	
NORMOSOL INJ	2	
PLASMA-LYTE INJ	2	
PROCALAMINE	2	
PROSOL	2	
RENAMIN	2	
TRAVASOL INJ	2	
TRAVASOL 2.75%/DEXTROSE 10%	2	
TRAVASOL 2.75%/DEXTROSE 5%	2	
TRAVASOL 8.5%/DEXTROSE 10%	2	
TRAVASOL 8.5%/DEXTROSE 20%	2	
TRAVASOL 8.5%/DEXTROSE 50%	2	
TROPHAMINE	2	
<b>VITAMINS / HEMATINICS</b>		
<b>Generic</b>		
<i>prenatabs obn</i>	1	
<i>sodium fluoride tabs</i>	1	

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<i>acetaminophen/codeine #3</i> .....	13
<i>acetaminophen/codeine #4</i> .....	13
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<i>acetazolamide</i> .....	39
<i>acetic acid</i> .....	26
<i>acetic acid / hydrocortisone</i> .....	26
<i>acetylcysteine</i> .....	41
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<i>a-methapred</i> .....	27
<i>amifostine</i> .....	6
<i>amikacin sulfate</i> .....	3
<i>amikin</i> .....	3
<i>amiloride</i> .....	17
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<i>amoxil</i> .....	5
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