

CIGNA Medicare Select Plus Rx® (HMO)

A Medicare Advantage HMO Medical Plan with Part D Prescription Drug Coverage

CIGNA Medicare Select Plus Rx® (HMO)

2011 Formulary

(List of Covered Drugs)

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

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

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

CIGNA HealthCare of Arizona, Inc. is a Medicare Advantage Organization with a Medicare contract.

This information is available in a different format, including Spanish and Braille. Please call Customer Service if you need plan information in another format or language.

Esta información está disponible en un formato diferente, incluso en español y braille. Si necesita información sobre el plan en otro formato o idioma, llame al Servicio de Atención al Cliente.



CIGNA

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What is the CIGNA Medicare Rx Select Plus Rx Formulary?

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

Can the Formulary change?

Generally, if you are taking a drug on our 2011 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2011 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

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

drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2011. To get updated information about the drugs covered by CIGNA Medicare Select Plus Rx, please visit our website at www.cignamedicare.com or call Customer Service at 1-800-627-7534, seven days a week, 8 am – 8 pm, (Monday – Friday, March 2 – October 14, 2011). TTY/TDD users should call 1-800-987-8816.

Our plan's printed formulary document will be updated for any mid-year, non maintenance changes via errata sheets in the event that we 1) remove a drug from our formulary, 2) increase the cost share of a formulary drug, or 3) add utilization management edits to a formulary drug **and** no new alternate drug is offered by our plan as a possible replacement for any of the previously described formulary changes. All affected members currently taking a formulary drug which will have one or more of the previously described formulary changes will be exempt from the formulary change(s) for the remainder of the coverage year.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 6. 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 – Blood Pressure/Heart Medications. If you know what your drug is used for, look for the category name in the list that begins on page 6. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 41. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

CIGNA Medicare Select Plus Rx 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:** CIGNA Medicare Select Plus Rx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CIGNA Medicare Select Plus Rx before you fill your prescriptions. If you don't get approval, CIGNA Medicare Select Plus Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, CIGNA Medicare Select Plus Rx limits the amount of the drug that CIGNA Medicare Select Plus Rx will cover. For example, CIGNA Medicare Select Plus Rx provides coverage for up to 1 tablet per day per prescription for Lipitor 20mg tablets. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, CIGNA Medicare Select Plus Rx 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, CIGNA Medicare Select Plus Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CIGNA Medicare Select Plus Rx will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.cignamedicare.com.

You can ask CIGNA Medicare Select Plus Rx to make an exception to these restrictions or limits. See the section, "How do I request an exception to the CIGNA Medicare Select Plus Rx formulary?" on page 2 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 Customer Service and confirm that your drug is not covered.

If you learn that CIGNA Medicare Select Plus Rx does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by CIGNA Medicare Select Plus Rx. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CIGNA Medicare Select Plus Rx.
- You can ask CIGNA Medicare Select Plus Rx 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 CIGNA Medicare Select Plus Rx Formulary?

You can ask CIGNA Medicare Select Plus Rx to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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- 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, CIGNA Medicare Select Plus Rx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Non-Preferred Generic and Non-Preferred Brand Drugs Tier 3, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Preferred Brand Drugs Tier 2 instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also you may not ask us to provide a higher level of coverage for drugs that are in the Specialty Tier Drugs Tier 4.

Generally, CIGNA Medicare Select Plus Rx will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

24 hours after we get your 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 31-day 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.

An extended transition process is provided to circumstances involving level of care changes in which a beneficiary is changing from one

treatment setting to another. An override for refill too soon edit would be provided to allow appropriate coverage. Since there may exist some period of time in which beneficiaries with level of care changes have a temporary gap in coverage while going through a process, our transition policy would allow coverage for one fill with up to 31 day supply of medication.

For more information

For more detailed information about your CIGNA Medicare Select Plus Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CIGNA Medicare Select Plus Rx, please call Customer Service at 1-800-627-7534, seven days a week, 8 am – 8 pm, (Monday – Friday, March 2 – October 14, 2011). TTY/TDD users should call 1-800-987-8816. Or, visit www.cignamedicare.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/seven days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

CIGNA Medicare Select Plus Rx Formulary

The formulary that begins on page 6 provides coverage information about some of the drugs covered by CIGNA Medicare Select Plus Rx. If you have trouble finding your drug in the list, turn to the Index that begins on page 41.

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

The information in the Notes column tells you if CIGNA Medicare Select Plus Rx has any special requirements for coverage of your drug.

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State	Initial Coverage Level Copays/Coinsurance						
	Tiers	30-Day Retail	90-Day Retail	30-Day Preferred Mail Order	90-Day Preferred Mail Order	30-Day Out-of-Network	31-Day LTC
AZ	1*	\$5.00	\$15.00	\$5.00	\$15.00	\$5.00	\$5.00
	2	\$45.00	\$135.00	\$45.00	\$135.00	\$45.00	\$45.00
	3	\$75.00	\$225.00	\$75.00	\$225.00	\$75.00	\$75.00
	4	25%	25%	25%	25%	25%	25%

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

CIGNA Medicare Select Plus Rx® – Dual (HMO SNP)

State	Initial Coverage Level Copays						
	Tiers	30-Day Retail	90-Day Retail	30-Day Preferred Mail Order	90-Day Preferred Mail Order	30-Day Out-of-Network	31-Day LTC
AZ	1	\$0 – \$2.50	\$0 – \$2.50	\$0 – \$2.50	\$0 – \$2.50	\$0 – \$2.50	\$0 – \$2.50
	2	\$0 – \$6.30	\$0 – \$6.30	\$0 – \$6.30	\$0 – \$6.30	\$0 – \$6.30	\$0 – \$6.30
	3	\$0 – \$6.30	\$0 – \$6.30	\$0 – \$6.30	\$0 – \$6.30	\$0 – \$6.30	\$0 – \$6.30
	4	\$0 – \$6.30	\$0 – \$6.30	\$0 – \$6.30	\$0 – \$6.30	\$0 – \$6.30	\$0 – \$6.30

Cost-sharing is based on your level of Medicaid eligibility.

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Cost-Sharing Tier Description. Please refer to page 5 for applicable copay/cost-share amounts.

Tier 1: Generic and Preferred Brand Drugs. This grouping represents the lowest cost-sharing.

Tier 2: Preferred Brand Drugs.

Tier 3: Non-Preferred Brand Drugs.

Tier 4: Specialty Tier Drugs. This grouping represents the highest cost-sharing.

Symbol Key – Utilization Management Requirements/Limits

B vs D: Coverage determination for Part B or Part D required. Note: Inhalant solutions used in a nebulizer are only covered under Part D when the member is located in a long term care (LTC) setting.

HI: This prescription drug may be covered under our medical benefit. For more information, call 1-800-627-7534, seven days a week, (Monday – Friday, March 2 – October 14, 2011). TTY/TDD users should call 1-800-987-8816.

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

PA: Prior authorization is required.

QL: Quantity limits apply.

RA : Restricted Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-627-7534, seven days a week, 8 am – 8 pm, (Monday – Friday, March 2 – October 14). TTY/TDD users should call 1-800-987-8816.

ST: Step therapy is required.

Generally all medications on the formulary are available through mail order except when special circumstances or situations prohibit mailing a particular medication to your home.

Drug Name	Drug Tier	Notes
Analgesics		
Opioid Analgesics		
<i>acetaminophen/codeine</i>	1	GC
<i>ascomp/codeine</i>	1	GC
<i>astramorph</i>	1	GC
AVINZA	3	QL (60 per 30 days) ST
BUPRENEX	3	
<i>buprenorphine hcl</i>	1	GC
<i>butalbital/apap/caffeine/codeine</i>	1	GC
<i>butorphanol tartrate injection</i>	1	GC
<i>butorphanol tartrate nasal solution</i>	1	QL (5 per 30 days) GC
CAPITAL/CODEINE	2	
<i>codeine sulfate</i>	1	GC

Drug Name	Drug Tier	Notes
<i>co-gesic</i>	1	GC
DILAUDID-5	3	
DILAUDID TABLET	3	
DURAMORPH	3	
EMBEDA	2	QL (60 per 30 days)
<i>endocet</i>	1	GC
<i>fentanyl citrate</i>	1	PA GC
<i>fentanyl citrate oral transmucosal</i>	4	QL (120 per 30 days) PA
<i>fentanyl patches</i>	1	QL (20 per 30 days) GC
HYCET	3	
<i>hydrocodone/acetaminophen</i>	1	GC
<i>hydrocodone/ibuprofen</i>	1	GC
<i>hydromorphone hcl</i>	1	GC
INFUMORPH	3	PA

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Drug Name	Drug Tier	Notes
<i>levorphanol tartrate</i>	1	GC
<i>margesic-h</i>	1	GC
<i>maxidone</i>	1	GC
<i>meperidine hcl oral solution, tablet</i>	1	GC
<i>meperidine hcl injection</i>	1	PA GC
<i>methadone hcl</i>	1	GC
<i>methadose</i>	1	GC
<i>morphine sulfate</i>	1	GC
<i>morphine sulfate er tablet 60mg, 100mg, 200mg</i>	1	QL (120 per 30 days) GC
<i>morphine sulfate er tablet 15mg, 30mg</i>	1	QL (180 per 30 days) GC
<i>nalbuphine hcl</i>	1	PA GC
OPANA	3	
<i>oxycodone/acetaminophen</i>	1	GC
<i>oxycodone/aspirin</i>	1	GC
<i>oxycodone hcl</i>	1	GC
<i>oxycodone/ibuprofen</i>	1	GC
OXYCONTIN 10MG, 15MG, 20MG, 30MG, 40MG, 60MG	2	QL (60 per 30 days)
OXYCONTIN 80MG	2	QL (120 per 30 days)
<i>pentazocine/acetaminophen</i>	1	GC
<i>pentazocine/naloxone hcl</i>	1	GC
<i>propoxyphene hcl</i>	1	GC
<i>propoxyphene hcl/acetaminophen</i>	1	GC
<i>propoxyphene-n/acetaminophen</i>	1	GC
<i>reprexain</i>	1	GC
<i>roxicet</i>	1	GC
ROXICODONE TABLET 15MG, 30MG	3	
STADOL	2	PA
<i>stagesic</i>	1	GC
SUBOXONE	2	
SYNALGOS-DC	2	

Drug Name	Drug Tier	Notes
TALWIN	3	PA
<i>tramadol hcl</i>	1	GC
<i>tramadol hcl er</i>	1	GC
<i>tramadol hydrochloride/acetaminophen</i>	1	GC
XODOL	3	
<i>zerlor</i>	1	GC
Anesthetics		
Local Anesthetics		
<i>lidocaine hcl</i>	1	GC
<i>lidocaine/prilocaine</i>	1	GC
LIDODERM	2	QL (90 per 30 days)
SYNERA	3	
Anti-inflammatory Agents		
Nonsteroidal Anti-inflammatory Drugs		
ARTHROTEC	3	
CELEBREX	2	QL (60 per 30 days)
<i>diclofenac potassium</i>	1	GC
<i>diclofenac sodium</i>	1	GC
<i>diclofenac sodium ec</i>	1	GC
<i>diclofenac sodium xr</i>	1	GC
<i>diflunisal</i>	1	GC
<i>etodolac</i>	1	GC
<i>etodolac er</i>	1	GC
<i>fenoprofen calcium</i>	1	GC
FLECTOR	3	
<i>flurbiprofen</i>	1	GC
<i>ibuprofen</i>	1	GC
<i>indomethacin</i>	1	GC
<i>indomethacin er</i>	1	GC
<i>ketoprofen</i>	1	GC
<i>ketoprofen er</i>	1	GC
<i>ketorolac tromethamine injection</i>	1	PA GC
<i>ketorolac tromethamine tablet</i>	1	QL (20 per 30 days) GC

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Drug Name	Drug Tier	Notes
<i>meclofenamate sodium</i>	1	GC
<i>meloxicam</i>	1	GC
<i>nabumetone</i>	1	GC
<i>naproxen</i>	1	GC
<i>naproxen dr</i>	1	GC
<i>naproxen sodium</i>	1	GC
<i>oxaprozin</i>	1	GC
<i>piroxicam</i>	1	GC
<i>sulindac</i>	1	GC
<i>tolmetin sodium</i>	1	GC
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 50mg/ml</i>	1	GC
<i>amikacin sulfate injection 250mg/ml</i>	1	HI
CORTISPORIN	2	
<i>gentamicin sulfate</i>	1	GC
<i>gentamicin sulfate/sodium chloride</i>	1	GC
<i>isotonic gentamicin</i>	1	GC
<i>kanamycin sulfate</i>	1	GC
<i>neo-fradin</i>	1	GC
<i>neomycin sulfate</i>	1	GC
<i>paromomycin sulfate</i>	1	GC
<i>streptomycin sulfate</i>	1	GC
TOBI	4	B vs D
<i>tobramycin/dexamethasone</i>	1	GC
<i>tobramycin sulfate</i>	1	GC
<i>tobramycin sulfate/sodium chloride</i>	1	GC
Antibacterials, Other		
ALTABAX	3	
<i>baciim</i>	1	GC
<i>bacitracin</i>	1	GC

Drug Name	Drug Tier	Notes
<i>chloramphenicol sodium succinate</i>	1	GC
CLEOCIN GALAXY	3	
CLEOCIN PEDIATRIC GRANULES	3	
CLEOCIN PHOSPHATE	3	
CLEOCIN SUPPOSITORY	3	
CLEOCIN CAPSULE 75MG	3	
<i>clindamycin hcl</i>	1	GC
<i>clindamycin phosphate</i>	1	GC
<i>colistimethate sodium</i>	4	
COLY-MYCIN M	4	
CUBICIN	4	HI
FLAGYL ER	3	
FURADANTIN	2	
HELIDAC	3	
LINCOCIN	2	
MACRODANTIN 25MG	3	
<i>methenamine hippurate</i>	1	GC
METROGEL	2	
METROGEL-VAGINAL	3	
<i>metronidazole</i>	1	GC
<i>metronidazole in nacl 0.79%</i>	1	GC
<i>metronidazole vaginal</i>	1	GC
MONUROL	3	
<i>mupirocin</i>	1	GC
<i>neomycin/bacitracin/polymyxin</i>	1	GC
<i>neomycin/polymyxin b sulfates</i>	1	GC
<i>neomycin/polymyxin/dexamethasone</i>	1	GC
<i>nitrofurantoin macrocrystalline</i>	1	GC
<i>nitrofurantoin monohydrate</i>	1	GC
PHISOHEX	3	
<i>polycin b</i>	1	GC

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Drug Name	Drug Tier	Notes
<i>polymyxin b sulfate</i>	1	GC
POLYTRIM	3	
PRIMSOL	3	
SILVADENE	3	
<i>silver sulfadiazine</i>	1	GC
<i>ssd</i>	1	GC
SULFAMYLON	2	
SYNERCID	4	
<i>thermazene</i>	1	GC
<i>trimethoprim</i>	1	GC
TYGACIL	4	HI
UREX	3	
VANCOGIN HCL 125MG	4	QL (40 per 10 days)
VANCOGIN HCL 250MG	4	QL (80 per 10 days)
<i>vancomycin hcl 1gm & 10gm</i>	1	HI
VANCOMYCIN HCL ISO-OSMOTIC DEXTROSE	3	
VANDAZOLE	3	
VIBATIV	3	HI
XIFAXAN	3	
ZYVOX	4	PA
Beta-lactam, Cephalosporins		
CEDAX	3	
<i>cefaclor</i>	1	GC
<i>cefaclor er</i>	1	GC
<i>cefadroxil</i>	1	GC
<i>cefazolin sodium</i>	1	HI
<i>cefdinir</i>	1	GC
<i>cefepime</i>	1	HI
<i>cefotaxime sodium</i>	1	GC
<i>cefotetan</i>	1	GC
<i>cefoxitin sodium</i>	1	GC
<i>cefpodoxime proxetil</i>	1	GC
<i>cefprozil</i>	1	GC
CEFTIN	3	

Drug Name	Drug Tier	Notes
<i>ceftriaxone sodium</i>	1	GC
<i>ceftriaxone/dextrose</i>	1	GC
<i>cefuroxime axetil</i>	1	GC
<i>cefuroxime sodium</i>	1	GC
<i>cefuroxime/dextrose</i>	1	GC
<i>cephalexin</i>	1	GC
CLAFORAN	2	
FORTAZ	2	
MAXIPIME	3	HI
SPECTRACEF	3	
SUPRAX SUSPENSION	3	
<i>tazicef</i>	1	GC
ZINACEF	2	
Beta-lactam, Other		
AZACTAM 1GM	3	HI
AZACTAM 2GM	4	HI
DORIBAX	4	HI
INVANZ	3	HI
MERREM	3	HI
PRIMAXIN IM	4	
PRIMAXIN IV 250MG	2	HI
PRIMAXIN IV 500MG	4	HI
Beta-lactam, Penicillins		
<i>amoxicillin</i>	1	GC
<i>amoxicillin/potassium clavulanate</i>	1	GC
<i>ampicillin</i>	1	GC
<i>ampicillin sodium</i>	1	GC
<i>ampicillin-sulbactam</i>	1	HI
<i>bactocill in dextrose</i>	1	GC
BICILLIN C-R	2	
BICILLIN L-A	3	
<i>dicloxacillin sodium</i>	1	GC
<i>nafcillin sodium</i>	1	HI
NALLPEN/DEXTROSE	2	

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Drug Name	Drug Tier	Notes
<i>oxacillin sodium</i>	1	HI
<i>penicillin g potassium</i>	1	HI
<i>penicillin g procaine</i>	1	GC
<i>penicillin g sodium</i>	1	GC
<i>penicillin v potassium</i>	1	GC
<i>pfizerpen-g</i>	1	HI
<i>piperacillin sodium</i>	1	GC
<i>piperacillin sodium/ tazobactam sodium</i>	1	HI
PREVPAC	3	QL (28 per 30 days)
TIMENTIN	3	HI
UNASYN	2	HI
ZOSYN	2	HI
Macrolides		
AKNE-MYCIN	2	
<i>azithromycin injection, suspension</i>	1	GC
<i>azithromycin tablet 250mg</i>	1	QL (12 per 30 days) GC
<i>azithromycin tablet 500mg, 600mg</i>	1	GC
<i>clarithromycin</i>	1	GC
<i>clarithromycin er</i>	1	GC
<i>e.e.s. 400</i>	1	GC
<i>e.e.s. granules</i>	1	GC
<i>ery</i>	1	GC
<i>ery-tab</i>	1	GC
ERYPED	2	
<i>erythrocine lactobionate</i>	1	GC
<i>erythrocine stearate</i>	1	GC
<i>erythromycin</i>	1	GC
<i>erythromycin base</i>	1	GC
<i>erythromycin/sulfisoxazole</i>	1	GC
KETEK	3	
PCE	2	
ZMAX	3	QL (120 per 30 days)

Drug Name	Drug Tier	Notes
Quinolones		
AVELOX INJECTION	2	
AVELOX TABLET	2	QL (30 per 30 days)
CIPRO IV-IN D5W	3	
<i>ciprofloxacin</i>	1	GC
<i>ciprofloxacin er</i>	1	GC
<i>ciprofloxacin hcl</i>	1	GC
FACTIVE	3	QL (30 per 30 days)
IQUIX	2	
NOROXIN	3	
<i>ofloxacin</i>	1	GC
QUIXIN	3	ST
ZYMAR	3	ST
Sulfonamides		
<i>sodium sulfacetamide</i>	1	GC
<i>sulfadiazine</i>	1	GC
<i>sulfamethoxazole/ trimethoprim</i>	1	GC
<i>sulfamethoxazole/ trimethoprim ds</i>	1	GC
<i>sulfatrim</i>	1	GC
Tetracyclines		
DECLOMYCIN 150MG	3	
DECLOMYCIN 300MG	4	
<i>demeclocycline hcl 150mg</i>	1	GC
<i>demeclocycline hcl 300mg</i>	4	
DORYX	3	
<i>doxycycline hyclate</i>	1	GC
<i>doxycycline monohydrate</i>	1	GC
MINOCIN	3	
<i>minocycline hcl</i>	1	GC
ORACEA	3	
<i>tetracycline hcl</i>	1	GC

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Drug Name	Drug Tier	Notes
Anticonvulsants		
Anticonvulsants, Other		
BANZEL	3	PA
KEPPRA INJECTION	3	
<i>levetiracetam</i>	1	GC
VIMPAT	3	PA
Calcium Channel Modifying Agents		
CELONTIN	2	
<i>ethosuximide</i>	1	GC
LYRICA	2	
<i>zonisamide</i>	1	GC
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
DEPACON	2	
<i>divalproex sodium</i>	1	GC
<i>divalproex sodium er</i>	1	GC
<i>gabapentin</i>	1	GC
GABITRIL	3	
MYSOLINE	3	
NEURONTIN SOLUTION	3	
<i>primidone</i>	1	GC
SABRIL	4	
<i>valproate sodium</i>	1	GC
<i>valproic acid</i>	1	GC
Glutamate Reducing Agents		
FELBATOL	3	
LAMICTAL	2	
LAMICTAL CHEWABLE DISPERSIBLE	2	
LAMICTAL ODT	2	
LAMICTAL STARTER	2	
LAMICTAL XR	2	
<i>lamotrigine</i>	1	GC
<i>topiramate capsule sprinkle</i>	1	PA GC
<i>topiramate tablet 25mg</i>	1	QL (120 per 30 days) PA GC

Drug Name	Drug Tier	Notes
<i>topiramate tablet 50mg, 100mg, 200mg</i>	1	QL (60 per 30 days) PA GC
Sodium Channel Inhibitors		
<i>carbamazepine</i>	1	GC
<i>carbamazepine er</i>	1	GC
CARBATROL	3	
CEREBYX	2	
DILANTIN	3	
DILANTIN INFATABS	2	
<i>epitol</i>	1	GC
EQUETRO	3	
<i>fosphenytoin sodium</i>	1	GC
<i>oxcarbazepine</i>	1	GC
PEGANONE	2	
PHENYTEK	2	
<i>phenytoin</i>	1	GC
<i>phenytoin sodium</i>	1	GC
<i>phenytoin sodium extended</i>	1	GC
TEGRETOL-XR 100MG	3	
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates</i>	1	GC
Cholinesterase Inhibitors		
ARICEPT	2	QL (30 per 30 days)
ARICEPT ODT	2	QL (30 per 30 days)
COGNEX	3	QL (120 per 30 days)
EXELON CAPSULE	2	QL (60 per 30 days)
EXELON PATCH 24 HOUR	2	QL (30 per 30 days)
EXELON SOLUTION	2	QL (180 per 30 days)
<i>galantamine hydrobromide capsule er</i>	1	QL (30 per 30 days) GC
<i>galantamine hydrobromide solution</i>	1	QL (180 per 30 days) GC
<i>galantamine hydrobromide tablet</i>	1	QL (60 per 30 days) GC

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Drug Name	Drug Tier	Notes
Glutamate Pathway Modifiers		
NAMENDA SOLUTION	2	QL (300 per 30 days)
NAMENDA TABLET	2	QL (60 per 30 days)
NAMENDA TITRATION PAK	2	QL (49 per 30 days)
Antidepressants		
Antidepressants, Other		
APLENZIN	3	QL (30 per 30 days)
<i>budeprion sr</i>	1	QL (60 per 30 days) GC
<i>budeprion xl</i>	1	QL (30 per 30 days) ST GC
<i>bupropion hcl</i>	1	GC
<i>bupropion hcl sr</i>	1	QL (60 per 30 days) GC
<i>mirtazapine</i>	1	QL (30 per 30 days) GC
<i>mirtazapine odt</i>	1	QL (30 per 30 days) GC
<i>nefazodone hcl</i>	1	GC
<i>trazodone hcl</i>	1	GC
Monoamine Oxidase Inhibitors		
EMSAM	3	
MARPLAN	3	
NARDIL	2	
PARNATE	3	
<i>tranylcypromine sulfate</i>	1	GC
Serotonin/ Norepinephrine Reuptake Inhibitors		
<i>citalopram hydrobromide solution</i>	1	QL (900 per 30 days) GC
<i>citalopram hydrobromide tablet 10mg, 40mg</i>	1	QL (30 per 30 days) GC
<i>citalopram hydrobromide tablet 20mg</i>	1	QL (90 per 30 days) GC
CYMBALTA 20MG, 30MG	2	QL (60 per 30 days)
CYMBALTA 60MG	2	QL (30 per 30 days)
EFFEXOR XR 37.5MG, 75MG	3	QL (30 per 30 days)
EFFEXOR XR 150MG	3	QL (60 per 30 days)

Drug Name	Drug Tier	Notes
<i>fluoxetine hcl</i>	1	GC
<i>fluvoxamine maleate</i>	1	GC
LEXAPRO SOLUTION	2	QL (600 per 30 days)
LEXAPRO TABLET	2	QL (30 per 30 days)
<i>paroxetine hcl suspension</i>	1	QL (900 per 30 days) GC
<i>paroxetine hcl tablet</i>	1	QL (30 per 30 days) GC
PRISTIQ	2	QL (30 per 30 days)
RAPIFLUX	3	
SAVELLA	2	QL (60 per 30 days)
SAVELLA TITRATION PACK	2	QL (55 per 30 days)
<i>selfemra</i>	1	GC
<i>sertraline hcl concentrate</i>	1	QL (300 per 30 days) GC
<i>sertraline hcl tablet 25mg, 50mg</i>	1	QL (30 per 30 days) GC
<i>sertraline hcl tablet 100mg</i>	1	QL (60 per 30 days) GC
VENLAFAXINE HCL ER TABLET	3	QL (30 per 30 days)
<i>venlafaxine hcl immediate release tablet</i>	1	GC
Tricyclics		
<i>amitriptyline hcl</i>	1	GC
<i>amoxapine</i>	1	GC
<i>chlordiazepoxide/ amitriptyline</i>	1	GC
<i>clomipramine hcl</i>	1	GC
<i>desipramine hcl</i>	1	GC
<i>doxepin hcl</i>	1	GC
<i>imipramine hcl</i>	1	GC
<i>imipramine pamoate</i>	1	GC
<i>maprotiline hcl</i>	1	GC
<i>nortriptyline hcl</i>	1	GC
<i>perphenazine/amitriptyline</i>	1	GC
<i>protriptyline hcl</i>	1	GC
SURMONTIL	2	

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Drug Name	Drug Tier	Notes
Antidotes, Deterrents, and Toxicologic Agents		
Antidotes		
ANTIZOL	4	PA
CHEMET	3	
CUPRIMINE	2	
DEPEN TITRATABS	2	
EXJADE	4	PA
<i>fomepizole</i>	4	PA
RELISTOR	3	PA
<i>sodium polystyrene sulfonate</i>	1	GC
SYPRINE	2	
Deterrents		
ANTABUSE	2	
<i>buproban</i>	1	QL (60 per 30 days) GC
CAMPRAL	3	QL (180 per 30 days)
CHANTIX 0.5MG, 1MG	3	QL (336 per 365 days) ST
CHANTIX STARTING MONTH PAK	3	QL (106 per 365 days) ST
<i>depade</i>	1	GC
NICOTROL INHALER	2	
NICOTROL NS	2	
REVIA	3	
VIVITROL	4	PA
Toxicologic Agents		
<i>naloxone hcl</i>	1	GC
<i>naltrexone hcl</i>	1	GC
Antiemetics		
Antiemetics		
ALOXI INJECTION	4	PA
ANZEMET INJECTION	3	PA
ANZEMET TABLET	3	QL (5 per 30 days) B vs D
CESAMET	3	B vs D

Drug Name	Drug Tier	Notes
<i>compro</i>	1	GC
<i>dronabinol 2.5mg</i>	1	B vs D GC
<i>dronabinol 5mg, 10mg</i>	4	B vs D
EMEND 40MG	2	QL (2 per 30 days) B vs D
EMEND 80MG	2	QL (8 per 30 days) B vs D
EMEND 125MG	2	QL (4 per 30 days) B vs D
EMEND TRIFOLD PACK	2	QL (12 per 30 days) B vs D
<i>granisetron hcl injection</i>	1	HI
<i>granisetron hcl tablet</i>	1	QL (60 per 30 days) B vs D GC
<i>granisol</i>	1	QL (300 per 30 days) B vs D GC
MARINOL CAPSULE 5MG, 10MG	4	B vs D
<i>metoclopramide hcl</i>	1	GC
<i>ondansetron hcl injection</i>	1	PA GC
<i>ondansetron hcl oral solution</i>	1	QL (900 per 30 days) B vs D GC
<i>ondansetron hcl tablet 4mg</i>	1	QL (60 per 30 days) B vs D GC
<i>ondansetron hcl tablet 8mg</i>	1	QL (90 per 30 days) B vs D GC
<i>ondansetron hcl tablet 24mg</i>	1	QL (5 per 30 days) B vs D GC
<i>ondansetron odt 4mg</i>	1	QL (60 per 30 days) B vs D GC
<i>ondansetron odt 8mg</i>	1	QL (90 per 30 days) B vs D GC
<i>phenadoz</i>	1	GC
<i>prochlorperazine edisylate</i>	1	GC
<i>prochlorperazine maleate</i>	1	GC
<i>promethazine hcl injection</i>	1	PA GC
<i>promethazine hcl suppository, syrup</i>	1	GC
<i>promethazine hcl tablet 12.5mg, 25mg</i>	1	B vs D GC

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Drug Name	Drug Tier	Notes
<i>promethazine hcl tablet 50mg</i>	1	GC
<i>promethegan</i>	1	GC
SANCUSO	3	QL (4 per 30 days) PA
TIGAN INJECTION	2	PA
TRANSDERM-SCOP	2	
<i>trimethobenzamide hcl capsule</i>	1	B vs D GC
<i>trimethobenzamide hcl injection</i>	1	PA GC
Antifungals		
Antifungals		
ABELCET	4	B vs D
AMBISOME	4	B vs D
AMPHOTEC	3	B vs D
<i>amphotericin b</i>	1	B vs D GC
ANCOBON	4	
CANCIDAS	4	HI
<i>ciclopirox</i>	1	GC
<i>ciclopirox nail lacquer</i>	1	PA GC
<i>ciclopirox olamine</i>	1	GC
<i>clotrimazole/betamethasone dipropionate</i>	1	GC
<i>clotrimazole rx</i>	1	GC
DIFLUCAN IN NACL	4	
<i>econazole nitrate</i>	1	GC
ERAXIS	2	PA
ERTACZO	3	
EXELDERM	2	
<i>fluconazole</i>	1	GC
<i>fluconazole in dextrose</i>	4	HI
GRIFULVIN V	2	
GRIS-PEG	2	
<i>griseofulvin microsize</i>	1	GC
GYNAZOLE-1	3	

Drug Name	Drug Tier	Notes
<i>itraconazole</i>	1	PA GC
<i>ketoconazole</i>	1	GC
<i>kuric</i>	1	GC
LOPROX SHAMPOO	2	
<i>miconazole 3 rx</i>	1	GC
MYCAMINE	4	PA HI
NAFTIN	2	
NOXAFIL	4	
<i>nyamyc</i>	1	GC
<i>nystatin</i>	1	GC
<i>nystatin/triamcinolone</i>	1	GC
<i>nystop</i>	1	GC
OXISTAT	2	
<i>pedi-dri</i>	1	GC
PENLAC NAIL LACQUER	3	PA
<i>selenium sulfide</i>	1	GC
SELSUN SHAMPOO	3	
SPORANOX	4	PA
<i>terbinafine hcl tablet</i>	1	QL (90 per 270 days) GC
<i>terconazole</i>	1	GC
VFEND	4	PA
VFEND IV	4	PA
XOLEGEL	3	
<i>zazole</i>	1	GC
Antigout Agents		
Antigout Agents		
<i>allopurinol</i>	1	GC
<i>allopurinol sodium</i>	1	GC
ALOPRIM	3	
COLCRYS	3	
<i>probenecid</i>	1	GC
<i>probenecid/colchicine</i>	1	GC
ULORIC	2	QL (30 per 30 days) ST

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Drug Name	Drug Tier	Notes
Antimigraine Agents		
Abortive		
AMERGE 1MG	3	QL (18 per 30 days) ST
AMERGE 2.5MG	3	QL (9 per 30 days) ST
AXERT 6.25MG	3	QL (18 per 30 days) ST
AXERT 12.5MG	3	QL (12 per 30 days) ST
CAFERGOT	3	
D.H.E. 45	4	
<i>dihydroergotamine mesylate</i>	1	GC
ERGOMAR	2	
<i>ergotamine tartrate/caffeine</i>	1	GC
FROVA	3	QL (18 per 30 days) ST
MAXALT 5MG	2	QL (27 per 30 days)
MAXALT 10MG	2	QL (18 per 30 days)
MAXALT-MLT 5MG	2	QL (27 per 30 days)
MAXALT-MLT 10MG	2	QL (18 per 30 days)
<i>migergot</i>	1	GC
MIGRANAL	3	QL (8 per 30 days)
RELPAK 20MG	3	QL (12 per 30 days) ST
RELPAK 40MG	3	QL (6 per 30 days) ST
<i>sumatriptan succinate 25mg</i>	1	QL (36 per 30 days) GC
<i>sumatriptan succinate 50mg</i>	1	QL (18 per 30 days) GC
<i>sumatriptan succinate 100mg</i>	1	QL (9 per 30 days) GC
<i>sumatriptan succinate injection</i>	1	QL (4 per 30 days) GC
TREXIMET	2	QL (9 per 30 days)
ZOMIG 2.5MG	3	QL (12 per 30 days)
ZOMIG 5MG	3	QL (6 per 30 days)
ZOMIG SOLUTION	3	QL (6 per 30 days)

Drug Name	Drug Tier	Notes
ZOMIG ZMT 2.5MG	3	QL (12 per 30 days)
ZOMIG ZMT 5MG	3	QL (6 per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>bethanechol chloride</i>	1	GC
<i>guanidine hcl</i>	1	GC
MESTINON	2	
MESTINON TIMESPAN	2	
MYTELASE	2	
<i>pyridostigmine bromide</i>	1	GC
REGONOL	3	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone</i>	1	GC
MYCOBUTIN	2	
Antituberculars		
CAPASTAT SULFATE	2	
<i>ethambutol hcl</i>	1	GC
<i>isonarif</i>	1	GC
<i>isoniazid</i>	1	GC
PASER	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	GC
RIFADIN INJECTION	2	
RIFAMATE	2	
<i>rifampin</i>	1	GC
RIFATER	3	
SEROMYCIN	2	
TRECTOR	2	
Antineoplastics		
Alkylating Agents		
ALKERAN	4	B vs D
BICNU	2	B vs D
BUSULFEX	2	B vs D

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Drug Name	Drug Tier	Notes
CEENU	2	
HEXALEN	4	
LEUKERAN	2	
MATULANE	4	
<i>melfalan hydrochloride</i>	1	B vs D GC
MUSTARGEN	2	B vs D
<i>thiotepa</i>	1	B vs D GC
TREANDA	4	B vs D
ZANOSAR	4	B vs D
Antiangiogenic Agents		
REVLIMID	4	PA RA
THALOMID	4	
VOTRIENT	4	PA
Antiestrogens/Modifiers		
EMCYT	2	
FARESTON	3	
FASLODEX	4	B vs D
<i>tamoxifen citrate</i>	1	GC
Antimetabolites		
ALIMTA	4	B vs D
<i>cladribine</i>	4	B vs D
DROXIA	2	
ELITEK	4	PA
FLUDARA	4	B vs D
<i>fludarabine phosphate</i>	4	B vs D
<i>fluorouracil</i>	1	B vs D GC
GEMZAR	4	B vs D
HYDREA	3	
<i>hydroxyurea</i>	1	GC
LEUSTATIN	2	B vs D
<i>mercaptopurine</i>	1	GC
NIPENT	4	B vs D
PURINETHOL	3	
<i>tabloid</i>	1	GC

Drug Name	Drug Tier	Notes
Antineoplastics, Other		
ABRAXANE	4	B vs D
ADRIAMYCIN	3	B vs D
<i>amifostine</i>	4	B vs D
ARRANON	4	B vs D
AVASTIN	4	PA
<i>bleomycin sulfate</i>	4	B vs D
CAMPTOSAR	4	B vs D
<i>carboplatin</i>	1	B vs D GC
CERUBIDINE	3	B vs D
<i>cisplatin</i>	1	B vs D GC
CLOLAR	4	B vs D
COSMEGEN	4	B vs D
<i>cyclophosphamide</i>	1	B vs D GC
<i>cytarabine</i>	1	B vs D GC
<i>dacarbazine</i>	1	B vs D GC
<i>daunorubicin hcl</i>	1	B vs D GC
DOXIL	4	B vs D
<i>doxorubicin hcl</i>	1	B vs D GC
ELLECE	4	B vs D
ELOXATIN	4	B vs D
ELSPAR	2	B vs D
<i>epirubicin hcl</i>	4	B vs D
ETHYOL	4	B vs D
ETOPOPHOS	4	B vs D
<i>etoposide</i>	1	B vs D GC
HYCAMTIN	4	B vs D
IDAMYCIN PFS	4	B vs D
<i>idarubicin hcl</i>	4	B vs D
IFEX	3	B vs D
<i>ifosfamide</i>	1	B vs D GC
<i>ifosfamide/mesna</i>	4	B vs D
<i>irinotecan</i>	4	B vs D
ISTODAX	4	PA
IXEMPRA KIT	4	B vs D

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Drug Name	Drug Tier	Notes
<i>mesna</i>	1	B vs D GC
MESNEX INJECTION	4	B vs D
MESNEX TABLET	4	
<i>mitomycin</i>	1	B vs D GC
<i>mitoxantrone hcl</i>	4	B vs D
NAVELBINE	4	B vs D
NOVANTRONE	4	B vs D
ONCASPAR	4	B vs D
ONTAK	4	B vs D
<i>oxaliplatin</i>	4	B vs D
<i>paclitaxel</i>	1	B vs D GC
<i>pentostatin</i>	4	B vs D
PHOTOFRIN	4	B vs D
PROLEUKIN	4	PA
TAXOTERE	4	B vs D
<i>toposar</i>	1	B vs D GC
TORISEL	4	PA
TRISENOX	3	B vs D
TYKERB	4	PA
VELCADE	4	PA
VIDAZA	2	PA
<i>vinblastine sulfate</i>	1	B vs D GC
<i>vincasar pfs</i>	1	B vs D GC
<i>vincristine sulfate</i>	1	B vs D GC
<i>vinorelbine tartrate</i>	1	B vs D GC
ZOLINZA	4	PA
Aromatase Inhibitors, 3rd Generation		
ARIMIDEX	2	QL (30 per 30 days)
AROMASIN	3	
FEMARA	3	
Molecular Target Inhibitors		
AFINITOR	4	PA
GLEEVEC	4	PA
IRESSA	4	PA RA
NEXAVAR	4	PA RA

Drug Name	Drug Tier	Notes
SPRYCEL	4	PA
SUTENT	4	PA
TARCEVA	4	PA
TASIGNA	4	
Monoclonal Antibodies		
ARZERRA	4	PA
CAMPATH	4	B vs D
ERBITUX	4	B vs D
HERCEPTIN	4	PA
RITUXAN	4	PA
VECTIBIX	4	B vs D
Retinoids		
PANRETIN	4	
TARGRETIN	4	PA
<i>tretinoin - oral</i>	4	
Antiparasitics		
Anthelmintics		
ALBENZA	2	
BILTRICIDE	2	
<i>mebendazole</i>	1	GC
STROMEKTOL	2	
Antiprotozoals		
ALINIA	3	
<i>chloroquine phosphate</i>	1	GC
COARTEM	3	QL (24 per 30 days)
DARAPRIM	2	
<i>hydroxychloroquine sulfate</i>	1	GC
MALARONE	3	
<i>mefloquine hcl</i>	1	GC
MEPRON	4	
PENTAM 300	3	PA
PRIMAQUINE PHOSPHATE	3	
QUALAQUIN	2	PA
TINDAMAX	3	

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Drug Name	Drug Tier	Notes
Pediculicides/Scabicides		
<i>acticin</i>	1	GC
EURAX	3	
<i>lindane</i>	1	GC
<i>malathion</i>	1	GC
OVIDE	3	
<i>permethrin</i>	1	GC
Antiparkinson Agents		
Antiparkinson Agents		
<i>amantadine hcl</i>	1	GC
APOKYN	4	PA
<i>atamet</i>	1	GC
AZILECT	2	
<i>benztropine mesylate</i>	1	GC
<i>bromocriptine mesylate</i>	1	GC
<i>carbidopa/levodopa</i>	1	GC
<i>carbidopa/levodopa cr</i>	1	GC
<i>carbidopa/levodopa odt</i>	1	GC
COMTAN	3	
LODOSYN	3	
MIRAPEX ER	2	
MIRAPEX TABLET 0.75MG	3	
PARCOPA	3	
<i>pramipexole dihydrochloride</i>	1	GC
REQUIP XL	2	
<i>ropinirole hcl</i>	1	GC
<i>selegiline hcl</i>	1	GC
STALEVO	2	
TASMAR	2	PA
<i>trihexyphenidyl hcl</i>	1	GC
ZELAPAR	3	
Antipsychotics		
Atypicals		
ABILIFY DISCMELT	4	QL (60 per 30 days) PA

Drug Name	Drug Tier	Notes
ABILIFY INJECTION	3	PA
ABILIFY ORAL SOLUTION	3	QL (900 per 30 days) PA
ABILIFY TABLET 2MG, 5MG, 10MG, 15MG	3	QL (30 per 30 days) PA
ABILIFY TABLET 20MG, 30MG	4	QL (30 per 30 days) PA
<i>clozapine</i>	1	GC
FANAPT	3	QL (60 per 30 days) PA
FANAPT TITRATION PACK	3	QL (16 per 30 days) PA
FAZACLO	3	
GEODON CAPSULE	2	QL (60 per 30 days)
GEODON INJECTION	2	
INVEGA ER 1.5MG, 3MG, 9MG	3	QL (30 per 30 days) PA
INVEGA ER 6MG	3	QL (60 per 30 days) PA
INVEGA SUSTENNA 39MG/0.25ML, 78MG/0.5ML	3	PA
INVEGA SUSTENNA 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	4	PA
RISPERDAL CONSTA 12.5MG, 25MG	3	QL (4 per 28 days)
RISPERDAL CONSTA 37.5MG, 50MG	4	QL (4 per 28 days)
<i>risperidone odt 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	1	QL (60 per 30 days) GC
<i>risperidone odt 4mg</i>	1	QL (120 per 30 days) GC
<i>risperidone solution</i>	1	QL (240 per 30 days) GC
<i>risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	1	QL (60 per 30 days) GC
<i>risperidone tablet 4mg</i>	1	QL (120 per 30 days) GC
SAPHRIS	3	PA

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Drug Name	Drug Tier	Notes
SEROQUEL 25MG, 50MG, 100MG, 200MG	3	QL (120 per 30 days)
SEROQUEL 300MG, 400MG	3	QL (60 per 30 days)
SEROQUEL XR 150MG, 200MG	2	QL (30 per 30 days)
SEROQUEL XR 50MG, 300MG, 400MG	2	QL (60 per 30 days)
SYMBYAX	3	QL (30 per 30 days) PA
ZYPREXA INJECTION	2	
ZYPREXA TABLET	2	QL (30 per 30 days)
ZYPREXA ZYDIS	2	QL (30 per 30 days)
Conventional		
<i>chlorpromazine hcl</i>	1	GC
<i>fluphenazine decanoate</i>	1	GC
<i>fluphenazine hcl</i>	1	GC
<i>haloperidol</i>	1	GC
<i>haloperidol decanoate</i>	1	GC
<i>haloperidol lactate</i>	1	GC
<i>loxapine succinate</i>	1	GC
ORAP	3	
<i>perphenazine</i>	1	GC
<i>thioridazine hcl</i>	1	GC
<i>thiothixene</i>	1	GC
<i>trifluoperazine hcl</i>	1	GC
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen</i>	1	GC
<i>dantrolene sodium</i>	1	GC
<i>tizanidine hcl</i>	1	GC
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>foscarnet sodium</i>	1	B vs D GC
<i>ganciclovir</i>	4	
VALCYTE	4	

Drug Name	Drug Tier	Notes
VISTIDE	4	PA
ZIRGAN	3	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors		
RESCRIPTOR	2	
SUSTIVA	3	
VIRAMUNE	2	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors		
ATRIPLA	4	
COMBIVIR	4	
<i>didanosine</i>	1	GC
EMTRIVA	3	
EPIVIR	2	
EPIVIR HBV	2	
EPZICOM	4	
INTELENCE	4	
RETROVIR	2	
RETROVIR IV INFUSION	2	
<i>stavudine</i>	1	GC
TRIZIVIR	4	
TRUVADA	4	
VIDEX EC	2	
VIDEX PEDIATRIC	2	
VIREAD	3	
ZERIT	2	
ZIAGEN	2	
<i>zidovudine</i>	1	GC
Anti-HIV Agents, Other		
FUZEON	4	
ISENTRESS	4	
SELZENTRY	4	
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	4	
CRIVAN	2	

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Drug Name	Drug Tier	Notes
INVIRASE	4	
KALETRA SOLUTION	4	
KALETRA TABLET 100MG/25MG	3	
KALETRA TABLET 200MG/50MG	4	
LEXIVA SUSPENSION	3	
LEXIVA TABLET	4	
NORVIR CAPSULE, TABLET	3	
NORVIR SOLUTION	4	
PREZISTA 75MG	3	
PREZISTA 400MG, 600MG	4	
REYATAZ	4	
VIRACEPT POWDER	3	
VIRACEPT TABLET	4	
Anti-influenza Agents		
<i>amantadine hcl</i>	1	GC
FLUMADINE	3	
RELENZA DISKHALER	3	QL (120 per 365 days)
<i>rimantadine hcl</i>	1	GC
TAMIFLU CAPSULE 30MG	2	QL (120 per 365 days)
TAMIFLU CAPSULE 45MG	2	QL (60 per 365 days)
TAMIFLU CAPSULE 75MG	2	QL (56 per 365 days)
TAMIFLU SUSPENSION	2	
Antihepatitis Agents		
BARACLUDE SOLUTION	3	
BARACLUDE TABLET	4	
COPEGUS	4	
HEPSERA	4	
REBETOL CAPSULE	4	
REBETOL SOLUTION	2	
<i>ribapak</i>	4	
<i>ribasphere capsule & tablet 200mg</i>	1	GC

Drug Name	Drug Tier	Notes
<i>ribasphere tablet 400mg, 600mg</i>	4	
<i>ribavirin capsule & tablet 200mg</i>	1	GC
<i>ribavirin tablet 400mg, 600mg</i>	4	
TYZEKA	4	
VIRAZOLE	4	B vs D
Antiherpetic Agents		
<i>acyclovir</i>	1	GC
<i>acyclovir sodium</i>	1	B vs D GC
DENAVIR	2	
<i>famciclovir</i>	1	GC
<i>valacyclovir hcl</i>	1	GC
ZOVIRAX CREAM, OINTMENT	3	
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl</i>	1	GC
LEXAPRO SOLUTION	2	QL (600 per 30 days)
LEXAPRO TABLET	2	QL (30 per 30 days)
<i>meprobamate</i>	1	GC
Bipolar Agents		
Bipolar Agents		
<i>lithium carbonate</i>	1	GC
<i>lithium carbonate er</i>	1	GC
<i>lithium citrate</i>	1	GC
LITHOBID	3	
SYMBYAX	3	QL (30 per 30 days) PA
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose</i>	1	GC
ACTOPLUS MET	2	QL (90 per 30 days)
ACTOS	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Notes
AVANDAMET	2	QL (60 per 30 days)
AVANDARYL 1MG/4MG, 2MG/4MG, 4MG/4MG	2	QL (60 per 30 days)
AVANDARYL 2MG/8MG, 4MG/8MG	2	QL (30 per 30 days)
AVANDIA 2MG, 4MG	2	QL (60 per 30 days)
AVANDIA 8MG	2	QL (30 per 30 days)
BYETTA	2	QL (3 per 30 days)
<i>chlorpropamide</i>	1	GC
DUETACT	2	QL (30 per 30 days)
<i>glimepiride</i>	1	GC
<i>glipizide</i>	1	GC
<i>glipizide/metformin hcl</i>	1	GC
<i>glipizide xl</i>	1	GC
<i>glyburide</i>	1	GC
<i>glyburide/metformin hcl</i>	1	GC
<i>glyburide micronized</i>	1	GC
GLYSET	3	
JANUMET	2	QL (60 per 30 days)
JANUVIA	2	QL (30 per 30 days)
<i>metformin hcl</i>	1	GC
<i>metformin hcl er</i>	1	GC
<i>nateglinide</i>	1	GC
ONGLYZA	2	QL (30 per 30 days)
RIOMET	3	
SYMLIN	3	QL (20 per 30 days) PA
SYMLINPEN 60	3	QL (12 per 30 days) PA
SYMLINPEN 120	3	QL (10.8 per 30 days) PA
<i>tolazamide</i>	1	GC
<i>tolbutamide</i>	1	GC
Glycemic Agents		
GLUCAGEN	2	QL (2 per 1 day)
GLUCAGON	2	QL (2 per 1 day)
PROGLYCEM	2	

Drug Name	Drug Tier	Notes
Insulins		
APIDRA	2	
APIDRA SOLOSTAR	2	
HUMALOG	3	ST
HUMALOG MIX	3	ST
HUMALOG	3	ST
HUMULIN 70/30	3	ST
HUMULIN N	3	ST
HUMULIN R	3	ST
HUMULIN R U-500 (CONCENTRATED)	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG MIX 70/30	2	
Blood Products/Modifiers/ Volume Expanders		
Anticoagulants		
ARIXTRA 2.5MG/0.5ML	2	QL (32 per 365 days)
ARIXTRA 5MG/0.4ML	4	QL (12 per 365 days)
ARIXTRA 7.5MG/0.6ML	4	QL (18 per 365 days)
ARIXTRA 10MG/0.8ML	4	QL (24 per 365 days)
COUMADIN	3	
FRAGMIN 2500UNIT/0.2ML, 5000UNIT/0.2ML	3	QL (6 per 365 days) ST
FRAGMIN 7500UNIT/0.3ML	4	QL (54 per 365 days) ST
FRAGMIN 10000UNIT/ML	4	QL (180 per 365 days) ST
FRAGMIN 25000UNIT/ML	4	QL (133 per 365 days) ST
<i>heparin sodium</i>	1	GC

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Drug Name	Drug Tier	Notes
<i>jantoven</i>	1	GC
LOVENOX 30MG/0.3ML	2	QL (18 per 365 days)
LOVENOX 40MG/0.4ML	2	QL (24 per 365 days)
LOVENOX 60MG/0.6ML	4	QL (36 per 365 days)
LOVENOX 80MG/0.8ML, 120MG/0.8ML	4	QL (48 per 365 days)
LOVENOX 100MG/ML, 150MG/ML	4	QL (60 per 365 days)
LOVENOX 300MG/3ML	4	QL (90 per 365 days)
<i>warfarin sodium</i>	1	GC
Blood Formation Products		
ARANESP 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML	2	PA
ARANESP 60MCG/0.3ML, 60MCG/ML, 100MCG/0.5ML, 100MCG/ ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML	4	PA
EPOGEN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	QL (12 per 28 days) PA
EPOGEN 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	4	PA
LEUKINE	4	PA
MOZOBIL	4	PA
NEULASTA	4	PA
NEUMEGA	4	PA
NEUPOGEN	4	PA
PROCRIT 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	QL (12 per 28 days) PA
PROCRIT 10000UNIT/ML	2	PA
PROCRIT 20000UNIT/ML, 40000UNIT/ML	4	PA
Blood Products/Modifiers/ Volume Expanders		
PROMACTA	4	PA

Drug Name	Drug Tier	Notes
Coagulants		
CYKLOKAPRON	2	PA
Platelet Aggregation Inhibitors		
AGGRENOX	3	QL (60 per 30 days)
<i>cilostazol</i>	1	GC
<i>dipyridamole</i>	1	GC
EFFIENT 5MG	2	QL (42 per 30 days)
EFFIENT 10MG	2	QL (36 per 30 days)
PLAVIX 75MG	2	
<i>ticlopidine hcl</i>	1	GC
Cardiovascular Agents		
Alpha-adrenergic Agonists		
CATAPRES-TTS-1	3	QL (4 per 28 days)
CATAPRES-TTS-2	3	QL (4 per 28 days)
CATAPRES-TTS-3	3	QL (8 per 28 days)
<i>clonidine hcl patch</i> <i>0.1mg/24hr, 0.2mg/24hr</i>	1	QL (4 per 28 days) GC
<i>clonidine hcl patch</i> <i>0.3mg/24hr</i>	1	QL (8 per 28 days) GC
<i>clonidine hcl tablet</i>	1	GC
<i>clorpres</i>	1	GC
<i>guanabenz acetate</i>	1	GC
<i>guanfacine hcl</i>	1	GC
<i>methyldopa</i>	1	GC
<i>methyldopa/ hydrochlorothiazide</i>	1	GC
<i>methyldopate hcl</i>	1	GC
<i>midodrine hcl</i>	1	GC
Alpha-adrenergic Blocking Agents		
DIBENZYLINE	2	
<i>prazosin hcl</i>	1	GC
<i>reserpine</i>	1	GC
Antiarrhythmics		
<i>amiodarone hcl</i>	1	GC
<i>disopyramide phosphate</i>	1	GC

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Drug Name	Drug Tier	Notes
<i>flecainide acetate</i>	1	GC
<i>mexiletine hcl</i>	1	GC
MULTAQ	2	QL (60 per 30 days)
NORPACE CR 100MG	3	
<i>pacerone</i>	1	GC
<i>procainamide hcl</i>	1	GC
<i>propafenone hcl</i>	1	GC
<i>quinidine gluconate</i>	1	GC
<i>quinidine gluconate cr</i>	1	GC
<i>quinidine sulfate</i>	1	GC
<i>quinidine sulfate er</i>	1	GC
RYTHMOL SR	3	
<i>sorine</i>	1	GC
<i>sotalol hcl</i>	1	GC
TIKOSYN	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl</i>	1	GC
<i>atenolol</i>	1	GC
<i>atenolol/chlorthalidone</i>	1	GC
<i>betaxolol hcl</i>	1	GC
<i>bisoprolol fumarate</i>	1	GC
<i>bisoprolol fumarate/ hydrochlorothiazide</i>	1	GC
BYSTOLIC TABLET 2.5MG, 5MG	2	QL (90 per 30 days)
BYSTOLIC TABLET 10MG	2	QL (120 per 30 days)
BYSTOLIC TABLET 20MG	2	QL (60 per 30 days)
<i>carvedilol</i>	1	QL (60 per 30 days) GC
COREG CR	2	QL (30 per 30 days)
CORZIDE	3	
INNOPRAN XL	3	
<i>labetalol hcl</i>	1	GC
<i>metoprolol/ hydrochlorothiazide</i>	1	GC
<i>metoprolol succinate er 25mg, 50mg, 100mg</i>	1	QL (30 per 30 days) GC

Drug Name	Drug Tier	Notes
<i>metoprolol succinate er 200mg</i>	1	QL (60 per 30 days) GC
<i>metoprolol tartrate</i>	1	GC
<i>nadolol</i>	1	GC
<i>nadolol/ bendroflumethiazide</i>	1	GC
<i>pindolol</i>	1	GC
<i>propranolol hcl</i>	1	GC
<i>propranolol hcl er</i>	1	GC
<i>propranolol/ hydrochlorothiazide</i>	1	GC
<i>timolol maleate</i>	1	GC
TOPROL XL 25MG, 50MG, 100MG	3	QL (30 per 30 days)
TOPROL XL 200MG	3	QL (60 per 30 days)
Calcium Channel Blocking Agents		
<i>afeditab cr</i>	1	GC
<i>amlodipine besylate</i>	1	QL (30 per 30 days) GC
CARDIZEM LA	3	QL (30 per 30 days)
<i>cartia xt</i>	1	GC
<i>dilt-cd</i>	1	GC
<i>dilt-xr</i>	1	GC
<i>diltiazem cd</i>	1	GC
<i>diltiazem hcl er capsule</i>	1	GC
<i>diltiazem hcl tablet</i>	1	GC
<i>diltzac</i>	1	GC
DYNACIRC CR	3	
EXFORGE	2	QL (30 per 30 days)
EXFORGE HCT	2	QL (30 per 30 days)
<i>felodipine er</i>	1	QL (30 per 30 days) GC
<i>isradipine</i>	1	GC
<i>nicardipine hcl capsule</i>	1	GC
<i>nifediac cc</i>	1	GC
<i>nifedical xl</i>	1	GC
<i>nifedipine</i>	1	GC

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Drug Name	Drug Tier	Notes
<i>nifedipine er</i>	1	GC
<i>nimodipine</i>	4	
SULAR	3	QL (30 per 30 days)
<i>taztia xt</i>	1	GC
TWYNSTA	2	QL (30 per 30 days)
<i>verapamil hcl</i>	1	GC
<i>verapamil hcl er</i>	1	GC
Cardiovascular Agents, Other		
DEMSER	2	
<i>digoxin</i>	1	GC
LANOXIN	2	
RANEXA	2	
Diuretics		
<i>acetazolamide sodium</i>	1	GC
<i>amiloride hcl</i>	1	GC
<i>amiloride/ hydrochlorothiazide</i>	1	GC
<i>bumetanide</i>	1	GC
<i>chlorothiazide</i>	1	GC
<i>chlorothiazide sodium</i>	1	GC
<i>chlorthalidone</i>	1	GC
DIURIL	2	
DIURIL IV	3	PA
DYRENIUM	2	
EDECIN	2	
<i>furosemide</i>	1	GC
<i>hydrochlorothiazide</i>	1	GC
<i>indapamide</i>	1	GC
<i>methyclothiazide</i>	1	GC
<i>metolazone</i>	1	GC
SAMSCA 15MG	4	QL (30 per 30 days) PA
SAMSCA 30MG	4	QL (60 per 30 days) PA
SODIUM EDECIN	2	
THALITONE	2	

Drug Name	Drug Tier	Notes
<i>torseamide tablet</i>	1	GC
<i>triamterene/ hydrochlorothiazide</i>	1	GC
Dyslipidemics		
ADVICOR	3	QL (30 per 30 days)
CADUET	2	QL (30 per 30 days)
<i>cholestyramine light</i>	1	GC
<i>colestipol hcl</i>	1	GC
CRESTOR	2	QL (30 per 30 days)
<i>fenofibrate micronized</i>	1	QL (30 per 30 days) GC
<i>fenofibrate tablet 54mg</i>	1	QL (60 per 30 days) GC
<i>fenofibrate tablet 160mg</i>	1	QL (30 per 30 days) GC
<i>gemfibrozil</i>	1	GC
LESCOL 20MG	2	QL (30 per 30 days)
LESCOL 40MG	2	QL (60 per 30 days)
LESCOL XL	2	QL (30 per 30 days)
LIPITOR	2	QL (30 per 30 days)
LIPOFEN	3	QL (90 per 30 days) ST
LOFIBRA CAPSULE	3	QL (30 per 30 days) ST
LOFIBRA TABLET 54MG	3	QL (60 per 30 days) ST
LOFIBRA TABLET 160MG	3	QL (30 per 30 days) ST
<i>lovastatin tablet 10mg, 20mg</i>	1	QL (30 per 30 days) GC
<i>lovastatin tablet 40mg</i>	1	QL (60 per 30 days) GC
LOVAZA	2	
NIASPAN 500MG, 750MG	2	QL (30 per 30 days)
NIASPAN 1000MG	2	QL (60 per 30 days)
<i>pravastatin sodium</i>	1	QL (30 per 30 days) GC
<i>prevalite</i>	1	GC

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Drug Name	Drug Tier	Notes
SIMCOR 500MG/20MG	2	QL (30 per 30 days)
SIMCOR 750MG/20MG, 1000MG/20MG	2	QL (60 per 30 days)
<i>simvastatin</i>	1	QL (30 per 30 days) GC
TRICOR 48MG	3	QL (60 per 30 days)
TRICOR 145MG	3	QL (30 per 30 days)
TRIGLIDE 50MG	3	QL (60 per 30 days) ST
TRIGLIDE 160MG	3	QL (30 per 30 days) ST
TRILIPIX 45MG	2	QL (60 per 30 days)
TRILIPIX 135MG	2	QL (30 per 30 days)
VYTORIN	3	QL (30 per 30 days)
WELCHOL PACKET	3	QL (30 per 30 days)
WELCHOL TABLET	3	QL (210 per 30 days)
ZETIA	2	QL (30 per 30 days)
Renin-angiotensin-aldosterone System Inhibitors		
<i>amlodipine besylate/ benazepril hydrochloride</i>	1	GC
ATACAND	3	QL (30 per 30 days) ST
ATACAND HCT	3	QL (30 per 30 days) ST
AVALIDE	3	QL (30 per 30 days) ST
AVAPRO	3	QL (30 per 30 days) ST
<i>benazepril hcl</i>	1	GC
<i>benazepril hcl/ hydrochlorothiazide</i>	1	GC
BENICAR	3	QL (30 per 30 days) ST
BENICAR HCT	3	QL (30 per 30 days) ST
<i>captopril</i>	1	GC
<i>captopril/ hydrochlorothiazide</i>	1	GC
DIOVAN	2	QL (30 per 30 days)

Drug Name	Drug Tier	Notes
DIOVAN HCT	2	QL (30 per 30 days)
<i>enalapril maleate</i>	1	GC
<i>enalapril maleate/ hydrochlorothiazide</i>	1	GC
<i>eplerenone</i>	1	GC
<i>fosinopril sodium</i>	1	GC
<i>fosinopril sodium/ hydrochlorothiazide</i>	1	GC
<i>lisinopril</i>	1	GC
<i>lisinopril/ hydrochlorothiazide</i>	1	GC
<i>losartan potassium</i>	1	QL (30 per 30 days) GC
<i>losartan potassium/ hydrochlorothiazide</i>	1	QL (30 per 30 days) GC
LOTREL	2	QL (30 per 30 days)
MICARDIS	2	QL (30 per 30 days)
MICARDIS HCT	2	QL (30 per 30 days)
<i>moexipril hcl</i>	1	GC
<i>moexipril/ hydrochlorothiazide</i>	1	GC
<i>perindopril erbumine</i>	1	GC
<i>quinapril hcl</i>	1	GC
<i>quinapril/ hydrochlorothiazide</i>	1	GC
<i>ramipril</i>	1	QL (60 per 30 days) GC
<i>spironolactone</i>	1	GC
<i>spironolactone/ hydrochlorothiazide</i>	1	GC
TARKA 1MG/240MG, 2MG/180MG, 2MG/240MG	3	QL (30 per 30 days)
TARKA 4MG/240MG	3	QL (60 per 30 days)
TEKTURNA	3	QL (30 per 30 days) ST
TEKTURNA HCT	3	QL (30 per 30 days) ST
TEVETEN	3	QL (30 per 30 days) ST

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Drug Name	Drug Tier	Notes
TEVETEN HCT	3	QL (30 per 30 days) ST
<i>trandolapril</i>	1	GC
<i>trandolapril/verapamil hcl</i> 2mg/180mg, 2mg/240mg	1	QL (30 per 30 days) GC
<i>trandolapril/verapamil hcl</i> 4mg/240mg	1	QL (60 per 30 days) GC
Vasodilators		
BIDIL	3	
<i>hydralazine hcl</i>	1	GC
<i>isosorbide dinitrate</i>	1	GC
<i>isosorbide dinitrate er</i>	1	GC
<i>isosorbide mononitrate</i>	1	GC
<i>isosorbide mononitrate er</i>	1	GC
<i>minitran</i>	1	GC
<i>minoxidil</i>	1	GC
MONOKET	3	
NITRO-BID OINTMENT	3	
NITRO-DUR PATCH 0.3MG/ HR, 0.8MG/HR	3	
<i>nitroglycerin</i>	1	GC
<i>nitroglycerin transdermal</i>	1	GC
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	
Central Nervous System Agents		
Amphetamines, ADHD		
ADDERALL XR 5MG, 10MG, 15MG	3	QL (30 per 30 days)
ADDERALL XR 20MG, 25MG, 30MG	3	QL (60 per 30 days)
<i>amphetamine/ dextroamphetamine</i>	1	GC
DESOXYN	3	PA
<i>dextroamphetamine sulfate</i>	1	GC
<i>dextroamphetamine sulfate er</i>	1	GC

Drug Name	Drug Tier	Notes
<i>methamphetamine hcl</i>	1	PA GC
Non-amphetamines, ADHD		
CONCERTA	3	QL (30 per 30 days)
DAYTRANA	3	
<i>dexmethylphenidate hcl</i>	1	GC
METADATE ER	2	
<i>methylin er</i>	1	GC
METHYLIN TABLET CHEWABLE, SOLUTION	3	
<i>methylin tablet</i>	1	GC
<i>methylphenidate hcl</i>	1	GC
<i>methylphenidate hcl sr</i>	1	GC
STRATTERA 10MG, 18MG, 25MG, 40MG	2	QL (60 per 30 days)
STRATTERA 60MG, 80MG, 100MG,	2	QL (30 per 30 days)
Non-amphetamines, Other		
AMPYRA	4	QL (60 per 30 days) PA
PROVIGIL 100MG	3	QL (30 per 30 days) PA
PROVIGIL 200MG	3	QL (60 per 30 days) PA
RILUTEK	2	
XYREM	4	RA
Dental and Oral Agents		
Dental and Oral Agents		
APHTHASOL	3	
<i>chlorhexidine gluconate oral rinse</i>	1	GC
EVOXAC	3	
KEPIVANCE	4	PA
PERIDEX ORAL RINSE	2	
<i>periogard</i>	1	GC
<i>pilocarpine hcl</i>	1	GC
<i>triamcinolone in orabase</i>	1	GC

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Drug Name	Drug Tier	Notes
Dermatological Agents		
Dermatological Agents		
8-MOP	2	
ALDARA	3	
AMEVIVE	4	PA
<i>ammonium lactate rx</i>	1	GC
<i>amnesteem</i>	1	GC
AVITA	3	PA
AZELEX	2	
BENZACLIN	2	
<i>calcipotriene</i>	1	GC
CARAC	3	
<i>claravis</i>	1	GC
CLINDAGEL	3	
<i>clindamycin phosphate</i>	1	GC
<i>clindamycin/benzoyl peroxide</i>	1	GC
CONDYLOX	3	
DIFFERIN	2	
DOVONEX	2	
EFUDEX	3	
ELIDEL	3	
<i>erythromycin/benzoyl peroxide</i>	1	GC
EVOCLIN	3	
FINACEA	2	
FLUOROPLEX	2	
<i>fluorouracil</i>	1	GC
<i>imiquimod</i>	1	GC
<i>laclotion</i>	1	GC
OXSORALEN	3	
OXSORALEN ULTRA	2	
<i>podoflox</i>	1	GC
PROTOPIC	3	
REGRANEX	4	QL (30 per 30 days) PA

Drug Name	Drug Tier	Notes
RETIN-A MICRO	3	PA
SANTYL	2	
SOLARAZE	2	
SORIATANE	4	
<i>sotret</i>	1	GC
STELARA	4	PA
TACLONEX	3	
TAZORAC	3	
<i>tretinoin - topical</i>	1	PA GC
UVADEX	2	B vs D
ZIANA	3	
ZONALON	2	
Enzyme Replacements/ Modifiers		
Enzyme Replacements/ Modifiers		
ADAGEN	4	PA
ALDURAZYME	4	PA
BUPHENYL	2	
CEREDASE	4	PA
CEREZYME	4	PA
CREON	2	
CYSTADANE	2	
CYSTAGON	2	
ELAPRASE	4	PA
FABRAZYME	4	PA
MYOZYME	4	PA
NAGLAZYME	4	PA
ORFADIN	4	
SUCRAID	3	
VPRIV	4	PA
ZAVESCA	2	
ZENPEP	2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>atropine sulfate</i>	1	GC
CANTIL	2	

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Drug Name	Drug Tier	Notes
<i>dicyclomine hcl capsule, oral solution, tablet</i>	1	GC
<i>dicyclomine hcl injection</i>	1	PA GC
<i>glycopyrrolate</i>	1	GC
<i>methscopolamine bromide</i>	1	GC
MOTOFEN	2	
ROBINUL INJECTION	2	
Gastrointestinal Agents, Other		
AMITIZA	3	QL (60 per 30 days)
<i>constulose</i>	1	GC
<i>diphenoxylate/atropine</i>	1	GC
<i>enulose</i>	1	GC
GASTROCROM	2	
<i>gavilyte</i>	1	GC
<i>generlac</i>	1	GC
GOLYTELY	2	
HALFLYTELY BOWEL PREP	2	
KRISTALOSE	3	
<i>lactulose</i>	1	GC
<i>loperamide hcl rx</i>	1	GC
<i>metoclopramide hcl</i>	1	GC
MOVIPREP	3	
NULYTELY/FLAVOR PACKS	2	
<i>polyethylene glycol 3350</i>	1	GC
<i>trilyte</i>	1	GC
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	GC
VISICOL	3	
Histamine2 (H2) Blocking Agents		
<i>cimetidine hcl</i>	1	GC
<i>famotidine</i>	1	GC
<i>nizatidine capsule</i>	1	GC
<i>ranitidine hcl</i>	1	GC
Irritable Bowel Syndrome Agents		
LOTRONEX	2	PA

Drug Name	Drug Tier	Notes
Protectants		
CARAFATE	3	
<i>misoprostol</i>	1	GC
<i>sucralfate</i>	1	GC
Proton Pump Inhibitors		
ACIPHEX	3	QL (30 per 30 days) ST
DEXILANT	3	QL (30 per 30 days)
<i>lansoprazole</i>	1	QL (30 per 30 days) GC
NEXIUM	2	QL (30 per 30 days)
NEXIUM IV	2	PA
<i>omeprazole 10mg, 40mg</i>	1	QL (30 per 30 days) GC
<i>omeprazole 20mg</i>	1	QL (60 per 30 days) GC
<i>pantoprazole sodium</i>	1	QL (30 per 30 days) GC
ZEGERID	3	QL (30 per 30 days) ST
Genitourinary Agents		
Antispasmodics, Urinary		
DETROL	2	QL (60 per 30 days)
DETROL LA	2	QL (30 per 30 days)
ENABLEX	3	QL (30 per 30 days)
<i>flavoxate hcl</i>	1	GC
GELNIQUE	2	QL (30 per 30 days)
<i>oxybutynin chloride</i>	1	GC
<i>oxybutynin chloride er 5mg</i>	1	QL (30 per 30 days) GC
<i>oxybutynin chloride er 10mg, 15mg</i>	1	QL (60 per 30 days) GC
OXYTROL	2	
TOVIAZ	2	QL (30 per 30 days)
VESICARE	3	QL (30 per 30 days) ST

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Drug Name	Drug Tier	Notes
Benign Prostatic Hypertrophy Agents		
AVODART	2	QL (30 per 30 days)
<i>doxazosin mesylate</i>	1	GC
<i>finasteride</i>	1	QL (30 per 30 days) GC
RAPAFLO	2	QL (30 per 30 days) ST
<i>tamsulosin hcl</i>	1	QL (60 per 30 days) ST GC
<i>terazosin hcl</i>	1	GC
UROXATRAL	3	QL (30 per 30 days) ST
Genitourinary Agents, Other		
CLINDESSE	3	
ELMIRON	2	
LITHOSTAT	2	
THIOLA	3	
Phosphate Binders		
<i>calcium acetate</i>	1	GC
FOSRENOL	2	
PHOSLO	2	
RENAGEL	2	
REVELA	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Glucocorticoids/ Mineralocorticoids		
<i>a-hydrocort</i>	1	B vs D GC
<i>a-methapred</i>	1	B vs D GC
<i>ala cort</i>	1	GC
<i>ala scalp</i>	1	GC
<i>alclometasone dipropionate</i>	1	GC
<i>amcinonide</i>	1	GC
<i>augmented betamethasone dipropionate</i>	1	GC
<i>beta-val</i>	1	GC

Drug Name	Drug Tier	Notes
<i>betamethasone dipropionate</i>	1	GC
<i>betamethasone valerate</i>	1	GC
CAPEX	2	
CELESTONE	2	
<i>clobetasol propionate</i>	1	GC
<i>clobetasol propionate e</i>	1	GC
CLOBEX	3	
CLODERM	2	
CORDRAN	2	
CORDRAN SP	2	
CORDRAN TAPE	2	
CORTEF 5MG, 20MG	2	B vs D
CORTEF 10MG	2	
<i>cortisone acetate</i>	1	GC
CUTIVATE LOTION	3	
DEPO-MEDROL	3	B vs D
DERMA-SMOOTH/FS BODY OIL	2	
DESONATE	3	
<i>desonide</i>	1	GC
<i>desoximetasone</i>	1	GC
<i>dexamethasone</i>	1	GC
<i>dexamethasone intensol</i>	1	GC
<i>dexamethasone sodium phosphate</i>	1	B vs D GC
<i>diflorasone diacetate</i>	1	GC
<i>fludrocortisone acetate</i>	1	GC
<i>fluocinolone acetonide</i>	1	GC
<i>fluocinonide</i>	1	GC
<i>fluocinonide e</i>	1	GC
<i>fluticasone propionate</i>	1	GC
<i>halobetasol propionate</i>	1	GC
<i>hydrocortisone butyrate</i>	1	GC
<i>hydrocortisone rx</i>	1	GC
<i>hydrocortisone valerate</i>	1	GC

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Drug Name	Drug Tier	Notes
KENALOG	3	
<i>lokara</i>	1	GC
LUXIQ	3	
<i>methylprednisolone acetate</i>	1	B vs D GC
<i>methylprednisolone sodium succinate injection 40mg, 125mg</i>	1	B vs D GC
<i>methylprednisolone sodium succinate injection 1000mg</i>	1	HI
<i>methylprednisolone tablet 4mg</i>	1	GC
<i>methylprednisolone tablet (all other strengths)</i>	1	B vs D GC
<i>mometasone furoate</i>	1	GC
OLUX-E	3	
ORAPRED ODT	3	
PANDEL	2	
<i>prednicarbate</i>	1	GC
<i>prednisolone</i>	1	GC
<i>prednisolone sodium phosphate</i>	1	GC
<i>prednisone</i>	1	B vs D GC
<i>prednisone intensol</i>	1	B vs D GC
PROCTOCORT	3	
<i>proctocream-hc</i>	1	GC
<i>proctosol hc</i>	1	GC
<i>procto-pak</i>	1	GC
<i>proctozone-hc</i>	1	GC
SOLU-CORTEF	2	B vs D
SOLU-MEDROL 40MG, 125MG, 500MG	2	B vs D
SOLU-MEDROL 2GM	2	HI
<i>triamcinolone acetonide</i>	1	GC
<i>triamcinolone acetonide in absorbase</i>	1	GC
<i>triderm</i>	1	GC
<i>u-cort</i>	1	GC

Drug Name	Drug Tier	Notes
VANOS	3	
VERDESO	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
DDAVP SOLUTION 0.01%	3	
<i>desmopressin acetate nasal solution, tablet</i>	1	GC
<i>desmopressin acetate injection</i>	1	PA GC
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK 0.2MG	3	PA
GENOTROPIN MINIQUICK 0.4MG, 0.6MG, 0.8MG, 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 2MG	4	PA
HUMATROPE	4	PA
INCRELEX	4	PA
METHERGINE	3	
NORDITROPIN	4	PA
NUTROPIN	4	PA
NUTROPIN AQ	4	PA
OMNITROPE	4	PA
SAIZEN	4	PA
SEROSTIM	4	PA
STIMATE	2	
TEV-TROPIN	4	PA
ZORBTIVE	4	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
ANADROL-50	4	
OXANDRIN	4	
<i>oxandrolone 2.5mg</i>	1	GC
<i>oxandrolone 10mg</i>	4	

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Drug Name	Drug Tier	Notes
Androgens		
ANDRODERM	2	
ANDROGEL	2	
<i>methitest</i>	1	GC
STRIANT	3	
TESTIM	2	
<i>testosterone cypionate</i>	1	PA GC
<i>testosterone enanthate</i>	1	PA GC
Estrogens		
ACTIVELLA	3	
ALORA	2	QL (8 per 28 days)
CENESTIN	3	
DEPO-ESTRADIOL	2	
DIVIGEL	3	
ENJUVIA	2	
ESTRACE CREAM	2	
<i>estradiol</i>	1	GC
<i>estradiol/norethindrone acetate</i>	1	GC
ESTRASORB	3	QL (97.44 per 28 days)
ESTRING	2	
ESTROGEL	3	
<i>estropipate</i>	1	GC
ESTROSTEP FE	3	
FEMRING	3	QL (1 per 90 days)
FEMTRACE	3	
LOSEASONIQUE	3	
MENOSTAR	3	QL (4 per 28 days)
ORTHO TRI-CYCLEN LO	3	
<i>ortho-est</i>	1	GC
PREMARIN INJECTION	3	
PREMARIN TABLET	3	QL (30 per 30 days)
PREMARIN W/APPLICATOR	3	
<i>tri-legest fe</i>	1	GC

Drug Name	Drug Tier	Notes
VAGIFEM	3	
VIVELLE-DOT	2	QL (8 per 28 days)
Progestins		
ANGELIQ	3	
<i>apri</i>	1	GC
<i>aranelle</i>	1	GC
<i>aviane</i>	1	GC
<i>balziva</i>	1	GC
<i>camila</i>	1	GC
<i>cesia</i>	1	GC
CLIMARA PRO	3	QL (4 per 28 days)
COMBIPATCH	3	
<i>cryselle</i>	1	GC
CYCLESSA	3	
DEPO-PROVERA	2	
DEPO-SUBQ PROVERA 104	2	
<i>enpresse</i>	1	GC
<i>errin</i>	1	GC
FEMHRT 1/5	3	
FEMHRT LOW DOSE	3	
<i>jolivette</i>	1	GC
<i>junel</i>	1	GC
<i>junel fe</i>	1	GC
<i>kariva</i>	1	GC
<i>kelnor</i>	1	GC
<i>leena</i>	1	GC
<i>lessina</i>	1	GC
<i>levora</i>	1	GC
LOESTRIN 24 FE	3	
<i>low-ogestrel</i>	1	GC
<i>lutera</i>	1	GC
LYBREL	3	
<i>medroxyprogesterone acetate</i>	1	GC
MEGACE ES	2	

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Drug Name	Drug Tier	Notes
MEGACE ORAL	3	
<i>megestrol acetate</i>	1	GC
<i>microgestin</i>	1	GC
<i>microgestin fe</i>	1	GC
<i>mononessa</i>	1	GC
<i>necon</i>	1	GC
<i>next choice</i>	1	GC
NOR-QD	3	
<i>nora-be</i>	1	GC
<i>norethindrone acetate</i>	1	GC
<i>nortrel</i>	1	GC
NUVARING	3	
<i>ocella</i>	1	GC
<i>ogestrel</i>	1	GC
ORTHO EVRA	3	
<i>portia</i>	1	GC
PREFEST	3	
PREMPHASE	3	
PREMPRO	3	QL (28 per 28 days)
<i>previfem</i>	1	GC
PROMETRIUM	2	
<i>quasense</i>	1	GC
<i>reclipsen</i>	1	GC
SEASONIQUE	3	
<i>solia</i>	1	GC
<i>sprintec</i>	1	GC
<i>sronyx</i>	1	GC
<i>tri-previfem</i>	1	GC
<i>tri-sprintec</i>	1	GC
<i>trinessa</i>	1	GC
<i>trivora</i>	1	GC
<i>velivet</i>	1	GC
YAZ	3	
<i>zovia</i>	1	GC

Drug Name	Drug Tier	Notes
Selective Estrogen Receptor Modifying Agents		
EVISTA	2	QL (30 per 30 days)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL	3	
LEVOTHROID	2	
<i>levothyroxine sodium</i>	1	GC
LEVOXYL	2	
<i>liothyronine sodium</i>	1	GC
SYNTHROID	3	
THYROLAR	3	
UNITHROID	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	4	
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR TABLET 30MG	2	QL (60 per 30 days)
SENSIPAR TABLET 60MG	4	QL (60 per 30 days)
SENSIPAR TABLET 90MG	4	QL (120 per 30 days)
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	1	QL (16 per 28 days) GC
ELIGARD	3	PA
FIRMAGON	3	PA
<i>leuprolide acetate</i>	1	PA GC
LUPRON DEPOT 3.75MG, 7.5MG, 22.5MG, 30MG	4	PA
LUPRON DEPOT 11.25MG	3	PA
LUPRON DEPOT-PED	4	PA
<i>octreotide acetate</i>	4	PA
SANDOSTATIN	4	PA

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Drug Name	Drug Tier	Notes
SANDOSTATIN LAR DEPOT	4	PA
SOMATULINE DEPOT	4	PA
SOMAVERT	4	PA
SYNAREL	4	PA
TRELSTAR DEPOT	3	PA
TRELSTAR LA	3	PA
Hormonal Agents, Suppressant (Sex Hormones/Modifiers)		
Antiandrogens		
<i>bicalutamide</i>	1	GC
CASODEX	3	
<i>flutamide</i>	1	GC
NILANDRON	2	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole</i>	1	GC
<i>propylthiouracil</i>	1	GC
Immunological Agents		
Immune Suppressants		
ACTEMRA	4	PA
AZASAN	2	B vs D
<i>azathioprine</i>	1	B vs D GC
<i>azathioprine sodium</i>	1	B vs D GC
CELLCEPT IV	3	B vs D
CELLCEPT CAPSULE	3	B vs D
CELLCEPT SUSPENSION, TABLET	4	B vs D
CIMZIA	4	PA
<i>cyclosporine</i>	1	B vs D GC
<i>cyclosporine modified</i>	1	B vs D GC
ENBREL	4	PA
<i>gengraf</i>	1	B vs D GC
HUMIRA	4	PA
IMURAN	3	B vs D
<i>methotrexate</i>	1	B vs D GC

Drug Name	Drug Tier	Notes
<i>methotrexate sodium</i>	1	B vs D GC
<i>mycophenolate mofetil</i>	1	B vs D GC
MYFORTIC	2	B vs D
NEORAL	3	B vs D
ORENCIA	4	PA
ORTHOCLONE OKT3	4	B vs D
PROGRAF CAPSULE 0.5MG	3	B vs D
PROGRAF CAPSULE 1MG, 5MG	4	B vs D
PROGRAF INJECTION	3	B vs D
RAPAMUNE	4	B vs D
REMICADE	4	PA
RHEUMATREX	2	
SANDIMMUNE	2	B vs D
SIMPONI	4	PA
SIMULECT	4	B vs D
<i>tacrolimus</i>	1	B vs D GC
TREXALL	3	B vs D
Immunizing Agents, Passive		
ATGAM	4	PA
CARIMUNE NF	4	PA
FLEBOGAMMA	4	PA
GAMASTAN S/D	2	PA
GAMMAGARD	4	PA
GAMUNEX	4	PA
OCTAGAM	4	PA
PRIVIGEN	4	PA
THYMOGLOBULIN	4	PA
VIVAGLOBIN	4	PA
Immunomodulators		
ACTIMMUNE	4	PA
ALFERON N	4	PA
ARAVA	3	PA
ARCALYST	4	PA RA
AVONEX	4	PA

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Drug Name	Drug Tier	Notes
BETASERON	4	PA
COPAXONE	4	PA
EXTAVIA	4	PA
INFERGEN	4	PA
INTRON-A 3MU/0.2ML	2	PA
INTRON-A 5MU/0.2ML, 6MUNIT/ML, 10MU/0.2ML	4	PA
INTRON-A W/DILUENT	4	PA
KINERET	4	PA
<i>leflunomide</i>	1	GC
PEG-INTRON	4	PA
PEGASYS	4	PA
REBIF	4	PA
RIDAURA	2	
SYNAGIS	4	PA
TYSABRI	4	PA RA
Vaccines		
ACTHIB	2	
ADACEL	2	
ATTENUVAX	2	
BOOSTRIX	2	
CERVARIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	1	GC
ENGERIX-B	2	B vs D
GARDASIL	2	
HAVRIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
JE-VAX	2	
M-M-R II	2	

Drug Name	Drug Tier	Notes
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II	2	
PEDIARIX	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	B vs D
ROTATEQ	2	
TETANUS TOXOID ADSORBED	2	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	1	GC
TRIHIBIT	2	
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	3	
VAQTA	2	
VARIVAX	2	
VIVOTIF BERNA	2	
YF-VAX	2	
ZOSTAVAX	2	
Inflammatory Bowel Disease Agents		
Glucocorticoids		
<i>colocort</i>	1	GC
ENTOCORT EC	3	
<i>hydrocortisone enema</i>	1	GC
Salicylates		
ASACOL	3	ST
ASACOL HD	3	ST
<i>balsalazide disodium</i>	1	GC
CANASA	2	
DIPENTUM	2	
LIALDA	2	
<i>mesalamine enema</i>	1	GC

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Drug Name	Drug Tier	Notes
PENTASA	2	
Sulfonamides		
<i>sulfasalazine</i>	1	GC
<i>sulfazine ec</i>	1	GC
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
ACTONEL 5MG, 30MG	3	QL (30 per 30 days) ST
ACTONEL 35MG	3	QL (4 per 28 days) ST
ACTONEL 150MG	3	QL (1 per 30 days) ST
<i>alendronate sodium 5mg, 10mg, 40mg</i>	1	QL (30 per 30 days) GC
<i>alendronate sodium 35mg, 70mg</i>	1	QL (4 per 28 days) GC
BONIVA INJECTION	2	QL (3 per 90 days) PA
BONIVA TABLET	2	QL (1 per 30 days)
CALCIJEX	2	
<i>calcitonin-salmon nasal spray</i>	1	GC
<i>calcitriol</i>	1	GC
<i>etidronate disodium</i>	1	GC
FORTEO	4	PA
FORTICAL	1	GC
FOSAMAX PLUS D	3	QL (4 per 28 days) ST
FOSAMAX SOLUTION	3	QL (300 per 28 days)
HECTOROL	3	ST
MIACALCIN	3	
<i>pamidronate disodium</i>	1	PA GC
SKELID	3	
ZEMPLAR	2	
ZOMETA	4	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL 5%/ DEXTROSE 5%	2	B vs D
ALCOHOL PREP PADS	2	

Drug Name	Drug Tier	Notes
<i>anagrelide hydrochloride</i>	1	PA GC
BOTOX	3	PA
<i>dexrazoxane</i>	4	PA
GAUZE PADS 2"X2"	2	
INSULIN SYRINGES & NEEDLES	2	
INTRALIPID	2	B vs D
KUVAN	4	
<i>levocarnitine injection</i>	1	PA GC
<i>levocarnitine oral solution, tablet</i>	1	GC
LIPOSYN II	2	B vs D
LIPOSYN III	2	B vs D
MYOBLOC	3	PA
<i>pentopak</i>	1	GC
<i>pentoxifylline er</i>	1	GC
<i>sterile water irrigation</i>	1	GC
XENAZINE	4	RA
ZINECARD	4	PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>ak-con</i>	1	GC
<i>ak-tob</i>	1	GC
AZASITE	2	
<i>bacitracin</i>	1	GC
<i>bacitracin/polymyxin b</i>	1	GC
CILOXAN	2	
<i>gentak</i>	1	GC
<i>gentamicin sulfate</i>	1	GC
<i>gentasol</i>	1	GC
LACRISERT	2	
<i>mydral</i>	1	GC
<i>naphazoline hcl</i>	1	GC
NATACYN	2	
<i>neomycin/polymyxin/ bacitracin/hydrocortisone</i>	1	GC

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Drug Name	Drug Tier	Notes
<i>neomycin/polymyxin/gramicidin</i>	1	GC
<i>ofloxacin</i>	1	GC
<i>parcaine</i>	1	GC
<i>proparacaine hcl</i>	1	GC
RESTASIS	2	
<i>romycin</i>	1	GC
<i>tobramycin sulfate</i>	1	GC
<i>tobrasol</i>	1	GC
TOBEX OINTMENT	2	
<i>trifluridine</i>	1	GC
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	GC
<i>tropicamide</i>	1	GC
VIGAMOX	2	
Ophthalmic Anti-allergy Agents		
ALAMAST	3	
ALOCRIAL	3	
ALOMIDE	3	
<i>azelastine hcl</i>	1	GC
<i>cromolyn sodium</i>	1	GC
ELESTAT	3	
EMADINE	3	
OPTIVAR	3	
PATADAY	2	
PATANOL	2	
Ophthalmic Anti-inflammatories		
ALREX	3	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
<i>dexamethasone sodium phosphate</i>	1	GC
<i>dexasporin</i>	1	GC
<i>diclofenac sodium</i>	1	GC
DUREZOL	3	
FLAREX	2	

Drug Name	Drug Tier	Notes
<i>fluorometholone</i>	1	GC
<i>flurbiprofen sodium</i>	1	GC
FML	2	
FML FORTE	2	
<i>ketorolac tromethamine</i>	1	GC
LOTEMAX	3	
MAXIDEX	2	
<i>neomycin/polymyxin/dexamethasone</i>	1	GC
<i>neomycin/polymyxin/hydrocortisone</i>	1	GC
NEVANAC	2	
OCUFEN	3	
<i>poly-dex</i>	1	GC
POLY-PRED	2	
PRED MILD	2	
PRED-G	2	
PRED-G S.O.P.	2	
<i>prednisolone acetate</i>	1	GC
<i>prednisolone sodium phosphate</i>	1	GC
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	GC
TOBRADEX OINTMENT	3	
VEXOL	2	
VOLTAREN	3	
XIBROM	3	
ZYLET	3	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide</i>	1	GC
ALPHAGAN P	2	
<i>apraclonidine</i>	1	GC
AZOPT	2	
<i>betaxolol hcl</i>	1	GC
BETIMOL	2	
BETOPTIC-S	2	

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Drug Name	Drug Tier	Notes
<i>brimonidine tartrate</i>	1	GC
<i>carteolol hcl</i>	1	GC
COMBIGAN	2	
COSOPT	3	
DIAMOX	2	
<i>dorzolamide hcl</i>	1	GC
<i>dorzolamide hcl/timolol maleate</i>	1	GC
IOPIDINE	2	
ISTALOL	3	
<i>levobunolol hcl</i>	1	GC
<i>methazolamide</i>	1	GC
<i>metipranolol</i>	1	GC
OPTIPRANOLOL	2	
PHOSPHOLINE IODIDE	2	
PILOPINE HS	2	
<i>timolol maleate</i>	1	GC
<i>timolol maleate gel drops</i>	1	GC
TRUSOPT	3	
Ophthalmic Prostaglandin and Prostanoid Analogs		
LUMIGAN	3	QL (2.5 per 30 days)
TRAVATAN Z	2	QL (2.5 per 30 days)
XALATAN	3	QL (2.5 per 30 days) ST
Otic Agents		
Otic Agents		
<i>acetazol hc</i>	1	GC
<i>acetic acid</i>	1	GC
<i>acetic acid/hydrocortisone</i>	1	GC
<i>borofair</i>	1	GC
CIPRO HC	2	
CIPRODEX	2	
COLY-MYCIN S	2	
CORTISPORIN-TC	2	
<i>cortomycin</i>	1	GC

Drug Name	Drug Tier	Notes
DERMOTIC	2	
<i>neomycin/polymyxin/hc</i>	1	GC
<i>neomycin/polymyxin/hydrocortisone</i>	1	GC
Respiratory Tract Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	2	
ADVAIR HFA	2	
ALVESCO	3	
ASMANEX	2	
<i>budesonide</i>	1	B vs D GC
FLONASE	3	ST
FLOVENT DISKUS	2	
FLOVENT HFA	2	
<i>fluticasone propionate</i>	1	GC
NASACORT AQ	2	
NASONEX	3	ST
OMNARIS	3	
PULMICORT INHALATION SUSPENSION	3	B vs D
PULMICORT FLEXHALER	3	ST
QVAR	2	
SYMBICORT	2	
VERAMYST	2	
Antihistamines		
ALLEGRA-D 24 HOUR	3	QL (30 per 30 days) ST
ASTEPRO	2	
<i>azelastine hcl</i>	1	GC
<i>carbinoxamine maleate</i>	1	GC
CLARINEX REDITABS	3	QL (30 per 30 days) ST
CLARINEX SYRUP	3	QL (300 per 30 days) ST
CLARINEX TABLET	3	QL (30 per 30 days) ST

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Drug Name	Drug Tier	Notes
CLARINEX-D 12 HOUR	3	QL (60 per 30 days) ST
CLARINEX-D 24 HOUR	3	QL (30 per 30 days) ST
<i>clemastine fumarate rx</i>	1	GC
<i>cyproheptadine hcl</i>	1	GC
<i>dexchlorpheniramine maleate</i>	1	GC
<i>diphenhydramine hcl rx</i>	1	GC
<i>fexofenadine hcl tablet 30mg, 60mg</i>	1	QL (60 per 30 days) GC
<i>fexofenadine hcl tablet 180mg</i>	1	QL (30 per 30 days) GC
<i>hydroxyzine hcl</i>	1	GC
<i>hydroxyzine pamoate</i>	1	GC
<i>meclizine hcl rx</i>	1	GC
<i>palgic liquid</i>	1	GC
<i>promethazine vc</i>	1	GC
SEMPREX-D	3	ST
XYZAL SOLUTION	3	QL (300 per 30 days)
XYZAL TABLET	3	QL (30 per 30 days)
Antileukotrienes		
ACCOLATE	3	QL (60 per 30 days)
SINGULAIR	2	
ZYFLO CR	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	ST
<i>ipratropium bromide inhalation solution</i>	1	B vs D GC
<i>ipratropium bromide nasal solution</i>	1	GC
SPIRIVA HANDIHALER	2	
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)		
<i>aminophylline</i>	1	GC
LUFYLLIN	3	
THEO-24	2	

Drug Name	Drug Tier	Notes
<i>theochron</i>	1	GC
<i>theophylline er</i>	1	GC
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	1	GC
<i>albuterol sulfate inhalation solution</i>	1	B vs D GC
<i>albuterol sulfate syrup, tablet</i>	1	GC
BROVANA	3	B vs D
COMBIVENT	3	
<i>epinephrine hcl</i>	1	GC
EPIPEN	2	QL (2 per 1 day)
EPIPEN-JR	2	QL (2 per 1 day)
FORADIL AEROLIZER	2	
<i>ipratropium bromide/ albuterol sulfate inhalation solution</i>	1	B vs D GC
<i>levalbuterol</i>	1	B vs D GC
MAXAIR AUTOHALER	3	QL (14 per 30 days)
<i>metaproterenol sulfate</i>	1	GC
PERFOROMIST	3	B vs D
PROAIR HFA	2	
PROVENTIL HFA	3	
SEREVENT DISKUS	2	
<i>terbutaline sulfate</i>	1	GC
TWINJECT	2	QL (2 per 1 day)
VENTOLIN HFA	2	
VOSPIRE ER	2	
XOPENEX HFA	3	
XOPENEX INHALANTION SOLUTION	3	B vs D
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation solution</i>	1	B vs D GC
Pulmonary Antihypertensives		
ADCIRCA	4	QL (60 per 30 days) PA

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Drug Name	Drug Tier	Notes
LETAIRIS	4	
REMODULIN	4	PA
REVATIO	4	PA
TRACLEER	4	RA
VENTAVIS	4	PA
Respiratory Tract Agents, Other		
ACETADOTE	2	PA
<i>acetylcysteine</i>	1	B vs D GC
ARALAST NP	4	PA
<i>flunisolide</i>	1	GC
PROLASTIN	4	PA
PULMOZYME	4	B vs D
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
XOLAIR	4	PA
ZEMAIRA	4	PA
Sedatives/Hypnotics		
Sedatives/Hypnotics		
AMBIEN CR	3	QL (30 per 30 days) ST
LUNESTA	3	QL (30 per 30 days) ST
ROZEREM	3	QL (30 per 30 days) ST
<i>zaleplon</i>	1	QL (30 per 30 days) GC
<i>zolpidem tartrate</i>	1	QL (30 per 30 days) GC
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol</i>	1	GC
<i>carisoprodol/aspirin</i>	1	GC
<i>carisoprodol/aspirin/codeine</i>	1	GC
<i>chlorzoxazone</i>	1	GC
<i>cyclobenzaprine hcl</i>	1	GC

Drug Name	Drug Tier	Notes
<i>metaxalone</i>	1	ST GC
<i>methocarbamol</i>	1	GC
<i>orphenadrine/asa/caffeine</i>	1	GC
<i>orphenadrine citrate</i>	1	PA GC
<i>orphenadrine citrate er</i>	1	GC
<i>orphenadrine compound ds</i>	1	GC
ROBAXIN INJECTION	3	PA
SKELAXIN	3	ST
Therapeutic Nutrients/Minerals/ Electrolytes		
Electrolytes/Minerals		
AMINOSYN	2	B vs D
AMINOSYN II	2	B vs D
AMINOSYN M	2	B vs D
AMINOSYN-HBC	2	B vs D
AMINOSYN-HF	2	B vs D
AMINOSYN-PF	2	B vs D
<i>ammonium chloride</i>	1	PA GC
CLINIMIX	2	B vs D
CLINIMIX E	2	B vs D
CLINISOL SF 15%	2	B vs D
<i>dextrose</i>	1	B vs D GC
<i>dextrose/electrolyte #48</i>	1	B vs D GC
<i>dextrose/nacl</i>	1	B vs D GC
<i>dextrose/potassium chloride</i>	1	B vs D GC
<i>ed k+10</i>	1	GC
<i>eliphos</i>	1	GC
FREAMINE HBC	2	B vs D
FREAMINE III	2	B vs D
HEPATAMINE	2	B vs D
HEPATASOL	2	B vs D
IONOSOL-B/DEXTROSE 5%	2	B vs D
IONOSOL-MB/DEXTROSE 5%	2	B vs D
IONOSOL-T/DEXTROSE 5%	2	B vs D
ISOLYTE-H/DEXTROSE 5%	2	B vs D

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Drug Name	Drug Tier	Notes
ISOLYTE-M/DEXTROSE 5%	2	B vs D
ISOLYTE-P/DEXTROSE 5%	2	B vs D
ISOLYTE-S	2	B vs D
ISOLYTE-S/DEXTROSE 5%	2	B vs D
K-TABS	2	
KAON-CL-10	3	
KCL/D5W/LR	2	B vs D
KCL/D5W/NACL	2	B vs D
KCL/D10W/NACL	2	B vs D
<i>klor-con</i>	1	GC
<i>klor-con m</i>	1	GC
LACTATED RINGERS	2	
LACTATED RINGERS IRRIGATION	2	
<i>leucovorin calcium injection</i>	1	B vs D GC
<i>leucovorin calcium tablet</i>	1	GC
<i>magnesium sulfat</i>	1	B vs D GC
<i>magnesium sulfate in d5w</i>	1	GC
NEPHRAMINE	2	B vs D
NORMOSOL-M	2	B vs D
NORMOSOL-R	2	B vs D
<i>novamine</i>	1	B vs D GC
OSMOPREP	3	
PHYSIOLYTE	2	B vs D
PHYSIOSOL IRRIGATION	2	B vs D
PLASMA-LYTE	2	B vs D
POTASSIUM CHLORIDE/ D5W		
POTASSIUM CHLORIDE/ D5W/NACL	2	B vs D
<i>potassium chloride er</i>	1	GC
POTASSIUM CHLORIDE INJECTION	2	B vs D
POTASSIUM CHLORIDE/ NACL	2	B vs D
<i>potassium citrate er</i>	1	GC

Drug Name	Drug Tier	Notes
PREMASOL	2	B vs D
PROCALAMINE	2	B vs D
PROSOL	3	B vs D
RENAMIN	2	B vs D
RINGERS INJECTION	2	
RINGERS IRRIGATION	2	
<i>sodium bicarbonate</i>	1	B vs D GC
<i>sodium chloride</i>	1	B vs D GC
<i>sodium chloride 0.9% irrigation solution</i>	1	GC
<i>sodium chloride 0.45% viaflex</i>	1	B vs D GC
<i>sodium fluoride</i>	1	GC
SODIUM LACTATE	2	B vs D
TIS-U-SOL	2	B vs D
TPN ELECTROLYTES FTV	2	B vs D
TRAVASOL	2	B vs D
TROPHAMINE	2	B vs D
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