



## 2008 Abridged 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.

This document includes HealthPlus Senior's partial formulary as of July 15, 2007. For a more updated formulary, please visit our Web site at [www.healthplus.org](http://www.healthplus.org) or call the Customer Service Department at 1-800-332-9161, Monday through Friday 9 a.m. to 6 p.m. TTY/TDD users should call 1-800-992-5070.

## What is the HealthPlus Senior Formulary?

A formulary is a list of covered drugs selected by HealthPlus Senior 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. HealthPlus Senior has an open formulary, which means every drug covered by Medicare Part D is covered by HealthPlus Senior with some restrictions for drugs included in special programs, such as the Prior Authorization program and quantity limits. Prescriptions for drugs not listed in the enclosed Abridged Formulary are still covered by HealthPlus Senior as long as the drug is:

- Medically necessary,
- Filled at a HealthPlus Senior network pharmacy,
- Covered by Medicare Part D, and
- Other plan rules are followed.

For more information on how to fill your prescriptions, please review your Subscriber Contract and Plan Benefit Rider.

This document is a partial formulary and includes only some of the drugs covered by HealthPlus Senior. For an updated listing of all prescription drugs covered by HealthPlus Senior, please visit our web site at [www.healthplus.org](http://www.healthplus.org), or call 1-800-332-9161, Monday through Friday between 9:00 a.m. and 6:00 p.m. TTY/TDD users should call 1-800-992-5070.

## Can the Formulary change?

Generally, if you are taking a drug on our formulary when you joined the plan, we will not discontinue or reduce coverage of the drug during the 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 improve the safety of your drugs.

If we remove drugs from our formulary or add prior authorization or quantity limits on a drug, 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 July 15, 2007. To get updated information about the drugs covered by HealthPlus Senior, please visit our Web site at [www.healthplus.org](http://www.healthplus.org) or call 1-800-332-9161, Monday through Friday between 9:00 a.m. and 6:00 p.m. TTY/TDD users should call 1-800-992-5070.

## How do I use the Formulary?

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

### Medical Condition

**The formulary begins on page 7.** 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 "Cardiac Drugs." If you know what your drug is used for, look for the category name in the list that begins on page number 7. 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 **Alphabetical 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?

HealthPlus Senior covers both brand-name drugs and generic drugs. A generic drug has the same active-ingredient formula as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA).

## 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:** HealthPlus Senior requires you to get prior authorization for certain drugs. This means that your physician will need to get approval from HealthPlus Senior before certain prescriptions are filled. If you don't get approval, HealthPlus Senior may not cover the drug.

HealthPlus uses Prior Authorization (PA) to manage various aspects of our utilization management program, which Medicare has approved. All aspects of our PA program follow the same process. It is not necessary for you to know which PA program your drug is in. HealthPlus Senior works directly with your doctor when a PA approval is sought. Some examples of the PA program are:

- **Age Restrictions:** which means individuals of a limited age range are eligible for the medication under the pharmacy benefit
- **Gender Restrictions:** Medication is a covered benefit for either females only or males only

- **Step Therapy and/or Prior Authorization:** Specific criteria must be met before medication is covered under the pharmacy benefit. The criteria are based on appropriate utilization of recommended first-line medications prior to selection of the prior authorization medication.

- **Quantity Limits:** For certain drugs, HealthPlus Senior limits the amount of the drug that HealthPlus Senior will cover. For example, HealthPlus Senior provides 30 doses in 30 days for drugs such as Prilosec. This quantity limit provides the safest and best dosage of this type of medication.

HealthPlus uses Quantity Limits (QL) to manage the Dose Optimization (DO) portion of our utilization management program, which Medicare has approved. Either portion of the QL program follows the same process. It is not necessary for you to know whether your drug is in the DO or QL program. HealthPlus Senior works directly with your doctor when a QL or DO approval is sought.

- **Dose Optimization** means that certain strength tablets require prior authorization to encourage selection of medications strengths for once daily dosing as opposed to multiple doses per day.

You can find out if your drug has any additional requirements or limits by looking in the Abridged Formulary that begins on page 7.

You can ask HealthPlus Senior to make an exception to these restrictions or limits. See the section, "How do I request an exception to the HealthPlus Senior formulary?" on page 4 for information about how to request an exception.

## **What if my drug is not on the Formulary?**

If your drug is not included in this Abridged Formulary, you should first contact a Customer Service Representative and ask if your drug is covered. This document includes only a partial list of the drugs HealthPlus Senior covers. You can contact a Customer Service Representative at 1-800-332-9161, Monday through Friday between 9:00 a.m. and 6:00 p.m. TTY/TDD users should call 1-800-992-5070.

HealthPlus Senior has an open drug formulary, which means that every drug covered by Medicare Part D is a covered benefit, with some restrictions for drugs included in special programs such as the prior authorization program and quantity limits. Prescriptions for drugs not listed in the Abridged Formulary are still a covered benefit if the drug is covered by Medicare Part D.

## **How do I request an exception to the HealthPlus Senior Formulary?**

You can ask HealthPlus Senior to make an exception to our coverage rules. There are a couple types of exceptions that you can ask us to make.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, HealthPlus Senior 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 brand” tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the “preferred brand” tier instead. This would lower the amount you must pay for your drug.

Generally, HealthPlus Senior will only approve your request for an exception if it is determined by your physician that the lower-tiered alternative drug does not meet your medical need 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 tiering or utilization restriction exception. When you are requesting a 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.

HealthPlus Senior has a 7-Day Starter Dose program to ensure that you are never in a situation where you are unable to obtain your medication. A 7-Day Starter Dose may be dispensed by the pharmacy when your physician is unavailable for consult and the medication or quantity requires prior authorization.

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

As a new member, you may be taking a drug that is on our formulary but on a higher tier or your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You could talk to your doctor to decide if you should switch to another appropriate drug that is in a lower tier or request a tiering exception. While you talk to your doctor to determine the right course of action for you, we may cover a one-months supply of your drug in certain cases

during the first 90 days you are a member of our plan.

For each of your drugs that is in a higher tier or 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 in a higher tier or 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.

HealthPlus has a Transition Plan that is straightforward and uncomplicated. HealthPlus' goal is to ensure you receive clinically appropriate medications at the right cost. In providing a smooth transition, HealthPlus acknowledges that an individual member may have specific needs or is already stabilized on certain drug regimens.

Under HealthPlus' open formulary, all Part D covered medications are covered. You have a 90-day window to transition to HealthPlus' prescription policies and procedures, and select an in-plan physician. During this period, prescription drugs from non-plan physicians are covered for continuity of care. If you are taking a medication that requires prior authorization, HealthPlus routinely authorizes the medication for the same reason (continuity of care) for a one-month supply during the first 90 days.

Even though the formulary is open, HealthPlus encourages the use of generic medications (instead of similar brand only medications) through incentives such as lower co-payments to beneficiaries and in its contractual

arrangements with physician/ hospital groups, and network pharmacies.

As long as a therapeutic class is a covered benefit, all generic medications in that class are automatically part of the Tier 1 formulary (i.e., lowest beneficiary co-payment). Tier 2 includes preferred brand name medications. A prior authorization process may be administered for specific therapeutic classes if appropriate. All other brand medications are covered either under Tier 3 (i.e., a higher co-payment for the beneficiary) or as part of the Tier 2, based on the beneficiary's particular plan.

Access to medication is not an issue. To ensure that you are never in a situation where you are unable to obtain your medication, a 7-day starter dose may be dispensed by the pharmacy with no co-payment for any medication that requires a refill override due to changes in treatment setting, prior authorization, or an exception.

**As an additional benefit and courtesy, HealthPlus pharmacy staff may call your physician to 'inquire' about your prescription history to determine if suggesting an alternative (e.g., generic or preferred brand medication) is appropriate.**

This Abridged Formulary (and plan information) is available on the HealthPlus website at ([www.HealthPlus.org](http://www.HealthPlus.org)).

The transition process is communicated to you through HealthPlus' Medicare Part D information and website ([www.HealthPlus.org](http://www.HealthPlus.org)). Questions can be answered by calling HealthPlus' Customer Service at 1-800-332-9161.

The HealthPlus transition process is the same for all beneficiaries, whether their Medicare Part D benefits begin on January 1 or on another date, or they switch from one plan to another, or they are long-term care residents.

In summary, the HealthPlus Part D Transition Plan is designed to ensure that you continue to have access to a comprehensive array of

drugs that reflects best practices in the pharmacy industry as well as current treatment standards. Transitioning to a HealthPlus Medicare Part D Plan will not interrupt your medication therapy. With an open formulary, changes in medications are usually prompted by your desire to minimize the amount paid out of pocket. To take advantage of cost savings, you have 90 days to find an in-plan physician and potentially discuss if switching to a therapeutically equivalent medication preferred by HealthPlus is right for you. There is no requirement to change or substitute medication. You are financially responsible for your choices. HealthPlus Customer Service is available to answer questions or to assist you in finding information on the HealthPlus website or in your printed HealthPlus materials.

**For more information**

*For more detailed information about your HealthPlus Senior prescription drug coverage, please review your Subscriber Contract and Plan Benefit Rider and other plan materials.*

If you have questions about HealthPlus Senior, please call Customer Service at 1-800-332-9161, Monday through Friday between 9:00 a.m. and 6:00 p.m. TTY/TDD users should call 1-800-992-5070. Or visit [www.healthplus.org](http://www.healthplus.org).

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).

**HealthPlus Senior’s Formulary**

The formulary beginning on the next page provides coverage information about some of the drugs covered by HealthPlus Senior. If you have trouble finding your drug in the list, turn to the Alphabetical Index that begins on page 41. Remember: This is only a partial list of drugs covered by HealthPlus Senior. If your prescription is not in this partial formulary, please visit our web site at [www.healthplus.org](http://www.healthplus.org) or call Customer Service at 1-800-332-9161,

Monday through Friday, 9:00 a.m. through 6:00 p.m. TTY/TDD users should call 1-800-992-5070 for additional help.

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

The information in the “Notes” column tells you if HealthPlus Senior has any special requirements for coverage of your drug.

**Requirements/Limits Abbreviation Key:**

PA	=	<p><b>Prior Authorization and/or Step Therapy Required.</b> Specific criteria must be met before medication is covered under the pharmacy benefit. The criteria are based on appropriate utilization of recommended first-line medications prior to selection of the prior authorization medication.</p> <p><b>Age Restrictions.</b> Individuals of a limited age range are eligible for the medication under the pharmacy benefit.</p> <p><b>Female Gender Restriction.</b> Medication is a covered benefit for females only.</p> <p><b>Male Gender Restriction.</b> Medication is a covered benefit for males only.</p>
QL	=	<p><b>Quantity Limits.</b> The maximum number of units of medications dispensed per month is limited to a pre-determined quantity.</p> <p><b>Dose Optimization Program.</b> Certain strength tablets require prior authorization to encourage selection of medications strengths for once daily dosing as opposed to multiple doses per day.</p>

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ACIDIFYING AGENTS</b>			
<i>AMMONIUM CHLORIDE</i>	INJ	4	
<b>ADRENALS</b>			
AEROBID, AEROBID-M	AERS	3	
A-METHAPRED, 'DEPO-MEDROL, METHYPREDNISOLONE, SOLU-MEDROL	INJ	4	
ARISTOSPAN, KENALOG	INJ	4	
ASMANEX METERED DOSES	AERS	2	
AZMACORT	AERS	3	
CELESTONE	SOLN	2	
CORTEF	TABS	2	
CORTISONE	TABS	1	
<i>DEXAMETHASONE</i>	TABS, ELIX	1	
<i>DEXAMETHASONE</i>	SOLN, CONC, PAK	2	
<i>DEXAMETHASONE</i>	INJ	4	
FLORINEF	TABS	2	
FLOVENT HFA	AERS	2	
<i>FLUDROCORTISONE</i>	TABS	1	
<i>HYDROCORTISONE</i>	TABS	1	
MEDROL, MEDROL DOSEPAK	TABS	2	
<i>METHYLPREDNISOLONE</i>	TABS	1	
PREDNISOLONE	SYRP, TABS, LIQD, SOLN	1	
<i>PREDNISONE</i>	TABS	1	
PREDNISONE 50MG & SOLN, PREDNISONE INTENSOL, STERAPRED	TABS, CONC, SOLN	2	
PRELONE, PEDIAPRED, ORAPRED	SYRP, LIQ, SOLN	2	
PULMICORT	INHALER, SUSP	2	
SOLU-CORTEF	INJ	4	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ALKALINIZING AGENTS</b>			
POTASSIUM EXTENDED	TABS	1	
<i>SODIUM BICARBONATE</i>	INJ	4	
<i>SODIUM LACTATE</i>	INJ	4	
UROKIT-K	TABS	2	
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>			
CARDURA	TABS	2	
CARDURA XL	AERS	3	PA
<i>DOXAZOSIN</i>	TABS	1	
HYTRIN	CAPS	2	
MINIPRESS	CAPS	2	
<i>PRazosin</i>	CAPS	1	
<i>TERazosin</i>	CAPS	1	
<b>AMMONIA DETOXICANTS</b>			
BUPHENYL	TABS, POWDER	3	
CONSTULOSE, GENERLAC, LACTULOSE	SOLN	1	
ENULOSE	SOLN	2	
LITHOSTAT	TABS	3	
<b>ANALGESICS AND ANTIPIRETTICS - MISCELLANEOUS</b>			
DURACLON	INJ	4	
PRIALT	INJ	4	
<b>ANALGESICS AND ANTIPIRETTICS - NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</b>			
ANAPROX, ANAPROX DS, EC-NAPROSYN, NAPROXYN	TABS, SUSP	2	
ANSAID	TABS	2	
ARTHROTEC	TABS	3	PA
CATAFLAM, VOLTAREN	TABS	2	
CELEBREX	CAPS	2	QL, PA
CLINORIL	TABS	2	
DAYPRO	TABS	2	
DICLOFENAC, DICLOFENAC ER, DICLOFENAC XR, DICLOFENAC EC, DICLOFENAC DR	TABS	1	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANALGESICS AND ANTIPYRETICS - NONSTEROIDAL ANTI-INFLAMMATORY AGENTS, continued</b>			
<i>DIFLUNISAL</i>	TABS	1	
EQUAGESIC	TABS	3	
ETODOLAC, ETODOLAC ER, ETODOLAC EXTENDED RELEASE	TABS, CAPS	1	
FELDENE	CAPS	2	
<i>FENOPROFEN</i>	TABS	1	
<i>FLURBIPROFEN</i>	TABS	1	
<i>IBUPROFEN</i>	TABS	1	
INDOCIN IV	INJ	4	
INDOCIN. INDOCIN SR	SUSP, CAPS	2	
INDOMETHACIN, INDOMETHACIN ER	CAPS	1	
<i>KETOROLAC</i>	INJ	4	
KETOROLAC, KETOPROFEN, KETOPROFEN ER	TABS, CAPS	1	
<i>MECLOFENAMATE</i>	CAPS	1	
<i>MELOXICAM</i>	SUSP, TABS	1	
MOBIC	TABS, SUSP	2	
MOTRIN	TABS	2	
MST 600, NOVASAL	TABS	1	
<i>NABUMETONE</i>	TABS	1	
NALFON	CAPS	2	
NAPRELAN, NAPROXEC, NAPROXEN, NAPROXEN DR	TABS, SUSP	1	PA
NEOPROFEN	INJ	4	
<i>OXAPROZIN</i>	TABS	1	
<i>PIROXICAM</i>	CAPS	1	
PONSTEL	CAPS	3	
PREVACID NAPRAPAC	KIT	3	PA
<i>SULINDAC</i>	TABS	1	
<i>TOLMETIN</i>	CAPS, TABS	1	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANALGESICS AND ANTIPYRETICS - OPIATE AGONISTS</b>			
ACETAMINOPHEN CODEINE	TABS, SOLN	1	QL
ACTIQ	ORAL	2	
ASCOMP/CODEINE, BUTAL/ASA/CAFF/ COD	CAPS	1	
ASPIRIN/CODEINE	TABS	1	
ASTRAMORPH, DURAMORPH, MORPHINE, INFUMORPH, DEPODUR	INJ	4	
AVINZA	CAPS	3	
BUTALBITAL/APAP/ CAFFEINE/CODEINE	CAPS	1	
CAPITAL/CODEINE, VOPAC	SUSP, TABS	3	
<i>CODEINE</i>	TABS	2	
COMBUNOX	TABS	3	PA
DARVOCET-N	TABS	2	QL
DARVON	CAPS	2	
DARVON-N	TABS	3	
DEMEROL	TABS, SYRUP	2	
DEMEROL, MEPERIDINE	INJ	4	
DILAUDID	TABS	2	
DILAUDID, HYDROMORPHONE	INJ	4	
DOLOPHINE 10MG	TABS	2	
<i>FENTANYL</i>	LPOP, PATCH	1	
<i>FENTANYL</i>	INJ	4	
FENTORA	TABS	3	PA
FIORICET/CODEINE, PHRENLIN W/CAFFEINE/ CODEINE	CAPS	2	
FIORINAL/CODEINE	CAPS	2	
HYCET, XODOL, ZYDONE	TABS, SOLN	3	QL

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANALGESICS AND ANTIPIRETTICS - OPIATE AGONISTS, continued</b>			
HYDRO CET, HYDROCODONE/ ACETAMINOPHEN, DOLOREX FORTE, LORTAB, DOLACET, STAGESIC, VANACET, DOLAGESIC, ANEXSIA	CAPS, TABS, SOLN,	1	QL
HYDROCODONE/ IBUPROFEN	TABS	1	
<b>HYDROMORPHONE</b>	TABS	1	
LEVO DROMORAN	INJ	4	
LEVO-DROMORAN, LEVORPHANOL	TABS	1	
MAXIDONE, NORCO, LORCET, LORCET PLUS, BANCAP-HC, VICODIN HP, VICODIN ES, VICODIN,	TABS, CAPS	2	QL
MEPERIDINE, MEPERITAB	SOLN, TABS	1	
METHADONE, DOLOPHINE 5MG	SOLN, TABS, CONC	1	
MORPHINE, RMS, MORPHINE ER, ORAMORPH SR	TABS, SOLN, SUPP	1	
MS CONTIN. MORPHINE, KADIAN, ROXANOL	TABS, CAPS, SOLN	2	
NUMORPHAN	INJ	4	
OXYCODONE ER, OXYCODONE, OXYCODONE CR, ETH-OXYDOSE, OXYFAST, PERCOLONE,	TABS, SOLN, CONC	1	QL
OXYCODONE/ ASPIRIN	TABS	1	
OXYCONTIN, OXYIR, ROXICODONE, ROXIDONE INTENSOL	TABS, CAPS, SOLN, CONC	2	QL

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANALGESICS AND ANTIPIRETTICS - OPIATE AGONISTS, continued</b>			
PANLOR DC, ZERLOR	TABS, CAPS	1	
PANLOR SS	TABS	2	
PERCOCET, LYNX, ROXICET SOLN , TYLOX	TABS, CAPS, SOLN	2	QL
PERCODAN	TABS	2	
<b>PROPOXYPHENE</b>	CAPS	1	
PROPOXYPHENE/AC ETAMINOPHEN, BALACET	TABS	1	QL
REPREXAIN	TABS	3	PA
ROXICET, OXYCODONE/ACETA MINOPHEN, OXYCODONE-APAP, ENDOCET, PERLOX, NARVOX	TABS	1	QL
SYNALGOS-DC	CAPS	3	
<b>TRAMADOL</b>	TABS	1	
TRAMADOL /AC	TABS	1	QL
TYLENOL/CODEINE	TABS	2	QL
ULTRACET	TABS	2	QL
ULTRAM	TABS	2	
ULTRAM ER	TABS	3	PA
VICOPROFEN	TABS	2	
<b>ANALGESICS AND ANTIPIRETTICS - OPIATE PARTIAL AGONISTS</b>			
BUPRENORPHINE, BUPRENEX	INJ	4	
<b>BUTORPHANOL</b>	SOLN	1	
BUTORPHANOL, STADOL	INJ	4	
NALBUPHINE, NUBAIN	INJ	4	
PENTAZOCINE/ ACETAMINOPHEN	TABS	1	
PENTAZOCINE/ NALOXONE	TABS	1	
SUBOXONE	SUBL	3	
SUBUTEX	SUBL	3	
TALACEN	TABS	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANALGESICS AND ANTIPIRETICS - OPIATE PARTIAL AGONISTS, continued</b>			
TALWIN	INJ	4	
TALWIN NX	TABS	2	
<b>ANDROGENS</b>			
ANADROL-50	TABS	3	
ANDRODERM, STRIANT, TESTIM	PATCH, MISC, GEL	3	
ANDROID	CAPS	1	
ANDROXY	TABS	1	
<i>DANAZOL</i>	CAPS	1	
DEPO-TESTOSTERONE, ANDROGEL	OIL, GEL	2	
METHITEST, TESTRED	TABS, CAPS	3	
<i>NANDROLONE</i>	INJ	4	
OXANDRIN	TABS	3	
<i>OXANDROLONE</i>	TABS	1	
TESTOPEL	INJ	4	
<i>TESTOSTERONE</i>	OIL	1	
<b>ANOREXIGENICS; RESPIRATORY, CEREBRAL STIMULANT - AMPHETAMINES</b>			
ADDERALL, ADDERALL XR	TABS, CAPS	2	PA
AMPHETAMINE SALT COMBO	TABS	1	PA
CONCERTA, METADATE ER, RITALIN, RITALIN SR	TABS	2	PA
DEXEDRINE, DEXTROSTAT 10MG	TABS, CAPS	2	PA
DEXTROSTAT 5MG, DEXTROAMPHETAMINE	TABS, CAPS	1	PA
FOCALIN, FOCALIN XR	CAPS, TABS	3	PA
METHYLIN CHEW & SOLN, METADATE CD, RITALIN LA, DAYTRANA, DESOXYN	SOLN, CHEW, CAPS, PATCH, TABS	3	PA

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANOREXIGENICS; RESPIRATORY, CEREBRAL STIMULANT - AMPHETAMINES, continued</b>			
METHYLPHENIDATE, METHYPHENIDATE ER, METHYLIN, METHYLIN ER	TABS	1	PA
PROVIGIL	TABS	3	PA
<b>ANTHELMINTICS</b>			
ALBENZA	TABS	3	
BILTRICIDE	TABS	2	
<i>MEBENDAZOLE</i>	CHEW	1	
MINTEZOL	CHEW, SUSP	2	
STROMEKTOL	TABS	3	
<b>ANTIALLERGIC AGENTS</b>			
ALAMAST	SOLN	3	
ALOMIDE	SOLN	3	
ASTELIN, OPTIVAR	SOLN	3	
ELESTAT	SOLN	3	
EMADINE	SOLN	3	
<i>KETOTIFEN</i>	SOLN	1	
PATANOL	SOLN	2	
<b>ANTIBACTERIALS - AMINOGLYCOSIDES</b>			
AMIKIN, AMIKACIN	INJ	4	
GENTAMICIN	INJ	4	
<i>KANAMYCIN</i>	INJ	4	
NEOMYCIN, NEO-FRADIN	TABS, SOLN	1	
<i>STREPTOMYCIN</i>	INJ	4	
TOBI, TOBRAMYCIN	INJ	4	
<b>ANTIBACTERIALS - CEPHALOSPORINS</b>			
CEDAX	CAPS, SUSP	3	
CEFACTOR, CEFACTOR ER	SUSP, CAPS	1	
CEFADROXIL	CAPS, TABS, SUSP	1	
CEFAZOLIN	INJ	4	
<i>CEFPODOXIME</i>	TABS	1	
<i>CEFPROZIL</i>	TABS, SUSP	1	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTIBACTERIALS – CEPHALOSPORINS, continued</b>			
CEFTAZIDIME, CEFIZOX, FORTAZ, TAZICEF	INJ	4	
CEFTIN	TABS, SUSP	2	
CEFTRIAZONE, ROCHEPHIN	INJ	4	
<b>CEFUROXIME</b>	TABS	1	
CEFUROXIME, ZINACEF	INJ	4	
CEFZIL	TABS, SUSP	2	
<b>CEPHALEXIN</b>	CAPS, TABS	1	
CLAFORAN, CEFOTAZIME	INJ	4	
DURICEF	SUSP	2	
KEFLEX	CAPS, SUSP	2	
KEFLEX ER	CAPS	3	PA
MAXIPIME	INJ	4	
OMNICEF, OMNI-PAC	CAPS, SUSP	2	
PANIXINE DISPERDOSE	TABS	3	
RANICLOR	CHEW	3	
SPECTRACEF	TABS	3	
SUPRAX	SUSP	3	
VANTIN	TABS, SUSP	2	
<b>ANTIBACTERIALS - CHLORAMPHENICOL</b>			
<b>CHLORAMPHENICOL</b>	INJ	4	
<b>ANTIBACTERIALS - MACROLIDES</b>			
<b>AZITHROMYCIN</b>	SUSP, TABS, PACK	1	
AZITHROMYCIN, ZITHROMAX	INJ	4	
BIAXIN	TABS, SUSP	2	
BIAXIN XL	TABS	3	
CLARITHROMYCIN, CLARITHOMYCIN ER	TABS, SUSP	1	
DYNABAC D5-PAK	TABS	3	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTIBACTERIALS – MACROLIDES, continued</b>			
ERYTHROCIN, EES, ERYPED, ERYC, ERY-TAB, PCE	TABS, SUSP, CAPS	2	
ERYTHROCIN, ERYTHROMYCIN	INJ	4	
<b>ERYTHROMYCIN</b>	CAPS	1	
ERYTHROMYCIN/SULFISOXAZOL	SUSP	1	
KETEK	TABS	3	
PEDIAZOLE	SUSP	2	
ZITHROMAX	SUSP, TABS, PAK	2	
ZMAX	SUSP	3	
<b>ANTIBACTERIALS - MISCELLANEOUS</b>			
BACITRACIN, BACIM	INJ	4	
CLEOCIN	CAPS, SOLN	2	
CLEOCIN, CLINDAMYCIN	INJ	4	
CLINDAMYCIN	CAPS	1	
COLY-MYCIN-M, COLISTIMETHATE	INJ	4	
CUBICIN	INJ	4	
HELIDAC	MISC	2	
LINCOCIN	INJ	4	
<b>POLYMYXIN B</b>	INJ	4	
SYNERCID	INJ	4	
VANCOCIN HCL	CAPS	2	
VANOCIN, VANCOMYCIN	INJ	4	
XIFAXAN	TABS	3	
ZYVOX	SUSP, TABS	3	
ZYVOX	INJ	4	
<b>ANTIBACTERIALS - MISCELLANEOUS B-LACTAM ANTIBIOTICS</b>			
AZACTAM	INJ	4	
CEFOXITIN, MEFOXIN	INJ	4	
INVANZ	INJ	4	
MERREM	INJ	4	
PRIMAXIN I.M.	INJ	4	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTIBACTERIALS - PENICILLINS</b>			
AMOXICILLIN/CLAVULANATE, AMOCLAN	CHEW, TABS, SUSP	1	
AMOXIL	CAPS, SUSP, CHEW, TABS	2	
<b>AMPICILLIN</b>	CAPS, SUSP	1	
<b>AMPICILLIN</b>	INJ	4	
AMPICILLIN-SULBACTAM, UNISYN	INJ	4	
AUGMENTIN	TABS, SUSP, CHEW	2	
AUGMENTIN XR	TABS	3	
BACTOCILL	INJ	4	
BICILLIN L-A, C-R	INJ	4	
DICLOXACILLIN	CAPS	1	
DISPERMOX	TABS	3	
GEOCILLIN	TABS	3	
NAFCILLIN SODIUM	INJ	4	
OXACILLIN SODIUM	INJ	4	
PENICILLIN G, VK	INJ	4	
PENICILLIN V, PENICILLIN VK, VEETIDS	TABS, SOLN	1	
PIPERACILLIN SODIUM	INJ	4	
TIMENTIN	INJ	4	
TRIMOX, AMOXICILLIN	CAPS, TABS, CHEW, SUSP	1	
ZOSYN	INJ	4	
ZOSYN	INJ	4	
<b>ANTIBACTERIALS - QUINOLONES</b>			
AVELOX	TABS	2	
AVELOX	INJ	4	
CIPRO	TABS, SUSP	2	
CIPRO XR, PROQUIN XR	TABS	3	PA
CIPRO, CIPROFLOXACIN	INJ	4	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTIBACTERIALS – QUINOLONES, continued</b>			
CIPROFLOXACIN	TABS	1	
FACTIVE	TABS	3	
LEVAQUIN	TABS	2	
LEVAQUIN	INJ	4	
NOROXIN	TABS	3	
<b>OFLOXACIN</b>	TABS	1	
<b>ANTIBACTERIALS - SULFONAMIDES (SYSTEMIC)</b>			
AZULFIDINE, AZULFIDINE ENTABS	TABS	2	
BACTRIM DS, SEPTRA, SEPTRA DS	TABS	2	
BACTRIM, SULFAMETHOXAZOLE/TRIMETHOPRIM, SULFATRIM, TRIMETHOPRIM/SULFAMETHOXAZOLE	TABS, SOLN	1	
GANTRISIN PEDIATRIC	SUSP	2	
<b>SULFADIAZINE</b>	TABS	1	
SULFAMETHOXAZOLE/TRIMETHOPRIM	INJ	4	
SULFASALAZINE, SULFAZINE, SULFAZINE EC	TABS	1	
<b>ANTIBACTERIALS - TETRACYCLINES</b>			
ADPXA. DORYX, ORACEA	CAPS	3	PA
DECLOMYCIN	TABS	2	
<b>DEMECLOCYCLINE</b>	TABS	1	
<b>DOXYCYCLINE</b>	INJ	4	
DOXYCYCLINE, DOXY-CAPS	CAPS, TABS	1	
DYNACIN, MINOCIN	TABS, CAPS	2	
MINOCIN PAC	KIT	3	
MINOCYCLINE, MYRAC, DYNACIN	TABS, CAPS	1	
SOLODYN	TABS	3	
SUMYCIN	TABS, SYRUP	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTIBACTERIALS – TETRACYCLINES, continued</b>			
<i>TETRACYCLINE</i>	CAPS	1	
TYGACIL	INJ	4	
VIBRAMYCIN, VITRATAB, ADOXA, MONODOX	SUSP, TABS, CAPS, SYRUP	2	
<b>ANTICHOLINERGIC AGENTS - ANTIMUSCARINICS/ANTISPASMODICS</b>			
ATREZA	TABS	1	
<i>ATROPINE</i>	INJ	4	
ATROVENT HFA	AERS	2	
BENTYL	CAPS, TABS, SYRUP	2	
BENTYL, DICYCLOMINE	INJ	4	
CANTIL	TABS	3	
<i>DICYCLOMINE</i>	TABS, CAPS, SOLN	1	
<i>GLYCOPYRROLATE</i>	TABS	1	
GLYCOPYRROLATE, ROBINUL	INJ	4	
<i>IPRATROPIUM</i>	SOLN	1	
<i>METHSCOPOLAMINE</i>	TABS	1	
PAMINE, PAMINE FORTE	TABS	2	
PRO-BANTHINE	TABS	2	
<i>PROPANTHELINE</i>	TABS	1	
ROBINUL, ROBINUL FORTE	TABS	2	
SPIRIVA HANDIHALER	CAPS	2	
<b>ANTICHOLINERGIC AGENTS - ANTIPARKINSONIAN AGENTS</b>			
AKINETON	TABS	3	
BENZTROPINE	TABS	1	
COGENTIN	INJ	4	
KEMADRIN	TABS	3	
<i>TRIHXYPHENIDYL</i>	ELIX, TABS	1	
<b>ANTICONVULSANTS - BARBITURATES</b>			
MYSOLINE	TABS	2	
<i>PRIMIDONE</i>	TABS	1	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTICONVULSANTS - HYDANTOINS</b>			
CEREBYX	INJ	4	
DILANTIN, PHENYTEK, PHENYTOIN EXTENDED, DILANTIN INFATABS	CAPS, CHEW, SUSP	1	
PEGANONE	TABS	2	
<i>PHENYTOIN</i>	INJ	4	
<b>ANTICONVULSANTS - MISCELLANEOUS</b>			
CARBAMAZEPINE, TEGRETOL, EPITOL	CHEW, SUSP, TABS	1	
CARBATROL, EQUETRO	CAPS	3	
DEPAON, VALPROATE	INJ	4	
DEPAKENE	CAPS	2	
DEPAKENE, VALPROIC ACID	SYRP, CAPS, LIQD	1	
DEPAKOTE	TABS	1	
DEPAKOTE ER	TABS, CAPS, SPRINKLES	2	
FELBATOL	TABS, SUSP	2	
<i>GABAPENTIN</i>	CAPS, TABS	1	
GABITRIL	TABS	2	
KEPPRA	SOLN, TABS	2	
KEPPRA	INJ	4	
LAMICTAL	TABS, KIT, CHEW	2	
LAMOTRIGINE CHEWABLE DISP	TBDP	1	
LYRICA	CAPS	2	QL
MAGNESIUM SULFATE	INJ	4	
NEURONTIN	TABS, CAPS, SOLN	2	
TEGRETOL-XR	TABS	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTICONVULSANTS – MISCELLANEOUS, continued</b>			
TOPAMAX	TABS, CAPS, SPRINK.	2	
TRILEPTAL	TABS, SUSP	2	
ZONEGRAN	CAPS	2	
<i>ZONISAMIDE</i>	CAPS	1	
<b>ANTICONVULSANTS - SUCCINIMIDES</b>			
CELONTIN	CAPS	2	
<i>ETHOSUXIMIDE</i>	SOLN, CAPS	1	
ZARONTIN	CAPS, SOLN	2	
<b>ANTIDIABETIC AGENTS - ALPHA-GLUCOSIDASE INHIBITORS</b>			
GLYSET	TABS	3	
PRECOSE	TABS	3	
<b>ANTIDIABETIC AGENTS - AMYLINOMIMETICS</b>			
SYMLIN	SOLN	2	PA
<b>ANTIDIABETIC AGENTS - BIGUANIDES</b>			
GLUCOPHAGE, GLUCOPHAGE XR	TABS	2	
GLUMETZA, FORTAMET, RIOMET	TABS, SOLN	3	PA
METFORMIN, METFORMIN ER	TABS	1	
<b>ANTIDIABETIC AGENTS - INCRETIN MIMETICS</b>			
BYETTA	SOLN	2	PA
<b>ANTIDIABETIC AGENTS - INSULINS</b>			
EXUBERA	POWD	3	QL, PA
HUMALOG MIXES, HUMALOG MIXES PENS	SUSP	2	
HUMALOG, HUMALOG PEN	SOLN	2	
HUMULIN MIXES, HUMULIN MIXES PEN, NOVOLIN MIXES, NOVOLIN MIXES INNOLET, NOVOLIN PEN, RELION MIXES, RELION INNOLET	SUSP	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTIDIABETIC AGENTS – INSULINS, continued</b>			
HUMULIN N, HUMULIN N PEN, NOVOLIN N, NOVOLIN N INNOLET, NOVOLIN PEN, RELION N, RELION N INNOLET	SUSP	2	
HUMULIN R, NOVOLIN R, NOVOLIN R INNOLET, NOVOLIN R PEN, RELION R	SOLN	2	
LANTUS, LANTUS OPTICLIK, APIDRA, APIDRA OPTICLIK	SOLN	2	
LEVEMIR, LEVEMIR PEN	SOLN	2	
NOVOLOG MIX ES, NOVOLOG MIXES PEN & PREFILLS	SUSP	2	
NOVOLOG, NOVOLOG PEN	SOLN	2	
<b>ANTIDIABETIC AGENTS - MEGLITINIDES</b>			
PRANDIN	TABS	3	
STARLIX	TABS	3	
<b>ANTIDIABETIC AGENTS - MISCELLANEOUS</b>			
JANUVIA	TABS	3	
<b>ANTIDIABETIC AGENTS - SULFONYLUREAS</b>			
AMARYL	TABS	2	
<i>CHLORPROPAMIDE</i>	TABS	1	
DIABETA, GLYNASE, MICRONASE	TABS	2	
DIABINESE	TABS	2	
<i>GLIMEPIRIDE</i>	TABS	1	
GLIPIZIDE, GLIPIZIDE ER, GLIPIZIDE XL	TABS	1	
GLIPIZIDE/METFORMIN	TABS	1	
GLUCOTROL, GLUCOTROL XL	TABS	2	
GLUCOVANCE	TABS	2	
GLYBURIDE, GLYCRON	TABS	1	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTIDIABETIC AGENTS – SULFONYLUREAS, continued</b>			
GLYBURIDE/ METFORMIN	TABS	1	
GLYCRON 4.5MG	TABS	3	
METAGLIP	TABS	2	
<i>TOLAZAMIDE</i>	TABS	1	
<b>ANTIDIABETIC AGENTS - THIAZOLIDINEDIONES</b>			
ACTOPLUS MET	TABS	2	
ACTOS	TABS	2	
AVANDAMET	TABS	2	
AVANDARYL	TABS	3	
AVANDIA	TABS	2	
DUETACT	TABS	2	
<b>ANTIDIARRHEA AGENTS</b>			
DIPHENOXYLATE/AT ROPINE, LOFENE, LONOX	LIQD, TABS	1	
LOMOTIL	LIQD, TABS	2	
LOPERAMIDE	CAPS	1	
MOTOFEN	TABS	3	
<i>OPIUM TINCTURE</i>	TINC	3	
LOPERAMIDE	CAPS	1	
<b>ANTIEMETICS - 5-HT3 RECEPTOR ANTAGONISTS</b>			
ALOXI	INJ	4	
ANZEMET	TABS	3	
ANZEMET	INJ	4	
KYTRIL	SOLN, TABS	3	
KYTRIL	INJ	4	
ONDANSETRON ODT, ONDANSETRON	TAB, SOLN	1	
ZOFRAN	TABS, SOLN	2	
ZOFRAN, ONDANSETRON	INJ	4	
<b>ANTIEMETICS - ANTIHISTAMINES (GI DRUGS)</b>			
ANTIVERT	TABS	2	
MECLIZINE	TABS	1	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTIEMETICS - ANTIHISTAMINES (GI DRUGS), continued</b>			
PROCHLORPERAZIN E	INJ	4	
PROCHLORPERAZIN E, COMPRO	TABS, SUPP	1	
TIGAN	CAPS	2	
TIGAN, TRIMETHOBENZAMID E	INJ	4	
TRIMETHOBENZAMID E	CAPS	1	
<b>ANTIEMETICS - MISCELLANEOUS</b>			
CESAMET	CAPS	3	
EMEND	CAPS, 'MISC	3	
MARINOL	CAPS	3	
TRANSDERM-SCOP	PATCH	2	
<b>ANTIFUNGAL (SYSTEMIC) - ALLYLAMINES</b>			
LAMISIL	TABS	2	
<b>ANTIFUNGAL (SYSTEMIC) - AZOLES</b>			
DIFLUCAN	TABS, SUSP	2	
DIFLUCAN, 'FLUCONAZOLE	INJ	4	
<i>FLUCONAZOLE</i>	TABS, SUSP	1	
<i>ITRACONAZOLE</i>	CAPS	1	
<i>KETOCONAZOLE</i>	TABS	1	
NOXAFIL	SUSP	3	
SPORANOX	SOLN, CAPS	3	
SPORANOX	INJ	4	
VFEND	TABS, SUSP	3	
VFEND IV	INJ	4	
<b>ANTIFUNGAL (SYSTEMIC) - ECHINOCANDINS</b>			
CANCIDAS	INJ	4	
ERAXIS	INJ	4	
MYCAMINE	INJ	4	
<b>ANTIFUNGAL (SYSTEMIC) - MISCELLANEOUS</b>			
GRIFULVIN V	SUSP, TABS	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTIFUNGAL (SYSTEMIC) – MISCELLANEOUS, continued</b>			
GRISEOFULVIN MICROSIZE, GRIS- PEG 125MG	SUSP, TAB	1	
GRIS-PEG 250MG	TABS	3	
<b>ANTIFUNGAL (SYSTEMIC) - POLYENES</b>			
AMPHOCIN, AMBISOME, AMPHOTERICIN B, ABELCET, AMPHOTEC	INJ	4	
BIO-STATIN	CAPS	3	
<i>NYSTATIN</i>	SUSP, TABS	1	
<b>ANTIFUNGAL (SYSTEMIC) - PYRIMIDINES</b>			
ANCOBON	CAPS	3	
<b>ANTIGLAUCOMA AGENTS - CARBONIC ANHYDRASE INHIBITORS (EENT)</b>			
<i>ACETAZOLAMIDE</i>	TABS	1	
<i>ACETAZOLAMIDE</i>	INJ	4	
AZOPT	SUSP	3	
COSOPT	SOLN	3	
DIAMOX	CAPS	2	
<i>METHAZOLAMIDE</i>	TABS	1	
TRUSOPT	SOLN	3	
<b>ANTIGLAUCOMA AGENTS - MIOTICS</b>			
MIOSTAT, CARBASTAT	INJ	4	
PHOSPHOLINE IODIDE	SOLR	2	
PILOPINE HS	GEL	3	
<b>ANTIHEMORRHAGIC AGENTS - HEMOSTATICS</b>			
CYKLOKAPRON	INJ	4	
<b>ANTIHYPOGLYCEMIC AGENTS - GLYCOGENOLYTIC AGENTS</b>			
GLUCAGON EMERGENCY KIT, GLUCAGON HYPOKIT	KIT, SOLN	2	
<b>ANTI-INFECTIVES (EENT) - ANTIBACTERIALS (EENT)</b>			
ARESTIN	MISC	3	
<i>BACITRACIN</i>	OINT	1	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTI-INFECTIVES (EENT) - ANTIBACTERIALS (EENT), continue</b>			
BACITRACIN/ NEOMYCIN/POLY- MYCIN, EOMYCIN/ BACITRACIN ZN/POLYMYXIN	OINT	1	
BACTROBAN NASAL	OINT	2	
BLEPHAMIDE, BLEPHAMIDE SOP	SUSP, OINT	2	
CILOXAN	OINT, SOLN	2	
CIPRO HC	SUSP	3	
CIPRODEX	SUSP	3	
<i>CIPROFLOXACIN</i>	SOLN	1	
COLY-MYCIN-S	SUSP	2	
CORTISPORIN, PEDIOTIC	SUSP, SOLN	2	
CORTISPORIN-TC	SUSP	3	
<i>DOXYCYCLINE</i>	TABS	1	
<i>ERYTHROMYCIN</i>	OINT	1	
GENTAMICIN, GENOPTIC, GENTAK, GENTASOL	OINT, SOLN	1	
MAXITROL	SUSP, OINT	2	
NEO/POLY/BAC/HC, BAC/POLY/NEOMY/ HC	OINT	1	
NEOMYCIN/POLY- MYXIN/GRAMICIDIN, NEOCIN-PG	SOLN	1	
NEOSPORIN	SOLN	2	
OCUFLOX, FLOXINOTIC	SOLN	2	
<i>OFLOXACIN</i>	SOLN	1	
OTICIN HC, CORTOMYCIN, ANTIBIOTIC EAR, NEOMYCIN/POLY- MYXIN/ HYDROCORTISONE	SOLN, SUSP	1	
PERIOSTAT	TABS	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTI-INFECTIVES (EENT) - ANTIBACTERIALS (EENT), continue</b>			
POLYCIN B, BACITRACIN/POLYMYXIN B, AK-POLY-BAC	OINT	1	
POLY-DEX, DEXASPORIN, 'NEOMYCIN/POLY-MYXIN/DEXAMETHASONE	OINT, SUSP	1	
POLYMYXIN B/TRIMETHOPRIM, TRIMETHOPRIM/POLYMYXIN B	SOLN	1	
POLY-PRED	SUSP	3	
POLYTRIM	SOLN	2	
PRED-G, PRED-G SOP	SUSP, OINT	3	
QUIXIN	SOLN	3	
ROMYCIN	OINT	2	
SULFACETAMIDE, BLEPH-10, SULF-10, OCUSULF-10	SOLN, OINT	1	
SULFACETAMIDE/PRED	SOLN	1	
TOBRADEX	SUSP, OINT	2	
TOBRAMYCIN, AK-TOB, TOBRASOL	SOLN	1	
TOBREX	OINT, SOLN	2	
VIGAMOX	SOLN	3	
ZYLET	SUSP	3	
ZYMAR	SOLN	3	
<b>ANTI-INFECTIVES (EENT) - ANTIFUNGALS (EENT)</b>			
NATACYN	SUSP	3	
<i>TRIFLURIDINE</i>	SOLN	1	
VIROPTIC	SOLN	2	
<b>ANTI-INFECTIVES (EENT) - MISCELLANEOUS</b>			
<i>ACETIC ACID</i>	SOLN	1	
ACETIC ACID/HYDROCORTISONE	SOLN	1	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTI-INFECTIVES (EENT) – MISCELLANEOUS, continued</b>			
BOROFAIR	SOLN	1	
CHLORHEXADINE, PERIOGARD	SOLN	1	
PERIDEX ORAL RINSE	SOLN	2	
<b>ANTI-INFECTIVES (SKIN &amp; MUCOUS MEMBRANE) - ANTIBACTERIALS (SKIN &amp; MUCOUS MEMBRANE)</b>			
AKNE-MYCIN	OINT	3	
BACTROBAN	OINT, CREAM	2	
BENZAMYCIN	GEL	2	
CLEOCIN, CLEOCIN T	CREAM, GEL, LOTN, SWAB, SOLN	2	
CLINDAGEL, CLEOCIN, EVOCLIN, CLINDESSE	FOAM, GEL, SUPP, CREAM	3	
CLINDETS, CLINDAMYCIN	SWAB, LOTN, SOLN, GEL, CREAM	1	
CORTISPORIN	OINT	2	
CORTISPORIN	CREAM	2	
DUAC, BENZACLIN, 'Z-CLINZ	KIT, GEL	3	
ERYDERM, ERYTHROMYCIN	SOLN, GEL, PADS	1	
ERYGEL	GEL	2	
ERYTHROMYCIN/BENZOYL PEROXIDE	GEL	1	
GENTAMICIN	CREAM, OINT	1	
METROGEL VAGINAL	GEL	2	
<i>MUPIROCIN</i>	OINT	1	
NEOMYCIN/POLYMYXIN B	INJ	4	
VANDAZOLE, METRONIDAZOLE VAGINAL	GEL	1	
ZIANA	GEL	3	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTI-INFECTIVES (SKIN &amp; MUCOUS MEMBRANE) - ANTIFUNGALS (SKIN &amp; MUCOUS MEMBRANE)</b>			
AMINO ACID CERVICAL	CREAM	1	
AMINO-CERV	CREAM	2	
CICLOPIROX OLAMINE, CICLOPIROX	CREAM, SUSP	1	
<i>CLOTRIMAZOLE</i>	TROC, LOZG, SOLN, CREAM	1	
CLOTRIMAZOLE/BET AMETHASONE	CREAM, LOTN	1	
<i>ECONAZOLE</i>	CREAM	1	
ERTACZO	CREAM	3	
EXELDERM	SOLN, CREAM	3	
GYNAZOLE-1	CREAM	3	
KETOCONAZOLE, KURIC	SHAMPO O, CREAM, SUPP	1	
LAMISIL	SOLN	2	
LOPROX	CREAM, SUPP	2	
LOPROX, PENLAC	GEL, SHAMPO O, LOTN	3	
LOTRISONE	LOTN, CREAM	2	
MENTAX	CREAM	3	
MICONAZOLE 3	SUPP	1	
MYCELEX	TROC	2	
MYCOSTATIN, NYSTATIN VAG	VAG, CRAM, PWDR	2	
NAFTIN, NAFTIN-MP	GEL, CREAM	3	
NIZORAL	SHAMPO O	2	
NYSTATIN, NYSTOP, NYAMYC, PEDI-DRI,	CREAM, OINT, PWDR	1	
NYSTATIN/TRIAMCIN OLONE	CREAM, OINT	1	
OXISTAT	LOTN, CREAM	3	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTI-INFECTIVES (SKIN &amp; MUCOUS MEMBRANE) - ANTIFUNGALS (SKIN &amp; MUCOUS MEMBRANE, continued)</b>			
TERAZOL	CREAM, SUPP	2	
XOLEGEL	GEL	3	
ZAZOLE, TERCONAZOLE, TERCONAZOLE VAG	CREAM, SUPP	1	
<b>ANTI-INFECTIVES (SKIN &amp; MUCOUS MEMBRANE) - ANTIVIRALS (SKIN &amp; MUCOUS MEMBRANE)</b>			
DENAVIR	CREAM	3	
ZOVIRAX	CREAM, OINT	2	
<b>ANTI-INFECTIVES (SKIN &amp; MUCOUS MEMBRANE) - LOCAL ANTI-INFECTIVES, MISCELLANEOUS</b>			
ALCOHOL SWABS	PADS	1	
KLARON	LOTN	2	
METROGEL, NORITATE, ROZEX	GEL, EMUL, CREAM	3	
METROLOTION, METROCREAM	LOTN, CREAM	2	
<i>METRONIDAZOLE</i>	CREAM, GEL, LOTN	1	
<i>SELENIUM SULFIDE</i>	LOTN	1	
SELSUN SHAMPOO	LOTN	2	
SILVADENE	CREAM	2	
SILVER SULFADIAZINE, THERMAZENE, SSD, SSD AF	CREAM	1	
SULFACETAMIDE	LOTN	1	
SULFAMYLON	CREAM, PACK	3	
<b>ANTI-INFECTIVES (SKIN &amp; MUCOUS MEMBRANE) - SCABICIDES AND PEDICULICIDES</b>			
ELIMITE	CREAM	2	
EURAX	CREAM	3	
<i>LINDANE</i>	SHAMPO O, LOTN	1	
OVIDE	LOTN	3	
PERMETHRIN, ACTICIN	CREAM	1	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTI-INFLAMMATORY AGENTS (EENT) - CORTICOSTEROIDS (EENT)</b>			
ALREX, LOTEMAX	SUSP	3	
BECONASE AQ	INHA	2	
DERMOTIC	OIL	3	
DEXAMETHASONE, DEXASOL	SOLN	1	
ECONOPRED PLUS, PREDNISOLONE, PREDNISOL	SUSP, SOLN	1	
FLAREX	SUSP	3	
FLONASE	SUSP	2	
<i>FLUNISOLIDE</i>	SOLN	1	
FLUOROMETHOLONE , FLUOR-OP	SUSP	1	
FLUTICASONE	SUSP	1	
FML FORTE, FML LIQUIFILM, FML SOP	SUSP, OINT	2	
MAXIDEX	SUSP	2	
NASACORT AQ	AERS	2	
NASAREL	SOLN	2	
NASONEX	SUSP	2	
PRED FORTE, PRED MILD	SUSP	2	
RHINOCORT AQUA	SUSP	3	
VEXOL	SUSP	3	
<b>ANTI-INFLAMMATORY AGENTS (EENT) - MISCELLANEOUS</b>			
RESTASIS	EMUL	2	
<b>ANTI-INFLAMMATORY AGENTS (EENT) - EENT NONSTEROIDAL ANTI-INFLAM. AGENTS</b>			
ACULAR LS, ACULAR PF, ACULAR	SOLN	3	
<i>FLURBIPROFEN</i>	SOLN	1	
NEVANAC	SUSP	3	
OCUFEN	SOLN	2	
VOLTAREN	SOLN	2	
XIBROM	SOLN	3	
<b>ANTI-INFLAMMATORY AGENTS (GI DRUGS)</b>			
CANASA, LIALDA	SUPP, TABS	3	
COLAZAL	CAPS	3	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTI-INFLAMMATORY AGENTS (GI DRUGS), continued</b>			
DIPENTUM	CAPS	2	
MESALAMINE	ENEM	1	
ROWASA, ASACOL, PENTASA	ENEMA, TABS, CAPS	2	
<b>ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - LEUKOTRIENE MODIFIERS</b>			
ACCOLATE	TABS	3	PA
SINGULAIR	TABS, CHEW, PACK	2	PA
ZYFLO	TABS	3	
<b>ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - MAST-CELL STABILIZERS</b>			
ALOCRIIL, TILADE	AERS	3	
<i>CROMOLYN</i>	INJ	4	
CROMOLYN, CROLOM	SOLN	1	
GASTROCROM	CONC	3	
INTAL, INTAL INHALER	NEBU, EROSOL	2	
<b>ANTI-INFLAMMATORY AGENTS (SKIN &amp; MUCOUS)</b>			
ACLOVATE	CREAM, OINT	2	
ALCLOMETASONE DIPROPIONAT	OINT, CREAM	1	
<i>AMCINONIDE</i>	CREAM, LOTN, OINT	1	
BETA-VAL, BETAMETHASONE, DEL-BETA, AUGMENTED BETAMETHASONE D, ALPHATREX	LOTN, CREAM, OINT, GEL	1	
CARMOL-HC	CREAM	2	
CLOBETASOL, CORMAX, CLOBETASOL EMO, CLOBEVATE	GEL, SOLN, CREAM, OINT	1	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTI-INFLAMMATORY AGENTS (SKIN &amp; MUCOUS), continued</b>			
CLOBEX, 'OLUX, OLUX-E	FOAM, LIQ, LOTN, SHMPOO	3	
CLODERM	CREAM	3	
CORDRAN, CORDRAN SP	OINT, TAPE, LOTION, CREAM	3	
CORTIFOAN, LOCOID LIPOCREAM, PANDEL, TEXACORT 2.5% SOLN, PROCTO-KIT	CREAM, FOAM, SOLN	3	
CUTIVATE	LOTN, CREAM, OINT	2	
DERMA-SMOOTHIE, VANOS, CAPEX	OIL, CREAM, SHMPOO	3	
DERMATOP	OINT, CREAM	3	
DESONATE, VERDESO	GEL, FOAM	3	
DESONIDE, DESOWEN, LOKARA	LOTN, CREAM, OINT	1	
DESOWEN	LOTN, CREAM	2	
<b>DESOXIMETASONE</b>	GEL, OINT, CREAM	1	
<b>DIFLORASONE</b>	OINT, CREAM	1	
DIPROLENE, DIPROLENE AF	CREAM, OINT, LOTN	2	
ELOCON	OINT, CREAM, LOTN	2	
FLUOCINOLONE	OINT, CREAM, SOLN	1	
FLUOCINONIDE, FLUOCINONIDE EMOLLIENT BA, FLUOCINONIDE-E	CREAM, OINT, SOLN, GEL	1	
<b>FLUTICASONE</b>	OINT, CREAM	1	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTI-INFLAMMATORY AGENTS (SKIN &amp; MUCOUS), continued</b>			
<b>HALOBETASOL</b>	OINT, CREAM	1	
HALOG	CREAM, OINT, SOLN	2	
HYDROCORTISONE, U-CORT, ANUSOL-HC, PROCTO-PAK, PROCTOZONE-HC, HYDROCORTISONE IN ABSORBA, COLOCORT, ALA-CORT, ALA-SCALP, LACTICARE-HC, CETACORT	CREAM, OINT, SOLN, RECTAL, LOTN, ENEMA	1	
KENALOG, TRIAMCINOLONE 0.5% OINT	OINT, CREAM, LOTION, AERO	2	
LIDEX, LIDEX-E	CREAM, OINT, SOLN, GEL	2	
LOCOID, WESTCORD, PROCTOCORT, TEXACORT 1% SOLN, PROCTOCREAM-HC, HYTONE	SOLN, OINT, CREAM, RECTAL	2	
LUXIQ	FOAM	3	
<b>MOMETASONE</b>	CREAM, OINT, SOLN	1	
<b>PREDNICARBATE</b>	CREAM	1	
PSORCON E	CREAM	2	
SYNALAR	SOLN, OINT, CREAM	2	
TEMOVATE	GEL, OINT, CREAM, SOLN	2	
TOPICORT, TOPICORT LP	OINT, CREAM, GEL	2	
TRIDERM, TRIAMCINOLONE, TRIAMCINOLONE IN ORABASE	OINT, CREAM, PASTE, LOTN	1	
ULTRAVATE	OINT, CREAM	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTILIPEMIC AGENTS - BILE ACID SEQUESTRANTS</b>			
CHOLESTYRAMINE, CHOLESTRYRAMINE LIGHT, PREVALITE	PACK, POWDER	1	
COLESTID	GRAN, PACK, TABS	2	
COLESTID	PACK	3	
<i>COLESTIPOL</i>	TABS, GRAN	1	
QUESTRAN, QUESTRAN LIGHT	POWD, PACK	2	
WELCHOL	TABS	2	
<b>ANTILIPEMIC AGENTS - BCHOLESTEROL ABSORPTION INHIBITORS</b>			
VYTORIN	TABS	3	QL, PA
ZETIA	TABS	2	QL, PA
<b>ANTILIPEMIC AGENTS - FIBRIC ACID DERIVATIVES</b>			
ANTARA, TRIGLIDE, TRICOR	CAPS, TABS	3	
<i>FENOFIBRATE</i>	CAPS, TABS	1	
<i>GEMFIBROZIL</i>	TABS	1	
LOFIBRA	TABS, CAPS	2	
LOPID	TABS	2	
<b>ANTILIPEMIC AGENTS - HMG-COA REDUCTASE INHIBITORS</b>			
ADVICOR	TABS	3	PA
ALTOPREV	TABS	3	PA
CADUET	TABS	3	PA
CRESTOR	TABS	3	QL, PA
LESCOL, LESCOL XL	CAPS, TABS	2	QL, PA
LIPITOR	TABS	2	QL, PA
<i>LOVASTATIN</i>	TABS	1	QL
MEVACOR	TABS	2	QL
PRAVACHOL	TABS	2	QL
PRAVASTATIN	TABS	1	QL
<i>SIMVASTATIN</i>	TABS	1	QL
ZOCOR	TABS	2	QL

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTILIPEMIC AGENTS - MISCELLANEOUS</b>			
NIACOR	TABS	3	
NIASPAN	TABS	2	
OMACOR	CAPS	3	PA
<b>ANTIMANIC AGENTS</b>			
LITHIUM 600MG	CAPS	3	
LITHIUM, LITHIUM ER	TABS, CAPS, SYRP	1	
LITHOBID	TABS	2	
<b>ANTIMIGRAINE AGENTS - SELECTIVE SEROTONIN AGONISTS</b>			
AMERGE	TABS	2	QL
AXERT	TABS	3	QL, PA
FROVA	TABS	3	QL, PA
IMITREX	TABS, KIT, SOLN	2	QL
MAXALT, ZOMIG	SOLN, TABS	3	PA
RELPAK	TABS	2	QL
<b>ANTIMYCOBACTERIALS - ANTITUBERCULOSIS AGENTS</b>			
CAPASTAT	INJ	4	
<i>ETHAMBUTOL</i>	TABS	1	
ISONARIF	CAPS	1	
<i>ISONIAZID</i>	TABS	1	
ISONIAZID, NYDRAZID	INJ	4	
MYAMBUTOL	TABS	2	
MYCOBUTIN, RIFADIN	CAPS	2	
PASER	PACK	3	
PRIFTIN	TABS	2	
<i>PYRAZINAMIDE</i>	TABS	1	
RIFADIN, RAFAMPIN	INJ	4	
RIFAMATE	CAPS	2	
<i>RIFAMPIN</i>	CAPS	1	
RIFATER	TABS	2	
SEROMYCIN	CAPS	3	
TRECTOR	TABS	2	
<b>ANTIMYCOBACTERIALS - MISCELLANEOUS</b>			
<i>DAPSONE</i>	TABS	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTINEOPLASTIC AGENTS</b>			
ABRAXANE, ONXOL, PACLITAXEL, TAXOL	INJ	4	
ADRIAMYCIN, DOXORUBICIN, DOXIL	INJ	4	
ALIMTA	INJ	4	
ALKERAN	INJ	4	
ARIMIDEX	TABS	2	
AROMASIN	TABS	2	
ARRANON	INJ	4	
AVASTIN	INJ	4	
BEXXAR	INJ	4	
BICNU	INJ	4	
BLENOXANE, BLEOMYCIN	INJ	4	
BUSULFEX	INJ	4	
CAMPATH	INJ	4	
CAMPTOSAR	INJ	4	
CARBOPLATIN, PARAPLATIN	INJ	4	
CASODEX	TABS	2	
CEENU	CAPS	2	
CERUBIDINE, DAUNORUBICIN, DAUNOXOME	INJ	4	
CISPLATIN, PLATINOL	INJ	4	
CLADRIBINE, LEUSTATIN	INJ	4	
CLOLAR	INJ	4	
COSMEGEN	INJ	4	
<b>CYCLOPHOSPHAMIDE</b>	TABS	1	
CYCLOPHOSPHAMIDE, CYTOXAN	INJ	4	
<b>CYTARABINE</b>	INJ	4	
CYTOXAN	TABS	2	
DACARBAZINE, DTIC-DOME	INJ	4	
DACOGEN	INJ	4	
ELIGARD, 'LUPRON, LEUPROLIDE, VIADUR	INJ	4	
ELOXATIN	INJ	4	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTINEOPLASTIC AGENTS, continued</b>			
ELSPAR	INJ	4	
EMCYT	CAPS	2	
EPIRUBICIN, ELLENCE	INJ	4	
ERBITUX	INJ	4	
ETOPOSIDE, ETOPOPHOS, TOPOSAR	INJ	4	
FARESTON	TABS	2	
FASLODEX	INJ	4	
FEMARA	TABS	2	
FLOXURIDINE, FUDR	INJ	4	
FLUDARA, FLUDARABINE	INJ	4	
<b>FLUOROURACIL</b>	INJ	4	
<b>FLUTAMIDE</b>	CAPS	1	
GEMZAR	INJ	4	
GLEEVEC	TABS	2	
HERCEPTIN	INJ	4	
HEXALEN	CAPS	2	
HYCAMTIN	INJ	4	
HYDREA, DROXIA	CAPS	2	
<b>HYDROXYUREA</b>	CAPS	1	
IDARUBICIN, IDAMYCIN	INJ	4	
IFEX, 'IFOSFAMIDE	INJ	4	
IFOSFAMIDE/MESNA	INJ	4	
IRESSA	TABS	2	
LEUKERAN	TABS	2	
LYSODREN	TABS	2	
MATULANE	CAPS	2	
MEGACE ORAL, MEGACE ES	SUSP	2	
<b>MEGESTROL</b>	SUSP, TABS	1	
<b>MERCAPTOPURINE</b>	TABS	1	
<b>METHOTREXATE</b>	TABS, SOLN	1	
METHOTREXATE	INJ	4	
MITOMYCIN, MUTAMYCIN	INJ	4	
MITOXANTRONE, NOVANTRONE	INJ	4	
MUSTARGEN	INJ	4	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTINEOPLASTIC AGENTS, continued</b>			
MYLOTARG	INJ	4	
NAVELBINE, VINORELBINE	INJ	4	
NEXAVAR	TABS	2	
NILANDRON	TABS	2	
NIPENT	INJ	4	
ONCASPAR	INJ	4	
ONTAK	INJ	4	
PHOTOFRIN	INJ	4	
PLENAXIS	INJ	4	
PROLEUKIN	INJ	4	
PURINETHOL	TABS	2	
RHEUMATREX, TREXALL	TABS	2	
RITUXAN	INJ	4	PA
SOLTAMOX	SOLN	2	
SPRYCEL	TABS	2	
SUTENT	CAPS	2	
TABLOID	TABS	2	
<b>TAMOXIFEN</b>	TABS	1	
TARCEVA	TABS	2	
TARGRETIN	CAPS	2	
TAXOTERE	INJ	4	
TESLAC	TABS	2	
<b>THIOTEPA</b>	INJ	4	
TRELSTAR DEPOT	SUSP	2	
TRELSTAR LA	INJ	4	
TRISENOX	INJ	4	
VANTAS	INJ	4	
VECTIBIX	SOLN	3	
VELCADE	INJ	4	
VESANOID	CAPS	2	
VIDAZA	INJ	4	
<b>VINBLASTINE</b>	INJ	4	
VINCRIStINE, VINCASAR	INJ	4	
VUMON	INJ	4	
ZANOSAR	INJ	4	
ZOLADEX	INJ	4	
ZOLINZA	CAPS	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTIPROTOZOALS - AMEBICIDES</b>			
HUMATIN	CAPS	2	
<b>PAROMOMYCIN</b>	CAPS	1	
<b>ANTIPROTOZOALS - ANTIMALARIALS</b>			
ARALEN	TABS	2	
<b>CHLOROQUINE</b>	TABS	1	
DARAPRIM	TABS	2	
FANSIDAR	TABS	2	
HYDROXYCHLOROQ UINE	TABS	1	
LARIAM	TABS	2	
MALARONE	TABS	3	
<b>MEFLOQUINE</b>	TABS	1	
PLAQUENIL	TABS	2	
PRIMAQUINE PHOSPHATE	TABS	2	
QUALAQUIN	CAPS	3	
<b>ANTIPROTOZOALS - MISCELLANEOUS</b>			
ALINIA	TABS, SUSP	3	
FLAGYL	TABS, CAPS	2	
FLAGYL ER	TABS	3	
MEPRON	SUSP	2	
METRO, METRONIDAZOLEV	INJ	4	
<b>METRONIDAZOLE</b>	TABS, CAPS	1	
NEUTREXIN	INJ	4	
PENTAM, NEBUPENT	INJ	4	
TINDAMAX	TABS	3	
<b>ANTI PRURITICS AND LOCAL ANESTHETICS</b>			
EMLA	CREAM	2	
EMLA/TEGADERM	KIT	3	
LIDOCAINE	OINT	1	
LIDOCAINE/PRILOCAI NE	CREAM	1	
LIDODERM	PATCH	3	
<b>PHENAZOPYRIDINE</b>	TABS	1	
PYRIDIUM	TABS	2	
SYNERA	PATCH	3	
ZONALON	CREAM	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTITHROMBOTIC AGENTS - ANTICOAGULANTS</b>			
ARIXTRA	SOLN	3	
COUMADIN	INJ	4	
COUMADIN, WARFARIN, JANTOVEN	TABS	1	
FRAGMIN	INJ	3	
<i>HEPARIN</i>	INJ	4	
INNOHEP	SOLN	3	
LOVENOX	INJ	2	
<b>ANTITHROMBOTIC AGENTS - PLATELET-AGGREGATION INHIBITORS</b>			
<i>CILOSTAZOL</i>	TABS	1	
PLAVIX	TABS	2	
PLETAL	TABS	2	
PLETAL	TABS	2	
TICLID	TABS	2	
<i>TICLOPIDINE</i>	TABS	1	
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS - HISTAMINE H2-ANTAGONISTS</b>			
AXID	CAPS, SOLN	2	
<i>CIMETIDINE</i>	TABS, SOLN	1	
CIMETIDINE	INJ	4	
<i>FAMOTIDINE</i>	TABS	1	
FAMOTIDINE, PEPCID	INJ	4	
<i>NIZATIDINE</i>	CAPS	1	
PEPCID	TABS, SYRUP	2	
<i>RANITIDINE</i>	TABS, CAPS	1	
RANITIDINE, ZANTAC	INJ	4	
TAGAMET	TABS	2	
ZANTAC	EFF TABS, PACKETT E	3	
ZANTAC, TALADINE	TABS, CAPS, SYRUP	2	
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS - PROSTAGLANDINS</b>			
CYTOTEC	TABS	2	
<i>MISOPROSTOL</i>	TABS	1	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS – PROSTAGLANDINS, continued</b>			
CARAFATE	TABS, SUSP	2	
<i>SUCRALFATE</i>	TABS	1	
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS - PROTON-PUMP INHIBITORS</b>			
ACIPHEX	TABS	2	QL, PA
NEXIUM	CAPS, PACK	3	QL, PA
NEXIUM I.V.	INJ	4	
<i>OMEPRAZOLE</i>	CAPS	1	QL, PA
PREVACID	PACK, CAPS, TABS	3	QL, PA
PREVACID I.V.	INJ	4	
PREVPAC	MISC	2	
PRIOSEC	CAPS	2	QL, PA
PRIOSEC 40MG	CAPS	3	QL, PA
PROTONIX	INJ	4	
PROTONIX	TABS	2	QL, PA
ZEGERID	CAPS	3	PA
<b>ANTIVIRALS (SYSTEMIC) - ADAMANTANES</b>			
FLUMADINE	TABS, SYRUP	2	
<i>RIMANTADINE</i>	TABS	1	
<b>ANTIVIRALS (SYSTEMIC) - ANTIRETROVIRALS</b>			
AGENERASE	CAPS, SOLN	2	
APTIVUS	CAPS	2	
ATRIPLA	TABS	2	
COMBIVIR	TABS	2	
CRIXIVAN	CAPS	2	
<i>DIDANOSINE</i>	CAPS	1	
EMTRIVA	CAPS, SOLN	2	
EPIVIR, EIPVIR HBV	TABS, SOLN	2	
EPZICOM	TABS	2	
FUZEON	INJ	4	PA
INVIRASE	TABS, CAPS	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTIVIRALS (SYSTEMIC) – ANTIRETROVIRALS, continued</b>			
KALETRA	SOLN, CAPS, TABS	2	
LEXIVA	TABS	2	
NORVIR	SOLN, CAPS	2	
PREZISTA	TABS	2	
RESCRIPTOR	TABS	2	
RETROVIR	CAPS, SYRUP, TABS	2	
RETROVIR IV	INJ	4	
REYATAZ	CAPS	2	
SUSTIVA	CAPS, TABS	2	
TRIZIVIR	TABS	2	
TRUVADA	TABS	2	
VIDEX, VIDEX EC	SOLN, CAPS	2	
VIRACEPT	TABS, POWD	2	
VIRAMUNE	TABS, SUSP	2	
VIREAD	TABS	2	
ZERIT	CAPS, SOLN	2	
ZIAGEN	TABS, SOLN	2	
<b>ZIDOVUDINE</b>	TABS, CAPS, SYRP	1	
<b>ANTIVIRALS (SYSTEMIC) - INTERFERONS</b>			
ALFERON N	SOLN	3	PA
INFERGEN	INJ	3	PA
INTRON-A, ROFERON-A	KIT, SOLN	2	PA
PEGASYS	KIT	3	PA
PEG-INTRON	KIT	2	PA
<b>ANTIVIRALS (SYSTEMIC) – MISCELLANEOUS</b>			
FOSCAVIR, FOSCARNET	INJ	4	
<b>ANTIVIRALS (SYSTEMIC) - MONOCLONAL ANTIBODIES</b>			
SYNAGIS	INJ	4	PA

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ANTIVIRALS (SYSTEMIC) - NEURAMINIDASE INHIBITORS</b>			
RELENZA DISKHALER	AERS	3	
TAMIFLU	CAPS, SUSP	2	
<b>ANTIVIRALS (SYSTEMIC) - NUCLEOSIDES AND NUCLEOTIDES</b>			
<b>ACYCLOVIR</b>	SUSP, TABS, CPAS	1	
ACYCLOVIR SODIUM	INJ	4	
BARACLUDE	TABS, SON	3	
COPEGUS, REBETOL, RIBASPHERE	TABS, CAPS	2	
CYTOVENE	INJ	4	
FAMVIR	TABS	3	PA
<b>GANCICLOVIR</b>	CAPS	1	
HEPSERA	TABS	3	
REBETOL	SOLN	3	
RIBATAB, RIBAPAK, RIBASPHERE, RIBAVIRIN	TABS, MISC, CAPS	1	
TYZEKA	TABS	3	
VALTREX, VALCYTE	TABS	2	
VIRAZOLE	INJ	4	
VISTIDE	INJ	4	
ZOVIRAX	TABS, CAPS, SUSP	2	
<b>ANXIOLYTICS, SEDATIVES AND HYPNOTICS - MISCELLANEOUS</b>			
AMBIEN, AMBIEN CR	TABS, CAPS	3	QL, PA
BUSPAR, 'VANSPAR	TABS	2	
BUSPIRONE	TABS	1	
<b>HYDROXYZINE</b>	CAPS, TABS	1	
<b>HYDROXYZINE</b>	INJ	4	
LUNESTA	TABS	3	QL, PA
<b>MEPROBAMATE</b>	TABS	1	
ROZEREM	TABS	3	QL, PA
SONATA	CAPS	3	QL
VISTARIL	CAPS, SUSP	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>AUTONOMIC DRUGS</b>			
CHANTIX	TABS	3	QL
<b>NICOTINE</b>	PATCH	1	PA
NICOTROL NS, NICOTROL	SOLN, INHALER	3	PA
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>			
<b>ACEBUTOLOL</b>	CAPS	1	
<b>ATENOLOL</b>	TABS	1	
ATENOLOL/CHLORTHALIDONE	TABS	1	
BETAPACE, BETAPACE AF	TABS	2	
<b>BETAXOLOL</b>	TABS	1	
BISOPROLOL	TABS	1	
BISOPROLOL/HYDROCHLOROTHIAZIDE	TABS	1	
CARTROL	TABS	3	
COREG	TABS	2	
CORGARD	TABS	2	
CORZIDE	TABS	2	
INDERAL, 'INDERAL LA, PROPRANOLOL SOLN, PROPRANOLOL SA 120MG	SOLN, CAPS	2	
INDERIDE	TABS	2	
INNOPRAN XL	CAPS	3	
KERLONE	TABS	2	
<b>LABETALOL</b>	TABS	1	
LABETALOL, TRANDATE	INJ	4	
LEVATOL	TABS	3	
LOPRESSOR HCT	TABS	2	
LOPRESSOR, 'METOPROLOL	INJ	4	
LOPRESSOR, TOPROL XL	TABS	2	
METOPROLOL, METOPROLOL ER	TABS	1	
METOPROLOL/HYDROCHLOROTHIAZIDE	TABS	1	
<b>NADOLOL</b>	TABS	1	
<b>PINDOLOL</b>	TABS	1	
<b>PROPRANOLOL</b>	INJ	4	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>BETA-ADRENERGIC BLOCKING AGENTS, continued</b>			
PROPRANOLOL, PROPRANOLOL ER,	CAPS, TABS	1	
PROPRANOLOL/HYDROCHLOROTHIAZIDE	TABS	1	
SECTRAL	CAPS	2	
SOTALOL, SOTALOL AF, SORINE	TABS	1	
TENORETIC	TABS	2	
TENORMIN	TABS	2	
TENORMIN	INJ	4	
TIMOLIDE 10/25	TABS	3	
<b>TIMOLOL</b>	TABS	1	
TRANDATE	TABS	2	
ZEBETA	TABS	2	
ZIAC	TABS	2	
<b>CALCIUM-CHANNEL BLOCKING AGENTS - DIHYDROPYRIDINES</b>			
ADALAT CC, PROCARDIA XL, PROCARDIA, CARDENE	TABS, CAPS	2	
CARDENE	CAPS	2	
CARDENE I.V.	INJ	4	
CARDENE SR	CAPS	3	
DYNACIRC CR	TABS	3	
FELODIPINE ER	TABS	1	
<b>ISRADIPINE</b>	CAPS	1	
LOTREL	CAPS	2	
<b>NICARDIPINE</b>	CAPS	1	
NIFEDICAL XL, NIFEDICAL CC, NIFEDIPINE, NIFEDIPINE ER, AFEDITAB CR	TABS, CAPS	1	
NIMOTOP	CAPS	2	
NORVASC	TABS	2	
PLENDIL	TABS	2	
SULAR	TABS	3	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>CALCIUM-CHANNEL BLOCKING AGENTS - MISCELLANEOUS</b>			
CARDIZEM LA	TABS	3	PA
CARDIZEM, CARDIZEM CD, DILACOR XR, TIZAC	CAPS, TABS	2	
COVERA-HS, VERELAN PM	CAPS, TABS	3	
DILTIAZEM HCL	INJ	4	
DILTIAZEM, DILTIAZEM CD, DILTIAZEM ER, DILT-CD, DILT-XR, DILTIA XT, CARTIA XT, TAZTIA XT	TABS, CAPS	1	
ISOPTIN, 'ISOPTIN SR, VERELAN, CALAN SR, CALAN	TABS, CAPS	2	
VERAPAMIL	INJ	4	
VERAPAMIL, VERAPAMIL ER, VERAPAMIL SR,	TABS, CAPS	1	
<b>CALORIC AGENTS</b>			
AMINESS, RENAMIN	INJ	4	
<b>DEXTROSE AND COMBINATIONS</b>	INJ	4	
INTRALIPID, 'LIPOSYN	INJ	4	
TRAVERT	INJ	4	
VARIOUS DEXTROSE AND SODIUM CHLORIDE COMBINATIONS	INJ	4	
VARIOUS ELECTROLYTES COMBINATIONS INCLU SPECIAL SUCH AS RENAL, LIVER, ...	INJ	4	
<b>CARDIAC DRUGS - ANTIARRHYTHMIC AGENTS</b>			
<b>AMIODARONE</b>	INJ	4	
AMIODARONE 200MG & 400MG, PACERONE 200MG	TABS	1	
CORDARONE 200MG, PACERONE 400MG	TABS	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>CARDIAC DRUGS - ANTIARRHYTHMIC AGENTS, continued</b>			
DISOPYRAMIDE, DISOPYRAMIDE ER	CAPS	1	
ETHMOZINE	TABS	2	
<b>FLECAINIDE</b>	TABS	1	
LIDOCAINE, XYLOCAINE	INJ	4	
<b>MEXILETINE</b>	CAPS	1	
NORPACE, NORPACE CR	CAPS	2	
PACERONE 100 & 300MG	TABS	3	
PROCAINAMIDE	INJ	4	
PROCANBID	TABS	3	
PRONESTYL, PROCAINAMIDE ER	TABS, CAPS	2	
PRONESTYL, PRONEXTYL SR, PROCAINAMIDE ER, PROCAINAMIDE SR, PROCAINAMIDE	CAPS, TABS	1	
<b>PROPAFENONE</b>	TABS	1	
QUINIDINE	INJ	4	
QUINIDINE, QUINIDINE CR, QUINIDINE ER	TABS	1	
RYTHMOL	TABS	2	
RYTHMOL SR	CAPS	3	
TAMBOCOR	TABS	2	
TIKOSYN	CAPS	3	
<b>CARDIAC DRUGS - MISCELLANEOUS</b>			
RANEXA	TABS	3	
<b>CARDIAC DRUGS - CARDIOTONIC AGENTS</b>			
DIGOXIN, LANOXIN	INJ	4	
DIGOXIN, LANOXIN, LANOXICAPS, DIGITEK	SOLN, TABS, CAPS	1	
<b>CATHARTICS AND LAXATIVES</b>			
AMITIZA	CAPS	3	
COLYTE, GO-LYTELY	SOLN	2	
HALFLYTELY BOWEL PREP	KIT	3	
MOVIPREP	SOLN	3	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>CATHARTICS AND LAXATIVES, continued</b>			
NULYTELY	SOLN	2	
OSMOPREP, VISICOL	TABS	3	
PEG 3350/ELECTROLYTES	SOLN	1	
POLYETHYLENE GLYCOL, GLYCOLAX	PACK, POWDER	1	
TRILYTE	SOLN	1	
<b>CELL STIMULANTS AND PROLIFERANTS</b>			
AVITA, TRETINOIN	CREAM, GEL	1	
KEPIVANCE	INJ	4	
RETIN-A, RETIN-A MICRO	CREAM, GEL	2	
<b>CENTRAL NERVOUS SYSTEM AGENTS - MISCELLANEOUS</b>			
<b>AMANTADINE</b>	CAPS, TABS, SYRP	1	
APOKYN	INJ	4	PA
AZILECT	TABS	3	
CAMPRAL	TABS	3	
CARBIDOPA/LEVODOPA, CARBIDOPA/LEVODOPA ER, CARBIDOPA/LEVODOPA CR, ATAMET, CARBIDOPA/LEVODOPA SR	TABS	1	
COMTAN	TABS	2	
ELDEPRYL	CAPS	2	
LODOSYN	TABS	3	
MIRAPEX	TABS	2	
NAMENDA	SOLN, TABS	2	
PARCOPA	TABS	3	
PERGOLIDE	TABS	1	
PERMAX	TABS	2	
REQUIP	TABS	2	
RILUTEK	TABS	3	
<b>SELEGILINE</b>	CAPS, TABS	1	
SINEMET, SINEMET CR	TABS	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>CENTRAL NERVOUS SYSTEM AGENTS - MISCELLANEOUS, continued</b>			
STALEVO	TABS	2	
STRATTERA	CAPS	3	PA
SYMMETREL	TABS	2	
TASMAR	TABS	3	
XYREM	SOLN	3	
ZELAPAR, EMSAM	TABS, PATCH	3	
<b>CHOLELITHOLYTIC AGENTS</b>			
ACTIGALL, URSO	CAPS, TABS	2	
URSO FORTE	TABS	3	
<b>URSODIOL</b>	CAPS	1	
<b>CONTRACEPTIVES</b>			
APRI, KARIVA, VELIVET, RECLIPSEN, SOLIA, CESIA	TABS	1	
CRYSSELLE, LOW-OGESTREL, OGESTREL	TABS	1	
DESOGEN, CYCLESSA, ORTHO-CEPT	TABS	2	
ERRIN, CAMILA, NOR-QD, NORA-BE, JOLIVETTE	TABS	1	
FEMCON FE, LOESTRIN 24 FE, EXTROSTEP FE	CHEW	3	
JUNEL FE, MICROGESTIN FE	TABS	1	
KELNOR, ZOVIA	TABS	1	
LESSINA, PORTIA, AVIANE, JOLESSA, TRI-LEVLEN, ENPRESSE, LEVORA, TRIVORA, LUTERA, QUASENSE, SRONYX	TABS	1	
LO/OVRAL-28	TABS	2	
LOESTRIN FE	TABS	2	
NECON 1/50	TABS	1	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>CONTRACEPTIVES, continued</b>			
NORINYL, TRI-NORINYL, OVCON, ORTHO-NOVUM, MODICON, LOESTRIN	TABS	2	
NORTREL, BALZIVA, ARANELL, LEENA, BREVICON, NECON, JUNEL, MICROGESTIN	TABS	1	
NUVARING	RING	3	
ORTHO EVRA	PATCH	2	
ORTHO MICRONOR	TABS	2	
ORTHO TRI-CYCLEN LO	TABS	3	
ORTHO-CYCLEN, ORTHO TRI-CYCLEN	TABS	2	
ORTHO-NOVUM 1/50-28	TABS	2	
OVCON-50 28	TABS	3	
PLAN B	TABS	3	
SEASONIQUE	TABS	3	
TRIPHASIL, ALESSE, LEVLITE, SEASONALE, NORDETTE	TABS	2	
TRI-PREVIFEM, PREVIFEM, SPRINTEC, TRI-SPRINTEC, MONONOESSA, TRINESSA	TABS	1	
YASMIN 28, YAZ	TABS	3	
<b>DEPIGMENTING AND PIGMENTING AGENTS - DEPIGMENTING AGENTS</b>			
BENOQUIN	CREAM	3	
<b>DEPIGMENTING AND PIGMENTING AGENTS - PIGMENTING AGENTS</b>			
8-MOP	CAPS	2	
OXSORALEN, OXSORALEN ULTRA	LOTN, CAPS	3	
UVADEX	INJ	4	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>DEVICES</b>			
DIABETIC SUPPLIES, MISC	MISC	1	
<b>DIGESTANTS</b>			
LIPRAM, LIPRAM-PN, LIPRAM-UL, PALIPASE, PALPEON DR, PALPEON MT, PALTRASEV, PALIPASE MT, PANOCAPS, PANOCAPS MT, ULTRACAPS MT, PALCAPS, PANOKASE, ENZYCAP, PANGESTYME CN, PANGESTYME ED, PANGESTYME UL, PANGESTYME MT, PLARETASE, PANCRELIPASE, PANCRELIPASE MST, PANCRON, LIPASE, DYGASE	CAPS, TABS	1	
PANCRECARB MS, ENZYMAX, KU-ZYME HP	CAPS, TABS	3	
VIOKASE, ULTRASE, ULTRASE MT, KUTRASE, KU-ZYME, PANCREASE MT, CREON	TABS, PWDR	2	
<b>DIURETICS - LOOP DIURETICS</b>			
<i>BUMETANIDE</i>	TABS	1	
<i>BUMETANIDE</i>	INJ	4	
BUMEX	TABS	2	
DEMADEX	TABS	2	
DEMADEX	INJ	4	
EDECIN	INJ	4	
EDECIN	TABS	3	
<i>FUROSEMIDE</i>	TABS	1	
<i>FUROSEMIDE</i>	INJ	4	
LASIX, 'FUROSEMIDE SOLN	TABS, SOLN	2	
<i>TORSEMIDE</i>	TABS	1	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>DIURETICS - MISCELLANEOUS</b>			
ISMOTIC	SOLN	3	
TRIAMTERENE/HYDR OCHLOROTHIAZIDE	TABS	1	
<b>DIURETICS - POTASSIUM-SPARING DIURETICS</b>			
AMILORIDE	TABS	1	
AMILORIDE/HYDROC HLOROTHIAZIDE	TABS	1	
DYAZINE, MAXZIDE	TABS, CPAS	2	
DYRENIUM	CAPS	3	
TRIAMTERENE/HYDR OCHLOROTHIAZIDE	CAPS, TABS	1	
<b>DIURETICS - THIAZIDE DIURETICS</b>			
<i>CHLOROTHIAZIDE</i>	TABS	1	
DIURIL	SUSP	2	
DIURIL IV	INJ	4	
<i>HYDROCHLOROTHIAZIDE</i>	TABS, CAPS	1	
<i>METHYCLOTHIAZIDE</i>	TABS	1	
MICROZIDE	CAPS	2	
<b>DIURETICS – THIAZIDE-LIKE DIURETICS</b>			
<i>CHLORTHALIDONE</i>	TABS	1	
<i>INDAPAMIDE</i>	TABS	1	
<i>METOLAZONE</i>	TABS	1	
THALITONE	TABS	3	
ZAROXOLYN	TABS	2	
<b>EENT DRUGS - MISCELLANEOUS</b>			
ALPHAGAN P	SOLN	3	
ATROVENT	SOLN	2	
BETAGAN, BETAGAN W/O C, BETAGAN C QD	SOLN	2	
<i>BETAXOLOL</i>	SOLN	1	
BETOPTIC-S	SUSP	2	
<i>BRIMONIDINE</i>	SOLN	1	
<i>CARTEOLOL</i>	SOLN	1	
IOPIDINE	SOLN	3	
<i>IPRATROPIUM</i>	SOLN	1	
ISTALOL, TIMOPTIC OCUDOSE, TIMOPTIC, TIMOPTIC XE, BETIMOL	SOLN	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>EENT DRUGS – MISCELLANEOUS, continued</b>			
LACRISERT	INST	3	
LEVOBUNOLOL	SOLN	1	
LUMIGAN	SOLN	3	
<i>METIPRANOLOL</i>	SOLN	1	
OPTIPRANOLOL	SOLN	2	
<i>TIMOLOL</i>	SOLN	1	
TRAVATAN, TRAVATANZ	SOLN	3	
XALATAN	SOLN	2	
<b>EMOLLIENTS, DEMULCENTS, AND PROTECTANTS - BASIC LOTIONS AND LINIMENTS</b>			
AMMONIUM LACTATE	LOTN	1	
LACLOTION, AMMONIUM LACTATE	LOTN	1	
LACCREAM, AMMONIUM LACTATE	CREAM	1	
LAC-HYDRIN	CREAM, LOTN	2	
<b>ENZYMES</b>			
ADAGEN	INJ	4	
ALDURAZYME	INJ	4	
ARALAST, PROLASTIN, ZEMAIRA	INJ	4	
CEREDASE, 'MYOZYME	INJ	4	PA
CEREZYME	INJ	4	PA
ELAPRASE	INJ	4	
ELITEK	INJ	4	
FABRAZYME	INJ	4	PA
NAGLAZYME	INJ	4	
PULMOZYME	INJ	4	
SUCRAID	SOLN	3	
<b>ESTROGENS AND ANTIESTROGENS - ESTROGEN AGONIST-ANTAGONISTS</b>			
EVISTA	TABS	2	
<b>ESTROGENS AND ANTIESTROGENS - ESTROGENS</b>			
ACTIVELLA	TABS	3	
ANGELIQ	TABS	3	
CLIMARA PRO	PATCH	3	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>ESTROGENS AND ANTIESTROGENS – ESTROGENS, CONTINUED</b>			
ESTRADIOL, ESCLIM, GYNODIOL, VIVELLE	TABS, PATCH	1	
ESTROPIPATE, ORTHO-EST	TABS	1	
FEMHRT, COMBIPATCH	TABS, PATCH	2	
FEMTRACE, FEMRING, MENOSTAR, VAGIFEM, ESTROGEL, ESTRING, ESTRASORB	TABS, RING, PATCH, GEL, EMUL	3	
GYNODIOL, ESCLIM, ALORA, CLIMARA, ESTRACE, ESTRADERM, VIVELLE-DOT, DELESTROGEN, DEPO-ESTRADIOL	TABS, PATCH, CREAM, TABS, OIL	2	
MENEST, ENJUVA, CENESTIN	TABS	3	
OGEN	TABS	2	
PREFEST	TABS	3	
PREMARIN	TABS	1	
PREMARIN	INJ	4	
PREMARIN W/APPLICATOR	CREAM	2	
PREMPHASE, PREMPRO	TABS	2	
<b>FIRST GENERATION ANTIHISTAMINES - ETHANOLAMINE DERIVATIVES</b>			
BENADRYL	CAPS	2	
BENADRYL, DIPHENHYDRAMINE	INJ	4	
CLEMASTINE FUMARATE	TABS, SYRP	1	
DIPHENHYDRAMINE	CAPS, ELIX	1	
PALGIC	LIQD	1	
PALGIC	TABS	3	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>FIRST GENERATION ANTIHISTAMINES - MISCELLANEOUS</b>			
<i>CYPROHEPTADINE</i>	TABS, SYRP	1	
<b>FIRST GENERATION ANTIHISTAMINES - PHENOTHIAZINE DERIVATIVES</b>			
PROMETHAZINE VC	SYRP	1	
PROMETHAZINE, PHENERGAN	INJ	4	
PROMETHAZINE, PROMETHEGAN, PHENADOZ	TABS, SYRP, SUPP	1	
<b>FIRST GENERATION ANTIHISTAMINES - PROPYLAMINE DERIVATIVES</b>			
<i>DEXCHLORPHENIRAMINE</i>	SYRP	1	
<b>GENITOURINARY SMOOTH MUSCLE RELAXANTS</b>			
DETROL, DETROL LA	CAPS, TABS	2	QL
DITROPAN	TABS, SYRUP	2	
DITROPAN XL	TABS	3	QL
ENABLEX	TABS	2	QL
<i>FLAVOXATE</i>	TABS	1	
OXYBUTYNIN, OXYBUTYNIN ER	SYRP, TABS	1	
OXYTROL	PATCH	3	
SANCTURA	TABS	3	
URISPAS	TABS	2	
VESICARE	TABS	2	QL
<b>GI DRUGS - MISCELLANEOUS</b>			
LOTRONEX	TABS	2	
ZELNORM	TABS	2	
<b>GOLD COMPOUNDS</b>			
RIDAURA	CAPS	2	
<b>GONADOTROPINS</b>			
CHORIONIC GONADOTROPIN	SOLN	1	
NOVAREL, PREGNYL	SOLN	2	
SYNAREL	SOLN	3	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>HEAVY METAL ANTAGONISTS</b>			
CHEMET	CAPS	3	
CUPRIMINE	CAPS	2	
DEPEN TITRATABS	TABS	3	
EXJADE	TABS	2	
SYPRINE	CAPS	3	
<b>HEMATOPOIETIC AGENTS</b>			
ARANESP	SOLN	3	
LEUKINE	SOLN	2	
NEULASTA	SOLN	2	
NEUPOGEN	SOLN	2	
PROCRIT, EPOGEN	SOLN	2	
<b>HEMORRHEOLOGIC AGENTS</b>			
PENTOXIL, PENTOXIFYLLINE CR, PENTOXIFYLLINE ER, PENTOPAK	TABS	1	
TRENTAL	TABS	2	
<b>HYPOTENSIVE AGENTS - CENTRAL ALPHA-AGONISTS</b>			
CATAPRES, CATAPRES TTS	TABS, PATCH	2	
<i>CLONIDINE</i>	TABS	1	
CLORPRES	TABS	3	
<i>GUANABENZ</i>	TABS	1	
<i>GUANFACINE</i>	TABS	1	
<i>METHYLDOPA</i>	TABS	1	
METHYLDOPA/HYDR OCHLOROTHIAZIDE	TABS	1	
<i>METHYLDOPATE</i>	INJ	4	
TENEX	TABS	2	
<b>HYPOTENSIVE AGENTS - DIRECT VASODILATORS</b>			
BIDIL	TABS	3	
<i>HYDRALAZINE</i>	TABS	1	
<i>HYDRALAZINE</i>	INJ	4	
HYDRALAZINE/HYDR OCHLOROTH	CAPS	1	
<i>MINOXIDIL</i>	TABS	1	
PROGLYCEM	SUSP	3	
<b>HYPOTENSIVE AGENTS - MISCELLANEOUS</b>			
INVERSINE	TABS	3	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>HYPOTENSIVE AGENTS - PERIPHERAL ADRENERGIC INHIBITORS</b>			
RAUWOLFIA/BENDRO FLUMETHIA	TABS	3	
<i>RESERPINE</i>	TABS	1	
<b>ION-REMOVING AGENTS - PHOSPHATE-REMOVING AGENTS</b>			
FOSRENOL	CHEW	2	
PHOSLO	CAPS	2	
RENAGEL	TABS	2	
<b>ION-REMOVING AGENTS - POTASSIUM-REMOVING AGENTS</b>			
KAYEXALATE, SPS	PWDR, SUSP	2	
KIONEX, SPS, SODIUM POLYSTYRENE SULFONATE	PWDR, SUSP	1	
<b>IRRIGATING SOLUTIONS</b>			
LACTATED RINGER'S IRRIGAT	INJ	4	
PHYSIOLYTE	INJ	4	
RINGER'S IRRIGATION	INJ	4	
<i>SODIUM CHLORIDE IRRIGATIONS AND COMBINATIONS</i>	INJ	4	
STERILE WATER IRRIGATION	INJ	4	
VARIOUS ELECTROLYTE IRRIGATIONS	INJ	4	
<i>VARIOUS IRRIGATIONS RELATED TO DIALYSIS</i>	INJ	4	
<b>LOCAL ANESTHETICS (EENT)</b>			
LIDOCAINE, LIDOCAINE JELLY, LIDOMAR VISCOUS	SOLN, GEL	1	
PROPARACAINE, PARCAINE, ALCAINE	SOLN	1	
UNI-OTIC	LIQD	1	
XYLOCAINE, XYLOCAINE JELLY, XYLOCAINE VISCOUS	SOLN, GEL	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>LOCAL ANESTHETICS (PARENTERAL)</b>			
LIDOCAINE, XYLOCAINE	INJ	4	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>			
ACETADOTE	INJ	4	
ACTIMMUNE	SOLN	3	
ACTONEL	TABS	2	
ACTONEL WITH CALCIUM	TABS	3	
AGRYLIN	CAPS	2	
<i>ALLOPURINOL</i>	TABS	1	
ALLOPURINOL, ALOPRIM	INJ	4	
<i>ANAGRELIDE</i>	CAPS	1	
ANTABUSE	TABS	2	
ANTIZOL	INJ	4	
APHTHASOL	PSTE	3	
ARAVA	TABS	2	
ARELIA, PAMIDRONATE	INJ	4	
ATGAM, THYMOGLOBULIN	INJ	4	
AVODART	CAPS	3	
AZASAN, IMURAN	TABS	2	
<i>AZATHIOPRINE</i>	TABS	1	
<i>AZATHIOPRINE</i>	INJ	4	
BONIVA	INJ	4	
BONIVA	TABS	3	
BOTOX, MYOBLOC	INJ	4	
<i>BROMOCRIPTINE</i>	CAPS, TABS	1	
<i>CABERGOLINE</i>	TABS	1	
CARNITOR	TABS, SOLN	2	
CARNITOR, LEVOCARNITINE	INJ	4	
CELLCEPT	CAPS, TABS, SUSP	2	
CELLCEPT	INJ	4	
<i>COLCHICINE</i>	TABS	1	
<i>COLCHICINE</i>	INJ	4	
COPAXONE	KIT	2	PA

DRUG NAME	DRUG FORM	TIER	NOTE
<b>MISCELLANEOUS THERAPEUTIC AGENTS, continued</b>			
CYCLOSPORINE, DANIMMUNE	INJ	4	
CYSTADANE	PWDR	2	
CYSTAGON	CAPS	3	
DEMSER	CAPS	3	
DEXRAZOXANE, ZINECARD	INJ	4	
DIDRONEL	TABS	2	
DIDRONEL IV	INJ	4	
DOSTINEX	TABS	2	
ELMIRON	CAPS	3	
ENBREL	SOLN, KIT	2	PA
ETHYOL	INJ	4	
ETIDRONATE	TABS	1	
<i>FINASTERIDE</i>	TABS	1	
FLOMAX	CAPS	2	
FOSAMAX	SOLN	3	
FOSAMAX PLUS D	TABS	3	
GENGRAF, CYCLOSPORINE, CYCLOSPORINE MODIFIED	SOLN, CAPS	1	
HUMIRA	KIT	2	PA
KINERET	SOLN	2	PA
<i>LEFLUNOMIDE</i>	TABS	1	
<i>LEUCOVORIN</i>	INJ	4	
LEUCOVORIN 10MG	TABS	2	
LEUCOVORIN 5, 15 & 25MG	TABS	1	
<i>LEVOCARNITINE</i>	TABS, SOLN	1	
MESNEX	TABS	2	
MESNEX, MESNA	INJ	4	
MYFORTIC	TABS	2	
NEUMEGA	SOLN	2	
ORENCIA	INJ	4	PA
ORFADIN	CAPS	3	
ORTHOCLONE OKT3	INJ	4	
PARLODEL	TABS, CAPS	2	
PROGRAF	CAPS	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>MISCELLANEOUS THERAPEUTIC AGENTS, continued</b>			
PROGRAF	INJ	4	
PROSCAR	TABS	2	
RAPAMUNE	SOLN, TABS	2	
REBIF, AVONEX, BETASERON	SOLN, KIT	2	PA
REMICADE	INJ	4	
REVLIMID	CAPS	2	
SANDIMMUNE, NEORAL, CYCLOSPORINE	CAPS, SOLN	2	
SANDOSTATIN	SOLN	2	
SANDOSTATIN, OCTREOTIDE	INJ	4	
SENSIPAR	TABS	2	
SIMULECT	INJ	4	
SKELID	TABS	3	
THALOMID	CAPS	2	
THIOLA	TABS	3	
TYSABRI	INJ	4	
UROXATRAL	TABS	3	
ZAVESCA	CAPS	3	
ZENAPAX	INJ	4	
ZOMETA	INJ	4	
ZYLOPRIM	TABS	2	
<b>MUCOLYTIC AGENTS</b>			
<i>ACETYLCYSTEINE</i>	SOLN	1	
MUCOMYST-10	SOLN	2	
<b>MULTIVITAMIN PREPARATIONS</b>			
FLUORIDE - VITAMIN/MINERAL, MISC	N/A	2	
PRENATAL W/ FOLIC ACID - VITAMIN/MINERAL, MISC	N/A	2	
<b>MYASTHENIA GRAVIS</b>			
ENLON-PLUS	INJ	4	
<b>MYDRIATICS</b>			
ATROPINE	SOLN, OINT	1	
<i>DIPIVEFRIN</i>	SOLN	1	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>MYDRIATICS, continued</b>			
ISOPTO HOMATROPINE 2%, HOMATROPAIRE	SOLN	1	
ISOPTO HOMATROPINE 5%	SOLN	2	
MYDRIACYL	SOLN	2	
PROPINE	SOLN	2	
TROPICACYL, TROPICAMIDE, MYDRAL	SOLN	1	
<b>OPIATE ANTAGONISTS</b>			
NALOXONE, NARCAN	INJ	4	
NALTREXONE, DEPADE	TABS	1	
REVEX	INJ	4	
REVIA	TABS	1	
VIVITROL	INJ	4	
<b>OXYTOCICS</b>			
METHERGINE	TABS	2	
METHERGINE	INJ	4	
OXYTOCIN, PITOCIN	INJ	4	
<b>PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)</b>			
ARICEPT, ARICEPT ODT	TABS	2	
<i>BETHANECHOL</i>	TABS	1	
COGNEX	CAPS	3	
EVOXAC	CAPS	3	
EXELON	CAPS, SOLN	2	
<i>GUANIDINE</i>	TABS	1	
MESTINON	SYRP, TABS	2	
MYTELASE	TABS	3	
PILOCARPINE	TABS	1	
PYRIDOSTIGMINE	TABS	1	
RAZADYNE, RAZADYNE ER	TABS, SOLN, CAPS	2	
REGONOL	INJ	4	
SALAGEN	TABS	2	
URECHOLINE	TABS	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>PARATHYROID</b>			
FORTEO	SOLN	3	
FORTICAL, 'MIACALCIN	SOLN	3	
MIACALCIN	INJ	4	
<b>PITUITARY</b>			
DDAVP, DESMOPRESSIN	INJ	4	
DDAVP, MINIRIN	TABS, SOLN	2	
DESMOPRESSIN	TABS, SOLN	1	
GENOTROPIN, 'HUMATROPE, NORDITROPIN, NUTROPIN, NUTROPIN AQ, SAIZEN, SEROSTIM, TEV-TROPIN, ZORBTIVE	SOLN	3	PA
STIMATE	SOLN	3	
<b>PROGESTINS</b>			
AYGESTIN	TABS	2	
CRINONE, PROCHIEVE, PROMETRIUM	GEL, CAPS	3	
DEPO-PROVERA, MEDROXYPROGEST ERONE	INJ	4	
<b>MEDROXYPROGESTERO NE</b>	TABS	1	
<b>NORETHINDRONE</b>	TABS	1	
PROVERA	TABS	2	
<b>PROKINETIC AGENTS</b>			
<b>METOCLOPRAMIDE</b>	SYRP, TABS	1	
METOCLOPRAMIDE, REGLAN	INJ	4	
REGLAN	TABS	2	
<b>PSYCHOTHERAPEUTIC AGENTS - ANTIDEPRESSANTS</b>			
AMITRIPTYLINE	TABS	1	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>PSYCHOTHERAPEUTIC AGENTS – ANTIDEPRESSANTS, continued</b>			
AMITRIPTYLINE/CHL ORDIAZEPOXIDE, CHLORDIAZEPOXIDE/ AMITRIPTYLINE	TABS	1	
<b>AMOXAPINE</b>	TABS	1	
AMOXAPINE 150MG	TABS	2	
ANAFRANIL	CAPS	2	
BUDEPRION XL, BUDEPRION SR, BUPROBAN,	TABS	1	
CELEXA	TABS, SOLN	2	QL
<b>CITALOPRAM</b>	SOLN, TABS	1	
<b>CLOMIPRAMINE</b>	CAPS	1	
CYMBALTA	CAPS	3	PA
<b>DESIPRAMINE</b>	TABS	1	
<b>DOXEPIN</b>	CONC, CAPS	1	
EFFEXOR, EFFEXOR XR	TABS, CAPS	2	
FLUOXETINE, RAPIFLUX	TABS, CAPS, SOLN	1	
<b>FLUVOXAMINE</b>	TABS	1	
<b>IMIPRAMINE</b>	TABS, CAPS	1	
LEXAPRO	SOLN, TABS	3	PA
LIMBITROL, LIMBITROL DS	TABS	2	
<b>MAPROTILINE</b>	TABS	1	
MARPLAN	TABS	3	
<b>MIRTAZAPINE</b>	TABS	1	
NARDIL	TABS	2	
<b>NEFAZODONE</b>	TABS	1	
NORPRAMIN	TABS	2	
<b>NORTRIPTYLINE</b>	CAPS, SOLN	1	
PAMELOR	CAPS, SOLN	2	
PARNATE	TABS	2	
<b>PAROXETINE</b>	TABS, SUSP	1	QL
PAXIL, PAXIL CR	SUSP, TABS	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>PSYCHOTHERAPEUTIC AGENTS – ANTIDEPRESSANTS, continued</b>			
PERPHENAZINE/AMITRIPTYLINE	TABS	1	
PEXEVA	TABS	3	PA
PROZAC	TABS, SOLN, CAPS	2	
PROZAC WEEKLY, SARAFEM	CAPS	3	PA
REMERON	TABS	2	
<i>SERTRALINE</i>	CONC, TABS	1	
SURMONTIL	CAPS	2	
SURMONTIL	CAPS	3	
SYMBYAX	CAPS	3	
TOFRANIL, TOFRANIL-PM	TABS,CA PS	2	
<i>TRANLYCYPROMINE</i>	TABS	1	
<i>TRAZODONE</i>	TABS	1	
<i>TRIMIPRAMINE</i>	CAPS	1	
<i>VENLAFAXINE</i>	TABS	1	
VIVACTIL	TABS	3	
WELLBUTRIN XL	TABS	3	QL
WELLBUTRIN, WELLBUTRIN SR, ZYBAN	TABS	2	
ZOLOFT	TABS, CONC	2	QL
<b>PSYCHOTHERAPEUTIC AGENTS - ANTIPSYCHOTIC AGENTS</b>			
ABILIFY	TABS, SOLN	2	
ABILIFY	INJ	4	
<i>CHLORPROMAZINE</i>	TABS	1	
<i>CHLORPROMAZINE</i>	INJ	4	
CLOZAPINE	TABS	1	
CLOZARIL	TABS	2	
FAZACLO	TABS	3	
FLUPHENAZINE	INJ	4	
<i>FLUPHENAZINE</i>	CONC, ELIX, TABS	1	
GEODON	CAPS	2	
GEODON	INJ	4	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>PSYCHOTHERAPEUTIC AGENTS - ANTIPSYCHOTIC AGENTS, continued</b>			
HALDOL	INJ	4	
<i>HALOPERIDOL</i>	TABS, CONC	1	
INVEGA	TABS	3	
LOXAPINE	CAPS	1	
LOXITANE	CAPS	2	
MOBAN	TABS	3	
NAVANE	CAPS	2	
ORAP	TABS	2	
<i>PERPHENAZINE</i>	TABS	1	
RISPERDAL	INJ	4	
RISPERDAL, RISPERDAL M	SOLN, TABS	2	
SEROQUEL	TABS	2	
THIORIDAZINE	TABS	1	
<i>THIOTHIXENE</i>	CAPS	1	
<i>TRIFLUOPERAZINE</i>	TABS	1	
ZYPREXA	INJ	4	
ZYPREXA, ZYPREXA ZYDIS	TABS	2	QL
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEMIC INHIBITORS - ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>			
ATACAND	TABS	3	QL, PA
ATACAND HCT	TABS	3	QL, PA
AVALIDE	TABS	2	QL
AVAPRO	TABS	2	QL
BENICAR	TABS	2	QL
BENICAR HCT	TABS	2	QL
COZAAR	TABS	3	QL, PA
DIOVAN	TABS	2	QL
DIOVAN HCT	TABS	2	QL
HYZAAR	TABS	3	PA
MICARDIS	TABS	3	QL, PA
MICARDIS HCT	TABS	3	PA
TEVETEN	TABS	3	QL, PA
TEVETEN HCT	TABS	3	QL, PA

DRUG NAME	DRUG FORM	TIER	NOTE
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEMIC INHIBITORS - ANGIOTENSIN-CONVERTING ENZYME INHIBITORS</b>			
ACCUPRIL	TABS	2	QL
ACCURETIC	TABS	2	QL
ACEON	TABS	3	QL, PA
ALTACE	CAPS	3	QL, PA
<b>BENAZEPRIL</b>	TABS	1	QL
BENAZEPRIL/HYDROCHLOROTHIAZIDE	TABS	1	
CAPOTEN	TABS	2	
CAPOZIDE	TABS	2	
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	1	
<b>ENALAPRIL</b>	TABS	1	QL
<b>ENALAPRIL/HYDROCHLOROTHIAZIDE</b>	TABS	1	
<b>FOSINOPRIL</b>	TABS	1	QL
FOSINOPRIL HCT	TABS	1	
<b>LISINOPRIL</b>	TABS	1	QL
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	1	
LOTENSIN	TABS	2	QL
LOTENSIN HCT	TABS	2	
MAVIK	TABS	2	QL
<b>MOEXIPRIL</b>	TABS	1	QL
MONOPRIL	TABS	2	QL
MONOPRIL HCT	TABS	2	
PRINIVIL, ZESTRIL	TABS	2	QL
<b>QUINAPRIL</b>	TABS	1	QL
QUINARETIC, QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	1	
TARKA	TABS	3	
<b>TRANDOLAPRIL</b>	TABS	1	QL
UNIRETIC	TABS	2	
UNIVASC	TABS	2	QL
VASERETIC	TABS	2	
VASOTEC	TABS	2	
ZESTORETIC, PRINZIDE	TABS	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEMIC INHIBITORS - MINERALOCORTICOID (ALDOSTERONE) ANTAGONISTS</b>			
ALDACTAZIDE	TABS	2	
ALDACTONE	TABS	2	
<b>SPIRONOLACTONE</b>	TABS	1	
SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	TABS	1	
<b>REPLACEMENT PREPARATIONS</b>			
DEXTROSE, DEXTROSE COMBINATIONS	INJ	4	
ELECTROLYTE COMBINATIONS	INJ	4	
K-TABS, KLOTRIX, POTASSIUM CHLORIDE SA, KLORCON, POTASSIUM CHLORIDE SR, POTASSIUM CHLORIDE CR, POTASSIUM CHLORIDE	TABS, CAPS	1	
LACTATED RINGER'S	INJ	4	
MICRO-K, KAON-CL	CAPS, TABS	2	
POTASSIUM CHLORIDE, POTASSIUM COMBINATIONS	INJ	4	
RINGER'S INJECTION	INJ	4	
<b>SODIUM CHLORIDE</b>	INJ, SOLN	4	
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>			
<b>AMINOPHYLLINE</b>	TABS	1	
<b>AMINOPHYLLINE</b>	INJ	4	
DILOR	INJ	4	
LUFYLLIN	TABS	2	
THEOPHYLLINE TD, ELIXOPHYLLIN, THEOCAP, THEOCHRON, THEOPHYLLINE ER, THEOPHYLLINE CR	TABS, CAPS, ELIX	1	
UNIPHYL, THEO-24	TABS, CAPS	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>RESPIRATORY TRACT AGENTS - MISCELLANEOUS</b>			
XOLAIR	SOLN	3	PA
<b>SECOND GENERATION ANTIHISTAMINES</b>			
ALLEGRA	TABS	2	
ALLEGRA SUSP, ALLEGRA-D	SUSP, TABS	3	
CLARINEX	TABS, SYRUP	2	QL
<i>FEXOFENADINE</i>	TABS	1	
SEMPREX-D	CAPS	3	
ZYRTEC, ZYTEC-D	ORAL, TABS	3	PA
<b>SERUMS</b>			
<i>ALL PART D COVERED INJECTABLE SERUMS</i>	INJ	4	PA
<b>SKELETAL MUSCLE RELAXANTS - CENTRALLY ACTING SKELETAL MUSCLE RELAXANT</b>			
SOMA	TABS	2	
<b>SKELETAL MUSCLE RELAXANTS - MISCELLANEOUS</b>			
<i>BACLOFEN</i>	TABS	1	
<i>CARISOPRODOL</i>	TABS	1	
CARISOPRODOL/ASP IRIN	TABS	1	
CARISOPRODOL/ASP IRIN/CODEINE	TABS	1	
<i>CHLORZOXAZONE</i>	TABS	1	
<i>CYCLOBENZAPRINE</i>	TABS	1	
DANTRIUM	CAPS	2	
<i>DANTROLENE</i>	CAPS	1	
FLEXERIL	TABS	2	
<i>METHOCARBAMOL</i>	TABS	1	
NORFLEX, ORPHENADRINE	INJ	4	
ORPHENADRINE ER	TABS	1	
ORPHENGESIC	TABS	1	
PARAFON FORTE DSC	TABS	2	
ROBAXIN	TABS	2	
ROBAXIN	INJ	4	
SKELAXIN	TABS	3	PA
SOMA COMPOUND	TABS	2	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>SKELETAL MUSCLE RELAXANTS - MISCELLANEOUS, continued</b>			
SOMA COMPOUND/CODEINE	TABS	2	
<i>TIZANIDINE</i>	TABS	1	
ZANAFLEX	TABS	2	PA
ZANAFLEX	CAPS	3	PA
<b>SKIN AND MUCOUS MEMBRANE AGENTS - MISCELLANEOUS</b>			
AC CUTANE	CAPS	2	
ALDARA	CREAM	3	
AMEVIVE	INJ	4	PA
AMNESTEEM, CLARAVIS, SOTRET	CAPS	1	
AZELEX, 'FINACEA	GEL	3	
CONDYLOX	GEL, SOLN	2	
DIFFERIN	TOPICAL	3	
DOVONEX	TOPICAL	3	
EFUDEX, CARAC, FLUOROPLEX	TOPICAL, CREAM	2	
ELIDEL	CREAM	2	
<i>FLUOROURACIL</i>	SOLN	1	
LEVULAN KERASTICK	SOLN	2	
PANRETIN	GEL	3	
PODOCON 25 IN BENZOIN TIN	SOLN	3	
PROTOPIC	OINT	3	
RAPTIVA	INJ	4	PA
REGRANEX	GEL	3	
SANTYL	OINT	3	
SOLARAZE	GEL	2	
SORIATANE	CAPS	3	
TACLONEX	OINT	3	
TARGRETIN	GEL	2	
TAZORAC	CAPS, GEL	3	
<b>SOMATOTROPIN AGONISTS AND ANTAGONISTS - SOMATOTROPIN AGONISTS</b>			
INCRELEX, IPLEX	INJ	4	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>SOMATOTROPIN AGONISTS AND ANTAGONISTS - SOMATOTROPIN ANTAGONISTS</b>			
SOMAVERT	SOLN	3	
<b>SYMPATHOLYTIC ADRENERGIC BLOCKING AGENTS</b>			
CAFERGOT	TABS	2	
D.H.E. 45	SOLN	2	
DIBENZYLINE	CAPS	3	
<i>DIHYDROERGOTAMINE</i>	INJ	4	
ERGOLOID	TABS	1	
ERGOMAR	SUBL	3	
ERGOTAMINE/CAFFEINE, MIGERGOT	TABS, SUPP	1	
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS - ALPHA- AND BETA-ADRENERGIC AGONISTS</b>			
ADRENALIN, EPINEPHRINE	INJ	4	
EPIPEN	INJ	2	
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS - ALPHA-ADRENERGIC AGONISTS</b>			
<i>MIDODRINE</i>	TABS	1	
PROAMATINE	TABS	2	
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS - BETA-ADRENERGIC AGONISTS</b>			
ACCUNEB, DUONEB	INJ, SOLN	4	
ADVAIR HFA, ADVAIR DISKUS	AERO, MISC	2	
ALBUTEROL, AIRET	NEBU, TABS, SYRP, AERS	1	
ALUPENT	AERS	2	
BRETHINE	TABS	2	
BRETHINE, TERBUTALINE	INJ	4	
COMBIVENT	AERO	2	
FORADIL AEROLIZER	CAPS	2	
ISUPREL	INJ	4	
MAXAIR AUTOHALER	AERS	3	
<i>METAPROTERENOL</i>	SYRP, NEBU, TABS	1	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS - BETA-ADRENERGIC AGONISTS, continued</b>			
PROVENTIL, PROVENTIL HFA, 'VENTOLIN HFA, ACCUNEB, PROAIR HFA, VOSPIRE ER	AERO, NEBU, TABS	2	
SEREVENT DISKUS	AERS	2	
<i>TERBUTALINE</i>	TABS	1	
XOPENEX HFA, XOPENEX	AERO, NEBU	3	
<b>THYROID AND ANTITHYROID AGENTS - ANTITHYROID AGENTS</b>			
<i>METHIMAZOLE</i>	TABS	1	
<i>PROPYLTHIOURACIL</i>	TABS	1	
TAPAZOLE	TABS	2	
<b>THYROID AND ANTITHYROID AGENTS - THYROID AGENTS</b>			
CYTOMEL	TABS	2	
LEVOTHROID, 'LEVOXYL, LEVOTHYROXINE, SYNTHROID, UNITHROID	TABS	1	
LIOTHYRONINE, TRIOSTAT	INJ	4	
THYROLAR	TABS	2	
<b>TOXOIDS</b>			
<i>ALL PART D COVERED INJECTABLE TOXOIDS</i>	INJ	4	
<b>URICOSURIC AGENTS</b>			
<i>PROBENECID</i>	TABS	1	
PROBENECID/ COLCHICINE	TABS	1	
<b>URINARY ANTI-INFECTIVES</b>			
HIPREX	TABS	2	
MACROBID	CAPS	2	
MONUROL	PACK	3	
NITROFURANTOIN MACROCRYST	CAPS	1	
<i>TRIMETHOPRIM</i>	TABS	1	
UREX, METHENAMINE HIPPURATE	TABS	1	

DRUG NAME	DRUG FORM	TIER	NOTE
<b>VACCINES</b>			
<i>ALL INJECTABLE VACCINES COVERED BY PART D</i>	INJ	4	
VIVOTIF BERNA	CAPS	2	
<b>VASOCONSTRICTORS</b>			
ADRENALIN	SOLN	3	
<i>NAPHAZOLINE</i>	SOLN	1	
TYZINE	SOLN	3	
<b>VASODILATING AGENTS - MISCELLANEOUS</b>			
<i>DIPYRIDAMOLE</i>	TABS	1	
<i>PAPAVERINE</i>	INJ	4	
PERSANTINE	TABS	2	
REMODULIN	INJ	4	
TRACLEER	TABS	2	
VENTAVIS	INJ	4	
<b>VASODILATING AGENTS - NITRATES AND NITRITES</b>			
ISORDIL, ISORDIL TITRADOSE, DILATRATE SR, 'IMDUR, ISMO	TABS, CAPS	2	
ISOSORBIDE DINITRATE, ISOSORBIDE MONONITRATE, ISOSORBIDE MONONITRATE EG	SUBL, TABS	1	
<i>NITROGLYCERIN</i>	INJ	4	
NITROGLYCERIN, INTROGLYCERIN CR	PATCH, CAPS	1	
NITROSTAT, NITRO-DUR, NITROBID	SUBL, PATCH, OINT	2	
<b>VASODILATING AGENTS - PHOSPHODIESTERASE INHIBITORS</b>			
REVATIO	TABS	2	PA
<b>VITAMIN D</b>			
<i>CALCITRIOL</i>	CAPS	1	
<i>CALCITRIOL</i>	INJ	4	
ROCALTROL	CAPS	2	

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<b>AMMONIUM CHLORIDE</b>	7
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