



Welborn HMO Senior Advantage “Plus” Plan

2008 Formulary (List of Covered Drugs)

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

Note This formulary is New for 2008. Please review this document to make sure that it contains the drugs you take.

For more information;
Call our Member Services Department 7 days a week 8:00am to 8:00pm
Our offices are located at
101 SE Third St., Evansville 47708 in downtown Evansville, IN 47708

You may call our Member Services Department
Monday through Friday 8:00am to 8:00pm at
(812) 426-6600 or 1-800-521-0265
TTY users call via Indiana Relay 1-800-743-3333

Our Pharmacy Customer Care Line is available 7 days a week, 24 hours a day at
1-888-816-7981

~or~

Contact Medicare at 1-800-633-4227 / TTY 877-486-2048
or visit www.medicare.gov for more information about Medicare.
Customer service representatives are available 24 hours a day,
including weekends, to answer your questions about Medicare.

H3044_Formulary_2008
CMS 10/19/07

Last Updated 5/08

0052_08 2008_H3044_Comprehensive_Formulary_MAPD_rev1129

H3044

What is the Welborn Health Plans Senior Advantage “Plus” Plan Formulary?

A formulary is a list of covered drugs selected by Welborn Health Plans Senior Advantage “Plus” Plan 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. Welborn Health Plans Senior Advantage “Plus” Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Welborn Health Plans Senior Advantage “Plus” Plan 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 [2008](#) formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the [2008](#) 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, 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 [5/1/08](#). To get updated information about the drugs covered by Welborn Health Plans Senior Advantage “Plus” Plan, call our Member Services Department 8:00 a.m. to 8:00 p.m. seven days a week at (812) 426-6600 or (800) 521-0265. TTY users call via Indiana Relay (800) 743-3333.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. 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, **ANALGESICS**. If you know what your drug is used for, look for the category name in the list that begins on page number 8. 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 50. 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?

Welborn Health Plans Senior Advantage “Plus” Plan covers both brand-name drugs and generic drugs. A generic drug has the same active-ingredient 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 (PA):** Welborn Health Plans Senior Advantage “Plus” Plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Welborn Health Plans Senior Advantage “Plus” Plan before you fill your prescriptions. If you don’t get approval, Welborn Health Plans Senior Advantage “Plus” Plan may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, Welborn Health Plans Senior Advantage “Plus” Plan limits the amount of the drug that Welborn Health Plans Senior Advantage “Plus” Plan will cover. For example, Welborn Health Plans Senior Advantage “Plus” Plan provides **10 capsules** per prescription for **TAMIFLU in 180 days**. This may be in addition to a standard one month or three month supply.
- **Step Therapy (ST):** In some cases, Welborn Health Plans Senior Advantage “Plus” Plan 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, Welborn Health Plans Senior Advantage “Plus” Plan may not cover drug B unless you try Drug A first. If Drug A does not work for you, Welborn Health Plans Senior Advantage “Plus” Plan 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 8.

You can ask Welborn Health Plans Senior Advantage “Plus” Plan to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Welborn Health Plans Senior Advantage “Plus” Plan formulary?” on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Member Services Department 8:00 a.m. to 8:00 p.m. seven days a week at (812) 426-6600 or (800) 521-0265. TTY users call via Indiana Relay (800) 743-3333, and ask if your drug is covered. If you learn that Welborn Health Plans Senior Advantage “Plus” Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Welborn Health Plans Senior Advantage “Plus” Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Welborn Health Plans Senior Advantage “Plus” Plan.
- You can ask Welborn Health Plans Senior Advantage “Plus” Plan to make an exception and cover your drug. See below for information about how to request an exception.

NOTE: Due to a change in Medicare, most Medicare Drug Plans no longer cover erectile dysfunction (ED) drugs like Viagra, Cilais, Levitra, and Caverject. For more information, you can contact Member Services 8:00 a.m. to 8:00 p.m. seven days a week at (812) 426-6600 or (800) 521-0265. TTY users call via Indiana Relay (800) 743-3333.

How do I request an exception to the Formulary?

You can ask Welborn Health Plans Senior Advantage “Plus” Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Welborn Health Plans Senior Advantage “Plus” Plan 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/highest tier, you can ask us to cover it at the cost-

sharing amount that applies to drugs in the preferred/lowest tier subject to the tiering exceptions process tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, Welborn Health Plans Senior Advantage “Plus” Plan 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 (co-pay level) or utilization restriction exception. When you are requesting a formulary, Tiering (co-pay level) or utilization restriction exception you should submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescribing physician’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician’s supporting statement.

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

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

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

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

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

For more information

For more detailed information about your Welborn Health Plans Senior Advantage “Plus” Plan prescription drug coverage, please review your Evidence of Coverage (EOC) and other plan materials.

If you have questions about Welborn Health Plans Senior Advantage “Plus” Plan, call our Member Services Department 7 days a week 8:00am to 8:00pm. Our offices are located at 101 SE Third St., Evansville 47708 in downtown Evansville, IN 47708.

You may also call the Pharmacy Customer Care Line at 1-888-816-7981 regarding your prescription drugs, 7 days a week, 24 hours a day.

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.

Welborn Health Plans Senior Advantage “Plus” Formulary

The formulary that begins on page 7 provides coverage information about some of the drugs covered by Welborn Health Plans Senior Advantage “Plus” Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 47.

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

The information in the Requirements/Limits column tells you if Welborn Health Plans Senior Advantage “Plus” Plan has any special requirements for coverage of your drug.

“Certain prescription drugs related to home infusion therapy that are normally covered under our outpatient prescription drug benefit may instead be covered under our medical benefit. For more information; Call our Member Services Department 7 days a week 8:00am to 8:00pm at (812) 426-6600 or (800) 521-0265. TTY users call via Indiana Relay (800) 743-3333. Our offices are located at 101 SE Third St., Evansville 47708 in downtown Evansville, IN 47708

~This page intentionally left blank~

Welborn Health Plans 4 –Tier Comprehensive Formulary - 2008

ANALGESICS

NSAIDs

<i>diclofenac sodium delayed-rel</i>	Tier 1	
<i>diclofenac sodium ext-rel</i>	Tier 1	
<i>diflunisal</i>	Tier 1	
<i>etodolac</i>	Tier 1	
<i>etodolac ext-rel</i>	Tier 1	
<i>ibuprofen</i>	Tier 1	
INDOCIN susp	Tier 2	
<i>indomethacin</i>	Tier 1	
<i>indomethacin ext-rel</i>	Tier 1	
<i>indomethacin supp</i>	Tier 1	
<i>meloxicam</i>	Tier 1	
<i>nabumetone</i>	Tier 1	
<i>naproxen</i>	Tier 1	
<i>naproxen delayed-rel</i>	Tier 1	
<i>naproxen sodium</i>	Tier 1	
<i>oxaprozin</i>	Tier 1	
<i>sulindac</i>	Tier 1	

COX-2 Inhibitors

CELEBREX	Tier 2	PA
----------	--------	----

Gout

<i>allopurinol</i>	Tier 1	
<i>allopurinol inj</i>	Tier 1	
<i>colchicine</i>	Tier 1	
<i>colchicine inj</i>	Tier 1	
<i>probenecid</i>	Tier 1	

Narcotic Analgesics

<i>codeine/acetaminophen</i>	Tier 1	
<i>hydrocodone/acetaminophen</i>	Tier 1	

Narcotic Analgesics, CII

AVINZA	Tier 3	
DILAUDID-5 oral soln 1 mg/mL	Tier 2	
<i>fentanyl transdermal</i>	Tier 1	
<i>hydromorphone inj</i>	Tier 1	
<i>hydromorphone tabs</i>	Tier 1	
<i>morphine ext-rel</i>	Tier 1	
MORPHINE inj	Tier 2	
MORPHINE soln	Tier 2	

Drug	Tier	Requirements
<i>morphine sulfate immediate release</i>	Tier 1	
<i>morphine supp</i>	Tier 1	
<i>oxycodone</i>	Tier 1	
<i>oxycodone ext-rel</i>	Tier 1	
<i>oxycodone/acetaminophen</i>	Tier 1	
OXYCONTIN	Tier 2	
<i>Oxyfast</i>	Tier 1	
OXYIR	Tier 3	
RMS	Tier 2	
ROXICET oral soln	Tier 2	
ROXICODONE concentrate 20 mg/mL	Tier 2	
ROXICODONE oral soln 5 mg/5 mL	Tier 2	
ROXICODONE tabs 5 mg	Tier 2	

Non-narcotic Analgesics

<i>tramadol</i>	Tier 1	
<i>tramadol/acetaminophen</i>	Tier 1	

ANESTHETICS

Local Anesthetics

<i>lidocaine inj</i>	Tier 1	
<i>lidocaine/prilocaine</i>	Tier 1	
LIDODERM	Tier 2	

ANTI-INFECTIVES

Antibacterials

Cephalosporins

First Generation

<i>cefadroxil</i>	Tier 1	
<i>cefadroxil susp</i>	Tier 1	
CEFAZOLIN inj	Tier 2	
<i>cephalexin</i>	Tier 1	

Second Generation

<i>cefaclor</i>	Tier 1	
<i>cefoxitin inj</i>	Tier 1	
<i>cefprozil</i>	Tier 1	
CEFTIN susp	Tier 2	
<i>cefuroxime axetil</i>	Tier 1	
<i>cefuroxime inj</i>	Tier 1	
CEFUROXIME SODIUM/DEXTROSE inj 750 mg	Tier 2	

Third Generation

CEDAX	Tier 3	
<i>cefdinir</i>	Tier 1	
<i>cefpodoxime proxetil</i>	Tier 1	

Drug	Tier	Requirements
<i>ceftriaxone inj</i>	Tier 1	

Fourth Generation

<i>cefepime inj</i>	Tier 1	
MAXIPIME inj	Tier 2	

Erythromycins/Macrolides

<i>azithromycin inj</i>	Tier 1	
<i>azithromycin susp, tabs</i>	Tier 1	
<i>clarithromycin</i>	Tier 1	
<i>clarithromycin ext-rel</i>	Tier 1	
ERYPED DROPS	Tier 2	
ERYTHROCIN inj	Tier 2	
<i>erythromycin delayed-rel</i>	Tier 1	
<i>erythromycin ethylsuccinate</i>	Tier 1	
<i>erythromycin stearate</i>	Tier 1	
<i>erythromycin/sulfisoxazole</i>	Tier 1	

Fluoroquinolones

AVELOX	Tier 2	
AVELOX inj	Tier 2	
CIPRO susp	Tier 2	
<i>ciprofloxacin</i>	Tier 1	
<i>ciprofloxacin ext-rel</i>	Tier 1	
<i>ciprofloxacin inj</i>	Tier 1	
LEVAQUIN	Tier 2	
LEVAQUIN inj	Tier 2	

Penicillins

<i>amoxicillin</i>	Tier 1	
<i>amoxicillin/clavulanate</i>	Tier 1	
AMOXIL PEDIATRIC DROPS	Tier 2	
<i>ampicillin</i>	Tier 1	
<i>ampicillin inj</i>	Tier 1	
AUGMENTIN chewable tabs 125 mg, 250 mg	Tier 3	
AUGMENTIN susp 125 mg/5 mL, 250 mg/5 mL	Tier 3	
AUGMENTIN XR	Tier 3	
BICILLIN C-R	Tier 2	
BICILLIN L-A	Tier 2	
<i>dicloxacillin</i>	Tier 1	
<i>nafcillin inj</i>	Tier 1	
<i>penicillin inj</i>	Tier 1	
<i>penicillin VK</i>	Tier 1	
ZOSYN	Tier 2	

Sulfonamides

Drug	Tier	Requirements
GANTRISIN	Tier 3	
<i>sulfadiazine</i>	Tier 1	

Tetracyclines

<i>doxycycline hyclate caps, tabs</i>	Tier 1	
<i>doxycycline inj</i>	Tier 1	
<i>minocycline</i>	Tier 1	
SUMYCIN susp 125 mg/5 mL	Tier 3	
<i>tetracycline caps</i>	Tier 1	
VIBRAMYCIN susp, syrup	Tier 2	

Antifungals

<i>amphotericin B</i>	Tier 1	
ANCOBON	Tier 2	
<i>clotrimazole troches</i>	Tier 1	
<i>fluconazole</i>	Tier 1	
<i>fluconazole inj</i>	Tier 1	
GRIS-PEG	Tier 2	
<i>griseofulvin microsize susp</i>	Tier 1	
<i>itraconazole caps</i>	Tier 1	PA
<i>ketoconazole</i>	Tier 1	
<i>nystatin</i>	Tier 1	
SPORANOX inj	Tier 3	
SPORANOX oral soln	Tier 3	
<i>terbinafine tabs</i>	Tier 1	PA
VFEND	Tier 4	
VFEND inj	Tier 4	

Antimalarials

<i>chloroquine</i>	Tier 1	
DARAPRIM	Tier 2	
MALARONE	Tier 2	
<i>mefloquine</i>	Tier 1	
QUALAQUIN	Tier 2	

Antiretroviral Agents

Antiretroviral Combinations

ATRIPLA	Tier 4	
COMBIVIR	Tier 2	
EPZICOM	Tier 2	
TRIZIVIR	Tier 2	
TRUVADA	Tier 2	

Chemokine Receptor Antagonists

SELZENTRY	Tier 4	
-----------	--------	--

Drug	Tier	Requirements
Fusion Inhibitors		
FUZEON	Tier 4	
Integrase Inhibitors		
ISENTRESS	Tier 4	
Non-nucleoside Reverse Transcriptase Inhibitors		
INTELENCE	Tier 2	
RESCRIPTOR	Tier 2	
SUSTIVA	Tier 2	
VIRAMUNE	Tier 2	
Nucleoside Reverse Transcriptase Inhibitors		
<i>didanosine delayed-rel</i>	Tier 1	
EMTRIVA	Tier 2	
EPIVIR	Tier 2	
RETROVIR inj	Tier 2	
VIDEX	Tier 2	
VIDEX EC 125 mg	Tier 2	
ZERIT	Tier 2	
ZIAGEN	Tier 2	
<i>zidovudine</i>	Tier 1	
Nucleotide Reverse Transcriptase Inhibitors		
VIREAD	Tier 2	
Protease Inhibitors		
APTIVUS	Tier 2	
CRIXIVAN	Tier 2	
INVIRASE	Tier 2	
KALETRA	Tier 2	
LEXIVA	Tier 2	
NORVIR	Tier 2	
PREZISTA	Tier 4	
REYATAZ	Tier 2	
VIRACEPT	Tier 2	
Antitubercular Agents		
<i>ethambutol</i>	Tier 1	
<i>isoniazid</i>	Tier 1	
<i>isoniazid inj 100 mg/mL</i>	Tier 1	
MYCOBUTIN	Tier 2	
<i>pyrazinamide</i>	Tier 1	
<i>rifampin</i>	Tier 1	
<i>rifampin inj</i>	Tier 1	

Drug	Tier	Requirements
------	------	--------------

Antivirals

Cytomegalovirus Agents

CYTOVENE inj	Tier 2	
<i>ganciclovir</i>	Tier 1	
VALCYTE	Tier 4	

Hepatitis Agents

BARACLUDE	Tier 2	
EPIVIR-HBV	Tier 2	
HEPSERA	Tier 2	
REBETOL oral soln	Tier 4	PA
RIBASPHERE	Tier 4	PA
RIBAVIRIN	Tier 4	PA
TYZEKA	Tier 2	

Herpes Agents

<i>acyclovir</i>	Tier 1	
<i>acyclovir inj</i>	Tier 1	
<i>famciclovir</i>	Tier 1	
FAMVIR	Tier 2	
VALTREX	Tier 2	

Influenza Agents

<i>amantadine</i>	Tier 1	
TAMIFLU	Tier 2	QL

QL: Tamiflu caps (30 mg) - 20 caps per 180 days
 Tamiflu caps (45 mg, 75 mg) - 10 caps per 180 days
 Tamiflu susp - 75 mL per 180 days

Miscellaneous

ALBENZA	Tier 2	
ALINIA	Tier 2	QL
CLEOCIN caps 75 mg	Tier 2	
CLEOCIN PEDIATRIC	Tier 2	
<i>clindamycin</i>	Tier 1	
<i>clindamycin inj</i>	Tier 1	
CUBICIN	Tier 4	
<i>dapsone</i>	Tier 1	
FURADANTIN	Tier 3	
INVANZ	Tier 2	
MACRODANTIN 25 mg	Tier 2	
<i>mebendazole</i>	Tier 1	
<i>metronidazole</i>	Tier 1	
<i>metronidazole inj</i>	Tier 1	
<i>nitrofurantoin ext-rel</i>	Tier 1	

Drug	Tier	Requirements
<i>nitrofurantoin macrocrystals</i>	Tier 1	
PRIMAXIN inj	Tier 2	
<i>sulfamethoxazole/trimethoprim</i>	Tier 1	
<i>sulfamethoxazole/trimethoprim inj</i>	Tier 1	
TINDAMAX	Tier 2	
<i>trimethoprim</i>	Tier 1	
TYGACIL	Tier 4	
VANCOCIN	Tier 2	
<i>vancomycin inj</i>	Tier 1	
ZYVOX	Tier 4	
ZYVOX inj	Tier 4	

QL: Alinia tabs - 6 tabs per 25 days
Alinia susp - 60 mL per 25 days

ANTINEOPLASTIC AGENTS

Hormonal Antineoplastic Agents

Antiandrogens

CASODEX	Tier 2	
<i>flutamide</i>	Tier 1	
NILANDRON	Tier 2	

Antiestrogens

FARESTON	Tier 2	
FASLODEX	Tier 2	
SOLTAMOX oral soln	Tier 2	
<i>tamoxifen</i>	Tier 1	

Aromatase Inhibitors

ARIMIDEX	Tier 2	
AROMASIN	Tier 2	
FEMARA	Tier 2	
TESLAC	Tier 2	

Luteinizing Hormone-releasing Hormone (LHRH) Agonists

<i>leuprolide acetate</i>	Tier 1	
LUPRON DEPOT	Tier 4	
TRELSTAR	Tier 2	
ZOLADEX	Tier 2	

Progestins

DEPO-PROVERA inj 400 mg/mL	Tier 2	
MEGACE ES	Tier 2	
<i>megestrol acetate</i>	Tier 1	

Drug	Tier	Requirements
<i>Injectable Agents</i>		
Alkylating Agents		
ALKERAN	Tier 2	
BICNU	Tier 2	
BUSULFEX	Tier 2	
<i>cyclophosphamide</i>	Tier 1	
<i>dacarbazine</i>	Tier 1	
IFEX 3 g	Tier 2	
<i>ifosfamide</i>	Tier 1	
MUSTARGEN	Tier 2	
<i>thiotepa</i>	Tier 1	
Anthracyclines		
<i>daunorubicin 20 mg</i>	Tier 1	
DAUNORUBICIN 50 mg	Tier 2	
DAUNOXOME	Tier 2	
DOXIL	Tier 2	
<i>doxorubicin</i>	Tier 1	
ELLENCÉ	Tier 2	
<i>epirubicin</i>	Tier 1	
<i>idarubicin</i>	Tier 1	
Antibiotics		
<i>bleomycin</i>	Tier 1	
COSMEGEN	Tier 2	
<i>mitomycin</i>	Tier 1	
Antimetabolites		
ALIMTA	Tier 2	
<i>cytarabine</i>	Tier 1	
<i>floxuridine</i>	Tier 1	
<i>fluorouracil</i>	Tier 1	
GEMZAR	Tier 2	
<i>methotrexate</i>	Tier 1	
NIPENT	Tier 2	
<i>pentostatin</i>	Tier 1	
VIDAZA	Tier 2	
Antimitotic, Taxoids		
<i>paclitaxel</i>	Tier 1	
TAXOTERE	Tier 2	
Antimitotic, Vinca Alkaloids		
<i>vinblastine 1 mg/mL</i>	Tier 1	
VINBLASTINE 10 mg	Tier 2	

Drug	Tier	Requirements
<i>vincristine</i>	Tier 1	
<i>vinorelbine</i>	Tier 1	
Biologic Response Modifiers		
AVASTIN	Tier 2	
CAMPATH	Tier 2	
HERCEPTIN	Tier 2	
ONTAK	Tier 2	
PROLEUKIN	Tier 2	
RITUXAN	Tier 4	
THERACYS	Tier 2	
Molecular Target Inhibitors		
VELCADE	Tier 2	
Nucleoside Analogs		
<i>cladribine</i>	Tier 1	
<i>fludarabine phosphate</i>	Tier 1	
Platinum Coordination Complex		
<i>carboplatin</i>	Tier 1	
<i>cisplatin</i>	Tier 1	
ELOXATIN	Tier 2	
Topoisomerase Inhibitors		
CAMPTOSAR	Tier 2	
<i>etoposide</i>	Tier 1	
HYCAMTIN	Tier 2	
<i>irinotecan</i>	Tier 1	
VUMON	Tier 2	
Miscellaneous		
ELSPAR	Tier 2	
<i>mitoxantrone inj</i>	Tier 1	
ONCASPAR	Tier 2	
PHOTOFRIN	Tier 2	
TRISENOX	Tier 2	
Oral Agents		
Alkylating Agents		
CEENU	Tier 2	
<i>cyclophosphamide</i>	Tier 1	B/D
EMCYT	Tier 2	
LEUKERAN	Tier 2	

Drug	Tier	Requirements
Antimetabolites		
<i>mercaptopurine</i>	Tier 1	
<i>methotrexate 2.5 mg</i>	Tier 1	
THIOGUANINE	Tier 2	

Multikinase Inhibitors		
NEXAVAR	Tier 4	
SUTENT	Tier 4	

Tyrosine Kinase Inhibitors		
GLEEVEC	Tier 4	
SPRYCEL	Tier 4	
TARCEVA	Tier 4	
TASIGNA	Tier 4	
TYKERB	Tier 4	

Miscellaneous		
DROXIA caps 200 mg, 300 mg, 400 mg	Tier 2	
HEXALEN	Tier 4	
<i>hydroxyurea caps 500 mg</i>	Tier 1	
LYSODREN	Tier 2	
MATULANE	Tier 2	
TARGETIN caps	Tier 4	
<i>tretinoin caps 10 mg</i>	Tier 4	
VESANOID	Tier 4	
ZOLINZA	Tier 4	

Protective Agents

<i>amifostine</i>	Tier 1	
<i>dexrazoxane</i>	Tier 1	
ETHYOL	Tier 2	
<i>leucovorin</i>	Tier 1	
<i>leucovorin inj</i>	Tier 1	
<i>mesna inj</i>	Tier 1	
MESNEX tabs 400 mg	Tier 2	

CARDIOVASCULAR

ACE Inhibitors

ACEON	Tier 3	
ALTACE caps	Tier 2	
<i>benazepril</i>	Tier 1	
<i>captopril</i>	Tier 1	
<i>enalapril</i>	Tier 1	
<i>fosinopril</i>	Tier 1	
<i>lisinopril</i>	Tier 1	

Drug	Tier	Requirements
<i>quinapril</i>	Tier 1	
<i>ramipril caps 2.5 mg, 5 mg, 10 mg</i>	Tier 1	
<i>trandolapril</i>	Tier 1	

ACE Inhibitor/Calcium Channel Blocker Combinations

<i>amlodipine/benazepril</i>	Tier 1	
LOTREL 5 mg/40 mg, 10 mg/40 mg	Tier 2	
TARKA	Tier 2	

ACE Inhibitor/Diuretic Combinations

<i>benazepril/hydrochlorothiazide</i>	Tier 1	
<i>captopril/hydrochlorothiazide</i>	Tier 1	
<i>enalapril/hydrochlorothiazide</i>	Tier 1	
<i>fosinopril/hydrochlorothiazide</i>	Tier 1	
<i>lisinopril/hydrochlorothiazide</i>	Tier 1	
<i>quinapril/hydrochlorothiazide</i>	Tier 1	

Adrenolytics, Central

CATAPRES-TTS	Tier 2	
<i>clonidine</i>	Tier 1	
<i>guanfacine</i>	Tier 1	

Aldosterone Receptor Antagonists

INSPIRA	Tier 3	
<i>spironolactone</i>	Tier 1	

Alpha Blockers

<i>doxazosin</i>	Tier 1	
<i>terazosin</i>	Tier 1	

Angiotensin II Receptor Antagonists/Combinations

ATACAND	Tier 3	
ATACAND HCT	Tier 3	
AVALIDE	Tier 2	
AVAPRO	Tier 2	
BENICAR	Tier 3	
BENICAR HCT	Tier 3	
COZAAR	Tier 2	
DIOVAN	Tier 2	
DIOVAN HCT	Tier 2	
EXFORGE	Tier 2	
HYZAAR	Tier 2	
MICARDIS	Tier 3	
MICARDIS HCT	Tier 3	

Drug	Tier	Requirements
Antiarrhythmics		
<i>amiodarone</i>	Tier 1	
<i>amiodarone inj</i>	Tier 1	
<i>disopyramide</i>	Tier 1	
<i>disopyramide ext-rel</i>	Tier 1	
<i>flecainide</i>	Tier 1	
<i>mexiletine</i>	Tier 1	
NORPACE CR 100 mg	Tier 2	
PACERONE	Tier 2	
<i>procainamide 250 mg, 500 mg</i>	Tier 1	
PROCAINAMIDE 750 mg, 1000 mg	Tier 2	
PROCANBID	Tier 2	
<i>propafenone</i>	Tier 1	
<i>quinidine gluconate ext-rel 324 mg</i>	Tier 1	
<i>quinidine sulfate 200 mg, 300 mg</i>	Tier 1	
<i>quinidine sulfate ext-rel 300 mg</i>	Tier 1	
RYTHMOL SR	Tier 2	
<i>sotalol</i>	Tier 1	
TIKOSYN	Tier 2	
Antilipemics		
Antilipemic Combinations		
ADVICOR	Tier 3	
VYTORIN	Tier 2	
Bile Acid Resins		
<i>cholestyramine</i>	Tier 1	
<i>colestipol</i>	Tier 1	
WELCHOL	Tier 2	
Cholesterol Absorption Inhibitors		
ZETIA	Tier 2	
Fibrates		
<i>fenofibrate</i>	Tier 1	
<i>gemfibrozil</i>	Tier 1	
TRICOR	Tier 2	
HMG-CoA Reductase Inhibitors		
ALTOPREV	Tier 3	
CRESTOR	Tier 2	
LESCOL	Tier 3	
LESCOL XL	Tier 3	
LIPITOR	Tier 2	
<i>lovastatin</i>	Tier 1	

Drug	Tier	Requirements
<i>pravastatin</i>	Tier 1	
<i>simvastatin</i>	Tier 1	
Niacins		
NIASPAN	Tier 2	
Beta-blockers		
<i>atenolol</i>	Tier 1	
<i>bisoprolol</i>	Tier 1	
<i>carvedilol</i>	Tier 1	
COREG	Tier 2	
COREG CR	Tier 2	
<i>labetalol</i>	Tier 1	
<i>labetalol inj</i>	Tier 1	
<i>metoprolol</i>	Tier 1	
<i>metoprolol inj</i>	Tier 1	
<i>metoprolol succinate ext-rel</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>pindolol</i>	Tier 1	
<i>propranolol</i>	Tier 1	
<i>propranolol ext-rel</i>	Tier 1	
<i>propranolol inj</i>	Tier 1	
TENORMIN inj	Tier 2	
TOPROL-XL 50 mg, 100 mg, 200 mg	Tier 2	
Beta-blocker/Diuretic Combinations		
<i>atenolol/chlorthalidone</i>	Tier 1	
<i>bisoprolol/hydrochlorothiazide</i>	Tier 1	
<i>metoprolol/hydrochlorothiazide</i>	Tier 1	
Calcium Channel Blockers		
Dihydropyridines		
<i>amlodipine</i>	Tier 1	
<i>felodipine ext-rel</i>	Tier 1	
<i>nifedipine ext-rel</i>	Tier 1	
Nondihydropyridines		
CARDIZEM CD 360 mg	Tier 2	
CARDIZEM LA	Tier 3	
<i>diltiazem</i>	Tier 1	
<i>diltiazem ext-rel</i>	Tier 1	
<i>diltiazem inj</i>	Tier 1	
<i>verapamil</i>	Tier 1	
<i>verapamil ext-rel</i>	Tier 1	
<i>verapamil inj</i>	Tier 1	
VERELAN PM	Tier 3	

Drug

Tier

Requirements

Calcium Channel Blocker/Antilipemic Combinations

CADUET	Tier 3
--------	--------

Digitalis Glycosides

<i>digoxin</i>	Tier 1
<i>digoxin inj</i>	Tier 1
LANOXICAPS	Tier 2

Diuretics

ALDACTAZIDE 50 mg/50 mg	Tier 2
<i>amiloride</i>	Tier 1
<i>amiloride/hydrochlorothiazide</i>	Tier 1
<i>bumetanide</i>	Tier 1
<i>bumetanide inj</i>	Tier 1
<i>chlorthalidone</i>	Tier 1
DEMADEX inj	Tier 2
<i>furosemide</i>	Tier 1
<i>furosemide inj</i>	Tier 1
<i>hydrochlorothiazide</i>	Tier 1
<i>indapamide</i>	Tier 1
<i>metolazone</i>	Tier 1
<i>spironolactone/hydrochlorothiazide</i>	Tier 1
THALITONE 15 mg	Tier 2
<i>toremide</i>	Tier 1
<i>triamterene/hydrochlorothiazide</i>	Tier 1

Endothelin Receptor Antagonists

LETAIRIS	Tier 4
TRACLEER	Tier 4

Nitrates

Oral

ISORDIL 40 mg	Tier 2
<i>isosorbide dinitrate ext-rel tabs</i>	Tier 1
<i>isosorbide dinitrate oral</i>	Tier 1
<i>isosorbide mononitrate</i>	Tier 1
<i>isosorbide mononitrate ext-rel</i>	Tier 1
<i>nitroglycerin ext-rel caps</i>	Tier 1

Sublingual

<i>nitroglycerin sublingual</i>	Tier 1
NITROLINGUAL	Tier 2
NITROSTAT	Tier 2

Drug	Tier	Requirements
Transdermal		
NITRO-DUR 0.3 mg/hr, 0.8 mg/hr	Tier 2	
<i>nitroglycerin transdermal</i>	Tier 1	

Miscellaneous

BIDIL	Tier 2	
<i>hydralazine</i>	Tier 1	
<i>hydralazine inj</i>	Tier 1	
<i>methyldopa</i>	Tier 1	
<i>midodrine</i>	Tier 1	
<i>minoxidil</i>	Tier 1	
RANEXA	Tier 2	PA
REVATIO	Tier 4	PA
VENTAVIS	Tier 4	B/D

CENTRAL NERVOUS SYSTEM

Antianxiety

Miscellaneous

<i>bupirone</i>	Tier 1	
<i>clomipramine</i>	Tier 1	
<i>fluvoxamine</i>	Tier 1	

Anticonvulsants

<i>carbamazepine</i>	Tier 1	
CARBATROL	Tier 2	
CELONTIN	Tier 2	
DEPAKOTE	Tier 2	
DEPAKOTE ER	Tier 2	
DILANTIN	Tier 2	
DILANTIN INFATABS	Tier 2	
<i>ethosuximide</i>	Tier 1	
FELBATOL	Tier 3	
<i>gabapentin</i>	Tier 1	QL
GABITRIL	Tier 2	
KEPPRA	Tier 2	
KEPPRA inj	Tier 2	
LAMICTAL 25 mg, 100 mg, 150 mg, 200 mg	Tier 2	
<i>lamotrigine chewable dispersible tabs</i> <i>5 mg, 25 mg</i>	Tier 1	
LYRICA	Tier 2	QL
NEURONTIN oral soln	Tier 2	QL
<i>oxcarbazepine</i>	Tier 1	
PEGANONE	Tier 2	
<i>phenytoin inj</i>	Tier 1	
<i>phenytoin sodium extended</i>	Tier 1	
<i>primidone</i>	Tier 1	

Drug	Tier	Requirements
TEGRETOL-XR	Tier 2	
TOPAMAX	Tier 2	
TRILEPTAL	Tier 2	
<i>valproate sodium inj</i>	Tier 1	
<i>valproic acid</i>	Tier 1	
<i>zonisamide</i>	Tier 1	

QL: gabapentin caps and tabs - 3600 mg/day per 25 days
 Lyrica - 600 mg/day per 25 days
 Neurontin oral soln - 1880 mg/day per 25 days

Antidementia

ARICEPT	Tier 2	
EXELON	Tier 2	
EXELON PATCH	Tier 2	
NAMENDA	Tier 2	
RAZADYNE	Tier 2	
RAZADYNE ER	Tier 2	

Antidepressants

Monoamine Oxidase Inhibitors (MAOIs)

EMSAM	Tier 2	
MARPLAN	Tier 2	
NARDIL	Tier 2	
<i>tranylcypromine</i>	Tier 1	

Selective Serotonin Reuptake Inhibitors (SSRIs)

<i>citalopram</i>	Tier 1	
<i>fluoxetine</i>	Tier 1	
LEXAPRO	Tier 2	
<i>paroxetine HCl</i>	Tier 1	
PAXIL CR	Tier 3	
<i>sertraline</i>	Tier 1	

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)*

* Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

CYMBALTA	Tier 2	
EFFEXOR XR	Tier 2	
<i>venlafaxine</i>	Tier 1	

Tricyclic Antidepressants (TCAs)

<i>amitriptyline</i>	Tier 1	
<i>amoxapine</i>	Tier 1	
<i>clomipramine</i>	Tier 1	
<i>desipramine</i>	Tier 1	
<i>doxepin</i>	Tier 1	

Drug	Tier	Requirements
<i>imipramine HCl</i>	Tier 1	
<i>nortriptyline</i>	Tier 1	
SURMONTIL 100 mg	Tier 2	
<i>trimipramine 25 mg, 50 mg</i>	Tier 1	
VIVACTIL	Tier 2	

Miscellaneous Agents

<i>bupropion</i>	Tier 1	
<i>bupropion ext-rel</i>	Tier 1	
<i>maprotiline</i>	Tier 1	
<i>mirtazapine</i>	Tier 1	
<i>nefazodone</i>	Tier 1	
<i>trazodone</i>	Tier 1	
WELLBUTRIN XL 150 mg	Tier 2	

Antiparkinsonian Agents

<i>amantadine</i>	Tier 1	
APOKYN	Tier 4	
AZILECT	Tier 2	
<i>benztropine</i>	Tier 1	
<i>bromocriptine</i>	Tier 1	
<i>carbidopa/levodopa</i>	Tier 1	
<i>carbidopa/levodopa ext-rel</i>	Tier 1	
COGENTIN inj	Tier 2	
COMTAN	Tier 2	
MIRAPEX	Tier 2	
NEUPRO	Tier 2	
PARCOPA	Tier 2	
REQUIP	Tier 2	
<i>selegiline</i>	Tier 1	
STALEVO	Tier 2	
<i>trihexyphenidyl</i>	Tier 1	

Antipsychotics

Atypicals

ABILIFY	Tier 2	
ABILIFY inj	Tier 2	
<i>clozapine</i>	Tier 1	
FAZACLO	Tier 2	
GEODON	Tier 2	
GEODON inj	Tier 2	
INVEGA	Tier 2	
RISPERDAL	Tier 2	
RISPERDAL CONSTA	Tier 2	
SEROQUEL	Tier 2	
SEROQUEL XR	Tier 2	

Drug	Tier	Requirements
ZYPREXA	Tier 2	
ZYPREXA inj	Tier 2	

Miscellaneous

<i>chlorpromazine</i>	Tier 1	
<i>chlorpromazine inj</i>	Tier 1	
<i>fluphenazine</i>	Tier 1	
<i>fluphenazine decanoate inj</i>	Tier 1	
<i>fluphenazine HCl inj</i>	Tier 1	
<i>haloperidol</i>	Tier 1	
<i>haloperidol decanoate inj</i>	Tier 1	
<i>haloperidol inj</i>	Tier 1	
<i>loxapine</i>	Tier 1	
MOBAN	Tier 2	
NAVANE 20 mg	Tier 2	
ORAP	Tier 2	
<i>perphenazine</i>	Tier 1	
<i>thioridazine</i>	Tier 1	
<i>thiothixene</i>	Tier 1	
<i>trifluoperazine</i>	Tier 1	

Attention Deficit Hyperactivity Disorder

ADDERALL XR	Tier 2	PA
CONCERTA	Tier 3	PA
<i>dextroamphetamine</i>	Tier 1	PA
<i>dextroamphetamine ext-rel</i>	Tier 1	PA
METADATE CD	Tier 3	PA
METHYLIN chewable tabs, oral soln	Tier 3	PA
<i>methylphenidate</i>	Tier 1	PA
<i>methylphenidate ext-rel</i>	Tier 1	PA
RITALIN LA	Tier 3	PA
STRATTERA	Tier 2	PA

Hypnotics

Nonbenzodiazepines

LUNESTA	Tier 2	QL
SONATA	Tier 3	QL
<i>zolpidem</i>	Tier 1	QL

QL: 30 per 60 days

Migraine

Ergotamine Derivatives

<i>dihydroergotamine inj</i>	Tier 1	
<i>ergotamine/caffeine</i>	Tier 1	
MIGRANAL spray	Tier 2	QL

QL: 8 mL per 25 days

Drug	Tier	Requirements
------	------	--------------

Selective Serotonin Agonists

FROVA	Tier 3	QL
IMITREX inj	Tier 2	QL
IMITREX spray	Tier 2	QL
IMITREX tabs	Tier 2	QL
MAXALT	Tier 2	QL
RELPAK	Tier 2	QL
ZOMIG	Tier 3	QL

QL: Frova - 9 tabs per 25 days
 Imitrex kits - 2 kits per 25 days
 Imitrex spray 5 mg - 12 doses per 25 days
 Imitrex spray 20 mg - 6 doses per 25 days
 Maxalt/Maxalt-MLT - 12 tabs per 25 days
 Imitrex tabs - 9 tabs per 25 days
 Relpax - 12 tabs per 25 days
 Zomig/Zomig-ZMT tabs - 6 tabs per 25 days
 Zomig spray - 6 doses per 25 days

Mood Stabilizers

<i>lithium carbonate</i>	Tier 1	
<i>lithium carbonate ext-rel</i>	Tier 1	
<i>lithium citrate syrup 8 mEq/5 mL</i>	Tier 1	

Multiple Sclerosis Agents

AVONEX	Tier 4	
BETASERON	Tier 4	
COPAXONE	Tier 4	
REBIF	Tier 4	
TYSABRI	Tier 4	

Musculoskeletal Therapy Agents

<i>baclofen</i>	Tier 1	
<i>carisoprodol</i>	Tier 1	
<i>chlorzoxazone</i>	Tier 1	
<i>cyclobenzaprine</i>	Tier 1	
<i>dantrolene</i>	Tier 1	
<i>methocarbamol</i>	Tier 1	
<i>orphenadrine/aspirin/caffeine</i>	Tier 1	
ROBAXIN inj	Tier 2	
SKELAXIN	Tier 2	
<i>tizanidine</i>	Tier 1	

Narcolepsy/Cataplexy

PROVIGIL	Tier 2	PA
XYREM	Tier 2	

Drug	Tier	Requirements
Psychotherapeutic-Miscellaneous		
Alcohol Deterrents		
ANTABUSE	Tier 2	
CAMPRAL	Tier 2	
Narcotic Antagonists		
<i>naloxone inj</i>	Tier 1	
<i>naltrexone</i>	Tier 1	
SUBOXONE	Tier 2	
SUBUTEX	Tier 2	
Smoking Deterrents		
<i>bupropion ext-rel</i>	Tier 1	
CHANTIX	Tier 2	
NICOTROL INHALER	Tier 2	

Miscellaneous

GUANIDINE	Tier 2	
MESTINON syrup	Tier 2	
MESTINON TIMESPAN	Tier 2	
<i>pyridostigmine tabs</i>	Tier 1	
REGONOL inj	Tier 2	
RILUTEK	Tier 4	

ENDOCRINE AND METABOLIC

Androgens

ANDRODERM	Tier 2	PA
ANDROGEL	Tier 2	PA
TESTIM	Tier 2	PA
<i>testosterone cypionate inj</i>	Tier 1	

Antidiabetics

Alpha-glucosidase Inhibitors

PRECOSE	Tier 2	
---------	--------	--

Amylin Analogs

SYMLIN	Tier 2	
--------	--------	--

Biguanides

<i>metformin</i>	Tier 1	
<i>metformin ext-rel</i>	Tier 1	

Biguanide/Sulfonylurea Combinations

<i>glipizide/metformin</i>	Tier 1	
<i>glyburide/metformin</i>	Tier 1	

Drug	Tier	Requirements
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
JANUVIA	Tier 2	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations		
JANUMET	Tier 2	
Incretin Mimetic Agents		
BYETTA	Tier 2	
Insulins		
HUMALOG	Tier 2	
HUMALOG MIX	Tier 2	
HUMULIN 50/50	Tier 2	
HUMULIN 70/30	Tier 2	
HUMULIN N	Tier 2	
HUMULIN R	Tier 2	
LANTUS	Tier 2	
LEVEMIR	Tier 2	
NOVOLIN 70/30	Tier 2	
NOVOLIN N	Tier 2	
NOVOLIN R	Tier 2	
NOVOLOG	Tier 2	
NOVOLOG MIX 70/30	Tier 2	
Insulin Sensitizers		
ACTOS	Tier 2	
AVANDIA	Tier 2	
Insulin Sensitizer/Biguanide Combinations		
ACTOPLUS MET	Tier 2	
AVANDAMET	Tier 2	
Insulin Sensitizer/Sulfonylurea Combinations		
AVANDARYL	Tier 2	
DUETACT	Tier 2	
Meglitinides		
PRANDIN	Tier 2	
Sulfonylureas		
<i>glimepiride</i>	Tier 1	
<i>glipizide</i>	Tier 1	
<i>glipizide ext-rel</i>	Tier 1	
<i>glyburide</i>	Tier 1	
<i>glyburide, micronized</i>	Tier 1	

Drug	Tier	Requirements
Supplies		
ALCOHOL SWABS	Tier 2	
GAUZE	Tier 2	
INSULIN SYRINGES, NEEDLES	Tier 2	
<i>Bisphosphonates</i>		
ACTONEL	Tier 2	
ACTONEL WITH CALCIUM	Tier 2	
<i>alendronate tabs</i>	Tier 1	
BONIVA 150 mg	Tier 3	
FOSAMAX	Tier 2	
FOSAMAX PLUS D	Tier 2	
ZOMETA	Tier 4	
<i>Calcitonins</i>		
<i>calcitonin-salmon spray</i>	Tier 1	
MIACALCIN	Tier 2	
<i>Calcium Receptor Antagonists</i>		
SENSIPAR	Tier 2	
<i>Chelating Agents</i>		
EXJADE	Tier 4	PA
SYPRINE	Tier 2	
<i>Contraceptives</i>		
EE = ethinyl estradiol ME = mestranol		
Monophasic		
20 mcg Estrogen		
<i>levonorgestrel/EE 0.1/20</i>	Tier 1	
<i>norethindrone acetate/EE 1/20</i>	Tier 1	
<i>norethindrone acetate/EE/iron 1/20</i>	Tier 1	
30 mcg Estrogen		
<i>desogestrel/EE 0.15/30</i>	Tier 1	
<i>levonorgestrel/EE 0.15/30 - Levora</i>	Tier 1	
<i>norethindrone acetate/EE 1.5/30</i>	Tier 1	
<i>norethindrone acetate/EE/iron 1.5/30</i>	Tier 1	
<i>norgestrel/EE 0.3/30 - Low-Ogestrel</i>	Tier 1	
YASMIN	Tier 2	
30 mcg Estrogen, Extended Cycle		
<i>levonorgestrel/EE 0.15/30 - Quasense</i>	Tier 1	

Drug	Tier	Requirements
35 mcg Estrogen		
<i>ethynodiol diacetate/EE 1/35 - Zovia 1/35</i>	Tier 1	
<i>norethindrone/EE 0.5/35</i>	Tier 1	
<i>norethindrone/EE 1/35</i>	Tier 1	
<i>norgestimate/EE 0.25/35</i>	Tier 1	
50 mcg Estrogen		
<i>ethynodiol diacetate/EE 1/50 - Zovia 1/50</i>	Tier 1	
<i>norethindrone/ME 1/50</i>	Tier 1	
Biphasic		
<i>desogestrel/EE</i>	Tier 1	
NECON 10/11	Tier 2	
Triphasic		
<i>desogestrel/EE</i>	Tier 1	
ESTROSTEP FE	Tier 3	
<i>levonorgestrel/EE - Trivora</i>	Tier 1	
<i>norethindrone acetate/EE/iron</i>	Tier 1	
<i>norethindrone/EE</i>	Tier 1	
<i>norgestimate/EE</i>	Tier 1	
ORTHO TRI-CYCLEN LO	Tier 2	
Progestin Only		
<i>norethindrone</i>	Tier 1	
Emergency Contraception		
PLAN B	Tier 2	
Injectable		
DEPO-PROVERA inj 150 mg/mL	Tier 3	
<i>medroxyprogesterone acetate 150 mg/mL</i>	Tier 1	
Transdermal		
ORTHO EVRA	Tier 2	
Vaginal		
NUVARING	Tier 2	
Endometriosis		
<i>danazol</i>	Tier 1	
SYNAREL	Tier 2	
Enzyme Replacements		
ADAGEN	Tier 4	

Drug	Tier	Requirements
ALDURAZYME	Tier 4	
BUPHENYL	Tier 4	
CEREZYME	Tier 4	
CYSTADANE	Tier 2	
CYSTAGON	Tier 2	
ELAPRASE	Tier 4	
FABRAZYME	Tier 4	
KUVAN	Tier 4	
MYOZYME	Tier 4	
NAGLAZYME	Tier 4	
ORFADIN	Tier 4	
SUCRAID	Tier 4	
ZAVESCA	Tier 4	

Estrogens

Oral

CENESTIN	Tier 2	
<i>estradiol</i>	Tier 1	
<i>estropipate</i>	Tier 1	
GYNODIOL 1.5 mg	Tier 2	
PREMARIN	Tier 2	

Transdermal

ALORA	Tier 2	
ESTRADERM	Tier 2	
<i>estradiol</i>	Tier 1	
VIVELLE/VIVELLE-DOT	Tier 2	

Vaginal

ESTRACE crm	Tier 3	
ESTRING	Tier 3	
FEMRING	Tier 3	
PREMARIN crm	Tier 2	
VAGIFEM	Tier 2	

Miscellaneous

PREMARIN inj	Tier 2	
--------------	--------	--

Estrogen/Progestins

Oral

FEMHRT	Tier 3	
PREFEST	Tier 3	
PREMPHASE	Tier 2	
PREMPRO	Tier 2	

Drug	Tier	Requirements
Transdermal		
CLIMARA PRO	Tier 2	
COMBIPATCH	Tier 2	
Glucocorticoids		
CORTEF 5 mg, 10 mg	Tier 2	
<i>dexamethasone</i>	Tier 1	
<i>dexamethasone inj</i>	Tier 1	
DEXPAK/DEXPAK JR.	Tier 2	
<i>fludrocortisone</i>	Tier 1	
<i>hydrocortisone tabs</i>	Tier 1	
KENALOG-10 inj 10 mg/mL	Tier 2	
KENALOG-40 inj 40 mg/mL	Tier 2	
MEDROL 2 mg, 16 mg, 32 mg	Tier 2	
<i>methylprednisolone</i>	Tier 1	
<i>methylprednisolone sodium succinate inj</i>	Tier 1	
<i>prednisolone sodium phosphate</i>	Tier 1	
<i>prednisone</i>	Tier 1	
PREDNISON INTENSOL	Tier 2	
SOLU-CORTEF inj	Tier 2	
SOLU-MEDROL inj 500 mg	Tier 2	
Glucose Elevating Agents		
GLUCAGON	Tier 2	
PROGLYCEM	Tier 2	
Human Growth Hormones		
GENOTROPIN	Tier 4	PA
HUMATROPE	Tier 4	PA
INCRELEX	Tier 4	PA
NORDITROPIN	Tier 4	PA
NUTROPIN/NUTROPIN AQ	Tier 4	PA
SAIZEN	Tier 4	PA
Parathyroid Hormones		
FORTEO	Tier 4	PA
Phosphate Binder Agents		
PHOSLO	Tier 2	
RENAGEL	Tier 2	
REVELA	Tier 2	
Progestins		
<i>medroxyprogesterone acetate</i>	Tier 1	
<i>norethindrone acetate</i>	Tier 1	

Drug	Tier	Requirements
PROMETRIUM	Tier 3	

Selective Estrogen Receptor Modulators

EVISTA	Tier 2	
--------	--------	--

Thyroid Agents

Antithyroid Agents

<i>methimazole</i>	Tier 1	
<i>propylthiouracil</i>	Tier 1	

Thyroid Supplements

CYTOMEL	Tier 2	
<i>levothyroxine</i>	Tier 1	
<i>levothyroxine - Levoxyl</i>	Tier 1	
<i>levothyroxine inj</i>	Tier 1	
SYNTHROID	Tier 2	

Vasopressins

<i>desmopressin inj</i>	Tier 1	
<i>desmopressin spray</i>	Tier 1	
<i>desmopressin tabs</i>	Tier 1	

Miscellaneous

<i>cabergoline</i>	Tier 1	
<i>chorionic gonadotropin inj</i>	Tier 1	PA
<i>octreotide</i>	Tier 4	PA
<i>oxandrolone</i>	Tier 1	PA
SANDOSTATIN LAR	Tier 4	PA
SOMATULINE DEPOT	Tier 4	PA
SOMAVERT	Tier 4	PA

GASTROINTESTINAL

Antidiarrheals

<i>diphenoxylate/atropine</i>	Tier 1	
<i>loperamide</i>	Tier 1	

Antiemetics

ANTIVERT 50 mg	Tier 2	
EMEND	Tier 2	QL B/D
<i>granisetron</i>	Tier 1	QL B/D
<i>granisetron inj</i>	Tier 1	QL
KYTRIL	Tier 3	QL B/D
KYTRIL inj	Tier 3	QL
MARINOL	Tier 2	QL
<i>meclizine</i>	Tier 1	

Drug	Tier	Requirements
<i>metoclopramide</i>	Tier 1	
<i>metoclopramide inj</i>	Tier 1	
<i>ondansetron</i>	Tier 1	QL B/D
ONDANSETRON 24 mg	Tier 2	QL B/D
<i>ondansetron inj</i>	Tier 1	QL
ONDANSETRON/NACL inj	Tier 2	QL
<i>prochlorperazine</i>	Tier 1	
<i>prochlorperazine inj</i>	Tier 1	
<i>promethazine</i>	Tier 1	
<i>promethazine inj</i>	Tier 1	
TRANSDERM SCOP	Tier 2	
<i>trimethobenzamide caps 300 mg</i>	Tier 1	
<i>trimethobenzamide inj 100 mg/mL</i>	Tier 1	

QL: Emend (40 mg) - 4 caps per 180 days
 Emend (80 mg) - 4 caps per 25 days
 Emend (125 mg) - 2 caps per 25 days
 Emend (Trifold Pack) - 2 packs per 25 days
 granisetron soln - 30 mL per 25 days
 Kytril/granisetron inj - 1 inj per 25 days
 Kytril/granisetron tabs - 6 tabs per 25 days
 Marinol - 60 caps per 25 days
 ondansetron (4 mg, 8 mg) - 18 tabs per 25 days
 Ondansetron (24 mg) - 2 tabs per 25 days
 ondansetron (2 mg/mL) inj - 10 mL per 25 days
 ondansetron (32 mg/50 mL) inj - 50 mL per 25 days
 ondansetron ODT - 18 tabs per 25 days
 ondansetron oral soln - 100 mL per 25 days
 Ondansetron/NaCl (32 mg/50 mL) inj - 50 mL per 25 days

Antispasmodics

<i>dicyclomine</i>	Tier 1	
<i>dicyclomine inj</i>	Tier 1	
<i>dicyclomine syrup 10 mg/5 mL</i>	Tier 1	
<i>glycopyrrolate</i>	Tier 1	
<i>glycopyrrolate inj</i>	Tier 1	

Cholelitholytics

URSO	Tier 2	
URSO FORTE	Tier 2	
<i>ursodiol</i>	Tier 1	

H₂-Receptor Antagonists

<i>cimetidine</i>	Tier 1	
<i>cimetidine inj</i>	Tier 1	
<i>famotidine</i>	Tier 1	
<i>famotidine inj</i>	Tier 1	

Drug	Tier	Requirements
PEPCID susp	Tier 2	
<i>ranitidine</i>	Tier 1	
<i>ranitidine inj</i>	Tier 1	

Inflammatory Bowel Disease

Oral Agents

ASACOL	Tier 2	
DIPENTUM	Tier 2	
ENTOCORT EC	Tier 2	
LIALDA	Tier 2	
PENTASA	Tier 3	
<i>sulfasalazine</i>	Tier 1	
<i>sulfasalazine delayed-rel</i>	Tier 1	

Rectal Agents

CANASA	Tier 2	
CORTIFOAM	Tier 3	
<i>hydrocortisone enema</i>	Tier 1	
<i>mesalamine rectal susp</i>	Tier 1	

Irritable Bowel Syndrome

LOTRONEX	Tier 2	PA
----------	--------	----

Laxatives

AMITIZA	Tier 2	
HALFLYTELY	Tier 2	
KRISTALOSE	Tier 3	
<i>lactulose</i>	Tier 1	
NULYTELY	Tier 3	
<i>peg 3350/electrolytes</i>	Tier 1	
<i>polyethylene glycol 3350</i>	Tier 1	
VISICOL	Tier 3	

Pancreatic Enzymes

CREON	Tier 2	
LIPRAM	Tier 2	
PANCRELIPASE	Tier 2	
<i>pancrelipase delayed-rel</i>	Tier 1	
PANGESTYME	Tier 2	
PANOKASE	Tier 2	
PLARETASE	Tier 2	
ULTRASE	Tier 2	

Drug	Tier	Requirements
ULTRASE MT	Tier 2	
VIOKASE	Tier 2	

Prostaglandins

<i>misoprostol</i>	Tier 1	
--------------------	--------	--

Proton Pump Inhibitors

NEXIUM	Tier 2	QL
<i>omeprazole delayed-rel</i>	Tier 1	QL
PREVACID	Tier 2	QL
PREVACID inj	Tier 2	
PRILOSEC 40 mg	Tier 2	QL
ZEGERID	Tier 3	QL

QL: 90 days per year

Proton Pump Inhibitor/Anti-infective Combinations

PREVPAC	Tier 2	
---------	--------	--

Saliva Stimulants

EVOXAC	Tier 2	
<i>pilocarpine</i>	Tier 1	

Steroids, Rectal

<i>hydrocortisone rectal crm</i>	Tier 1	
----------------------------------	--------	--

Miscellaneous

CARAFATE susp	Tier 2	
GASTROCROM	Tier 2	
<i>sucralfate</i>	Tier 1	

GENITOURINARY

Benign Prostatic Hyperplasia

AVODART	Tier 2	
<i>finasteride</i>	Tier 1	
FLOMAX	Tier 2	
UROXATRAL	Tier 2	

Urinary Antispasmodics

DETROL	Tier 3	
DETROL LA	Tier 2	
ENABLEX	Tier 2	
<i>oxybutynin</i>	Tier 1	
<i>oxybutynin ext-rel</i>	Tier 1	
OXYTROL	Tier 2	
SANCTURA	Tier 2	
SANCTURA XR	Tier 2	

Drug	Tier	Requirements
VESICARE	Tier 2	

Vaginal Anti-infectives

CLEOCIN vaginal supp	Tier 2	
<i>clindamycin vaginal crm</i>	Tier 1	
<i>metronidazole vaginal gel</i>	Tier 1	
<i>terconazole crm</i>	Tier 1	
<i>terconazole supp 80 mg</i>	Tier 1	

Miscellaneous

<i>bethanechol</i>	Tier 1	
ELMIRON	Tier 2	
<i>phenazopyridine</i>	Tier 1	
<i>potassium citrate</i>	Tier 1	
THIOLA	Tier 2	

HEMATOLOGIC

Anticoagulants

Injectable

ARIXTRA	Tier 2	
<i>heparin</i>	Tier 1	
LOVENOX	Tier 2	

Oral

COUMADIN	Tier 2	
<i>warfarin</i>	Tier 1	

Hematopoietic Growth Factors

ARANESP	Tier 4	PA
EPOGEN	Tier 4	PA
NEULASTA	Tier 4	PA
NEUPOGEN	Tier 4	PA
PROCRIT	Tier 4	PA

Platelet Aggregation Inhibitors

AGGRENOX	Tier 2	
<i>dipyridamole</i>	Tier 1	
PLAVIX	Tier 2	

Platelet Synthesis Inhibitors

<i>anagrelide</i>	Tier 1	
-------------------	--------	--

Miscellaneous

<i>cilostazol</i>	Tier 1	
CYKLOKAPRON inj	Tier 2	

Drug	Tier	Requirements
<i>pentoxifylline ext-rel</i>	Tier 1	

IMMUNOLOGIC AGENTS

Disease-modifying Antirheumatic Drugs (DMARDs)

CUPRIMINE	Tier 2	
ENBREL	Tier 4	PA
HUMIRA	Tier 4	PA
<i>hydroxychloroquine</i>	Tier 1	
<i>leflunomide</i>	Tier 1	
<i>methotrexate 2.5 mg</i>	Tier 1	
<i>methotrexate inj</i>	Tier 1	
REMICADE	Tier 4	PA
RHEUMATREX	Tier 2	
RIDAURA	Tier 2	

Immunoglobulins

GAMASTAN inj	Tier 2	
GAMMAGARD inj	Tier 4	B/D
GAMUNEX inj	Tier 4	B/D

Immunomodulators

Interferons

ACTIMMUNE	Tier 4	PA
INFERGEN	Tier 4	PA
INTRON A	Tier 4	PA
PEG-INTRON	Tier 4	PA
PEGASYS	Tier 4	PA
ROFERON-A	Tier 4	PA

Miscellaneous

REVLIMID	Tier 4	PA
THALOMID	Tier 4	PA

Immunosuppressants

Antimetabolites

AZASAN	Tier 2	B/D
<i>azathioprine</i>	Tier 1	B/D
CELLCEPT	Tier 2	B/D

Calcineurin Inhibitors

<i>cyclosporine</i>	Tier 1	B/D
<i>cyclosporine soln 100 mg/mL</i>	Tier 1	B/D
<i>cyclosporine, modified</i>	Tier 1	B/D
NEORAL	Tier 2	B/D
PROGRAF	Tier 2	B/D

Drug	Tier	Requirements
SANDIMMUNE	Tier 2	B/D

Rapamycin Derivatives

RAPAMUNE	Tier 2	B/D
----------	--------	-----

Vaccines

DIPHTHERIA and TETANUS TOXOIDS ADSORBED	Tier 2	B/D
DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS, and HAEMOPHILUS B CONJUGATE VACCINE	Tier 2	
DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS, HEPATITIS B (RECOMBINANT), and POLIOVIRUS (INACTIVATED) VACCINE	Tier 2	
DIPHTHERIA, TETANUS TOXOIDS, and ACELLULAR PERTUSSIS VACCINE	Tier 2	
GARDASIL VACCINE	Tier 2	
HAEMOPHILUS B CONJUGATE and HEPATITIS B (RECOMBINANT) VACCINE	Tier 2	
HAEMOPHILUS B CONJUGATE VACCINE	Tier 2	
HEPATITIS A INACTIVATED and HEPATITIS B (RECOMBINANT) VACCINE	Tier 2	
HEPATITIS A VACCINE, INACTIVATED	Tier 2	
HEPATITIS B (RECOMBINANT) VACCINE	Tier 2	B/D
JAPANESE ENCEPHALITIS VIRUS VACCINE	Tier 2	
MEASLES and RUBELLA VIRUS VACCINE (LIVE)	Tier 2	
MEASLES VIRUS VACCINE (LIVE)	Tier 2	
MEASLES, MUMPS, and RUBELLA VACCINES (COMBINED)	Tier 2	
MEASLES, MUMPS, RUBELLA, and VARICELLA VIRUS VACCINE LIVE	Tier 2	
MENINGOCOCCAL POLYSACCHARIDE VACCINE	Tier 2	
MENINGOCOCCAL VACCINE, DIPHTHERIA CONJUGATE	Tier 2	
MUMPS VIRUS VACCINE (LIVE)	Tier 2	
POLIOVIRUS VACCINE (INACTIVATED)	Tier 2	
RABIES VACCINE	Tier 2	
ROTAVIRUS VACCINE (LIVE)	Tier 2	
RUBELLA VIRUS VACCINE	Tier 2	
TETANUS TOXOID	Tier 2	B/D
TETANUS TOXOID ADSORBED	Tier 2	B/D
TYPHOID VACCINE LIVE ORAL	Tier 2	
TYPHOID VI POLYSACCHARIDE VACCINE	Tier 2	
VARICELLA VIRUS VACCINE	Tier 2	
YELLOW FEVER VACCINE	Tier 2	
ZOSTAVAX VACCINE	Tier 2	

Drug

Tier

Requirements

NUTRITIONAL/SUPPLEMENTS

Electrolytes

Potassium

MICRO-K 8	Tier 3	
<i>potassium chloride ext-rel</i>	Tier 1	

Miscellaneous

<i>fluoride drops</i>	Tier 1	
<i>fluoride tabs</i>	Tier 1	
HECTOROL	Tier 2	
HECTOROL inj	Tier 2	
<i>sodium polystyrene sulfonate</i>	Tier 1	

Vitamins

Prenatal Vitamins

DUET	Tier 3	
<i>prenatal vitamins</i>	Tier 1	

Miscellaneous

<i>calcitriol</i>	Tier 1	
<i>calcitriol inj</i>	Tier 1	

Miscellaneous

IV NUTRITION - AMINO ACIDS	Tier 2	B/D
IV NUTRITION - LIPIDS	Tier 2	B/D
IV REPLACEMENT SOLUTIONS	Tier 2	

RESPIRATORY

Anaphylaxis Treatment Agents

EPIPEN	Tier 2	
EPIPEN JR.	Tier 2	

Anticholinergics

ATROVENT HFA	Tier 2	QL
<i>ipratropium soln</i>	Tier 1	QL B/D
SPIRIVA	Tier 2	QL

QL: Atrovent HFA - 2 inhalers per 25 days
 ipratropium soln - 315 mL per 25 days
 Spiriva - 30 caps per 25 days

Anticholinergic/Beta Agonist Combinations

COMBIVENT	Tier 2	QL
DUONEB	Tier 2	QL B/D
<i>ipratropium/albuterol</i>	Tier 1	QL B/D

QL: Combivent - 2 inhalers per 25 days

Drug	Tier	Requirements
------	------	--------------

Duoneb ampules - 540 mL per 25 days
 ipratropium/albuterol ampules - 540 mL per 25 days

Antihistamines, Low/Nonsedating

ASTELIN	Tier 2	QL
CLARINEX	Tier 3	
<i>fexofenadine</i>	Tier 1	

QL: Astelin - 2 inhalers per 25 days

Antihistamines, Sedating

<i>clemastine 2.68 mg</i>	Tier 1	
<i>cyproheptadine</i>	Tier 1	
<i>diphenhydramine</i>	Tier 1	
<i>diphenhydramine inj</i>	Tier 1	
<i>hydroxyzine HCl 10 mg, 25 mg</i>	Tier 1	
<i>hydroxyzine HCl inj</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 1	

Antihistamine/Decongestant Combinations

ALLEGRA-D	Tier 3	
<i>promethazine VC plain</i>	Tier 1	

Beta Agonists

Inhalants

ACCUNEB 0.63 mg/3 mL	Tier 2	QL B/D
<i>albuterol inhaler</i>	Tier 1	QL
<i>albuterol soln</i>	Tier 1	QL B/D
FORADIL	Tier 2	QL
MAXAIR	Tier 3	QL
PROAIR HFA	Tier 2	QL
PROVENTIL HFA	Tier 2	QL
SEREVENT	Tier 2	QL
XOPENEX	Tier 2	QL B/D
XOPENEX HFA	Tier 2	QL

QL: Accuneb ampules - 300 mL per 25 days
 albuterol ampules - 300 mL per 25 days
 albuterol inhaler - 2 inhalers per 25 days
 albuterol soln - 60 mL per 25 days
 Foradil - 60 caps per 25 days
 Maxair - 1 inhaler per 25 days
 Proair HFA - 2 inhalers per 25 days
 Proventil HFA - 2 inhalers per 25 days
 Serevent - 1 inhaler per 25 days
 Xopenex ampules - 216 mL per 25 days
 Xopenex HFA - 2 inhalers per 25 days

Drug	Tier	Requirements
Oral Agents		
<i>albuterol ext-rel tabs</i>	Tier 1	
<i>albuterol syrup, tabs</i>	Tier 1	
<i>terbutaline</i>	Tier 1	
<i>terbutaline inj</i>	Tier 1	
Cystic Fibrosis		
TOBI	Tier 4	B/D
Leukotriene Receptor Antagonists		
ACCOLATE	Tier 3	
SINGULAIR	Tier 2	
Mast Cell Stabilizers		
<i>cromolyn soln</i>	Tier 1	QL B/D
INTAL inhaler	Tier 2	QL
TILADE	Tier 2	QL
QL: cromolyn ampules - 240 mL per 25 days Intal MDI - 2 inhalers per 25 days Tilade - 3 inhalers per 25 days		
Nasal Steroids		
<i>flunisolide spray</i>	Tier 1	QL
<i>fluticasone spray</i>	Tier 1	QL
NASACORT AQ	Tier 2	QL
NASAREL	Tier 3	QL
NASONEX	Tier 2	QL
RHINOCORT AQUA	Tier 3	QL
QL: flunisolide spray - 2 inhalers per 25 days fluticasone spray - 1 inhaler per 25 days Nasacort AQ - 1 inhaler per 25 days Nasarel - 2 inhalers per 25 days Nasonex - 2 inhalers per 25 days Rhinocort Aqua - 1 inhaler per 25 days		
Steroid/Beta Agonist Combinations		
ADVAIR	Tier 2	QL
SYMBICORT	Tier 2	QL
QL: 1 inhaler per 25 days		
Steroid Inhalants		
ASMANEX	Tier 2	QL
AZMACORT	Tier 2	QL
FLOVENT	Tier 2	QL
PULMICORT	Tier 3	QL
PULMICORT RESPULES	Tier 3	QL B/D

Drug	Tier	Requirements
QVAR	Tier 2	QL
QL: Asmanex - 2 inhalers per 25 days Azmacort - 2 inhalers per 25 days Flovent - 2 inhalers per 25 days Pulmicort Flexhaler (90 mcg) - 4 inhalers per 25 days Pulmicort Flexhaler (180 mcg) - 2 inhalers per 25 days Pulmicort Respules - 60 Respules per 25 days Pulmicort Turbuhaler - 2 inhalers per 25 days QVAR - 2 inhalers per 25 days		

Xanthines

<i>aminophylline</i>	Tier 1	
<i>aminophylline inj</i>	Tier 1	
ELIXOPHYLLIN	Tier 2	
THEO-24	Tier 2	
<i>theophylline</i>	Tier 1	
<i>theophylline ext-rel tabs</i>	Tier 1	
UNIPHYL	Tier 2	

Miscellaneous

<i>acetylcysteine</i>	Tier 1	B/D
ARALAST	Tier 4	
<i>ipratropium spray</i>	Tier 1	
PULMOZYME	Tier 4	B/D
TYZINE NASAL DROPS	Tier 2	
XOLAIR	Tier 4	PA

TOPICAL

Dermatology

Acne

Oral

<i>isotretinoin</i>	Tier 1	
---------------------	--------	--

Topical

AZELEX	Tier 2	
BENZAACLIN	Tier 3	
<i>clindamycin gel, lotion, soln</i>	Tier 1	
DIFFERIN	Tier 2	PA
DUAC	Tier 3	
<i>erythromycin gel 2%</i>	Tier 1	
<i>erythromycin soln</i>	Tier 1	
<i>erythromycin/benzoyl peroxide</i>	Tier 1	
RETIN-A MICRO	Tier 3	PA
<i>sulfacetamide lotion 10%</i>	Tier 1	
<i>tretinoin</i>	Tier 1	PA

Drug	Tier	Requirements
Actinic Keratosis		
CARAC	Tier 2	
EFUDEX crm 5%	Tier 2	
FLUOROPLEX 1%	Tier 2	
<i>fluorouracil soln 2%, 5%</i>	Tier 1	
LEVULAN KERASTICK	Tier 2	
SOLARAZE	Tier 2	
Antibiotics		
BACTROBAN crm	Tier 2	
<i>gentamicin</i>	Tier 1	
<i>mupirocin oint</i>	Tier 1	
<i>silver sulfadiazine</i>	Tier 1	
Antifungals		
<i>ciclopirox</i>	Tier 1	
<i>clotrimazole</i>	Tier 1	
<i>econazole</i>	Tier 1	
<i>ketconazole</i>	Tier 1	
LOPROX gel	Tier 3	
LOPROX shampoo	Tier 2	
MENTAX	Tier 3	
<i>nystatin</i>	Tier 1	
OXISTAT	Tier 3	
Antipruritics		
<i>doxepin crm 5%</i>	Tier 1	
ZONALON crm	Tier 2	
Antipsoriatics		
DOVONEX	Tier 2	
OXSORALEN-ULTRA	Tier 2	
RAPTIVA	Tier 4	
SORIATANE	Tier 3	
Antiseborrheics		
<i>ketconazole shampoo 2%</i>	Tier 1	
<i>selenium sulfide shampoo 2.5%</i>	Tier 1	
Antivirals		
DENAVIR	Tier 2	
ZOVIRAX	Tier 2	

Corticosteroids
Low Potency

Drug	Tier	Requirements
<i>alclometasone crm, oint 0.05%</i>	Tier 1	
<i>desonide</i>	Tier 1	
DESOWEN oint 0.05%	Tier 2	
<i>fluocinolone acetonide soln 0.01%</i>	Tier 1	
<i>hydrocortisone crm, lotion, oint 2.5%</i>	Tier 1	
<i>hydrocortisone lotion 1%</i>	Tier 1	
TEXACORT soln	Tier 2	

Medium Potency

<i>betamethasone valerate crm, lotion, oint 0.1%</i>	Tier 1	
CORDRAN lotion 0.05%	Tier 3	
CORDRAN tape	Tier 3	
<i>desoximetasone crm 0.05%</i>	Tier 1	
<i>fluocinolone acetonide crm, oint 0.025%</i>	Tier 1	
<i>fluticasone propionate crm 0.05%, oint 0.005%</i>	Tier 1	
<i>hydrocortisone butyrate crm, oint, soln 0.1%</i>	Tier 1	
<i>hydrocortisone valerate crm, oint 0.2%</i>	Tier 1	
LOCOID LIPOCREAM 0.1%	Tier 3	
LUXIQ foam 0.12%	Tier 3	
<i>mometasone crm, lotion, oint 0.1%</i>	Tier 1	
<i>triamcinolone acetonide crm, lotion, oint 0.025%</i>	Tier 1	
<i>triamcinolone acetonide crm, lotion, oint 0.1%</i>	Tier 1	

High Potency

<i>betamethasone dipropionate augmented crm, lotion 0.05%</i>	Tier 1	
<i>betamethasone dipropionate crm, lotion, oint 0.05%</i>	Tier 1	
<i>desoximetasone crm, oint 0.25%, gel 0.05%</i>	Tier 1	
<i>diflorasone diacetate crm 0.05%</i>	Tier 1	
<i>fluocinonide crm, gel, oint, soln 0.05%</i>	Tier 1	
PSORCON E crm, oint 0.05%	Tier 2	
<i>triamcinolone acetonide crm, oint 0.5%</i>	Tier 1	

Very High Potency

<i>betamethasone dipropionate augmented gel, oint 0.05%</i>	Tier 1	
<i>clobetasol propionate crm, foam, oint 0.05%</i>	Tier 1	
<i>diflorasone diacetate oint 0.05%</i>	Tier 1	
<i>halobetasol propionate crm, oint 0.05%</i>	Tier 1	
OLUX foam 0.05%	Tier 3	

Emollients

<i>ammonium lactate 12%</i>	Tier 1	
-----------------------------	--------	--

	Drug	Tier	Requirements
Immunomodulators			
	ELIDEL	Tier 2	ST
	PROTOPIC	Tier 2	ST
Rosacea			
Oral	ORACEA	Tier 2	
Topical	FINACEA	Tier 3	
	METROGEL	Tier 2	
	<i>metronidazole crm, gel, lotion</i>	Tier 1	
Scabicides and Pediculicides			
	EURAX	Tier 2	
	OVIDE	Tier 2	
	<i>permethrin 5%</i>	Tier 1	
Miscellaneous Skin and Mucous Membrane			
	ALDARA	Tier 3	
	CONDYLOX gel	Tier 3	
	PANRETIN	Tier 4	
	<i>podofilox soln</i>	Tier 1	
	TARGRETIN gel	Tier 4	
Wound Care Agents			
	REGRANEX	Tier 4	PA
	SANTYL	Tier 2	
Mouth/Throat/Dental Agents			
Anesthetics - Topical Oral			
	<i>lidocaine viscous</i>	Tier 1	
Steroids - Mouth/Throat			
	<i>triamcinolone paste</i>	Tier 1	
Ophthalmic			
Antiallergics			
	ALOCRIAL	Tier 3	
	ALOMIDE	Tier 3	
	ALREX	Tier 2	
	<i>cromolyn sodium</i>	Tier 1	
	<i>ketotifen</i>	Tier 1	
	OPTIVAR	Tier 3	

Drug	Tier	Requirements
PATADAY	Tier 2	
PATANOL	Tier 2	
Antifungals		
NATACYN	Tier 2	
Anti-infectives		
<i>bacitracin</i>	Tier 1	
CILOXAN oint	Tier 2	
<i>ciprofloxacin</i>	Tier 1	
<i>erythromycin</i>	Tier 1	
<i>gentamicin</i>	Tier 1	
<i>neomycin/polymyxin B/gramicidin</i>	Tier 1	
<i>ofloxacin</i>	Tier 1	
<i>polymyxin B/bacitracin</i>	Tier 1	
<i>polymyxin B/trimethoprim</i>	Tier 1	
QUIXIN	Tier 3	
<i>sulfacetamide oint, soln 10%</i>	Tier 1	
<i>tobramycin</i>	Tier 1	
TOBEX oint	Tier 2	
VIGAMOX	Tier 2	
ZYMAR	Tier 3	
Anti-infective/Anti-inflammatory Combinations		
BLEPHAMIDE SOP oint 10%/0.2%	Tier 2	
<i>neomycin/polymyxin B/bacitracin/hydrocortisone</i>	Tier 1	
<i>neomycin/polymyxin B/dexamethasone</i>	Tier 1	
<i>neomycin/polymyxin B/hydrocortisone</i>	Tier 1	
<i>sulfacetamide/prednisolone phosphate 10%/0.25%</i>	Tier 1	
TOBRADEX	Tier 3	
Anti-inflammatories		
Nonsteroidal		
ACULAR	Tier 3	
<i>diclofenac sodium</i>	Tier 1	
VOLTAREN	Tier 2	
XIBROM	Tier 2	
Steroidal		
<i>dexamethasone</i>	Tier 1	
<i>fluorometholone</i>	Tier 1	
FML oint	Tier 2	
LOTEMAX	Tier 3	
PRED MILD	Tier 3	

	Drug	Tier	Requirements
	<i>prednisolone acetate 1%</i>	Tier 1	
	<i>prednisolone phosphate 1%</i>	Tier 1	
Antivirals			
	<i>trifluridine</i>	Tier 1	
Beta-blockers			
Nonselective			
	BETIMOL	Tier 3	
	<i>levobunolol</i>	Tier 1	
	<i>metipranolol</i>	Tier 1	
	<i>timolol maleate</i>	Tier 1	
	<i>timolol maleate gel</i>	Tier 1	
Selective			
	BETOPTIC S	Tier 2	
Carbonic Anhydrase Inhibitors			
Oral			
	<i>acetazolamide</i>	Tier 1	
	DIAMOX SEQUELS	Tier 2	
	<i>methazolamide</i>	Tier 1	
Topical			
	AZOPT	Tier 2	
	TRUSOPT	Tier 2	
Carbonic Anhydrase Inhibitor/Beta-blocker Combinations			
	COSOPT	Tier 2	
Immunomodulators			
	RESTASIS	Tier 2	
Parasympathomimetics			
	PILOPINE HS	Tier 2	
Prostaglandins			
	LUMIGAN	Tier 2	
	TRAVATAN	Tier 2	
	XALATAN	Tier 3	
Sympathomimetics			
	ALPHAGAN P	Tier 2	
	<i>brimonidine 0.2%</i>	Tier 1	

	Drug	Tier	Requirements
Miscellaneous			
	LACRISERT	Tier 2	
Otic			
Anti-infectives			
	<i>acetic acid</i>	Tier 1	
	<i>acetic acid/aluminum acetate</i>	Tier 1	
	FLOXIN OTIC	Tier 2	
	<i>ofloxacin</i>	Tier 1	
Anti-infective/Anti-inflammatory Combinations			
	<i>acetic acid/hydrocortisone</i>	Tier 1	
	CIPRO HC OTIC	Tier 3	
	CIPRODEX	Tier 3	
	<i>neomycin/polymyxin B/hydrocortisone</i>	Tier 1	
Anti-inflammatories			
	DERMOTIC	Tier 2	

A

ABILIFY	24
ABILIFY inj	24
ACCOLATE	42
ACCUNEB 0.63 mg/3 mL	41
ACEON	17
acetazolamide	48
acetic acid	49
acetic acid/aluminum acetate	49
acetic acid/hydrocortisone	49
acetylcysteine	43
ACTIMMUNE	38
ACTONEL	29
ACTONEL WITH CALCIUM	29
ACTOPLUS MET	28
ACTOS	28
ACULAR	47
acyclovir	13
acyclovir inj	13
ADAGEN	30
ADDERALL XR	25
ADVAIR	42
ADVICOR	19
AGGRENOX	37
ALBENZA	13
albuterol ext-rel tabs	42
albuterol inhaler	41
albuterol soln	41
albuterol syrup, tabs	42
alclometasone crm, oint 0.05%	45
ALCOHOL SWABS	29
ALDACTAZIDE 50 mg/50 mg	21
ALDARA	46
ALDURAZYME	31
alendronate tabs	29
ALIMTA	15
ALINIA	13
ALKERAN	15
ALLEGRA-D	41
allopurinol	8
allopurinol inj	8
ALOCRIAL	46
ALOMIDE	46
ALORA	31
ALPHAGAN P	48
ALREX	46
ALTACE caps	17
ALTOPREV	19
amantadine	13, 24

amifostine	17
amiloride	21
amiloride/hydrochlorothiazide	21
aminophylline	43
aminophylline inj	43
amiodarone	19
amiodarone inj	19
AMITIZA	35
amitriptyline	23
amlodipine	20
amlodipine/benazepril	18
ammonium lactate 12%	45
amoxapine	23
amoxicillin	10
amoxicillin/clavulanate	10
AMOXIL PEDIATRIC DROPS	10
amphotericin B	11
ampicillin	10
ampicillin inj	10
anagrelide	37
ANCOBON	11
ANDRODERM	27
ANDROGEL	27
ANTABUSE	27
ANTIVERT 50 mg	33
APOKYN	24
APTIVUS	12
ARALAST	43
ARANESP	37
ARICEPT	23
ARIMIDEX	14
ARIXTRA	37
AROMASIN	14
ASACOL	35
ASMANEX	42
ASTELIN	41
ATACAND	18
ATACAND HCT	18
atenolol	20
atenolol/chlorthalidone	20
ATRIPLA	11
ATROVENT HFA	40
AUGMENTIN chewable tabs 125 mg, 250 mg	10
AUGMENTIN susp 125 mg/5 mL, 250 mg/5 mL	10
AUGMENTIN XR	10
AVALIDE	18
AVANDAMET	28
AVANDARYL	28
AVANDIA	28
AVAPRO	18

AVASTIN	16
AVELOX.....	10
AVELOX inj	10
AVINZA.....	8
AVODART	36
AVONEX	26
AZASAN.....	38
azathioprine	38
AZELEX	43
AZILECT	24
azithromycin inj.....	10
azithromycin susp, tabs	10
AZMACORT.....	42
AZOPT	48

B

bacitracin	47
baclofen	26
BACTROBAN crm	44
BARACLUDE.....	13
benazepril	17
benazepril/hydrochlorothiazide	18
BENICAR	18
BENICAR HCT	18
BENZACLIN	43
benztropine	24
betamethasone dipropionate augmented crm, lotion 0.05%	45
betamethasone dipropionate augmented gel, oint 0.05%	45
betamethasone dipropionate crm, lotion, oint 0.05%	45
betamethasone valerate crm, lotion, oint 0.1%	45
BETASERON	26
bethanechol.....	37
BETIMOL	48
BETOPTIC S.....	48
BICILLIN C-R	10
BICILLIN L-A	10
BICNU.....	15
BIDIL	22
bisoprolol.....	20
bisoprolol/hydrochlorothiazide.....	20
bleomycin	15
BLEPHAMIDE SOP oint 10%/0.2%	47
BONIVA 150 mg	29
brimonidine 0.2%	48
bromocriptine	24
bumetanide	21
bumetanide inj	21

BUPHENYL.....	31
bupropion.....	24
bupropion ext-rel	24, 27
buspirone	22
BUSULFEX.....	15
BYETTA	28

C

cabergoline.....	33
CADUET	21
calcitonin-salmon spray	29
calcitriol	40
calcitriol inj.....	40
CAMPATH.....	16
CAMPRAL.....	27
CAMPTOSAR.....	16
CANASA.....	35
captopril	17
captopril/hydrochlorothiazide.....	18
CARAC	44
CARAFATE susp	36
carbamazepine	22
CARBATROL	22
carbidopa/levodopa.....	24
carbidopa/levodopa ext-rel	24
carboplatin	16
CARDIZEM CD 360 mg.....	20
CARDIZEM LA	20
carisoprodol	26
carvedilol	20
CASODEX	14
CATAPRES-TTS	18
CEDAX	9
CEENU.....	16
cefaclor	9
cefadroxil	9
cefadroxil susp.....	9
CEFAZOLIN inj.....	9
cefdinir.....	9
cefepime inj	10
cefoxitin inj.....	9
cefepodoxime proxetil.....	9
cefprozil	9
CEFTIN susp	9
ceftriaxone inj.....	10
cefuroxime axetil	9
cefuroxime inj.....	9
CEFUROXIME SODIUM/DEXTROSE inj 750 mg.....	9
CELEBREX.....	8

CELLCEPT	38
CELONTIN	22
CENESTIN.....	31
cephalexin.....	9
CEREZYME	31
CHANTIX.....	27
chloroquine.....	11
chlorpromazine.....	25
chlorpromazine inj.....	25
chlorthalidone.....	21
chlorzoxazone.....	26
cholestyramine.....	19
chorionic gonadotropin inj	33
ciclopirox.....	44
cilostazol.....	37
CILOXAN oint.....	47
cimetidine	34
cimetidine inj.....	34
CIPRO HC OTIC	49
CIPRO susp	10
CIPRODEX.....	49
ciprofloxacin.....	10, 47
ciprofloxacin ext-rel	10
ciprofloxacin inj	10
cisplatin	16
citalopram.....	23
cladribine.....	16
CLARINEX.....	41
clarithromycin	10
clarithromycin ext-rel	10
clemastine 2.68 mg.....	41
CLEOCIN caps 75 mg	13
CLEOCIN PEDIATRIC.....	13
CLEOCIN vaginal supp	37
CLIMARA PRO.....	32
clindamycin	13
clindamycin gel, lotion, soln	43
clindamycin inj.....	13
clindamycin vaginal crm	37
clobetasol propionate crm, foam, oint 0.05%	45
clomipramine.....	22, 23
clonidine.....	18
clotrimazole	44
clotrimazole troches	11
clozapine.....	24
codeine/acetaminophen	8
COGENTIN inj	24
colchicine.....	8
colchicine inj	8
colestipol	19
COMBIPATCH.....	32

COMBIVENT	40
COMBIVIR	11
COMTAN.....	24
CONCERTA.....	25
CONDYLOX gel.....	46
COPAXONE	26
CORDRAN lotion 0.05%	45
CORDRAN tape	45
COREG.....	20
COREG CR	20
CORTEF 5 mg, 10 mg.....	32
CORTIFOAM.....	35
COSMEGEN	15
COSOPT	48
COUMADIN	37
COZAAR.....	18
CREON.....	35
CRESTOR	19
CRIXIVAN.....	12
cromolyn sodium	46
cromolyn soln	42
CUBICIN.....	13
CUPRIMINE	38
cyclobenzaprine	26
cyclophosphamide	15, 16
cyclosporine.....	38
cyclosporine soln 100 mg/mL	38
cyclosporine, modified	38
CYKLOKAPRON inj.....	37
CYMBALTA.....	23
cyproheptadine.....	41
CYSTADANE	31
CYSTAGON	31
cytarabine.....	15
CYTOMEL.....	33
CYTOVENE inj	13

D

dacarbazine	15
danazol.....	30
dantrolene	26
dapsone	13
DARAPRIM	11
daunorubicin 20 mg.....	15
DAUNORUBICIN 50 mg	15
DAUNOXOME.....	15
DEMADEX inj.....	21
DENAVIR	44
DEPAKOTE	22
DEPAKOTE ER.....	22

DEPO-PROVERA inj 150 mg/mL.....	30
DEPO-PROVERA inj 400 mg/mL.....	14
DERMOTIC	49
desipramine	23
desmopressin inj.....	33
desmopressin spray.....	33
desmopressin tabs.....	33
desogestrel/EE.....	30
desogestrel/EE 0.15/30.....	29
desonide.....	45
DESOWEN oint 0.05%	45
desoximetasone crm 0.05%	45
desoximetasone crm, oint 0.25%, gel 0.05%.....	45
DETROL	36
DETROL LA.....	36
dexamethasone	32, 47
dexamethasone inj.....	32
DEPAK/DEPAK JR.....	32
dexrazoxane.....	17
dextroamphetamine	25
dextroamphetamine ext-rel.....	25
DIAMOX SEQUELS	48
diclofenac sodium.....	47
diclofenac sodium delayed-rel.....	8
diclofenac sodium ext-rel	8
dicloxacillin	10
dicyclomine	34
dicyclomine inj.....	34
dicyclomine syrup 10 mg/5 mL.....	34
didanosine delayed-rel.....	12
DIFFERIN	43
diflorasone diacetate crm 0.05%	45
diflorasone diacetate oint 0.05%	45
diflunisal.....	8
digoxin.....	21
digoxin inj.....	21
dihydroergotamine inj	25
DILANTIN.....	22
DILANTIN INFATABS	22
DILAUDID-5 oral soln 1 mg/mL.....	8
diltiazem.....	20
diltiazem ext-rel.....	20
diltiazem inj.....	20
DIOVAN	18
DIOVAN HCT	18
DIPENTUM	35
diphenhydramine.....	41
diphenhydramine inj.....	41
diphenoxylate/atropine	33
DIPHThERIA and TETANUS TOXOIDS ADSORBED	39

DIPHThERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS, and HAEMOPHILUS B CONJUGATE VACCINE	39
DIPHThERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS, HEPATITIS B (RECOMBINANT), and POLIOVIRUS (INACTIVATED) VACCINE	39
DIPHThERIA, TETANUS TOXOIDS, and ACELLULAR PERTUSSIS VACCINE.....	39
dipyridamole.....	37
disopyramide	19
disopyramide ext-rel.....	19
DOVONEX	44
doxazosin.....	18
doxepin	23
doxepin crm 5%	44
DOXIL.....	15
doxorubicin.....	15
doxycycline hyclate caps, tabs.....	11
doxycycline inj	11
DROXIA caps 200 mg, 300 mg, 400 mg	17
DUAC.....	43
DUET.....	40
DUETACT.....	28
DUONEB.....	40

E

econazole	44
EFFEXOR XR.....	23
EFUDEX crm 5%	44
ELAPRASE	31
ELIDEL	46
ELIXOPHYLLIN	43
ELLECE	15
ELMIRON	37
ELOXATIN	16
ELSPAR	16
EMCYT	16
EMEND.....	33
EMSAM.....	23
EMTRIVA.....	12
ENABLEX.....	36
enalapril	17
enalapril/hydrochlorothiazide	18
ENBREL.....	38
ENTOCORT EC.....	35
EPIPEN.....	40
EPIPEN JR.....	40
epirubicin.....	15

EPIVIR	12
EPIVIR-HBV	13
EPOGEN	37
EPZICOM	11
ergotamine/caffeine	25
ERYPED DROPS.....	10
ERYTHROCIN inj.....	10
erythromycin	47
erythromycin delayed-rel.....	10
erythromycin ethylsuccinate.....	10
erythromycin gel 2%	43
erythromycin soln.....	43
erythromycin stearate	10
erythromycin/benzoyl peroxide.....	43
erythromycin/sulfisoxazole	10
ESTRACE crm	31
ESTRADERM.....	31
estradiol	31
ESTRING	31
estropipate	31
ESTROSTEP FE	30
ethambutol	12
ethosuximide	22
ethynodiol diacetate/EE 1/35 - Zovia 1/35.....	30
ethynodiol diacetate/EE 1/50 - Zovia 1/50.....	30
ETHYOL.....	17
etodolac	8
etodolac ext-rel.....	8
etoposide.....	16
EURAX	46
EVISTA.....	33
EVOXAC	36
EXELON.....	23
EXELON PATCH.....	23
EXFORGE.....	18
EXJADE.....	29

F

FABRAZYME	31
famciclovir.....	13
famotidine.....	34
famotidine inj	34
FAMVIR	13
FARESTON	14
FASLODEX	14
FAZACLO.....	24
FELBATOL.....	22
felodipine ext-rel	20
FEMARA	14
FEMHRT	31

FEMRING	31
fenofibrate.....	19
fentanyl transdermal	8
fexofenadine	41
FINACEA	46
finasteride	36
flecainide	19
FLOMAX	36
FLOVENT	42
FLOXIN OTIC	49
floxuridine	15
fluconazole.....	11
fluconazole inj	11
fludarabine phosphate.....	16
fludrocortisone.....	32
flunisolide spray	42
fluocinolone acetonide crm, oint 0.025%	45
fluocinolone acetonide soln 0.01%	45
fluocinonide crm, gel, oint, soln 0.05%	45
fluoride drops.....	40
fluoride tabs	40
fluorometholone.....	47
FLUOROPLEX 1%	44
fluorouracil	15
fluorouracil soln 2%, 5%	44
fluoxetine	23
fluphenazine.....	25
fluphenazine decanoate inj	25
fluphenazine HCl inj.....	25
flutamide	14
fluticasone propionate crm 0.05%, oint 0.005%	45
fluticasone spray	42
fluvoxamine	22
FML oint.....	47
FORADIL.....	41
FORTEO.....	32
FOSAMAX.....	29
FOSAMAX PLUS D.....	29
fosinopril.....	17
fosinopril/hydrochlorothiazide	18
FROVA.....	26
FURADANTIN	13
furosemide	21
furosemide inj.....	21
FUZEON	12

G

gabapentin.....	22
GABITRIL.....	22
GAMASTAN inj	38

GAMMAGARD inj.....	38
GAMUNEX inj.....	38
ganciclovir.....	13
GANTRISIN.....	11
GARDASIL VACCINE.....	39
GASTROCROM.....	36
GAUZE.....	29
gemfibrozil.....	19
GEMZAR.....	15
GENOTROPIN.....	32
gentamicin.....	44, 47
GEODON.....	24
GEODON inj.....	24
GLEEVEC.....	17
glimepiride.....	28
glipizide.....	28
glipizide ext-rel.....	28
glipizide/metformin.....	27
GLUCAGON.....	32
glyburide.....	28
glyburide, micronized.....	28
glyburide/metformin.....	27
glycopyrrolate.....	34
glycopyrrolate inj.....	34
granisetron.....	33
granisetron inj.....	33
griseofulvin microsize susp.....	11
GRIS-PEG.....	11
guanfacine.....	18
GUANIDINE.....	27
GYNODIOL 1.5 mg.....	31

H

HAEMOPHILUS B CONJUGATE and HEPATITIS B (RECOMBINANT) VACCINE	39
HAEMOPHILUS B CONJUGATE VACCINE	39
HALFLYTELY.....	35
halobetasol propionate crm, oint 0.05%.....	45
haloperidol.....	25
haloperidol decanoate inj.....	25
haloperidol inj.....	25
HECTOROL.....	40
HECTOROL inj.....	40
heparin.....	37
HEPATITIS A INACTIVATED and HEPATITIS B (RECOMBINANT) VACCINE.....	39
HEPATITIS A VACCINE, INACTIVATED.....	39
HEPATITIS B (RECOMBINANT) VACCINE.....	39
HEPSERA.....	13

HERCEPTIN.....	16
HEXALEN.....	17
HUMALOG.....	28
HUMALOG MIX.....	28
HUMATROPE.....	32
HUMIRA.....	38
HUMULIN 50/50.....	28
HUMULIN 70/30.....	28
HUMULIN N.....	28
HUMULIN R.....	28
HYCAMTIN.....	16
hydralazine.....	22
hydralazine inj.....	22
hydrochlorothiazide.....	21
hydrocodone/acetaminophen.....	8
hydrocortisone butyrate crm, oint, soln 0.1%.....	45
hydrocortisone crm, lotion, oint 2.5%.....	45
hydrocortisone enema.....	35
hydrocortisone lotion 1%.....	45
hydrocortisone rectal crm.....	36
hydrocortisone tabs.....	32
hydrocortisone valerate crm, oint 0.2%.....	45
hydromorphone inj.....	8
hydromorphone tabs.....	8
hydroxychloroquine.....	38
hydroxyurea caps 500 mg.....	17
hydroxyzine HCl 10 mg, 25 mg.....	41
hydroxyzine HCl inj.....	41
hydroxyzine pamoate.....	41
HYZAAR.....	18

I

ibuprofen.....	8
idarubicin.....	15
IFEX 3 g.....	15
ifosfamide.....	15
imipramine HCl.....	24
IMITREX inj.....	26
IMITREX spray.....	26
IMITREX tabs.....	26
INCRELEX.....	32
indapamide.....	21
INDOCIN susp.....	8
indomethacin.....	8
indomethacin ext-rel.....	8
indomethacin supp.....	8
INFERGEN.....	38
INSPIRA.....	18
INSULIN SYRINGES, NEEDLES.....	29
INTAL inhaler.....	42

INTELENCE	12	lamotrigine chewable dispersible tabs 5 mg, 25 mg.....	22
INTRON A.....	38	LANOXICAPS	21
INVANZ.....	13	LANTUS	28
INVEGA.....	24	leflunomide.....	38
INVIRASE	12	LESCOL	19
ipratropium soln	40	LESCOL XL.....	19
ipratropium spray	43	LETAIRIS	21
ipratropium/albuterol.....	40	leucovorin	17
irinotecan.....	16	leucovorin inj.....	17
ISENTRESS	12	LEUKERAN.....	16
isoniazid.....	12	leuprolide acetate	14
isoniazid inj 100 mg/mL.....	12	LEVAQUIN.....	10
ISORDIL 40 mg	21	LEVAQUIN inj	10
isosorbide dinitrate ext-rel tabs	21	LEVEMIR	28
isosorbide dinitrate oral	21	levobunolol	48
isosorbide mononitrate	21	levonorgestrel/EE - Trivora	30
isosorbide mononitrate ext-rel.....	21	levonorgestrel/EE 0.1/20	29
isotretinoin.....	43	levonorgestrel/EE 0.15/30 - Levora.....	29
itraconazole caps	11	levonorgestrel/EE 0.15/30 - Quasense.....	29
IV NUTRITION - AMINO ACIDS	40	levothyroxine	33
IV NUTRITION - LIPIDS	40	levothyroxine - Levoxyl	33
IV REPLACEMENT SOLUTIONS.....	40	levothyroxine inj.....	33
J			
JANUMET	28	LEVULAN KERASTICK	44
JANUVIA.....	28	LEXAPRO.....	23
JAPANESE ENCEPHALITIS VIRUS VACCINE	39	LEXIVA	12
K			
KALETRA	12	LIALDA	35
KENALOG-10 inj 10 mg/mL	32	lidocaine inj	9
KENALOG-40 inj 40 mg/mL	32	lidocaine viscous.....	46
KEPPRA.....	22	lidocaine/prilocaine.....	9
KEPPRA inj	22	LIDODERM	9
ketoconazole.....	11, 44	LIPITOR	19
ketoconazole shampoo 2%	44	LIPRAM	35
ketotifen.....	46	lisinopril.....	17
KRISTALOSE.....	35	lisinopril/hydrochlorothiazide.....	18
KUVAN.....	31	lithium carbonate	26
KYTRIL	33	lithium carbonate ext-rel.....	26
KYTRIL inj	33	lithium citrate syrup 8 mEq/5 mL.....	26
L			
labetalol	20	LOCOID LIPOCREAM 0.1%	45
labetalol inj.....	20	loperamide	33
LACRISERT	49	LOPROX gel	44
lactulose.....	35	LOPROX shampoo.....	44
LAMICTAL 25 mg, 100 mg, 150 mg, 200 mg ..	22	LOTEMAX.....	47
		LOTREL 5 mg/40 mg, 10 mg/40 mg	18
		LOTRONEX.....	35
		lovastatin.....	19
		LOVENOX.....	37
		loxapine	25
		LUMIGAN	48
		LUNESTA	25
		LUPRON DEPOT	14

LUXIQ foam 0.12%	45
LYRICA	22
LYSODREN.....	17

M

MACRODANTIN 25 mg	13
MALARONE	11
maprotiline.....	24
MARINOL	33
MARPLAN	23
MATULANE.....	17
MAXAIR.....	41
MAXALT	26
MAXIPIME inj.....	10
MEASLES and RUBELLA VIRUS VACCINE (LIVE).....	39
MEASLES VIRUS VACCINE (LIVE)	39
MEASLES, MUMPS, and RUBELLA VACCINES (COMBINED).....	39
MEASLES, MUMPS, RUBELLA, and VARICELLA VIRUS VACCINE LIVE	39
mebendazole	13
meclizine	33
MEDROL 2 mg, 16 mg, 32 mg	32
medroxyprogesterone acetate	32
medroxyprogesterone acetate 150 mg/mL	30
mefloquine.....	11
MEGACE ES	14
megestrol acetate	14
meloxicam	8
MENINGOCOCCAL POLYSACCHARIDE VACCINE.....	39
MENINGOCOCCAL VACCINE, DIPHTHERIA CONJUGATE	39
MENTAX.....	44
mercaptopurine.....	17
mesalamine rectal susp	35
mesna inj.....	17
MESNEX tabs 400 mg	17
MESTINON syrup	27
MESTINON TIMESPAN	27
METADATE CD	25
metformin	27
metformin ext-rel.....	27
methazolamide.....	48
methimazole	33
methocarbamol	26
methotrexate	15
methotrexate 2.5 mg	17, 38
methotrexate inj.....	38

methyl dopa	22
METHYLIN chewable tabs, oral soln	25
methylphenidate.....	25
methylphenidate ext-rel	25
methylprednisolone	32
methylprednisolone sodium succinate inj.....	32
metipranolol.....	48
metoclopramide	34
metoclopramide inj.....	34
metolazone.....	21
metoprolol.....	20
metoprolol inj	20
metoprolol succinate ext-rel	20
metoprolol/hydrochlorothiazide	20
METROGEL	46
metronidazole	13
metronidazole crm, gel, lotion	46
metronidazole inj	13
metronidazole vaginal gel.....	37
mexiletine	19
MIACALCIN.....	29
MICARDIS.....	18
MICARDIS HCT.....	18
MICRO-K 8.....	40
midodrine.....	22
MIGRANAL spray	25
minocycline	11
minoxidil.....	22
MIRAPEX	24
mirtazapine	24
misoprostol	36
mitomycin.....	15
mitoxantrone inj.....	16
MOBAN	25
mometasone crm, lotion, oint 0.1%	45
morphine ext-rel	8
MORPHINE inj	8
MORPHINE soln.....	8
morphine sulfate immediate release	9
morphine supp	9
MUMPS VIRUS VACCINE (LIVE)	39
mupirocin oint.....	44
MUSTARGEN	15
MYCOBUTIN	12
MYOZYME.....	31

N

nabumetone.....	8
nadolol	20
nafcillin inj.....	10

NAGLAZYME.....	31
naloxone inj	27
naltrexone	27
NAMENDA.....	23
naproxen	8
naproxen delayed-rel	8
naproxen sodium	8
NARDIL.....	23
NASACORT AQ.....	42
NASAREL.....	42
NASONEX.....	42
NATACYN	47
NAVANE 20 mg	25
NECON 10/11	30
nefazodone.....	24
neomycin/polymyxin B/bacitracin/hydrocortisone	47
neomycin/polymyxin B/dexamethasone	47
neomycin/polymyxin B/gramicidin.....	47
neomycin/polymyxin B/hydrocortisone	47, 49
NEORAL.....	38
NEULASTA.....	37
NEUPOGEN	37
NEUPRO	24
NEURONTIN oral soln.....	22
NEXAVAR	17
NEXIUM	36
NIASPAN.....	20
NICOTROL INHALER	27
nifedipine ext-rel	20
NILANDRON	14
NIPENT.....	15
NITRO-DUR 0.3 mg/hr, 0.8 mg/hr	22
nitrofurantoin ext-rel	13
nitrofurantoin macrocrystals.....	14
nitroglycerin ext-rel caps.....	21
nitroglycerin sublingual.....	21
nitroglycerin transdermal.....	22
NITROLINGUAL	21
NITROSTAT.....	21
NORDITROPIN.....	32
norethindrone.....	30
norethindrone acetate	32
norethindrone acetate/EE 1.5/30	29
norethindrone acetate/EE 1/20	29
norethindrone acetate/EE/iron	30
norethindrone acetate/EE/iron 1.5/30	29
norethindrone acetate/EE/iron 1/20	29
norethindrone/EE.....	30
norethindrone/EE 0.5/35	30
norethindrone/EE 1/35	30

norethindrone/ME 1/50.....	30
norgestimate/EE.....	30
norgestimate/EE 0.25/35.....	30
norgestrel/EE 0.3/30 - Low-Ogestrel.....	29
NORPACE CR 100 mg	19
nortriptyline	24
NORVIR.....	12
NOVOLIN 70/30	28
NOVOLIN N	28
NOVOLIN R	28
NOVOLOG	28
NOVOLOG MIX 70/30.....	28
NULYTELY.....	35
NUTROPIN/NUTROPIN AQ.....	32
NUVARING.....	30
nystatin.....	11, 44

O

octreotide	33
ofloxacin	47, 49
OLUX foam 0.05%.....	45
omeprazole delayed-rel.....	36
ONCASPAR.....	16
ondansetron.....	34
ONDANSETRON 24 mg	34
ondansetron inj	34
ONDANSETRON/NACL inj.....	34
ONTAK	16
OPTIVAR.....	46
ORACEA.....	46
ORAP.....	25
ORFADIN	31
orphenadrine/aspirin/caffeine	26
ORTHO EVRA.....	30
ORTHO TRI-CYCLEN LO	30
OVIDE.....	46
oxandrolone	33
oxaprozin	8
oxcarbazepine	22
OXISTAT	44
OXSORALEN-ULTRA	44
oxybutynin	36
oxybutynin ext-rel.....	36
oxycodone.....	9
oxycodone ext-rel	9
oxycodone/acetaminophen	9
OXYCONTIN	9
Oxyfast.....	9
OXYIR.....	9
OXYTROL	36

P

PACERONE.....	19
paclitaxel	15
PANCRELIPASE.....	35
pancrelipase delayed-rel	35
PANGESTYME	35
PANOKASE.....	35
PANRETIN	46
PARCOPA.....	24
paroxetine HCl	23
PATADAY	47
PATANOL	47
PAXIL CR.....	23
peg 3350/electrolytes.....	35
PEGANONE	22
PEGASYS	38
PEG-INTRON	38
penicillin inj.....	10
penicillin VK	10
PENTASA	35
pentostatin	15
pentoxifylline ext-rel	38
PEPCID susp	35
permethrin 5%	46
perphenazine.....	25
phenazopyridine	37
phenytoin inj.....	22
phenytoin sodium extended.....	22
PHOSLO	32
PHOTOFRIN.....	16
pilocarpine	36
PILOPINE HS	48
pindolol.....	20
PLAN B.....	30
PLARETASE	35
PLAVIX	37
podofilox soln.....	46
POLIOVIRUS VACCINE (INACTIVATED).....	39
polyethylene glycol 3350	35
polymyxin B/bacitracin	47
polymyxin B/trimethoprim.....	47
potassium chloride ext-rel	40
potassium citrate.....	37
PRANDIN	28
pravastatin	20
PRECOSE	27
PRED MILD.....	47
prednisolone acetate 1%	48
prednisolone phosphate 1%	48
prednisolone sodium phosphate	32

prednisone.....	32
PREDNISONE INTENSOL.....	32
PREFEST.....	31
PREMARIN.....	31
PREMARIN crm	31
PREMARIN inj	31
PREMPHASE.....	31
PREMPRO.....	31
prenatal vitamins.....	40
PREVACID	36
PREVACID inj	36
PREVPAC	36
PREZISTA.....	12
PRIOSEC 40 mg	36
PRIMAXIN inj	14
primidone.....	22
PROAIR HFA.....	41
probenecid	8
procainamide 250 mg, 500 mg	19
PROCAINAMIDE 750 mg, 1000 mg	19
PROCANBID	19
prochlorperazine	34
prochlorperazine inj.....	34
PROCRT	37
PROGLYCEM.....	32
PROGRAF.....	38
PROLEUKIN.....	16
promethazine	34
promethazine inj	34
promethazine VC plain	41
PROMETRIUM.....	33
propafenone	19
propranolol.....	20
propranolol ext-rel	20
propranolol inj	20
propylthiouracil	33
PROTOPIC.....	46
PROVENTIL HFA	41
PROVIGIL.....	26
PSORCON E crm, oint 0.05%	45
PULMICORT	42
PULMICORT RESPULES.....	42
PULMOZYME.....	43
pyrazinamide	12
pyridostigmine tabs.....	27

Q

QUALAQUIN	11
quinapril.....	18
quinapril/hydrochlorothiazide.....	18

quinidine gluconate ext-rel 324 mg.....	19
quinidine sulfate 200 mg, 300 mg.....	19
quinidine sulfate ext-rel 300 mg.....	19
QUIXIN.....	47
QVAR.....	43

R

RABIES VACCINE.....	39
ramipril caps 2.5 mg, 5 mg, 10 mg.....	18
RANEXA.....	22
ranitidine.....	35
ranitidine inj.....	35
RAPAMUNE.....	39
RAPTIVA.....	44
RAZADYNE.....	23
RAZADYNE ER.....	23
REBETOL oral soln.....	13
REBIF.....	26
REGONOL inj.....	27
REGRANEX.....	46
RELPAK.....	26
REMICADE.....	38
RENAGEL.....	32
RENVELA.....	32
REQUIP.....	24
RESCRIPTOR.....	12
RESTASIS.....	48
RETIN-A MICRO.....	43
RETROVIR inj.....	12
REVATIO.....	22
REVLIMID.....	38
REYATAZ.....	12
RHEUMATREX.....	38
RHINOCORT AQUA.....	42
RIBASPHERE.....	13
RIBAVIRIN.....	13
RIDAURA.....	38
rifampin.....	12
rifampin inj.....	12
RILUTEK.....	27
RISPERDAL.....	24
RISPERDAL CONSTA.....	24
RITALIN LA.....	25
RITUXAN.....	16
RMS.....	9
ROBAXIN inj.....	26
ROFERON-A.....	38
ROTAVIRUS VACCINE (LIVE).....	39
ROXICET oral soln.....	9
ROXICODONE concentrate 20 mg/mL.....	9

ROXICODONE oral soln 5 mg/5 mL.....	9
ROXICODONE tabs 5 mg.....	9
RUBELLA VIRUS VACCINE.....	39
RYTHMOL SR.....	19

S

SAIZEN.....	32
SANCTURA.....	36
SANCTURA XR.....	36
SANDIMMUNE.....	39
SANDOSTATIN LAR.....	33
SANTYL.....	46
selegiline.....	24
selenium sulfide shampoo 2.5%.....	44
SELZENTRY.....	11
SENSIPAR.....	29
SEREVENT.....	41
SEROQUEL.....	24
SEROQUEL XR.....	24
sertraline.....	23
silver sulfadiazine.....	44
simvastatin.....	20
SINGULAIR.....	42
SKELAXIN.....	26
sodium polystyrene sulfonate.....	40
SOLARAZE.....	44
SOLTAMOX oral soln.....	14
SOLU-CORTEF inj.....	32
SOLU-MEDROL inj 500 mg.....	32
SOMATULINE DEPOT.....	33
SOMAVERT.....	33
SONATA.....	25
SORIATANE.....	44
sotalol.....	19
SPIRIVA.....	40
spironolactone.....	18
spironolactone/hydrochlorothiazide.....	21
SPORANOX inj.....	11
SPORANOX oral soln.....	11
SPRYCEL.....	17
STALEVO.....	24
STRATTERA.....	25
SUBOXONE.....	27
SUBUTEX.....	27
SUCRAID.....	31
sucralfate.....	36
sulfacetamide lotion 10%.....	43
sulfacetamide oint, soln 10%.....	47
sulfacetamide/prednisolone phosphate 10%/0.25%.....	47

sulfadiazine.....	11
sulfamethoxazole/trimethoprim.....	14
sulfamethoxazole/trimethoprim inj	14
sulfasalazine	35
sulfasalazine delayed-rel	35
sulindac.....	8
SUMYCIN susp 125 mg/5 mL.....	11
SURMONTIL 100 mg.....	24
SUSTIVA.....	12
SUTENT.....	17
SYMBICORT.....	42
SYMLIN.....	27
SYNAREL.....	30
SYNTHROID.....	33
SYPRINE	29

T

TAMIFLU	13
tamoxifen.....	14
TARCEVA	17
TARGRETIN caps	17
TARGRETIN gel	46
TARKA	18
TASIGNA	17
TAXOTERE.....	15
TEGRETOL-XR	23
TENORMIN inj.....	20
terazosin.....	18
terbinafine tabs	11
terbutaline.....	42
terbutaline inj.....	42
terconazole crm	37
terconazole supp 80 mg	37
TESLAC.....	14
TESTIM.....	27
testosterone cypionate inj.....	27
TETANUS TOXOID	39
TETANUS TOXOID ADSORBED	39
tetracycline caps	11
TEXACORT soln.....	45
THALITONE 15 mg	21
THALOMID.....	38
THEO-24.....	43
theophylline	43
theophylline ext-rel tabs	43
THERACYS	16
THIOGUANINE	17
THIOLA.....	37
thioridazine.....	25
thiotepa.....	15

thiothixene	25
TIKOSYN.....	19
TILADE.....	42
timolol maleate	48
timolol maleate gel	48
TINDAMAX	14
tizanidine	26
TOBI.....	42
TOBRADEX	47
tobramycin.....	47
TOBREX oint.....	47
TOPAMAX	23
TOPROL-XL 50 mg, 100 mg, 200 mg.....	20
torse mide	21
TRACLEER.....	21
tramadol	9
tramadol/acetaminophen.....	9
trandolapril.....	18
TRANSDERM SCOP.....	34
tranylcypromine.....	23
TRAVATAN	48
trazodone	24
TRELSTAR	14
tretinoin.....	43
tretinoin caps 10 mg	17
triamcinolone acetonide crm, lotion, oint 0.025%	45
triamcinolone acetonide crm, lotion, oint 0.1% .	45
triamcinolone acetonide crm, oint 0.5%	45
triamcinolone paste.....	46
triamterene/hydrochlorothiazide.....	21
TRICOR.....	19
trifluoperazine.....	25
trifluridine.....	48
trihexyphenidyl.....	24
TRILEPTAL.....	23
trimethobenzamide caps 300 mg	34
trimethobenzamide inj 100 mg/mL	34
trimethoprim	14
trimipramine 25 mg, 50 mg	24
TRISENOX	16
TRIZIVIR	11
TRUSOPT	48
TRUVADA.....	11
TYGACIL.....	14
TYKERB	17
TYPHOID VACCINE LIVE ORAL.....	39
TYPHOID VI POLYSACCHARIDE VACCINE	39
TYSABRI.....	26
TYZEKA	13

TYZINE NASAL DROPS43

U

ULTRASE35
ULTRASE MT36
UNIPHYL43
UROXATRAL36
URSO34
URSO FORTE.....34
ursodiol.....34

V

VAGIFEM.....31
VALCYTE13
valproate sodium inj23
valproic acid23
VALTRESX13
VANCOCIN14
vancomycin inj14
VARICELLA VIRUS VACCINE.....39
VELCADE16
venlafaxine23
VENTAVIS22
verapamil20
verapamil ext-rel.....20
verapamil inj.....20
VERELAN PM.....20
VESANOID.....17
VESICARE37
VFEND.....11
VFEND inj11
VIBRAMYCIN susp, syrup11
VIDAZA.....15
VIDEX.....12
VIDEX EC 125 mg12
VIGAMOX.....47
vinblastine 1 mg/mL.....15
VINBLASTINE 10 mg15
vincristine16
vinorelbine.....16
VIOKASE36
VIRACEPT12
VIRAMUNE12
VIREAD12
VISICOL35
VIVACTIL24

VIVELLE/VIVELLE-DOT 31
VOLTAREN..... 47
VUMON 16
VYTORIN 19

W

warfarin..... 37
WELCHOL..... 19
WELLBUTRIN XL 150 mg..... 24

X

XALATAN..... 48
XIBROM 47
XOLAIR 43
XOPENEX..... 41
XOPENEX HFA..... 41
XYREM..... 26

Y

YASMIN 29
YELLOW FEVER VACCINE 39

Z

ZAVESCA..... 31
ZEGERID 36
ZERIT 12
ZETIA..... 19
ZIAGEN 12
zidovudine 12
ZOLADEX 14
ZOLINZA..... 17
zolpidem 25
ZOMETA..... 29
ZOMIG 26
ZONALON crm..... 44
zonisamide 23
ZOSTAVAX VACCINE 39
ZOSYN..... 10
ZOVIRAX 44
ZYMAR..... 47
ZYPREXA..... 25
ZYPREXA inj..... 25
ZYVOX 14
ZYVOX inj..... 14