



TEAMSTERPLUS MEDICARE PART D

PRESCRIPTION DRUG PROGRAM (PDP)

2012 Formulary (List of Covered Drugs)

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

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

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change the year after next on January 1, 2013.

Teamster Plus Medicare Part D is a Medicare Approved Part D Sponsor.

This information is available in a different format, including large print and Spanish large print. Please call Customer Service at **1-866-412-7445** if you need plan information in another format or language.

This document includes the 2012 Teamster Plus Medicare Part D Prescription Drug Program (PDP) complete formulary as of 07/08/11. For an updated formulary, please visit our web site at <http://www.teamsterplus.com> or call Customer Service at 1-866-412-7445, weekdays from 8:00am to 8:00pm in your local time zone. TTY/TDD (hearing impaired) users should call 1-866-524-4174.

What is the Teamster Plus Medicare Part D Prescription Drug Program (PDP) Formulary?

A formulary is a list of covered drugs selected by Teamster Plus Medicare Part D Prescription Drug Program (PDP) 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. Teamster Plus Medicare Part D will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Teamster Plus Medicare Part D 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 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, 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 07/08/11. To get updated information about the drugs covered by Teamster Plus Medicare Part D, please visit our website at <http://www.teamsterplus.com> or call Customer Service at 1-866-412-7445, weekdays from 8:00 am to 8:00 pm in your local time zone. TTY/TDD (hearing impaired) users should call 1-866-524-4174.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 33. 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?

Teamster Plus Medicare Part D 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 other restrictions on coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Teamster Plus Medicare Part D requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Teamster Plus Medicare Part D before you fill your prescriptions. If you don't get approval, Teamster Plus Medicare Part D may not cover the drug.
- **Quantity Limits:** For certain drugs, Teamster Plus Medicare Part D limits the amount of the drug that Teamster Plus Medicare Part D will cover. This may be in addition to a standard one month or three month supply.

- **Step Therapy:** In some cases, Teamster Plus Medicare Part D 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, Teamster Plus Medicare Part D may not cover drug B unless you try Drug A first. If Drug A does not work for you, Teamster Plus Medicare Part D 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our web site at <http://www.teamsterplus.com>.

You can ask Teamster Plus Medicare Part D to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Teamster Plus Medicare Part D formulary?” below 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 list of covered drugs, you should first contact Customer Service and ask if your drug is covered. If you learn that Teamster Plus Medicare Part D does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Teamster Plus Medicare Part D. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Teamster Plus Medicare Part D.
- You can ask Teamster Plus Medicare Part D to make an exception and cover your drug. See below for information about how to request an exception.

For more information, you can contact Customer Service at 1-866-412-7445, weekdays from 8:00am to 8:00pm, in your local time zone. TTY/TDD (hearing impaired) users should call 1-866-524-4174.

How do I request an exception to the Teamster Plus Medicare Part D Formulary?

You can ask Teamster Plus Medicare Part D 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, Teamster Plus Medicare Part D 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 Tier 3, you can ask us to cover it at the cost-sharing amount that applies to drugs in Tier 2 instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescribing physician’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician’s supporting statement.

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 98-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 30-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

What if there is a change in my level of care?

A level of care change is defined as when enrollees:

- Enter LTC facilities from hospitals or other settings;
- Leave LTC facilities and return to the community;
- Are discharged from a hospital to a home;
- End a skilled nursing facility (SNF) stay covered under Medicare Part A (where all pharmacy charges are covered), and must revert to coverage under their Part D plan formulary;
- Revert from hospice status to standard Medicare Part A and B benefits; and
- Are discharged from psychiatric hospitals with medication regimens that are highly individualized.

While Part A does provide reimbursement for “a limited supply” to facilitate beneficiary discharge, you must be permitted to have a full outpatient supply available to continue therapy once this limited supply is exhausted. Level of Care supplies will be available for your prescription, when appropriate, that are received at retail, home infusion, or mail order.

We do not use an early-refill restriction to limit appropriate and necessary access to your Part D benefit. In instances where you are admitted to, or discharged from, a long term care facility, we allow you to access a refill upon admission or discharge. However, we may use early-refill restrictions for safety reasons.

For more information

For more detailed information about your Teamster Plus Medicare Part D prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Teamster Plus Medicare Part D, please call Customer Service at 1-866-412-7445, weekdays from 8:00am to 8:00pm in your local time zone. TTY/TDD (hearing impaired) users should call 1-866-524-4174. Or visit <http://www.teamsterplus.com>.

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

Teamster Plus Medicare Part D Prescription Drug Program Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by Teamster Plus Medicare Part D Prescription Drug Program. If you have trouble finding your drug in the list, turn to the Index that begins on page 33.

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

The information in the Notes column tells you if Teamster Plus Medicare Part D Prescription Drug Program has any special requirements for coverage of your drug.

List of Abbreviations

Below is a list of abbreviations that may appear on the following pages in the Requirement/Limits column that tells you if there are any special requirements for coverage of your drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

ST: Step Therapy. In some cases, the 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

B/D: Part B vs. D Determination Required. The Plan needs to determine whether a payment will be assigned to Part D coverage or to Part B services.

MO: Mail Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, call Customer Service.

FORMULARY

Commonly Prescribed Therapeutic Drug Categories

Please note: If a generic form of a brand name drug is available, only the generic form is covered under this plan and only the generic name is listed in this formulary. If you do not know the generic name of the brand drug you are looking for, please look at your prescription bottle or review the complete Teamster Plus Medicare Part D Prescription Drug Program formulary on our web site, <http://www.teamsterplus.com>. Formulary alternatives are listed on the web site. You may also call Customer Service at 1-866-524-4173.

DRUG NAME	DRUG TIER	REQ./LIMITS
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Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions

Analgesics, Other - Miscellaneous Analgesics

BRAND

SAVELLA	2	MO, QL
SAVELLA TITRATION PACK	2	MO, QL

Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs

generic

diclofenac potassium	1	MO
diclofenac sodium	1	MO
diclofenac sodium ec	1	MO
diclofenac sodium xr	1	MO
diflunisal	1	MO
etodolac	1	MO
etodolac er	1	MO
fenoprofen calcium	1	MO
flurbiprofen	1	MO
ibuprofen	1	MO
indomethacin	1	MO
indomethacin er	1	MO
ketoprofen	1	MO
ketoprofen er	1	MO, QL
ketorolac tromethamine (injection, tablet)	1	MO, QL
meclofenamate sodium	1	MO
mefenamic acid	3	MO
meloxicam (oral suspension)	3	MO, QL
meloxicam (tablet)	1	MO, QL
nabumetone	1	MO
naproxen	1	MO
naproxen dr	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
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oxaprozin	1	MO
piroxicam	1	MO
sulindac	1	MO
tolmetin sodium	1	MO

BRAND

ARTHROTEC	3	QL
CELEBREX	3	MO, QL
INDOCIN	3	MO
NALFON	3	MO
VOLTAREN (GEL)	2	MO
ZIPSOR	3	MO, QL

Opioid Analgesics - Opioid Pain Relievers

generic

acetaminophen/caffeine/dihydrocodeine bitartrate	1	MO, QL
acetaminophen/codeine	1	MO, QL
ascomp/codeine	1	MO, QL
astramorph	1	MO
buprenorphine hcl (injection)	3	MO
buprenorphine hcl (sublingual tablet)	3	MO, PA, QL
butalbital/acetaminophen/caffeine/codeine	1	MO, QL
butorphanol tartrate (injection)	1	MO
butorphanol tartrate (nasal spray)	1	MO, QL
codeine sulfate	1	MO
co-gesic	1	MO, QL
duramorph	1	MO
endocet	1	MO, QL
endodan	1	MO, QL
fentanyl (patch)	3	MO, QL
fentanyl citrate (injection)	1	MO
fentanyl citrate oral transmucosal	4	MO, PA, QL

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B/D = Part B vs. D Determination Required
MO = Available through Mail Order

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>hydrocodone/acetaminophen (tablet 10/325mg, 10/500mg, 10/650mg, 10/660mg, 2.5/500mg, 5/325mg, 5/500mg, 7.5/325mg, 7.5/500mg, 7.5/650mg, 7.5/750mg)</i>	1	MO, QL
<i>hydrocodone/acetaminophen (oral solution 7.5/500mg/15ml)</i>	1	MO, QL
<i>hydrocodone/acetaminophen (tablet 10/300, 5/300, 7.5/300)</i>	3	MO, QL
<i>hydrocodone/ibuprofen</i>	1	MO, QL
<i>hydromorphone hcl (injection)</i>	3	MO
<i>hydromorphone hcl (tablet)</i>	1	MO, QL
<i>levorphanol tartrate</i>	3	MO, QL
<i>margesic-h</i>	1	MO, QL
<i>methadone hcl (concentrate, oral solution, tablet)</i>	1	MO, QL
<i>methadose</i>	1	MO, QL
<i>morphine sulfate (injection, oral solution)</i>	1	MO
<i>morphine sulfate (tablet)</i>	1	MO, QL
<i>morphine sulfate er</i>	1	MO, QL
<i>nalbuphine hcl</i>	1	MO
<i>oxycodone hcl</i>	1	MO, QL
<i>oxycodone/acetaminophen</i>	1	MO, QL
<i>oxycodone/aspirin</i>	1	MO, QL
<i>oxycodone/ibuprofen</i>	1	MO, QL
<i>oxymorphone hcl</i>	3	MO, QL
<i>roxicet (tablet)</i>	1	MO, QL
<i>stagesic</i>	1	MO, QL
<i>tramadol hcl</i>	1	MO, QL
<i>tramadol hcl er</i>	1	MO, QL
<i>tramadol hcl/acetaminophen</i>	1	MO, QL
BRAND		
ABSTRAL	4	MO, PA, QL
CAPITAL/CODEINE	2	MO, QL
DILAUDID (LIQUID)	3	MO, QL
HYCET	3	MO, QL
INFUMORPH	3	MO
METHADONE HCL (INJECTION)	3	MO
OPANA ER	2	MO, QL
OXYCONTIN	3	MO, QL
ROXICET (ORAL SOLUTION)	3	MO, QL
SYNALGOS-DC	3	MO, QL
ULTRAM ER (300MG 24-HOUR TABLET)	3	MO, QL

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DRUG NAME	DRUG TIER	REQ./LIMITS
ZYDONE	3	MO, QL
Anesthetics - Drugs for Numbing		
Local Anesthetics		
<i>generic</i>		
<i>lidocaine</i>	1	MO, B/D
<i>lidocaine hcl (gel, topical solution)</i>	1	MO
<i>lidocaine hcl (injection)</i>	1	MO, B/D
<i>lidocaine viscous</i>	1	MO
<i>lidocaine/prilocaine</i>	1	MO, B/D
BRAND		
LIDODERM	4	MO, QL
Antibacterials - Drugs to Treat Bacterial Infections		
Aminoglycosides - Antibiotics		
<i>generic</i>		
<i>ak-tob</i>	1	MO
<i>amikacin sulfate</i>	1	MO
<i>gentak</i>	1	MO
<i>gentamicin sulfate</i>	1	MO
<i>gentamicin sulfate/nacl (100mg injection, 60mg injection, 80mg injection)</i>	1	MO
<i>gentasol</i>	1	MO
<i>isotonic gentamicin</i>	1	MO
<i>neomycin sulfate</i>	1	MO
<i>paramomycin sulfate</i>	1	MO
<i>tobramycin sulfate</i>	1	MO
<i>tobramycin sulfate/nacl</i>	1	MO
<i>tobrasol</i>	1	MO
BRAND		
GENTAMICIN SULFATE/NACL (70MG INJECTION, 90MG INJECTION)	1	MO, B/D
KANAMYCIN SULFATE	1	MO
STREPTOMYCIN SULFATE	3	MO
TOBI	4	MO
TOBEX (OPHTHALMIC OINTMENT)	3	MO
Antibacterials, Other - Antibiotics		
<i>generic</i>		

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>baciim</i>	1	MO
<i>bacitracin</i>	1	MO
<i>bacitracin/neomycin/polymyxin</i>	1	MO
<i>bacitracin/polymyxin b</i>	1	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin phosphate (cream, gel, lotion, swab, topical solution)</i>	1	MO
<i>clindamycin phosphate (foam)</i>	3	MO
<i>clindamycin phosphate add-vantage</i>	1	MO
<i>colistimethate sodium</i>	4	MO
<i>methenamine hippurate</i>	1	MO
<i>metronidazole</i>	1	MO
<i>metronidazole in nacl 0.79%</i>	1	MO
<i>metronidazole vaginal</i>	1	MO
<i>mupirocin</i>	1	MO
<i>neomycin/polymyxin b sulfates</i>	1	MO
<i>neomycin/polymyxin/gramicidin</i>	1	MO
<i>nitrofurantoin macrocrystalline</i>	1	MO
<i>nitrofurantoin monohydrate</i>	1	MO
<i>polymyxin b sulfate</i>	1	MO
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<i>thermazene</i>	1	MO
<i>trimethoprim</i>	1	MO
<i>vancomycin hcl</i>	1	MO, B/D
<i>vandazole</i>	1	MO

BRAND

BACTROBAN (CREAM)	2	MO
BACTROBAN NASAL	2	MO
CHLORAMPHENICOL SODIUM SUCCINATE	1	MO
CLEOCIN (75MG CAPSULE, SUPPOSITORY)	3	MO
CLEOCIN GALAXY	3	MO
CLINDAGEL	3	MO
CLINDESSE	3	MO
CORTISPORIN (CREAM)	2	MO
CORTISPORIN (OINTMENT)	3	MO
CUBICIN	4	MO, B/D
FLAGYL ER	3	MO
METROGEL	3	MO
MONUROL	3	MO
NORITATE	3	MO
PRIMSOL	3	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
SULFAMYLON (CREAM)	2	MO
SULFAMYLON (PACK)	3	MO
SYNERCID	4	MO
TYGACIL	3	MO
VANCOCIN HCL	4	MO, PA
XIFAXAN (200MG TABLET)	3	MO
XIFAXAN (550MG TABLET)	4	MO
ZYVOX	4	MO, PA

Beta-Lactam, Cephalosporins - Antibiotics

generic

<i>cefaclor</i>	1	MO
<i>cefaclor er</i>	1	MO
<i>cefadroxil</i>	1	MO
<i>cefazolin sodium</i>	1	MO
<i>cefdinir</i>	1	MO
<i>cefepime</i>	3	MO
<i>cefotaxime sodium</i>	1	MO
<i>cefoxitin sodium (10gm injection in vial, 1gm injection in vial, 2gm injection in vial)</i>	3	MO
<i>cefpodoxime proxetil</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime</i>	1	MO
<i>ceftriaxone sodium (10gm injection, 250mg injection, 500mg injection)</i>	1	MO
<i>ceftriaxone sodium (1gm injection, 2gm injection)</i>	3	MO
<i>cefuroxime axetil</i>	1	MO
<i>cefuroxime sodium</i>	1	MO
<i>cephalexin</i>	1	MO
<i>tazicef</i>	1	MO

BRAND

CEDAX	3	MO
CLAFORAN (1GM INJECTION)	3	MO
FORTAZ (1GM/50ML INJECTION, 2GM/50ML INJECTION)	3	MO
KEFLEX (750MG CAPSULE)	3	MO
SUPRAX	3	MO
ZINACEF (750MG INJECTION)	3	MO
ZINACEF IN ISO-OSMOTIC		
DEXTROSE	3	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
ZINACEF IN ISO-OSMOTIC DILUENT	3	MO

Beta-Lactam, Other - Antibiotics

generic

aztreonam	3	MO, B/D
meropenem	3	MO

BRAND

CAYSTON	4	MO
INVANZ	2	MO
PRIMAXIN	3	MO

Beta-Lactam, Penicillins - Antibiotics

generic

amoxicillin	1	MO
amoxicillin/potassium clavulanate	1	MO
amoxicillin/potassium clavulanate er	1	MO
ampicillin	1	MO
ampicillin sodium (10gm injection, 1gm injection)	1	MO
ampicillin-sulbactam	1	MO
dicloxacillin sodium	1	MO
nafcillin sodium	3	MO
oxacillin sodium	3	MO
penicillin g potassium	3	MO
penicillin g sodium	3	MO
penicillin v potassium	1	MO

BRAND

AMPICILLIN SODIUM (125MG INJECTION)	1	MO
BACTOCILL IN DEXTROSE (1GM INJECTION)	3	MO
BACTOCILL IN DEXTROSE (2GM INJECTION)	4	MO
BICILLIN C-R	3	MO
BICILLIN L-A	3	MO
NALLPEN/DEXTROSE	3	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	3	MO
PIPERACILLIN SODIUM	3	MO
TIMENTIN	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
ZOSYN (2-0.25GM/50ML INJECTION, 3-0.375GM/50ML INJECTION)	2	MO

Macrolides - Antibiotics

generic

azithromycin	1	MO
clarithromycin	1	MO
clarithromycin er	1	MO
e.e.s. 400	1	MO
ery	1	MO
erythromycin	1	MO
erythromycin base	1	MO
erythromycin/sulfisoxazole	1	MO
romycin	1	MO

BRAND

AKNE-MYCIN	3	MO
AZASITE	2	MO
E.E.S. GRANULES	2	MO
ERYPED	2	MO
ERY-TAB	2	MO
ERYTHROCIN LACTOBIONATE	2	MO
ERYTHROCIN STEARATE	3	MO
KETEK	3	MO, P/A
PCE	3	MO
ZMAX	3	MO

Quinolones - Antibiotics

generic

ciprofloxacin	1	MO
ciprofloxacin er	1	MO
ciprofloxacin hcl	1	MO
levofloxacin ophth 0.5%	1	MO
ofloxacin	1	MO

BRAND

AVELOX (INJECTION)	3	MO
AVELOX (TABLET)	2	MO
AVELOX ABC PACK	2	MO
BESIVANCE	2	MO
CILOXAN (OPHTHALMIC OINTMENT)	2	MO
CIPRO (ORAL SUSPENSION)	3	MO
NOROXIN	3	MO
PROQUIN XR	3	MO
VIGAMOX	2	MO
ZYMAR	2	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
ZYMAXID	2	MO

Sulfonamides - Antibiotics

generic

sulfacetamide sodium	1	MO
sulfadiazine	3	MO
sulfamethoxazole/trimethoprim	1	MO
sulfasalazine	1	MO
sulfazine ec	1	MO
trimethoprim sulfate/polymyxin b sulfate	1	MO

Tetracyclines - Antibiotics

generic

demeclocycline hcl	3	MO
doxycycline hyclate (capsule, extended release capsule, tablet)	1	MO
doxycycline hyclate (delayed release tablet, injection)	3	MO
doxycycline monohydrate	3	MO
minocycline hcl (capsule)	1	MO
minocycline hcl (tablet)	3	MO
minocycline hcl er	3	MO
tetracycline hcl	1	MO

BRAND

DORYX (150MG DELAYED RELEASE TABLET)	3	MO
ORACEA	2	MO
VIBRAMYCIN (SYRUP)	3	MO

Anticonvulsants - Drugs to Treat Seizures

Anticonvulsants, Other - Seizure Control Drugs

generic

levetiracetam (injection, oral solution)	3	MO
levetiracetam (tablet)	1	MO

BRAND

BANZEL	3	MO
VIMPAT	3	MO

Calcium Channel Modifying Agents - Seizure Control Drugs

generic

ethosuximide	1	MO
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DRUG NAME	DRUG TIER	REQ./LIMITS
zonisamide	1	MO

BRAND

CELONTIN	3	MO
LYRICA	3	MO, PA

Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs

generic

divalproex sodium	1	MO
divalproex sodium er	1	MO
gabapentin (capsule, tablet)	1	MO
gabapentin (oral solution)	3	MO
primidone	1	MO
valproate sodium	3	MO
valproic acid	1	MO

BRAND

GABITRIL	3	MO
NEURONTIN (ORAL SOLUTION)	3	MO
SABRIL	4	MO, PA
STAVZOR	3	MO

Glutamate Reducing Agents - Seizure Control Drugs

generic

lamotrigine (chewable tablet)	3	MO
lamotrigine (tablet)	1	MO
topiramate	1	MO

BRAND

FELBATOL (ORAL SUSPENSION)	4	MO
FELBATOL (TABLET)	3	MO
LAMICTAL STARTER KIT	2	MO

Sodium Channel Inhibitors - Seizure Control Drugs

generic

carbamazepine	1	MO
carbamazepine er	1	MO
epitol	1	MO
fosphenytoin sodium	1	MO
oxcarbazepine (oral suspension)	3	MO
oxcarbazepine (tablet)	1	MO
phenytoin	1	MO
phenytoin sodium	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>phenytoin sodium extended</i>	1	MO
BRAND		
CARBATROL	2	MO
DILANTIN (30MG CAPSULE)	2	MO
DILANTIN INFATABS	2	MO
PEGANONE	3	MO
TEGRETOL-XR (100MG 12-HOUR TABLET)	2	MO

Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia

Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs

<i>generic</i>		
<i>donepezil hcl</i>	1	MO
<i>galantamine hydrobromide</i>	3	MO
<i>rivastigmine tartrate</i>	3	MO
BRAND		
ARICEPT (23MG TABLET)	2	MO, ST
EXELON (24-HOUR PATCH, ORAL SOLUTION)	3	MO

Glutamate Pathway Modifiers - Alzheimer's Disease and Dementia Drugs

BRAND		
NAMENDA	2	MO
NAMENDA TITRATION PAK	2	MO

Antidepressants - Drugs to Treat Depression

Antidepressants, Other - Antidepressants

<i>generic</i>		
<i>budeprion sr</i>	1	MO, QL
<i>budeprion xl</i>	1	MO, QL
<i>bupropion hcl</i>	1	MO, QL
<i>bupropion hcl sr</i>	1	MO, QL
<i>maprotiline hcl</i>	1	MO
<i>mirtazapine</i>	1	MO, QL
<i>mirtazapine odt</i>	1	MO, QL
<i>nefazodone hcl</i>	1	MO
<i>trazodone hcl</i>	1	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
Monoamine Oxidase Inhibitors - Antidepressants		
<i>generic</i>		
<i>tranylcypromine sulfate</i>	1	MO
<i>phenelzine</i>	1	MO
BRAND		
EMSAM	3	MO, QL, ST
MARPLAN	3	MO

Serotonin/Norepinephrine Reuptake Inhibitors - Antidepressants

<i>generic</i>		
<i>citalopram hydrobromide</i>	1	MO, QL
<i>fluoxetine dr</i>	3	MO, QL, ST
<i>fluoxetine hcl</i>	1	MO, QL
<i>fluvoxamine maleate</i>	1	MO, QL
<i>paroxetine hcl (oral suspension)</i>	3	MO, QL
<i>paroxetine hcl (tablet)</i>	1	MO, QL
<i>paroxetine hcl er</i>	3	MO, QL
<i>selfemra</i>	3	MO, ST
<i>sertraline hcl</i>	1	MO, QL
<i>venlafaxine hcl</i>	1	MO, QL
<i>venlafaxine hcl er (150mg 24-hour tablet, 37.5mg 24-hour tablet, 75mg 24-hour tablet)</i>	3	MO, QL
<i>venlafaxine hcl er (24-hour capsule)</i>	1	MO, QL

BRAND		
CYMBALTA	2	MO, QL
PEXEVA	3	MO, QL, ST
PRISTIQ	2	MO, QL
VENLAFAXINE HCL ER (225MG 24-HOUR TABLET)	3	MO, QL

Tricyclics - Antidepressants

<i>generic</i>		
<i>amitriptyline hcl</i>	1	MO
<i>amoxapine</i>	1	MO
<i>clomipramine hcl</i>	1	MO
<i>desipramine hcl</i>	1	MO
<i>doxepin hcl</i>	1	MO
<i>imipramine hcl</i>	1	MO
<i>imipramine pamoate</i>	3	MO
<i>nortriptyline hcl (capsule)</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>nortriptyline hcl (oral solution)</i>	3	MO
<i>protriptyline hcl</i>	3	MO
BRAND		
SURMONTIL	3	MO

Antidotes, Deterrents, and Toxicologic Agents - Drugs for Overdose or Deterrants

Antidotes - Antidotes/Protectants

<i>generic</i>		
<i>kionex</i>	1	MO
<i>sodium polystyrene sulfonate</i>	1	MO
BRAND		
CUPRIMINE	2	MO
DEPEN TITRATABS	3	MO
EXJADE	4	MO
SYPRINE	3	MO

Deterrents - Antidotes/Protectants

<i>generic</i>		
<i>buproban</i>	1	MO

BRAND		
ANTABUSE	2	MO
CAMPRAL	3	MO
CHANTIX	3	MO, PA, QL
NICOTROL INHALER	3	MO, QL
NICOTROL NS	3	MO, QL

Toxicologic Agents - Antidotes/Protectants

<i>generic</i>		
<i>depade</i>	1	MO
<i>naloxone hcl</i>	1	MO
<i>naltrexone hcl</i>	1	MO

BRAND		
SUBOXONE	3	MO, PA, QL

Antiemetics - Drugs to Treat Nausea and Vomiting

<i>generic</i>		
<i>compro</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>dronabinol (10mg capsule)</i>		MO, B/D, PA
<i>dronabinol (2.5mg capsule, 5mg capsule)</i>	3	MO, B/D, PA, QL
<i>granisetron hcl (injection)</i>	3	MO
<i>granisetron hcl (tablet)</i>		MO, B/D, QL
<i>granisol</i>	3	MO, B/D, QL
<i>hydroxyzine pamoate (100mg capsule, 25mg capsule)</i>	1	MO
<i>meclizine hcl</i>	1	MO
<i>metoclopramide hcl</i>	1	MO
<i>ondansetron hcl (injection)</i>	3	MO
<i>ondansetron hcl (oral solution)</i>	3	MO, B/D
<i>ondansetron hcl (tablet)</i>	1	MO, B/D
<i>ondansetron odt</i>	1	MO, B/D
<i>prochlorperazine</i>	1	MO

BRAND		
ALOXI	3	MO
ANTIVERT (50MG TABLET)	3	MO
		MO, B/D, QL
ANZEMET (100MG TABLET)	4	MO, B/D, QL
ANZEMET (50MG TABLET)	3	QL
ANZEMET (INJECTION)	3	MO
		MO, B/D, PA
EMEND	2	PA
SANCUSO	4	MO, QL
TRANSDERM-SCOP	3	MO, QL
		MO, B/D, QL
ZUPLENZ	3	QL

Antifungals - Drugs to Treat Fungal Infections

Antifungals - Fungal Infection Drugs

<i>generic</i>		
<i>amphotericin b</i>	3	MO, B/D
<i>ciclopirox (gel, shampoo)</i>	3	MO
<i>ciclopirox (suspension)</i>	1	MO
<i>ciclopirox nail lacquer</i>	1	MO
<i>ciclopirox olamine</i>	1	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
<i>clotrimazole</i>	1	MO
<i>clotrimazole/betamethasone dipropionate</i>	1	MO
<i>econazole nitrate</i>	1	MO
<i>fluconazole</i>	1	MO
<i>fluconazole in dextrose</i>	3	MO
<i>griseofulvin microsize</i>	1	MO
<i>itraconazole</i>	3	MO, PA, QL
<i>ketoconazole</i>	1	MO
<i>miconazole 3</i>	1	MO
<i>nyamyc</i>	1	MO
<i>nystatin</i>	1	MO
<i>nystatin/triamcinolone</i>	1	MO
<i>nystop</i>	1	MO
<i>pedi-dri</i>	1	MO
<i>terbinafine hcl</i>	1	MO
<i>terconazole</i>	1	MO
<i>voriconazole (oral 200mg)</i>	4	MO
<i>voriconazole (50mg tablets)</i>	4	MO
<i>zazole</i>	1	MO
BRAND		
ABELCET	4	MO, B/D
AMBISOME	4	MO, B/D
ANCOBON	4	MO
CANCIDAS	4	MO
ERAXIS	4	MO
ERTACZO	3	MO
EXELDERM	3	MO
GRIFULVIN V	2	MO
GRIS-PEG	3	MO
GYNAZOLE-1	2	MO
MENTAX	3	MO
NATACYN	2	MO
NOXAFIL	4	MO
OXISTAT	3	MO
SPORANOX (ORAL SOLUTION)	3	MO, PA, QL
VFEND (INJECTION)	3	MO
VFEND (ORAL SUSPENSION)	4	MO
XOLEGEL	3	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
Antigout Agents - Drugs to Treat Gout		
Antigout Agents - Gout Drugs		
<i>generic</i>		
<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	3	MO
<i>probenecid</i>	1	MO
<i>probenecid/colchicine</i>	1	MO
BRAND		
COLCRYS	3	MO, QL
ULORIC	2	MO, ST
Antimigraine Agents - Drugs to Treat Migraines		
Abortive - Migraine Drugs		
<i>generic</i>		
<i>ergotamine tartrate/caffeine</i>	1	MO, QL
<i>migergot</i>	3	MO, QL
<i>naratriptan hcl</i>	1	MO, QL
<i>sumatriptan succinate (injection)</i>	3	MO, QL
<i>sumatriptan succinate (tablet)</i>	1	MO, QL
BRAND		
AXERT	3	MO, QL, ST
FROVA	3	MO, QL
IMITREX (NASAL SPRAY)	2	MO, QL
MAXALT	2	MO, QL
MAXALT-MLT	2	MO, QL
RELPAX	3	MO, QL, ST
ZOMIG	3	MO, QL
ZOMIG ZMT	3	MO, QL
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
Parasympathomimetics - Myasthenia Gravis Drugs		
<i>generic</i>		
<i>pyridostigmine bromide</i>	1	MO
	1	MO
BRAND		

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DRUG NAME	DRUG TIER	REQ./LIMITS
GUANIDINE HCL	3	MO
MESTINON (SYRUP)	2	MO
MESTINON TIMESPAN	2	MO
MYTELASE	3	MO

Antimycobacterials - Drugs to Treat Infections

Antimycobacterials, Other - Miscellaneous Anti-Infectives

BRAND

DAPSONE	2	MO
MYCOBUTIN	3	MO

Antituberculars - Tuberculosis Drugs

generic

<i>ethambutol hcl</i>	1	MO
<i>isonarif</i>	3	MO
<i>isoniazid (injection)</i>	3	MO
<i>isoniazid (syrup, tablet)</i>	1	MO
<i>pyrazinamide</i>	1	MO
<i>rifampin (capsule)</i>	1	MO
<i>rifampin (injection)</i>	4	MO

BRAND

CAPASTAT SULFATE	3	MO
PASER	3	MO
PRIFTIN	3	MO
RIFATER	3	MO
TRECTOR	3	MO

Antineoplastics - Drugs to Treat Cancer and Cancer Treatment Side Effects

Alkylating Agents - Chemotherapy Agents

generic

<i>cyclophosphamide</i>	3	MO, B/D
<i>dacarbazine</i>	1	MO
<i>ifosfamide</i>	3	MO
<i>ifosfamide/mesna</i>	4	MO
<i>melphalan hcl</i>	4	MO

BRAND

BICNU	3	MO
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DRUG NAME	DRUG TIER	REQ./LIMITS
BUSULFEX	4	MO
CEENU	2	MO, PA
HEXALEN	4	MO
LEUKERAN	2	MO
MATULANE	4	MO
MUSTARGEN	4	MO
THIOTEPA	3	MO
TREANDA	4	MO, PA
ZANOSAR	4	MO

Antiangiogenic Agents - Chemotherapy Agents

BRAND

REVLIMID	4	MO, PA, LA
THALOMID	4	MO, PA
VOTRIENT	4	MO, PA

Antiestrogens/Modifiers - Chemotherapy Agents

generic

<i>tamoxifen citrate</i>	1	MO
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BRAND

EMCYT	2	MO, PA
FARESTON	3	MO
FASLODEX	4	MO

Antimetabolites - Chemotherapy Agents

generic

<i>cladribine</i>	4	MO, B/D
<i>cytarabine</i>	1	MO, B/D
<i>cytarabine aqueous (100mg/ml injection)</i>	3	MO, B/D
<i>cytarabine aqueous (20mg/ml injection)</i>	1	MO, B/D
<i>fluorouracil (injection)</i>	1	MO, B/D
<i>gemcitabine hcl</i>	4	MO
<i>hydroxyurea</i>	1	MO
<i>mercaptopurine</i>	1	MO
<i>pentostatin</i>	4	MO

BRAND

CLOLAR	4	MO
DROXIA	2	MO
ELITEK	4	MO
FOLOTYN	4	MO, PA
GEMZAR	4	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
TABLOID	3	MO, PA
Antineoplastics, Other - Chemotherapy Agents		
<i>generic</i>		
<i>adriamycin</i>	3	MO, B/D
<i>amifostine</i>	4	MO
<i>bleomycin sulfate</i>	3	MO, B/D
<i>carboplatin</i>	1	MO
<i>cisplatin</i>	1	MO
<i>daunorubicin hcl</i>	3	MO
<i>dexrazoxane</i>	4	MO
<i>doxorubicin hcl</i>	3	MO, B/D
<i>epirubicin hcl</i>	3	MO
<i>etoposide</i>	1	MO
<i>fludarabine phosphate</i>	4	MO
<i>idarubicin hcl</i>	4	MO
<i>irinotecan</i>	3	MO
<i>mesna</i>	3	MO
<i>mitomycin</i>	3	MO
<i>mitoxantrone hcl</i>	3	MO
<i>oxaliplatin</i>	4	MO
<i>paclitaxel</i>	3	MO
<i>toposar</i>	1	MO
<i>topotecan hcl</i>	4	MO
<i>vinblastine sulfate</i>	1	MO, B/D
<i>vincasar pfs</i>	1	MO, B/D
<i>vincristine sulfate</i>	1	MO, B/D
<i>vinorelbine tartrate</i>	3	MO, B/D
BRAND		
ABRAXANE	4	MO
ALIMTA	4	MO, PA
ARRANON	4	MO
DACOGEN	4	MO
DAUNOXOME	3	MO
DOXIL	4	MO, B/D
ELSPAR	3	MO
ETOPOPHOS	4	MO
FIRMAGON (120MG INJECTION)	4	MO, PA, QL
FIRMAGON (80MG INJECTION)	3	MO, PA, QL
HALAVEN	4	MO, PA
ISTODAX	4	MO, PA
IXEMPRA KIT	4	MO
JEVTANA	4	MO
MESNEX (TABLET)	4	MO

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NOVANTRONE	4	MO, ST
ONTAK	4	MO, PA
PHOTOFRIN	4	MO
PROLEUKIN	4	MO, PA
TAXOTERE	4	MO
TORISEL	4	MO
TRISENOX	3	MO, PA
VELCADE	4	MO, PA
VIDAZA	4	MO, PA
ZOLINZA	4	MO, PA
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents		
<i>generic</i>		
<i>anastrozole</i>	1	MO
<i>exemestane</i>	3	MO
<i>letrozole</i>	1	MO
Molecular Target Inhibitors - Chemotherapy Agents		
BRAND		
AFINITOR	4	MO, PA
GLEEVEC	4	MO, PA
NEXAVAR	4	MO, PA
SPRYCEL	4	MO, PA
SUTENT	4	MO, PA
TARCEVA	4	MO, PA
TASIGNA	4	MO, PA
TYKERB	4	MO, PA
Monoclonal Antibodies - Chemotherapy Agents		
BRAND		
ARZERRA	4	MO, PA
AVASTIN	4	MO, PA
CAMPATH	4	MO, PA
ERBITUX	4	MO, PA
HERCEPTIN	4	MO
RITUXAN	4	MO, PA
VECTIBIX	4	MO, PA
Retinoids - Chemotherapy Agents		
<i>generic</i>		
<i>tretinoin (capsule)</i>	4	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
BRAND		
PANRETIN	4	MO, PA
TARGRETIN	4	MO, PA
TRETINOIN (CAPSULE)	4	MO

Antiparasitics - Drugs to Treat Parasitic Infections

Anthelmintics - Worm Infection Drugs

<i>generic</i>		
<i>mebendazole</i>	1	MO

BRAND		
ALBENZA	2	MO
BILTRICIDE	2	MO
STROMECTOL	2	MO

Antiprotozoals - Protozoal Infection Drugs

<i>generic</i>		
<i>chloroquine phosphate</i>	1	MO
<i>hydroxychloroquine sulfate</i>	1	MO
<i>mefloquine hcl</i>	1	MO

BRAND		
ALINIA	3	MO
DARAPRIM	2	MO
MALARONE	3	MO
MEPRON	4	MO
PRIMAQUINE PHOSPHATE	2	MO
QUALAQUIN	3	MO, PA

Pediculicides/Scabicides - Scabies and Lice Drugs

<i>generic</i>		
<i>acticin</i>	1	MO
<i>lindane</i>	3	MO
<i>malathion</i>	3	MO
<i>permethrin</i>	1	MO

BRAND		
EURAX	3	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
Antiparkinson Agents - Drugs to Treat Parkinson's Disease		
Antiparkinson Agents - Parkinson's Disease Drugs		

<i>generic</i>		
<i>benztropine mesylate (injection)</i>	3	MO
<i>benztropine mesylate (tablet)</i>	1	MO
<i>bromocriptine mesylate (capsule)</i>	3	MO
<i>bromocriptine mesylate (tablet)</i>	1	MO
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa cr</i>	1	MO
<i>carbidopa/levodopa odt</i>	1	MO
<i>pramipexole dihydrochloride</i>	3	MO
<i>ropinirole hcl</i>	1	MO
<i>selegiline hcl</i>	1	MO
<i>trihexyphenidyl hcl</i>	1	MO

BRAND		
APOKYN	4	MO, QL
AZILECT	2	MO
COMTAN	2	MO
LODOSYN	3	MO
STALEVO	3	MO, ST
ZELAPAR	3	MO, ST

Antipsychotics - Drugs to Treat Mood Disorders

Atypicals - Mood Disorder Drugs

<i>generic</i>		
<i>clozapine</i>	1	MO
<i>risperidone (oral solution)</i>	3	MO
<i>risperidone (tablet)</i>	1	MO
<i>risperidone odt</i>	3	MO

BRAND		
ABILIFY (INJECTION)	3	MO
ABILIFY (ORAL SOLUTION, TABLET)	3	MO, QL
ABILIFY DISCMELT	4	MO, QL
FANAPT	3	MO, QL, ST
FANAPT TITRATION PACK	3	MO, QL, ST
FAZACLO	3	MO
GEODON	3	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
INVEGA	3	MO
INVEGA SUSTENNA (117MG/0.75ML INJECTION, 156MG/1ML INJECTION, 234MG/1.5ML INJECTION)	4	MO, QL
INVEGA SUSTENNA (39MG/0.25ML INJECTION, 78MG/0.5ML INJECTION)	3	MO, QL
LATUDA	3	MO, PA, QL
RISPERDAL CONSTA (12.5MG INJECTION, 25MG INJECTION)	3	MO, QL
RISPERDAL CONSTA (37.5MG INJECTION, 50MG INJECTION)	4	MO, QL
ZYPREXA (INJECTION)	3	MO
ZYPREXA (TABLET)	3	MO, QL
ZYPREXA ZYDIS	3	MO, QL

Conventional - Mood Disorder Drugs

generic

<i>chlorpromazine hcl</i>	1	MO
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	1	MO
<i>haloperidol lactate</i>	1	MO
<i>loxapine succinate</i>	1	MO
<i>perphenazine</i>	1	MO
<i>perphenazine/amitriptyline</i>	1	MO
<i>prochlorperazine edisylate</i>	1	MO
<i>prochlorperazine maleate</i>	1	MO
<i>thioridazine hcl</i>	1	MO
<i>thiothixene</i>	1	MO
<i>trifluoperazine hcl</i>	1	MO

BRAND

ORAP	2	MO
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Antispasticity Agents - Drugs to Treat Spasms

Antispasticity Agents - Muscle Spasm Drugs

generic

<i>baclofen</i>	1	MO
<i>dantrolene sodium</i>	1	MO
<i>tizanidine hcl</i>	1	MO

BRAND

DRUG NAME	DRUG TIER	REQ./LIMITS
ZANAFLEX (CAPSULE)	3	MO

Antivirals - Drugs to Treat Viral Infections

Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs

generic

<i>ganciclovir (250mg capsule)</i>	3	MO
<i>ganciclovir (500mg capsule)</i>	4	MO
<i>ganciclovir (injection)</i>	3	MO, B/D

BRAND

FOSCARNET SODIUM	3	MO, B/D
VALCYTE	4	MO
ZIRGAN	2	MO

Antihepatitis Agents - Hepatitis Drugs

generic

<i>ribasphere (200mg tablet, capsule)</i>	1	MO, PA, QL
<i>ribasphere (400mg tablet, 600mg tablet)</i>	4	MO, PA, QL
<i>ribavirin</i>	1	MO, PA, QL

BRAND

BARACLUDGE (ORAL SOLUTION)	3	MO
BARACLUDGE (TABLET)	4	MO
HEPSERA	4	MO
REBETOL (ORAL SOLUTION)	3	MO, PA

Antiherpetic Agents - Herpes Drugs

generic

<i>acyclovir</i>	1	MO
<i>acyclovir sodium</i>	3	MO, B/D
<i>famciclovir</i>	3	MO
<i>trifluridine</i>	3	MO
<i>valacyclovir hcl</i>	3	MO

BRAND

DENAVIR	2	MO
ZOVIRAX (CREAM, OINTMENT)	2	MO

Anti-HIV Agents, Nucleoside Reverse Transcriptase Inhibitors - HIV Drugs

BRAND

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DRUG NAME	DRUG TIER	REQ./LIMITS
ATRIPLA	4	MO
INTELENCE	4	MO
RESCRIPTOR	3	MO
SUSTIVA	3	MO
VIRAMUNE (ORAL SUSPENSION)	3	MO
VIRAMUNE (TABLET)	2	MO

Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors - HIV Drugs

generic

<i>didanosine</i>	3	MO
<i>stavudine</i>	3	MO
<i>zidovudine (capsule, syrup)</i>	3	MO
<i>zidovudine (tablet)</i>	1	MO

BRAND

COMBIVIR	4	MO
EMTRIVA	3	MO
EPIVIR	2	MO
EPIVIR HBV	2	MO
EPZICOM	4	MO
RETROVIR IV INFUSION	3	MO
TRIZIVIR	4	MO
TRUVADA	4	MO
TYZEKA	4	MO
VIDEX PEDIATRIC	3	MO
VIREAD	4	MO
ZIAGEN	2	MO

Anti-HIV Agents, Other - HIV Drugs

BRAND

FUZEON	4	MO
ISENTRESS	4	MO
SELZENTRY	4	MO

Anti-HIV Agents, Protease Inhibitors - HIV Drugs

BRAND

APTIVUS	4	MO
CRIXIVAN	2	MO
INVIRASE	4	MO
KALETRA (100-25MG TABLET)	3	MO, QL
KALETRA (200-50MG TABLET, ORAL SOLUTION)	4	MO, QL
LEXIVA (ORAL SUSPENSION)	3	MO
LEXIVA (TABLET)	4	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
NORVIR (CAPSULE, TABLET)	3	MO
NORVIR (ORAL SOLUTION)	4	MO
PREZISTA (150MG TABLET, 75MG TABLET)	3	MO, QL
PREZISTA (400MG TABLET, 600MG TABLET)	4	MO, QL
REYATAZ (100MG CAPSULE)	3	MO, QL
REYATAZ (150MG CAPSULE, 200MG CAPSULE, 300MG CAPSULE)	4	MO, QL
VIRACEPT (POWDER)	3	MO
VIRACEPT (TABLET)	4	MO

Anti-Influenza Agents - Flu Drugs

generic

<i>amantadine hcl</i>	1	MO
<i>rimantadine hcl</i>	1	MO

BRAND

RELENZA DISKHALER	3	MO, QL
TAMIFLU	2	MO, QL

Anxiolytics - Drugs to Treat Anxiety

Anxiolytics, Other - Anxiety Drugs

generic

<i>bupirone hcl</i>	1	MO
<i>chlordiazepoxide/amitriptyline</i>	1	MO
<i>meprobamate</i>	1	MO

Bipolar Agents - Drugs to Treat Mood Disorders

Bipolar Agents - Mood Disorder Drugs

generic

<i>lithium carbonate</i>	1	MO
<i>lithium carbonate er</i>	1	MO
<i>lithium citrate</i>	1	MO

BRAND

EQUETRO	2	MO
LITHOBID	2	MO
SAPHRIS	2	MO
SEROQUEL	3	MO
SEROQUEL XR	2	MO
SYMBYAX	3	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
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Blood Glucose Regulators - Drugs to Regulate Blood Sugar

Antidiabetic Agents - Diabetic Drugs

generic		
acarbose	1	MO, QL, ST
glimepiride	1	MO, QL
glipizide	1	MO, QL
glipizide er	1	MO, QL
glipizide/metformin hcl	1	MO, QL
glyburide	1	MO, QL
glyburide micronized	1	MO, QL
glyburide/metformin hcl	1	MO, QL
glycron (1.5mg tablet, 3mg tablet, 6mg tablet)	1	MO, QL
metformin hcl	1	MO, QL
metformin hcl er	1	MO, QL
nateglinide	1	MO, QL
tolazamide	1	MO, QL
tolbutamide	1	MO, QL

BRAND

ACTOPLUS MET	2	MO, QL, ST
ACTOS	2	MO, QL, ST
AVANDAMET	3	MO, PA, QL
AVANDARYL	3	MO, PA, QL
BYETTA	2	MO, QL, ST
DUETACT	2	MO, QL, ST
FORTAMET	3	MO, QL
GLUMETZA	3	MO, QL
GLYSET	3	MO, QL, ST
JANUMET	2	MO, QL, ST
JANUVIA	2	MO, QL, ST
KOMBIGLYZE XR	2	MO, QL, ST
ONGLYZA	2	MO, QL, ST
PRANDIN	3	MO, QL, ST
RIOMET	3	MO, QL
SYMLIN	3	MO, QL

Glycemic Agents - Diabetic Drugs

BRAND

GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT	2	MO
PROGLYCEM	3	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
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Insulins - Diabetic Drugs

BRAND

HUMALOG	2	MO
HUMULIN (100UNIT/ML INJECTION)	2	MO
HUMULIN (500UNIT/ML INJECTION)	2	MO, B/D
LANTUS	2	MO
LEVEMIR	2	MO
NOVOLIN (VIAL)	2	MO
NOVOLOG	2	MO

Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders

Anticoagulants - Blood Thinners

generic

enoxaparin sodium (100mg/ml injection, 120mg/0.8ml injection, 150mg/ml injection)	4	MO, QL
enoxaparin sodium (30mg/0.3ml injection, 40mg/0.4ml injection, 60mg/0.6ml injection, 80mg/0.8ml injection)	3	MO, QL
heparin sodium (10,000unit/ml injection, 1,000unit/ml injection, 20,000unit/ml injection, 5,000unit/ml injection)	1	MO
heparin sodium/d5w	1	MO
jantoven	1	MO
warfarin sodium	1	MO

BRAND

ARIXTRA (10MG/0.8ML INJECTION, 5.0MG/0.4ML INJECTION, 7.5MG/0.6ML INJECTION)	4	MO, QL
ARIXTRA (2.5MG/0.5ML INJECTION)	3	MO, QL
COUMADIN (INJECTION)	3	MO
FRAGMIN (10,000UNITS/1ML INJECTION, 25,000UNITS/1ML INJECTION, 7,500UNITS/0.3ML INJECTION)	4	MO, QL
FRAGMIN (2,500UNITS/0.2ML INJECTION, 5,000UNITS/0.2ML INJECTION)	3	MO, QL

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DRUG NAME	DRUG TIER	REQ./LIMITS
HEPARIN SODIUM (2,000UNITS/ML INJECTION)	1	MO
HEPARIN SODIUM/NACL	1	MO
LOVENOX (300MG/3ML INJECTION)	3	MO, QL
PRADAXA	2	MO, PA, QL

Blood Formation Products - Blood Formation Drugs

BRAND

ARANESP ALBUMIN FREE (100MCG/0.5ML INJECTION, 100MCG/1ML INJECTION, 150MCG/0.3ML INJECTION, 200MCG/0.4ML INJECTION, 200MCG/1ML INJECTION, 300MCG/0.6ML INJECTION, 300MCG/1ML INJECTION, 500MCG/1ML INJECTION)	4	MO, B/D, PA, QL
ARANESP ALBUMIN FREE (25MCG/0.42ML INJECTION, 25MCG/1ML INJECTION, 40MCG/0.4ML INJECTION, 40MCG/1ML INJECTION, 60MCG/0.3ML INJECTION, 60MCG/1ML INJECTION)	3	MO, B/D, PA, QL
LEUKINE	4	MO, PA
NEULASTA	4	MO, PA
NEUMEGA	2	MO, PA
NEUPOGEN	4	MO, PA
PROCRIT (10,000UNITS/ML INJECTION, 2,000UNITS/ML INJECTION, 3,000UNITS/ML INJECTION, 4,000UNITS/ML INJECTION)	3	MO, B/D, PA, QL
PROCRIT (20,000UNITS/ML INJECTION)	4	MO, B/D, PA, QL
PROCRIT (40,000UNITS/ML INJECTION)	4	MO, B/D, PA

Coagulants - Blood Clotting Drugs

BRAND

CYKLOKAPRON	2	MO
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Platelet Aggregation Inhibitors - Blood Thinners

generic

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DRUG NAME	DRUG TIER	REQ./LIMITS
<i>cilostazol</i>	1	MO
<i>ticlopidine hcl</i>	1	MO, QL
BRAND		
AGGRENOX	2	MO, QL
EFFIENT	2	MO, QL
PLAVIX	2	MO, QL

Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions

Alpha-Adrenergic Agonists - Blood Pressure Drugs

generic

<i>clonidine hcl (tablet)</i>	1	MO
<i>clonidine hcl (weekly patch)</i>	3	MO, QL
<i>guanabenz acetate</i>	1	MO
<i>guanfacine hcl</i>	1	MO
<i>methyldopa</i>	1	MO
<i>methyldopa/hydrochlorothiazide</i>	1	MO
<i>midodrine hcl</i>	1	MO

BRAND

CLORPRES	3	MO
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Alpha-Adrenergic Blocking Agents - Blood Pressure Drugs

generic

<i>prazosin hcl</i>	1	MO
<i>reserpine</i>	1	MO

BRAND

DIBENZYLINE	3	MO
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Antiarrhythmics - Heart Regulation Drugs

generic

<i>amiodarone hcl</i>	1	MO
<i>disopyramide phosphate</i>	1	MO
<i>flecainide acetate</i>	1	MO
<i>mexiletine hcl</i>	1	MO
<i>pacerone (200mg tablet)</i>	1	MO
<i>procainamide hcl</i>	1	MO
<i>propafenone hcl</i>	1	MO
<i>propafenone hcl er</i>	3	MO
<i>quinidine gluconate cr</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>quinidine sulfate</i>	1	MO
<i>quinidine sulfate er</i>	1	MO
<i>sorine</i>	1	MO
<i>sotalol hcl (injection)</i>	3	MO
<i>sotalol hcl (tablet)</i>	1	MO

BRAND

MULTAQ	3	MO
PACERONE (100MG TABLET)	3	MO
QUINIDINE GLUCONATE	3	MO
TIKOSYN	3	MO

Beta-Adrenergic Blocking Agents - Blood Pressure Drugs

generic

<i>acebutolol hcl</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol/chlorthalidone</i>	1	MO
<i>betaxolol hcl</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol fumarate/ hydrochlorothiazide</i>	1	MO
<i>carvedilol</i>	1	MO
<i>labetalol hcl</i>	1	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate</i>	1	MO
<i>metoprolol/hydrochlorothiazide</i>	1	MO
<i>nadolol</i>	1	MO
<i>nadolol/bendroflumethiazide</i>	1	MO
<i>pindolol</i>	1	MO
<i>propranolol hcl</i>	1	MO
<i>propranolol hcl er</i>	1	MO
<i>propranolol/hydrochlorothiazide</i>	1	MO
<i>timolol maleate (ophthalmic solution, tablet)</i>	1	MO

BRAND

BYSTOLIC	2	MO, QL
INNOPRAN XL	3	MO
LEVATOL	3	MO

Calcium Channel Blocking Agents - Blood Pressure Drugs

generic

<i>afeditab cr</i>	1	MO
<i>amlodipine besylate</i>	1	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
<i>amlodipine besylate/benazepril hcl</i>	1	MO
<i>cartia xt</i>	1	MO
<i>dilt-cd</i>	1	MO
<i>diltiazem cd</i>	1	MO
<i>diltiazem hcl</i>	1	MO
<i>diltiazem hcl er</i>	1	MO
<i>dilt-xr</i>	1	MO
<i>diltzac</i>	1	MO
<i>felodipine er</i>	1	MO
<i>isradipine</i>	1	MO
<i>matzim la</i>	1	MO
<i>nicardipine hcl</i>	1	MO
<i>nifediac cc</i>	1	MO
<i>nifedical xl</i>	1	MO
<i>nifedipine er</i>	1	MO
<i>nimodipine</i>	4	MO
<i>nisoldipine (17mg 24-hour tablet, 25.5mg 24-hour tablet, 34mg 24-hour tablet, 8.5mg 24-hour tablet)</i>	3	MO, QL
<i>nisoldipine (20mg 24-hour tablet, 30mg 24-hour tablet, 40mg 24-hour tablet)</i>	3	MO
<i>taztia xt</i>	1	MO
<i>verapamil hcl</i>	1	MO
<i>verapamil hcl er</i>	1	MO

BRAND

AZOR	2	MO, QL, ST
CARDIZEM CD (360MG 24-HOUR CAPSULE)	3	MO
COVERA-HS	3	MO, QL
DYNACIRC CR	3	MO, QL
TRIBENZOR	2	MO, QL, ST
TWYNSTA	3	MO, QL, ST

Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs

generic

<i>digoxin</i>	1	MO
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BRAND

LANOXIN (0.125MG TABLET, 0.1MG/ ML INJECTION)	2	MO
RANEXA	2	MO, ST

DRUG NAME	DRUG TIER	REQ./LIMITS
Diuretics - Blood Pressure Drugs		
<i>generic</i>		
<i>acetazolamide sodium</i>	1	MO
<i>amiloride hcl</i>	1	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
<i>chlorothiazide</i>	1	MO
<i>chlorothiazide sodium</i>	3	MO
<i>chlorthalidone</i>	1	MO
<i>eplerenone</i>	3	MO
<i>furosemide</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>methyclothiazide</i>	1	MO
<i>metolazone</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolactone/hydrochlorothiazide</i>	1	MO
<i>toremide</i>	1	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO

BRAND

ALDACTAZIDE (50-50MG TABLET)	3	MO
DIURIL	2	MO
DYRENIUM	3	MO
EDECIN	3	MO
SAMSCA	4	MO, PA, QL
THALITONE	3	MO

Dyslipidemics - Cholesterol Control Drugs

<i>generic</i>		
<i>cholestyramine</i>	1	MO
<i>colestipol hcl</i>	1	MO
<i>fenofibrate</i>	1	MO
<i>fenofibrate micronized</i>	1	MO
<i>gemfibrozil</i>	1	MO
<i>lovastatin</i>	1	MO
<i>niacor</i>	1	MO
<i>pravastatin sodium</i>	1	MO
<i>prevalite</i>	1	MO
<i>simvastatin</i>	1	MO

BRAND

ADVICOR	3	MO, QL
ALTOPREV	3	MO, QL, ST
ANTARA	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
CRESTOR	2	MO, QL
LESCOL	3	MO, QL, ST
LESCOL XL	3	MO, QL, ST
LIPITOR	2	MO, QL
LOVAZA	3	MO
NIASPAN	2	MO
SIMCOR	2	MO, QL
TRICOR	2	MO
TRILIPIX	2	MO
VYTORIN	3	MO, QL, ST
WELCHOL	2	MO
ZETIA	2	MO, QL, ST

Renin-Angiotensin-Aldosterone System Inhibitors - Blood Pressure Drugs

<i>generic</i>		
<i>benazepril hcl</i>	1	MO
<i>benazepril hcl/hydrochlorothiazide</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>lisinopril</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>losartan potassium</i>	1	MO, QL
<i>losartan potassium/hydrochlorothiazide</i>	1	MO, QL
<i>moexipril hcl</i>	1	MO
<i>moexipril/hydrochlorothiazide</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>quinapril hcl</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril/verapamil hcl</i>	1	MO

BRAND

BENICAR	2	MO, QL, ST
BENICAR HCT	2	MO, QL, ST
DIOVAN	2	MO, QL, ST
DIOVAN HCT	2	MO, QL, ST
MICARDIS	3	MO, QL, ST
MICARDIS HCT	3	MO, QL, ST

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DRUG NAME	DRUG TIER	REQ./LIMITS
TEKURNA	2	MO, QL, ST
TEKURNA HCT	2	MO, QL, ST
VALTURNA	2	MO, QL, ST

Vasodilators - Chest Pain Drugs

generic

hydralazine hcl (injection)	3	MO
hydralazine hcl (tablet)	1	MO
isochron	1	MO
isosorbide dinitrate	1	MO
isosorbide dinitrate er	1	MO
isosorbide mononitrate	1	MO
isosorbide mononitrate er	1	MO
minitran	1	MO
minoxidil (tablet)	1	MO
nitroglycerin	1	MO

BRAND

BIDIL	2	MO
DILATRATE SR	3	MO
ISORDIL TITRADOSE (40MG TABLET)	3	MO
NITRO-DUR (0.3MG/HR 24-HOUR PATCH, 0.8MG/HR 24-HOUR PATCH)	3	MO
NITROLINGUAL PUMPSPRAY	3	MO
NITROMIST	3	MO
NITROSTAT	2	MO

Central Nervous System Agents - Drugs to Treat Nerve Conditions

Amphetamines, ADHD - ADHD Drugs

generic

amphetamine/dextroamphetamine	1	MO, QL
dextroamphetamine sulfate	1	MO, QL
dextroamphetamine sulfate er	3	MO, QL

BRAND

ADDERALL XR	3	MO, QL
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Non-Amphetamines, ADHD - ADHD Drugs

generic

dexmethylphenidate hcl	1	MO, QL
methylin (tablet)	1	MO, QL
methylin er	1	MO, QL
methylphenidate hcl	1	MO, QL

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DRUG NAME	DRUG TIER	REQ./LIMITS
<i>methylphenidate hcl sr</i>	1	MO, QL

BRAND

CONCERTA	3	MO, QL
DAYTRANA	3	QL
FOCALIN XR	3	MO, QL
METADATE CD	3	MO, QL
METHYLIN (CHEWABLE TABLET)	3	MO, QL
RITALIN LA	3	MO, QL
STRATTERA	3	MO, QL

Non-Amphetamines, Other - Miscellaneous Nervous System Drugs

BRAND

AMPYRA	4	MO, PA, QL
BOTOX	4	MO, PA
PROVIGIL (100MG TABLET)	3	MO, PA, QL
PROVIGIL (200MG TABLET)	4	MO, PA, QL
RILUTEK	4	MO
		MO, PA,
XYREM	2	QL, LA

Dental And Oral Agents - Drugs to Treat Mouth and Throat Conditions

Dental and Oral Agents

generic

chlorhexidine gluconate oral rinse	1	MO
periogard	1	MO
pilocarpine hcl	3	MO
triamcinolone in orabase	1	MO

BRAND

EVOXAC	3	MO, ST
KEPIVANCE	4	MO

Dermatological Agents - Drugs to Treat Skin Conditions

Dermatological Agents - Skin Agents

generic

adapalene (cream)	3	MO
adapalene (gel)	1	MO
ammonium lactate	1	MO
amneestem	3	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>avita</i>	1	MO, PA
<i>calcipotriene</i>	3	MO
<i>claravis</i>	3	MO
<i>clindamycin/benzoyl peroxide</i>	3	MO
<i>erythromycin/benzoyl peroxide</i>	1	MO
<i>fluorouracil (cream)</i>	3	MO
<i>fluorouracil (topical solution)</i>	1	MO
<i>imiquimod</i>	3	MO
<i>laclotion</i>	1	MO
<i>podofilox</i>	1	MO
<i>selenium sulfide</i>	1	MO
<i>sotret</i>	3	MO
<i>sulfacetamide sodium</i>	1	MO
<i>tretinoin (cream, gel)</i>	1	MO

BRAND

AZELEX	3	MO
BENZAACLIN CARE KIT	2	MO
CARAC	2	MO
CONDYLOX GEL	3	MO
DIFFERIN (LOTION)	3	MO
DOVONEX	2	MO
ELIDEL	3	MO, ST
EPIDUO	3	MO
FINACEA	2	MO
FLUOROPLEX	2	MO
OXSORALEN	3	MO, PA
OXSORALEN ULTRA	4	MO, PA
PROTOPIC	3	MO, ST
REGRANEX	4	MO, PA
RETIN-A MICRO	2	MO, PA
SANTYL	3	MO
SOLARAZE	3	MO
SORIATANE	4	MO
TAZORAC (GEL)	3	MO, PA
ZYCLARA	2	MO

Enzyme Replacements/Modifiers - Drugs to Treat Enzyme Deficiency

Enzyme Replacements/Modifiers - Enzyme Deficiency Drugs

BRAND

ADAGEN	4	MO
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DRUG NAME	DRUG TIER	REQ./LIMITS
ALDURAZYME	4	MO
BUPHENYL	4	MO
CEREZYME	4	MO
CREON	2	MO
CYSTADANE	4	MO
CYSTAGON	3	MO
ELAPRASE	4	MO
FABRAZYME	4	MO
KUVAN	4	MO
MYOZYME	4	MO
NAGLAZYME	4	MO
ORFADIN	4	MO
VPRIV	4	MO, PA
ZAVESCA	4	MO
ZENPEP	2	MO

Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions

Antispasmodics, Gastrointestinal - Bowel Treatment Drugs

generic

<i>dicyclomine hcl</i>	1	MO, PA
<i>glycopyrrolate</i>	1	MO
<i>methscopolamine bromide</i>	1	MO

BRAND

HELIDAC	3	MO, QL
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Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs

generic

<i>constulose</i>	1	MO
<i>enulose</i>	1	MO
<i>gavilyte-g</i>	1	MO, QL
<i>gavilyte-n/ flavor pack</i>	1	MO, QL
<i>lactulose</i>	1	MO
<i>loperamide hcl</i>	1	MO
<i>polyethylene glycol 3350</i>	1	MO
<i>ursodiol (capsule)</i>	1	MO
<i>ursodiol (tablet)</i>	3	MO

BRAND

AMITIZA	2	MO, QL, ST
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B/D = Part B vs. D Determination Required
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DRUG NAME	DRUG TIER	REQ./LIMITS
GASTROCROM	3	MO
KRISTALOSE	2	MO
MOVIPREP	2	MO
NULYTELY/FLAVOR PACKS	2	MO, QL
OSMOPREP	2	MO
PREVPAC	3	MO, QL
VISICOL	2	MO

Histamine2 (H2) Blocking Agents - Ulcer and Stomach Acid Drugs

generic

<i>cimetidine</i>	1	MO
<i>cimetidine hcl</i>	1	MO
<i>famotidine (injection, tablet)</i>	1	MO
<i>famotidine (oral suspension)</i>	3	MO
<i>nizatidine (capsule)</i>	1	MO
<i>nizatidine (oral solution)</i>	3	MO
<i>ranitidine hcl (capsule, injection, tablet)</i>	1	MO
<i>ranitidine hcl (syrup)</i>	3	MO

BRAND

ZANTAC (50MG/50ML INJECTION, EFFERVESCENT TABLET)	3	MO
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Irritable Bowel Syndrome Agents - Bowel Treatment Drugs

BRAND

LOTRONEX	4	MO, PA, QL
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Protectants - Ulcer and Stomach Acid Drugs

generic

<i>misoprostol</i>	1	MO
<i>sucralfate</i>	1	

BRAND

CARAFATE (ORAL SUSPENSION)	3	MO
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Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs

generic

<i>lansoprazole</i>	1	MO, QL
<i>lansoprazole odt</i>	3	MO, QL, ST
<i>omeprazole</i>	1	MO, QL

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DRUG NAME	DRUG TIER	REQ./LIMITS
<i>omeprazole/sodium bicarbonate</i>	3	MO, QL
<i>pantoprazole sodium</i>	1	MO, QL
BRAND		
DEXILANT	3	MO, QL
NEXIUM	2	MO, QL
NEXIUM I.V.	3	MO
PROTONIX (INJECTION)	3	MO

Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions

Antispasmodics, Urinary - Bladder Control Drugs

generic

<i>flavoxate hcl</i>	1	MO
<i>oxybutynin chloride (tablet)</i>	1	MO
<i>oxybutynin chloride er</i>	1	MO
<i>trospium chloride</i>	3	MO, QL

BRAND

ENABLEX	2	MO, QL
GELNIQUE	2	MO, QL
OXYTROL	2	MO, QL
SANCTURA XR	3	MO, QL
VESICARE	2	MO, QL

Benign Prostatic Hypertrophy Agents - Prostate Enlargement Drugs

generic

<i>doxazosin mesylate</i>	1	MO
<i>finasteride (5mg tablet)</i>	1	MO, QL
<i>tamsulosin hcl</i>	1	MO, QL
<i>terazosin hcl</i>	1	MO

BRAND

AVODART	2	MO, QL
CARDURA XL	3	MO, QL
RAPAFLO	2	MO, QL

DRUG NAME	DRUG TIER	REQ./LIMITS
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs		

<i>generic</i>		
<i>bethanechol chloride</i>	1	MO

BRAND	DRUG TIER	REQ./LIMITS
ELMIRON	3	MO
RELISTOR	3	MO, PA

Phosphate Binders - Phosphate-Removing Agents

<i>generic</i>		
<i>calcium acetate</i>	3	MO
<i>eliphos</i>	1	MO

BRAND	DRUG TIER	REQ./LIMITS
FOSRENOL	2	MO, ST
RENAGEL	2	MO, ST
REVELA	2	MO, ST

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions

Glucocorticoids/Mineralocorticoids - Anti-Inflammatory Drugs

<i>generic</i>		
<i>a-hydrocort</i>	1	MO
<i>ala-cort</i>	1	MO
<i>alclometasone dipropionate</i>	1	MO
<i>amcinonide</i>	1	MO
<i>a-methapred</i>	1	MO
<i>augmented betamethasone dipropionate</i>	1	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
<i>clobetasol propionate</i>	1	MO
<i>clobetasol propionate e</i>	1	MO
<i>cortisone acetate</i>	1	MO
<i>desonide</i>	1	MO
<i>desoximetasone</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>dexamethasone</i>	1	MO
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone sodium phosphate</i>	1	MO
<i>diflorasone diacetate</i>	1	MO
<i>fludrocortisone acetate</i>	1	MO
<i>fluocinolone acetonide</i>	1	MO
<i>fluocinonide</i>	1	MO
<i>fluocinonide-e</i>	1	MO
<i>fluticasone propionate</i>	1	MO
<i>halobetasol propionate</i>	1	MO
<i>hydrocortisone (cream, lotion, ointment, tablet)</i>	1	MO
<i>hydrocortisone butyrate</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO
<i>lokara</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone sodium succinate</i>	1	MO
<i>mometasone furoate</i>	1	MO
<i>prednicarbate</i>	1	MO
<i>prednisolone sodium phosphate</i>	1	MO
<i>prednisone</i>	1	MO
<i>prednisone intensol</i>	1	MO
<i>proctocream-hc</i>	1	MO
<i>procto-pak</i>	1	MO
<i>proctosol hc</i>	1	MO
<i>proctozone-hc</i>	1	MO
<i>triamcinolone acetonide</i>	1	MO
<i>triamcinolone acetonide in absorbase</i>	1	MO
<i>triderm</i>	1	MO
<i>u-cort</i>	1	MO

BRAND	DRUG TIER	REQ./LIMITS
CAPEX	3	MO
CELESTONE	3	MO
CLOBEX	3	MO
CLODERM	3	MO
CORDRAN	3	MO
CORDRAN SP	3	MO
CORDRAN TAPE	3	MO
CUTIVATE (LOTION)	3	MO
DEPO-MEDROL (20MG/ML INJECTION)	2	MO
DERMA-SMOOTHING/FS	3	MO
DEXPAK	3	MO
HALOG	3	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
KENALOG	2	MO
LOCOID LIPOCREAM	3	MO
LUXIQ	3	MO
OLUX-E	3	MO
PANDEL	3	MO
SOLU-CORTEF (250MG INJECTION)	2	MO
SOLU-MEDROL (2GM INJECTION)	2	MO
VANOS	3	MO

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs

generic

<i>chorionic gonadotropin</i>	3	MO, PA
<i>desmopressin acetate (injection, nasal spray)</i>	3	MO
<i>desmopressin acetate (tablet)</i>	1	MO
<i>novarel</i>	3	MO, PA
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	3	MO, PA

BRAND

EGRIFTA	4	MO, PA, QL
GENOTROPIN	4	MO, PA
GENOTROPIN MINIQUICK (0.2MG INJECTION)	3	MO, PA, QL
GENOTROPIN MINIQUICK (0.4MG INJECTION, 0.6MG INJECTION, 0.8MG INJECTION, 1.2MG INJECTION, 1.4MG INJECTION, 1.6MG INJECTION, 1.8MG INJECTION, 1MG INJECTION, 2MG INJECTION)	4	MO, PA, QL
HUMATROPE	4	MO, PA
INCRELEX	4	MO, PA
NORDITROPIN	4	MO, PA
NUTROPIN	4	MO, PA
NUTROPIN AQ	4	MO, PA
OMNITROPE	4	MO, PA
SAIZEN	4	MO
STIMATE	3	MO, PA

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DRUG NAME	DRUG TIER	REQ./LIMITS
TEV-TROPIN	4	MO, PA

Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions

Anabolic Steroids - Hormone Replacement/Modifying Drugs

generic

<i>Oxandrolone (10mg Tablet)</i>	4	MO, PA, QL
<i>Oxandrolone (2.5mg Tablet)</i>	1	MO, PA, QL

BRAND

ANADROL-50	4	MO, PA
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Androgens - Hormone Replacement/Modifying Drugs

generic

<i>androxy</i>	3	MO
<i>danazol</i>	3	MO
<i>testosterone cypionate</i>	1	MO, PA
<i>testosterone enanthate</i>	1	MO, PA

BRAND

ANDRODERM	2	MO, PA, QL
ANDROGEL	2	MO, PA, QL
STRIANT	3	MO, PA, QL

Estrogens - Hormone Replacement/Modifying Drugs

generic

<i>apri</i>	1	MO
<i>aranelle</i>	1	MO
<i>aviane</i>	1	MO
<i>balziva</i>	1	MO
<i>cesia</i>	1	MO
<i>cryselle</i>	1	MO
<i>cyclafem 1/35</i>	1	MO
<i>cyclafem 7/7/7</i>	1	MO
<i>enpresse</i>	1	MO
<i>estradiol</i>	1	MO
<i>estradiol valerate</i>	1	MO
<i>estradiol/norethindrone acetate</i>	1	MO
<i>estropipate</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>gianvi</i>	1	MO
<i>jinteli</i>	1	MO
<i>junel</i>	1	MO
<i>junel fe</i>	1	MO
<i>kariva</i>	1	MO
<i>kelnor</i>	1	MO
<i>leena</i>	1	MO
<i>lessina</i>	1	MO
<i>levora</i>	1	MO
<i>low-ogestrel</i>	1	MO
<i>lutera</i>	1	MO
<i>menest</i>	2	MO
<i>microgestin</i>	1	MO
<i>microgestin fe</i>	1	MO
<i>mononessa</i>	1	MO
<i>necon</i>	1	MO
<i>nortrel</i>	1	MO
<i>ocella</i>	1	MO
<i>ogestrel</i>	1	MO
<i>ortho-est</i>	1	MO
<i>portia</i>	1	MO
<i>previfem</i>	1	MO
<i>quasense</i>	1	MO
<i>reclipsen</i>	1	MO
<i>solia</i>	1	MO
<i>sprintec</i>	1	MO
<i>sronyx</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>trinessa</i>	1	MO
<i>tri-previfem</i>	1	MO
<i>tri-sprintec</i>	1	MO
<i>trivora</i>	1	MO
<i>velivet</i>	1	MO
<i>zovia</i>	1	MO

BRAND

ACTIVELLA (0.5-0.1MG TABLET)	3	MO
ALORA (0.025MG/24HR BIWEEKLY PATCH)	2	MO
ANGELIQ	3	MO
CENESTIN	2	MO
CLIMARA PRO	3	MO
COMBIPATCH	3	MO
DEPO-ESTRADIOL	3	MO
DIVIGEL	3	MO, QL

DRUG NAME	DRUG TIER	REQ./LIMITS
ENJU维亚	2	MO
ESTRACE (CREAM)	3	MO
ESTRADERM	2	MO
ESTRING	2	MO, QL
FEMHRT LOW DOSE	2	MO
FEMRING	3	MO, QL
FEMTRACE	3	MO
LOESTRIN 24 FE (1MG-20MCG TABLET)	3	MO
LOSEASONIQUE	3	MO
MENOSTAR	3	MO
NUVARING	2	MO
ORTHO EVRA	2	MO
ORTHO TRI-CYCLEN LO	3	MO
OVCON (1MG-50MCG TABLET)	3	MO
PREFEST	3	MO
PREMARIN (CREAM, TABLET)	2	MO
PREMPHASE	2	MO
PREMPRO	2	MO
SEASONIQUE	3	MO
VIVELLE-DOT	2	MO

Progestins - Hormone Replacement/Modifying Drugs

generic

<i>camila</i>	1	MO
<i>errin</i>	1	MO
<i>jolivette</i>	1	MO
<i>medroxyprogesterone acetate</i>	1	MO
<i>megestrol acetate</i>	1	MO
<i>next choice</i>	1	MO
<i>nora-be</i>	1	MO
<i>norethindrone acetate</i>	1	MO

BRAND

CRINONE	3	MO
DEPO-PROVERA (400MG/ML INJECTION)	3	MO
DEPO-SUBQ PROVERA 104	3	MO
ELLA	3	MO
MEGACE ES	3	MO
PROMETRIUM	2	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs		

BRAND	DRUG TIER	REQ./LIMITS
EVISTA	2	MO, QL

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs

<i>generic</i>		
levothyroxine sodium	1	MO
liothyronine sodium (injection)	3	MO
liothyronine sodium (tablet)	1	MO

BRAND	DRUG TIER	REQ./LIMITS
LEVOTHROID	2	MO
LEVOXYL	1	MO
SYNTHROID	2	MO
THYROLAR	2	MO
UNITHROID	1	MO

Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions

Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants

BRAND	DRUG TIER	REQ./LIMITS
LYSODREN	2	MO

Hormonal Agents, Suppressant (Parathyroid) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions

Hormonal Agents, Suppressant (Parathyroid) - Hormone Suppressants

BRAND	DRUG TIER	REQ./LIMITS
SENSIPAR (30MG TABLET)	2	MO, QL

DRUG NAME	DRUG TIER	REQ./LIMITS
SENSIPAR (60MG TABLET, 90MG TABLET)	4	MO, QL

Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions

Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants

<i>generic</i>		
cabergoline	3	MO
leuprolide acetate	3	MO
octreotide acetate (1,000mcg/ml injection)	4	MO, PA
octreotide acetate (100mcg/ml injection, 50mcg/ml injection)	3	MO, PA, QL
octreotide acetate (200mcg/ml injection, 500mcg/ml injection)	4	MO, PA, QL

BRAND	DRUG TIER	REQ./LIMITS
ELIGARD (22.5MG INJECTION, 30MG INJECTION, 7.5MG INJECTION)	3	MO
ELIGARD (45MG INJECTION)	4	MO, QL
LUPRON DEPOT (11.25MG INJECTION, 22.5MG INJECTION, 30MG INJECTION)	4	MO, QL
LUPRON DEPOT (3.75MG INJECTION, 7.5MG INJECTION)	2	MO, QL
LUPRON DEPOT-PED	4	MO
SANDOSTATIN LAR DEPOT	4	MO, PA
SOMATULINE DEPOT	4	MO, PA
SOMAVERT	4	MO, PA
SYNAREL	4	MO, PA
TRELSTAR DEPOT	4	MO
TRELSTAR LA	4	MO
TRELSTAR MIXJECT	4	MO

Hormonal Agents, Suppressant (Sex Hormones/Modifiers) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions

Antiandrogens - Hormone Suppressants

generic

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DRUG NAME	DRUG TIER	REQ./LIMITS
<i>bicalutamide</i>	1	MO
<i>flutamide</i>	3	MO
BRAND		
NILANDRON	3	MO

Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones

Antithyroid Agents - Thyroid Suppressing Drugs

<i>generic</i>		
<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	1	MO

Immunological Agents - Drugs that Stimulate or Suppress the Immune System

Immune Suppressants - Immune System Drugs

<i>generic</i>		
<i>azathioprine</i>	1	MO
<i>azathioprine sodium</i>	3	MO
<i>cyclosporine</i>	3	MO, B/D
<i>cyclosporine modified</i>	3	MO, B/D
<i>engraf</i>	3	MO, B/D
<i>methotrexate</i>	1	MO
<i>methotrexate sodium</i>	1	MO
		MO, B/D,
<i>mycophenolate mofetil</i>	3	PA
<i>tacrolimus (0.5mg capsule, 1mg capsule)</i>	3	MO, B/D, PA, QL
		MO, B/D,
<i>tacrolimus (5mg capsule)</i>	4	PA

BRAND		
AZASAN	2	MO
		MO, B/D,
CELLCEPT (ORAL SUSPENSION)	4	PA
		MO, B/D,
CELLCEPT INTRAVENOUS	3	PA
CIMZIA	4	MO, PA
ENBREL	4	MO, PA, QL
HUMIRA	4	MO, PA, QL
MYFORTIC	3	MO, B/D

DRUG NAME	DRUG TIER	REQ./LIMITS
ORENCIA	4	MO, PA, QL
		MO, B/D,
PROGRAF (INJECTION)	3	PA
		MO, B/D,
RAPAMUNE (0.5MG TABLET)	3	QL
RAPAMUNE (1MG TABLET, 2MG TABLET)	4	MO, B/D, QL
RAPAMUNE (ORAL SOLUTION)	4	MO, B/D
REMICADE	4	MO, PA
TREXALL	3	MO
		MO, B/D,
ZORTRESS (0.25MG TABLET)	3	PA, QL
		MO, B/D,
ZORTRESS (0.5MG TABLET)	4	PA, QL
		MO, B/D,
ZORTRESS (0.75MG TABLET)	4	PA

Immunizing Agents, Passive - Immune System Drugs

BRAND		
CARIMUNE NANOFILTERED	4	MO, B/D, PA
GAMASTAN S/D	2	MO, PA
		MO, B/D,
GAMMAGARD LIQUID	4	PA
		MO, B/D,
GAMMAPLEX	4	PA
		MO, B/D,
GAMUNEX	4	PA
		MO, B/D,
HIZENTRA	4	PA, QL
		MO, B/D,
PRIVIGEN	4	PA

Immunomodulators - Immune System Drugs

<i>generic</i>		
<i>leflunomide</i>	1	MO
BRAND		
ACTIMMUNE	4	MO
ARCALYST	4	MO, PA
AVONEX	4	MO, QL
BETASERON	4	MO, QL
COPAXONE	4	MO, QL
GILENYA	4	MO, PA, QL
INFERGEN	4	MO, PA

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DRUG NAME	DRUG TIER	REQ./LIMITS
INTRON-A (10MU INJECTION, 10MU PEN INJECTION, 5MU PEN INJECTION, 18MU INJECTION)	4	MO, PA
INTRON-A (3MU PEN INJECTION)	4	MO, PA, QL
KINERET	4	MO, PA, QL
PEGASYS	4	MO, PA
PEG-INTRON	4	MO, PA
REBIF	4	MO, QL
REBIF TITRATION PACK	4	MO, QL
RIDAURA	3	MO
SYNAGIS	4	MO
TYSABRI	4	MO, PA, LA

Vaccines

generic

tetanus/diphtheria toxoids-adsorbed

adult 2 MO

BRAND

ACTHIB	2	MO
ADACEL	2	MO
BOOSTRIX	2	MO
CERVARIX	2	MO
COMVAX	2	MO
DAPTACEL	2	MO
DECAVAC	2	MO
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	2	MO
ENGERIX-B	2	MO, B/D
GARDASIL	2	MO
HAVRIX	2	MO
IMOVAX RABIES (H.D.C.V.)	2	MO, B/D
INFANRIX	2	MO
IPOL INACTIVATED IPV	2	MO
IXIARO	2	MO
JE-VAX	2	MO
MENACTRA	2	MO
MENOMUNE-A/C/Y/W-135	2	MO
MENVEO	2	MO
M-M-R II	2	MO
PEDVAX HIB	2	MO
PROQUAD	2	MO
RABAERT	2	MO
RECOMBIVAX HB	2	MO, B/D

DRUG NAME	DRUG TIER	REQ./LIMITS
ROTATEQ	2	MO
TETANUS TOXOID ADSORBED	2	MO
TRIPEDIA	2	MO
TWINRIX	2	MO
TYPHIM VI	2	MO
VAQTA	2	MO
VARIVAX	2	MO
YF-VAX	2	MO
ZOSTAVAX	2	MO

Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease

Sulfonamides - Inflammatory Bowel Disease Drugs

generic

<i>colocort</i>	3	MO
<i>hydrocortisone (enema)</i>	3	MO
<i>methylprednisolone</i>	1	MO

BRAND

CORTIFOAM	3	MO
ENTOCORT EC	3	MO
MILLIPRED (TABLET)	3	MO

Salicylates - Inflammatory Bowel Disease Drugs

generic

<i>balsalazide disodium</i>	3	MO
<i>mesalamine</i>	3	MO

BRAND

APRISO	2	MO
ASACOL	2	MO
ASACOL HD	2	MO
CANASA	2	MO
DIPENTUM	3	MO
PENTASA	3	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
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Metabolic Bone Disease Agents - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions

Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs

generic

<i>alendronate sodium</i>	1	MO
<i>calcitonin-salmon (nasal spray)</i>	1	MO, QL
<i>calcitriol (capsule)</i>	1	MO, B/D
<i>calcitriol (injection, oral solution)</i>	3	MO, B/D
<i>etidronate disodium</i>	1	MO
<i>pamidronate disodium</i>	1	MO

BRAND

ACTONEL	2	MO, QL MO, B/D,
FORTEO	4	PA
FOSAMAX (ORAL SOLUTION)	3	MO, QL
FOSAMAX PLUS D	3	MO, QL
HECTOROL	2	MO, B/D MO, B/D,
MIACALCIN (INJECTION)	3	PA
PROLIA	3	MO, PA, QL
XGEVA	4	MO, PA, QL
ZEMPLAR	2	MO, B/D
ZOMETA	4	MO

Miscellaneous Therapeutic Agents

generic

<i>alcohol preps</i>	1	MO
<i>anagrelide hcl</i>	1	MO
<i>dextrose 10%</i>	1	MO
<i>dextrose 5%</i>	1	MO
<i>intralipid (20% injection)</i>	3	MO, B/D
<i>lactated ringer's irrigation</i>	1	MO
<i>leucovorin calcium</i>	1	MO
<i>levocarnitine (injection, oral solution)</i>	3	MO, B/D
<i>levocarnitine (tablet)</i>	1	MO, B/D
<i>sterile water irrigation</i>	1	MO

BRAND

DRUG NAME	DRUG TIER	REQ./LIMITS
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GAUZE PADS	2	MO
INSULIN SYRINGES, NEEDLES	2	MO
METHERGINE	2	MO
XENAZINE	4	MO, PA

Ophthalmic Agents - Drugs to Treat Eye Conditions

Ophthalmic Agents, Other - Miscellaneous Eye Drugs

generic

<i>ak-con</i>	1	MO
<i>parcaine</i>	1	MO
<i>proparacaine hcl</i>	1	MO
<i>tropicamide</i>	1	MO

BRAND

LACRISERT	2	MO
RESTASIS	2	MO

Ophthalmic Anti-Allergy Agents - Allergy, Infection and Inflammation Drugs

generic

<i>azelastine hcl (ophthalmic solution)</i>	1	MO
<i>cromolyn sodium (ophthalmic solution)</i>	1	MO
<i>epinastine</i>	1	MO

BRAND

ALAMAST	3	MO
ALOCRIAL	3	MO
ALOMIDE	3	MO
EMADINE	3	MO, ST
PATADAY	2	MO
PATANOL	2	MO

Ophthalmic Antiglaucoma Agents - Glaucoma Drugs

generic

<i>acetazolamide (12-hour capsule)</i>	3	MO
<i>acetazolamide (tablet)</i>	1	MO
<i>apraclonidine</i>	1	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
<i>betaxolol hcl</i>	1	MO
<i>brimonidine tartrate</i>	1	MO
<i>carteolol hcl</i>	1	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>levobunolol hcl</i>	1	MO
<i>methazolamide</i>	1	MO
<i>metipranolol</i>	1	MO
<i>timolol maleate (ophthalmic solution, tablet)</i>	1	MO

BRAND

ALPHAGAN P (0.1% OPHTHALMIC SOLUTION)	2	MO
AZOPT	2	MO
BETIMOL	3	MO
COMBIGAN	2	MO
IOPIDINE (1% OPHTHALMIC SOLUTION)	3	MO
ISTALOL	3	MO
PHOSPHOLINE IODIDE	2	MO
PILOPINE HS	2	MO

Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs

generic

<i>dexamethasone sodium phosphate</i>	1	MO
<i>diclofenac sodium</i>	1	MO
<i>fluorometholone</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
<i>ketorolac tromethamine (ophthalmic solution)</i>	1	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	MO
<i>neomycin/polymyxin/dexamethasone poly-dex</i>	1	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate sulfacetamide sodium/prednisolone sodium phosphate</i>	1	MO
<i>tobramycin/dexamethasone</i>	1	MO

BRAND

ALREX	3	MO
BLEPHAMIDE	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
BLEPHAMIDE S.O.P.	2	MO
DUREZOL	3	MO
FLAREX	2	MO
FML	2	MO
FML FORTE	2	MO
LOTEMAX	3	MO
MAXIDEX	2	MO
NEVANAC	3	MO
POLY-PRED	2	MO
PRED MILD	2	MO
PRED-G	3	MO
PRED-G S.O.P.	2	MO
TOBRADEX (OPHTHALMIC OINTMENT)	2	MO
VEXOL	2	MO
XIBROM	3	MO
ZYLET	2	MO

Ophthalmic Prostaglandin and Prostaglandin Analogs - Glaucoma Drugs

generic

<i>latanoprost</i>	1	MO
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BRAND

LUMIGAN	2	MO
TRAVATAN Z	2	MO

Otic Agents - Drugs to Treat Ear Conditions

Otic Agents - Ear Drugs

generic

<i>acetic acid</i>	1	MO
<i>acetic acid/hydrocortisone</i>	3	MO
<i>cortomycin</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone</i>	1	MO

BRAND

CIPRO HC	2	MO
COLY-MYCIN S	3	MO
CORTISPORIN-TC	3	MO
DERMOTIC	2	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
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Respiratory Tract Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions

Antihistamines - Allergy Drugs

generic

azelastine hcl (nasal spray)	1	MO, QL
cetirizine hcl	1	MO
clemastine fumarate	1	MO
fexofenadine hcl	1	MO
hydroxyzine hcl	1	MO
levocetirizine dihydrochloride	1	MO, QL
phenadoz	1	MO
promethazine hcl	1	MO
promethegan	1	MO

BRAND

ALLEGRA	3	MO, QL, ST
ASTEPRO	2	MO, QL
CLARINEX-D	3	MO, QL, ST
PATANASE	2	MO, QL
SEMPREX-D	3	MO

Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs

generic

budesonide (nebulizer suspension)	3	MO, B/D
flunisolide	1	MO
fluticasone propionate	1	MO

BRAND

ADVAIR DISKUS	2	MO
ADVAIR HFA	2	MO
ALVESCO	3	MO
ASMANEX	3	MO
BECONASE AQ	3	MO
FLOVENT HFA	2	MO
NASONEX	2	MO
PULMICORT (1MG/2ML NEBULIZER SUSPENSION)	3	MO
PULMICORT FLEXHALER	2	MO
QVAR	2	MO
SYMBICORT	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
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Antileukotrienes - Asthma/Lung Drugs

generic

zafirlukast	1	MO, QL
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BRAND

SINGULAIR	2	MO, QL
ZYFLO CR	3	MO, QL, ST

Bronchodilators, Anticholinergic - Asthma/Lung Drugs

generic

ipratropium bromide (nasal spray)	1	MO
ipratropium bromide (nebulizer solution)	1	MO, B/D
ipratropium bromide/albuterol sulfate (nebulizer solution)	1	MO, B/D

BRAND

ATROVENT HFA	2	MO, QL
COMBIVENT	2	MO, QL
SPIRIVA HANDIHALER	2	MO, QL

Bronchodilators, Phosphodiesterase Inhibitors (Xanthines) - Asthma/Lung Drugs

generic

aminophylline	1	MO
theochron	1	MO
theophylline er	1	MO

BRAND

ELIXOPHYLLIN	2	MO
THEO-24	2	MO

Bronchodilators, Sympathomimetic - Asthma/Lung Drugs

generic

albuterol sulfate (nebulizer solution)	1	MO, B/D
albuterol sulfate (syrup, tablet)	1	MO
epinephrine hcl	1	MO, B/D,
		ST
levalbuterol (nebulizer solution)	3	ST
metaproterenol sulfate	1	MO
terbutaline sulfate (injection)	4	MO
terbutaline sulfate (tablet)	1	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
BRAND		
EPIPEN	2	MO
FORADIL AEROLIZER	2	MO, QL, ST
MAXAIR AUTOHALER	3	MO, QL
PROAIR HFA	2	MO, QL
PROVENTIL HFA	2	MO, QL
SEREVENT DISKUS	2	MO, QL, ST
TWINJECT	3	MO
VENTOLIN HFA	2	MO, QL
		MO, B/D,
XOPENEX (NEBULIZER SOLUTION)	3	ST
XOPENEX HFA	3	MO, QL

Mast Cell Stabilizers - Asthma/Lung Drugs

<i>generic</i>		
<i>cromolyn sodium (nebulizer solution)</i>	1	MO, B/D

Pulmonary Antihypertensives - Asthma/Lung Drugs

BRAND		
ADCIRCA	4	MO, QL
LETAIRIS	4	MO, QL
		MO, B/D,
REMODULIN	4	PA
REVATIO (INJECTION)	4	MO
REVATIO (TABLET)	4	MO, QL
		MO, QL,
TRACLEER	4	LA
		MO, B/D,
VENTAVIS	4	PA

Respiratory Tract Agents, Other - Asthma/Lung Drugs

<i>generic</i>		
<i>acetylcysteine</i>	1	MO, B/D

BRAND		
ARALAST NP	4	MO, PA
GLASSIA	4	MO, PA
PROLASTIN	4	MO, PA
PULMOZYME	4	MO, B/D
TYZINE	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
XOLAIR	4	MO, PA
ZEMAIRA	4	MO, PA

Sedatives/Hypnotics - Drugs for Sedation and Sleep

Sedatives/Hypnotics - Sedation and Sleep Drugs

<i>generic</i>		
<i>zaleplon</i>	1	MO, QL
<i>zolpidem tartrate</i>	1	MO, QL
<i>zolpidem tartrate er</i>	3	MO, QL

BRAND		
LUNESTA	2	MO, QL, ST
ROZEREM	3	MO, QL

Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions

Skeletal Muscle Relaxants - Pain/Swelling Management Drugs

<i>generic</i>		
<i>carisoprodol</i>	1	MO, QL
<i>chlorzoxazone</i>	1	MO, QL
<i>cyclobenzaprine er capsule (15mg)</i>	3	QL, ST
<i>cyclobenzaprine er capsule (30mg)</i>	3	QL, ST
<i>cyclobenzaprine hcl</i>	1	MO, QL
<i>metaxalone</i>	3	MO, QL
<i>methocarbamol</i>	1	MO, QL

Therapeutic Nutrients/Minerals/ Electrolytes

Vitamins

<i>generic</i>		
<i>prenatal vitamins</i>	1	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
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Therapeutic Nutrients/Minerals/ Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies

Electrolytes/Minerals - Electrolytes and Minerals

<i>generic</i>		
<i>aminosyn 8.5%/electrolytes</i>	1	MO, B/D
<i>aminosyn ii 8.5%/electrolytes</i>	1	MO, B/D
<i>aminosyn-hf</i>	3	MO, B/D
<i>clinimix/dextrose (4.25%/d10w injection, 4.25%/d20w injection, 4.25%/d25w injection)</i>	3	MO, B/D
<i>clinisol sf 15%</i>	3	MO, B/D
<i>dextrose 10%/nacl 0.2%</i>	1	MO
<i>dextrose 2.5%/nacl 0.45%</i>	1	MO
<i>dextrose 5%/kcl 0.075%</i>	1	MO
<i>dextrose 5%/nacl 0.2%</i>	1	MO
<i>dextrose 5%/nacl 0.33%</i>	1	MO
<i>dextrose 5%/nacl 0.45%</i>	1	MO
<i>dextrose 5%/nacl 0.9%</i>	1	MO
<i>ed k+10</i>	1	MO
<i>freamine iii (8.5% injection)</i>	3	MO, B/D
<i>hepatamine</i>	3	MO, B/D
<i>isolyte-m/dextrose 5%</i>	1	MO
<i>kcl (0.4meq/1ml injection, 10meq/100ml injection, 2meq/1ml injection, 30meq/100ml injection)</i>	1	MO
<i>kcl 0.075%/d5w/nacl 0.225%</i>	1	MO
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	MO
<i>kcl 0.15% /nacl 0.45% viaflex</i>	1	MO
<i>kcl 0.15% d5w/nacl 0.33%</i>	1	MO
<i>kcl 0.15% d5w/nacl 0.45% viaflex</i>	1	MO
<i>kcl 0.15% nacl 0.9%</i>	1	MO
<i>kcl 0.15%/d10w/nacl 0.2%</i>	1	MO
<i>kcl 0.15%/d5w</i>	1	MO
<i>kcl 0.15%/d5w/lr</i>	1	MO
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	MO
<i>kcl 0.15%/d5w/nacl 0.225%</i>	1	MO
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	MO
<i>kcl 0.22% d5w/nacl 0.45%</i>	1	MO
<i>kcl 0.224%/d5w</i>	1	MO
<i>kcl 0.224%d5w/nacl 0.33%</i>	1	MO
<i>kcl 0.3%/d5w</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>kcl 0.3%/d5w/lr iv lac ring</i>	1	MO
<i>kcl 0.3%/d5w/nacl 0.2%</i>	1	MO
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	MO
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	MO
<i>kcl er</i>	1	MO
<i>lactated ringer's</i>	1	MO
<i>magnesium sulfate</i>	1	MO
<i>magnesium sulfate in d5w</i>	1	MO
<i>nacl</i>	1	MO
<i>nacl 0.45% viaflex</i>	1	MO
<i>nacl 0.9%</i>	1	MO
<i>normosol-m in d5w</i>	1	MO
<i>normosol-r in d5w</i>	1	MO
<i>physiolyte</i>	3	MO
<i>plasma-lyte-r</i>	1	MO
<i>potassium citrate extended-release</i>	1	MO
<i>premasol (6% injection)</i>	3	MO, B/D
<i>ringer's injection</i>	1	MO
<i>ringer's irrigation</i>	1	MO
<i>sodium bicarbonate</i>	1	MO
<i>sodium fluoride (tablet)</i>	1	MO
<i>sodium lactate</i>	1	MO
<i>tis-u-sol</i>	1	MO
<i>tpn electrolytes ftv</i>	1	MO

BRAND

AMINOSYN	3	MO, B/D
AMINOSYN II (10% INJECTION, 7% INJECTION, 8.5% INJECTION)	3	MO, B/D
AMINOSYN II 3.5%/DEXTROSE 5%	3	MO, B/D
AMINOSYN II 3.5%/DEXTROSE 25%	3	MO, B/D
AMINOSYN II 4.25%/DEXTROSE 10%	3	MO, B/D
AMINOSYN II 4.25%/DEXTROSE 20%	3	MO, B/D
AMINOSYN II 4.25%/DEXTROSE 25%	3	MO, B/D
AMINOSYN II 5%/DEXTROSE 25%	3	MO, B/D
AMINOSYN II M 3.5%/DEXTROSE 5%	3	MO, B/D
AMINOSYN M	3	MO, B/D
AMINOSYN-HBC	3	MO, B/D
AMINOSYN-PF	3	MO, B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	MO, B/D
CLINIMIX E 2.75%/DEXTROSE 10%	3	MO, B/D
CLINIMIX E 4.25%/DEXTROSE 25%	3	MO, B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	MO, B/D
CLINIMIX E 5%/DEXTROSE 15%	3	MO, B/D
CLINIMIX E 5%/DEXTROSE 20%	3	MO, B/D

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CLINIMIX E 5%/DEXTROSE 25%	3	MO, B/D
CLINIMIX/DEXTROSE (2.75%/D5W INJECTION, 4.25%/D5W INJECTION, 5%/D15W INJECTION, 5%/D20W INJECTION, 5%/D25W INJECTION)	3	MO, B/D
DEXTROSE 10%/NAACL 0.45%	1	MO
DEXTROSE 5%/ELECTROLYTE #48	3	MO
DEXTROSE 5%/NAACL 0.225%	1	MO
FREAMINE III (3% INJECTION)	3	MO, B/D
HEPATASOL	3	MO, B/D
IONOSOL-B/DEXTROSE 5%	3	MO
IONOSOL-MB/DEXTROSE 5%	3	MO
IONOSOL-T/DEXTROSE 5%	3	MO
ISOLYTE-H/DEXTROSE 5%	3	MO
ISOLYTE-P/DEXTROSE 5%	3	MO
ISOLYTE-S	3	MO
ISOLYTE-S/DEXTROSE 5%	3	MO
KCL (10MEQ/50ML INJECTION)	1	MO
KCL 0.3%/ NAACL 0.9%	1	MO
KLOR-CON 10	1	MO
KLOR-CON 8	1	MO
KLOR-CON M15	2	MO
KLOR-CON M20	1	MO
NEPHRAMINE	3	MO, B/D
NORMOSOL-R	3	MO
PHYSIOSOL IRRIGATION	3	MO
PLASMA-LYTE	3	MO
PLASMA-LYTE/D5W	3	MO
PREMASOL (10% INJECTION)	3	MO, B/D
PROCALAMINE	3	MO, B/D
PROSOL	3	MO, B/D
TRAVASOL	3	MO, B/D
TROPHAMINE (10% INJECTION)	3	MO, B/D

DRUG NAME	DRUG TIER	REQ./LIMITS
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