



2010 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.

This document includes the 2010 TEAMStar Medicare Part D Prescription Drug Program (PDP) complete formulary as of January 1, 2010. For an updated formulary, please visit our web site at www.teamstarpartd.com or call Customer Service at 1-866-524-4173, 7 days a week between 8:00am - 8:00pm in your local time zone. TTY/TDD (hearing impaired) users should call 1-866-524-4174.

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

A formulary is a list of covered drugs selected by TEAMStar 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. TEAMStar 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 TEAMStar 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 2010 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2010 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2010. To get updated information about the drugs covered by TEAMStar Medicare Part D, please visit our website at www.teamstarpartd.com or call Customer Service at 1-866-524-4173, 7 days a week between 8:00 am - 8:00 pm in your local time zone. TTY/TDD (hearing impaired) users should call 1-866-524-4174.

In order to keep your formulary current, we will update the page on which the affected drug(s) is listed and send you a copy to keep with your formulary.

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 30. 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?

TEAMStar 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:** TEAMStar 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 TEAMStar Medicare Part D before you fill your prescriptions. If you don't get approval, TEAMStar Medicare Part D may not cover the drug.

- **Quantity Limits:** For certain drugs, TEAMStar Medicare Part D limits the amount of the drug that TEAMStar Medicare Part D will cover. This may be in addition to a standard one month or three month supply.
- **MO,Step Therapy:** In some cases, TEAMStar 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, TEAMStar Medicare Part D may not cover drug B unless you try Drug A first. If Drug A does not work for you, TEAMStar 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 ask TEAMStar Medicare Part D to make an exception to these restrictions or limits. See the section, “How do I request an exception to the TEAMStar Medicare Part D’s 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 TEAMStar 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 TEAMStar 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 TEAMStar Medicare Part D.
- You can ask TEAMStar 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 1-866-524-4173, 7 days a week between 8:00am - 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 TEAMStar Medicare Part D’s Formulary?

You can ask TEAMStar 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, TEAMStar 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 or 4, 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, TEAMStar 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 member of our plan for 90 days or less and 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.

Other times when we will cover a temporary 31-day transition supply (or less, if you have a prescription):

- When you enter a long term care facility
- When you leave a long term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care

TEAMStar Medicare Part D will send you a letter within 3 days of your filling a temporary transition supply notifying you that this was a temporary supply and explaining your options.

For more information

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

If you have questions about TEAMStar Medicare Part D, please call Customer Service at 1-866-524-4173, 7 days a week between 8:00am - 8:00pm in your local time zone. TTY/TDD (hearing impaired) users should call 1-866-524-4174. Or visit www.teamstarpartd.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 www.medicare.gov.

TEAMStar Medicare Part D Prescription Drug Program Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by TEAMStar Medicare Part D Prescription Drug Program. If you have trouble finding your drug in the list, turn to the Index that begins on page 30.

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

The information in the Notes column tells you if TEAMStar 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).

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 TEAMStar Medicare Part D Prescription Drug Program formulary on our web site, www.teamstarpartd.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 Pain Relievers

BRAND

EQUAGESIC	3	MO
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Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs

generic

<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium</i>	1	MO
<i>diclofenac sodium ec</i>	1	MO
<i>diclofenac sodium xr</i>	1	MO
<i>diflunisal</i>	1	MO
<i>etodolac</i>	1	MO
<i>etodolac er</i>	1	MO
<i>fenoprofen calcium</i>	1	MO
<i>flurbiprofen</i>	1	MO
<i>ibu</i>	1	MO
<i>ibuprofen</i>	1	MO
<i>indomethacin</i>	1	MO
<i>indomethacin er</i>	1	MO
<i>ketoprofen</i>	1	MO
<i>ketoprofen er</i>	1	MO
<i>ketorolac tromethamine</i>	1	MO,QL
<i>meclofenamate sodium</i>	1	MO
<i>meloxicam (oral suspension)</i>	3	MO
<i>meloxicam (tablet)</i>	1	MO
<i>nabumetone</i>	1	MO
<i>naproxen</i>	1	MO
<i>naproxen dr</i>	1	MO
<i>oxaprozin</i>	1	MO
<i>piroxicam</i>	1	MO
<i>sulindac</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
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BRAND

ARTHROTEC	3	MO
CELEBREX	3	MO,QL
INDOCIN	3	MO
NALFON	3	MO
NAPRELAN (375MG CR 24-HOUR TABLET)	3	MO

Opioid Analgesics - Opioid Pain Relievers

generic

<i>acetaminophen/codeine</i>	1	MO
<i>ascomp/codeine</i>	1	MO
<i>astramorph</i>	1	MO
<i>balacet 325</i>	3	MO
<i>buprenorphine hcl</i>	3	MO
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	MO
<i>butorphanol tartrate (injection)</i>	3	MO
<i>butorphanol tartrate (nasal spray)</i>	3	MO,QL
<i>co-gesic</i>	1	MO
<i>duramorph</i>	1	MO
<i>endocet</i>	1	MO
<i>endodan</i>	1	MO
<i>fentanyl (patch)</i>	3	MO,QL
<i>fentanyl citrate (injection)</i>	1	MO
<i>fentanyl citrate oral transmucosal</i>	4	PA,QL
<i>hydrocodone/acetaminophen</i>	1	MO
<i>hydrocodone/ibuprofen</i>	1	MO
<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
<i>meperidine hcl (injection)</i>	1	MO
<i>meperidine hcl (oral solution, tablet)</i>	1	MO,QL
<i>methadone hcl (concentrate, oral solution, tablet)</i>	1	MO,QL
<i>methadone hcl (injection)</i>	3	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
<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>	3	MO
<i>oxycodone hcl</i>	1	MO,QL
<i>oxycodone hcl er</i>	3	MO,QL
<i>oxycodone/acetaminophen</i>	1	MO
<i>oxycodone/aspirin</i>	1	MO
<i>oxycodone/ibuprofen</i>	1	MO
<i>pentazocine/acetaminophen</i>	1	MO
<i>pentazocine/naloxone hcl</i>	1	MO
<i>propoxyphene hcl</i>	1	MO,QL
<i>propoxyphene/acetaminophen</i>	1	MO
<i>propoxyphene-n/acetaminophen</i>	1	MO
<i>roxicet (oral solution)</i>	3	MO
<i>roxicet (tablet)</i>	1	MO
<i>stagesic</i>	1	MO
<i>tramadol hcl</i>	1	MO
<i>tramadol hcl/acetaminophen</i>	1	MO
<i>vanacet</i>	1	MO
BRAND		
AVINZA	2	QL
CAPITAL/CODEINE	2	MO
DARVON-N	3	MO,QL
DILAUDID-5	3	MO,QL
HYCET	3	MO
INFUMORPH	3	MO
KADIAN	2	QL
OPANA	2	QL
OPANA ER	2	QL
OXYCONTIN	3	MO,QL
SUBOXONE	3	MO,QL
SUBUTEX	3	MO,QL
ULTRAM ER (100MG 24-HOUR TABLET, 200MG 24-HOUR TABLET)	3	MO,QL
ULTRAM ER (300MG 24-HOUR TABLET)	3	MO
XODOL	3	MO
ZYDONE	3	MO

Anesthetics - Drugs for Numbing

Local Anesthetics

generic	DRUG TIER	REQ./LIMITS
<i>anestacon</i>	1	MO
<i>lidocaine</i>	1	MO
<i>lidocaine hcl</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>lidocaine hcl jelly</i>	1	MO
<i>lidocaine viscous</i>	1	MO
<i>lidocaine/prilocaine</i>	1	MO
BRAND		
LIDODERM	2	QL

Antibacterials - Drugs to Treat Bacterial Infections

Aminoglycosides - Antibiotics

generic	DRUG TIER	REQ./LIMITS
<i>ak-tob</i>	1	MO
<i>amikacin sulfate</i>	1	MO
<i>genoptic</i>	1	MO
<i>gentak</i>	1	MO
<i>gentamicin sulfate</i>	1	MO
<i>gentamicin sulfate/nacl</i>	1	MO
<i>gentasol</i>	1	MO
<i>isotonic gentamicin</i>	1	MO
<i>kanamycin sulfate</i>	1	MO
<i>neomycin sulfate</i>	1	MO
<i>paromomycin sulfate</i>	1	MO
<i>tobramycin sulfate</i>	1	MO
<i>tobramycin sulfate/nacl</i>	1	MO
<i>tobrasol</i>	1	MO

BRAND

NEO-FRADIN	3	MO
STREPTOMYCIN SULFATE	3	MO
TOBEX (OINTMENT)	3	MO

Antibacterials, Other - Antibiotics

generic	DRUG TIER	REQ./LIMITS
<i>ak-poly-bac</i>	1	MO
<i>baciim</i>	1	MO
<i>bacitracin (ointment)</i>	1	MO
<i>bacitracin/neomycin/polymyxin</i>	1	MO
<i>bacitracin/polymyxin b</i>	1	MO
<i>bacitracin/polymyxin/neomycin / hydrocortisone</i>	1	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin phosphate</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

KEY: **QL** = Quantity Limitations may apply.
PA = Prior Approval may be required.

ST = Eligible for Step Therapy.

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

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>mupirocin</i>	1	MO
<i>neomycin/polymyxin b sulfates</i>	1	MO
<i>neomycin/polymyxin/gramicidin</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone</i>	1	MO
<i>nitrofurantoin macrocrystalline</i>	1	MO
<i>nitrofurantoin monohydrate</i>	1	MO
<i>polycin b</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>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO
<i>vancomycin hcl</i>	1	MO
<i>vancomycin hcl iso-osmotic dextrose</i>	3	MO
<i>vandazole</i>	1	MO

BRAND

BACTROBAN (CREAM)	2	MO
BACTROBAN NASAL	2	MO
CLEOCIN (75MG CAPSULE, SUPPOSITORY)	3	MO
CLEOCIN GALAXY	3	MO
CLEOCIN PEDIATRIC GRANULES	3	MO
CLINDAGEL	3	MO
CLINDESSE	3	MO
CORTISPORIN (OINTMENT)	3	MO
CUBICIN	4	MO
EVOCLIN	3	MO
FLAGYL ER	3	MO
FURADANTIN	3	MO
MACRODANTIN (25MG CAPSULE)	3	MO
METROGEL	3	MO
MONUROL	3	MO
NORITATE	3	MO
PRIMSOL	3	MO
SULFAMYLON (CREAM)	2	MO
SULFAMYLON (PACK)	3	MO
SYNERCID	4	MO
TYGACIL	3	MO
VANCOCIN HCL	4	PA
XIFAXAN	3	MO
ZYVOX (INJECTION)	4	MO
ZYVOX (ORAL SUSPENSION, TABLET)	4	PA

Beta-Lactam, Cephalosporins - Antibiotics

<i>generic</i>		
<i>cefaclor</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<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>	3	MO
<i>cefoxitin sodium</i>	3	MO
<i>cefoxitin sodium/dextrose</i>	3	MO
<i>cefpodoxime proxetil</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime</i>	3	MO
<i>ceftriaxone sodium</i>	3	MO
<i>ceftriaxone/dextrose</i>	3	MO
<i>cefuroxime axetil</i>	1	MO
<i>cefuroxime sodium</i>	1	MO
<i>cefuroxime/dextrose</i>	1	MO
<i>cephalexin</i>	1	MO
<i>tazicef</i>	3	MO

BRAND

CEDAX	3	MO
CEFIZOX IN DEXTROSE 5%	3	MO
CLAFORAN (1GM INJECTION)	3	MO
CLAFORAN/D5W	3	MO
FORTAZ/D5W	3	MO
KEFLEX (750MG CAPSULE)	3	MO
MAXIPIME (2GM INJECTION)	2	MO
MEFOXIN IN DEXTROSE	3	MO
SPECTRACEF	2	MO
SUPRAX	3	MO
ZINACEF (750MG INJECTION)	3	MO
ZINACEF IN ISO-OSMOTIC DEXTROSE	3	MO
ZINACEF IN ISO-OSMOTIC DILUENT	3	MO

Beta-Lactam, Other - Antibiotics

BRAND

AZACTAM	2	MO
INVANZ	3	MO
MERREM	4	MO
PRIMAXIN	3	MO

Beta-Lactam, Penicillins - Antibiotics

<i>generic</i>		
<i>amoxicillin</i>	1	MO
<i>amoxicillin/potassium clavulanate</i>	1	MO
<i>amoxil (250mg/5ml oral suspension, capsule)</i>	1	MO
<i>ampicillin</i>	1	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
<i>ampicillin sodium</i>	1	MO
<i>ampicillin-sulbactam</i>	3	MO
<i>dicloxacillin sodium</i>	1	MO
<i>nafcillin sodium</i>	3	MO
<i>oxacillin sodium (1gm injection)</i>	3	MO
<i>penicillin g potassium</i>	3	MO
<i>penicillin g potassium in iso-osmotic dextrose</i>	3	MO
<i>penicillin g sodium</i>	3	MO
<i>penicillin v potassium</i>	1	MO
<i>trimox</i>	1	MO
<i>veetids</i>	1	MO

BRAND

AUGMENTIN (125MG/5ML ORAL SUSPENSION, 250MG/5ML ORAL SUSPENSION, CHEWABLE TABLET)	3	MO
AUGMENTIN XR	3	MO
BACTOCILL IN DEXTROSE	4	MO
BICILLIN C-R	3	MO
BICILLIN L-A	3	MO
NALLPEN/DEXTROSE	3	MO
OXACILLIN SODIUM (10GM INJECTION)	3	MO
PIPERACILLIN SODIUM	3	MO
TIMENTIN	2	MO
ZOSYN (3-0.375G INJECTION)	2	MO
ZOSYN IN DEXTROSE (2-0.25GM INJECTION, 3-0.375G INJECTION)	3	MO

Macrolides - Antibiotics

<i>generic</i>		
<i>azithromycin (injection)</i>	3	MO
<i>azithromycin (oral suspension, tablet)</i>	1	MO
<i>clarithromycin</i>	1	MO
<i>clarithromycin er e.e.s. 400</i>	1	MO
<i>ery</i>	1	MO
<i>erythromycin</i>	1	MO
<i>erythromycin base</i>	1	MO
<i>erythromycin/sulfisoxazole</i>	1	MO
<i>romycin</i>	1	MO

BRAND

AKNE-MYCIN	3	MO
E.E.S. GRANULES	2	MO
ERYPED	2	MO
ERY-TAB	2	MO
ERYTHROCIN LACTOBIONATE	2	MO
ERYTHROCIN STEARATE	3	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
KETEK	3	MO, PA
PCE	3	MO
ZMAX	3	MO

Quinolones - Antibiotics

generic

<i>ciprofloxacin</i>	1	MO
<i>ciprofloxacin er (1000mg 24-hour tablet)</i>	1	MO
<i>ciprofloxacin hcl</i>	1	MO
<i>ofloxacin</i>	1	MO

BRAND

AVELOX	3	MO
AVELOX ABC PACK	3	MO
CILOXAN (OINTMENT)	2	MO
CIPRO (ORAL SUSPENSION)	3	MO
FACTIVE	2	MO
LEVAQUIN	2	MO
LEVAQUIN PREMIX	2	MO
NOROXIN	3	MO
PROQUIN XR	3	MO
QUIXIN	3	MO
VIGAMOX	2	MO
ZYMAR	2	MO

Sulfonamides - Antibiotics

generic

<i>ocusulf-10</i>	1	MO
<i>sulfacetamide sodium</i>	1	MO
<i>sulfadiazine</i>	3	MO
<i>sulfamethoxazole/trimethoprim</i>	1	MO
<i>sulfatrim</i>	1	MO

BRAND

GANTRISIN PEDIATRIC	2	MO
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Tetracyclines - Antibiotics

generic

<i>demeclocycline hcl</i>	3	MO
<i>doxy-caps</i>	1	MO
<i>doxycycline hyclate (capsule, extended release capsule, tablet)</i>	1	MO
<i>doxycycline hyclate (injection)</i>	3	MO
<i>doxycycline monohydrate (50mg tablet, 75mg tablet)</i>	3	MO
<i>doxycycline monohydrate (oral suspension)</i>	1	MO
<i>minocycline hcl (capsule)</i>	1	MO
<i>minocycline hcl (tablet)</i>	3	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
<i>myrac</i>	3	MO
<i>tetracycline hcl</i>	1	MO
BRAND		
DORYX	3	MO
ORACEA	2	MO
VIBRAMYCIN (SYRUP)	3	MO

Anticonvulsants - Drugs to Treat Seizures

Anticonvulsants, Other - Seizure Control Drugs

<i>generic</i>		
<i>levetiracetam</i>	3	MO
BRAND		
BANZEL	3	MO
KEPPRA (INJECTION)	3	MO
KEPPRA XR	2	QL
VIMPAT	3	MO

Calcium Channel Modifying Agents - Seizure Control Drugs

<i>generic</i>		
<i>ethosuximide (capsule)</i>	3	MO
<i>ethosuximide (oral solution)</i>	1	MO
<i>zonisamide</i>	1	MO
BRAND		
CELONTIN	3	MO
LYRICA	3	MO, PA

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

<i>generic</i>		
<i>divalproex sodium (24-hour tablet, sprinkle capsule)</i>	3	MO
<i>divalproex sodium (delayed release tablet)</i>	1	MO
<i>gabapentin</i>	1	MO
<i>primidone</i>	1	MO
<i>valproate sodium</i>	3	MO
<i>valproic acid</i>	1	MO
BRAND		
GABITRIL	3	MO
NEURONTIN (ORAL SOLUTION)	3	MO
STAVZOR	3	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
Glutamate Reducing Agents - Seizure Control Drugs		

<i>generic</i>		
<i>lamotrigine</i>	3	MO
<i>topiramate</i>	3	MO, PA

BRAND		
FELBATOL	3	MO
LAMICTAL STARTER KIT	2	
TOPAMAX	3	MO, PA
TOPAMAX SPRINKLE	3	MO, PA

Sodium Channel Inhibitors - Seizure Control Drugs

<i>generic</i>		
<i>carbamazepine</i>	1	MO
<i>carbamazepine er</i>	2	MO
<i>epitol</i>	1	MO
<i>fosphenytoin sodium</i>	3	MO
<i>oxcarbazepine</i>	3	MO
<i>phenytoin</i>	1	MO
<i>phenytoin sodium</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO

BRAND		
CARBATROL	2	MO
DILANTIN	2	MO
DILANTIN INFATABS	2	MO
PEGANONE	3	MO
PHENYTEK	2	MO
TEGRETOL	2	MO
TEGRETOL-XR	2	MO
TRILEPTAL (ORAL SUSPENSION)	3	MO

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

Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs

<i>generic</i>		
<i>galantamine hydrobromide</i>	3	MO
BRAND		
ARICEPT	2	MO
ARICEPT ODT	2	MO
EXELON	3	MO
RAZADYNE (ORAL SOLUTION)	2	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
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>	3	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
<i>mirtazapine odt</i>	1	MO
<i>nefazodone hcl</i>	1	MO
<i>trazodone hcl</i>	1	MO

Monoamine Oxidase Inhibitors - Antidepressants

<i>generic</i>		
<i>tranylcypromine sulfate</i>	1	MO

BRAND		
EMSAM	3	MO,QL,ST
MARPLAN	3	MO
NARDIL	2	MO

Serotonin/Norepinephrine Reuptake Inhibitors - Antidepressants

<i>generic</i>		
<i>citalopram hydrobromide</i>	1	MO
<i>fluoxetine hcl</i>	1	MO
<i>fluvoxamine maleate</i>	1	MO
<i>paroxetine hcl (oral suspension)</i>	3	MO
<i>paroxetine hcl (tablet)</i>	1	MO
<i>paroxetine hcl er</i>	3	MO,QL
<i>selfemra</i>	3	MO,QL,ST
<i>sertraline hcl</i>	1	MO
<i>venlafaxine hcl</i>	1	MO,QL

BRAND		
CYMBALTA	2	MO
EFFEXOR XR	2	QL

DRUG NAME	DRUG TIER	REQ./LIMITS
LEXAPRO	2	MO
PEXEVA	3	MO,ST
PRISTIQ	2	QL
PROZAC WEEKLY	3	MO,QL,ST

Tricyclics - Antidepressants

<i>generic</i>		
<i>amitriptyline hcl</i>	1	MO
<i>amoxapine</i>	1	MO
<i>chlordiazepoxide/amitriptyline</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</i>	1	MO
<i>perphenazine/amitriptyline</i>	1	MO
<i>protriptyline hcl</i>	3	MO
<i>trimipramine maleate</i>	3	MO

BRAND		
SURMONTIL (100MG CAPSULE)	3	MO

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

Antidotes - Antidotes/Protectants

<i>generic</i>		
<i>acetylcysteine</i>	1	MO,B/D
<i>kionex</i>	1	MO
<i>leucovorin calcium</i>	1	MO
<i>sodium polystyrene sulfonate</i>	1	MO

BRAND		
ACETADOTE	3	MO
CUPRIMINE	2	MO
DEPEN TITRATABS	3	MO
EXJADE	4	MO
SYPRINE	3	MO

Deterrents - Antidotes/Protectants

<i>generic</i>		
<i>bupropion hcl sr</i>	1	MO,QL

BRAND		
ANTABUSE	2	MO
CAMPRAL	3	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
CHANTIX	3	MO,QL
NICOTROL INHALER	3	MO
NICOTROL NS	3	MO

Toxicologic Agents - Antidotes/Protectants

<i>generic</i>		
<i>depade</i>	3	MO
<i>naloxone hcl</i>	1	MO
<i>naltrexone hcl</i>	3	MO

Antiemetics - Drugs to Treat Nausea and Vomiting

<i>generic</i>		
<i>dronabinol (10mg capsule, 5mg capsule)</i>	4	B/D,PA,QL
<i>dronabinol (2.5mg capsule)</i>	3	MO,B/D,PA,QL
<i>granisetron hcl (injection)</i>	3	MO
<i>granisetron hcl (tablet)</i>	3	MO,B/D,QL
<i>granisol</i>	3	MO,B/D,QL
<i>hydroxyzine pamoate</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, tablet)</i>	3	MO,B/D,QL
<i>ondansetron odt</i>	1	MO,B/D,QL
<i>trimethobenzamide hcl</i>	1	MO

BRAND

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

Antifungals - Drugs to Treat Fungal Infections

Antifungals - Fungal Infection Drugs

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

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 (oral suspension)</i>	3	MO
<i>fluconazole (tablet)</i>	1	MO
<i>fluconazole in dextrose</i>	3	MO
<i>griseofulvin microsize</i>	1	MO
<i>itraconazole</i>	3	MO
<i>ketoconazole</i>	1	MO
<i>kuric</i>	1	MO
<i>miconazole 3</i>	1	MO
<i>nystatin</i>	1	MO
<i>nystatin/triamcinolone</i>	1	MO, PA
<i>nystop</i>	1	MO
<i>pedi-dri</i>	1	MO
<i>terbinafine hcl</i>	1	MO
<i>terconazole</i>	1	MO
<i>zazole</i>	1	MO

BRAND

ANCOBON (250MG CAPSULE)	3	MO,B/D
ANCOBON (500MG CAPSULE)	4	MO
CANCIDAS	4	MO
ERAXIS	4	MO
ERTACZO	3	MO
EXELDERM	3	MO
GRIFULVIN V	2	MO
GRIS-PEG	3	MO
GNAZOLE-1	2	MO
LAMISIL (SOLUTION)	3	MO
LOPROX SHAMPOO	3	MO
MENTAX	3	MO
NAFTIN	2	MO
NATACYN	2	MO
NOXAFIL	4	MO
OXISTAT	3	MO
SPORANOX (ORAL SOLUTION)	3	MO
VFEND	4	MO
XOLEGEL	3	MO

Antigout Agents - Drugs to Treat Gout

Antigout Agents - Gout Drugs

<i>generic</i>		
<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	1	MO
<i>colchicine</i>	1	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
<i>probenecid</i>	1	MO
<i>probenecid/colchicine</i>	1	MO

Antimigraine Agents - Drugs to Treat Migraines

Abortive - Migraine Drugs

generic

<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	1	MO
<i>dihydroergotamine mesylate</i>	3	MO
<i>ergoloid mesylates</i>	3	MO
<i>ergotamine tartrate/caffeine</i>	1	MO
<i>migergot</i>	3	MO
<i>orphenadrine/aspirin/caffeine</i>	1	MO
<i>sumatriptan succinate (injection)</i>	1	MO,QL
<i>sumatriptan succinate (tablet)</i>	3	MO,QL
<i>trezix</i>	1	MO
<i>zerlor</i>	1	MO

BRAND

AMERGE	3	MO,QL,ST
AXERT	3	MO,QL,ST
ERGOMAR	2	MO
FROVA	3	MO,QL,ST
IMITREX (NASAL SPRAY)	2	QL
IMITREX STATDOSE REFILL (4MG/0.5 INJECTION)	2	QL
MAXALT	2	QL
MAXALT-MLT	2	QL
MIGRANAL	3	MO,QL
PANLOR DC	3	MO
RELPAX	3	MO,QL,ST
SYNALGOS-DC	3	MO
ZOMIG	3	MO,QL
ZOMIG ZMT	3	MO,QL

Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis

Parasympathomimetics - Myasthenia Gravis Drugs

generic

<i>pyridostigmine bromide</i>	1	MO
<i>regonol</i>	3	MO

BRAND

DRUG NAME	DRUG TIER	REQ./LIMITS
GUANIDINE HCL	3	MO
MESTINON (SYRUP)	2	MO
MESTINON TIMESPAN	2	MO
MYTELAZE	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</i>	1	MO
<i>pyrazinamide</i>	1	MO
<i>rifampin (capsule)</i>	1	MO
<i>rifampin (injection)</i>	4	MO

BRAND

CAPASTAT SULFATE	4	MO
PASER	3	MO
PRIFTIN	3	MO
RIFATER	3	MO
SEROMYCIN	3	MO
TRECTOR	3	MO

Antineoplastics - Drugs to Treat Cancer and Cancer Treatment Side Effects

Alkylating Agents - Chemotherapy Agents

generic

<i>cyclophosphamide (injection)</i>	1	MO
<i>cyclophosphamide (tablet)</i>	3	MO,B/D
<i>dacarbazine</i>	3	MO
<i>ifosfamide</i>	3	MO
<i>ifosfamide/mesna</i>	4	MO

BRAND

ALKERAN	4	MO
BICNU	3	MO
BUSULFEX	4	MO
CEENU	2	MO

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

Antiangiogenic Agents - Chemotherapy Agents

BRAND

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

Antiestrogens/Modifiers - Chemotherapy Agents

generic

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

EMCYT	2	MO
FARESTON	3	MO
FASLODEX	4	MO
SOLTAMOX	3	MO

Antimetabolites - Chemotherapy Agents

generic

<i>cytarabine</i>	1	MO
<i>cytarabine aqueous</i>	1	MO
<i>hydroxyurea</i>	1	MO
<i>mercaptopurine</i>	1	MO
<i>pentostatin</i>	4	MO

BRAND

ALIMTA	4	MO, PA
DROXIA	2	MO
ELITEK	4	MO
GEMZAR	4	MO
TABLOID	3	MO

Antineoplastics, Other - Chemotherapy Agents

generic

<i>bleomycin sulfate</i>	3	MO
<i>carboplatin</i>	3	MO
<i>cisplatin</i>	1	MO
<i>cladribine</i>	4	MO
<i>daunorubicin hcl</i>	3	MO
<i>doxorubicin hcl</i>	3	MO,B/D
<i>epirubicin hcl</i>	3	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>etoposide</i>	1	MO
<i>fludarabine phosphate</i>	4	MO
<i>idarubicin hcl</i>	4	MO
<i>irinotecan</i>	3	MO
<i>mitomycin</i>	3	MO
<i>mitoxantrone hcl</i>	3	MO
<i>onxol</i>	4	MO
<i>paclitaxel</i>	3	MO
<i>toposar</i>	1	MO
<i>vinblastine sulfate</i>	1	MO
<i>vincasar pfs</i>	1	MO
<i>vincristine sulfate</i>	1	MO
<i>vinorelbine tartrate</i>	3	MO

BRAND

ABRAXANE	4	MO
ARRANON	4	MO
CLOLAR	4	MO
COSMEGEN	3	MO
DACOGEN	4	MO
DAUNOXOME	3	MO
DEGARELIX (120MG INJECTION)	4	PA
DEGARELIX (80MG INJECTION)	3	MO, PA
DOXIL	4	B/D
ELOXATIN	4	MO
ELSPAR	3	MO
ETOPOPHOS	4	MO
HYCANTIN	4	MO
IXEMPRA KIT	4	MO
ONCASPAR	4	MO
ONTAK	4	MO
PHOTOFRIN	4	MO
PROLEUKIN	4	PA
TAXOTERE	4	MO
TORISEL	4	MO
TRISENOX	4	MO
VELCADE	4	MO
VIDAZA	4	MO
ZOLINZA	4	PA

Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents

BRAND

ARIMIDEX	2	MO
AROMASIN	3	MO
FEMARA	2	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
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Molecular Target Inhibitors - Chemotherapy

Agents

BRAND

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

AVASTIN	4	MO,PA
CAMPATH	4	MO
ERBITUX	4	MO,PA
HERCEPTIN	4	MO
MYLOTARG	4	MO
RITUXAN	4	MO,PA
VECTIBIX	4	MO,PA

Retinoids - Chemotherapy Agents

generic

<i>tretinoin (capsule)</i>	4	MO
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BRAND

PANRETIN	4	MO
TARGRETIN (CAPSULE)	4	MO,PA
TARGRETIN (GEL)	4	MO

Antiparasitics - Drugs to Treat Parasitic Infections

Anthelmintics - Worm Infection Drugs

generic

<i>mebendazole</i>	1	MO
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BRAND

ALBENZA	2	MO
BILTRICIDE	2	MO
STROMECTOL	2	MO

Antiprotozoals - Protozoal Infection Drugs

generic

<i>chloroquine phosphate</i>	1	MO
<i>hydroxychloroquine sulfate</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
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mefloquine hcl

1 MO

BRAND

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

Pediculicides/Scabicides - Scabies and Lice Drugs

generic

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

BRAND

EURAX	3	MO
OVIDE	3	MO

Antiparkinson Agents - Drugs to Treat Parkinson's Disease

Antiparkinson Agents - Parkinson's Disease Drugs

generic

<i>amantadine hcl</i>	1	MO
<i>atamet</i>	1	MO
<i>benztropine mesylate</i>	1	MO
<i>bromocriptine mesylate</i>	3	MO
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa cr</i>	1	MO
<i>carbidopa/levodopa odt</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,PA
AZILECT	2	MO
COGENTIN	2	MO
COMTAN	2	MO
LODOSYN	3	MO
MIRAPEX	2	MO
STALEVO	3	MO,ST
ZELAPAR	3	MO,ST

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DRUG NAME	DRUG TIER	REQ./LIMITS
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Antipsychotics - Drugs to Treat Mood Disorders

Atypicals - Mood Disorder Drugs

<i>generic</i>		
<i>clozapine</i>	3	MO
<i>risperidone</i>	3	MO
BRAND		
ABILIFY	3	MO
ABILIFY DISCMELT	4	MO
FAZACLO	3	
INVEGA	3	MO
RISPERDAL CONSTA (12.5MG INJECTION, 25MG INJECTION)	3	MO
RISPERDAL CONSTA (37.5MG INJECTION, 50MG INJECTION)	4	MO
RISPERDAL M-TAB	3	MO
SEROQUEL	2	MO
SEROQUEL XR	2	MO
ZYPREXA	2	MO
ZYPREXA ZYDIS	2	MO

Conventional - Mood Disorder Drugs

<i>generic</i>		
<i>chlorpromazine hcl</i>	1	MO
<i>compro</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>prochlorperazine</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		
MOBAN	3	MO
NAVANE (20MG CAPSULE)	3	MO
ORAP	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
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Antispasticity Agents - Drugs to Treat Spasms

Antispasticity Agents - Muscle Spasm Drugs

<i>generic</i>		
<i>baclofen</i>	1	MO
<i>dantrolene sodium</i>	3	MO
<i>tizanidine hcl</i>	1	MO
BRAND		
ZANAFLEX (CAPSULE)	3	MO

Antivirals - Drugs to Treat Viral Infections

Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs

<i>generic</i>		
<i>foscarnet sodium</i>	1	MO,B/D
<i>ganciclovir</i>	4	MO
BRAND		
VALCYTE	4	MO

Antihepatitis Agents - Hepatitis Drugs

<i>generic</i>		
<i>ribasphere</i>	1	MO, PA
<i>ribavirin</i>	1	MO, PA
BRAND		
BARACLUDE	4	MO
HEPSERA	4	MO
REBETOL (ORAL SOLUTION)	4	PA
TYZEKA	3	MO

Antitherpetic Agents - Herpes Drugs

<i>generic</i>		
<i>acyclovir</i>	1	MO
<i>acyclovir sodium</i>	3	MO,B/D
<i>famciclovir</i>	3	MO
<i>trifluridine</i>	3	MO
BRAND		
DENAVIR	2	MO
VALTrex	3	MO
ZOVIRAX (CREAM, OINTMENT)	2	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
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Anti-HIV Agents, Nonnucleoside Reverse Transcriptase Inhibitors - HIV Drugs

BRAND

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</i>	3	MO

BRAND

ATRIPLA	4	MO
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
VIDEX EC (125MG DELAYED RELEASE CAPSULE)	3	MO
VIDEX PEDIATRIC	3	MO
VIREAD	3	MO
ZERIT (ORAL SOLUTION)	3	MO
ZIAGEN	2	MO

Anti-HIV Agents, Other - HIV Drugs

BRAND

FUZEON	4	MO
INTELENCE	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

DRUG NAME	DRUG TIER	REQ./LIMITS
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KALETRA (200-50MG TABLET, ORAL SOLUTION)	4	MO
LEXIVA (ORAL SUSPENSION)	3	MO
LEXIVA (TABLET)	4	MO
NORVIR (CAPSULE)	3	MO
NORVIR (ORAL SOLUTION)	4	MO
PREZISTA (400MG TABLET, 600MG TABLET)	4	MO
PREZISTA (75MG TABLET)	3	MO
REYATAZ	4	MO
VIRACEPT (POWDER)	3	MO
VIRACEPT (TABLET)	4	MO

Anti-Influenza Agents - Flu Drugs

generic

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

RELENZA DISKHALER	3	MO
TAMIFLU	2	MO

Anxiolytics - Drugs to Treat Anxiety

Anxiolytics, Other - Anxiety Drugs

generic

<i>bupirone hcl</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
GEODON	3	MO
LITHOBID	2	MO
SYMBYAX	3	MO

Blood Glucose Regulators - Drugs to Regulate Blood Sugar

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DRUG NAME	DRUG TIER	REQ./LIMITS
Antidiabetic Agents - Diabetic Drugs		
<i>generic</i>		
acarbose	1	MO,ST
chlorpropamide	1	MO
glimepiride	1	MO
glipizide	1	MO
glipizide er	1	MO
glipizide/metformin hcl	1	MO
glyburide	1	MO
glyburide micronized	1	MO
glyburide/metformin hcl	1	MO
glycron (1.5mg tablet, 3mg tablet, 6mg tablet)	1	MO
metformin hcl	1	MO
metformin hcl er	1	MO
tolazamide	1	MO
tolbutamide	1	MO
BRAND		
ACTOPLUS MET	2	MO,ST
ACTOS	2	MO,ST
AVANDAMET	3	MO,ST
AVANDARYL	3	MO,ST
AVANDIA	3	MO,ST
BYETTA	2	MO,ST
DUETACT	2	MO,ST
FORTAMET	3	MO
GLUMETZA	3	MO
GLYSET	3	MO,ST
JANUMET	3	MO,ST
JANUVIA	3	MO,ST
PRANDIN	3	MO,QL,ST
RIOMET	3	MO
STARLIX	2	QL,ST
SYMLIN	3	MO, PA
Glycemic Agents - Diabetic Drugs		
BRAND		
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT	2	MO
PROGLYCEM	3	MO
Insulins - Diabetic Drugs		
BRAND		
HUMALOG	2	MO
HUMALOG MIX	2	MO
HUMULIN	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
LANTUS	2	MO
LEVEMIR	2	MO
NOVOLIN	2	MO
NOVOLOG	2	MO
NOVOLOG MIX	2	MO

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

Anticoagulants - Blood Thinners

<i>generic</i>		
heparin sodium	1	MO
heparin sodium dcu	1	MO
heparin sodium/d5w (20,000units injection, 25,000units injection)	1	MO
heparin sodium/nacl	1	MO
jantoven	1	MO
warfarin sodium	1	MO

BRAND

ARIXTRA	4	MO
COUMADIN (INJECTION)	3	MO
COUMADIN (TABLET)	2	MO
FRAGMIN (10,000UNITS/ML INJECTION, 25,000UNITS/ML INJECTION, 7,500UNITS/0.3ML INJECTION)	4	MO
FRAGMIN (2,500UNITS/0.2ML INJECTION, 5,000UNITS/0.2ML INJECTION)	3	MO,QL
INNOHEP	3	MO
LOVENOX (100MG/1ML INJECTION, 120MG/0.8ML INJECTION, 300MG/3ML INJECTION, 60MG/0.6ML INJECTION, 80MG/0.8ML INJECTION)	4	MO
LOVENOX (150MG/1ML INJECTION, 30MG/0.3ML INJECTION)	3	MO
LOVENOX (40MG/0.4ML INJECTION)	3	MO,QL

Blood Formation Products - Blood Formation Drugs

BRAND

ARANESP ALBUMIN FREE (100MCG/0.5ML INJECTION, 100MCG/1ML INJECTION, 150MCG/0.3ML INJECTION,		
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DRUG NAME	DRUG TIER	REQ./LIMITS
200MCG/0.4ML INJECTION, 200MCG/1ML INJECTION, 300MCG/0.6ML INJECTION, 300MCG/1ML INJECTION, 40MCG/0.4ML INJECTION, 40MCG/1ML INJECTION, 500MCG/1ML INJECTION, 60MCG/0.3ML INJECTION, 60MCG/1ML INJECTION)	4	MO,B/D,PA
ARANESP ALBUMIN FREE (25MCG/0.42ML INJECTION, 25MCG/1ML INJECTION)	3	MO,B/D,PA,QL
PROCRIT (10,000UNITS/ML INJECTION, 20,000UNITS/ML INJECTION, 40,000UNITS/ML INJECTION)	4	MO,B/D,PA
PROCRIT (2,000UNITS/ML INJECTION, 3,000UNITS/ML INJECTION, 4,000UNITS/ML INJECTION)	3	MO,B/D,PA,QL
LEUKINE	4	MO,PA
NEULASTA	4	MO,PA
NEUMEGA	2	MO,PA
NEUPOGEN	4	MO,PA
Coagulants - Blood Clotting Drugs		
BRAND		
CYKLOKAPRON	2	MO
Platelet Aggregation Inhibitors - Blood Thinners		
<i>generic</i>		
<i>anagrelide hcl</i>	1	MO
<i>cilostazol</i>	1	MO
<i>dipyridamole</i>	1	MO
<i>pentopak</i>	1	MO
<i>pentoxifylline er</i>	1	MO
<i>pentoxil</i>	1	MO
<i>ticlopidine hcl</i>	1	MO
BRAND		
AGGRENOX	2	MO,QL
PLAVIX	2	MO,QL

Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions

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DRUG NAME	DRUG TIER	REQ./LIMITS
Alpha-Adrenergic Agonists - Blood Pressure Drugs		
<i>generic</i>		
<i>clonidine hcl</i>	1	MO
<i>guanabenz acetate</i>	1	MO
<i>guanfacine hcl</i>	1	MO
<i>methyl dopa</i>	1	MO
<i>midodrine hcl</i>	3	MO
<i>catapres-tts</i>	2	MO,QL
Alpha-Adrenergic Blocking Agents - Blood Pressure Drugs		
<i>generic</i>		
<i>doxazosin mesylate</i>	1	MO
<i>prazosin hcl</i>	1	MO
<i>terazosin hcl</i>	1	MO
BRAND		
DIBENZYLINE	3	MO
Antiarrhythmics - Heart Regulation Drugs		
<i>generic</i>		
<i>pacerone (100mg tablet, 300mg tablet)</i>	3	MO
<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>quinidine gluconate</i>	3	MO
<i>quinidine gluconate cr</i>	1	MO
<i>quinidine sulfate</i>	1	MO
<i>quinidine sulfate er</i>	1	MO
<i>sorine</i>	1	MO
<i>sotalol hcl</i>	1	MO
BRAND		
NORPACE CR (100MG CR 12-HOUR CAPSULE)	3	MO
RYTHMOL SR	3	MO
TIKOSYN	3	MO
Beta-Adrenergic Blocking Agents - Blood Pressure Drugs		
<i>generic</i>		
<i>acebutolol hcl</i>	1	MO
<i>atenolol</i>	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
<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</i>	1	MO
BRAND		
INNOPRAN XL	3	MO
LEVATOL	3	MO
TIMOLIDE 10/25	3	MO

Calcium Channel Blocking Agents - Blood Pressure Drugs

<i>generic</i>		
<i>afeditab cr</i>	1	MO
<i>amlodipine besylate</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>felodipine er</i>	1	MO
<i>isradipine</i>	1	MO
<i>nicardipine hcl</i>	1	MO
<i>nifediac cc</i>	1	MO
<i>nifedical xl</i>	1	MO
<i>nifedipine</i>	1	MO
<i>nifedipine er</i>	1	MO
<i>nimodipine</i>	4	MO
<i>nisoldipine</i>	1	MO
<i>taztia xt</i>	1	MO
<i>verapamil hcl</i>	1	MO
<i>verapamil hcl er</i>	1	MO
BRAND		
CARDENE SR	3	MO,QL

DRUG NAME	DRUG TIER	REQ./LIMITS
CARDIZEM CD (360MG/24 24-HOUR CAPSULE)	3	MO
CARDIZEM LA	2	MO,QL
COVERA-HS	3	MO,QL
DYNACIRC CR	3	MO,QL
EXFORGE	2	QL,ST
EXFORGE HCT	2	QL,ST

Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs

<i>generic</i>		
<i>digoxin</i>	1	MO
<i>reserpine</i>	1	MO
BRAND		
DEMSEER	4	MO
LANOXIN (0.1MG/ML INJECTION, TABLET)	2	MO
RANEXA	2	MO,ST

Diuretics - Blood Pressure Drugs

<i>generic</i>		
<i>acetazolamide sodium</i>	3	MO
<i>amiloride hcl</i>	1	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
<i>chlorothiazide</i>	1	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>methyldopa/hydrochlorothiazide</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 (50/50 TABLET)	3	MO
CLOPRES	3	MO
DEMADEX (INJECTION)	3	MO
DIURIL	2	MO
DIURIL IV	3	MO
DYRENIUM	3	MO
EDECIN	3	MO
INSPIRA (25MG TABLET)	3	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
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THALITONE	3	MO
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Dyslipidemics - Cholesterol Control Drugs

generic

cholestyramine	1	MO
cholestyramine light	1	MO
colestipol hcl	1	MO
fenofibrate	1	MO
fenofibrate micronized	1	MO
gemfibrozil	1	MO
lovastatin	1	MO
niacor	1	MO
pravastatin sodium	1	MO
prevalite	1	MO
simvastatin	1	MO

BRAND

ADVICOR	2	MO,QL
ALTOPREV	3	MO,QL,ST
ANTARA	2	MO
CADUET	3	MO,QL
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,ST
TRICOR	2	MO
TRIGLIDE (50MG TABLET)	3	MO
TRILIPIX	2	MO
VYTORIN	3	MO,QL,ST
WELCHOL	2	MO
ZETIA	3	MO,QL

Renin-Angiotensin-Aldosterone System Inhibitors - Blood Pressure Drugs

generic

amlodipine besylate/benazepril hcl	1	MO
benazepril hcl	1	MO
benazepril hcl/hydrochlorothiazide	1	MO
captopril	1	MO
captopril/hydrochlorothiazide	1	MO
enalapril maleate	1	MO
enalapril maleate/hydrochlorothiazide	1	MO
fosinopril sodium	1	MO
fosinopril sodium/hydrochlorothiazide	1	MO
lisinopril	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
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lisinopril/hydrochlorothiazide	1	MO
moexipril hcl	1	MO
moexipril/hydrochlorothiazide	1	MO
quinapril hcl	1	MO
quinapril/hydrochlorothiazide	1	MO
quinaretic	1	MO
ramipril	1	MO
trandolapril	1	MO

BRAND

ACEON	3	MO
ATACAND	3	MO,QL,ST
ATACAND HCT	3	MO,QL,ST
AVALIDE	3	MO,QL,ST
AVAPRO	3	MO,QL,ST
AZOR	2	MO,QL,ST
BENICAR	2	MO,QL,ST
BENICAR HCT	2	MO,QL,ST
COZAAR	3	MO,QL,ST
DIOVAN	2	MO,QL,ST
DIOVAN HCT	2	MO,QL,ST
HYZAAR	3	MO,QL,ST
LOTREL (10-40MG CAPSULE, 5-40MG CAPSULE)	3	MO,QL
MICARDIS	3	MO,QL,ST
MICARDIS HCT	3	MO,QL,ST
TARKA	3	MO,ST
TEKTURNA	2	MO,QL,ST
TEKTURNA HCT	2	MO,QL,ST
TEVETEN	3	MO,QL,ST
TEVETEN HCT	3	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	1	MO
nitroglycerin	1	MO

BRAND

BIDIL	2	MO
DILATRATE SR	3	MO
ISORDIL TITRADOSE (40MG TABLET)	3	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
NITRO-DUR (0.3MG/HR 24-HOUR PATCH, 0.8MG/HR 24-HOUR PATCH)	3	MO
NITROLINGUAL PUMPSPRAY	3	MO
VENTAVIS	4	B/D,PA

Central Nervous System Agents - Drugs to Treat Nerve Conditions

Amphetamines, ADHD - ADHD Drugs

generic		
<i>amphetamine salt combo</i>	1	MO,QL
<i>dextroamphetamine sulfate</i>	1	MO,QL
<i>dextroamphetamine sulfate er</i>	3	MO,QL

BRAND

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

generic		
<i>dexamethylphenidate hcl</i>	1	MO,QL
<i>methylin (tablet)</i>	1	MO,QL
<i>methylin er</i>	1	MO,QL
<i>methylphenidate hcl</i>	1	MO,QL
<i>methylphenidate hcl er</i>	1	MO,QL

BRAND

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

Non-Amphetamines, Other - Miscellaneous Nervous System Drugs

BRAND

PROVIGIL	2	MO,PA,QL
RILUTEK	4	MO
XYREM	4	QL,LA

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

Dental and Oral Agents

generic		
<i>chlorhexadine gluconate oral rinse</i>	1	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
<i>periogard</i>	1	MO
<i>pilocarpine hcl</i>	3	MO
<i>triamcinolone in orabase</i>	1	MO
BRAND		
APHTHASOL	2	MO
EVOXAC	3	MO,ST
KEPIVANCE	4	MO

Dermatological Agents - Drugs to Treat Skin Conditions

Dermatological Agents - Skin Agents

generic		
<i>ammonium lactate</i>	1	MO
<i>amnestem</i>	3	MO
<i>avita</i>	1	MO, PA
<i>calcipotriene</i>	3	MO
<i>claravis</i>	3	MO
<i>erythromycin/benzoyl peroxide</i>	1	MO
<i>fluorouracil (cream, solution)</i>	3	MO
<i>fluorouracil (injection)</i>	1	MO
<i>laclotion</i>	1	MO
<i>podofilox</i>	1	MO
<i>selenium sulfide</i>	1	MO
<i>sotret</i>	3	MO
<i>tretinoin (cream, gel)</i>	1	MO, PA
<i>u-cort</i>	1	MO

BRAND

ALDARA	2	MO
AZELEX	3	MO
BENZAFLIN	2	MO
CARAC	2	MO
CONDYLOX GEL (GEL)	3	MO
DIFFERIN	3	MO
DOVONEX (CREAM)	2	MO
ELIDEL	3	MO,ST
EPIDUO	3	MO
FINACEA	2	MO
FLUOROPLEX	2	MO
OXSORALEN	3	
OXSORALEN ULTRA	4	
PROTOPIC	3	MO,ST
REGRANEX	4	MO,PA,QL
RETIN-A MICRO	2	MO,PA
SANTYL	3	MO
SOLARAZE	3	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
SORIATANE CK	4	MO
TAZORAC	3	MO

Enzyme Replacements/Modifiers - Drugs to Treat Enzyme Deficiency

Enzyme Replacements/Modifiers - Enzyme Deficiency Drugs

BRAND

ADAGEN	4	MO
ALDURAZYME	4	MO
BUPHENYL	4	MO
CEREZYME	4	MO
CREON	2	MO
CYSTADANE	3	MO
CYSTAGON	3	MO
ELAPRASE	4	MO
FABRAZYME	4	MO
KUVAN	4	MO
MYOZYME	4	MO
NAGLAZYME	4	MO
ORFADIN	4	MO
SUCRAID	4	MO
ULTRASE	2	MO
ULTRASE MT	2	MO
ZAVESCA	4	

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

Antispasmodics, Gastrointestinal - Bowel Treatment Drugs

generic

atropine sulfate	3	MO
dicyclomine hcl	1	MO
glycopyrrolate	1	MO
methscopolamine bromide	3	MO
propantheline bromide	1	MO

Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs

generic

constulose	1	MO
diphenoxylate/atropine	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
enulose	1	MO
generlac	1	MO
lactulose	1	MO
lonox	1	MO
loperamide hcl	1	MO
peg 3350/electrolytes	1	MO,QL
ursodiol	1	MO

BRAND

AMITIZA	3	MO, PA,QL
GOLYTELY	2	MO,QL
HALFLYTELY BOWEL PREP	2	MO,QL
KRISTALOSE	2	MO
MOTOFEN	3	MO
MOVIPREP	2	MO
NULYTELY	2	MO,QL
TRILYTE	2	MO,QL
URSO	3	MO

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

generic

cimetidine	1	MO
cimetidine hcl	1	MO
famotidine	1	MO
nizatidine	1	MO
ranitidine hcl (capsule, injection, tablet)	1	MO
ranitidine hcl (syrup)	3	MO

BRAND

AXID (ORAL SOLUTION)	3	MO
PEPCID (ORAL SUSPENSION)	3	MO
ZANTAC (50/50ML INJECTION, EFFERVESCENT TABLET, PACK)	3	MO

Irritable Bowel Syndrome Agents - Bowel Treatment Drugs

BRAND

LOTRONEX	2	MO,PA,QL
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Protectants - Ulcer and Stomach Acid Drugs

generic

misoprostol	1	MO
sucralfate	1	MO

BRAND

CARAFATE (ORAL SUSPENSION)	3	MO
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DRUG NAME	DRUG TIER	REQ./LIMITS
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs		
<i>generic</i>		
omeprazole	1	MO
pantoprazole sodium	3	MO,ST
BRAND		
ACIPHEX	3	MO,ST
HELIDAC	3	MO,QL
NEXIUM	2	MO
NEXIUM I.V.	3	MO
PREVACID	2	MO
PREVACID NAPRAPAC	3	MO,QL
PREVACID SOLUTAB	2	MO
PREVPAC	3	MO,QL
PROTONIX (DELAYED RELEASE TABLET, PACK)	2	MO
PROTONIX (INJECTION)	3	MO
ZEGERID	3	MO,ST

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

Antispasmodics, Urinary - Bladder Control Drugs

<i>generic</i>		
flavoxate hcl	1	MO
oxybutynin chloride (tablet)	1	MO
oxybutynin chloride er	1	MO
BRAND		
DETROL	2	MO,QL
DETROL LA	2	MO,QL
ENABLEX	2	MO,QL
OXYTROL	2	MO,QL
SANCTURA	3	MO,QL
SANCTURA XR	3	MO,QL
VESICARE	3	MO,QL,ST

Benign Prostatic Hypertrophy Agents - Prostate Enlargement Drugs

<i>generic</i>		
finasteride (5mg tablet)	1	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
BRAND		
AVODART	2	MO,QL,ST
CARDURA XL	3	MO
FLOMAX	2	MO,QL
UROXATRAL	3	MO,QL

Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs

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

BRAND		
ELMIRON	3	MO
LITHOSTAT	3	MO
METHERGINE	2	MO
THIOLA	3	MO

Phosphate Binders - Phosphate-Removing Agents

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

BRAND		
FOSRENOL	3	MO
RENAGEL	3	MO
REVELA	2	MO

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

Glucocorticoids/Mineralocorticoids - Anti-Inflammatory Drugs

<i>generic</i>		
a-hydrocort	1	MO
ala-cort	1	MO
alclometasone dipropionate	1	MO
amcinonide	1	MO
a-methapred	1	MO
augmented betamethasone dipropionate	1	MO
betamethasone dipropionate	1	MO
betamethasone valerate	1	MO
beta-val	1	MO
clobetasol propionate (foam)	3	

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DRUG NAME	DRUG TIER	REQ./LIMITS
<i>clobetasol propionate (gel, ointment, solution)</i>	1	MO
<i>clobetasol propionate e</i>	1	MO
<i>colocort</i>	3	
<i>cormax</i>	1	MO
<i>cortisone acetate</i>	1	MO
<i>del-beta</i>	1	MO
<i>desonide</i>	1	MO
<i>desoximetasone (cream, gel)</i>	1	MO
<i>desoximetasone (ointment)</i>	3	
<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 (enema)</i>	3	
<i>hydrocortisone butyrate</i>	1	MO
<i>hydrocortisone in absorbbase</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO
<i>isovate</i>	1	MO
<i>lokara</i>	1	MO
<i>methylprednisolone</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>texacort (1% solution)</i>	1	MO
<i>texacort (2.5% solution)</i>	3	MO
<i>triamcinolone acetonide</i>	1	MO
<i>triamcinolone acetonide in absorbbase</i>	1	MO
<i>triderm</i>	1	MO
BRAND		
ALA-SCALP	2	MO

DRUG NAME	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
CORTIFOAM	3	MO
CORTISPORIN (CREAM)	2	MO
CUTIVATE (LOTION)	3	MO
DEPO-MEDROL (20MG/ML INJECTION)	2	MO
DERMA-SMOOTHER/FS	3	MO
DEXPAK	3	MO
ENTOCORT EC	3	MO
HALOG	3	MO
KENALOG	2	MO
LOCOID LIPOCREAM	3	MO
LUXIQ	3	MO
MEDROL (2MG TABLET)	3	MO
MILLIPRED (TABLET)	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

<i>generic</i>		
<i>chorionic gonadotropin</i>	3	MO, PA
<i>desmopressin acetate</i>	3	MO
<i>novarel</i>	3	MO, PA
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	1	MO, PA
BRAND		
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,		

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DRUG NAME	DRUG TIER	REQ./LIMITS
1.4MG INJECTION, 1.6MG INJECTION, 1.8MG INJECTION, 1MG INJECTION, 2MG INJECTION)	4	MO,PA
HUMATROPE	4	MO,PA
NORDITROPIN	4	MO,PA
NUTROPIN	4	MO,PA
NUTROPIN AQ	4	MO,PA
OMNITROPE	4	MO,PA
SAIZEN	4	MO,PA
STIMATE	4	MO
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

<i>generic</i>		
<i>oxandrolone (10mg tablet)</i>	4	MO,PA
<i>oxandrolone (2.5mg tablet)</i>	1	MO, PA

BRAND

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

<i>generic</i>		
<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
ANDROGEL	2	MO,PA
ANDROID	3	MO
METHITEST	3	MO
STRIANT	3	MO, PA
TESTIM	3	MO, PA
TESTRED	3	MO

Estrogens - Hormone Replacement/Modifying Drugs

generic

DRUG NAME	DRUG TIER	REQ./LIMITS
<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>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
<i>gynodiol (0.5mg tablet, 1mg tablet, 2mg tablet)</i>	1	MO
<i>gynodiol (1.5mg tablet)</i>	2	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>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 (0.5-0.1 TABLET)	3	MO
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DRUG NAME	DRUG TIER	REQ./LIMITS
ALORA	2	MO
ANGELIQ	3	MO
CENESTIN	2	MO
CLIMARA PRO	3	MO
COMBIPATCH	3	MO
DEPO-ESTRADIOL	3	MO
DIVIGEL	3	MO,QL
ENJUVIA	3	MO
ESTRACE (CREAM)	3	MO
ESTRADERM	2	MO
ESTRASORB	3	MO
ESTRING	2	MO,QL
ESTROGEL	3	MO,QL
FEMHRT	2	MO
FEMRING	3	MO,QL
FEMTRACE	3	MO
LOESTRIN 24 FE	3	MO
MENEST	2	MO
MENOSTAR	3	MO
NUVARING	2	MO
ORTHO EVRA	2	MO
ORTHO TRI-CYCLEN LO	3	MO
OVCON-50	3	MO
PREFEST	3	MO
PREMARIN	2	MO
PREMPHASE	2	MO
PREMPRO	2	MO
SEASONALE	3	MO
SEASONIQUE	3	MO
VAGIFEM	2	MO
VIVELLE-DOT	2	MO
YAZ	2	MO

Progestins - Hormone Replacement/Modifying Drugs

<i>generic</i>		
<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>nora-be</i>	1	MO
<i>norethindrone acetate</i>	1	MO

BRAND

CRINONE	3	MO
DEPO-PROVERA (400/ML INJECTION)	3	MO
DEPO-SUBQ PROVERA 104	3	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
MEGACE ES	3	MO
PLAN B	3	MO
PROCHIEVE	3	MO
PROMETRIUM	2	MO

Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs

BRAND

EVISTA	2	MO,QL
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Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones

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

generic

<i>levothyroxine sodium</i>	1	MO
<i>levoxyl</i>	1	MO
<i>liothyronine sodium</i>	1	MO
<i>unithroid</i>	1	MO

BRAND

CYTOMEL	2	MO
LEVOTHROID	2	MO
SYNTHROID	2	MO
THYROLAR	2	MO

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

Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants

BRAND

LYSODREN	2	MO
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Hormonal Agents, Suppressant (Parathyroid) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions

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DRUG NAME	DRUG TIER	REQ./LIMITS
Hormonal Agents, Suppressant (Parathyroid) - Hormone Suppressants		

BRAND	DRUG TIER	REQ./LIMITS
SENSIPAR	2	MO

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	1	MO
octreotide acetate	4	MO,PA

BRAND	DRUG TIER	REQ./LIMITS
ELIGARD	3	MO
LUPRON DEPOT-PED	4	MO
LUPRON DEPOT	3	MO
SANDOSTATIN LAR DEPOT	4	MO,PA
SOMATULINE DEPOT	4	MO,PA
SOMAVERT	4	MO,PA
SYNAREL	4	MO
TRELSTAR DEPOT	3	MO
TRELSTAR LA	3	MO
VANTAS	3	MO

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

Antiandrogens - Hormone Suppressants

<i>generic</i>		
flutamide	3	MO

BRAND	DRUG TIER	REQ./LIMITS
CASODEX	3	MO
NILANDRON	3	MO

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

DRUG NAME	DRUG TIER	REQ./LIMITS
Antithyroid Agents - Thyroid Suppressing Drugs		

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

Immunological Agents - Drugs that Stimulate or Suppress the Immune System

Immune Suppressants - Immune System Drugs

<i>generic</i>		
azathioprine	1	MO
azathioprine sodium	3	MO
cyclosporine	3	MO,B/D
cyclosporine modified	3	MO,B/D
gengraf	3	MO,B/D
methotrexate	1	MO
methotrexate sodium	1	MO

BRAND	DRUG TIER	REQ./LIMITS
AZASAN	2	MO
CELLCEPT (CAPSULE)	3	MO,B/D,PA
CELLCEPT (ORAL SUSPENSION, TABLET)	4	B/D,PA
CELLCEPT INTRAVENOUS	3	MO,B/D,PA
CIMZIA	4	MO,PA
ENBREL	4	MO,PA
HUMIRA	4	MO,PA
KINERET	4	MO,PA
MYFORTIC	3	MO,B/D
PROGRAF (0.5MG CAPSULE, 1MG CAPSULE)	3	MO,B/D,PA,QL
PROGRAF (5MG CAPSULE, INJECTION)	4	B/D,PA
RAPAMUNE (ORAL SOLUTION)	3	MO,B/D
RAPAMUNE (TABLET)	4	MO,B/D
TREXALL	3	MO

Immunizing Agents, Passive - Immune System Drugs

BRAND	DRUG TIER	REQ./LIMITS
CARIMUNE NANOFILTERED	4	MO,B/D,PA
FLEBOGAMMA	4	MO,B/D,PA
GAMASTAN S/D	2	MO,B/D,PA
GAMMAGARD LIQUID	4	MO,B/D,PA
GAMUNEX	4	MO,B/D,PA
OCTAGAM	4	MO,B/D,PA

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DRUG NAME	DRUG TIER	REQ./LIMITS
POLYGAM S/D	3	MO,B/D,PA
SYNAGIS	4	MO

Immunomodulators - Immune System Drugs

generic

leflunomide 1 MO

BRAND

ACTIMMUNE 4 MO
 ALFERON N 3 MO
 ARCALYST 4 MO,PA
 AVONEX 4 MO
 BETASERON 4 MO
 COPAXONE 4 MO
 INFERGEN 4 MO,PA
 INTRON-A (10MU INJECTION, 10MU PEN INJECTION, 18MU INJECTION, 5MU PEN INJECTION) 4 MO,PA
 INTRON-A (3MU PEN INJECTION) 3 MO,PA,QL
 PEGASYS 4 MO,PA
 PEG-INTRON 4 MO,PA
 REBIF 4 MO,ST
 REBIF TITRATION PACK 4 MO,ST
 REMICADE 4 MO,PA
 RIDAURA 3 MO
 TYSABRI 4 MO,PA,LA

Vaccines

BRAND

ACTHIB 2 MO
 ADACEL 2 MO
 ATTENUVAX 2 MO
 BOOSTRIX 2 MO
 COMVAX 2 MO
 DAPTACEL 2 MO
 DECAVAC 2 MO
 DIPHTHERIA/TETANUS TOXOID PEDIATRIC 2 MO
 ENGERIX-B 2 B/D
 GARDASIL 2 MO
 HAVRIX 2 MO
 HIBTITER 2 MO
 IMOVAX RABIES (H.D.C.V.) 2 MO
 INFANRIX 2 MO
 IPOL INACTIVATED IPV 2 MO
 JE-VAX 2 MO
 MENACTRA 2 MO
 MENOMUNE-A/C/Y/W-135 2 MO

DRUG NAME	DRUG TIER	REQ./LIMITS
MERUVAX II	2	MO
M-M-R II	2	MO
PEDIARIX	2	MO
PEDVAX HIB	2	MO
PROQUAD	2	MO
RABAVERT	2	MO
RECOMBIVAX HB	2	MO,B/D
ROTATEQ	2	MO
TETANUS TOXOID ADSORBED	2	MO
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	2	MO
TRIHIBIT	2	MO
TRIPEDIA	2	MO
TWINRIX	2	MO
TYPHIM VI	2	MO
VAQTA	2	MO
VARIVAX	2	MO
VIVOTIF BERNA	2	MO
YF-VAX	2	MO
ZOSTAVAX	2	MO

Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease

Salicylates - Inflammatory Bowel Disease Drugs

generic

balsalazide disodium 3 MO

mesalamine 3 MO

BRAND

ASACOL 2 MO
 CANASA 2 MO
 DIPENTUM 3 MO
 PENTASA 3 MO

Sulfonamides - Inflammatory Bowel Disease Drugs

generic

sulfasalazine 1 MO

sulfazine 1 MO

sulfazine ec 1 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

<i>generic</i>		
<i>alendronate sodium</i>	1	MO
<i>calcitonin-salmon (nasal spray)</i>	1	MO,QL
<i>calcitriol (capsule)</i>	1	MO
<i>calcitriol (injection, oral solution)</i>	3	MO
<i>etidronate disodium</i>	1	MO
<i>pamidronate disodium</i>	3	MO
BRAND		
ACTONEL	2	MO,QL
ACTONEL WITH CALCIUM	2	MO,QL
BONIVA (INJECTION)	3	MO
BONIVA (TABLET)	2	MO,QL
DIDRONEL (400MG TABLET)	3	MO
FORTEO	3	MO,B/D,PA
FORTICAL	2	MO,QL
FOSAMAX (ORAL SOLUTION)	3	MO,QL
FOSAMAX PLUS D	3	MO,QL
HECTOROL	2	MO
MIACALCIN (INJECTION)	3	MO,B/D,PA
MIACALCIN (NASAL SPRAY)	3	MO,QL
ZEMPLAR (2MCG/ML INJECTION)	3	MO
ZEMPLAR (5MCG/ML INJECTION, CAPSULE)	2	MO
ZOMETA	4	MO

Miscellaneous Agents - Drugs to Treat Miscellaneous Conditions

Cytoprotective Agents - Ulcer and Stomach Acid Drugs

<i>generic</i>		
<i>amifostine</i>	4	MO
<i>dexrazoxane</i>	4	MO
<i>mesna</i>	3	MO
BRAND		
MESNEX (TABLET)	4	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
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Diabetic Supplies

<i>generic</i>		
<i>alcohol preps</i>	1	MO
BRAND		
GAUZE PADS	2	MO
INSULIN SYRINGES, NEEDLES	2	MO

Ophthalmic Agents - Drugs to Treat Eye Conditions

Ophthalmic Agents, Other - Miscellaneous Eye Drugs

<i>generic</i>		
<i>ak-con</i>	1	MO
<i>mydral</i>	1	MO
<i>naphazoline hcl</i>	1	MO
<i>parcaine</i>	1	MO
<i>proparacaine hcl</i>	1	MO
<i>tropicacyl</i>	1	MO
<i>tropicamide</i>	1	MO
BRAND		
LACRISERT	2	MO
RESTASIS	3	MO

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

<i>generic</i>		
<i>cromolyn sodium (solution)</i>	1	MO
BRAND		
ALAMAST	3	MO
ALOCRIAL	3	MO
ALOMIDE	3	MO
ELESTAT	3	MO,ST
EMADINE	3	MO,ST
OPTIVAR	2	MO
PATADAY	2	MO
PATANOL	2	MO

Ophthalmic Antiglaucoma Agents - Glaucoma Drugs

<i>generic</i>		
<i>acetazolamide (12-hour capsule)</i>	3	MO
<i>acetazolamide (tablet)</i>	1	MO
<i>betaxolol hcl</i>	1	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
<i>brimonidine tartrate</i>	1	MO
<i>carteolol hcl</i>	1	MO
<i>dipivefrin 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</i>	1	MO

BRAND

ALPHAGAN P	2	MO
AZOPT	2	MO
BETIMOL	3	MO
BETOPTIC-S	2	MO
COMBIGAN	2	MO
IOPIDINE	3	MO
ISTALOL	3	MO
PHOSPHOLINE IODIDE	2	
PILOPINE HS	2	MO

Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs

generic

<i>dexamethasone sodium phosphate</i>	1	MO
<i>dexasporin</i>	1	MO
<i>diclofenac sodium</i>	1	MO
<i>fluorometholone</i>	1	MO
<i>fluor-op</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
<i>neomycin/polymyxin/dexamethasone</i>	1	MO
<i>poly-dex</i>	1	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate</i>	1	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	MO
<i>tobramycin/dexamethasone</i>	1	MO

BRAND

ACULAR	2	MO
ACULAR LS	2	MO
ALREX	3	MO
BLEPHAMIDE	2	MO
BLEPHAMIDE S.O.P.	2	MO
FLAREX	2	MO
FML	2	MO
FML FORTE	2	MO,ST
LOTEMAX	3	MO
MAXIDEX	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
NEVANAC	3	MO
POLY-PRED	2	MO
PRED MILD	2	MO
PRED-G	3	MO
PRED-G S.O.P.	2	MO
TOBRADEX	2	MO
VEXOL	2	MO,ST
XIBROM	3	MO
ZYLET	3	MO

Ophthalmic Prostaglandin and Prostaglandin Analogs - Glaucoma Drugs

BRAND

LUMIGAN	2	MO,QL
TRAVATAN	2	MO,QL
TRAVATAN Z	2	MO,QL
XALATAN	3	MO,QL,ST

Otic Agents - Drugs to Treat Ear Conditions

Otic Agents - Ear Drugs

generic

<i>acetazol hc</i>	1	MO
<i>acetic acid</i>	1	MO
<i>acetic acid/aluminum acetate</i>	1	MO
<i>acetic acid/hydrocortisone</i>	1	MO
<i>borofair</i>	1	MO
<i>cortomycin</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone</i>	1	MO

BRAND

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

Respiratory Tract Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions

Antihistamines - Allergy Drugs

generic

<i>cetirizine hcl</i>	1	MO,QL
<i>clemastine fumarate</i>	1	MO

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DRUG NAME	DRUG TIER	REQ./LIMITS
<i>cyproheptadine hcl</i>	1	MO
<i>dexchlorpheniramine maleate</i>	1	MO
<i>diphenhydramine hcl</i>	1	MO
<i>fexofenadine hcl</i>	1	MO
<i>hydroxyzine hcl</i>	1	MO
<i>phenadoz</i>	1	MO
<i>promethazine hcl</i>	1	MO
<i>promethazine vc</i>	1	MO
<i>promethegan</i>	1	MO

BRAND

ALLEGRA (ORAL SUSPENSION)	3	MO,QL,ST
ALLEGRA-D	3	MO,QL,ST
ASTELIN	2	MO,QL
ASTEPRO	2	MO,QL
CLARINEX	3	MO,QL,ST
CLARINEX REDITABS	3	MO,QL,ST
CLARINEX-D	3	MO,QL,ST
PATANASE	2	MO,QL
SEMPREX-D	3	MO

Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs

<i>generic</i>		
<i>flunisolide</i>	1	MO
<i>fluticasone propionate</i>	1	MO

BRAND

ADVAIR DISKUS	2	MO,QL,ST
ADVAIR HFA	2	MO,QL,ST
AEROBID	3	MO,QL,ST
AEROBID-M	3	MO,QL,ST
ALVESCO	3	MO,QL,ST
ASMANEX	3	MO,QL,ST
AZMACORT	3	MO,QL,ST
BECONASE AQ	3	MO,QL
FLOVENT HFA	2	MO,QL
NASACORT AQ	3	MO,QL
NASONEX	2	MO,QL
PULMICORT (NEBULIZER SUSPENSION)	2	MO,B/D
PULMICORT FLEXHALER	2	MO,QL
QVAR	2	MO,QL
RHINOCORT AQUA	2	MO,QL

Antileukotrienes - Asthma/Lung Drugs

BRAND

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

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DRUG NAME	DRUG TIER	REQ./LIMITS
Bronchodilators, Anticholinergic - Asthma/Lung Drugs		

<i>generic</i>		
<i>ipratropium bromide (nasal spray)</i>	1	MO
<i>ipratropium bromide (nebulizer solution)</i>	1	MO,B/D

BRAND

ATROVENT HFA	2	MO
SPIRIVA HANDIHALER	2	MO

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

<i>generic</i>		
<i>aminophylline</i>	1	MO
<i>theochron</i>	1	MO
<i>theophylline er</i>	1	MO

BRAND

ELIXOPHYLLIN	2	MO
THEO-24	2	MO

Bronchodilators, Sympathomimetic - Asthma/Lung Drugs

<i>generic</i>		
<i>albuterol sulfate (nebulizer solution)</i>	1	MO,B/D
<i>albuterol sulfate (syrup, tablet)</i>	1	MO
<i>epinephrine hcl</i>	1	MO
<i>ipratropium bromide/albuterol sulfate (nebulizer solution)</i>	1	MO,B/D
<i>metaproterenol sulfate</i>	1	MO
<i>terbutaline sulfate (injection)</i>	3	MO
<i>terbutaline sulfate (tablet)</i>	1	MO

BRAND

COMBIVENT	2	MO
EPIPEN	2	MO
EPIPEN-JR	2	MO
FORADIL AEROLIZER	2	MO,PA
PROAIR HFA	2	MO
PROVENTIL HFA	3	MO
SEREVENT DISKUS	3	MO, PA
SYMBICORT	2	MO,QL,ST
TWINJECT	3	MO
VENTOLIN HFA	2	MO
XOPENEX (NEBULIZER SOLUTION)	3	MO,B/D,ST
XOPENEX HFA	3	MO

Mast Cell Stabilizers - Asthma/Lung Drugs

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>generic</i>		
<i>cromolyn sodium (nebulizer solution)</i>	1	MO,B/D
BRAND		
GASTROCROM	3	MO
INTAL INHALER	2	MO

Pulmonary Antihypertensives - Asthma/Lung Drugs

BRAND	DRUG TIER	REQ./LIMITS
LETAIRIS	4	PA
REMODULIN	4	MO,B/D,PA
REVATIO	4	MO,PA
TRACLEER	4	PA,LA

Respiratory Tract Agents, Other - Asthma/Lung Drugs

BRAND	DRUG TIER	REQ./LIMITS
ARALAST	4	MO
PROLASTIN	4	MO
TYZINE	2	MO
XOLAIR	4	MO,PA
ZEMAIRA	4	MO

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
BRAND		
AMBIEN CR	2	MO,QL,ST
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
<i>carisoprodol/aspirin</i>	1	MO
<i>carisoprodol/aspirin/codeine</i>	3	MO,QL

DRUG NAME	DRUG TIER	REQ./LIMITS
<i>chlorzoxazone</i>	1	MO
<i>cyclobenzaprine hcl</i>	1	MO
<i>methocarbamol</i>	1	MO
<i>orphenadrine citrate</i>	3	MO
<i>orphenadrine citrate er</i>	1	MO
BRAND		
ROBAXIN (INJECTION)	3	MO
SKELAXIN	3	MO

Therapeutic Nutrients/Minerals/ Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies

Electrolytes/Minerals - Electrolytes and Minerals

<i>generic</i>		
<i>clinisol sf 15%</i>	3	MO,B/D
<i>dextrose 10%/nacl 0.2%</i>	1	MO
<i>dextrose 10%/nacl 0.45%</i>	1	MO
<i>dextrose 2.5%/nacl 0.45%</i>	1	MO
<i>dextrose 5%/electrolyte #48 viaflex</i>	2	MO
<i>dextrose 5%/kcl 0.075%</i>	1	MO
<i>dextrose 5%/nacl 0.2%</i>	1	MO
<i>dextrose 5%/nacl 0.225%</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>hepatamine</i>	3	MO,B/D
<i>kaon-cl-10</i>	1	MO
<i>kcl</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 0.2%</i>	1	MO

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<i>kcl 0.224% d5w/nacl 0.33%</i>	1	MO
<i>kcl 0.3%/d5w</i>	1	MO
<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>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	1	MO
<i>lactated ringer's irrigation</i>	1	MO
<i>lactated ringer's viaflex</i>	1	MO
<i>levocarnitine</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>novamine</i>	3	MO,B/D
<i>physiolyte</i>	3	MO
<i>potassium citrate extended-release</i>	1	MO
<i>premasol</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</i>	1	MO
<i>sodium lactate</i>	1	MO
<i>tis-u-sol</i>	1	MO
<i>tpn electrolytes ftv</i>	3	MO
BRAND		
AMINESS	3	MO,B/D
AMINOSYN	3	MO,B/D
AMINOSYN 7%/ELECTROLYTES	3	MO,B/D
AMINOSYN 8.5%/ELECTROLYTES	3	MO,B/D
AMINOSYN II (10% INJECTION, 7% INJECTION, 8.5% INJECTION)	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 8.5%/ELECTROLYTES	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-HF	3	MO,B/D

DRUG NAME	DRUG TIER	REQ./LIMITS
AMINOSYN-PF	3	MO,B/D
CLINIMIX 2.75%/DEXTROSE 5%	3	MO,B/D
CLINIMIX 4.25%/DEXTROSE 10%	1	MO,B/D
CLINIMIX 4.25%/DEXTROSE 20%	3	MO,B/D
CLINIMIX 4.25%/DEXTROSE 25%	3	MO,B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	MO,B/D
CLINIMIX 5%/DEXTROSE 15%	3	MO,B/D
CLINIMIX 5%/DEXTROSE 20%	3	MO,B/D
CLINIMIX 5%/DEXTROSE 25%	3	MO,B/D
CLINIMIX E 2.75%/DEXTROSE 10%	3	MO,B/D
CLINIMIX E 2.75%/DEXTROSE 5%	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
CLINIMIX E 5%/DEXTROSE 25%	3	MO,B/D
CLINIMIX E 5%/DEXTROSE 35%	3	MO,B/D
FREAMINE HBC	3	MO,B/D
FREAMINE III	3	MO,B/D
HEPATASOL	3	MO,B/D
INTRALIPID (20% INJECTION)	1	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-M/DEXTROSE 5%	3	MO
ISOLYTE-P/DEXTROSE 5%	3	MO
ISOLYTE-S	3	MO
ISOLYTE-S/DEXTROSE 5%	3	MO
NEPHRAMINE	3	MO,B/D
NORMOSOL-M IN D5W	3	MO
NORMOSOL-R	3	MO
NORMOSOL-R IN D5W	3	MO
OSMOPREP	2	MO
PHYSIOSOL IRRIGATION	3	MO
PLASMA-LYTE	3	MO
PLASMA-LYTE/D5W	3	MO
PLASMA-LYTE-R	3	MO
PROCALAMINE	3	MO,B/D
PROSOL	3	MO,B/D
RENAMIN	3	MO,B/D
TRAVASOL	3	MO,B/D
TRAVASOL 2.75%/DEXTROSE 10%	3	MO,B/D
TRAVASOL 2.75%/DEXTROSE 5%	3	MO,B/D
TRAVASOL 3.5%/ELECTROLYTES	3	MO,B/D
TRAVASOL 8.5%/DEXTROSE 10%	3	MO,B/D
TRAVASOL 8.5%/DEXTROSE 20%	3	MO,B/D
TRAVASOL 8.5%/DEXTROSE 50%	3	MO,B/D

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DRUG NAME	DRUG TIER	REQ./LIMITS
TRAVASOL 8.5%/ELECTROLYTES	3	MO,B/D
TROPHAMINE (10% INJECTION)	3	MO,B/D
VISICOL	2	MO

DRUG NAME	DRUG TIER	REQ./LIMITS
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***Therapeutic Nutrients/Minerals/Electrolytes,
Other - Electrolytes, Minerals, and Nutrients***

<i>generic</i>		
<i>alcohol 5%/dextrose 5%</i>	1	MO
<i>dextrose 10%</i>	1	MO
<i>dextrose 5%</i>	1	MO
<i>sterile water irrigation</i>	1	MO

Vitamins

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

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