

2009 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 2009 TEAMStar Medicare Part D Prescription Drug Program complete formulary as of January 1, 2009. For an updated formulary, please visit our web site at www.teamstarpartd.com or call Customer Service at 1-866-524-4173, weekdays between 8:00 am - 8:00 pm, EST/EDT. TTY/TDD (hearing impaired) users should call 1-866-524-4174.

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

A formulary is a list of covered drugs selected by TEAMStar Medicare Part D Prescription Drug Program 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 Prescription Drug Program 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 Prescription Drug Program 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 2009 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2009 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, 2009. To get updated information about the drugs covered by TEAMStar Medicare Part D Prescription Drug Program, please visit our website at www.teamstartpartd.com or call Customer Service at 1-866-524-4173, weekdays between 8:00 am - 8:00 pm, EST/EDT. 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 3. 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 37. 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 Prescription Drug Program 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 Prescription Drug Program 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 Prescription Drug Program before you fill your prescriptions. If you don't get approval, TEAMStar Medicare Part D Prescription Drug Program may not cover the drug.
- **Quantity Limits:** For certain drugs, TEAMStar Medicare Part D Prescription Drug Program limits the amount of the drug that TEAMStar Medicare Part D Prescription Drug Program will cover. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, TEAMStar Medicare Part D Prescription Drug Program 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 Prescription Drug Program may not cover Drug B unless you try Drug A first. If Drug A does not work for you, TEAMStar Medicare Part D Prescription Drug Program 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 3.

You can ask TEAMStar Medicare Part D Prescription Drug Program to make an exception to these restrictions or limits. See the section, "How do I request an exception to the TEAMStar Medicare Part D Prescription Drug Program'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 Prescription Drug Program 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 Prescription Drug Program. 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 Prescription Drug Program.
- You can ask TEAMStar Medicare Part D Prescription Drug Program to make an exception and cover your drug. See below for information about how to request an exception.

NOTE: Due to a change in Medicare, most Medicare Drug Plans no longer cover erectile dysfunction (ED) drugs like Viagra, Cialis, Levitra, and Caverject. Call your Medicare Drug Plan for more information.

For more information, you can contact Customer Service at 1-866-524-4173, weekdays between 8:00 am - 8:00 pm, EST/EDT. TTY/TDD (hearing impaired) users should call 1-866-524-4174.

How do I request an exception to the TEAMStar Medicare Part D Prescription Drug Program Formulary?

You can ask TEAMStar Medicare Part D Prescription Drug Program 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 Prescription Drug Program 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 Prescription Drug Program 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 Prescription Drug Program 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 Program prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about TEAMStar Medicare Part D Prescription Drug Program, please call Customer Service at 1-866-524-4173, weekdays between 8:00 am - 8:00 pm, EST/EDT. 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 the next page 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 37.

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.

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Commonly Prescribed Therapeutic Drug Categories

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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	REQUIREMENTS /LIMITS
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ANALGESICS - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions

Analgesics, Other - Miscellaneous Pain Relievers

BRANDS

EQUAGESIC	3	
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Nonsteroidal Anti-inflammatory Drugs - Pain/Anti-inflammatory Drugs

BRANDS

ARTHROTEC 50	3	
ARTHROTEC 75	3	
CELEBREX	3	QL
INDOCIN	3	
NALFON	3	
NAPRELAN (375mg 24-Hour Tablet)	3	

Generics

<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium ec</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium xr</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>fenoprofen calcium</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen</i>	1	
<i>ketoprofen er</i>	1	
<i>ketorolac tromethamine</i>	3	QL

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
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<i>meclofenamate sodium</i>	1	
<i>meloxicam (suspension)</i>	3	
<i>meloxicam (tablet)</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	

Opioid Analgesics - Opioid Pain Relievers

BRANDS

AVINZA	2	QL
CAPITAL/CODEINE	2	
COMBUNOX	3	
DARVON-N	3	
DILAUDID-5	3	
DILAUDID-HP (Solution for Reconstitution)	3	
HYCET	3	
INFUMORPH 200	3	
INFUMORPH 500	3	
KADIAN	2	QL
METHADONE HCL (10mg/ml Solution)	3	
OPANA	2	QL
OPANA ER	2	QL
OXYCONTIN	3	QL
PERCOCET (325mg,2.5mg Tablet)	3	
ROXICET (Solution)	3	
SUBOXONE	3	
SUBUTEX	3	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ULTRAM ER	3	
VOPAC	2	
XODOL	3	
ZYDONE	3	
<u>Generics</u>		
acetaminophen/codeine	1	
acetaminophen/codeine #2	1	
acetaminophen/codeine #3	1	
acetaminophen/codeine #4	1	
ascomp/codeine	1	
astramorph	1	
balacet 325	1	
buprenorphine hcl	3	
butalbital/acetaminophen/caffeine/codeine	1	
butalbital/aspirin/caffeine/codeine	1	
butorphanol tartrate	3	
co-gesic	1	
dolorex forte	1	
duramorph	1	
endocet	1	
fentanyl (patch)	3	QL
fentanyl citrate (injection)	1	
fentanyl citrate oral transmucosal	4	PA,QL
hydrocodone/acetaminophen	1	
hydrocodone/acetaminophen-hs	1	
hydrocodone/ibuprofen	1	
hydromorphone hcl (solution)	3	
hydromorphone hcl (tablet)	1	
levorphanol tartrate	3	
margesic-h	1	
meperidine hcl	1	
meperitab	1	
methadone hcl (10mg/5ml solution, 5mg/5ml solution, concentrate, tablet)	1	
methadose	1	
morphine sulfate	1	
morphine sulfate er	3	QL
nalbuphine hcl	3	
narvox	1	
oxycodone hcl	1	
oxycodone/acetaminophen	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
oxycodone/aspirin	1	
oxycodone/ibuprofen	1	
pentazocine/acetaminophen	1	
pentazocine/naloxone hcl	1	
perloxx	1	
phrenilin w/caffeine/codeine	1	
propoxyphene hcl	1	
propoxyphene/acetaminophen	1	
propoxyphene-n/acetaminophen	1	
roxicet (tablet)	1	
stagesic	1	
tramadol hcl	1	
tramadol hcl/acetaminophen	1	
vanacet	1	

ANESTHETICSS - Drugs for Numbing

Local Anesthetics

BRANDS

LIDODERM	2	QL
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Generics

lidocaine	1	
lidocaine hcl	1	
lidocaine hcl jelly	1	
lidocaine/prilocaine	1	
lidomar viscous	1	

ANTIBACTERIALS - Drugs to Treat Bacterial Infections

Aminoglycosides - Antibiotics

BRANDS

GENTAMICIN SULFATE/0.9% NAACL (0.9mg/ml,0.9% Solution, 1.4mg/ml,0.9% Solution)	3	
NEO-FRADIN	3	
STREPTOMYCIN SULFATE	3	
TOBRAMYCIN SULFATE ADD-VANTAGE	3	
TOBRAMYCIN SULFATE/NAACL	3	
TOBREX (Ointment)	3	

Generics

ak-tob	1	
amikacin sulfate	1	
genoptic	1	

KEY: QL = Quantity Limitations may apply. PA = Prior Approval may be required. ST = Eligible for Step Therapy.

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>gentak</i>	1	
<i>gentamicin sulfate</i>	1	
<i>gentamicin sulfate/0.9% nacl</i> (0.8mg/ml,0.9% solution, 1.2mg/ml,0.9% solution, 1.6mg/ml,0.9% solution, 1mg/ml,0.9% solution)	1	
<i>gentamicin sulfate/nacl</i>	1	
<i>gentasol</i>	1	
<i>isotonic gentamicin</i>	1	
<i>kanamycin sulfate</i>	1	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	3	
<i>tobramycin sulfate</i> (0.30% solution)	1	
<i>tobramycin sulfate</i> (10mg/ml solution, 40mg/ml solution, 80mg/2ml solution, solution for reconstitution)	3	
<i>tobramycin sulfate fliptop</i>	3	
<i>tobrasol</i>	1	

Antibacterials, Other - Antibiotics

BRANDS

BACTROBAN (Cream)	2
BACTROBAN NASAL	2
CLEOCIN (75mg Capsule, Suppository)	3
CLEOCIN GALAXY	3
CLEOCIN PEDIATRIC GRANULES	3
CLINDAGEL	3
CLINDESSE	3
CORTISPORIN (Ointment)	3
CUBICIN	4
EVOCLIN	3
FLAGYL (Capsule)	3
FLAGYL ER	3
FURADANTIN	3
MACRODANTIN (25mg Capsule)	3
METRO IV	3
METROGEL	3
MONUROL	3
NORITATE	3
PRIMSOL	3
SULFAMYLON (Cream)	2
SULFAMYLON (Pack)	3

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
SYNERCID	4	
TYGACIL	3	
VANCOCIN HCL	4	PA
VANCOMYCIN HCL ISO-OSMOTIC DEXTROSE	3	
XIFAXAN	3	
ZYVOX (Solution)	4	
ZYVOX (Suspension for Reconstitution, Tablet)	4	PA

Generics

<i>ak-poly-bac</i>	1
<i>baciim</i>	3
<i>bacitracin</i> (ointment)	1
<i>bacitracin/neomycin/polymyxin</i>	1
<i>bacitracin/polymyxin b</i>	1
<i>bacitracin/polymyxin/neomycin/hydrocortisone</i>	1
<i>clindamycin hcl</i>	1
<i>clindamycin phosphate</i> (1% solution, cream, gel, lotion, swab)	1
<i>clindamycin phosphate</i> (150mg/ml solution)	3
<i>clindamycin phosphate add-vantage</i>	3
<i>colistimethate sodium</i>	4
<i>methenamine hippurate</i>	1
<i>metronidazole</i>	1
<i>metronidazole in nacl 0.79%</i>	1
<i>metronidazole vaginal</i>	1
<i>mupirocin</i>	1
<i>neomycin/polymyxin b sulfates</i>	1
<i>neomycin/polymyxin/gramicidin</i>	1
<i>neomycin/polymyxin/hydrocortisone</i>	1
<i>nitrofurantoin macrocrystalline</i>	3
<i>nitrofurantoin monohydrate</i>	3
<i>polycin b</i>	1
<i>polymyxin b sulfate</i>	1
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1
<i>silver sulfadiazine</i>	1
<i>ssd</i>	1
<i>ssd af</i>	1
<i>thermazene</i>	1

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>trimethoprim</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
<i>vancomycin hcl</i>	1	
<i>vandazole</i>	1	
Beta-lactam, Cephalosporins - Antibiotics		
BRANDS		
CEDAX	3	
CEFIZOX IN DEXTROSE 5%	3	
CEFUROXIME/DEXTROSE (750mg,4.1% Solution for Reconstitution)	3	
CLAFORAN (1gm Solution for Reconstitution, 2gm Solution for Reconstitution)	3	
CLAFORAN/D5W	3	
FORTAZ (500mg Solution for Reconstitution, Solution)	3	
KEFLEX (750mg Capsule)	3	
MAXIPIME (1gm Solution, 2gm Solution, 500mg Solution for Reconstitution)	2	
MEFOXIN IN DEXTROSE 2.2%	3	
MEFOXIN IN DEXTROSE 3.9%	3	
ROCEPHIN (1gm Solution, 2gm Solution; 2gm Solution for Reconstitution)	3	
ROCEPHIN IN ISO-OSMOTIC DEXTROSE	3	
SPECTRACEF	2	
SUPRAX	3	
TAZICEF (Solution)	3	
ZINACEF (1.5gm Solution for Reconstitution, 750mg Solution for Reconstitution)	3	
ZINACEF IN ISO-OSMOTIC DEXTROSE	3	
ZINACEF IN ISO-OSMOTIC DILUENT	3	
Generics		
<i>cefaclor</i>	1	
<i>cefaclor er</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium (solution for reconstitution)</i>	1	
<i>cefazolin sodium (solution)</i>	3	
<i>cefdinir</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>cefepime</i>	3	
<i>cefotaxime sodium</i>	3	
<i>cefoxitin sodium</i>	3	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftriaxone in iso-osmotic dextrose</i>	3	
<i>ceftriaxone sodium</i>	3	
<i>ceftriaxone/dextrose</i>	3	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cefuroxime/dextrose (1.5gm,2.9% solution for reconstitution)</i>	3	
<i>cephalexin</i>	1	
<i>tazicef (solution for reconstitution)</i>	3	
Beta-lactam, Other - Antibiotics		
BRANDS		
AZACTAM	2	
INVANZ	3	
MERREM	4	
PRIMAXIN I.M.	3	
PRIMAXIN IV	3	
PRIMAXIN IV ADD-VANTAGE	3	
Beta-lactam, Penicillins - Antibiotics		
BRANDS		
AMOXIL (50mg/ml Suspension for Reconstitution)	2	
AUGMENTIN (125mg/5ml,31.25mg/5ml Suspension for Reconstitution, 250mg/5ml,62.5mg/5ml Suspension for Reconstitution, Chewable Tablet)	3	
AUGMENTIN XR	3	
BACTOCILL IN DEXTROSE	4	
BICILLIN C-R	3	
BICILLIN L-A	3	
NALLPEN ISO-OSMOTIC IN DEXTROSE	4	
NALLPEN/DEXTROSE	4	
OXACILLIN SODIUM	3	
PIPERACILLIN SODIUM	3	
TIMENTIN	2	
UNASYN ADD-VANTAGE	3	
UNASYN PIGGYBACK UNIT	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ZOSYN (Solution for Reconstitution)	3	
ZOSYN (Solution)	2	
Generics		
<i>amoclan</i>	1	
<i>amoxicillin</i>	1	
<i>amoxicillin/potassium clavulanate</i>	1	
<i>amoxil (250mg/5ml suspension for reconstitution, capsule)</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
<i>ampicillin-sulbactam</i>	3	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium</i>	3	
<i>penicillin g potassium</i>	3	
<i>penicillin g potassium in iso-osmotic dextrose</i>	3	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium</i>	1	
<i>trimox</i>	1	
<i>veetids</i>	1	
Macrolides - Antibiotics		
BRANDS		
AKNE-MYCIN	3	
ERYPED	2	
ERYPED 400	2	
ERY-TAB	2	
ERYTHROCIN LACTOBIONATE	2	
KETEK	3	PA
PCE	3	
ZMAX	3	
Generics		
<i>azithromycin (pack, suspension for reconstitution, tablet)</i>	1	
<i>azithromycin (solution for reconstitution)</i>	3	
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
<i>e.e.s. 200</i>	1	
<i>e.e.s. 400</i>	1	
<i>ery</i>	1	
<i>eryderm</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>erythrocin stearate</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin/sulfisoxazole</i>	1	
<i>romycin</i>	1	
Quinolones - Antibiotics		
BRANDS		
AVELOX	3	
AVELOX ABC PACK	3	
CILOXAN (Ointment)	2	
CIPRO (Suspension for Reconstitution)	3	
FACTIVE	2	
LEVAQUIN	2	
LEVAQUIN LEVA-PAK	2	
LEVAQUIN PREMIX	2	
NOROXIN	3	
PROQUIN XR	3	
QUIXIN	3	
VIGAMOX	2	
ZYMAR	2	
Generics		
<i>ciprofloxacin i.v. 400mg</i>	3	
<i>ciprofloxacin er</i>		
<i>(1000mg,0- 24-hour tablet)</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	3	
<i>ofloxacin</i>	1	
Sulfonamides - Antibiotics		
BRANDS		
GANTRISIN PEDIATRIC	2	
OCUSULF-10	1	
SULF-10	1	
SULFACETAMIDE SODIUM	1	
SULFADIAZINE	3	
SULFAMETHOXAZOLE/TRIMETHOPRIM	1	
SULFAMETHOXAZOLE/TRIMETHOPRIM DS	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
SULFATRIM	1	
Tetracyclines - Antibiotics		
BRANDS		
DORYX	3	
ORACEA	2	
VIBRAMYCIN (Suspension for Reconstitution, Syrup)	3	

Generics

<i>demeclocycline hcl</i>	3	
<i>doxy-caps</i>	1	
<i>doxycycline hyclate (capsule, extended release capsule, tablet)</i>	1	
<i>doxycycline hyclate (solution for reconstitution)</i>	3	
<i>doxycycline monohydrate (capsule)</i>	1	
<i>doxycycline monohydrate (tablet)</i>	3	
<i>minocycline hcl (capsule)</i>	1	
<i>minocycline hcl (tablet)</i>	3	
<i>myrac</i>	3	
<i>tetracycline hcl</i>	1	

ANTICONVULSANTS - Drugs to Treat Seizures

Anticonvulsants, Other - Seizure Control Drugs

BRANDS

KEPPRA (100mg/ml Solution, Tablet)	2	
KEPPRA (500mg/5ml Solution)	4	

Calcium Channel Modifying Agents - Seizure Control Drugs

BRANDS

CELONTIN	3	
LYRICA	3	PA

Generics

<i>ethosuximide (capsule)</i>	3	
<i>ethosuximide (solution)</i>	1	
<i>zonisamide</i>	3	

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

BRANDS

DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES	2	
GABITRIL	3	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
NEURONTIN (Solution)	3	
Generics		
<i>gabapentin</i>	1	
<i>primidone</i>	1	
<i>valproate sodium</i>	3	
<i>valproic acid</i>	1	

Glutamate Reducing Agents - Seizure Control Drugs

BRANDS

FELBATOL	3	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	2	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	2	
LAMICTAL STARTER/TAKING VALPROATE	2	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA

Generics

<i>lamotrigine</i>	1	
<i>lamotrigine chewable dispersible</i>	3	

Sodium Channel Inhibitors - Seizure Control Drugs

BRANDS

CARBATROL	2	
DILANTIN	2	
DILANTIN INFATABS	2	
PEGANONE	3	
PHENYTEK	2	
TEGRETOL	2	
TEGRETOL-XR	2	
TRILEPTAL (Suspension)	3	

Generics

<i>carbamazepine</i>	1	
<i>epitol</i>	1	
<i>fosphenytoin sodium</i>	3	
<i>oxcarbazepine</i>	3	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ANTIDEMENTIA AGENTS - Drugs to Treat Alzheimer's Disease and Dementia		
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs		
BRANDS		
ARICEPT	2	
ARICEPT ODT	2	
EXELON	3	
RAZADYNE	2	
RAZADYNE ER	2	
Glutamate Pathway Modifiers - Alzheimer's Disease and Dementia Drugs		
BRANDS		
NAMENDA	2	
NAMENDA TITRATION PAK	2	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Antidepressants, Other - Antidepressants		
BRANDS		
WELLBUTRIN XL (150mg 24-Hour Tablet)	2	QL
Generics		
<i>budeprion sr</i>	1	
<i>budeprion xl</i>	1	QL
<i>bupropion hcl</i>	1	
<i>bupropion hcl sr</i>	1	
<i>maprotiline hcl</i>	1	
<i>mirtazapine</i>	1	
<i>mirtazapine odt</i>	1	
<i>nefazodone hcl</i>	1	
<i>trazodone hcl</i>	1	
Monoamine Oxidase Inhibitors - Antidepressants		
BRANDS		
EMSAM	3	QL,ST
MARPLAN	3	
NARDIL	2	
Generics		
<i>tranylcypromine sulfate</i>	3	
Serotonin/Norepinephrine Reuptake Inhibitors - Antidepressants		
BRANDS		
CYMBALTA	2	
EFFEXOR XR	2	QL

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
LEXAPRO	2	
PAXIL CR (37.5mg 24-Hour Tablet)	3	QL
PEXEVA	3	ST
PRISTIQ	2	QL
PROZAC WEEKLY	3	QL,ST
SARAFEM	3	QL,ST
Generics		
<i>citalopram hydrobromide (solution)</i>	3	
<i>citalopram hydrobromide (tablet)</i>	1	
<i>fluoxetine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>paroxetine hcl (suspension)</i>	3	
<i>paroxetine hcl (tablet)</i>	1	
<i>paroxetine hcl er</i>	3	QL
<i>sertraline hcl</i>	1	
<i>venlafaxine hcl</i>	1	
Tricyclics - Antidepressants		
BRANDS		
SURMONTIL (100mg Capsule)	3	
VIVACTIL	3	
Generics		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>chlordiazepoxide/amitriptyline</i>	3	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	3	
<i>nortriptyline hcl</i>	1	
<i>perphenazine/amitriptyline</i>	1	
<i>trimipramine maleate</i>	1	
ANTIDOTES, DETERRENTS, AND TOXICOLOGIC AGENTS - Drugs for Overdose or Deterrants		
Antidotes - Antidotes/Protectants		
BRANDS		
ACETADOTE	3	
CUPRIMINE	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
DEPEN TITRATABS	3	
EXJADE	4	
SYPRINE	3	
Generics		
<i>acetylcysteine</i>	1	B/D
<i>kionex</i>	1	
<i>leucovorin calcium (solution, solution for reconstitution)</i>	3	
<i>leucovorin calcium (tablet)</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
Deterrents - Antidotes/Protectants		
BRANDS		
ANTABUSE	2	
CAMPRAL	3	
CHANTIX	3	QL
NICOTROL INHALER	3	
NICOTROL NS	3	
Generics		
<i>buproban</i>	1	
<i>bupropion hcl sr</i>	1	
<i>nicotine</i>	3	
Toxicologic Agents - Antidotes/Protectants		
Generics		
<i>depade</i>	3	
<i>naloxone hcl</i>	1	
<i>naltrexone hcl</i>	3	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
BRANDS		
ALOXI	4	
ANTIVERT (50mg Tablet)	3	
ANZEMET (Solution)	3	
ANZEMET (Tablet)	3	B/D,QL
EMEND	2	B/D,PA,QL
MARINOL (10mg Capsule, 5mg Capsule)	4	B/D,PA
MARINOL (2.5mg Capsule)	3	B/D,PA
TRANSDERM-SCOP	3	
Generics		
<i>dronabinol (10mg capsule, 5mg capsule)</i>	4	B/D, PA

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>dronabinol (2.5mg capsule)</i>	3	B/D, PA
<i>granisetron hcl (solution)</i>	3	
<i>granisetron hcl (tablet)</i>	3	B/D,QL
<i>granisol</i>	3	B/D,QL
<i>hydroxyzine pamoate</i>	3	
<i>meclizine hcl</i>	1	
<i>metoclopramide hcl</i>	1	
<i>ondansetron hcl (2mg/ml solution)</i>	3	
<i>ondansetron hcl (4mg/5ml solution, tablet)</i>	3	B/D,QL
<i>ondansetron odt</i>	3	B/D,QL
<i>trimethobenzamide hcl</i>	3	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals - Fungal Infection Drugs		
BRANDS		
ANCOBON (250mg Capsule)	3	
ANCOBON (500mg Capsule)	4	
CANCIDAS	4	
ERAXIS	4	
ERTACZO	3	
EXELDERM	3	
GRIFULVIN V (Tablet)	2	
GRIS-PEG	3	
GYNAZOLE-1	2	
LAMISIL (Solution)	3	
LOPROX SHAMPOO	3	
MENTAX	3	
NAFTIN	2	
NAFTIN-MP	2	
NATACYN	2	
NOXAFIL	4	
OXISTAT	3	
SPORANOX (Solution)	3	PA
VFEND	4	
VFEND IV	4	
XOLEGEL	3	
Generics		
<i>amphotericin b</i>	3	B/D
<i>ciclopirox suspension</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>ciclopirox nail lacquer</i>	3	
<i>ciclopirox cream</i>	1	
<i>clotrimazole</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>econazole nitrate</i>	1	
<i>fluconazole (suspension for reconstitution)</i>	3	
<i>fluconazole (tablet)</i>	1	
<i>fluconazole in dextrose</i>	3	
<i>fluconazole in nacl</i>	3	
<i>griseofulvin microsize</i>	3	
<i>itraconazole</i>	3	
<i>ketoconazole</i>	1	
<i>kuric</i>	1	
<i>miconazole 3</i>	1	
<i>nyamyc</i>	1	
<i>nystatin</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystop</i>	1	
<i>pedi-dri</i>	1	
<i>terbinafine hcl</i>	1	
<i>terconazole</i>	1	
<i>zazole</i>	1	

ANTIGOUT AGENTS - Drugs to Treat Gout

Antigout Agents - Gout Drugs

Generics

<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	
<i>colchicine</i>	1	
<i>probenecid</i>	1	
<i>probenecid/colchicine</i>	1	

ANTIMIGRAINE AGENTS - Drugs to Treat Migraines

Abortive - Migraine Drugs

BRANDS

AMERGE	3	QL
AXERT	3	QL
ERGOMAR	2	
FROVA	3	QL

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
IMITREX	2	QL
IMITREX STATDOSE REFILL	2	QL
MAXALT	2	QL
MAXALT-MLT	2	QL
MIGRANAL	3	QL
PANLOR DC	3	
RELPAK	3	QL
SYNALGOS-DC	3	
ZOMIG	3	QL
ZOMIG ZMT	3	QL

Generics

<i>dihydroergotamine mesylate</i>	3	
<i>ergoloid mesylates</i>	1	
<i>ergotamine tartrate/caffeine</i>	1	
<i>migergot</i>	3	
<i>orphenadrine compound</i>	3	
<i>orphenadrine compound ds</i>	3	
<i>orphenadrine/aspirin/caffeine</i>	3	
<i>trezix</i>	1	
<i>zerlor</i>	1	

ANTIMYASTHENIC AGENTS - Drugs to Treat Myasthenia Gravis

Parasympathomimetics - Myasthenia Gravis Drugs

BRANDS

GUANIDINE HCL	3	
MESTINON (Syrup)	2	
MESTINON TIMESPAN	2	
MYTELASE	3	

Generics

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

ANTIMYCOBACTERIALS - Drugs to Treat Infections

Antimycobacterials, Other - Miscellaneous

Anti-infectives

BRANDS

DAPSONE	2	
MYCOBUTIN	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Antituberculars - Tuberculosis Drugs		
BRANDS		
PRIFTIN	3	
RIFATER	3	
TRECTOR	3	
Generics		
<i>ethambutol hcl</i>	1	
<i>isonarif</i>	3	
<i>isoniazid</i>	1	
<i>pyrazinamide</i>	1	
<i>rifampin (capsule)</i>	1	
<i>rifampin (solution for reconstitution)</i>	3	

ANTINEOPLASTICS - Drugs to Treat Cancer and Cancer Treatment Side Effects

Alkylating Agents - Chemotherapy Agents

BRANDS		
ALKERAN	4	
BICNU	3	
BUSULFEX	4	
CEENU	2	
DACARBAZINE (100mg Solution for Reconstitution)	3	
HEXALEN	4	
IFOSFAMIDE (Solution)	3	
LEUKERAN	2	
MATULANE	4	
MUSTARGEN	3	
TREANDA	4	PA
ZANOSAR	3	

Generics		
<i>cyclophosphamide (solution for reconstitution)</i>	1	
<i>cyclophosphamide (tablet)</i>	3	B/D
<i>dacarbazine (200mg solution for reconstitution)</i>	1	
<i>ifosfamide (solution for reconstitution)</i>	3	
<i>ifosfamide/mesna</i>	4	
<i>thiotepa</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Antiangiogenic Agents - Chemotherapy Agents		
BRANDS		
REVLIMID	4	PA
THALOMID	4	PA
Antiestrogens/Modifiers - Chemotherapy Agents		
BRANDS		
EMCYT	2	
FARESTON	3	
FASLODEX	4	
SOLTAMOX	3	
Generics		
<i>tamoxifen citrate</i>	1	

Antimetabolites - Chemotherapy Agents

BRANDS		
ALIMTA	4	PA
DROXIA	2	
ELITEK	4	
GEMZAR	4	
TABLOID	3	
Generics		
<i>cytarabine</i>	1	
<i>cytarabine aqueous</i>	1	
<i>hydroxyurea</i>	1	
<i>mercaptopurine</i>	3	
<i>pentostatin</i>	4	

Antineoplastics, Other - Chemotherapy Agents

BRANDS		
ABRAXANE	4	
ADRIAMYCIN (20mg Solution for Reconstitution)	3	B/D
ARRANON	4	
CLOLAR	4	
COSMEGEN	3	
DACOGEN	4	
DAUNORUBICIN HCL (Injection)	3	
DAUNOXOME	3	
DOXIL	4	B/D
ELOXATIN	4	
ELSPAR	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ETOPOPHOS	4	
HYCAMTIN	4	
IXEMPRA KIT	4	
ONCASPAR	4	
ONTAK	4	
PHOTOFRIN	4	
PROLEUKIN	4	PA
TAXOTERE	4	
TORISEL	4	
TRISENOX	4	
VELCADE	4	
VIDAZA	4	
ZOLINZA	4	

Generics

<i>bleomycin sulfate</i>	3	
<i>carboplatin</i>	3	
<i>cisplatin</i>	1	
<i>cladribine</i>	3	
<i>daunorubicin hcl (solution for reconstitution)</i>	3	
<i>doxorubicin hcl</i>	3	B/D
<i>epirubicin hcl</i>	4	
<i>etoposide</i>	1	
<i>fludarabine phosphate</i>	4	
<i>idarubicin hcl</i>	4	
<i>irinotecan</i>	4	
<i>mitomycin</i>	3	
<i>mitoxantrone hcl</i>	4	
<i>onxol</i>	4	
<i>paclitaxel</i>	3	
<i>toposar</i>	1	
<i>vinblastine sulfate</i>	1	
<i>vincasar pfs</i>	1	
<i>vincristine sulfate</i>	1	
<i>vinorelbine tartrate</i>	3	

Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents

BRANDS

ARIMIDEX	2	
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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
AROMASIN	3	
FEMARA	2	

Molecular Target Inhibitors - Chemotherapy

Agents

BRANDS

GLEEVEC	4	PA
NEXAVAR	4	
SPRYCEL	4	PA
SUTENT	4	
TARCEVA	4	
TASIGNA	4	PA
TYKERB	4	PA

Monoclonal Antibodies - Chemotherapy Agents

BRANDS

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

Retinoids - Chemotherapy Agents

BRANDS

PANRETIN	4	
TARGRETIN	4	

Generics

<i>tretinoin (capsule)</i>	4	
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ANTIPARASITICS - Drugs to Treat Parasitic Infections

Anthelmintics - Worm Infection Drugs

BRANDS

ALBENZA	2	
BILTRICIDE	2	
MINTEZOL	2	
STROMEKTOL	2	

Generics

<i>mebendazole</i>	1	
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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Antiprotozoals - Protozoal Infection Drugs		
BRANDS		
ALINIA	3	
DARAPRIM	2	
MALARONE	3	
MEPRON	4	
PRIMAQUINE PHOSPHATE	2	
QUALAQUIN	3	PA
TINDAMAX	2	

Generics

chloroquine phosphate	1	
hydroxychloroquine sulfate	1	
mefloquine hcl	1	

Pediculicides/Scabicides - Scabies And Lice Drugs

BRANDS

EURAX	2	
OVIDE	3	

Generics

acticin	1	
lindane	3	
permethrin	1	

ANTIPARKINSON AGENTS - Drugs to Treat Parkinson's Disease

Antiparkinson Agents - Parkinson's Disease Drugs

BRANDS

APOKYN	4	PA
AZILECT	2	
COGENTIN	2	
COMTAN	2	
KEMADRIN	3	
LODOSYN	3	
MIRAPEX	2	
PARCOPA	3	ST
STALEVO 100	3	ST
STALEVO 150	3	ST
STALEVO 200	3	ST
STALEVO 50	3	ST
ZELAPAR	3	ST

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Generics		
amantadine hcl	1	
atamet	1	
benztropine mesylate	1	
bromocriptine mesylate	3	
carbidopa/levodopa	1	
carbidopa/levodopa cr	1	
carbidopa/levodopa er	1	
carbidopa/levodopa sr	1	
ropinirole hcl	1	
selegiline hcl	1	
trihexyphenidyl hcl	1	

ANTIPSYCHOTICS - Drugs to Treat Mood Disorders

Atypicals - Mood Disorder Drugs

BRANDS

ABILIFY	3	
ABILIFY DISCMELT	4	
FAZACLO	3	
INVEGA	3	
RISPERDAL (Solution)	3	
RISPERDAL CONSTA (12.5mg Suspension for Reconstitution, 25mg Suspension for Reconstitution)	3	QL
RISPERDAL CONSTA (37.5mg Suspension for Reconstitution, 50mg Suspension for Reconstitution)	4	
RISPERDAL M-TAB	3	
SEROQUEL	2	
SEROQUEL XR	2	
ZYPREXA	2	
ZYPREXA ZYDIS	2	

Generics

clozapine	1	
risperidone	1	

Conventional - Mood Disorder Drugs

BRANDS

MOBAN	3	
NAVANE (20mg Capsule)	3	
ORAP	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Generics		
<i>chlorpromazine hcl</i>	1	
<i>compro</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>loxapine succinate</i>	1	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>thioridazine hcl</i>	3	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	

ANTISPASTICITY AGENTS - Drugs to Treat Spasms

Antispasticity Agents - Muscle Spasm Drugs

BRANDS

ZANAFLEX (Capsule) 3

Generics

baclofen 1
dantrolene sodium 3
tizanidine hcl 1

ANTIVIRALS - Drugs to Treat Viral Infections

Anti-cytomegalovirus (CMV) Agents -

Miscellaneous Antiviral Drugs

BRANDS

VALCYTE 4

Generics

foscarnet sodium 1 B/D
ganciclovir 4

Antih hepatitis Agents - Hepatitis Drugs

BRANDS

BARACLUDE (Solution) 3
BARACLUDE (Tablet) 4
HEPSERA 4
REBETOL (Solution) 4 PA

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
TYZEKA	3	
Generics		
<i>ribasphere</i>	1	PA
<i>ribatab (miscellaneous)</i>	4	PA
<i>ribatab (tablet)</i>	1	PA
<i>ribavirin</i>	1	PA

Antiherpetic Agents - Herpes Drugs

BRANDS

DENAVIR 2
VALTREX 3
ZOVIRAX (Cream, Ointment) 2

Generics

acyclovir 1
acyclovir sodium 3 B/D
famciclovir 3
trifluridine 1

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

BRANDS

RESCRIPTOR 3
SUSTIVA 3
VIRAMUNE (Suspension) 3
VIRAMUNE (Tablet) 2

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

BRANDS

ATRIPLA 4
COMBIVIR 4
EMTRIVA 3
EPIVIR 2
EPIVIR HBV 2
EPZICOM 4
RETROVIR IV INFUSION 3
TRIZIVIR 4
TRUVADA 4
VIDEX EC (125mg Delayed Release Capsule) 3
VIDEX PEDIATRIC 3
VIREAD 3

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ZERIT	2	
ZIAGEN	2	

Generics

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

Anti-HIV Agents, Other - HIV Drugs

BRANDS

FUZEON	4	
INTELENCE	4	
ISENTRESS	4	
SELZENTRY	4	

Anti-HIV Agents, Protease Inhibitors - HIV Drugs

BRANDS

APTIVUS	4	
CRIXIVAN	2	
INVIRASE (Capsule)	3	
INVIRASE (Tablet)	4	
KALETRA	4	
LEXIVA (Suspension)	3	
LEXIVA (Tablet)	4	
NORVIR (Capsule)	3	
NORVIR (Solution)	4	
PREZISTA	4	
REYATAZ	4	
VIRACEPT (Powder)	3	
VIRACEPT (Tablet)	4	

Anti-influenza Agents - Flu Drugs

BRANDS

RELENZA DISKHALER	3	
TAMIFLU	2	

Generics

<i>rimantadine hcl</i>	1	
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ANXIOLYTICS - Drugs to Treat Anxiety

Anxiolytics, Other - Anxiety Drugs

Generics

<i>buspirone hcl</i>	1	
<i>meprobamate</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
BIPOLAR AGENTS - Drugs to Treat Mood Disorders		

Bipolar Agents - Mood Disorder Drugs

BRANDS

EQUETRO	2	
GEODON	3	
LITHOBID	2	
SYMBYAX	3	

Generics

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

BLOOD GLUCOSE REGULATORS - Drugs to Regulate Blood Sugar

Antidiabetic Agents - Diabetic Drugs

BRANDS

ACTOPLUS MET	2	ST
ACTOS	2	ST
AVANDAMET	2	ST
AVANDARYL	2	ST
AVANDIA	2	ST
BYETTA	3	PA,ST
DUETACT	2	ST
FORTAMET	3	
GLUMETZA	3	
GLYSET	3	ST
JANUMET	3	ST
JANUVIA	3	ST
PRANDIN	3	QL,ST
RIOMET	3	
STARLIX	2	QL,ST
SYMLIN	3	PA
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA

Generics

<i>acarbose</i>	1	
<i>chlorpropamide</i>	1	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hcl</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hcl</i>	1	
<i>glycron (1.5mg tablet, 3mg tablet, 6mg tablet)</i>	1	
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	

Glycemic Agents - Diabetic Drugs

BRANDS

GLUCAGEN HYPOKIT	3
GLUCAGON EMERGENCY KIT	2
PROGLYCEM	3

Insulins - Diabetic Drugs

BRANDS

HUMALOG	2
HUMALOG MIX 50/50	2
HUMALOG MIX 50/50 PEN	2
HUMALOG MIX 75/25	2
HUMALOG MIX 75/25 PEN	2
HUMALOG PEN	2
HUMULIN 50/50	2
HUMULIN 70/30	2
HUMULIN 70/30 PEN	2
HUMULIN N	2
HUMULIN N U-100 PEN	2
HUMULIN R	2
LANTUS	2
LANTUS SOLOSTAR	2
LEVEMIR	2
LEVEMIR FLEXPEN	2
NOVOLIN 70/30	2
NOVOLIN 70/30 INNOLET	2
NOVOLIN 70/30 PENFILL	2
NOVOLIN N	2

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
NOVOLIN N INNOLET	2	
NOVOLIN N U-100 PENFILL	2	
NOVOLIN R	2	
NOVOLIN R INNOLET	2	
NOVOLIN R U-100 PENFILL	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PENFILL	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
	2	
NOVOLOG PENFILL	2	

BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - Drugs to Treat Blood Disorders

Anticoagulants - Blood Thinners

BRANDS

ARIXTRA	4	
COUMADIN	3	
FRAGMIN (10000unit/ml Injection, 25000unit/ml Injection, 7500unit/0.3ml Injection)	4	
FRAGMIN (2500unit/0.2ml Injection, 5000unit/0.2ml Injection)	3	QL
HEPARIN SODIUM/D5W (5%,50unit/ml Solution)	1	
INNOHEP	3	
LOVENOX (100mg/ml Solution, 120mg/0.8ml Solution, 150mg/ml Solution, 300mg/3ml Solution, 60mg/0.6ml Solution, 80mg/0.8ml Solution)	4	
LOVENOX (30mg/0.3ml Solution, 40mg/0.4ml Solution)	3	QL

Generics

<i>heparin sodium</i>	1	
<i>heparin sodium dcu</i>	1	
<i>heparin sodium/d5w (5%,100unit/ml solution, 5%,40unit/ml solution)</i>	1	
<i>heparin sodium/nacl 0.45%</i>	1	
<i>heparin sodium/nacl 0.9%</i>	1	
<i>heparin sodium/nacl 0.9% premix</i>	1	
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Blood Formation Products - Blood Formation Drugs		
BRANDS		
ARANESP ALBUMIN FREE (25mcg/0.42ml Solution, 25mcg/ml Solution)	3	B/D,PA,QL
ARANESP ALBUMIN FREE (100mcg/ml Solution, 150mcg/0.3ml Solution, 150mcg/0.75ml Solution, 200mcg/0.4ml Solution, 200mcg/ml Solution, 300mcg/ml Solution, 40mcg/0.4ml Solution, 40mcg/ml Solution, 500mcg/ml Solution, 60mcg/ml Solution)	4	B/D,PA
ARANESP ALBUMIN FREE SURECLICK	4	B/D,PA
LEUKINE	4	PA
NEULASTA	4	PA
NEUMEGA	2	PA
NEUPOGEN	4	PA
PROCRIT (2000unit/ml Solution, 3000unit/ml Solution, 4000unit/ml Solution)	3	B/D,PA,QL
PROCRIT (10000unit/ml Solution, 20000unit/ml Solution, 40000unit/ml Solution)	4	B/D,PA
Coagulants - Blood Clotting Drugs		
BRANDS		
CYKLOKAPRON	2	
Platelet Aggregation Inhibitors - Blood Thinners		
BRANDS		
AGGRENOX	2	QL
PLAVIX	2	QL
Generics		
<i>anagrelide hcl</i>	1	
<i>cilostazol</i>	1	
<i>dipyridamole</i>	1	
<i>pentopak</i>	1	
<i>pentoxifylline er</i>	1	
<i>pentoxil</i>	1	
<i>ticlopidine hcl</i>	1	
CARDIOVASCULAR AGENTS - Drugs to Treat Heart and Circulation Conditions		
Alpha-adrenergic Agonists - Blood Pressure Drugs		
BRANDS		
CATAPRES-TTS-1	2	QL
CATAPRES-TTS-2	2	QL

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
CATAPRES-TTS-3	2	QL
Generics		
<i>clonidine hcl</i>	1	
<i>guanabenz acetate</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa</i>	1	
<i>midodrine hcl</i>	3	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs		
BRANDS		
DIBENZYLINE	3	
Generics		
<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
Antiarrhythmics - Heart Regulation Drugs		
BRANDS		
NORPACE CR (100mg 12-Hour Capsule)	3	
PACERONE (100mg Tablet, 300mg Tablet)	3	
PROCANBID	3	
QUINIDINE GLUCONATE	3	
RYTHMOL SR	3	
TIKOSYN	3	
Generics		
<i>amiodarone hcl</i>	1	
<i>disopyramide phosphate</i>	1	
<i>disopyramide phosphate er</i>	3	
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
<i>pacerone (200mg tablet)</i>	1	
<i>procainamide hcl</i>	1	
<i>propafenone hcl</i>	3	
<i>quinidine gluconate cr</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine gluconate sa</i>	1	
<i>quinidine sulfate</i>	1	
<i>quinidine sulfate er</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>sotalol hcl (af)</i>	3	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs		
BRANDS		
INNOPRAN XL	3	
LEVATOL	3	
TIMOLIDE 10/25	3	
Generics		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
<i>labetalol hcl</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>nadolol</i>	1	
<i>nadolol/bendroflumethiazide</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol/hydrochlorothiazide</i>	1	
<i>timolol maleate</i>	1	
Calcium Channel Blocking Agents - Blood Pressure Drugs		
BRANDS		
CARDENE SR	3	QL
CARDIZEM CD (360mg 24-Hour Capsule)	3	
CARDIZEM LA	2	QL
COVERA-HS	3	QL
DYNACIRC CR	3	QL
EXFORGE	2	QL,ST
Generics		
<i>afeditab cr</i>	1	
<i>amlodipine besylate</i>	1	
<i>cartia xt</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>dilt-cd</i>	1	
<i>diltiazem cd</i>	1	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl er</i>	1	
<i>dilt-xr</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	3	
<i>nicardipine hcl</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine</i>	3	
<i>nifedipine er</i>	1	
<i>nimodipine</i>	4	
<i>taztia xt</i>	1	
<i>verapamil hcl</i>	1	
<i>verapamil hcl er</i>	1	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs		
BRANDS		
DEMSEER	4	
LANOXIN	2	
RANEXA	2	PA
Generics		
<i>digitek</i>	1	
<i>digoxin</i>	1	
<i>reserpine</i>	1	
Diuretics - Blood Pressure Drugs		
BRANDS		
ALDACTAZIDE (50mg,50mg Tablet)	3	
CLOPRES	3	
DEMADEX (Solution)	3	
DIURIL	2	
DIURIL IV	3	
DYRENIUM	3	
EDECIN	3	
INSPIRA	3	ST
THALITONE	3	
Generics		
<i>acetazolamide sodium</i>	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>amiloride hcl</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>furosemide</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methyclothiazide</i>	1	
<i>methyldopa/hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
<i>toremide</i>	1	
<i>triamterene/hydrochlorothiazide</i>	1	
Dyslipidemics - Cholesterol Control Drugs		
BRANDS		
ADVICOR	2	QL
ALTOPREV	3	QL,ST
ANTARA	2	
CADUET	3	QL
CRESTOR	2	QL
LESCOL	3	QL,ST
LESCOL XL	3	QL,ST
LIPITOR	2	QL
LOVAZA	3	
NIASPAN	2	
TRICOR	2	
TRIGLIDE	3	
VYTORIN	3	QL,ST
WELCHOL	2	
ZETIA	3	QL,ST
Generics		
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol hcl (granules)</i>	3	
<i>colestipol hcl (tablet)</i>	1	
<i>fenofibrate</i>	1	
<i>gemfibrozil</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>lovastatin</i>	1	
<i>niacor</i>	1	
<i>pravastatin sodium</i>	1	
<i>prevalite</i>	1	
<i>simvastatin</i>	1	
Renin-angiotensin-aldosterone System Inhibitors - Blood Pressure Drugs		
BRANDS		
ACEON	3	
ATACAND	3	QL,ST
ATACAND HCT	3	QL,ST
AVALIDE	3	QL,ST
AVAPRO	3	QL,ST
AZOR	2	QL,ST
BENICAR	2	QL,ST
BENICAR HCT	2	QL,ST
COZAAR	3	QL,ST
DIOVAN	2	QL,ST
DIOVAN HCT	2	QL,ST
HYZAAR	3	QL,ST
LEXXEL	3	ST
LOTREL (10mg/40mg Capsule, 5mg/40mg Capsule)	3	QL
MICARDIS	3	QL,ST
MICARDIS HCT	3	QL,ST
TARKA	3	ST
TEKTURNA	2	QL,ST
TEVETEN	3	QL,ST
TEVETEN HCT	3	QL,ST
Generics		
<i>amlodipine besylate/benazepril hcl</i>	1	
<i>benazepril hcl</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>captopril</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
<i>enalapril maleate</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>fosinopril sodium</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>moexipril hcl</i>	1	
<i>moexipril/hydrochlorothiazide</i>	1	
<i>quinapril hcl</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>quinaretic</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	

Vasodilators - Chest Pain Drugs

BRANDS

BIDIL	2	
DILATRATE SR	3	
ISORDIL TITRADOSE (40mg Tablet)	3	
NITRO-DUR (0.3mg/hr 24-Hour Patch, 0.8mg/hr 24-Hour Patch)	3	
NITROLINGUAL PUMPSPRAY	3	
VENTAVIS	4	B/D,PA

Generics

<i>hydralazine hcl (solution)</i>	3	
<i>hydralazine hcl (tablet)</i>	1	
<i>isochron</i>	1	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	1	
<i>minoxidil</i>	1	
<i>nitroglycerin</i>	1	
<i>nitroglycerin transdermal</i>	1	

CENTRAL NERVOUS SYSTEM AGENTS - Drugs to Treat Nerve Conditions

Amphetamines, ADHD - ADHD Drugs

BRANDS

ADDERALL XR	3	QL
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Generics

<i>amphetamine salt combo</i>	1	
<i>dextroamphetamine sulfate</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>dextroamphetamine sulfate cr</i>	1	
<i>dextrostat (5mg tablet)</i>	1	
Non-amphetamines, ADHD - ADHD Drugs		
BRANDS		
CONCERTA	3	QL
DAYTRANA	3	QL
FOCALIN XR	3	QL
METADATE CD	3	QL
METHYLIN (Chewable Tablet, Solution)	3	
RITALIN LA	3	QL
STRATTERA	3	QL,ST

Generics

<i>dexamethylphenidate hcl</i>	1	
<i>metadate er (10mg controlled release tablet)</i>	1	
<i>methylin (tablet)</i>	1	
<i>methylin er</i>	1	
<i>methylphenidate hcl</i>	1	
<i>methylphenidate hcl er</i>	1	

Non-amphetamines, Other - Miscellaneous Nervous System Drugs

BRANDS

PROVIGIL	2	PA,QL
RILUTEK	4	
XYREM	4	QL

DENTAL AND ORAL AGENTS - Drugs to Treat Mouth and Throat Conditions

Dental and Oral Agents

BRANDS

APHTHASOL	2	
EVOXAC	3	ST
KEPIVANCE	4	

Generics

<i>chlorhexadine gluconate oral rinse</i>	1	
<i>chlorhexidine gluconate</i>	1	
<i>perigard</i>	1	
<i>pilocarpine hcl</i>	3	
<i>triamcinolone in orabase</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
DERMATOLOGICAL AGENTS - Drugs to Treat Skin Conditions		
<i>Dermatological Agents - Skin Agents</i>		
BRANDS		
ALDARA	2	
AZELEX	3	
BENOQUIN	3	
BENZACLIN	2	
CARAC	2	
CONDYLOX GEL	3	
DIFFERIN	3	
DOVONEX (Cream)	2	
EFUDEX OCCLUSION PACK	2	
ELIDEL	3	ST
FINACEA	2	
FLUOROPLEX	2	
OXSORALEN	3	
OXSORALEN ULTRA	4	
PROTOPIC	3	ST
RAPTIVA	4	PA
REGRANEX	4	PA,QL
RETIN-A MICRO	2	
SANTYL	3	
SOLARAZE	3	
SORIATANE CK	4	
SOTRET (30mg Capsule)	3	
TAZORAC	3	
Generics		
<i>ammonium lactate</i>	1	
<i>amnesteem</i>	3	
<i>avita</i>	1	
<i>calcipotriene</i>	3	
<i>claravis</i>	3	
<i>erythromycin/benzoyl peroxide</i>	1	
<i>fluorouracil (cream)</i>	3	
<i>fluorouracil (solution)</i>	1	
<i>laclotion</i>	1	
<i>podoflox</i>	1	
<i>selenium sulfide</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>sotret (10mg capsule, 20mg capsule, 40mg capsule)</i>	3	
<i>tretinoin (cream, gel)</i>	1	
<i>u-cort</i>	1	
ENZYME REPLACEMENTS/MODIFIERS - Drugs to Treat Enzyme Deficiency		
<i>Enzyme Replacements/Modifiers - Enzyme Deficiency Drugs</i>		
BRANDS		
ADAGEN	4	
ALDURAZYME	4	
BUPHENYL	4	
CEREZYME	4	
CREON 10	2	
CREON 20	2	
CREON 5	2	
CYSTADANE	3	
CYSTAGON	3	
ELAPRASE	4	
FABRAZYME	4	
KUVAN	4	
MYOZYME	4	
NAGLAZYME	4	
ORFADIN	4	
SUCRAID	4	
ULTRASE	2	
ULTRASE MT 12	2	
ULTRASE MT 18	2	
ULTRASE MT 20	2	
ZAVESCA	4	

GASTROINTESTINAL AGENTS - Drugs to Treat Bowel, Intestine and Stomach Conditions

Antispasmodics, Gastrointestinal - Bowel Treatment Drugs

Generics

<i>atropine sulfate</i>	3
<i>dicyclomine hcl</i>	3
<i>glycopyrrolate (solution)</i>	1
<i>glycopyrrolate (tablet)</i>	3
<i>methscopolamine bromide</i>	3

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>propantheline bromide</i>	3	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs		
BRANDS		
AMITIZA	3	PA,QL
GOLYTELY	2	
KRISTALOSE	2	
MOTOFEN	3	
MOVIPREP	2	
NULYTELY	2	
TRILYTE	2	
URSO 250	3	
URSO FORTE	3	
Generics		
<i>constulose</i>	1	
<i>diphenoxylate/atropine</i>	3	
<i>enulose</i>	1	
<i>lactulose</i>	1	
<i>lofene</i>	3	
<i>lonox</i>	3	
<i>loperamide hcl</i>	1	
<i>polyethylene glycol 3350</i>	1	
<i>polyethylene glycol 3350/electrolytes 1</i>		
<i>ursodiol</i>	3	
Histamine2 (H2) Blocking Agents - Ulcer and Stomach Acid Drugs		
BRANDS		
AXID (Solution)	3	
PEPCID (Suspension for Reconstitution)	3	
ZANTAC (50mg/50ml,0.45% Solution, Effervescent Tablet, Pack)	3	
Generics		
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
<i>famotidine</i>	1	
<i>famotidine premixed</i>	1	
<i>nizatidine</i>	1	
<i>ranitidine hcl (capsule, solution, tablet)</i>	1	
<i>ranitidine hcl (syrup)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs		
BRANDS		
LOTROXON	2	PA,QL
Protectants - Ulcer and Stomach Acid Drugs		
BRANDS		
CARAFATE (Suspension)	3	
Generics		
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs		
BRANDS		
ACIPHEX	3	ST
HELIDAC	3	QL
NEXIUM	2	
NEXIUM I.V.	3	
PREVACID	2	
PREVACID NAPRAPAC	3	QL
PREVACID SOLUTAB	2	
PREVPAC	3	QL
PRILOSEC (40mg Delayed Release Capsule)	3	
PROTONIX (Delayed Release Tablet, Pack)	2	
PROTONIX (Solution for Reconstitution)	3	
ZEGERID	3	ST
Generics		
<i>omeprazole</i>	1	
<i>pantoprazole sodium</i>	3	ST
GENITOURINARY AGENTS - Drugs to Treat Bladder, Genital and Kidney Conditions		
Antispasmodics, Urinary - Bladder Control Drugs		
BRANDS		
DETROL	2	QL
DETROL LA	2	QL
ENABLEX	2	QL
OXYTROL	2	QL
SANCTURA	3	QL,ST
SANCTURA XR	3	QL,ST
VESICARE	3	QL,ST

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Generics		
<i>flavoxate hcl</i>	1	
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er</i>	1	
Benign Prostatic Hypertrophy Agents - Prostate Enlargement Drugs		
BRANDS		
AVODART	2	QL
CARDURA XL	3	
FLOMAX	2	QL
UROXATRAL	3	QL
Generics		
<i>finasteride</i>	1	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney conditions Drugs		
BRANDS		
ELMIRON	3	
LITHOSTAT	3	
METHERGINE	2	
THIOLA	3	
Generics		
<i>bethanechol chloride</i>	1	
Phosphate Binders - Phosphate-Removing Agents		
BRANDS		
FOSRENOL	3	
PHOSLO	2	
RENAGEL	2	
REVELA	2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/MODIFYING (ADRENAL)		
- Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
Glucocorticoids/Mineralocorticoids - Anti-Inflammatory Drugs		
BRANDS		
ALA-SCALP	2	
CAPEX	3	
CELESTONE	3	
CLOBEX	3	
CLODERM	3	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
CORDRAN	3	
CORDRAN SP	3	
CORDRAN TAPE	3	
CORTEF (10mg Tablet)	3	
CORTIFOAM	3	
CORTISPORIN (Cream)	2	
CUTIVATE (Lotion)	3	
DEPO-MEDROL (20mg/ml Suspension)	2	
DERMA-SMOOTH/FS BODY OIL	3	
DERMA-SMOOTH/FS SCALP OIL	3	
DEXPAK 13 DAY	3	
ENTOCORT EC	3	
HALOG	3	
KENALOG (Aerosol Solution)	2	
LOCOID LIPOCREAM	2	
LUXIQ	3	
MEDROL (2mg Tablet)	3	
OLUX-E	3	
PANDEL	3	
PSORCON E	3	
SOLU-CORTEF	2	
SOLU-MEDROL (2gm Solution for Reconstitution)	2	
TEXACORT (2.50% Solution)	3	
Generics		
<i>vanos</i>	3	
<i>a-hydrocort</i>	1	
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i>	1	
<i>a-methapred</i>	1	
<i>augmented betamethasone dipropionate</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
<i>beta-val</i>	1	
<i>clobetasol propionate (cream, gel, ointment, solution)</i>	1	
<i>clobetasol propionate (foam)</i>	3	
<i>clobetasol propionate e</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
colocort	3	
cormax	1	
cortisone acetate	1	
del-beta	1	
desonide	1	
desoximetasone	1	
dexamethasone	1	
dexamethasone intensol	1	
dexamethasone sodium phosphate	1	
diflorasone diacetate	1	
fludrocortisone acetate	1	
fluocinolone acetonide	1	
fluocinonide	1	
fluocinonide-e	1	
fluticasone propionate	1	
halobetasol propionate	1	
hydrocortisone (cream, lotion, ointment, tablet)	1	
hydrocortisone (enema)	3	
hydrocortisone butyrate	1	
hydrocortisone in absorbase	1	
hydrocortisone valerate	1	
isovate	1	
lokara	1	
methylprednisolone	1	
methylprednisolone acetate	1	
methylprednisolone sodium succinate	1	
mometasone furoate	1	
prednicarbate	1	
prednisolone	1	
prednisolone sodium phosphate	1	
prednisone	1	
prednisone intensol	1	
proctocream-hc	1	
procto-pak	1	
proctosol hc	1	
proctozone-hc	1	
texacort (1% solution)	1	
triamcinolone acetonide	1	
triamcinolone acetonide in absorbase	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
triderm	1	
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		
BRANDS		
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK (0.2mg Solution for Reconstitution)	3	PA,QL
GENOTROPIN MINIQUICK (0.4mg Solution for Reconstitution, 0.6mg Solution for Reconstitution, 0.8mg Solution for Reconstitution, 1.2mg Solution for Reconstitution, 1.4mg Solution for Reconstitution, 1.6mg Solution for Reconstitution, 1.8mg Solution for Reconstitution)	4	PA
HUMATROPE	4	PA
HUMATROPE COMBO PACK	4	PA
NORDITROPIN CARTRIDGE	4	PA
NORDITROPIN NORDIFLEX PEN	4	PA
NUTROPIN	4	PA
NUTROPIN AQ	4	PA
NUTROPIN AQ PEN	4	PA
OMNITROPE	4	PA
SAIZEN	4	PA
SAIZEN CLICK.EASY	4	PA
STIMATE	4	
TEV-TROPIN	4	PA
Generics		
chorionic gonadotropin	3	
desmopressin acetate	3	
minirin	3	
novarel	3	
pregnyl w/diluent benzyl alcohol/nacl		1

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
Anabolic Steroids - Hormone Replacement/ Modifying Drugs		
BRANDS		
ANADROL-50	4	PA
<i>Generics</i>		
<i>oxandrolone</i>	1	PA
Androgens - Hormone Replacement/Modifying Drugs		
BRANDS		
ANDRODERM	2	PA
ANDROGEL	2	PA
ANDROGEL PUMP	2	PA
ANDROID	3	
METHITEST	3	
STRIANT	3	PA
TESTIM	3	PA
TESTRED	3	
<i>Generics</i>		
<i>androxy</i>	3	
<i>danazol</i>	3	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
Estrogens - Hormone Replacement/Modifying Drugs		
BRANDS		
ACTIVELLA (0.5mg,0.1mg Tablet)	3	
ALORA	2	
ANGELIQ	3	
CENESTIN	2	
CLIMARA PRO	3	
COMBIPATCH	3	
DEPO-ESTRADIOL	3	
DIVIGEL	3	QL
ENJUVIA	3	
ESTRACE (Cream)	3	
ESTRADERM	2	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ESTRASORB	3	
ESTRING	2	QL
ESTROGEL	3	QL
FEMHRT 1/5	2	
FEMHRT LOW DOSE	2	
FEMRING	3	QL
FEMTRACE	3	
GYNODIOL (1.5mg Tablet)	2	
LOESTRIN 24 FE	3	
MENEST	2	
MENOSTAR	3	
NUVARING	2	
ORTHO EVRA	2	
ORTHO TRI-CYCLEN LO	3	
OVCON-50 28	3	
PREFEST	3	
PREMARIN	2	
PREMARIN W/APPLICATOR	2	
PREMPHASE	2	
PREMPRO	2	
SEASONALE	3	
SEASONIQUE	3	
VAGIFEM	2	
VIVELLE-DOT	2	
YAZ	2	
<i>Generics</i>		
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
<i>cesia</i>	1	
<i>cryselle-28</i>	1	
<i>enpresse-28</i>	1	
<i>estradiol</i>	1	
<i>estradiol valerate</i>	3	
<i>estradiol/norethindrone acetate</i>	1	
<i>estropipate</i>	1	
<i>gynodiol (0.5mg tablet, 1mg tablet, 2mg tablet)</i>	1	
<i>junel 1.5/30</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
kariva	1	
kelnor 1/35	1	
leena	1	
lessina-28	1	
levora 0.15/30-28	1	
low-ogestrel	1	
lutra	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe	1	
microgestin fe 1.5/30	1	
mononessa	1	
necon 0.5/35-28	1	
necon 1/35-28	1	
necon 10/11-28	1	
necon 7/7/7	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
ocella	1	
ogestrel	1	
ortho-est	1	
portia-28	1	
previfem	1	
quasense	3	
reclipsen	1	
solia	1	
sprintec 28	1	
sronyx	1	
tri-legest fe	1	
trinessa	1	
tri-previfem	1	
tri-sprintec	1	
trivora-28	1	
velivet	1	
zovia 1/35e	1	
zovia 1/50e	1	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Progestins - Hormone Replacement/Modifying Drugs		
BRANDS		
CRINONE	3	
DEPO-PROVERA	3	
DEPO-SUBQ PROVERA 104	3	
MEGACE ES	3	
PLAN B	3	
PROCHIEVE	3	
PROMETRIUM	2	
Generics		
camila	1	
errin	1	
jolivette	1	
medroxyprogesterone acetate	1	
megestrol acetate (suspension)	3	
megestrol acetate (tablet)	1	
necon 1/50-28	1	
nora-be	1	
norethindrone acetate	1	
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs		
BRANDS		
EVISTA	2	QL
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/MODIFYING (THYROID)		
- Drugs to Replace Thyroid Hormones		
Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid) - Thyroid Replacement Drugs		
BRANDS		
CYTOMEL	2	
LEVOTHROID	2	
SYNTHROID	2	
THYROLAR-1	2	
THYROLAR-1/2	2	
THYROLAR-1/4	2	
THYROLAR-2	2	
THYROLAR-3	2	
Generics		
levothyroxine sodium	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>levoxyl</i>	1	
<i>liothyronine sodium</i>	1	
<i>unithroid</i>	1	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions

Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants

BRANDS

LYSODREN	4	
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HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions

Hormonal Agents, Suppressant (Parathyroid) - Hormone Suppressants

BRANDS

SENSIPAR	2	
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HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions

Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants

BRANDS

ELIGARD	3	
LUPRON DEPOT	3	
LUPRON DEPOT-PED	4	
SANDOSTATIN LAR DEPOT	4	PA
SOMATULINE DEPOT	4	PA
SOMAVERT	4	PA
SYNAREL	4	
TRELSTAR DEPOT	3	
TRELSTAR LA	3	
VANTAS	3	

Generics

<i>cabergoline</i>	3	
<i>leuprolide acetate</i>	1	
<i>octreotide acetate</i>	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		

Antiandrogens - Hormone Suppressants

BRANDS

CASODEX	3	
NILANDRON	3	

Generics

<i>flutamide</i>	3	
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HORMONAL AGENTS, SUPPRESSANT (THYROID) - Drugs to Suppress Thyroid Hormones

Antithyroid Agents - Thyroid Suppressing Drugs

Generics

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

IMMUNOLOGICAL AGENTS - Drugs that Stimulate or Suppress the Immune System

Immune Suppressants - Immune System Drugs

BRANDS

AZASAN	2	
AZATHIOPRINE SODIUM	3	
CELLCEPT (Capsule)	3	B/D,PA
CELLCEPT (Suspension for Reconstitution, Tablet)	4	B/D,PA
CELLCEPT INTRAVENOUS	4	B/D,PA
ENBREL	4	PA
ENBREL SURECLICK	4	PA
HUMIRA	4	PA
HUMIRA PEN	4	PA
HUMIRA PEN-CROHNS DISEASESTARTER	4	PA
KINERET	4	PA
MYFORTIC	3	B/D
PROGRAF (0.5mg Capsule, 1mg Capsule)	3	B/D,PA
PROGRAF (5mg Capsule, Solution)	4	B/D,PA
RAPAMUNE (Solution)	3	B/D
RAPAMUNE (Tablet)	4	B/D
TREXALL	3	

Generics

<i>azathioprine</i>	1	
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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>cyclosporine</i>	3	B/D
<i>cyclosporine modified</i>	3	B/D
<i>gengraf</i>	3	B/D
<i>methotrexate</i>	1	
<i>methotrexate sodium</i>	1	

Immunizing Agents, Passive - Immune System Drugs

BRANDS

CARIMUNE NANOFILTERED	4	B/D,PA
FLEBOGAMMA	4	B/D,PA
GAMASTAN S/D	2	B/D,PA
GAMMAGARD LIQUID	4	B/D,PA
GAMUNEX	4	B/D,PA
IVEEGAM EN	4	B/D,PA
OCTAGAM	4	B/D,PA
PANGLOBULIN	4	B/D,PA
PANGLOBULIN NF	4	B/D,PA
POLYGAM S/D	3	B/D,PA
SYNAGIS	4	

Immunomodulators - Immune System Drugs

BRANDS

ACTIMMUNE	4	
ALFERON N	4	
ARCALYST	4	PA
AVONEX	4	PA
BETASERON	4	PA
COPAXONE	4	PA
INTRON-A (10mu/0.2ml Kit, 5mu/0.2ml Kit, Solution)	4	PA
INTRON-A (3mu/0.2ml Kit)	3	PA,QL
INTRON-A W/DILUENT	4	PA
PEGASYS	4	PA
PEG-INTRON	4	PA
PEG-INTRON REDIPEN	4	PA
PEG-INTRON REDIPEN PAK 4	4	PA
REBIF	4	PA
REBIF TITRATION PACK	4	PA
REMICADE	4	PA
RIDAURA	3	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
TYSABRI	4	PA
Generics		
<i>leflunomide</i>	1	
Vaccines		
BRANDS		
ACTHIB	2	
ADACEL	2	
ATTENUVAX	2	
BOOSTRIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	2	
ENGERIX-B	2	B/D,PA
GARDASIL	2	
HAVRIX	2	
HIBTITER	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
JE-VAX	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MERUVAX II W/DILUENT 10 DOSE	2	
M-M-R II W/DILUENT 10 DOSE	2	
PEDIARIX	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D,PA
ROTATEQ	2	
TETANUS TOXOID ADSORBED	2	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	2	
TRIHIBIT	2	
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
VAQTA	2	
VARIVAX	2	
VIVOTIF BERNA	2	
YF-VAX	2	
ZOSTAVAX	2	

INFLAMMATORY BOWEL DISEASE AGENTS

- Drugs to Treat Inflammatory Bowel Disease

Salicylates - Inflammatory Bowel Disease Drugs

BRANDS

ASACOL	2	
CANASA	2	
DIPENTUM	3	
PENTASA	3	

Generics

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

Sulfonamides - Inflammatory Bowel Disease Drugs

Generics

<i>sulfasalazine</i>	1	
<i>sulfazine</i>	1	
<i>sulfazine ec</i>	1	

METABOLIC BONE DISEASE AGENTS - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions

Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs

BRANDS

ACTONEL	2	QL,ST
ACTONEL WITH CALCIUM	2	QL,ST
BONIVA (Kit)	3	
BONIVA (Tablet)	3	QL,ST
DIDRONEI (400mg Tablet)	3	
FORTEO	3	B/D,PA
FORTICAL	2	QL
FOSAMAX (Solution)	3	QL
FOSAMAX PLUS D	3	QL,ST
HECTOROL	2	
MIACALCIN (200unit/act Solution)	3	QL
MIACALCIN (200unit/ml Solution)	3	B/D,PA

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
PAMIDRONATE DISODIUM (6mg/ml Solution)	3	
ZEMPLAR (2mcg/ml Solution)	3	
ZEMPLAR (5mcg/ml Solution, Capsule)	2	
ZOMETA	4	

Generics

<i>alendronate sodium</i>	1	
<i>calcitriol (capsule)</i>	1	
<i>calcitriol (solution)</i>	3	
<i>etidronate disodium</i>	1	
<i>pamidronate disodium (30mg/10ml solution, 90mg/10ml solution, solution for reconstitution)</i>	3	

MISCELLANEOUS AGENTS - Drugs to Treat Miscellaneous Conditions

Cytoprotective Agents - Ulcer and Stomach Acid Drugs

BRANDS

MESNEX (Tablet)	4	
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Generics

<i>amifostine</i>	4	
<i>dexrazoxane</i>	3	
<i>mesna</i>	4	

Diabetic Supplies

BRANDS

ALCOHOL PREPS	1	
BD INSULIN NEEDLES, PENS, SYRINGES, SAFETY SYRINGES	1	
GAUZE PADS	1	
INSULIN NEEDLES, PENS, SYRINGES, SAFETY SYRINGES (Non BD Products)	2	

OPHTHALMIC AGENTS - Drugs to Treat Eye Conditions

Ophthalmic Agents, Other - Miscellaneous Eye Drugs

BRANDS

LACRISERT	2	
RESTASIS	3	

Generics

<i>ak-con</i>	1	
<i>mydral</i>	1	
<i>naphazoline hcl</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>parcaine</i>	1	
<i>proparacaine hcl</i>	1	
<i>tropicacyl</i>	1	
<i>tropicamide</i>	1	

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

BRANDS

ALAMAST	3
ALOCRIAL	3
ALOMIDE	3
ELESTAT	3
EMADINE	3
OPTIVAR	2
PATADAY	2
PATANOL	2

Generics

<i>cromolyn sodium (solution)</i>	1
<i>ketotifen fumarate</i>	1

Ophthalmic Antiglaucoma Agents - Glaucoma Drugs

BRANDS

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

Generics

<i>trusopt</i>	3
<i>acetazolamide</i>	1
<i>betaxolol hcl</i>	1
<i>brimonidine tartrate</i>	1
<i>carteolol hcl</i>	1
<i>dipivefrin hcl</i>	1

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>levobunolol hcl</i>	1	
<i>methazolamide</i>	1	
<i>metipranolol</i>	1	
<i>timolol maleate</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	

Ophthalmic Anti-inflammatories - Allergy, Infection and Inflammation Drugs

BRANDS

ACULAR	2
ACULAR LS	2
ACULAR PF	2
ALREX	2
BLEPHAMIDE	2
BLEPHAMIDE S.O.P.	2
FLAREX	2
FML FORTE	2
FML S.O.P.	2
LOTEMAX	2
MAXIDEX	2
NEVANAC	3
POLY-PRED	2
PRED MILD	2
PRED-G	2
PRED-G S.O.P.	2
TOBRADEX	2
VEXOL	2
XIBROM	3
ZYLET	2

Generics

<i>dexamethasone sodium phosphate</i>	1
<i>dexasporin</i>	1
<i>diclofenac sodium</i>	1
<i>fluorometholone</i>	1
<i>fluor-op</i>	1
<i>flurbiprofen sodium</i>	1
<i>neomycin/polymyxin/dexamethasone</i>	1
<i>poly-dex</i>	1

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	

Ophthalmic Prostaglandin and Prostaglandin Analogs - Glaucoma Drugs

BRANDS

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

OTIC AGENTS - Drugs to Treat Ear Conditions

Otic Agents - Ear Drugs

BRANDS

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

Generics

<i>acetic acid</i>	1	
<i>acetic acid/hydrocortisone</i>	1	
<i>borofair</i>	1	
<i>cortomycin</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	
<i>oticin hc</i>	1	

RESPIRATORY TRACT AGENTS - Drugs to Treat Allergies, Cough, Cold and Lung Conditions

Antihistamines - Allergy Drugs

BRANDS

ALLEGRA (Suspension)	3	QL
ALLEGRA-D 12 HOUR	3	QL
ALLEGRA-D 24 HOUR	3	QL
ASTELIN	2	QL
CLARINEX	3	QL,ST
CLARINEX REDITABS	3	QL,ST
CLARINEX-D 12 HOUR	3	QL
CLARINEX-D 24 HOUR	3	QL
SEMPREX-D	3	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Generics		
<i>cetirizine hcl</i>	1	QL

<i>clemastine fumarate</i>	1	
<i>cyproheptadine hcl</i>	3	
<i>dexchlorpheniramine maleate</i>	3	
<i>diphenhydramine hcl</i>	3	
<i>fexofenadine hcl</i>	1	
<i>hydroxyzine hcl</i>	3	
<i>phenadoz</i>	3	
<i>promethazine hcl</i>	3	
<i>promethazine hcl plain</i>	3	
<i>promethazine vc</i>	3	
<i>promethegan</i>	3	

Anti-inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs

BRANDS

ADVAIR DISKUS	2	ST
ADVAIR HFA	2	ST
AEROBID	3	ST
AEROBID-M	3	ST
ASMANEX 120 METERED DOSES	3	QL,ST
ASMANEX 14 METERED DOSES	3	QL,ST
ASMANEX 30 METERED DOSES	3	QL,ST
ASMANEX 60 METERED DOSES	3	QL,ST
AZMACORT	3	ST
BECONASE AQ	3	QL
FLOVENT HFA	2	
NASACORT AQ	3	QL
NASONEX	2	QL
PULMICORT FLEXHALER	2	
PULMICORT INHALATION SOLUTION	2	B/D
QVAR	2	
RHINOCORT AQUA	2	QL

Generics

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

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Antileukotrienes - Asthma/Lung Drugs		
<u>BRANDS</u>		
ACCOLATE	3	QL,ST
SINGULAIR	2	QL,ST
ZYFLO CR	3	QL,ST
Bronchodilators, Anticholinergic - Asthma/Lung Drugs		
<u>BRANDS</u>		
ATROVENT HFA	2	
SPIRIVA HANDIHALER	2	
<u>Generics</u>		
<i>ipratropium bromide (0.02% solution)</i>	1	b/d
<i>ipratropium bromide (0.03% solution, 0.06% solution)</i>	1	
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines) - Asthma/Lung Drugs		
<u>BRANDS</u>		
ELIXOPHYLLIN	2	
THEO-24	2	
<u>Generics</u>		
<i>aminophylline</i>	1	
<i>theochron</i>	1	
<i>theophylline cr</i>	1	
<i>theophylline er</i>	1	
<i>theophylline td</i>	1	
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs		
<u>BRANDS</u>		
ALUPENT	3	
COMBIVENT	2	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
FORADIL AEROLIZER	2	
MAXAIR AUTOHALER	3	
PROAIR HFA	2	
PROVENTIL HFA	3	
SEREVENT DISKUS	3	
SYMBICORT	2	ST
TWINJECT	3	
VENTOLIN HFA	2	

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
XOPENEX HFA	3	
XOPENEX INHALATION SOLUTION	3	B/D
<u>Generics</u>		
<i>albuterol sulfate (nebulizer solution)</i>	1	B/D
<i>albuterol sulfate (syrup, tablet)</i>	1	
<i>epinephrine hcl</i>	1	
<i>ipratropium bromide/albuterol sulfate</i>	3	B/D
<i>metaproterenol sulfate (nebulizer solution)</i>	1	B/D
<i>metaproterenol sulfate (syrup, tablet)</i>	1	
<i>terbutaline sulfate (solution)</i>	3	
<i>terbutaline sulfate (tablet)</i>	1	
Mast Cell Stabilizers - Asthma/Lung Drugs		
<u>BRANDS</u>		
GASTROCROM	3	
INTAL INHALER	2	
<u>Generics</u>		
<i>cromolyn sodium (nebulizer solution)</i>	1	B/D
Pulmonary Antihypertensives - Asthma/Lung Drugs		
<u>BRANDS</u>		
LETAIRIS	4	PA
REMODULIN	4	B/D,PA
REVATIO	4	PA
TRACLEER	4	PA
Respiratory Tract Agents, Other - Asthma/Lung Drugs		
<u>BRANDS</u>		
ARALAST	4	
PROLASTIN	4	
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
XOLAIR	4	PA
ZEMAIRA	4	
SEDATIVES/HYPNOTICS - Drugs for Sedation and Sleep		
<i>Sedatives/Hypnotics - Sedation and Sleep Drugs</i>		
<u>BRANDS</u>		
AMBIEN CR	2	QL

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
LUNESTA	2	QL
ROZEREM	3	QL
<i>Generics</i>		
<i>zaleplon</i>	3	QL
<i>zolpidem tartrate</i>	1	

SKELETAL MUSCLE RELAXANTS - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions

Skeletal Muscle Relaxants - Pain/Swelling Management Drugs

BRANDS

ROBAXIN (Solution)	3	
SKELAXIN	3	

Generics

<i>carisoprodol</i>	1	
<i>carisoprodol/aspirin</i>	3	
<i>carisoprodol/aspirin/codeine</i>	3	
<i>chlorzoxazone</i>	3	
<i>cyclobenzaprine hcl</i>	3	
<i>methocarbamol</i>	3	
<i>orphenadrine citrate</i>	3	
<i>orphenadrine citrate er</i>	3	

THERAPEUTIC NUTRIENTS/MINERALS/ ELECTROLYTES - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies

Electrolytes/Minerals - Electrolytes and Minerals

BRANDS

AMINESS	3	B/D
AMINOSYN	3	B/D
AMINOSYN 7%/ELECTROLYTES	3	B/D
AMINOSYN II	3	B/D
AMINOSYN II 3.5%/DEXTROSE25%	3	B/D
AMINOSYN II 3.5%/DEXTROSE5%	3	B/D
AMINOSYN II 3.5%/DEXTROSE 25%	3	B/D
AMINOSYN II 4.25%/DEXTROSE10%	3	B/D
AMINOSYN II 4.25%/DEXTROSE20%	3	B/D
AMINOSYN II 4.25%/DEXTROSE25%	3	B/D
AMINOSYN II 5%/DEXTROSE 25	3	B/D
AMINOSYN II M 3.5%/DEXTROSE 5%	3	B/D

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
AMINOSYN II M 4.25/DEXTROSE 10%	3	B/D
AMINOSYN M	3	B/D
AMINOSYN-HBC	3	B/D
AMINOSYN-PF	3	B/D
AMINOSYN-PF 7%	3	B/D
CLINIMIX 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 5%/DEXTROSE 25%	3	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 5%/DEXTROSE 25%	3	B/D
CLINIMIX E 5%/DEXTROSE 35%	3	B/D
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	1	
FREAMINE HBC 6.9%	3	B/D
FREAMINE III	3	B/D
FREAMINE III 3%	3	B/D
HEPATASOL	3	B/D
IONOSOL-B/DEXTROSE 5%	3	
IONOSOL-MB/DEXTROSE 5%	3	
IONOSOL-T/DEXTROSE 5%	3	
ISOLYTE-H/DEXTROSE 5%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	
ISOLYTE-S PH 7.4	3	
ISOLYTE-S/DEXTROSE 5%	3	
KCL 0.15%/NAACL 0.9%	1	
KCL 0.3%/ NAACL 0.9%	1	
KLOR-CON M15	2	
MICRO-K (8meq Controlled Release Capsule)	2	
NEPHRAMINE	3	B/D

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS	DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
NORMOSOL-R	3		dextrose 5%/kcl 0.075%	1	
OSMOPREP	2		dextrose 5%/kcl 0.15%	1	
PHYSIOSOL IRRIGATION	3		dextrose 5%/lactated ringer's	1	
PHYSIOSOL IRRIGATION PH 7.4	3		dextrose 5%/nacl 0.2%	1	
PLASMA-LYTE 56	3		dextrose 5%/nacl 0.225%	1	
PLASMA-LYTE A	3		dextrose 5%/nacl 0.33%	1	
PLASMA-LYTE-148	3		dextrose 5%/nacl 0.45%	1	
PLASMA-LYTE-148/D5W	3		dextrose 5%/nacl 0.9%	1	
PLASMA-LYTE-56/D5W	3		ed k+10	1	
PREMASOL 10%	3	B/D	hepatamine	3	B/D
PROCALAMINE	3	B/D	intralipid (2.25%,1.2%,10% emulsion, 2.5%,1.2%,20% emulsion)	3	B/D
PROSOL	3	B/D	intralipid 20%	3	B/D
RENAMIN	3	B/D	isolyte-m/dextrose 5%	3	B/D
TRAVASOL	3	B/D	kaon-cl-10	1	
TRAVASOL 2.75%/DEXTROSE 10%	3	B/D	kcl	1	
TRAVASOL 2.75%/DEXTROSE 5%	3	B/D	kcl 0.075%/d5w/nacl 0.2%	1	
TRAVASOL 4.25%/DEXTROSE 10%	3	B/D	kcl 0.075%/d5w/nacl 0.225%	1	
TRAVASOL 4.25%/DEXTROSE 25%	3	B/D	kcl 0.075%/d5w/nacl 0.45%	1	
TRAVASOL 5.5%/DEXTROSE 10%	3	B/D	kcl 0.15% /nacl 0.45% viaflex	1	
TRAVASOL 5.5%/DEXTROSE 20%	3	B/D	kcl 0.15% d5w/nacl 0.33%	1	
TRAVASOL 5.5%/ELECTROLYTES	3	B/D	kcl 0.15% d5w/nacl 0.45% viaflex	1	
TRAVASOL 8.5%/DEXTROSE 10%	3	B/D	kcl 0.15% nacl 0.9%	1	
TRAVASOL 8.5%/DEXTROSE 20%	3	B/D	kcl 0.15%/d10w/nacl 0.2%	1	
TRAVASOL 8.5%/DEXTROSE 50%	3	B/D	kcl 0.15%/d5w	1	
TROPHAMINE (97meq/l,0.54gm/100ml,1.2gm/100ml,0.32gm/100ml,0- Solution)	3	B/D	kcl 0.15%/d5w/ nacl 0.3%	1	
VISICOL	2		kcl 0.15%/d5w/lr	1	
<u>Generics</u>			kcl 0.15%/d5w/nacl 0.2%	1	
aminosyn 8.5%/electrolytes	3	B/D	kcl 0.15%/d5w/nacl 0.225%	1	
aminosyn ii 8.5%/electrolytes	3	B/D	kcl 0.15%/d5w/nacl 0.45%	1	
aminosyn-hf	3	B/D	kcl 0.15%/d5w/nacl 0.9%	1	
clinimix 4.25%/dextrose 10%	3	B/D	kcl 0.22% d5w/nacl 0.45%	1	
clinimix 4.25%/dextrose 20%	3	B/D	kcl 0.224%/d5w	1	
clinimix 4.25%/dextrose 25%	3	B/D	kcl 0.224%/d5w/nacl 0.2%	1	
clinisol sf 15%	3	B/D	kcl 0.224%/d5w/nacl 0.45%	1	
dextrose 10%/nacl 0.2%	1		kcl 0.224%d5w/nacl 0.33%	1	
dextrose 10%/nacl 0.45%	1		kcl 0.3%/d5w	1	
dextrose 2.5%/nacl 0.45%	1		kcl 0.3%/d5w/lr	1	
dextrose 5% /electrolyte #75 viaflex	1		kcl 0.3%/d5w/lr iv lac ring	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>kcl 0.3%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	
<i>kcl 0.3%/nacl 0.9%/viaflex</i>	1	
<i>kcl cr</i>	1	
<i>kcl er</i>	1	
<i>kcl sr</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m20</i>	1	
<i>lactated ringer's dextrose 5% viaflex</i>	1	
<i>lactated ringer's irrigation</i>	1	
<i>lactated ringer's viaflex</i>	1	
<i>levocarnitine (1gm/10ml solution, tablet)</i>	1	
<i>levocarnitine (200mg/ml solution)</i>	3	
<i>magnesium sulfate</i>	1	
<i>magnesium sulfate in d5w</i>	1	
<i>nacl</i>	1	
<i>nacl 0.45% viaflex</i>	1	
<i>nacl 0.9%</i>	1	
<i>normosol-m in d5w</i>	3	
<i>normosol-r</i>	3	
<i>normosol-r in d5w</i>	3	
<i>novamine</i>	3	B/D
<i>physiolyte</i>	3	
<i>plasma-lyte-r</i>	3	
<i>potassium citrate extended-release</i>	1	
<i>premasol 6%</i>	3	B/D
<i>ringer's injection</i>	1	
<i>ringer's irrigation</i>	1	
<i>sodium bicarbonate</i>	1	
<i>sodium fluoride</i>	3	
<i>sodium lactate</i>	1	
<i>tis-u-sol</i>	1	
<i>tis-u-sol viaflex</i>	1	
<i>tpn electrolytes ftv</i>	3	
<i>travasol 3.5%/electrolytes</i>	3	B/D
<i>travasol 8.5%/electrolytes</i>	3	B/D

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Therapeutic Nutrients/Minerals/Electrolytes, Other - Electrolytes, Minerals, and Nutrients		
<u>Generics</u>		
<i>alcohol 5%/dextrose 5%</i>	1	
<i>dextrose 10% flex container</i>	1	
<i>dextrose 5%</i>	1	
<i>sterile water irrigation</i>	1	
Vitamins		
<u>Generics</u>		
<i>prenatal vitamins</i>	1	

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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.

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