



Presbyterian Senior Care
Presbyterian Medicare PPO

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.

08/08 H3204_P80806
08/08 H3206_PP080806

Last Updated 2/18/2009

What is the Presbyterian Senior Care, Presbyterian MediCare PPO (Presbyterian Medicare Plans) Formulary?

A formulary is a list of covered drugs selected by Presbyterian Medicare Plans 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. Presbyterian Medicare Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Presbyterian Medicare Plans 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, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of February 18, 2009. To get updated information about the drugs covered by Presbyterian Medicare Plans, please visit our website at www.phs.org or call Member Services at 1-800-797-5343, Monday through Sunday from 8 a.m. to 8 p.m. TTY/TDD users should call 1-888-625-8818.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins 7. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 53. 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?

Presbyterian Medicare Plans covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Presbyterian Medicare Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Presbyterian Medicare Plans before you fill your prescriptions. If you don't get approval, Presbyterian Medicare Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, Presbyterian Medicare Plans limits the amount of the drug that Presbyterian Medicare Plans will cover. For example, Presbyterian Medicare Plans provides 4 tablets per prescription for Actonel 30 mg and 35 mg tablets. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Presbyterian Medicare Plans 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, Presbyterian Medicare Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Presbyterian Medicare Plans 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 7.

You can ask Presbyterian Medicare Plans to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Presbyterian Medicare Plans' formulary?" on page 3 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that Presbyterian Medicare Plans does not cover your drug, you have two options:

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

How do I request an exception to the Presbyterian Medicare Plans' Formulary?

You can ask Presbyterian Medicare Plans 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, Presbyterian Medicare Plans limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Non-Preferred Tier 3 tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Preferred Brand Tier 2 tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty Pharmaceuticals Tier 4 tier.

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

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

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

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

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

If you are a resident of a long-term care facility, we will cover a temporary 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.

Presbyterian's transition process will address unplanned transitions in the level of care due to changes in treatment settings. Presbyterian has established an exceptions and appeals process for current members who have unplanned transitions in the level of care and have an immediate need for non-formulary Part D drugs.

Up to a 31-day one time emergency transition supply process has been implemented to avoid a disruption in medication access or a coverage gap when there is a change in level of care, while proceeding through Presbyterian's exceptions or appeals process.

Members are entitled to expedited determinations regarding the medications that they need. Presbyterian acknowledges that it must make coverage determinations or reconsiderations as expeditiously as the member's health condition requires.

For more information

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

If you have questions about Presbyterian Medicare Plans, please call Member Services at 1-800-797-5343, Monday through Sunday from 8 a.m. to 8 p.m. TTY/TDD users should call 1-888-625-8818. Or visit www.phs.org. If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Presbyterian Medicare Plans' Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Presbyterian Medicare Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 53.

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

The information in the Notes column tells you if Presbyterian Medicare Plans has any special requirements for coverage of your drug.

Explanation of Drug Tiers and Cost Sharing

Drug Tier	Description	Retail Pharmacy Co-payment (30-day supply)	Mail Order Co-payment (90-day supply)
Tier 1	Preferred Generic	\$5	\$10
Tier 2	Preferred Brand	\$35	\$87.50
Tier 3	Non-Preferred	\$55	\$165
Tier 4	Specialty Pharmaceuticals	25% co-insurance	Not Available
All Tiers	Pre-packaged Drugs (i.e. inhalers, insulin, topical creams, etc.)	Co-payment is the applicable tiered retail co-payment for a 30-day supply	Co-payment is the applicable tiered mail co-payment for a 90-day supply

When available, Federal Drug Administration (FDA) approved generic drugs will be dispensed regardless of the brand name indicated. If the member or practitioner requests the brand name in place of the generic, the member will be responsible for the appropriate tier co-payment plus the difference in the cost (if any) between the generic and brand drug. Brand name drugs listed with an asterisk (*) in the Requirements/Limits column indicate a generic equivalent is available.

Explanation of Abbreviations

B	Medicare Part B Drug
PA	Prior Authorization
QL	Quantity Limit
ST	Step Therapy
*	If the member or practitioner requests the brand name in place of the generic, the member will be responsible for the appropriate tier co-payment plus the difference in cost (if any) between the generic and brand drug.
†	We provide coverage for this prescription drug in the coverage gap for specific plans. Please refer to our Summary of Benefits for more information about this coverage.

Drug Name	Drug Tier	Requirements/ Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>ibuprofen tablet</i>	1	†
<i>indomethacin capsule</i>	1	†
<i>ketoprofen immediate release capsule</i>	1	†
MOTRIN TABLET (<i>ibuprofen tablet</i>)	1	*
NAPROSYN SUSPENSION (<i>naproxen suspension</i>)	1	*
NAPROSYN TABLET (<i>naproxen tablet</i>)	1	*
<i>naproxen suspension</i>	1	†
<i>naproxen tablet</i>	1	†
Opioid Analgesics		
<i>acetaminophen/codeine #2 tablet</i>	1	†
<i>acetaminophen/codeine #3 tablet</i>	1	†
<i>acetaminophen/codeine #4 tablet</i>	1	†
<i>acetaminophen/codeine solution</i>	1	†
<i>acetaminophen/hydrocodone bitartrate tablet</i>	1	†
AVINZA CAPSULE	3	PA QL
DARVOCET-N 100 TABLET (<i>acetaminophen/ propoxyphene napsylate tablet</i>)	1	*
DARVON CAPSULE (<i>propoxyphene hydrochloride capsule</i>)	1	*
DILAUDID TABLET (<i>hydromorphone hydrochloride tablet</i>)	1	*
DILAUDID-5 LIQUID	3	
DILAUDID-HP SOLUTION (<i>hydromorphone hydrochloride solution</i>)	1	*
DOLOPHINE TABLET (<i>methadone hydrochloride tablet</i>)	1	*
DURAGESIC PATCH (<i>fentanyl patch</i>)	3	PA QL *
<i>fentanyl citrate solution</i>	3	
<i>fentanyl patch</i>	3	PA QL
<i>hydrocodone /acetaminophen solution</i>	1	†
<i>hydrocodone /acetaminophen tablet</i>	1	†
<i>hydrocodone /acetaminophen-hs tablet</i>	1	†
<i>hydrocodone /ibuprofen tablet</i>	1	†
<i>hydrocodone bitartrate/acetaminophen tablet</i>	1	†
<i>hydromorphone hydrochloride solution</i>	1	†
<i>hydromorphone hydrochloride tablet</i>	1	†
KADIAN CAPSULE	3	PA QL
LORCET 10/650 TABLET (<i>acetaminophen/ hydrocodone bitartrate tablet</i>)	1	*
LORCET PLUS TABLET (<i>acetaminophen/ hydrocodone bitartrate tablet</i>)	1	*
LORTAB 10 TABLET (<i>acetaminophen/ hydrocodone bitartrate tablet</i>)	1	*
LORTAB 2.5 TABLET (<i>acetaminophen/ hydrocodone bitartrate tablet</i>)	1	*
LORTAB 7.5 TABLET (<i>acetaminophen/ hydrocodone bitartrate tablet</i>)	1	*
LORTAB ELIXIR	3	
MAXIDONE TABLET (<i>acetaminophen/ hydrocodone bitartrate tablet</i>)	1	*
<i>methadone hydrochloride liquid</i>	1	†
<i>methadone hydrochloride tablet</i>	1	†

QL=Quantity Limit ST=Step Therapy PA=Prior Authorization B=Medicare Part B Drug

† We provide coverage for this prescription drug in the coverage gap for specific plans. Please refer to our Summary of Benefits for more information about this coverage.

* If the member or practitioner requests the brand name in place of the generic, the member will be responsible for the appropriate tier co-payment plus the difference in cost (if any) between the generic and brand drug.

Drug Name	Drug Tier	Requirements/ Limits
<i>methadone hydrochloride solution</i>	1	†
<i>morphine sulfate er tablet</i>	1	†
<i>morphine sulfate solution</i>	1	†
<i>morphine sulfate tablet</i>	1	†
MS CONTIN TABLET (<i>morphine sulfate er tablet</i>)	1	*
<i>nalbuphine hydrochloride solution</i>	1	†
NORCO TABLET (<i>acetaminophen/ hydrocodone bitartrate tablet</i>)	1	*
OPANA ER TABLET	3	PA QL
<i>oxycodone hydrochloride immediate release tablet</i>	3	
<i>oxycodone/acetaminophen capsule</i>	1	†
<i>oxycodone/acetaminophen tablet</i>	1	†
<i>oxycodone/aspirin tablet</i>	1	†
<i>pentazocine /acetaminophen tablet</i>	1	†
<i>pentazocine/naloxone hydrochloride tablet</i>	1	†
PERCOCET TABLET (<i>acetaminophen/ oxycodone hydrochloride tablet</i>)	1	*
PERCODAN TABLET (<i>oxycodone/aspirin tablet</i>)	1	*
<i>propoxyphene /acetaminophen tablet</i>	1	†
<i>propoxyphene hydrochloride capsule</i>	1	†
ROXICET SOLUTION	3	
ROXICET TABLET (<i>acetaminophen/ oxycodone hydrochloride tablet</i>)	1	*
TALACEN TABLET (<i>acetaminophen/ pentazocine hydrochloride tablet</i>)	1	*
<i>tramadol hydrochloride tablet</i>	1	†
TYLENOL/CODEINE #3 TABLET (<i>acetaminophen/ codeine phosphate tablet</i>)	1	*
TYLENOL/CODEINE #4 TABLET (<i>acetaminophen/ codeine phosphate tablet</i>)	1	*
TYLOX CAPSULE (<i>acetaminophen/ oxycodone hydrochloride capsule</i>)	1	*
ULTRAM TABLET (<i>tramadol hydrochloride tablet</i>)	1	*
VICODIN ES TABLET (<i>acetaminophen/ hydrocodone bitartrate tablet</i>)	1	*
VICODIN TABLET (<i>acetaminophen/ hydrocodone bitartrate tablet</i>)	1	*
VICOPROFEN TABLET (<i>hydrocodone bitartrate/ ibuprofen tablet</i>)	1	*
Anesthetics		
Local Anesthetics		
EMLA CREAM (<i>lidocaine/ prilocaine cream</i>)	1	*
<i>lidocaine hydrochloride gel</i>	1	†
<i>lidocaine hydrochloride jelly gel</i>	1	†
<i>lidocaine hydrochloride solution</i>	1	†
<i>lidocaine ointment</i>	1	†
<i>lidocaine/prilocaine cream</i>	1	†
LIDODERM PATCH	3	PA QL
XYLOCAINE SOLUTION (<i>lidocaine hydrochloride solution</i>)	1	*
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate solution</i>	1	†
AMIKIN SOLUTION (<i>amikacin sulfate solution</i>)	1	*

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* If the member or practitioner requests the brand name in place of the generic, the member will be responsible for the appropriate tier co-payment plus the difference in cost (if any) between the generic and brand drug.

Drug Name	Drug Tier	Requirements/ Limits
CORTISPORIN OINTMENT	2	
<i>gentamicin sulfate cream</i>	1	†
<i>gentamicin sulfate ointment</i>	1	†
<i>gentamicin sulfate solution</i>	1	†
NEO-FRADIN SOLUTION	3	
<i>neomycin sulfate tablet</i>	1	†
TOBI NEBULIZER SOLUTION	4	B
<i>tobramycin sulfate solution</i>	1	†
Antibacterials, Other		
BACTROBAN CREAM	3	
BACTROBAN NASAL OINTMENT	2	
<i>chloramphenicol sodium succinate solution</i>	1	†
CLEOCIN CAPSULE (<i>clindamycin hydrochloride capsule</i>)	1	*
CLEOCIN PEDIATRIC SOLUTION	2	
CLEOCIN GALAXY SOLUTION	3	
<i>clindamycin hydrochloride capsule</i>	1	†
<i>colistimethate sodium solution</i>	1	†
CUBICIN SOLUTION	4	
FLAGYL CAPSULE (<i>metronidazole capsule</i>)	1	*
FLAGYL TABLET (<i>metronidazole tablet</i>)	1	*
FURADANTIN SUSPENSION	2	
MACROBID CAPSULE (<i>nitrofurantoin monohydrate macrocrystals capsule</i>)	1	*
MACRODANTIN CAPSULE (<i>nitrofurantoin macrocrystalline capsule</i>)	1	*
METROCREAM CREAM (<i>metronidazole cream</i>)	1	*
METROGEL GEL (<i>metronidazole gel</i>)	1	*
METROLOTION LOTION (<i>metronidazole lotion</i>)	1	*
<i>metronidazole capsule</i>	1	†
<i>metronidazole cream</i>	1	†
<i>metronidazole gel</i>	1	†
<i>metronidazole in sodium chloride 0.79% solution</i>	1	†
<i>metronidazole lotion</i>	1	†
<i>metronidazole tablet</i>	1	†
<i>metronidazole vaginal gel</i>	1	†
<i>mupirocin ointment</i>	1	†
<i>neomycin /bacitracin /polymyxin ointment</i>	1	†
NEUTREXIN SOLUTION	4	
<i>nitrofurantoin macrocrystalline capsule</i>	1	†
<i>nitrofurantoin monohydrate capsule</i>	1	†
SILVADENE CREAM (<i>silver sulfadiazine cream</i>)	1	*
<i>silver sulfadiazine cream</i>	1	†
<i>trimethoprim tablet</i>	1	†
TYGACIL SOLUTION	4	
VANCOCIN CAPSULE	2	PA

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* If the member or practitioner requests the brand name in place of the generic, the member will be responsible for the appropriate tier co-payment plus the difference in cost (if any) between the generic and brand drug.

Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hydrochloride solution</i>	3	
ZYVOX SOLUTION	3	PA
ZYVOX SUSPENSION	3	PA
ZYVOX TABLET	3	PA
Beta-lactam, Cephalosporins		
<i>cefaclor capsule</i>	1	†
<i>cefaclor er tablet</i>	1	†
<i>cefaclor suspension</i>	1	†
<i>cefadroxil capsule</i>	1	†
<i>cefadroxil suspension</i>	1	†
<i>cefadroxil tablet</i>	1	†
<i>cefazolin sodium solution</i>	1	†
<i>cefepime solution 1 gm and 2 gm</i>	1	†
<i>cefotaxime sodium solution</i>	1	†
<i>cefpodoxime proxetil tablet</i>	1	†
<i>cefprozil suspension</i>	1	†
<i>cefprozil tablet</i>	1	†
CEFTIN SUSPENSION (<i>cefuroxime axetil suspension</i>)	1	*
CEFTIN TABLET (<i>cefuroxime axetil tablet</i>)	1	*
<i>ceftriaxone sodium solution</i>	1	†
<i>cefuroxime axetil suspension</i>	1	†
<i>cefuroxime axetil tablet</i>	1	†
<i>cefuroxime sodium solution</i>	1	†
CEFZIL SUSPENSION (<i>cefprozil suspension</i>)	1	*
CEFZIL TABLET (<i>cefprozil tablet</i>)	1	*
<i>cephalexin capsule</i>	1	†
<i>cephalexin suspension</i>	1	†
CLAFORAN SOLUTION (<i>cefotaxime sodium solution</i>)	1	*
KEFLEX CAPSULE (<i>cephalexin capsule</i>)	1	*
KEFLEX SUSPENSION (<i>cephalexin suspension</i>)	1	*
MAXIPIME SOLUTION 1 GM AND 2 GM (<i>cefepime hydrochloride solution 1 gm and 2 gm</i>)	1	*
MAXIPIME SOLUTION 500 MG	2	
OMNICEF CAPSULE	2	
OMNICEF SUSPENSION	2	
RANICLOR CHEWABLE	3	
SUPRAX SUSPENSION	2	
Beta-lactam, Other		
AZACTAM SOLUTION	4	
PRIMAXIN I.M. SOLUTION	2	
PRIMAXIN IV SOLUTION	2	
Beta-lactam, Penicillins		
<i>amoxicillin capsule</i>	1	†
<i>amoxicillin chewable</i>	1	†

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* If the member or practitioner requests the brand name in place of the generic, the member will be responsible for the appropriate tier co-payment plus the difference in cost (if any) between the generic and brand drug.

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin suspension</i>	1	†
<i>amoxicillin tablet</i>	1	†
<i>amoxicillin/clavulanate potassium chewable</i>	1	†
<i>amoxicillin/clavulanate potassium suspension</i>	1	†
<i>amoxicillin/clavulanate potassium tablet</i>	1	†
AMOXIL SUSPENSION (<i>amoxicillin suspension</i>)	1	*
<i>ampicillin capsule</i>	1	†
<i>ampicillin sodium solution</i>	1	†
<i>ampicillin suspension</i>	1	†
AUGMENTIN CHEWABLE (<i>amoxicillin/ clavulanic acid chewable</i>)	1	*
AUGMENTIN SUSPENSION (<i>amoxicillin/ clavulanic acid suspension</i>)	1	*
AUGMENTIN TABLET (<i>amoxicillin/ clavulanic acid tablet</i>)	1	*
BICILLIN C-R SUSPENSION	2	
<i>dicloxacillin sodium capsule</i>	1	†
<i>nafcillin sodium solution</i>	1	†
<i>penicillin v potassium solution</i>	1	†
<i>penicillin v potassium tablet</i>	1	†
<i>piperacillin sodium solution</i>	1	†
TIMENTIN SOLUTION	3	
Macrolides		
<i>azithromycin solution</i>	1	†
<i>azithromycin tablet</i>	1	†
BIAXIN SUSPENSION (<i>clarithromycin suspension</i>)	1	*
BIAXIN TABLET (<i>clarithromycin tablet</i>)	1	*
BIAXIN XL TABLET	2	
<i>clarithromycin suspension</i>	1	†
<i>clarithromycin tablet</i>	1	†
ERYPED SUSPENSION (<i>erythromycin ethylsuccinate suspension</i>)	1	†
ERY-TAB TABLET (<i>erythromycin tablet</i>)	1	*
ERYTHROCIN LACTOBIONATE SOLUTION	2	
<i>erythromycin /sulfoxazole suspension</i>	1	†
ERYTHROMYCIN BASE TABLET (<i>erythromycin tablet</i>)	1	† *
<i>erythromycin capsule</i>	1	†
<i>erythromycin ethylsuccinate suspension</i>	1	†
<i>erythromycin ethylsuccinate tablet</i>	1	†
<i>erythromycin ointment</i>	1	†
<i>erythromycin solution</i>	1	†
KETEK TABLET	2	PA
ZITHROMAX SOLUTION (<i>azithromycin dihydrate solution</i>)	1	*
ZITHROMAX TABLET (<i>azithromycin tablet</i>)	1	*
Quinolones		
AVELOX ABC PACK TABLET	2	
AVELOX TABLET	2	

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Drug Name	Drug Tier	Requirements/ Limits
CIPRO I.V. SOLUTION	2	
CIPRO SUSPENSION	2	
CIPRO TABLET (<i>ciprofloxacin hydrochloride tablet</i>)	1	*
<i>ciprofloxacin hydrochloride solution</i>	1	†
<i>ciprofloxacin hydrochloride tablet</i>	1	†
Sulfonamides		
BACTRIM DS TABLET (<i>sulfamethoxazole/ trimethoprim ds tablet</i>)	1	*
BACTRIM TABLET (<i>sulfamethoxazole/ trimethoprim tablet</i>)	1	*
SEPTRA DS TABLET (<i>sulfamethoxazole/ trimethoprim ds tablet</i>)	1	*
SEPTRA TABLET (<i>sulfamethoxazole/ trimethoprim tablet</i>)	1	*
<i>sulfadiazine tablet</i>	1	†
<i>sulfamethoxazole /trimethoprim suspension</i>	1	†
<i>sulfamethoxazole /trimethoprim tablet</i>	1	†
<i>sulfamethoxazole/ trimethoprim solution</i>	1	†
<i>trimethoprim/sulfamethoxazole ds tablet</i>	1	†
Tetracyclines		
<i>demeclocycline hydrochloride tablet</i>	1	†
<i>doxycycline hyclate capsule</i>	1	†
<i>doxycycline hyclate solution</i>	1	†
<i>doxycycline hyclate tablet</i>	1	†
MINOCIN CAPSULE (<i>minocycline hydrochloride capsule</i>)	3	*
<i>minocycline hydrochloride capsule</i>	1	†
<i>minocycline hydrochloride tablet</i>	1	†
<i>tetracycline hydrochloride capsule</i>	1	†
Anticonvulsants		
Anticonvulsants, Other		
KEPPRA SOLUTION	2	
KEPPRA TABLET (<i>levetiracetam tablet</i>)	2	
<i>levetiracetam tablet</i>	1	†
Calcium Channel Modifying Agents		
CELONTIN CAPSULE	3	
<i>ethosuximide capsule</i>	1	†
<i>ethosuximide solution</i>	1	†
LYRICA CAPSULE	3	PA
ZARONTIN CAPSULE (<i>ethosuximide capsule</i>)	1	*
ZARONTIN SOLUTION (<i>ethosuximide solution</i>)	1	*
Gamma-aminobutyric Acid GABA Augmenting Agents		
DEPACON SOLUTION (<i>valproate sodium solution</i>)	1	*
DEPAKENE CAPSULE (<i>valproic acid capsule</i>)	1	*
DEPAKENE SYRUP (<i>valproic acid syrup</i>)	1	*
DEPAKOTE SPRINKLES	2	
DEPAKOTE TABLET (<i>divalproex sodium tablet</i>)	2	
<i>divalproex sodium tablet</i>	1	†

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Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin capsule</i>	1	†
<i>gabapentin tablet</i>	1	†
GABITRIL TABLET	3	
MYSOLINE TABLET (<i>primidone tablet</i>)	1	*
NEURONTIN CAPSULE (<i>gabapentin capsule</i>)	1	*
NEURONTIN SOLUTION	2	
NEURONTIN TABLET (<i>gabapentin tablet</i>)	1	*
<i>primidone tablet</i>	1	†
<i>valproate sodium solution</i>	1	†
<i>valproic acid capsule</i>	1	†
<i>valproic acid syrup</i>	1	†
ZONEGRAN CAPSULE (<i>zonisamide capsule</i>)	1	*
<i>zonisamide capsule</i>	1	†
Glutamate Reducing Agents		
FELBATOL SUSPENSION	3	
FELBATOL TABLET	3	
LAMICTAL TABLET	2	
<i>lamotrigine chewable dispersible tablet</i>	1	†
TOPAMAX SPRINKLE	3	PA
TOPAMAX TABLET	3	PA
Sodium Channel Inhibitors		
<i>carbamazepine chewable</i>	1	†
<i>carbamazepine suspension</i>	1	†
<i>carbamazepine tablet</i>	1	†
CARBATROL CAPSULE	2	
CEREBYX SOLUTION	4	
DILANTIN CAPSULE (<i>phenytoin sodium extended capsule</i>)	1	*
DILANTIN INFATABS CHEWABLE	2	
DILANTIN SUSPENSION (<i>phenytoin suspension</i>)	1	*
<i>oxcarbazepine tablet</i>	1	†
PEGANONE TABLET	3	
<i>phenytoin sodium extended capsule</i>	1	†
<i>phenytoin sodium solution</i>	1	†
<i>phenytoin suspension</i>	1	†
TEGRETOL CHEWABLE (<i>carbamazepine chewable</i>)	1	*
TEGRETOL SUSPENSION (<i>carbamazepine suspension</i>)	1	*
TEGRETOL TABLET (<i>carbamazepine tablet</i>)	1	*
TEGRETOL-XR TABLET	2	
TRILEPTAL SUSPENSION	2	
TRILEPTAL TABLET (<i>oxcarbazepine tablet</i>)	1	*
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates tablet</i>	1	†

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Drug Name	Drug Tier	Requirements/ Limits
Cholinesterase Inhibitors		
ARICEPT TABLET	2	QL
COGNEX CAPSULE	3	
EXELON CAPSULE	3	
EXELON SOLUTION	3	
<i>galantamine tablet</i>	1	
RAZADYNE SOLUTION	3	
RAZADYNE TABLET (<i>galantamine tablet</i>)	3	*
Glutamate Pathway Modifiers		
NAMENDA SOLUTION	2	
NAMENDA TABLET	2	
NAMENDA TITRATION PAK TABLET	2	
Antidepressants		
Antidepressants, Other		
<i>bupropion hydrochloride sr tablet</i>	1	QL †
<i>bupropion hydrochloride tablet</i>	1	†
<i>bupropion hydrochloride xl tablet</i>	3	QL
EFFEXOR TABLET (<i>venlafaxine hydrochloride tablet</i>)	1	*
EFFEXOR XR CAPSULE	3	ST QL
<i>mirtazapine odt tablet</i>	1	†
<i>mirtazapine tablet</i>	1	†
<i>nefazodone hydrochloride tablet</i>	1	†
PRISTIQ TABLET	3	PA
REMERON SOLTAB TABLET (<i>mirtazapine odt tablet</i>)	1	*
REMERON TABLET (<i>mirtazapine tablet</i>)	1	*
<i>trazodone hydrochloride tablet</i>	1	†
<i>venlafaxine hydrochloride tablet</i>	1	†
VENLAFAXINE HYDROCHLORIDE ER TABLET	3	ST QL
WELLBUTRIN SR TABLET (<i>bupropion hydrochloride sr tablet</i>)	1	QL *
WELLBUTRIN TABLET (<i>bupropion hydrochloride tablet</i>)	1	*
WELLBUTRIN XL TABLET (<i>bupropion hydrochloride xl tablet</i>)	3	QL *
Monoamine Oxidase Inhibitors		
EMSAM PATCH	3	PA QL
MARPLAN TABLET (<i>isocarboxazid tablet</i>)	3	*
NARDIL TABLET	2	
PARNATE TABLET	2	
Serotonin/ Norepinephrine Reuptake Inhibitors		
CELEXA SOLUTION (<i>citalopram hydrobromide solution</i>)	1	*
CELEXA TABLET (<i>citalopram hydrobromide tablet</i>)	1	*
<i>citalopram hydrobromide solution</i>	1	†
<i>citalopram hydrobromide tablet</i>	1	†
CYMBALTA CAPSULE	3	PA QL
<i>fluoxetine hydrochloride capsule</i>	1	†

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Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine hydrochloride solution</i>	1	†
<i>fluoxetine hydrochloride tablet</i>	1	†
<i>fluvoxamine maleate tablet</i>	1	†
LEXAPRO SOLUTION	3	ST
LEXAPRO TABLET	3	ST
<i>paroxetine hydrochloride er tablet</i>	3	ST
<i>paroxetine hydrochloride tablet 10 mg and 20 mg</i>	1	QL †
<i>paroxetine hydrochloride tablet 30 mg and 40 mg</i>	1	†
PAXIL CR TABLET (<i>paroxetine hydrochloride er tablet</i>)	3	ST *
PAXIL SUSPENSION	2	
PAXIL TABLET 10 MG AND 20 MG (<i>paroxetine hydrochloride tablet 10 mg and 20 mg</i>)	1	QL *
PAXIL TABLET 30 MG AND 40 MG (<i>paroxetine hydrochloride tablet 30 mg and 40 mg</i>)	1	*
PROZAC CAPSULE (<i>fluoxetine hydrochloride capsule</i>)	1	*
PROZAC TABLET (<i>fluoxetine hydrochloride tablet</i>)	1	*
<i>sertraline hydrochloride tablet</i>	1	†
<i>sertraline hydrochloride liquid</i>	1	†
ZOLOFT LIQUID (<i>sertraline hydrochloride liquid</i>)	1	*
ZOLOFT TABLET (<i>sertraline hydrochloride tablet</i>)	1	*
Tricyclics		
<i>amitriptyline hydrochloride tablet</i>	1	†
<i>amitriptyline hydrochloride/ perphenazine tablet</i>	1	†
<i>amoxapine tablet</i>	1	†
ANAFRANIL CAPSULE (<i>clomipramine hydrochloride capsule</i>)	1	*
<i>clomipramine hydrochloride capsule</i>	1	†
<i>desipramine hydrochloride tablet</i>	1	†
<i>doxepin hydrochloride capsule</i>	1	†
<i>doxepin hydrochloride liquid</i>	1	†
<i>imipramine hydrochloride tablet</i>	1	†
IMIPRAMINE PAMOATE CAPSULE	2	
<i>maprotiline hydrochloride tablet</i>	1	†
NORPRAMIN TABLET (<i>desipramine hydrochloride tablet</i>)	1	*
<i>nortriptyline hydrochloride capsule</i>	1	†
<i>nortriptyline hydrochloride solution</i>	1	†
PAMELOR CAPSULE (<i>nortriptyline hydrochloride capsule</i>)	1	*
PAMELOR SOLUTION (<i>nortriptyline hydrochloride solution</i>)	1	*
<i>protriptyline hydrochloride tablet</i>	3	
SURMONTIL CAPSULE	3	
TOFRANIL TABLET (<i>imipramine hydrochloride tablet</i>)	1	*
VIVACTIL TABLET (<i>protriptyline hydrochloride tablet</i>)	3	*
Antidotes, Deterrents, and Toxicologic Agents		
Antidotes		
ANTIZOL SOLUTION	4	
CUPRIMINE CAPSULE	2	

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Drug Name	Drug Tier	Requirements/ Limits
EXJADE TABLET	4	
<i>fomepizole solution</i>	4	
<i>sodium polystyrene sulfonate suspension</i>	1	†
SYPRINE CAPSULE	3	
Deterrents		
ANTABUSE TABLET	2	
CAMPRAL TABLET	3	
CHANTIX TABLET	3	QL
NICOTROL INHALER INHALER	3	QL
NICOTROL NS SOLUTION	2	QL
ZYBAN TABLET (<i>bupropion hydrochloride tablet</i>)	3	QL *
Toxicologic Agents		
BUPRENEX SOLUTION (<i>buprenorphine hydrochloride solution</i>)	3	*
<i>buprenorphine hydrochloride solution</i>	3	
<i>naloxone hydrochloride solution</i>	1	†
<i>naltrexone hydrochloride tablet</i>	1	†
SUBOXONE SUBLINGUAL	3	PA
SUBUTEX SUBLINGUAL	3	PA
Antiemetics		
Antiemetics		
EMEND	2	PA
EMEND CAPSULE	2	PA
<i>granisetron hydrochloride solution</i>	3	PA QL
<i>granisetron hydrochloride tablet</i>	3	PA QL
KYTRIL SOLUTION (<i>granisetron hydrochloride solution</i>)	3	PA QL *
KYTRIL TABLET (<i>granisetron hydrochloride tablet</i>)	3	PA QL *
<i>metoclopramide hydrochloride tablet</i>	1	†
<i>ondansetron hydrochloride tablet</i>	1	PA QL †
<i>ondansetron odt tablet</i>	1	PA QL †
PHENERGAN SOLUTION (<i>promethazine hydrochloride solution</i>)	1	*
<i>prochlorperazine suppository</i>	1	†
<i>promethazine hydrochloride solution</i>	1	†
<i>promethazine hydrochloride suppository</i>	1	†
<i>promethazine hydrochloride syrup</i>	1	†
<i>promethazine hydrochloride tablet</i>	1	†
ZOFRAN ODT TABLET (<i>ondansetron tablet</i>)	1	PA QL *
ZOFRAN TABLET (<i>ondansetron tablet</i>)	1	PA QL *
Antifungals		
Antifungals		
<i>amphotericin b solution</i>	1	†
ANCOBON CAPSULE	3	
<i>ciclopirox nail lacquer solution</i>	3	PA QL
<i>clotrimazole troche</i>	1	†

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Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole/betamethasone dipropionate cream</i>	1	†
<i>clotrimazole/betamethasone dipropionate lotion</i>	1	†
DIFLUCAN IN SODIUM CHLORIDE SOLUTION	2	
DIFLUCAN SUSPENSION (<i>fluconazole suspension</i>)	1	*
DIFLUCAN TABLET 150 MG (<i>fluconazole tablet 150 mg</i>)	1	QL *
DIFLUCAN TABLET 50 MG, 100 MG, AND 200 MG (<i>fluconazole tablet 50 mg, 100 mg, and 200 mg</i>)	1	*
<i>econazole nitrate cream</i>	1	†
ERAXIS SOLUTION	4	
<i>fluconazole suspension</i>	1	QL †
<i>fluconazole tablet 150 mg</i>	1	QL †
<i>fluconazole tablet 50 mg, 100 mg, and 200 mg</i>	1	†
GRIFULVIN V SUSPENSION (<i>griseofulvin microsize suspension</i>)	1	*
<i>griseofulvin microsize suspension</i>	1	†
<i>itraconazole capsule</i>	3	
<i>ketoconazole cream</i>	1	†
<i>ketoconazole shampoo</i>	1	†
<i>ketoconazole tablet</i>	1	†
LAMISIL TABLET (<i>terbinafine hydrochloride tablet</i>)	1	QL *
LOTRISONE CREAM (<i>betamethasone dipropionate/ clotrimazole cream</i>)	1	*
LOTRISONE LOTION (<i>betamethasone dipropionate/ clotrimazole lotion</i>)	1	*
NIZORAL SHAMPOO (<i>ketoconazole shampoo</i>)	1	*
<i>nystatin cream</i>	1	†
<i>nystatin ointment</i>	1	†
<i>nystatin suspension</i>	1	†
<i>nystatin tablet</i>	1	†
PENLAC NAIL LACQUER SOLUTION (<i>ciclopirox nail lacquer solution</i>)	3	PA QL *
<i>selenium sulfide shampoo</i>	1	†
SELSUN SHAMPOO (<i>selenium sulfide shampoo</i>)	1	*
SPORANOX CAPSULE (<i>itraconazole capsule</i>)	3	*
SPORANOX PULSEPAK CAPSULE (<i>itraconazole capsule</i>)	3	*
SPORANOX SOLUTION	3	
<i>terbinafine hydrochloride tablet</i>	1	QL †
<i>terconazole cream</i>	1	†
<i>terconazole suppository</i>	1	†
Antigout Agents		
Antigout Agents		
<i>allopurinol tablet</i>	1	†
<i>colchicine tablet</i>	1	†
<i>probenecid tablet</i>	1	†
<i>probenecid/colchicine tablet</i>	1	†
ZYLOPRIM TABLET (<i>allopurinol tablet</i>)	1	*

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Drug Name	Drug Tier	Requirements/ Limits
Anti-inflammatory Agents		
Nonsteroidal Anti-inflammatory Drugs		
CATAFLAM TABLET (<i>diclofenac potassium tablet</i>)	1	*
CELEBREX CAPSULE	3	PA QL
CLINORIL TABLET (<i>sulindac tablet</i>)	1	*
DAYPRO TABLET (<i>oxaprozin tablet</i>)	1	*
<i>diclofenac potassium tablet</i>	1	†
<i>diclofenac sodium dr tablet</i>	1	†
<i>diclofenac sodium ec tablet</i>	1	†
<i>diclofenac sodium er tablet</i>	1	†
<i>diclofenac sodium tablet</i>	1	†
<i>etodolac capsule</i>	1	†
<i>etodolac tablet</i>	1	†
FELDENE CAPSULE (<i>piroxicam capsule</i>)	1	*
<i>fenoprofen calcium tablet</i>	1	†
<i>flurbiprofen tablet</i>	1	†
<i>meclofenamate sodium capsule</i>	3	
<i>meloxicam tablet</i>	1	†
MOBIC SUSPENSION	3	
MOBIC TABLET (<i>meloxicam tablet</i>)	1	*
<i>nabumetone tablet</i>	1	†
<i>oxaprozin tablet</i>	1	†
<i>piroxicam capsule</i>	1	†
<i>sulindac tablet</i>	1	†
VOLTAREN GEL	3	ST QL
VOLTAREN TABLET (<i>diclofenac sodium tablet</i>)	1	*
VOLTAREN-XR TABLET (<i>diclofenac sodium er tablet</i>)	1	*
Antimigraine Agents		
Abortive		
CAFERGOT TABLET (<i>caffeine/ ergotamine tartrate tablet</i>)	1	*
<i>dihydroergotamine mesylate solution</i>	1	†
<i>ergotamine tartrate/caffeine tablet</i>	1	†
IMITREX SOLUTION	2	QL
IMITREX STATDOSE REFILL	2	QL
IMITREX TABLET	2	QL
MAXALT TABLET	2	QL
MAXALT-MLT TABLET	2	QL
MIGRANAL SOLUTION	2	
RELPAX TABLET	2	QL
Prophylactic		
DEPAKOTE ER TABLET	2	
DEPAKOTE TABLET (<i>divalproex sodium tablet</i>)	2	
<i>divalproex sodium tablet</i>	1	†

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Drug Name	Drug Tier	Requirements/ Limits
<i>propranolol hydrochloride tablet</i>	1	†
<i>divalproex sodium tablet</i>	1	†
<i>timolol maleate tablet</i>	1	†
TOPAMAX TABLET	3	PA
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HYDROCHLORIDE TABLET	2	
<i>pyridostigmine bromide tablet</i>	1	†
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet</i>	1	†
MYCOBUTIN CAPSULE	2	
Antituberculars		
<i>ethambutol hydrochloride tablet</i>	1	†
<i>isoniazid solution</i>	1	†
<i>isoniazid syrup</i>	1	†
<i>isoniazid tablet</i>	1	†
PRIFTIN TABLET	2	
<i>pyrazinamide tablet</i>	1	†
<i>rifampin capsule</i>	1	†
<i>rifampin solution</i>	1	†
Antineoplastics		
Alkylating Agents		
ALKERAN SOLUTION	2	B
BUSULFEX SOLUTION	2	B
CEENU CAPSULE	2	
HEXALEN CAPSULE	4	B
LEUKERAN TABLET	2	
MATULANE CAPSULE	2	
Antiangiogenic Agents		
REVLIMID CAPSULE	4	
THALOMID CAPSULE	4	
Antiestrogens/Modifiers		
EMCYT CAPSULE	2	
FARESTON TABLET	3	
FASLODEX SOLUTION	3	
SOLTAMOX SOLUTION	2	
<i>tamoxifen citrate tablet</i>	1	†
Antimetabolites		
<i>cladribine solution</i>	3	
ELITEK SOLUTION	4	
FLUDARA SOLUTION (<i>fludarabine phosphate solution</i>)	3	*
<i>fludarabine phosphate solution</i>	3	

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Drug Name	Drug Tier	Requirements/ Limits
HYDREA CAPSULE (<i>hydroxyurea capsule</i>)	1	*
<i>hydroxyurea capsule</i>	1	†
LEUSTATIN SOLUTION (<i>cladribine solution</i>)	3	*
<i>mercaptopurine tablet</i>	1	†
PURINETHOL TABLET (<i>mercaptopurine tablet</i>)	1	*
TABLOID TABLET	3	
Antineoplastics, Other		
BLENOXANE SOLUTION (<i>bleomycin sulfate solution</i>)	3	*
<i>bleomycin sulfate solution</i>	3	
<i>cyclophosphamide solution</i>	1	†B
<i>cyclophosphamide tablet</i>	1	†B
CYTOXAN SOLUTION (<i>cyclophosphamide solution</i>)	1	B *
CYTOXAN TABLET (<i>cyclophosphamide tablet</i>)	1	B *
ELLENCE SOLUTION	3	
<i>etoposide solution</i>	3	B
<i>leucovorin calcium solution</i>	1	†
<i>leucovorin calcium tablet</i>	1	†
<i>mesna solution</i>	1	†
MESNEX SOLUTION (<i>mesna solution</i>)	1	*
MESNEX TABLET	3	
NOVANTRONE LIQUID	4	
ONTAK SOLUTION	4	
PROLEUKIN SOLUTION	3	
TRISENOX SOLUTION	4	
VELCADE SOLUTION	4	
VIDAZA SUSPENSION	4	
ZOLINZA CAPSULE	4	
Aromatase Inhibitors, 3rd Generation		
ARIMIDEX TABLET	2	
AROMASIN TABLET	3	
FEMARA TABLET	3	
Molecular Target Inhibitors		
GLEEVEC TABLET	4	
IRESSA TABLET	4	
NEXAVAR TABLET	4	
SPRYCEL TABLET	4	
SUTENT CAPSULE	4	
TARCEVA TABLET	4	
TASIGNA CAPSULE	4	
TYKERB TABLET	4	
Monoclonal Antibodies		
CAMPATH SOLUTION	4	
RITUXAN LIQUID	4	

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Drug Name	Drug Tier	Requirements/ Limits
Retinoids		
PANRETIN GEL	2	
TARGRETIN CAPSULE	4	
TARGRETIN GEL	4	
<i>tretinoin capsule</i>	1	†
VESANOID CAPSULE (<i>tretinoin capsule</i>)	1	*
Antiparasitics		
Anthelmintics		
<i>mebendazole chewable</i>	1	†
MINTEZOL CHEWABLE	3	
MINTEZOL SUSPENSION	3	
Antiprotozoals		
<i>chloroquine phosphate tablet</i>	1	†
DARAPRIM TABLET	2	
FANSIDAR TABLET	2	
<i>hydroxychloroquine sulfate tablet</i>	1	†
LARIAM TABLET (<i>mefloquine hydrochloride tablet</i>)	1	*
<i>mefloquine hydrochloride tablet</i>	1	†
MEPRON SUSPENSION	2	
PENTAM 300 SOLUTION	3	
PLAQUENIL TABLET (<i>hydroxychloroquine sulfate tablet</i>)	1	*
PRIMAQUINE PHOSPHATE TABLET	2	
Pediculicides/ Scabicides		
ELIMITE CREAM (<i>permethrin cream</i>)	1	*
<i>lindane lotion</i>	1	†
<i>lindane shampoo</i>	1	†
<i>permethrin cream</i>	1	†
Antiparkinson Agents		
Antiparkinson Agents		
<i>amantadine hydrochloride capsule</i>	1	†
<i>amantadine hydrochloride tablet</i>	1	†
<i>benztropine mesylate tablet</i>	1	†
<i>bromocriptine mesylate capsule</i>	1	†
<i>bromocriptine mesylate tablet</i>	1	†
<i>carbidopa/levodopa er tablet</i>	1	†
<i>carbidopa/levodopa tablet</i>	1	†
COMTAN TABLET	2	
MIRAPEX TABLET	2	
PARLODEL CAPSULE (<i>bromocriptine mesylate capsule</i>)	1	*
PARLODEL TABLET (<i>bromocriptine mesylate tablet</i>)	1	*
REQUIP TABLET (<i>ropinirole hydrochloride tablet</i>)	1	*
<i>ropinirole hydrochloride tablet</i>	1	†
<i>selegiline hydrochloride capsule</i>	1	†

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Drug Name	Drug Tier	Requirements/ Limits
<i>selegiline hydrochloride tablet</i>	1	†
SINEMET CR TABLET (<i>carbidopa anhydrous/ levodopa er tablet</i>)	1	*
SINEMET TABLET (<i>carbidopa anhydrous/ levodopa tablet</i>)	1	*
STALEVO 100 TABLET	3	
STALEVO 125 TABLET	3	
STALEVO 150 TABLET	3	
STALEVO 200 TABLET	3	
STALEVO 50 TABLET	3	
STALEVO 75 TABLET	3	
TASMAR TABLET	3	
<i>trihexyphenidyl hydrochloride elixir</i>	1	†
<i>trihexyphenidyl hydrochloride tablet</i>	1	†
Antipsychotics		
Atypicals		
ABILIFY DISCMELT TABLET	3	PA
ABILIFY SOLUTION	3	
ABILIFY TABLET	3	
<i>clozapine tablet</i>	1	†
CLOZARIL TABLET (<i>clozapine tablet</i>)	1	*
FAZACLO TABLET	3	
GEODON CAPSULE	2	
GEODON SOLUTION	2	
INVEGA TABLET	3	
RISPERDAL CONSTA SUSPENSION 25 MG	3	B
RISPERDAL CONSTA SUSPENSION 37.5 MG AND 50 MG	4	B
RISPERDAL M-TAB TABLET	3	PA
RISPERDAL SOLUTION	2	
RISPERDAL TABLET (<i>risperidone tablet</i>)	1	*
<i>risperidone tablet</i>	1	†
SEROQUEL TABLET	2	
ZYPREXA SOLUTION	3	
ZYPREXA TABLET	3	QL
ZYPREXA ZYDIS TABLET	3	PA QL
Conventional		
<i>chlorpromazine hydrochloride tablet</i>	1	†
<i>chlorpromazine hydrochloride solution</i>	1	†
<i>fluphenazine decanoate solution</i>	1	†
<i>fluphenazine hydrochloride elixir</i>	1	†
<i>fluphenazine hydrochloride liquid</i>	1	†
<i>fluphenazine hydrochloride solution</i>	1	†
<i>fluphenazine hydrochloride tablet</i>	1	†
HALDOL DECANOATE-100 SOLUTION (<i>haloperidol decanoate solution</i>)	1	*
HALDOL DECANOATE-50 SOLUTION (<i>haloperidol decanoate solution</i>)	1	*

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Drug Name	Drug Tier	Requirements/ Limits
HALDOL SOLUTION (<i>haloperidol lactate solution</i>)	1	*
<i>haloperidol decanoate solution</i>	1	†
<i>haloperidol lactate solution</i>	1	†
<i>haloperidol liquid</i>	1	†
<i>haloperidol tablet</i>	1	†
<i>loxapine succinate capsule</i>	1	†
LOXITANE CAPSULE (<i>loxapine succinate capsule</i>)	1	*
MOBAN TABLET	2	
NAVANE CAPSULE (<i>thiothixene capsule</i>)	1	*
ORAP TABLET	3	
<i>perphenazine tablet</i>	1	†
<i>prochlorperazine edisylate solution</i>	1	†
<i>prochlorperazine maleate tablet</i>	1	†
<i>thioridazine hydrochloride tablet</i>	1	†
<i>thiothixene capsule</i>	1	†
<i>trifluoperazine hydrochloride tablet</i>	1	†
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet</i>	1	†
<i>tizanidine hydrochloride tablet</i>	1	†
ZANAFLEX TABLET (<i>tizanidine hydrochloride tablet</i>)	1	*
Antivirals		
Anti-cytomegalovirus CMV Agents		
CYTOVENE SOLUTION	4	
GANCICLOVIR CAPSULE	4	
VALCYTE TABLET	2	
Antih hepatitis Agents		
BARACLUDGE SOLUTION	4	
BARACLUDGE TABLET	4	
HEPSERA TABLET	2	
<i>ribavirin capsule</i>	4	
<i>ribavirin tablet</i>	4	
TYZEKA TABLET	3	QL
Antitherpetic Agents		
<i>acyclovir capsule</i>	1	†
<i>acyclovir sodium solution</i>	1	†
<i>acyclovir suspension</i>	1	†
<i>acyclovir tablet</i>	1	†
<i>famciclovir tablet</i>	3	
FAMVIR TABLET (<i>famciclovir tablet</i>)	3	*
VALTREX TABLET	2	
ZOVIRAX CAPSULE (<i>acyclovir capsule</i>)	1	*
ZOVIRAX CREAM	2	

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Drug Name	Drug Tier	Requirements/ Limits
ZOVIRAX OINTMENT	2	
ZOVIRAX SUSPENSION (<i>acyclovir suspension</i>)	1	*
ZOVIRAX TABLET (<i>acyclovir tablet</i>)	1	*
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors		
RESCRIPTOR TABLET	2	
SUSTIVA CAPSULE	2	
SUSTIVA TABLET	2	
VIRAMUNE SUSPENSION	2	
VIRAMUNE TABLET	2	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors		
ATRIPLA TABLET	2	
COMBIVIR TABLET	4	
<i>didanosine capsule</i>	1	†
EMTRIVA CAPSULE	2	
EMTRIVA SOLUTION	2	
EPIVIR HBV SOLUTION	2	
EPIVIR HBV TABLET	2	
EPIVIR SOLUTION	2	
EPIVIR TABLET	2	
EPZICOM TABLET	4	
INTELENCE TABLET	4	
RETROVIR CAPSULE (<i>zidovudine capsule</i>)	1	*
RETROVIR IV INFUSION SOLUTION	2	
RETROVIR SYRUP (<i>zidovudine syrup</i>)	1	*
RETROVIR TABLET (<i>zidovudine tablet</i>)	1	*
<i>stavudine capsule</i>	1	†
TRIZIVIR TABLET	4	
TRUVADA TABLET	4	
VIDEX EC CAPSULE 125 MG	2	
VIDEX EC CAPSULE 200 MG, 250 MG, AND 400 MG (<i>didanosine capsule 200 mg, 250 mg, and 400 mg</i>)	1	*
VIDEX PEDIATRIC SOLUTION 2 GM AND 4 GM	2	
VIREAD TABLET	3	
ZERIT CAPSULE (<i>stavudine capsule</i>)	2	
ZERIT SOLUTION	2	
ZIAGEN SOLUTION	2	
ZIAGEN TABLET	2	
<i>zidovudine capsule</i>	1	†
<i>zidovudine syrup</i>	1	†
<i>zidovudine tablet</i>	1	†
Anti-HIV Agents, Other		
FUZEON	2	
ISENTRESS TABLET	4	

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Drug Name	Drug Tier	Requirements/ Limits
SELZENTRY TABLET	4	
Anti-HIV Agents, Protease Inhibitors		
APTIVUS CAPSULE	3	
CRIXIVAN CAPSULE	2	
INVIRASE CAPSULE	3	
INVIRASE TABLET	3	
KALETRA CAPSULE	4	
KALETRA SOLUTION	4	
KALETRA TABLET	4	
LEXIVA SUSPENSION	3	
LEXIVA TABLET	3	
NORVIR CAPSULE	4	
NORVIR SOLUTION	4	
PREZISTA TABLET	3	
REYATAZ CAPSULE	3	
VIRACEPT POWDER	2	
VIRACEPT TABLET	2	
Anti-influenza Agents		
RELENZA DISKHALER	3	PA QL
<i>rimantadine hydrochloride tablet</i>	1	†
TAMIFLU CAPSULE	3	PA QL
TAMIFLU SUSPENSION	3	PA QL
Anxiolytics		
Antidepressants		
<i>doxepin hydrochloride capsule</i>	1	†
<i>paroxetine hydrochloride tablet 10 mg and 20 mg</i>	1	QL †
<i>paroxetine hydrochloride tablet 30 mg and 40 mg</i>	1	†
PAXIL TABLET 10 MG AND 20 MG (<i>paroxetine hydrochloride tablet 10 mg and 20 mg</i>)	1	QL *
PAXIL TABLET 30 MG AND 40 MG (<i>paroxetine hydrochloride tablet 30 mg and 40 mg</i>)	1	*
Anxiolytics, Other		
BUSPAR TABLET (<i>bupirone hydrochloride tablet</i>)	1	*
<i>bupirone hydrochloride tablet</i>	1	†
<i>meprobamate tablet</i>	1	†
Bipolar Agents		
Bipolar Agents		
ABILIFY DISCMELT TABLET	3	PA
ABILIFY TABLET	3	
DEPAKOTE ER TABLET	2	
DEPAKOTE TABLET (<i>divalproex sodium tablet</i>)	2	
<i>divalproex sodium tablet</i>	1	†
LAMICTAL CHEWABLE DISPERSIBLE TABLET	2	

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Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL TABLET	2	
<i>lamotrigine chewable dispersible tablet</i>	1	†
<i>lithium carbonate capsule</i>	1	†
<i>lithium carbonate er tablet</i>	1	†
<i>lithium citrate syrup</i>	1	†
LITHOBID TABLET (<i>lithium carbonate er tablet</i>)	1	*
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	1	†
ACTOPLUS MET TABLET	2	ST
ACTOS TABLET	2	
AMARYL TABLET (<i>glimepiride tablet</i>)	1	*
AVANDAMET TABLET	2	ST
AVANDIA TABLET	3	
BYETTA SOLUTION	2	PA
<i>chlorpropamide tablet</i>	1	†
DUETACT TABLET	2	ST
<i>glimepiride tablet</i>	1	†
<i>glipizide/metformin tablet</i>	1	†
<i>glipizide er tablet</i>	1	†
<i>glipizide tablet</i>	1	†
GLUCOPHAGE TABLET (<i>metformin hydrochloride tablet</i>)	1	*
GLUCOPHAGE XR TABLET (<i>metformin hydrochloride er tablet</i>)	1	*
GLUCOTROL TABLET (<i>glipizide tablet</i>)	1	*
GLUCOTROL XL TABLET (<i>glipizide er tablet</i>)	1	*
GLUCOVANCE TABLET (<i>glyburide/metformin tablet</i>)	1	*
<i>glyburide/metformin tablet</i>	1	†
<i>glyburide micronized tablet</i>	1	†
<i>glyburide tablet</i>	1	†
GLYNASE TABLET (<i>glyburide tablet</i>)	1	*
JANUMET TABLET	3	PA
JANUVIA TABLET	3	PA
METAGLIP TABLET (<i>glipizide/metformin tablet</i>)	1	*
<i>metformin hydrochloride er tablet</i>	1	†
<i>metformin hydrochloride tablet</i>	1	†
MICRONASE TABLET (<i>glyburide micronized tablet</i>)	1	*
PRANDIN TABLET	2	
PRECOSE TABLET (<i>acarbose tablet</i>)	1	*
STARLIX TABLET	2	
SYMLIN SOLUTION	2	PA
SYMLINPEN 120 SOLUTION	2	PA
SYMLINPEN 60 SOLUTION	2	PA
<i>tolbutamide tablet</i>	1	†

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Drug Name	Drug Tier	Requirements/ Limits
Glycemic Agents		
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM SUSPENSION	3	
Insulins		
HUMALOG MIX 50/50 PEN	3	
HUMALOG MIX 50/50 SOLUTION	3	
HUMALOG MIX 75/25 PEN	3	
HUMALOG MIX 75/25 SOLUTION	3	
HUMALOG PEN SOLUTION	3	
HUMALOG SOLUTION	3	
HUMULIN 50/50 SUSPENSION	3	
HUMULIN 70/30 PEN SUSPENSION	3	
HUMULIN 70/30 SUSPENSION	3	
HUMULIN N SUSPENSION	3	
HUMULIN N U-100 PEN SUSPENSION	3	
HUMULIN R SOLUTION	3	
LANTUS OPTICLIK SOLUTION	2	
LANTUS SOLOSTAR SOLUTION	2	
LANTUS SOLUTION	2	
LEVEMIR FLEXPEN SOLUTION	2	
LEVEMIR SOLUTION	2	
NOVOLIN 70/30 INNOLET SUSPENSION	2	
NOVOLIN 70/30 PENFILL SUSPENSION	2	
NOVOLIN 70/30 SUSPENSION	2	
NOVOLIN N INNOLET SUSPENSION	2	
NOVOLIN N SUSPENSION	2	
NOVOLIN N U-100 PENFILL SUSPENSION	2	
NOVOLIN R INNOLET SOLUTION	2	
NOVOLIN R SOLUTION	2	
NOVOLIN R U-100 PENFILL SOLUTION	2	
NOVOLOG FLEXPEN SOLUTION	2	
NOVOLOG MIX 70/30 PENFILL SUSPENSION	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUSPENSION	2	
NOVOLOG MIX 70/30 SUSPENSION	2	
NOVOLOG PENFILL SOLUTION	2	
NOVOLOG SOLUTION	2	
RELION 70/30 INNOLET SUSPENSION	2	
RELION 70/30 SUSPENSION	2	
RELION N INNOLET SUSPENSION	2	
RELION N SUSPENSION	2	
RELION R SOLUTION	2	
Blood Products/Modifiers/ Volume Expanders		
Anticoagulants		

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Drug Name	Drug Tier	Requirements/ Limits
ARIXTRA SOLUTION	4	PA
COUMADIN TABLET (<i>warfarin sodium tablet</i>)	1	*
<i>heparin sodium solution</i>	1	†
LOVENOX SOLUTION	2	QL
<i>warfarin sodium tablet (BARR manufacturer only)</i>	1	†
Blood Formation Products		
NEULASTA SOLUTION	4	B
NEUPOGEN SOLUTION	4	B
PROCRIT SOLUTION 10,000 UNIT, 20,000 UNIT, AND 40,000 UNIT	4	PA B
PROCRIT SOLUTION 2,000 UNIT, 3,000 UNIT, AND 4,000 UNIT	3	PA QL B
Coagulants		
CYKLOKAPRON SOLUTION	2	
Platelet Aggregation Inhibitors		
AGGRENOX CAPSULE	3	
<i>cilostazol tablet</i>	1	†
<i>dipyridamole tablet</i>	1	†
PERSANTINE TABLET (<i>dipyridamole tablet</i>)	1	*
PLAVIX TABLET	2	
PLETAL TABLET (<i>cilostazol tablet</i>)	1	*
TICLID TABLET (<i>ticlopidine hydrochloride tablet</i>)	1	*
<i>ticlopidine hydrochloride tablet</i>	1	†
Cardiovascular Agents		
Alpha-adrenergic Agonists		
CATAPRES TABLET (<i>clonidine hydrochloride tablet</i>)	1	*
CATAPRES-TTS-1 PATCH	3	
CATAPRES-TTS-2 PATCH	3	
CATAPRES-TTS-3 PATCH	3	
<i>clonidine hydrochloride tablet</i>	1	†
CLORPRES TABLET	3	
<i>guanfacine hydrochloride tablet</i>	1	†
<i>methyl dopa hydrochlorothiazide tablet</i>	1	†
<i>methyl dopa tablet</i>	1	†
<i>midodrine hydrochloride tablet</i>	1	†
PROAMATINE TABLET (<i>midodrine hydrochloride tablet</i>)	1	*
TENEX TABLET (<i>guanfacine hydrochloride tablet</i>)	1	*
Alpha-adrenergic Blocking Agents		
CARDURA TABLET (<i>doxazosin mesylate tablet</i>)	1	*
<i>doxazosin mesylate tablet</i>	1	†
HYTRIN CAPSULE (<i>terazosin hydrochloride capsule</i>)	1	*
MINIPRESS CAPSULE (<i>prazosin hydrochloride capsule</i>)	1	*
<i>prazosin hydrochloride capsule</i>	1	†
<i>terazosin hydrochloride capsule</i>	1	†

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Drug Name	Drug Tier	Requirements/ Limits
Antiarrhythmics		
<i>acebutolol hydrochloride capsule</i>	1	†
<i>amiodarone hydrochloride solution</i>	1	†
<i>amiodarone hydrochloride tablet</i>	1	†
BETAPACE AF TABLET (<i>sotalol hydrochloride af tablet</i>)	1	*
BETAPACE TABLET (<i>sotalol hydrochloride tablet</i>)	1	*
CARDIZEM TABLET (<i>diltiazem hydrochloride tablet</i>)	1	*
<i>diltiazem hydrochloride er capsule</i>	1	†
<i>diltiazem hydrochloride tablet</i>	1	†
<i>disopyramide phosphate capsule</i>	1	†
<i>flecainide acetate tablet</i>	1	†
<i>mexiletine hydrochloride capsule</i>	1	†
NORPACE CAPSULE (<i>disopyramide phosphate capsule</i>)	1	*
PACERONE TABLET (<i>amiodarone hydrochloride tablet</i>)	1	*
PROCANBID TABLET	2	
<i>pronestyl capsule</i>	1	†
<i>propafenone hydrochloride tablet</i>	1	†
<i>propranolol hydrochloride solution</i>	1	†
<i>quinidine gluconate cr tablet</i>	1	†
<i>quinidine sulfate er tablet</i>	1	†
<i>quinidine sulfate tablet</i>	1	†
RYTHMOL TABLET (<i>propafenone hydrochloride tablet</i>)	1	*
SECTRAL CAPSULE (<i>acebutolol hydrochloride capsule</i>)	1	*
<i>sotalol hydrochloride af tablet</i>	1	†
<i>sotalol hydrochloride tablet</i>	1	†
TIKOSYN CAPSULE	2	
<i>verapamil hydrochloride er capsule</i>	1	†
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride capsule</i>	1	†
<i>atenolol tablet</i>	1	†
<i>atenolol/chlorthalidone tablet</i>	1	†
<i>bisoprolol fumarate tablet</i>	1	†
<i>bisoprolol fumarate/hydrochlorothiazide tablet</i>	1	†
<i>carvedilol tablet</i>	1	†
COREG TABLET (<i>carvedilol tablet</i>)	1	*
INDERAL LA CAPSULE (<i>propranolol hydrochloride er capsule</i>)	1	*
<i>labetalol hydrochloride solution</i>	1	†
<i>labetalol hydrochloride tablet</i>	1	†
LOPRESSOR HCT TABLET (<i>hydrochlorothiazide/metoprolol tartrate tablet</i>)	1	*
LOPRESSOR SOLUTION (<i>metoprolol tartrate solution</i>)	1	*
LOPRESSOR TABLET (<i>metoprolol tartrate tablet</i>)	1	*
<i>metoprolol /hydrochlorothiazide tablet</i>	1	†
<i>metoprolol succinate er tablet</i>	1	†

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Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol tartrate solution</i>	1	†
<i>metoprolol tartrate tablet</i>	1	†
<i>nadolol tablet</i>	1	†
<i>pindolol tablet</i>	1	†
<i>propranolol /hydrochlorothiazide tablet</i>	1	†
<i>propranolol hydrochloride er capsule</i>	1	†
<i>propranolol hydrochloride tablet</i>	1	†
SECTRAL CAPSULE (<i>acebutolol hydrochloride capsule</i>)	1	*
TENORETIC 100 TABLET (<i>atenolol/ chlorthalidone tablet</i>)	1	*
TENORETIC 50 TABLET (<i>atenolol/ chlorthalidone tablet</i>)	1	*
TENORMIN TABLET (<i>atenolol tablet</i>)	1	*
TOPROL XL TABLET (<i>metoprolol succinate er tablet</i>)	1	*
Calcium Channel Blocking Agents		
<i>amlodipine besylate tablet</i>	1	†
CALAN TABLET (<i>verapamil hydrochloride tablet</i>)	1	*
CARDENE SR CAPSULE (<i>nicardipine hydrochloride capsule</i>)	1	*
CARDIZEM CD CAPSULE (<i>diltiazem hydrochloride sr capsule</i>)	1	*
CARDIZEM TABLET (<i>diltiazem hydrochloride tablet</i>)	1	*
<i>cartia xt capsule</i>	1	†
DILACOR XR CAPSULE (<i>diltiazem hydrochloride sr capsule</i>)	1	*
<i>diltiazem hydrochloride sr capsule</i>	1	†
<i>diltiazem hydrochloride er capsule</i>	1	†
<i>diltiazem hydrochloride solution</i>	1	†
<i>diltiazem hydrochloride tablet</i>	1	†
<i>felodipine er tablet</i>	1	†
<i>nicardipine hydrochloride capsule</i>	1	†
<i>nifedipine capsule</i>	1	†
<i>nifedipine er tablet</i>	1	†
NIMOTOP CAPSULE	2	
<i>nisoldipine tablet 20 mg, 30 mg, and 40 mg</i>	1	
NORVASC TABLET (<i>amlodipine besylate tablet</i>)	1	*
PLENDIL TABLET (<i>felodipine er tablet</i>)	1	*
PROCARDIA CAPSULE (<i>nifedipine capsule</i>)	1	*
PROCARDIA XL TABLET (<i>nifedipine er tablet</i>)	1	*
SULAR TABLET 8.5 MG, 17 MG, 25.5 MG, AND 34 MG	2	
TIAZAC CAPSULE (<i>diltiazem hydrochloride sr capsule</i>)	1	*
<i>verapamil hydrochloride er capsule</i>	1	†
<i>verapamil hydrochloride tablet</i>	1	†
VERELAN CAPSULE (<i>verapamil hydrochloride capsule</i>)	1	*
VERELAN PM CAPSULE (<i>verapamil hydrochloride er capsule</i>)	1	*
Cardiovascular Agents, Other		
<i>digoxin solution</i>	1	†
<i>digoxin tablet</i>	1	†

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Drug Name	Drug Tier	Requirements/ Limits
LANOXIN SOLUTION (<i>digoxin solution</i>)	1	*
LANOXIN TABLET (<i>digoxin tablet</i>)	1	*
RANEXA TABLET	2	PA
Diuretics		
<i>acetazolamide tablet</i>	1	†
<i>amiloride /hydrochlorothiazide tablet</i>	1	†
<i>amiloride hydrochloride tablet</i>	1	†
<i>bumetanide solution</i>	1	†
<i>bumetanide tablet</i>	1	†
BUMEX TABLET (<i>bumetanide tablet</i>)	1	*
<i>chlorthiazide tablet</i>	1	†
<i>chlorthalidone tablet</i>	1	†
DEMADEX TABLET (<i>torseamide tablet</i>)	1	*
DIURIL SUSPENSION	3	
DYRENIUM CAPSULE	2	
EDECIN TABLET	2	
<i>furosemide solution</i>	1	†
<i>furosemide tablet</i>	1	†
<i>hydrochlorothiazide capsule</i>	1	†
<i>hydrochlorothiazide tablet</i>	1	†
<i>indapamide tablet</i>	1	†
LASIX TABLET (<i>furosemide tablet</i>)	1	*
MAXZIDE TABLET (<i>hydrochlorothiazide/ triamterene tablet</i>)	1	*
MAXZIDE-25 TABLET (<i>hydrochlorothiazide/ triamterene tablet</i>)	1	*
<i>methyclothiazide tablet</i>	1	†
<i>metolazone tablet</i>	1	†
SODIUM EDECIN SOLUTION	2	
THALITONE TABLET (<i>chlorthalidone tablet</i>)	1	*
<i>torseamide tablet</i>	1	†
<i>triamterene /hydrochlorothiazide capsule</i>	1	†
<i>triamterene /hydrochlorothiazide tablet</i>	1	†
ZAROXOLYN TABLET (<i>metolazone tablet</i>)	1	*
Dyslipidemics		
ADVICOR TABLET	3	
<i>cholestyramine light pack</i>	1	†
<i>cholestyramine light powder</i>	1	†
<i>cholestyramine pack</i>	1	†
<i>cholestyramine powder</i>	1	†
COLESTID FLAVORED PACK	3	
COLESTID PACK	3	
COLESTID TABLET	3	
CRESTOR TABLET	2	ST
<i>fenofibrate capsule</i>	1	†

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Drug Name	Drug Tier	Requirements/ Limits
<i>fenofibrate tablet</i>	1	†
<i>gemfibrozil tablet</i>	1	†
LESCOL CAPSULE	3	
LESCOL XL TABLET	3	
LIPITOR TABLET	3	
LOFIBRA CAPSULE (<i>fenofibrate capsule</i>)	1	*
LOFIBRA TABLET (<i>fenofibrate tablet</i>)	1	*
LOPID TABLET (<i>gemfibrozil tablet</i>)	1	*
<i>lovastatin tablet</i>	1	†
LOVAZA CAPSULE	2	QL
MEVACOR TABLET (<i>lovastatin tablet</i>)	1	*
NIASPAN TABLET	2	
PRAVACHOL TABLET (<i>pravastatin sodium tablet</i>)	1	*
<i>pravastatin sodium tablet</i>	1	†
QUESTRAN LIGHT POWDER (<i>cholestyramine powder</i>)	1	*
QUESTRAN PACK (<i>cholestyramine pack</i>)	1	*
SIMCOR TABLET	2	ST
<i>simvastatin tablet</i>	1	†
TRICOR TABLET	3	
VYTORIN TABLET	2	ST
WELCHOL TABLET	3	
ZETIA TABLET	2	
ZOCOR TABLET (<i>simvastatin tablet</i>)	1	*
Renin-angiotensin-aldosterone System Inhibitors		
ACCUPRIL TABLET (<i>quinapril hydrochloride tablet</i>)	1	*
ACCURETIC TABLET (<i>hydrochlorothiazide/ quinapril hydrochloride tablet</i>)	1	*
ALDACTAZIDE TABLET (<i>hydrochlorothiazide/ spironolactone tablet</i>)	1	*
ALDACTONE TABLET (<i>spironolactone tablet</i>)	1	*
<i>amlodipine besylate/benazepril hydrochloride capsule</i>	3	ST
ATACAND HCT TABLET	3	ST
ATACAND TABLET	3	ST
AVALIDE TABLET	2	ST
AVAPRO TABLET	2	ST
<i>benazepril hydrochloride tablet</i>	1	†
<i>benazepril hydrochloride/hydrochlorothiazide tablet</i>	1	†
BENICAR HCT TABLET	2	ST
BENICAR TABLET	2	ST
CAPOTEN TABLET (<i>captopril tablet</i>)	1	*
CAPOZIDE TABLET (<i>captopril/ hydrochlorothiazide tablet</i>)	1	*
<i>captopril /hydrochlorothiazide tablet</i>	1	†
<i>captopril tablet</i>	1	†
DIOVAN HCT TABLET	2	ST
DIOVAN TABLET	2	ST

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Drug Name	Drug Tier	Requirements/ Limits
<i>enalapril maleate tablet</i>	1	†
<i>enalapril maleate/hydrochlorothiazide tablet</i>	1	†
<i>eplerenone tablet</i>	3	
<i>fosinopril sodium tablet</i>	1	†
<i>fosinopril sodium/hydrochlorothiazide tablet</i>	1	†
INSPRA TABLET (<i>eplerenone tablet</i>)	3	*
<i>lisinopril /hydrochlorothiazide tablet</i>	1	†
<i>lisinopril tablet</i>	1	†
LOTENSIN HCT TABLET (<i>benazepril hydrochloride/ hydrochlorothiazide tablet</i>)	1	*
LOTENSIN TABLET (<i>benazepril hydrochloride tablet</i>)	1	*
LOTREL CAPSULE (<i>amlodipine besylate/ benazepril hydrochloride capsule</i>)	3	ST *
MONOPRIL HCT TABLET (<i>fosinopril sodium/ hydrochlorothiazide tablet</i>)	1	*
MONOPRIL TABLET (<i>fosinopril sodium tablet</i>)	1	*
PRINIVIL TABLET (<i>lisinopril tablet</i>)	1	*
PRINZIDE TABLET (<i>hydrochlorothiazide/ lisinopril tablet</i>)	1	*
<i>quinapril /hydrochlorothiazide tablet</i>	1	†
<i>quinapril hydrochloride tablet</i>	1	†
<i>spironolactone /hydrochlorothiazide tablet</i>	1	†
<i>spironolactone tablet</i>	1	†
TARKA TABLET	3	
VASERETIC TABLET (<i>enalapril maleate/ hydrochlorothiazide tablet</i>)	1	*
VASOTEC TABLET (<i>enalapril maleate tablet</i>)	1	*
ZESTORETIC TABLET (<i>hydrochlorothiazide/ lisinopril tablet</i>)	1	*
ZESTRIL TABLET (<i>lisinopril tablet</i>)	1	*
Vasodilators		
<i>hydralazine hydrochloride solution</i>	1	†
<i>hydralazine hydrochloride tablet</i>	1	†
IMDUR TABLET (<i>isosorbide mononitrate tablet</i>)	1	*
ISORDIL TITRADOSE TABLET (<i>isosorbide dinitrate tablet</i>)	1	*
<i>isosorbide dinitrate er tablet</i>	1	†
<i>isosorbide dinitrate sublingual</i>	1	†
<i>isosorbide dinitrate tablet</i>	1	†
<i>isosorbide mononitrate er tablet</i>	1	†
<i>isosorbide mononitrate tablet</i>	1	†
<i>minoxidil tablet</i>	1	†
NITRO-DUR PATCH (<i>nitroglycerin patch</i>)	1	*
<i>nitroglycerin patch</i>	1	†
<i>nitroglycerin solution</i>	1	†
<i>nitroglycerin transdermal patch</i>	1	†
NITROSTAT SUBLINGUAL (<i>nitroglycerin sublingual</i>)	1	*
Central Nervous System Agents		
Amphetamines, ADHD		
ADDERALL TABLET (<i>amphetamine salt combination tablet</i>)	1	QL *

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Drug Name	Drug Tier	Requirements/ Limits
ADDERALL XR CAPSULE	2	QL
<i>amphetamine salt combination tablet</i>	1	QL †
DEXEDRINE CAPSULE (<i>dextroamphetamine sulfate capsule</i>)	1	*
<i>dextroamphetamine sulfate capsule</i>	1	†
<i>dextroamphetamine sulfate tablet</i>	1	†
VYVANSE CAPSULES	3	QL
Non-amphetamines, ADHD		
CONCERTA TABLET	2	QL
METADATE CD CAPSULE 10 MG, 40 MG, 50 MG, AND 60 MG	2	QL
METADATE CD CAPSULE 20 MG	2	
<i>methylin er tablet</i>	1	†
<i>methylin tablet</i>	1	†
<i>methylphenidate hydrochloride er tablet</i>	1	†
<i>methylphenidate hydrochloride tablet</i>	1	†
RITALIN SR TABLET (<i>methylphenidate hydrochloride er tablet</i>)	1	*
RITALIN TABLET (<i>methylphenidate hydrochloride tablet</i>)	1	*
STRATTERA CAPSULE	3	ST
Non-amphetamines, Other		
PROVIGIL TABLET	2	PA
RILUTEK TABLET	4	
XYREM SOLUTION	3	PA
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate solution</i>	1	†
<i>pilocarpine hydrochloride tablet</i>	1	†
<i>triamcinolone in orabase</i>	1	†
Dermatological Agents		
Dermatological Agents		
ALDARA CREAM	2	
<i>ammonium lactate lotion</i>	1	†
AZELEX CREAM	2	
BENZACLIN GEL	2	
BENZAMYCIN GEL (<i>benzoyl peroxide/ erythromycin gel</i>)	1	*
<i>calcipotriene solution</i>	1	†
CARAC CREAM	2	
<i>clindamycin phosphate solution</i>	1	†
DIFFERIN CREAM	2	PA
DIFFERIN GEL	2	PA
DOVONEX CREAM	2	
DOVONEX SOLUTION (<i>calcipotriene solution</i>)	1	*
<i>doxycycline hyclate capsule</i>	1	†
EFUDEX CREAM (<i>fluorouracil cream</i>)	1	*
EFUDEX SOLUTION (<i>fluorouracil solution</i>)	1	*

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Drug Name	Drug Tier	Requirements/ Limits
ELIDEL CREAM	2	ST QL
<i>erythromycin/benzoyl peroxide gel</i>	1	†
FINACEA GEL	2	
FLUOROPLEX CREAM	2	
<i>fluorouracil cream</i>	1	†
<i>fluorouracil solution</i>	1	†
LAC-HYDRIN LOTION	3	
OXSORALEN LOTION	3	
<i>podofilox solution</i>	1	†
PROTOPIC OINTMENT	2	ST QL
REGRANEX GEL	2	
RETIN-A CREAM (<i>tretinoin cream</i>)	1	PA *
SANTYL OINTMENT	3	
SOLARAZE GEL	2	
TAZORAC CREAM	2	
TAZORAC GEL	2	
<i>tretinoin cream</i>	1	PA†
UVADEX SOLUTION	3	
ZONALON CREAM	3	
Enzyme Replacements/ Modifiers		
Enzyme Replacements/ Modifiers		
ADAGEN SOLUTION	4	
ALDURAZYME SOLUTION	4	
BUPHENYL TABLET	2	
CEREDASE SOLUTION	4	
CEREZYME SOLUTION	4	
CREON 5 CAPSULE	2	
CREON 10 CAPSULE	2	
CREON 20 CAPSULE	2	
CYSTADANE POWDER	2	
CYSTAGON CAPSULE	2	
DYGASE CAPSULE	2	
ELAPRASE SOLUTION	4	
ENZYMAL TABLET	2	
FABRAZYME SOLUTION	4	
KUTRASE CAPSULE	2	
KU-ZYME CAPSULE	2	
KU-ZYME HP CAPSULE	2	
LAPASE CAPSULE	2	
LIPRAM 4500 CAPSULE	2	
LIPRAM-PN10 CAPSULE	2	
LIPRAM-PN16 CAPSULE	2	
LIPRAM-PN20 CAPSULE	2	

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Drug Name	Drug Tier	Requirements/ Limits
LIPRAM-UL12 CAPSULE	2	
LIPRAM-UL18 CAPSULE	2	
LIPRAM-UL20 CAPSULE	2	
NAGLAZYME SOLUTION	4	
ORFADIN CAPSULE	4	
PALCAPS 10 CAPSULE	2	
PALCAPS 20 CAPSULE	2	
PANCREASE MT 10 CAPSULE	2	
PANCREASE MT 16 CAPSULE	2	
PANCREASE MT 20 CAPSULE	2	
PANCREASE MT 4 CAPSULE	2	
PANCRECARB MS-16 CAPSULE	2	
PANCRECARB MS-4 CAPSULE	2	
PANCRECARB MS-8 CAPSULE	2	
PANCRELIPASE CAPSULE	2	
PANCRELIPASE MST-16 CAPSULE	2	
PANCRELIPASE TABLET	2	
PANCRON 10 CAPSULE	2	
PANCRON 20 CAPSULE	2	
PANGESTYME CN 10 CAPSULE	2	
PANGESTYME CN 20 CAPSULE	2	
PANGESTYME EC CAPSULE	2	
PANGESTYME MT 16 CAPSULE	2	
PANGESTYME UL 12 CAPSULE	2	
PANGESTYME UL 18 CAPSULE	2	
PANGESTYME UL 20 CAPSULE	2	
PANOCAPS CAPSULE	2	
PANOCAPS MT 16 CAPSULE	2	
PANOCAPS MT 20 CAPSULE	2	
PANOKASE TABLET	2	
PANOKASE-16 TABLET	2	
PLARETASE 8000 TABLET	2	
PULMOZYME NEBULIZER SOLUTION	4	B
SUCRAID SOLUTION	4	
ULTRACAPS MT 20 CAPSULE	2	
ULTRASE CAPSULE	2	
ULTRASE MT 12 CAPSULE	2	
ULTRASE MT 18 CAPSULE	2	
ULTRASE MT 20 CAPSULE	2	
VIOKASE 8 TABLET	2	
VIOKASE POWDER	2	
ZAVESCA CAPSULE	4	

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Drug Name	Drug Tier	Requirements/ Limits
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>atropine sulfate solution</i>	1	†
BENTYL CAPSULE (<i>dicyclomine hydrochloride capsule</i>)	1	*
BENTYL SOLUTION (<i>dicyclomine hydrochloride solution</i>)	1	*
BENTYL SYRUP	3	
BENTYL TABLET (<i>dicyclomine hydrochloride tablet</i>)	1	*
<i>dicyclomine hydrochloride capsule</i>	1	†
<i>dicyclomine hydrochloride solution</i>	1	†
<i>dicyclomine hydrochloride tablet</i>	1	†
<i>glycopyrrolate solution</i>	1	†
<i>glycopyrrolate tablet</i>	1	†
LOMOTIL TABLET (<i>atropine sulfate/ diphenoxylate hydrochloride tablet</i>)	1	*
ROBINUL FORTE TABLET (<i>glycopyrrolate tablet</i>)	1	*
ROBINUL SOLUTION (<i>glycopyrrolate solution</i>)	1	*
ROBINUL TABLET (<i>glycopyrrolate tablet</i>)	1	*
Gastrointestinal Agents, Other		
COLYTE SOLUTION (<i>peg 3350/electrolytes solution</i>)	1	*
<i>constulose solution</i>	1	†
<i>diphenoxylate/atropine liquid</i>	1	†
<i>diphenoxylate/atropine tablet</i>	1	†
GASTROCROM LIQUID	3	
HALFLYTELY SOLUTION	3	
GOLYTELY SOLUTION	3	
LOMOTIL LIQUID (<i>atropine sulfate/ diphenoxylate hydrochloride liquid</i>)	1	*
<i>metoclopramide hydrochloride solution</i>	1	†
<i>metoclopramide hydrochloride tablet</i>	1	†
NULYTELY SOLUTION (<i>trilyte solution</i>)	3	*
<i>peg 3350/electrolytes solution</i>	1	†
REGLAN SOLUTION (<i>metoclopramide hydrochloride solution</i>)	1	*
REGLAN TABLET (<i>metoclopramide hydrochloride tablet</i>)	1	*
<i>trilyte solution</i>	3	
<i>ursodiol capsule</i>	1	†
Histamine2 H2 Blocking Agents		
AXID CAPSULE (<i>nizatidine capsule</i>)	1	*
<i>cimetidine tablet</i>	1	†
<i>famotidine solution</i>	1	†
<i>famotidine tablet</i>	1	†
<i>nizatidine capsule</i>	1	†
PEPCID SUSPENSION	3	
PEPCID TABLET	3	
<i>ranitidine hydrochloride capsule</i>	1	†
<i>ranitidine hydrochloride solution</i>	1	†

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Drug Name	Drug Tier	Requirements/ Limits
<i>ranitidine hydrochloride syrup</i>	1	†
<i>ranitidine hydrochloride tablet</i>	1	†
ZANTAC SOLUTION (<i>ranitidine hydrochloride solution</i>)	1	*
ZANTAC SYRUP (<i>ranitidine hydrochloride syrup</i>)	1	*
ZANTAC TABLET (<i>ranitidine hydrochloride tablet</i>)	1	*
Irritable Bowel Syndrome Agents		
LOTRONEX TABLET	2	PA
Protectants		
CARAFATE SUSPENSION	3	
CARAFATE TABLET (<i>sucralfate tablet</i>)	1	*
CYTOTEC TABLET (<i>misoprostol tablet</i>)	1	*
<i>misoprostol tablet</i>	1	†
<i>sucralfate tablet</i>	1	†
Proton Pump Inhibitors		
ACIPHEX TABLET	2	QL
<i>pantoprazole sodium tablet</i>	1	QL †
PRILOSEC OTC TABLET	NO COPAY	
PROTONIX SOLUTION	2	
PROTONIX TABLET (<i>pantoprazole sodium sesquihydrate tablet</i>)	1	QL *
ZEGERID CAPSULE	2	QL
ZEGERID PACK	2	QL
Genitourinary Agents		
Antispasmodics, Urinary		
DETROL LA CAPSULE	2	
DETROL TABLET	2	
DITROPAN SYRUP (<i>oxybutynin chloride syrup</i>)	3	*
DITROPAN TABLET (<i>oxybutynin chloride tablet</i>)	1	*
DITROPAN XL TABLET (<i>oxybutynin chloride er tablet</i>)	1	*
ENABLEX TABLET	3	ST
<i>flavoxate hydrochloride tablet</i>	1	†
<i>oxybutynin chloride er tablet</i>	1	†
<i>oxybutynin chloride syrup</i>	1	†
<i>oxybutynin chloride tablet</i>	1	†
OXYTROL PATCH	3	ST
SANCTURA TABLET	3	ST
URISPAS TABLET (<i>flavoxate hydrochloride tablet</i>)	1	*
VESICARE TABLET	3	ST
Benign Prostatic Hypertrophy Agents		
AVODART CAPSULE	2	
CARDURA TABLET (<i>doxazosin mesylate tablet</i>)	1	*
<i>doxazosin mesylate tablet</i>	1	†
<i>finasteride tablet</i>	1	†
FLOMAX CAPSULE	2	

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Drug Name	Drug Tier	Requirements/ Limits
HYTRIN CAPSULE (<i>terazosin hydrochloride capsule</i>)	1	*
PROSCAR TABLET (<i>finasteride tablet</i>)	1	*
<i>terazosin hydrochloride capsule</i>	1	†
Genitourinary Agents, Other		
THIOLA TABLET	3	
Phosphate Binders		
<i>calcium acetate capsule</i>	1	†
PHOSLO CAPSULE (<i>calcium acetate capsule</i>)	2	
RENAGEL TABLET	2	
RENVELA TABLET	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying Adrenal		
Glucocorticoids/ Mineralocorticoids		
<i>alclometasone dipropionate cream</i>	1	†
<i>alclometasone dipropionate ointment</i>	1	†
<i>amcinonide cream</i>	1	†
<i>amcinonide ointment</i>	1	†
<i>augmented betamethasone dipropionate cream</i>	1	†
<i>augmented betamethasone dipropionate gel</i>	1	†
<i>augmented betamethasone dipropionate lotion</i>	1	†
<i>augmented betamethasone dipropionate ointment</i>	1	†
<i>betamethasone dipropionate cream</i>	1	†
<i>betamethasone dipropionate lotion</i>	1	†
<i>betamethasone dipropionate ointment</i>	1	†
<i>betamethasone valerate cream</i>	1	†
<i>betamethasone valerate lotion</i>	1	†
<i>betamethasone valerate ointment</i>	1	†
<i>clobetasol propionate cream</i>	1	†
<i>clobetasol propionate e cream</i>	1	†
<i>clobetasol propionate gel</i>	1	†
<i>clobetasol propionate ointment</i>	1	†
<i>clobetasol propionate solution</i>	1	†
<i>cortisone acetate tablet</i>	1	†
<i>desonide cream</i>	1	†
<i>desonide lotion</i>	1	†
<i>desonide ointment</i>	1	†
DESOWEN CREAM (<i>desonide cream</i>)	1	*
DESOWEN LOTION (<i>desonide lotion</i>)	1	*
DESOWEN OINTMENT (<i>desonide ointment</i>)	1	*
<i>desoximetasone cream</i>	1	†
<i>desoximetasone gel</i>	1	†
<i>desoximetasone ointment</i>	1	†
<i>dexamethasone elixir</i>	1	†
<i>dexamethasone liquid</i>	1	†

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Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone solution</i>	1	†
<i>dexamethasone tablet</i>	1	†
<i>diflorasone diacetate cream</i>	1	†
<i>diflorasone diacetate ointment</i>	1	†
DIPROLENE AF CREAM (<i>augmented betamethasone dipropionate cream</i>)	1	*
DIPROLENE LOTION (<i>augmented betamethasone dipropionate lotion</i>)	1	*
DIPROLENE OINTMENT (<i>augmented betamethasone dipropionate ointment</i>)	1	*
ELOCON CREAM (<i>mometasone furoate cream</i>)	1	*
ELOCON OINTMENT (<i>mometasone furoate ointment</i>)	1	*
<i>fludrocortisone acetate tablet</i>	1	†
<i>fluocinolone acetonide cream</i>	1	†
<i>fluocinolone acetonide ointment</i>	1	†
<i>fluocinolone acetonide solution</i>	1	†
<i>fluocinonide emollient base cream</i>	1	†
<i>fluocinonide gel</i>	1	†
<i>fluocinonide ointment</i>	1	†
<i>fluocinonide solution</i>	1	†
<i>fluocinonide-e cream</i>	1	†
<i>fluticasone propionate cream</i>	1	†
<i>fluticasone propionate ointment</i>	1	†
<i>halobetasol propionate cream</i>	1	†
<i>halobetasol propionate ointment</i>	1	†
<i>hydrocortisone acetate/urea carbamide cream</i>	1	†
<i>hydrocortisone cream</i>	1	†
<i>hydrocortisone lotion</i>	1	†
<i>hydrocortisone ointment</i>	1	†
<i>hydrocortisone tablet</i>	1	†
<i>hydrocortisone valerate cream</i>	1	†
<i>hydrocortisone valerate ointment</i>	1	†
KENALOG CREAM (<i>triamcinolone acetonide cream</i>)	1	*
MEDROL DOSEPAK TABLET (<i>methylprednisolone tablet</i>)	1	*
MEDROL TABLET (<i>methylprednisolone tablet</i>)	1	*
<i>methylprednisolone sodiumsuccinate solution</i>	1	†
<i>methylprednisolone tablet</i>	1	†
<i>mometasone furoate cream</i>	1	†
<i>mometasone furoate ointment</i>	1	†
<i>mometasone furoate solution</i>	1	†
ORAPRED SOLUTION (<i>prednisolone sodium phosphate solution</i>)	1	*
PEDIAPRED LIQUID (<i>prednisolone sodium phosphate liquid</i>)	1	*
<i>prednisolone sodium phosphate liquid</i>	1	†
<i>prednisolone sodium phosphate solution</i>	1	†
<i>prednisolone syrup</i>	1	†
<i>prednisolone tablet</i>	1	†

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Drug Name	Drug Tier	Requirements/ Limits
<i>prednisone liquid</i>	1	†
<i>prednisone tablet</i>	1	†
SOLU-MEDROL SOLUTION (<i>methylprednisolone sodium succinate solution</i>)	1	*
TEMOVATE CREAM (<i>clobetasol propionate cream</i>)	1	*
TEMOVATE GEL (<i>clobetasol propionate gel</i>)	1	*
TEMOVATE OINTMENT (<i>clobetasol propionate ointment</i>)	1	*
TEMOVATE SOLUTION (<i>clobetasol propionate solution</i>)	1	*
TOPICORT CREAM (<i>desoximetasone cream</i>)	1	*
TOPICORT GEL (<i>desoximetasone gel</i>)	1	*
TOPICORT OINTMENT (<i>desoximetasone ointment</i>)	1	*
<i>triamcinolone acetonide cream</i>	1	†
<i>triamcinolone acetonide lotion</i>	1	†
<i>triamcinolone acetonide ointment</i>	1	†
ULTRAVATE CREAM (<i>halobetasol propionate cream</i>)	1	*
ULTRAVATE OINTMENT (<i>halobetasol propionate ointment</i>)	1	*
WESTCORT CREAM (<i>hydrocortisone valerate cream</i>)	1	*
WESTCORT OINTMENT (<i>hydrocortisone valerate ointment</i>)	1	*
Hormonal Agents, Stimulant/ Replacement/ Modifying Pituitary		
Hormonal Agents, Stimulant/ Replacement/ Modifying Pituitary		
DDAVP SOLUTION (<i>desmopressin acetate solution</i>)	1	*
DDAVP TABLET (<i>desmopressin acetate tablet</i>)	3	*
<i>desmopressin acetate solution</i>	1	†
<i>desmopressin acetate tablet</i>	3	
NORDITROPIN CARTRIDGE SOLUTION	4	
NORDITROPIN NORDIFLEX PEN SOLUTION	4	
NUTROPIN AQ PEN SOLUTION	4	
NUTROPIN AQ SOLUTION	4	
NUTROPIN SOLUTION	4	
Hormonal Agents, Stimulant/ Replacement/ Modifying Sex Hormones/ Modifiers		
Anabolic Steroids		
ANADROL-50 TABLET	4	
OXANDRIN TABLET (<i>oxandrolone tablet</i>)	3	*
<i>oxandrolone tablet</i>	1	†
Androgens		
ANDRODERM PATCH	2	
ANDROGEL GEL	3	
ANDROGEL PUMP GEL	3	QL
<i>danazol capsule</i>	1	†
TESTIM GEL	3	
<i>testosterone cypionate</i>	1	†B
<i>testosterone enanthate</i>	1	†B
Estrogens		
ACTIVELLA TABLET	2	

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Drug Name	Drug Tier	Requirements/ Limits
CENESTIN TABLET	3	
CLIMARA PATCH (<i>estradiol patch</i>)	1	*
ESTRACE CREAM	2	
ESTRACE TABLET (<i>estradiol tablet</i>)	1	*
ESTRADERM PATCH	3	
<i>estradiol patch</i>	1	†
<i>estradiol tablet</i>	1	†
<i>estradiol/norethindrone acetate tablet</i>	1	†
ESTRING RING	3	
<i>estropipate tablet</i>	1	†
FEMRING RING	3	
LYBREL TABLET	3	
MENEST TABLET	2	
PREMARIN SOLUTION	2	
PREMARIN TABLET	2	
PREMARIN W/APPLICATOR CREAM	2	
VAGIFEM TABLET	2	
Progestins		
<i>apri tablet</i>	1	†
<i>aviane tablet</i>	1	†
COMBIPATCH PATCH	3	ST
DEPO-PROVERA SUSPENSION	2	
FEMHRT 1/5 TABLET	2	
<i>low-ogestrel tablet</i>	1	†
<i>medroxyprogesterone acetate suspension</i>	1	†
<i>medroxyprogesterone acetate tablet</i>	1	†
MEGACE ES SUSPENSION	2	
MEGACE ORAL SUSPENSION (<i>megestrol acetate suspension</i>)	1	*
<i>megestrol acetate suspension</i>	1	†
<i>megestrol acetate tablet</i>	1	†
<i>microgestin 1.5/30 tablet</i>	1	†
<i>microgestin 1/20 tablet</i>	1	†
<i>microgestin fe 1.5/30 tablet</i>	1	†
<i>microgestin fe tablet</i>	1	†
MODICON-28 TABLET	3	
<i>mononessa tablet</i>	1	†
<i>necon 1/35-28 tablet</i>	1	†
<i>necon 1/50-28 tablet</i>	1	†
NECON 10/11-28 TABLET	3	
<i>necon 7/7/7 tablet</i>	1	†
<i>norethindrone acetate tablet</i>	1	†
NOR-QD TABLET (<i>norethindrone tablet</i>)	1	*
NUVARING RING	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>ocella tablet</i>	1	†
OGESTREL TABLET	3	
ORTHO EVRA PATCH	2	
ORTHO TRI-CYCLEN LO TABLET	2	
OVCON-35 TABLET	2	
OVCON-50 28 TABLET	2	
PLAN B TABLET	2	
PREFEST TABLET	2	
PREMPHASE TABLET	2	
PREMPRO TABLET	2	
PROMETRIUM CAPSULE	2	
<i>trinessa tablet</i>	1	†
TRI-NORINYL 28 TABLET	3	
<i>trivora-28 tablet</i>	1	†
YASMIN 28 TABLET (<i>ocella tablet</i>)	3	*
YAZ TABLET	2	
<i>zovia 1/35e tablet</i>	1	†
<i>zovia 1/50e tablet</i>	1	†
Selective Estrogen Receptor Modifying Agents		
EVISTA TABLET	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying Thyroid		
Hormonal Agents, Stimulant/ Replacement/ Modifying Thyroid		
CYTOMEL TABLET	2	
<i>levothyroid tablet</i>	1	†
<i>levothyroxine sodium tablet (MYLAN brand only)</i>	1	†
SYNTHROID TABLET (<i>levothyroxine sodium tablet</i>)	1	*
Hormonal Agents, Suppressant Adrenal		
Hormonal Agents, Suppressant Adrenal		
LYSODREN TABLET	2	
Hormonal Agents, Suppressant Parathyroid		
Hormonal Agents, Suppressant Parathyroid		
SENSIPAR TABLET	2	
Hormonal Agents, Suppressant Pituitary		
Hormonal Agents, Suppressant Pituitary		
<i>cabergoline tablet</i>	3	
ELIGARD	3	
LUPRON DEPOT 7.5 MG AND 30 MG	4	
LUPRON DEPOT 3.75 MG AND 11.25 MG	3	
<i>octreotide acetate solution</i>	4	
SOMAVERT SOLUTION	4	
Hormonal Agents, Suppressant Sex Hormones/ Modifiers		
Antiandrogens		
CASODEX TABLET	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>flutamide capsule</i>	1	†
NILANDRON TABLET	3	
Hormonal Agents, Suppressant Thyroid		
Antithyroid Agents		
<i>methimazole tablet</i>	1	†
<i>propylthiouracil tablet</i>	1	†
TAPAZOLE TABLET (<i>methimazole tablet</i>)	1	*
Immunological Agents		
Immune Suppressants		
<i>azathioprine tablet</i>	1	†B
CELLCEPT CAPSULE	2	B
CELLCEPT INTRAVENOUS SOLUTION	2	B
CELLCEPT SUSPENSION	2	B
CELLCEPT TABLET	2	B
<i>cyclosporine capsule</i>	1	†B
<i>cyclosporine modified capsule</i>	1	†B
<i>cyclosporine modified solution</i>	1	†B
<i>cyclosporine solution</i>	1	†B
ENBREL	4	PA
ENBREL SOLUTION	4	PA
ENBREL SURECLICK SOLUTION	4	PA
HUMIRA	4	PA
HUMIRA PEN	4	PA
IMURAN TABLET (<i>azathioprine tablet</i>)	1	B *
<i>methotrexate sodium solution</i>	1	†
<i>methotrexate tablet</i>	1	†
MYFORTIC TABLET	3	
NEORAL CAPSULE (<i>cyclosporine capsule</i>)	1	B *
NEORAL SOLUTION (<i>cyclosporine solution</i>)	1	B *
PROGRAF CAPSULE	2	B
PROGRAF SOLUTION	2	B
RAPAMUNE SOLUTION	3	B
RAPAMUNE TABLET	3	B
REMICADE SOLUTION	4	PA
RHEUMATREX TABLET (<i>methotrexate tablet</i>)	1	*
SANDIMMUNE CAPSULE (<i>cyclosporine capsule</i>)	1	B *
SANDIMMUNE SOLUTION (<i>cyclosporine solution</i>)	1	B *
TREXALL TABLET (<i>methotrexate sodium tablet</i>)	1	*
Immunizing Agents, Passive		
CARIMUNE NANOFILTERED SOLUTION	4	PA B
FLEBOGAMMA SOLUTION	4	PA B
GAMASTAN S/D INJECTION	4	PA B
IVEEGAM EN SOLUTION	4	PA B

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Drug Name	Drug Tier	Requirements/ Limits
PANGLOBULIN NF SOLUTION	4	PA B
PANGLOBULIN SOLUTION	4	PA B
PANGLOBULIN SOLUTION	4	PA B
THYMOGLOBULIN SOLUTION	4	
Immunomodulators		
ACTIMMUNE SOLUTION	4	
ARAVA TABLET (<i>leflunomide tablet</i>)	1	PA *
AVONEX	4	PA B
BETASERON SOLUTION	4	PA
COPAXONE	4	
INTRON-A	4	
INTRON-A SOLUTION	4	
INTRON-A W/DILUENT SOLUTION	4	
KINERET SOLUTION	4	PA
<i>leflunomide tablet</i>	1	PA †
PEGASYS	4	
PEG-INTRON	4	
REBIF SOLUTION	4	
REBIF TITRATION PACK SOLUTION	4	
RIDAURA CAPSULE	2	
Vaccines		
ACTHIB SOLUTION	2	
ADACEL SUSPENSION	2	
ATTENUVAX INJECTION	2	
BOOSTRIX SUSPENSION	2	
COMVAX SUSPENSION	2	
DAPTACEL SUSPENSION	2	
DIPHTHERIA/TETANUS TOXOID PEDIATRIC INJECTION	2	
ENGERIX-B INJECTION	2	B
ENGERIX-B SUSPENSION	2	B
GARDASIL SUSPENSION	2	PA
HAVRIX SUSPENSION	2	
HIBTITER SOLUTION	2	
IMOVAX RABIES H.D.C.V. INJECTION	2	
INFANRIX SUSPENSION	2	
IPOL INACTIVATED IPV INJECTION	2	
JE-VAX SOLUTION	2	
MENACTRA INJECTION	2	
MENOMUNE-A/C/Y/W-135 INJECTION	2	
MERUVAX II W/DILUENT 10 DOSE INJECTION	2	
M-M-R II W/DILUENT 10 DOSE INJECTION	2	
PEDIARIX SUSPENSION	2	
PEDVAX HIB SOLUTION	2	

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Drug Name	Drug Tier	Requirements/ Limits
PROQUAD INJECTION	2	
RABAVERT SUSPENSION	2	
RECOMBIVAX HB INJECTION	2	B
RECOMBIVAX HB SUSPENSION	2	B
ROTATEQ SUSPENSION	2	
TETANUS TOXOID ADSORBED SOLUTION	2	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSPENSION	2	
TRIPEDIA SUSPENSION	2	
TWINRIX SUSPENSION	3	
TYPHIM VI SOLUTION	2	
VAQTA SUSPENSION	2	
VARIVAX INJECTION	2	
VIVOTIF BERNA CAPSULE	2	
YF-VAX INJECTION	2	
ZOSTAVAX SOLUTION	2	PA
Inflammatory Bowel Disease Agents		
Glucocorticoids		
ENTOCORT EC CAPSULE	2	
<i>hydrocortisone enema</i>	1	†
Salicylates		
ASACOL TABLET	2	
CANASA SUPPOSITORY	2	
DIPENTUM CAPSULE	2	
<i>mesalamine enema</i>	1	†
PENTASA CAPSULE	2	
Sulfonamides		
AZULFIDINE TABLET (<i>sulfasalazine tablet</i>)	1	*
<i>sulfasalazine tablet</i>	1	†
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
ACTONEL TABLET 30 MG, 35 MG, 75 MG, AND 150 MG	2	QL
ACTONEL TABLET 5 MG	2	
ACTONEL WITH CALCIUM TABLET	2	QL
<i>alendronate sodium tablet 35 mg, 40 mg, and 70 mg</i>	1	QL †
<i>alendronate sodium tablet 5 mg and 10 mg</i>	1	†
<i>calcitriol capsule</i>	1	†
<i>calcitriol solution</i>	1	†
<i>calcitonin-salmon solution</i>	1	†
DIDRONEL TABLET (<i>etidronate disodium tablet</i>)	1	*
<i>etidronate disodium tablet</i>	1	†
FORTEO SOLUTION	4	PA
FOSAMAX PLUS D TABLET	2	QL
FOSAMAX SOLUTION	2	

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Drug Name	Drug Tier	Requirements/ Limits
FOSAMAX TABLET 35 MG, 40 MG, AND 70 MG (<i>alendronate sodium tablet 35 mg, 40 mg, and 70 mg</i>)	1	QL*
FOSAMAX TABLET 5 MG AND 10 MG (<i>alendronate sodium tablet 5 mg and 10 mg</i>)	1	*
HECTOROL CAPSULE	3	
HECTOROL SOLUTION	3	
MIACALCIN SOLUTION (<i>calcitonin-salmon solution</i>)	2	
<i>pamidronate disodium solution</i>	1	†
ROCALTROL CAPSULE (<i>calcitriol capsule</i>)	1	*
ROCALTROL SOLUTION (<i>calcitriol solution</i>)	1	*
ZEMPLAR CAPSULE	3	
ZEMPLAR SOLUTION	3	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACCU-CHEK TEST STRIPS	NO COPAY	QL B
AGRYLIN CAPSULE (<i>anagrelide hydrochloride capsule</i>)	1	*
ALCOHOL PREPS	1	QL †
<i>anagrelide hydrochloride capsule</i>	1	†
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	1	†
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	1	†
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	1	†
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	1	†
CURITY GAUZE PADS 2"X2"	1	QL †
<i>pentoxifylline er tablet</i>	1	†
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>bacitracin ointment</i>	1	†
<i>bacitracin/polymyxin b ointment</i>	1	†
CILOXAN OINTMENT	2	
CILOXAN SOLUTION (<i>ciprofloxacin hydrochloride ophthalmic solution</i>)	1	*
<i>ciprofloxacin hydrochloride ophthalmic solution</i>	1	†
LACRISERT	2	
NATACYN SUSPENSION	2	
<i>neomycin /polymyxin /gramicidin solution</i>	1	†
OCUFLOX SOLUTION (<i>ofloxacin solution</i>)	1	*
<i>ofloxacin solution</i>	1	†
<i>polymyxin b sulfate/trimethoprim sulfate solution</i>	1	†
RESTASIS	3	PA
<i>trifluridine solution</i>	1	†
VIROPTIC SOLUTION (<i>trifluridine solution</i>)	1	*
Ophthalmic Anti-allergy Agents		
ALOCRIAL SOLUTION	2	
ALOMIDE SOLUTION	2	
CROLOM SOLUTION (<i>cromolyn sodium solution</i>)	1	*

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Drug Name	Drug Tier	Requirements/ Limits
<i>cromolyn sodium solution</i>	1	†
ELESTAT OPHTHALMIC SOLUTION	2	
PATANOL SOLUTION	2	
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P SOLUTION	2	
AZOPT SUSPENSION	2	
BETAGAN SOLUTION (<i>levobunolol hydrochloride solution</i>)	1	*
BETAXOLOL HYDROCHLORIDE SOLUTION	2	
BETOPTIC-S SUSPENSION	2	
<i>carteolol hydrochloride solution</i>	1	†
COMBIGAN OPHTHALMIC SOLUTION	3	
COSOPT SOLUTION (<i>dorzolamide ophthalmic solution</i>)	3	*
<i>dipivefrin hydrochloride solution</i>	1	†
<i>dorzolamide ophthalmic solution</i>	1	†
<i>dorzolamide/timolol ophthalmic solution</i>	3	
<i>levobunolol hydrochloride solution</i>	1	†
<i>methazolamide tablet</i>	1	†
<i>metipranolol solution</i>	1	†
PHOSPHOLINE IODIDE SOLUTION	2	
<i>timolol maleate solution</i>	1	†
TIMOPTIC SOLUTION (<i>timolol maleate solution</i>)	1	*
TRUSOPT SOLUTION (<i>dorzolamide ophthalmic solution</i>)	2	
Ophthalmic Anti-inflammatories		
ACULAR LS SOLUTION	2	
ACULAR PF SOLUTION	2	
ACULAR SOLUTION	2	
ALREX SUSPENSION	2	
BLEPHAMIDE S.O.P. OINTMENT	2	
BLEPHAMIDE SUSPENSION	2	
CORTISPORIN OPHTHALMIC SUSPENSION (<i>hydrocortisone/ neomycin sulfate/ polymyxin b sulfate ophthalmic suspension</i>)	1	*
<i>diclofenac sodium solution</i>	1	†
<i>fluorometholone suspension</i>	1	†
<i>flurbiprofen sodium solution</i>	1	†
FML FORTE SUSPENSION	2	
FML S.O.P. OINTMENT	2	
LOTEMAX SUSPENSION	2	
<i>neomycin /polymyxin /bacitracin /hydrocortisone ointment</i>	1	†
<i>neomycin /polymyxin /dexamethasone ointment</i>	1	†
<i>neomycin /polymyxin /dexamethasone suspension</i>	1	†
<i>neomycin /polymyxin /hydrocortisone ophthalmic suspension</i>	1	†
PRED FORTE SUSPENSION (<i>prednisolone acetate suspension</i>)	1	*
<i>prednisolone acetate suspension</i>	1	†

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Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone sodium phosphate solution</i>	1	†
TOBRADEX OINTMENT	2	
TOBRADEX SUSPENSION	2	
VOLTAREN SOLUTION (<i>diclofenac sodium solution</i>)	1	*
Ophthalmic Prostaglandin and Prostanoid Analogs		
LUMIGAN SOLUTION	2	
TRAVATAN SOLUTION	3	
XALATAN SOLUTION	2	
Otic Agents		
Otic Agents		
<i>acetic acid/hydrocortisone otic solution</i>	1	†
CIPRO HC SUSPENSION	3	
CIPRODEX SUSPENSION	2	
CORTISPORIN OTIC SOLUTION (<i>hydrocortisone/ neomycin sulfate/ polymyxin b sulfate otic solution</i>)	1	*
CORTISPORIN OTIC SUSPENSION (<i>hydrocortisone/ neomycin sulfate/ polymyxin b sulfate otic suspension</i>)	3	
DERMOTIC	2	
FLOXIN OTIC SOLUTION	2	
<i>neomycin /polymyxin /hydrocortisone otic solution</i>	1	†
Respiratory Tract Agents		
Antihistamines		
ALLEGRA TABLET (<i>fexofenadine hydrochloride tablet</i>)	1	*
ASTELIN SOLUTION	2	
ASTEPRO SOLUTION	2	
<i>cyproheptadine hydrochloride syrup</i>	1	†
<i>cyproheptadine hydrochloride tablet</i>	1	†
<i>fexofenadine hydrochloride tablet</i>	1	†
<i>hydroxyzine hydrochloride solution</i>	1	†
<i>hydroxyzine hydrochloride syrup</i>	1	†
<i>hydroxyzine hydrochloride tablet</i>	1	†
<i>hydroxyzine pamoate capsule</i>	1	†
VISTARIL CAPSULE (<i>hydroxyzine pamoate capsule</i>)	1	*
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	2	ST QL
ADVAIR HFA INHALER	2	ST QL
AEROBID INHALER	3	
AEROBID-M INHALER	3	
ASMANEX 120 METERED DOSES	2	
ASMANEX 60 METERED DOSES	2	
AZMACORT INHALER	3	
FLOXINASE SUSPENSION (<i>fluticasone propionate suspension</i>)	1	*
FLOVENT HFA INHALER	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>flunisolide solution</i>	1	†
<i>fluticasone propionate suspension</i>	1	†
NASACORT AQ INHALER	3	ST
NASAREL SOLUTION	2	
NASONEX SUSPENSION	2	ST
PULMICORT FLEXHALER INHALER	2	
PULMICORT SUSPENSION	2	B
QVAR INHALER	2	
RHINOCORT AQUA SUSPENSION	3	ST
SYMBICORT INHALER	2	ST QL
Antileukotrienes		
ACCOLATE TABLET	2	
SINGULAIR CHEWABLE	2	PA ST
SINGULAIR PACK	2	PA ST
SINGULAIR TABLET	2	PA ST
ZYFLO CR TABLET	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALER	2	
ATROVENT SOLUTION (<i>ipratropium bromide solution</i>)	1	*
<i>ipratropium bromide solution</i>	1	†
SPIRIVA HANDIHALER CAPSULE	2	
Bronchodilators, Phosphodiesterase Inhibitors Xanthines		
<i>aminophylline solution</i>	1	†
<i>aminophylline tablet</i>	1	†
ELIXOPHYLLIN ELIXIR	3	
<i>theophylline er tablet</i>	1	†
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er tablet</i>	1	†
<i>albuterol sulfate nebulizer solution</i>	1	† B
<i>albuterol sulfate syrup</i>	1	†
<i>albuterol sulfate tablet</i>	1	†
ALUPENT INHALER	2	
COMBIVENT INHALER	2	
<i>epinephrine hydrochloride solution</i>	1	†
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
FORADIL AEROLIZER CAPSULE	2	
MAXAIR AUTOHALER	2	
<i>metaproterenol sulfate nebulizer solution</i>	1	† B
<i>metaproterenol sulfate syrup</i>	1	†
<i>metaproterenol sulfate tablet</i>	1	†
PROAIR HFA INHALER	2	
SEREVENT DISKUS	3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>terbutaline sulfate solution</i>	1	†
<i>terbutaline sulfate tablet</i>	1	†
VENTOLIN HFA INHALER	2	
VOSPIRE ER TABLET	2	
Mast Cell Stabilizers		
<i>cromolyn sodium nebulizer solution</i>	1	† B
INTAL INHALER INHALER	2	
INTAL NEBULIZER SOLUTION (<i>cromolyn sodium nebulizer solution</i>)	1	B *
Pulmonary Antihypertensives		
REVATIO TABLET	4	PA QL
TRACLEER TABLET	4	
Respiratory Tract Agents, Other		
<i>acetylcysteine nebulizer solution</i>	1	† B
ARALAST SOLUTION	4	B
PROLASTIN SOLUTION	4	B
PROLASTIN SUSPENSION	4	B
XOLAIR SOLUTION	4	PA
Sedatives/Hypnotics		
Sedatives/Hypnotics		
AMBIEN TABLET (<i>zolpidem tartrate tablet</i>)	1	QL *
SONATA CAPSULE (<i>zaleplon capsule</i>)	1	QL *
<i>zaleplon capsule</i>	1	QL †
<i>zolpidem tartrate tablet</i>	1	QL †
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen tablet</i>	1	†
<i>carisoprodol /aspirin /codeine tablet</i>	1	†
<i>carisoprodol tablet</i>	1	†
<i>carisoprodol/aspirin tablet</i>	1	†
<i>chlorzoxazone tablet</i>	1	†
<i>cyclobenzaprine hydrochloride tablet</i>	1	†
FLEXERIL TABLET (<i>cyclobenzaprine hydrochloride tablet</i>)	1	*
<i>methocarbamol tablet</i>	1	†
NORFLEX SOLUTION (<i>orphenadrine citrate solution</i>)	1	*
<i>orphenadrine citrate er tablet</i>	1	†
<i>orphenadrine citrate solution</i>	1	†
<i>orphenadrinelasal/caff tablet</i>	1	†
ROBAXIN TABLET (<i>methocarbamol tablet</i>)	1	*
ROBAXIN-750 TABLET (<i>methocarbamol tablet</i>)	1	*
SOMA COMPOUND TABLET (<i>aspirin/ carisoprodol tablet</i>)	1	*
SOMA COMPOUND/CODEINE TABLET (<i>aspirin/ carisoprodol/ codeine phosphate tablet</i>)	1	*
SOMA TABLET (<i>carisoprodol tablet</i>)	1	*
<i>tizanidine hydrochloride tablet</i>	1	†

QL=Quantity Limit ST=Step Therapy PA=Prior Authorization B=Medicare Part B Drug

† We provide coverage for this prescription drug in the coverage gap for specific plans. Please refer to our Summary of Benefits for more information about this coverage.

* If the member or practitioner requests the brand name in place of the generic, the member will be responsible for the appropriate tier co-payment plus the difference in cost (if any) between the generic and brand drug.

Drug Name	Drug Tier	Requirements/ Limits
ZANAFLEX TABLET (<i>tizanidine hydrochloride tablet</i>)	1	*
Therapeutic Nutrients/Minerals/ Electrolytes		
Electrolytes/Minerals		
AMINOSYN II 3.5/DEXTROSE 25% SOLUTION	3	
AMINOSYN II 4.25/DEXTROSE25% SOLUTION	3	
<i>dextrose 10% flex container solution</i>	1	†
<i>dextrose 10%/sodium chloride 0.2% solution</i>	1	†
<i>dextrose 2.5%/sodium chloride 0.45% solution</i>	1	†
<i>dextrose 2.5%/sodium chloride 0.45% solution</i>	1	†
<i>dextrose 5% solution</i>	1	†
<i>dextrose 5%/lactated ringer's solution</i>	1	†
<i>dextrose 5%/sodium chloride 0.2% solution</i>	1	†
<i>dextrose 5%/sodium chloride 0.33% solution</i>	1	†
<i>dextrose 5%/sodium chloride 0.45% solution</i>	1	†
<i>dextrose 5%/sodium chloride 0.9% solution</i>	1	†
INTRALIPID 1.7%/30%	2	
<i>intralipid 2.25%/10% and 2.25%/30%</i>	1	†
<i>intralipid 2.25%/1.2%/20%</i>	1	†
<i>klor-con 10 tablet</i>	1	†
<i>klor-con 8 tablet</i>	1	†
<i>klor-con m10 tablet</i>	1	†
KLOR-CON M15 TABLET (<i>potassium chloride tablet</i>)	1	*
<i>klor-con m20 tablet</i>	1	†
K-TABS TABLET (<i>potassium chloride tablet</i>)	1	*
<i>lactated ringer's irrigation solution</i>	1	†
<i>lactated ringer's viaflex solution</i>	1	†
MICRO-K CAPSULE (<i>potassium chloride er capsule</i>)	1	*
<i>potassium chloride cr tablet</i>	1	†
<i>potassium chloride er capsule</i>	1	†
<i>potassium chloride er tablet</i>	1	†
<i>potassium chloride solution</i>	1	†
<i>potassium citrate extended-release tablet</i>	1	†
<i>sodium bicarbonate solution</i>	1	†
<i>sodium chloride 0.9% solution</i>	1	†
<i>sodium chloride solution 3%, 5%, and 2.5 mEq</i>	1	†
<i>sodium fluoride tablet</i>	1	†
<i>tpn electrolytes fiv solution</i>	1	†
Vitamins		
<i>prenatal vitamin tablet (prescription and generic only)</i>	1	†

QL=Quantity Limit ST=Step Therapy PA=Prior Authorization B=Medicare Part B Drug

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* If the member or practitioner requests the brand name in place of the generic, the member will be responsible for the appropriate tier co-payment plus the difference in cost (if any) between the generic and brand drug.

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ABILIFY DISCMELT TABLET	22, 25	ADVICOR TABLET	31
ABILIFY SOLUTION.....	22	AEROBID INHALER.....	49
ABILIFY TABLET	22, 25	AEROBID-M INHALER.....	49
acarbose tablet.....	26	AGGRENEX CAPSULE	28
ACCOLATE TABLET.....	50	AGRYLIN CAPSULE.....	47
ACCU-CHEK TEST STRIPS	47	albuterol sulfate er tablet	50
ACCUPRIL TABLET	32	albuterol sulfate nebulizer solution	50
ACCURETIC TABLET.....	32	albuterol sulfate syrup	50
acebutolol hydrochloride capsule.....	29, 30	albuterol sulfate tablet	50
acetaminophen/codeine #2 tablet.....	7	alclometasone dipropionate cream.....	39
acetaminophen/codeine #3 tablet.....	7	alclometasone dipropionate ointment.....	39
acetaminophen/codeine #4 tablet.....	7	ALCOHOL PREPS	47
acetaminophen/ codeine phosphate tablet	8	ALDACTAZIDE TABLET	32
acetaminophen/codeine solution	7	ALDACTONE TABLET	32
acetaminophen/ hydrocodone bitartrate tablet	7, 8	ALDARA CREAM	34
acetaminophen/hydrocodone bitartrate tablet	7	ALDURAZYME SOLUTION	35
acetaminophen/ oxycodone hydrochloride capsule	8	alendronate sodium tablet 5 mg and 10 mg.....	46, 47
acetaminophen/ oxycodone hydrochloride tablet.....	8	alendronate sodium tablet 35 mg, 40 mg, and 70 mg..	46, 47
acetaminophen/ pentazocine hydrochloride tablet.....	8	ALKERAN SOLUTION	19
acetaminophen/ propoxyphene napsylate tablet.....	7	ALLEGRA TABLET	49
acetazolamide tablet	31	allopurinol tablet.....	17
acetic acid/hydrocortisone otic solution.....	49	ALOCRIAL SOLUTION	47
acetylcysteine nebulizer solution.....	51	ALOMIDE SOLUTION.....	47
ACIPHEN TABLET	38	ALPHAGAN P SOLUTION.....	48
ACTHIB SOLUTION	45	ALREX SUSPENSION	48
ACTIMMUNE SOLUTION	45	ALUPENT INHALER	50
ACTIVELLA TABLET	41	amantadine hydrochloride capsule.....	21
ACTONEL TABLET 5 MG	46	amantadine hydrochloride tablet.....	21
ACTONEL TABLET 30 MG, 35 MG, 75 MG, AND 150 MG	46	AMARYL TABLET.....	26
ACTONEL WITH CALCIUM TABLET	46	AMBIEN TABLET	51
ACTOPLUS MET TABLET	26	amcinonide cream	39
ACTOPLUS_MET TABLET	26	amcinonide ointment	39
ACTOS TABLET	26	amikacin sulfate solution	8
ACULAR LS SOLUTION	48	AMIKIN SOLUTION	8
ACULAR PF SOLUTION	48	amiloride hydrochloride tablet.....	31
ACULAR SOLUTION	48	amiloride /hydrochlorothiazide tablet.....	31
acyclovir capsule.....	23	aminophylline solution.....	50
acyclovir sodium solution	23	aminophylline tablet.....	50
acyclovir suspension	23, 24	AMINOSYN II 3.5/DEXTROSE 25% SOLUTION.....	52
acyclovir tablet	23, 24	AMINOSYN II 4.25/DEXTROSE25% SOLUTION ...	52
ADACEL SUSPENSION	45	amiodarone hydrochloride solution	29
ADAGEN SOLUTION	35	amiodarone hydrochloride tablet.....	29
ADDERALL TABLET.....	33	amitriptyline hydrochloride/ perphenazine tablet	15
ADDERALL XR CAPSULE.....	34	amitriptyline hydrochloride tablet	15
ADVAIR DISKUS	49	amlodipine besylate/ benazepril hydrochloride capsule	33
ADVAIR HFA INHALER.....	49	amlodipine besylate/benazepril hydrochloride capsule	32
		amlodipine besylate tablet	30
		ammonium lactate lotion	34
		amoxapine tablet	15

amoxicillin capsule	10	ATROVENT HFA INHALER	50
amoxicillin chewable	10	ATROVENT SOLUTION	50
amoxicillin/clavulanate potassium chewable	11	ATTENUVAX INJECTION	45
amoxicillin/clavulanate potassium suspension.....	11	augmented betamethasone dipropionate cream	39, 40
amoxicillin/ clavulanic acid chewable	11	augmented betamethasone dipropionate gel	39
amoxicillin/ clavulanic acid suspension.....	11	augmented betamethasone dipropionate lotion	39, 40
amoxicillin/ clavulanic acid tablet.....	11	augmented betamethasone dipropionate ointment	39, 40
amoxicillin suspension.....	11	AUGMENTIN CHEWABLE.....	11
amoxicillin tablet.....	11	AUGMENTIN SUSPENSION.....	11
AMOXIL SUSPENSION	11	AUGMENTIN TABLET.....	11
amphetamine salt combination tablet.....	33, 34	AVALIDE TABLET	32
amphotericin b solution	16	AVANDAMET TABLET.....	26
ampicillin capsule.....	11	AVANDIA TABLET	26
ampicillin sodium solution.....	11	AVAPRO TABLET	32
ampicillin suspension	11	AVELOX ABC PACK TABLET.....	11
ANADROL-50 TABLET.....	41	AVELOX TABLET	11
ANAFRANIL CAPSULE.....	15	aviane tablet	42
anagrelide hydrochloride capsule	47	AVINZA CAPSULE	7
ANCOBON CAPSULE	16	AVODART CAPSULE.....	38
ANDRODERM PATCH.....	41	AVONEX.....	45
ANDROGEL GEL	41	AXID CAPSULE	37
ANDROGEL PUMP GEL	41	AZACTAM SOLUTION	10
ANTABUSE TABLET	16	azathioprine tablet.....	44
ANTIZOL SOLUTION.....	15	AZELEX CREAM	34
apri tablet.....	42	azithromycin dihydrate solution	11
APTIVUS CAPSULE	25	azithromycin solution.....	11
ARALAST SOLUTION	51	azithromycin tablet.....	11
ARAVA TABLET	45	AZMACORT INHALER.....	49
ARICEPT TABLET	14	AZOPT SUSPENSION	48
ARIMIDEX TABLET.....	20	AZULFIDINE TABLET.....	46
ARIXTRA SOLUTION	28	B	
AROMASIN TABLET.....	20	bacitracin ointment	47
ASACOL TABLET	46	bacitracin/polymyxin b ointment	47
ASMANEX 60 METERED DOSES	49	baclofen tablet.....	23, 51
ASMANEX 120 METERED DOSES	49	BACTRIM DS TABLET	12
aspirin/ carisoprodol/ codeine phosphate tablet	51	BACTRIM TABLET	12
aspirin/ carisoprodol tablet.....	51	BACTROBAN CREAM.....	9
ASTELIN SOLUTION.....	49	BACTROBAN NASAL OINTMENT	9
ASTEPRO SOLUTION.....	49	BARACLUDE SOLUTION.....	23
ATACAND HCT TABLET	32	BARACLUDE TABLET	23
ATACAND TABLET.....	32	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G	
atenolol/ chlorthalidone tablet.....	30	X 1/2.....	47
atenolol/chlorthalidone tablet.....	29	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G	
atenolol tablet	29, 30	X 5/16.....	47
ATRIPLA TABLET.....	24	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G	
atropine sulfate/ diphenoxylate hydrochloride liquid	37	X 1/2.....	47
atropine sulfate/ diphenoxylate hydrochloride tablet.....	37	BD INSULIN SYRINGE ULTRAFINE/1ML/31G	
atropine sulfate solution	37	X 5/16.....	47

benazepril hydrochloride/ hydrochlorothiazide tablet	33	BUSPAR TABLET	25
benazepril hydrochloride/hydrochlorothiazide tablet	32	bupirone hydrochloride tablet	25
benazepril hydrochloride tablet.....	32, 33	BUSULFEX SOLUTION	19
BENICAR HCT TABLET	32	BYETTA SOLUTION	26
BENICAR TABLET	32	C	
BENTYL CAPSULE	37	cabergoline tablet	43
BENTYL SOLUTION.....	37	CAFERGOT TABLET	18
BENTYL SYRUP.....	37	caffeine/ ergotamine tartrate tablet	18
BENTYL TABLET	37	CALAN TABLET	30
BENZAACLIN GEL.....	34	calcipotriene solution	34
BENZAMYCIN GEL.....	34	calcitonin-salmon solution	46, 47
benzoyl peroxide/ erythromycin gel.....	34	calcitriol capsule.....	46, 47
benztropine mesylate tablet	21	calcitriol solution.....	46, 47
BETAGAN SOLUTION.....	48	calcium acetate capsule.....	39
betamethasone dipropionate/ clotrimazole cream	17	CAMPATH SOLUTION	20
betamethasone dipropionate/ clotrimazole lotion	17	CAMPRAL TABLET	16
betamethasone dipropionate cream	39	CANASA SUPPOSITORY	46
betamethasone dipropionate lotion	39	CAPOTEN TABLET.....	32
betamethasone dipropionate ointment	39	CAPOZIDE TABLET	32
betamethasone valerate cream.....	39	captopril /hydrochlorothiazide tablet.....	32
betamethasone valerate lotion.....	39	captopril/ hydrochlorothiazide tablet.....	32
betamethasone valerate ointment.....	39	captopril tablet	32
BETAPACE AF TABLET	29	CARAC CREAM.....	34
BETAPACE TABLET	29	CARAFATE SUSPENSION.....	38
BETASERON SOLUTION	45	CARAFATE TABLET.....	38
BETAXOLOL HYDROCHLORIDE SOLUTION	48	carbamazepine chewable.....	13
BETOPTIC-S SUSPENSION.....	48	carbamazepine suspension	13
BIAXIN SUSPENSION	11	carbamazepine tablet	13
BIAXIN TABLET	11	CARBATROL CAPSULE.....	13
BIAXIN XL TABLET	11	carbidopa anhydrous/ levodopa er tablet.....	22
BICILLIN C-R SUSPENSION	11	carbidopa anhydrous/ levodopa tablet	22
bisoprolol fumarate/hydrochlorothiazide tablet	29	carbidopa/levodopa er tablet.....	21
bisoprolol fumarate tablet.....	29	carbidopa/levodopa tablet.....	21
BLENOXANE SOLUTION	20	CARDENE SR CAPSULE	30
bleomycin sulfate solution	20	CARDIZEM CD CAPSULE.....	30
BLEPHAMIDE S.O.P. OINTMENT.....	48	CARDIZEM TABLET	29, 30
BLEPHAMIDE SUSPENSION	48	CARDURA TABLET	28, 38
BOOSTRIX SUSPENSION.....	45	CARIMUNE NANOFILTERED SOLUTION	44
bromocriptine mesylate capsule.....	21	carisoprodol /aspirin /codeine tablet.....	51
bromocriptine mesylate tablet	21	carisoprodol/aspirin tablet	51
bumetanide solution.....	31	carisoprodol tablet.....	51
bumetanide tablet.....	31	carteolol hydrochloride solution	48
BUMEX TABLET	31	cartia xt capsule	30
BUPHENYL TABLET.....	35	carvedilol tablet	29
BUPRENEX SOLUTION	16	CASODEX TABLET.....	43
buprenorphine hydrochloride solution	16	CATAFLAM TABLET	18
bupropion hydrochloride sr tablet	14	CATAPRES TABLET	28
bupropion hydrochloride tablet.....	14, 16	CATAPRES-TTS-1 PATCH	28
bupropion hydrochloride xl tablet	14		

CATAPRES-TTS-2 PATCH	28	cholestyramine light powder.....	31
CATAPRES-TTS-3 PATCH	28	cholestyramine pack.....	31, 32
CEENU CAPSULE.....	19	cholestyramine powder.....	31, 32
cefaclor capsule.....	10	ciclopirox nail lacquer solution.....	16, 17
cefaclor er tablet.....	10	cilostazol tablet.....	28
cefaclor suspension.....	10	CILOXAN OINTMENT.....	47
cefadroxil capsule.....	10	CILOXAN SOLUTION.....	47
cefadroxil suspension.....	10	cimetidine tablet.....	37
cefadroxil tablet.....	10	CIPRODEX SUSPENSION.....	49
cefazolin sodium solution.....	10	ciprofloxacin hydrochloride ophthalmic solution.....	47
cefepime hydrochloride solution 1 gm and 2 gm.....	10	ciprofloxacin hydrochloride solution.....	12
cefepime solution 1 gm and 2 gm.....	10	ciprofloxacin hydrochloride tablet.....	12
cefotaxime sodium solution.....	10	CIPRO HC SUSPENSION.....	49
cefopodoxime proxetil tablet.....	10	CIPRO I.V. SOLUTION.....	12
cefprozil suspension.....	10	CIPRO SUSPENSION.....	12
cefprozil tablet.....	10	CIPRO TABLET.....	12
CEFTIN SUSPENSION.....	10	citalopram hydrobromide solution.....	14
CEFTIN TABLET.....	10	citalopram hydrobromide tablet.....	14
ceftriaxone sodium solution.....	10	cladribine solution.....	19, 20
cefuroxime axetil suspension.....	10	CLAFORAN SOLUTION.....	10
cefuroxime axetil tablet.....	10	clarithromycin suspension.....	11
cefuroxime sodium solution.....	10	clarithromycin tablet.....	11
CEFZIL SUSPENSION.....	10	CLEOCIN CAPSULE.....	9
CEFZIL TABLET.....	10	CLEOCIN GALAXY SOLUTION.....	9
CELEBREX CAPSULE.....	18	CLEOCIN PEDIATRIC SOLUTION.....	9
CELEXA SOLUTION.....	14	CLIMARA PATCH.....	42
CELEXA TABLET.....	14	clindamycin hydrochloride capsule.....	9
CELLCEPT CAPSULE.....	44	clindamycin phosphate solution.....	34
CELLCEPT INTRAVENOUS SOLUTION.....	44	CLINORIL TABLET.....	18
CELLCEPT SUSPENSION.....	44	clobetasol propionate cream.....	39, 41
CELLCEPT TABLET.....	44	clobetasol propionate e cream.....	39
CELONTIN CAPSULE.....	12	clobetasol propionate gel.....	39, 41
CENESTIN TABLET.....	42	clobetasol propionate ointment.....	39, 41
cephalexin capsule.....	10	clobetasol propionate solution.....	39, 41
cephalexin suspension.....	10	clomipramine hydrochloride capsule.....	15
CEREBYX SOLUTION.....	13	clonidine hydrochloride tablet.....	28
CEREDASE SOLUTION.....	35	CLORPRES TABLET.....	28
CEREZYME SOLUTION.....	35	clotrimazole/betamethasone dipropionate cream.....	17
CHANTIX TABLET.....	16	clotrimazole/betamethasone dipropionate lotion.....	17
chloramphenicol sodium succinate solution.....	9	clotrimazole troche.....	16
chlorhexidine gluconate solution.....	34	clozapine tablet.....	22
chloroquine phosphate tablet.....	21	CLOZARIL TABLET.....	22
chlorothiazide tablet.....	31	COGNEX CAPSULE.....	14
chlorpromazine hydrochloride solution.....	22	colchicine tablet.....	17
chlorpromazine hydrochloride tablet.....	22	COLESTID.....	31
chlorpropamide tablet.....	26	COLESTID FLAVORED.....	31
chlorthalidone tablet.....	31	COLESTID FLAVORED PACK.....	31
chlorzoxazone tablet.....	51	COLESTID PACK.....	31
cholestyramine light pack.....	31	COLESTID TABLET.....	31

colistimethate sodium solution.....	9
COLYTE SOLUTION.....	37
COMBIGAN OPHTHALMIC SOLUTION.....	48
COMBIPATCH PATCH.....	42
COMBIVENT INHALER.....	50
COMBIVIR TABLET.....	24
COMTAN TABLET.....	21
COMVAX SUSPENSION.....	45
CONCERTA TABLET.....	34
constulose solution.....	37
COPAXONE.....	45
COREG TABLET.....	29
cortisone acetate tablet.....	39
CORTISPORIN OINTMENT.....	9
CORTISPORIN OPHTHALMIC SUSPENSION.....	48
CORTISPORIN OTIC SOLUTION.....	49
CORTISPORIN OTIC SUSPENSION.....	49
COSOPT SOLUTION.....	48
COUMADIN TABLET.....	28
CREON 5 CAPSULE.....	35
CREON 10 CAPSULE.....	35
CREON 20 CAPSULE.....	35
CRESTOR TABLET.....	31
CRIVAN CAPSULE.....	25
CROLOM SOLUTION.....	47
cromolyn sodium nebulizer solution.....	51
cromolyn sodium solution.....	47, 48
CUBICIN SOLUTION.....	9
CUPRIMINE CAPSULE.....	15
CURITY GAUZE PADS 2.....	47
cyclobenzaprine hydrochloride tablet.....	51
cyclophosphamide solution.....	20
cyclophosphamide tablet.....	20
cyclosporine capsule.....	44
cyclosporine modified capsule.....	44
cyclosporine modified solution.....	44
cyclosporine solution.....	44
CYKLOKAPRON SOLUTION.....	28
CYMBALTA CAPSULE.....	14
cyproheptadine hydrochloride syrup.....	49
cyproheptadine hydrochloride tablet.....	49
CYSTADANE POWDER.....	35
CYSTAGON CAPSULE.....	35
CYTOMEL TABLET.....	43
CYTOTEC TABLET.....	38
CYTOVENE SOLUTION.....	23
CYTOXAN SOLUTION.....	20
CYTOXAN TABLET.....	20

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danazol capsule.....	41
dapsone tablet.....	19
DAPTACEL SUSPENSION.....	45
DARAPRIM TABLET.....	21
DARVOCET-N 100 TABLET.....	7
DARVON CAPSULE.....	7
DAYPRO TABLET.....	18
DDAVP SOLUTION.....	41
DDAVP TABLET.....	41
DEMADEX TABLET.....	31
demeclocycline hydrochloride tablet.....	12
DEPAACON SOLUTION.....	12
DEPAKENE CAPSULE.....	12
DEPAKENE SYRUP.....	12
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desmopressin acetate solution.....	41
desmopressin acetate tablet.....	41
desonide cream.....	39
desonide lotion.....	39
desonide ointment.....	39
DESOWEN CREAM.....	39
DESOWEN LOTION.....	39
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dexamethasone elixir.....	39
dexamethasone liquid.....	39
dexamethasone solution.....	40
dexamethasone tablet.....	40
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dextroamphetamine sulfate capsule.....	34
dextroamphetamine sulfate tablet.....	34
dextrose 2.5%/sodium chloride 0.45% solution.....	52
dextrose 5%/lactated ringer's solution.....	52
dextrose 5%/sodium chloride 0.2% solution.....	52
dextrose 5%/sodium chloride 0.9% solution.....	52
dextrose 5%/sodium chloride 0.33% solution.....	52
dextrose 5%/sodium chloride 0.45% solution.....	52
dextrose 5% solution.....	52

dextrose 10% flex container solution	52	disopyramide phosphate capsule.....	29
dextrose 10%/sodium chloride 0.2% solution	52	DITROPAN SYRUP	38
diclofenac potassium tablet.....	18	DITROPAN TABLET	38
diclofenac sodium dr tablet	18	DITROPAN XL TABLET	38
diclofenac sodium ec tablet.....	18	DIURIL SUSPENSION	31
diclofenac sodium er tablet.....	18	divalproex sodium tablet	12, 18, 19, 25, 58
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diclofenac sodium tablet.....	18	dorzolamide ophthalmic solution	48
dicloxacillin sodium capsule	11	dorzolamide/timolol ophthalmic solution.....	48
dicyclomine hydrochloride capsule	37	DOVONEX CREAM.....	34
dicyclomine hydrochloride solution.....	37	DOVONEX SOLUTION	34
dicyclomine hydrochloride tablet	37	doxazosin mesylate tablet.....	28, 38
didanosine capsule.....	24	doxepin hydrochloride capsule	15, 25
DIDRONEL TABLET	46	doxepin hydrochloride liquid	15
DIFFERIN CREAM.....	34	doxycycline hyclate capsule.....	12, 34
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diflorasone diacetate cream.....	40	doxycycline hyclate tablet	12
diflorasone diacetate ointment.....	40	DUETACT TABLET.....	26
DIFLUCAN IN SODIUM CHLORIDE SOLUTION ..	17	DURAGESIC PATCH	7
DIFLUCAN SUSPENSION	17	DYGASE CAPSULE	35
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dihydroergotamine mesylate solution	18	EFFEXOR TABLET	14
DILACOR XR CAPSULE.....	30	EFFEXOR XR CAPSULE	14
DILANTIN CAPSULE	13	EFUDEX CREAM	34
DILANTIN INFATABS CHEWABLE.....	13	EFUDEX SOLUTION	34
DILANTIN SUSPENSION	13	ELAPRASE SOLUTION	35
DILAUDID-5 LIQUID	7	ELESTAT OPHTHALMIC SOLUTION	48
DILAUDID-HP SOLUTION.....	7	ELIDEL CREAM	35
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diltiazem hydrochloride er capsule.....	29, 30	ELIMITE CREAM.....	21
diltiazem hydrochloride solution	30	ELITEK SOLUTION	19
diltiazem hydrochloride sr capsule	30	ELIXOPHYLLIN ELIXIR.....	50
diltiazem hydrochloride tablet	29, 30	ELLENCES SOLUTION.....	20
DIOVAN HCT TABLET	32	ELOCON CREAM.....	40
DIOVAN TABLET.....	32	ELOCON OINTMENT.....	40
DIPENTUM CAPSULE	46	EMCYT CAPSULE.....	19
diphenoxylate/atropine liquid.....	37	EMEND	16
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DIPROLENE LOTION.....	40	EMTRIVA CAPSULE	24
DIPROLENE OINTMENT	40	EMTRIVA SOLUTION.....	24
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INJECTION	45	enalapril maleate/ hydrochlorothiazide tablet.....	33
dipyridamole tablet	28	enalapril maleate/hydrochlorothiazide tablet.....	33

enalapril maleate tablet.....	33	EXELON SOLUTION	14
ENBREL.....	44	EXJADE TABLET	16
ENBREL SOLUTION	44	F	
ENBREL SURECLICK SOLUTION	44	FABRAZYME SOLUTION	35
ENGERIX-B INJECTION	45	famciclovir tablet.....	23
ENGERIX-B SUSPENSION	45	famotidine solution	37
ENTOCORT EC CAPSULE	46	famotidine tablet	37
ENZYMAX TABLET	35	FAMVIR TABLET	23
epinephrine hydrochloride solution.....	50	FANSIDAR TABLET	21
EPIPEN 2-PAK.....	50	FARESTON TABLET	19
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