



Consolidated Associations of Railroad Employees (CARE) Medicare Prescription Drug Plan (Employer PDP)

2012 Prescription Drug Formulary (List of Covered Drugs)

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

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

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or co-payments/coinsurance may change on January 1, 2012.

informedRx is a Medicare approved Part D sponsor that administers this plan on behalf of **CARE**. This information is available in other formats, such as Braille, audio or large print. Please contact *informedRx* Customer Care at 1-866-443-1095 for additional information.

IMPORTANT NUMBERS:

CARE (Medicare Prescription Drug Plan - Employer PDP)

Hours of Operation: Monday through Friday, 8:00 a.m. to 4:30 p.m. (CST)

(254) 773-1330

1-800-334-1330

TTY / TDD users call 711 for all states

Calls to these numbers are free

www.carehealthplan.com

informedRx (iRx)

1-866-443-1095

TTY / TDD users call: 1-866-443-1094

Hours of Operation: 24 hours a day, 7 days a week

Calls to these numbers are free.

www.myinformedrx.com

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What is the **CARE** Formulary?

A formulary is a list of covered drugs selected by **CARE** 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. **CARE** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **CARE** network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your **CARE** Healthcare Prepayment Plan & Medicare Secondary Plan Benefit Guide for 2011.

Can the Formulary change?

Generally, if you are taking a drug on our 2011 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, 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 January 1, 2012. To get updated information about the drugs covered by **CARE**, please visit our web site at www.carehealthplan.com or to request a copy of the formulary be mailed to you, contact the **CARE** Customer Service Department Monday through Friday, 8:00 a.m. to 4:30 p.m. (CST) at 1-800-334-1330. (TTY / TDD users call 711 for all states). Calls to these numbers are free.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 6. 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 below. 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 41. 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?

CARE 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:** **CARE** requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from **informedRx** before you fill your prescriptions. If you don't get approval, **CARE** may not cover the drug.
- **Quantity Limits:** For certain drugs, **CARE** limits the amount of the drug that **CARE** will cover. For example, **CARE** provides 9 per prescription for Imitrex. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, **CARE** 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, **CARE** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **CARE** 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 6. You can also get more information about the restrictions applied to specific covered drugs by visiting the **informedRx** Web site www.myinformedrx.com.

You can ask **CARE** to make an exception to these restrictions or limits. See the section, "How do I request an exception to the **CARE**'s 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 list of covered drugs, you should first contact **CARE** and ask if your drug is covered. This document includes only a partial list of covered drugs, so **CARE** may cover your drug. If your prescription is not in this partial formulary, please visit our Web site at www.carehealthplan.com or call the **CARE** Customer Service Department Monday through Friday, 8:00 a.m. to 4:30 p.m. (CST) at 1-800-334-1330. (TTY / TDD users call 711 for all states).

If you learn that **CARE** does not cover your drug, you have two options:

- You can ask **informedRx** for a list of similar drugs that are covered by **CARE**. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by **CARE**.
- You can ask **CARE** 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 **CARE** Formulary?

You can ask **CARE** 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, **CARE** limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in our preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, **CARE** 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 prescriber's or 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 prescriber's or 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 allow you to refill your prescription until we have provided you with 91-day transition supply, consistent with dispensing increment, (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.

If you are a current enrollee with a level of care change and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days), while you seek to obtain a formulary exception from the **CARE** Medicare Prescription Drug Plan. If you are in the process of seeking an exception, we will consider allowing continued coverage until a decision is made.

For more information

For more detailed information about your prescription drug coverage, contact **CARE**. If you have questions about your **CARE** Medicare Prescription Drug Plan (Employer PDP), please call the **CARE** Customer Service Department Monday through Friday, 8:00 a.m. to 4:30 p.m. (CST) at 1-800-334-1330. (TTY / TDD users call 711 for all states).

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 users should call 1-877-486-2048 or visit www.medicare.gov.

CARE Medicare Prescription Drug Plan Formulary

The abridged formulary below provides coverage information about some of the drugs covered by the **CARE** Medicare Prescription Drug Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 41. Remember: This is only a partial list of drugs covered by the **CARE** Medicare Prescription Drug Plan. If your prescription is not in this partial formulary, please visit our Web site at www.carehealthplan.com or call the **CARE** Customer Service Department Monday through Friday, 8:00 a.m. to 4:30 p.m. (CST) at 1-800-334-1330. (TTY / TDD users call 711 for all states).

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

The information in the Requirements/Limits column tells you if the **CARE** Medicare Prescription Drug Plan has any special requirements for coverage of your drug.

- **B/D:** This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- **PA:** Prior Authorization. **CARE** Medicare Prescription Drug Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **CARE** Medicare Prescription Drug Plan before you fill your prescriptions. If you don't get approval, **CARE** Medicare Prescription Drug Plan may not cover the drug.
- **QL:** Quantity Limit. For certain drugs, **CARE** Medicare Prescription Drug Plan limits the amount of the drug that **CARE** Medicare Prescription Drug Plan will cover. For example, **CARE** Medicare Prescription Drug Plan provides 9 tablets per prescription for Imitrex. This may be in addition to a standard one-month or three-month supply.
- **ED:** Part D Excluded Drug. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
- **ST:** Step Therapy. In some cases, **CARE** Medicare Prescription Drug Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, **CARE** Medicare Prescription Drug Plan may not cover drug B unless you try Drug A first. If Drug A does not work for you, **CARE** Medicare Prescription Drug Plan will then cover Drug B.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information contact the **informedRx** Customer Care Center at 1-866-443-1095. TTY/TDD users call: 1-866-443-1094. Hours of Operation: 24 hours a day, 7 days a week.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>endodan</i>	1	
<i>ketorolac tromethamine inj 30mg/ml</i>	1	
<i>mefenamic acid</i>	1	
PENNSAID	2	
VOLTAREN	2	
Opioid Analgesics		
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	1	
<i>acetaminophen/codeine</i>	1	
<i>acetaminophen/codeine #3</i>	1	
<i>acetaminophen/codeine #4</i>	1	
ACTIQ	3	
<i>ascomp/codeine</i>	1	
<i>astramorph</i>	1	
<i>buprenorphine hcl</i>	1	
<i>butorphanol tartrate</i>	1	
<i>co-gesic</i>	1	
<i>codeine sulfate</i>	1	
COMBUNOX	3	
DILAUDID-5	2	
DURAGESIC	3	
<i>duramorph</i>	1	
<i>endocet</i>	1	
EXALGO	3	
<i>fentanyl</i>	1	
<i>fentanyl citrate</i>	1	
<i>fentanyl citrate oral transmucosal</i>	1	
FENTORA	3	
FIORICET/CODEINE	3	
<i>hydrocodone bitartrate/acetaminophen</i>	1	
<i>hydrocodone/acetaminophen</i>	1	
<i>hydrocodone/ibuprofen</i>	1	
<i>hydromorphone hcl</i>	1	
<i>infumorph 200</i>	2	
<i>infumorph 500</i>	2	
KADIAN	2	
<i>levorphanol tartrate</i>	1	
LORCET 10/650	3	
LORCET PLUS	3	
LORTAB ELIX	3	
<i>margesic-h</i>	1	
<i>meperidine hcl oral soln, tabs</i>	1	
<i>meperidine hcl inj 10mg/ml, 25mg/ml, 50mg/ml, 75mg/ml</i>	1	
<i>methadone hcl</i>	1	
<i>methadose</i>	1	
<i>morphine sulfate</i>	1	
<i>morphine sulfate er</i>	1	
MS CONTIN	3	

Drug Name	Drug Tier	Requirements/Limits
<i>nalbuphine hcl</i>	1	
ONSOLIS	2	
OPANA	3	
OPANA ER	2	
<i>oxycodone hcl</i>	1	
<i>oxycodone/acetaminophen</i>	1	
<i>oxycodone/aspirin</i>	1	
OXYCONTIN	2	
<i>oxymorphone hydrochloride</i>	1	
<i>panlor ss</i>	1	
<i>pentazocine/acetaminophen</i>	1	
<i>pentazocine/naloxone hcl</i>	1	
PERCOCET TABS 325MG; 10MG, 325MG; 5MG, 325MG; 7.5MG, 500MG; 7.5MG, 650MG; 10MG	3	
<i>reprexain tabs 10mg; 200mg, 5mg; 200mg</i>	1	
ROXICET SOLN	2	
<i>roxicet tabs 325mg; 5mg</i>	1	
<i>stagesic</i>	1	
SUBOXONE	2	
<i>synalgos-dc</i>	1	
<i>tramadol hcl</i>	1	
<i>tramadol hcl er</i>	1	
<i>tramadol hydrochloride/acetaminophen</i>	1	
ULTRACET	3	
VICODIN	3	
VICODIN ES	3	
<i>vicodin hp</i>	1	
<i>zamicet</i>	1	
<i>zerlor</i>	1	
<i>zydone tabs 400mg; 10mg</i>	1	
Anesthetics		
Local Anesthetics		
<i>lidocaine</i>	1	
<i>lidocaine hcl jelly</i>	1	
<i>lidocaine hcl gel, soln</i>	1	
<i>lidocaine/prilocaine</i>	1	
LIDODERM	2	
Anti-inflammatory Agents		
Nonsteroidal Anti-inflammatory Drugs		
ARTHROTEC 50	3	
ARTHROTEC 75	3	
CELEBREX	2	ST
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium ec</i>	1	
<i>diclofenac sodium xr</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>fenoprofen calcium</i>	1	
<i>flurbiprofen</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen</i>	1	
<i>ketoprofen er</i>	1	
<i>ketorolac tromethamine tabs</i>	1	
<i>meclofenamate sodium</i>	1	
<i>meloxicam</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
Antibacterials		
Aminoglycosides		
<i>gentamicin sulfate crea, oint, soln</i>	1	
<i>tobramycin sulfate soln</i>	1	
Antibacterials, Other		
ALTABAX	2	
BACTROBAN NASAL	2	
BACTROBAN CREA	2	
CLEOCIN GALAXY	2	
CLEOCIN SUPP	2	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate</i>	1	
<i>clindamycin phosphate add-vantage</i>	1	
<i>colistimethate sodium</i>	1	
CUBICIN	2	B/D
METROGEL	2	
<i>metronidazole</i>	1	
<i>metronidazole in nacl 0.79%</i>	1	
<i>metronidazole vaginal</i>	1	
<i>mupirocin</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin b sulfates</i>	1	
NEUTREXIN	2	
PYLERA	2	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
SULFAMYLON	2	
<i>thermazene</i>	1	
<i>trimethoprim</i>	1	
TYGACIL	2	
VANCOCIN HCL	2	B/D
VANCOMYCIN HCL INJ 10GM	1	B/D
<i>vancomycin hcl inj 1000mg, 500mg</i>	1	B/D
<i>vandazole</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VIBATIV	2	
XIFAXAN	2	
ZYVOX	2	
Beta-lactam, Cephalosporins		
<i>cefaclor</i>	1	
<i>cefaclor er</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefotaxime sodium</i>	1	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	
<i>ceftriaxone sodium</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cefuroxime/dextrose</i>	2	
<i>cephalexin</i>	1	
FORTAZ	2	
SUPRAX	3	
<i>tazicef</i>	2	
TEFLARO	2	
ZINACEF IN ISO-OSMOTIC DEXTROSE	2	
ZINACEF IN ISO-OSMOTIC DILUENT	2	
ZINACEF INJ 750MG	2	
<i>zinacef inj 7.5gm</i>	1	
Beta-lactam, Other		
AZACTAM IN ISO-OSMOTIC DEXTROSE	2	
<i>aztreonam</i>	1	
<i>meropenem</i>	1	
PRIMAXIN I.M.	2	
PRIMAXIN IV	2	
Beta-lactam, Penicillins		
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin/potassium clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium inj 10gm, 1gm</i>	1	
<i>ampicillin sodium inj 125mg</i>	2	
<i>ampicillin-sulbactam</i>	1	
BICILLIN C-R	2	
BICILLIN L-A	2	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium</i>	1	
NALLPEN/DEXTROSE	2	
<i>penicillin g potassium</i>	1	
<i>penicillin g potassium in iso-osmotic dextrose</i>	2	

Drug Name	Drug Tier	Requirements/Limits
PENICILLIN G PROCAINE	2	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i>	1	
PFIZERPEN-G	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML	2	
ZOSYN INJ 3GM; 0.375GM	3	
Macrolides		
<i>azithromycin</i>	1	
BIAXIN XL	3	
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
<i>e.e.s. 400</i>	1	
E.E.S. GRANULES	2	
<i>ery</i>	1	
ERY-TAB TBEC 500MG	2	
<i>ery-tab tbec 250mg, 333mg</i>	1	
ERYTHROCIN LACTOBIONATE	2	
<i>erythrocin stearate</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin base</i>	2	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin/sulfisoxazole</i>	1	
KETEK	2	
ZITHROMAX SUSR 100MG/5ML	3	
ZMAX	2	
Quinolones		
AVELOX	2	
AVELOX ABC PACK	2	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin extended-release</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>levofloxacin</i>	1	
MOXEZA	2	
<i>ofloxacin tabs</i>	1	
PROQUIN XR	3	
ZYMAR	2	
ZYMAXID	2	
Sulfonamides		
<i>sodium sulfacetamide</i>	1	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfatrim</i>	1	
Tetracyclines		
<i>demeclocycline hcl</i>	1	
DOXYCYCLINE HYCLATE CPEP	3	
<i>doxycycline hyclate caps, inj, tabs, tbec</i>	1	
<i>doxycycline monohydrate tabs 50mg, 75mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl</i>	1	
<i>minocycline hcl er</i>	1	
MONODOX CAPS 75MG	3	
ORACEA	3	
<i>tetracycline hcl</i>	1	
VIBRAMYCIN SYRP	2	
VIBRAMYCIN SUSR	3	
Anticonvulsants		
Anticonvulsants, Other		
BANZEL	2	
KEPPRA	3	
KEPPRA XR	2	
<i>levetiracetam</i>	1	
VIMPAT	2	
Calcium Channel Modifying Agents		
CELONTIN	2	
<i>ethosuximide</i>	1	
LYRICA	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
DEPAKENE CAPS	3	
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>gabapentin</i>	1	
GABITRIL	2	
NEURONTIN	3	
<i>primidone</i>	1	
SABRIL	2	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>zonisamide</i>	1	
Glutamate Reducing Agents		
FELBATOL	2	
LAMICTAL	3	
LAMICTAL CHEWABLE DISPERSIBLE	3	
LAMICTAL ODT	2	
LAMICTAL XR	2	
<i>lamotrigine</i>	1	
<i>topiramate</i>	1	
Sodium Channel Inhibitors		
<i>carbamazepine</i>	1	
<i>carbamazepine er</i>	1	
CARBATROL	2	
DILANTIN INFATABS	2	
DILANTIN CAPS 30MG	2	
<i>epitol</i>	1	
EQUETRO	2	
<i>fosphenytoin sodium</i>	1	
<i>oxcarbazepine</i>	1	
PEGANONE	2	

Drug Name	Drug Tier	Requirements/Limits
PHENYTEK	3	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
TEGRETOL	3	
TEGRETOL-XR TB12 100MG	2	
TEGRETOL-XR TB12 200MG, 400MG	3	
TRILEPTAL SUSP	3	
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates</i>	1	
Cholinesterase Inhibitors		
ARICEPT TABS 23MG	2	
ARICEPT TABS 10MG, 5MG	3	
<i>donepezil hcl</i>	1	
EXELON PT24, SOLN	2	
EXELON CAPS	3	
<i>galantamine hydrobromide</i>	1	
<i>rivastigmine tartrate</i>	1	
Glutamate Pathway Modifiers		
NAMENDA	2	
NAMENDA TITRATION PAK	2	
Antidepressants		
Antidepressants, Other		
<i>budeprion sr</i>	1	
<i>budeprion xl</i>	1	
<i>bupropion hcl</i>	1	
<i>bupropion hcl sr</i>	1	
EFFEXOR	3	
<i>mirtazapine</i>	1	
<i>mirtazapine odt</i>	1	
<i>nefazodone hcl</i>	1	
<i>trazodone hcl</i>	1	
<i>venlafaxine hcl</i>	1	
WELLBUTRIN XL TB24 150MG	3	
Monoamine Oxidase Inhibitors		
EMSAM	3	QL (30 per 30 days) PA
MARPLAN	2	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
Serotonin/ Norepinephrine Reuptake Inhibitors		
<i>citalopram hydrobromide</i>	1	
CYMBALTA	2	
<i>fluoxetine dr</i>	1	
<i>fluoxetine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
LEXAPRO	2	ST
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
PAXIL	3	

Drug Name	Drug Tier	Requirements/Limits
PAXIL CR	3	
PEXEVA	3	
PRISTIQ	2	
PROZAC	3	
SAVELLA	2	
SAVELLA TITRATION PACK	2	
<i>sertraline hcl</i>	1	
SYMBYAX	3	
<i>venlafaxine hcl er cp24</i>	1	
<i>venlafaxine hcl er tb24 150mg, 37.5mg, 75mg</i>	1	
ZOLOFT CONC	3	
ZOLOFT TABS 100MG, 25MG	3	
Tricyclics		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>chlordiazepoxide/amitriptyline</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>maprotiline hcl</i>	1	
<i>nortriptyline hcl</i>	1	
<i>perphenazine/amitriptyline</i>	1	
<i>protriptyline hcl</i>	1	
TOFRANIL-PM	3	
Antidotes, Deterrents, and Toxicologic Agents		
Antidotes		
EXJADE TBSO 125MG	2	
EXJADE TBSO 250MG, 500MG	4	
RELISTOR	2	QL (18 per 30 days) PA
Deterrents		
ANTABUSE	2	
<i>buproban</i>	1	
CAMPRAL	2	
CHANTIX	2	
Toxicologic Agents		
SUBOXONE	2	
Antiemetics		
Antiemetics		
ANZEMET	3	B/D
CESAMET	3	B/D
<i>compro</i>	1	
<i>dronabinol</i>	1	B/D
EMEND	2	B/D
<i>granisetron hcl</i>	1	B/D
<i>hydroxyzine pamoate</i>	1	
KYTRIL	3	B/D
<i>metoclopramide hcl</i>	1	
<i>ondansetron hcl</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron odt</i>	1	B/D
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl</i>	1	
<i>promethegan</i>	1	
<i>reglan inj</i>	1	
SANCUSO	2	B/D
<i>trimethobenzamide hcl inj</i>	1	
ZOFRAN ODT	3	B/D
ZOFRAN SOLN, TABS	3	B/D
ZUPLENZ	2	B/D

Antifungals

Antifungals

<i>ciclopirox</i>	1	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>clotrimazole crea, soln</i>	1	
<i>econazole nitrate</i>	1	
ERTACZO	3	
<i>fluconazole</i>	1	
GYNAZOLE-1	2	
<i>itraconazole</i>	1	
<i>ketoconazole</i>	1	
<i>kuric</i>	1	
<i>mentax</i>	1	
NAFTIN	2	
<i>nystatin/triamcinolone</i>	1	
<i>nystatin crea, oint, powd, tabs</i>	1	
<i>nystop</i>	1	
<i>oxistat lotn</i>	1	
<i>pedi-dri</i>	1	
<i>selenium sulfide</i>	1	
SPORANOX SOLN	2	
<i>terconazole</i>	1	
XOLEGEL	2	
<i>zazole crea 0.4%</i>	1	
<i>zazole supp</i>	1	

Antigout Agents

Antigout Agents

<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	
COLCRYS	2	
<i>probenecid</i>	1	
<i>probenecid/colchicine</i>	1	
ULORIC	2	

Antimigraine Agents

Abortive

Drug Name	Drug Tier	Requirements/Limits
AMERGE	3	ST
AXERT	3	QL (12 per 30 days) ST
IMITREX	3	
IMITREX STATDOSE REFILL	3	
MIGRANAL	3	
ZOMIG	3	ST
ZOMIG ZMT	3	ST
Antimyasthenic Agents		
Parasympathomimetics		
<i>bethanechol chloride</i>	1	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone</i>	2	
Antineoplastics		
Alkylating Agents		
BUSULFEX	2	B/D
CEENU	2	
LEUKERAN	2	
<i>melphalan hydrochloride</i>	1	B/D
<i>thiotepa</i>	1	B/D
Antiestrogens/Modifiers		
EMCYT	2	
<i>tamoxifen citrate</i>	1	
Antimetabolites		
<i>cladribine</i>	1	B/D
DROXIA	2	
<i>fludarabine phosphate</i>	1	B/D
FLUOROURACIL	1	B/D
<i>gemcitabine hcl</i>	1	B/D
<i>hydroxyurea</i>	1	
<i>mercaptopurine</i>	1	
TABLOID	2	
Antineoplastics, Other		
<i>adriamycin</i>	1	B/D
<i>amifostine</i>	1	B/D
<i>bleomycin sulfate</i>	1	B/D
<i>carboplatin</i>	1	B/D
<i>cisplatin</i>	1	B/D
CYCLOPHOSPHAMIDE TABS	1	B/D
<i>cyclophosphamide inj</i>	1	
<i>cytarabine</i>	1	B/D
<i>cytarabine aqueous</i>	1	B/D
<i>dacarbazine</i>	1	B/D
DACOGEN	2	
<i>daunorubicin hcl</i>	1	B/D
DOCETAXEL	2	
DOXIL	2	B/D
<i>doxorubicin hcl</i>	1	B/D
<i>epirubicin hcl</i>	1	B/D
<i>etoposide</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON INJ 80MG	2	B/D
<i>idarubicin hcl</i>	1	B/D
<i>ifosfamide</i>	1	B/D
<i>irinotecan</i>	1	B/D
ISTODAX	2	
<i>mesna</i>	1	B/D
MESNEX TABS	2	
<i>mitomycin</i>	1	B/D
<i>mitoxantrone hcl</i>	1	B/D
<i>oxaliplatin</i>	1	B/D
<i>paclitaxel</i>	1	B/D
<i>pentostatin</i>	1	B/D
<i>toposar</i>	1	B/D
<i>topotecan hcl</i>	1	B/D
TRISENOX	2	B/D
<i>vinblastine sulfate</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i>	1	B/D
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole</i>	1	
<i>exemestane</i>	1	
<i>letrozole</i>	1	
Molecular Target Inhibitors		
SPRYCEL TABS 140MG, 20MG, 50MG, 70MG, 80MG	4	
SUTENT	4	
TARCEVA	4	
Monoclonal Antibodies		
ARZERRA	2	B/D
RITUXAN	2	
Retinoids		
PANRETIN	2	
TARGRETIN	2	
<i>tretinoin</i>	1	
Antiparasitics		
Antiprotozoals		
ALINIA	2	
NEBUPENT	2	B/D
<i>pentam 300</i>	1	
Pediculicides/ Scabicides		
<i>acticin</i>	1	
EURAX	2	
<i>lindane lotn</i>	1	
<i>lindane sham</i>	2	
<i>permethrin</i>	1	
Antiparkinson Agents		
Antiparkinson Agents		
<i>amantadine hcl</i>	1	
APOKYN	2	

Drug Name	Drug Tier	Requirements/Limits
AZILECT	2	
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa cr</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa/levodopa sr</i>	1	
COGENTIN	3	
COMTAN	2	
LODOSYN	2	
MIRAPEX ER	2	
MIRAPEX TABS 0.125MG, 0.25MG, 0.5MG, 1.5MG, 1MG	3	
PARCOPA	3	
<i>pramipexole dihydrochloride</i>	1	
REQUIP XL	2	
<i>ropinirole hcl</i>	1	
<i>selegiline hcl</i>	1	
STALEVO 100	2	
STALEVO 125	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	
<i>trihexyphenidyl hcl</i>	1	
ZELAPAR	2	
Antipsychotics		
<i>Atypicals</i>		
ABILIFY	2	
ABILIFY DISCMELT	2	
<i>clozapine</i>	1	
GEODON	2	
INVEGA	2	
INVEGA SUSTENNA	2	
LATUDA	2	
RISPERDAL CONSTA	2	
RISPERDAL M-TAB	3	
RISPERDAL SOLN	3	
<i>risperidone</i>	1	
<i>risperidone odt</i>	1	
SAPHRIS	2	
SEROQUEL	2	
SEROQUEL XR	2	
SYMBYAX	3	
ZYPREXA	2	
ZYPREXA ZYDIS	2	
<i>Conventional</i>		
<i>chlorpromazine hcl</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>loxapine succinate</i>	1	
NAVANE CAPS 20MG	2	
ORAP	2	
<i>perphenazine</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen</i>	1	
<i>dantrolene sodium</i>	1	
<i>tizanidine hcl</i>	1	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>foscarnet sodium</i>	1	B/D
<i>ganciclovir</i>	1	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors		
SUSTIVA	2	
VIRAMUNE	2	
VIRAMUNE XR	2	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors		
<i>didanosine</i>	1	
EMTRIVA	2	
EPIVIR	2	
EPIVIR HBV	2	
RETROVIR IV INFUSION	2	
<i>stavudine</i>	1	
VIDEX PEDIATRIC	2	
VIREAD	2	
ZIAGEN	2	
<i>zidovudine</i>	1	
Anti-HIV Agents, Other		
ISENTRESS	4	
Anti-HIV Agents, Protease Inhibitors		
CRIXIVAN	2	
KALETRA TABS 100MG; 25MG	2	
LEXIVA SUSP	2	
NORVIR	2	
PREZISTA TABS 150MG, 75MG	2	
REYATAZ	2	
VIRACEPT POWD	2	
Anti-influenza Agents		
<i>amantadine hcl</i>	1	
RELENZA DISKHALER	2	
<i>rimantadine hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU	2	
Antihepatitis Agents		
BARACLUDE	2	
REBETOL SOLN	2	
<i>ribapak tabs 400mg, 600mg</i>	1	
<i>ribasphere</i>	1	
<i>ribavirin</i>	1	
Antitherpetic Agents		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	
DENAVIR	2	
<i>famciclovir</i>	1	
<i>valacyclovir hcl</i>	1	
VALTREX	3	
<i>zovirax caps</i>	1	
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl</i>	1	
<i>meprobamate</i>	1	
Bipolar Agents		
Bipolar Agents		
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium citrate</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose</i>	1	
ACTOPLUS MET	2	
ACTOS	2	
AVANDAMET	2	
AVANDARYL	2	
AVANDIA	2	
<i>chlorpropamide</i>	1	
DUETACT	2	
FORTAMET	3	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin hcl</i>	1	
GLUCOPHAGE	3	
GLUCOPHAGE XR	3	
<i>glumetza</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hcl</i>	1	
GLYCRON TABS 4.5MG	2	
<i>glycron tabs 1.5mg, 3mg, 6mg</i>	1	
JANUMET	2	
JANUVIA	2	
KOMBIGLYZE XR	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
<i>nateglinide</i>	1	
ONGLYZA	2	
PRANDIN	2	
STARLIX	3	
SYMLIN	3	
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	
TRADJENTA	2	
<i>victoza</i>	1	
Glycemic Agents		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	2	
Insulins		
HUMALOG	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 PEN	2	
HUMULIN N	2	
HUMULIN N U-100 PEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
Blood Products/Modifiers/ Volume Expanders		
Anticoagulants		
ARIXTRA	2	
<i>enoxaparin sodium</i>	1	
FRAGMIN	2	
<i>heparin sodium/d5w</i>	1	
<i>heparin sodium/nacl 0.45%</i>	2	
<i>heparin sodium/nacl 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	B/D
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	1	
<i>heparin sodium inj 2000unit/ml, 2500unit/ml</i>	2	
<i>jantoven</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PRADAXA	2	
<i>warfarin sodium</i>	1	
Blood Formation Products		
ARANESP ALBUMIN FREE	2	B/D
EPOGEN	3	B/D
PROCRIT	2	B/D
Platelet Aggregation Inhibitors		
AGGRENOX	2	
<i>cilostazol</i>	1	
<i>dipyridamole</i>	1	
EFFIENT	2	
PLAVIX	2	
<i>ticlopidine hcl</i>	1	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl</i>	1	
<i>guanabenz acetate</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa/hydrochlorothiazide</i>	1	
<i>methyldopa tabs 250mg</i>	1	
Alpha-adrenergic Blocking Agents		
<i>prazosin hcl</i>	1	
<i>reserpine</i>	1	
Antiarrhythmics		
<i>amiodarone hcl</i>	1	
<i>disopyramide phosphate</i>	1	
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NORPACE CR	2	
PACERONE TABS 100MG, 400MG	2	
<i>pacerone tabs 200mg</i>	1	
<i>procainamide hcl</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate</i>	1	
<i>quinidine sulfate er</i>	1	
RYTHMOL SR	3	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>verapamil hcl er</i>	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
BYSTOLIC	2	

Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol</i>	1	
COREG CR	2	
<i>labetalol hcl</i>	1	
<i>levatol</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>nadolol</i>	1	
<i>nadolol/bendroflumethiazide</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol/hydrochlorothiazide</i>	1	
<i>timolol maleate</i>	1	
TOPROL XL	3	
Calcium Channel Blocking Agents		
<i>afeditab cr</i>	1	
<i>amlodipine besylate</i>	1	
<i>amlodipine besylate/benazepril hcl</i>	1	
<i>cartia xt</i>	1	
<i>dilt-cd</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i>	1	
<i>diltiazem hcl er</i>	1	
<i>diltiazem hcl tabs</i>	1	
DILTIAZEM HCL INJ 100MG	2	
<i>diltiazem hcl inj 25mg/5ml</i>	1	
<i>diltzac</i>	1	
EXFORGE HCT	2	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i>	1	
<i>nicardipine hcl caps</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
<i>nisoldipine er</i>	1	
<i>taztia xt</i>	1	
TWYNSTA	2	
<i>verapamil hcl</i>	1	
<i>verapamil hcl er</i>	1	
Cardiovascular Agents, Other		
DEMSER	2	
<i>digoxin</i>	1	
LANOXIN	2	
RANEXA	2	
Diuretics		

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
ACETAZOLAMIDE SODIUM	1	
<i>amiloride hcl</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone</i>	1	
EDECIN	2	
<i>furosemide inj, tabs</i>	1	
<i>furosemide oral soln 10mg/ml</i>	1	
<i>furosemide oral soln 8mg/ml</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>maxzide-25</i>	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
SODIUM EDECIN	2	
<i>torsemide</i>	1	
<i>triamterene/hydrochlorothiazide</i>	1	
<i>zaroxolyn tabs 2.5mg</i>	1	
Dyslipidemics		
ADVICOR	3	
ALTOPREV	3	ST
ANTARA	3	
CADUET	2	
<i>cholestyramine</i>	1	
<i>cholestyramine light powd</i>	1	
COLESTID GRAN	3	
<i>colestipol hcl</i>	1	
CRESTOR TABS 20MG, 40MG	2	
CRESTOR TABS 10MG, 5MG	2	ST
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>gemfibrozil</i>	1	
LIPITOR	2	
<i>lovastatin</i>	1	
LOVAZA	2	
MEVACOR	3	
NIASPAN	2	
<i>pravastatin sodium</i>	1	
<i>prevalite</i>	1	
SIMCOR	2	
<i>simvastatin</i>	1	
TRICOR	2	
TRILIPIX	2	
WELCHOL TABS	2	
ZETIA	2	

Renin-angiotensin-aldosterone System Inhibitors

Drug Name	Drug Tier	Requirements/Limits
ACEON	3	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
AMTURNIDE	2	
ATACAND	3	
ATACAND HCT TABS 16MG; 12.5MG, 32MG; 12.5MG	3	
<i>benazepril hcl</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>captopril</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
DIOVAN	2	
DIOVAN HCT	2	
<i>enalapril maleate</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
EXFORGE	2	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
LOTREL CAPS 10MG; 40MG, 5MG; 40MG	3	
MICARDIS	2	
MICARDIS HCT	2	
<i>moexipril hcl</i>	1	
<i>moexipril/hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1	
PRINIVIL	3	
PRINZIDE	3	
<i>quinapril hcl</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
TARKA TBCR 1MG; 240MG	3	
TEKAMLO	2	
TEKURNA	2	
TEKURNA HCT	2	
TEVETEN	3	ST
TEVETEN HCT	3	ST
<i>trandolapril</i>	1	
VALTURNA	2	
ZESTORETIC	3	
ZESTRIL	3	
Vasodilators		
BIDIL	2	
<i>hydralazine hcl</i>	1	
<i>isochron</i>	1	
<i>isosorbide dinitrate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran pt24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr</i>	1	
<i>minoxidil</i>	1	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	2	
<i>nitroglycerin</i>	1	
<i>nitroglycerin transdermal</i>	1	
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	
Central Nervous System Agents		
Amphetamines, ADHD		
<i>dextroamphetamine sulfate</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
Non-amphetamines, ADHD		
CONCERTA	3	
DAYTRANA	3	
METADATE CD	3	
<i>metadate er</i>	1	
<i>methylin er</i>	1	
METHYLIN CHEW	1	
METHYLIN SOLN	3	
<i>methylin tabs</i>	1	
<i>methylphenidate hcl</i>	1	
<i>methylphenidate hcl sr</i>	1	
RITALIN	3	
RITALIN LA	3	
RITALIN SR	3	
Non-amphetamines, Other		
NUEDEXTA	2	
Dermatological Agents		
Dermatological Agents		
8-MOP	2	
<i>acanya</i>	1	
<i>aczone</i>	1	
<i>adapalene</i>	1	
AMEVIVE	4	
<i>ammonium lactate</i>	1	
<i>amnesteam</i>	1	
<i>avita</i>	1	
AZELEX	2	
<i>calcipotriene</i>	1	
CARAC	2	
<i>claravis</i>	1	
<i>clindamycin phosphate</i>	1	
CONDYLOX	2	
DIFFERIN LOTN	2	
DIFFERIN GEL 0.3%	2	
ELIDEL	3	
<i>erythromycin/benzoyl peroxide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
FINACEA	2	
FLUOROPLEX	2	
<i>fluorouracil</i>	1	
<i>imiquimod</i>	1	
<i>laclotion</i>	1	
<i>podofilox</i>	1	
PROTOPIC	3	
REGRANEX	2	
RETIN-A	3	
RETIN-A MICRO	3	
SANTYL	2	
SOLARAZE	2	
SORIATANE	2	
<i>sotret</i>	1	
TAZORAC	3	
<i>tretinoin</i>	1	
ZIANA	3	
ZONALON	2	
Enzyme Replacements/ Modifiers		
Enzyme Replacements/ Modifiers		
BUPHENYL	2	
CYSTADANE	2	
CYSTAGON	2	
ZAVESCA	2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>atropine sulfate inj 0.1mg/ml</i>	1	
<i>atropine sulfate inj 0.05mg/ml</i>	2	
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i>	1	
<i>methscopolamine bromide</i>	1	
<i>propantheline bromide</i>	1	
Gastrointestinal Agents, Other		
AMITIZA	2	
<i>constulose</i>	1	
<i>enulose</i>	1	
GASTROCROM	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-n/ flavor pack</i>	1	
<i>generlac</i>	1	
<i>lactulose</i>	1	
<i>metoclopramide hcl</i>	1	
<i>polyethylene glycol 3350</i>	1	
<i>trilyte</i>	1	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	
Histamine2 (H2) Blocking Agents		
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine</i>	1	
<i>famotidine premixed</i>	1	
<i>nizatidine</i>	1	
PEPCID SUSR	3	
RANITIDINE HCL INJ	4	
<i>ranitidine hcl caps, syrp, tabs</i>	1	
ZANTAC INJ 50MG/50ML; 0.45%	2	
Irritable Bowel Syndrome Agents		
LOTRONEX	2	
Protectants		
CARAFATE SUSP	2	
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
Proton Pump Inhibitors		
ACIPHEX	3	ST
<i>lansoprazole</i>	1	
<i>lansoprazole odt</i>	1	
NEXIUM	2	
NEXIUM I.V.	2	
<i>omeprazole/sodium bicarbonate</i>	1	
OMEPRAZOLE CPDR 20MG	3	
<i>omeprazole cpdr 10mg, 40mg</i>	1	
<i>pantoprazole sodium</i>	1	
PREVACID	3	
PREVACID SOLUTAB	3	
PRILOSEC CPDR 10MG, 40MG	3	
<i>prilosec cpdr 20mg</i>	1	
ZEGERID PACK	3	ST
ZEGERID CAPS 20MG; 1100MG	2	ST
ZEGERID CAPS 40MG; 1100MG	3	ST
Genitourinary Agents		
Antispasmodics, Urinary		
DETROL	2	
DETROL LA	2	
ENABLEX	2	
<i>flavoxate hcl</i>	1	
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er</i>	1	
OXYTROL	2	
TOVIAZ	2	
<i>trospium chloride</i>	1	
VESICARE	2	
Benign Prostatic Hypertrophy Agents		
AVODART	2	
<i>doxazosin mesylate</i>	1	
<i>finasteride</i>	1	
JALYN	2	
<i>tamsulosin hcl</i>	1	
<i>terazosin hcl</i>	1	
UROXATRAL	2	

Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents, Other		
ELMIRON	2	
<i>urecholine tabs 5mg</i>	1	
VIAGRA	2	QL (8 per 30 days) ED
Phosphate Binders		
<i>calcium acetate</i>	1	
FOSRENOL	2	
RENAGEL	2	
RENVELA	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Glucocorticoids/ Mineralocorticoids		
<i>a-hydrocort</i>	1	
<i>a-methapred</i>	1	
<i>ala cort</i>	1	
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i>	1	
<i>augmented betamethasone dipropionate</i>	1	
<i>beta-val</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
CAPEX	2	
<i>clobetasol propionate</i>	1	
<i>clobetasol propionate e</i>	1	
CLOBEX LOTN, SHAM	2	
CORDRAN TAPE	2	
<i>cortisone acetate</i>	1	
DEPO-MEDROL INJ 20MG/ML	2	
DEPO-MEDROL INJ 40MG/ML, 80MG/ML	3	
DERMA-SMOOTH/FS BODY OIL	2	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>dexamethasone</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>diflorasone diacetate</i>	1	
<i>fludrocortisone acetate</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emollient base</i>	1	
<i>fluticasone propionate</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>isovate</i>	1	
LOCOID LOTN	2	
<i>locoid oint</i>	1	
LUXIQ	2	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodiumsuccinate</i>	1	
<i>millipred soln</i>	1	
<i>mometasone furoate</i>	1	
<i>olux-e</i>	1	
PANDEL	2	
<i>prednicarbate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
PREDNISON INTENSOL	2	
<i>procto-pak</i>	1	
SOLU-CORTEF INJ 250MG	2	
SOLU-MEDROL INJ 2GM	2	
SOLU-MEDROL INJ 125MG, 40MG	3	
<i>triamcinolone acetonide</i>	1	
<i>triderm</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>		
<i>chorionic gonadotropin</i>	1	
<i>desmopressin acetate</i>	1	
GENOTROPIN	4	
GENOTROPIN MINIQUICK INJ 0.2MG	2	
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	
HUMATROPE COMBO PACK	4	
HUMATROPE INJ 6MG	3	
HUMATROPE INJ 12MG, 24MG	4	
INCRELEX	4	
<i>novarel</i>	1	
NUTROPIN	3	
NUTROPIN AQ	3	
NUTROPIN AQ PEN INJ 10MG/2ML	3	
OMNITROPE INJ 5MG/1.5ML	2	
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	1	
SAIZEN	3	
SEROSTIM	4	
STIMATE	2	
TEV-TROPIN	2	
ZORBTIVE	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>Androgens</i>		
TESTIM	3	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
<i>Estrogens</i>		
ACTIVELLA	3	

Drug Name	Drug Tier	Requirements/Limits
ALORA	2	
DIVIGEL	2	
ESTRADERM	2	
<i>estradiol</i>	1	
<i>estradiol valerate</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
<i>estropipate</i>	1	
GYNODIOL	3	
<i>jinteli</i>	1	
<i>ortho-est</i>	1	
PREMARIN TABS	2	
VIVELLE-DOT	2	
Progestins		
<i>apri</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
CLIMARA PRO	2	
COMBIPATCH	2	
<i>cryselle-28</i>	1	
DEPO-PROVERA	2	
DEPO-SUBQ PROVERA 104	3	
FEMHRT 1/5	3	
FEMHRT LOW DOSE	3	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>lessina-28</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>medroxyprogesterone acetate inj</i>	1	
<i>megestrol acetate</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>mononessa</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35-28</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
NUVARING	3	
<i>ogestrel</i>	1	
ORTHO EVRA	3	
<i>portia-28</i>	1	
PREFEST	3	
PREMPHASE	2	
PREMPRO	2	
<i>previfem</i>	1	
PROMETRIUM	2	

Drug Name	Drug Tier	Requirements/Limits
<i>quasense</i>	1	
<i>reclipsen</i>	1	
SEASONALE	3	
SEASONIQUE	3	
<i>solia</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
Selective Estrogen Receptor Modifying Agents		
EVISTA	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>levothroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levothyroxine sodium</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium</i>	1	
SYNTHROID	2	
<i>unithroid</i>	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR TABS 30MG	2	
SENSIPAR TABS 60MG, 90MG	4	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	1	
<i>leuprolide acetate</i>	1	
<i>octreotide acetate</i>	1	
SOMAVERT	2	PA
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)		
Antiandrogens		
<i>bicalutamide</i>	1	
<i>flutamide</i>	1	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
Immunological Agents		
Immune Suppressants		
AZASAN	3	B/D
<i>azathioprine</i>	1	B/D
CELLCEPT SUSR	2	B/D

Drug Name	Drug Tier	Requirements/Limits
CELLCEPT CAPS, TABS	3	B/D
<i>cyclosporine</i>	1	B/D
CYCLOSPORINE MODIFIED CAPS 50MG	2	B/D
<i>cyclosporine modified soln</i>	1	B/D
<i>gengraf</i>	1	B/D
<i>methotrexate</i>	1	B/D
<i>methotrexate sodium</i>	1	B/D
MYFORTIC	2	B/D
NEORAL	2	B/D
RAPAMUNE TABS 0.5MG	2	B/D
RHEUMATREX	3	
SANDIMMUNE	2	B/D
TREXALL	2	B/D
Immunomodulators		
ACTIMMUNE	4	
INTRON-A INJ 3MU/0.2ML, 6000000UNIT/ML	2	
INTRON-A INJ 10MU/0.2ML, 5MU/0.2ML	4	
KINERET	3	PA
<i>leflunomide</i>	1	
Vaccines		
ACTHIB	2	
ATTENUVAX	2	
CERVARIX	2	
COMVAX	2	
ENGERIX-B	2	B/D
GARDASIL	2	
HAVRIX	2	
IMOVAX RABIES (H.D.C.V.)	2	B/D
IPOL INACTIVATED IPV	2	
IXIARO	2	
JE-VAX	2	
M-M-R II W/DILUENT 10 DOSE	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
MERUVAX II W/DILUENT 10 DOSE	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D
ROTATEQ	2	
TWINRIX	2	B/D
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
<i>yf-vax</i>	2	
ZOSTAVAX	2	
Inflammatory Bowel Disease Agents		
Glucocorticoids		
ENTOCORT EC	2	

Drug Name	Drug Tier	Requirements/Limits
Salicylates		
ASACOL	2	
ASACOL HD	2	
<i>balsalazide disodium</i>	1	
CANASA	2	
<i>mesalamine</i>	1	
PENTASA	2	
Sulfonamides		
<i>sulfasalazine</i>	1	
<i>sulfazine</i>	1	
<i>sulfazine ec</i>	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium</i>	1	
<i>calcitonin-salmon</i>	1	
<i>calcitriol</i>	1	B/D
<i>etidronate disodium</i>	1	
FORTEO	2	QL (2.4 per 28 days) PA
<i>fortical</i>	1	
FOSAMAX	3	
FOSAMAX PLUS D	3	
HECTOROL	2	B/D
MIACALCIN	3	
<i>pamidronate disodium inj 90mg/10ml</i>	1	
PROLIA	3	
ZEMPLAR	2	B/D
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
<i>alcohol preps</i>	2	
<i>anagrelide hydrochloride</i>	1	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	2	
CURITY GAUZE PADS 2"X2"	2	
<i>dexrazoxane</i>	1	B/D
<i>levocarnitine</i>	1	B/D
<i>pentopak</i>	1	
<i>pentoxifylline er</i>	1	
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>ak-con</i>	1	
<i>ak-poly-bac</i>	1	
<i>ak-tob</i>	1	
AZASITE	2	

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
CILOXAN	2	
<i>gentak</i>	1	
<i>gentasol</i>	1	
LACRISERT	2	
<i>mydral</i>	1	
<i>naphazoline hcl</i>	1	
NATACYN	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>ofloxacin</i>	1	
<i>parcaine</i>	1	
<i>polycin b</i>	1	
<i>proparacaine hcl</i>	1	
RESTASIS	2	
<i>romycin</i>	1	
<i>tobrasol</i>	1	
TOBREX OINT	2	
<i>trifluridine</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
<i>tropicacyl</i>	1	
<i>tropicamide</i>	1	
VIGAMOX	2	
Ophthalmic Anti-allergy Agents		
ALAMAST	3	
ALOCRIL	3	
<i>azelastine hcl</i>	1	
BEPREVE	2	
<i>cromolyn sodium</i>	1	
ELESTAT	3	
<i>epinastine hcl</i>	1	
PATADAY	2	
PATANOL	2	
Ophthalmic Anti-inflammatories		
ACUVAIL	2	
ALREX	2	
BROMDAY	2	
<i>bromfenac</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>dexasporin</i>	1	
<i>diclofenac sodium</i>	1	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
<i>ketorolac tromethamine</i>	1	
LOTEMAX	2	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NEVANAC	2	
<i>poly-dex</i>	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX	3	
TOBRADEX ST	2	
<i>tobramycin/dexamethasone</i>	1	
ZYLET	2	
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P SOLN 0.1%	2	
AZOPT	2	
<i>betaxolol hcl</i>	1	
<i>brimonidine tartrate</i>	1	
<i>carteolol hcl</i>	1	
COMBIGAN	2	
COSOPT	3	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>istalol</i>	2	
<i>levobunolol hcl</i>	1	
<i>methazolamide</i>	1	
<i>metipranolol</i>	1	
PILOPINE HS	2	
<i>timolol maleate</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	
TIMOPTIC OCUDOSE	2	
TRUSOPT	3	
Ophthalmic Prostaglandin and Prostanamide Analogs		
<i>latanoprost</i>	1	
LUMIGAN	2	
TRAVATAN Z	2	
XALATAN	3	
Otic Agents		
Otic Agents		
CIPRO HC	3	
Respiratory Tract Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	2	
ADVAIR HFA	2	
ASMANEX 120 METERED DOSES	2	
ASMANEX 14 METERED DOSES	2	
ASMANEX 30 METERED DOSES	2	
ASMANEX 60 METERED DOSES	2	
BECONASE AQ	3	ST
<i>budesonide</i>	1	B/D
FLOINASE	3	
FLOVENT DISKUS	2	
FLOVENT HFA	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate</i>	1	
PULMICORT FLEXHALER	3	
PULMICORT SUSP 1MG/2ML	2	B/D
PULMICORT SUSP 0.25MG/2ML, 0.5MG/2ML	3	B/D
RHINOCORT AQUA	3	
SYMBICORT	2	
VERAMYST	2	
Antihistamines		
ASTEPRO	2	
<i>azelastine hcl</i>	1	
<i>carbinoxamine maleate</i>	1	
<i>cetirizine hcl syrp</i>	1	
CLARINEX	2	ST
CLARINEX REDITABS	2	
<i>clemastine fumarate</i>	1	
<i>cyproheptadine hcl</i>	1	
<i>dexchlorpheniramine maleate</i>	1	
<i>diphenhydramine hcl</i>	1	
<i>fexofenadine hcl</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>levocetirizine dihydrochloride</i>	1	
<i>meclizine hcl</i>	1	
<i>promethazine hcl</i>	1	
Antileukotrienes		
ACCOLATE	3	ST
SINGULAIR	2	ST
<i>zafirlukast</i>	1	
ZYFLO CR	3	
Bronchodilators, Anticholinergic		
ATROVENT HFA	2	
DUONEB	3	B/D
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D
<i>ipratropium bromide nasal soln</i>	1	
<i>ipratropium bromide inhalation soln</i>	1	B/D
SPIRIVA HANDIHALER	2	
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)		
<i>aminophylline</i>	1	
ELIXOPHYLLIN	3	
THEO-24	3	
<i>theochron</i>	1	
<i>theophylline er</i>	1	
Bronchodilators, Sympathomimetic		
ACCUNEB	3	B/D
<i>albuterol sulfate er</i>	1	
<i>albuterol sulfate syrp, tabs</i>	1	
<i>albuterol sulfate nebu</i>	1	B/D
COMBIVENT	2	
<i>epinephrine hcl</i>	1	
EPIPEN 2-PAK	2	

Drug Name	Drug Tier	Requirements/Limits
EPIPEN-JR 2-PAK	2	
FORADIL AEROLIZER	2	
<i>levalbuterol</i>	1	B/D
<i>metaproterenol sulfate</i>	1	
PERFOROMIST	2	B/D
PROAIR HFA	2	
SEREVENT DISKUS	2	
<i>terbutaline sulfate</i>	1	
<i>theophylline er</i>	1	
VENTOLIN HFA	2	
XOPENEX	3	B/D
Mast Cell Stabilizers		
<i>cromolyn sodium</i>	1	B/D
Pulmonary Antihypertensives		
TRACLEER	4	LA
Respiratory Tract Agents, Other		
<i>flunisolide</i>	1	
<i>ipratropium bromide</i>	1	
NASONEX	2	
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
Sedatives/Hypnotics		
Sedatives/Hypnotics		
AMBIEN	3	
ROZEREM	3	ST
SONATA	3	
<i>zaleplon caps 10mg</i>	1	
<i>zolpidem tartrate</i>	1	
<i>zolpidem tartrate er</i>	1	
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
AMRIX	3	
<i>carisoprodol</i>	1	
<i>carisoprodol/aspirin</i>	1	
<i>carisoprodol/aspirin/codeine</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>cyclobenzaprine hcl er</i>	1	
FEXMID	3	
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine compound ds</i>	1	
<i>orphenadrine/asa/caffeine</i>	1	
<i>robaxin tabs</i>	1	
Therapeutic Nutrients/Minerals/ Electrolytes		
Electrolytes/Minerals		
<i>ammonium chloride</i>	1	
<i>dextrose 10%/nacl 0.45%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5% /electrolyte #48 viaflex</i>	2	
<i>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/nacl 0.2%</i>	1	
<i>dextrose 5%/nacl 0.225%</i>	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
<i>ed k+10</i>	1	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
IONOSOL-T/DEXTROSE 5%	2	
ISOLYTE-H/DEXTROSE 5%	2	
<i>isolyte-m/dextrose 5%</i>	1	B/D
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S/DEXTROSE 5%	2	
<i>kaon-cl-10</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d10w/nacl 0.2%</i>	2	
<i>kcl 0.15%/d5w/lr</i>	1	
KCL 0.15%/D5W/NACL 0.2%	2	
<i>kcl 0.15%/d5w/nacl 0.225%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
<i>kcl 0.224%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	1	
<i>kcl 0.3%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m20</i>	1	
<i>lactated ringers</i>	1	
<i>lactated ringers viaflex</i>	1	
<i>leucovorin calcium inj</i>	1	
<i>leucovorin calcium tabs 25mg, 5mg</i>	1	
<i>leucovorin calcium tabs 10mg, 15mg</i>	2	
MAGNESIUM SULFATE	1	
<i>magnesium sulfate in d5w</i>	2	
<i>normosol-m in d5w</i>	1	
NORMOSOL-R	2	
<i>normosol-r in d5w</i>	1	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
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<i>plasma-lyte-r</i>	1	
<i>potassium chloride</i>	1	
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	1	
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	1	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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<i>potassium chloride 0.15% nacl 0.9%</i>	1	
<i>potassium chloride 0.15%/d5w</i>	1	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	1	
<i>potassium chloride 0.224%/d5w</i>	1	
<i>potassium chloride 0.224%d5w/nacl 0.33%</i>	1	
<i>potassium chloride 0.3%/d5w</i>	1	
<i>potassium chloride er</i>	1	
<i>potassium chloride sr</i>	1	
<i>potassium citrate extended-release</i>	1	
<i>ringers injection</i>	1	
<i>sodium bicarbonate</i>	1	
<i>sodium chloride</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sodium chloride 0.45% viaflex</i>	1	
<i>sodium fluoride</i>	1	
<i>sodium lactate</i>	1	
<i>tpn electrolytes</i>	1	

OTC products

Drug Name	Drug Tier	Requirements/Limits
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NOVOLIN N INNOLET	2	
Gastrointestinal Agents		
<i>Proton Pump Inhibitors</i>		
<i>omeprazole tbec</i>	1	
<i>prevacid 24hr</i>	1	
<i>prilosec otc</i>	1	
Respiratory Tract Agents		
<i>Antihistamines</i>		
<i>alavert</i>	1	
<i>cetirizine hcl childrens allergy</i>	1	
<i>cetirizine hcl chew, tabs</i>	1	
<i>childrens loratadine</i>	1	
<i>loratadine</i>	1	
<i>Respiratory Tract Agents, Other</i>		
<i>cetirizine hcl/pseudoephedrine hcl er</i>	1	
<i>loratadine-d 24hr</i>	1	

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