Medco Medicare Prescription Plan®(PDP)

2010 Formulary
2010 Formulario
(List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS COVERED BY 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.

Please note that **"Plan"** refers to **Medco Medicare Prescription Plan®** (PDP) for Tennessee Valley Authority (TVA) throughout this formulary.

Customer Service department phone number 1-800-592-4520
Customer Service TTY/TDD phone number.....1-800-716-3231
Customer Service days and hours of operation ..... 24 hours a day, 7 days a week, except Thanksgiving and Christmas

Customer Service is available in English and other languages.

Website ……..www.medco.com

This document may be available in a different format, including braille.
Please call the Customer Service numbers listed above if you need plan information in another format.

Formulary ID Number: 10099

Effective Date: January 1, 2010
Last Updated: 09/15/2009

(Lista de medicamentos cubiertos)

FAVOR DE LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS CUBIERTOS POR ESTE PLAN

Nota para los afiliados actuales: Este formulario se ha modificado con respecto al formulario del año pasado. Favor de revisar este documento para asegurarse de que contiene los medicamentos que usted toma.

Tenga en cuenta que **"Plan"** se refiere a **Medco Medicare Prescription Plan®** (PDP) para Tennessee Valley Authority (TVA) cada vez que se menciona en este formulario.

Teléfono del Servicio de Atención al Cliente.....1-800-592-4520
Teléfono de Atención al Cliente para usuarios del servicio TTY/TDD 1-800-716-3231
Horario del Servicio de Atención al Cliente .... …….. las 24 horas del día, 7 días a la semana, excepto durante Acción de Gracias y Navidad
El servicio de Atención al Cliente está disponible en inglés y en otros idiomas.

Sitio Web…….www.medco.com

Este documento puede estar disponible en otros formatos, incluyendo una versión en braille. Póngase en contacto con el Servicio de Atención al Cliente, marcando los números que se indican arriba, si necesita información sobre el plan en otro formato.

What is the plan Formulary?

This formulary contains the entire list of covered Part D drugs selected by the **Plan** 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. The **Plan** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

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

If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) 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 the date indicated on the front cover. **To get updated information about the drugs covered, please visit our website or call our Customer Service department using the information provided on the front cover of this formulary.** If there are additional changes made to the formulary which affect you that are not covered above, you will also be notified in writing of these changes within a reasonable time from when the changes are made.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. 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, Hypertension/Lipids".

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 37. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Both brand-name drugs and generic drugs are covered under this **Plan.** 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:** You or your physician is required to get prior authorization for certain drugs. This means that you will need to get approval from the **Plan** before you fill your prescriptions. If you don't get approval, the drug may not be covered.

- **Quantity Limits:** For certain drugs, the amount of the drug that will be covered by the **Plan** is limited. For example, the **Plan** provides 30 tablets per prescription for CRESTOR®. This may be in addition to a standard 1-month or 3-month supply.

- **Step Therapy:** In some cases, you are required to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at **www.medco.com**.

You can ask us to make an exception to these restrictions or limits. See the section "How do I request an exception to the Formulary?" on page iii 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 our Customer Service department and ask if your drug is covered.

If you learn that your drug is not covered, you have two options:

- You can ask our Customer Service department for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered.

- You can ask us 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 Formulary?

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

Generally, your request for an exception will only be approved if the alternative drugs included in the plan formulary, the lower-tiered drugs, or the 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 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 believes 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 are taking. 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, the **Plan** 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 written for fewer days) while you pursue a formulary exception.

Other times when we will cover a temporary 30-day transition supply or 31-day transition supply for members entering or leaving a long-term care facility (or less, if you have a prescription written for fewer days) include:

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

The **Plan** will send you a letter within 3 business days of your filling a temporary transition supply notifying you that this was a temporary supply and explaining your options.

For more information

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

The **Plan** has retail, retail maintenance, mail-order, long-term care, home infusion and Indian/Tribal/Urban pharmacies in its network. Prescription drug coverage is available at in-network pharmacies. If prescriptions are filled at an out-of-network pharmacy, you will be responsible for 100% of the prescription drug costs (except in emergency situations where an in-network pharmacy cannot be accessed).

If you need additional information on network pharmacies, filling prescriptions via mail-order, or any other general questions, please call our Customer Service department using the information provided on the front cover of this formulary.

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.

Formulary

The formulary that begins on page 2 provides coverage information about some of the drugs covered by this **Plan.** If you have trouble finding your drug in the list, turn to the Index that begins on page 37.

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

The information in the Requirements/Limits column tells you if there are any special requirements for coverage of your drug.

What you will pay for your medications

The tier level refers to the level of coverage for each medication. The amount you pay at each tier level during your initial coverage period is explained below. After you reach your $50 deductible, you are responsible for paying these amounts for your medications until your total out-of-pocket costs reach $4,550.

Cost-Sharing Tier	Network retail cost-sharing (up to a 30-day supply)	Network retail cost-sharing (31 to 60-day supply)	Network retail cost-sharing (61 to 90-day supply)	Network mail-order cost-sharing (up to a 90-day supply)
Generics (Tier 1)	$10.00 co-payment	$20.00 co-payment	$30.00 co-payment	$20.00 co-payment
Preferred brand name (Tier 2)	$30.00 co-payment	$60.00 co-payment	$90.00 co-payment	$60.00 co-payment
Non-preferred brand name (Tier 3)	$50.00 co-payment	$100.00 co-payment	$150.00 co-payment	$100.00 co-payment
Specialty (Tier 4)	$50.00 co-payment	$100.00 co-payment	$150.00 co-payment	$100.00 co-payment

If you are not sure whether your drug is covered, please visit our website or call our Customer Service department using the information provided on the front cover of this formulary.

You may be able to get extra help to pay for your prescription drug premiums and costs.

To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day, 7 days a week;
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Contact your State Medicaid Office.

¿Qué es el formulario del plan?

Este formulario es una lista completa de los medicamentos Medicare Parte D cubiertos seleccionados por el **Plan**, después de consultar con un grupo de proveedores de cuidado de salud, y representa las terapias recetadas que se consideran parte necesaria de un programa de tratamiento de calidad. En general, el **Plan** cubrirá los medicamentos incluidos en el formulario, siempre y cuando el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red y se cumplan otras condiciones del plan. Para obtener más información acerca de cómo surtir sus recetas, lea el Folleto explicativo de la cobertura.

¿Puede cambiar el formulario?

En general, si usted está tomando un medicamento de nuestro formulario de 2010 que fue cubierto al principio del año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2010, excepto si un medicamento genérico nuevo y menos costoso llega al mercado o si se publica nueva información desfavorable sobre la seguridad o la eficacia de un medicamento. Otros cambios al formulario, tales como la eliminación de un medicamento de nuestro formulario, no afectarán a los afiliados que tomen el medicamento actualmente. Dicho medicamento seguirá estando disponible al mismo costo compartido para los afiliados que lo tomen, durante el resto del año de cobertura. Creemos que es importante que tenga acceso continuo durante el resto del año de cobertura a los medicamentos del formulario que estaban disponibles cuando eligió nuestro **Plan**, a excepción de los casos en los que puede ahorrar más dinero o cuando podemos garantizar su seguridad.

Si retiramos medicamentos de nuestro formulario o si agregamos el requisito de autorización previa, límites de cantidad o restricciones de terapia a un medicamento, o bien si cambiamos un medicamento a un nivel más alto de costo compartido, debemos informar del cambio a los afiliados afectados, por lo menos 60 días antes de la fecha en que entre en vigor el cambio, o cuando el afiliado solicite que se vuelva a surtir la receta, en cuyo momento el afiliado recibirá un suministro del medicamento para 60 días. Si la Administración de Drogas y Alimentos (FDA, por sus siglas en inglés) determina que un medicamento de nuestro formulario no es seguro, o si el fabricante del medicamento lo retira del mercado, retiraremos inmediatamente el medicamento de nuestro formulario y se lo informaremos a los afiliados que lo tomen. El formulario incluido es vigente en la fecha que se indica en la portada. **Para recibir información actual sobre los medicamentos cubiertos, visite nuestro sitio Web o llame al Servicio de Atención al Cliente, utilizando la información que se proporciona en la portada de este formulario.** Si se realiza alguna otra modificación al formulario que lo afecte y que no se describa en esta sección, también se le comunicará dicha modificación o modificaciones por escrito dentro de un plazo razonable, a partir de que se realice la modificación o modificaciones.

¿Cómo se utiliza el formulario?

Hay dos maneras de buscar su medicamento en el formulario:

Afección médica

El formulario comienza en la página 2. Los medicamentos que aparecen en este formulario están agrupados en categorías de acuerdo al tipo de afecciones médicas en cuyo tratamiento se utilizan. Por ejemplo, los medicamentos utilizados en el tratamiento de afecciones cardíacas se encuentran en la categoría "Cardiovasculares, hipertensión/lípidos".

Lista en orden alfabético

Si no está seguro de la categoría en la que debe buscar, busque su medicamento en el índice que comienza en la página 37. El índice consta de una lista en orden alfabético de todos los medicamentos incluidos en este documento. El índice incluye tanto medicamentos de marca como genéricos. Busque su medicamento en el índice. Junto a su medicamento encontrará el número de la página en la que puede encontrar información sobre la cobertura. Vaya a la página que se indica en el índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Este **Plan** cubre tanto medicamentos de marca como genéricos. Un medicamento genérico ha sido aprobado por la agencia FDA y contiene el mismo ingrediente activo que un medicamento de marca. En general, los medicamentos genéricos cuestan menos que los de marca.

¿Hay alguna restricción en mi cobertura?

Puede haber requisitos adicionales o límites de cobertura para algunos medicamentos cubiertos. Entre estos requisitos y límites pueden incluirse:

- **Autorización previa:** Usted o su médico debe obtener autorización previa para obtener ciertos medicamentos. Esto significa que deberá obtener aprobación del **Plan** antes de que se surtan sus recetas. Si no obtiene dicha aprobación, su medicamento podría no cubrirse.

- **Límites de cantidad:** En el caso de ciertos medicamentos, la cantidad que será cubierta por el **Plan** está limitada. Por ejemplo, el **Plan** suministra 30 tabletas de CRESTOR® por receta. Esto puede ser adicional a un suministro estándar para 1 mes o 3 meses.

- **Terapia de pasos:** En algunos casos, es necesario que primero pruebe ciertos medicamentos como parte del tratamiento de su afección médica antes de que podamos cubrir otro medicamento para esa afección. Por ejemplo, si puede utilizarse tanto un medicamento A como un medicamento B en el tratamiento de la misma afección médica, es posible que no cubramos el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no le produce mejoras, cubriremos el medicamento B.

Puede averiguar si su medicamento está sujeto a otros requisitos o límites, consultando el formulario que comienza en la página 2. También puede obtener información sobre las restricciones que se aplican a los medicamentos que cubrimos, visitando nuestro sitio Web **www.medco.com**.

Puede solicitar que hagamos una excepción a estas restricciones o límites. Consulte la sección, "¿Cómo puedo solicitar una excepción al formulario?" que está en la página viii para obtener información acerca de cómo solicitar una excepción.

¿Qué ocurre si mi medicamento no se encuentra en el formulario?

Si su medicamento no se incluye en esta lista de medicamentos cubiertos, primero debe ponerse en contacto con el Servicio de Atención al Cliente y preguntar si su medicamento está cubierto.
Si descubre que su medicamento no está cubierto, cuenta con dos opciones:

- Puede solicitar al Servicio de Atención al Cliente una lista de medicamentos similares que estén cubiertos. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto.

- Puede solicitar que hagamos una excepción y cubramos su medicamento. A continuación, encontrará información para solicitar una excepción.

¿Cómo puedo solicitar una excepción al formulario?

Puede solicitar que hagamos una excepción a las reglas de cobertura. Puede solicitar que hagamos diferentes tipos de excepciones.

- Puede solicitar que cubramos su medicamento, aún si no aparece en nuestro formulario.

- Puede solicitar que renunciemos a las restricciones o límites de cobertura de su medicamento. Por ejemplo, en el caso de ciertos medicamentos, la cantidad que cubriremos está limitada. Si su medicamento tiene un límite de cantidad, puede solicitar que renunciemos al límite y que cubramos más.

- Puede solicitar que proporcionemos un mayor nivel de cobertura de su medicamento. Si su medicamento se incluye en el Nivel 3, puede solicitar que lo cubramos al costo compartido que se aplica a los medicamentos del Nivel 2. Esto disminuiría la cantidad que debe pagar por el medicamento. Tenga en cuenta que si accedemos a cubrir un medicamento que no está en nuestro formulario, no podrá pedirnos que otorguemos un mayor nivel de cobertura del medicamento. Además, no podrá pedir que otorguemos un mayor nivel de cobertura en el caso de medicamentos especializados que están en el Nivel 4.

En general, su petición de excepción se aprobará solamente si los medicamentos alternativos incluidos en el formulario del plan, los medicamentos de nivel más bajo o restricciones adicionales de utilización no son tan eficaces para el tratamiento de su afección médica o pueden causarle efectos de salud desfavorables.

Debe ponerse en contacto con nosotros para solicitar una decisión de cobertura inicial para una excepción de formulario, nivel o restricción de utilización. **Cuando solicite una excepción de formulario, nivel o restricción de utilización, debe proporcionar una declaración de su médico que apoye su petición.** En general, debemos tomar una decisión en un plazo de 72 horas, después de recibir la declaración de su médico recetante que apoye su petición. Puede solicitar una excepción inmediata (rápida) si usted o su médico consideran que su salud podría perjudicarse seriamente si espera hasta 72 horas, a que tomemos una decisión. Si se acepta su solicitud de excepción inmediata, debemos tomar una decisión en un máximo de 24 horas, después de recibir la declaración de su médico recetante que apoye su petición.

¿Qué puedo hacer antes de hablar con mi médico acerca del cambio de medicamentos o una solicitud de excepción?

Si importar si es un afiliado nuevo o ha estado afiliado a nuestro **Plan** durante varios años, es posible que esté tomando medicamentos que no aparecen en nuestro formulario. O puede estar tomando un medicamento que está en nuestro formulario, pero cuya obtención está limitada. Por ejemplo, puede ser necesario que obtenga nuestra autorización previa antes de que se surta su receta. Debe hablar con su médico para decidir si debe sustituir su medicamento con uno que sea adecuado y que cubramos, o solicitar una excepción de formulario para que cubramos el medicamento que toma. Mientras decide junto con su médico lo que debe hacer, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días que esté afiliado a nuestro **Plan**.

Cubriremos un suministro temporal para 30 días de cada medicamento que tome y que no esté en nuestro formulario, o bien si su obtención está limitada (a menos que tenga una receta para menos días), cuando acuda a una farmacia de la red. Después de su primer suministro para 30 días, el **Plan** no pagará estos medicamentos, aún si ha estado afiliado al **Plan** durante menos de 90 días.

Si usted reside en una institución de cuidado a largo plazo, cubriremos un suministro temporal de transición para 31 días (a menos que tenga una receta para menos días). Cubriremos más de un suministro de estos medicamentos durante los primeros 90 días que usted esté afiliado a nuestro **Plan**. Si necesita un medicamento

que no está en nuestro formulario o cuya obtención está limitada, pero ha estado afiliado al **Plan** durante más de 90 días, cubriremos un suministro de emergencia de ese medicamento para 31 días (a menos que tenga una receta para menos días), mientras solicita una excepción al formulario.

Otros casos en los que cubriremos un suministro temporal de transición para 30 días o un suministro de transición para 31 días para los miembros quien estan ingresando o saliendo a una institución de cuidado a largo plazo (o menos, si tiene una receta para menos días) son:

- Cuando ingresa a una institución de cuidado a largo plazo
- Cuando sale de una institución de cuidado a largo plazo
- Cuando es dado de alta de un hospital
- Cuando sale de un centro de enfermería experta
- Cuando cancela el cuidado de un hospicio.

El **Plan** le enviará una carta en un plazo de 3 días laborales después de surtir su suministro temporal de transición, informándole que recibió un suministro temporal y explicando sus opciones.

Para obtener más información

Para obtener información más detallada acerca de su cobertura de medicamentos de venta bajo receta, consulte su Folleto explicativo de la cobertura y otros materiales del plan.

La red de farmacias del **Plan** cuenta con farmacias que ofrecen servicios minoristas, de envío por correo, de cuidado a largo plazo, de infusiones a domicilio, así como del Programa de Servicios de Salud Indígena/Tribal/Urbano (I/T/U). Se proporciona cobertura de medicamentos de venta bajo receta en farmacias de la red. Si su receta se surte en una farmacia ajena a la red, usted será responsable del 100% del costo del medicamento de venta bajo receta (excepto en situaciones de emergencia en las que no tenga acceso a una farmacia de la red).

Si necesita más información acerca de las farmacias de la red o la solicitud de medicamentos de venta bajo receta por correo, o bien si tiene alguna otra pregunta general, llame al Servicio de Atención al Cliente, utilizando la información que se proporciona en la portada de este formulario.

Si tiene preguntas generales acerca de la cobertura de medicamentos de venta bajo receta Medicare, llame al 1-800-MEDICARE (1-800-633-4227) las 24 horas del día, 7 días a la semana. Los usuarios del servicio para sordomudos TTY/TDD deben llamar al 1-877-486-2048. O bien, visite www.medicare.gov.

Formulario

El formulario, que comienza en la página 2, proporciona información sobre la cobertura y sobre algunos de los medicamentos cubiertos por este **Plan**. Si le es difícil encontrar su medicamento en la lista, vaya al índice que comienza en la página 37.

La primera columna de la tabla indica el nombre del medicamento. Los medicamentos de marca aparecen en mayúsculas (por ejemplo, NEXIUM®) y los medicamentos genéricos en minúsculas y en cursiva (por ejemplo, *omeprazole*). La información de la columna Requisitos/Límites le indica si hay algún requisito especial para cubrir su medicamento.

Cuánto se paga por los medicamentos

El nivel se refiere al grado de cobertura de cada medicamento. La cantidad que usted paga en cada nivel durante su período de cobertura inicial se explica a continuación. Una vez que alcance su deducible de $50, será su responsabilidad pagar estas cantidades por sus medicamentos hasta que el importe total de sus pagos personales sea de $4,550.

Nivel de costo compartido	**Costo compartido en farmacias minoristas de la red (hasta un suministro para 30 días)**	**Costo compartido en farmacias minoristas de la red (suministro de 31 a 60 días)**	**Costo compartido en farmacias minoristas de la red (suministro de 61 a 90 días)**	**Costo compartido por correo en farmacias de la red (hasta un suministro para 90 días)**
Genérico (Nivel 1)	Copago de $10.00	Copago de $20.00	Copago de $30.00	Copago de $20.00
De marca preferido (Nivel 2)	Copago de $30.00	Copago de $60.00	Copago de $90.00	Copago de $60.00
De marca no preferido (Nivel 3)	Copago de $50.00	Copago de $100.00	Copago de $150.00	Copago de $100.00
Especializado (Nivel 4)	Copago de $50.00	Copago de $100.00	Copago de $150.00	Copago de $100.00

Si no está seguro de que su medicamento esté cubierto, visite nuestro sitio Web o llame al Servicio de Atención al Cliente, utilizando la información que se proporciona en la portada de este formulario.

Usted podría tener derecho a recibir asistencia suplementaria para ayudarle a pagar la prima y el costo de sus medicamentos de venta bajo receta.

Para averiguar si usted reúne los requisitos para recibir asistencia suplementaria, llame:

- Al 1-800-MEDICARE (1-800-633-4227). Los usuarios del servicio para sordomudos TTY/TDD deben llamar al 1-877-486-2048, las 24 horas del día, 7 días a la semana;
- A la oficina de Seguridad Social, al 1-800-772-1213, entre las 7 a.m. y las 7 p.m., de lunes a viernes. Los usuarios del servicio para sordomudos TTY/TDD deben llamar al 1-800-325-0778.
- Póngase en contacto con la oficina de Medicaid de su estado.

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

List of Abbreviations

QL: Quantity Limit. For certain drugs, the **Plan** limits the amount of the drug that we will cover. For example, the **Plan** provides 30 tablets per prescription for CRESTOR®.

ST: Step Therapy. In some cases, the **Plan** requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

HI: Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Customer Service.

GC: Gap Coverage. We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

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

FF: Free First Fill. This prescription drug may be provided at a reduced cost-sharing amount the first time you fill it.

ED: Enhanced 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 toward 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.

CB: Capped Benefit. This prescription drug has a capped benefit limit.

MO: Mail Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics). **Even though a drug may have a mail order indicator, it does not mean that this drug is only available through our mail order service. You can access drugs covered by this plan through participating retail locations or mail order.**

Commonly Prescribed Therapeutic Drug Categories

ANTI - INFECTIVES

ANTIFUNGAL AGENTS

Drug Name	Drug Tier	Reqs./ Limits
Generic		
amphotericin b solr 50mg	1	PA MO
clotrimazole troc 10mg	1	MO
fluconazole susr 40mg/ml; 10mg/ml	1	MO
fluconazole tabs 150mg; 100mg; 50mg; 200mg	1	MO
fluconazole in dextrose soln 0; 400mg/200ml	1	MO
griseofulvin microsize susp 125mg/5ml	1	MO
itraconazole caps 100mg	1	QL MO
ketoconazole tabs 200mg	1	MO
nystatin susp 100000unit/ml	1	MO
nystatin tabs 500000unit	1	MO
terbinafine tabs 250mg	1	QL MO
Brand		
ANCOBON	2	MO
DIFLUCAN IN NACL SOLN 200MG/100ML; 0.9%	2	MO
ERAXIS SOLR 100MG	2	MO
GRIS-PEG TABS 125MG; 250MG	3	MO
NOXAFIL SUSP 40MG/ML	2	MO
SPORANOX SOLN 10MG/ML	2	MO
VFEND SUSR 40MG/ML	2	QL MO
VFEND TABS 50MG; 200MG	2	QL MO
VFEND IV SOLR 200MG	2	MO

ANTIVIRALS

Drug Name	Drug Tier	Reqs./ Limits
Generic		
acyclovir caps 200mg	1	MO
acyclovir solr 500mg	1	MO
acyclovir susp 200mg/5ml	1	MO
acyclovir tabs 800mg; 400mg	1	MO
amantadine caps 100mg	1	MO
amantadine tabs 100mg	1	MO
didanosine cpdr 400mg; 200mg; 250mg; 125mg	1	MO
famciclovir tabs 125mg; 250mg; 500mg	1	MO
foscarnet sodium soln 24mg/ml	1	PA MO
ribapak	4	PA MO
ribapak tabs 400mg; 600mg	4	PA MO
ribasphere oral tabs 200mg	1	PA MO
ribasphere caps 200mg	4	PA MO
ribasphere oral tabs 600mg; 400mg	4	PA MO
ribavirin tabs 200mg	1	PA MO
ribavirin caps 200mg	4	PA MO
rimantadine hcl tabs 100mg	1	MO
stavudine caps 30mg; 40mg; 15mg; 20mg	1	MO
stavudine solr 1mg/ml	1	MO
zidovudine caps 100mg	1	MO
zidovudine syrp 50mg/5ml	1	MO
zidovudine tabs 300mg	1	MO
Brand		
APTIVUS	4	MO
ATRIPLA TABS 600MG; 200MG; 300MG	4	MO
BARACLUDE SOLN 0.05MG/ML	2	QL MO
BARACLUDE TABS 0.5MG; 1MG	4	QL MO
COMBIVIR TABS 150MG; 300MG	4	MO
CRIXIVAN CAPS 400MG; 100MG; 333MG; 200MG	2	MO
CYTOVENE SOLR 500MG	2	PA MO
EMTRIVA	2	MO
EPIVIR	2	MO
EPIVIR HBV	2	MO
EPZICOM TABS 600MG; 300MG	4	MO
FUZEON KIT 90MG	4	MO
HEPSERA TABS 10MG	4	QL MO
INTELENCE TABS 100MG	4	MO
INVIRASE	4	MO
ISENTRESS TABS 400MG	4	MO

Drug Name	Drug Tier	Reqs./ Limits
KALETRA ORAL TABS 100MG; 25MG	2	MO
KALETRA ORAL TABS 200MG; 50MG	4	MO
KALETRA SOLN 400MG/5ML; 100MG/5ML	4	MO
LEXIVA SUSP 50MG/ML	2	MO
LEXIVA TABS 700MG	4	MO
NORVIR	2	MO
PREZISTA ORAL TABS 75MG	2	MO
PREZISTA ORAL TABS 600MG; 400MG	4	MO
REBETOL SOLN 40MG/ML	2	PA MO
RELENZA DISKHALER AEPB 5MG/BLISTER	2	QL MO
RESCRIPTOR	3	MO
RETROVIR IV INFUSION SOLN 10MG/ML	2	MO
REYATAZ	4	MO
SELZENTRY	4	MO
SUSTIVA	2	MO
TAMIFLU CAPS 75MG; 45MG; 30MG	2	QL MO
TAMIFLU SUSR 12MG/ML	2	MO
TRIZIVIR TABS 300MG; 150MG; 300MG	4	MO
TRUVADA TABS 200MG; 300MG	4	MO
TYZEKA TABS 600MG	4	MO
VALCYTE TABS 450MG	4	MO
VALTREX TABS 1GM; 500MG	2	QL MO
VIDEX PEDIATRIC SOLR 2GM	2	MO
VIRACEPT	2	MO
VIRAMUNE	2	MO
VIREAD TABS 300MG	2	MO
ZIAGEN SOLN 20MG/ML	2	MO
ZIAGEN TABS 300MG	2	MO
CEPHALOSPORINS		
Generic		
cefaclor caps 250mg; 500mg	1	MO
cefaclor susr 125mg/5ml; 375mg/5ml; 250mg/5ml	1	MO
cefadroxil caps 500mg	1	MO
cefadroxil susr 500mg/5ml; 250mg/5ml	1	MO
cefadroxil tabs 1gm	1	MO
cefazolin	1	MO
cefazolin solr 20gm; 500mg; 1gm	1	MO
cefdinir caps 300mg	1	MO
cefdinir susr 250mg/5ml; 125mg/5ml	1	MO
cefepime solr 2gm; 1gm	1	MO
cefotaxime sodium solr 1gm; 500mg; 10gm; 2gm	1	MO
cefoxitin sodium solr 1gm; 10gm; 2gm	1	MO
cefpodoxime proxetil susr 50mg/5ml; 100mg/5ml	1	MO
cefpodoxime proxetil tabs 200mg; 100mg	1	MO
ceftriaxone sodium solr 10gm; 250mg; 500mg	1	MO
cefuroxime axetil susr 125mg/5ml; 250mg/5ml	1	MO
cefuroxime axetil tabs 250mg; 500mg	1	MO
cefuroxime sodium solr 7.5gm; 1.5gm; 750mg	1	MO
cephalexin caps 250mg; 500mg	1	MO
cephalexin susr 125mg/5ml; 250mg/5ml	1	MO
cephalexin tabs 500mg; 250mg	1	MO
Brand		
CEFTRIAXONE/DEXTROSE	2	MO
CEFUROXIME/DEXTROSE	2	MO
FORTAZ	2	MO
FORTAZ SOLR 2GM; 1GM; 6GM	2	MO
MAXIPIME SOLR 2GM; 1GM	3	MO
MEFOXIN SOLR 10GM	2	MO
MEFOXIN ADD-VANTAGE SOLR 1GM; 2GM	2	MO
MEFOXIN IN DEXTROSE 2.2% SOLN 2GM/50ML; 2.2%	2	MO
MEFOXIN IN DEXTROSE 3.9% SOLN 1GM/50ML; 3.9%	2	MO

Drug Name	Drug Tier	Reqs./ Limits
SUPRAX SUSR 100MG/5ML; 200MG/5ML	3	MO
SUPRAX TABS 400MG	3	MO
TAZICEF SOLR 6GM; 2GM; 1GM	2	MO
ZINACEF SOLR 750MG; 1.5GM	2	MO
ZINACEF IN ISO-OSMOTIC DEXTROSE SOLN 750MG; 0	2	MO
ZINACEF IN ISO-OSMOTIC DILUENT SOLN 1.5GM; 0	2	MO
ERYTHROMYCINS / OTHER MACROLIDES		
Generic		
azithromycin solr 500mg	1	MO
azithromycin susr 200mg/5ml; 100mg/5ml	1	MO
azithromycin tabs 250mg; 500mg; 600mg	1	MO
clarithromycin susr 125mg/5ml; 250mg/5ml	1	MO
clarithromycin tabs 250mg; 500mg	1	MO
clarithromycin er tb24 500mg	1	MO
e.e.s. 400 tabs 400mg	1	MO
erythrocin stearate	1	MO
erythromycin / sulfisoxazole susr 200mg/5ml; 600mg/5ml	1	MO
Brand		
E.E.S. GRANULES SUSR 200MG/5ML	2	MO
ERY-TAB TBEC 500MG; 333MG; 250MG	2	MO
ERYTHROCIN LACTOBIONATE SOLR 500MG	2	MO
ERYTHROMYCIN BASE TABS 500MG; 250MG	2	MO
ZMAX SUSR 2GM	2	MO
MISCELLANEOUS ANTIINFECTIVES		
Generic		
amikacin sulfate soln 50mg/ml; 250mg/ml	1	MO
amikin soln 250mg/ml	1	MO
chloroquine tabs 500mg; 250mg	1	MO
clindamycin hcl caps 150mg; 300mg	1	MO
clindamycin phosphate add-vantage soln 150mg/ml	1	MO
colistimethate sodium solr 150mg	1	MO
ethambutol tabs 400mg; 100mg	1	MO
gentamicin sulfate inj soln 40mg/ml; 10mg/ml	1	MO
gentamicin sulfate/0.9% sodium chloride soln	1	MO
gentamicin sulfate/sodium chloride soln 1.2mg/ml; 0.9%	1	MO
hydroxychloroquine tabs 200mg	1	MO
isonarif caps 150mg; 300mg	1	MO
isoniazid tabs 300mg; 100mg	1	MO
isotonic gentamicin soln 0.6mg/ml; 0.9%; 0.8mg/ml; 0.9%	1	MO
mebendazole chew 100mg	1	MO
mefloquine hcl tabs 250mg	1	MO
metronidazole caps 375mg	1	MO
metronidazole tabs 250mg; 500mg	1	MO
metronidazole in nacl 0.79% soln 5mg/ml; 0.79%	1	MO
neomycin sulfate tabs 500mg	1	MO
paromomycin caps 250mg	1	MO
pyrazinamide tabs 500mg	1	MO
rifampin caps 300mg; 150mg	1	MO
tobramycin inj soln 80mg/2ml; 10mg/ml	1	MO
Brand		
ALBENZA TABS 200MG	2	MO
ALINIA SUSR 100MG/5ML	2	MO
ALINIA TABS 500MG	2	MO
AZACTAM SOLR 2GM	2	MO
AZACTAM IN DEXTROSE	2	MO
BILTRICIDE TABS 600MG	2	MO
CAPASTAT SULFATE SOLR 1GM	3	MO
CLEOCIN GALAXY	2	MO
CLEOCIN PEDIATRIC GRANULES SOLR	2	MO
CUBICIN SOLR 500MG	2	MO

Drug Name	Drug Tier	Reqs./ Limits
DAPSONE	2	MO
DARAPRIM TABS 25MG	2	MO
FANSIDAR TABS 25MG; 500MG	2	MO
ISONIAZID SYRP 50MG/5ML	2	MO
KETEK	2	QL MO
MALARONE TABS 62.5MG; 25MG; 250MG; 100MG	2	MO
MEPRON SUSP 750MG/5ML	4	MO
MYCOBUTIN CAPS 150MG	2	MO
NEBUPENT SOLR 300MG	2	PA MO
NEUTREXIN SOLR 25MG	2	MO
PASER PACK 4GM	2	MO
PRIMAQUINE TABS 26.3MG	2	MO
PRIMAXIN I.M. SOLR 500MG	2	MO
PRIMAXIN IV SOLR 250MG; 500MG	2	MO
QUALAQUIN CAPS 324MG	2	MO
SEROMYCIN CAPS 250MG	2	MO
STREPTOMYCIN SULFATE SOLR 1GM	2	MO
STROMECTOL TABS 3MG	2	MO
TOBI NEBU 300MG/5ML	4	PA MO
TOBRAMYCIN SULFATE / SODIUM CHLORIDE	2	MO
TRECATOR TABS 250MG	2	MO
TYGACIL SOLR 50MG	2	MO
XIFAXAN TABS 200MG	3	QL MO
ZYVOX SOLN 2MG/ML	2	MO
ZYVOX SUSR 100MG/5ML	2	QL MO
ZYVOX TABS 600MG	2	QL MO

PENICILLINS

Generic		
amoclan susr 200mg/5ml; 28.5mg/5ml; 400mg/5ml; 57mg/5ml	1	MO
amoxicillin caps	1	MO
amoxicillin chew	1	MO
amoxicillin susr	1	MO
amoxicillin tabs	1	MO
amoxicillin/clavulanate potassium chew 200mg; 28.5mg; 400mg; 57mg	1	MO
amoxicillin/clavulanate potassium susr 600mg/5ml; 42.9mg/5ml; 200mg/5ml; 28.5mg/5ml; 400mg/5ml; 57mg/5ml	1	MO
amoxicillin/clavulanate potassium tabs 250mg; 125mg; 500mg; 125mg	1	MO
amoxicillin/potassium clavulanate tabs 875mg; 125mg	1	MO
amoxil caps 500mg	1	MO
amoxil susr 250mg/5ml	1	MO
ampicillin inj solr 1gm; 10gm	1	MO
ampicillin susr 125mg/5ml; 250mg/5ml	1	MO
ampicillin caps 500mg; 250mg	1	MO
ampicillin-sulbactam solr 10gm; 5gm; 2gm; 1gm	1	MO
dicloxacillin sodium caps 250mg; 500mg	1	MO
nafcillin sodium solr 1gm; 10gm	1	MO
penicillin g potassium solr 5mu; 20mu	1	MO
penicillin v potassium solr 125mg/5ml; 250mg/5ml	1	MO
penicillin v potassium tabs 250mg; 500mg	1	MO
pfizerpen-g solr 20mu	1	MO
veetids solr 125mg/5ml	1	MO

Brand		
AMPICILLIN INJ SOLR 125MG	2	MO
AUGMENTIN XR TB12 1000MG; 62.5MG	2	MO
BICILLIN C-R SUSP	2	MO
BICILLIN L-A	2	MO
NALLPEN/DEXTROSE SOLN 0; 2GM/50ML; 0; 1GM/50ML	2	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN	2	MO
PENICILLIN G PROCAINE SUSP 600000UNIT/ML	2	MO
PENICILLIN G SODIUM SOLR 5000000UNIT	2	MO
UNASYN SOLR 2GM; 1GM	2	MO

Drug Name	Drug Tier	Reqs./ Limits
ZOSYN SOLN 5%; 2GM/50ML; 0.25GM/50ML; 5%; 3GM/50ML; 0.375GM/50ML	2	MO
ZOSYN SOLR 3GM; 0.375GM	2	MO
QUINOLONES		
Generic		
ciprofloxacin inj soln 400mg	1	MO
ciprofloxacin tabs 100mg; 500mg; 250mg; 750mg	1	MO
ofloxacin tabs 200mg; 300mg; 400mg	1	MO
Brand		
AVELOX SOLN 400MG/250ML; 0.8%	2	MO
AVELOX TABS 400MG	2	MO
AVELOX ABC PACK TABS 400MG	2	MO
CIPRO I.V.-IN D5W SOLN 200MG; 5%	2	MO
LEVAQUIN INJ SOLN 25MG/ML	3	MO
LEVAQUIN TABS 250MG; 500MG; 750MG	3	MO
LEVAQUIN ORAL SOLN 25MG/ML	3	MO
LEVAQUIN PREMIX SOLN 5%; 250MG/50ML	2	MO
NOROXIN TABS 400MG	3	MO
SULFA'S / RELATED AGENTS		
Generic		
sulfadiazine tabs 500mg	1	MO
sulfamethoxazole / trimethoprim soln 400mg/5ml; 80mg/5ml	1	MO
sulfamethoxazole / trimethoprim susp 200mg/5ml; 40mg/5ml	1	MO
sulfamethoxazole / trimethoprim tabs 400mg; 80mg	1	MO
sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg	1	MO
sulfatrim susp 200mg/5ml; 40mg/5ml	1	MO
Brand		
GANTRISIN PEDIATRIC SUSP 500MG/5ML	2	MO

Drug Name	Drug Tier	Reqs./ Limits
TETRACYCLINES		
Generic		
demeclocycline hcl tabs 150mg; 300mg	1	MO
doxycycline hyclate caps 50mg; 100mg	1	MO
doxycycline hyclate solr 100mg	1	MO
doxycycline hyclate tabs 20mg; 100mg	1	MO
doxycycline monohydrate susr 25mg/5ml	1	MO
doxycycline monohydrate tabs 50mg; 75mg; 150mg	1	MO
minocycline hcl caps 50mg; 75mg; 100mg	1	MO
minocycline hcl tabs 75mg; 50mg; 75mg; 100mg; 50mg; 100mg	1	MO
tetracycline hcl caps 500mg; 250mg	1	MO
Brand		
VIBRAMYCIN SYRP 50MG/5ML	2	MO
URINARY TRACT AGENTS		
Generic		
methenamine hippurate tabs 1gm	1	MO
nitrofurantoin macrocrystalline caps 50mg	1	MO
nitrofurantoin monohydrate caps 100mg	1	MO
trimethoprim tabs 100mg	1	MO
Brand		
FURADANTIN SUSP 25MG/5ML	2	MO
MACRODANTIN CAPS 25MG	2	MO
PRIMSOL SOLN 50MG/5ML	3	MO
VANCOMYCIN		
Generic		
vancomycin inj inj solr 1000mg	1	MO
Brand		
VANCOCIN ORAL CAPS 125MG; 250MG	2	MO
VANCOMYCIN HCL ISO-OSMOTIC DEXTROSE SOLN	2	MO

Drug Name	Drug Tier	Reqs./ Limits
VANCOMYCIN INJ SOLR 10GM	2	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

Generic

leucovorin calcium oral tabs 25mg; 5mg	1	MO
leucovorin calcium solr 350mg; 100mg	1	MO
mesna soln 100mg/ml	1	MO

Brand

ELITEK SOLR 1.5MG	4	MO
LEUCOVORIN CALCIUM ORAL TABS 10MG; 15MG	2	MO
MESNEX TABS 400MG	2	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Generic

adriamycin soln 2mg/ml	1	MO
azathioprine tabs 50mg	1	PA MO
azathioprine sodium solr 100mg	1	PA MO
bicalutamide tabs 50mg	1	MO
bleomycin sulfate solr 30unit	1	MO
carboplatin soln 150mg/15ml	1	MO
cisplatin soln 100mg/100ml	1	MO
cyclophosphamide solr 500mg; 1gm	1	MO
cyclophosphamide tabs 25mg; 50mg	1	PA MO
cyclosporine oral caps 25mg; 100mg; 100mg	1	PA MO
cyclosporine oral soln 100mg/ml	1	PA MO
cyclosporine inj soln 50mg/ml	1	PA MO
cytarabine solr 500mg	1	MO
cytarabine aqueous soln 20mg/ml	1	MO
dacarbazine solr 200mg	1	MO
doxorubicin hcl solr 50mg	1	MO
epirubicin hcl soln 50mg/25ml	1	MO
etoposide soln 20mg/ml	1	MO
fludarabine phosphate solr 50mg	1	MO
fluorouracil inj soln 500mg/10ml	1	MO
flutamide caps 125mg	1	MO
gengraf caps 100mg; 25mg	1	PA MO
gengraf soln 100mg/ml	1	PA MO
hydroxyurea caps 500mg	1	MO
idarubicin hcl soln 10mg/10ml	1	MO
ifosfamide/mesna kit 3000mg; 1000mg; 1gm; 1gm	4	MO
irinotecan soln 100mg/5ml	1	MO
leuprolide acetate kit 1mg/0.2ml	1	MO
megestrol acetate susp 40mg/ml	1	MO
megestrol acetate tabs 20mg; 40mg	1	MO
mercaptopurine tabs 50mg	1	MO
methotrexate tabs 2.5mg	1	PA MO
methotrexate sodium soln 25mg/ml	1	MO
mitomycin solr 20mg	1	MO
mitoxantrone hcl conc 2mg/ml	1	MO
mycophenolate mofetil caps 250mg	1	PA MO
mycophenolate mofetil tabs 500mg	1	PA MO
octreotide soln 50mcg/ml; 500mcg/ml; 100mcg/ml; 200mcg/ml; 1000mcg/ml	1	MO
onxol conc 30mg/5ml	1	MO
paclitaxel conc 100mg/16.7ml	1	MO
pentostatin solr 10mg	1	MO
tamoxifen citrate tabs 20mg; 10mg	1	MO
thiotepa solr 15mg	1	MO
tretinoin caps 10mg	1	MO
vinblastine sulfate solr 10mg	1	MO
vincasar pfs soln 1mg/ml	1	MO
vincristine sulfate soln 1mg/ml	1	MO
vinorelbine tartrate soln 10mg/ml	1	MO

Brand

ABRAXANE SUSR 100MG	3	MO
AFINITOR TABS 10MG; 5MG	4	PA QL MO
ALIMTA SOLR 500MG	3	MO
ALKERAN SOLR 50MG	3	MO
ARIMIDEX TABS 1MG	2	MO

Drug Name	Drug Tier	Reqs./ Limits
AROMASIN TABS 25MG	2	MO
ARRANON SOLN 5MG/ML	3	MO
AVASTIN SOLN 100MG/4ML	3	MO
BICNU SOLR 100MG	3	MO
CAMPATH SOLN 30MG/ML	3	MO
CEENU	2	MO
CELLCEPT CAPS 250MG	2	PA MO
CELLCEPT SUSR 200MG/ML	2	PA MO
CELLCEPT TABS 500MG	2	PA MO
CLADRIBINE SOLN 1MG/ML	2	MO
CLOLAR SOLN 1MG/ML	3	MO
COSMEGEN SOLR 0.5MG	3	MO
CYCLOSPORINE ORAL CAPS 50MG	2	PA MO
CYTOXAN SOLR 2GM; 500MG	3	MO
DAUNORUBICIN HCL INJ 5MG/ML	3	MO
DAUNOXOME INJ 2MG/ML	3	MO
DROXIA	2	MO
ELLENCE SOLN 2MG/ML	3	MO
ELOXATIN SOLN 100MG/20ML	3	MO
ELSPAR SOLR 10000UNIT	3	MO
EMCYT CAPS 140MG	2	MO
ERBITUX SOLN 100MG/50ML	3	MO
ETOPOPHOS SOLR 100MG	3	MO
FARESTON TABS 60MG	3	MO
FASLODEX	4	MO
FEMARA TABS 2.5MG	2	MO
FLUDARABINE PHOSPHATE SOLN 50MG/2ML	2	MO
GEMZAR SOLR 1GM	3	MO
GLEEVEC	4	MO
HERCEPTIN SOLR 440MG	3	MO
HEXALEN CAPS 50MG	4	MO
HYCAMTIN SOLR 4MG	3	MO
IFEX SOLR 3GM	3	MO
IFOSFAMIDE SOLR 1GM	3	MO
LEUKERAN TABS 2MG	2	MO
LEUSTATIN SOLN 1MG/ML	2	MO
LUPRON DEPOT INJ KIT 3.75MG	2	MO
LUPRON DEPOT INJ KIT 7.5MG; 11.25MG; 30MG; 22.5MG	4	MO
LUPRON DEPOT-PED KIT 11.25MG; 15MG	4	MO
LYSODREN TABS 500MG	2	MO
MATULANE CAPS 50MG	4	MO
MEGACE ES SUSP 625MG/5ML	3	MO
METHOTREXATE SODIUM SOLR 1GM	3	MO
MUSTARGEN SOLR 10MG	3	MO
MYFORTIC	2	PA MO
MYLOTARG SOLR 5MG	3	MO
NEORAL CAPS 25MG; 100MG	2	PA MO
NEORAL SOLN 100MG/ML	2	PA MO
NEXAVAR TABS 200MG	4	LA PA QL MO
NILANDRON TABS 150MG	3	MO
NIPENT SOLR 10MG	3	MO
ONCASPAR SOLN 750UNIT/ML	3	MO
ONTAK SOLN 150MCG/ML	3	MO
PHOTOFRIN SOLR 75MG	3	MO
PROGRAF CAPS 0.5MG; 1MG; 5MG	2	PA MO
PROGRAF SOLN 5MG/ML	2	PA MO
RAPAMUNE SOLN 1MG/ML	2	PA MO
RAPAMUNE TABS 1MG; 2MG	2	PA MO
REVLIMID CAPS 10MG; 5MG; 15MG; 25MG	4	LA MO
RHEUMATREX TABS 2.5MG	3	PA MO
RITUXAN CONC 10MG/ML	2	PA MO
SANDIMMUNE CAPS 25MG; 100MG	2	PA MO
SANDIMMUNE INJ SOLN 50MG/ML	2	PA MO
SANDIMMUNE ORAL SOLN 100MG/ML	2	PA MO
SANDOSTATIN SOLN 50MCG/ML; 100MCG/ML; 500MCG/ML	4	MO
SANDOSTATIN LAR DEPOT KIT 30MG; 10MG; 20MG	3	MO

Drug Name	Drug Tier	Reqs./ Limits
SOMATULINE DEPOT SOLN 90MG/0.3ML; 120MG/0.5ML	4	MO
SPRYCEL	4	QL MO
SUTENT	4	PA QL MO
TABLOID TABS 40MG	2	MO
TARCEVA	4	PA QL MO
TARGRETIN CAPS 75MG	2	MO
TARGRETIN GEL 1%	2	PA MO
TASIGNA CAPS 200MG	4	MO
TAXOTERE CONC 80MG/2ML	4	MO
THALOMID CAPS 100MG; 50MG; 200MG; 150MG	4	PA MO
TRELSTAR DEPOT SUSR 3.75MG	3	MO
TRELSTAR LA SUSR 11.25MG	3	MO
TRISENOX SOLN 10MG/10ML	2	MO
TYKERB TABS 250MG	4	LA QL MO
VELCADE SOLR 3.5MG	3	MO
VIDAZA SUSR 100MG	4	QL MO
ZANOSAR SOLR 1GM	3	MO
ZOLINZA CAPS 100MG	4	MO

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

Generic

Drug Name	Drug Tier	Reqs./ Limits
carbamazepine chew 100mg	1	MO
carbamazepine susp 100mg/5ml	1	MO
carbamazepine tabs 200mg	1	MO
carbamazepine er tb12 200mg; 400mg	1	MO
divalproex sodium cpsp 125mg	1	MO
divalproex sodium tb24 250mg; 500mg	1	MO
divalproex sodium tbec 250mg; 500mg; 125mg	1	MO
epitol tabs 200mg	1	MO
ethosuximide caps 250mg	1	MO
ethosuximide soln 250mg/5ml	1	MO
fosphenytoin sodium soln 100mg pe/2ml	1	MO
gabapentin caps 400mg; 300mg; 100mg	1	MO
gabapentin tabs 600mg; 800mg	1	MO
lamotrigine tabs 25mg; 100mg; 150mg; 200mg	1	MO
lamotrigine tbdp 5mg; 25mg	1	MO
levetiracetam soln 100mg/ml	1	MO
levetiracetam tabs 250mg; 500mg; 750mg; 1000mg	1	MO
oxcarbazepine tabs 150mg; 300mg; 600mg	1	MO
phenytoin susp 125mg/5ml	1	MO
phenytoin sodium extended caps 100mg	1	MO
primidone tabs 50mg; 250mg	1	MO
topiramate cpsp 15mg; 25mg	1	MO
topiramate tabs 100mg; 200mg; 25mg; 50mg	1	MO
valproate sodium soln 100mg/ml	1	MO
valproic acid caps 250mg	1	MO
valproic acid syrp 250mg/5ml	1	MO
zonisamide caps 50mg; 100mg; 25mg	1	MO

Brand

Drug Name	Drug Tier	Reqs./ Limits
BANZEL	2	MO
CARBATROL CP12 100MG; 200MG; 300MG	2	MO
CELONTIN CAPS 300MG	2	MO
DILANTIN CAPS 30MG	2	MO
DILANTIN INFATABS CHEW 50MG	2	MO
EQUETRO	2	MO
FELBATOL SUSP 600MG/5ML	2	MO
FELBATOL TABS 600MG; 400MG	2	MO
GABITRIL	2	MO
KEPPRA SOLN 500MG/5ML	2	MO
LYRICA CAPS 100MG; 150MG; 225MG; 25MG; 75MG; 200MG; 300MG; 50MG	2	QL MO
NEURONTIN SOLN 250MG/5ML	2	MO
PEGANONE TABS 250MG	2	MO

Drug Name	Drug Tier	Reqs./ Limits
PHENYTOIN SODIUM SOLN 50MG/ML	2	MO
TEGRETOL-XR TB12 100MG	2	MO
TRILEPTAL SUSP 300MG/5ML	2	MO
VIMPAT INJ	2	MO
VIMPAT ORAL	2	MO

ANTIPARKINSONISM AGENTS

Generic

benztropine mesylate tabs 0.5mg; 1mg; 2mg	1	MO
bromocriptine mesylate caps 5mg	1	MO
bromocriptine mesylate tabs 2.5mg	1	MO
carbidopa/levodopa tabs 25mg; 250mg; 10mg; 100mg; 25mg; 100mg	1	MO
carbidopa/levodopa cr tbcr 25mg; 100mg	1	MO
carbidopa/levodopa odt tbdp 10mg; 100mg; 25mg; 100mg; 25mg; 250mg	1	MO
carbidopa/levodopa sr tbcr 50mg; 200mg	1	MO
ropinirole tabs 1mg; 2mg; 3mg; 4mg; 0.25mg; 0.5mg; 5mg	1	MO
selegiline caps 5mg	1	MO
selegiline tabs 5mg	1	MO
trihexyphenidyl elix 0.4mg/ml	1	MO
trihexyphenidyl tabs 2mg; 5mg	1	MO

Brand

APOKYN SOLN 10MG/ML	2	LA PA MO
COGENTIN SOLN 1MG/ML	2	MO
COMTAN TABS 200MG	2	MO
LODOSYN TABS 25MG	2	MO
MIRAPEX TABS 0.25MG; 1MG; 1.5MG; 0.125MG; 0.5MG; 0.75MG	2	MO
REQUIP XL TB24 2MG; 4MG; 8MG; 12MG; 6MG	2	MO
STALEVO 100	3	MO
STALEVO 125	3	MO
STALEVO 150	3	MO
STALEVO 200	3	MO
STALEVO 50	3	MO
STALEVO 75	3	MO
TASMAR	3	MO
ZELAPAR TBDP 1.25MG	2	MO

MIGRAINE / CLUSTER HEADACHE THERAPY

Generic

dihydroergotamine mesylate soln 1mg/ml	1	MO
ergotamine tartrate / caffeine tabs 100mg; 1mg	1	MO
migergot supp 100mg; 2mg	1	MO
sumatriptan succinate soln 6mg/0.5ml	1	QL MO
sumatriptan succinate tabs 100mg; 25mg; 50mg	1	QL MO

Brand

MAXALT TABS 5MG; 10MG	2	QL MO
MAXALT-MLT TBDP 5MG; 10MG	2	QL MO
MIGRANAL SOLN 4MG/ML	3	QL MO

MISCELLANEOUS NEUROLOGICAL THERAPY

Generic

galantamine hydrobromide cp24 8mg; 16mg; 24mg	1	QL MO
galantamine hydrobromide tabs 4mg; 8mg; 12mg	1	QL MO

Brand

ARICEPT TABS 5MG; 10MG	2	QL MO
ARICEPT ODT TBDP 5MG; 10MG	2	QL MO
COPAXONE KIT 20MG/ML	4	PA QL MO
EXELON CAPS 4.5MG; 6MG; 1.5MG; 3MG	2	QL MO
EXELON PT24 4.6MG/24HR; 9.5MG/24HR	2	QL MO
EXELON SOLN 2MG/ML	2	MO
MYTELASE TABS 10MG	2	MO
NAMENDA SOLN 10MG/5ML	3	MO
NAMENDA TABS 5MG; 10MG	3	QL MO

Drug Name	Drug Tier	Reqs./ Limits
NAMENDA TITRATION PAK TABS	3	MO
XENAZINE	4	LA MO
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
Generic		
baclofen tabs 20mg; 10mg	1	MO
carisoprodol tabs 350mg	1	MO
carisoprodol /aspirin tabs 325mg; 200mg	1	MO
chlorzoxazone tabs 500mg; 250mg	1	MO
cyclobenzaprine hcl tabs 5mg; 10mg	1	MO
dantrolene sodium caps 100mg; 25mg; 50mg	1	MO
methocarbamol tabs 500mg; 750mg	1	MO
orphenadrine /asa /caffeine tabs 385mg; 30mg; 25mg	1	MO
orphenadrine citrate soln 30mg/ml	1	MO
orphenadrine citrate er tb12 100mg	1	MO
orphenadrine compound ds tabs 770mg; 60mg; 50mg	1	MO
pyridostigmine bromide tabs 60mg	1	MO
regonol soln 5mg/ml	1	MO
tizanidine hcl tabs 4mg; 2mg	1	MO
Brand		
MESTINON SYRP 60MG/5ML	2	MO
MESTINON TIMESPAN TBCR 180MG	2	MO
NARCOTIC ANALGESICS		
Generic		
acetaminophen / codeine soln 120mg/5ml; 12mg/5ml	1	MO
acetaminophen / codeine tabs 300mg; 15mg	1	MO
acetaminophen/codeine #3 tabs 300mg; 30mg	1	MO
acetaminophen/codeine #4 tabs 300mg; 60mg	1	MO
buprenorphine hcl soln 0.3mg/ml	1	MO

Drug Name	Drug Tier	Reqs./ Limits
duramorph soln 1mg/ml; 0.5mg/ml	1	MO
endocet tabs 325mg; 10mg; 500mg; 7.5mg; 650mg; 10mg; 325mg; 5mg; 325mg; 7.5mg	1	MO
fentanyl citrate soln 0.05mg/ml	1	MO
fentanyl citrate oral transmucosal lpop 1600mcg; 200mcg; 400mcg; 600mcg; 800mcg; 1200mcg	1	PA QL MO
fentanyl patches pt72 100mcg/hr; 12.5mcg/hr; 25mcg/hr; 50mcg/hr; 75mcg/hr	1	MO
hydrocodone / acetaminophen soln 500mg/15ml; 7.5mg/15ml	1	MO
hydrocodone / acetaminophen tabs 750mg; 7.5mg; 325mg; 5mg; 650mg; 10mg; 660mg; 10mg; 325mg; 7.5mg; 500mg; 7.5mg; 500mg; 5mg; 325mg; 10mg; 650mg; 7.5mg; 500mg; 10mg	1	MO
hydrocodone / ibuprofen tabs 7.5mg; 200mg	1	MO
hydrocodone /acetaminophen-hs tabs 500mg; 2.5mg	1	MO
hydrocodone bitartrate/acetaminophen tabs 750mg; 10mg	1	MO
hydromorphone hcl soln 10mg/ml	1	MO
hydromorphone hcl tabs 8mg; 4mg; 2mg	1	MO
levorphanol tartrate tabs 2mg	1	MO
margesic-h caps 500mg; 5mg	1	MO
meperidine hcl inj soln 25mg/ml; 50mg/ml; 75mg/ml; 10mg/ml	1	MO
meperidine hcl oral soln 50mg/5ml	1	MO
meperidine hcl tabs 50mg; 100mg	1	MO
methadone hcl conc 10mg/ml	1	MO
methadone hcl inj soln 10mg/ml	1	MO
methadone hcl tabs 5mg; 10mg	1	MO
methadose tabs 10mg; 5mg	1	MO

Drug Name	Drug Tier	Reqs./ Limits
morphine sulfate inj soln 5mg/ml; 0.5mg/ml; 1mg/ml	1	MO
morphine sulfate oral soln 10mg/5ml; 20mg/5ml	1	MO
morphine sulfate tabs 30mg; 15mg	1	MO
morphine sulfate er tb12 60mg; 100mg; 30mg; 15mg; 200mg	1	MO
oxycodone /acetaminophen caps 500mg; 5mg	1	MO
oxycodone /acetaminophen tabs 325mg; 5mg; 325mg; 2.5mg	1	MO
oxycodone /apap tabs 500mg; 7.5mg	1	MO
oxycodone /aspirin tabs 325mg; 4.5mg; 0.38mg	1	MO
oxycodone hcl tabs 30mg; 15mg; 5mg	1	MO
oxycodone hcl er tb12 10mg; 20mg; 80mg	1	MO
oxycodone-apap tabs 325mg; 7.5mg; 325mg; 10mg	1	MO
oxycontin oral tb12 40mg	1	MO
reprexain tabs 10mg; 200mg	1	MO
roxicet tabs 325mg; 5mg	1	MO
stagesic caps 500mg; 5mg	1	MO
trezix caps 356.4mg; 30mg; 16mg	1	MO
zerlor tabs 712.8mg; 60mg; 32mg	1	MO
Brand		
BUPRENEX SOLN 0.3MG/ML	2	MO
DILAUDID SOLN 1MG/ML; 2MG/ML; 4MG/ML	2	MO
DILAUDID-5 LIQD 1MG/ML	2	MO
DILAUDID-HP SOLN 10MG/ML	2	MO
INFUMORPH 200 SOLN 10MG/ML	2	MO
INFUMORPH 500 SOLN 25MG/ML	2	MO
LEVO DROMORAN SOLN 2MG/ML	2	MO
METHADONE HCL ORAL SOLN 10MG/5ML; 5MG/5ML	2	MO

Drug Name	Drug Tier	Reqs./ Limits
OXYCONTIN ORAL TB12 10MG; 20MG; 40MG; 80MG; 15MG; 30MG; 60MG	2	MO
ROXICET SOLN 325MG/5ML; 5MG/5ML	2	MO
SUBUTEX SUBL 2MG; 8MG	2	MO
NON-NARCOTIC ANALGESICS		
Generic		
butorphanol tartrate inj soln 2mg/ml; 1mg/ml	1	MO
butorphanol tartrate nasal soln 10mg/ml	1	PA QL MO
depade tabs 50mg	1	MO
diclofenac potassium tabs 50mg	1	MO
diclofenac sodium tbec 75mg	1	MO
diclofenac sodium ec tbec 50mg; 25mg	1	MO
diclofenac sodium xr tb24 100mg	1	MO
diflunisal tabs 500mg	1	MO
etodolac caps 200mg; 300mg	1	MO
etodolac tabs 400mg; 500mg	1	MO
etodolac tb24 500mg; 600mg; 400mg	1	MO
fenoprofen calcium tabs 600mg	1	MO
flurbiprofen tabs 100mg; 50mg	1	MO
ibu tabs 600mg	1	MO
ibuprofen susp 100mg/5ml	1	MO
ibuprofen tabs 800mg; 400mg	1	MO
indomethacin caps 50mg; 25mg	1	MO
indomethacin er cpcr 75mg	1	MO
ketoprofen caps 50mg; 75mg	1	MO
ketoprofen er cp24 200mg	1	MO
meclofenamate sodium caps 100mg; 50mg	1	MO
meloxicam susp 7.5mg/5ml	1	MO
meloxicam tabs 15mg; 7.5mg	1	MO
nabumetone tabs 500mg; 750mg	1	MO
naloxone soln 1mg/ml; 0.4mg/ml	1	MO
naltrexone tabs 50mg	1	MO
naproxen susp 125mg/5ml	1	MO
naproxen tabs 375mg	1	MO
naproxen tbec 500mg; 375mg	1	MO

Drug Name	Drug Tier	Reqs./ Limits
naproxen sodium tabs 550mg; 275mg	1	MO
oxaprozin tabs 600mg	1	MO
piroxicam caps 20mg; 10mg	1	MO
sulindac tabs 200mg; 150mg	1	MO
tolmetin sodium caps 400mg	1	MO
tolmetin sodium tabs 200mg; 600mg	1	MO
tramadol tabs 50mg	1	MO
Brand		
ARTHROTEC 50 TABS 50MG; 200MCG	3	MO
ARTHROTEC 75 TABS 75MG; 200MCG	3	MO
CELEBREX CAPS 100MG; 200MG; 400MG; 50MG	2	QL MO
SUBOXONE	2	MO
VOLTAREN GEL 1%	2	MO
PROPOXYPHENE		
Generic		
balacet 325 tabs 325mg; 100mg	1	MO
propoxyphene /acetaminophen tabs 650mg; 65mg	1	MO
propoxyphene hcl caps 65mg	1	MO
propoxyphene-n /acetaminophen tabs 325mg; 50mg; 650mg; 100mg; 500mg; 100mg	1	MO
PSYCHOTHERAPEUTIC DRUGS		
Generic		
amitriptyline tabs 75mg; 10mg; 25mg; 150mg; 100mg; 50mg	1	MO
amoxapine	1	MO
amphetamine salt combo tabs	1	PA MO
budeprion sr tb12 100mg; 150mg	1	QL MO
budeprion xl tb24 300mg; 150mg	1	QL MO
bupropion hcl tabs 75mg; 100mg	1	MO
bupropion hcl sr oral tb12 100mg; 200mg	1	QL MO
buspirone hcl tabs 15mg; 7.5mg; 30mg; 5mg; 10mg	1	MO
chlordiazepoxide /amitriptyline tabs 25mg; 10mg; 12.5mg; 5mg	1	MO

Drug Name	Drug Tier	Reqs./ Limits
chlorpromazine oral tabs 25mg; 10mg	1	PA MO
chlorpromazine oral tabs 50mg; 100mg; 200mg	1	MO
chlorpromazine soln 25mg/ml	1	MO
citalopram soln 10mg/5ml	1	MO
citalopram tabs 20mg; 10mg; 40mg	1	QL MO
clomipramine caps 25mg; 75mg; 50mg	1	MO
clozapine oral tabs 50mg; 25mg; 100mg	1	MO
desipramine tabs 25mg; 50mg; 75mg; 150mg; 10mg; 100mg	1	MO
dexmethylphenidate tabs 2.5mg; 5mg; 10mg	1	PA MO
dextroamphetamine sulfate tabs 5mg; 10mg	1	PA MO
dextroamphetamine sulfate er cp24 15mg; 10mg; 5mg	1	PA MO
doxepin caps 150mg; 25mg; 75mg; 10mg; 100mg; 50mg	1	MO
doxepin conc 10mg/ml	1	MO
fluoxetine caps 10mg; 40mg; 20mg	1	QL MO
fluoxetine soln 20mg/5ml	1	MO
fluoxetine tabs 20mg; 10mg	1	QL MO
fluphenazine conc 5mg/ml	1	MO
fluphenazine elix 2.5mg/5ml	1	MO
fluphenazine soln 2.5mg/ml	1	MO
fluphenazine tabs 2.5mg; 5mg; 10mg; 1mg	1	MO
fluphenazine decanoate inj soln 25mg/ml	1	MO
fluvoxamine tabs 25mg; 50mg; 100mg	1	QL MO
haloperidol conc 2mg/ml	1	MO
haloperidol tabs 0.5mg; 1mg; 5mg; 2mg; 10mg; 20mg	1	MO
haloperidol decanoate inj soln 50mg/ml; 100mg/ml	1	MO
haloperidol lactate inj soln 5mg/ml	1	MO
imipramine tabs 10mg; 25mg; 50mg	1	MO

Drug Name	Drug Tier	Reqs./ Limits
lithium carbonate caps 150mg; 300mg; 600mg	1	MO
lithium carbonate tabs 300mg	1	MO
lithium carbonate er tbcr 450mg; 300mg	1	MO
lithium citrate syrp 8meq/5ml	1	MO
loxapine caps 25mg; 5mg; 10mg; 50mg	1	MO
maprotiline	1	MO
metadate er tbcr 20mg	1	PA MO
methylin tabs 20mg; 5mg; 10mg	1	PA MO
methylin er tbcr 10mg; 20mg	1	PA MO
methylphenidate hcl tabs 10mg; 20mg; 5mg	1	PA MO
methylphenidate hcl sr tbcr 20mg	1	PA MO
mirtazapine tabs 15mg; 7.5mg; 30mg; 45mg	1	QL MO
mirtazapine tbdp 15mg	1	QL MO
mirtazapine odt tbdp 30mg; 45mg	1	QL MO
nefazodone	1	QL MO
nortriptyline caps 75mg; 10mg; 50mg; 25mg	1	MO
nortriptyline soln 10mg/5ml	1	MO
paroxetine susp 10mg/5ml	1	MO
paroxetine tabs 10mg; 20mg; 40mg; 30mg	1	QL MO
paroxetine er tb24 12.5mg; 25mg	1	QL MO
perphenazine oral tabs 2mg; 16mg	1	MO
perphenazine oral tabs 4mg; 8mg	1	PA MO
protriptyline hcl tabs 5mg; 10mg	1	MO
risperidone soln 1mg/ml	1	MO
risperidone tabs 0.25mg; 0.5mg; 1mg; 2mg; 3mg; 4mg	1	QL MO
risperidone odt tbdp 0.25mg; 0.5mg; 2mg; 3mg; 4mg	1	QL MO
sertraline conc 20mg/ml	1	MO
sertraline tabs 25mg; 50mg; 100mg	1	QL MO
thioridazine tabs 10mg; 25mg; 100mg; 50mg	1	MO

Drug Name	Drug Tier	Reqs./ Limits
thiothixene caps 1mg; 5mg; 2mg; 10mg	1	MO
tranylcypromine tabs 10mg	1	MO
trazodone tabs 300mg; 50mg; 150mg; 100mg	1	MO
trifluoperazine tabs 1mg; 10mg; 5mg; 2mg	1	MO
trimipramine maleate caps 25mg; 50mg	1	MO
venlafaxine hcl tabs 37.5mg; 75mg; 100mg; 50mg; 25mg	1	QL MO
zaleplon caps 5mg; 10mg	1	MO
zolpidem tabs 5mg; 10mg	1	MO
Brand		
ABILIFY INJ SOLN 9.75MG/1.3ML	3	MO
ABILIFY ORAL SOLN 1MG/ML	3	MO
ABILIFY TABS 2MG; 10MG; 20MG; 5MG; 15MG; 30MG	3	QL MO
ABILIFY DISCMELT TBDP 10MG; 15MG	3	QL MO
CLOZAPINE ORAL TABS 200MG	2	MO
CYMBALTA CPEP 60MG; 20MG; 30MG	2	QL MO
EFFEXOR XR CP24 37.5MG; 75MG; 150MG	2	QL MO
EMSAM	3	QL MO
FAZACLO TBDP 12.5MG; 25MG; 100MG	3	MO
FOCALIN TABS 2.5MG; 5MG; 10MG	3	PA MO
FOCALIN XR CP24 5MG; 10MG; 20MG; 15MG	2	PA MO
GEODON CAPS 60MG; 20MG; 80MG; 40MG	2	QL MO
GEODON SOLR 20MG	2	MO
HALDOL DECANOATE SOLN 50MG/ML; 100MG/ML	2	MO
INVEGA TB24 3MG; 6MG; 9MG	2	MO
LEXAPRO SOLN 5MG/5ML	2	MO
LEXAPRO TABS 5MG; 20MG; 10MG	2	QL MO
MARPLAN TABS 10MG	2	MO

Drug Name	Drug Tier	Reqs./ Limits
METADATE CD CPCR 40MG; 60MG; 10MG; 20MG; 30MG; 50MG	3	PA MO
METHYLIN CHEW 2.5MG; 5MG; 10MG	3	PA MO
METHYLIN SOLN 10MG/5ML; 5MG/5ML	3	PA MO
MOBAN	2	MO
NARDIL TABS 15MG	2	MO
ORAP	2	MO
PRISTIQ TB24 50MG; 100MG	2	QL MO
PROVIGIL	2	PA QL MO
RISPERDAL CONSTA INJ SUSR 25MG; 12.5MG	2	MO
RISPERDAL CONSTA INJ SUSR 37.5MG; 50MG	4	MO
RISPERDAL M-TAB TBDP 1MG	2	QL MO
RITALIN LA CP24 10MG; 30MG; 20MG; 40MG	3	PA MO
ROZEREM TABS 8MG	3	MO
SEROQUEL TABS 50MG; 100MG; 200MG; 400MG; 300MG; 25MG	2	QL MO
SEROQUEL XR TB24 300MG; 400MG; 200MG; 150MG; 50MG	2	QL MO
STRATTERA	2	MO
SURMONTIL CAPS 100MG	3	MO
SYMBYAX CAPS 25MG; 12MG; 50MG; 12MG; 25MG; 6MG; 50MG; 6MG; 25MG; 3MG	3	QL MO
XYREM SOLN 500MG/ML	4	PA MO
ZYPREXA SOLR 10MG	2	MO
ZYPREXA TABS 15MG; 5MG; 7.5MG; 20MG; 10MG; 2.5MG	2	QL MO
ZYPREXA ZYDIS TBDP 20MG; 5MG; 15MG; 10MG	2	QL MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

Generic

Drug Name	Drug Tier	Reqs./ Limits
amiodarone soln 50mg/ml	1	MO
amiodarone tabs 200mg; 400mg	1	MO
disopyramide phosphate caps 100mg; 150mg	1	MO
flecainide acetate tabs 100mg; 150mg; 50mg	1	MO
mexiletine	1	MO
pacerone oral tabs 200mg	1	MO
procainamide	1	MO
propafenone hcl tabs 225mg; 150mg; 300mg	1	MO
quinidine gluconate cr tbcr 324mg	1	MO
quinidine sulfate tabs 300mg; 200mg	1	MO
quinidine sulfate er tbcr 300mg	1	MO
sorine tabs 80mg; 120mg; 160mg; 240mg	1	MO
sotalol tabs 80mg; 120mg; 160mg; 240mg	1	MO

Brand

Drug Name	Drug Tier	Reqs./ Limits
NORPACE CR CP12 100MG	2	MO
PACERONE ORAL TABS 400MG; 300MG; 100MG	2	MO
TIKOSYN CAPS 500MCG; 250MCG; 125MCG	3	MO

ANTIHYPERTENSIVE THERAPY

Generic

Drug Name	Drug Tier	Reqs./ Limits
acebutolol caps 400mg; 200mg	1	MO
afeditab cr tb24 30mg; 60mg	1	MO
amiloride tabs 5mg	1	MO
amiloride / hydrochlorothiazide tabs 5mg; 50mg	1	MO
amlodipine / benazepril caps 2.5mg; 10mg; 5mg; 10mg; 5mg; 20mg; 10mg; 20mg	1	QL MO
amlodipine besylate tabs 2.5mg; 5mg; 10mg	1	MO
atenolol tabs 50mg; 25mg; 100mg	1	MO
atenolol / chlorthalidone tabs 50mg; 25mg; 100mg; 25mg	1	MO
benazepril tabs 20mg; 10mg; 40mg; 5mg	1	MO

Drug Name	Drug Tier	Reqs./ Limits
benazepril / hydrochlorothiazide tabs 20mg; 25mg; 5mg; 6.25mg; 10mg; 12.5mg; 20mg; 12.5mg	1	QL MO
betaxolol hcl tabs 10mg; 20mg	1	MO
bisoprolol fumarate tabs 5mg; 10mg	1	MO
bisoprolol fumarate / hydrochlorothiazide tabs 5mg; 6.25mg; 10mg; 6.25mg; 2.5mg; 6.25mg	1	MO
bumetanide soln 0.25mg/ml	1	MO
bumetanide tabs 1mg; 2mg; 0.5mg	1	MO
captopril tabs 100mg; 25mg; 50mg; 12.5mg	1	MO
captopril / hydrochlorothiazide tabs 25mg; 15mg; 25mg; 25mg; 50mg; 15mg; 50mg; 25mg	1	QL MO
cartia xt cp24 120mg; 180mg; 300mg; 240mg	1	MO
carvedilol tabs 3.125mg; 6.25mg; 12.5mg; 25mg	1	MO
chlorothiazide tabs 500mg; 250mg	1	MO
chlorthalidone tabs 25mg; 50mg	1	MO
clonidine tabs 0.3mg; 0.2mg; 0.1mg	1	MO
dilt-cd cp24 180mg; 120mg; 300mg	1	MO
diltiazem cd cp24 120mg; 240mg; 300mg	1	MO
diltiazem hcl cp24 360mg	1	MO
diltiazem hcl soln 25mg/5ml	1	MO
diltiazem hcl tabs 90mg; 60mg; 120mg; 30mg	1	MO
diltiazem hcl er cp12 90mg; 120mg; 60mg	1	MO
diltiazem hcl er cp24 420mg	1	MO
dilt-xr cp24 240mg; 180mg	1	MO
diltzac cp24 120mg; 180mg; 240mg; 300mg; 360mg	1	MO
doxazosin tabs 2mg; 8mg; 1mg; 4mg	1	QL MO
enalapril tabs 10mg; 20mg; 2.5mg; 5mg	1	MO
enalapril / hydrochlorothiazide tabs 5mg; 12.5mg; 10mg; 25mg	1	QL MO
eplerenone tabs 25mg; 50mg	1	MO
felodipine er tb24 2.5mg; 5mg; 10mg	1	MO
fosinopril tabs 40mg; 20mg; 10mg	1	MO
fosinopril / hydrochlorothiazide tabs 10mg; 12.5mg; 20mg; 12.5mg	1	QL MO
furosemide inj soln 10mg/ml	1	MO
furosemide oral soln 10mg/ml	1	MO
furosemide tabs 80mg; 40mg; 20mg	1	MO
guanfacine hcl tabs 1mg; 2mg	1	MO
hydralazine soln 20mg/ml	1	MO
hydralazine tabs 25mg; 50mg; 10mg; 100mg	1	MO
hydrochlorothiazide caps 12.5mg	1	MO
hydrochlorothiazide tabs 25mg; 12.5mg; 50mg	1	MO
indapamide tabs 2.5mg; 1.25mg	1	MO
isradipine caps 2.5mg; 5mg	1	MO
labetalol soln 5mg/ml	1	MO
labetalol tabs 200mg; 300mg; 100mg	1	MO
lisinopril tabs 30mg; 40mg; 5mg; 20mg; 2.5mg; 10mg	1	MO
lisinopril / hydrochlorothiazide tabs 12.5mg; 10mg; 12.5mg; 20mg; 25mg; 20mg	1	QL MO
methyclothiazide tabs 5mg	1	MO
metolazone tabs 2.5mg; 10mg; 5mg	1	MO
metoprolol / hydrochlorothiazide tabs 50mg; 100mg; 25mg; 100mg; 25mg; 50mg	1	MO
metoprolol succinate er tb24 25mg; 50mg; 100mg; 200mg	1	MO
metoprolol tartrate soln 1mg/ml	1	MO
metoprolol tartrate tabs 100mg; 50mg; 25mg	1	MO
minoxidil tabs 10mg; 2.5mg	1	MO
moexipril tabs 7.5mg; 15mg	1	MO

Drug Name	Drug Tier	Reqs./ Limits
moexipril / hydrochlorothiazide tabs 12.5mg; 7.5mg; 12.5mg; 15mg; 25mg; 15mg	1	QL MO
nadolol tabs 40mg; 160mg; 80mg; 20mg	1	MO
nadolol / bendroflumethiazide tabs 5mg; 40mg; 5mg; 80mg	1	MO
nicardipine caps 20mg; 30mg	1	MO
nifediac cc tb24 30mg; 60mg; 90mg	1	MO
nifedical xl tb24 60mg; 30mg	1	MO
nifedipine caps 20mg; 10mg	1	MO
nifedipine er tb24 30mg; 90mg; 60mg	1	MO
nimodipine caps 30mg	4	MO
nisoldipine tb24 20mg; 30mg; 40mg	1	MO
pindolol	1	MO
prazosin caps 5mg; 1mg; 2mg	1	QL MO
propranolol /hydrochlorothiazide	1	MO
propranolol hcl inj soln 1mg/ml	1	MO
propranolol hcl oral soln 20mg/5ml; 40mg/5ml	1	MO
propranolol hcl tabs 80mg; 10mg; 20mg; 60mg; 40mg	1	MO
propranolol hcl er cp24 60mg; 80mg; 120mg; 160mg	1	MO
quinapril tabs 10mg; 40mg; 5mg; 20mg	1	MO
quinapril / hydrochlorothiazide tabs 12.5mg; 20mg; 12.5mg; 10mg; 25mg; 20mg	1	QL MO
quinaretic tabs 12.5mg; 10mg; 12.5mg; 20mg; 25mg; 20mg	1	QL MO
ramipril caps 2.5mg; 5mg; 10mg; 1.25mg	1	MO
reserpine tabs 0.25mg; 0.1mg	1	MO
spironolactone tabs 100mg; 25mg; 50mg	1	MO
spironolactone / hydrochlorothiazide tabs 25mg; 25mg	1	MO
taztia xt cp24 240mg; 360mg; 120mg; 180mg; 300mg	1	MO
terazosin hcl caps 2mg; 10mg; 1mg; 5mg	1	QL MO
timolol maleate	1	MO
torsemide tabs 20mg; 5mg; 10mg; 100mg	1	MO
trandolapril tabs 1mg; 2mg; 4mg	1	MO
triamterene / hydrochlorothiazide caps 25mg; 37.5mg; 25mg; 50mg	1	MO
triamterene / hydrochlorothiazide tabs 50mg; 75mg; 25mg; 37.5mg	1	MO
verapamil soln 2.5mg/ml	1	MO
verapamil tabs 40mg; 120mg; 80mg	1	MO
verapamil er cp24 180mg; 240mg; 120mg; 100mg; 200mg; 300mg	1	MO
verapamil er tbcr 180mg; 120mg; 240mg	1	MO
Brand		
CATAPRES-TTS PTWK 0.3MG/24HR; 0.1MG/24HR; 0.2MG/24HR	2	MO
COREG CR CP24 10MG; 20MG; 40MG; 80MG	2	MO
DEMSER CAPS 250MG	2	MO
DIBENZYLINE CAPS 10MG	3	MO
DILTIAZEM HCL SOLR 100MG	2	MO
DIOVAN TABS 160MG; 320MG; 40MG; 80MG	2	QL MO
DIOVAN HCT TABS 12.5MG; 320MG; 25MG; 160MG; 12.5MG; 160MG; 25MG; 320MG; 12.5MG; 80MG	2	QL MO
EDECRIN TABS 25MG	2	MO
EXFORGE	2	QL MO
EXFORGE HCT	2	QL MO
FUROSEMIDE ORAL SOLN 8MG/ML	2	MO
LOTREL CAPS 5MG; 40MG; 10MG; 40MG	2	QL MO
MICARDIS	2	QL MO
MICARDIS HCT	2	QL MO

Drug Name	Drug Tier	Reqs./ Limits
SODIUM EDECRIN SOLR 50MG	2	MO
SULAR TB24 8.5MG; 17MG; 25.5MG; 34MG	2	MO
TEKTURNA TABS 150MG; 300MG	2	QL MO
TEKTURNA HCT	2	QL MO
TOPROL XL TB24 100MG; 200MG; 25MG; 50MG	3	MO
CARDIAC GLYCOSIDES		
Generic		
digoxin inj soln 0.25mg/ml	1	MO
digoxin oral soln 0.05mg/ml	1	MO
digoxin tabs 0.25mg; 0.125mg	1	MO
Brand		
LANOXIN SOLN 0.1MG/ML; 0.25MG/ML	2	MO
LANOXIN TABS 0.125MG; 0.25MG	2	MO
COAGULATION THERAPY		
Generic		
cilostazol tabs 100mg; 50mg	1	QL MO
dipyridamole tabs 25mg; 50mg; 75mg	1	MO
heparin sodium inj soln 5000unit/ml; 1000unit/ml; 10000unit/ml	1	MO
heparin sodium dcu soln 20000unit/ml	1	MO
heparin sodium/d5w soln 5%; 40unit/ml; 5%; 100unit/ml; 5%; 50unit/ml	1	MO
heparin sodium/nacl 0.9% soln 2unit/ml; 0.9%	1	MO
heparin sodium/sodium chloride 0.9% premix soln 2unit/ml; 0.9%	1	MO
jantoven tabs 2mg; 2.5mg; 5mg; 6mg; 10mg; 1mg; 3mg; 4mg; 7.5mg	1	MO
pentopak tbcr 400mg	1	MO
pentoxifylline er tbcr 400mg	1	MO
pentoxil tbcr 400mg	1	MO
ticlopidine hcl tabs 250mg	1	QL MO
warfarin tabs 6mg; 7.5mg; 1mg; 2.5mg; 2mg; 5mg; 3mg; 4mg; 10mg	1	MO
Brand		
AGGRENOX CP12 25MG; 200MG	3	MO
ARIXTRA INJ SOLN 2.5MG/0.5ML	2	MO
ARIXTRA INJ SOLN 5MG/0.4ML; 7.5MG/0.6ML; 10MG/0.8ML	4	MO
CYKLOKAPRON SOLN 100MG/ML	2	MO
FRAGMIN INJ 10000UNIT/ML; 2500UNIT/0.2ML; 25000UNIT/ML; 5000UNIT/0.2ML; 7500UNIT/0.3ML	2	MO
HEPARIN SODIUM INJ SOLN 2500UNIT/ML; 2000UNIT/ML	2	MO
HEPARIN SODIUM/NACL 0.45% SOLN 100UNIT/ML; 0.45%; 50UNIT/ML; 0.45%	2	MO
LOVENOX INJ SOLN 30MG/0.3ML; 40MG/0.4ML	2	MO
LOVENOX INJ SOLN 80MG/0.8ML; 120MG/0.8ML; 60MG/0.6ML; 100MG/ML; 300MG/3ML; 150MG/ML	4	MO
PLAVIX TABS 75MG; 300MG	2	MO
PROMACTA	4	LA PA QL MO
LIPID/CHOLESTEROL LOWERING AGENTS		
Generic		
cholestyramine pack 4gm	1	MO
cholestyramine powd 4gm/dose	1	MO
cholestyramine light pack 4gm	1	MO
cholestyramine light powd 4gm/dose	1	MO
colestipol gran 5gm	1	MO
colestipol tabs 1gm	1	MO
fenofibrate tabs 54mg; 160mg	1	MO
fenofibrate micronized caps 67mg; 134mg; 200mg	1	MO

Drug Name	Drug Tier	Reqs./ Limits
gemfibrozil tabs 600mg	1	MO
lovastatin tabs 20mg; 40mg; 10mg	1	QL MO
pravastatin tabs 20mg; 40mg; 80mg; 10mg	1	QL MO
prevalite pack 4gm	1	MO
prevalite powd 4gm/dose	1	MO
simvastatin tabs 5mg; 20mg; 40mg; 80mg; 10mg	1	QL MO
Brand		
CADUET	2	QL MO
COLESTID GRAN 5GM	2	MO
CRESTOR TABS 10MG; 40MG; 20MG; 5MG	2	QL MO
LIPITOR TABS 20MG; 80MG; 40MG; 10MG	2	QL MO
LOVAZA CAPS 375MG; 465MG; 1GM	2	MO
NIASPAN	2	MO
SIMCOR	2	MO
TRICOR TABS 48MG; 145MG	2	MO
TRILIPIX	2	MO
ZETIA TABS 10MG	2	QL MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
Brand		
RANEXA	2	MO
NITRATES		
Generic		
isosorbide dinitrate subl 2.5mg; 5mg	1	MO
isosorbide dinitrate tabs 5mg; 30mg; 10mg; 20mg	1	MO
isosorbide dinitrate er tbcr 40mg	1	MO
isosorbide mononitrate tabs 10mg; 20mg	1	MO
isosorbide mononitrate er tb24 120mg; 30mg; 60mg	1	MO
nitro-bid oint 2%	1	MO
nitroglycerin pt24 0.4mg/hr; 0.2mg/hr; 0.6mg/hr	1	MO
nitroglycerin soln 5mg/ml	1	PA MO
nitroglycerin transdermal pt24 0.1mg/hr	1	MO

Drug Name	Drug Tier	Reqs./ Limits
Brand		
IMDUR TB24 120MG; 30MG	3	MO
MONOKET TABS 10MG	3	MO
NITROLINGUAL PUMPSPRAY SOLN 0.4MG/SPRAY	2	MO
NITROSTAT SUBL 0.4MG; 0.6MG; 0.3MG	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
Generic		
calcipotriene soln 0.005%	1	MO
selenium sulfide lotn 2.5%	1	MO
Brand		
SORIATANE CK	2	MO
BURN THERAPY		
Generic		
silver sulfadiazine crea 1%	1	MO
ssd crea 1%	1	MO
thermazene crea 1%	1	MO
Brand		
SULFAMYLON CREA 85MG/GM	2	MO
SULFAMYLON PACK 50GM	2	MO
MISCELLANEOUS DERMATOLOGICALS		
Generic		
ammonium lactate crea 12%	1	MO
ammonium lactate lotn 12%	1	MO
fluorouracil crea 5%	1	MO
fluorouracil external soln 2%; 5%	1	MO
laclotion lotn 12%	1	MO
podofilox soln 0.5%	1	MO
Brand		
8-MOP CAPS 10MG	2	MO
ALDARA CREA 5%	3	MO
CARAC CREA 0.5%	2	MO
CARMOL-HC CREA 1%; 10%	2	MO
CONDYLOX GEL 0.5%	2	MO
ELIDEL CREA 1%	3	MO

Drug Name	Drug Tier	Reqs./ Limits
FLUOROPLEX CREA 1%	2	MO
OXSORALEN ULTRA CAPS 10MG	4	MO
PANRETIN GEL 0.1%	2	MO
PROTOPIC OINT 0.1%; 0.03%	3	MO
REGRANEX GEL 0.01%	2	PA MO
VEREGEN OINT 15%	3	MO
ZONALON CREA 5%	2	MO
THERAPY FOR ACNE		
Generic		
amnesteem caps 20mg; 40mg; 10mg	1	MO
avita crea 0.025%	1	MO
claravis caps 40mg; 20mg; 10mg; 30mg	1	MO
clindamycin phosphate gel 1%	1	MO
clindamycin phosphate lotn 1%	1	MO
clindamycin phosphate soln 1%	1	MO
clindamycin phosphate swab 1%	1	MO
ery pads 2%	1	MO
erythromycin gel 2%	1	MO
erythromycin soln 2%	1	MO
erythromycin / benzoyl peroxide gel 5%; 3%	1	MO
metronidazole crea 0.75%	1	MO
metronidazole gel 0.75%	1	MO
metronidazole lotn 0.75%	1	MO
sotret caps 30mg; 10mg; 20mg; 40mg	1	MO
tretinoin crea 0.1%; 0.05%; 0.025%	1	MO
tretinoin gel 0.025%; 0.01%	1	MO
Brand		
AZELEX CREA 20%	2	MO
DIFFERIN	2	MO
FINACEA GEL 15%	2	MO
METROGEL GEL 1%	2	MO
TOPICAL ANESTHETICS		
Generic		
lidocaine inj soln 0.5%; 1%	1	MO
lidocaine external soln 4%	1	MO
lidocaine gel 2%; 2%	1	MO
lidocaine oint 5%	1	MO
lidocaine / prilocaine crea 2.5%; 2.5%	1	MO
Brand		
EMLA CREA 2.5%; 2.5%	3	MO
LIDODERM PTCH 5%	2	PA MO
TOPICAL ANTIBACTERIALS		
Generic		
gentamicin sulfate external oint 0.1%	1	MO
gentamicin sulfate crea 0.1%	1	MO
mupirocin oint 2%	1	MO
sodium sulfacetamide lotn 10%	1	MO
Brand		
ALTABAX OINT 1%	2	MO
PHISOHEX LIQD 3%	2	MO
TOPICAL ANTIFUNGALS		
Generic		
ciclopirox gel 0.77%	1	MO
ciclopirox susp 0.77%	1	MO
ciclopirox nail lacquer soln 8%	1	MO
ciclopirox olamine crea 0.77%	1	MO
clotrimazole crea 1%	1	MO
clotrimazole soln 1%	1	MO
clotrimazole / betamethasone crea 0.05%; 1%	1	MO
clotrimazole / betamethasone lotn 0.05%; 1%	1	MO
econazole nitrate crea 1%	1	MO
ketoconazole crea 2%	1	MO
ketoconazole sham 2%	1	MO
kuric crea 2%	1	MO
nyamyc powd 100000unit/gm	1	MO
nystatin crea 100000unit/gm	1	MO
nystatin oint 100000unit/gm	1	MO
nystatin powd 100000unit/gm	1	MO
nystatin / triamcinolone crea 100000unit/gm; 0.1%	1	MO
nystatin / triamcinolone oint 100000unit/gm; 0.1%	1	MO
nystop powd 100000unit/gm	1	MO
pedi-dri powd 100000unit/gm	1	MO

Drug Name	Drug Tier	Reqs./ Limits
Brand		
ERTACZO CREA 2%	2	MO
NAFTIN CREA 1%	2	MO
NAFTIN GEL 1%	2	MO
XOLEGEL GEL 2%	2	MO
TOPICAL ANTIVIRALS		
Brand		
DENAVIR CREA 1%	2	MO
ZOVIRAX CREA 5%	3	MO
ZOVIRAX OINT 5%	3	MO
TOPICAL CORTICOSTEROIDS		
Generic		
ala-cort crea 1%	1	MO
ala-cort lotn 1%	1	MO
alclometasone dipropionate crea 0.05%	1	MO
alclometasone dipropionate oint 0.05%	1	MO
amcinonide crea 0.1%	1	MO
amcinonide lotn 0.1%	1	MO
amcinonide oint 0.1%	1	MO
augmented betamethasone dipropionate crea 0.05%	1	MO
augmented betamethasone dipropionate gel 0.05%	1	MO
augmented betamethasone dipropionate lotn 0.05%	1	MO
augmented betamethasone dipropionate oint 0.05%	1	MO
betamethasone dipropionate crea 0.05%	1	MO
betamethasone dipropionate gel 0.05%	1	MO
betamethasone dipropionate oint 0.05%	1	MO
betamethasone valerate crea 0.1%	1	MO
betamethasone valerate lotn 0.1%	1	MO
betamethasone valerate oint 0.1%	1	MO
beta-val crea 0.1%	1	MO
beta-val lotn 0.1%	1	MO

Drug Name	Drug Tier	Reqs./ Limits
clobetasol propionate foam 0.05%	1	MO
clobetasol propionate gel 0.05%	1	MO
clobetasol propionate oint 0.05%	1	MO
clobetasol propionate soln 0.05%	1	MO
clobetasol propionate e crea 0.05%	1	MO
cormax crea 0.05%	1	MO
del-beta lotn 0.05%	1	MO
desonide crea 0.05%	1	MO
desonide lotn 0.05%	1	MO
desonide oint 0.05%	1	MO
desoximetasone crea 0.05%; 0.25%	1	MO
desoximetasone gel 0.05%	1	MO
desoximetasone oint 0.25%	1	MO
diflorasone diacetate crea 0.05%	1	MO
diflorasone diacetate oint 0.05%	1	MO
fluocinolone acetonide crea 0.01%; 0.025%	1	MO
fluocinolone acetonide oint 0.025%	1	MO
fluocinolone acetonide soln 0.01%	1	MO
fluocinonide gel 0.05%	1	MO
fluocinonide oint 0.05%	1	MO
fluocinonide soln 0.05%	1	MO
fluocinonide emollient base crea 0.05%	1	MO
fluticasone propionate crea 0.05%	1	MO
fluticasone propionate oint 0.005%	1	MO
halobetasol propionate crea 0.05%	1	MO
halobetasol propionate oint 0.05%	1	MO
hydrocortisone lotn 2.5%; 1%	1	MO
hydrocortisone oint 2.5%; 1%	1	MO
hydrocortisone crea 2.5%; 1%	1	MO
hydrocortisone butyrate crea 0.1%	1	MO
hydrocortisone butyrate oint 0.1%	1	MO

Drug Name	Drug Tier	Reqs./ Limits
hydrocortisone butyrate soln 0.1%	1	MO
hydrocortisone valerate crea 0.2%	1	MO
hydrocortisone valerate oint 0.2%	1	MO
mometasone furoate crea 0.1%	1	MO
mometasone furoate oint 0.1%	1	MO
mometasone furoate soln 0.1%	1	MO
prednicarbate crea 0.1%	1	MO
prednicarbate oint 0.1%	1	MO
triamcinolone acetonide crea 0.5%; 0.1%; 0.025%	1	MO
triamcinolone acetonide lotn 0.025%; 0.1%	1	MO
triamcinolone acetonide oint 0.5%; 0.1%; 0.025%	1	MO
triderm crea 0.1%	1	MO
Brand		
CAPEX SHAM 0.01%	2	MO
CLOBEX LOTN 0.05%	2	MO
CLOBEX SHAM 0.05%	2	MO
CORDRAN TAPE TAPE 4MCG/SQCM	2	MO
LOCOID LOTN 0.1%	2	MO
LUXIQ FOAM 0.12%	2	MO
PANDEL CREA 0.1%	2	MO
TOPICAL ENZYMES		
Brand		
SANTYL OINT 250UNIT/GM	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
Generic		
acticin crea 5%	1	MO
permethrin crea 5%	1	MO
Brand		
EURAX CREA 10%	2	MO
EURAX LOTN 10%	2	MO
LINDANE LOTN 1%	2	MO
LINDANE SHAM 1%	2	MO
OVIDE LOTN 0.5%	2	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		

Drug Name	Drug Tier	Reqs./ Limits
MISCELLANEOUS AGENTS		
Generic		
alcohol 5%/dextrose 5% soln 5%; 5%	1	MO
alendronate sodium oral tabs 40mg	1	PA MO
anagrelide hydrochloride caps 1mg; 0.5mg	1	MO
dextrose 10% flex container soln 10%	1	MO
dextrose 2.5%/sodium chloride 0.45% soln	1	MO
dextrose 5% soln 5%	1	MO
dextrose 5%/nacl 0.2% soln	1	MO
dextrose 5%/nacl 0.225% soln	1	MO
dextrose 5%/nacl 0.45% soln	1	MO
dextrose 5%/nacl 0.9% soln	1	MO
etidronate disodium tabs 400mg; 200mg	1	MO
kionex powd	1	MO
levocarnitine soln 1gm/10ml	1	MO
levocarnitine tabs 330mg	1	MO
midodrine tabs 2.5mg; 5mg; 10mg	1	MO
pilocarpine hcl tabs 7.5mg; 5mg	1	MO
sodium chloride inj soln 0.9%	1	MO
sodium chloride 0.9% soln 0.9%	1	MO
sodium polystyrene sulfonate powd	1	MO
Brand		
ACTONEL ORAL TABS 30MG	3	PA MO
ADAGEN SOLN 250UNIT/ML	4	LA MO
ANTABUSE TABS 250MG	2	MO
BUPHENYL	2	MO
CAMPRAL TBEC 333MG	2	QL MO
CHEMET CAPS 100MG	2	MO
CLINIMIX / DEXTROSE INJ SOLN	2	MO
DEXTROSE 10%/NACL 0.45% SOLN	2	MO
DEXTROSE 10%/NACL 0.2% SOLN	2	MO
DEXTROSE 5%/NACL 0.33% SOLN	2	MO

Drug Name	Drug Tier	Reqs./ Limits
EVOXAC CAPS 30MG	3	MO
EXJADE	4	LA MO
FOSRENOL CHEW 250MG; 500MG; 750MG; 1000MG	2	MO
INCRELEX SOLN 40MG/4ML	4	LA PA MO
ORFADIN	4	LA MO
PROLASTIN SOLR 500MG	4	LA MO
RENVELA TABS 800MG	2	MO
RILUTEK TABS 50MG	4	MO
SKELID TABS 240MG	3	PA QL MO
SYPRINE CAPS 250MG	2	MO
THIOLA TABS 100MG	2	MO
SMOKING DETERRENTS		
Generic		
buproban tb12 150mg	1	PA QL MO
bupropion hcl sr oral tb12 150mg	1	PA QL MO
Brand		
CHANTIX	2	PA MO
CHANTIX TABS 0.5MG; 1MG	2	PA MO
NICOTROL INHALER INHA 10MG	3	PA QL MO
NICOTROL NASAL SOLN 10MG/ML	3	PA MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
Generic		
chlorhexidine gluconate oral rinse soln 0.12%	1	MO
ipratropium bromide nasal soln 0.03%; 0.06%	1	MO
periogard soln 0.12%	1	MO
triamcinolone in orabase pste 0.1%	1	MO
Brand		
BACTROBAN NASAL OINT 2%	2	MO
TYZINE SOLN 0.1%	2	MO
TYZINE PEDIATRIC NASAL DROPS SOLN 0.05%	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
Generic		
acetasol hc soln 2%; 1%; 2%; 1%	1	MO
acetic acid soln 2%	1	MO
borofair soln 2%; 0	1	MO
ofloxacin otic soln 0.3%	1	MO
Brand		
DERMOTIC OIL 0.01%	2	MO
FLOXIN OTIC SOLN 0.3%	2	MO
OTIC STEROID / ANTIBIOTIC		
Generic		
cortomycin soln 1%; 3.5mg/ml; 10000unit/ml	1	MO
cortomycin susp 1%; 3.5mg/ml; 10000unit/ml	1	MO
neomycin /polymyxin /hc soln 1%; 3.5mg/ml; 10000unit/ml	1	MO
neomycin /polymyxin /hydrocortisone otic susp	1	MO
Brand		
CIPRO HC SUSP 0.2%; 1%	3	MO
CIPRODEX SUSP 0.3%; 0.1%	2	MO
COLY-MYCIN S SUSP	2	MO
CORTISPORIN-TC SUSP	2	MO
PEDIOTIC SUSP 1%; 3.5MG/ML; 10000UNIT/ML	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
Generic		
a-hydrocort solr 100mg	1	MO
a-methapred solr 40mg; 125mg	1	PA MO
cortisone acetate tabs 25mg	1	MO
dexamethasone elix 0.5mg/5ml	1	MO
dexamethasone inj soln 4mg/ml	1	MO
dexamethasone oral tabs 6mg; 0.5mg; 1.5mg; 4mg; 0.75mg	1	MO
fludrocortisone acetate tabs 0.1mg	1	MO

Drug Name	Drug Tier	Reqs./ Limits
hydrocortisone tabs 20mg; 5mg; 10mg	1	MO
methylprednisolone tabs 4mg; 8mg; 16mg; 32mg	1	PA MO
methylprednisolone acetate susp 80mg/ml; 40mg/ml	1	PA MO
methylprednisolone sodiumsuccinate inj solr 40mg; 125mg	1	PA MO
prednisolone sodium phosphate oral soln 15mg/5ml; 5mg/5ml	1	PA MO
prednisone soln 5mg/5ml	1	PA MO
prednisone tabs 10mg; 20mg; 1mg; 2.5mg; 5mg; 50mg	1	PA MO
solu-medrol inj solr 500mg	1	PA MO
Brand		
DEPO-MEDROL SUSP 20MG/ML; 40MG/ML; 80MG/ML	2	PA MO
DEXAMETHASONE ORAL TABS 1MG; 2MG	2	MO
DEXAMETHASONE INTENSOL CONC 1MG/ML	2	MO
METHYLPREDNISOLONE SODIUMSUCCINATE INJ SOLR 1000MG	2	PA MO
PREDNISONE INTENSOL CONC 5MG/ML	2	PA MO
SOLU-CORTEF SOLR 100MG; 250MG	2	MO
SOLU-MEDROL INJ SOLR 2GM; 40MG; 125MG	2	PA MO
ANTITHYROID AGENTS		
Generic		
methimazole tabs 10mg; 5mg	1	MO
propylthiouracil tabs 50mg	1	MO
DIABETES THERAPY		
Generic		
acarbose tabs 25mg; 50mg; 100mg	1	QL MO
glimepiride tabs 2mg; 4mg; 1mg	1	QL MO
glipizide tabs 10mg; 5mg	1	QL MO
glipizide / metformin tabs 2.5mg; 250mg; 5mg; 500mg; 2.5mg; 500mg	1	QL MO

Drug Name	Drug Tier	Reqs./ Limits
glipizide er tb24 2.5mg	1	QL MO
glipizide xl tb24 10mg; 5mg	1	QL MO
glyburide tabs 1.25mg; 2.5mg; 5mg	1	MO
glyburide / metformin tabs 2.5mg; 500mg; 5mg; 500mg; 1.25mg; 250mg	1	QL MO
glyburide micronized tabs 6mg; 1.5mg; 3mg	1	QL MO
glycron oral tabs 1.5mg; 3mg	1	MO
metformin hcl tabs 1000mg; 500mg; 850mg	1	QL MO
metformin hcl er tb24 750mg; 500mg	1	QL MO
tolazamide	1	MO
tolbutamide tabs 500mg	1	MO
Brand		
ACTOPLUS MET TABS 500MG; 15MG; 850MG; 15MG	2	QL MO
ACTOS TABS 15MG; 45MG; 30MG	2	QL MO
ALCOHOL PREPS PADS	2	MO
AVANDAMET	2	QL MO
AVANDARYL	2	QL MO
AVANDIA TABS 2MG; 4MG; 8MG	2	QL MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	MO
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	MO
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	MO
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	MO
BD ULTRA-FINE ORIGINAL PEN NEEDLES/29G X 12.7MM	2	MO
BYETTA SOLN 10MCG/0.04ML	3	QL ST MO
CURITY GAUZE PADS 2"X2" PADS	2	MO
GLUCAGEN HYPOKIT SOLR 1MG	2	MO

Drug Name	Drug Tier	Reqs./ Limits
GLUCAGON EMERGENCY KIT KIT 1MG	2	MO
GLYCRON ORAL TABS 4.5MG	2	MO
HUMALOG	2	MO
HUMALOG MIX 50/50	2	MO
HUMALOG MIX 75/25	2	MO
HUMULIN 50/50	2	MO
HUMULIN 70/30	2	MO
HUMULIN N	2	MO
HUMULIN R	2	MO
JANUMET TABS 500MG; 50MG; 1000MG; 50MG	2	QL MO
JANUVIA TABS 100MG; 25MG; 50MG	2	QL MO
LANTUS SOLN 100UNIT/ML	2	MO
LANTUS SOLOSTAR SOLN 100UNIT/ML	2	MO
LEVEMIR	2	MO
LEVEMIR FLEXPEN	2	MO
NOVOLIN 70/30	2	MO
NOVOLIN N	2	MO
NOVOLIN R	2	MO
NOVOLOG	2	MO
NOVOLOG MIX	2	MO
PRANDIN TABS 2MG; 0.5MG; 1MG	2	QL MO
PROGLYCEM SUSP 50MG/ML	2	MO
RELION 70/30 SUSP 30%; 70%	2	MO
RELION N SUSP 100UNIT/ML	2	MO
RELION R SOLN 100UNIT/ML	2	MO
SYMLIN SOLN 600MCG/ML	3	QL MO
SYMLINPEN 60 SOLN 1000MCG/ML	3	QL MO
MISCELLANEOUS HORMONES		
Generic		
androxy tabs 10mg	1	PA MO
cabergoline tabs 0.5mg	1	QL MO
calcitonin-salmon soln 200unit/act	1	QL MO
calcitriol caps 0.5mcg; 0.25mcg	1	MO
calcitriol inj soln 1mcg/ml	1	MO
calcitriol oral soln 1mcg/ml	1	MO
danazol caps 50mg; 100mg; 200mg	1	MO
desmopressin acetate inj soln 4mcg/ml	1	MO
desmopressin acetate nasal soln 0.01%	1	MO
desmopressin acetate tabs 0.1mg; 0.2mg	1	MO
fortical soln 200unit/act	1	QL MO
oxandrolone tabs 10mg; 2.5mg	1	PA MO
testosterone cypionate oil 100mg/ml	1	PA MO
testosterone enanthate oil 200mg/ml	1	PA MO
Brand		
ALDURAZYME SOLN 2.9MG/5ML	4	LA PA MO
ANADROL-50 TABS 50MG	3	PA MO
ANDROGEL GEL 50MG/5GM	2	PA MO
CEREZYME SOLR 200UNIT	4	LA PA MO
FABRAZYME SOLR 35MG	4	LA PA MO
HECTOROL CAPS 0.5MCG; 2.5MCG	2	MO
HECTOROL SOLN 4MCG/2ML	2	MO
KUVAN TBSO 100MG	4	LA MO
NAGLAZYME SOLN 1MG/ML	4	LA MO
SENSIPAR ORAL TABS 30MG	2	PA MO
SENSIPAR ORAL TABS 60MG; 90MG	4	PA MO
SOMAVERT	2	PA QL MO
STIMATE SOLN 1.5MG/ML	2	MO
SYNAREL SOLN 2MG/ML	3	MO
ZAVESCA CAPS 100MG	2	LA MO
ZEMPLAR CAPS 1MCG; 2MCG; 4MCG	2	MO
ZEMPLAR SOLN 5MCG/ML; 2MCG/ML	2	MO
THYROID HORMONES		
Generic		
levothyroxine tabs	1	MO

Drug Name	Drug Tier	Reqs./ Limits
levoxyl tabs	1	MO
liothyronine sodium soln	1	MO
liothyronine sodium tabs	1	MO
unithroid tabs	1	MO
Brand		
SYNTHROID TABS	2	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
Generic		
atropine sulfate inj soln 0.1mg/ml	1	MO
dicyclomine hcl caps 10mg	1	MO
dicyclomine hcl soln 10mg/5ml	1	MO
dicyclomine hcl tabs 20mg	1	MO
diphenoxylate / atropine liqd 0.025mg/5ml; 2.5mg/5ml	1	MO
diphenoxylate / atropine tabs 0.025mg; 2.5mg	1	MO
glycopyrrolate soln 0.2mg/ml	1	MO
glycopyrrolate tabs 1mg; 2mg	1	MO
lonox tabs 0.025mg; 2.5mg	1	MO
loperamide hcl caps 2mg	1	MO
Brand		
ATROPINE SULFATE INJ SOLN 0.05MG/ML	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
Generic		
balsalazide caps 750mg	1	MO
compro	1	MO
constulose soln 10gm/15ml	1	MO
dronabinol caps 2.5mg; 5mg; 10mg	1	PA MO
enulose soln 10gm/15ml	1	MO
generlac soln 10gm/15ml	1	MO
granisetron soln 1mg/ml; 0.1mg/ml	1	QL MO
granisetron tabs 1mg	1	PA QL MO
hydrocortisone enem 100mg/60ml	1	MO
lactulose soln 10gm/15ml	1	MO
meclizine hcl tabs 25mg; 12.5mg	1	MO

Drug Name	Drug Tier	Reqs./ Limits
mesalamine enem 4gm	1	MO
metoclopramide inj soln 5mg/ml	1	MO
metoclopramide oral soln 5mg/5ml	1	MO
metoclopramide tabs 5mg; 10mg	1	MO
ondansetron hcl inj soln 4mg/2ml	1	MO
ondansetron hcl oral soln 4mg/5ml	1	PA MO
ondansetron hcl tabs 4mg; 8mg; 24mg	1	PA QL MO
ondansetron odt tbdp 4mg; 8mg	1	PA QL MO
pancrelipase tabs 30000unit; 8000unit; 30000unit	1	MO
pancrelipase mst cpep 48000unit; 16000unit; 48000unit	1	MO
pancron 10 cpep 33200unit; 10000unit; 37500unit	1	MO
pancron 20 cpep 66400unit; 20000unit; 75000unit	1	MO
peg 3350 / electrolytes solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	1	MO
prochlorperazine	1	MO
prochlorperazine edisylate soln 5mg/ml	1	MO
prochlorperazine maleate tabs 5mg; 10mg	1	PA MO
procto-pak crea 1%	1	MO
proctosol hc crea 2.5%	1	MO
proctozone-hc crea 2.5%	1	MO
sulfasalazine tabs 500mg	1	MO
sulfazine tabs 500mg	1	MO
sulfazine ec tbec 500mg	1	MO
ursodiol caps 300mg	1	MO
ursodiol tabs 250mg; 500mg	1	MO
Brand		
AMITIZA	2	MO
ASACOL TBEC 400MG	2	MO
ASACOL HD TBEC 800MG	2	MO
CANASA SUPP 1000MG	2	MO
CORTIFOAM FOAM 90MG	2	MO
CYSTADANE POWD	2	MO

Drug Name	Drug Tier	Reqs./ Limits
DIPENTUM CAPS 250MG	3	MO
EMEND CAPS 40MG; 80MG; 125MG	2	PA QL MO
EMEND TRIFOLD PACK	2	PA QL MO
ENTOCORT EC CP24 3MG	2	MO
GASTROCROM CONC 100MG/5ML	2	MO
LOTRONEX	2	QL MO
PANCREASE MT CPEP	3	MO
PANCRECARB MS CPEP	3	MO
PENTASA CPCR 250MG; 500MG	2	MO
RELISTOR SOLN 12MG/0.6ML	2	MO
REMICADE SOLR 100MG	4	PA MO
SUCRAID SOLN 8500UNIT/ML	4	MO
TRANSDERM-SCOP PT72 1.5MG	3	MO
ULTRASE CPEP	2	MO
ULTRASE MT 12 CPEP	2	MO
ULTRASE MT 18 CPEP	2	MO
ULTRASE MT 20 CPEP	2	MO
URSO 250 TABS 250MG	2	MO
URSO FORTE TABS 500MG	2	MO
VIOKASE POWD	2	MO
VIOKASE 16 TABS	2	MO
ULCER THERAPY		
Generic		
famotidine soln 10mg/ml	1	MO
famotidine tabs 20mg; 40mg	1	MO
famotidine premixed soln 0.4mg/ml; 0.9%	1	MO
misoprostol tabs 100mcg; 200mcg	1	MO
nizatidine caps 150mg; 300mg	1	MO
omeprazole cpdr 10mg; 20mg; 40mg	1	QL MO
ranitidine hcl caps 150mg; 300mg	1	MO
ranitidine hcl syrp 15mg/ml	1	MO
ranitidine hcl tabs 300mg; 150mg	1	MO
sucralfate tabs 1gm	1	MO
Brand		
CARAFATE SUSP 1GM/10ML	2	MO
KAPIDEX CPDR 30MG; 60MG	3	QL ST MO
NEXIUM CPDR 20MG; 40MG	2	QL MO
NEXIUM PACK 20MG; 40MG; 10MG	2	QL MO
NEXIUM I.V.	2	MO
PEPCID SUSR 40MG/5ML	2	MO
PREVPAC	3	MO
PYLERA CAPS 140MG; 125MG; 125MG	2	MO
ZANTAC SOLN 50MG/50ML; 0.45%	2	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
Generic		
omnitrope soln 5mg/1.5ml	1	PA MO
Brand		
ACTIMMUNE SOLN 2000000UNIT/0.5ML	4	LA PA MO
ARANESP	3	PA QL MO
ARCALYST SOLR 220MG	4	LA MO
AVONEX KIT 30MCG/VIAL; 30MCG/0.5ML	4	PA QL MO
BETASERON SOLR 0.3MG	4	PA QL MO
EPOGEN INJ SOLN 2000UNIT/ML; 40000UNIT/ML; 4000UNIT/ML; 3000UNIT/ML; 10000UNIT/ML	3	PA QL MO
EPOGEN INJ SOLN 20000UNIT/ML	4	PA QL MO
INTRON-A KIT 3MU/0.2ML; 5MU/0.2ML; 10MU/0.2ML	2	PA MO
INTRON-A SOLN 6000000UNIT/ML	2	PA MO
INTRON-A WITH DILUENT SOLR 10MU	2	PA MO
LEUKINE SOLN 500MCG/ML	4	PA MO

Drug Name	Drug Tier	Reqs./ Limits
LEUKINE SOLR 250MCG	4	PA MO
NEULASTA SOLN 6MG/0.6ML	3	PA QL MO
NEUMEGA SOLR 5MG	4	PA QL MO
NEUPOGEN SOLN 480MCG/0.8ML; 480MCG/1.6ML; 300MCG/0.5ML	4	PA QL MO
NORDITROPIN CARTRIDGE SOLN 15MG/1.5ML; 5MG/1.5ML	4	PA MO
NORDITROPIN NORDIFLEX PEN SOLN 5MG/1.5ML; 15MG/1.5ML; 10MG/1.5ML	4	PA MO
PEGASYS KIT 180MCG/0.5ML	4	PA QL MO
PEG-INTRON KIT 50MCG/0.5ML	4	PA QL MO
PEG-INTRON REDIPEN KIT 80MCG/0.5ML; 50MCG/0.5ML; 150MCG/0.5ML; 120MCG/0.5ML	4	PA QL MO
PEG-INTRON REDIPEN PAK 4 KIT 120MCG/0.5ML; 80MCG/0.5ML; 150MCG/0.5ML	4	PA QL MO
PROCRIT INJ SOLN 4000UNIT/ML; 2000UNIT/ML; 3000UNIT/ML; 10000UNIT/ML	2	PA QL MO
PROCRIT INJ SOLN 40000UNIT/ML; 20000UNIT/ML	4	PA QL MO
PROLEUKIN SOLR 22000000UNIT	4	MO
REBIF SOLN 44MCG/0.5ML; 22MCG/0.5ML	4	PA QL MO
REBIF TITRATION PACK SOLN	4	PA MO
TEV-TROPIN SOLR 5MG	4	PA MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
Generic		
tetanus toxoid adsorbed soln 5lfu	1	MO
Brand		
ACTHIB SOLR	2	MO

Drug Name	Drug Tier	Reqs./ Limits
ADACEL SUSP	2	MO
ATTENUVAX INJ	2	MO
BOOSTRIX SUSP	2	MO
COMVAX SUSP	2	PA MO
DAPTACEL SUSP	2	MO
DECAVAC INJ	2	MO
DIPTHERIA / TETANUS TOXOID PEDIATRIC INJ 6.7LFU/0.5ML; 5LFU/0.5ML	2	MO
ENGERIX-B INJ	2	PA MO
ENGERIX-B SUSP	2	PA MO
GARDASIL SUSP	2	PA MO
HAVRIX SUSP 720ELU/0.5ML; 1440ELU/ML	2	MO
HIBTITER SOLN	2	MO
IMOVAX RABIES (H.D.C.V.) INJ	2	MO
INFANRIX SUSP	2	MO
IPOL INACTIVATED IPV INJ	2	MO
JE-VAX SOLR	2	MO
MENACTRA INJ	2	MO
MENOMUNE-A/C/Y/W-135 INJ	2	MO
MERUVAX II W/DILUENT 10 DOSE INJ	2	MO
M-M-R II W/DILUENT 10 DOSE INJ	2	MO
PEDIARIX SUSP	2	PA MO
PEDVAX HIB SOLN	2	MO
PROQUAD INJ	2	MO
RABAVERT SUSR	2	MO
RECOMBIVAX HB INJ	2	PA MO
RECOMBIVAX HB SUSP	2	PA MO
ROTATEQ SUSP	2	MO
TETANUS / DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP 2LF/0.5ML; 2LF/0.5ML	2	MO
THYMOGLOBULIN SOLR	2	PA MO
TRIHIBIT KIT	2	MO
TRIPEDIA SUSP	2	MO
TWINRIX SUSP	2	PA MO
TYPHIM VI SOLN	2	MO

Drug Name	Drug Tier	Reqs./ Limits
VAQTA SUSP	2	MO
VARIVAX INJ	2	MO
VIVOTIF BERNA CPDR	2	MO
YF-VAX INJ	2	MO
ZOSTAVAX SOLR	2	PA MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

Generic		
allopurinol tabs 100mg; 300mg	1	MO
colchicine tabs 0.6mg	1	MO
probenecid tabs 500mg	1	MO
probenecid / colchicine tabs 0.5mg; 500mg	1	MO
Brand		
ULORIC	2	MO

OSTEOPOROSIS THERAPY

Generic		
alendronate sodium oral tabs 5mg; 10mg; 35mg; 70mg	1	MO
Brand		
ACTONEL ORAL TABS 5MG; 35MG; 75MG; 150MG	3	ST MO
ACTONEL WITH CALCIUM TABS 1250MG; 35MG	3	ST MO
BONIVA TABS 2.5MG; 150MG	2	MO
EVISTA TABS 60MG	2	QL MO
FORTEO SOLN 600MCG/2.4ML	4	QL MO

OTHER RHEUMATOLOGICALS

Generic		
leflunomide tabs 10mg; 20mg	1	PA QL MO
Brand		
CUPRIMINE	2	MO
DEPEN TITRATABS	2	MO
ENBREL KIT 25MG	4	PA QL MO
ENBREL SOLN 50MG/ML; 50MG/ML	4	PA QL MO
HUMIRA KIT 40MG/0.8ML	4	PA QL MO
HUMIRA PEN-CROHNS DISEASESTARTER KIT 40MG/0.8ML	4	PA MO
RIDAURA CAPS 3MG	3	MO

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

Generic		
camila tabs 0.35mg	1	MO
errin tabs 0.35mg	1	MO
estradiol ptwk	1	MO
estradiol tabs	1	MO
estradiol / norethindrone acetate tabs 1mg; 0.5mg	1	MO
estropipate tabs 0.75mg; 1.5mg; 3mg	1	MO
gynodiol oral tabs 1mg; 2mg; 0.5mg	1	MO
jolivette tabs 0.35mg	1	MO
medroxyprogesterone acetate susp 150mg/ml	1	MO
medroxyprogesterone acetate tabs 2.5mg; 10mg; 5mg	1	MO
nora-be tabs 0.35mg	1	MO
norethindrone tabs 5mg	1	MO
ortho-est tabs 0.75mg; 1.5mg	1	MO
Brand		
ALORA PTTW	2	MO
CLIMARA PRO PTWK	2	MO
COMBIPATCH PTTW	2	MO
DEPO-PROVERA SUSP 400MG/ML	2	MO
DEPO-SUBQ PROVERA 104 SUSP 104MG/0.65ML	3	MO
DIVIGEL GEL 1MG/GM	2	MO
ESTRADERM PTTW 0.05MG/24HR; 0.1MG/24HR	2	MO
ESTRASORB EMUL 4.35MG/1.74GM	3	MO
ESTRING RING 2MG	3	MO
ESTROGEL GEL 0.06%	3	MO
FEMHRT 1/5 TABS 5MCG; 1MG	3	MO
FEMHRT LOW DOSE TABS 2.5MCG; 0.5MG	3	MO

Drug Name	Drug Tier	Reqs./ Limits
GYNODIOL ORAL TABS 1.5MG	3	MO
MENEST	3	MO
MENOSTAR PTWK 14MCG/24HR	3	MO
PREFEST TABS	3	MO
PREMARIN TABS	2	MO
PREMARIN W/APPLICATOR CREA 0.625MG/GM	2	MO
PREMPHASE TABS 0.625MG; 5MG	2	MO
PREMPRO TABS	2	MO
PROMETRIUM	2	MO
VAGIFEM TABS 25MCG	2	MO
VIVELLE-DOT PTTW 0.075MG/24HR; 0.1MG/24HR; 0.05MG/24HR; 0.025MG/24HR; 0.0375MG/24HR	2	MO
MISCELLANEOUS OB/GYN		
Generic		
clindamycin phosphate crea 2%	1	MO
metronidazole vaginal gel 0.75%	1	MO
miconazole 3 supp 200mg	1	MO
terconazole crea 0.8%; 0.4%	1	MO
terconazole supp 80mg	1	MO
vandazole gel 0.75%	1	MO
zazole crea 0.4%	1	MO
zazole supp 80mg	1	MO
Brand		
CLEOCIN SUPP 100MG	2	MO
GYNAZOLE-1 CREA 2%	2	MO
NUVARING RING 0.015MG/24HR; 0.12MG/24HR	3	MO
ORTHO EVRA PTWK 20MCG/24HR; 150MCG/24HR	3	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
Generic		
apri tabs 0.15mg; 30mcg	1	MO
aranelle tabs	1	MO
aviane tabs 20mcg; 0.1mg	1	MO
balziva tabs 35mcg; 0.4mg	1	MO

Drug Name	Drug Tier	Reqs./ Limits
cesia tabs	1	MO
cryselle-28 tabs 30mcg; 0.3mg	1	MO
enpresse-28 tabs	1	MO
junel tabs 20mcg; 1mg; 30mcg; 1.5mg	1	MO
junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	1	MO
junel fe 1/20 tabs 20mcg; 75mg; 1mg	1	MO
kariva tabs	1	MO
kelnor 1/35 tabs 35mcg; 1mg	1	MO
leena tabs	1	MO
lessina-28 tabs 20mcg; 0.1mg	1	MO
levora tabs 30mcg; 0.15mg	1	MO
low-ogestrel tabs 30mcg; 0.3mg	1	MO
lutera tabs 20mcg; 0.1mg	1	MO
microgestin 1.5/30 tabs 30mcg; 1.5mg	1	MO
microgestin 1/20 tabs 20mcg; 1mg	1	MO
microgestin fe tabs 20mcg; 75mg; 1mg	1	MO
microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	1	MO
mononessa tabs 35mcg; 0.25mg	1	MO
necon 0.5/35-28 tabs 35mcg; 0.5mg	1	MO
necon 1/35-28 tabs 35mcg; 1mg	1	MO
necon 1/50-28 tabs 50mcg; 1mg	1	MO
necon 10/11-28 tabs	1	MO
necon 7/7/7 tabs	1	MO
nortrel 0.5/35 (28) tabs 35mcg; 0.5mg	1	MO
nortrel 1/35 (21) tabs 35mcg; 1mg	1	MO
nortrel 1/35 (28) tabs 35mcg; 1mg	1	MO
nortrel 7/7/7 tabs	1	MO
ogestrel tabs 50mcg; 0.5mg	1	MO
portia-28 tabs 0.03mg; 0.15mg	1	MO
previfem tabs 35mcg; 0.25mg	1	MO
quasense tabs 0.03mg; 0.15mg	1	MO
reclipsen tabs 0.15mg; 30mcg	1	MO
solia tabs 0.15mg; 30mcg	1	MO

Drug Name	Drug Tier	Reqs./ Limits
sprintec 28 tabs 35mcg; 0.25mg	1	MO
sronyx tabs 20mcg; 0.1mg	1	MO
tri-legest fe tabs 0; 75mg; 1mg	1	MO
tri-lo-sprintec tabs	1	MO
trinessa tabs	1	MO
tri-previfem tabs	1	MO
tri-sprintec tabs	1	MO
trivora-28 tabs	1	MO
velivet tabs	1	MO
zovia 1/35e tabs 35mcg; 1mg	1	MO
zovia 1/50e tabs 50mcg; 1mg	1	MO
Brand		
PLAN B TABS 0.75MG	2	MO
OXYTOCICS		
Brand		
METHERGINE TABS 0.2MG	2	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
Generic		
ak-poly-bac oint 500unit/gm; 10000unit/gm	1	MO
ak-tob soln 0.3%	1	MO
bacitracin oint 500unit/gm	1	MO
bacitracin / polymyxin b oint 500unit/gm; 10000unit/gm	1	MO
ciprofloxacin ophthalmic soln 0.3%	1	MO
erythromycin oint 5mg/gm	1	MO
gentak oint 0.3%	1	MO
gentak soln 0.3%	1	MO
gentamicin sulfate ophthalmic oint 0.3%	1	MO
gentamicin sulfate ophthalmic soln 0.3%	1	MO
gentasol soln 0.3%	1	MO
neomycin /bacitracin /polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm	1	MO
neomycin /polymyxin /gramicidin soln	1	MO
ofloxacin ophthalmic soln 0.3%	1	MO
polycin b oint 500unit/gm; 10000unit/gm	1	MO
tobramycin ophthalmic soln 0.3%	1	MO
tobrasol soln 0.3%	1	MO
trimethoprim sulfate/polymyxin b sulfate soln 10000unit/ml; 0.1%	1	MO
Brand		
AZASITE SOLN 1%	2	MO
CILOXAN OINT 0.3%	2	MO
NATACYN SUSP 5%	2	MO
TOBREX OINT 0.3%	2	MO
VIGAMOX SOLN 0.5%	2	MO
ZYMAR SOLN 0.3%	2	MO
ANTIVIRALS		
Generic		
trifluridine soln 1%	1	MO
BETA-BLOCKERS		
Generic		
betaxolol hcl soln 0.5%	1	MO
carteolol hcl soln 1%	1	MO
levobunolol hcl soln 0.25%; 0.5%	1	MO
metipranolol soln 0.3%	1	MO
timolol maleate soln 0.5%; 0.25%	1	MO
Brand		
ISTALOL SOLN 0.5%	2	MO
TIMOPTIC OCUDOSE SOLN 0.5%; 0.25%	2	MO
CYCLOPLEGIC MYDRIATICS		
Generic		
mydral soln 0.5%; 1%	1	MO
tropicacyl soln 0.5%; 1%	1	MO
tropicamide soln 1%; 0.5%	1	MO
DIRECT ACTING MIOTICS		
Brand		
PILOPINE HS GEL 4%	2	MO
MISCELLANEOUS OPHTHALMOLOGICS		
Generic		
cromolyn sodium soln 4%	1	MO
parcaine soln 0.5%	1	MO
proparacaine hcl soln 0.5%	1	MO

Drug Name	Drug Tier	Reqs./ Limits
Brand		
ALAMAST SOLN 0.1%	2	MO
ALOCRIL SOLN 2%	3	MO
LACRISERT INST 5MG	2	MO
PATADAY	2	MO
PATANOL	2	MO
RESTASIS EMUL 0.05%	2	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
Generic		
diclofenac sodium soln 0.1%	1	MO
flurbiprofen sodium soln 0.03%	1	MO
Brand		
ACULAR SOLN 0.5%	2	MO
ACULAR LS SOLN 0.4%	2	MO
NEVANAC SUSP 0.1%	2	MO
XIBROM SOLN 0.09%	2	MO
ORAL DRUGS FOR GLAUCOMA		
Generic		
acetazolamide cp12 500mg	1	MO
acetazolamide tabs 250mg; 125mg	1	MO
acetazolamide sodium solr 500mg	1	MO
methazolamide tabs 25mg; 50mg	1	MO
OTHER GLAUCOMA DRUGS		
Generic		
dorzolamide hcl soln 2%	1	MO
dorzolamide hcl/timolol maleate soln 2%; 0.5%	1	MO
Brand		
AZOPT SUSP 1%	2	MO
COMBIGAN SOLN 0.2%; 0.5%	2	MO
TRAVATAN Z SOLN 0.004%	2	MO
XALATAN SOLN 0.005%	2	MO
STEROID-ANTIBIOTIC COMBINATIONS		
Generic		
bac /poly /neomy /hc oint 400unit/gm; 1%; 0.5%; 10000unit/gm	1	MO
neomycin /polymyxin /dexamethasone oint	1	MO
neomycin /polymyxin /dexamethasone susp	1	MO
neomycin /polymyxin /hydrocortisone ophthalmic susp	1	MO
poly-dex oint	1	MO
poly-dex susp	1	MO
tobramycin /dexamethasone susp	1	MO
Brand		
ZYLET SUSP 0.5%; 0.3%	2	MO
STEROIDS		
Generic		
dexamethasone ophthalmic soln 0.1%	1	MO
fluorometholone susp 0.1%	1	MO
prednisolone acetate susp 1%	1	MO
prednisolone sodium phosphate ophthalmic soln 1%	1	MO
Brand		
FML OINT 0.1%	2	MO
FML FORTE SUSP 0.25%	2	MO
LOTEMAX SUSP 0.5%	2	MO
STEROID-SULFONAMIDE COMBINATIONS		
Generic		
sulfacetamide sodium / prednisolone sodium phospha soln 0.23%; 10%	1	MO
SULFONAMIDES		
Generic		
sodium sulfacetamide soln 10%	1	MO
Brand		
BLEPH-10 SOLN 10%	2	MO
SYMPATHOMIMETICS		
Generic		
brimonidine tartrate soln 0.2%	1	MO
dipivefrin hcl soln 0.1%	1	MO
Brand		
ALPHAGAN P SOLN 0.1%; 0.15%	2	MO
IOPIDINE SOLN 1%; 0.5%	3	MO
VASOCONSTRICTOR DECONGESTANTS		
Generic		

Drug Name	Drug Tier	Reqs./ Limits
ak-con soln 0.1%	1	MO
naphazoline hcl soln 0.1%	1	MO

RESPIRATORY / ALLERGY

ANTIHISTAMINE / ANTIALLERGENIC AGENTS

Generic		
carbinoxamine maleate liqd 4mg/5ml	1	MO
carbinoxamine maleate tabs 4mg	1	MO
cetirizine hcl syrp 5mg/5ml	1	MO
clemastine fumarate syrp 0.67mg/5ml	1	MO
clemastine fumarate tabs 2.68mg	1	MO
diphenhydramine hcl caps 50mg; 25mg	1	MO
diphenhydramine hcl soln 50mg/ml	1	MO
epinephrine hcl soln 0.1mg/ml	1	MO
fexofenadine hcl tabs 60mg; 180mg; 30mg	1	QL MO
hydroxyzine hcl soln 50mg/ml; 25mg/ml	1	MO
hydroxyzine hcl syrp 10mg/5ml	1	PA MO
hydroxyzine hcl tabs 10mg; 25mg; 50mg	1	PA MO
palgic liqd 4mg/5ml	1	MO
phenadoz supp 25mg; 12.5mg	1	MO
promethazine hcl soln 50mg/ml	1	MO
promethazine hcl supp 25mg; 12.5mg	1	MO
promethazine hcl syrp 6.25mg/5ml	1	PA MO
promethazine hcl tabs 25mg; 50mg; 12.5mg	1	PA MO
promethegan supp 25mg; 50mg	1	MO
Brand		
ASTELIN SOLN 137MCG/SPRAY	2	MO
EPIPEN DEVI 1:1000	2	MO
EPIPEN-JR DEVI 1:2000	2	MO
TWINJECT DEVI 0.3MG/DOSE; 0.15MG/DOSE	2	MO

PULMONARY AGENTS

Generic		
acetylcysteine soln 20%; 10%	1	PA MO
albuterol sulfate nebu 0.5%; 0.083%; 1.25mg/3ml; 0.63mg/3ml	1	PA MO
albuterol sulfate syrp 2mg/5ml	1	MO
albuterol sulfate tabs 4mg; 2mg	1	MO
albuterol sulfate er tb12 4mg; 8mg	1	MO
aminophylline soln 25mg/ml	1	MO
aminophylline tabs 200mg; 100mg	1	MO
cromolyn sodium nebu 20mg/2ml	1	PA MO
flunisolide soln 0.025%	1	MO
fluticasone propionate susp 50mcg/act	1	MO
ipratropium bromide inhalation soln 0.02%	1	PA MO
ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml	1	PA MO
metaproterenol sulfate syrp 10mg/5ml	1	MO
metaproterenol sulfate tabs 10mg; 20mg	1	MO
terbutaline sulfate soln 1mg/ml	1	MO
terbutaline sulfate tabs 5mg; 2.5mg	1	MO
theochron tb12 100mg; 300mg; 200mg	1	MO
theophylline cr tb12 200mg; 300mg	1	MO
theophylline er tb12 200mg; 300mg; 450mg; 100mg	1	MO
theophylline er tb24 400mg; 600mg	1	MO
Brand		
ACCOLATE	3	QL MO
ADVAIR DISKUS	2	QL MO
ADVAIR HFA AERO	2	QL MO
ASMANEX 120 METERED DOSES AEPB 220MCG/INH	2	QL MO
ASMANEX 14 METERED DOSES AEPB 220MCG/INH	2	QL MO
ASMANEX 30 METERED DOSES AEPB 220MCG/INH	2	QL MO

Drug Name	Drug Tier	Reqs./ Limits
ASMANEX 60 METERED DOSES AEPB 220MCG/INH	2	QL MO
ATROVENT HFA AERS 17MCG/ACT	2	QL MO
BRETHINE SOLN 1MG/ML	2	MO
COMBIVENT AERO 103MCG/ACT; 18MCG/ACT	2	QL MO
ELIXOPHYLLIN ELIX 80MG/15ML	3	MO
FLOVENT DISKUS	2	QL MO
FLOVENT HFA	2	QL MO
FORADIL AEROLIZER CAPS 12MCG	2	QL MO
INTAL INHALER AERS 800MCG/ACT	2	QL MO
LETAIRIS	4	LA MO
NASONEX SUSP 50MCG/ACT	2	MO
PROAIR HFA AERS 108MCG/ACT	2	QL MO
PULMICORT SUSP 0.25MG/2ML; 0.5MG/2ML; 1MG/2ML	2	PA MO
PULMOZYME SOLN 1MG/ML	4	PA MO
REVATIO TABS 20MG	4	QL MO
SEREVENT DISKUS AEPB 50MCG/DOSE	2	QL MO
SINGULAIR CHEW 4MG; 5MG	2	QL MO
SINGULAIR PACK 4MG	2	QL MO
SINGULAIR TABS 10MG	2	QL MO
SPIRIVA HANDIHALER CAPS	2	QL MO
SYMBICORT	2	QL MO
THEO-24 CP24 200MG; 300MG; 400MG; 100MG	3	MO
TRACLEER	4	LA PA MO
VENTOLIN HFA AERS 108MCG/ACT	2	QL MO
VERAMYST SUSP 27.5MCG/SPRAY	2	MO
ZYFLO CR TB12 600MG	3	QL MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

Drug Name	Drug Tier	Reqs./ Limits
Generic		
flavoxate hcl tabs 100mg	1	MO
oxybutynin syrp 5mg/5ml	1	MO
oxybutynin tabs 5mg	1	MO
oxybutynin er tb24 15mg; 5mg; 10mg	1	QL MO
Brand		
DETROL TABS 2MG; 1MG	2	QL MO
DETROL LA CP24 4MG; 2MG	2	QL MO
ENABLEX TB24 7.5MG; 15MG	2	QL MO
OXYTROL PTTW 3.9MG/24HR	2	QL MO
VESICARE TABS 5MG; 10MG	2	QL MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

Drug Name	Drug Tier	Reqs./ Limits
Generic		
finasteride tabs 5mg	1	QL MO
Brand		
AVODART CAPS 0.5MG	2	QL MO
FLOMAX CP24 0.4MG	2	QL MO
UROXATRAL TB24 10MG	2	QL MO

CHOLINERGIC STIMULANTS

Drug Name	Drug Tier	Reqs./ Limits
Generic		
bethanechol chloride tabs 25mg; 10mg; 5mg; 50mg	1	MO

MISCELLANEOUS UROLOGICALS

Drug Name	Drug Tier	Reqs./ Limits
Generic		
potassium citrate extended-release tbcr 1080mg; 540mg	1	MO
Brand		
CYSTAGON CAPS 50MG; 150MG	2	LA MO
ELMIRON CAPS 100MG	2	MO

VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

Drug Name	Drug Tier	Reqs./ Limits
Generic		
calcium acetate caps 667mg	1	MO
eliphos tabs 667mg	1	MO
kcl 0.075%/d5w/nacl 0.45% soln	1	MO

Drug Name	Drug Tier	Reqs./ Limits
kcl 0.15%/d5w/lr soln	1	MO
kcl 0.15%/d5w/nacl 0.9% soln	1	MO
kcl 0.3%/d5w/lr iv lac ring soln	1	MO
kcl 0.3%/d5w/nacl 0.45% soln	1	MO
kcl 0.3%/d5w/nacl 0.9% soln	1	MO
klor-con 10 tbcr 10meq	1	MO
klor-con 8 tbcr 8meq	1	MO
klor-con m20 tbcr 20meq	1	MO
potassium chloride inj soln	1	MO
potassium chloride 0.15% d5w/nacl 0.33% soln	1	MO
potassium chloride 0.15% d5w/nacl 0.45% viaflex soln	1	MO
potassium chloride 0.15% nacl 0.9% soln	1	MO
potassium chloride 0.224%/d5w soln	1	MO
potassium chloride 0.224%d5w/nacl 0.33% soln	1	MO
potassium chloride 0.3%/d5w soln	1	MO
potassium chloride cr tbcr 10meq	1	MO
potassium chloride er cpcr 8meq; 10meq	1	MO
potassium chloride er tbcr 8meq; 20meq	1	MO
ringers injection soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l	1	MO
sodium bicarbonate soln 7.5%	1	MO
sodium chloride inj soln 3%; 5%; 2.5meq/ml	1	MO
sodium chloride 0.45% viaflex soln 0.45%	1	MO
Brand		
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075% SOLN	2	MO
KAON-CL-10 TBCR 10MEQ	3	MO
KCL 0.15%/D5W/NACL 0.2% SOLN	2	MO
KCL 0.15%/D5W/NACL 0.225% SOLN	2	MO
KCL 0.224%/D5W/NACL 0.2% SOLN	2	MO

Drug Name	Drug Tier	Reqs./ Limits
KCL 0.3%/D5W/NACL 0.2% SOLN	2	MO
KLOR-CON M15 TBCR 15MEQ	3	MO
K-TABS TBCR 10MEQ	3	MO
LACTATED RINGERS VIAFLEX SOLN 3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L	2	MO
MAGNESIUM SULFATE IN D5W SOLN 5%; 10MG/ML	2	MO
NORMOSOL INJ SOLN	2	MO
POTASSIUM CHLORIDE INJ SOLN 30MEQ/100ML; 0.4MEQ/ML	2	MO
POTASSIUM CHLORIDE 0.075%/D5W/NACL 0.225% SOLN	2	MO
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX SOLN	2	MO
POTASSIUM CHLORIDE 0.15%/D5W SOLN	2	MO
POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45% SOLN	2	MO
POTASSIUM CHLORIDE 0.3%/ NACL 0.9% SOLN	2	MO
MISCELLANEOUS NUTRITION PRODUCTS		
Generic		
intralipid inj emul 2.25%; 20%	1	MO
novamine soln	1	MO
premasol inj soln	1	MO
Brand		
AMINOSYN SOLN	2	MO
AMINOSYN II SOLN	2	MO
AMINOSYN-HBC SOLN	2	MO
AMINOSYN-HF SOLN	2	MO
AMINOSYN-PF SOLN	2	MO
AMINOSYN-PF 7% SOLN	2	MO
CLINIMIX / DEXTROSE INJ SOLN	2	MO
CLINISOL SF SOLN	2	MO

Drug Name	Drug Tier	Reqs./ Limits
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX SOLN	2	MO
FREAMINE HBC SOLN	2	MO
FREAMINE III SOLN	2	MO
HEPATAMINE SOLN	2	MO
HEPATASOL SOLN	2	MO
INTRALIPID INJ EMUL 1.7%; 30%	2	MO
IONOSOL SOLN	2	MO
ISOLYTE SOLN	2	MO
KCL 0.15%/D10W/NACL 0.2% SOLN	2	MO
NEPHRAMINE SOLN	2	MO
NORMOSOL INJ SOLN	2	MO
PLASMA-LYTE SOLN	2	MO
PREMASOL INJ SOLN	2	MO
RENAMIN SOLN 6.5%	2	MO
TRAVASOL SOLN	2	MO
TRAVASOL 8.5%/DEXTROSE 10% SOLN	2	MO
TRAVASOL 8.5%/DEXTROSE 20% SOLN	2	MO
TRAVASOL 8.5%/DEXTROSE 50% SOLN	2	MO
TRAVASOL 8.5%/ELECTROLYTES SOLN	2	MO
TROPHAMINE SOLN	2	MO
VITAMINS / HEMATINICS		
Generic		
prenatabs obn tabs	1	MO
sodium fluoride tabs 1mg	1	MO

8

8-MOP 19

A

ABILIFY 14
ABILIFY DISCMELT 14
ABRAXANE 7
acarbose 24
ACCOLATE 33
acebutolol 15
acetaminophen / codeine 11
acetaminophen/codeine 11
acetaminophen/codeine #3 11
acetaminophen/codeine #4 11
acetasol hc 23
acetazolamide 32
acetazolamide sodium 32
acetic acid 23
acetylcysteine 33
ACTHIB 28
acticin 22
ACTIMMUNE 27
ACTONEL 22, 29
ACTONEL WITH CALCIUM 29
ACTOPLUS MET 24
ACTOS 24
ACULAR 32
ACULAR LS 32
acyclovir 2
ADACEL 28
ADAGEN 22
adriamycin 7
ADVAIR DISKUS 33
ADVAIR HFA 33
afeditab cr 15
AFINITOR 7
AGGRENOX 18
a-hydrocort 23
ak-con 33
ak-poly-bac 31
ak-tob 31
ala-cort 21
ALAMAST 32
ALBENZA 4
albuterol sulfate 33
albuterol sulfate er 33
alclometasone dipropionate 21
alcohol 5%/dextrose 5% 22
ALCOHOL PREPS 24
ALDARA 19
ALDURAZYME 25
alendronate sodium 22, 29
ALIMTA 7
ALINIA 4
ALKERAN 7
allopurinol 29
ALOCRIL 32
ALORA 29
ALPHAGAN P 32
ALTABAX 20
amantadine 2
amcinonide 21
a-methapred 23
amikacin sulfate 4
amikin 4
amiloride 15
amiloride / hydrochlorothiazide 15
aminophylline 33
AMINOSYN 35
AMINOSYN II 35
AMINOSYN-HBC 35
AMINOSYN-HF 35
AMINOSYN-PF 35
AMINOSYN-PF 7% 35
amiodarone 15
AMITIZA 26
amitriptyline 13
amlodipine / benazepril 15
amlodipine besylate 15
ammonium lactate 19
amnesteem 20
amoclan 5
amoxapine 13
amoxicillin 5

amoxicillin/clavulanate potassium 5
amoxicillin/potassium clavulanate 5
amoxil 5
amphetamine salt combo 13
amphotericin b 2
ampicillin 5
AMPICILLIN 5
ampicillin-sulbactam 5
ANADROL-50 25
anagrelide hydrochloride 22
ANCOBON 2
ANDROGEL 25
androxy 25
ANTABUSE 22
APOKYN 10
apri 30
APTIVUS 2
aranelle 30
ARANESP 27
ARCALYST 27
ARICEPT 10
ARICEPT ODT 10
ARIMIDEX 7
ARIXTRA 18
AROMASIN 8
ARRANON 8
ARTHROTEC 50 13
ARTHROTEC 75 13
ASACOL 26
ASACOL HD 26
ASMANEX 120 METERED DOSES 33
ASMANEX 14 METERED DOSES 33
ASMANEX 30 METERED DOSES 33
ASMANEX 60 METERED DOSES 34
ASTELIN 33
atenolol 15
atenolol / chlorthalidone 15
ATRIPLA 2
atropine sulfate 26
ATROPINE SULFATE 26
ATROVENT HFA 34
ATTENUVAX 28
augmented betamethasone dipropionate 21
AUGMENTIN 5
AUGMENTIN XR 5
AVANDAMET 24
AVANDARYL 24
AVANDIA 24
AVASTIN 8
AVELOX 6
AVELOX ABC PACK 6
aviane 30
avita 20
AVODART 34
AVONEX 27
AZACTAM 4
AZACTAM IN DEXTROSE 4
AZASITE 31
azathioprine 7
azathioprine sodium 7
AZELEX 20
azithromycin 4
AZOPT 32

B

bac /poly /neomy /hc 32
bacitracin 31
bacitracin / polymyxin b 31
baclofen 11
BACTROBAN 23
BACTROBAN NASAL 23
balacet 325 13
balsalazide 26
balziva 30
BANZEL 9
BARACLUDE 2
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2 24
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16 24
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2 24
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16 24
BD ULTRA-FINE ORIGINAL PEN NEEDLES/29G X 12.7MM 24

benazepril 15, 16
benazepril / hydrochlorothiazide 16
benztropine mesylate 10
betamethasone dipropionate 21
betamethasone valerate 21
BETASERON 27
beta-val 21
betaxolol 16, 31
betaxolol hcl 16, 31
bethanechol 34
bethanechol chloride 34
bicalutamide 7
BICILLIN C-R 5
BICILLIN L-A 5
BICNU 8
BILTRICIDE 4
bisoprolol 16
bisoprolol fumarate 16
bisoprolol fumarate / hydrochlorothiazide 16
bleomycin sulfate 7
BLEPH-10 32
BONIVA 29
BOOSTRIX 28
borofair 23
BRETHINE 34
brimonidine tartrate 32
bromocriptine 10
bromocriptine mesylate 10
budeprion sr 13
budeprion xl 13
bumetanide 16
BUPHENYL 22
BUPRENEX 12
buprenorphine hcl 11
buproban 23
bupropion 13, 23
bupropion hcl 13, 23
bupropion hcl sr 13, 23
buspirone 13
buspirone hcl 13
butorphanol tartrate 12
BYETTA 24

C

cabergoline 25
CADUET 19
calcipotriene 19
calcitonin-salmon 25
calcitriol 25
calcium acetate 34
camila 29
CAMPATH 8
CAMPRAL 22
CANASA 26
CAPASTAT SULFATE 4
CAPEX 22
captopril 16
captopril / hydrochlorothiazide 16
CARAC 19
CARAFATE 27
carbamazepine 9
carbamazepine er 9
CARBATROL 9
carbidopa/levodopa 10
carbidopa/levodopa cr 10
carbidopa/levodopa odt 10
carbidopa/levodopa sr 10
carbinoxamine maleate 33
carboplatin 7
carisoprodol 11
carisoprodol /aspirin 11
CARMOL-HC 19
carteolol 31
carteolol hcl 31
cartia xt 16
carvedilol 16
CATAPRES-TTS 17
CEENU 8
cefaclor 3
cefadroxil 3
cefazolin 3
cefdinir 3
cefepime 3
cefotaxime sodium 3
cefoxitin sodium 3
cefpodoxime 3

cefpodoxime proxetil 3
ceftriaxone 3
ceftriaxone sodium 3
CEFTRIAXONE/DEXTROSE 3
cefuroxime 3
cefuroxime axetil 3
cefuroxime sodium 3
CEFUROXIME/DEXTROSE 3
CELEBREX 13
CELLCEPT 8
CELONTIN 9
cephalexin 3
CEREZYME 25
cesia 30
cetirizine hcl 33
CHANTIX 23
CHEMET 22
chlordiazepoxide /amitriptyline 13
chlorhexidine gluconate oral rinse 23
chloroquine 4
chlorothiazide 16
chlorpromazine 13
chlorthalidone 15, 16
chlorzoxazone 11
cholestyramine 18
cholestyramine light 18
ciclopirox 20
ciclopirox nail lacquer 20
ciclopirox olamine 20
cilostazol 18
CILOXAN 31
CIPRO 6, 23
CIPRO HC 23
CIPRO I.V.-IN D5W 6
CIPRODEX 23
ciprofloxacin 6, 31
cisplatin 7
citalopram 13
CLADRIBINE 8
claravis 20
clarithromycin 4
clarithromycin er 4
clemastine fumarate 33
CLEOCIN 4, 30
CLEOCIN GALAXY 4
CLEOCIN PEDIATRIC GRANULES 4
CLIMARA 29
CLIMARA PRO 29
clindamycin 4, 20, 30
clindamycin hcl 4
clindamycin phosphate 4, 20, 30
clindamycin phosphate add-vantage 4
CLINIMIX / DEXTROSE 22, 35
CLINISOL SF 35
clobetasol propionate 21
clobetasol propionate e 21
CLOBEX 22
CLOLAR 8
clomipramine 13
clonidine 16
clotrimazole 2, 20
clotrimazole / betamethasone 20
clozapine 13
CLOZAPINE 14
COGENTIN 10
colchicine 29
COLESTID 19
colestipol 18
colistimethate 4
colistimethate sodium 4
COLY-MYCIN S 23
COMBIGAN 32
COMBIPATCH 29
COMBIVENT 34
COMBIVIR 2
compro 26
COMTAN 10
COMVAX 28
CONDYLOX 19
constulose 26
COPAXONE 10
CORDRAN 22
CORDRAN TAPE 22
COREG CR 17
cormax 21
CORTIFOAM 26

cortisone 23
cortisone acetate 23
CORTISPORIN 23
CORTISPORIN-TC 23
cortomycin 23
COSMEGEN 8
CRESTOR 1, 19
CRIXIVAN 2
cromolyn sodium 31, 33
cryselle-28 30
CUBICIN 4
CUPRIMINE 29
CURITY GAUZE PADS 2 24
cyclobenzaprine 11
cyclobenzaprine hcl 11
cyclophosphamide 7
cyclosporine 7
CYCLOSPORINE 8
CYKLOKAPRON 18
CYMBALTA 14
CYSTADANE 26
CYSTAGON 34
cytarabine 7
cytarabine aqueous 7
CYTOVENE 2
CYTOXAN 8

D

dacarbazine 7
danazol 25
dantrolene sodium 11
DAPSONE 5
DAPTACEL 28
DARAPRIM 5
DAUNORUBICIN HCL 8
DAUNOXOME 8
DECAVAC 28
del-beta 21
demeclocycline 6
demeclocycline hcl 6
DEMSER 17
DENAVIR 21
depade 12
DEPEN TITRATABS 29
DEPO-MEDROL 24
DEPO-PROVERA 29
DEPO-SUBQ PROVERA 104 29
DERMOTIC 23
desipramine 13
desmopressin acetate 25
desonide 21
desoximetasone 21
DETROL 34
DETROL LA 34
dexamethasone 23, 32
DEXAMETHASONE 24
DEXAMETHASONE INTENSOL 24
dexmethylphenidate 13
dextroamphetamine sulfate 13
dextroamphetamine sulfate er 13
dextrose 2, 22
DEXTROSE 10%/NACL 0.45% 22
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX 36
dextrose 10% flex container 22
DEXTROSE 10%/NACL 0.2% 22
dextrose 2.5%/sodium chloride 0.45% 22
dextrose 5% 22
dextrose 5%/nacl 0.2% 22
dextrose 5%/nacl 0.225% 22
DEXTROSE 5%/NACL 0.33% 22
dextrose 5%/nacl 0.45% 22
dextrose 5%/nacl 0.9% 22
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075% 35
DIBENZYLINE 17
diclofenac potassium 12
diclofenac sodium 12, 32
diclofenac sodium ec 12
diclofenac sodium xr 12
dicloxacillin sodium 5
dicyclomine 26
dicyclomine hcl 26
didanosine 2
DIFFERIN 20
diflorasone diacetate 21

DIFLUCAN IN NACL 2
diflunisal 12
digoxin 18
dihydroergotamine mesylate 10
DILANTIN 9
DILANTIN INFATABS 9
DILAUDID 12
DILAUDID-5 12
DILAUDID-HP 12
dilt-cd 16
diltiazem 16
diltiazem cd 16
diltiazem hcl 16
DILTIAZEM HCL 17
diltiazem hcl er 16
dilt-xr 16
diltzac 16
DIOVAN 17
DIOVAN HCT 17
DIPENTUM 27
diphenhydramine 33
diphenhydramine hcl 33
diphenoxylate / atropine 26
dipivefrin 32
dipivefrin hcl 32
DIPTHERIA / TETANUS TOXOID PEDIATRIC 28
dipyridamole 18
disopyramide phosphate 15
divalproex sodium 9
DIVIGEL 29
dorzolamide hcl 32
dorzolamide hcl/timolol maleate 32
doxazosin 16
doxepin 13
doxorubicin hcl 7
doxycycline 6
doxycycline hyclate 6
doxycycline monohydrate 6
dronabinol 26
DROXIA 8
duramorph 11

E

e.e.s. 400 4
E.E.S. GRANULES 4
econazole nitrate 20
EDECRIN 17
EFFEXOR XR 14
ELIDEL 19
eliphos 34
ELITEK 7
ELIXOPHYLLIN 34
ELLENCE 8
ELMIRON 34
ELOXATIN 8
ELSPAR 8
EMCYT 8
EMEND 27
EMLA 20
EMSAM 14
EMTRIVA 2
ENABLEX 34
enalapril 16
enalapril / hydrochlorothiazide 16
ENBREL 29
endocet 11
ENGERIX-B 28
enpresse-28 30
ENTOCORT EC 27
enulose 26
epinephrine hcl 33
EPIPEN 33
EPIPEN-JR 33
epirubicin hcl 7
epitol 9
EPIVIR 2
EPIVIR HBV 2
eplerenone 16
EPOGEN 27
EPZICOM 2
EQUETRO 9
ERAXIS 2
ERBITUX 8
ergotamine tartrate / caffeine 10
errin 29

ERTACZO 21
ery 20
ERY-TAB 4
ERYTHROCIN LACTOBIONATE 4
erythrocin stearate 4
erythromycin 4, 20, 31
erythromycin / benzoyl peroxide 20
erythromycin / sulfisoxazole 4
ERYTHROMYCIN BASE 4
ESTRADERM 29
estradiol 29
estradiol / norethindrone acetate 29
ESTRASORB 29
ESTRING 29
ESTROGEL 29
estropipate 29
ethambutol 4
ethosuximide 9
etidronate 22
etidronate disodium 22
etodolac 12
ETOPOPHOS 8
etoposide 7
EURAX 22
EVISTA 29
EVOXAC 23
EXELON 10
EXFORGE 17
EXFORGE HCT 17
EXJADE 23

F

FABRAZYME 25
famciclovir 2
famotidine 27
famotidine premixed 27
FANSIDAR 5
FARESTON 8
FASLODEX 8
FAZACLO 14
FELBATOL 9
felodipine er 16
FEMARA 8
FEMHRT 1/5 29
FEMHRT LOW DOSE 29
fenofibrate 18
fenofibrate micronized 18
fenoprofen calcium 12
fentanyl citrate 11
fentanyl citrate oral transmucosal 11
fentanyl patches 11
fexofenadine 33
fexofenadine hcl 33
FINACEA 20
finasteride 34
flavoxate 34
flavoxate hcl 34
flecainide acetate 15
FLOMAX 34
FLOVENT DISKUS 34
FLOVENT HFA 34
FLOXIN OTIC 23
fluconazole 2
fluconazole in dextrose 2
fludarabine phosphate 7
FLUDARABINE PHOSPHATE 8
fludrocortisone acetate 23
flunisolide 33
fluocinolone acetonide 21
fluocinonide 21
fluocinonide emollient base 21
fluorometholone 32
FLUOROPLEX 20
fluorouracil 7, 19
fluoxetine 13
fluphenazine 13
fluphenazine decanoate inj 13
flurbiprofen 12, 32
flurbiprofen sodium 32
flutamide 7
fluticasone propionate 21, 33
fluvoxamine 13
FML 32
FML FORTE 32
FOCALIN 14
FOCALIN XR 14

FORADIL AEROLIZER 34
FORTAZ 3
FORTEO 29
fortical 25
foscarnet sodium 2
fosinopril 16
fosinopril / hydrochlorothiazide 16
fosphenytoin sodium 9
FOSRENOL 23
FRAGMIN 18
FREAMINE HBC 36
FREAMINE III 36
FURADANTIN 6
furosemide 16
FUROSEMIDE 17
FUZEON 2

G

gabapentin 9
GABITRIL 9
galantamine 10
galantamine hydrobromide 10
GANTRISIN PEDIATRIC 6
GARDASIL 28
GASTROCROM 27
gemfibrozil 19
GEMZAR 8
generlac 26
gengraf 7
gentak 31
gentamicin 4, 20, 31
gentamicin sulfate 4, 20, 31
gentamicin sulfate/0.9% sodium chloride 4
gentamicin sulfate/sodium chloride 4
gentasol 31
GEODON 14
GLEEVEC 8
glimepiride 24
glipizide 24
glipizide / metformin 24
glipizide er 24
glipizide xl 24
GLUCAGEN HYPOKIT 24
GLUCAGON EMERGENCY KIT 25
glyburide 24
glyburide / metformin 24
glyburide micronized 24
glycopyrrolate 26
glycron 24
GLYCRON 25
granisetron 26
griseofulvin 2
griseofulvin microsize 2
GRIS-PEG 2
guanfacine 16
guanfacine hcl 16
GYNAZOLE-1 30
gynodiol 29
GYNODIOL 30

H

HALDOL 14
HALDOL DECANOATE 14
halobetasol 21
halobetasol propionate 21
haloperidol 13
haloperidol decanoate inj 13
haloperidol lactate 13
haloperidol lactate inj 13
HAVRIX 28
HECTOROL 25
heparin 18
heparin sodium 18
HEPARIN SODIUM 18
heparin sodium dcu 18
heparin sodium/d5w 18
HEPARIN SODIUM/NACL 0.45% 18
heparin sodium/nacl 0.9% 18
heparin sodium/sodium chloride 0.9% premix 18
HEPATAMINE 36
HEPATASOL 36
HEPSERA 2
HERCEPTIN 8
HEXALEN 8
HIBTITER 28
HUMALOG 25

HUMALOG MIX 50/50 25
HUMALOG MIX 75/25 25
HUMIRA 29
HUMIRA PEN-CROHNS 29
HUMIRA PEN-CROHNS DISEASESTARTER 29
HUMULIN 50/50 25
HUMULIN 70/30 25
HUMULIN N 25
HUMULIN R 25
HYCAMTIN 8
hydralazine 16
hydrochlorothiazide 15, 16, 17
hydrocodone / acetaminophen 11
hydrocodone / ibuprofen 11
hydrocodone /acetaminophen 11
hydrocodone /acetaminophen-hs 11
hydrocodone bitartrate/acetaminophen 11
hydrocortisone 21, 22, 23, 24, 26, 32
hydrocortisone butyrate 21, 22
hydrocortisone valerate 22
hydromorphone 11
hydromorphone hcl 11
hydroxychloroquine 4
hydroxyurea 7
hydroxyzine 33
hydroxyzine hcl 33

I

ibu 12
ibuprofen 11, 12
idarubicin hcl 7
IFEX 8
ifosfamide 7
IFOSFAMIDE 8
ifosfamide/mesna 7
IMDUR 19
imipramine 13
IMOVAX RABIES (H.D.C.V.) 28
INCRELEX 23
indapamide 16
indomethacin 12
indomethacin er 12
INFANRIX 28
INFUMORPH 200 12
INFUMORPH 500 12
INTAL INHALER 34
INTELENCE 2
intralipid 35
INTRALIPID 36
INTRON-A 27
INTRON-A WITH DILUENT 27
INVEGA 14
INVIRASE 2
IONOSOL 36
IOPIDINE 32
IPOL INACTIVATED IPV 28
ipratropium bromide 23, 33
ipratropium bromide/albuterol sulfate 33
irinotecan 7
ISENTRESS 2
ISOLYTE 36
isonarif 4
isoniazid 4
ISONIAZID 5
isosorbide dinitrate 19
isosorbide dinitrate er 19
isosorbide mononitrate 19
isosorbide mononitrate er 19
isotonic gentamicin 4
isradipine 16
ISTALOL 31
itraconazole 2

J

jantoven 18
JANUMET 25
JANUVIA 25
JE-VAX 28
jolivette 29
junel 30
junel fe 1.5/30 30
junel fe 1/20 30

K

KALETRA 3
KAON-CL-10 35
KAPIDEX 27

kariva ... 30
kcl 0.075%/d5w/nacl 0.45% ... 34
KCL 0.15%/D10W/NACL 0.2% ... 36
kcl 0.15%/d5w/lr ... 35
KCL 0.15%/D5W/NACL 0.2% ... 35
KCL 0.15%/D5W/NACL 0.225% ... 35
kcl 0.15%/d5w/nacl 0.9% ... 35
KCL 0.224%/D5W/NACL 0.2% ... 35
kcl 0.3%/d5w/lr iv lac ring ... 35
KCL 0.3%/D5W/NACL 0.2% ... 35
kcl 0.3%/d5w/nacl 0.45% ... 35
kcl 0.3%/d5w/nacl 0.9% ... 35
kelnor 1/35 ... 30
KEPPRA ... 9
KETEK ... 5
ketoconazole ... 2, 20
ketoprofen ... 12
ketoprofen er ... 12
kionex ... 22
klor-con ... 35
klor-con 10 ... 35
klor-con 8 ... 35
KLOR-CON M15 ... 35
klor-con m20 ... 35
K-TABS ... 35
kuric ... 20
KUVAN ... 25

L

labetalol ... 16
laclotion ... 19
LACRISERT ... 32
LACTATED RINGERS VIAFLEX ... 35
lactulose ... 26
lamotrigine ... 9
LANOXIN ... 18
LANTUS ... 25
LANTUS SOLOSTAR ... 25
leena ... 30
leflunomide ... 29
lessina-28 ... 30
LETAIRIS ... 34
leucovorin calcium ... 7
LEUCOVORIN CALCIUM ... 7
LEUKERAN ... 8
LEUKINE ... 27, 28
leuprolide acetate ... 7
LEUSTATIN ... 8
LEVAQUIN ... 6
LEVAQUIN PREMIX ... 6
LEVEMIR ... 25
LEVEMIR FLEXPEN ... 25
levetiracetam ... 9
LEVO DROMORAN ... 12
levobunolol ... 31
levobunolol hcl ... 31
levocarnitine ... 22
levora ... 30
levorphanol tartrate ... 11
levothyroxine ... 25
levoxyl ... 26
LEXAPRO ... 14
LEXIVA ... 3
lidocaine ... 20
lidocaine / prilocaine ... 20
LIDODERM ... 20
LINDANE ... 22
liothyronine sodium ... 26
LIPITOR ... 19
lisinopril ... 16
lisinopril / hydrochlorothiazide ... 16
lithium carbonate ... 14
lithium carbonate er ... 14
lithium citrate ... 14
LOCOID ... 22
LODOSYN ... 10
lonox ... 26
loperamide hcl ... 26
LOTEMAX ... 32
LOTREL ... 17
LOTRONEX ... 27
lovastatin ... 19
LOVAZA ... 19
LOVENOX ... 18
low-ogestrel ... 30
loxapine ... 14

LUPRON DEPOT 8
LUPRON DEPOT-PED 8
lutera 30
LUXIQ 22
LYRICA 9
LYSODREN 8

M

MACRODANTIN 6
MAGNESIUM SULFATE IN D5W 35
MALARONE 5
maprotiline 14
margesic-h 11
MARPLAN 14
MATULANE 8
MAXALT 10
MAXALT-MLT 10
MAXIPIME 3
mebendazole 4
meclizine 26
meclizine hcl 26
meclofenamate sodium 12
medroxyprogesterone acetate 29
mefloquine 4
mefloquine hcl 4
MEFOXIN 3
MEFOXIN ADD-VANTAGE 3
MEFOXIN IN DEXTROSE 2.2% 3
MEFOXIN IN DEXTROSE 3.9% 3
MEGACE ES 8
megestrol acetate 7
meloxicam 12
MENACTRA 28
MENEST 30
MENOMUNE-A/C/Y/W-135 28
MENOSTAR 30
meperidine hcl 11
MEPRON 5
mercaptopurine 7
MERUVAX II 28
MERUVAX II W/DILUENT 10 DOSE 28
mesalamine 26
mesna 7
MESNEX 7
MESTINON 11
MESTINON TIMESPAN 11
METADATE CD 15
metadate er 14
metaproterenol sulfate 33
metformin 24
metformin hcl 24
metformin hcl er 24
methadone 11
methadone hcl 11
METHADONE HCL 12
methadose 11
methazolamide 32
methenamine hippurate 6
METHERGINE 31
methimazole 24
methocarbamol 11
methotrexate 7
methotrexate sodium 7
METHOTREXATE SODIUM 8
methyclothiazide 16
methylin 14
METHYLIN 15
methylin er 14
methylphenidate 14
methylphenidate hcl 14
methylphenidate hcl sr 14
methylprednisolone 24
methylprednisolone acetate 24
methylprednisolone sodiumsuccinate 24
METHYLPREDNISOLONE SODIUMSUCCINATE 24
metipranolol 31
metoclopramide 26
metolazone 16
metoprolol / hydrochlorothiazide 16
metoprolol succinate er 16
metoprolol tartrate 16
METROGEL 20
metronidazole 4, 20, 30
metronidazole in nacl 0.79% 4
metronidazole vaginal 30

mexiletine 15
MICARDIS 17
MICARDIS HCT 17
miconazole 3 30
microgestin 30
microgestin 1.5/30 30
microgestin 1/20 30
microgestin fe 30
microgestin fe 1.5/30 30
midodrine 22
migergot 10
MIGRANAL 10
minocycline 6
minocycline hcl 6
minoxidil 16
MIRAPEX 10
mirtazapine 14
mirtazapine odt 14
misoprostol 27
mitomycin 7
mitoxantrone 7
mitoxantrone hcl 7
M-M-R II 28
M-M-R II W/DILUENT 10 DOSE 28
MOBAN 15
moexipril 16, 17
moexipril / hydrochlorothiazide 17
mometasone 22
mometasone furoate 22
MONOKET 19
mononessa 30
morphine sulfate 12
morphine sulfate er 12
mupirocin 20
MUSTARGEN 8
MYCOBUTIN 5
mycophenolate mofetil 7
mydral 31
MYFORTIC 8
MYLOTARG 8
MYTELASE 10

N

nabumetone 12
nadolol 17
nadolol / bendroflumethiazide 17
nafcillin sodium 5
NAFTIN 21
NAGLAZYME 25
NALLPEN/DEXTROSE 5
naloxone 12
naltrexone 12
NAMENDA 10, 11
NAMENDA TITRATION PAK 11
naphazoline hcl 33
naproxen 12, 13
naproxen sodium 13
NARDIL 15
NASONEX 34
NATACYN 31
NEBUPENT 5
necon 30
necon 0.5/35-28 30
necon 1/35-28 30
necon 1/50-28 30
necon 10/11-28 30
necon 7/7/7 30
nefazodone 14
neomycin /bacitracin /polymyxin 31
neomycin /polymyxin /dexamethasone 32
neomycin /polymyxin /gramicidin 31
neomycin /polymyxin /hc 23
neomycin /polymyxin /hydrocortisone 23, 32
neomycin sulfate 4
NEORAL 8
NEPHRAMINE 36
NEULASTA 28
NEUMEGA 28
NEUPOGEN 28
NEURONTIN 9
NEUTREXIN 5
NEVANAC 32
NEXAVAR 8
NEXIUM 27
NEXIUM I.V. 27

NIASPAN 19
nicardipine 17
NICOTROL INHALER 23
NICOTROL NASAL 23
nifediac cc 17
nifedical xl 17
nifedipine 17
nifedipine er 17
NILANDRON 8
nimodipine 17
NIPENT 8
nisoldipine 17
nitro-bid 19
nitrofurantoin 6
nitrofurantoin macrocrystalline 6
nitrofurantoin monohydrate 6
nitroglycerin 19
nitroglycerin transdermal 19
NITROLINGUAL PUMPSPRAY 19
NITROSTAT 19
nizatidine 27
nora-be 29
NORDITROPIN CARTRIDGE 28
NORDITROPIN NORDIFLEX PEN 28
norethindrone 29
NORMOSOL 35, 36
NOROXIN 6
NORPACE CR 15
nortrel 0.5/35 (28) 30
nortrel 1/35 (21) 30
nortrel 1/35 (28) 30
nortrel 7/7/7 30
nortriptyline 14
NORVIR 3
novamine 35
NOVOLIN 70/30 25
NOVOLIN N 25
NOVOLIN R 25
NOVOLOG 25
NOXAFIL 2
NUVARING 30
nyamyc 20
nystatin 2, 20
nystatin / triamcinolone 20
nystop 20

O

octreotide 7
ofloxacin 6, 23, 31
ogestrel 30
omeprazole 27
omnitrope 27
ONCASPAR 8
ondansetron 26
ondansetron hcl 26
ondansetron odt 26
ONTAK 8
onxol 7
ORAP 15
ORFADIN 23
orphenadrine /asa /caffeine 11
orphenadrine citrate 11
orphenadrine citrate er 11
orphenadrine compound ds 11
ORTHO EVRA 30
ortho-est 29
OVIDE 22
oxandrolone 25
oxaprozin 13
oxcarbazepine 9
OXSORALEN ULTRA 20
oxybutynin 34
oxybutynin er 34
oxycodone 12
oxycodone /acetaminophen 12
oxycodone /apap 12
oxycodone /aspirin 12
oxycodone hcl 12
oxycodone hcl er 12
oxycodone-apap 12
oxycontin 12
OXYCONTIN 12
OXYTROL 34

P

pacerone 15
PACERONE 15

paclitaxel 7
palgic 33
PANCREASE MT 27
PANCRECARB MS 27
pancrelipase 26
pancrelipase mst 26
pancron 10 26
pancron 20 26
PANDEL 22
PANRETIN 20
parcaine 31
paromomycin 4
paroxetine 14
paroxetine er 14
PASER 5
PATADAY 32
PATANOL 32
PEDIARIX 28
pedi-dri 20
PEDIOTIC 23
PEDVAX HIB 28
peg 3350 / electrolytes 26
PEGANONE 9
PEGASYS 28
PEG-INTRON 28
PEG-INTRON REDIPEN 28
PEG-INTRON REDIPEN PAK 4 28
penicillin g 5
penicillin g potassium 5
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 5
PENICILLIN G PROCAINE 5
PENICILLIN G SODIUM 5
penicillin v 5
penicillin v potassium 5
PENTASA 27
pentopak 18
pentostatin 7
pentoxifylline er 18
pentoxil 18
PEPCID 27
periogard 23
permethrin 22
perphenazine 14
pfizerpen-g 5
phenadoz 33
phenytoin 9
phenytoin sodium 9
PHENYTOIN SODIUM 10
phenytoin sodium extended 9
PHISOHEX 20
PHOTOFRIN 8
pilocarpine hcl 22
PILOPINE HS 31
pindolol 17
piroxicam 13
PLAN B 31
PLASMA-LYTE 36
PLAVIX 18
podofilox 19
polycin b 31
poly-dex 32
portia-28 30
potassium chloride 35
POTASSIUM CHLORIDE 35
POTASSIUM CHLORIDE 0.075%/D5W/NACL 0.225% 35
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX 35
potassium chloride 0.15% d5w/nacl 0.33% 35
potassium chloride 0.15% d5w/nacl 0.45% viaflex 35
potassium chloride 0.15% nacl 0.9% 35
POTASSIUM CHLORIDE 0.15%/D5W 35
POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45% 35
potassium chloride 0.224%/d5w 35
potassium chloride 0.224%d5w/nacl 0.33% 35
POTASSIUM CHLORIDE 0.3%/ NACL 0.9% 35
potassium chloride 0.3%/d5w 35
potassium chloride cr 35
potassium chloride er 35
potassium citrate extended-release 34
PRANDIN 25
pravastatin 19
prazosin 17

prednicarbate 22
prednisolone 24, 32
prednisolone acetate 32
prednisolone sodium phosphate 24, 32
prednisone 24
PREDNISONE INTENSOL 24
PREFEST 30
PREMARIN 30
PREMARIN W/APPLICATOR..... 30
premasol 35
PREMASOL..... 36
PREMPHASE 30
PREMPRO 30
prenatabs 36
prenatabs obn 36
prevalite 19
previfem 30
PREVPAC 27
PREZISTA 3
PRIMAQUINE..... 5
PRIMAXIN I.M. 5
PRIMAXIN IV 5
primidone 9
PRIMSOL..... 6
PRISTIQ..... 15
PROAIR HFA 34
probenecid 29
probenecid / colchicine 29
procainamide 15
prochlorperazine 26
prochlorperazine edisylate 26
prochlorperazine maleate 26
PROCRIT 28
procto-pak 26
proctosol hc 26
proctozone-hc 26
PROGLYCEM 25
PROGRAF 8
PROLASTIN 23
PROLEUKIN 28
PROMACTA..... 18
promethazine 33
promethazine hcl 33
promethegan 33
PROMETRIUM.....30
propafenone 15
propafenone hcl 15
proparacaine.....31
proparacaine hcl.....31
propoxyphene /acetaminophen 13
propoxyphene hcl 13
propoxyphene-n /acetaminophen 13
propranolol 17
propranolol /hydrochlorothiazide.....17
propranolol hcl 17
propranolol hcl er 17
propylthiouracil 24
PROQUAD 28
PROTOPIC 20
protriptyline 14
protriptyline hcl 14
PROVIGIL.....15
PULMICORT 34
PULMOZYME 34
PYLERA.....27
pyrazinamide.....4
pyridostigmine.....11
pyridostigmine bromide 11

Q

QUALAQUIN.....5
quasense 30
quinapril.....17
quinapril / hydrochlorothiazide 17
quinaretic 17
quinidine gluconate.....15
quinidine gluconate cr 15
quinidine sulfate.....15
quinidine sulfate er 15

R

RABAVERT 28
ramipril 17
RANEXA.....19
ranitidine.....27
ranitidine hcl.....27
RAPAMUNE 8

REBETOL 3
REBIF 28
REBIF TITRATION PACK 28
reclipsen 30
RECOMBIVAX HB 28
regonol 11
REGRANEX 20
RELENZA DISKHALER 3
RELION 70/30 25
RELION N 25
RELION R 25
RELISTOR 27
REMICADE 27
RENAMIN 36
RENVELA 23
reprexain 12
REQUIP XL 10
RESCRIPTOR 3
reserpine 17
RESTASIS 32
RETROVIR IV 3
RETROVIR IV INFUSION 3
REVATIO 34
REVLIMID 8
REYATAZ 3
RHEUMATREX 8
ribapak 2
ribasphere 2
ribavirin 2
RIDAURA 29
rifampin 4
RILUTEK 23
rimantadine 2
rimantadine hcl 2
ringers injection 35
RISPERDAL CONSTA 15
RISPERDAL M-TAB 15
risperidone 14
risperidone odt 14
RITALIN LA 15
RITUXAN 8
ropinirole 10
ROTATEQ 28
roxicet 12
ROXICET 12
ROZEREM 15

S

SANDIMMUNE 8
SANDOSTATIN 8
SANDOSTATIN LAR DEPOT 8
SANTYL 22
selegiline 10
selenium sulfide 19
SELZENTRY 3
SENSIPAR 25
SEREVENT DISKUS 34
SEROMYCIN 5
SEROQUEL 15
SEROQUEL XR 15
sertraline 14
silver sulfadiazine 19
SIMCOR 19
simvastatin 19
SINGULAIR 34
SKELID 23
sodium bicarbonate 35
sodium chloride 4, 18, 22, 35
sodium chloride 0.9% 22
sodium chloride 0.45% viaflex 35
SODIUM EDECRIN 18
sodium fluoride 36
sodium polystyrene sulfonate 22
sodium sulfacetamide 20, 32
solia 30
SOLU-CORTEF 24
solu-medrol 24
SOLU-MEDROL 24
SOMATULINE DEPOT 9
SOMAVERT 25
SORIATANE CK 19
sorine 15
sotalol 15
sotret 20
SPIRIVA HANDIHALER 34
spironolactone 17

spironolactone / hydrochlorothiazide 17
SPORANOX 2
sprintec 28 31
SPRYCEL 9
sronyx 31
ssd 19
stagesic 12
STALEVO 10
STALEVO 100 10
STALEVO 125 10
STALEVO 150 10
STALEVO 200 10
STALEVO 50 10
STALEVO 75 10
stavudine 2
STIMATE 25
STRATTERA 15
STREPTOMYCIN SULFATE 5
STROMECTOL 5
SUBOXONE 13
SUBUTEX 12
SUCRAID 27
sucralfate 27
SULAR 18
sulfacetamide sodium / prednisolone sodium phospha 32
sulfadiazine 6, 19
sulfamethoxazole / trimethoprim 6
sulfamethoxazole/trimethoprim ds 6
SULFAMYLON 19
sulfasalazine 26
sulfatrim 6
sulfazine 26
sulfazine ec 26
sulindac 13
sumatriptan succinate 10
SUPRAX 4
SURMONTIL 15
SUSTIVA 3
SUTENT 9
SYMBICORT 34
SYMBYAX 15
SYMLIN 25
SYMLINPEN 25
SYMLINPEN 60 25
SYNAREL 25
SYNTHROID 26
SYPRINE 23

T

TABLOID 9
TAMIFLU 3
tamoxifen 7
tamoxifen citrate 7
TARCEVA 9
TARGRETIN 9
TASIGNA 9
TASMAR 10
TAXOTERE 9
TAZICEF 4
taztia xt 17
TEGRETOL 10
TEGRETOL-XR 10
TEKTURNA 18
TEKTURNA HCT 18
terazosin 17
terazosin hcl 17
terbinafine 2
terbutaline sulfate 33
terconazole 30
testosterone cypionate 25
testosterone enanthate 25
TETANUS / DIPHTHERIA TOXOIDS-ADSORBED ADULT 28
tetanus toxoid adsorbed 28
tetracycline 6
tetracycline hcl 6
TEV-TROPIN 28
THALOMID 9
THEO-24 34
theochron 33
theophylline 33
theophylline cr 33
theophylline er 33
thermazene 19
THIOLA 23

thioridazine 14
thiotepa 7
thiothixene 14
THYMOGLOBULIN 28
ticlopidine hcl 18
TIKOSYN 15
timolol 17, 31
timolol maleate 17, 31, 32
TIMOPTIC OCUDOSE 31
tizanidine 11
tizanidine hcl 11
TOBI 5
tobramycin 4, 31, 32
tobramycin /dexamethasone 32
TOBRAMYCIN SULFATE / SODIUM CHLORIDE 5
tobrasol 31
TOBREX 31
tolazamide 24
tolbutamide 24
tolmetin sodium 13
topiramate 9
TOPROL XL 18
torsemide 17
TRACLEER 34
tramadol 13
trandolapril 17
TRANSDERM-SCOP 27
tranylcypromine 14
TRAVASOL 36
TRAVASOL 8.5%/DEXTROSE 10% 36
TRAVASOL 8.5%/DEXTROSE 20% 36
TRAVASOL 8.5%/DEXTROSE 50% 36
TRAVASOL 8.5%/ELECTROLYTES 36
TRAVATAN Z 32
trazodone 14
TRECATOR 5
TRELSTAR DEPOT 9
TRELSTAR LA 9
tretinoin 7, 20
trezix 12
triamcinolone 20, 22, 23
triamcinolone acetonide 22
triamcinolone in orabase 23
triamterene / hydrochlorothiazide 17
TRICOR 19
triderm 22
trifluoperazine 14
trifluridine 31
trihexyphenidyl 10
TRIHIBIT 28
tri-legest fe 31
TRILEPTAL 10
TRILIPIX 19
tri-lo-sprintec 31
trimethoprim 6, 31
trimethoprim sulfate/polymyxin b sulfate 31
trimipramine maleate 14
trinessa 31
TRIPEDIA 28
tri-previfem 31
TRISENOX 9
tri-sprintec 31
trivora-28 31
TRIZIVIR 3
TROPHAMINE 36
tropicacyl 31
tropicamide 31
TRUVADA 3
TWINJECT 33
TWINRIX 28
TYGACIL 5
TYKERB 9
TYPHIM VI 28
TYZEKA 3
TYZINE 23
TYZINE PEDIATRIC NASAL DROPS 23

U

ULORIC 29
ULTRASE 27
ULTRASE MT 12 27
ULTRASE MT 18 27
ULTRASE MT 20 27
UNASYN 5
unithroid 26

UROXATRAL 34
URSO 250 27
URSO FORTE..... 27
ursodiol..... 26

V

VAGIFEM..... 30
VALCYTE 3
valproate sodium 9
valproic acid..... 9
VALTREX 3
VANCOCIN ORAL..... 6
VANCOMYCIN HCL ISO-OSMOTIC DEXTROSE 6
vancomycin inj..... 6
VANCOMYCIN INJ..... 7
vandazole..... 30
VAQTA..... 29
VARIVAX 29
veetids..... 5
VELCADE 9
velivet 31
venlafaxine 14
venlafaxine hcl..... 14
VENTOLIN HFA..... 34
VERAMYST..... 34
verapamil..... 17
verapamil er 17
VEREGEN 20
VESICARE 34
VFEND..... 2
VFEND IV 2
VIBRAMYCIN 6
VIDAZA..... 9
VIDEX 3
VIDEX PEDIATRIC..... 3
VIGAMOX..... 31
VIMPAT..... 10
vinblastine sulfate..... 7
vincasar pfs 7
vincristine sulfate 7
vinorelbine tartrate 7
VIOKASE 27
VIOKASE 16 27
VIRACEPT 3
VIRAMUNE 3
VIREAD 3
VIVELLE-DOT 30
VIVOTIF BERNA 29
VOLTAREN 13

W

warfarin.....18

X

XALATAN 32
XENAZINE 11
XIBROM.....32
XIFAXAN.....5
XOLEGEL 21
XYREM 15

Y

YF-VAX 29

Z

zaleplon 14
ZANOSAR.....9
ZANTAC 27
ZAVESCA 25
zazole.....30
ZELAPAR.....10
ZEMPLAR.....25
zerlor 12
ZETIA 19
ZIAGEN.....3
zidovudine 2
ZINACEF.....4
ZINACEF IN ISO-OSMOTIC DEXTROSE.....4
ZINACEF IN ISO-OSMOTIC DILUENT 4
ZMAX.....4
ZOLINZA 9
zolpidem 14
ZONALON 20
zonisamide.....9
ZOSTAVAX 29
ZOSYN 6

zovia 31
zovia 1/35e..... 31
zovia 1/50e..... 31
ZOVIRAX..... 21
ZYFLO CR..... 34
ZYLET.....32
ZYMAR.....31
ZYPREXA.....15
ZYPREXA ZYDIS 15
ZYVOX.....5

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