



H7352_Formulary_com_gen1 CMS Approved 12/07/07

2008 Comprehensive Drug Formulary

University Physicians Care Advantage

2008 Formulary

(List of Covered Drugs)

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

H7352_Formulary_ABR_gen CMS Approved 12/07/07

What is the University Physicians Care Advantage Formulary?

A formulary is a list of covered drugs selected by University Physicians Care Advantage 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. University Physicians Care Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a University Physicians Care Advantage 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 2008 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2008 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or improve the safety of your drugs.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take

the drug. The enclosed formulary is current as of **<formulary date>**. To get updated information about the drugs covered by University Physicians Care Advantage, please visit our Web site at www.upcareaz.com or call Member Service at 520-874-3930 or 1-877-874-3930, 8:00 am to 8:00 pm / 7 days a week during Annual Open Enrollment Period (November 15 to March 1) and 8:00 am to 5:00 pm Monday through Friday outside of Open Enrollment. TTY/TDD users should call 1-800-367-8939.

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 MEDICATIONS**. If you know what your drug is used for, look for the category name in the list that begins on page v. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 47. 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?

University Physicians Care Advantage covers both brand-name drugs and generic drugs. A generic drug has the same active-ingredient as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA).

Are there any restrictions on my coverage?

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

Prior Authorization

University Physicians Care Advantage requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from University Physicians Care Advantage before you fill your prescriptions. If you don't get approval, University Physicians Care Advantage may not cover the drug.

Quantity Limits

For certain drugs, University Physicians Care Advantage limits the amount of the drug that University Physicians Care Advantage will cover. For example, University Physicians Care Advantage provides five (5) units a month per prescription for FOSAMAX. This may be in addition to a standard one month or three month supply.

Step Therapy

In some cases, University Physicians Care Advantage 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, University Physicians Care Advantage may not cover drug B unless you try Drug A first. If Drug A does not work for you, University Physicians Care Advantage 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 ask University Physicians Care Advantage to make an exception to these restrictions or limits. See the section, "How do I request an exception to the University Physicians Care Advantage formulary?" below for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Member Service and ask if your

drug is covered. If you learn that University Physicians Care Advantage does not cover your drug, you have two options:

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

NOTE: Due to a change in Medicare, most Medicare Drug Plans no longer cover erectile dysfunction (ED) drugs like Viagra, Cilais, Levitra, and Caverject. For more information, you can contact Member Service at 520-874-3930 or 1-877-874-3930, 8:00 am to 8:00 pm / 7 days a week during Annual Open Enrollment Period (November 15 to March 1) and 8:00 am to 5:00 pm Monday through Friday outside of Open Enrollment. TTY/TDD users should call 1-800-367-8939.

How do I request an exception to the University Physicians Care Advantage Formulary?

You can ask University Physicians Care Advantage 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, University Physicians Care Advantage limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

Generally, University Physicians Care Advantage will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be

as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

If you are a resident of a long-term care facility, we will cover a temporary 31 day transition supply

(unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31 day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For more information

For more detailed information about your University Physicians Care Advantage prescription drug coverage, please review your 2008 Evidence of Coverage handbook and other plan materials.

If you have questions about University Physicians Care Advantage, please call Member Service at 520-874-3930 or 1-877-874-3930, 8:00 am to 8:00 pm / 7 days a week during Annual Open Enrollment Period (November 15 to March 1) and 8:00 am to 5:00 pm Monday through Friday outside of Open Enrollment. TTY/TDD users should call 1-800-367-8939.) Or visit www.upcareaz.com.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

University Physicians Care Advantage Formulary

The formulary that begins on page 2 provides coverage information about some of the drugs covered by University Physicians Care Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 47.

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

The information in the Notes / Restriction column tells you if University Physicians Care Advantage has any special requirements for coverage of your drug.

CATEGORY LIST

Anesthetics 2

- Local Anesthetics
- Topical Anesthetics

Antiinfectives 2

- Amebicides
- Aminoglycosides
- Anthelmintics
- Antiinfectives Specialized Indications
- Antiretrovirals & Protease INH
- Antituberculosis Drugs
- Cephalosporins
- Chloramphenicols
- Clindamycins
- Erythromycins
- Oral Antifungal Drugs
- Other Antiinfective Drugs
- Other Antiviral Drugs
- Other Macrolides
- Other Topical Antifungals
- Parenteral Antifungals
- Penicillins
- Plasmodicides
- Quinolones
- Sulfonamides
- Tetracyclines
- Topical Antibacterial Drugs
- Topical Antifungal-Corticosteroid Comb.
- Urinary Antiinfectives
- Vaginal Antifungals

Antineoplastic/Immunosuppressant Drugs . . . 9

Autonomic and CNS Medications 12

- Analgesics
- Antidementia Drugs
- Antimania Drugs
- Antiparkinson Anticholinergic Drugs
- Antipsychotic Drugs
- Antivertigo and Antiemetic Drugs
- Anxiolytics
- Carbamazepines
- Class II Narcotics
- Class III Narcotics
- Class IV Narcotics
- CNS Stimulant Drugs
- Drugs to Prevent and Treat Headaches
- Hydantoins
- MAO Inhibitors

- Other Anticonvulsants
- Other Antidepressants
- Other Antiparkinson Drugs
- Other CNS/Autonomic Drugs
- Secondary Amines
- Sedative/Hypnotic Drugs
- Selective Serotonin Reuptake Inhibitors
- Smoking Cessation Products
- Succinimides
- Tertiary Amines
- Valproic Acid and Derivatives

Cardiovascular Medications 18

- Amiodarones
- Angiotensin Converting Enzyme Inhibitors
- Angiotensin II Receptor Antagonists
- Antidysrhythmic Drugs
- Beta-Adrenergic Antagonist Drugs
- Calcium Antagonists
- Cardiac Glycosides
- Centrally Acting Antihypertensives
- Drugs for Pheochromocytoma
- Endothelin Recptr Antagonist
- Hmg-Coa Reductase Inhibitors
- Hypolipoproteinemics
- Loop Diuretics
- Nitrates
- Other Antiarrhythmics
- Other Antihypertensives
- Other Cardiovascular Drugs
- Other Vasodilating Drugs
- Potassium Sparing Diuretics
- Thiazide and Related Drugs
- Vasodilator Antihypertensives

Dermatological Medications 22

- Antiacne Drugs
- Antipruritic Drugs
- Antipsoriasis and Antieczema Drugs
- Keratolytic Drugs
- Oral Dermatological Drugs
- Scabicides
- Topical Corticosteroid Drugs
- Topical Dermatological Drugs

Diagnostic & Miscellaneous Medications . . . 25

- Diagnostic Products
- Miscellaneous Drugs

CATEGORY LIST

Ear-Nose-Throat Medications 25

- Drugs Affecting the Ear
- Drugs Affecting the Nose
- Drugs Affecting the Throat and Mouth

Endocrine Medications. 26

- Amylin Analogues
- Antithyroid Drugs
- Dipeptidyl Peptidase-IV Inhib & Combos
- Glucocorticoid Drugs
- Glucose Elevating Drugs
- Incretin Mimetics
- Insulin
- Mineralocorticoid Drugs
- Oral Hypoglycemics & Combos
- Other Endocrine Drugs
- Thyroid Supplements

Gastrointestinal Medications. 28

- Antidiarrheal Drugs
- Antispasmodics/Drugs Affect GI Motility
- Antiulcer Drugs
- Irritable Bowel Drugs
- Laxatives and Cathartics
- Other Antiulcer Drugs
- Other GI Drugs
- Proton Pump Inhibitors

Immunologicals and Vaccines 30

- Erythroid Stimulants
- Growth Hormones and Related Drugs
- Insulin Like Growth Factors-1
- Interferons
- Interleukins
- Myeloid Stimulants

Medical (Miscellaneous) Supplies. 32

- Diabetic Supplies

Musculoskeletal Medications 34

- CNS Muscle Relaxants
- Direct Muscle Relaxants
- Drugs to Prevent and Treat Gout
- Non-Steroidal Antiinflammatory Agents
- Other Drugs for Arthritis
- Salicylates and Related Drugs

Nutrition, Blood Modifiers, Electrolytes . . . 35

- Antiplatelet Drugs
- Blood Detoxicants
- Electrolytes, Irrigating Solutions, Etc.
- Fluoride Products
- Injectable Anticoagulants
- Oral Anticoagulants, Vitamin K
- Potassium Removing Resins
- Potassium Supplements
- Therapeutic Vitamins & Minerals
- Vitamins & Minerals & Related Products

Obstetrical & Gynecological Medications. . . 39

- Abortifacients
- Androgen Drugs
- Contraceptives
- Estrogen Drugs
- Estrogen/Progestin Combinations
- OB/GYN Topical Antiinfectives
- Oxytocics
- Prenatal Vitamins
- Progestin Drugs
- Selective Estrogen Receptor Modulator
- Specialized OB/GYN Drugs

Ophthalmic Medications 42

- Antiglaucoma Drugs
- Ophthalmic Antiinfective/Corticosteroids
- Ophthalmic Corticosteroid Drugs
- Ophthalmic Topical Antibacterial Drugs
- Ophthalmic Topical Antiviral Drugs
- Other Ophthalmic Drugs

Respiratory Medications 44

- Antihistamines
- Beta-2 Adrenergic Drugs
- Leukotriene Modifiers
- Methyl Xanthine Drugs
- Other Drugs for Asthma
- Other Respiratory Drugs

Urological Medications 46

- Anticholinergic Antispasmodics
- Cholinergic Stimulants
- Other Genitourinary Products
- Urinary Anesthetics

2008 MEDICARE HIGH PERFORMANCE FORMULARY - CLOSED

Abridged Formulary

The symbol [G] next to a drug name indicates that a generic is available for at least one or more strengths of the brand medication.

The symbol [INJ] next to a drug name indicates that the drug is available in injectable form only.

The symbol [OTC] next to a drug name indicates that the drug is available Over-the-Counter.

The symbol [PAR] in the Restrictions column indicates that prior authorization may apply.

The symbol [QLL] in the Restrictions column indicates that quantities dispensed may be limited.

The symbol [ST] in the Restrictions column indicates that step therapy may apply.

The symbol [CARE] next to a drug name indicates that the drug has been noted as having an increased risk in elderly individuals. Caution should be exhibited when prescribing these agents to the elderly.

Drug Name	Chemical Description	Tier	Restrictions
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ANESTHETICS

LOCAL ANESTHETICS

<i>bupivacaine hcl, w/epinephrine</i> [INJ]		1	
<i>bupivacaine-dextrose</i> [INJ]		1	
<i>chloroprocaine hcl</i> [INJ]		1	
<i>droperidol</i> [INJ]		1	
<i>etomidate</i> [INJ]		1	
<i>inapsine</i> [INJ]		1	
<i>ketamine hcl</i> [INJ]		1	
<i>lidocaine hcl</i> [INJ]		1	
<i>lidocaine hcl in 7.5% dextrose, hcl-epinephrine</i> [INJ]		1	
<i>propofol</i> [INJ]		1	
<i>tetracaine hcl</i> [INJ]		1	

TOPICAL ANESTHETICS

<i>cocaine hcl</i>		1	
<i>ethyl chloride</i>		1	
<i>lidocaine hcl</i>		1	
<i>lidocaine hcl viscous</i>		1	
<i>lidocaine-prilocaine</i>		1	
LIDODERM	lidocaine	2	[PAR]
<i>senatec</i>		1	
<i>tetcaine</i>		1	
<i>tetracaine hcl</i>		1	
TETRAVISC	tetracaine hcl	2	

ANTIINFECTIVES

AMEBICIDES

<i>paromomycin sulfate</i>		1	
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Drug Name	Chemical Description	Tier	Restrictions
YODOXIN	diiodoxyhydroquin	2	
AMINOGLYCOSIDES			
<i>amikacin sulfate</i> [INJ]		1	
<i>gentamicin sulfate</i> [INJ]		1	
GENTAMICIN SULFATE IN NS inj 0.4 mg/ml, 0.8 mg/ml, 1.2 mg/ml, 2.4 mg/ml (isotonic forms) [INJ]	gentamicin/sodium chloride	2	
<i>gentamicin sulfate in ns inj 0.6 mg/ml, 0.8 mg/ml, 0.9 mg/ml, 1 mg/ml, 1.2 mg/ml, 1.4 mg/ml, 1.6 mg/ml</i> [INJ]		1	
<i>kanamycin sulfate</i> [INJ]		1	
<i>neomycin sulfate</i>		1	
<i>tobramycin sulfate</i> [INJ]		1	
<i>tobramycin sulfate in ns</i> [INJ]		1	
ANTHELMINTICS			
ALBENZA	albendazole	2	
<i>mebendazole</i>		1	
STROMEKTOL	ivermectin	2	
ANTIINFECTIVES SPECIALIZED INDICATIONS			
DAPSONE	dapsone	2	
<i>metronidazole</i>		1	
ANTIRETROVIRALS & PROTEASE INH			
AGENERASE	amprenavir	3	
APTIVUS	tipranavir	3	
ATRIPLA	emtricitabine/tenofovir/efavir	3	
COMBIVIR	lamivudine/zidovudine	3	
CRXIVAN	indinavir	2	
<i>didanosine</i>		1	
EMTRIVA	emtricitabine	2	
EPIVIR	lamivudine	2	
EPZICOM	abacavir sulfate/lamivudine	3	
FUZEON [INJ]	enfuvirtide	3	[PAR]
HIVID	zalcitabine	2	
INVIRASE	saquinavir mesylate	3	
KALETRA	ritonavir/lopinavir	3	
LEXIVA tab	fosamprenavir calcium	3	
NORVIR	ritonavir	3	
PREZISTA	darunavir ethanolate	3	
RESCRIPTOR	delavirdine mesylate	2	
RETROVIR inj [INJ]	zidovudine	3	
REYATAZ	atazanavir sulfate	3	
SUSTIVA	efavirenz	2	

Drug Name	Chemical Description	Tier	Restrictions
TRIZIVIR	zidovudine/lamivudine/abacavir	3	
TRUVADA	emtricitabine/tenofovir	3	
VIDEX	didanosine	2	
VIDEX EC cap sa 125 mg	didanosine	2	
VIRACEPT	nelfinavir mesylate	3	
VIRAMUNE	nevirapine	2	
VIREAD	tenofovir disproxil fumarate	2	
ZERIT	stavudine	2	
ZIAGEN	abacavir sulfate	2	
<i>zidovudine</i>		1	

ANTITUBERCULOSIS DRUGS

<i>ethambutol hcl</i>		1	
<i>isonarif</i>		1	
<i>isoniazid</i>		1	
MYCOBUTIN	rifabutin	2	
PRIFTIN	rifapentine	2	
<i>pyrazinamide</i>		1	
<i>rifampin</i>		3	

CEPHALOSPORINS

<i>cefaclor, er</i>		1	
<i>cefadroxil</i>		1	
<i>cefazolin sodium</i> [INJ]		1	
<i>cefdinir</i>		1	
<i>cefepime hcl</i> [INJ]		3	
<i>cefotaxime sodium</i> [INJ]		1	
<i>cefoxitin</i> [INJ]		1	
<i>cefpodoxime proxetil</i>		1	
<i>cefprozil</i>		1	
<i>ceftazidime</i> [INJ]		3	
CEFTIN susp	cefuroxime axetil	2	
<i>ceftriaxone</i> [INJ]		1	
<i>cefuroxime</i>		1	
<i>cefuroxime sodium</i> [INJ]		1	
<i>cephalexin</i>		1	

CHLORAMPHENICOLS

<i>chloramphenicol sod succinate</i> [INJ]		1	
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CLINDAMYCINS

CLEOCIN PALMITATE	clindamycin palmitate	2	
<i>clindamycin hcl, phosphate</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
ERYTHROMYCINS			
ERY-TAB	erythromycin base	2	
ERYTHROCIN LACTOBIONATE [INJ]	erythromycin lactobionate	2	
<i>erythrocin stearate</i>		1	
<i>erythromycin, ethylsuccinate</i>		1	
ORAL ANTIFUNGAL DRUGS			
ANCOBON	flucytosine	3	
<i>clotrimazole</i>		1	
<i>fluconazole</i>		1	[PAR] [QLL]
GRIFULVIN V tab	griseofulvin microsize	2	
GRIS-PEG	griseofulvin ultramicrosize	2	
<i>griseofulvin</i>		1	
<i>itraconazole</i>		1	[PAR] [QLL]
<i>ketoconazole</i>		1	
NOXAFIL	posaconazole	3	
<i>nystatin oral susp, pwd</i> <i>(50 mmu, 150 mmu, 500 mmu), tab</i>		1	
<i>terbinafine hcl</i>		1	
VFEND	<i>voriconazole</i>	3	[PAR]
OTHER ANTIINFECTIVE DRUGS			
ALINIA	nitazoxanide	2	
<i>bacim [INJ]</i>		1	
<i>bacitracin [INJ]</i>		1	
<i>colistimethate sodium [INJ]</i>		3	
CUBICIN [INJ]	daptomycin	3	
INVANZ [INJ]	ertapenem sodium	2	
MEPRON	atovaquone	3	
MERREM [INJ]	meropenem	3	
<i>pentamidine isethionate [INJ]</i>		1	
POLYMYXIN B SULFATE 100mm	polymyxin b	2	
<i>polymyxin b sulfate inj [INJ]</i>		1	
PRIMAXIN, I.M. [INJ]	imipenem/cilastatin sodium	3	
SYNERCID [INJ]	quinupristin/dalfopristin	3	
TYGACIL [INJ]	tigecycline	3	
VANCOGIN HCL cap	vancomycin	3	
<i>vancomycin hcl inj 500 mg, 1,000 mg,</i> <i>5,000 mg, 10,000 mg [INJ]</i>		1	
ZYVOX	linezolid	3	[PAR]
OTHER ANTIVIRAL DRUGS			
<i>acyclovir</i>		1	
<i>acyclovir sodium [INJ]</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>amantadine</i>		1	
BARACLUDE	entecavir	3	
CYTOVENE [INJ]	ganciclovir	2	
DENAVIR	penciclovir	2	
EPIVIR HBV	lamivudine	2	
<i>famciclovir</i>		1	
<i>foscarnet sodium</i> [INJ]		1	
FOSCAVIR [INJ]	foscarnet	2	
<i>ganciclovir</i>		3	
HEPSERA	adefovir dipivoxil	3	
<i>ribapak</i>		3	
<i>ribasphere</i>		3	
<i>ribavirin</i>		3	
<i>rimantadine hcl</i>		1	
TAMIFLU	oseltamivir phosphate	2	[QLL]
TYZEKA	telbivudine	2	
VALCYTE	valganciclovir	3	
VIRAZOLE [INJ]	ribavirin	2	
ZOVIRAX cream, oint	acyclovir	2	

OTHER MACROLIDES

<i>azithromycin</i>		1	[QLL]
<i>clarithromycin, er</i>		1	

OTHER TOPICAL ANTIFUNGALS

<i>ciclopirox</i>		1	
<i>clotrimazole</i>		1	
<i>econazole nitrate</i>		1	
<i>ketoconazole</i>		1	
<i>nyamyc</i>		1	
<i>nystatin cream, oint, pwd (100,000 u/1g)</i>		1	
<i>nystop</i>		1	
<i>pedi-dri</i>		1	

PARENTERAL ANTIFUNGALS

ABELCET [INJ]	amphotericin b lipid complex	3	
AMBISOME [INJ]	amphotericin b liposome	3	
AMPHOTEC [INJ]	ampho b c-s	2	
<i>amphotericin b</i> [INJ]		1	
CANCIDAS [INJ]	caspofungin acetate	3	
<i>fluconazole in dextrose, in saline</i> [INJ]		1	
MYCAMINE [INJ]	micalfungin sodium	3	
VFEND IV [INJ]	voriconazole	3	

Drug Name	Chemical Description	Tier	Restrictions
PENICILLINS			
<i>amoclan</i>		1	
<i>amox tr-potassium clavulanate</i>		1	
<i>amoxicillin</i>		1	
AMOXIL [G]	amoxicillin	2	
<i>ampicillin sodium [INJ]</i>		1	
<i>ampicillin trihydrate</i>		1	
<i>ampicillin-sulbactam [INJ]</i>		1	
AUGMENTIN chew tab, susp (125 mg/5ml, 250 mg/5ml)	amoxicillin clavulanate	2	
<i>dicloxacillin sodium</i>		1	
GEOCILLIN	carbenicillin	2	
<i>nafcillin [INJ]</i>		3	
<i>nafcillin sodium [INJ]</i>		3	
<i>oxacillin, sodium [INJ]</i>		3	
<i>penicillin g potassium, g procaine, g sodium [INJ]</i>		1	
<i>penicillin v potassium</i>		1	
<i>piperacillin [INJ]</i>		1	
PIPRACIL IN DEXTROSE [INJ]	piperacillin	2	
ZOSYN [INJ]	piperacillin/tazobactam sodium	2	
PLASMODICIDES			
<i>chloroquine phosphate</i>		1	
DARAPRIM	pyrimethamine	2	
FANSIDAR	pyrimethamine/sulfadoxine	2	
HALFAN	halofantrine	2	
<i>hydroxychloroquine sulfate</i>		1	
MALARONE	atovaquone/proguanil hcl	2	
<i>mefloquine hcl</i>		1	
PRIMAQUINE	primaquine	2	
QUALAQUIN	quinine sulfate	2	
QUINOLONES			
AVELOX IV [INJ]	moxifloxacin	2	
AVELOX, ABC PACK	moxifloxacin	2	
CIPRO I.V. inj 200 mg/ml, 400 mg/ml [INJ]	ciprofloxacin	2	
<i>ciprofloxacin er, hcl</i>		1	
<i>ofloxacin</i>		1	
SULFONAMIDES			
<i>erythromycin-sulfisoxazole</i>		1	
GANTRISIN	sulfisoxazole acetyl	2	
<i>sulfadiazine</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>sulfamethoxazole-trimethoprim</i>		1	
<i>sulfatrim</i>		1	
TETRACYCLINES			
<i>demeclocycline hcl</i>		3	
<i>doxycycline, hyclate, monohydrate</i>		1	
<i>minocycline hcl</i>		1	
<i>myrac</i>		1	
<i>tetracycline hcl</i>		1	
TOPICAL ANTIBACTERIAL DRUGS			
BACTROBAN cream	mupirocin calcium	2	
CHLORHEXIDINE GLUCONATE soln, top	chlorhexidine	2	
<i>gentamicin sulfate</i>		1	
<i>mupirocin</i>		1	
<i>silver sulfadiazine</i>		1	
<i>ssd, af</i>		1	
SULFAMYLON	mafenide acetate	2	
<i>thermazene</i>		1	
TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.			
<i>clotrimazole-betamethasone</i>		1	
<i>nystatin-triamcinolone</i>		1	
URINARY ANTIINFECTIVES			
FURADANTIN [CARE]	nitrofurantoin	2	
<i>methenamine hippurate, mandelate</i>		1	
<i>nitrofurantoin, macrocrystal, monohyd macro [CARE]</i>		1	
PRIMSOL	trimethoprim	2	
<i>trimethoprim</i>		1	
<i>uretron d/s [CARE]</i>		1	
<i>urimar-t tab [CARE]</i>		1	
<i>urogesic-blue [CARE]</i>		1	
<i>utira, -c [CARE]</i>		1	
<i>utrona [CARE]</i>		1	
<i>visqid a/a</i>		1	
VAGINAL ANTIFUNGALS			
<i>miconazole 3</i>		1	[QLL]
<i>nystatin vaginal products</i>		1	
<i>terconazole</i>		1	[QLL]

Drug Name	Chemical Description	Tier	Restrictions
ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS			
ABRAXANE [INJ]	paclitaxel	3	
<i>adriamycin</i> [INJ]		1	
<i>adrucil</i> [INJ]		1	
ALIMTA [INJ]	pemetrexed disodium	3	
AMEVIVE [INJ]	alefacept	3	[PAR]
<i>anagrelide hcl</i>		3	
ARIMIDEX	anastrozole	2	
AROMASIN	exemestane	2	
ARRANON [INJ]	nelarabine	3	
AVASTIN [INJ]	bevacizumab	3	
AZASAN	azathioprine	2	[PAR]
<i>azathioprine</i>		1	[PAR]
BEXXAR [INJ]	tositumomab iodine-131	3	
BICNU [INJ]	carmustine	3	
<i>bleomycin sulfate</i> [INJ]		3	
BUSULFEX [INJ]	busulfan	3	
CAMPATH [INJ]	alemtuzumab	3	
CAMPTOSAR [INJ]	irinotecan	3	
<i>carboplatin</i> [INJ]		1	
CASODEX	bicalutamide	2	
CEENU	lomustine	2	
CELLCEPT	mycophenolate mofetil	3	[PAR]
<i>cisplatin</i> [INJ]		1	
<i>cladribine</i> [INJ]		3	
CLOLAR [INJ]	clofarabine	2	
COSMEGEN [INJ]	dactinomycin	3	
<i>cyclophosphamide</i>		1	[PAR]
<i>cyclosporine</i>		3	[PAR]
<i>cytarabine</i> [INJ]		1	
<i>dacarbazine</i> [INJ]		1	
DACOGEN [INJ]	decitabine	3	
<i>daunorubicin hcl</i> [INJ]		3	
DAUNOXOME [INJ]	daunorubicin liposome	3	
DEPO-PROVERA inj 400 mg/ml [INJ]	medroxyprogesterone	2	
DEPOCYT [INJ]	cytarabine liposome	2	
<i>dexrazoxane</i> [INJ]		3	
DOXIL [INJ]	doxorubicin hcl liposome	3	
<i>doxorubicin hcl</i> [INJ]		1	
DROXIA	hydroxyurea	2	
ELIGARD [INJ]	leuprolide	2	[PAR]
ELITEK [INJ]	rasburicase	3	
ELLECE [INJ]	epirubicin hcl	3	
ELOXATIN [INJ]	oxaliplatin	3	
ELSPAR [INJ]	asparaginase	3	

Drug Name	Chemical Description	Tier	Restrictions
EMCYT	estramustine phosphate sodium	2	
ENBREL [INJ]	etanercept	3	[PAR] [QLL]
EPIRUBICIN HCL [INJ]	epirubicin hcl	3	
ERBITUX [INJ]	cetuximab	3	
ETHYOL [INJ]	amifostine	3	
ETOPOPHOS [INJ]	etoposide phosphate	3	
<i>etoposide inj</i> [INJ]		1	
FARESTON	toremifene	2	
FASLODEX [INJ]	fulvestrant	3	
FEMARA	letrozole	2	
<i>floxuridine</i> [INJ]		1	
FLUDARABINE PHOSPHATE [INJ]	fludarabine phosphate	3	
<i>fluorouracil</i> [INJ]		1	
<i>flutamide</i>		1	
<i>fudr</i> [INJ]		1	
GEMZAR [INJ]	gemcitabine	3	
<i>gengraf</i>		1	[PAR]
GLEEVEC	imatinib mesylate	3	
HERCEPTIN [INJ]	trastuzumab	3	
HEXALEN	altretamine	3	
HUMIRA [INJ]	adalimumab	3	[PAR] [QLL]
HYCAMTIN [INJ]	topotecan	3	
<i>hydroxyurea</i>		1	
<i>idarubicin hcl</i> [INJ]		3	
<i>ifosfamide</i> [INJ]		3	
<i>ifosfamide/mesna</i> [INJ]		3	
IRESSA	gefitinib	3	
<i>leflunomide</i>		1	
<i>leucovorin calcium</i>		1	
LEUKERAN	chlorambucil	2	
LYSODREN	mitotane	3	
MATULANE	procarbazine	3	
MEGACE ES	megestrol	2	
<i>megestrol acetate</i>		1	
<i>mercaptopurine</i>		1	
MESNA [INJ]	mesna	2	
MESNEX	mesna	3	
<i>methotrexate</i>		1	[PAR]
<i>methotrexate sodium</i> [INJ]		1	
<i>mitomycin</i> [INJ]		1	
<i>mitoxantrone hcl</i> [INJ]		3	[PAR]
MUSTARGEN [INJ]	mechlorethamine	2	
MYFORTIC	mycophenolate sodium	2	[PAR]
MYLOTARG [INJ]	gemtuzumab ozogamicin	3	

Drug Name	Chemical Description	Tier	Restrictions
NEXAVAR	sorafenib tosylate	3	
NILANDRON	nilutamide	2	
NIPENT [INJ]	pentostatin	3	
<i>octreotide acetate</i> [INJ]		3	
ONCASPASPAR [INJ]	pegaspargase	3	
ONTAK [INJ]	denileukin diftitox	3	
<i>onxol</i> [INJ]		3	
ORENCIA [INJ]	abatacept/maltose	3	[PAR]
ORTHOCLONE OKT-3 [INJ]	muronab-cd3	3	
<i>paclitaxel 6 mg/ml</i> [INJ]		3	
PHOTOFRIN [INJ]	porfimer sodium	3	
PROGRAF	tacrolimus	3	[PAR]
RAPAMUNE	sirolimus	2	[PAR]
RAPTIVA [INJ]	efalizumab	3	[PAR]
REMICADE [INJ]	infliximab	3	[PAR]
REVLIMID	lenalidomide	3	
RITUXAN [INJ]	rituximab	3	[PAR]
SANDOSTATIN LAR [INJ]	octreotide	3	
SIMULECT [INJ]	basiliximab	3	
SOLTAMOX tamoxifen		2	
SPRYCEL dasatinib		3	
SUTENT sunitinib malate		3	
<i>tamoxifen citrate</i>		1	
TARCEVA erlotinib hcl		3	
TARGRETIN bexarotene		3	
TAXOTERE [INJ]	docetaxel	3	
TESLAC testolactone		2	
THERACYS [INJ]	bcg vaccine	2	
THIOGUANINE thioguanine		2	
<i>thiotepa</i> [INJ]		3	
<i>toposar</i> [INJ]		1	
TORISEL [INJ]	temsirolimus	3	
TRELSTAR DEPOT, LA [INJ]	triptorelin pamoate	2	
<i>tretinoin cap</i>		3	
TRISENOX [INJ]	arsenic trioxide	3	
TYKERB lapatinib ditosylate		3	
TYSABRI [INJ]	natalizumab	3	[PAR]
VANTAS [INJ]	histrelin ac	2	
VECTIBIX [INJ]	panitumumab	3	
VELCADE [INJ]	bortezomib	3	
VIADUR leuprolide/lidocaine hcl		2	
VIDAZA [INJ]	azacitidine	3	
<i>vinblastine sulfate</i> [INJ]		1	
<i>vincristine sulfate</i> [INJ]		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>vinorelbine tartrate</i> [INJ]		3	
VUMON [INJ]	teniposide	3	
ZANOSAR [INJ]	streptozocin	3	
ZEVALIN [INJ]	ibritumomab-yttrim-90/albumin	2	
ZOLADEX [INJ]	goserelin acetate	3	
ZOLINZA vorinostat		3	

AUTONOMIC AND CNS MEDICATIONS

ANALGESICS

<i>ali-flex</i>		1	
<i>alpain</i>		1	
<i>beflex</i>		1	
<i>butorphanol tartrate</i> [INJ]		1	
DOLOREX cap 500 mg	acetaminophen/phenyltolox	2	
<i>hyflex-ds</i>		1	
<i>nalbuphine hcl</i> [INJ]		1	
<i>novagesic</i>		1	
PRIALT [INJ]	ziconotide acetate	3	
<i>rhinoflex, -650</i>		1	
<i>sufenta</i> [INJ]		1	
<i>sufentanil citrate</i> [INJ]		1	
<i>tetra-mag</i>		1	
<i>tramadol hcl, -acetaminophen</i>		1	
<i>vistra 650</i>		1	

ANTIDEMENTIA DRUGS

ARICEPT, ODT	donepezil	2	
EXELON cap, soln	rivastigmine tartrate	2	
NAMENDA	memantine hcl	2	
RAZADYNE, ER	galantamine	2	

ANTIMANIA DRUGS

<i>lithium carbonate, citrate</i>		1	
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ANTIPARKINSON ANTICHOLINERGIC DRUGS

<i>benztropine mesylate</i>		1	
<i>trihexyphenidyl hcl</i>		1	

ANTIPSYCHOTIC DRUGS

ABILIFY, DISCMELT	aripiprazole	2	[QLL]
<i>chlorpromazine hcl</i>		1	
CLOZAPINE tab 200 mg	clozapine	2	
<i>clozapine tab 25 mg, 50 mg, 100 mg</i>		1	
FAZACLO	clozapine	2	

Drug Name	Chemical Description	Tier	Restrictions
<i>fluphenazine decanoate</i> [INJ]		1	
<i>fluphenazine hcl</i>		1	
GEODON	ziprasidone	2	[QLL]
<i>haloperidol decanoate</i> [INJ]		1	
<i>haloperidol, lactate</i>		1	
INVEGA	paliperidone	2	[QLL]
<i>loxapine, succinate</i>		1	
MOBAN	molindone	2	
ORAP	pimozide	2	
<i>perphenazine</i>		1	
RISPERDAL CONSTA [INJ]	risperidone	3	
RISPERDAL, M-TAB	risperidone	2	[QLL]
SEROQUEL, XR	quetiapine fumarate	2	[QLL]
<i>thioridazine hcl</i> [CARE]		1	
<i>thiothixene</i>		1	
<i>trifluoperazine hcl</i>		1	
ZYPREXA, ZYDIS	olanzapine	2	[QLL]

ANTIVERTIGO AND ANTIEMETIC DRUGS

ALOXI [INJ]	palonosetron hcl	3	
COMPAZINE	syrup prochlorperazine edisylate	2	
<i>compro</i>		1	
<i>dimenhydrinate</i> [INJ]		1	
EMEND	aprepitant	2	[PAR] [QLL]
MARINOL	dronabinol	3	
<i>meclizine hcl</i>		1	
<i>ondansetron hcl</i>		1	[PAR] [QLL]
<i>ondansetron hcl in dextrose</i> [INJ]		1	
<i>ondansetron, odt</i>		1	[PAR] [QLL]
<i>phenadoz</i> [CARE]		1	
<i>prochlorperazine edisylate</i> [INJ]		1	
<i>prochlorperazine maleate</i>		1	
<i>promethazine hcl</i> [CARE]		1	
<i>promethegan</i> [CARE]		1	
<i>trimethobenzamide hcl cap (300 mg), inj</i>		1	
<i>univert</i>		1	

ANXIOLYTICS

<i>buspirone hcl</i>		1	
<i>meprobamate</i> [CARE]		1	

CARBAMAZEPINES

<i>carbamazepine</i>		1	
<i>epitol</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
TEGRETOL XR	carbamazepine	2	
TRILEPTAL	oxcarbazepine	2	

CLASS II NARCOTICS

<i>alfentanil hydrochloride</i> [INJ]		1	
<i>belladonna & opium</i> [CARE]		1	
<i>codeine phosphate inj</i> [INJ]		1	
<i>codeine sulfate</i>		1	
<i>endocet</i>		1	
<i>endodan</i>		1	
<i>eth-oxydose</i>		1	
<i>fentanyl w/droperidol</i> [INJ]		1	
<i>fentanyl, citrate</i>		3	[PAR] [QLL]
<i>hydromorphone hcl inj (1 mg/ml, 2 mg/ml, 4 mg/ml, 10 mg/ml), rectal, tab</i>		1	
<i>levorphanol tartrate</i>		1	
<i>meperidine hcl</i> [CARE]		1	
<i>meperitab</i> [CARE]		1	
<i>methadone hcl, intensol</i>		1	
<i>methadose</i>		1	
<i>morphine sulfate inj, rectal, soln, tab, tab sa (excluding 10mg, 15mg, 30mg soluble tab)</i>		1	
<i>morphine sulfate in dextrose</i> [INJ]		1	
<i>oxycodone hcl, -acetaminophen</i>		1	[QLL]
<i>oxycodone-acetaminophen</i>		1	
<i>oxycodone-aspirin</i>		1	
<i>oxycodone/apap</i>		1	
OXYCONTIN [G]	oxycodone	2	[QLL]
<i>perloxx</i>		1	
<i>roxicet tab 5 mg</i>		1	
<i>sublimaze</i> [INJ]		1	

CLASS III NARCOTICS

<i>acetaminophen-codeine</i>		1	
<i>apap-caffeine-dihydrocodeine</i>		1	
<i>aspirin w/codeine</i>		1	
<i>co-gesic</i>		1	
<i>hydrocodone bit-ibuprofen</i>		1	
<i>hydrocodone-acetaminophen</i>		1	
<i>margesic h</i>		1	
<i>reprexain tab 7.5/200 mg</i>		1	
<i>stagesic</i>		1	
SUBOXONE	buprenorphine/naloxone	2	[QLL]
SUBUTEX	buprenorphine	2	

Drug Name	Chemical Description	Tier	Restrictions
CLASS IV NARCOTICS			
<i>pentazocine-acetaminophen</i> [CARE]		1	
<i>pentazocine-naloxone hcl</i> [CARE]		1	
<i>propoxyphene hcl, -apap</i> [CARE]		1	
<i>propoxyphene napsylate-apap</i> [CARE]		1	
CNS STIMULANT DRUGS			
ADDERALL XR [CARE]	amphetamine/dextroamphetamine	2	
<i>amphetamine salt combo</i> [CARE]		1	
<i>caffeine and sodium benzoate</i> [INJ]		1	
<i>caffeine citrate</i> [INJ]		1	
DESOXYN [CARE]	methamphetamine	2	
<i>dexmethylphenidate hcl</i>		1	
<i>dextroamphetamine sulfate</i> [CARE]		1	
METADATE CD	methylphenidate	2	
METADATE ER tab sa 10 mg [G]	methylphenidate	2	
<i>metadate er tab sa 20 mg</i>		1	
<i>methylin tab 5 mg, 10 mg, 20 mg</i>		1	
<i>methylin er</i>		1	
<i>methylphenidate er, hcl</i>		1	
PROVIGIL	modafinil	2	[PAR]
DRUGS TO PREVENT AND TREAT HEADACHES			
<i>asa-butalb-caffeine-codeine</i>		1	
<i>ascomp w/codeine</i>		1	
<i>butalbital compound w/codeine</i>		1	
<i>butalbital-caff-apap-codeine</i>		1	
<i>butorphanol tartrate</i>		1	[QLL]
<i>dihydroergotamine mesylate</i> [INJ]		1	
<i>ergotamine-caffeine</i>		1	
IMITREX	sumatriptan	2	[QLL]
MAXALT, MLT	rizatriptan benzoate	2	[QLL]
<i>migergot</i>		1	
HYDANTOINS			
CEREBYX [INJ]	fosphenytoin	3	
DILANTIN cap (30 mg), chew tab	phenytoin sodium	2	
PEGANONE	ethotoin	2	
<i>phenytoin</i>		1	
<i>phenytoin sodium</i> [INJ]		1	
<i>phenytoin sodium extended</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
MAO INHIBITORS			
EMSAM	selegiline	2	
MARPLAN	isocarboxazid	2	
NARDIL	phenelzine	2	
<i>tranlycypromine sulfate</i>		1	
OTHER ANTICONVULSANTS			
FELBATOL	felbamate	2	
<i>gabapentin</i>		1	
GABITRIL	tiagabine	2	
KEPPRA	levetiracetam	2	
LAMICTAL tab 25 mg, 100 mg, 150 mg, 200 mg (excluding disper tab)	lamotrigine	2	
LAMICTAL starter kit	lamotrigine	2	
<i>lamotrigine</i>		1	
LYRICA	pregabalin	2	[ST]
NEURONTIN soln	gabapentin	2	
<i>primidone</i>		1	
TOPAMAX	topiramate	2	[PAR]
<i>zonisamide</i>		1	[PAR]
OTHER ANTIDEPRESSANTS			
<i>amitriptyline-chlordiazepoxide</i> [CARE]		1	
<i>budeprion sr, xl</i>		1	[QLL]
<i>bupropion hcl sr</i>		1	[QLL]
<i>bupropion hcl, xl</i>		1	
CYMBALTA	duloxetine	2	[QLL] [ST]
<i>maprotiline hcl</i>		1	
<i>mirtazapine</i>		1	
<i>nefazodone hcl</i>		1	
<i>perphenazine-amitriptyline</i> [CARE]		1	
<i>trazodone hcl</i>		1	
<i>venlafaxine hcl</i>		1	
OTHER ANTIPARKINSON DRUGS			
APOKYN [INJ]	apomorphine hcl	3	
<i>bromocriptine mesylate</i>		1	
<i>carbidopa-levodopa, er</i>		1	
COMTAN	entacapone	2	
LODOSYN	carbidopa	2	
MIRAPEX	pramipexole	2	
REQUIP	ropinirole	2	
<i>selegiline hcl</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
STALEVO 100, 150, 50	carbidopa/levodopa/entacap	2	
TASMAR	tolcapone	2	

OTHER CNS/AUTONOMIC DRUGS

ANTABUSE	disulfiram	2	
<i>atropine sulfate</i> [INJ]		1	
<i>depade</i>		1	
<i>flumazenil</i> [INJ]		1	
<i>guanidine hcl</i>		1	
MESTINON syrup, tab sa	pyridostigmine	2	
<i>naloxone hcl</i> [INJ]		1	
<i>naltrexone hcl</i>		1	
<i>neostigmine methylsulfate</i> [INJ]		1	
<i>physostigmine salicylate</i> [INJ]		1	
PROSTIGMIN tab	neostigmine bromide	2	
<i>pyridostigmine bromide</i>		1	
STRATTERA	atomoxetine	2	[PAR]
XYREM	sodium oxybate	3	

SECONDARY AMINES

<i>amoxapine</i>		1	
<i>desipramine hcl</i>		1	
<i>nortriptyline hcl</i>		1	
VIVACTIL	protriptyline	2	

SEDATIVE/HYPNOTIC DRUGS

<i>chloral hydrate</i>		1	
ROZEREM	ramelteon	2	[QLL]
<i>zolpidem tartrate</i>		1	[QLL]

SELECTIVE SEROTONIN REUPTAKE INHIBITORS

<i>citalopram, hbr</i>		1	[QLL]
<i>fluoxetine hcl</i>		1	[QLL]
<i>fluvoxamine maleate</i>		1	[QLL]
<i>paroxetine hcl</i>		1	[QLL]
<i>sertraline hcl</i>		1	[QLL]

SMOKING CESSATION PRODUCTS

<i>buproban</i>		1	[QLL]
<i>bupropion hcl sr</i>		1	[QLL]
CHANTIX	varenicline tartrate	2	
<i>nicotine patch</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
SUCCINIMIDES			
CELONTIN	methsuximide	2	
<i>ethosuximide</i>		1	
TERTIARY AMINES			
<i>amitriptyline hcl</i> [CARE]		1	
<i>clomipramine hcl</i>		1	
<i>doxepin hcl</i> [CARE]		1	
<i>imipramine hcl, pamoate</i>		1	
<i>trimipramine maleate</i>		1	
VALPROIC ACID AND DERIVATIVES			
DEPAKOTE, ER, SPRINKLE	divalproex	2	
<i>valproate sodium</i> [INJ]		1	
<i>valproic acid cap, syrup</i>		1	
CARDIOVASCULAR MEDICATIONS			
AMIODARONES			
<i>amiodarone hcl</i> [CARE]		1	
<i>pacerone tab 200 mg</i> [CARE]		1	
ANGIOTENSIN CONVERTING ENZYME INHIBITORS			
<i>benazepril hcl</i>		1	
<i>captopril</i>		1	
<i>enalapril maleate</i>		1	
<i>enalaprilat</i> [INJ]		1	
<i>fosinopril sodium</i>		1	
<i>lisinopril</i>		1	
<i>moexipril hcl</i>		1	
<i>quinapril hcl</i>		1	
<i>trandolapril</i>		1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS			
DIOVAN	valsartan	2	[ST]
MICARDIS	telmisartan	2	[ST]
ANTIDYSRHYTHMIC DRUGS			
<i>disopyramide phosphate</i> [CARE]		1	
ETHMOZINE	morizine	2	
<i>flecainide acetate</i>		1	
<i>mexiletine hcl</i>		1	
<i>procainamide hcl</i>		1	
<i>propafenone hcl</i>		1	
<i>quinidine gluconate, sulfate</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
BETA-ADRENERGIC ANTAGONIST DRUGS			
<i>acebutolol hcl</i>		1	
<i>atenolol</i>		1	
<i>betaxolol hcl</i>		1	
<i>bisoprolol fumarate</i>		1	
<i>carvedilol</i>		1	
COREG [G]	carvedilol	2	
<i>labetalol hcl</i>		1	
<i>metoprolol succinate, tartrate</i>		1	
<i>nadolol</i>		1	
<i>pindolol</i>		1	
<i>propranolol hcl</i>		1	
<i>timolol maleate</i>		1	
TOPROL XL [G]	metoprolol succinate	2	
CALCIUM ANTAGONISTS			
<i>afeditab cr</i>		1	
<i>amlodipine besylate</i>		1	
<i>cartia xt</i>		1	
<i>dilt-cd</i>		1	
<i>dilt-xr</i>		1	
<i>diltia xt</i>		1	
<i>diltiazem er, hcl</i>		1	
<i>felodipine er</i>		1	
<i>isradipine</i>		1	
<i>nicardipine hcl</i>		1	
<i>nifediac cc</i>		1	
<i>nifedical xl</i>		1	
<i>nifedipine, er</i>		1	
<i>nimodipine</i>		3	
SULAR	nisoldipine	2	[ST]
<i>taztia xt</i>		1	
<i>verapamil er, pm</i>		1	
<i>verapamil hcl</i>		1	
CARDIAC GLYCOSIDES			
<i>digitek</i>		1	
<i>digoxin inj, soln, tab (0.125 mg, 0.25 mg)</i>		1	
<i>milrinone in 5% dextrose, lactate [INJ]</i>		1	
CENTRALLY ACTING ANTIHYPERTENSIVES			
<i>clonidine hcl</i>		1	
<i>guanabenz acetate</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>guanfacine hcl</i>		1	
<i>methyl dopa</i> [CARE]		1	
<i>methyl dopate hcl</i> [INJ]		1	

DRUGS FOR PHEOCHROMOCYTOMA

DEMSEER	metyrosine	2	
DIBENZYLINE	phenoxybenzamine	2	

ENDOTHELIN RECPTR ANTAGONIST

LETAIRIS	ambrisentan	3	
TRACLEER	bosentan	3	

HMG-COA REDUCTASE INHIBITORS

CRESTOR	rosuvastatin calcium	2	[QLL] [ST]
<i>lovastatin</i>		1	[QLL]
<i>pravastatin sodium</i>		1	[QLL]
<i>simvastatin</i>		1	[QLL]
VYTORIN	ezetimibe/simvastatin	2	[QLL] [ST]

HYPOLIPOPROTEINEMICS

<i>cholestyramine, light</i>		1	
<i>colestipol hcl</i>		1	
<i>fenofibrate</i>		1	
<i>gemfibrozil</i>		1	
LOVAZA	omega-3 acid ethyl esters	2	
NIASPAN	niacin	2	
<i>prevalite</i>		1	
TRIGLIDE	fenofibrate	2	
ZETIA	ezetimibe	2	[ST]

LOOP DIURETICS

<i>bumetanide</i>		1	
<i>furosemide</i>		1	
<i>toremide</i>		1	

NITRATES

<i>amyl nitrite</i>		1	
<i>isosorbide dinitrate, mononitrate</i>		1	
<i>nitro-bid</i>		1	
<i>nitro-time</i>		1	
<i>nitroglycerin in d5w</i> [INJ]		1	
<i>nitroglycerin, patch</i>		1	
<i>nitroquick</i>		1	
NITROSTAT	nitroglycerin	2	

Drug Name	Chemical Description	Tier	Restrictions
OTHER ANTIARRHYTHMICS			
<i>adenosine</i> [INJ]		1	
CORVERT [INJ]	ibutilide fumarate	2	
<i>lidocaine hcl</i> [INJ]		1	
<i>sorine</i>		1	
<i>sotalol, af</i>		1	
TIKOSYN	dofetilide	2	
OTHER ANTIHYPERTENSIVES			
<i>amlodipine besylate-benazepril</i>		1	
<i>atenolol-chlorthalidone</i>		1	
<i>benazepril hcl-hctz</i>		1	
<i>bisoprolol fumarate-hctz</i>		1	
<i>captopril-hydrochlorothiazide</i>		1	
DIOVAN HCT	hctz/valsartan	2	[ST]
<i>enalapril maleate-hctz</i>		1	
EXFORGE	amlodipine/valsartan	2	
<i>fosinopril-hydrochlorothiazide</i>		1	
<i>hydra-zide</i>		1	
<i>lisinopril-hctz</i>		1	
<i>methyldopa-hydrochlorothiazide</i> [CARE]		1	
<i>metoprolol-hydrochlorothiazide</i>		1	
MICARDIS HCT	telmisartan/hctz	2	[ST]
<i>moexipril-hydrochlorothiazide</i>		1	
<i>nadolol-bendroflumethiazide</i>		1	
<i>propranolol hcl w/hctz</i>		1	
<i>quinapril-hydrochlorothiazide</i>		1	
<i>quinaretic</i>		1	
<i>reserpine</i>		1	
OTHER CARDIOVASCULAR DRUGS			
<i>alprostadil</i> [INJ]		1	
<i>dobutamine hcl, in dextrose</i> [INJ]		1	
<i>dopamine hcl, 5ml in 10ml, additive syringe, in 5% dextrose</i> [INJ]		1	
<i>isoproterenol hcl</i> [INJ]		1	
<i>midodrine hcl</i>		1	
<i>norepinephrine bitartrate</i> [INJ]		1	
<i>pentoxifylline</i>		1	
<i>pentoxil</i>		1	
<i>phenylephrine hcl</i> [INJ]		1	
RANEXA	ranolazine	2	

Drug Name	Chemical Description	Tier	Restrictions
OTHER VASODILATING DRUGS			
<i>papaverine hcl</i>		1	
<i>para-time</i>		1	
REVATIO	revatio (sildenafil citrate)	3	[PAR] [QLL]
POTASSIUM SPARING DIURETICS			
<i>amiloride hcl, -hctz</i>		1	
<i>spironolactone, -hctz</i>		1	
<i>triamterene-hctz</i>		1	
THIAZIDE AND RELATED DRUGS			
<i>chlorothiazide</i>		1	
<i>chlorthalidone</i>		1	
<i>hydrochlorothiazide</i>		1	
<i>indapamide</i>		1	
<i>methyclothiazide</i>		1	
<i>metolazone</i>		1	
VASODILATOR ANTIHYPERTENSIVES			
<i>doxazosin mesylate</i>		1	[QLL]
<i>hydralazine hcl</i>		1	
<i>minoxidil</i>		1	
<i>prazosin hcl</i>		1	
<i>terazosin hcl</i>		1	[QLL]
DERMATOLOGICAL MEDICATIONS			
ANTIACNE DRUGS			
<i>benprox</i>		1	
<i>benzoyl peroxide</i>		1	
<i>clenia emulsion</i>		1	
<i>clinda-derm</i>		1	
<i>clindamycin phosphate</i>		1	
<i>ery</i>		1	
<i>erythromycin, -benzoyl peroxide</i>		1	
<i>ethexderm</i>		1	
FINACEA	azelaic acid	2	
<i>metronidazole</i>		1	
<i>oscion</i>		1	
<i>prascion, av, ra, ts</i>		1	
<i>rosaderm</i>		1	
<i>sodium sulfacetamide, -sulfur</i>		1	
<i>sulfatol, -m</i>		1	
<i>suphera</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>tretinoin cream (0.025 %, 0.05 %, 0.1 %), gel</i>		1	[PAR]
<i>zalcir</i>		1	

ANTIPRURITIC DRUGS

<i>aluminum acetate</i>		1	
<i>hydroxyzine hcl, pamoate</i> [CARE]		1	

ANTIPSORIASIS AND ANTIECZEMA DRUGS

DOVONEX	calcipotriene	2	
<i>drithocrema hp</i>		1	
<i>mexar</i>		1	
<i>re 10, sa</i>		1	
<i>salitop</i>		1	
<i>scalp treatment</i>		1	
<i>seb-prev cream, gel, soln</i>		1	
<i>selenium sulfide</i>		1	
<i>selenos</i>		1	
<i>sodium sulfacetamide</i>		1	
SORIATANE	acitretin	3	
<i>sulfacetamide sodium</i>		1	
TAZORAC	tazarotene	2	[PAR]

KERATOLYTIC DRUGS

CONDYLOX gel	podofilox	2	
<i>formalaz</i>		1	
GORDOFILM	salicylic acid/la/collodion	2	
KERALYT	salicylic acid	2	
<i>podofilox</i>		1	
<i>salicylic acid</i>		1	

ORAL DERMATOLOGICAL DRUGS

8-MOP	methoxsalen	3	
<i>amnesteam</i>		1	
<i>claravis</i>		1	
OXSORALEN-ULTRA	methoxsalen	3	
<i>sotret</i>		1	

SCABICIDES

<i>acticin</i>		1	
EURAX	crotamiton	2	
LINDANE	benzene hexachloride gamma	2	
<i>permethrin cream</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
TOPICAL CORTICOSTEROID DRUGS			
<i>alclometasone dipropionate</i>		1	
<i>amcinonide</i>		1	
<i>beta-val</i>		1	
<i>betamethasone dipropionate, valerate</i>		1	
<i>betanate</i>		1	
<i>clobetasol emollient, propionate</i>		1	
<i>cormax</i>		1	
<i>desonide</i>		1	
<i>desoximetasone</i>		1	
<i>diflorasone diacetate</i>		1	
<i>fluocinolone acetonide</i>		1	
<i>fluocinonide, -e</i>		1	
<i>fluticasone propionate</i>		1	
<i>halobetasol propionate</i>		1	
<i>hydrocortisone acetate gel</i>		1	
<i>hydrocortisone, butyrate, valerate</i>		1	
<i>keratol hc</i>		1	
<i>mometasone furoate</i>		1	
<i>prednicarbate</i>		1	
<i>triamcinolone acetonide</i>		1	
<i>triderm</i>		1	
TOPICAL DERMATOLOGICAL DRUGS			
ALDARA	imiquimod	2	
<i>allanenzyme</i>		1	
<i>allanfillenzyme</i>		1	
<i>ammonium lactate</i>		1	
<i>benzoin</i>		1	
<i>cerovel</i>		1	
<i>diab</i>		1	
EFUDEX cream, kit	fluorouracil	2	
ELIDEL	pimecrolimus	2	[ST]
<i>ethezyme, 650, 830</i>		1	
FLUOROPLEX	fluorouracil	2	
<i>fluorouracil</i>		1	
<i>gladase, -c</i>		1	
<i>hypercare</i>		1	
<i>keratol 40, plus</i>		1	
<i>kovia 6.5, ointment</i>		1	
<i>lactic acid</i>		1	
PANRETIN	alitretinoin	3	
PROTOPIC	tacrolimus	2	[ST]
PRUDOXIN [CARE]	doxepin	2	
<i>radiagel</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>re urea 40</i>		1	
REGRANEX	becaplermin	3	[PAR] [QLL]
SANTYL	collagenase	2	
<i>silver nitrate</i>		1	
<i>silver nitrate applicator ea</i>		1	
<i>sodium hyaluronate</i>		1	
SOLARAZE	diclofenac sodium	2	
<i>u-ker a urea emollient</i>		1	
<i>urea, -c40</i>		1	
<i>urealac</i>		1	
<i>x-viate</i>		1	
<i>ziox, 405</i>		1	
ZONALON [CARE]	doxepin	2	

DIAGNOSTIC & MISCELLANEOUS MEDICATIONS

DIAGNOSTIC PRODUCTS

CHEMET	succimer	2	
EXJADE	deferasirox	3	
THIOLA	tiopronin	2	

MISCELLANEOUS DRUGS

ADAGEN [INJ]	pegademase bovine	3	
<i>aminocaproic acid</i>		1	
ANTIZOL [INJ]	fomepizole	2	
BUPHENYL	sodium phenylbutyrate	3	
COPAXONE [INJ]	glatiramer acetate	3	[PAR] [QLL]
CYKLOKAPRON [INJ]	tranexamic acid	2	
<i>ergoloid mesylates</i>		1	
<i>hetastarch w/sodium chloride [INJ]</i>		1	
<i>morrhuate sodium [INJ]</i>		1	
ORFADIN	nitisinone	3	
PROTOPAM CHLORIDE [INJ]	pralidoxime chloride	2	
THALOMID	thalidomide	3	
<i>thrombogen</i>		1	

EAR-NOSE-THROAT MEDICATIONS

DRUGS AFFECTING THE EAR

<i>a/b otic</i>		1	
<i>acetazol hc</i>		1	
<i>acetic acid, -aluminum, -hydrocortisone</i>		1	
<i>allergen</i>		1	
<i>antibiotic ear solution, ear suspension</i>		1	
<i>antipyrine-benzocaine</i>		1	
<i>aurodex ear drops</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>auroguard</i>		1	
<i>borofair</i>		1	
CIPRODEX	ciprofloxacin/dexameth	2	
<i>cortomycin</i>		1	
DERMOTIC	fluocinolone acetonide	2	
<i>dolotic</i>		1	
<i>ear-gesic</i>		1	
FLOXIN	ofloxacin	2	
<i>neomycin-polymyxin-hc</i>		1	
<i>omedia otic</i>		1	
<i>oticaine</i>		1	

DRUGS AFFECTING THE NOSE

ASTELIN	azelastine hcl	2	[QLL]
<i>flunisolide</i>		1	[QLL]
<i>fluticasone propionate</i>		1	[QLL]
<i>ipratropium bromide nasal drops/sprays</i>		1	[QLL]
TYZINE	tetrahydrozoline	2	

DRUGS AFFECTING THE THROAT AND MOUTH

<i>chlorhexidine gluconate dental products</i>		1	
<i>doxycycline hyclate</i>		1	
FIRST-MOUTHWASH BLM	mag hydrox/alh/smc/dpha/lido	2	
<i>periogard</i>		1	
<i>perisol</i>		1	
<i>pilocarpine hcl</i>		1	
<i>triamcinolone acetonide</i>		1	

ENDOCRINE MEDICATIONS

AMYLIN ANALOGUES

SYMLIN [INJ]	pramlintide acetate	2	[PAR] [QLL]
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ANTITHYROID DRUGS

<i>methimazole</i>		1	
<i>northyx tab 5 mg, 10 mg</i>		1	
<i>propylthiouracil</i>		1	

DIPEPTIDYL PEPTIDASE-IV INHIB & COMBOS

JANUVIA	sitagliptin phosphate	2	[QLL]
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GLUCOCORTICOID DRUGS

CORTEF tab 5 mg, 10 mg [G]	hydrocortisone	2	
<i>cortisone</i>		1	
<i>dexamethasone, intensol, sodium phosphate</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>hydrocortisone</i>		1	
<i>meprolone unipak</i>		1	
<i>methylprednisolone</i>		1	
<i>methylprednisolone acetate, sod succ</i> [INJ]		1	
<i>prednisolone, sodium phosphate</i>		1	
<i>prednisone</i>		1	

GLUCOSE ELEVATING DRUGS

GLUCAGEN [INJ]	glucagon, human recombinant	2	
GLUCAGON EMERGENCY KIT [INJ]	glucagon, human recombinant	2	
PROGLYCEM	diazoxide	2	

INCRETIN MIMETICS

BYETTA [INJ]	exenatide	2	[PAR] [QLL]
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INSULIN

LANTUS vials [INJ]	insulin glargine, hum.rec.anlo	2	
LEVEMIR vials [INJ]	insulin detemir	2	
NOVOLIN 70/30, INNOLET [INJ] [OTC]	insulin human regular/nph	2	
NOVOLIN L [INJ] [OTC]	insulin, lente	2	
NOVOLIN N, INNOLET [INJ] [OTC]	insulin, nph	2	
NOVOLIN R inj [INJ] [OTC]	insulin, regular	2	
NOVOLOG, MIX 70/30 [INJ]	insulin aspart	2	

MINERALOCORTICOID DRUGS

<i>fludrocortisone acetate</i>	1		
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ORAL HYPOGLYCEMICS & COMBOS

ACTOS	pioglitazone hcl	2	[QLL]
AVANDAMET	rosiglitazone/metformin hcl	2	[QLL]
AVANDARYL	rosiglitazone maleate/glimepir	2	[QLL]
AVANDIA	rosiglitazone maleate	2	[QLL]
<i>chlorpropamide</i> [CARE]		1	
<i>glimepiride</i>		1	
<i>glipizide, er, xl, -metformin</i>		1	
<i>glyburide, micronized, -metformin hcl</i>		1	
<i>metformin hcl, er</i>		1	
PRANDIN	repaglinide	2	
PRECOSE	acarbose	2	
<i>tolazamide</i>		1	
<i>tolbutamide</i>		1	

OTHER ENDOCRINE DRUGS

ALDURAZYME [INJ]	laronidase	3	
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Drug Name	Chemical Description	Tier	Restrictions
BONIVA inj [INJ]	ibandronate	2	
<i>cabergoline</i>		1	[QLL]
CEREZYME [INJ]	imiglucerase	3	[PAR]
<i>desmopressin acetate</i>		1	
ELAPRASE [INJ]	idursulfase	3	
<i>etidronate disodium</i>		1	
FABRAZYME [INJ]	agalsidase	3	[PAR]
FORTEO [INJ]	teriparatide	3	[PAR]
<i>fortical</i>		1	
FOSAMAX, PLUS D alendronate		2	[QLL]
MIACALCIN inj [INJ]	calcitonin	2	
MYOZYME [INJ]	alglucosidase alfa	3	
NAGLAZYME [INJ]	galsulfase	3	
<i>pamidronate disodium</i> [INJ]		1	
SENSIPAR	cinacalcet hcl	3	
SOMAVERT [INJ]	pegvisomant	3	[PAR]
<i>vasopressin</i> [INJ]		1	
ZAVESCA	miglustat	3	
ZOMETA [INJ]	zoledronic acid	3	

THYROID SUPPLEMENTS

<i>levothroid</i>		1	
<i>levothyroxine sodium</i>		1	
<i>levoxyl</i>		1	
<i>liothyronine sodium</i> [INJ]		1	
<i>nature-throid</i> [CARE]		1	
<i>thyroid</i> [CARE]		1	
THYROLAR-1	liotrix	2	
THYROLAR-1/2	liotrix	2	
THYROLAR-1/4	liotrix	2	
THYROLAR-2	liotrix	2	
THYROLAR-3	liotrix	2	
<i>unithroid</i>		1	
<i>westhroid</i> [CARE]		1	

GASTROINTESTINAL MEDICATIONS

ANTIDIARRHEAL DRUGS

<i>diphenoxylate-atropine</i>		1	
<i>lonox</i>		1	
<i>loperamide, hcl</i>		1	
<i>paregoric</i>		1	

ANTISPASMODICS/DRUGS AFFECT GI MOTILITY

<i>colidrops</i> [CARE]		1	
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Drug Name	Chemical Description	Tier	Restrictions
<i>colytrol tab</i> [CARE]		1	
<i>dexpanthenol</i> [INJ]		1	
<i>dicyclomine hcl</i> [CARE]		1	
<i>dispas</i> [CARE]		1	
<i>glycopyrrolate</i>		1	
<i>hyoscyamine, sulfate</i> [CARE]		1	
<i>hyospaz</i> [CARE]		1	
<i>hyosyne</i> [CARE]		1	
<i>maldemar</i>		1	
<i>methscopolamine bromide</i>		1	
<i>metoclopramide hcl</i>		1	
<i>pro-hyo</i> [CARE]		1	
<i>propantheline bromide</i> [CARE]		1	
<i>spacol i.d.</i> [CARE]		1	
<i>symax, -sl, -sr</i> [CARE]		1	

ANTIULCER DRUGS

<i>cimetidine</i>		1	
<i>famotidine</i>		1	
<i>nizatidine</i>		1	
<i>ranitidine hcl</i>		1	

IRRITABLE BOWEL DRUGS

LOTRONEX	alosetron	2	
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LAXATIVES AND CATHARTICS

<i>glycerin</i>		1	
<i>glycolax</i>		1	
<i>polyethylene glycol</i>		1	
VISICOL	sodium phosphate/na biphos	2	

OTHER ANTIULCER DRUGS

CARAFATE oral susp [G]	sucralfate	2	
<i>misoprostol</i>		1	
<i>sucralfate</i>		1	

OTHER GI DRUGS

ASACOL	mesalamine	2	
CANASA	mesalamine	2	
COLAZAL	balsalazide disodium	2	
CORTIFOAM	hydrocortisone acetate	2	
CREON 10, 20, 5	amylase/lipase/protease	2	
<i>dygase</i>		1	
ENTOCORT EC	budesonide	2	

Drug Name	Chemical Description	Tier	Restrictions
<i>hydrocortisone</i>		1	
<i>hydrocortisoneacetate</i>		1	
<i>lapase</i>		1	
LIALDA	mesalamine	2	
<i>lidocaine-hydrocortisone rectal 2.5 %</i>		1	
<i>lipram, -pn10, -pn16, -pn20, -ul12, -ul18, -ul20</i>		1	
<i>mesalamine</i>		1	
<i>palcaps 10, 20</i>		1	
<i>pancrelipase, 8, 000</i>		1	
<i>pangestyme cn 10, cn 20, ec, mt 16, ul 12, ul 18, ul 20</i>		1	
<i>panocaps, mt 16, mt 20</i>		1	
<i>panokase, -16</i>		1	
<i>peg 3350/electrolyte</i>		1	
PENTASA	mesalamine	2	
<i>plaretase 8000</i>		1	
<i>procto-kit cream 1 %</i>		1	
<i>procto-pak</i>		1	
<i>proctozone-hc</i>		1	
SUCRAID	sacrosidase	3	
<i>sulfasalazine, dr</i>		1	
<i>sulfazine, ec</i>		1	
<i>ultracaps mt 20</i>		1	
URSO, FORTE	ursodiol	2	
<i>ursodiol</i>		1	

PROTON PUMP INHIBITORS

NEXIUM	esomeprazole mag trihyd	2	[QLL] [ST]
NEXIUM I.V. [INJ]	esomeprazole mag trihyd	2	
<i>omeprazole</i>		1	[QLL]

IMMUNOLOGICALS AND VACCINES

ACTHIB [INJ]	haemophilus b-tet toxoid	2	
ATGAM [INJ]	lymphocyte immune globulin	3	
ATTENUVAX VACCINE W/DILUENT [INJ]	measles vaccine, atten	2	
BOOSTRIX [INJ]	diphther, pertuss, tetanus vac	2	
CARIMUNE NF NANOFILTERED [INJ]	immune globulin - iv	3	[PAR]
COMVAX [INJ]	hepatitis b/haemophilus b vacc	2	
DAPTACEL [INJ]	diphther, pertuss, tetanus vac	2	
ENGERIX-B [INJ]	hepatitis b virus vaccine	2	
FLEBOGAMMA, DIF [INJ]	immune globulin - iv	3	[PAR]
GAMMAGARD S/D [INJ]	immune globulin - iv	3	[PAR]
GAMUNEX [INJ]	immune globulin - iv	3	[PAR]
GARDASIL [INJ]	human papillomavirus vacc	2	

Drug Name	Chemical Description	Tier	Restrictions
HAVRIX [INJ]	hepatitis a virus vaccine	2	
HIBTITER [INJ]	haemophilus b vaccine	2	
HYPERHEP B S/D [INJ]	hepatitis b immune globulin	2	
HYPERRHOD S/D [INJ]	rho(d) immune globulin	2	
INFANRIX [INJ]	diphtheria, pertussis, tetanus vac	2	
IPOLE [INJ]	poliomyelitis vac, killed	2	
IVEEGAM EN [INJ]	immune globulin - iv	3	[PAR]
JE-VAX [INJ]	japanese encephalitis vaccine	2	
KEPIVANCE [INJ]	palifermin	3	
M-M-R II VACCINE W/DILUENT [INJ]	measles, mumps&rubella vaccine	2	
MENACTRA [INJ]	meningococcal vac a, c, y, w-135	2	
MENOMUNE-A/C/Y/W W/DILUENT VL [INJ]	meningococcal vac a, c, y, w-135	2	
MENOMUNE-A/C/Y/W-135 [INJ]	meningococcal vac a, c, y, w-135	2	
MERUVAX II VACCINE W/DILUENT [INJ]	rubella vaccine	2	
MUMPSVAX VACCINE W/DILUENT [INJ]	mumps vaccine, live	2	
PEDVAXHIB [INJ]	haemophilus b vaccine	2	
POLYGAM S/D [INJ]	immune globulin - iv	3	[PAR]
PROQUAD [INJ]	measles, mumps, rub, varicella	2	
RECOMBIVAX HB [INJ]	hepatitis b virus vaccine	2	
ROTATEQ	rotavirus vac, live pentav	2	
TE ANATOXAL BERNA [INJ]	tetanus toxoid, adsorbed	2	
TETANUS TOXOID (FLUID) [INJ]	tetanus toxoid, adsorbed	2	
<i>tetanus toxoid adsorbed</i> [INJ]		1	
TETANUS-DIPHTHERIA-DECAVAC [INJ]	tetanus, diphtheria toxoid	2	
TICE BCG [INJ]	bcg vaccine	2	
TRIPEDIA [INJ]	diphtheria, pertussis, tetanus vac	2	
TWINRIX [INJ]	hep b vir recomb/hep a vir	2	
TYPHIM VI [INJ]	typhoid vaccine	2	
VAQTA [INJ]	hepatitis a virus vaccine	2	
VARIVAX VACCINE [INJ]	varicella virus vaccine live	2	
VIVOTIF BERNA	typhoid vaccine	2	
YF-VAX [INJ]	yellow fever vaccine	2	
ZOSTAVAX [INJ]	varicella vacc/pf	2	

ERYTHROID STIMULANTS

ARANESP [INJ]	darbepoetin alfa	2	[PAR]
PROCRIT [INJ]	epoetin alfa	2	[PAR]

GROWTH HORMONES AND RELATED DRUGS

NORDITROPIN, NORDIFLEX [INJ]	somatropin	3	[PAR]
OMNITROPE [INJ]	somatropin	3	[PAR]

Drug Name	Chemical Description	Tier	Restrictions
INSULIN LIKE GROWTH FACTORS-1			
INCRELEX [INJ]	mecasermin	3	[PAR]
IPLX [INJ]	mecasermin rinfabate	3	
INTERFERONS			
ACTIMMUNE [INJ]	interferon gamma-1b, recomb.	3	
ALFERON N [INJ]	interferon alfa-n3	3	
AVONEX, ADMINISTRATION PACK [INJ]	interferon beta-1a	3	[PAR] [QLL]
BETASERON [INJ]	interferon beta-1b	3	[PAR] [QLL]
INFERGEN [INJ]	interferon alfacon-1	3	
INTRON A [INJ]	interferon alfa-2b, recomb.	3	
PEGASYS [INJ]	peginterferon alfa-2a	3	[PAR] [QLL]
REBETRON [INJ]	interferon a-2b/ribavirin	2	[QLL]
REBIF [INJ]	interferon beta-1a/albumin	3	[PAR] [QLL]
ROFERON-A [INJ]	interferon alfa-2a, recomb.	3	
INTERLEUKINS			
NEUMEGA [INJ]	oprelvekin	3	[QLL]
PROLEUKIN [INJ]	aldesleukin	3	
ZENAPAX [INJ]	daclizumab	3	
MYELOID STIMULANTS			
LEUKINE [INJ]	sargramostim	3	
NEULASTA [INJ]	pegfilgrastim	3	[PAR]
NEUPOGEN [INJ]	filgrastim	3	[PAR]
MEDICAL (MISCELLANEOUS) SUPPLIES			
DIABETIC SUPPLIES			
ACCUSURE [OTC]	insulin syringes/needles	2	
ALCOHOL PREP, PADS, SWABS [OTC]	alcohol swabs	2	
ALCOHOL SWABS, WIPES [OTC]	alcohol swabs	2	
ANTI-STICK INSULIN [OTC]	insulin syringes/needles	2	
AUTOPEN [OTC]	insulin syringes/needles	2	
B-D AUTO INJECTOR, SINGLE USE ALCOHOL SWAB [OTC]	insulin syringes/needles	2	
BD AUTOSHIELD PEN NEEDLE, INSULIN PEN NEEDLE UF MINI, INSULIN PEN NEEDLE UF ORIG, INSULIN PEN NEEDLE UF SHORT, INSULIN SYRINGE MICROFINE, INSULIN SYRINGE SAFETYLOK, INSULIN SYRINGE ULT-FINE II, INSULIN SYRINGE ULTRA-FINE, INTEGRA SYRINGE, LUER-LOK [OTC]	insulin syringes/needles	2	
BD SAFETYGLIDE	insulin syringes/needles	2	
BORDERED GAUZE 2" x 2" [OTC]	misc supp (dress, tape, gauze)	2	
CURAD GAUZE PADS 2" x 2" [OTC]	misc supp (dress, tape, gauze)	2	

Drug Name	Chemical Description	Tier	Restrictions
CURITY [OTC]	alcohol swabs	2	
E-Z JECT ALCOHOL SWABS [OTC]	alcohol swabs	2	
EASY TOUCH [OTC]	insulin syringes/needles	2	
EXEL INSULIN SYRINGE [OTC]	insulin syringes/needles	2	
GAUZE, PADS 2" x 2" [OTC]	misc supp (dress, tape, gauze)	2	
HUMAPEN LUXURA HD, MEMOIR	insulin syringes/needles	2	
INJECT-EASE [OTC]	insulin syringes/needles	2	
INSULIN PEN NEEDLE [OTC]	insulin syringes/needles	2	
INSULIN SYRINGE [OTC]	insulin syringes/needles	2	
INSUPEN [OTC]	insulin syringes/needles	2	
ISLAND GARD-GRX 2" x 2" [OTC]	misc supp (dress, tape, gauze)	2	
JOHNSON & JOHNSON GAUZE SPONGE 2" x 2" [OTC]	misc supp (dress, tape, gauze)	2	
LITE TOUCH [OTC]	insulin syringes/needles	2	
MAJOR INSULIN SYRINGE [OTC]	insulin syringes/needles	2	
MEDI-JECTOR VISION [OTC]	misc supplies	2	
MONOJECT insulin syringes - disposable	insulin syringes/needles	2	
MONOJECT INSULIN SAFETY SYRNG, INSULIN SYRINGE	insulin syringes/needles	2	
MONOJECT SYRINGE insulin syringes - disposable	insulin syringes/needles	2	
NOVOFINE 30, 31, AUTOCOVERT [OTC]	insulin syringes/needles	2	
NOVOPEN 3, JR [OTC]	insulin syringes/needles	2	
ORSINI INSULIN SYRINGE [OTC]	insulin syringes/needles	2	
PEN NEEDLE [OTC]	insulin syringes/needles	2	
PEN NEEDLES [OTC]	insulin syringes/needles	2	
PRECISION [OTC]	insulin syringes/needles	2	
SINGLE USE SWAB [OTC]	alcohol swabs	2	
STERI-PAD 2" x 2" [OTC]	misc supp (dress, tape, gauze)	2	
STERILE PADS 2" x 2" [OTC]	misc supp (dress, tape, gauze)	2	
SURE COMFORT [OTC]	insulin syringes/needles	2	
SURE-JECT INSULIN SYRINGE [OTC]	insulin syringes/needles	2	
SURE-PREP ALCHOLOL PREP PADS [OTC]	alcohol swabs	2	
SYRINGE [OTC]	insulin syringes/needles	2	
TERUMO INSULIN SYRINGE [OTC]	insulin syringes/needles	2	
ULTICARE [OTC]	insulin syringes/needles	2	
ULTILET ALCOHOL SWAB, INSULIN SYRINGE, PEN NEEDLE [OTC]	alcohol swabs	2	
ULTRA COMFORT [OTC]	insulin syringes/needles	2	
ULTRACOMFORT [OTC]	insulin syringes/needles	2	
UNIFINE PENTIPS [OTC]	insulin syringes/needles	2	
WEBCOL [OTC]	alcohol swabs	2	

Drug Name	Chemical Description	Tier	Restrictions
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MUSCULOSKELETAL MEDICATIONS

CNS MUSCLE RELAXANTS

<i>anabar</i>		1	
<i>asp</i>		1	
<i>be-flex plus</i>		1	
<i>by-ache</i>		1	
<i>cafgesic</i>		1	
<i>carisoprodol</i> [CARE]		1	
<i>carisoprodol compound, -codeine</i> [CARE]		1	
<i>chlorzoxazone</i> [CARE]		1	
<i>combigflex</i>		1	
<i>cyclobenzaprine hcl</i> [CARE]		1	
<i>ed-flex</i>		1	
<i>methocarbamol</i> [CARE]		1	
<i>orphenadrine citrate</i> [CARE]		1	
<i>orphenadrine compound, forte</i> [CARE]		1	
RILUTEK	riluzole	3	

DIRECT MUSCLE RELAXANTS

<i>baclofen</i>		1	
<i>dantrolene sodium</i>		1	
LIORESAL INTRATHECAL [INJ]	baclofen	2	[QLL]
<i>tizanidine hcl</i>		1	

DRUGS TO PREVENT AND TREAT GOUT

<i>allopurinol</i>		1	
<i>allopurinol sodium</i> [INJ]		1	
<i>colchicine tab</i>		1	
<i>probenecid, -colchicine</i>		1	

NON-STEROIDAL ANTIINFLAMMATORY AGENTS

CELEBREX	celecoxib	2	[ST]
<i>diclofenac potassium, sodium</i>		1	
<i>etodolac</i>		1	
<i>fenoprofen calcium</i>		1	
<i>flurbiprofen</i>		1	
<i>ibuprofen</i>		1	
<i>indomethacin</i> [CARE]		1	
<i>ketoprofen</i>		1	
<i>ketorolac tromethamine</i> [CARE]		1	[QLL]
<i>meclofenamate sodium</i>		1	
<i>mefenamic acid</i>		1	
<i>meloxicam</i>		1	[QLL]
<i>nabumetone</i>		1	
<i>naproxen, sodium</i>		1	
<i>oxaprozin</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>piroxicam</i>		1	
<i>sulindac</i>		1	
<i>tolmetin sodium</i>		1	

OTHER DRUGS FOR ARTHRITIS

CUPRIMINE	penicillamine	2	
<i>gold sodium thiomalate</i> [INJ]		1	
<i>myochrysine</i> [INJ]		1	
RIDAURA	auranofin	2	
SYPRINE	trientine	2	

SALICYLATES AND RELATED DRUGS

<i>aspirin ec, sr</i>		1	
<i>choline mag trisalicylate</i>		1	
<i>diflunisal</i>		1	
<i>mst 600</i>		1	
<i>salsalate</i>		1	
<i>tricosal</i>		1	

NUTRITION, BLOOD MODIFIERS, ELECTROLYTES

ANTIPLATELET DRUGS

AGGRENEX	aspirin/dipyridamole	2	
<i>cilostazol</i>		1	
<i>dipyridamole tab</i>		1	
PLAVIX	clopidogrel	2	

BLOOD DETOXICANTS

<i>constulose</i>		1	
<i>enulose</i>		1	
<i>generlac</i>		1	
<i>lactulose</i>		1	
RENAGEL	sevelamer	2	

ELECTROLYTES, IRRIGATING SOLUTIONS, ETC.

<i>alburx</i> [INJ]		1	
<i>albutein</i> [INJ]		1	
<i>alcohol in dextrose</i> [INJ]		1	
AMINOSYN II, 3.5% M/DEXTROSE 5%, 3.5%/DEXTROSE 25%, 3.5%/ DEXTROSE 5%, 4.25% M/DEXT 10%, 4.25%/DEXTROSE 25%, 5% IN 25% DEXTROSE, 8.5%, IN DEXTROSE, W/ELEC IN DE W/CA, W/ELEC IN DEX W/CA [INJ]	amino acids	2	
AMINOSYN, M, W/ELECTROLYTESE, -HBC, -HF, -PF, -RF [INJ]	amino acids	2	

Drug Name	Chemical Description	Tier	Restrictions
AMMONIUM CHLORIDE [INJ]	ammonium chloride	2	
BRANCHAMIN [INJ]	amino acids	2	
<i>calcium chloride, gluconate</i> [INJ]		1	
CALPHOSAN [INJ]	cal glycer/calcium lactate	2	
CLINIMIX, E [INJ]	amino acids	2	
CLINISOL [INJ]	amino acids	2	
CYSTAGON	cysteamine	2	
<i>delflex w/1.5% dextrose, w/2.5% dextrose, w/4.25% dextrose</i> [INJ]		1	
<i>dextrose 10%-1/4ns, 5%-1/2ns-kcl, 5%-1/3nskcl, 5%-1/4ns-kcl, 5%-lact ringers-kcl, 5%-nskcl, in lactated ringers, in ringers injection, in water, with sodium chloride</i> [INJ]		1	
DEXTROSE 10%-1/4NS-KCL, 5%-ELECTROLYTE #48, 5%-ELECTROLYTE #75 [INJ]	potassium chloride/d10-0.25ns	2	
<i>dextrose 5%-potassium chloride 10 meq/l, 30 meq/l</i> [INJ]		1	
DIANEAL W/1.5% DEXTROSE, W/2.5% DEXTROSE [INJ]	dialysis solutions	2	
FREAMINE III [INJ]	amino acids	2	
FRUCTOSE [INJ]	fructose (str unspec)	2	
HEPATAMINE [INJ]	amino acids	2	
HEPATASOL [INJ]	amino acids	2	
IONOSOL B W/DEXTROSE 5%, MBDEXTROSE 5%, T-DEXTROSE 5% [INJ]	electrolyte solutions	2	
ISOLYTE H W/DEXTROSE, M W/DEXTROSE, P W/DEXTROSE [INJ]	dextrose/electrolytes	2	
ISOLYTE S, W/DEXTROSE [INJ]	electrolyte solutions	2	
<i>l-cysteine</i> [INJ]		1	
<i>lactated ringers</i>		1	
<i>magnesium chloride, sulfate</i> [INJ]		1	
MAGNESIUM SULFATE-D5W [INJ]	magnesium sulfate/d5w	2	
<i>mannitol</i> [INJ]		1	
MONOJECT PREFILL [INJ]	sodium chloride	2	
NEPHRAMINE [INJ]	amino acids	2	
NEUT [INJ]	sodium bicarbonate	2	
<i>normal saline, flush</i> [INJ]		1	
NORMOSOL-M AND DEXTROSE [INJ]	dextrose/electrolytes	2	
NORMOSOL-R, AND DEXTROSE, PH7.4 [INJ]	electrolyte solutions	2	
<i>nutrilyte, ii</i> [INJ]		1	
PLASMA-LYTE 148, IN DEXTROSE [INJ]	electrolyte solutions	2	
PLASMA-LYTE 56 IN DEXTROSE, A PH 7.4 [INJ]	d5w/electrolyte-56 solution	2	
<i>posiflush saline</i> [INJ]		1	
<i>potassium chl/normal saline</i> [INJ]		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>potassium phosphate inj 3 mm/ml</i> [INJ]		1	
POTASSIUM PHOSPHATE inj 3 mm/ml [INJ]	potassium phosphate	2	
<i>potassium/0.5 normal saline</i> [INJ]		1	
PREMASOL [INJ]	amino acids	2	
PROCALAMINE [INJ]	aa 3%/electrolyte-tpn/glycerin	2	
QUICK MIX W/LYTES [INJ]	amino acids	2	
R-GENE 10 [INJ]	arginine	2	
RENAMIN [INJ]	amino acids	2	
<i>ringer's lactated</i>		1	
<i>ringers injection</i> [INJ]		1	
<i>ringers irrigation</i>		1	
<i>saline flush</i> [INJ]		1	
<i>sodium acetate, bicarbonate, lactate, phosphate</i> [INJ]		1	
SODIUM CHLORIDE inj 2.5 meq/ml [INJ]	sodium chloride	2	
<i>sodium chloride inj (0.45 %, 0.9 %, 2.5 meq/ml, 3%, 4 meq/ml, 5 %), soln</i>		1	
<i>syrex</i> [INJ]		1	
<i>tis-u-sol</i>		1	
TPN ELECTROLYTES, II [INJ]	electrolyte solutions	2	
TRAVASOL, W/DEXTROSE, W/ELECTROLYTES [INJ]	amino acids	2	
TRAVERT, IN NORMAL SALINE, -1/2NORMAL SALINE W/KCL, -ELECTROLYTE NO.2 [INJ]	inverted sugar	2	
TROPHAMINE [INJ]	amino acids	2	
<i>water</i>		1	

FLUORIDE PRODUCTS

<i>denta 5000 plus</i>		1	
<i>dentagel</i>		1	
<i>ethedent</i>		1	
<i>fluor-a-day chew tab</i>		1	
<i>neutragard advanced</i>		1	
<i>perio med</i>		1	
<i>pharmaflur</i>		1	
<i>sf, 5000 plus</i>		1	
<i>sodium fluoride</i>		1	
<i>stannous fluoride</i>		1	

INJECTABLE ANTICOAGULANTS

ARIXTRA [INJ]	fondaparinux sodium	3	
<i>heparin sodium, in 0.45% nacl, in 0.9% nacl, in 5% dextrose (excluding lock and flush)</i> [INJ]		1	
LOVENOX [INJ]	enoxaparin	3	

Drug Name	Chemical Description	Tier	Restrictions
ORAL ANTICOAGULANTS, VITAMIN K			
<i>jantoven</i>		1	
<i>warfarin sodium</i>		1	
POTASSIUM REMOVING RESINS			
<i>marlexate</i>		1	
<i>sodium polystyrene sulfonate oral susp, pwd</i>		1	
SODIUM POLYSTYRENE SULFONATE	rectal sodium polystyrene sulfonate	2	
<i>sps oral susp</i>		1	
SPS rectal	sodium polystyrene sulfonate	2	
POTASSIUM SUPPLEMENTS			
<i>cytra-2</i>		1	
<i>dextrose 5%-potassium chloride 10 meq/l, 30 meq/l [INJ]</i>		1	
<i>effer-k</i>		1	
<i>k effervescent</i>		1	
<i>kaon-cl 10</i>		1	
<i>kcl in dextrose & lact ringers [INJ]</i>		1	
<i>klor-con pkt (20 meq), tab sa</i>		1	
<i>klor-con 10, m10, m15, m20</i>		1	
<i>klor-con/ef</i>		1	
<i>phospha 250 neutral</i>		1	
<i>potassium acetate [INJ]</i>		1	
<i>potassium bicarbonate, chloride</i>		1	
<i>sodium citrate & citric acid</i>		1	
<i>vis-phos n</i>		1	
THERAPEUTIC VITAMINS & MINERALS			
<i>calcitriol</i>		1	
HECTOROL	doxercalciferol	2	
<i>levocarnitine</i>		1	
PHOSLO	calcium acetate	2	
VITAMINS & MINERALS & RELATED PRODUCTS			
INTRALIPID [INJ]	fat emulsions	2	
LIPOSYN II [INJ]	fat emulsions	2	
LIPOSYN III inj 10 %, 20 % [INJ]	fat emulsions	2	
<i>liposyn iii inj 30 % [INJ]</i>		1	
<i>multi-vit w/fluoride & iron</i>		1	
<i>multi-vit/iron & fluoride</i>		1	
<i>multi-vita bets w/fluoride, bets/fluoride/iron</i>		1	
<i>multi-vitamin w/fluoride</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>multivita bets w/fluoride/iron</i>		1	
<i>multivitamins w/fluoride</i>		1	
<i>poly-vitamin w/fluoride, w/iron & fluoride</i>		1	
<i>poly-vitamins w/fluoride</i>		1	
<i>polyvitamins w/fluoride</i>		1	
<i>tri-a-vite w/fluoride</i>		1	
<i>tri-vit w/fluoride & iron</i>		1	
<i>tri-vit/fluoride</i>		1	
<i>tri-vita bets w/fluoride</i>		1	
<i>tri-vitamin w/fluoride, w/iron & fluoride</i>		1	
<i>tri-vitamins w/fluoride</i>		1	

OBSTETRICAL & GYNECOLOGICAL MEDICATIONS

ABORTIFACIENTS

HEMABATE [INJ]	carboprost tromethamine	2	
PROSTIN E2 VAGINAL SUPPOSITORY	dinoprostone	2	

ANDROGEN DRUGS

ANADROL-50	oxymetholone	3	[PAR]
ANDROXY	fluoxymesterone	2	
<i>danazol</i>		1	
METHITEST [CARE]	methyltestosterone	2	
<i>oxandrolone</i>		3	[PAR]
TESTIM	testosterone	2	
TESTOPEL [INJ]	testosterone	2	
<i>testosterone cypionate, enanthate [INJ]</i>		1	

CONTRACEPTIVES

<i>apri</i>		1	
<i>aranelle</i>		1	
<i>aviane</i>		1	
<i>balziva</i>		1	
<i>cesia</i>		1	
<i>cryselle</i>		1	
<i>enpresse</i>		1	
<i>jolessa</i>		1	
<i>junel, fe</i>		1	
<i>kariva</i>		1	
<i>kelnor 1/35</i>		1	
<i>leena</i>		1	
<i>lessina</i>		1	
<i>levora-28</i>		1	
<i>low-ogestrel</i>		1	
<i>lutra</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>microgestin, fe</i>		1	
<i>mononessa</i>		1	
<i>necon</i>		1	
<i>nortrel</i>		1	
<i>ogestrel</i>		1	
<i>portia</i>		1	
<i>previfem</i>		1	
<i>quasense</i>		1	
<i>reclipsen</i>		1	
<i>solia</i>		1	
<i>sprintec</i>		1	
<i>sronyx</i>		1	
<i>tri-previfem</i>		1	
<i>tri-sprintec</i>		1	
<i>trinessa</i>		1	
<i>trivora-28</i>		1	
<i>velivet</i>		1	
YAZ	eth estradiol/drospirenone	2	
<i>zenchent</i>		1	
<i>zovia 1/35e, 1/50e</i>		1	

ESTROGEN DRUGS

ESTRACE	vaginal cream estradiol	2	
<i>estradiol</i>		1	[QLL]
<i>estropipate</i>		1	
MENEST	estrogens, esterified	2	
PREMARIN vaginal cream	estrogens, conjugated	2	
VAGIFEM	estradiol	2	

ESTROGEN/PROGESTIN COMBINATIONS

ACTIVELLA	estradiol/noreth ac	2	
PREMPHASE	estrogen/medroxyprogesterone	2	
PREMPRO	estrogen/medroxyprogesterone	2	

OB/GYN TOPICAL ANTIINFECTIVES

<i>acidic vaginal</i>		1	
<i>amino acid cervical</i>		1	
CLEOCIN 100 mg vaginal ovule	clindamycin phosphate	2	
<i>clindamycin phosphate</i>		1	
<i>fem ph</i>		1	
<i>metronidazole, vaginal</i>		1	
<i>vandazole</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
OXYTOCICS			
METHERGINE	methylergonovine	2	
<i>oxytocin</i> [INJ]		1	
PRENATAL VITAMINS			
<i>advanced natalcare</i>		1	
<i>advanced-rf natalcare</i>		1	
<i>aminatate w/90mg iron</i>		1	
<i>cal-nate</i>		1	
<i>carenatal dba</i>		1	
CITRACAL PRENATAL 90+DHA	prenatal vit(= or > 1mg fa)	2	
<i>co-natal fa</i>		1	
<i>inatal advance, gt, ultra</i>		1	
<i>maternity</i>		1	
<i>mynatal, advance, plus, -z</i>		1	
<i>mynate 90 plus</i>		1	
<i>natacaps</i>		1	
<i>natalcare pic, forte</i>		1	
<i>natalcare, plus, three</i>		1	
<i>natatab, cfe, fa</i>		1	
<i>nutrinate</i>		1	
<i>nutrispire</i>		1	
<i>poly iron pn</i>		1	
<i>prenafirst</i>		1	
<i>prenatabs cbf, fa, obn, rx</i>		1	
<i>prenatal 1/1, 19, ad, low iron, mr 90 fe, plus, z</i>		1	
<i>prenatal formula, 3</i>		1	
<i>prenatal rx, 1</i>		1	
<i>prenatal-h</i>		1	
<i>prenatal-u</i>		1	
<i>trinate</i>		1	
<i>ultra natalcare</i>		1	
<i>ultra-natal</i>		1	
<i>vinatal forte</i>		1	
<i>vinate az, gt, ii, ultra</i>		1	
<i>vinate-m</i>		1	
<i>vitafol-ob</i>		1	
<i>vitafol-pn</i>		1	
<i>vynatal-fa</i>		1	
PROGESTIN DRUGS			
<i>camila</i>		1	
<i>errin</i>		1	
FIRST-PROGESTERONE VGS 100, VGS 200, VGS 25, VGS 50	progesterone	2	

Drug Name	Chemical Description	Tier	Restrictions
<i>jolivette</i>		1	
<i>medroxyprogesterone acetate</i>		1	
<i>nora-be</i>		1	
<i>norethindrone acetate</i>		1	
<i>progesterone in oil</i> [INJ]			1
PROMETRIUM	progesterone	2	

SELECTIVE ESTROGEN RECEPTOR MODULATOR

EVISTA	raloxifene	2	
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SPECIALIZED OB/GYN DRUGS

<i>leuprolide acetate</i> [INJ]		3	
LUPRON DEPOT, -PED [INJ]	leuprolide	3	[PAR]
SYNAREL	nafarelin	3	

OPHTHALMIC MEDICATIONS

ANTIGLAUCOMA DRUGS

<i>acetazolamide</i>		1	
ALPHAGAN P	brimonidine tartrate	2	
<i>betaxolol hcl</i>		1	
<i>brimonidine tartrate</i>		1	
<i>carteolol hcl</i>		1	
<i>dipivefrin hcl</i>		1	
<i>levobunolol hcl</i>		1	
LUMIGAN	bimatoprost	2	
<i>methazolamide</i>		1	
<i>metipranolol</i>		1	
PHOSPHOLINE IODIDE	echothiophate iodide	2	
<i>pilocarpine hcl</i>		1	
<i>timolol maleate</i>		1	
TRUSOPT	dorzolamide	2	
XALATAN	latanoprost	2	

OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS

<i>methadex</i>		1	
<i>neomycin-bacitracin-poly-hc</i>		1	
<i>neomycin-polymyxin-dexameth</i>		1	
<i>neomycin-polymyxin-hc</i>		1	
<i>poly-dex</i>		1	
<i>sulfacetamide-prednisolone</i>		1	
ZYLET	tobramycin/lotepred etab	2	

OPHTHALMIC CORTICOSTEROID DRUGS

<i>dexamethasone sodium phosphate</i>		1	
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Drug Name	Chemical Description	Tier	Restrictions
<i>dexasol</i>		1	
<i>fluorometholone</i>		1	
FML S.O.P.	fluorometholone	2	
PRED MILD	prednisolone acetate	2	
<i>prednisol</i>		1	
<i>prednisolone acetate, sodium phosphate</i>		1	

OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS

<i>ak-poly-bac</i>		1	
<i>aktob</i>		1	
<i>bacitracin, -polymyxin</i>		1	
<i>ciprofloxacin hcl</i>		1	
<i>erythromycin</i>		1	
<i>gentak</i>		1	
<i>gentamicin sulfate</i>		1	
<i>gentasol</i>		1	
<i>neocidin</i>		1	
<i>neomycin-bacitracin-polymyxin</i>		1	
<i>neomycin-polymyxin-gramicidin</i>		1	
<i>ofloxacin</i>		1	
<i>polycin-b</i>		1	
<i>polymyxin b sul-trimethoprim</i>		1	
<i>romycin</i>		1	
<i>sulfac</i>		1	
<i>sulfacetamide sodium</i>		1	
<i>sulfamide</i>		1	
<i>tobramycin sulfate</i>		1	
<i>tobrasol</i>		1	
ZYMAR	gatifloxacin	2	

OPHTHALMIC TOPICAL ANTIVIRAL DRUGS

<i>trifluridine</i>		1	
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OTHER OPHTHALMIC DRUGS

<i>ak-con</i>		1	
<i>ak-dilate</i>		1	
<i>ak-pentolate</i>		1	
<i>akorn balanced salt</i>		1	
<i>allersol</i>		1	
<i>altafrin</i>		1	
<i>atropine care, sulfate</i>		1	
<i>balanced salt</i>		1	
BOTOX [INJ]	botulinum toxin a	3	[PAR]
<i>cromolyn sodium ophth drops</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>cyclopentolate hcl</i>		1	
<i>cylate</i>		1	
<i>flurbiprofen sodium</i>		1	
<i>flurox</i>		1	
<i>homatropaire</i>		1	
<i>ketotifen fumarate</i>		1	
<i>mydral</i>		1	
<i>naphazoline hcl</i>		1	
NATACYN	natamycin	2	
<i>neofrin</i>		1	
<i>parcaine</i>		1	
<i>phenylephrine hcl</i>		1	
<i>proparacaine hcl</i>		1	
RESTASIS	cyclosporine	2	[QLL]
<i>tropicacyl</i>		1	
<i>tropicamide</i>		1	
VISUDYNE [INJ]	verteporfin	2	
VOLTAREN ophth drops	diclofenac sodium	2	

RESPIRATORY MEDICATIONS

ANTIHISTAMINES

<i>b-vex</i>		1	
<i>ben-tann</i> [CARE]		1	
<i>bidhist</i>		1	
<i>bpm</i>		1	
<i>brompheniramine tannate</i>		1	
<i>carbinoxamine maleate</i>		1	
<i>chlorpheniramine maleate</i> [CARE]		1	
<i>chlortan</i> [CARE]		1	
<i>clemastine fumarate</i>		1	
<i>complete allergy medicine</i> [CARE]		1	
<i>cpm 12</i> [CARE]		1	
<i>cyproheptadine hcl</i> [CARE]		1	
<i>dexchlorpheniramine maleate</i> [CARE]		1	
<i>diphenhydramine hcl</i> [CARE]		1	
<i>diphenhydramine min-i-jet</i> [INJ] [CARE]		1	
<i>diphenmax</i> [CARE]		1	
<i>ed chlorped</i> [CARE]		1	
<i>ed-chlor-tan</i> [CARE]		1	
<i>fexofenadine hcl</i>		1	[QLL]
<i>lobist 12hr</i>		1	
<i>p-tann</i> [CARE]		1	
<i>palgic soln</i>		1	
PALGIC tab [G]	carbinoxamine maleate	2	

Drug Name	Chemical Description	Tier	Restrictions
<i>pediaphyl</i> [CARE]		1	
<i>promethazine, hcl</i> [CARE]		1	
<i>tanacof xr</i>		1	

BETA-2 ADRENERGIC DRUGS

<i>albuterol inh</i>		1	[QLL]
<i>albuterol sulfate syrup, tab, tab sa</i>		1	
<i>ephedrine sulfate</i> [INJ]		1	
FORADIL	formoterol fumarate	2	[QLL]
<i>metaproterenol sulfate syrup, tab</i>		1	
PROAIR HFA	albuterol	2	[QLL]
PROVENTIL HFA	albuterol	2	[QLL]
<i>terbutaline sulfate</i>		3	

LEUKOTRIENE MODIFIERS

SINGULAIR	montelukast sodium	2	[ST]
ZYFLO	zileuton	2	[ST]

METHYL XANTHINE DRUGS

<i>aminophylline</i>		1	
<i>caffeine citrate</i>		1	
<i>copd</i>		1	
<i>dy-g liquid</i>		1	
<i>dylflex-g</i>		1	
<i>dylis</i>		1	
<i>dyphylline gg</i>		1	
<i>ed-bron g</i>		1	
<i>jay-phyl</i>		1	
<i>panfil g</i>		1	
<i>theochron</i>		1	
<i>theophylline, anhydrous</i>		1	
UNIPHYL [G]	theophylline	2	

OTHER DRUGS FOR ASTHMA

ADVAIR DISKUS, HFA	salmeterol/fluticasone	2	[PAR] [QLL]
ATROVENT HFA	ipratropium	2	[QLL]
COMBIVENT	albuterol sulfate/ipratropium	2	[QLL]
<i>epinephrine</i> [INJ]		1	
EIPEN, JR [INJ]	epinephrine hcl	2	[QLL]
GASTROCROM	cromolyn	2	
INTAL oral inh	cromolyn	2	[QLL]
PULMICORT inh	budesonide	2	[QLL]
QVAR	beclomethasone	2	[QLL]
SPIRIVA	tiotropium bromide	2	[QLL]

Drug Name	Chemical Description	Tier	Restrictions
SYMBICORT	budesonide/formoterol fum	2	[PAR]
TILADE	nedocromil	2	[QLL]
TWINJECT [INJ]	epinephrine hcl	2	[QLL]
XOLAIR [INJ]	omalizumab	3	[PAR]

OTHER RESPIRATORY DRUGS

ARALAST [INJ]	alpha-1-proteinase inhibitor	3	[PAR]
BRONCHOLATE	guaifenesin/ephedrine	2	
PROLASTIN [INJ]	alpha-1-proteinase inhibitor	3	[PAR]

UROLOGICAL MEDICATIONS

ANTICHOLINERGIC ANTISPASMODICS

<i>flavoxate hcl</i>		1	
<i>oxybutynin chloride, er</i> [CARE]		1	[QLL]
SANCTURA	trospium chloride	2	[ST]

CHOLINERGIC STIMULANTS

<i>bethanechol chloride</i>		1	
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OTHER GENITOURINARY PRODUCTS

<i>acetic acid</i>		1	
CYSTADANE	betaine hcl	2	
<i>cytra-3</i>		1	
<i>cytra-k</i>		1	
ELMIRON	pentosan polysulfate sodium	2	
<i>finasteride</i>		1	
FLOMAX	tamsulosin	2	
<i>glycine</i>		1	
K-PHOS M.F., NO.2, ORIGINAL	pot acid phos/sod acid phos	2	
<i>neomycin-polymyxin b</i> [INJ]		1	
<i>potassium citrate, -citric acid</i>		1	
RENACIDIN	gluconic acid/citric acid	2	
<i>tricitrates</i>		1	
<i>uretron d-s</i> [CARE]		1	
<i>urin d.s.</i> [CARE]		1	
UROXATRAL	alfuzosin hcl	2	

URINARY ANESTHETICS

<i>phenazopyridine hcl</i>		1	
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