

Group Health Incorporated (GHI)
City of New York Medicare Enhanced Prescription Drug Plan

2009 National Formulary
(List of Covered Drugs)

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

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

Last Updated: September 14, 2009

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What is the GHI Medicare Prescription Drug Plan Formulary?

A formulary is a list of covered drugs selected by GHI Medicare Prescription Drug 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. GHI Medicare Prescription Drug Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a GHI Medicare Prescription Drug 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 2009 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2009 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of October 1, 2009. To get updated information about the drugs covered by GHI Medicare Prescription Drug Plan, please visit our Web site at www.ghi.com or call Member Services at 1-800-585-5786 24 hours a day, 7 days a week. TTY/TDD users should call 1-800-899-2114.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Angiotensin II Receptor Antagonists. If you know what your drug is used for, look for the category name in the list that begins 9, 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 117. 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?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** GHI Medicare Prescription Drug Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from GHI Medicare Prescription Drug Plan before you fill your prescriptions. If you don't get approval, GHI Medicare Prescription Drug Plan may not cover the drug.
- **Step Therapy:** In some cases, GHI Medicare Prescription Drug Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, GHI Medicare Prescription Drug Plan may not cover drug B unless you try Drug A first. If Drug A does not work for you, GHI Medicare Prescription Drug Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7.

You can ask GHI Medicare Prescription Drug Plan to make an exception to these restrictions or limits. See the section, "How do I request an exception to the GHI Medicare Prescription Drug Plan's formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

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

- You can ask Member Services for a list of similar drugs that are covered by GHI Medicare Prescription Drug Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by GHI Medicare Prescription Drug Plan.
- You can ask GHI Medicare Prescription Drug Plan 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 GHI Medicare Prescription Drug Plan's Formulary?

You can ask GHI Medicare Prescription Drug Plan 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 provide a higher level of coverage for your drug. If your drug is contained in our higher tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the lower tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in Tier 4 (Specialty).

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

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

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

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

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

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 180-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 180-days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days), while you pursue a formulary exception.

If you are current member in our plan and you experience a change in the level of care, such as an admission or discharge from a Long Term Care facility, you will be allowed an “early” refill of your medications, as needed, to assist with your transition to your new level of care.

For more information

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

If you have questions about GHI Medicare Prescription Drug Plan, please call Member Services at 1-800-585-5786 24 hours a day, 7 days a week. TTY/TDD users should call 1-800-899-2114. Or visit www.ghi.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.

GHI Medicare Prescription Drug Plan's Formulary

The formulary that begins on page 7, provides coverage information about some of the drugs covered by GHI Medicare Prescription Drug Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 117.

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

The information in the Notes column tells you if GHI Medicare Prescription Drug Plan has any special requirements for coverage of your drug.

Note: The following symbols or abbreviations are used to identify drugs that require prior approval, subject to a protocol or covered with the generic copayment.

§ = *Brand covered with generic copayment.*

‡ = *Requires prior approval.*

_ = *Subject to a protocol.*

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

The symbol [LD] next to a drug name indicates that the drug has been noted as being restricted to certain pharmacies by the Food and Drug Administration. These drugs can only be obtained at specialty designated pharmacies able to appropriately handle the drugs.

Drug Name	Chemical Description	Tier	Restrictions
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ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl</i> [INJ]		1	
XYLOCAINE [G][INJ]	lidocaine	3	

TOPICAL ANESTHETICS

EMLA [G]	lidocaine/prilocaine	3	
<i>lidocaine hcl</i>		1	
<i>lidocaine-prilocaine</i>		1	
LIDODERM	lidocaine	2	[PAR]
SYNERA	lidocaine/tetracaine	3	

Drug Name	Chemical Description	Tier	Restrictions
XYLOCAINE [G]	lidocaine	3	

ANTIINFECTIVES

AMEBICIDES

<i>paromomycin sulfate</i>		1	
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AMINOGLYCOSIDES

<i>amikacin sulfate</i> [INJ]		1	
<i>gentamicin sulfate</i> [INJ]		1	
GENTAMICIN SULFATE IN NS inj 0.8 mg/ml, 1.2 mg/ml [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	
GENTAMICIN SULFATE IN NS inj 0.6 mg/ml, 0.8 mg/ml, 1 mg/ml, 1.2 mg/ml, 1.6 mg/ml, 100 mg/50m (isotonic formulations) [G][INJ]	gentamicin/sodium chloride	3	
<i>kanamycin sulfate</i> [INJ]		1	
NEO-FRADIN	neomycin	2	
<i>neomycin sulfate</i>		1	
<i>tobramycin sulfate</i> [INJ]		1	
<i>tobramycin sulfate in ns</i> [INJ]		1	

ANTHELMINTICS

Drug Name	Chemical Description	Tier	Restrictions
ALBENZA	albendazole	2	
BILTRICIDE	praziquantel	3	
<i>mebendazole</i>		1	
STROMEKTOL	ivermectin	2	

ANTIINFECTIVES SPECIALIZED INDICATIONS

FLAGYL,ER [G]	metronidazole	3	
METRO IV [G][INJ]	metronidazole	3	
<i>metronidazole</i>		1	
TINDAMAX	tinidazole	3	

ANTIRETROVIRALS & PROTEASE INH

APTIVUS	tipranavir	4	
ATRIPLA	emtricitabine/tenofovir/efavir	4	
COMBIVIR	lamivudine/zidovudine	4	
CRIXIVAN	indinavir	2	
<i>didanosine</i>		1	
EMTRIVA	emtricitabine	2	
EPIVIR	lamivudine	2	
EPZICOM	abacavir sulfate/lamivudine	4	
FUZEON [INJ]	enfuvirtide	4	
INTELENCE	etravirine	4	

Drug Name	Chemical Description	Tier	Restrictions
INVIRASE	saquinavir mesylate	4	
ISENTRESS	raltegravir potassium	4	
KALETRA	ritonavir/lopinavir	4	
LEXIVA	fosamprenavir calcium	4	
NORVIR cap	ritonavir	2	
NORVIR soln	ritonavir	4	
PREZISTA	darunavir ethanolate	4	
RESCRIPTOR	delavirdine mesylate	2	
RETROVIR cap,syrup,tab [G]	zidovudine	3	
RETROVIR inj [INJ]	zidovudine	2	
REYATAZ	atazanavir sulfate	4	
SELZENTRY	maraviroc	4	
<i>stavudine</i>		1	
SUSTIVA	efavirenz	2	
TRIZIVIR	zidovudine/lamivudine/abacavir	4	
TRUVADA	emtricitabine/tenofovir	4	
VIDEX	didanosine	2	
VIDEX EC [G]	didanosine	3	
VIRACEPT	nelfinavir mesylate	2	
VIRAMUNE	nevirapine	2	
VIREAD	tenofovir disproxil fumarate	2	
ZERIT [G]	stavudine	3	

Drug Name	Chemical Description	Tier	Restrictions
ZIAGEN	abacavir sulfate	2	
<i>zidovudine</i>		1	

ANTITUBERCULOSIS DRUGS

<i>ethambutol hcl</i>		1	
<i>isonarif</i>		1	
<i>isoniazid</i>		1	
MYAMBUTOL [G]	ethambutol	3	
MYCOBUTIN	rifabutin	2	
PRIFTIN	rifapentine	2	
<i>pyrazinamide</i>		1	
RIFADIN cap [G]	rifampin	3	
RIFADIN inj [G][INJ]	rifampin	4	
RIFAMATE [G]	rifampin/isoniazid	3	
<i>rifampin cap</i>		1	
<i>rifampin inj [INJ]</i>		4	
RIFATER	rifampin/inh/pyrazinamide	3	
SEROMYCIN	cycloserine	3	
STREPTOMYCIN SULFATE [INJ]	streptomycin	2	
TRECTOR	ethionamide	3	

CEPHALOSPORINS

Drug Name	Chemical Description	Tier	Restrictions
CEDAX	ceftibuten	3	
<i>cefaclor,er</i>		1	
<i>cefadroxil</i>		1	
<i>cefazolin sodium</i> [INJ]		1	
<i>cefdinir</i>		1	
<i>cefepime hcl inj 1,000 mg</i> [INJ]		1	
<i>cefepime hcl inj 2,000 mg</i> [INJ]		4	
<i>cefotaxime sodium</i> [INJ]		1	
<i>cefotetan</i> [INJ]		1	
<i>cefoxitin</i> [INJ]		1	
<i>cefpodoxime proxetil</i>		1	
<i>cefprozil</i>		1	
CEFTIN [G]	cefuroxime axetil	3	
<i>ceftriaxone</i> [INJ]		1	
<i>cefuroxime sodium</i> [INJ]		1	
<i>cefuroxime,axetil</i>		1	
<i>cephalexin</i>		1	
CLAFORAN inj 1 gm,2 gm,10 gm [G][INJ]	cefotaxime	3	
CLAFORAN inj 500 mg [G][INJ]	cefotaxime	4	
FORTAZ inj 1 gm [G][INJ]	ceftazidime	3	
FORTAZ inj 500 mg [INJ]	ceftazidime	2	
FORTAZ inj 2 gm,6 gm [G][INJ]	ceftazidime	4	

Drug Name	Chemical Description	Tier	Restrictions
FORTAZ IN ISO-OSMOTIC DEXTROSE inj 1 gm/50 ml [INJ]	ceftazidime	2	
FORTAZ IN ISO-OSMOTIC DEXTROSE inj 2 gm/50 ml [INJ]	ceftazidime	4	
KEFLEX [G]	cephalexin	3	
MAXIPIME inj 1,000 mg add-vantage, 2,000 mg vials and add-vantage [G][INJ]	cefepime	4	
MAXIPIME inj 1,000 mg vial (not add-vantage) [G][INJ]	cefepime	3	
MAXIPIME inj 500 mg [INJ]	cefepime	2	
MEFOXIN [G][INJ]	cefoxitin	3	
OMNICEF [G]	cefdinir	3	
ROCEPHIN [G][INJ]	ceftriaxone	3	
SPECTRACEF	cefditoren pivoxil	3	
SUPRAX	cefixime	3	
TAZICEF [G][INJ]	ceftazidime	3	
VANTIN [G]	cefpodoxime	3	
ZINACEF,IN ISO-OSMOTIC WATER,ISO-OSMOTIC DEXTROSE [G][INJ]	cefuroxime	3	

CHLORAMPHENICOLS

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

Drug Name	Chemical Description	Tier	Restrictions
CLEOCIN HCL [G]	clindamycin hcl	3	
CLEOCIN PALMITATE	clindamycin palmitate	2	
CLEOCIN PHOSPHATE,IN D5W [G][INJ]	clindamycin phosphate	3	
<i>clindamycin hcl,phosphate</i>		1	

ERYTHROMYCINS

E.E.S. 200,400 [G]	erythromycin ethylsuccinate	3	
ERY-TAB	erythromycin base	2	
ERYPED 200,400	erythromycin ethylsuccinate	3	
ERYTHROCIN LACTOBIONATE [INJ]	erythromycin lactobionate	2	
<i>erythrocin stearate</i>		1	
<i>erythromycin,ethylsuccinate</i>		1	
PCE	erythromycin base	3	

KETOLIDES

KETEK	telithromycin	3	
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ORAL ANTIFUNGAL DRUGS

ANCOBON cap 250 mg	flucytosine	2	
ANCOBON cap 500 mg	flucytosine	4	
<i>clotrimazole loz</i>		1	
DIFLUCAN [G]	fluconazole	3	[PAR]

Drug Name	Chemical Description	Tier	Restrictions
<i>fluconazole</i>		1	[PAR]
GRIFULVIN V	griseofulvin microsize	2	
GRIS-PEG	griseofulvin ultramicrosize	2	
<i>griseofulvin</i>		1	
<i>itraconazole</i>		1	[PAR]
<i>ketoconazole</i>		1	
LAMISIL pkt	terbinafine	2	[PAR]
LAMISIL tab [G]	terbinafine	3	[PAR]
NOXAFIL	posaconazole	4	
<i>nystatin</i>		1	
SPORANOX [G]	itraconazole	3	[PAR]
<i>terbinafine hcl</i>		1	[PAR]
VFEND	voriconazole	4	[PAR]

OTHER ANTIINFECTIVE DRUGS

ALINIA	nitazoxanide	2	
AZACTAM,-ISO-OSMOTIC DEXTROSE [INJ]	aztreonam	4	
<i>baciim</i> [INJ]		1	
<i>bacitracin inj</i> [INJ]		1	
<i>colistimethate sodium inj 150 mg</i> [INJ]		4	
COLY-MYCIN M PARENTERAL [G][INJ]	colistimethate, sodium	4	
CUBICIN [INJ]	daptomycin	4	

Drug Name	Chemical Description	Tier	Restrictions
DORIBAX [INJ]	doripenem	4	
INVANZ inj 1 gm (excluding add-vantage) [INJ]	ertapenem sodium	2	
INVANZ add-vantage inj 1 gm [INJ]	ertapenem sodium	3	
LINCOCIN [INJ]	lincomycin	3	
MEPRON	atovaquone	4	
MERREM [INJ]	meropenem	4	
PENTAM 300 [G][INJ]	pentamidine	4	
POLYMYXIN B SULFATE powder	polymyxin b	2	
<i>polymyxin b sulfate inj</i> [INJ]		1	
PRIMAXIN,I.M. [INJ]	imipenem/cilastatin sodium	4	
SYNERCID [INJ]	quinupristin/dalfopristin	4	
TYGACIL [INJ]	tigecycline	4	
VANCOCIN HCL	vancomycin	4	
VANCOMYCIN HCL inj 1,000 mg bags [INJ]	vancomycin	3	
<i>vancomycin hcl inj 500 mg, 1,000 mg, 5,000 mg, 10,000 mg (excluding bags)</i> [INJ]		1	
VANCOMYCIN-D5W	vancomycin	3	
XIFAXAN	rifaximin	3	
ZYVOX	linezolid	4	[PAR]

OTHER ANTIVIRAL DRUGS

Drug Name	Chemical Description	Tier	Restrictions
<i>acyclovir</i>		1	
<i>acyclovir sodium</i> [INJ]		1	
<i>amantadine</i>		1	
BARACLUDE	entecavir	4	
COPEGUS [G]	ribavirin	4	
CYTOVENE [INJ]	ganciclovir	2	
DENAVIR	penciclovir	2	
EPIVIR HBV	lamivudine	2	
<i>famciclovir</i>		1	
FAMVIR [G]	famciclovir	3	[ST]
FLUMADINE [G]	rimantadine	3	
<i>foscarnet sodium</i> [INJ]		1	
<i>ganciclovir</i>		4	
HEPSERA	adefovir dipivoxil	4	
REBETOL cap [G]	ribavirin	4	
REBETOL soln	ribavirin	4	
RELENZA	zanamivir	2	
<i>ribapak</i>		4	
<i>ribasphere</i>		4	
<i>ribavirin</i>		4	
<i>rimantadine hcl</i>		1	
TAMIFLU	oseltamivir phosphate	2	[QLL]

Drug Name	Chemical Description	Tier	Restrictions
TYZEKA	telbivudine	2	
VALCYTE	valganciclovir	4	
VALTREX	valacyclovir	3	[ST]
VIRAZOLE [INJ]	ribavirin	2	
VISTIDE [INJ]	cidofovir	4	
ZOVIRAX cap,oral susp,tab [G]	acyclovir	3	
ZOVIRAX cream,oint	acyclovir	2	

OTHER MACROLIDES

<i>azithromycin</i>		1	
BIAXIN,XL [G]	clarithromycin	3	
<i>clarithromycin,er</i>		1	
ZITHROMAX,TRI-PAK [G]	azithromycin	3	
ZMAX	azithromycin	3	

OTHER TOPICAL ANTIFUNGALS

<i>ciclopirox</i>		1	[PAR]
<i>clotrimazole cream 1 %,soln 1 %</i>		1	
<i>econazole nitrate</i>		1	
ERTACZO	sertaconazole nitrate	3	
EXELDERM	sulconazole nitrate	3	
EXTINA	ketoconazole	3	

Drug Name	Chemical Description	Tier	Restrictions
<i>ketoconazole</i>		1	
KURIC [G]	ketoconazole	3	
LAMISIL soln	terbinafine	3	
LOPROX [G]	ciclopirox	3	
MENTAX	butenafine	3	
MYCOSTATIN [G]	nystatin	3	
NAFTIN	naftifine	3	
NIZORAL [G]	ketoconazole	3	
<i>nyamyc</i>		1	
<i>nystatin</i>		1	
<i>nystop</i>		1	
OXISTAT	oxiconazole	3	
<i>pedi-dri</i>		1	
PENLAC [G]	ciclopirox	3	[PAR]
XOLEGEL	ketoconazole	3	

PARENTERAL ANTIFUNGALS

ABELCET [INJ]	amphotericin b lipid complex	4	
AMBISOME [INJ]	amphotericin b liposome	4	
AMPHOTEC [INJ]	ampho b c-s	2	
<i>amphotericin b</i> [INJ]		1	
CANCIDAS [INJ]	caspofungin acetate	4	

Drug Name	Chemical Description	Tier	Restrictions
DIFLUCAN IN DEXTROSE,IN SALINE [G][INJ]	fluconazole/dextrose-water	3	
ERAXIS [INJ]	anidulafungin	3	
<i>fluconazole in dextrose,in saline</i> [INJ]		1	
MYCAMINE [INJ]	micafungin sodium	4	
VFEND IV [INJ]	voriconazole	4	

PENICILLINS

<i>amoclan</i>		1	
<i>amox tr-potassium clavulanate</i>		1	
<i>amoxicillin</i>		1	
AMOXIL [G]	amoxicillin	2	
<i>ampicillin sodium</i> [INJ]		1	
<i>ampicillin trihydrate</i>		1	
<i>ampicillin-sulbactam</i> [INJ]		1	
AUGMENTIN susp 125 mg/5ml,250 mg/5ml	amoxicillin clavulanate	2	
AUGMENTIN susp (400 mg/5ml) ,tab [G]	amoxicillin clavulanate	3	
AUGMENTIN ES-600 [G]	amoxicillin clavulanate	3	
AUGMENTIN XR	amoxicillin clavulanate	2	
BICILLIN C-R,L-A [INJ]	pen g procaine/pen g benz	2	
<i>dicloxacillin sodium</i>		1	
MOXATAG	amoxicillin	3	

Drug Name	Chemical Description	Tier	Restrictions
<i>nafcillin,sodium</i> [INJ]		4	
NALLPEN-ISO-OSMOTIC DEXTROSE [INJ]	nafcillin	4	
<i>oxacillin</i> [INJ]		4	
<i>oxacillin sodium inj 1 gm</i> [INJ]		1	
<i>oxacillin sodium inj 2 gm, 10 gm</i> [INJ]		4	
<i>penicillin g potassium,g procaine,g sodium</i> [INJ]		1	
PENICILLIN GK-ISO-OSM DEXTROSE [INJ]	pen g pot/dextrose-water	2	
<i>penicillin v potassium</i>		1	
PFIZERPEN [G][INJ]	penicillin g potassium	3	
<i>piperacillin</i> [INJ]		1	
TIMENTIN [INJ]	ticarcillin/k clavulanate	4	
UNASYN [G][INJ]	ampicillin sodium/sulbactam na	3	
ZOSYN [INJ]	piperacillin/tazobactam sodium	2	

PLASMODICIDES

ARALEN PHOSPHATE [G]	chloroquine phosphate	3	
<i>chloroquine phosphate</i>		1	
DARAPRIM	pyrimethamine	2	
FANSIDAR	pyrimethamine/sulfadoxine	2	
<i>hydroxychloroquine sulfate</i>		1	
MALARONE	atovaquone/proguanil hcl	2	

Drug Name	Chemical Description	Tier	Restrictions
<i>mefloquine hcl</i>		1	
PLAQUENIL [G]	hydroxychloroquine	3	
PRIMAQUINE	primaquine	2	
QUALAQUIN	quinine sulfate	2	

QUINOLONES

AVELOX IV [INJ]	moxifloxacin	2	
AVELOX,ABC PACK	moxifloxacin	2	
CIPRO [G]	ciprofloxacin	3	
CIPRO I.V. [G][INJ]	ciprofloxacin	3	
<i>ciprofloxacin</i> [INJ]		1	
<i>ciprofloxacin er,hcl</i>		1	
FACTIVE	gemifloxacin	3	
LEVAQUIN	levofloxacin	2	
NOROXIN	norfloxacin	3	
<i>ofloxacin</i>		1	
PROQUIN XR	ciprofloxacin	3	

SULFONAMIDES

BACTRIM,DS [G]	sulfamethoxazole/trimethoprim	3	
<i>erythromycin-sulfisoxazole</i>		1	
GANTRISIN	sulfisoxazole acetyl	2	

Drug Name	Chemical Description	Tier	Restrictions
SEPTRA,DS [G]	sulfamethoxazole/trimethoprim	3	
<i>sulfadiazine</i>		1	
<i>sulfamethoxazole-trimethoprim</i>		1	
<i>sulfatrim</i>		1	

TETRACYCLINES

ADOXA,PAK [G]	doxycycline monohydrate	3	
DECLOMYCIN	demeclocycline hcl	3	
<i>demeclocycline hcl</i>		1	
DORYX	doxycycline hyclate	3	
<i>doxycycline, hyclate, monohydrate</i>		1	
DYNACIN [G]	minocycline	3	
MINOCIN [G]	minocycline	3	
<i>minocycline hcl</i>		1	
MONODOX [G]	doxycycline monohydrate	3	
<i>myrac</i>		1	
ORACEA	doxycycline monohydrate	2	
SOLODYN [G]	minocycline	3	
<i>tetracycline hcl</i>		1	
VIBRA-TABS [G]	doxycycline hyclate	3	
VIBRAMYCIN [G]	doxycycline hyclate	3	

Drug Name	Chemical Description	Tier	Restrictions
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TOPICAL ANTIBACTERIAL DRUGS

ALTABAX	retapamulin	2	
BACTROBAN [G]	mupirocin calcium	2	
BACTROBAN NASAL	mupirocin calcium	2	
CHLORHEXIDINE GLUCONATE topical soln	chlorhexidine	2	
CORTISPORIN	neomycin sulfate/polymyxin/hc	3	
<i>gentamicin sulfate</i>		1	
<i>mupirocin</i>		1	
PHISOHEX	hexachlorophene	3	
SILVADENE [G]	silver sulfadiazine	3	
<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	
LOTRISONE [G]	clotrimazole/betamethasone	3	
<i>nystatin-triamcinolone</i>		1	

URINARY ANTIINFECTIVES

FURADANTIN	nitrofurantoin	2	
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Drug Name	Chemical Description	Tier	Restrictions
HIPREX [G]	methenamine hippurate	3	
MACROBID [G]	nitrofurantoin/nitrofuran mac	3	
MACRODANTIN [G]	nitrofurantoin macrocrystal	3	
<i>methenamine hippurate</i>		1	
MONUROL	fosfomicin tromethamine	2	
<i>nitrofurantoin</i>		1	
PRIMSOL	trimethoprim	2	
<i>trimethoprim</i>		1	
UREX [G]	methenamine hippurate	3	

VAGINAL ANTIFUNGALS

GYNAZOLE-1	butoconazole	3	
<i>miconazole 3 200 mg suppositories</i>		1	
<i>nystatin</i>		1	
TERAZOL 3,7 [G]	terconazole	3	
<i>terconazole</i>		1	
ZAZOLE [G]	terconazole	3	

ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS

AFINITOR	everolimus	4	
AGRYLIN [G]	anagrelide	4	
AMEVIVE [INJ]	alefacept	4	[PAR][LD]

Drug Name	Chemical Description	Tier	Restrictions
<i>anagrelide hcl</i>		4	
ARAVA [G]	leflunomide	3	
ARIMIDEX	anastrozole	2	
AROMASIN	exemestane	2	
AZASAN	azathioprine	2	[PAR]
<i>azathioprine</i>		1	[PAR]
<i>bicalutamide</i>		1	
BLENOXANE [G][INJ]	bleomycin sulfate	4	
<i>bleomycin sulfate</i> [INJ]		4	
CAMPATH [INJ]	alemtuzumab	4	
CASODEX [G]	bicalutamide	2	
CEENU	lomustine	2	
CELLCEPT cap,inj [G]	mycophenolate mofetil	2	[PAR]
CELLCEPT oral susp,tab [G]	mycophenolate mofetil	4	[PAR]
CIMZIA [INJ]	certolizumab pegol	4	[PAR]
<i>cyclophosphamide tab</i>		1	[PAR]
<i>cyclosporine</i>		1	[PAR]
<i>cytarabine</i> [INJ]		1	
CYTOXAN tab	cyclophosphamide	3	[PAR]
DEGARELIX [INJ]	degarelix acetate	2	
DEPO-PROVERA inj 400 mg/ml [INJ]	medroxyprogesterone	2	
DROXIA	hydroxyurea	2	

Drug Name	Chemical Description	Tier	Restrictions
ELIGARD [INJ]	leuprolide	2	[PAR]
ELITEK [INJ]	rasburicase	4	
ELSPAR [INJ]	asparaginase	4	
EMCYT	estramustine phosphate sodium	2	
ENBREL [INJ]	etanercept	4	[PAR]
FARESTON	toremifene	2	
FASLODEX [INJ]	fulvestrant	4	
FEMARA	letrozole	2	
<i>flutamide</i>		1	
<i>gengraf</i>		1	[PAR]
GLEEVEC	imatinib mesylate	4	
HEXALEN	altretamine	4	
HUMIRA [INJ]	adalimumab	4	[PAR]
HYDREA [G]	hydroxyurea	3	
<i>hydroxyurea</i>		1	
IMURAN [G]	azathioprine	3	[PAR]
IRESSA	gefitinib	4	[LD]
<i>leflunomide</i>		1	
<i>leucovorin calcium</i>		1	
LEUKERAN	chlorambucil	2	
LYSODREN	mitotane	4	
MATULANE	procarbazine	4	

Drug Name	Chemical Description	Tier	Restrictions
MEGACE [G]	megestrol	3	
MEGACE ES	megestrol	2	
<i>megestrol acetate</i>		1	
<i>mercaptopurine</i>		1	
MESNEX tab	mesna	4	
<i>methotrexate</i>		1	[PAR]
MUSTARGEN [INJ]	mechlorethamine	2	
<i>mycophenolate mofetil cap</i>		1	[PAR]
<i>mycophenolate mofetil tab</i>		4	[PAR]
MYFORTIC	mycophenolate sodium	2	[PAR]
NEORAL [G]	cyclosporine	3	[PAR]
NEXAVAR	sorafenib tosylate	4	[LD]
NILANDRON	nilutamide	2	
<i>octreotide acetate [INJ]</i>		4	
ONCASPAR [INJ]	pegaspargase	4	
ONTAK [INJ]	denileukin diftitox	4	
ORENCIA [INJ]	abatacept/maltose	4	[PAR]
ORTHOCLONE OKT-3 [INJ]	muronab-cd3	2	[PAR]
PROGRAF cap (0.5 mg,1 mg),inj	tacrolimus	2	[PAR]
PROGRAF cap 5 mg	tacrolimus	4	[PAR]
PURINETHOL [G]	mercaptopurine	3	
RAPAMUNE	sirolimus	2	[PAR]

Drug Name	Chemical Description	Tier	Restrictions
REMICADE [INJ]	infliximab	4	[PAR]
REVLIMID	lenalidomide	4	[LD]
RHEUMATREX	methotrexate	3	
RITUXAN [INJ]	rituximab	4	[PAR]
SANDIMMUNE cap, soln [G]	cyclosporine	3	[PAR]
SANDOSTATIN [G][INJ]	octreotide	4	
SANDOSTATIN LAR [INJ]	octreotide	4	
SIMPONI [INJ]	golimumab	4	[PAR]
SIMULECT [INJ]	basiliximab	2	[PAR]
SOMATULINE DEPOT [INJ]	lanreotide acetate	4	
SPRYCEL	dasatinib	4	
SUTENT	sunitinib malate	4	
<i>tamoxifen citrate</i>		1	
TARCEVA	erlotinib hcl	4	
TARGRETIN	bexarotene	4	
TASIGNA	nilotinib hydrochloride	4	
THIOGUANINE	thioguanine	2	
<i>thiotepa</i> [INJ]		4	
TRELSTAR DEPOT,LA [INJ]	triptorelin pamoate	2	[LD]
<i>tretinoin cap</i>		4	
TREXALL	methotrexate sodium	2	[PAR]
TRISENOX [INJ]	arsenic trioxide	4	

Drug Name	Chemical Description	Tier	Restrictions
TYKERB	lapatinib ditosylate	4	
TYSABRI [INJ]	natalizumab	4	[LD][PAR]
UVADEX [INJ]	methoxsalen	3	
VANTAS [INJ]	histrelin ac	2	
VELCADE [INJ]	bortezomib	4	
VESANOID [G]	tretinoin	4	
VIDAZA [INJ]	azacitidine	4	
ZOLINZA	vorinostat	4	

AUTONOMIC AND CNS MEDICATIONS

ANALGESICS

<i>butorphanol tartrate</i> [INJ]		1	
<i>nalbuphine hcl</i> [INJ]		1	
RYZOLT	tramadol	3	
<i>tramadol hcl,-acetaminophen</i>		1	
ULTRACET [G]	tramadol/apap	3	
ULTRAM,ER [G]	tramadol	3	

ANTIDEMENTIA DRUGS

ARICEPT,ODT	donepezil	2	
COGNEX	tacrine	3	
EXELON	rivastigmine tartrate	2	

Drug Name	Chemical Description	Tier	Restrictions
<i>galantamine hbr</i>		1	
NAMENDA	memantine hcl	2	
RAZADYNE ER [G]	galantamine	3	
RAZADYNE soln	galantamine	2	
RAZADYNE tab [G]	galantamine	3	

ANTIMANIA DRUGS

<i>lithium carbonate,citrate</i>		1	
LITHOBID [G]	lithium carbonate	3	

ANTIPARKINSON ANTICHOLINERGIC DRUGS

<i>benztropine mesylate</i>		1	
COGENTIN [INJ]	benztropine	3	
<i>trihexyphenidyl hcl</i>		1	

ANTIPSYCHOTIC DRUGS

ABILIFY, DISCMELT	aripiprazole	2	
<i>chlorpromazine hcl</i>		1	
<i>clozapine</i>		1	
CLOZARIL [G]	clozapine	3	
FAZACLO	clozapine	2	
<i>fluphenazine decanoate [INJ]</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>fluphenazine hcl</i>		1	
GEODON	ziprasidone	2	
HALDOL,DECANOATE 100,DECANOATE 50 [INJ]	haloperidol	3	
<i>haloperidol decanoate</i> [INJ]		1	
<i>haloperidol,lactate</i>		1	
INVEGA	paliperidone	2	
<i>loxapine</i>		1	
LOXITANE [G]	loxapine succinate	3	
MOBAN	molindone	2	
NAVANE [G]	thiothixene	3	
ORAP	pimozide	2	
<i>perphenazine</i>		1	
RISPERDAL [G]	risperidone	3	
RISPERDAL CONSTA inj 12.5 mg/2ml,25 mg/2ml [INJ]	risperidone	2	
RISPERDAL CONSTA inj 37.5 mg/2ml,50 mg/2ml [INJ]	risperidone	4	
<i>risperidone</i>		1	
<i>risperidone m-tab,odt</i>		1	
SEROQUEL,XR	quetiapine fumarate	2	
SYMBYAX	olanzapine/fluoxetine hcl	3	
<i>thioridazine hcl</i>		1	
<i>thiothixene</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>trifluoperazine hcl</i>		1	
ZYPREXA,ZYDIS	olanzapine	2	

ANTIVERTIGO AND ANTIEMETIC DRUGS

ALOXI [INJ]	palonosetron hcl	4	
ANTIVERT [G]	meclizine hcl	3	
ANZEMET tab	dolasetron mesylate	3	
ANZEMET inj [INJ]	dolasetron mesylate	4	
CESAMET	nabilone	4	
<i>compro</i>		1	
<i>dronabinol cap 2.5 mg</i>		1	[PAR]
<i>dronabinol cap 5 mg,10 mg</i>		4	[PAR]
EMEND	aprepitant	2	[PAR]
<i>granisetron hcl</i>		1	[PAR]
<i>granisol</i>		1	[PAR]
KYTRIL inj (1 mg/ml),tab [G]	granisetron	4	[PAR]
KYTRIL inj 0.1 mg/ml [G][INJ]	granisetron	3	
MARINOL cap 2.5 mg [G]	dronabinol	3	
MARINOL cap 5 mg,10 mg [G]	dronabinol	4	
<i>meclizine hcl tab 12.5 mg,25 mg</i>		1	
<i>ondansetron hcl,odt</i>		1	[PAR]
<i>phenadoz</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>prochlorperazine edisylate</i> [INJ]		1	
<i>prochlorperazine maleate</i>		1	
<i>promethazine hcl</i>		1	
<i>promethegan</i>		1	
SANCUSO	granisetron	4	
TIGAN [G]	trimethobenzamide	3	
TRANSDERM-SCOP	scopolamine	3	
<i>trimethobenzamide hcl</i>		1	
ZOFRAN,ODT [G]	ondansetron	3	[PAR]

ANXIOLYTICS

BUSPAR [G]	bupirone	3	
<i>bupirone hcl</i>		1	
<i>meprobamate</i>		1	

CARBAMAZEPINES

<i>carbamazepine</i>		1	
<i>carbamazepine xr</i>		1	
CARBATROL	carbamazepine	3	
<i>epitol</i>		1	
EQUETRO	carbamazepine	3	
<i>oxcarbazepine</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
TEGRETOL [G]	carbamazepine	3	
TEGRETOL XR [G]	carbamazepine	2	
TRILEPTAL susp	oxcarbazepine	2	
TRILEPTAL tab [G]	oxcarbazepine	3	

CLASS II NARCOTICS

ACTIQ	fentanyl citrate	4	[PAR]
ASTRAMORPH-PF [G][INJ]	morphine	3	
AVINZA	morphine	3	
COMBUNOX [G]	oxycodone/ibuprofen	3	
DEMEROL [G]	meperidine	3	
DILAUDID,-5 [G]	hydromorphone	3	
DILAUDID-HP [G][INJ]	hydromorphone	3	
DOLOPHINE HCL [G]	methadone	3	
DURAGESIC [G]	fentanyl	3	
DURAMORPH [G][INJ]	morphine	3	
<i>endocet</i>		1	
<i>fentanyl</i>		1	
<i>fentanyl citrate inj</i> [INJ]		4	
<i>fentanyl citrate loz</i>		4	[PAR]
FENTORA buccal 100 mcg,200 mcg,400 mcg,600 mcg,800 mcg	fentanyl citrate	4	[PAR]
FENTORA buccal 300 mcg	fentanyl citrate	3	[PAR]

Drug Name	Chemical Description	Tier	Restrictions
<i>hydromorphone hcl</i>		1	
INFUMORPH [INJ]	morphine	3	
KADIAN	morphine	2	
<i>levorphanol tartrate</i>		1	
MAGNACET	oxycodone/acetaminophen	3	
<i>meperidine hcl</i>		1	
<i>meperitab</i>		1	
<i>methadone hcl</i>		1	
<i>methadose</i>		1	
<i>morphine sulfate</i>		1	
MS CONTIN [G]	morphine	3	
OPANA ER	oxymorphone	2	
OPANA	oxymorphone	3	
ORAMORPH SR	morphine	3	
<i>oxycodone hcl,-acetaminophen,- ibuprofen</i>		1	
<i>oxycodone-acetaminophen</i>		1	
<i>oxycodone-aspirin</i>		1	
OXYCONTIN [G]	oxycodone	2	
PERCOCET [G]	oxycodone/acetaminophen	3	
PERCODAN	oxycodone/aspirin	3	
ROXICET soln	oxycodone/acetaminophen	3	
<i>roxicet tab</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
ROXICODONE [G]	oxycodone	3	
TYLOX [G]	oxycodone/acetaminophen	3	

CLASS III NARCOTICS

<i>acetaminophen-codeine</i>		1	
CAPITAL W-CODEINE	codeine phosphate/apap	2	
<i>co-gesic</i>		1	
DOLOREX FORTE [G]	hydrocodone bitartrate/apap	3	
HYCET	hydrocodone bitartrate/apap	3	
<i>hydrocodone bit-ibuprofen</i>		1	
<i>hydrocodone-acetaminophen</i>		1	
LORCET 10-650,PLUS [G]	hydrocodone bitartrate/apap	3	
LORTAB [G]	hydrocodone bitartrate/apap	3	
<i>margesic h</i>		1	
MAXIDONE [G]	hydrocodone bitartrate/apap	3	
NORCO [G]	hydrocodone bitartrate/apap	3	
PANLOR DC,SS [G]	dihydrocodeine/apap/caffeine	3	
<i>reprexain</i>		1	
<i>stagesic</i>		1	
SUBOXONE	buprenorphine/naloxone	2	
SUBUTEX	buprenorphine	2	
SYNALGOS-DC	dihydrocodeine/asa/caffeine	3	

Drug Name	Chemical Description	Tier	Restrictions
<i>trezix</i>		1	
TYLENOL-CODEINE NO.3,NO.4 [G]	codeine phosphate/apap	3	
VICODIN,ES,HP [G]	hydrocodone bitartrate/apap	3	
VICOPROFEN [G]	hydrocodone bitartrate/ibuprof	3	
VOPAC	codeine phosphate/apap	3	
XODOL	hydrocodone bitartrate/apap	3	
<i>zamicet</i>		1	
ZERLOR	dihydrocodeine/apap/caffeine	3	
ZYDONE	hydrocodone bitartrate/apap	3	

CLASS IV NARCOTICS

BALACET 325	propoxyphene hcl/acetaminophen	3	
BUPRENEX [INJ]	buprenorphine	2	
<i>buprenorphine hcl</i> [INJ]		1	
DARVOCET A500 [G]	propoxyphene napsylate/apap	3	
DARVOCET-N 100,50 [G]	propoxyphene napsylate/apap	3	
DARVON,-N [G]	propoxyphene hcl	3	
<i>pentazocine-acetaminophen</i>		1	
<i>pentazocine-naloxone hcl</i>		1	
<i>propoxyphene hcl,-apap</i>		1	
<i>propoxyphene napsylate-apap</i>		1	
TALACEN [G]	pentazocine hydrochloride/apap	3	
TALWIN [INJ]	pentazocine	3	

Drug Name	Chemical Description	Tier	Restrictions
TALWIN NX [G]	pentazocine/naloxone	3	

CNS STIMULANT DRUGS

ADDERALL [G]	amphetamine/dextroamphetamine	3	
ADDERALL XR	amphetamine/dextroamphetamine	2	
<i>amphetamine salt combo</i>		1	
CONCERTA	methylphenidate	2	
DAYTRANA	methylphenidate	3	
DESOXYN	methamphetamine	2	
DEXEDRINE [G]	d-amphetamine	3	
<i>dexmethylphenidate hcl</i>		1	
<i>dextroamphetamine sulfate</i>		1	
FOCALIN, XR [G]	dexmethylphenidate	3	
<i>liquadd</i>		1	
METADATE CD	methylphenidate	2	
METADATE ER tab sa 10 mg [G]	methylphenidate	2	
<i>metadate er tab sa 20 mg</i>		1	
METHYLIN soln, chewable tab	methylphenidate	3	
<i>methylin tab (excluding chewable)</i>		1	
<i>methylin er</i>		1	
<i>methylphenidate er, hcl</i>		1	
PROVIGIL	modafinil	2	[PAR]

Drug Name	Chemical Description	Tier	Restrictions
RITALIN,LA,-SR [G]	methylphenidate	3	
VYVANSE	lisdexamfetamine dimesylate	3	

DRUGS TO PREVENT AND TREAT HEADACHES

AMERGE	naratriptan	3	
<i>ascomp with codeine</i>		1	
AXERT	almotriptan	3	
<i>butalbital-caff-apap-codeine</i>		1	
<i>butorphanol tartrate</i>		1	
CAFERGOT [G]	ergotamine tartrate/caffeine	3	
D.H.E.45 [G][INJ]	dihydroergotamine	4	
<i>dihydroergotamine mesylate [INJ]</i>		1	
ERGOMAR	ergotamine	3	
<i>ergotamine-caffeine</i>		1	
FIORICET WITH CODEINE [G]	codeine/apap/caffeine/butalb	3	
FIORINAL WITH CODEINE #3 [G]	codeine/asa/caffeine/butalb	3	
FROVA	frovatriptan	3	
IMITREX syringe/kit (4mg/.5,6mg/.5), nasal drop/spray	sumatriptan	2	
IMITREX inj vial (6mg/.5ml),tab [G]	sumatriptan	3	
MAXALT,MLT	rizatriptan benzoate	2	
<i>migergot</i>		1	
MIGRANAL	dihydroergotamine	2	

Drug Name	Chemical Description	Tier	Restrictions
RELPAX	eletriptan	3	
<i>sumatriptan succinate</i>		1	
TREXIMET	sumatriptan/naproxen sodium	2	
ZOMIG,ZMT	zolmitriptan	2	

HYDANTOINS

CEREBYX [G][INJ]	fosphenytoin	4	
DILANTIN cap 100 mg [G]	phenytoin sodium	3	
DILANTIN cap 30 mg,chew tab	phenytoin sodium	2	
DILANTIN-125 [G]	phenytoin sodium	3	
<i>fosphenytoin sodium</i> [INJ]		1	
PEGANONE	ethoin	2	
PHENYTEK	phenytoin sodium	3	
<i>phenytoin</i>		1	
<i>phenytoin sodium</i> [INJ]		1	
<i>phenytoin sodium extended</i>		1	

MAO INHIBITORS

EMSAM	selegiline	2	
MARPLAN	isocarboxazid	2	
NARDIL	phenelzine	2	
PARNATE	tranylcypromine	3	

Drug Name	Chemical Description	Tier	Restrictions
<i>tranylcypromine sulfate</i>		1	

OTHER ANTICONVULSANTS

BANZEL	rufinamide	2	
FELBATOL	felbamate	2	
<i>gabapentin</i>		1	
GABITRIL	tiagabine	2	
KEPPRA inj [INJ]	levetiracetam	2	
KEPPRA soln,tab [G]	levetiracetam	3	
KEPPRA XR	levetiracetam	3	
LAMICTAL [G]	lamotrigine	3	
LAMICTAL ODT	lamotrigine	3	
LAMICTAL starter kits	lamotrigine	2	
<i>lamotrigine</i>		1	
<i>levetiracetam</i>		1	
LYRICA	pregabalin	2	[ST]
MYSOLINE [G]	primidone	3	
NEURONTIN cap,tab [G]	gabapentin	3	
NEURONTIN soln	gabapentin	2	
<i>primidone</i>		1	
TOPAMAX [G]	topiramate	3	[PAR]
<i>topiramate</i>		1	[PAR]

Drug Name	Chemical Description	Tier	Restrictions
VIMPAT	lacosamide	2	
ZONEGRAN [G]	zonisamide	3	[PAR]
<i>zonisamide</i>		1	[PAR]

OTHER ANTIDEPRESSANTS

<i>amitriptyline-chlordiazepoxide</i>		1	
ALENZIN	bupropion hbr	3	[ST]
<i>budeprion sr,xl</i>		1	
<i>bupropion hcl</i>		1	
<i>bupropion hcl sr</i>		1	
CYMBALTA	duloxetine	2	[ST]
EFFEXOR [G]	venlafaxine	3	[ST]
EFFEXOR XR	venlafaxine	2	[ST]
LIMBITROL [G]	amitriptyline/chlordiazepoxide	3	
<i>maprotiline hcl</i>		1	
<i>mirtazapine</i>		1	
<i>nefazodone hcl</i>		1	
<i>perphenazine-amitriptyline</i>		1	
PRISTIQ	desvenlafaxine succinate	2	[ST]
REMERON [G]	mirtazapine	3	
SAVELLA		3	[ST]
<i>trazodone hcl</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>venlafaxine hcl (excluding er tab)</i>		1	
VENLAFAXINE HCL ER	venlafaxine	3	[ST]
WELLBUTRIN XL [G]	bupropion	3	[ST]
WELLBUTRIN,SR [G]	bupropion	3	

OTHER ANTIPARKINSON DRUGS

APOKYN [INJ]	apomorphine hcl	4	[LD]
AZILECT	rasagiline mesylate	3	
<i>bromocriptine mesylate</i>		1	
<i>carbidopa-levodopa</i>		1	
COMTAN	entacapone	2	
ELDEPRYL [G]	selegiline	3	
LODOSYN	carbidopa	2	
MIRAPEX	pramipexole	2	
PARCOPA [G]	carbidopa/levodopa	3	
PARLODEL [G]	bromocriptine mesylate	3	
REQUIP [G]	ropinirole hydrochloride	3	
REQUIP XL	ropinirole	2	
<i>ropinirole hcl</i>		1	
<i>selegiline hcl</i>		1	
SINEMET,CR [G]	carbidopa/levodopa	3	
STALEVO	carbidopa/levodopa/entacap	2	

Drug Name	Chemical Description	Tier	Restrictions
TASMAR	tolcapone	2	
ZELAPAR	selegiline	3	

OTHER CNS/AUTONOMIC DRUGS

ANTABUSE	disulfiram	2	
<i>atropine sulfate</i> [INJ]		1	
CAMPRAL	acamprosate calcium	3	
<i>depade</i>		1	
<i>guanidine hcl</i>		1	
MESTINON syrup,timespan	pyridostigmine	2	
MESTINON tab [G]	pyridostigmine	3	
MYTELASE	amibenonium chloride	3	
<i>naloxone hcl</i> [INJ]		1	
<i>naltrexone hcl</i>		1	
<i>pyridostigmine bromide</i>		1	
REGONOL [INJ]	pyridostigmine	3	
REVIA [G]	naltrexone	3	
STRATTERA	atomoxetine	2	[ST]
VIVITROL [INJ]	naltrexone microspheres	4	
XENAZINE	tetrabenazine	4	
XYREM	sodium oxybate	4	[LD]

Drug Name	Chemical Description	Tier	Restrictions
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SECONDARY AMINES

<i>amoxapine</i>		1	
<i>desipramine hcl</i>		1	
NORPRAMIN [G]	desipramine	3	
<i>nortriptyline hcl</i>		1	
PAMELOR [G]	nortriptyline	3	
<i>protriptyline hcl</i>		1	
VIVACTIL [G]	protriptyline	3	

SEDATIVE/HYPNOTIC DRUGS

AMBIEN [G]	zolpidem	3	[ST]
AMBIEN CR	zolpidem	2	[ST]
EDLUAR	zolpidem	3	[ST]
LUNESTA	eszopiclone	2	[ST]
ROZEREM	ramelteon	2	[ST]
SONATA [G]	zaleplon	3	[ST]
<i>zaleplon</i>		1	
<i>zolpidem tartrate</i>		1	

SELECTIVE SEROTONIN REUPTAKE INHIBITORS

CELEXA [G]	citalopram	3	[ST]
<i>citalopram, hbr</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>fluoxetine hcl</i>		1	
<i>fluvoxamine maleate</i>		1	
LEXAPRO	escitalopram oxalate	2	[ST]
LUVOX CR	fluvoxamine	3	[ST]
<i>paroxetine hcl</i>		1	
PAXIL,CR [G]	paroxetine	3	[ST]
PEXEVA	paroxetine mesylate	3	[ST]
PROZAC,WEEKLY [G]	fluoxetine	3	[ST]
SARAFEM	fluoxetine	3	[ST]
<i>selfemra</i>		1	
<i>sertraline hcl</i>		1	
ZOLOFT [G]	sertraline	3	[ST]

SMOKING CESSATION PRODUCTS

<i>buproban</i>		1	
<i>bupropion hcl sr</i>		1	
CHANTIX	varenicline tartrate	2	
NICOTROL,NS	nicotine inhaler	3	
ZYBAN [G]	bupropion	3	

SUCCINIMIDES

CELONTIN	methsuximide	2	
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Drug Name	Chemical Description	Tier	Restrictions
<i>ethosuximide</i>		1	
ZARONTIN [G]	ethosuximide	3	

TERTIARY AMINES

<i>amitriptyline hcl</i>		1	
ANAFRANIL [G]	clomipramine	3	
<i>clomipramine hcl</i>		1	
<i>doxepin hcl</i>		1	
<i>imipramine hcl,pamoate</i>		1	
SURMONTIL	trimipramine	3	
TOFRANIL,-PM [G]	imipramine hcl	3	

VALPROIC ACID AND DERIVATIVES

DEPACON [G][INJ]	valproate sodium	3	
DEPAKENE [G]	valproic acid	3	
DEPAKOTE, ER,SPRINKLE [G]	divalproex	3	
<i>divalproex sodium</i>		1	
<i>valproate sodium</i> [INJ]		1	
<i>valproic acid</i>		1	
STAVZOR	valproic acid	3	

CARDIOVASCULAR MEDICATIONS

Drug Name	Chemical Description	Tier	Restrictions
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AMIODARONES

<i>amiodarone hcl</i>		1	
CORDARONE [G]	amiodarone	3	
PACERONE tab 100 mg, 400 mg	amiodarone	3	
<i>pacerone tab 200 mg</i>		1	

ANGIOTENSIN CONVERTING ENZYME INHIBITORS

ACCUPRIL [G]	quinapril	3	[ST]
ACEON	perindopril erbumine	3	[ST]
ALTACE [G]	ramipril	3	[ST]
<i>benazepril hcl</i>		1	
<i>captopril</i>		1	
<i>enalapril maleate</i>		1	
<i>fosinopril sodium</i>		1	
<i>lisinopril</i>		1	
LOTENSIN [G]	benazepril	3	[ST]
MAVIK [G]	trandolapril	3	[ST]
<i>moexipril hcl</i>		1	
MONOPRIL [G]	fosinopril	3	[ST]
PRINIVIL [G]	lisinopril	3	[ST]
<i>quinapril hcl</i>		1	
<i>ramipril</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>trandolapril</i>		1	
UNIVASC [G]	moexipril	3	[ST]
VASOTEC [G]	enalapril	3	[ST]
ZESTRIL [G]	lisinopril	3	[ST]

ANGIOTENSIN II RECEPTOR ANTAGONISTS

ATACAND	candesartan cilexetil	3	[ST]
AVAPRO	irbesartan	3	[ST]
BENICAR	olmesartan medoxomil	3	[ST]
COZAAR	losartan	2	[ST]
DIOVAN	valsartan	2	[ST]
MICARDIS	telmisartan	3	[ST]
TEVETEN	eprosartan mesylate	3	[ST]

ANTIDYSRHYTHMIC DRUGS

<i>disopyramide phosphate</i>		1	
<i>flecainide acetate</i>		1	
<i>mexiletine hcl</i>		1	
NORPACE,CR [G]	disopyramide	3	
<i>procainamide hcl</i> [INJ]		1	
PRONESTYL	procainamide	3	
<i>propafenone hcl</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>quinidine gluconate, sulfate</i>		1	
RYTHMOL [G]	propafenone	3	
RYTHMOL SR	propafenone	2	
TAMBOCOR [G]	flecainide	3	

BETA-ADRENERGIC ANTAGONIST DRUGS

<i>acebutolol hcl</i>		1	
<i>atenolol</i>		1	
<i>betaxolol hcl</i>		1	
<i>bisoprolol fumarate</i>		1	
BYSTOLIC	nebivolol hcl	3	
<i>carvedilol</i>		1	
COREG [G]	carvedilol	3	
COREG CR	carvedilol	2	
CORGARD [G]	nadolol	3	
INDERAL LA [G]	propranolol	3	
INNOPRAN XL	propranolol	3	
KERLONE [G]	betaxolol	3	
<i>labetalol hcl</i>		1	
LEVATOL	penbutolol	3	
LOPRESSOR [G]	metoprolol tartrate	3	
<i>metoprolol succinate, tartrate</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>nadolol</i>		1	
<i>pindolol</i>		1	
<i>propranolol hcl</i>		1	
SECTRAL [G]	acebutolol	3	
TENORMIN [G]	atenolol	3	
<i>timolol maleate</i>		1	
TOPROL XL [G]	metoprolol succinate	2	
TRANDATE [G]	labetalol	3	
ZEBETA [G]	bisoprolol	3	

CALCIUM ANTAGONISTS

ADALAT CC [G]	nifedipine	3	[ST]
<i>afRevisedab cr</i>		1	
<i>amlodipine besylate</i>		1	
CALAN,SR [G]	verapamil	3	[ST]
CARDENE I.V. [INJ]	nicardipine	3	
CARDENE SR	nicardipine	3	[ST]
CARDIZEM LA	diltiazem	3	
CARDIZEM,CD [G]	diltiazem	3	
<i>cartia xt</i>		1	
COVERA-HS	verapamil	3	[ST]
DILACOR XR [G]	diltiazem	3	

Drug Name	Chemical Description	Tier	Restrictions
<i>dilt-cd</i>		1	
<i>dilt-xr</i>		1	
<i>diltzac er</i>		1	
<i>diltiazem er,hcl</i>		1	
DYNACIRC CR	isradipine	3	[ST]
<i>felodipine er</i>		1	
ISOPTIN SR [G]	verapamil	3	[ST]
<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>		4	
NIMOTOP [G]	nimodipine	4	
<i>nisoldipine</i>		1	
NORVASC [G]	amlodipine	3	[ST]
PROCARDIA,XL [G]	nifedipine	3	[ST]
SULAR	nisoldipine	2	[ST]
<i>taztia xt</i>		1	
TIAZAC [G]	diltiazem	3	
<i>verapamil er,hcl</i>		1	
VERELAN,PM [G]	verapamil	3	[ST]

Drug Name	Chemical Description	Tier	Restrictions
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CARDIAC GLYCOSIDES

<i>digitek</i>		1	
<i>digoxin</i>		1	
LANOXIN inj [G][INJ]	digoxin	2	
LANOXIN tab [G]	digoxin	2	
LANOXIN PEDIATRIC [INJ]	digoxin	2	

CENTRALLY ACTING ANTIHYPERTENSIVES

CATAPRES,-TTS [G]	clonidine	3	
<i>clonidine hcl</i>		1	
<i>guanabenz acetate</i>		1	
<i>guanfacine hcl</i>		1	
<i>methyldopa</i>		1	
<i>methyldopate hcl</i> [INJ]		1	
TENEX [G]	guanfacine	3	

DRUGS FOR PHEOCHROMOCYTOMA

DEMSER	metyrosine	2	
DIBENZYLINE	phenoxybenzamine	2	

ENDOTHELIN RECPTN ANTAGONIST

Drug Name	Chemical Description	Tier	Restrictions
LETAIRIS	ambrisentan	4	
TRACLEER	bosentan	4	[LD]

HMG-COA REDUCTASE INHIBITORS

ADVICOR	lovastatin/niacin	2	[ST]
ALTOPREV	lovastatin	3	[ST]
CADUET	amlodipine/atorvast cal	3	[ST]
CRESTOR	rosuvastatin calcium	2	[ST]
LESCOL,XL	fluvastatin	3	[ST]
LIPITOR	atorvastatin calcium	3	[ST]
<i>lovastatin</i>		1	
MEVACOR [G]	lovastatin	3	[ST]
PRAVACHOL [G]	pravastatin	3	[ST]
<i>pravastatin sodium</i>		1	
SIMCOR	niacin/simvastatin	2	[ST]
<i>simvastatin</i>		1	
VYTORIN	ezetimibe/simvastatin	2	[ST]
ZOCOR [G]	simvastatin	3	[ST]

HYPOLIPOPROTEINEMICS

ANTARA	fenofibrate	3	
<i>cholestyramine,light</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
COLESTID [G]	colestipol	3	
<i>colestipol hcl</i>		1	
<i>fenofibrate</i>		1	
FENOGLIDE	fenofibrate	2	
<i>gemfibrozil</i>		1	
LIPOFEN	fenofibrate	3	
LOFIBRA [G]	fenofibrate	3	
LOPID [G]	gemfibrozil	3	
LOVAZA	omega-3 acid ethyl esters	2	
NIACOR	niacin	3	
NIASPAN	niacin	2	
<i>prevalite</i>		1	
QUESTRAN,LIGHT [G]	cholestyramine/sucrose	3	
TRICOR	fenofibrate	2	
TRIGLIDE	fenofibrate	2	
TRILIPIX	fenofibric acid	2	
WELCHOL	colesevelam	2	[ST]
ZETIA	ezetimibe	2	[ST]

LOOP DIURETICS

<i>bumetanide</i>		1	
DEMADEX [G]	torseamide	3	

Drug Name	Chemical Description	Tier	Restrictions
EDECIN	ethacrynic acid	3	
<i>furosemide</i>		1	
LASIX [G]	furosemide	3	
SODIUM EDECIN [INJ]	ethacrynate sodium	3	
<i>torseamide</i>		1	

NITRATES

DILATRATE-SR	isosorbide dinitrate	2	
IMDUR [G]	isosorbide mononitrate	3	
ISMO [G]	isosorbide mononitrate	3	
ISOCHRON [G]	isosorbide dinitrate	3	
<i>isosorbide dinitrate, mononitrate</i>		1	
MINITRAN [G]	nitroglycerin	3	
MONOKET [G]	isosorbide mononitrate	3	
<i>nitro-bid</i>		1	
NITRO-DUR [G]	nitroglycerin	3	
<i>nitroglycerin inj, sl tab</i>		1	
<i>nitroglycerin patch</i>		1	
NITROLINGUAL	nitroglycerin	2	
NITROSTAT	nitroglycerin	2	

OTHER ANTIARRHYTHMICS

Drug Name	Chemical Description	Tier	Restrictions
BETAPACE,AF [G]	sotalol	3	
<i>lidocaine hcl</i> [INJ]		1	
MULTAQ	dronedarone	3	
<i>sorine</i>		1	
<i>sotalol,af</i>		1	
TIKOSYN	dofetilide	2	

OTHER ANTIHYPERTENSIVES

ACCURETIC [G]	quinapril/hctz	3	[ST]
<i>amlodipine besylate-benazepril</i>		1	
ATACAND HCT	candesartan cilexetil/hctz	3	[ST]
<i>atenolol-chlorthalidone</i>		1	
AVALIDE	irbesartan/hctz	3	[ST]
AZOR	amlodipine bes/olmesartan med	2	[ST]
<i>benazepril hcl-hctz</i>		1	
BENICAR HCT	olmesartan medoxomil/hctz	3	[ST]
<i>bisoprolol fumarate-hctz</i>		1	
<i>captopril-hydrochlorothiazide</i>		1	
CLORPRES	clonidine hcl/chlorthalidone	2	
CORZIDE [G]	bendroflumethiazide/nadolol	3	
DIOVAN HCT	hctz/valsartan	2	[ST]
<i>enalapril maleate-hctz</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
EXFORGE	amlodipine/valsartan	2	[ST]
EXFORGE HCT	amlodipine/valsartan	3	[ST]
<i>fosinopril-hydrochlorothiazide</i>		1	
HYZAAR	losartan /hctz	2	[ST]
INVERSINE	mecamylamine	3	
<i>lisinopril-hctz</i>		1	
LOPRESSOR HCT [G]	hctz/metoprolol	3	
LOTENSIN HCT [G]	benazepril/hctz	3	[ST]
LOTREL [G]	benazepril/amlodipine besylate	3	[ST]
<i>methyldopa-hydrochlorothiazide</i>		1	
<i>metoprolol-hydrochlorothiazide</i>		1	
MICARDIS HCT	telmisartan/hctz	3	[ST]
<i>moexipril-hydrochlorothiazide</i>		1	
MONOPRIL HCT [G]	fosinopril/hctz	3	[ST]
<i>nadolol-bendroflumethiazide</i>		1	
PRINZIDE [G]	lisinopril/hctz	3	[ST]
<i>propranolol hcl-hctz</i>		1	
<i>quinapril-hydrochlorothiazide</i>		1	
<i>reserpine</i>		1	
TARKA	trandolapril/verapamil	2	[ST]
TEKTURNA	aliskiren hemifumarate	2	[ST]
TEKTURNA HCT	aliskiren/hydrochlorothiazid	2	[ST]

Drug Name	Chemical Description	Tier	Restrictions
TENORETIC [G]	chlorthalidone/atenolol	3	
TEVETEN HCT	eprosartan mesylate/hctz	3	[ST]
UNIRETIC [G]	moexipril/hctz	3	[ST]
VASERETIC [G]	enalapril maleate/hctz	3	[ST]
ZESTORETIC [G]	lisinopril/hctz	3	[ST]
ZIAC [G]	hctz/bisoprolol fumarate	3	

OTHER CARDIOVASCULAR DRUGS

<i>midodrine hcl</i>		1	
<i>pentoxifylline</i>		1	
<i>pentoxil</i>		1	
PROAMATINE [G]	midodrine	3	
RANEXA	ranolazine	2	
TRENTAL [G]	pentoxifylline	3	

OTHER VASODILATING DRUGS

BIDIL	isosorb dinit/hydralazine hcl	3	
REMODULIN [INJ]	treprostinil sodium	4	[LD]
REVATIO	revatio (sildenafil citrate)	4	[PAR]

POTASSIUM SPARING DIURETICS

ALDACTAZIDE [G]	spironolactone/hctz	3	
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Drug Name	Chemical Description	Tier	Restrictions
ALDACTONE [G]	spironolactone	3	
<i>amiloride hcl,-hctz</i>		1	
DYAZIDE [G]	hctz/triamterene	3	
DYRENIUM	triamterene	3	
<i>eplerenone</i>		1	
INSPRA [G]	eplerenone	3	[ST]
MAXZIDE [G]	hctz/triamterene	3	
<i>spironolactone,-hctz</i>		1	
<i>triamterene-hctz</i>		1	

THIAZIDE AND RELATED DRUGS

<i>chlorothiazide</i>		1	
<i>chlorthalidone</i>		1	
DIURIL	chlorothiazide	3	
DIURIL SODIUM [INJ]	chlorothiazide sodium	4	
<i>hydrochlorothiazide</i>		1	
<i>indapamide</i>		1	
<i>methyclothiazide</i>		1	
<i>metolazone</i>		1	
MICROZIDE [G]	hydrochlorothiazide	3	
THALITONE	chlorthalidone	3	
ZAROXOLYN [G]	metolazone	3	

Drug Name	Chemical Description	Tier	Restrictions
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VASODILATOR ANTIHYPERTENSIVES

CARDURA,XL [G]	doxazosin	3	
<i>doxazosin mesylate</i>		1	
<i>hydralazine hcl</i>		1	
MINIPRESS [G]	prazosin	3	
<i>minoxidil tab</i>		1	
<i>prazosin hcl</i>		1	
<i>terazosin hcl</i>		1	

DERMATOLOGICAL MEDICATIONS

ANTIACNE DRUGS

ACANYA	clindamycin phos/benz per	3	
AKNE-MYCIN	erythromycin base	3	
ATRALIN	tretinoin	3	[PAR]
AVITA [G]	tretinoin	3	[PAR]
AZELEX	azelaic acid	3	
BENZACLIN	clindamycin phos/benz per	3	
BENZAMYCIN	erythromycin base/benz per	3	
CLEOCIN T [G]	clindamycin phosphate	3	
CLINDAGEL	clindamycin phosphate	3	
<i>clindamycin phosphate</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
DIFFERIN	adapalene	3	
DUAC CS	clindamycin/benzoyl prx/skn #5	3	
EPIDUO	adapalene/benzoyl peroxide	3	
<i>ery</i>		1	
<i>erythromycin,-benzoyl peroxide</i>		1	
EVOCLIN	clindamycin phosphate	3	
FINACEA	azelaic acid	2	
METROCREAM [G]	metronidazole	3	
METROGEL	metronidazole/skin cleanser	3	
METROLOTION [G]	metronidazole	3	
<i>metronidazole</i>		1	
NORITATE	metronidazole	3	
RETIN-A [G]	tretinoin	3	[PAR]
RETIN-A MICRO,PUMP	tretinoin	3	[PAR]
<i>tretinoin cream (0.025 %,0.05 %,0.1 %) ,gel</i>		1	[PAR]
ZIANA	clindamycin/tretinoin	3	[PAR]

ANTIPRURITIC DRUGS

<i>hydroxyzine hcl,pamoate</i>		1	
VISTARIL [G]	hydroxyzine pamoate	3	

ANTIPSORIASIS AND ANTIECZEMA DRUGS

Drug Name	Chemical Description	Tier	Restrictions
<i>calcipotriene</i>		1	
DOVONEX cream	calcipotriene	2	
DOVONEX soln [G]	calcipotriene	3	
KLARON [G]	sulfacetamide sodium	3	
<i>selenium sulfide (excluding 1% shampoo)</i>		1	
SORIATANE CK	acitretin/emollient comb	2	
<i>sulfacetamide sodium</i>		1	
TACLONEX,SCALP	betamet diprop/calcipotriene	3	
TAZORAC	tazarotene	2	[PAR]
VECTICAL	calcitriol	2	

KERATOLYTIC DRUGS

CONDYLOX gel	podofilox	2	
CONDYLOX soln [G]	podofilox	3	
<i>podofilox</i>		1	

ORAL DERMATOLOGICAL DRUGS

8-MOP	methoxsalen	4	
<i>amnestem</i>		1	
<i>claravis</i>		1	
OXSORALEN-ULTRA	methoxsalen	4	
<i>sotret</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
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SCABICIDES

<i>acticin</i>		1	
ELIMITE [G]	permethrin	3	
EURAX	crotamiton	2	
LINDANE	benzene hexachloride gamma	2	
OVIDE [G]	malathion	3	
<i>permethrin cream</i>		1	

TOPICAL ANTI-INFLAMMATORY DRUGS

FLECTOR	diclofenac epolamine	2	
VOLTAREN gel	diclofenac sodium	2	[ST]

TOPICAL CORTICOSTEROID DRUGS

ACLOVATE [G]	alclometasone	3	[ST]
ALA-CORT [G]	hydrocortisone	3	[ST]
ALA-SCALP HP	hydrocortisone	3	[ST]
<i>alclometasone dipropionate</i>		1	
<i>amcinonide</i>		1	
<i>beta-val</i>		1	
<i>betamethasone dipropionate, valerate</i>		1	
CAPEX SHAMPOO	fluocinolone acetonide	3	

Drug Name	Chemical Description	Tier	Restrictions
CARMOL HC	hydrocortisone acetate/urea	3	[ST]
<i>clobetasol emollient,propionate</i>		1	
CLOBEX	clobetasol propionate	3	[ST]
CLODERM	clocortolone pivalate	3	[ST]
CORDRAN,SP	flurandrenolide	3	[ST]
<i>cormax</i>		1	
CUTIVATE [G]	fluticasone propionate	3	[ST]
<i>del-beta</i>		1	
DERMA-SMOOTHIE-FS	fluocinolone acetonide	3	
DERMATOP [G]	prednicarbate	3	[ST]
DESONATE	desonide	3	[ST]
<i>desonide</i>		1	
DESOWEN [G]	desonide	3	[ST]
<i>desoximetasone</i>		1	
<i>diflorasone diacetate</i>		1	
DIPROLENE,AF [G]	betameth/propylene glycol	3	[ST]
ELOCON [G]	mometasone	3	[ST]
<i>fluocinolone acetonide</i>		1	
<i>fluocinonide,emollient,-e</i>		1	
<i>fluticasone propionate</i>		1	
<i>halobetasol propionate</i>		1	
HALOG	halcinonide	3	[ST]

Drug Name	Chemical Description	Tier	Restrictions
<i>hydrocortisone cream (1 %,2.5 %) ,lotion (1 %,2.5 %),oint (1 %,2.5 %)</i>		1	
<i>hydrocortisone butyrate, valerate</i>		1	
KENALOG [G]	triamcinolone acetonide	3	[ST]
LOCOID, LIPOCREAM [G]	hydrocortisone butyrate	3	[ST]
LOKARA [G]	desonide	3	[ST]
LUXIQ	betamethasone valerate	3	[ST]
<i>mometasone furoate</i>		1	
OLUX,-E [G]	clobetasol propionate	3	[ST]
PANDEL	hydrocortisone buteprate	3	[ST]
<i>prednicarbate</i>		1	
TEMOVATE, EMOLLIENT [G]	clobetasol propionate	3	[ST]
TEXACORT	hydrocortisone	3	[ST]
TOPICORT, LP [G]	desoximetasone	3	[ST]
<i>triamcinolone acetonide</i>		1	
<i>triderm</i>		1	
U-CORT	hydrocortisone acetate/urea	3	[ST]
ULTRAVATE [G]	halobetasol propionate	3	[ST]
VANOS	fluocinonide	3	[ST]
VERDESO	desonide	3	[ST]
WESTCORT [G]	hydrocortisone valerate	3	[ST]

TOPICAL DERMATOLOGICAL DRUGS

Drug Name	Chemical Description	Tier	Restrictions
ALDARA	imiquimod	2	
<i>ammonium lactate cream (12 %) ,lotion (12 %)</i>		1	
CARAC	fluorouracil	2	
EFUDEX [G]	fluorouracil	3	
ELIDEL	pimecrolimus	2	[ST]
FLUOROPLEX	fluorouracil	2	
<i>fluorouracil cream,top soln</i>		1	
LACLOTION [G]	lactate, ammonium	3	
LAC-HYDRIN [G]	lactate, ammonium	3	
PANRETIN	alitretinoin	4	
PROTOPIC	tacrolimus	2	[ST]
REGRANEX	becaplermin	2	[PAR]
SANTYL	collagenase	2	
SOLARAZE	diclofenac sodium	2	
VEREGEN	sinecatechins	3	
ZONALON	doxepin	2	

DIAGNOSTIC & MISCELLANEOUS MEDICATIONS

DIAGNOSTIC PRODUCTS

CHEMET	succimer	2	
EXJADE	deferasirox	4	[LD]
THIOLA	tiopronin	2	

Drug Name	Chemical Description	Tier	Restrictions
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MISCELLANEOUS DRUGS

ACETADOTE [INJ]	acetylcysteine	3	
ADAGEN [INJ]	pegademase bovine	4	[LD]
ANTIZOL [G][INJ]	fomepizole	3	
BUPHENYL	sodium phenylbutyrate	4	
COPAXONE [INJ]	glatiramer acetate	4	[PAR]
CYKLOKAPRON [INJ]	tranexamic acid	2	
<i>ergoloid mesylates</i>		1	
<i>fomepizole</i> [INJ]		1	
ORFADIN	nitisinone	4	[LD]
THALOMID	thalidomide	4	

EAR-NOSE-THROAT MEDICATIONS

DRUGS AFFECTING THE EAR

<i>acetazol hc</i>		1	
<i>acetic acid-hydrocortisone</i>		1	
<i>acetic acid otic drops</i>		1	
<i>borofair</i>		1	
CETRAXAL	ciprofloxacin	3	
CIPRO HC	ciprofloxacin/hc	3	
CIPRODEX	ciprofloxacin/dexameth	2	

Drug Name	Chemical Description	Tier	Restrictions
COLY-MYCIN S	neomycin sulfate/colist sul/hc	3	
CORTISPORIN,-TC [G]	neomycin sulfate/polymyxin/hc	3	
<i>cortomycin</i>		1	
DERMOTIC	fluocinolone acetonide	2	
FLOXIN [G]	ofloxacin	3	
<i>neomycin-polymyxin-hc</i>		1	
<i>ofloxacin</i>		1	
<i>oticin hc otic drops, otic suspensions</i>		1	

DRUGS AFFECTING THE NOSE

ASTELIN	azelastine hcl	2	
ASTEPRO	azelastine hcl	2	
ATROVENT [G]	ipratropium	3	
BECONASE AQ	beclomethasone	3	[ST]
FLONASE [G]	fluticasone propionate	3	[ST]
<i>flunisolide</i>		1	
<i>fluticasone propionate</i>		1	
<i>ipratropium bromide nasal drops/sprays</i>		1	
NASACORT AQ	triamcinolone acetonide	2	[ST]
NASONEX	mometasone	3	[ST]
OMNARIS	ciclesonide	3	[ST]
PATANASE	olopatadine	3	

Drug Name	Chemical Description	Tier	Restrictions
RHINOCORT AQUA	budesonide	2	[ST]
TYZINE	tetrahydrozoline	2	
VERAMYST	fluticasone furoate	3	[ST]

DRUGS AFFECTING THE THROAT AND MOUTH

APHTHASOL	amlexanox	3	
<i>chlorhexidine gluconate dental rinse</i>		1	
<i>doxycycline hyclate</i>		1	
EVOXAC	cevimeline	3	
PERIDEX [G]	chlorhexidine gluconate	3	
<i>periogard</i>		1	
PERIOSTAT [G]	doxycycline hyclate	3	
<i>pilocarpine hcl</i>		1	
SALAGEN [G]	pilocarpine hcl	3	
<i>triamcinolone acetonide</i>		1	
XYLOCAINE [G][INJ]	lidocaine	3	

ENDOCRINE MEDICATIONS

AMYLIN ANALOGUES

SYMLIN [INJ]	pramlintide acetate	2	[PAR]
SYMLINPEN [INJ]	pramlintide acetate	2	[PAR]

Drug Name	Chemical Description	Tier	Restrictions
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ANTITHYROID DRUGS

<i>methimazole</i>		1	
<i>propylthiouracil</i>		1	
TAPAZOLE [G]	methimazole	3	

DIPEPTIDYL PEPTIDASE-IV INHIB & COMBOS

JANUMET	sitagliptin phos/metformin hcl	2	
JANUVIA	sitagliptin phosphate	2	

GLUCOCORTICOID DRUGS

A-HYDROCORT [INJ]	hydrocortisone sod succinate	3	
<i>a-methapred</i> [INJ]		1	
CELESTONE	betamethasone/betamethasone	2	
CORTEF [G]	hydrocortisone	3	
<i>cortisone tab</i>		1	
DEPO-MEDROL [INJ]	methylprednisolone acetate	3	
<i>dexamethasone,intensol,sodium phosphate</i>		1	
DEXPAK	dexamethasone	3	
<i>hydrocortisone tab</i>		1	
MEDROL [G]	methylprednisolone	3	
<i>methylprednisolone</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>methylprednisolone acetate, sod succ</i> [INJ]		1	
MILLIPRED	prednisolone sod phosphate	3	
ORAPRED,ODT [G]	prednisolone sod phosphate	3	
PEDIAPRED [G]	prednisolone sod phosphate	3	
<i>prednisolone, sodium phosphate</i>		1	
<i>prednisone, intensol</i>		1	
PRELONE [G]	prednisolone	3	
SOLU-CORTEF [INJ]	hydrocortisone sod succinate	3	
SOLU-MEDROL [G][INJ]	methylprednisolone sod succ	3	
STERAPRED,DS [G]	prednisone	3	
<i>veripred 20</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]
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INSULIN

APIDRA,SOLOSTAR [INJ]	insulin glulisine	3	
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Drug Name	Chemical Description	Tier	Restrictions
HUMALOG,MIX 50-50,MIX 75-25 [INJ]	insulin lispro	2	
HUMULIN 50-50,70-30,N [INJ][OTC]	insulin human regular/nph	2	
HUMULIN R [INJ]	insulin, regular	2	
LANTUS vials (excluding cartridges and solostar) [INJ]	insulin glargine,hum.rec.anlo	2	
LANTUS cartridges and solostar [INJ]	insulin glargine,hum.rec.anlo	2	
LEVEMIR [INJ]	insulin detemir	2	
NOVOLIN 70-30,INNOLET [INJ][OTC]	insulin human regular/nph	2	
NOVOLIN N,INNOLET [INJ][OTC]	insulin, nph	2	
NOVOLIN R [INJ][OTC]	insulin, regular	2	
NOVOLOG,MIX 70-30 [INJ]	insulin aspart	2	
RELION NOVOLIN 70-30,INNOLET [INJ][OTC]	insulin human regular/nph	3	
RELION NOVOLIN N,INNOLET [INJ][OTC]	insulin, nph	3	
RELION NOVOLIN R [INJ][OTC]	insulin, regular	3	

MINERALOCORTICOID DRUGS

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

<i>acarbose</i>		1	
ACTOPLUS MET	pioglitazone hcl/metformin hc	2	[ST]
ACTOS	pioglitazone hcl	2	[ST]

Drug Name	Chemical Description	Tier	Restrictions
AMARYL [G]	glimepiride	3	
AVANDAMET	rosiglitazone/metformin hcl	2	[ST]
AVANDARYL	rosiglitazone maleate/glimepir	2	[ST]
AVANDIA	rosiglitazone maleate	2	[ST]
<i>chlorpropamide</i>		1	
DIABETA	glyburide	3	
DUETACT	pioglitazone/glimepiride	2	[ST]
FORTAMET	metformin	3	[ST]
<i>glimepiride</i>		1	
<i>glipizide,er,xl,-metformin</i>		1	
GLUCOPHAGE, XR [G]	metformin	3	[ST]
GLUCOTROL, XL [G]	glipizide	3	
GLUCOVANCE [G]	glyburide/metformin hcl	3	
GLUMETZA	metformin	3	[ST]
<i>glyburide, micronized, -metformin hcl</i>		1	
GLYNASE [G]	glyburide	3	
GLYSET	miglitol	3	
METAGLIP [G]	glipizide/metformin hcl	3	
<i>metformin hcl,er</i>		1	
PRANDIMET	repaglinide/metformin hcl	3	
PRANDIN	repaglinide	2	
PRECOSE [G]	acarbose	3	

Drug Name	Chemical Description	Tier	Restrictions
RIOMET	metformin	3	[ST]
STARLIX	nateglinide	2	
<i>tolazamide</i>		1	
<i>tolbutamide</i>		1	

OTHER ENDOCRINE DRUGS

ACTONEL,WITH CALCIUM	risedronate	2	[ST]
ALDURAZYME [INJ]	laronidase	4	[LD]
<i>alendronate sodium</i>		1	
AREDIA [G][INJ]	pamidronate disodium	4	
BONIVA	ibandronate	2	[PAR][ST]
<i>cabergoline</i>		1	
<i>calcitonin-salmon</i>		1	
CEREDASE [INJ]	alglucerase	4	[LD]
CEREZYME [INJ]	imiglucerase	4	[PAR][LD]
DDAVP inj [G][INJ]	desmopressin acetate	4	
DDAVP nasal drops/sprays,soln,tab [G]	desmopressin acetate	3	
<i>desmopressin acetate</i>		1	
DIDRONEL [G]	etidronate	3	
ELAPRASE [INJ]	idursulfase	4	[LD]
<i>etidronate disodium</i>		1	
FABRAZYME [INJ]	agalsidase	4	[PAR][LD]

Drug Name	Chemical Description	Tier	Restrictions
FORTEO [INJ]	teriparatide	4	[PAR]
<i>fortical</i>		1	
FOSAMAX,PLUS D [G]	alendronate	3	[ST]
KUVAN	sapropterin dihydrochloride	4	
MIACALCIN inj [INJ]	calcitonin	2	
MIACALCIN nasal drops/sprays [G]	calcitonin	3	
MYOZYME [INJ]	alglucosidase alfa	4	[LD]
NAGLAZYME [INJ]	galsulfase	4	[LD]
<i>pamidronate disodium</i> [INJ]		1	
SENSIPAR	cinacalcet hcl	2	
SKELID	tiludronate	3	
SOMAVERT [INJ]	pegvisomant	4	[PAR][LD]
STIMATE	desmopressin acetate	4	
ZAVESCA	miglustat	4	[LD]
ZOMETA [INJ]	zoledronic acid	4	

THYROID SUPPLEMENTS

CYTOMEL [G]	liothyronine	3	
<i>levothroid</i>		1	
<i>levothyroxine sodium</i>		1	
<i>levoxyl</i>		1	
<i>liothyronine sodium</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
SYNTHROID [G]	levothyroxine	3	
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	

GASTROINTESTINAL MEDICATIONS

ANTIDIARRHEAL DRUGS

<i>diphenoxylate-atropine</i>		1	
LOMOTIL [G]	diphenoxylate/atropine sulfate	3	
<i>lonox</i>		1	
<i>loperamide cap</i>		1	
MOTOFEN	difenoxin/atropine sulfate	3	

ANTISPASMODICS/DRUGS AFFECT GI MOTILITY

BENTYL [G]	dicyclomine	3	
CANTIL	mepenzolate	3	
<i>dicyclomine hcl</i>		1	
<i>glycopyrrolate</i>		1	
<i>methscopolamine bromide</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>metoclopramide hcl</i>		1	
PAMINE,FORTE [G]	methscopolamine	3	
<i>propantheline bromide</i>		1	
REGLAN [G]	metoclopramide	3	
ROBINUL,FORTE [G]	glycopyrrolate	3	

ANTIULCER DRUGS

AXID [G]	nizatidine	3	
<i>cimetidine</i>		1	
<i>famotidine</i>		1	
<i>nizatidine</i>		1	
PEPCID [G]	famotidine	3	
<i>ranitidine hcl</i>		1	
ZANTAC [G]	ranitidine	3	
ZANTAC 25 efferdose	ranitidine	2	

IRRITABLE BOWEL DRUGS

AMITIZA	lubiprostone	2	
LOTRONEX	alosetron	2	

LAXATIVES AND CATHARTICS

OSMOPREP	sodium phosphate/na biphos	3	
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Drug Name	Chemical Description	Tier	Restrictions
<i>polyethylene glycol</i>		1	
VISICOL	sodium phosphate/na biphos	2	

OTHER ANTIULCER DRUGS

CARAFATE oral susp	sucralfate	2	
CARAFATE tab [G]	sucralfate	3	
CYTOTEC [G]	misoprostol	3	
<i>misoprostol</i>		1	
<i>sucralfate</i>		1	

OTHER GI DRUGS

ACTIGALL [G]	ursodiol	3	
ANUSOL-HC cream [G]	hydrocortisone	3	
APRISO	mesalamine	3	
ASACOL	mesalamine	2	
ASACOL HD	mesalamine	2	
AZULFIDINE [G]	sulfasalazine	3	
<i>balsalazide disodium</i>		1	
CANASA	mesalamine	2	
COLAZAL [G]	balsalazide disodium	3	
COLOCORT [G]	hydrocortisone	3	
COLYTE WITH FLAVOR PACKETS [G]	electrolyte solution/peg's	3	

Drug Name	Chemical Description	Tier	Restrictions
CORTENEMA [G]	hydrocortisone	3	
CORTIFOAM	hydrocortisone acetate	2	
CREON 10,20,5	amylase/lipase/protease	2	
DIPENTUM	olsalazine	3	
<i>dygase</i>		1	
ENTOCORT EC	budesonide	2	
<i>gavilyte-g</i>		1	
GOLYTELY [G]	electrolyte solution/peg's	3	
HALFLYTELY-BISACODYL	electrolyte solution/peg's	3	
HELIDAC	tetracyc hcl/bis ss/metronid	3	
<i>hydrocortisone rectal</i>		1	
<i>lapase</i>		1	
LIALDA	mesalamine	2	
<i>mesalamine</i>		1	
MOVIPREP	electrolyte solution/peg's	2	
NULYTELY WITH FLAVOR PACKS [G]	electrolyte solution/peg's	3	
PANCREASE MT 10,MT 16,MT 20,MT 4	amylase/lipase/protease	3	
PANCRECARB MS-16,MS-4,MS-8	amylase/lipase/protease	3	
<i>peg 3350-electrolyte</i>		1	
PENTASA	mesalamine	2	
PREVPAC	lansoprazole/amox tr/clarith	3	
<i>procto-pak</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
PROCTOCORT cream	hydrocortisone	3	
PROCTOCREAM-HC	hydrocortisone	3	
<i>proctosol-hc</i>		1	
<i>proctozone-hc</i>		1	
PYLERA	bismuth/metronid/tetracyclin	2	
RELISTOR [INJ]	methylnaltrexone bromide	4	
ROWASA	mesalamine	3	
SUCRAID	sacrosidase	4	
<i>sulfasalazine,dr</i>		1	
<i>sulfazine,ec</i>		1	
TRILYTE WITH FLAVOR PACKETS [G]	electrolyte solution/peg's	3	
ULTRASE,MT 12,MT 18,MT 20	amylase/lipase/protease	2	
URSO,FORTE [G]	ursodiol	2	
<i>ursodiol</i>		1	
VIOKASE	amylase/lipase/protease	2	

PROTON PUMP INHIBITORS

ACIPHEX	rabeprazole sodium	3	[ST]
KAPIDEX	dexlansoprazole	3	[ST]
NEXIUM	esomeprazole mag trihyd	2	[ST]
NEXIUM I.V. [INJ]	esomeprazole mag trihyd	2	
<i>omeprazole</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>pantoprazole sodium</i>		1	
PREVACID	lansoprazole	2	[ST]
PRILOSEC [G]	omeprazole	3	[ST]
PROTONIX [G]	pantoprazole	3	[ST]
PROTONIX IV [INJ]	pantoprazole	3	
ZEGERID	omeprazole/sodium bicarbonat	3	[ST]

IMMUNOLOGICALS AND VACCINES

ACTHIB [INJ]	haemophilus b-tet toxoid	2	
ADACEL [INJ]	diphther,pertuss,tetanus vac	3	
ATGAM [INJ]	lymphocyte immune globulin	4	
ATTENUVAX VACCINE WITH DILUENT [INJ]	measles vaccine,atten	2	
BOOSTRIX [INJ]	diphther,pertuss,tetanus vac	2	
CARIMUNE NF NANOFILTERED [INJ]	immune globulin - iv	4	[PAR]
COMVAX [INJ]	hepatitis b/haemophilus b vacc	2	
DAPTACEL [INJ]	diphther,pertuss,tetanus vac	2	
DIPHThERIA-TETANUS TOXOID [INJ]	tetanus,diphtheria toxoid	3	
ENGERIX-B [INJ]	hepatitis b virus vaccine	2	
FLEBOGAMMA [INJ]	immune globulin - iv	4	[PAR]
GAMASTAN S-D [INJ]	immune globulin - im	2	[PAR]
GAMMAGARD LIQUID [INJ]	immune globulin - iv	4	[PAR]
GAMMAGARD S-D [INJ]	immune globulin - iv	2	[PAR]

Drug Name	Chemical Description	Tier	Restrictions
GAMUNEX [INJ]	immune globulin - iv	4	[PAR]
GARDASIL [INJ]	human papillomavirus vacc	2	
HAVRIX [INJ]	hepatatis a virus vaccine	2	
HYPERHEP B S-D [INJ]	hepatitis b immune globulin	2	
HYPERRHO S-D [INJ]	rho(d) immune globulin	2	
IMOVAX RABIES VACCINE [INJ]	rabies vaccine,human diploid	2	
INFANRIX [INJ]	diphther,pertuss,tetanus vac	2	
IPOL [INJ]	poliomyelitis vac,killed	2	
JE-VAX [INJ]	japanese encephalitis vaccine	2	
KEPIVANCE [INJ]	palifermin	4	[LD]
M-M-R II VACCINE [INJ]	measles,mumps&rubella vaccine	2	
MENACTRA [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	
MICRHOGAM,PLUS [INJ]	rho(d) immune globulin	3	
NABI-HB [INJ]	hepatitis b immune globulin	3	
OCTAGAM [INJ]	immune globulin - iv	4	[PAR]
PEDIARIX [INJ]	hep b vaccine/dp (a) t-polio	2	
PEDVAXHIB [INJ]	haemophilus b vaccine	2	
PRIVIGEN [INJ]	immune globulin - iv	2	
PROQUAD [INJ]	measles,mumps,rub,varicella	2	
RABAVERT [INJ]	rabies vac,pf chick-emb cell	2	

Drug Name	Chemical Description	Tier	Restrictions
RECOMBIVAX HB [INJ]	hepatitis b virus vaccine	2	
RHOGAM [INJ]	rho(d) immune globulin	3	
RHOPHYLAC [INJ]	rho(d) immune globulin	3	
ROTATEQ	rotavirus vac, live pentav	2	
SYNAGIS [INJ]	palivizumab	4	[PAR][LD]
TETANUS DIPHTHERIA TOXOIDS [INJ]	tetanus,diphtheria toxoid	2	
<i>tetanus toxoid adsorbed</i> [INJ]		1	
TETANUS-DIPHTERIA-DECAVAC [INJ]	tetanus,diphtheria toxoid	2	
THYMOGLOBULIN [INJ]	lymphocyte immune globulin	4	
TRIHIBIT [INJ]	dp (a) ped/hib conj-tet	3	
TRIPEDIA [INJ]	diphther,pertuss,tetanus vac	2	
TWINRIX [INJ]	hep b vir recomb/hep a vir	2	
TYPHIM VI [INJ]	typhoid vaccine	2	
VAQTA [INJ]	hepatatis a virus vaccine	2	
VARIVAX VACCINE [INJ]	varicella virus vaccine live	2	
VIVAGLOBIN [INJ]	immune globulin- sq	4	
VIVOTIF BERNA	typhoid vaccine	2	
WINRHO SDF [INJ]	rho(d) immune globulin	3	
YF-VAX [INJ]	yellow fever vaccine	2	
ZOSTAVAX [INJ]	varicella vacc/pf	2	

ERYTHROID STIMULANTS

Drug Name	Chemical Description	Tier	Restrictions
ARANESP inj 0.025 mg/ml [INJ]	darbepoetin alfa	2	[PAR]
ARANESP inj all strengths except 0.025 mg/ml [INJ]	darbepoetin alfa	4	[PAR]
EPOGEN inj 10,000 u/ml,20,000 u/ml,40,000 u/ml [INJ]	epoetin alfa	4	[PAR]
EPOGEN inj 2,000 u/ml,3,000 u/ml,4,000 u/ml [INJ]	epoetin alfa	3	[PAR]
PROCRIT [INJ]	epoetin alfa	2	[PAR]

GROWTH HORMONES AND RELATED DRUGS

GENOTROPIN inj miniquick [INJ]	somatropin	3	[PAR]
GENOTROPIN inj 5.8 mg,13.8 mg [INJ]	somatropin	4	[PAR]
HUMATROPE [INJ]	somatropin	4	[PAR]
NORDITROPIN [INJ]	somatropin	4	[PAR]
NORDITROPIN NORDIFLEX inj 30 mg [INJ]	somatropin	4	[PAR]
NORDITROPIN NORDIFLEX inj 5 mg,10 mg,15 mg [INJ]	somatropin	4	[PAR]
NUTROPIN,AQ [INJ]	somatropin	4	[PAR]
OMNITROPE [INJ]	somatropin	4	[PAR]
SAIZEN [INJ]	somatropin	4	[PAR]
SEROSTIM [INJ]	somatropin	4	[PAR][LD]
TEV-TROPIN [INJ]	somatropin	4	[PAR]
ZORBTIVE [INJ]	somatropin	4	[PAR][LD]

Drug Name	Chemical Description	Tier	Restrictions
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INSULIN LIKE GROWTH FACTORS-1

INCRELEX [INJ]	mecasermin	4	[PAR][LD]
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INTERFERONS

ACTIMMUNE [INJ]	interferon gamma-1b,recomb.	4	[LD]
ALFERON N [INJ]	interferon alfa-n3	4	
AVONEX,ADMINISTRATION PACK [INJ]	interferon beta-1a	4	[PAR]
BETASERON [INJ]	interferon beta-1b	4	[PAR]
INFERGEN [INJ]	interferon alfacon-1	4	
INTRON A inj 3 mmu [INJ]	interferon alfa-2b , recomb.	2	
INTRON A inj 5 mmu, 6 mmu,10 mmu,18 mmu,50 mmu [INJ]	interferon alfa-2b , recomb.	4	
PEGASYS [INJ]	peginterferon alfa-2a	4	[PAR]
PEGINTRON,REDIPEN [INJ]	peginterferon alfa-2b	4	[PAR]
REBIF [INJ]	interferon beta-1a/albumin	4	[PAR]

INTERLEUKIN RECPTR ANTAGONIST

ARCALYST [INJ]		4	[LD][PAR]
KINERET [INJ]	anakinra	4	[PAR]

INTERLEUKINS

NEUMEGA [INJ]	oprelvekin	4	
PROLEUKIN [INJ]	aldesleukin	4	

Drug Name	Chemical Description	Tier	Restrictions
ZENAPAX [INJ]	daclizumab	4	

MYELOID STIMULANTS

LEUKINE [INJ]	sargramostim	4	
NEULASTA [INJ]	pegfilgrastim	4	[PAR]
NEUPOGEN [INJ]	filgrastim	4	[PAR]

THROMBOPOIETIC AGENTS

PROMACTA	eltrombopag olamine	4	[LD]
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MEDICAL (MISCELLANEOUS) SUPPLIES

DIABETIC SUPPLIES

ALCOHOL SWABS [OTC]	alcohol swabs	2	
BD INSULIN PEN NEEDLE UF ORIG,INSULIN SYRINGE ULT-FINE II,INSULIN SYRINGE ULTRA-FINE [OTC]	insulin syringes/needles	2	
BD SAFETYGLIDE insulin syringes - disposable	insulin syringes/needles	2	
CURAD GAUZE PADS pad, medicated pad 2"x2" [OTC]	misc supp (dress,tape,gauze)	2	
NOVOFINE,32,AUTOCOVER [OTC]	insulin syringes/needles	2	

MUSCULOSKELETAL MEDICATIONS

Drug Name	Chemical Description	Tier	Restrictions
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CNS MUSCLE RELAXANTS

AMRIX	cyclobenzaprine	3	
<i>carisoprodol</i>		1	
<i>carisoprodol compound,-codeine</i>		1	
<i>chlorzoxazone</i>		1	
<i>cyclobenzaprine hcl</i>		1	
FEXMID	cyclobenzaprine	3	
FLEXERIL [G]	cyclobenzaprine	3	
<i>methocarbamol</i>		1	
NORFLEX [G][INJ]	orphenadrine	3	
<i>orphenadrine citrate</i>		1	
<i>orphenadrine compound,forte</i>		1	
PARAFON FORTE DSC [G]	chlorzoxazone	3	
RILUTEK	riluzole	4	
ROBAXIN,-750 [G]	methocarbamol	3	
SKELAXIN	metaxalone	2	
SOMA [G]	carisoprodol	3	

DIRECT MUSCLE RELAXANTS

<i>baclofen</i>		1	
DANTRIUM [G]	dantrolene	3	
<i>dantrolene sodium</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
MYOBLOC [INJ]	botulinum toxin type b	2	[PAR]
<i>tizanidine hcl</i>		1	
ZANAFLEX [G]	tizanidine	3	

DRUGS TO PREVENT AND TREAT GOUT

<i>allopurinol</i>		1	
<i>allopurinol sodium</i> [INJ]		1	
ALOPRIM [G][INJ]	allopurinol	3	
<i>colchicine</i>		1	
<i>probenecid,-colchicine</i>		1	
ULORIC	febuxostat	2	[ST]
ZYLOPRIM [G]	allopurinol	3	

NON-STEROIDAL ANTIINFLAMMATORY AGENTS

ANAPROX,DS [G]	naproxen sodium	3	
ARTHROTEC 50,75	diclofenac sodium/misoprostol	3	[ST]
CATAFLAM [G]	diclofenac potassium	3	
CELEBREX	celecoxib	2	[ST]
CLINORIL [G]	sulindac	3	
DAYPRO [G]	oxaprozin	3	
<i>diclofenac potassium,sodium</i>		1	
EC-NAPROSYN [G]	naproxen	3	

Drug Name	Chemical Description	Tier	Restrictions
<i>etodolac</i>		1	
FELDENE [G]	piroxicam	3	
<i>fenoprofen calcium</i>		1	
<i>flurbiprofen</i>		1	
<i>ibuprofen</i>		1	
INDOCIN,SR	indomethacin	3	
<i>indomethacin</i>		1	
<i>ketoprofen</i>		1	
<i>ketorolac tromethamine</i>		1	
<i>meclofenamate sodium</i>		1	
<i>meloxicam</i>		1	
MOBIC [G]	meloxicam	3	[ST]
<i>nabumetone</i>		1	
NALFON	fenoprofen	3	
NAPRELAN	naproxen	3	
NAPROSYN [G]	naproxen	3	
<i>naproxen</i>		1	
<i>naproxen sodium tab 275 mg,550 mg</i>		1	
<i>oxaprozin</i>		1	
<i>piroxicam</i>		1	
PONSTEL	mefenamic acid	3	[ST]
<i>sulindac</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>tolmetin sodium</i>		1	
VOLTAREN e.c. tab [G]	diclofenac sodium	3	
VOLTAREN-XR [G]	diclofenac sodium	3	

OTHER DRUGS FOR ARTHRITIS

CUPRIMINE	penicillamine	2	
DEPEN	penicillamine	3	
RIDAURA	auranofin	2	
SYPRINE	trientine	2	

SALICYLATES AND RELATED DRUGS

<i>diflunisal</i>		1	
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NUTRITION,BLOOD MODIFIERS,ELECTROLYTES

ANTIPLATELET DRUGS

AGGRENOX	aspirin/dipyridamole	2	
<i>cilostazol</i>		1	
<i>dipyridamole tab</i>		1	
PERSANTINE [G]	dipyridamole	3	
PLAVIX	clopidogrel	2	
PLETAL [G]	cilostazol	3	
<i>ticlopidine hcl</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
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BLOOD DETOXICANTS

<i>constulose</i>		1	
<i>enulose</i>		1	
FOSRENOL	lanthanum carbonate	3	
<i>generlac</i>		1	
KRISTALOSE	lactulose	3	
<i>lactulose</i>		1	
RENAGEL	sevelamer	2	
REVELA	sevelamer carbonate	2	

ELECTROLYTES, IRRIGATING SOLUTIONS, ETC.

<i>alcohol in dextrose [INJ]</i>		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,IN DEXTROSE,WITH LYTES-CA-DW [INJ]	amino acids	2	
AMINOSYN,M,WITH ELECTROLYTES,-HBC,-HF,-PF [INJ]	amino acids	2	
AMMONIUM CHLORIDE [INJ]	ammonium chloride	2	
CLINIMIX,E [INJ]	amino acids	2	
CLINISOL [INJ]	amino acids	2	
CYSTAGON	cysteamine	2	

Drug Name	Chemical Description	Tier	Restrictions
<i>dextrose 10%-1/4ns,-kcl</i> [INJ]		1	
<i>dextrose 5%-1/2ns-kcl,5%-1/3ns-kcl,5%-1/4ns-kcl,5%-electrolyte #48,5%-electrolyte #75,5%-ns-kcl,in lactated ringers,in water,with sodium chloride</i> [INJ]		1	
<i>dextrose 5%-potassium chloride 10 meq/l,30 meq/l</i> [INJ]		1	
FREAMINE HBC,III WITH ELECTROLYTES [INJ]	amino acids	3	
FREAMINE III [INJ]	amino acids	2	
HEPATAMINE [INJ]	amino acids	2	
HEPATASOL [INJ]	amino acids	2	
IONOSOL B WITH DEXTROSE 5%,MB-DEXTROSE 5%,T-DEXTROSE 5% [INJ]	electrolyte solutions	2	
ISOLYTE H WITH DEXTROSE,M WITH DEXTROSE,P WITH DEXTROSE [INJ]	dextrose/electrolytes	2	
ISOLYTE S,WITH DEXTROSE [INJ]	electrolyte solutions	2	
<i>lactated ringers inj</i> [INJ]		1	
<i>magnesium sulfat</i> e [INJ]		1	
MAGNESIUM SULFATE-D5W [INJ]	magnesium sulfate/d5w	2	
NEPHRAMINE [INJ]	amino acids	2	
NORMOSOL-M AND DEXTROSE [INJ]	dextrose/electrolytes	2	
NORMOSOL-R,AND DEXTROSE,PH 7.4 [INJ]	electrolyte solutions	2	
PLASMA-LYTE 148,56 IN DEXTROSE,A PH 7.4 [INJ]	electrolyte solutions	2	

Drug Name	Chemical Description	Tier	Restrictions
<i>potassium chl-normal saline, chloride-nacl</i> [INJ]		1	
<i>potassium chloride in d5lr 40 meq/l</i> [INJ]		1	
PREMASOL [INJ]	amino acids	2	
PROCALAMINE [INJ]	aa 3%/electrolyte-tpn/glycerin	2	
PROSOL [INJ]	amino acids	3	
QUICK MIX WITH LYTES [INJ]	amino acids	2	
RENAMIN [INJ]	amino acids	2	
<i>ringers injection</i> [INJ]		1	
<i>sodium bicarbonate inj</i> [INJ]		1	
<i>sodium chloride inj (0.45 %, 0.9 %, 2.5 meq/ml, 3 %, 4 meq/ml, 5 %) , soln (0.45 %, 0.9 %)</i>		1	
<i>sodium lactate</i> [INJ]		1	
TPN ELECTROLYTES [INJ]	electrolyte solutions	2	
TRAVASOL, WITH DEXTROSE, WITH ELECTROLYTES [INJ]	amino acids	2	
TROPHAMINE [INJ]	amino acids	2	

FLUORIDE PRODUCTS

<i>sodium fluoride</i>		1	
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INJECTABLE ANTICOAGULANTS

ARIXTRA [INJ]	fondaparinux sodium	4	
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Drug Name	Chemical Description	Tier	Restrictions
FRAGMIN inj 2,500 u/.2ml,5,000 u/.2ml [INJ]	dalteparin (porcine)	3	
FRAGMIN inj 7,500 u/.3ml,10,000 u/ml,12,500 u/.5ml,15,000 u/.6ml,18,000 u/.72ml,25,000 u/ml [INJ]	dalteparin (porcine)	4	
<i>heparin sodium,in 0.45% nacl,in 0.9% nacl,in 5% dextrose (excluding flush/locks)</i> [INJ]		1	
INNOHEP [INJ]	tinzaparin sodium, porcine	2	
LOVENOX inj 30 mg,40 mg [INJ]	enoxaparin	2	
LOVENOX inj 60 mg,80 mg,100 mg,120 mg,150 mg,300 mg [INJ]	enoxaparin	4	

ORAL ANTICOAGULANTS, VITAMIN K

COUMADIN [G]	warfarin sodium	3	
<i>jantoven</i>		1	
<i>warfarin sodium</i>		1	

POTASSIUM REMOVING RESINS

KAYEXALATE [G]	sodium polystyrene sulfonate	3	
KIONEX pwd	sodium polystyrene sulfonate	3	
<i>kionex oral susp</i>		1	
<i>sodium polystyrene sulfonate</i>		1	
<i>sps</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
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POTASSIUM SUPPLEMENTS

<i>dextrose 5%-potassium chloride 10 meq/l,30 meq/l [INJ]</i>		1	
K-TAB	potassium chloride	3	
<i>kaon-cl 10</i>		1	
<i>klor-con 10,8,m10,m15,m20</i>		1	
MICRO-K [G]	potassium chloride	3	
<i>potassium chloride</i>		1	
<i>potassium chloride in d5lr 40 meq/l [INJ]</i>		1	

THERAPEUTIC VITAMINS & MINERALS

CALCIJEX [G][INJ]	calcitriol	3	
<i>calcitriol</i>		1	
<i>calcium acetate</i>		1	
CARNITOR [G]	levocarnitine	3	
<i>eliphos</i>		1	
HECTOROL	doxercalciferol	2	
<i>levocarnitine</i>		1	
PHOSLO [G]	calcium acetate	3	
ROCALTROL [G]	calcitriol	3	
ZEMPLAR cap	paricalcitol	3	
ZEMPLAR inj [INJ]	paricalcitol	2	

Drug Name	Chemical Description	Tier	Restrictions
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VITAMINS & MINERALS & RELATED PRODUCTS

INTRALIPID [G][INJ]	fat emulsions	2	
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OBSTETRICAL & GYNECOLOGICAL MEDICATIONS

ANDROGEN DRUGS

ANADROL-50	oxymetholone	4	[PAR]
ANDRODERM	testosterone	3	
ANDROGEL	testosterone	2	
ANDROID	methyltestosterone	3	
ANDROXY	fluoxymesterone	2	
<i>danazol</i>		1	
DEPO-TESTOSTERONE [G][INJ]	testosterone cypionate	3	
METHITEST	methyltestosterone	2	
OXANDRIN tab 2.5 mg [G]	oxandrolone	3	[PAR]
OXANDRIN tab 10 mg [G]	oxandrolone	4	[PAR]
<i>oxandrolone</i>		1	[PAR]
STRIANT	testosterone	3	
TESTIM	testosterone	2	
<i>testosterone cypionate, enanthate</i> [INJ]		1	
TESTRED	methyltestosterone	3	

Drug Name	Chemical Description	Tier	Restrictions
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CONTRACEPTIVES

<i>apri</i>		1	
<i>aranelle</i>		1	
<i>aviane</i>		1	
<i>balziva</i>		1	
BREVICON [G]	norethindrone-ethin estradiol	3	
<i>cesia</i>		1	
<i>cryselle</i>		1	
CYCLESSA [G]	desogestrel-ethinyl estradiol	3	
DESOGEN [G]	desogestrel-ethinyl estradiol	3	
<i>enpresse</i>		1	
ESTROSTEP FE [G]	noreth a-et estra/fe fumarate	3	
FEMCON FE	noreth-ethinyl estradiol/iron	3	
<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	
LO-OVRAL-28 [G]	norgestrel-ethinyl estradiol	3	
LOESTRIN,24 FE,FE [G]	norethindrone a-e estradiol	3	
LOSEASONIQUE	l-norgest-eth estr/ethin estr	3	

Drug Name	Chemical Description	Tier	Restrictions
<i>low-ogestrel</i>		1	
<i>lutra</i>		1	
LYBREL	levonorgestrel-ethin estradiol	3	
<i>microgestin,fe</i>		1	
MODICON [G]	norethindrone-ethin estradiol	3	
<i>mononessa</i>		1	
<i>necon</i>		1	
NORDETTE-28 [G]	levonorgestrel-ethin estradiol	3	
NORINYL 1+35 [G]	norethindrone-ethin estradiol	3	
<i>nortrel</i>		1	
NUVARING	etonogestrel/ethin estradiol	3	
<i>ocella</i>		1	
<i>ogestrel</i>		1	
ORTHO EVRA, TRI-CYCLEN LO	ethinyl estradiol/norelgest	3	
ORTHO-CEPT [G]	desogestrel-ethinyl estradiol	3	
ORTHO-CYCLEN [G]	norgestimate-ethinyl estradiol	3	
ORTHO-NOVUM [G]	norethindrone-mestranol	3	
OVCON-35 [G]	norethindrone-ethin estradiol	3	
OVCON-50	norethindrone-ethin estradiol	3	
PLAN B [G]	levonorgestrel	3	
<i>portia</i>		1	
<i>previfem</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>quasense</i>		1	
<i>reclipsen</i>		1	
SEASONALE [G]	levonorgestrel-ethin estradiol	3	
SEASONIQUE	l-norgest-eth estr/ethin estr	3	
<i>solia</i>		1	
<i>sprintec</i>		1	
<i>sronyx</i>		1	
<i>tri-legest fe</i>		1	
<i>tri-lo-sprintec</i>		1	
TRI-NORINYL [G]	norethindrone-ethin estradiol	3	
<i>tri-previfem</i>		1	
<i>tri-sprintec</i>		1	
<i>trinessa</i>		1	
<i>trivora-28</i>		1	
<i>velivet</i>		1	
YASMIN 28 [G]	eth estradiol/drospirenone	3	
YAZ	eth estradiol/drospirenone	2	
<i>zovia 1-35e,1-50e</i>		1	

ESTROGEN DRUGS

ALORA	estradiol	3	
CENESTIN	estrogen,conjug,synthetic a	3	

Drug Name	Chemical Description	Tier	Restrictions
CLIMARA [G]	estradiol	3	
DELESTROGEN [G][INJ]	estradiol valerate	3	
DEPO-ESTRADIOL [INJ]	estradiol cypionate	3	
DIVIGEL	estradiol	3	
ELESTRIN	estradiol	3	
ENJUVIA	estrogen,conjug,synthetic b	3	
ESTRACE tab [G]	estradiol	3	
ESTRACE vaginal cream	estradiol	2	
ESTRADERM	estradiol	2	
<i>estradiol</i>		1	
<i>estradiol valerate</i> [INJ]		1	
ESTRASORB	estradiol	3	
ESTRING	estradiol	2	
ESTROGEL	estradiol	3	
<i>estropipate</i>		1	
EVAMIST	estradiol	3	
FEMRING	estradiol	3	
FEMTRACE	estradiol	3	
MENEST	estrogens,esterified	2	
MENOSTAR	estradiol	3	
OGEN [G]	estropipate	3	
PREMARIN	estrogens,conjugated	2	

Drug Name	Chemical Description	Tier	Restrictions
VAGIFEM	estradiol	2	
VIVELLE-DOT	estradiol	2	

ESTROGEN/PROGESTIN COMBINATIONS

ACTIVEVELLA tab 0.5 mg	estradiol/noreth ac	2	
ACTIVEVELLA tab 1 mg [G]	estradiol/noreth ac	3	
ANGELIQ	estradiol/drospirenone	3	
CLIMARA PRO	estradiol/levonorgestrel	2	
COMBIPATCH	estradiol/noreth ac	2	
<i>estradiol-noethindrone acetat</i>		1	
FEMHRT	norethindrone a-e estradiol	3	
PREFEST	estradiol/norgestimate	3	
PREMPHASE	estrogen/medroxyprogesterone	2	
PREMPRO	estrogen/medroxyprogesterone	2	

OB/GYN TOPICAL ANTIINFECTIVES

CLEOCIN [G]	clindamycin phosphate	3	
<i>clindamycin phosphate</i>		1	
CLINDESSE	clindamycin phosphate	3	
METROGEL-VAGINAL [G]	metronidazole	3	
<i>metronidazole</i>		1	
<i>vandazole</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
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OXYTOCICS

METHERGINE	methylergonovine	2	
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PRENATAL VITAMINS

<i>prenatal rx 1</i>		1	
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PROGESTIN DRUGS

AYGESTIN [G]	norethindrone acetate	3	
<i>camila</i>		1	
CRINONE	progesterone	3	
DEPO-PROVERA inj 150 mg/ml [G][INJ]	medroxyprogesterone	3	
DEPO-SUBQ PROVERA 104 [INJ]	medroxyprogesterone	3	
<i>errin</i>		1	
<i>jolivette</i>		1	
<i>medroxyprogesterone acetate</i>		1	
NOR-Q-D [G]	norethindrone	3	
<i>nora-be</i>		1	
<i>norethindrone acetate</i>		1	
ORTHO MICRONOR [G]	norethindrone	3	
PROCHIEVE	progesterone	3	
PROMETRIUM	progesterone	2	

Drug Name	Chemical Description	Tier	Restrictions
PROVERA [G]	medroxyprogesterone	3	

SELECTIVE ESTROGEN RECEPTOR MODULATOR

EVISTA	raloxifene	2	
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SPECIALIZED OB/GYN DRUGS

<i>leuprolide acetate</i> [INJ]		1	
LUPRON [INJ]	leuprolide	4	
LUPRON DEPOT inj 3.75 mg/ml,11.25 mg [INJ]	leuprolide	2	[PAR]
LUPRON DEPOT inj 7.5 mg/ml,22.5 mg,30 mg [INJ]	leuprolide	4	[PAR]
LUPRON DEPOT-PED [INJ]	leuprolide	4	[PAR]
SYNAREL	nafarelin	4	

OPHTHALMIC MEDICATIONS

ANTI GLAUCOMA DRUGS

<i>acetazolamide</i>		1	
<i>acetazolamide sodium</i> [INJ]		1	
ALPHAGAN P	brimonidine tartrate	2	
AZOPT	brinzolamide	3	
BETAGAN [G]	levobunolol	3	
<i>betaxolol hcl</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
BETIMOL	timolol	3	
BETOPTIC S	betaxolol	3	
<i>brimonidine tartrate</i>		1	
<i>carteolol hcl</i>		1	
COMBIGAN	brimonidine tartrate/timolol	2	
COSOPT [G]	dorzolamide/timolol	3	
DIAMOX SEQUELS [G]	acetazolamide	3	
<i>dorzolamide hcl</i>		1	
<i>dorzolamide-timolol</i>		1	
IOPIDINE	apraclonidine	3	
ISTALOL	timolol	3	
<i>levobunolol hcl</i>		1	
LUMIGAN	bimatoprost	3	
<i>methazolamide</i>		1	
<i>metipranolol</i>		1	
OPTIPRANOLOL [G]	metipranolol	3	
PHOSPHOLINE IODIDE	echothiophate iodide	2	
<i>pilocarpine hcl</i>		1	
PILOPINE HS	pilocarpine hcl	2	
PROPINE	dipivefrin	3	
<i>timolol maleate</i>		1	
TIMOPTIC,-XE [G]	timolol	3	

Drug Name	Chemical Description	Tier	Restrictions
TRAVATAN,Z	travoprost	2	
TRUSOPT [G]	dorzolamide	3	
XALATAN	latanoprost	2	

OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS

BLEPHAMIDE,S.O.P.	sulfacetamide/prednisolone ac	3	
<i>cortomycin</i>		1	
MAXITROL [G]	neomycin/polymyxin/dexameth	3	
<i>neomycin-bacitracin-poly-hc</i>		1	
<i>neomycin-polymyxin-dexameth</i>		1	
<i>neomycin-polymyxin-hc</i>		1	
<i>poly-dex</i>		1	
POLY-PRED	neomycin/polymyxin/prednisol	2	
PRED-G	gentamicin/prednisolone	2	
<i>sulfacetamide-prednisolone</i>		1	
TOBRADEX oint	tobramycin sulfate/dexameth	2	
TOBRADEX ophth drops [G]	tobramycin sulfate/dexameth	3	
<i>tobramycin-dexamethasone</i>		1	
ZYLET	tobramycin/lotepred etab	2	

OPHTHALMIC CORTICOSTEROID DRUGS

ALREX	loteprednol etabonate	2	
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Drug Name	Chemical Description	Tier	Restrictions
<i>dexamethasone sodium phosphate</i>		1	
DUREZOL	difluprednate	3	
FLAREX	fluorometholone	3	
FML S.O.P.	fluorometholone	2	
FML,FORTE	fluorometholone	3	
LOTEMAX	loteprednol etabonate	2	
MAXIDEX	dexamethasone	3	
PRED FORTE [G]	prednisolone acetate	3	
PRED MILD	prednisolone acetate	2	
<i>prednisolone acetate,sodium phosphate</i>		1	
VEXOL	rimexolone	3	

OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS

<i>ak-poly-bac</i>		1	
<i>aktob</i>		1	
AZASITE	azithromycin	3	
<i>bacitracin ophth oint</i>		1	
<i>bacitracin-polymyxin ophth oint</i>		1	
BESIVANCE	besifloxacin	3	
BLEPH-10 [G]	sulfacetamide sodium	3	
CILOXAN [G]	ciprofloxacin	3	
<i>ciprofloxacin hcl</i>		1	

Drug Name	Chemical Description	Tier	Restrictions
<i>erythromycin</i>		1	
<i>gentak</i>		1	
<i>gentamicin sulfate</i>		1	
<i>gentasol</i>		1	
IQUIX	levofloxacin	3	
<i>neomycin-bacitracin-polymyxin</i>		1	
<i>neomycin-polymyxin-gramicidin</i>		1	
NEOSPORIN ophth drops [G]	neomycin/gramicidin/polymyxin	3	
OCUFLOX [G]	ofloxacin	3	
<i>ofloxacin</i>		1	
<i>polycin-b</i>		1	
<i>polymyxin b sul-trimethoprim</i>		1	
POLYTRIM [G]	polymyxin b sulfate/tmp	3	
QUIXIN	levofloxacin	3	
<i>romycin</i>		1	
<i>sulfacetamide sodium</i>		1	
<i>tobramycin sulfate</i>		1	
<i>tobrasol</i>		1	
TOBREX [G]	tobramycin	3	
VIGAMOX	moxifloxacin	2	
ZYMAR	gatifloxacin	2	

Drug Name	Chemical Description	Tier	Restrictions
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OPHTHALMIC TOPICAL ANTIVIRAL DRUGS

<i>trifluridine</i>		1	
VIROPTIC [G]	trifluridine	3	

OTHER OPHTHALMIC DRUGS

ACULAR,LS	ketorolac	2	
<i>ak-con</i>		1	
ALAMAST	pemirolast potassium	3	
ALCAINE [G]	proparacaine	3	
ALOCRIL	nedocromil	3	
ALOMIDE	Iodoxamide	3	
<i>atropine sulfate</i>		1	
BOTOX [INJ]	botulinum toxin a	2	[PAR]
CROLOM [G]	cromolyn	3	
<i>cromolyn sodium ophth drops</i>		1	
<i>diclofenac sodium</i>		1	
ELESTAT	epinastine hcl	2	
EMADINE	emedastine difumarate	3	
<i>flurbiprofen sodium</i>		1	
LACRISERT	hydroxypropylmethylcellulose	3	
<i>mydral</i>		1	
MYDRIACYL [G]	tropicamide	3	

Drug Name	Chemical Description	Tier	Restrictions
NATACYN	natamycin	2	
NEVANAC	nepafenac	2	
OCUFEN [G]	flurbiprofen	3	
OPTIVAR	azelastine hcl	3	
<i>parcaine</i>		1	
PATADAY	olopatadine hcl	2	
PATANOL	olopatadine hcl	2	
<i>proparacaine hcl</i>		1	
RESTASIS	cyclosporine	2	
<i>tropicacyl</i>		1	
<i>tropicamide</i>		1	
VOLTAREN ophth drops [G]	diclofenac sodium	3	
XIBROM	bromfenac	3	

RESPIRATORY MEDICATIONS

ANTI-HISTAMINE/DECONGESTANT COMBINATIONS

ALLEGRA-D 12 HOUR,24 HOUR	pse/fexofenadine	2	[ST]
CLARINEX-D 12 HOUR,24 HOUR	pse/desloratadine	3	[ST]
<i>promethazine vc</i>		1	
SEMPREX-D	pse/acrivastatin	3	

ANTI-HISTAMINES

Drug Name	Chemical Description	Tier	Restrictions
ALLEGRA [G]	fexofenadine	3	[ST]
ALLEGRA ODT	fexofenadine	3	
<i>carbinoxamine maleate</i>		1	
<i>cetirizine hcl syrup 1 mg/ml</i>		1	
CLARINEX	desloratadine	2	[ST]
<i>clemastine fumarate syrup,tab</i>		1	
<i>cyproheptadine hcl</i>		1	
<i>dexchlorpheniramine maleate</i>		1	
<i>diphenhydramine hcl cap (25 mg,50 mg) ,elix (12.5 mg/5ml),inj</i>		1	
<i>fexofenadine hcl</i>		1	
<i>palgic</i>		1	
PHENERGAN [G][INJ]	promethazine	3	
<i>promethazine hcl</i>		1	
XYZAL	levocetirizine dihydrochlor	3	[ST]

BETA-2 ADRENERGIC DRUGS

<i>albuterol sulfate syrup,tab,tab sa</i>		1	
FORADIL	formoterol fumarate	2	
MAXAIR AUTOHALER	pirbuterol	3	
<i>metaproterenol sulfate</i>		1	
PROAIR HFA	albuterol	2	
PROVENTIL HFA	albuterol	2	

Drug Name	Chemical Description	Tier	Restrictions
SEREVENT DISKUS	salmeterol	3	
<i>terbutaline sulfate</i>		1	
VENTOLIN HFA	albuterol	3	
VOSPIRE ER [G]	albuterol	3	
XOPENEX HFA	levalbuterol	2	

LEUKOTRIENE MODIFIERS

ACCOLATE	zafirlukast	3	
SINGULAIR	montelukast sodium	2	
ZYFLO CR	zileuton	2	

METHYL XANTHINE DRUGS

<i>aminophylline</i>		1	
ELIXOPHYLLIN	theophylline	3	
LUFYLLIN	dyphylline	3	
THEO-24	theophylline	3	
<i>theochron</i>		1	
<i>theophylline, anhydrous</i>		1	
UNIPHYL [G]	theophylline	3	

OTHER DRUGS FOR ASTHMA

ADVAIR DISKUS, HFA	salmeterol/fluticasone	2	
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Drug Name	Chemical Description	Tier	Restrictions
AEROBID,-M	flunisolide	3	
ALVESCO	ciclesonide	3	
ASMANEX	mometasone	2	
ATROVENT HFA	ipratropium	2	
AZMACORT	triamcinolone acetonide	3	
COMBIVENT	albuterol sulfate/ipratropium	2	
<i>epinephrine</i> [INJ]		1	
EPIPEN,JR [INJ]	epinephrine hcl	2	
FLOVENT DISKUS,HFA	fluticasone propionate	3	
GASTROCROM	cromolyn	2	
INTAL	cromolyn	2	
PULMICORT FLEXHALER	budesonide	2	
QVAR	beclomethasone	2	
SPIRIVA	tiotropium bromide	2	
SYMBICORT	budesonide/formoterol fum	2	
TWINJECT [INJ]	epinephrine hcl	2	
XOLAIR [INJ]	omalizumab	4	[PAR][LD]

OTHER RESPIRATORY DRUGS

PROLASTIN [INJ]	alpha-1-proteinase inhibitor	4	[PAR][LD]
ZEMAIRA [INJ]	alpha-1-proteinase inhibitor	4	[PAR][LD]

Drug Name	Chemical Description	Tier	Restrictions
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UROLOGICAL MEDICATIONS

ANTICHOLINERGIC ANTISPASMODICS

DETROL,LA	tolterodine tartrate	3	[ST]
DITROPAN,XL [G]	oxybutynin	3	[ST]
ENABLEX	darifenacin hydrobromide	2	[ST]
<i>flavoxate hcl</i>		1	
GELNIQUE	oxybutynin	3	[ST]
<i>oxybutynin chloride,er</i>		1	
OXYTROL	oxybutynin	3	[ST]
SANCTURA,XR	trospium chloride	2	[ST]
TOVIAZ	fesoterodine fumarate	3	[ST]
VESICARE	solifenacin succinate	3	[ST]

CHOLINERGIC STIMULANTS

<i>bethanechol chloride</i>		1	
URECHOLINE [G]	bethanechol	3	

OTHER GENITOURINARY PRODUCTS

<i>acetic acid soln 0.25 %</i>		1	
AVODART	dutasteride	2	
CYSTADANE	betaine hcl	2	
ELMIRON	pentosan polysulfate sodium	2	

Drug Name	Chemical Description	Tier	Restrictions
<i>finasteride</i>		1	
FLOMAX	tamsulosin	2	
LITHOSTAT	acetoxyhydroxamic acid	3	
<i>neomycin-polymyxin b</i> [INJ]		1	
<i>potassium citrate</i>		1	
PROSCAR [G]	finasteride	3	
RAPAFLO	silodosin	3	
UROCIT-K [G]	potassium citrate	3	
UROXATRAL	alfuzosin hcl	2	

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Tier 1 = generic

Tier 2 = Preferred Brand

Tier 3 = Non-Preferred Brand

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Tier 4 = Specialty

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