

Comprehensive **Formulary**

List of Covered Drugs

January 1, 2010 – December 31, 2010

Unison Advantage[®] Choice (HMO)

Please Read: This document contains information about the drugs we cover as a part of 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. This formulary was last updated on August 21, 2009. There may have been changes made to this drug list after it was printed. For the most up-to-date formulary information, please visit our Web site at www.unisonhealthplan.com or call Customer Service at 1-800-290-4009 (TTY: 711), 8 a.m. to 8 p.m. local time, 7 days a week.



What is the Unison Advantage[®] Choice (HMO) Formulary?

A formulary is a list of Medicare Part D covered drugs selected by Unison Advantage Choice (HMO), in consultation with a team of health care professionals, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Most therapeutic classes (for example, antibiotics, anti-depressants, anti-hypertensives) are covered, and many commonly prescribed drugs are included.

We will generally cover the drugs listed on the formulary as long as the drug is medically necessary, the prescription is filled at a network pharmacy, and other plan rules are followed. The presence of a drug on the formulary does not guarantee that your doctor will prescribe that drug to treat your particular medical condition.

For more information on how to fill your prescriptions, please review your Evidence of Coverage provided in your welcome kit.

Can the Formulary Change?

Generally if you are taking a drug on our 2010 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage for your drug during 2010, 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 the 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 the formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move the drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.

If the Food and Drug Administration (FDA) deems a drug on the formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from the formulary and provide notice to members who take the drug.

The formulary is updated at times throughout the year, and the list of drugs may change as drugs are added or deleted from the list. If there are changes to the formulary outside of routine, maintenance updates, we will provide information in the Explanation of Benefits, member newsletters or special mailings. For updated information about drugs on the formulary, please visit our Web site at www.unisonhealthplan.com or call Customer Service at 1-800-290-4009 (TTY: 711), 8 a.m. to 8 p.m. local time, 7 days a week.

What are Generic Drugs?

The formulary includes both brand name 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:** You, or your physician, are required to get prior authorization for certain drugs on the formulary before you fill your prescriptions. If you do not get approval, you may not be able to get your drug.
- **Quantity Limits:** For certain drugs on the formulary there are limits on the amount of the drug that we will cover per prescription unit. For example, a 31-day supply for a certain drug may be limited to 18 tablets. This may be in addition to a standard one month or three month supply.
- **Step Therapy Requirements:** In some cases, we require that you first try a certain drug to treat your medical condition before you can be covered for another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary listing on the following pages or visit our Web site at www.unisonhealthplan.com.

Please see below for information on making an exception request to these restrictions or limits.

What if my Drug is not on the Formulary?

If your drug is not included on this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that we do not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are on the formulary. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is on the formulary.
- You can ask us to make an exception and cover your drug. See information below on how to request an exception.

How do I Request a Formulary Exception?

You can request an exception to our coverage rules. There are several types of exceptions you can ask us to make.

- You can ask us to cover your Medicare Part D drug even if it is not on our formulary. Medicare Part D excluded drugs cannot be covered by a Medicare Part D plan.
- You can ask us to waive coverage restrictions or limits on your Medicare Part D drug. For example, certain drugs have limits on 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.
- In certain circumstances you may request a reduction in the copayment amount for a drug on the formulary. If you are prescribed a Tier 3 non-preferred drug, you may request to pay the Tier 2 copayment instead of the higher Tier 3 copayment. We do not grant coinsurance exceptions for Tier 4 specialty drugs. Please call Customer Service for more information about the exception process. **Note:** If you receive a coverage exception for a drug that is not included on the formulary, you must pay your benefit plan's appropriate copayment or coinsurance. You may not request a copayment reduction for drugs covered through the exception process.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower tier 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 a 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 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-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.

Members who are discharged from an inpatient hospital or who are admitted to or discharged from a long-term care facility and who are prescribed a non-formulary medication must use the plan's exceptions process to continue coverage of the non-formulary drug.

If a new member or current member is stabilized on a medication that belongs to one of the special classes listed below, the plan will not require the member to transition to a formulary alternative.

- Cancer chemotherapy medications
- Anti-depressants
- Anti-psychotics
- Anti-seizure medications
- Immunosuppressants
- HIV/AIDS medications

A new member or current member, who is stabilized on a non-formulary medication that does not belong to one of the drug classes listed above, will be referred to his or her physician to discuss alternative drug therapy.

As necessary, a one-time supply of medication of up to 31 days will be provided to allow the member time to discuss alternative drug therapy with his or her physician and/or to complete the non-formulary exceptions process.

There may be unplanned transitions such as hospital discharges or level or care changes that occur after the first 90 days of your enrollment in our plan. If you are prescribed a drug that is not on our formulary or your ability to get your drugs is limited, you must use the plan's exception process. You may request a one-time emergency supply of up to 31 days to allow you time to discuss alternative treatment with your doctor or to pursue an exceptions request.

The member or member's physician may initiate an exceptions request for coverage of the non-formulary drug.

For More Information

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

If you have questions or would like additional information about this formulary, please call Customer Service at 1-800-290-4009 (TTY: 711), 8 a.m. to 8 p.m. local time, 7 days a week or visit our Web site at www.unisonhealthplan.com.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048), 24 hours a day, 7 days a week.

What are Over-The-Counter (OTC) Drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. We pay for certain OTC drugs. We will provide these OTC drugs at no cost to you and our cost for these OTC drugs will not count toward your total drug costs.

- LORATADINE 10mg tablets, 5mg/5ml syrup
- LORATADINE-D 10-240mg tablets
- CETIRIZINE 5mg, 10mg tablets and 1mg/ml syrup
- ALAVERT
- ALAVERT ALRG TAB/SINUS
- KETOTIFEN FUMARATE

How do I Use the Formulary?

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

1. By Medical Condition

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

2. By Alphabetical Listing

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

Note: Certain drugs on the formulary have quantity limits, prior authorization and/or step therapy requirements. Any limits or requirements for a certain drug will be listed on the formulary next to the drug. The formulary may not itemize the strengths and dosage forms available for each drug.

Unison Advantage® Choice (HMO) Formulary

All drugs on the formulary are listed with a tier description. The tier description of a drug determines the copayment or coinsurance amounts that you will pay for that drug. Please see the copayment and coinsurance amounts listed in the Evidence of Coverage, Chapter 4 for the cost-sharing for your drug or call toll-free 1-800-290-4009, 8 a.m. – 8 p.m. local time, 7 days a week. TTY users, call 711.

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy B/D – Medicare Part B v. Part D LA – Limited Access

	B=Brand G=Generic	Tier	Notes
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions			
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs			
ARTHROTEC	B	3	
CELEBREX	B	2	QL
<i>diclofenac potassium</i>	G	1	
<i>diclofenac sodium</i>	G	1	
<i>diclofenac sodium ec</i>	G	1	
<i>diclofenac sodium xr</i>	G	1	
<i>diflunisal</i>	G	1	
<i>etodolac</i>	G	1	
<i>etodolac er</i>	G	1	
<i>fenoprofen calcium</i>	G	1	
<i>flurbiprofen</i>	G	1	
<i>ibu</i>	G	1	
<i>ibuprofen</i>	G	1	
<i>indomethacin</i>	G	1	
<i>indomethacin er</i>	G	1	
<i>ketoprofen</i>	G	1	
<i>ketoprofen er</i>	G	1	
<i>ketorolac tromethamine</i>	G	1	QL
<i>meclofenamate sodium</i>	G	1	
<i>meloxicam (oral suspension)</i>	G	2	

	B=Brand G=Generic	Tier	Notes
<i>meloxicam (tablet)</i>	G	1	
<i>nabumetone</i>	G	1	
<i>naproxen</i>	G	1	
<i>naproxen dr</i>	G	1	
<i>oxaprozin</i>	G	1	
<i>piroxicam</i>	G	1	
<i>sulindac</i>	G	1	
<i>tolmetin sodium</i>	G	1	
VOLTAREN (GEL)	B	2	
Opioid Analgesics - Opioid Pain Relievers			
<i>acetaminophen/codeine</i>	G	1	
<i>ascomp/codeine</i>	G	1	
<i>astramorph</i>	G	1	
<i>balacet 325</i>	G	2	
<i>buprenorphine hcl</i>	G	2	
<i>butalbital/acetaminophen/caffeine/codeine</i>	G	1	
<i>butorphanol tartrate (injection)</i>	G	2	
<i>butorphanol tartrate (nasal spray)</i>	G	2	QL
<i>co-gesic</i>	G	1	
DILAUDID (INJECTION)	B	3	
<i>duramorph</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>endocet</i>	G	1	
<i>endodan</i>	G	1	
<i>fentanyl (patch)</i>	G	2	QL
<i>fentanyl citrate (injection)</i>	G	1	
<i>fentanyl citrate oral transmucosal</i>	G	4	PA, QL
FENTORA	B	4	PA, QL
<i>hydrocodone/acetaminophen</i>	G	1	
<i>hydrocodone/ibuprofen</i>	G	1	
<i>hydromorphone hcl (injection)</i>	G	2	
<i>hydromorphone hcl (tablet)</i>	G	1	
INFUMORPH	B	3	
KADIAN	B	3	QL
<i>levorphanol tartrate</i>	G	2	
<i>margesic-h</i>	G	1	
<i>meperidine hcl (injection)</i>	G	1	
<i>meperidine hcl (oral solution, tablet)</i>	G	1	ST
<i>methadone hcl (concentrate, oral solution, tablet)</i>	G	1	
<i>methadone hcl (injection)</i>	G	3	
<i>methadose</i>	G	1	
<i>morphine sulfate</i>	G	1	
<i>morphine sulfate er</i>	G	1	QL
<i>nalbuphine hcl</i>	G	2	
<i>oxycodone hcl</i>	G	1	
<i>oxycodone hcl er</i>	G	2	QL
<i>oxycodone/acetaminophen</i>	G	1	
<i>oxycodone/aspirin</i>	G	1	
<i>oxycodone/ibuprofen</i>	G	1	

	B=Brand G=Generic	Tier	Notes
OXYCONTIN	B	2	QL
<i>pentazocine/acetaminophen</i>	G	1	ST
<i>pentazocine/naloxone hcl</i>	G	1	ST
<i>propoxyphene hcl</i>	G	1	
<i>propoxyphene/acetaminophen</i>	G	1	
<i>propoxyphene-n/acetaminophen</i>	G	1	
<i>roxicet (oral solution)</i>	G	3	
<i>roxicet (tablet)</i>	G	1	
<i>stagesic</i>	G	1	
SUBOXONE	B	3	
SUBUTEX	B	3	
<i>tramadol hcl</i>	G	1	
<i>tramadol hcl/acetaminophen</i>	G	1	
<i>vanacet</i>	G	1	

Anesthetics - Drugs for Numbing

Local Anesthetics

<i>anestacon</i>	G	1	
<i>lidocaine</i>	G	1	
<i>lidocaine hcl</i>	G	1	
<i>lidocaine hcl jelly</i>	G	1	
<i>lidocaine viscous</i>	G	1	
<i>lidocaine/prilocaine</i>	G	1	
LIDODERM	B	2	QL

Antibacterials - Drugs to Treat Bacterial Infections

Aminoglycosides - Antibiotics

<i>ak-tob</i>	G	1	
<i>amikacin sulfate</i>	G	1	
<i>genoptic</i>	G	1	
<i>gentak</i>	G	1	
<i>gentamicin sulfate</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>gentamicin sulfate/nacl</i>	G	1	
<i>gentasol</i>	G	1	
<i>isotonic gentamicin</i>	G	1	
<i>kanamycin sulfate</i>	G	2	
NEO-FRADIN	B	3	
<i>neomycin sulfate</i>	G	1	
<i>paromomycin sulfate</i>	G	1	
STREPTOMYCIN SULFATE	B	3	
TOBI	B	4	B/D
<i>tobramycin sulfate</i>	G	1	
<i>tobramycin sulfate/nacl</i>	G	1	
<i>tobrasol</i>	G	1	
TOBREX (OINTMENT)	B	2	
TOBREX (SOLUTION)	B	3	
Antibacterials, Other - Antibiotics			
<i>ak-poly-bac</i>	G	1	
ALTABAX	B	3	
<i>baciim</i>	G	1	
<i>bacitracin (ointment)</i>	G	1	
<i>bacitracin/neomycin/ polymyxin</i>	G	1	
<i>bacitracin/polymyxin b</i>	G	1	
<i>bacitracin/ polymyxin/neomycin/ hydrocortisone</i>	G	1	
BACTROBAN (CREAM)	B	3	
<i>chloramphenicol sodium succinate</i>	G	2	
CLEOCIN (75MG CAPSULE)	B	3	
CLEOCIN GALAXY	B	3	
CLEOCIN PEDIATRIC GRANULES	B	3	
CLEOCIN PHOSPHATE	B	3	
CLINDAGEL	B	3	
<i>clindamycin hcl</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>clindamycin phosphate</i>	G	1	
CLINDESSE	B	3	
<i>colistimethate sodium</i>	G	4	
CORTISPORIN	B	3	
CUBICIN	B	4	
FLAGYL ER	B	3	
FURADANTIN	B	3	
LINCOCIN	B	3	
MACRODANTIN	B	3	
<i>methenamine hippurate</i>	G	1	
METROGEL	B	3	
<i>metronidazole</i>	G	1	
<i>metronidazole in nacl 0.79%</i>	G	1	
<i>metronidazole vaginal</i>	G	1	
<i>mupirocin</i>	G	1	
<i>neomycin/polymyxin b sulfates</i>	G	1	
<i>neomycin/polymyxin/ gramicidin</i>	G	1	
<i>neomycin/polymyxin/ hydrocortisone</i>	G	1	
<i>nitrofurantoin macrocrystalline</i>	G	1	
<i>nitrofurantoin monohydrate</i>	G	1	
NORITATE	B	3	
<i>polycin b</i>	G	1	
<i>polymyxin b sulfate</i>	G	1	
PRIMSOL	B	3	
<i>silver sulfadiazine</i>	G	1	
<i>ssd</i>	G	1	
SULFAMYLON	B	3	
SYNERCID	B	4	
<i>thermazene</i>	G	1	
<i>trimethoprim</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>trimethoprim sulfate/ polymyxin b sulfate</i>	G	1	
TYGACIL	B	3	
VANCOCIN HCL	B	4	PA
<i>vancomycin hcl</i>	G	1	
<i>vancomycin hcl iso- osmotic dextrose</i>	G	3	
<i>vandazole</i>	G	1	
XIFAXAN	B	3	
ZYVOX (INJECTION)	B	4	
ZYVOX (ORAL SUSPENSION, TABLET)	B	4	PA
Beta-Lactam, Cephalosporins - Antibiotics			
CEDAX	B	3	
<i>cefaclor</i>	G	1	
<i>cefaclor er</i>	G	1	
<i>cefadroxil</i>	G	1	
<i>cefazolin sodium</i>	G	1	
<i>cefdinir</i>	G	1	
<i>cefepime</i>	G	2	
CEFIZOX IN DEXTROSE 5%	B	3	
<i>cefotaxime sodium</i>	G	2	
CEFOTETAN	B	3	
<i>cefoxitin sodium</i>	G	2	
<i>cefoxitin sodium/ dextrose</i>	G	3	
<i>cefpodoxime proxetil</i>	G	2	
<i>cefprozil</i>	G	1	
<i>ceftazidime</i>	G	2	
<i>ceftriaxone sodium</i>	G	2	
<i>ceftriaxone/dextrose</i>	G	2	
<i>cefuroxime axetil</i>	G	1	
<i>cefuroxime sodium</i>	G	2	
<i>cefuroxime/dextrose</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>cephalexin</i>	G	1	
CLAFORAN (1GM INJECTION, 2GM INJECTION)	B	3	
CLAFORAN/D5W	B	3	
FORTAZ	B	3	
KEFLEX (750MG CAPSULE)	B	3	
MAXIPIME (2GM INJECTION)	B	3	
MEFOXIN IN DEXTROSE	B	3	
RANICLOR	B	3	
ROCEPHIN	B	3	
ROCEPHIN IN ISO- OSMOTIC DEXTROSE	B	3	
SPECTRACEF	B	3	
SUPRAX	B	3	
<i>tazicef</i>	G	2	
ZINACEF (1.5GM INJECTION, 750MG INJECTION)	B	3	
ZINACEF (7.5 GM INJECTION)	B	2	
ZINACEF IN ISO- OSMOTIC DEXTROSE	B	3	
ZINACEF IN ISO- OSMOTIC DILUENT	B	3	
Beta-Lactam, Other - Antibiotics			
AZACTAM	B	2	
AZACTAM IN DEXTROSE	B	3	
DORIBAX	B	3	
INVANZ	B	3	
MERREM	B	3	
PRIMAXIN	B	3	
Beta-Lactam, Penicillins - Antibiotics			
<i>amoclan</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>amoxicillin</i>	G	1	
<i>amoxicillin/potassium clavulanate</i>	G	1	
<i>amoxil (250mg/5ml oral suspension, capsule)</i>	G	1	
AMOXIL (400MG/5ML ORAL SUSPENSION)	B	3	
<i>ampicillin</i>	G	1	
<i>ampicillin sodium</i>	G	2	
<i>ampicillin-sulbactam</i>	G	2	
AUGMENTIN (125MG/5ML ORAL SUSPENSION, 250MG/5ML ORAL SUSPENSION, 250MG TABLET)	B	3	
AUGMENTIN XR	B	3	
BACTOCILL IN DEXTROSE	B	4	
BICILLIN C-R	B	3	
BICILLIN L-A	B	3	
<i>dicloxacillin sodium</i>	G	1	
<i>nafcillin sodium</i>	G	2	
NALLPEN/DEXTROSE	B	3	
<i>oxacillin sodium</i>	G	3	
<i>penicillin g potassium</i>	G	2	
<i>penicillin g potassium in iso-osmotic dextrose</i>	G	2	
PENICILLIN G PROCAINE	B	3	
<i>penicillin g sodium</i>	G	2	
<i>penicillin v potassium</i>	G	1	
PFIZERPEN-G	B	3	
PIPERACILLIN SODIUM	B	3	
TIMENTIN	B	3	
<i>trimox</i>	G	1	

	B=Brand G=Generic	Tier	Notes
UNASYN (3GM INJECTION)	B	3	
<i>veetids</i>	G	1	
ZOSYN	B	3	
Macrolides - Antibiotics			
AKNE-MYCIN	B	3	
<i>azithromycin (injection)</i>	G	2	
<i>azithromycin (oral suspension, tablet)</i>	G	1	
<i>clarithromycin</i>	G	1	
<i>clarithromycin er</i>	G	1	
<i>e.e.s. 400</i>	G	1	
E.E.S. GRANULES	B	2	
<i>ery</i>	G	1	
ERYPED	B	2	
ERY-TAB	B	2	
ERYTHROCIN LACTOBIONATE	B	3	
ERYTHROCIN STEARATE	B	3	
<i>erythromycin</i>	G	1	
<i>erythromycin base</i>	G	1	
<i>erythromycin/sulfisoxazole</i>	G	1	
KETEK	B	3	PA
PCE	B	3	
<i>romycin</i>	G	1	
ZMAX	B	3	
Quinolones - Antibiotics			
AVELOX (INJECTION)	B	3	
AVELOX (TABLET)	B	2	
AVELOX ABC PACK	B	2	
CETRAXAL	B	3	ST
CILOXAN	B	3	
CIPRO (INJECTION, ORAL SUSPENSION)	B	3	

	B=Brand G=Generic	Tier	Notes
<i>ciprofloxacin</i>	G	1	
<i>ciprofloxacin er</i>	G	1	
<i>ciprofloxacin hcl</i>	G	1	
FACTIVE	B	3	
LEVAQUIN (INJECTION, ORAL SOLUTION)	B	3	
LEVAQUIN (TABLET)	B	2	
NOROXIN	B	3	
<i>ofloxacin</i>	G	1	
QUIXIN	B	3	
VIGAMOX	B	2	
ZYMAR	B	2	
Sulfonamides - Antibiotics			
GANTRISIN PEDIATRIC	B	2	
<i>ocusulf-10</i>	G	1	
<i>sulf-10</i>	G	1	
<i>sulfacetamide sodium</i>	G	1	
<i>sulfadiazine</i>	G	2	
<i>sulfamethoxazole/ trimethoprim</i>	G	1	
<i>sulfatrim</i>	G	1	
Tetracyclines - Antibiotics			
<i>demeclocycline hcl</i>	G	2	
DORYX	B	3	
<i>doxy-caps</i>	G	1	
<i>doxycycline hyclate (100mg tablet, injection)</i>	G	2	
<i>doxycycline hyclate (20mg tablet, capsule, extended release capsule)</i>	G	1	
<i>doxycycline monohydrate (oral suspension)</i>	G	1	
<i>doxycycline monohydrate (tablet)</i>	G	2	

	B=Brand G=Generic	Tier	Notes
<i>minocycline hcl (capsule)</i>	G	1	
<i>minocycline hcl (tablet)</i>	G	2	
MONODOX (75MG CAPSULE)	B	3	
<i>myrac</i>	G	2	
<i>tetracycline hcl</i>	G	1	
VIBRAMYCIN (ORAL SUSPENSION, SYRUP)	B	3	

Anticonvulsants - Drugs to Treat Seizures

Anticonvulsants, Other - Seizure Control Drugs

BANZEL	B	3	QL
KEPPRA	B	3	
<i>levetiracetam</i>	G	2	
VIMPAT (INJECTION)	B	3	PA, QL
VIMPAT (TABLET)	B	3	QL
Calcium Channel Modifying Agents - Seizure Control Drugs			
CELONTIN	B	3	
<i>ethosuximide</i>	G	1	
LYRICA	B	2	QL
<i>zonisamide</i>	G	1	

Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs

<i>divalproex sodium (24- hour tablet, sprinkle capsule)</i>	G	2	
<i>divalproex sodium (delayed release tablet)</i>	G	1	
<i>gabapentin</i>	G	1	
GABITRIL	B	3	QL
NEURONTIN (ORAL SOLUTION)	B	3	
<i>primidone</i>	G	1	

	B=Brand G=Generic	Tier	Notes
STAVZOR	B	3	
<i>valproate sodium</i>	G	2	
<i>valproic acid</i>	G	1	
Glutamate Reducing Agents - Seizure Control Drugs			
FELBATOL	B	3	
LAMICTAL	B	3	
LAMICTAL ODT	B	3	QL
LAMICTAL STARTER KITS	B	3	
<i>lamotrigine</i>	G	2	
<i>topiramate</i>	G	1	
Sodium Channel Inhibitors - Seizure Control Drugs			
<i>carbamazepine</i>	G	1	
<i>carbamazepine er</i>	G	1	
CARBATROL	B	2	
DILANTIN	B	2	
DILANTIN INFATABS	B	2	
<i>epitol</i>	G	1	
<i>fosphenytoin sodium</i>	G	1	
<i>oxcarbazepine</i>	G	1	
PEGANONE	B	3	
PHENYTEK	B	2	
<i>phenytoin</i>	G	1	
<i>phenytoin sodium</i>	G	1	
<i>phenytoin sodium extended</i>	G	1	
TEGRETOL	B	2	
TEGRETOL-XR	B	2	
TRILEPTAL (ORAL SUSPENSION)	B	3	

	B=Brand G=Generic	Tier	Notes
Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia			
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs			
ARICEPT	B	2	QL
ARICEPT ODT	B	2	QL
COGNEX	B	3	
EXELON (24-HOUR PATCH, CAPSULE)	B	3	QL
EXELON (ORAL SOLUTION)	B	3	
<i>galantamine hydrobromide (24-hour capsule)</i>	G	2	QL
<i>galantamine hydrobromide (tablet)</i>	G	2	
RAZADYNE (ORAL SOLUTION)	B	3	
Glutamate Pathway Modifiers - Alzheimer's Disease and Dementia Drugs			
NAMENDA (ORAL SOLUTION)	B	2	
NAMENDA (TABLET)	B	2	QL
NAMENDA TITRATION PAK	B	2	
Antidepressants - Drugs to Treat Depression			
Antidepressants, Other - Antidepressants			
<i>budeprion sr</i>	G	1	QL
<i>budeprion xl</i>	G	2	QL
<i>bupropion hcl</i>	G	1	QL
<i>bupropion hcl sr</i>	G	1	QL
<i>maprotiline hcl</i>	G	1	
<i>mirtazapine</i>	G	1	
<i>mirtazapine odt</i>	G	1	
<i>nefazodone hcl</i>	G	1	
<i>trazodone hcl</i>	G	1	

	B=Brand G=Generic	Tier	Notes
Monoamine Oxidase Inhibitors - Antidepressants			
EMSAM	B	3	QL
MARPLAN	B	3	
NARDIL	B	2	
<i>tranylcypromine sulfate</i>	G	1	
Serotonin/Norepinephrine Reuptake Inhibitors - Antidepressants			
<i>citalopram hydrobromide</i>	G	1	
CYMBALTA (20MG EXTENDED RELEASE CAPSULE, 30MG EXTENDED RELEASE CAPSULE)	B	2	QL
CYMBALTA (60MG EXTENDED RELEASE CAPSULE)	B	2	
EFFEXOR XR	B	2	QL
<i>fluoxetine hcl</i>	G	1	
<i>fluvoxamine maleate</i>	G	1	
LEXAPRO (10MG TABLET, 5MG TABLET)	B	2	QL
LEXAPRO (20MG TABLET, ORAL SOLUTION)	B	2	
<i>paroxetine hcl (oral suspension)</i>	G	2	
<i>paroxetine hcl (tablet)</i>	G	1	
<i>paroxetine hcl er</i>	G	2	QL
PEXEVA	B	3	
PRISTIQ	B	2	QL
<i>selfemra</i>	G	2	QL, ST
<i>sertraline hcl</i>	G	1	
<i>venlafaxine hcl</i>	G	1	QL
VENLAFAXINE HCL ER	B	3	QL
Tricyclics - Antidepressants			
<i>amitriptyline hcl</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>amoxapine</i>	G	1	
<i>chlordiazepoxide/ amitriptyline</i>	G	1	
<i>clomipramine hcl</i>	G	1	
<i>desipramine hcl</i>	G	1	
<i>doxepin hcl</i>	G	1	
<i>imipramine hcl</i>	G	1	
<i>imipramine pamoate</i>	G	2	
<i>nortriptyline hcl</i>	G	1	
<i>perphenazine/ amitriptyline</i>	G	1	
<i>protriptyline hcl</i>	G	2	
SURMONTIL (100MG CAPSULE)	B	3	
<i>trimipramine maleate</i>	G	2	

Antidotes, Deterrents, and Toxicologic Agents - Drugs for Overdose or Deterrents

Antidotes - Antidotes/Protectants			
ACETADOTE	B	3	
<i>acetylcysteine</i>	G	1	B/D
CHEMET	B	3	
CUPRIMINE	B	2	
EXJADE	B	4	
<i>fomepizole</i>	G	4	
FUSILEV	B	4	
<i>kionex</i>	G	1	
<i>leucovorin calcium</i>	G	1	
<i>sodium polystyrene sulfonate</i>	G	1	
SYPRINE	B	3	
Deterrents - Antidotes/Protectants			
ANTABUSE	B	2	
<i>buproban</i>	G	1	QL
<i>bupropion hcl sr</i>	G	1	QL
CAMPRAL	B	3	

	B=Brand G=Generic	Tier	Notes
CHANTIX	B	3	QL
NICOTROL INHALER	B	3	
NICOTROL NS	B	3	
Toxicologic Agents - Antidotes/Protectants			
<i>depade</i>	G	2	
<i>naloxone hcl</i>	G	1	
<i>naltrexone hcl</i>	G	2	
VIVITROL	B	4	
Antiemetics - Drugs to Treat Nausea and Vomiting			
ALOXI	B	4	
CESAMET	B	4	B/D, PA, QL
<i>dronabinol (10mg capsule, 5mg capsule)</i>	G	4	B/D, PA
<i>dronabinol (2.5mg capsule)</i>	G	2	B/D, PA
EMEND	B	2	B/D, PA, QL
<i>granisetron hcl (injection)</i>	G	2	
<i>granisetron hcl (tablet)</i>	G	2	B/D, QL
<i>granisol</i>	G	2	B/D, QL
<i>hydroxyzine pamoate</i>	G	1	
<i>meclizine hcl</i>	G	1	
<i>metoclopramide hcl</i>	G	1	
<i>ondansetron hcl (injection)</i>	G	2	
<i>ondansetron hcl (oral solution)</i>	G	2	B/D, QL
<i>ondansetron hcl (tablet)</i>	G	1	B/D, QL
<i>ondansetron odt</i>	G	1	B/D, QL
SANCUSO	B	4	QL
TRANSDERM-SCOP	B	3	

	B=Brand G=Generic	Tier	Notes
<i>trimethobenzamide hcl</i>	G	1	PA
Antifungals - Drugs to Treat Fungal Infections			
Antifungals - Fungal Infection Drugs			
ABELCET	B	4	B/D
AMBISOME	B	4	B/D
AMPHOTEC	B	3	B/D
<i>amphotericin b</i>	G	2	B/D
ANCOBON (250MG CAPSULE)	B	3	
ANCOBON (500MG CAPSULE)	B	4	
CANCIDAS	B	4	
<i>ciclopirox (gel)</i>	G	2	
<i>ciclopirox (suspension)</i>	G	1	
<i>ciclopirox nail lacquer</i>	G	2	
<i>ciclopirox olamine</i>	G	1	
<i>clotrimazole</i>	G	1	
<i>clotrimazole/ betamethasone dipropionate</i>	G	1	
DIFLUCAN IN NAACL	B	3	
<i>econazole nitrate</i>	G	1	
ERAXIS	B	3	
ERTACZO	B	3	
EXELDERM	B	3	
<i>fluconazole</i>	G	1	
<i>fluconazole in dextrose</i>	G	2	
GRIFULVIN V	B	2	
<i>griseofulvin microsize</i>	G	1	
GRIS-PEG	B	3	
GYNAZOLE-1	B	3	
<i>itraconazole</i>	G	2	
<i>ketoconazole</i>	G	1	
<i>kuric</i>	G	1	
LAMISIL (PACK)	B	3	

	B=Brand G=Generic	Tier	Notes
LOPROX SHAMPOO	B	3	
MENTAX	B	3	
<i>miconazole 3</i>	G	1	
MYCAMINE	B	4	
NAFTIN	B	3	
NATACYN	B	2	
NOXAFIL	B	4	
<i>nyamyc</i>	G	1	
<i>nystatin</i>	G	1	
<i>nystatin/triamcinolone</i>	G	1	
<i>nystop</i>	G	1	
OXISTAT	B	3	
<i>pedi-dri</i>	G	1	
SPORANOX (ORAL SOLUTION)	B	3	PA
<i>terbinafine hcl</i>	G	1	
<i>terconazole</i>	G	1	
VFEND	B	4	
XOLEGEL	B	3	
<i>zazole</i>	G	1	

Antigout Agents - Drugs to Treat Gout

Antigout Agents - Gout Drugs

<i>allopurinol</i>	G	1	
<i>allopurinol sodium</i>	G	1	
<i>colchicine</i>	G	1	
<i>probenecid</i>	G	1	
<i>probenecid/colchicine</i>	G	1	

Antimigraine Agents - Drugs to Treat Migraines

Abortive - Migraine Drugs

<i>acetaminophen/ caffeine/ dihydrocodeine bitartrate</i>	G	1	
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	B=Brand G=Generic	Tier	Notes
<i>dihydroergotamine mesylate</i>	G	2	
<i>ergoloid mesylates</i>	G	2	
<i>ergotamine tartrate/ caffeine</i>	G	1	
MAXALT	B	2	QL
MAXALT-MLT	B	2	QL
<i>migergot</i>	G	2	
<i>orphenadrine/aspirin/ caffeine</i>	G	1	
<i>sumatriptan succinate</i>	G	2	QL
SYNALGOS-DC	B	3	
<i>trezix</i>	G	1	
<i>zleror</i>	G	1	

Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis

Parasympathomimetics - Myasthenia Gravis Drugs

GUANIDINE HCL	B	3	
MESTINON (SYRUP)	B	3	
MESTINON TIMESPAN	B	3	
MYTELASE	B	3	
<i>pyridostigmine bromide</i>	G	1	
<i>regonol</i>	G	2	

Antimycobacterials - Drugs to Treat Infections

Antimycobacterials, Other - Miscellaneous Anti-Infectives

DAPSONE	B	2	
MYCOBUTIN	B	3	
Antituberculars - Tuberculosis Drugs			
CAPASTAT SULFATE	B	4	
<i>ethambutol hcl</i>	G	1	
<i>isonarif</i>	G	2	
<i>isoniazid</i>	G	1	

	B=Brand G=Generic	Tier	Notes
PASER	B	3	
PRIFTIN	B	3	
<i>pyrazinamide</i>	G	1	
<i>rifampin (capsule)</i>	G	1	
<i>rifampin (injection)</i>	G	4	
RIFATER	B	3	
SEROMYCIN	B	3	
TRECTOR	B	3	

Antineoplastics - Drugs to Treat Cancer and Cancer Treatment Side Effects

Alkylating Agents - Chemotherapy Agents

ALKERAN	B	4	
BICNU	B	3	
BUSULFEX	B	4	
CEENU	B	3	
<i>cyclophosphamide (injection)</i>	G	1	
<i>cyclophosphamide (tablet)</i>	G	2	B/D
CYTOXAN (2GM INJECTION)	B	3	
<i>dacarbazine</i>	G	2	
HEXALEN	B	4	PA
<i>ifosfamide</i>	G	2	
<i>ifosfamide/mesna</i>	G	4	
LEUKERAN	B	2	
MATULANE	B	4	
MUSTARGEN	B	3	
THIOTEPA	B	3	
TREANDA	B	4	PA
ZANOSAR	B	3	
Antiangiogenic Agents - Chemotherapy Agents			
REVLIMID	B	4	PA, LA
THALOMID	B	4	PA

	B=Brand G=Generic	Tier	Notes
Antiestrogens/Modifiers - Chemotherapy Agents			
EMCYT	B	2	
FARESTON	B	3	
FASLODEX	B	4	
<i>tamoxifen citrate</i>	G	1	
Antimetabolites - Chemotherapy Agents			
ALIMTA	B	4	PA
<i>cytarabine</i>	G	1	
<i>cytarabine aqueous</i>	G	1	
DROXIA	B	3	
ELITEK	B	4	
GEMZAR	B	4	
<i>hydroxyurea</i>	G	1	
<i>mercaptopurine</i>	G	1	
<i>pentostatin</i>	G	4	
TABLOID	B	3	
Antineoplastics, Other - Chemotherapy Agents			
ABRAXANE	B	4	
<i>adriamycin</i>	G	2	B/D
AFINITOR	B	4	PA
ARRANON	B	4	
<i>bleomycin sulfate</i>	G	2	
<i>carboplatin</i>	G	1	
CERUBIDINE	B	3	
<i>cisplatin</i>	G	1	
<i>cladribine</i>	G	4	
CLOLAR	B	4	
COSMEGEN	B	3	
DACOGEN	B	4	
<i>daunorubicin hcl</i>	G	1	
DAUNOXOME	B	3	
DOXIL	B	4	B/D
<i>doxorubicin hcl</i>	G	2	B/D

	B=Brand G=Generic	Tier	Notes
ELOXATIN	B	4	
ELSPAR	B	3	
<i>epirubicin hcl</i>	G	3	
ETOPOPHOS	B	4	
<i>etoposide</i>	G	1	
FIRMAGON (120MG INJECTION)	B	4	PA
FIRMAGON (80MG INJECTION)	B	3	PA
FLUDARA	B	4	
<i>fludarabine phosphate</i>	G	4	
HYCAMTIN	B	4	
<i>idarubicin hcl</i>	G	4	
<i>irinotecan</i>	G	2	
IXEMPRA KIT	B	4	
<i>mitomycin</i>	G	2	
<i>mitoxantrone hcl</i>	G	2	
ONCASPAR	B	4	
ONTAK	B	4	
<i>onxol</i>	G	4	
<i>paclitaxel</i>	G	2	
PHOTOFRIN	B	4	
PROLEUKIN	B	4	PA
TAXOTERE	B	4	
<i>toposar</i>	G	1	
TORISEL	B	4	
TRISENOX	B	3	
VELCADE	B	4	
VIDAZA	B	4	
<i>vinblastine sulfate</i>	G	1	
<i>vincasar pfs</i>	G	1	
<i>vincristine sulfate</i>	G	1	
<i>vinorelbine tartrate</i>	G	2	
ZOLINZA	B	4	PA

	B=Brand G=Generic	Tier	Notes
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents			
ARIMIDEX	B	2	
AROMASIN	B	3	
FEMARA	B	2	
Molecular Target Inhibitors - Chemotherapy Agents			
GLEEVEC	B	4	PA
IRESSA	B	4	
NEXAVAR	B	4	PA
SPRYCEL	B	4	PA
SUTENT	B	4	PA
TARCEVA	B	4	PA
TASIGNA	B	4	PA
TYKERB	B	4	PA
Monoclonal Antibodies - Chemotherapy Agents			
AVASTIN	B	4	PA
CAMPATH	B	4	
ERBITUX	B	4	PA
HERCEPTIN	B	4	
MYLOTARG	B	4	
RITUXAN	B	4	PA
VECTIBIX	B	4	PA
Retinoids - Chemotherapy Agents			
PANRETIN	B	4	
TARGETIN (CAPSULE)	B	4	PA
TARGETIN (GEL)	B	4	
<i>tretinoin (capsule)</i>	G	4	
Antiparasitics - Drugs to Treat Parasitic Infections			
Anthelmintics - Worm Infection Drugs			
ALBENZA	B	2	
BILTRICIDE	B	2	
<i>mebendazole</i>	G	1	

	B=Brand G=Generic	Tier	Notes
STROMEKTOL	B	2	
Antiprotozoals - Protozoal Infection Drugs			
ALINIA	B	3	
<i>chloroquine phosphate</i>	G	1	
DARAPRIM	B	2	
FANSIDAR	B	3	
<i>hydroxychloroquine sulfate</i>	G	1	
MALARONE	B	3	
<i>mefloquine hcl</i>	G	1	
MEPRON	B	4	
NEBUPENT	B	3	B/D
NEUTREXIN	B	4	
PENTAM 300	B	3	
PRIMAQUINE PHOSPHATE	B	3	
QUALAQUIN	B	3	PA
TINDAMAX	B	2	
Pediculicides/Scabicides - Scabies and Lice Drugs			
<i>acticin</i>	G	1	
EURAX	B	3	
<i>lindane</i>	G	2	
<i>permethrin</i>	G	1	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease			
Antiparkinson Agents - Parkinson's Disease Drugs			
<i>amantadine hcl</i>	G	1	
APOKYN	B	4	PA
<i>atamet</i>	G	1	
AZILECT	B	2	
<i>benztropine mesylate</i>	G	1	
<i>bromocriptine mesylate</i>	G	2	
<i>carbidopa/levodopa</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>carbidopa/levodopa cr</i>	G	1	
<i>carbidopa/levodopa odt</i>	G	2	
COGENTIN	B	3	
COMTAN	B	2	
LODOSYN	B	3	
MIRAPEX	B	2	
PARCOPA	B	3	
REQUIP XL (6MG 24-HOUR TABLET)	B	3	
<i>ropinirole hcl</i>	G	1	
<i>selegiline hcl</i>	G	1	
STALEVO	B	2	
<i>trihexyphenidyl hcl</i>	G	1	
ZELAPAR	B	3	
Antipsychotics - Drugs to Treat Mood Disorders			
Atypicals - Mood Disorder Drugs			
ABILIFY (INJECTION)	B	3	
ABILIFY (ORAL SOLUTION, TABLET)	B	3	QL, ST
ABILIFY DISCMELT (10MG DISPERSIBLE TABLET)	B	3	QL, ST
ABILIFY DISCMELT (15MG DISPERSIBLE TABLET)	B	4	QL, ST
<i>clozapine</i>	G	2	
FAZACLO	B	2	
INVEGA	B	3	ST
RISPERDAL CONSTA (12.5MG INJECTION, 25MG INJECTION)	B	3	QL
RISPERDAL CONSTA (37.5MG INJECTION, 50MG INJECTION)	B	4	QL
RISPERDAL M-TAB	B	3	
<i>risperidone (oral solution)</i>	G	2	

	B=Brand G=Generic	Tier	Notes
<i>risperidone (tablet)</i>	G	1	
<i>risperidone odt</i>	G	2	
SEROQUEL	B	2	
SEROQUEL XR	B	2	
ZYPREXA	B	2	
ZYPREXA ZYDIS	B	2	
Conventional - Mood Disorder Drugs			
<i>chlorpromazine hcl</i>	G	1	
<i>compro</i>	G	1	
<i>fluphenazine decanoate</i>	G	1	
<i>fluphenazine hcl</i>	G	1	
<i>haloperidol</i>	G	1	
<i>haloperidol decanoate</i>	G	1	
<i>haloperidol lactate</i>	G	1	
<i>loxapine succinate</i>	G	1	
MOBAN	B	3	
NAVANE (20MG CAPSULE)	B	3	
ORAP	B	2	
<i>perphenazine</i>	G	1	
<i>prochlorperazine</i>	G	1	
<i>prochlorperazine edisylate</i>	G	1	
<i>prochlorperazine maleate</i>	G	1	
<i>thioridazine hcl</i>	G	1	
<i>thiothixene</i>	G	1	
<i>trifluoperazine hcl</i>	G	1	
Antispasticity Agents - Drugs to Treat Spasms			
Antispasticity Agents - Muscle Spasm Drugs			
<i>baclofen</i>	G	1	
<i>dantrolene sodium</i>	G	2	
<i>tizanidine hcl</i>	G	1	

	B=Brand G=Generic	Tier	Notes
Antivirals - Drugs to Treat Viral Infections			
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs			
CYTOVENE	B	3	B/D
<i>foscarnet sodium</i>	G	2	B/D
<i>ganciclovir</i>	G	4	
VALCYTE	B	4	
VISTIDE	B	4	
Antihepatitis Agents - Hepatitis Drugs			
BARACLUDGE (ORAL SOLUTION)	B	3	
BARACLUDGE (TABLET)	B	4	
HEPSERA	B	4	
REBETOL (ORAL SOLUTION)	B	4	PA
<i>ribasphere</i>	G	2	PA
<i>ribavirin</i>	G	2	PA
TYZEKA	B	3	
VIRAZOLE	B	4	
Antiherpetic Agents - Herpes Drugs			
<i>acyclovir</i>	G	1	
<i>acyclovir sodium</i>	G	2	B/D
DENAVIR	B	3	
<i>famciclovir</i>	G	2	
<i>trifluridine</i>	G	2	
VALTREX	B	2	
ZOVIRAX (CREAM, OINTMENT)	B	3	
Anti-HIV Agents, Nonnucleoside Reverse Transcriptase Inhibitors - HIV Drugs			
RESCRIPTOR	B	3	
SUSTIVA	B	3	
VIRAMUNE (ORAL SUSPENSION)	B	3	
VIRAMUNE (TABLET)	B	2	

	B=Brand G=Generic	Tier	Notes
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors - HIV Drugs			
ATRIPLA	B	4	
COMBIVIR	B	4	
<i>didanosine</i>	G	2	
EMTRIVA	B	3	
EPIVIR	B	2	
EPIVIR HBV	B	2	
EPZICOM	B	4	
RETROVIR IV INFUSION	B	3	
<i>stavudine</i>	G	2	
TRIZIVIR	B	4	
TRUVADA	B	4	
VIDEX EC (125MG DELAYED RELEASE CAPSULE)	B	3	
VIDEX PEDIATRIC	B	3	
VIREAD	B	3	
ZIAGEN	B	3	
<i>zidovudine</i>	G	2	
Anti-HIV Agents, Other - HIV Drugs			
FUZEON	B	4	
INTELENCE	B	4	
ISENTRESS	B	4	
SELZENTRY	B	4	
Anti-HIV Agents, Protease Inhibitors - HIV Drugs			
APTIVUS	B	4	
CRIXIVAN	B	2	
INVIRASE	B	4	
KALETRA (100-25MG TABLET)	B	3	
KALETRA (200-50MG TABLET, ORAL SOLUTION)	B	4	

	B=Brand G=Generic	Tier	Notes
LEXIVA (ORAL SUSPENSION)	B	3	
LEXIVA (TABLET)	B	4	
NORVIR (CAPSULE)	B	3	
NORVIR (ORAL SOLUTION)	B	4	
PREZISTA (400MG TABLET, 600MG TABLET)	B	4	
PREZISTA (75MG TABLET)	B	3	
REYATAZ	B	4	
VIRACEPT (POWDER)	B	3	
VIRACEPT (TABLET)	B	4	
Anti-Influenza Agents - Flu Drugs			
RELENZA DISKHALER	B	3	QL
<i>rimantadine hcl</i>	G	1	
TAMIFLU	B	2	QL
Anxiolytics - Drugs to Treat Anxiety			
Anxiolytics, Other - Anxiety Drugs			
<i>buspirone hcl</i>	G	1	
<i>meprobamate</i>	G	1	PA
Bipolar Agents - Drugs to Treat Mood Disorders			
Bipolar Agents - Mood Disorder Drugs			
EQUETRO	B	3	
GEODON (CAPSULE)	B	3	ST
GEODON (INJECTION)	B	3	
<i>lithium carbonate</i>	G	1	
<i>lithium carbonate er</i>	G	1	
<i>lithium citrate</i>	G	1	
LITHOBID	B	2	
SYMBYAX	B	3	

	B=Brand G=Generic	Tier	Notes
Blood Glucose Regulators - Drugs to Regulate Blood Sugar			
Antidiabetic Agents - Diabetic Drugs			
<i>acarbose</i>	G	1	ST
ACTOPLUS MET	B	2	ST
ACTOS	B	2	ST
AVANDAMET	B	2	ST
AVANDARYL	B	2	ST
AVANDIA	B	2	ST
BYETTA	B	2	ST
<i>chlorpropamide</i>	G	1	ST
DUETACT	B	2	ST
<i>glimepiride</i>	G	1	
<i>glipizide</i>	G	1	
<i>glipizide er</i>	G	1	
<i>glipizide/metformin hcl</i>	G	1	
<i>glyburide</i>	G	1	
<i>glyburide micronized</i>	G	1	
<i>glyburide/metformin hcl</i>	G	1	
<i>glycron (1.5mg tablet, 3mg tablet, 6mg tablet)</i>	G	1	
GLYSET	B	3	ST
JANUMET	B	2	QL, ST
JANUVIA	B	2	QL, ST
<i>metformin hcl</i>	G	1	
<i>metformin hcl er</i>	G	1	
PRANDIMET	B	3	QL, ST
PRANDIN	B	3	QL, ST
RIOMET	B	3	
STARLIX	B	2	QL, ST
SYMLIN	B	3	PA
<i>tolazamide</i>	G	1	
<i>tolbutamide</i>	G	1	
Glycemic Agents - Diabetic Drugs			
GLUCAGEN HYPOKIT	B	3	

	B=Brand G=Generic	Tier	Notes
GLUCAGON EMERGENCY KIT	B	2	
PROGLYCEM	B	3	
Insulins - Diabetic Drugs			
HUMALOG	B	2	
HUMALOG MIX	B	2	
HUMULIN	B	2	
LANTUS	B	2	
LEVEMIR	B	2	
NOVOLIN	B	2	
NOVOLOG	B	2	
NOVOLOG MIX	B	2	
RELION	B	3	
Blood Products/Modifiers/ Volume Expanders - Drugs to Treat Blood Disorders			
Anticoagulants - Blood Thinners			
ARIXTRA (10MG/0.8ML INJECTION, 5.0MG/0.4ML INJECTION, 7.5MG/0.6ML INJECTION)	B	4	
ARIXTRA (2.5MG/0.5ML INJECTION)	B	3	
COUMADIN (INJECTION)	B	3	
COUMADIN (TABLET)	B	2	
FRAGMIN (10,000UNITS/ML INJECTION, 25,000UNITS/ML INJECTION, 7,500UNITS/0.3ML INJECTION)	B	4	

	B=Brand G=Generic	Tier	Notes
FRAGMIN (2,500UNITS/0.2ML INJECTION, 5,000UNITS/0.2ML INJECTION)	B	3	QL
<i>heparin sodium</i>	G	1	
<i>heparin sodium dcu</i>	G	1	
<i>heparin sodium/d5w</i>	G	1	
<i>heparin sodium/nacl</i>	G	1	
<i>jantoven</i>	G	1	
LOVENOX (100MG/1ML INJECTION, 120MG/0.8ML INJECTION, 300MG/3ML INJECTION, 60MG/0.6ML INJECTION, 80MG/0.8ML INJECTION)	B	4	
LOVENOX (150MG/1ML INJECTION, 30MG/0.3ML INJECTION)	B	3	
LOVENOX (40MG/0.4ML INJECTION)	B	3	QL
<i>warfarin sodium</i>	G	1	

	B=Brand G=Generic	Tier	Notes
Blood Formation Products - Blood Formation Drugs			
ARANESP ALBUMIN FREE (100MCG/0.5ML INJECTION, 100MCG/1ML INJECTION, 150MCG/0.3ML INJECTION, 200MCG/0.4ML INJECTION, 200MCG/1ML INJECTION, 300MCG/0.6ML INJECTION, 300MCG/1ML INJECTION, 500MCG/1ML INJECTION, 60MCG/0.3ML INJECTION, 60MCG/1ML INJECTION)	B	4	B/D, PA
ARANESP ALBUMIN FREE (25MCG/0.42ML INJECTION, 25MCG/1ML INJECTION)	B	3	B/D, PA, QL
ARANESP ALBUMIN FREE (40MCG/0.4ML INJECTION, 40MCG/1ML INJECTION)	B	3	B/D, PA
EPOGEN (10,000UNITS/ ML INJECTION, 20,000UNITS/ ML INJECTION, 40,000UNITS/ML INJECTION)	B	4	B/D, PA

	B=Brand G=Generic	Tier	Notes
EPOGEN (2,000UNITS/ ML INJECTION, 3,000UNITS/ ML INJECTION, 4,000UNITS/ML INJECTION)	B	3	B/D, PA, QL
LEUKINE	B	4	PA
NEULASTA	B	4	PA
NEUMEGA	B	2	PA
NEUPOGEN	B	4	PA
PROCRIT (10,000UNITS/ML INJECTION)	B	3	B/D, PA
PROCRIT (2,000UNITS/ ML INJECTION, 3,000UNITS/ ML INJECTION, 4,000UNITS/ML INJECTION)	B	3	B/D, PA, QL
PROCRIT (20,000UNITS/ ML INJECTION, 40,000UNITS/ML INJECTION)	B	4	B/D, PA
PROMACTA	B	4	PA
Coagulants - Blood Clotting Drugs			
CYKLOKAPRON	B	2	
Platelet Aggregation Inhibitors - Blood Thinners			
AGGRENOX	B	2	QL
<i>anagrelide hcl</i>	G	1	
<i>cilostazol</i>	G	1	
<i>dipyridamole</i>	G	1	
<i>pentopak</i>	G	1	
<i>pentoxifylline er</i>	G	1	
<i>pentoxil</i>	G	1	
PLAVIX	B	2	QL
<i>ticlopidine hcl</i>	G	1	

	B=Brand G=Generic	Tier	Notes
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions			
Alpha-Adrenergic Agonists - Blood Pressure Drugs			
CATAPRES-TTS	B	3	QL
<i>clonidine hcl</i>	G	1	
<i>guanabenz acetate</i>	G	1	
<i>guanfacine hcl</i>	G	1	
<i>methyl dopa</i>	G	1	
<i>methyldopate hcl</i>	G	1	
<i>midodrine hcl</i>	G	2	
Alpha-Adrenergic Blocking Agents - Blood Pressure Drugs			
DIBENZYLINE	B	3	
<i>doxazosin mesylate</i>	G	1	
<i>prazosin hcl</i>	G	1	
<i>terazosin hcl</i>	G	1	
Antiarrhythmics - Heart Regulation Drugs			
<i>amiodarone hcl</i>	G	1	
<i>disopyramide phosphate</i>	G	1	
<i>flecainide acetate</i>	G	1	
<i>mexiletine hcl</i>	G	1	
MULTAQ	B	3	PA
<i>pacerone (100mg tablet, 300mg tablet, 400mg tablet)</i>	G	3	
<i>pacerone (200mg tablet)</i>	G	1	
<i>procainamide hcl</i>	G	1	
<i>propafenone hcl</i>	G	1	
<i>quinidine gluconate</i>	G	3	
<i>quinidine gluconate cr</i>	G	1	
<i>quinidine sulfate</i>	G	1	
<i>quinidine sulfate er</i>	G	1	

	B=Brand G=Generic	Tier	Notes
RYTHMOL SR	B	3	
<i>sorine</i>	G	1	
<i>sotalol hcl</i>	G	1	
TIKOSYN	B	3	
Beta-Adrenergic Blocking Agents - Blood Pressure Drugs			
<i>acebutolol hcl</i>	G	1	
<i>atenolol</i>	G	1	
<i>atenolol/chlorthalidone</i>	G	1	
<i>betaxolol hcl</i>	G	1	
<i>bisoprolol fumarate</i>	G	1	
<i>bisoprolol fumarate/ hydrochlorothiazide</i>	G	1	
BYSTOLIC	B	2	QL
<i>carvedilol</i>	G	1	
INNOPRAN XL	B	3	
<i>labetalol hcl</i>	G	1	
<i>metoprolol succinate er</i>	G	1	
<i>metoprolol tartrate</i>	G	1	
<i>metoprolol/ hydrochlorothiazide</i>	G	1	
<i>nadolol</i>	G	1	
<i>nadolol/ bendroflumethiazide</i>	G	1	
<i>pindolol</i>	G	1	
<i>propranolol hcl</i>	G	1	
<i>propranolol hcl er</i>	G	1	
<i>propranolol/ hydrochlorothiazide</i>	G	1	
<i>timolol maleate</i>	G	1	
TOPROL XL	B	3	
Calcium Channel Blocking Agents - Blood Pressure Drugs			
<i>afeditab cr</i>	G	1	
<i>amlodipine besylate</i>	G	1	
<i>cartia xt</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>dilt-cd</i>	G	1	
<i>diltiazem cd</i>	G	1	
<i>diltiazem hcl</i>	G	1	
<i>diltiazem hcl er</i>	G	1	
<i>dilt-xr</i>	G	1	
<i>diltzac</i>	G	1	
EXFORGE	B	2	QL
EXFORGE HCT	B	2	QL
<i>felodipine er</i>	G	1	
<i>isradipine</i>	G	1	
<i>nicardipine hcl</i>	G	1	
<i>nifediac cc</i>	G	1	
<i>nifedical xl</i>	G	1	
<i>nifedipine</i>	G	1	
<i>nifedipine er</i>	G	1	
<i>nimodipine</i>	G	4	
<i>nisoldipine</i>	G	1	
<i>taztia xt</i>	G	1	
<i>verapamil hcl</i>	G	1	
<i>verapamil hcl er (100mg 24-hour capsule, 200mg 24-hour capsule, 300mg 24-hour capsule)</i>	G	1	QL
<i>verapamil hcl er (120mg 24-hour capsule, 180mg 24-hour capsule, 240mg 24-hour capsule, controlled release tablet)</i>	G	1	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs			
DEMSE	B	4	
<i>digoxin</i>	G	1	
LANOXIN (0.1MG/ML INJECTION)	B	3	
LANOXIN (TABLET)	B	2	
RANEXA	B	2	ST

	B=Brand G=Generic	Tier	Notes
<i>reserpine</i>	G	1	
Diuretics - Blood Pressure Drugs			
<i>acetazolamide sodium</i>	G	2	
<i>amiloride hcl</i>	G	1	
<i>amiloride/ hydrochlorothiazide</i>	G	1	
<i>bumetanide</i>	G	1	
<i>chlorothiazide</i>	G	1	
<i>chlorthalidone</i>	G	1	
CLOPRES	B	3	
DEMADEX (INJECTION)	B	3	
DIURIL	B	3	
DIURIL IV	B	3	
DYRENIUM	B	3	
EDECRIN	B	3	
<i>eplerenone</i>	G	2	
<i>furosemide</i>	G	1	
<i>hydrochlorothiazide</i>	G	1	
<i>indapamide</i>	G	1	
<i>methyclothiazide</i>	G	1	
<i>methyldopa/ hydrochlorothiazide</i>	G	1	
<i>metolazone</i>	G	1	
<i>spironolactone</i>	G	1	
<i>spironolactone/ hydrochlorothiazide</i>	G	1	
<i>toremide</i>	G	1	
<i>triamterene/ hydrochlorothiazide</i>	G	1	
Dyslipidemics - Cholesterol Control Drugs			
<i>cholestyramine</i>	G	1	
<i>cholestyramine light</i>	G	1	
<i>colestipol hcl</i>	G	1	
CRESTOR	B	2	QL
<i>fenofibrate</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>fenofibrate micronized</i>	G	1	
<i>gemfibrozil</i>	G	1	
LIPITOR	B	2	QL
<i>lovastatin</i>	G	1	
LOVAZA	B	3	
<i>niacor</i>	G	1	
NIASPAN	B	2	
<i>pravastatin sodium</i>	G	1	
<i>prevalite</i>	G	1	
<i>simvastatin</i>	G	1	
TRICOR	B	2	
TRILIPIX	B	2	
VYTORIN	B	3	QL
WELCHOL	B	2	
ZETIA	B	2	QL
Renin-Angiotensin-Aldosterone System Inhibitors - Blood Pressure Drugs			
<i>amlodipine besylate/ benazepril hcl</i>	G	1	QL
AZOR	B	2	QL
<i>benazepril hcl</i>	G	1	
<i>benazepril hcl/ hydrochlorothiazide</i>	G	1	
BENICAR	B	2	QL
BENICAR HCT	B	2	QL
<i>captopril</i>	G	1	
<i>captopril/ hydrochlorothiazide</i>	G	1	
COZAAR	B	3	QL
DIOVAN	B	2	QL
DIOVAN HCT	B	2	QL
<i>enalapril maleate</i>	G	1	
<i>enalapril maleate/ hydrochlorothiazide</i>	G	1	
<i>fosinopril sodium</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>fosinopril sodium/ hydrochlorothiazide</i>	G	1	
HYZAAR	B	3	QL
<i>lisinopril</i>	G	1	
<i>lisinopril/ hydrochlorothiazide</i>	G	1	
LOTREL (10-40MG CAPSULE, 5-40MG CAPSULE)	B	3	QL
MICARDIS	B	3	QL
MICARDIS HCT	B	3	QL
<i>moexipril hcl</i>	G	1	
<i>moexipril/ hydrochlorothiazide</i>	G	1	
<i>quinapril hcl</i>	G	1	
<i>quinapril/ hydrochlorothiazide</i>	G	1	
<i>quinaretic</i>	G	1	
<i>ramipril</i>	G	1	
TEKTURNA	B	2	QL, ST
TEKTURNA HCT	B	2	QL, ST
<i>trandolapril</i>	G	1	
Vasodilators - Chest Pain Drugs			
BIDIL	B	2	
DILATRATE SR	B	3	
<i>hydralazine hcl</i>	G	1	
<i>isochron</i>	G	1	
ISORDIL TITRADOSE (40MG TABLET)	B	3	
<i>isosorbide dinitrate</i>	G	1	
<i>isosorbide dinitrate er</i>	G	1	
<i>isosorbide mononitrate</i>	G	1	
<i>isosorbide mononitrate er</i>	G	1	
<i>minitran</i>	G	1	
<i>minoxidil</i>	G	1	
NITRO-BID	B	3	

	B=Brand G=Generic	Tier	Notes
NITRO-DUR (0.3MG/ HR 24-HOUR PATCH, 0.8MG/HR 24-HOUR PATCH)	B	3	
<i>nitroglycerin</i>	G	1	
NITROLINGUAL PUMPSPRAY	B	3	
NITROSTAT	B	3	
VENTAVIS	B	4	B/D, PA

Central Nervous System Agents - Drugs to Treat Nerve Conditions

Amphetamines, ADHD - ADHD Drugs

ADDERALL XR	B	3	QL
<i>amphetamine salt combo</i>	G	1	QL
<i>dextroamphetamine sulfate</i>	G	1	QL
<i>dextroamphetamine sulfate er</i>	G	1	QL
LIQUADD	B	3	QL
VYVANSE (20MG CAPSULE, 40MG CAPSULE, 60MG CAPSULE)	B	3	QL

Central Nervous System Agents, Other - Miscellaneous Nervous System Drugs

BOTOX	B	3	PA
MYOBLOC	B	3	
SAVELLA	B	3	PA, QL
SAVELLA TITRATION PACK	B	3	PA, QL
Non-Amphetamines, ADHD - ADHD Drugs			
<i>dexmethylphenidate hcl</i>	G	1	QL
<i>methylin (tablet)</i>	G	1	QL
<i>methylin er</i>	G	1	QL
<i>methylphenidate hcl</i>	G	1	QL
<i>methylphenidate hcl sr</i>	G	1	QL

	B=Brand G=Generic	Tier	Notes
STRATTERA	B	3	QL, ST
Non-Amphetamines, Other - Miscellaneous Nervous System Drugs			
PROVIGIL	B	3	PA, QL
RILUTEK	B	4	
XENAZINE	B	4	PA
XYREM	B	2	QL, LA

Dental And Oral Agents - Drugs to Treat Mouth and Throat Conditions

Dental and Oral Agents

<i>chlorhexidine gluconate oral rinse</i>	G	1	
KEPIVANCE	B	4	
<i>periogard</i>	G	1	
<i>pilocarpine hcl</i>	G	1	
<i>triamcinolone in orabase</i>	G	1	

Dermatological Agents - Drugs to Treat Skin Conditions

Dermatological Agents - Skin Agents

8-MOP	B	3	
ALDARA	B	2	
AMEVIVE	B	4	PA
<i>ammonium lactate</i>	G	1	
<i>amnestem</i>	G	2	
<i>avita</i>	G	1	PA
<i>calcipotriene</i>	G	2	
CARAC	B	3	
<i>claravis</i>	G	2	
DOVONEX (CREAM)	B	3	
ELIDEL	B	3	ST
<i>erythromycin/benzoyl peroxide</i>	G	1	
FINACEA	B	2	
<i>fluorouracil (cream, solution)</i>	G	2	
<i>fluorouracil (injection)</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>laclotion</i>	G	1	
OXSORALEN	B	3	
OXSORALEN ULTRA	B	4	
<i>podofilox</i>	G	1	
PROTOPIC	B	3	ST
REGRANEX	B	4	PA, QL
RETIN-A MICRO	B	3	PA
SANTYL	B	3	
<i>selenium sulfide</i>	G	1	
SOLARAZE	B	3	
SORIATANE CK (10MG KIT)	B	3	
SORIATANE CK (25MG KIT)	B	4	
<i>sotret (10mg capsule, 20mg capsule, 40mg capsule)</i>	G	2	
TAZORAC	B	3	
<i>tretinoin (cream, gel)</i>	G	1	PA
TRETIN-X	B	3	PA
<i>u-cort</i>	G	1	
UVADEX	B	3	
VECTICAL	B	3	
ZIANA	B	3	

Enzyme Replacements/Modifiers - Drugs to Treat Enzyme Deficiency

Enzyme Replacements/Modifiers - Enzyme Deficiency Drugs

ADAGEN	B	4	
ALDURAZYME	B	4	
BUPHENYL	B	4	
CEREDASE	B	4	
CEREZYME	B	4	
CREON	B	2	
CYSTADANE	B	3	
CYSTAGON	B	3	

	B=Brand G=Generic	Tier	Notes
ELAPRASE	B	4	
FABRAZYME	B	4	
KUVAN	B	4	
LIPRAM 4500	B	3	
LIPRAM-PN	B	3	
LIPRAM-UL	B	3	
MYOZYME	B	4	
NAGLAZYME	B	4	
ORFADIN	B	4	
PANCREASE MT	B	3	
PANCRECARB MS	B	3	
PANCRELIPASE	B	3	
PANCRELIPASE MST-16	B	3	
PANCRON	B	3	
SUCRAID	B	4	
ULTRASE	B	2	
ULTRASE MT	B	2	
VIOKASE	B	3	
VIOKASE 16	B	3	
ZAVESCA	B	4	

Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions

Antispasmodics, Gastrointestinal - Bowel Treatment Drugs

<i>atropine sulfate</i>	G	1	
<i>dicyclomine hcl</i>	G	1	
<i>glycopyrrolate</i>	G	1	
<i>methscopolamine bromide</i>	G	2	
<i>propantheline bromide</i>	G	1	

Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs

AMITIZA	B	3	PA, QL
<i>constulose</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>diphenoxylate/atropine</i>	G	1	
<i>enulose</i>	G	1	
<i>generlac</i>	G	1	
KRISTALOSE	B	3	
<i>lactulose</i>	G	1	
<i>lonox</i>	G	1	
<i>loperamide hcl</i>	G	1	
MOVIPREP	B	3	
NULYTELY/FLAVOR PACKS	B	2	QL
<i>peg 3350/electrolytes</i>	G	1	QL
RELISTOR	B	3	PA
TRILYTE	B	3	QL
<i>ursodiol (capsule)</i>	G	1	
<i>ursodiol (tablet)</i>	G	2	

Histamine2 (H2) Blocking Agents - Ulcer and Stomach Acid Drugs

<i>cimetidine</i>	G	1	
<i>cimetidine hcl</i>	G	1	
<i>famotidine</i>	G	1	
<i>nizatidine</i>	G	1	
<i>ranitidine hcl</i>	G	1	
ZANTAC (50/50ML INJECTION)	B	3	

Irritable Bowel Syndrome Agents - Bowel Treatment Drugs

LOTROXEX	B	2	PA, QL
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Protectants - Ulcer and Stomach Acid Drugs

CARAFATE (ORAL SUSPENSION)	B	3	
<i>misoprostol</i>	G	1	
<i>sucralfate</i>	G	1	

Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs

NEXIUM	B	2	QL
NEXIUM I.V.	B	3	

	B=Brand G=Generic	Tier	Notes
<i>omeprazole</i>	G	1	QL
PREVACID NAPRAPAC	B	3	QL
PROTONIX (DELAYED RELEASE TABLET, PACK)	B	2	QL
PROTONIX (INJECTION)	B	3	

**Genitourinary Agents - Drugs
to Treat Bladder, Genital
and Kidney Conditions**

**Antispasmodics, Urinary -
Bladder Control Drugs**

DETROL	B	2	QL
DETROL LA	B	2	QL
ENABLEX	B	2	QL
<i>flavoxate hcl</i>	G	1	
<i>oxybutynin chloride</i>	G	1	
<i>oxybutynin chloride er</i>	G	1	QL
OXYTROL	B	2	QL

**Benign Prostatic Hypertrophy Agents -
Prostate Enlargement Drugs**

AVODART	B	3	QL
<i>finasteride (5mg tablet)</i>	G	1	
FLOMAX	B	2	QL
UROXATRAL	B	2	QL

**Genitourinary Agents, Other -
Miscellaneous Bladder, Genital,
and Kidney Conditions Drugs**

<i>bethanechol chloride</i>	G	1	
ELMIRON	B	3	
LITHOSTAT	B	3	
METHERGINE	B	2	
THIOLA	B	3	

**Phosphate Binders - Phosphate-
Removing Agents**

<i>calcium acetate</i>	G	2	
ELIPHOS	B	3	

	B=Brand G=Generic	Tier	Notes
PHOSLO	B	2	
RENVELA	B	2	

**Hormonal Agents, Stimulant/
Replacement/Modifying (Adrenal) -
Drugs to Regulate Hormones and
Treat Diabetes and Bone Conditions**

**Glucocorticoids/Mineralocorticoids -
Anti-Inflammatory Drugs**

<i>a-hydrocort</i>	G	1	
<i>ala-cort</i>	G	1	
ALA-SCALP	B	3	
<i>alclometasone dipropionate</i>	G	1	
<i>amcinonide</i>	G	1	
<i>a-methapred</i>	G	1	
<i>augmented betamethasone dipropionate</i>	G	1	
<i>betamethasone dipropionate</i>	G	1	
<i>betamethasone valerate</i>	G	1	
<i>beta-val</i>	G	1	
CAPEX	B	3	
<i>clobetasol propionate (foam)</i>	G	2	
<i>clobetasol propionate (gel, ointment, solution)</i>	G	1	
<i>clobetasol propionate e</i>	G	1	
CLOBEX	B	3	
CLODERM	B	3	
<i>colocort</i>	G	2	
CORDRAN	B	3	
CORDRAN SP	B	3	
CORDRAN TAPE	B	3	
<i>cormax</i>	G	1	
CORTEF	B	3	
CORTIFOAM	B	3	

	B=Brand G=Generic	Tier	Notes
<i>cortisone acetate</i>	G	1	
CORTISPORIN	B	3	
CUTIVATE (LOTION)	B	3	
<i>del-beta</i>	G	1	
DEPO-MEDROL (20MG/ML INJECTION)	B	3	
DERMA-SMOOTHER/ FS	B	3	
DESONATE	B	3	
<i>desonide</i>	G	1	
DESOWEN/CETAPHIL	B	3	
<i>desoximetasone</i>	G	1	
<i>dexamethasone</i>	G	1	
<i>dexamethasone intensol</i>	G	1	
<i>dexamethasone sodium phosphate</i>	G	1	
<i>diflorasone diacetate</i>	G	1	
ENTOCORT EC	B	3	
<i>fludrocortisone acetate</i>	G	1	
<i>fluocinolone acetonide</i>	G	1	
<i>fluocinonide</i>	G	1	
<i>fluocinonide-e</i>	G	1	
<i>fluticasone propionate</i>	G	1	
<i>halobetasol propionate</i>	G	1	
HALOG	B	3	
<i>hydrocortisone (cream, lotion, ointment, tablet)</i>	G	1	
<i>hydrocortisone (enema)</i>	G	2	
<i>hydrocortisone butyrate</i>	G	1	
<i>hydrocortisone in absorbbase</i>	G	1	
<i>hydrocortisone valerate</i>	G	1	
<i>isovate</i>	G	1	
KENALOG	B	3	
LOCOID	B	3	

	B=Brand G=Generic	Tier	Notes
LOCOID LIPOCREAM	B	3	
<i>lokara</i>	G	1	
LUXIQ	B	3	
<i>methylprednisolone</i>	G	1	
<i>methylprednisolone acetate</i>	G	1	
<i>methylprednisolone sodium succinate</i>	G	1	
MILLIPRED (TABLET)	B	3	
<i>mometasone furoate</i>	G	1	
OLUX-E	B	3	
PANDEL	B	3	
<i>prednicarbate</i>	G	1	
<i>prednisolone sodium phosphate</i>	G	1	
<i>prednisone</i>	G	1	
<i>prednisone intensol</i>	G	1	
<i>proctocream-hc</i>	G	1	
<i>procto-pak</i>	G	1	
<i>proctosol hc</i>	G	1	
<i>proctozone-hc</i>	G	1	
SOLU-CORTEF	B	3	
SOLU-MEDROL	B	3	
STERAPRED (5MG TABLET)	B	3	
<i>texacort (1% solution)</i>	G	1	
<i>texacort (2.5% solution)</i>	G	3	
<i>triamcinolone acetonide</i>	G	1	
<i>triamcinolone acetonide in absorbbase</i>	G	1	
<i>triderm</i>	G	1	
VANOS	B	3	

	B=Brand G=Generic	Tier	Notes
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions			
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs			
<i>chorionic gonadotropin</i>	G	2	PA
<i>desmopressin acetate</i>	G	2	
GENOTROPIN	B	4	PA
GENOTROPIN MINIQUICK (0.2MG INJECTION)	B	3	PA
GENOTROPIN MINIQUICK (0.4MG INJECTION, 0.6MG INJECTION, 0.8MG INJECTION, 1.2MG INJECTION, 1.4MG INJECTION, 1.6MG INJECTION, 1.8MG INJECTION, 1MG INJECTION, 2MG INJECTION)	B	4	PA
HUMATROPE	B	4	PA
INCRELEX	B	4	PA
NORDITROPIN	B	4	PA
<i>novarel</i>	G	2	PA
NUTROPIN	B	4	PA
NUTROPIN AQ	B	4	PA
OMNITROPE	B	4	PA
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	G	2	PA
SAIZEN	B	4	PA
SEROSTIM	B	4	PA
STIMATE	B	3	
TEV-TROPIN	B	4	PA
ZORBTIVE	B	4	PA

	B=Brand G=Generic	Tier	Notes
Hormonal Agents, Stimulant/ Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions			
Anabolic Steroids - Hormone Replacement/Modifying Drugs			
ANADROL-50	B	4	PA
<i>oxandrolone (10mg tablet)</i>	G	4	PA
<i>oxandrolone (2.5mg tablet)</i>	G	2	PA
Androgens - Hormone Replacement/ Modifying Drugs			
ANDRODERM	B	2	PA
ANDROGEL	B	2	PA
<i>androxy</i>	G	2	
<i>danazol</i>	G	2	
<i>testosterone cypionate</i>	G	1	PA
<i>testosterone enanthate</i>	G	1	PA
Estrogens - Hormone Replacement/ Modifying Drugs			
ACTIVELLA	B	3	
ALORA	B	3	
<i>apri</i>	G	1	
<i>aranelle</i>	G	1	
<i>aviane</i>	G	1	
<i>balziva</i>	G	1	
BREVICON	B	3	
CENESTIN	B	3	
<i>cesia</i>	G	1	
CLIMARA	B	3	
CLIMARA PRO	B	3	
COMBIPATCH	B	3	
<i>cryselle</i>	G	1	
CYCLESSA	B	3	

	B=Brand G=Generic	Tier	Notes
DEPO-ESTRADIOL	B	3	
DESOGEN	B	3	
DIVIGEL	B	3	QL
ENJUVIA	B	2	
<i>enpresse</i>	G	1	
ESTRACE (CREAM)	B	3	
ESTRADERM	B	2	
<i>estradiol</i>	G	1	
<i>estradiol valerate</i>	G	1	
<i>estradiol/norethindrone acetate</i>	G	1	
ESTRING	B	3	QL
ESTROGEL	B	3	QL
<i>estropipate</i>	G	1	
ESTROSTEP FE	B	3	
FEMHRT	B	3	
FEMRING	B	3	QL
FEMTRACE	B	3	
<i>gynodiol (0.5mg tablet, 1mg tablet, 2mg tablet)</i>	G	1	
<i>gynodiol (1.5mg tablet)</i>	G	3	
<i>junel</i>	G	1	
<i>junel fe</i>	G	1	
<i>kariva</i>	G	1	
<i>kelnor</i>	G	1	
<i>leena</i>	G	1	
<i>lessina</i>	G	1	
<i>levora</i>	G	1	
LO/OVRAL	B	3	
LOESTRIN	B	3	
LOESTRIN FE	B	3	
<i>low-ogestrel</i>	G	1	
<i>lutra</i>	G	1	
MENEST	B	2	
<i>microgestin</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>microgestin fe</i>	G	1	
<i>mononessa</i>	G	1	
<i>necon</i>	G	1	
<i>nortrel</i>	G	1	
NUVARING	B	2	
<i>ocella</i>	G	1	
<i>ogestrel</i>	G	1	
ORTHO EVRA	B	3	
ORTHO TRI-CYCLEN LO	B	3	
ORTHO-CEPT	B	3	
ORTHO-CYCLEN	B	3	
<i>ortho-est</i>	G	1	
ORTHO-NOVUM 7/7/7	B	3	
OVCON	B	3	
<i>portia</i>	G	1	
PREFEST	B	3	
PREMARIN (CREAM, TABLET)	B	2	
PREMARIN (INJECTION)	B	3	
PREMPHASE	B	2	
PREMPRO	B	2	
<i>previfem</i>	G	1	
<i>quasense</i>	G	1	
<i>reclipsen</i>	G	1	
SEASONALE	B	3	
SEASONIQUE	B	3	
<i>solia</i>	G	1	
<i>sprintec</i>	G	1	
<i>sronyx</i>	G	1	
<i>tri-legest fe</i>	G	1	
<i>tri-lo-sprintec</i>	G	1	
<i>trinessa</i>	G	1	
<i>tri-previfem</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>tri-sprintec</i>	G	1	
<i>trivora</i>	G	1	
VAGIFEM	B	3	
<i>velivet</i>	G	1	
VIVELLE-DOT	B	2	
YASMIN	B	3	
YAZ	B	3	
<i>zovia</i>	G	1	
Progestins - Hormone Replacement/Modifying Drugs			
<i>camila</i>	G	1	
DEPO-PROVERA (400/ML INJECTION)	B	3	
<i>errin</i>	G	1	
<i>jolivette</i>	G	1	
<i>medroxyprogesterone acetate</i>	G	1	
MEGACE ES	B	3	
<i>megestrol acetate</i>	G	1	
<i>nora-be</i>	G	1	
<i>norethindrone acetate</i>	G	1	
ORTHO MICRONOR	B	3	
PLAN B	B	3	
PROCHIEVE	B	3	
PROMETRIUM	B	3	
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs			
EVISTA	B	2	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones			
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs			
LEVOTHROID	B	2	
<i>levothyroxine sodium</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>levoxy/</i>	G	1	
<i>liothyronine sodium</i>	G	1	
SYNTHROID	B	2	
THYROLAR	B	2	
<i>unithroid</i>	G	1	
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions			
Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants			
LYSODREN	B	2	
Hormonal Agents, Suppressant (Parathyroid) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions			
Hormonal Agents, Suppressant (Parathyroid) - Hormone Suppressants			
SENSIPAR	B	2	
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions			
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants			
<i>cabergoline</i>	G	2	
ELIGARD	B	3	
<i>leuprolide acetate</i>	G	2	
LUPRON DEPOT	B	3	
LUPRON DEPOT-PED	B	4	
<i>octreotide acetate (1,000mcg/ml injection, 100mcg/ml injection, 200mcg/ml injection, 500mcg/ml injection)</i>	G	4	PA
<i>octreotide acetate (50mcg/ml injection)</i>	G	3	PA

	B=Brand G=Generic	Tier	Notes
SANDOSTATIN LAR DEPOT	B	4	PA
SOMATULINE DEPOT	B	4	PA
SOMAVERT	B	4	PA
SYNAREL	B	4	
TRELSTAR DEPOT	B	3	
TRELSTAR LA	B	3	

Hormonal Agents, Suppressant (Sex Hormones/Modifiers) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions

Antiandrogens - Hormone Suppressants

<i>bicalutamide</i>	G	2	
CASODEX	B	3	
<i>flutamide</i>	G	2	
NILANDRON	B	3	

Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones

Antithyroid Agents - Thyroid Suppressing Drugs

<i>methimazole</i>	G	1	
<i>propylthiouracil</i>	G	1	

Immunological Agents - Drugs that Stimulate or Suppress the Immune System

Immune Suppressants - Immune System Drugs

AZASAN	B	3	
<i>azathioprine</i>	G	1	
<i>azathioprine sodium</i>	G	1	
CELLCEPT (CAPSULE)	B	3	B/D, PA
CELLCEPT (ORAL SUSPENSION, TABLET)	B	4	B/D, PA

	B=Brand G=Generic	Tier	Notes
CELLCEPT INTRAVENOUS	B	3	B/D, PA
CIMZIA	B	4	PA
<i>cyclosporine</i>	G	2	B/D
<i>cyclosporine modified (capsule)</i>	G	1	B/D
<i>cyclosporine modified (oral solution)</i>	G	2	B/D
ENBREL	B	4	PA
<i>gengraf</i>	G	2	B/D
HUMIRA	B	4	PA
KINERET	B	4	PA
<i>methotrexate</i>	G	1	
<i>methotrexate sodium</i>	G	1	
<i>mycophenolate mofetil</i>	G	2	B/D, PA
MYFORTIC	B	3	B/D
ORENCIA	B	4	PA
ORTHOCLONE OKT3	B	4	B/D
PROGRAF (0.5MG CAPSULE, 1MG CAPSULE)	B	3	B/D, PA, QL
PROGRAF (5MG CAPSULE)	B	4	B/D, PA
PROGRAF (INJECTION)	B	3	B/D, PA
RAPAMUNE	B	3	B/D
SANDIMMUNE (CAPSULE, ORAL SOLUTION)	B	3	B/D
SIMPONI	B	4	PA
SIMULECT	B	4	B/D
TREXALL	B	3	
ZENAPAX	B	3	B/D
Immunizing Agents, Passive - Immune System Drugs			
ATGAM	B	4	B/D

	B=Brand G=Generic	Tier	Notes
CARIMUNE NANOFILTERED	B	4	B/D, PA
FLEBOGAMMA	B	4	B/D, PA
GAMASTAN S/D	B	2	B/D, PA
GAMMAGARD LIQUID	B	4	B/D, PA
GAMUNEX	B	4	B/D, PA
OCTAGAM	B	4	B/D, PA
POLYGAM S/D	B	3	B/D, PA
SYNAGIS	B	4	
THYMOGLOBULIN	B	4	B/D
VIVAGLOBIN	B	4	B/D, PA
Immunomodulators - Immune System Drugs			
ACTIMMUNE	B	4	
ALFERON N	B	3	
ARCALYST	B	4	PA
AVONEX	B	4	PA
BETASERON	B	4	PA
COPAXONE	B	4	PA
INFERGEN	B	4	PA
INTRON-A (10MU INJECTION)	B	3	PA
INTRON-A (10MU PEN INJECTION, 18MU INJECTION, 5MU PEN INJECTION)	B	4	PA
INTRON-A (3MU PEN INJECTION)	B	3	PA, QL
<i>leflunomide</i>	G	1	
PEGASYS	B	4	PA
PEG-INTRON	B	4	PA
REBIF	B	4	PA

	B=Brand G=Generic	Tier	Notes
REBIF TITRATION PACK	B	4	PA
REMICADE	B	4	PA
RIDAURA	B	3	
TYSABRI	B	4	PA, LA
Vaccines			
ACTHIB	B	2	
ADACEL	B	2	
ATTENUVAX	B	2	
BOOSTRIX	B	2	
COMVAX	B	2	
DAPTACEL	B	2	
DECAVAC	B	2	
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	B	2	
ENGERIX-B	B	2	B/D
GARDASIL	B	2	
HAVRIX	B	2	
HIBTITER	B	2	
IMOVAX RABIES (H.D.C.V.)	B	2	
INFANRIX	B	2	
IPOL INACTIVATED IPV	B	2	
JE-VAX	B	2	
MENACTRA	B	2	
MENOMUNE-A/C/Y/W-135	B	2	
MERUVAX II	B	2	
M-M-R II	B	2	
PEDIARIX	B	2	
PEDVAX HIB	B	2	
PROQUAD	B	2	
RABAVERT	B	2	
RECOMBIVAX HB	B	2	B/D
ROTATEQ	B	2	

	B=Brand G=Generic	Tier	Notes
TETANUS TOXOID ADSORBED	B	2	
TETANUS/ DIPHTHERIA TOXOIDS-ADSORBED ADULT	B	2	
TRIHIBIT	B	2	
TRIPEDIA	B	2	
TWINRIX	B	2	
TYPHIM VI	B	2	
VAQTA	B	2	
VARIVAX	B	2	
VIVOTIF BERNA	B	2	
YF-VAX	B	2	
ZOSTAVAX	B	2	

Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease

Salicylates - Inflammatory Bowel Disease Drugs

ASACOL	B	2	
<i>balsalazide disodium</i>	G	2	
<i>mesalamine</i>	G	2	
PENTASA	B	3	
ROWASA	B	3	

Sulfonamides - Inflammatory Bowel Disease Drugs

<i>sulfasalazine</i>	G	1	
<i>sulfazine</i>	G	1	
<i>sulfazine ec</i>	G	1	

Metabolic Bone Disease Agents - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions

Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs

ACTONEL	B	2	QL
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	B=Brand G=Generic	Tier	Notes
ACTONEL WITH CALCIUM	B	2	QL
<i>alendronate sodium</i>	G	1	
BONIVA (INJECTION)	B	3	QL
BONIVA (TABLET)	B	2	QL
<i>calcitonin-salmon (nasal spray)</i>	G	1	QL
<i>calcitriol (capsule, oral solution)</i>	G	1	
<i>calcitriol (injection)</i>	G	2	
<i>etidronate disodium</i>	G	1	
FORTEO	B	3	B/D, PA
FORTICAL	B	2	QL
FOSAMAX (ORAL SOLUTION)	B	3	QL, ST
HECTOROL	B	2	
MIACALCIN (INJECTION)	B	3	B/D, PA
<i>pamidronate disodium (30mg/10ml injection, 90mg/10ml injection)</i>	G	2	
<i>pamidronate disodium (6mg/ml injection)</i>	G	3	
ZEMPLAR	B	2	
ZOMETA	B	4	

Miscellaneous Agents - Drugs to Treat Miscellaneous Conditions

Cytoprotective Agents - Ulcer and Stomach Acid Drugs

<i>amifostine</i>	G	4	
<i>dexrazoxane</i>	G	4	
<i>mesna</i>	G	2	
MESNEX (TABLET)	B	4	
Diabetic Supplies			
<i>alcohol preps</i>	G	1	
GAUZE PADS	B	2	

	B=Brand G=Generic	Tier	Notes
INSULIN SYRINGES, NEEDLES	B	2	
Ophthalmic Agents - Drugs to Treat Eye Conditions			
Ophthalmic Agents, Other - Miscellaneous Eye Drugs			
<i>ak-con</i>	G	1	
ALCAINE	B	3	
LACRISERT	B	2	
<i>mydral</i>	G	1	
<i>naphazoline hcl</i>	G	1	
<i>parcaine</i>	G	1	
<i>proparacaine hcl</i>	G	1	
RESTASIS	B	2	
<i>tropicacyl</i>	G	1	
<i>tropicamide</i>	G	1	
Ophthalmic Anti-Allergy Agents - Allergy, Infection and Inflammation Drugs			
ALAMAST	B	3	
ALOCRIAL	B	3	
ALOMIDE	B	3	
<i>cromolyn sodium (solution)</i>	G	1	
ELESTAT	B	3	
<i>ketotifen fumarate</i>	G	**	
OPTIVAR	B	3	
PATADAY	B	2	
PATANOL	B	2	
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs			
<i>acetazolamide (12-hour capsule)</i>	G	2	
<i>acetazolamide (tablet)</i>	G	1	
ALPHAGAN P	B	2	

	B=Brand G=Generic	Tier	Notes
AZOPT	B	2	
<i>betaxolol hcl</i>	G	1	
BETIMOL	B	3	
BETOPTIC-S	B	3	
<i>brimonidine tartrate</i>	G	1	
<i>carteolol hcl</i>	G	1	
COMBIGAN	B	2	
<i>dipivefrin hcl</i>	G	1	
<i>dorzolamide hcl</i>	G	1	
<i>dorzolamide hcl/timolol maleate</i>	G	1	
IOPIDINE	B	3	
ISTALOL	B	3	
<i>levobunolol hcl</i>	G	1	
<i>methazolamide</i>	G	1	
<i>metipranolol</i>	G	1	
OPTIPRANOLOL	B	3	
PHOSPHOLINE IODIDE	B	2	
PILOPINE HS	B	2	
<i>timolol maleate</i>	G	1	
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs			
ACULAR	B	2	
ACULAR LS	B	2	
ALREX	B	2	
BLEPHAMIDE	B	2	
BLEPHAMIDE S.O.P.	B	2	
<i>dexamethasone sodium phosphate</i>	G	1	
<i>dexasporin</i>	G	1	
<i>diclofenac sodium</i>	G	1	
FLAREX	B	2	

** This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

	B=Brand G=Generic	Tier	Notes
<i>fluorometholone</i>	G	1	
<i>fluor-op</i>	G	1	
<i>flurbiprofen sodium</i>	G	1	
FML	B	2	
FML FORTE	B	2	
LOTEMAX	B	2	
<i>neomycin/polymyxin/ dexamethasone</i>	G	1	
NEVANAC	B	3	
<i>poly-dex</i>	G	1	
POLY-PRED	B	3	
PRED MILD	B	2	
PRED-G	B	2	
PRED-G S.O.P.	B	2	
<i>prednisolone acetate</i>	G	1	
<i>prednisolone sodium phosphate</i>	G	1	
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	G	1	
TOBRADEX (OINTMENT)	B	2	
TOBRADEX (SUSPENSION)	B	3	
<i>tobramycin/ dexamethasone</i>	G	1	
VEXOL	B	3	
XIBROM	B	3	
ZYLET	B	3	
Ophthalmic Prostaglandin and Prostamide Analogs - Glaucoma Drugs			
LUMIGAN	B	2	QL
TRAVATAN	B	2	QL
TRAVATAN Z	B	2	QL
XALATAN	B	3	QL, ST

** This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

	B=Brand G=Generic	Tier	Notes
Otic Agents - Drugs to Treat Ear Conditions			
Otic Agents - Ear Drugs			
<i>acetazol hc</i>	G	1	
<i>acetic acid</i>	G	1	
<i>acetic acid/aluminum acetate</i>	G	1	
<i>borofair</i>	G	1	
CIPRO HC	B	3	
CIPRODEX	B	3	
COLY-MYCIN S	B	3	
CORTISPORIN	B	3	
CORTISPORIN-TC	B	3	
<i>cortomycin</i>	G	1	
DERMOTIC	B	2	
<i>neomycin/polymyxin/ hydrocortisone</i>	G	1	
Respiratory Tract Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions			
Antihistamines - Allergy Drugs			
ASTELIN	B	2	QL
<i>alavert</i>	G	**	
<i>alavert alrg tab /sinus</i>	G	**	
<i>carbinoxamine maleate</i>	G	1	
<i>cetirizine hcl syrup</i>	G	1	QL
<i>cetirizine tab</i>	G	**	
<i>clemastine fumarate</i>	G	1	
<i>cyproheptadine hcl</i>	G	1	
<i>dexchlorpheniramine maleate</i>	G	1	
<i>diphenhydramine hcl</i>	G	1	
<i>fexofenadine hcl</i>	G	1	
<i>hydroxyzine hcl</i>	G	1	

	B=Brand G=Generic	Tier	Notes
<i>loratadine</i>	G	**	
<i>loratadine-d</i>	G	**	
PATANASE	B	2	QL
<i>phenadoz</i>	G	1	
<i>promethazine hcl</i>	G	1	
<i>promethazine vc</i>	G	1	
<i>promethegan</i>	G	1	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs			
ADVAIR DISKUS	B	2	QL
ADVAIR HFA	B	2	QL
AEROBID	B	3	QL, ST
AEROBID-M	B	3	QL, ST
ALVESCO	B	3	QL, ST
ASMANEX	B	3	QL, ST
AZMACORT	B	3	QL, ST
FLOVENT DISKUS	B	2	QL
FLOVENT HFA	B	2	QL
<i>flunisolide</i>	G	1	
<i>fluticasone propionate</i>	G	1	
NASONEX	B	2	QL
PULMICORT (NEBULIZER SUSPENSION)	B	3	B/D
PULMICORT FLEXHALER	B	3	QL
QVAR	B	2	QL
Antileukotrienes - Asthma/Lung Drugs			
ACCOLATE	B	3	QL, ST
SINGULAIR	B	2	QL
ZYFLO CR	B	3	QL, ST
Bronchodilators, Anticholinergic - Asthma/Lung Drugs			
ATROVENT HFA	B	2	

	B=Brand G=Generic	Tier	Notes
<i>ipratropium bromide (nasal spray)</i>	G	1	
<i>ipratropium bromide (nebulizer solution)</i>	G	1	B/D
SPIRIVA HANDIHALER	B	2	QL
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines) - Asthma/Lung Drugs			
<i>aminophylline</i>	G	1	
ELIXOPHYLLIN	B	2	
THEO-24	B	2	
<i>theochron</i>	G	1	
<i>theophylline er</i>	G	1	
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs			
<i>albuterol sulfate (nebulizer solution)</i>	G	1	B/D
<i>albuterol sulfate (syrup, tablet)</i>	G	1	
<i>albuterol sulfate er</i>	G	1	
COMBIVENT	B	2	
<i>epinephrine hcl</i>	G	1	
EPIPEN	B	2	QL
FORADIL AEROLIZER	B	2	QL, ST
<i>ipratropium bromide/ albuterol sulfate (nebulizer solution)</i>	G	1	B/D
<i>metaproterenol sulfate</i>	G	1	
PROAIR HFA	B	2	
PROVENTIL HFA	B	2	
SEREVENT DISKUS	B	2	QL, ST
SYMBICORT	B	2	QL
<i>terbutaline sulfate (injection)</i>	G	2	

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	B=Brand G=Generic	Tier	Notes
<i>terbutaline sulfate (tablet)</i>	G	1	
TWINJECT	B	3	QL
VENTOLIN HFA	B	2	
XOPENEX HFA	B	3	
Mast Cell Stabilizers - Asthma/Lung Drugs			
<i>cromolyn sodium (nebulizer solution)</i>	G	1	B/D
INTAL INHALER	B	2	
Pulmonary Antihypertensives - Asthma/Lung Drugs			
ADCIRCA	B	4	PA, QL
LETAIRIS	B	4	PA
REMODULIN	B	4	B/D, PA
REVATIO	B	4	PA
TRACLEER	B	4	PA, LA
Respiratory Tract Agents, Other - Asthma/Lung Drugs			
ARALAST	B	4	
PROLASTIN	B	4	
PULMOZYME	B	4	B/D
TYZINE	B	2	
XOLAIR	B	4	PA
ZEMAIRA	B	4	
Sedatives/Hypnotics - Drugs for Sedation and Sleep			
Sedatives/Hypnotics - Sedation and Sleep Drugs			
LUNESTA	B	2	QL, ST
ROZEREM	B	3	QL
<i>zaleplon</i>	G	1	QL
<i>zolpidem tartrate (10mg tablet)</i>	G	1	
<i>zolpidem tartrate (5mg tablet)</i>	G	1	QL

	B=Brand G=Generic	Tier	Notes
Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions			
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs			
<i>carisoprodol</i>	G	1	
<i>carisoprodol/aspirin</i>	G	1	
<i>carisoprodol/aspirin/codeine</i>	G	2	
<i>chlorzoxazone</i>	G	1	
<i>cyclobenzaprine hcl</i>	G	1	
<i>methocarbamol</i>	G	1	
<i>orphenadrine citrate</i>	G	1	
<i>orphenadrine citrate er</i>	G	1	
ROBAXIN (INJECTION)	B	3	
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies			
Electrolytes/Minerals - Electrolytes and Minerals			
AMINESS	B	3	B/D
AMINOSYN	B	3	B/D
AMINOSYN II (10% INJECTION, 7% INJECTION, 8.5% INJECTION)	B	3	B/D
<i>aminosyn ii 8.5%/electrolytes</i>	G	1	B/D
AMINOSYN II M/ DEXTROSE	B	3	B/D
AMINOSYN II/ DEXTROSE	B	3	B/D
AMINOSYN M	B	3	B/D
AMINOSYN 7%/ ELECTROLYTES	B	3	B/D
<i>aminosyn 8.5%/electrolytes</i>	G	1	B/D

	B=Brand G=Generic	Tier	Notes
AMINOSYN-HBC	B	3	B/D
AMINOSYN-HF	B	2	B/D
AMINOSYN-PF	B	3	B/D
AMMONIUM CHLORIDE	B	3	
CLINIMIX E/ DEXTROSE	B	3	B/D
CLINIMIX/DEXTROSE (2.75%/D5W INJECTION, 4.25%/D5W INJECTION, 5%/D15W INJECTION, 5%/D20W INJECTION, 5%/D25W INJECTION)	B	3	B/D
<i>clinimix/dextrose (4.25%/d10w injection, 4.25%/d20w injection, 4.25%/d25w injection)</i>	G	1	B/D
<i>clinisol sf 15%</i>	G	2	B/D
<i>dextrose 5%/electrolyte #48</i>	G	3	
<i>dextrose 5%/kcl 0.075%</i>	G	1	
<i>dextrose/nacl</i>	G	1	
<i>ed k+10</i>	G	1	
FREAMINE HBC	B	3	B/D
FREAMINE III	B	3	B/D
<i>hepatamine</i>	G	2	B/D
HEPATASOL	B	3	B/D
<i>intralipid (20% injection)</i>	G	1	B/D
INTRALIPID (30% INJECTION)	B	3	B/D
IONOSOL-B/ DEXTROSE 5%	B	3	
IONOSOL-MB/ DEXTROSE 5%	B	3	
IONOSOL-T/ DEXTROSE 5%	B	3	
ISOLYTE-H/ DEXTROSE 5%	B	3	

	B=Brand G=Generic	Tier	Notes
<i>isolyte-m/dextrose 5%</i>	G	1	
ISOLYTE-P/ DEXTROSE 5%	B	3	
ISOLYTE-S	B	3	
ISOLYTE-S/ DEXTROSE 5%	B	3	
<i>kaon-cl-10</i>	G	1	
<i>kcl</i>	G	1	
<i>kcl er</i>	G	1	
<i>kcl/d10w/nacl</i>	G	1	
<i>kcl/d5w</i>	G	1	
<i>kcl/d5w/lr</i>	G	1	
<i>kcl/d5w/nacl</i>	G	1	
<i>kcl/nacl</i>	G	1	
<i>klor-con 10</i>	G	1	
<i>klor-con 8</i>	G	1	
<i>klor-con m15</i>	G	2	
<i>klor-con m20</i>	G	1	
<i>lactated ringer's</i>	G	1	
<i>lactated ringer's irrigation</i>	G	1	
<i>levocarnitine</i>	G	1	
<i>magnesium sulfate</i>	G	1	
<i>magnesium sulfate in d5w</i>	G	1	
<i>nacl (injection, irrigation solution)</i>	G	1	
NEPHRAMINE	B	3	B/D
<i>normosol-m in d5w</i>	G	1	
NORMOSOL-R	B	3	
<i>normosol-r in d5w</i>	G	1	
<i>novamine</i>	G	2	B/D
OSMOPREP	B	3	
<i>physiolyte</i>	G	1	
PHYSIOSOL IRRIGATION	B	3	

	B=Brand G=Generic	Tier	Notes
PLASMA-LYTE	B	3	
PLASMA-LYTE/D5W	B	3	
<i>plasma-lyte-r</i>	G	1	
<i>potassium citrate extended-release</i>	G	1	
<i>premasol (10% injection)</i>	G	3	B/D
<i>premasol (6% injection)</i>	G	2	B/D
PROCALAMINE	B	3	B/D
PROSOL	B	3	B/D
RENAMIN	B	3	B/D
<i>ringer's injection</i>	G	1	
<i>ringer's irrigation</i>	G	1	
<i>sodium bicarbonate</i>	G	1	
<i>sodium fluoride</i>	G	1	
<i>sodium lactate</i>	G	1	
<i>tis-u-sol</i>	G	1	
<i>tpn electrolytes ftv</i>	G	2	
TRAVASOL	B	3	B/D
TRAVASOL/ DEXTROSE	B	3	B/D
<i>travasol/electrolytes</i>	G	1	B/D
TROPHAMINE (10% INJECTION)	B	3	B/D
VISICOL	B	3	
Therapeutic Nutrients/Minerals/ Electrolytes, Other - Electrolytes, Minerals, and Nutrients			
<i>alcohol 5%/dextrose 5%</i>	G	1	
<i>dextrose 10%</i>	G	1	
<i>dextrose 5%</i>	G	1	
<i>sterile water irrigation</i>	G	1	
Vitamins			
<i>prenatal vitamins</i>	G	1	

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Notes:



Enrollment Information:

1-800-290-4009

8 a.m.– 8 p.m. local time, 7 days a week



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